Patient

Demographics

Name: Jeanne Leonie Hoffman "Jeanne"
Address: 321 High School RD NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110
Date of birth: 1/6/1925 | Legal sex: Female | Gender identity: Female
Aliases: HOFFMAN,JEANE; HOFFMAN,JEANNE; MF | Language: English | Email: jeanhoffman@usa.com
Home phone: 206-780-6885 | Work phone: 206-000-0000 | Mobile: 206-280-1287

Patient Expiration

Date/time of death: 3/11/2025 1650

Relationships

Name	Relation to Patient	Phone Number
Hoffmann Alloin,Louis Charles	Son	Mobile: 206-780-6885 (primary) Home: 206-780-6885
None	NONE PROVIDED BY PT	Home: 206-000-0000 Mobile: 206-000-0000

Care Team as of 4/29/2025

Active

Name	Identifier	Relationship	Specialty	Phone	Duration
Luu, Paul, MD	1124100672	—	Wound Ostomy	206-368-1244	04/30/2018 - Present
Vincler, Catherine, LICSW	1508154675	Social Worker	Clinical Social Worker	206-744-2933	07/15/2021 - Present

Problem List as of 4/29/2025

Problem	Noted On	Resolved On
Abdominal pain	02/19/2025	—
Acute blood loss anaemia	08/11/2019	04/04/2022
Acute lower limb ischemia	01/09/2025	—
Adult failure to thrive syndrome	10/19/2007	—
Advanced care planning/counseling discussion	12/04/2024	—
Allergic rhinitis, cause unspecified	11/20/2006	09/20/2017
Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)	09/24/2018	—
Bilateral leg edema	05/26/2019	04/04/2022
Bradycardia	01/09/2025	—
Carpal tunnel syndrome	11/20/2006	04/17/2013
Cellulitis of left leg	05/31/2018	05/06/2020
Chronic venous hypertension with ulcer and inflammation, left	05/17/2018	04/04/2022
Closed displaced fracture of left pubis with routine healing	08/11/2019	05/06/2020
Closed fracture of distal end of femur, unspecified fracture morphology, sequela	07/15/2021	—
Closed fracture of multiple ribs of left side with routine healing	08/11/2019	05/06/2020
Closed fracture of unspecified intracapsular section of neck of femur (HCC)	05/01/2007	09/20/2017
Community acquired bacterial pneumonia	11/22/2023	—
Diabetic ulcer of lower extremity (HCC)	09/24/2018	04/04/2022
Disturbance of skin sensation	06/03/2008	04/17/2013
DVT, recurrent, lower extremity, chronic	11/20/2006	04/04/2022
Esophageal reflux	11/20/2006	09/20/2017
Essential and other specified forms of tremor	08/17/2007	07/30/2014
Essential hypertension, benign	11/20/2006	—
Failure to thrive in adult	03/09/2025	—
Fall	09/03/2019	04/04/2022
Fracture of humeral head, closed	09/20/2019	05/06/2020
Generalized osteoarthrosis, unspecified site	11/20/2006	—
Hemopneumothorax	08/11/2019	05/06/2020
History of recurrent deep vein thrombosis (DVT)	06/02/2016	—
Homeless	06/07/2018	05/06/2020
Housing instability	12/04/2024	—

Patient (continued)

Problem List (continued) as of 4/29/2025

Problem	Noted On	Resolved On
Housing lack	09/26/2018	05/06/2020
Hypercholesterolemia	11/20/2006	—
Imbalance	11/02/2016	—
Leg weakness, bilateral	01/06/2015	04/04/2022
Leiomyoma of uterus, unspecified	11/20/2006	07/30/2014
Long term current use of anticoagulant therapy	01/08/2008	08/16/2019
Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	05/17/2018	04/04/2022
Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	05/17/2018	04/04/2022
Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	05/26/2019	04/04/2022
Normocytic anemia	06/07/2018	04/04/2022
Osteoarthritis of lumbar spine	08/30/2013	—
Osteoporosis, unspecified	03/04/2008	—
Other convulsions	11/20/2006	09/20/2017
Other physical therapy	01/22/2015	08/16/2019
Primary open angle glaucoma (POAG) of both eyes	10/10/2019	—
Primary osteoarthritis of both hips	02/01/2017	—
Pseudophakia, both eyes	11/08/2014	—
Reduced vision	03/29/2024	—
Routine general medical examination at a health care facility	11/20/2006	—
Sensorineural hearing loss, unspecified	11/20/2006	—
Severe protein-calorie malnutrition (HCC)	06/07/2018	04/04/2022
Suspected elder abuse	01/11/2019	05/06/2020
Thrombocytopenia	11/02/2016	04/04/2022
Thyroid nodule, uninodular	12/13/2012	09/20/2017
Type 2 diabetes mellitus without complication (HCC)	03/27/2007	—
Unspecified cataract	11/20/2006	11/08/2014
Unspecified glaucoma(365.9)	11/20/2006	—
Unspecified vitamin B deficiency	05/01/2007	04/04/2022
Urge urinary incontinence	06/07/2018	04/04/2022
Urine incontinence	08/27/2014	—
Venous stasis ulcer (HCC)	05/26/2019	04/04/2022
Venous ulcer of left leg (HCC)	06/07/2018	04/04/2022
Vertebral fracture	12/13/2012	09/20/2017
Vitamin D deficiency	07/09/2018	—
Weakness of trunk musculature	01/06/2015	04/04/2022

Allergies as of 4/29/2025

Allergy	Reactions
ADHESIVES	—
ASPIRIN	Other, Skin: Rash
NITROFURANTOIN	Other
PENICILLINS	Skin: Rash
SULFA ANTIBIOTICS	Skin: Rash
SULFANILAMIDE	Other

Immunizations

Immunizations last reviewed by Pearson, Terri Jeanne, CMA on 5/21/2021 0953

COVID-19 Pfizer mRNA bivalent 12 yrs and older

Given by: Tesfay, Lemlem H, CMA
Date: 10/10/2022 1026
Dose: 30 mcg
Site: Left Deltoid
Route: Intramuscular
NDC: 59267-0304-1
CVX code: 300
VIS Publish Date: 8/31/2022
Product: Pfizer COVID-19 Vac Bivalent
Manufacturer: Pfizer, Inc
Lot number: GJ6665
Expiration date: 12/15/2022

Questionnaire

Question	Answer
Vaccine Information Sheet (VIS)/EUA Fact Sheet was presented to the patient, parent or guardian on: (Date)	10/10/2022

Patient (continued)

Immunizations (continued)

VFC Status	Ineligible

COVID-19 Pfizer mRNA bivalent 12 yrs and older

Given by: Perez, Delmis Joel, RN
Site: Left Deltoid
CVX code: 300
Product: Pfizer COVID-19 Vac Bivalent
Expiration date: 7/6/2023
Date: 5/10/2023 1111
Route: Intramuscular
VIS Publish Date: 4/28/2023
Manufacturer: Pfizer, Inc
Dose: 30 mcg
NDC: 59267-1404-2
Lot number: GK1337

Questionnaire

Question	Answer
Vaccine Information Sheet (VIS)/EUA Fact Sheet was presented to the patient, parent or guardian on: (Date)	5/10/2023
VFC Status	Ineligible

COVID-19 Pfizer mRNA monovalent 12 yrs and older

Given by: Proctor, Suliana M, RN
Site: Left Deltoid
CVX code: 208
Product: Pfizer-BioNTech COVID-19 Vacc
Expiration date: 6/30/2021
Date: 2/11/2021 1000
Route: Intramuscular
VIS Publish Date: 12/1/2020
Manufacturer: Pfizer, Inc
Dose: 0.3 mL
NDC: 59267-1000-1
Lot number: EM9810

Questionnaire

Question	Answer
Vaccine Information Sheet (VIS)/EUA Fact Sheet was presented to the patient, parent or guardian on: (Date)	2/11/2021
VFC Status	Ineligible

COVID-19 Pfizer mRNA monovalent 12 yrs and older

Given by: Hennessy V, Laura, RN
Site: Left Deltoid
CVX code: 208
Product: Pfizer-BioNTech COVID-19 Vacc
Expiration date: 6/30/2021
Date: 2/28/2021 0955
Route: Intramuscular
VIS Publish Date: 1/1/2021
Manufacturer: Pfizer, Inc
Dose: 0.3 mL
NDC: 59267-1000-1
Lot number: EN6198

Questionnaire

Question	Answer
Vaccine Information Sheet (VIS)/EUA Fact Sheet was presented to the patient, parent or guardian on: (Date)	2/28/2021
VFC Status	Ineligible

COVID-19 Pfizer mRNA monovalent 12 yrs and older

Given by: Erhardt, Mark Allen, CMA
Site: Right Deltoid
CVX code: 208
Product: Pfizer-BioNTech COVID-19 Vacc
Expiration date: 1/30/2022
Comment: RD per pt request
Date: 10/13/2021 1154
Route: Intramuscular
VIS Publish Date: 9/22/2021
Manufacturer: Pfizer, Inc
Dose: 0.3 mL
NDC: 59267-1000-1
Lot number: FH8020

Questionnaire

Question	Answer
Vaccine Information Sheet (VIS)/EUA Fact Sheet was presented to the patient, parent or guardian on: (Date)	10/13/2021
VFC Status	Ineligible

COVID-19 Pfizer mRNA monovalent tris-sucrose 12 yrs and older

Given by: Erhardt, Mark Allen, CMA
Date: 4/27/2022 0908
Dose: 30 mcg

Patient (continued)

Immunizations (continued)

Site: Left Deltoid | Route: Intramuscular | NDC: 59267-1025-1
CVX code: 217 | VIS Publish Date: 3/29/2022
Product: Pfizer-BioNT COVID-19 Vac-TriS | Manufacturer: Pfizer, Inc | Lot number: FM0698
Expiration date: 5/12/2022

Questionnaire

Question	Answer
Vaccine Information Sheet (VIS)/EUA Fact Sheet was presented to the patient, parent or guardian on: (Date)	4/27/2022
VFC Status	Ineligible

COVID-19 Pfizer mRNA seasonal 12 yrs and older (Comirnaty)

Given by: Perez, Delmis Joel, RN | Date: 10/25/2023 1147 | Dose: 30 mcg
Site: Left Deltoid | Route: Intramuscular | NDC: 0069-2392-01
CVX code: 309 | VIS Publish Date: 10/19/2023
Product: Comirnaty | Manufacturer: Pfizer, Inc | Lot number: HG4675
Expiration date: 12/22/2023

Questionnaire

Question	Answer
Vaccine Information Sheet (VIS)/EUA Fact Sheet was presented to the patient, parent or guardian on: (Date)	10/25/2023
VFC Status	Ineligible

COVID-19 Pfizer mRNA seasonal 12 yrs and older (Comirnaty)

Given by: Brighton, Marcelle, RN | Date: 3/20/2024 1232 | Dose: 30 mcg
Site: Left Deltoid | Route: Intramuscular | NDC: 0069-2362-01
CVX code: 309 | VIS Publish Date: 10/19/2023
Product: Comirnaty | Manufacturer: Pfizer, Inc | Lot number: HF9301
Expiration date: 5/17/2024

Questionnaire

Question	Answer
Vaccine Information Sheet (VIS)/EUA Fact Sheet was presented to the patient, parent or guardian on: (Date)	3/20/2024
VFC Status	Ineligible

COVID-19 Pfizer mRNA seasonal 12 yrs and older (Comirnaty)

Date: 9/15/2024 | Dose: 0.3 mL | Site: Right Arm
Route: Intramuscular | CVX code: 309 | VIS Publish Date: 10/19/2023
Manufacturer: Pfizer, Inc | Lot number: LM2223 | External: Auto Reconciled From Outside Source

Admin Location (Facility): RITE AID PHARMACY 05215

Influenza quadrivalent

Date: 10/24/2018 | Dose: 0.5 mL | CVX code: 158
Lot number: YF40008

Influenza quadrivalent PF

Given by: Greig, Elaine M | Date: 12/24/2014 1350 | Dose: 0.5 cc
Site: Left Deltoid | Route: Intramuscular | CVX code: 150
VIS Publish Date: 08/19/2014
Manufacturer: GlaxoSmithKline | Lot number: 379MY | Expiration date: 5/31/2015
External: Confirmed

Questionnaire

Question	Answer
VACCINE INFORMATION SHEET WAS HANDED TO THE PATIENT, PARENT or GUARDIAN ON: (date)	12/24/2014

Patient (continued)

Immunizations (continued)

VFC Status (If Native American/Alaskan Native ONLY choose Native American/Alaskan Native.)	Ineligible

Influenza quadrivalent PF

Given by: Acosta, Lilian | Date: 11/18/2015 | Dose: 0.5 mL
Site: Right Deltoid | Route: Intramuscular | CVX code: 150
VIS Publish Date: 08/07/2015
Manufacturer: Sanofi Pasteur | Lot number: U1503AB | Expiration date: 6/30/2016

Questionnaire

Question	Answer
VACCINE INFORMATION SHEET WAS HANDED TO THE PATIENT, PARENT or GUARDIAN ON: (date)	11/18/2015
VFC Status (If Native American/Alaskan Native ONLY choose Native American/Alaskan Native.)	Ineligible

Influenza quadrivalent high-dose (Fluzone High-Dose)

Given by: Anderson-Kloth, Carmen N, CMA | Date: 9/16/2020 1217 | Dose: 0.7 mL
Site: Left Deltoid | Route: Intramuscular | NDC: 49281-120-88
CVX code: 197 | VIS Publish Date: 8/15/2019
Product: Fluzone High-Dose Quadrivalent | Manufacturer: Sanofi Pasteur | Lot number: UJ469AA
Expiration date: 6/30/2021

Questionnaire

Question	Answer
VACCINE INFORMATION SHEET WAS HANDED TO THE PATIENT, PARENT or GUARDIAN ON: (date)	9/16/2020

Influenza quadrivalent high-dose (Fluzone High-Dose)

Given by: Erhardt, Mark Allen, CMA | Date: 10/13/2021 1201 | Dose: 0.7 mL
Site: Left Deltoid | Route: Intramuscular | NDC: 49281-121-88
CVX code: 197 | VIS Publish Date: 8/6/2021
Product: Fluzone High-Dose Quadrivalent | Manufacturer: Sanofi Pasteur | Lot number: UJ722AA
Expiration date: 6/30/2022

Questionnaire

Question	Answer
Vaccine Information Sheet (VIS)/EUA Fact Sheet was presented to the patient, parent or guardian on: (Date)	10/13/2021
VFC Status	Ineligible

Influenza quadrivalent high-dose (Fluzone High-Dose)

Given by: Tesfay, Lemlem H, CMA | Date: 10/10/2022 1028 | Dose: 0.7 mL
Site: Right Deltoid | Route: Intramuscular | NDC: 49281-122-88
CVX code: 197 | VIS Publish Date: 8/6/2021
Product: Fluzone High-Dose Quadrivalent | Manufacturer: Sanofi Pasteur | Lot number: UJ875AD
Expiration date: 6/30/2023

Questionnaire

Question	Answer
Vaccine Information Sheet (VIS)/EUA Fact Sheet was presented to the patient, parent or guardian on: (Date)	10/10/2022
VFC Status	Ineligible

Influenza quadrivalent high-dose (Fluzone High-Dose)

Given by: Brighton, Marcelle, RN | Date: 9/6/2023 1111 | Dose: 0.7 mL
Site: Right Deltoid | Route: Intramuscular | NDC: 49281-123-88

Patient (continued)

Immunizations (continued)

CVX code: 197 | VIS Publish Date: 8/6/2021
Product: Fluzone High-Dose Quadrivalent | Manufacturer: Sanofi Pasteur | Lot number: UT8057CA
Expiration date: 6/30/2024

Questionnaire

Question	Answer
Vaccine Information Sheet (VIS)/EUA Fact Sheet was presented to the patient, parent or guardian on: (Date)	9/6/2023
VFC Status	Ineligible

Influenza trivalent

Given by: Voronchuk, Eleonora | Date: 9/20/2013 | Dose: 0.5 ml
Site: Right Deltoid | Route: Intramuscular | CVX code: 141
VIS Publish Date: 07/02/2012
Manufacturer: CSL Limited | Lot number: 08449211A | Expiration date: 6/14/2014

Questionnaire

Question	Answer
VACCINE INFORMATION SHEET WAS HANDED TO THE PATIENT, PARENT or GUARDIAN ON: (date)	9/20/2013

Influenza trivalent PF

Date: 6/7/2006 | CVX code: 140
Admin Location (Facility): SWEDISH BAINBRIDGE ISLAND PRMY CARE

Influenza trivalent PF

Date: 12/8/2012 | Dose: 0.5 mL | CVX code: 140
Lot number: AFLUA7108A

Influenza trivalent adjuvanted (Fluad)

Date: 9/15/2024 | Dose: 0.5 mL | Site: Right Arm
Route: Intramuscular | CVX code: 168 | VIS Publish Date: 65962
Manufacturer: Seqirus | Lot number: 388479 | Admin Location (Facility): RITE AID PHARMACY 05215

Influenza trivalent high-dose (Fluzone High-Dose)

Given by: Dy, Jessica A, CMA | Date: 9/21/2016 1120 | Dose: 0.5 mL
Site: Left Deltoid | Route: Intramuscular | CVX code: 135
VIS Publish Date: 08/07/2015
Manufacturer: Sanofi Pasteur | Lot number: UI642AC | Expiration date: 4/3/2017

Questionnaire

Question	Answer
VACCINE INFORMATION SHEET WAS HANDED TO THE PATIENT, PARENT or GUARDIAN ON: (date)	9/21/2016
VFC Status (If Native American/Alaskan Native ONLY choose Native American/Alaskan Native.)	Ineligible

Influenza trivalent high-dose (Fluzone High-Dose)

Given by: Dy, Jessica A, CMA | Date: 9/20/2017 1200 | Dose: 0.5 mL
Site: Left Deltoid | Route: Intramuscular | CVX code: 135
VIS Publish Date: 08/07/2015
Manufacturer: Sanofi Pasteur | Lot number: UI811AA | Expiration date: 3/2/2018

Questionnaire

Question	Answer
VACCINE INFORMATION SHEET WAS HANDED TO THE PATIENT, PARENT or GUARDIAN ON: (date)	9/20/2017
VFC Status (If Native American/Alaskan Native ONLY choose	Ineligible

Patient (continued)

Immunizations (continued)

Native American/Alaskan Native.)

Influenza trivalent high-dose (Fluzone High-Dose)

Given by: Pearson, Terri Jeanne, CMA | Date: 9/26/2018 1033 | Dose: 0.5 mL
Site: Left Deltoid | Route: Intramuscular | NDC: 49281-403-88
CVX code: 135 | VIS Publish Date: 08/07/2015
Manufacturer: Sanofi Pasteur | Lot number: UJ0064A | Expiration date: 3/30/2019

Questionnaire

Question	Answer
VACCINE INFORMATION SHEET WAS HANDED TO THE PATIENT, PARENT or GUARDIAN ON: (date)	9/26/2018
VFC Status (Defaulted to Ineligible for 19 and over)	Ineligible

Influenza trivalent high-dose (Fluzone High-Dose)

Given by: Pearson, Terri Jeanne, CMA | Date: 10/23/2019 1149 | Dose: 0.5 mL
Site: Right Deltoid | Route: Intramuscular | NDC: 49281-405-88
CVX code: 135 | VIS Publish Date: 8/15/2019
Product: FLUZONE HIGH-DOSE | Manufacturer: Sanofi Pasteur | Lot number: UJ241AD
Expiration date: 4/18/2020

Questionnaire

Question	Answer
VACCINE INFORMATION SHEET WAS HANDED TO THE PATIENT, PARENT or GUARDIAN ON: (date)	10/23/2019
VFC Status (Defaulted to Ineligible for 19 and over)	Ineligible

Influenza, unspecified

Date: 12/12/2001 | CVX code: 88
External: Patient reported

Influenza, unspecified

Given by: Nolan, Karen C | Date: 1/29/2007 | Dose: 0.5
Site: Left Deltoid | Route: Intramuscular | CVX code: 88
VIS Publish Date: 9/01/06
Manufacturer: Chiron Corporation | Lot number: U2193AA

Influenza, unspecified

Given by: Fikak, Goitom | Date: 10/11/2007 | Dose: 0.5
Site: Left Deltoid | Route: Intramuscular | CVX code: 88
VIS Publish Date: 07162007
Manufacturer: Sanofi Pasteur | Lot number: U2453AA | Expiration date: 6/30/2009

Influenza, unspecified

Given by: Smith, Courtney | Date: 10/15/2008 | Dose: .5ml
Site: Right Deltoid | Route: Intramuscular | CVX code: 88
VIS Publish Date: 07/24/08
Lot number: AFLLA187AA

Influenza, unspecified

Given by: Nolan, Karen C | Date: 10/7/2009 | Dose: 0.5
Site: Left Deltoid | Route: Intramuscular | CVX code: 88
VIS Publish Date: 08/11/09
Manufacturer: GlaxoSmithKline | Lot number: AFLU468AA | Expiration date: 6/30/2010

Questionnaire

Question	Answer
Is your family Medicaid enrolled ?	—

Patient (continued)

Immunizations (continued)

Is your family uninsured ?	—
Does your family have insurance that does not pay for immunizations ?	—
Is your family considered Native American or Alaskan Native ?	—

Influenza, unspecified

Given by: Smith, Courtney
Date: 10/15/2010
Dose: 0.5ml
Site: Left Deltoid
Route: Intramuscular
CVX code: 88
VIS Publish Date: 08/10/2010
Lot number: UT3640AA

Questionnaire

Question	Answer
Is your family Medicaid enrolled ?	—
Is your family uninsured ?	—
Does your family have insurance that does not pay for immunizations ?	—
Is your family considered Native American or Alaskan Native ?	—

Influenza, unspecified

Given by: Voronchuk, Eleonora
Date: 10/21/2011
Dose: 0.5 ml
Site: Left Deltoid
Route: Intramuscular
CVX code: 88
VIS Publish Date: 07/26/11
Manufacturer: Sanofi Pasteur
Lot number: UH456AA
Expiration date: 6/30/2012

Questionnaire

Question	Answer
Is your family Medicaid enrolled ?	—
Is your family uninsured ?	—
Does your family have insurance that does not pay for immunizations ?	—
Is your family considered Native American or Alaskan Native ?	—

Pneumococcal conjugate PCV13 (Prevnar 13)

Given by: Mercado, Mila N
Date: 1/28/2015
Dose: 0.5 mL
Site: Left Deltoid
Route: Intramuscular
CVX code: 133
VIS Publish Date: 02/27/2013
Manufacturer: Pfizer, Inc
Lot number: J49843
Expiration date: 1/1/2016

Questionnaire

Question	Answer
VACCINE INFORMATION SHEET WAS HANDED TO THE PATIENT, PARENT or GUARDIAN ON: (date)	1/28/2015
VFC Status (If Native American/Alaskan Native ONLY choose Native American/Alaskan Native.)	Ineligible

Pneumococcal polysaccharide PPSV23 (Pneumovax 23)

Given by: Smith, Courtney
Date: 3/22/2010
Dose: 0.5ML
Site: Right Arm
Route: Subcutaneous
CVX code: 33
VIS Publish Date: 10/6/2009
Lot number: 0506Y

Questionnaire

Question	Answer
Is your family Medicaid enrolled ?	—
Is your family uninsured ?	—
Does your family have insurance that does not pay for immunizations ?	—

Patient (continued)

Immunizations (continued)

Is your family considered Native American or Alaskan Native ? —

Pneumococcal polysaccharide PPSV23 (Pneumovax 23)

Date: 12/8/2012 | Dose: 0.5 mL | CVX code: 33
Lot number: HO18441

Td 2 Lf tetanus toxoid

Date: 6/7/2006 | CVX code: 09
External: Patient reported

Tdap

Given by: Dy, Jessica A, CMA | Date: 9/20/2017 1200 | Dose: 0.5 mL
Site: Left Deltoid | Route: Intramuscular | CVX code: 115
VIS Publish Date: 02/24/2015
Manufacturer: GlaxoSmithKline | Lot number: 393D9 | Expiration date: 5/28/2018

Questionnaire

Question	Answer
VACCINE INFORMATION SHEET WAS HANDED TO THE PATIENT, PARENT or GUARDIAN ON: (date)	9/20/2017
VFC Status (If Native American/Alaskan Native ONLY choose Native American/Alaskan Native.)	Ineligible

Zoster live (Zostavax)

Date: 11/24/2015 | CVX code: 121 | VIS Publish Date: 10/6/2009
Admin Location (Facility): SAFEWAY #27-1252

Zoster recombinant (Shingrix)

Given by: Perez, Delmis Joel, RN | Date: 4/17/2024 1052 | Dose: 0.5 mL
Site: Left Deltoid | Route: Intramuscular | NDC: 58160-828-03
CVX code: 187 | VIS Publish Date: 2/4/2022
Product: Shingrix | Manufacturer: GlaxoSmithKline | Lot number: 5RK5T
Expiration date: 4/17/2026

Questionnaire

Question	Answer
Vaccine Information Sheet (VIS)/EUA Fact Sheet was presented to the patient, parent or guardian on: (Date)	4/17/2024
VFC Status	Ineligible

Zoster recombinant (Shingrix)

Given by: Perez, Delmis Joel, RN | Date: 7/10/2024 1059 | Dose: 0.5 mL
Site: Right Deltoid | Route: Intramuscular | NDC: 58160-828-03
CVX code: 187 | VIS Publish Date: 2/4/2022
Product: Shingrix | Manufacturer: GlaxoSmithKline | Lot number: YL7LR
Expiration date: 5/15/2026

Questionnaire

Question	Answer
Vaccine Information Sheet (VIS)/EUA Fact Sheet was presented to the patient, parent or guardian on: (Date)	7/10/2024
VFC Status	Ineligible

Current Medications

Medications

Patient (continued)

Current Medications (continued)

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Current Medications

buprenorphine 5 MCG/HR patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 patch on the skin every 7 days.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/11/2025
Quantity: 2 patch
Refill: No refills remaining

oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: 2.5-5mg Oral, Every 4 hours PRN For pain
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
Quantity: 30 mL
Refill: No refills remaining

Vitals

Vital Signs Most recent update: 3/11/2025 4:37 PM

BP	Pulse	Temp	Resp	Ht
145/61 (Patient Position: Lying)	98	36.9 °C (Temporal)	0	5' (1.524 m)

Wt	SpO2	BMI
46.8 kg (103 lb 2.8 oz)	95%	20.15 kg/m²

History as of 4/29/2025

Medical History as of 4/29/2025

Medical last reviewed by Asmeche, Habtam, MD on 3/9/2025

Past Medical History

Diagnosis	Date	Comments	Source
Allergic rhinitis, cause unspecified	11/20/2006	—	Provider
Carpal tunnel syndrome	11/20/2006	Carpal tunnel release right wrist in 1989	Provider
Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018	—	Provider
Closed fracture of right distal femur (HCC)	7/15/2021	—	Provider
Closed fracture of unspecified intracapsular section of neck of femur	5/1/2007	Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	Provider
Diabetes mellitus (HCC)	—	—	Provider
Diabetic ulcer of lower extremity (HCC)	9/24/2018	—	Provider
DIAPHRAGMATIC HERNIA	11/20/2006	CT of abdomen in 2006	Provider
DVT, recurrent, lower extremity, chronic	11/20/2006	Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal	Provider
Esophageal reflux	11/20/2006	—	Provider
Fall	9/3/2019	—	Provider
Impaired fasting glucose	3/22/2007	—	Provider

Patient (continued)

History (continued) as of 4/29/2025

Leg weakness, bilateral	1/6/2015	—	Provider
Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018	—	Provider
Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018	—	Provider
Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019	—	Provider
Normocytic anemia	6/7/2018	—	Provider
Other convulsions	11/20/2006	Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence	Provider
PAD (peripheral artery disease)	—	—	Provider
Severe protein-calorie malnutrition (HCC)	6/7/2018	—	Provider
Thrombocytopenia	11/2/2016	—	Provider
Thyroid nodule, uninodular	12/13/2012	CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	Provider
Ulcer of left lower extremity, limited to breakdown of skin (HCC)	—	Chronic, Multiple sites of lower leg and ankle, with MSSA	Provider
Unspecified vitamin B deficiency	5/1/2007	Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency	Provider
Urge urinary incontinence	6/7/2018	—	Provider
Venous stasis ulcer (HCC)	5/26/2019	—	Provider
Venous ulcer of left leg (HCC)	6/7/2018	—	Provider
Vertebral fracture	12/13/2012	Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	Provider
Weakness of trunk musculature	1/6/2015	—	Provider

Surgical History as of 4/29/2025

Surgical last reviewed by Asmeche, Habtam, MD on 3/9/2025

Past Surgical History

Procedure	Laterality	Date	Comments	Source
PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
NO PRIOR SURGERIES	08/20/2019	—	Provider

Family History as of 4/29/2025

Family History as of 4/29/2025

Father

Relationship: Father
Name: —
Status: —
Age: —
Genetic Sex: Male
Gender Identity: Male
Father: —

Patient (continued)

History (continued) as of 4/29/2025

Mother: —
Linked with: —
Comment: —
Fertility Status: —
Fertility Comment: —

Condition	Age of Onset	Comment
No Known Problems		

Mother

Relationship: Mother
Name: —
Status: —
Age: —
Genetic Sex: Female
Gender Identity: Female
Father: —
Mother: —
Linked with: —
Comment: —
Fertility Status: —
Fertility Comment: —

Condition	Age of Onset	Comment
No Known Problems		

Substance & Sexuality History as of 4/29/2025

Tobacco Use as of 4/29/2025

Tobacco Use last reviewed by Asmeche, Habtam, MD on 3/9/2025

Smoking Status	Smoking Start Date	Quit Date	Current Packs/Day	Average Packs/Day
Never	—	—	—	

Smokeless Status	Smokeless Type	Smokeless Quit Date
Never	—	—

Source
Provider

Alcohol Use as of 4/29/2025

Alcohol Use last reviewed by Asmeche, Habtam, MD on 3/9/2025

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No		—	—	Provider

Drug Use as of 4/29/2025

Drug Use last reviewed by Asmeche, Habtam, MD on 3/9/2025

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 4/29/2025

Sexual Activity last reviewed by Asmeche, Habtam, MD on 3/9/2025

Patient (continued)

History (continued) as of 4/29/2025

Sexually Active	Birth Control	Partners	Comments	Source
Not Currently	—	—	—	Provider

Socioeconomic History as of 4/29/2025

Occupational as of 4/29/2025

Occupational last reviewed by Asmeche, Habtam, MD on 3/9/2025
None

Socioeconomic as of 4/29/2025

Socioeconomic last reviewed by Asmeche, Habtam, MD on 3/9/2025

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Widowed	—	—	—	—	English	Non-Hispanic or Latino/a or Latinx	White	Provider

Social Documentation History as of 4/29/2025

Social Documentation last reviewed by Asmeche, Habtam, MD on 3/9/2025
Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

Spring 2018
Homeless living with son in tent on Bainbridge
Pastor Dave O'Connell 314.853.2695
APS Levonne Gibson 360.473.2167
NW Justice Project Samantha Adams 206.707.0838

Source: Provider

Obstetric History as of 4/29/2025

OB/Gyn Status

LMP:	Unknown
OB/Gyn Status:	Postmenopausal

OB History as of 4/29/2025

OB History last reviewed by Asmeche, Habtam, MD on 3/9/2025
No obstetric history on file.

Patient (continued)

History (continued) as of 4/29/2025

Implants as of 4/29/2025

Pacemaker

Pacemaker Mri Single Chamber Accolade Sr - S926607 - Log1625428 - Implanted (Left) Chest

Inventory item:	PACEMAKER MRI SINGLE CHAMBER ACCOLADE SR	Model/Cat number:	L310
Serial number:	926607	Manufacturer:	BOSTON SCIENTIFIC
Device identifier:	00802526559204	Device identifier type:	GS1
Implant Date:	1/13/2025		

As of 1/13/2025 (Log 1625428)

Status: **Implanted**

Lead

Lead Pacemaker 52cm Ingevity+ Af Isi - S1549465 - Log1625428 - Implanted (Left) Right Ventricle

Inventory item:	LEAD PACEMAKER 52CM INGEVITY+ AF ISI	Model/Cat number:	7841
Serial number:	1549465	Manufacturer:	BOSTON SCIENTIFIC
Device identifier:	00802526604577	Device identifier type:	GS1
Implant Date:	1/13/2025		

As of 1/13/2025 (Log 1625428)

Status: **Implanted**

Advance Care Planning

Plan

Patient Capacity

The patient has full capacity. There is no history of patient status change.

Current Code Status

Date Active	Code Status	Order ID	Comments	User	Context
Needs Review					

Active Health Care Agents

There are no active Health Care Agents on file.

Notes

ACP (Advance Care Planning) by Grabar, Christina, MD at 1/10/2025 0201

Author: Grabar, Christina, MD
Filed: 1/10/2025 2:28 AM
Editor: Grabar, Christina, MD (Resident)
Service: Cardiothoracic Intensive Care
Date of Service: 1/10/2025 2:01 AM
Author Type: Resident
Status: Signed
Cosigner: Nikravan, Sara, MD at 2/7/2025 6:01 PM

Advance Care Planning (ACP) / Goals of Care (GOC):

- Discussed goals of care with**: Patient, Louis - son**
- Name of LNOK or DPOA-HC: Louis - Medical power of attorney
  - DPOA-HC documented in EMR: Yes
- **Patient/family understanding of medical situtation**: Louis expressed understanding that his mother is clinically stable but requiring intensive care overnight after her vascular surgery. He expressed understanding that her heart

Patient (continued)

Advance Care Planning (continued)

rate is lower than previously and is low what is considered normal, we currently have pacing pads on her chest in case her heart rate drops further and she is currently requiring a continuous infusion and additional IV medication doses to maintain her heart rate and blood pressure. We discussed that this is possibly transient after her procedure, but that she might require an in future procedure to regulate her heart rate. They understand that patient will need rehab and work with therapies

- **Patient/family goals and values:** Patient indicated that she was feeling well and that I should have my discussion regarding her medical decisions with her son who was at bedside. Luis shared with me that prior to the last 5 or 6 days when patient's leg began hurting, she was very independent often interacting with strangers when out and about, watching Al Roker on NBC, and enjoys reading. He also states that earlier this year patient accompanied him on business trips via train and being able to travel is important to her.
-
- Louis is adamant that patient should not be in a nursing home, says that they have "tried that" and they were in a tent for a few weeks while he was hopeful that they would be able to move into a 2 bedroom apartment for the two of them. Patient's son expressed that when she was previously in a nursing home it was as if they were "waiting for her to die." He reports patient has had 3 falls this year, but was overall ambulatory with cane at home.
- **Patient's minimal acceptable quality of life, if discussed:** Louis indicated that if she was not able to be independent with these tasks (watching TV, reading, interacting with people), this would not be an acceptable quality of life. We discussed the poor neurologic outcomes for patients of Jeanne's age following cardiac arrest and return of spontaneous circulation following resuscitation. We discussed how Jeanne would likely not be able to perform the tasks that she finds meaningful and would recommend allowing natural death to occur if her heart were to stop. Louis acknowledged this, but expressed that patient wanted to be full code in previous discussions, as indicated in outpatient POLST form. After our discussion, Louis was concerned about the potential harm to patient given her age, frailty (osteoporosis w/ chest compressions, etc.), and trajectory after her AKA. Given this, he was planning to have further discussion with patient in AM about code status. Louis did express that if patient were to be ventilator dependent, she wishes to be kept alive until family could be present to transition to comfort measures at that time.
- **Decisions made during this meeting**: Continue full code, transition to CMO if patient becomes ventilator-dependent
- **Next steps:** Follow-up with Louis and Jeanne in AM after further discussions regarding code status
- Time: I spent 40 minutes face to face with the patient and family members (Louis) discussing advance care planning.

Christina Grabar, MD

Electronically signed by Grabar, Christina, MD at 1/10/2025 2:28 AM
Electronically signed by Nikravan, Sara, MD at 2/7/2025 6:01 PM

ACP (Advance Care Planning) by Zafar, Zaeema, DO at 1/30/2025 1900

Author: Zafar, Zaeema, DO | Service: Internal Medicine | Author Type: Physician
Filed: 1/30/2025 7:08 PM | Date of Service: 1/30/2025 7:00 PM | Status: Signed
Editor: Zafar, Zaeema, DO (Physician)

 # Advance Care Planning (ACP) / Goals of Care (GOC):

- Discussed goals of care with**: Louis Alloin**
- Name of LNOK or DPOA-HC: No Legal Next of Kin documented in EMR (LNOK)
- Patient/family communication preferences, if discussed**:** This was not discussed
- Patient/family understanding of medical situtation: Lois understands that his mom underwent an extensive surgery and her course is currently complicated by delirium and and high aspiration risk. He does note that there has been some improvement in her delirium over the last couple of days. But agrees that we are not sure if she has not developed new baseline. He also acknowledges that she is a moderate to high aspiration risk but restates that tube feeds are not within her goal. He does also understand that a major aspiration event can occur that could result in worsening respiratory distress and even possibly death.

Patient (continued)

Advance Care Planning (continued)

- Patient/family goals and values: Louis's overall goal is to eventually return to Bainbridge with his mother. He states that she has lived in Bainbridge all of her life. She was born in Bainbridge and he would like for her to pass away in Bainbridge as well. He is frustrated by the housing situation since last fall and feels that it contributed in her current medical presentation. He states that left for her to live another 10 years and continue to break the banana bread used to before her admission. And with this he would like to attempt for temporary rehab stay before he takes her back to Bainbridge Island.
- Patient's minimal acceptable quality of life, if discussed: Not discussed
- Decisions made during this meeting: We decided to proceed with evaluating for SNF placement. We also discussed in the context of her high aspiration risk, her medical frailty it would not be medically advisable for chest compressions and intubation if she were to code. He agreed to change her stat CODE STATUS to DNR/DNI. We did discuss that if her delirium were to worsen or if she would not be a rehab candidate that we would then consider possible SNF with hospice overlay while he works on the outpatient housing situation. However he would not agree if she were to need to pay through her Social Security
- Next steps: Discussed with social work for rehab referrals.
- Time: I spent 60 minutes face to face with the family members (Louis) discussing advance care planning.

Zaeema Zafar, DO

Electronically signed by Zafar, Zaeema, DO at 1/30/2025 7:08 PM

ACP (Advance Care Planning) by Fancher-Dominguez, Alexandria Paige, MD at 2/23/2025 1748

Author: Fancher-Dominguez, Alexandria Paige, MD | Service: Internal Medicine | Author Type: Physician
Filed: 2/23/2025 5:54 PM | Date of Service: 2/23/2025 5:48 PM | Status: Signed
Editor: Fancher-Dominguez, Alexandria Paige, MD (Physician)

 # Advance Care Planning (ACP) / Goals of Care (GOC):

- Discussed goals of care with**:** Louis (son; POA)
- Patient/family goals and values: To get Jeanne nutrition no matter what the risks of having a tube placed. To see her get better. If she doesn't get better, for her to pass at home.
- I discussed pt's oxygen status and overall clinical trajectory with Louis. I expressed my worry that she is continuing to decline. Looking at the big picture, nutrition is not going to solve Jeanne's medical problems. She has ongoing aspiration despite being strict NPO that will not be addressed by enteral nutrition, but may in fact be made worse by reflux / aspiration of tube feeds. She has developed pulmonary edema due to the fluids, which I will stop and give her a 1x dose of lasix 20mg this evening as a temporizing measure. Louis understands and agrees.
- I discussed that given above clinical picture, I would recommend against intubation in the event that her respiratory status were to continue to decline. He agreed. When I asked if I could change her code status to include DNI, he said he would like to wait and see how things go. If they were to get worse then he would agree with the recommendation to not intubate and allow Jeanne to pass.
- He informed me that he told Jeanne's friends that she is dying and they are prepared for this, but he is still holding out hope that "getting a tube down her" and getting some nutrition will improve her clinical picture. I informed him that this is unlikely.
- Next steps:
  - If Jeanne were to worsen, physician should come to bedside to discuss official change of code status; recommend against intubation.
- Time: I spent 15 minutes face to face with the family members (Louis, son) discussing advance care planning.

Lexy Fancher-Dominguez, MD
Medicine Attending, UWMC - Montlake

Electronically signed by Fancher-Dominguez, Alexandria Paige, MD at 2/23/2025 5:54 PM

Patient (continued)

Advance Care Planning (continued)

ACP (Advance Care Planning) by Bhandari, Shiv, MD at 2/23/2025 2055

Author: Bhandari, Shiv, MD | Service: Medicine | Author Type: Physician
Filed: 2/23/2025 10:35 PM | Date of Service: 2/23/2025 8:55 PM | Status: Signed
Editor: Bhandari, Shiv, MD (Physician)

Advance Care Planning (ACP) / Goals of Care (GOC):

- Discussed goals of care with: Louis (son), Olesya Mironchuk (MS4) and Nana Aidoo (RN) at bedside
- Louis was able to recall today's events, specifically that Jeanne's oxygen needs have increased due to fluid in her lungs, and that we are supporting her high oxygen needs currently while also diuresing. Louis reiterated the plan discussed with Dr. Fancher-Dominguez earlier today, specifically that we will continue monitoring Jeanne's oxygen needs, and if Jeanne desaturates on her current high HFNC needs, then discuss with Louis our recommendation to change her code status to DNI.
- I explained to Louis that if Jeanne desaturates overnight, we won't have much time to discuss making a change in her code status since she is already near maximum HFNC support. He was understanding. I explained that the risks of intubation are very high with her age and comorbidities, and gave my recommendation against intubation. He was understanding and in agreement. He explained that he still would like to monitor overnight and not make any changes right now to Jeanne's code status.
- Next steps:
  - Continue code status as DNR Intubation OK, for now
  - I have already alerted the MICU about this patient and relayed the above
  - Continue monitoring vitals q4h
  - Nana (RN) to page the primary contact Olesya Mironchuk (MS4) if Jeanne requires any more O2 support on HFNC
    - We will go to bedside and assess, and will continue recommending against intubation
    - In case Louis does not want to transition to DNR/DNI at that time, I will contact the MICU to request a joint GOC with Louis with our recommendation against intubation
- Time: I spent 25 minutes face to face with Louis (son) discussing advance care planning.

Shiv Bhandari, MD
Medicine Attending, UWMC - Montlake

Electronically signed by Bhandari, Shiv, MD at 2/23/2025 10:35 PM

Patient (continued)

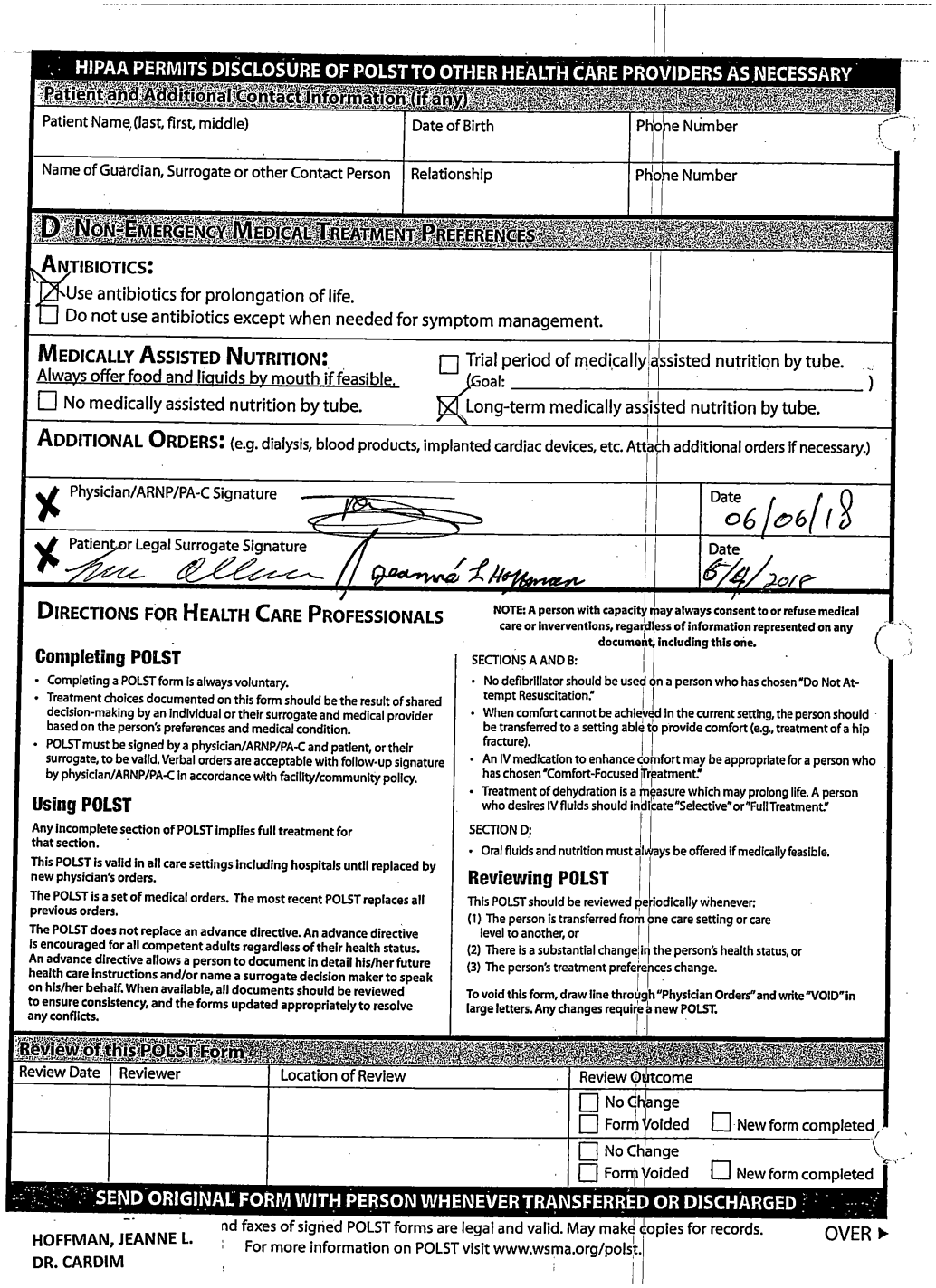
Advance Care Planning (continued)

Documents

POLST

Scan on 7/26/2018 8:38 AM

Scan (below)



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

Patient and Additional Contact Information (if any)

Patient Name (last, first, middle)	Date of Birth	Phone Number
Name of Guardian, Surrogate or other Contact Person	Relationship	Phone Number

D NON-EMERGENCY MEDICAL TREATMENT PREFERENCES

ANTIBIOTICS:
- [X] Use antibiotics for prolongation of life.
- [ ] Do not use antibiotics except when needed for symptom management.

MEDICALLY ASSISTED NUTRITION:
Always offer food and liquids by mouth if feasible.
- [ ] No medically assisted nutrition by tube.
- [ ] Trial period of medically assisted nutrition by tube. (Goal: _____)
- [X] Long-term medically assisted nutrition by tube.

ADDITIONAL ORDERS: (e.g. dialysis, blood products, implanted cardiac devices, etc. Attach additional orders if necessary.)

X Physician/ARNP/PA-C Signature	Date 06/06/18
X Patient or Legal Surrogate Signature	Date 6/4/2018

DIRECTIONS FOR HEALTH CARE PROFESSIONALS

NOTE: A person with capacity may always consent to or refuse medical care or interventions, regardless of information represented on any document, including this one.

Completing POLST
- Completing a POLST form is always voluntary.
- Treatment choices documented on this form should be the result of shared decision-making by an individual or their surrogate and medical provider based on the person's preferences and medical condition.
- POLST must be signed by a physician/ARNP/PA-C and patient, or their surrogate, to be valid. Verbal orders are acceptable with follow-up signature by physician/ARNP/PA-C in accordance with facility/community policy.

Using POLST

Any incomplete section of POLST implies full treatment for that section.

This POLST is valid in all care settings including hospitals until replaced by new physician's orders.

The POLST is a set of medical orders. The most recent POLST replaces all previous orders.

The POLST does not replace an advance directive. An advance directive is encouraged for all competent adults regardless of their health status. An advance directive allows a person to document in detail his/her future health care instructions and/or name a surrogate decision maker to speak on his/her behalf. When available, all documents should be reviewed to ensure consistency, and the forms updated appropriately to resolve any conflicts.

SECTIONS A AND B:
- No defibrillator should be used on a person who has chosen "Do Not Attempt Resuscitation."
- When comfort cannot be achieved in the current setting, the person should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- An IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort-Focused Treatment."
- Treatment of dehydration is a measure which may prolong life. A person who desires IV fluids should indicate "Selective" or "Full Treatment."

SECTION D:
- Oral fluids and nutrition must always be offered if medically feasible.

Reviewing POLST

This POLST should be reviewed periodically whenever:
(1) The person is transferred from one care setting or care level to another, or
(2) There is a substantial change in the person's health status, or
(3) The person's treatment preferences change.

To void this form, draw line through "Physician Orders" and write "VOID" in large letters. Any changes require a new POLST.

Review of this POLST Form

Review Date	Reviewer	Location of Review	Review Outcome
			☐ No Change ☐ Form Voided ☐ New form completed
			☐ No Change ☐ Form Voided ☐ New form completed

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

HOFFMAN, JEANNE L.
DR. CARDIM

nd faxes of signed POLST forms are legal and valid. May make copies for records.
For more information on POLST visit www.wsma.org/polst.

OVER ▶

Patient (continued)

Advance Care Planning (continued)

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

Physician Orders for Life-Sustaining Treatment (POLST)

Last Name - First Name - Middle Name or Initial: Hoffman, Jeanne

Date of Birth: 1 6 25

Last 4 #SSN (optional): 4736

FIRST follow these orders, **THEN** contact physician, nurse practitioner or PA-C. The POLST is a set of medical orders intended to guide medical treatment based on a person's current medical condition and goals. Any section not completed implies full treatment for that section. Completing a POLST form is always voluntary. Everyone shall be treated with dignity and respect.

Medical Conditions/Patient Goals:

Agency Info/Sticker

A Check One — **CARDIOPULMONARY RESUSCITATION (CPR):** Person has no pulse and is not breathing.

- [x] **Attempt Resuscitation/CPR** — When not in cardiopulmonary arrest, go to part B.
- [ ] **Do Not Attempt Resuscitation/DNAR (Allow Natural Death)**
  Choosing DNAR will include appropriate comfort measures.

B Check One — **MEDICAL INTERVENTIONS:** Person has pulse and/or is breathing.

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

Additional Orders: (e.g. dialysis, etc.) _____

C — **SIGNATURES:** The signatures below verify that these orders are consistent with the patient's medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.

Discussed with:
- [x] Patient
- [ ] Parent of Minor
- [ ] Guardian with Health Care Authority
- [ ] Spouse/Other as authorized by RCW 7.70.065
- [ ] Health Care Agent (DPOAHC)

PRINT — Physician/ARNP/PA-C Name: Ibrahima Toure-DNP — Phone Number: 206-744-5415

X Physician/ARNP/PA-C Signature *(mandatory)* — Date *(mandatory)*: 06/06/18

PRINT — Patient or Legal Surrogate Name: Jeanne Hoffman — Phone Number:

X Patient or Legal Surrogate Signature *(mandatory)*: Jeanne J Hoffman — Date *(mandatory)*: 6/4/18

Person has:
- [x] Health Care Directive (living will)
- [x] Durable Power of Attorney for Health Care

Encourage all advance care planning documents to accompany POLST

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Revised 8/2017 — Photocopies and faxes of signed POLST forms are legal and valid. May make copies for records.
For more information on POLST visit www.wsma.org/polst.

WASHINGTON | WSMA Washington State Medical Association — Physician Driven Patient Focused | Washington State Department of Health

HOFFMAN, JEANNE L.
DR. CARDIM

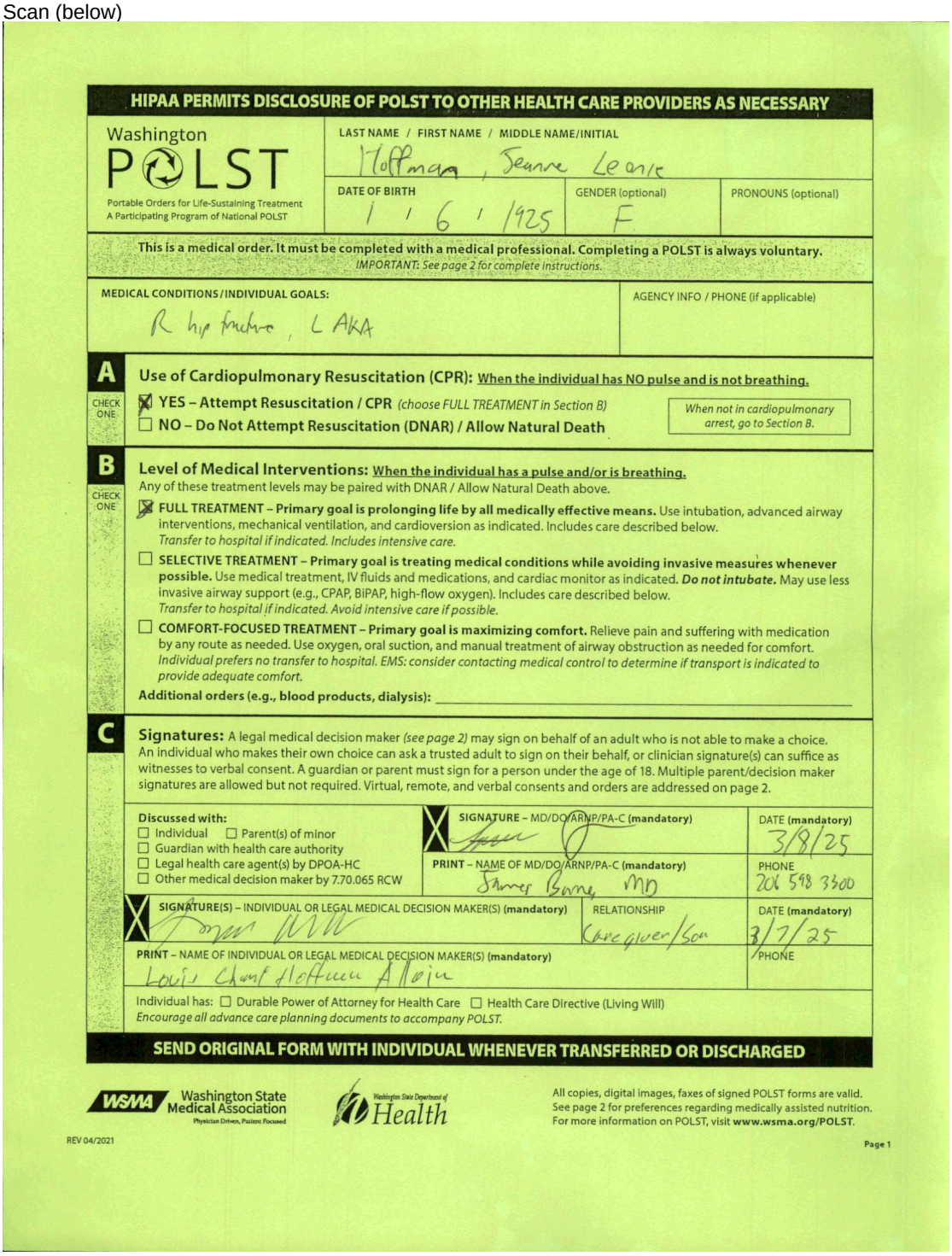
See back of form for non-emergency preferences ▶

Patient (continued)

Advance Care Planning (continued)

Scan on 3/10/2025 9:23 AM: POLST

Scan (below)



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

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

LAST NAME / FIRST NAME / MIDDLE NAME/INITIAL: Hoffman, Jeanne Leonie

DATE OF BIRTH: 1 / 6 / 1925 | GENDER (optional): F | PRONOUNS (optional):

This is a medical order. It must be completed with a medical professional. Completing a POLST is always voluntary.
IMPORTANT: See page 2 for complete instructions.

MEDICAL CONDITIONS/INDIVIDUAL GOALS: R hip fracture, L AKA

AGENCY INFO / PHONE (if applicable):

A CHECK ONE

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

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

When not in cardiopulmonary arrest, go to Section B.

B CHECK ONE

Level of Medical Interventions: When the individual has a pulse and/or is breathing.
Any of these treatment levels may be paired with DNAR / Allow Natural Death above.

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

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

C

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

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

X **SIGNATURE** – MD/DO/ARNP/PA-C **(mandatory)**: [signature] | DATE **(mandatory)**: 3/8/25

PRINT – NAME OF MD/DO/ARNP/PA-C **(mandatory)**: James Burns, MD | PHONE: 206 598 3300

X **SIGNATURE(S)** – INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) **(mandatory)**: [signature] | RELATIONSHIP: Caregiver/Son | DATE **(mandatory)**: 3/7/25

PRINT – NAME OF INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) **(mandatory)**: Louis Chant Hoffman Allain | PHONE:

Individual has: ☐ Durable Power of Attorney for Health Care ☐ Health Care Directive (Living Will)
Encourage all advance care planning documents to accompany POLST.

SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED

WSMA Washington State Medical Association — Physician Driven, Patient Focused
Washington State Department of Health

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

REV 04/2021

Page 1

Patient (continued)

Advance Care Planning (continued)

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

LAST NAME / FIRST NAME / MIDDLE NAME/INITIAL	DATE OF BIRTH / /

Additional Contact Information (if any)

LEGAL MEDICAL DECISION MAKER(S) (by DPOA-HC or 7.70.065 RCW)	RELATIONSHIP	PHONE
OTHER CONTACT PERSON	RELATIONSHIP	PHONE
HEALTH CARE PROFESSIONAL COMPLETING FORM	ROLE / CREDENTIALS	PHONE

Preference: Medically Assisted Nutrition (i.e., Artificial Nutrition) ☒ Check here if not discussed

This section is NOT required. This section, whether completed or not, does not affect orders on page 1 of form.
Preferences for medically assisted nutrition, and other health care decisions, can also be indicated in advance directives which are advised for all adults. The POLST does not replace an advance directive. When an individual is no longer able to make their own decisions, consult with the legal medical decision maker(s) regarding their plan of care, including medically assisted nutrition. Base decisions on prior known wishes, best interests of the individual, preferences noted here or elsewhere, and current medical condition. Document specific decisions and/or orders in the medical record.

Food and liquids to be offered by mouth if feasible and consistent with the individual's known preferences.

☐ Preference is to avoid medically assisted nutrition.
☐ Preference is to discuss medically assisted nutrition options, as indicated.*
Discuss short- versus long-term medically assisted nutrition (long-term requires surgical placement of tube).

* Medically assisted nutrition is proven to have no effect on length of life in moderate- to late-stage dementia, and it is associated with complications. People may have documents or known wishes to not have oral feeding continued; the directions for oral feeding may be subject to these known wishes.

Discussed with: ____ Individual ____ Health Care Professional ____ Legal Medical Decision Maker

Directions for Health Care Professionals

NOTE: An individual with capacity may always consent to or refuse medical care or interventions, regardless of information represented on any document, including this one.

Any incomplete section of POLST implies full treatment for that section. This POLST is valid in all care settings. It is primarily intended for out of hospital care, but valid within health care facilities per specific policy. The POLST is a set of medical orders. The most recent POLST replaces all previous orders.

Completing POLST
- Completing POLST is voluntary for the individual; it should be offered as appropriate but not required.
- Treatment choices documented on this form should be the result of shared decision making by an individual or their health care agent and health care professional based on the individual's preferences and medical condition.
- POLST must be signed by an MD/DO/ARNP/PA-C and the individual or their legal medical decision maker as determined by guardianship, DPOA-HC, or other relationship per 7.70.065 RCW, to be valid. Multiple decision maker signatures are allowed, but not required.
- Virtual, remote, and verbal orders and consents are acceptable in accordance with the policies of the health care facility. For examples, see FAQ at www.wsma.org/POLST.
- POLST may be used to indicate orders regarding medical care for children under the age of 18 with serious illness. Guardian(s)/parent(s) sign the form along with the health care professionals. See FAQ at www.wsma.org/POLST.

NOTE: This form is not adequate to designate someone as a health care agent. A separate DPOA-HC is required to designate a health care agent.

Honoring POLST
Everyone shall be treated with dignity and respect.
SECTIONS A AND B:
- No defibrillator should be used on an individual who has chosen "Do Not Attempt Resuscitation."
- When comfort cannot be achieved in the current setting, the individual should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture). This may include medication by IV route for comfort.
- Treatment of dehydration is a measure which may prolong life. An individual who desires IV fluids should indicate "Selective" or "Full Treatment."

Reviewing POLST
This POLST should be reviewed whenever:
- The individual is transferred from one care setting or care level to another.
- There is a substantial change in the individual's health status.
- The individual's treatment preferences change.

To void this form, draw a line across the page and write "VOID" in large letters. Notify all care facilities, clinical settings, and anyone who has a copy of the current POLST. Any changes require a new POLST.

Review of this POLST form: Use this section to update and confirm order and preferences.
This meets the requirement of establishing code status and basic medical guidance for admission to nursing and other facilities.

REVIEW DATE	REVIEWER	LOCATION OF REVIEW	REVIEW OUTCOME
			☐ No Change ☐ Form Voided ☐ New Form Completed

SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED

Copies, digital images, and faxes of signed POLST forms are legal and valid. May make copies for records.
For more information on POLST, visit **www.wsma.org/POLST**.

REV 04/2021

Page 2

Patient (continued)

Advance Care Planning (continued)

Power of Attorney

Scan on 9/28/2017 4:38 PM: Durable Power of Attorney for Health Care; 2013/05/28

Scan (below)

PAGE 5/7 * RCVD AT 9/28/2017 12:19:16 PM [Pacific Daylight Time] * SVR:EPIC-RF-P2/3 * DNIS:3251 * CSID: * DURATION (mm-ss):03-50

U8170135

Return Address:

Jean Leonie Caillet Allain Hoffman
245 High School Road, NW-2
Bainbridge Island, WA-98110

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)
Reference # (if applicable):
Grantor(s) (Principal): (1) Jean Leonie Caillet Allain Hoffman Addl. on pg 1/2
Grantee(s) (Attorney in Fact) (1) Louis Charles Hoffmann Allain Addl. on pg 1/2
LegalDescription (abbreviated): Power of Attorney
Addl'. legal is on page of Assessor's Property Tax Parcel/Account#

1. **DESIGNATION OF ATTORNEY-IN-FACT AS HEALTH CARE AGENT**
I Jean Leonie Caillet Allain Hoffman, 245 High School Rd NW-Apt 2, Bainbridge Island, WA-98110 (insert name, and address), do hereby designate and appoint Louis Charles Hoffmann Allain, 245 High School Rd, NW#2 Bainbridge Is WA-98110 (insert name, address, and telephone of designated health care agent), as my attorney-in-fact (agent), to make health care decisions for me as authorized in this document. For the purposes of this document, "health care decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, non-treatment, as provided in Chapter 7.70 RCW, service, or procedure to maintain, diagnose, or treat an individual's physical condition.
2. **CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE**
By this document I intend to create a durable power of attorney for health care. This power of attorney shall not be affected by my disability or incompetence and shall continue in full force and effect until revoked or terminated as set forth in paragraph 9.
3. **GENERAL STATEMENT OF AUTHORITY GRANTED**
Subject to any limitations in this document, I hereby grant to my agent full power and authority to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my agent shall make health care decisions that are consistent with my desires as stated in this document or otherwise made known to my agent, including, but not limited to, my desires concerning obtaining or refusing or withdrawing life-prolonging care, treatment, services and procedures. Provided, however, my agent may not consent, without court approval, to any procedure referred to in R.C.W. 11.92.040(3) that requires court approval before a guardian may consent to such.
4. **STATEMENT OF DESIRES, SPECIAL PROVISIONS, AND LIMITATIONS**
In exercising the authority under this durable power of attorney for health care, my agent shall act consistently with my desires and is subject to the special provisions and limitations stated in any living will which I have executed.
5. **INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH**
Subject to any limitations in this document, my agent has the power and authority to do all of the following:
   a. Request, review, and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records.
   b. Execute on my behalf any releases or other documents that may be required in order to obtain this information.
   c. Consent to the disclosure of this information.
   d. Consent to the donation of any of my organs for medical purposes.

Durable Power Of Attorney for Health Care
©Washington Legal Blank, Inc. Issaquah, WA Form No. 108 7/97
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER
www.wlbforms.com

Page 1 of 2

Sep. 28. 2017 12:25PM No. 3333 P. 5

Patient (continued)

Advance Care Planning (continued)

PAGE 6/7 * RCVD AT 9/28/2017 12:19:16 PM [Pacific Daylight Time] * SVR:EPIC-RF-P2/3 * DNIS:3251 * CSID: * DURATION (mm-ss):03-50

6. **SIGNING DOCUMENTS, WAIVERS AND RELEASES**
Where necessary to implement the health care decisions that my agent is authorized by this document to make, my agent has the power and authority to execute on my behalf all of the following:
a. Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice".
b. Any necessary waiver or release from liability required by a hospital or physician.
c. Any documents pursuant to the power of substitution in the premises, which I hereby grant to my agent subject to my choice of alternates below.

7. **DESIGNATION OF ALTERNATE AGENTS**
If the person designated as my agent in paragraph 1 is not available or becomes ineligible to act as my agent to make a health care decision for me or loses the mental capacity to make health care decisions for me, or if I revoke that person's appointment or authority to act as my agent to make health care decisions for me, then I designate and appoint the following persons to serve as my agent to make health care decisions for me as authorized in this document, such persons to serve in the order listed below:
a. First Alternate Agent: None At This Time.
(Insert name, address and telephone number of first alternate agent)
b. Second Alternate Agent: None At this Time
(Insert name, address and telephone number of second alternate agent)

8. **PRIOR DESIGNATIONS REVOKED**
I revoke any prior durable power of attorney for health care.

9. **TERMINATION**
This power of attorney may be terminated by written notice, court approval of revocation, recording a notice with the County Auditor/Recorder, and shall be automatically revoked upon my death but only upon actual notice or knowledge of such by my agent.

10. **APPLICABLE LAW**
The laws of the State of Washington of the United States of America shall govern this power of attorney.

Dated 5/29/13 J.L.H. Jeanne L Hoffman

State of Washington,
ss. **INDIVIDUAL ACKNOWLEDGEMENT**
County of Kitsap

I certify that I know or have satisfactory evidence that Jeane Hoffman is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 28th of May 2013

KELLY SUMPTER
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
APRIL 9, 2017

Print Name Kelly Sumpter
Notary Public in and for the State of WA
My appointment expires: 04/09/17

Sep. 28. 2017 12:25PM No. 3333 P. 6

Patient (continued)

Advance Care Planning (continued)

PAGE 7/7 * RCVD AT 9/28/2017 12:19:16 PM [Pacific Daylight Time] * SVR:EPIC-RF-P2/3 * DNIS:3251 * CSID: * DURATION (mm-ss):03-50

Political and Governmental Representation Authorization

I, Jean Leonie Calliet Alloin Hoffman, herein have authorized my elder son, life long friend and business associate Louis Charles Hoffmann Alloin to be my consultant and representative since 1970, to consult, provide briefings, information, analysis as to political and governmental issue within "Federal, State Local and Quasi Governmental Representation" to congress, legislative, local governmental affiliations and regulatory organization, associations, to represent and engage in communications electronically, correspond and verbally have personal contacts and debate issue as my, Jean Leonie Calliet Alloin Hoffman constitutional rights, interests to communicate and engage in dialog with any and all congressional , legislative, local governments committees, subcommittees, task forces, boards, and representatives having responsibility to the citizens of the United States and States within the Union and Territories.

I, Jean Leonie Calliet Alloin Hoffman, herein, reaffirm, this date: July 21, 2017, that the above statement is and have been authorized since 1970's and that my elder son Louis Charles Hoffmann Alloin, continues to represent my political and governmental representation to speak or communicate in any and all mediums necessary on my behalf, before any governmental, regulatory agency, organization, association, society or order of.

Therein, I, Jean Leonie Calliet Alloin Hoffman having given my elder son Louis Charles Hoffmann Alloin, power of attorney, guardian adlib and legal caregiver, that my power of attorney, guardian adlib and legal caregiver has the responsible in health and welfare and best interest, that includes to representing my political and governmental interests as a voice in issues under my constitutional rights as a caregiver.

Jean Leonie Calliet Alloin Hoffman Jeanne L Hoffman A Alloin 7/21/2017

245 High School Road, NW-2
Bainbridge Island, Washington 98110
PH: 206-780-6885
EMail: jeanhoffman@usa.com

Representative: Louis Charles Hoffmann Alloin 7/21/2017
Louis Charles Hoffmann Alloin
EMail: Governmentalaffairs@usa.com, Louisalloin@usa.com, Speakingout@usa.com

Sep. 28. 2017 12:26PM No. 3333 P. 7

Patient (continued)

Advance Care Planning (continued)

Scan on 9/28/2017 4:39 PM: General Power of Attorney; 2013/06/04

Scan (below)

PAGE 3/7 * RCVD AT 9/28/2017 12:19:16 PM [Pacific Daylight Time] * SVR:EPIC-RF-P2/3 * DNIS:3251 * CSID: * DURATION (mm-ss):03-50

U8170135

Return Address:

Jean Leonie Caillet Allain Hoffman
245 High School Road, NW Apt 2,
Bainbridge Island, WA-98110

GENERAL POWER OF ATTORNEY (With Durable Provisions)

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)
Reference # (If applicable): N/A
Grantor(s) (Principal): (1) Jean Leonie Caillet Allain Hoffman Addl'. on pg.
Grantee(s) (Attorney in Fact): (1) Louis charles Hoffman Allain "Elder Son" Addl'. on pg.
Legal Description (abbreviated): Power of Attorney Add.legal is on page
Assessor's Property Tax Parcel /Account # N/A

KNOW ALL PERSONS BY THESE PRESENTS: That Jean Leonie Caillet Allain Hoffman residing at 245 High School Road, NW Apt 2 City of Bainbridge Island County of Kitsap, State of Washington made, constituted and appointed, and by these presents Jean make, constitute and appoint Louis charles Hoffmann Allain of the City of Bainbridge Island, County of Kitsap, State of Washington true and lawful attorney for Jean and in Jean name, place and stead and for use and benefit to act as legal representative in all such matters pertaining to living standards; aging welfare and safety, health requirements and needs, banking and financial representative, medical welfare representation, representative before any Court of law, representative in will & Trust proceeding, Requests and representative to any government agency. Thereby providing assistance in writing letters, emails, social Media, fill-in form Documents, answering phone calls and representative in all required Communication of all types. Thereby providing assistance in Travel and transportation needs and requirement. Therein providing representation & Signature to all requirements to ask, demand, sue for, recover, collect and receive all such sums of money, debts, dues, accounts, legacies, bequests, interests, dividends, annuities and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to Jean and have, use and take all lawful ways and means in Jean name, or otherwise for the recovery thereof, by attachments, arrests, distress or otherwise, and to compromise and agree for the same, and acquittances or other sufficient discharges for the same for Jean and in Allain Hoffman's name, to make, seal and deliver, to bargain, contract, agree for, purchase, receive and take lands, tenements, hereditaments, and accept the seizin and possession of all lands, and all deeds and other assurances in the law therefor, and to lease, let, demise, bargain, sell, remise, release, convey, mortgage and hypothecate

General Power of Attorney-(With Durable Provisions)
©Washington Legal Blank, Inc., Issaquah, WA Form No. 58 10/96
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

Sep. 28. 2017 12:24PM No. 3333 P. 3

Patient (continued)

Advance Care Planning (continued)

PAGE 4/7 * RCVD AT 9/28/2017 12:19:16 PM [Pacific Daylight Time] * SVR:EPIC-RF-P2/3 * DNIS:3251 * CSID: * DURATION (mm-ss):03-50

lands, tenements, and hereditaments, upon such terms and conditions, and under such covenants as Louis Alloin shall think fit. Also, to bargain and agree for, buy, sell, mortgage, hypothecate, and in any and every way and manner deal in and with goods, wares and merchandise, choses in action, and other property in possession or in action, and to make, do and transact all and every kind of business, of what nature and kind soever, and also for Jean and in Alloin Hoffman name, and as Louis Alloin act and deed, to sign, seal, execute, deliver and acknowledge such deeds, leases and assignments of leases, covenants, indentures, agreements, mortgages, hypothecations, bottomries, charter parties, bills of lading, bills, bonds, notes, receipts, evidences of debt, releases and satisfaction of mortgage, judgments and other debts, and such other instruments in writing of whatever kind or nature, as may be necessary or proper in the premises.

GIVING AND GRANTING unto Louis Alloin said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to the execution of the powers herein granted, as fully to all intents and purposes as Jean might or could do if personally present. Jean Leonie Carllet Alloin Hoffman hereby ratifying and confirming all that Jean said attorney Louis Charles Hoffman Alloin "Elder Son" shall lawfully do or cause to be done by virtue of these presents.

This power of attorney ☐ shall be revoked upon ☑ shall become effective upon ☑ shall not be affected by disability of the principal, and shall otherwise ☑ continue in full force and effect until revoked by subsequent writing ☑ become null and void after the 1 day of January 2025

(Optional) The said Jean Leonie Carllet Alloin Hoffman further nominates Louis Charles Hoffmann Alloin "Elder Son" as guardian of Jean Hoffman estate and person for consideration by the court if protective proceedings for Jean Hoffman estate or person are hereafter commenced.

In Witness Whereof, US have hereunto set my hand at the 4th day of June 2013.

Jeanne L Hoffman
245 Hischel Rd. NW
Bainbridge Is. WA 98110

Signed and Delivered in the Presence of:
Anne M. Campbell
Louis Charles Hoffman Alloin
Jeanne L Hoffman

STATE OF WASHINGTON,
County of Kitsap } ss. (INDIVIDUAL ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that Jeanne Hoffman is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 4th day of June 2013

KELLY SUMPTER
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
APRIL 9, 2017

Kelly Sumpter
Print Name Kelly Sumpter
Notary Public in and for the State of WA
My appointment expires: 04/09/17

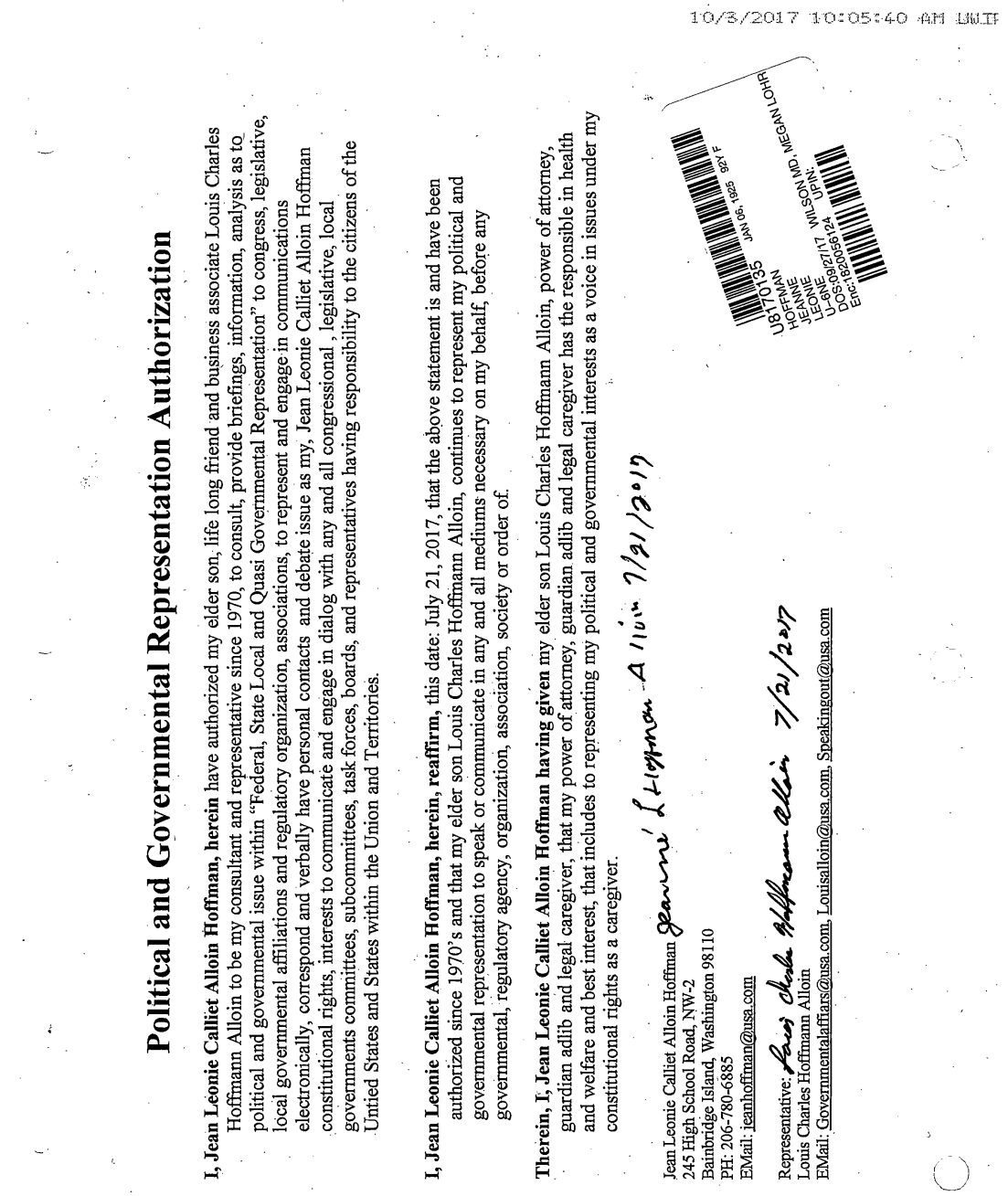
Sep. 28. 2017 12:24PM No. 3333 P. 4

Patient (continued)

Advance Care Planning (continued)

Scan on 10/3/2017 10:45 PM: Political & Governmental Representation Authorization; 2017/07/21

Scan (below)



10/3/2017 10:05:40 AM UWH

Political and Governmental Representation Authorization

I, Jean Leonie Calliet Alloin Hoffman, herein have authorized my elder son, life long friend and business associate Louis Charles Hoffmann Alloin to be my consultant and representative since 1970, to consult, provide briefings, information, analysis as to political and governmental issue within "Federal, State Local and Quasi Governmental Representation" to congress, legislative, local governmental affiliations and regulatory organization, associations, to represent and engage in communications electronically, correspond and verbally have personal contacts and debate issue as my, Jean Leonie Calliet Alloin Hoffman constitutional rights, interests to communicate and engage in dialog with any and all congressional , legislative, local governments committees, subcommittees, task forces, boards, and representatives having responsibility to the citizens of the Untied States and States within the Union and Territories.

I, Jean Leonie Calliet Alloin Hoffman, herein, reaffirm, this date: July 21, 2017, that the above statement is and have been authorized since 1970's and that my elder son Louis Charles Hoffmann Alloin, continues to represent my political and governmental representation to speak or communicate in any and all mediums necessary on my behalf, before any governmental, regulatory agency, organization, association, society or order of.

Therein, I, Jean Leonie Calliet Alloin Hoffman having given my elder son Louis Charles Hoffmann Alloin, power of attorney, guardian adlib and legal caregiver, that my power of attorney, guardian adlib and legal caregiver has the responsible in health and welfare and best interest, that includes to representing my political and governmental interests as a voice in issues under my constitutional rights as a caregiver.

Jean Leonie Calliet Alloin Hoffman Jeanne L Hoffman Alloin 7/21/2017
245 High School Road, NW-2
Bainbridge Island, Washington 98110
PH: 206-780-6885
EMail: jeanhoffman@usa.com

Representative: Louis Charles Hoffmann Alloin 7/21/2017
Louis Charles Hoffmann Alloin
EMail: Governmentalaffiars@usa.com, Louisalloin@usa.com, Speakingout@usa.com

U8170135 JAN 06, 1925 92Y F
HOFFMAN
JEANNE
LEONIE
U-6NE
DOS:09/27/17 WILSON MD, MEGAN LOHR
Enc:1820056124 UPIN:

Patient (continued)

Advance Care Planning (continued)

Patient (continued)

Documents (group 1 of 3) as of 4/29/2025

Business Documents as of 4/29/2025

Scan on 1/13/2017 4:47 PM: Advance Beneficiary Notice of Noncoverage; 2017/01/04; Hall Health as of 4/29/2025

Scan (below)

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost
CPT Code(s): _____ CPT Description(s): office visit	☐ Medicare does not pay for experimental or research use tests/services ☐ Medicare does not pay for this test or service as often as this (denied as too frequent) ☒ Medicare does not pay for this test or service for your condition ☐ Other _____	$200 $50

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.
  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

☑ **OPTION 1.** I want the _____ listed above. You may be ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I'm responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Representative)	Print Name	Date
[signature]	Jeanne Hoffman	1/4/17

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

RECEIVED
JAN 10 2017
HEALTH INFORMATION MANAGEMENT

OMB APPROVAL 0938-0566

PT.NO U8170135
NAME Jeanne Hoffman
DOB 1/6/1925

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE - MEDICAL RECORD
CANARY - PATIENT

UH1731 REV OCT 15

Patient (continued)

Documents (group 1 of 3) (continued) as of 4/29/2025

Patient (continued)

Documents (group 1 of 3) (continued) as of 4/29/2025

Scan on 4/17/2017 6:35 PM: Agreement To Pay For Healthcare Services; 2017/04/05; Hall Health as of 4/29/2025

Scan (below)

U8170135

Washington State Health Care Authority

Agreement to Pay for Healthcare Services

WAC 182-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) that the Health Care Authority (HCA) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications

Client - A recipient of Medicaid or other healthcare benefits through the HCA or a managed care organization (MCO) that contracts with the HCA.
Provider - An institution, agency, business, or person that provides healthcare services to HCA clients and has a signed agreement with the HCA or authorization from an MCO.

This Agreement and WAC 182-502-0160 apply to billing a client for covered and noncovered services as described in WAC 182-501-0050 through WAC 182-501-0070. Providers may not bill any HCA client (including those enrolled with an MCO that contracts with the HCA) for services which the HCA or an MCO that contracts with the HCA may have paid until the provider has completed all requirements for obtaining authorization.

Client's printed name	Hoffman, Jeanne Leonie	Client's ID number	100675002WA
Provider's printed name	Hanna, Sarah J	Provider number	1174628630

Directions:

- Both the provider and the client must fully complete this form **before** an HCA client receives any service for which this Agreement is required.
- You must complete this form no more than 90 calendar days before the date of the service. If the service is not provided within 90 calendar days, the provider and client must complete and sign a new form.
- **The provider and the client must complete this form only *after* they exhaust all applicable HCA or HCA-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 182-501-0160 or the administrative hearing process, if the client chooses to pursue these processes.**
- Limited English proficient (LEP) clients must be able to understand this form in their primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. Both the client and the provider must sign a translated form.

Fully complete the table on back of this form. If needed, attach another sheet for additional services. The client, provider, and interpreter (if applicable) must sign and date each additional page.

Important Note from HCA:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 182-502-0160 or does not satisfy HCA conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 182-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. Give a copy of this completed, signed agreement to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://hrsa.dshs.wa.gov/mpforms.shtml.

Page 1 of 2

HCA 13-879 (9/15)

Patient (continued)

Documents (group 1 of 3) (continued) as of 4/29/2025

Specific service(s) or item(s) to be provided and anticipated date of service	CPT/CDT/ hcpc code (billing code)	Amount to be paid by client	Reason why the client is agreeing to be billed (check the one that applies for each service)	Covered treatment alternatives offered but not chosen by client	Date(s) etr/nfj requested/denied or waived, or prior authorization (pa) requested/denied, if applicable	
Physical Therapy Visit		$100 – $200	☒ Noncovered service, ETR denied ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR requested or waived PA request	ETR denial (attach HCA notice) PA denial (attach HCA notice)
			☐ Noncovered service, ETR denied ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR requested or waived PA request	ETR denial (attach hca notice) PA denial (attach HCA notice)
			☐ Noncovered service, ETR denied ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR requested or waived PA request	ETR denial (attach HCA notice) PA denial (attach HCA notice)

- I understand that HCA or an MCO that contracts with HCA will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) HCA does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after an HCA or HCA-contracted MCO denial of a request for a noncovered service; or 2) ask for a hearing to appeal an HCA or HCA-contracted MCO denial of a requested service.
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by the HCA or an HCA-contracted MCO, and I still choose to get the specified service(s) above.
- I understand that HCA does not cover services ordered by, prescribed by, or are a result of a referral from a healthcare provider who is not contracted with HCA as described in Chapter 182-502 WAC.
- ***I agree to pay the provider directly for the specific service(s) listed above***.
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which HCA or an HCA-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form.
- I understand that I can call HCA at 1-800-562-3022 to receive additional information about my rights or services covered by HCA under fee-for-service or managed care.

I AFFIRM: I understand and agree with this form's content, including the bullet points above.	X Client's or client's legal representative's signature	Date 4/5/17
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 182-502-0160.	Provider of service(s) signature	Date 4/5/2017
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	Interpreter's printed name and signature	Date

Patient (continued)

Documents (group 1 of 3) (continued) as of 4/29/2025

Scan on 4/17/2017 6:39 PM: Agreement To Pay For Healthcare Services; 2017/04/05; Hall Health as of 4/29/2025

Scan (below)

U8170135

Washington State Health Care Authority

Agreement to Pay for Healthcare Services

WAC 182-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) that the Health Care Authority (HCA) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications

Client - A recipient of Medicaid or other healthcare benefits through the HCA or a managed care organization (MCO) that contracts with the HCA.
Provider - An institution, agency, business, or person that provides healthcare services to HCA clients and has a signed agreement with the HCA or authorization from an MCO.

This Agreement and WAC 182-502-0160 apply to billing a client for covered and noncovered services as described in WAC 182-501-0050 through WAC 182-501-0070. Providers may not bill any HCA client (including those enrolled with an MCO that contracts with the HCA) for services which the HCA or an MCO that contracts with the HCA may have paid until the provider has completed all requirements for obtaining authorization.

Client's printed name Hoffman, Jeanne Leonie	Client's ID number 100675202WA
Provider's printed name Neighbor, William	Provider number 1265518989

Directions:

- Both the provider and the client must fully complete this form **before** an HCA client receives any service for which this Agreement is required.
- You must complete this form no more than 90 calendar days before the date of the service. If the service is not provided within 90 calendar days, the provider and client must complete and sign a new form.
- **The provider and the client must complete this form only *after* they exhaust all applicable HCA or HCA-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 182-501-0160 or the administrative hearing process, if the client chooses to pursue these processes.**
- Limited English proficient (LEP) clients must be able to understand this form in their primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. Both the client and the provider must sign a translated form.

Fully complete the table on back of this form. If needed, attach another sheet for additional services. The client, provider, and interpreter (if applicable) must sign and date each additional page.

Important Note from HCA:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 182-502-0160 or does not satisfy HCA conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 182-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. Give a copy of this completed, signed agreement to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://hrsa.dshs.wa.gov/mpforms.shtml.

Page 1 of 2

HCA 13-879 (9/15)

Patient (continued)

Documents (group 1 of 3) (continued) as of 4/29/2025

Specific service(s) or item(s) to be provided and anticipated date of service	CPT/CDT/ hcpc code (billing code)	Amount to be paid by client	Reason why the client is agreeing to be billed (check the one that applies for each service)	Covered treatment alternatives offered but not chosen by client	Date(s) etr/nfj requested/denied or waived, or prior authorization (pa) requested/denied, if applicable	
Office visit and all related services		$200 – $500	☒ Noncovered service, ETR denied ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR requested or waived PA request	ETR denial (attach HCA notice) PA denial (attach HCA notice)
			☐ Noncovered service, ETR denied ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR requested or waived PA request	ETR denial (attach hca notice) PA denial (attach HCA notice)
			☐ Noncovered service, ETR denied ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR requested or waived PA request	ETR denial (attach HCA notice) PA denial (attach HCA notice)

- I understand that HCA or an MCO that contracts with HCA will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) HCA does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after an HCA or HCA-contracted MCO denial of a request for a noncovered service; or 2) ask for a hearing to appeal an HCA or HCA-contracted MCO denial of a requested service.
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by the HCA or an HCA-contracted MCO, and I still choose to get the specified service(s) above.
- I understand that HCA does not cover services ordered by, prescribed by, or are a result of a referral from a healthcare provider who is not contracted with HCA as described in Chapter 182-502 WAC.
- ***I agree to pay the provider directly for the specific service(s) listed above***.
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which HCA or an HCA-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form.
- I understand that I can call HCA at 1-800-562-3022 to receive additional information about my rights or services covered by HCA under fee-for-service or managed care.

I AFFIRM: I understand and agree with this form's content, including the bullet points above.	X Client's or client's legal representative's signature	Date 4/5/17
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 182-502-0160.	Provider of service(s) signature	Date 4/5/17
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	Interpreter's printed name and signature	Date

Patient (continued)

Documents (group 1 of 3) (continued) as of 4/29/2025

Scan on 4/17/2017 6:41 PM: Agreement To Pay For Healthcare Services; 2017/04/05; Hall Health as of 4/29/2025

Scan (below)

U18892607

Washington State Health Care Authority

Agreement to Pay for Healthcare Services

WAC 182-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) that the Health Care Authority (HCA) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications

Client - A recipient of Medicaid or other healthcare benefits through the HCA or a managed care organization (MCO) that contracts with the HCA.
Provider - An institution, agency, business, or person that provides healthcare services to HCA clients and has a signed agreement with the HCA or authorization from an MCO.

This Agreement and WAC 182-502-0160 apply to billing a client for covered and noncovered services as described in WAC 182-501-0050 through WAC 182-501-0070. Providers may not bill any HCA client (including those enrolled with an MCO that contracts with the HCA) for services which the HCA or an MCO that contracts with the HCA may have paid until the provider has completed all requirements for obtaining authorization.

Client's printed name: Hoffman, Louis Charles	Client's ID number: 100675709WA
Provider's printed name: Neighbor, William	Provider number: 1265 5- 18989

Directions:

- Both the provider and the client must fully complete this form **before** an HCA client receives any service for which this Agreement is required.
- You must complete this form no more than 90 calendar days before the date of the service. If the service is not provided within 90 calendar days, the provider and client must complete and sign a new form.
- **The provider and the client must complete this form only *after* they exhaust all applicable HCA or HCA-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 182-501-0160 or the administrative hearing process, if the client chooses to pursue these processes.**
- Limited English proficient (LEP) clients must be able to understand this form in their primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. Both the client and the provider must sign a translated form.

Fully complete the table on back of this form. If needed, attach another sheet for additional services. The client, provider, and interpreter (if applicable) must sign and date each additional page.

Important Note from HCA:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 182-502-0160 or does not satisfy HCA conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 182-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. Give a copy of this completed, signed agreement to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://hrsa.dshs.wa.gov/mpforms.shtml.

Page 1 of 2

HCA 13-879 (9/15)

Patient (continued)

Documents (group 1 of 3) (continued) as of 4/29/2025

Specific service(s) or item(s) to be provided and anticipated date of service	CPT/CDT/ hcpc code (billing code)	Amount to be paid by client	Reason why the client is agreeing to be billed (check the one that applies for each service)	Covered treatment alternatives offered but not chosen by client	Date(s) etr/nfj requested/denied or waived, or prior authorization (pa) requested/denied, if applicable	
Office Visit and all related services		$200-$500	☒ Noncovered service, ETR denied ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR requested or waived PA request	ETR denial (attach HCA notice) PA denial (attach HCA notice)
			☐ Noncovered service, ETR denied ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR requested or waived PA request	ETR denial (attach hca notice) PA denial (attach HCA notice)
			☐ Noncovered service, ETR denied ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR requested or waived PA request	ETR denial (attach HCA notice) PA denial (attach HCA notice)

- I understand that HCA or an MCO that contracts with HCA will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) HCA does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after an HCA or HCA-contracted MCO denial of a request for a noncovered service; or 2) ask for a hearing to appeal an HCA or HCA-contracted MCO denial of a requested service.
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by the HCA or an HCA-contracted MCO, and I still choose to get the specified service(s) above.
- I understand that HCA does not cover services ordered by, prescribed by, or are a result of a referral from a healthcare provider who is not contracted with HCA as described in Chapter 182-502 WAC.
- ***I agree to pay the provider directly for the specific service(s) listed above***.
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which HCA or an HCA-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form.
- I understand that I can call HCA at 1-800-562-3022 to receive additional information about my rights or services covered by HCA under fee-for-service or managed care.

I AFFIRM: I understand and agree with this form's content, including the bullet points above.	X Client's or client's legal representative's signature	Date 4/5/17
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 182-502-0160.	Provider of service(s) signature	Date 4/5/17
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	Interpreter's printed name and signature	Date

Patient (continued)

Documents (group 1 of 3) (continued) as of 4/29/2025

Scan on 4/25/2017 3:19 PM: Advance Beneficiary Notice Of Noncoverage (ABN); 2017/04/12; Hall Health as of 4/29/2025

Scan (below)

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for services below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the services below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost
CPT Code(s): _____ CPT Description(s): Office Visit and all related services _____	☒ Medicare does not pay for experimental or research use tests/services ☐ Medicare does not pay for this test or service as often as this (denied as too frequent) ☒ Medicare does not pay for this test or service for your condition ☐ Other _____	$50 $50

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.
  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the _____ listed above. You may be ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I'm responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Representative)	Print Name	Date
X	Jeanne Hoffman	4/12/17

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

OMB APPROVAL 0938-0566

PT.NO U8170135
NAME Hoffman, Jeanne
Place EPIC Label Within Box
DOB 1/6/1925

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE - MEDICAL RECORD
CANARY - PATIENT

UH1731 REV OCT 15

Patient (continued)

Documents (group 1 of 3) (continued) as of 4/29/2025

Patient (continued)

Documents (group 1 of 3) (continued) as of 4/29/2025

Scan on 1/11/2018 10:36 PM: Advance Beneficiary Notice of Noncoverage(ABN); 2018/1/03; Hall Health Ctr as of 4/29/2025

Scan (below)

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost
CPT Code(s): Preventive Exam/ Annual Exam/Physical CPT Description(s):	☐ Medicare does not pay for experimental or research use tests/services ☐ Medicare does not pay for this test or service as often as this (denied as too frequent) ☐ Medicare does not pay for this test or service for your condition ☑ Other _____	$200

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.
  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

☑ **OPTION 1.** I want the _____ listed above. You may be ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I'm responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Representative)	Print Name	Date
[signature]	Louis Hoffman	1/3/18

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

OMB APPROVAL 0938-0566

PT.NO U8170135
NAME HOFFMAN, JEANNE L
DOB 1-6-25

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE - MEDICAL RECORD
CANARY - PATIENT

UH1731 REV OCT 15

Patient (continued)

Documents (group 1 of 3) (continued) as of 4/29/2025

Patient (continued)

Documents (group 1 of 3) (continued) as of 4/29/2025

Scan on 4/13/2023 3:56 PM: U3564 ; HEARING AID PAYMENTS as of 4/29/2025

Scan (below)

Hearing Aid Payments

Primary Ins: Molina medicare
Ph#: 800-665-1029
Date: 4-11-2023 Time: 10:40AM
Representative: Michael
Call Ref. #: SFA237786666
Amt Covered: $_____ ☐ Per Aid ☐ Flat
Per _____ Years/Months
Comments: HAE+HAF not covered. Hearing aids are covered through Hear USA Henderson and their phone number is 254-771-2611
Subject to contracted rate? _____
How much? _____

Secondary Ins: WA medicaid
Ph#: _____
Date: _____ Time: _____
Representative: _____
Call Ref #: _____
Amt Covered: $_____ ☐ Per Aid ☐ Flat
Per _____ Years/Months
Comments: mild follow primary insurance guidelines: NOT COVERED.
Subject to contracted rate? _____
How much? _____

Elective Services P/F Last audio: _____

Total Charge $: 266.55
Device $: _____
Accessory $: _____
Expected Insurance Coverage: _____

HAE DOS: 5-15-2023
Deposit Amount: $ _____
Collected By: _____

HAF DOS: _____
Amount: $ _____
Collected By: _____

Audiologist: _____

Hearing Aid Codes:

1 BTE	V5257
1 ITE	V5256
1 ITC	V5255
1 CIC	V5254
Monaural Dispensing	V5241
2 BTE	V5261
2 ITE	V5260
2 ITC	V5259
2 CIC	V5258
Binaural Dispensing	V5160
Accessory	V5267

U8170135 BD:1/06/1925 98Y F
HOFFMAN
JEANNE
LEONIE
UWMC AUDIOLOGY
DOS:5/15/23
Enc:1896937880 HARVEY, ANNE ELIZAB*
RES:50795551

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Neighborhood Clinics – Valley Medical Center
University of Washington Physicians Seattle, Washington
HEARING AID PAYMENTS
Page 1 of 1
U3564

UH3564 REV JAN 20

Patient (continued)

Documents (group 2 of 3) as of 4/29/2025

Clinical as of 4/29/2025

Scan on 4/19/2017 12:07 PM: ll ulcers-20170419-hh-pcn-neighbor-01.jpg.JPG as of 4/29/2025

Scan (below)



Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Scan on 5/24/2017 4:01 PM: Housing Kitsap-Rhododendron Apts as of 4/29/2025

Scan (below)

05/23/2017 14:53 2068554739 RHODODENDRON APTS PAGE 01/04

U8170135

Please Rush

HOUSING KITSAP

Please complete and return to:

Rhododendron Apartments
235 High School Road NW
Bainbridge Island, WA 98110
Phone: (206) 842.8144
Fax: (206) 855.4739
www.HousingKitsap.org

VERIFICATION OF OVER-THE-COUNTER MEDICAL EXPENSES

TO: Dr. William Neighbors, Jr. FROM: Julie Combs

COMPANY: U.W. Medical Center DATE: 4/11/17

FAX NUMBER: 206 616-4683 TOTAL NO. OF PAGES, INCLUDING COVER:

PHONE NUMBER: UNIT NUMBER: #02

NAME: Jeanne L Hoffman

ADDRESS: 245 High School Rd NW, Bainbridge Is. Wa 98110 CLIENT #: 131-14-9826

The above person has applied for or is living at an affordable-housing apartment community which receives Rental Assistance through the USDA Rural Development Multi-Family Housing program. This agency requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask for your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

REVOCATION: I understand that I may revoke this authorization at any time by notifying the Health Agency listed above in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. I AUTHORIZE the above community to receive the above records, by Fax or Mail.

Jeanne L Hoffman 4/27/2017
Signature of Applicant/ Resident Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

This institution is an equal opportunity provider and employer.

Housing Kitsap welcomes qualified tenants without regard to race, color, national origin, creed, religion, sex, marital status, familial status, disability or due to ownership of a service animal. Housing Kitsap provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please contact Housing Kitsap Section 504 Coordinator, Leah Noldan at (360) 535-6174 or 345 6th Street, Suite 100 Bremerton, WA 98337.

Page 1 of 2

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

05/23/2017 14:53 2068554739 RHODODENDRON APTS PAGE 02/04

Housing Kitsap Verification of Over the Counter Medical Expenses

PLEASE COMPLETE THE FOLLOWING:

In accordance with HUD Handbook 4350.3 Revision 1, Change 2, out of pocket medical expenses can be used to reduce the annual income for the household. USDA RD requires all OVER-THE-COUNTER medical items to have a doctor's note or prescription. The note must include the wording "Recommended for treatment of a medical condition." We do not want, or need, to know the medical condition only that the medication is needed for treatment. Please indicate if the over-the-counter purchases indicated are recommended by you to address a specific medical condition. **It is recommended that the above named tenant should take the listed over-the-counter items for the treatment of a "medical condition."**

RECEIPTS ARE REQUIRED FOR NON-PRESCRIPTION ITEMS

Name of Non-Prescription Item	Recommended – Yes or No	Dosage	Daily, Weekly, Monthly	To Treat a Specific Medical Condition – Yes or No
1. Vitamin B12	☑ Yes ☐ No	500 mcg	☑ D ☐ W ☐ M	☑ Yes ☐ No
2.	☐ Yes ☐ No		☐ D ☐ W ☐ M	☐ Yes ☐ No
3.	☐ Yes ☐ No		☐ D ☐ W ☐ M	☐ Yes ☐ No
4.	☐ Yes ☐ No		☐ D ☐ W ☐ M	☐ Yes ☐ No
5.	☐ Yes ☐ No		☐ D ☐ W ☐ M	☐ Yes ☐ No
6.	☐ Yes ☐ No		☐ D ☐ W ☐ M	☐ Yes ☐ No
7.	☐ Yes ☐ No		☐ D ☐ W ☐ M	☐ Yes ☐ No

NAME, TITLE, FIRM AND PHONE OF PERSON SUPPLYING THE INFORMATION

Signature: William Neighbor MD Date: 5/23/2017

Name and Title: WILLIAM NEIGHBOR MD

Firm/Organization and Phone Number: HALL HEALTH, UNIV. OF WASH. 685-1045

PENALTIES FOR MISUSING THIS CONSENT:

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC. 408 (a) (6), (7) and (8).

Housing Kitsap does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.

Housing Kitsap Address: 345 6th Street, Suite 100, Bremerton, WA 98337

Page 2 of 2

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

05/23/2017 14:53 2068554739 RHODODENDRON APTS PAGE 03/04

Please Rush

HOUSING KITSAP

Please complete and return to:

Rhododendron Apartments
235 High School Road NW
Bainbridge Island, WA 98110
Phone: (206) 842.8144
Fax: (206) 855.4739
www.HousingKitsap.org

VERIFICATION OF MEDICAL EXPENSES

TO: Accounting/ Records Specialist
FROM: Julie Combs

COMPANY: U.W. Medical Center
DATE: 4/11/17

FAX NUMBER: 206-616-4683
TOTAL NO. OF PAGES, INCLUDING COVER:

PHONE NUMBER:
UNIT NUMBER: 02

NAME: Jeanne L Hoffman
ADDRESS: 245 High School Rd NW , Bainbridge Is. Wa. 98110
CLIENT #: 131-14-9826

The above person has applied for or is living at an affordable-housing apartment community which receives Rental Assistance through the USDA Rural Development Multi-Family Housing program. This agency requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask for your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Jeanne L Hoffman — Signature of Applicant/ Resident
4/17/2017 — Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

This institution is an equal opportunity provider and employer.

Housing Kitsap welcomes qualified tenants without regard to race, color, national origin, creed, religion, sex, marital status, familial status, disability or due to ownership of a service animal. Housing Kitsap provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please contact Housing Kitsap Section 504 Coordinator, Leah Noldan at (360) 535-6174 or 345 6th Street, Suite 100 Bremerton, WA 98337.

Page 1 of 2

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

05/23/2017 14:53 2068554739 RHODODENDRON APTS PAGE 04/04

Housing Kitsap Verification of Medical Expense

Please fill in the following statement and information below.

1) The person whose name appears on this form paid $_____ (out of pocket funds) for medical expenses for the PREVIOUS 12 months from 4/1/16 to 3/30/17

OR

2) The person whose name appears on this form is EXPECTED to pay approximately (out of pocket funds) in medical expenses for the upcoming 12 months from 4/1/17 to 3/30/18

Examples of Medical Expenses Include (Please check appropriate expenses included in your estimate):

- ☐ Services of Physicians and other Health Care Professionals
- ☐ Services of Health Care Facilities
- ☑ Prescription/Non-Prescription medicines
- ☑ Dental Expenses
- ☑ Eyeglasses, hearing aids, batteries, wheelchair, walker, and other supplies or equipment
- ☐ Attendant Care or periodic medical care including repairs
- ☑ Other (specify General category) WOUND CARE supplies

NAME, TITLE, FIRM AND PHONE OF PERSON SUPPLYING THE INFORMATION

Signature: William Neighbor MD Date: 5/23/2017

Name and Title: William Neighbor MD.

Firm/Organization and Phone Number: HALL HEALTH UNIV. OF WASH 2066851045

PENALITIES FOR MISUSING THIS CONSENT:
*Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).

Housing Kitsap does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.

Housing Kitsap Address: 345 6th Street, Suite 100, Bremerton, WA 98337

Page 2 of 2

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Consent-Transfusion UWM as of 4/29/2025

Scan on 11/28/2023 1:09 PM: U1148 ; UWM CONSENT FOR TRANSFUSION OF BLOOD/BLOOD COMPONENTS as of 4/29/2025

Scan (below)

CONSENT FOR TRANSFUSION OF BLOOD OR BLOOD COMPONENTS

The law in Washington gives you the right and the responsibility to make decisions about your health care. Health care professionals can give you information and advice. You or your legal representative must be part of the decision-making. This consent form:
- Proves that you had a part in making decisions about your health care.
- Shows that you gave permission for the treatment recommended by your health care professional.

The words "I", "my", in this form refer to the patient, no matter whether the patient or the patient's representative is signing the form. The term "health care professional" who may complete this form may mean doctor (including Attendings, Fellows, Residents), nurse practitioner, or physician's assistant who orders, performs all or part of, or is involved in explaining the procedure within the scope of their practice.

I understand that during the course of treatment for my medical condition, it may be necessary for me to receive transfusion with blood or a blood component (blood product). I understand that it is important to my medical management for me to let my health care professionals know now if I have religious or other reasons to refuse transfusion.

I understand that use of blood and blood components involves risks. The risks may include mild to life-threatening reactions, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as hepatitis and HIV/AIDS. I know that the blood bank screens donors and matches blood for transfusions to help lower risks.

I have been told about other treatment choices, that may include medical treatments or not having the transfusion. I have been told about what results to expect, which includes information about the chances for the expected results. I know that results cannot be guaranteed.

Indication for transfusion of blood or blood components (such as hemorrhage, symptomatic anemia, etc.):
anemia - Hgb if needed in setting of acute GI bleed

☐ **Interpreter** *(Print Name)* _____ ID # _____

I give permission to receive blood and/or blood components if the health care team decides it is needed.

This consent for blood and/or blood products expires (check appropriate box):
☒ **For hospitalized patients:** When the indication (above) for the transfusion has resolved or at the end of this hospitalization (whichever comes first).
☐ **For established Hematology/Oncology patients** who require recurrent transfusions for the same indication, one year from date of signature.
☐ **For outpatients** (not Hematology/Oncology) who require recurrent transfusions for the same indication, for outpatient transfusions only, one year from date of signature.

OR I understand that I am free to refuse or partially refuse my consent to any proposed blood or blood components transfusions.
(If you refuse or partially refuse consent, you will be asked to sign another form, Form UH2063).

Giving Consent **By signing below, you confirm that you have read the prior sections and that you have had 1) each item explained to you; 2) a chance to ask questions; and 3) all of your questions answered.**

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
X [signature]	Louis Allison	11/24/23	

IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

☐ 1. Court-appointed Guardian	☐ 4. Adult Child(ren)	☐ 7. Adult Grandchild(ren)	☐ 10. Adult Friend with executed Declaration per RCW 7.70.065
☒ 2. Durable Healthcare Power of Attorney	☐ 5. Parent(s)	☐ 8. Adult Niece(s)/Nephew(s)	
☐ 3. Spouse/registered domestic partner	☐ 6. Adult Brother(s)/Sister(s)	☐ 9. Adult Aunt(s)/Uncle(s)	

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian	☐ 3. Court-authorized person for child in out-of-home placement	☐ 5. Adult representing self to be a relative responsible for the minor's health
☐ 2. Parent(s)	☐ 4. Holder of signed authorization from parent(s)	

WITNESS SIGNATURE *(WITNESS OPTIONAL UNLESS TELEPHONE CONSENT)*	PRINT NAME	☐ TELEPHONE MONITORED CONSENT *(No patient signature)*

HEALTH CARE PROFESSIONAL'S STATEMENT I have explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments (including non-treatment) and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented. If only the patient has signed this form, in my clinical opinion, the patient is capable of making his/her own health care decisions. If in my clinical opinion, the (adult) patient has questionable ability to make his/her own health care decisions, I discussed the above with the patient and with the patient's legally authorized representative.

HEALTH CARE PROFESSIONAL SIGNATURE	PRINT NAME & TITLE	NPI/UPIN, IF APPLICABLE	DATE	TIME
[signature]	Alyssa Botelho, MD		11/24/23	1:15pm

U8170135 DOB: 1/6/1925
Hoffman
Jeanne Leonie
6NE Rosse, Christopher J*
CSN: 1908397630 DOS: 11/22/2

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
CONSENT FOR TRANSFUSION OF BLOOD/COMPONENTS
Page 1 of 1

U1148

V.2305 | CONTENT LAST APPROVED MAY 23

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Insurance Document as of 4/29/2025

Scan on 5/17/2018 3:47 PM as of 4/29/2025

Scan (below)

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for Office visit below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the Office visit below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost
CPT Code(s): Office Visit and all related services CPT Description(s):	☐ Medicare does not pay for experimental or research use tests/services ☐ Medicare does not pay for this test or service as often as this (denied as too frequent) ☐ Medicare does not pay for this test or service for your condition ☑ Other Office visit	$55 - $450

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the Office visit listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

☑ **OPTION 1.** I want the Office visit listed above. You may be ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I'm responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Representative)	Print Name	Date
[signature]	Louis Alloia PA/Caregiver.	5-3-2018

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

OMB APPROVAL 0938-0566

PT.NO U8170135
NAME Hoffman, Jean
DOB 01/06/1925

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE - MEDICAL RECORD
CANARY - PATIENT

UH1731 REV OCT 15

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Lab Result Scan as of 4/29/2025

Scan on 8/26/2019 11:55 AM: outside labs_8/26/19_KG_VP as of 4/29/2025

Scan (below)

LabCorp — **Patient Report**

Specimen ID: 236-678-0013-0
Control ID: C3846041560

Acct #: 46041560 **Phone:** (206) 805-2377 **Rte:** 00

HOFFMAN, JEANNE

Kline Galland Home East 2B
7500 Seward Park Ave S
Seattle WA 98118

Patient Details
DOB: 01/06/1925
Age(y/m/d): 094/07/18
Gender: F **SSN:**
Patient ID:

Specimen Details
Date collected: 08/24/2019 0000 Local
Date received: 08/24/2019
Date entered: 08/24/2019
Date reported: 08/24/2019 1407 ET

Physician Details
Ordering: D LEI
Referring:
ID:
NPI: 1689915787

General Comments & Additional Information
Clinical Info: ROOM 230

Ordered Items
CBC/Diff Ambiguous Default; Comp. Metabolic Panel (14); Venipuncture; STAT; Ambig Abbrev CMP14 Default

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC/Diff Ambiguous Default					
WBC	7.3		x10E3/uL	3.4 - 10.8	01
RBC	**3.03**	**Low**	x10E6/uL	3.77 - 5.28	01
Hemoglobin	**9.0**	**Low**	g/dL	11.1 - 15.9	01
Hematocrit	**28.7**	**Low**	%	34.0 - 46.6	01
MCV	95		fL	79 - 97	01
MCH	29.7		pg	26.6 - 33.0	01
MCHC	**31.4**	**Low**	g/dL	31.5 - 35.7	01
RDW	15.3		%	12.3 - 15.4	01
Platelets	307		x10E3/uL	150 - 450	01
Neutrophils	70		%	Not Estab.	01
Lymphs	20		%	Not Estab.	01
Monocytes	7		%	Not Estab.	01
Eos	3		%	Not Estab.	01
Basos	0		%	Not Estab.	01
Neutrophils (Absolute)	5.1		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	1.4		x10E3/uL	0.7 - 3.1	01
Monocytes(Absolute)	0.5		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.3		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	Not Estab.	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have assigned CBC with Differential/Platelet, Test Code #005009 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/ Technical Services Department to clarify the test order. We appreciate your business.

Comp. Metabolic Panel (14)					
Glucose	**202**	**High**	mg/dL	65 - 99	01

Date Issued: 08/24/19 1407 ET **FINAL REPORT** Page 1 of 2

This document contains private and confidential health information protected by state and federal law.
If you have received this document in error, please call 800-598-3345

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All Rights Reserved - Enterprise Report Version: 1.00

PAGE 1/2 * RCVD AT 8/24/2019 2:03:54 PM [Pacific Daylight Time] * SVR:EPIC-RF-P2/9 * DNIS:0427 * CSID: * DURATION (mm-ss):01-26

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

LabCorp — Patient Report

Patient: HOFFMAN, JEANNE
DOB: 01/06/1925 **Patient ID:**
Control ID: C3846041560
Specimen ID: 236-678-0013-0
Date collected: 08/24/2019 0000 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
BUN	22		mg/dL	10 - 36	01
Creatinine	0.73		mg/dL	0.57 - 1.00	01
eGFR If NonAfricn Am	71		mL/min/1.73	>59	
eGFR If Africn Am	82		mL/min/1.73	>59	
BUN/Creatinine Ratio	**30**	**High**		12 - 28	
Sodium	141		mmol/L	134 - 144	01
Potassium	4.7		mmol/L	3.5 - 5.2	01
Chloride	104		mmol/L	96 - 106	01
Carbon Dioxide, Total	22		mmol/L	20 - 29	01
Calcium	8.9		mg/dL	8.7 - 10.3	01
Protein, Total	6.3		g/dL	6.0 - 8.5	01
Albumin	3.2		g/dL	3.2 - 4.6	01
Globulin, Total	3.1		g/dL	1.5 - 4.5	
A/G Ratio	**1.0**	**Low**		1.2 - 2.2	
Bilirubin, Total	0.2		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase	102		IU/L	39 - 117	01
AST (SGOT)	28		IU/L	0 - 40	01
ALT (SGPT)	19		IU/L	0 - 32	01

Ambig Abbrev CMP14 Default 01

A hand-written panel/profile was received from your office. In accordance with the LabCorp Ambiguous Test Code Policy dated July 2003, we have completed your order by using the closest currently or formerly recognized AMA panel. We have assigned Comprehensive Metabolic Panel (14), Test Code #322000 to this request. If this is not the testing you wished to receive on this specimen, please contact the LabCorp Client Inquiry/Technical Services Department to clarify the test order. We appreciate your business.

01 SE LabCorp Seattle
550 17th Avenue Ste 300, Seattle, WA 98122-5789
Dir: Daniel Towell, MD

For inquiries, the physician may contact **Branch: 800-598-3345 Lab: 206-861-7000**

Date Issued: 08/24/19 1407 ET **FINAL REPORT** Page 2 of 2

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If you have received this document in error, please call 800-598-3345

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PAGE 2/2 * RCVD AT 8/24/2019 2:03:54 PM [Pacific Daylight Time] * SVR:EPIC-RF-P2/9 * DNIS:0427 * CSID: * DURATION (mm-ss):01-26

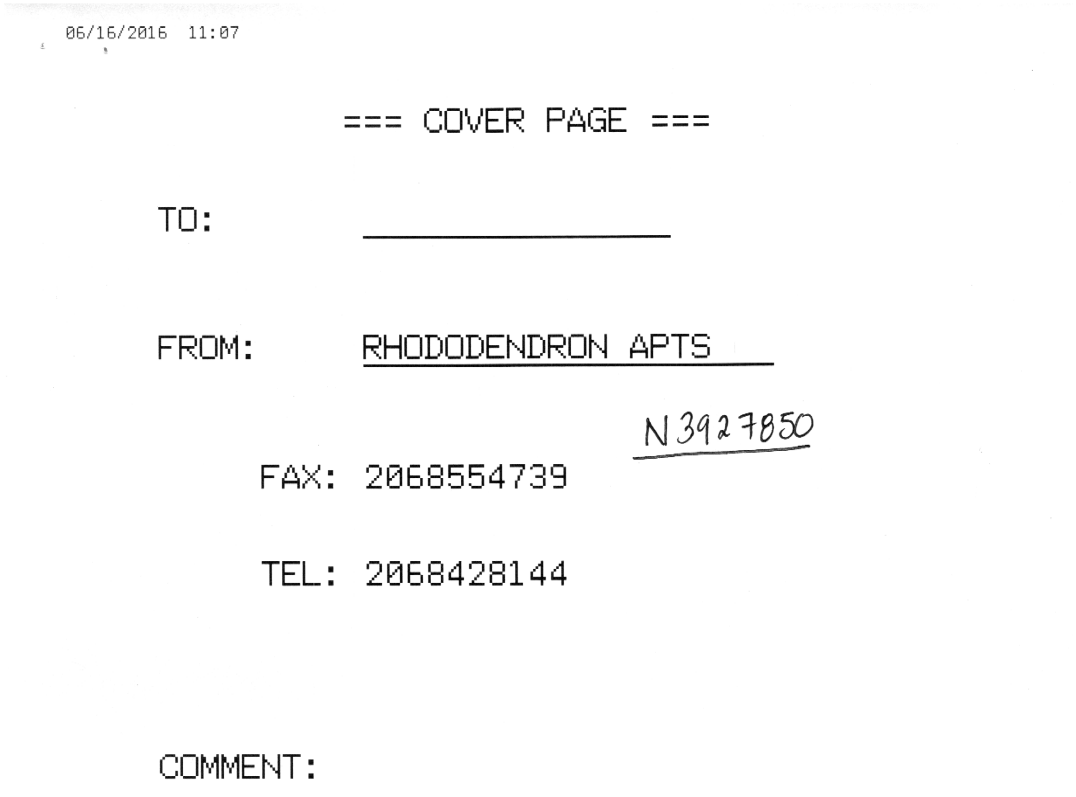
Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Other as of 4/29/2025

Scan on 6/17/2016 9:54 AM: Verification Of Medical Expenses as of 4/29/2025

Scan (below)



06/16/2016 11:07

=== COVER PAGE ===

TO: _____

FROM: RHODODENDRON APTS

N3927850

FAX: 2068554739

TEL: 2068428144

COMMENT:

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

06/16/2016 11:07 2068554739 RHODODENDRON APTS PAGE 01/03

HOUSING KITSAP

Dr. William Neighbor

VERIFICATION COVER SHEET

TO: U.W. Medicine
FROM: Julie Combs
COMPANY:
DATE: 6-16-16
FAX NUMBER: 206-616-4683
TOTAL NO. OF PAGES, INCLUDING COVER: 3
PHONE NUMBER: 206-616-2495
RE: Jeanne Hoffman

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY

Dear Sir/Madam:

USDA requires verification of income, assets and expenses when computing rents. You will note that the resident has signed the attached release giving you permission to supply us with the requested information. This information will be used only in determining this household's rent.

IMPORTANT:

1. Please answer all questions; do not leave blank spaces.
2. For questions that you cannot answer, use the phrase "cannot disclose" or write "none" or "N/A."
3. Do not use the word "varies."
4. Please use only gross amounts.
5. If you need to change an answer please cross out the incorrect answer, write correct answer beside it and initial the change. ***Do not use whiteout***.

Please return as soon as possible by fax **(206) 855.4739,** email **CombsJ@HousingKitsap.org** or via mail to:

Rhododendron Apartments
235 High School Road NW
Bainbridge Island, WA 98110

Thank you for supplying the requested information for this household. If you have any questions, please call (206) 842.0724.

Best Regards,

Julie Combs, Site Manager
Rhododendron Apartments
Phone: (206) 842.0724
Fax: (206) 855.4739

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

06/16/2016 11:07 2068554739 RHODODENDRON APTS PAGE 02/03

HOUSING KITSAP

Rhododendron Apartments
235 High School Road NW
Bainbridge Island, WA 98110

Phone: (206) 842.0724
Fax: (206) 855.4739

www.HousingKitsap.org

VERIFICATION OF MEDICAL EXPENSES (NON-PRESCRIPTION)

Tenant Name:	Jeanne Hoffman	**Property Name:**	Rhododendron Apts
Tenant Address:	225 High School Rd NW Bainbridge Is. WA. 98110	**Property Address:**	
Tenant Unit:	#02	**Manager:**	
Phone #:		**Office #:**	
Today's Date:		**Fax #:**	

I, Jeanne Hoffman, **hereby authorize (Agency name and address)** William Neighbor MD UW Medicine, **to release information regarding medical expenses for myself or any of my minor dependents.**

131-14-9826	1-6-1925	UNK	4/2015 - 4/2016
Social Security #	**Date of Birth**	**Account Number**	**Dates of Service**

INFORMATION TO BE RELEASED: Billing History, Balances Owing, Payment Schedules, etc.

I AUTHORIZE ___ Rhododendron Apartments ___ to receive the above records, by Fax or Mail.
Name of Apartment Property

I understand that my express consent is required to release any health care information relating to testing, diagnosis, and/or treatment for HIV (AIDS Virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use. If I have been tested, diagnosed or treated for HIV (AIDS Virus), sexually transmitted diseases, psychiatric disorders/mental health or drug and/or alcohol use, you are specifically authorized to release all health care information relating to such diagnosis, testing or treatment.

(Continued on Next Page)

EQUAL HOUSING OPPORTUNITY

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://lwww.ascr.usda.gov/complaintfilingcust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Housing Kitsap welcomes qualified tenants without regard to race, color, national origin, creed, religion, sex, marital status, familial status, disability or due to ownership of a service animal. Housing Kitsap provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format,

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

06/16/2016 11:07 2068554739 RHODODENDRON APTS PAGE 03/03

I understand that authorizing the use or disclosure of the information identified above is voluntary. I need not to sign this form to ensure healthcare treatment/housing. I understand that once the above information is disclosed, the information may not be protected by federal privacy laws and may potentially be re-disclosed by the recipient.

REVOCATION: I understand that I may revoke this authorization at any time by notifying the Health Agency listed above in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization.

Jeanne L Hoffman — Signature of Patient
6-16-16 — Date
206-780-6885 — Phone #

TO BE COMPLETED BY THIRD PARTY ONLY
Please Complete the Following Information

USDA RD requires all OVER-THE-COUNTER medical items to have a doctor's note or prescription. The note must include the wording "Recommended for treatment of a medical condition." We do not want, or need, to know the medical condition only that the medication is needed for treatment.

I, Dr. _____, recommend that _____ should take the listed over-the-counter items for the treatment of a "medical condition."

Item	Dosage (mg, # of pills, etc.)	Frequency Needed

Item	Dosage (mg, # of pills, etc.)	Frequency Needed

Additional Comments: _____

_____ Signature of Representative
_____ Title

_____ Company/Organization or Address STAMP
_____ Phone
_____ Date

Medical Expenses Verification (Non-Prescription) Page **2** of **2**

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Scan on 6/23/2016 1:12 PM: Verification Of Med Expenses as of 4/29/2025

Scan (below)

Jun. 17. 2016 11:57AM

RECEIVED
JUN 17 2016
RELEASE OF INFORMATION

HOUSING KITSAP

VERIFICATION COVER SHEET

Dr. William Nesbitt

TO: U.W. Medicine
COMPANY: " "
FAX NUMBER: 206-616-4683
PHONE NUMBER: 206-616-2445

FROM: Julie Combs
DATE: 6-16-16
TOTAL NO. OF PAGES, INCLUDING COVER: 3
RE: Jeanne Hoffman

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY

Dear Sir/Madam:

USDA requires verification of income, assets and expenses when computing rents. You will note that the resident has signed the attached release giving you permission to supply us with the requested information. This information will be used only in determining this household's rent.

IMPORTANT:

1. Please answer all questions; do not leave blank spaces.
2. For questions that you cannot answer, use the phrase "cannot disclose" or write "none" or "N/A."
3. Do not use the word "varies."
4. Please use only gross amounts.
5. If you need to change an answer please cross out the incorrect answer, write correct answer beside it and initial the change. ***Do not use whiteout.***

Please return as soon as possible by fax **(206) 855.4739,** email **CombsJ@HousingKitsap.org** or via mail to:

Rhododendron Apartments
235 High School Road NW
Bainbridge Island, WA 98110

Thank you for supplying the requested information for this household. If you have any questions, please call (206) 842.0724.

Best Regards,

Julie Combs, Site Manager
Rhododendron Apartments
Phone: (206) 842.0724
Fax: (206) 855.4739

U8170135
9-28-201
11897318O

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

JUN. 17. 2010 11:37AM NO. 9295 P. 1

HOUSING KITSAP

Rhododendron Apartments
235 High School Road NW
Bainbridge Island, WA 98110

Phone: (206) 842.0724
Fax: (206) 855.4739

www.HousingKitsap.org

VERIFICATION OF MEDICAL EXPENSES (NON-PRESCRIPTION)

Tenant Name:	Jeanne Hoffman	**Property Name:**	Rhododendron Apts
Tenant Address:	225 High School Rd NW Bainbridge Is. WA. 98110	**Property Address:**	
Tenant Unit:	#103	**Manager:**	
Phone #:		**Office #:**	
Today's Date:		**Fax #:**	

I, Jeanne Hoffman, **hereby authorize (Agency name and address)** William Neighbor MD UW Medicine, **to release information regarding medical expenses for myself or any of my minor dependents.**

131-14-9826	1-6-1925	UNK	4/2015 - 4/2016
Social Security #	**Date of Birth**	**Account Number**	**Dates of Service**

INFORMATION TO BE RELEASED: Billing History, Balances Owing, Payment Schedules, etc.

I AUTHORIZE Rhododendron Apartments to receive the above records, by Fax or Mail.
Name of Apartment Property

I understand that my express consent is required to release any health care information relating to testing, diagnosis, and/or treatment for HIV (AIDS Virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use. If I have been tested, diagnosed or treated for HIV (AIDS Virus), sexually transmitted diseases, psychiatric disorders/mental health or drug and/or alcohol use, you are specifically authorized to release all health care information relating to such diagnosis, testing or treatment.

(Continued on Next Page)

EQUAL HOUSING OPPORTUNITY

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U8170135

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

I understand that authorizing the use or disclosure of the information identified above is voluntary. I need not to sign this form to ensure healthcare treatment/housing. I understand that once the above information is disclosed, the information may not be protected by federal privacy laws and may potentially be re-disclosed by the recipient.

REVOCATION: I understand that I may revoke this authorization at any time by notifying the Health Agency listed above in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization.

Jeanne L Hoffman — Signature of Patient | 6-16-16 — Date | 206-780-6885 — Phone #

TO BE COMPLETED BY THIRD PARTY ONLY
Please Complete the Following Information

USDA RD requires all OVER-THE-COUNTER medical items to have a doctor's note or prescription. The note must include the wording "Recommended for treatment of a medical condition." We do not want, or need, to know the medical condition only that the medication is needed for treatment.

I, Dr. _____, recommend that _____ should take the listed over-the-counter items for the treatment of a "medical condition."

Item	Dosage (mg, # of pills, etc.)	Frequency Needed
Acetaminophen	500mg	2x daily

Item	Dosage (mg, # of pills, etc.)	Frequency Needed

Additional Comments: _____

William Dreyfus — Signature of Representative | MD — Title

Company/Organization or Address STAMP | Phone | 9/22/2016 — Date

University of Washington
HALL HEALTH PRIMARY CARE CENTER
Box 354410
Seattle, WA 98195-4410

Medical Expenses Verification (Non-Prescription) Page 2 of 2

U8170135

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Scan on 9/21/2016 1:38 PM: Physician Orders for Life Sustaining Treatment as of 4/29/2025

Scan (below)

U8170135

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

Physician Orders for Life-Sustaining Treatment

Last Name - First Name - Middle Initial: Hoffman, Jean Leonie

Date of Birth: 1 6 1925 | Last 4 #SSN: ____ | Gender: M (F)

FIRST follow these orders, **THEN** contact physician, nurse practitioner or PA-C. The POLST form is always voluntary. The POLST is a set of medical orders intended to guide medical treatment based on a person's current medical condition and goals. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Medical Conditions/Patient Goals:

Agency Info/Sticker

A Check One

CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.

☒ CPR/Attempt Resuscitation ☐ DNAR/Do Not Attempt Resuscitation (Allow Natural Death)

Choosing DNAR will include appropriate comfort measures and may still include the range of treatments below. When not in cardiopulmonary arrest, go to part B.

B Check One

MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.

☐ **COMFORT MEASURES ONLY** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no hospital transfer:** *EMS contact medical control to determine if transport indicated to provide adequate comfort.*

☐ **LIMITED ADDITIONAL INTERVENTIONS** Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation or mechanical ventilation. May use less invasive airway support (e.g. CPAP, BiPAP). **Transfer** *to hospital if indicated. Avoid intensive care if possible.*

☒ **FULL TREATMENT** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. **Transfer** *to hospital if indicated. Includes intensive care.*

Additional Orders: (e.g. dialysis, etc.) ____

C

SIGNATURES: The signatures below verify that these orders are consistent with the patient's medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.

Discussed with:
☐ Patient ☐ Parent of Minor
☐ Guardian with Health Care Authority
☐ Spouse/Other as authorized by RCW 7.70.065
☐ Health Care Agent (DPOAHC)

PRINT — Physician/ARNP/PA-C Name | Phone Number

X Physician/ARNP/PA-C Signature *(mandatory)*: William Keighley MD | Date *(mandatory)*: 9/21/2016

PRINT — Patient or Legal Surrogate Name: Jeanne L. Hoffman | Phone Number: 206-780-6885

X Patient or Legal Surrogate Signature *(mandatory)*: Jean Leonie Calliet Allain Hoffman | Date *(mandatory)*: 8/10/2016

Person has: ☐ Health Care Directive (living will) ☐ Durable Power of Attorney for Health Care

Encourage all advance care planning documents to accompany POLST

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Revised 4/2014

Photocopies and faxes of signed POLST forms are legal and valid. May make copies for records.
For more information on POLST visit www.wsma.org/polst.

Washington State Medical Association — WSMA — Physician Driven Patient Focused

Washington State Department of Health

See back of form for non-emergency preferences ▶

Patient (continued)

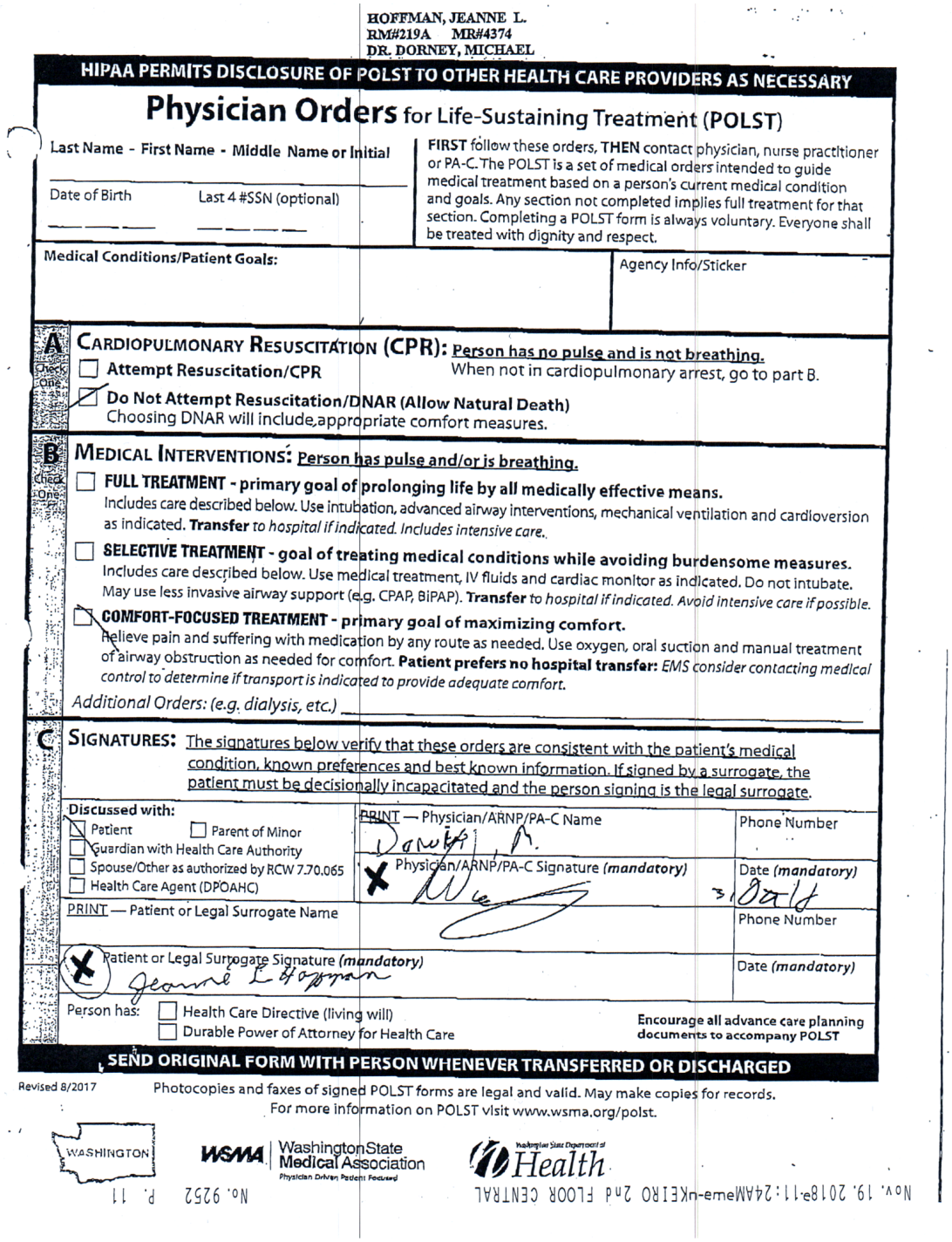
Documents (group 2 of 3) (continued) as of 4/29/2025

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Scan on 11/26/2018 3:53 PM: POLST- faxed on 11/26/18 as of 4/29/2025

Scan (below)



HOFFMAN, JEANNE L.
RM#219A MR#4374
DR. DORNEY, MICHAEL

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

Physician Orders for Life-Sustaining Treatment (POLST)

Last Name - First Name - Middle Name or Initial

Date of Birth | Last 4 #SSN (optional)

FIRST follow these orders, **THEN** contact physician, nurse practitioner or PA-C. The POLST is a set of medical orders intended to guide medical treatment based on a person's current medical condition and goals. Any section not completed implies full treatment for that section. Completing a POLST form is always voluntary. Everyone shall be treated with dignity and respect.

Medical Conditions/Patient Goals:

Agency Info/Sticker

A Check One

CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.
When not in cardiopulmonary arrest, go to part B.

- ☐ **Attempt Resuscitation/CPR**
- ☒ **Do Not Attempt Resuscitation/DNAR (Allow Natural Death)**
  Choosing DNAR will include appropriate comfort measures.

B Check One

MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.

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

Additional Orders: (e.g. dialysis, etc.) _____

C **SIGNATURES:** The signatures below verify that these orders are consistent with the patient's medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.

Discussed with:
- ☒ Patient
- ☐ Parent of Minor
- ☐ Guardian with Health Care Authority
- ☐ Spouse/Other as authorized by RCW 7.70.065
- ☐ Health Care Agent (DPOAHC)

PRINT — Physician/ARNP/PA-C Name: Dorney, M. | Phone Number

X Physician/ARNP/PA-C Signature *(mandatory)* | Date *(mandatory)* 3/ Oct 18

PRINT — Patient or Legal Surrogate Name | Phone Number

X Patient or Legal Surrogate Signature *(mandatory)* Jeanne L Hoffman | Date *(mandatory)*

Person has:
- ☐ Health Care Directive (living will)
- ☐ Durable Power of Attorney for Health Care

Encourage all advance care planning documents to accompany POLST

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Revised 8/2017

Photocopies and faxes of signed POLST forms are legal and valid. May make copies for records.
For more information on POLST visit www.wsma.org/polst.

WASHINGTON | WSMA Washington State Medical Association Physician Driven Patient Focused | Washington State Department of Health

Nov. 19. 2018 11:24AM eme-uKEIRO 2nd FLOOR CENTRAL No. 9252 P. 11

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

HOFFMAN, JEANNE L.
RM#219A MR#4374
DR. DORNEY, MICHAEL

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

Patient and Additional Contact Information (if any)

Patient Name (last, first, middle)	Date of Birth	Phone Number
Name of Guardian, Surrogate or other Contact Person	**Relationship**	**Phone Number**

D NON-EMERGENCY MEDICAL TREATMENT PREFERENCES

ANTIBIOTICS:

☒ Use antibiotics for prolongation of life.
☐ Do not use antibiotics except when needed for symptom management.

MEDICALLY ASSISTED NUTRITION:
Always offer food and liquids by mouth if feasible.

☑ No medically assisted nutrition by tube.
☐ Trial period of medically assisted nutrition by tube. (Goal: _____)
☐ Long-term medically assisted nutrition by tube.

ADDITIONAL ORDERS: (e.g. dialysis, blood products, implanted cardiac devices, etc. Attach additional orders if necessary.)

X Physician/ARNP/PA-C Signature	Date 3/10/18
X Patient or Legal Surrogate Signature: Jeanne L Hoffman	Date

DIRECTIONS FOR HEALTH CARE PROFESSIONALS

NOTE: A person with capacity may always consent to or refuse medical care or interventions, regardless of information represented on any document, including this one.

Completing POLST

- Completing a POLST form is always voluntary.
- Treatment choices documented on this form should be the result of shared decision-making by an individual or their surrogate and medical provider based on the person's preferences and medical condition.
- POLST must be signed by a physician/ARNP/PA-C and patient, or their surrogate, to be valid. Verbal orders are acceptable with follow-up signature by physician/ARNP/PA-C in accordance with facility/community policy.

Using POLST

Any incomplete section of POLST implies full treatment for that section.

This POLST is valid in all care settings including hospitals until replaced by new physician's orders.

The POLST is a set of medical orders. The most recent POLST replaces all previous orders.

The POLST does not replace an advance directive. An advance directive is encouraged for all competent adults regardless of their health status. An advance directive allows a person to document in detail his/her future health care instructions and/or name a surrogate decision maker to speak on his/her behalf. When available, all documents should be reviewed to ensure consistency, and the forms updated appropriately to resolve any conflicts.

SECTIONS A AND B:

- No defibrillator should be used on a person who has chosen "Do Not Attempt Resuscitation."
- When comfort cannot be achieved in the current setting, the person should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- An IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort-Focused Treatment."
- Treatment of dehydration is a measure which may prolong life. A person who desires IV fluids should indicate "Selective" or "Full Treatment."

SECTION D:

- Oral fluids and nutrition must always be offered if medically feasible.

Reviewing POLST

This POLST should be reviewed periodically whenever:
(1) The person is transferred from one care setting or care level to another, or
(2) There is a substantial change in the person's health status, or
(3) The person's treatment preferences change.

To void this form, draw line through "Physician Orders" and write "VOID" in large letters. Any changes require a new POLST.

Review of this POLST Form

Review Date	Reviewer	Location of Review	Review Outcome
			☐ No Change ☐ Form Voided ☐ New form completed
			☐ No Change ☐ Form Voided ☐ New form completed

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Photocopies and faxes of signed POLST forms are legal and valid. May make copies for records. OVER ▶

For more information on POLST KEIRO 2nd FLOOR CENTRAL No. 9252 P. 12 Nov. 19. 2018 11:24AM

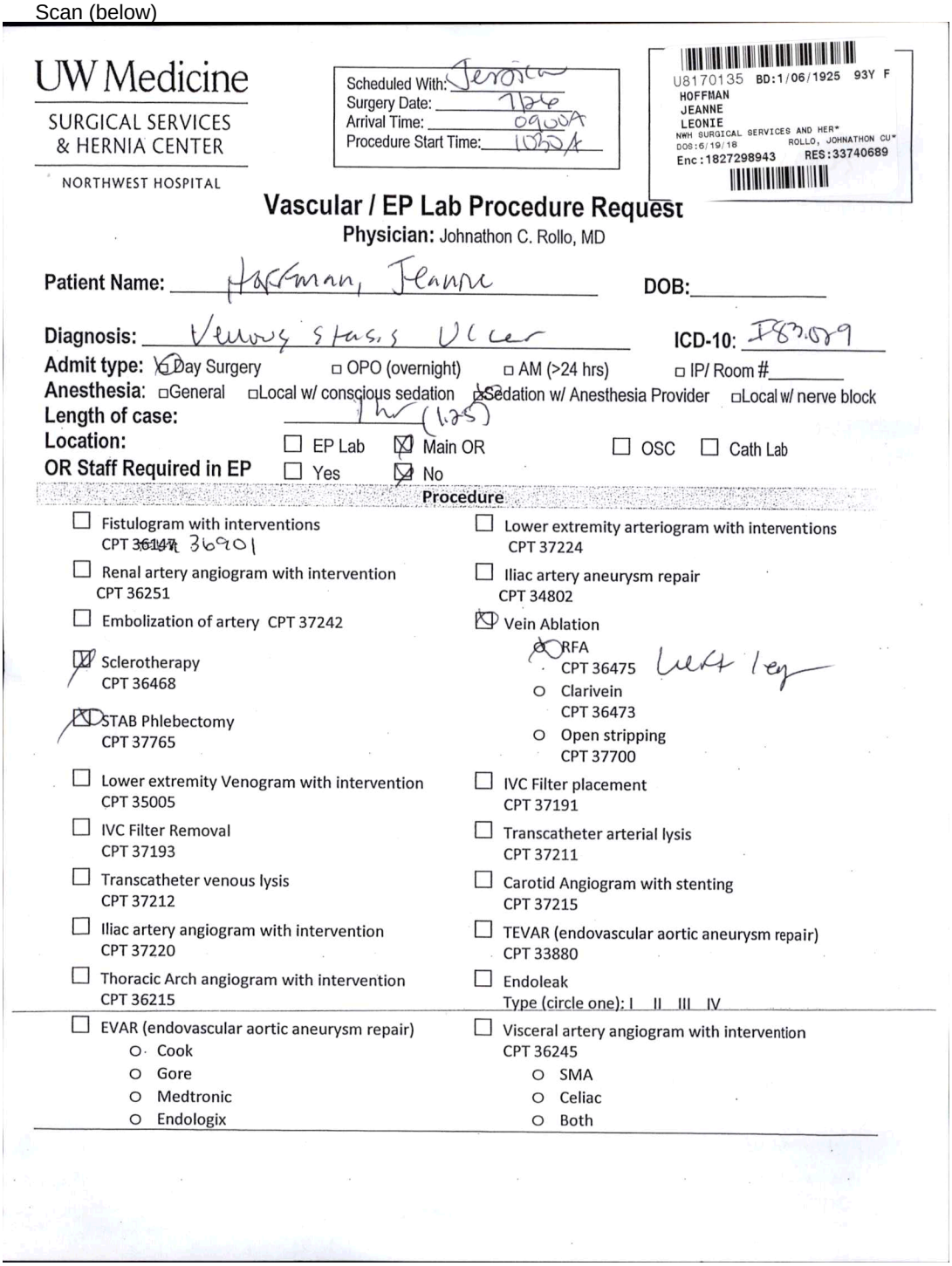
Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Procedures as of 4/29/2025

Scan on 7/17/2018 10:03 AM: Procedure order; 2018/07/26; SSHC-Rollo as of 4/29/2025

Scan (below)



UW Medicine
SURGICAL SERVICES & HERNIA CENTER
NORTHWEST HOSPITAL

Scheduled With: Jessica
Surgery Date: 7/26
Arrival Time: 0900A
Procedure Start Time: 1030A

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH SURGICAL SERVICES AND HER*
DOS:6/19/18 ROLLO, JOHNATHON CU*
Enc:1827298943 RES:33740689

Vascular / EP Lab Procedure Request

Physician: Johnathon C. Rollo, MD

Patient Name: Hoffman, Jeanne **DOB:**

Diagnosis: Venous Stasis Ulcer **ICD-10:** I87.089

Admit type: ☒ Day Surgery ☐ OPO (overnight) ☐ AM (>24 hrs) ☐ IP/ Room #

Anesthesia: ☐ General ☐ Local w/ conscious sedation ☒ Sedation w/ Anesthesia Provider ☐ Local w/ nerve block

Length of case: 1 hr (1.25)

Location: ☐ EP Lab ☒ Main OR ☐ OSC ☐ Cath Lab

OR Staff Required in EP ☐ Yes ☒ No

Procedure

- ☐ Fistulogram with interventions CPT 36147 36901
- ☐ Renal artery angiogram with intervention CPT 36251
- ☐ Embolization of artery CPT 37242
- ☒ Sclerotherapy CPT 36468
- ☒ STAB Phlebectomy CPT 37765
- ☐ Lower extremity Venogram with intervention CPT 35005
- ☐ IVC Filter Removal CPT 37193
- ☐ Transcatheter venous lysis CPT 37212
- ☐ Iliac artery angiogram with intervention CPT 37220
- ☐ Thoracic Arch angiogram with intervention CPT 36215
- ☐ EVAR (endovascular aortic aneurysm repair)
  - O Cook
  - O Gore
  - O Medtronic
  - O Endologix
- ☐ Lower extremity arteriogram with interventions CPT 37224
- ☐ Iliac artery aneurysm repair CPT 34802
- ☒ Vein Ablation
  - ☒ RFA CPT 36475 Left leg
  - O Clarivein CPT 36473
  - O Open stripping CPT 37700
- ☐ IVC Filter placement CPT 37191
- ☐ Transcatheter arterial lysis CPT 37211
- ☐ Carotid Angiogram with stenting CPT 37215
- ☐ TEVAR (endovascular aortic aneurysm repair) CPT 33880
- ☐ Endoleak Type (circle one): I II III IV
- ☐ Visceral artery angiogram with intervention CPT 36245
  - O SMA
  - O Celiac
  - O Both

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Positioning: Supine
IV Preference: Right arm Left arm
☐ Arms tucked ☐ Right arm out ☐ Left arm out

Special Equipment:

☐ Intravascular Ultrasound	☐ Retrograde brachial/radial Access (prep the left arm, no IV on left arm)		☐ retrograde pedal access (prep the whole leg)
☐ Ipsi stick	☐ Power injector	☐ I-I position: Left side / Right side /12 O'Clock	☐ CO2 Gas
Special Order Medication (mixed by pharmacy): *** Must Fax medication order from Pharmacy ***			Med Tronic RFA Truescence Sclero

Clinical Information and Pre-Operative Tests

Labs:
☒ CBC ☒ CMP
☐ PT ☐ PTT
☐ INR ☐ Type and Screen
☐ Urine Pregnancy test

Other clinical information:
☐ Antiplatelets:
☐ ASA
☐ Plavix
☐ Ticragelor
☐ Renal Failure
Recent Creatinine:_____
☐ Pacemaker interrogation required

Allergies:
☐ Contrast ☐ Iodine ☐ Heparin ☒ ASA ☐ Antibiotics
Type: PCN SULFA
☐ Latex ☐ Other:_____ ☐ NKDA

Patient instructions:
- Cannot drive home from procedure
- Medications to hold 4 days prior to procedure

☐ Metformin
☐ Lisinopril
☒ Coumadin
☐ Xeralto
☐ Pradaxa
☐ Eliquis

Hold Coumadin

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH SURGICAL SERVICES AND HER*
DOS:6/19/18 ROLLO, JOHNATHON CU*
Enc:1827298943 RES:33740689

IN WCC

Post procedure appt: ☐ Next Available ☒ 1-2 weeks ☐ 3-4 weeks Scheduled on: _____ By: (initials)

Date: 7/13/18 Surgeon Signature: _____

----------**Procedure Approval**----------
Insurance carrier Medicare Phone_____
Approval Required: ☐ Yes ☐ No Member ID/SSN _____
Contact _____ Auth. Date _____ Auth # _____
Effective Date _____ Current: ☐ Yes ☐ No Tax ID# 46-6199109
91-1220843

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

NO CURSIVE: ALL PRESCRIPTIONS MUST BE PRINTED WITH LETTERS THAT ARE NOT CONNECTED.
PROHIBITED ABBREVIATIONS at NWHMC:
OD, QD, QOD, SQ, CC, U, IU, MS, MSO4, MGSO4, µ, TIW, X.0 (TRAILING ZERO), .X (LACK OF LEADING ZERO)

Attending: _____ Procedure: _____ Surgery Date: _____

Allergies ☐ NKDA ☐ Latex ☐ Other: Clavi

☐ Colorectal ERAS Pathway ☐ Hernia ERAS Pathway

PATIENT STATUS

☐ Inpatient: has a medical condition which necessitates an inpatient level of care, AND is expected to need 2 or more midnights of hospitalization (including ED/OR/OBS time); OR requires an inpatient only procedure
☐ Observation: has a medical condition that is expected to need less than 2 midnights of hospitalization
☐ Outpatient: bedded outpatients and related procedures

PREOPERATIVE (PSA)

Patient Care

☐ If Blood Glucose > 100 alert surgeon and notify anesthesia to recheck 30–60 min after incision
☐ Apple juice 8 ounces, 2 hours before surgery

IV Site Preference
☐ right arm ☐ left arm ☑ no preference
☐ 2 peripheral lines needed

VTE Prophylaxis
☐ Thigh high Teds ☐ Knee high Teds
☐ Start Intermittent pneumatic compression device (PCD's)
☐ Enoxaparin (LOVENOX) 30 mg Scut
☐ Enoxaparin (LOVENOX) 40 mg Scut
☐ Heparin (coordinate with Anesthesia)
☐ 5000 units Scut
☐ _____ units Scut

Medications/IV *USE M–1015 for PRE–OP ANTIBIOTIC ORDERS*
☐ Lactated Ringer's 50 mL/hr
☑ IV fluids per Anesthesia
☐ Acetaminophen 1000 mg IV
☐ Acetaminophen 1000 mg PO
☐ Alvimopan (ENTEREG) 12 mg PO
Administer Alvimopan 30 min–5 hrs before surgery
☐ Neurontin 300 mg PO
☐ ICG _____mg IV to be given at _____ (time)
☐ Aprepitant (EMEND) 40 mg PO
☐ Colace 200 mg PO
☐ Pantoprazole (PROTONIX) 40 mg IV
☐ Pantoprazole (PROTONIX) 40 mg PO

Lab *On Arrival*
☐ Blood Glucose
☐ BMP
☐ CA 125
☐ CMP
☐ CBC (Hemogram)
☐ CBC with Diff
☐ H&H
☐ Hepatic Function Panel
☐ Potassium
☐ PT/INR
☐ PTT
☐ Type and Screen
☐ UA and C&S if indicated
☐ Urine Pregnancy
☐ Serum Pregnancy
Other _____

Diagnostic/Other *On Arrival*
☐ ECG 12 Lead
☐ Chest 1 View
Other _____

INTRAOP

☐ Foley catheter
☑ Pneumatic compression device (PCD's)
☐ Tumescent solution (sodium chloride 0.9% 1000 mL w/epinephrine 1mg and lidocaine 1% 200 mg)
Other _____

PACU

☐ IV fluids per Anesthesia
☐ Lactated Ringer's 1 mL/kg/hr
☐ Blood Glucose
☐ Ice to operative site
☐ HOB 45 degrees
☑ Pneumatic compression device (PCD's)
Other _____

Xray _____

Date: 7/16/18 (Required) Time: 915Am (Required) Physician Signature: _____ (Required)

1E MI XX – F
U8170135 BD:1/06/1925 93Y F IRN:0123456789
HOFFMAN
JEANNE
LEONIE
NWH SURGICAL SERVICES AND HER*
DOS:6/19/18 ROLLO, JOHNATHON CU*
Enc:1827298943 RES:33740689

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

STANDARD SURGERY PERIOPERATIVE

© M–1063 (05/17) File Under: Physician's Order

Page 1 of 1

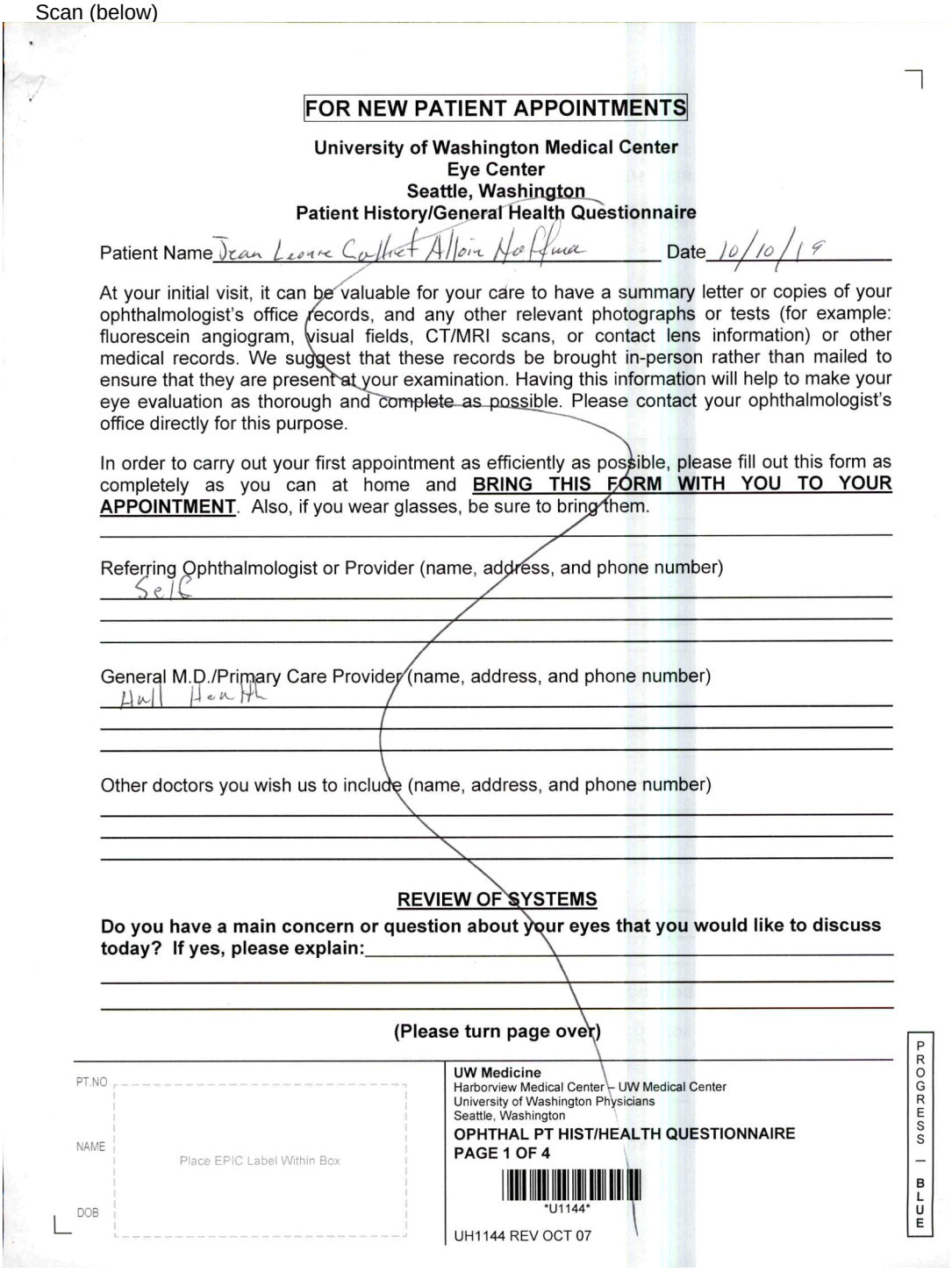
Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Questionnaire as of 4/29/2025

Scan on 10/29/2019 2:06 PM: NEW PATIENT HIST as of 4/29/2025

Scan (below)



FOR NEW PATIENT APPOINTMENTS

University of Washington Medical Center
Eye Center
Seattle, Washington
Patient History/General Health Questionnaire

Patient Name Jean Leonie Collret Allain Hoffman Date 10/10/19

At your initial visit, it can be valuable for your care to have a summary letter or copies of your ophthalmologist's office records, and any other relevant photographs or tests (for example: fluorescein angiogram, visual fields, CT/MRI scans, or contact lens information) or other medical records. We suggest that these records be brought in-person rather than mailed to ensure that they are present at your examination. Having this information will help to make your eye evaluation as thorough and complete as possible. Please contact your ophthalmologist's office directly for this purpose.

In order to carry out your first appointment as efficiently as possible, please fill out this form as completely as you can at home and **BRING THIS FORM WITH YOU TO YOUR APPOINTMENT**. Also, if you wear glasses, be sure to bring them.

Referring Ophthalmologist or Provider (name, address, and phone number)
Self

General M.D./Primary Care Provider (name, address, and phone number)
Kaiser Permanente

Other doctors you wish us to include (name, address, and phone number)

REVIEW OF SYSTEMS

Do you have a main concern or question about your eyes that you would like to discuss today? If yes, please explain:

(Please turn page over)

PT.NO
NAME
DOB
Place EPIC Label Within Box

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington
OPHTHAL PT HIST/HEALTH QUESTIONNAIRE
PAGE 1 OF 4
U1144
UH1144 REV OCT 07

PROGRESS – BLUE

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

REVIEW OF SYSTEMS (continued)

Do you currently wear glasses? ☐ Yes ☐ No

Do you currently wear contact lenses? ☐ Yes ☐ No

If YES, how long have you had the current prescription?_____

Do you have pain concerns related to your visit today? ☐ Yes ☐ No

Do you **currently** have any problems in the following areas? If YES, provide further details:

General Symptoms	No	Yes	Explanation of Problem
Fever	☐	☐	_____
Weight loss	☐	☐	_____
Other	☐	☐	_____
Eyes			
Blurred vision	☐	☐	_____
Distorted vision	☐	☐	_____
Floaters	☐	☐	_____
Flashes of light	☐	☐	_____
Loss of vision	☐	☐	_____
Double vision (crossed eyes)	☐	☐	_____
Difficulty with night vision	☐	☐	_____
Glare/light sensitivity	☐	☐	_____
Mucous discharge	☐	☐	_____
Redness	☐	☐	_____
Sandy or gritty feeling	☐	☐	_____
Dryness	☐	☐	_____
Itching	☐	☐	_____
Excess tearing/watering	☐	☐	_____
Eye pain or soreness	☐	☐	_____
Chronic lid infection (styes)	☐	☐	_____
"Tired eyes"	☐	☐	_____
Ears, nose, mouth, throat, sinus			
Hearing Difficulties	☐	☐	_____
Hearing Aid	☐	☐	_____
Cardiovascular (heart/blood vessels)	☐	☐	_____
High blood pressure	☐	☐	_____

(Please go to next page)

PT.NO H0571976 BD:1/06/1925 94Y F
NAME HOFFMAN JEANNE LEONIE
HMC EYES ON JAMES
DOS:10/10/19 LEUNG, HOI YEE
Enc:1840993601 RES:37792258
DOB

UW Medicine
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University of Washington Physicians
Seattle, Washington
OPHTHAL PT HIST/HEALTH QUESTIONNAIRE
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PROGRESS – BLUE

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

	No	Yes	Explanation of Problem
Respiratory (lungs, breathing)	☐	☐	
Gastrointestinal (stomach/intestines)	☐	☐	
Genitourinary (genitals/kidney/bladder)	☐	☐	
Musculoskeletal (muscle/bone/arthritis)	☐	☐	
Integumentary (skin and/or breast)	☐	☐	
Neurological (stroke, epilepsy, etc.)	☐	☐	
Endocrine (thyroid, etc.)	☐	☐	
Diabetes	☐	☐	
Hematologic (blood, lymph nodes)	☐	☐	
Past blood transfusion	☐	☐	
Allergic/Immunologic	☐	☐	
Seasonal allergies	☐	☐	
Psychiatric (depression, bipolar)	☐	☐	

PAST MEDICAL HISTORY

List any past serious illnesses and/or injuries and approximate date_____

List any surgeries you have had and approximate date_____

FAMILY HISTORY

Please indicate whether your relatives are known to have:

Eye Disease	No	Yes	Relationship to Patient
Blindness	☐	☐	
Cataract	☐	☐	
Glaucoma	☐	☐	
Macular degeneration	☐	☐	
Retinal detachment	☐	☐	

Other_____

(Please turn page over)

PT.NO
H0571976 BD:1/06/1925 94Y F
HOFFMAN
JEANNE
LEONIE
HMC EYES ON JAMES
DOS:10/10/19
LEUNG, HOI YEE
Enc:1840993601 RES:37792258
NAME
DOB

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Seattle, Washington
OPHTHAL PT HIST/HEALTH QUESTIONNAIRE
PAGE 3 OF 4
U1144
UH1144 REV OCT 07

PROGRESS – BLUE

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

SOCIAL and FUNCTIONAL

What is your occupation? Retired ☒ Retired

Do you drive? ☒ No ☐ Yes

Do you have visual difficulty when driving? ☒ No ☐ Yes

Have you fallen in the past year? ☐ No ☒ Yes

If yes, why did you fall? Distance between Walk

Are you concerned that you could fall? ☒ No ☐ Yes

Do you have any personal, religious or cultural values or beliefs we should consider when planning your care?

☒ No ☐ Yes

If yes, please explain:

How do you prefer to learn? Please list your preferences:

No Preferences: ☒

Do you drink alcohol? ☒ No ☐ Yes

If Yes, how much/how often?

Do you smoke? ☒ No ☐ Yes

If Yes, how much/how often?

Do you feel safe in your current living situation? ☐ No ☒ Yes

To Small of Apartment

****

FOR PHYSICIAN USE ONLY:

☐ **History reviewed** ☐ **No changes** ☐ **Additions as noted above**

PHYSICIAN SIGNATURE	PRINT NAME	PAGER	NPI/UPIN	DATE	TIME

PT.NO

NAME

DOB

Place EPIC Label Within Box

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington

OPHTHAL PT HIST/HEALTH QUESTIONNAIRE
PAGE 4 OF 4

U1144

UH1144 REV OCT 07

PROGRESS – BLUE

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Vision Services Acknowledgement

Please check the box below to indicate the reason(s) for your visit today:

- ☐ Routine Eye Exam (generally not covered by medical insurance plans, unless vision benefits are specifically included)
- ☐ Routine Vision Service, for example contact lens fitting, new eyeglass prescription, refraction (typically not covered by medical insurance)
- ☒ Medical Eye Appointment (medical condition, disease of the eye or injury to the eye)
- ☐ Referral from Primary Care Physician (PCP) to see an Optometrist (does not guarantee coverage)

If you checked Medical Eye Appointment or Referral from PCP, please indicate your primary reason for the visit:

DIABETIC EXAM

Insurance coverage varies among individual insurers and policies, and vision coverage in particular can widely vary. Please call your insurance company before your visit to understand what they will cover, which providers and hospitals are in network, and what you will need to pay out of pocket.

Please be advised that any other issues or concerns that you would like to discuss with your provider today, such as new and/or existing medical conditions, laboratory or x-ray orders, or results or medication refills may result in additional charges.

UW Medicine / HMC Eye Institute makes every effort to accurately select billing codes based on the documentation of your visit, and to follow standard coding guidelines. If you believe there is a problem with the coding of your visit, please contact UW Physicians billing office at 206-520-9300.

By signing below, I understand the information provided regarding preventative care visits, and that additional charges may be applied for services rendered.

Jeannie L Hoffman
Patient Name (printed)

JEANE HOFFMAN
Patient (or legal guardian) Signature

10.10.19
Date Signed

If signed by person other than patient, provide printed name, relationship to patient, description of authority

H0571976 BD:1/06/1925 94Y F
HOFFMAN
JEANNE
LEONIE
HMC EYES ON JAMES
DOB:10/10/19 LEUNG, HOI YEE
Enc:1840993601 RES:37792258

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
VISION SERVICES ACKNOWLEDGEMENT
Page 1 of 1
U3798
UH3798 REV JUL 19

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Referral Attachment as of 4/29/2025

Scan on 5/17/2018 9:02 AM: Referral to Wound Clinic; 2018/05/15; The Polycllinic Northgate; Paik as of 4/29/2025

Scan (below)

Vandenburgh, Joan C (MR # 1947751) Encounter Date: 05/14/2018

Social History Narrative
• No narrative on file

Family History

Problem	Relation	Age of Onset
• Alcohol abuse	Father	
• Respiratory *TB*	Father	
• Cancer	Other	
• Colon Cancer	Other	
• Neurological *parkinsons*	Other	
• Heart disease	Other	
• Cancer *skin*	Other	
• Neurological	Mother	

Objective:

Vitals:BP: 136/60, Pulse: 61, Temp: 97.8 °F (36.6 °C), SpO2: 98 %, Weight: 152 lb (68.9 kg), Body mass index is 28.72 kg/m².

PHYSICAL EXAMINATION
GENERAL: Pleasant female Alert and appropriate, no distress
SKIN: She has firm nodule on top right fourth toe consistent with corn. On top of this a scab in middle with tenderness to touch but no obvious evidence in infection no fluctuance.

Paik, Hui J, MD

By signing my name below, I, Shelby Griffith, attest that this documentation has been prepared under the direction and in the presence of Paik, Hui J, MD.
Electronically Signed: Shelby Griffith, Scribe. 5/14/2018. 15:38.

I, Paik, Hui J, MD, personally performed the services described in this documentation. All medical record entries made by the scribe were at my direction and in my presence. I have reviewed the chart and discharge instructions and agree that the record reflects my personal performance and is accurate and complete. Paik, Hui J, MD. 5/14/2018. 15:38.

Revision History

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

• Hyperlipidemia with target low density lipoprotein (LDL) cholesterol less than 130 mg/dL	E78.5
• Hypothyroidism	E03.9
• Glaucoma	H40.9
• Anemia due to chronic illness	D63.8
• Solitary lung nodule	R91.1
• Osteopenia	M85.80
• Hx of skin cancer, basal cell	Z85.828

Past Surgical History:

Procedure	Laterality	Date
• NEGATIVE SURGICAL HX		

Allergies

Allergen	Reactions
• Nystatin	Rash
• Penicillins	Rash and Swelling

Social History

Social History

• Marital status:	Widowed
Spouse name:	N/A
• Number of children:	N/A
• Years of education:	N/A

Occupational History
• Retired

Social History Main Topics

• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol use	No
• Drug use:	No
• Sexual activity:	Not on file

Other Topics	Concern
• Exercise	Yes

water exercise, walking

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

• niacin 1,000 mg Oral Tablet Sustained Release	Take 1 Tab by mouth every day in the evening.	90 Tab	4
• Spironolactone 50 mg Oral Tablet	Take 1 Tab by mouth every day.	90 Tab	4
• levothyroxine (AKA SYNTHROID) 75 mcg Oral Tablet	Take 1 Tab by mouth every day.	90 Tab	4
• ferrous gluconate (AKA IRON) 324 mg (38 mg iron) Oral Tablet	Take 324 mg by mouth three days each week.		
• methotrexate sodium (AKA RHEUMATREX) 2.5 mg Oral Tablet	Take 7.5 mg by mouth once every week.		
• folic acid (AKA FOLATE) 1 mg Oral Tablet	Take 1 mg by mouth every day.		
• aspirin EC 81 mg Oral Ent Coat Tab	Take by mouth every day.		
• OMEGA 3-DHA-EPA-FISH OIL ORAL	Take 720 mg by mouth every day. 4 tablets daily		
• Calcium 600 mg Oral Cap	Take 600 Each by mouth every day. 2 daily		
• MULTIVITAMINS W-MINERALS/LUT (CENTRUM SILVER ORAL)	Take by mouth.		
• ascorbic acid (VITAMIN C) 500 mg Oral Tab	Take 500 mg by mouth every day.		
• cholecalciferol, vitamin D3, (VITAMIN D) 1,000 unit Oral Tab	Take 1,000 Int'l Units by mouth three days each week.		
• predniSONE 2 mg Oral Ent Coat Tab	Take 3 mg by mouth every day.		
• rituxiMAB (RITUXAN) 10 mg/mL IV Conc	by Intravenous route as needed.		

No current facility-administered medications for this visit.

Patient Active Problem List

Diagnosis	Code
• Rheumatoid arthritis (HCC)	M06.9
• HTN (hypertension)	I10

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Reassured her that I did not see evidence of infection. I think it is reasonable to start with a second opinion from wound clinic. Explained that wound clinics typically deal with much more significant infections, ulcers but at least getting some sense whether she still has ulcer that is contributing to her pain and if so the most appropriate treatment seems reasonable. If that evaluation is normal then I think likely needs to be further addressed by podiatry. Declines need for pain medications.

Return to clinic: prn.

Precautions regarding medication and diagnosis are discussed. Patient verbalizes understanding of diagnosis and plan. See order summary for all orders and prescriptions written during this visit.

Subjective:

Nursing Notes:*New Problem Visit-Problem with small toe that I need her advice on appropriate treatment

Chief Complaint: TOE PAIN (podiatry switched to ARNP pus in the corn not healing right foot small toe)

HPI: Joan is a 81 y.o. female presents for evaluation of the above-noted concerns.

She has a long term callus vs corn on right foot. Following with Podiatry Dr. Lowinger who expressed concerns with possible ulcer and was sent to Cheryl Hahn ARNP. Found purulent ulcer without evidence of infection. She was treated with toe sleeve and dressings. She returned two weeks later and was told it looked better and only showed evidence of bleeding. She has difficulty putting on toe sleeve due to arthritis in hands and hammer toes. Causes significant pain while wearing as well therefore has not been using it. Using lambs wool and paper taper to be able to walk. Wonders her options for wound care. Has a lot of pain in that toe. Wondering whether she needs a different dressing or soak for this.

ROS: As noted above. All other review of systems is unremarkable.

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• chlorhexidine (AKA PERIDEX) 0.12% MM Mouthwash			0
• predniSONE (AKA DELTASONE) 1 mg Oral Tablet	3 mg every day.		

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

Vandenburgh, Joan C (MR # 1947751) Encounter Date: 05/14/2018

Vandenburgh, Joan C
Female, 81 y.o., 10/31/1936
Weight: 152 lb (68.9 kg)
Phone: M:206-992-6930
PCP: Paik, Hui J, MD
MRN: 1947751
MyChart: Active
Next Appt: 06/25/2018

Message Received: 5/14/2018 6:08 PM

Paik, Hui J, MD ➡ P Pc Ngp Im Back Office Pool

Please send my note to UW Northwest Wound Care clinic. Referral placed.

sjp

Office Visit for TOE PAIN 5/14/2018

Paik, Hui J, MD - The Polyclinic Northgate Plaza Encounter Summary
Internal Medicine

Diagnoses

Skin Ulcer Of Toe Of Right Foot, Limited To Breakdown Of Skin (hcc) (Primary)
Corn of toe

Orders Signed This Encounter (1)
REFERRAL TO WOUND CARE

Orders Pended This Encounter
None

Progress notes

Paik, Hui J, MD at 05/14/18 1500

Status: Signed

THE POLYCLINIC **Northgate Plaza Internal Medicine Progress Note**

RE: Joan C Vandenburgh **MRN**: 1947751 **Age**: 81 y.o **DOB**: 10/31/1936 **SEX**: female

Assessment and Plan:

1. Skin ulcer of toe of right foot, limited to breakdown of skin (HCC)/corn right 4th toe
At this time at this time infection is not evident. Also no significant ulcer noticed although she does have a small scab that may be overlying a very superficial ulcer that he did not want to unroof today. It's unclear to me whether most of her pain is related to the corn itself or whether she still has significant wound underneath this. She seems to be having quite a bit of pain. We discussed potential approaches.

Vandenburgh, Joan C (MR # 1947751) Printed by Dahl, Kate L, CM [DAHLKL1] at 5/15... Page 1 of 5

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

THE POLYCLINIC

NORTHGATE INTERNAL MEDICINE
9709 3RD Avenue NE, 3rd Floor
Seattle, Washington 98115
Fax: 206-860-4464

__Dr. Franc Myint
__Dr. Thomas King
__Dr. Kristin Wong
__Dr. Reshma Desai
✓Dr. Sue Paik
__Elissa Freudenberg PA-C

FAX COVER SHEET

Date: 5-15-18

Attention: UW NW WoundCare

Company: 206-368-1270

Fax Number:

From: Dr. Paik

Re: Vandenburgh, Joan U34095942

DOB: 10/31/36

Total Number of Pages, Including Cover Sheet: 6

IF YOU DID NOT RECEIVE ALL PAGES OR RECEIVED PAGES IN ERROR, PLEASE CALL 206-860-2348.

IMPORTANT NOTICE: This communication contains information that may be confidential or privileged, and is intended solely for the entity or individual to whom it is addressed. If you are not the intended recipient, you should delete this message, and are hereby notified that any disclosure, copying, or distribution of this communication is strictly prohibited. If you have received this communication in error, please notify the sender and destroy the message.

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

ROI Routine Request/Authorization as of 4/29/2025

Scan on 4/28/2025 6:04 AM as of 4/29/2025

Scan (below)

Outlook

Fwd: Message from KM_C360i

From Dave O'Connell <daveoc@crosssound.org>
Date Fri 4/25/2025 4:41 PM
To ERHI Release of Information <uwmedroi@uw.edu>; louisalloin <louisalloin@usa.com>

1 attachment (424 KB)
SKM_C360i25042516290.pdf;

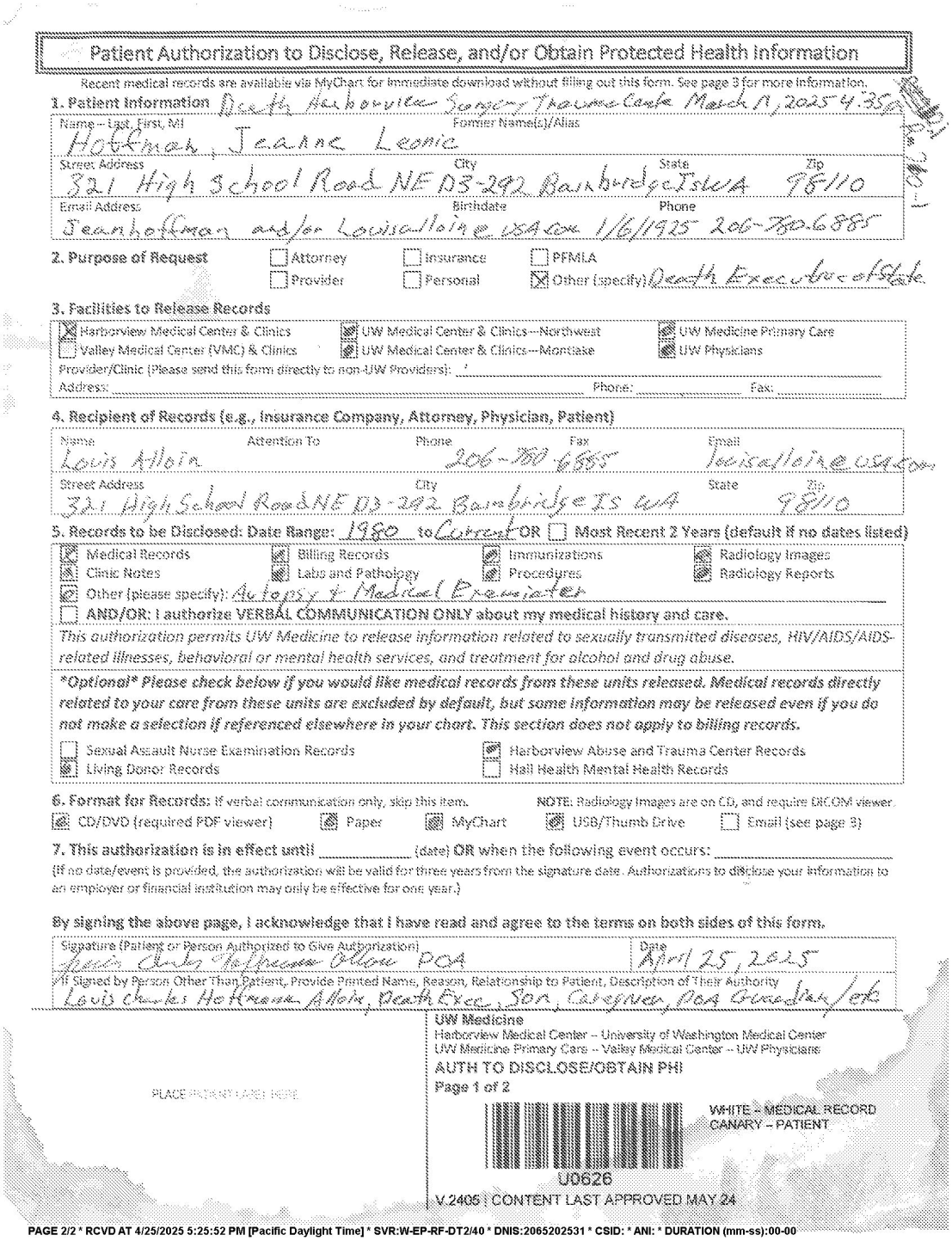
Sending this on behalf of Louis Alloin, concerning Jean Hoffman's death. Please see attached .pdf for accessing records. If you can, please call him at 206-280-1287.

Thank you,
Dave O'Connell

PAGE 1/2 * RCVD AT 4/25/2025 5:25:52 PM [Pacific Daylight Time] * SVR:W-EP-RF-DT2/40 * DNIS:2065202531 * CSID: * ANI: * DURATION (mm-ss):00-00

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025



Patient Authorization to Disclose, Release, and/or Obtain Protected Health Information

Recent medical records are available via MyChart for immediate download without filling out this form. See page 3 for more information.

1. Patient Information Death Harborview Surgery Trauma Case March 1, 2025 4.35

Name – Last, First, MI: Hoffman, Jeanne Leonie | Former Name(s)/Alias:
Street Address: 321 High School Road NE D3-292 | City: Bainbridge Isl | State: WA | Zip: 98110
Email Address: Jeanhoffman and/or Louisalaine usa.com | Birthdate: 1/6/1925 | Phone: 206-780-6885

2. Purpose of Request: ☐ Attorney ☐ Insurance ☐ PFMLA ☐ Provider ☐ Personal ☒ Other (specify) Death Executor of Estate

3. Facilities to Release Records

☒ Harborview Medical Center & Clinics ☒ UW Medical Center & Clinics—Northwest ☒ UW Medicine Primary Care
☐ Valley Medical Center (VMC) & Clinics ☒ UW Medical Center & Clinics—Montlake ☒ UW Physicians
Provider/Clinic (Please send this form directly to non-UW Providers):
Address: Phone: Fax:

4. Recipient of Records (e.g., Insurance Company, Attorney, Physician, Patient)

Name: Louis Allain | Attention To: | Phone: 206-780-6885 | Fax: | Email: louisalaine usa.com
Street Address: 321 High School Road NE D3-292 | City: Bainbridge Is WA | State: | Zip: 98110

5. Records to be Disclosed: Date Range: 1980 to Current OR ☐ Most Recent 2 Years (default if no dates listed)

☒ Medical Records ☒ Billing Records ☒ Immunizations ☒ Radiology Images
☒ Clinic Notes ☒ Labs and Pathology ☒ Procedures ☒ Radiology Reports
☒ Other (please specify): Autopsy & Medical Examiner
☐ AND/OR: I authorize VERBAL COMMUNICATION ONLY about my medical history and care.

This authorization permits UW Medicine to release information related to sexually transmitted diseases, HIV/AIDS/AIDS-related illnesses, behavioral or mental health services, and treatment for alcohol and drug abuse.

***Optional** Please check below if you would like medical records from these units released. Medical records directly related to your care from these units are excluded by default, but some information may be released even if you do not make a selection if referenced elsewhere in your chart. This section does not apply to billing records.*

☐ Sexual Assault Nurse Examination Records ☒ Harborview Abuse and Trauma Center Records
☒ Living Donor Records ☐ Hall Health Mental Health Records

6. Format for Records: If verbal communication only, skip this item. NOTE: Radiology Images are on CD, and require DICOM viewer.
☒ CD/DVD (required PDF viewer) ☒ Paper ☒ MyChart ☒ USB/Thumb Drive ☐ Email (see page 3)

7. This authorization is in effect until _____ (date) OR when the following event occurs: _____
(If no date/event is provided, the authorization will be valid for three years from the signature date. Authorizations to disclose your information to an employer or financial institution may only be effective for one year.)

By signing the above page, I acknowledge that I have read and agree to the terms on both sides of this form.

Signature (Patient or Person Authorized to Give Authorization): Louis Charles Hoffman Allain POA | Date: April 25, 2025
If Signed by Person Other Than Patient, Provide Printed Name, Reason, Relationship to Patient, Description of Their Authority: Louis Charles Hoffman Allain, Death Exec, Son, Caregiver, POA Guardian/ek

PLACE PATIENT LABEL HERE

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
AUTH TO DISCLOSE/OBTAIN PHI
Page 1 of 2

WHITE – MEDICAL RECORD
CANARY – PATIENT

U0626
V.2405 | CONTENT LAST APPROVED MAY 24

PAGE 2/2 * RCVD AT 4/25/2025 5:25:52 PM [Pacific Daylight Time] * SVR:W-EP-RF-DT2/40 * DNIS:2065202531 * CSID: * ANI: * DURATION (mm-ss):00-00

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

ROI Urgent Request/Authorization as of 4/29/2025

Scan on 3/14/2025 9:21 AM as of 4/29/2025

Scan (below)

```
03/14/25  11:48:07  47070_University_of_ ->      UW Medicine DT4 47070_University_of_ Page 002
```



FAX

MOLINA HEALTHCARE

To:		From:	
Fax:	2067449997	Pages:	3
Phone:		Date:	03/14/25 07:13:41 AM
Re:	MRR_UWMC_WA 34727_JH	cc:	

Comments:
Molina medical records request- Thank you

Jessica Grover RN | Sr. Specialist/Quality Improvement Compliance
Molina Healthcare Inc.
(614) 847- 4927 dir. | (844) 710-1606 fax
Jessica.Grover@MolinaHealthcare.com

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PAGE 2/4 * RCVD AT 3/14/2025 8:47:41 AM [Pacific Daylight Time] * SVR:W-EP-RF-DT4/10 * DNIS:2065202531 * CSID:47070_University_of_ * ANI:6784593354 * DURATION (mm-ss):02-03

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

03/14/25 11:48:33 47070_University_of_ -> UW Medicine DT4 47070_University_of_ Page 003

MOLINA HEALTHCARE

200 Oceangate, 6th Floor
Long Beach, CA 90802
www.molinahealthcare.com

FACSIMILE TRANSMITTAL SHEET

To:	**ATTN: Medial Records University of Washington Medical Center**	**From:**	*Jessica Grover RN Sr. Quality Improvement Specialist Molina Healthcare*
Fax:	**206-744-9997**	**Fax:**	844-710-1606
Phone:	**206-668-0500**	**Phone:**	614-647-4927
Re:	Medical Records Request	**Date:**	**03/14/25**

☒ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Comments: (Internal Use Only) WA 34727

DELIVERY METHODS

---Please Expedite and Mark All Communication "Confidential" ---

CIOX eDELIVERY PORTAL
ID# 2212774
Molina Healthcare, Inc.

MRO eDELIVERY PORTAL
ID# 177764
Molina Healthcare, Inc.

Sharecare eDELIVERY PORTAL
ID: B-38Y-E7-WKU
Molina Healthcare, Inc.

EMAIL: Jessica.Grover@Molinahealthcare.com

FAX: (Preferred Method of Delivery)
Fax#: 844-710-1606
Molina Healthcare, Inc.
Attention: Jessica Grover RN

MAIL: (Least Preferred Method of Delivery - Please Send on CD or Flash Drive)
Molina Healthcare, Inc.
Quality Improvement Department – PQOC
Attention: Jessica Grover RN
200 Oceangate, 6th Floor
Long Beach, CA 90802

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

PAGE 3/4 * RCVD AT 3/14/2025 8:47:41 AM [Pacific Daylight Time] * SVR:W-EP-RF-DT4/10 * DNIS:2065202531 * CSID:47070_University_of_ * ANI:6784593354 * DURATION (mm-ss):02-03

Patient (continued)

Documents (group 2 of 3) (continued) as of 4/29/2025

03/14/25 11:49:06 47070_University_of_ -> UW Medicine DT4 47070_University_of_ Page 004

MOLINA HEALTHCARE

200 Oceangate, 6th floor
Long Beach, CA 90802
www.molinahealthcare.com

March 14, 2025

University of Washington Medical Center
Attention: Medical records
1959 NE Pacific St.,
Seattle, WA 98195

Member Name: Jeanne Hoffman
Date of Birth: 01/06/1925
Case ID: WA 34727
Dates of Service: 01/09/25-03/08/25

Dear Medical Records Personnel:
Molina Healthcare Inc. is committed to ensuring quality health care to our members. We received an inquiry regarding the above referenced member and need to review the following medical records:

- ☐ Entire Chart for Date of Service Above
- ☐ Communication log (phone and electronic)
- ☐ Physician/Practitioner Orders
- ☒ **Admission Assessment/Summary/Intake**
- ☒ **H&P**
- ☒ **Progress Notes**
- ☒ **Consults**
- ☒ **Fall Risk Assessments**
- ☒ **Fall Risk Care Plan / Fall Incident Notes**
- ☐ Laboratory Culture/Pathology Reports
- ☐ Operative Reports
- ☒ **Radiology Reports**
- ☐ Medication Administration Record (MAR)
- ☐ SW/Case Mgmt. Progress Notes
- ☒ **Nursing Progress Notes & Assessments**
- ☒ **OT/PT/ST Progress Notes & Flowsheets**
- ☒ **Discharge Summary & Instructions**
- ☐ Wound Care Orders and Documentation

This review is conducted for Quality Assurance purposes only. The review is conducted confidentially by Quality Improvement staff members under the direction of our Medical Director. Due to the time sensitivity in relation to Quality-of-Care cases, we prefer you fax medical records to us within **5 to 7 business days**.

Please keep in mind that per your contract with Molina Healthcare and Molina policy you are expected to comply with record requests involved in Quality Improvement activities. Thank you in advance for your prompt response and cooperation.

If you have any questions or need additional information, you may contact:
Jessica Grover, RN | Sr. Quality Improvement Specialist
MHI Accreditation PQOCs
Molina Healthcare, Inc.
Phone: 614-647-4927
Fax: 844-710-1606

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PAGE 4/4 * RCVD AT 3/14/2025 8:47:41 AM [Pacific Daylight Time] * SVR:W-EP-RF-DT4/10 * DNIS:2065202531 * CSID:47070_University_of_ * ANI:6784593354 * DURATION (mm-ss):02-03

Patient (continued)

Documents (group 3 of 3) as of 4/29/2025

UW Medicine Inpatient Facility Directory eSign as of 4/29/2025

Scan on 2/1/2018 4:31 PM as of 4/29/2025

Scan (below)

Patient Information for Inclusion in the UW Medicine Inpatient Facility Directory

Please Read this Statement Carefully

I understand that I have a choice as to whether or not to be included in the UW Medicine entity's facility directory. My decision is indicated by marking a box and signing this form.

☒ **YES, please include me in the Inpatient Facility Directory.** The hospital has informed me that my name, location, and general health condition will be included in its inpatient facility directory. This information will be made available to people who ask for me by name such as my relatives, friends, and fellow employees.

- Harborview Medical Center
- Northwest Hospital and Medical Center
- University of Washington Medical Center / Seattle Cancer Care Alliance
- Valley Medical Center

If I have provided my religious affiliation to UW Medicine in the past or if I provide my religious affiliation to UW Medicine now, I authorize its disclosure to clergy of my religious affiliation. Disclosure of my religious affiliation may result in a visit from a clergy member of my affiliation while I am being treated at UW Medicine.

If you have provided your religious affiliation to UW Medicine in the past and do not want a visit from a clergy member of your affiliation, please inform the registration staff.

☐ **NO, please do not include me in the Inpatient Facility Directory.** I do not want my name, location and general health condition included in the UW Medicine entity's Inpatient Facility Directory. **If this is my choice, I understand it is my responsibility to notify family and friends of my location and phone number if I wish them to contact me. I also understand that by choosing not to be in the directory, UW Medicine will be unable to deliver items *(for example, flowers and gifts)* addressed to me.**

For Staff Use Only
☐ **ADMIN OPT-OUT:** Please provide reason for Administrative Opt-Out
☐ Crime Victim ☐ Employee ☐ Incarcerated Patient
☐ Involuntary Commitment ☐ Unable to Interview Patient ☐ Media Interest

By signing below, it shows that you have read this document. If there is any part of this form that is unclear, be sure to ask questions about it.

Date	Signature (Patient or Person Authorized to Give Authorization)
2/1/18	Jeanne E Hoffman

IF SIGNED BY PERSON OTHER THAN PATIENT, CHECK RELATIONSHIP TO PATIENT:
☐ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:
☐ 1. Guardian/legal custodian ☐ 2. Court-authorized person for child in out-of-home placement ☐ 3. Parent(s)
☐ 4. Holder of signed authorization from parent(s) ☐ 5. Adult representing self to be a relative responsible for the minor's health

OMB APPROVAL 0938-0566

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823773755** MRN:**U8170135**
ADM: **02/01/2018**
CLASS: **IP**
SVC: **ED**

C00001

UW Medicine
Harborview Medical Center – UW Medical Center – Northwest Hospital
University of Washington Physicians
Seattle, Washington

PATIENT INFORMATION FOR UW MEDICINE INPATIENT FACILITY DIRECTORY
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Page 1 of 1

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Electronic signature on 7/26/2018 8:29 AM (effective from 7/26/2018) - E-signed as of 4/29/2025

Patient Information for Inclusion in the UW Medicine Patient Directory
Please Read this Statement Carefully

I understand that I have a choice as to whether or not to be included in the UW Medicine patient directory. My name and location will be included in the patient directory unless I would prefer not to receive phone calls or visitors. My decision is indicated by marking a box and signing this form.

☑ **YES, please include me in the Patient Directory.** The hospital has informed me that my name and location will be included in its hospital directory. This information will be made available to people who ask for me by name such as my relatives, friends and fellow employees.

- Harborview Medical Center
- Northwest Hospital and Medical Center
- University of Washington Medical Center/ Seattle Cancer Care Alliance
- Valley Medical Center

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If you have provided your religious affiliation to UW Medicine in the past and do not want a visit from a clergy member of your affiliation, please inform the registration staff.

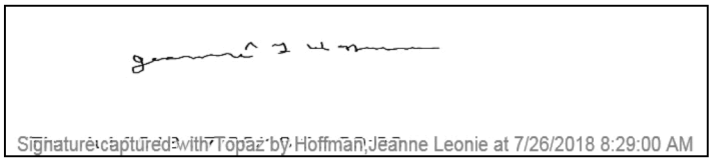
☐ **NO, please do not include me in the Patient Directory.** I do not want my name or location included in the UW Medicine Patient Directory. **If this is my choice, I understand UW Medicine staff will not be able to confirm I am a patient or share my location with any family or friends. I also understand that by choosing not to be in the directory, UW Medicine will be unable to deliver items *(for example flowers and gifts)* addressed to me.**

For Staff Use Only

☐ **ADMIN OPT-OUT:** Please provide reason for Administrative Opt-Out

☐ Crime Victim	☐ Employee	☐ Incarcerated Patient
☐ Involuntary Commitment	☐ Unable to Interview Patient	☐ Media Interest

By signing below, it shows that you have read this document. If there is any part of this form that is unclear, be sure to ask questions about it.



Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

☐ Guardian	☐ Durable Power of Attorney for Health Care	☐ Spouse/registered domestic partner
☐ Adult Child(ren)	☐ Parent(s)	☐ Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

☐ Guardian/legal custodian	☐ Court-authorized person for child in out-of-home	☐ Spouse/registered domestic partner

☐ Holder of signed authorization from parent(s)	☐ Adult representing self to be a relative responsible for the minor's health

U1868 REV JAN18

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Scan on 9/18/2018 6:48 PM as of 4/29/2025

Scan (below)

Patient Information for Inclusion in the UW Medicine Inpatient Facility Directory

Please Read this Statement Carefully

I understand that I have a choice as to whether or not to be included in the UW Medicine entity's facility directory. My decision is indicated by marking a box and signing this form.

☑ **YES, please include me in the Inpatient Facility Directory.** The hospital has informed me that my name, location, and general health condition will be included in its inpatient facility directory. This information will be made available to people who ask for me by name such as my relatives, friends, and fellow employees.

- Harborview Medical Center
- Northwest Hospital and Medical Center
- University of Washington Medical Center / Seattle Cancer Care Alliance
- Valley Medical Center

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If you have provided your religious affiliation to UW Medicine in the past and do not want a visit from a clergy member of your affiliation, please inform the registration staff.

☐ **NO, please do not include me in the Inpatient Facility Directory.** I do not want my name, location and general health condition included in the UW Medicine entity's Inpatient Facility Directory. **If this is my choice, I understand it is my responsibility to notify family and friends of my location and phone number if I wish them to contact me. I also understand that by choosing not to be in the directory, UW Medicine will be unable to deliver items *(for example, flowers and gifts)* addressed to me.**

For Staff Use Only
☐ **ADMIN OPT–OUT:** Please provide reason for Administrative Opt–Out

☐ Crime Victim	☐ Employee	☐ Incarcerated Patient
☐ Involuntary Commitment	☐ Unable to Interview Patient	☐ Media Interest

By signing below, it shows that you have read this document. If there is any part of this form that is unclear, be sure to ask questions about it.

Date	Signature (Patient or Person Authorized to Give Authorization)
9/18/18	9/18/18

IF SIGNED BY PERSON OTHER THAN PATIENT, CHECK RELATIONSHIP TO PATIENT:

☐ 1. Guardian	☐ 2. Durable Power of Attorney for Health Care	☐ 3. Spouse/registered domestic partner
☑ 4. Adult Child(ren)	☐ 5. Parent(s)	☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian	☐ 2. Court–authorized person for child in out–of–home placement	☐ 3. Parent(s)
☐ 4. Holder of signed authorization from parent(s)	☐ 5. Adult representing self to be a relative responsible for the minor's health	OMB APPROVAL 0938–0566

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **ED**
SVC: **ED**

C0001

UW Medicine
Harborview Medical Center – UW Medical Center – Northwest Hospital
University of Washington Physicians
Seattle, Washington

PATIENT INFORMATION FOR UW MEDICINE INPATIENT FACILITY DIRECTORY
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Page 1 of 1

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

UWM Outside Records as of 4/29/2025

Scan on 5/26/2017 2:11 PM: NW Wound clinic 5/11/17 as of 4/29/2025

Scan (below)

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 05/17/2017
Date of Discharge: 20170517
Dictating Physician: Raghu, MD, Prema

MR#: U8170135
Acct#: 1816189282

DATE OF SERVICE: 05/17/2017

PLACE OF SERVICE:
Northwest Hospital Wound Care Center.

REASON FOR CONSULTATION:
The patient has wounds on her left lower extremity.

HISTORY OF PRESENT ILLNESS:
The patient is a 92-year-old, Caucasian lady, who lives in Bainbridge Island, came to Wound Care Center with her son. She has history of varicose veins and ulcers in her leg. She had ulcers in her left leg that required skin grafting 20 years ago. At this time, she has had wounds for the last three months and they have been using more recently Medihoney and she was treated sometime in April with Keflex and doxycycline for cellulitis. She also has had some recent venous and arterial Doppler studies. She has monophasic waves and significant distal arterial insufficiency. She does have nighttime pain in her leg as well.

She is basically here for further management of her wounds.

REVIEW OF SYSTEMS:
Significant for some middle ear problems. She does not have history of diabetes or thyroid disorder. No history of heart disease. She denied any chest pain or shortness of breath. She had no GI or GU complaints. She does walk with a walker.

ALLERGIES:
No known allergies were mentioned.

CURRENT MEDICATIONS:
She is on:

1. Tylenol as needed.
2. Atorvastatin 20 mg per day.
3. Losartan 25 mg half tablet once a day.
4. Pentoxifylline extended release 400 mg 1 tablet 2 times a day.
5. Timolol eye drops.
6. Vitamin B12 supplements.
7. Coumadin as directed.

Northwest Hospital and Medical Center
Seattle, Washington 98133

Consultation

Page 1 of 3

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 05/17/2017
Date of Discharge: 20170517
Dictating Physician: Raghu, MD, Prema

MR#: U8170135
Acct#: 1816189282

PAST MEDICAL HISTORY:
Significant for a history of DVT in both legs. She is on Coumadin. She has history of hyperlipidemia, venous insufficiency, chronic leg ulcers in the left lower extremity in the past, requiring skin graft.

SOCIAL HISTORY:
She does not smoke or drink alcohol. Currently, lives in a facility, which is having financial difficulty.

FAMILY HISTORY:
Nothing of importance.

PHYSICAL EXAMINATION:
GENERAL: She appeared to be of her stated age. She was in no acute distress.
VITALS: She was afebrile, pulse 76 per minute, respirations 16 per minute, blood pressure 138/64 mmHg.
HEENT: PERRLA.
NECK: Supple. She had no lymphadenopathy or thyromegaly.
LUNGS: Clear.
CARDIAC: Normal.
ABDOMEN: Normal.
EXTREMITIES: Left lower extremity revealed three wounds. Left lateral calf wound measured 2.5 x 2.0 x 0.3 cm. Left lateral ankle wound measured 2.0 x 0.9 x 0.3 cm. Left medial ankle wound measured 0.7 x 1.4 x 0.3 cm. All these wounds were covered with thick slough. There was no evidence of acute infection. There was 1 to 2+ edema. She has chronic stasis changes.

ASSESSMENT AND PLAN:
Left lower extremity ulcers, history of venous insufficiency, chronic stasis dermatitis, history of deep venous thrombosis, PAD
We have advised the patient to continue using the Medihoney on a every other day basis and to check back with us in a week. We need to work on cleaning up the base of the wounds before we can heal them. She will not be a candidate for any compression because of her arterial insufficiency. We have just told her to keep her leg elevated as much as possible. She will continue her Coumadin as directed.

We thank you for the referral. We will keep you informed as to her progress.

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 05/17/2017
Date of Discharge: 20170517
Dictating Physician: Raghu, MD, Prema

MR#: U8170135
Acct#: 1816189282

MLS: 517665
D: 05/17/2017 15:12:26
T: 05/17/2017 21:47:19
45206394 [ID1: 5179]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 05/17/2017 1

MR#: U8170135
DOB: 01/06/1925

Physician: Prema Raghu, MD

Wound Care Center

Edited By Raghu, M.D.,Prema K 24-May-2017 10:24:39 -07:00

Signed by Raghu, M.D.,Prema K on 24-May-2017 10:24:40 -07:00

Raghu, MD, Prema
CC: Dr. William Neighbor
Wound Care Center

D: 05/17/2017 15:12 T: 05/17/2017 21:47 JOB: 45206394 MLS: 517665

Northwest Hospital and Medical Center
Seattle, Washington 98133

Consultation

Page 3 of 3

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Scan on 2/6/2018 10:32 AM: NWH as of 4/29/2025

Scan (below)

Accoul 1823773755 Hoffman, Jeanne Leonie 2/1/2018-2/4/2018 I(A) MED 1-eDisch Sum Macnab, MD, Amie 2/4/2018
CUSTDM10\WOTA_NHAY 2/5/2018 9:02:44 AM -08:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 02/01/2018
Date of Discharge: 20180204
Dictating Physician: Macnab, MD, Amie

MR#: U8170135
Acct#: 1823773755

DATE OF SERVICE: 02/04/2018

DISCHARGE DIAGNOSIS:
Cellulitis of left lower extremity in the setting of chronic lower extremity ulcers and peripheral vascular disease.

CONSULTANTS:
1. Dr. Seth Cohen, Infectious Disease.
2. Wound care.

IMAGING:
1. On 02/02/2018, lower extremity arterial Dopplers. In the right lower extremity ABIs are unreliable due to calcification. Mild arterial insufficiency at rest. Popliteal artery distal and tibial peroneal trunk with 20% to 49% stenosis. The posterior tibial artery distal suspected occlusion. Anterior tibial artery mid 20% to 49% stenosis. In the left lower extremity ABIs not obtained due to patient's inability to tolerate blood pressure cuff. Moderate arterial insufficiency at rest. Diffuse calcification throughout the femoral and popliteal arteries. Superficial femoral artery proximal with 20% to 49% stenosis, in the mid region 20% to 49% stenosis, in the distal region 20% to 49% stenosis. The posterior tibial artery with heavy calcification throughout the distal segment. Anterior tibial artery proximal 20% to 49% stenosis. See report for further details and this is based on a preliminary report.
2. Lower extremity Dopplers show in the left lower extremity in the common femoral vein proximal to distal there is chronic nonocclusive deep venous fibrotic changes. In the femoral vein proximal to mid there is chronic nonocclusive deep venous fibrotic changes. See report for further details. This is a preliminary report.

ADMISSION:
See dictated H and P for further details. Briefly, patient is a 93-year-old woman with history of chronic lower extremity wounds on the left leg which have been ongoing for about a year. She has chronic pain in this leg. Patient developed worsening pain and erythema earlier this month and wound cultures performed at the Wound Care Clinic grew MSSA and Enterobacter. She did not have any improvement with Levaquin for which she had been taking for 8 days so came to the emergency department due to worsening pain.

HOSPITAL COURSE BY PROBLEM:
1. Cellulitis of the lower leg in the setting of chronic lower extremity

Northwest Hospital and Medical Center
Seattle, Washington 98133

Discharge Summary

Page 1 of 4

Page 1 of 4

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 02/01/2018
Date of Discharge: 20180204
Dictating Physician: Macnab, MD, Amie

MR#: U8170135
Acct#: 1823773755

wounds and peripheral vascular disease. The patient has been afebrile. Her white count has been normal. Her CRP was normal. ID was consulted. She was given cefepime IV for 2 days and then switched to oral doxycycline which she will continue until she follows up with Wound Care Clinic. She was continued on Trental. She was also seen by the Wound Care Clinic and had arterial and venous Dopplers performed with plan to follow up in Wound Care Clinic later this week. At time of discharge, patient's pain is significantly improved.
2. Dysmobility. Patient reported holding on to furniture at home to ambulate at baseline. She was seen by PT who felt that she could be discharged back to her previous home environment but recommend home health PT which has been arranged.
3. Chronic anticoagulation due to history of DVT. She has been continued on her warfarin. On day of discharge, her INR has decreased to 1.7. This is in setting of initially holding her warfarin due to it being supratherapeutic and also while taking doxycycline. Patient has been instructed to continue on 5 mg at night and home health nurse will check her INR either tomorrow or the following day.

DISPOSITION:
Patient will discharge home where she lives with her son.

FOLLOWUP INSTRUCTIONS:
Patient will follow up with the Wound Care Clinic later this week and has home health arranged for PT, wound care and INR checks.

DISCHARGE MEDICATIONS:
The patient is to continue her previous home medications including:

1. Acetaminophen/codeine 300/30 mg tablet quarter to 1 tablet twice a day as needed for pain.

2. Atorvastatin 10 mg daily.
3. Losartan 12.5 mg daily.
4. Pentoxifylline 400 mg extended release, 3 times a day.
5. Timolol 0.5% drop ophthalmic both eyes twice a day.
6. Warfarin has been changed to 5 mg daily with followup INR with wound care home nurse.
7. The patient has been given a prescription for doxycycline 100 mg twice a day to take until she follows up with Wound Care Clinic. She has been given a prescription for 7 days.

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Account: 1823773755 Hoffman, Jeanne Leonie 2/1/2018-2/4/2018 I(A) MED 1-eDisch Sum Macnab, MD, Amie 2/4/2018
CUSTDM10\WOTA_NHAY 2/5/2018 9:02:44 AM -08:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 02/01/2018
Date of Discharge: 20180204
Dictating Physician: Macnab, MD, Amie

MR#: U8170135
Acct#: 1823773755

PHYSICAL EXAMINATION:
VITAL SIGNS: On day of discharge, temperature 36.1, pulse 59, respiratory rate 18, blood pressure 114/52, satting 97% on room air.
GENERAL: Patient is awake, conversant, in no acute distress. She has no increased work of breathing and she is ambulatory with a walker. Yesterday when I examined her leg she had decreased erythema and tenderness. The patient's discharge was delayed until this morning due to transportation issues with her living on Bainbridge Island.

CODE STATUS:
FULL CODE.

MLS: 292766
D: 02/04/2018 08:39:49
T: 02/04/2018 09:30:41
47802781 [ID1: 334090]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 02/01/2018 1

MR#: U8170135
DOB: 01/06/1925

Physician: Amie Macnab, MD

Edited By Macnab, M.D.Amie E 04-Feb-2018 17:45:26 -08:00

Signed by Macnab, M.D.Amie E on 04-Feb-2018 17:45:27 -08:00

Macnab, MD, Amie
CC: William Naber, MD

Northwest Hospital and Medical Center
Seattle, Washington 98133

Discharge Summary

Page 3 of 4

Page 3 of 4

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Accou 1823773755 Hoffman, Jeanne Leonie 2/1/2018-2/4/2018 I(A) MED 1-eDisch Sum Macnab, MD, Amie 2/4/2018
CUSTDM10\WOTA_NHAY 2/5/2018 9:02:44 AM -08:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 02/01/2018
Date of Discharge: 20180204
Dictating Physician: Macnab, MD, Amie

MR#: U8170135
Acct#: 1823773755

D: 02/04/2018 08:39 T: 02/04/2018 09:30 JOB: 47802781 MLS: 292766

Northwest Hospital and Medical Center
Seattle, Washington 98133

Discharge Summary

Page 4 of 4

Page 4 of 4

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Account 1823773755 Hoffman, Jeanne Leonie 2/1/2018- I(A) MED 2-eH and P Macnab, MD, Amie 2/1/2018
CUSTDM10\WOTA_NHAY 2/2/2018 9:33:08 AM -08:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 02/01/2018
Date of Discharge:
Dictating Physician: Macnab, MD, Amie

MR#: U8170135
Acct#: 1823773755

DATE OF SERVICE: 02/01/2018

CHIEF COMPLAINT:
The patient is a 93-year-old woman who came to the emergency department due to increased left lower extremity pain in the setting of chronic wounds.

HISTORY OF PRESENT ILLNESS:
The patient is a 93-year-old woman with history of chronic lower extremity wound on the left leg which has been ongoing for about a year. She has chronic pain in her leg for which she takes a quarter tablet of Tylenol with codeine and aspirin on a routine basis. The patient developed worsening pain and erythema and back on
January 11th had wound cultures performed at the Wound Care Clinic that grew MSSA and Enterobacter. She has been reportedly taking Levaquin for the last 8 days, but has not had any improvement in her leg symptoms. She says that a week ago the erythema was worse, but today the pain has increased. The patient denies any fevers or chills. No shortness of breath, chest pain, nausea, vomiting, diarrhea, or constipation. The patient says the pain is severe but is able to ambulate. In the emergency department, she was given cefepime and admitted for further treatment.

PAST MEDICAL HISTORY:
1. Chronic lower extremity ulcerations of her legs have been going on for the last year at least.
2. History of venous insufficiency.
3. Bilateral lower extremity DVT about 30 years ago and has since been on warfarin.
4. History of poor balance.
5. Chronic peripheral neuropathy.
6. History of right lower extremity fracture.

SOCIAL HISTORY:
She uses a walker for ambulation. Her son lives with her. She does not smoke or drink.

FAMILY HISTORY:
The patient denies known family history. Says mother died of old age.

REVIEW OF SYSTEMS:
See above HPI. Otherwise, complete review of systems is negative.

Northwest Hospital and Medical Center
Seattle, Washington 98133

History and Physical

Page 1 of 4

Page 1 of 4

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Account 1823773755 Hoffman, Jeanne Leonie 2/1/2018- I(A) MED 2-eH and P Macnab, MD, Amie 2/1/2018
CU9TDM10\WOTA_NHAY 2/2/2018 9:33:08 AM -08:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 02/01/2018
Date of Discharge:
Dictating Physician: Macnab, MD, Amie

MR#: U8170135
Acct#: 1823773755

ALLERGIES:
1. TAPE causes rash.
2. PENICILLIN causes rash.
3. SULFA causes rash.
4. The patient also says she is very sensitive to NARCOTIC PAIN MEDICATIONS.

HOME MEDICATIONS:
1. Acetaminophen/codeine 300/30 mg quarter of a tablet twice a day as needed for pain.
2. Atorvastatin 10 mg daily.
3. Levofloxacin 500 mg daily started on 01/25.
4. Losartan 12.5 mg daily.
5. Pentoxifylline 400 mg 3 times a day.
6. Timolol 0.5% eye drops both eyes twice a day.
7. Warfarin 5 mg Monday, Tuesday, Wednesday, Friday and 2.5 mg Thursday and Sunday.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 36.8, pulse 87, respiratory rate 24, blood pressure 148/94, satting 100% on room air.
GENERAL: Patient is awake, conversant, appears to be in pain.
HEENT: Pupils equal. Oral mucous membranes moist.
NECK: Supple. No lymphadenopathy.
LUNGS: Clear to auscultation bilaterally.
CV: Regular rate and rhythm with no murmurs.
ABDOMEN: Soft, nontender.
EXTREMITIES: Her left lower leg is diffusely erythematous to below her knee. It is moderately edematous and tender to palpation. She has 3 ulcerations, 1 around her medial ankle, 1 on her lateral lower leg, and 1 on her foot. They are dry with no drainage. The patient also has tenderness to palpation over her right ankle as well with 1+ pitting edema with no significant erythema

noted on her right lower leg. She has dopplerable pulses in her bilateral dorsalis pedis.
SKIN: See extremity exam.
NEURO: Patient is awake, answering questions appropriately. Moving all 4 extremities though decreased movement in her left lower leg due to pain. The patient reports chronic neuropathy that is unchanged.

LABORATORY DATA:
White count is 6.7, hematocrit 35, platelets 201, INR 3. Chem 7 notable for a

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Account 1823773755 Hoffman, Jeanne Leonie 2/1/2018- I(A) MED 2-eH and P Macnab, MD, Amie 2/1/2018
CUSTDM10\WOTA_NHAY 2/2/2018 9:33:08 AM -08:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 02/01/2018
Date of Discharge:
Dictating Physician: Macnab, MD, Amie

MR#: U8170135
Acct#: 1823773755

BUN of 24, creatinine 1.08. LFTs within normal limits. CRP 1.9.

ASSESSMENT/PLAN:
1. Cellulitis in the setting of chronic wounds of the left lower leg. The patient did not have any improvement of her symptoms while on Levaquin. She is afebrile with a normal white count though has significant pain in her left leg. Will change antibiotics to cefepime. Will order request Infectious Disease consult and wound care. We will continue her Trental.
2. History of anticoagulation due to history of deep venous thrombosis. INR is therapeutic. We will continue warfarin.
3. Code status: The patient says she defers her code status to her son who will be here tomorrow, so for now will be FULL CODE.

MLS: 514581
D: 02/01/2018 19:54:43
T: 02/01/2018 22:06:27
47792105 [ID1: 334090]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 02/01/2018 1

MR#: U8170135
DOB: 01/06/1925

Physician: Amie Macnab, MD

Edited By Macnab, M.D.Amie E 02-Feb-2018 07:36:49 -08:00

Signed by Macnab, M.D.Amie E on 02-Feb-2018 07:36:49 -08:00

Macnab, MD, Amie
CC: William Neighbor, MD

Northwest Hospital and Medical Center
Seattle, Washington 98133

History and Physical

Page 3 of 4

Page 3 of 4

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 02/01/2018
Date of Discharge:
Dictating Physician: Macnab, MD, Amie

MR#: U8170135
Acct#: 1823773755

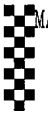
D: 02/01/2018 19:54 T: 02/01/2018 22:06 JOB: 47792105 MLS: 514581

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Scan on 3/6/2018 3:09 PM: NW Wound Care as of 4/29/2025

Scan (below)



MAR/01/2018/THU 03:07 PM NWH Wound Care FAX No. 2063681270 P. 001

U8170135

UW Medicine
NORTHWEST HOSPITAL
& MEDICAL CENTER
WOUND CARE &
HYPERBARIC CENTER

EXCELLENCE IN CONTINUUM MANAGEMENT
1560 N 115TH Street, Suite 201
Seattle, WA 98133
PHONE 206-668-1244 ** FAX 206-668-1270

To: DR Neighbor
Fax: 206 543 0857
Phone:
Re:

From: Marguerite
Pages: 8
Date: 3/1/18
Phone: 206-668-1244
Fax: 206-668-1270

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

NOTES:

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- PLEASE Notify us immediately by telephone to arrange for the return of the attached to Northwest Hospital Wound Care Center

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

MAR/01/2018/THU 03:07 PM NWH Wound Care FAX No. 2063681270 P. 002

WOUND/ULCER INFORMATION

	1	2	3	4
▲ Number:				
▲ Location:	(R) calf	(L) lateral ankle	(L) medial ankle	(L) Post calf
▲ Current Wound Stage/Grade:	FT5	FT5	FT5	FT5
Is this a change?	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
▲ Length:	6.5 cm	3.0 cm	3.0 cm	2.0 cm
▲ Width:	4.0 cm	1.0 cm	3.8 cm	1.4 cm
▲ Depth:	0.2 cm	0.2 cm	0.2 cm	0.1 cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Exudate Amount	☐ None Present ☒ Small ☐ Moderate ☐ Large	☐ None Present ☒ Small ☐ Moderate ☐ Large	☐ None Present ☒ Small ☐ Moderate ☐ Large	☐ None Present ☒ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green
Foul Odor After Cleansing	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use
Margin	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☒ No ☐ Yes Starts:____ Ends:____ o'clock Maximum Distance:____cm	☒ No ☐ Yes Starts:____ Ends:____ o'clock Maximum Distance:____cm	☒ No ☐ Yes Starts:____ Ends:____ o'clock Maximum Distance:____cm	☒ No ☐ Yes Starts:____ Ends:____ o'clock Maximum Distance:____cm
Granulation Amount	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: [signature] Initials: M Date: MAR 01 2018 Time: 1900

Nurse Signature: ____ Initials: ____ Date: ____ Time: ____

Nurse Signature: ____ Initials: ____ Date: ____ Time: ____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823989135** MRN:**U8170135**
ADM: **03/01/2018**
CLASS: **OP**
SVC:

A50002

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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Page 1 of 3

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

MAR/01/2018/THU 03:08 PM NWH Wound Care FAX No. 2063681270 P. 003

▲ Wound/Ulcer Number (cont):	1	2	3	4
PERI-WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☒ Localized Edema ☐ Scarring ☐ Rash	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☒ Localized Edema ☐ Scarring ☐ Rash	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☒ Localized Edema ☐ Scarring ☐ Rash	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☒ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☒ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☒ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☒ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☒ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)
Tenderness on Palpation:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No

EDEMA ASSESSMENT

	LEFT	RIGHT
	☐ Not Applicable ☐ Not Assessed	☒ Not Applicable ☐ Not Assessed
Lower Limb Edema	☒ Yes ☐ No	☐ Yes ☐ No
Calf	30.5 centimeters with point of measurement 32 centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

VASCULAR ASSESSMENT

	LEFT ☐ Not Applicable due to amputation ☒ Not Assessed	RIGHT ☐ Not Applicable due to amputation ☒ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: Mayn Ceela Initials: MN Date: MAR 01 2018 Time: 1005
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823989135** MRN:**U8170135**
ADM: **03/01/2018**
CLASS: **OP**
SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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Page 2 of 3

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

MAR/01/2018/THU 03:08 PM NWH Wound Care FAX No. 2063681270 P. 004

CHIEF COMPLAINT

multiple ulcers on R calf/ankle
ulcer of L calf

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS | **OBJECTIVE FINDINGS**

PRE-PROCEDURE/OPERATIVE DIAGNOSIS

WOUND/ULCER DEBRIDEMENT

☐ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	4
Laterality	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☑ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☑ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☑ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☑ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☑ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: ____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: ____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: ____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: ____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☑ ~~Subcutaneous Tissue~~ ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ ~~Subcutaneous Tissue~~ ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: MAR 01 2018 Time: 1020
Physician or Physician Extender Printed Name*: Anne Cuer Date: MAR 01 2018 Time: 1032
*Asterisked items are required to meet TJC standard RC.02.01.03

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823989135** MRN:**U8170135**
ADM: **03/01/2018**
CLASS: **OP**
SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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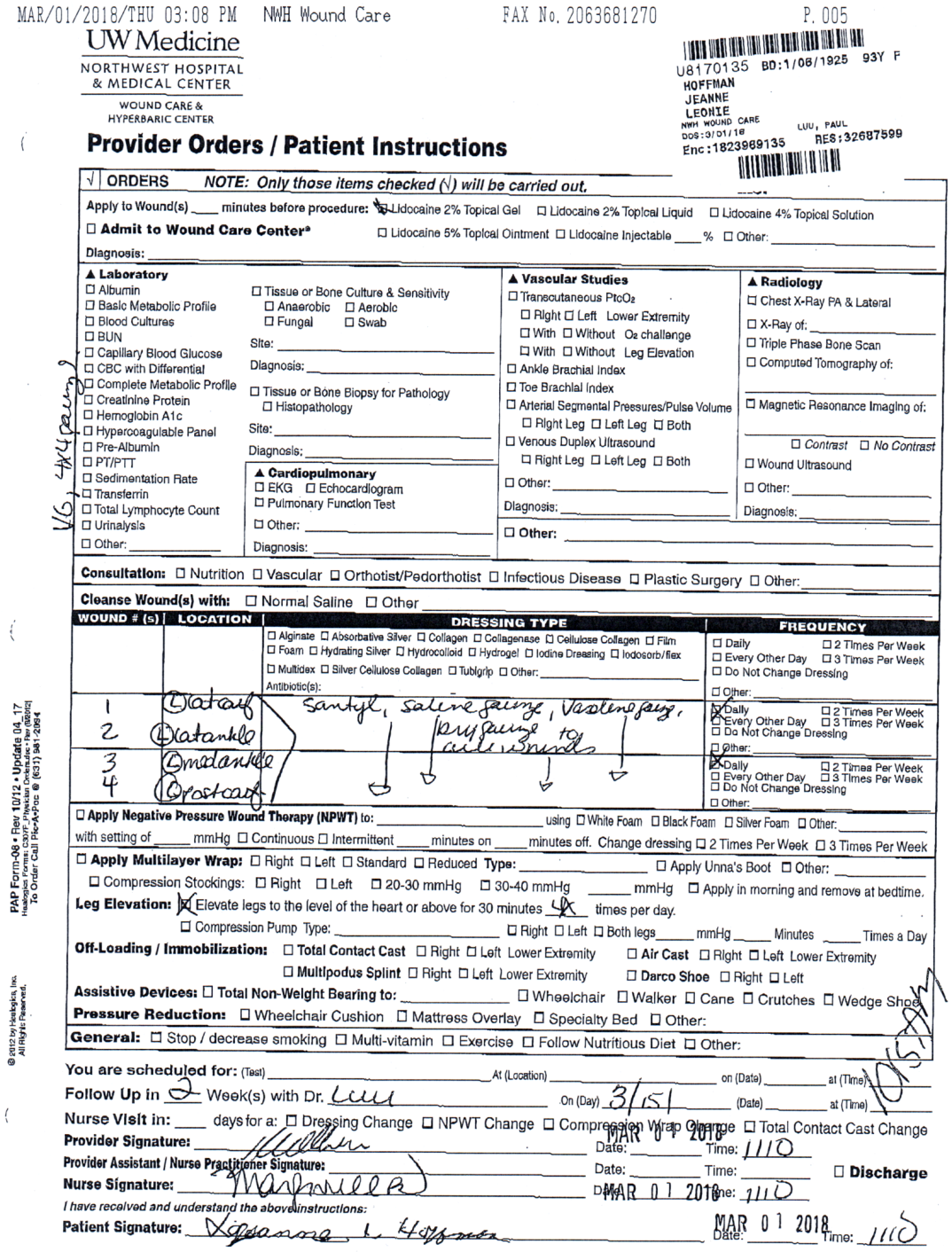
Page 1 of 3

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025



MAR/01/2018/THU 03:08 PM NWH Wound Care FAX No. 2063681270 P. 005

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:3/01/18 LUU, PAUL
Enc:1823969135 RES:32687599

Provider Orders / Patient Instructions

√ ORDERS *NOTE: Only those items checked (√) will be carried out.*

Apply to Wound(s) ___ minutes before procedure: ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution
☐ **Admit to Wound Care Center**[a] ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ___ % ☐ Other: _____
Diagnosis: _____

▲ Laboratory
☐ Albumin
☐ Basic Metabolic Profile
☐ Blood Cultures
☐ BUN
☐ Capillary Blood Glucose
☐ CBC with Differential
☐ Complete Metabolic Profile
☐ Creatinine Protein
☐ Hemoglobin A1c
☐ Hypercoagulable Panel
☐ Pre-Albumin
☐ PT/PTT
☐ Sedimentation Rate
☐ Transferrin
☐ Total Lymphocyte Count
☐ Urinalysis
☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity ☐ Anaerobic ☐ Aerobic ☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology ☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
☐ Transcutaneous $PtcO_2$
☐ Right ☐ Left Lower Extremity
☐ With ☐ Without O_2 challenge
☐ With ☐ Without Leg Elevation
☐ Ankle Brachial Index
☐ Toe Brachial Index
☐ Arterial Segmental Pressures/Pulse Volume
☐ Right Leg ☐ Left Leg ☐ Both
☐ Venous Duplex Ultrasound
☐ Right Leg ☐ Left Leg ☐ Both
☐ Other: _____
Diagnosis: _____

▲ Radiology
☐ Chest X-Ray PA & Lateral
☐ X-Ray of: _____
☐ Triple Phase Bone Scan
☐ Computed Tomography of: _____
☐ Magnetic Resonance Imaging of: _____
☐ *Contrast* ☐ *No Contrast*
☐ Wound Ultrasound
☐ Other: _____
Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (S)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
1	Lateral	Santyl, saline gauze, Vaseline gauze, Bactroban to all wounds	☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
2	Lateral ankle		
3	Medial ankle		☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
4	Proximal		

☐ **Apply Negative Pressure Wound Therapy (NPWT)** to: _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of ____ mmHg ☐ Continuous ☐ Intermittent ____ minutes on ____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg ____ mmHg ☐ Apply in morning and remove at bedtime.
Leg Elevation: ☒ Elevate legs to the level of the heart or above for 30 minutes 4x times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs ____ mmHg ____ Minutes ____ Times a Day
Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left
Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe
Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:
General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) _____
Follow Up in 2 Week(s) with Dr. Luu On (Day) 3/15 (Date) _____ at (Time) _____
Nurse Visit in: ___ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change
Provider Signature: _____ Date: MAR 01 2018 Time: 1110
Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**
Nurse Signature: _____ Date: MAR 01 2018 Time: 1110
I have received and understand the above instructions:
Patient Signature: Jeanne L Hoffman Date: MAR 01 2018 Time: 1110

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: CSOYF_Physician Orders.rtf - Per (06/01/2012)
To Order Call Pic-A-Proc @ (631) 981-2094

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Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

MAR/01/2018/THU 03:08 PM NWH Wound Care FAX No. 2063681270 P. 006

WOUND/ULCER DEBRIDEMENT - Continued

▲ Wound/Ulcer #	1	2	3	4
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non-viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non-viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non-viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non-viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Rongeur ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Rongeur ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Rongeur ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Rongeur ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☑ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☑ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken: ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken: ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken: ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken: ☑ None
Actual Area Debrided	Length 6.5 cm x Width 4.0 cm =Total Square CM:	Length 3 cm x Width 1 cm =Total Square CM:	Length 3 cm x Width 3 1/8 cm =Total Square CM:	Length 2 cm x Width 1.4 cm =Total Square CM:
Post Wound Care	☑ See Physicians Orders ☐ Other:	☑ See Physicians Orders ☐ Other:	☑ See Physicians Orders ☐ Other:	☑ See Physicians Orders ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲ Post Debridement Measurements	☐ Improved ☐ Requires Further Debridement ☐ Other: Length: 6.5 Width: 4.0 Depth: 0.3 cm	☐ Improved ☐ Requires Further Debridement ☐ Other: Length: 3 Width: 1 Depth: 0.3 cm	☐ Improved ☐ Requires Further Debridement ☐ Other: Length: 3 Width: 3 1/8 Depth: 0.3 cm	☐ Improved ☐ Requires Further Debridement ☐ Other: Length: 2 Width: 1.4 Depth: 0.2 cm
Procedure Tolerated: ☑ Yes ☐ No* – *See Narrative*				

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:
Amount Applied	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Amount Wasted	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Reconstitution	☐ N/A Solution Type: Solution Amount: Lot Number:	☐ N/A Solution Type: Solution Amount: Lot Number:	☐ N/A Solution Type: Solution Amount: Lot Number:	☐ N/A Solution Type: Solution Amount: Lot Number:
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

Physician or Physician Extender Signature: _____ Date: MAR 01 2018 Time: 10:30

Physician or Physician Extender Printed Name*: _____ Date: MAR 01 2018 Time: 10:30

*Asterisked items are required to meet TJC standard RC.02.01.03

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823989135** MRN:**U8170135**
ADM: **03/01/2018**
CLASS: **OP**
SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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Page 2 of 3

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

MAR/01/2018/THU 03:09 PM NWH Wound Care FAX No. 2063681270 P. 007

AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Patient is more energetic today.
She stopped using Hearth to clean @ calf
Dfehill
Re: @ calf/foot: calf cellulitis resolved!!!

POST PROCEDURE/OPERATIVE DIAGNOSIS*

☐ Same as Pre-Procedure/Operative Diagnosis

All wound: (lat calf, post calf, ankle (medial/lat)
→ covered with vet thick layer of fibrin

ASSESSMENT

→ use curette → excisional debrided including mucocutaneous tissues → a lot!! > so cut
→ @ bleeding.
@ induration @ calcified
Dr Cohen (ID) will see patient today

PLAN OF CARE

☐ Refer to *Physician Orders* dated: ☐ See dictated note date:

Continue Santyl ointment to wound daily
Minimize serotey.

RC 2 weeks

DISCHARGE

☐ Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:

Physician or Physician Extender Signature: [signature] Date: MAR 01 2018 Time: 10:30
Physician or Physician Extender Printed Name*: [signature] Date: MAR 01 2018 Time: 10:30

*Asterisked items are required to meet TJC standard RC.02.01.03

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1823989135 MRN:U8170135
ADM: 03/01/2018
CLASS: OP
SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M-1219A (07/14) C308F File Under: Progress Notes
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Page 3 of 3

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

MAR/01/2018/THU 03:09 PM NWH Wound Care FAX No. 2063681270 P. 008

Wound Care Center – Infectious Disease Follow-up

Date: 3/1/18

Diagnosis/Organism: Cellulitis 2/e MSSA ± PAD + chronic LLE ulcers

Interim History: Stopped doxy. Stopped bleach baths. Has been cleaning legs ± denture brush. ϕP/C. ϕA/V/D.

PE: well, frail, elderly woman, NAD OP clear. few rales

A+O x 3. walking ± walker. LLE ± woody edema, stable

LE ulcers ± clean bases erythema, ϕpurulence. leg non-tender

~~Current antibiotics and dates:~~ Doxy ended 2/8

~~Pertinent labs/imaging:~~ ABIs reviewed

Plan:

93 F ± PAD, chronic LE wounds prior cellulitis.

Skin improved ± cessation of bleach baths. Discussed dtc "brushing" skin as well and using gentle cloths. Cont to follow off abx. Cont tx for PAD and excellent wound care.

Time: 13 min Face-Face 75% counseling.

Follow-up: PRN

Provider: Cohen

Northwest Infectious Disease Clinic

Phone: 206-668-1630

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:3/01/18 LUU, PAUL
Enc:1823989135 RES:32887599

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

PROGRESS NOTES

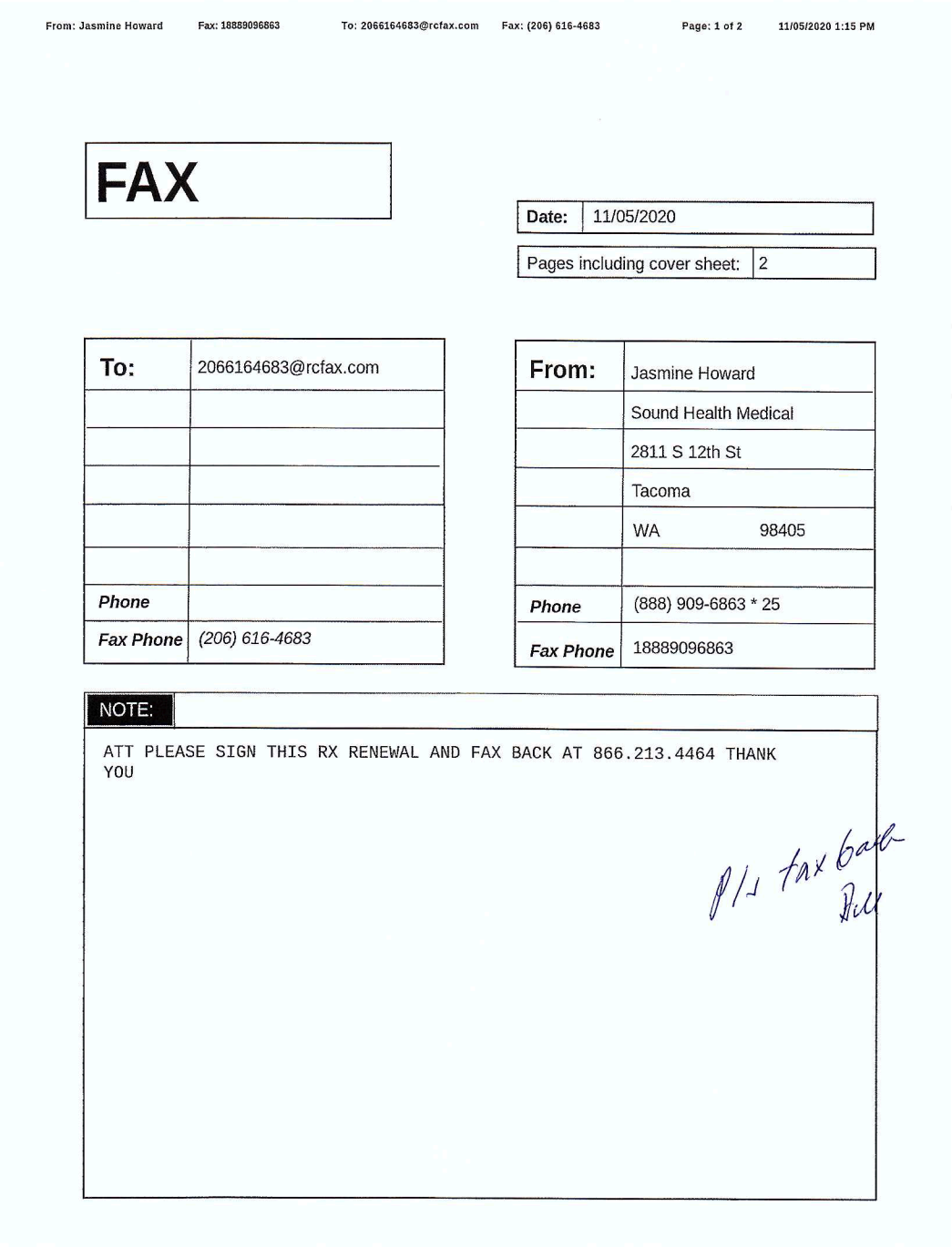
M-91 (2-08)

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Scan on 12/16/2020 3:48 PM: sound health as of 4/29/2025

Scan (below)



From: Jasmine Howard Fax: 18889096863 To: 2066164683@rcfax.com Fax: (206) 616-4683 Page: 1 of 2 11/05/2020 1:15 PM

FAX

Date:	11/05/2020
Pages including cover sheet:	2

To:	2066164683@rcfax.com
Phone	
Fax Phone	*(206) 616-4683*

From:	Jasmine Howard
	Sound Health Medical
	2811 S 12th St
	Tacoma
	WA 98405
Phone	(888) 909-6863 * 25
Fax Phone	18889096863

NOTE:

ATT PLEASE SIGN THIS RX RENEWAL AND FAX BACK AT 866.213.4464 THANK YOU

p/u fax back
Bill

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

From: Jasmine Howard Fax: 18889096863 To: 2066164683@rcfax.com Fax: (206) 616-4683 Page: 2 of 2 11/05/2020 1:15 PM

Sound Health MEDICAL

Quick Start Program
Next day Delivery

CMN Order
Fax: 888.958.2960
Questions? Call: 888.958.2960
Full Assignment Accepted

Patient Name: Jeanne Hoffman Clinic: Hall health

Customer Service Rep: Jasmine

	Qty	Apply to Wound(s) 1	2	3	4
Item:Xeroform 5x9	60	✔	✔	✔	✔
Item:Calcium alginate	30	✔	✔	✔	✔
Item:Conform	24	✔	✔	✔	✔
Item:Sponge gauze 4x4	400	✔	✔	✔	✔
Item:Vaseline Gauze	60	✔	✔	✔	✔
Item:Medipore tape	2	✔	✔	✔	✔
Item:Abd pads 5x9	60	✔	✔	✔	✔

Diagnosis/ICD10 Code: L97.129 L97.323 L97.223 I87.313

Wound Location	Wound Size	Change Frequency	Drainage	Has Wound ever been Debrided?
L med calf	0.5x0.4x0.1	Daily	Mod	Yes No
L med ankle	6x5.4x0.1	Daily	Mod	Yes No
R med ankle	0.9x1.0x0.1	Daily	Mod	Yes No
L calf	3.5x1.9x0.2	Daily	Mod	Yes No

Duration: 90 Days Patient knows how to use product? Yes No Wound Is Surgical? Yes No

Prognosis: Poor Fair Good Excellent Patient Received a Starter Kit? Yes No

Physician Name: William Neighbor NPI: 1265518989 Fax: 206.616.4683 Phone: 206.616.9358

Signature: Date: 11.05.2020 Email for Digital Signature:

I request that payment of my insurance benefits be paid to Sound Health Medical Supply. I understand product received in my home opened or unopened cannot be returned. I authorize anyone with my medical information to release it to Sound Health Medical Supply any information needed to determine benefits payable for these supplies or services. Further, I authorize Sound Health Medical Supply to forward my medical records to the medical professionals in my care and/or makecopies of said records. I acknowledge that I have received the policies and procedures and HIPPA information from Sound Health.

Patient Signature: William Neighbor MD Date 11/10/2020

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Scan on 3/19/2021 3:10 PM: sound health as of 4/29/2025

Scan (below)

From: Jasmine Howard Fax: 18889096863 To: 2066164683@rcfax.com Fax: (206) 616-4683 Page: 1 of 2 03/10/2021 9:55 AM

P/r Fax back Thanks! Bev

FAX

Date:	03/10/2021
Pages including cover sheet:	2

To:	2066164683@rcfax.com
Phone	
Fax Phone	*(206) 616-4683*

From:	Jasmine Howard
	Sound Health Medical
	2811 S 12th St
	Tacoma
	WA 98405
Phone	(888) 909-6863 * 25
Fax Phone	18889096863

NOTE:

ATT PLEASE SIGN THIS RX RENEWAL AND FAX BACK AT 866.213.4464 THANK YOU

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

From: Jasmine Howard Fax: 18889096863 To: 2066164683@rcfax.com Fax: (206) 616-4683 Page: 2 of 2 03/10/2021 9:55 AM

Sound Health MEDICAL

Quick Start Program
Next day Delivery

CMN Order
Fax: 888.958.2960
Questions? Call: 888.958.2960
Full Assignment Accepted

Patient Name: Jeanne Hoffman 01.06.1925 Clinic: Hall health

Customer Service Rep: Jasmine	Qty	Apply to Wound(s) 1	2	3	4
Item:Xeroform 5x9	60	✔	✔	✔	✔
Item:Calcium alginate	30	✔	✔	✔	✔
Item:Conform	24	✔	✔	✔	✔
Item:Sponge gauze 4x4	400	✔	✔	✔	✔
Item:Vaseline Gauze	60	✔	✔	✔	✔
Item:Medipore tape	2	✔	✔	✔	✔
Item:Abd pads 5x9	60	✔	✔	✔	✔

Diagnosis/ICD10 Code: L97.129 L97.323 L97.223 I87.313

Wound Location	Wound Size	Change Frequency	Drainage	Has Wound ever been Debrided?
L med calf	0.5x0.4x0.1	Daily	Mod	Yes No
L med ankle	6x5.4x0.1	Daily	Mod	Yes No
R med ankle	0.9x1.0x0.1	Daily	Mod	Yes No
L calf	3.5x1.9x0.2	Daily	Mod	Yes No

Duration: 90 Days Patient knows how to use product? Yes No Wound Is Surgical? Yes No

Prognosis: Poor Fair Good Excellent Patient Received a Starter Kit? Yes No

Physician Name: William Neighbor NPI: 1265518989 Fax: 206.616.4683 Phone: 206.616.9358

Signature: William Neighbor MD Date: 3.10.2021 Email for Digital Signature:

I request that payment of my insurance benefits be paid to Sound Health Medical Supply. I understand product received in my home opened or unopened cannot be returned. I authorize anyone with my medical information to release it to Sound Health Medical Supply any information needed to determine benefits payable for these supplies or services. Further, I authorize Sound Health Medical Supply to forward my medical records to the medical professionals in my care and/or makecopies of said records. I acknowledge that I have received the policies and procedures and HIPPA information from Sound Health.

Patient Signature: Date

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Scan on 3/30/2023 12:16 PM: Referral HOFFMAN;2023.03.29;OTOHNS.tif as of 4/29/2025

Scan (below)

2023/03/29 10:05:20 1 /5

Speech & Hearing Clinic

UNIVERSITY of WASHINGTON

FROM		TO
Name: Susan Anderson		UWMC Audiology
Phone: 206-543-5440	Fax: 206-616-1185	206-598-6611
E-mail: sphscclinicfax@uw.edu		uwmc -audiology

Sent: 3/29/23 at: 10:05:21 AM 5 page(s) (including cover)

Subject: Medicaid Hearing aid consultation

Comments:

Patient with profound hearing loss , right HA (Phonak Ambra SP BTE) needing repair to remove broken hook material caught in HA body and/or replacement. Patient is on Molina Health plan and meets Hearing loss criteria for Medicaid assistance. We are unable to see Medicaid patients at this clinic . Audiometric eval from 2019 available for your reference, and patient has been seen at UWMC prior to 2019.

PAGE 1/5 * RCVD AT 3/29/2023 10:05:21 AM [Pacific Daylight Time] * SVR:ITS-RF-DT-P1/15 * DNIS:0461 * CSID:University of Washin * ANI:2062218163 * DURATION (mm-ss):04-46

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

University of Washington
SPEECH AND HEARING CLINIC
4131 15th Avenue NE, Seattle, WA 98105-6299
(206) 543-5440 fax: (206) 616-1185
Clinic website: shclinic.washington.edu
Email address: shclinic@uw.edu

File #: HOFJE000
Name: Hoffman, Jean
DOB: 01/06/1925
Address: 321 High School Rd
Bainbridge Is. WA 98110

AUDIOLOGICAL EVALUATION AND HEARING AID FITTING REPORT
Date of Hearing Aid Fitting: 06/05/2019
Make/Model/Serial #: R= Phonak Ambra BTE SP #11019H09F1
L=Phonak Naida S IX SP #1138H0CYM
Battery size: 13
Care Plan: expires 06/05/2020 (R HA only)

Date of Evaluation: June 5, 2019

BACKGROUND
Jean Hoffman, age 94, was seen at this Clinic for a hearing evaluation for her hearing aid fitting through the Hearing Aid Assistance Program (HAAP) to replace a lost hearing aid for the right ear. Her last hearing evaluation was in April 2018. Test results at that time indicated a severe to profound sensorineural hearing loss bilaterally. Her current hearing aid for her left ear (Phonak Naida S IX SP) was purchased here in August 2016 through the same program. Ms. Hoffman reported intermittent tinnitus which sounds like drums or choirs. She denied ear pain. She was accompanied to today's appointment by her son, Louis.

TEST RESULTS
Otoscopic examination revealed unoccluded external auditory canals and intact tympanic membranes bilaterally. Puretone air and bone conduction thresholds indicated a severe to profound loss in the left ear and a profound loss in the right ear. Speech reception thresholds were consistent with puretone average on both ears. Maximum word recognition scores obtained with recorded W-22 word lists at 110 dBHL were 52% for the right ear and 44% for the left ear. Immittance measures were not taken at today's appointment.

HEARING AID FITTING/ORIENTATION
Ms. Hoffman was fit with a Phoank Ambra BTE SP hearing aid in the right ear coupled to an acrylic earmold with a pressure vent. Probe microphone measures were obtained using the Audioscan Verifit2 real ear system. Programming and adjustments to both aids were based on SpeechMap/NAL-NL1 targets. Target gain was not met across the frequency range due to hearing aid limitations; however, audibility was achieved with speech passages at 75 dBHL and Ms. Hoffman showed noticeable improvement in speech understanding conversationally. Volume control was activated.

A hearing aid review followed the fitting session and covered care and maintenance of the instruments. The details of the HAAP program were discussed and a hearing aid contract was completed. Ms. Hoffman and her son were able to handle the basic functions of the hearing aids.

PAGE 2/5 * RCVD AT 3/29/2023 10:05:21 AM [Pacific Daylight Time] * SVR:ITS-RF-DT-P1/15 * DNIS:0461 * CSID:University of Washin * ANI:2062218163 * DURATION (mm-ss):04-46

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Date: 06/05/2019

File #: HOFJE000
Name: Hoffman, Jean
DOB: 01/06/1925

SUMMARY AND RECOMMENDATIONS

Today's test results showed a profound hearing loss in both ears, with fair to poor speech understanding. This evaluation revealed a decrease at 2 kHz and 4 kHz in the left ear and 4 kHz in the right ear from last year's evaluation, although word recognition scores remained stable. Ms. Hoffman and her son expressed interest in the CapTel program and were given an application to send in once they are settled in their new home.

Ms. H's hearing aids were programmed and found to provide benefit as stated by Ms. Hoffman and observed by clinicians. It was recommended that Ms. H:

1. Return for a hearing aid follow-up appointment in 3 weeks for any further changes to her hearing aid settings if desired.
2. Schedule a hearing aid check and cleaning in 6 months.
3. Return in 2 years for an audiometric evaluation to monitor the status of her hearing (or sooner should she note any significant changes).

Samantha Davis, B.S.
Graduate Clinician

Susan Anderson, Au.D., CCC-A
Clinical Instructor/Audiologist

PAGE 3/5 * RCVD AT 3/29/2023 10:05:21 AM [Pacific Daylight Time] * SVR:ITS-RF-DT-P1/15 * DNIS:0461 * CSID:University of Washin * ANI:2062218163 * DURATION (mm-ss):04-46

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

2023/03/29 10:05:20 4 /5

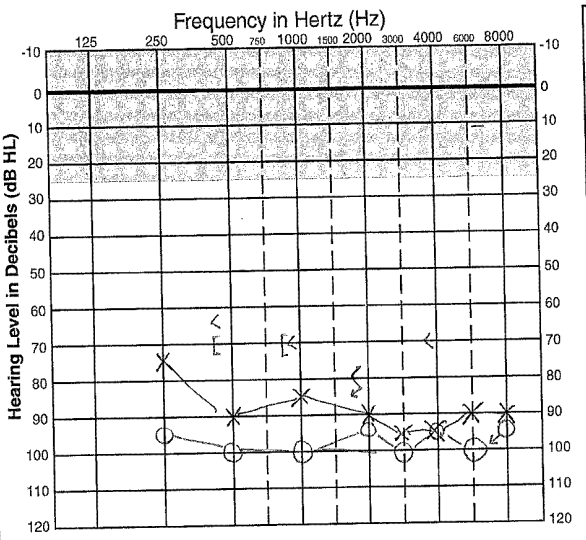
UNIVERSITY OF WASHINGTON
Department of Speech and Hearing Sciences
Speech and Hearing Clinic

RECORD OF AUDIOMETRIC EVALUATION

Name HOFFMAN, JEAN
DOB 01/06/1925 Date 01/5/19

CALIBRATION
Current ANSI reference levels for pure tones and speech 1/29/2019

ABBREVIATIONS
AC: Air conduction
BC: Bone conduction
CNE: Could not establish
DNT: Did not test
HL: Hearing Level
MCL: Most comfortable level
MLV: Monitored live voice
NBN: Narrow band noise
NR: No response
SPL: Sound Pressure level
SPN: Speech noise
TD: Threshold of discomfort
WN: White noise
WNL: Within normal limits



AUDIOGRAM KEY
Right Left
AC unmasked
AC masked
BC mastoid unmasked
BC mastoid masked
BC forehead masked
BC forehead unmasked
Sound field
Aided
Example of no response symbols

AUDIOMETER
No: 331926
Make: Madsen
Model: Astera

TRANSDUCER
ER-3

RESPONSE RELIABILITY
Good Fair Poor

PT STIMULUS
Steady Pulsed FM

Effective Masking Levels to non-test ear

		250 Hz	500 Hz	1K Hz	2K Hz	4K Hz	8K Hz
AC	L						
	R						
BC	L		105	110			
	R						

SPEECH AUDIOMETRY

	PTA	SRT	Speech discrimination				MCL	UCL	
Right	HL 98	HL 100	52 %	HL 110	%	HL		>110	W-22 PB-50
Masking in left			— dB	List 1	dB	List			PBK NU-6
Left	HL 88	HL 85	44 %	HL 110	%	HL		>110	WIPI Other:
Masking in right			— dB	List 2	dB	List			Tape CD MLV
Soundfield	HL	HL	%	HL	%	HL			

ACOUSTIC REFLEX

PROBE	STIM	Frequency 5	1	2	Decay
Right	IPSI				
	Contra				
Left	IPSI				
	Contra				

DNT

IMMITTANCE

Y-226 Hz	Right	Left
Press (da Pa)		
Vol (cc)		
Admit (ml)		

DNT

COMMENTS
Oto: clear canals AU

audio: severe – profound to profound SNHL (Au)

Ave 10dB ↓ (R) compared to 4.26.18 results.
Plan: ① Re-fit (R) c̄ replace + BTE (Ambra SP)
② Rev hearing every 1-2 yrs to monitor
③ annual HA check back

S. DAVIS B.S. [signature] Audiologist

PAGE 4/5 * RCVD AT 3/29/2023 10:05:21 AM [Pacific Daylight Time] * SVR:ITS-RF-DT-P1/15 * DNIS:0461 * CSID:University of Washin * ANI:2062218163 * DURATION (mm-ss):04-46

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

2023/03/29 10:05:20 5 /5

UW MEDICINE Referral Request

UW Medicine

Thank you for referring your patient to UW Medicine. This form is to be completed by the outside referring provider or designee. For information about making referrals and/or to complete this form online and print it out go to: http://uwmedicine.org/referrals. A list of UW Medicine clinics and providers can also be accessed on the same web page. Note: UWP Physicians use UH2460.

Patient Name (Last Name, First Name, Middle Initial)		Date
Hoffman, Jeanne Leonie		29 MAR 2023
Gender ☐ Male ☑ Female	Patient preferred language for healthcare communication English	
Date of Birth 1/6/1925	Patient Home Telephone 206-780-6885	Patient Alternative Telephone
Patient Home Address 321 High School Road ; Bainbridge Island, WA		
Patient insurance company and plan(s) Medicare/Medicaid - Molina Health		

Referral From:

Referring Provider Name (Last Name, First Name, Middle Initial) Susan Anderson , AuD CCC-A	NPI
Referring Provider Contact Telephone 206-543-5440	Referring Provider Fax 206-616-1185
Referring Provider Address Speech & Hearing Clinic 4131 15th Ave NE; Seattle, WA 98105	
Patient's Primary Care Provider (Last Name, First Name, Middle Initial) William E. Neighbor, MD HALL HEALTH	

Referral To:

Specialty Clinic Name UWMC Audiology	Clinic Location Pacific
Provider Name First available	
Referral/Urgency ☑ Routine ☐ Urgent ☐ Emergent: referring Provider must call consulting Provider for emergent referrals	

Reason for Referral:

☐ **Consultation** *(Diagnosis/Treatment/Surgical Opinion)*
☑ **Transfer of Care** *(Indicate condition or problem the specialist is being asked to manage)*

Reason for request; include diagnosis:

Patient is now eligible for HA assistance through Medicaid - meets HL criteria. Needs HA repair and/or replacement . Current HA obtained through SPHC Hearing aid assistance program in 2018-19.

Susan J Anderson , AUD CCC_A

Provider Signature

PT.NO

NAME

DOB

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

UW MEDICINE REFERRAL REQUEST

U2394

WHITE – MEDICAL RECORD

UH2394 REV NOV 11

PAGE 5/5 * RCVD AT 3/29/2023 10:05:21 AM [Pacific Daylight Time] * SVR:ITS-RF-DT-P1/15 * DNIS:0461 * CSID:University of Washin * ANI:2062218163 * DURATION (mm-ss):04-46

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Scan on 12/13/2023 3:37 PM: Medication Non-Adherence; 2023-12-11; CVS (effective from 12/13/2023) as of 4/29/2025

Scan (below)
AZ1RB1TPW11V 12/11/2023 2:46:16 PM MST PAGE 1/001 Fax Server

CVS caremark™

Dear Dr. WILLIAM NEIGHBOR or appropriate staff,

This is a medication non-adherence therapy advisory. It is not a request for a prescription.

This is a medication non-adherence therapy advisory. It is not a request for a prescription.
We manage the prescription benefits for the health plan for your patient listed below. A review of your patient's retail and mail service prescription history indicates that they may have stopped using their medication.

Patient Information			
Name	JEANNE HOFFMAN	Birth Date	01/06/1925
LOSARTAN 25MG			

Consider discussing your patient's therapy with them as soon as possible. The full benefits of medication may not be seen if the patient is not taking it as prescribed. Some common reason why patients may stop taking their medication[1]:

- Can't afford it – consider a generic option, if available
- Forget to take it
- Don't like the side effects
- Are unclear about what medicine they are taking
- Don't understand the long-term consequence of not managing their condition

Please disregard this communication if you recently changed or plan to change the patient's medication therapy.

Sincerely,
Your Clinical Services Team

1. https://www.who.int/news/item/01-07-2003-failure-to-take-prescribed-medicine-for-chronic-diseases-is-a-massive-world-wide-problem. Accessed February 8, 2023.

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16929610725
5557-33086C
106-33086C 020823

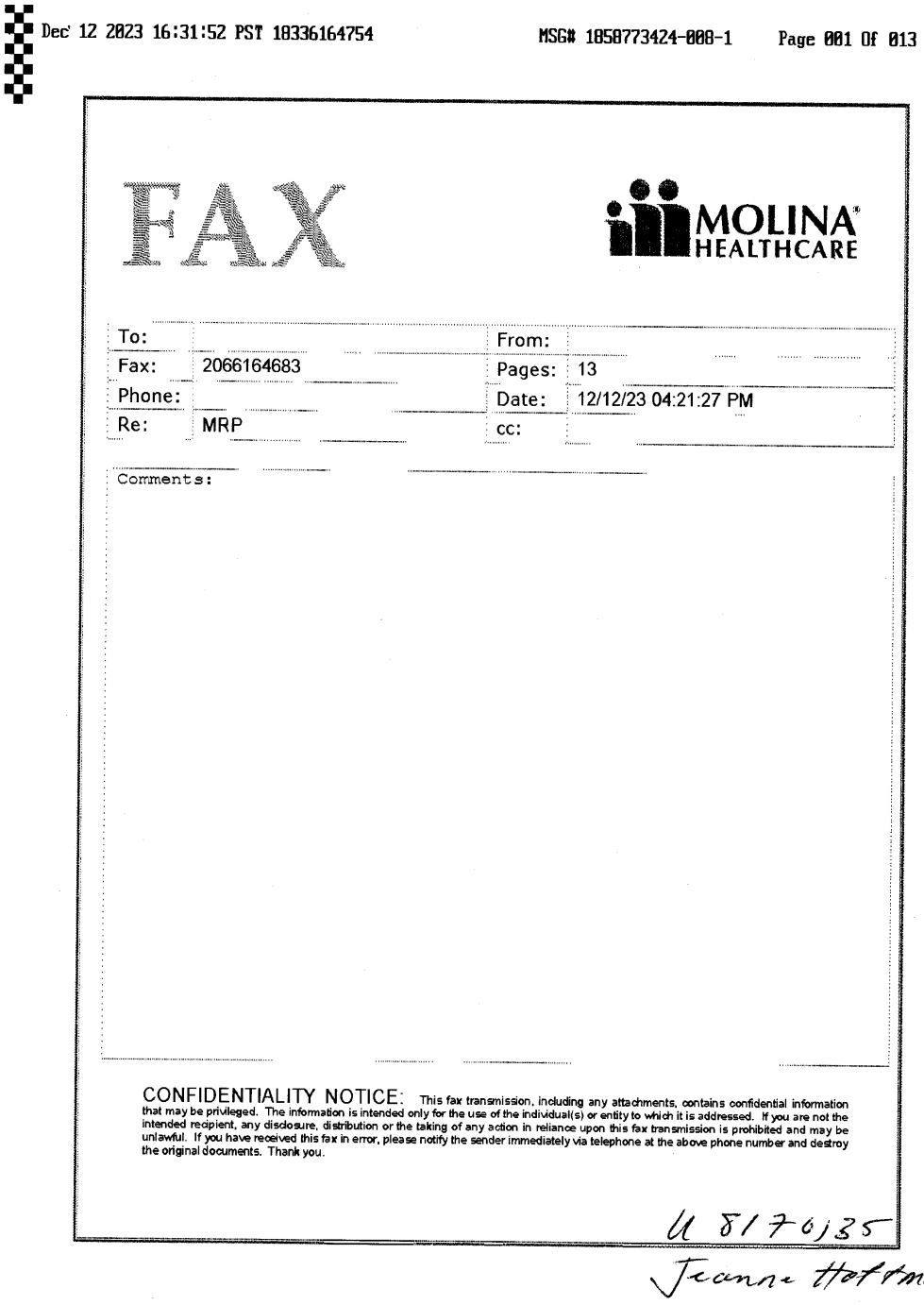
560423664-1265518989
Fax number 2065984669

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Scan on 12/14/2023 1:36 PM: outside records (effective from 12/14/2023) as of 4/29/2025

Scan (below)



Dec 12 2023 16:31:52 PST 18336164754 MSG# 1858773424-008-1 Page 001 Of 013

FAX

MOLINA HEALTHCARE

To:		From:	
Fax:	2066164683	Pages:	13
Phone:		Date:	12/12/23 04:21:27 PM
Re:	MRP	cc:	

Comments:

CONFIDENTIALITY NOTICE: This fax transmission, including any attachments, contains confidential information that may be privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon this fax transmission is prohibited and may be unlawful. If you have received this fax in error, please notify the sender immediately via telephone at the above phone number and destroy the original documents. Thank you.

U 8170135

Jeanne Hoffman

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Dec 12 2023 16:32:12 PST 18336164754 MSG# 1858773424-000-1 Page 002 Of 013

MOLINA HEALTHCARE

FAX

To: Neighbor Jr., William, MD	**From: Katrin** **Molina Phone: 206-561-1753**
Fax: 206-616-4683	**Pages: 12**
Phone: 206-685-1011	**Date: 12/12/23**
Re: Inpt Admission Med Rec	**cc:**

☐ **Urgent** **X For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Hello,

Your patient recently had an inpatient hospitalization. As a Molina Transition of Care RN, I was able to complete a medication reconciliation with the member. Attached is our med reconciliation form along with the hospital discharge summary.

Thank you!

CONFIDENTIALITY NOTICE: This fax transmission, including any attachments, contains confidential information that may be privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon this fax transmission is prohibited and may be unlawful. If you have received this fax in error, please notify the sender immediately via telephone at the above phone number and destroy the original documents. Thank you.

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Discharge Summaries - documented in this encounter

Rosse, Christopher John, DO - 11/28/2023 10:56 AM PST
Formatting of this note is different from the original.

Discharge Summary
Jeanne Leonie Hoffman ("Jeane") - DOB: 1/6/1925 (98 year old female)
Preferred Pronouns: she/her/hers, patient's name
PCP: Neighbor Jr., William E, MD
Code Status: Full Code

DATE OF ADMISSION: 11/22/2023
DATE OF DISCHARGE: 11/28/23
DISCHARGE TEAM & ATTENDING: Medicine B Gen Adult & Rosse, Christopher John,*

ADMISSION DIAGNOSIS: Community acquired pneumonia, concerns for upper GI bleed, failure to thrive
DISCHARGE DIAGNOSIS: Community acquired pneumonia, concerns for upper GI bleed, failure to thrive

PROBLEMS ADDRESSED DURING THIS HOSPITALIZATION:
Principal Problem:
Community acquired bacterial pneumonia
Resolved Problems:
* No resolved hospital problems. *

DISCHARGE FOLLOW-UP VISITS/APPOINTMENTS:
Upcoming appointments at UW Medicine:
Future Appointments
Date Time Provider Department Center
12/6/2023 10:00 AM Neighbor Jr., William E, MD UHHPCT NHALL

Additional follow-up:
CHI FRANCISCAN HEALTH AT HOME
2901 Bridgeport Way Sw
University Place Washington 98466-4614
253-534-7623

PENDING RESULTS THAT REQUIRE FOLLOW-UP (as of this summary):
Pending Labs

No pending labs

DIAGNOSTIC STUDIES RECOMMENDED:
None

INCIDENTAL FINDINGS THAT REQUIRE FOLLOW-UP:

None

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

THERAPEUTIC RECOMMENDATIONS:

Melena, concerns for UGIB: Started pantoprazole 40 mg PO BID x 8-12 weeks before transitioning to daily

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

DISCHARGE MEDICATIONS:
Current Discharge Medication List

START taking these medications
Details
bisacodyl 10 MG suppository Unwrap and insert 1 suppository (10 mg) rectally daily as needed for constipation.
Qty: 7 suppository, Refills: 0

pantoprazole 40 MG EC tablet Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Qty: 102 tablet, Refills: 0

polyethylene glycol 3350 17 GM/SCOOP oral powder Fill cap with powder to 17g line and dissolve in 4 to 8oz of water. Drink 1 time a day as needed for constipation. Hold for loose stool
Qty: 238 g, Refills: 0

senna 8.6 MG tablet Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.
Qty: 60 tablet, Refills: 0

CONTINUE these medications which have CHANGED
Details
pentoxifylline ER 400 MG ER tablet Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Qty: 90 tablet, Refills: 0

CONTINUE these medications which have NOT CHANGED
Details
acetaminophen 500 MG Oral Tab
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition

atorvastatin 10 MG tablet Take 1 tablet (10 mg) by mouth daily.
Qty: 90 tablet, Refills: 3
Associated Diagnoses: Hypercholesterolemia

Calcium Carbonate 500 MG Oral Chew Tab Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.

Cholecalciferol 1000 units Oral Tab Take 2 tablets (2,000 units) by mouth daily.

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

MULTIPLE VITAMIN OR Take by mouth.

nystatin 100000 UNIT/ML mouth/throat suspension Swish and swallow 5 mL 4 times a day.
Qty: 60 mL, Refills: 0
Comments: Please fill now
Associated Diagnoses: Thrush

ofloxacin 0.3 % ophthalmic solution Place 1-2 drops into left EYE 4 times a day.
Qty: 5 mL, Refills: 1
Associated Diagnoses: Acute bacterial conjunctivitis of left eye

timolol maleate 0.5 % ophthalmic solution instill 1 drop into both eyes twice a day
Qty: 10 mL, Refills: 6
Associated Diagnoses: Unspecified glaucoma(365.9)

triamcinolone 0.1 % cream Apply topically 2 times a day. Apply to both forearms.
Qty: 28.4 g, Refills: 1
Associated Diagnoses: Dermatitis

!! Wound Dressings (medihoney) topical gel Apply topically every other day. Apply to wound before applying dressing
Qty: 44 mL, Refills: 3
Associated Diagnoses: Lower extremity ulceration, left, limited to breakdown of skin (HCC)

!! Wound Dressings (medihoney) topical gel Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Qty: 88 mL, Refills: 6
Associated Diagnoses: Lower extremity ulceration, left, limited to breakdown of skin (HCC)

!! - Potential duplicate medications found. Please discuss with provider.

STOP taking these medications

losartan 25 MG tablet Comments:
Reason for Stopping:

BRIEF ADMISSION HISTORY:
98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise

PER H&P HPI 11/22:
"History obtained by son and DPOA Louis: Cell - 206-280-1287, landline: 206-780-6885

Per son, pt is very independent at baseline - cooks for herself, toilets independently, goes to cafe with friends, walks with walker, and is cognitively intact. However over the past 2 months or so patient has had gradually worsening PO intake, weakness, and spent more time in bed. spe resulting in patient becoming more weak and fatigue and no longer able to do activities that she used to be able to do.

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Pt was evaluated for these concerns at NWH ED 10/17/23 and at that time found to have milk leukocytosis to 11.8, given gentle IVF with improvement and discharged empirically on 7 days of Keflex for possible cellulitis of known LE wounds (though no c/f for this noted on their exam). Pt completed this.

Shortly after that, son noted that her family doctor noted thrush in her mouth and she received nystatin swish and swallow, which cleared it up.

In the last 2 weeks, Lewis notes that the patient seems to have taken a turn for the worse. She has eaten very little, and been complaining of difficulty swallowing, and thus has been eating mostly soups and smashed food. She is also had new difficulty toileting by herself. Once last week, we was noted that she had a black stool in the toilet. 2 days ago, he noted that she had some bloody stool when he changed her. She has not had a BM since that time. She also has worsening pain of her R knee over the last few weeks, but denies a fall.

Per Louis, pt has not had const sx, confusion or agitation, chest pain or pressure, cough or shortness of breath, abdominal pain, nausea or vomiting, pain or difficulty urinating, or wounds or skin changes elsewhere on her body besides known chronic wounds of her left lower extremity (see photos under media).

Regarding sick contacts son Lewis had a cough and possible URI about 2 weeks ago. He did not test for COVID.

Hx of hardware including R femoral plate, R hip replacement. No hx of artificial heart valve. No hx of dental infection."

HOSPITAL COURSE:
Admitted to acute care medicine for CAP, possible UTI and c/f upper GI bleed. Sepsis ruled out. She received ceftriaxone (11/22-11/26) and azithromycin (11/22-11/24). UA suggest of UTI but she was inconsistent with endorsing urinary symptoms. Nonetheless, received CTX for the CAP which covered the possible UTI. She remained on room air without respiratory distress and weakness improved. TSH was normal. Hgb down tended from 10.3 on admission down to 8.1 but nadir was around 8.0-8.2. Remained hemodynamically stable. She was started on pantoprazole 40 mg BID on admission and remained on this throughout hospital course. GI was made aware of her but given her age, clinical stability, and Hgb with nadir 8.0-8.2 it was felt ok to manage pharmacologically. She did not require transfusions. Upon further questioning, son revealed she may be taking excessive amounts of NSAIDS. Both patient and son educated about bleeding risk of NSAIDS. PT/OT worked with her and felt that she required additional support on discharge. Patient and family not interested in SNF. Son felt that he could safely care for her at home, even though on discharge she was 1 person assist. Home health ordered and son felt comfortable with communicating with outpatient wound care team. Finally, given her age and initial thoughts of a possible EGD we discussed goals of care. She remains full code...

By individual problem below:

#CAP vs Aspiration PNA
Pt with leukocytosis and known sick contact son with URI found to have focal opacities in RML and RLL c/f CAP. Hx not c/w HAP picture. Unclear aspiration risk given hx dysphagia. She did not require supplemental oxygen
CURB 65: 1-2 pts (age +/- confusion, moderate risk) .
- urine legionella negative, S pneumo antigen negative
- viral resp panel negative
- Treated empirically for CAP:

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

-CTX 1g q24h x5-7 days (11/22 - 11/26)
- Azithromycin azithro 500mg PO q24h x 3d (11/22 - 11/24)

#Hematochezia
#Melena
#Constipation
Pt with witnessed episode of melena ~1 wk ago prior to admission. DRE in ED with dark stool c/f GIB. Hgb 10.3 on admission with drift down to 8.1, otherwise hemodynamically stable, with one small hard BM s/p enema c/w melena. Likely has slow occult bleed, CTM closely for acute progression.

- GI following, appreciate recs:
- most likely due to chronic NSAID vs malignancy, either way no role for scope and continue 8 wk empiric PPI, no role for GI follow up
- continue bowel regimen, discharge with good regimen
- s/p 80 pantoprazole IV, continue 40 BID

#Possible UTI
Pt with leukocytosis to 12 on admission with left shift, now resolved. UA with +Nitrites, LE, bacteria, and 50+ WBC. Pt asx at this time but inconsistent historian. Bladder scan on admission with no e/o retention.
- Blood cx x2 11/23 NGTD
- Ucx: 100K mixed flora GNRs
- Treated empirically with CTX for CAP

#Subacute progressive dysphagia
#Recent hx of oral thrush
Pt with unclear duration of difficulty swallowing, solids more than liquids, for the past weeks to months. Most c/f ulcer vs stricture vs mass. Could consider dysmotility picture though typically also sx with liquids. Also found to have thrush in early November, could consider esophageal candidiasis though this would typically present more with pain than difficulty swallowing, and exam today with no e/o thrush in oropharynx.
- continue home nystatin swish and swallow
- SLP following, appreciate recs:
- exam c/f mild dysphagia vs presbyphagia iso bad-fitting dentures, thrush
- thin liquids, soft-bite sized solds with son assisting OR self-selec softer solids
- 1:1 assist for all intake
- meds crushed or whole in puree
- if within GOC, consider further w/u including endoscopy

#C/f Malnutrition
#FTT
Pt with acute on chronic poor PO and FTT with decrease in ADLs from baseline, possibly iso infection vs malignancy per workup above.

#Mild macrocytic anemia
Pt with Hgb 10.3 on admission (stable 10-12 over last 3 years) and MCV 100 c/f macrocytic anemia. Likely multifactorial IDA vs ACD.
- iron studies: iron low at 14, TIBC low at 185, transferrin low 132, tsat low at 8, ferritin mild-elev to 211
- retic count wnl 1.6
- folate and B12 wnl
- TSH wnl 2.715 11/22
- IV iron x3 doses 11/24-11/26 for iron 14

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

#Chronic venous stasis ulcers of LLE
Several chronic LLE ulcers on L superior foot, ankle, and anterior shin. Low c/f cellulitis a this time, XR tibia fibula per PCP 11/15 for c/f osteo given persistent ulceration with no e/o bony involvement.
- wound care consult

Chronic/stable
#Subacute progressive R knee pain - Presenting in acute pain on admission, now much improved. XR negative for acute process. Likely 2/2 OA vs sciatica. Exam not c/f septic joint. Lidocaine patches, tylenol PRN.
#Hx recurrent DVT: Per chart review, not noted by patient. Son denies current AC, per brief chart review seems prior hx of warfarin not on currently.
#Sensorineural hearing loss R ear: home hearing aids
#HTN: Hold home losartan as pt normotensive
#HLD: Continue home atorvastatin
#Peripheral vascular disease: Continue home pentoxifylline

DISPOSITION:
01 HOME/SELF CARE [01]

CONDITION: fair

CONSULTS COMPLETED:
IP CONSULT TO NUTRITION SERVICES
INPATIENT CONSULT TO WOUND THERAPY
INPATIENT CONSULT TO VASCULAR ACCESS TEAM
INPATIENT CONSULT TO VASCULAR ACCESS TEAM

OPERATIONS/PROCEDURES:
No surgeries this admission

Additional procedures:
None

PRINCIPAL DIAGNOSTIC STUDIES/RESULTS:
Per above

Discharge Orders
Ambulatory Assistive Device
Order Comments: Justification for Ambulatory Assistive Device

Diagnosis: R26.2 difficulty with ambulation, R29.6 high risk for falls, R26.81 impaired balance, and M62.81 generalized weakness

Length of Need: >6 Months

Assistive Device: This pt requires a FWW for safe ambulation and transfers within their home. Without this device they are at risk for falls and injury. They have demonstrated safe use of this device during this or previous PT sessions and no lesser restrictive device can sufficiently resolve their mobility issues.

Ht 5' 0" (1.524 m)

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Wt 88 lb 2.9 oz (40 kg)

Length of Need Greater than 6 months
Type Front-Wheeled Walker

Referral to Home Health Services
Standing Status: Future
Referral Priority: Routine Referral Type: Specialty Visit
Number of Visits Requested: 1

DISCHARGE PHYSICAL EXAM:
Vitals (Most recent in last 24 hrs)
T: 37.1 °C (11/28/23 0755) BP: (!) 105/53 (11/28/23 0755) HR: 63 (11/28/23 0755)
RR: 16 (11/28/23 0755) SpO2: 94 % (11/28/23 0755) Room air
T range: Temp Min: 36.5 °C Max: 37.1 °C
Admit weight: (!) 40.8 kg (90 lb) (11/22/23 1103)
Last weight: (!) 40.9 kg (90 lb 2.7 oz) (11/28/23 0600)

Physical Exam:
Gen - no acute distress, elderly appearing woman sitting upright in bed
HEENT - No scleral icterus
Psych - calm, cooperative
Neuro - Alert and oriented. Sort spoken. Follows commands. Moves all 4 limbs spontaneously
CV: Regular rate and rhythm, no murmurs rubs or gallop
Resp: Clear to auscultate bilaterally. No wheezing rhonchi or rales. Non-labored breathing
Abd: Soft, non-tender, non-distended, BS x 4
Skin: chronic LE wounds wraps I/C/D

ATTENDING TIME STATEMENT:
I spent more than 30 minutes on hospital discharge day management.

UW Medicine physicians mentioned in this note can be reached by calling the UW Medicine Paging Operator at 206-520-3000. If any part of this transcript is missing or to request other transcripts for this patient call 206-744-9000. For online access to patient records enroll in EpicCare Link at okta.uwmedicine.org.

Electronically signed by Rosse, Christopher John, DO at 11/28/2023 11:22 AM PST

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Discharge Instructions - documented in this encounter

Table of Contents for Discharge Instructions
Discharge Instructions
Attachments

Discharge Instructions

Nguyen, Liem Hieu, MD - 11/27/2023 12:50 PM PST
Formatting of this note might be different from the original.
Dear Jeanne Leonie Hoffman,

You were admitted for difficulty eating, weakness, and mild confusion. You were found to have evidence of a urinary tract infection, possible pneumonia, and evidence of upper gastrointestinal bleed. You were treated with IV antibiotics and proton pump inhibitor, which have helped you improved significantly. Your GI bleed is slow and now has been stabilized and improved. We talked to our GI colleagues and they did not think that you need to be scoped or follow up outpatient.

New Medications
- please continue taking protonix twice per day for the next 7 weeks or so
- please continue taking senna and miralax to prevent constipation as needed and HOLD if loose stool

Other Instructions
- Very important is to limit tylenol (acetaminophen) to maximum 3g total / day. Avoid NSAIDs (like alleve, ibuprofen, advil)
- Continue with wound care, post-procedure

Follow up appointments
- follow up with primary care

PLEASE RETURN TO THE HOSPITAL IF:
- fever, chest pain, shortness of breath, confusion, red blood in stools, worsening abdominal pain

It was a pleasure being part of your care team.

Electronically signed by Nguyen, Liem Hieu, MD at 11/27/2023 2:07 PM PST

Back to top of Discharge Instructions

Attachments

The following attachments cannot be sent through Care Everywhere.

Bladder Infection, Female (Adult) (English)

Back to top of Discharge Instructions

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Refills	Start Date	End Date
acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		0	08/05/2019	
atorvastatin 10 MG tablet Indications: Hypercholesterolemia	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3	12/13/2022	
Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.		0	08/05/2019	
Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		0	08/20/2019	
MULTIPLE VITAMIN OR	Take by mouth.		0		
nystatin 100000 UNIT/ML mouth/throat suspension Indications: Thrush	Swish and swallow 5 mL 4 times a day.	60 mL	0	10/31/2023	
ofloxacin 0.3 % ophthalmic solution Indications: Acute bacterial conjunctivitis of left eye	Place 1-2 drops into left EYE 4 times a day.	5 mL	1	10/10/2022	
pantoprazole 40 MG EC tablet	Take 1 tablet (40 mg) by mouth 2 times a day before meals.	102 tablet	0	11/27/2023	01/18/2024
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.	90 tablet	0	11/27/2023	
polyethylene glycol 3350 17 GM/SCOOP oral powder	Fill cap with powder to 17g line and dissolve in 4 to 8oz of water. Drink 1 time a day as needed for constipation. Hold for loose stool	238 g	0	11/27/2023	12/27/2023
senna 8.6 MG tablet	Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.	60 tablet	0	11/27/2023	12/27/2023
timolol maleate 0.5 % ophthalmic solution Indications: Unspecified glaucoma(365.9)	instill 1 drop into both eyes twice a day	10 mL	6	02/24/2023	

Dec 12 2023 16:35:14 PST 18336164754 MSG# 1058773424-008-1 Page 012 Of 013

Medication	Sig	Dispensed	Refills	Start Date	End Date
triamcinolone 0.1 % cream Indications: Dermatitis	Apply topically 2 times a day. Apply to both forearms.	28.4 g	1	04/05/2023	
Wound Dressings (medihoney) topical gel Indications: Lower extremity ulceration, left, limited to breakdown of skin (HCC)	Apply topically every other day. Apply to wound before applying dressing	44 mL	3	04/26/2023	
Wound Dressings (medihoney) topical gel Indications: Lower extremity ulceration, left, limited to breakdown of skin (HCC)	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6	02/09/2023	
bisacodyl 10 MG suppository	Unwrap and insert 1 suppository (10 mg) rectally daily as needed for constipation.	7 suppository	0	11/27/2023	12/04/2023

Ordered Prescriptions - documented in this encounter

Prescription	Sig	Dispensed	Refills	Start Date	End Date
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.	90 tablet	0	11/27/2023	
polyethylene glycol 3350 17 GM/SCOOP oral powder	Fill cap with powder to 17g line and dissolve in 4 to 8oz of water. Drink 1 time a day as needed for constipation. Hold for loose stool	238 g	0	11/27/2023	12/27/2023
senna 8.6 MG tablet	Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.	60 tablet	0	11/27/2023	12/27/2023
pantoprazole 40 MG EC tablet	Take 1 tablet (40 mg) by mouth 2 times a day before meals.	102 tablet	0	11/27/2023	01/18/2024
bisacodyl 10 MG suppository	Unwrap and insert 1 suppository (10 mg) rectally daily as needed for constipation.	7 suppository	0	11/27/2023	12/04/2023
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth daily. Take with food.	30 tablet	0	11/27/2023	11/27/2023

Discharge Disposition - documented in this encounter

Disposition	Code	Departure Means	Destination
06 HOME HEALTH CARE			Home

Printed by Katrin Larusson [3411] 12/7/2023 3:30 PM Page 13 of 218

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

MOLINA HEALTHCARE

Member Medication Reconciliation Template (MRP)

Member Full Name: JEANNE HOFFMAN

Member DOB: 01/06/1925

Member ID: 8000880246486

Date of Medication Reconciliation: 12/12/2023

Inpatient Stay Admission Date: 11/22/2023

Inpatient Stay Discharge Date: 11/28/2023

Member PCP: William Neighbor

Primary Admission DX: Community acquired pneumonia

Inpatient facility (Hospital, SNF, Rehab, etc.) discharge medications were reconciled with the current outpatient medications:

Yes

Notes/Attachments:

Member has been able to obtain and fill all medications. Post discharge Medication reconciliation completed. Pre-admission medications reviewed and verified from CVS and reconciled against discharge summary medication list. Medication changes reviewed with caregiver, see chart below. Member had a post discharge follow up appointment on 12/6/2023 with Dr. William Neighbor.

Electronically signed by: Katrin Larusson , RN on 12/12/2023

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Vaccine Record as of 4/29/2025

Scan on 11/2/2021 10:58 AM as of 4/29/2025

Scan (below)

☐ EMPLOYEE

Net ID _____

Employee ID _____

COVID-19 Vaccine Intake Documentation

Name (First Last) Jeanne Hoffman DOB: 1/6/25

Pre-Vaccination Screening Questions:

1. Are you feeling sick today?	Yes	No X	Don't know
2. Have you ever received a dose of COVID-19 vaccine?	Yes X	No	Don't know
If yes, which vaccine product? ☐ Pfizer ☒ Moderna ☐ Another product			
3. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen® or for which you had to go to the hospital?	Yes	No X	Don't know
• Was the severe allergic reaction after receiving a COVID-19 vaccine?	Yes	No X	Don't know
• Was the severe allergic reaction after receiving another vaccine or another injectable medication?	Yes	No X	Don't know
4. Have you received passive antibody treatment (monoclonal antibodies or convalescent serum) as treatment for COVID-19?	Yes	No X	Don't know
5. Have you had another vaccine administered in the last 2 weeks?	Yes	No X	Don't know
6. Do you have a weakened immune system caused by something such as HIV infection or cancer, or do you take immunosuppressive drugs or therapies?	Yes	No X	Don't know
7. Do you have a bleeding disorder or are you taking a blood thinner?	Yes	No X	Don't know
8. Are you pregnant or breastfeeding?	Yes	No X	Don't know

H0571976 BD:1/06/1925 96Y F
HOFFMAN
JEANNE
LEONIE
HMC COVID19 VACCINE CLINIC
DOS:2/28/21 HMC C19 VACCINE
Enc:1858455359 RES:42020840

UH3997 Ver. 10, REV FEB 8, 2021 ~~. DO NOT SCAN OR UPLOAD TO THE MEDICAL RECORD~~

Patient (continued)

Documents (group 3 of 3) (continued) as of 4/29/2025

Vaccine Administration Information for Immunizer:

	FILL OUT THIS COLUMN
Administration date:	2/28/2021
Administration time:	0955
Vaccine sending organization (Circle One):	HMC UWMC–ML UWMC–NW VMC
Vaccine administered by (**printed name and credentials**):	LAURA HENNESSY, N
Vaccinator Net ID:	hennessm
Manufacturer (**circle one**):	Pfizer or Moderna
Patient age is compliant with vaccine requirements (**CHECK**):	Over 16 ☐ | Over 18 ☐
Dose number (**circle one**):	1 2
Vaccine administering site on the body (**circle one**):	RT arm or LT arm
Vaccine route of administration:	Intramuscular (IM)
Vaccine Lot number:	

Vaccine code: 91300 (Pfizer)
Vaccine Description: Pfizer SARSCOV2 VAC 30MCG/0.3ML IM

Vaccine code: 91301 (Moderna)
Vaccine Description: Moderna SARSCOV2 VAC 100MCG/0.5ML IM

Pfizer-BioNTech Covid-19 Vaccine
Lot: EN6198 Exp: 6/30/2021
Date Administered: 2/28/2021

Forms Provided (**check box for fact sheet**):

- V-Safe Information Sheet
- Fact Sheet:
  - ☐ Pfizer: Fact Sheet for Recipients and Caregivers, Emergency Use Authorization (EUA) of Pfizer-BioNTech COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) in Individuals 16 Years of Age or Older (Form ID Z1002), **REV DEC 20**
  - ☑ Moderna: Fact Sheet for Recipients and Caregivers, Emergency Use Authorization (EUA) of the Moderna COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) in Individuals 18 Years of Age or Older (Form ID Z1005), **REV DEC 20**
- Vaccine Record Card

H0571976 BD:1/06/1925 96Y F
HOFFMAN
JEANNE
LEONIE
HMC COVID19 VACCINE CLINIC
DOS:2/26/21 HMC C19 VACCINE
Enc:1858455359 RES:42020840

UH3997 Ver. 10, REV FEB 8, 2021 ~~DO NOT SCAN OR UPLOAD TO THE MEDICAL RECORD~~

Patient Contacts

Patient Contacts

Name	Relationship	Phone	Roles
Hoffman Alloin,Louis Charles(POA)	Son	360-649-5702	
Hoffman Alloin,Louis Charles (POA)	Son	206-780-6885	

Patient (continued)

Patient Contacts (continued)

Hoffmann Alloin,Louis Charles	Son	206-780-6885
NONE	NONE PROVIDED BY PT	206-000-0000
None	NONE PROVIDED BY PT	206-000-0000

Travel Screening from 1/1/1980 to 4/29/2025

Question	Response
Screening data documented at 3/9/2025 1253	
Have you been in contact with someone who was sick?	No / Unsure
Do you have any of the following new or worsening symptoms?	None of these
Have you traveled internationally or domestically in the last month?	No
Screening data documented at 1/9/2025 2016	
Have you been in contact with someone who was sick?	No / Unsure
Do you have any of the following new or worsening symptoms?	None of these
Have you traveled internationally or domestically in the last month?	Yes train trip throughout the United States per son
Screening data documented at 1/18/2024 1418	
Have you been in contact with someone who was sick?	No / Unsure
Do you have any of the following new or worsening symptoms?	None of these
Have you traveled internationally or domestically in the last month?	No
Screening data documented at 11/23/2023 0119	
Have you been in contact with someone who was sick?	Unable to assess
Have you traveled internationally or domestically in the last month?	Unable to assess
Screening data documented at 11/23/2023 0118	
Have you traveled internationally or domestically in the last month?	Unable to assess
Screening data documented at 10/17/2023 1042	
Have you been in contact with someone who was sick?	No / Unsure
Do you have any of the following new or worsening symptoms?	None of these
Have you traveled internationally or domestically in the last month?	No

Travel History

Location	Start Date	End Date
Arizona (United States of America)	10/01/24	12/01/24
California (United States of America)	10/01/24	12/01/24
Idaho (United States of America)	10/01/24	12/01/24
Illinois (United States of America)	10/01/24	12/01/24
Montana (United States of America)	10/01/24	12/01/24
Oregon (United States of America)	10/01/24	12/01/24
Washington (United States of America)	10/01/24	12/01/24
Wyoming (United States of America)	10/01/24	12/01/24

03/11/2025 - Lab Requisition in UWMC Pathology HOV

Reason for Visit

Visit diagnoses:
- (primary)
- Ill-defined and unknown cause of mortality

Visit Information

Department

Name	Address	Phone
UWMC Pathology HOV	1959 NE PACIFIC ST Seattle WA 98195	206-598-3300

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Autopsy Lab Result

Death Tracking (Final result)

Ordering date: 03/17/25 0816
Frequency: Routine -
Quantity: 1
Ordering mode: Standard
Class: Clinic Collect
Lab status: Final result
Diagnoses
Ill-defined and unknown cause of mortality [R99]
Requisition diagnoses: Ill-defined and unknown cause of mortality [R99]

Lab Result Document - Document on 3/11/2025 4:50 PM by Mcging, Brian F, Technologist (below)

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Autopsy Request

Hoffman, Jeanne Leonie
Case #: UD25-00471
MRN: U8170135
Sex: female, DOB: 1/6/1925

UW Medicine
LABORATORY MEDICINE & PATHOLOGY

Anatomic Pathology, BOX 356100
University of Washington Medical Center
1959 NE Pacific Seattle, WA 98195
Voice: (206) 598-6400
Fax: (206) 598-5068

UWMC DEATH TRACKING:
This report is issued for documentation purposes only. If a pathology examination was performed, it will be reported separately in the Pathology section of the electronic medical record, designated as SU (Surgical Pathology Report), UP (Provisional Autopsy Report), or UF (Final Autopsy Report).

Hoffman, Jeanne Leonie U8170135
F, 100 yrs, 1/6/1925
321 High School RD NE, Ste D3 PMB 292, BAINBRIDGE ISLAND WA 98110
H: 206-780-6885 W: 206-000-0000 M: 206-280-1287

Death Tracking (Final result) UD25-00471

Authorizing Provider:		Ordering Provider:
Ordering Location:	UWMC Pathology HOV	
Pathologist:	Jackson, Nicole R, MD	

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Specimens
A Other

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Hoffman, Jeanne Leonie
Case #: UD25-00471
MRN: U8170135
Sex: female, DOB: 1/6/1925

Facility
Harborview Medical Center

Date of Death
03/11/2025

Time of Death
1650

DonorRefTime
1704

Referred within 1 hour?
Yes

Donor Referral Number
13646554

Autopsy?
Yes

NJA or KCME Number
KCME-25-798 (DC review only)

Disposition Info
Cook Family Funeral Home

Resulting Labs

UWMC Pathology CLIA: **50D0661462** CAP: **2463708**	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY, 1959 NE Pacific St., Room BB220, Seattle WA 98195 Director: Paul Swanson, MD	206-598-6400

Specimen Information

ID	Type	Source	Collected By
A	Other	Other	Bann, Maralyssa Angelique, MD 03/11/25 1650

Death Tracking Resulted: 03/17/25 0918, Result status: Final result

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Order status: Completed
Collected by: Bann, Maralyssa Angelique, MD 03/11/25 1650

Filed by: Mcging, Brian F, Technologist 03/17/25 0918
Resulting lab: UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY

CLIA number: 50D0661462

Components

Component	Value	Reference Range	Flag	Lab
Facility	Harborview Medical Center	—	—	UWMC Pathology
Date of Death Result: 03/11/2025	--	—	—	UWMC Pathology
Time of Death Result: 1650	--	—	—	UWMC Pathology
DonorRefTime Result: 1704	--	—	—	UWMC Pathology
Referred within 1 hour?	Yes	—	—	UWMC Pathology
Donor Referral Number Result: 13646554	--	—	—	UWMC Pathology
Autopsy?	Yes	—	—	UWMC Pathology
NJA or KCME Number Result: KCME-25-798 (DC review only)	--	—	—	UWMC Pathology
Disposition Info Result: Cook Family Funeral Home	--	—	—	UWMC Pathology

Document on 3/11/2025 4:50 PM by Mcging, Brian F, Technologist (below)

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Autopsy Request

Hoffman, Jeanne Leonie
Case #: UD25-00471
MRN: U8170135
Sex: female, DOB: 1/6/1925

UW Medicine
LABORATORY MEDICINE & PATHOLOGY

Anatomic Pathology, BOX 356100
University of Washington Medical Center
1959 NE Pacific Seattle, WA 98195
Voice: (206) 598-6400
Fax: (206) 598-5068

UWMC DEATH TRACKING:
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Hoffman, Jeanne Leonie U8170135
F, 100 yrs, 1/6/1925
321 High School RD NE, Ste D3 PMB 292, BAINBRIDGE ISLAND WA 98110
H: 206-780-6885 W: 206-000-0000 M: 206-280-1287

Death Tracking (Final result) UD25-00471

Authorizing Provider:		Ordering Provider:
Ordering Location:	UWMC Pathology HOV	
Pathologist:	Jackson, Nicole R, MD	

.

Specimens
A Other

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Hoffman, Jeanne Leonie
Case #: UD25-00471
MRN: U8170135
Sex: female, DOB: 1/6/1925

Facility
Harborview Medical Center

Date of Death
03/11/2025

Time of Death
1650

DonorRefTime
1704

Referred within 1 hour?
Yes

Donor Referral Number
13646554

Autopsy?
Yes

NJA or KCME Number
KCME-25-798 (DC review only)

Disposition Info
Cook Family Funeral Home

Resulting Labs

UWMC Pathology CLIA: **50D0661462** CAP: **2463708**	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY, 1959 NE Pacific St., Room BB220, Seattle WA 98195 Director: Paul Swanson, MD	206-598-6400

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
95 - UWMC Pathology	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY	Paul Swanson, MD	1959 NE Pacific St. Room BB220 Seattle WA 98195	10/29/21 1641 - Present

Indications

Ill-defined and unknown cause of mortality [R99 (ICD-10-CM)]

03/11/2025 - Lab Requisition in UWMC Pathology HOV

Reason for Visit

Visit diagnoses:
- (primary)
- Ill-defined and unknown cause of mortality

Visit Information

Department

Name	Address	Phone
UWMC Pathology HOV	1959 NE PACIFIC ST Seattle WA 98195	206-598-3300

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Autopsy Lab Result

Autopsy, Adult (Preliminary result)

Ordering date: 03/17/25 0825
Frequency: Routine -
Quantity: 1
Diagnoses
Ill-defined and unknown cause of mortality [R99]
Requisition diagnoses: Ill-defined and unknown cause of mortality [R99]

Ordering mode: Standard
Class: Clinic Collect
Lab status: Preliminary result

Lab Result Document - Document on 3/11/2025 4:50 PM by Garcia, Rochelle Lorraine, MD (below)

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Autopsy Request

Hoffman, Jeanne Leonie
Case #: UF25-00038
MRN: U8170135
Sex: female, DOB: 1/6/1925

UW Medicine
LABORATORY MEDICINE & PATHOLOGY

Anatomic Pathology, BOX 356100
University of Washington Medical Center
1959 NE Pacific Seattle, WA 98195
Voice: (206) 598-6400
Fax: (206) 598-5068

Autopsy Report (Preliminary result) UF25-00038

Authorizing Provider:		Ordering Provider:
Ordering Location:	UWMC Pathology HOV	
Pathologist:	Garcia, Rochelle Lorraine, MD	

.

Resident Pathologist: Ortiz, Sasha Marie, MD

Specimens
A

Date of Death
03/11/2025

Date of Autopsy
03/17/2025

ME Number
KCME-25-798 (Dc review only)

Permit signed by:
Louis Hoffman Alloin -son (witnessed phone consent)

Restrictions/Comments
No brain exam

Location of Death
Harborview Medical Center

Location of Autopsy
UWMC Montlake

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Hoffman, Jeanne Leonie
Case #: UF25-00038
MRN: U8170135
Sex: female, DOB: 1/6/1925

Provisional Diagnosis
PROVISIONAL AUTOPSY REPORT:
I. Age related systems inefficiencies/failure:
- A. Severe malnourishment and deconditioning with cachexia (BMI 16.8), anemia and electrolyte disturbances.
- B. Circulatory:
  - Intermittent heart block and bradycardia.
    - Small heart with no definite anatomic abnormalities.
  - Limb ischemia with recent arterial occlusion, status post below the knee amputation.
  - Multiple venous stasis ulcers.
- C. Neural
  - Delerium (per clinical notes)
  - Difficulty swallowing (likely neural)
    - No anatomic findings.
  - Hard of hearing.

COMMENT:
100 year old woman who was initially admitted for 59 days at Montlake for acute limb ischemia. She is status-post amputation with postoperative bradycardia, intermittent Mobitz II heart block status-post permanent pacemaker placement, and recent right periprosthetic femur fracture. The hospital course was complicated by severe dysphagia and very high aspiration risk as well as a right periprosthetic femur fracture sustained after a ground level fall (03/05). After her left above the knee amputation, the post-op period was complicated by delirium, pulmonary edema and worsening respiratory status. The patient was in modified to comfort measures and subsequently discharged to a skilled nursing facility. She was admitted one day later to Harborview Medical Center, 3 days prior to death,for dysphagia and delirium. Patient has a past medical history significant for T2DM, hypertension, hyperlipidemia, seizure disorder, chronic venous disease, prior DVT (on anticoagulation), and peripheral vascular disease. There is an extensive documented history of the patient being intermittently homeless and being malnourished/deconditioned, dehydrated, fatigued, and anemic, which is a factor contributing to the worsening limb ischemia and malnourishment. Throughout the final hospital stay the patient was noninteractive, nonverbal, only expressing herself with moans and crying out. The son decided to transition to comfort directed care and the patient died on March 11, 2025 at 4:50 pm.

The most striking autopsy findings are related to deconditioing/malnourishment. The patient is small, in addition to cachectic. Her organs were small. There were prominent lymph nodes (which may be partially due to lack of adipose tissue) in the supraclavicular, subcarinal, and hilar lymph nodes, (with the largest being 3.4 cm) and lungs. The kidneys were small. The heart is small with no significant stenosis of the coronary arteries or other anatomic abnormalities and there was mild atherosclerotic changes of the aorta. The large bowel showed evidence of diverticular disease without diverticulosis and adhesions in the sigmoid colon, consistent with past medical history of hysterectomy with bilateral salpingo-oophorectomy.

Based on review of clinical findings and preliminary autopsy findings, the cause of death is cardiac rhythm disturbance due to eloctrolyte disturbances with severe malnutrition and contributing age related decline. Contributing factors include type 2 diabetes mellitus, and peripheral vascular disease. The manner of death is natural.

This provisional (preliminary) report is based on the initial observations made at autopsy. The final autopsy report will be completed within 12 weeks following the date of autopsy.

Resulting Labs

UWMC Pathology CLIA: **50D0661462** CAP: **2463708**	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY, 1959 NE Pacific St., Room BB220, Seattle WA 98195 Director: Paul Swanson, MD	206-598-6400

UF25-00038 *RQ353998* *Page: 2 of 2* *Printed: 3/19/2025 3:15 PM*

Specimen Information

ID	Type	Source	Collected By
A	Other	—	Bann, Maralyssa Angelique, MD 03/11/25 1650

Indications

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Ill-defined and unknown cause of mortality [R99 (ICD-10-CM)]

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY

Reason for Visit

Chief complaint: Leg Pain
Visit diagnosis: Closed fracture of distal end of femur, unspecified fracture morphology, sequela
Hospital problem: Failure to thrive in adult

Visit Information

Admission Information

Arrival Date/Time:	03/09/2025 1223	Admit Date/Time:	03/09/2025 1313	IP Adm. Date/Time:	03/09/2025 1913
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Medic - Oth/unsp (Als)	Primary Service:	Medicine Hospitalist Overflow Adult	Secondary Service:	N/A
Transfer Source:		Service Area:	UW MEDICINE	Unit:	7E SURGERY
Admit Provider:	Asmeche, Habtam, MD	Attending Provider:	Backlund, Brandon Heath, MD	Referring Provider:	

Discharge Information

Date/Time: 03/11/2025 1650 | Disposition: 20 Expired | Destination: Morgue
Provider: Bann, Maralyssa Angelique, MD | Unit: 7E SURGERY

Level of Service

Level of Service	Modifiers
PR EMERGENCY DEPARTMENT VISIT HIGH MDM	GC

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic | Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD | Ordered on: 1/18/2024
Start date: 1/18/2024 | End date: 3/14/2025
Quantity: 15 each | Refill: No refills remaining

acetaminophen 650 MG suppository

Discontinued by: Discharge Provider, Automatic | Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Unwrap and insert 1 suppository (650 mg) rectally every 6 hours as needed for mild pain, moderate pain or severe pain.
Authorized by: Barnes, James Irvin, MD | Ordered on: 3/8/2025
Start date: 3/8/2025 | End date: 3/14/2025

atropine 1% ophthalmic solution (for oral use)

Discontinued by: Discharge Provider, Automatic | Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 2 drops under the tongue every 4 hours as needed for secretions.
Authorized by: Barnes, James Irvin, MD | Ordered on: 3/8/2025
Start date: 3/8/2025 | End date: 3/14/2025

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication List (continued)

bisacodyl 10 MG suppository

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Unwrap and insert 1 suppository (10 mg) rectally daily as needed for constipation.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

camphor-menthol 0.5-0.5 % lotion

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply topically 2 times a day as needed for itching.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

carboxymethylcellulose 0.5 % ophthalmic solution

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 drop in each EYE every hour as needed for dry eyes.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

enoxaparin 30 MG/0.3ML prefilled syringe

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Inject 0.3 mL (30 mg) under the skin at bedtime.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

magnesium hydroxide 400 MG/5ML suspension

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Take 30 mL by mouth 2 times a day as needed for constipation.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

phenol 1.4 % mouth/throat spray

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 spray to the mouth or throat every 2 hours as needed for sore throat.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

psyllium 51.7 % packet

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Take 1 packet by mouth 2 times a day. Mix in 8 oz of juice or water and drink.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

saliva substitute (Biotene Dry Mouth) liquid oral rinse

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Swish and spit 15 mL 3 times a day.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

scopolamine 1 MG/3DAYS patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 patch on the skin every 72 hours as needed for other (for secretions if atropine, glycopyrrolate are

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication List (continued)

insufficient). Apply to hairless area behind 1 ear.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

white petrolatum gel

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply topically as needed for dry skin.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: 2.5-5mg Oral, Every 4 hours PRN For pain
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — Quantity: 30 mL
Refill: No refills remaining

buprenorphine 5 MCG/HR patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 patch on the skin every 7 days.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/11/2025 — Quantity: 2 patch
Refill: No refills remaining

Stopped in Visit

None

ED Provider Note

ED Provider Notes by de Monnin, Karlee, MD at 3/9/2025 1344

Attestation signed by Backlund, Brandon Heath, MD at 3/11/2025 3:10 PM

I saw and evaluated the patient. I have reviewed the resident's/fellow's findings and agree.

No Critical Care

CHIEF COMPLAINT

Chief Complaint

Patient presents with

- Leg Pain

HISTORY OF PRESENT ILLNESS AND REVIEW OF SYSTEMS

Patient is a 100 F Hx of HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by

ED Provider Note (continued)

post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium presenting 1 day after discharge for reevaluation due to concern for improperly applied brace.

Per chart review the patient had a long, tenuous and tumultuous admission 1/9/2025-3/8/2025 with multiple infections and incidents. Patient placed on comfort measures despite sons wishes to remain full code, ethics committee involved at multiple points. She had a fall in hospital suffering a right hip fracture
hip-spica brace now in place settings 0-60, slight abduction, can take off if uncomfortable and when needed (was not strictly recommended at this point by ortho, patient and son prefer it to be on).
- referral to NW ortho trauma clinic made, 2 view femur xray to be performed 3/13/25
- concentrated oxycodone for pain (low dose 2.5 - 5 mg)

She is presenting today from her SNF after discharge yesterday from University of Washington Montlake at her son's request after he noticed her right hip brace to be loosely applied and was concerned that her right femur fracture has worsened.

He also reports that she was sent to SNF to be comfortable with morphine and they are not going to help her get better. He is worried she is dehydrated. He would like her admitted for further attempts at feeding tube, which was unsuccessful during admission at UWMC. He does not feel she should go back to her current SNF.

PAST MEDICAL AND SURGICAL HISTORY

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed*	12/13/2012

healed

- Thyroid nodule, uninodular 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.
- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

ED Provider Note (continued)

MEDICATIONS AND ALLERGIES

OUTPATIENT MEDICATIONS:

Current Outpatient Medications

Medication	Instructions
• acetaminophen (TYLENOL)	650 mg, Rectal, Every 6 hours PRN
• atropine 1% ophthalmic solution (for oral use)	2 drops, Sublingual, Every 4 hours PRN
• bisacodyl (DULCOLAX)	10 mg, Rectal, Daily PRN
• [START ON 3/11/2025] buprenorphine 5 MCG/HR patch	1 patch, Transdermal, Every 7 days scheduled
• camphor-menthol 0.5-0.5 % lotion	Topical, 2 times daily PRN
• carboxymethylcellulose 0.5 % ophthalmic solution	1 drop, Both EYES, Every 1 hour PRN
• enoxaparin (LOVENOX)	30 mg, Subcutaneous, Nightly
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• magnesium hydroxide 400 MG/5ML suspension	30 mL, Oral, 2 times daily PRN
• oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution	2.5-5mg Oral, Every 4 hours PRN For pain
• phenol 1.4 % mouth/throat spray	1 spray, Mouth/Throat, Every 2 hours PRN
• psyllium 51.7 % packet	1 packet, Oral, 2 times daily, Mix in 8 oz of juice or water and drink.
• saliva substitute (Biotene Dry Mouth) liquid oral rinse	15 mL, Swish & Spit, 3 times daily
• scopolamine 1 MG/3DAYS patch	1 patch, Transdermal, Every 72 hours PRN, Apply to hairless area behind 1 ear.
• white petrolatum gel	Topical, As needed

ALLERGIES:

Adhesives, Aspirin, Nitrofurantoin, Penicillins, Sulfa antibiotics, and Sulfanilamide

SOCIAL HISTORY AND FAMILY HISTORY

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Substance Use Topics	
• Alcohol use:	No
• Drug use:	No

Family History

ED Provider Note (continued)

Problem (# of Occurrences)	Relation (Name,Age of Onset)
No Known Problems (2)	**Mother**, **Father**

PHYSICAL EXAM

ED VITALS:

Vitals (Arrival)
T: 36.3 °C (03/09/25 1253) **BP:** **(!) 102/42** (03/09/25 1253) **HR:** 78 (03/09/25 1253) **RR:** **(!) 24** (03/09/25 1253) **SpO2:** 95 % (03/09/25 1253) Room air
Vitals (Most recent in last 24 hrs)
T: 36.6 °C (03/09/25 2053) **BP:** **138/67 (03/09/25 2053)** **HR:** **(!) 102** (03/09/25 2053) **RR:** **20 (03/09/25 2053)** **SpO2:** 92 % (03/09/25 2053) Room air **T range:** Temp Min: 36.3 °C Max: 36.6 °C (no weight taken for this visit) (no height taken for this visit) There is no height or weight on file to calculate BMI.

Physical Exam

Const: Cachectic, in distress, edentulous, moaning
Head: Atraumatic
Eyes: No conjunctival injection, no scleral icterus, PERRLA.
ENT: Severely dry mucous membranes with chunks of dried old food caked at the back of the oropharynx
Neck: Trachea mid-line, neck supple
CV: Normal rate, regular rhythm. 2+ radial pulses bilaterally.
Resp: No tachypnea. Normal respiratory effort. Lungs clear to auscultation bilaterally without crackles or wheezes.
Abdomen: Soft, non-distended. Non-tender. No palpable masses
MSK: L AKA. R leg in loosely applied brace at the thigh
Skin: Warm and dry.
Neuro: Not answering questions, moaning

LABORATORY:

Labs Reviewed

CBC, DIFF - Abnormal

Result	Value
WBC	12.66 (*)
RBC	2.72 (*)
Hemoglobin	8.6 (*)
Hematocrit	27 (*)
MCV	100 (*)
MCH	31.6
MCHC	31.6 (*)
Platelet Count	423 (*)
RDW-CV	16.3 (*)
% Neutrophils	84
% Lymphocytes	10
% Monocytes	4

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Provider Note (continued)

% Eosinophils	1
% Basophils	0
% Immature Granulocytes	1
Neutrophils	10.71 (*)
Absolute Lymphocyte Count	1.24
Monocytes	0.52
Absolute Eosinophil Count	0.06
Basophils	0.04
Immature Granulocytes	0.09 (*)
Nucleated RBC	0.00
% Nucleated RBC	0

COMPREHENSIVE METABOLIC PANEL - Abnormal

Sodium	147 (*)
Potassium	3.6
Chloride	104
Carbon Dioxide, Total	25
Anion Gap	18 (*)
Glucose	150 (*)
Urea Nitrogen	13
Creatinine	0.65
Protein (Total)	6.0
Albumin	2.9 (*)
Bilirubin (Total)	0.9
Calcium	8.3 (*)
AST (GOT)	15
Alkaline Phosphatase (Total)	113
ALT (GPT)	10
eGFR by CKD-EPI 2021	>60

B_TYPE NATRIURETIC PEPTIDE - Abnormal

B_Type Natriuretic Peptide	311 (*)

TROPONIN_I

Troponin_I	0.03
Troponin_I Interpretation	Normal

LIPASE

Lipase	<3

MAGNESIUM

Magnesium	1.9

PHOSPHATE

Phosphate	3.9

CANDIDA AURIS QUALITATIVE PCR

BASIC METABOLIC PANEL

IMAGING:

ED Provider Note (continued)

ED Wet Read -

XR Femur 2 Vw Right

Final Result

The bones are diffusely demineralized, which limits radiographic detection of nondisplaced fractures.

Redemonstrated perimplant fracture of the subtrochanteric femur, with similar varus angulation and mildly increased anterior and lateral displacement now up to 10 mm. Alignment is otherwise unchanged. Vascular calcifications.

ATTENDING FINAL REPORT

I agree with the preliminary report with the following comment(s).

-Slight differences in patient positioning may partially account for appearance of increased anterior lateral displacement described above.

I have personally reviewed the images and agree with the report (or as edited).

XR Pelvis 1-2 Vw

Final Result

The bones are diffusely demineralized, which limits radiographic detection of nondisplaced fractures. No acute pelvic fracture detected. Partially visualized right femur orthopedic hardware.

Alignment is unchanged.

No acute soft tissue abnormality. Vascular calcifications.

I have personally reviewed the images and agree with the report (or as edited).

XR Knee 4+ Vw Right

Final Result

The bones are diffusely demineralized, which limits radiographic detection of nondisplaced fractures.

No acute bone, joint, or soft tissue abnormality is seen. Similar appearance of right femur orthopedic hardware and healed fracture deformity of the distal metadiaphysis femur. There are no acute fractures or dislocations. Vascular calcifications are present.

I have personally reviewed the images and agree with

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Provider Note (continued)

the report (or as edited).

XR Chest 1 Vw
Final Result

Lines and tubes: Similar position of left chest wall pacemaker lead.

Lungs: Interval decrease in mild patchy bibasilar pulmonary opacities, which may represent edema, atelectasis, and not excluded aspiration, and/or pneumonia.

Pleura: Interval decrease in small to moderate right and small left pleural effusions. No pneumothorax.

Heart and mediastinum: Unchanged.

Bones: No acute or suspicious abnormality.

I have personally reviewed the images and agree with the report (or as edited).

Radiology Final Result -
No image results found.

EKG DOCUMENTATION

SUICIDE RISK EVALUATION

SEPSIS

ED COURSE/MEDICAL DECISION MAKING

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Provider Note (continued)

Patient is a 100 F Hx of HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium. She is now presenting 1 day after discharge for reevaluation due to concern by son for improperly applied brace.

I had a prolonged discussion with this patient's son about goals of care. She is severely dehydrated on exam, moaning in pain, deconditioned, and cachectic. She is hypernatremic, has had a 4 pt drop in her Hgb, and has a new leukocytosis. She is not necessarily acutely ill today, but is slowly decompensating.

I explained frankly that Louis' stated goal for the patient, to get back to the level /quality of life she had 3 months ago, at which time she was traveling and physically active, cannot be realistically expected given her level of deconditioning, lack of nutrition, age, AKA, and femur fracture, which portends a poor prognosis.

He would like her to be full code "if there is any possibility of a good prognosis." I explained that if his mother's heart were to stop, it is my clinical judgment that there is no chance of her achieving the goals that he would consider an acceptable outcome (futility), and that I would recommend maintaining DNR/DNI as the code status most aligned with the stated goals. Per review of previous documentation, this is in line with what was discussed during previous admission to Montlake and is reflected in the current ACP/code status in Epic. However, Louis continues to express a focus on longevity that leads me to believe that further discussion regarding GOC will be both necessary and important to care and will require time and discussion beyond the ED setting.

Louis presents seeking readmission for his mother today, noting desire for reassessment of her nutrition status and concern for management of her brace.

I discussed her brace with ortho, which per chart review, was placed for comfort and can be removed as desired by patient. Louis expresses concern that she needs a better solution to keep her leg immobilized sufficiently for pain control and that her toes need to be pointed toward the ceiling for the brace to be effective. Ortho to see patient. They were ok with deferring repeat XR as they would be unlikely to change management and would require full removal of brace, which is bulky, wraps around the torso, and would be likely to cause distress to patient in ED. Per discussion with ortho, they may consider transitioning to an alternative orthosis in inpatient setting.

D/w medicine re: son's desire for admission. In part, he expresses that his desire for admission is due to concern that her facility was managing her brace (which is not intended as a definitive treatment) incorrectly and "pumping her full of opioids" but not focused on helping her heal. Patient appears to be in significant distress on ED presentation, and, given her poor prognosis and clear distress, demonstrates a clinical need for ongoing pain management. Medicine agrees to admit for complex coordination of care needs.

Prior to sign out, attempted DRE but due to the limitations of her bulky brace and severe pain/agitation with attempts to role, was unable to perform DRE to evaluate for melena in setting of Hgb drop. No recent melena or blood in stool known to son. Dr. Barral has discussed Hgb drop and inability to check DRE in ED with admitting team. May benefit from ongoing monitoring of Bms for melena in inpatient setting at discretion of admitting

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Provider Note (continued)

team.

I spoke to the physician taking over care at sign-out about the plan for this patient (Dr. Barral). The final disposition will depend on the results of any pending tests and this patient's condition upon re-evaluation. The original plan may be altered depending on the patient's needs. Decisions regarding the progression of care and interpretation of tests will be made at the discretion of the oncoming ED team.

Plan at time of signout:
[ ] f/u ortho recs
[ ] admit to medicine
[ ] XR and UA for infectious workup given new leukocytosis

ED Course as of 03/09/25 2223
Sun Mar 09, 2025
1419 **WBC(!): 12.66**
Increased from 10 at last check [KD]
1716 Paging medicine triage [KD]
1735 Medicine will meet with patient and son [KD]

ED Course User Index
[KD] de Monnin, Karlee, MD

External records review : Discharge summary

Assessment requires Independent Historian : EMS and Family member

Medications Given in the ED:
Medications
atropine 1% sublingual solution 2 drop (Sublingual Held By Provider 3/9/25 2054)
lidocaine 4 % per patch 1 patch (has no administration in time range)
oxyCODONE CONCENTRATED solution 2.6-5 mg (has no administration in time range)
enoxaparin (Lovenox) injection 40 mg (has no administration in time range)
acetaminophen (Ofirmev) IV 1,000 mg (has no administration in time range)
buprenorphine (Butrans) 5 MCG/HR per patch 1 patch (has no administration in time range)
lactated ringers IV Bolus 500 mL (0 mL Intravenous Stopped 3/9/25 1809)
acetaminophen (Ofirmev) IV 1,000 mg (0 mg Intravenous Stopped 3/9/25 1809)
HYDROmorphone (Dilaudid) injection 0.1 mg (0.1 mg Intravenous Given 3/9/25 1952)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Provider Note (continued)

CLINICAL IMPRESSION AND DISPOSITION (Link)

Clinical Impressions:
[S72.409S] Closed fracture of distal end of femur, unspecified fracture morphology, sequela

No follow-up provider specified.

Patient was given scripts for the following medications.
Current Discharge Medication List

Disposition: Data Unavailable

CRITICAL CARE/ADDITIONAL INFORMATION REVIEWED ATTENDING ONLY

de Monnin, Karlee, MD
Resident
03/09/25 2223

Electronically signed by de Monnin, Karlee, MD at 3/9/2025 10:23 PM
Electronically signed by Backlund, Brandon Heath, MD at 3/11/2025 3:10 PM

ED Notes

ED Triage Notes by Kim, Eric Y, RN at 3/9/2025 1250

Pt BIB for leg pain. Per report son called 911 and says the splint was not placed correctly and wanted pt to come HMC for correct splint placement. Pt had a fall a UWML on 3/4.Son also concerned to low PO intake. Per EMTs, pt is crying on and off.

Electronically signed by Kim, Eric Y, RN at 3/9/2025 12:53 PM

ED Notes by Bautista, Jayna Cassidy A, RN at 3/9/2025 1424

BIBA from Bainbridge rehab facility, pt recently discharged from Montlake yesterday. Son accompanies pt. Per report, son visited pt at rehab facility and found pt not wearing correct R leg splint and son did not like the care pt was

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Notes (continued)

receiving. Pt has known R hip fx in some sort of splint and has L AKA. Pt AOx0, does not follow commands. Pt moaning out. Pt has very dry mouth with dry bits of food in her mouth.

Bautista, Jayna Cassidy A, RN
03/09/25 1435

Electronically signed by Bautista, Jayna Cassidy A, RN at 3/9/2025 2:35 PM

ED Care Timeline

Patient Care Timeline (3/9/2025 12:23 to 3/9/2025 20:36)

3/9/2025	Event	Details	User
12:23	**Patient arrived in ED**		Ben, Rashika, PSS/PSR
12:23:49	**Emergency encounter created**		Ben, Rashika, PSS/PSR
12:24:17	**Arrival Complaint**	B - A21	
12:32:13	**Registration Completed**		Ben, Rashika, PSS/PSR
12:49	**Arrival Documentation**	**Triage Start** Triage Start: Start **Prehospital Treatment** Prehospital Treatment: Yes Transport Service: bainbridge	Kim, Eric Y, RN
12:49:58	**Triage Started**		Kim, Eric Y, RN
12:50:02	**ED Triage Notes Addendum**	Pt BIB for leg pain. Per report son called 911 and says the splint was not placed correctly and wanted pt to come HMC for correct splint placement. Pt had a fall a UWML on 3/4.Son also concerned to low PO intake. Per EMTs, pt is crying on and off.	Kim, Eric Y, RN
12:53	**Travel Screening**	Have you been in contact with someone who was sick? **No / Unsure** ; Do you have any of the following new or worsening symptoms? **None of these** ; Have you traveled internationally or domestically in the last month? **No** Travel Locations: **Travel history not shown for past encounters**	Kim, Eric Y, RN
12:53	**Abuse Indicators**	**Abuse Indicators** Have there been threats or direct abuse of you or your children?: Unable to assess Is someone forcing you to have sex?: Unable to assess Is anyone keeping you from your family?: Unable to assess Unable to assess? Indicate reason:: Clinical condition	Kim, Eric Y, RN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

12:53	**Vital Signs**	**Vital Signs** Temp: 36.3 °C Temp src: Temporal Pulse: 78 Resp: **24** ! BP: **102/42** ! SpO2: 95 % **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 95 % Oxygen Therapy: None (Room air) **Pain Assessment** Pain Score: (non verbal)	Kim, Eric Y, RN
12:53	**Custom Formula Data**	**Other flowsheet entries** Temp (in Celsius) for APACHE IV: 36.3	Kim, Eric Y, RN
12:53:13	**Chief Complaints Updated**	**Leg Pain**	Kim, Eric Y, RN
12:54	**Triage Completed**		Kim, Eric Y, RN
12:54	**ESET(Emergency Safety Evaluation Tool)**	**ESET (Emergency Safety Evaluation Tool)** ESET (Emergency Safety Evaluation Tool) Safety Screening Complete: Yes	Kim, Eric Y, RN
12:54	**Acuity/Destination**	**Acuity/Triage Complete** Patient Acuity: 3 Triage Complete: Triage complete	Kim, Eric Y, RN
12:54	**ED Fall Risk Assessment**	**Fall Risk Assessment- KINDER 1** Altered Mental Status?: yes Present to ED Due To Fall?: No Age greater than 70?: Yes Impaired Mobility?: Yes Nursing Judgement: Yes Intervention Score: 4 Safety Interventions: **Defer to bedside nurse** !	Kim, Eric Y, RN
12:54	**Homicidal Ideation**	**Homicidal Ideation** Homicidal Assessment: Assessment Deferred	Kim, Eric Y, RN
12:54	**Suicide Risk Screening**	**Other flowsheet entries** Suicide assessment:: Deferred, unable to assess at this time Unable to assess at this time due to:: Altered mental status 1. Have you wished you were dead or wished you could go to sleep and not wake up?: No	Kim, Eric Y, RN
13:13:34	**Patient roomed in ED**	To room RES3-2	Kim, Eric Y, RN
13:13:34	**Patient roomed in ED**		Kim, Eric Y, RN
13:20:54	**Assign Physician**		Poyorena, Christopher, MD
13:20:54	**First Provider Evaluation**		Poyorena, Christopher, MD
13:20:54	**Assign Resident**	Poyorena, Christopher, MD assigned as Resident	Poyorena, Christopher, MD
13:24	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Bautista, Jayna Cassidy A, RN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

13:24	**Vitals**	**Vital Signs** Temp: 36.5 °C Pulse: 91 (Device Time: 13:23:28) Resp: 20 BP: 139/71 (Device Time: 13:24:14) MAP (mmHg): 100 (Device Time: 13:24:14) **Telemetry/Cardiac Monitor** Pulse: 91 (Device Time: 13:23:28) **Oxygen Therapy** SpO2: 93 % (Device Time: 13:23:27) Oxygen Therapy: None (Room air)	Bautista, Jayna Cassidy A, RN
13:24	**Custom Formula Data**	**Other flowsheet entries** Temp (in Celsius) for APACHE IV: 36.5	Bautista, Jayna Cassidy A, RN
13:25:44	**Note Shared**	ED Prov Note filed by Poyorena, Christopher, MD	Poyorena, Christopher, MD
13:25:44	**ED Provider Notes**	Note filed at this time	Poyorena, Christopher, MD; Cosign required
13:36:01	**Assign Resident**	de Monnin, Karlee, MD assigned as Resident	de Monnin, Karlee, MD
13:36:01	**Assign Physician**		de Monnin, Karlee, MD
13:36:01	**Remove Resident**	Poyorena, Christopher, MD removed as Resident	de Monnin, Karlee, MD
13:54:10	**Orders Placed**	Medications - lactated ringers IV Bolus 500 mL; acetaminophen (Ofirmev) IV 1,000 mg Lab - CBC with Diff; Comprehensive Metabolic Panel; B-Type Natriuretic Peptide; Troponin-I (Now); Lipase; Urinalysis with Reflex Culture; Magnesium; Phosphate	de Monnin, Karlee, MD
13:54:11	**Lab Ordered**	PHOSPHATE, MAGNESIUM, URINALYSIS WITH REFLEX CULTURE, LIPASE, TROPONIN_I, B_TYPE NATRIURETIC PEPTIDE, COMPREHENSIVE METABOLIC PANEL, CBC, DIFF	de Monnin, Karlee, MD
13:56:23	**Orders Placed**	Imaging - XR Hip Unilat W Pelvis 2-3 Vw Right	de Monnin, Karlee, MD
13:56:24	**XR Ordered**	XR HIP UNILAT W PELVIS 2-3 VW RIGHT	de Monnin, Karlee, MD
14:00	**Peripheral IV 03/09/25 20 G Left;Posterior Wrist Placed**	Placement Date/Time: 03/09/25 1400 Inserted by: JB Insertion attempts: 1 Site Prep: Chlorhexidine Technique: Anatomical landmarks Size Gauge: 20 G Orientation: Left;Posterior Location: Wrist	Bautista, Jayna Cassidy A, RN
14:00	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Bautista, Jayna Cassidy A, RN
14:00	**Vitals**	**Vital Signs** Pulse: 85 (Device Time: 13:59:39) Resp: **9** ! (Device Time: 13:59:39) BP: **118/53** ! (Device Time: 14:00:00) MAP (mmHg): 79 (Device Time: 14:00:00) **Telemetry/Cardiac Monitor** Pulse: 85 (Device Time: 13:59:39) **Oxygen Therapy** SpO2: 95 % (Device Time: 13:59:39) Oxygen Therapy: None (Room air)	Bautista, Jayna Cassidy A, RN
14:00:33	**Orders Acknowledged**	New - CBC with Diff; Comprehensive Metabolic Panel; B-Type Natriuretic Peptide; Troponin-I (Now); Lipase; Urinalysis with Reflex Culture; Magnesium; Phosphate; lactated ringers IV Bolus 500 mL; acetaminophen (Ofirmev) IV 1,000 mg; XR Hip Unilat W Pelvis 2-3 Vw Right	Bautista, Jayna Cassidy A, RN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

14:00:41	**Print Label for B-Type Natriuretic Peptide Completed**	*B-Type Natriuretic Peptide* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:00:41	**Print Label for CBC with Diff Completed**	*CBC with Diff* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:00:41	**Print Label for Comprehensive Metabolic Panel Completed**	*Comprehensive Metabolic Panel* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:00:41	**Print Label for Lipase Completed**	*Lipase* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:00:41	**Print Label for Magnesium Completed**	*Magnesium* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:00:41	**Print Label for Phosphate Completed**	*Phosphate* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:00:41	**Print Label for Troponin-I (Now) Completed**	*Troponin-I (Now)* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:00:41	**Forward B-Type Natriuretic Peptide to Lab as Collection Add-On Discontinued**	*B-Type Natriuretic Peptide*	Bautista, Jayna Cassidy A, RN
14:00:41	**Forward CBC with Diff to Lab as Collection Add-On Discontinued**	*CBC with Diff*	Bautista, Jayna Cassidy A, RN
14:00:41	**Forward Comprehensive Metabolic Panel to Lab as Collection Add-On Discontinued**	*Comprehensive Metabolic Panel*	Bautista, Jayna Cassidy A, RN
14:00:41	**Forward Troponin-I (Now) to Lab as Collection Add-On Discontinued**	*Troponin-I (Now)*	Bautista, Jayna Cassidy A, RN
14:00:41	**Send B-Type Natriuretic Peptide to phlebotomy Discontinued**	*B-Type Natriuretic Peptide*	Bautista, Jayna Cassidy A, RN
14:00:41	**Send CBC with Diff to phlebotomy Discontinued**	*CBC with Diff*	Bautista, Jayna Cassidy A, RN
14:00:41	**Send Comprehensive Metabolic Panel to phlebotomy Discontinued**	*Comprehensive Metabolic Panel*	Bautista, Jayna Cassidy A, RN
14:00:41	**Send Troponin-I (Now) to phlebotomy Discontinued**	*Troponin-I (Now)*	Bautista, Jayna Cassidy A, RN
14:00:42	**Forward Lipase to Lab as Collection Add-On Discontinued**	*Lipase*	Bautista, Jayna Cassidy A, RN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

14:00:42	**Forward Magnesium to Lab as Collection Add-On Discontinued**	*Magnesium*	Bautista, Jayna Cassidy A, RN
14:00:42	**Forward Phosphate to Lab as Collection Add-On Discontinued**	*Phosphate*	Bautista, Jayna Cassidy A, RN
14:00:42	**Send Lipase to phlebotomy Discontinued**	*Lipase*	Bautista, Jayna Cassidy A, RN
14:00:42	**Send Magnesium to phlebotomy Discontinued**	*Magnesium*	Bautista, Jayna Cassidy A, RN
14:00:42	**Send Phosphate to phlebotomy Discontinued**	*Phosphate*	Bautista, Jayna Cassidy A, RN
14:01	**Collect B-Type Natriuretic Peptide Completed**	*B-Type Natriuretic Peptide* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Collect CBC with Diff Completed**	*CBC with Diff* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Collect Comprehensive Metabolic Panel Completed**	*Comprehensive Metabolic Panel* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Collect Lipase Completed**	*Lipase* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Collect Magnesium Completed**	*Magnesium* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Collect Phosphate Completed**	*Phosphate* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Collect Troponin-I (Now) Completed**	*Troponin-I (Now)* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Specimens Collected**	CBC with Diff - ID: **X2530768** Type: **Blood** Comprehensive Metabolic Panel - ID: **X2530768** Type: **Blood** B-Type Natriuretic Peptide - ID: **X2530768** Type: **Blood** Troponin-I (Now) - ID: **X2530768** Type: **Blood** Lipase - ID: **X2530768** Type: **Blood** Magnesium - ID: **X2530768** Type: **Blood** Phosphate - ID: **X2530768** Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Specimens Collected**	1st Extra Blue Top - ID: **X2530768** Type: **Plasma** 1st Extra Gold Top - ID: **X2530768** Type: **Serum**	
14:07	**Medication New Bag/Syringe**	lactated ringers IV Bolus 500 mL - Dose: **500 mL** ; Rate: **500 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 03/09/25 20 G Left;Posterior Wrist** ; Scheduled Time: **1355**	Bautista, Jayna Cassidy A, RN
14:10:37	**1st Extra Blue Top Resulted**	Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:11** Status: **Final result** 1st Extra Blue Top: **Additional collection tube**	Uw Lab Results Interface, User
14:10:37	**1st Extra Gold Top Resulted**	Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:11** Status: **Final result** 1st Extra Gold Top: **Additional collection tube**	Uw Lab Results Interface, User
14:10:45	**Lab Ordered**	1ST EXTRA BLUE TOP	Uw Lab Results Interface, User
14:10:45	**Lab Ordered**	1ST EXTRA GOLD TOP	Uw Lab Results Interface, User
14:11:02	**Lab Resulted**	(Final result) 1ST EXTRA BLUE TOP	Uw Lab Results Interface, User
14:11:02	**Lab Resulted**	(Final result) 1ST EXTRA GOLD TOP	Uw Lab Results Interface, User
14:12:56	**Imaging Exam Started**	XR Hip Unilat W Pelvis 2-3 Vw Right	Berhane, Yosan Loona L, RT

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

14:15	**Basic Assessment**	**Neurological** Neuro (WDL): Exceptions to WDL Best Eye Response: Spontaneous Best Verbal Response: Incomprehensible sounds Best Motor Response: Localizes pain Glasgow Coma Scale Score: 11 Orientation Level: Disoriented to place; Disoriented to time; Disoriented to situation; Disoriented to person Cognition: Unable to follow commands; Poor attention/concentration Speech: **Incomprehensible** **Glasgow Coma Scale** Best Eye Response: Spontaneous Best Verbal Response: Incomprehensible sounds Best Motor Response: Localizes pain Glasgow Coma Scale Score: 11 **HEENT** HEENT (WDL): Exceptions to WDL Mucous Membrane(s): **Dry** Teeth: Dentures removed **Respiratory** Respiratory (WDL): Exceptions to WDL Respiratory Pattern: Normal Respiratory Depth/Rhythm: Regular Respiratory Effort: Unlabored Bilateral Breath Sounds: Clear **Cardiac** Cardiac (WDL): Exceptions to WDL Cardiac Regularity: Regular Heart Sounds: S1, S2 **Peripheral Vascular** Peripheral Vascular (WDL): Exceptions to WDL Capillary Refill: Less than/equal to 2 seconds (All extremities) Pulses: R radial; L radial; L femoral; R dorsalis pedis R Radial Pulse: Moderate L Radial Pulse: Moderate L Femoral Pulse: Moderate R Dorsalis Pedis Pulse: Moderate **RUE Peripheral Vascular Assessment** R Radial Pulse: Moderate **LUE Peripheral Vascular Assessment** L Radial Pulse: Moderate **RLE Peripheral Vascular Assessment** R Dorsalis Pedis Pulse: Moderate **LLE Peripheral Vascular Assessment** L Femoral Pulse: Moderate **Integumentary** Integumentary (WDL): Exceptions to WDL Skin Color: Appropriate for ethnicity Skin Condition/Temp: Warm; Dry **Musculoskeletal** Musculoskeletal (WDL): Exceptions to WDL RLE: **Injury/trauma** LLE: **Amputation** **Gastrointestinal** Gastrointestinal (WDL): Within Defined Limits **Genitourinary** Genitourinary (WDL): Within Defined Limits **Psychosocial** Psychosocial (WDL): Within Defined Limits **Charting Type** Charting Type: Shift assessment	Bautista, Jayna Cassidy A, RN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

14:15	**Custom Formula Data**	**Other flowsheet entries** Glasgow Coma Scale Numeric: 11	Bautista, Jayna Cassidy A, RN
14:18:17	**CBC with Diff Resulted**	**Abnormal Result** Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:18** Status: **Final result** WBC: **12.66 10*3/uL** ^ [Ref Range: 4.3 - 10.0] RBC: **2.72 10*6/uL** v [Ref Range: 3.80 - 5.00] Hemoglobin: **8.6 g/dL** v [Ref Range: 11.5 - 15.5] Hematocrit: **27 %** v [Ref Range: 36.0 - 45.0] MCV: **100 fL** ^ [Ref Range: 81 - 98] MCH: **31.6 pg** [Ref Range: 27.3 - 33.6] MCHC: **31.6 g/dL** v [Ref Range: 32.2 - 36.5] Platelet Count: **423 10*3/uL** ^ [Ref Range: 150 - 400] RDW-CV: **16.3 %** ^ [Ref Range: 11.0 - 14.5] % Neutrophils: **84 %** % Lymphocytes: **10 %** % Monocytes: **4 %** % Eosinophils: **1 %** % Basophils: **0 %** % Immature Granulocytes: **1 %** Neutrophils: **10.71 10*3/uL** ^ [Ref Range: 1.80 - 7.00] Absolute Lymphocyte Count: **1.24 10*3/uL** [Ref Range: 1.00 - 4.80] Monocytes: **0.52 10*3/uL** [Ref Range: 0.00 - 0.80] Absolute Eosinophil Count: **0.06 10*3/uL** [Ref Range: 0.00 - 0.50] Basophils: **0.04 10*3/uL** [Ref Range: 0.00 - 0.20] Immature Granulocytes: **0.09 10*3/uL** ^ [Ref Range: 0.00 - 0.05] Nucleated RBC: **0.00 10*3/uL** [Ref Range: 0.00] % Nucleated RBC: **0 %**	Uw Lab Results Interface, User
14:18:27	**Lab Resulted**	(Final result) CBC, DIFF	Uw Lab Results Interface, User
14:18:27	**Collect B-Type Natriuretic Peptide Discontinued**	*B-Type Natriuretic Peptide*	Uw Lab Results Interface, User
14:18:27	**Collect CBC with Diff Discontinued**	*CBC with Diff*	Uw Lab Results Interface, User
14:18:27	**Collect Comprehensive Metabolic Panel Discontinued**	*Comprehensive Metabolic Panel*	Uw Lab Results Interface, User
14:18:27	**Collect Troponin-I (Now) Discontinued**	*Troponin-I (Now)*	Uw Lab Results Interface, User
14:18:27	**Print Label for B-Type Natriuretic Peptide Discontinued**	*B-Type Natriuretic Peptide*	Uw Lab Results Interface, User
14:18:27	**Print Label for CBC with Diff Discontinued**	*CBC with Diff*	Uw Lab Results Interface, User
14:18:27	**Print Label for Comprehensive Metabolic Panel Discontinued**	*Comprehensive Metabolic Panel*	Uw Lab Results Interface, User
14:18:27	**Print Label for Troponin-I (Now) Discontinued**	*Troponin-I (Now)*	Uw Lab Results Interface, User
14:18:28	**Collect Lipase Discontinued**	*Lipase*	Uw Lab Results Interface, User
14:18:28	**Collect Magnesium Discontinued**	*Magnesium*	Uw Lab Results Interface, User
14:18:28	**Collect Phosphate Discontinued**	*Phosphate*	Uw Lab Results Interface, User
14:18:28	**Print Label for Lipase Discontinued**	*Lipase*	Uw Lab Results Interface, User
14:18:28	**Print Label for Magnesium Discontinued**	*Magnesium*	Uw Lab Results Interface, User
14:18:28	**Print Label for Phosphate Discontinued**	*Phosphate*	Uw Lab Results Interface, User

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

14:22:29	**Orders Placed**	Imaging - XR Femur 2 Vw Right	de Monnin, Karlee, MD
14:22:30	**XR Ordered**	XR FEMUR 2 VW RIGHT	de Monnin, Karlee, MD
14:23:15	**Orders Modified**	Order Modified - XR Pelvis 1-2 Vw (Comment: Modified from XR Hip Unilat W Pelvis 2-3 Vw Right)	de Monnin, Karlee, MD
14:23:15	**XR Ordered**	XR PELVIS 1-2 VW	Woolley, Brian M, RT
14:23:15	**Orders Discontinued**	XR Hip Unilat W Pelvis 2-3 Vw Right (03/09/25 1356)	Woolley, Brian M, RT
14:23:51	**Orders Acknowledged**	New - XR Femur 2 Vw Right Modified - XR Pelvis 1-2 Vw (Comment: Modified from XR Hip Unilat W Pelvis 2-3 Vw Right)	Bautista, Jayna Cassidy A, RN
14:24:01	**Assign Nurse**	Bautista, Jayna Cassidy A, RN assigned as Registered Nurse	Bautista, Jayna Cassidy A, RN
14:24:26	**ED Notes**	BIBA from Bainbridge rehab facility, pt recently discharged from Montlake yesterday. Son accompanies pt. Per report, son visited pt at rehab facility and found pt not wearing correct R leg splint and son did not like the care pt was receiving. Pt has known R hip fx in some sort of splint and has L AKA. Pt AOx0, does not follow commands. Pt moaning out. Pt has very dry mouth with dry bits of food in her mouth. Bautista, Jayna Cassidy A, RN 03/09/25 1435	Bautista, Jayna Cassidy A, RN
14:38:56	**Comprehensive Metabolic Panel Resulted**	**Abnormal Result** Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:39** Status: **Final result** Sodium: **147 meq/L** ^ [Ref Range: 135 - 145] Potassium: **3.6 meq/L** [Ref Range: 3.6 - 5.2] Chloride: **104 meq/L** [Ref Range: 98 - 108] Carbon Dioxide, Total: **25 meq/L** [Ref Range: 22 - 32] Anion Gap: **18** ^ [Ref Range: 4 - 12] Glucose: **150 mg/dL** ^ [Ref Range: 62 - 125] Urea Nitrogen: **13 mg/dL** [Ref Range: 8 - 21] Creatinine: **0.65 mg/dL** [Ref Range: 0.38 - 1.02] Protein (Total): **6.0 g/dL** [Ref Range: 6.0 - 8.2] Albumin: **2.9 g/dL** v [Ref Range: 3.5 - 5.2] Bilirubin (Total): **0.9 mg/dL** [Ref Range: 0.2 - 1.3] Calcium: **8.3 mg/dL** v [Ref Range: 8.9 - 10.2] AST (GOT): **15 U/L** [Ref Range: 9 - 38] Alkaline Phosphatase (Total): **113 U/L** [Ref Range: 49 - 199] ALT (GPT): **10 U/L** [Ref Range: 7 - 33] eGFR by CKD-EPI 2021: **>60 mL/min/1.73_m2** [Ref Range: >59]	Uw Lab Results Interface, User
14:38:56	**Lipase Resulted**	Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:39** Status: **Final result** Lipase: **<3 U/L** [Ref Range: <70]	Uw Lab Results Interface, User
14:38:56	**Magnesium Resulted**	Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:39** Status: **Final result** Magnesium: **1.9 mg/dL** [Ref Range: 1.8 - 2.4]	Uw Lab Results Interface, User
14:38:56	**Phosphate Resulted**	Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:39** Status: **Final result** Phosphate: **3.9 mg/dL** [Ref Range: 2.5 - 4.5]	Uw Lab Results Interface, User
14:39:08	**Lab Resulted**	(Final result) COMPREHENSIVE METABOLIC PANEL	Uw Lab Results Interface, User
14:39:08	**Lab Resulted**	(Final result) LIPASE	Uw Lab Results Interface, User
14:39:08	**Lab Resulted**	(Final result) MAGNESIUM	Uw Lab Results Interface, User
14:39:09	**Lab Resulted**	(Final result) PHOSPHATE	Uw Lab Results Interface, User

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

14:41	**Medication New Bag/Syringe**	acetaminophen (Ofirmev) IV 1,000 mg - Dose: **1,000 mg** ; Rate: **400 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 03/09/25 20 G Left;Posterior Wrist** ; Scheduled Time: **1355**	Bautista, Jayna Cassidy A, RN
14:42:13	**B-Type Natriuretic Peptide Resulted**	**Abnormal Result** Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:42** Status: **Final result** B_Type Natriuretic Peptide: **311 pg/mL** ^ [Ref Range: <101]	Uw Lab Results Interface, User
14:42:22	**Lab Resulted**	(Final result) B_TYPE NATRIURETIC PEPTIDE	Uw Lab Results Interface, User
14:44:12	**Troponin-I (Now) Resulted**	Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:44** Status: **Final result** Troponin_I: **0.03 ng/mL** [Ref Range: <0.04] (A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG) Troponin_I Interpretation: **Normal**	Uw Lab Results Interface, User
14:44:22	**Lab Resulted**	(Final result) TROPONIN_I	Uw Lab Results Interface, User
14:58:32	**Assign Attending**	Backlund, Brandon Heath, MD assigned as Attending	Backlund, Brandon Heath, MD
14:58:32	**Assign Physician**		Backlund, Brandon Heath, MD
15:00	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Bautista, Jayna Cassidy A, RN
15:00	**Vitals**	**Vital Signs** Pulse: 90 (Device Time: 14:59:37) Resp: **28** ! (Device Time: 14:59:37) BP: **144/68** ! (Device Time: 15:00:00) MAP (mmHg): 120 (Device Time: 15:00:00) **Telemetry/Cardiac Monitor** Pulse: 90 (Device Time: 14:59:37) **Oxygen Therapy** SpO2: 99 % (Device Time: 14:59:37) Oxygen Therapy: None (Room air)	Bautista, Jayna Cassidy A, RN
15:28:25	**Note Shared**	ED Prov Note filed by de Monnin, Karlee, MD	de Monnin, Karlee, MD
15:42:47	**Assign SW**	Thompson, Katie, LSWAIC assigned as Social Worker	Thompson, Katie, LICSW
15:45	**Vital Signs**	**Vital Signs** Pulse: 92 (Device Time: 15:45:39) Resp: 15 (Device Time: 15:44:29) BP: **144/63** ! (Device Time: 15:45:00) MAP (mmHg): 94 (Device Time: 15:45:00) SpO2: 92 % (Device Time: 15:44:29) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 92 % (Device Time: 15:44:29)	Strathy, Emily I, RN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

16:15	**Vital Signs**	**Vital Signs** Pulse: 92 (Device Time: 16:14:32) Resp: 19 (Device Time: 16:14:32) BP: 139/72 (Device Time: 16:15:00) MAP (mmHg): 84 (Device Time: 16:15:00) SpO2: 96 % (Device Time: 16:14:32) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 96 % (Device Time: 16:14:32)	Strathy, Emily I, RN
17:00	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Bautista, Jayna Cassidy A, RN
17:00	**Vitals**	**Vital Signs** Pulse: 86 (Device Time: 16:59:39) Resp: **13** ! BP: **134/51** ! (Device Time: 17:00:00) MAP (mmHg): 82 (Device Time: 17:00:00) **Telemetry/Cardiac Monitor** Pulse: 86 (Device Time: 16:59:39) **Oxygen Therapy** SpO2: 95 % Oxygen Therapy: None (Room air)	Bautista, Jayna Cassidy A, RN
18:00	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Bautista, Jayna Cassidy A, RN
18:00	**Vitals**	**Vital Signs** Pulse: 97 (Device Time: 17:59:31) Resp: 20 BP: 131/81 (Device Time: 18:00:00) MAP (mmHg): 94 (Device Time: 18:00:00) **Telemetry/Cardiac Monitor** Pulse: 97 (Device Time: 17:59:31) **Oxygen Therapy** SpO2: 99 % (Device Time: 17:59:31) Oxygen Therapy: None (Room air) (P)	Bautista, Jayna Cassidy A, RN
18:03:20	**Orders Placed**	Medications - HYDROmorphone (Dilaudid) injection 0.1 mg	de Monnin, Karlee, MD
18:07	**Medication Given**	HYDROmorphone (Dilaudid) injection 0.1 mg - Dose: **0.1 mg** ; Route: **Intravenous** ; Line: **Peripheral IV 03/09/25 20 G Left;Posterior Wrist**	Bautista, Jayna Cassidy A, RN
18:09	**Medication Stopped**	lactated ringers IV Bolus 500 mL - Route: **Intravenous** ; Line: **Peripheral IV 03/09/25 20 G Left;Posterior Wrist** ; Scheduled Time: **1809**	Bautista, Jayna Cassidy A, RN
18:09	**Medication Stopped**	acetaminophen (Ofirmev) IV 1,000 mg - Route: **Intravenous** ; Line: **Peripheral IV 03/09/25 20 G Left;Posterior Wrist** ; Scheduled Time: **1809**	Bautista, Jayna Cassidy A, RN
18:09	**ED Quick Updates**	**Quick Updates** Quick Updates - Free Text: **Per EM resident, awaiting ortho reccs if we need new xrays or not. Pain medicine ordered for pt, pt continuinally moaning out. Not following commands.**	Bautista, Jayna Cassidy A, RN
18:09:19	**Orders Acknowledged**	New - HYDROmorphone (Dilaudid) injection 0.1 mg	Bautista, Jayna Cassidy A, RN
18:23:12	**Orders Placed**	Imaging - XR Chest 1 Vw	Barral, Ernest Neil, MD
18:23:13	**XR Ordered**	XR CHEST 1 VIEW	Barral, Ernest Neil, MD
18:24:21	**Orders Acknowledged**	New - XR Chest 1 Vw	Bautista, Jayna Cassidy A, RN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

18:25:50	**Imaging Exam Started**	XR Chest 1 Vw	Kuang, Jennifer, RT
18:26	**ED Quick Updates**	**Quick Updates** Quick Updates - Free Text: **Medicine team at bedside**	Bautista, Jayna Cassidy A, RN
18:35:42	**Imaging Exam Ended**	XR Chest 1 Vw	Turalba, Erick G, RT
18:35:54	**Remove Resident**	de Monnin, Karlee, MD removed as Resident	Barral, Ernest Neil, MD
18:35:54	**Assign Resident**	Barral, Ernest Neil, MD assigned as Resident	Barral, Ernest Neil, MD
18:35:54	**Assign Physician**		Barral, Ernest Neil, MD
18:40:41	**Order Performed**	XR Chest 1 Vw - ID: **48332311**	
18:42:57	**Imaging Preliminary Result**	XR Chest 1 Vw	Interface, Radiology Results In
18:42:57	**XRay Preliminary Result**	(Preliminary result) XR CHEST 1 VIEW	Interface, Radiology Results In
18:48	**Medication Given**	HYDROmorphone (Dilaudid) injection 0.1 mg - Dose: **0.1 mg** ; Route: **Intravenous** ; Line: **Peripheral IV 03/09/25 20 G Left;Posterior Wrist** ; Linked override order: **HYDROmorphone (Dilaudid) 1 MG/ML injection ADS Override Pull**	Bautista, Jayna Cassidy A, RN
19:00	**SW Psychosocial Assessment**	**Visit Information** Assessment Need: Counseling / Support / Adjustment to illness Is an interpreter used?: No **Patient Information** Assessment Need: Counseling / Support / Adjustment to illness Information Obtained From: Children **Living Situation Prior to Admission (PTA)** Living situation prior to admit: Skilled Nursing Facility PTA-Name of Facility: Bainbridge Island Health and Rehab Primary Caregiver: Family Support Systems: Children; Case manager/social worker **Productivity Data** SW Emergency department services (minutes): 45 ED Mission Population: From SNF/ALF/AFH; General Medical Event ED Outcomes: Pt / Family Support / Coord; Hospital Admission ED Referral Source: Self referral (case-finding)	Thompson, Katie, LICSW
19:02:38	**Allergies Reviewed**		Asmeche, Habtam, MD
19:02:48	**History Reviewed**	Sections Reviewed: Tobacco, Alcohol, Drug Use, Sexual Activity, Surgical, Medical, Family, Social Documentation, Obstetric, Socioeconomic	Asmeche, Habtam, MD
19:09:59	**Orders Discontinued**	XR Pelvis 1-2 Vw (03/09/25 1424)	Mejilla, Kevin A, PSS/PSR
19:10:08	**Orders Discontinued**	XR Femur 2 Vw Right (03/09/25 1423)	Mejilla, Kevin A, PSS/PSR
19:13	**Patient Status Change to Inpatient**		Asmeche, Habtam, MD
19:13:34	**Orders Placed**	Code Status - DNR (Do Not Resuscitate) DNR/DNI Admission - Admit to Inpatient	Asmeche, Habtam, MD
19:13:39	**Team Member Assigned**	Asmeche, Habtam, MD assigned as Admitting	Asmeche, Habtam, MD
19:13:39	**ED IP Bed Requested**	Requested: MEDICINE HOSPITALIST OVERFLOW ADULT	Asmeche, Habtam, MD

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

19:13:39	**Bed Request Ready to Plan**	Ready to Plan: MEDICINE HOSPITALIST OVERFLOW ADULT	Asmeche, Habtam, MD
19:14:13	**Orders Acknowledged**	New - Admit to Inpatient; DNR (Do Not Resuscitate) DNR/DNI	Lanphere, Tyler A, RN
19:14:15	**Orders Acknowledged**	Discontinued - XR Femur 2 Vw Right; XR Pelvis 1-2 Vw	Lanphere, Tyler A, RN
19:23:24	**Assign Nurse**	Lanphere, Tyler A, RN assigned as Registered Nurse	Lanphere, Tyler A, RN
19:23:40	**Remove Nurse**	Bautista, Jayna Cassidy A, RN removed as Registered Nurse	Lanphere, Tyler A, RN
19:29:04	**XR Chest 1 Vw Resulted**	Collected: **3/9/2025 18:40** Last updated: **3/9/2025 19:32** Status: **Final result**	Interface, Radiology Results In
19:30	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Lanphere, Tyler A, RN
19:30	**Complex Vitals**	**Vitals** Pulse: 95 (Device Time: 19:30:27) Resp: 20 BP: **156/67** ! (Device Time: 19:30:00) MAP (mmHg): 112 (Device Time: 19:30:00) **Oxygen Therapy** SpO2: 100 % (Device Time: 19:30:27)	Lanphere, Tyler A, RN
19:32:09	**Rad Resulted**	XR Chest 1 Vw	Interface, Radiology Results In
19:32:09	**Xray Final Result**	(Final result) XR CHEST 1 VIEW	Interface, Radiology Results In
19:39	**ED Quick Updates**	**Quick Updates** Updates: **Family updated** Quick Updates - Free Text: **patient cleaned up and changed**	Lanphere, Tyler A, RN
19:40:33	**Orders Placed**	Imaging - XR Femur 2 Vw Right	Backlund, Brandon Heath, MD
19:40:34	**XR Ordered**	XR FEMUR 2 VW RIGHT	Backlund, Brandon Heath, MD
19:48:45	**Orders Acknowledged**	New - XR Femur 2 Vw Right	Lanphere, Tyler A, RN
19:52	**Medication Given**	HYDROmorphone (Dilaudid) injection 0.1 mg - Dose: **0.1 mg** ; Route: **Intravenous** ; Line: **Peripheral IV 03/09/25 20 G Left;Posterior Wrist**	Lanphere, Tyler A, RN
19:52:49	**Imaging Exam Started**	XR Femur 2 Vw Right	Grinstead, Richard, RT
20:07:50	**IP Bed Assigned**	Assigned: 7E20 - 710/710-01	Raleigh, Andrew, RN
20:07:50	**Hospital bed ready**	Bed Ready: 7E20 - 710/710-01	Raleigh, Andrew, RN
20:08:50	**Orders Placed**	Imaging - XR Hip Unilat W Pelvis 2-3 Vw Right; XR Knee 1-2 Vw Right	Gerber, Caleb Dylan, MD
20:08:52	**XR Ordered**	XR KNEE 1-2 VW RIGHT, XR HIP UNILAT W PELVIS 2-3 VW RIGHT	Gerber, Caleb Dylan, MD
20:11:09	**XR Ordered**	XR PELVIS 1-2 VW	Wallis, Kendra A, RT
20:11:09	**Orders Discontinued**	XR Hip Unilat W Pelvis 2-3 Vw Right (03/09/25 2009)	Wallis, Kendra A, RT

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

20:11:09	**Orders Modified**	Order Modified - XR Pelvis 1-2 Vw (Comment: Modified from XR Hip Unilat W Pelvis 2-3 Vw Right)	Gerber, Caleb Dylan, MD
20:11:37	**XR Ordered**	XR KNEE 4+ VW RIGHT	Wallis, Kendra A, RT
20:11:37	**Orders Discontinued**	XR Knee 1-2 Vw Right (03/09/25 2009)	Wallis, Kendra A, RT
20:11:37	**Orders Modified**	Order Modified - XR Knee 4+ Vw Right (Comment: Modified from XR Knee 1-2 Vw Right)	Gerber, Caleb Dylan, MD
20:15:01	**Orders Acknowledged**	New - XR Hip Unilat W Pelvis 2-3 Vw Right; XR Knee 1-2 Vw Right Modified - XR Pelvis 1-2 Vw (Comment: Modified from XR Hip Unilat W Pelvis 2-3 Vw Right); XR Knee 4+ Vw Right (Comment: Modified from XR Knee 1-2 Vw Right)	Lanphere, Tyler A, RN
20:27	**Musculoskeletal**	**Musculoskeletal** Musculoskeletal (WDL): Exceptions to WDL RLE: Limited movement; Immobilizer; Injury/trauma LLE: Amputation	Lanphere, Tyler A, RN
20:28:04	**Imaging Exam Started**	XR Pelvis 1-2 Vw	Grinstead, Richard, RT
20:28:04	**Imaging Exam Started**	XR Knee 4+ Vw Right	Grinstead, Richard, RT
20:28:08	**Imaging Exam Ended**	XR Femur 2 Vw Right	Grinstead, Richard, RT
20:28:08	**Imaging Exam Ended**	XR Pelvis 1-2 Vw	Grinstead, Richard, RT
20:28:08	**Imaging Exam Ended**	XR Knee 4+ Vw Right	Grinstead, Richard, RT
20:35	**Patient transferred**	From room RES3-2 to room OTF	Angus, Elisha M, RN
20:35:15	**Patient transferred to OTF**		Angus, Elisha M, RN
20:36	**Patient admitted**	To department H 7E	Farison, Chloe M, RN
20:36:50	**Orders Completed**	Admit to Inpatient	Farison, Chloe M, RN
20:36:54	**Charting Complete**		Poyorena, Christopher, MD
20:36:54	**Charting Complete**		Lanphere, Tyler A, RN
20:36:54	**Charting Complete**		Asmeche, Habtam, MD
20:36:54	**Charting Complete**		Bautista, Jayna Cassidy A, RN
20:36:54	**Charting Complete**		Thompson, Katie, LICSW

H&P Notes

H&P by Asmeche, Habtam, MD at 3/9/2025 1920

History and Physical

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
PCP: Navalurkar, Reema, MD
Code Status: DNR DNR/DNI

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

H&P Notes (continued)

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a complex medical history who was recently admitted at Montlake, Med E medicine service from (1/9/2025 - 3/8/2025) for acute limb ischemia s/p L AKA, hospital course was complicated by postoperative bradycardia requiring PPM on 1/13, dysphagia, hospital related fall resulting in right periprosthetic femur fracture, and FTT, discharged to Bainbridge Island Health and Rehab SNF (on 3/8/25) and represents to HMC for placement on 3/9/25
Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Unable to obtain subjective information from patient due to patient presentation. Patient not following commands, she is also not verbally responsive or following verbal cues at the time of my assessment.

POA and son Louis is at bedside. He tells me that he is a certified geriatrician and toxicologist, but did not attend medical school. History was obtained from him and from chart review. Louis reports that he discharged his mother from the SNF due to concerns that staff at the Rehab center were being negligent and presented her to HMC. I discussed whether an ED to ED transfer to Montlake would be a reasonable/acceptable plan as her former team were more familiar with her, but he preferred that she be seen here at HMC instead citing negligent care at Montlake that led to a fall and subsequent femur fracture.

I had a prolonged conversation regarding goals of care and his expectation with this current admission.
I inquired if placement to a facility/SNF was still within her goals of and he said yes. He did not want to discuss placement to hospice as he envisions her recovering from her current ailments and getting back to a point where he can travel together stating that she is a "fighter"
On the question of diet, he thinks that micronutrients such as ensure should be given to the patient for sustenance at this time. He gave her a bottle this morning prior to admission. We evaluated her most recent CXR and I noted that she had signs suggestive of aspiration. I suggested that patient remain NPO for now except for medications. I reiterated that based on my exam and clinical assessment, it is likely that if fed, she will aspirate and overall, cause her more harm. We also decided on involving SLP in her care to get objective data.

Lastly, he was in agreement that she will be continued on comfort care with "modifications" per previous hospitalization (see discharge summary for more information) I discussed her code with her and he agreed upon DNR/DNI.

Due to the prolonged, recent hospital stay at Montlake and significant medical detail, I will include the hospital course in the discharge summary per Dr. Barnes, James below

"100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

Pt was admitted as above. She initially underwent L AKA on 1/9/25 with vascular surgery. She subsequently developed symptomatic bradycardia w/ 2nd degree heart block necessitating TVP and eventual PPM placement on 1/13.

Post-operatively, she developed significant acute pain related to her AKA. Her pain was initially managed by APS w/ nubain patch and nalbuphine + PRN tylenol.

She unfortunately developed progressive encephalopathy with at least a component of delirium. This waxed and waned throughout her hospitalization but overall worsened. Related to this, she had ongoing dysphagia and high aspiration risk. As a result, she developed aspiration pneumonitis. It is felt that her ongoing aspiration likely worsened her delirium, which in turn increased her aspiration risk. Because of this, she was made NPO initially. Palliative care was consulted for assistance with assessing goals of care for Jeanne. This primarily occurred through discussion with her son, Louis, who is her POA. He felt that Jeanne would want everything because she is a fighter. There was ongoing push to do everything possible to extend Jeanne's life despite high risks. After multidisciplinary meetings between providers involved in her care including ethics, it was determined that Louis is likely acting in accordance with Jeanne's wishes, as she had previously noted she would want to be full code, have enteral nutrition, etc.

Given the aforementioned aspiration risk, Jeanne was NPO. However, after a GOC conversation, Louis felt that Jeanne would want to continue to eat by mouth. She continued to have ongoing aspirations and worsening respiratory status until she was made NPO again after being placed on high flow oxygen. At this point, Louis felt that the team should do everything to pursue an NG tube. Multiple attempts with bedside nursing were made to place an NG tube, but Jeanne became very agitate and resisted all

H&P Notes (continued)

attempts. She was given minimal sedation with low-dose ativan and had attempted placement under fluoroscopy, which failed. At this point, the team was able to place a peripheral IV and the decision was made to trial ~48 hours of IV fluids with dextrose to see if this helped her perk up.

Over the time she was receiving IV fluids, Jeanne developed pulmonary edema and worsening respiratory status again. This was likely multifactorial related to pulmonary edema and aspiration. She required high flow. Louis was adamant that was must get a feeding tube in her to address her nutrition. This was discussed with GI who agreed that she was too high risk to undergo anesthesia to have an endoscopically placed NG tube. After multiple prolonged goals of care discussions with Louis, she was ultimately made comfort care. We expressed to him that we are unable to place an NG tube due to tenuous clinical status and that overall, even if we could, this may even lead to more harm than benefit regardless due to aspiration risk of tube feeds. Louis intermittently continued to request aggressive treatments despite risks being too high, stating "she's going to die anyway", and so felt that we might as well try even if she were to "die on the table". We expressed that this would be doing harm and would not be offered.

Despite the transition to comfort measures only, patient continued to do well. She was eventually transitioned only to blow-by oxygen and even that became no longer necessary. She would rapidly desaturate with movement however her oxygen monitoring remained only intermittent. Multiple conversations were had with her son regarding the appropriate course of care. Discussions included transitioning the patient back to full care and treatment however many aspects of this treatment plan were not in line with with the care team thought was appropriate and ethical for the patient as well as what Luis thought she could tolerate. Aggressive inpatient management including daily IV draws and having to address patient's feeding were not likely to be of benefit to her quality of life. While the patient did show some improvement over the last several days, her overall prognosis is still poor to fair and it was agreed upon with the healthcare team and with the patient's son that her best interest is found in staying a comfort measures only patient with some "out of the box "comfort measures care. As such, she became a modified comfort measures patient with a general approach of minimum necessary escalation of care. For example, while systemic antibiotics would be contraindicated, patient developed what appeared to be a infected left parotid gland likely from poor p.o. intake and a dry oral mucosa. It was reasonable within the goals of care to prescribe 5 days of oral antibiotics to treat this. She also had a very mild erythema present at a picked off the scab from her left AKA site and it was reasonable to provide basic wound care. DVT prophylaxis also was a reasonable minimal necessary escalation of care. Patient's son began requesting more and more things that were starting to borderline on some care package between comfort measures and full care and so each of these issues need to be dealt with on an as needed and as provider determined appropriate basis. This happened in conjunction with nursing staff. Due to patient's incredibly high aspiration risk, it was made clear to Lewis on a near daily basis that we did not recommend feeding her anything at all however, as long as Lewis excepted the risk, we stated that it was okay if he were to feed her, and so he has done so. In fact, it is likely Luis is persistent fluid administration 2 water bottles and straws that the patient managed to do so well. Ultimately, her plan was Bainbridge rehab and this was agreed upon by all parties. "

OUTPATIENT MEDICATIONS:

Current Outpatient Medications

Medication	Instructions
• acetaminophen (TYLENOL)	650 mg, Rectal, Every 6 hours PRN
• atropine 1% ophthalmic solution (for oral use)	2 drops, Sublingual, Every 4 hours PRN
• bisacodyl (DULCOLAX)	10 mg, Rectal, Daily PRN
• [START ON 3/11/2025] buprenorphine 5 MCG/HR patch	1 patch, Transdermal, Every 7 days scheduled
• camphor-menthol 0.5-0.5 % lotion	Topical, 2 times daily PRN
• carboxymethylcellulose 0.5 % ophthalmic solution	1 drop, Both EYES, Every 1 hour PRN
• enoxaparin (LOVENOX)	30 mg, Subcutaneous, Nightly
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• magnesium hydroxide 400 MG/5ML suspension	30 mL, Oral, 2 times daily PRN
• oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution	2.5-5mg Oral, Every 4 hours PRN For pain
• phenol 1.4 % mouth/throat spray	1 spray, Mouth/Throat, Every 2 hours PRN
• psyllium 51.7 % packet	1 packet, Oral, 2 times daily, Mix in 8 oz of juice or water and drink.
• saliva substitute (Biotene Dry Mouth) liquid oral rinse	15 mL, Swish & Spit, 3 times daily
• scopolamine 1 MG/3DAYS patch	1 patch, Transdermal, Every 72 hours PRN, Apply to hairless area behind 1 ear.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

H&P Notes (continued)

- white petrolatum gel — Topical, As needed

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, Sulfa antibiotics, and Sulfanilamide

Objective

OBJECTIVE

T: 36.3 °C (03/09/25 1253) **BP:** **(!) 102/42** (03/09/25 1253) **HR:** 78 (03/09/25 1253)
RR: **(!) 24** (03/09/25 1253) **SpO2:** 95 % (03/09/25 1253) Room air

Vitals (Most recent in last 24 hrs)

T: 36.5 °C (03/09/25 1324) **BP:** 131/81 (03/09/25 1800) **HR:** 97 (03/09/25 1800)
RR: 20 (03/09/25 1800) **SpO2:** 99 % (03/09/25 1800) Room air
T range: Temp Min: 36.3 °C Max: 36.5 °C
(no weight taken for this visit) (no height taken for this visit) There is no height or weight on file to calculate BMI.

Physical Exam
Vitals reviewed.
Constitutional:
General: She is in acute distress.
Appearance: She is ill-appearing. She is not toxic-appearing or diaphoretic.
Comments: **She is pale and cachectic.Patient had her eyes closed, mouth open and was noted to be groaning prior to my assessment and for the entirety of my assessment.**
HENT:
Mouth/Throat:
Mouth: Mucous membranes are dry.
Comments: **Edentulous. Dark appearing particles on her soft and hard palate. No secretions noted.**
Cardiovascular:
Rate and Rhythm: Tachycardia present.
Pulmonary:
Effort: No respiratory distress.
Abdominal:
Comments: **Scaphoid**
Musculoskeletal:
Comments: **Dry dressing with no strike through noted on left stump. No surrounding erythema or swelling. Right lower extremity in splint.**
Skin:
General: Skin is warm.
Neurological:
Comments: **Eyes closed, Not following commands. Noted to be moving upper extremities AG**

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
147	104	13			8.6		AST: 15	ALT: 10	-/-/-/- | -/-/-/-	
3.6	25	0.65	150	12.6	><	423	AP: 113	T bili: 0.9	Lact (a): -	Lact (v): -
				6						
eGFR: >60		Ca: 8.3			27		Prot: 6.0	Alb: 2.9	Trop I: 0.03	D-dimer: -
Mg: 1.9		PO4: 3.9		ANC: 10.71					BNP: 311	Anti-Xa: -
				ALC: 1.24					INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Hypernatremia, Low HH
Radiology	☒	☒	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a complex medical history who was recently admitted at Montlake, Med E medicine service from (1/9/2025 - 3/8/2025) for acute limb ischemia s/p L AKA, hospital course was complicated by postoperative bradycardia requiring PPM on 1/13, dysphagia, hospital related fall resulting in right periprosthetic femur fracture, and FTT, discharged to Bainbridge Island Health and Rehab SNF (on 3/8/25) and represents to HMC for placement on 3/9/25.

Goals of care
She appears frail and was in distress throughout my assessment. My clinical suspicion is that her groaning was due to ongoing pain. Summary of our discussion below:
- Tylenol IV 1000 mg 8hrs scheduled, Lidocaine patch to right hip. Can consider Nalbuphine vs Buprenorphine patch 5mcg q7 days
- Follow up with the Orthopedic team about plan: Operative vs. Non-operative plan.
- Continue modified comfort measures with "modifications" for now, will delineate this in the hours-days to come. Per prior hospitalization, nightly DVT ppx was reasonable.
- Palliative consult in the AM
- NPO except for medications
- SLP consult order: It is my clinical suspicion that patient wont be able to participate in a meaningful way, however, requested by POA.

 # Right hip fracture
- fall at Montlake hospital on 3/5 with R hip fracture, non -op management decided upon based on very high operative risks.
- patient's son reported he internally rotated her leg to "set it"
- brace placed by orthotics on 3/7 at request of son and with guidance from orthotics and ortho.
- NWB on Right leg
- Should limit motion of leg (ideally no ROM of R leg)
- abduction pillow
- log rolls for turning
- hip-spica brace now in place settings 0-60, slight abduction, can take off if uncomfortable and when needed (was not strictly recommended at this point by ortho, patient and son prefer it to be on)
- referral to NW ortho trauma clinic made, 2 view femur xray to be performed 3/13/25

#Superficial infection of left stump site
#Mild parotitis
S/p 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time (completed).
- nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
At prior hospitalization, SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium

and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions.
\
- As above

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- Pharmacy guiding this on admission

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders. Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- NWB LLE per Vascular Surgery
- has outpatient f/u 4/2/25
- was on ASA 81 mg daily, atorvastatin 10 mg daily which was dc'd during transition to modified comfort care, may require ongoing discussions with son . Previously was on pentoxifylline at home, but was not recommended by vascular surgery at this point

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Possible **follow-up in rehab amputee clinic after discharge depending on GOC, referral placed**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is fully healed
- scheduled for f/u in EP clinic 3/21/25

H&P Notes (continued)

#T2DM
BG in low 100s, discontinued SSI since not triggering insulin

Prior to admission, was on:
- timolol 0.5% opth 1 drop both eyes bid (glaucoma)
- b12 PO daily (unckear dose)
- Vitamin d 2000 units daily
- multivitamin

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: NPO except meds
Prophylaxis: Enox
Lines/Drains/Airways: PIV
Disposition: ACUTE
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Asmeche, Habtam, MD at 3/9/2025 9:25 PM

H&P by Kahsai, Ermyas Asfha, MD at 3/9/2025 1937

Attestation signed by Roddy, Erika A, MD at 3/11/2025 3:34 PM

Date of Service: 3/10/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Orthopaedic Surgery Consultation Note

Date of Service: 03/10/25
Reason for Consult: Right peri-implant proximal femur fracture
Attending of Record: Dr. Erika Roddy, MD
Referring Provider: Emergency Department
Ortho Services: HMC Ortho Blue
Other Consultants: Internal Medicine
Non-Orthopedic Injuries: None

HISTORY OF PRESENT ILLNESS
Jeanne Leonie Hoffman is a 100 year old female complex past medical and social history who sustained a right peri-implant proximal femur fracture. Patient had a ground-level fall on 3 5 while admitted to UW Montlake, which

orthopedics was consulted and recommended nonoperative management and hip spica brace. She was discharged from the hospital on 3/8 to a SNF approximately brought back to the ED via her son due to concerns of negligent care. In the same admission at Mon Lake she underwent an above-knee amputation for left lower extremity acute limb ischemia. Her course was complicated by progressive encephalopathy, heart block requiring a pacemaker, multiple aspirations complicated by pulmonary edema and malnutrition, and ultimately transition to palliative care.

Review of Systems
Pertinent positives as per HPI and otherwise negative.

Past Medical History
Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Closed fracture of unspecified intracapsular section of neck of femur *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• Unspecified vitamin B deficiency	5/1/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Allergies

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin *confusion*	Other
• Penicillins *3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD*	Skin: Rash
• Sulfa Antibiotics	Skin: Rash
• Sulfanilamide	Other

Medications

Current Outpatient Medications

Medication	Instructions
• acetaminophen (TYLENOL)	650 mg, Rectal, Every 6 hours PRN
• atropine 1% ophthalmic solution (for oral use)	2 drops, Sublingual, Every 4 hours PRN
• bisacodyl (DULCOLAX)	10 mg, Rectal, Daily PRN
• [START ON 3/11/2025] buprenorphine 5 MCG/HR patch	1 patch, Transdermal, Every 7 days scheduled
• camphor-menthol 0.5-0.5 % lotion	Topical, 2 times daily PRN
• carboxymethylcellulose 0.5 % ophthalmic solution	1 drop, Both EYES, Every 1 hour PRN
• enoxaparin (LOVENOX)	30 mg, Subcutaneous, Nightly
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• magnesium hydroxide 400 MG/5ML suspension	30 mL, Oral, 2 times daily PRN
• oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution	2.5-5mg Oral, Every 4 hours PRN For pain
• phenol 1.4 % mouth/throat spray	1 spray, Mouth/Throat, Every 2 hours PRN
• psyllium 51.7 % packet	1 packet, Oral, 2 times daily, Mix in 8 oz of juice or water and drink.
• saliva substitute (Biotene Dry Mouth) liquid oral rinse	15 mL, Swish & Spit, 3 times daily
• scopolamine 1 MG/3DAYS patch	1 patch, Transdermal, Every 72 hours PRN, Apply to hairless area behind 1 ear.
• white petrolatum gel	Topical, As needed

Family History

Family History

Problem (# of Occurrences)	Relation (Name,Age of Onset)
No Known Problems (2)	**Mother**, **Father**

Social History

Phone Number:
Telephone Information:
Home Phone 206-780-6885
Work Phone Not on file.
Mobile 206-280-1287

Lives in Bainbridge Island
Occupation: retired
Tobacco: Denies
Drugs: Denies
Functional Status: Independent without assistive device

Social History

Occupational History
- Not on file

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity
- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

PHYSICAL EXAM
GEN: Frail elderly
RESP: Breathing comfortably on room air
CV: Extremities warm and well-perfused, regular rate and rhythm

MSK:
LEFT Upper Extremity Musculoskeletal Exam
Inspection: No gross deformity. Skin without blanching, tenting, or puckering.
Palpation: No tenderness noted on palpation throughout extremity.
Motor: Unable to be performed given patient's mentation sensory: Unable to be performed in patient's mentation vascular: 2+ radial pulse, fingers warm and well perfused.
Compartments: Forearm compartments are soft and compressible.

RIGHT Upper Extremity Musculoskeletal Exam
Inspection: No gross deformity. Skin without blanching, tenting, or puckering.
Palpation: No tenderness noted on palpation throughout extremity.
Motor: 5/5 wrist flexion/extension, forearm pronation/supination, elbow flexion/extension, shoulder abduction. Able to demonstrate thumb extension, thumb interphalangeal and index finger distal interphalangeal joint flexion, finger abduction, and cross fingers.
Sensory: Sensation intact to light touch in distribution of axillary, median, radial, and ulnar nerves.
Vascular: 2+ radial pulse, fingers warm and well perfused.
Compartments: Forearm compartments are soft and compressible.

LEFT Lower Extremity Musculoskeletal Exam
Inspection: No gross deformity. Skin without blanching, tenting, or puckering.
Palpation: No tenderness noted on palpation throughout extremity.
Sensory: Sensation intact to light touch in distribution of deep peroneal, superficial peroneal, tibial, sural, and saphenous nerve distributions.
Motor: 5/5 extensor hallicus longus /flexor hallicus longus/ gastroc-soleus/tibialis anterior
Vascular: 2+ dorsalis pedis and posterior tibialis pulses, toes warm and well perfused.
Compartments: Anterior, lateral, and superficial posterior compartments are soft and compressible.

RIGHT Lower Extremity Musculoskeletal Exam
Inspection: No gross deformity. Skin without blanching, tenting, or puckering.
Palpation: No tenderness noted on palpation throughout extremity.
Sensory: Sensation intact to light touch in distribution of deep peroneal, superficial peroneal, tibial, sural, and saphenous nerve distributions.
Motor: 5/5 extensor hallicus longus /flexor hallicus longus/ gastroc-soleus/tibialis anterior

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

H&P Notes (continued)

Vascular: 2+ dorsalis pedis and posterior tibialis pulses, toes warm and well perfused.
Compartments: Anterior, lateral, and superficial posterior compartments are soft and compressible.

Labs

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other
147	104	13		8.6	AST: 15	ALT: 10	-/-/-/- | -/-/-/-
3.6	25	0.65	150	12.6 >< 423 6	AP: 113	T bili: 0.9	Lact (a): - Lact (v): -
eGFR: >60		Ca: 8.3		27	Prot: 6.0	Alb: 2.9	Trop I: 0.03 D-dimer: -
Mg: 1.9		PO4: 3.9		ANC: 10.71 ALC: 1.24			BNP: 311 Anti-Xa: - INR: -

Radiology

Reviewed imaging which demonstrates right peri-implant fracture with loose plate for distal femur, and sliding hip screw for

ASSESSMENT

Jeanne Leonie Hoffman is a 100 year old female who sustained a right peri-implant fracture, orthopedic team is being consulted for management of fracture. Patient has previously been on comfort care while at UWMC for this same injury. Operative fixation with injury like this would come with significant mortality risk for the patient patient would unlikely be able to withstand the morbidity associated with this procedure. Post we recommend patient should continue nonoperative management session given patient's DNR/DNI status and comfort care measures previously mentioned and recommended palliative care consult and goals of care discussion with her son.

PLAN

Right peri-implant proximal femur fracture
-Plan for nonoperative management
-Pending discussion with palliative care, and goals of care discussions
-Nonweightbearing
- Team: Orthopaedic Surgery Blue

- This plan was discussed with Dr. Joseph Sliepka, MD, the Orthopaedic Trauma Chief on-call who is in agreement

Ermyas Kahsai, MD PGY-2
University of Washington
Department of Orthopaedic Surgery and Sports Medicine

Electronically signed by Kahsai, Ermyas Asfha, MD at 3/10/2025 8:26 AM
Electronically signed by Roddy, Erika A, MD at 3/11/2025 3:34 PM

Discharge Summary Note

Discharge Summary by Bann, Maralyssa Angelique, MD at 3/11/2025 1706

Deceased Discharge Summary

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Discharge Summary Note (continued)

Gender Identity: Female Pronouns: she/her/hers
PCP: Navalurkar, Reema, MD
Code Status: DNR DNR/DNI

DATE OF ADMISSION: 3/9/2025
DATE OF DEATH: 3/11/2025
DISCHARGE TEAM & ATTENDING: Medicine Hospitalist Overflow Adult & Bann, Maralyssa Angeliqu*

ADMISSION DIAGNOSIS: Inability to swallow, maintain hydration/nutrition secondary to severe encephalopathy and dysphagia

PRELIMINARY CAUSE OF DEATH: Cardiac arrest secondary to severe protein/calorie malnutrition, inability to swallow/maintain hydration/nutrition, severe encephalopathy, dysphagia

REASON FOR ADMISSION:
Pt had recent prolonged hospital course at OSH 1/9/25-3/8/25 for acute limb ischemia s/p amputation with postoperative bradycardia and intermittent Mobitz II heart block s/p PPM. Hospital course was complicated by severe dysphagia and very high aspiration risk as well as frailty with R periprosthetic femur fracture sustained after a fall. Several goals of care conversations were held with the patient's LNOK, son Louis. She was managed on "modified comfort measures" and discharged to SNF. Her son then brought her to HMC 3/9.

HOSPITAL COURSE:
Patient was evaluated on admission here for several issues that had been identified at previous hospital including fracture (Orthopedics recommended non-operative management) and severe aspiration risk from dysphagia and encephalopathy (SLP evaluation noted no palpable swallow when puree placed in her mouth). Throughout this hospital stay, the patient remained noninteractive, did not respond to questions or commands, only moaning and crying out intermittently. Based on patient condition, comfort-directed therapy was recommended, to which patient's son Louis assented on 3/10. She passed peacefully on 3/11.

CONSULTS COMPLETED:
IP CONSULT TO PALLIATIVE CARE

UW Medicine physicians mentioned in this note can be reached by calling the UW Medicine Paging Operator at 206-520-3000. If any part of this transcript is missing or to request other transcripts for this patient call 206-744-9000. For online access to patient records enroll in EpicCare Link at okta.uwmedicine.org.

Electronically signed by Bann, Maralyssa Angelique, MD at 3/11/2025 5:27 PM

Clinical Notes

Consults

Navalurkar, Reema, MD at 3/10/2025 1010

Consult Orders
1. Inpatient Consult to Palliative Care [372904726] ordered by Bann, Maralyssa Angelique, MD

Attestation signed by Merel, Susan Eva, MD at 3/11/2025 7:50 AM

Date of Service: 3/10/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

I spent a total of 65 minutes for the patient's care on the date of the service.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Clinical Notes (continued)

PALLIATIVE CARE SERVICE: INITIAL CONSULT

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 3/9/2025
PCP: Navalurkar, Reema, MD
Code Status: DNR DNR/DNI

Inpatient Consult to Palliative Care
Consult performed by: Navalurkar, Reema, MD
Consult ordered by: Bann, Maralyssa Angelique, MD

ID/CC/REASON FOR CONSULT:
Jeanne Hoffman is a 100yo woman well known to me (as her PCP, currently on palliative care consult service) with HTN and PAD with recent prolonged hospitalization at UWMC Montlake (1/9-3/8/2025) for critical limb ischemia now s/p L AKA; this hospitalization was c/b delirium, Mobitz II heart block requiring PPM placement, fall resulting in R peri-prosthetic femur fracture. She discharged to a SNF on Bainbridge Island and presented to HMC ED after 1 day at her son/primary caregiver's request.

We appreciate the consult request from Dr. Maralyssa Bann, attending physician of hospital medicine service.

HPI:
Please see Dr. Barne's 3/8 discharge summary for recap of recent UWMC hospitalization.

Ms. Hoffman presented to HMC ED on 3/9 PM; her son told ED providers he was worried about her R femur fracture worsening because he felt her brace was poorly applied. Ms. Hoffman is nonverbal, rocking back and forth on her bed clearly uncomfortable. Her son Louis is teary with tangential speech that is difficult to interrupt/redirect. Today, he tells us that he is upset with the care provided to his mother at Montlake and her SNF, citing his own experience as a "toxicologist and geriatrician," though he did not attend medical school. As previously extensively documented, he has strongly held beliefs about he/his mother being persecuted at the hands of white supremacists on Bainbridge Island. We attempted to (1) acknowledge his distress ("It sounds like the last few months have been very stressful!") and (2) redirect to his mother's current circumstance ("She is safe in this hospital and we are working hard to make her comfortable"). I inquired whether he feels safe currently and whether he has others for support during this difficult time - he says he does not feels safe but he has a friend named Josh is coming to visit them later today. He states that he's been told by many providers that she is dying of dehydration/starvation; he voices anger and frustration about our "letting her die" (specifically that we are not offering operative femur repair or placing an NGT under anesthesia despite several failed attempts at placing an NGT at Montlake and her clinical status being deemed too tenuous to withstand anesthesia).
We reiterated that we are worried about her and our priority is to have her pain better controlled. We do think that her presentation means time is short. Louis states that if that's the case, "I'm going to leave, pack up her things, and not come back."
He returned to her bedside later this afternoon with his friend Josh; they accepted a visit with Regina (Pall Care Spiritual Care Provider). I ran into him in the hallway and he again stated he'd like the surgery to fix his mother's femur, insisting that he signed the form with surgeons yesterday. I told him that I can see his loves his mother very much and unfortunately surgery is longer being offered due to the high level of risk. He agreed that his mother looks more comfortable since starting morphine today.

SYMPTOM SCREENING AND ASSESSMENT:
Modified-ESAS not able to be completed due to patient unable to communicate.
I clinically assessed for evidence of shortness of breath and pain:
Shortness of breath was present? No
Pain was present? Yes

PHYSICAL EXAM:
General: frail, very thin woman lying in bed, moaning and reaching out with both arms, brow furrowed and eyes open; no consistent eye contact. very distressed.
HEENT: dry mucous membranes.
CV: regular rate and rhythm, 2+ radial pulses; WWP.
Resp: normal effort on room air.
Ext: LLE surgically absent; RLE with femur brace present.
Neuro: not answering questions, moving extremities spontaneously, not following commands.

IMPRESSION:

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Clinical Notes (continued)

Jeanne Hoffman is a 100yo woman with HTN and PAD with recent prolonged hospitalization at UWMC Montlake (1/9-3/8/2025) for critical limb ischemia now s/p L AKA; this hospitalization was c/b delirium, Mobitz II heart block requiring PPM placement, fall resulting in R peri-prosthetic femur fracture. She discharged to a SNF on Bainbridge Island and presented to HMC ED after 1 day at her son/primary caregiver's request.
Her care for the past several months has been very challenging because she is very hard of hearing and defers medical decisions to her son. In the outpatient setting, despite some bizarre beliefs about their neighborhood and healthcare system, he appeared to be caring for her adequately, managing all ADLs/IADLS for the past several months to years. Since her hospitalization in Jan 2025, he has demonstrated little understanding/insight re: her decline and medical complexity, causing much distress among several healthcare providers both at Montlake and HMC. Today, his persecutory delusions are evidently impacting his ability to discuss her care/goals. He does consistently state that he wishes she can return to Bainbridge island but does not want her to return to the Bainbridge SNF. She is now nonverbal, bedbound, and unable to tolerate PO.
Thus, with her poor prognosis on the order of days, our focus will be to optimize her comfort. Her son Louis has assented to this.

Goals of Care: comfort measures only;
Discussed with nursing
Discussed with primary team

Palliative Performance Score:

10%	Totally bedbound	Unable to do any activity / Extensive disease	Total care	Mouth care only	Full or drowsy +/- confusion

PALLIATIVE CARE INTERDISCIPLINARY CARE PLAN AND RECOMMENDATIONS:
- continue Butrans patch 5mcg/hr q7 days
- continue concentrated morphine solution PO 5-10mg q2h PRN for pain
- agree with tylenol PR or IV as adjunct analgesia
- her pain currently appears to be the primary driver of her agitation so would prioritize addressing her pain if she seems to be distress. however, given age, recent surgery and fracture, dehydration, and unfamiliar environment, she remains at high risk for hospital-acquired delirium. if pain appears to be well controlled but she develops agitation/hyperactive delirium in spite of the following usual delirium de-escalation strategies and she poses a risk to her own safety or to staff safety, we recommend haloperidol IV 0.5mg q4 PRN
- if son is again witnessed to engage in inappropriate/harmful physical or verbal behavior (such as forcibly trying to feed her, shaking her, yelling at her, or manipulating her RLE), please call security and document this event.
- I asked son if he'd like to be called with medical updates and he did not directly say yes or no; he seemed overwhelmed. I would therefore reserve phone calls for decision-making or in the event of her passing.
- Spiritual/Existential: Our team chaplain is available for visits to Jeanne and her son Louis as needed.

Advance Directives/POLST
1) SURROGATE DECISION MAKER:
Louis (son), ph# 206-780-6885

2) Advance Directives: none

3) CODE STATUS: DNAR/DNI

Disposition: inpatient end-of-life care with CMO order set

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

///
Reema Navalurkar, MD | Geriatric Medicine Fellow
Patient seen and discussed with attending, Dr. Susan Merel.

Electronically signed by Navalurkar, Reema, MD at 3/10/2025 4:59 PM

Electronically signed by Merel, Susan Eva, MD at 3/11/2025 7:50 AM

Conlon, Regina M, MDiv at 3/10/2025 1410

Harborview Spiritual Care Visit

Spiritual Care Community Visit

- Community Provider Name:
- Community Provider Type:
- Spiritual Community:
- Purpose of Visit:
- Additional Info:

1.

2. Encounter Details

- Patient Name (if different from chart):
- Patient Name: Jeanne Leonie Hoffman
- Referral From:
- Requested by:
- Form of Contact: In person
- Present at Encounter: Patient and caregivers
- Visit Type: Comfort care Initial
- Location: HMC 7E
- Spiritual Preference:
- Psycho/Social History:

3.

4. Narrative of Spiritual Encounter

5. Palliative Care Chaplain provided supportive visit to Jeanne and her son Louis. Their friend Josh was also visiting. Jeanne does not look comfortable and expresses pain through her reaching out and moaning. Louis is in tears as he grieves the end of his mother's life. Tears fall down Louis' face as he shares how he feels he has failed his mother, how she is his best friend, how he feels their community has abandoned them. I listen patiently because interjections have no impact on Louis. He tells his friend Josh and I that this is goodbye and he will not return. He tells his mom that he is leaving and he will see her on the train.

6. Josh places his hand on Jeanne's forehead to help calm her and help her feel connected but this does not settle her.

7. After Louis and Josh take their leave, Jeanne continues to thrash and moan and so I stay to continue to offer supportive presence, care and comfort. At times we clasp hands, at times I stroke her forehead, and at times Jeanne will settle but it is intermittent and she is clearly not comfortable yet. I would also offer her words of comfort letting her know that the care team is doing their best to help her feel comfortable.

8. An RN who was filling in while her nurse was on break came to offer pain medication with the hopes that it would help her. The medicine was concentrated and we hoped it would be enough to help relieve and calm her but it did not in the time that I spent with her.

9. I left after I let Jeanne know that the care team would continue to work to help get her to a place of comfort and rest. I wished her peace and that she would know she was safe.

10.

11. Interventions

- Spiritual Interventions: Spiritual Care Assessment;Spiritual Support;Grief Support

12.

13. Plan of Care

- Continue Visiting: No further needs at this time
- Spiritual Care Follow-up:
- To Provide:
- No further needs: Will request spirtual care as desired

Clinical Notes (continued)

- Referral to:

14.

15. Visit Duration

- Direct Time: 40
- Indirect Time: 15
- Total Time: 55

16.
17.
18. Thank you for this referral
19. Please call/page if further needs arise:
20. HMC:

- For urgent support: 206-989-4946 (Pager) or call HMC operator 744-3000 & request spiritual care
- For non-urgent/general inquiries: 206.744.3155

Electronically signed by Conlon, Regina M, MDiv at 3/10/2025 3:19 PM
Electronically signed by Shipe, Timothy J, MDiv at 3/19/2025 4:09 PM

Deceased

Bann, Maralyssa Angelique, MD at 3/11/2025 1703

Death Summary Note

Date and time of Death: 3/11/2025 4:50 PM
Death Pronounced By: Maralyssa Bann
Attending Provider: Bann, Maralyssa Angeliqu*
Service: Medicine Hospitalist Overflow Adult
Hospital: HMC INPATIENT 20
Patient's Family Notified: Was the family notified?: Yes

Presumed Cause of Death:

	Cause	Approximate Duration
Immediate Cause of Death:	Cardiac arrest	Minutes
Due to or as a Consequence of:	Cardiac arrhythmia	Hours Minutes
Due to or as a Consequence of:	Severe protein-calorie malnutrition	Weeks
Due to or as a Consequence of:	Dysphagia, encephalopathy	Weeks
Other Significant Conditions:	Bradycardia s/p pacemaker, critical limb ischemia s/p amputation, frailty	
Pronounced By:	Maralyssa Bann, MD	
Who will sign Death Certificate:	Maralyssa Bann, MD	

Clinical Notes (continued)

Autopsy and Medical Examiner Status:
Hospital Autopsy Request: Unable to contact legal next of kin at time of death
Autopsy consent completed?: After Death Service to call next of kin

Brief Death Summary: Patient was admitted with inability to swallow, inability to maintain nutrition/hydration, severe encephalopathy. She was made Comfort Measures Only and passed peacefully.

Electronically signed by Bann, Maralyssa Angelique, MD at 3/11/2025 5:06 PM

Nursing Note

Westerman, Jordan M, RN at 3/10/2025 0657

Patient Summary
100YO admitted from Rehab facility, after recent admin as Montlake. 1/9-3/8

Hx of HTN, T2DM, HLD, DVT, PAD, From Montlake admin- L AKA, Mobitz II heart block requiring PPM 1/13, Fall 3/4 resulting in R hip fx

Assumed care of pt 2100 from ED. VSS on RA. Resp 18-22. Pt AOx0, does not follow commands, intermittently tracking. Extremely dry mucus membranes, mouth breather, oral completed x2 overnight. No BM overnight. Minimal UOP via purewick. PIV x1- all meds IV. Pt unable to tolerate PO, coughing with small intake, NPO. RLE KI in place for comfort. Pt moaning, wailing, and groaning through out shift, pain meds given when available. Q2 turns performed overnight. Sensitive BA on for safety, pt rounded on regularly.

Electronically signed by Westerman, Jordan M, RN at 3/10/2025 6:57 AM

Rohr, Helen B, RN at 3/10/2025 1754

Illness Severity
Stable

Patient Summary
100YO admitted from Rehab facility, after recent admin as Montlake. 1/9-3/8

Hx of HTN, T2DM, HLD, DVT, PAD, From Montlake admin- L AKA, Mobitz II heart block requiring PPM 1/13, Fall 3/4 resulting in R hip fx, non operative.

Patient arouses to voice. Does not track RN in room, rarely opens eyes. Does not follow commands. Makes incomprehensible noises, moaning in pain. Son states, "Only I can communicate and know what she's saying. She uses tactile communication! When she grabs her stomach that means she's hungry." VSS, sating 92% on RA this morning when vitals taken. RR 16-20. After discussion with primary team, palliative, and son, patient transitioned to

Clinical Notes (continued)

comfort care. Son then grabbed patient's face with both hands and yelled, "you're dying mom you're dying mom they want you to die!" Provider and RN tell son not to grab the patient, that she will benefit from a calm environment. SLP consulted and recommended therapeutic feeding tray. Son stated, "she's just hungry! That's all that's wrong with her. Her organs are fine she can live longer but you're starving her!" Patient without swallow reflex according to SLP, does not close mouth when food is inserted, and becomes increasingly agitated pushing food away. Patient is in obvious distress and son states, "it's because you gave her pain meds now she doesn't want to eat!" Patient moaning in the room, arms grasping the air and rolling in bed in the morning. Patient appeared in severe pain to nursing staff and primary team. Once comfort measures initiated patient started on oral morphine concentrate. Resting and appears much more comfortable this afternoon. Last BM PTA. Incontinent of urine. Unable to take in any PO intake. PIV x1 to L hand. L AKA. R knee immobilizer per son request. Rounded on regularly.

Son pulled RN aside in hallway and started speaking about "the hatred circle" and "white supremacy" and said, "now they're going to come after me and take my home away. I've already disguised it as best as I could but they might find me. I'm in just as much danger as her!" Son states he doesn't want to see his mom die and that he is going to leave and not return.

Electronically signed by Rohr, Helen B, RN at 3/10/2025 5:58 PM

Anderson, Noah R, RN at 3/11/2025 0600

Illness Severity

Stable

Patient Summary

100YO admitted from Rehab facility, after recent admin as Montlake. 1/9-3/8

Hx of HTN, T2DM, HLD, DVT, PAD, From Montlake admin- L AKA, Mobitz II heart block requiring PPM 1/13, Fall 3/4 resulting in R hip fx, non operative.

Comfort measures only. Patient arouses to voice. Does not track RN in room, rarely opens eyes. Does not follow commands. Makes incomprehensible noises, moaning in pain Last BM PTA. Incontinent of urine. Unable to take in any PO intake. Thrashing head when RN attempting to admin oral morphine. IV dilaudid given instead. PIV x1 to L hand. L AKA. R knee immobilizer per son request. Rounded on per unit protocol. Bed alarm in place. Call light within reach.

Action Items

Clinical Notes (continued)

Comfort care

Situational Awareness

- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time. Dictates most of pt's care, only calls when additional help required. Wants aggressive measures and has difficulty comprehending probability of pt's condition improving is unlikely.
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe HOH, use whiteboard to communicate
-*pt son rotated pt's leg after fall 3/5, he did it again w/ doctor present on 3/6, MD enforced education about not doing that again or he may be kicked out of the room.

Electronically signed by Anderson, Noah R, RN at 3/11/2025 6:02 AM

Bloom, Shannon K, RN at 3/11/2025 1734

Comfort measures only. Patient restless at beginning of shift, thrashing arms, RR 20-22. PRN morphine solution and IV dilaudid given with good effect. Patient appears comfortable with RR ~18 when rounding. Incontinent x1. Son at bedside, frequently requesting for NG tube placement, lab draws, vital checks. Comfort measures reinforced with son, MD notified.

1635: Patient noted with RR = 0, Dr. Bann notified. Patient's son at bedside, visibly distraught. Emotional support provided, spiritual care visit offered to patient's son but he declined. Patient's son stated "I'm going now that she's dead" and left the unit. Dr. Bann came to bedside to call TOD.

Electronically signed by Bloom, Shannon K, RN at 3/11/2025 5:34 PM

Progress Notes

Thompson, Katie, LICSW at 3/9/2025 2004

HMC ED SOCIAL WORK PSYCHOSOCIAL ASSESSMENT

ID / CC / Reason For Referral: Pt is 100 year old female BIB medics from SNF d/t concerns for leg splint placement. SW follows case upon arrival to gather information and provide support.

ED Referral Source: Self referral (case-finding)

Social Work Summary:
HPI: Per report, Pt was d/c from UW Montlake yesterday to SNF for rehab. Today, pt's son noticed that her splint had not been placed correctly. He also identified other concerns for care, so he asked for her to come to HMC. Pt arrives A&O x0 and unable to follow commands. Pt's son accompanies her as a care advocate and provides hx to medical team.

SW meets with pt's son at bedside to introduce self and role. He shares concern that pt is not being treated d/t her

Clinical Notes (continued)

age. He expresses that prior to this injury she was very healthy and able to participate fully in her life. He shares that he feels that after this recent admission, her care team was pushing for comfort measures while he continues to advocate for rehabilitation. He reports that he believes that she was sent to SNF be given morphine and they are not actually going to help her get better. He reports that he is pt's medical DPOA and they have had many conversations about her medical wishes. He advocates that she would prefer to try every intervention rather than to "suffer" in pain. He expresses they would be open to surgery for her current injury, even if it meant pt would require a wheelchair to get around. SW provides him with supportive listening and validation. SW encourages him to continue to communicate with medical team to advocate his wishes and to get a good understanding of her prognosis for future care planning.

SW remains available for additional support, as needed.

Patient/Social History:
Language: English
Information Obtained From : Children
Living situation prior to admit : Skilled Nursing Facility
PTA-Name of Facility :Bainbridge Island Health and Rehab

Healthcare Advanced Directive/Decision Making: Pt son reports that he is medical DPOA.
Contact in Following Order for Legal Next of Kin Decision Making:
1. Patient as able
2. Louis Charles Hoffmann Alloin, son: 206-780-6885

Impression: Pt is awake but unable to communicate with medical team. Pt appears well supported by son, who is a strong advocate for pt's quality of life.
Plan: Pt will be admitted to HMC.

Katie Thompson, LSWAIC
Emergency Services Social Worker
Harborview Medical Center
206-744-4028

Electronically signed by Thompson, Katie, LICSW at 3/9/2025 9:07 PM

Bunzel, Eli Walker, MD at 3/10/2025 0626

ORTHOPEDIC SURGERY DAILY PROGRESS NOTE

ADMIT DATE: 3/9/2025

PROCEDURES:
None

ASSESSMENT:
100 year old female who was recently admitted to UWMC Montlake for acute limb ischemia s/p L AKA and a R inter-implant proximal femur fracture who was transferred to HMC for ongonig discussions of GOC in the setting of her multiple injuries.

PLAN:
Activity / WB status: NWB RLE in abduction brace for comfort
Antibiotics: No antibiotics indicated for their orthopedic injury(ies)
Anticoagulation plan: Defer to primary, but recommending Enoxaparin 30mg BID x6 weeks as it is the standard of care for DVT prophylaxis in adult trauma patients
Dispo: Pain control, comfort

Follow up: Follow-up pending clinical course.

#R inter-implant proximal femur fracture
- in abduction brace for comfort as above
- Will need to discuss with son (Louis) regarding ongoing care, but for now we do not have any OR plans for Jeanne given her prolonged hospital course at UWMC
- May have regular diet

PROBLEM LIST:

Patient Active Problem List

Diagnosis

- Osteoporosis, unspecified
- Adult failure to thrive syndrome
- Type 2 diabetes mellitus without complication (HCC)
- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Failure to thrive in adult
- Abdominal pain
- Acute lower limb ischemia
- Bradycardia
- Housing instability
- Advanced care planning/counseling discussion
- Reduced vision
- Community acquired bacterial pneumonia
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Primary open angle glaucoma (POAG) of both eyes
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Vitamin D deficiency
- Primary osteoarthritis of both hips
- Imbalance
- History of recurrent deep vein thrombosis (DVT)
- Pseudophakia, both eyes
- Urine incontinence
- Osteoarthritis of lumbar spine

SUBJECTIVE:
Examined at bedside this AM, patient is in some distress due to pain.

VITALS: *(Most recent and 24 hour range.)*
Temp: [36.3 °C-36.6 °C] 36.6 °C
Pulse: [78-102] 102
Resp: [9-28] 22
BP: (102-156)/(42-81) 138/67
MAP (mmHg): [79-120] 112
SpO2: [92 %-100 %] 92 %
Height: [5' (152.4 cm)] 5' (152.4 cm)
Weight: [46.8 kg (103 lb 2.8 oz)] 46.8 kg (103 lb 2.8 oz)

PHYSICAL EXAM:
General: Frail appearing. Moderate distress in setting of pain. Appears older than stated age. Lying in bed.
Respiratory: Breathing comfortably on room air. and Bilateral symmetric chest rise. No extra work of breathing.
Neuro: A&O x0, does not follow commands or answer questions.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Clinical Notes (continued)

Left Lower Extremity
Inspection: Prior AKA with mepilex overlying distal stump, no erythema or open wounds
Palpation: No apparent tenderness to palpation over bony surfaces throughout extremity.
Range of Motion (Nested ROM): No pain with log roll
Sensory: Noncompliant with exam
Motor: Noncompliant with exam
Vascular: warm and well perfused and capillary refill < 2s

Right Lower Extremity
Inspection: No gross deformity. No open wounds. Knee immobilizer in place to the RLE.
Palpation: Deferred over known injury location; no tenderness to palpation along the remainder of the extremity.
Range of Motion (Nested ROM): Deferred
Sensory: Noncompliant with exam
Motor: Noncompliant with exam but seen volitionally plantar and dorsiflexing at the R ankle
Vascular: warm and well perfused and capillary refill < 2s

SCHEDULED MEDS:
acetaminophen, 1,000 mg, Intravenous, q8h
buprenorphine, 1 patch, Transdermal, q7 days SCH
enoxaparin, 40 mg, Subcutaneous, q HS
lidocaine, 1 patch, Topical, q24h

PRN MEDS:
[Held By Provider] atropine, 2 drop, q4h PRN
HYDROmorphone, 0.2-0.4 mg, q4h PRN
oxyCODONE CONCENTRATED, 2.6-5 mg, q4h PRN

Electronically signed by Bunzel, Eli Walker, MD at 3/10/2025 7:30 AM

Bann, Maralyssa Angelique, MD at 3/10/2025 0748

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 3/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with complex medical history who was recently admitted at Montlake, Med E medicine service from (1/9/2025 - 3/8/2025) for acute limb ischemia s/p L AKA, hospital course was complicated by postoperative bradycardia requiring PPM on 1/13, dysphagia, hospital related fall resulting in right periprosthetic femur fracture, and FTT, discharged to Bainbridge Island Health and Rehab SNF (on 3/8/25) and represents to HMC on 3/9/25
Subjective

SUBJECTIVE

INTERVAL HISTORY:

Clinical Notes (continued)

-Admitted overnight
-Pt was just discharged from UWML to SNF and son (Louis) brought her here; per report he declined return to the SNF or transfer back to UWML from the ED
-Received report that overnight pt was having severe distress, writhing in pain, crying out
-SLP saw pt this morning, very poor function (no palpable swallow per therapist note but open mouth posture, frequent moaning, no command following)

I met Louis this morning at the patient's bedside. Before able to introduce myself he said "I need to know how to get security to check out a visitor. There's someone coming who I don't want to come to this room because they hate her." I asked for clarification and he had quite a long response at times tangential including references to "white supremacists who put their hatred on her and who want her to die." He gave many details about what sound like previous conversations related to housing options and navigating different resources. At one point, he said "They took away her housing so that she would just die. They said 'You're 100. It's time to go.'" I was unable to ascertain who exactly might be coming to visit but perhaps a case manager or housing resource support person?

I redirected our conversation to the patient's current health status and began by introducing myself. Louis introduced himself as the patient's "business partner, best friend, and son." He then said "I'm also what you'd call a doctor." I tried to inquire what his understanding is of his mother's illness and current medical condition. Louis again gave a confusing response that I believe referenced some of the events from the recent hospitalization at Montlake. During his recap, as he demonstrated what he believed to be incorrect cares delivered by previous staff (such as failed attempts at NGT placement) he shook the patient causing her to cry out. I instructed him to stop doing this as it appeared to be causing her distress. I told him what we had noted on the swallow evaluation earlier in the morning to which he responded multiple times that "She's starving. She's starving." He became more animated at this point, raising his voice. Around this time the patient then also began crying out again and raising her arms towards the sky. Louis said "See, this is her starving." I expressed to Louis that it is hard to see our loved ones suffer but that we do not have a fix for what is going on in her body.

I explained to Louis that given everything that we are seeing including his mother's frailty, her inability to meet her nutritional needs, and her overall condition, I believe her to be nearing the end of her life. He again had a long response to this which included some references to "reports made to many different bodies including the Human Rights Commission about her situation." I told him that I would recommend that we focus on her comfort. I said explicitly that I think she is in the dying process and that her body is shutting down. He said "If you think she's dying then I'll just get my things and leave and never come back." I told him if he felt he needed to do that, that was OK. He then grabbed the patient's face and shouted at her repeatedly "Mom, you're dying. Mom, you're dying." He then asked in what time frame her death might occur. I estimated that she may have on the order of days to weeks left to live. He then said "OK, I'm going to leave then." (Although, did not leave the room at this time.) I told him that given everything we are seeing and what we had discussed, I would plan to stop vital sign checks, stop lab checks, deliver medications for the symptoms that we see her display, and to limit her suffering. He nodded to this and said again "OK, I'm going to go." The patient's nurse inquired if he would like phone call updates or any other form of communication and he said "No."

Louis remained in the room for a period of time after this conversation. I stepped out to discuss the case with consulting Palliative Care team who had arrived on the floor. Please see separate documentation for other provider conversations.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 40 mg, q HS
- lidocaine, 1 patch, q24h

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- glycopyrrolate, 0.2 mg, q4h PRN
- HYDROmorphone, 0.2-0.4 mg, q4h PRN
- morphine CONCENTRATED, 5-10 mg, Q2 Hours PRN
- petrolatum, , BID PRN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Clinical Notes (continued)

Objective

OBJECTIVE

T: 36.9 °C (03/10/25 0836) **BP:** **(!) 145/61** (03/10/25 0836) **HR:** **98 (03/10/25 0836)**
RR: **(!) 22** (03/10/25 0836) **SpO2:** 95 % (03/10/25 0836) Room air
T range: Temp Min: 36.6 °C Max: 36.9 °C
Admit weight: 46.8 kg (103 lb 2.8 oz) (03/09/25 2200)
Last weight: 46.8 kg (103 lb 2.8 oz) (03/09/25 2200)

I&Os:
Intake/Output Summary (Last 24 hours) at 3/10/2025 1627
Last data filed at 3/10/2025 0515

Intake	200 ml
Output	—
Net	**200 ml**

Physical Exam

Pt sitting with head elevated in hospital bed, somewhat slumped over. Cachectic.
Eyes closed and intermittently groaning, raising her arms towards the ceiling.
Does not respond to verbal questions. When I hold her hand gently, she begins moaning but does not interact.
Mouth open. Very dry with no teeth and visible patches of blackened and dried mucosa across roof of mouth.
Breathing rapidly and shallowly. No cough appreciated.
Regular rapid heart rate. No edema noted.
Skin is dry and warm. RLE in splint. Dressing to L stump site.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a complex medical history who was recently admitted at Montlake, Med E medicine service from (1/9/2025 - 3/8/2025) for acute limb ischemia s/p L AKA, hospital course was complicated by postoperative bradycardia requiring PPM on 1/13, dysphagia, hospital related fall resulting in right periprosthetic femur fracture, and FTT, discharged to Bainbridge Island Health and Rehab SNF (on 3/8/25) and represents to HMC on 3/9/25.

Pt brought to HMC almost immediately following discharge from UW Montlake to SNF yesterday. Patient is cachectic, unable to safely swallow or meet hydration/nutrition needs by mouth, and unable to communicate. She is distressed-appearing and appears to be in pain. Recommend transition to Comfort Measures Only.

I have relayed my assessment that Ms Hoffman is nearing end of life to her son, Louis. See details of our conversation above. Today, he was often tangential with somewhat pressured speech and some paranoid thought process displayed. While he seemed to grasp the general understanding that she is unable to safely swallow and cannot meet her nutritional needs, his thought process would sometimes pivot to thoughts of persecution and hatred directed towards her by "people who want her dead." It is hard to know whether these concerns reflect specific past events as at times he seemed to mention general groups ("white supremacists" and "people on Bainbridge" coming after her) while at others specific individuals (at least one of whom may have been a housing case worker involved in some kind of housing resource discussion). His ability to participate in nuanced discussion of her medical history was inconsistent and frequently tangential. It is very difficult to engage in any kind of complicated

Clinical Notes (continued)

decision-making with him. However, when we focused on the specific issues at hand in this moment, seemed to understand that his mother is in the dying process and indicated that he cannot be present while she passes. He agreed that she should not be in pain and assented to Comfort Measures Only plan.

Based on our conversation, I believe Louis to be in the grieving process and have asked Palliative Care team including social work, spiritual care, etc to see if we can help brainstorm the best way to support him. I also worry about some of the behaviors I witnessed in the room today (intermittently shaking her, yelling at her, and seeming not to interpret her signs of distress when doing so) and behaviors that I have heard report of from current and previous staff (forcibly trying to feed her, manipulating her leg with the broken hip despite instructions not to, preventing care teams from delivering care). As of now, he has told our care teams that he is leaving the hospital and does not plan to return. I am not certain if this will be true or not. Should he return, nursing team and I have discussed making sure that we provide clear boundaries and expectation-setting. We began this process today by instructing him not to forcibly touch his mother and not to raise his voice at her or at staff. If he harms his mother or prevents necessary caregiving, security will be called.

- Comfort Measures Only: no vital signs, lab draws, focus on symptom management, DNR/DNI
- Palliative Care has consulted: appreciate management recommendations as well as support and assistance for care teams and patient/family

Pain:
- Butrans patch 5mcg/hr
- Concentrated morphine solution PO 5-10mg q2hrs for pain
- Tylenol PR PRN for pain or fever
- Lidocaine patch PRN pain

Aspiration:
- Maintain NPO status here unless patient herself requests (seems unlikely); if Louis requests to try feeding her would only engage in this with direct supervision and stop if the patient seems distressed at any point

Mobility/ROM:
- NWB RLE, limit motion of leg as much as possible; abduction pillow, log rolls
- Hip-spica brace in place; remove if uncomfortable (not strictly recommended by Ortho)

Other Management:
- Will need to consider management of her pacemaker as this was not explicitly discussed today

Problem List:
#Severe aspiration risk, ongoing
#Severe protein-calorie malnutrition POA
#Right hip fracture, managed non-operatively
#Acute limb ischemia s/p L AKA with superficial infection of left stump site
#s/p PPM placement for symptomatic bradycardia and 2nd degree AV block
#Chronic bilateral pleural effusions
#Mild parotitis

I spent a total of 120 minutes for the patient's care on the date of the service.

Electronically signed by Bann, Maralyssa Angelique, MD at 3/10/2025 6:15 PM

Duong, Lisa P, Social Work Assistant at 3/10/2025 1053

DPC Initial Referral

Current Situation:
Discharge Placement Center received a Return to SNF referral from SW.
Per SW's request, DPC referred patient to Bainbridge H&R only.

Plan:
Discharge Placement Center will follow-up and expand as needed.

Lisa P Duong

Electronically signed by Duong, Lisa P, Social Work Assistant at 3/10/2025 10:54 AM

Baldridge, Nick, LSWAIC at 3/10/2025 1252

SOCIAL WORK PROGRESS NOTE
Service: MEDICINE HOSPITALIST OVERFLOW ADULT
Admit reason: This is a 100 year old old female admitted for Failure to thrive in adult [R62.7]
Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S].

ADVANCED DIRECTIVE:
Does the patient have a Healthcare Advanced Directive: Yes
Location of Healthcare Advanced Directive: Patient has Healthcare Advanced Directive in the chart
Informed the team that there is a Healthcare Advanced Directive: Yes
Type of Advance Directive: Power of Attorney-Healthcare

HEALTHCARE DECISION MAKING INFORMATION: Pt as able. If unable, pt's son is listed as POA with documents in media tab.

Contact in Following Order for Legal Next of Kin Decision Making:
21. Patient as able
22. Louis Charles Hoffmann Alloin, Son/POA, 206-780-6885

Currently Active Insurance

Payor	Plan	Subscriber	Member ID
MOLINA HEALTHCARE MEDICARE	MOLINA MEDICARE OPTIONS PLUS HMO SNP	HOFFMAN,JEANNE LEONIE	8000880246486
WA MEDICAID	QMB-QUALIFIED MEDICARE BENEFICIARY	HOFFMAN,JEANNE LEONIE	100675002WA

INCOME INFORMATION:

DISCHARGE PLANNING SUMMARY:
EDD:3/14/2025
Patient Discharge Goals were/are: Uncertain
Functional Limitation Prior to Admit: Physical Limitations
Initial Discharge Planning Assessment Complete: Yes
Living Situation Prior to Admit: Skilled Nursing Facility
Anticipated Living Situation Post Discharge/Needs:

MENTAL HEALTH SCREEN:
Current Mental Health Diagnosis:
Expected PASRR Positive: No

SUMMARY:
Assessment: Per chart, "100 year old female who was recently admitted to UWMC Montlake for acute limb ischemia s/p L AKA and a R inter-implant proximal femur fracture who was transferred to HMC for ongonig discussions of GOC in the setting of her multiple injuries."

Intervention: Pt was discussed in morning med huddle. She was recently at UW Montlake for an extended hospitalization and discharged to Bainbridge Island H&R on 3/8/25. Her son discharged her from the SNF shortly thereafter and they re-presented to HMC ED on 3/9/2025.

SW sent Bainbridge Island H&R a referral on AIDA to see if they would be willing to take pt back. SW also called Lisa in the admissions office at 206-842-4765 and spoke with her. She stated she would meet with the medical director soon and f/u with SW about their decision.

Plan or Outcome: SW following pt to support and d/c plan. Anticipating to hear back from Bainbridge H&R by end of day regarding re-acceptance.

Nick Baldridge, LSWAIC

Electronically signed by Baldridge, Nick, LSWAIC at 3/10/2025 1:04 PM

Voorhees, Megan Elizabeth, SLP at 3/10/2025 1317

SLP Note

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Today's Date: 3/10/2025

Patient Active Problem List
Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia

- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia
- Abdominal pain
- Failure to thrive in adult

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018

- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) 5/17/2018
- Thrombocytopenia (HCC) 11/2/2016
- Leg weakness, bilateral 1/6/2015
- Weakness of trunk musculature 1/6/2015
- Vertebral fracture 12/13/2012
  Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed
- Thyroid nodule, uninodular 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.
- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)

Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

	03/10/25 0900
SLP Last Visit	
SLP Received On	03/10/25
General	
SLP Document Type	Eval
SLP Treatment Start Time	0900
SLP Total Treatment Time in Minutes	45 Minutes
Visual Acuity	Corrective lenses not available
Auditory Acuity	Other *(unable to assess, reports of hearing impariment noted in chart review, no hearing aides, family reports she can hear w/ projected voice)*
Family/Caregiver Comments	Son present at bedside. Endorsed success w/ PO intake using the following strategies: use of familiar items (ensure, apple sauce, mashed potatoes), use of lid cup + straw, use of whiteboard to label items and include written visual cues to swallow.
Interpreter Services	
Is an interpreter used?	No
Subjective	
Patient Report/Self-Assessment	RN cleared SLP for entry. Pt awake, audibly moaning, turning away from clinician upon verbal/tactile cues to optimize positioning for PO trials.
Prior Function	
Prior Function	Pt seen by SLP at UWMC 2/7/25 with recommendations for IDDSI 5/0 diet w/ 1:1 feeding assistance, emphasis on oral care. Per last SLP, Family did not want to pursue alternative means of nutrition/hydration at that time. Son reports upon DC to SNF, Pt was put on a regular diet/thin liquids. Limited oral intake and concerns for

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Clinical Notes (continued)

	nutrition/hydration status expressed by son as well.
IADLs	Requires assist
Oral Mechanism Examination	
Dentition	Edentulous
Oral mucosa	Dry;Other *(patches of black, dried mucosa noted throughout hard palate, soft palate, and lateral lingual surface. pt w/ limited reception to oral care.)*
Volitional cough	Other *(unable to initiate)*
Volitional swallow	Unable to initiate
Labial ROM	Impaired
Lingual ROM	Uncoordinated
Vocal Quality	WFL
Observations	Pt w/ open mouth posture, frequent moaning, no command following during oral mech exam.
Patient Information	
Temperature	Afebrile *(WBC: 12.66 (elevated))*
Respiratory Status	Room air
Behavior/Cognition	Agitated;No command following
Patient Positioning	Upright in bed
Objective	
Consistencies Assessed	0-Thin Liquids;4-Pureed
0-Thin Liquids - Presentation	Spoon;Straw
4 Pureed - Presentation	Spoon
Consistencies Assessed Comment	Pt fed by SLP or son given reduced ability to hold utensils independently. Pt w/ limited reception frequently averting mouth away from utensil despite gentle modes of PO presentation. Puree placed in oral cavity by family, no palpable swallow by this writer. Pt w/ expectoration attempts. Small volume PO suctioned from oral cavity.
Signs/Symptoms of Penetration/Aspiration	None *(No palpable swallow.)*
Swallowing Treatment	
Patient/Caregiver Training	SLP provided edu regarding role of SLP, aspiration risks given advanced age, AMS, FTT, reduced oral care, need for assistance w/ feeding/oral care/iADLS, emphasis on ongoing GOC discussions between Pt, family, interdisciplinary team given complex bioethical decision regarding nutrition/hydration plan in this pt population. Emphasis on oral care and 1:1 careful hand feeding provided. Please see the following factors in

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Clinical Notes (continued)

regards to pillars of aspiration PNA development:

Scenario	Health/Immune System Status	+	Oral Health Status	+	Laryngeal Valve Protection Status	=	Predicted Outcome
1	Normal	+	Healthy	+	No Aspiration	=	No Pneumonia
2	Normal	+	Poor	+	No Aspiration	=	No Pneumonia
3	Normal	+	Poor	+	Aspiration	=	No Pneumonia
4	Normal	+	Healthy	+	Aspiration	=	No Pneumonia
5	Compromised	+	Healthy	+	No Aspiration	=	No Pneumonia
6	Compromised	+	Poor	+	No Aspiration	=	No Pneumonia
7	Compromised	+	Healthy	+	Aspiration	=	Lower Risk-Pneumonia
8	Compromised	+	Poor	+	Aspiration	=	High Risk-Pneumonia

Ashford, J. R. (2024). *Pneumonia "risk" predictor.* SA Swallowing Services, PLLC. https://www.sasspllc.com/pneumonia-risk-predictor

SLP Assessment

Assessment

Pt presents w/ increased risk for aspiration related complication given advanced age, failure to thrive, dependence on others for oral feeding/oral care, reduced mobility, and alterted mental status. On this date, Pt demonstrated limited reception to PO, reduced oral manipulation, and no palpable swallow despite use of family-reported strategies w/ family

	assist to trial 1:1 feeding w/ upright position, verbal/visual cues, and max encouragement. Given overall clinical picture and ongoing GOC discussions, will defer diet recommendations to pt, family, and interdisciplinary team. May consider family endorsed strategies to optimize PO intake/reception including: use of familiar items (ensure, apple sauce, mashed potatoes), use of lid cup + straw, use of whiteboard to label items and include written visual cues to swallow. Nutrition/dietary, palliative, and spiritual care consults would be appreciate. Acute SLP will continue to follow for Pt/family education, re-assessment, as needed and if service remains within GOC.
Evaluation/Treatment Tolerance	Treatment limited secondary to agitation
Plan	
SLP Plan	Skilled SLP
Treatment/Interventions	Swallow treatment;Patient/family education
SLP Frequency	1-3x/week
SLP Discharge Recommendations	Follow up with SLP at next level of care;Assistance with;Supervision with
Assistance with Details	IADLS;Eating;Drinking
Supervision with Details	IADLS;Eating;Drinking
Goals	STG 1;STG - Education
Swallow Recommendations	
Diet Recommendations	Other *(Defer to interdisciplinary team pending GOC discussion: can consider 4/0 vs 5/0 given no NGT/PEG not within prior stated goals with careful hand feeding strategies and aspiration precautions)* Careful Hand Feeding Careful hand feeding means giving someone small amounts of food and drink when they are no longer able to feed themselves. Careful hand feeding can work as long as a person is comfortable and wants to be fed. Patients are never force fed food. General Precautions: • Only feed when awake, alert, and accepting of intake • Sit as upright as able during & 30 minutes after meal • Small bites/sips one at a time via spoon at a slow rate • Encourage independence (as able) by using handover-hand feeding: put a utensil in the person's hand, place your hand around theirs and lift both of your hands to the person's

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Clinical Notes (continued)

	mouth for a bite • Reduce distractions at mealtimes • Make sure the patient swallows a bite or sip before giving the next bite or sip • Promote good oral hygiene, check for residue in the person's mouth after meals. If it's difficult to use a toothbrush, try oral swabs • Stop if person is declining (turning away, not willingly opening their mouth, spitting food out), there is significant residue in their mouth, or overt signs of coughing and choking leading to discomfort are present
Medication Administration Recommendations	Other *(Pending GOC: can consider IV vs crushed in puree)*
Oral care	Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette
Aspiration Precautions	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating
Swallow Recovery	Medically Complex: unable to assess prognosis.
Short Term Goal	
Short Term Goal	Tolerate least restrictive diet
Estimated Completion Date	03/31/25
Goal Status	Updated
Short Term Goal - Education	
Patient/caregiver will participate in education regarding	Dysphagia
Estimated Completion Date	03/31/25
Goal Status	Updated

Megan E Voorhees, SLP
3/10/2025

Electronically signed by Voorhees, Megan Elizabeth, SLP at 3/10/2025 1:22 PM

Merel, Susan Eva, MD at 3/11/2025 1033

Clinical Notes (continued)

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 3/9/2025
Code Status: DNR DNR/DNI

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: 100 yo woman recently unhoused, living in tent with her son on Bainbridge, at ML 1/9-3/8 after LAKA for acute limb ischemia, also recent R periprosthetic femur fracture

INTERVAL HISTORY:
Per RN, seems to calm somewhat iwith IV HM and liquid morphine concentrate, but got 10 mg of morphine just under 2 hours ago and is still agitated. Jeanne looks slightly calmer than yesterday and is not calling out, but still has open mouth, wide awake, furrowed brow, rhythmic movements.

Louis was at bedside. Did not mention that he had not planned to visit (told nurse he had an ophthalmology appt nearby). He was massaging her shoulders and using the mouth swab with water. When I said I though she looked uncomfortable and needed more medication, he vaguely disagreed with this but didn't argue with me about pain medications. He has heard she could go back to the SNF and is fine with this, wants her to ride in a wheelchair on the ferry.

SCHEDULED MEDICATIONS
buprenorphine, 1 patch, Transdermal, q7 days SCH
lidocaine, 1 patch, Topical, q24h

INFUSED MEDICATIONS

PRN MEDICATIONS
PRN medications: acetaminophen, [Held By Provider] atropine, bisacodyl, glycopyrrolate, haloperidol lactate, HYDROmorphone, morphine CONCENTRATED, petrolatum

PHYSICAL EXAM:

Vitals (Most recent in last 24 hrs)
T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: **(!) 22** (03/11/25 1032) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 46.8 kg (103 lb 2.8 oz) (03/09/25 2200)
Last weight: 46.8 kg (103 lb 2.8 oz) (03/09/25 2200)

I&Os: No intake or output data in the 24 hours ending 03/11/25 1035
Gen:
Resp:
Neuro:

LABS:
Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -	Ca: -			-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -	PO4: -			ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Clinical Notes (continued)

IMPRESSION AND RECOMMENDATIONS:
100 yo woman, recently unhoused, son who is LNOK with some fixed ideas about her care, recent discharge from UWMC after prolonged hospitalization, now on comfort-focused care.

Appearing calmer than yesterday - I do think agidation may be driving by pain.
Change morphine to 10-20 mg of the concentrated solution q 2 hours prn pain.
Ok to continue current PRN HM order, but try to avoid using it as she may be able to discharge back to SNF.
Primary team to do new POLST with Louis (DNR/comfort only/no transfer) but let us know if you need help with us.
Louis appears to plan to continue to be involved in his mother's care, despite what he said yesterday.

Goals of Care: comfort
Palliative Performance Score 20%
Estimated Prognosis: days to weeks

Advance Directives/POLST
1) SURROGATE DECISION MAKER:
Louis (son), ph# 206-780-6885

2) Advance Directives: none

3) CODE STATUS: DNAR/DNI

Disposition: inpatient end-of-life care with CMO order set

Code Status: DNR

Disposition: comfort care here, possible transfer back to SNF

[x_] patient discussed with nursing
[x_] discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 32 minutes for the patient's care on the date of the service.

Electronically signed by Merel, Susan Eva, MD at 3/11/2025 10:47 AM

Laframboise, Rhonda L, RN at 3/11/2025 1243

Discharge Planning Assessment

CM performed chart review as patient at end of life. Palliative following for CMO. Patient was discharged to Bainbridge Island Health and Rehab Center on 3/8. Her son, Louis, discharged her from the facility and presented to HMC ED.

Patient aroused to voice, does not follow commands. Per provider, likely imminent and needs comfort measure.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Clinical Notes (continued)

CCN completed chart review, engaged in multidisciplinary huddle, and screened this patient for care coordination needs. CCN will remain available should needs arise. Please consult CCN as indicated.

Visit Information:
Patient is a 100 yrs female admitted on 3/9/2025 for Failure to thrive in adult.
Discharge Planning Assessment Type: Discharge Planning Assessment (Chart Review)
Is an interpreter used:: No
Is this a planned admission: No, Admission Source: Admitted through ED
Did pt/family decline dc planning evaluation/assistance? No

Living Situation Prior to Admit:
Living Situation Prior to Admission: Skilled Nursing Facility
PTA-Name of Facility: (Bainbridge Island Health & Rehab)
Pt reports that they felt their needs were met in living situation: Unable to assess/deferred
Home Accessibility Concerns: Other (Comment) (SNF)
Primary Caregiver: Facility
Support System: Children
Physical/Cognitive/Functional History: Physical Limitations;Cognitive Limitations
Access to Healthcare Prior to Admit: No/minimal barriers to healthcare
Activities of Daily Living Prior to Admission:
PTA-Independent with ADLs?: No
PTA-Memory Adequate to Safely Complete Daily Activities: No
PTA- Adequate self-medication management: No
PTA-Patient Able to Express Needs/Desires: Unable to assess
PTA-Dressing: Dependent
PTA-Feeding: Dependent
PTA-Bathing: Dependent
PTA-Toileting: Dependent
PTA-In/Out Bed: Dependent
PTA-Walks in Home: Dependent
PTA-Assistive Devices: (SNF has DME; w/c and walker)

Verifications:
Home Address Verified with Patient/LNOK: No
321 High School Rd Ne
Ste D3 Pmb 292
Bainbridge Island WA 98110

SNF at Bainbridge Island Health and Rehab Center
835 Madison Ave N
Bainbridge Island, WA 98110
(206) 842-4765

Coverage Verified with Patient/LNOK: Primary verified

Insurance Information

MOLINA HEALTHCARE MEDICARE/MOLINA MEDICARE OPTIONS PLUS HMO SNP		**Phone:**	800-869-7175
Subscriber:	Hoffman, Jeanne Leonie	**Subscriber#:**	80008802464 86
Group#:	QMXEM01571	**Precert#:**	--
Authorizat	--	**Effective**	02/01/23

ion#:		**Date:**	
WA MEDICAID/QMB-QUALIFIED MEDICARE BENEFICIARY		**Phone:**	800-562-3022
Subscriber:	Hoffman, Jeanne Leonie	**Subscriber#:**	100675002WA
Group#:	S03	**Precert#:**	--
Authorization#:	--	**Effective Date:**	02/01/82

Financial Concerns/Information: Needs longterm care for placement

PCP Verified with Patient/LNOK: Unable to verify
Navalurkar, Reema, MD

Preferred Pharmacy Verified with Patient/LNOK: Unable to verify
Rubenstein Pharmacy

Emergency Contact Verified with Patient/LNOK: Yes
Extended Emergency Contact Information
Primary Emergency Contact: Hoffmann Alloin, Louis Charles
Address: 321 High School Road NE
STE D3 PMB 292
Bainbridge Island, WA 98110
Home Phone: 206-780-6885
Mobile Phone: 206-780-6885
Relation: Son

Health Care Decision Making:
Code status: DNR
POLST: Received
Does the patient have a Healthcare DPOA? No

Discharge Plan:
EDD:3/14/2025
Patient Discharge Goals were/are: Uncertain
Patient expects to be discharged to: TBD; imminent death
Post-discharge facility and service information was: N/A
Anticipated living situation post discharge: Skilled Nursing Facility
Anticipated Assistance Needed at discharge: Palliative care or hospice
Anticipated Resources/Services Needed at discharge: Hospice;Palliative care
Post Discharge Caregiver Confirmation: Other (Imminent death)
Post Discharge Caregiver Contact Information: TBD

Discharge Transportation:
Does the patient need dc transportation arranged? No (Imminent death)
Transportation Type: Ambulance, BLS

Discussed dc plan with bedside RN Shannon via SecureChat

Potential Barriers to Discharge: Other (CMO)
Discharge Complexity Level:3-Complex
Initial Discharge Planning Assessment Complete: Yes

Rhonda L LaFramboise, RN

Electronically signed by Laframboise, Rhonda L, RN at 3/11/2025 12:58 PM

Bann, Maralyssa Angelique, MD at 3/11/2025 1505

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 3/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with complex medical history who was recently admitted at Montlake, Med E medicine service from (1/9/2025 - 3/8/2025) for acute limb ischemia s/p L AKA, hospital course was complicated by postoperative bradycardia requiring PPM on 1/13, dysphagia, hospital related fall resulting in right periprosthetic femur fracture, and FTT, discharged to Bainbridge Island Health and Rehab SNF (on 3/8/25) and represents to HMC on 3/9/25, now CMO

Subjective

SUBJECTIVE

INTERVAL HISTORY:
-Son Louis was at bedside this morning, he was teary when reporting that "She's at the end of her life"; he requested wheelchair to be able to take her in private transportation back to SNF because he would like to visit several meaningful places that she thinks he would like to visit before she passes
-I let Louis know we've reached out to the SNF to see if she can return but that for now she was also getting IV medications for some of her symptoms
-He asked if her organs are shutting down and I said I thought that is likely; he wondered about checking her labs but I told him that would not really be helpful because we can't fix those issues and would expose her to another poke/discomfort without much benefit
-Pt was quiet, noninteractive for much of the conversation, then became more agitated moaning and raising her arms towards the end of us talking at bedisde

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- glycopyrrolate, 0.2 mg, q4h PRN
- haloperidol lactate, 0.5-2 mg, q4h PRN
- HYDROmorphone, 0.2-0.4 mg, q4h PRN
- morphine CONCENTRATED, 10-20 mg, Q2 Hours PRN
- petrolatum, , BID PRN

Objective

OBJECTIVE

Clinical Notes (continued)

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: 20 (03/11/25 1300) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 46.8 kg (103 lb 2.8 oz) (03/09/25 2200)
Last weight: 46.8 kg (103 lb 2.8 oz) (03/09/25 2200)

I&Os: No intake or output data in the 24 hours ending 03/11/25 1505

Physical Exam

Mouth open. Very dry MM.
Eyes closed. Noninteractive. Did not track.
Occasionally moaned. Once cried out and raised her arms upwards. Otherwise minimal movements.
No work of breathing noted.
Thin extremities with temporal wasting. Cachectic.
RLE in splint. Dressing to L stump site.

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Hoffman is a 100 year old woman with recent prolonged hospitalization at UWML who was brought to HMC by son (LNOK). Pt has very poor swallow, unable to maintain nutrition/hydration, not a candidate for NGT or PEG.

- Comfort Measures Only: no vital signs, lab draws, focus on symptom management, DNR/DNI
- Palliative Care has consulted: appreciate management recommendations as well as support and assistance for care teams and patient/family

Pain:
- Butrans patch 5mcg/hr
- Concentrated morphine solution PO 10-20mg q2hrs for pain; hydromorphone IV PRN breakthrough
- Tylenol PR PRN for pain or fever

Agitation:
- Seems likely driven by pain or stimuli in the room; work on pain control first when appears agitated
- Haldol 0.5-2mg IV q4hrs PRN

Aspiration:
- Maintain NPO status here unless patient herself requests (seems unlikely); if Louis requests to try feeding her would only engage in this with direct supervision and stop if the patient seems distressed at any point

Mobility/ROM:
- NWB RLE, limit motion of leg as much as possible; abduction pillow, log rolls
- Hip-spica brace in place; remove if uncomfortable (not strictly recommended by Ortho)

Other Management:
- Note that pt has pacemaker in place (Boston Scientific RV single lead PPM); given son/LNOK difficulty in processing new information we have not yet discussed the possibility of turning off the pacemaker with him

See documentation 3/10 related to son/LNOK Louis' behaviors. I have had concerns about his understanding of his mother's medical condition and his ability to adhere to appropriate recommended care for her. He visited 3/11 and seems to be processing/grieving her impending death. Would maintain high vigilance for any inappropriate behaviors.

Problem List:
#Severe aspiration risk, ongoing
#Severe protein-calorie malnutrition POA
#Right hip fracture, managed non-operatively

Clinical Notes (continued)

#Acute limb ischemia s/p L AKA with superficial infection of left stump site
#s/p PPM placement for symptomatic bradycardia and 2nd degree AV block
#Chronic bilateral pleural effusions
#Mild parotitis

Electronically signed by Bann, Maralyssa Angelique, MD at 3/11/2025 4:01 PM

Logman, Slwan, MSW at 3/11/2025 1551

SOCIAL WORK PROGRESS NOTE
Service: MEDICINE HOSPITALIST OVERFLOW ADULT
Admit reason: This is a 100 year old old female admitted for Failure to thrive in adult [R62.7]
Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S].

ADVANCED DIRECTIVE:
Does the patient have a Healthcare Advanced Directive: Yes
Location of Healthcare Advanced Directive: Patient has Healthcare Advanced Directive in the chart
Informed the team that there is a Healthcare Advanced Directive: Yes
Type of Advance Directive: Power of Attorney-Healthcare

HEALTHCARE DECISION MAKING INFORMATION: Pt as able. If unable, pt's son is listed as POA with documents in media tab.

Contact in Following Order for Legal Next of Kin Decision Making:

1. **Patient as able**
2. **Louis Charles Hoffmann Alloin, Son/POA, 206-780-6885**

Currently Active Insurance

Payor	Plan	Subscriber	Member ID
MOLINA HEALTHCARE MEDICARE	MOLINA MEDICARE OPTIONS PLUS HMO SNP	HOFFMAN,JEANNE LEONIE	8000880246486
WA MEDICAID	QMB-QUALIFIED MEDICARE BENEFICIARY	HOFFMAN,JEANNE LEONIE	100675002WA

INCOME INFORMATION:

DISCHARGE PLANNING SUMMARY:
EDD:3/14/2025
Patient Discharge Goals were/are: Uncertain
Functional Limitation Prior to Admit: Physical Limitations;Cognitive Limitations
Initial Discharge Planning Assessment Complete: Yes
Living Situation Prior to Admit: Skilled Nursing Facility

Clinical Notes (continued)

Anticipated Living Situation Post Discharge/Needs: Skilled Nursing Facility

MENTAL HEALTH SCREEN:
Current Mental Health Diagnosis:
Expected PASRR Positive: No

SUMMARY:
Assessment: Per chart, "100 year old female who was recently admitted to UWMC Montlake for acute limb ischemia s/p L AKA and a R inter-implant proximal femur fracture who was transferred to HMC for ongonig discussions of GOC in the setting of her multiple injuries."

Intervention: Pt was discussed in morning med huddle. She was recently at UW Montlake for an extended hospitalization and discharged to Bainbridge Island H&R on 3/8/25. Her son discharged her from the SNF shortly thereafter and they re-presented to HMC ED on 3/9/2025.

SW received message from Bainbridge Island H&R AC reporting that they will not be able to readmit pt.

Plan or Outcome: SW following pt to support and assist with discharge planning once medically ready.

Slwan Logman, MSW
Coverage Social Worker

Electronically signed by Logman, Slwan, MSW at 3/11/2025 3:57 PM

Bann, Maralyssa Angelique, MD at 3/11/2025 1741

Brief Telephone Update:

I received a page from Pathology/After Death Services team (206-598-4205) indicating that their medical director requests King County Medical Examiner review of this case.

I have made this request and communicated with KCME today:

Case Number 25-798
Investigator Nelson

Electronically signed by Bann, Maralyssa Angelique, MD at 3/13/2025 10:34 AM

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs

Urinalysis with Reflex Culture (Discontinued)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Discontinued**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354
Authorized by: Lusk, John Charles, MD
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence
Quantity: 1
Ordering provider: de Monnin, Karlee, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM

Discontinued by: Asmeche, Habtam, MD 03/09/25 2054

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/09/25 2054	de Monnin, Karlee, MD	Asmeche, Habtam, MD	Westerman, Jordan M, RN
03/09/25 1354	de Monnin, Karlee, MD	—	de Monnin, Karlee, MD

Specimen Information

ID	Type	Source	Collected By
—	Urine	—	—

CBC with Diff (Final result)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354
Authorized by: Lusk, John Charles, MD
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence
Quantity: 1
Ordering provider: de Monnin, Karlee, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2530768	Blood	—	Bautista, Jayna Cassidy A, RN 03/09/25 1401

CBC with Diff (Abnormal) Resulted: 03/09/25 1418, Result status: Final result

Ordering provider: de Monnin, Karlee, MD 03/09/25 1354
Filed by: Uw Lab Results Interface, User 03/09/25 1418
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED
Order status: Completed
Collected by: Bautista, Jayna Cassidy A, RN 03/09/25 1401

Components

Component	Value	Reference Range	Flag	Lab
WBC	12.66	4.3 - 10.0 10*3/uL	H	HMC
RBC	2.72	3.80 - 5.00 10*6/uL	L	HMC
Hemoglobin	8.6	11.5 - 15.5 g/dL	L	HMC
Hematocrit	27	36.0 - 45.0 %	L	HMC
MCV	100	81 - 98 fL	H	HMC
MCH	31.6	27.3 - 33.6 pg	—	HMC
MCHC	31.6	32.2 - 36.5 g/dL	L	HMC
Platelet Count	423	150 - 400 10*3/uL	H	HMC
RDW-CV	16.3	11.0 - 14.5 %	H	HMC
% Neutrophils	84	%	—	HMC
% Lymphocytes	10	%	—	HMC

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

% Monocytes	4	%	—	HMC
% Eosinophils	1	%	—	HMC
% Basophils	0	%	—	HMC
% Immature Granulocytes	1	%	—	HMC
Neutrophils	10.71	1.80 - 7.00 10*3/uL	H	HMC
Absolute Lymphocyte Count	1.24	1.00 - 4.80 10*3/uL	—	HMC
Monocytes	0.52	0.00 - 0.80 10*3/uL	—	HMC
Absolute Eosinophil Count	0.06	0.00 - 0.50 10*3/uL	—	HMC
Basophils	0.04	0.00 - 0.20 10*3/uL	—	HMC
Immature Granulocytes	0.09	0.00 - 0.05 10*3/uL	H	HMC
Nucleated RBC	0.00	0.00 10*3/uL	—	HMC
% Nucleated RBC	0	%	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

Comprehensive Metabolic Panel (Final result)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354 Ordering provider: de Monnin, Karlee, MD
Authorized by: Lusk, John Charles, MD Ordering mode: Standard
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2530768	Blood	—	Bautista, Jayna Cassidy A, RN 03/09/25 1401

Comprehensive Metabolic Panel (Abnormal) Resulted: 03/09/25 1438, Result status: Final result

Ordering provider: de Monnin, Karlee, MD 03/09/25 1354 Order status: Completed
Filed by: Uw Lab Results Interface, User 03/09/25 1439 Collected by: Bautista, Jayna Cassidy A, RN 03/09/25 1401
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	147	135 - 145 meq/L	H	HMC
Potassium	3.6	3.6 - 5.2 meq/L	—	HMC
Chloride	104	98 - 108 meq/L	—	HMC
Carbon Dioxide, Total	25	22 - 32 meq/L	—	HMC
Anion Gap	18	4 - 12	H	HMC
Glucose	150	62 - 125 mg/dL	H	HMC

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

Urea Nitrogen	13	8 - 21 mg/dL	—	HMC
Creatinine	0.65	0.38 - 1.02 mg/dL	—	HMC
Protein (Total)	6.0	6.0 - 8.2 g/dL	—	HMC
Albumin	2.9	3.5 - 5.2 g/dL	L	HMC
Bilirubin (Total)	0.9	0.2 - 1.3 mg/dL	—	HMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	HMC
AST (GOT)	15	9 - 38 U/L	—	HMC
Alkaline Phosphatase (Total)	113	49 - 199 U/L	—	HMC
ALT (GPT)	10	7 - 33 U/L	—	HMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

B-Type Natriuretic Peptide (Final result)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354 Ordering provider: de Monnin, Karlee, MD
Authorized by: Lusk, John Charles, MD Ordering mode: Standard
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2530768	Blood	—	Bautista, Jayna Cassidy A, RN 03/09/25 1401

B-Type Natriuretic Peptide (Abnormal) Resulted: 03/09/25 1442, Result status: Final result

Ordering provider: de Monnin, Karlee, MD 03/09/25 1354 Order status: Completed
Filed by: Uw Lab Results Interface, User 03/09/25 1442 Collected by: Bautista, Jayna Cassidy A, RN 03/09/25 1401
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED

Components

Component	Value	Reference Range	Flag	Lab
B_Type Natriuretic Peptide	311	<101 pg/mL	H	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

Troponin-I (Now) (Final result)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354
Ordering provider: de Monnin, Karlee, MD
Authorized by: Lusk, John Charles, MD
Ordering mode: Standard
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2530768	Blood	—	Bautista, Jayna Cassidy A, RN 03/09/25 1401

Troponin-I (Now) Resulted: 03/09/25 1444, Result status: Final result

Ordering provider: de Monnin, Karlee, MD 03/09/25 1354
Order status: Completed
Filed by: Uw Lab Results Interface, User 03/09/25 1444
Collected by: Bautista, Jayna Cassidy A, RN 03/09/25 1401
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Troponin_I	0.03	<0.04 ng/mL	—	HMC
Comment: A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG				
Troponin_I Interpretation	Normal	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

Lipase (Final result)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354
Ordering provider: de Monnin, Karlee, MD
Authorized by: Lusk, John Charles, MD
Ordering mode: Standard
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2530768	Blood	—	Bautista, Jayna Cassidy A, RN 03/09/25 1401

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

Lipase Resulted: 03/09/25 1438, Result status: Final result

Ordering provider: de Monnin, Karlee, MD 03/09/25 1354
Filed by: Uw Lab Results Interface, User 03/09/25 1439
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED
Order status: Completed
Collected by: Bautista, Jayna Cassidy A, RN 03/09/25 1401

Components

Component	Value	Reference Range	Flag	Lab
Lipase	<3	<70 U/L	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

Magnesium (Final result)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354
Authorized by: Lusk, John Charles, MD
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence
Quantity: 1
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM
Ordering provider: de Monnin, Karlee, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2530768	Blood	—	Bautista, Jayna Cassidy A, RN 03/09/25 1401

Magnesium Resulted: 03/09/25 1438, Result status: Final result

Ordering provider: de Monnin, Karlee, MD 03/09/25 1354
Filed by: Uw Lab Results Interface, User 03/09/25 1439
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED
Order status: Completed
Collected by: Bautista, Jayna Cassidy A, RN 03/09/25 1401

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.9	1.8 - 2.4 mg/dL	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

Phosphate (Final result)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354
Ordering provider: de Monnin, Karlee, MD
Authorized by: Lusk, John Charles, MD
Ordering mode: Standard
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2530768	Blood	—	Bautista, Jayna Cassidy A, RN 03/09/25 1401

Phosphate Resulted: 03/09/25 1438, Result status: Final result

Ordering provider: de Monnin, Karlee, MD 03/09/25 1354
Order status: Completed
Filed by: Uw Lab Results Interface, User 03/09/25 1439
Collected by: Bautista, Jayna Cassidy A, RN 03/09/25 1401
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.9	2.5 - 4.5 mg/dL	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

1st Extra Blue Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 03/09/25 1401** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 03/09/25 1401
Ordering provider: Backlund, Brandon Heath, MD
Authorized by: Backlund, Brandon Heath, MD
Ordering mode: Standard
Frequency: Routine Once 03/09/25 1401 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 3/9/2025 2:10 PM

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/09/25 1458	Backlund, Brandon Heath, MD	Backlund, Brandon Heath, MD	Backlund, Brandon Heath, MD
03/09/25 1410	Lusk, John Charles, MD	Lusk, John Charles, MD	Uw Lab Results Interface, User

Specimen Information

ID	Type	Source	Collected By
X2530768	Plasma	—	03/09/25 1401

1st Extra Blue Top Resulted: 03/09/25 1410, Result status: Final result

Ordering provider: Backlund, Brandon Heath, MD 03/09/25 1401
Order status: Completed
Filed by: Uw Lab Results Interface, User 03/09/25 1411
Collected by: 03/09/25 1401
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED

Components

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
1st Extra Blue Top	Additional collection tube	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

1st Extra Gold Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 03/09/25 1401** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 03/09/25 1401
Ordering provider: Backlund, Brandon Heath, MD
Authorized by: Backlund, Brandon Heath, MD
Ordering mode: Standard
Frequency: Routine Once 03/09/25 1401 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 3/9/2025 2:10 PM

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/09/25 1458	Backlund, Brandon Heath, MD	Backlund, Brandon Heath, MD	Backlund, Brandon Heath, MD
03/09/25 1410	Lusk, John Charles, MD	Lusk, John Charles, MD	Uw Lab Results Interface, User

Specimen Information

ID	Type	Source	Collected By
X2530768	Serum	—	03/09/25 1401

1st Extra Gold Top Resulted: 03/09/25 1410, Result status: Final result

Ordering provider: Backlund, Brandon Heath, MD 03/09/25 1401
Order status: Completed
Filed by: Uw Lab Results Interface, User 03/09/25 1411
Collected by: 03/09/25 1401
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Gold Top	Additional collection tube	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

Candida auris screening qualitative PCR - Every 14 days (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

Frequency: Routine q 14 days 03/23/25 0600 - Until Specified
Quantity: 1
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]
Acknowledged: Westerman, Jordan M, RN 03/09/25 2055 for Placing Order
Class: Normal
Released by: Westerman, Jordan M, RN 03/09/25 2054

Questionnaire

Question	Answer
Surveillance Culture Code	GH9000029
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Swab	Axilla/Groin	—

Candida auris screening qualitative PCR - On Admit (Final result)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Authorized by: Asmeche, Habtam, MD
Frequency: Routine Once (Next Routine) 03/09/25 2055 - 1 occurrence
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Status: **Completed**
Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Surveillance Culture Code	GH9000029
Release Result to Patient	Immediate

Order comments: Swab Axilla/Groin upon Admission

Specimen Information

ID	Type	Source	Collected By
X2532502	Swab	Axilla/Groin	Westerman, Jordan M, RN 03/09/25 2311

Candida auris screening qualitative PCR - On Admit Resulted: 03/10/25 1119, Result status: Final result

Ordering provider: Asmeche, Habtam, MD 03/09/25 2054
Filed by: Uw Lab Results Interface, User 03/10/25 1120
Resulting lab: UW MEDICINE CENTRAL LAB - ANNEX
Order status: Completed
Collected by: Westerman, Jordan M, RN 03/09/25 2311

Components

Component	Value	Reference Range	Flag	Lab
Candida auris Qualitative PCR Specimen Comment: Axilla/Groin	Swab	—	—	HMC
Candida auris Qualitative PCR Result	None detected	NDET	—	CL
Candida auris Qualitative Interpretation Comment: This is a negative result. The assay utilizes target specific forward and reverse primers for the C. auris ITS2 gene. The lower limit of detection, LoD (the minimum CFU level that gives a positive result in 95% of replicates), confirmed at 30 CFU/mL. This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. It has not been cleared or approved by the US Food and Drug Administration. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.	SEE NOTES	—	—	CL

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present
94 - CL	UW MEDICINE CENTRAL LAB - ANNEX	Jerome, Keith Robert, MD	1602 Raymond Ave SW Renton WA 98057	10/25/24 1021 - Present

Basic Metabolic Panel (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Authorized by: Asmeche, Habtam, MD
Frequency: Routine AM draw 03/10/25 0600 - 1 occurrence
Quantity: 1
Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Uw Lab Results Interface, User 03/10/25 0825 [Other (Partial draw. Phlebotomy to return for another collection attempt.)]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3855163	Blood	—	03/10/25 0600

Basic Metabolic Panel (Discontinued)

Electronically signed by: **Uw Lab Results Interface, User on 03/10/25 1000** Status: **Discontinued**
Ordering user: Uw Lab Results Interface, User 03/10/25 1000
Authorized by: Asmeche, Habtam, MD
Frequency: Routine Once 03/10/25 1000 - 1 occurrence
Quantity: 1
Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1049
Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Normal
Instance released by: (auto-released) 3/10/2025 8:25 AM

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/10/25 1049	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD
03/10/25 0825	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Uw Lab Results Interface, User

Specimen Information

ID	Type	Source	Collected By
M3857896	—	—	—

Basic Metabolic Panel (Active)

Electronically signed by: **Uw Lab Results Interface, User on 03/10/25 1205** Status: **Active**
Ordering user: Uw Lab Results Interface, User 03/10/25 1205
Authorized by: Asmeche, Habtam, MD
Frequency: Routine Once 03/10/25 1205 - 1 occurrence
Quantity: 1
Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Normal
Instance released by: (auto-released) 3/10/2025 12:05 PM

Specimen Information

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

ID	Type	Source	Collected By
M3857896	—	—	7420 03/10/25 1205

Imaging

Imaging

XR Hip Unilat W Pelvis 2-3 Vw Right (Discontinued)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1356** Status: **Discontinued**
Ordering user: de Monnin, Karlee, MD 03/09/25 1356
Ordering provider: de Monnin, Karlee, MD
Authorized by: Lusk, John Charles, MD
Ordering mode: Standard
Frequency: STAT Once 03/09/25 1356 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:56 PM
Discontinued by: Woolley, Brian M, RT 03/09/25 1423 [Per Protocol]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	known right hip fracture
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

XR Pelvis 1-2 Vw (Discontinued)

Electronically signed by: **Woolley, Brian M, RT on 03/09/25 1356** Status: **Discontinued**
Ordering user: Woolley, Brian M, RT 03/09/25 1356
Ordering provider: de Monnin, Karlee, MD
Authorized by: Lusk, John Charles, MD
Ordering mode: Per protocol: no cosign required
Frequency: STAT Once 03/09/25 1356 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Woolley, Brian M, RT 3/9/2025 2:23 PM
Discontinued by: Mejilla, Kevin A, PSS/PSR 03/09/25 1909 [Per Protocol]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	known right hip fracture
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
MRN: U8170135
Date of Birth: 1/6/1925
Home Phone: 206-780-6885
Sex Assigned at Birth: Female
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR PELVIS 1-2 VW	de Monnin, Karlee, MD 206-744-8513	Lusk, John Charles, MD 206-598-4000	

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

Implants

	Manufacturer	Model Number	Serial Number	MRI Safety Status
PACEMAKER MRI SINGLE CHAMBER ACCOLADE SR - S926607 - LOG1625428	BOSTON SCIENTIFIC	L310	926607	
LEAD PACEMAKER 52CM INGEVITY+ AF ISI - S1549465 - LOG1625428	BOSTON SCIENTIFIC	7841	1549465	

XR Femur 2 Vw Right (Discontinued)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1422** Status: **Discontinued**
Ordering user: de Monnin, Karlee, MD 03/09/25 1422
Ordering provider: de Monnin, Karlee, MD
Authorized by: Lusk, John Charles, MD
Ordering mode: Standard
Frequency: STAT Once 03/09/25 1423 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 2:22 PM
Discontinued by: Mejilla, Kevin A, PSS/PSR 03/09/25 1910 [Per Protocol]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	known femur fx
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
MRN: U8170135
Date of Birth: 1/6/1925
Home Phone: 206-780-6885
Sex Assigned at Birth: Female
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR FEMUR 2 VW RIGHT	de Monnin, Karlee, MD 206-744-8513	Lusk, John Charles, MD 206-598-4000	

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

Implants

	Manufacturer	Model Number	Serial Number	MRI Safety Status
PACEMAKER MRI SINGLE CHAMBER ACCOLADE SR - S926607 - LOG1625428	BOSTON SCIENTIFIC	L310	926607	
LEAD PACEMAKER 52CM INGEVITY+ AF ISI - S1549465 -	BOSTON SCIENTIFIC	7841	1549465	

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

LOG1625428

XR Chest 1 Vw (Final result)

Electronically signed by: **Barral, Ernest Neil, MD on 03/09/25 1823** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Barral, Ernest Neil, MD 03/09/25 1823
Ordering provider: Barral, Ernest Neil, MD
Authorized by: Backlund, Brandon Heath, MD
Ordering mode: Standard
Frequency: STAT Once 03/09/25 1823 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Barral, Ernest Neil, MD (auto-released) 3/9/2025 6:23 PM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	r/o infection
Should this exam be performed on a portable machine?	Yes

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Barral, Ernest Neil, MD	Backlund, Brandon Heath, MD 206-744-8332	3/9/2025 6:25 PM HMEDXRPORT1 HMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 Vw Resulted: 03/09/25 1929, Result status: Final result

Ordering provider: Barral, Ernest Neil, MD 03/09/25 1823
Order status: Completed
Resulted by:
Medverd, Jonathan Russell, MD
Chen, Eric, MD
Filed by: Interface, Radiology Results In 03/09/25 1932
Performed: 03/09/25 1835 - 03/09/25 1835
Accession number: 48332311
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
r/o infection

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

COMPARISON:
2/23/2025.

FINDINGS AND
Impression:

Lines and tubes: Similar position of left chest wall pacemaker lead.

Lungs: Interval decrease in mild patchy bibasilar pulmonary opacities, which may represent edema, atelectasis, and not excluded aspiration, and/or pneumonia.

Pleura: Interval decrease in small to moderate right and small left pleural effusions. No pneumothorax.

Heart and mediastinum: Unchanged.

Bones: No acute or suspicious abnormality.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Medverd, Jonathan Russell, MD on 3/9/25 at 1929 PDT

XR Hip Unilat W Pelvis 2-3 Vw Right (Discontinued)

Electronically signed by: **Gerber, Caleb Dylan, MD on 03/09/25 2008** Status: **Discontinued**
Ordering user: Gerber, Caleb Dylan, MD 03/09/25 2008
Authorized by: Backlund, Brandon Heath, MD
Frequency: Routine Once 03/09/25 2009 - 1 occurrence
Quantity: 1
Ordering provider: Gerber, Caleb Dylan, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Gerber, Caleb Dylan, MD (auto-released) 3/9/2025 8:08 PM
Discontinued by: Wallis, Kendra A, RT 03/09/25 2011 [Per Protocol]
Diagnoses
Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	R femur fx
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Indications

Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S (ICD-10-CM)]

XR Knee 1-2 Vw Right (Discontinued)

Electronically signed by: **Gerber, Caleb Dylan, MD on 03/09/25 2008** Status: **Discontinued**
Ordering user: Gerber, Caleb Dylan, MD 03/09/25 2008
Authorized by: Backlund, Brandon Heath, MD
Frequency: Routine Once 03/09/25 2009 - 1 occurrence
Quantity: 1
Ordering provider: Gerber, Caleb Dylan, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Gerber, Caleb Dylan, MD (auto-released) 3/9/2025 8:08 PM
Discontinued by: Wallis, Kendra A, RT 03/09/25 2011 [Per Protocol]
Diagnoses

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	R femur fx
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Indications

Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S (ICD-10-CM)]

XR Femur 2 Vw Right (Final result)

Electronically signed by: **Backlund, Brandon Heath, MD on 03/09/25 1940** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Backlund, Brandon Heath, MD 03/09/25 1940
Ordering provider: Backlund, Brandon Heath, MD
Authorized by: Backlund, Brandon Heath, MD
Ordering mode: Standard
Frequency: STAT Once 03/09/25 1939 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Backlund, Brandon Heath, MD (auto-released) 3/9/2025 7:40 PM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Known R hip fracture, has been intermittently adherent with leg brace, assess current alignment
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR FEMUR 2 VW RIGHT	Backlund, Brandon Heath, MD 206-744-8332	Backlund, Brandon Heath, MD 206-744-8332	3/9/2025 7:50 PM HMEDXRRM1 HMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Femur 2 Vw Right Resulted: 03/09/25 2201, Result status: Final result

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

Ordering provider: Backlund, Brandon Heath, MD 03/09/25 1940
Order status: Completed
Resulted by:
Medverd, Jonathan Russell, MD
Venugopal, Nitin, MD
Filed by: Interface, Radiology Results In 03/09/25 2204
Performed: 03/09/25 1952 - 03/09/25 2028
Accession number: 48332752
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR FEMUR 2 VW RIGHT

CLINICAL INDICATION:
Known R hip fracture, has been intermittently adherent with leg brace, assess current alignment

COMPARISON:
Femur radiograph 3/6/2025

FINDINGS AND
Impression:
The bones are diffusely demineralized, which limits radiographic detection of nondisplaced fractures.

Redemonstrated perimplant fracture of the subtrochanteric femur, with similar varus angulation and mildly increased anterior and lateral displacement now up to 10 mm. Alignment is otherwise unchanged. Vascular calcifications.

ATTENDING FINAL REPORT

I agree with the preliminary report with the following comment(s).

-Slight differences in patient positioning may partially account for appearance of increased anterior lateral displacement described above.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Medverd, Jonathan Russell, MD on 3/9/25 at 2201 PDT

XR Pelvis 1-2 Vw (Final result)

Electronically signed by: **Wallis, Kendra A, RT on 03/09/25 2008**
Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Wallis, Kendra A, RT 03/09/25 2008
Ordering provider: Gerber, Caleb Dylan, MD
Authorized by: Backlund, Brandon Heath, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine Once 03/09/25 2009 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Wallis, Kendra A, RT 3/9/2025 8:11 PM
Diagnoses
Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	R femur fx
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR PELVIS 1-2 VW	Gerber, Caleb Dylan, MD	Backlund, Brandon Heath, MD 206-744-8332	3/9/2025 7:50 PM HMEDXRRM1 HMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Pelvis 1-2 Vw Resulted: 03/09/25 2203, Result status: Final result

Ordering provider: Gerber, Caleb Dylan, MD 03/09/25 2008
Resulted by:
Medverd, Jonathan Russell, MD
Venugopal, Nitin, MD
Performed: 03/09/25 1952 - 03/09/25 2028
Resulting lab: UW RADIOLOGY

Order status: Completed
Filed by: Interface, Radiology Results In 03/09/25 2206

Accession number: 48332824

Narrative:
EXAMINATION:
XR PELVIS 1-2 VW

CLINICAL INDICATION:
R femur fx

COMPARISON:
Pelvis radiograph 3/5/2025

FINDINGS AND
Impression:
The bones are diffusely demineralized, which limits radiographic detection of nondisplaced fractures. No acute pelvic fracture detected. Partially visualized right femur orthopedic hardware.

Alignment is unchanged.

No acute soft tissue abnormality. Vascular calcifications.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S (ICD-10-CM)]

Signed

Electronically signed by Medverd, Jonathan Russell, MD on 3/9/25 at 2203 PDT

XR Knee 4+ Vw Right (Final result)

Electronically signed by: **Wallis, Kendra A, RT on 03/09/25 2008** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Wallis, Kendra A, RT 03/09/25 2008
Authorized by: Backlund, Brandon Heath, MD
Frequency: Routine Once 03/09/25 2009 - 1 occurrence
Quantity: 1
Instance released by: Wallis, Kendra A, RT 3/9/2025 8:11 PM
Ordering provider: Gerber, Caleb Dylan, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Lab status: Final result
Diagnoses
Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	R femur fx
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR KNEE 4+ VW RIGHT	Gerber, Caleb Dylan, MD	Backlund, Brandon Heath, MD 206-744-8332	3/9/2025 7:50 PM HMEDXRRM1 HMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Knee 4+ Vw Right Resulted: 03/09/25 2205, Result status: Final result

Ordering provider: Gerber, Caleb Dylan, MD 03/09/25 2008
Resulted by:
Order status: Completed
Filed by: Interface, Radiology Results In 03/09/25 2208

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

Medverd, Jonathan Russell, MD
Venugopal, Nitin, MD
Performed: 03/09/25 1952 - 03/09/25 2028
Accession number: 48332825
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR KNEE 4+ VW RIGHT

CLINICAL INDICATION:
R femur fx

COMPARISON:
Knee radiograph 3/6/2025 and January 18, 2024.

FINDINGS AND
Impression:
The bones are diffusely demineralized, which limits radiographic detection of nondisplaced fractures.

No acute bone, joint, or soft tissue abnormality is seen. Similar appearance of right femur orthopedic hardware and healed fracture deformity of the distal metadiaphysis femur. There are no acute fractures or dislocations. Vascular calcifications are present.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S (ICD-10-CM)]

Signed

Electronically signed by Medverd, Jonathan Russell, MD on 3/9/25 at 2205 PDT

Medication Administrations

acetaminophen (Ofirmev) IV 1,000 mg [372828142]

Ordering Provider: de Monnin, Karlee, MD
Status: Completed (Past End Date/Time)
Ordered On: 03/09/25 1354
Starts/Ends: 03/09/25 1355 - 03/09/25 1809
Ordered Dose (Remaining/Total): 1,000 mg (0/1)
Route: Intravenous
Frequency: Once
Ordered Rate/Order Duration: 400 mL/hr / 15 Minutes
Admin Instructions: Do NOT refrigerate.

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	One-time dose for use in the ED	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication Administrations (continued)

Line	Med Link Info	Comment
Peripheral IV 03/09/25 20 G Left;Posterior Wrist	03/09/25 1441 by Bautista, Jayna Cassidy A, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 03/09/25 1809 Documented: 03/09/25 1809	Stopped	0 mg 0 mL/hr 15 Minutes	Intravenous	Performed by: Bautista, Jayna Cassidy A, RN
Performed 03/09/25 1441 Documented: 03/09/25 1442	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous	Performed by: Bautista, Jayna Cassidy A, RN Scanned Package: 63323-434-41

acetaminophen (Ofirmev) IV 1,000 mg [372866508]

Ordering Provider: Asmeche, Habtam, MD
Ordered On: 03/09/25 2114
Ordered Dose (Remaining/Total): 1,000 mg (—/—)
Frequency: Every 8 hours
Admin Instructions: Do NOT refrigerate.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/09/25 2145 - 03/10/25 0849
Route: Intravenous
Ordered Rate/Order Duration: 400 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	None of the above choices apply	—
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain):	Yes	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 03/09/25 20 G Left;Posterior Wrist	03/09/25 2232 by Westerman, Jordan M, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 03/10/25 0515 Documented: 03/10/25 0542	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous	Performed by: Westerman, Jordan M, RN Scanned Package: 63323-434-41
Performed 03/09/25 2232 Documented: 03/09/25 2234	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous	Performed by: Westerman, Jordan M, RN Scanned Package: 63323-434-41

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication Administrations (continued)

atropine 1% sublingual solution 2 drop [372860268]

Ordering Provider: Asmeche, Habtam, MD
Ordered On: 03/09/25 2054
Ordered Dose (Remaining/Total): 2 drop (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: Administer SUBLINGUALLY

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/09/25 2054 - 03/11/25 1539
Route: Sublingual
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 03/11/25 1539 Documented: 03/11/25 1539	Unheld by provider	—	—	Performed by: Bann, Maralyssa Angelique, MD
Performed 03/09/25 2054 Documented: 03/09/25 2054	Held By Provider Other	—	—	Performed by: Asmeche, Habtam, MD Comments: Dry mucous membranes

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch [372868671]

Ordering Provider: Arora, Pallavi Rajiv, MD
Ordered On: 03/09/25 2155
Ordered Dose (Remaining/Total): 1 patch (—/—)
Frequency: Every 7 days scheduled

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/09/25 2226 - 03/11/25 2142
Route: Transdermal
Ordered Rate/Order Duration: — / 7 Days

Admin Instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.

Question	Answer	Comment
Butrans is a RESTRICTED medication. Which criteria does the patient meet?:	Continuation of home therapy	—

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Due 03/11/25 1741 Scheduled: 03/11/25 2142	Due (Medication Removed)	—	—	—
Performed 03/11/25 1700 Documented: 03/11/25 1739	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Bloom, Shannon K, RN Comments: removed and wasted in Pyxis with Alex, RN
Performed 03/09/25 2224 Documented: 03/09/25 2226	Medication Applied	1 patch 7 Days	Transdermal Right Arm	Performed by: Westerman, Jordan M, RN Scanned Package: 59011-750-04

enoxaparin (Lovenox) injection 40 mg [372860287]

Ordering Provider: Asmeche, Habtam, MD
Ordered On: 03/09/25 2054
Ordered Dose (Remaining/Total): 40 mg (—/—)
Frequency: Nightly
Admin Instructions: For usual risk VTE prophylaxis.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/09/25 2125 - 03/10/25 1808
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Inject subcutaneously ONLY in abdomen.

Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.

Timestamps	Action	Dose	Route / Site	Other Information

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication Administrations (continued)

Performed 03/09/25 2311 Documented: 03/09/25 2311	Given	40 mg	Subcutaneous Abdominal Tissue	Performed by: Westerman, Jordan M, RN Scanned Package: 63323-564-21

glycopyrrolate (Robinul) 0.2 mg [372980084]

Ordering Provider: Bann, Maralyssa Angelique, MD
Ordered On: 03/10/25 1112
Ordered Dose (Remaining/Total): 0.2 mg (—/—)
Frequency: Every 4 hours PRN
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/10/25 1111 - 03/11/25 2142
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose / Rate / Duration	Route	Other Information
Performed 03/10/25 1658 Documented: 03/10/25 1658	Unchart Other	—	Intravenous	Performed by: Baker, Cole D, RN

haloperidol lactate (Haldol) injection 0.5-2 mg [373139972]

Ordering Provider: Arora, Pallavi Rajiv, MD
Ordered On: 03/10/25 1856
Ordered Dose (Remaining/Total): 0.5-2 mg (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: NOT to exceed 20 mg in 24 hours.
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/10/25 1856 - 03/11/25 2142
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/09/25 20 G Left;Posterior Wrist	03/11/25 0630 by Anderson, Noah R, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/11/25 0630 Documented: 03/11/25 0632	Given	0.5 mg	Intravenous	Performed by: Anderson, Noah R, RN Scanned Package: 67457-426-00

HYDROmorphone (Dilaudid) injection 0.1 mg [372855306]

Ordering Provider: de Monnin, Karlee, MD
Ordered On: 03/09/25 1803
Ordered Dose (Remaining/Total): 0.1 mg (0/3)
Frequency: Every 30 min PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Status: Completed (Past End Date/Time)
Starts/Ends: 03/09/25 1803 - 03/09/25 1952
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/09/25 20 G Left;Posterior Wrist	03/09/25 1807 by Bautista, Jayna Cassidy A, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/09/25 1952 Documented: 03/09/25 1954	Given	0.1 mg	Intravenous	Performed by: Lanphere, Tyler A, RN Scanned Package: 76045-009-96

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication Administrations (continued)

Performed 03/09/25 1848 Documented: 03/09/25 1848	Given	0.1 mg	Intravenous	Performed by: Bautista, Jayna Cassidy A, RN
Performed 03/09/25 1807 Documented: 03/09/25 1808	Given	0.1 mg	Intravenous	Performed by: Bautista, Jayna Cassidy A, RN Scanned Package: 76045-009-96

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg [372891407]

Ordering Provider: Bann, Maralyssa Angelique, MD
Ordered On: 03/10/25 0606
Ordered Dose (Remaining/Total): 0.2-0.4 mg (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: Prioritize oral morphine solution first; if pt appears to be in severe pain after administration may given IV medication

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/10/25 0606 - 03/11/25 1539
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/09/25 20 G Left;Posterior Wrist	03/10/25 0800 by Rohr, Helen B, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/11/25 1100 Documented: 03/11/25 1102	Given	0.4 mg	Intravenous	Performed by: Bloom, Shannon K, RN Scanned Package: 0409-1283-03
Performed 03/11/25 0646 Documented: 03/11/25 0647	Given	0.4 mg	Intravenous	Performed by: Anderson, Noah R, RN Comments: CNPI 12. Yelling and thrashing Scanned Package: 0409-1283-03
Performed 03/10/25 2135 Documented: 03/10/25 2135	Given	0.4 mg	Intravenous	Performed by: Anderson, Noah R, RN Scanned Package: 0409-1283-03
Performed 03/10/25 1555 Documented: 03/10/25 1555	Given	0.4 mg	Intravenous	Performed by: Baker, Cole D, RN Scanned Package: 0409-1283-03
Performed 03/10/25 1118 Documented: 03/10/25 1118	Given	0.2 mg	Intravenous	Performed by: Rohr, Helen B, RN Scanned Package: 0409-1283-03
Performed 03/10/25 0800 Documented: 03/10/25 0859	Given	0.2 mg	Intravenous	Performed by: Rohr, Helen B, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.5 mg [372884270]

Ordering Provider: Elsayed, Sarah Ibrahim Khamis, MD
Ordered On: 03/10/25 0211
Ordered Dose (Remaining/Total): 0.5 mg (-1/1)
Frequency: Once
Admin Instructions: Hold for sedation.

Status: Completed (Past End Date/Time)
Starts/Ends: 03/10/25 0242 - 03/10/25 0512
Route: Intravenous
Ordered Rate/Order Duration: — / —

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication Administrations (continued)

If unable to tolerate PO or if there is a specific need for rapid onset.

Line	Med Link Info	Comment
Peripheral IV 03/09/25 20 G Left;Posterior Wrist	03/10/25 0418 by Westerman, Jordan M, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/10/25 0512 Documented: 03/10/25 0513	Given	0.3 mg	Intravenous	Performed by: Westerman, Jordan M, RN Comments: pt still writhing inn pain gave other half of dose
Performed 03/10/25 0418 Documented: 03/10/25 0419	Given	0.2 mg	Intravenous	Performed by: Westerman, Jordan M, RN Scanned Package: 0409-1283-03

lactated ringers IV Bolus 500 mL [372828141]

Ordering Provider: de Monnin, Karlee, MD
Ordered On: 03/09/25 1354
Ordered Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 03/09/25 1355 - 03/09/25 1809
Route: Intravenous
Ordered Rate/Order Duration: 500 mL/hr / 60 Minutes

Line	Med Link Info	Comment
Peripheral IV 03/09/25 20 G Left;Posterior Wrist	03/09/25 1407 by Bautista, Jayna Cassidy A, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 03/09/25 1809 Documented: 03/09/25 1809	Stopped	0 mL 0 mL/hr 60 Minutes	Intravenous	Performed by: Bautista, Jayna Cassidy A, RN
Performed 03/09/25 1407 Documented: 03/09/25 1409	New Bag/Syringe	500 mL 500 mL/hr 60 Minutes	Intravenous	Performed by: Bautista, Jayna Cassidy A, RN Scanned Package: 0338-0117-04

lidocaine 4 % per patch 1 patch [372860269]

Ordering Provider: Asmeche, Habtam, MD
Ordered On: 03/09/25 2054
Ordered Dose (Remaining/Total): 1 patch (—/—)
Frequency: Every 24 hours
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/10/25 0900 - 03/11/25 2142
Route: Topical
Ordered Rate/Order Duration: — / 12 Hours
Admin Instructions: Apply to right hip. Remove after 12 hours (max 12 hrs per 24 hrs)

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Due 03/11/25 1741 Scheduled: 03/11/25 2142	Due (Medication Removed)	—	—	—
Performed 03/11/25 0842 Documented: 03/11/25 0844	Medication Applied	1 patch 12 Hours	Topical Right Hip	Performed by: Bloom, Shannon K, RN Scanned Package: 0536-1202-15

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication Administrations (continued)

Performed 03/10/25 2021 Documented: 03/10/25 2021	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Anderson, Noah R, RN
Performed 03/10/25 0859 Documented: 03/10/25 0859	Medication Applied	1 patch 12 Hours	Topical Right Leg	Performed by: Rohr, Helen B, RN Scanned Package: 0536-1202-15

morphine CONCENTRATED solution 5 mg [372980282]

Ordering Provider: Bann, Maralyssa Angelique, MD
Ordered On: 03/10/25 1112
Ordered Dose (Remaining/Total): 5 mg (—/—)
Frequency: Every 3 hours PRN
Admin Instructions: Start with lowest effective dose.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/10/25 1112 - 03/10/25 1409
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/10/25 1127 Documented: 03/10/25 1127	Given	5 mg	Oral	Performed by: Rohr, Helen B, RN Scanned Package: 68094-045-01

morphine CONCENTRATED solution 5 mg [373052620]

Ordering Provider: Bann, Maralyssa Angelique, MD
Ordered On: 03/10/25 1409
Ordered Dose (Remaining/Total): 5 mg (—/—)
Frequency: Every 2 hours PRN
Admin Instructions: Start with lowest effective dose.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/10/25 1409 - 03/10/25 1445
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/10/25 1422 Documented: 03/10/25 1422	Given	5 mg	Oral	Performed by: Baker, Cole D, RN Scanned Package: 68094-045-01

morphine CONCENTRATED solution 5-10 mg [373065322]

Ordering Provider: Bann, Maralyssa Angelique, MD
Ordered On: 03/10/25 1445
Ordered Dose (Remaining/Total): 5-10 mg (—/—)
Frequency: Every 2 hours PRN
Admin Instructions: Start with lowest effective dose.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/10/25 1445 - 03/11/25 1115
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/11/25 1036 Documented: 03/11/25 1036	Given	10 mg	Oral	Performed by: Bloom, Shannon K, RN
Performed 03/11/25 0842 Documented: 03/11/25 0844	Given	10 mg	Oral	Performed by: Bloom, Shannon K, RN Scanned Package: 68094-045-01

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication Administrations (continued)

Performed 03/11/25 0522 Documented: 03/11/25 0523	Given	10 mg	Oral	Performed by: Anderson, Noah R, RN Comments: see CNPI 12 Scanned Package: 68094-045-01
Performed 03/10/25 2126 Documented: 03/10/25 2128	Not Given See Comments	10 mg	Oral	Performed by: Anderson, Noah R, RN Comments: see CNPI Pt refusing to allow syringe near mouth
Performed 03/10/25 1858 Documented: 03/10/25 1858	Given	10 mg	Oral	Performed by: Rohr, Helen B, RN Scanned Package: 68094-045-01
Performed 03/10/25 1653 Documented: 03/10/25 1653	Given	10 mg	Oral	Performed by: Baker, Cole D, RN Scanned Package: 68094-045-01
Performed 03/10/25 1548 Documented: 03/10/25 1608	Given	5 mg	Oral	Performed by: Rohr, Helen B, RN Comments: most came out of mouth onto patient's cheek because she was thrashing, gave IV dilaudid after so patient has pain relief.

oxyCODONE CONCENTRATED solution 2.6-5 mg [372860270]

Ordering Provider: Asmeche, Habtam, MD
Ordered On: 03/09/25 2054
Ordered Dose (Remaining/Total): 2.6-5 mg (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: Hold for sedation, RR<12 and SBP <90

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/09/25 2054 - 03/10/25 1112
Route: Oral
Ordered Rate/Order Duration: — / —
Med loaded in 7e med pyxis. Go to override, then search "patient" and look for "patient controlled med (rx/extemp)" pocket.

Timestamps	Action	Dose	Route	Other Information
Performed 03/10/25 0937 Documented: 03/10/25 0937	Given	5 mg	Oral	Performed by: Rohr, Helen B, RN Scanned Package: 0406-8557-30
Performed 03/10/25 0157 Documented: 03/10/25 0158	Given	5 mg	Oral	Performed by: Westerman, Jordan M, RN Scanned Package: 0406-8557-30

Other Orders (group 1 of 2)

Admission

Admit to Inpatient (Completed)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913**
Status: **Completed**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Authorized by: Asmeche, Habtam, MD
Frequency: Routine Once 03/09/25 1908 - 1 occurrence
Quantity: 1

Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Asmeche, Habtam, MD (auto-released) 3/9/2025 7:13 PM

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

Questionnaire

Question	Answer
Level of Care	Acute Care
Provider Care Team	H HOSPITAL MEDICINE 6
ADT SERVICE	MEDICINE HOSPITALIST OVERFLOW ADULT
Are they the primary team?	Yes
Remove all existing teams?	No

Updates

Admitting provider: Asmeche, Habtam, MD
Attending provider: Asmeche, Habtam, MD
Diagnosis: Failure to thrive in adult [R62.7]
Patient class: Inpatient

Consult

Inpatient Consult to Palliative Care (Completed)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 0745** Status: **Completed**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 0745
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Once 03/10/25 0745 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 7:45 AM

Questionnaire

Question	Answer
Provider Care Team	H PALLIATIVE CARE
Requestors Pager/Contact:	Bann x48614
Reason for Consult?	complicated goals of care discussions, long course at UWMC, discharged on comfort measures, family brought pt here
Psychosocial & Spiritual Support	Goals of Care Family support

CORE MEASURES

Comfort Measures Only (Completed)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Completed**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Once 03/10/25 1108 - 1 occurrence
Class: Normal
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM

IV

IV Line - Saline lock (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/09/25 2055 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Questionnaire

Question	Answer
IV Manage:	Saline lock

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

Medications

lactated ringers IV Bolus 500 mL (Completed)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354 Ordering provider: de Monnin, Karlee, MD
Authorized by: de Monnin, Karlee, MD Ordering mode: Standard
Frequency: STAT Once 03/09/25 1355 - 1 occurrence Class: Normal
Acknowledged: Bautista, Jayna Cassidy A, RN 03/09/25 1400 for Placing Order
Package: 0338-0117-04

acetaminophen (Ofirmev) IV 1,000 mg (Completed)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354 Ordering provider: de Monnin, Karlee, MD
Authorized by: de Monnin, Karlee, MD Ordering mode: Standard
Frequency: Routine Once 03/09/25 1355 - 1 occurrence Class: Normal
Acknowledged: Bautista, Jayna Cassidy A, RN 03/09/25 1400 for Placing Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	One-time dose for use in the ED
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.
Package: 63323-434-41

HYDROmorphone (Dilaudid) injection 0.1 mg (Completed)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1803** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1803 Ordering provider: de Monnin, Karlee, MD
Authorized by: de Monnin, Karlee, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: STAT q30 min PRN 03/09/25 1803 - 3 occurrences Class: Normal
Acknowledged: Bautista, Jayna Cassidy A, RN 03/09/25 1809 for Placing Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-4264-01

HYDROmorphone (Dilaudid) 1 MG/ML injection ADS Override Pull (Completed)

Electronically signed by: **Bautista, Jayna Cassidy A, RN on 03/09/25 1804** Status: **Completed**
Ordering user: Bautista, Jayna Cassidy A, RN 03/09/25 1804 Ordering mode: Standard
Frequency: 03/09/25 1804 - 1 occurrence
Admin instructions: Created by cabinet override
Medication comments: Created by cabinet override
Package: 76045-009-96

atropine 1% sublingual solution 2 drop (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913 Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD Ordering mode: Standard
PRN reasons: secretions
Frequency: Routine q4h PRN 03/09/25 2054 - 03/11/25 1539 Class: Normal
Released by: Westerman, Jordan M, RN 03/09/25 2054 Discontinued by: Bann, Maralyssa Angelique, MD 03/11/25 1539
Acknowledged: Westerman, Jordan M, RN 03/09/25 2055 for Placing Order Bloom, Shannon K, RN 03/11/25 1540 for D/C Order
Admin instructions: Administer SUBLINGUALLY
Package: 9999-0018-12
Reordered from: atropine 1% ophthalmic solution (for oral use)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/11/25 1539	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD
03/09/25 2054	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Westerman, Jordan M, RN
03/09/25 1913	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Asmeche, Habtam, MD

lidocaine 4 % per patch 1 patch (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913 Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD Ordering mode: Standard
Frequency: Routine q24h 03/10/25 0900 - 03/11/25 2142 Class: Normal
Released by: Westerman, Jordan M, RN 03/09/25 2054 Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Westerman, Jordan M, RN 03/09/25 2055 for Placing Order
Admin instructions: Apply to right hip. Remove after 12 hours (max 12 hrs per 24 hrs)
Package: 0536-1202-15
Status
Kim, Daniel, PharmD 03/09/25 2055 (Start: 03/09/25 2125 to 03/10/25 0900)
Reordered from: lidocaine 4 % patch

oxyCODONE CONCENTRATED solution 2.6-5 mg (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913 Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q4h PRN 03/09/25 2054 - 03/10/25 1112 Class: Normal
Released by: Westerman, Jordan M, RN 03/09/25 2054 Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1112
Acknowledged: Westerman, Jordan M, RN 03/09/25 2055 for Placing Order Westerman, Jordan M, RN 03/09/25 2118 for Modifying Order Rohr, Helen B, RN 03/10/25 1112 for D/C Order
Admin instructions: Hold for sedation, RR<12 and SBP <90
Med loaded in 7e med pyxis. Go to override, then search "patient" and look
for "patient controlled med (rx/extemp)" pocket.
Package: 0406-8557-30
Status
Asmeche, Habtam, MD 03/09/25 2116 (Admin Instructions edited)
Hossler, Jasmine M, PharmD 03/09/25 2333 (Admin Instructions edited)
Reordered from: oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/10/25 1112	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD
03/09/25 2116	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Asmeche, Habtam, MD
03/09/25 2054	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Westerman, Jordan M, RN
03/09/25 1913	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Asmeche, Habtam, MD

acetaminophen (Ofirmev) IV 1,000 mg (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913 Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain
Frequency: Routine q8h PRN 03/09/25 2054 - 03/09/25 2114 Class: Normal
Released by: Westerman, Jordan M, RN 03/09/25 2054 Discontinued by: Asmeche, Habtam, MD 03/09/25 2114
Acknowledged: Westerman, Jordan M, RN 03/09/25 2055 for Placing Order Westerman, Jordan M, RN 03/09/25 2114 for D/C Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity	Yes

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.
Package: 0781-3156-06
Reordered from: acetaminophen (Ofirmev) IV 1,000 mg

enoxaparin (Lovenox) injection 40 mg (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913 Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD Ordering mode: Standard
Frequency: Routine q HS 03/09/25 2125 - 03/10/25 1808 Class: Normal
Released by: Westerman, Jordan M, RN 03/09/25 2054 Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1808
Acknowledged: Westerman, Jordan M, RN 03/09/25 2055 for Placing Order Rohr, Helen B, RN 03/10/25 1813 for D/C Order
Admin instructions: For usual risk VTE prophylaxis.
Inject subcutaneously ONLY in abdomen.
Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.
Package: 63323-564-21

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/10/25 1808	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD
03/09/25 2054	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Westerman, Jordan M, RN
03/09/25 1913	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Asmeche, Habtam, MD

acetaminophen (Ofirmev) IV 1,000 mg (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 2114** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 2114 Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD Ordering mode: Standard
Frequency: Routine q8h 03/09/25 2145 - 03/10/25 0849 Class: Normal
Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 0849
Acknowledged: Westerman, Jordan M, RN 03/09/25 2114 for Placing Order Rohr, Helen B, RN 03/10/25 0851 for D/C Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

Package: 63323-434-41
Modified from: acetaminophen (Ofirmev) IV 1,000 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/10/25 0849	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD
03/09/25 2114	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Asmeche, Habtam, MD

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch (Discontinued)

Electronically signed by: **Arora, Pallavi Rajiv, MD on 03/09/25 2155** Status: **Discontinued**
Ordering user: Arora, Pallavi Rajiv, MD 03/09/25 2155 Ordering provider: Arora, Pallavi Rajiv, MD
Authorized by: Arora, Pallavi Rajiv, MD Ordering mode: Standard
Frequency: Routine q7 days SCH 03/09/25 2226 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Westerman, Jordan M, RN 03/09/25 2236 for Placing Order

Questionnaire

Question	Answer
Butrans is a RESTRICTED medication. Which criteria does the patient meet?	Continuation of home therapy

Admin instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.
Package: 59011-750-04
Reordered from: buprenorphine 5 MCG/HR patch

HYDROmorphone (Dilaudid) injection 0.5 mg (Completed)

Electronically signed by: **Elsayed, Sarah Ibrahim Khamis, MD on 03/10/25 0211** Status: **Completed**
Ordering user: Elsayed, Sarah Ibrahim Khamis, MD 03/10/25 0211 Ordering provider: Elsayed, Sarah Ibrahim Khamis, MD
Authorized by: Elsayed, Sarah Ibrahim Khamis, MD Ordering mode: Standard
Frequency: Routine Once 03/10/25 0242 - 1 occurrence Class: Normal
Acknowledged: Westerman, Jordan M, RN 03/10/25 0214 for Placing Order
Admin instructions: Hold for sedation.

If unable to tolerate PO or if there is a specific need for rapid onset.
Package: 0409-1283-31

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg (Discontinued)

Electronically signed by: **Elsayed, Sarah Ibrahim Khamis, MD on 03/10/25 0606** Status: **Discontinued**
Ordering user: Elsayed, Sarah Ibrahim Khamis, MD 03/10/25 0606 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: severe pain breakthrough pain
PRN Comment: if oral options ineffective or unable to tolerate PO
Frequency: Routine q4h PRN 03/10/25 0606 - 03/11/25 1539 Class: Normal
Discontinued by: Bann, Maralyssa Angelique, MD 03/11/25 1539
Acknowledged: Westerman, Jordan M, RN 03/10/25 0608 for Placing Order Rohr, Helen B, RN 03/10/25 1813 for Modifying Order Bloom, Shannon K, RN 03/11/25 1540 for D/C Order
Admin instructions: Prioritize oral morphine solution first; if pt appears to be in severe pain after administration may given IV medication
Package: 0409-1283-03
Status
Bann, Maralyssa Angelique, MD 03/10/25 1808 (Admin Instructions edited)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/10/25 1808	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD
03/10/25 0606	Elsayed, Sarah Ibrahim Khamis, MD	Elsayed, Sarah Ibrahim Khamis, MD	Elsayed, Sarah Ibrahim Khamis, MD

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

bisacodyl (Dulcolax) rectal suppository 10 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine Daily PRN 03/10/25 1107 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Rohr, Helen B, RN 03/10/25 1112 for Placing Order
Admin instructions: Use first.
Package: 0536-1355-01

acetaminophen (Tylenol) rectal suppository 650 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain fever
Frequency: Routine q4h PRN 03/10/25 1108 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Rohr, Helen B, RN 03/10/25 1112 for Placing Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen or for fever
Package: 45802-730-30

petrolatum topical ointment (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: dry skin
Frequency: Routine BID PRN 03/10/25 1108 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Rohr, Helen B, RN 03/10/25 1112 for Placing Order
Admin instructions: Apply to dry skin
Package: 0536-1143-98

morphine CONCENTRATED solution 2.6-5 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine q3h PRN 03/10/25 1110 - 03/10/25 1112 Class: Normal
Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1112
Acknowledged: Rohr, Helen B, RN 03/10/25 1112 for Placing Order Rohr, Helen B, RN 03/10/25 1118 for D/C Order
Admin instructions: Start with lowest effective dose.

glycopyrrolate (Robinul) 0.2 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: secretions
Frequency: Routine q4h PRN 03/10/25 1111 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Rohr, Helen B, RN 03/10/25 1112 for Placing Order
Package: 0143-9587-25

morphine CONCENTRATED solution 5 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine q3h PRN 03/10/25 1112 - 03/10/25 1409 Class: Normal
Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1409
Acknowledged: Rohr, Helen B, RN 03/10/25 1118 for Placing Order Baker, Cole D, RN 03/10/25 1426 for D/C Order
Admin instructions: Start with lowest effective dose.
Package: 68094-045-01
Modified from: morphine CONCENTRATED solution 2.6-5 mg

morphine CONCENTRATED solution 5 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1409** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1409 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine Q2 Hours PRN 03/10/25 1409 - 03/10/25 1445 Class: Normal
Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1445
Acknowledged: Baker, Cole D, RN 03/10/25 1426 for Placing Order Rohr, Helen B, RN 03/10/25 1459 for D/C Order
Admin instructions: Start with lowest effective dose.
Package: 68094-045-01
Modified from: morphine CONCENTRATED solution 5 mg

morphine CONCENTRATED solution 5-10 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1445** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1445 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine Q2 Hours PRN 03/10/25 1445 - 03/11/25 1115 Class: Normal
Discontinued by: Bann, Maralyssa Angelique, MD 03/11/25 1115
Acknowledged: Rohr, Helen B, RN 03/10/25 1459 for Placing Order Bloom, Shannon K, RN 03/11/25 1201 for D/C Order
Admin instructions: Start with lowest effective dose.
Package: 68094-045-01
Modified from: morphine CONCENTRATED solution 5 mg

haloperidol lactate (Haldol) injection 0.5-2 mg (Discontinued)

Electronically signed by: **Arora, Pallavi Rajiv, MD on 03/10/25 1856** Status: **Discontinued**
Ordering user: Arora, Pallavi Rajiv, MD 03/10/25 1856 Ordering provider: Arora, Pallavi Rajiv, MD
Authorized by: Arora, Pallavi Rajiv, MD Ordering mode: Standard
PRN reasons: agitation anxiety
Frequency: Routine q4h PRN 03/10/25 1856 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Rohr, Helen B, RN 03/10/25 1857 for Placing Order
Admin instructions: NOT to exceed 20 mg in 24 hours.
Package: 67457-426-00

morphine CONCENTRATED solution 10-20 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/11/25 1115** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/11/25 1115 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine Q2 Hours PRN 03/11/25 1115 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Bloom, Shannon K, RN 03/11/25 1201 for Placing Order
Admin instructions: Start with lowest effective dose.
Package: 68094-754-58
Status
Stauch, Katherine Grace McKay, PharmD 03/11/25 1134 (Start: 03/11/25 1115 to 03/11/25 1115)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

Modified from: morphine CONCENTRATED solution 5-10 mg

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/11/25 1539** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/11/25 1539 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: severe pain breakthrough pain
PRN Comment: if oral options ineffective or unable to tolerate PO
Frequency: Routine Q2 Hours PRN 03/11/25 1539 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Bloom, Shannon K, RN 03/11/25 1540 for Placing Order
Admin instructions: Prioritize oral morphine solution first; if pt appears to be in severe pain after administration may given IV medication
Package: 0409-1283-17
Modified from: HYDROmorphone (Dilaudid) injection 0.2-0.4 mg

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 2 of 2)

Nursing

Vital Signs (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine q8h 03/10/25 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1113

Intake and Output (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine q shift 03/09/25 2055 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Notify Provider for the Following Vital Signs (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/09/25 2055 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Questionnaire

Question	Answer
Temperature greater than	38.3
Systolic blood pressure greater than	170
Systolic blood pressure less than	90
Diastolic blood pressure greater than	110
Diastolic blood pressure less than	60
Heart rate greater than	125
Heart rate less than	55
Respiratory rate greater than	25
Respiratory rate less than	12
SpO2 less than	92

Initiate Sepsis Order Set (If/Then, RN to Order) (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/09/25 2055 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1113
Order comments: - If pt meets SIRS > = 2 AND concern for new or worsening infection, RN to: 1) Complete Sepsis screen, 2) Notify Primary Provider, 3) Initiate SOS Sepsis Order Set. - SIRS Criteria: HR > 90, RR > 20, T < 36 or > 38, WBC < 4000 or > 12000.

If Pt Smoker / Tobacco User, Initiate NRT (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine Once 03/09/25 2055 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 2 of 2) (continued)

3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

REF LINK: Algorithm for PRN Bowel Medications for Inpatients (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Authorized by: Asmeche, Habtam, MD
Frequency: Routine Reference Link 03/09/25 2055 - Until Specified
Quantity: 1
Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

REF LINK: Algorithm for PRN Antiemetic Medications for Inpatients with Nausea/Vomiting (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Authorized by: Asmeche, Habtam, MD
Frequency: Routine Reference Link 03/09/25 2055 - Until Specified
Quantity: 1
Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Activity: Bed rest; Frailty, suspected EOL (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Authorized by: Asmeche, Habtam, MD
Frequency: Routine Until discontinued 03/09/25 2055 - Until Specified
Quantity: 1
Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Questionnaire

Question	Answer
Activity Level:	Bed rest
Clinical Indication and End Point:	Frailty, suspected EOL

External Urinary/Condom Catheter (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Authorized by: Bann, Maralyssa Angelique, MD
Frequency: Routine PRN 03/10/25 1107 - Until Specified
Quantity: 1
Ordering provider: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Class: Hospital Performed
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]
Acknowledged: Rohr, Helen B, RN 03/10/25 1112 for Placing Order
Order comments: PRN for incontinence.

Notify Provider of Inadequate Pain and/or Symptom Relief (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Authorized by: Bann, Maralyssa Angelique, MD
Frequency: Routine Until discontinued 03/10/25 1108 - Until Specified
Quantity: 1
Ordering provider: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Comfort Measures Only (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 2 of 2) (continued)

Authorized by: Bann, Maralyssa Angelique, MD
Frequency: Routine Until discontinued 03/10/25 1108 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Pain Assessment (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112**
Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/10/25 1108 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]
Order comments: Assess for pain & symptoms and document Q4 hours. Assess patient more or less frequently per family/patient preference. In addition, document assessment before and after bolus doses and/or infusion rate changes.

Nursing Communication - Patient Care (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112**
Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/10/25 1108 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]
Order comments: Complete Nursing Checklist (see evidence link) Utilize available resources for the patient and/or family: bereavement packet, comfort care cart for legacy supplies & other material, comfort tray from nutrition. Skin care: offer skin care and repositioning every 2 hours and prn; adjust schedule per family/patient preference, with comfort being the goal. Oral care: offer oral care every 4 hours and prn, including mouth moistening, cleaning/brushing and lip balm. Adjust schedule per family/patient preference with comfort being the goal. Suction as needed for comfort. Avoid deep suctioning when possible.

REF LINK: Comfort Care Links (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112**
Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Reference Link 03/10/25 1108 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

REF LINK: Comfort Care Opioid Decision Tree (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112**
Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Reference Link 03/10/25 1108 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Discontinue THIS Order and Discontinue All Orders from the Same Panel/Order Set (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112**
Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/10/25 1109 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 2 of 2) (continued)

Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Questionnaire

Question	Answer
WHEN:	treatment/procedure complete

Order comments: Comfort care opioids and benzodiazepines for NON/POST respiratory support withdrawal panels

Precaution

Aspiration Precautions (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 0837** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 0837
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/10/25 0837 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 8:37 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Respiratory Care

Oxygen Therapy Nasal Cannula; Other (Specify); for comfort; Oxygen 2 L/min (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Continuous 03/10/25 1108 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Questionnaire

Question	Answer
Oxygen Delivery Route	Nasal Cannula
Titrate Oxygen	Other (Specify)
Special Instructions	for comfort
Initial Oxygen Amount	Oxygen 2 L/min

Order comments: Apply PRN SOB/dyspnea if opioids are ineffective. Start at 2L/min via nasal cannula & adjust to patient comfort. Discontinue if causing discomfort.

SLP

Inpatient Consult to Speech Language Pathology (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine Until therapy completed 03/09/25 2055 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Questionnaire

Question	Answer
Hospital	HMC INPATIENT 20
Reason for Consult	Swallow evaluation and treat

Supplies

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 2 of 2) (continued)

Knee immobilizer (Discontinued)

Electronically signed by: **Sliepka, Joseph Michael, MD on 03/09/25 2111** Status: **Discontinued**
Ordering user: Sliepka, Joseph Michael, MD 03/09/25 2111
Ordering provider: Sliepka, Joseph Michael, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/09/25 2111 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Sliepka, Joseph Michael, MD (auto-released) 3/9/2025 9:11 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Questionnaire

Question	Answer
Laterality:	Right
Wearing Schedule (right):	At all time
Allow removal for skin check?	Yes

Flowsheets

Abuse Indicators

Row Name	03/09/25 1253
Have there been threats or direct abuse of you or your children?	Unable to assess
Is someone forcing you to have sex?	Unable to assess
Is anyone keeping you from your family?	Unable to assess
Unable to assess? Indicate reason:	Clinical condition

Acuity/Destination

Row Name	03/09/25 1254
Patient Acuity	Urgent
Triage Complete	Triage complete

Arrival Documentation

Row Name	03/09/25 1249
Triage Start	Start
Prehospital Treatment	Yes
Transport Service	bainbridge
IV Properties	Placement Date: 03/09/25 Placement Time: 1400 Inserted by: JB Insertion attempts: 1 Site Prep: Chlorhexidine Technique: Anatomical landmarks Size (Gauge): 20 G Orientation: Left;Posterior Location: Wrist

Attending Physician Notification

Row Name	03/11/25 1702
Attending Provider Notified	Yes
Attending	Maralyssa Bann

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Providers Name	
Attending Notification Route	At Bedside

Basic Assessment

Row Name	03/09/25 1415
Neuro (WDL)	Exceptions to WDL
Best Eye Response	Spontaneous
Best Verbal Response	Incomprehensible sounds
Best Motor Response	Localizes pain
Glasgow Coma Scale Score	11
Orientation Level	Disoriented to place;Disoriented to time;Disoriented to situation;Disoriented to person
Cognition	Unable to follow commands;Poor attention/concentration
Speech	**Incomprehensible**
HEENT (WDL)	Exceptions to WDL
Mucous Membrane(s)	**Dry**
Teeth	Dentures removed
Respiratory (WDL)	Exceptions to WDL
Respiratory Pattern	Normal
Respiratory Depth/Rhythm	Regular
Respiratory Effort	Unlabored
Bilateral Breath Sounds	Clear
Cardiac (WDL)	Exceptions to WDL
Cardiac Regularity	Regular
Heart Sounds	S1, S2
Peripheral Vascular (WDL)	Exceptions to WDL
Capillary Refill	Less than/equal to 2 seconds (All extremities)
Pulses	R radial;L radial;L femoral;R dorsalis pedis
R Radial Pulse	Moderate
L Radial Pulse	Moderate
L Femoral Pulse	Moderate
R Dorsalis Pedis Pulse	Moderate
Integumentary (WDL)	Exceptions to WDL
Skin Color	Appropriate for ethnicity

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Skin Condition/Temp	Warm;Dry
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)
Musculoskeletal (WDL)	Exceptions to WDL
RLE	**Injury/trauma**
LLE	**Amputation**
Gastrointestinal (WDL)	Within Defined Limits
Genitourinary (WDL)	Within Defined Limits
Psychosocial (WDL)	Within Defined Limits
Charting Type	Shift assessment

Basic Assessment

Row Name	03/11/25 1530	03/11/25 0730	03/10/25 2020	03/10/25 0930	03/10/25 0300
Neuro (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Level of Consciousness	—	—	Responds to pain	Responds to pain	—
Orientation Level	—	—	Unable to assess	Unable to assess	—
Cognition	—	—	Unable to follow commands	Unable to follow commands	—
Speech	—	—	Incomprehensible	Incomprehensible	—
Swallow	—	—	Chokes on solids;Chokes on liquids	Chokes on solids;Chokes on liquids	—
Pupil Assessment	—	—	No	—	—
R Hand Grasp	—	—	Strong	Strong	—
L Hand Grasp	—	—	Strong	Strong	—
RUE Motor Response	—	—	Normal extension	Normal extension	—
RUE Sensation	—	—	Unable to assess	Unable to assess	—
RUE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—
LUE Motor Response	—	—	Unable to assess	Unable to assess	—
LUE Sensation	—	—	Unable to assess	Unable to assess	—
LUE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—
RLE Motor Response	—	—	Movement to painful stimulus	Movement to painful stimulus	—
RLE Sensation	—	—	Pain	Pain	—
RLE Motor Strength	—	—	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	—
LLE Motor Response	—	—	Unable to assess;Other (Comment)	Unable to assess;Other (Comment)	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

LLE Sensation	—	—	Unable to assess	Unable to assess	—
Neuro Symptoms	—	—	Agitation;Anxiety	Agitation;Anxiety	—
Best Eye Response	—	—	—	Spontaneous	—
Best Verbal Response	—	—	—	Incomprehensible sounds	—
Best Motor Response	—	—	—	Withdraws to pain	—
Glasgow Coma Scale Score	—	—	—	10	—
HEENT (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
R Eye	—	—	Severely impaired vision	Severely impaired vision	—
L Eye	—	—	Severely impaired vision	Severely impaired vision	—
R Ear	—	—	Moderate hearing loss	Moderate hearing loss	—
L Ear	—	—	Moderate hearing loss	Moderate hearing loss	—
Lips	—	—	Dry	Dry	—
Throat	—	—	Dry	Dry	—
Tongue	—	—	Dry	Dry	—
Voice	—	—	Hoarse	Hoarse	—
Mucous Membrane(s)	—	—	Dry;Lesions	Dry;Lesions	—
Teeth	—	—	—	Dentures removed	—
Respiratory (WDL)	—	Exceptions to WDL	Within Defined Limits	Within Defined Limits	—
Respiratory Pattern	—	—	Normal	—	—
Respiratory Depth/Rhythm	Irregular	—	Regular	—	—
Respiratory Effort	—	—	Unlabored	—	—
Cardiac (WDL)	—	Exceptions to WDL	Within Defined Limits	Within Defined Limits	—
Cardiac Regularity	—	—	Regular	—	—
Peripheral Vascular (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
R Radial Pulse	—	—	Weak	Weak	—
L Radial Pulse	—	—	Weak	Weak	—
R Dorsalis Pedis Pulse	—	—	—	Weak	—
L Dorsalis Pedis Pulse	—	—	—	Unable to assess	—
RLE Edema	—	—	—	Mild	—
RLE Capillary Refill	—	—	Greater than 2 seconds	Greater than 2 seconds	—
RLE Color	—	—	Appropriate for ethnicity	Appropriate for ethnicity	—
RLE Temperature/Moisture	—	—	Warm	Warm	—
Integumentary (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Skin Color	—	—	Appropriate for ethnicity	Appropriate for ethnicity	—
Skin Condition/Temp	—	—	Warm;Dry	Warm;Dry	—
Skin Integrity	—	—	See Wound/Burn LDA(s);Other	See Wound/Burn LDA(s);Other	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

			(Comment)	(Comment)	
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	Unable to assess	Unable to assess	—	—
Dressing	—	Mepilex Border	Mepilex Border	—	—
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Musculoskeletal (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
RUE	—	—	Limited movement	Limited movement	—
LUE	—	—	Limited movement	Limited movement	—
RLE	—	—	Limited movement;Immobilizer;Injury/trauma	Limited movement;Immobilizer;Injury/trauma	—
LLE	—	—	Amputation	Amputation	—
Gastrointestinal (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
GI Symptoms	—	—	—	Loss of appetite;Other (Comment)	—
Genitourinary (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Psychosocial (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Patient Behaviors/Mood	—	Restless;Agitated;Nonverbal	Restless;Agitated;Nonverbal	Restless;Agitated	—
Ability to Express Feelings	—	—	Unable to express	—	—
Ability to Express Needs	—	—	Unable to express	—	—
Ability to Express Thoughts	—	—	Unable to express	—	—
Ability to Understand Others	—	—	Sometimes understands	—	—
Charting Type	—	—	Shift assessment	—	—
Nursing Annotation	—	—	—	—	pt son states "If she doesnt get this surgery, she' wont last long. If she gets this surgery, she could live indefinitly."

Row Name	03/09/25 2100
Neuro (WDL)	Exceptions to WDL
Level of Consciousness	Responds to voice
Orientation Level	Disoriented x4
Cognition	Unable to follow commands;Poor attention/concentration
Speech	Incomprehensible
R Hand Grasp	Moderate
L Hand Grasp	Moderate
R Foot	2-Can move on bed

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Dorsiflexion	but unable to lift
L Foot Dorsiflexion	Not tested
R Foot Plantar Flexion	2-Can move on bed but unable to lift
L Foot Plantar Flexion	Not tested
RUE Motor Response	Normal extension
RUE Sensation	Unable to assess
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	Unable to assess
LUE Sensation	Unable to assess
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	Movement to painful stimulus
RLE Sensation	Pain
RLE Motor Strength	2-Can move on bed but unable to lift
LLE Motor Response	Unable to assess;Other (Comment)
LLE Sensation	Unable to assess
HEENT (WDL)	Exceptions to WDL
R Eye	Moderately impaired vision
L Eye	Moderately impaired vision
R Ear	Moderate hearing loss
L Ear	Moderate hearing loss
Lips	Dry
Throat	Dry
Tongue	Dry
Voice	Hoarse
Mucous Membrane(s)	Dry;Lesions
Teeth	Dentures removed
Respiratory (WDL)	Exceptions to WDL
Respiratory Pattern	Normal
Respiratory Depth/Rhythm	Regular
Respiratory Effort	Unlabored
Bilateral Breath Sounds	Clear;Expiratory wheezes
Cardiac (WDL)	Exceptions to WDL
Cardiac Regularity	Regular
Pacemaker Type	Permanent
Peripheral Vascular (WDL)	Exceptions to WDL

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

R Radial Pulse	Moderate
L Radial Pulse	Moderate
R Dorsalis Pedis Pulse	Moderate
L Dorsalis Pedis Pulse	Unable to assess
RLE Edema	Mild
RLE Capillary Refill	Greater than 2 seconds
RLE Color	Appropriate for ethnicity
RLE Temperature/Moisture	Warm
LLE Capillary Refill	Greater than 2 seconds
LLE Color	Appropriate for ethnicity
LLE Temperature/Moisture	Warm
Integumentary (WDL)	Exceptions to WDL
Skin Color	Appropriate for ethnicity
Skin Condition/Temp	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s);Other (Comment)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation
Wound Bed/Base Assessment	Clean;Dehisced;Pink;Yellow
Peri-Wound Assessment	Dry;Intact
Closure	None
Dressing	Mepilex Border
Dressing Changed	Changed
Dressing Status	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)
Musculoskeletal (WDL)	Exceptions to WDL
RUE	Limited movement
LUE	Limited movement
RLE	Limited movement;Immobilizer;Injury/trauma
LLE	Amputation
Gastrointestinal (WDL)	Exceptions to WDL
Last BM Date	03/08/25
Genitourinary (WDL)	Exceptions to WDL
Psychosocial (WDL)	Exceptions to WDL

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Patient Behaviors/Mood	Restless
Ability to Express Feelings	Needs assistance
Ability to Express Needs	Needs assistance
Ability to Express Thoughts	Needs assistance

Complex Vitals

Row Name	03/09/25 1930
Pulse	95
Resp	20
BP	**156/67** !
MAP (mmHg)	112
SpO2	100 %

Custom Formula Data

Row Name	03/11/25 1100	03/11/25 0840	03/11/25 0800	03/10/25 2135	03/10/25 2126
Braden / Braden Q Calculated Score	—	—	11	—	—
Mobility Score	—	—	3	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	4	—	—
Toileting Needs Score	—	—	3	—	—
Volume/Electrolyte Status Score	—	—	5	—	—
Communication/Sensory Score	—	—	2	—	—
Behavior Score	—	—	3	—	—
Fall Risk Calculated Score	—	—	27 (Hester Davis)	—	—
Feature 3: Altered Level of Consciousness	Positive	Positive	—	Positive	Positive

Row Name	03/10/25 2023	03/10/25 1653	03/10/25 1555	03/10/25 1300	03/10/25 1223
Braden / Braden Q Calculated Score	—	—	—	—	11
Mobility Score	3	—	—	—	3
Medications Score	1	—	—	—	1
Mental Status/LOC/Awareness Score	4	—	—	—	4
Toileting Needs Score	1	—	—	—	1
Volume/Electrolyte Status Score	5	—	—	—	5
Communication/Sensory Score	3	—	—	—	3
Behavior Score	3	—	—	—	3
Fall Risk	26 (Hester Davis)	—	—	—	26 (Hester Davis)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Calculated Score					
Feature 3: Altered Level of Consciousness	—	Positive	Positive	Positive	—
Row Name	**03/10/25 0930**	**03/10/25 0836**	**03/10/25 0800**	**03/10/25 0418**	**03/09/25 2200**
Temp (in Celsius) for APACHE IV	—	36.9	—	—	—
Glasgow Coma Scale Numeric	10	—	—	—	—
BMI (Calculated)	—	—	—	—	20.19
BSA (Calculated - sq m)	—	—	—	—	1.41 sq meters
BMI (Calculated)	—	—	—	—	20.2
IBW/kg (Calculated) Female	—	—	—	—	45.5 kg
Admission Weight (kg)	—	—	—	—	46.8
Dubois BSA	—	—	—	—	1.41 (m^2)
Weight taken by scale (kg)	—	—	—	—	46.8 kilograms
Weight kg (view-only)	—	—	—	—	46.8
BMI (Calculated)	—	—	—	—	20.19
IBW (Calculated, kg)	—	—	—	—	45.5
Proposed Low Range Vt 6mL/kg	—	—	—	—	273 mL/kg
Proposed Moderate Range Vt 8mL/kg	—	—	—	—	364 mL/kg
Proposed High Range Vt 10mL/kg	—	—	—	—	455 mL/kg
Hamwi IBW/kg (Calculated) Female	—	—	—	—	45.36
Body Surface Area (Calculated)	—	—	—	—	1.41
Drug Calculation Weight - Calculated (oz)	—	—	—	—	1650.8 oz
Drug Calculation Weight - Calculated (kg)	—	—	—	—	46.8 kg
Weight for Calculations - Calculated (oz)	—	—	—	—	1650.8 ounces
Feature 3: Altered Level of Consciousness	—	—	Positive	Positive	—
Percentage of IBW (Female)	—	—	—	—	103.17
Weight in (lb) to have BMI = 25	—	—	—	—	127.7
Row Name	**03/09/25 2114**	**03/09/25 2113**	**03/09/25 2053**	**03/09/25 1415**	**03/09/25 1324**
Temp (in Celsius) for APACHE IV	—	—	36.6	—	36.5
Glasgow Coma Scale Numeric	—	—	—	11	—
Braden / Braden Q Calculated	—	11	—	—	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Score					
Received flu vaccine	—	Yes	—	—	—
Mobility Score	5	—	—	—	—
Medications Score	1	—	—	—	—
Mental Status/LOC/Awareness Score	9	—	—	—	—
Toileting Needs Score	6	—	—	—	—
Volume/Electrolyte Status Score	5	—	—	—	—
Communication/Sensory Score	3	—	—	—	—
Behavior Score	6	—	—	—	—
Fall Risk Calculated Score	41 (Hester Davis)	—	—	—	—
Row Name	**03/09/25 1253**				
Temp (in Celsius) for APACHE IV	36.3				

Daily Cares/Safety

Row Name	**03/11/25 1530**	**03/11/25 1500**	**03/11/25 1355**	**03/11/25 1200**	**03/11/25 1000**
Family/Significant Other Update	—	Visiting	—	Visiting	—
Highest Level of Mobility for this Event (Nursing)	Bed activity	—	—	—	—
Level of Assistance	Dependent, patient does less than 25%	—	—	—	—
Repositioned	Lying left side;Pillow support	—	Lying left side	Refused by patient	Refused by patient
Preventative Border Silicone Dressing Location	Sacrum	—	—	—	—
Skin Under Sacrum Dressing Assessed?	Yes	—	—	—	—
Sacrum Dressing Status	Clean	—	—	—	—
Hygiene	Peri care;Partial linen change	—	—	—	—
Row Name	**03/11/25 0800**	**03/10/25 2113**	**03/10/25 1913**	**03/10/25 1628**	**03/10/25 1444**
Repositioned	Supine	Refused by patient	Semi Fowler's;Pillow support	Supine;Pillow support	Lying right side
Positioning Devices	—	Turn & Position Device	Turn & Position Device	—	—
Head of Bed Elevated	—	HOB 30	HOB 30	—	—
Pressure Redistribution	—	Pillows	Pillows	—	—
Row Name	**03/10/25 1229**	**03/10/25 1113**	**03/10/25 0913**	**03/10/25 0713**	**03/10/25 0550**
Repositioned	Supine;Pillow support	Lying left side	Lying right side	Supine	—
Oral Care	—	—	—	—	Suction toothette toothbrush
Row Name	**03/10/25 0513**	**03/10/25 0313**	**03/10/25 0200**	**03/09/25 2307**	**03/09/25 2200**

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Repositioned	Lying right side	Supine	Lying left side	Supine	—
Oral Care	—	—	—	—	Suction toothette toothbrush;with half strength hydrogen peroxide

Row Name	03/09/25 2113
Repositioned	Lying right side

Disability/ADL Screening

Row Name	03/09/25 2100
Do you have any physical, mental or emotional impairments your care team should be aware of?	Deaf, d/Deaf, or hard of hearing
How do any of the identified impairments affect your ability to perform daily activities?	Hearing
Assistive Devices	Dentures upper;Dentures lower

Discharge Planning

Row Name	03/11/25 1200	03/10/25 0800
Assessment Need	Discharge planning	—
Discharge Planning Assessment Type	Discharge Planning Assessment (Chart Review)	—
Is an interpreter used?	No	—
Is this a planned admission?	No	—
Admission Source	Admitted through ED	—
Patient declined discharge planning evaluation/assistance	No	—
Living situation prior to admit	Skilled Nursing Facility	—
PTA-Name of Facility	—	—
Prior to Admit Patient felt needs were met in living situation	Unable to assess/deferred	—
Home Accessibility Barriers	Other (Comment)	—
Primary Caregiver	Facility	—
Support Systems	Children	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Functional Limitations Prior to Admit	Physical Limitations;Cognitive Limitations	Physical Limitations
Access to Healthcare Prior to Admit	No/minimal barriers to healthcare	—
PTA-Independent with ADLs?	No	—
PTA-Memory Adequate to Safely Complete Daily Activities	No	—
PTA- Adequate self-medication management	No	—
PTA-Patient Able to Express Needs/Desires	Unable to assess	—
PTA-Dressing	Dependent	—
PTA-Feeding	Dependent	—
PTA-Bathing	Dependent	—
PTA-Toileting	Dependent	—
PTA-In/Out Bed	Dependent	—
PTA-Walks in Home	Dependent	—
PTA-Assistive Devices	—	—
Address/Phone in Demographics Verified?	No	—
Payor Verified?	Primary verified	—
Financial Issues/Information	Needs longterm care for placement	—
PCP Verified?	Unable to verify	—
Pharmacy Verified?	Unable to verify	—
Emergency Contact Verified?	Yes	—
Initial Discharge Planning Assessment Complete	—	Yes
Patient Discharge Goals	—	Uncertain
Discharge complexity	3-Complex	3-Complex
Patient provided information on post-discharge facilities,services/vendors	N/A	—
Anticipated Resources/Services Needed Upon Discharge	Hospice;Palliative care	—
Living situation post discharge	Skilled Nursing Facility	—
Potential barriers to Discharge	Other	—
Patient expects to be discharged	TBD; imminent death	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

to:		
Substance Use History Indicated?	Unable to Assess/Deferred	—
Post Discharge Caregiver Contact Information	TBD	—
Post Discharge Caregiver Confirmation	Other	—
Post Discharge Caregiver Level of Assistance	24hrs, total physical care	—
Assistance Needed at Discharge	Palliative care or hospice	—
Does the patient need discharge transport arranged?	No	—
Has discharge transport been arranged?	No	—
Transportation Funding Method	DSHS/Hopelink	—
Transportation Type	Ambulance, BLS	—

ED Fall Risk Assessment

Row Name	03/09/25 1254
Altered Mental Status?	yes
Present to ED Due To Fall?	No
Age greater than 70?	Yes
Impaired Mobility?	Yes
Nursing Judgement	Yes
Intervention Score	4
Safety Interventions	**Defer to bedside nurse** !

ED Quick Updates

Row Name	03/09/25 1939	03/09/25 1826	03/09/25 1809
Updates	**Family updated**	—	—
Quick Updates - Free Text	**patient cleaned up and changed**	**Medicine team at bedside**	**Per EM resident, awaiting ortho reccs if we need new xrays or not. Pain medicine ordered for pt, pt continuinally moaning out. Not following**

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

commands.

ESET(Emergency Safety Evaluation Tool)

Row Name	03/09/25 1254
ESET (Emergency Safety Evaluation Tool) Safety Screening Complete	Yes

Family Notification

Row Name	03/11/25 1701
Was the family notified?	Yes
Date Notified	03/11/25
Notified by	Present at bedside
Name of Family Notified of Death	Louis Charles Hoffmann Alloin
Contact Person Relationship to Patient	Son

Geriatric Screening

Row Name	03/09/25 2113
Unable to Assess	Yes

Healthcare Advanced Directive

Row Name	03/10/25 1253
Informed the team that there is a Healthcare Advanced Directive	Yes
Type of Advance Directive	Power of Attorney-Healthcare

Homicidal Ideation

Row Name	03/09/25 1254
Homicidal Assessment	Assessment Deferred

Hospital Autopsy Request

Row Name	03/11/25 1702
Hospital Autopsy Request	Unable to contact legal next of kin at time of death
Autopsy consent completed?	After Death Service to call next of kin

I/O

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Row Name	03/11/25 1533	03/11/25 1530	03/11/25 1341	03/11/25 1000	03/10/25 0515
Dose	—	—	—	—	*1000 mg
Volume (mL)	—	—	—	—	200
Unmeasured Urine Occurrence	—	1	0	0	—
Urinary Incontinence	—	Yes	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
External Urinary Device Properties	Placement Date: 03/11/25 Placement Time: 1530				
Suction	Yes	—	—	—	—
Site Assessment	Skin Intact;Clean	—	—	—	—

Row Name	03/10/25 0300	03/09/25 2232	03/09/25 1809	03/09/25 1441	03/09/25 1407
Dose	—	—	*0 mL	—	*500 mL
Rate	—	—	0 mL/hr	—	500 mL/hr
Dose	—	—	*0 mg	*1000 mg	—
Dose	—	*1000 mg	—	—	—
Unmeasured Urine Occurrence	1	—	—	—	—
Urine Amount	Medium	—	—	—	—
Urine Color	Yellow/straw	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				

IV Assessment

Row Name	03/10/25 2021	03/10/25 0900	03/09/25 2101	03/09/25 2100
IV Properties	Placement Date: 03/09/25 Placement Time: 1400 Inserted by: JB Insertion attempts: 1 Site Prep: Chlorhexidine Technique: Anatomical landmarks Size (Gauge): 20 G Orientation: Left;Posterior Location: Wrist			
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	Saline locked;Flushed without resistance;Disinfecting cap(s) present	Saline locked;Flushed without resistance	Saline locked	Saline locked
Dressing Type	Transparent;Securement device	Transparent;Securement device	Other (Comment)	Other (Comment)
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact

LACE+ Score

Row Name	03/11/25 1742
LACE+ Score	21

Lines/Drains/Airways

Row Name	03/11/25 0730	03/10/25 0900	03/09/25 2305	03/09/25 2302
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25			
External Urinary Device Properties	Placement Date: 03/11/25 Placement Time: 1530			
IV Properties	Placement Date: 03/09/25 Placement Time: 1400 Inserted by: JB Insertion attempts: 1 Site Prep: Chlorhexidine Technique: Anatomical landmarks Size (Gauge): 20 G Orientation: Left;Posterior Location: Wrist			
Site Assessment	Clean;Dry;Intact	—	—	—
Line Status	Saline locked;Flushed	—	—	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	without resistance;Disinfecting cap(s) present			
Dressing Type	Transparent;Securement device	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation			
Wound Bed/Base Assessment	—	Unable to assess	—	Clean;Dehisced;Pink;Yellow
Dressing	—	Mepilex Border	—	Mepilex Border
Dressing Status	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)			
Wound Bed/Base Assessment	—	—	Other (Comment)	—
Dressing	—	—	Other (Comment)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)			

Medical Examiner Case Assessment

Row Name	03/11/25 1700
Applicable Patient Criteria for Medical Examiner. Call King County Medical Examiner at 206-731-3232 24x7 with any questions.	Does not meet any of the listed criteria

Musculoskeletal

Row Name	03/09/25 2027
Musculoskeletal (WDL)	Exceptions to WDL
RLE	Limited movement;Immobilizer;Injury/trauma
LLE	Amputation

Pain Assessment

Row Name	03/11/25 1500	03/11/25 1300	03/11/25 1130	03/11/25 1032	03/11/25 0942
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**03/11/25 0840**	**03/11/25 0730**	**03/11/25 0646**	**03/11/25 0500**	**03/10/25 2202**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**03/10/25 2126**	**03/10/25 1958**	**03/10/25 1653**	**03/10/25 1625**	**03/10/25 1300**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**03/10/25 1037**	**03/10/25 0830**	**03/10/25 0542**	**03/10/25 0447**	**03/10/25 0257**

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes

Row Name	03/09/25 2324	03/09/25 2300	03/09/25 2053
Restart Pain Assessment Timer	Yes	Yes	Yes

Pain Assessment

Row Name	03/11/25 1130	03/11/25 0942	03/11/25 0716	03/11/25 0622	03/10/25 2202
Pain Scale	Pain Scale	Pain Scale	Pain Scale	Pain Scale	Pain Scale
Pain Score	Patient sleeping	Patient sleeping	—	—	Patient UNavailable for reassessment
Row Name	**03/10/25 1958**	**03/10/25 1736**	**03/10/25 1628**	**03/10/25 1625**	**03/10/25 1504**
Pain Descriptor Scale	—	Pain Descriptor Scale	—	—	Pain Descriptor Scale
CNPI	CNPI	—	CNPI	CNPI	—
Pain Descriptor Scale	—	Patient sleeping	—	—	Mild
Vocal Complaints: Non-verbal with Movement	Behavior occurred even briefly	—	—	Behavior not observed	—
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	—	—	Behavior not observed	—
Bracing with Movement	Behavior occurred even briefly	—	—	Behavior not observed	—
Restlessness with Movement	Behavior occurred even briefly	—	—	Behavior not observed	—
Rubbing with Movement	Behavior occurred even briefly	—	—	Behavior not observed	—
Vocal Complaints: Verbal with movement	Behavior occurred even briefly	—	—	Behavior not observed	—
Subtotal Score with Movement	6	—	—	0	—
Vocal Complaints: Nonverb at Rest	Behavior not observed	—	—	Behavior not observed	—
Facial Grimaces/Winces at Rest	Behavior not observed	—	—	Behavior not observed	—
Bracing at Rest	Behavior not observed	—	—	Behavior not observed	—
Restlessness at Rest	Behavior not observed	—	—	Behavior not observed	—
Rubbing at Rest	Behavior not observed	—	—	Behavior not observed	—
Verbal Complaints Verbal at Rest	Behavior not observed	—	—	Behavior not observed	—
Subtotal Score at Rest	0	—	—	0	—
CNPI Total Score	6	—	—	0	—
Row Name	**03/10/25 1209**	**03/10/25 1148**	**03/10/25 1037**	**03/10/25 0830**	**03/10/25 0542**
Pain Descriptor Scale	Pain Descriptor Scale	Pain Descriptor Scale	—	—	—
CNPI	—	—	CNPI	CNPI	CNPI

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Pain Descriptor Scale	Patient sleeping	Patient sleeping	—	—	—
Vocal Complaints: Non-verbal with Movement	—	—	Behavior occurred even briefly	Behavior occurred even briefly	Behavior occurred even briefly
Facial Grimaces/Winces with Movement	—	—	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly
Bracing with Movement	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Restlessness with Movement	—	—	Behavior occurred even briefly	Behavior occurred even briefly	Behavior not observed
Rubbing with Movement	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Vocal Complaints: Verbal with movement	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Subtotal Score with Movement	—	—	2	6	2
Vocal Complaints: Nonverb at Rest	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Facial Grimaces/Winces at Rest	—	—	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly
Bracing at Rest	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Restlessness at Rest	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Rubbing at Rest	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Verbal Complaints Verbal at Rest	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Subtotal Score at Rest	—	—	0	6	1
CNPI Total Score	—	—	2	12	3
Row Name	**03/10/25 0447**	**03/10/25 0257**	**03/09/25 2324**	**03/09/25 2302**	**03/09/25 2300**
CNPI	CNPI	CNPI	CNPI	CNPI	—
Vocal Complaints: Non-verbal with Movement	Behavior occurred even briefly	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly
Bracing with Movement	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly
Restlessness with Movement	Behavior not observed	Behavior not observed	Behavior not observed	—	Behavior not observed
Rubbing with Movement	Behavior not observed	Behavior not observed	Behavior not observed	—	Behavior not observed
Vocal Complaints: Verbal with movement	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly
Subtotal Score with Movement	2	4	4	—	4
Vocal Complaints:	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Nonverb at Rest					
Facial Grimaces/Winces at Rest	Behavior occurred even briefly	Behavior not observed	Behavior occurred even briefly	—	Behavior occurred even briefly
Bracing at Rest	Behavior not observed	Behavior not observed	Behavior not observed	—	Behavior not observed
Restlessness at Rest	Behavior not observed	Behavior not observed	Behavior not observed	—	Behavior not observed
Rubbing at Rest	Behavior not observed	Behavior not observed	Behavior not observed	—	Behavior not observed
Verbal Complaints Verbal at Rest	Behavior not observed	Behavior not observed	Behavior not observed	—	Behavior not observed
Subtotal Score at Rest	1	1	2	—	2
CNPI Total Score	3	5	6	—	6

Patient Expiration

Row Name	03/11/25 1702
Pronounced by	Maralyssa Bann
Did the patient's death occur in the ED?	No
Did the patient's death occur in the OR?	No
Did the patient's death occur less than 10 days post-op?	No
Did the patient's death occur within 24 hours of admission?	No
Was code status DNR at the time of death?	Yes
LCNW Notified? (888-543-3287)	Yes
Name of Coordinator	Virginia
Organ Donor Network Notification Date	03/11/25
Organ Donor Network Notification Time	1704
Referral Number	13646554

Screenings

Row Name	03/11/25 0800	03/10/25 2023	03/10/25 2021	03/10/25 1223	03/09/25 2200
Does the patient have a Healthcare Advanced Directive	—	—	—	—	Yes
Location of Healthcare Advanced	—	—	—	—	Patient has Healthcare Advanced Directive

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Directive					in the chart
Unable to Assess	Yes	Yes	—	—	—
Sensory Perceptions	Very limited	—	—	Very limited	—
Moisture	Occasionally moist	—	—	Occasionally moist	—
Activity	Bedfast	—	—	Bedfast	—
Mobility	Very limited	—	—	Very limited	—
Nutrition	Very poor	—	—	Very poor	—
Friction and Shear	Potential problem	—	—	Potential problem	—
Braden Scale Score	11	—	—	11	—
Age (greater than 85)	**Yes** !	**Yes** !	—	**Yes** !	—
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	—	**Yes** !	—
Skull Bone Missing	No	No	—	No	—
Coagulopathy (bleeding risk)	No	No	—	No	—
Surgery in the last 24hrs	No	No	—	No	—
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	—	High Risk for Injury	—
Last Known Fall	**Within the last month** !	**Within the last month** !	—	**Within the last month** !	—
Mobility	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	—	**Use of assistive device/requires assist of two people** !	—
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	—	Cardiovascular or central nervous system meds	—
Mental Status/LOC/Awareness	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	—	**Unresponsive/non compliance with instruction** !	—
Toileting Needs	**Incontinence** !	Use of catheters or diversion devices	—	Use of catheters or diversion devices	—
Volume/Electrolyte Status	**NPO greater than 24 hours;Low blood sugar/electrolyte imbalances** !	**NPO greater than 24 hours;Low blood sugar/electrolyte imbalances** !	—	**NPO greater than 24 hours;Low blood sugar/electrolyte imbalances** !	—
Communication/Sensory	**Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	—	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	—
Behavior	**Depression/anxiety;Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction;Depression/anxiety** !	—	**Behavioral noncompliance with instruction;Depression/anxiety** !	—
Age Adjustment	3	3	—	3	—
Hester Davis Fall Risk Total	27	26	—	26	—
Hester Davis Fall	High Risk	High Risk	—	High Risk	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Risk Category					
Universal Fall Precautions In Place?	Yes	Yes	—	Yes	—
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	—
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	—	—
Medications	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	—	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	—	—
Toileting needs	BSC/urinal ready and within reach	Peri-pad in bed/ brief out of bed	—	—	—
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	—	—	—
Communication/Sensory	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	—	—
Behavior	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	—	—
Unable to Assess	Yes	—	Yes	—	—
Unable to Assess	Yes	Yes	—	—	—
Unable to Assess	Yes	—	Yes	—	—

Row Name	**03/09/25 2114**	**03/09/25 2113**	**03/09/25 2112**
In the past 3 months, have you had unintentional weight loss?	—	Yes, less than 7kg or 15 lbs	—
Are you currently receiving TPN or tube feeds?	—	No	—
Have you been eating poorly for at least 7 days because of decreased appetite?	—	Yes	—
Unable to Assess	—	Yes	—
How often do you have a drink containing alcohol?	—	—	Never
How often do you have six or more drinks on one occasion?	—	—	Never
Audit-C Score	—	—	0
Unable to Assess	—	Yes	—
Pressure Injury	—	No	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

on Admission			
Sensory Perceptions	—	Slightly limited	—
Moisture	—	Occasionally moist	—
Activity	—	Bedfast	—
Mobility	—	Very limited	—
Nutrition	—	Very poor	—
Friction and Shear	—	Problem	—
Braden Scale Score	—	11	—
Age (greater than 85)	**Yes** !	—	—
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	—	—
Skull Bone Missing	No	—	—
Coagulopathy (bleeding risk)	**Yes** !	—	—
Surgery in the last 24hrs	**Yes** !	—	—
Injury Risk Assessment Score	High Risk for Injury	—	—
Last Known Fall	**Within the last month** !	—	—
Mobility	**Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	—	—
Medications	Cardiovascular or central nervous system meds	—	—
Mental Status/LOC/Awareness	**Unresponsive/non compliance with instruction;Memory loss/confusion and requires reorienting;Lethargic/oriented to person only** !	—	—
Toileting Needs	**Incontinence;Use of assistive device (Bedside commode, bedpan, urinal);Use of catheters or diversion devices** !	—	—
Volume/Electrolyte Status	**NPO greater than 24 hours;Low blood sugar/electrolyte imbalances** !	—	—
Communication/Sensory	**Visual (Glasses)/hearing**	—	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	deficit;Non-English patient/unable to speak/slurred speech !		
Behavior	**Behavioral noncompliance with instruction;Impulsiveness** !	—	—
Age Adjustment	3	—	—
Hester Davis Fall Risk Total	41	—	—
Hester Davis Fall Risk Category	High Risk	—	—
Universal Fall Precautions In Place?	Yes	—	—
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	—	—
Mobility	Bed/chair alarm on and plugged into wall	—	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	—	—
Toileting needs	BSC/urinal ready and within reach	—	—
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	—	—
Communication/Sensory	Bed/chair alarm on and plugged into wall	—	—
Behavior	Bed/chair alarm on and plugged into wall	—	—
Unable to Assess	Yes	—	—
Unable to Assess	Yes	—	—
INFLUENZA Vaccine Screening (Check all that apply)	—	Received influenza vaccine this season (September through March)	—

SDOH Focused Screener

Row Name	03/09/25 2114
In the past 12 months, has lack of transportation kept you from medical appointments or from getting	No

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

medications?	
Within the past 12 months, you worried that your food would run out before you got the money to buy more.	Never true
In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	Yes
At any time in the past 12 months, were you homeless or living in a shelter (including now)?	Patient unable to answer
Within the last year, have you been afraid of your partner or ex-partner?	Patient unable to answer

Sepsis Documentation

Row Name	03/10/25 1208	03/10/25 1207	03/09/25 2112	03/09/25 2111
Do you suspect this patient may have a new or worsening infection?	No	No	No	No
Are two or more sepsis screening criteria present, and new or worsening? (HR >90, RR 20, WBC <4k or >12k, Temp < 36 or < 38, altered mental status)	No	No	No	No

SLP Eval/Tx

Row Name	03/10/25 0900
SLP Received On	03/10/25 [N1]
SLP Document Type	Eval;Progress [N1]
SLP Treatment Start Time	0900 [N1]
SLP Total Treatment Time in Minutes	45 Minutes [N1]
Visual Acuity	Corrective lenses not available [N1]
Auditory Acuity	Other [N1]

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Family/Caregiver Comments	Son present at bedside [N1]
Is an interpreter used?	No [N1]
Patient Report/Self-Assessment	RN cleared SLP for entry. Pt awake, audibly moaning, turning away from clinician upon verbal/tactile cues to optimize positioning for PO trials. [N1]
Prior Function	Pt seen by SLP at UWMC 2/7/25 with recommendations for IDDSI 5/0 diet w/ 1:1 feeding assistance, emphasis on oral care. Per last SLP, Family did not want to pursue alternative means of nutrition/hydration at that time. Son reports upon DC to SNF, Pt was put on a regular diet/thin liquids. Limited oral intake and concerns for nutrition/hydration status expressed by son as well. [N1]
IADLs	Requires assist [N1]
Dentition	Edentulous [N1]
Oral mucosa	Dry;Other [N1]
Volitional cough	Other [N1]
Volitional swallow	Unable to initiate [N1]
Labial ROM	Impaired [N1]
Lingual ROM	Uncoordinated [N1]
Vocal Quality	Within Functional Limits [N1]
Observations	Pt w/ open mouth posture, frequent moaning, no command following during oral mech exam. [N1]
Temperature	Afebrile [N1]
Respiratory Status	Room air [N1]
Behavior/Cognition	Agitated;No command following [N1]
Patient Positioning	Upright in bed [N1]
Consistencies Assessed	0-Thin Liquids;4-Pureed [N1]
0-Thin Liquids - Presentation	Spoon;Straw [N1]

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

4 Pureed - Presentation	Spoon [N1]
Consistencies Assessed Comment	Pt fed by SLP or son given reduced ability to hold utensils independently. Pt w/ limited reception frequently averting mouth away from utensil despite gentle modes of PO presentation. Puree placed in oral cavity by family, no palpable swallow by this writer. Small volume PO suctioned from oral cavity. [N1]
Signs/Symptoms of Penetration/Aspiration	None [N1]
Patient/Caregiver Training	SLP provided edu regarding role of SLP, aspiration risks given advanced age, AMS, FTT, reduced oral care, need for assistance w/ feeding/oral care/iADLS, emphasis on ongoing GOC discussions between Pt, family, interdisciplinary team given complex bioethical decision regarding nutrition/hydration plan in this pt population. Emphasis on oral care and 1:1 careful hand feeding provided. Please see the following factors in regards to pillars of aspiration PNA development: *** [N1]
Assessment	Pt presents w/ increased risk for aspiration related complication given advanced age, failure to thrive, dependence on others for oral feeding/oral care, reduced mobility,

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	and alterted mental status. On this date, Pt demonstrated limited reception to PO, reduced oral manipulation, and no palpable swallow despite use of family-reported strategies w/ family assist to trial 1:1 feeding w/ upright position, verbal/visual cues, and max encouragement. Given overall clinical picture, will defer diet recommendations to pt, family, and interdisciplinary team. Nutrition/dietary, palliative, and spiritual care consults would be appreciate. Acute SLP will continue to follow for Pt/family education, re-assessment, as needed and if service remains within GOC. [N1]
Evaluation/Treatment Tolerance	Treatment limited secondary to agitation [N1]
SLP Plan	Skilled SLP [N1]
Treatment/Interventions	Swallow treatment;Patient/family education [N1]
SLP Frequency	1-3x/week [N1]
Priority	3/13 copper [N1]
SLP Discharge Recommendations	Follow up with SLP at next level of care;Assistance with;Supervision with [N1]
Assistance with Details	IADLS;Eating;Drinking [N1]
Supervision with Details	IADLS;Eating;Drinking [N1]
SLP Summary for Next Shift	SWE: defer to team (4/0 vs 5/0) pending GOC; no NGT/PEG not within GOC per last admit/ contraindicated for advanced age/overall picture; FTT, prior admit for L AKA, R femure fracture). complex

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	family case. ethics involved. [N1]
Goals	STG 1;STG - Education [N1]
Diet Recommendations	Other [N1]
Medication Administration Recommendations	Other [N1]
Oral care	Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette [N1]
Aspiration Precautions	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating [N1]
Swallow Recovery	Medically Complex: unable to assess prognosis. [N1]
Short Term Goal	Tolerate least restrictive diet [N1]
Estimated Completion Date	03/31/25 [N1]
Goal Status	Updated [N1]
Patient/caregiver will participate in education regarding	Dysphagia [N1]
Estimated Completion Date	03/31/25 [N1]
Goal Status	Updated [N1]

Spiritual Care Interventions

Row Name	03/10/25 1506
Contact Type	In person
Present at encounter	Patient and caregivers
Visit type	Initial
Specialized Visit	Comfort care
Location	HMC
HMC Units	7E
Spiritual Care Interventions	Spiritual Care Assessment;Spiritual Support;Grief Support
Continue Visiting	No further needs at this time
No further needs at this time	Will request spirtual care as desired

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Direct Time	40
Indirect Time	15
Total Time	55

Suicide Risk Screening

Row Name	03/09/25 1254
Suicide assessment:	Deferred, unable to assess at this time
Unable to assess at this time due to:	Altered mental status
1. Have you wished you were dead or wished you could go to sleep and not wake up?	No

SW Psychosocial Assessment

Row Name	03/09/25 1900
Assessment Need	Counseling / Support / Adjustment to illness
Is an interpreter used?	No
Information Obtained From	Children
Living situation prior to admit	Skilled Nursing Facility
PTA-Name of Facility	Bainbridge Island Health and Rehab
Primary Caregiver	Family
Support Systems	Children;Case manager/social worker
SW Emergency department services (minutes)	45
ED Mission Population	From SNF/ALF/AFH;General Medical Event
ED Outcomes	Pt / Family Support / Coord;Hospital Admission
ED Referral Source	Self referral (case-finding)

Vital Signs

Row Name	03/09/25 1615	03/09/25 1545	03/09/25 1253
Temp	—	—	36.3 °C
Temp src	—	—	Temporal
Pulse	92	92	78
Resp	19	15	**24** !
BP	139/72	**144/63** !	**102/42** !

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

MAP (mmHg)	84	94	—
SpO2	96 %	92 %	95 %
Restart Vitals Timer	Yes	Yes	Yes
Oxygen Therapy	—	—	None (Room air)
Pain Score	—	—	—

Vitals

Row Name	03/11/25 1635	03/11/25 1530	03/11/25 1500	03/11/25 1341	03/11/25 1300
Resp	**0** !	18	18	—	20
Patient Activity	—	—	Sleeping	—	Sleeping
Pain Score	—	—	Patient sleeping	—	Patient sleeping
Vocal Complaints: Nonverb at Rest	—	Behavior not observed	Behavior not observed	—	—
Facial Grimaces/Winces at Rest	—	Behavior not observed	Behavior not observed	—	—
Bracing at Rest	—	Behavior not observed	Behavior not observed	—	—
Restlessness at Rest	—	Behavior not observed	Behavior not observed	—	—
Rubbing at Rest	—	Behavior not observed	Behavior not observed	—	—
Verbal Complaints Verbal at Rest	—	Behavior not observed	Behavior not observed	—	—
Subtotal Score at Rest	—	0	0	—	—
Reason for Communication	—	—	—	Family request	—
Provider Name	Bann, Maralyssa Angelique, MD	—	—	Bann, Maralyssa Angelique, MD - Merel, Susan Eva, MD	—
Provider Role	Attending physician	—	—	Attending physician	—
Method of Communication	Page	—	—	Secure Chat	—
Response	—	—	—	Waiting for response	—

Row Name	03/11/25 1032	03/11/25 0840	03/11/25 0730	03/11/25 0646	03/11/25 0500
Resp	**22** !	**22** !	20	**24** !	—
Patient Activity	—	—	Sleeping	—	—
Pain Assessment	CNPI	CNPI	—	—	—
Pain Score	—	—	Patient sleeping	—	—
Vocal Complaints: Non-verbal with Movement	Behavior not observed	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Bracing with Movement	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Restlessness with Movement	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Rubbing with Movement	Behavior occurred even briefly	Behavior not observed	—	Behavior occurred even briefly	Behavior occurred even briefly
Vocal Complaints:	Behavior not observed	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Verbal with movement					
Subtotal Score with Movement	4	5	—	6	6
Vocal Complaints: Nonverb at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Facial Grimaces/Winces at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Bracing at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Restlessness at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Rubbing at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Verbal Complaints Verbal at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Subtotal Score at Rest	6	6	—	6	6
CNPI Total Score	10	11	—	12	12
Sedation Scale Used	—	Richmond Agitation Sedation Scale	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	Restless	—	—	—

Row Name	**03/10/25 2312**	**03/10/25 2126**	**03/10/25 1653**	**03/10/25 1300**	**03/10/25 0836**
Temp	—	—	—	—	36.9 °C
Temp src	—	—	—	—	Temporal
Pulse	—	—	—	—	98
Heart Rate Source	—	—	—	—	Monitor
Resp	16	—	—	—	**22** !
BP	—	—	—	—	**145/61** !
MAP (mmHg)	—	—	—	—	89
BP Site	—	—	—	—	Right Arm
BP Method	—	—	—	—	Automatic
Patient Position	—	—	—	—	Lying
Vital Sign Reason	—	—	—	—	Routine
SpO2	—	—	—	—	95 %
Oxygen Therapy	—	—	—	—	None (Room air)
Pain Assessment	—	—	CNPI	FLACC	—
Pain Score	—	—	9	8	—
Pain Descriptor Scale	—	—	—	Severe	—
Vocal Complaints: Non-verbal with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Facial Grimaces/Winces with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Bracing with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Restlessness with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Rubbing with Movement	—	Behavior occurred even briefly	Behavior not observed	—	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Vocal Complaints: Verbal with movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Subtotal Score with Movement	—	6	5	—	—
Vocal Complaints: Nonverb at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Facial Grimaces/Winces at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Bracing at Rest	—	Behavior occurred even briefly	Behavior not observed	—	—
Restlessness at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Rubbing at Rest	—	Behavior occurred even briefly	Behavior not observed	—	—
Verbal Complaints Verbal at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Subtotal Score at Rest	—	6	4	—	—
CNPI Total Score	—	12	9	—	—
Pain Rating: FLACC (Rest) - Face	—	—	—	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Rest) - Legs	—	—	—	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	—	—	Arched, rigid or jerking	—
Pain Rating: FLACC (Rest) - Cry	—	—	—	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Difficult to console or comfort	—
Score: FLACC (Rest)	—	—	—	8	—
Sedation Scale Used	—	Richmond Agitation Sedation Scale	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	Very agitated	Agitated	Very agitated	—
Nursing Annotation	—	throwing face around when attempting to provide oral morphine	—	—	—

Row Name	**03/10/25 0500**	**03/10/25 0447**	**03/10/25 0418**	**03/09/25 2324**	**03/09/25 2200**
Resp	**22** !	18	**22** !	20	—
Height	—	—	—	—	5' (1.524 m)
Weight	—	—	—	—	46.8 kg (103 lb 2.8 oz)
Weight Method	—	—	—	—	Bed scale

Row Name	**03/09/25 2053**	**03/09/25 1800**	**03/09/25 1700**	**03/09/25 1500**	**03/09/25 1400**
Temp	36.6 °C	—	—	—	—
Temp src	Temporal	—	—	—	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Pulse	**102** !	97	86	90	85
Heart Rate Source	Monitor	—	—	—	—
Resp	20	20	**13** !	**28** !	**9** !
BP	138/67	131/81	**134/51** !	**144/68** !	**118/53** !
MAP (mmHg)	—	94	82	120	79
BP Site	Left Arm	—	—	—	—
BP Method	Automatic	—	—	—	—
Patient Position	Lying	—	—	—	—
Vital Sign Reason	Routine	—	—	—	—
SpO2	92 %	99 %	95 %	99 %	95 %
Oxygen Therapy	None (Room air)	None (Room air) (P)	None (Room air)	None (Room air)	None (Room air)
Vocal Complaints: Non-verbal with Movement	Behavior occurred even briefly	—	—	—	—
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	—	—	—	—
Bracing with Movement	Behavior occurred even briefly	—	—	—	—
Restlessness with Movement	Behavior not observed	—	—	—	—
Rubbing with Movement	Behavior not observed	—	—	—	—
Vocal Complaints: Verbal with movement	Behavior occurred even briefly	—	—	—	—
Subtotal Score with Movement	4	—	—	—	—
Vocal Complaints: Nonverb at Rest	Behavior occurred even briefly	—	—	—	—
Facial Grimaces/Winces at Rest	Behavior occurred even briefly	—	—	—	—
Bracing at Rest	Behavior occurred even briefly	—	—	—	—
Restlessness at Rest	Behavior not observed	—	—	—	—
Rubbing at Rest	Behavior not observed	—	—	—	—
Verbal Complaints Verbal at Rest	Behavior not observed	—	—	—	—
Subtotal Score at Rest	3	—	—	—	—
CNPI Total Score	7	—	—	—	—
Nursing Annotation	Admit to 7E	—	—	—	—

Row Name	**03/09/25 1324**
Temp	36.5 °C
Pulse	91
Resp	20
BP	139/71
MAP (mmHg)	100
SpO2	93 %
Oxygen Therapy	None (Room air)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Vitals Data

Row Name	03/11/25 1100	03/11/25 0646	03/10/25 2135	03/10/25 2126	03/10/25 1555
Richmond Agitation Sedation Scale (RASS)	Agitated	—	Very agitated	—	Very agitated
Pain Score	—	10	—	10	—
Pain Descriptor Scale	—	—	—	Severe	—

Row Name	03/10/25 0800	03/10/25 0418
Richmond Agitation Sedation Scale (RASS)	Very agitated	Agitated

Vitals Reassessment

Row Name	03/10/25 0836	03/09/25 2053	03/09/25 1930	03/09/25 1800	03/09/25 1700
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes

Row Name	03/09/25 1500	03/09/25 1400	03/09/25 1324
Restart Vitals Timer	Yes	Yes	Yes

Flowsheet Notes

[N1]

Author	Author Type	Service	Note Type	Status	Filed Time
Voorhees, Megan Elizabeth, SLP	Speech Language Pathologist	Speech Language Pathology	Progress Notes	Signed	03/10/25 1322

Note Text

SLP Note

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Today's Date: 3/10/2025

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome

- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia
- Abdominal pain
- Failure to thrive in adult

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture	12/13/2012

Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed

- Thyroid nodule, uninodular 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.
- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

- PR TOTAL
  ABDOMINAL
  HYSTERECT W/WO
  RMVL TUBE OVARY

	03/10/25 0900
SLP Last Visit	
SLP Received On	03/10/25
General	
SLP Document Type	Eval
SLP Treatment Start Time	0900
SLP Total Treatment Time in Minutes	45 Minutes
Visual Acuity	Corrective lenses not available
Auditory Acuity	Other *(unable to assess, reports of hearing impariment noted in chart review, no hearing aides, family reports she can hear w/ projected voice)*
Family/Caregiver Comments	Son present at bedside. Endorsed success w/ PO intake using the following strategies: use of familiar items (ensure, apple sauce, mashed potatoes), use of lid cup + straw, use of whiteboard to label items and include written visual cues to swallow.
Interpreter Services	
Is an interpreter used?	No
Subjective	
Patient Report/Self-Assessment	RN cleared SLP for entry. Pt awake, audibly moaning, turning away from clinician upon verbal/tactile cues to optimize positioning for PO trials.
Prior Function	
Prior Function	Pt seen by SLP at UWMC 2/7/25 with recommendations for IDDSI 5/0 diet w/ 1:1 feeding assistance, emphasis on oral care. Per last SLP, Family did not want to pursue alternative means of nutrition/hydration at that time. Son reports upon DC to SNF, Pt was put on a regular diet/thin liquids. Limited oral intake and concerns for nutrition/hydration status expressed by son as well.
IADLs	Requires assist
Oral Mechanism Examination	
Dentition	Edentulous
Oral mucosa	Dry;Other

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	(patches of black, dried mucosa noted throughout hard palate, soft palate, and lateral lingual surface. pt w/ limited reception to oral care.)
Volitional cough	Other *(unable to initiate)*
Volitional swallow	Unable to initiate
Labial ROM	Impaired
Lingual ROM	Uncoordinated
Vocal Quality	WFL
Observations	Pt w/ open mouth posture, frequent moaning, no command following during oral mech exam.
Patient Information	
Temperature	Afebrile *(WBC: 12.66 (elevated))*
Respiratory Status	Room air
Behavior/Cognition	Agitated;No command following
Patient Positioning	Upright in bed
Objective	
Consistencies Assessed	0-Thin Liquids;4-Pureed
0-Thin Liquids - Presentation	Spoon;Straw
4 Pureed - Presentation	Spoon
Consistencies Assessed Comment	Pt fed by SLP or son given reduced ability to hold utensils independently. Pt w/ limited reception frequently averting mouth away from utensil despite gentle modes of PO presentation. Puree placed in oral cavity by family, no palpable swallow by this writer. Pt w/ expectoration attempts. Small volume PO suctioned from oral cavity.
Signs/Symptoms of Penetration/Aspiration	None *(No palpable swallow.)*
Swallowing Treatment	
Patient/Caregiver Training	SLP provided edu regarding role of SLP, aspiration risks given advanced age, AMS, FTT, reduced oral care, need for assistance w/ feeding/oral care/iADLS, emphasis on ongoing GOC discussions between Pt, family, interdisciplinary team given complex bioethical decision regarding nutrition/hydration plan in this pt population. Emphasis on oral care and 1:1 careful hand feeding provided. Please see the following factors in regards to pillars of aspiration PNA development:

Scenario	Health/Immune System	+	Oral Health Status	+	Laryngeal Valve Protection	=	Predicted Outcome

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	Status				Status		
1	Normal	+	Healthy	+	No Aspiration	=	No Pneumonia
2	Normal	+	Poor	+	No Aspiration	=	No Pneumonia
3	Normal	+	Poor	+	Aspiration	=	No Pneumonia
4	Normal	+	Healthy	+	Aspiration	=	No Pneumonia
5	Compromised	+	Healthy	+	No Aspiration	=	No Pneumonia
6	Compromised	+	Poor	+	No Aspiration	=	No Pneumonia
7	Compromised	+	Healthy	+	Aspiration	=	Lower Risk-Pneumonia
8	Compromised	+	Poor	+	Aspiration	=	High Risk-Pneumonia

Ashford, J. R. (2024). *Pneumonia "risk" predictor.* SA Swallowing Services, PLLC. https://www.sasspllc.com/pneumonia-risk-predictor

SLP Assessment

Assessment	Pt presents w/ increased risk for aspiration related complication given advanced age, failure to thrive, dependence on others for oral feeding/oral care, reduced mobility, and alterted mental status. On this date, Pt demonstrated limited reception to PO, reduced oral manipulation, and no palpable swallow despite use of family-reported strategies w/ family assist to trial 1:1 feeding w/ upright position, verbal/visual cues, and max encouragement. Given overall clinical picture and ongoing GOC discussions, will defer diet recommendations to pt, family, and interdisciplinary team. May consider family endorsed

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	strategies to optimize PO intake/reception including: use of familiar items (ensure, apple sauce, mashed potatoes), use of lid cup + straw, use of whiteboard to label items and include written visual cues to swallow. Nutrition/dietary, palliative, and spiritual care consults would be appreciate. Acute SLP will continue to follow for Pt/family education, re-assessment, as needed and if service remains within GOC.
Evaluation/Treatment Tolerance	Treatment limited secondary to agitation
Plan	
SLP Plan	Skilled SLP
Treatment/Interventions	Swallow treatment;Patient/family education
SLP Frequency	1-3x/week
SLP Discharge Recommendations	Follow up with SLP at next level of care;Assistance with;Supervision with
Assistance with Details	IADLS;Eating;Drinking
Supervision with Details	IADLS;Eating;Drinking
Goals	STG 1;STG - Education
Swallow Recommendations	
Diet Recommendations	Other *(Defer to interdisciplinary team pending GOC discussion: can consider 4/0 vs 5/0 given no NGT/PEG not within prior stated goals with careful hand feeding strategies and aspiration precautions)* Careful Hand Feeding Careful hand feeding means giving someone small amounts of food and drink when they are no longer able to feed themselves. Careful hand feeding can work as long as a person is comfortable and wants to be fed. Patients are never force fed food. General Precautions: • Only feed when awake, alert, and accepting of intake • Sit as upright as able during & 30 minutes after meal • Small bites/sips one at a time via spoon at a slow rate • Encourage independence (as able) by using handover-hand feeding: put a utensil in the person's hand, place your hand around theirs and lift both of your hands to the person's mouth for a bite • Reduce distractions at mealtimes • Make sure the patient swallows a bite or sip before giving the next bite or sip • Promote good oral hygiene, check for residue in the

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	person's mouth after meals. If it's difficult to use a toothbrush, try oral swabs • Stop if person is declining (turning away, not willingly opening their mouth, spitting food out), there is significant residue in their mouth, or overt signs of coughing and choking leading to discomfort are present
Medication Administration Recommendations	Other *(Pending GOC: can consider IV vs crushed in puree)*
Oral care	Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette
Aspiration Precautions	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating
Swallow Recovery	Medically Complex: unable to assess prognosis.
Short Term Goal	
Short Term Goal	Tolerate least restrictive diet
Estimated Completion Date	03/31/25
Goal Status	Updated
Short Term Goal - Education	
Patient/caregiver will participate in education regarding	Dysphagia
Estimated Completion Date	03/31/25
Goal Status	Updated

Megan E Voorhees, SLP
3/10/2025

Care Plan

Resolved

Problem: Free from Fall Injury

Dates: Start: 03/09/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Goal: Patient will remain free of injury from fall (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Description: Refer to interventions and risk for injury documentation in the Screening Flowsheet
Disciplines: Interdisciplinary

Outcomes

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Care Plan (continued)

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/11/25 1317	Bloom, Shannon K, RN	Progressing
03/10/25 2023	Anderson, Noah R, RN	Progressing
03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

Problem: Friction/Shear

Dates: Start: 03/09/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to friction/shear (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/11/25 1317	Bloom, Shannon K, RN	Progressing
03/10/25 2023	Anderson, Noah R, RN	Progressing
03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

Problem: Impaired Nutrition

Dates: Start: 03/09/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to impaired nutrition (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/10/25 2023	Anderson, Noah R, RN	Progressing
03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

Problem: Impaired Sensory/Perception/Mobility/Activity

Dates: Start: 03/09/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to impaired sensory/perception/mobility/activity (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/11/25 1318	Bloom, Shannon K, RN	Progressing
03/10/25 2023	Anderson, Noah R, RN	Progressing
03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Care Plan (continued)

Problem: Moisture/Incontinence

Dates: Start: 03/09/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to moisture/incontinence (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/11/25 1317	Bloom, Shannon K, RN	Progressing
03/10/25 2023	Anderson, Noah R, RN	Progressing
03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

Problem: Palliative care

Dates: Start: 03/11/25 Resolved: 03/11/25
Disciplines: Nurse, Interdisciplinary

Goal: Death with dignity and comfort (Resolved)

Dates: Start: 03/11/25 Expected End: 03/14/25 Resolved: 03/11/25
Description: INTERVENTIONS:
1. Assist/support family w/end of life decision making/support
2. Manage symptoms and pain relief

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/11/25 1319	Bloom, Shannon K, RN	Progressing

Problem: Patient/Family Stated Goals

Dates: Start: 03/09/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Shift (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/10/25 2023	Anderson, Noah R, RN	Progressing
03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

Goal: Patient/Family Stated Goal For Admission (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/10/25 2023	Anderson, Noah R, RN	Progressing

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Care Plan (continued)

03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

Problem: Universal Fall Precautions

Dates: Start: 03/09/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Goal: Patient will remain free of falls (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Description: Refer to Fall Intervention documentation in the Screening Flowsheet
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/11/25 1318	Bloom, Shannon K, RN	Progressing
03/11/25 1317	Bloom, Shannon K, RN	Progressing
03/10/25 2023	Anderson, Noah R, RN	Progressing
03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

Patient Education

Title: General Nursing ()

Topic: Core Nursing (In Progress)

Point: Orientation to Unit (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Equipment (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Fall Precaution Interventions per Individualized Level of Risk (In Progress)

Description:
Personal risk factors may include mobility, medications, mental status, toileting needs, volume/electrolyte status, communication/sensory, and behavior.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Medications (In Progress)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Nutrition/Diet (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Pain Management (In Progress)

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at 3/11/2025 1318
	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at 3/11/2025 1318
	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Disease/Condition (In Progress)

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at 3/11/2025 1318
	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at 3/11/2025 1318
	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Procedures (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Test/Results (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: PIV/CVAD (In Progress)

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at 3/11/2025 1318
	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

3/11/2025 1318
Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: VTE Prevention (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Pressure Injury Prevention (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Topic: Misc Nursing (Not Started)

Point: Skin Care/Pressure Ulcer Prevention (In Progress)

Description:
Instruct learner(s) on the need to keep skin clean and dry, the use of film barriers to prevent injury from urine and/or stool (if indicated), and the need to moisturize skin if dry or to prevent dryness.
For pressure ulcer prevention, instruct learner(s) on the need to change position at least every two hours and to request assistance as needed.

Patient Friendly Description: When you're in a hospital bed all day, it can be hard to keep your skin healthy, but it's very important. We'll work with you to keep your skin clean and dry, but if your skin gets too dry, let us know.
Also, if you lie in one position for too long, sores can form. Try to change your position at least every two hours, and ask us for help if you need it.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at 3/11/2025 1318
	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at 3/11/2025 1318
	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Title: Diabetes Mellitus ()

Topic: Diabetes (In Progress)

Point: Understanding Diabetes (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Blood Glucose Monitoring (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Point: Meal Planning (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Medication (Oral Agents) (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Medication (Insulin) (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Low Blood Glucose Management (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: High Blood Glucose Management (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Foot Care (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Follow-up after Discharge (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Title: First-Dose Education ()

Points For This Title

Point: Cefuroxime Axetil (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: cefTRIAXone Sodium in Dextrose (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Moxifloxacin HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Insulin Lispro (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Insulin Regular Human (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: guanFACINE HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Furosemide (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: guaiFENesin (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Sodium Chloride (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Isoproterenol HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Ipratropium-Albuterol (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Magnesium Hydroxide (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Bisacodyl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Sennosides (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Point: Psyllium (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Polyethylene Glycol 3350 (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Calcium Carbonate Antacid (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Atropine Sulfate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Glycopyrrolate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Omeprazole (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Pantoprazole Sodium (In Progress)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Scopolamine Base (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: LORazepam (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Haloperidol Lactate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: QUEtiapine Fumarate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: OLANZapine (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Aspirin (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Acetaminophen (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: HYDROmorphone HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Morphine Sulfate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: oxyCODONE HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Nalbuphine HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: ROPivacaine HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Thiamine HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Thiamine Mononitrate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Ascorbic Acid (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Prenatal Vit-Fe Fumarate-FA (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Magnesium Oxide (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Magnesium Sulfate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Point: Potassium & Sodium Phosphates (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: K Phos Mono-Sod Phos Di & Mono (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Potassium Chloride (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Potassium Chloride Crys ER (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Sodium Chloride (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Zinc Sulfate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Lactated Ringers (In Progress)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Dextrose-Sodium Chloride (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Dextrose in Lactated Ringers (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: KCl in Dextrose-NaCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Dextrose (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Cyanocobalamin (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Heparin Sodium (Porcine) (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Enoxaparin Sodium (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Albumin Human (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Carboxymethylcellulose Sodium (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Atropine Sulfate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Mouthwashes (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Camphor-Menthol (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Lidocaine (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Lidocaine HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Lidocaine-Prilocaine (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Perflutren Lipid Microsphere (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Melatonin (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Petrolatum (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Point: White Petrolatum (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Hyaluronidase Human (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Ondansetron HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Misc. Devices (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Buprenorphine (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: dexmedeTOMIDine HCl in NaCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Potassium Phosphates (In Progress)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Glucagon HCl (Diagnostic) (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Calcium Gluconate-NaCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Sodium Phosphates (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: DOPamine in D5W (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: EMPTY BAG (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: PERIPHERAL NERVE CATHETER CLINICIAN BOLUS (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Title: PT OT SLP Therapies ()

Topic: Speech Therapy (In Progress)

Point: Swallow Training (In Progress)

Description:
Instructed learner(s) on diet texture/liquid modification and the established safe swallow guidelines.

Patient Friendly Description: With a new diet and careful eating habits, you'll be able to swallow safely.

1. Follow your instructions about your new diet carefully.

2. Eat very small bites - smaller than you think you need to.

3. Eat slowly.

4. If one side of your mouth is weaker than the other, put the food on the strong side of your mouth.

5. Don't talk while you are eating

6. After you eat, sit upright for at least 30 minutes. If your doctor says it is okay, go for a short walk.

7. Don't use a straw unless your therapist says it's okay.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Cognition (In Progress)

Description:
Instruct learner(s) on cognitive aspects of communication (e.g. attention, memory, problem-solving, and executive function).

Patient Friendly Description: Our brains have a big effect on how we can communicate with others. The brain is responsible for taking thoughts and turning them into meaningful speech, words, and gestures.
For example, you might find it hard to say words correctly, even though you know the words. Some words might come out more loudly than others, or you might have trouble putting all the sounds together the way you know they should go.

Sometimes, a stroke can affect the part of your brain that is responsible for language and speech.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Speech/Language (In Progress)

Description:
Instruct learner(s) on functional aspects of communication (verbal/written expression, auditory/reading comprehension)

Patient Friendly Description: Understanding speech and language has many different parts. There's the way you say things about yourself, or the way you write things. There's also how well you understand when people speak to you or when you read.
You might find that some of these things are easier than others.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Communication (In Progress)

Description:
Instruct learner(s) on augmentative and alternative communication (AAC) strategies and/or AAC equipment (e.g., communication boards, speech generating devices).

Patient Friendly Description: There are many tools you can use to communciate. You might use gestures, pictures, word lists or an electronic device. A speech language pathologist can help you establish a system that works for you.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Respiratory Impairment and Communication/Swallow (In Progress)

Description:
Instruct learner(s) on impact of respiratory impairment on speech/swallow

Patient Friendly Description: Your breathing impacts both your ability to communicate and to eat and drink safely. Your speech language pathologist may provide you with exercises and/or recommendations.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Caregiver Training (In Progress)

Description:
Train caregiver(s) in how to assist the patient in activities for a safe discharge.

Patient Friendly Description: A speech language pathologist will work with you and your caregivers to establish discharge recommendations to promote safety at your next level of care.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

User Key

Initials	Effective Dates	Name	Provider Type	Discipline
NA	08/18/23 -	Anderson, Noah R, RN	Registered Nurse	Nurse
SB	06/20/24 -	Bloom, Shannon K, RN	Registered Nurse	Nurse
JW	03/08/22 -	Westerman, Jordan M, RN	Registered Nurse	Nurse
HR	11/15/24 -	Rohr, Helen B, RN	Registered Nurse	Nurse

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents

EMS Run Sheet - Document on 3/9/2025 6:48 PM

Document (below)

EMS CARE SUMMARY

Bainbridge Island Fire Department Incident **F250009428** Run **OBI25000716** Date **03/09/2025**

PATIENT
JEANNE HOFFMAN
Female, 100 Years
DOB 1925-01-06

ADDRESS
835 Madison AVE N
Bainbridge Island, WA 98110

PAST HISTORY
Pacemaker/AICD, Hyperlipidemia

LAST ORAL INTAKE

ALLERGIES
Aspirin, Penicillin allergy

MEDS
Atorvastatin

IMMUNIZATIONS

INCIDENT LOCATION
835 Madison AVE N
Bainbridge Island, 98110

DISPATCH REASON
No Other Appropriate Choice

DISPOSITION
Transported No Lights/Siren

PERSONNEL
DAG LILJEQUIST, CONNOR BASS, JAMES MULLANEY

UNIT
A21

TRANSFERRED TO UNIT
Emergency Room

TRANSPORTED TO
HARBORVIEW

COMPLAINT
Primary: Broken femur

ONSET TIME

LAST KNOWN WELL

NARRATIVE
S: A21 dispatched to a 100 y/o female for complications from a broken femur suffered on March 5th. Pt.'s son stated pt. was at UW Montlake when she fell out of bed onto the floor, breaking her femur. Pt.'s son stated pt.'s leg was splinted but the leg has become misaligned and needs to be realigned. Pt.'s son also stated pt. has not been able to eat and needs an NG tube placed.

O: Upon arrival, pt. was laying in bed, ABCs intact. Pt. had a patent airway, has breathing normally, and had a strong radial pulse. Pt.'s right leg had a splint on the thigh. Pt.'s right leg was rotated laterally.

A: Complications from a broken femur

P: Pt. contact. Pt. exam to include vitals. Air splint placed on pt.'s right leg. Pt. taken to A21 for transport to HMC. Pt. history. Exam and vitals continued throughout transport. Once at HMC pt. was taken to the ER were pt. care was transferred to an RN.

James Mullaney 165

VITALS
Initial 11:05:23 **P** 96, **BP** 136/60 M , **GCS**
Final 12:27:08 **Temp** 97.3F, **GCS**

ASSESSMENTS

IMPRESSIONS
Injury of Thigh (Upper Leg)

v1.3

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This EMS Care Summary contains data elements from the applicable legal record (which may be displayed differently). It is designed to provide pertinent information for the following purposes: continuity of care, clinical quality, and state data reporting. The complete legal record is available to ED staff and administrators of the receiving hospital in ESO's Patient Tracker. All data is provided "as is."

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

EMS CARE SUMMARY

Bainbridge Island Fire Department Incident **F250009428** Run **OBI25000716** Date **03/09/2025**

PATIENT **JEANNE HOFFMAN** Female, 100 Years DOB 1925-01-06

10:52:40	Call Received										
10:52:40	Public Safety Answer Call										
10:53:28	Dispatched										
10:54:32	En Route										
10:57:21	On Scene										
10:59:13	At Patient										
11:05:23	BP: 136/60 M	PULSE: 96	RR:	SPO2:	ETCO2:	BG:	Temp:	PAIN:	RTS:	PTS:	GCS:
11:05:54	**Splint Fx/Disloc.**										Successful
	Patient Response: Improved						Comments:				
11:21:44	Depart Scene										
11:22:42	BP:	PULSE: 91	RR:	SPO2: 94 Rm	ETCO2:	BG:	Temp:	PAIN:	RTS:	PTS:	GCS:
11:34:26	BP: 122/52 A	PULSE: 86	RR: 20 R N	SPO2: 94 Rm	ETCO2:	BG:	Temp:	PAIN:	RTS:	PTS:	GCS:
11:50:04	BP: 99/42 A	PULSE: 78	RR: 24 R N	SPO2: 96 Rm	ETCO2:	BG:	Temp:	PAIN:	RTS:	PTS:	GCS:
12:05:25	BP: 102/42 A	PULSE: 78	RR: 24 R N	SPO2: 91 Rm	ETCO2:	BG:	Temp:	PAIN:	RTS:	PTS:	GCS:
12:19:25	At Destination										
12:27:08	BP:	PULSE:	RR:	SPO2:	ETCO2:	BG:	Temp: 97.3F	PAIN:	RTS:	PTS:	GCS:
13:21:43	Transfer Patient										
14:59:45	Call Closed										

v1.3

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03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Bainbridge Island Fire Department
Patient Care Record

Name: HOFFMAN, JEANNE **Incident #:** F250009428 **Date:** 03/09/2025 Patient 1 of 1

Patient Information			
Last	HOFFMAN	**Address**	835 Madison AVE N
First	JEANNE	**Address 2**	
Middle		**City**	Bainbridge Island
Gender	Female	**State**	WA
DOB	01/06/1925	**Zip**	98110
Age	100 Yrs, 2 Months, 3 Days	**Country**	US
Weight		**Tel**	
Height		**Physician**	
Pedi Color		**Phys. Tel**	
SSN		**Ethnicity**	
Race			
Advance Directives			
Resident Status			
Patient Resides in Service Area			
Temporary Residence Type			

Clinical Impression			
Primary Impression	Injury of Thigh (Upper Leg)		
Secondary Impression			
Protocols Used			
Local Protocol Provided Care Level	BLS - All Levels		
Anatomic Position			
Onset Time			
Last Known Well			
Chief Complaint	Broken femur		
Duration		**Units**	
Secondary Complaint			
Duration		**Units**	
Patient's Level of Distress			
Signs & Symptoms	Injury to thigh (Primary)		
Injury	Falls - Fall from bed - Hospital - 03/05/2025		
Additional Injury			
Mechanism of Injury	Blunt		
Medical/Trauma	Trauma		
Barriers of Care	Speech Impaired		
Alcohol/Drugs	None Reported		
Pregnancy	No		
Initial Patient Acuity			
Final Patient Acuity	Non-Acute/Routine		
Patient Activity			

Medications/Allergies/History/Immunizations	
Medications	Atorvastatin
Allergies	Aspirin, Penicillin allergy
History	Hyperlipidemia, Pacemaker/AICD
Immunizations	
Last Oral Intake	

Vital Signs

Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifier	RASS	BARS	RTS	PTS
11:05	Alert	L	Lay	136/60 M	96 R												
11:22				/	91		94 Rm										
11:34	Alert	L	Lay	122/52 A	86	20 R	94 Rm										
11:50	Alert	L	Lay	99/42 A	78	24 R	96 Rm										
12:05	Alert	L	Lay	102/42 A	78	24 R	91 Rm										
12:27	Alert		Lay	/							97.3 F						

Flow Chart

Time	Treatment	Description	Provider
11:05	**Splint Fx/Disloc.**	Patient Response: Improved; Successful; Complication: None;	MULLANEY, JAMES

Assessments

Assessment Time: 03/09/2025 10:59:14

Category	Comments	Subcategory		
Mental Status		Mental Status		Normal Baseline For Patient
Skin		Skin		Not Assessed
HEENT	Pt. had a patent airway.	Face		**Face:** No Abnormalities
		Head		**Head:** No Abnormalities
		Eyes		Not Assessed
		Neck		No Abnormalities
Chest		Chest		Not Assessed
		Heart Sounds		Not Assessed
		Lung Sounds		Not Assessed
Abdomen		General		Not Assessed

Run Number: OBI25000716
Hospital Chart Number: 1934367410

Page 1 of 6

03/09/2025 18:47:15
PCRID: 42a6e17e-8f69-4f64-9697-b29b00b53e51
Electronically Signed by: MULLANEY, JAMES
Template Version: PCR-EXTRACT-1.3.1
Data Version: AAAAABjiMR0=

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Bainbridge Island Fire Department
Patient Care Record

Name: HOFFMAN, JEANNE **Incident #:** F250009428 **Date:** 03/09/2025 Patient 1 of 1

Assessments

Assessment Time: 03/09/2025 10:59:14

Category	Comments	Subcategory		
Back		Back		Not Assessed
Pelvis/GU/GI		Pelvis/GU/GI		Not Assessed
Extremities	Pt. had a deformity in her right leg for a broken femur suffered on March 5.	Left Arm		Not Assessed
		Right Arm		Not Assessed
		Left Leg		Not Assessed
		Right Leg	✓	**Leg - Upper:** Deformity
		Pulse	✓	**Left - Radial:** 2+ Normal
Neurological		Neurological		Not Assessed
Neonatal				

Narrative

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James Mullaney 165

Specialty Patient - 2021 Trauma Triage Guidelines

Injury Patterns	None	**Trauma Activation**	
Mental Status & Vital Signs	None	**Time**	
Mechanism of Injury	None	**Date**	
EMS Judgment	None	**Trauma level**	
Trauma Triage Score	No criteria met	**Reason Not Activated**	

Incident Details		Destination Details		Incident Times	
Location Type	Nursing home	**Disposition**		**PSAP Call**	10:52:40
Location	Island Health and Rehab SNF	**Unit Disposition**	Patient Contact Made	**Dispatch Notified**	
Address	835 Madison AVE N	**Patient Evaluation and/or Care Disposition**	Patient Evaluated and Care Provided	**Call Received**	10:52:40
Address 2		**Crew Disposition**	Initiated and Continued Primary Care	**Dispatched**	10:53:28
Mile Marker		**Transport Disposition**	Transport by This EMS Unit (This Crew Only)	**En Route**	10:54:32
City	Bainbridge Island	**Transport Mode**	Non-Emergent	**Staged**	
County	Kitsap	**Reason for Refusal or Release**		**Resp on Scene**	
State	Washington	**Transport Mode Descriptors**	No Lights or Sirens	**On Scene**	10:57:21
Zip	98110	**Transport Due To**	Family Choice	**At Patient**	10:59:13
Country	US	**Transported To**	HARBORVIEW	**Care Transferred**	
Medic Unit	A21	**Requested By**	Family	**Depart Scene**	11:21:44
Medic Vehicle	A21	**Transferred To**		**At Destination**	12:19:25
Run Type	Emergency Response (Primary Response Area)	**Transferred Unit**		**Pt. Transferred**	13:21:43
Response Mode	Non-Emergent	**Destination**	Hospital	**Call Closed**	14:59:45
Response Mode Descriptors	No Lights or Sirens	**Department**	Emergency Room	**In District**	
Shift	A Shift	**Address**	325 9th Ave	**At Landing Area**	
Zone		**Address 2**			
Level of Service	Basic Life Support	**City**	Seattle		
EMD Complaint	No Other Appropriate Choice	**County**	King		
EMD Card Number	19R8	**State**	Washington		
Dispatch Priority		**Zip**	98104		

Run Number: OBI25000716
Hospital Chart Number: 1934367410

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03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Bainbridge Island Fire Department
Patient Care Record

Name: HOFFMAN, JEANNE **Incident #:** F250009428 **Date:** 03/09/2025 Patient 1 of 1

Incident Details		Destination Details		Incident Times
		Country	US	
		Zone		
		Condition at Destination	Unchanged	
		State Wristband #		
		Destination Record #		
		Trauma Registry ID		
Alternative Disposition Offered				
Call Nature	Basic Life Support -			

Crew Members

Personnel	Role	Certification Level	PPE	Exposures
LILJEQUIST, DAG	Driver - Transport, Other Caregiver - At Scene	EMT-Basic - 1169499		
BASS, CONNOR	Other Caregiver - At Scene, Other Caregiver - Transport	EMT-Basic - EMT.ES.61542189		
MULLANEY, JAMES	Driver - Response, Lead - At Scene, Lead - Transport	EMT-Basic - ES61144491		

Insurance Details

Insured's Name		**Primary Payer**		**Dispatch Nature**	
Relationship		**Medicare**		**Response Urgency**	
Insured SSN		**Medicaid**		**Job Related Injury**	
Insured DOB		**Primary Insurance**		**Employer**	
Address1		**Policy #**		**Contact**	
Address2		**Primary Insurance Group Name**		**Phone**	
Address3		**Group #**		**Mileage to Closest Hospital**	
City		**Secondary Ins**			
State		**Policy #**			
Zip		**Secondary Insurance Group Name**			
Country		**Group #**			

Mileage		Delays		Additional Agencies
Scene	1.0	**Category**	**Delays**	
Destination	12.1	Dispatch Delays	None/No Delay	
Loaded Miles	11.1	Response Delays	None/No Delay	
Start		Scene Delays	None/No Delay	
End		Transport Delays	None/No Delay	
Total Miles		Turn Around Delays	ED Overcrowding / Transfer of Care	

Patient Transport Details

How was Patient Moved To Stretcher		**How was Patient Moved To Ambulance**	Stretcher
How was Patient Moved From Ambulance		**Patient Position During Transport**	Supine
Condition of Patient at Destination	Unchanged		

Transfer Details

PAN		**Sending Physician**	
Prior Authorization Code Payer		**Sending Record #**	
PCS		**Receiving Physician**	
Interfacility Transfer or Medical Transport Reason		**Condition Code**	
ABN		**Condition Code Modifier**	
CMS Service Level	BLS, Emergency		
ICD-9 Code			
Transport Assessment			

Run Number: OBI25000716
Hospital Chart Number: 1934367410

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03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Bainbridge Island Fire Department
Patient Care Record

Name: HOFFMAN, JEANNE **Incident #:** F250009428 **Date:** 03/09/2025 Patient 1 of 1

Transfer Details

Specialty Care Transport Provider	
Transfer Reason	
Justification for Transfer	
Other/Services	
Medical Necessity	

Billing Authorization

Authorization	Billing Authorization

Section I - Patient / Parent of Minor Authorization Signature

Privacy Practices Acknowledgement: by signing below, the signer acknowledges that Bainbridge Island Fire Department (BIFD) provided a copy of its Notice of Privacy Practices to the patient or other party with instructions to provide the Notice to the patient. I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to me by BIFD now, in the past, or in the future, until such time as I revoke this authorization in writing. I agree to immediately remit to BIFD any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to BIFD. I authorize BIFD to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to BIFD and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by BIFD, now, in the past, or in the future.

Signature

Signed On	
Billing Authorization	
HIPAA Acknowledgement	

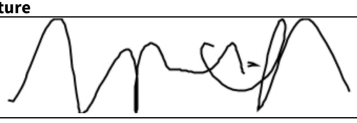
Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.
Authorized representatives include only the following:(Check one)

☐	Patient's Legal Guardian
☑	Patient's Medical Power of Attorney
☐	Relative or other person who receives benefits on behalf of the patient
☐	Relative or other person who arranges treatment or handles the patient's affairs
☐	Representative of an agency or institution that provided care, services or assistance to patient

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signature



Signed On	03/09/2025 12:19:26
Notice of Privacy Practices Provided	Yes
Printed Name	Louis Alloin
Reason unable to sign	Pt. impaired

Run Number: OBI25000716
Hospital Chart Number: 1934367410

03/09/2025 18:47:15
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03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Bainbridge Island Fire Department
Patient Care Record

Name: HOFFMAN, JEANNE **Incident #:** F250009428 **Date:** 03/09/2025 Patient 1 of 1

Section III - EMS Personnel and Facility Signatures

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section II) was available or willing to sign on behalf of the patient at the time of service.

EMS Personnel Signature

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signed On	
Printed Name	
Reason unable to sign	

Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. **My signature is not an acceptance of financial responsibility for the services rendered.**.

Signed On	
Printed Name	
Title of Representative	

Facility Signatures

Signed On	
Receiving	

Signed On	
Paperwork Received	

Signed On	
Airway Confirmation	

Run Number: OBI25000716
Hospital Chart Number: 1934367410

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03/09/2025 18:47:15
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03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Bainbridge Island Fire Department
Patient Care Record

Name: HOFFMAN, JEANNE **Incident #:** F250009428 **Date:** 03/09/2025 Patient 1 of 1

Provider Signatures



Lead Provider	MULLANEY, JAMES	Certification Level	EMT-Basic - ES61144491

Provider		Certification Level	

Provider		Certification Level	

Provider		Certification Level	

Run Number: OBI25000716
Hospital Chart Number: 1934367410

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03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Provider-Created Image - Scan on 3/9/2025 9:45 PM: LLE stump

Scan (below)

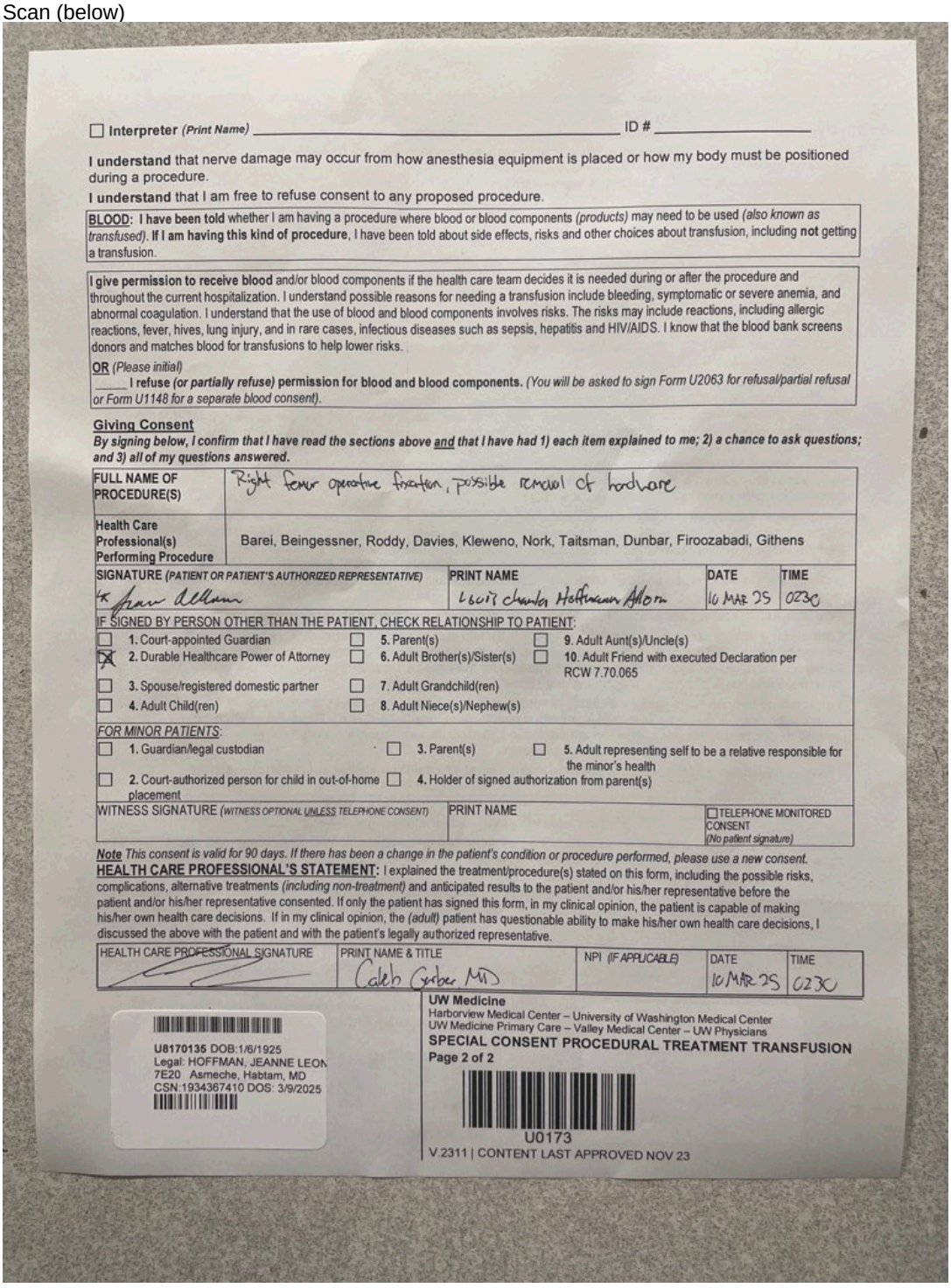


03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Consent-Treatment Procedural UWM - Scan on 3/10/2025 2:39 AM

Scan (below)



☐ **Interpreter** *(Print Name)* _____ ID # _____

I understand that nerve damage may occur from how anesthesia equipment is placed or how my body must be positioned during a procedure.

I understand that I am free to refuse consent to any proposed procedure.

BLOOD: I have been told whether I am having a procedure where blood or blood components *(products)* may need to be used *(also known as transfused)*. **If I am having this kind of procedure**, I have been told about side effects, risks and other choices about transfusion, including **not** getting a transfusion.

I give permission to receive blood and/or blood components if the health care team decides it is needed during or after the procedure and throughout the current hospitalization. I understand possible reasons for needing a transfusion include bleeding, symptomatic or severe anemia, and abnormal coagulation. I understand that the use of blood and blood components involves risks. The risks may include reactions, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as sepsis, hepatitis and HIV/AIDS. I know that the blood bank screens donors and matches blood for transfusions to help lower risks.

OR *(Please initial)*
_____ **I refuse** ***(or partially refuse)*** **permission for blood and blood components.** *(You will be asked to sign Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent).*

Giving Consent
By signing below, I confirm that I have read the sections above and that I have had 1) each item explained to me; 2) a chance to ask questions; and 3) all of my questions answered.

FULL NAME OF PROCEDURE(S)	Right femur operative fixation, possible removal of hardware
Health Care Professional(s) Performing Procedure	Barei, Beingessner, Roddy, Davies, Kleweno, Nork, Taitsman, Dunbar, Firoozabadi, Githens

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
x [signature]	Leah Charles Hoffman Adam	10 MAR 25	0230

IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

- ☐ 1. Court-appointed Guardian
- ☒ 2. Durable Healthcare Power of Attorney
- ☐ 3. Spouse/registered domestic partner
- ☐ 4. Adult Child(ren)
- ☐ 5. Parent(s)
- ☐ 6. Adult Brother(s)/Sister(s)
- ☐ 7. Adult Grandchild(ren)
- ☐ 8. Adult Niece(s)/Nephew(s)
- ☐ 9. Adult Aunt(s)/Uncle(s)
- ☐ 10. Adult Friend with executed Declaration per RCW 7.70.065

FOR MINOR PATIENTS:

- ☐ 1. Guardian/legal custodian
- ☐ 2. Court-authorized person for child in out-of-home placement
- ☐ 3. Parent(s)
- ☐ 4. Holder of signed authorization from parent(s)
- ☐ 5. Adult representing self to be a relative responsible for the minor's health

WITNESS SIGNATURE *(WITNESS OPTIONAL UNLESS TELEPHONE CONSENT)*	PRINT NAME	☐ TELEPHONE MONITORED CONSENT *(No patient signature)*

Note *This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.*

HEALTH CARE PROFESSIONAL'S STATEMENT: I explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments *(including non-treatment)* and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented. If only the patient has signed this form, in my clinical opinion, the patient is capable of making his/her own health care decisions. If in my clinical opinion, the *(adult)* patient has questionable ability to make his/her own health care decisions, I discussed the above with the patient and with the patient's legally authorized representative.

HEALTH CARE PROFESSIONAL SIGNATURE	PRINT NAME & TITLE	NPI *(IF APPLICABLE)*	DATE	TIME
[signature]	Caleb Gerber MD		10 MAR 25	0230

U8170135 DOB:1/6/1925
Legal: HOFFMAN, JEANNE LEON
7E20 Asmeche, Habtam, MD
CSN:1934367410 DOS: 3/9/2025

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 2 of 2

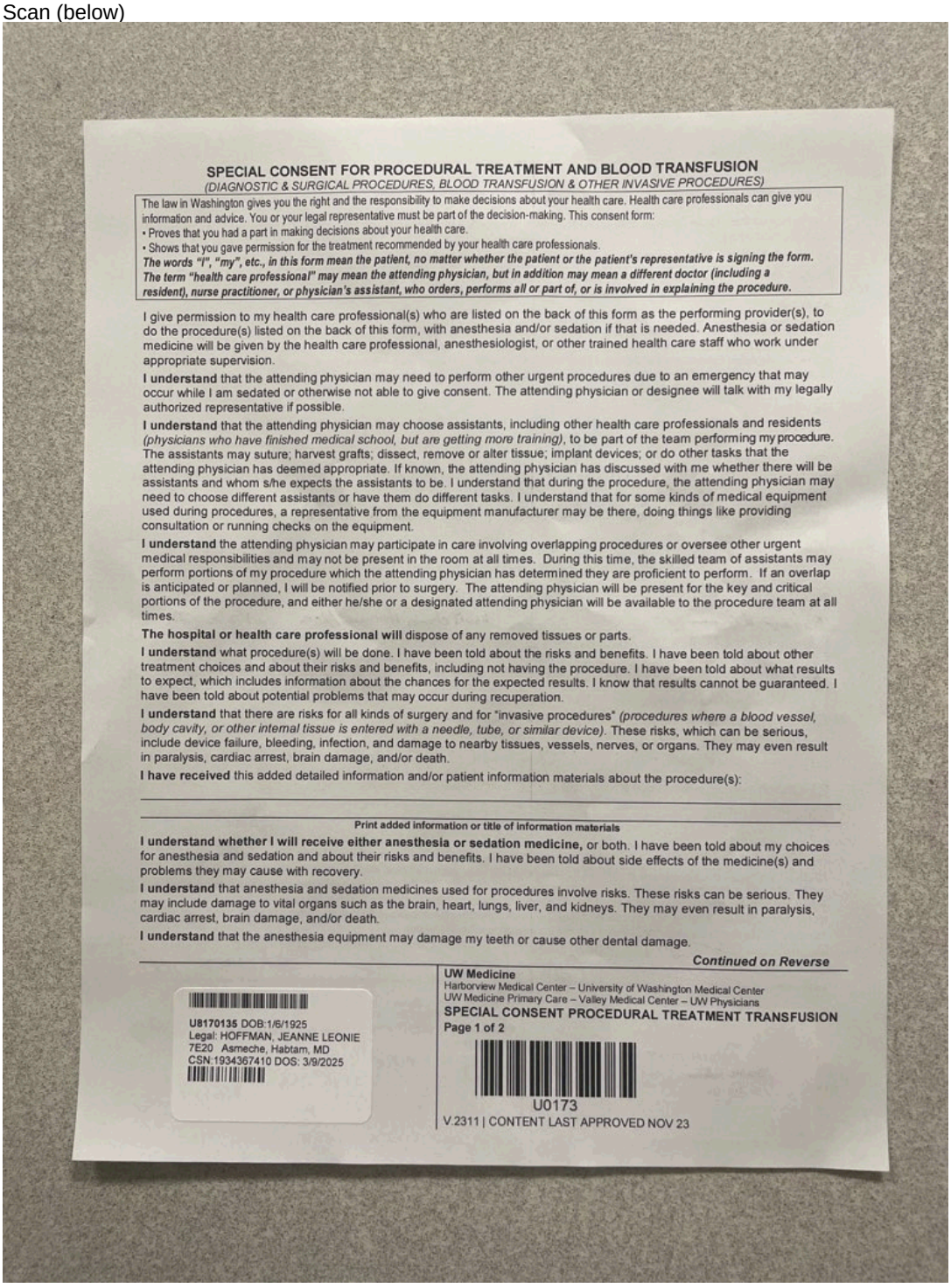
U0173
V.2311 | CONTENT LAST APPROVED NOV 23

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Consent-Treatment Procedural UWM - Scan on 3/10/2025 2:39 AM

Scan (below)



SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION
(DIAGNOSTIC & SURGICAL PROCEDURES, BLOOD TRANSFUSION & OTHER INVASIVE PROCEDURES)

The law in Washington gives you the right and the responsibility to make decisions about your health care. Health care professionals can give you information and advice. You or your legal representative must be part of the decision-making. This consent form:
- Proves that you had a part in making decisions about your health care.
- Shows that you gave permission for the treatment recommended by your health care professionals.

The words "I", "my", etc., in this form mean the patient, no matter whether the patient or the patient's representative is signing the form. The term "health care professional" may mean the attending physician, but in addition may mean a different doctor (including a resident), nurse practitioner, or physician's assistant, who orders, performs all or part of, or is involved in explaining the procedure.

I give permission to my health care professional(s) who are listed on the back of this form as the performing provider(s), to do the procedure(s) listed on the back of this form, with anesthesia and/or sedation if that is needed. Anesthesia or sedation medicine will be given by the health care professional, anesthesiologist, or other trained health care staff who work under appropriate supervision.

I understand that the attending physician may need to perform other urgent procedures due to an emergency that may occur while I am sedated or otherwise not able to give consent. The attending physician or designee will talk with my legally authorized representative if possible.

I understand that the attending physician may choose assistants, including other health care professionals and residents *(physicians who have finished medical school, but are getting more training)*, to be part of the team performing my procedure. The assistants may suture; harvest grafts; dissect, remove or alter tissue; implant devices; or do other tasks that the attending physician has deemed appropriate. If known, the attending physician has discussed with me whether there will be assistants and whom s/he expects the assistants to be. I understand that during the procedure, the attending physician may need to choose different assistants or have them do different tasks. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be there, doing things like providing consultation or running checks on the equipment.

I understand the attending physician may participate in care involving overlapping procedures or oversee other urgent medical responsibilities and may not be present in the room at all times. During this time, the skilled team of assistants may perform portions of my procedure which the attending physician has determined they are proficient to perform. If an overlap is anticipated or planned, I will be notified prior to surgery. The attending physician will be present for the key and critical portions of the procedure, and either he/she or a designated attending physician will be available to the procedure team at all times.

The hospital or health care professional will dispose of any removed tissues or parts.

I understand what procedure(s) will be done. I have been told about the risks and benefits. I have been told about other treatment choices and about their risks and benefits, including not having the procedure. I have been told about what results to expect, which includes information about the chances for the expected results. I know that results cannot be guaranteed. I have been told about potential problems that may occur during recuperation.

I understand that there are risks for all kinds of surgery and for "invasive procedures" *(procedures where a blood vessel, body cavity, or other internal tissue is entered with a needle, tube, or similar device)*. These risks, which can be serious, include device failure, bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I have received this added detailed information and/or patient information materials about the procedure(s):

_____

Print added information or title of information materials

I understand whether I will receive either anesthesia or sedation medicine, or both. I have been told about my choices for anesthesia and sedation and about their risks and benefits. I have been told about side effects of the medicine(s) and problems they may cause with recovery.

I understand that anesthesia and sedation medicines used for procedures involve risks. These risks can be serious. They may include damage to vital organs such as the brain, heart, lungs, liver, and kidneys. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I understand that the anesthesia equipment may damage my teeth or cause other dental damage.

Continued on Reverse

U8170135 DOB:1/6/1925
Legal: HOFFMAN, JEANNE LEONIE
7E20 Asmeche, Habtam, MD
CSN:1934367410 DOS: 3/9/2025

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 1 of 2

U0173
V.2311 | CONTENT LAST APPROVED NOV 23

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Patient Property Waiver - Scan on 3/10/2025 9:46 PM (effective from 3/10/2025)

Scan (below)

PATIENT PROPERTY NOTICE, WAIVER AND ASSUMPTION OF RISK

Patients are responsible for their personal belongings. This includes, but is not limited to dentures, eyeglasses, crutches, wheelchairs, and personal items such as jewelry. The Medical Center is not responsible if these items are damaged or misplaced while here. To minimize potential harm to personal property including lost, misplaced, stolen or damaged items, the following practices will be observed:

HMC has two choices for storing personal property of patients during hospitalization:	**1**	**One choice is placing items in the HMC "Valuables and Property Storage System". This choice involves HMC placing valuables (examples: watch, jewelry, dentures, glasses) or property into a secure area. This "Valuables and Property Storage System" is generally for nonessential items and access to this may be limited by hours of operation.**
	2	**Another choice for storing property is in the patient's room. The patient is responsible for these items and these items are accessible to the patient. HMC may provide limited locked storage spaces for patient storage of personal property in the hospital room during hospitalization.**

- Patients are strongly encouraged to leave and/or send all nonessential belongings and valuables home.
- Biohazards or severely damaged clothing are generally discarded immediately unless required for forensic evidence. (Biohazards means: clothing or other items are contaminated in the judgment of medical staff and presents a health risk.)
- HMC will dispose of unclaimed patient belongings as allowed by law after proper notice and time period for retrieval of items. When patient belongings are not claimed after 30 days, notice will be given and if such property remains unclaimed for an additional 60 days then it shall be disposed of as allowed by law.
- Further information about HMC's property policies and procedures will be provided as needed or requested to the patient or patient's authorized representative.

Patient's Personal Property Liability Agreement

I, the undersigned, have read or have been informed about the above policy. I/patient understand that I/patient am responsible for all property brought to Harborview Medical Center. I/patient understand that the hospital recommends all nonessential items be left at home or be sent home with family or friends.

I/patient understand that the hospital provides a "Valuable and Property Storage System" for important personal property and that access to this area may be limited by hours of operation.

I/patient agree to hold the hospital and its employees harmless from liability for my/patient's property if it is lost, misplaced, stolen or damaged when such property is in the Medical Center. I/patient further acknowledge the potential harm to property maintained by the hospital due to circumstances beyond the hospital's control (e.g. fire, earthquake) and hereby release the hospital from any liability in such circumstances.

Signature of Patient: UNABLE TO OBTAIN Date: 3-10-25

Patient Name (printed): _____

Signature of Patient's Authorized Representative: _____ Date: _____

Patient's Authorized Representative Name (printed): _____

Signature of Witness: _____ Date: _____

Witness Name (printed): _____

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN,
JEANNE
LEONIE
HMC EMERGENCY DEPARTMENT*
DOS:3/9/2025 BACKLUND, BRANDON HEA
Enc:1934367410 RES:58949208

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

PATIENT PROPERTY NOTICE WAIVER ASSUMPTION RISK
Page 1 of 1

U4714

V.2403 | CONTENT LAST APPROVED JAN 23

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Important Message From Medicare - Scan on 3/10/2025 9:47 PM (effective from 3/10/2025)

Scan (below)

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-1019

YOUR RIGHTS AS A HOSPITAL INPATIENT:

- You can receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- You can be involved in any decisions about your hospital stay.
- You can report any concerns you have about the quality of care you receive to your QIO at: KEPRO 1-888-305-6759. The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

YOUR RIGHT TO APPEAL YOUR HOSPITAL DISCHARGE:

- You have the right to an immediate, independent medical review (appeal) of the decision to discharge you from the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the reviewer will each receive a copy of a detailed explanation about why your covered hospital stay should not continue. You will receive this detailed notice only after you request an appeal.
- If the QIO finds that you are not ready to be discharged from the hospital, Medicare will continue to cover your hospital services.
- If the QIO agrees services should no longer be covered after the discharge date, neither Medicare nor your Medicare health plan will pay for your hospital stay after noon of the day after the QIO notifies you of its decision. If you stop services no later than that time, you will avoid financial liability.
- If you do not appeal, you may have to pay for any services you receive after your discharge date.

Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call 206-744-9535

Please sign below to indicate you received and understood this notice.

I have been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO.

Patient (or legal guardian) signature:	Date:	Time:
UNABLE TO OBTAIN	3-10-25	1745
Patient name (printed):	**Legal guardian printed name (if applicable):**	

CMS 10065-IM (Exp. 12/31/2025)

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN,
JEANNE
LEONIE
HMC EMERGENCY DEPARTMENT*
DOS:3/9/2025 BACKLUND, BRANDON HEA
Enc:1934367410 RES:58949208

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

AN IMPORTANT MESSAGE FROM MEDICARE

Page 1 of 2

U2445

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

UH2445 REV FEB 23

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal *(except for charges like copays and deductibles)*.
  - Here is the contact information for the QIO:
    KEPRO:
    Toll-free Phone: 1-888-305-6759
    Toll-free Fax: 1-833-868-4064

You can file a request for an appeal any day of the week.
Once you speak to someone or leave a message, your appeal has begun.
- Ask the hospital if you need help contacting the QIO.
- The name of this hospital is:

☑ HMC: Medicare Provider Number ☑ 50-0064 *(acute care)* ☐ 50-S064 *(psych)* ☐ 50-T064 *(rehab)*
☐ UWMC: Medicare Provider Number ☐ 50-0008 *(acute care)* ☐ 50-S008 *(psych)* ☐ 50-T008 *(rehab)*

- **STEP 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4**: The QIO will review your medical records and other important information about your case.
- **STEP 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO REQUEST AN APPEAL, YOU MAY HAVE OTHER APPEAL RIGHTS:
- If you have Original Medicare: Call the QIO listed on Page 1.
- If you belong to a Medicare health plan, call your plan at: Molina (plan name) 800-869-7175 (plan phone number)

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Additional Information (Optional):

Print Physician Name: BANKS, Maralyse Angelique NPI: ☑ HMC 1053359729 ☐ UWMC 1326002049

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1019. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN, JEANNE LEONIE
HMC EMERGENCY DEPARTMENT*
DOS:3/9/2025 BACKLUND, BRANDON HEA
Enc:1934367410 RES:58949208

UW Medicine
Harborview Medical Center – University of Washington Medical Center
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AN IMPORTANT MESSAGE FROM MEDICARE
Page 2 of 2

U2445

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

UH2445 REV FEB 23

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Consent-Treatment Procedural UWM - Scan on 3/12/2025 4:06 PM: U0173 ; SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

Scan (below)

SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION
(DIAGNOSTIC & SURGICAL PROCEDURES, BLOOD TRANSFUSION & OTHER INVASIVE PROCEDURES)

The law in Washington gives you the right and the responsibility to make decisions about your health care. Health care professionals can give you information and advice. You or your legal representative must be part of the decision-making. This consent form:
• Proves that you had a part in making decisions about your health care.
• Shows that you gave permission for the treatment recommended by your health care professionals.
The words "I", "my", etc., in this form mean the patient, no matter whether the patient or the patient's representative is signing the form. The term "health care professional" may mean the attending physician, but in addition may mean a different doctor (including a resident), nurse practitioner, or physician's assistant, who orders, performs all or part of, or is involved in explaining the procedure.

I give permission to my health care professional(s) who are listed on the back of this form as the performing provider(s), to do the procedure(s) listed on the back of this form, with anesthesia and/or sedation if that is needed. Anesthesia or sedation medicine will be given by the health care professional, anesthesiologist, or other trained health care staff who work under appropriate supervision.

I understand that the attending physician may need to perform other urgent procedures due to an emergency that may occur while I am sedated or otherwise not able to give consent. The attending physician or designee will talk with my legally authorized representative if possible.

I understand that the attending physician may choose assistants, including other health care professionals and residents *(physicians who have finished medical school, but are getting more training)*, to be part of the team performing my procedure. The assistants may suture; harvest grafts; dissect, remove or alter tissue; implant devices; or do other tasks that the attending physician has deemed appropriate. If known, the attending physician has discussed with me whether there will be assistants and whom s/he expects the assistants to be. I understand that during the procedure, the attending physician may need to choose different assistants or have them do different tasks. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be there, doing things like providing consultation or running checks on the equipment.

I understand the attending physician may participate in care involving overlapping procedures or oversee other urgent medical responsibilities and may not be present in the room at all times. During this time, the skilled team of assistants may perform portions of my procedure which the attending physician has determined they are proficient to perform. If an overlap is anticipated or planned, I will be notified prior to surgery. The attending physician will be present for the key and critical portions of the procedure, and either he/she or a designated attending physician will be available to the procedure team at all times.

The hospital or health care professional will dispose of any removed tissues or parts.

I understand what procedure(s) will be done. I have been told about the risks and benefits. I have been told about other treatment choices and about their risks and benefits, including not having the procedure. I have been told about what results to expect, which includes information about the chances for the expected results. I know that results cannot be guaranteed. I have been told about potential problems that may occur during recuperation.

I understand that there are risks for all kinds of surgery and for "invasive procedures" *(procedures where a blood vessel, body cavity, or other internal tissue is entered with a needle, tube, or similar device)*. These risks, which can be serious, include device failure, bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I have received this added detailed information and/or patient information materials about the procedure(s):

_____

_____
Print added information or title of information materials

I understand whether I will receive either anesthesia or sedation medicine, or both. I have been told about my choices for anesthesia and sedation and about their risks and benefits. I have been told about side effects of the medicine(s) and problems they may cause with recovery.

I understand that anesthesia and sedation medicines used for procedures involve risks. These risks can be serious. They may include damage to vital organs such as the brain, heart, lungs, liver, and kidneys. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I understand that the anesthesia equipment may damage my teeth or cause other dental damage.

Continued on Reverse

U8170135 DOB:1/6/1925
Legal: HOFFMAN, JEANNE LEONIE
7E20 Asmeche, Habtam, MD
CSN:1934367410 DOS: 3/9/2025

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SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
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U0173
V.2311 | CONTENT LAST APPROVED NOV 23

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

☐ **Interpreter** *(Print Name)* _____ ID # _____

I understand that nerve damage may occur from how anesthesia equipment is placed or how my body must be positioned during a procedure.

I understand that I am free to refuse consent to any proposed procedure.

BLOOD: **I have been told** whether I am having a procedure where blood or blood components *(products)* may need to be used *(also known as transfused)*. **If I am having this kind of procedure**, I have been told about side effects, risks and other choices about transfusion, including **not** getting a transfusion.

I give permission to receive blood and/or blood components if the health care team decides it is needed during or after the procedure and throughout the current hospitalization. I understand possible reasons for needing a transfusion include bleeding, symptomatic or severe anemia, and abnormal coagulation. I understand that the use of blood and blood components involves risks. The risks may include reactions, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as sepsis, hepatitis and HIV/AIDS. I know that the blood bank screens donors and matches blood for transfusions to help lower risks.

OR *(Please initial)*
_____ **I refuse *(or partially refuse)* permission for blood and blood components.** *(You will be asked to sign Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent).*

Giving Consent

By signing below, I confirm that I have read the sections above and that I have had 1) each item explained to me; 2) a chance to ask questions; and 3) all of my questions answered.

FULL NAME OF PROCEDURE(S)	Right femur operative fixation, possible removal of hardware
Health Care Professional(s) Performing Procedure	Barei, Beingessner, Roddy, Davies, Kleweno, Nork, Taitsman, Dunbar, Firoozabadi, Githens

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
[signature]	Leah Hoffman Attorney	10 MAR 25	0230

IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

☐ **1.** Court-appointed Guardian
☒ **2.** Durable Healthcare Power of Attorney
☐ **3.** Spouse/registered domestic partner
☐ **4.** Adult Child(ren)
☐ **5.** Parent(s)
☐ **6.** Adult Brother(s)/Sister(s)
☐ **7.** Adult Grandchild(ren)
☐ **8.** Adult Niece(s)/Nephew(s)
☐ **9.** Adult Aunt(s)/Uncle(s)
☐ **10.** Adult Friend with executed Declaration per RCW 7.70.065

FOR MINOR PATIENTS:

☐ **1.** Guardian/legal custodian
☐ **2.** Court-authorized person for child in out-of-home placement
☐ **3.** Parent(s)
☐ **4.** Holder of signed authorization from parent(s)
☐ **5.** Adult representing self to be a relative responsible for the minor's health

WITNESS SIGNATURE *(WITNESS OPTIONAL UNLESS TELEPHONE CONSENT)*	PRINT NAME	☐ TELEPHONE MONITORED CONSENT *(No patient signature)*

Note *This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.*

HEALTH CARE PROFESSIONAL'S STATEMENT: I explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments *(including non-treatment)* and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented. If only the patient has signed this form, in my clinical opinion, the patient is capable of making his/her own health care decisions. If in my clinical opinion, the *(adult)* patient has questionable ability to make his/her own health care decisions, I discussed the above with the patient and with the patient's legally authorized representative.

HEALTH CARE PROFESSIONAL SIGNATURE	PRINT NAME & TITLE	NPI *(IF APPLICABLE)*	DATE	TIME
[signature]	Caleb Gerber, MD		10 MAR 25	0230



U8170135 DOB:1/6/1925
Legal: HOFFMAN, JEANNE LEON
7E20 Asmeche, Habtam, MD
CSN:1934367410 DOS: 3/9/2025



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SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 2 of 2



U0173
V.2311 | CONTENT LAST APPROVED NOV 23

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Consent-General - Scan on 3/28/2025 7:13 AM: U0777 ; RELEASE OF REMAINS

Scan (below)

Release of Remains

I have been authorized by the family (or other authorized person) to receive the body or remains of:

Jeanne Hoffman

Patient Name - Please Print

Funeral home or other authorized entity receiving body/remains:

Cook Family Funeral Home

Name of entity receiving the body/remains (Funeral Home or other authorized entity, such as UW Willed Body Program, King County Medical Examiner, or Tissue Procurement Agency) - Please Print

I have received belongings for the patient: ☐ Yes ☒ No

Hospital ☐ HMC ☒ UWMC

I acknowledge that I am an authorized representative of the above Funeral Home or other authorized entity, and accept responsibility for receiving the body or remains, including but not limited to any liability for claims or damages incurred as a result.

Kay Enlow — Print Name Legibly

Sign Name

3/18/25 , 1150

Date Time

Body or Remains Released By:

Carmen Villarreal — Print Name Legibly

Sign Name

3/18/25, 1150

Date Time

Admitting

UWMC/HMC Department

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN, JEANNE LEONIE
H 7E
DOS:3/9/2025
Enc:1934367410 RES:58949208

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Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

RELEASE OF REMAINS
Page 1 of 1

WHITE – MEDICAL RECORD
CANARY – ADMITTING

U0777

V.2306 | CONTENT LAST APPROVED JUN 18

03/09/2025 - Documentation in UWMC HMC UNSOLICITED DEFAULT DEP HIM

Visit Information

Department

Name	Address
UWMC HMC UNSOLICITED DEFAULT DEP HIM	WA 98195

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

03/09/2025 - Documentation in UWMC HMC UNSOLICITED DEFAULT DEP HIM (continued)

Documents

Consent-General - Scan on 3/17/2025 11:49 AM: U0430 ; CONSENT/AUTHORIZATION FOR AUTOPSY

Scan (below)

CONSENT FOR AUTOPSY

I, ~~James~~ Louis Hoffmann Allain, the son of the patient

Jeanne Hoffman, authorize and request an autopsy on the body of the above-named patient by the pathologists at the University of Washington Medical Center (UWMC). The standard autopsy procedure may include the removal of organs, tissues, and body fluids, including the brain and eyes. They may be retained and/or used for educational and research purposes, including development of diagnostic or therapeutic products or genetic testing.

Potential use, site of educational activities, distribution, and disposal of tissues and organs will be at the discretion of UWMC medical staff.

I understand and agree to an autopsy procedure as follows:

- ☐ Full autopsy examination (brain examination at the discretion of Autopsy Directors unless otherwise specified) _____
- ☐ Limited autopsy examination with these restrictions: No brain exam

I consent for the use of autopsy tissues in:

- ☒ Education
- ☒ Research including genomic testing
- ☐ Research use (but not genomic testing)

[If permission for research is given]
Samples from the patient can be used for research, including sequencing of genes (DNA), RNA, and other molecules. Genomic data generated in this research and information about the patient's medical conditions may be shared with public data repositories, including some regulated by the National Institutes of Health (NIH). The NIH stores de-identified genomic information that might be used by anyone for studies on any topic and may potentially benefit individuals with the same health conditions in the future. There is a theoretical risk of loss of confidentiality and privacy because it might be possible to re-identify the individual based on genomic data. There may be unknown risks associated with this re-identification, including the possibility of discrimination. However, this risk is very low because the NIH-regulated databases do not contain any personal identifiers. This consent permission can be withdrawn upon request, but data already distributed cannot be retrieved.

My reason for requesting an autopsy is: discern cause of death

Specific questions I would like the autopsy to address: _____

Hoffman, Jeanne
U8170135
PLACE PATIENT LABEL HERE

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Neighborhood Clinics – Valley Medical Center – UW Physicians

CONSENT/AUTHORIZATION FOR AUTOPSY
Page 1 of 2

WHITE – ADMITTING
CANARY – FAMILY

U0430

V.2406 | CONTENT LAST APPROVED JUN 24

03/09/2025 - Documentation in UWMC HMC UNSOLICITED DEFAULT DEP HIM (continued)

Documents (continued)

Signed _____ / _____
NEXT OF KIN SIGNATURE PRINT NAME

Phone 206-280-1287

Email Address of Next of Kin _____

Address 321 Highschool Rd NE Ste. D3 PMB 292 Bainbridge Island, WA 98110
CITY STATE ZIP

Witnessed By _____ / Brian McGinn
SIGNATURE PRINT NAME

Date 3/13/25 Time 1550

For Phone Consent

2nd Witness _____ / Chanty Davis
SIGNATURE PRINT NAME

The attending physician listed below is expected to communicate the autopsy findings to the legal next of kin whose address and phone are listed above. Preliminary findings will be available within 2 working days after date of autopsy. The final report will be available within 60 working days (3 months) after date of autopsy. The consenting next of kin may request a copy of the Autopsy Report from the attending physician or UW Medicine Release of Information by calling 206-744-9000 (select prompt 3).

SEND REPORT TO THE FOLLOWING PERSONS:

ATTENDING PHYSICIAN (PRINT)	UW EMAIL	PHONE	BOX NUMBER OR ADDRESS
OTHER PHYSICIAN (PRINT)	EMAIL ADDRESS	PHONE	BOX NUMBER OR ADDRESS
OTHER PHYSICIAN (PRINT)	EMAIL ADDRESS	PHONE	BOX NUMBER OR ADDRESS

Hoffman, Jeanne
U8170135
PLACE PATIENT LABEL HERE

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Neighborhood Clinics – Valley Medical Center – UW Physicians

CONSENT/AUTHORIZATION FOR AUTOPSY
Page 2 of 2

WHITE – ADMITTING
CANARY – FAMILY

U0430
V.2406 | CONTENT LAST APPROVED JUN 24

03/08/2025 - External SNF Visit in EXTERNAL HOSPITAL VISIT

Visit Information

Department

Name	Address
EXTERNAL HOSPITAL VISIT	UW MEDICINE IT SERVICES 325 9TH AVE, BOX 359968 Seattle WA 98104-2420

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

acetaminophen 650 MG suppository

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Unwrap and insert 1 suppository (650 mg) rectally every 6 hours as needed for mild pain, moderate pain or severe pain.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

atropine 1% ophthalmic solution (for oral use)

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 2 drops under the tongue every 4 hours as needed for secretions.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

bisacodyl 10 MG suppository

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Unwrap and insert 1 suppository (10 mg) rectally daily as needed for constipation.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

camphor-menthol 0.5-0.5 % lotion

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply topically 2 times a day as needed for itching.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

carboxymethylcellulose 0.5 % ophthalmic solution

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 drop in each EYE every hour as needed for dry eyes.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

enoxaparin 30 MG/0.3ML prefilled syringe

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025

03/08/2025 - External SNF Visit in EXTERNAL HOSPITAL VISIT (continued)

Medication List (continued)

Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Inject 0.3 mL (30 mg) under the skin at bedtime.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

magnesium hydroxide 400 MG/5ML suspension

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Take 30 mL by mouth 2 times a day as needed for constipation.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

phenol 1.4 % mouth/throat spray

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 spray to the mouth or throat every 2 hours as needed for sore throat.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

psyllium 51.7 % packet

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Take 1 packet by mouth 2 times a day. Mix in 8 oz of juice or water and drink.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

saliva substitute (Biotene Dry Mouth) liquid oral rinse

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Swish and spit 15 mL 3 times a day.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

scopolamine 1 MG/3DAYS patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 patch on the skin every 72 hours as needed for other (for secretions if atropine, glycopyrrolate are insufficient). Apply to hairless area behind 1 ear.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: 2.5-5mg Oral, Every 4 hours PRN For pain
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — Quantity: 30 mL
Refill: No refills remaining

buprenorphine 5 MCG/HR patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 patch on the skin every 7 days.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/11/2025 — Quantity: 2 patch
Refill: No refills remaining

Stopped in Visit

None

03/08/2025 - External SNF Visit in EXTERNAL HOSPITAL VISIT (continued)

Medication List (continued)

Other Orders

Other

PREMANAGE (Final result)

Electronically signed by: **Uw Premanage Results Interface, User on 03/08/25 1531** Status: **Completed**
Ordering user: Uw Premanage Results Interface, User 03/08/25 1531 Authorized by: EXTERNAL SNF PHYSICIAN
Ordering mode: Standard
Frequency: Routine 03/08/25 1531 - Class: Normal
Quantity: 1 Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
1260515e-3d95-49ff-b3c6-5c9e8fb3b80b	—	—	03/10/25 1559

PREMANAGE Resulted: 03/10/25 1559, Result status: Final result

Order status: Completed Resulted by: EXTERNAL SNF PHYSICIAN
Filed by: Uw Premanage Results Interface, User 03/10/25 1359 Collected by: 03/10/25 1559
Resulting lab: UW COLLECTIVE MEDICAL
Narrative:
Patient has visited an external emergency department or has been hospitalized outside of UW Medicine

--MOST RECENT VISIT--

SNF Admit:03/08/25 13:25
SNF Discharge:03/09/25 13:33
Location: Bainbridge Island Health and Rehab Center - SNF
Attending Provider:
Encounter Type: Skilled Nursing Facility
Major Class: Skilled Nursing Facility
Chief Complaint:
Diagnosis:
Periprosthetic fracture around internal prosthetic right hip joint, subsequent encounter
Presence of cardiac pacemaker
Encounter for orthopedic aftercare following surgical amputation

--CARE GUIDELINES--

(Below are the most recent care guidelines entered by a UW Medicine care provider in EDIE. If UW Medicine guidelines do not exist in EDIE, the most recent care guideline entered by an external hospital care provider is displayed.)

--CARE PROVIDERS--

CARE PROVIDERS

Name	Phone	Type	Service Dates
DANNA, LEI	Unknown	Nurse Practitioner: Family	Unknown - Current
KRETCHMAR, JOSHUA	2064074171	Family Medicine	Unknown - Current
NAVALURKAR, REEMA	2067449102	Student in an Organized Health Care Education/Training Program	Unknown - Current

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

03/08/2025 - External SNF Visit in EXTERNAL HOSPITAL VISIT (continued)

Other Orders (continued)

56 - Unknown	UW COLLECTIVE MEDICAL	Unknown	Unknown	05/02/19 1005 - Present

02/20/2025 - Appointment in UWMC Fluoroscopy

Visit Information

Appointment Information

XGITUB **Completed**
2/20/2025 2:00 PM

Time	Provider	Department	Length
2:00 PM	UWRAD9	UWMC RAD FLUOROSCOPY	30 min

Referral Provider:	FANCHER-DOMINGUEZ, ALEXANDRIA PAIGE	Arrival Time:	2:25 PM
Enc Form Number:	58737928		

Notes:
make sure patient gets ativan prior to coming down

History

Made On:	2/19/2025 3:13 PM	By:	Flack, Lauren A, RT	RIS
Change Notes:	2/19/2025 3:14 PM	By:	Flack, Lauren A, RT	ES
Checked In:	2/20/2025 2:25 PM	By:	Flack, Lauren A, RT	ES
EOD Status:	2/24/2025 9:35 PM	By:	Uw Epaa, User	ES

02/20/2025 - Appointment in UWMC Fluoroscopy (continued)

Case 1714901

Surgery Information

General Information

Date: 2/20/2025
Time:
Status: Posted
Location: UWMC INVASIVE FL RADIOLOGY
Room:
Service:
Patient class:
Case classification:

Diagnosis Information

No post-op diagnosis codes associated with the log.

02/12/2025 - Appointment in Harborview Senior Care Clinic

Visit Information

Appointment Information

TELEMEDICINE RETURN — **Canceled**
2/12/2025 8:20 AM

Time	Provider	Department	Length
8:20 AM	Huang, Joe Chin-Sun, MD	HMC SENIOR CARE CLINIC	60 min

Notes:

ROOM 14
TCM UWMC d/c 1/9 - tbd for acute lower limb ischemia. pqp

History

Rescheduled:	2/3/2025 10:10 AM	By:	Phu, Phuong Q, Coordinator	ES
Change Notes:	2/12/2025 8:02 AM	By:	Danao, Crisel T, CMA	ES
Canceled:	2/12/2025 8:06 AM	By:	Phu, Phuong Q, Coordinator	ES
Cancel Rsn:	Patient-Admitted/Hospitalized (Still inpatient.)			

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

02/03/2025 - Appointment in Heart Institute at University of Washington Medical Center

Visit Information

Appointment Information

RETURN SUBSPECIALTY **Canceled**
2/3/2025 11:30 AM

Time	Provider	Department	Length
11:30 AM	EP RN WOUND CLINIC	UWMC HEART INSTITUTE	45 min

Enc Form Number: 58502286 Auto Confirm Status: Reminded

Notes:

Boston Sci PM 1-13-25, EP APP 3-21. NA 1-16-26, had temp pacer currently in patient. EP 2-3wk Wound Check

History

Made On:	1/14/2025 10:48 AM	By:	Suzara, Kristian	ES
Change Notes:	1/14/2025 10:49 AM	By:	Suzara, Kristian	ES
Change Notes:	1/31/2025 8:18 AM	By:	McWilliams, Anna, RN	ES
Canceled:	2/3/2025 7:05 AM	By:	McWilliams, Anna, RN	ES
Cancel Rsn:	Provider-Request/Departure/Other (She is still in house)			

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

01/21/2025 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: RN10 and Follow-Up
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

Clinical Notes

Telephone Encounter

Malone, Kathleen, RN at 1/21/2025 0926

I family member called for a letter of medical necessity for the pt hearing aids.
Pt family member has requested a medical letter of necessity for hearing aids to UWMC Audiology.
She wanted HH to write a letter to Molina.
Encouraged her to reach out to UWMC Audiology where she had a referral to be seen.

TC to Alex at UW Otolaryngology to call pt family member to help with letter.
Alex states he will reach out to the pt and assist them

Electronically signed by Malone, Kathleen, RN at 1/21/2025 9:41 AM

01/14/2025 - Telephone in Harborview Senior Care Clinic

Reason for Visit

Chief complaint: Social Work
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

Clinical Notes

Telephone Encounter

McDonald, Shannon L, MSW at 1/14/2025 1436

SOCIAL WORK CONSULT NOTE

1/14/2025

100 year old English speaking female pt receiving medical care in HMC Senior Care Clinic.

This social worker was consulted by:
Member of this patient's multidisciplinary team: UWMC inpatient MSW regarding housing options. Pt currently admitted UWMC, pt is staying in a tent with her son and caregiver Louis. Medical team working on a safe discharge plan.

This consult included sharing of information by this social worker regarding:

- SW efforts to connect pt and pts son with Helpline house for housing and shelter placement.

- SW concerns about pt and pts sons ability to navigate housing; SW concerns about pt safety, SW referral to APS.

Shannon McDonald, MSW
W. Speciality Clinic Social Worker
Harborview Medical Center
206-744-8036

Electronically signed by McDonald, Shannon L, MSW at 1/14/2025 2:58 PM

01/14/2025 - Telephone in Harborview Senior Care Clinic (continued)

Flowsheets

HMC SW CLINIC ACTIVITY REPORT

Row Name	01/14/25 1400
SW Clinic Name	HMC Senior Care Clinic
Mission	Homeless;Inadequate funding
SW Language Service Provided in	In English
SW Encounter Type	SW Telephone Encounter
SW Outpatient Services (minutes)	45
Interventions to avoid unnecessary admission	Interdisciplinary coordination (inc care conferences and case consultation)

01/14/2025 - Telephone in Heart Institute at University of Washington Medical Center

Reason for Visit

Chief complaint: CIED Check
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

Clinical Notes

Telephone Encounter

Andersen, Jihyun Y, RN at 1/14/2025 0854

Implant BSC PM 1/13/25; still IP

Message sent to PSS for f/u scheduling
4 mos remote f/u scheduled
Mychart message sent

Electronically signed by Andersen, Jihyun Y, RN at 1/14/2025 9:05 AM

Messages

remote monitoring for Boston Sicentific pacemaker

From	To	Sent and Delivered
Jihyun Y Andersen, RN	Hoffman, Jeanne Leonie	1/14/2025 9:03 AM
Last Read in MyChart		
Not Read		

Hello Jeanne,

We hope you are recovering well after your Pacemaker (PPM or CRT-P) implant.

At the request of your electrophysiology (EP) provider, Nazem Akoum, MD, you are now enrolled in remote monitoring with the University of Washington for your Boston Scientific Pacemaker (PPM or CRT-P).

Please send a manual/patient-initiated transmission to us by following the instructions in the manual that accompanies your home monitor. This is to ensure that your data is being received and that the measurements of your device remain stable. **Please reply to this message or call us at 206-598-3795 to let us know you have sent a transmission.**

It is recommended that you keep your monitor plugged in and within close proximity to where you sleep at night. Ideally, no more than 6 feet. We ask that you check your monitor on a regular basis for connectivity.

Remote monitoring process at UW

-The device clinic schedules remote checks every 3 months, or more frequently if requested by your provider. However, you will only be billed once in a 91 day period for remote monitoring irrespective of the number of transmissions received during this period. The results will be available on your mychart once the physician has signed the report.

-It is very important to note that remote monitoring is not an emergency service. It will notify us of any implanted device issues, but is not a continuous 24 hour a day monitoring or alarm service. In an emergency you must seek the appropriate medical care.

-Remote monitoring appointments are completed from your home monitor and you are not required to be available on the appointment day. A member of our collaborative group may contact you requesting a transmission a few days prior to your appointment or if your monitor is not connecting.

- If you are experiencing symptoms, please send a transmission from your home monitor and contact us on 206-598-3795 so we can expedite review of your data.
If you are experiencing an emergency and require immediate assistance, please call 911. Your monitor is utilized as a tool to observe changes on your device and arrhythmias, it is not to be used for emergent situations.

We will contact you via MyChart when a report is created or if there are any episodes or measurement changes of concern.

We ask that you notify us as soon as possible if you are transferring device care to a different facility or moving out of state.

If you are experiencing difficulties, please contact Boston Scientific, the makers of your Pacemaker (PPM or CRT-P), for assistance:

Boston Scientific LATITUDE™ Home Monitoring System Support
Phone: 866-484-3268 (Monday-Friday 8:00AM - 5:00PM Central)

We can be reached by telephone with any questions.

Thank you,

Cardiac Device Clinic
UW Cardiac Electrophysiology (EP) - Montlake Campus
phone: 206-598-3795*
fax: 206-598-4669

**All phone, MyChart messaging and remote monitoring is observed Monday - Friday 8AM - 4:30PM. Please leave a message. We make every effort to return calls within the same business day.*
For assistance after hours, weekends, and holidays please call 206-598-4300

How to Manually Send A Remote Transmission from your Boston Scientific LATITUDE™ System

01/14/2025 - Telephone in Heart Institute at University of Washington Medical Center (continued)

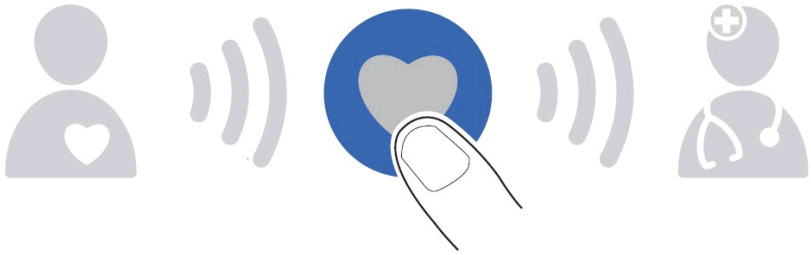
Messages (continued)

STOP!

If you are experiencing persistent chest pain or persistent shortness of breath, *CALL 911*

If you are experiencing SYMPTOMS you suspect are related to your heart or device, please send a remote transmission and call the UWHI Device Clinic at 206-598-3795.

1. **Make sure your device is plugged in and turned ON.** Press the heart button and stay within arm's reach of the Communicator while it completes the interrogation.



2. When all the waves light solid green and the doctor icon lights blue as shown below for two minutes, the Communicator has successfully sent your data.



Important!

Normal use of the LATITUDE system has been accounted for in the projected battery life of your implanted device. **Pressing the heart button more often than when the heart button flashes or more often than instructed by your healthcare provider may lead to a decrease in the battery life of your device!**

What Do the Lights Mean?

01/14/2025 - Telephone in Heart Institute at University of Washington Medical Center (continued)

Messages (continued)

If you see...	This means...	What to do...
 Flashing Heart button	The Communicator needs help completing a previously scheduled device check. ***Note:*** *This does not indicate a problem with your implanted device.*	Press the Heart button. Stay next to the Communicator until data is sent.
	Data from your implanted device has been sent to the LATITUDE system.	No action needed.
 OR	There is a potential problem that needs to be addressed by your health care provider.	Call your health care provider.
 Yellow Waves	Your Communicator is having a problem connecting.	Refer to the Troubleshooting section of your patient manual.

Something Not Working?

Contact Boston Scientific LATITUDE™ Home Monitoring System Support
Phone: **866-484-3268** (Monday-Friday 8:00AM - 5:00PM Central)
Boston Scientific Remote Monitoring System Device Support

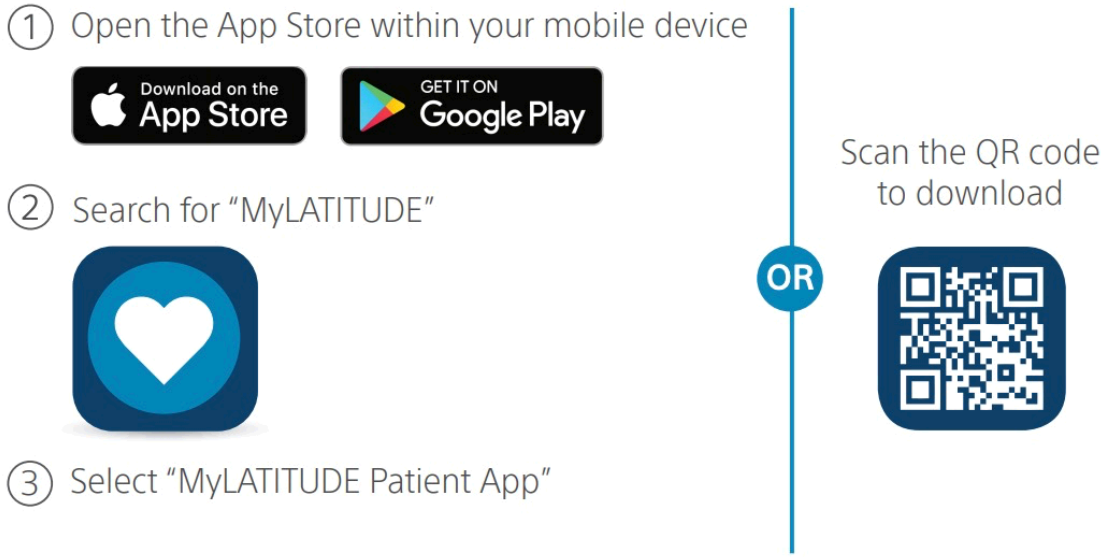
Sign up for the MyLATITUDE Patient App!

The MyLATITUDE Patient App shows you:

- How to set up your LATITUDE Communicator
- The connection status of your LATITUDE Communicator
- What to do in the event your Communicator is not working
- Information about your scheduled transmission dates
- The status of your implanted device battery
- Answers to common questions about your device and remote monitoring

01/14/2025 - Telephone in Heart Institute at University of Washington Medical Center (continued)

Messages (continued)



Property of UW Medicine, 2021; Updated August 2023

01/10/2025 - Orders Only in UW Medicine ECG

Visit Information

Provider Information

Encounter Provider
Clinic, Unassigned Muse

Department

Name	Address	Phone
UW Medicine ECG	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98195	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Procedures

EKG 12-Lead (Final result)

Specimen Information

ID	Type	Source	Collected By
2585505	—	—	01/10/25 1216

EKG 12-Lead Resulted: 01/13/25 1813, Result status: Final result

Order status: Completed
Filed by: Interface, Muse Cupid Results In 01/13/25 1815
Resulting lab: UWM EKG
Resulted by: Linker, David T, MD
Collected by: 01/10/25 1216
Lab Technician: TAMLYN THOMAS RN

Narrative:
SINUS BRADYCARDIA WITH FIRST DEGREE AV BLOCK
NONSPECIFIC INTRAVENTRICULAR CONDUCTION DELAY
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 09-JAN-2025 21:09,
NO SIGNIFICANT CHANGE
Confirmed by LINKER MD, DAVID (1024) on 1/13/2025 6:13:26 PM

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	33	BPM	—	79
Atrial Rate	66	BPM	—	79
P-R Interval	280	ms	—	79
QRS Duration	124	ms	—	79
Q-T Interval	496	ms	—	79
QTC Calculation	367	ms	—	79
P Axis	71	degrees	—	79
R Axis	9	degrees	—	79
T Axis	-4	degrees	—	79

View Report (below)

01/10/2025 - Orders Only in UW Medicine ECG (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 10-JAN-2025 12:16:29 UW MEDICINE-U5SA ROUTINE RECORD

06-JAN-1925 (100 yr)
Female Caucasian

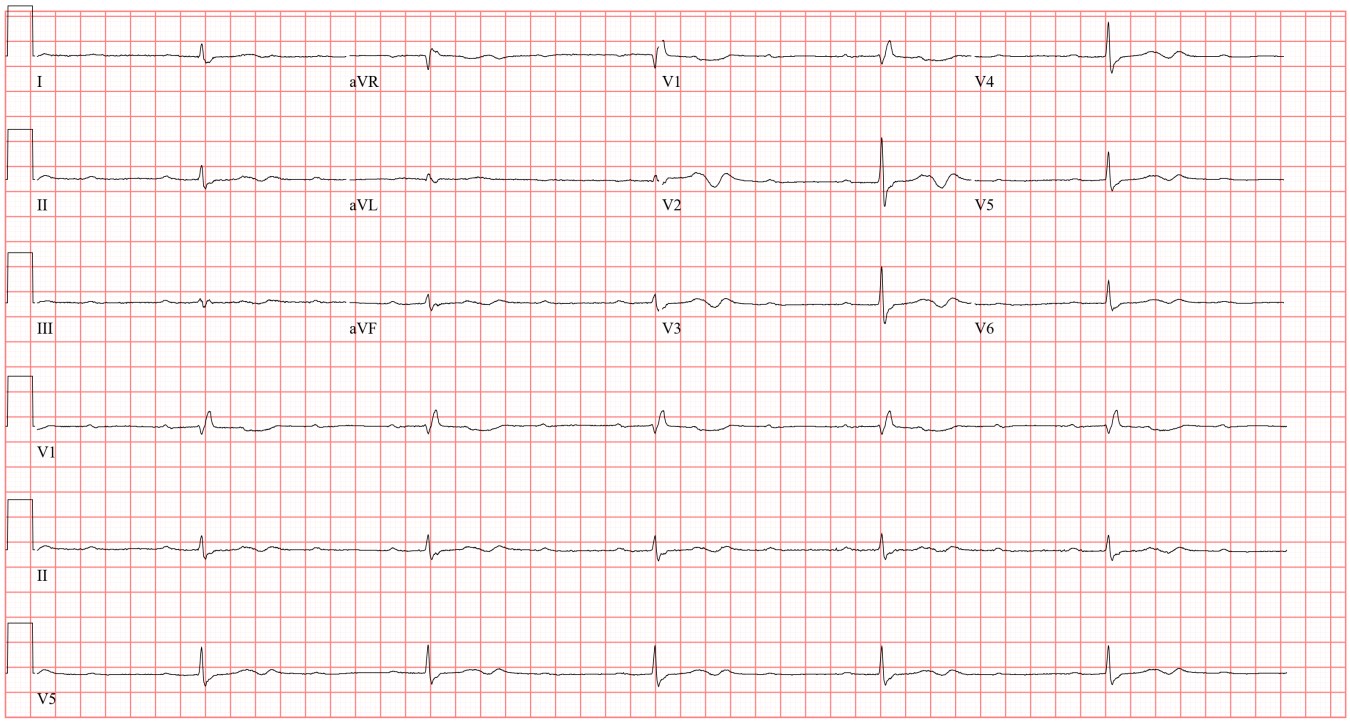
Room:5420
Loc:64

Vent. rate	33	BPM
PR interval	280	ms
QRS duration	124	ms
QT/QTc	496/367	ms
P-R-T axes	71 9	-4

SINUS BRADYCARDIA WITH FIRST DEGREE AV BLOCK
NONSPECIFIC INTRAVENTRICULAR CONDUCTION DELAY
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 09-JAN-2025 21:09,
NO SIGNIFICANT CHANGE
Confirmed by LINKER MD, DAVID (1024) on 1/13/2025 6:13:26 PM

Technician: TAMLYN THOMAS RN
Test ind:BRADY

Confirmed By: DAVID LINKER MD



25mm/s 10mm/mV 150Hz 9.0.9 12SL 241 HD CID: 28 EID:1024 EDT: 18:13 13-JAN-2025 ORDER: ACCOUNT: 1930821112

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by Linker, David T, MD on 1/13/25 at 1813 PST

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA

Reason for Visit

Chief complaints: Infection and Bradycardia
Visit diagnoses:

- Arterial occlusion (primary)
- History of recurrent deep vein thrombosis (DVT)
- Acute lower limb ischemia
- Bradycardia
- Reduced vision
- Adult failure to thrive syndrome
- Tachypnea on examination
- Delirium
- Hypoxemia
- Acute cough
- Severe protein-calorie malnutrition
- Generalized abdominal pain
- Pain of right lower extremity
- Pain in right leg
- Acute fracture
- Closed fracture of right femur, unspecified fracture morphology, unspecified portion of femur, initial encounter

Hospital problems:

- **Acute lower limb ischemia (primary)**
- Abdominal pain
- Bradycardia

Visit Information

Admission Information

Arrival Date/Time:	01/09/2025 1015	Admit Date/Time:	01/09/2025 1030	IP Adm. Date/Time:	01/09/2025 1806
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Car Or Automobile	Primary Service:	Medicine H	Secondary Service:	N/A
Transfer Source:		Service Area:	UW MEDICINE	Unit:	UWMC MONTLAKE TOWER 7SA
Admit Provider:	Smith, Matthew C, MD	Attending Provider:	Vrablik, Marie Clougherty, MD	Referring Provider:	

ED Disposition

ED Disposition	Condition	User	Date/Time	Comment
Admit	--	Song, Chris, MD	Thu Jan 9, 2025 1:44 PM	--

Discharge Information

Date/Time: 03/08/2025 1135 Disposition: 03 Snf-skilled Nursing Facility Destination: Other
Provider: Barnes, James Irvin, MD Unit: UWMC MONTLAKE TOWER 7SA

Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info
Navalurkar, Reema, MD	Geriatric Medicine Res/Flw	Follow up		1959 NE Pacific St Box 359755 Seattle WA 98195 206-744-8513

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD Discontinued on: 3/8/2025

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication List (continued)

Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD — Ordered on: 8/21/2024
Start date: 8/21/2024 — End date: 3/8/2025
Quantity: 90 tablet — Refill: 3 refills by 8/21/2025

atorvastatin 10 MG tablet

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Navalurkar, Reema, MD — Ordered on: 12/11/2024
Start date: 12/11/2024 — End date: 3/8/2025
Quantity: 90 tablet — Refill: 3 refills by 12/11/2025

Cyanocobalamin (VITAMIN B-12 OR)

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Clark, Trika L, Pharmacy Technician — Entered on: 1/9/2025
End date: 3/8/2025

Discharge Medication List

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication List (continued)

acetaminophen 650 MG suppository

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Unwrap and insert 1 suppository (650 mg) rectally every 6 hours as needed for mild pain, moderate pain or severe pain.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

atropine 1% ophthalmic solution (for oral use)

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 2 drops under the tongue every 4 hours as needed for secretions.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

bisacodyl 10 MG suppository

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Unwrap and insert 1 suppository (10 mg) rectally daily as needed for constipation.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

camphor-menthol 0.5-0.5 % lotion

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply topically 2 times a day as needed for itching.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

carboxymethylcellulose 0.5 % ophthalmic solution

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 drop in each EYE every hour as needed for dry eyes.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

enoxaparin 30 MG/0.3ML prefilled syringe

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Inject 0.3 mL (30 mg) under the skin at bedtime.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

magnesium hydroxide 400 MG/5ML suspension

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Take 30 mL by mouth 2 times a day as needed for constipation.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

phenol 1.4 % mouth/throat spray

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 spray to the mouth or throat every 2 hours as needed for sore throat.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

psyllium 51.7 % packet

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication List (continued)

Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Take 1 packet by mouth 2 times a day. Mix in 8 oz of juice or water and drink.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

saliva substitute (Biotene Dry Mouth) liquid oral rinse

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Swish and spit 15 mL 3 times a day.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

scopolamine 1 MG/3DAYS patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 patch on the skin every 72 hours as needed for other (for secretions if atropine, glycopyrrolate are insufficient). Apply to hairless area behind 1 ear.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

white petrolatum gel

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply topically as needed for dry skin.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: 2.5-5mg Oral, Every 4 hours PRN For pain
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — Quantity: 30 mL
Refill: No refills remaining

buprenorphine 5 MCG/HR patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 patch on the skin every 7 days.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/11/2025 — Quantity: 2 patch
Refill: No refills remaining

Stopped in Visit

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025

pentoxifylline ER 400 MG ER tablet

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD Discontinued on: 3/8/2025

atorvastatin 10 MG tablet

Discontinued by: Barnes, James Irvin, MD Discontinued on: 3/8/2025

Cyanocobalamin (VITAMIN B-12 OR)

Discontinued by: Barnes, James Irvin, MD Discontinued on: 3/8/2025

ED Provider Note

ED Provider Notes by Song, Chris, MD at 1/9/2025 1656

Attestation signed by Vrablik, Marie Clougherty, MD at 1/12/2025 9:13 AM

I saw and evaluated the patient. I have reviewed the resident's/fellow's findings and agree.

Yes - I provided critical care for this patient. Critical care was necessary because there was a high probability of imminent or life-threatening deterioration and this patient required continuous observation and interventions to respond to emergent changes in their medical condition and prevent further deterioration in their clinical state. The critical care I provided included:
managing hypotension or other hemodynamic instability, consultation with specialists, talk with family member making medical care decisions, talk with family/surrogate re: patient history, and review patient condition/progress with patient family/surrogate

Critical Care Time:
I spent a total of (30-74 minutes) 35 minutes personally providing critical care to Jeanne Leonie Hoffman. This does not include time spent teaching or performing any separately billable procedures.

CHIEF COMPLAINT

Chief Complaint

Patient presents with

- Infection
- Bradycardia

HISTORY OF PRESENT ILLNESS AND REVIEW OF SYSTEMS

Ms. Hoffman is a 100 year old woman with history of HTN, HLD, prior DVT (not on AC), who presents with one day of severe L lower extremity pain and dark discoloration. Her son, Louis, provides much of the history.

She has been living with her son over the past 2 weeks, which reportedly has heat source. They were previously living in a house but were kicked out of their housing. Gathering from 12/10 SW note, Louis did not want to move his mother into a nursing home, felt pride in taking care of her, and had goal of finding housing on Bainbridge Island. He reports the house has running water, heat, and he has been doing daily wound care on her L venous ulcers. He has noted her feet have ben numb for the past 24-72 hours. Over the past 6 hours prior to presentation, her feet became blue/purple,

and she has had significantly increased pain.

PAST MEDICAL AND SURGICAL HISTORY

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Closed fracture of unspecified intracapsular section of neck of femur *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• Unspecified vitamin B deficiency *Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency*	5/1/2007
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006

- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

MEDICATIONS AND ALLERGIES

OUTPATIENT MEDICATIONS:

Current Outpatient Medications

Medication	Instructions
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• cholecalciferol (VITAMIN D-3)	2,000 units, Daily
• Cyanocobalamin (VITAMIN B-12 OR)	1 tablet, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	1 tablet, Oral, Daily
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical	Topical, Every other day, Apply to wound

gel	before applying dressing

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

SOCIAL HISTORY AND FAMILY HISTORY

Social History

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics
- Alcohol use: No
- Drug use: No

Family History

Problem (# of Occurrences)	Relation (Name,Age of Onset)
No Known Problems (2)	**Mother**, **Father**

PHYSICAL EXAM

ED VITALS:

Vitals (Arrival)
T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026) **RR:** (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air
Vitals (Most recent in last 24 hrs)
T: 36.8 °C (01/09/25 1033) **BP:** **(!) 165/56** (01/09/25 1345) **HR:** **(!) 41** (01/09/25 1345) **RR:** 20 (01/09/25 1345) **SpO2:** 99 % (01/09/25 1345) Room air **T range:** Temp Min: 36.8 °C Max: 36.9 °C Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam
General: Frail, very uncomfortable appearing, moderate distress. Very hard of hearing
HEENT: No scleral icterus, conjunctival injection
Cardiac: Bradycardic, normal S1/S2
Pulmonary: Normal work of breathing; Clear anteriorly
Abdomen: Soft, nontender, nondistended. No palpable masses
Extremities: No lower extremity edema.

ED Provider Note (continued)

Left Leg: Very cold, dark purple skin from foot-upper anterior shin (see media). Areas of purple/black discoloration over the lateral anterior shin and foot. DP pulses not obtained with Doppler. Exquisitely tender to light palpation. Not moving L extremity, remains plantarflexed.
Right Leg: No discoloration. Not cool to touch. No DP pulses palpated.
Neuro: responding appropriately to questions. Very hard of hearing.

LABORATORY:

Labs Reviewed

COMPREHENSIVE METABOLIC PANEL - Abnormal

Result	Value
Sodium	144
Potassium	4.0
Chloride	109 (*)
Carbon Dioxide, Total	25
Anion Gap	10
Glucose	183 (*)
Urea Nitrogen	25 (*)
Creatinine	1.10 (*)
Protein (Total)	7.8
Albumin	3.9
Bilirubin (Total)	0.5
Calcium	9.2
AST (GOT)	48 (*)
Alkaline Phosphatase (Total)	69
ALT (GPT)	28
eGFR by CKD-EPI 2021	45 (*)

CBC, DIFF - Abnormal

WBC	13.85 (*)
RBC	3.97
Hemoglobin	12.3
Hematocrit	39
MCV	98
MCH	31.0
MCHC	31.5 (*)
Platelet Count	205
RDW-CV	13.4
% Neutrophils	80
% Lymphocytes	13
% Monocytes	6
% Eosinophils	0
% Basophils	0
% Immature Granulocytes	1
Neutrophils	11.19 (*)
Absolute Lymphocyte Count	1.74
Monocytes	0.77
Absolute Eosinophil	0.02

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Provider Note (continued)

Count	
Basophils	0.05
Immature Granulocytes	0.08 (*)
Nucleated RBC	0.00
% Nucleated RBC	0

GLUCOSE POC, UWMC - Abnormal

Glucose (POC)	202 (*)

L LACTATE, VENOUS WB (TO U/H LAB WITHIN 30 MIN)

L Lactate (Direct), Venous Whole Blood	1.6

1ST EXTRA GRAY TOP

1st Extra Gray Top	Additional collection tube

PROTHROMBIN TIME

Prothrombin Time Patient	14.1
Prothrombin INR	1.1

LAB ADD ON ORDER

Lab Test Requested	Troponin
Specimen Type/Description	Blood
Sample To Use	Most recent
Test Request Status	Order Processed

TROPONIN_I

Troponin_I	0.03
Troponin_I Interpretation	Normal

BLOOD GAS, VENOUS, W/ ICA, NA, K, LACT, GLU

URINALYSIS WITH REFLEX CULTURE

BLOOD C/S

Special Requests	Aerobic and anaerobic bottles
Culture	No growth to date

BLOOD C/S

Special Requests	Aerobic and anaerobic bottles
Culture	No growth to date

POC GLUCOSE, WHOLE BLOOD

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POC GLUCOSE, WHOLE BLOOD

POC GLUCOSE, WHOLE BLOOD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Provider Note (continued)

POC GLUCOSE, WHOLE BLOOD
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POC GLUCOSE, WHOLE BLOOD
TYPE AND SCREEN
PATHOLOGY, SURGICAL

IMAGING:

ED Wet Read -

CTA Abdomen Angio

Final Result

Occlusion of the left lower extremity vasculature beginning at the left external iliac artery. There is associated skin thickening/swelling of the distal left lower extremity which likely represents edema. No associated subcutaneous emphysema or definitive evidence of necrotizing soft tissue infection.

XR Chest 1 View

Final Result

Lines and tubes: None.

Lungs: Clear.

Pleura: No effusion. No pneumothorax.

Heart and mediastinum: Unremarkable.

Bones: No acute or suspicious abnormality.

Radiology Final Result -

No image results found.

EKG DOCUMENTATION

SUICIDE RISK EVALUATION

SEPSIS

ED COURSE/MEDICAL DECISION MAKING

Ms. Hoffman is a 100 year old woman with history of HTN, HLD, prior DVT (not on AC), who presents with one day of severe L lower extremity pain and dark discoloration. Initial concern for acute critical limb ischemia vs. Necrotizing fasciitis. CTA was obtained, notable for L lower extremity occlusion of the L external iliac artery w/o collaterals. No evidence of necrotizing soft tissue infection. She was started on a Heparin GTT, Aspirin, and Vascular Surgery was consulted, and expedited the patient to the OR for above-knee amputation.

On arrival, she was bradycardic into the 30-40s, with a new RBBB. She did not endorse chest pain, had a negative Troponin. She was normotensive, and otherwise asymptomatic. Given her critical condition, discussion was had with her son, LNOK, around her code status. Recommendation was made for DNR/DNI, with rationale provided of likely poor neurologic outcome even if she was to regain a pulse. Her son appeared to understand the severity and acuity of her situation, including possible death, given her significant bradycardia, and wanted to have the patient remain Full Code, given prior discussions he has had with her, which focused on life sustaining treatments, and this is consistent with a POLST, last updated 2018. He was focused on finding her a place to live (currently living in a tent after recently being removed from prior housing).

Medications Given in the ED:

Medications
heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix) (0 Units/kg/hr × 45.5 kg (Dosing Weight) Intravenous Stopped 1/9/25 1434)
aspirin EC tablet 81 mg (81 mg Oral Given 1/9/25 1303)
peripheral nerve clinician Bolus 2 mL (has no administration in time range)
ROPivacaine 0.2% 200 mL peripheral nerve infusion (premix) (has no administration in time range)
dextrose 50 % injection 25 mL (has no

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Provider Note (continued)

administration in time range)
dextrose 50 % injection 50 mL (has no administration in time range)
glucagon injection 0.5 mg (has no administration in time range)
glucagon injection 1 mg (has no administration in time range)
insulin REGULAR 100 units in NS 100 mL (1 unit/mL) infusion (pkg premix) (has no administration in time range)
sodium chloride 0.9 % IV Bolus 500 mL (0 mL Intravenous Stopped 1/9/25 1213)
vancomycin 1 g in D5W 200 mL IVPB (premix) (1 g Intravenous New Bag/Syringe 1/9/25 1213)
cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB (0 g Intravenous Stopped 1/9/25 1213)
iohexol (Omnipaque) 350 MG/ML contrast 80 mL (80 mL Intravenous Contrast Given 1/9/25 1217)
heparin Bolus from pump 3,640 units (3,640 units Intravenous Bolus from Pump 1/9/25 1251)

CLINICAL IMPRESSION AND DISPOSITION (Link)

Clinical Impressions:
[I70.90] Arterial occlusion

Disposition: Admit

CRITICAL CARE/ADDITIONAL INFORMATION REVIEWED ATTENDING ONLY

Song, Chris, MD
Resident
01/09/25 1830

Electronically signed by Song, Chris, MD at 1/9/2025 6:30 PM
Electronically signed by Vrablik, Marie Clougherty, MD at 1/12/2025 9:13 AM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Provider Note (continued)

ED Notes

ED Triage Notes by White, Makenzie R, RN at 1/9/2025 1036

Pt BIB her caregiver to UWMC ED. Pt has a wound to her left lower leg/foot, ongoing x3 days. Pt has been reporting that it feels "Cold". +Severe pain to LLE, purplish discoloration. HR in noted to be in the 40's. Pt is sleepy, not initially verbally responding to this RN. MD Vrablik called and notified of pt's presenting s/s.

Electronically signed by White, Makenzie R, RN at 1/9/2025 10:38 AM

ED Care Timeline

Patient Care Timeline (1/9/2025 10:15 to 1/9/2025 15:16)

1/9/2025	Event	Details	User
10:14:58	**Emergency encounter created**		Wilson, Myra
10:15	**Patient arrived in ED**		Wilson, Myra
10:15:47	**Arrival Complaint**	leg ulcers	
10:26	**Vital Signs**	**Vital Signs** Temp: 36.9 °C (P) Temp src: Temporal (P) Pulse: **41** ! (P) Heart Rate Source: Monitor (P) Resp: 16 (P) BP: **152/54** ! (P) MAP (mmHg): 82 (P) BP Site: Left Arm (P) BP Method: Automatic (P) Patient Position: Sitting (P) SpO2: 99 % (P) **Vitals Timer** Restart Vitals Timer: Yes (P) **Oxygen Therapy** SpO2: 99 % (P)	Miranda, Mercedes A, CMA
10:26	**Custom Formula Data**	**Other flowsheet entries** Temp (in Celsius) for APACHE IV: 36.9 (P)	Miranda, Mercedes A, CMA
10:27	**Arrival Documentation**	**Triage Start** Triage Start: Start **Triage Call** Triage Call: Call 1x **Prehospital Treatment** Prehospital Treatment: No	White, Makenzie R, RN
10:27	**General Appearance**	**General Appearance** General Appearance: Alert and Oriented x 4; Respirations even and Unlabored; Skin warm, dry, and color consistent with ethnicity; Moves all extremities	White, Makenzie R, RN
10:27:45	**Triage Started**		White, Makenzie R, RN
10:28:06	**Allergies Reviewed**		White, Makenzie R, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:30	**In Facility**	Status: Arrived	--
10:30	**In Facility**	Status: Arrived	--
10:30	**In Facility**	Status: Arrived	--
10:30	**In Facility**	Status: Arrived	--
10:30	**Specimens Collected**	POC Glucose, Whole Blood - UWMC Montlake - ID: **H3813016** Type: **Whole blood**	
10:30:45	**Patient roomed in ED**	To room ED02	White, Makenzie R, RN
10:30:45	**Patient roomed in ED**		White, Makenzie R, RN
10:31	**Acuity/Destination**	**Acuity/Triage Complete** Patient Acuity: 1	White, Makenzie R, RN
10:31:31	**POC Glucose, Whole Blood - UWMC Montlake Resulted**	**Abnormal Result** Collected: **1/9/2025 10:30** Last updated: **1/9/2025 10:31** Status: **Final result** Glucose (POC): **202 mg/dL** ^ [Ref Range: 62 - 125]	Uw Lab Results Interface, User
10:31:53	**Lab Resulted**	(Final result) GLUCOSE POC, UWMC	Uw Lab Results Interface, User
10:33	**Vital Signs**	**Vital Signs** Temp: 36.8 °C Temp src: Temporal Pulse: **40** ! Heart Rate Source: Monitor Resp: 14 BP: **152/54** ! BP Site: Right Arm BP Method: Automatic Patient Position: Sitting SpO2: 99 % Vital Sign Reason: Routine **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 99 % Oxygen Therapy: None (Room air) **Pain Assessment** Pain Score: 10 - Worst possible pain **Height and Weight** Weight: 45.5 kg (100 lb 6.4 oz) Weight Method: Bed scale	White, Makenzie R, RN
10:33	**Pain Assessment**	**Pain Assessment Timer** Restart Pain Assessment Timer: Yes	White, Makenzie R, RN
10:33	**Custom Formula Data**	**Other flowsheet entries** Admission Weight (kg): 45.54 Dubois BSA: 0 (m^2) Weight taken by scale (kg): 45.54 kilograms Weight kg (view-only): 45.54 Temp (in Celsius) for APACHE IV: 36.8 Drug Calculation Weight - Calculated (oz): 1606.4 oz Drug Calculation Weight - Calculated (kg): 45.54 kg Weight for Calculations - Calculated (oz): 1606.4 ounces	White, Makenzie R, RN
10:33:46	**Chief Complaints Updated**	**Bradycardia Infection**	White, Makenzie R, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:34:54	**Order Performed**	EKG 12-Lead - ID: **2584787**	
10:35	**Triage Completed**		White, Makenzie R, RN
10:35	**Acuity/Destination**	**Acuity/Triage Complete** Triage Complete: Triage complete	White, Makenzie R, RN
10:35:46	**ECG Ordered**	EKG 12 LEAD	White, Makenzie R, RN
10:35:46	**Orders Placed**	ECG - EKG 12-Lead	Vrablik, Marie Clougherty, MD
10:36:12	**ED Triage Notes**	Pt BIB her caregiver to UWMC ED. Pt has a wound to her left lower leg/foot, ongoing x3 days. Pt has been reporting that it feels "Cold". +Severe pain to LLE, purplish discoloration. HR in noted to be in the 40's. Pt is sleepy, not initially verbally responding to this RN. MD Vrablik called and notified of pt's presenting s/s.	White, Makenzie R, RN
10:36:20	**Registration Completed**		Wilson, Myra
10:39	**Specimens Collected**	Comprehensive Metabolic Panel - ID: **H3813171** Type: **Blood** CBC with Diff - ID: **H3813171** Type: **Blood** L Lactate, Venous WB (To U/H Lab < 30 Min) - ID: **H3813172** Type: **Blood** Extra Blue Top - ID: **H3813171** Type: **Blood** 1st Extra Pearl Top - ID: **H3813171** Type: **Blood** 1st Extra Gray Top - ID: **H3813171** Type: **Blood** 1st Extra Gold Top - ID: **H3813171** Type: **Serum** Troponin-I - ID: **H3813171** Type: **Serum**	
10:39:33	**Orders Placed**	Nursing - Call provider for the Following Vital Signs	Wilson, Julia, MD
10:39:33	**Orders Placed**	Nursing - Weigh Patient; Call provider for Microbiology - Blood Culture, Peripheral; Blood Culture, Peripheral Lab - Comprehensive Metabolic Panel; CBC with Diff; L Lactate, Venous WB (To U/H Lab < 30 Min); Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu; Urinalysis with Reflex Culture; Extra Blue Top; 1st Extra Pearl Top; 1st Extra Gray Top Imaging - XR Chest 1 View IV - IV Line - Insert; IV Line - Saline lock Diet - NPO Diet NPO except for ice chips/medications/sips of water CORE MEASURES - Sepsis Protocol Initiated	Vrablik, Marie Clougherty, MD
10:39:33	**Orders Placed**	IV - IV Line - Maintain IV access	Schwarz, Samuel, MD
10:39:36	**Lab Ordered**	BLOOD C/S, 1ST EXTRA GRAY TOP, BLOOD C/S, 1ST EXTRA PEARL TOP, 1ST EXTRA BLUE TOP, URINALYSIS WITH REFLEX CULTURE, BLOOD GAS, VENOUS, W/ ICA, NA, K, LACT, GLU, L LACTATE, VENOUS WB (TO U/H LAB WITHIN 30 MIN), CBC, DIFF, COMPREHENSIVE METABOLIC PANEL	White, Makenzie R, RN
10:39:36	**XR Ordered**	XR CHEST 1 VIEW	White, Makenzie R, RN
10:39:41	**Orders Completed**	Sepsis Protocol Initiated	White, Makenzie R, RN
10:40:59	**Assign Nurse**	Hendricksen, Kayla, RN assigned as Registered Nurse	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:41:14	**Orders Acknowledged**	New - EKG 12-Lead; Weigh Patient; Sepsis Protocol Initiated; IV Line - Insert; IV Line - Maintain IV access; IV Line - Saline lock; Call provider for; Call provider for the Following Vital Signs; NPO Diet NPO except for ice chips/medications/sips of water; Comprehensive Metabolic Panel; CBC with Diff; L Lactate, Venous WB (To U/H Lab < 30 Min); Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu; Urinalysis with Reflex Culture; Extra Blue Top; 1st Extra Pearl Top; XR Chest 1 View; Blood Culture, Peripheral; 1st Extra Gray Top; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:41:38	**Forward 1st Extra Gray Top to Lab as Collection Add-On Completed**	*1st Extra Gray Top* - Type: **Blood**	Hendricksen, Kayla, RN
10:41:38	**Forward 1st Extra Pearl Top to Lab as Collection Add-On Completed**	*1st Extra Pearl Top* - Type: **Blood**	Hendricksen, Kayla, RN
10:41:38	**Forward CBC with Diff to Lab as Collection Add-On Completed**	*CBC with Diff* - Type: **Blood**	Hendricksen, Kayla, RN
10:41:38	**Forward Comprehensive Metabolic Panel to Lab as Collection Add-On Completed**	*Comprehensive Metabolic Panel* - Type: **Blood**	Hendricksen, Kayla, RN
10:41:38	**Forward Extra Blue Top to Lab as Collection Add-On Completed**	*Extra Blue Top* - Type: **Blood**	Hendricksen, Kayla, RN
10:41:38	**Forward L Lactate, Venous WB (To U/H Lab < 30 Min) to Lab as Collection Add-On Completed**	*L Lactate, Venous WB (To U/H Lab < 30 Min)* - Type: **Blood**	Hendricksen, Kayla, RN
10:41:38	**Print Label for 1st Extra Gray Top Discontinued**	*1st Extra Gray Top*	Hendricksen, Kayla, RN
10:41:38	**Print Label for 1st Extra Pearl Top Discontinued**	*1st Extra Pearl Top*	Hendricksen, Kayla, RN
10:41:38	**Print Label for CBC with Diff Discontinued**	*CBC with Diff*	Hendricksen, Kayla, RN
10:41:38	**Print Label for Comprehensive Metabolic Panel Discontinued**	*Comprehensive Metabolic Panel*	Hendricksen, Kayla, RN
10:41:38	**Print Label for Extra Blue Top Discontinued**	*Extra Blue Top*	Hendricksen, Kayla, RN
10:41:38	**Print Label for L Lactate, Venous WB (To U/H Lab < 30 Min) Discontinued**	*L Lactate, Venous WB (To U/H Lab < 30 Min)*	Hendricksen, Kayla, RN
10:41:38	**Send 1st Extra Gray Top to phlebotomy Discontinued**	*1st Extra Gray Top*	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:41:38	**Send 1st Extra Pearl Top to phlebotomy Discontinued**	*1st Extra Pearl Top*	Hendricksen, Kayla, RN
10:41:38	**Send CBC with Diff to phlebotomy Discontinued**	*CBC with Diff*	Hendricksen, Kayla, RN
10:41:38	**Send Comprehensive Metabolic Panel to phlebotomy Discontinued**	*Comprehensive Metabolic Panel*	Hendricksen, Kayla, RN
10:41:38	**Send Extra Blue Top to phlebotomy Discontinued**	*Extra Blue Top*	Hendricksen, Kayla, RN
10:41:38	**Send L Lactate, Venous WB (To U/H Lab < 30 Min) to phlebotomy Discontinued**	*L Lactate, Venous WB (To U/H Lab < 30 Min)*	Hendricksen, Kayla, RN
10:41:47	**Print Label for Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu Completed**	*Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu* - Type: **Blood**	Hendricksen, Kayla, RN
10:41:47	**Forward Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu to Lab as Collection Add-On Discontinued**	*Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu*	Hendricksen, Kayla, RN
10:41:47	**Send Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu to phlebotomy Discontinued**	*Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu*	Hendricksen, Kayla, RN
10:41:56	**Print Label for Blood Culture, Peripheral Completed**	Type: **Blood** ; Source: **Blood, Venous** Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:41:56	**Forward Blood Culture, Peripheral to Lab as Collection Add-On Discontinued**	Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:41:56	**Send Blood Culture, Peripheral to phlebotomy Discontinued**	Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:42	**Collect Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu Completed**	*Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu* - Type: **Blood**	White, Makenzie R, RN
10:42	**Specimens Collected**	Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu - ID: **H3813173** Type: **Blood**	White, Makenzie R, RN
10:42	**[REMOVED] Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm Placed**	Removal Date/Time: 01/10/25 0500 Placement Date/Time: 01/09/25 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size Gauge: 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm Removal Reason: Infiltrated	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:42	**Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm Assessment**	Site Assessment: Clean; Dry; Intact Dressing Status: Clean; Dry; Intact Dressing Type: Transparent	Hendricksen, Kayla, RN
10:42:04	**Imaging Exam Started**	XR Chest 1 View	Day, Heather K, RT
10:42:09	**Orders Completed**	EKG 12-Lead	Hendricksen, Kayla, RN
10:42:09	**Complete EKG 12-Lead Completed**	*EKG 12-Lead*	Hendricksen, Kayla, RN
10:42:10	**ECG Performed**	EKG 12-Lead - [360190418]	Hendricksen, Kayla, RN
10:42:20	**Assign Resident**	Song, Chris, MD assigned as Resident	Song, Chris, MD
10:42:20	**Assign Physician**		Song, Chris, MD
10:42:20	**First Provider Evaluation**		Song, Chris, MD
10:42:35	**Orders Completed**	IV Line - Insert	Hendricksen, Kayla, RN
10:42:35	**IV Line - Insert Completed**	*IV Line - Insert*	Hendricksen, Kayla, RN
10:42:39	**Orders Completed**	IV Line - Saline lock	Hendricksen, Kayla, RN
10:42:39	**IV Line - Saline lock Completed**	*IV Line - Saline lock*	Hendricksen, Kayla, RN
10:44:13	**Orders Modified**	Order Modified - Blood Culture, Peripheral (Comment: Modified from Blood Culture, Peripheral); Blood Culture, Peripheral (Comment: Modified from Blood Culture, Peripheral)	Vrablik, Marie Clougherty, MD
10:44:13	**Orders Discontinued**	Blood Culture, Peripheral (01/09/25 1039) ; Blood Culture, Peripheral (01/09/25 1040)	Hendricksen, Kayla, RN
10:44:13	**Collect Blood Culture, Peripheral Discontinued**	Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:44:13	**Print Label for Blood Culture, Peripheral Discontinued**	Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:44:14	**Lab Ordered**	BLOOD C/S, BLOOD C/S	Hendricksen, Kayla, RN
10:44:22	**Orders Acknowledged**	Modified - Blood Culture, Peripheral (Comment: Modified from Blood Culture, Peripheral); Blood Culture, Peripheral (Comment: Modified from Blood Culture, Peripheral)	Hendricksen, Kayla, RN
10:45	**Extra Blue Top Resulted**	Collected: **1/9/2025 10:39** Last updated: **1/9/2025 10:46** Status: **Final result** 1st Extra Blue Top: **Additional collection tube**	Uw Lab Results Interface, User
10:45	**1st Extra Pearl Top Resulted**	Collected: **1/9/2025 10:39** Last updated: **1/9/2025 10:46** Status: **Final result** 1st Extra Pearl Top: **Additional collection tube**	Uw Lab Results Interface, User
10:45	**1st Extra Gray Top Resulted**	Collected: **1/9/2025 10:39** Last updated: **1/9/2025 10:46** Status: **Final result** 1st Extra Gray Top: **Additional collection tube**	Uw Lab Results Interface, User
10:46:11	**Print Label for Blood Culture, Peripheral Completed**	Type: **Blood** ; Source: **Blood, Venous** Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:46:11	**Forward Blood Culture, Peripheral to Lab as Collection Add-On Discontinued**	Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:46:11	**Send Blood Culture, Peripheral to phlebotomy Discontinued**	Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:46:27	**1st Extra Gold Top Resulted**	Collected: **1/9/2025 10:39** Last updated: **1/9/2025 10:46** Status: **Final result** 1st Extra Gold Top: **Additional collection tube**	Uw Lab Results Interface, User
10:46:37	**Lab Ordered**	1ST EXTRA GOLD TOP	Uw Lab Results Interface, User
10:46:46	**Lab Resulted**	(Final result) 1ST EXTRA BLUE TOP	Uw Lab Results Interface, User
10:46:46	**Lab Resulted**	(Final result) 1ST EXTRA GRAY TOP	Uw Lab Results Interface, User
10:46:46	**Lab Resulted**	(Final result) 1ST EXTRA PEARL TOP	Uw Lab Results Interface, User
10:46:46	**Forward 1st Extra Gray Top to Lab as Collection Add-On Discontinued**	*1st Extra Gray Top*	Uw Lab Results Interface, User
10:46:46	**Forward 1st Extra Pearl Top to Lab as Collection Add-On Discontinued**	*1st Extra Pearl Top*	Uw Lab Results Interface, User
10:46:46	**Forward CBC with Diff to Lab as Collection Add-On Discontinued**	*CBC with Diff*	Uw Lab Results Interface, User
10:46:46	**Forward Comprehensive Metabolic Panel to Lab as Collection Add-On Discontinued**	*Comprehensive Metabolic Panel*	Uw Lab Results Interface, User
10:46:46	**Forward Extra Blue Top to Lab as Collection Add-On Discontinued**	*Extra Blue Top*	Uw Lab Results Interface, User
10:46:58	**Lab Resulted**	(Final result) 1ST EXTRA GOLD TOP	Uw Lab Results Interface, User
10:48	**Collect Blood Culture, Peripheral Completed**	*Blood Culture, Peripheral* - Type: **Blood** ; Source: **Blood, Venous**	Hendricksen, Kayla, RN
10:48	**Specimens Collected**	Blood Culture, Peripheral - ID: **H3813244** Type: **Blood**	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:50:08	**CBC with Diff Resulted**	**Abnormal Result** Collected: **1/9/2025 10:39** Last updated: **1/9/2025 10:50** Status: **Final result** WBC: **13.85 10*3/uL** ^ [Ref Range: 4.3 - 10.0] RBC: **3.97 10*6/uL** [Ref Range: 3.80 - 5.00] Hemoglobin: **12.3 g/dL** [Ref Range: 11.5 - 15.5] Hematocrit: **39 %** [Ref Range: 36.0 - 45.0] MCV: **98 fL** [Ref Range: 81 - 98] MCH: **31.0 pg** [Ref Range: 27.3 - 33.6] MCHC: **31.5 g/dL** v [Ref Range: 32.2 - 36.5] Platelet Count: **205 10*3/uL** [Ref Range: 150 - 400] RDW-CV: **13.4 %** [Ref Range: 11.0 - 14.5] % Neutrophils: **80 %** % Lymphocytes: **13 %** % Monocytes: **6 %** % Eosinophils: **0 %** % Basophils: **0 %** % Immature Granulocytes: **1 %** Neutrophils: **11.19 10*3/uL** ^ [Ref Range: 1.80 - 7.00] Absolute Lymphocyte Count: **1.74 10*3/uL** [Ref Range: 1.00 - 4.80] Monocytes: **0.77 10*3/uL** [Ref Range: 0.00 - 0.80] Absolute Eosinophil Count: **0.02 10*3/uL** [Ref Range: 0.00 - 0.50] Basophils: **0.05 10*3/uL** [Ref Range: 0.00 - 0.20] Immature Granulocytes: **0.08 10*3/uL** ^ [Ref Range: 0.00 - 0.05] Nucleated RBC: **0.00 10*3/uL** [Ref Range: 0.00] % Nucleated RBC: **0 %**	Uw Lab Results Interface, User
10:50:19	**Lab Resulted**	(Final result) CBC, DIFF	Uw Lab Results Interface, User
10:51:58	**Imaging Exam Ended**	XR Chest 1 View	Day, Heather K, RT
10:52:25	**L Lactate, Venous WB (To U/H Lab < 30 Min) Resulted**	Collected: **1/9/2025 10:39** Last updated: **1/9/2025 10:52** Status: **Final result** L Lactate (Direct), Venous Whole Blood: **1.6 mmol/L** [Ref Range: 0.6 - 1.9]	Uw Lab Results Interface, User
10:52:37	**Lab Resulted**	(Final result) L LACTATE, VENOUS WB (TO U/H LAB WITHIN 30 MIN)	Uw Lab Results Interface, User
10:52:38	**Forward L Lactate, Venous WB (To U/H Lab < 30 Min) to Lab as Collection Add-On Discontinued**	*L Lactate, Venous WB (To U/H Lab < 30 Min)*	Uw Lab Results Interface, User
10:57:19	**Assign Attending**	Vrablik, Marie Clougherty, MD assigned as Attending	Vrablik, Marie Clougherty, MD
10:57:19	**Assign Physician**		Vrablik, Marie Clougherty, MD
10:59	**Collect Blood Culture, Peripheral Completed**	*Blood Culture, Peripheral* - Type: **Blood** ; Source: **Blood, Venous**	Hendricksen, Kayla, RN
10:59	**Specimens Collected**	Blood Culture, Peripheral - ID: **H3813245** Type: **Blood**	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:59	**Basic Assessment**	**Neurological** Neuro (WDL): Exceptions to WDL Best Eye Response: Spontaneous Best Verbal Response: Confused (HOH, oriented to self.) Best Motor Response: Follows commands Glasgow Coma Scale Score: 14 Cognition: Poor attention/concentration; Follows commands **Glasgow Coma Scale** Best Eye Response: Spontaneous Best Verbal Response: Confused (HOH, oriented to self.) Best Motor Response: Follows commands Glasgow Coma Scale Score: 14 **Respiratory** Respiratory (WDL): Within Defined Limits **Cardiac** Cardiac (WDL): Exceptions to WDL Cardiac Regularity: Irregular Cardiac Rhythm: SB **Peripheral Vascular** Peripheral Vascular (WDL): Exceptions to WDL Pulses: R dorsalis pedis; L dorsalis pedis; L posterior tibial; R posterior tibial R Posterior Tibial Pulse: Absent L Posterior Tibial Pulse: Doppler R Dorsalis Pedis Pulse: Weak L Dorsalis Pedis Pulse: **Absent** **(MD Vrablik aware, CTA ordered)** **RLE Peripheral Vascular Assessment** R Posterior Tibial Pulse: Absent R Dorsalis Pedis Pulse: Weak **LLE Peripheral Vascular Assessment** L Posterior Tibial Pulse: Doppler L Dorsalis Pedis Pulse: **Absent** **(MD Vrablik aware, CTA ordered)** **Charting Type** Charting Type: Shift assessment	Hendricksen, Kayla, RN
10:59	**Custom Formula Data**	**Other flowsheet entries** Glasgow Coma Scale Numeric: 14	Hendricksen, Kayla, RN
11:00	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Hendricksen, Kayla, RN
11:00	**Vitals**	**Vital Signs** Pulse: **44** (Device Time: 10:59:34) Resp: 17 (Device Time: 10:59:34) BP: **148/57** (Device Time: 11:00:08) MAP (mmHg): 80 (Device Time: 11:00:08) **Telemetry/Cardiac Monitor** Pulse: **44** (Device Time: 10:59:34) **Oxygen Therapy** SpO2: 98 % (Device Time: 10:59:34) Oxygen Therapy: None (Room air)	Hendricksen, Kayla, RN
11:00:06	**CT Ordered**	CTA ABDOMEN ANGIO	Vrablik, Marie Clougherty, MD
11:00:06	**Orders Placed**	Imaging - CTA Abdomen Angio	Vrablik, Marie Clougherty, MD
11:00:43	**Order Performed**	XR Chest 1 View - ID: **47200733**	
11:01:43	**Orders Placed**	Microbiology - Blood Culture, Peripheral #1; Blood Culture, Peripheral #2 Medications - sodium chloride 0.9 % IV Bolus 500 mL; vancomycin 1.5 g in D5W 300 mL IVPB (premix); cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB	Vrablik, Marie Clougherty, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

11:01:44	**Lab Ordered**	BLOOD C/S, BLOOD C/S	Vrablik, Marie Clougherty, MD
11:02:05	**XR Chest 1 View Resulted**	Collected: **1/9/2025 11:00** Last updated: **1/9/2025 11:05** Status: **Final result**	Interface, Radiology Results In
11:02:55	**Orders Acknowledged**	New - CTA Abdomen Angio; Blood Culture, Peripheral #1; Blood Culture, Peripheral #2; sodium chloride 0.9 % IV Bolus 500 mL; vancomycin 1.5 g in D5W 300 mL IVPB (premix); cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB	Hendricksen, Kayla, RN
11:05:16	**Rad Resulted**	XR Chest 1 View	Interface, Radiology Results In
11:05:17	**Xray Final Result**	(Final result) XR CHEST 1 VIEW	Interface, Radiology Results In
11:15	**Medication New Bag/Syringe**	sodium chloride 0.9 % IV Bolus 500 mL - Dose: **500 mL** ; Rate: **2,000 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm** ; Scheduled Time: **1105**	Hendricksen, Kayla, RN
11:15	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Hendricksen, Kayla, RN
11:15	**Vitals**	**Vital Signs** Pulse: **39** ! (Device Time: 11:14:34) Resp: 17 (Device Time: 11:14:34) BP: **145/54** ! (Device Time: 11:15:00) MAP (mmHg): 81 (Device Time: 11:15:00) **Telemetry/Cardiac Monitor** Pulse: **39** ! (Device Time: 11:14:34) **Oxygen Therapy** SpO2: 100 % (Device Time: 11:14:34)	Hendricksen, Kayla, RN
11:16:09	**Orders Modified**	Rx Verify - vancomycin 1 g in D5W 200 mL IVPB (premix) (Comment: Modified during verification from vancomycin 1.5 g in D5W 300 mL IVPB (premix))	Kim, Daniel Young-Soo, PharmD
11:20	**[REMOVED] Peripheral IV 01/09/25 20 G Anterior;Proximal; Right Forearm Placed**	Removal Date/Time: 01/09/25 2100 Placement Date/Time: 01/09/25 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size Gauge: 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm Removal Reason: Infiltrated Condition of Catheter: Intact	Hendricksen, Kayla, RN
11:20	**Peripheral IV 01/09/25 20 G Anterior;Proximal; Right Forearm Assessment**	Site Assessment: Clean; Dry; Intact Dressing Status: Clean; Dry; Intact Dressing Type: Transparent	Hendricksen, Kayla, RN
11:21:07	**Orders Discontinued**	Blood Culture, Peripheral #1 (01/09/25 1101) ; Blood Culture, Peripheral #2 (01/09/25 1101)	Hendricksen, Kayla, RN
11:21:07	**Forward Blood Culture, Peripheral #1 to Lab as Collection Add-On Discontinued**	*Blood Culture, Peripheral #1*	Hendricksen, Kayla, RN
11:21:07	**Forward Blood Culture, Peripheral #2 to Lab as Collection Add-On Discontinued**	*Blood Culture, Peripheral #2*	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

11:21:07	**Print Label for Blood Culture, Peripheral #1 Discontinued**	*Blood Culture, Peripheral #1*	Hendricksen, Kayla, RN
11:21:07	**Print Label for Blood Culture, Peripheral #2 Discontinued**	*Blood Culture, Peripheral #2*	Hendricksen, Kayla, RN
11:21:07	**Send Blood Culture, Peripheral #1 to phlebotomy Discontinued**	*Blood Culture, Peripheral #1*	Hendricksen, Kayla, RN
11:21:07	**Send Blood Culture, Peripheral #2 to phlebotomy Discontinued**	*Blood Culture, Peripheral #2*	Hendricksen, Kayla, RN
11:22:27	**Orders Acknowledged**	Discontinued - Blood Culture, Peripheral #1; Blood Culture, Peripheral #2	Hendricksen, Kayla, RN
11:25	**Medication New Bag/Syringe**	cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB - Dose: **1 g** ; Rate: **100 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm** ; Scheduled Time: **1105**	Hendricksen, Kayla, RN
11:29:14	**Comprehensive Metabolic Panel Resulted**	**Abnormal Result** Collected: **1/9/2025 10:39** Last updated: **1/9/2025 11:29** Status: **Final result** Sodium: **144 meq/L** [Ref Range: 135 - 145] Potassium: **4.0 meq/L** [Ref Range: 3.6 - 5.2] Chloride: **109 meq/L** ^ [Ref Range: 98 - 108] Carbon Dioxide, Total: **25 meq/L** [Ref Range: 22 - 32] Anion Gap: **10** [Ref Range: 4 - 12] Glucose: **183 mg/dL** ^ [Ref Range: 62 - 125] Urea Nitrogen: **25 mg/dL** ^ [Ref Range: 8 - 21] Creatinine: **1.10 mg/dL** ^ [Ref Range: 0.38 - 1.02] Protein (Total): **7.8 g/dL** [Ref Range: 6.0 - 8.2] Albumin: **3.9 g/dL** [Ref Range: 3.5 - 5.2] Bilirubin (Total): **0.5 mg/dL** [Ref Range: 0.2 - 1.3] Calcium: **9.2 mg/dL** [Ref Range: 8.9 - 10.2] AST (GOT): **48 U/L** ^ [Ref Range: 9 - 38] Alkaline Phosphatase (Total): **69 U/L** [Ref Range: 49 - 199] ALT (GPT): **28 U/L** [Ref Range: 7 - 33] eGFR by CKD-EPI 2021: **45 mL/min/1.73_m2** v [Ref Range: >59]	Uw Lab Results Interface, User
11:29:26	**Lab Resulted**	(Final result) COMPREHENSIVE METABOLIC PANEL	Uw Lab Results Interface, User
11:30	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Hendricksen, Kayla, RN
11:30	**Vitals**	**Vital Signs** Pulse: **38** ! (Device Time: 11:29:34) Resp: 14 (Device Time: 11:29:34) BP: **153/50** ! (Device Time: 11:30:00) MAP (mmHg): 78 (Device Time: 11:30:00) **Telemetry/Cardiac Monitor** Pulse: **38** ! (Device Time: 11:29:34) **Oxygen Therapy** SpO2: 93 % (Device Time: 11:29:34)	Hendricksen, Kayla, RN
11:35:29	**Imaging Exam Started**	CTA Abdomen Angio	Bailey, Cairo, RT
11:35:33	**Allergies Reviewed**		Bailey, Cairo, RT
12:05:31	**Remove Nurse**	Hendricksen, Kayla, RN removed as Registered Nurse	Hendricksen, Kayla, RN
12:08:03	**Assign Nurse**	Sanders, Emily Carylon, RN assigned as Registered Nurse	Sanders, Emily Carylon, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

12:09	**ED Quick Updates**	**Quick Updates** Transported TO or FROM?: FROM Location: CT Transported BY: Transporter	Sanders, Emily Carylon, RN
12:13	**Medication Stopped**	sodium chloride 0.9 % IV Bolus 500 mL - Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm** ; Scheduled Time: **1213**	Sanders, Emily Carylon, RN
12:13	**Medication New Bag/Syringe**	vancomycin 1 g in D5W 200 mL IVPB (premix) - Dose: **1 g** ; Rate: **200 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm** ; Scheduled Time: **1105** ; Comment: **CT**	Sanders, Emily Carylon, RN
12:13	**Medication Stopped**	cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB - Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm** ; Scheduled Time: **1213**	Sanders, Emily Carylon, RN
12:13	**I/O**	**sodium chloride 0.9 % IV Bolus 500 mL** Volume (mL): 500 **cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB** Volume (mL): 50	Sanders, Emily Carylon, RN
12:14:21	**Imaging Exam Ended**	CTA Abdomen Angio	Bailey, Cairo, RT
12:15	**Vital Signs**	**Vital Signs** Pulse: **40** ! (Device Time: 12:14:32) Resp: 14 BP: **141/49** ! (Device Time: 12:15:00) MAP (mmHg): 77 (Device Time: 12:15:00) SpO2: 100 % (Device Time: 12:14:32) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 100 % (Device Time: 12:14:32) Oxygen Therapy: None (Room air)	Sanders, Emily Carylon, RN
12:17	**Medication Contrast Given**	iohexol (Omnipaque) 350 MG/ML contrast 80 mL - Dose: **80 mL** ; Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm**	Bailey, Cairo, RT
12:17:39	**Orders Placed**	Medications - iohexol (Omnipaque) 350 MG/ML contrast 80 mL	Vrablik, Marie Clougherty, MD
12:19:08	**Order Performed**	CTA Abdomen Angio - ID: **47201762**	
12:23:36	**Orders Acknowledged**	New - iohexol (Omnipaque) 350 MG/ML contrast 80 mL	Sanders, Emily Carylon, RN
12:27	**Provider Notification**	**Provider Notification** Reason for Communication: Family request (Family requesting she eat something :light" RN reiterated NPO status. Asking MD re more IVF) Provider Name: MD Sond Provider Role: Resident Method of Communication: Secure Chat Response: Waiting for response	Sanders, Emily Carylon, RN
12:28:05	**CTA Abdomen Angio Resulted**	Collected: **1/9/2025 12:19** Last updated: **1/9/2025 12:31** Status: **Final result**	Interface, Radiology Results In

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

12:30	**Vital Signs**	**Vital Signs** Pulse: **39** ! (Device Time: 12:29:32) Resp: 17 (Device Time: 12:29:32) BP: **147/50** ! (Device Time: 12:30:00) MAP (mmHg): 77 (Device Time: 12:30:00) SpO2: 100 % (Device Time: 12:29:32) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 100 % (Device Time: 12:29:32) Oxygen Therapy: None (Room air)	Sanders, Emily Carylon, RN
12:31:07	**CT Final Result**	CTA Abdomen Angio	Interface, Radiology Results In
12:31:08	**CT Final Result**	(Final result) CTA ABDOMEN ANGIO	Interface, Radiology Results In
12:35:05	**Orders Placed**	Nursing - Notify Provider for Lab Values - Heparin Infusion Protocol; Notify Provider for Lab Values - Heparin Infusion Protocol; Notify Provider for Any Signs of Bleeding, if Unable to Obtain Blood Samples or if No IV Access for > 1 Hour - Heparin Infusion Protocol; Notify Provider if Heparin Infusion Recently Held for Procedure, and is Being Resumed: Contact Provider for Dosing Guidance with Consideration of Previous Dose - Heparin Infusion Protocol; Anti-Xa for Unfract Heparin (If/Then, RN to Order); Anti-Xa for Unfract Heparin (If/Then, RN to Order); REF LINK: Heparin Anti-Xa REGULAR Intensity Medications - heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix); heparin Bolus from pump 3,640 units Lab - Prothrombin Time; Anti-Xa for Unfractionated Heparin	Song, Chris, MD
12:35:05	**Orders Placed**	Lab - CBC	Schwarz, Samuel, MD
12:35:06	**Lab Ordered**	ANTI-XA FOR UNFRACTIONATED HEPARIN, CBC (HEMOGRAM), PROTHROMBIN TIME	Song, Chris, MD
12:37:11	**Print Label for Prothrombin Time Completed**	*Prothrombin Time* - Type: **Blood**	Sanders, Emily Carylon, RN
12:37:11	**Forward Prothrombin Time to Lab as Collection Add-On Discontinued**	*Prothrombin Time*	Sanders, Emily Carylon, RN
12:37:11	**Send Prothrombin Time to phlebotomy Discontinued**	*Prothrombin Time*	Sanders, Emily Carylon, RN
12:37:29	**Orders Acknowledged**	New - Notify Provider for Lab Values - Heparin Infusion Protocol; Notify Provider for Lab Values - Heparin Infusion Protocol; Notify Provider for Any Signs of Bleeding, if Unable to Obtain Blood Samples or if No IV Access for > 1 Hour - Heparin Infusion Protocol; Notify Provider if Heparin Infusion Recently Held for Procedure, and is Being Resumed: Contact Provider for Dosing Guidance with Consideration of Previous Dose - Heparin Infusion Protocol; Prothrombin Time; CBC; Anti-Xa for Unfractionated Heparin; Anti-Xa for Unfract Heparin (If/Then, RN to Order); Anti-Xa for Unfract Heparin (If/Then, RN to Order); heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix); REF LINK: Heparin Anti-Xa REGULAR Intensity; heparin Bolus from pump 3,640 units	Sanders, Emily Carylon, RN
12:42	**Specimens Collected**	Lab Add On Order - ID: **H3814923** Type: **Blood**	

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

12:42:51	**Lab Ordered**	LAB ADD ON ORDER	Song, Chris, MD
12:42:51	**Orders Discontinued**	NPO Diet NPO except for ice chips/medications/sips of water (01/09/25 1039)	Song, Chris, MD
12:42:51	**Orders Placed**	Lab - Lab Add On Order Diet - NPO Diet No exceptions	Song, Chris, MD
12:42:54	**Orders Completed**	Lab Add On Order	Song, Chris, MD
12:43:24	**Orders Placed**	Medications - aspirin EC tablet 81 mg	Schwarz, Samuel, MD
12:44:31	**Lab Ordered**	TROPONIN_I	Uw Lab Results Interface, User
12:44:44	**Lab Resulted**	(Preliminary result) LAB ADD ON ORDER	Uw Lab Results Interface, User
12:45	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Hendricksen, Kayla, RN
12:45	**Vitals**	**Vital Signs** Pulse: **41** ! (Device Time: 12:44:31) Resp: 15 BP: 132/61 (Device Time: 12:45:00) MAP (mmHg): 82 (Device Time: 12:45:00) **Telemetry/Cardiac Monitor** Pulse: **41** ! (Device Time: 12:44:31) **Oxygen Therapy** SpO2: 98 % (Device Time: 12:43:31) Oxygen Therapy: None (Room air)	Hendricksen, Kayla, RN
12:45	**Collect Prothrombin Time Completed**	*Prothrombin Time* - Type: **Blood**	Sanders, Emily Carylon, RN
12:45	**Specimens Collected**	Prothrombin Time - ID: **H3814844** Type: **Blood**	Sanders, Emily Carylon, RN
12:45:05	**Lab Add On Order Resulted**	Collected: **1/9/2025 12:42** Last updated: **1/9/2025 12:45** Status: **Final result** Lab Test Requested: **Troponin** Specimen Type/Description: **Blood** Sample To Use: **Most recent** Test Request Status: **Order Processed**	Uw Lab Results Interface, User
12:45:14	**Lab Resulted**	(Final result) LAB ADD ON ORDER	Uw Lab Results Interface, User
12:45:53	**Orders Acknowledged**	New - Lab Add On Order; NPO Diet No exceptions; aspirin EC tablet 81 mg	Sanders, Emily Carylon, RN
12:46:07	**Team Member Assigned**	Patterson, Kristopher T, MD assigned as Primary Contact	Schwarz, Samuel, MD
12:46:09	**Team Member Assigned**	Schwarz, Samuel, MD assigned as Primary Contact	Schwarz, Samuel, MD
12:46:09	**Team Member Removed**	Patterson, Kristopher T, MD removed as Primary Contact	Schwarz, Samuel, MD
12:48	**Medication New Bag/Syringe**	heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix) - Dose: **18 Units/kg/hr** ; Rate: **8.19 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm** ; Scheduled Time: **1240** ; Comment: **Verified by Ali S**	Sanders, Emily Carylon, RN
12:51	**Medication Bolus from Pump**	heparin Bolus from pump 3,640 units - Dose: **3,640 units** ; Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm** ; Scheduled Time: **1240** ; Comment: **Verfieid by Ali S**	Sanders, Emily Carylon, RN
12:53:02	**Assign Nurse**	Hendricksen, Kayla, RN assigned as Registered Nurse	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

12:56	**ED Quick Updates**	**Quick Updates** Updates: Consult at bedside Quick Updates - Free Text: Vascular team at bedside	Hendricksen, Kayla, RN
12:56:24	**Remove Nurse**	Sanders, Emily Carylon, RN removed as Registered Nurse	Sanders, Emily Carylon, RN
13:02:37	**Admit Disposition Selected**	ED Disposition set to Admit.	Vrablik, Marie Clougherty, MD
13:02:37	**Disposition Selected**		Vrablik, Marie Clougherty, MD
13:02:37	**Admit Disposition Selected**		Vrablik, Marie Clougherty, MD
13:03	**Medication Given**	aspirin EC tablet 81 mg - Dose: **81 mg** ; Route: **Oral** ; Scheduled Time: **1245**	Hendricksen, Kayla, RN
13:13:34	**Troponin-I Resulted**	Collected: **1/9/2025 10:39** Last updated: **1/9/2025 13:13** Status: **Final result** Troponin_I: **0.03 ng/mL** [Ref Range: <0.04] (A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG) Troponin_I Interpretation: **Normal**	Uw Lab Results Interface, User
13:13:46	**Lab Resulted**	(Final result) TROPONIN_I	Uw Lab Results Interface, User
13:15:30	**Prothrombin Time Resulted**	Collected: **1/9/2025 12:45** Last updated: **1/9/2025 13:15** Status: **Final result** Prothrombin Time Patient: **14.1 s** [Ref Range: 10.7 - 15.6] Prothrombin INR: **1.1** [Ref Range: 0.8 - 1.3]	Uw Lab Results Interface, User
13:15:43	**Lab Resulted**	(Final result) PROTHROMBIN TIME	Uw Lab Results Interface, User
13:15:43	**Collect Prothrombin Time Discontinued**	*Prothrombin Time*	Uw Lab Results Interface, User
13:15:43	**Print Label for Prothrombin Time Discontinued**	*Prothrombin Time*	Uw Lab Results Interface, User
13:38	**Medication Rate Verified**	heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix) - Dose: **18 Units/kg/hr** ; Rate: **8.19 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm** ; Scheduled Time: **1338**	Hendricksen, Kayla, RN
13:39:08	**Orders Placed**	Code Status - Full code, Code Status - Full code Case Request - Case request operating room	Schwarz, Samuel, MD
13:39:11	**Orders Completed**	Case request operating room	Schwarz, Samuel, MD
13:39:13	**Orders Acknowledged**	New - Case request operating room; Full code, Code Status - Full code	Hendricksen, Kayla, RN
13:44:39	**Admit Disposition Selected**	ED Disposition set to Admit.	Song, Chris, MD
13:44:39	**Disposition Selected**		Song, Chris, MD
13:44:39	**Admit Disposition Selected**		Song, Chris, MD
13:44:39	**Orders Placed**	Transfer - ED to floor bed request	Song, Chris, MD
13:44:41	**ED IP Bed Requested**	ED to floor bed request - [360264148]	Song, Chris, MD
13:44:41	**Bed Request Ready to Plan**	Ready to Plan: SURGERY VASCULAR	Song, Chris, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

13:45	**Vital Signs**	**Vital Signs** Pulse: **41** ! (Device Time: 13:45:30) Resp: 20 (Device Time: 13:45:30) BP: **165/56** ! (Device Time: 13:45:00) MAP (mmHg): 87 (Device Time: 13:45:00) SpO2: 99 % (Device Time: 13:45:30) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 99 % (Device Time: 13:45:30)	Hendricksen, Kayla, RN
13:49:26	**Orders Acknowledged**	New - ED to floor bed request	Hendricksen, Kayla, RN
13:51	**ED Quick Updates**	**Quick Updates** Quick Updates - Free Text: This RN observed Son Louis at bedside speaking with patient and writing information as patient is hard of hearing. Son told patient verbally and in written form that she may not survive surgery and live past today but that he believes she will because she is "a fighter like a tiger". Jeanne tells this RN "I thought I might lose it" and nods towards left leg.	Hendricksen, Kayla, RN
14:00	**Setup Start**		--
14:14:41	**Lab Resulted**	(Preliminary result) BLOOD C/S	Uw Lab Results Interface, User
14:14:41	**Lab Resulted**	(Preliminary result) BLOOD C/S	Uw Lab Results Interface, User
14:22:28	**Assign Attending**	Valento, Matthew John, MD assigned as Attending	Valento, Matthew John, MD
14:22:28	**Assign Physician**		Valento, Matthew John, MD
14:32	**ED Quick Updates**	**Quick Updates** Quick Updates - Free Text: Anesthesia MD at bedside, stopping heparin in preparation for surgery.	Hendricksen, Kayla, RN
14:33	**Humidity Verification**	**OR Environment Verification (Normal Temp 68F to 75F / Humidity 30% to 60%)** Humidity Verified: Parameters Met Temperature Verified: Parameters Met	Ha, Justin, RN
14:33	**OR Assessment**	**Nursing Dx: Risk for anxiety related to knowledge deficit and stress of surgery** Anxiety Care Plan Interventions: Answer questions and allow patient to verbalize anxieties; Identify self and address patient by name; Explain procedure (On patient's level) using age specific language; Provide support to patient and family members present Expected Outcome: Patient verbalizes/indicates a decreased anxiety, an understanding of procedure, and the sequence of events, as applicable: Goal met **Nursing Dx: Risk for injury related to transfer, positioning, and/or immobilization of patient placed on spine precautions** Intraprocedure Care Plan: Spine Interventions: N/A Expected Outcome: Risk for injury is reduced by maintaining spinal precautions: N/A	Ha, Justin, RN
14:33:34	**Medication Held By Provider**	heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix) - Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm** ; Reason: **Procedure** ; Scheduled Time: **1433**	Song, Chris, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

14:34	**Medication Stopped**	heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix) - Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm** ; Scheduled Time: **1433** ; Comment: **stopped by Anesthesia team. MD Song aware.**	Hendricksen, Kayla, RN
14:35:14	**Orders Acknowledged**	Held - heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix)	Hendricksen, Kayla, RN
14:49:49	**Room Ready**		--
14:59:15	**Assign Nurse**	Lauer, Greg, RN assigned as Registered Nurse	Lauer, Greg, RN
15:01	**Remove Nurse**	Hendricksen, Kayla, RN removed as Registered Nurse	Hendricksen, Kayla, RN
15:10:39	**Allergies Reviewed**		Clark, Trika L, Pharmacy Technician
15:13:02	**Home Medications Reviewed**		Clark, Trika L, Pharmacy Technician
15:15	**Patient transferred**	From room ED02 to room OTF	Lauer, Greg, RN
15:16	**Anesthesia Start**		--
15:16	**In Room**	Status: Procedure	--
15:16	**Patient admitted**	To department UWMC MAIN OR	Czarnecki, Maciej, MD
15:16	**Anesthesia Start**		Czarnecki, Maciej, MD
15:16	**Patient in Room**		Czarnecki, Maciej, MD
15:16:36	**Charting Complete**		Hendricksen, Kayla, RN
15:16:36	**Charting Complete**		Schwarz, Samuel, MD
15:16:36	**Charting Complete**		Patterson, Kristopher T, MD
15:16:36	**Charting Complete**		Smith, Matthew C, MD
15:16:36	**Charting Complete**		Sanders, Emily Carylon, RN
15:16:36	**Charting Complete**		Lauer, Greg, RN
15:17	**Start Data Collection**		Czarnecki, Maciej, MD
15:26	**Timeout: Sign-in**	Verified by Ha, Justin, RN at 01/09/2025 1649	Ha, Justin, RN
16:20	**Timeout: Pre-incision**	Verified by Ha, Justin, RN at 01/09/2025 1649	Ha, Justin, RN
16:49:33	**Timeout: Preprocedure**	Verified by Ha, Justin, RN at 01/09/2025 1649	Ha, Justin, RN
17:16	**Timeout: Sign-out**	Verified by Ha, Justin, RN at 01/09/2025 1716	Ha, Justin, RN

1/10/2025	Event	Details	User
13:09:23	**Timeout: Preprocedure**	Verified by Henry, Melissa Marie, RN at 01/10/2025 1309	Henry, Melissa Marie, RN
13:09:49	**Timeout: Final Verification**	Verified by Henry, Melissa Marie, RN at 01/10/2025 1309	Henry, Melissa Marie, RN
16:46:45	**Timeout: Preprocedure**	Verified by McClellan, Kyle D, RN at 01/10/2025 1646	McClellan, Kyle D, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

16:46:49	**Timeout: Final Verification**	Verified by McClellan, Kyle D, RN at 01/10/2025 1646	McClellan, Kyle D, RN

1/13/2025	Event	Details	User
16:03	**Timeout: Preprocedure**	Verified by Singsaas, Julie M, RN at 01/13/2025 1610	Singsaas, Julie M, RN
16:18	**Timeout: Final Verification**	Verified by Singsaas, Julie M, RN at 01/13/2025 1618	Singsaas, Julie M, RN

H&P Notes

H&P by Schwarz, Samuel, MD at 1/9/2025 1414

History and Physical

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Pronouns: she/her/hers, patient's name
PCP: Navalurkar, Reema, MD
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin)

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
100F w/h/o hx of HTN, T2DM, HLD, prior DVT (previously on warfarin), chronic venous disease (s/p prior saphenous stripping), and known PAD without known history of arterial intervention.

She lives with her son, who notes that the chronic wounds at her LLE blackened ~2 days ago and she endorses increased pain in the leg around this time period. Subsequent symptom progression is unclear but her son notes that he noticed the leg was normal at around 6AM but had grown acutely discolored at 0730. He brought her directly to the ED. On arrival is bradycardic to the low 40s with EKG showing new RBBB but normal troponins. Normal range BP and mentating at baseline - able to answer questions appropriately. Labs notable for Cr 1.1, WBC 13.8, venous lactate 1.6; normal range trops, INR 1.1. On initial ED evaluation was noted to have no pulses so got CTA and consulted our service for evaluation.

The CTA demonstrated acute occlusion of the L EIA through the entire axial arterial system to the foot - PFA remains open via collaterals through the hypogastric. There is no occlusion of the RLE. She has no sensation from toes through mid/upper shin, foot is in fixed plantar-flexion, skin is cold and mottled. She has tenderness to palpation of the upper calf region.

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence

- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

Spring 2018
Homeless living with son in tent on Bainbridge
Pastor Dave O'Connell 314.853.2695
APS Levonne Gibson 360.473.2167
NW Justice Project Samantha Adams 206.707.0838

Family History

H&P Notes (continued)

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

OUTPATIENT MEDICATIONS:

Current Outpatient Medications

Medication	Instructions
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• Calcium Carbonate 500 MG Oral Chew Tab	2 tablets, Oral, 3 times daily PRN
• cholecalciferol (VITAMIN D-3)	2,000 units, Oral, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	Oral
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

ALLERGIES:

Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026)
RR: (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air

Vitals (Most recent in last 24 hrs)

T: 36.8 °C (01/09/25 1033) **BP:** **(!) 165/56** (01/09/25 1345) **HR:** **(!) 41** (01/09/25 1345)
RR: 20 (01/09/25 1345) **SpO2:** 99 % (01/09/25 1345) Room air
T range: Temp Min: 36.8 °C Max: 36.9 °C
Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam

General: Older woman sitting in bed in some pain but relatively calm and conversant, though exceptionally hard of hearing
Neuro: Patient is very hard of hearing but responds to questions appropriately; she has no sensation in the LLE from mid/upper shin on through the toes; her L foot is in fixed plantarflexion without ability to wiggle toes; RLE has normal strength and sensation
HEENT: Normocephalic; absent dentition
Cardiac: Bradycardic to 40s; no chest pain; no peripheral edema
Pulm: Equal bilateral chest rise; quiet WOB on RA
Abd: Non-distended
MSK: Extremities grossly atraumatic
Skin: Cold, mottled skin over the LLE from toes through upper calf
Vasc: No doppler signals or palpable pulses in the LLE in the foot or pop; monophasic signal at fem location; RLE with palpable fem, biphasic popliteal signal; monophasic DP and PT

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

H&P Notes (continued)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

H&P Notes (continued)



Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
144	109	25		12.3			AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.0	25	1.10	183	13.8	><	205	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
				5						
eGFR: 45	Ca: 9.2			39			Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

H&P Notes (continued)

Mg: - PO4: -	ANC: 11.19 ALC: 1.74		BNP: - Anti-Xa: - INR: 1.1

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	
Radiology	☒	☒	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Our patient is a 100 y/o female with rutherford 3 acute limb ischemia. On extensive discussion with her and her son, we talked about management options being amputation vs observation. She is not acutely ill, but we shared with them the natural history of ischemic limbs being tissue necrosis and ultimate infection, which would ultimately kill her. She has previously had extensive discussion regarding goals of care and code status. She remains full code today after discussion with son and they would both like to move forward with amputation.

Plan:
-We will take patient urgently to OR
-Disposition will likely be ICU post-op pending patient's stability

This patient was discussed with Dr. Smith, attending vascular surgeon.

SIGNED
Sam Schwarz, MD (PGY-3)
Integrated Vascular Surgery

Electronically signed by Schwarz, Samuel, MD at 1/9/2025 3:01 PM
Electronically signed by Smith, Matthew C, MD at 1/10/2025 5:35 PM

H&P by Grabar, Christina, MD at 1/10/2025 0148

Attestation signed by Nikravan, Sara, MD at 2/7/2025 6:02 PM

Date of Service: 01/10/2025

While not critically ill, this patient requires therapies or monitoring only available in an ICU setting.
I am treating conditions outside the scope of care typically provided by the surgical or procedural team(s) for this type of ICU patient.

I saw and evaluated this patient today with the resident(s)/fellow(s). I have reviewed their findings and agree with it.

H&P Notes (continued)

History and Physical - Critical Care

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
PCP: Navalurkar, Reema, MD
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA.

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:

Per H&P by Dr. Schwarz:

100F w/h/o hx of HTN, T2DM, HLD, prior DVT (previously on warfarin), chronic venous disease (s/p prior saphenous stripping), and known PAD without known history of arterial intervention.

She lives with her son, who notes that the chronic wounds at her LLE blackened ~2 days ago and she endorses increased pain in the leg around this time period. Subsequent symptom progression is unclear but her son notes that he noticed the leg was normal at around 6AM but had grown acutely discolored at 0730. He brought her directly to the ED. On arrival is bradycardic to the low 40s with EKG showing new RBBB but normal troponins. Normal range BP and mentating at baseline - able to answer questions appropriately. Labs notable for Cr 1.1, WBC 13.8, venous lactate 1.6; normal range trops, INR 1.1. On initial ED evaluation was noted to have no pulses so got CTA and consulted our service for evaluation.

The CTA demonstrated acute occlusion of the L EIA through the entire axial arterial system to the foot - PFA remains open via collaterals through the hypogastric. There is no occlusion of the RLE. She has no sensation from toes through mid/upper shin, foot is in fixed plantar-flexion, skin is cold and mottled. She has tenderness to palpation of the upper calf region.

Patient arrived to the CTICU with HR in the high 20s, normotensive, saturating well on RA. Patient denied chest pain, SOB, HA or dizziness. AKA site without strikethrough.

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves

(HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Substance and Sexual Activity	
• Alcohol use:	No
• Drug use:	No
• Sexual activity:	Not Currently

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

Spring 2018
Homeless living with son in tent on Bainbridge
Pastor Dave O'Connell 314.853.2695
APS Levonne Gibson 360.473.2167
NW Justice Project Samantha Adams 206.707.0838

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

OUTPATIENT MEDICATIONS:

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

H&P Notes (continued)

Current Outpatient Medications

Medication	Instructions
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• cholecalciferol (VITAMIN D-3)	2,000 units, Daily
• Cyanocobalamin (VITAMIN B-12 OR)	1 tablet, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	1 tablet, Oral, Daily
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026)
RR: (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air

Vitals (Most recent in last 24 hrs)

T: 36.6 °C (01/10/25 0000) **BP:** **(!) 129/34** (01/10/25 0100) **HR:** **(!) 43** (01/10/25 0100)
RR: 16 (01/10/25 0100) **SpO2:** 99 % (01/10/25 0100) Room air
T range: Temp Min: 36 °C Max: 36.9 °C
Wt 100 lb 6.4 oz (45.541 kg) Ht 5' 0" (1.524 m) Body mass index is 19.61 kg/m².

Physical Exam

PHYSICAL EXAM:
General: Frail, cachectic, hard of hearing
HEENT: Atraumatic
Pulmonary: Breathing comfortable on RA, symmetric chest rise
Cardiovascular: Warm and well perfused extremities and no peripheral edema, bradycardic
Gastrointestinal: non-distended
GU: foley in place.
MSK/Extremities: AKA site with ace wrap in place, no strikethrough
Skin: warm and dry
Neuro: awake, alert and oriented x 3
Psych: normal affect

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
144	110	19		10.1	AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.5	24	0.92	125	12.4 >< 165 8	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
eGFR: 56		Ca: 8.0		32	Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.1		PO4: 3.1		ANC: 11.19 ALC: 1.74			BNP: -	Anti-Xa: -
							INR: 1.1	

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

H&P Notes (continued)

Data Review:

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☐	☐	
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA.

#Acute limb ischemia
#S/p L AKA
- Bed rest overnight; will be NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Ok for CLD, will advance in AM
- Insulin gtt for BG management; ok to transition to SQI once up in ICU
- SBP 100-160
- Cardiology consulted for bradycardia to 20s with 2nd degree AVB
- TTE needed for completion of embolic workup; ok to be done in AM unless cardiology would like it done sooner
- Hold AC until tomorrow AM at which point Hep gtt will resume

#Sinus Bradycardia
#2:1 AV Block
Cardiology consulted, appreciate recommendations:
- Potentially vagally mediated after her surgery, I recommended 1mg of atropine and heart rate improved from high 20s to low 40s. Has some underlying conduction system disease given baseline 1st degree AV block and RBBB
- Telemetry
- Keep pacing pads on
- TSH, BMP to evaluate for hyperkalemia after surgery
- Atropine PRN for HR<25
- If patient develops acute symptomatic bradycardia (hypotension, altered mental status), recommend starting dopamine drip
- If significant arrhythmias on dopamine drip or does not respond rapidly, contact our cardiology team for consideration of TVP
- I discussed goals of care and patient's quality of life with son at bedside (patient is profoundly hard of hearing) and he reported that permanent pacer would be within goals of care (would have to discuss with EP) if it were indicated. States that she has good quality of life and is longevity focused

CHRONIC/STABLE/RESOLVED ISSUES

CTICU CHECKLIST:
- Tubes/lines/drains: PIV, voley
- Nutrition/IVF: Pending swallow eval
- Analgesia/sedation: acetaminophen and PNC
- Anti-infectives: not indicated
- Daily mobility goal: bedrest due to invasive lines/devices
- Glycemic control: subQ insulin
- GI ppx: not indicated
- Bowel regimen/last BM: senna and miralax per protocol / PTA
- VTE ppx: SCDs, Resume POD1
- Anti VAP care: not indicated
- Code status: ACLS
- Date next Interim Summary due: 1/17/24
- Family contact: Louis (206) 780-6885

H&P Notes (continued)

The patient was seen on multidisciplinary rounds and the plan was discussed and developed in conjunction with Critical Care Attending, Vascular Surgery

DISPOSITION
ICU level care is necessary because the patient requires continuous physician/advanced practice provider observation and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Christina Grabar, MD
General Surgery, PGY-2
University of Washington
Pager: 206-314-6036

Electronically signed by Grabar, Christina, MD at 1/10/2025 2:01 AM
Electronically signed by Nikravan, Sara, MD at 2/7/2025 6:02 PM

Interval H&P Note by Ayyoub, Alaa Samih, MD at 1/10/2025 1300

H&P reviewed. The patient was evaluated and there are no changes to the H&P.

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 1:02 PM

Source Note: H&P (View-Only)

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Pain Management

Consult performed by: Gicheru, Florence W, ARNP
Consult ordered by: Smith, Matthew C, MD
Reason for consult: Complex postoperative pain management requiring PNC for pain medication administration

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
APS is consulted for complex post-operative pain management, including PNC management
Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Per Dr. Sonderman's note dated 1/9/25:
Patient presented to the ED today with acute limb ischemia. Vascular surgery had extensive goals of care discussion and patient is full code and proceeded to AKA. Pre procedure patient was in sinus brady with rates in 40s, first degree heart block and RBBB. Post procedure, patient had lower heart rates in the 20s-30s. She was alert and asymptomatic throughout, son is at bedside and reported she is at her baseline. She has no history of bradycardia, typical HR at clinic appointments 60s-70s, no recent history of

syncope/pre-syncope. No known history of CAD, heart failure. Prior EKG in 11/2023 shows similar 1st degree AV block, RBBB and rates in 60s-70s. She recently went on 50d train trip throughout America and had no medical complications on the entire trip. She has good quality of life and is currently focusing on duration (she wants to meet Al Roker given her 100th birthday).

PAIN ASSESSMENT:
Pain Location:
surgical site: Left lower extremity above the knee amputation site
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Reported Treatment Side Effects:
No Nausea:
No itching

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

HISTORY REVIEWED:
I have reviewed the patient's social history with the patient.

Past Pain/Substance Use History: Notable opioid related events Multiple narcan events at home and inpatient per family

Up to date information could not be retrieved from the PDMP.

Source	Status	Last Checked for Updates
WA PDMP	Patient Not Found	1/9/2025 10:15 AM

WA PMP Medication Dispense History
No medication dispenses to display (since 1/15/2024). Last query status: Patient Not Found.

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026)
RR: (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air

Vitals (Most recent in last 24 hrs)

T: 36.2 °C (01/09/25 2000) **BP:** **(!) 121/29** (01/09/25 2200) **HR:** **(!) 32** (01/09/25 2200)
RR: 16 (01/09/25 2200) **SpO2:** 100 % (01/09/25 2200) Room air
T range: Temp Min: 36 °C Max: 36.9 °C
Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam:
vitals reviewed
Constitutional:
alert
no acute distress
Eyes:
Pupils: Normal
Cardiovascular:
bradycardia

irregular rhythm

Pulmonary:

effort normal

Musculoskeletal:

LLE surgical site covered with sexual dressing

Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm (Active)

Placement Date/Time: 01/09/25 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm (Active)

Placement Date/Time: 01/09/25 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)

Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Urethral Catheter 01/09/25 (Active)

Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1

Location: Left Femoral
Depth at Skin: 15 cm.
Clean/Dry/Intact
No Erythema
No Bleeding
No Pain of Palpation

Peripheral Nerve Catheter 01/09/25 Femoral (Active)

Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
144	110	19	125	10.1			AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.5	24	0.92		12.4	><	165	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
				8						
eGFR: 56		Ca: 8.0		32			Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.1		PO4: 3.1		ANC: 11.19					BNP: -	Anti-Xa: -
				ALC: 1.74					INR: 1.1	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

APS is consulted for complex post-operative pain management, including PNC management

H&P Notes (continued)

Pt. Seen at this time in the ICU. She is inially sleeping but later wakes up. She is HOH but responds appropriately to simple questions written on a board. Her son, also her caregiver, is at bedside and a good historian. Son reports that in 2023, pt. Was on opioids for chronic pain but had a number of narcan events at home, at which point all opioids were discontinued. She also had a narcan event during her most recent hospitalization. Pt. Consequently started using Tylenol but must have taken "one too many," which resulted in Acetaminophen toxicity per son. She has since been using positioning and activity to help with the pain.

Pt. Denies any pain at this time. She is on a PNC Ropivacaine 0.2% continuous infusion at 8ml/hr for pain. Per RN, she was unable to swallow any medications this evening hence low dose Acetaminophen IV ordered. Contacted the primary team to determine if the pt. Is a candidate for NSAIDS for pain management for which she is not due to a drop in HCT, currently 32% per lab review. Pt. Discussed with attending due to the significant hx. Of opioid adverse effects and limitation of non-opioid medications due to her hx. And labs. Plan at this time is to cautiously and use low dose opioids for pain and make adjustments as needed for pain and safety. HM 0.1mg IV q2hrs PRN ordered. Pt. Is not a candidate for PCA at this time.

Pt. Sleeping when checked on overnight. Pain appears to be well controlled with no PRN use/administered thus far

0430: Pain remains well controlled with PNC Ropivacaine@8ml/hr. Has not required PRN pain medication.

Today's Plan (Changes in bold):

01/09/25: Left Femoral PNC, 15cm @skin

CONT:
Ropivacaine 0.2% @8ml/hr

SCH:
APAP 500mg IV q6hrs

PRN:
HM 0.1mg IV q2hrs PRN

Discussed With: Pt. Family, RN, primary team and APS attending

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Gicheru, Florence W, ARNP at 1/10/2025 5:04 AM

H&P by Ayyoub, Alaa Samih, MD at 1/10/2025 1302

Moderate Sedation Pre-Procedure Assessment/H&P

Vitals:

Vitals (Most recent in last 24 hrs)
T: 36.7 °C (01/10/25 0900) **BP:** **(!) 140/0** (01/10/25 1240) **HR:** **(!) 37** (01/10/25 1240) **RR:** 20 (01/10/25 0900) **SpO2:** 100 % (01/10/25 1240) Room air **T range:** Temp Min: 36 °C Max: 36.7 °C Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033) Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

Recent Labs

Lab Results

Component	Value	Date
WBC	12.54 (H)	01/10/2025
HEMOGLOBIN	9.4 (L)	01/10/2025
HEMATOCRIT	30 (L)	01/10/2025
PLATELET	123 (L)	01/10/2025
SODIUM	142	01/10/2025
POTASSIUM	4.0	01/10/2025
BUN	19	01/10/2025
CREATININE	0.75	01/10/2025
GLUCOSE	152 (H)	01/10/2025
INR	1.1	01/09/2025
PROTIME	14.1	01/09/2025
PTT	32	05/27/2020
AST	48 (H)	01/09/2025
ALT	28	01/09/2025
ALK	69	01/09/2025
ALBUMIN	3.9	01/09/2025

Procedure

No admission procedures for hospital encounter.

Sedation RN Data

Patient Language	English

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability

- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

Spring 2018
Homeless living with son in tent on Bainbridge
Pastor Dave O'Connell 314.853.2695
APS Levonne Gibson 360.473.2167
NW Justice Project Samantha Adams 206.707.0838

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

Home Medications

Prescriptions

Cholecalciferol 1000 units Oral Tab
Sig: Take 2 tablets (2,000 units) by mouth daily.

Cyanocobalamin (VITAMIN B-12 OR)
Sig: Take 1 tablet by mouth daily.

MULTIPLE VITAMIN OR
Sig: Take 1 tablet by mouth daily.

Wound Dressings (medihoney) topical gel
Sig: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.

Wound Dressings (medihoney) topical gel
Sig: Apply topically every other day. Apply to wound before applying dressing

atorvastatin 10 MG tablet
Sig: Take 1 tablet (10 mg) by mouth daily.

lidocaine 4 % patch
Sig: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.

pentoxifylline ER 400 MG ER tablet
Sig: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.

timolol maleate 0.5 % ophthalmic solution
Sig: instill 1 drop into both eyes twice a day

Additional Comments: None

Inpatient Medications

SCHEDULED MEDICATIONS:
- acetaminophen, 500 mg, q6h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-4 units, q HS
- insulin LISPRO, 0-5 units, TID before meals
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 0-20 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 9 mcg/kg/min (01/10/25 1241)
- ROPivacaine, , Continuous

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- [START ON 1/12/2025] bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.1 mg, Q2 Hours PRN
- magnesium sulfate, 2 g, q6h PRN

- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- [START ON 1/12/2025] senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Anticoagulants
Is patient on anticoagulation meds?: (not recorded)
Anticoagulation labs and last medication admin verified?: (not recorded)

OB/GYN
Patient Pregnant: N/A
Lactation Status: N/A

NPO Status
Date of Last Liquid: (not recorded)
Time of Last Liquid: (not recorded)
Date of Last Solid: (not recorded)
Time of Last Solid: (not recorded)

Activity Tolerance
Assessment of climbing up 2 flights of stairs: (not recorded)
Assessment of walking 2 blocks: (not recorded)

Escort/Ride Home Info
Escort/Ride home contact name: (not recorded)
Escort/Ride home contact relationship: (not recorded)
Escort/Ride home contact number(s): (not recorded)
Escort/Ride home contact location: (not recorded)

Sedation Provider Statement

I concur with the RN's pre-procedure assessment above.

Physical Exam:

Airway
Mallampati:: II

Cardiovascular
Rhythm:: Regular
Rate:: Abnormal

Dental

H&P Notes (continued)

Pulmonary
Normal exam

Neurological
Normal exam

Other Findings

Risk Factors
Status: High: ASA IV Patient with severe systemic disease that is a constant threat to life

Assessment: Okay for sedation

Plan for Sedation: Minimal sedation. None if tolerated

Attestation
I am a Proceduralist (Attending, ARNP, PA-C, FHCC BMA RN) with privileges for moderate sedation.

Assessment Update
Procedure more than 1 hour from above assessment: No changes

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 1:03 PM

Interval H&P Note by Ayyoub, Alaa Samih, MD at 1/10/2025 1630

H&P reviewed. The patient was evaluated and there are no changes to the H&P.

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 4:32 PM

Source Note: H&P (View-Only)

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Pain Management
Consult performed by: Gicheru, Florence W, ARNP
Consult ordered by: Smith, Matthew C, MD
Reason for consult: Complex postoperative pain management requiring PNC for pain medication administration

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
APS is consulted for complex post-operative pain management, including PNC management

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Per Dr. Sonderman's note dated 1/9/25:
Patient presented to the ED today with acute limb ischemia. Vascular surgery had extensive goals of care discussion and patient is full code and proceeded to AKA. Pre procedure patient was in sinus brady with rates in 40s, first degree heart block and RBBB. Post procedure, patient had lower heart rates in the 20s-30s. She was alert and asymptomatic throughout, son is at bedside and reported she is at her baseline. She has no history of bradycardia, typical HR at clinic appointments 60s-70s, no recent history of syncope/pre-syncope. No known history of CAD, heart failure. Prior EKG in 11/2023 shows similar 1st degree AV block, RBBB and rates in 60s-70s. She recently went on 50d train trip throughout America and had no medical complications on the entire trip. She has good quality of life and is currently focusing on duration (she wants to meet Al Roker given her 100th birthday).

PAIN ASSESSMENT:
Pain Location:
surgical site: Left lower extremity above the knee amputation site
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Reported Treatment Side Effects:
No Nausea:
No itching

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

HISTORY REVIEWED:
I have reviewed the patient's social history with the patient.

Past Pain/Substance Use History: Notable opioid related events Multiple narcan events at home and inpatient per family

Up to date information could not be retrieved from the PDMP.

Source	Status	Last Checked for Updates
WA PDMP	Patient Not Found	1/9/2025 10:15 AM

WA PMP Medication Dispense History
No medication dispenses to display (since 1/15/2024). Last query status: Patient Not Found.

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026) **RR:** (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air
Vitals (Most recent in last 24 hrs)
T: 36.2 °C (01/09/25 2000) **BP:** **(!) 121/29** (01/09/25 2200) **HR:** **(!) 32** (01/09/25 2200) **RR:** 16 (01/09/25 2200) **SpO2:** 100 % (01/09/25 2200) Room air **T range:** Temp Min: 36 °C Max: 36.9 °C

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

H&P Notes (continued)

Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam:
vitals reviewed
Constitutional:
alert
no acute distress
Eyes:
Pupils: Normal
Cardiovascular:
bradycardia
irregular rhythm
Pulmonary:
effort normal
Musculoskeletal:
LLE surgical site covered with sexual dressing

Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/09/25 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
Location: Left Femoral
Depth at Skin: 15 cm.
Clean/Dry/Intact
No Erythema
No Bleeding
No Pain of Palpation

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
144	110	19		10.1			AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.5	24	0.92	125	12.4	><	165	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
				8						
eGFR: 56		Ca: 8.0		32			Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.1		PO4: 3.1		ANC: 11.19					BNP: -	Anti-Xa: -

H&P Notes (continued)

	ALC: 1.74		INR: 1.1

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

APS is consulted for complex post-operative pain management, including PNC management

Pt. Seen at this time in the ICU. She is inially sleeping but later wakes up. She is HOH but responds appropriately to simple questions written on a board. Her son, also her caregiver, is at bedside and a good historian. Son reports that in 2023, pt. Was on opioids for chronic pain but had a number of narcan events at home, at which point all opioids were discontinued. She also had a narcan event during her most recent hospitalization. Pt. Consequently started using Tylenol but must have taken "one too many," which resulted in Acetaminophen toxicity per son. She has since been using positioning and activity to help with the pain.

Pt. Denies any pain at this time. She is on a PNC Ropivacaine 0.2% continuous infusion at 8ml/hr for pain. Per RN, she was unable to swallow any medications this evening hence low dose Acetaminophen IV ordered. Contacted the primary team to determine if the pt. Is a candidate for NSAIDS for pain management for which she is not due to a drop in HCT, currently 32% per lab review. Pt. Discussed with attending due to the significant hx. Of opioid adverse effects and limitation of non-opioid medications due to her hx. And labs. Plan at this time is to cautiously and use low dose opioids for pain and make adjustments as needed for pain and safety. HM 0.1mg IV q2hrs PRN ordered. Pt. Is not a candidate for PCA at this time.

Pt. Sleeping when checked on overnight. Pain appears to be well controlled with no PRN use/administered thus far

0430: Pain remains well controlled with PNC Ropivacaine@8ml/hr. Has not required PRN pain medication.

Today's Plan (Changes in bold):

01/09/25: Left Femoral PNC, 15cm @skin

CONT:
Ropivacaine 0.2% @8ml/hr

SCH:
APAP 500mg IV q6hrs

PRN:
HM 0.1mg IV q2hrs PRN

Discussed With: Pt. Family, RN, primary team and APS attending

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Gicheru, Florence W, ARNP at 1/10/2025 5:04 AM

H&P by Ayyoub, Alaa Samih, MD at 1/10/2025 1632

Moderate Sedation Pre-Procedure Assessment/H&P

Temp wire became displaced. Returned to cath lab for repositioning with fluroscopic guidance.

Vitals:

Vitals (Most recent in last 24 hrs)
T: 36.7 °C (01/10/25 1400) **BP:** **(!) 144/35** (01/10/25 1500) **HR:** **(!) 39** (01/10/25 1600) **RR:** 20 (01/10/25 0900) **SpO2:** 98 % (01/10/25 1600) Room air **T range:** Temp Min: 36 °C Max: 36.7 °C Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033) Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

Recent Labs

Lab Results

Component	Value	Date
WBC	14.86 (H)	01/10/2025
HEMOGLOBIN	9.9 (L)	01/10/2025
HEMATOCRIT	32 (L)	01/10/2025
PLATELET	181	01/10/2025
SODIUM	140	01/10/2025
POTASSIUM	4.1	01/10/2025
BUN	19	01/10/2025
CREATININE	0.72	01/10/2025
GLUCOSE	130 (H)	01/10/2025
INR	1.1	01/10/2025
PROTIME	14.4	01/10/2025
PTT	26	01/10/2025
AST	48 (H)	01/09/2025
ALT	28	01/09/2025
ALK	69	01/09/2025
ALBUMIN	3.9	01/09/2025

Procedure

No admission procedures for hospital encounter.

Sedation RN Data

Patient Language	English

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine

- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

Spring 2018
Homeless living with son in tent on Bainbridge
Pastor Dave O'Connell 314.853.2695
APS Levonne Gibson 360.473.2167
NW Justice Project Samantha Adams 206.707.0838

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

Home Medications

Prescriptions

Cholecalciferol 1000 units Oral Tab
Sig: Take 2 tablets (2,000 units) by mouth daily.

Cyanocobalamin (VITAMIN B-12 OR)
Sig: Take 1 tablet by mouth daily.

MULTIPLE VITAMIN OR
Sig: Take 1 tablet by mouth daily.

Wound Dressings (medihoney) topical gel
Sig: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.

Wound Dressings (medihoney) topical gel
Sig: Apply topically every other day. Apply to wound before applying dressing

atorvastatin 10 MG tablet
Sig: Take 1 tablet (10 mg) by mouth daily.

lidocaine 4 % patch
Sig: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.

pentoxifylline ER 400 MG ER tablet
Sig: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.

timolol maleate 0.5 % ophthalmic solution
Sig: instill 1 drop into both eyes twice a day

Additional Comments: None

Inpatient Medications

SCHEDULED MEDICATIONS:
- acetaminophen, 500 mg, q6h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-4 units, q HS
- insulin LISPRO, 0-5 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 0-20 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 5 mcg/kg/min (01/10/25 1600)

- ROPivacaine, , Continuous

PRN MEDICATIONS:

- atropine, 1 mg, q15 min PRN
- [START ON 1/12/2025] bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.1 mg, Q2 Hours PRN
- magnesium sulfate, 2 g, q6h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- perflutren lipid microspheres (Definity) 1.3 mL in sodium chloride (PF) 0.9 %
8.7 mL injection, 1-10 mL, Once PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- [START ON 1/12/2025] senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Anticoagulants
Is patient on anticoagulation meds?: (not recorded)
Anticoagulation labs and last medication admin verified?: (not recorded)

OB/GYN
Patient Pregnant: N/A
Lactation Status: N/A

NPO Status
Date of Last Liquid: (not recorded)
Time of Last Liquid: (not recorded)
Date of Last Solid: (not recorded)
Time of Last Solid: (not recorded)

Activity Tolerance
Assessment of climbing up 2 flights of stairs: (not recorded)
Assessment of walking 2 blocks: (not recorded)

Escort/Ride Home Info
Escort/Ride home contact name: (not recorded)
Escort/Ride home contact relationship: (not recorded)
Escort/Ride home contact number(s): (not recorded)

H&P Notes (continued)

Escort/Ride home contact location: (not recorded)

Sedation Provider Statement
I concur with the RN's pre-procedure assessment above.

Physical Exam:

Airway

Cardiovascular
Rate:: Abnormal

Dental

Pulmonary
Normal exam

Neurological
Normal exam

Other Findings

Risk Factors
Status: High: ASA IV Patient with severe systemic disease that is a constant threat to life

Assessment: Okay for sedation

Plan for Sedation: Minimal sedation. None if tolerated

Attestation
I am a Proceduralist (Attending, ARNP, PA-C, FHCC BMA RN) with privileges for moderate sedation.

Assessment Update
Procedure more than 1 hour from above assessment: No changes

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 4:33 PM

Discharge Summary Note

Discharge Summary by Barnes, James Irvin, MD at 3/8/2025 0829

Discharge Summary
Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)

Discharge Summary Note (continued)

Gender Identity: Female Pronouns: she/her/hers
PCP: Navalurkar, Reema, MD
Code Status: DNR DNR/DNI

DATE OF ADMISSION: 1/9/2025
DATE OF DISCHARGE: 03/08/25
DISCHARGE TEAM & ATTENDING: Medicine E Gen Adults & Barnes, James Irvin, MD

ADMISSION DIAGNOSIS: acute limb ischemia
DISCHARGE DIAGNOSIS: acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

PROBLEMS ADDRESSED DURING THIS HOSPITALIZATION:
Principal Problem:
Acute lower limb ischemia
Active Problems:
Bradycardia
Abdominal pain
Resolved Problems:
* No resolved hospital problems. *

DISCHARGE FOLLOW-UP VISITS/APPOINTMENTS:
Upcoming appointments at UW Medicine:

Future Appointments

Date	Time	Provider	Department	Center
3/21/2025	1:00 PM	EP APP	U3HEART	UWMC CARD
4/3/2025	2:30 PM	Smith, Matthew C, MD	UVASC	UWMC SURGICA
5/12/2025	8:30 AM	Kawaguchi, Lauren Y, AUD	U3AUDIOL	UWMC OTOLARY
5/14/2025	8:05 AM	UWMC CARDIAC DEVICE REMOTE-MONTLAKE	U3HEART	UWMC CARD
1/16/2026	10:00 AM	Akoum, Nazem Walid, MD	U3HEART	UWMC CARD

Additional follow-up:
Navalurkar, Reema, MD
1959 NE Pacific St
Box 359755
Seattle WA 98195
206-744-8513

Follow up

PENDING RESULTS THAT REQUIRE FOLLOW-UP (*as of this summary*)**:**

Pending Labs

Order	Current Status
1st Extra Urine Tube	In process

F/U recommended
- Ongoing goals of care discussion

- f/u with cardiology EP
- f/u with rehab medicine
- f/u with orthopedics surgery
- f/u with vascular surgery

THERAPEUTIC RECOMMENDATIONS:
- we have recommended limited interventions, as below. Remains on lovenox for dvt prophylaxis and other meds as below. Some meds such as asa and atorvastatin have been stopped at this point and if she can tolerate po this may need to be revisited depending on GOC, Rectal tylenol and high concentration oxycodone PO for pain

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

DISCHARGE MEDICATIONS:
Current Discharge Medication List

START taking these medications

	Details
acetaminophen 650 MG suppository	Unwrap and insert 1 suppository (650 mg) rectally every 6 hours as needed for mild pain, moderate pain or severe pain.
atropine 1% ophthalmic solution (for oral use)	Place 2 drops under the tongue every 4 hours as needed for secretions.
bisacodyl 10 MG suppository	Unwrap and insert 1 suppository (10 mg) rectally daily as needed for constipation.
buprenorphine 5 MCG/HR patch	Place 1 patch on the skin every 7 days. *Qty:* 2 patch, *Refills:* 0
camphor-menthol 0.5-0.5 % lotion	Apply topically 2 times a day as needed for itching.
carboxymethylcellulose 0.5 % ophthalmic solution	Place 1 drop in each EYE every hour as needed for dry eyes.
enoxaparin 30 MG/0.3ML prefilled syringe	Inject 0.3 mL (30 mg) under the skin at bedtime.
magnesium hydroxide 400 MG/5ML suspension	Take 30 mL by mouth 2 times a day as needed for constipation.
oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution	2.5-5mg Oral, Every 4 hours PRN For pain *Qty:* 30 mL, *Refills:* 0
phenol 1.4 % mouth/throat spray	Place 1 spray to the mouth or throat every 2 hours as needed for sore throat.
psyllium 51.7 % packet	Take 1 packet by mouth 2 times a day. Mix in 8 oz of juice or water and drink.
saliva substitute (Biotene Dry Mouth) liquid oral rinse	Swish and spit 15 mL 3 times a day.
scopolamine 1 MG/3DAYS patch	Place 1 patch on the skin every 72 hours as needed for other (for secretions if atropine, glycopyrrolate are insufficient). Apply to hairless area behind 1 ear.
white petrolatum gel	Apply topically as needed for dry skin.

CONTINUE these medications which have NOT CHANGED

	Details
lidocaine 4 % patch	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period. *Qty:* 15 each, *Refills:* 0

STOP taking these medications

atorvastatin 10 MG tablet	*Comments:* *Reason for Stopping:*
Cholecalciferol 1000 units Oral Tab	*Comments:* *Reason for Stopping:*
Cyanocobalamin (VITAMIN B-12 OR)	*Comments:* *Reason for Stopping:*
MULTIPLE VITAMIN OR	*Comments:* *Reason for Stopping:*
pentoxifylline ER 400 MG ER tablet	*Comments:* *Reason for Stopping:*
timolol maleate 0.5 % ophthalmic solution	*Comments:* *Reason for Stopping:*
Wound Dressings (medihoney) topical gel	*Comments:* *Reason for Stopping:*
Wound Dressings (medihoney) topical gel	*Comments:* *Reason for Stopping:*

HOSPITAL COURSE:
Brief Admission History:
Per 1/9 admit note by Dr. Schwarz: *"100F w/h/o hx of HTN, T2DM, HLD, prior DVT (previously on warfarin), chronic venous disease (s/p prior saphenous stripping), and known PAD without known history of arterial intervention.*
She lives with her son, who notes that the chronic wounds at her LLE blackened ~2 days ago and she endorses increased pain in the leg around this time period. Subsequent symptom progression is unclear but her son notes that he noticed the leg was normal at around 6AM but had grown acutely discolored at 0730. He brought her directly to the ED. On arrival is bradycardic to the low 40s with EKG showing new RBBB but normal troponins. Normal range BP and mentating at baseline - able to answer questions appropriately. Labs notable for Cr 1.1, WBC 13.8, venous lactate 1.6; normal range trops, INR 1.1. On initial ED evaluation was noted to have no pulses so got CTA and consulted our service for evaluation.
The CTA demonstrated acute occlusion of the L EIA through the entire axial arterial system to the foot - PFA remains open via collaterals through the hypogastric. There is no occlusion of the RLE. She has no sensation from toes through mid/upper shin, foot is in fixed plantar-flexion, skin is cold and mottled. She has tenderness to palpation of the upper calf region."

Hospital Course:

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Discharge Summary Note (continued)

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

Pt was admitted as above. She initially underwent L AKA on 1/9/25 with vascular surgery. She subsequently developed symptomatic bradycardia w/ 2nd degree heart block necessitating TVP and eventual PPM placement on 1/13.

Post-operatively, she developed significant acute pain related to her AKA. Her pain was initially managed by APS w/ nubain patch and nalbuphine + PRN tylenol.

She unfortunately developed progressive encephalopathy with at least a component of delirium. This waxed and waned throughout her hospitalization but overall worsened. Related to this, she had ongoing dysphagia and high aspiration risk. As a result, she developed aspiration pneumonitis. It is felt that her ongoing aspiration likely worsened her delirium, which in turn increased her aspiration risk. Because of this, she was made NPO initially. Palliative care was consulted for assistance with assessing goals of care for Jeanne. This primarily occurred through discussion with her son, Louis, who is her POA. He felt that Jeanne would want everything because she is a fighter. There was ongoing push to do everything possible to extend Jeanne's life despite high risks. After multidisciplinary meetings between providers involved in her care including ethics, it was determined that Louis is likely acting in accordance with Jeanne's wishes, as she had previously noted she would want to be full code, have enteral nutrition, etc.

Given the aforementioned aspiration risk, Jeanne was NPO. However, after a GOC conversation, Louis felt that Jeanne would want to continue to eat by mouth. She continued to have ongoing aspirations and worsening respiratory status until she was made NPO again after being placed on high flow oxygen. At this point, Louis felt that the team should do everything to pursue an NG tube. Multiple attempts with bedside nursing were made to place an NG tube, but Jeanne became very agitate and resisted all attempts. She was given minimal sedation with low-dose ativan and had attempted placement under fluoroscopy, which failed. At this point, the team was able to place a peripheral IV and the decision was made to trial ~48 hours of IV fluids with dextrose to see if this helped her perk up.

Over the time she was receiving IV fluids, Jeanne developed pulmonary edema and worsening respiratory status again. This was likely multifactorial related to pulmonary edema and aspiration. She required high flow. Louis was adamant that was must get a feeding tube in her to address her nutrition. This was discussed with GI who agreed that she was too high risk to undergo anesthesia to have an endoscopically placed NG tube. After multiple prolonged goals of care discussions with Louis, she was ultimately made comfort care. We expressed to him that we are unable to place an NG tube due to tenuous clinical status and that overall, even if we could, this may even lead to more harm than benefit regardless due to aspiration risk of tube feeds. Louis intermittently continued to request aggressive treatments despite risks being too high, stating "she's going to die anyway", and so felt that we might as well try even if she were to "die on the table". We expressed that this would be doing harm and would not be offered.

Despite the transition to comfort measures only, patient continued to do well. She was eventually transitioned only to blow-by oxygen and even that became no longer necessary. She would rapidly desaturate with movement however her oxygen monitoring remained only intermittent. Multiple conversations were had with her son regarding the appropriate course of care. Discussions included transitioning the patient back to full care and treatment however many aspects of this treatment plan were not in line with with the care team thought was appropriate and ethical for the patient as well as what Luis thought she could tolerate. Aggressive inpatient management including daily IV draws and having to address patient's feeding were not likely to be of benefit to her quality of life. While the patient did show some improvement over the last several days, her overall prognosis is still poor to fair and it was agreed upon with the healthcare team and with the patient's son that her best interest is found in staying a comfort measures only patient with some "out of the box "comfort measures care. As such, she became a modified comfort measures patient with a general approach of minimum necessary escalation of care. For example, while systemic antibiotics would be contraindicated, patient developed what appeared to be a infected left parotid gland likely from poor p.o. intake and a dry oral mucosa. It was reasonable within the goals of care to prescribe 5 days of oral antibiotics to treat this. She also had a very mild erythema present at a picked off the scab from her left AKA site and it was reasonable to provide basic wound care. DVT prophylaxis also was a reasonable minimal necessary escalation of care. Patient's son began requesting more and more things that were starting to borderline on some care package between comfort measures and full care and so each of these issues need to be dealt with on an as needed and as provider determined appropriate basis. This happened in conjunction with nursing staff. Due to patient's incredibly high aspiration risk, it was made clear to Lewis on a near daily basis that we did not recommend feeding her anything at all however, as long as Lewis excepted the risk, we stated that it was okay if he were to feed her, and so he has done so. In fact, it is likely Luis is persistent fluid administration 2 water bottles and straws that the patient managed to do so well. Ultimately, her plan was Bainbridge rehab and this was agreed upon by all parties.

 # By problem

 # Right hip fracture
- fall in hospital on 3/5 with R hip fracture, non -op management decided upon based on very high operative risks.
- patient's son reported he internally rotated her leg to "set it" and we will repeat 2V femur xray - d/w orthoi and looks like there is no intervention needed after this manipulation by son
 - I have reiterated that he should not do this. If he does this again I think we need to have a discussion about him not being in her room. He reported he would not do this again.
- brace placed by orthotics on 3/7 at request of son and with guidance from orthotics and ortho.
- NWB on Right leg
- Should limit motion of leg (ideally no ROM of R leg)
- abduction pillow
- log rolls for turning
- hip-spica brace now in place settings 0-60, slight abduction, can take off if uncomfortable and when needed (was not strictly recommended at this point by ortho, patient and son prefer it to be on)
- referral to NW ortho trauma clinic made, 2 view femur xray to be performed 3/13/25 (ordered as outpatient in case it needs to be done here vs at SNF)
- concentrated oxycodone for pain (low dose 2.5 - 5 mg)
- will continue lovenox for now

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time (completed). Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite.
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders. Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- NWB LLE per Vascular Surgery
- has outpatient f/u 4/2/25
- was on ASA 81 mg daily, atorvastatin 10 mg daily which was dc'd during transition to modified comfort care, may require ongoing discussions with son . Previously was on pentoxifylline at home, but was not recommended by vascular surgery at this point
Per PMR

- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Possible **follow-up in rehab amputee clinic after discharge depending on GOC, referral placed**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is fully healed
- scheduled for f/u in EP clinic 3/21/25

#T2DM
BG in low 100s, discontinued SSI since not triggering insulin

Prior to admission, was on:
- timolol 0.5% opth 1 drop both eyes bid (glaucoma)
- b12 PO daily (unckear dose)
- Vitamin d 2000 units daily
- multivitamin

GOC note from palliative care discussion:
"INTERVAL HISTORY:
-Discussed case with Dr. Barnes. Jeanne had R femur fracture in the setting of a fall. No surgical intervention, is non-weightbearing. Plan was for Jeanne to d/c to SNF today for rehab, however, she required SQ hydromorphone overnight. Is now transitioned to an oral regimen.
-Per discussion with Dr. Barnes, son Louis expressed desire for Jeanne to be full code upon discharge. This topic came up with completing POLST. Dr. Barnes and I made plans to follow up for further discussion. Jeanne has been more somnolent this morning.
-Dr. Barnes and I discussed case with bedside RN Rosalie and charge RN Alex. Rosalie shared that Louis has been requesting a brace for Jeanne's leg to help stabilize it. Per discussion with Dr. Barnes, Louis manipulated Jeanne's leg trying to "set it".

Dr. Barnes, Rosalie Puleo RN, and I met bedside with Louis. Initially, Louis shared a desire for his mom to have a brace placed to stabilize her leg. He had done some research on is own and had some ideas about possible options. Louis shared worry that if her leg is not stabilized she will have severe pain with turns, which she will need to have for things such as toileting. He shared that she is quite sensitive to pain medications. If she becomes sedated from pain medications then she will not eat and then will eventually starve to death. I reflected to Louis that we were facing her decreased intake weeks ago and that it seems like this has

Discharge Summary Note (continued)

been up and down. Louis shared that he wants to give his mom a chance to recover.

We shared worry with Louis that Jeanne will continue to have complications and may not be able to recover and may be close to EOL. He shared that he knows that she will survive and will be able to get better.

We discussed with Louis standard of care and ortho recs for no brace, log roll turns. Louis shared how important it is to him for Jeanne to have her leg as stable as possible to have the best chance at recovery. We discussed that pain management will still be necessary as part of her care plan. He was accepting of this and expressed a desire to minimize opioids as much as possible.

We then addressed code status. Shared with Louis our perspective that providing interventions such as CPR or a breathing tube are unlinely to be helpful to Jeanne given her comorbidities and current clinical situation. Louis shared a hope for peace at EOL and also does not want to take things off of the table when she leaves the hospital. Shared that a peaceful EOL for Jeanne would not involve CPR. We asked Louis what his plan would be if his mom does not improve and continues to worsen. Louis shared taht eh would be willing to re-evaluate in the moment and make the decision.
...

IMPRESSION: Jeanne remains hospitalized and has been stable on comfort care for the past few weeks. She recently sustained a femur fracture which has increased her pain. Her son Louis has concerns about ongoing pain and has requested a brace to support her leg. At this time his is hoping for recovery and would like for his mom to remain full code. If things chance and his mom is clearly declining, then he is willing to consider changing her code status to DNR/ DNI. At this time Louis hopes for rehab oriented care for his mom.

RECOMMENDATIONS:
-Continue with current level of care. Louis would like code status changed to full code upon discharge from the hospital. Will leave code status as DNR/DNI and continue with comfort oriented care. Dr. Barnes and I are in agreement that full code status would not be medically appropriate at this time.
-Appreciate orthotics support with getting a brace for Jeanne if possible.
-Recommend trial of scheduled tylenol suppository (recommend Q8 hour dosing with turns).
-Recommend oxycodone 2.5-5mg PO Q8 hours PRN pain. Will be helpful to premedicate before turns.
-Louis is willing to reconsider POLST and changing code status in the future should Jeanne continue to clinically declline or not tolerate rehab oriented care.

Patient discussed with nursing and Discussed with primary team"

Key Diagnostic Studies:

XR Femur 2 Vw Right

Final Result by Rehwald, Christine Marie, MD (03/07 1805)

Redemonstration of the peri-implant femur fracture with decreased angulation. Similar shortening and anterior translation by one half shaft width. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Prominent screw head of the proximal most lateral femoral plate. Diffuse osseous demineralization. Vascular calcifications.

I have personally reviewed the images and agree with the report (or as edited).

XR Femur 2 Vw Right

Final Result by Rich, Natalie, MD (03/06 1011)

PELVIS: Acute comminuted impacted peri-implant right femur fracture with varus angulation. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Moderate left hip osteoarthritis. Diffuse osseous demineralization limits evaluation for nondisplaced fractures. Vascular calcifications.

RIGHT FEMUR: Acute comminuted peri-implant femur fracture with varus angulation and up to 8 cm of impaction. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Diffuse osseous demineralization. Vascular calcifications. Limited evaluation of the contralateral left lower extremity demonstrates an above knee amputation.

XR Pelvis 1-2 Vw

Final Result by Rich, Natalie, MD (03/06 1011)

PELVIS: Acute comminuted impacted peri-implant right femur fracture with varus angulation. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Moderate left hip osteoarthritis. Diffuse osseous demineralization limits evaluation for nondisplaced fractures. Vascular calcifications.

RIGHT FEMUR: Acute comminuted peri-implant femur fracture with varus angulation and up to 8 cm of impaction. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Diffuse osseous demineralization. Vascular calcifications. Limited evaluation of the contralateral left lower extremity demonstrates an above knee amputation.

XR Chest 1 View

Final Result by Chalian, Hamid, MD (02/23 1201)

FINDINGS AND IMPRESSION:

Support apparatus: No significant interval change in position.

Heart and mediastinum: Cardiomediastinal silhouette is obscured

Lungs and pleura: Interval increase in bilateral pleural effusions and findings suggestive of pulmonary edema. Superimposed infection or aspiration cannot be excluded. No pneumothorax

Bones/soft tissue: Unchanged.

XR GI Tube Intro W Fluoro

Final Result by Dhyani, Manish, MD (02/20 1710)

Using guide wire and fluoroscopy, a weighted 10 French feeding tube was placed transnasally, however despite multiple attempts and lack of patient's cooperation, repeated attempts resulted in tracheal placement. After multiple attempts, and patient's inability to cooperate, the study was stopped without placement of tube.

Fluoroscopy time was 214 seconds.

PRESENCE STATEMENT:
I, Manish Dhyani, was present during the entire procedure, reviewed the images and agree with the report above.

CT Abdomen And Pelvis wo Contrast

Final Result by Dighe, Manjiri Kiran, MD (02/19 1314)

* Gallbladder distention without pericholecystic inflammation. Gallbladder ultrasound could be helpful for further evaluation, if clinically indicated.
* New bilateral moderate-volume pleural effusion and new reticular pulmonary parenchymal changes, which could suggest pneumonia in proper clinical settings.

I have personally reviewed the images and agree with the report (or as edited).

XR Abdomen 1 View

Final Result by Bhargava, Puneet, MD (02/18 1552)

Weighted enteric tube tip is in the lower third of the esophagus. Tube could be advanced further by 10 cm.

Lung findings are unchanged.

XR Chest 1 View
Final Result by Santos Lima, Ana Paula, MD (02/16 1033)

Lines and tubes: Unchanged.

Lungs: Decreased lung volume with bibasilar and perihilar consolidations likely atelectasis or aspiration. Superimposed edema is also conceivable.

Pleura: Increased bilateral small pleural effusions. No pneumothorax.

Heart and mediastinum: Unchanged.

XR Chest 1 View
Final Result by Gulhane V, Avanti, MD (02/03 1440)

Lines and tubes: Pacemaker electrode is unchanged in position.

Lungs: Pulmonary edema and bibasilar atelectasis persists.

Pleura: Moderate bilateral pleural effusions persist. No pneumothorax.

Heart and mediastinum: Unchanged.

XR Chest 1 View
Final Result by Godwin II, J David, MD (01/27 1008)
Compared to 1/25/2025, lung volume is even lower. Consolidation persists in midlungs and bases.

There are bilateral pleural effusions.

Heart size is unchanged. Pacemaker electrode position is unchanged, given different rotation.

XR Chest 1 View
Final Result by Cham, Matthew D, MD (01/25 1037)

Compared to 1/19/2025, lung volumes remain low. Increased bilateral mid and lower lung consolidation, likely edema superimposed with is basal atelectasis or aspiration.

Increased small pleural effusions. No pneumothorax.

Heart and mediastinum are unchanged.

I have personally reviewed the images and agree with the report (or as edited).

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right
Final Result by Zierler, Robert Eugene, MD (01/22 0921)

XR Chest 1 View
Final Result by Ordovas, Karen Gomes, MD (01/19 1218)

Lung volumes remain low with similar mild diffuse lung disease. Superimposed basal atelectasis or aspiration persists, but aeration of the bases is slightly improved.

Small pleural effusions persist. No pneumothorax.

Heart and mediastinum are unchanged.

I have personally reviewed the images and agree with the report (or as edited).

XR Chest 1 View
Final Result by Santos Lima, Ana Paula, MD (01/17 1314)

Lines and tubes: Right IJ central venous catheter has been removed

Lungs: Similar low lung volume with bibasilar atelectasis or aspiration.

Pleura: Small bilateral pleural effusions. No pneumothorax.

Heart and mediastinum: Unchanged.

XR Chest 2 View
Final Result by Godwin II, J David, MD (01/14 1056)
Compared to 1/13/2025, pacemaker electrode position is unchanged. Heart size is unchanged.

Lung volume is lower. Basal atelectasis or aspiration and bilateral pleural effusions persist.

XR Chest 1 View
Final Result by Godwin II, J David, MD (01/14 1003)
Compared to 1/12/2025, a pacemaker has been placed from the left subclavian vein with electrode in the right ventricular apex, as expected.

Heart size is normal and unchanged. Aorta is calcified, indicating atherosclerosis.

Lung volume is low. There is basal atelectasis or aspiration and there are bilateral pleural effusions.

No pneumothorax.

Electrophysiology procedure
Final Result by Akoum, Nazem Walid, MD (01/13 2118)

XR Chest 1 View
Final Result by Chalian, Hamid, MD (01/12 1322)
FINDINGS AND IMPRESSION:

Support apparatus: No significant interval change in position.

Heart and mediastinum: Cardiomediastinal silhouette is unchanged.

Lungs and pleura: Slight interval increase in left pleural effusion. Findings suggestive of pulmonary edema with a slight interval increase. Trace right pleural effusion. No pneumothorax.

Bones/soft tissue: Unchanged.

TransTHORACIC echo (TTE) complete
Final Result by Otto, Catherine M, MD (01/10 1826)

Cardiac catheterization
Final Result by Ayyoub, Alaa Samih, MD (01/10 1710)

Electrophysiology procedure
Final Result by Ayyoub, Alaa Samih, MD (01/10 1716)

XR Chest 1 View
Final Result by Santos Lima, Ana Paula, MD (01/10 1601)

Lines and tubes: Transvenous pacing wire tip terminates in the right ventricle.

Lungs: The lung volumes persist. Similar bibasilar consolidations, likely atelectasis or aspiration.

Pleura: Small left pleural effusion. No pneumothorax.

Heart and mediastinum: Unchanged.

I have personally reviewed the images and agree with the report (or as edited).

Cardiac catheterization
Final Result by Ayyoub, Alaa Samih, MD (01/10 1323)

CTA Abdomen Angio
Final Result by Hartman, Jason Brett, MD (01/09 1228)
Occlusion of the left lower extremity vasculature beginning at the left external iliac artery. There is associated skin thickening/swelling of the distal left lower extremity which likely represents edema. No associated subcutaneous emphysema or definitive evidence of necrotizing soft tissue infection.

XR Chest 1 View
Final Result by Hartman, Jason Brett, MD (01/09 1102)

Lines and tubes: None.

Lungs: Clear.

Pleura: No effusion. No pneumothorax.

Heart and mediastinum: Unremarkable.

Bones: No acute or suspicious abnormality.

XR Femur 2 Vw Bilat (Results Pending)

Procedures/Dates:
L AKA amputation 1/19/2025
Transvenous pacer 1/10/2025
Pacemaker placement 1/13/2025

Tube/Line/Drain Care Orders / Instructions:
none

Consults:
PT
OT
MICU
Ortho
Cardiology, Electrophysiology
Vascular Surgery
Nutrition
Speech & Language Pathology
Pain Medicine
Palliative Care
Physical Medicine & Rehabilitation
Prosthetics
SW

DISPOSITION:
03 SNF-SKILLED NURSING FACILITY [03]

CONDITION: stable

CONSULTS COMPLETED:
IP CONSULT TO PAIN MANAGEMENT
IP CONSULT TO CARDIOLOGY
IP CONSULT TO NUTRITION SERVICES
IP CONSULT TO SOCIAL WORK
INPATIENT CONSULT TO WOUND THERAPY
IP CONSULT TO PALLIATIVE CARE
IP CONSULT TO NUTRITION SERVICES
IP CONSULT TO NUTRITION SERVICES
IP CONSULT TO NUTRITION SERVICES
IP CONSULT TO NUTRITION SERVICES
IP CONSULT TO PHYSICAL MEDICINE REHAB
IP CONSULT TO PROSTHETICS AND ORTHOTICS
IP CONSULT TO NUTRITION SERVICES
INPATIENT CONSULT TO VASCULAR ACCESS TEAM
INPATIENT CONSULT TO VASCULAR ACCESS TEAM
INPATIENT CONSULT TO VASCULAR ACCESS TEAM
IP CONSULT TO NUTRITION SERVICES
IP CONSULT TO SPIRITUAL CARE
IP CONSULT TO SPIRITUAL CARE
IP CONSULT TO SPIRITUAL CARE
IP CONSULT TO PROSTHETICS AND ORTHOTICS

Discharge Orders

XR Femur 2 Vw Bilat
Standing Status: Future *Standing Exp. Date:* 04/07/26

Reason for exam (include signs, symptoms, diagnosis, and medical history)?	3/13/25 Femur fracture f/u imaging as requested for this date by orthopedic surgery team
Does the patient require sedation or anesthesia?	None
Release Result to Patient	Immediate

Referral to Fractures/Trauma
Standing Status: Future
Referral Priority: Routine *Referral Type: Specialty Visit*
Number of Visits Requested: 1

Referral to Rehabilitation Medicine
Standing Status: Future
Referral Priority: Routine *Referral Type: Rehab*
Number of Visits Requested: 1

Discharge Summary: Enclosed

Patient Aware of Diagnosis: Yes

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

Adult Discharge Diet (Specify)
Order Comments: As tolerated, aspiration risk

Diet type:	Regular
Carbohydrate level:	Carbohydrate managed

DISCHARGE PHYSICAL EXAM:

Vitals (Most recent in last 24 hrs)
T: (not recorded) **BP:** (not recorded) **HR:** (not recorded) **RR:** (not recorded) **SpO2:** (not recorded) Room air **T range:** No data recorded Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033) Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

Physical Exam
NAD, comfortable appearing; sitting up in bed,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Discharge Summary Note (continued)

EOMI, edentulous. Left parotid gland appears to be improved and is no longer erythematous.
No increased WOB, Decreased air movement. Crackles bilaterally mild.
Abd soft, NTND
No pretibial edema
no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Alert, no gross focal deficits, +dysarthria, seems to respond to question (though not intelligible) but interactive and able to prompt when wants something, interactive
Mood/affect congruent
RLE- wwp, pulses palpable

ATTENDING TIME STATEMENT:
I spent more than 30 minutes on hospital discharge day management.

UW Medicine physicians mentioned in this note can be reached by calling the UW Medicine Paging Operator at 206-520-3000. If any part of this transcript is missing or to request other transcripts for this patient call 206-744-9000. For online access to patient records enroll in EpicCare Link at okta.uwmedicine.org.

Electronically signed by Barnes, James Irvin, MD at 3/8/2025 9:57 AM

Clinical Notes (group 1 of 17)

Brief Op Note

Schwarz, Samuel, MD at 1/9/2025 1621

Immediate Brief Operative Note

Jeanne Leonie Hoffman - DOB: 1/6/1925 (100 year old female) MRN: U8170135
Procedure Date: 01/09/2025 | Location:UWMC MAIN OR

PROCEDURE DETAILS	
Procedure Team:	**Primary: Smith, Matthew C, MD** **Resident - Assisting: Schwarz, Samuel, MD**
Procedure(s):	AMPUTATION, ABOVE KNEE - Left
Pre Procedure Diagnosis:	Acute lower limb ischemia [I99.8]
Post Procedure Diagnosis:	* Acute lower limb ischemia [I99.8]

PROCEDURE SUMMARY

Anesthesia: General
Estimated Blood Loss: 50 mL

Wound Closure: Primary Closure (Primary Intention)
Wound Class: Procedure(s):
AMPUTATION, ABOVE KNEE - Wound Class: Class I/ Clean

SPECIMENS:

Clinical Notes (group 1 of 17) (continued)

ID	Type	Source	Tests	Collected by	Time
1 : Left leg and left leg thrombus	Tissue	Leg, Left	PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/2025 1650
2 : left leg thrombus	Tissue	Leg, Left	PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/2025 1714

FINDINGS

- PNC placed pre-op
- Above-knee amputation with little blood loss
- Closed with 3 layers sutures; staples for skin
- Patient extubated in OR without issue

1.

POST OP PLAN

- Admit CT ICU
- Bed rest overnight; will be NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Ok for CLD, will advance in AM
- Insulin gtt for BG management; ok to transition to SQI once up in ICU
- SBP 100-160
- Cardiology consulted for bradycardia to 20s with 2nd degree AVB
- TTE needed for completion of embolic workup; ok to be done in AM unless cardiology would like it done sooner
- Hold AC until tomorrow AM at which point Hep gtt will resume

SIGNED
Sam Schwarz, MD (PGY-3)
Integrated Vascular Surgery

Electronically signed by Schwarz, Samuel, MD at 1/9/2025 7:14 PM
Electronically signed by Smith, Matthew C, MD at 1/10/2025 5:35 PM

Care Plan

Dupriest, Mallory R, ARNP at 2/4/2025 1123

Jeanne Leonie Hoffman is a 100 year old female with PMH of HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA on 1/9/25, and with symptomatic bradycardia, RBBB (at baseline) and intermittent Mobitz 2 s/p Boston Scientific single chamber PPM (1/13/2025, Dr. Akoum).

Device Measured Data at implant:

DEVICE MEASUREMENTS
1. Right ventricle: R waves 25 mV, pacing impedance 630 ohms, threshold 0.9V at 0.4 ms.

FINAL PROGRAMMED PARAMETERS
VVIR 70-120

Patient was scheduled for 2 week in person wound check, but still admitted.I was asked to assess patient incision site. Incision site (left upper chest) is well approximated without evidence of tension or threatened dehiscence. With no c/o pain, redness or swelling. Pictures uploaded into Media tab.

Patient's son was present at time of visit. He reports that he would like to enroll in remote monitoring. He tells me they have electricity at home and would be able to send in transmissions to our team. I have reached out to the Device Clinic team in regards to setting this up.

Jeanne is scheduled for EP in person device follow-up on 3/21/2025.

Mallory Dupriest, DNP, ARNP, ACNPC-AG
Division of Cardiology, Electrophysiology
University of Washington Medical Center

Electronically signed by Dupriest, Mallory R, ARNP at 2/4/2025 11:31 AM

Pillai, Sunita, MD at 2/17/2025 2001

Brief Update

PM visit
RN informed that patient son is insisting on a NGT and wanted provider to be seen at bedside

Bedside discussion
When I went to bedside Louis was sitting by Jeanne's bed holding her hand and crying .
He saw me said said look at her she is starving, we are starving her
I brought in a tissue box for Louis and sat down and asked him how I could help
Louis was very emotional, he shared that she was his only friend and business partner. She was not just his mother. He spent several minutes sharing a few if their back stories and also expressed a lot of guilt in not being able to take her to a good home and many instances when they struggled together. After briefly allowing him to share, I was able to redirect Louis.

Discussed disposition : Plan for discharge, when a safe plan is available, at the earliest.

Louis asked me if I cannot place an NGT to help her starvation: I informed him that it wasn't a safe option at this time and it will not help. I also shared that based on our multidisciplinary meeting that was considered an intervention that was not recommended in her well being
He said Ok. He shared verbally to n=know not to expect that plan to change tonight.

He asked about PIV: I informed him that if anyone could place one we would however we have all tried and her veins were too small
Louis stated at least try, its ok if you fail, I shared that we will see if there is anyone that hasn't tried and will see what's best

He was ok with the plan
I also shared with him that he had taken good care of his mother .

Plan
-order placed for Hydromorphone sub cu prn pain (appreciate rec from Pal Care)
-discussed with stat RN who said she will try to see if anyone can place PIV
-NO NGT placement

Sunita Pillai MD
8:02 PM 2/17/2025
Medicine Note

Electronically signed by Pillai, Sunita, MD at 2/17/2025 8:18 PM

Consults

Sonderman, Mark Thomas, MD at 1/9/2025 1953

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Pronouns: she/her/hers, patient's name
PCP: Navalurkar, Reema, MD
Code Status: Full Code

Consults

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with no known cardiovascular disease history who is admitted for acute ischemic limb, cardiology is consulted for bradycardia post procedure.

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:

Patient presented to the ED today with acute limb ischemia. Vascular surgery had extensive goals of care discussion and patient is full code and proceeded to AKA. Pre procedure patient was in sinus brady with rates in 40s, first degree heart block and RBBB.

Post procedure, patient had lower heart rates in the 20s-30s. She was alert and asymptomatic throughout, son is at bedside and reported she is at her baseline. She has no history of bradycardia, typical HR at clinic appointments 60s-70s, no recent history of syncope/pre-syncope. No known history of CAD, heart failure. Prior EKG in 11/2023 shows similar 1st degree AV block, RBBB and rates in 60s-70s. She recently went on 50d train trip throughout America and had no medical complications on the entire trip. She has good quality of life and is currently focusing on duration (she wants to meet Al Roker given her 100th birthday).

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency

- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Substance and Sexual Activity	
• Alcohol use:	No
• Drug use:	No
• Sexual activity:	Not Currently

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

Spring 2018
Homeless living with son in tent on Bainbridge
Pastor Dave O'Connell 314.853.2695
APS Levonne Gibson 360.473.2167
NW Justice Project Samantha Adams 206.707.0838

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

OUTPATIENT MEDICATIONS:

Current Outpatient Medications

Medication	Instructions
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• cholecalciferol (VITAMIN D-3)	2,000 units, Daily
• Cyanocobalamin (VITAMIN B-12 OR)	1 tablet, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	1 tablet, Oral, Daily
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

ALLERGIES:

Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026)
RR: (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air

Vitals (Most recent in last 24 hrs)

T: 36 °C (01/09/25 1750) **BP:** **(!) 148/39** (01/09/25 1900) **HR:** **(!) 22** (01/09/25 1900)
RR: 18 (01/09/25 1900) **SpO2:** 100 % (01/09/25 1900) Room air
T range: Temp Min: 36 °C Max: 36.9 °C
Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam

GEN: lying in bed, NAD
HENT: eyes anicteric, no pallor
CHEST: normal effort on RA,
CV: regular rhythm, slow rate, S1S2 of normal intensity without m/g/r. No JVD.
SKIN: warm, dry
PSYCH: appropriate affect

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
144	110	19		10.1	AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.5	24	0.92	92	12.4 >< 165 8	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
eGFR: 56	Ca: 8.0			32	Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.1	PO4: 3.1			ANC: 11.19 ALC: 1.74			BNP: - INR: 1.1	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with no known cardiovascular disease history who is admitted for acute ischemic limb, cardiology is consulted for bradycardia post procedure.

 # 2:1 AV Block
 # RBBB
 # 1st degree AV block
 # Sinus Bradycardia
- Potentially vagally mediated after her surgery, I recommended 1mg of atropine and heart rate improved from high 20s to low 40s. Has some underlying conduction system disease given baseline 1st degree AV block and RBBB
- Telemetry
- Keep pacing pads on
- TSH, BMP to evaluate for hyperkalemia after surgery
- Atropine PRN for HR<25
- If patient develops acute symptomatic bradycardia (hypotension, altered mental status), recommend starting dopamine drip
- If significant arrhythmias on dopamine drip or does not respond rapidly, contact our cardiology team for consideration of TVP
- I discussed goals of care and patient's quality of life with son at bedside (patient is profoundly hard of hearing) and he reported that permanent pacer would be within goals of care (would have to discuss with EP) if it were indicated. States that she has good quality of life and is longevity focused
- We will follow-up in morning with further recommendations after review telemetry overnight

The patient was discussed with attending, Dr. Linker. Cardiology will follow. Please do not hesitate to reach out with any further questions.

Mark Sonderman, MD
Cardiovascular Disease Fellow, PGY 4
University of Washington

Electronically signed by Sonderman, Mark Thomas, MD at 1/9/2025 8:11 PM

Gicheru, Florence W, ARNP at 1/9/2025 2037

Gicheru, Florence W, ARNP at 1/9/2025 2256

Consult Orders
1. Inpatient Consult to Pain Management [360337555] ordered by Smith, Grace, MD

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Pain Management

Consult performed by: Gicheru, Florence W, ARNP
Consult ordered by: Smith, Matthew C, MD
Reason for consult: Complex postoperative pain management requiring PNC for pain medication administration

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
APS is consulted for complex post-operative pain management, including PNC management

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Per Dr. Sonderman's note dated 1/9/25:
Patient presented to the ED today with acute limb ischemia. Vascular surgery had extensive goals of care discussion and patient is full code and proceeded to AKA. Pre procedure patient was in sinus brady with rates in 40s, first degree heart block and RBBB. Post procedure, patient had lower heart rates in the 20s-30s. She was alert and asymptomatic throughout, son is at bedside and reported she is at her baseline. She has no history of bradycardia, typical HR at clinic appointments 60s-70s, no recent history of syncope/pre-syncope. No known history of CAD, heart failure. Prior EKG in 11/2023 shows similar 1st degree AV block, RBBB and rates in 60s-70s. She recently went on 50d train trip throughout America and had no medical complications on the entire trip. She has good quality of life and is currently focusing on duration (she wants to meet Al Roker given her 100th birthday).

PAIN ASSESSMENT:
Pain Location:
surgical site: Left lower extremity above the knee amputation site
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Reported Treatment Side Effects:
No Nausea:
No itching

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

HISTORY REVIEWED:
I have reviewed the patient's social history with the patient.

Past Pain/Substance Use History: Notable opioid related events Multiple narcan events at home and inpatient per family

Up to date information could not be retrieved from the PDMP.

Source	Status	Last Checked for Updates
WA PDMP	Patient Not Found	1/9/2025 10:15 AM

WA PMP Medication Dispense History
No medication dispenses to display (since 1/15/2024). Last query status: Patient Not Found.

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026) **RR:** (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air
Vitals (Most recent in last 24 hrs)
T: 36.2 °C (01/09/25 2000) **BP:** **(!) 121/29** (01/09/25 2200) **HR:** **(!) 32** (01/09/25 2200) **RR:** 16 (01/09/25 2200) **SpO2:** 100 % (01/09/25 2200) Room air **T range:** Temp Min: 36 °C Max: 36.9 °C Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam:
vitals reviewed
Constitutional:
alert
no acute distress
Eyes:
Pupils: Normal
Cardiovascular:
bradycardia
irregular rhythm
Pulmonary:
effort normal
Musculoskeletal:
LLE surgical site covered with sexual dressing

Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/09/25 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
Location: Left Femoral
Depth at Skin: 15 cm.
Clean/Dry/Intact
No Erythema
No Bleeding
No Pain of Palpation

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
144	110	19		10.1	AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.5	24	0.92	125	12.4 >< 165 8	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
eGFR: 56		Ca: 8.0		32	Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.1		PO4: 3.1		ANC: 11.19 ALC: 1.74			BNP: -	Anti-Xa: -
							INR: 1.1	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

APS is consulted for complex post-operative pain management, including PNC management

Pt. Seen at this time in the ICU. She is inially sleeping but later wakes up. She is HOH but responds appropriately to simple questions written on a board. Her son, also her caregiver, is at bedside and a good historian. Son reports that in 2023, pt. Was on opioids for chronic pain but had a number of narcan events at home, at which point all opioids were discontinued. She also had a narcan event during her most recent hospitalization. Pt. Consequently started using Tylenol but must have taken "one too many," which resulted in Acetaminophen toxicity per son. She has since been using positioning and activity to help with the pain.

Pt. Denies any pain at this time. She is on a PNC Ropivacaine 0.2% continuous infusion at 8ml/hr for pain. Per RN, she was unable to swallow any medications this evening hence low dose Acetaminophen IV ordered. Contacted the primary team to determine if the pt. Is a candidate for NSAIDS for pain management for which she is not due to a drop in HCT, currently 32% per lab review. Pt. Discussed with attending due to the significant hx. Of opioid adverse effects and limitation of non-opioid medications due to her hx. And labs. Plan at this time is to cautiously and use low dose opioids for pain and make adjustments as needed for pain and safety. HM 0.1mg IV q2hrs PRN ordered. Pt. Is not a candidate for PCA at this time.

Pt. Sleeping when checked on overnight. Pain appears to be well controlled with no PRN use/administered thus far

0430: Pain remains well controlled with PNC Ropivacaine@8ml/hr. Has not required PRN pain medication.

Today's Plan (Changes in bold):

01/09/25: Left Femoral PNC, 15cm @skin

CONT:
Ropivacaine 0.2% @8ml/hr

SCH:
APAP 500mg IV q6hrs

PRN:
HM 0.1mg IV q2hrs PRN

Discussed With: Pt. Family, RN, primary team and APS attending

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Gicheru, Florence W, ARNP at 1/10/2025 5:04 AM

Diaz, Andrea Estefania, MD at 1/10/2025 1340

Consult Orders
1. Inpatient Consult to Cardiology [360358815] ordered by Sonderman, Mark Thomas, MD

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Cardiology

Consult performed by: Diaz, Andrea Estefania, MD
Consult ordered by: Smith, Matthew C, MD
Reason for consult: Symptomatic bradycardia

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100F with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA on 1/9/25. Presented with bradycardia that worsened after surgery. Now symptomatic with intermittent Mobitz 2.

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Patient presented on 1/9/25 with 2 days of sx of acute limb ischemia. After extensive GOC, patient determined to be longevity focused and received an AKA. HR on presentation to ED in the 40s with 1AVB and RBBB. After procedure patient had lower heart rates in the 20-30s. She was asymptomatic in these rates yesterday and this morning when cardiology consult team saw patient including no CP/SOB, LH/dizziness.Today patient worked with PT and afterwards developed lightheadedness which persisted despite patient being put supine. Therefore, there was concern that bradycardia had become symptomatic and more GOC discussions with primary team, it was deemed to be within her GOC to receive a TVP and be considered for a PPM for which we are consulted. TVP placed this afternoon at VVI 60.

She has no known history of bradycardia with clinic visit notes showing a HR in the 60-70s.

Team reached out to cardiology consults who saw her last evening and recommended atropine which was given with slight improvement. Dopamine was also recommended and patient initially on 3-4mcg/kg/min dopamine (started on 2100 1/9/25), was as high as 10mcg/kg/min now on 8mcg/kg/min.

Given wide pulse pressure, team has ordered a TTE which is pending.

Social history is significant for recent houseless due to being evicted from home. She has capacity per the team and makes her own decision. Should this change, her son would be her decision maker. As mentioned in Dr. Sonderman's consult note, she recently traveled for 50 days without any medical complications. She has good quality of life and is currently focusing on duration.

- Vitals: Afebrile, 98/32-153/41, satting well on ambient air with RR 16-20
- I/O: +2.4/-770mL, net positive 1.6L
- Labs: BMP with electrolytes within nl limits, CBC with leukocytosis to 12.5 from 8, Hb 9.4, plts 123 from 76.
- Telemetry: SB and 3:1 AV block present, rate in the 20s-30s prior to dopamine administration, with increase in rates to high 30s and low 40s after dopamine admin

Back in November of 2023, 1st degree AVB with atrial bigeminy.

No history of chest pain prior to presentation and troponins negative.

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

Spring 2018
Homeless living with son in tent on Bainbridge
Pastor Dave O'Connell 314.853.2695
APS Levonne Gibson 360.473.2167
NW Justice Project Samantha Adams 206.707.0838

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

MEDICATIONS:
SCHEDULED MEDICATIONS:
- acetaminophen, 500 mg, q6h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-4 units, q HS
- insulin LISPRO, 0-5 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 0-20 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 7 mcg/kg/min (01/10/25 1405)
- ROPivacaine, , Continuous

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- [START ON 1/12/2025] bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.1 mg, Q2 Hours PRN
- magnesium sulfate, 2 g, q6h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- perflutren lipid microspheres (Definity) 1.3 mL in sodium chloride (PF) 0.9 % 8.7 mL injection, 1-10 mL, Once PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN

- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- [START ON 1/12/2025] senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026)
RR: (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air

Vitals (Most recent in last 24 hrs)

T: 36.7 °C (01/10/25 0900) **BP:** 134/63 (01/10/25 1330) **HR:** 60 (01/10/25 1330)
RR: 20 (01/10/25 0900) **SpO2:** 100 % (01/10/25 1240) Room air
T range: Temp Min: 36 °C Max: 36.7 °C
Wt 100 lb 15.5 oz (45.8 kg) Ht 5' 0" (1.524 m) Body mass index is 19.72 kg/m².

Physical Exam

Constitutional:
General: She is not in acute distress.
HENT:
Mouth/Throat:
Mouth: Mucous membranes are dry.
Cardiovascular:
Rate and Rhythm: Rhythm irregular.
Heart sounds: Murmur heard.
Pulmonary:
Effort: Pulmonary effort is normal.
Skin:
General: Skin is warm and dry.
Neurological:
Mental Status: She is alert.
Sensory: Sensory deficit present.
Comments: **Very hard of hearing**

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	110	19	134	9.4			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.0	20	0.75		12.5	><	123	AP: -	T bili: -	Lact (a): -	Lact (v): -
				4						
eGFR: >60		Ca: 8.5		30			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.8		PO4: 2.7		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

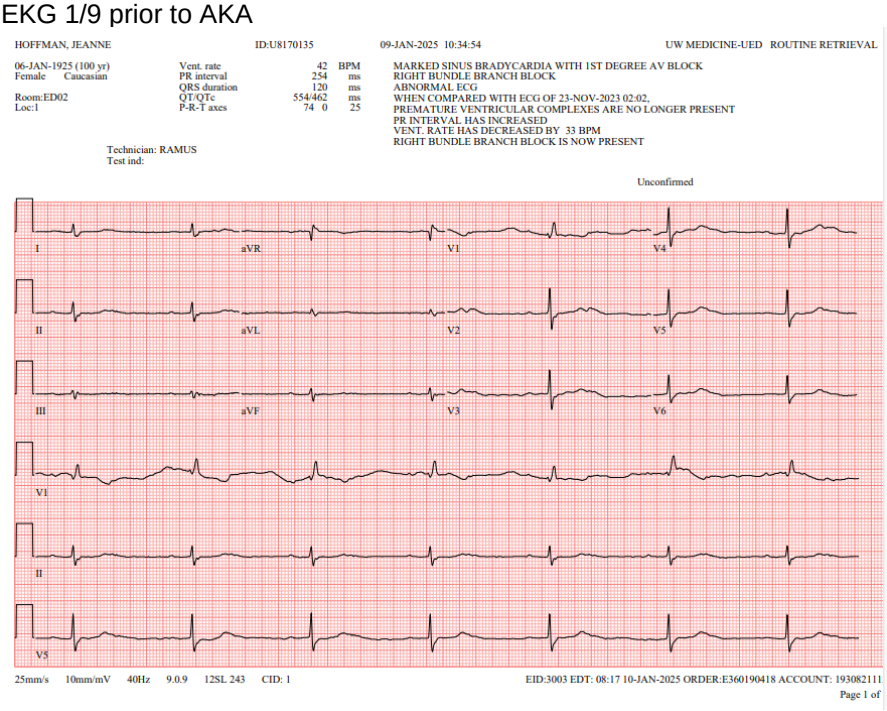
Echo pending

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

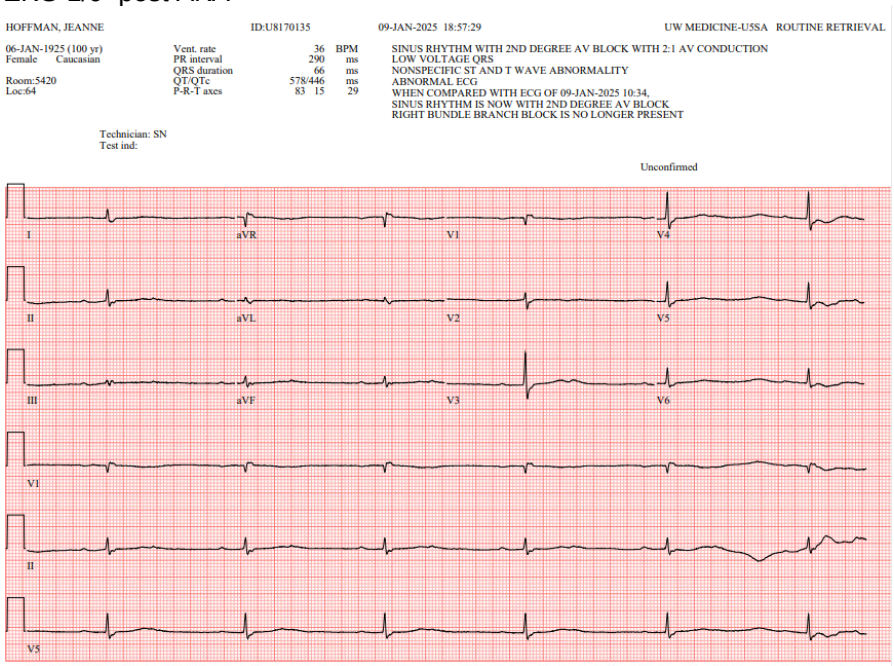
Clinical Notes (group 1 of 17) (continued)

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☐	
Radiology	☒	☐	
EKG/Tele/Echo	☒	☒	

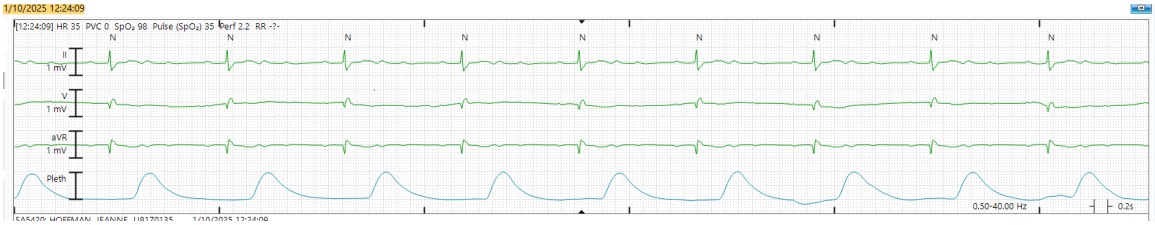
EKG 1/9 prior to AKA



EKG 1/9 post AKA



Tele this afternoon showing 3:1 AVB



Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with no known cardiovascular disease history who is admitted for acute ischemic limb, cardiology is consulted for bradycardia post procedure.

2. 3:1 2nd degree AVB with syncope
3. Sinus bradycardia with 1st degree AVB
3. RBBB

Patient has underlying conduction disease with RBBB and 1st degree AVB on EKG on admission. Hrs decreased from 40--> 30s after surgery likely due to medications used during surgery. She subsequently has shown signs of high degree AVB with 3:1 AVB and associated symptoms (syncope on 1/9 while working with PT), which is a class 1 indication for permanent pacing. She is now s/p TVP placement. Her size and body habitus (96lbs, BMI 18) put her at high risk for cardiac perforation in the setting of a leadless pacemaker. Therefore, we think a single lead PPM would be the most appropriate device for her, with placement ideally early next week.

Plan:
- Continue TVP use over the weekend, reach out to EP if there are questions regarding TVP.
- Plan for single lead PPM next week
- NPO at MN on Sunday for possible procedure Monday pending lab availability
- Hold all heparin products the night before procedure and afterwards.

The patient was discussed with attending, Dr. Poole. EP will follow. Please do not hesitate to reach out with any further questions.

Andrea Diaz, MD.
Cardiology Fellow

I saw and evaluated the patient and agree with Dr.Diaz's note.
The patient has AV block and would like to pursue PM implant in order to improve her quality of life
She will receive a single chamber pacemaker next week.
Date of service is 1/10/2025

Electronically signed by Poole, Jeanne Engstrom, MD at 1/11/2025 10:54 AM

Hand, Cameron, MD at 1/10/2025 1736

Consult Orders
1. Inpatient Consult to Palliative Care [360394214] ordered by Patterson, Kristopher T, MD

Attestation with edits by Fram, Julia R, MD at 1/10/2025 8:28 PM

Date of Service: 01/10/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

I spent a total of 96 minutes for the patient's care on the date of the service.

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Palliative Care
Consult performed by: Hand, Cameron, MD
Consult ordered by: Smith, Matthew C, MD

PALLIATIVE CARE SERVICE: INITIAL CONSULT

ID/CC/REASON FOR CONSULT: Jeanne is a 100 yo F with PMH HTN, T2DM, HLD, who presented with LLE acute limb ischemia now s/p L AKA.
We appreciate the request from Dr. Smith, attending physician of the CTICU service, to consult for goals of care, patient and family support, palliative care.

OUTPATIENT PROVIDERS:
PCP: Navalurkar, Reema, MD
Specialists:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

HPI:
Brief history of illness/hospital course: 100 yo F with PMH HTN, T2DM, HLD, who presented with LLE acute limb ischemia now s/p L AKA. Post operatively also began to have symptomatic bradycardia now s/p TVP.

PALLIATIVE CARE DISCUSSION HELD TODAY:
Narrative History Interview

Participants: Patient Jeanne Hoffman, son Louis Alloin, Dr. Julia Fram PC Attending, Dr. Cameron Hand PC Fellow.

Voice: Jeanne is very hard of hearing and acutely bradycardic during our visit and so attempts were made to communicate to her as well using a white board, however she was not reliably responding to

simple/questions and dysarthric when attempting to vocalize. We spoke also with her son Louis who did provide some context about her recent medical situation as well as their social situation.

Background/Social History: Jeanne lives with her son Louis, who has been her primary caregiver. Louis had a lot of concern about recent housing uncertainty. He described at great length in detail difficulties with her current housing situation on Bainbridge, fighting to get the dwelling they were living in up to standards as it had difficulty with plumbing and kitchen appliances. He talks about ultimately not being able to live in the dwelling anymore and spending a temporary time in a hotel but says that since December 19 they have possibly been living in a tent on Bainbridge Island. He says his mother was born on Bainbridge 100 years ago and that all their community is there. As far as immediate family he describes them mainly living on the East Coast or in France and did not bring up anyone who is particularly close.

Understanding/perspective of illness: Louis was able to describe in quite detail how his mother's leg was showing signs of early gangrene around the start of the month. He had been trying to do wound care to the ability that he had outside of the hospital however he noticed it started turning black and progressing and eventually brought her into the hospital where she has undergone an above-the-knee amputation. He was also able to discuss her heart beating too slow and that they were trying to put a pacer in to fix this and that the current pacer did not appear that it was working.

Hopes and what brings life meaning or purpose: He talked about their enjoyment of traveling by trains together. She enjoys her community on Bainbridge Island. He did discuss that when it does come for the time for his mother to pass that she wishes to pass away and be buried on Bainbridge Island and that this was very important to her.

Acceptable quality of life: This was unable to be discussed at this visit.

Fears/Concerns/Worries: Much of the concerns that Louis expressed were regarding the recent housing uncertainty and he spent much of the time talking about this to great detail.

Strengths/ Role of spirituality/faith/religion: This was not discussed in this visit.

Communication preferences: Not discussed in this visit.

Past experience with serious illness/hospice: Not discussed during this visit.

SYMPTOM SCREENING AND ASSESSMENT: (Required for TJC)
Modified-ESAS not appropriate for content of initial meeting, will assess at next encounter.

PHYSICAL EXAM: Physical Exam
Const: Lying in ICU bed. Edentulous. Interactive.
Neck: Lines in place.
Resp: No respiratory distress
Ext: Moving upper extremities bilaterally.

IMPRESSION: Jeanne is a 100 yo F who presented with LLE acute limb ischemia now s/p L AKA, as well as TVP now placed for symptomatic bradycardia. Per discussion with other teams, the patient and son expressed a longevity focused goal for her care and have been assenting to the procedures and care offered up until this point. We spoke primarily with Jeanne's son today. During much of the attempts to

discuss Jeanne's medical condition, Louis primarily discussed concerns with her housing situation and housing insecurity.
He did however elaborate on how if Jeanne were approaching end of life, she would want to spend this time and be buried on Bainbridge Island as this is her longtime community and home.

Goals of Care: Continue current longevity focused care. Code status (not discussed during our visit) is full code.

Estimated Prognosis: Uncertain

PALLIATIVE CARE INTERDISCIPLINARY CARE PLAN AND RECOMMENDATIONS:

1. We introduced role of palliative care. We will continue to follow for support and further goals of care clarification.
2. Continue to try and communicate with Jeanne using any assistance as may be helpful such as pocket talker, whiteboard with large lettering, if she has dentures/hearing aids/other devices available
3. Louis does have multiple concerns about housing insecurity and may benefit from meeting with social work at some point during their admission.
4. Louis does express that Jeanne would have preference to pass away and be buried on Bainbridge Island if this were to become a factor in the future.

1.
2. **Advance Directives/POLST**
3. 1) SURROGATE DECISION MAKER: LNOK: Louis Alloin

Surrogate phone number: 206-780-6885

2) Advance Directives: None on file

3) POLST: was completed today? No

Disposition: CTICU

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

Electronically signed by Fram, Julia R, MD at 1/10/2025 8:28 PM

Behrens, Johanna Helen, RD at 1/12/2025 1237

Consult Orders
1. Inpatient Consult to Nutrition [360746638] ordered by Mahdi, Elaa, MD at 01/12/25 1111
2. Inpatient consult to Nutrition [360361061] ordered by Grabar, Christina, MD at 01/09/25 2025

Inpatient Adult Nutrition - Brief Follow Up Note

Consult received re: nutrition assessment, TF recommendations

Recommendations/Interventions:

Labs

Pt at high risk of refeeding given inadequate oral intake >5 days.
Recommend BMP + Mg/Phos Q 12H for 3 days or until lytes stable
Replace lytes to WNL prior to EN initiation and/or advancement
Maintain BGs <200 prior to EN initiation and/or advancement

Request updated vit D 25-OH level to determine appropriate supplementation, r/o vit D toxcitity
Request updated zinc level to determine need for supplementation for wound healing

Meds/Supplementation

Recommend high dose thiamine: 500 mg IV TID for 3 days given ongoing AMS
- OK to continue oral thiamine as ordered
Recommend prenatal multivitamin 1 tab PO or per FT daily
Recommend ascorbic acid 500 mg BID x 14 days PO or per FT

Pending zinc level:
- recommend zinc sulfate 220 mg daily x 14 days PO or per FT

Consider hold vit D supplementation until updated lab
Continue oral vit B12 as ordered

Enteral Nutrition

Await NGT placement, appropriate for bridled tube insertion to prevent dislodgement by patient

Start @ 10 mL/hr, adv 10 mL Q 4H to goal rate
Jevity 1.5 @ 40 mL/hr
= 880 mL TF, 1320 kcal, 56 gm protein, 190 gm CHO, 18.5 gm fiber, 669 mL free water
Minimum 30 mL free water flush q 4 hours while TF are running to maintain tube patency
Calculated over 22 hrs to allow for interruptions for care

Oral Nutrition

6- soft and bite sized, 0- thin liquids per SLP
- if c/f aspiration risk, hold PO and request SLP re-eval

Appreciate nursing assistance in meal ordering/tray set up/feed assist PRN
Can adjust to non-select, automatic meal delivery for ease if indicated
Offer ONS in place of missed/skipped meals
Appreciate nursing documentation of % intake of meals/snacks/supplements

Interim:

Pt with ongoing delirium, combativeness; requiring mitts placed to prevent pulling lines

Current Nutrition Assessment:

FEN: cleared for level 6 diet per SLP on 1/9
Patient Vitals for the past 168 hrs:

	Percent Meals Eaten (%)
01/11/25 1300	50 (chicken pot pi, soup, squash)
01/11/25 0900	100 (oatmeal and peaches)

GI: constipation? Last BM 1/9, suspect prior to admit

- currently without EN access, unclear feasibility of placement given pt agitation
Weight: ~44-46 kg

Estimated Nutrition Needs
Using post LL amputation wt, 45.8 kg
Energy: 1145-1375 kcal (25-30 kcal/kg)
Protein: 55-64 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Labs:

Lab Results

Component	Value	Date
SODIUM	139	01/12/2025
POTASSIUM	4.2	01/12/2025
MAGNESIUM	1.7 (L)	01/12/2025
PHOSPHATE	3.4	01/12/2025
CA	8.1 (L)	01/12/2025
BUN	19	01/12/2025
CREATININE	0.82	01/12/2025
GLUCOSE	115	01/12/2025
A1C	6.6 (H)	01/10/2025
VITD	46.8	04/27/2022

Lab Results

Component	Value	Date
GLUCOSE	115	01/12/2025
GLUCOSE	86	01/12/2025
GLUCOSE	154 (H)	01/12/2025
GLUCOSE	149 (H)	01/12/2025
GLUCOSE	92	01/11/2025
GLUCOSE	151 (H)	01/11/2025
GLUCOSE	259 (H)	01/11/2025
GLUCOSE	176 (H)	01/11/2025
GLUCOSE	205 (H)	01/11/2025
GLUCOSE	186 (H)	01/10/2025

No results found for: "VITC"
No results found for: "ZINC"

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Behrens, Johanna Helen, RD at 1/12/2025 2:58 PM

Anderson, Sonia, RN at 1/13/2025 0836

Consult Orders
1. Inpatient Consult to Wound Therapy [360372289] ordered by Grabar, Christina, MD at 01/09/25 2349

Wound Care Note

Received a consult by the ICU RN for perineal IAD. Message sent to primary RN today via Secure Chart to direct staff to the IAD management guidelines found in the UWMC-ML intranet under clinical tools and skin, wound, ostomy care.

Wound RN signing off. Staff RN to assess above recommendations and reconsult wound RN through Epic with questions or concerns.

Sunny Anderson, BSN, RN, CWON

Electronically signed by Anderson, Sonia, RN at 1/13/2025 8:40 AM

Khan, Omar Asad, MD at 1/14/2025 0843

Attestation signed by Akoum, Nazem Walid, MD at 1/15/2025 4:23 PM

Date of Service: 1/14/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

ELECTROPHYSIOLOGY DEVICE POST-IMPLANTATION NOTE

Implanting Electrophysiologist: Dr. Nazem Akoum, MD

Identification: Jeanne Leonie Hoffman is a 100 year old female who underwent placement of a single chamber pacemaker yesterday which was uncomplicated.

Subjective: Jeanne denies significant pain or shortness of breath.

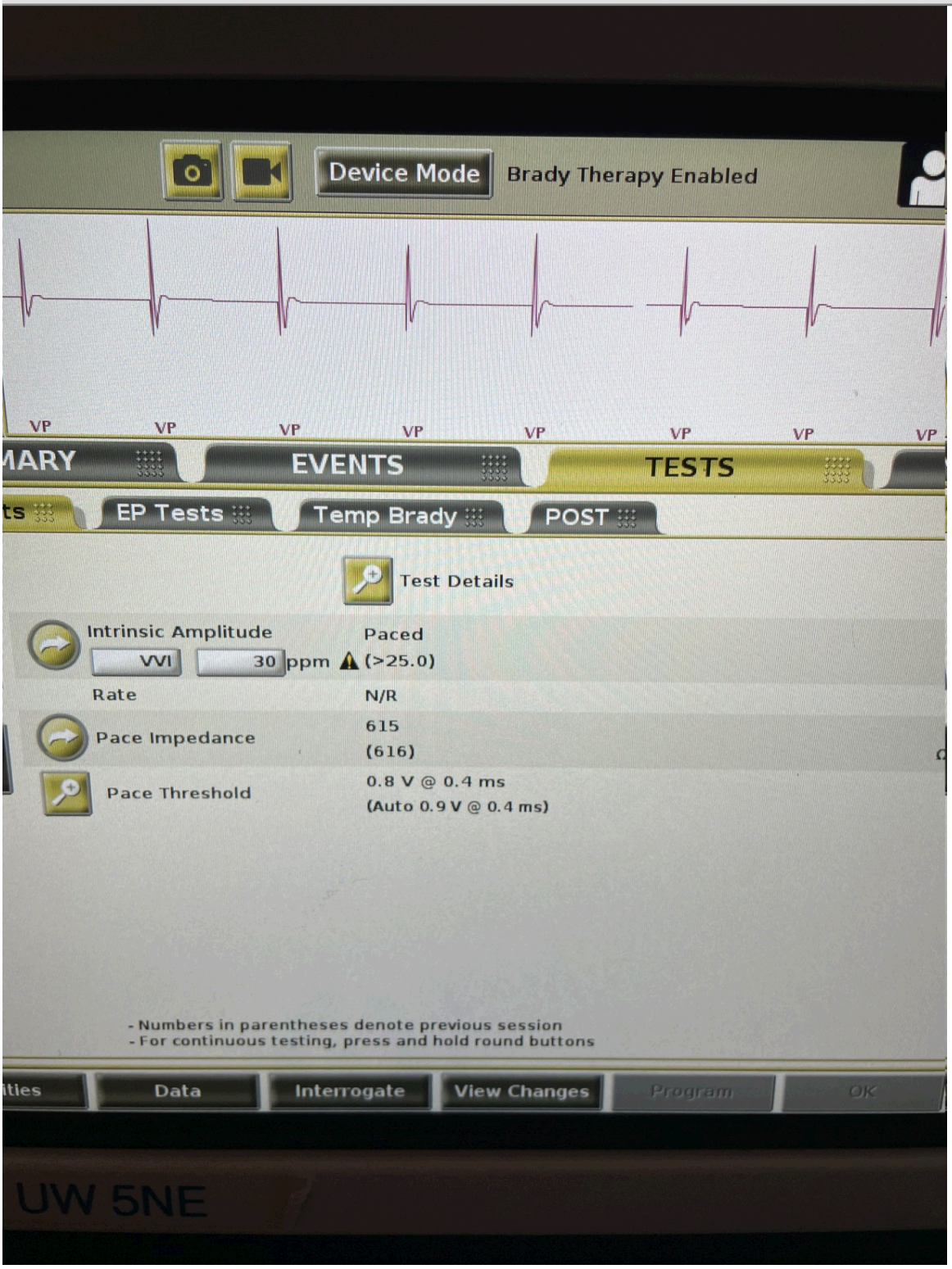
Objective:

Vitals (Most recent in last 24 hrs)
T: **(!) 37.9 °C** (01/14/25 0800) **BP:** **(!) 111/46** (01/14/25 0800) **HR:** 70 (01/14/25 0800)
RR: 18 (01/14/25 0800) **SpO2:** 98 % (01/14/25 0800)
T range: Temp Min: 36 °C Max: 37.9 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

Chest: Incision is clean and dry with no evidence of dehiscence or bleeding. There is no hematoma.
Respiration: Normal work of breathing on room air.

Two-view chest x-ray: Leads in acceptable positions without evidence of pneumothorax.

Interrogation results:



Assessment and Plan:
Successful device placement without evidence of significant complications. Jeanne Leonie Hoffman has been added to the EP follow up list and will be called to schedule an appointment. Routine post-implantation care and activity restrictions discussed.

Thank you for involving us in Jeanne Hoffman's care. The patient was was seen and discussed with Dr. Nazem Akoum, MD, the attending electrophysiologist. We will now sign off. Please reach out via the operator with any further questions.

Device care instructions:
- May shower 72 hours after surgery; gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days.
- Activity restriction (for 30 days after implantation):

4. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
5. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

- 3. Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
-
- Avoid heparin products if possible after device placement. If heparin products are needed, please wait **at least 48 hours** after device placement.
-
- This patient was seen and discussed with Cardiology Attending Nazem Akoum, MD.
-
- Omar A Khan, MD
- Fellow in Cardiovascular Medicine
- University of Washington

Electronically signed by Khan, Omar Asad, MD at 1/14/2025 2:16 PM
Electronically signed by Akoum, Nazem Walid, MD at 1/15/2025 4:23 PM

Gorelick, Noah L, MD at 1/16/2025 1445

Consult Orders
1. Inpatient Consult to Physical Medicine Rehab [361829141] ordered by Segerson, Karen Elaine, MD

Attestation signed by Lam, Ny-Ying, MD at 1/17/2025 3:44 PM (Updated)

Date of Service: 1/16/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

We will sign off at this time.

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Physical Medicine Rehab
Consult performed by: Gorelick, Noah L, MD
Consult ordered by: Segerson, Karen Elaine, MD

CHIEF CONCERN / IDENTIFICATION:

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Physical medicine and rehabilitation consulted for L above knee amputation recommendations.

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:

History obtained from combination of chart review and conversation with patient's son, Louis. He reports that they were evicted from their housing Bainbridge Island, where they were recently evicted from their home around October 2024. He had been working on caring for her chronic left lower extremity ulcers until he noticed that they had started to become necrotic following her 100th birthday celebrations on 1/6 and 1/7. They presented to the hospital on 1/9 and proceeded to left above-knee amputation for Rutherford class III acute limb ischemia.

Surgical hospital course was complicated by bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Today patient was approached resting comfortably at the bedside in the ICU. Communication with patient was limited by significant hearing impairment and conducted primarily via writing with large lettering on dry erase board at the bedside. Patient indicated that she was experiencing some pain at her incision. She also endorsed ongoing phantom sensation of her amputated toes and leg up to the incision. Importance of stretching to prevent HF contracture was discussed with her son Louis.

HISTORY

Problem List

Diagnosis
• Sensorineural hearing loss, unspecified
• Hypercholesterolemia
• Generalized osteoarthrosis, unspecified site
• Essential hypertension, benign
• Unspecified glaucoma(365.9)
• Routine general medical examination at a health care facility
• Type 2 diabetes mellitus without complication (HCC)
• Adult failure to thrive syndrome
• Osteoporosis, unspecified
• Osteoarthritis of lumbar spine
• Urine incontinence
• Pseudophakia, both eyes
• History of recurrent deep vein thrombosis (DVT)
• Imbalance
• Primary osteoarthritis of both hips
• Vitamin D deficiency
• Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
• Primary open angle glaucoma (POAG) of both eyes
• Closed fracture of distal end of femur, unspecified fracture morphology, sequela
• Community acquired bacterial pneumonia
• Reduced vision
• Housing instability
• Advanced care planning/counseling discussion
• Acute lower limb ischemia
• Bradycardia

Past Surgical History:

Procedure	Laterality	Date

- PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

Spring 2018
Homeless living with son in tent on Bainbridge
Pastor Dave O'Connell 314.853.2695
APS Levonne Gibson 360.473.2167
NW Justice Project Samantha Adams 206.707.0838

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

Support System and Family Circumstances (i.e., potential caregivers): Lives with son Louis
Home Environment / Accessibility:
Per PT note 1/10:
"Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker;Other (Transport chair)"

FUNCTIONAL HISTORY

Prior Function: Per PT note 1/10: "limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility."

Current Function:
Mobility: max assist
ADLs: max assist/dependent
Cognition/Communication: impaired hearing, able to read large letters on dry erase board.
Swallow: low/moderate aspiration risk (pending mentation)
Bowel: LBM 1/15
Bladder: foley

MEDICATIONS:
SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- [Held By Provider] guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine, 500 mg, TID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/16/25 1047)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026)

RR: (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air
Vitals (Most recent in last 24 hrs)
T: 36.9 °C (01/16/25 1605) **BP:** **(!) 143/80** (01/16/25 1605) **HR:** 68 (01/16/25 1605) **RR:** 16 (01/16/25 1605) **SpO2:** 98 % (01/16/25 1605) Room air **T range:** Temp Min: 36 °C Max: 37 °C Wt 119 lb 0.8 oz (54 kg) Ht 5' 0" (1.524 m) Body mass index is 23.25 kg/m².

Physical Exam

General/Constitutional: NAD, sleeping with mouth agape, awakens easily upon entry into room. Patient with significant hearing impairment. Asks loudly "You want to see my leg?"
HEENT: Normocephalic, atraumatic.
Respiratory: Breathing comfortably on RA, no resp distress or accessory muscle use
Musculoskeletal: Left above knee amputation with residual limb wrapped in ace wrap.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
141	111	12	144	9.0	AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	22	0.70		6.55 >< 220	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.8		29	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.1		PO4: 2.9		ANC: - ALC: -			BNP: - INR: -	Anti-Xa: -

RELEVANT RESULTS
Imaging Results:
Electrophysiology procedure
- Successful single chamber pacemaker implantation
- pCXR now to r/o PTX
- PA/Lateral CXR tomorrow AM
- Sling immobilization overnight.
- 30 days with <10lb weight lifting limitation and no elevating left arm over shoulder height
- Remote device check tomorrow am to ensure stability of lead parameters

Cardiac catheterization
Procedure:
Successful right transjugular central line placement and temporary pacemaker placement.

Findings:
Severe symptomatic bradycardia.
Temporary pacemaker placement to RV apex.

Recommendations:
Findings discussed with primary team.
Cardiac catheterization, Electrophysiology procedure
Procedure:
Successful removal of temporary pacemaker lead, right transjugular central line replacement and new temporary pacemaker placement.
Limited bedside TTE.

Findings:
No pericardial effusion.
Severe symptomatic bradycardia.

Recommendations:
Findings discussed with primary team.

XR Chest 2 View

Narrative: EXAMINATION:
XR CHEST 2 VW

INDICATION:
Pacemaker

FINDINGS AND
Impression: Compared to 1/13/2025, pacemaker electrode position is unchanged. Heart size is unchanged.

Lung volume is lower. Basal atelectasis or aspiration and bilateral pleural effusions persist.

XR Chest 1 View

Narrative: EXAMINATION:
XR CHEST 1 VIEW

INDICATION:
Pacemaker

FINDINGS AND
Impression: Compared to 1/12/2025, a pacemaker has been placed from the left subclavian vein with electrode in the right ventricular apex, as expected.

Heart size is normal and unchanged. Aorta is calcified, indicating atherosclerosis.

Lung volume is low. There is basal atelectasis or aspiration and there are bilateral pleural effusions.

No pneumothorax.

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☐	
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Physical medicine and rehabilitation consulted for L above knee amputation recommendations. Reviewed the typical recovery course following amputation with patient's son Louis and emphasized to the patient and her son the importance of proper wound care, nutrition, fall prevention to optimizing healing following amputation. Patient has a transport chair with thick tires that may be well-suited for rough terrain, however, may benefit from more appropriately fitting wheelchair. Given patient's age and comorbidities, and significant energy expenditure with ambulation in AKA, unlikely that patient will progress to community level ambulation with any prosthetic device.

Recommendations:
- I discussed the importance of nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.

- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic).

Thank you for the opportunity to be involved in the care of this patient. Please feel free to call with questions or concerns via rehabilitation medicine consult pager (UWMC: 206-540-8975) or by the rehabilitation medicine resident listed in CORES on weekdays. We will continue to follow with you regarding rehabilitation needs.

Inactive Attestations

Removed attestation signed by Lam, Ny-Ying, MD at 1/17/2025 11:30 AM (removed by Lam, Ny-Ying, MD at 1/17/2025 3:44 PM)

Date of Service: 1/16/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Electronically signed by Gorelick, Noah L, MD at 1/16/2025 7:31 PM
Electronically signed by Lam, Ny-Ying, MD at 1/17/2025 3:44 PM

Barnhart, Shelley Lea, RD at 2/18/2025 1456

Consult Orders
1. Inpatient Consult to Nutrition [368664246] ordered by Pillai, Sunita, MD at 02/18/25 1404

Inpatient Nutrition Brief Note
Please see RD note on 2/14/25 for full assessment

Recommendations:
NUTRITION SUPPORT:
- TF via NGT: Standard TF formula to provide 100% of energy/protein needs
  - **start Jevity 1.5 at 10 mL/hr continuous on pump, advance 10 mL q12 hr to goal at 40 mL/hr**
  - TF at goal provides: 880 mL, 1320 kcal, 56 gm protein, 190 gm CHO, 18 gm fiber, 669 mL free water
  - run x24 hr (calculated x22 hr to allow for interruptions for care)
- Water Flush: Minimum 30 mL free water flush q4 hours while TF are running to maintain tube patency, consider additional 650 mL (160 mL 4x/day) daily for maintenance needs

LABS:
- significant risk of refeeding syndrome, consider potassium/magnesium/phos BID checks until TF meeting 100% of energy needs and labs are stable

VITAMINS/SUPPLEMENTS:
- **Start thiamine 100 mg daily, x5 days**

Diet/TF orders:

Active Diet Orders

Nourishments

Dietary Nutrition Supplement UWMC ML INPATIENT; Benecalorie (high calorie; liquid)
Dietary Nutrition Supplement UWMC ML INPATIENT; Ensure Plus High Protein (high calorie/protein)

Diet

NPO Diet No exceptions

Allergies:

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin *confusion*	Other
• Penicillins *3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD*	Skin: Rash
• Sulfa Antibiotics	Skin: Rash

Labs:

Lab Results

Component	Value	Date
SODIUM	141	02/15/2025
POTASSIUM	3.4 (L)	02/14/2025
MAGNESIUM	1.9	02/09/2025
PHOSPHATE	3.2	02/05/2025
CA	8.2 (L)	02/14/2025
BUN	7 (L)	02/14/2025
CREATININE	0.54	02/14/2025
GLUCOSE	182 (H)	02/14/2025
A1C	6.6 (H)	01/10/2025
VITD	22.9	01/16/2025

Lab Results

Component	Value	Date
GLUCOSE	182 (H)	02/14/2025
GLUCOSE	181 (H)	02/14/2025
GLUCOSE	191 (H)	02/13/2025
GLUCOSE	157 (H)	02/12/2025
GLUCOSE	252 (H)	02/11/2025
GLUCOSE	148 (H)	02/10/2025
GLUCOSE	131 (H)	02/09/2025
GLUCOSE	122	02/08/2025
GLUCOSE	136 (H)	02/06/2025
GLUCOSE	130 (H)	02/05/2025

FEN:
- diet order NPO
- per RN note, refusing PO intake, poor appetite

GI:
- NGT placed today
- Dysphagia, SLP recommendations 2/7 for minced and moist, thin liquids

Estimated Nutrition Needs
Using lowest wt, 43.7 kg
Energy: 1092-1311 kcal (25-30 kcal/kg)
Protein: 56-66 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Interventions:
Chart reviewed. and sent secure chat to Physician

Nutrition following.
See Treatment Team for contact.
Weekends: pager 206.989.1191

Electronically signed by Barnhart, Shelley Lea, RD at 2/18/2025 3:17 PM

Abrams, Debra J at 2/23/2025 1532

UWMC Montlake Spiritual Care Visit

Encounter Details

- Patient Name: Jeanne Leonie Hoffman
- Referral From: RN
- Requested by: Family
- Form of Contact: In person
- Present at Encounter: Patient and caregivers
- Visit Type: Initial
- Location: UWMC (Montlake) 7SA

Narrative of Spiritual Encounter

Extensive debrief w/ RN Allen post-visit. Jeanne's son, Louis, expressed his concern that Jeanne is not getting the medical care she "should" be getting. He asserted that he's her "physician" and quickly amended it to "medical advisor" because "you're not supposed to say physician." When this provider asked him, "Are you Jeanne's DPOA" he said, "No" and reiterated that he's her "medical advisor," noting that he has "suited up" when she's had surgery b/c he has needed to advise med team. He asserts having some background in health care. He said that he's been attempting to feed her and showed this provider juice that he said he's attempted to give her. When asked how spiritual care can support Jeanne and him, he asked for prayer "at whatever church you go to."

In debrief, RN Allen said that this provider could document his (RN's) concerns that Louis' attempts at feeding

Jeanne are putting Jeanne in physical jeopardy by taking unnecessary risks given Jeanne's physical condition. RN said that he has shared his concerns over Louis' interventions with Louis and med staff.

- **Spiritual Assessment**
  - Spiritual Resources: Prayer
- **Interventions**
  - Spiritual Interventions: Spiritual Care Assessment;Spiritual Support
- **Plan of Care**
  - Continue Visiting: Not at this time.
  - Spiritual Care Follow-up: No further needs at this time Will request spirtual care as desired
  - No further needs: Will request spirtual care as desired
- **Visit Duration**
  - Direct Time: 40
  - Indirect Time: 30
  - Total Time: 70
- Thank you for this referral
- Please call/page if further needs arise:
  - UWMC (Montlake Campus):
    - For urgent support: 206.559.6764 (pager)
  - For non-urgent/general inquiries: 206.598.9174 (voicemail)

Electronically signed by Abrams, Debra J at 2/23/2025 3:47 PM

Wang, Virginia, MD at 2/24/2025 1010

Attestation signed by Saxena, Nina A, MD at 2/24/2025 7:23 PM

Date of Service: 02/24/25
I did not see the patient but have reviewed the resident(s)'s/fellow(s)'s documentation.
100 yoF with tenuous respiratory status, failed placement of NGT due to challenges with sedation. EGD with NG placement would require deep sedation/ intubation, which could compromise her already very tenuous respiratory failure. If the goal is to prolong life, a procedure requiring deep sedation/ intubation is more likely to cause harm than benefit. If she does move to the ICU and requires intubation for other reasons, or if her respiratory status significantly improves, we would be happy to be of assistance at that time.

Gastroenterology Brief Note
Jeanne Leonie Hoffman | U8170135 | 2/24/2025

10:10 AM
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, prior DVT, PAD p/w ALI on 1/9/25, now s/p L AKA (Smith 1/9/25). Post-op course c/b post-op bradycardia & new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM (1/13/25). Remains inpatient 2/2 delirium, poor PO intake, electrolyte derangements. Currently on HFNC 50L @ 100% due to pulmonary edema. GI consulted for consideration of endoscopic NGT placement as patient failed NGT placement under fluoro on 2/20/25 and is not taking enough PO to maintain nutritional needs.

Records reviewed, patient not seen. On review, this patient's respiratory status is very tenuous, and she has previously failed NGT placement under sedation. She would require anesthesia for endoscopically guided NGT placement. Given her very tenuous respiratory status, the likelihood that she would extubate successfully after procedural intubation is low. As such, we feel that the risks of performing this procedure far outweigh the potential benefits; we would not offer endoscopically guided NGT placement at this time. Should the patient require intubation for any other reason, including but not limited to respiratory decompensation, please feel free to re-engage our team if the bedside staff remain unsuccessful with NGT placement or NGT placement under fluoro remains unsuccessful at that time.

Staffed with GI attending Dr. Saxena.

Electronically Signed By:
Virginia Wang, MD
PGY-3 | General Surgery

Electronically signed by Wang, Virginia, MD at 2/24/2025 10:15 AM
Electronically signed by Saxena, Nina A, MD at 2/24/2025 7:23 PM

Ingalls, Bailey, MD at 3/6/2025 0222

Orthopaedic Surgery Consult Note

Date of Service: 03/06/25
Attending of Record: Navin Fernando, MD
Reason for Consult: Closed right peri-implant femur fracture
Non-Orthopaedic Injuries: None

History of Present Illness:
Jeanne Leonie Hoffman is a 100 year old female who initially presented to the hospital on 1/9/2025 with concerns for chronic LLE wounds and increased pain, ultimately found to have acute limb ischemia and went to the OR urgently with vascular surgery for AKA.

Her recovery from this procedure was complicated by sinus bradycardia, first-degree heart block and RBBB. She ultimately spent time in the cardiac ICU, and had a pacemaker placed. Palliative care became involved in her case on 1/10. Her recovery was further complicated by delirium, agitation, difficulty with nutrition/dysphagia, at times leading to starvation ketosis. She also had wound healing issues with her residual left lower extremity.

Per palliative care note from 2/10, Louis (son) has been concerned that Jeanne was not eating because she is frustrated and not adjusting well to the amputation. She was being maintained largely on IV fluids, but has subsequently lost access and has minimal options remaining other than a central line. From review of notes, it appears she was for long periods of time not a NGT candidate due to her poor respiratory status (they did not feel she was safe for any level of sedation). Due to the medical complexity of her situation, she has been largely bedbound since her AKA and has made little progress towards rehab.

Initially transitioned to comfort measures only on 2/25, however respiratory status subsequently improved and goals have shifted slightly towards her rehab and maintaining comfort with minimal necessary escalation of care.

On 3/5 she had an unwitnessed fall from her bed, resulting in the above-mentioned right peri-implant femur fracture.

Had a long conversation with her son regarding his longevity focus, and his plans for her to live another 5 to 6 years. At the time of this interview, she was fully unable to participate–he said that this is common when she gets pain medications, but states that she was fully lucid prior and they discussed her leg and she wanted it "fixed". He is a strong advocate for his mother, and very focused on ensuring that she receives excellent, holistic care, with the end goal of strengthening and rehabilitation.

Review of Systems:
Pertinent positives as per HPI.

Past Medical History:
Hypertension, type 2 diabetes, hyperlipidemia, history of DVT, acute LLE ischemia necessitating AKA, first-degree AV block, GERD, remote history of seizures, PAD

Past Surgical History:
1/9/2025–left AKA (Dr. Smith, vascular)
1/13/2025–pacemaker implantation
7/15/2021–ORIF right distal femur
Also has evidence of right femoral neck fixation

Allergies:
Adhesive's, aspirin, nitrofurantoin, penicillins, sulfa

Medications:
Current Outpatient Medications

Medication	Instructions
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• cholecalciferol (VITAMIN D-3)	2,000 units, Daily
• Cyanocobalamin (VITAMIN B-12 OR)	1 tablet, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	1 tablet, Oral, Daily
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

Family History:
No family history of bleeding disorders, clotting disorders, or problems with anesthesia.

Social History:
Phone Number:
Telephone Information:
Home Phone 206-780-6885
Work Phone Not on file.
Mobile 206-280-1287

Lives in Bainbridge with her son

Occupation: Retired
Functional Status: Dependent for all ADLs, requires assistance to sit at EOB (loses balance quickly), currently transferred to chair via sling, has not been ambulatory since prior to AKA – when son references prior functional status, he defaults to talking to her abilities at least 1 year prior, unclear how functional she has been in the interim

Physical Exam (performed at roughly 0330 hours on 3/6/2025):
BP (!) 101/54 (Patient Position: Lying) | Pulse 92 | Temp 36.3 °C (Temporal) | Resp (!) 21 | Ht 5' (1.524 m) | Wt 45.7 kg (100 lb 12 oz) | SpO2 94% | BMI 19.68 kg/m²

General: Frail appearing. In no acute distress. Appears stated age. Lying in bed.
Respiratory: Breathing comfortably on room air. and Bilateral symmetric chest rise. No extra work of breathing.
Neuro: Opens eyes to physical stimuli, but does not track voices or people, eyes roving around the room. Intermittently raises arms in front of her or above her head, but these do not appear to be oriented movements. Does not answer questions or follow commands.
MSK:
Left Lower Extremity
Inspection: Status post AKA, incision largely well-healed except for some dehiscence along the medial edge of the incision with dried scabbing, no active drainage or erythema

Right Lower Extremity
Inspection: No open wounds. Swelling about the thigh, moderate lower leg and foot edema
Palpation: Difficult to assess tenderness in setting of altered mental status, but no changes in movements/no grimacing noted with palpation of foot or ankle . Pitting edema.
Range of Motion: Deferred due to known hip fracture
Motor: Does not follow commands, but is noted to spontaneously flex and extend the toes, fire TA
Sensory: Does not follow commands or answer questions to participate in a sensory exam, but does wiggle toes to touch on the dorsal and plantar foot
Vascular: warm and well perfused
Compartments:Compartments of the leg are soft and compressible.

Labs:
Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Radiology:
Reviewed imaging which demonstrates oblique inter-implant fracture in the proximal 1/3 of the femoral shaft between a DHS proximally and a lateral distal femur plate distally. Implants appear intact. Fracture in varus and apex anterior malalignment. Significant vascular calcifications

ASSESSMENT
Jeanne Leonie Hoffman is a 100 year old female who sustained an inter-implant femoral shaft fracture after an unwitnessed fall.

We had a long discussion with the son regarding his goals of longevity and mobility for his mother. We discussed that

while this fracture is often one that is managed operatively, we have serious concerns regarding her ability to survive the surgery that would be required. In her case in particular, the implants she already had would necessitate a very large, morbid approach, with much higher blood loss than the surgery on someone without these implants. Additionally, the goal of the surgery is typically to improve mobility and pain control. In her case, given her contralateral AKA and overall deconditioning in the hospital, it is unclear that a large surgery would help her mobility goals, which would largely relegated to a pain control procedure. In light of that goal, her pain can also be managed with gentle mobilization and medication, without the associated mortality risks. The son has serious concerns regarding her conditions not being treated, and we explained that nonoperative treatment is still treatment, and that the goal would be to stabilize the fracture in a position of comfort such that it could begin healing. This would also allow him time to focus on improving her nutrition and p.o. intake which has been seriously lacking over the past months, further endangering her if she needs future surgery. With this understanding that we can still continue to monitor her healing, he is amenable to a trial of nonoperative treatment.

The location of her fracture makes it quite difficult to mobilize, we would like to start with a trial of using an abduction pillow for some gentle support. If this does not work, we can try additional braces, though they may be more difficult to don and doff.

All questions were answered and the patient was in agreement with the plan of care as stated. These recommendations were communicated with the medicine provider. Please find orthopaedic surgery problem based plan below.

PLAN
#R inter-implant femur fracture
Weight Bearing: NWB RLE
Antibiotics: Given the closed nature of the injury, a tetanus booster and antibiotics were not indicated
DVT Prophylaxis: Defer to primary
Immobilization: Abduction pillow
Follow Up: 3/13 repeat XR R femur
Team: UW Call Team

- This plan was discussed with Dr. Fermin Prieto, the Orthopaedic Trauma Chief on-call who is in agreement

Bailey Ingalls, MD
PGY3, Orthopaedic Surgery and Sports Medicine
University of Washington | Harborview Medical Center

Electronically signed by Ingalls, Bailey, MD at 3/6/2025 5:30 AM
Electronically signed by Fernando, Navin Dhanushka, MD at 3/6/2025 9:54 AM

Shirley, Jamie L at 3/7/2025 1118

Thank you for including ethics in this case. I met with nursing to discuss approaches to care on Tuesday 3/4 and offered follow-up today. Talked with nurse Rosalie and nurse manager Alex Dimitrov. Efforts continuing to discharge patient to SNF for rehab today or over weekend. Encouraged compassionate approach that acknowledges his long history of excellent care for her and his complicated grief related to her imminent demise. Provided support to staff for setting limits on tangential conversations related to son's multiple concerns and anxiety regarding patient welfare, but to focus on primary issues we can practically address. Additionally, it is appropriate to educate son and limit his actions regarding his interventions in patient's care that are not beneficial or harmful to patient's safety.

Please reach out to ethics for on-going support if we can be of assistance via the paging operator.

Electronically signed by Shirley, Jamie L at 3/7/2025 11:21 AM

Brockman, Abby, MDiv at 3/7/2025 1212

Consult Orders
1. Inpatient Consult to Spiritual Care [372368092] ordered by Barnes, James Irvin, MD at 03/06/25 1653

Brief Progress Note – Spiritual Care & Wellbeing

Encounter Details

- Referral From: RN
- Requested by: RN
- Form of Contact: In person
- Present at Encounter: Patient and caregivers
- Visit Type: Palliative care Attempted (Inpatient)
- Location: UWMC (Montlake) 7SA

Summary of Encounter

I consulted with RN before going into the room due to ongoing challenges. After conversation with medical team, as they were going to enter with Palliative Care within the hour, we determined it was best not to visit at this time. Closing consult per team recommendation, but they know they can reach out if our support would be helpful later.

Standard Interventions

- Spiritual Support;Ritual, Prayer

Plan of Care

- Follow-up Plan: No further needs at this time As available Will request spirtual care as desired
- To Provide: Faith affirmation;Ritual: prayer/blessing/meditation

Visit Duration

- Direct Time: 10
- Indirect Time: 10
- Total Time: 20

Electronically signed by Brockman, Abby, MDiv at 3/7/2025 12:13 PM

DC Planning Supplement

Foxx, Vivian Amber, LICSW at 3/8/2025 0921

SNF DISCHARGE ORDER

Hoffman, Jeanne Leonie

SW DID NOT CREATE THIS INFORMATION. CREATED FOR AIDA REFERRAL FROM MEDICAL TEAM DOCUMENTATION.
The information contained in this report is accurate as of the printing date/time shown at the bottom of this page. Refer to the After Visit Summary (AVS) for final information.

Comments

UWMC ML INPATIENT 1959 NE PACIFIC ST SEATTLE WA 98195	Hoffman, Jeanne Leonie MRN: U8170135, DOB: 1/6/1925, Legal Sex: F Adm: 1/9/2025, D/C: —
UWMC ML INPATIENT 1959 NE PACIFIC ST SEATTLE WA 98195	Hoffman, Jeanne Leonie MRN: U8170135, DOB: 1/6/1925, Legal Sex: F Adm: 1/9/2025, D/C: —

Patient Demographics

Address	Phone	E-mail Address
321 High School RD NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) 206-280-1287 (Mobile) *Preferred*	jeanhoffman@usa.com

Discharge Order (From admission, onward)

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

Code Status Information

Code Status
DNR

Modified Resuscitation Specifics:	
Specify patient preferences:	DNR/DNI

Preferred Pharmacy

Rubenstein Pharmacy
105 Husky Health Box 354410 SEATTLE WA 98195
Phone: 206-685-1021 Fax: 206-685-9990
Hours: Mon-Fri 9:00am - 5:00pm, Sat-Sun Closed, Please allow 48 hours for refills.

RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608
301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065 Fax: 206-780-2781
Hours: Not open 24 hours

UWMC Outpatient Pharmacy
1959 NE Pacific St SEATTLE WA 98195
Phone: 206-598-4363 Fax: 206-598-7817
Hours: Mon-Fri 8:00am - 9:00pm, Sat-Sun 8:00am - 8:00pm, Please allow 48 hours for refills.

Discharge Medications

New Medications

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

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

Medications To Continue

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

Stopped Medications

atorvastatin 10 MG tablet
Commonly known as: Lipitor

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

medihoney topical gel

MULTIPLE VITAMIN OR

pentoxifylline ER 400 MG ER tablet
Commonly known as: TRENtal

timolol maleate 0.5 % ophthalmic solution
Commonly known as: Timoptic

VITAMIN B-12 OR

Discharge Orders (From admission, onward)

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

Additional Info/Restrictions:
HMC:
Referral to HMC REHAB MEDICINE CLINIC 20 [221240] Choose a Speciality
Limb Loss/Amputation Clinic

UWMC ML:
Referral to UWMC Rehab Clinic [220069] Choose Speciality

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

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

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

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

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

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

03/07/25 1909 **Referral to Fractures/Trauma**
Comments: Coverage for this visit--Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid
This referral for consultation or procedure grants authorization to perform diagnostic or other services required.
REASON FOR REFERRAL: 100 year old year old female with R hip fracture s/p fall in hospital, non-op management pursued. Wanted 3/13 repeat Femur xray (ordered as separate order)

Is this a Workmen's Compensation case? NO
Electronically Signed By: Barnes, James Irvin, MD [NPI: 1255607453]

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

Discharge Instructions

Dear Ms. Hoffman,

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

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

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

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

Wound Care:
-Continue to change the dressing over the leg daily to keep it clean. Light compression should help keep edema out of

it and optimize its chances of healing.
-Any changes to your wound care regimen based on how the stump heals can be made with the Vascular Surgery clinic or the Wound Care clinic.

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

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

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

Please call with any concerns or questions about your amputation.

UWMC Surgical Specialties Center

1959 NE Pacific Street
Box 356165
Seattle, WA 98195

Phone 206.598.4477
Fax 206.598.6705
Appointment scheduling 206.598.1426
Surgery Scheduling 206.598.9436
Nurse line 206.598.4477 Option 2
Clinic fax 206.598.2532

Scheduled Appointments

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

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

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

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

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

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

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

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

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

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

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

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

Done from home remote monitor this is NOT a clinic visit.
**Disregard appointment time - clinic will contact you with results within the week.

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

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

Services)

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

Contact information for follow-up

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

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

Next Steps: Follow up

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

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

Printed by Foxx, Vivian Amber, LICSW
3/8/2025 9:22 AM
Page 465 of 119

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

Diagnosis Clarification

Whitehouse, Nathan Paul, RN at 1/17/2025 0912

In my clinical opinion, the patient is being managed for severe protein calorie malnutrition as demonstrated by wt loss, low BMI, housing and food insecurity, low calcium, low albumin.

Background:
Risk Factors: no PO intake in ~5 days PTA, unstable housing, s/p L AKA, s/p single chamber PPM
Clinical Indicators: cachectic, anorexia, global severe muscle and fat loss, age related loss compounding recent loss, 5.5% wt loss in 1 month, <50% of needs for >5 days
Treatment: Nutrition consult, multiple trials of NGT placement given poor PO intake but unsuccessful

Electronically signed by Whitehouse, Nathan Paul, RN at 1/17/2025 9:17 AM
Electronically signed by Segerson, Karen Elaine, MD at 1/17/2025 10:51 AM

Discharge Instructions

Barnes, James Irvin, MD at 1/14/2025 1238

Dear Ms. Hoffman,

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

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

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

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

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

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

Medications:

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

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

Please call with any concerns or questions about your amputation.

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Electronically signed by Barnes, James Irvin, MD at 3/8/2025 8:53 AM

Nursing Note

Sande, Nathan R, RN at 1/10/2025 0735

Patient Summary

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA

1/9: admitted post-op s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction, given atropine x 1, then started on dopamine with HR improvement to 40s. Pads on. Additionally, given 750 LR for hypotension and oliguria. Failed bedside swallow, kept NPO until seen by SLP.

Son at bedside reports that they lost housing in October and currently live in a tent on Bainbridge Island. Social work consult placed.

Edited by: Sande, Nathan R, RN at 1/10/2025 0639

Illness Severity

Watcher
Edited by: Sande, Nathan R, RN at 1/10/2025 0635

Patient Monitoring Document - Scan on 1/10/2025 12:14 AM: RE-LABELED TO 2 AV BLOCK TYPE II (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)

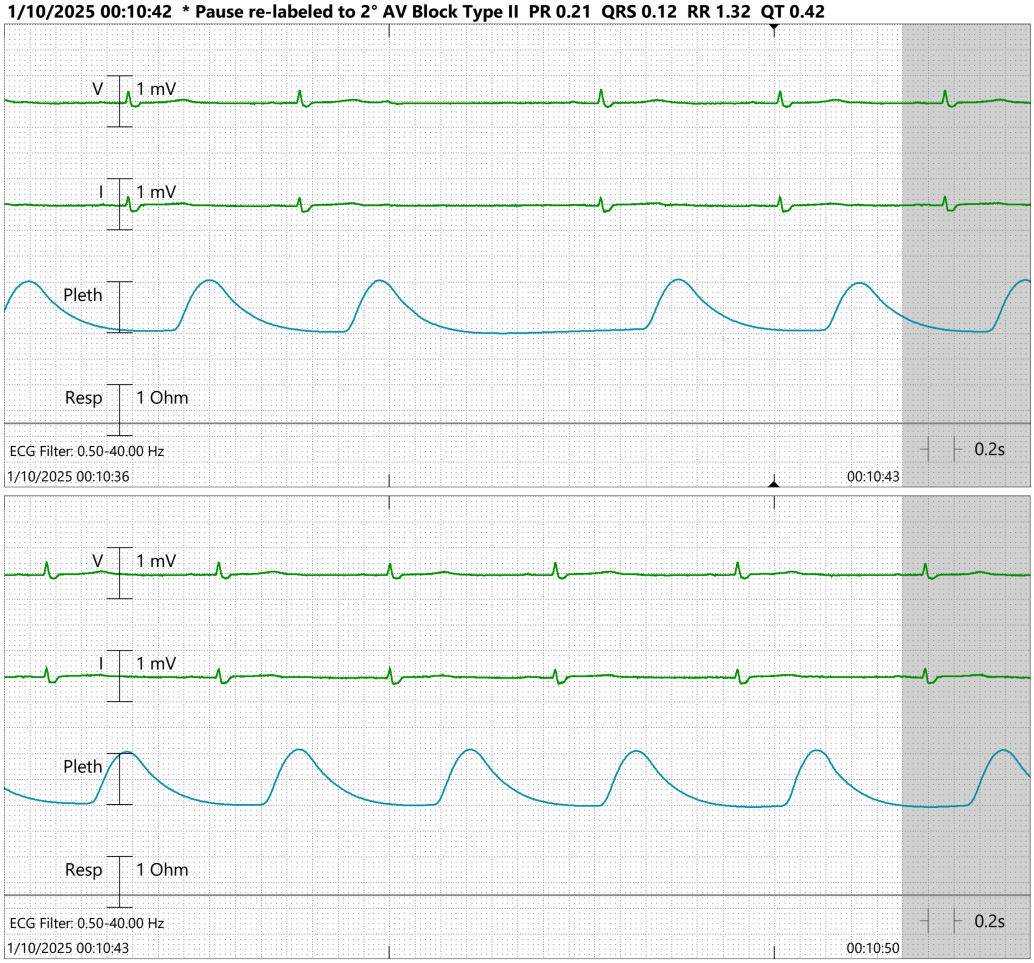
Strip Report SA5420

HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 43	PVC 0	SpO_2 99	Pulse (SpO_2) 42
Perf 3.5	RR -?-		
NBP 135/31 (69) (00:00)			

1/10/2025 00:10:42 * Pause re-labeled to 2° AV Block Type II PR 0.21 QRS 0.12 RR 1.32 QT 0.42



	5SA	UWMC Montlake

Printed on 1/10/2025 00:14:27 Page 1 of 1

Electronically signed by Sande, Nathan R, RN at 1/10/2025 7:41 AM

Thomas, Tamlyn P, RN at 1/10/2025 1530

Patient Summary

Hx: HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcers LLE

1/9/25 LLE acute limb ischemia x 48 hrs, bradycardic to the low 40s with EKG showing new RBBB but normal troponins prior to surgery
1/9: admitted post-op to 5sa s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction, given atropine x 1, then started on dopamine with HR improvement to 40s
1/10/25 syncopal episode after 15" dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. Emergent transvenous pacemaker placed in cath lab

RN shift summary, 07-1530, 1.10.25
Neuro: Pt profoundly HOH, but able to interact in a meaningful and appropriate manner. Difficult to assess orientation - states spont. "They cut off my left leg!" She has been anticipating it for a long time per her son due to non-healing sores. Clearly understands she is in the hospital.
Pain: Pt with zero pain at the beginning of the shift. Ropivicaine peripheral nerve block @ 8ml/hr. Pain mild until around noon when she pointed to posterior L upper thigh and said it was quite sore. Pain level unchanged after scheduled acetaminophen given on return from cath lab for transvenous pacemaker.
CV: Bradycardic mostly about 40, tolerating movement, unable to wean Dopamine gtt but asymptomatic until she had been working w/PT, sitting on side of bed, tolerating well, suddenly after 15-20" pt had an LOC, laid down remained symptomatic laying down, MAP to 54, pt responsive, but fatigued with very low energy and dizzy laying flat, team alerted, Dopa to 10mcg/kg/min, Atropine 2mg IV given in divided doses with little to no effect, Aline placed, sent to cath lab for emergent transvenous pacemaker. Returned from cath lab with working pacemaker. HOB raised 20 degrees and lost consistent capture and sensing - troubleshooting done by ICU team including 1 amp Calcium Chloride IV. CXR done. EP team notified and to bedside. Normotensive on dopamine gtt @ 5mcg/kg/min.
Pulm: Lung sounds clear throughout, on room air, RR reg. ABG WNL.
GI: Dec bowel tones, only on L side, no nausea, no stool
GU: Foley, average 50ml/hr, pale yellow, clear, UO dropped significantly from 1030 to 1400 upon return to cath lab - only 50ml output, but increased quickly in next hour.
Skin: At risk for breakdown, old diaper rash dermatitis healing well, intact, patchy scabs
Social: son in room, very informative, advocating for her. Visited by palliative care today.

Illness Severity
Watcher

Electronically signed by Thomas, Tamlyn P, RN at 1/10/2025 4:33 PM

Tatum, Krista N, RN at 1/10/2025 1949

Shift: 1500-1930
POD: 1
Acute Events:

- Lost capture s/p TVP #1 - cathlab did not lock pacer
  - Bradycardic 30's, neuro: somnolent and less responsive
  - Unable to regain capture with pacemaker adjustments, and placement estimated to be correct via bedside US per CTICU attending
  - Interventional cardiology arrived bedside to discover luer lock not locked - luer hidden under CHG dressing primapore
- Taken to cath lab for TVP replacement
  - New (R) IJ venous sheath
  - TVP #36 cm - Vpaced @70, amplitude 10 threshold 0.2 sensitivity 2
    - Amplitude @5 on arrival, increased to 10 s/p two incidences of noncapture
  - Hypotensive 90's/30's (50's) on arrival s/t Dopamine gtt being switched to PIV per cath lab d/t venous sheath being removed and replaced
    - ABP improved after switched back to central concentration

- UO downtrending at end of shift 90 --> 25
- SLP: chronic dysphagia noted, poor fitting dentures, soft easy chew diet ordered - tolerating well after TVP procedure, no s/s aspiration
- PNC: Ropivicaine @8 ml/hr, unchanged
- Pain: denies for me, per previous nursing endorsed intermittent (L)AKA pain
    - SCH IV Tylenol
- Social Work consulted
    - Working on housing assistance discharge planning
- EP consulted possible pacemaker
- Dopamine @ 5 - unchanged
- Caregiver, Son
    - Concerning behaviors and statements observed by nursing and cath lab personnel
    - During 2nd TVP placement, Son told nursing he was going to get food - left the unit without shoes, went to 2nd floor and tried to get into cath lab. Kicked out by staff. When Son asked why he did this he stated "I don't know where she was, you didn't tell me where she was going", and when cath lab told him he was present bedside for TVP replacement discussion and present when patient taken out of room by staff, he stated "no I wasn't, I was eating a sandwich"
    - Towards end of shift RN placing PIV bedside, Son said "you see those bruises? The way to get rid of them is with a toothbrush. If you brush over them a bunch, it breaks up all the blood and helps them heal."

Electronically signed by Tatum, Krista N, RN at 1/10/2025 8:11 PM

Bertram, Olivia T, RN at 1/11/2025 0647

Patient Summary

Hx: HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcers LLE
1/9/25 LLE acute limb ischemia x 48 hrs, bradycardic to the low 40s with EKG showing new RBBB but normal troponins prior to surgery
1/9: admitted post-op to 5ssa s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction, given atropine x 1, then started on dopamine with HR improvement to 40s
1/10/25 syncopal episode after 15" dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. Emergent transvenous pacemaker placed in cath lab
1/11 delirious, v pacing continued via TVP
Edited by: Bertram, Olivia T, RN at 1/11/2025 0535

Illness Severity

Watcher
Edited by: Sande, Nathan R, RN at 1/10/2025 0635

PRN seroquel for delirium and agitation. Mits applied as pt tries to remove lines and tubes including IJ TVP site. Oriented to self and otherwise disoriented. Continued infusion of ropivacaine via peripheral nerve sheath; pt denies pain.

Continued TVP pacing, VVI 70. No acute pacing events.
Dopamine gtt adjusted for HoTN. Maintenance LR added for continued SBP <100.

Room air.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

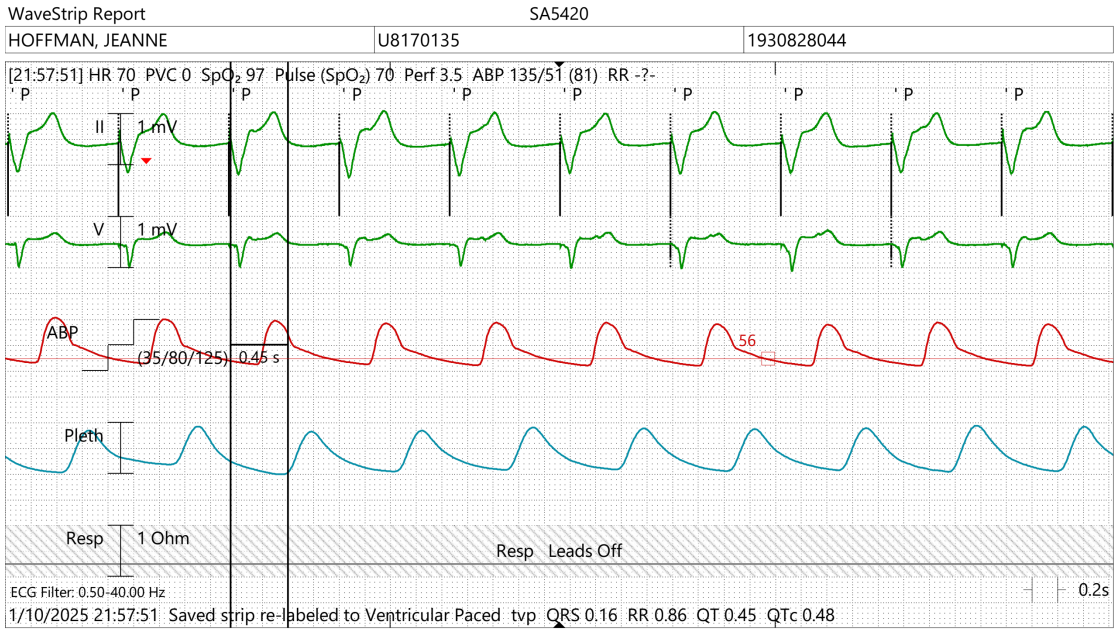
Clinical Notes (group 2 of 17) (continued)

20-35cc/hr UOP.

L stump with no drainage visible on ACE wrap. Dressing change due POD4.

549: observed small (<1cm) area of infiltration s/p starting IVPB infusion of Kcl into L arm PIV. Drug stopped immediately, provider notified, PIV removed, area tx w warm compress, elevated, and injected hyaluronidase SQ per order.

Patient Monitoring Document - Scan on 1/10/2025 10:01 PM: IBE (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)

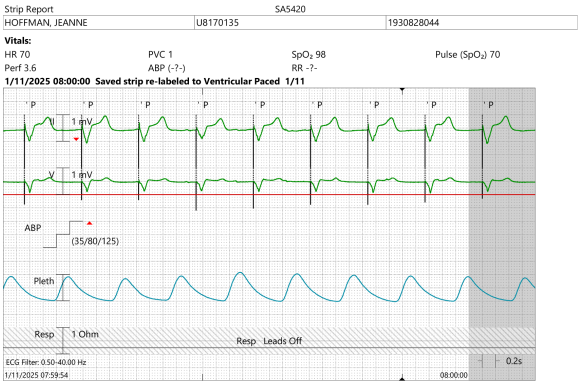
Electronically signed by Bertram, Olivia T, RN at 1/11/2025 6:47 AM

Walks, Tristan H, RN at 1/11/2025 0936

Patient Summary
100F

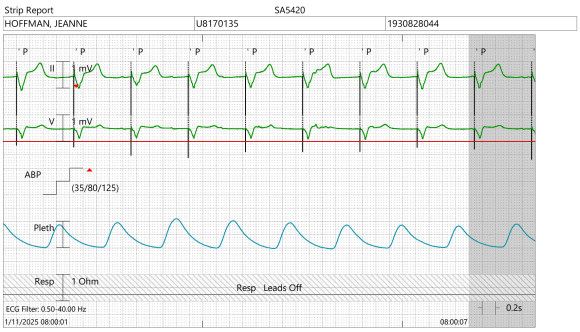
1/11:Delirious, v pacing continued via TVP, wean inotropes. C/f aspiration. Son at bedside.

Illness Severity
Watcher



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)



Electronically signed by Walks, Tristan H, RN at 1/11/2025 9:38 AM

Salick, Dominic J, RN at 1/12/2025 0415

Patient Summary

100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab

1/11:Delirious, v pacing continued via TVP, wean inotropes. C/f aspiration. Son at bedside.
Edited by: Walks, Tristan H, RN at 1/11/2025 0932

Illness Severity

Watcher
Edited by: Sande, Nathan R, RN at 1/10/2025 0635

Pt was delirious throughout night and efforts to reorient were unsuccessful. Restraints required as pt was pulling at TVP line. Sch seroquel and PRN melatonin were given without response. Agitation does not appear to be pain related as PRN pain medications do not seem to relax pt. Q4 NV checks WNL. Pt continually trying to get out of bed, saying she needs to get up and walk. Repositioning not alleviating pt's restlessness. Precedex started for continued agitation.
TVP remains, 100% V paced @ 70. SBP maintained in goal range on dopamine.
Pt on RA w/ spo2 WNL.
Pt took pills crushed in applesauce.
Foley in place w/ adequate output.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)

Patient Monitoring Document - Scan on 1/12/2025 6:06 AM: RE-LABELED TO VENTRICULAR PACED (below)

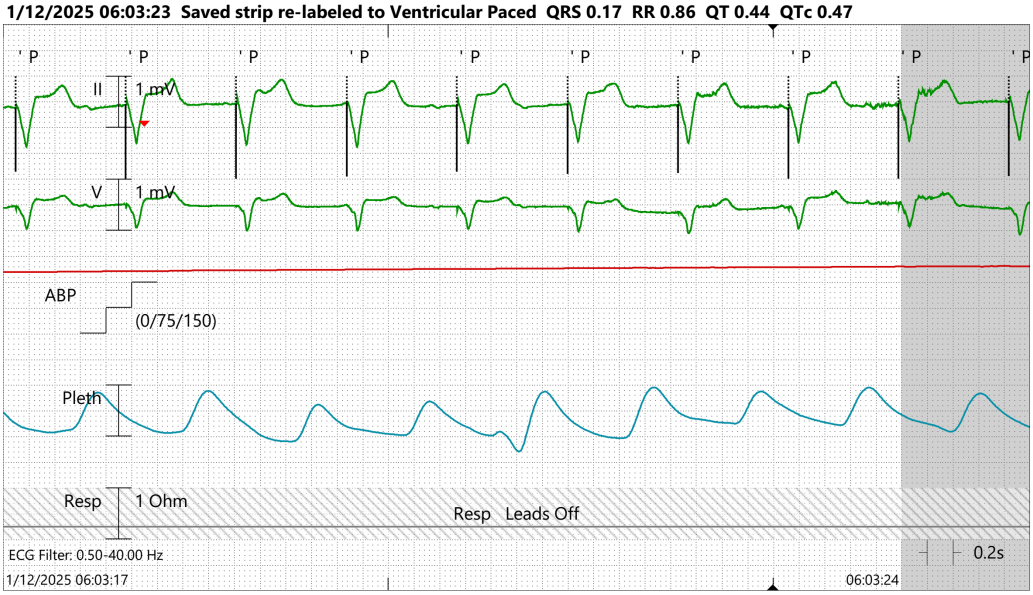
Strip Report SA5420

HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 70	PVC 0	SpO_2 96	Pulse (SpO_2) 70
Perf 6.5	ABP (171?)	RR -?-	

1/12/2025 06:03:23 Saved strip re-labeled to Ventricular Paced QRS 0.17 RR 0.86 QT 0.44 QTc 0.47

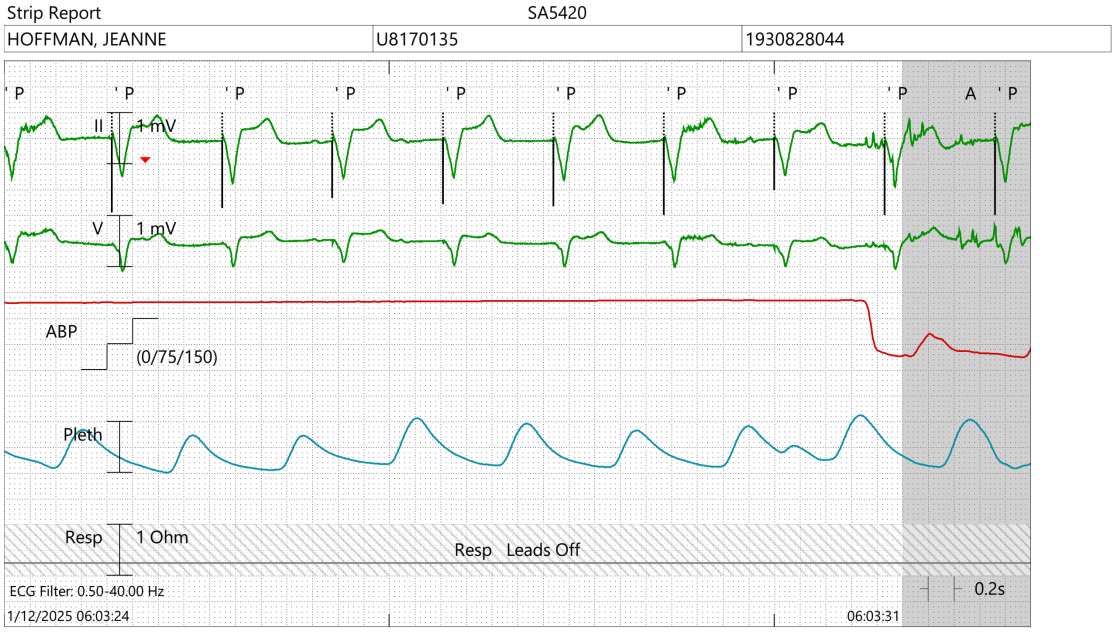


	5SA	UWMC Montlake

Printed on 1/12/2025 06:05:28 Page 1 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)



5SA | UWMC Montlake

Printed on 1/12/2025 06:05:28 Page 2 of 2

Electronically signed by Salick, Dominic J, RN at 1/12/2025 6:17 AM

Walks, Tristan H, RN at 1/12/2025 1000

Patient Summary

100F

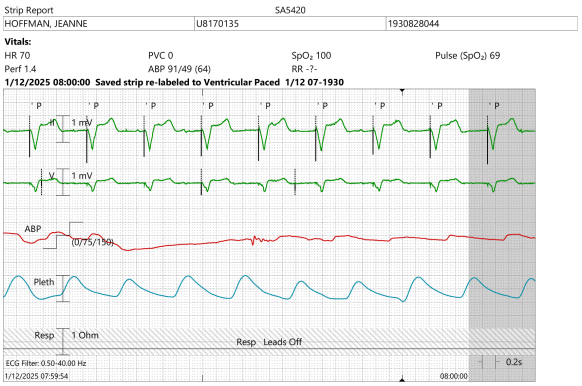
01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

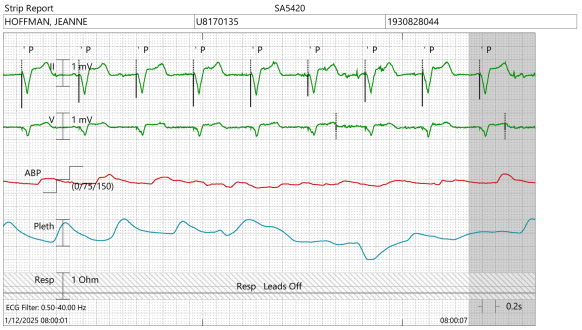
Clinical Notes (group 2 of 17) (continued)

1/11:Delirious/combative at times, v pacing continued via TVP, wean inotropes.

Illness Severity

Watcher





Electronically signed by Walks, Tristan H, RN at 1/12/2025 10:01 AM

Salick, Dominic J, RN at 1/13/2025 0603

Patient Summary
100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab

1/11:Delirious/combative at times, v pacing continued via TVP, wean inotropes.
Edited by: Walks, Tristan H, RN at 1/12/2025 1000

Illness Severity
Watcher
Edited by: Sande, Nathan R, RN at 1/10/2025 0635

No acute events overnight.
NPO from midnight for possible pacemaker in morning

Patient Monitoring Document - Scan on 1/13/2025 6:11 AM: RE-LABELED TO VENTRICULAR PACED 1/13/2025 (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

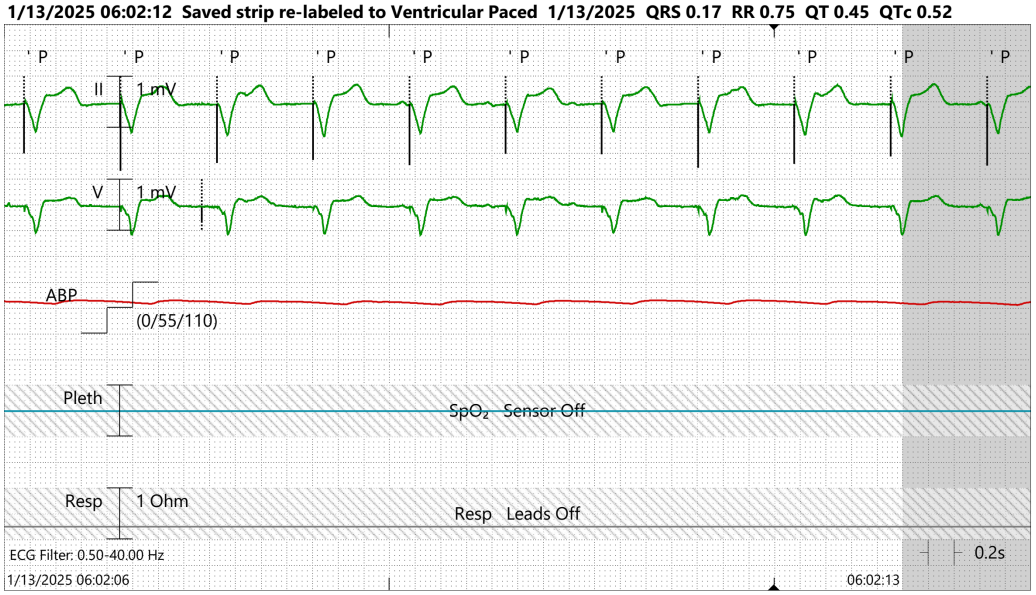
Clinical Notes (group 2 of 17) (continued)

Strip Report		SA5420
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 80	PVC 0	SpO_2 -?-	Pulse (SpO_2) -?-
Perf -?-	ABP 71/64 (68)	RR -?-	

1/13/2025 06:02:12 Saved strip re-labeled to Ventricular Paced 1/13/2025 QRS 0.17 RR 0.75 QT 0.45 QTc 0.52

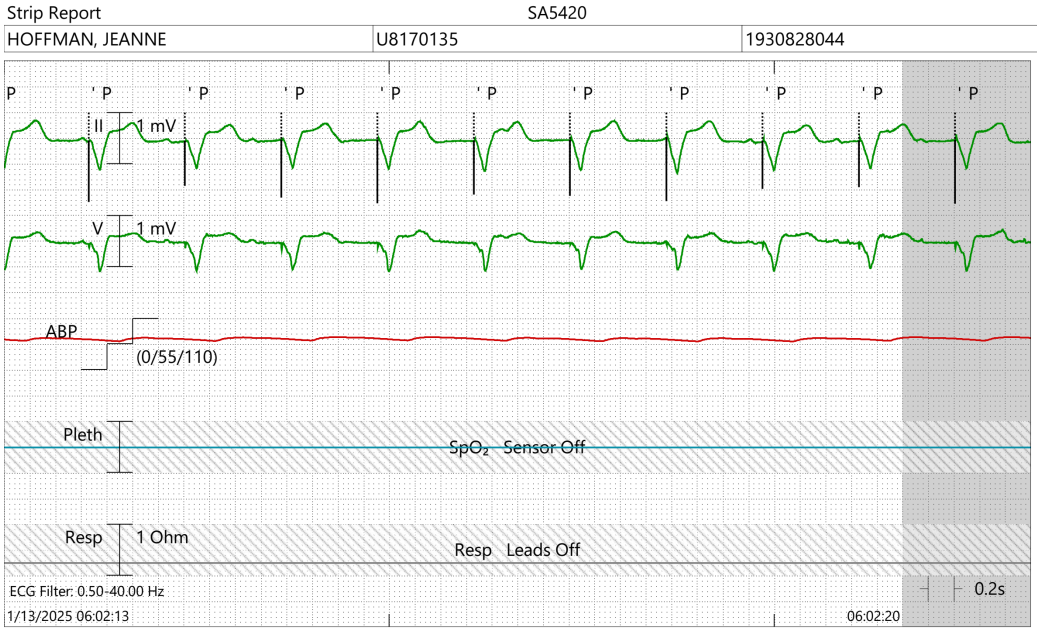


	5SA	UWMC Montlake

Printed on 1/13/2025 06:10:46 Page 1 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)



Electronically signed by Salick, Dominic J, RN at 1/13/2025 7:04 AM

Salick, Dominic J, RN at 1/14/2025 0453

Patient Summary

100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab
1/11: Delirious/combative at times, v pacing continued via TVP, wean inotropes.
Edited by: Salick, Dominic J, RN at 1/13/2025 0604

Illness Severity
Watcher
Edited by: Sande, Nathan R, RN at 1/10/2025 0635

No acute events overnight.

Electronically signed by Salick, Dominic J, RN at 1/14/2025 9:21 PM

Salick, Dominic J, RN at 1/14/2025 0656

Patient Summary
100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab
1/11: Delirious/combative at times, v pacing continued via TVP, wean inotropes.
Edited by: Salick, Dominic J, RN at 1/13/2025 0604

Illness Severity
Watcher
Edited by: Sande, Nathan R, RN at 1/10/2025 0635

No acute events overnight.
Pt difficult to arouse. Sleeping med held.

Patient Monitoring Document - Scan on 1/14/2025 4:58 AM: RE-LABELED TO VENTRICULAR PACED 1/14/2025 (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)

Strip Report SA5420

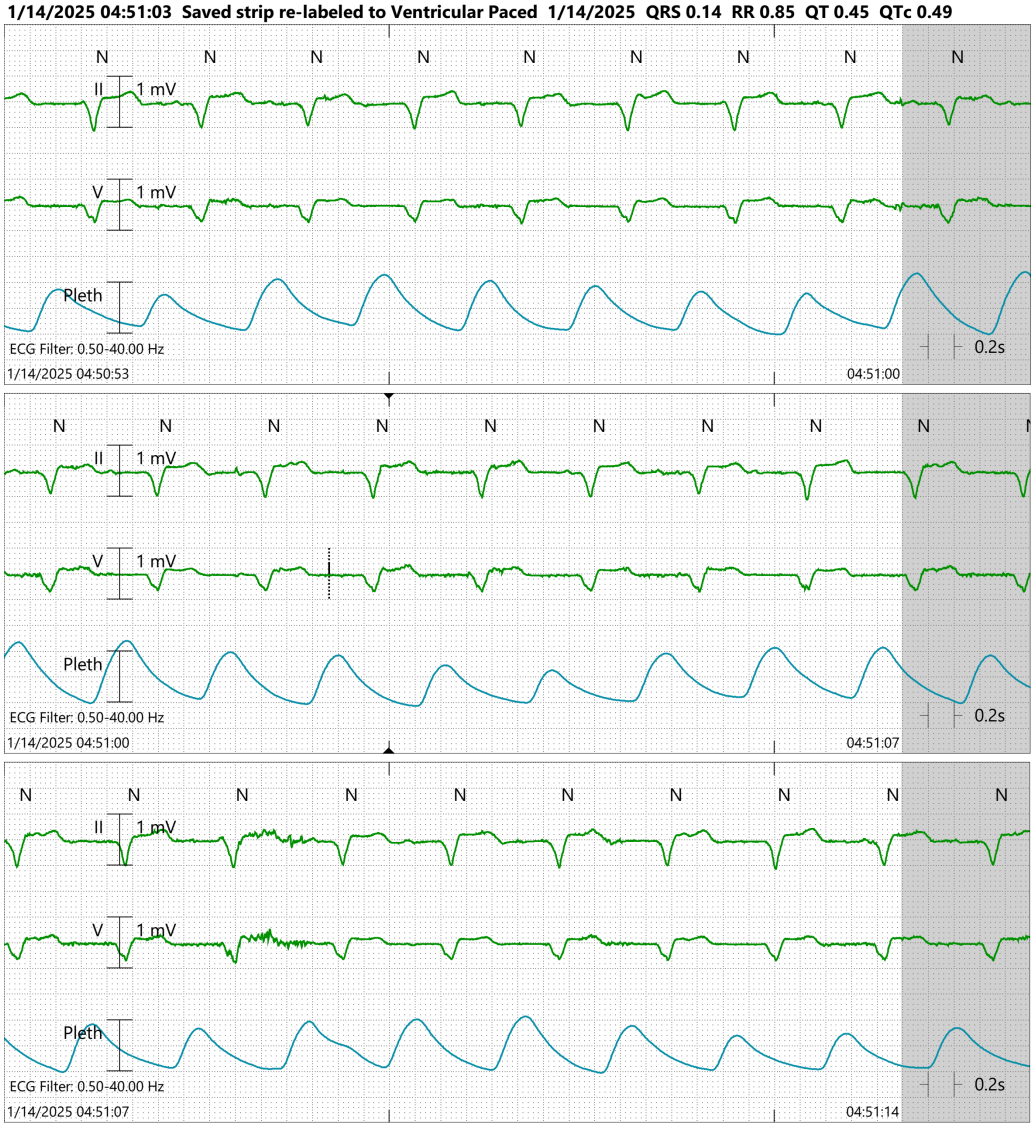
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 72 PVC 0 SpO_2 96 Pulse (SpO_2) 71

Perf 3.1

1/14/2025 04:51:03 Saved strip re-labeled to Ventricular Paced 1/14/2025 QRS 0.14 RR 0.85 QT 0.45 QTc 0.49

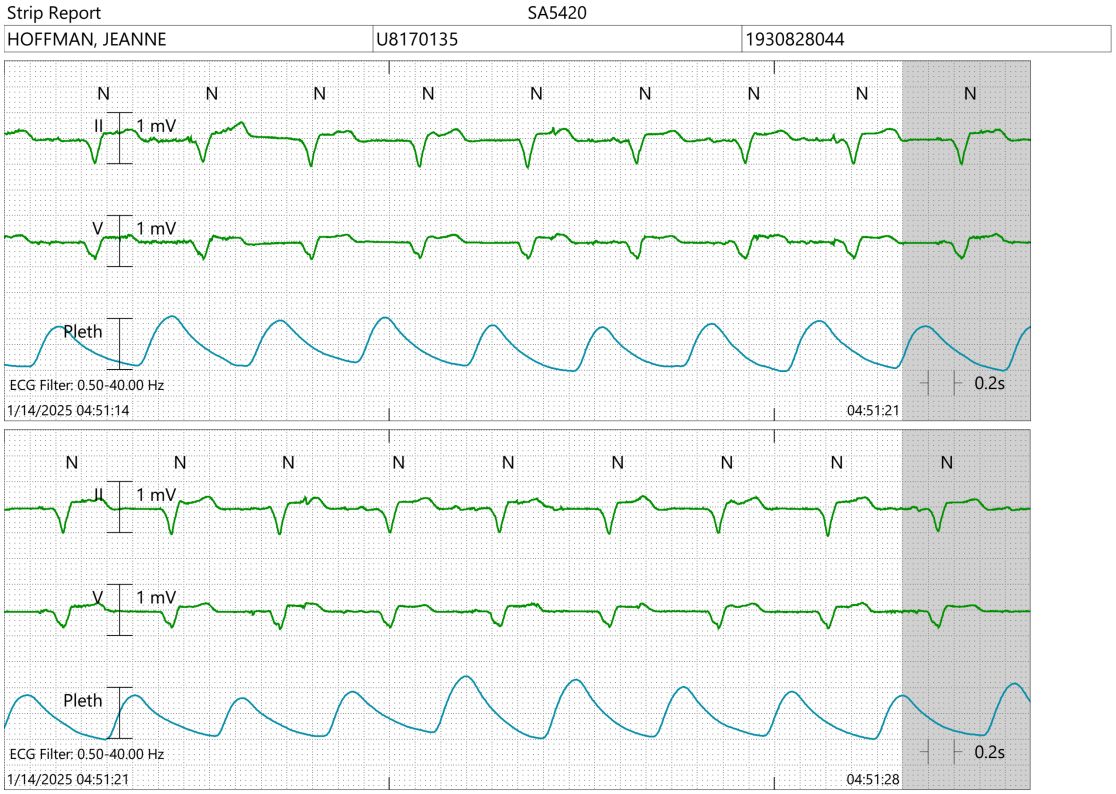


	5SA	UWMC Montlake

Printed on 1/14/2025 04:56:49 Page 1 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)



Electronically signed by Salick, Dominic J, RN at 1/14/2025 6:57 AM

Santos, Frances Kate Kate, RN at 1/14/2025 1900

Patient Summary

100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab
1/11: Delirious/combative at times, v pacing continued via TVP, wean inotropes.
1/13: PPM

Illness Severity
Stable - Acute care

Aox2. More awake/alert today, interacting appropriately. Pain well managed with PNC and PRN Nubain. Nubain moderately sedating despite decreased dose, and hypotensive while sleeping. Easily arousable with improved BP once awake. VSS on RA. Low urine output through foley. Constipated, no BM since admission. AKA CDI. Son at bedside updated to POC. Ongoing social work and goals of care discussions.

Electronically signed by Santos, Frances Kate Kate, RN at 1/14/2025 7:05 PM

Johnston, Christopher L, RN at 1/15/2025 0658

Patient Summary
100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab
1/11: Delirious/combative at times, v pacing continued via TVP, wean inotropes.
1/15: PPM in place, restless overnight but not combative. No Drips, acute care

Illness Severity
Watcher

Aox2, interacting appropriately. Pain well managed with PNC and PRN Nubain. AVSS on RA. AUOP to foley. Constipated, no BM since admission. AKA CDI.

Electronically signed by Johnston, Christopher L, RN at 1/15/2025 7:00 AM

Nacol, Lani Kusu, RN at 1/15/2025 1620

Patient Summary
100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab
1/11: Delirious/combative at times, v pacing continued via TVP, wean inotropes.
1/15: PPM in place, restless overnight but not combative. No Drips, acute care

No acute events today. Transferred patient to 7sa around 1400. RN report given to Katie RN.

Electronically signed by Nacol, Lani Kusu, RN at 1/15/2025 4:20 PM

Howey, Alice J, RN at 1/15/2025 2224

Patient Summary
100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

Oriented only to self. Very drowsy for most of day. Alert for dinner. Intermittent pain to pacemaker site. Tele, v-paced. Ate small amount of dinner, large BM in bed pan. Adequate urine output to foley catheter. Dressing over amputation changed. Using whiteboard to communicate due to lack of hearing. Q2 turns. Son in room.

Illness Severity
Watcher

Patient Monitoring Document - Scan on 1/15/2025 6:43 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM HW CMT (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)

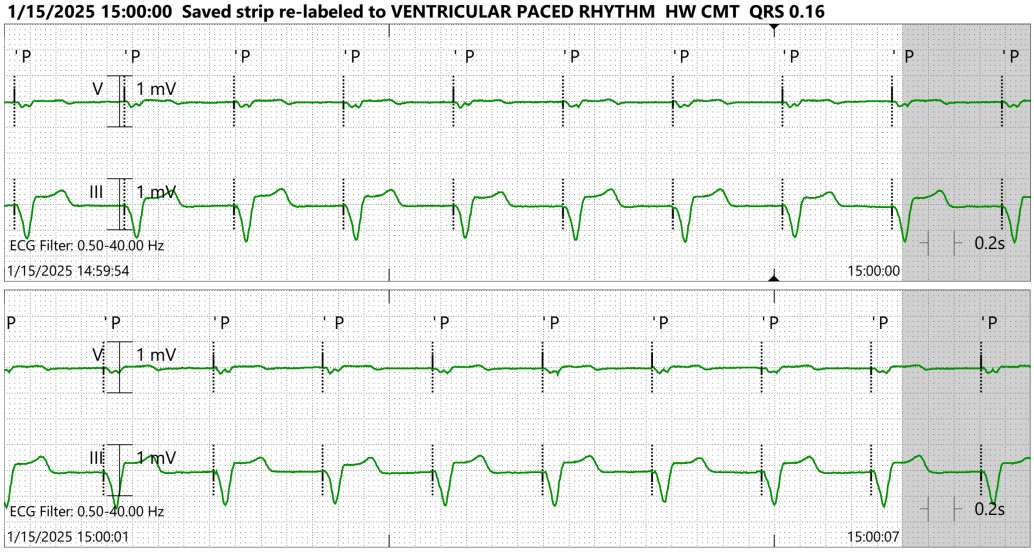
Strip Report 7411

HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/15/2025 15:00:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM HW CMT QRS 0.16



	TELE5NE	UWMC Montlake

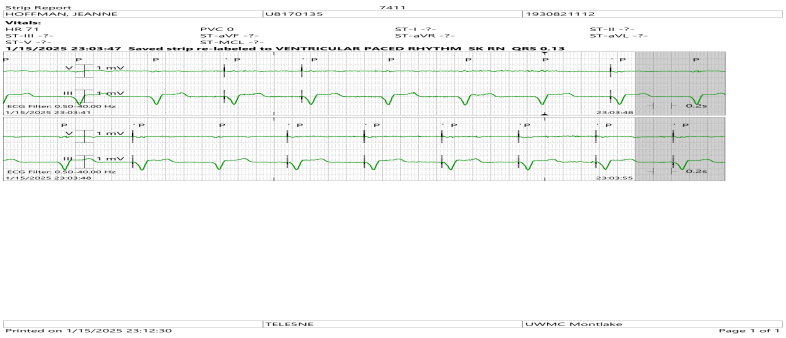
Printed on 1/15/2025 18:42:45 Page 1 of 1

Electronically signed by Howey, Alice J, RN at 1/15/2025 10:33 PM

Aidoo, Nana S, RN at 1/16/2025 0510

Illness Severity

Watcher



Patient Summary

100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab
1/11: Delirious/combative at times, v pacing continued via TVP, wean inotropes.
1/15: PPM in place, restless overnight but not combative. No Drips, acute care

2300-0700
Pt A&Ox1. HOH, using whiteboard to communicate. VSS on RA. On Tele V paced. Pain moderately controlled with current regimen Scheduled tylenol. AKA CDI. No acute issues during shift.

Action Items

- q4 NV checks
- Bedrest

Situational Awareness

- Louis (son) at bedside; can be difficult to give education
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Aidoo, Nana S, RN at 1/16/2025 5:25 AM

Mikulikova, Julia, RN at 1/16/2025 1836

Illness Severity

Watcher

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)

intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900: A&O x1 (oriented to self), VSS on RA. HOH, using whiteboard to communicate. On tele - V paced. Pain managed w/ scheduled tylenol, peripheral nerve catheter and PRN nubain. Decent PO intake, seen by SLP today, continue aspiration precautions. Calorie count started. BG AC/HS, given correctional insulin per orders. Foley in place w/ AUOP, -BM this shift. Wound care to L AKA site done by vascular surgery PA this morning. Worked w/ PT today, 2PA w/ sling to chair (able to sit in chair w/ Posey belt on). Bed alarm on at all times.

Patient Monitoring Document - Scan on 1/16/2025 9:12 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT (below)

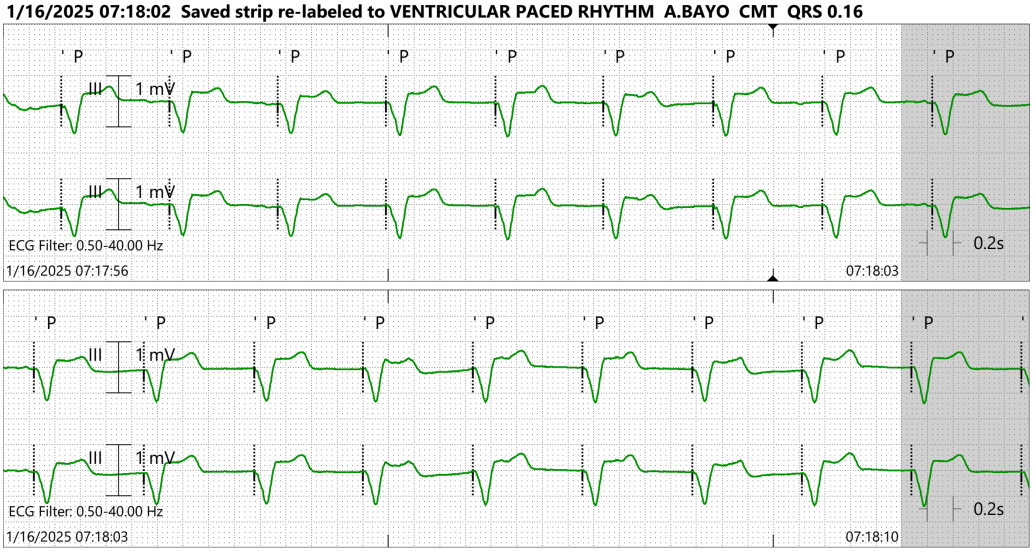
Strip Report 7411

HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/16/2025 07:18:02 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.16



	TELE5NE	UWMC Montlake

Printed on 1/16/2025 09:11:20 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)

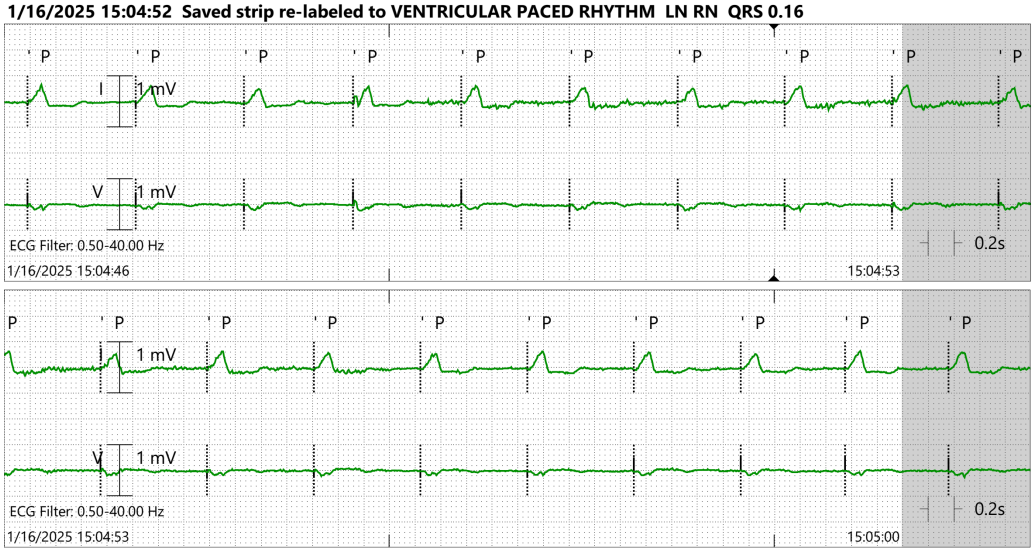
Patient Monitoring Document - Scan on 1/16/2025 4:49 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM LN RN (below)

Strip Report	7411	
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/16/2025 15:04:52 Saved strip re-labeled to VENTRICULAR PACED RHYTHM LN RN QRS 0.16



	TELE5NE	UWMC Montlake

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Electronically signed by Mikulikova, Julia, RN at 1/16/2025 6:37 PM

Mazariegos, Oscar, RN at 1/17/2025 0615

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Pt seemed to be in pain overnight. Nalbuphine was given but pt continued to cry out. Ropivacaine bolus was given but medication seemed to be leaking from catheter insertion site rather than infusing. Surgical site was very tender to touch. Ropivacaine infusion was stopped per APS order. Pt finally calmed down and has been resting for the last few hours. No N/V. Drank 2 ensures last evening. No BM. Adequate UOP to foley.

Edited by: Mazariegos, Oscar, RN at 1/17/2025 0615

Illness Severity
Watcher

Electronically signed by Mazariegos, Oscar, RN at 1/17/2025 6:16 AM

Mikulikova, Julia, RN at 1/17/2025 1854

Illness Severity
Watcher

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900: A&O x1 (oriented to self), tachypneic and hypertensive otherwise VSS on RA. Pain managed w/ scheduled tylenol and buprenorphine patch and PRN nalbuphine. Peripheral nerve catheter capped. Low PO intake, calorie count continued. BG AC/HS, correctional insulin given per orders. Given PRN zofran for nausea. Foley in place w/ AUOP, +flatus/-BM this shift. 2PA for turns, sling when OOB. Able to sit in wheelchair for ~30 mins.

Electronically signed by Mikulikova, Julia, RN at 1/17/2025 6:55 PM

Sirichana, Geraldine N, RN at 1/18/2025 0648

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

A& oriented to name, tachypneic, otherwise VSS. V paced on tele. L stump pain managed w/ scheduled tylenol and Lidocaine patch. Ace wrap reapplied. BG @ HS 86, rechecked at 1:00 am 171. Calorie count done. Encouraged PO intake, no N/V. BM x1, foley in place w/ AUOP. Peripheral nerve catheter capped.. 2PA for turns, sling when OOB. LFA above the PIV site to L brachial area swollen and hard to touch, PIV discontinued. 22G on R wrist inserted.

Electronically signed by Sirichana, Geraldine N, RN at 1/18/2025 6:48 AM

Hwee, Carla, RN at 1/18/2025 1527

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Oriented to self, difficult to assess other orientation status. Tachypneic but VSS. On tele, V paced. Increased stump pain this AM, addressed with scheduled Tylenol and PRN Nalbuphine. Wound care completed (betadine, gauze, Ace wrap).

BG AC/HS, minimal PO, calorie ct. Son able to assist with meals. -BM, +flatus. AUOP via foley. PNC removed by APS this morning.
L forearm with erythema, elevating on pillows. R PIV with mIVF.
1-2PA for bed mobility.

Electronically signed by Hwee, Carla, RN at 1/18/2025 3:27 PM

Clinical Notes (group 3 of 17)

Nursing Note

Burke, Ashley P, RN at 1/18/2025 1855

Illness Severity
Watcher

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Care assumed from 1500-1900. Oriented to self. Tachypneic but VSS. On tele, V paced. Increased stump pain this AM, addressed with scheduled Tylenol and PRN Nalbuphine. This evening, reported stump pain x 1, Tylenol given at that time via spoon feed. Patient amenable to about half the dose, declined the rest. Later this evening, patient grimacing, holding stomach, and moaning. Using whiteboard, patient asked if she had nausea, abdominal pain, or stump pain; patient shook head "no" for all questions. MD to bedside for assessment, holding off on narcotic pain medications at this time. Wound care completed this AM by previous RN (betadine, gauze, Ace wrap). BG AC/HS, minimal PO, calorie ct. Declined dinner and ensure. Son able to assist with meals, sitting at bedside now to keep attempting. -BM, +flatus. AUOP via foley. PNC removed by APS this morning. L forearm with erythema, elevating on pillows. 1-2PA for bed mobility. Q2turns

Electronically signed by Burke, Ashley P, RN at 1/18/2025 6:57 PM

Limyukok, Mysha, RN at 1/19/2025 0351

Illness Severity
Watcher

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Oriented to self. Patient hypertensive overnight, patient agitated while taking blood pressures. On tele, V paced. Patient's leads were off at 0200, attempted to put leads back on, patient refused, MD notified. BG AC/HS, minimal PO, calorie count. Son able to assist with meals. AUOP via foley. L forearm with erythema, elevating on pillows. 2PA for bed mobility. Q2turns. Patient refused turns overnight.

Patient screaming and stating she is in pain. SBP in the 200's. Rosiene MD notified and assessed patient at bedside. No orders for BP. PRN tylenol and nubain given. Patient coughed after taking liquid tylenol, patient suctioned. MD aware. Patient continuing to scream in pain, MD notified and dilaudid ordered.

Electronically signed by Limyukok, Mysha, RN at 1/19/2025 6:31 AM

Gordon, Carrie, RN at 1/19/2025 1415

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1500: Oriented to self and birthday. Pt comfortable this Am, but had a pain crisis around noon. MD notified. Two doses of Nubain given and one dose of IV dilaudid 0.2mg. Pt seemed to respond to the second dose of Nubain, saying,
"I'm okay," in response to Rn asking about her pain. Dressing changed to Lt AKA surgical site. Pt refused some turns due to pain. Sheets changed and new Mepilex applied to sacrum. Skin intact to sacral/coccyx region. Pt's AM meds crushed and put in apple sauce. Tolerated well until about 30 sec later, pt started coughing. MD was at bedside. Suctioned with yankour and this Rn gave pt chest PT and coughing stopped. Poor PO intake, likely due to pain. Mag replaced. BG checked. Insulin given per ss this AM. Last BG was 114. MIVF continued at 60cc/hr. Son at bedside. Will continue to monitor.

Illness Severity

Watcher

Patient Monitoring Document - Scan on 1/19/2025 7:25 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM B.TYOMKIN CMT (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

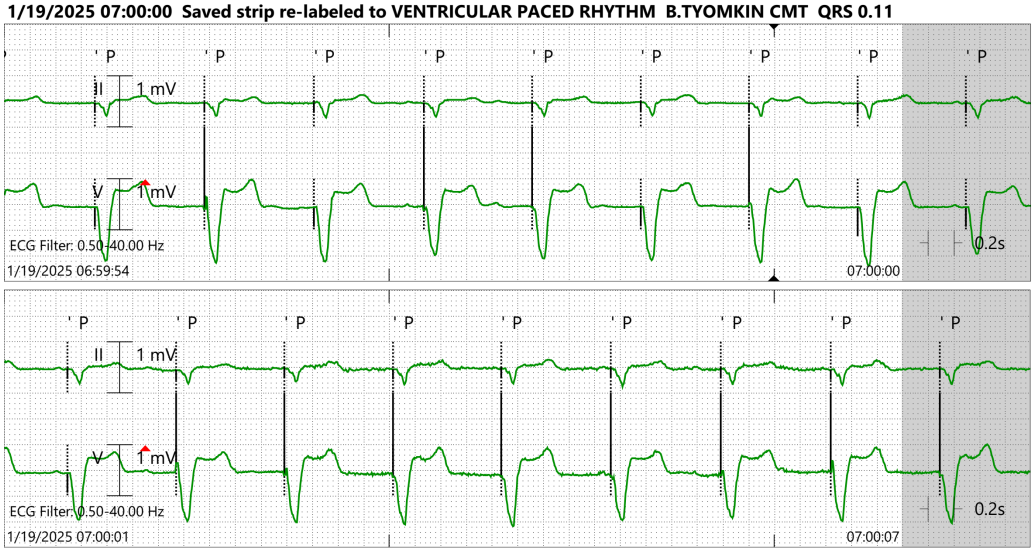
Clinical Notes (group 3 of 17) (continued)

Strip Report	7411	
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 1	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/19/2025 07:00:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM B.TYOMKIN CMT QRS 0.11



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Electronically signed by Gordon, Carrie, RN at 1/19/2025 2:51 PM

Johnson, Marita F, RN at 1/19/2025 2238

Illness Severity

Watcher

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1500-2300: Oriented to self. VS WDL on RA. Pain moderately controlled w/ scheduled nubain and prn HM. On tele, V paced.BG AC/HS, minimal PO, calorie count. MIVF infusing as ordered. Son able to assist with meals. AUOP via foley. 2PA for bed mobility, Q2turns.

Electronically signed by Johnson, Marita F, RN at 1/19/2025 10:39 PM

Lyons, Julio Cesar Salazar, RN at 1/20/2025 0611

Illness Severity

Watcher.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Admit: 1/9. LOS: 20-Days.
1/19N: Assumed care at 2300. Pt minimal PO intake. MIVF paused while PIV lost. Attempts were 2x by charge and 4x by Stat w/ US. MIVF restarted. Pain uncontrolled. Tylenol refused.
Neuro: Aox1, self.
Cardiac: VSS on Tele V-Paced.
Pul: Clear on RA.
GI/GU: Reg Diet. POC BG ACHS. (-)N, (-)V, (+)Gas, (-)BM. AUOP. Continent Bowel/Bladder.
Skin/MS: Incision: 2x Sites, Wound: 1x Sites.
Lines: L-UA 20g, Foley.
Mobility: 2PA.

Action Items

Continue to monitor VS, IO, labs, pain control.
Calorie count.

Situational Awareness

- Louis (son) at bedside; can be difficult to give education
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Patient Monitoring Document - Scan on 1/19/2025 11:49 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM RS CMT (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 3 of 17) (continued)

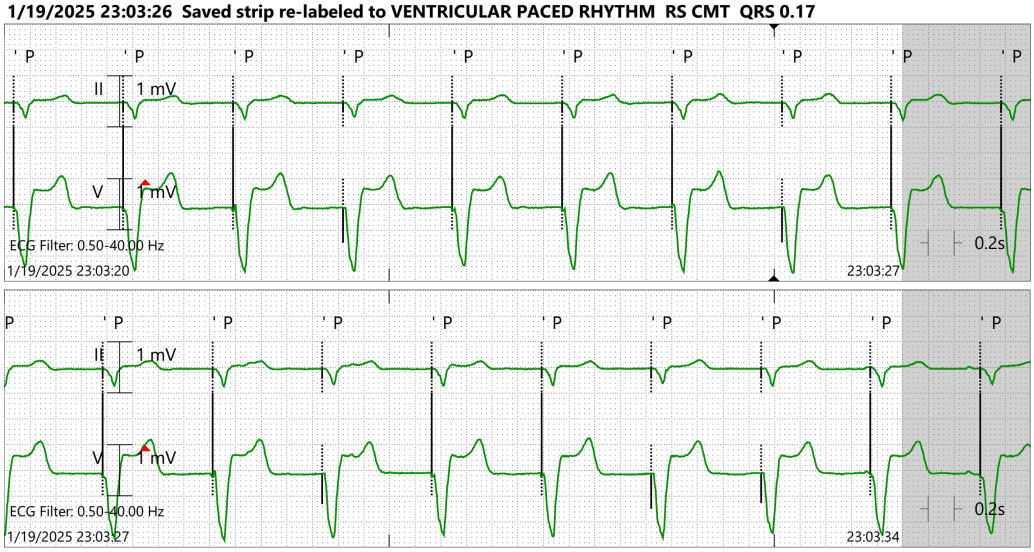
Strip Report 7411

HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/19/2025 23:03:26 Saved strip re-labeled to VENTRICULAR PACED RHYTHM RS CMT QRS 0.17



	TELE5NE	UWMC Montlake

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Electronically signed by Lyons, Julio Cesar Salazar, RN at 1/20/2025 6:12 AM

Kim, Christine Yuhyun, RN at 1/20/2025 1851

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new

intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Alert at times, oriented to self. Hypertensive at times, VS otherwise stable on RA. On tele, V-paced. Episodes of pain to L stump, managed with PRN IV dilaudid and nalbuphine. Insulin given once for elevated BG, son helps with ordering and feeding meals. Adequate UOP via foley catheter. Continuing mIVF. 2-person assist for repositioning in bed.

Illness Severity
Stable

Patient Monitoring Document - Scan on 1/20/2025 3:33 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM EF RN (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 3 of 17) (continued)

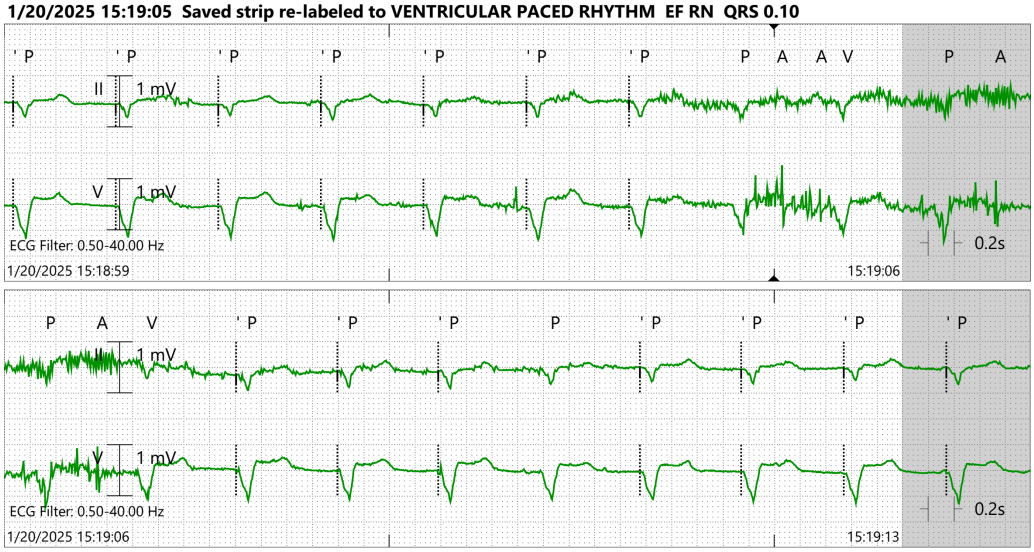
Strip Report 7411

HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 75	PVC 10	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/20/2025 15:19:05 Saved strip re-labeled to VENTRICULAR PACED RHYTHM EF RN QRS 0.10



	TELE5NE	UWMC Montlake

Printed on 1/20/2025 15:33:19 Page 1 of 1

Electronically signed by Kim, Christine Yuhyun, RN at 1/20/2025 6:56 PM

Soto, Kalea G, RN at 1/21/2025 0636

Illness Severity

Stable

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

1900-0700
Oriented to self, unable to answer additional neuro questions d/t confusion. Pt alert, arousable by touch. Hard of hearing, using white board to communicate. VSS on RA. On tele, V-paced.
Able to point to area of pain, L stump, but unable to describe. Managed with scheduled nalbuphine.
GI/GU: aspiration precautions. BG 89, gave juice and now BG >100. foley catheter. Continuing mIVF.
2-person assist for repositioning in bed.

Action Items

Continue to monitor VS, IO, labs, pain control.
Calorie count.

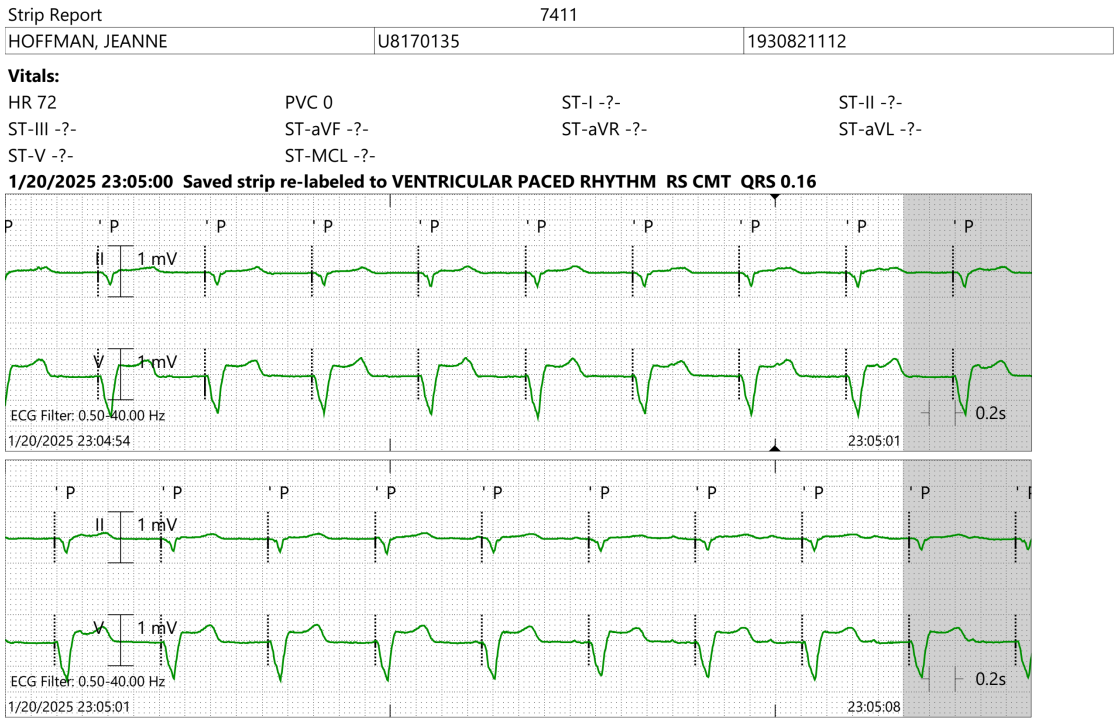
Situational Awareness

- Louis (son) at bedside; can be difficult to give education
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Patient Monitoring Document - Scan on 1/20/2025 11:49 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM RS CMT (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 3 of 17) (continued)



Electronically signed by Soto, Kalea G, RN at 1/21/2025 6:49 AM

Kaur, Rupinderjit, RN at 1/21/2025 1816

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of

1/14.
A&OX to self, restless. Very HOH, no hearing aids available, communicating via white board
VSS, Sbp to 160s due to agitation, RA, no sob noted
Pain managed with prn dilaudid and nalbuphine
Poor po intake, Conti on IVF, med's crushed in apple sauce, BG 160, 144
Foley intact, draining well, no BM in this shift
Repositioned q2 hrs, blanchable redness noted at buttock, barrier cream applied
Son at bedside very supportive
Safety maintained.

Electronically signed by Kaur, Rupinderjit, RN at 1/21/2025 6:17 PM

Limyukok, Mysha, RN at 1/22/2025 0534

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

A&OX to self, restless. Very HOH, communicating with white board.
VSS, RA. Pain managed with prn dilaudid and nalbuphine. Poor po intake, on IVF, meds crushed in apple sauce.
Foley intact, draining well. Repositioned q2 hrs, blanchable redness noted on buttocks, mepilex on sacrum.

Electronically signed by Limyukok, Mysha, RN at 1/22/2025 5:35 AM

Jeanneret, Amber Marie, RN at 1/22/2025 1543

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

0700-1900
A&OX to self, restless. Very HOH, communicating with white board.
VSS, RA. Pain managed with prn dilaudid and nalbuphine. Poor po intake, on IVF, meds crushed in apple sauce.
Foley intact, draining well. Repositioned q2 hrs, blanchable redness noted on buttocks, mepilex on sacrum. Provider

making adjustments to pain medication. Pt agitated/restless at beginning of shift, crying out, trying to get out of bed, grabbing/clasping stump, taking dressing off. PRN dilaudid given to good relief, pt alert in afternoon, able to take meds crushed in soup, interactive able to read white board still only oriented to self, worked with OT, in afternoon pt became agitated/restless again as in AM, PRN dilaudid given to good relief.

Action Items

Continue to monitor VS, IO, labs, pain control.
Calorie count.

Situational Awareness

- Louis (son) at bedside; can be difficult to give education
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Jeanneret, Amber Marie, RN at 1/22/2025 6:55 PM

Patino Castro, Jennifer A, RN at 1/23/2025 0542

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

2300-0730
A&OX to self, restless and crying out. Very HOH, communicating with white board.
Hypertensive but blood pressure improved after pain was controlled. Pain managed with prn dilaudid and nalbuphine given this shift. Poor po intake, aspiration precautions. Was unable to take PO meds at this time due to coughing and confusion. On IVF, meds crushed in apple sauce. Foley was noted to be leaking and patient kept stating she needed to void, RN attempted to reposition foley but patient in severe pain. Foley discontinued and provider aware, per provider
okay for patient to be on purewick instead.. Incontinent episode x1, bladder scan done x1. Repositioned q2 hrs, blanchable redness noted on buttocks, mepilex on sacrum. Son was sleeping at bedside throughout the whole night.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

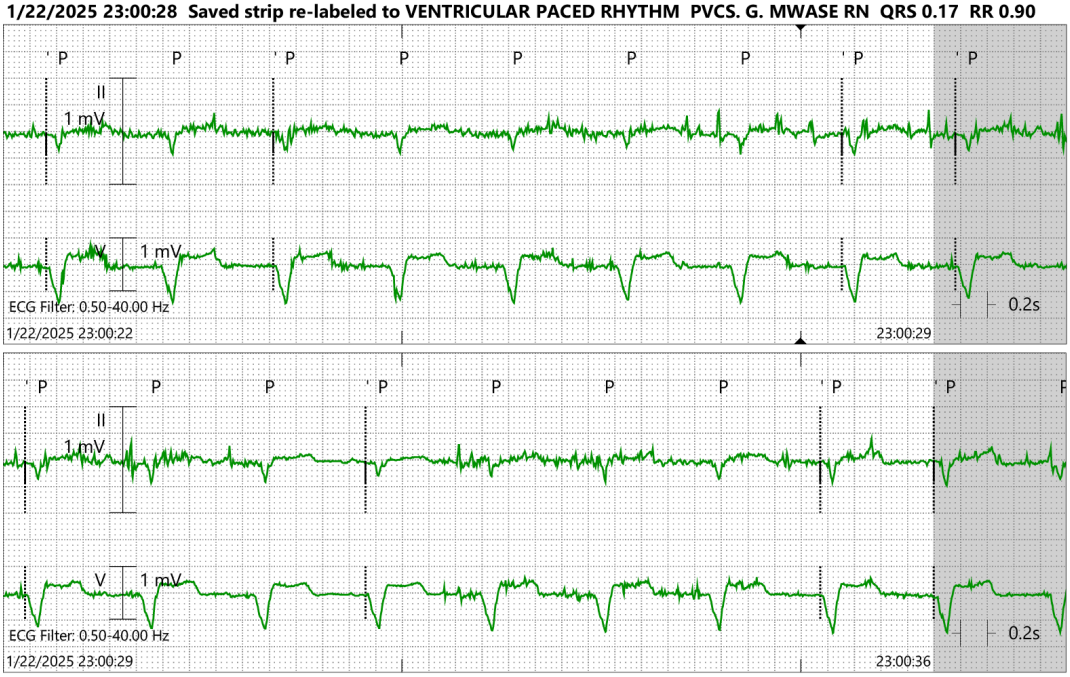
Clinical Notes (group 3 of 17) (continued)

Strip Report	7411	
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 6	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/22/2025 23:00:28 Saved strip re-labeled to VENTRICULAR PACED RHYTHM PVCS. G. MWASE RN QRS 0.17 RR 0.90



	TELE5NE	UWMC Montlake

Printed on 1/22/2025 23:07:10 Page 1 of 1

Electronically signed by Patino Castro, Jennifer A, RN at 1/23/2025 6:46 AM

Jeanneret, Amber Marie, RN at 1/23/2025 1147

Illness Severity

Stable

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

0700-1530
A&OX to self, restless and crying out. Very HOH, communicating with white board.
Hypertensive but blood pressure improved after pain was controlled. Pain managed with prn dilaudid and nalbuphine given this shift. Poor po intake, aspiration precautions. Was unable to take PO meds at this time due to coughing and confusion. On IVF, meds crushed in apple sauce, voiding via purewick PVRx1 done. Incontinent. Repositioned q2 hrs, blanchable redness noted on buttocks,. Son at bedside. Worked with PT got Up to wheechair via sling

Action Items

Continue to monitor VS, IO, labs, pain control.
Calorie count.
Due to void at 0800

Situational Awareness

- Louis (son) at bedside; can be difficult to give education
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Jeanneret, Amber Marie, RN at 1/23/2025 2:35 PM

Kit, Ellen, RN at 1/23/2025 2249

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

1/23 eve:
A&OX to self, restless and crying out often- provider at bedside to assess x2. Very HOH, communicating with white board.
SBP in 150s, other VSS On RA. Pain managed with prn dilaudid and nalbuphine. Butrans patch not found upon assessment, new order placed, med requested. Poor po intake, aspiration precautions. Was able to take some PO meds, coughing frequently. Incontinent. Repositioned q2 hrs, blanchable redness noted on buttocks, mepilex on sacrum. Son at bedside. Up w/ 2PA w/ sling.

Illness Severity
Stable

Electronically signed by Kit, Ellen, RN at 1/23/2025 10:52 PM

Tesfasilassie, Roma T, RN at 1/24/2025 0614

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

0700-1530
A&OX to self, restless and crying out. Very HOH, communicating with white board.
Hypertensive but blood pressure improved after pain was controlled. Pain managed with prn dilaudid and nalbuphine given this shift. Poor po intake, aspiration precautions. Was unable to take PO meds at this time due to coughing and confusion. On IVF, meds crushed in apple sauce, voiding via purewick PVRx1 done. Incontinent. Repositioned q2 hrs, blanchable redness noted on buttocks, mepilex on sacrum. Son at bedside

2300-0700
Alert and oriented to self.VSS on RA.regular diet. On aspiration precautions.voiding AUOP via purewick. -BM.L leg AKA incision with sutures intact.turn q2hr.pt son at bedside.call light within reach.
Edited by: Tesfasilassie, Roma T, RN at 1/24/2025 0501

Illness Severity
Stable

Electronically signed by Tesfasilassie, Roma T, RN at 1/24/2025 6:16 AM

Gawat, Maria C, RN at 1/24/2025 1839

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

0700-1900: A&O to self. VSS on RA with exception of SBP to 159. Soft food diet, poor appetite. Swallows pills whole in applesauce. Persistent cough. Pain managed with prn dilaudid Q6h. Some instances of refusal of care and restless, mostly cooperative. AUOP via purewick. Stage 2 pressure wound assessed on midspine, covered with mepilex. L AKA wound treated with betadine, refused dressing. Encouraging Q2H turns. Son at bedside. Bed alarm on.

Action Items
Continue to monitor VS, IO, labs, pain control.
Calorie count.
Due to void at 0800

Situational Awareness

- Louis (son) at bedside; can be difficult to give education
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Gawat, Maria C, RN at 1/24/2025 6:39 PM

Porter, Allen, RN at 1/25/2025 0454

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Came into room after hearing pt.coughing from hallway. Pt. Son stated he gave pt. water. Pt was slumped down low in bed and appeared restless trying to get out of bed. Coughing but not clearing secretions. Readjusted pt. and raised HOB. Provider notified, CXR done at bedside. O2 dropped down into 80s temporarily, pt. Appeared more distressed and mouthing "help me." attempted to suction and apply supplemental O2. Pt. Resisted suctioning and oxygen. Rapid response called. Labs drawn by Stat RN. 500 bolus given per order. pt. NPO pending speech eval. Pt. Respiratory distress resolved, resting comfortable on RA.

	01/25/25 0232
Respiratory	
Respiratory (WDL)	X
Respiratory Pattern	Tachypneic
Respiratory Depth/Rhythm	Shallow
Respiratory Effort	Labored
Respiratory Effort Characteristics	Gasping
Dyspnea Occurrence	At rest
Chest Assessment	Symmetrical
Bilateral Breath Sounds	Clear;Diminished
Cough	Moist;Weak;Unable to clear secretions;Hacking
Respiratory Interventions	
Respiratory Interventions	Oral suction
Vitals	
Pulse	71

Electronically signed by Porter, Allen, RN at 1/25/2025 5:10 AM

Hollingsworth, Louise C, RN at 1/25/2025 1922

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.
07-1930:
Mentation: A and O x 0-1.
Pain: Restless intermittently. IV tylenol x 1. Scheduled Nalbuphine in evening. Rectal tylenol x 1.
Mobility: Up to Tilt W/C for hours in am. Sling 2 person assist
Aspiration risk: Swallow eval completed today. Pt made NPO. Ice water swabs OK. NO meds by mouth. If pt were to improve and become more alert, notify MD for change to diet order.
Given 1L bolus. Incontinent of urine x 4. Turns q 2 hours. Pressure injury in R of spine.
Edited by: Hollingsworth, Louise C, RN at 1/25/2025 1922

Illness Severity
Stable
Edited by: Kim, Christine Yuhyun, RN at 1/20/2025 1822

Electronically signed by Hollingsworth, Louise C, RN at 1/25/2025 7:22 PM

Smith, Meagan Q, RN at 1/26/2025 1857

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900
Neuro: A&O x 0 Responding to some commands. Hard of hearing. Has periods of lucidity and minimal responsiveness.
Resp: Lung sounds clear, diminished bases. Dry mucous membranes. Episodic tachypnea/gasping and increased work of breathing, possibly with laying supine. SpO2 down to 88%, recovers spontaneously
CV: pacemaker
GI/GU: Aspiration risk. Pt NPO since 1/25. Ice water swabs OK. NO meds by mouth. 1L NS given today. If pt were to improve and become more alert, notify MD for change to diet order. Incontinent of urine. No BM x 4-5 days per son.
Skin: incision L AKA (dressing changed this morning), incision on L chest, Mepilex on sacrum and thoracic spine (two bony prominences) - see assessment. Turns q 2 hours.

Illness Severity
Stable

Electronically signed by Smith, Meagan Q, RN at 1/26/2025 7:04 PM

Dickinson, Zoe E, RN at 1/26/2025 2330

Patient Summary

Clinical Notes (group 3 of 17) (continued)

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-2300
Shift events:
A&Ox1. HOH, mostly non-verbal, some appropriate gestures & garbled words when communicating w/ whiteboard. Tachypnea to mid 20s, other VS WDL on RA.
Pain: CNPI score 2-9, pt unable to report location/describe. Managed w/ sch nalbuphine, dose delayed d/t earlier PRN dose & concern for causing oversedation
Cardio/Pulm: Pacemaker (V-paced). Tachypnea, accessory muscle use at times. Weak dry cough. Dyspnea when flat.
GI/GU: NPO, oral swabs OK. Frequent oral care. Dry oral mucous membranes. Incontinent. +flatus, +BM (smear). AUOP
LDA/skin: L PIV, covered w/ posey sleeve, D51/2NS 80mL/hr. L chest incision CDI. L AKA, incision covered w/ dressing per provider order. Skin pale and cool, cap refill 3-4s.+2 pitting edema RLE, +1 generalized.
Movement: 2PA for turns and cares. Q2 turns done. Bed alarm on.

Illness Severity
Stable

Electronically signed by Dickinson, Zoe E, RN at 1/27/2025 5:36 AM

Yohannes, Mayda, RN at 1/27/2025 0638

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2300-0700
AOx0. Tachypnea with accessory muscle use, 2x Intermittent desatting to high 70s low 80s, refused NC, recovered spontaneously - team aware. Otherwise VSS, on RA SpO2 at mid 90s. Has pacemaker, V paced at 70bpm. Nonverbal, HOH, occasionally responds to commands, using white board to communicate. Pain managed with scheduled and prn nubain, concern for sedation. 1L D5 1/2 NS infusing overnight. Aspiration precautions. NPO, no PO meds per care plan, ok to use swabs with ice water. If pt were to improve and become more alert, notify MD for change to diet order. -N/V, dry mucous membranes. Incontinent, +BM/+flatus/+UOP. L AKA and L chest incisions, mepilex on sacrum and thoracic spine. L PIV for access, covered with posey sleeve. Q2 turns done. Bed alarm on, attempted to get OOB x2.

Electronically signed by Yohannes, Mayda, RN at 1/27/2025 6:40 AM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 3 of 17) (continued)

Nursing Note

Smith, Meagan Q, RN at 1/27/2025 1809

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900:
A&Ox0, has periods of lucidness but mostly unable to follow commands at this time. Minimal responsiveness this shift and mostly nonverbal, some appropriate gestures/sounds when communicating w/ nursing staff. VSS on RA w/ exception of periods of tachypnea, will desat down to 88% but will spontaneously recover. Permament pacemaker & V-paced in 70s. Pain managed w/ PRN tylenol & IV nubain. L AKA D+I w/ staples, daily drsg change done w/ betadine, gauze & ace bandage. Incontinent x2, peri care done as needed. Turning q2h as tolerated to prevent further skin breakdown. Blanchable redness to sacrum, mepilex applied. SLP consulted pt, ok to give soft/minced foods when awake & alert. Pt only able to tolerate one oral med pass w/ applesauce this shift. Aspiration precautions reinforced w/ son at beside.

Illness Severity
Stable

Electronically signed by Smith, Meagan Q, RN at 1/27/2025 6:09 PM

Paras, Michael, RN at 1/27/2025 2257

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-2330:

Neuro: AOx0. Mostly nonverbal, occasionally intelligible during periods of lucidity. Very hard of hearing, occasionally responds to commands, using white board to communicate.
Resp: During incontinence care, agitated with tachypnea and accessory muscle use, SpO2 did not drop, recovered spontaneously. Otherwise VSS on RA.
CV: Has pacemaker, V paced at 70bpm. Soft BP
GI: PO meds taken 1 at time, needs cut-up for bigger pills
GU: incontinent to urine, 1x unmeasured urine today.
Skin: Sacrum blanchable erythema/clean/dry/barrier cream, has mepilex; medial back has small wound with mepilex on it; heel has blanchable erythema

LDA: PIV LFA.

Pain managed with prn tylenol. scheduled and prn nubain, concern for sedation. . Aspiration precautions. NPO, no PO meds per care plan, ok to use swabs with ice water. If pt were to improve and become more alert, notify MD for change to diet order. -N/V, dry mucous membranes. Incontinent, +BM/+flatus/+UOP. L AKA and L chest incisions, mepilex on sacrum and thoracic spine. L PIV for access, covered with posey sleeve. Q2 turns done. Bed alarm on.

Action Items

*Nubain comes from pharmacy overfilled by 0.05 mL, double check volume prior to administration. Nubain to be given IV over 2-3 minutes.
-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.

Situational Awareness

- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Paras, Michael, RN at 1/27/2025 10:58 PM

Kirkendall, Katelyn D, RN at 1/28/2025 0624

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2300-0700
A/Ox0. Nonverbal, grunting/groaning occasionally. Hard of hearing, not responding to commands.
Soft bp otherwise VSS on RA w/permanent pacemaker. X1 desat during episode of agitation, recovered spontaneously, MD aware.
Agitation/pain managed with prn tylenol/nubain. Tylenol given rectally.
Gi: aspiration precautions, PO diet/pills ordered but patient not oriented enough to follow commands/swallow.
Gu: incontinent urine x1
Lines: x1piv
Skin: blanchable erythema covered with mepilex and barrier cream on buttocks, heels elevated off bed. L AKA c/d/I.
Mob: q2 turns, bed alarm on
Son at bedside

Illness Severity
Stable

Electronically signed by Kirkendall, Katelyn D, RN at 1/28/2025 6:24 AM

Gawat, Maria C, RN at 1/28/2025 1841

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900: A&Ox0. Nonverbal at times. HOH. Sometimes anxious & uncooperative otherwise sleeping. Refused oral meds. Poor PO intake. VSS on RA w/ exception of respirations to low 20s. No instances of desat on continuous O2. Pain rating
low on scale. +gas -BM AUOP. Incontinent. Barrier cream applied. L AKA dressing changed, betadine applied, covered with 4x4 & ace wrap. Mepilex in place on sacrum and spine. Encouraging Q2H turns, sometimes refuses, using pillows
to float prominences. Bed alarm on at all times, 3 rails up. Son at bedside, call light within reach.

Action Items
*Nubain comes from pharmacy overfilled by 0.05 mL, double check volume prior to administration. Nubain to be given IV over 2-3 minutes.
-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.

Situational Awareness
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Gawat, Maria C, RN at 1/28/2025 6:41 PM

Aidoo, Nana S, RN at 1/28/2025 2212

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-2300:
A&Ox0. Nonverbal at times. HOH. Sometimes anxious & uncooperative otherwise sleeping. Meds one at a time with applesauce. Poor PO intake. VSS on RA w/ exception of respirations to low 20s. No instances of desat on continuous O2. Pain rating low on scale. +gas -BM AUOP. Incontinent. Barrier cream applied. L AKA dressing in place CDI. Mepilex in place on sacrum and spine. Encouraging Q2H turns, sometimes refuses,using pillows to float prominences. Bed alarm on at all times, 3 rails up. Son at bedside, call light within reach.

Action Items
*Nubain comes from pharmacy overfilled by 0.05 mL, double check volume prior to administration. Nubain to be given IV over 2-3 minutes.
-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.

Situational Awareness
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Aidoo, Nana S, RN at 1/28/2025 10:12 PM

Talmage, Jason M, RN at 1/29/2025 0618

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2300-0700:
AO x0. Patient is very HOH, non-verbal at times and speak is difficult to understand, RN communicating via whiteboard. Patient refused midnight tylenol. VS WDL on RA. No BM this shift, purewick in place with AUOP. Mepilex in place on sacrum and spine. Bed alarm on. Son at bedside, does not assist the patient in pressing the call light to alert staff when she is trying to make needs known.

Electronically signed by Talmage, Jason M, RN at 1/29/2025 6:18 AM

Smith, Melody J, RN at 1/29/2025 1430

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

7-1500
Aox0, irritable, HOH, using white board as communication, patient occasionally speaking comprehensibly. Refusing to take most meds stating "I'm only taking 2 pills, good luck", team aware. Unable to assess for pain, tylenol given per orders; patient intermittently screaming out, but unable to say why and shaking head "no" for every question asked. VSS on RA, crackles heard w/o stethoscope on expiration, satting >93%. Incontinent x2, no bm this shift, purewick
in place although patient found twice with it removed and hanging from cannister upon rounding. Blanchable erythema noted on sacrum, pressure injury UTA d/t pt being combative (grabbing, pinching, swinging staff) during turns. Q2 turns
completed this shift. Wound care on LLE done this AM, patient following commands moving LLE. Worked with PT today, oob standing x1. Bed alarm on at all times, fall mats in place, 3/4 rails up for patient safety, call light within sons reach, rounds done q1hr today because son is not proactive in enforcing fall prevention/making patients needs known and patient is unable to call herself. No acute events this shift

Electronically signed by Smith, Melody J, RN at 1/29/2025 2:32 PM

Bustamante Campusano, Diana, RN at 1/29/2025 2209

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1500-2300: Unable to determine orientation level. Patient speech slurred/mumbled and does not reply when spoke / written to. Patient will point to things she wants and push away things she does not want. Responds to voice and touch.
-Skin: Wound care intact.
-GI/GU: Minimal PO intake. Takes a few sips of ensure at times. +incontinent urine. Purewick in place.
-Mobility: 2PA for turns. Refuses most repositions. Ok with boosting up in bed.

Electronically signed by Bustamante Campusano, Diana, RN at 1/29/2025 10:10 PM

Liu, Kayla W, RN at 1/30/2025 1828

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900:
Unable to determine orientation. Intermittently able to respond to yes/no questions. Incomprehensible at times, otherwise pleasant this shift. Hypertensive to SBP 140s, otherwise VSS on RA. Managing pain with scheduled tylenol, buprenorphine patch removed and reapplied on L upper chest. Crackles heard bilaterally on auscultation, O2 saturation in high 90s on RA. Poor PO intake, high risk for aspiration. BM-. Voids via purewick. L AKA wound dressing changed. Changed flank mepilex and sacral mepilex. Q2hr turns offered, pt often refuses, OOB to wheelchair x1 this shift. Bed alarm on for safety. Pt took crushed meds with cream of wheat and yogurt. Unable to obtain CBC this AM d/t insufficient blood in testing tube, provider aware

Electronically signed by Liu, Kayla W, RN at 1/30/2025 6:47 PM

Mikulikova, Julia, RN at 1/31/2025 0626

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-0700: Unable to assess orientation level, patient awakens to loud voice and pain. Tachypneic otherwise VSS on RA. Minimal PO intake in the evening, able to take AM meds crushed in applesauce but needed reminders to fully swallow. Purewick in place w/ diminished UOP, +flatus/-BM. Mepilex to sacrum and spine, both intact. Wound care to LLE completed. Q2H turns completed, bed alarm on at all times for safety. PIV running potassium chloride extravasated ~2200, provider notified and ok'd no PIV access until AM. Area marked, limb elevated, and hot pack applied.

Electronically signed by Mikulikova, Julia, RN at 1/31/2025 6:26 AM

Lyons, Julio Cesar Salazar, RN at 2/1/2025 0620

Illness Severity
Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Admit: 1/9. LOS: 22-Days.
1/31N: NAEON. Pt minimal PO intake. Family asked for Tylenol around 2300. Pt slept most of the night.
Neuro: Aox1, self.
Cardiac: VSS, V-Paced.
Pul: Diminished on RA.
GI/GU: Reg Diet. (-)N, (-)V, (+)Gas, (-)BM. AUOP. Incontinent Bowel/Bladder.
Skin/MS: Incision: 2x Sites, Wound: 3x Sites.
Lines: No PIV (MD Ok) Purewick.
Mobility: 2PA.

Action Items

-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-PIV infiltration on 1/30; assess Q2H until 2/1 @ 00:00

Situational Awareness

- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Lyons, Julio Cesar Salazar, RN at 2/1/2025 6:21 AM

Walsh, Julia McKeon, RN at 2/1/2025 0744

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Neuro: Aox1, self.
Cardiac: denies chest pain, normotensive, PPM, v paced when on tele prior
Pul: rhonchi, asp precautions, sats stable RA
GI/GU: minced/moist diet, 1:1 feeds, abd soft, +BS, last bm several days ago, plan for laxative. Incontinent urine, purewilk, care provided, clear urine output.
Skin/MS: LLE dressing +CDI. L chest incision ota, +CDI. Turned q2h, bony prominences offloaded.
Lines: No PIV (MD Ok) Purewick
Mobility: 2PA, lift to wheelchair

Illness Severity

Stable.

Electronically signed by Walsh, Julia McKeon, RN at 2/1/2025 10:40 AM

Johnson, Marita F, RN at 2/1/2025 2208

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1100-2300: AxOx1, oriented to self. VS WDL on RA, v-paced. Rhonchi, asp precautions, sats stable RA. On a minced/moist diet, 1:1 feeds but poor PO intake. Abd soft, +BS, last bm several days ago per son. Son does not want us to give suppository until tomorrow. Incontinent urine, purewick in place. LLE dressing change refused, pt requests it done tomorrow morning. 2 PA for Q2 turns, sometimes refused. Lift OOB to TIS w/c. Up to w/c for 3 hours today.

Electronically signed by Johnson, Marita F, RN at 2/1/2025 10:09 PM

Johnston, Kristen L, RN at 2/2/2025 0537

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2300-0700
UTA orientation status, pt incomprehensible. VS WDL on RA, v-paced. Rhonchi, asp precautions. Pt's son not adhering to aspiration precautions, MD aware. On a minced/moist diet, 1:1 feeds but poor PO intake. Coughs when taking in fluids. Abd soft, +BS, last bm several days ago per son. Son does not want us to give suppository until 2/2. Incontinent urine, purewick in place. LLE dressing change refused, pt requests it done on 2/2. 2 PA for Q2 turns, refuses periodically. Lift OOB to TIS w/c. Not OOB overnight.

Illness Severity

Stable.

Electronically signed by Johnston, Kristen L, RN at 2/2/2025 5:38 AM

Gelgla, Letera D, RN at 2/2/2025 1707

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.
0700-1930
Neuro: Aox0.Non comprehensible speech, aspiration risk, coughs with po meds intake, Pt son not adherent to aspiration precaution.
Pain: Pt was calm and no sign of pain, schedule tylenol given
Cardiac: VSS.
Pul: Diminished lung sound on RA.
GI/GU: minced Diet. (-)N, (-)V, (-)Gas, (-)BM senna and Miralax given. Diminished urine out put , purwick in place Incontinent Bowel/Bladder.
Lines: Pt okay without iv acess.
Mobility: Using a sling to get OOB

Action Items

-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-needs daily dressing change to LLE

Situational Awareness

- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Gelgla, Letera D, RN at 2/2/2025 5:09 PM

Obanla, Taiwo O, RN at 2/2/2025 2258

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-2300
Neuro: A&O x3. Disoriented to year. aspiration risk, coughs with po meds intake.
Pain: denies any pain this shift
Cardiac: VSS.
Pul: Diminished lung sound on RA. Dyspnea on exertion
GI/GU: minced Diet. (-)N, (-)V, (-)Gas, (-)BM senna and Miralax given. Diminished urine out put , purwick in place

Incontinent Bowel/Bladder.
Lines: Pt okay without iv acess.
Mobility: Using a sling to get OOB

Action Items

Situational Awareness

Electronically signed by Obanla, Taiwo O, RN at 2/2/2025 11:58 PM

Clark, Rachael E, RN at 2/3/2025 2003

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900
A&Ox0-1. VSS on RA. Humidified air provided for comfort. Waxing and waning cognition and ability to tolerate PO meds/nutrition. Speech incomprehensible and unable to communicate pain for most of shift, CNPI score of 12. PO tylenol transitioned to rectal. SLP eval completed. Nutrition consulted. Aspiration precautions reinforced with patient and son. Oral medications successfully given x1 during shift with ice cream. Son doing 1:1 feeds. Redness noted on L amputation around incision, marked with skin marker, MD notified and aware, dressing changed per order. Sacral mepilex changed and barrier cream applied to peri area. +BM/+flatus, voiding via Purewick. Awaiting more UOP for UA. Q2 turns completed, not OOB during this shift. Son bedside.

Electronically signed by Clark, Rachael E, RN at 2/3/2025 8:05 PM

Harrell, Mackenzie, RN at 2/3/2025 2225

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-2300
Son at bedside, pt would not arouse enough and swallow to take PM meds, MD aware. Pt does not have IV access, which has been okayed by MD.
Edited by: Harrell, Mackenzie, RN at 2/3/2025 2225

Illness Severity
Stable.

Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Harrell, Mackenzie, RN at 2/3/2025 11:00 PM

Nguyen, Deanna, RN at 2/4/2025 0444

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

2300-0730
Unable to assess orientation. Responds to voice/touch, more alert with turns/cares. Pt's speech incomprehensible.
Humidified air for comfort. Sleep promotion
Pain: PRN tylenol available. Restless/crying out intermittently, repositioned for comfort
GI: Aspiration precautions, 1:1 feed
GU: Diminished urine output, purewick in place. Urine sample collected
Lines: No IV OK per MD
Skin: L AKA. Dressing CDI.
Mobility: Q2 turns offered, pt/son refusing at times

Electronically signed by Nguyen, Deanna, RN at 2/4/2025 6:42 AM

Flaherty, Katherine R, RN at 2/4/2025 1051

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1100
Oriented to self. Responds to touch/voice. More alert with turns/cares. Speech is intermittently comprehensible.
Humidified air for comfort. PRN tylenol available for pain. Aspiration precautions, 1:1 feed, pills crushed in applesauce. Pt refused her omeprazole this morning but was able to take all of her 9am medications. Diminished urine output, purewick in place. No IV ok per MD. L AKA, Dressing changed this morning, CDI. Turns as tolerated. Mepilex to buttocks. Son at bedside. Using white board to communicate, pt is hard of hearing.
Edited by: Flaherty, Katherine R, RN at 2/4/2025 1051

Illness Severity
Stable.
Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Flaherty, Katherine R, RN at 2/4/2025 10:51 AM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 4 of 17) (continued)

Clinical Notes (group 5 of 17)

Nursing Note

Avila, Nicole C, RN at 2/4/2025 2227

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1100-2300
Unable to assess orientation. Responds to touch/voice. More alert with turns/cares. Speech is intermittently comprehensible. Humidified air for comfort. Pain managed with scheduled tylenol and lidocane patch on left leg. Aspiration precautions, 1:1 feed, pills crushed in applesauce. Refused PO meds in PM. Diminished urine output, purewick in place, MD aware. No IV ok per MD. L AKA, dressing changed this morning, CDI. Turns as tolerated. Mepilex to buttocks. Son at bedside. Using white board to communicate, pt is hard of hearing.

Illness Severity
Stable.

Electronically signed by Avila, Nicole C, RN at 2/4/2025 10:28 PM

Sirichana, Geraldine N, RN at 2/5/2025 0617

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

VSS. Humidified air for comfort. HOH, restless/crying out intermittently tylenol given rectally. Repositioned for comfort. 2PA Q2 turns. Dressing to L AKA done. Aspiration precautions, requires 1:1 feed. BMx2, diminished UOP via purewick. Unable to collect specimen for UA.

Electronically signed by Sirichana, Geraldine N, RN at 2/5/2025 6:18 AM

Wu, Lesly, RN at 2/5/2025 1755

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

UTA orientation. VSS, on humidified air for comfort. HOH. Speech is incomprehensive. Responds to voice/pain. Intermittent agitation and crying out. Pain managed w/ Tylenol. Difficulty following commands and with swallowing. Meds crushed and given w/ pureed food. Decreased PO intake. Aspiration precautions; 1:1 feed. -N/V, +BM, voiding via purewick, diminished UOP. Dressing to L AKA changed. 2PA Q2 turns. OOB x1 into w/c.

Action Items

-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-needs daily dressing change to LLE

Electronically signed by Wu, Lesly, RN at 2/5/2025 5:56 PM

Sirichana, Geraldine N, RN at 2/6/2025 0633

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess orientation, HOH. VSS. Humidified air for comfort. Tylenol and Lidocaine patch given for L AKA pain, rewrapped dressing to L AKA. Aspiration precautions, requires 1:1 feed, poor appetite. BM+, diminished UOP via purewick. Repositioned for comfort. 1-2PA Q2 turns.

Electronically signed by Sirichana, Geraldine N, RN at 2/6/2025 6:33 AM

Wu, Lesly, RN at 2/6/2025 1857

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

UTA orientation. VSS, on humidified air for comfort. HOH. Speech mostly incomprehensive. Responds to voice/pain. Intermittent agitation and crying out. Guarding and resistant to care. Pain managed w/ Tylenol and butrans patch. Meds crushed and given w/ pureed food. Poor PO intake. Aspiration precautions; 1:1 feed. -N/V, +BM, voiding via purewick, diminished UOP. Dressing to L AKA changed. 2PA Q2 turns. OOB x1 into w/c with sling. Worked with PT.

Electronically signed by Wu, Lesly, RN at 2/6/2025 6:57 PM

Yohannes, Mayda, RN at 2/7/2025 0646

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-0700
AOx0. CNPI 11, pain managed with tylenol and butrans patch, prn tylenol suppository administered, pt not alert enough for po meds. VSS on RA, prn humidified air for comfort. HOH. PPM in place, V-paced. Incomprehensible speech, agitated and cries out at times, occasionally responds to commands. Aspiration precautions. Poor PO intake, 1:1 feed - meds crushed and given with pureed food. -N/V, dry mucous membranes. Incontinent, purewick in place. +BM/+UOP. L AKA and L chest incision, mepilex on sacrum and back. No PIV - ok per orders. Q2 turns done. Bed alarm on.

Electronically signed by Yohannes, Mayda, RN at 2/7/2025 6:47 AM

Puleo, Rosalie, RN at 2/7/2025 1130

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Illness Severity
Stable.

RN 7- 1130am

Seen at bedside by MD Hunt. Discussed risk for aspiration. Agreed to hold off on oral medications until patient was more alert. Plan to review pain medications and assess cues for pain. Several attempts made to feed but patient did not appear to swallow after a few bites. Report given to incoming RN.

Electronically signed by Puleo, Rosalie, RN at 2/7/2025 11:51 AM

Kit, Ellen, RN at 2/7/2025 2254

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2/7 eve
AOx0. Severe pain managed w/ prn iv Nubain and butrans patch, pt not alert enough for po meds. VSS on RA, prn humidified air for comfort. HOH. PPM in place, V-paced. Incomprehensible speech, agitated and cries out at times, resting comfrtably after Nubain. Son at bedside this afternoon. Aspiration precautions in place. Incontinent, purewick in place. L AKA and L chest incisions, mepilex on sacrum and back. Refusing turns- grabbing staff and crying out when attempting to turn pt.

Illness Severity
Stable.

Electronically signed by Kit, Ellen, RN at 2/7/2025 10:54 PM

Yohannes, Mayda, RN at 2/8/2025 0651

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2300-0700
AOx0. CNPI 10, pain managed with IV nubain and butrans patch, prn tylenol suppository available, pt not alert enough for po meds. VSS on RA, prn humidified air for comfort. HOH. PPM in place, V-paced. Incomprehensible speech, agitated and cries out at times, occasionally responds to commands. Aspiration precautions. Poor PO intake, 1:1 feed - meds crushed and given with pureed food. -N/V, dry mucous membranes. Incontinent, purewick in place. +BM/+UOP. L AKA and L chest incision, mepilex on sacrum and back changed. L PIV. Q2 turns, agitated/refusing at times. Bed alarm on.

Electronically signed by Yohannes, Mayda, RN at 2/8/2025 6:52 AM

Hwee, Carla, RN at 2/8/2025 1731

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess orientation. Cries during cares, otherwise napping throughout the day. VSS. CNPI 6-8, IV nubain PRN.

Unable to take PO meds this shift, MD aware, no new orders. Minimal PO, coughs with food, frequent oral care. -BM, diminished UOP via purewick.
Daily wound care completed. Redness to sacrum, barrier cream applied, sacral mepilex in place. Q2 turns, son occasionally refused on pt's behalf but amenable with education. Bed alarm on.
IV abx initiated, albumin, mag replaced. Up to chair x1 via sling.

Electronically signed by Hwee, Carla, RN at 2/8/2025 5:32 PM

Sano, Naomi, RN at 2/9/2025 1804

Very drowsy this am, does not follow the directions. Pt made loud sounds "Ah" while giving hygiene care. Unable to describe pain. Very agitated. Given PRN acetaminophen suppo. Pt became calm as soon as hygiene care done. Aspiration risk due to NOT clear mental status, non-cooperative, held all PO medications, notified HO. HO assessed pt, talked with her son, re-started guanfacine PO from this afternoon. Pt became calm and less agitated this early evening, but she pulled PIV by herself. Difficult IV access. Unable to obtain new PIV. Notified HO, OK without IV access tonight. Scheduled ceftriaxone IV due tomorrow am. Turned q2h. Mepilex dressing intact.

Electronically signed by Sano, Naomi, RN at 2/9/2025 6:11 PM

Reese, Megahn Marilyn, RN at 2/10/2025 1849

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess orientation. VS stable on RA, with humidified medical air for pt comfort. Largely unable to communicate with staff, screaming loudly and frequently during cares. Nursing staff attempt to use whiteboard to communicate with limited success. Refused oral care and suctioning frequently. Up to wheelchair x1 today, pt did not tolerate well. 1:1 feed, pt unable to swallow.
Edited by: Reese, Megahn Marilyn, RN at 2/10/2025 1524

Illness Severity
Stable.
Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Reese, Megahn Marilyn, RN at 2/10/2025 6:50 PM

Nguyen, Deanna, RN at 2/11/2025 0448

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II

heart
block requiring temporary TVP, now s/p PPM 1/13.

2300-0730
Unable to assess orientation. Screaming loudly and agitated during cares and turns, able to rest intermittently otherwise. Able to communicate somewhat via whiteboard. VSS on RA, humidified medical air for pt comfort.
Pain: Managed with buprenorphine patch and rectal tylenol
GI: Aspiration risk. Multiple incontinent Bms this shift
GU: Diminished urine output via purewick
Lines: RA PIV. MIVF infused. IV ceftriaxone given
Skin: L AKA, dressing CDI
Mobility: Q2 turns offered. Bed alarm on for safety

Electronically signed by Nguyen, Deanna, RN at 2/11/2025 4:48 AM

Bennett, Theodore, RN at 2/11/2025 1729

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2-11: Aox0, on RA. Pain managed with prn tylenol. Up in chair and ambulated in hallway with son. Goals of care meeting done with team.

Illness Severity
Stable.
Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Bennett, Theodore, RN at 2/11/2025 5:32 PM

Tran, Andy, RN at 2/12/2025 0634

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-0730: UTA orientation, VSS on 6L facetent (occasionally drops to upper 80s on RA), afebrile. Groans and screams at times, seemingly agitated, otherwise resting.
Pain: UTA, FLACC scale suggesting some pain and agitation but only managing with lidocaine patch at L thigh.
HEENT: Deaf. Moderate vision loss. Dry tongue and membranes.
Resp: Clear, diminished.
CV: Pacemaker in place.
Skin: L AKA ACE wrap in place, CDI.
GI: Per pt's son, pt was able to eat and drink a sizeable amount for dinner with his help. Was not present for feeding, unclear how pt handled food and drink considering aspiration risk. Pt needing 1:1 feeds and supervision.
GU: Incontinent void x1, purewick not used because pt moves and pulls at things at times, dislodging placement.
Lines: Coban and ACE wrap around R arm PIV for protection. MIVF orders dc'd ~2000 but was not stopped until ~0400. Provider aware.

Mobility: Bedbound. Heavy 2PA/sling OOB.

Illness Severity
Stable.

Electronically signed by Tran, Andy, RN at 2/12/2025 6:34 AM

Jeanneret, Amber Marie, RN at 2/12/2025 0954

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

0700-1900: UTA orientation, VSS, afebrile. Groans and screams at times, seemingly agitated, otherwise resting.
Pain: UTA, CNPI scale suggesting some pain and agitation but only managing with lidocaine patch at L thigh.
HEENT: Deaf. Moderate vision loss. Dry tongue and membranes.
Resp: Clear, diminished.
CV: Pacemaker in place.
Skin: L AKA ACE wrap in place, CDI.
GI: Per pt's son, pt was able to eat and drink about 80% of breakfast with his help. Was not present for feeding, unclear how pt handled food and drink considering aspiration risk. Continued to educate pt's son on aspiration precautions and s/sx of aspiration. Pt needing 1:1 feeds and supervision.
GU: Incontinent void x1, purewick not used because pt moves and pulls at things at times, dislodging placement.
Lines:R arm PIV infiltrated, removed, PICC ordered but pt had no appropriate vasculature, new PIV placed in L forearm by vascular access. Now infusing D5 for hypernatremia treatment. Next sodium draw @0500
Mobility: Bedbound. Heavy 2PA/sling OOB.

PO meds not given due to decreased alertness and aspiration risk, provider aware.

Action Items
-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-needs daily dressing change to LLE

Situational Awareness
- Potential DC to SNF?
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label
- GOC meeting 2/11, team will reconvene at end of week to discuss plans going forward (SNF, hospice, home, etc).

Electronically signed by Jeanneret, Amber Marie, RN at 2/12/2025 6:26 PM

Lam, Elim, RN at 2/12/2025 1422

PICC order received. Unfortunately, pt not a PICC candidate at this time. L pacemaker in place. No veins large enough to accommodate even SL PICC on RUE. Largest vein was basilic at 2.5mm. MD Pillai with Med H and BSRN made aware. 22g PIV placed to R forearm.

Electronically signed by Lam, Elim, RN at 2/12/2025 2:23 PM

Gindi, Jeanna A, RN at 2/13/2025 0630

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-0700
Alert to pain, UTA orientation. VSS on RA. Q2 turns/repositioning offered. +1 incontinent void. -BM. FLACC scale suggesting pain and agitation. Lidocaine patch applied to L thigh. Q6h sodium blood draws. Dextrose 5% IVF @100mL/hr. Deaf, moderate vision loss. Utilized whiteboard for communication. L AKA OTA with staples, CDI. LLE wound care done x1 with Betadine, gauze, ACE wrap. Not OOB this shift, heavy 2PA/sling OOB.

Electronically signed by Gindi, Jeanna A, RN at 2/13/2025 6:35 AM

Escalante, Steve, RN at 2/13/2025 1857

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900

UTA orientation status; alert to some degree, nonverbal, but is able to to make sounds; cooperative w/ some aspects of care.
Some deafness, and moderate vision loss.
VSS on RA.
Unable to assess pain, used FLACC scale, some agitation noted.
R PIV for access,5% dextrose lowered to 50mL/hr today, per provider's order.
Amputation site closed w/ staples no drainage, applied 4x4 gauze w/ betadine and wrapped w/ ACE bandage per order.
+flatus, -BM, dim UOP via female purewick. Incontinent.
Had a visit from social worker.

Worked w/ PT today.
2PA, q2h turns complete, was able to get OOB via sling in to chair for most of the morning.
Son @ bedside, assists w/ various aspects of care.

Edited by: Escalante, Steve, RN at 2/13/2025 1854

Illness Severity
Stable.
Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Escalante, Steve, RN at 2/13/2025 6:59 PM

Limyukok, Mysha, RN at 2/14/2025 0520

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

UTA orientation status; alert to some degree, nonverbal, but is able to to make sounds; cooperative w/ some aspects of care.
Some deafness, and moderate vision loss.
VSS on RA.
Unable to assess pain, used FLACC scale, agitation noted. Patient was yelling out overnight.
R PIV for access,dextrose lowered to 50mL/hr today, per provider's order.
Amputation site closed w/ staples no drainage, applied 4x4 gauze w/ betadine and wrapped w/ ACE bandage per order. Patient removed dressing during shift, new dressing placed.
+flatus, -BM, dim UOP via female purewick. Incontinent.
Had a visit from social worker.
Worked w/ PT today.
2PA, son and patient refused turns tonight. Patient tried to get out of bed multiple times and staff repositioned patient.
Son @ bedside, assists w/ various aspects of care.

Electronically signed by Limyukok, Mysha, RN at 2/14/2025 5:20 AM

Nursing Note

Gill, Loveleen S, RN at 2/14/2025 1459

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1500:
UTA orientation status; alert to some degree, nonverbal, but is able to to make sounds; cooperative w/ some aspects of care. Some deafness, and moderate vision loss.
VSS on RA. Using FLACC scale, agitation noted. L PIV placed by Vasc, KCL-D51/2NS infusion started. Amputation site closed w/ staples no drainage, dressing intact with 4x4 gauze + betadine, wrapped w/ ACE bandage. +flatus, Bmx1, dim UOP via female purewick. Incontinent. 2pA/Sling OOB, offering Q2 turns.Son @ bedside, assists w/ various aspects of care. Goal of care meeting today.

Action Items
-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-needs daily dressing change to LLE

Situational Awareness
- Potential DC to SNF?
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Gill, Loveleen S, RN at 2/14/2025 3:24 PM

Limyukok, Mysha, RN at 2/15/2025 0551

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess A&O status, patient hard of hearing and visually impaired. FLACC scale used for pain score. Patient

screaming in pain, IV nubain given with relief. Pain management and reposition has helped to manage discomfort.
-Skin: wound dressing intact on left BLE. Changed.
-GI/GU: Minimal PO intake. High aspiration risk, 1:1 Supervision done and aspiration precautions followed. +flatus. +small incontinent BM. Difficult to determine UOP due to incontinence and patient removing purewick.
-Mobility: 2PA for q2turns.

PIV infiltrated overnight, charge RN attempted, STAT nurse attempted an ultrasound guided IV but was unable to insert IV.

Electronically signed by Limyukok, Mysha, RN at 2/15/2025 6:49 AM

Swift, Anna, RN at 2/15/2025 1700

Vascular Access Consulted for PIV insertions. Patient has had 3 PIVs in 48hrs. IV's are failing to last. After discussion with Provider Pillai, Sunita MD it was determined PIV access was not needed at this time and will re-evalute need for access tomorrow.

Electronically signed by Swift, Anna, RN at 2/16/2025 9:33 AM

Drammeh, Saihou, RN at 2/15/2025 1815

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

Difficult to assess A&O status due to confusion, hard of hearing and visually impaired.Her son at bed side and helping with feeding and given meds.Pt was up in the wheel chair for a long while per son's request.Pure wick in place while in bed with moderate output.No IV access established and team is aware.Turned Q 2 hours.Pt remains on 1:1 feed for aspiration precautions.Family is helping with feeding Left stump dressing changed.Pt continues to scream.Will continue to monitor.

Action Items
-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-needs daily dressing change to LLE

Situational Awareness
- Potential DC to SNF?
- GOC to discuss plans going forward (SNF, hospice, home, etc).
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time

- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Drammeh, Saihou, RN at 2/15/2025 6:23 PM

Sauder, Jessica, RN at 2/16/2025 0505

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

Update: 516am: Patient O2 in the 80s during AM vitals and yelling/restless, gurgling present. Attempts made with a simple face mask but O2 not sustaining above 90%. Provider notified. Nonrebreather applied and Charge called rapid response. Patient currently on high flow at 70L and 100% FiO2.

Unable to assess A&O status, patient hard of hearing and visually impaired. FLACC scale used for pain score. Patient screaming in pain, prn tylenol given.
-Skin: wound dressing intact on left BLE. Patient removed overnight-Changed.
-GI/GU: Minimal PO intake. High aspiration risk, 1:1 Supervision done and aspiration precautions followed. +flatus. +small incontinent BM. Difficult to determine UOP due to incontinence and patient removing purewick.
-Mobility: 2PA for q2turns.
Patient needs IV.

Electronically signed by Sauder, Jessica, RN at 2/16/2025 6:51 AM

Craig, Candace M, RN at 2/16/2025 1043

Request from Sunita Pillai, MD to see if another PIV can be started for IV abx due to new aspiration pneumonia. Upon assessment, L arm with scattered bruises from IV attempts. RUE assessed and attempted x 2 but unable to either advance or not able to access vein. STAT RN attempt x 1 but still unable to access vein. U/S assessment done with multiple collateral veins to BUE, forearm veins small. Last attempt to L hand and not successful. Informed Dr. Pillai of situation and recommending CVC if patient needing stable IV access. But at this time will not attempt any further PIV's.

Electronically signed by Craig, Candace M, RN at 2/16/2025 10:46 AM

Ndiaye, Djenaba L, RN at 2/16/2025 1856

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess A&O status, patient hard of hearing and visually impaired. On high flow @ 70L and 70% FiO2, intermittently desats in the 80's and gurgling, RT and MD notified. Suctioned this AM by RT. CNPI scale used for pain score. Pt occasionally screams, repositioned for comfort. PO meds d/c due to high aspiration risk and respiratory distress. Talked to son about this concern, but continues to feed pt despite risk. No PIV access. No bm this shift. Voiding via purewick. 2PA with turns and pt care. Dressing change done.

Electronically signed by Ndiaye, Djenaba L, RN at 2/16/2025 6:56 PM

Moroye, Jessica, RN at 2/17/2025 0700

Illness Severity

Stat watch

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700: Unable to assess orientation. Sating >90% on high flow 70L/70% FiO2. Pt frequently restless and crying out, tylenol suppository given w/minimal effect. Pt unable to safely take in anything PO. Voids via purewick, BM-. Son at bedside overnight and would remove O2 mask intermittently to suction. 2PA for Q2 turns, bed alarm on for safety.

Electronically signed by Moroye, Jessica, RN at 2/17/2025 8:36 AM

Bounthong, Vanh K, RN at 2/17/2025 1847

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess A&O status, patient HOH and visually impaired. FLACC scale used for pain score. On high flow @ 70L and 70% FiO2, intermittently desats in the 80's and gurgling, RT @ bedside. Pt occasionally screams, refused repositioning d/t pain, oral morphine given. No PIV access. No BM this shift. Voiding via purewick. Minimal PO intake d/t aspiration, suctioning completed by son.

Action Items

-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-needs daily dressing change to LLE

Situational Awareness

- Potential DC to SNF?
- GOC to discuss plans going forward (SNF, hospice, home, etc).
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Bounthong, Vanh K, RN at 2/17/2025 6:48 PM

Gawat, Maria C, RN at 2/18/2025 0605

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700: Unable to assess. Patient able to localize pain. Incomprehensible sounds. FLACC scale used to assess pain level, rating 5-6, 0.5mg subQ dialudid given. 0.25mg IM ativan x1 for agitation. Refusing PO intake. Poor appetite.
Aspiration precautions in place. Oral suction PRN. -BM. Diminished UOP via purewick. L AKA wound OTA, refused dressing. Lidocaine patch applied on stump. Refused Q2H turns. Pillows used for support. MD spoke with son about care expectations
and GOC.

Action Items

-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-needs daily dressing change to LLE

Situational Awareness

- Potential DC to SNF?
- GOC to discuss plans going forward (SNF, hospice, home, etc).
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Gawat, Maria C, RN at 2/18/2025 6:05 AM

Swift, Anna, RN at 2/18/2025 1546

Vascular Access consulted for PIV. BUE assessed with US. No accessible veins were observed at this time. No attempts were made due inability to identify any accessible vein and per Sons request to hold off on IV access at this. Providers notified.

Electronically signed by Swift, Anna, RN at 2/18/2025 3:48 PM

Porter, Allen, RN at 2/18/2025 1718

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Pt. Has moments of alertness per sons report. Unable to assess orientation level despite multiple attempts using the white board for communication. I discussed goals of care w/ pt. Son, who is POA, to clarify his expectations for his mother. The son was distressed as he stated "She's starving to death. If we aren't putting in an NG tube then I want her dressed and ready to leave by 1000 so we can catch the ferry." He then went on to discuss his concerns and dissatisfaction about the pt. Not having IV access for fluids. He stated "the reason they haven't gotten an IV on her yet is because they aren't tying the tourniquet tight enough. Yes it hurts her, but she'll be alright. When they come to place it again I will tie the tourniquet for them." He then preceded to tie the tourniquet on the pts. Upper left arm. The pt. Cried out in distress and reached for the tourniquet. I asked the son to remove the tourniquet as we weren't placing an IV at the moment, and son stated "just a minute, I want to show you how her veins pop up." He then showed me her veins, how they roll, and discredited the attempts made by our nursing staff, Stat nurses, and vascular access team. I then removed the tourniquet myself to relieve the pt. from discomfort.
I informed the son that his plans to discharge wouldn't include going home with an NGT or PIV, to which he replied "I can figure out how to hang it somehow. But it's going to be hard to get her to eat since she wont take anything." He then stated that if were to leave her, his plan was to take the pt. To Harborview ER and "demand they place an NGT. But then it would come out that you guys have starved her to death." I explained to the Son that the pt. Would likely be readmitted at Harborview if he were to take her there after discharging here. I also explained the pt. Current O2 demands would prohibit the pt. From safely discharging with just an oxygen tank. The son stated "she will be fine." I

reinforced with him that we would need to wean the pt. Off oxygen so that she could safely leave the hospital if that was the plan. He then began talking about how the pt. Life was no over yet, and that the pt. Has "5- 20 years to live. She wants to live. Our family has strong hearts. If her heart were to stop I would start chest compressions." I then clarified with the Son his statement and reminded him that the pt. Current code status is DNR/DNI. He then stated "That's incorrect, she wants to live, I want her to live, we all want her to live. She made me POA and said that she wants whatever I want, and I want her to live." Lastly, I discussed pain management with the son. He stated that he does not want morphine or dilaudid given because "she's not crying out in pain. That's not a pain cry. See look, she's comfortable." I told him that I believed that was because the pt. Received her pain medication last night, but the son disagreed. The son gave me permission to give tylenol and lorazepam when he requests. I thanked the son for clarifying his wishes and told him I would communicate his concerns to the team so that we could all be on the same page. After sharing this info with the care team, I expressed concerns about his ability to a safe caregiver for the pt. These concerns are in the setting of his behavior observed at the bedside throughout the pt. Stay here. The nursing staff has called multiple rapid responses due to aspiration concerns as the Son has consistently fed the pt. Despite being requested not to and warned of her high aspiration risk. Most recently this lead to her being placed on Hiflow to maintain her SpO2 goals. He has also during this hospital stay attempted to mobilize pt himself, which is contraindicated due to her high risk of injury. Staff utilizes a sling to transfer pt. When necessary to mitigate this risk. The son has also taken the pt. Off unit and down to the water during this stay without permission or awareness of providers or nurses. A major concern I have regarding this pt. Discharging with her POA is his interpretation of her pain. The pt. Cries out most of the time, and scores on the FLACC scale indicate discomfort, however the son denies this as pain and refuses available pain medications for the pt.
Lastly, after attempting to place the pt. NGT but failing, the Son made a concerning comment about providing assistance with a tongue depressor. He stated "Hey! I have a solution. I'll use this to hold her tongue back so that you can visualize which hole to place the tube in!" I declined his assistance and told him that method he suggested is not part of our insertion technique, and that we would try to place NGT tomorrow so that the pt. Can rest. I Updated oncoming RN w/ goals of care changes and POA preferences for continuity of care.

Electronically signed by Porter, Allen, RN at 2/18/2025 6:45 PM

Patino Castro, Jennifer A, RN at 2/19/2025 0416

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700: Alert to voice, very hard of hearing and very hard to understand due to speech. Patient able to localize pain. Incomprehensible sounds at times and can yell and cry out. FLACC scale used to assess pain level, rating up to 10 at times, 0.5mg subQ dialudid given at beginning of shift, since son agreeable to administration. 0.25mg IM ativan x1 for agitation. Strict NPO due to high aspiration risk. Oral suction PRN.+ BM. Diminished UOP via purewick. L AKA wound dressing applied but patient shifts frequently and dressing comes off. Lidocaine patch applied on left thigh. Q2H turns continued when patient allowed. Pillows used for support. Vital signs stable on 60L heated high flow mask, at 60% FIO2. Patient noted to be heated high flow mask at shift change. Patient pulls of mask towards neck but some O2 still manages to blow by her mouth. No NGT placed overnight, son okay with holding off until morning to let patient rest overnight. FLACC scale rating 7/10 towards end of shift, patient screaming and restless in bed, son refusing dilaudid for patient and requesting just tylenol. Son stating "this is just anxiety for her".

Electronically signed by Patino Castro, Jennifer A, RN at 2/19/2025 6:33 AM

Bustamante Campusano, Diana, RN at 2/19/2025 2127

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1500-2300: UTA A&O status, patient with severe impaired vision and hearing. Throughout the shift, patient will scream when awake. Pain medication given- tylenol suppository and SubQ dialudid. Patient son declined morphine suppository x3 times, stated
her scream is not pain related.
-Wound care: patient removed dressing, unable to keep on dressing.
-GI/GU: No BM. UOP to purewick, amber output. No PO intake. High aspiration risk.
-Mobility: Turns done every 2 hours as patient allows.

Electronically signed by Bustamante Campusano, Diana, RN at 2/19/2025 9:29 PM

Limyukok, Mysha, RN at 2/20/2025 0452

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

UTA A&O status, patient with severe impaired vision and hearing. Throughout the shift, patient will scream when awake. Ativan IM given PRN.
-Wound care: patient removed dressing, unable to keep on without patient taking it off.
-GI/GU: No BM. UOP to purewick, amber output. No PO intake. High aspiration risk.
-Mobility: Turns done every 2 hours as patient allows.

Electronically signed by Limyukok, Mysha, RN at 2/20/2025 4:52 AM

Kangleon, Judith Esther J, RN at 2/20/2025 1840

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900
UTA A&O status, patient with severe impaired vision and hearing. Throughout the shift, patient will scream when awake. Subq dilaudid PRN given with lots of pain relief, pt able to calm down. Patient removed L leg stump wound dressing, unable to keep on without patient taking it off, betadine reapplied. Incontinent of urine, unmeasured UOP x1. No PO intake. High aspiration risk.Turns done every 2 hours as patient allows.

Pt went down to fluoro at 1400 for another attempt of NGT placement, PRN one time dose of ativan 0.5mg given IM. Pt came back unit, NGT placement was unsuccessful.

Electronically signed by Kangleon, Judith Esther J, RN at 2/20/2025 6:40 PM

Gindi, Jeanna A, RN at 2/21/2025 0659

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess A&O status. Pt with severe impaired vision and hearing. subQ Dilaudid and IM ativan given for pain/discomfort. Incontinent voids x3. VSS on RA. NPO, high aspiration risk. Q2 turns done as pt allows. Plan for central line placement today.

Electronically signed by Gindi, Jeanna A, RN at 2/21/2025 7:43 AM

Moffett, Laura, RN at 2/21/2025 1055

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Received patient peacefully sleeping this morning. Unable to assess orientation. Able to place PIV and start maintenance IV fluids. Turned patient Q2 hours. Patient was incontinent of urine x2 this morning. Strict NPO for aspiration risk.

Illness Severity
Stable.

Electronically signed by Moffett, Laura, RN at 2/21/2025 12:21 PM

Walsh, Julia McKeon, RN at 2/21/2025 1702

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1100-1930:

Intermittent drowsiness vs agitation. Pt hard of hearing. +Pain per FLACC score, occasionally following commands/localizing pain. Prns w/ mod effect. Responsive to physical comforting.
Son at bedside majority of shift, attentive to patient. Strict NPO. Frequent oral care/mouth moisturizer applied. IVF infusing. Unmeasured urine occurrence X1, purewik w/ small measured output. Last bm several days ago per son, abd soft, does not appear tender to palpation. LLE stump w/ staples, OTA, +CDI. Call bell in reach of son. Bed alarm for safely. Turned q2h. Heels and bony prominences offloaded. Asp precautions maintained. Humidified 02. Frequent monitoring.

Illness Severity
Stable.

Electronically signed by Walsh, Julia McKeon, RN at 2/21/2025 5:54 PM

Gindi, Jeanna A, RN at 2/22/2025 0622

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess A&O status. Pt with severe impaired vision and hearing. VSS on RA. +Pain per FLACC score, PRN IV Dilaudid given. D5NS with Kcl infusing continuously in PIV. Incontinent, using female purewick without issue. NPO, high aspiration risk. Q2 turns done as pt allows. LLE AKA with staples OTA. Bed alarm on for safety.

At 4:30 AM pt started showing signs of increased pain (increased movement, moaning, yelling). Son was not agreeable to giving her Ativan or Dilaudid. Provider notified. After further discussions with pt showing increased signs of pain and discomfort, pt's son agreed to a dose of IV Dilaudid. PRN IV Tylenol ordered for future.

Electronically signed by Gindi, Jeanna A, RN at 2/22/2025 6:27 AM

Clinical Notes (group 7 of 17)

Nursing Note

Porter, Allen, RN at 2/22/2025 1932

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

UTA pt. Orientation level. VS WNL on RA. Adhering to NPO diet, No emesis, BM-, DIM UOP. Not OOB this shift. FLACC scores suggest pain, gave PRN IV acetaminophen and also lorazepam for agitation when available, encouraged son to allow for prn dilaudid. I overheard the pt. son from the nurses station loudly saying to pt. "Stop it. Stop it. Stop it." And went in to check on them. Pt. Was still crying out. I reeducated pt. son about pain regiment and he was willing to try dilaudid. Pt. appeared restful upon reassessment. Encouraged son to let us stay on top of pain management and explained it's easier to stay on top of pain rather than catch up later.

Electronically signed by Porter, Allen, RN at 2/22/2025 7:42 PM

Jallow, Yusupha, RN at 2/22/2025 2227

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Pt alert but not able to participate in orientation assessment. VSS on RA. Occasionally cries out but otherwise appears comfortable on this shift. Doesn't appear to be in pain. FLACC score a 2. Lidocaine patch on L thigh. Had one episode of urinary incontinence. Purewic in place. Son reported small BM this AM. Pt with impaired vision and hearing. D51/2NS with 20Kcl infusing continuously in LFA PIV. NPO, high aspiration risk. Q2 turns done as pt allows. LLE AKA with staples OTA. Bed alarm on for safety.

Illness Severity
Stable.

Electronically signed by Jallow, Yusupha, RN at 2/22/2025 10:36 PM

Macandile, Jan Kenneth Lantin, RN at 2/23/2025 0446

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2300 hrs - Unable to assess orientation. VSS on RA. Lorazepam given x1 for agitation and dilaudid for pain.
GI/GU: No bm this shift, purewick in place.

Mobility: Q2 turns, bed alarm on

Electronically signed by Macandile, Jan Kenneth Lantin, RN at 2/23/2025 4:47 AM

Porter, Allen, RN at 2/23/2025 1824

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Unable to access pt. Orientation status. Upon taking over assignment, pt. Appeared in distress as indicated by her FLACC score. Pt. Son was concerned about pt. Hypertension, which I explained was likely due to her restlessness and pain. Pt. Son agreed to lorazepam, which had good effect at calming pt. Down. I rechecked BP which was WNL, and reiterated to pt. Son the importance of treating her pain and anxiety with available PRN. Later after another dose of IV dilaudid, pt. SpO2 dropped to 80% on RA. Placed on 6L face mask and paged RT and provider to bedside. SpO2 improved on hiflow 50L 50%. Provider discussed code status at bedside w/ pt. Son.
Pt. Son showed me photos of pt. Before hospitalization and vocalized concerns about her starving to death. I attempted to reassure son that until decisions are made about NGT placement we can focus on keeping her comfortable. I consulted spiritual care to provide additional support to pt. Son as he continues to grieve.

Electronically signed by Porter, Allen, RN at 2/23/2025 6:38 PM

Aidoo, Nana S, RN at 2/24/2025 0514

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700
Pt alert but not able to participate in orientation assessment. VSS on RA. Occasionally cries out but otherwise appears comfortable on this shift. IV dilaudid and Ativan given per orders. FLACC score a 2. Lidocaine patch on L thigh. Purewic in place. NPO, high aspiration risk. Q2 turns done as pt allows. LLE AKA with staples OTA. Bed alarm on for safety. Advanced care planning meeting with Attending and pt's Son done during this shift.

Action Items
-Concern for pressure injury risk - try to clean up incontinence quickly
-IVF, potential discussion Monday of NGT under fluoro

Situational Awareness

- Potential DC to SNF vs home hospice
- GOC to discuss plans going forward (SNF, hospice, home, etc).
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Aidoo, Nana S, RN at 2/24/2025 5:14 AM

Porter, Allen, RN at 2/24/2025 1759

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Pt. Transitioned to comfort care today. Pt. Son expressed remorse about his mother not receiving feeding tube and concerns about being homeless. Accessed pt. And gave prns accordingly to promote comfort during her end of life.

Electronically signed by Porter, Allen, RN at 2/24/2025 6:12 PM

Aidoo, Nana S, RN at 2/25/2025 0608

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700
Comfort measures only. PRN Dilaudid, Haldol and Lorazepam given per orders. Pt appears comfortable. This AM Pt's Son Louis expressed wanting an NGT for pt, MD made aware.

Action Items

Situational Awareness

- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing

- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Aidoo, Nana S, RN at 2/25/2025 6:08 AM

Drammeh, Saihou, RN at 2/25/2025 1813

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

0700-1930
Remains on comfort care measures.Given prn IV twice this shift per son's request for comfort.Pt's son requested for the Pt to be transferred to a different hospital but was refused by medical team. Will continue to monitor.
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Action Items

Situational Awareness
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Drammeh, Saihou, RN at 2/25/2025 6:16 PM

Yohannes, Mayda, RN at 2/26/2025 0640

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-0700
Comfort measures only. UTA orientation. Prn supplemental oxygen for comfort. HOH. FLACC score 5, prn SQ dilaudid and IM haldol given, butrans patch and lidocaine patch applied. NPO. No IV access. Purewick in place, with dark red output - team aware. Bed alarm on.

Electronically signed by Yohannes, Mayda, RN at 2/26/2025 6:41 AM

Fresnoza, Frances F, RN at 2/26/2025 1440

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1500:
Comfort measures maintained, UTA pt's orientation. Supplemental oxygen PRN for comfort. Pt's diet advanced to CLD d/t son's request to be able to give her sips of broth, reinforced education on pt's aspiration risk. Purewick in place with minimal output.
Edited by: Fresnoza, Frances F, RN at 2/26/2025 1436

Illness Severity
Stable.
Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Fresnoza, Frances F, RN at 2/26/2025 2:41 PM

Sano, Naomi, RN at 2/26/2025 1807

1500-1930: Awake, sit up right, pt's son at bedside, assisting broth small sips. Aspiration precaution taken. Pt's face relaxed. Purewick in place. O2 sat monitor at times upon son's request, SpO2 98% on room air.

Electronically signed by Sano, Naomi, RN at 2/26/2025 6:10 PM

Harman, Kendall M, RN at 2/27/2025 0635

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0730:
Comfort measures maintained. UTA orientation. Eyes opening spontaneously, mostly incomprehensible speech, unable to follow commands. Occasional signs of restlessness, agitation, moaning, and grimacing. Sub-q dilauaid and ativan given,
with reduction in signs of discomfort. Reposition offered for comfort.

CLD per son's request to be able to give her sips of broth, reinforced education on pt's aspiration risk. Purewick in place with minimal output, son requesting urinalysis this AM.

Electronically signed by Harman, Kendall M, RN at 2/27/2025 8:01 AM

Long, Lijie, RN at 2/27/2025 1846

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900
Comfort measures maintained. O2 15L blow-by per son request, discussed with provider face-to-face, provider approved. UTA orientation. Eyes opening spontaneously, mostly incomprehensible speech, unable to follow commands. Son requested CLD, giving pt water with straw, tomato soup and coffee with mouth swaps. Education on aspiration risk reinforced multiple times during the day. Son reported aspiration once when feeding pt water, education reinforced. Occasional signs of restlessness, agitation, moaning, and grimacing. Reposition offered for comfort. Tylenol suppository given per son's request.Purewick in place for minimal output.

Illness Severity
Stable.

Electronically signed by Long, Lijie, RN at 2/27/2025 6:46 PM

Bennett, Theodore, RN at 2/28/2025 0509

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2-27 night shift: Comfort measures only. Ativan and dilaudid given for agitation and pain. Son at bedside.

Illness Severity
Stable.
Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Bennett, Theodore, RN at 2/28/2025 5:10 AM

Dimitrov, Alexey T, RN at 2/28/2025 1747

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

0700-1900
Comfort measures maintained. O2 15L blow-by per son request, NPO however team is ok w/ son feeding pt. Alert and follows directions today. HOH. Does not appear in pain and needed no medication. Some restlessness and aggegation in
PM - received sq ativan. Son provides bulk of care for the pt. New L side Parotitis, w/ abx started. L AKA w/ small dehiscence. Team is working on SNF placement.

Electronically signed by Dimitrov, Alexey T, RN at 2/28/2025 5:48 PM

Quito, Daniel-Jayson Irabon, RN at 3/1/2025 0617

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

Comfort measures. BM + 2x. Son by bedside, occasionally takes vitals. Stating hopes of patient to get better. States frustration regarding comfort care situation. Patient shows signs of pain by grimacing, given 1x dose of dilaudid SQ, with good effect. L AKA dehiscense, replaced mepilex dressing. Purewick at night. Possible SNF placement Monday.

Electronically signed by Quito, Daniel-Jayson Irabon, RN at 3/1/2025 6:18 AM

Gill, Loveleen S, RN at 3/1/2025 1109

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1100
Comfort measures. Son by bedside, occasionally takes vitals. Stating hopes of patient to get better. States frustration regarding comfort care situation. Patient shows signs of pain by grimacing, dilaudid SQ available, notified oncoming nurse. L AKA dehiscense. Purewick at night. Possible SNF placement Monday.

Situational Awareness
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Gill, Loveleen S, RN at 3/1/2025 11:10 AM

Johnson, Marita F, RN at 3/1/2025 2214

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1100-2300: Comfort measures maintained. O2 15L blow-by per son request. Alert and follows some directions today, speaking to son and nursing intermittently. Team ok w/ son feeding pt. HOH. Some pain noted, son prefers trying milk of magnesia to relieve stomach cramps rather than pain meds. L AKA dehiscense, replaced mepilex dressing. Purewick at night. Possible SNF placement Monday.

Electronically signed by Johnson, Marita F, RN at 3/1/2025 10:14 PM

Tadesse, Caleb S, RN at 3/2/2025 1418

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1500
Comfort measures maintained. O2 15L blow-by per son request. Alert and follows some directions today, speaking to son and nursing intermittently. Team ok w/ son feeding pt. HOH. Some pain noted, son prefers trying milk of magnesia to relieve stomach cramps rather than pain meds. +Bm/+Flatus w/ barrier creamL AKA dehiscence w/ mepliex, Purewick in place, with one accident. Possible SNF placement Monday.

Illness Severity
Stable.

Electronically signed by Tadesse, Caleb S, RN at 3/2/2025 2:18 PM

Gelgla, Letera D, RN at 3/3/2025 1853

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

0700-1930
Comfort measures maintained. Alert and follows some directions during turns today, speaking to son and nursing intermittently. Team ok w/ son feeding pt. Some pain noted, son prefers non pharmacological interventions. +Bmx5/+Flatus w/ barrier creamL AKA dehiscence w/ mepliex, Purewick in place. Possible SNF placement soon.

2300-0700:
-AOX: UTA orientation, intermittently able to follow directions. Bed alarm active.
-VS: No VS per comfort care orders
-PAIN: No pain noted
-I/O: No PO intake this shift
-BM/UOP: (+)BM LUOP.
-Left above the knee amputation
-OTHER:
-O2 15L blow-by
-Slept well

Action Items

Situational Awareness

- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Gelgla, Letera D, RN at 3/3/2025 6:53 PM

Smith, Melody J, RN at 3/4/2025 1452

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

7-1500
Aox1 to person. CMO measures in place. Son continues to feed patient per MD orders. This RN visibly watched patient aspirate 5x while eating breakfast. When brought to attention of son he replied "yeah well everyone aspirates how
else is she going to learn." No bm this shift. L AKA wound dehisced on r medial section. Wound care done and grippy sock placed over stump. Purewick in place, potential dc this afternoon to SNF. Patient occasionally experiencing episodes of lucidity for short duration of time; during this she is able to read the white board, follow comands, verbally answer questions

Electronically signed by Smith, Melody J, RN at 3/5/2025 11:33 AM

Bennett, Theodore, RN at 3/5/2025 0456

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

3-4: Comfort measures only. Possible d/c today pending insurance.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 7 of 17) (continued)

Illness Severity
Stable.
Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Bennett, Theodore, RN at 3/5/2025 4:57 AM

Negrete Maldonado V, Karla, RN at 3/5/2025 1852

07-1930:
Patient Summary
100YO w/Hx of HTN, T2DM, HLD, prior DVT, PAD admitted on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-op bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

A/Ox1 (self). CMO in place. Very HOH, use whiteboard to communicate, hearing is better in L ear. L AKA incision slightly dehisced on right inner medial section. Purewick in place, incontinence care as needed, perineum pink/tender. Mepilex dressing on back, C/D/I. Up to wheelchair w/2PA + hoyer x1, PT placed for 'comfort-based rehab', son at bedside assisting with cares - notifies staff when additional help needed. Unwitnessed fall - ensure bed alarm and low bed AT ALL TIMES and provide reminders to son as needed.

Illness Severity
Stable

Electronically signed by Negrete Maldonado V, Karla, RN at 3/5/2025 6:53 PM

Bennett, Theodore, RN at 3/6/2025 0506

Patient Summary
100YO w/Hx of HTN, T2DM, HLD, prior DVT, PAD admitted on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-op bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

3-6 night shift: On comfort care. 2 view x-ray done showing R femur fracture from fall on 3-5. Son very insistent about going forward with surgery. Told this RN that if this did not happen he would leave hospital as he feels nothing is being done for her. Primary provider at bedside to discuss plan of care with son. Ortho-surg provider at bedside to discuss possibility of surgery. Plan of care still unknown.

Illness Severity
Stable
Edited by: Negrete Maldonado V, Karla, RN at 3/5/2025 1318

Electronically signed by Bennett, Theodore, RN at 3/6/2025 5:14 AM

Tran-Thien, Quynh Phuong, RN at 3/6/2025 1853

Patient Summary
100YO w/Hx of HTN, T2DM, HLD, prior DVT, PAD admitted on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-op bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1930:
A/Ox1 (self). Comfort measures in place. Very HOH, use whiteboard to communicate, hearing is better in L ear. L AKA incision slightly dehisced on right inner medial section. Purewick in place, incontinence care as needed, perineum pink/tender. Mepilex dressing on back, C/D/I. Up to wheelchair w/2PA + hoyer x1, PT placed for 'comfort-based rehab', son at bedside assisting with cares. Pt's son notified this nurse that pt was having pain but says "see she is in pain, but she doesn't want to tell you guys because she is afraid of you" pt seen visibly grimacing and uncomfortable, this RN offered pain meds or repositioning to enhance comfort for pt. Pt son refused says "I don't want pain meds given because I don't want her sedated, I want her off comfort care it is a death sentence, and I don't want her moved before someone fits her for a leg brace." This RN reiterated that pt is on comfort measures, that staff is trying to keep pt comfortable but a greater conversation is needed to come off comfort care. MD notified and came to address concerns with son this afternoon.
Given SQ dilaudid with improvement - pt able to calmly sleep while son was away. Hygiene done with comfort measures. Pt able to swallow morphine solution, w/ pain relief. Possible DC tomorrow, ambulance ordered for 12pm.

Illness Severity
Stable

Electronically signed by Tran-Thien, Quynh Phuong, RN at 3/7/2025 8:13 AM

Patino Castro, Jennifer A, RN at 3/6/2025 2355

Patients son Louis came up to this writer to inform that he has an early appointment at Harborview and will leave at 0840, and he will be taking all his belongings and wheelchair and will not come back at all and that he will not sign any papers in regards to transferring Jeanne to Bainbridge Island Rehab. When clarifying what he meant regarding not coming back he stated "there's no point of being her caregiver when you guys are starving her, and I can't win when I have everyone here attacking me". Patient also states that staff were criminals and committing fraud, and that due to Trumps policies patients in rehabs are getting "thrown out onto the street" so he will not be sending her to a place where it also smells like urine and where they won't let him in. He also is stating he didn't want to be in the room with a "vegetable", so he will be sleeping in the family room overnight.
This writer reinforced that staff is not attacking him, and that we are trying to care for Jeanne and make her comfortable. This writer asked Louis if he could stay in the morning to talk to Social work and the day team providers regarding his concerns, and Louis stated he was going to try to reschedule his appointment but that he will let us know in the morning.

Primary RN Reese notified and provider Abay, made aware by Reese RN.

Electronically signed by Patino Castro, Jennifer A, RN at 3/7/2025 12:18 AM

Omo, Reese, RN at 3/7/2025 0503

Illness Severity

Stable

Patient Summary

100YO w/Hx of HTN, T2DM, HLD, prior DVT, PAD admitted on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-op bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-0730:
A/Ox0-1 (self). Intermittently able to nod appropriately. Comfort measures in place. Occasionally cries out in pain, given PRN PO morphine & SQ dilaudid. Slightly agitated and restless at times, given PRN SQ lorazepam. Oral care done PRN. L AKA incision slightly dehisced on right inner medial section. R hip fracture from 3/5 fall, slight swelling noted, abduction pillow ordered. Bed alarm on, fall mats in place, fall precautions enforced. Purewick in place, incontinence care as needed. Mepilex dressing on back. Repositioning as needed.

At 0000: Pt's son reported to Jenn charge RN that he has an early appointment, he will be leaving at 0840,and he will not be coming back. He expressed he will be refusing to sign anything in regards to transferring Jeanne to the Bainbridge Island Rehab. He is willing to further discuss with day team about further plans. He is verbal and is continuously reporting that the healthcare team is "starving her to death" and "there is no point to continuing to care for her & being a caregiver". Provider notified, no new orders.

At 0555: While going in to round & assess pt, son told me to "please leave" to which I did. I attempted a second time to go in with my charge RN to which he responded "please leave us alone, we don't need anything from you, she's fine". my charge nurse and I tried explaining that we still have a responsibility to assess and care for Jeanne to which he replied "you are killing her and doing a good job at it so please leave". We reinforced that we and other staff would like to be treated with respect to which the son replied "I am respecting you, leave". Provider notified.

Electronically signed by Omo, Reese, RN at 3/7/2025 6:03 AM

Puleo, Rosalie, RN at 3/7/2025 1646

Patient Summary

100YO w/Hx of HTN, T2DM, HLD, prior DVT, PAD admitted on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-op bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Illness Severity

Stable

Impaired Coping- Son present at bedside will often delay meaningful interventions; like pain medication for cleaning and turning. Son also talks about interventions not aligning with safe practice given aspiration and fall risk. Team comes to bedside and attempts to assess son's concerns.

Aspiration- Patient has difficulty swallowing and is at risk for aspiration. Son educated to ensure she is positioned appropriately and to only offers small amounts of fluid/food.

Transfer- Patient is cleared to transfer to a rehab facility on Bainbridge Island. When team comes to consent for POLST needed for transfer patient appears to have some magical thinking. He states that he does not want to sign it that he can do "soft compressions" and that "she is not going to die." Team attempts to educate son that there is not

effective chest compressions outside of the norm and CPR would likely cause harm/suffering without meaningfully extending her life.

Brace- Patient requests a brace to minimize movement of femoral fracture. He states he wants to reduce pain through immobilizing. Orthotics team come to fit brace on patient.

Electronically signed by Puleo, Rosalie, RN at 3/7/2025 5:47 PM

Quito, Daniel-Jayson Irabon, RN at 3/8/2025 0640

Illness Severity

Stable

Patient Summary

100YO w/Hx of HTN, T2DM, HLD, prior DVT, PAD admitted on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-op bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-0730:
Aox0-1, Comfort care measures in place. L AKA incision dehisced, covered with mepilex. R hip fracture 3/5, hip brace in place. Okay for log roll. Nonblanchable redness middle back, mepilex applied. Bed alarm on, fall mats in place, fall precautions enforced. Incontinent. Given suppository, waiting to have BM.

2020: This nurse notified the on call MD. "Patient's son is yelling, stating that he doesn't want any pain medication given to the patient so that she could be more awake to eat. This nurse said that if the patient is in pain, (if she's restless, looks uncomfortable) I'll be giving pain medication. He refuses for any pain medication to be given and stated "I'll fight you on that,"
Son states that the reason she's in pain is because of cramps and that she needs to eat.
At the moment, patient looks comfortable. Last given pain med was 1800.

At midnight, patient seems to be in a lot of pain. Given suppository and tylenol, with good effect. At 0320, given PO oxy for r hip pain. Possible D/C today before 11am.

Electronically signed by Quito, Daniel-Jayson Irabon, RN at 3/8/2025 6:41 AM

Puleo, Rosalie, RN at 3/8/2025 1135

Patient Summary

100YO w/Hx of HTN, T2DM, HLD, prior DVT, PAD admitted on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-op bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Illness Severity
Stable

Report give to Rehab Facility on Bainbridge island. Transfer documents filled out by MD.

Impaired Coping- Son continues to exhibit impaired coping. Son sets up food tray on patients lap including coffee and dentures in a cup and leaves her unattended. Son advised that dentures are expensive and need to be on a stable surface. Son places coffee in patients hand and she proceeds to spill it on herself. I advise him she may be burned and cannot feed herself he argues "She needs to eat! She is starving" Son re-educated about aspiration precautions.

Aspiration- Patient has difficulty swallowing and is at risk for aspiration. Son educated to ensure she is positioned appropriately and to only offers small amounts of fluid/food.

Transfer- Patient is cleared to transfer to a rehab facility on Bainbridge Island. When team comes to transport son interrupts report and shouts "Do no listen to what she says! I am her doctor!" Transport team advised to review POLST form.

Brace- Brace to minimize movement of femoral fracture in place.

Electronically signed by Puleo, Rosalie, RN at 3/8/2025 11:58 AM

Operative Note

Surgeon:
Matthew C Smith, MD PhD

Assistant:
Schwarz ,MD Resident

Date: 1/9/2025 **Location:** UWMC MAIN OR

Name: Jeanne Leonie Hoffman, **DOB:** 1/6/1925, **MRN:** U8170135

Pre Procedure Diagnosis
Pre-op Diagnosis
* Acute lower limb ischemia [I99.8]

Post Procedure Diagnosis
Post-op Diagnosis
* Acute lower limb ischemia [I99.8]

Procedures:
Left above knee amputation

Procedure Summary
Anesthesia: General **ASA:** IV

Indications: Jeanne Leonie Hoffman is a 100 year old female who presents with Rutherford class III acute limb ischemia presenting with an insensate left lower extremity at the level of the high shin on the left which has been going on for somewhere between 2 weeks and 2 days. As the patient is a relatively poor historian. She had no motor function or distal leg. I offered her the options of palliative pain control versus an above-knee amputation and counseled her on a very high risk of mortality in either case as well as severe disability from the amputation. The patient and her son understood this and wished to proceed with amputation.

Findings: Amputation of left leg above the knee

Procedure Details: After obtaining informed consent in the preoperative care unit the patient was brought to the operating room was placed in a comfortable supine position on the operating room table. A timeout was performed indicating the appropriate patient, left above-knee amputation as the procedure and need for preoperative antibiotics. General and regional anesthesia was induced and the left leg an incision was made just above the kneecap on the left leg was prepped and draped in the usual sterile fashion. And Bovie cautery was used to carry the dissection down through subcutaneous tissues including the muscle. This was carried down to the level of the bone circumferentially. The muscle appeared healthy and there was a small amount of bleeding in both muscle and fat tissues. The bone was transected with an oscillating bone saw the femoral vessels were then controlled and independently ligated. The femoral nerve was identified and injected with additional ropivacaine and tied off using a 2 oh tie. I then used Bovie to transect the remainder of the muscular attachments in the posterior leg. The wound was irrigated and then closed in

multiple layers using 2-0 and 3-0 Vicryl followed by staples at the skin. The wound was dressed in Xeroform, Kerlix and an Ace wrap

As the attending surgeon, I was present and scrubbed for the entire case, all needle, sponge and instrument counts were correct at the end of the procedure.

Drains:

Urethral Catheter 01/09/25 (Active)

Site Assessment	Skin intact	01/10/25 0800
Care & Maintenance	Bag emptied	01/10/25 1400
Collection Container	To dependent drainage;Standard drainage bag;No dependent loops	01/10/25 0800
Securement Method	Right thigh	01/10/25 0800
Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	01/10/25 0800
Output (mL)	90 mL	01/10/25 1600

Specimens

ID	Source	Type	Tests	Collected By	Collected At	Frozen?	Priority	Lab ID
1	Leg, Left	Tissue	• PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/25 1650	No	Routine	SU25-01173
	Description: Left leg and left leg thrombus Comment: Pre-op diagnosis: Acute lower limb ischemia [I99.8]							
2	Leg, Left	Tissue	• PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/25 1714	No	Routine	SU25-01173
	Description: left leg thrombus Comment: Pre-op diagnosis: Acute lower limb ischemia [I99.8]							

Complications: None.

Estimated Blood Loss: 20 mL

Condition: stable

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 8 of 17) (continued)

Electronically signed by Smith, Matthew C, MD at 1/10/2025 5:34 PM

Procedure Nursing Note

Forsyth, Kevin K, RN at 1/9/2025 1621

Pt stable in the PACU with bradycardia in the 35-38. Pt denied pain. Dressing CDI. Pt transferred to 5SA. On transport pt HR went down to 24, but pt still mentating. Bedside report given to 5SA RN.

Electronically signed by Forsyth, Kevin K, RN at 1/9/2025 7:51 PM

Inpatient Initial Nutrition Assessment

PI: Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA.

Reason for Consult: Nutrition Assessment and Unintentional Wt Loss

Nursing Nutrition Screen

In the past 3 months, have you had unintentional weight loss?: Yes, less than 7kg or 15 lbs
Are you currently receiving TPN or tube feeds?: No
Have you been eating poorly for at least 7 days because of decreased appetite?: Yes

Recommendations/Interventions:
Oral Nutrition:
-- Diet per SLP. Rec remove CHO restriction iso poor PO
-- Ensure Plus BID auto-send per pt's son request
-- 1:1 feeds

Meds/Vitamins:
-- Daily multivitamin w/ minerals
-- Proposed to check Vit D levels:
- if serum levels <30, start Ergocalciferol 50000 international units po once weekly x 8 wks, then Cholecalciferol 2000 IU po once daily.
- If serum levels >30, Cholecalciferol 1000 international units po once daily for maintenance.

-- 100 mg thiamine for refeeding risk

Wound Healing:
-- Obtain current Vitamin C lab. If low, replete 500-1,000mg daily x 10-14 days
-- Obtain current Zinc lab. If low, replete 220mg zinc sulfate daily (PO) x10-14 days

Education:
-- Nutrition education prior to discharge as needed

Subjective
Nutrition History PTA:
- Spoke to son in hallway - pt was receiving procedure.
- Son reports good PO intake prior to December. Was eating 3 meals/day w/out issue.
- PO intake declining in last month. Struggling to eat solids. Maintained 3-4 Ensures/day
- No PO intake in ~5 days PTA
- Has full dentures but a little too big and doesn't like to use glue

Nutrition-Focused Physical Assessment:

Conducted 01/10/25
Global severe muscle and fat loss present. Age related loss compounding recent loss.

Edema/Fluid: None

Current Nutrition Assessment:
FEN: Diet advanced per SLP this AM. Soft/bite sized w/ thins.
GI: dysphagia. No BM since admit
Wounds Present: Yes, acute lower limb ischemia s/p LLE amputation

Objective
Labs:

Lab Results

Component	Value	Date
SODIUM	142	01/10/2025
POTASSIUM	4.0	01/10/2025
MAGNESIUM	2.8 (H)	01/10/2025
PHOSPHATE	2.7	01/10/2025
CA	8.5 (L)	01/10/2025
BUN	19	01/10/2025
CREATININE	0.75	01/10/2025
GLUCOSE	134 (H)	01/10/2025
A1C	6.6 (H)	01/10/2025
VITD	46.8	04/27/2022

Lab Results

Component	Value	Date
GLUCOSE	134 (H)	01/10/2025
GLUCOSE	152 (H)	01/10/2025
GLUCOSE	172 (H)	01/10/2025
GLUCOSE	240 (H)	01/10/2025
GLUCOSE	125	01/09/2025
GLUCOSE	92	01/09/2025
GLUCOSE	117	01/09/2025
GLUCOSE	126 (H)	01/09/2025
GLUCOSE	183 (H)	01/09/2025
GLUCOSE	202 (H)	01/09/2025

Medications:
acetaminophen, 500 mg, Intravenous, q6h
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
heparin, 5,000 units, Subcutaneous, q12h SCH
insulin LISPRO, 0-4 units, Subcutaneous, q HS
insulin LISPRO, 0-5 units, Subcutaneous, TID before meals

thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID

DOPamine, 0-20 mcg/kg/min (Dosing Weight), Last Rate: 9 mcg/kg/min (01/10/25 1241)
ROPivacaine,

Lines/Drains/Airways/Wounds:

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)

Site Assessment	Clean;Dry;Intact	01/10/25 0400
Line Status	Infusing	01/10/25 0400
Dressing Type	Transparent	01/10/25 0400
Dressing Status	Clean;Dry;Intact	01/10/25 0400
Reason Not Rotated	Not due	01/10/25 0400
Phlebitis Grade	0	01/10/25 0400
Infiltration Grade	0	01/10/25 0400

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)

Site Assessment	Clean;Dry;Intact	01/10/25 0500
Line Status	Disinfecting cap(s) present;Flushed without resistance;Blood return noted	01/10/25 0500
Dressing Type	Transparent	01/10/25 0500
Dressing Status	Clean;Dry;Intact	01/10/25 0500
Reason Not Rotated	Not due	01/10/25 0500
Phlebitis Grade	0	01/10/25 0500
Infiltration Grade	0	01/10/25 0500

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)

Site Assessment	Clean;Dry;Intact	01/10/25 0500
Line Status	Disinfecting cap(s) present;Flushed without resistance;Blood return noted	01/10/25 0500
Dressing Type	Transparent	01/10/25 0500
Dressing Status	Clean;Dry;Intact	01/10/25 0500
Reason Not Rotated	Not due	01/10/25 0500
Phlebitis Grade	0	01/10/25 0500
Infiltration Grade	0	01/10/25 0500

Urethral Catheter 01/09/25 (Active)

Site Assessment	Clean;Skin intact	01/10/25 0400
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care	01/10/25 0400
Collection Container	Standard drainage bag	01/10/25 0400
Securement Method	Right thigh	01/09/25 2000
Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	01/10/25 0400
Output (mL)	100 mL	01/10/25 0600

Wound 10/05/20 #18 Right Lower Leg (Active)

Date First Assessed/Time First Assessed: 10/05/20 1108 Date Acquired: 10/05/17 Wound Number: #18 Right Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes

Assessments	10/5/2020 11:05 AM	11/2/2020 8:43 AM
Thickness	Full thickness without exposed support structure	Full thickness with exposed support structure
Wound Length (cm)	9.5 cm	9 cm
Wound Width (cm)	7.5 cm	7.5 cm
Wound Depth (cm)	0.1 cm	0.2 cm
Wound Volume (cm^3)	7.12 cm^3	13.5 cm^3
Wound Healing %	—	-90 cm
Wound Surface Area (cm^2)	71.25 cm^2	67.5 cm^2
Exudate Amt	Large	Small
Exudate Type	Yellow	Serosanguineous
Foul Odor After Cleansing	No	No
Granulation Amt	None Present	None Present
Necrosis	None Present	None Present
Slough	Large - 67-100%	Large - 67-100%
Structure Exposed	None Present	Adipose
Margin	Distinct, Outline Attached	Distinct, Outline Attached
Tunneling	none	none
Undermining	none	none
Peri-wound Assessment	Hyperpigmented	Intact;Hyperpigmented
Temperature	No Abnormality	No Abnormality

No associated orders.

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

Assessments	1/9/2025 4:57 PM	1/10/2025 11:22 AM
Wound Bed/Base Assessment	—	Unable to assess
Peri-Wound Assessment	—	Unable to assess
Closure	Sutures;Staples;Other (Comment)	Unable to assess;Other (Comment)
Drainage Amount	—	None
Dressing	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)
Dressing Status	—	Clean;Dry;Intact

No associated orders.

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM
Wound Bed/Base Assessment	Clean;Dry;Pink
Peri-Wound Assessment	Clean;Dry;Pink

Drainage Amount	None
Dressing	Barrier Cream
Dressing Changed	New
Edges	Undefined edges
Non-staged Wound Description	Partial thickness

No associated orders.

Allergies:
Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin *confusion*	Other
• Penicillins *3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD*	Skin: Rash
• Sulfa Antibiotics	Skin: Rash

Active Diet Order: Yes
Diet: General Carb Managed
Dysphagia Modification: 6-Soft and Bite Sized and 0-Thin Liquids

Nutrition Support: No

Admission Anthropometrics:
Height: 152.4 cm (5')
Weight: 45.5 kg (100 lb 6.4 oz) **- bed scale wt on admit**
BMI not applicable
Female: Hamwi IBW/kg (Calculated) Female: 45.36

UBW: ~100 lbs

Historical Weight Data:

Wt Readings from Last 15 Encounters:

01/10/25	45.8 kg (100 lb 15.5 oz)
12/03/24	48.5 kg (107 lb)
11/28/23	**(!) 40.9 kg (90 lb 2.7 oz)**
10/10/22	45 kg (99 lb 3.3 oz)
10/05/20	51.1 kg (112 lb 9.6 oz)
09/16/20	49.9 kg (110 lb)
06/17/20	45.4 kg (100 lb)
11/25/19	50.8 kg (112 lb)
09/23/19	48.1 kg (106 lb)
08/20/19	50.4 kg (111 lb 1.6 oz)
03/28/19	51.7 kg (114 lb)
02/28/19	50.3 kg (111 lb)

01/31/19	46.3 kg (102 lb)
10/08/18	50.8 kg (112 lb)
09/26/18	51.1 kg (112 lb 9.6 oz)

5.5% wt loss in 1 month - clinically significant: Yes

Assessment/Plan

Estimated Nutrition Needs
Using post LL amputation wt, 45.8 kg
Energy: 1145-1375 kcal (25-30 kcal/kg)
Protein: 55-64 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to wound healing as evidenced by calculated kcal/pro needs

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Severe malnutrition present on admission (in setting of acute illness/injury) related to anorexia as evidenced by PO intake < 50% of needs for > 5 days, 5.5% wt loss in 1 month.

Interventions:
Coordination of Care:
Chart reviewed.
Patient seen, unable to interview.
Discussed status, point of care/goals with APP and family.
Discussed current intake and tolerance with APP and family.
Setup and/or adjusted nutrition supplement(s).
Sent secure message to APP

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.
To support anabolism.

Language Support:
No interpreter needed (patient not a participant in teaching)

Plan / Monitoring and Evaluation:
Adjust supplements/snacks/meals.
Monitor oral intake and tolerance.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Knowling, Molly Christine, RD at 1/10/2025 1:35 PM

Barbour, Mohammed Fadel, MBBS at 1/10/2025 0753

Attestation signed by Terman, Gregory William, MD at 1/10/2025 4:57 PM

Date of Service: 01/10/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
Subjective

INTERVAL HISTORY:
Left PACU with severe bradycardia, pacer pads placed and on dopamine gtt. Today HR in 40s, appears to be chronic.

SUBJECTIVE

PAIN ASSESSMENT:
Pain Location:
lower extremity
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied
Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: 36.3 °C (01/10/25 0400) **BP:** **(!) 132/34** (01/10/25 0700) **HR:** **(!) 41** (01/10/25 0700)
RR: 15 (01/10/25 0500) **SpO2:** 99 % (01/10/25 0700) Room air
T range: Temp Min: 36 °C Max: 36.9 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/10/2025 0753
Last data filed at 1/10/2025 0700

Intake	2423.46 ml
Output	830 ml
Net	**1593.46 ml**

Physical Exam:

Constitutional:
no acute distress
not toxic-appearing
No Sedation

HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist

Cardiovascular:
Rate and Rhythm:
regular rhythm
bradycardia

Pulmonary:
effort normal
no respiratory distress

Abdominal:
flat
soft

Skin:
Capillary Refill: capillary refill less than 2 seconds

Neurological:
no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)
Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left

Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
: L thigh.
Depth at Skin: 15 cm.
Unable to assess motor, sensory function.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	110	19		9.4			AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.0	20	0.75	172	12.5	><	123	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
				4						
eGFR: >60		Ca: 8.5		30			Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.8		PO4: 2.7		ANC: 11.19 ALC: 1.74					BNP: - INR: 1.1	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/10/2025: Heart rate in 40s, appears to be patient's baseline. Patient denies pain this morning. No changes to plan.

CONT:
Ropivacaine 0.2% @8ml/hr, pump

SCH:
APAP 500mg IV q6hrs

PRN:
HM 0.1mg IV q2hrs PRN

Discussed With: APS attending, primary team, patient

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Smith, Grace, MD at 1/10/2025 11:33 AM
Electronically signed by Terman, Gregory William, MD at 1/10/2025 4:57 PM

Patterson, Kristopher T, MD at 1/10/2025 0905

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- POD 1 from L AKA
- Cardiology consulted for persistent bradycardia (20-30's) post-op
- Started on dopamine gtt, HR improved to 30-40's, BP stable
- Pain well controlled with Left femoral PNC

SCHEDULED MEDICATIONS:
- acetaminophen, 500 mg, q6h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-4 units, q HS
- insulin LISPRO, 0-5 units, TID before meals
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 0-20 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 3 mcg/kg/min (01/10/25 0700)
- ROPivacaine, , Continuous

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- [START ON 1/12/2025] bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.1 mg, Q2 Hours PRN

- magnesium sulfate, 2 g, q6h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- [START ON 1/12/2025] senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 36.3 °C (01/10/25 0400) **BP:** **(!) 132/35** (01/10/25 0800) **HR:** **(!) 41** (01/10/25 0800)
RR: 16 (01/10/25 0823) **SpO2:** 99 % (01/10/25 0800) Room air
T range: Temp Min: 36 °C Max: 36.9 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/10/2025 0905
Last data filed at 1/10/2025 0700

Intake	2423.46 ml
Output	830 ml
Net	**1593.46 ml**

Physical Exam

General: Sleeping in bed, frail appearing, no acute distress
HENT: Normocephalic, atraumatic
Eyes: No conjunctival injection
CV: Bradycardic, warm well perfused, no pitting edema
Respiratory: Unlabored respirations on ambient air, equal bilateral breath sounds, no audible wheezes/stridor
GI: Abdomen non-distended
MSK: No gross bony deformities
Neuro: Sleeping, did not respond to verbal stimuli
Skin: Exposed skin without erythema, ecchymoses, lacerations, or abrasions

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	110	19		9.4			AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.0	20	0.75	172	12.5	><	123	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
				4						
eGFR: >60		Ca: 8.5		30			Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.8		PO4: 2.7		ANC: 11.19					BNP: -	Anti-Xa: -
				ALC: 1.74					INR: 1.1	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

#Acute limb ischemia
#S/p L AKA (1/9/25)
POD 1
- NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Advance to regular diet
- SQI for glucose management
- SBP 100-160
- TTE for embolic workup
- Hold anticoagulation pending TTE
- Foley out
- Palliative consult
- Disposition: CTICU

#Sinus Bradycardia
#2:1 AV Block
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable.
Cardiology consulted, appreciate recommendations:
- Potentially vagally mediated after her surgery, I recommended 1mg of atropine and heart rate improved from high 20s to low 40s. Has some underlying conduction system disease given baseline 1st degree AV block and RBBB
- Telemetry
- Keep pacing pads on
- TSH, BMP to evaluate for hyperkalemia after surgery
- Atropine PRN for HR<25
- If patient develops acute symptomatic bradycardia (hypotension, altered mental status), recommend starting dopamine drip
- If significant arrhythmias on dopamine drip or does not respond rapidly, contact our cardiology team for consideration of TVP
- I discussed goals of care and patient's quality of life with son at bedside (patient is profoundly hard of hearing) and he reported that permanent pacer would be within goals of care (would have to discuss with EP) if it were indicated. States that she has good quality of life and is longevity focused

Plan discussed with attending vascular surgeon Dr. Smith

Electronically signed by Patterson, Kristopher T, MD at 1/10/2025 3:22 PM
Electronically signed by Smith, Matthew C, MD at 1/10/2025 5:35 PM

Santangelo, Olivia Jane, SLP at 1/10/2025 1020

Speech Language Pathology Eval

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 01/10/25
Treatment Duration: 20 Minutes (sw eval)
Subjective
Patient Report/Self-Assessment: pt. awake and alert, sitting upright in bed

Patient Stated Goal: to eat/drink

Prior Function
Prior Function: Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table

Objective
Patient Information
Respiratory Status: Room air
Behavior/Cognition: Alert;Participates well
Patient Positioning: Upright in bed

Consistencies Assessed: 0-Thin Liquids;4-Pureed;Soft solids

0-Thin Liquids - Presentation: Straw;Self Fed (with assist)

4 Pureed - Presentation : Spoon;Self Fed
Soft Solids - Presentation: Self Fed

Consistencies Assessed Comment: Patient with intermittent coughing on thin liquids, specifically with larger sips of water. When cued to take slow/small sips, she was able to take water without coughing. no overt s/s aspiration with puree or graham cracker, no significant oral residuals

Patient/Caregiver Training: SLP education provided regarding patients current swallow function

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 9 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 9 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 9 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 9 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 9 of 17) (continued)

Oral Mechanism Examination
Dentition: Adequate with dentures
Oral mucosa: Dry
Volitional cough: Within Functional Limits
Labial ROM: Within Functional Limits
Labial Symmetry: Within Functional Limits
Labial Strength: Within Functional Limits
Lingual ROM: Within Functional Limits
Lingual Symmetry: Within Functional Limits
Lingual Strength: Within Functional Limits
Soft Palate: Within Functional Limits
Vocal Quality: Within Functional Limits

ASSESSMENT/PLAN

Jeanne was seen for initial swallow evaluation with intermittent cough response with large sips of thin liquids. This is likely consistent with presbyphagia, or chronic dysphagia which is common in patients of advanced age. She has had no respiratory issues and current assessment is consistent with SLP eval 11/2023. Her baseline diet is soft solids due to ill-fitting dentures. Recommend soft and bite size textures and thin liquids via small single sips. meds whole in puree. SLP will continue to follow.

Aspiration Risk: Moderate

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: presbyphagia
Prognosis: Good

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow eval
SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 01/24/25
Goal Status: Updated

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 01/24/25
Goal Status: Updated

Electronically signed by Santangelo, Olivia Jane, SLP at 1/10/2025 11:02 AM

Phan, Janet, MD at 1/10/2025 1312

Attestation signed by Nikravan, Sara, MD at 1/10/2025 6:10 PM

Date of Service: 01/10/25

Critical care is necessary because this patient requires continuous observation and interventions to respond to emergent changes in their medical condition and prevent further deterioration in their clinical state. This includes close monitoring and adjustment of hemodynamic data as necessary.
I am treating conditions outside the scope of care typically provided by the surgical or procedural team(s) for this type of ICU patient.

Assessment:
This patient has a high probability of imminent or life-threatening deterioration resulting from her symptomatic bradycardia and likely Mobitz II heart block refractory to significant pharmacologic improvement with atropine and dopamine infusion.

Plan:
The following intervention(s) impact decision-making required to stabilize the patient:
vasopressors for shock: hypotension in the setting of signficant bradycardia, requiring dopamine infusion.
#Heart block: with HR in 20's patient appeared to be in a Mobitz II heart block, symptomatic and hypotension despite dopamine infusion at 6mcg/kg/min. Atropine administered (1mg in total) and Dopamine infusion increased to 10 mcg/kg/min with minimal increase in HR (from 28 - upper 30's). Patient is now s/p transvenous temporary pacemaker placement. Initially capturing well, but lost capture despite what appears to be adequate positioning on CXR and bedside basic cardiac POCUS. Interventional team to retake patient to cath lab for readjustment of TVP under fluoroscopic guidance. Have consulted EP for further evaluation.

Critical Care Time:
I spent a total of 60 minutes personally providing critical care to Jeanne Leonie Hoffman. This does not include time spent teaching or performing any separately billable procedures.
This critical care time includes meeting with the patient's family for the sole purpose of data gathering, discussion of treatment options, and care planning (patient incapable of participating in medical decision making).

I saw and evaluated this patient today with the resident(s)/fellow(s). I have reviewed their findings and agree with it.

Progress Note - Critical Care

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA. Admitted to the CTICU for hemodynamic monitoring.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Overnight, continued to be bradycardic to the 20s. Cardiology consulted. She became hypotensive, so was started on a dopamine infusion.
- Unable to wean from dopamine this AM due to hypotension.
- Worked with PT/OT and became dizzy and diaphoretic with acute drop in HR from 40s to 20s. Unresponsive to atropine pushes bedside. Patient was taken down emergently for a transvenous pacer in cath lab. Tolerated procedure without complications.

Objective

OBJECTIVE

T: 36.7 °C (01/10/25 1400) **BP:** **(!) 144/35** (01/10/25 1500) **HR:** **(!) 38** (01/10/25 1545)
RR: 20 (01/10/25 0900) **SpO2:** 100 % (01/10/25 1545) Room air
T range: Temp Min: 36 °C Max: 36.7 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/10/2025 1557
Last data filed at 1/10/2025 1500

Intake	1943.08 ml
Output	1145 ml
Net	**798.08 ml**

Respiratory Data:
Resp: 20 (01/10 0900)
SpO2: 100 % (01/10 1545)
Pulse Oximetry Type: Continuous (01/10 1545)
Oxygen Therapy: None (Room air) (01/10 1545)

Physical Exam
Vitals and nursing note reviewed.
Constitutional:
General: She is not in acute distress.
Appearance: She is ill-appearing.
HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are dry.
Eyes:
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:
Rate and Rhythm: Bradycardia present.
Heart sounds: Murmur heard.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing.

Abdominal:
General: Abdomen is flat.
Palpations: Abdomen is soft.
Musculoskeletal:
General: Normal range of motion.
Right lower leg: No edema.
Left lower leg: No edema.
Skin:
General: Skin is warm and dry.
Neurological:
Mental Status: She is oriented to person, place, and time. Mental status is at baseline.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
140	109	19		14.8	9.9 >< 6	181	AST: -	ALT: -	7.41/-/-/21 | -/-/-/-	
4.1	20	0.72	130				AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.4			32		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.4		PO4: 4.5		ANC: - ALC: -					BNP: - INR: 1.1	Anti-Xa: -

Data Review:

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	
Radiology	☒	☒	
EKG/Tele/Echo	☒	☒	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA.

#Symptomatic bradycardia
#2ndd degree AVB
- Emergent TVP placement with interventional cardiology
- Appreciate continuing recs from cardiology service
- Telemetry
- Keep pacing pads on
- Atropine PRN for HR<25
- Dopamine gtt

#Acute limb ischemia
#S/p L AKA
- Bed rest overnight; will be NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Ok for CLD, will advance in AM **(NPO now given possibility of cath lab procedure)**
- Insulin gtt for BG management; ok to transition to SQI once up in ICU

- SBP 100-160
- Cardiology consulted for bradycardia to 20s with 2nd degree AVB
- TTE needed for completion of embolic workup; ok to be done in AM unless cardiology would like it done sooner
- Hold AC until tomorrow AM at which point Hep gtt will resume

CHRONIC/STABLE/RESOLVED ISSUES

CTICU CHECKLIST:
- Tubes/lines/drains: PIV, Foley
- Nutrition/IVF: Regular diet post procedure
- Analgesia/sedation: acetaminophen and PNC
- Anti-infectives: not indicated
- Daily mobility goal: bedrest due to invasive lines/devices
- Glycemic control: subQ insulin
- GI ppx: not indicated
- Bowel regimen/last BM: senna and miralax per protocol / PTA
- VTE ppx: SCDs, Resume POD1
- Anti VAP care: not indicated
- Code status: ACLS
- Date next Interim Summary due: 1/17/24
- Family contact: Louis (206) 780-6885

The patient was seen on multidisciplinary rounds and the plan was discussed and developed in conjunction with Critical Care Attending, Vascular Surgery

DISPOSITION
ICU level care is necessary because the patient requires continuous physician/advanced practice provider observation and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Electronically signed by Phan, Janet, MD at 1/10/2025 3:57 PM
Electronically signed by Nikravan, Sara, MD at 1/10/2025 6:10 PM

Munton-Spray, Brooke M, PT at 1/10/2025 1525

Physical Therapy

Physical Therapy Evaluation

Jeanne Leonie Hoffman
U8170135

1/10/2025
Duration of session: 71 Minutes

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia

- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018

- Thrombocytopenia (HCC) 11/2/2016
- Leg weakness, bilateral 1/6/2015
- Weakness of trunk musculature 1/6/2015
- Vertebral fracture 12/13/2012
  Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed
- Thyroid nodule, uninodular 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.
- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Subjective
Patient Report/Self-Assessment: Pt supine in bed, agreeable to work with PT. Pt's son, Louis, provided majority of her recent medical and social history since Jeanne's significantly HOH. Communicates the best with writing large letters on white board and speaking very loudly and clearly.
Patient Stated Goal(s): "When can I start walking again?"

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker;Other (Transport chair)

Prior Level of Function : limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility.

Objective
RUE Assessment
RUE Assessment: Within Functional Limits

LUE Assessment
LUE Assessment: Within Functional Limits

RLE Assessment

RLE Assessment: Within Functional Limits
RLE Assessment Comments: her R knee can have limited AROM 2/2 pain and stiffness from a femoral fx repair in 2021

LLE Assessment
LLE Assessment: Exceptions to WFL
LLE Assessment Comments: AKA. limited assessment of L hip AROM 2/2 pain/soreness

Sensation
Light Touch: WFL

Static Sitting Balance
Static Sitting Balance Comments: sitting at EOB w/o back support, no foot support. intermittent retropulsion
Static Sitting Balance Level of Assistance: Minimum Assist (less than 25% help needed)
Dynamic Sitting Balance
Dynamic Sitting Balance Comments: scooting forward, pulling on mattress or bed rail w/BUE
Dynamic Sitting Balance Level of Assistance: Contact guard assist (touching/steadying assistance)
Static Standing Balance
Static Standing Balance Comments: deferred standing at this time

Activity Tolerance
Endurance: Tolerates 30 min of activity with multiple rests
Endurance Comments: bradycardia throughout session; stable BP

Functional Level:
Bed Mobility
Rolling Left: Maximum Assist (between 50-74% help needed)
Rolling Right: Maximum Assist (between 50-74% help needed)
Supine to Sit: Moderate Assist (between 25-49% help needed);Head of Bed Elevated;Cues needed
Sit to Supine: Dependent (greater than 75% help needed)
Scooting: Dependent (greater than 75% help needed)

Interventions:

Theract: Bed mobility - supine>Sit ModA for LEs, heavy cues for hand placement. pt declined log roll technique, preferring to sit up into long sitting. sit>supine dependent 2/2 LOC/syncopal episode at EOB Sitting tolerance - Jeanne sat at EOB for 15-20 minutes w/close SBA to MinA to maintain upright posture. Intermittent retropulsion w/Min to ModA to correct; pt reaching with UEs to maintain balance. Frequent monitoring of vitals - HR brady but stable, BP WNL - until pt demostrated syncopal episode/LOC and was returned to supine quickly with RN assessment. Jeanne quickly responded, RN monitoring vitals. Provided pt and son some amputation education re: process of fitting for prosthesis, phantom sensations, possibly fxnal mobility. Aimed to provide them with realistic expectations for post-AKA rehab. They will benefit from further education and handouts re: amputation care Additonal time needed for lengthy discussion with Jeanne and Louis regarding her PLOF and past experiences with PT. Louis is a good advocate for his mother's medical care and has had a lot of experience with working with her on exercises at home

ASSESSMENT/PLAN

Jeanne presents with decreased activity tolerance, generalized weakness, impaired sitting balance, h/o falls, bradycardia at rest, and significantly HOH. At her baseline, she is able to amb short distances with walker or cane and uses a w/c (transport chair) for community distances. Her son is her primary caregiver and provides a fluctuating amount of assistance. They are also currently homeless, living in a tent on Bainbridge Island. Today, Jeanne required 50-100% assist for bed mobility and was able to sit at EOB for 15-20 minutes with intermittent assistance. She did have a syncopal/LOC episode while at EOB and was returned to supine w/RN assistance. Her HR continued to be low but stable throughout the session. Provided some education regarding AKA and treating amputation including mobility progression and phantom sensations. They will benefit from on-going education. Jeanne's son, Louis, has made it clear that he does not want his mother to discharge to a SNF for sub-acute therapies, although this would the PT recommendation for dispo after today's session. Since Jeanne and Louis are currently homeless, this makes receiving HHPT extremely challenging.

Barriers to Discharge: unable to safely ambulate or transfer OOB 2/2 bradycardia

Discharge Equipment: TBD; pt has FWW and transport chair

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/24/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/24/25
Goal Status: Progressing
Goal: Amb with AD, Contact guard assist (touching/steadying assistance) (> 15 feet)
Estimated Completion Date: 01/24/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 01/24/25

Goal Status: Not Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: dangle at EOB; transfer training w/FWW (have pt wear shoe on R foot); pivot transfer to chair; ongoing amputation education

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: 1-2 person assist for dangle at EOB or ceiling lift transfer to chair

Brooke M Munton-Spray, PT

Electronically signed by Munton-Spray, Brooke M, PT at 1/10/2025 3:29 PM

Aguirre, Christopher J, LICSW at 1/10/2025 1539

Social Work Progress Note

ASSESSMENT:
Admit reason: 100YO F admitted for Arterial occlusion [I70.90]k Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: DC TBD
Potential barriers/concerns: Unhoused, open Adult Protective Service case
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker. SON; Louis 206.780.6885

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated:

(I am covering the CTICU Service today only, contact x84583 for updates)

-MSW Aguirre providing care coordination + assistance in DC Planning for Cardiology C / CCU / CICU Cardiology Services. Writer reviewed patient's hospital status and current admission, DC TBD. Chart review performed and social work needs were identified re: care coordination

-MSW spoke w/medical team re; patient and identified SW needs. Patient currently lives in tent w/son who is an older adult as well, located on Bainbridge Island. From chart review, it is indicated that recently while at HMC they had been given hard copies of housing materials for patient and son; they did not wish to have patient discharged to SNF. It is documented that DSHS Adult Protective Services had been notified; Caroline Ventrice 360.814.9682

-MSW only able to leave a VM for the APS investigator, w/summary of patient's current admission details. Writer left contact number and requested a return call when able

-MSW provided the above information to the medical team. Writer will continue to work on patient's care coordination/safe medical discharge and remain available for patient/family support for today only. For SW updates call x84583

PLAN or OUTCOME:

-MSW provided the above information to the medical team. Writer will continue to work on patient's care coordination/safe medical discharge and remain available for patient/family support for today only. For SW updates call x84583

Christopher Aguirre, MSW, LICSW
UWMC Social Work & Care Coordination
CCU / CICU / CARDS C Services
Office # 206*597*3069
Pager# 206*314*1496

SW CONSULT REQUESTS ARE NOT SEEN IN EPIC BY WKND/HOLIDAY STAFF

Kindly page/call staff directly;

Weekend/Holiday SW:
Office# 206*598*6456
Pager# 206*645*0792

Emergency Department SW:
Office# 206*598*4222

Electronically signed by Aguirre, Christopher J, LICSW at 1/10/2025 3:47 PM

Patterson, Kristopher T, MD at 1/11/2025 0558

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Symptomatically bradycardic yesterday despite dopamine gtt, taken to cath lab for transvenous pacemaker placement
- Now hemodynamically stable, paced at 70bpm, remains on dopamine gtt
- Received some prn Seroquel for delirium and agitation
- Still on PNC for pain control
- SLP evaluated yesterday, noted chronic dysphagia with recs for soft and bit size textures
- Palliative consulted yesterday
- TTE yesterday with normal LVEF and moderate aortic stenosis, no embolic source identified

SCHEDULED MEDICATIONS:
- acetaminophen, 500 mg, q6h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-4 units, q HS
- insulin LISPRO, 0-5 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 0-20 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 7 mcg/kg/min (01/11/25 0400)
- lactated ringers, 35 mL/hr, Continuous, Last Rate: 35 mL/hr (01/11/25 0400)
- ROPivacaine, , Continuous

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- [START ON 1/12/2025] bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.1 mg, Q2 Hours PRN
- magnesium sulfate, 2 g, q6h PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- perflutren lipid microspheres (Definity) 1.3 mL in sodium chloride (PF) 0.9 % 8.7 mL injection, 1-10 mL, Once PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- QUEtiapine, 12.5 mg, q HS PRN
- [START ON 1/12/2025] senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 37.2 °C (01/11/25 0000) **BP:** **(!) 144/35** (01/10/25 1500) **HR:** **70 (01/11/25 0500)**
RR: 19 (01/11/25 0200) **SpO2:** 96 % (01/11/25 0500) Room air
T range: Temp Min: 36.2 °C Max: 37.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/11/2025 0558
Last data filed at 1/11/2025 0400

Intake	454.79 ml
Output	905 ml
Net	**-450.21 ml**

Physical Exam
General: awake in bed, frail appearing, no acute distress
HENT: Normocephalic, atraumatic
Eyes: No conjunctival injection
CV: paced at 70bpm, warm well perfused, no pitting edema
Respiratory: Unlabored respirations on ambient air, equal bilateral breath sounds, no audible wheezes/stridor
GI: Abdomen non-distended
MSK: No gross bony deformities
Neuro: Disoriented, moving all extremities spontaneously
Skin: Exposed skin without erythema, ecchymoses, lacerations, or abrasions

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
138	108	20			9.5		AST: -	ALT: -	7.41/-/-/21 | -/-/-/-	
4.0	22	0.81	205	12.4	><	164	AP: -	T bili: -	Lact (a): -	Lact (v): -
				4						
eGFR: >60		Ca: 8.7			29		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.4		PO4: 4.3		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: 1.1	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Update 1/11: Patient now POD 2 from L AKA and overall recovering well from a surgical standpoint. Was symptomatically bradycardic yesterday and went for an urgent TVP placement with interventional cardiology. Now hemodynamically stable, paced at 70bpm. TTE yesterday without evidence of embolic source, therefore we will hold off on anticoagulation at this time. Plan for the weekend will be to engage in therapies and continue to work with social work for dispo planning. Will plan to remove L AKA dressing on POD 4.

#Acute limb ischemia
#S/p L AKA (1/9/25)
POD 2
- NWB LLE once able to get up

- Dressing management per vascular - dressings down POD4
- Advance to regular diet
- SQI for glucose management
- SBP 100-160
- Palliative care following
- PT/OT
- No anticoagulation at this time
- Disposition: CTICU

#Sinus Bradycardia
#2:1 AV Block
#S/p Transvenous pacemaker placement (1/10)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. Now paced at 70bpm and hemodynamically stable.
Cardiology consulted, appreciate recommendations:
- *Telemetry*
- *Atropine PRN for HR <25*
- *Dopamine gtt*

Plan discussed with attending vascular surgeon Dr. Smith

Electronically signed by Patterson, Kristopher T, MD at 1/11/2025 7:00 AM
Electronically signed by Smith, Matthew C, MD at 1/11/2025 10:41 AM

Barbour, Mohammed Fadel, MBBS at 1/11/2025 0812

Attestation signed by Terman, Gregory William, MD at 1/11/2025 3:27 PM

Date of Service: 01/11/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
Subjective

INTERVAL HISTORY:
NAEON, pain well controlled. Dopamine up to 7. Pain exacerbation this AM, bolused PNC 4cc and increased rate to 10

SUBJECTIVE

PAIN ASSESSMENT:

Pain Location:
lower extremity
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied
Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: **(!) 35.8 °C** (01/11/25 0800) **BP:** **(!) 144/35** (01/10/25 1500) **HR:** **74 (01/11/25 0800)**
RR: 16 (01/11/25 0800) **SpO2:** 97 % (01/11/25 0800) Room air
T range: Temp Min: 35.8 °C Max: 37.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 43.8 kg (96 lb 8 oz) (01/11/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/11/2025 0812
Last data filed at 1/11/2025 0730

Intake	673.63 ml
Output	950 ml
Net	**-276.37 ml**

Physical Exam:
Constitutional:
no acute distress
not toxic-appearing
No Sedation
HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist
Cardiovascular:
Rate and Rhythm:

regular rhythm
bradycardia

Pulmonary:
effort normal
no respiratory distress

Abdominal:
flat
soft

Skin:
Capillary Refill: capillary refill less than 2 seconds

Neurological:
no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)
Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
: L thigh.
Depth at Skin: 15 cm.
Unable to assess motor, sensory function.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
138	108	20	205	12.4	9.5 >< 164		AST: -	ALT: -	7.41/-/-/21 | -/-/-/-	
4.0	22	0.81					AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.7			29		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.4		PO4: 4.3		ANC: - ALC: -					BNP: - INR: 1.1	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Clinical Notes (group 9 of 17) (continued)

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/11/2025: In pain with movement this AM, bolus 4cc through PNC and increased rate to 10. Pain resolved with bolus. Now on pacing for heart rate. No other changes to plan.

CONT:
Ropivacaine 0.2% @10ml/hr, pump

SCH:
APAP 500mg IV q6hrs

PRN:
HM 0.1mg IV q2hrs PRN

Discussed With: APS attending, primary team, patient

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Barbour, Mohammed Fadel, MBBS at 1/11/2025 3:22 PM
Electronically signed by Terman, Gregory William, MD at 1/11/2025 3:27 PM

Mahdi, Elaa, MD at 1/11/2025 1034

Attestation signed by Nikravan, Sara, MD at 1/11/2025 7:03 PM

Date of Service: 01/11/25

While not critically ill, this patient requires therapies or monitoring only available in an ICU setting.
I am treating conditions outside the scope of care typically provided by the surgical or procedural team(s) for this type of ICU patient.

I saw and evaluated this patient today with the resident(s)/fellow(s). I have reviewed their findings and agree with it.

Sara Nikravan, MD
CT Anesthesiology
Critical Care Medicine

Progress Note - Critical Care

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers

Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA. Admitted to the CTICU for hemodynamic monitoring.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Underwent urgent TVP yesterday for HR 20s mobitz 2 and hypotension. Post-procedure, HR still in 20s-30s, taken for repositioning of TVP. Now paced HR 70s, normotensive on Dopamine 7 mcg/kg/min
- Episode of delirium overnight, received seroquel
- Poor PO intake, started on LR 35 mL/hr x 4 hours overnight in conjunction with MAPs in 50s

Objective

OBJECTIVE

T: **(!) 35.8 °C** (01/11/25 0800) **BP:** **(!) 144/35** (01/10/25 1500) **HR:** **70 (01/11/25 1000)**
RR: 16 (01/11/25 0900) **SpO2:** 99 % (01/11/25 1000) Room air
T range: Temp Min: 35.8 °C Max: 37.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 43.8 kg (96 lb 8 oz) (01/11/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/11/2025 1034
Last data filed at 1/11/2025 0900

Intake	751.04 ml
Output	1050 ml
Net	**-298.96 ml**

Respiratory Data:
Resp: 16 (01/11 0900)
SpO2: 99 % (01/11 1000)
Pulse Oximetry Type: Continuous (01/11 0700)
Oxygen Therapy: None (Room air) (01/11 0900)

Physical Exam
Vitals and nursing note reviewed.
Constitutional:
General: She is not in acute distress.
Comments: **Sitting up in bed**
HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are dry.
Eyes:
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:

Heart sounds: Murmur heard.
Comments: **Paced at 70 bpm**

Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing.

Abdominal:
General: Abdomen is flat.
Palpations: Abdomen is soft.

Musculoskeletal:
General: Normal range of motion.
Right lower leg: No edema.
Left lower leg: No edema.

Skin:
General: Skin is warm and dry.

Neurological:
Mental Status: Mental status is at baseline.
Comments: **Alert and oriented to self**

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
138	108	20		9.5			AST: -	ALT: -	7.41/-/-/21 | -/-/-/-	
4.3	22	0.81	176	12.4	><	164	AP: -	T bili: -	Lact (a): -	Lact (v): -
				4						
eGFR: >60		Ca: 8.7		29			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.4		PO4: 4.3		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: 1.1	

Data Review:

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	
Radiology	☒	☒	
EKG/Tele/Echo	☒	☒	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA.

#Symptomatic bradycardia
#2ndd degree AVB s/p emergent TVP placement and repositioning 1/10
- Now paced at HR 70s
  Underlying rate 38-39 with 1st degree block - prolonged PR intervals.
  Pt has reported history of 1st degree block in the past
- Dopamine gtt @ 5 - **attempted to transition to isopeterenol but became hypotensive --> discontinued isopeterenol**
- Appreciate continuing recs from cardiology service - f/u with cards and EP about long-term plan
  - Continue TVP use over the weekend, reach out to EP if there are questions regarding TVP.

    - Plan for single lead PPM next week
    - NPO at MN on Sunday for possible procedure Monday pending lab availability
    - Hold all heparin products the night before procedure and afterwards.
- Telemetry
- Keep pacing pads on
- Atropine PRN for HR<25
- Bedrest while on TVP

#Acute limb ischemia
#S/p L AKA
- NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Ok for regular diet
- SSI
- SBP 100-160
- Palliative following
- TTE:
- No anticoagulation indicated

#**DM Type 2**
- Bgs > 180 on SSI
- **Increase SSI to medium range dose**
- Monitor BGs

#Delirium
- Seroquel qHS

CHRONIC/STABLE/RESOLVED ISSUES

CTICU CHECKLIST:
- Tubes/lines/drains: PIV, Foley
- Nutrition/IVF: Regular diet
- Analgesia/sedation: acetaminophen and PNC
- Anti-infectives: not indicated
- Daily mobility goal: bedrest due to invasive lines/devices
- Glycemic control: subQ insulin
- GI ppx: not indicated
- Bowel regimen/last BM: senna and miralax per protocol / PTA
- VTE ppx: SCDs, Resume POD1
- Anti VAP care: not indicated
- Code status: ACLS
- Date next Interim Summary due: 1/17/24
- Family contact: Louis (206) 780-6885

The patient was seen on multidisciplinary rounds and the plan was discussed and developed in conjunction with Critical Care Attending, Vascular Surgery

DISPOSITION
ICU level care is necessary because the patient requires continuous physician/advanced practice provider observation and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Electronically signed by Mahdi, Elaa, MD at 1/11/2025 4:30 PM
Electronically signed by Nikravan, Sara, MD at 1/11/2025 7:03 PM

Kondamudi, Nitin, MD at 1/11/2025 1411

Attestation signed by Akoum, Nazem Walid, MD at 1/11/2025 5:59 PM

Date of Service: 01/11/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.
High degree AV block s/p temporary transvenous pacemaker. Will need a permanent device next week.

Cardiac Electrophysiology Brief Follow Up Note

Jeanne Leonie Hoffman is a 100 year old female with no known cardiovascular disease history admitted 1/9/2025 for acute ischemic limb with post op course c/b symptomatic Mobitz II AV block s/p TVP.

TVP placed overnight
Remains in Mobitz II AV block when pacing rate is reduced

BP (!) 94/41 | Pulse 70 | Temp (!) 35.8 °C (Temporal) | Resp 16 | Ht 5' (1.524 m) | Wt 43.8 kg (96 lb 8 oz) | SpO2 100% | BMI 18.85 kg/m²

PHYSICAL EXAM
BP (!) 94/41 | Pulse 70 | Temp (!) 35.8 °C (Temporal) | Resp 16 | Ht 5' (1.524 m) | Wt 43.8 kg (96 lb 8 oz) | SpO2 100% | BMI 18.85 kg/m²
GEN: thin, elderly
LUNGS: clear to auscultation bilaterally
CV: RRR, nl S1/S2, no appreciable m/g/r
ABD: soft, nondistended
EXT: no edema
SKIN: no ecchymosis
PSYCH: appropriate, oriented
NEURO: grossly intact

TTE: LVE 74%

Impression:
Mobitz II AV Block: Has RBBB at baseline, now with symptomatic Mobitz II AV block, meeting class 1 indication for permanent pacing. She is now s/p TVP placement. Tentative plan for single chamber pacemaker 1/13.

Recommendations:
- Check baseline rhythm daily
- NPO at MN on Sunday for possible procedure Monday pending lab time availability
- Hold all heparin products the night before procedure and afterwards.

Assessment and plan discussed with Dr. Akoum

Nitin Kondamudi, MD
Cardiac Electrophysiology Section
Division of Cardiology

Electronically signed by Kondamudi, Nitin, MD at 1/11/2025 2:17 PM
Electronically signed by Akoum, Nazem Walid, MD at 1/11/2025 5:59 PM

Patterson, Kristopher T, MD at 1/12/2025 0556

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- NAEO, remains paced with TVP and hemodynamically stable on dopamine gtt
- Interventional cardiology attempted to transition dopamine gtt to isoproterenol gtt, but patient became hypotensive so isoproterenol was discontinued
- Plan for single lead PPM early this week
- Continues to be delirious overnight, refractory to Seroquel and dilaudid, placed in soft restraints and started on precedex this morning
- PNC remains in place for pain management

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- QUEtiapine, 12.5 mg, Once
- QUEtiapine, 25 mg, q HS
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- dexmedeTOMIDine, 0-1.5 mcg/kg/hr (Dosing Weight), Continuous, Last Rate: 0.8 mcg/kg/hr (01/12/25 0515)
- DOPamine, 0-5 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 5 mcg/kg/min (01/12/25 0500)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: 10 mL/hr (01/12/25 0500)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN

- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.05 mg, Q2 Hours PRN
- magnesium sulfate, 2 g, q6h PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 37.1 °C (01/12/25 0400) **BP:** **(!) 117/54** (01/11/25 2300) **HR:** **70 (01/12/25 0500)**
RR: 16 (01/12/25 0500) **SpO2:** 99 % (01/12/25 0500) Room air
T range: Temp Min: 35.8 °C Max: 37.1 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 43.8 kg (96 lb 8 oz) (01/11/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/12/2025 0556
Last data filed at 1/12/2025 0500

Intake	1652.08 ml
Output	1960 ml
Net	**-307.92 ml**

Physical Exam

General: sleeping in bed, frail appearing, no acute distress
HENT: Normocephalic, atraumatic
Eyes: No conjunctival injection
CV: paced at 70bpm, warm well perfused, no pitting edema
Respiratory: Unlabored respirations on ambient air, equal bilateral breath sounds, no audible wheezes/stridor
GI: Abdomen non-distended
MSK: No gross bony deformities
Neuro: Sleeping
Skin: Exposed skin without erythema, ecchymoses, lacerations, or abrasions

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
139	109	19		10.3			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	20	0.82	149	12.6 7	><	160	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR:		Ca: 8.1		31			Prot: -	Alb: -	Trop I: -	D-dimer: -

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 9 of 17) (continued)

>60 Mg: 1.7 PO4: 3.4	ANC: - ALC: -		BNP: - Anti-Xa: - INR: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Update 1/12: POD 3, doing well from a surgical standpoint. Interventional cardiology planning for PPM placement early this week (possibly 1/13). Remains hemodynamically stable, paced at 70bpm on a dopamine gtt. Continues to exhibit delirium overnight with light sedation started this morning. Plan to take L AKA dressing down tomorrow. No other changes from a vascular surgery standpoint at this time, appreciate care from CTICU and cardiology teams.

#Acute limb ischemia
#S/p L AKA (1/9/25)
POD 3
- NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Advance to regular diet
- SQI for glucose management
- SBP 100-160
- Palliative care following
- PT/OT
- No anticoagulation at this time
- Disposition: CTICU

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. Now paced at 70bpm and hemodynamically stable. Plan for PPM placement on 1/13.
Cardiology consulted, appreciate recommendations:
- *Telemetry*
- *Atropine PRN for HR <25*
- *Dopamine gtt*
- *PPM placement pending*

Plan discussed with attending vascular surgeon Dr. Smith

Electronically signed by Patterson, Kristopher T, MD at 1/12/2025 7:18 AM
Electronically signed by Smith, Matthew C, MD at 1/12/2025 10:38 AM

Barbour, Mohammed Fadel, MBBS at 1/12/2025 0912

Attestation signed by Terman, Gregory William, MD at 1/12/2025 12:57 PM

Date of Service: 01/12/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.

Subjective

INTERVAL HISTORY:
NAEON, delirious overnight. No exacerbations in pain

SUBJECTIVE

PAIN ASSESSMENT:
Pain Location:
lower extremity
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied
Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: 37.1 °C (01/12/25 0600) BP: (!) 127/42 (01/12/25 0800) **HR: 70 (01/12/25 0800)**
RR: 16 (01/12/25 0700) **SpO2:** 100 % (01/12/25 0800) Room air
T range: Temp Min: 36 °C Max: 37.1 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/12/2025 0912
Last data filed at 1/12/2025 0749

Intake	1877.41 ml
Output	1620 ml
Net	**257.41 ml**

Physical Exam:
Constitutional:
no acute distress
not toxic-appearing
No Sedation
HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist
Cardiovascular:
Rate and Rhythm:
regular rhythm
bradycardia
Pulmonary:
effort normal
no respiratory distress
Abdominal:
flat
soft
Skin:
Capillary Refill: capillary refill less than 2 seconds
Neurological:
no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)
Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1

: L thigh.
Depth at Skin: 15 cm.
Unable to assess motor, sensory function.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral
Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
139	109	19		10.3			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	20	0.82	154	12.6	><	160	AP: -	T bili: -	Lact (a): -	Lact (v): -
				7						
eGFR: >60		Ca: 8.1		31			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: 3.4		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/12/2025: No pain overnight. PNC still providing analgesia. Delirious overnight per bedside nurse. No changes to plan today. Got x2 hydromorphone 0.05 overnight. Somewhat sedated this morning. Discontinuing PRN HM. Added PRN PNC clinician bolus 4cc Q4

CONT:
Ropivacaine 0.2% @10/hr w/ 4cc Q4PRN CB

SCH:
APAP 500mg IV q6hrs

PRN:

Discussed With: APS attending, primary team, patient

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Barbour, Mohammed Fadel, MBBS at 1/12/2025 9:24 AM
Electronically signed by Terman, Gregory William, MD at 1/12/2025 12:57 PM

Mahdi, Elaa, MD at 1/12/2025 1213

Attestation signed by Nikravan, Sara, MD at 1/12/2025 5:16 PM

Date of Service: 01/12/25

While not critically ill, this patient requires therapies or monitoring only available in an ICU setting.
I am treating conditions outside the scope of care typically provided by the surgical or procedural team(s) for this type of ICU patient.

I saw and evaluated this patient today with the resident(s)/fellow(s). I have reviewed their findings and agree with it.

Sara Nikravan, MD
CT Anesthesiology
Critical Care Medicine

Progress Note - Critical Care

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA. Admitted to the CTICU for hemodynamic monitoring.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Delirium overnight, attempted to get out of bed and pull lines - seroquel dose increased, soft restraints placed, and started on dexmed (stopped this am)
- Remains on dopamine 5 mcg/kg/min --> attempted to transition to isopeterenol yesterday, but discontinued due to hypotension. Continues to be paced at 70 bpm
- Poor PO intake - given LR 500 mL for hypotension with improved BP
- Cardiology recs yesterday: **Mobitz II AV Block:** Has RBBB at baseline, now with symptomatic Mobitz II AV block, meeting class 1 indication for permanent pacing. She is now s/p TVP placement. Tentative plan for single chamber pacemaker 1/13.
- UOP 1.9 L, net -428 mL

Update from rounds:
- Paced at 80 bpm with improved BP
- Given additional 250 mL and started on mIVF in setting of low UOP, poor PO intake, and hypotension. Remains fluid responsive

Objective

OBJECTIVE

T: 36.8 °C (01/12/25 1200) BP: (!) 79/48 (01/12/25 1100) **HR: 80 (01/12/25 1110)**
RR: 18 (01/12/25 1200) **SpO2:** 98 % (01/12/25 1110) Room air
T range: Temp Min: 36 °C Max: 37.1 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)

Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/12/2025 1213
Last data filed at 1/12/2025 1200

Intake	2313.16 ml
Output	2120 ml
Net	**193.16 ml**

Respiratory Data:
Resp: 18 (01/12 1200)
SpO2: 98 % (01/12 1110)
Oxygen Therapy: None (Room air) (01/12 1200)

Physical Exam

Vitals and nursing note reviewed.
Constitutional:
General: She is not in acute distress.
Comments: **Sitting up in bed**
HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are dry.
Eyes:
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:
Heart sounds: Murmur heard.
Comments: **Paced at 70 bpm**
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing.
Abdominal:
General: Abdomen is flat.
Palpations: Abdomen is soft.
Musculoskeletal:
General: Normal range of motion.
Right lower leg: No edema.
Left lower leg: No edema.
Skin:
General: Skin is warm and dry.
Neurological:
Mental Status: Mental status is at baseline.
Comments: **Alert and oriented to self**

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
139	109	19			10.3		AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	20	0.82	86	12.6	><	160	AP: -	T bili: -	Lact (a): -	Lact (v): -
				7						

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 9 of 17) (continued)

eGFR: >60	Ca: 8.1	31	Prot: -	Alb: -	Trop I: - D-dimer: -
Mg: 1.7	PO4: 3.4	ANC: - ALC: -			BNP: - Anti-Xa: - INR: -

Data Review:

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	
Radiology	☒	☒	
EKG/Tele/Echo	☒	☒	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA.

#Symptomatic bradycardia
#2ndd degree AVB s/p emergent TVP placement and repositioning 1/10
- Now paced at HR 70s - **increase to pacing at HR 80. Thresholds stable**
    Underlying rate 38-39 with 2nd degree block
    Pt has reported history of 1st degree block in the past
- Dopamine gtt @ 5
    - attempted to transition to isopeterenol but became hypotensive --> discontinued isopeterenol 1/11
- Appreciate continuing recs from cardiology service - f/u with cards and EP about long-term plan
    - **Mobitz II AV Block:** Has RBBB at baseline, now with symptomatic Mobitz II AV block, meeting class 1 indication for permanent pacing. She is now s/p TVP placement. Tentative plan for single chamber pacemaker 1/13.
    - Continue TVP use over the weekend, reach out to EP if there are questions regarding TVP.
    - Plan for single lead PPM next week
    - NPO at MN on Sunday for possible procedure Monday pending lab availability - **order placed**
    - Hold all heparin products the night before procedure and afterwards. - **order placed**
- Telemetry
- Keep pacing pads on
- Atropine PRN for HR<25
- Bedrest while on TVP

#Acute limb ischemia
#S/p L AKA
- NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Ok for regular diet
- SSI
- SBP 100-160
- Palliative following
- TTE:
- No anticoagulation indicated

#**DM Type 2**
- Bgs > 180 on SSI, improved since SSI increase
- SSI medium range dose (increased 1/11)
- Monitor BGs

#Delirium

- Seroquel qHS - **not effective despite increased dosing, d/c 1/12**
- Start guanfacine 1 mg BID
- D/c precedex

#Poor PO intake, high risk malnutrition
- Start mIVF
- Nutrition consult for TF recs
- Aspiration precautions

CHRONIC/STABLE/RESOLVED ISSUES

CTICU CHECKLIST:
- Tubes/lines/drains: PIV, Foley, RRAL, RIJ venous sheath and TVP
- Nutrition/IVF: Regular diet - **NPO at midnight**
- Analgesia/sedation: acetaminophen and PNC
- Anti-infectives: not indicated
- Daily mobility goal: bedrest due to invasive lines/devices
- Glycemic control: subQ insulin
- GI ppx: not indicated
- Bowel regimen/last BM: senna and miralax per protocol / PTA
- VTE ppx: SCDs, SQH
- Anti VAP care: not indicated
- Code status: ACLS
- Date next Interim Summary due: 1/17/24
- Family contact: Louis (206) 780-6885

The patient was seen on multidisciplinary rounds and the plan was discussed and developed in conjunction with Critical Care Attending, Vascular Surgery

DISPOSITION
ICU level care is necessary because the patient requires continuous physician/advanced practice provider observation and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Electronically signed by Mahdi, Elaa, MD at 1/12/2025 12:20 PM
Electronically signed by Nikravan, Sara, MD at 1/12/2025 5:16 PM

Patterson, Kristopher T, MD at 1/13/2025 0704

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- NAEO, BP remained soft yesterday, TVP increased to 80bpm with improved hemodynamics, weaned dopamine gtt to 3.5mcg/kg/min
- Started mIVF
- Nutrition consult for poor po intake
- UOP improved this morning (>50cc/hr)
- Off precedex, PNC for pain
- NPO for possible PPM placement today

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- [Held By Provider] heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lactated ringers, 250 mL, Once
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 3.5 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 3.5 mcg/kg/min (01/13/25 0700)
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/13/25 0700)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: 10 mL/hr (01/13/25 0700)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- magnesium sulfate, 2 g, q6h PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 37.5 °C (01/13/25 0600) **BP:** **(!) 113/47** (01/13/25 0700) **HR:** **80 (01/13/25 0700)**
RR: 16 (01/13/25 0700) **SpO2:** 93 % (01/13/25 0700) Room air
T range: Temp Min: 36 °C Max: 37.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/13/2025 0704
Last data filed at 1/13/2025 0700

Intake	2693.21 ml
Output	1405 ml
Net	**1288.21 ml**

Physical Exam

General: sleeping in bed, frail appearing, no acute distress
HENT: Normocephalic, atraumatic
Eyes: No conjunctival injection
CV: paced at 70bpm, warm well perfused, no pitting edema
Respiratory: Unlabored respirations on ambient air, equal bilateral breath sounds, no audible wheezes/stridor
GI: Abdomen non-distended
MSK: No gross bony deformities
Neuro: Sleeping
Skin: Exposed skin without erythema, ecchymoses, lacerations, or abrasions

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
138 / 107 / 16 / 150 4.0 / 23 / 0.72 eGFR: >60 Ca: 8.0 Mg: 1.9 PO4: 2.6	10.4 9.61 >< 174 32 ANC: - ALC: -	AST: - ALT: - AP: - T bili: - Prot: - Alb: -	-/-/-/- | -/-/-/- Lact (a): - Lact (v): - Trop I: - D-dimer: - BNP: - Anti-Xa: - INR: 1.1

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Update 1/13: Overall doing well, hemodynamics improving with TVP rate increase to 80bpm and starting mIVF, still requires dopamine gtt for support. Nutrition consulted yesterday I/s/o poor po intake. Plan for PPM placement early this week (possibly today). Vascular team will take down L AKA dressing today.

#Acute limb ischemia
#S/p L AKA (1/9/25)
POD 4
- NWB LLE once able to get up
- Dressing management per vascular - **dressings down POD4**
- Advance to regular diet, follow nutrition recs

- SQI for glucose management
- SBP 100-160
- Palliative care following
- PT/OT
- No anticoagulation at this time
- Disposition: CTICU

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. Now paced at 80bpm and hemodynamically stable. Plan for PPM placement on 1/13.
Cardiology consulted, appreciate recommendations:
- *Telemetry*
- *Atropine PRN for HR <25*
- *Dopamine gtt*
- *PPM placement pending*

Plan discussed with attending vascular surgeon Dr. Matthew Smith

Electronically signed by Patterson, Kristopher T, MD at 1/13/2025 7:14 AM
Electronically signed by Smith, Matthew C, MD at 1/13/2025 8:18 AM

Smith, Grace, MD at 1/13/2025 0708

Attestation signed by Wu, Jiang, MD at 1/13/2025 7:07 PM

Date of Service: 01/13/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Jiang Wu MD

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
Subjective

INTERVAL HISTORY:
NAEO, No reported exacerbations in pain.

SUBJECTIVE

PAIN ASSESSMENT:
Pain Location:

lower extremity

Pain Severity:
Worst Pain: 0
Least Pain: 0

Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied

Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: 37.5 °C (01/13/25 0600) **BP: (!) 113/47** (01/13/25 0700) **HR: 80 (01/13/25 0700)**
RR: 16 (01/13/25 0700) **SpO2:** 93 % (01/13/25 0700) Room air
T range: Temp Min: 36 °C Max: 37.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/13/2025 0708
Last data filed at 1/13/2025 0700

Intake	2693.21 ml
Output	1405 ml
Net	**1288.21 ml**

Physical Exam:

Constitutional:
no acute distress
not toxic-appearing
No Sedation

HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist

Cardiovascular:
Rate and Rhythm:
normal rate

regular rhythm

Pulmonary:

effort normal

no respiratory distress

Abdominal:

flat

soft

Skin:

Capillary Refill: capillary refill less than 2 seconds

Neurological:

no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)

Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)

Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)

Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm

Urethral Catheter 01/09/25 (Active)

Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1

: L thigh.

Depth at Skin: 15 cm.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)

Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
138	107	16	150	10.4			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.0	23	0.72		9.61	><	174	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.0		32			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.9		PO4: 2.6		ANC: - ALC: -					BNP: - INR: 1.1	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course

is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/13/2025: 4X CB in last 24 hours. No reported pain overnight per bedside son's observatoin. PNC still providing analgesia. Given postoperative exacerbation in heart block/bradycardia, plan to be cautious with total amount of local anesthetic delivered per day. Plan to discontinue PNC CB but continue at current rate. Patient has also had significant sedation with HM during this hospital course. Plan to add nalbuphine 5mg q4h PRN as adjunct, as partial agonist may produce fewer side effects vs HM.

The challenges to pain management:
1. Elderly with difficult communication and difficult pain assessment;
2. Highly sensitive to opioids
3. Partial pain relief from Femoral PNC for AKA
4. Local anesthetic infusion in the patient Bradycardia and 2nd degree heart block
5. Need further PPM for bradycardia, which means more surgical pain.
6. Carefully observe the toxicity from pain regimen.

CONT:
Ropivacaine 0.2% @10/hr

SCH:
APAP 500mg IV q6hrs

PRN:
Nalbuphine 5 mg q4

Discussed With: APS attending, primary team, patient

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Wu, Jiang, MD at 1/13/2025 7:07 PM

McKinstry, Mia, MD at 1/13/2025 0807

Attestation signed by Lewis, Christopher P, MD at 1/13/2025 2:32 PM

Date of Service: 01/13/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Critical care is necessary because this patient requires continuous observation and interventions to respond to emergent changes in their medical condition and prevent further deterioration in their clinical state. This includes close monitoring and adjustment of hemodynamic data as necessary.
I am treating conditions outside the scope of care typically provided by the surgical or procedural team(s) for this type of ICU patient.

Assessment:
This patient has a high probability of imminent or life-threatening deterioration resulting from her high degree AV block and hypotension requiring vasopressors.

Plan:
The following intervention(s) impact decision-making required to stabilize the patient:

1. AV block: s/p TVP, paced at 80; pending PPM today
2. Hypotension, on dopamine: suspect that dopamine was started earlier for HR during acute bradycardia; now remains on for hypotension. If still requiring pressor after PPM to maintain MAP of 65 will switch to levophed; titrate as tolerated. May require midodrine longer term given chronic deconditioning and suspected poor vascular tone at baseline.
3. Delirium: team last week trialed multiple agents; started guanfacine yesterday which seems to have been effective at least in the short term. Will continue for now but hope to be able to liberalize restraints/precautions after PPM which may also help delirium.

1.
2.
3. **Critical Care Time:**
4. I spent a total of 35 minutes personally providing critical care to Jeanne Leonie Hoffman. This does not include time spent teaching or performing any separately billable procedures.
5.

Progress Note - Critical Care

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA. Admitted to the CTICU for hemodynamic monitoring. Hospital course complicated by new Mobitz II AV block necessitating TVP, paced at 80.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Started Guanfacine for delirium yesterday, appears to have helped
- Plan for pacemaker placement today
- Would like to consider NGT and tube feeds after procedure for poor PO intake
- On dopamine 3.5 mcg/kg/min (down from 5) --> attempted to transition to isopeterenol 1/11 but discontinued due to hypotension
- Cardiology recs: **Mobitz II AV Block:** Has RBBB at baseline, now with symptomatic Mobitz II AV block, meeting class 1 indication for permanent pacing. She is now s/p TVP placement, being paced at 80. Tentative plan for single chamber pacemaker 1/13 todav
- UOP 1.4L, net +1.2L

Objective

OBJECTIVE

T: **(!) 35.9 °C** (01/13/25 0800) **BP:** **(!) 113/47** (01/13/25 0700) **HR:** **80 (01/13/25 0700)**
RR: 18 (01/13/25 0800) **SpO2:** 93 % (01/13/25 0700) Room air
T range: Temp Min: 35.9 °C Max: 37.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/13/2025 0808

Last data filed at 1/13/2025 0800

Intake	2269.18 ml
Output	1505 ml
Net	**764.18 ml**

Respiratory Data:
Resp: 18 (01/13 0800)
SpO2: 93 % (01/13 0700)
Oxygen Therapy: None (Room air) (01/13 0800)

Physical Exam

Vitals and nursing note reviewed.
Constitutional:
General: She is not in acute distress.
Comments: **Sleeping**
HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are dry.
Cardiovascular:
Comments: **Paced at 80 bpm**
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing.
Abdominal:
General: Abdomen is flat.
Palpations: Abdomen is soft.
Musculoskeletal:
General: Normal range of motion.
Right lower leg: No edema.
Left lower leg: No edema.
Skin:
General: Skin is warm and dry.
Neurological:
Comments: **Sleeping, will wake to provider**

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
138	107	16	132	10.4	AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.0	23	0.72		9.61 >< 174	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.0		32	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.9		PO4: 2.6		ANC: - ALC: -			BNP: - INR: 1.1	Anti-Xa: -

Data Review:

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☐	
Radiology	☒	☐	

EKG/Tele/Echo	☒	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA, hospital course complicated by new Mobitz II AV block necessitating TVP, paced at 80.

#Symptomatic bradycardia
#2ndd degree AVB s/p emergent TVP placement and repositioning 1/10
- Now paced at HR 80s
  Underlying rate 38-39 with 2nd degree block
  Pt has reported history of 1st degree block in the past
- Dopamine gtt @ 3.5
  - attempted to transition to isopeterenol but became hypotensive --> discontinued isopeterenol 1/11
- Appreciate continuing recs from cardiology service
  - **Mobitz II AV Block:** Has RBBB at baseline, now with symptomatic Mobitz II AV block, meeting class 1 indication for permanent pacing. She is now s/p TVP placement. Plan for single chamber pacemaker 1/13.
- Telemetry
- Keep pacing pads on
- Atropine PRN for HR<25
- Bedrest while on TVP

#Acute limb ischemia
#S/p L AKA
- NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Ok for regular diet
- SSI
- SBP 100-160
- Palliative following
- No anticoagulation indicated
- Pain control: APS following for Left Femoral PNC

#**DM Type 2**
- Bgs > 180 on SSI, improved since SSI increase
- SSI medium range dose (increased 1/11)
- Monitor BGs

#Delirium
- Guanfacine 1 mg BID
- Seroquel not effective

#Poor PO intake, high risk malnutrition
- Start mIVF
- post procedure NG tube placement, Nutrition consult for TF recs
- Aspiration precautions

CHRONIC/STABLE/RESOLVED ISSUES

CTICU CHECKLIST:
- Tubes/lines/drains: PIV, Foley, RRAL, RIJ venous sheath and TVP
- Nutrition/IVF: Regular diet - **NPO until post procedure**
- Analgesia/sedation: acetaminophen and Left femoral PNC
- Anti-infectives: not indicated
- Daily mobility goal: bedrest due to invasive lines/devices
- Glycemic control: subQ insulin

- GI ppx: not indicated
- Bowel regimen/last BM: senna and miralax per protocol / PTA
- VTE ppx: SCDs, SQH
- Anti VAP care: not indicated
- Code status: ACLS
- Date next Interim Summary due: 1/17/24
- Family contact: Louis (206) 780-6885

The patient was seen on multidisciplinary rounds and the plan was discussed and developed in conjunction with Critical Care Attending, Vascular Surgery

DISPOSITION
ICU level care is necessary because the patient requires continuous physician/advanced practice provider observation and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Electronically signed by McKinstry, Mia, MD at 1/13/2025 11:46 AM
Electronically signed by Lewis, Christopher P, MD at 1/13/2025 2:32 PM

McBryde, Marquette S, MSW at 1/13/2025 1648

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns:
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated:

This SW called the pt's son to discuss the plan of care. He was not able to speak long, but stated he would be coming to the hospital to visit the pt. He reiterated not wanting the pt to go to a SNF and wanting permanent housing. SW informed him that there are extreme limitations to locating permanent housing while inpatient and that is something that he would have to work with community entities to obtain. He acknowledged understanding and shared that he would like permanent housing to be a collaborative effort between SW and community support; SW acknowledge and noted realistic expectations in obtaining permanent housing quickly.

SW called Caroline Ventrice, 360.814.9682, DSHS Adult Protective Service and LVM with contact information and requested a returned call.

SW later met with the pt's son at bedside. SW explained that they would discuss pt's care on the next day. He shared that he has started a Go Fund Me for the pt. He also shared that his mother's condition is due to “bad predators” and “bad landlords.” He shared that he believes the pt has 7-10 more years of life and she would like to have end of life be with her friends. He also requested staff to ask the pt's scenario type questions for events that have never occurred to engage her and build rapport, i.e., “when are you going to see Al Roker.” Louis also shared that he has also been working with APS regarding the pt's well-being.

PLAN or OUTCOME:

SW will continue to work on patient's care coordination/safe medical discharge and remain available for patient/family support

Marquette McBryde, MSW
206-598-4583

Electronically signed by McBryde, Marquette S, MSW at 1/14/2025 1:21 PM

Patterson, Kristopher T, MD at 1/14/2025 0628

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- S/p PPM placement yesterday, paced at 70bpm, hemodynamically stable weaned off dopamine last night
- Off sedation, delirium improved from yesterday, no PRNs given
- UOP approx 20cc/hr
- Continues on PCN for pain control

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- [Held By Provider] heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals

- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/14/25 0600)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- magnesium sulfate, 2 g, q6h PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 5 mg, q4h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 36.2 °C (01/14/25 0000) **BP:** **(!) 147/43** (01/14/25 0400) **HR:** **71 (01/14/25 0400)**
RR: 16 (01/14/25 0400) **SpO2:** 97 % (01/14/25 0400) Room air
T range: Temp Min: 35.9 °C Max: 36.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/14/2025 0628
Last data filed at 1/14/2025 0600

Intake	1606.58 ml
Output	980 ml
Net	**626.58 ml**

Physical Exam
General: sleeping in bed, frail appearing, no acute distress
HENT: Normocephalic, atraumatic
Eyes: No conjunctival injection
CV: paced at 70bpm, warm well perfused, no pitting edema
Respiratory: Unlabored respirations on ambient air
GI: Abdomen non-distended

MSK: No gross bony deformities, L AKA site C/D/I, dressed with dry gauze and ace wrap
Neuro: Sleeping
Skin: Exposed skin without erythema, ecchymoses, lacerations, or abrasions



Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	110	12	98	9.20	><	9.5 191	AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	19	0.69					AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.4				29	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.0		PO4: 2.4		ANC: - ALC: -					BNP: -	Anti-Xa: -
									INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Update 1/14: S/p PPM placement yesterday, now paced at 80bpm and hemodynamically stable off dopamine. L AKA site dressing taken down yesterday and is well approximated, healing well. Per RN this morning patient's delirium has improved yesterday and she did not received any of her PRN medication. SW continues to work on dispo planning. No changes in her management from a vascular surgical perspective.

#Acute limb ischemia
#S/p L AKA (1/9/25)

POD 5
- NWB LLE once able to get up
- Dressing management per vascular
- Advance to regular diet, follow nutrition recs
- SQI for glucose management
- SBP 100-160
- Palliative care following
- PT/OT
- No anticoagulation at this time
- Disposition: Medicine acute care

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
Cardiology consulted, appreciate recommendations:
- *Telemetry*
- *PPM management per cardiology*

Plan discussed with attending vascular surgeon Dr. Matthew Smith

Electronically signed by Patterson, Kristopher T, MD at 1/14/2025 9:47 AM
Electronically signed by Smith, Matthew C, MD at 1/14/2025 12:38 PM

Smith, Grace, MD at 1/14/2025 0938

Attestation signed by Wu, Jiang, MD at 1/14/2025 5:16 PM

Date of Service: 01/14/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Jiang Wu MD

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
Subjective

INTERVAL HISTORY:
NAEO, No reported exacerbations in pain.

SUBJECTIVE

PAIN ASSESSMENT:

Pain Location:
lower extremity

Pain Severity:
Worst Pain: 0
Least Pain: 0

Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied

Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: **(!) 37.9 °C** (01/14/25 0800) **BP:** **(!) 158/56** (01/14/25 0900) **HR:** **70 (01/14/25 0900)**
RR: 16 (01/14/25 0900) **SpO2:** 98 % (01/14/25 0900) Room air
T range: Temp Min: 36 °C Max: 37.9 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/14/2025 0938
Last data filed at 1/14/2025 0700

Intake	1514.64 ml
Output	980 ml
Net	**534.64 ml**

Physical Exam:

Constitutional:
no acute distress
not toxic-appearing
No Sedation

HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist

Cardiovascular:

Rate and Rhythm:
normal rate
regular rhythm

Pulmonary:
effort normal
no respiratory distress

Abdominal:
flat
soft

Skin:
Capillary Refill: capillary refill less than 2 seconds

Neurological:
no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)
Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
: L thigh.
Depth at Skin: 15 cm.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	110	12	98	9.5			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	19	0.69		9.20	><	191	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.4		29			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.0		PO4: 2.4		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course

is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/14/2025: No reported pain overnight per nursing observation. Good sleep last night. PNC still providing analgesia. Given postoperative exacerbation in heart block/bradycardia, plan to be cautious with total amount of local anesthetic delivered per day. Per nursing, nalbuphine improving with comfort but still causes sedation. Plan to decrease to 1.5 q6h. PNC site nontender to palpation.

The challenges to pain management:

6. Elderly with difficult communication and difficult pain assessment;
7. Highly sensitive to opioids, sleepy since on Nalbuphine;
8. Partial pain relief from Femoral PNC for AKA
9. Local anesthetic infusion in the patient with Bradycardia and 2nd degree heart block
10. S/p PPM, with the 2nd source of procedural pain.
11. Carefully observe the toxicity from pain regimen.

CONT:
Ropivacaine 0.2% @10/hr

SCH:
APAP 500mg IV q6hrs

PRN:
Nalbuphine 1.5 mg q6

Discussed With: APS attending, primary team, patient

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Wu, Jiang, MD at 1/14/2025 5:16 PM

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
-successful placement of PPM yesterday, remained hemodynamically stable overnight off dopamine
-pain under good control
-multiple trials of NGT placement given poor PO intake but unsuccessful
-pt ate breakfast this AM per nursing staff
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge

When I visited pt this afternoon, son was at bedside. Pt reported she feels fine and was in the middle of eating some mashed potatoes.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- [Held By Provider] heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/14/25 1100)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- magnesium sulfate, 2 g, q6h PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q6h PRN
- ondansetron, 4 mg, q8h PRN

- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: **(!) 37.9 °C** (01/14/25 0800) **BP:** **(!) 99/47** (01/14/25 1000) **HR:** 70 (01/14/25 1000)
RR: 18 (01/14/25 1000) **SpO2:** 97 % (01/14/25 1000) Room air
T range: Temp Min: 36 °C Max: 37.9 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/14/2025 1119
Last data filed at 1/14/2025 1100

Intake	1702.7 ml
Output	955 ml
Net	**747.7 ml**

Physical Exam

GENERAL: elderly, frail woman laying in bed in no acute distress
HEENT: normocephalic, RIJ sheath in place c/d/I
CARDIAC: RRR, extremities warm and well perfused
PULM: no increased work of breathing on room air
ABD: nontender, nondistended
EXT: s/p L AKA, bandage in place, clean without strikethrough/bleeding

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	110	12	98		9.5		AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	19	0.69		9.20	><	191	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.4			29		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.0		PO4: 2.4		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

IMAGING:
I have reviewed the latest radiology results

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

- need PT and OT re-evaluations now that pt is off TVP to determine disposition/needs at discharge
- ongoing close monitoring of PO intake (CT ICU had planned to initiate tube feeds but unable to insert NGT, pt ate 100% of breakfast AM 1/14, holding off for now)
- please see Marquette McBryde's note from today re: complex dynamic with pt's caregiver (son, Louis), will appreciate ongoing support from SW team and follow up on APS involvement
-note that I share the concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
- PT/OT consulted
    - PT last eval 1/10, OT last eval N/A, both will need to re-evaluate pt now that she no longer has TVP in place
- SQ heparin for DVT ppx restarted 1/14 (ok with both Cardiology and Vascular Surgery)
- Pain control per APS, appreciate recs
    -femoral PNC in place (ropivacaine)
    -scheduled tylenol 500 mg IV q6h
    -PRN nalbuphine 1.5 mg q6h

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
Cardiology consulted, appreciate recommendations:
- Continuous telemetry
- PPM management per cardiology, appreciate recs

#Delirium
Started on guanfacine 1mg BID by ICU team, will continue for now. Of note, Seroquel reportedly ineffective.

#T2DM
- SSI while inpatient

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Wilson, Julia, MD at 1/14/2025 2:46 PM

McBryde, Marquette S, MSW at 1/14/2025 1343

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns:
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated:

This SW met with the pt's son Louis at bedside to discuss DCP.

Housing: He shared that he and the pt lived at Village Homes which he described as “prisons” from June 2019-Oct 2024. During this period, he shared that the stove did not work for 1.5 years, the shower did not work for 5 years, they did not have a working refrigerator, and they used a bucket for toileting. He shared that he and the pt were coerced to live there through the Cross Sound Church and the Housing Resource Board. He stated that the goal of Cross Sound Church and the Housing Resource Board is to want to kill the pt and kill him. When prompted, he stated that after eviction, he and the pt went on a “business tour,” lived in hotels and took train trips (Oct-Dec). When prompted, he shared that he and the pt both have state housing vouchers; he prefers to be the primary lessee and the pt is the co-renter. He stated that he and the pt currently live in CERT tents.

Housing Goal: Louis stated that the goal post hospitalization is for the pt to return to independent living, and he will continue as her caregiver (30 years). He shared that he does not want to consider subsidized housing due to poor past experiences. If needed, he would also prefer HH PT/OT. He shared that he has been working with Shannon McDonald at HMC and Donna from Bainbridge Island but has not had much movement to secure permanent housing.

Family support: Louis shared that he has a brother Doug who lives locally. However, he shared that there is a restraining order again him because “he wants her dead” and has tried to hurt her in the past. He shared that the pt does not have any living siblings and other family members live throughout the US and Europe. When prompted, he stated that family members are not aware of their unhoused status. He shared that the pt's wishes is to be buried next to her family and friends on Bainbridge.

Financial & Employment: Louis shared that the pt's income is about 2k per month (undisclosed source). However, he stated that the pt has items of value that she can sell for income as needed. He shared that he and the pt have operated a rail and senior service travel business for 25-30 years. He also shared that he has a background in business, IT, construction, photography and he has also studied in the Netherlands during WWII.

SW and Louis discussed he and the pt's aversion to SNF placements when it was recommended by PT/OT and medical Providers. He stated that the pt went to a few SNFs for rehab and he ultimately had her removed due to what he thought was inadequate care. He describes SNFs as “places where people go to die” and the pt's quality of life is a priority for him. He also shared that he has spoken with personal injury attorney lawyers, HUD and WHRC and they also all investigating his claims regarding the pt's care and housing discrimination.

Pt's son appears to have some fixed paranoid delusions regarding housing inequities, people wanting kill him and the pt and appears to have unrealistic expectations about the pt's health and prognosis. During the discussion, he also made grandiose and verbose statements, was tangential and had to be redirected often. It is unclear if he understands the extent of the pt's care needs and if he can meet those needs while housed/unhoused. He stated that one of the goals post hospitalization is for the pt to use prosthetics and travel with him to visit Al Roker and other family members in New York. He stated that he has geriatric training that he has learned through various forms of media to include CD's and online and shared that he knows more than most MDs at HMC. When prompted, he shared that he does not have a car and uses public transport to get the pt to appointments. He mentioned that he also operates a wheel chair service.

SW called Caroline Ventrice, 360.814.9682, DSHS Adult Protective Service and she did not answer: APS referral confirmation # 653P6EZK0BN5S. SW called DSHS Adult Protective Service Supervisor Gaylan Warnock, 360-968-4610 and LVM.

_____

SW consulted with Shannon McDonald, MSW, W. Specialty Clinic Social Worker, Harborview Medical Center, 206-744-8036 who shared that she referred the pt and Louis to Helpline House (HH) and that he needs to follow up with them

SW met with Louis again at bedside to discuss housing referral. He shared that he has spoken with Donna of HH and she sided with the housing review board to have them evicted. He continued to lament about Bainbridge trying to “sweep people off the island” and not provide any housing support. Louis shared that he was not opposed to the pt going to rehab for 90 days but was adamantly against the pt going to a long term care facility (LTCF). He stated that the pt going to a LTCF would mean that he would lose everything and become homeless; there appears to be some secondary gain. He also stated that he did not want to use any of the pt's social security to pay for long term care. This SW explained the differences between LTC vs. SNF for rehab vs. outpatient rehab and further explained limitations and barriers to either of those options. He shared that the pt has willed everything to him and they have 3 storage units full of items as they wait for permanent housing. He was again tangential and sometimes spoke loudly, but redirectable. No other questions or concerns identified.

SW called Helpline House to get an update from Donna, 206-842-7621 and LVM.

PLAN or OUTCOME:

SW will continue to provide support as needed.

Marquette McBryde, MSW
206-598-4583

Electronically signed by McBryde, Marquette S, MSW at 1/14/2025 3:43 PM

Segerson, Karen Elaine, MD at 1/15/2025 0843

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
-successful placement of PPM 1/13, no issues
-she is responding affirmatively for all questions asked today, so unclear if her answers are meaningful
-multiple trials of NGT placement given poor PO intake but unsuccessful
-she is eating and drinking
-coughed once during evaluation
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge
- Son Louis is at bedside. He spoke at length about caregiver efforts, obstacles related to unstable housing, frustration with most recent living situation and intent to litigate as he feels the housing manager contributed to current illness and hospitalization. Describes firing would care at NWH.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/14/25 2100)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN

- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 37.1 °C (01/15/25 0800) **BP: (!) 131/58** (01/15/25 0400) **HR:** 70 (01/15/25 0800)
RR: 18 (01/15/25 0400) **SpO2:** 95 % (01/15/25 0800) Room air
T range: Temp Min: 36.6 °C Max: 37.1 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/15/2025 0843
Last data filed at 1/15/2025 0700

Intake	1505 ml
Output	805 ml
Net	**700 ml**

Physical Exam

GENERAL: elderly, frail woman laying in bed in no acute distress
NEURO: She wakes for questions, looks at whiteboard to read, shakes head, but all answers were affirmative (pain, CP, SOB, where are we? All with same response).
HEENT: normocephalic, RIJ sheath in place c/d/I
CARDIAC: RRR, extremities warm and well perfused
PULM: no increased work of breathing on room air
ABD: nontender, nondistended
EXT: s/p L AKA, bandage in place

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	111	13	103	8.7			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	22	0.63		7.44	><	204	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.6		27			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: 2.4		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

IMAGING:
I have reviewed the latest radiology results

CXR 1/14/24
FINDINGS AND
IMPRESSION
Compared to 1/13/2025, pacemaker electrode position is unchanged. Heart size is unchanged.

Lung volume is lower. Basal atelectasis or aspiration and bilateral pleural effusions persist.

Assessment/Plan

ASSESSMENT/PLAN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/15
- PT and OT re-evaluations to determine disposition/needs at discharge
- ongoing close monitoring of PO intake (CT ICU had planned to initiate tube feeds but unable to insert NGT, has been eating holding off for now). Nutrition consult.
- swallow eval
- please see SW notes re: complex dynamic with pt's caregiver (son, Louis), will appreciate ongoing support from SW team and follow up on APS involvement

#Acute Pain- per APS
- Please see note from acute pain service
- Still on IV medications
-Given postoperative exacerbation in heart block/bradycardia, plan to be cautious with total amount of local anesthetic delivered per day. Per nursing, nalbuphine improving with comfort but still causes sedation. Plan to decrease to 1.5 q6h. PNC site nontender to palpation.
-Current reg:
Ropivacaine 0.2% @10/hr
APAP 500mg IV q6hrs
Nalbuphine 1.5 mg q6

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
- PT/OT consulted
    - PT last eval 1/10, OT last eval N/A, both will need to re-evaluate pt now that she no longer has TVP in place
- SQ heparin for DVT ppx restarted 1/14 (ok with both Cardiology and Vascular Surgery)
- Pain control per APS, appreciate recs
    -femoral PNC in place (ropivacaine)
    -scheduled tylenol 500 mg IV q6h
    -PRN nalbuphine 1.5 mg q6h

#Anemia
-Hct today 27, down from 29 ,no active signs of bleeding

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
1. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
2. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Delirium
-Started on guanfacine 1mg BID , continues bid, will try holding today to improve sedation and eval
-Of note, Seroquel reportedly ineffective.

#Disposition planning
Per SW "SW met with Louis again at bedside to discuss housing referral. He shared that he has spoken with Donna of HH and she sided with the housing review board to have them evicted. He continued to lament about Bainbridge trying to “sweep people off the island” and not provide any housing support. Louis shared that he was not opposed to the pt going to rehab for 90 days but was adamantly against the pt going to a long term care facility (LTCF). He stated that the pt going to a LTCF would mean that he would lose everything and become homeless; there appears to be some secondary gain. He also stated that he did not want to use any of the pt's social security to pay for long term care. This SW explained the differences between LTC vs. SNF for rehab vs. outpatient rehab and further explained limitations and barriers to either of those options. He shared that the pt has willed everything to him and they have 3 storage units full of items as they wait for permanent housing. He was again tangential and sometimes spoke loudly, but redirectable. No other questions or concerns identified."
-SW called Helpline House to get an update from Donna, 206-842-7621 and LVM.
-This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile, and not clearly answering questions today**

#FEN:
- at high risk of refeeding given inadequate oral intake >5 days.
- Recommend BMP + Mg/Phos Q 12H for 3 days or until lytes stable
- Replacing phos today
- Replacing Mg today
-Replace lytes to WNL prior to EN initiation and/or advancement
-Maintain BGs <200 prior to EN initiation and/or advancement
-Request updated vit D 25-OH level to determine appropriate supplementation, r/o vit D toxcitity
-Request updated zinc level to determine need for supplementation for wound healing
-Now on oral thiamine
-Nutrition had recommend high dose thiamine: 500 mg IV TID for 3 days given ongoing AMS, started today 1/15, OK to continue oral thiamine as ordered
-prenatal multivitamin 1 tab PO or per FT daily
- ascorbic acid 500 mg BID x 14 days PO or per FT
Pending zinc level:
- recommend zinc sulfate 220 mg daily x 14 days PO or per FT
-Hold vit D supplementation until updated lab
-Continue oral vit B12 as ordered
-Re consult SLP today for swallow eval
PRIOR NUTRITION RECS:

Enteral Nutrition
Await NGT placement, appropriate for bridled tube insertion to prevent dislodgement by patient

Start @ 10 mL/hr, adv 10 mL Q 4H to goal rate
Jevity 1.5 @ 40 mL/hr
= 880 mL TF, 1320 kcal, 56 gm protein, 190 gm CHO, 18.5 gm fiber, 669 mL free water
Minimum 30 mL free water flush q 4 hours while TF are running to maintain tube patency
Calculated over 22 hrs to allow for interruptions for care

Oral Nutrition
6- soft and bite sized, 0- thin liquids per SLP
- if c/f aspiration risk, hold PO and request SLP re-eval

Appreciate nursing assistance in meal ordering/tray set up/feed assist PRN
Can adjust to non-select, automatic meal delivery for ease if indicated
Offer ONS in place of missed/skipped meals
Appreciate nursing documentation of % intake of meals/snacks/supplements

#T2DM
- SSI while inpatient

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

#PT/OT contacted today to request dispo eval (1/15)

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Segerson, Karen Elaine, MD at 1/15/2025 12:47 PM

Jerbi, Jennifer, LICSW at 1/15/2025 0904

Social Work Progress Note:

MSW received handoff from previous MSW, see previous MSW notes for more details. Previous MSW found following information for patient's other son - Douglas Hoffman (possible address - 10790 Hyla Ave NE, Bainbridge Island; 206.842.8360; 425.971.8286).

MSW spoke with Caroline, APS CM (360.814.9682, fax 360.478.4570). Caroline confirms there is an open investigation but no determination has been made. Caroline will continue to follow.

MSW participates in discharge huddles/multidisciplinary rounds to discuss ongoing medical plan and discharge planning Monday through Friday. Patient remains medically active and requiring IV pain medications. Medicine team will continue to evaluate patient's decision making capacity.

MSW continues to follow for discharge planning, care coordination, and support.

Jennifer L. Jerbi, MSW, LICSW
Clinical Social Worker - Medicine Services B, C, and G
Phone: 206.598.4527
Pager: 206.314.4312
For weekend social work requests, please page 206-645-0792 between 8:30-4:30 PM.

Electronically signed by Jerbi, Jennifer, LICSW at 1/15/2025 10:57 AM

Smith, Grace, MD at 1/15/2025 0948

Attestation signed by Wu, Jiang, MD at 1/15/2025 7:07 PM

Date of Service: 01/15/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Jiang Wu MD

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.

Subjective

INTERVAL HISTORY:
NAEO, No reported exacerbations in pain.
Per nursing, difficulty falling asleep but was comfortable once asleep

SUBJECTIVE

PAIN ASSESSMENT:
Pain Location:
lower extremity
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied
Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: 37.1 °C (01/15/25 0800) **BP: (!) 119/47** (01/15/25 0800) **HR: 70 (01/15/25 0800)**
RR: 18 (01/15/25 0400) **SpO2:** 95 % (01/15/25 0800) Room air
T range: Temp Min: 36.6 °C Max: 37.1 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/15/2025 0948
Last data filed at 1/15/2025 0900

Intake	1345 ml
Output	1030 ml
Net	**315 ml**

Physical Exam:
Constitutional:
no acute distress
not toxic-appearing
No Sedation
HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist
Cardiovascular:
Rate and Rhythm:
normal rate
regular rhythm
Pulmonary:
effort normal
no respiratory distress
Abdominal:
flat
soft
Skin:
Capillary Refill: capillary refill less than 2 seconds
Neurological:
no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)
Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left

Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
: L thigh.
Depth at Skin: 15 cm.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	111	13	88	8.7			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	22	0.63		7.44	><	204	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.6		27			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: 2.4		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/15/2025: No reported pain overnight per nursing observation. Comfortable sleep last night with some difficulty falling asleep. PNC still providing analgesia. Given postoperative exacerbation in heart block/bradycardia, plan to be cautious with total amount of local anesthetic delivered per day. Per nursing, ongoing reports of nalbuphine causing drowsiness. Plan to CTM nalbuphine side effects. PNC site nontender to palpation, at 15 cm.

The challenges to pain management:
2. Elderly with difficult communication and difficult pain assessment;
3. Highly sensitive to opioids, sleepy since on Nalbuphine;
4. Partial pain relief from Femoral PNC for AKA
5. Local anesthetic infusion in the patient with Bradycardia and 2nd degree heart block
6. S/p PPM, with the 2nd source of procedural pain.
7. Carefully observe the toxicity from pain regimen.

1.
2. CONT:
3. Ropivacaine 0.2% @10/hr
4.
5. SCH:
6. APAP 650 mg q8
7.
8. PRN:
9. Nalbuphine 2.5 mg q8

10.
11. Discussed With: APS attending, primary team, patient
12.
13. APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.
14.
15.
16.
17.
18.
19.

Electronically signed by Wu, Jiang, MD at 1/15/2025 7:07 PM

Liuzzi, Christina M, OT at 1/15/2025 1409

Occupational Therapy Note

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Total Treatment time: 40 Minutes

Home Living:
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (transport chair)
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island

Prior Level of Function:
BADLs: Requires assist
IADLs: Requires assist
Functional Mobility: Requires assist
Leisure and Hobbies: travel
Details of previous level of function: per PT note (son not present during eval & pt unable to report) - patient was limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility.

Upper Extremities:
RUE Assessment: Within Functional Limits
RUE Assessment Comments: generalized weakness/deconditioning ~4-/5

LUE Assessment: Within Functional Limits
LUE Assessment Comments: generalized weakness/deconditioning ~4-/5

Hand Function:

Coordination:
Movements are Fluid and Coordinated: No
Coordination and Movement Description: had some difficulty coordinating items in her hands

Sensation:

Proprioception:
Vision: Vision Comments: wears glasses
Perception:
Cognition: Overall Cognitive Status: Impaired
Cognition Comments: hard to assess due to profound hearing loss, able to comprehend information best from reading from whiteboard but does not always answer questions directly; at times responds with unrelated information

Subjective: "I just turned 100!"

Current Level of Function

Grooming/Oral Hygiene: Position- sitting;Maximum Assist (between 50-74% help needed),

Dependent (greater than 75% help needed);Position-sitting
required assist to clean and rinse dentures; once handed dentures, she was able to put them back in herself with just a little bit of help to orient them in the correct direction/position prior to putting them in. while sitting at EOB, used mouthwash to rinse; had difficulty maintaining balance while also holding mouthwash and bringing to mouth - needed assist to hold basin under mouth

Upper Body Dressing: Maximum Assist (between 50-74% help needed)

Footwear Dressing: Dependent (greater than 75% help needed)
donning sock on R foot

Toileting: Dependent (greater than 75% help needed)
total assist for clean up of minor incontinence at bed level

Therapeutic Interventions

Functional Transfers

Bed Mobility: Supine>Sit: Maximum Assist (between 50-74% help needed);Cues needed
Sit>Supine: Dependent (greater than 75% help needed);Cues needed
Scooting: Dependent (greater than 75% help needed)

,
Balance:
Sitting:
Static: Minimum Assist (less than 25% help needed)
dangling at EOB; able to maintain midline with light hands on assist once scooted
Dynamic: to further edge of bed. limited tolerance of R knee flexion due to pain and limited AROM of

R knee at baseline; tolerated sitting at EOB better with RLE propped up on chair; kyphotic posture, relies on arms to maintain balance
Dependent (greater than 75% help needed)
unable to correct posture when beginning to lean backwards or laterally out of COG; requires total assist to return to midline and recover stability

,

ADL/IADL Comments: edu on OT role & POC; pt requires extra time to communicate as she is profoundly hard of hearing and does best understanding when information is written on whiteboard for her to read; she answered questions mostly with head nods yes/no and short few word sentences

Assessment

Assessment: Jeanne presents well below baseline with significant weakness, frailty, and deconditioning s/p recent L AKA & subsequent PPM placement. She required heavy physical assist to move from laying to sitting up at edge of bed and ultimately was only able to tolerate sitting up for about 6-7 minutes. After AKA, she relied heavily on her arms for stability when sitting up and is therefore currently not able to maintain new PPM precautions. She needed a lot of assistance to maintain her sitting balance at edge of bed today. She was also limited by pain with majority of movements and was unable to tolerate sitting with her right knee bent due to chronic joint stiffness from previous surgical repair in 2021. She ultimately requires near total assist for majority of cares at this time.

Session Tolerance: Patient limited by fatigue, Patient limited by pain

Plan

Plan: Skilled OT
Treatment Interventions: Self-care/Home management, Caregiver education/training, Therapeutic exercise, Therapeutic activities
Frequency: 2-3x/week
Coverage for Next Shift: progress EOB dangle & core/postural control activities, seated grooming/sitting tolerance

Discharge Recommendations

Recommendations: Will need follow up OT at next level of care
Barriers to Discharge: heavy care needs
Assistance with: ADLs, Functional mobility and transfers, Home safety, IADLs
Supervision with:

Equipment Recommended: TBD pending dispo plan

Goals

1. Goal: Self feeding, Grooming, Set up or clean up assistance
Estimated Completion Date: 01/29/25
Goal Status: Progressing

2. Goal: Bed mobility, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 01/29/25
Goal Status: Progressing

3. Goal: Toileting, Toilet transfer, Moderate Assist (between 25-49% help needed)
Estimated Completion Date: 01/29/25
Goal Status: Progressing

4. Goal: Jeanne will dangle at EOB x15 mins with SBA to complete grooming & hygiene tasks.
Estimated Completion Date: 01/29/25
Goal Status: Progressing

5.

Christina M Liuzzi, OT

Electronically signed by Liuzzi, Christina M, OT at 1/15/2025 2:10 PM

Jerbi, Jennifer, LICSW at 1/15/2025 1428

Discharge Planning Assessment

See other SW notes for more details on discharge planning.

Visit Information:
Patient is a 100 yrs female admitted on 1/9/2025 for Acute lower limb ischemia.
Discharge Planning Assessment Type: Discharge Planning Assessment (Chart Review)
Is an interpreter used:: No
Is this a planned admission: No, Admission Source: Admitted through ED
Did pt/family decline dc planning evaluation/assistance? No

Living Situation Prior to Admit:
Living Situation Prior to Admission: Tent (in tent per son, referred to as "homestead")

Pt reports that they felt their needs were met in living situation: Unable to assess/deferred
Home Accessibility Concerns: Narrow doorway/hallways;Unhoused
Primary Caregiver: Children
Support System: Children;Case manager/social worker
Physical/Cognitive/Functional History: Physical Limitations;Cognitive Limitations
Access to Healthcare Prior to Admit:
Activities of Daily Living Prior to Admission:
PTA-Independent with ADLs?: No
PTA-Memory Adequate to Safely Complete Daily Activities: No
PTA- Adequate self-medication management: Unable to assess
PTA-Patient Able to Express Needs/Desires: Unable to assess
PTA-Dressing: Needs assistance
PTA-Feeding: Needs assistance
PTA-Bathing: Needs assistance
PTA-Toileting: Needs assistance

PTA-In/Out Bed: Needs assistance
PTA-Walks in Home: Needs assistance
PTA-Assistive Devices: Wheelchair;Walker;Comments (son states home equipped with railing system to aid with walking)

Verifications:

Home Address Verified with Patient/LNOK: No
321 High School Rd Ne
Ste D3 Pmb 292
Bainbridge Island WA 98110
Coverage Verified with Patient/LNOK: Primary verified;Secondary verified

Insurance Information

MOLINA HEALTHCARE MEDICARE/MOLINA MEDICARE OPTIONS PLUS HMO D-SNP		**Phone:**	800-869-7175
Subscriber:	Hoffman, Jeanne Leonie	**Subscriber#:**	80008802464 86
Group#:	QMXEM01571	**Precert#:**	PUM2501025 137
Authorization#:	PUM2501025137	**Effective Date:**	02/01/23
WA MEDICAID/QMB-QUALIFIED MEDICARE BENEFICIARY		**Phone:**	800-562-3022
Subscriber:	Hoffman, Jeanne Leonie	**Subscriber#:**	100675002W A
Group#:	S03	**Precert#:**	--
Authorization#:	--	**Effective Date:**	02/01/82

Financial Concerns/Information: Needs longterm care for placement
PCP Verified with Patient/LNOK: Unable to verify
Navalurkar, Reema, MD
Preferred Pharmacy Verified with Patient/LNOK: Unable to verify
Rubenstein Pharmacy

Emergency Contact Verified with Patient/LNOK: Yes
Extended Emergency Contact Information
Primary Emergency Contact: Hoffmann Alloin,Louis Charles
Address: 321 High School Road NE
STE D3 PMB 292
Bainbridge Island, WA 98110 UNITED STATES
Home Phone: 206-780-6885
Mobile Phone: 206-780-6885
Relation: Son
Secondary Emergency Contact: NONE
Home Phone: 206-000-0000
Mobile Phone: 206-000-0000
Relation: NONE PROVIDED BY PT

Health Care Decision Making:

Does the patient have a Healthcare DPOA? None on file

Discharge Plan:
EDD:1/21/2025
Patient Discharge Goals were/are: Other (Comment) (Chart review)
Patient expects to be discharged to: home with son
Post-discharge facility and service information was: N/A
Anticipated living situation post discharge: Home with family/support
Anticipated Assistance Needed at discharge:
Anticipated Resources/Services Needed at discharge: Medically unstabe, to be determined
Post Discharge Caregiver Confirmation: Discussed with caregiver, agreed
Post Discharge Caregiver Contact Information: Son Louis

Discharge Transportation:
Does the patient need dc transportation arranged? No
Transportation Type: Private vehicle

Potential Barriers to Discharge: Homeless
Discharge Complexity Level:3-Complex
Initial Discharge Planning Assessment Complete: Yes

Jennifer Jerbi, LICSW

Electronically signed by Jerbi, Jennifer, LICSW at 1/15/2025 2:28 PM

Jerbi, Jennifer, LICSW at 1/16/2025 0744

Social Work Progress Note:

MSW received following email from Donna Dahlquist with Helpline Housing. It has been forwarded to new primary MSW:

Hello Jennifer,

Several weeks ago Jeanne and her son, Louis Alloin, met with me and gave permission for Helpline House to communicate with UW Medical Center staff and shared what high regards he has for UWMC. At the time they were staying in a local hotel after a lengthy eviction process.

I was also given permission to contact two local subsidized housing providers that Louis and Jeanne had applied to. I learned one declined them after not receiving a reference from previous landlord. The other had an opening for a two bedroom apartment that was declined by Louis and Jeanne.

My understanding is new wait list applications would need to be completed. We have a county wide housing specialist on site weekly on Tuesdays and I can assist with applications if they are open to it but that is a very long-term possible solution.

I will call you tomorrow about 9:30.

Kind regards,

Donna Dahlquist

Jennifer L. Jerbi, MSW, LICSW
Clinical Social Worker - Medicine Services B, C, and G
Phone: 206.598.4527
Pager: 206.314.4312
For weekend social work requests, please page 206-645-0792 between 8:30-4:30 PM.

Electronically signed by Jerbi, Jennifer, LICSW at 1/16/2025 7:45 AM

Bustamante, Nicole Alexandra, SLP at 1/16/2025 0902

Speech Language Pathology Progress

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 01/16/25
Treatment Duration: 20 Minutes (swallow tx)

Subjective

Patient Report/Self-Assessment: Provider requested swallow re-assessment 2/2 c/f aspiration. On arrival, pt is alert, responsive to simple questions/directions via written communication 2/2 hearing loss.
Patient Stated Goal: None stated

Prior Function

Prior Function: Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table
IADLs: Requires assist
Leisure and Hobbies: travel

Objective

Patient Information
Temperature: Afebrile
Respiratory Status: Room air
Behavior/Cognition: Alert;Participates well (utilized white board to write questions/directions/information- pt responded verbally or w/ head shake yes/no)
Patient Positioning: Upright in bed

Consistencies Assessed: 0-Thin Liquids;4-Pureed;Soft solids;Hard solids

0-Thin Liquids - Presentation: Straw

4 Pureed - Presentation : Spoon;Self Fed
Soft Solids - Presentation: Spoon
Hard Solid - Presentation: Self Fed

Oral Phase: Prolonged mastication (w/ hard solids suspected; oral residue w/ hard solids- cleared w/ liquid rinse)
Pharyngeal Phase: Other (laryngeal elevation present)
Signs/Symptoms of Penetration/Aspiration: None (note that silent aspiration cannot be excluded at bedside)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

Oral Mechanism Examination
Dentition: Adequate with dentures
Oral mucosa: Dry
Observations: Consistent w/ prior CNE

ASSESSMENT/PLAN

Pt seen for swallow tx w/ no overt s/sx of aspiration across numerous trials though mastication of hard solids continues to appear prolonged w/ incomplete oral clearance. Given prior assessment, pt cue her to take small, single sips, which she was able to do without issue. Given stable respiratory status, Jeanne appears ok to continue current diet given supervision/assist 2/2 delirium and adherence to aspiration precautions. SLP to continue to follow.

Dysphagia: Other (?presbyphagia)
Aspiration Risk: Low;Moderate (pending mentation)

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: delirium
Prognosis: Good

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education
SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

Goals
Short Term Goal: Tolerate least restrictive diet

Estimated Completion Date: 01/24/25
Goal Status: Progressing

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 01/24/25
Goal Status: Progressing

Electronically signed by Bustamante, Nicole Alexandra, SLP at 1/16/2025 12:02 PM

Smith, Grace, MD at 1/16/2025 1029

Attestation signed by Wu, Jiang, MD at 1/16/2025 1:35 PM

Date of Service: 01/16/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Jiang Wu MD

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
Subjective

INTERVAL HISTORY:
NAEO, No reported exacerbations in pain.

SUBJECTIVE

PAIN ASSESSMENT:
Pain Location:
lower extremity
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied
Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: 36.2 °C (01/16/25 0739) BP: 133/61 (01/16/25 0739) HR: 70 (01/16/25 0739)
RR: 18 (01/16/25 0739) **SpO2:** 93 % (01/16/25 0739) Room air
T range: Temp Min: 36 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 54 kg (119 lb 0.8 oz) (01/16/25 0742)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/16/2025 1029
Last data filed at 1/16/2025 0742

Intake	800 ml
Output	1315 ml
Net	**-515 ml**

Physical Exam:
Constitutional:
no acute distress
not toxic-appearing
No Sedation
HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist

Cardiovascular:
Rate and Rhythm:
normal rate
regular rhythm
Pulmonary:
effort normal
no respiratory distress
Abdominal:
flat
soft
Skin:
Capillary Refill: capillary refill less than 2 seconds
Neurological:
no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)
Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
: L thigh.
Depth at Skin: 15 cm.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	111	12	129		9.0		AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	22	0.70		6.55	><	220	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.8			29		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.1		PO4: 2.9		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/16/2025: No reported pain overnight per nursing observation. PNC still providing analgesia. Given postoperative exacerbation in heart block/bradycardia, plan to be cautious with total amount of local anesthetic delivered per day. Per nursing, ongoing reports of nalbuphine causing drowsiness. Plan to CTM nalbuphine side effects. PNC site nontender to palpation, at 15 cm. More awake and alert today. Will decrease rate of PNC to 6cc/hr. If no change in pain, can discontinue PNC tomorrow.

The challenges to pain management:
20. Elderly with difficult communication and difficult pain assessment;
21. Highly sensitive to opioids, sleepy since on Nalbuphine;
22. Partial pain relief from Femoral PNC for AKA
23. Local anesthetic infusion in the patient with Bradycardia and 2nd degree heart block
24. S/p PPM, with the 2nd source of procedural pain.
25. Carefully observe the toxicity from pain regimen.

1.
2. CONT:
3. **Ropivacaine 0.2% decrease to 6 from 10/hr**
4.
5. SCH:
6. APAP 650 mg q8
7.
8. PRN:
9. Nalbuphine 2.5 mg q8
10.
11. Discussed With: APS attending, primary team, patient
12.
13. APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.
14.
15.
16.
17.
18.
19.

Electronically signed by Wu, Jiang, MD at 1/16/2025 1:35 PM

Decker, Troy, PA-C at 1/16/2025 1109

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
Subjective

SUBJECTIVE

INTERVAL HISTORY:
- S/p PPM placement. Limiting arm activity for rehab.
-Starting to strengthen, eating. Moving toward DC.
-No concerns for amp incision.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- [Held By Provider] guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine, 500 mg, TID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/16/25 1047)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 36.2 °C (01/16/25 0739) **BP:** **133/61 (01/16/25 0739)** **HR:** **70 (01/16/25 0739)**
RR: 18 (01/16/25 0739) **SpO2:** 93 % (01/16/25 0739) Room air
T range: Temp Min: 36 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 54 kg (119 lb 0.8 oz) (01/16/25 0742)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/16/2025 1109

Last data filed at 1/16/2025 0742

Intake	800 ml
Output	1315 ml
Net	**-515 ml**

Physical Exam

General: sleeping in bed, frail appearing, no acute distress
HENT: Normocephalic, atraumatic
Eyes: No conjunctival injection
CV: paced at 70bpm, warm well perfused, no pitting edema
Respiratory: Unlabored respirations on ambient air
GI: Abdomen non-distended
MSK: No gross bony deformities, L AKA site C/D/I, dressed with dry gauze and ace wrap
Neuro: Sleeping
Skin: Exposed skin without erythema, ecchymoses, lacerations, or abrasions.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	111	12	129	9.0			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	22	0.70		6.55	><	220	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.8		29			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.1		PO4: 2.9		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

#Acute limb ischemia
#S/p L AKA (1/9/25)
POD 7
- I talked to PT/OT.. No activity restrictions from AKA standpoint. Obviously a fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- Recommend PMR consult. Pt will need walker, wheel chair (seating exam), for transfers. Need training for hip extension exercises and prone positioning 3x per day (if able) to prevent hip contracture.
- Disposition: I spoke to Hospitalist. Soon to TCU vs home with son.

Troy Decker, MPAS, PA-C
Teaching Associate
UWMC Vascular Surgery
Electronically signed 1/16/2025 11:40 AM

Electronically signed by Decker, Troy, PA-C at 1/16/2025 11:40 AM

Segerson, Karen Elaine, MD at 1/16/2025 1320

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
-Much more awake today. Answering questions accurately and speaking some today, whereas yesterday only mumbling.
-she is eating and drinking
-not sob or coughing today
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge
- communicated extensively this am with patient without Louis. She clearly stated she wants to follow the DC plan preferred by Louis, including if DC to the tent given housing instability. She indicated she is fine with going to a SNF and fine going home with Louis. She wants him to be her caretaker and leaves him as the decision maker.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- [Held By Provider] guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine, 500 mg, TID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/16/25 1047)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN

- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 37 °C (01/16/25 1220) BP: 125/66 (01/16/25 1220) HR: 81 (01/16/25 1220)
RR: 18 (01/16/25 0739) **SpO2:** 93 % (01/16/25 0739) Room air
T range: Temp Min: 36 °C Max: 37 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 54 kg (119 lb 0.8 oz) (01/16/25 0742)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/16/2025 1320
Last data filed at 1/16/2025 1300

Intake	1367 ml
Output	1210 ml
Net	**157 ml**

Physical Exam

GENERAL: elderly, frail woman laying in bed in no acute distress
NEURO: She wakes for questions, looks at whiteboard to read, shakes head, and speaks. She asked for her glasses and answered questions appropriately. Rated her pain as a small amount.
HEENT: normocephalic
CARDIAC: RRR, extremities warm and well perfused
Chest: Pacer incision site is CDI
PULM: no increased work of breathing on room air
ABD: nontender, nondistended
EXT: s/p L AKA, CDI, staples in place. Dressing was removed for exam.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	111	12	217	9.0			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	22	0.70		6.55	><	220	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.8		29			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.1		PO4: 2.9		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/15
- ongoing close monitoring of PO intake. Nutrition following. No e/o aspiration
- please see SW notes re: complex dynamic with pt's caregiver (son, Louis), will appreciate ongoing support from SW team

-Per APS involvement she may be able to DC IV pain management tonight or tomorrow

#Acute Pain- per APS
- Please see note from acute pain service
- Weaning IV medications
-Current reg:
Ropivacaine 0.2% @6/hr
APAP 650mg q8h
Nalbuphine 2.5 mg q8

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD

Per Troy Decker Vasc Surgery"
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- PMR consult. Pt will need walker, wheel chair (seating exam), for transfers. Need training for hip extension exercises and prone positioning 3x per day (if able) to prevent hip contracture.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
- PT/OT consulted, needs re-evaluate pt now that she no longer has TVP in place

#Anemia
-Hct today 27, down from 29 ,no active signs of bleeding

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
20. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
21. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. **#Delirium**
4. -Started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
5. -Of note, Seroquel reportedly ineffective.
6.
7. **#Disposition planning**
8. -SW following, see notes
9. - currently unhoused, living in tent
10. -This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**

11.
12. **#Aspiration risk**
13. -Improved per SLP, working toward patient and family education
14. -Swallow Recommendations
15. Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
16. Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
17. Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
18. Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

#FEN:
- at high risk of refeeding given inadequate oral intake >5 days.
- Eating now in good amounts, so plan 2 more days of monitoring for refeeding syndrome (end 1/18, will feel comfortably stable for DC from elyte standpoint on 1/19). She will complete high dose thiamine on 1/17.
- Phos was replaced 1/15, now in normal range
- Mg replace 1/15, now in normal range
-Replace lytes to WNL and maintain glc <200. She did have one elevated at 217 today
-Sent vit D 25-OH level to determine appropriate supplementation, r/o vit D toxcitity
-Request updated zinc level to determine need for supplementation for wound healing
-Now on oral thiamine
-Nutrition had recommend high dose thiamine: 500 mg IV TID for 3 days given ongoing AMS, started today 1/15, OK to continue oral thiamine as ordered
-prenatal multivitamin 1 tab PO (initiated 1/15)
-ascorbic acid 500 mg BID x 14 days PO (initiated 1/15)
Pending zinc level:
-zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
-Hold vit D supplementation until updated lab
-Continue oral vit B12 as ordered

#T2DM
- SSI while inpatient, has had one glc> 200

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

#PT/OT f/u

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Segerson, Karen Elaine, MD at 1/16/2025 2:10 PM

Whitney, Kelly, PT at 1/16/2025 1510

Physical Therapy Treatment

Jeanne Leonie Hoffman
U8170135

1/16/2025
Duration of session: 60 Minutes

Subjective
Patient Report/Self-Assessment: Nods yes to reviewing exercises and getting up to chair. Written on whiteboard

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (Transport chair)

Functional Level:
Bed Mobility
Rolling Left: Maximum Assist (between 50-74% help needed)
Rolling Right: Maximum Assist (between 50-74% help needed)
Transfers
Bed<>Chair/WC: Dependent (greater than 75% help needed);Assistive device used
Bed<>Chair/WC Assistive Device Details: Mechanical lift

Interventions:
Therex: Supine edu ther ex to son and pt: SLR B, hip add with pillow. Provided written handout with pictures of these two exercises to pts son
Theract: Rolling side to side to don sling, pt needing clean up (dependent for pericare) Lift to pts transport chair, likely not enough support with pts core weakness but able to get her positioned (lifting/lowering several times to get better positioning in chair, needed to tip transport chair back). Pt not able to keep self upright without assistance as she was fatiguing, placed posey belt around pt to better support her chest
Balance/Neuro Re-ed:
Gait Training:

ASSESSMENT/PLAN

Jeanne continues to demonstrate impaired cognition but is able to follow simple commands. Provided education on several exercises she can perform on her own with her son. She needs heavy assistance for rolling in the bed, lift utilized to get her to her personal transport chair, which at this time is not supportive enough with new amputation and her hospital aquired weakness -ordered rental tilt in space wheelchair for pt. Posey belt added support to pts trunk for brief sitting period in her transport chair.

In regard to post amputee training: It should be noted that her kyphotic posture and recent pacemaker make prone positioning challenging at this acute stage in her healing- not trialed this session. She is also very limited on what devices she can use to transfer, as her pacemaker precautions prevent the use of a walker or a slideboard. She will also not be able to perform self propulsion in a wheelchair until her precautions are lifted. Her recent amputation and her pacemaker precautions make her dependent for all of her care, and **subacute rehab is strongly recommended**

at this time for discharge.

Barriers to Discharge: Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Sit unsupported for (30 mins)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 01/24/25
Goal Status: Not Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: Fit to TIS, dangle at EOB; STS practice; pivot transfer to chair; ongoing amputation education

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: Lift for transfers to TIS chair

Kelly Whitney, PT

Electronically signed by Whitney, Kelly, PT at 1/16/2025 3:18 PM

Barnhart, Shelley Lea, RD at 1/16/2025 1540

Inpatient Follow Up Nutrition Assessment

PI: Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Recommendations/Interventions:
ORAL NUTRITION:
- diet per team
- added high calorie / high protein to diet order
- encourage oral nutrition supplements:Ensure Plus TID

- Calorie Count: appreciate nursing documentation of %meals consumed

VITAMINS/SUPPLEMENTS:
- thiamine 100 mg po daily
- thiamine IV 500 mg TID
- 220 mg zinc sulfate, **x14 days**
- 500 mg ascorbic acid**, x14 days**

Subjective

Current Nutrition Assessment:
FEN:
- visited pt/family at bedside, reports today first day of improved intake, last night pt consumed x1 ensure. Ensure HP at bedside, discussed changing to Ensure Plus with Son, agreed and son requested 3x/day. Breakfast good yesterday and today, x2 oatmeal, usually add peanut butter and banana to oatmeal but not today.
- per nursing documentation:

Patient Vitals for the past 96 hrs:

	Percent Meals Eaten (%)
01/16/25 1339	33
01/16/25 1033	33
01/15/25 1928	33
01/15/25 0900	100
01/14/25 1300	75
01/14/25 0900	100

	Oral Nutritional Supplement Intake (mL)
01/16/25 1300	237 mL
01/16/25 0800	0 mL
01/15/25 1300	0 mL
01/15/25 0800	0 mL
01/14/25 1259	225 mL
01/14/25 0800	0 mL
01/13/25 1300	0 mL
01/13/25 0743	0 mL

- estimate pt consumed 60% of estimated energy/protein needs in 24 hours, most likely will improve

GI: dysphagia. SLP recommendations for soft and bite size
Edema/Fluid: +1 RUE
Weight: wt gain d/t fluids
Wounds Present: Yes, L BKA, partial thickness wound to perineum

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective

Labs:

Lab Results

Component	Value	Date
SODIUM	141	01/16/2025

POTASSIUM	4.1	01/16/2025
MAGNESIUM	2.1	01/16/2025
PHOSPHATE	2.9	01/16/2025
CA	7.8 (L)	01/16/2025
BUN	12	01/16/2025
CREATININE	0.70	01/16/2025
GLUCOSE	217 (H)	01/16/2025
A1C	6.6 (H)	01/10/2025
VITD	46.8	04/27/2022

Lab Results

Component	Value	Date
GLUCOSE	217 (H)	01/16/2025
GLUCOSE	129 (H)	01/16/2025
GLUCOSE	164 (H)	01/16/2025
GLUCOSE	176 (H)	01/15/2025
GLUCOSE	143 (H)	01/15/2025
GLUCOSE	182 (H)	01/15/2025
GLUCOSE	88	01/15/2025
GLUCOSE	103	01/15/2025
GLUCOSE	114	01/14/2025
GLUCOSE	124	01/14/2025

Medications:
acetaminophen, 650 mg, Oral, q8h SCH
ascorbic acid, 500 mg, Oral, BID
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
[Held By Provider] cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
[Held By Provider] guanFACINE, 1 mg, Oral, BID
heparin, 5,000 units, Subcutaneous, q12h SCH
insulin LISPRO, 0-7 units, Subcutaneous, q HS
insulin LISPRO, 0-8 units, Subcutaneous, TID before meals
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
thiamine, 500 mg, Intravenous, TID
thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID
zinc sulfate, 220 mg, Oral, Daily

lactated ringers, 60 mL/hr, Last Rate: 60 mL/hr (01/16/25 1047)
ROPivacaine,
sodium chloride, 10-50 mL/hr, Last Rate: Stopped (01/13/25 1800)

Lines/Drains/Airways/Wounds:
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm (Active)

Site Assessment	Clean;Dry;Intact	01/16/25 0900

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

Line Status	Infusing	01/16/25 0900
Dressing Type	Transparent	01/16/25 0900
Dressing Status	Clean;Dry;Intact	01/16/25 0900
Dressing Change Due	01/22/25	01/16/25 0900
Reason Not Rotated	Not due	01/16/25 0900
Phlebitis Grade	0	01/16/25 0900
Infiltration Grade	0	01/16/25 0900

Urethral Catheter 01/09/25 (Active)

Site Assessment	Clean;Skin intact	01/16/25 0900
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care;Bag emptied	01/16/25 1033
Collection Container	No dependent loops;Standard drainage bag;To dependent drainage	01/16/25 1033
Securement Method	Right thigh;Securing device (Describe)	01/16/25 1033
Reason for Continuing Urinary Catheterization past POD 1	Incontinence inhibiting healing of stage 3 or > pressure injury or sacral/perineal wounds	01/16/25 1033
Output (mL)	275 mL	01/16/25 0742

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

Assessments	1/9/2025 4:57 PM	1/16/2025 10:00 AM
Closure	Sutures;Staples;Other (Comment)	—
Dressing Changed	—	Changed

Active Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1245	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Active	Decker, Troy, PA-C

Inactive Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1243	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Discontinued	Decker, Troy, PA-C

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM	1/16/2025 9:00 AM
Wound Bed/Base Assessment	Clean;Dry;Pink	Brown;Dry;Fragile;Intact;Pink
Peri-Wound Assessment	Clean;Dry;Pink	—
Drainage Amount	None	—
Dressing	Barrier Cream	None - Open to air
Dressing Changed	New	—
Edges	Undefined edges	—
Non-staged Wound Description	Partial thickness	—

No associated orders.

Wound 01/13/25 Incision Chest Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/13/25 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision

Assessments	1/13/2025 5:00 PM	1/16/2025 9:00 AM
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Pink
Peri-Wound Assessment	Clean;Dry;Intact	—
Closure	Sutures;Skin glue	—
Drainage Amount	None	—
Dressing	Island Dressing (Primapore)	None - Open to air
Dressing Changed	New	—
Dressing Status	Clean;Dry;Intact	—

No associated orders.

Active Diet Order: Yes
Diet: General Heart Healthy Carb Managed

Nutrition Support: No

Admission Anthropometrics:
Weight: 45.5 kg (100 lb 6.4 oz)
Admit kg/m2

UBW: 125 lb per son 1/16
UBW%: 80%

Assessment/Plan

Current Anthropometrics:
Weight for the past 168 hrs:

	Weight
01/16/25 0742	54 kg (119 lb 0.8 oz)
01/12/25 0600	46.4 kg (102 lb 4.7 oz)
01/11/25 0600	43.8 kg (96 lb 8 oz)

01/10/25 0600 45.8 kg (100 lb 15.5 oz)

Current Body mass index is 23.25 kg/m².

Estimated Nutrition Needs
Using post LL amputation wt, 45.8 kg
Energy: 1145-1375 kcal (25-30 kcal/kg)
Protein: 55-64 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Malnutrition Assessment: Severe malnutrition
Malnutrition: Present at admission?: Yes

Interventions:
Coordination of Care:
Chart reviewed.
Discussed current intake and tolerance with family.

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.

Language Support:
No interpreter needed (documented language preference is English)

Plan / Monitoring and Evaluation:
Monitor oral intake and tolerance.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Barnhart, Shelley Lea, RD at 1/16/2025 7:29 PM

Smith, Grace, MD at 1/17/2025 0751

Attestation signed by Wu, Jiang, MD at 1/17/2025 3:32 PM

Date of Service: 01/17/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Jiang Wu MD

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.

Subjective

INTERVAL HISTORY:
Pt appeared to be in pain per nursing overnight. Nalbuphine given. LA solution appeared to be leaking out of PNC insertion site, so infusion order held.

SUBJECTIVE

PAIN ASSESSMENT:
Pain Location:
lower extremity
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied
Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: 36.4 °C (01/17/25 0739) BP: (!) 144/69 (01/17/25 0739) **HR: 69 (01/17/25 0739)**
RR: (!) 28 (01/17/25 0739) **SpO2:** 94 % (01/17/25 0739) Room air
T range: Temp Min: 36.4 °C Max: 37 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 54.7 kg (120 lb 9.5 oz) (01/17/25 0739)

I&Os:

Intake/Output Summary (Last 24 hours) at 1/17/2025 0751
Last data filed at 1/17/2025 0739

Intake	1902 ml
Output	2000 ml
Net	**-98 ml**

Physical Exam:

Constitutional:
no acute distress
not toxic-appearing
No Sedation

HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist

Cardiovascular:
Rate and Rhythm:
normal rate
regular rhythm

Pulmonary:
effort normal
no respiratory distress

Abdominal:
flat
soft

Skin:
Capillary Refill: capillary refill less than 2 seconds

Neurological:
no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)
Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
: L thigh.
Depth at Skin: 15 cm.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)

Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral
Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
145	114	14	124	9.0			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	23	0.71		7.09	><	280	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.6		29			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.8		PO4: 2.8		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/17/2025: Pain exacerbated overnight and PNC found to be leaking. Pain appears to be well controlled this morning. PNC site nontender to palpation, remains at 15 cm. Will leave capped. Will add buprenorphine for additional pain control. Will monitor for side effects and if tolerating buprenorphine, can consider PNC removal tomorrow.

The challenges to pain management:
19. Elderly with difficult communication and difficult pain assessment;
20. Highly sensitive to opioids, sleepy since on Nalbuphine;
21. Partial pain relief from Femoral PNC for AKA. However it starts to leak and lose its efficacy since yesterday.
22. Local anesthetic infusion in the patient with Bradycardia and 2nd degree heart block
23. S/p PPM, with the 2nd source of procedural pain.
24. Carefully observe the toxicity from pain regimen.
25. Slowly wean off PNC.

1.
2. CONT:
3. Ropivacaine 0.2% 6ml/hr (Cap)
4.
5. SCH:
6. APAP 650 mg q8
7. **+ Buprenorphine patch 5mcg q7 days**
8.
9. PRN:
10. Nalbuphine 2.5 mg q8 for itching
11.
12. Discussed With: APS attending, primary team, patient
13.
14. APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.
15.
16.
17.
18.
19.

20.

Electronically signed by Wu, Jiang, MD at 1/17/2025 3:32 PM

Hunter, Nancy Lynn, RD at 1/17/2025 0957

Inpatient Follow Up Calorie Count

PI: Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Recommendations/Interventions:
ORAL NUTRITION:
- diet per team
- added high calorie / high protein to diet order
- encourage oral nutrition supplements:Ensure Plus TID
- Calorie Count: appreciate nursing documentation of %meals consumed

VITAMINS/SUPPLEMENTS:
Current:
ascorbic acid, 500 mg, Oral, BID (x 14 d)
[Held By Provider] cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
thiamine, 500 mg, Intravenous, TID
thiamine mononitrate, 100 mg, Oral, Daily
zinc sulfate, 220 mg, Oral, Daily (X 14 d)

Subjective

Current Nutrition Assessment:
FEN:
1/17 661 kcals/1145 kcals = 57% goal
Calorie Count

	1/16
Breakfast	Oatmeal (156 kcals, 6 g pro)
Lunch	Yogurt x 1 and bites of soup and potatoes (155 kcal, 13 g pro)
Dinner	Not recorded
Supplements	Ensure plus x 1 (350 kcal, 20 g pro)
Total	661 kcal, 39 g pro

See note 1/16 - (1/16) estimate pt consumed 60% of estimated energy/protein needs in 24 hours,

- per nursing documentation:
Patient Vitals for the past 168 hrs:

	Percent Meals Eaten (%)
01/16/25 1339	33
01/16/25 1033	33

GI: dysphagia. SLP recommendations for soft and bite size
Edema/Fluid: +1 RUE
Weight: wt gain d/t fluids
Wounds Present: Yes, L BKA, partial thickness wound to perineum

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective
Labs:
Lab Results

Component	Value	Date
SODIUM	145	01/17/2025
POTASSIUM	4.2	01/17/2025
MAGNESIUM	1.8	01/17/2025
PHOSPHATE	2.8	01/17/2025
CA	7.6 (L)	01/17/2025
BUN	14	01/17/2025
CREATININE	0.71	01/17/2025
GLUCOSE	136 (H)	01/17/2025
A1C	6.6 (H)	01/10/2025
VITD	46.8	04/27/2022

Lab Results

Component	Value	Date
GLUCOSE	136 (H)	01/17/2025
GLUCOSE	124	01/17/2025
GLUCOSE	160 (H)	01/16/2025
GLUCOSE	144 (H)	01/16/2025
GLUCOSE	217 (H)	01/16/2025
GLUCOSE	129 (H)	01/16/2025
GLUCOSE	164 (H)	01/16/2025
GLUCOSE	176 (H)	01/15/2025
GLUCOSE	143 (H)	01/15/2025
GLUCOSE	182 (H)	01/15/2025

Medications:
acetaminophen, 650 mg, Oral, q8h SCH
ascorbic acid, 500 mg, Oral, BID
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
[Held By Provider] cholecalciferol, 2,000 units, Oral, Daily

cyanocobalamin, 500 mcg, Oral, Daily
[Held By Provider] guanFACINE, 1 mg, Oral, BID
heparin, 5,000 units, Subcutaneous, q12h SCH
insulin LISPRO, 0-7 units, Subcutaneous, q HS
insulin LISPRO, 0-8 units, Subcutaneous, TID before meals
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
thiamine, 500 mg, Intravenous, TID
thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID
zinc sulfate, 220 mg, Oral, Daily

lactated ringers, 60 mL/hr, Last Rate: 60 mL/hr (01/16/25 1047)
[Held By Provider] ROPivacaine, , Last Rate: Stopped (01/17/25 0122)
sodium chloride, 10-50 mL/hr, Last Rate: Stopped (01/13/25 1800)

Lines/Drains/Airways/Wounds:
See Wound Sheet

Active Diet Order: Yes
Active Diet Orders
Nourishments
Dietary Nutrition Supplement UWMC ML INPATIENT; Ensure Plus High Protein (high calorie/protein)
Diet
Adult Diet Regular; Carbohydrate managed; Heart healthy; High calorie/high protein

Assessment/Plan
Estimated Nutrition Needs
Using post LL amputation wt, 45.8 kg
Energy: 1145-1375 kcal (25-30 kcal/kg)
Protein: 55-64 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Malnutrition Assessment: Severe malnutrition
Malnutrition: Present at admission?: Yes

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Hunter, Nancy Lynn, RD at 1/17/2025 10:17 AM

Segerson, Karen Elaine, MD at 1/17/2025 1131

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
-MS still clear and awake today.
-She had significant pain overnight. There was a leaking catheter and APS was contacted. IV meds were off. There was also concern she may have had a positional pillow abutting her incision/staples, exacerbating pain
-This am has had nausea. Not able to eat. Has been dry heaving. Now has an associated cough.
-Tachypnea noted with some new sob.
-not sob or coughing today
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge. PT has strongly recommended acute rehab.

Communicated extensively 1/16 with patient without Louis present. She clearly stated she wants to follow the DC plan preferred by Louis, including if DC to the tent given housing instability. She indicated she is fine with going to a SNF and fine going home with Louis. She wants him to be her caretaker and leaves him as the decision maker.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- [Held By Provider] guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine, 500 mg, TID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/16/25 1047)
- [Held By Provider] ROPivacaine, , Continuous, Last Rate: Stopped (01/17/25 0122)

- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 36.6 °C (01/17/25 1118) **BP: (!) 153/73** (01/17/25 1118) **HR:** 70 (01/17/25 1118)
RR: (!) 26 (01/17/25 1118) **SpO2:** 95 % (01/17/25 1118) Room air
T range: Temp Min: 36.4 °C Max: 37 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 54.7 kg (120 lb 9.5 oz) (01/17/25 0739)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/17/2025 1131
Last data filed at 1/17/2025 0800

Intake	2022 ml
Output	2000 ml
Net	**22 ml**

Physical Exam
GENERAL: elderly, frail woman laying in bed in no acute distress
NEURO: Looks at whiteboard to read, shakes head, and speaks a little.
HEENT: normocephalic
CARDIAC: RRR, extremities warm and well perfused
Chest: Pacer incision site is CDI
PULM: RR increased. BS coarse today
ABD: nontender, nondistended
EXT: s/p L AKA, CDI, staples in place.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
145	114	14	171	7.09	9.0 >< 29	280	AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	23	0.71					AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.6					Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.8		PO4: 2.8		ANC: - ALC: -					BNP: - INR: -	Anti-Xa: -

I personally reviewed CXR and found evidence of improvement of L lower lung opacity. Read pending.

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/17
- Some concern for aspiration, more related to GERD/dry heaves than swallow, will limit po intake today. CXR official read pendning
-RX for nausea.
- please see SW notes re: complex dynamic with pt's caregiver (son, Louis), will appreciate ongoing support from SW team
-Paging APS re- increased pain

#Acute Pain- per APS
- Please see note from acute pain service today to address worsened pain o/n
Ropivacaine 0.2% 6ml/hr
APAP 650 mg q8
Buprenorphine patch 5mcg q7 days
Nalbuphine 2.5 mg q8 for itching

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD

Per Troy Decker Vasc Surgery
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.

-Added to EP follow up list and will be called to schedule an appointment.

Device care instructions:

- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):

21. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
22. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #Delirium
4. -Started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
5. -Of note, Seroquel reportedly ineffective.
6.
7. #Disposition planning
8. -SW following, see notes
9. - She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
10. - currently unhoused, living in tent
11. -This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**
12.
13. #Aspiration risk
14. -Current picture c/w aspiration from vomiting/not swallow
15. -Afebrile, not hypoxic, no abx for now
16. -Improved per SLP, working toward patient and family education
17. -Swallow Recommendations
18. Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
19. Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
20. Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
21. Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time
22.
23. #FEN:
24. - at high risk of refeeding given inadequate oral intake >5 days.
25. - Was eating well until currently nausea (? Pain related) good amounts, so plan 2 more days of monitoring for refeeding syndrome (end 1/18, will feel comfortably stable for DC from elyte standpoint on 1/19). She will complete high dose thiamine on 1/17.
26. - Phos was replaced 1/15, now in normal range
27. - Mg replace 1/15, now in normal range
28. -Replace lytes to WNL and maintain glc <200.
29. -Sent vit D 25-OH level to determine appropriate supplementation, r/o vit D toxcitity. Holding vit D
30. -Request updated zinc level to determine need for supplementation for wound healing
31. -Now on oral thiamine
32. -Completes high dose thiamine: 500 mg IV TID for 3 days today (given 1/15-1/17), OK to continue oral thiamine as ordered
33. -prenatal multivitamin 1 tab PO (initiated 1/15)
34. -ascorbic acid 500 mg BID x 14 days PO (initiated 1/15)
35. Pending zinc level:
36. -zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
37. -Hold vit D supplementation until updated lab
38. -Continue oral vit B12 as ordered
39.
40. #T2DM
41. - SSI while inpatient, has had one glc> 200
42.

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

#PT/OT f/u

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer)
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Segerson, Karen Elaine, MD at 1/17/2025 11:52 AM

Hand, Cameron, MD at 1/17/2025 1539

Palliative Care Sign Off Note

After conversation with the patient and her son Louis their goals have remained clear at that time to pursue the medical treatments currently being offered and remaining full code. Jeanne has expressed multiple that she trusts and defers medical decisions to Louis. At this point palliative care will sign off, feel free to reengage our team if there is changes in medical situations or new discussions on goals of care needed.

Electronically signed by Hand, Cameron, MD at 1/17/2025 3:42 PM

Smith, Grace, MD at 1/18/2025 0725

Attestation signed by Wu, Jiang, MD at 1/18/2025 7:44 PM

Date of Service: 01/18/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Jiang Wu MD

Brief progress note, Pain service

PNC was capped overnight 1/16-17. Patient's pain level has remained stable on nalbuphine and buprenorphine patch since capping.
PNC was removed with tip intact 1/18 at 0900. Site is clean and dry, no bleeding, no tenderness.

APS is signing off, please page with any questions via the Operator.

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.

Subjective

INTERVAL HISTORY:
- 1 dose nalbuphine yesterday (stable)

SUBJECTIVE

PAIN ASSESSMENT:
Pain Location:
lower extremity
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied
Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: 36.2 °C (01/18/25 0032) BP: (!) 144/71 (01/18/25 0032) **HR: 70 (01/18/25 0032)**
RR: 20 (01/18/25 0032) SpO2: 96 % (01/18/25 0032) Room air
T range: Temp Min: 36.2 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 54.7 kg (120 lb 9.5 oz) (01/17/25 0739)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/18/2025 0725
Last data filed at 1/18/2025 0051

Intake	1235 ml
Output	1675 ml
Net	**-440 ml**

Physical Exam:

Constitutional:
no acute distress
not toxic-appearing
No Sedation

HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist

Cardiovascular:
Rate and Rhythm:
normal rate
regular rhythm

Pulmonary:
effort normal
no respiratory distress

Abdominal:
flat
soft

Skin:
Capillary Refill: capillary refill less than 2 seconds

Neurological:
no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)
Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
: L thigh.
Depth at Skin: 15 cm.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	171	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -	Ca: -			-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -	PO4: -			ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/18/2025: Pain appears to be well controlled with buprenorphine/nalbuphine after capping PNC for 24 hrs. PNC site nontender to palpation, remains at 15 cm. PNC pulled on rounds with black tip intact. APS will sign off.

The challenges to pain management:
63. Elderly with difficult communication and difficult pain assessment;
64. Highly sensitive to opioids, sleepy since on Nalbuphine;
65. Partial pain relief from Femoral PNC for AKA. However it starts to leak and lose its efficacy since yesterday.
66. Local anesthetic infusion in the patient with Bradycardia and 2nd degree heart block
67. S/p PPM, with the 2nd source of procedural pain.
68. Carefully observe the toxicity from pain regimen.
69. Post- PNC day #9

1.
2. CONT:
3. **Ropivacaine 0.2% 6ml/hr - DC**
4.
5. SCH:
6. APAP 650 mg q8
7. Buprenorphine patch 5mcg q7 days
8.
9. PRN:
10. Nalbuphine 2.5 mg q8 for itching
11.
12. Discussed With: APS attending, primary team, patient
13.
14. APS will sign off. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.
15.
16.
17.
18.
19.
20.

Electronically signed by Wu, Jiang, MD at 1/18/2025 7:44 PM

Holmberg, Mackenzie Howard, MD at 1/18/2025 0900

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Received bolus of pain medication this AM just prior to visit and is sleeping as a result. No reported discomfort from son. Previously had been grabbing limb in discomfort, no longer doing that.
- Son is worried about dressing changes. Has been preferring to give the wound 30 minutes to air dry before wrapping.
- Reported drainage overnight from the wound that was more clear. No purulent drainage. Son also concerned about some redness, but that has improved this AM
- No fevers or chills overnight.
- Has been eating a little bit more, but not consistently. Son working on this diligently.

From 1/17:
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge. PT has strongly recommended acute rehab.
- Communicated extensively 1/16 with patient without Louis present. She clearly stated she wants to follow the DC plan preferred by Louis, including if DC to the tent given housing instability. She indicated she is fine with going to a SNF and fine going home with Louis. She wants him to be her caretaker and leaves him as the decision maker.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/17/25 2129)
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q8h PRN

- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 36.4 °C (01/18/25 1230) BP: 136/72 (01/18/25 1230) HR: 71 (01/18/25 1230)
RR: 20 (01/18/25 1230) SpO2: 96 % (01/18/25 1230) Room air
T range: Temp Min: 36.1 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 54.7 kg (120 lb 9.5 oz) (01/17/25 0739)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/18/2025 1302
Last data filed at 1/18/2025 1109

Intake	960 ml
Output	900 ml
Net	**60 ml**

Physical Exam

GENERAL: elderly, frail woman laying in bed in no acute distress, sleeping
NEURO: Looks at whiteboard to read, shakes head, and speaks a little.
HEENT: normocephalic
CARDIAC: RRR, extremities warm and well perfused
Chest: Pacer incision site is CDI
PULM: RR increased. BS coarse today
ABD: nontender, nondistended
EXT: s/p L AKA, CDI, staples in place. Slight erythema w/o drainage along medial incision.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
143	112	11	153		8.9		AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.5	24	0.73		8.22	><	316	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.9			28		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.8		PO4: 3.3		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/18/2025:
- No major changes

- Low c/f incision site cellulitis. Appreciate wound care per RN team.
- follow-up vitamin D, zinc
- please see SW notes re: complex dynamic with pt's caregiver (son, Louis), will appreciate ongoing support from SW team

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- Ropivacaine 0.2% 6ml/hr
- APAP 650 mg q8
- Buprenorphine patch 5mcg q7 days
- Nalbuphine 2.5 mg q8 for itching

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD

Per Troy Decker Vasc Surgery
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
21. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
22. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Delirium
-Started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
-Of note, Seroquel reportedly ineffective.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent
-This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**

#Aspiration risk
-Current picture c/w aspiration from vomiting/not swallow
-Afebrile, not hypoxic, no abx for now
-Improved per SLP, working toward patient and family education
-Swallow Recommendations
Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

#FEN:
At high risk of refeeding given inadequate oral intake >5 days.
-Sent vit D 25-OH level to determine appropriate supplementation, r/o vit D toxcitity. Holding vit D
- Zinc pending
    - zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
    - s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily

#T2DM
- SSI while inpatient, has had one glc> 200

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

#PT/OT f/u

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer)
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

Electronically signed by Holmberg, Mackenzie Howard, MD at 1/18/2025 1:16 PM

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Very sleepy throughout the day yesterday until the PM where she was having worsening orientation. Was awake for a bit, then feel asleep, then intermittently seeming in distress from pain. Nalbuphine held off last night given c/f delirium.
- Was very confused and in pain overnight. Screaming out until nalbuphine was given at 5am in addition to HMC 0.2mg IV x1. Was able to sleep somewhat in the AM.
- Later in AM, was very cheery and smiling. Not really eating much. Having difficulty with medications and coughing a bit.
- No fevers or chills.

From 1/17:
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge. PT has strongly recommended acute rehab.
- Communicated extensively 1/16 with patient without Louis present. She clearly stated she wants to follow the DC plan preferred by Louis, including if DC to the tent given housing instability. She indicated she is fine with going to a SNF and fine going home with Louis. She wants him to be her caretaker and leaves him as the decision maker.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/18/25 1520)
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN

- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 36.1 °C (01/19/25 1123) BP: 137/66 (01/19/25 1123) HR: 70 (01/19/25 1123)
RR: 16 (01/19/25 1123) SpO2: 95 % (01/19/25 1123) Room air
T range: Temp Min: 36.1 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 56.2 kg (123 lb 14.4 oz) (01/19/25 0820)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/19/2025 1242
Last data filed at 1/19/2025 1130

Intake	1430 ml
Output	950 ml
Net	**480 ml**

Physical Exam

GENERAL: elderly, frail woman laying in bed in no acute distress
NEURO: Looks at whiteboard to read, shakes head, and speaks a little.
HEENT: normocephalic
CARDIAC: RRR, extremities warm and well perfused
Chest: Pacer incision site is CDI
PULM: RR increased. BS coarse today
ABD: nontender, nondistended
EXT: s/p L AKA, CDI, staples in place.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	111	13	193	8.4			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.5	22	0.75		9.12	><	288	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.3		28			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: 3.7		ANC: - ALC: -					BNP: - INR: -	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia

and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/19/2025:
- Nalbuphine QHS SCH + BID PRN
- HM 0.2mg IV PRN added
- If persistent issues with pain coverage, will reengage APS on 1/20 or 1/21
- follow-up vitamin D, zinc
- please see SW notes re: complex dynamic with pt's caregiver (son, Louis), will appreciate ongoing support from SW team

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- Ropivacaine 0.2% 6ml/hr
- APAP 650 mg q8
- Buprenorphine patch 5mcg q7 days
- Nalbuphine 2.5 mg QHS + BID PRN for itching
- HM 0.2mg IV Q4H PRN

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD

Per Troy Decker Vasc Surgery
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)

- Activity restriction (for 30 days after implantation- 2/13):
1. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
2. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #Delirium
4. -Started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
5. -Of note, Seroquel reportedly ineffective.
6.
7. #Disposition planning
8. -SW following, see notes
9. - She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
10. - currently unhoused, living in tent
11. -This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**
12.
13. #Aspiration risk
14. -Current picture c/w aspiration from vomiting/not swallow
15. -Afebrile, not hypoxic, no abx for now
16. -Improved per SLP, working toward patient and family education
17. -Swallow Recommendations
18. Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
19. Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
20. Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
21. Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time
22.
23. #FEN:
24. At high risk of refeeding given inadequate oral intake >5 days.
25. -Sent vit D 25-OH level to determine appropriate supplementation, r/o vit D toxcitity. Holding vit D
26. - Zinc pending
27. - zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
28. - Daily thiamine
29. - s/p high dose thiamine
30. - Prenatal multivitamin
31. - Ascorbic acid 500 mg BID x 14 days PO
32. -Vit B12 daily
33.
34. #T2DM
35. - SSI while inpatient, has had one glc> 200
36.
37. #s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
38. dressing per vascular
39. NWB LLE once able to get up
40.
41. #PT/OT f/u
42.
43. Inpatient Checklist:
44. Fluids/Electrolytes/Nutrition: Regular CC diet
45. Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer)
46. Lines/Drains/Airways: PIV in RUE, foley catheter
47. Disposition: Acute care
48. Code Status: Full Code
49. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

50.
51.
52.
53.
54.
55.
56.

Electronically signed by Holmberg, Mackenzie Howard, MD at 1/19/2025 1:00 PM

Holmberg, Mackenzie Howard, MD at 1/20/2025 1000

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Last night was overall better for pain control. Got Nubain at 5pm. Able to sleep throughout the night. Got a single dose of HM IV. Then had pain flare at 6am. Got Nubain and HM.
- Very interactive and talkative this AM. Eating some breakfast. Son at bedside, supportive.
- No fevers or chills. Stump pain is stable right now. No flares of pain.
- Has persistent strong cough while eating and after taking medications. CXR yesterday w/interval improvement compared to prior scans. No abx given.

From 1/17:
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge. PT has strongly recommended acute rehab.
- Communicated extensively 1/16 with patient without Louis present. She clearly stated she wants to follow the DC plan preferred by Louis, including if DC to the tent given housing instability. She indicated she is fine with going to a SNF and fine going home with Louis. She wants him to be her caretaker and leaves him as the decision maker.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- nalbuphine, 2.6 mg, q24h
- nalbuphine, 5 mg, q24h

- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/19/25 2126)
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 36.7 °C (01/20/25 0946) **BP: 123/69 (01/20/25 0946)** **HR:** 70 (01/20/25 0946)
RR: 16 (01/20/25 0946) **SpO2:** 95 % (01/20/25 0946) Room air
T range: Temp Min: 35.7 °C Max: 36.7 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52.2 kg (115 lb 1.3 oz) (01/20/25 1000)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/20/2025 1215
Last data filed at 1/20/2025 0800

Intake	480 ml
Output	1300 ml
Net	**-820 ml**

Physical Exam
GENERAL: elderly, frail woman laying in bed in no acute distress
NEURO: Looks at whiteboard to read, shakes head, and speaks a little.
HEENT: normocephalic
CARDIAC: RRR, extremities warm and well perfused
Chest: Pacer incision site is CDI
PULM: RR increased. BS coarse today
ABD: nontender, nondistended
EXT: s/p L AKA, CDI, staples in place.

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

142	109	11	132		9.4		AST: -	ALT: -	-/-/-/- | -/-/-/-
4.3	23	0.73		8.34	><	371	AP: -	T bili: -	Lact (a): - Lact (v): -
eGFR: >60		Ca: 8.3			30		Prot: -	Alb: -	Trop I: - D-dimer: -
Mg: 1.7		PO4: 4.0		ANC: -					BNP: - Anti-Xa: -
				ALC: -					INR: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/20/2025:
- Nalbuphine 5mg 1900 daily, 2.5mg 0400 daily, BID PRN
  - Per pain service, would anticipate this Nubain use for another week, but then should come off and okay to be discharged on buprenorphine patch monotherapy x1-2 weeks.
- HM 0.2mg IV PRN
- follow-up vitamin D, zinc
- please see SW notes re: complex dynamic with pt's caregiver (son, Louis), will appreciate ongoing support from SW team. Plan to reenage on 1/21. Given IV medication use, is not ready for discharge.

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- Ropivacaine 0.2% 6ml/hr
- APAP 650 mg q8
- Buprenorphine patch 5mcg q7 days
- Nalbuphine per orders
- HM IV per orders

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD

Per Troy Decker Vasc Surgery
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Anemia

-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
57. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
58. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Delirium
-Started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
-Of note, Seroquel reportedly ineffective.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent
-This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**

#Aspiration risk
-Current picture c/w aspiration from vomiting/not swallow
-Afebrile, not hypoxic, no abx for now
-Improved per SLP, working toward patient and family education
-Swallow Recommendations
Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

#FEN:
At high risk of refeeding given inadequate oral intake >5 days.
-Sent vit D 25-OH level to determine appropriate supplementation, r/o vit D toxcitity. Holding vit D
- Zinc pending
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
- s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily

#T2DM
- SSI while inpatient, has had one glc> 200

36.
37. #s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
38. dressing per vascular
39. NWB LLE once able to get up

#PT/OT f/u

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer)
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Holmberg, Mackenzie Howard, MD at 1/20/2025 12:22 PM

Holmberg, Mackenzie Howard, MD at 1/21/2025 0900

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Overnight, was able to sleep well. Improved pain control w/Nubain 5mg SCH 5pm and Nubain 2.5mg SCH 0400. Got some additional HM IV PRN which inconsistently is helping. Given APAP this AM for some improvement.
- Her son is at bedside and is worried that she is not doing well this AM. She has been gripping the sides of the bed and not totally engaged with communication. He thinks she is likely having some degree of delirium.
- Her right foot is slightly colder today compared to before. It also has some swelling. Nurse planning to get doppler for pulses.
- No fevers or chills. Persistent cough. Eating some food, but not a lot.

From 1/17:
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge. PT has strongly recommended acute rehab.
- Communicated extensively 1/16 with patient without Louis present. She clearly stated she wants to follow the DC plan preferred by Louis, including if DC to the tent given housing instability. She indicated she is fine with going to a SNF and fine going home with Louis. She wants him to be her caretaker and leaves him as the decision maker.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- nalbuphine, 2.6 mg, q24h
- nalbuphine, 5 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/21/25 0931)
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: **36.6 °C (01/21/25 0928)** **BP:** **137/69 (01/21/25 1041)** **HR:** 70 (01/21/25 0928)
RR: **20 (01/21/25 1041)** **SpO2:** 94 % (01/21/25 1041) Room air
T range: Temp Min: 36 °C Max: 36.6 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.1 kg (108 lb 3.9 oz) (01/21/25 1100)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/21/2025 1249
Last data filed at 1/21/2025 1115

Intake	0 ml
Output	850 ml
Net	**-850 ml**

Physical Exam

GENERAL: elderly, frail woman laying in bed in no acute distress
NEURO: Looks at whiteboard to read, shakes head, and speaks a little.
HEENT: normocephalic
CARDIAC: RRR, extremities warm and well perfused
Chest: Pacer incision site is CDI
PULM: RR increased. BS coarse today
ABD: nontender, nondistended
EXT: s/p L AKA, CDI, staples in place. Right foot cooler to touch, pulses not easily palpable, 1-2+ swelling.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
140	108	9	144	Reorder requested, clotted >< Reorder requested, clotted			AST: -	ALT: -	-/-/-/- | -/-/-/-	
5.2	20	0.73					AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.4		Reorder requested, clotted			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.0		PO4: 4.3		ANC: - ALC: -					BNP: - INR: -	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/21/2025:
- No chang to pain meds today.
    - Nalbuphine 5mg 1900 daily, 2.5mg 0400 daily, BID PRN
    - Per pain service, would anticipate this Nubain use for another week, but then should come off and okay to be discharged on buprenorphine patch monotherapy x1-2 weeks.
    - HM 0.2mg IV PRN
- Restart cholecalciferol 2000IU daily
- follow-up zinc
- RLE DVT US today
- RLE doppler for pulse check

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8
- Buprenorphine patch 5mcg q7 days
- Nalbuphine per orders
- HM IV per orders

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD

Per Troy Decker Vasc Surgery
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses not easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted.
- Doppler pending
- RLE DVT US pending

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
40. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
41. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Delirium
-Started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
-Of note, Seroquel reportedly ineffective.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent
-This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**

#Aspiration risk
-Current picture c/w aspiration from vomiting/not swallow
-Afebrile, not hypoxic, no abx for now
-Improved per SLP, working toward patient and family education
-Swallow Recommendations
Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

#FEN:
At high risk of refeeding given inadequate oral intake >5 days.
- Vitamin D 2000IU daily
- Zinc pending
    - zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
    - s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily

#T2DM
- SSI while inpatient, has had one glc> 200

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

#PT/OT f/u

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer)
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Holmberg, Mackenzie Howard, MD at 1/21/2025 1:03 PM

Holmberg, Mackenzie Howard, MD at 1/22/2025 0900

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Based off of Luis's report, overnight was okay. The patient received Nubain 5 mg scheduled in the evening in addition to Nubain 2.5 mg at 4 AM. She however has been more drowsy and less communicative this morning. She intermittently has points where she reaches out and tenses her muscles. She opens up her eyes and does not respond to any movement in front of them. She intermittently continues to express significant pain, but Louis reports that she is holding her stomach as opposed to her stump now.
– The stump is looking okay during dressing changes from his evaluation. Her right foot yesterday was cold, but it is more warm today. She did DVT ultrasound which was negative. They were able to find a pulse with palpation and with Doppler.
– No fevers or chills. Persistent, strong cough. Not eating much food.

From 1/17:
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge. PT has strongly recommended acute rehab.
- Communicated extensively 1/16 with patient without Louis present. She clearly stated she wants to follow the DC plan preferred by Louis, including if DC to the tent given housing instability. She indicated she is fine with going to a SNF and fine going home with Louis. She wants him to be her caretaker and leaves him as the decision maker.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- nalbuphine, 5 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily

- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/22/25 0642)
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.2 °C (01/22/25 0903) BP: 129/62 (01/22/25 0903) HR: 70 (01/22/25 0903)
RR: 18 (01/22/25 0903) SpO2: 96 % (01/22/25 0903) Room air
T range: Temp Min: 36.2 °C Max: 37.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.1 kg (108 lb 3.9 oz) (01/21/25 1100)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/22/2025 1350
Last data filed at 1/22/2025 0927

Intake	50 ml
Output	275 ml
Net	**-225 ml**

Physical Exam
GENERAL: elderly, frail woman laying in bed, intermittently waking up and reaching out, grabbing the side of the gurney, mild acute distress
NEURO: Looks at whiteboard to read, shakes head, and speaks a little.
HEENT: normocephalic
CARDIAC: RRR, extremities warm and well perfused
Chest: Pacer incision site is CDI
PULM: RR increased. BS coarse today
ABD: nontender, nondistended
EXT: s/p L AKA, CDI, staples in place. Right foot cooler to touch, pulses easily palpable, 1-2+ swelling.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
144	108	10		9.6			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	24	0.75	169	11.0	><	411	AP: -	T bili: -	Lact (a): -	Lact (v): -
				1						
eGFR: >60		Ca: 8.3		30			Prot: -	Alb: -	Trop I: -	D-dimer: -

Mg: 1.7 PO4: 4.3	ANC: - ALC: -		BNP: - Anti-Xa: - INR: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/22/2025:
-Pain plan:
- Nalbuphine 5mg 1900 daily, DISCONTINUE 2.5mg 0400 daily, BID PRN
- Per pain service, would anticipate this Nubain use for another week, but then should come off and okay to be discharged on buprenorphine patch monotherapy x1-2 weeks.
- HM 0.2mg IV PRN
- follow-up zinc

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8
- Buprenorphine patch 5mcg q7 days
- Nalbuphine per orders
- HM IV per orders

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD

Per Troy Decker Vasc Surgery
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia

-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
40. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
41. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #Delirium
4. -Started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
5. -Of note, Seroquel reportedly ineffective.
6.
7. #Disposition planning
8. -SW following, see notes
9. - She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
10. - currently unhoused, living in tent
11. -This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**
12.
13. #Aspiration risk
14. -Current picture c/w aspiration from vomiting/not swallow
15. -Afebrile, not hypoxic, no abx for now
16. -Improved per SLP, working toward patient and family education
17. -Swallow Recommendations
18. Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
19. Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
20. Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
21. Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time
22.
23. #FEN:
24. At high risk of refeeding given inadequate oral intake >5 days.
25. - Vitamin D 2000IU daily
26. - Zinc pending
27. - zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
28. - Daily thiamine
29. - s/p high dose thiamine
30. - Prenatal multivitamin
31. - Ascorbic acid 500 mg BID x 14 days PO
32. -Vit B12 daily
33.
34. #T2DM
35. - SSI while inpatient, has had one glc> 200

36.
37. #s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
38. dressing per vascular
39. NWB LLE once able to get up

#PT/OT f/u

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer)
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Holmberg, Mackenzie Howard, MD at 1/22/2025 1:54 PM

Jerbi, Jennifer, LICSW at 1/22/2025 1103

Social Work Progress Note:

MSW participates in discharge huddles/multidisciplinary rounds to discuss ongoing medical plan and discharge planning Monday through Friday. MD notes patient decisional and indicating she plans to discharge with her son Louis to their tent in community at discharge. MSW to update APS CM upon discharge - Caroline, APS CM (360.814.9682, fax 360.478.4570).

MSW continues to follow for discharge planning, care coordination, and support.

Jennifer L. Jerbi, MSW, LICSW
Clinical Social Worker - Medicine Services B, C, and G
Phone: 206.598.4527
Pager: 206.314.4312
For weekend social work requests, please page 206-645-0792 between 8:30-4:30 PM.

Electronically signed by Jerbi, Jennifer, LICSW at 1/22/2025 11:04 AM

Holasek, Lydia Isabel, RD at 1/22/2025 1310

Inpatient Follow Up Nutrition Assessment

PI: Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready

for transfer to acute care as of 1/14.

Recommendations/Interventions:
Oral Nutrition:
- diet order: recommend to **D/C heart-healthy diet restriction** - pt not taking in enough PO at this time to warrant mult restrictions. Consider also lifting carb managed restriction if BG within acceptable ranges/if ongoing low PO.
- continue high calorie/high protein order
- SLP recommends 6-soft & bite sized textures & 0-thin liquids
- encourage oral nutrition supplements: Ensure Plus TID (currently sending vanilla flavor w/ trays). Offer addt'l ONS prn if ok on carb managed diet (CIB milkshakes, Naked Protein smoothies, etc)
- Calorie Count: appreciate nursing documentation of %meals consumed

Nutrition Support:
- holding off at this time - recommend GOC discussion prior to any artificial nutrition given advanced age, current status

Vitamins/Supplements:
- can d/c thiamine 100 mg po daily (has received for > 7 days)
For wounds:
- 220 mg zinc sulfate, x14 days - check zinc level s/p supplementation
- 500 mg ascorbic acid**, x14 days**

Subjective

Current Nutrition Assessment:
Interim: A&O to self.
FEN:
- pt A&O to self, unable to participate in interview. Low PO intake noted. Also refusing ONS past few days.
-Cal Ct: unable to calculate % of kcal/pro needs met d/t limited data available. Based on available records/meal tickets, estimate that pt has been consuming <50% of needs on avg x past 4 days.
1/17:
B: ?
L: 25% few bites of oatmeal w/ PB + banana
D: ?

1/18:
overnight: 1/2 choco chip cookie, 1 vanilla pudding, 1 Ensure Plus
no other meals recorded..

1/19:
B: 100% of an apple sauce..
L/D: not recorded

1/20:
no data recorded

1/21:
B: 0%
L: 0%
D: ? (Not recorded, did order)

GI: dysphagia. SLP recommendations for soft and bite size, noted pt currently on reg textures diet order though . LBM documented 1/17. Has PRN bowel med orders, though not given since 1/15. No current nausea noted.
Edema/Fluid: +1 dependent BUE edema (charted 1/20 pm)
Weight: had wt gain during admission d/t fluids, now trending back down over past two days. Bed scale wt 49.1 kg 1/21 - up 3.6 kg from admit.
Wounds Present: Yes, L BKA, partial thickness wound to perineum
Labs: Mg 1.7-. BG 137-169/past 24 hr. Has med-dose SSI orders (0 units given/past 24H)

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective
Labs:

Lab Results

Component	Value	Date
SODIUM	144	01/22/2025
POTASSIUM	4.1	01/22/2025
MAGNESIUM	1.7 (L)	01/22/2025
PHOSPHATE	4.3	01/22/2025
CA	8.3 (L)	01/22/2025
BUN	10	01/22/2025
CREATININE	0.75	01/22/2025
GLUCOSE	169 (H)	01/22/2025
A1C	6.6 (H)	01/10/2025
VITD	22.9	01/16/2025

Lab Results

Component	Value	Date
GLUCOSE	169 (H)	01/22/2025
GLUCOSE	138 (H)	01/22/2025
GLUCOSE	127 (H)	01/22/2025
GLUCOSE	137 (H)	01/21/2025
GLUCOSE	142 (H)	01/21/2025
GLUCOSE	144 (H)	01/21/2025
GLUCOSE	128 (H)	01/21/2025
GLUCOSE	160 (H)	01/21/2025
GLUCOSE	132 (H)	01/20/2025
GLUCOSE	87	01/20/2025

Medications: -- reviewed
acetaminophen, 650 mg, Oral, q8h SCH
ascorbic acid, 500 mg, Oral, BID
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
buprenorphine, 1 patch, Transdermal, q7 days SCH
cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
heparin, 5,000 units, Subcutaneous, q12h SCH
insulin LISPRO, 0-7 units, Subcutaneous, q HS
insulin LISPRO, 0-8 units, Subcutaneous, TID before meals

lidocaine, 1 patch, Topical, q24h
nalbuphine, 5 mg, Intravenous, q24h
omeprazole, 20 mg, Oral, Daily empty stomach
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID
zinc sulfate, 220 mg, Oral, Daily

lactated ringers, 60 mL/hr, Last Rate: 60 mL/hr (01/22/25 0642)
sodium chloride, 10-50 mL/hr, Last Rate: Stopped (01/13/25 1800)

Lines/Drains/Airways/Wounds:

Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm (Active)

Site Assessment	Clean;Dry;Intact	01/16/25 0900
Line Status	Infusing	01/16/25 0900
Dressing Type	Transparent	01/16/25 0900
Dressing Status	Clean;Dry;Intact	01/16/25 0900
Dressing Change Due	01/22/25	01/16/25 0900
Reason Not Rotated	Not due	01/16/25 0900
Phlebitis Grade	0	01/16/25 0900
Infiltration Grade	0	01/16/25 0900

Urethral Catheter 01/09/25 (Active)

Site Assessment	Clean;Skin intact	01/16/25 0900
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care;Bag emptied	01/16/25 1033
Collection Container	No dependent loops;Standard drainage bag;To dependent drainage	01/16/25 1033
Securement Method	Right thigh;Securing device (Describe)	01/16/25 1033
Reason for Continuing Urinary Catheterization past POD 1	Incontinence inhibiting healing of stage 3 or > pressure injury or sacral/perineal wounds	01/16/25 1033
Output (mL)	275 mL	01/16/25 0742

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

Assessments	1/9/2025 4:57 PM	1/21/2025 9:30 PM
Wound Bed/Base Assessment	—	Red
Peri-Wound Assessment	—	Clean;Dry;Intact;Painful
Closure	Sutures;Staples;Other (Comment)	Staples
Drainage Description	—	Serosanguineous
Drainage Amount	—	Moderate
Dressing	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)

Dressing Changed	—	Changed
Dressing Status	—	Clean;Dry;Intact

Active Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1245	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Active	Decker, Troy, PA-C

Inactive Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1243	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Discontinued	Decker, Troy, PA-C

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM	1/21/2025 9:30 PM
Wound Bed/Base Assessment	Clean;Dry;Pink	Blanchable erythema;Clean;Dry
Peri-Wound Assessment	Clean;Dry;Pink	Clean;Dry;Pink
Drainage Amount	None	—
Dressing	Barrier Cream	Mepilex Border
Dressing Changed	New	—
Dressing Status	—	Clean;Dry;Intact
Edges	Undefined edges	—
Non-staged Wound Description	Partial thickness	—

No associated orders.

Wound 01/13/25 Incision Chest Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/13/25 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision

Assessments	1/13/2025 5:00 PM	1/21/2025 9:30 PM
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact
Closure	Sutures;Skin glue	Skin glue
Drainage Amount	None	—
Dressing	Island Dressing (Primapore)	None - Open to air

Dressing Changed	New	—
Dressing Status	Clean;Dry;Intact	—

No associated orders.

Active Diet Order: Yes
Diet: General Heart Healthy Carb Managed

Nutrition Support: No

Admission Anthropometrics:
Weight: 45.5 kg (100 lb 6.4 oz)
Admit kg/m2

UBW: 125 lb per son 1/16
UBW%: 80%

Assessment/Plan
Current Anthropometrics:
Weight for the past 168 hrs:

	Weight
01/21/25 1100	49.1 kg (108 lb 3.9 oz)
01/20/25 1000	52.2 kg (115 lb 1.3 oz)
01/19/25 0820	56.2 kg (123 lb 14.4 oz)
01/17/25 0739	54.7 kg (120 lb 9.5 oz)
01/16/25 0742	54 kg (119 lb 0.8 oz)

Current Body mass index is 21.14 kg/m².

Estimated Nutrition Needs
Using post LL amputation wt, 45.8 kg
Energy: 1145-1375 kcal (25-30 kcal/kg)
Protein: 55-64 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Malnutrition Assessment: Severe malnutrition
Malnutrition: Present at admission?: Yes

Interventions:
Coordination of Care:
Chart reviewed.
Patient seen, unable to interview.

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.

Language Support:
No interpreter needed (patient not a participant in teaching)

Plan / Monitoring and Evaluation:
Monitor oral intake and tolerance.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Holasek, Lydia Isabel, RD at 1/22/2025 4:32 PM

Schramm, Tiffany M, OT at 1/22/2025 1510

Occupational Therapy Note

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Total Treatment time: 11 Minutes

Subjective: Not responding to therapist eyes closed. "We just got her back into bed from sitting at the Edge of the bed." -Son

Current Level of Function

Therapeutic Interventions

ADL/IADL Comments: Dependent positioning in bed, patient listing to the L. Patient requires dependent assistance to get centered in the bed and boosted up.

Assessment

Assessment: Jeanne was hard to arouse this afternoon, per son they had just been sitting at the EOB. She required dependent assistance to be boosted up in bed and recentered. Patient did not wake to movements. OT notified nursing that the patient is currently A&O x0

Session Tolerance: Patient limited by fatigue, Patient limited by pain

Plan

Plan: Skilled OT
Treatment Interventions: Self-care/Home management, Caregiver education/training, Therapeutic exercise, Therapeutic activities
Frequency: 2-3x/week
Coverage for Next Shift: progress EOB dangle & core/postural control activities, seated grooming/sitting tolerance

Discharge Recommendations

Recommendations: Will need follow up OT at next level of care
Barriers to Discharge: heavy care needs
Assistance with: ADLs, Functional mobility and transfers, Home safety, IADLs
Supervision with:

Equipment Recommended: TBD pending dispo plan

Goals

1. Goal: Self feeding, Grooming, Set up or clean up assistance
   Estimated Completion Date: 01/29/25
   Goal Status: Progressing

2. Goal: Bed mobility, Minimum Assist (less than 25% help needed)
   Estimated Completion Date: 01/29/25
   Goal Status: Progressing

3. Goal: Toileting, Toilet transfer, Moderate Assist (between 25-49% help needed)
   Estimated Completion Date: 01/29/25
   Goal Status: Progressing

4. Goal: Jeanne will dangle at EOB x15 mins with SBA to complete grooming & hygiene tasks.
   Estimated Completion Date: 01/29/25
   Goal Status: Progressing

5.

Tiffany M Schramm, OT

Electronically signed by Schramm, Tiffany M, OT at 1/22/2025 3:11 PM

Shepherd, Amanda Kay, MD at 1/23/2025 0936

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Hypertension o/n which per RN note improved with pain control.
Foley leaking and so removed o/n
Intermittent agitation and restlessness

Ms. Hoffman is joined by her son at bedside.
He drives a conversation and shares that her pain was severe last night despite the pain medication but that overall today has been much better.
He shares that she has spent several hours up in the chair and enjoyed going on some loops on the unit and was able to tolerate about a half a mile according to his calculations pleat.
She declines any chest pain, pressure, shortness of breath but he does note that she has been productive of rusty colored sputum for at least the last 5 days.
He thinks that this has been intermittent but does wonder about the cause.
Does agree that sometimes food is hard to go down.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- nalbuphine, 5 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/23/25 0200)
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: **(!) 35.9 °C** (01/23/25 0850) **BP:** **(!) 187/99** (01/23/25 0850) **HR:** 74 (01/23/25 0850)
RR: 18 (01/23/25 0850) **SpO2:** 98 % (01/23/25 0850) Room air
T range: Temp Min: 35.9 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.1 kg (108 lb 3.9 oz) (01/21/25 1100)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/23/2025 0936
Last data filed at 1/23/2025 0642

Intake	462 ml
Output	825 ml
Net	**-363 ml**

Physical Exam

Gen: Laying in bed, NAD
Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: CTAB
Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Asleep but awakens easily to voice. Alert. Answers questions but sometimes difficult to understand. "I'll be fine tomorrow". Oriented to self at UW hospital

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
143	108	8	141	9.0			AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.5	25	0.67		8.19	><	368	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.1		29			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.9		PO4: 3.6		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

This note is edited and adapted from Dr. Holmberg's note to reflect today's medical decision making and plan of care.

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8
- Buprenorphine patch 5mcg q7 days

- Nalbuphine; no changes today
    - decreased yesterday to Nalbuphine 5mg 1900 daily, and 2.5 BID PRN
- HM IV per orders

#Delirium
 # Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trailed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
- delirium precautions
- treatment pain where able

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
40. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
41. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no

placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3.
4. **#Disposition planning**
5. -SW following, see notes
6. - She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
7. - currently unhoused, living in tent
8. -This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**
9.
10. **#Aspiration risk**
11. -Current picture c/w aspiration from vomiting/not swallow
12. -Afebrile, not hypoxic, no abx for now
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17. Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
18. Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time
19.
20. **#FEN:**
21. At high risk of refeeding given inadequate oral intake >5 days.
22. - Vitamin D 2000IU daily
23. - zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
24. - Daily thiamine
25. - s/p high dose thiamine
26. - Prenatal multivitamin
27. - Ascorbic acid 500 mg BID x 14 days PO
28. -Vit B12 daily
29.
30. **#T2DM**
31. - SSI while inpatient, has had one glc> 200
32.
33. **#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).**
34. dressing per vascular
35. NWB LLE once able to get up
36.
37. #PT/OT f/u
38.
39. **Inpatient Checklist:**
40. Fluids/Electrolytes/Nutrition: Regular CC diet
41. Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer)
42. Lines/Drains/Airways: PIV in RUE, foley catheter
43. Disposition: Acute care
44. Code Status: Full Code
45. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
46.

Electronically signed by Shepherd, Amanda Kay, MD at 1/23/2025 10:48 PM

Garcia, Emma Carmen, PT at 1/23/2025 1438

Physical Therapy Treatment

Jeanne Leonie Hoffman
U8170135

1/23/2025
Duration of session: 31 Minutes

Subjective
Patient Report/Self-Assessment: Continually attempts to mobilize to EOB
Patient Stated Goal(s): none stated, per son to received prothesis

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (Transport chair)

Functional Level:
Bed Mobility
Rolling Left: Maximum Assist (between 50-74% help needed)
Rolling Right: Maximum Assist (between 50-74% help needed)
Supine to Sit: Minimum Assist (less than 25% help needed);Moderate Assist (between 25-49% help needed);Head of Bed Elevated;Railings used;Cues needed
Sit to Supine: Supervision / Stand by assistance (posterior LOB to bed after writer redirects pt not to use L UEon rail)
Transfers
Bed<>Chair/WC: Dependent (greater than 75% help needed);Assistive device used
Bed<>Chair/WC Assistive Device Details: Mechanical lift

Wheelchair Activities
Wheelchair Activities: Yes
WC Type: Manual tilt-n-space
WC Size: 16"
WC Cushion: roho
WC Pressure Relief: dependent - son educated on Q15 tilt backs for 1-2 min
Level of Assistance for Pressure Relief: Dependent (greater than 75% help needed)
Wheelchair Comments: pt's son dependently moves pt on unit after session

Interventions:
Therex:
Theract: rolling L and R max A 2/2 poor command follow, donning of sling supine <> sit x5 sttempts in session

spontaneously, manual removal of L arm from bed rail 2/2 precautions > posterior LOB d/t poor upright trunk positioning/control education on progression of mobility, therapeutic rest breaks 2/2 dizziness education to son about timeline of prosthetic, d/c recommendations
Balance/Neuro Re-ed:
Gait Training:

PT Wheelchair Management Activity Time Minute(s): 16
PT Wheelchair Management Activity 1: TIS adjustment of head rest, arm rests; Roho apporpriately inflated, leg rest requires no adjustment at this point in time
PT Wheelchair Management Activity 2: educated pt's son on tilt back ad scheduling of tilt back - educated that w/c adjustments are by staff only

ASSESSMENT/PLAN

Pt seen this PM for TIS adjustment and to continue with mobility interventions. She requires Max cues and redirection to not use L UE throughout session, pt's son provides physical assist also breaking PPM precautions -re-educated and redirected during session. She is unable to sustain EOB sitting w/o L UE on bed rail during session and demonstrates posterior LOBs to supine multiple times. After use of OHL to chair, pt fitted to TIS, son educated on use of chair, features, and tilt back schedule. Will continue to follow. Recommend d/c setting that is w/c accessible, assist for all mobility, and ongoing therapies.

Increased time required for educating pt's son- demonstrates min readiness to learn at this point in time. Able to follow cues from therapist intermittently to adhere to pt safety/precautions, educated on: expectations with adjustment of TIS, how to provide physical assist to pt, use of nursing staff for dangling EOB and for use of OHL. Pt endorses knowing all information acute PT has provided thus far.

Barriers to Discharge: Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Not Progressing
Goal: Sit unsupported for (30 min)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes

Estimated Completion Date: 01/24/25
Goal Status: Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: dangle EOB/scooting? sling for L UE PRN

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: Lift for transfers to TIS chair

Emma C Garcia, PT

Electronically signed by Garcia, Emma Carmen, PT at 1/23/2025 2:41 PM

Shepherd, Amanda Kay, MD at 1/24/2025 0829

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Increasing agitation throughout evening
Noc doc evauated and noted no buprenorphine visible on her skin; reordered
Agitation seemingly improved
RN noted aspiration on liquid tylenol in the evening

She reports she is having the best day yet.
Her son is not here but her the nurse shares that he said this is the best she has looked in 15 days.
She shares she's eating some lunch; keeps working on some mashed potatoes.
She reports pain is under good control currently.
She reports she likes to eat and doesn't want to talk about any tubes.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily

- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- nalbuphine, 5 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.2 °C (01/24/25 0006) BP: 115/61 (01/24/25 0006) HR: 70 (01/24/25 0006)
RR: 18 (01/24/25 0006) **SpO2:** 93 % (01/24/25 0006) Room air
T range: Temp Min: 35.9 °C Max: 36.3 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.1 kg (108 lb 3.9 oz) (01/21/25 1100)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/24/2025 0829
Last data filed at 1/24/2025 0026

Intake	858 ml
Output	200 ml
Net	**658 ml**

Physical Exam
Gen: Laying in bed, NAD
Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: CTAB

Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Asleep but awakens easily to voice. Alert. Answers questions but sometimes difficult to understand. "I'll be fine tomorrow". Oriented to self at UW hospital

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	169	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

#Acute Pain:
Agbitation
I suspect her agitation last evening and last night was due to pain/withdrawal in the setting of missing buprenorphine patch. Once reapplied, she had much improved pain control and today is more clear than I've seen her. Given complexity of her pain control, and our inexperience with nalbuphine, have asked APS for guidance on how to wean.
- APS reengaged for
    - guidance on nalbuphine taper
- APAP 650 mg q8
- Buprenorphine patch 5mcg q7 days
- Nalbuphine; currently Nalbuphine 5mg 1900 daily, and 2.5 BID PRN
- HM IV per orders

#Delirium
 # Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trailed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation. Much better today after resumption of buprenorphine patch.
- delirium precautions
- treatment pain where able

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit

recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
47. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
48. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3.
4. #Disposition planning
5. -SW following, see notes
6. - She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
7. - currently unhoused, living in tent
8. - ongoing **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**
9.
10. #Aspiration risk
11. -Current picture c/w aspiration from vomiting/not swallow
12. -Afebrile, not hypoxic, no abx for now
13. -Improved per SLP, working toward patient and family education
14. -Swallow Recommendations
15. Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
16. Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
17. Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
18. Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

19.
20. #FEN:
21. At high risk of refeeding given inadequate oral intake >5 days.

- Vitamin D 2000IU daily
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
    - s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily

#T2DM
- SSI while inpatient, has had one glc> 200

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

#PT/OT f/u

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Shepherd, Amanda Kay, MD at 1/24/2025 5:31 PM

Smith, Marie, MD at 1/24/2025 1812

Brief Note APS:
100F who underwent AKA on 1/9. Followed by APS with femoral PNC in place until 1/18. Pain now controlled on nalbuphine 5mg qPM/2.5mg BID and buprenorphine 5mcg patch. With addition of buprenorphine patch, pt has not required PRN nalbuphine. PM dose can be weaned to 2.5 mg; if she tolerates dose decrease, can discontinue.

Discussed with APS attending, Dr. Curatolo.

Electronically signed by Smith, Marie, MD at 1/24/2025 6:16 PM

Smith, Alissa N, SLP at 1/25/2025 1726

Speech Language Pathology Progress

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 01/25/25
Treatment Duration: 45 Minutes (swallow tx)

Subjective

Patient Report/Self-Assessment: Jean was restless throughout the session, reaching out and grabbing at her arms and blankets
Patient Stated Goal: Per Jeanne's son, the plan is to understand what is happening with her new cough

Prior Function
Prior Function: Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table
IADLs: Requires assist

Objective
Patient Information
Temperature: Afebrile
Respiratory Status: Room air
Behavior/Cognition: Alert;Impulsive;Distractible;No command following
Patient Positioning: Upright in bed

Consistencies Assessed: Ice chips;0-Thin Liquids
Ice Chips - Presentation: Spoon
0-Thin Liquids - Presentation: Spoon

Oral Phase: Impaired;Oral residue;Delayed anterior to posterior transit (Frequent oral inattention, trials were suctioned via Yankauer)
Pharyngeal Phase: Impaired
Signs/Symptoms of Penetration/Aspiration: Cough - immediate;Wet vocal quality

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

Oral Mechanism Examination
Dentition: Edentulous (Jeanne's dentures were not placed for today's assessment)
Oral mucosa: Dry;Thick saliva (Thick beige secretions visible across visible posterior pharyngeal wall)
Observations: Jeanne did not follow any instructions for assessment today. She maintained a constant open mouth posture at baseline. Spontaneous movements were symmetric

ASSESSMENT/PLAN

Jeanne presents with diminished swallowing function today with new oral inattention, overt s/sx aspiration with limited PO trials, and generalized weakness. Her new difficulty is concurrent with recent changes in mentation consistent with hyperactive delirium. Overall, she presents with very high risk for aspiration and given her worsening CXR, advanced age, and high risk for complications should aspiration occur, agree with RN and primary team recommendation to continue NPO as Jeanne's goals evolve. Should Jeanne's mental status rapidly improve to be consistent with previous assessment (e.g., following instructions, able to self-feed without significant physical assistance), defer to primary team for liberalizing diet (e.g., up to Pureed Solids and Thin Liquids). Otherwise, recommend continue NPO with frequent, rigorous oral care to minimize risk for aspiration of oral flora and allowance for ice chips and small sips of water with oral care for comfort. SLP will continue to follow

Dysphagia: Other (presbyphagia + superimposed acute dysphagia i/s/o delirium)
Aspiration Risk: High

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: Delirium
Prognosis: Fair

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education
SLP Frequency: 3-5x/week (NPO w/no nutrition)

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: Sips & Chips only
Medication Administration Recommendations: Meds via tube feed or IV
Oral care: Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 02/22/25
Goal Status: Not Progressing

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 02/22/25
Goal Status: Progressing

Electronically signed by Smith, Alissa N, SLP at 1/25/2025 5:31 PM

Chi, Frank, MD at 1/25/2025 1756

Progress Note
Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)

Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Concern for aspiration event overnight given episode of desaturation after pt son was giving pt water
- saw pt with son at bedside. He reports that she has been in a "stupor" and likely dealing with phantom limb pain. She has had some periods of mental alertness when he can have meaningful interactions with her, but they episodes are often short. He tried to spoon feed her food at times. When I saw her later in the afternoon, he was trying to give her some water, which she pushed away. He wonders why she has been coughing lately, which I told him was likely due to aspiration, which he acknowledges that she is high aspiratoin risk, but that he has only witnessed her aspirating a couple times. He notes her voice has been very hoarse and she can no longer phonate

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- nalbuphine, 2.6 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: **(P) 36.2 °C (01/25/25 1737)** **BP:** **(!) (P) 158/68** (01/25/25 1737) **HR:** (P) 77 (01/25/25 1737)
RR: **(!) (P) 26** (01/25/25 1737) **SpO2:** (P) 95 % (01/25/25 1737) Room air
T range: Temp Min: 36.1 °C Max: 36.3 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.1 kg (108 lb 3.9 oz) (01/21/25 1100)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/25/2025 1756
Last data filed at 1/25/2025 1700

Intake	500 ml
Output	150 ml
Net	**350 ml**

Physical Exam

Gen: Laying in bed, NAD
Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: Shallow breathing, clear
Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Lethargic, but then will be very restless. Not following commands

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
144	108	11	111	10.6	AST: -	ALT: -	-/-/-/- | 7.37/38/45/22	
4.0	21	0.78		7.77 >< 362	AP: -	T bili: -	Lact (a): -	Lact (v): 2.1
eGFR: >60		Ca: 8.1		35	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium

#Delirium
#Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation. On 1/25, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
- delirium precautions
- treatment pain where able as below (attempting to minimize deliriogenic meds)
- consider further infectious workup if continues with delirium esp if there is evidence of other lab abnormalities

#Aspiration risk
-Current picture c/w aspiration
-Afebrile, not hypoxic, no abx for now

-As patient is delirious and mental status is not intact enough for safe swallowing, will make NPO besides ice chips/small sips water with oral care for comfort. She does not have any essential oral medication to take
- If mental status improves, can trial PO again during daytime

-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8 -> **rectal tylenol while unable to safely swallow**
- Buprenorphine patch 5mcg q7 days
- Nalbuphine: decreased from 5mg to 2.5mg daily on 1/24. Continue 2.5mg BID PRN (last received on 1/23), but consider discontinuing soon
- HM IV per orders

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)

- Activity restriction (for 30 days after implantation- 2/13):
48. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
49. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3.
4. #Disposition planning
5. -SW following, see notes
6. - She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
7. - currently unhoused, living in tent
8. - ongoing **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**
9.
10. #FEN:
11. At high risk of refeeding given inadequate oral intake >5 days.
12. - Vitamin D 2000IU daily
13. - zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
14. - Daily thiamine
15. - s/p high dose thiamine
16. - Prenatal multivitamin
17. - Ascorbic acid 500 mg BID x 14 days PO
18. -Vit B12 daily
19.
20. #T2DM
21. - SSI while inpatient, has had one glc> 200
22.
23. #s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
24. dressing per vascular
25. NWB LLE once able to get up
26.
27. **Inpatient Checklist:**
28. Fluids/Electrolytes/Nutrition: Regular CC diet
29. Prophylaxis: SQ heparin for DVT
30. Lines/Drains/Airways: PIV
31. Disposition: Acute care
32. Code Status: Full Code
33. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
34.
35.

Electronically signed by Chi, Frank, MD at 1/25/2025 6:24 PM

Chi, Frank, MD at 1/26/2025 1435

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

- appeared uncomfortable grasping her stump when I saw this morning
- per son, when she gets nubain at night, she just falls asleep. Discussed that maybe even a smaller dose of nubain might be the right balance as a PRN pain medication in terms of pain control
- per RN, pt declined IV nubain and rectal tylenol this morning. She was transferred to wheelchair, and was more comfortable

SCHEDULED MEDICATIONS:

- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- nalbuphine, 2.6 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:

PRN MEDICATIONS:

- acetaminophen, 650 mg, q6h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 1.2 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: **36 °C (01/26/25 0448)** **BP:** **123/66 (01/26/25 0909)** **HR:** 70 (01/26/25 0909)
RR: **20 (01/25/25 2047)** **SpO2:** 95 % (01/26/25 0909) Room air
T range: Temp Min: 36 °C Max: 36.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.1 kg (108 lb 3.9 oz) (01/21/25 1100)

I&Os:

Intake/Output Summary (Last 24 hours) at 1/26/2025 1435
Last data filed at 1/25/2025 1700

Intake	0 ml
Output	—
Net	**0 ml**

Physical Exam

Gen: Laying in bed, NAD
Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: Shallow breathing, clear
Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Lethargic, but then will be very restless. Not following commands

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	112	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -	Ca: -			-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -	PO4: -			ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium

#Delirium
#Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
- delirium precautions
- treatment pain where able as below (attempting to minimize deliriogenic meds)
- consider further infectious workup if continues with delirium esp if there is evidence of other lab abnormalities
- repeat CXR tomorrow

#Aspiration risk
-Current picture c/w aspiration
-Afebrile, not hypoxic, no abx for now
-As patient is delirious and mental status is not intact enough for safe swallowing, will make NPO besides ice chips/small sips water with oral care for comfort. She does not have any essential oral medication to take
- If mental status improves, can trial PO again during daytime
-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Hoarse/soft voice
New, per son. Per RN team, previously could verbalize
- consider OTO c/s for laryngoscopy, but she would need to be cooperative

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8 -> **rectal tylenol while unable to safely swallow**
- Buprenorphine patch 5mcg q7 days
- Nalbuphine: decreased from 5mg to 2.5mg daily on 1/24. **Change PRN IV nalbuphine to 1.25mg BID PRN**
- HM IV per orders

#Anion gap metabolic acidosis
Suspect due to starvation ketosis
- Beta hydroxybutyrate
- UA for ketones (difficult as incontinent, unless we straight cath)
- start D5 1/2NS for mIVF for 1L
- VBG with lactate with AM labs

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

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Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
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-Hct stable
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#2nd degree AV block
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-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.

- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
36. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
37. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent
- ongoing **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**

#FEN:
At high risk of refeeding given inadequate oral intake >5 days.
- Vitamin D 2000IU daily
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
    - s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily

#T2DM
- Discontinued SSI since not triggering insulin

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Chi, Frank, MD at 1/26/2025 4:59 PM

Decker, Troy, PA-C at 1/27/2025 0917

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Clinical Notes (group 11 of 17) (continued)

Jeanne Hoffman is a 100-year-old woman with status post left above-the-knee amputation for ischemic limb on 1/9/2025. She has baseline delirium, agitation, and is hard of hearing. Her son was with her today at the bedside who help me take the dressing down on her left stump. The incision is well-approximated, without erythema and drainage. It looks like it is healing to me. However, I do have some concerns about her nutritional status and oral intake. I have elected to leave the staples in for at least another 2 weeks. If she is here, I'd be happy to take them out. I will visit weekly.

Spoke to the son about rehabilitation and trying to get hip extension to prevent contracture. He said that the therapists are trying but her agitation has limited rehabilitation.

Troy Decker, MPAS, PA-C
Teaching Associate
UWMC Vascular Surgery
Ph. 206-598-4477
Fax 206-598-2532

1/27/2025:



Electronically signed by Decker, Troy, PA-C at 1/27/2025 11:51 AM

Bustamante, Nicole Alexandra, SLP at 1/27/2025 1100

Speech Language Pathology Progress

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 01/27/25
Treatment Duration: 21 Minutes (swallow tx)

Subjective

Patient Report/Self-Assessment: RN cleared SLP for entry. Pt is alert on arrival, appears restless. Supportive son at bedside.
Patient Stated Goal: Per son, to resume PO intake and avoid NGT placement

Prior Function

Prior Function: Patient was seen by SLP november 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table
IADLs: Requires assist

Objective

Patient Information
Temperature: Afebrile
Respiratory Status: Room air
Behavior/Cognition: Alert;Impulsive;Distractible;No command following
Patient Positioning: Upright in bed

Consistencies Assessed: 1-Slightly Thick (Ensure)

0-Thin Liquids - Presentation: Spoon

Consistencies Assessed Comment: pt declined a majority of PO trials by shaking her head
Oral Phase: Other;Spillage Right (difficulty achieving intra-oral pressure for straw use)
Pharyngeal Phase: Other (laryngeal elevation present)
Signs/Symptoms of Penetration/Aspiration: None (note that silent aspiration cannot be excluded at bedside)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

Oral Mechanism Examination
Dentition: Adequate with dentures
Oral mucosa: Dry

ASSESSMENT/PLAN

Pt seen for swallow tx w/ supportive son present. Given pt's age and waxing/waning mentation, anticipate some degree of ongoing aspiration risk w/ any PO intake. This was discussed w/ pt's son, who states that he does not want an NGT placed and that he is accepting of aspiration risk. Given pt/family GOC, recommend a minced and moist diet (son's request) and thin liquids. Please provide careful 1:1 feeding vs supervision, adhere to strict aspiration precautions and d/c PO w/ inadequate alertness/mentation.

Dysphagia: Other (?presbyphagia + superimposed acute dysphagia i/s/o delirium)
Aspiration Risk: Moderate;High (likely iso waxing/waning mentation)

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: Delirium
Prognosis: Fair

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education
SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 5-Minced and moist;0-Thin liquids (per pt/family GOC)
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 02/22/25
Goal Status: Progressing

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 02/22/25
Goal Status: Progressing

Electronically signed by Bustamante, Nicole Alexandra, SLP at 1/29/2025 9:18 AM

Zafar, Zaeema, DO at 1/27/2025 1424

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

NAEON. Awake this AM but I wasn't able to understand most of her responses. When asked what year it is, she states January.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- nalbuphine, 2.6 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- pill crusher, ,
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- dextrose 5% and sodium chloride 0.45%, 80 mL/hr, Continuous, Last Rate: 80 mL/hr (01/27/25 0938)

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 1.2 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- pill crusher, ,
- polyethylene glycol 3350, 17 g, Daily PRN

- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36 °C (01/27/25 1036) **BP: (!) 149/64** (01/27/25 1230) **HR:** 71 (01/27/25 1036)
RR: (!) 27 (01/27/25 1036) **SpO2:** 94 % (01/27/25 1036) Room air
T range: Temp Min: 36 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52.4 kg (115 lb 8.3 oz) (01/27/25 0829)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/27/2025 1424
Last data filed at 1/27/2025 1252

Intake	771 ml
Output	—
Net	**771 ml**

Physical Exam

Gen: Laying in bed, NAD
Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: Shallow breathing, clear
Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Lethargic, but then will be very restless. Not following commands

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
141	105	10	181	11.1	AST: -	ALT: -	-/-/-/- | 7.37/34/31/20	
4.1	20	0.77		7.02 >< 372	AP: -	T bili: -	Lact (a): -	Lact (v): 1.6
eGFR: >60		Ca: 8.2		35	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: -		ANC: - ALC: -			BNP: - INR: -	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium

#Delirium
#Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
- **Restarted guanfacine 1mg BID as it helped when she was in the MICU**
- delirium precautions

- treatment pain where able as below (attempting to minimize deliriogenic meds)
- consider further infectious workup if continues with delirium esp if there is evidence of other lab abnormalities
- CXR with stable consolidation. Given this stability and normal vitals, no white count I have a low suspiction for a PNA causing her delerium.

#Aspiration risk
-Current picture c/w aspiration
-Afebrile, not hypoxic, no abx for now
-SLP evaluated the patient. Son was at bedside. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. As such, ordered for minced diet with thin liquids and strict aspiration precautions.
-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Hoarse/soft voice, improving
New, per son. Per RN team, previously could verbalize. Son states her hoarseness is improving
- consider OTO c/s for laryngoscopy if not continuing to improve, but she would need to be cooperative

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8 -> **rectal tylenol while unable to safely swallow**
- Buprenorphine patch 5mcg q7 days
- Nalbuphine: decreased from 5mg to 2.5mg daily on 1/24. **Change PRN IV nalbuphine to 1.25mg BID PRN**
- HM IV per orders

#Anion gap metabolic acidosis
2/2 starvation ketosis
- Beta hydroxybutyrate elevated
- UA for ketones (difficult as incontinent, unless we straight cath)
- continue D5 1/2NS for mIVF for 1L, restarted PO diet as above
- VBG with normal PH and normal LA

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:

Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
36. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
37. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3.
4. #Disposition planning
5. -SW following, see notes
6. - She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
7. - currently unhoused, living in tent
8. - ongoing **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**
9.
10. #FEN:
11. At high risk of refeeding given inadequate oral intake >5 days.
12. - Vitamin D 2000IU daily
13. - zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
14. - Daily thiamine
15. - s/p high dose thiamine
16. - Prenatal multivitamin
17. - Ascorbic acid 500 mg BID x 14 days PO
18. -Vit B12 daily
19.
20. #T2DM
21. - Discontinued SSI since not triggering insulin
22.
23. #s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
24. dressing per vascular
25. NWB LLE once able to get up
26.
27. **Inpatient Checklist:**
28. Fluids/Electrolytes/Nutrition: Regular CC diet
29. Prophylaxis: SQ heparin for DVT
30. Lines/Drains/Airways: PIV
31. Disposition: Acute care
32. Code Status: Full Code

33. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
34.
35.

Electronically signed by Zafar, Zaeema, DO at 1/27/2025 3:33 PM

Barnhart, Shelley Lea, RD at 1/27/2025 1705

Inpatient Follow Up Nutrition Assessment

PI: Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Recommendations/Interventions:
ORAL NUTRITION:
- consider liberalizing diet, remove carb restriction
- encourage oral nutrition supplements: Ensure Plus TID
- appreciate nursing documentation of %meals consumed

NUTRITION SUPPORT:
- recommend GOC discussion prior to any artificial nutrition given advanced age, current status

VITAMINS/SUPPLEMENTS:
- thiamine 100 mg po daily
- Cholecalciferol 2000 internation units daily for maintenance
- 220 mg zinc sulfate, x14 days then recheck labs
- 500 mg ascorbic acid, x14 days

Subjective

Current Nutrition Assessment:
FEN:
- diet order NPO starting 1/25 d/t concern for aspiration, diet advanced today
- per nursing documentation:

	Percent Meals Eaten (%)
01/24/25 1300	25

	Oral Nutritional Supplement Intake (mL)
01/27/25 1130	1 mL
01/27/25 0800	0 mL
01/26/25 1654	0 mL
01/26/25 1130	0 mL
01/26/25 0800	0 mL
01/25/25 1700	0 mL
01/25/25 1130	0 mL
01/25/25 0800	0 mL
01/24/25 1700	0 mL

01/24/25 1130	0 mL
01/24/25 0800	50 mL

- po intake less than 25% of estimated needs last 2 days, 60% or less since admit, no po intake x5 days pta per nutrition hx (PO <75% of estimated needs x23 days)

GI: dysphagia
Edema/Fluid: +2 RLE
Weight: wt gain since admit d/t fluids
Wounds Present: Yes, L BKA, partial thickness wound to perineum, stage 1 pressure injury to back

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective
Labs:

Lab Results

Component	Value	Date
SODIUM	141	01/27/2025
POTASSIUM	4.1	01/27/2025
MAGNESIUM	1.7 (L)	01/27/2025
PHOSPHATE	3.6	01/23/2025
CA	8.2 (L)	01/27/2025
BUN	10	01/27/2025
CREATININE	0.77	01/27/2025
GLUCOSE	181 (H)	01/27/2025
A1C	6.6 (H)	01/10/2025
VITD	22.9	01/16/2025

Lab Results

Component	Value	Date
GLUCOSE	181 (H)	01/27/2025
GLUCOSE	101	01/26/2025
GLUCOSE	112	01/25/2025
GLUCOSE	125	01/25/2025
GLUCOSE	111	01/25/2025
GLUCOSE	113	01/25/2025
GLUCOSE	208 (H)	01/25/2025
GLUCOSE	125	01/24/2025
GLUCOSE	136 (H)	01/24/2025
GLUCOSE	109	01/24/2025

Medications:
acetaminophen, 650 mg, Oral, q8h SCH
ascorbic acid, 500 mg, Oral, BID
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
buprenorphine, 1 patch, Transdermal, q7 days SCH

cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
guanFACINE, 1 mg, Oral, BID
heparin, 5,000 units, Subcutaneous, q12h SCH
lidocaine, 1 patch, Topical, q24h
nalbuphine, 2.6 mg, Intravenous, q24h
omeprazole, 20 mg, Oral, Daily empty stomach
pill crusher, , ,
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID
zinc sulfate, 220 mg, Oral, Daily

dextrose 5% and sodium chloride 0.45%, 80 mL/hr, Last Rate: 80 mL/hr (01/27/25 0938)

Lines/Drains/Airways/Wounds:

Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm (Active)

Site Assessment	Clean;Dry;Intact	01/16/25 0900
Line Status	Infusing	01/16/25 0900
Dressing Type	Transparent	01/16/25 0900
Dressing Status	Clean;Dry;Intact	01/16/25 0900
Dressing Change Due	01/22/25	01/16/25 0900
Reason Not Rotated	Not due	01/16/25 0900
Phlebitis Grade	0	01/16/25 0900
Infiltration Grade	0	01/16/25 0900

Urethral Catheter 01/09/25 (Active)

Site Assessment	Clean;Skin intact	01/16/25 0900
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care;Bag emptied	01/16/25 1033
Collection Container	No dependent loops;Standard drainage bag;To dependent drainage	01/16/25 1033
Securement Method	Right thigh;Securing device (Describe)	01/16/25 1033
Reason for Continuing Urinary Catheterization past POD 1	Incontinence inhibiting healing of stage 3 or > pressure injury or sacral/perineal wounds	01/16/25 1033
Output (mL)	275 mL	01/16/25 0742

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

Assessments	1/9/2025 4:57 PM	1/27/2025 9:40 AM
Peri-Wound Assessment	—	Dry;Pink;Pale;Painful;Clean
Closure	Sutures;Staples;Other (Comment)	Staples
Drainage Amount	—	None

Dressing	—	Gauze;Elastic Wrap (ACE);Other (Comment)
Dressing Changed	—	New
Dressing Status	—	Clean;Dry;Intact

Active Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1245	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Active	Decker, Troy, PA-C

Inactive Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1243	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Discontinued	Decker, Troy, PA-C

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM	1/27/2025 2:00 PM
Wound Bed/Base Assessment	Clean;Dry;Pink	Blanchable erythema;Clean;Dry
Peri-Wound Assessment	Clean;Dry;Pink	Fragile;Clean;Dry
Closure	—	None
Drainage Amount	None	None
Dressing	Barrier Cream	Barrier Cream;Mepilex Border
Dressing Changed	New	Reapplication
Dressing Status	—	Clean;Dry;Intact
Wound Length (cm)	—	10 cm
Wound Width (cm)	—	9 cm
Wound Surface Area (cm^2)	—	90 cm^2
Edges	Undefined edges	Undefined edges
Non-staged Wound Description	Partial thickness	—

No associated orders.

Wound 01/13/25 Incision Chest Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/13/25 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision

Assessments	1/13/2025 5:00 PM	1/27/2025 9:40 AM
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Pink

Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact
Closure	Sutures;Skin glue	Skin glue
Drainage Amount	None	None
Dressing	Island Dressing (Primapore)	None - Open to air
Dressing Changed	New	—
Dressing Status	Clean;Dry;Intact	—

No associated orders.

Wound 01/24/25 Back Medial (Active)

Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial

Assessments	1/24/2025 8:20 AM	1/27/2025 2:00 PM
Wound Bed/Base Assessment	Clean;Pink	Scab
Peri-Wound Assessment	Pink;Blanchable erythema	Clean;Dry;Intact;Pink;Fragile
Closure	—	None
Drainage Amount	None	None
Dressing	—	None - Open to air
Wound Length (cm)	0.5 cm	1 cm
Wound Width (cm)	0.5 cm	0.5 cm
Wound Surface Area (cm^2)	0.25 cm^2	0.5 cm^2
Edges	—	Well-defined edges
Pressure Injury Stage	Stage 2	—

No associated orders.

Wound 01/25/25 Other (comment) Heel Right (Active)

Date First Assessed/Time First Assessed: 01/25/25 1052 Primary Wound Type: (c) Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): (c)

Assessments	1/25/2025 10:53 AM	1/27/2025 2:00 PM
Peri-Wound Assessment	Pale	Clean;Dry;Intact;Blanchable erythema
Drainage Amount	None	—
Dressing	Mepilex Border	None - Open to air
Dressing Status	Clean;Dry;Intact	—
Characteristics, Tunneling, Undermining	blanchable erythema	—
Wound Length (cm)	6 cm	6 cm
Wound Width (cm)	4 cm	4 cm
Wound Surface Area (cm^2)	24 cm^2	24 cm^2
Wound Depth (cm)	0 cm	—
Wound Volume (cm^3)	0 cm^3	—
Edges	Attached edges	—
Pressure Injury Stage	Other (Comment)	—

No associated orders.

Active Diet Order: Yes
Diet: General Heart Healthy Carb Managed

Nutrition Support: No

Admission Anthropometrics:
Weight: 45.5 kg (100 lb 6.4 oz)
Admit kg/m2

UBW: 125 lb per son 1/16
UBW%: 80%

Assessment/Plan
Current Anthropometrics:
Weight for the past 168 hrs:

	Weight
01/27/25 0829	52.4 kg (115 lb 8.3 oz)
01/26/25 1503	52 kg (114 lb 10.2 oz)
01/21/25 1100	49.1 kg (108 lb 3.9 oz)

Current Body mass index is 22.56 kg/m².

Estimated Nutrition Needs
Using lowest wt, 43.7 kg
Energy: 1092-1311 kcal (25-30 kcal/kg)
Protein: 56-66 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Malnutrition Assessment: Severe malnutrition
Malnutrition: Present at admission?: Yes

Interventions:
Coordination of Care:
Chart reviewed.

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.

Language Support:
No interpreter needed (documented language preference is English)

Plan / Monitoring and Evaluation:
Monitor oral intake and tolerance.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Barnhart, Shelley Lea, RD at 1/27/2025 5:22 PM

Portante, Katie, LSWAIC at 1/28/2025 1306

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care Coordination;Chart Review/Screening;Discharge planning;Consult with healthcare team/provider/community

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt's LNOK/son Louis is open to short-term rehab, requesting to speak w/ SW.

SW met w/ pt and son Louis at bedside, introduced self, role, and reason for visit. Louis provided extensive background on his and his mother's background and experience/concerns with housing assistance on Bainbridge Island. MSW provided empathetic listening. Per son Louis, they have recently lost their permanent housing and have been living in large tent that has flooring, running water, and heat. MSW explained the role and limits of inpatient SW, Louis expressed understanding. Louis states he is open to short term rehab only, not long term care. MSW explained some of the possible barriers to SNF acceptance for rehab; Louis agreeable to initiating SNF referral when medically appropriate.

PLAN or OUTCOME:
SNF ref

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 1/28/2025 1:41 PM

Zafar, Zaeema, DO at 1/28/2025 1603

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

NAEON. Sleepy this AM.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- nalbuphine, 2.6 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 1.2 mg, BID PRN

- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36 °C (01/28/25 1100) BP: 118/64 (01/28/25 1100) HR: 70 (01/28/25 1100)
RR: (!) 22 (01/28/25 1100) **SpO2:** 95 % (01/28/25 1100) Room air
T range: Temp Min: 36 °C Max: 36 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52.3 kg (115 lb 4.8 oz) (01/28/25 1100)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/28/2025 1603
Last data filed at 1/28/2025 1100

Intake	447 ml
Output	1 ml
Net	**446 ml**

Physical Exam

Gen: Laying in bed, NAD
Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: Shallow breathing, clear
Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Lethargic, but then will be very restless. Not following commands

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - - / - - -	- / - >< - / -	AST: - ALT: - / AP: - T bili: - / Prot: - Alb: -	-/-/-/- | -/-/-/- / Lact (a): - Lact (v): - / Trop I: - D-dimer: - / BNP: - Anti-Xa: - / INR: -
eGFR: - Ca: - / Mg: - PO4: -	ANC: - / ALC: -		

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium

#Delirium
#Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough

- **Restarted guanfacine 1mg BID as it helped when she was in the MICU 1/27**
- Discussed with Louis about plan going forward. I expressed my concerns about his moms nutritional status in the setting of the delirium. I am concerned about her ability to recover overall post op, after prior aspirations, and her current starvation ketosis. He agreed for a 24H trial period with the guanfacine and if her mental status doesn't improve, we would have ongoing conversations about GOC.
- delirium precautions
- treatment pain where able as below (attempting to minimize deliriogenic meds)
- consider further infectious workup if continues with delirium esp if there is evidence of other lab abnormalities
- CXR with stable consolidation. Given this stability and normal vitals, no white count I have a low suspiction for a PNA causing her delerium.

#Aspiration risk
-Current picture c/w aspiration
-Afebrile, not hypoxic, no abx for now
-SLP evaluated the patient. Son was at bedside. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. As such, ordered for minced diet with thin liquids and strict aspiration precautions.
-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Hoarse/soft voice, improving
New, per son. Per RN team, previously could verbalize. Son states her hoarseness is improving
- consider OTO c/s for laryngoscopy if not continuing to improve, but she would need to be cooperative

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8 -> **rectal tylenol while unable to safely swallow**
- Buprenorphine patch 5mcg q7 days
- Nalbuphine: decreased from 5mg to 2.5mg daily on 1/24. **Change PRN IV nalbuphine to 1.25mg BID PRN**
- HM IV per orders

#Anion gap metabolic acidosis
2/2 starvation ketosis
- Beta hydroxybutyrate elevated
- UA for ketones (difficult as incontinent, unless we straight cath)
-S/p D5 1/2NS for mIVF for 1L, restarted PO diet as above
- VBG with normal PH and normal LA

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are

in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
36. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
37. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent
- ongoing **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation. On 1/28 he told me he would be okay with the patient going to a rehab facility for a short stay while he works on long term housing.**

#FEN:
At high risk of refeeding given inadequate oral intake >5 days.
- Vitamin D 2000IU daily
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
    - s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily

#T2DM
- Discontinued SSI since not triggering insulin

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular

NWB LLE once able to get up

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Zafar, Zaeema, DO at 1/28/2025 4:06 PM

Physical Therapy Treatment

Jeanne Leonie Hoffman
U8170135

1/29/2025
Duration of session: 60 Minutes

Subjective
Patient Report/Self-Assessment: Pt agreeable to PT, communication via whiteboard

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Lives in tent with flooring and heating
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (Transport chair)

Functional Level:
Bed Mobility
Rolling Left: Maximum Assist (between 50-74% help needed)
Rolling Right: Maximum Assist (between 50-74% help needed)
Supine to Sit: Moderate Assist (between 25-49% help needed)
Sit to Supine: Maximum Assist (between 50-74% help needed)
Scooting: Maximum Assist (between 50-74% help needed)
Transfers
Sit<>Stand: Dependent (greater than 75% help needed)
Stand <> Sit: Dependent (greater than 75% help needed)

Interventions:
Therex: Edu on hip extension ex in SL - performed x20 AAROM hip extension exercises
Theract: Rolling B, then to EOB. Dependent for footwear. STS x1 with total assistance of two, pt declines second stand and requests to lay down Extensive time spent edu son Louis on goal of SNF rehab, importance of having correct equiptment and training for safety prior to returning home. Son upset that she does not already have prosthetic and that she is not doing more. Feels like when she was in rehab in the past, she was in bed and getting weaker there
Balance/Neuro Re-ed:
Gait Training:

ASSESSMENT/PLAN

Jeanne was seen for a bed level exercise that she was able to complete with help from her son. Pt able to dangle EOB with mod-max A and then attempt a partial stand with total 2 person assistance. Pt declined second stand and urgently laid backwards on bed, dependent to return to supine and reposition. Education provided to pts son on goal of SNF, post op amputee expectations (if she is a prosthesis candidate she will not obtain one for months to years), and that SNF is for temporary rehab to prepare her and Louis for home. Pt is making progress compared to eval, but cognition and communication with pt are barriers to progress in addition to comborbidities, nutrition, etc

Barriers to Discharge: Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Not Progressing
Goal: Sit unsupported for (30 min)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 01/24/25
Goal Status: Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: dangle EOB/scooting? sling for L UE PRN

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: Lift for transfers to TIS chair

Kelly Whitney, PT

Electronically signed by Whitney, Kelly, PT at 1/29/2025 1:20 PM

Zafar, Zaeema, DO at 1/29/2025 1703

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025

Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

NAEON. More awake for me today, however I was having a difficult time understanding her. Son wasn't at bedside

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- nalbuphine, 2.6 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 1.2 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.1 °C (01/29/25 1605) **BP: (!) 193/90** (01/29/25 1629) **HR:** 70 (01/29/25 1605)
RR: 20 (01/29/25 1605) **SpO2:** 93 % (01/29/25 0735) Room air
T range: Temp Min: 36.1 °C Max: 36.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52.3 kg (115 lb 4.8 oz) (01/28/25 1100)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/29/2025 1703
Last data filed at 1/29/2025 1632

Intake	120 ml
Output	350 ml
Net	**-230 ml**

Physical Exam

Gen: Laying in bed, NAD
Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: Shallow breathing, clear
Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Lethargic, but then will be very restless. Not following commands

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - -	-	AST: - ALT: -	-/-/-/- | -/-/-/-
- - -	- >< -	AP: - T bili: -	Lact (a): - Lact (v): -
eGFR: - Ca: -	-	Prot: - Alb: -	Trop I: - D-dimer: -
Mg: - PO4: -	ANC: -		BNP: - Anti-Xa: -
	ALC: -		INR: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium

#Delirium
#Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
- **Continue guanfacine 1mg BID as it helped when she was in the MICU (restarted 1/27)**
- Discussed with Louis about plan going forward. I expressed my concerns about his moms nutritional status in the setting of the delirium. I am concerned about her ability to recover overall post op, after prior aspirations, and her current starvation ketosis. He agreed for a 24-48H H trial period with the guanfacine and if her mental status doesn't improve, we would have ongoing conversations about GOC.
- delirium precautions
- treatment pain where able as below (attempting to minimize deliriogenic meds)
- consider further infectious workup if continues with delirium esp if there is evidence of other lab abnormalities
- CXR with stable consolidation. Given this stability and normal vitals, no white count I have a low suspiction for a PNA causing her delerium.

#Aspiration risk
-Current picture c/w aspiration
-Afebrile, not hypoxic, no abx for now
-SLP evaluated the patient. Son was at bedside. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. As such, ordered for minced diet with thin liquids and strict aspiration precautions.
-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Hoarse/soft voice, improving
New, per son. Per RN team, previously could verbalize. Son states her hoarseness is improving
- consider OTO c/s for laryngoscopy if not continuing to improve, but she would need to be cooperative

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8 -> **rectal tylenol if concerned that she cannot swallow PO**
- Buprenorphine patch 5mcg q7 days
- **Nalbuphine: Slowly weaning, will decrease to IV nalbuphine to 1.25mg daily PRN**

#Anion gap metabolic acidosis
2/2 starvation ketosis
- Beta hydroxybutyrate elevated
- UA for ketones (difficult as incontinent, unless we straight cath)
-S/p D5 1/2NS for mIVF for 1L, restarted PO diet as above
- VBG with normal PH and normal LA

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consulted placed to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.

Clinical Notes (group 12 of 17) (continued)

-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
1. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
2. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent
- ongoing **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation. On 1/28 he told me he would be okay with the patient going to a rehab facility for a short stay while he works on long term housing.**

#FEN:
At high risk of refeeding given inadequate oral intake >5 days.
- Vitamin D 2000IU daily
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
- s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily

#T2DM
- Discontinued SSI since not triggering insulin

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Zafar, Zaeema, DO at 1/29/2025 5:08 PM

Dela Cruz, Catherine B, RN at 1/30/2025 0305

Illness Severity

Stable

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2300-0700
Unable to determine orientation. Sometime able to answer yes/no questions. Mildly agitated, able to take Melatonin but very aspiration risk. Pt won't swallow apple sauce and pills, needs a lot of encouragement. Oral care done. Audible crackles noted, sating 100% on room air. Turn q2hrs with 2PA. Mepilex on sacrum and spine. Using purewick. Pt frequently removed her pulse oximeter, No order for continues O2 monitoring, pulse ox removed. Son at bedside sleeping most of the time.

Action Items

*Nubain comes from pharmacy overfilled by 0.05 mL, double check volume prior to administration. Nubain to be given IV over 2-3 minutes.
-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.

Situational Awareness

- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Dela Cruz, Catherine B, RN at 1/30/2025 3:06 AM

Crowley, Chad T, CPO at 1/30/2025 1120

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

Service :
Ms. Hoffman was seen on 7SA for prosthetic intervention, per order. The patient presents with left AKA (1/9/25) outside hospital. The patient was lying in bed with left Una boot style Ace wrap over her residual limb. Presents with disorientation and delirium. Prosthetic introduction to her son. We discussed the prosthetic process and time line with her son. He reports that he is her primary caregiver. Her current Ace wrap appears to provide appropriate protection at this time. Discussed with her son that a hard shell splint will not stay in place due to her trans femoral level. If her dressings need support then we usually recommend incorporating a trans femoral retention sock with a waist belt. Once her staples are removed she will benefit from a trans femoral shrinker sock. The prosthetic team will continue to follow for any further intervention if needed.

Electronically signed by Crowley, Chad T, CPO at 1/30/2025 4:45 PM

Portante, Katie, LSWAIC at 1/30/2025 1327

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Discharge planning

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, after continued discussion w/ son Louis he is amenable to short-term rehab. MSW placed SNF referrals per MD request.

PLAN or OUTCOME:
F/u re: SNF ref, f/u w/ son Louis

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 1/30/2025 1:32 PM

Zafar, Zaeema, DO at 1/30/2025 1854

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia

and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

Had an extensive conversation with Louis today. Please see ACP note

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.3 °C (01/30/25 1549) **BP: (!) 147/82** (01/30/25 1549) **HR:** 80 (01/30/25 1549)
RR: (!) 22 (01/30/25 1549) **SpO2:** 95 % (01/30/25 1549) Room air
T range: Temp Min: 36.3 °C Max: 36.9 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52.4 kg (115 lb 8.3 oz) (01/30/25 0800)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/30/2025 1854
Last data filed at 1/30/2025 1730

Intake	0 ml
Output	500 ml
Net	**-500 ml**

Physical Exam
Gen: Laying in bed, NAD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 12 of 17) (continued)

Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: Shallow breathing, clear
Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Lethargic, but then will be very restless. Not following commands

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
141	105	8	136	Reorder requested, quantity not sufficient	AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.0	26	0.58		Reorder requested, quantity not sufficient >< Reorder requested, quantity not sufficient	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.7		Reorder requested, quantity not sufficient	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: -		ANC: - ALC: -			BNP: - INR: -	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium

#Delirium
#Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
- **Continue guanfacine 1mg BID as it helped when she was in the MICU (restarted 1/27)**

- Discussed with Louis about plan going forward. I expressed my concerns about his moms nutritional status in the setting of the delirium. I am concerned about her ability to recover overall post op, after prior aspirations, and her current starvation ketosis. However given some improvement noted on the guanfacine with increased PO intake, participation in PT, more alertness, will attempt for SNF referrals.
- delirium precautions
- treatment pain where able as below (attempting to minimize deliriogenic meds)
- consider further infectious workup if continues with delirium esp if there is evidence of other lab abnormalities
- CXR with stable consolidation. Given this stability and normal vitals, no white count I have a low suspiction for a PNA causing her delerium.

#Aspiration risk
-Current picture c/w aspiration
-Afebrile, not hypoxic, no abx for now
-SLP evaluated the patient. Son was at bedside. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. As such, ordered for minced diet with thin liquids and strict aspiration precautions.
-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Hoarse/soft voice, improving
New, per son. Per RN team, previously could verbalize. Son states her hoarseness is improving
- consider OTO c/s for laryngoscopy if not continuing to improve, but she would need to be cooperative

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8 -> **rectal tylenol if concerned that she cannot swallow PO**
- Buprenorphine patch 5mcg q7 days
- **DC Nalbuphine 1/30**

#Anion gap metabolic acidosis
2/2 starvation ketosis
- Beta hydroxybutyrate elevated
- UA for ketones (difficult as incontinent, unless we straight cath)
-S/p D5 1/2NS for mIVF for 1L, restarted PO diet as above
- VBG with normal PH and normal LA

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- **Staples out after 2/21/25**.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consulted placed to P&O for hard shell protective AKA boot.
- Saw patient and felt that the current ACE wraps provide enough protection. Once staples are out, recommend trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are

in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this tomorrow**

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
36. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
37. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3.
4. #Disposition planning
5. -SW following, see notes
6. - She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
7. - currently unhoused, living in tent. However is working with bainbridge locals on establishing community emergency response team housing.
8. -Patient son has agreed for a short SNF stay to allow his mom to recover from the AKA.
9.
10. #FEN:
11. At high risk of refeeding given inadequate oral intake >5 days.
12. - Vitamin D 2000IU daily
13. - zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
14. - Daily thiamine
15. - s/p high dose thiamine
16. - Prenatal multivitamin
17. - Ascorbic acid 500 mg BID x 14 days PO
18. -Vit B12 daily
19.
20. #T2DM
21. - Discontinued SSI since not triggering insulin
22.
23. #s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
24. dressing per vascular
25. NWB LLE once able to get up
26.
27. **Inpatient Checklist:**

28. Fluids/Electrolytes/Nutrition: Regular CC diet
29. Prophylaxis: SQ heparin for DVT
30. Lines/Drains/Airways: PIV
31. Disposition: DNR/DNI
32. Code Status: Full Code
33. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
34.
35.

Electronically signed by Zafar, Zaeema, DO at 1/30/2025 7:08 PM

Landdeck, Stephanie Ann, LICSW at 1/31/2025 1424

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: SNF for short term rehab
Potential barriers/concerns: Nonpermanent housing - living in Yurt; connected to housing org outpatient
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker - waxes and wanes, Has son, Louis DPOA

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Placement - Skilled Nursing Facility;Discharge planning

Covering SW attended rounds and reviewed chart. Per handoff, pt's son only interested in SNF for short term rehab, not interested in LTC or applying for Medicaid (LTC coverage).

SW reviewed the SNF referrals sent yesterday for their responses. A couple interested facilities were requiring LTC Medicaid. 3 other facilities had expressed interest without requiring LTC Medicaid (Ballard Center, Washington Care Center, and Valley View SNF).

SW met with pt and son in family lounge, pt sitting up in wheelchair with tomato soup nearby but very somnolent and asking where she is. Son using whiteboard to write responses as pt does not have working hearing aids at this time. SW presented pt's son with list of 3 facilities above. We discussed the options and he would like to call/visit the facilities before making any decisions. It's important to him that the facility is easy to access via public transit. SW encouraged him to use the weekend to narrow down his choices, so that we could begin requesting insurance authorization on Monday at the latest.

PLAN or OUTCOME:
SW to f/u with pt's son about facility choice for SNF on Monday.

MSW to update APS CM upon discharge - Caroline, APS CM (360.814.9682, fax 360.478.4570).

Electronically signed by Landdeck, Stephanie Ann, LICSW at 1/31/2025 2:33 PM

Sokol-Hessner, Lauge, MD at 1/31/2025 1906

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY: Patient is asleep during our interaction today. Discussed with Louis, son, who is at bedside. Plans for getting her into the wheelchair today. We discussed SNF plans.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.5 °C (01/31/25 1558) **BP: 121/76 (01/31/25 1558)** **HR:** 79 (01/31/25 1558)
RR: (!) 25 (01/31/25 1558) **SpO2:** 97 % (01/31/25 1558) Room air
T range: Temp Min: 36 °C Max: 36.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52.2 kg (115 lb 1.3 oz) (01/31/25 1500)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/31/2025 1906
Last data filed at 1/31/2025 1500

Intake	780 ml
Output	0 ml
Net	**780 ml**

Physical Exam
Elderly woman lying in bed asleep, awakens briefly but is very hard of hearing and does not speak
Anicteric, MMM
Equal chest rise, CTAB anteriorly, no work of breathing or cough
Heart regular
Abdomen soft, NTND
Extremities warm and well-perfused, her right lower extremity has trace pitting edema, she has a left above-knee amputation

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
140 106 8 / 129 3.4 23 0.62 eGFR: >60 Ca: 7.5 Mg: 2.4 PO4: 2.7	10.5 4.67 >< 185 31 ANC: 2.86 ALC: 1.21	AST: 18 ALT: 8 AP: 61 T bili: 0.5 Prot: 5.4 Alb: 2.8	-/-/-/- | -/-/-/- Lact (a): - Lact (v): - Trop I: - D-dimer: - BNP: - Anti-Xa: - INR: -

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

#Delirium
-Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain.
-While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID (off label usage for delirium). Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
-**continue guanfacine 1mg BID as it helped when she was in the MICU (restarted 1/27)**
-prior hospitalist discussed with Louis about plan going forward, expressing concerns about his mom's nutritional status in the setting of the delirium, with aspiration risk
-given some improvement noted on the guanfacine with increased PO intake, participation in PT, more alertness, now pursuing SNF referrals
-continue delirium precautions
-proactively treat pain as below (attempting to minimize deliriogenic meds)
-monitor for infection or other complications

#Aspiration risk

-current picture c/w aspiration
-1/27 CXR with stable consolidation, but given lack of cough, fever, hypoxemia, or leukocytosis, there's been low suspiction for PNA, and she remains off abx
-monitor mild tachypnea
-SLP evaluated the patient. Son was at bedside. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. As such, ordered for minced diet with thin liquids and strict aspiration precautions.
-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Hoarse/soft voice, improving
-New, per son. Per RN team, previously could verbalize. Son states her hoarseness is improving
-consider OTO c/s for laryngoscopy if not continuing to improve, but she would need to be cooperative

#Acute Pain 2/2 recent L above knee amputation
-APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
-s/p Ropivacaine
-APAP 650 mg q8 -> **rectal tylenol if concerned that she cannot swallow PO -- and consider increasing on 2/1 -- note the son seems to believe APAP causes sedation, so may need to negotiate increases (e.g. would prefer to do 1000mg Q6H standing to maximize pain control)**
-Buprenorphine patch 5mcg q7 days
-D/C'd Nalbuphine 1/30

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- **Staples out after 2/21/25**.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
-Consulted placed to P&O for hard shell protective AKA boot.
-Saw patient and felt that the current ACE wraps provide enough protection. Once staples are out, recommend trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#Right lower extremity swelling:
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anion gap metabolic acidosis, resolved (suspect was 2/2 starvation ketosis)
-Beta hydroxybutyrate was elevated
-S/p D5 1/2NS for mIVF for 1L, restarted PO diet as above
-VBG with normal pH and normal lactiac acid
-monitor with daily BMP

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia
-repleting to goal 4.0
-rechecking in AM

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
36. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
37. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent. However is working with bainbridge locals on establishing community emergency response team housing.
-Patient son has agreed for a short SNF stay to allow his mom to recover from the AKA.

#FEN:
At high risk of refeeding given inadequate oral intake >5 days.
- Vitamin D 2000IU daily
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
- s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily
-daily BMP & lytes

#T2DM
- Discontinued SSI since not triggering insulin

#IV access
-lost IV, is ok without one for the time being (as of 1/31) but will re-evaluate daily based on clinical status

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: DNR/DNI
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

34.
35.

Electronically signed by Sokol-Hessner, Lauge, MD at 1/31/2025 7:22 PM

Sokol-Hessner, Lauge, MD at 2/1/2025 1652

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY: Patient is up in a wheelchair today, more awake. Her son is at her side. I write questions on a board: "how are you?" She shrugs; "any questions?" She shakes her head no. Later in the conversation with her son, she asks when she's going home (it's hard for me to understand her, but that's how he explains what she has tried to verbalize). We discussed increasing her acetaminophen to try to help with pain, and he's ok with this. He would like to review her entire med list with me tomorrow.

SCHEDULED MEDICATIONS:
- acetaminophen, 1,000 mg, q8h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- potassium chloride ER, 40 mEq, BID
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36 °C (02/01/25 0856) BP: 138/79 (02/01/25 0856) HR: 70 (02/01/25 0856)
RR: 18 (02/01/25 0856) SpO2: 97 % (02/01/25 0856) Room air
T range: Temp Min: 36 °C Max: 36.4 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52 kg (114 lb 10.2 oz) (02/01/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/1/2025 1652
Last data filed at 2/1/2025 1500

Intake	730 ml
Output	300 ml
Net	**430 ml**

Physical Exam

Elderly woman seated in wheelchair next to the bed, alert, very hard of hearing, difficult to understand when she speaks
Anicteric, MMM
Equal chest rise, CTAB anteriorly, no work of breathing or cough
Heart regular
Abdomen soft, NTND
Extremities warm and well-perfused, her right lower extremity has 1+ pitting edema, she has a left above-knee amputation, dressing c/d/i

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
142	105	9	144	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.4	28	0.64		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.8		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.0		PO4: 2.4		ANC: - ALC: -			BNP: - INR: -	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

#Delirium
-Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain.
-While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID (off label usage for delirium). Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
-**continue guanfacine 1mg BID as it seemingly helped when she was in the MICU (restarted 1/27) -- will discuss taper off this with her son**
-prior hospitalist discussed with Louis about plan going forward, expressing concerns about his mom's nutritional

status in the setting of the delirium, with aspiration risk
-given some improvement noted on the guanfacine with increased PO intake, participation in PT, more alertness, now pursuing SNF referrals
-continue delirium precautions
-proactively treat pain as below (attempting to minimize deliriogenic meds)
-monitor for infection or other complications

#Aspiration risk
-current picture c/w aspiration
-1/27 CXR with stable consolidation, but given lack of cough, fever, hypoxemia, or leukocytosis, there's been low suspiction for PNA, and she remains off abx
-monitor mild tachypnea
-SLP evaluated the patient. Son was at bedside. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. As such, ordered for minced diet with thin liquids and strict aspiration precautions.
-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Hoarse/soft voice, improving
-New, per son. Per RN team, previously could verbalize. Son states her hoarseness is improving
-consider OTO c/s for laryngoscopy if not continuing to improve, but she would need to be cooperative

#Acute Pain 2/2 recent L above knee amputation
-APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
-s/p Ropivacaine
-increasing APAP to 1000mg Q8H, with additional 500mg daily PRN
-Buprenorphine patch 5mcg q7 days
-D/C'd Nalbuphine 1/30

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- **Staples out after 2/21/25**
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
-Consulted placed to P&O for hard shell protective AKA boot.
-Saw patient and felt that the current ACE wraps provide enough protection. Once staples are out, recommend trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#Right lower extremity swelling
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but it was a limited study
-continue to monitor

#Anion gap metabolic acidosis, resolved (suspect was 2/2 starvation ketosis)
-Beta hydroxybutyrate was elevated
-S/p D5 1/2NS for mIVF for 1L, restarted PO diet as above
-VBG with normal pH and normal lactiac acid
-monitor with daily BMP

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia
-repleting to goal 4.0
-rechecking in AM

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
36. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
37. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent. However is working with bainbridge locals on establishing community emergency response team housing.
-Patient son has agreed for a short SNF stay to allow his mom to recover from the AKA.

#FEN
At high risk of refeeding given inadequate oral intake >5 days.
- Vitamin D 2000IU daily
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
    - s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily
-daily BMP & lytes

#T2DM
- Discontinued SSI since not triggering insulin

#IV access
-lost IV, is ok without one for the time being (as of 2/1) but will re-evaluate daily based on clinical status

27. **Inpatient Checklist:**
28. Fluids/Electrolytes/Nutrition: Regular CC diet
29. Prophylaxis: SQ heparin for DVT
30. Lines/Drains/Airways: PIV
31. Disposition: DNR/DNI
32. Code Status: Full Code
33. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
34.
35.

Electronically signed by Sokol-Hessner, Lauge, MD at 2/1/2025 5:03 PM

Sokol-Hessner, Lauge, MD at 2/2/2025 1214

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY: Patient is more alert today. Son is at bedside. She's more interactive than I've observed previously. Doesn't speak, but does nod and interact, holding my hand, gesturing to him, etc. Her son and I discuss a number of issues. He's concerned about her keeping her mouth open, and how this leaves her mouth dry. I encourage discussion with S&S about safe mouth/oropharynx hydrating strategies. I reiterate our concerns about aspiration risk. I also review all of her medications with him. We agree to start trying to titrate the guanfacine given her improvement. He says she wants to go home. He describes that "home" is currently a sizeable plastic tent on Bainbridge Island. I express my concern that such a place is not appropriate for someone like her who is recovering from major surgery, especially in winter. I encourage pursuing SNF.

SCHEDULED MEDICATIONS:
- acetaminophen, 1,000 mg, q8h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.5 °C (02/02/25 0041) BP: 129/88 (02/02/25 0041) HR: 70 (02/02/25 0041)
RR: 18 (02/02/25 0041) SpO2: 96 % (02/02/25 0041) Room air
T range: Temp Min: 36 °C Max: 36.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52 kg (114 lb 10.2 oz) (02/01/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/2/2025 1214
Last data filed at 2/2/2025 0800

Intake	770 ml
Output	600 ml
Net	**170 ml**

Physical Exam
Elderly woman lying in bed, alert, very hard of hearing, but interactive, appropriate
Anicteric, MMM
Equal chest rise, CTAB anteriorly, no work of breathing or cough
Heart regular
Abdomen soft, NTND
Extremities warm and well-perfused, her right lower extremity has 1+ pitting edema, which is stable, and she has a left above-knee amputation, dressing c/d/i

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
141	104	11	175	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.6	27	0.64		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.3		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.9		PO4: 2.8		ANC: - ALC: -			BNP: - INR: -	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

#Delirium
-Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain
-While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID (off label usage for delirium). Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
-start to titrate guanfacine down, today going from 1mg BID to 0.5mg BID -- will d/w Pharmacy on 2/3 about a taper plan beyond this
-continue delirium precautions
-proactively treat pain as below (attempting to minimize deliriogenic meds)
-monitor for infection or other complications
-she continues to improve overall, more alert & interactive -- I've observed no agitation

#Aspiration risk
-current picture c/w chronic aspiration
-1/27 CXR with stable consolidation, but given lack of cough, fever, hypoxemia, or leukocytosis, there's been low suspicion for PNA, and she remains off abx
-mild tachypnea has resolved
-SLP evaluated the patient. Son was at bedside. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. As such, ordered for minced diet with thin liquids and strict aspiration precautions.
-prior hospitalist also discussed with pt's son (Louis) about the challenge of the patient's nutritional status in the setting of the delirium, with aspiration risk
-frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette
-at least one RN has raised concern about the son: *"He is attempting to aggressively give fluids to his mother... she is in turn coughing and having difficulty swallowing... Refuses to let us crush her meds for easier swallowing and refuses mouth swabs and is instead forcing large sips of water."*
-will ask S&S if they can speak with the son again on 2/3 about safer strategies to promote hydration

#Hoarse/soft voice, improving
-New, per son. Per RN team, previously could verbalize. Son states her hoarseness is improving
-consider OTO c/s for laryngoscopy if not continuing to improve, but she would need to be cooperative

#Acute Pain 2/2 recent L above knee amputation
-APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
-s/p Ropivacaine
-APAP 1000mg Q8H, with additional 500mg daily PRN
-Buprenorphine patch 5mcg q7 days
-D/C'd Nalbuphine 1/30

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- **Staples out after 2/21/25**
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
-Consulted placed to P&O for hard shell protective AKA boot.
-Saw patient and felt that the current ACE wraps provide enough protection. Once staples are out, recommend trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.

- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Anion gap metabolic acidosis, resolved (suspect was 2/2 starvation ketosis)
-Beta hydroxybutyrate was elevated
-S/p D5 1/2NS for mIVF for 1L, restarted PO diet as above
-VBG with normal pH and normal lactiac acid
-monitor with daily BMP

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia
-repleting to goal 4.0
-rechecking in AM

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
36. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
37. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #FEN
4. -Nutrition following
5. -son has been feeding her
6. -has been deemed at risk of refeeding given inadequate oral intake >5 days, but haven't seen significant electrolyte abnormalities (just mild hypokalemia)
7. -Vitamin D 2000IU daily
8. -zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
9. -s/p high dose thiamine, continue daily thiamine
10. -prenatal multivitamin
11. -ascorbic acid 500 mg BID x 14 days PO
12. -Vit B12 daily
13. -daily BMP & lytes
14.
15. #T2DM

16. - Discontinued SSI since not triggering insulin
17.
18. #IV access
19. -lost IV, is ok without one for the time being (as of 2/2) but will re-evaluate daily based on clinical status

#Disposition planning
- son and she are currently unhoused, living in a tent on Bainbridge Island
- son is working with bainbridge locals on establishing community emergency response team housing.
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
-continue to see how she participates in PT
-continue to pursue SNF referrals

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: DNR/DNI
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Sokol-Hessner, Lauge, MD at 2/2/2025 1:40 PM

Stanikzy, Ameenjohn A, RN at 2/3/2025 0638

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

2300-0700:
-AOX:3 Disoriented to year. aspiration risk, coughs with po meds intake.
-VS: SBP in the 130's Stable on RA
-I/O: Low PO intake on my shift. High aspiration risk.
-BM/UOP:Diminished urine output. Pure wick removed by Pt. Incontinent Bowel/Bladder.
-PAIN: Denies
-OTHER:
-Sacral Mepilex
-SLP evaluation 2/3

Electronically signed by Stanikzy, Ameenjohn A, RN at 2/3/2025 6:38 AM

Cipolaro, Janine M, CCC-SLP at 2/3/2025 1320

Speech Language Pathology Progress

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 02/03/25
Treatment Duration: 35 Minutes (swallow tx)

Subjective

Patient Report/Self-Assessment: RN cleared SLP for entry. Pt initially sleeping, but woke up easily and was fully awake/alert. Supportive son at bedside.
Patient Stated Goal: Per son, to resume PO intake and avoid NGT placement

Prior Function

Prior Function: Patient was seen by SLP november 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table
IADLs: Requires assist

Objective

Patient Information
Temperature: Afebrile
Respiratory Status: Room air
Behavior/Cognition: Alert;Distractible (confused but engaged; motivated to self-feed ice cream bar)
Patient Positioning: Upright in bed

Consistencies Assessed: 0-Thin Liquids;Soft solids (transitional solid: chocolate dipped vanilla ice cream bar)

Consistencies Assessed Comment: Jeanne held and sel-fed the ice cream bar with occasional assist to keep it from falling apart, needed some more assist to navigate biting from the popsicle stick successfully
Oral Phase: Within Functional Limits

Signs/Symptoms of Penetration/Aspiration: Wet vocal quality;Cough - immediate;Cough - delayed (infrequent

coughing, coarse and non-productive)
Strategies Used: Other strategies used

Aspiration precautions reviewed with Louis. Bullet point list handout made and given for easy reference

Patient/Caregiver Training: SLP ordered mouth moisturizer from materials management. Also, requested trial of humidified air via face tent to MD.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 12 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

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01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 12 of 17) (continued)

Oral Mechanism Examination
Dentition: Other (dentures not placed for this visit)

ASSESSMENT/PLAN

Pt seen for swallow tx with Louis present. Louis is concerned regarding Jeanne's dry mouth r/t mouth breathing. SLP ordered mouth moisturizer and recommended trial of face tent for humidification. SLP also trialed ice cream bar with Jeanne. (Intended to trial a popsicle, but unwrapping revealed a chocolate dipped vanilla bar). Jeanne was very motivated and engaged, and actually held and self-fed the bar. Intermittent coarse coughing noted, c/f aspiration. Given pt/family GOC, recommend continue minced and moist diet and thin liquids. Please provide careful 1:1 feeding vs supervision, adhere to strict aspiration precautions and d/c PO w/ inadequate alertness/mentation.

Dysphagia: Other (?presbyphagia + superimposed acute dysphagia i/s/o delirium)
Aspiration Risk: Moderate;High

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: Delirium
Prognosis: Fair

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education
SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 5-Minced and moist;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 02/22/25
Goal Status: Progressing

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 02/22/25
Goal Status: Progressing

Electronically signed by Cipolaro, Janine M, CCC-SLP at 2/3/2025 4:17 PM

Decker, Troy, PA-C at 2/3/2025 1346

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

Jeanne Hoffman is a 100-year-old woman with status post left above-the-knee amputation for ischemic limb on 1/9/2025. She has baseline delirium, agitation, and is hard of hearing. Her son was with her again today. Hospitalist asked that I come to see the leg. The incision is well-approximated, without erythema and drainage. Much less edema than last week. No infection. Despite her nutritional status and age, she is showing some signs of healing the skin edge. I will visit weekly.

Troy Decker, MPAS, PA-C
Teaching Associate
UWMC Vascular Surgery
Ph. 206-598-4477
Fax 206-598-2532

2/3/2025

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 12 of 17) (continued)



Electronically signed by Decker, Troy, PA-C at 2/3/2025 1:49 PM

Sokol-Hessner, Lauge, MD at 2/3/2025 1352

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY: Patient had a bit of a rough night and morning. More agitated this AM, and with a new cough. Son also concerned about her AKA stump, saying it's bothering her more, and there's some redness. We unwrap it with the RN present, take photos, and Vascular Surgery comes by to assess it and are not concerned. S&S speak with him and see patient, see below for more details. Nutrition will reassess today.

SCHEDULED MEDICATIONS:
- acetaminophen, 1,000 mg, q8h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- senna, 17.2 mg, BID
- thiamine mononitrate, 100 mg, Daily

- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN

Objective

OBJECTIVE

T: 36.6 °C (02/03/25 0854) **BP: 115/87 (02/03/25 0854)** **HR:** 73 (02/02/25 2238)
RR: (!) 22 (02/03/25 0854) **SpO2:** 99 % (02/02/25 2238) Room air
T range: Temp Min: 36.3 °C Max: 36.9 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52 kg (114 lb 10.2 oz) (02/01/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/3/2025 1352
Last data filed at 2/3/2025 1257

Intake	0 ml
Output	50 ml
Net	**-50 ml**

Physical Exam

Elderly woman lying in bed, seems a bit more fatigued from prior, coughing productive occasionally, overall is fairly calm, but seems a bit less settled than prior
Anicteric, slightly dry MM
Equal chest rise, some rhonchorus sounds anteriorly, R > L, no work of breathing
Heart regular
Abdomen soft, NTND
Extremities warm and well-perfused, her right lower extremity has 1+ pitting edema, which is stable, and she has a left above-knee amputation, dressing c/d/I, removed to reveal her stump





01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 12 of 17) (continued)

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	108	13	141	7.08	10.8 >< 202		AST: 14	ALT: 4	-/-/-/- | 7.46/35/44/25	
4.2	19	0.63			34		AP: 66	T bili: 0.5	Lact (a): -	Lact (v): 1.7
eGFR: >60		Ca: 8.0					Prot: 5.7	Alb: 2.9	Trop I: -	D-dimer: -
Mg: 1.8		PO4: 2.8		ANC: 4.37 ALC: 1.59					BNP: - INR: -	Anti-Xa: -

2/3 CXR -- reviewed by me -- some RLL opacities, but diaphragm now present (wasn't on 1/27 CXR), overall seems somewhat improved from prior

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

#Delirium
-intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain
-overall trend has been improving, but still waxes and wanes
-hearing impairment makes communication w/patient difficult
-while in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID (off label usage for delirium) -- **start to titrate guanfacine down, on 2/2 went from 1mg BID to 0.5mg BID -- Pharmacy recommends stopping entirely in a few days (e.g. 2/5) -- given long half-life, medication will self-taper**
-possible aspiration pneumonitis is contributing given cough
-continue delirium precautions
-proactively treat pain as below (attempting to minimize deliriogenic meds)
-monitor for infection or other complications

#Aspiration risk, ongoing
-current picture c/w chronic aspiration
-1/27 CXR with stable consolidation, but given lack of cough, fever, hypoxemia, or leukocytosis, there's been low suspicion for PNA, and she remains off abx
-2/3 CXR appears slightly improved
-intermittent mild tachypnea
-SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions
-minced diet with thin liquids and strict aspiration precautions
-2/3 trying mouth moisturizer - coconut oil-based lubricant, rubbed on mouth mucosa
-2/3 trying humidified face tent
-2/3 learned pt loves popsicles and ice cream bars -- she did very well with these -- son going out to buy a box of popsicles
-prior hospitalist also discussed with pt's son (Louis) about the challenge of the patient's nutritional status in the setting of the delirium, with aspiration risk
-frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette
-at least one RN has raised concern about the son: *"He is attempting to aggressively give fluids to his mother... she is in turn coughing and having difficulty swallowing... Refuses to let us crush her meds for easier swallowing and refuses mouth swabs and is instead forcing large sips of water."* -- encouraged d/w SW as needed

#Acute pain 2/2 recent L above knee amputation
-APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
-s/p Ropivacaine

-was getting APAP PO 1000mg Q8H, with additional 500mg daily PRN -- then 2/3 with confusion, wasn't able to take this, so changed to rectal APAP 650mg Q4H PRN
-Buprenorphine patch 5mcg q7 days
-D/C'd Nalbuphine 1/30

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- **Staples out after 2/21/25**
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.

-Consulted placed to P&O for hard shell protective AKA boot.
-Saw patient and felt that the current ACE wraps provide enough protection. Once staples are out, recommend trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-working on PO diet, trying to avoid IVF unless necessary (since the latter would not be compatible with ability to discharge)
-monitor with daily BMP

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-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
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#Mild hypokalemia, resolved
-repleted to goal 4.0
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#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
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-Added to EP follow up list and will be called to schedule an appointment.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 12 of 17) (continued)

Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
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-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

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-son has been feeding her
-has been deemed at risk of refeeding given inadequate oral intake >5 days, but haven't seen significant electrolyte abnormalities (just mild hypokalemia)
-see above re: intermittent starvation ketosis
-Vitamin D 2000IU daily
-zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
-s/p high dose thiamine, continue daily thiamine
-prenatal multivitamin
-ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily
-regular diet (not carb controlled) started 2/3
-daily BMP & lytes

#T2DM
-discontinued SSI since not triggering insulin
-monitor now that carb controlled diet has been removed as noted above

#IV access
-lost IV, is ok without one for the time being (as of 2/2) but will re-evaluate daily based on clinical status

#Disposition planning
-son and she are currently unhoused, living in a tent on Bainbridge Island
-son is working with bainbridge locals on establishing community emergency response team housing.
-SW following, see notes
-she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
-continue to see how she participates in PT
-continue to pursue SNF referrals

Inpatient Checklist:
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Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: DNR/DNI
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Sokol-Hessner, Lauge, MD at 2/3/2025 5:35 PM

Barnhart, Shelley Lea, RD at 2/3/2025 1545

Inpatient Follow Up Nutrition Assessment

PI: Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Recommendations/Interventions:
ORAL NUTRITION:
- consider liberalizing diet, remove carb restriction
- encourage oral nutrition supplements: Ensure Plus and Thrive Gelato
- appreciate nursing documentation of %meals consumed

VITAMINS/SUPPLEMENTS:
- thiamine 100 mg po daily
- Cholecalciferol 2000 internation units daily for maintenance

Subjective

Current Nutrition Assessment:
INTERIM:
- TF not within GOC

FEN:
- visited pt/family at bedside, pt is drinking x1 Ensure HP, 25% of small meals such as oatmeal with ice cream and peanut butter or soup with mashed potatoes. Son states intake improved today, ate an ice cream bar, agreed to try Benecalorie mixed with food and Thrive Gelato. Discussed oral nutrition supplements, encouraged Ensure Plus over Ensure HP, Son states the HP are easier to open.
- per nursing documentation:

	Percent Meals Eaten (%)
02/03/25 1436	50
02/02/25 0600	100
02/02/25 0200	0
02/01/25 1800	100
02/01/25 1442	100
02/01/25 1100	75
01/31/25 1500	50
01/31/25 0600	25

	Oral Nutritional Supplement Intake (mL)
02/03/25 1130	0 mL
02/03/25 0800	0 mL
02/02/25 1700	0 mL
02/02/25 1130	40 mL
02/02/25 0800	60 mL
02/01/25 1700	240 mL
02/01/25 1130	0 mL
01/31/25 1700	80 mL
01/31/25 1500	240 mL

01/31/25 1236	100 mL
01/31/25 1130	0 mL
01/31/25 0800	60 mL
01/30/25 1730	0 mL

- estimate pt consumed ~300 kcal and 20 gm pro daily for the last few days

- po intake less than 40% of estimated needs last 8 days, 60% or less since admit, no po intake x5 days pta per nutrition hx (PO <75% of estimated needs x30 days)

GI: dysphagia
Edema/Fluid: +2 RLE
Weight: wt gain since admit d/t fluids, stable since 1/26
Wounds Present: Yes, L BKA, partial thickness wound to perineum, stage 1 pressure injury to back

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective
Labs:

Lab Results

Component	Value	Date
SODIUM	141	02/03/2025
POTASSIUM	4.2	02/03/2025
MAGNESIUM	1.8	02/03/2025
PHOSPHATE	2.8	02/03/2025
CA	8.0 (L)	02/03/2025
BUN	13	02/03/2025
CREATININE	0.63	02/03/2025
GLUCOSE	141 (H)	02/03/2025
A1C	6.6 (H)	01/10/2025
VITD	22.9	01/16/2025

Lab Results

Component	Value	Date
GLUCOSE	141 (H)	02/03/2025
GLUCOSE	175 (H)	02/02/2025
GLUCOSE	144 (H)	02/01/2025
GLUCOSE	129 (H)	01/31/2025
GLUCOSE	136 (H)	01/30/2025
GLUCOSE	181 (H)	01/27/2025
GLUCOSE	101	01/26/2025
GLUCOSE	112	01/25/2025
GLUCOSE	125	01/25/2025
GLUCOSE	111	01/25/2025

Medications:

acetaminophen, 1,000 mg, Oral, q8h
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
buprenorphine, 1 patch, Transdermal, q7 days SCH
cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
guanFACINE, 0.5 mg, Oral, BID
heparin, 5,000 units, Subcutaneous, q12h SCH
lidocaine, 1 patch, Topical, q24h
omeprazole, 20 mg, Oral, Daily empty stomach
polyethylene glycol 3350, 17 g, Oral, Daily
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
senna, 17.2 mg, Oral, BID
thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID

Lines/Drains/Airways/Wounds:

External Urinary Suction Device 01/28/25 (Active)

Suction	Yes	02/03/25 1257
Site Assessment	Skin Intact;Dry;Clean	02/03/25 1257
Care & Maintenance	Change device;Collection container changed	02/03/25 1257
Output (mL)	50 mL	02/03/25 1257
Urine Appearance	Hazy	02/03/25 1257
Urine Color	Amber	02/03/25 1257

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

Assessments	1/9/2025 4:57 PM	2/3/2025 8:45 AM
Wound Bed/Base Assessment	—	Unable to assess
Peri-Wound Assessment	—	Dry;Intact;Clean;Blanchable erythema;Painful;Other (Comment)
Closure	Sutures;Staples;Other (Comment)	Staples
Dressing	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)
Dressing Changed	—	Changed
Dressing Status	—	Clean;Dry;Intact

Active Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1245	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Active	Decker, Troy, PA-C

Inactive Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1243	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Discontinued	Decker, Troy, PA-C

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM	2/3/2025 8:45 AM
Wound Bed/Base Assessment	Clean;Dry;Pink	Pink
Peri-Wound Assessment	Clean;Dry;Pink	—
Drainage Amount	None	—
Dressing	Barrier Cream	Mepilex Border
Dressing Changed	New	Changed
Dressing Status	—	Clean;Dry;Intact
Edges	Undefined edges	—
Non-staged Wound Description	Partial thickness	—

No associated orders.

Wound 01/13/25 Incision Chest Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/13/25 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision

Assessments	1/13/2025 5:00 PM	2/3/2025 8:45 AM
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Pink
Peri-Wound Assessment	Clean;Dry;Intact	—
Closure	Sutures;Skin glue	—
Drainage Amount	None	—
Dressing	Island Dressing (Primapore)	None - Open to air
Dressing Changed	New	Other (Comment)
Dressing Status	Clean;Dry;Intact	Other (Comment)

No associated orders.

Wound 01/24/25 Back Medial (Active)

Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial

Assessments	1/24/2025 8:20 AM	2/3/2025 8:45 AM
Wound Bed/Base Assessment	Clean;Pink	Pink

Peri-Wound Assessment	Pink;Blanchable erythema	Clean;Dry;Pink
Closure	—	None
Drainage Amount	None	None
Dressing	—	Mepilex Border
Dressing Changed	—	New;Changed
Dressing Status	—	Clean;Dry;Intact
Wound Healing %	—	-1400
Wound Length (cm)	0.5 cm	2.5 cm
Wound Width (cm)	0.5 cm	1.5 cm
Wound Surface Area (cm^2)	0.25 cm^2	3.75 cm^2
Wound Depth (cm)	—	0.1 cm
Wound Volume (cm^3)	—	0.375 cm^3
Edges	—	Well-defined edges
Pressure Injury Stage	Stage 2	—

No associated orders.

Wound 01/25/25 Other (comment) Heel Right (Active)

Date First Assessed/Time First Assessed: 01/25/25 1052 Primary Wound Type: (c) Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): (c)

Assessments	1/25/2025 10:53 AM	2/3/2025 8:45 AM
Wound Bed/Base Assessment	—	Blanchable erythema;Dry
Peri-Wound Assessment	Pale	Clean;Dry;Intact;Blanchable erythema
Closure	—	None
Drainage Amount	None	None
Dressing	Mepilex Border	None - Open to air
Dressing Status	Clean;Dry;Intact	—
Characteristics, Tunneling, Undermining	blanchable erythema	—
Wound Length (cm)	6 cm	6 cm
Wound Width (cm)	4 cm	4 cm
Wound Surface Area (cm^2)	24 cm^2	24 cm^2
Wound Depth (cm)	0 cm	0 cm
Wound Volume (cm^3)	0 cm^3	0 cm^3
Edges	Attached edges	Attached edges
Pressure Injury Stage	Other (Comment)	—

No associated orders.

Active Diet Order: Yes
Diet: General Heart Healthy Carb Managed

Nutrition Support: No

Admission Anthropometrics:
Weight: 45.5 kg (100 lb 6.4 oz)
Admit kg/m2

UBW: 125 lb per son 1/16
UBW%: 80%

Assessment/Plan
Current Anthropometrics:
Weight for the past 168 hrs:

	Weight
02/03/25 1515	52.5 kg (115 lb 11.9 oz)
02/01/25 0600	52 kg (114 lb 10.2 oz)
01/31/25 1500	52.2 kg (115 lb 1.3 oz)
01/30/25 0800	52.4 kg (115 lb 8.3 oz)
01/28/25 1100	52.3 kg (115 lb 4.8 oz)

Current Body mass index is 22.6 kg/m².

Estimated Nutrition Needs
Using lowest wt, 43.7 kg
Energy: 1092-1311 kcal (25-30 kcal/kg)
Protein: 56-66 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing

Inadequate oral intake related to dysphagia and dry mouth as evidenced by difficulty swallowing solid foods

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Malnutrition Assessment: Severe malnutrition
Malnutrition: Present at admission?: Yes

Interventions:
Coordination of Care:
Chart reviewed.
Discussed current intake and tolerance with family.

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.

Language Support:

No interpreter needed (documented language preference is English)

Plan / Monitoring and Evaluation:
Monitor oral intake and tolerance.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Barnhart, Shelley Lea, RD at 2/3/2025 4:59 PM

Chen, Tiffany Chia-An, MD at 2/4/2025 0754

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- ongoing delirium
- RN note reporting overnight unable to arouse enough to take PO meds
- full w/u yesterday showing stump not appearing infected, no co2 retention, e/o starvation ketosis iwith respiratory compensation, noleukocytosis, urine is concentrated. There is + LE, + N, + bacteria in UA but also a dirty catch. Very concentrated urine
- CXR reating "pulmonary edema, bibasilar atelectasis, moderate bilateral pleural effusions"
- low uop based on purewick
- son at bedside reports feeling like she is doing better compared to yesterday and last week. This is incongruent with PCT whom reports they feel like patient has gotten worse over last week. Patient unfortunately new to RN today and to me
- I share that I am concerns that she is not doing well and that her cognition may not improve/recover from this serious medical event
- he says that her mentation was normal prior to hospitalization ("even went to a birthday party". although was WC bound. They were living in an apt but unfortunately this was lost and they were set up in emergency housing (plastic temporary housing) which does have water, electricity? And he is amenable to temporary SNF placement but would like to tak eher home and plan sto provide her with 24/7 care.
- son is thrilled about the measures taken yesterday to help moistern he rmouth
- PCT feels her mentation is worse than prior
- documented BM yesterday

History limited from patient due to AMS

SCHEDULED MEDICATIONS:
- [Held By Provider] acetaminophen, 1,000 mg, q8h

- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- senna, 17.2 mg, BID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN

Objective

OBJECTIVE

T: 36.6 °C (02/04/25 0753) **BP: 134/75 (02/04/25 0704)** **HR:** 76 (02/04/25 0704)
RR: 18 (02/04/25 0704) **SpO2:** 95 % (02/04/25 0704) 3 L/min
T range: Temp Min: 35.9 °C Max: 36.6 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52.5 kg (115 lb 11.9 oz) (02/03/25 1515)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/4/2025 0754
Last data filed at 2/4/2025 0540

Intake	0 ml
Output	110 ml
Net	**-110 ml**

Physical Exam

Elderly frail appearing woman
Initially not very responsive even to moderate tactile stimuli
Spontaneously kind of aroused later in visit and was oriented to self (wrote her first name) and was able to follow 1 step command (to wigle toes on RLE)
S/nt/nd
No LE edema
Stump site looks c/d/I

PVR normal

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	108	13	141	10.8			AST: 14	ALT: 4	-/-/-/- | 7.46/35/44/25	
4.2	19	0.63		7.08	><	202	AP: 66	T bili: 0.5	Lact (a): -	Lact (v): 1.7
eGFR: >60		Ca: 8.0		34			Prot: 5.7	Alb: 2.9	Trop I: -	D-dimer: -
Mg: 1.8		PO4: 2.8		ANC: 4.37					BNP: -	Anti-Xa: -
				ALC: 1.59					INR: -	

CXR 2/3--I personally reviewed, bilateral pleural effusions and increased crowding of lung markers with bibasilar atelectasis esp on right. Looks similar to 1/27/25 CXR

Looking back at other CXRs--she had worse LLL consolidation before but the effusion is more on L and the R sided effusion is worse compared to earlier in the month

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

#Delirium
-intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain
-overall trend has been improving (?), but still waxes and wanes
-hearing impairment makes communication w/patient difficult
-while in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID (off label usage for delirium) -- **start to titrate guanfacine down, on 2/2 went from 1mg BID to 0.5mg BID -- Pharmacy recommends stopping entirely in a few days (e.g. 2/5) -- given long half-life, medication will self-taper**
-possible aspiration pneumonitis is contributing given cough
-continue delirium precautions
-proactively treat pain as below (attempting to minimize deliriogenic meds)
-monitor for infection or other complications--**has a dirty UA, but was unable to on 2/5 attempted to get an I/o cath as patient non cooperative/bearing done with attempt . In absence of suprapubic tender, fever, leukocytosis will hold on repeat attempt**

#Aspiration risk, ongoing
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. He is fixated on her dry mouth which was aggressively addressed on 2/3 (See note) and seems to be better.
-minced diet with thin liquids and strict aspiration precautions
-frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when path was accidentally stopped/fell off on 1/24.
-s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days--> **this was started for acute surgical post op pain and might consider asking pharmacy/APS for help with a plan to taper off this eventually**

#PAD, c/b

#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- **Staples out after 2/21/25**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.

-Consulted placed to P&O for hard shell protective AKA boot.
-Saw patient and felt that the current ACE wraps provide enough protection. Once staples are out, recommend trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-working on PO diet, trying to avoid IVF unless necessary (since the latter would not be compatible with ability to discharge)
-monitor with daily BMP

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia, resolved
-repleted to goal 4.0
-monitoring

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):

43. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
44. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#FEN
-Nutrition following
-son has been feeding her
-has been deemed at risk of refeeding given inadequate oral intake >5 days, but haven't seen significant electrolyte abnormalities (just mild hypokalemia)
-see above re: intermittent starvation ketosis
-Vitamin D 2000IU daily
-zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
-s/p high dose thiamine, continue daily thiamine
-prenatal multivitamin
-ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily
-regular diet

#T2DM
-discontinued SSI since not triggering insulin
-monitor now that carb controlled diet has been removed as noted above

#IV access
-lost IV, is ok without one for the time being (as of 2/2) but will re-evaluate daily based on clinical status

#Disposition planning
-son and she are currently unhoused, living in a tent on Bainbridge Island
-son is working with bainbridge locals on establishing community emergency response team housing.
-SW following, see notes
-she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
-continue to see how she participates in PT
-continue to pursue SNF referrals

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: DNR/DNI
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Chen, Tiffany Chia-An, MD at 2/4/2025 10:25 PM

Portante, Katie, LSWAIC at 2/4/2025 1635

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless

Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Placement - Skilled Nursing Facility;Discharge planning

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Pt's son Louis is amenable to short-term rehab (not LTC Medicaid). Per AIDA, pt has accepting SNFs. Per SW handoff, three SNFs willing to accept for short-term rehab w/o Medicaid application (Ballard Center, Washington Care Center, and Valley View).

Call placed w/ son Louis via room phone to f/u re: SNF decision. Per Louis, he has not had an opportunity to visit facilities yet.

PLAN or OUTCOME:
F/u re: SNF ref, f/u w/ son Louis

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/4/2025 4:42 PM

Portante, Katie, LSWAIC at 2/5/2025 1214

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care Coordination;Chart Review/Screening;Discharge planning;Placement - Skilled Nursing Facility

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Pt's son Louis is amenable to short-term rehab (not LTC Medicaid). Per AIDA, pt has accepting SNFs. Per SW handoff, three SNFs willing to accept for short-term rehab w/o Medicaid application (Ballard Center, Washington Care Center, and Valley View).

Update from MD that after discussion w/ Louis, his preferred SNF is Ballard Center. SNF booked in AIDA per pt/family preference.

PLAN or OUTCOME:
F/u re: insurance auth; transportation

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/5/2025 1:26 PM

Hunt, Susan Elizabeth, MD at 2/5/2025 1553

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Patient reported history is limited by AMS.
- Son at bedside and reports recent events during rounds today. He endorses that Jean was having some leg and stomach cramping earlier today but this improved after getting rectal Tylenol.
- He feels that her oropharynx and tongue are improving a little bit with humidified air via facemask. She continues to take small amounts of food and requires one-to-one feeding and encouragement. They have been fortifying food with supplements per nutritional team.
- She has had 3 bowel movements in the last 24 hours that were pasty and her son feels appropriate for her.
- We reviewed the 3 skilled nursing facilities that have accepted her and he is most interested in Ballard Care Center, has spoken with them on the phone.
- seen by EP team yesterday for 2 week incision check, no concerns. Son wants to enroll in remote monitoring clinic and discussed with with EP.

Follow-up in PM:
- son expressed to nursing he would like to reconsider tube feeding given her poor PO intake.

SCHEDULED MEDICATIONS:
- acetaminophen, 1,000 mg, q8h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- senna, 17.2 mg, BID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN

Objective

OBJECTIVE

T: 36.3 °C (02/05/25 0853) **BP: 105/62 (02/05/25 0853)** **HR:** 70 (02/05/25 0853)
RR: 19 (02/05/25 0853) **SpO2:** 95 % (02/05/25 0853) Room air
T range: Temp Min: 36 °C Max: 36.3 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.2 kg (108 lb 7.5 oz) (02/05/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/5/2025 1457
Last data filed at 2/5/2025 1400

Intake	130 ml
Output	220 ml
Net	**-90 ml**

Physical Exam:
General: Sleeping in bed with her mouth open in no acute distress. Opened her eyes to voice briefly but then went back to sleep.
HEENT: Tacky mucous membranes, no coating on tongue or thrush noted.
Respiratory: Clear to auscultation bilaterally in the anterior upper fields. Decreased breath sounds in the lower fields anteriorly.
Cardiovascular: Regular rate and rhythm normal S1-S2 I do not appreciate a murmur.
Abdomen: Occasional bowel sounds, soft, nontender to palpation.
Psych: Was unable to assess her mental status today as she was not able to stay awake long enough to answer any questions for me.

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 12 of 17) (continued)

145	108	13	130	-	AST: -	ALT: -	-/-/-/- | -/-/-/-
4.2	26	0.77		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.2		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.6		PO4: 3.2		ANC: - ALC: -			BNP: 1,278	Anti-Xa: - INR: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	hypoMg at 1.6 today BNP very elevated at 1278 (no recent comparison) Review of prior pertinent labs: Albumin 2.9 tot prot 5.7 (Both downtrended from normal range on 1/9/2025 but stable since 1/31/2025)
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

2/3 CXR: unchanged from prior 1/27/2025
Lines and tubes: Pacemaker electrode is unchanged in position.
Lungs: Pulmonary edema and bibasilar atelectasis persists.
Pleura: Moderate bilateral pleural effusions persist. No pneumothorax.
Heart and mediastinum: Unchanged.

Last TTE 1/10/2025 while she was having symptomatic bradycardia:
Normal systolic function
Moderate AS w/o regurg
Mild elevated PASP 34-39mmHg

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

Below plan is based on the note by Dr. Tiffany Chen dated 2/4/2025 with updates made to reflect changes to the medical decision making and plan today.

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain **with overall trend toward slow improving (per family report), but still waxes and wanes**
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough, see aspiration precautions below
- Pain 2/2 recent amputation: appears to be improving
- monitor for infection: unable to get I/I cath for urinalysis, purewick sample dirty (2/4) but in absence of suprapubic tender, fever, leukocytosis no empiric treatment

Treatments/Interventions:
- ICU interventions: no improvement with seroquel, tried guanfacine 1mg BID (off label usage for delirium) which was then weaned down and **stopping entirely 2/5 (anticipate remaining self-taper due to long half-life).**

- continue delirium precautions
- pain treatment as below

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance)
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- son requesting discussion about NG tube feeding again; previously reported as not within goals of care. Considerations I will offer:
    - consider short-term NG trial to see if this improves energy; long-term NG feeding is not sustainable at SNF or likely home
    - risks include: worsening delirium (due to tether) including potential need for restraints to maintain tube; aspiration of TF if patient pulls tube out when feeds running
- notable intermittent starvation ketosis but **electrolytes only with hypoMg today which was supplemented.**
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- dry mouth has been a significant concern for son: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days--> **started for acute surgical post op pain, can consider future taper off but still having pain at present so will continue.**

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he

was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.
- avoid IVF due to third spacing

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-working on PO diet, trying to avoid IVF unless necessary (since the latter would not be compatible with ability to discharge)
-monitor with daily BMP

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia, resolved
-repleted to goal 4.0
-monitoring

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
42. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
43. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #T2DM
4. BG in low 100s
5. -discontinued SSI since not triggering insulin
6.
7. #IV access
8. -lost IV, is ok without one for the time being (as of 2/2) but will re-evaluate daily based on clinical status
9.
10. #Disposition planning
11. -son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
12. -son is working with Bainbridge locals on establishing community emergency response team housing.
13. -SW following, see notes
14. -she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
15. -patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
16. -SNF referrals made, some acceptances, son interested in Ballard Care Center
17. -Needs repeat PT and OT assessments for insurance approval of SNFs.
18.

19. **Inpatient Checklist:**
20. Fluids/Electrolytes/Nutrition: Regular CC diet
21. Prophylaxis: SQ heparin for DVT
22. Lines/Drains/Airways: PIV
23. Disposition: see above, considering SNF.
24. Code Status: DNR/DNI
25. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
26.
27. I spent a total of 65 minutes for the patient's care on the date of the service.
28.

Electronically signed by Hunt, Susan Elizabeth, MD at 2/5/2025 4:15 PM

Hunt, Susan Elizabeth, MD at 2/6/2025 0812

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- frequent BMs (x7) recorded in last 24hrs, per nursing and son these are very small smears, soft. No concerns about diarrhea.
- more alert this morning, took a wheelchair ride with her son for over an hour. He feels her mental status is improving today, she was requesting to go outside and to go home.
- son feels her PO intake is slowly improving but still below baseline. Took about 25% of the 8oz smoothie he made today (with oatmeal, fruit, etc). She has been taking about 1 ensure bottle per day; at home previously she would take 4-6 per day. He wonders if she would do better with home-made foods that she prefers. He has been adding beneprotein to food intake. Son continues to feel that discomfort with swallowing was the limiting factor for intake and this appears to be improving (less grimacing when swallowing).
- I reviewed the potential risks and benefits of NG placement and tube feeding, including potential for worsening delirium (due to tether), potential need for restraints to maintain tube; aspiration of TF if patient pulls tube out when feeds running, inability to support NG TF as outpatient (SNF or home). He agrees to holding off at this time.
- patient was able to answer yes/no questions today when written on the white board. Denied pain (including dysuria) or other concerns. Her urine is dark/concentrated appearing but otherwise clear.
- son reports if patient discharges to home eventually, would prefer not on Sat/Sun as the buses on Bainbridge do not run those days.

SCHEDULED MEDICATIONS:
- acetaminophen, 1,000 mg, q8h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily

- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- senna, 17.2 mg, BID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN

Objective

OBJECTIVE

T: 36.1 °C (02/05/25 1700) **BP: 132/70 (02/05/25 1700)** **HR:** 71 (02/05/25 1700)
RR: (!) 22 (02/05/25 1700) **SpO2:** 93 % (02/05/25 1700) Room air
T range: Temp Min: 36.1 °C Max: 36.1 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.2 kg (108 lb 7.5 oz) (02/05/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/6/2025 1346
Last data filed at 2/6/2025 0800

Intake	20 ml
Output	200 ml
Net	**-180 ml**

Physical Exam:
General: Sitting up in wheelchair in NA
Psych: alert throughout my visit, engages with written questions on white board, responding w/head nods/shakes.
HEENT: moist mucous membranes, no coating on tongue or thrush noted.
Respiratory: Clear to auscultation bilaterally (posterior auscultation today as she was in chair, still with reduced BS in the bases
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: Occasional bowel sounds, soft, nontender to palpation.
MSK: L stump wrapped with ACE wrap.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
145	109	12	136	11.8			AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.6	24	0.67		6.39	><	257	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.3		38			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.6		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings

Lab	☒	☒	BMP: persistently low Mg 1.6 **WBC remains normal**
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☒	☐	Micro: **2.4 UCx: >100k E. coli**

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake which appears to be slowly improving.

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain **with overall trend toward slow improving (per family report), but still waxes and wanes**
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough, see aspiration precautions below
- Pain 2/2 recent amputation: appears to be improving
- monitor for infection: **2/4 urine culture w/<100k E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis), will hold on treatment.**
- mild increased stool frequency but no features of infectious diarrhea (watery, increased volume).

Treatments/Interventions:
- ICU interventions: no improvement with seroquel, tried guanfacine 1mg BID (off label usage for delirium) which was then weaned down and **stopping entirely 2/5 (anticipate remaining self-taper due to long half-life).**
- continue delirium precautions
- pain treatment as below

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- notable intermittent starvation ketosis but **electrolytes only with hypoMg today which was supplemented.**
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days--> **started for acute surgical post op pain, can consider future taper off but still having pain at present so will continue.**

#PAD, c/b

#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.
- avoid IVF due to third spacing

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-working on PO diet, trying to avoid IVF unless necessary (since the latter would not be compatible with ability to discharge)
-monitor with daily BMP

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia, resolved
-repleted to goal 4.0
-monitoring

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:

- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):

29. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
30. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#T2DM
BG in low 100s
-discontinued SSI since not triggering insulin

#IV access
-lost IV, is ok without one for the time being (as of 2/2) but will re-evaluate daily based on clinical status

#Disposition planning
-son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
-son is working with Bainbridge locals on establishing community emergency response team housing.
-SW following, see notes
-she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
-SNF referrals made, some acceptances, son interested in Ballard Care Center
-Needs repeat PT and OT assessments for insurance approval of SNFs.

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: see above, considering SNF.
Code Status: DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

I spent a total of 40 minutes for the patient's care on the date of the service.

Electronically signed by Hunt, Susan Elizabeth, MD at 2/6/2025 1:49 PM

Physical Therapy Treatment

Jeanne Leonie Hoffman
U8170135

2/6/2025
Duration of session: 54 Minutes

Subjective
Patient Report/Self-Assessment: Pt opening eyes to loud voice, otherwise generally maintaining eyes closed

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Lives in tent with flooring and heating
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (Transport chair)

Functional Level:
Bed Mobility
Supine to Sit: Maximum Assist (between 50-74% help needed)
Transfers
Sit<>Stand: Dependent (greater than 75% help needed)

Interventions:
Therex: sling transfer from TIS chair back to bed positioned in supine, flat, L hip gently stretched into neutral then slight extension, light pressure, myofacial release type of stm. Trial of bridging with R UE in hooklying. Manual cues for hip exetnsion during bridge, pt not able to carryout the activity pt assisted to sitting, provided with gentle lumbar thoracic stretch in sitting. Pt able to breifly maintain upright sitting, easier with pressure thru R knee to. Gentle stretch for hip, knee flexion prior to trial of stand. two trials of sit to stand with R shoe on, blocking R foot. 2 person dependent transfer into standing for 10 seconds X 2. Assisted to supine for rest after standing. Additional time spent for therapeutic rest, caregiver questions.
Theract:
Balance/Neuro Re-ed:
Gait Training:

ASSESSMENT/PLAN

Jeanne Hoffman demonstrated fair tolerance of therapeutic exercise today, including hip extensor stretching, sitting balance activites and 2 trials of standing on R LE. Limited due to fatigue (activity only stimulated minimal interaction, son states that often she is more alert). Also limited due to weakness, decreased ROM, pain. Anticipate prolonged rehabilitation course.

Barriers to Discharge: Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Not Progressing
Goal: Sit unsupported for (30 min)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 01/24/25
Goal Status: Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: postural control, caregiver training, therex PROM, Stump shrinker when ready.

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: Sling to chair 3 X day. Allow oppotunities for L hip to stretch into extension in supine to limit contracture risk.

Matthew P Gaines, PT

Electronically signed by Gaines, Matthew P, PT at 2/6/2025 5:33 PM

Portante, Katie, LSWAIC at 2/7/2025 1000

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care Coordination;Chart Review/Screening;Discharge planning;Placement - Skilled Nursing Facility

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Pt's son Louis is amenable to short-term rehab (not LTC Medicaid). Son Louis agreeable to d/c to Ballard Care Center.

Updated PT note received; MSW reached out to Ballard Center to initiate insurance authorization.

MSW attempted to place call to son Louis to provide update on insurance auth process; per phone message, number temporarily unavailable and MSW unable to LVM.

PLAN or OUTCOME:
F/u re: insurance auth; transportation

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/7/2025 4:15 PM

Hunt, Susan Elizabeth, MD at 2/7/2025 1125

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

Son not at bedside today as he went home to work on some preparations.

- worked with PT yesterday with stretching, sitting balance activities and trials of standing on R LE. Limited by fatigue and weakness.
- BM recorded x3 yesterday. Much of urine unmeasures when she was up to wheelchair (not on purewick).
- this morning she was more agitated with nursing, calling out, refusing to allow oral care or take PO meds. Speech also assessed at 11am and she refused to participate.
- I saw her shortly after the Speech Therapy visit; she had calmed some, awakened to light touch. Allowed me to swab her mouth with the moistened sponge.
- endorsed pain in her back this morning. She did have any episode of pain yesterday afternoon while son was attempting to transfer her with lift independently.
- nursing placed PIV this morning due to concerns about ability to take PO meds in setting of her mental status.

SCHEDULED MEDICATIONS:

- acetaminophen, 1,000 mg, q8h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- senna, 17.2 mg, BID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:

- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN

Objective

OBJECTIVE

T: **36 °C (02/07/25 0613)** **BP:** **(!) 148/76** (02/07/25 0613) **HR:** 71 (02/07/25 0613)
RR: **20 (02/07/25 0613)** **SpO2:** 94 % (02/07/25 0613) Room air
T range: Temp Min: 36 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 50.4 kg (111 lb 1.8 oz) (02/06/25 0600)

I&Os:

Intake/Output Summary (Last 24 hours) at 2/7/2025 0745
Last data filed at 2/7/2025 0617

Intake	20 ml
Output	125 ml
Net	**-105 ml**

Physical Exam:

General: lying in bed in NAD
Psych: awakened to voice, responded to questions written on the small white board. Some verbal responses but difficult to understand without dentures.
HEENT: tachy mucous membranes, no coating on tongue or thrush noted.
Respiratory: Clear to auscultation bilaterally
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, no LE edema in R leg.
Abdomen: Occasional bowel sounds, soft, nontender to palpation.
MSK: L stump wrapped with ACE wrap.

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - - - - - -	- - >< - -	AST: - ALT: -	-/-/-/- | -/-/-/-
eGFR: - Ca: -		AP: - T bili: -	Lact (a): - Lact (v): -
Mg: - PO4: -	ANC: -	Prot: - Alb: -	Trop I: - D-dimer: -
	ALC: -		BNP: - Anti-Xa: -
			INR: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☐	☐	None new today
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☒	☐	Micro: **2.4 UCx: >100k E. Coli, pan-sensitive**

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who was slowly improving with some increased confusion and reported pain today.

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but possible backslide today. Differences today include new report of back pain, possibly related to difficult transfer on 2/6) and her son's absence from bedside (which is a stabilizing factor for her mental status). Her guanfacine was also stopped on 2/5 with expected self-taper due to half-life, so the waning of this medication may be contributing, though I think this is less likely.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough, see aspiration precautions below
- Pain 2/2 recent amputation, improving; **new back pain 2/7 AM (see management below)**
- monitor for infection: 2/4 urine culture w/<100k E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis), not treating as likely contaminant (sample from chronic purewick)
- stools frequent but soft, not liquid.

Treatments/Interventions:
- ICU interventions: no improvement with seroquel, tried guanfacine 1mg BID (off label usage for delirium) which was then weaned down and **stopped 2/5 (anticipate remaining self-taper due to long half-life).**
- continue delirium precautions

- pain treatment as below

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP QOD**
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days--> **started for acute surgical post op pain, can consider future taper off but still having pain at present so will continue.**

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.
- avoid IVF due to third spacing

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated

-suspect was 2/2 starvation ketosis
-working on PO diet, trying to avoid IVF unless necessary (since the latter would not be compatible with ability to discharge)
-monitor with daily BMP

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia, resolved
-repleted to goal 4.0
-monitoring

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):

1. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
2. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #T2DM
4. BG in low 100s
5. -discontinued SSI since not triggering insulin
6.
7. #IV access
8. -lost IV, is ok without one for the time being (as of 2/2) but will re-evaluate daily based on clinical status
9.
10. #Disposition planning
11. -son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
12. -son is working with Bainbridge locals on establishing community emergency response team housing.
13. -SW following, see notes
14. -she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
15. -patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
16. -SNF referrals made, some acceptances, son interested in Ballard Care Center
17. -Needs repeat PT and OT assessments for insurance approval of SNFs.
18.
19. **Inpatient Checklist:**
20. Fluids/Electrolytes/Nutrition: Regular CC diet
21. Prophylaxis: SQ heparin for DVT
22. Lines/Drains/Airways: PIV
23. Disposition: see above, considering SNF.
24. Code Status: DNR/DNI

Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

I spent a total of 43 minutes for the patient's care on the date of the service.

Electronically signed by Hunt, Susan Elizabeth, MD at 2/7/2025 3:14 PM

Hunter, Nancy Lynn, RD at 2/7/2025 1142

Inpatient Follow Up Nutrition Assessment

PI: Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Recommendations/Interventions:
ORAL NUTRITION:
- Diet per SLP /MD currently Level 5 Minced and Moist and Thin Liquids
- Offer supplements PRN if Pt asks - Ensure Plus and Thrive Gelato
- appreciate nursing documentation of %meals consumed

VITAMINS/SUPPLEMENTS:
Current
cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
thiamine mononitrate, 100 mg, Oral, Daily Not sure pt will continue to need this, seems it can be dc'd

Subjective
Current Nutrition Assessment:
INTERIM:
- TF not within GOC

FEN:
2/7
- visited pt at bedside. Son and staff assisting with adding benecalorie to oatmeal each breakfast. She has been only taking 25% of supplements Continues with reduced intake for the past 24-48 hrs just taking ice creams, italian ices.
- Declining Ensures for the past 3-4 days
- per nursing documentation:
Patient Vitals for the past 168 hrs:

	Percent Meals Eaten (%)
02/06/25 1200	25
02/05/25 1642	50
02/05/25 1400	75
02/04/25 1600	100

	Oral Nutritional Supplement Intake (mL)
02/06/25 0800	0 ml
02/05/25 1130	0 ml
02/04/25 0800	0 ml
02/03/25 1130	0 mL
02/03/25 0800	0 mL
02/02/25 1700	0 mL
02/02/25 1130	40 mL
02/02/25 0800	60 mL
02/01/25 1700	240 mL
02/01/25 1130	0 mL
01/31/25 1700	80 mL
01/31/25 1500	240 mL
01/31/25 1236	100 mL
01/31/25 1130	0 mL
01/31/25 0800	60 mL
01/30/25 1730	0 mL

SLP eval 2/7 Intermittent coarse coughing noted during ST visit this am, c/f aspiration. Given pt/family GOC, recommend continue oral care and offering small amounts minced and moist diet and thin liquids when Patient alert and willing to participate and as tolerated by Patient iso of strict aspiration precautions including 1:1 supervision. d/c PO w/ inadequate alertness/mentation. ST communicated Patient current status to Care Team.

2/3:
- estimate pt consumed ~300 kcal and 20 gm pro daily for the last few days
- po intake less than 40% of estimated needs last 8 days, 60% or less since admit, no po intake x5 days pta per nutrition hx (PO <75% of estimated needs x30 days)

GI: dysphagia LBM 2/6 x 2; has bowel meds not taking daily
Edema/Fluid: +2 RLE
Weight: wt gain since admit d/t fluids, stable since 1/26
Wounds Present: Yes, L BKA, partial thickness wound to perineum, stage 1 pressure injury to back

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective
Labs:
Lab Results

Component	Value	Date
SODIUM	145	02/06/2025
POTASSIUM	3.6	02/06/2025
MAGNESIUM	1.6 (L)	02/06/2025
PHOSPHATE	3.2	02/05/2025
CA	8.3 (L)	02/06/2025
BUN	12	02/06/2025
CREATININE	0.67	02/06/2025
GLUCOSE	136 (H)	02/06/2025
A1C	6.6 (H)	01/10/2025
VITD	22.9	01/16/2025

Lab Results

Component	Value	Date
GLUCOSE	136 (H)	02/06/2025
GLUCOSE	130 (H)	02/05/2025
GLUCOSE	127 (H)	02/04/2025
GLUCOSE	141 (H)	02/03/2025
GLUCOSE	175 (H)	02/02/2025
GLUCOSE	144 (H)	02/01/2025
GLUCOSE	129 (H)	01/31/2025
GLUCOSE	136 (H)	01/30/2025
GLUCOSE	181 (H)	01/27/2025
GLUCOSE	101	01/26/2025

Medications:
acetaminophen, 1,000 mg, Oral, q8h
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
buprenorphine, 1 patch, Transdermal, q7 days SCH
cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
heparin, 5,000 units, Subcutaneous, q12h SCH
lidocaine, 1 patch, Topical, q24h
nalbuphine, 2.6 mg, Intravenous, Once
[Held By Provider] omeprazole, 20 mg, Oral, Daily empty stomach
pantoprazole, 40 mg, Intravenous, Daily
polyethylene glycol 3350, 17 g, Oral, Daily
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
senna, 17.2 mg, Oral, BID
thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID

Lines/Drains/Airways/Wounds:

External Urinary Suction Device 01/28/25 (Active)

Suction	Yes	02/03/25 1257
Site Assessment	Skin Intact;Dry;Clean	02/03/25 1257
Care & Maintenance	Change device;Collection container changed	02/03/25 1257
Output (mL)	50 mL	02/03/25 1257
Urine Appearance	Hazy	02/03/25 1257
Urine Color	Amber	02/03/25 1257

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 13 of 17) (continued)

Assessments	1/9/2025 4:57 PM	2/6/2025 9:07 PM
Wound Bed/Base Assessment	—	Unable to assess
Peri-Wound Assessment	—	Clean;Dry;Intact;Pink
Closure	Sutures;Staples;Other (Comment)	Staples
Drainage Description	—	Unable to assess
Dressing	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)
Dressing Status	—	Clean;Dry;Intact

Active Orders

Date	**Order**	**Priority**	**Status**	**Authorizing Provider**
01/14/25 1245	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Active	Decker, Troy, PA-C

Inactive Orders

Date	**Order**	**Priority**	**Status**	**Authorizing Provider**
01/14/25 1243	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Discontinued	Decker, Troy, PA-C

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM	2/6/2025 9:07 PM
Wound Bed/Base Assessment	Clean;Dry;Pink	Pink
Peri-Wound Assessment	Clean;Dry;Pink	Intact
Closure	—	None
Drainage Amount	None	None
Dressing	Barrier Cream	Barrier Cream;Mepilex Border
Dressing Changed	New	—
Dressing Status	—	Clean;Dry;Intact
Edges	Undefined edges	—
Non-staged Wound Description	Partial thickness	—

No associated orders.

Wound 01/13/25 Incision Chest Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/13/25 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision

Assessments	1/13/2025 5:00 PM	2/6/2025 9:07 PM
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact
Closure	Sutures;Skin glue	—
Drainage Amount	None	None
Dressing	Island Dressing (Primapore)	None - Open to air
Dressing Changed	New	—
Dressing Status	Clean;Dry;Intact	—

No associated orders.

Wound 01/24/25 Back Medial (Active)

Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial

Assessments	1/24/2025 8:20 AM	2/6/2025 9:07 PM
Wound Bed/Base Assessment	Clean;Pink	Unable to assess
Peri-Wound Assessment	Pink;Blanchable erythema	Clean;Dry;Pink
Drainage Amount	None	—
Dressing	—	Mepilex Border
Dressing Status	—	Clean;Dry;Intact
Wound Length (cm)	0.5 cm	—
Wound Width (cm)	0.5 cm	—
Wound Surface Area (cm^2)	0.25 cm^2	—
Pressure Injury Stage	Stage 2	—

No associated orders.

Wound 01/25/25 Other (comment) Heel Right (Active)

Date First Assessed/Time First Assessed: 01/25/25 1052 Primary Wound Type: (c) Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): (c)

Assessments	1/25/2025 10:53 AM	2/6/2025 9:07 PM
Wound Bed/Base Assessment	—	Blanchable erythema;Dry
Peri-Wound Assessment	Pale	Clean;Dry;Intact;Blanchable erythema
Drainage Amount	None	None
Dressing	Mepilex Border	None - Open to air
Dressing Status	Clean;Dry;Intact	—
Characteristics, Tunneling, Undermining	blanchable erythema	—
Wound Length (cm)	6 cm	—
Wound Width (cm)	4 cm	—
Wound Surface Area (cm^2)	24 cm^2	—
Wound Depth (cm)	0 cm	—

Wound Volume (cm^3)	0 cm^3	—
Edges	Attached edges	—
Pressure Injury Stage	Other (Comment)	—

No associated orders.

Active Diet Order: Yes

Active Diet Orders

Nourishments

Dietary Nutrition Supplement UWMC ML INPATIENT; Benecalorie (high calorie; liquid)
Dietary Nutrition Supplement UWMC ML INPATIENT; Ensure Plus High Protein (high calorie/protein)

Diet

Adult Diet Regular; 5-Minced and moist; 0-Thin liquids

Nutrition Support: No

Assessment/Plan

Admission Anthropometrics:
Weight: 45.5 kg (100 lb 6.4 oz)
UBW: 125 lb per son 1/16
UBW%: 80%

Current Anthropometrics:
Weight for the past 168 hrs:

	Weight
02/07/25 0803	50.2 kg (110 lb 10.7 oz)
02/06/25 0600	50.4 kg (111 lb 1.8 oz)
02/05/25 0600	49.2 kg (108 lb 7.5 oz)
02/04/25 0800	52.7 kg (116 lb 2.9 oz)
02/03/25 1515	52.5 kg (115 lb 11.9 oz)
02/01/25 0600	52 kg (114 lb 10.2 oz)
01/31/25 1500	52.2 kg (115 lb 1.3 oz)

Current Body mass index is 21.61 kg/m².

Estimated Nutrition Needs
Using lowest wt, 43.7 kg
Energy: 1092-1311 kcal (25-30 kcal/kg)
Protein: 56-66 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status

Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing

Inadequate oral intake related to dysphagia and dry mouth as evidenced by difficulty swallowing solid foods

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Malnutrition Assessment: Severe malnutrition
Malnutrition: Present at admission?: Yes

Interventions:
Coordination of Care:
Chart reviewed.
Discussed current intake and tolerance with family.

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.

Language Support:
No interpreter needed (documented language preference is English)

Plan / Monitoring and Evaluation:
Monitor oral intake and tolerance.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Hunter, Nancy Lynn, RD at 2/7/2025 3:02 PM

Welsh, Kathryn R, CCC-SLP at 2/7/2025 1228

Speech Language Pathology Progress

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 02/07/25
Treatment Duration: 10 Minutes (swallow tx.)

Subjective

Patient Report/Self-Assessment: RN cleared SLP for entry. Pt crying out in bed and refusing oral care even with encouragement of ST by writing on white board and offering soft oral swab. Patient observed to cough intermittently on saliva.

Objective

Patient Information
Temperature: Afebrile
Respiratory Status: Room air
Behavior/Cognition: Agitated;Distractible;No command following

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 13 of 17) (continued)

Patient Positioning: Upright in bed

Patient/Caregiver Training: ST communicated Patient agitation (moaning) and refusal of oral care and P-O trial to RN and Medical Team.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 13 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 13 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 13 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 13 of 17) (continued)

Oral Mechanism Examination
Dentition: Other (Dentures not in place for this visit)
Oral mucosa: Dry (Patient mouth breathing)
Observations: Jeanne refused oral care from ST and refused ST attempts to initiate Patient trial of ice chips at bedside. Jean maintained a constant open mouth posture and rejected oral care and P-O trial by turning head and momentarily closing mouth. Spontaneous movements were symmetric

ASSESSMENT/PLAN

Pt seen for swallow tx with no family present at bedside. Family currently not wanting to pursue alternative means of nutrition/hydration with focus on Patient taking small amounts of P-O. During today's swallow follow up, Pt moaning and at times crying out in bed and refusing ST attempts to initiate oral care even with encouragement of ST by writing on white board and offering Patient soft oral swab. Patient observed to cough intermittently on saliva. RN reports Patient coughing on P-O trials this morning. Intermittent coarse coughing noted during ST visit this am, c/f aspiration. Given pt/family GOC, recommend continue oral care and offering small amounts minced and moist diet and thin liquids when Patient alert and willing to participate and as tolerated by Patient iso of strict aspiration precautions including 1:1 supervision. d/c PO w/ inadequate alertness/mentation. ST communicated Patient current status to Care Team.

Dysphagia: Other (?presbyphagia + superimposed acute dysphagia i/s/o delirium)
Aspiration Risk: Moderate;High

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: Delirium
Prognosis: Fair

Evaluation/Treatment Tolerance: Treatment limited secondary to agitation

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education
SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations

Diet Recommendations: 5-Minced and moist;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 02/22/25
Goal Status: Not Progressing

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 02/22/25
Goal Status: Progressing

Electronically signed by Welsh, Kathryn R, CCC-SLP at 2/7/2025 12:28 PM

Hunt, Susan Elizabeth, MD at 2/8/2025 0805

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- continued to be more agitated through yesterday, crying out. Received nalbuphine x2 doses.

- continues with poor PO intake which has worsened over the last 3 days, only 25% of recommended nutrition for last day. Son confirms this morning that she only took about 1oz of the nutritional shake he made her yesterday. This morning labs consistent with volume depletion (new hyperNa).
- she denied pain on my initial inquiry but after pulling back covers to examine her abdomen and L stump she was moaning in pain.
- remains more agitated and less interactive over last 2 days.

SCHEDULED MEDICATIONS:
- acetaminophen, 1,000 mg, q8h
- albumin human, 12.5 g, Once
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cefTRIAXone, 1 g, q24h
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- magnesium sulfate, 2 g, Once
- [Held By Provider] omeprazole, 20 mg, Daily empty stomach
- pantoprazole, 40 mg, Daily
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- senna, 17.2 mg, BID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN

Objective

OBJECTIVE

T: 36.2 °C (02/08/25 0052) BP: 139/79 (02/08/25 0052) HR: 70 (02/08/25 0052)
RR: 20 (02/08/25 0052) SpO2: 95 % (02/08/25 0052) Room air
T range: Temp Min: 36.2 °C Max: 36.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 50.2 kg (110 lb 10.7 oz) (02/07/25 0803)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/8/2025 0944
Last data filed at 2/8/2025 0737

Intake	90 ml
Output	200 ml
Net	**-110 ml**

Physical Exam:
General: lying propped up in bed; NAD on initial eval but cried out with pain during exam
Psych: awakened to voice, responded to questions written on the small white board with nodding

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 13 of 17) (continued)

HEENT: tachy mucous membranes.
Respiratory: Clear to auscultation bilaterally, anterior
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, no LE edema in R leg.
Abdomen: Occasional bowel sounds, soft, pushes away exam
MSK: L stump wrapped with ACE wrap.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
149	111	12	122	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.5	21	0.73		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.3		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: -		ANC: - ALC: -			BNP: - INR: -	Anti-Xa: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	HypoNa, mild hypoK and hypoMg today (new)
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	Micro: **2.4 UCx: >100k E. Coli, pan-sensitive**

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who was slowly improving with some increased confusion and reported pain today.

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP increased to daily for now due to abnl on 2/8.**
- volume repletion with 5% albumin 12.5g x1 today to see if this can increase alertness and intake.
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but possible backslide today. Differences today include new report of back pain, possibly related to difficult transfer on 2/6) and her son's absence from bedside (which is a stabilizing factor for her mental status). Her guanfacine was also stopped on 2/5 with expected self-taper due to half-life, so the waning of this medication may be contributing, though I think this is less likely.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board

- possible aspiration pneumonitis is contributing given cough, see aspiration precautions below
- Pain 2/2 recent amputation, improving; **ongoing stump pain with movement/manipulation, feels improved with nalbuphine (readded 2/7)**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) and have been holding on treatment, **HOWEVER, given no other driver of delirium and steady worsening for last 2 days with possible abdominal pain (based on pushing away exam), will treat for short course with ceftriaxone 1gm IV q24h x3 days.**
- stools frequent but soft, not liquid.

Treatments/Interventions:

- ICU interventions: no improvement with seroquel, tried guanfacine 1mg BID (off label usage for delirium) which was then weaned down and **stopped 2/5 (anticipate remaining self-taper due to long half-life).**
- continue delirium precautions
- pain treatment as below

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24.
s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days
- nalbuphine readded 2/7 for back pain and intermittent stump pain as potential drivers of her delirum.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.
- avoid IVF due to third spacing

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-working on PO diet, trying to avoid IVF unless necessary (since the latter would not be compatible with ability to discharge)

-monitor with daily BMP

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia, resolved
-repleted to goal 4.0
-monitoring

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
31. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
32. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #T2DM
4. BG in low 100s
5. -discontinued SSI since not triggering insulin
6.
7. #IV access
8. -lost IV, is ok without one for the time being (as of 2/2) but will re-evaluate daily based on clinical status
9.
10. #Disposition planning
11. -son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
12. -son is working with Bainbridge locals on establishing community emergency response team housing.
13. -SW following, see notes
14. -she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
15. -patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
16. -SNF referrals made, some acceptances, son interested in Ballard Care Center
17. -Needs repeat PT and OT assessments for insurance approval of SNFs.
18.
19. **Inpatient Checklist:**
20. Fluids/Electrolytes/Nutrition: Regular CC diet
21. Prophylaxis: SQ heparin for DVT
22. Lines/Drains/Airways: PIV
23. Disposition: see above, considering SNF.
24. Code Status: DNR/DNI
25. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
26.

27. I spent a total of 43 minutes for the patient's care on the date of the service.
28.

Electronically signed by Hunt, Susan Elizabeth, MD at 2/8/2025 9:52 AM

Stanikzy, Ameenjohn A, RN at 2/9/2025 0618

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700:
* BED ALARM/DNR DNI
-AOX:4 Sling to chair.Unable to assess orientation
-VS:SBP in the 140's team aware. Other VSS RA
-PAIN: Mananged well with IV tylenol
-BM/UOP: (+)BM DUOP Incontinent of bowel/ bladder. Pure wick applied
-I/O: No PO intake on my shift
-OTHER:
-Use white board for communication
-Unable to take PO meds this shift, MD aware.IV tylenol ordered. Team to reassess 2/9
-LLE dressing taken off by Pt
-RLE heel with a pressure injury, Elevated
-Left chest pace maker
-Message sent to the team by another RN: family member came to nurses station proclaiming "just so you know, she's committing suicide by starvation." and continued on about allegations of "this is what happens when she has been told to just wash in a bucket or not reach out for help." I imagine he's having a hard time coming to terms with pts. situation...but Just wanted team to be aware of his outburst/concerns.
-Pts son claims jennifer campbell (previous landlord) is trying to kill the pt, states he's getting threats through email and text's about someone wanting her to die?

Electronically signed by Stanikzy, Ameenjohn A, RN at 2/9/2025 6:19 AM

Hunt, Susan Elizabeth, MD at 2/9/2025 0744

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Patient reported history was limited by sleepiness this morning.
- nalbuphine x3 doses in last 24hrs. Nursing reports that she cries out with any movement, sometimes even with auscultating, pushing away stethescope. Has pulled off lidocaine patch from abdomen.
- more sleepy this morning following nalbuphine for pain/agitation. Son reports that overnight the patient did request to watch television and was a bit more alert than during my visit.

SCHEDULED MEDICATIONS:
- acetaminophen, 1,000 mg, q8h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cefTRIAXone, 1 g, q24h
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- [Held By Provider] omeprazole, 20 mg, Daily empty stomach
- pantoprazole, 40 mg, Daily
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- senna, 17.2 mg, BID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN

Objective

OBJECTIVE

T: **37 °C (02/08/25 2300)** **BP:** **(!) 149/77** (02/08/25 2300) **HR:** 70 (02/08/25 2300)
RR: **17 (02/08/25 2300)** **SpO2:** 98 % (02/08/25 2300) Room air
T range: Temp Min: 36.1 °C Max: 37 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 50.2 kg (110 lb 10.7 oz) (02/07/25 0803)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/9/2025 0744
Last data filed at 2/8/2025 2100
Intake 350 ml

Output	200 ml
Net	**150 ml**

Physical Exam:

General: lying in bed with mouth open, NAD
Psych: would not awaken with loud voice or touch (post-nalbuphine)
HEENT: keeps mouth open, tachy mucous membranes.
Respiratory: Clear to auscultation bilaterally, anterior
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: Occasional bowel sounds, soft, no grimace or stirring with deep palpation.
MSK: L stump wrapped with ACE wrap.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
150	111	11	131	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.7	22	0.71		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.3		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.9		PO4: -		ANC: - ALC: -			BNP: -	Anti-Xa: -
							INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	HyperNa ongoing this morning, 150.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who was slowly improving with some increased confusion and reported pain today.

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP increased to daily for hypernatremia**
- additional volume repletion with NS 500ml x1 today.
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but possible backslide today. Differences today include new report of back pain, possibly related to difficult transfer on 2/6) and her son's absence from bedside (which is a stabilizing factor for her mental status). **Her guanfacine**

was also stopped on 2/5 with expected self-taper due to half-life, so the waning of this medication may be contributing.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough, see aspiration precautions below
- Pain 2/2 recent amputation, improving; **restarted nalbuphine 2/7 due to possible pain although unclear if pain alone or agitation; complicated by increased somnolence after this med.**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) and have been holding on treatment, **HOWEVER, given no other driver of delirium and steady worsening 2/6-2/8 with possible abdominal pain (based on pushing away exam), started short course with ceftriaxone 1gm IV q24h x3 days.**
- stools frequent but soft, not liquid.

Treatments/Interventions:
- ICU interventions: no improvement with seroquel, tried guanfacine 1mg BID (off label usage for delirium) which was then weaned down and **stopped 2/5 (anticipate remaining self-taper due to long half-life).**
- continue delirium precautions
- trial of restart guanfacine at last/lowest dose 0.5mg PO BID for agitation

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24.
s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days
- nalbuphine readded 2/7 for back pain and intermittent stump pain as potential drivers of her delirum.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.
- monitor closely for third spacing with IVF given 2/9

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid

-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-continue working on PO diet

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
29. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
30. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #T2DM
4. BG in low 100s, discontinued SSI since not triggering insulin
5.
6. #IV access
7. Difficult access, lost 2/2 but was replacement 2/7.
8.
9. #Disposition planning
10. -son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
11. -son is working with Bainbridge locals on establishing community emergency response team housing.
12. -SW following, see notes
13. -she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
14. -patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
15. -SNF referrals made, some acceptances, son interested in Ballard Care Center
16. -Needs repeat PT and OT assessments for insurance approval of SNFs.
17.
18. **Inpatient Checklist:**
19. Fluids/Electrolytes/Nutrition: Regular CC diet
20. Prophylaxis: SQ heparin for DVT
21. Lines/Drains/Airways: PIV
22. Disposition: see above, considering SNF.
23. Code Status: DNR/DNI
24. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
25.
26. I spent a total of 42 minutes for the patient's care on the date of the service.
27.

Electronically signed by Hunt, Susan Elizabeth, MD at 2/9/2025 2:57 PM

Stanikzy, Ameenjohn A, RN at 2/10/2025 0618

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700:
* BED ALARM/DNR DNI
-AOX:0 Sling to chair.Unable to assess orientation
-VS:SBP in the 150's team aware. Other VSS RA
-BM/UOP: (+)BM DUOP Incontinent of bowel/ bladder. Pure wick applied
-I/O: No PO intake on my shift. Pt tried to spit/punch me while attempting to administer PO med.
-OTHER:
-Use white board for communication
-Unable to take PO meds this shift, MD aware.
-LLE dressing taken off by Pt
-RLE heel with a pressure injury, Elevated
-Left chest pace maker
-Mepilex on back and tailbone changed.

Electronically signed by Stanikzy, Ameenjohn A, RN at 2/10/2025 6:18 AM

Hunt, Susan Elizabeth, MD at 2/10/2025 0751

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- remains very confused and sleepy throughout yesterday. No able to take any significant PO. Lost PIV and unable to replace, even with STAT nurse attempt.
- This morning patient was getting cleaned up from a bowel movement when I arrived and was crying out in pain during that process with every wipe. Following that she settled into the bed and was more comfortable.
- When questioned after settling back in bed patient shook her head no when asked about back pain or shortness of breath. She did indicate by pointing that she wanted the TV changed and confirmed this when I wrote on the white board. She also endorsed thirst when I read on the whiteboard by nodding. She subsequently fell back asleep when I was not stimulating her by touching and speaking loudly.
- Her son reports that she did take some p.o. this morning including a third of an Ensure bottle and approximately 30 to 45 mL of soup. He does feel that she did much better yesterday after receiving the first dose of guanfacine.
- We spent some time discussing that overall her nutrition has been quite poor and worsening over the last week which is concerning to the medical team and to Louis. I discussed the possibility of talking to our palliative care team about her overall picture and next steps.

SCHEDULED MEDICATIONS:
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cefTRIAXone, 1 g, q24h
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- [Held By Provider] omeprazole, 20 mg, Daily empty stomach
- pantoprazole, 40 mg, Daily
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36 °C (02/10/25 1636) BP: 116/61 (02/10/25 1636) HR: 67 (02/10/25 1636)
RR: 18 (02/10/25 1636) SpO2: 95 % (02/10/25 1636) Room air
T range: Temp Min: 36 °C Max: 36.6 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 47.4 kg (104 lb 8 oz) (02/10/25 1600)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/10/2025 1740
Last data filed at 2/10/2025 1400
Intake 75 ml

Output	210 ml
Net	**-135 ml**

Physical Exam:
Gen: Propped up in bed asleep but awakens to loud voice and light touch and was able to answer questions with nods and some verbal response.
HEENT: tongue moist, mouth open, adentulous (not wearing her dentures)
Resp: Lungs are clear to auscultation bilaterally (anterior)
HEENT: keeps mouth open, tachy mucous membranes.
Respiratory: Clear to auscultation bilaterally, anterior
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: Occasional bowel sounds, soft, no grimace or stirring with deep palpation.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).
Skin: no open wounds or sores on her back or sacrum.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
150	111	12	148	12.1			AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.1	20	0.74		8.45	><	255	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.2		39			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: - ALC: -					BNP: - INR: -	Anti-Xa: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Persistent hyperNa 150 hypoK 3.1 WBC remain normal
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and decreased PO intake over the last 3-4 days.

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but now appears to be worsening since 2/7. Review of contributors, work-up and interventions below; I am concerned that her progressively worsening nutritional status is both causing worsening delirium and exacerbated by it (as she is not alert enough to eat and drink safely) in a cycle that is difficult to break. Her labs show hypernatremia and hypokalemia consistent with poor intake; unable to obtain a new PIV after she lost hers on 2/9 evening, I think a central line is high risk and do not recommend this.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough but no worsening or WBC to indicate infection that requires treatment, see aspiration precautions below
- Pain 2/2 recent amputation, improving; tried nalbuphine 2/7-2/8 but she was more sleepy and did not appear to have clearing mental status; **at rest she denies pain.**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) trial of treatment with ceftriaxone 2/8-2/9 (2 doses) due to lack of other driver of delirium worsening mental status but

without any clear improvement.
- stools frequent but soft, not liquid, no pain on abd palpation, no elevated WBC.

Treatments/Interventions:
- ICU interventions: no improvement with seroquel, tried guanfacine 1mg BID (off label usage for delirium) which was then weaned down and **stopped 2/5 (anticipate remaining self-taper due to long half-life).**
- continue delirium precautions
- **trial of restarting guanfacine at last/lowest dose 0.5mg PO BID for agitation (started 2/9)**

- Palliative Care consult: reengaged 2/10 give changes in her mental status and complexity of determining interventions that will help her meet goals.

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP increased to daily for hypernatremia and hypoK, will replete IF ABLE based on access and mental status for PO intake.**
- additional volume repletion with NS 500ml x1 2/9 without change in Na
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12 **- holding while unable to take PO**
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days
- nalbuphine readded 2/7 for back pain and intermittent stump pain as potential drivers of her delirum.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-continue working on PO diet

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
28. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
29. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

- -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
-
- **#T2DM**
- BG in low 100s, discontinued SSI since not triggering insulin
-
- **#IV access**
- Difficult access, lost 2/2 but was replacement 2/7.
-
- **#Disposition planning**
- -son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
- -son is working with Bainbridge locals on establishing community emergency response team housing.
- -SW following, see notes
- -she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- **-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA**
- **-SNF referrals made, some acceptances, son interested in Ballard Care Center**
- **-Needs repeat PT and OT assessments for insurance approval of SNFs.**
-
- **Inpatient Checklist:**

- Fluids/Electrolytes/Nutrition: Regular CC diet
- Prophylaxis: SQ heparin for DVT
- Lines/Drains/Airways: PIV
- Disposition: see above, considering SNF.
- Code Status: DNR/DNI
- Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
-
- I spent a total of 46 minutes for the patient's care on the date of the service.
-

Electronically signed by Hunt, Susan Elizabeth, MD at 2/10/2025 5:51 PM

Decker, Troy, PA-C at 2/10/2025 0949

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

Jeanne Hoffman is a 100-year-old woman with status post left above-the-knee amputation for ischemic limb on 1/9/2025. She has baseline delirium, agitation, and is hard of hearing. Her son was with her again today. I've come by weekly. The incision is well-approximated, without erythema and drainage. Minimal edema. No infection. She continues to show healing at the skin edge. Her nutritional status and age make musculocutaneous flap healing questionable. Typically we wait at least 6 weeks on these. We can set her up for follow up if she finds a SNF to transfer this week.

Troy Decker, MPAS, PA-C
Teaching Associate
UWMC Vascular Surgery
Ph. 206-598-4477
Fax 206-598-2532

Electronically signed by Decker, Troy, PA-C at 2/10/2025 10:04 AM

Portante, Katie, LSWAIC at 2/10/2025 1320

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless

Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care Coordination;Chart Review/Screening;Discharge planning;Placement - Skilled Nursing Facility

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Pt's son Louis is amenable to short-term rehab (not LTC Medicaid). Son Louis agreeable to d/c to Ballard Care Center.

Per update from Ballard Care Center admissions via AIDA, insurance auth still pending.

MSW, MD met w/ pt and son Louis at bedside. MD provided update on pt status and care plan, discussed additional Palliative Care consult; Louis agreeable. MSW provided update on status of insurance auth for Ballard Care Center and possible next steps.

PLAN or OUTCOME:
F/u re: insurance auth; transportation

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/10/2025 1:23 PM

Schlenker, Kathryn Ann Vogelsang, DO at 2/10/2025 1708

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: acute limb ischemia s/p L AKA, delirium, malnutrition, GOC, support, palliative care.

INTERVAL HISTORY:
Jeanne previously seen by palliative care immediately following her AKA for ongoing support and GOC. At that time. Jeanne and her son Louis were longevity focused, hoping for smooth recovery from AKA and expressed a desire to return home.
Discussed case with Dr. Hunt (med E attending) and bedside RN. Since our last visit, Jeanne has been struggling with delirium, decreased PO intake resulting in malnutrition. She is high risk for aspiration and TF are not in line with her GOC. Jeanne has continued to become weaker now has electrolyte derangements related to her poor PO intake (hypernatremia, hyponatremia). Son Louis has been at bedside and helping her to eat small amounts. Jeanne intermittently cries out in pain.

The palliative care team (myself, Beth Chance MSW, Laura Katers PA) met with Jeanne and Louis in the family waiting room. Jeanne was in a wheelchair. She was alert for most of or visit but did not engage in conversation.

Louis spoke on Jeanne's behalf. He shared many details about their prior living situation, loss of housing, and hopes to have their living situation improved. There were periods where Louis was tangential. He was also difficult to redirect. Highlights of our conversation are below:

-Louis shared that Jeanne was living a full life before her acute limb ischemia. She enjoyed traveling and spending time with her friends. Loved going to Starbucks.
-Louis had noticed her leg getting worse (possibly infected). He really wanted her to make it to her 100th birthday so he used to antibiotics he had at home and she ended up at the hospital shortly after her 100th birthday.
-Louis says that his mom is not happy with having the AKA and is having trouble adjusting. It is hard on her to be in the hospital. Louis said that Jeanne is not eating. He said that she is starving herself because she is frustrated and stubborn and also said that she has had delirium that makes it difficult to eat. He understands that she is an aspiration risk. He has been helping her to eat pureed foods. She did eat ~1oz of food today.
-Louis wants to work with teams that are positive about his mom. He does not want her to receive less care or different care just because she is 100--age is just a number.
-Louis understands th-at his mom is close to the end of her life (since she is 100, not because of her current medical situation). He hopes for her to have a good QOL. This means being home and spending time how she wants.
-Louis worries that his mom would die if she went to a SNF--thinks she would only last 30-60 days.
-Louis has cared for Jeanne for 35 years. He also cared for his grandmother. She went to a SNF for care at the end of her life and died at the SNF. He does not want this for his mom.
-If Jeanne were at EOL she would want to be home. Louis shared that if Jeanne's doctors knew that she was terminal, he would want to take her home to Bainbridge ASAP.
-Louis expressed a desire to partner with the medical team. Jeanne's long term PCP retired recently and this has been a loss for them.

PHYSICAL EXAM:
BP 116/61 (Patient Position: Lying) | Pulse 67 | Temp 36 °C (Temporal) | Resp 18 | Ht 5' (1.524 m) | Wt 47.4 kg (104 lb 8 oz) | SpO2 95% | BMI 20.41 kg/m²
Gen: Jeanne was sitting in a wheelchair, she was intermittently alert but did not participate in the conversation verbally, she did occasionally gesture to her L leg, she had some moments where she grimaced and cried out in pain, she also slept other times in our visit.
HEENT: tongue dry with food specs present, lips dry
Resp: some upper airway gurgling noted, regular respirations, breathing comfortably
Neuro: does not participate in conversation or track conversation, seems confused, not agitated

IMPRESSION: Jeanne has experienced ongoing decline following her AKA. She has had delirium and ongoing poor PO intake resulting in new electrolyte derangements. Jeanne's son Louis has shared a hope for Jeanne to get stronger and eventually return home. He would like to avoid SNF if able, especially long term. Louis would like for Jeanne to have a good QOL for the remainder of her life and he also values longevity. He did share that if Jeanne's doctors all felt that she were terminal he would want to know so that he could prioritize getting her back home.

RECOMMENDATIONS:
-Palliative care will continue to follow and engage in discussions with Louis.
-If there are specific decisions that need to be made regarding Jeanne's care, it would be beneficial for palliative care and the primary team to meet with Louis together to discuss. -Tentatively made plans to follow up with Louis tomorrow given Jeanne's electrolyte abnormalities and limitations of repletion.

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 115 minutes for the patient's care on the date of the service.

Electronically signed by Schlenker, Kathryn Ann Vogelsang, DO at 2/10/2025 11:49 PM

Hunt, Susan Elizabeth, MD at 2/11/2025 0819

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Patient reported history is limited by mental status, she only answered a few written questions. Son and nursing provide hx.
- continues with minimal PO intake yesterday and overnight. PIV replaced yesterday afternoon, received D5 NS + 20mEq KCl x1L.
- she shrugged when I asked about pain and did not answer when I asked about breathing difficulties.
- son reports he was able to get her up to a wheelchair today and they went on a ride around the unit and to the visitor waiting room to look at the view. She continues to tell him that she wants to go home. She endorses wanting to see friends on Bainbridge.

I was able to visit with Palliative Care Team members as well today. We discussed the following:
- shared concerns that Jeanne is not taking adequate oral intake to maintain nutrition or hydration. We started IVF last night to support her hydration and electrolytes. IV support is a temporary measure.
- shared my concern that Jeanne has not been improving despite extensive attempts to address underlying drivers of delirium (as outlined in A/P below). Louis acknowledges he also hoped she would improve but has not been seeing that over the last few days.
- reviewed the complexity of her hospital stay and strain this had on her body, my medical opinion that even in best case, Jeanne is not likely to be as strong or functional as she was prior to this hospital stay.
- Louis continues to stress that Jeanne would want to be back on Bainbridge and visiting with friends if she were at the end of her life.
- Palliative Care team reviewed some potential options if Jeanne is not able to start eating and drinking enough to support physical recovery/improvement in her activity, including hospice in their current homestead situtation, possible inpatient hospice or SNF. Given their complex home situation and living on Bainbridge, will need to do more assessment of which of these options are available.

SCHEDULED MEDICATIONS:
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cefTRIAXone, 1 g, q24h
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily

- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- [Held By Provider] omeprazole, 20 mg, Daily empty stomach
- pantoprazole, 40 mg, Daily
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.2 °C (02/10/25 2318) **BP: (!) 146/73** (02/10/25 2318) **HR:** 69 (02/10/25 2318)
RR: 18 (02/10/25 2318) **SpO2:** 96 % (02/10/25 2318) Room air
T range: Temp Min: 36 °C Max: 36.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 47.4 kg (104 lb 8 oz) (02/10/25 1600)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/11/2025 0819
Last data filed at 2/11/2025 0615

Intake	205 ml
Output	75 ml
Net	**130 ml**

Physical Exam:
Gen: Propped up in bed at 45 degree angle, comfortable appearing, resting with mouth open and intermittently awake.
HEENT: tongue moist, mouth open, adentulous (not wearing her dentures)
Resp: Lungs are clear to auscultation bilaterally (anterior)
HEENT: keeps mouth open, tachy mucous membranes.
Respiratory: Clear to auscultation bilaterally, anterior
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: Occasional bowel sounds, soft.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
150	115	12	252		12.1		AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.3	21	0.70		8.45	><	255	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.9			39		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: - ALC: -					BNP: - INR: -	Anti-Xa: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Persistent hyperNa 150 hypoK mildly improved to 3.3 after IVF repletion. AG downtrending but still elecated with hyperchloremia.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake for last 5 days c/b volume depletion.

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but now appears to be worsening since 2/7. Review of contributors, work-up and interventions below; I am concerned that her progressively worsening nutritional status is both causing worsening delirium and exacerbated by it (as she is not alert enough to eat and drink safely) in a cycle that is difficult to break. Her labs show hypernatremia and hypokalemia consistent with poor intake; unable to obtain a new PIV after she lost hers on 2/9 evening, I think a central line is high risk and do not recommend this.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough but no worsening or WBC to indicate infection that requires treatment, see aspiration precautions below
- Pain 2/2 recent amputation, improving; tried nalbuphine 2/7-2/8 but she was more sleepy and did not appear to have clearing mental status; **at rest she denies pain.**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) trial of treatment with ceftriaxone 2/8-2/10 (3 doses) due to lack of other driver of delirium worsening mental status but without any clear improvement.
- stools frequent but soft, not liquid, no pain on abd palpation, no elevated WBC.

Treatments/Interventions:
- ICU interventions: no improvement with seroquel
- continue delirium precautions
- trial of restarting guanfacine at last/lowest dose 0.5mg PO BID for agitation (restarted 2/9)

- Palliative Care consult following, will look into options for hospice support on Bainbridge w/SW team in case this is needed.

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP increased to daily for hypernatremia and hypoK.**
- additional volume repletion with D5 1/2 NS plus 20Kcl x1 L; repleting her potassium slowly to avoid pain with higher dose IV potassium or risk losing PIV.

- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12 **- holding while unable to take PO**
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-continue working on PO diet

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):

1. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
2. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

- -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
-
- **#T2DM**
- BG in low 100s, discontinued SSI since not triggering insulin
-
- **#IV access**
- Difficult access, lost 2/2 but was replacement 2/7.
-
- **#Disposition planning**
- -son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
- -son is working with Bainbridge locals on establishing community emergency response team housing.
- -SW following, see notes
- -she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- **-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA**
- **-SNF referrals made, some acceptances, son interested in Ballard Care Center**
- **- considering hospice based on symptoms, monitoring.**
-
- **Inpatient Checklist:**
- Fluids/Electrolytes/Nutrition: Regular CC diet
- Prophylaxis: SQ heparin for DVT
- Lines/Drains/Airways: PIV
- Disposition: see above, considering SNF.
- Code Status: DNR/DNI
- Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
-
- I spent a total of 62 minutes for the patient's care on the date of the service.
-
-
-

Electronically signed by Hunt, Susan Elizabeth, MD at 2/11/2025 5:28 PM

Schlenker, Kathryn Ann Vogelsang, DO at 2/11/2025 1558

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: acute limb ischemia s/p L AKA, delirium, malnutrition, GOC, support, palliative care.

INTERVAL HISTORY:
-IV placed last night and Jeanne receive IV fluids with potassium.

Dr. Hunt and the palliative care team (myself, Beth Chance MSW, Laura Katers PA) met bedside with Jeanne and her son Louis. Jeanne was unable to meaningfully participate in today's discussion.

Louis shared that Jeanne has been telling him that she wants to go home. She wants to see her best friend Lou. Louis shared that Jeanne has not had improvement in her eating or drinking. Dr. Hunt confirmed this and shared that she has had to start artificial hydration. This is a temporary measure that we can to to support her and see if she improves but cannot be done long term. Louis expressed understanding. He said that he told Jeanne that if she does not start eating she will die. Dr. Hunt agreed wit this assessment. Discussed that without adequate hydration, Jeanne will not be able to maintain.

We discussed continuing IV fluids for a few days and seeing how Jeanne does. If she begins to improve, then a best case scenario is that she improves enough to sustain herself and can go to a SNF for short term rehab. If she does not improve, then we would shift our focus to end of life care and do hospice. Louis is familiar with hospice. Based on what Louis shared with our team yesterday and what he is saying today, it is clear that it is important for Jeanne to be able to be home if possible for EOL care. Louis was in agreement with this. We asked if home means just Bainbridge or if it specifically means their homestead. Louis was open to both options. If those did not work, then Louis said that hospice could be done in Seattle at a facility.
We agreed to follow up with Louis later in the week to see how things are progressing with Jeanne's oral intake.

PHYSICAL EXAM:
BP 131/78 (Patient Position: Lying) | Pulse 72 | Temp 36.4 °C (Temporal) | Resp 18 | Ht 5' (1.524 m) | Wt 45.5 kg (100 lb 5 oz) | SpO2 95% | BMI 19.59 kg/m²
Jeanne was propped up in bed, intermittently had her eyes open, mouth open with tongue protruding, tongue try, Jeanne intermittently cried out during our visit.

IMPRESSION: Jeanne has had ongoing poor intake and now has dehydration and malnutrition. Her son Louis appreciates that if her intake does not improve she will continue to decline and will be at end of life. He is in agreement with a trial of IV fluids to see if Jeanne improves and can start taking PO on her own. If she does not improve in the coming days, then he is open to exploring hospice as a possibility.

RECOMMENDATIONS:
-Agree with trial of IV fluids to see if Jeanne has any clinical improvement. Will re-evaluate later this week.
-Will coordinate with social work the possibility of looking into hospice options on Bainbridge (home hospice and hospice at a facility).
-Palliative care will continue to follow for ongoing support and GOC.

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 75 minutes for the patient's care on the date of the service.

Electronically signed by Schlenker, Kathryn Ann Vogelsang, DO at 2/12/2025 4:56 PM

Pillai, Sunita, MD at 2/12/2025 0756

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Hospital Day : 34
Overnight RN reports reviewed

Per son patient had PO intake
mIVF d/c at 0400
Bedside discussion today :
Patient was coughing on at arrival

Son reports that patient had Oatmeal and one full bottle of Ensure
We discussed aspiration , son informs that he is advising her to breath with sound and cough
Son enquires about prosthesis and transfer to HMC for the same
Discussed patient's hypernatremia, and current nutritional status
We discussed concern with hypernatremia,
Patient lost another PIV and order placed for PICC - has no veins

SCHEDULED MEDICATIONS:
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- [Held By Provider] omeprazole, 20 mg, Daily empty stomach
- pantoprazole, 40 mg, Daily
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- saliva substitute, 15 mL, TID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q6h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4-8 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 13 of 17) (continued)

OBJECTIVE

T: 36.1 °C (02/12/25 0418) BP: 100/62 (02/12/25 0418) HR: 70 (02/11/25 1638)
RR: 14 (02/12/25 0418) SpO2: 94 % (02/12/25 0418) Face tent 6 L/min
T range: Temp Min: 36.1 °C Max: 36.4 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.5 kg (100 lb 5 oz) (02/11/25 1138)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/12/2025 0756
Last data filed at 2/12/2025 0507

Intake	1995 ml
Output	—
Net	**1995 ml**

Physical Exam:
Gen: coughing intermittently , gurgly
HEENT: tongue moist, mouth open, adentulous (not wearing her dentures)
Resp: coarse breath sounds anteriorly
HEENT: keeps mouth open, tachy mucous membranes.
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: Occasional bowel sounds, soft.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - - / - - - / eGFR: - Ca: - / Mg: - PO4: -	- / - >< - / - / ANC: - / ALC: -	AST: - ALT: - / AP: - T bili: - / Prot: - Alb: -	-/-/-/- | -/-/-/- / Lact (a): - Lact (v): - / Trop I: - D-dimer: - / BNP: - Anti-Xa: - / INR: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Persistent hyperNa 150 hypoK mildly improved to 3.3 after IVF repletion. AG downtrending but still elecated with hyperchloremia.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake for last 5 days c/b volume depletion.

Below plan is based on the note by Dr. Hunt dated 2/11/25with updates made to reflect changes to the medical decision making and plan today.
Delirium
#Hypernatremia
#Hypkalemia

#Hypernatremia
Initiate D5W 50 ml/hr
Na Q 6 hrs

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but now appears to be worsening since 2/7. Review of contributors, work-up and interventions below; I am concerned that her progressively worsening nutritional status is both causing worsening delirium and exacerbated by it (as she is not alert enough to eat and drink safely) in a cycle that is difficult to break. Her labs show hypernatremia and hypokalemia consistent with poor intake; unable to obtain a new PIV after she lost hers on 2/9 evening, I think a central line is high risk and do not recommend this.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough but no worsening or WBC to indicate infection that requires treatment, see aspiration precautions below
- Pain 2/2 recent amputation, improving; tried nalbuphine 2/7-2/8 but she was more sleepy and did not appear to have clearing mental status; **at rest she denies pain.**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) trial of treatment with ceftriaxone 2/8-2/10 (3 doses) due to lack of other driver of delirium worsening mental status but without any clear improvement.
- stools frequent but soft, not liquid, no pain on abd palpation, no elevated WBC.

Treatments/Interventions:
- ICU interventions: no improvement with seroquel
- continue delirium precautions
- trial of restarting guanfacine at last/lowest dose 0.5mg PO BID for agitation (restarted 2/9)

- Palliative Care consult following, will look into options for hospice support on Bainbridge w/SW team in case this is needed.

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP increased to daily for hypernatremia and hypoK.**
- additional volume repletion with D5 1/2 NS plus 20Kcl x1 L; repleting her potassium slowly to avoid pain with higher dose IV potassium or risk losing PIV.
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12 **- holding while unable to take PO**
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.

- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in

uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-continue working on PO diet

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
1. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
2. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#T2DM
BG in low 100s, discontinued SSI since not triggering insulin

#IV access
Difficult access, lost 2/2 but was replacement 2/7.

#Disposition planning
-son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
-son is working with Bainbridge locals on establishing community emergency response team housing.
-SW following, see notes
-she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
-SNF referrals made, some acceptances, son interested in Ballard Care Center
- considering hospice based on symptoms, monitoring.

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: see above, considering SNF.

23. Code Status: DNR/DNI
24. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
25.
26. I spent a total of 62 minutes for the patient's care on the date of the service.
27.

Electronically signed by Pillai, Sunita, MD at 2/12/2025 6:54 PM

Pillai, Sunita, MD at 2/13/2025 0803

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Hospital Day : 35
Overnight RN reports reviewed

Per son patient had PO intake

Bedside discussion today :
Patient is much more awake and oriented today she was able to participate in some conversation with cues on white board
-1 asked how she was doing - shrugged and smiled
-2.Asked if she was in pain - nodded no
-3 discussed about IV access, asked her if we lose the pIV what she would want - wrote plan options of CVC vs Comfort, patient initially said " let go" then shrugged and pointed to son and gestured to do as per him
Discussed with son - informed that a Central line was not recommended in patient's situation and advocated against
Son is very optimistic, shared that the line will last
However if it falls he will take her home
We talked about patients PO intake, discussed that even though patient is not coughing she could be aspirating
Son reports that patient had Oatmeal and one full bottle of Ensure

SCHEDULED MEDICATIONS:
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- [Held By Provider] omeprazole, 20 mg, Daily empty stomach
- pantoprazole, 40 mg, Daily
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- saliva substitute, 15 mL, TID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:

- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q6h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4-8 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.5 °C (02/13/25 0359) BP: 112/70 (02/13/25 0359) HR: 75 (02/13/25 0359)
RR: 16 (02/13/25 0359) SpO2: 94 % (02/13/25 0359) Room air
T range: Temp Min: 36 °C Max: 36.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.5 kg (100 lb 5 oz) (02/11/25 1138)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/13/2025 0803
Last data filed at 2/13/2025 0700

Intake	1180.41 ml
Output	1 ml
Net	**1179.41 ml**

Physical Exam:
Gen:alert, smiling engaging
HEENT: tongue moist, edentulous (not wearing her dentures)
Resp: clear anteriorly
HEENT: keeps mouth open, tachy mucous membranes.
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: l bowel sounds +, soft.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
147; 148	114	12	191	10.5			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.4	27	0.70		8.19	><	178	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.9		33			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Persistent hyperNa 150 hypoK mildly improved to 3.3 after IVF repletion. AG downtrending but still elecated with hyperchloremia.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake for last 5 days c/b volume depletion.

#Hypernatremia-resolved
Since patient continues to have poor PO intake she remains at risk for Hypernatremia, will continue low volume D5W and trend Na, space out checks to q 12 hrs
Continue D5W 50 ml/hr
Na Q 12 hrs

 # GOC
Multidisciplinary meeting with for GOC.
100 F HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14. Now on hospital day 35. Course c/b, Severe malnutrition and poor PO intake. Patient is high aspiration risk , son at bedside is very attentive and caring for patient, she has intermittent hypernatremia that's responding to free water via IVF. Patient has fragile veins and loses her PIV frequently, PICC line assessment revealed that her largest vein was 2.5 mm and not a candidate for PICC. Patient's nutritional requirements are not met with her current PO intake. Her mental status waxes and wanes, however when she was clear she has clearly expressed to several providers that she wishes to die in her home , and not in the hospital. Patient's son who is attentive and caring appears to be very optimistic. He has capacity to make decisions however its difficult to assess his insight into patients current needs and care needed.
In light of these issues a multidisciplinary team meeting was requested discus patient's care.
We discussed patient's stated goal of wanting to die at home
We discussed current challenges of patient's nutritional needs, her ability to participate in PT/OT , her healing including risk for infection, aspiration pneumonia. These constraints were independent of patient's age.
We discussed that her current PO intake is not sustainable with her precarious PIV situation. Even if the PIV lasts for a week or so as the son believes , patient's clinical course may not improve to meet her expressed goals
We discussed that patient has lived 100 years and we should respect her goal since the alternative was a risk of passing in the hospital
We discussed that based on current available information and clinical scenario, the team should work towards trying to get patient back to her home with as much care as can be provided.
Continue current care
Ok for PIV placement
No escalation to CVC placement
PT/OT for baseline evaluation
Work towards discharge to residence/placement next week
SW working on finding best options to assist with making this transition with goal for continued care as long as patient will need.
Appreciate multidisciplinary team members in making time for discussing patient's care and plans.

Below plan is based on the note by Dr. Hunt dated 2/11 /25 with updates made to reflect changes to the medical decision making and plan today.

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but now appears to be worsening since 2/7. Review of contributors, work-up and interventions below; I am concerned that her progressively worsening nutritional status is both causing worsening delirium and exacerbated by it (as she is not alert enough to eat and drink safely) in a cycle that is difficult to break. Her labs show hypernatremia and hypokalemia consistent with poor intake; unable to obtain a new PIV after she lost hers on 2/9 evening, I think a central line is high risk and do not recommend this.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough but no worsening or WBC to indicate infection that requires treatment, see aspiration precautions below
- Pain 2/2 recent amputation, improving; tried nalbuphine 2/7-2/8 but she was more sleepy and did not appear to have clearing mental status; **at rest she denies pain.**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) trial of treatment with ceftriaxone 2/8-2/10 (3 doses) due to lack of other driver of delirium worsening mental status but without any clear improvement.
- stools frequent but soft, not liquid, no pain on abd palpation, no elevated WBC.
Treatments/Interventions:
- ICU interventions: no improvement with seroquel
- continue delirium precautions
- trial of restarting guanfacine at last/lowest dose 0.5mg PO BID for agitation (restarted 2/9)
- Palliative Care consult following, will look into options for hospice support on Bainbridge w/SW team in case this is needed.

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP increased to daily for hypernatremia and hypoK.**
- additional volume repletion with D5 1/2 NS plus 20Kcl x1 L; repleting her potassium slowly to avoid pain with higher dose IV potassium or risk losing PIV.
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12 **- holding while unable to take PO**
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-continue working on PO diet

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study

-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):

28. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
29. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#T2DM
BG in low 100s, discontinued SSI since not triggering insulin

#IV access
Difficult access, lost 2/2 but was replacement 2/7.

#Disposition planning
-son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
-son is working with Bainbridge locals on establishing community emergency response team housing.
-SW following, see notes
-she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
-SNF referrals made, some acceptances, son interested in Ballard Care Center
- considering hospice based on symptoms, monitoring.

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: see above, considering SNF.
Code Status: DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

I spent a total of 90 minutes for the patient's care on the date of the service.

Electronically signed by Pillai, Sunita, MD at 2/13/2025 8:48 PM

Chance, Beth A, LICSW at 2/13/2025 0932

Palliative Care Service: Follow-up

Palliative care social worker attended multidisciplinary care meeting regarding next steps for Jeanne. Coordinated with multiple providers and service social worker to consider paths forward.

Please see palliative care physician Katie Schlenker's note for details and summary of this meeting.

CONTACTS:
Extended Emergency Contact Information
Primary Emergency Contact: Hoffmann Alloin,Louis Charles
Address: 321 High School Road NE
STE D3 PMB 292
Bainbridge Island, WA 98110 UNITED STATES
Home Phone: 206-780-6885
Mobile Phone: 206-780-6885
Relation: Son
Primary Contact Role: Medical POA
No emergency contact information on file.

Health Care Agent: Hoffmann Alloin,Louis Charles - Son - 206-780-6885

POLST: Received

Thank you for asking the Palliative Care team to be involved. Please page the team via the paging operator with any specific questions or concerns.

Beth Chance, LICSW
Palliative Care Social Worker
Office phone 206 598-2932

Electronically signed by Chance, Beth A, LICSW at 2/14/2025 9:37 AM

Portante, Katie, LSWAIC at 2/13/2025 1304

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

Clinical Notes (group 13 of 17) (continued)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Palliative Care Consult

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs.

F/u message left w/ Ballard Care Center (253-302-9500) re: status of insurance auth.

MSW received VM from APS investigator Eric Cook (206-437-3675) after visiting w/ pt and son Louis in hospital. F/u call placed, provided update on pt status. MSW to follow up w/ Eric when d/c plan more clear.

MSW participated in interdisciplinary meeting for care planning. Per Palliative care team, son Louis is more open to hospice. MSW placed hospice referrals for Bainbridge Island per recommendation of leadership to explore available options.

Return call from Ballard Care Center admissions (253-302-9500), insurance auth still pending. Confirmed they can also accept pt under Medicaid coverage if needed.

PLAN or OUTCOME:
F/u re: insurance auth; transportation

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/13/2025 3:51 PM

Sharp, Emily L, PT at 2/13/2025 1559

Physical Therapy Treatment

Jeanne Leonie Hoffman
U8170135

2/13/2025
Duration of session: 40 Minutes

Subjective
Patient Report/Self-Assessment: Opened eyes and agreeable to PT for bed exercises
Patient Stated Goal(s): son's goal is for her to be home with him taking care of her

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Lives in tent with flooring and heating
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (Transport chair)

Functional Level:

Interventions:
Therex: Supine LE therex with son with written communication to the patient via a white board with extra time needed for this R HS and HC stretch 3 times 30 seconds issued written handouts
Theract:
Balance/Neuro Re-ed:
Gait Training:

ASSESSMENT/PLAN

Jeanne was willing to do PT but extra time was needed for communication and for her son's questions and concerns. She tolerated in bed LE exercises and stretches with written handouts given to her son and ques via a white dry erase communication board to the patient. Her son deferred transfer training for now due to concerns about her R UE IV and not wanting it to dislodge. Will continue to follow and progress as able.

Barriers to Discharge: Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 02/20/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 02/20/25
Goal Status: Not Progressing
Goal: Sit unsupported for
Estimated Completion Date: 02/20/25
Goal Status: Not Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 02/20/25
Goal Status: Progressing

Goal: Patient to need only a little bit of assist from her son for her home exercise program
Estimated Completion Date: 02/20/25
Goal Status: Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: postural control, caregiver training, therex PROM, Stump shrinker when ready.

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: Sling to chair 3 X day. Allow oppotunities for L hip to stretch into extension in supine to limit contracture risk.

Emily L Sharp, PT

Electronically signed by Sharp, Emily L, PT at 2/13/2025 3:59 PM

Clinical Notes (group 14 of 17)

Progress Notes

Schlenker, Kathryn Ann Vogelsang, DO at 2/13/2025 2249

PALLIATIVE CARE SERVICE: FOLLOW UP--Non Face to Face Visit

ID/CC: acute limb ischemia s/p L AKA, delirium, malnutrition with electrolyte abdnormalities, GOC, support, palliative care.

INTERVAL HISTORY:
-Discussed Jeanne's care with Dr. Pilllai. Jeanne lost her IV yesterday. Was seen by PICC team but is not a candidate for PICC. Had new PIV placed but there is concern it may not last long.
-Dr. Pillai shared that Jeanne was more alert today. She expressed ambivolence about how to proceed if her PIV were to fall out. She discussed in detail with son/DPOA Louis and he ultimately decided that his mom would not want aggressive measures such as a central line and if her IV came out and not be replaced, then he would want to take her home.

I participated in a multidisciplinary meeting to discuss Jeanne's care.
We Jeanne's case and her current medical situation.
Discussed that Jeanne has been declining, not eating or drinking. Sodium is improved with IVF but this is not a long term therapy and if she cannot drink and eat on her own she will be at end of life soon.
Reviewed prior conversations we have had with Louis regarding EOL preferences.
Discussed plan to move forward with hospice referrals to best honor Jeanne and Louis' wishes for her to be home at EOL. Will do our best to support Jeanne in improving but seems unlikely that she will.
Would be ideal if we could have hospice in place on Bainbridge (either at their homestead or in a facility). However, if Jeanne looses her IV and Louis expresses a desire to take her home without hospice support in place, we would all be in support of this. Louis has cared for Jeanne for years and she has made clear to her medical providers that she trusts him and looks to him to support her with decisions.
Made plans for medicine and palliative care teams to round together tomorrow to further discuss plans for home with Louis.

I spent a total of 69 minutes of non-face to face time for the patient's care associated with the visit dated 2/11/2025.

Details of time spent:
Discussed case with Dr. Pillai from 12:55-12:59 and 1:02-1:05.
Participated in multidisciplinary meeting via zoom from 2:30-3:30.

Electronically signed by Schlenker, Kathryn Ann Vogelsang, DO at 2/13/2025 11:27 PM

Knowling, Molly Christine, RD at 2/14/2025 1112

Inpatient Follow Up Nutrition Assessment

PI: 100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Recommendations/Interventions:
ORAL NUTRITION:
- Diet per SLP /MD currently Level 5 Minced and Moist and Thin Liquids
- Offer supplements PRN if Pt asks - Ensure Plus and Thrive Gelato
- appreciate nursing documentation of %meals consumed

VITAMINS/SUPPLEMENTS:
- OK to d/c MVI, cholecalciferol, thiamine

Nutrition support:
- Not w/in GOC

Subjective

INTERIM:
- TF not within GOC
- Plan to d/c pt home/placement
- Pt refusing PO intake

Current Nutrition Assessment:
FEN: Minimal PO intake. Sips of ensure, bites of oatmeal yesterday
GI: dysphagia and likely aspirating w/ PO intake - SLP following . Daily BM
Edema/Fluid: None
Weight: Steadily trending down for past ~ 3 weeks
Wounds Present: Yes, multiple. See wound care sheet

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective
Labs:
Lab Results

Component	Value	Date
SODIUM	141	02/14/2025
SODIUM	144	02/14/2025
POTASSIUM	3.5 (L)	02/14/2025
MAGNESIUM	1.9	02/09/2025
PHOSPHATE	3.2	02/05/2025
CA	8.2 (L)	02/14/2025
BUN	9	02/14/2025
CREATININE	0.55	02/14/2025
GLUCOSE	181 (H)	02/14/2025
A1C	6.6 (H)	01/10/2025
VITD	22.9	01/16/2025

Lab Results

Component	Value	Date
GLUCOSE	181 (H)	02/14/2025
GLUCOSE	191 (H)	02/13/2025
GLUCOSE	157 (H)	02/12/2025
GLUCOSE	252 (H)	02/11/2025
GLUCOSE	148 (H)	02/10/2025
GLUCOSE	131 (H)	02/09/2025
GLUCOSE	122	02/08/2025
GLUCOSE	136 (H)	02/06/2025
GLUCOSE	130 (H)	02/05/2025
GLUCOSE	127 (H)	02/04/2025

Medications:
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
buprenorphine, 1 patch, Transdermal, q7 days SCH
cholecalciferol, 2,000 units, Oral, Daily
guanFACINE, 0.5 mg, Oral, BID
heparin, 5,000 units, Subcutaneous, q12h SCH
lidocaine, 1 patch, Topical, q24h
[Held By Provider] omeprazole, 20 mg, Oral, Daily empty stomach
pantoprazole, 40 mg, Intravenous, Daily
polyethylene glycol 3350, 17 g, Oral, Daily
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
saliva substitute, 15 mL, Swish & Spit, TID
thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID

dextrose, 50 mL/hr, Last Rate: Stopped (02/14/25 0935)

Lines/Drains/Airways/Wounds:

Peripheral IV 02/14/25 22 G Anterior;Left;Proximal Forearm (Active)

External Urinary Suction Device 01/28/25 (Active)

Suction	Yes	02/14/25 0730
Site Assessment	Skin Intact	02/14/25 0730
Care & Maintenance	Change device;Peri care - wash with soap and water	02/10/25 2319
Output (mL)	75 mL	02/11/25 0615
Urine Appearance	Clear	02/14/25 0730
Urine Color	Amber	02/13/25 2056

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

Assessments 1/9/2025 4:57 PM 2/14/2025 9:00 AM

Wound Bed/Base Assessment	—	Clean;Dry;Intact
Closure	Sutures;Staples;Other (Comment)	—
Dressing	—	Gauze;Elastic Wrap (ACE);Other (Comment)
Dressing Status	—	Clean;Dry;Intact

Active Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1245	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Active	Decker, Troy, PA-C

Inactive Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1243	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Discontinued	Decker, Troy, PA-C

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM	2/14/2025 9:00 AM
Wound Bed/Base Assessment	Clean;Dry;Pink	Clean;Dry;Pink
Peri-Wound Assessment	Clean;Dry;Pink	—
Drainage Amount	None	—
Dressing	Barrier Cream	Barrier Cream
Dressing Changed	New	—
Edges	Undefined edges	—
Non-staged Wound Description	Partial thickness	—

No associated orders.

Wound 01/13/25 Incision Chest Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/13/25 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision

Assessments	1/13/2025 5:00 PM	2/14/2025 7:30 AM
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact
Closure	Sutures;Skin glue	—

Drainage Amount	None	—
Dressing	Island Dressing (Primapore)	None - Open to air
Dressing Changed	New	—
Dressing Status	Clean;Dry;Intact	—

No associated orders.

Wound 01/24/25 Back Medial (Active)

Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial

Assessments	1/24/2025 8:20 AM	2/14/2025 9:00 AM
Wound Bed/Base Assessment	Clean;Pink	Unable to assess
Peri-Wound Assessment	Pink;Blanchable erythema	—
Drainage Amount	None	—
Dressing	—	None - Open to air
Wound Length (cm)	0.5 cm	—
Wound Width (cm)	0.5 cm	—
Wound Surface Area (cm^2)	0.25 cm^2	—
Pressure Injury Stage	Stage 2	—

No associated orders.

Wound 01/25/25 Other (comment) Heel Right (Active)

Date First Assessed/Time First Assessed: 01/25/25 1052 Primary Wound Type: (c) Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): (c)

Assessments	1/25/2025 10:53 AM	2/14/2025 9:00 AM
Wound Bed/Base Assessment	—	Blanchable erythema;Dry
Peri-Wound Assessment	Pale	—
Drainage Amount	None	—
Dressing	Mepilex Border	None - Open to air
Dressing Status	Clean;Dry;Intact	—
Characteristics, Tunneling, Undermining	blanchable erythema	—
Wound Length (cm)	6 cm	—
Wound Width (cm)	4 cm	—
Wound Surface Area (cm^2)	24 cm^2	—
Wound Depth (cm)	0 cm	—
Wound Volume (cm^3)	0 cm^3	—
Edges	Attached edges	—
Pressure Injury Stage	Other (Comment)	—

No associated orders.

Active Diet Order: Yes
Diet: General
Dysphagia Modification: 5-Minced and Moist and 0-Thin Liquids

Nutrition Support: No

Admission Anthropometrics:
Weight: 45.5 kg (100 lb 6.4 oz)
Admit kg/m2

UBW: 125 lb per son 1/16
UBW%: 80%

Assessment/Plan
Current Anthropometrics:
Weight for the past 168 hrs:

	Weight
02/13/25 1539	45.6 kg (100 lb 8.5 oz)
02/11/25 1138	45.5 kg (100 lb 5 oz)
02/10/25 1600	47.4 kg (104 lb 8 oz)
02/09/25 0754	46.6 kg (102 lb 11.8 oz)

Current Body mass index is 19.63 kg/m².

Estimated Nutrition Needs
Using lowest wt, 43.7 kg
Energy: 1092-1311 kcal (25-30 kcal/kg)
Protein: 56-66 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing
Inadequate oral intake related to dysphagia and dry mouth as evidenced by difficulty swallowing solid foods

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Severe malnutrition present on admission

Interventions:
Coordination of Care:
Chart reviewed.
Sent secure message to APP

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.

To support anabolism.

Language Support:
No interpreter needed (patient not a participant in teaching)

Plan / Monitoring and Evaluation:
Monitor oral intake and tolerance.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Knowling, Molly Christine, RD at 2/14/2025 11:29 AM

Portante, Katie, LSWAIC at 2/14/2025 1223

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Discharge planning;Hospice Referral;Care Coordination

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Pt accepted at Ballard Care Center, insurance auth pending. Ballard Care Center can also accept pt under Medicaid benefit if needed.

F/u w/ Ballard Care Center; insurance auth still pending.

Per AIDA, updates from the following three hospice agencies on Bainbridge:
- Envision Hospice (360-350-4875); will only accept pt if pt is discharged to a facility.
- Franciscan Hospice (Julie, 253-209-2554); per Julie w/ intake, they can accept unhoused pts but will need a) a safe, secure mailing address for supplies to be delivered b) a place for safe storage of controlled substances c) an address/location for services.

MSW met w/ pt and son Louis at bedside; pt alert and responded to greeting at entry but unable to meaningfully participate in conversation. MSW spoke at length w/ Louis. Provided update on status of pending insurance auth for Ballard Care Center. Louis discussed his current focus on resolving pt's medical issues, but that his "plan A" would be rehab and "plan B" would be returning to Bainbridge with pt if rehab is denied. Louis provided additional information on his dwelling set-up. Louis states he receives assistance from the Bainbridge CERT (Community Emergency Response Team) volunteer organization, and safety support from the Bainbridge Fire and Police Departments. He would need to re-set up the dwelling in order to prepare for discharge if the plan were to return to Bainbridge. Louis confirmed the dwelling is wheelchair accessible, and heat is provided from a propane camp stove with a hot water tank. He would have access to electricity via solar panels. When asked if SW should coordinate with the BIFD, Louis stated it wasn't necessary, as he would reach out to them. When asked about transportation, Louis states he "has a wheelchair van company" and he was able to bring pt in on admission. When asked specifically about the plan for transportation at discharge, Louis outlined a plan to travel by public transit and ferry. MSW ended conversation with agreeing to follow up with Louis after the weekend and holiday.

Please page weekend SW team for any needs over weekend/holiday: 206-645-0792.

PLAN or OUTCOME:
F/u re: insurance auth; transportation

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/14/2025 3:59 PM

Bustamante Campusano, Diana, RN at 2/14/2025 2122

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1500-2300: Difficult to determine A&O status, patient hard of hearing and visually impaired. FLACC scale used for pain score. Patient screaming in pain at start of shift, once pain medication given patient calmed down. Pain management and reposition has helped to manage discomfort..
-Skin: wound dressing intact on left BLE. Changed x2.
-GI/GU: Minimal PO intake. High aspiration risk, 1:1 Supervision done and aspiration precautions followed. +flatus. +small incontinent BM. Difficult to determine UOP due to incontinence and patient removing purewick.
-Mobility: 2PA for q2turns.

Electronically signed by Bustamante Campusano, Diana, RN at 2/14/2025 9:25 PM

Pillai, Sunita, MD at 2/15/2025 1435

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Hospital Day : 37
Overnight RN reports reviewed

Per son patient had PO intake

Bedside discussion today :

Seen seated in the family room with son
Enjpying the view
She greets me with a smile
Convo on white board " how are you"
Responds - I am doing great - she has dysarthria , but better and some words are clear
Asks me " how are you doing"
Then points outside and says " its a good day"- it was

But after that she was saying things me or Louis couldn't understand, she smiled intermittently

Discussed with Louis that she was ready for discharge , I can discharge her today
He said his home wasn't ready
I asked about details
He says he has power with solar panel
He says that he can cook and he will do the cooking with propane but is getting a stove
He says that Firetruck can approach his home
He says the can fit in a hospital bed but would need to make arrangements - wouldn't be able to get it ready for a hospital bed today
I asked him if he had a picture and he said he had it on his laptop

We discussed that she is as good as we can get her
I have informed Louis that she is ready, he told me that he will take her home on Tuesday
He will work on making the home ready for her on Monday

SCHEDULED MEDICATIONS:
- aspirin, 81 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- OLANZapine, 2.5 mg, q HS
- omeprazole, 20 mg, Daily empty stomach
- polyethylene glycol 3350, 17 g, Daily
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4-8 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: **36.8 °C (02/15/25 0933)** **BP:** **(!) 175/77** (02/15/25 0933) **HR:** 79 (02/15/25 0933)
RR: **20 (02/15/25 0933)** **SpO2:** 95 % (02/15/25 0933) Room air
T range: Temp Min: 36.5 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.6 kg (100 lb 8.5 oz) (02/13/25 1539)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/15/2025 1435
Last data filed at 2/15/2025 1000

Intake	0 ml
Output	800 ml
Net	**-800 ml**

Physical Exam:
Gen:alert, smiling engaging
HEENT: tongue moist, edentulous (not wearing her dentures)
Resp: clear anteriorly
HEENT: keeps mouth open, tachy mucous membranes.
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: l bowel sounds +, soft.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
140	106	7	182	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.4	23	0.54		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.2		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Persistent hyperNa 150 hypoK mildly improved to 3.3 after IVF repletion. AG downtrending but still elecated with hyperchloremia.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake for last 5 days c/b volume depletion.

#Hypernatremia-resolved

 # GOC
Multidisciplinary meeting with for GOC.
100 F HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14. Now on hospital day 37. Course c/b, Severe malnutrition and poor PO intake. Patient is high aspiration risk , son at bedside is very attentive and caring for patient, she has intermittent hypernatremia that's responding to free water via IVF. Patient has fragile veins and loses her PIV frequently, PICC line assessment revealed that her largest vein was 2.5 mm and not a candidate for PICC. Patient's nutritional requirements are not met with her current PO intake. Her mental status waxes and wanes, however when she was clear she has clearly expressed to several providers that she wishes to die in her home , and not in the hospital. Patient's son who is attentive and caring appears to be very optimistic. He has capacity to make decisions however its difficult to assess his insight into patients current needs and care needed.
In light of these issues a multidisciplinary team meeting was requested discus patient's care.

We discussed patient's stated goal of wanting to die at home

We discussed current challenges of patient's nutritional needs, her ability to participate in PT/OT , her healing including risk for infection, aspiration pneumonia. These constraints were independent of patient's age.

We discussed that her current PO intake is not sustainable with her precarious PIV situation. Even if the PIV lasts for a week or so as the son believes , patient's clinical course may not improve to meet her expressed goals

We discussed that patient has lived 100 years and we should respect her goal since the alternative was a risk of passing in the hospital

We discussed that based on current available information and clinical scenario, the team should work towards trying to get patient back to her home with as much care as can be provided.

Continue current care
Ok for PIV placement
No escalation to CVC placement
PT/OT for baseline evaluation
Work towards discharge to residence/placement next week
SW working on finding best options to assist with making this transition with goal for continued care as long as patient will need.
Appreciate multidisciplinary team members in making time for discussing patient's care and plans.

Below plan is based on the note by Dr. Hunt dated 2/11 /25 with updates made to reflect changes to the medical decision making and plan today.

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but now appears to be worsening since 2/7. Review of contributors, work-up and interventions below; I am concerned that her progressively worsening nutritional status is both causing worsening delirium and exacerbated by it (as she is not alert enough to eat and drink safely) in a cycle that is difficult to break. Her labs show hypernatremia and hypokalemia consistent with poor intake; unable to obtain a new PIV after she lost hers on 2/9 evening, I think a central line is high risk and do not recommend this.
Regarding potential contributors to ongoing delirium and related assessments:

- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough but no worsening or WBC to indicate infection that requires treatment, see aspiration precautions below
- Pain 2/2 recent amputation, improving; tried nalbuphine 2/7-2/8 but she was more sleepy and did not appear to have clearing mental status; **at rest she denies pain.**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) trial of treatment with ceftriaxone 2/8-2/10 (3 doses) due to lack of other driver of delirium worsening mental status but without any clear improvement.
- stools frequent but soft, not liquid, no pain on abd palpation, no elevated WBC.

Treatments/Interventions:

- ICU interventions: no improvement with seroquel
- continue delirium precautions
- trial of restarting guanfacine at last/lowest dose 0.5mg PO BID for agitation (restarted 2/9)

- Palliative Care consult following, will look into options for hospice support on Bainbridge w/SW team in case this is needed.

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not

within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP increased to daily for hypernatremia and hypoK.**
- additional volume repletion with D5 1/2 NS plus 20Kcl x1 L; repleting her potassium slowly to avoid pain with higher dose IV potassium or risk losing PIV.
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12 **- holding while unable to take PO**
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-continue working on PO diet

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 14 of 17) (continued)

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):

1. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
2. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

- -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
- **#T2DM**
- BG in low 100s, discontinued SSI since not triggering insulin
- **#IV access**
- Difficult access, lost 2/2 but was replacement 2/7.
- **#Disposition planning**
- -son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
- -son is working with Bainbridge locals on establishing community emergency response team housing.
- -SW following, see notes
- -she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- **-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA**
- **-SNF referrals made, some acceptances, son interested in Ballard Care Center**
- **- considering hospice based on symptoms, monitoring.**
- **Inpatient Checklist:**
- Fluids/Electrolytes/Nutrition: Regular CC diet
- Prophylaxis: SQ heparin for DVT
- Lines/Drains/Airways: PIV
- Disposition: see above, considering SNF.
- Code Status: DNR/DNI
- Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
- I spent a total of 90 minutes for the patient's care on the date of the service.

Electronically signed by Pillai, Sunita, MD at 2/15/2025 2:42 PM

Angeles, Jessie J, RRT at 2/16/2025 0636

	02/16/25 0628
Vital Signs	
Pulse	81
Heart Rate Source	Monitor
Oxygen Therapy	
SpO2	95 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask

FiO2 (%)	100 %
O2 Flow Rate (L/min)	(S) 70 L/min
ROX Index	3.96
Respiratory Assessment	
Assessment Type	Assess only
Resp	**(!) 24**
Respiratory Pattern	Tachypneic
Chest Assessment	Symmetrical
Bilateral Breath Sounds	Diminished;Crackles

RT at bedside for rapid response and place pt on HF mask for desaturation and observed WOB. Breath sounds crackles/diminished with wheezing on right side. Duoneb and hypertonic saline given. NTS ordered PRN. RT will continue to follow and assist.

Electronically signed by Angeles, Jessie J, RRT at 2/16/2025 6:38 AM

Pillai, Sunita, MD at 2/16/2025 0829

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Hospital Day : 38

Overnight RN reports reviewed
RRT was called overnight for aspiration
Patient with Acute hypoxic Respiratory failure 2/2 aspiration event

This morning met with Louis and Jeanne at bedside
Initially Jeanne was able to open eyes and make eye contact
She has significantly declined since yesterday
She is tachypneic with a mask, saturations vary 88-93 mostly in the high 80's
She attempts to remove the mask , but is too weak

Bedside discussion today :

Louis and I discussed about plans and how to go forward
I informed Louis that patient is very close to end of life, we have tried everything
Louis understands this
I asked if he can take her home today if we make her comfortable
He said it would be impossible for him to do anything since its Sunday

I shared with Louis that Ms.Hoffman may pass today and its difficult to anticipate that she will sustain till Tuesday,
I shared that if transportation to his house was the issue then we could arrange for transportation
Louis shared that he did not want to take her in an ambulance since that would be in the bottom, he wanted to take her in a wheel chair so she

could say bye to the surroundings and see the people
He would like her to visit their local star bucks and some local stores that she has enjoyed and wanted them to say bye to her

While I was in the room Ms Hoffman had another bout of cough, and I suctioned her , she had thick copious secretions moderate volume
She continues to have increased work of breathing and using all her accessory muscles

SCHEDULED MEDICATIONS:
- aspirin, 81 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- OLANZapine, 2.5 mg, q HS
- omeprazole, 20 mg, Daily empty stomach
- polyethylene glycol 3350, 17 g, Daily
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- guaiFENesin, 400 mg, q4h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4-8 mg, q8h PRN
- senna, 17.2 mg, BID PRN
- sodium chloride, 4 mL, q4h PRN

Objective

OBJECTIVE

T: **36.3 °C (02/16/25 0759)** **BP:** **(!) 101/56** (02/16/25 0759) **HR:** 82 (02/16/25 0759)
RR: **(!) 29** (02/16/25 0752) **SpO2:** 97 % (02/16/25 0759) Heated High Flow - Mask 70 L/min 100 %
T range: Temp Min: 36.2 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.6 kg (100 lb 8.5 oz) (02/13/25 1539)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/16/2025 0829
Last data filed at 2/16/2025 0659

Intake	100 ml
Output	385 ml
Net	**-285 ml**

Physical Exam:
Gen:frail , weak, minimally responsive , moderate respiratory distress
HEENT: tongue edentulous (not wearing her dentures)
Resp: using accessory muscles, tachypnea, coarse,
HEENT: copious secretions
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: + bowel sounds +, soft.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).

Labs (*last 24 hours*):

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 14 of 17) (continued)

Chemistries				CBC			LFT		Gases, other	
141	-	-	-	-			AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		-	><	-	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Persistent hyperNa 150 hypoK mildly improved to 3.3 after IVF repletion. AG downtrending but still elecated with hyperchloremia.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake for last 5 days c/b volume depletion.

#Acute Encephalopathy
#Acute respiratory failure with hypoxia
#Aspiration pneumonitis /pneumonia
#Severe malnutrition
 # GOC
Patient post acute aspiration having difficulty regaining respiratory status despite recurrent suctioning and ongoing copious secretions and hypoxia
Patient has very poor peripheral veins and yesterday the vascular team had called and shared that her PIV is too frail to try
Louis and I discussed regarding options.

-It is a very ambitious expectation , but plan for Louis to take Jeanne home no earlier than Tuesday according to him
-He is aware that she could pass at any time and it could be as early as today
-recommended NPO , comfort focused care
-per request from Louis to try and see if we can place PIV and try to keep patient till Tue -
-Addendum - despite sever tries form our vascular team experts a peripheral access was unsuccessful
Addendum PM - I revisited bedside , Louis was sharing that the tourniquet wasn't tight enough for PIV, requested to try again with him tying the the tourniquet, I politely declined and informed that we trust our experts and they were qualified for safe and effective practice
He enquired about central line and stated she had a temp PPM and she did well with vein in the neck, he also shared that she does better on that rather than PIV
I am unsure if a CVC is going to really change the outcome , however Louis has currently altered his goal to just being able to take her to her home on Tuesday , based on our ethics meeting CVC wasn't requested Louis wants to try and pursue finding PIV
I asked Louis if we could start Jeanne on Comfort focussed care with prn agents such as morphine, he declined
During my PM visit Jeanne was in tachypnea , continued have increased wob, but opened her eyes looked at me and raised her right hand and waved , she was weak and went on to keep eyes closed and didn't participate in further discussion
GOC : based on discussion Continue current care

#Acute pain 2/2 recent L above knee amputation
#New Back Pain 2/7, Presumed MSK Related To Sling Transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
APAP Q8H-rectal
Buprenorphine patch 5mcg q7 days

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but now appears to be worsening since 2/7. Review of contributors, work-up and interventions below; I am concerned that her progressively worsening nutritional status is both causing worsening delirium and exacerbated by it (as she is not alert enough to eat and drink safely) in a cycle that is difficult to break. Her labs show hypernatremia and hypokalemia consistent with poor intake; unable to obtain a new PIV after she lost hers on 2/9 evening, I think a central line is high risk and do not recommend this.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough but no worsening or WBC to indicate infection that requires treatment, see aspiration precautions below
- Pain 2/2 recent amputation, improving; tried nalbuphine 2/7-2/8 but she was more sleepy and did not appear to have clearing mental status; **at rest she denies pain.**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) trial of treatment with ceftriaxone 2/8-2/10 (3 doses) due to lack of other driver of delirium worsening mental status but without any clear improvement.
- stools frequent but soft, not liquid, no pain on abd palpation, no elevated WBC.

Treatments/Interventions:
- ICU interventions: no improvement with seroquel
- continue delirium precautions
- trial of restarting guanfacine at last/lowest dose 0.5mg PO BID for agitation (restarted 2/9)

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up

D/c ASA, Atorva 2/2 severe aspiration and respiratory failure with severe encephalopathy
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- **Plan to consult P&O once staples are out, for trans femoral shrinker sock.**
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Hypernatremia-resolved
#Aspiration Risk, Ongoing
#Malnutrition, Protein-Calorie, Worsening Since Admission
#Mild anion gap metabolic acidosis, intermittent suspect was 2/2 starvation ketosis
#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
#T2DM
BG in low 100s, discontinued SSI since not triggering insulin

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: npo
Prophylaxis:
Lines/Drains/Airways: PIV
Disposition: see above, considering SNF.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 14 of 17) (continued)

Code Status: DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

I spent a total of 90 minutes for the patient's care on the date of the service.

Electronically signed by Pillai, Sunita, MD at 2/16/2025 6:31 PM

Dunham, Tom, RCP at 2/16/2025 1700

	02/16/25 1605
Vital Signs	
Pulse	70
Heart Rate Source	Monitor
Position	Fowler's
Oxygen Therapy	
SpO2	98 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask
FiO2 (%)	70 %
O2 Flow Rate (L/min)	70 L/min
Heater Temperature	31 °C
ROX Index	5.83
Respiratory Assessment	
Assessment Type	Assess only
Resp	**(!) 24**
Respiratory Pattern	Tachypneic
Chest Assessment	Chest expansion symmetrical
Cough	Occasional;Non-productive
Bilateral Breath Sounds	Diminished;Rhonchi

Did nasotracheal suctioning in morning; removed large amount of white/yellow thick secretions. Patient less somnolent as day progressed.
RCP will continue to monitor

Electronically signed by Dunham, Tom, RCP at 2/16/2025 8:05 PM

Shaw, Amanda Kathleen at 2/17/2025 0558

Shift Summary:

Patient received on HHFM 70L 70% in NAD. No NTS required.

Electronically signed by Shaw, Amanda Kathleen at 2/17/2025 5:59 AM

Pillai, Sunita, MD at 2/17/2025 0812

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Hospital Day : 39

Patient seen at bedside several times today
In the morning at bedside patient was minimally responsive , initially then woke up
She was interacting briefly but then started screaming with pain
Louis and I talked about pain control - he declined morphine

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- ondansetron, 4-8 mg, q8h PRN
- sodium chloride, 4 mL, q4h PRN

Objective

OBJECTIVE

T: **36.4 °C (02/17/25 0757)** **BP:** **(!) 123/54** (02/17/25 0757) **HR:** 71 (02/17/25 0757)
RR: **18 (02/17/25 0757)** **SpO2:** 100 % (02/17/25 0757) Heated High Flow - Mask 70 L/min 70 %
T range: Temp Min: 36.4 °C Max: 36.6 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 50.1 kg (110 lb 7.2 oz) (02/16/25 0937)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/17/2025 0812
Last data filed at 2/17/2025 0802

Intake	0 ml
Output	400 ml
Net	**-400 ml**

Physical Exam:
Gen:frail , weak, minimally responsive , moderate respiratory distress
HEENT: tongue edentulous (not wearing her dentures)
Resp: using accessory muscles, tachypnea, coarse,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 14 of 17) (continued)

HEENT: copious secretions
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: + bowel sounds +, soft.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - - - - - -	- - >< - -	AST: - ALT: - AP: - T bili: - Prot: - Alb: -	-/-/-/- | -/-/-/- Lact (a): - Lact (v): - Trop I: - D-dimer: - BNP: - Anti-Xa: - INR: -
eGFR: - Ca: - Mg: - PO4: -	ANC: - ALC: -		

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Persistent hyperNa 150 hypoK mildly improved to 3.3 after IVF repletion. AG downtrending but still elecated with hyperchloremia.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake for last 5 days c/b volume depletion.

#Acute Encephalopathy
#Acute respiratory failure with hypoxia
#Aspiration pneumonitis /pneumonia
#Severe malnutrition
#Acute pain 2/2 recent L above knee amputation
#New Back Pain 2/7, Presumed MSK Related To Sling Transfer
 # GOC
Patient post acute aspiration having difficulty regaining respiratory status despite recurrent suctioning and ongoing copious secretions and hypoxia
Patient has very poor peripheral veins and yesterday the vascular team had called and shared that her PIV is too frail to try anymore
- Several discussions with Louis at bedside
- discussed pain management initially Louse did not want to use morphine since patient ws too sleepy , subsequently agreed
-order placed for oral morphine solution since the morphine concentrate not on formulary
-RN requested rectal morphine
- order placed for rectal morphine
-Pharmacy requested to discontinue one of the orders , hence oral morphine discontinued
-Louis was informed that patient may pass soon
-he wanted to take patient home
-I called ED SW per rec from CN , who informed that it was too complicated and they couldn't help
-I paged on call SW without response x 2 after 8:30
- I gave my phone number to the ED SW who informed that the main SW will call
-Called the main SW - pls see note on file , patient with high O2 , cannot be transported by road
-Called Franciscan Hospice to see if there was any progress , went to VM that they work Mon-Fri 8-1
-Louis informed me that he would like a PIV placed, when I shared that it was tried by experts he asked if he could help with tourniquet, I informed him that that wasn't an option since we have certified experts , louis was ok
-he asked if central line was an option , I informed that based on our multidisciplinary discussion that was considered not within GOC for patient

-Current plan: continue attempt for PIV if we have anyone that can place it, rectal morphine prn, NPO, SW consult to help with transportation

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Hypernatremia-resolved
#Aspiration Risk, Ongoing
#Malnutrition, Protein-Calorie, Worsening Since Admission
#Mild anion gap metabolic acidosis, intermittent suspect was 2/2 starvation ketosis
#Right lower extremity swelling, stable
#Mild normocytic anemia, stable
-**#T2DM**
Inpatient Checklist:
Fluids/Electrolytes/Nutrition: npo
Prophylaxis:
Lines/Drains/Airways: PIV
Disposition: pending SW consult pls see SW notes
Code Status: DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

I spent a total of 90 minutes for the patient's care on the date of the service.

Electronically signed by Pillai, Sunita, MD at 2/17/2025 8:01 PM

Koschik, Hannah Leigh at 2/17/2025 0959

Weekend Social Work:

Referral: Weekend social work team contacted through the triage pager from Dr. Pillai. SW support requested for exploring possibility of getting patient home for end of life.

Data:
Per chart review, patient is Jeanne Leonie Hoffman, 100 year old, female, admitted for Arterial occlusion [I70.90] Acute lower limb ischemia [I99.8].
Patient's home address is listed as: 321 HIGH SCHOOL RD NE
STE D3 PMB 292
BAINBRIDGE ISLAND WA 98110.
Payor Source: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid.

Intervention:
Weekend social worker reviewed chart and prior SW notes. Note from SW on 2/14 reports that plan is for rehab at a SNF, referrals were still pending at this time. Plan B was for patient to DC home to Bainbridge. In this case, patient's son, Luis, would need to re-set up the dwelling in order to prepare for discharge. Notes report that the dwelling is wheelchair accessible, and heat is provided from a propane camp stove with a hot water tank and electricity via solar panels. Per chart review, son is well connected with the local fire department and familiar with resources for cabulance rides.

Clinical Notes (group 14 of 17) (continued)

At this time, provider reports that patient is actively dying and likely will not make it over night. Dr. Pillai outlines goal of discharging home to pass at home. Discussed patient status and medical needs. Patient is currently on a heated high flow face mask, receiving 70L/min / 70% FiO2.

MSW confirmed with AMR that they are only able to provide up to 15L in transport.

MD aware that we are unable to support with transportation out of the hospital due to no transport options being able to accommodate for oxygen needs.

Dr. Pillai agreeable to reach out to holiday SW should other SW needs arise.

Hannah Koschik, MSW
University of Washington Medical Center
Weekend Social Work

---Weekend Pager: 206-645-0792---

Electronically signed by Koschik, Hannah Leigh at 2/17/2025 10:40 AM

Dunham, Tom, RCP at 2/17/2025 1815

	02/17/25 1810
Vital Signs	
Pulse	70
Heart Rate Source	Monitor
Position	Fowler's
Oxygen Therapy	
SpO2	100 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask
FiO2 (%)	70 %
O2 Flow Rate (L/min)	70 L/min
Patient Activity	Sleeping
ROX Index	7.94
Respiratory Assessment	
Assessment Type	Assess only
Resp	18
Respiratory Pattern	Normal
Chest Assessment	Chest expansion symmetrical
Bilateral Breath Sounds	Diminished

Patient remains on HHFM settings above.
RCP will continue to monitor.

Electronically signed by Dunham, Tom, RCP at 2/17/2025 8:26 PM

Shaw, Amanda Kathleen at 2/18/2025 0458

Shift Summary:

Patient received on HHFM 70L 70% in NAD. No NTS required. Transitioned to HHFFT d/t patient pulling at mask.

Electronically signed by Shaw, Amanda Kathleen at 2/18/2025 4:58 AM

Callahan, Hailey Michelle, RCP at 2/18/2025 1116

Son requested to speak with RT, had lengthy conversation expressing his concerns about his mothers condition. Requested RT to assess for NG tube and IV placement. RT stated this is not within my scope of practice and he should discuss this with the team during rounds. Patient's son stated he would like to take his mother to a different facility where they could place NG tube. Advised that HHFM is a barrier to transport and we can work towards transitioning to a different O2 device.

Electronically signed by Callahan, Hailey Michelle, RCP at 2/18/2025 11:30 AM

Pillai, Sunita, MD at 2/18/2025 1142

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR Intubation OK (No CPR)

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

Overnight patient continued to have intermittent episodes of pain not improved with current hydromorphone subcu and morphine
Required Ativan 0.25 IM for comfort
This morning received message from bedside RN that son was interested in changing goals of care
Patient was seen at bedside with palliative care team, bedside RN and NCC.
Details of the visit delineated in Dr. James Arthur Fausto Jr.'s note dated 2/18/2025

NGT placement attempted, unable to be placed appropriately
Stat RN informed that they could place a weighted NGT and requested for a order
Order placed on file

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 14 of 17) (continued)

- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.5 mg, q6h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- LORazepam, 0.25 mg, q8h PRN
- morphine, 5 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- phenol, 1 spray, Q2 Hours PRN
- sodium chloride, 4 mL, q4h PRN

Objective

OBJECTIVE

T: 36.5 °C (02/18/25 2054) **BP:** 139/71 (02/18/25 2054) **HR:** 81 (02/18/25 2054)
RR: (!) 24 (02/18/25 2054) **SpO2:** 95 % (02/18/25 2054) Room air
T range: Temp Min: 36.4 °C Max: 36.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.7 kg (102 lb 15.3 oz) (02/17/25 1647)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/19/2025 0322
Last data filed at 2/18/2025 1604

Intake	0 ml
Output	0 ml
Net	**0 ml**

Physical Exam:
Gen:frail , weak, minimally responsive , has the facemask sitting on the chest near the chin
HEENT: tongue edentulous (not wearing her dentures)
Resp: using accessory muscles, tachypnea,
Cardiovascular: trace LE edema in R leg.
Abdomen: + bowel sounds +, soft.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - - / - - - -	- / - >< - / -	AST: - ALT: - / AP: - T bili: - / Prot: - Alb: -	-/-/-/- | -/-/-/- / Lact (a): - Lact (v): - / Trop I: - D-dimer: - / BNP: - Anti-Xa: - / INR: -
eGFR: - Ca: - / Mg: - PO4: -	ANC: - / ALC: -		

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake for last 5 days c/b volume depletion.

#Acute Encephalopathy
#Acute respiratory failure with hypoxia
#Aspiration pneumonitis /pneumonia
#Severe malnutrition
#Acute pain 2/2 recent L above knee amputation
#New Back Pain 2/7, Presumed MSK Related To Sling Transfer
 # GOC
Patient post acute aspiration having difficulty regaining respiratory status despite recurrent suctioning and ongoing copious secretions and hypoxia
Patient has very poor peripheral veins and yesterday the vascular team had called and shared that her PIV is too frail to try anymore
-Extensive discussion with Louis and palliative care team at bedside
-Based on current GOC, okay for NGT, okay for mechanical ventilation if needed, no chest compressions
-Requested for another multidisciplinary ethics meeting 2/20
-Nutrition consulted for TF recommendations to be initiated post NGT placement
-Pain regiment hydromorphone 0.5 every 6 hours, morphine suppository 5 mg rectal every 6, buprenorphine 5 mcg/h patch
-Will plan to order labs if NGT placed

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Hypernatremia-resolved
#Aspiration Risk, Ongoing
#Malnutrition, Protein-Calorie, Worsening Since Admission
#Mild anion gap metabolic acidosis, intermittent suspect was 2/2 starvation ketosis
#Right lower extremity swelling, stable
#Mild normocytic anemia, stable
-**#T2DM**
Inpatient Checklist:
Fluids/Electrolytes/Nutrition: npo
Prophylaxis:
Lines/Drains/Airways: PIV
Disposition: pending SW consult pls see SW notes
Code Status: DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

I spent a total of 90 minutes for the patient's care on the date of the service.

Electronically signed by Pillai, Sunita, MD at 2/19/2025 10:50 AM

Fausto Jr., James Arthur, MD at 2/18/2025 1343

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care.

INTERVAL HISTORY:

Today Beth Chance PC SW and I met at Jeanne bedside with Dr. Pillai (Med Att), Allen Porter RN and Louis (Jeanne

son), to discuss Jeanne clinical status and care plan.

We all introduced ourselves Louis and Jeanne (although Jeanne was very limited in her ability to interact with us). Louis knew the rest of the team and I was a new provider for him.

When we entered the room, Jeanne was vocalizing in a way that appeared to me that she might be uncomfortable. Louis said first that she is not in pain, but rather just crying. That's her way of getting out some anxiety. I asked him how he knew she was not in pain, and he said well she is in pain due to stomach pain from not eating, and if we let her eat, she would not be in pain.

I asked him how he knew it was hunger pain and he said I've taken care of her for 35 years, so I know.

I expressed appreciation for all the care he has provided her over these decades and acknowledged he knows him mom well. We tried using the white board with simple words to assess her pain, and as best we would get she put her two fingers together when asked if her "leg hurt," suggesting it hurt a little.

With permission I pivoted the conversation to explore with Louis what he is hoping for his mom, as I had heard he had wanted to get home, but that was when she was doing a bit better. He said now that she is not eating, I'm worried she is starving. I shared it seems like you would really like to see how she responds to some artificial nutrition to see if she might improve to her previous baseline. He said yes, otherwise I would feel like I failed her.

I talked through the idea that artificial feeding and NGT can come with some risks including pain, increased agitation, sometimes a need for restraints due to pulling at the NGT and aspiration. And at the same time, we won't really know how she does unless it is tried if he would really like to see if she can improve with some feeding. He shared that she had always been OK with the idea of artificial feeding (of note, she has a POLST from 2018, and that document notes a preference for long term artificial nutrition).

We shared it can be tried as a temporary measure to see if it helps her improve to her previous baseline. I also shared if she pulls it out, we may need to rediscuss the idea of replacing. I also touched upon the topic that is she does not improve with artificial feeds we may not have a path to convert it to a PEG tube (longer term option) and then we may have to discuss different approaches to her care. He endorsed appreciating this fact and that he feels she would want him and us to try an NGT.

We then reviewed the need for a peripheral IV or possibly a central line. He was in support of either if needed and he felt she would not pull at a central line if it was needed.

I explored with him that I had been given report that he was asking about changing her code status. I reviewed with him that if she experienced a cardiac arrest that would likely mean her heart was weakened due to a general decline in her overall health, e.g., a weakened body. I shared that if we tried to reverse death with CPR, her heart would be in the same weakened body, and thus it would either likely not work or only temporarily work and then stop again. Therefore, I shared that based on our medical opinion we would not offer CPR. He said if he is at bedside he would like to try CPR and he knows she is frail so it would be "very gentle CPR like baby CPR." We all encouraged him not to do that and he did not otherwise disagree with our statement that we would not do CPR.

We also touched on the role of a ventilator and life support, and said in theory a ventilator could be beneficial if she got a PNA or something that was reversible and therefore if he wanted a trial of ventilator support could be offered. We noted that it is very likely if she were intubated that should would not be medically able to be removed from the ventilator, and he stated he is Ok with that risk and would think about what to do if she can't wean at that time.

The last thing we discussed was treating her symptoms, he feels she has more anxiety than pain, he felt the ativan is most helpful for her and endorsed supporting the use of ativan and if needed at times some morphine or hydromorphone.

We expressed appreciation for his willingness to talk with us, and he expressed appreciation for being willing to trial some artificial feeding.

PHYSICAL EXAM:
Vitals:

	02/18/25 1035
BP:	
Pulse:	74
Resp:	20
Temp:	
SpO2:	98%

Gen: Jeanne sitting in bed, minimally opens her eyes and will turn to people at times. Audibly moaning at times, and sometimes rubbing her leg.
HEENT: tongue dry with food specs present, lips dry
Resp: some increased work of breathing, Hiflo tent mask in place
Neuro: does not participate in conversation or track conversation, seems confused, agitated

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

IMPRESSION: Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. In the last 36 hours her ability to interact has decreased and her ability to take PO went from poor to not taking any. There was plan in the works to consider going home with hospice, but with this recent turn of events, her son wants a trial of artificial nutrition to see if she might improve to her baseline. It is also noteworthy to share that although going home with hospice was being discussed her son feels she could still live or another 5-10 years and therefore, his interest in hospice seemed mostly to come from it being a way to get her home and then he could work on getting her stronger.

Goals of care: DNR, intubation Ok. Otherwise he is interested in a trial of artificial nutrition and generally open to fairly intensive medical measures with the hope she might get stronger and improve.

RECOMMENDATIONS:
- Palliative care will continue to follow and engage in discussions with Louis, happy to co-round with primary team if helpful
- trial NGT with artificial feeding

1) generalized pain:
Continue Butrans 5mcg/hr TD q7days

If has an IV, can given morphine 0.5-1mg IV q3hrs prn for pain
If no IV, but has an NGT, can give Morphine 3mg NGT q3hrs prn
If no IV and NGT, could do oral morphine concentrate 3mg between gum and cheek q3hrs prn

2) agitation/anxiety:
Pt responded well to ativan, could change to
Ativan 0.25mg IV q6hrs prn (if we have an IV).
If not IV, can do ativan 0.25mg SQ q6hrs PRN

If has NGT, could switch IV/SQ to ativan 0.25mg NGT q6hrs prn.

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 143 minutes for the patient's care on the date of the service.

Electronically signed by Fausto Jr., James Arthur, MD at 2/18/2025 2:37 PM

Fancher-Dominguez, Alexandria Paige, MD at 2/19/2025 0935

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR Intubation OK (No CPR)

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Was on 4L NC in the evening yesterday but back on HFNC overnight
- otherwise VSS & NAEON
- Unable to place NGT
- Received ativan x1 overnight due to agitation
- Pt moaning in pain this AM, clutching her abdomen
- Unable to vocalize what is bothering her
- Has had charted BM but have all been small or smears

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.5 mg, q6h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- LORazepam, 0.25 mg, q8h PRN
- LORazepam, 0.5 mg, Once PRN
- morphine, 5 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- phenol, 1 spray, Q2 Hours PRN
- sodium chloride, 4 mL, q4h PRN

Objective

OBJECTIVE

T: 36.2 °C (02/19/25 1551) **BP:** **(!) 169/71** (02/19/25 1551) **HR:** 77 (02/19/25 1224)
RR: **20 (02/19/25 1551)** **SpO2:** 94 % (02/19/25 1551) Room air
T range: Temp Min: 36.1 °C Max: 36.6 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.7 kg (102 lb 15.3 oz) (02/17/25 1647)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/19/2025 1916
Last data filed at 2/19/2025 0630

Intake	0 ml
Output	300 ml
Net	**-300 ml**

Physical Exam
General - patient sitting up in bed, intermittently appears acutely distressed and crying out
HEENT - NCAT, no scleral icterus; edentulous
Cardiovascular - RRR, no mgr
Pulmonary - CTA b/l. Breathing comfortably on ambient air.
Abdomen - soft, ttp throughout based on pt grimacing
Extremities - no edema. Moving all against gravity. WWP.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Face symmetric to conversation. No focal deficit.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
146	106	9	82		12.7		AST: -	ALT: -	-/-/-/- | -/-/-/-	
2.9	24	0.54		9.94	><	273	AP: -	T bili: -	Lact (a): -	Lact (v): 1.4
eGFR: >60		Ca: 8.5			39		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: 7.85					BNP: -	Anti-Xa: -
				ALC: 1.01					INR: -	

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 14 of 17) (continued)

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Mild hypernatremia; hyperkalemia; creat stable; CBC stable
Radiology	☒	☐	CTAP showing GB distension w/o pericholecystic inflammation; BL moderate-vol pleural effusion and reticular pulmonary parenchymal changes
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Acute Encephalopathy
#Acute respiratory failure with hypoxia
#Aspiration pneumonitis /pneumonia
#Severe malnutrition
#Acute pain 2/2 recent L above knee amputation
#New Back Pain 2/7, Presumed MSK Related To Sling Transfer
 # GOC
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. Low suspicion for an ongoing pneumonia at this time. Pt without current IV access due to poor peripheral veins. Not a PICC or midline candidate either. There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her.
- Wean oxygen (now on room air)
- Pursuing NGT and tube feeds; hoping to place NGT under fluoro 2/20
- If unable to place 2/20, would pursue central line for electrolyte repletion and fluids
- DCS meeting completed 2/19
- Pain regimen hydromorphone 0.5 every 6 hours, morphine suppository 5 mg rectal every 6, buprenorphine 5 mcg/h patch
- Ativan 0.25mg IM q8h PRN agitation/anxiety
- Palliative care following, appreciate recs

#Abdominal pain, diffuse
CTAP without acute finding to explain her abdominal pain. Her distended gallbladder is likely related to prolonged NPO. If continues to have significant pain, will consider RUQUS to further assess.

#Hypokalemia
If unable to get NGT 2/20, will need to pursue central line as she has no other access options.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia

Clinical Notes (group 14 of 17) (continued)

#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Hypernatremia-resolved
#Aspiration Risk, Ongoing
#Malnutrition, Protein-Calorie, Worsening Since Admission
#Mild anion gap metabolic acidosis, intermittent suspect was 2/2 starvation ketosis
#Right lower extremity swelling, stable
#Mild normocytic anemia, stable
-**#T2DM**

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: NPO, pursuing NGT
Prophylaxis: None currently -- will consider adding 2/20
Lines/Drains/Airways: None currently
Disposition: Acute care. Dispo ongoing conversation.
Code Status: DNR Intubation OK (No CPR)
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Fancher-Dominguez, Alexandria Paige, MD at 2/19/2025 7:25 PM

Ballenger-Warnes, Mariaugh, RN at 2/19/2025 1314

Discharge Consult Service Interdisciplinary Conference

Participants: standing participants, Dr. James Fausto and Dr Beth Chance of palliative care, Kara Solem, acting manager of 7SA, Lexy Fancher-Dominguez, Med E Attending

Current barriers to Discharge: nutrition plan

Plan: primary team to consult OTO re: FT placement. SW to contact Ballard Care Center SNF to inquire about ability to take pt with FT.

Electronically signed by Ballenger-Warnes, Mariaugh, RN at 2/19/2025 1:21 PM

Fajarillo, Irene M, RN at 2/19/2025 1500

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II

heart
block requiring temporary TVP, now s/p PPM 1/13.

2/19
0700-1500 patient respond to voice, HOH.screamed and yell at times.Stat RN here this morning attempted to place weighted NGT x3 without success.Ativan 0.25mg IM given prior to NGT placement.Team made aware of failed attempt.Plan for GI tube via flouro.had complaint of abdominal discomfort with team. Hydromorphone 0.5mg sq given .Abd.CT ordered and done. Her VSS, RA,purewick in place.

Action Items

-Concern for pressure injury risk - try to clean up incontinence quickly
-needs daily dressing change to LLE
- Follow up regarding ethics meeting for 2/20

Situational Awareness

- Potential DC to SNF?
- GOC to discuss plans going forward (SNF, hospice, home, etc).
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Fajarillo, Irene M, RN at 2/19/2025 3:00 PM

Fausto Jr., James Arthur, MD at 2/19/2025 2008

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care.

INTERVAL HISTORY:

Today we (Dr. Fancher-Dominguez, Beth Chance PC SW and I) met at Jeanne and Louis at Jeanne's bedside. Jeanne was not able to interact with the whiteboard, she was resting at times and other times quite restless and possibly in pain. She appears to possibly be holding her abdomen at times, but was not able to affirm if she was having abdominal pain. Louis shared he thinks if she is holding her belly its due to hunger pains.

Louis shared that he has appreciated the efforts to try to get an NGT placed, and he is hoping we might be able to do it today. We reviewed a plan to ask for consultant support for placement and by end of day a plan was being explored with interventional radiology.

Overall, Louis again reiterated how important he thinks getting nutrition will be. He also shared that at times since yesterday she has been more interactive with him but he could not get an answer from her about being hungry.

We discussed getting an abdominal CT and Louis was in support of this plan.

I also participated in a multidisciplinary meeting over the noon hour to discuss the patients plan of care and possible options for post-hospitalization care.

PHYSICAL EXAM:

Vitals:

	02/19/25 1551
BP:	**(!) 169/71**
Pulse:	
Resp:	20
Temp:	36.2 °C
SpO2:	94%

Gen: Jeanne sitting in bed, minimally opens her eyes and will turn to people at times. Audibly moaning at times, and sometimes rubbing her leg or abdomen
HEENT: tongue dry with food specs present, lips dry
Resp: breathing comfortable on room air
Neuro: does not participate in conversation or track conversation, seems confused, agitated

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
146	106	9		12.7	AST: -	ALT: -	-/-/-/- | -/-/-/-	
2.9	24	0.54	82	9.94 >< 273	AP: -	T bili: -	Lact (a): -	Lact (v): 1.4
eGFR: >60		Ca: 8.5		39	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: 7.85 ALC: 1.01			BNP: -	Anti-Xa: -
							INR: -	

IMAGING

Reviewed imaging and imaging reports

IMPRESSION: Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. Over the weekend, her ability to interact has decreased and her ability to take PO went from poor to not taking anything by mouth. There was plan in the works to consider going home with hospice, but with this recent turn of events, her son wants a trial of artificial nutrition to see if she might improve to her baseline. It is also noteworthy to share that although going home with hospice was being discussed her son feels she could still live or another 5-10 years and therefore, his interest in hospice seemed mostly to come from it being a way to get her home and then he could work on getting her stronger.

Goals of care: DNR, intubation Ok. Otherwise he is interested in a trial of artificial nutrition and generally open to fairly intensive medical measures with the hope she might get stronger and improve. Also of note the patient has a POLST from 2018 that she signed noting full code, full treatment, use antibiotics for life prolongation, and long term artificial nutrition. She also signed multiple power of attorney documents (under media in EHR) naming her son as her agent

for decision making.

RECOMMENDATIONS:
- Palliative care will continue to follow and engage in discussions with Louis, happy to co-round with primary team if helpful
- trial NGT with artificial feeding

1) generalized pain:
Continue Butrans 5mcg/hr TD q7days

If has an IV, can given morphine 0.5-1mg IV q3hrs prn for pain
If no IV, but has an NGT, can give Morphine 3mg NGT q3hrs prn
If no IV and NGT, could do oral morphine concentrate 3mg between gum and cheek q3hrs prn

2) agitation/anxiety:
Pt responded well to ativan, could change to
Ativan 0.25mg IV q6hrs prn (if we have an IV).
If not IV, can do ativan 0.25mg SQ q6hrs PRN

If has NGT, could switch IV/SQ to ativan 0.25mg NGT q6hrs prn.

3) advance care planning: per the patients POLST and multiple power of attorney documents she has expressed wishes to pursue longevity focused care and has named her son on many occasions as her agent. Early in the hospital course, she verbally reiterated her wish to allow her son to speak on her behalf if she cannot. He appears to be requesting care that aligns with her previously stated wishes.

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 97 minutes for the patient's care on the date of the service.

Electronically signed by Fausto Jr., James Arthur, MD at 2/19/2025 8:27 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 15 of 17)

Progress Notes

Fancher-Dominguez, Alexandria Paige, MD at 2/20/2025 0842

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR Intubation OK (No CPR)

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- NAEON, VSS
- Pt not interactive; does not answer questions
- Appears restless
- Per her son, Louis, has been mouth breathing for quite some time
- Off oxygen and doing well
- Louis thinks she is hungry
- They try to eat well at home and Jeanne enjoys cooking and canning food

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.5 mg, q6h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- LORazepam, 0.25 mg, q8h PRN
- LORazepam, 0.5 mg, Once PRN
- morphine, 5 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- phenol, 1 spray, Q2 Hours PRN
- sodium chloride, 4 mL, q4h PRN

Objective

OBJECTIVE

T: 36.5 °C (02/19/25 2307) **BP:** 136/65 (02/20/25 0040) **HR:** 80 (02/19/25 2307)
RR: 18 (02/19/25 2307) **SpO2:** 94 % (02/19/25 2307) Room air
T range: Temp Min: 36.2 °C Max: 36.6 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.7 kg (102 lb 15.3 oz) (02/17/25 1647)

I&Os: No intake or output data in the 24 hours ending 02/20/25 0842

Physical Exam

General - patient laying in bed flat; restless but not acutely distressed
HEENT - NCAT, no scleral icterus; edentulous
Cardiovascular - RRR, no mgr
Pulmonary - CTA b/l. Breathing comfortably on ambient air.
Abdomen - soft, does not appear to be ttp throughout on abdominal exam today
Extremities - no edema. Moving all against gravity. WWP.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Face symmetric to conversation. No focal deficit.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
146	106	9	82	12.7			AST: -	ALT: -	-/-/-/- | -/-/-/-	
2.9	24	0.54		9.94	><	273	AP: -	T bili: -	Lact (a): -	Lact (v): 1.4
eGFR: >60		Ca: 8.5		39			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: 7.85 ALC: 1.01					BNP: -	Anti-Xa: -
									INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☐	☐	No new labs 2/20
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube band feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her.
- Pursuing NGT and tube feeds; hoping to place NGT under fluoro 2/20
    - Will treat w/ ativan 0.5mg IM prior to procedure. Thanks to excellent coordination by her RN team, there will be several nurses available to accompany her to fluoro
- If unable to place 2/20, would pursue central line for electrolyte repletion and fluids
- DCS meeting completed 2/19
- Pain / anxiety treatment as outlined below

#Acute encephalopathy
Waxes and wanes -- hypoactive and hyperactive. She does have mild hypernatremia, but likely not to the degree that it is causing her altered mentation. Nutrition / hypovolemia could be contributing. Uncontrolled pain (though unclear where) could also be contributing. She is having small Bms and does not have evidence of significant stool burden on her CT, so constipation is less

likely a contributor. No new s/s of ongoing infection. She is not having focality to her symptoms to suggest a structural lesion or stroke.
- Attempting to obtain NGT to address her nutrition status as directed by her son who feels this is what she would want
- Delirium precautions
- Talk directly to patient / use white board due to hearing impairment
- Ongoing GOC discussions

#Acute respiratory failure with hypoxia -- resolved
#Aspiration pneumonitis -- resolved
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment.
- Monitor O2
- Strict NPO

#Chronic pain r/t prior L AKA
#Anxiety
- Pain regimen hydromorphone 0.5 every 6 hours, morphine suppository 5 mg rectal every 6, buprenorphine 5 mcg/h patch
- Ativan 0.25mg IM q8h PRN agitation/anxiety
- Palliative care following, appreciate recs

#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
At this time we are pursuing NGT placement as described above. If unable to place under fluoro, pursuing central line to treat hypovolemia and hypokalemia. However, this will be informative for ongoing goals of care conversation with Louis, as we will need to discuss next steps if fluoro NG fails.

#Hypokalemia
If unable to get NGT 2/20, then will plan for CVC w/ MICU assistance this afternoon 2/20.

#Abdominal pain, diffuse
CTAP without acute finding to explain her abdominal pain. Her distended gallbladder is likely related to prolonged NPO. If continues to have significant pain, will consider RUQUS to further assess. Seems improved 2/20.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- When access is obtained, consider resumption of ASA 81mg daily & atorvastatin

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
PPM functioning appropriately at this time.

#Bilateral Pleural Effusions, likely r/t poor nutrition status and third-spacing; TTE 1/10/25 with nrml LVEF but unable to assess diastolic function

#Mild normocytic anemia, stable

#T2DM - no current insulin requirements

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: NPO, pursuing NGT
Prophylaxis: Lovenox

Lines/Drains/Airways: None currently
Disposition: Acute care. Dispo ongoing conversation.
Code Status: DNR Intubation OK (No CPR)
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Fancher-Dominguez, Alexandria Paige, MD at 2/20/2025 4:35 PM

Fausto Jr., James Arthur, MD at 2/20/2025 1156

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care.

INTERVAL HISTORY:

Today we (Dr. Fancher-Dominguez, Beth Chance PC SW, Lauren Wrisley, PC NP and I) met at Jeanne and Louis at Jeanne's bedside. Jeanne was resting initially, at times became restless. She was off O2.

Plan is to go down to fluoroscopy to attempt NGT placement and then start feeds, if NGT is placed.

Son was hoping this plan will workout.

We also reviewed that if the NGT is not able to be placed, she may need a central line for fluids, Louis was in support of this if needed.

Lastly we touched on the fact that if an NGT is placed and she is starting to show some improvement, but gains are slow, we may need to explore a SNF placement as we may have one that would accept her with an NGT. Louis said, if that is needed he would be OK with it in principle. Of course he would want to know the facility and review it before such a decision was made.

We shared the update from her CT and labs a well.

PHYSICAL EXAM:
Vitals:

	02/20/25 0859
BP:	**(!) 143/60**
Pulse:	81
Resp:	18
Temp:	36.4 °C
SpO2:	95%

Gen: Jeanne laying flat in bed, minimally opens her eyes and will turn to people at times. Audibly moaning at times, and sometimes rubbing her leg or abdomen
HEENT: tongue dry with food specs present, lips dry
Resp: breathing comfortable on room air
Neuro: does not participate in conversation or track conversation, seems confused, agitated

IMPRESSION: Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. Over the weekend, her ability to interact has decreased and her ability to take PO went from poor to not taking anything by mouth. There was plan in the works to consider going home with hospice, but with this recent turn of events, her son wants a trial of artificial nutrition to see if she might improve to her baseline. It is also noteworthy to share that although going home with hospice was being discussed her son feels she could still live or another 5-10 years and therefore, his interest in hospice seemed mostly to come from it being a way to get her home and then he could work on getting her stronger.

Goals of care: DNR, intubation Ok. Otherwise he is interested in a trial of artificial nutrition and generally open to fairly intensive medical measures with the hope she might get stronger and improve. Also of note the patient has a POLST from 2018 that she signed noting full code, full treatment, use antibiotics for life prolongation, and long term artificial nutrition. She also signed multiple power of attorney documents (under media in EHR) naming her son as her agent for decision making.

RECOMMENDATIONS:
- Palliative care will continue to follow and engage in discussions with Louis, happy to co-round with primary team if helpful
- trial NGT with artificial feeding

1) generalized pain:
Continue Butrans 5mcg/hr TD q7days

If has an IV, can given morphine 0.5-1mg IV q3hrs prn for pain
If no IV, but has an NGT, can give Morphine 3mg NGT q3hrs prn
If no IV and NGT, could do oral morphine concentrate 3mg between gum and cheek q3hrs prn

2) agitation/anxiety:
Pt responded well to ativan, could change to
Ativan 0.25mg IV q6hrs prn (if we have an IV).
If not IV, can do ativan 0.25mg SQ q6hrs PRN

If has NGT, could switch IV/SQ to ativan 0.25mg NGT q6hrs prn.

3) advance care planning: per the patient's POLST and multiple power of attorney documents she has expressed wishes to pursue longevity focused care and has named her son on many occasions as her agent. Early in the hospital course, she verbally reiterated her wish to allow her son to speak on her behalf if she cannot. He appears to be requesting care that aligns with her previously stated wishes.

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 43 minutes for the patient's care on the date of the service.

Electronically signed by Fausto Jr., James Arthur, MD at 2/20/2025 12:15 PM

Portante, Katie, LSWAIC at 2/20/2025 1423

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care Coordination;Consult with healthcare team/provider/community;Chart Review/Screening;Care/Family conference facilitated

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Ballard Care Center received auth for pt. Per MD update, team attempting to place NGT today. Update provided to Ballard Care Center re: possibility of NGT placement.

PLAN or OUTCOME:
F/u re: d/c plan, f/u w/ SNF; transportation

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/20/2025 2:27 PM

Knowling, Molly Christine, RD at 2/21/2025 0754

Inpatient Follow Up Nutrition Assessment

PI: 100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Recommendations/Interventions:
Nutrition support:

- Holding per team. Pt with insufficient access att.
- If GOC is to d/c home or to SNF placement, PN support not indicated as would limit options.

LABS:
- significant risk of refeeding syndrome, consider potassium/magnesium/phos BID checks

VITAMINS/SUPPLEMENTS:
- **Start IV thiamine 100 mg daily until nutrition support plan/PO intake initiated**

Subjective

Interim:
- NGT placement under fluoro unsuccessful 2/20
- Unable to place CVC 2/20.
- GOC discussion 2/21. Plan to start PIV w/ MIVF in hopes that pt will improve enough to be alert and able to safely take PO by mouth
- Team holding on starting thiamine d/t tenuous IV access

Current Nutrition Assessment:
FEN: NPO d/t AMS, aspiration. Started D5 today.
GI: dysphagia. LBM 2/18
Edema/Fluid: Generalized
Weight: fluctuates w/ fluid shifts. Down 9% in last 5 days
Wounds Present: Yes, multiple wounds, see wound care sheet

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective

Labs:

Lab Results

Component	Value	Date
SODIUM	146 (H)	02/19/2025
POTASSIUM	2.9 (L)	02/19/2025
MAGNESIUM	1.9	02/09/2025
PHOSPHATE	3.2	02/05/2025
CA	8.5 (L)	02/19/2025
BUN	9	02/19/2025
CREATININE	0.54	02/19/2025
GLUCOSE	82	02/19/2025
A1C	6.6 (H)	01/10/2025
VITD	22.9	01/16/2025

Lab Results

Component	Value	Date
GLUCOSE	82	02/19/2025
GLUCOSE	182 (H)	02/14/2025
GLUCOSE	181 (H)	02/14/2025
GLUCOSE	191 (H)	02/13/2025
GLUCOSE	157 (H)	02/12/2025
GLUCOSE	252 (H)	02/11/2025

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 15 of 17) (continued)

GLUCOSE	148 (H)	02/10/2025
GLUCOSE	131 (H)	02/09/2025
GLUCOSE	122	02/08/2025
GLUCOSE	136 (H)	02/06/2025

Medications:
buprenorphine, 1 patch, Transdermal, q7 days SCH
enoxaparin, 30 mg, Subcutaneous, q HS
lidocaine, 1 patch, Topical, q24h
saliva substitute, 15 mL, Swish & Spit, TID
timolol maleate, 1 drop, Both EYES, BID

Lines/Drains/Airways/Wounds:

External Urinary Suction Device 01/28/25 (Active)

Suction	No	02/20/25 2100
Site Assessment	Skin Intact;Clean;Dry	02/20/25 2100
Care & Maintenance	Change device	02/17/25 1646
Output (mL)	0 mL	02/18/25 0600
Urine Appearance	Clear	02/18/25 2100
Urine Color	Yellow/straw	02/19/25 0900

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

Assessments	1/9/2025 4:57 PM	2/20/2025 9:00 PM
Peri-Wound Assessment	—	Clean;Dry;Intact
Closure	Sutures;Staples;Other (Comment)	Staples
Dressing	—	Betadine Swabs

Active Orders

Date	**Order**	**Priority**	**Status**	**Authorizing Provider**
01/14/25 1245	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Active	Decker, Troy, PA-C

Inactive Orders

Date	**Order**	**Priority**	**Status**	**Authorizing Provider**
01/14/25 1243	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.	Routine	Discontinued	Decker, Troy, PA-C

- Site:: Left AKA

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM	2/20/2025 9:00 PM
Wound Bed/Base Assessment	Clean;Dry;Pink	Pink
Peri-Wound Assessment	Clean;Dry;Pink	Clean;Dry
Drainage Amount	None	—
Dressing	Barrier Cream	None - Open to air
Dressing Changed	New	—
Edges	Undefined edges	—
Non-staged Wound Description	Partial thickness	—

No associated orders.

Wound 01/13/25 Incision Chest Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/13/25 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision

Assessments	1/13/2025 5:00 PM	2/20/2025 9:00 PM
Wound Bed/Base Assessment	Clean;Dry;Intact	—
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Intact;Dry
Closure	Sutures;Skin glue	—
Drainage Amount	None	—
Dressing	Island Dressing (Primapore)	None - Open to air
Dressing Changed	New	—
Dressing Status	Clean;Dry;Intact	—

No associated orders.

Wound 01/24/25 Back Medial (Active)

Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial

Assessments	1/24/2025 8:20 AM	2/20/2025 9:00 PM
Wound Bed/Base Assessment	Clean;Pink	Unable to assess
Peri-Wound Assessment	Pink;Blanchable erythema	—
Drainage Amount	None	—
Dressing	—	Mepilex Border
Wound Length (cm)	0.5 cm	—
Wound Width (cm)	0.5 cm	—
Wound Surface Area (cm^2)	0.25 cm^2	—
Pressure Injury Stage	Stage 2	—

No associated orders.

Wound 01/25/25 Other (comment) Heel Right (Active)

Date First Assessed/Time First Assessed: 01/25/25 1052 Primary Wound Type: (c) Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): (c)

Assessments	1/25/2025 10:53 AM	2/20/2025 9:00 PM
Wound Bed/Base Assessment	—	Clean;Dry
Peri-Wound Assessment	Pale	Dry;Intact
Drainage Amount	None	—
Dressing	Mepilex Border	None - Open to air
Dressing Status	Clean;Dry;Intact	—
Characteristics, Tunneling, Undermining	blanchable erythema	—
Wound Length (cm)	6 cm	—
Wound Width (cm)	4 cm	—
Wound Surface Area (cm^2)	24 cm^2	—
Wound Depth (cm)	0 cm	—
Wound Volume (cm^3)	0 cm^3	—
Edges	Attached edges	—
Pressure Injury Stage	Other (Comment)	—

No associated orders.

Active Diet Order: Yes
Diet: NPO

Nutrition Support: No

Admission Anthropometrics:
Weight: 45.5 kg (100 lb 6.4 oz)
Admit kg/m2

UBW: 125 lb per son 1/16
UBW%: 80%

Assessment/Plan

Current Anthropometrics:
Weight for the past 168 hrs:

	Weight
02/21/25 0749	45.7 kg (100 lb 12 oz)
02/17/25 1647	46.7 kg (102 lb 15.3 oz)
02/16/25 0937	50.1 kg (110 lb 7.2 oz)

Current Body mass index is 19.68 kg/m².

Estimated Nutrition Needs
Using lowest wt, 43.7 kg
Energy: 1092-1311 kcal (25-30 kcal/kg)
Protein: 56-66 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing
Inadequate oral intake related to dysphagia and dry mouth as evidenced by difficulty swallowing solid foods

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Severe malnutrition present on admission

Interventions:
Coordination of Care:
Chart reviewed.
Discussed status, point of care/goals with physician.
Sent secure message to attending

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.
To support anabolism.

Language Support:
No interpreter needed (patient not a participant in teaching)

Plan / Monitoring and Evaluation:
Follow nutrition support plan.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 206-989-1191

Electronically signed by Knowling, Molly Christine, RD at 2/21/2025 4:35 PM

Fancher-Dominguez, Alexandria Paige, MD at 2/21/2025 0805

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025

Code Status: DNR Intubation OK (No CPR)

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- VSS, NAEON
- Unable to get FT tube yesterday
- Unable to get CVC yesterday but RN able to get pIV this AM!
- Pt remains the same; intermittently moaning and restless
- Long GOC discussion with palliative care (Dr. Fausto, Lauren Wrisley PC NP), bedside RN (Julia), and Louis while in the presence of Jeanne
- We discussed that we have attempted multiple different ways and unable to get NGT due to inability for pt to cooperate and discomfort/agitation with NG placement
- Louis is hopeful that she will 'perk up' and be able to eat after getting a couple days of fluids
- He would like to pursue NG with endoscopic placement if she doesn't perk up
- We discussed that if we try this options and she does not improve (or worsens) then we would consider her to be at end of life due to inability to eat. We hope that she does improve.
- Louis expressed understanding.
- Please see pall care note from 2/21 for additional details

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L, 100 mL/hr, Continuous, Last Rate: 100 mL/hr (02/21/25 0944)

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.5 mg, q3h PRN **OR** HYDROmorphone, 0.5 mg, q3h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- LORazepam, 0.25 mg, q6h PRN **OR** LORazepam, 0.25 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- phenol, 1 spray, Q2 Hours PRN
- sodium chloride, 4 mL, q4h PRN
- white petrolatum, , TID PRN

Objective

OBJECTIVE

T: 36.8 °C (02/21/25 1700) **BP:** **(!) 150/71** (02/21/25 1700) **HR:** 83 (02/21/25 1700)
RR: **20 (02/21/25 1700)** **SpO2:** 95 % (02/21/25 1700) Room air
T range: Temp Min: 36.4 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/21/2025 1934
Last data filed at 2/21/2025 1800

Intake	826.67 ml
Output	—
Net	**826.67 ml**

Physical Exam

General - patient laying in bed; restless and intermittently moaning in pain; cachectic
HEENT - NCAT, no scleral icterus; edentulous
Pulmonary - Breathing comfortably on ambient air.
Extremities - no edema. Moving all against gravity. WWP.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Does not answer questions. Responds to pain.

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - -	-	AST: - ALT: -	-/-/-/- | -/-/-/-
- - - -	- >< -	AP: - T bili: -	Lact (a): - Lact (v): -
eGFR: - Ca: -	-	Prot: - Alb: -	Trop I: - D-dimer: -
Mg: - PO4: -	ANC: -		BNP: - Anti-Xa: -
	ALC: -		INR: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☐	☐	No new labs 2/21
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube band feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
- Unable to place NGT under fluoro with minimal sedation 2/20
- Able to get pIV 2/21 and running D5 1/2 NS + Kcl @ 100cc/hr
- Repeat BMP, phos, mg 2/22 AM
- If no improvement in mentation with fluids, will have GI / anesthesia assess for endoscopic NGT placement
- If unable to have endoscopic placement or does not improve, would consider pt to be at end of life due to inability to not eat
- Please see pall care note from 2/21 (Dr. Fausto) for additional details
- Pain / anxiety treatment as outlined below

#Acute encephalopathy
Waxes and wanes -- hypoactive and hyperactive. She does have mild hypernatremia, but likely not to the degree that it is causing

her altered mentation. Nutrition / hypovolemia could be contributing. Uncontrolled pain (though unclear where) could also be contributing. She is having small Bms and does not have evidence of significant stool burden on her CT, so constipation is less likely a contributor. No new s/s of ongoing infection. She is not having focality to her symptoms to suggest a structural lesion or stroke.
- Nutrition plan as discussed above
- Delirium precautions
- Talk directly to patient / use white board due to hearing impairment
- Ongoing GOC discussions

#Acute respiratory failure with hypoxia -- resolved
#Aspiration pneumonitis -- resolved
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment.
- Monitor O2
- Strict NPO

#Chronic pain r/t prior L AKA
#Anxiety
- Pain: Buprenorphine 5mcg/h patch; hydromorphone 0.5mg IV q3h prn OR if no IV access HM 0.5mg SQ q3h prn
- Anxiety: Ativan 0.25mg IV q6h prn OR if no IV access ativan 0.25mg SQ q6h prn
- Palliative care following, appreciate recs

#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
Has pIV now and getting fluids as above. IF doesn't perk up with fluids then will plan to pursue NGT with GI endoscopically.

#Hypokalemia
- D5 1/2 NS w/ Kcl now running @ 100cc/hr
- Re-check BMP, mg, phos 2/22 AM

#Abdominal pain, diffuse
CTAP without acute finding to explain her abdominal pain. Her distended gallbladder is likely related to prolonged NPO.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- When enteral access is obtained, consider resumption of ASA 81mg daily & atorvastatin

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
PPM functioning appropriately at this time.

#Bilateral Pleural Effusions, likely r/t poor nutrition status and third-spacing; TTE 1/10/25 with nrml LVEF but unable to assess diastolic function

#Mild normocytic anemia, stable

#T2DM - no current insulin requirements

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: NPO; on mIVFs
Prophylaxis: Lovenox
Lines/Drains/Airways: pIV

Disposition: Acute care. Dispo ongoing conversation.
Code Status: DNR Intubation OK (No CPR)
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Fancher-Dominguez, Alexandria Paige, MD at 2/21/2025 7:49 PM

Portante, Katie, LSWAIC at 2/21/2025 0938

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care Coordination;Consult with healthcare team/provider/community;Counseling/Support/Psychoeducation (coping, adjustment to illness)

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Ballard Care Center received auth for pt. Per MD update, NGT placement was not successful, care plan continues to develop. Update provided to Ballard Care Center.

PLAN or OUTCOME:
F/u re: d/c plan, f/u w/ SNF; transportation

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/21/2025 9:38 AM

Brockman, Abby, MDiv at 2/21/2025 1517

Brief Progress Note – **Spiritual Care & Wellbeing**

Encounter Details
- Referral From: RN

- Requested by: RN
- Form of Contact: In person
- Present at Encounter: Patient and caregivers
- Visit Type: Initial
- Location: UWMC (Montlake) 7SA

- **Summary of Encounter**

Visited with Jeanne and her son at bedside. She was unable to communicate and was lying in bed with her mouth wide open and her facial expressions were in a grimace that looked like she might be in pain. She sometimes pointed to her mouth, or clasped her hands across her stomach. I noted concern for her pain level, asking if we should get the RN, and her son explained that he didn't think it denoted pain but "just that she's crying" and he tried to soothe her by holding her hand and caressing her shoulder. He shared that yesterday she "hugged him and said thank you" and feels like they still have meaningful moments of connection.

He spoke lovingly about his mother and his hopes - and conviction - that she will get better. He said this is what he is trying to focus on and that because of this perspective, he has "said no to morphine but allowed some anxiety medication."

I shared my experience of Jeanne seeming to be in pain with both the RN and MD, along with a debrief of my visit.

- **Standard Interventions**
  - Spiritual Care Assessment,
- **Plan of Care**
  - Follow-up Plan: No further needs at this time Will request spirtual care as desired
  - To Provide:
- **Visit Duration**
  - Direct Time: 30
  - Indirect Time: 15
  - Total Time: 45

Electronically signed by Brockman, Abby, MDiv at 2/21/2025 3:22 PM

Fausto Jr., James Arthur, MD at 2/21/2025 1544

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care.

INTERVAL HISTORY:

Today we (Dr. Fancher-Dominguez, Lauren Wrisley, PC NP, Julia Walsh RN and I) met at Jeanne and Louis at Jeanne's bedside. Jeanne was resting initially, at times became restless. She was off O2.

Unfortunately, an NGT was not able to be placed despite the assistance of fluoroscopy. A peripheral IV was able to be placed and Jeanne is getting IVF now.

We discussed with Louis a plan to see if IVF help Jeanne improve enough to start being more alert, focused and maybe to then try eating by mouth.

We shared that if she does not improve with a trial of IVF and she can't eat, the ability to not eat can be a form of a terminal condition in a very debilitated. Louis asked if she does not improve over the weekend could we explore having an NGT placed via endoscopy with anesthesia. We did not promise this could occur, but said we would explore this option should she not improve with fluids.

He was able to share if we do place tube by endoscopy and she does not respond to artificial feeding or if we end up not being able to place the tube and she has not improved with IVF, he realizes that would mean she is at end of life. He asked us to pray that she turns a corner soon and we all acknowledge a wish that should could turn a corner, while continuing to worry she may not.

While in the room she was moaning a lot, he said she was crying, we tried to explore why she might be crying and he said that maybe agitation or it could be pain sometimes.

I let him know that earlier in the week she was getting hydromorphone and doing better with hydromorphone, so I'm going to suggest we return to hydromorphone. He was OK with this suggestion.

PHYSICAL EXAM:
Vitals:

	02/21/25 0747
BP:	**(!) 106/54**
Pulse:	72
Resp:	20
Temp:	36.5 °C
SpO2:	96%

Gen: Jeanne laying flat in bed, minimally opens her eyes and will turn to people at times. Audibly moaning at times, and sometimes rubbing her leg or abdomen
HEENT: tongue dry, lips dry
Resp: breathing comfortable on room air
Neuro: does not participate in conversation or track conversation, seems confused, agitated

IMPRESSION: Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. Over the weekend, her ability to interact has decreased and her ability to take PO went from poor to not taking anything by mouth. There was plan in the works to consider going home with hospice, but with this recent turn of events, her son wants a trial of artificial nutrition to see if she might improve to her baseline. It is also noteworthy to share that although going home with hospice was being discussed her son feels she could still live or another 5-10 years and therefore, his interest in hospice seemed mostly to come from it being a way to get her home and then he could work on getting her stronger.

Goals of care: DNR, intubation Ok. Otherwise he is interested in a trial of artificial nutrition and generally open to fairly intensive medical measures with the hope she might get stronger and improve. Also of note the patient has a POLST

from 2018 that she signed noting full code, full treatment, use antibiotics for life prolongation, and long term artificial nutrition. She also signed multiple power of attorney documents (under media in EHR) naming her son as her agent for decision making.

RECOMMENDATIONS:
- Palliative care will continue to follow and engage in discussions with Louis, happy to co-round with primary team if helpful
- trial of IVF with hope she may improve enough for oral feeding to be considered.
If she does not, team will explore if endoscopic NGT could be placed for a trial of artificial feeding as Louis feels he really has to try this trial if he is going to honor the wishes and preferences she has told him she wanted any time they discussed advanced directives.

1) generalized pain:
Continue Butrans 5mcg/hr TD q7days
Change morphine 0.5mg IV q3hrs prn to hydromorphone 0.5mg IV q3hrs prn, as she was receiving hydromorphone SQ this week and was doing better with pain.

IF she loses her IV, hydromorphone 0.5mg SQ q3hrs prn can be given instead of the IV

2) agitation/anxiety:
Pt responded well to ativan, could change to
Ativan 0.25mg IV q6hrs prn (if we have an IV).
If she loses her IV, ativan 0.25mg SQ q6hrs prn can be given, this would be preferred over IM dosing. Although our order for ativan does not show a SQ option, you can select "see comments" and in the comments write in SQ.

3) advance care planning: per the patient's POLST and multiple power of attorney documents she has expressed wishes to pursue longevity focused care and has named her son on many occasions as her agent. Early in the hospital course, she verbally reiterated her wish to allow her son to speak on her behalf if she cannot. He appears to be requesting care that aligns with her previously stated wishes.

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 97 minutes for the patient's care on the date of the service.

Electronically signed by Fausto Jr., James Arthur, MD at 2/21/2025 3:58 PM

Fancher-Dominguez, Alexandria Paige, MD at 2/22/2025 0857

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR Intubation OK (No CPR)

CHIEF CONCERN / IDENTIFICATION:

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 15 of 17) (continued)

Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- VSS
- Ongoing pain / discomfort this AM and pt's spouse reportedly declining pain medications. Ultimately overnight provider and RN able to talk to him and give pt pain medication.
- Per report, son also yelling at mom and getting in her face, imitating her cries overnight
- Pt requesting peripheral nutrition today so Jeanne can get some zinc and micronutrients / vit / minerals
- We talked about the fact that PPN/TPN is reserved for patients with intestinal failure, which is not Jeanne's issue
- We also discussed that I worry about losing her peripheral IV if we were to start PPN
- We are going to plan to stick with fluids over the weekend and discuss re: next steps on Monday w/ palliative care
- I shared we will give Jeanne some magnesium today and start checking her blood glucose because it was elevated on labs today
- I encouraged gentle conversation and encouragement but not aggressive
- I reinforced that patient should not be up in wheelchair as she does not have the strength / safety to support herself
- Can discuss with nursing about facing bed toward the window for different view
- I also reinforced that it is important that we give Jeanne medications to treat her pain, anxiety, and distress as we don't want her to be uncomfortable

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L, 100 mL/hr, Continuous, Last Rate: 100 mL/hr (02/21/25 0944)

PRN MEDICATIONS:
- acetaminophen, 1,000 mg, Once PRN
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.5 mg, q3h PRN **OR** HYDROmorphone, 0.5 mg, q3h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- LORazepam, 0.25 mg, q6h PRN **OR** LORazepam, 0.25 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- phenol, 1 spray, Q2 Hours PRN
- sodium chloride, 4 mL, q4h PRN
- white petrolatum, , TID PRN

Objective

OBJECTIVE

T: 36.8 °C (02/21/25 1700) **BP:** **(!) 150/71** (02/21/25 1700) **HR:** 83 (02/21/25 1700)
RR: **20 (02/21/25 1700)** **SpO2:** 95 % (02/21/25 1700) Room air
T range: Temp Min: 36.8 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:

Intake/Output Summary (Last 24 hours) at 2/22/2025 0857
Last data filed at 2/22/2025 0600

Intake	2026.67 ml
Output	—
Net	**2026.67 ml**

Physical Exam

General - patient laying in bed; comfortable on my arrival initially but is intermittently restless and moaning
HEENT - NCAT, no scleral icterus; edentulous
Pulmonary - Breathing comfortably on ambient air.
Extremities - no edema. WWP.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - -	-	AST: - ALT: -	-/-/-/- | -/-/-/-
- - - -	- >< -	AP: - T bili: -	Lact (a): - Lact (v): -
eGFR: - Ca: -	-	Prot: - Alb: -	Trop I: - D-dimer: -
Mg: - PO4: -	ANC: -		BNP: - Anti-Xa: -
	ALC: -		INR: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	BMP with stable cr, improved K+, improved na; mildly low phos; mildly low mag
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube band feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
- Unable to place NGT under fluoro with minimal sedation 2/20
- Able to get pIV 2/21 and running D5 1/2 NS + Kcl @ 100cc/hr
- Repeat BMP, phos, mg 2/22 AM --> **replete Mg w/ 2g IV; will f/u phos 2/23 as it is only mildly low and would like to preserve IV as much as able**
- If no improvement in mentation with fluids, will have GI / anesthesia assess for endoscopic NGT placement
- If unable to have endoscopic placement or does not improve, would consider pt to be at end of life due to inability to not eat
- Please see pall care note from 2/21 (Dr. Fausto) for additional details
- Pain / anxiety treatment as outlined below

- **I discussed with Louis that I would not recommend PPN given tenuous nature of IV access and that this should be reserved for pts with intestinal failure, which Jeanne does not have**

#Acute encephalopathy
Waxes and wanes -- hypoactive and hyperactive. She does have mild hypernatremia, but likely not to the degree that it is causing her altered mentation. Nutrition / hypovolemia could be contributing. Uncontrolled pain (though unclear where) could also be contributing. She is having small Bms and does not have evidence of significant stool burden on her CT, so constipation is less likely a contributor. No new s/s of ongoing infection. She is not having focality to her symptoms to suggest a structural lesion or stroke.
- Nutrition plan as discussed above
- Delirium precautions
- Talk directly to patient / use white board due to hearing impairment
- Ongoing GOC discussions

#Acute respiratory failure with hypoxia -- resolved
#Aspiration pneumonitis -- resolved
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment.
- Monitor O2
- Strict NPO

#Chronic pain r/t prior L AKA
#Anxiety
- Pain: Buprenorphine 5mcg/h patch; hydromorphone 0.5mg IV q3h prn OR if no IV access HM 0.5mg SQ q3h prn
- Anxiety: Ativan 0.25mg IV q6h prn OR if no IV access ativan 0.25mg SQ q6h prn
- Palliative care following, appreciate recs

#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
Has pIV now and getting fluids as above. IF doesn't perk up with fluids then will plan to pursue NGT with GI endoscopically.

#Hypokalemia
#Hypomag
#Hypophos
- D5 1/2 NS w/ Kcl now running @ 100cc/hr
- Mg 2g IV x1 2/22
- Holding off on phos repletion given only mildly low
- Repeat 2/23

#Abdominal pain, diffuse
CTAP without acute finding to explain her abdominal pain. Her distended gallbladder is likely related to prolonged NPO.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- When enteral access is obtained, consider resumption of ASA 81mg daily & atorvastatin

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
PPM functioning appropriately at this time.

#Bilateral Pleural Effusions, likely r/t poor nutrition status and third-spacing; TTE 1/10/25 with nrml LVEF but unable to assess diastolic function

#Mild normocytic anemia, stable

#**T2DM** - no current insulin requirements

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: NPO; on mIVFs
Prophylaxis: Lovenox
Lines/Drains/Airways: pIV
Disposition: Acute care. Dispo ongoing conversation.
Code Status: DNR Intubation OK (No CPR)
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Fancher-Dominguez, Alexandria Paige, MD at 2/22/2025 3:00 PM

Fancher-Dominguez, Alexandria Paige, MD at 2/23/2025 0910

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR Intubation OK (No CPR)

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Some episodes of hypertension; otherwise VSS & NAEON
- Received HM x2 yesterday and x2 thus far today
- Received lorazepam x2 so far today and x2 yesterday
- Pt had acute de-sat event this AM to the 70s requiring initiation of HF mask w/ RT
- Louis believes this is related to receiving pain medications and anxiety medications
- Louis thought she looked more restless and uncomfortable this AM and now he is worried because he can't talk to her
- I discussed with Louis that I feel Jeanne is reaching the end of her life. I shared that I do not think tube feeds is going to fix all the things that we are seeing (agitation, confusion, pain, hypoxemia, etc).
- I discussed with him that I would not recommend intubation for Jeanne. I do not think that she will be able to return to a quality of life where she is able to do the things that she enjoyed doing. I do not think that she would meaningfully recover from being intubated based on her current functional status.
- Louis was tearful and expressed just wanting to see how things look over today and that we can re-assess tomorrow or later today
- I again expressed, that she is on maximum high flow oxygen and that next steps would include the MICU and intubation if we were unable to wean her oxygen or she is worsening. And I again expressed that I do not think this is a path that would be beneficial for Jeanne and I would recommend DNR/DNI code status. He wanted time to think about this and see how she does.
- He has been worried about her blood pressure. I shared that high blood pressure is often a sign of discomfort from pain or anxiety and that her blood pressure improves when we treat these symptoms for Jeanne.
- I shared that I worry Jeanne could potentially pass as early as today. He said if that happens, so be it. His preference would be to take her home.
- I encouraged that he continue to share moments with Jeanne and offer a familiar voice.

SCHEDULED MEDICATIONS:

- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- insulin LISPRO, 0-5 units, q6h SCH
- lidocaine, 1 patch, q24h
- potassium phosphate, 40 mEq, Once
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L, 75 mL/hr, Continuous, Last Rate: 75 mL/hr (02/23/25 1259)

PRN MEDICATIONS:
- bisacodyl, 10 mg, Daily PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.2-0.4 mg, q3h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q3h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- LORazepam, 0.25 mg, q6h PRN **OR** LORazepam, 0.25 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- phenol, 1 spray, Q2 Hours PRN
- sodium chloride, 4 mL, q4h PRN
- white petrolatum, , TID PRN

Objective

OBJECTIVE

T: 36.1 °C (02/23/25 1047) **BP: 111/69 (02/23/25 1047)** **HR:** 70 (02/23/25 1105)
RR: (!) 28 (02/23/25 1105) **SpO2: (!) 88 %** (02/23/25 1105) (S) Heated High Flow - Mask 70 L/min (S) 100 %
T range: Temp Min: 35.8 °C Max: 36.1 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/23/2025 1658
Last data filed at 2/23/2025 1447

Intake	959.09 ml
Output	200 ml
Net	**759.09 ml**

Physical Exam
General - patient laying, not responsive, not distressed
HEENT - NCAT, no scleral icterus; edentulous
Pulmonary - Some crackles present R>L base, but otherwise CTA. Not coughing at this time. Breathing is not labored on HF mask.
Extremities - 1+ edema. WWP.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 15 of 17) (continued)

Chemistries				CBC	LFT		Gases, other	
142	109	5	146	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.4	26	0.50		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.8		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.8		PO4: 1.8		ANC: - ALC: -			BNP: - INR: -	Anti-Xa: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	BMP with mild hypokalemia 3.4, phos 1.8, mg normal
Radiology	☒	☐	CXR results reviewed -- interval increase in BL pleural effusions & findings suggestive of pulmonary edema
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube band feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
- Unable to place NGT under fluoro with minimal sedation 2/20
- Able to get pIV 2/21 and running D5 1/2 NS + Kcl @ 100cc/hr
- If no improvement in mentation with fluids, will have GI / anesthesia assess for endoscopic NGT placement
- If unable to have endoscopic placement or does not improve, would consider pt to be at end of life due to inability to not eat
- Please see pall care note from 2/21 (Dr. Fausto) for additional details
- Pain / anxiety treatment as outlined below
- I discussed code status with Louis 2/23, but he declined to change it at this time. I recommended DNR/DNI. He requested that I f/u later to discuss again.

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. I plan to recommend cessation of fluids, repletion of lytes, and a dose of diuretics 2/23 PM.

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- Will recommend cessation of IV fluids & a dose of lasix PM 2/23
- Currently on HF mask
- Continue to discuss code status (currently DNR, ok to intubate)

- Decreased pain medications due to concern that they contributed to hypoxemia
- Monitor O2
- Strict NPO

#Acute encephalopathy
Waxes and wanes -- hypoactive and hyperactive. She does have mild hypernatremia, but likely not to the degree that it is causing her altered mentation. Nutrition / hypovolemia could be contributing. Uncontrolled pain (though unclear where) could also be contributing. She is having small Bms and does not have evidence of significant stool burden on her CT, so constipation is less likely a contributor. No new s/s of ongoing infection. She is not having focality to her symptoms to suggest a structural lesion or stroke.
- Nutrition plan as discussed above
- Delirium precautions
- Talk directly to patient / use white board due to hearing impairment
- Ongoing GOC discussions

#Chronic pain r/t prior L AKA
#Anxiety
- Pain: Buprenorphine 5mcg/h patch; hydromorphone 0.2-0.4 mg IV q3h prn OR if no IV access HM 0.2-0.4 mg SQ q3h prn (**HM reduced 2/23**)
- Anxiety: Ativan 0.25mg IV q6h prn OR if no IV access ativan 0.25mg SQ q6h prn
- Palliative care following, appreciate recs

#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
Has pIV now and fluids as above. IF doesn't perk up with fluids then will plan to pursue NGT with GI endoscopically.

#Hypokalemia
#Hypomag
#Hypophos
- D5 1/2 NS w/ Kcl now running @ 100cc/hr
- Plan for Kphos 2/23

#Abdominal pain, diffuse
CTAP without acute finding to explain her abdominal pain. Her distended gallbladder is likely related to prolonged NPO.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- When enteral access is obtained, consider resumption of ASA 81mg daily & atorvastatin

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
PPM functioning appropriately at this time.

#Bilateral Pleural Effusions, likely r/t poor nutrition status and third-spacing; TTE 1/10/25 with nrml LVEF but unable to assess diastolic function

#Mild normocytic anemia, stable

#T2DM - no current insulin requirements

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: NPO; on mIVFs

Prophylaxis: Lovenox
Lines/Drains/Airways: pIV
Disposition: Acute care. Dispo ongoing conversation.
Code Status: DNR Intubation OK (No CPR)
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Fancher-Dominguez, Alexandria Paige, MD at 2/23/2025 5:04 PM

Callahan, Hailey Michelle, RCP at 2/23/2025 1729

Patient unable to maintain SpO2 goal on Venti mask 50% 15L, placed on HHFM. Current settings 50% 50L. No NTS needed throughout the day, BS clear/diminished

	02/23/25 1658
Vital Signs	
Pulse	72
Heart Rate Source	Monitor
Oxygen Therapy	
SpO2	92 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask
FiO2 (%)	50 %
O2 Flow Rate (L/min)	50 L/min
Heater Temperature	31 °C
Patient Activity	At rest
ROX Index	8.36
Respiratory Assessment	
Assessment Type	Assess only
Resp	**(!) 22**
Respiratory Pattern	Tachypneic
Chest Assessment	Chest expansion symmetrical
Suction	No
Bilateral Breath Sounds	Clear;Diminished

Electronically signed by Callahan, Hailey Michelle, RCP at 2/23/2025 5:30 PM

Fancher-Dominguez, Alexandria Paige, MD at 2/24/2025 0823

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR Intubation OK (No CPR)

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- VSS, remains on HF mask sat'ing in 90s
- UOP 1500cc

Long GOC discussion with myself, Louis (son), Jeanne (present but not contributing), Lauren Wrisley PC ARNP, Beth Chance PC SW, and Allen Porter bedside RN. Please see pall care note from 2/24 for full details. Ultimately we talked we described to Louis that Jeanne appears to be at the end of life. We trialed IVF and it made her worse due to pulmonary edema. Her respiratory status is too tenuous to pursue endoscopic EGD or any aggressive sedation to pursue a NG or central line. Furthermore, we discussed that this would be unlikely to significantly improve her current status and may actually lead to further harm. We discussed that our focus at this point as Jeanne is in the final stages of her life should transition to treating her symptoms and keeping her comfortable. Louis agreed that if there was nothing else that could be done to improve her situation, that we should make her comfortable. He would like to take her home if possible, but we described that she would be unlikely to survive transport at this time. If she were to remain alive on lower amt of oxygen and able to be transported, then it may be something we can pursue. However, I would anticipate that she will day in the coming hours to days. We described that we will work on making the hospital as comfortable as possible as we keep her comfortable. He assented and agreed with DNR/DNI and comfort measures given there are no further interventions that would be recommended for Jeanne at this time.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- insulin LISPRO, 0-5 units, q6h SCH
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- bisacodyl, 10 mg, Daily PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.2-0.4 mg, q3h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q3h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- LORazepam, 0.25 mg, q6h PRN **OR** LORazepam, 0.25 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- phenol, 1 spray, Q2 Hours PRN
- sodium chloride, 4 mL, q4h PRN
- white petrolatum, , TID PRN

Objective

OBJECTIVE

T: **36.2 °C (02/24/25 0610)** **BP:** **(!) 113/54** (02/24/25 0610) **HR:** 70 (02/24/25 0610)
RR: **(!) 22** (02/24/25 0610) **SpO2:** **97 % (02/24/25 0610)** Heated High Flow - Mask 50 L/min 50 %

T range: Temp Min: 36 °C Max: 36.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/24/2025 0824
Last data filed at 2/24/2025 0327

Intake	259.09 ml
Output	1300 ml
Net	**-1040.91 ml**

Physical Exam

General - patient laying in bed, intermittently agitated and crying out
HEENT - NCAT, edentulous
Pulmonary - breathing comfortably on high flow mask, but often trying to remove mask
Extremities - Moving all extremities.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
142	107	4	124	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	27	0.57		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60	Ca: 7.9			-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.6	PO4: 3.9			ANC: - ALC: -			BNP: -	Anti-Xa: -
							INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	BMP stable; mag a little low; phos ok
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube band feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. Pt will transition to comfort measures only at this time. She will likely pass in hours to days.

- CMO
- Pain: HM 0.2-0.4 q1hr prn
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- SW will come by to talk with Louis and discuss next steps

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix.

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: NPO
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Acute care; CMO
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Fancher-Dominguez, Alexandria Paige, MD at 2/24/2025 4:39 PM

Portante, Katie, LSWAIC at 2/24/2025 0935

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Discharge planning

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Ballard Care Center received auth for pt. Per MD update, pt back on high flow O2. Update provided to Ballard Care Center.

Update from MD that pt now on comfort care. Per MD and bedside RN, pt's son Louis requesting to speak to SW.

MSW met w/ Louis at bedside; when asked about questions for SW, Louis states he has none and there is "nothing you can do". MSW provided support to Louis as he described at length his frustration with the course of pt's care; feels like she was "pronounced dead" and given a "death sentence" during admission solely because of her age. MSW reviewed photos of pt's life and travels with Louis. MSW offered UWMC Patient Relations information to Louis if he wanted to discuss concerns; Louis not interested at this time. MSW sat with Louis as he shared his grief at losing his best friend.

PLAN or OUTCOME:
SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/25/2025 4:12 PM

Wrisley, Lauren Jean, ARNP at 2/24/2025 1336

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care

PARTICIPANTS:

Jeanne, Louis, Dr. Fancher-Dominguez (primary attending), Lauren Wrisley PC ARNP, Beth Chance PC SW, Allen Porter bedside RN

INTERVAL HISTORY:
- Prior to seeing Jeanne and Louis reviewed chart and communicated with primary team.
- Over the weekend, Jeanne's respiratory status became worse and at one point she was requiring 100% FiO2. Multiple conversations were had with Louis by the primary team recommending to change Jeanne's code status to DNI. Louis wanted to take some time and see how Jeanne did overnight before making any changes.
- We then visited Jeanne with Louis at her bedside. I Explained to Louis that on Friday we had agreed to trial some IVF in the hopes that Jeanne may perk up and be interested in taking food. Unfortunately, we think the fluid probably made her worse as now her lungs are making Jeanne very sick. I also explained that because Jeanne's lungs are so sick, that she is not a candidate for a feeding tube to be placed under anesthesia. I shared that while I wished things had gone differently over the weekend, that we think Jeanne is facing the end of her life.
- Louis told us that if Jeanne is at the end of life, that he would like to try and get her back to Bainbridge. We shared with Louis that while we would hope for that too, that right now Jeanne is needing too much oxygen to survive a trip back to the island.
- Louis told us he wished we had been able to get a feeding tube in sooner, and that he believes this would have made a big difference for Jeanne. Dr. Fancher-Dominguez shared that we had take a step-wise approach to the feeding tube, and that we wouldn't have been able to go straight to an endoscopically placed tube with GI and anesthesia. She also explained that placing a tube at this point might even hasten Jeanne's death.
- I gently recommended that we transition the rest of our focus to keeping Jeanne comfortable in the time she has left. Louis agreed that if there was nothing else to be done, then yes he would want to keep her comfortable. Louis asked how long Jeanne has to live, and I explained that while we are bad at predicting our best guess would be hours to days.
- Beth Chance told Louis that if we cannot get Jeanne home, then would would create a calming and safe environment here in the hospital of Jeanne's final days.
- Louis told us Jeanne would want to be buried, but he had worries about how to pay for it. We offered to reach out to the primary social work to see about additional resources for family's at end of life.

PHYSICAL EXAM:
Jeannie is laying in bed, oxygen mask in place but she is keeps trying to remove it. She had brief periods of rest during our visit, but had several episodes of crying out and moaning.

IMPRESSION:
Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. We trialed IVF fluids over the weekend to see if this might help Jeanne's energy level and interest in food, but unfortunately she became hypoxic and is now requiring high flow oxygen. Multiple unsuccessful attempts at NGT placement have been made (including fluoroscopy), and she is not a candidate for endoscopically placed feeding tube due to her respiratory status. Per discussion with Louis, we believe that Jeanne is at end of life and will transition the rest of her care to keeping her comfortable with the time she has left.

RECOMMENDATIONS:
- Transition to comfort focused care, DNI by assent

#Dyspnea/Pain
- Would increase frequency of SQ Hydromorphone from 0.2-0.4 q3h prn --> q1h prn for pain and/or dyspnea
- Defer to primary team, but could consider discontinuing Butrans patch to minimize polypharmacy

#Agitation/anxiety
- Would increase dose of her SQ Lorazepam from 0.25mg -->0.25-0.5mg q6h prn

patient discussed with nursing Yes
discussed with primary team Yes

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 83 minutes for the patient's care on the date of the service.

Electronically signed by Wrisley, Lauren Jean, ARNP at 2/24/2025 2:03 PM

Yonkers, Michael L, MDiv at 2/24/2025 1652

Brief Progress Note – Spiritual Care & Wellbeing

Encounter Details

- Referral From: Palliative Care
- Requested by: Family
- Form of Contact: In person
- Present at Encounter: Patient and caregivers
- Visit Type: Palliative care Follow-up
- Location: UWMC (Montlake) 7SA

Summary of Encounter

I visited with Jeanne and Louis this morning for spiritual support as Jeanne officially transitioned to comfort care. Their community pastor was present with them holding Jeanne's hand. Jeanne was clearly uncomfortable with air hunger and moaning. I observed this with Louise and he seemed interested in more medication to make her more comfortable. Louise shares some of his concerns about Jeanne's care leading up to this moment. We discuss how having love at bedside is most important at this time. Louise notes that Jeanne was Catholic, but that she would not likely appreciate having a priest visit for sacraments. Offered simple blessing of peace. I updated our Palliative provider to help with symptom control. We circled back later in the day and Jeanne appeared sleeping and much more comfortable.

Please feel free to page spiritual care at any time for additional needs. I will round as available.

Standard Interventions

- Spiritual Support;Other (Comment),

Plan of Care

- Follow-up Plan: Yes As available Will request spirtual care as desired
- To Provide:

Visit Duration

- Direct Time: 15
- Indirect Time: 20
- Total Time: 35

Electronically signed by Yonkers, Michael L, MDiv at 2/24/2025 4:56 PM

Fancher-Dominguez, Alexandria Paige, MD at 2/25/2025 0835

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- NAEON
- Pt's son continues to request NGT this AM
- On arrival this AM, Jeanne is resting comfortably and does not wake while we are talking around her

Joint visit with Lauren Wrisley PC ARNP & nurse manager Irene Krall RN. This morning Louis was very focused on getting Jeanne an NG tube. He expressed that he thinks nutrition is going to allow her to interact more with him and keep her from starving to death. We re-iterated that we are unable to place an NG tube at this time due to the risks associated with this (such as risk of anesthesia, risk of worsening her aspiration). He said he was willing to take that risk even if she "dies on the table". He feels we should get an NG tube in her even if we have to put her in some kind of body mold to completely hold her down or sedate her completely. We re-iterated that would not be an acceptable risk to take. He reported he was not going to let her have more medication today as he wants to talk to her. We expressed that Jeanne is at the end of her life and it is important that we continue to treat her symptoms associated with this. Please see Lauren Wrisley's note from 2/25/25 for additional details.

Later in the day, Louis requested transfer to Harborview for NG tube placement. I discussed with him that this would not be possible nor indicated. I discussed this with Dr. Marcinkevicius at HMC thru the transfer center due to patient request. She agreed that it would not be an appropriate transfer given she is medically tenuous and it would be unlikely that GI at HMC would have a different perspective on risks compared with the GI at UWMC. Louis was informed by the 7SA staff that txfr was declined.

APS visited Louis (has had an open case for some time). This caused him to become upset and suspicious of the staff and providers taking care of Jeanne, as he was worried that someone called them today and gave them additional information. He requested to transfer to a different floor. I encouraged him to talk with the patient advocate, as he had been given the number already. We again reiterated that an NG tube is not possible and that Jeanne is at the end of her life. At this time, we will continue to keep her comfortable. He agreed that she was at the end of her life and he thinks she has 3-5 more days. He reported he told her this. He wanted to talk to her more before we gave additional medications for discomfort. Jeanne appeared uncomfortable and distressed while Lauren and I were in the room this afternoon. She was grimacing, crying out, intermittently shaking, and had increased work of breathing with weak/gurgle-y cough. We expressed that Jeanne looked significantly uncomfortable and urged use of medications to help keep her comfortable as she nears the end of her life. He said the RN could come in about 5 minutes and will plan for lowest dose of SQ HM. He in some ways expressing acceptance/realization regarding the fact that Jeanne is at the end of her life -- e.g. he told Jeanne she was at the end of her life, is looking into funeral homes on Bainbridge, has told friends that Jeanne is at the end of her life.

SCHEDULED MEDICATIONS:
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:

- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- haloperidol lactate, 0.5-2 mg, q4h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP: (not recorded)** **HR:** (not recorded)
RR: (!) 22 (02/24/25 1238) **SpO2: (not recorded)** Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os: No intake or output data in the 24 hours ending 02/25/25 0835

Physical Exam

General - patient laying in bed. In the AM was resting comfortably. In the PM was agitated, crying out, grimacing, and had increased WOB.
HEENT - NCAT, edentulous
Pulmonary - See above. Also w/ wet/gurgle-y cough.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -	Ca: -			-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -	PO4: -			ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☐	☐	
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25

with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube band feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. Pt will transition to comfort measures only at this time. She will likely pass in hours to days.
Please see above under "subjective" for conversations held today with Louis. She will continue on CMO. WE continue to express that NG tube is not a possibility and Jeanne is at the end of her life.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- Multidisciplinary meeting planned for tomorrow including ethics, nursing, pall care, etc
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access.

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:

Fluids/Electrolytes/Nutrition: NPO
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Acute care; CMO
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Fancher-Dominguez, Alexandria Paige, MD at 2/25/2025 7:40 PM

Wrisley, Lauren Jean, ARNP at 2/25/2025 1123

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC:
Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care

PARTICIPANTS:
Jeanne, Louis, Dr. Fancher-Dominguez (primary attending), Lauren Wrisley PC ARNP, Irene Krall RN manager

INTERVAL HISTORY:
- We met with Louis this morning at Jeanne's bedside. When we arrived, Louis was going through a slideshow with Jeanne with music and pictures of trips that they had been on together over the years.
- Louis told us he was hoping to talk with everyone this morning because he's not giving up on Jeanne. He asked again about sedating her to place a feeding tube. Louis feels confident that with some nutrition, Jeanne would get better
- We explained that because of how sick Jeanne is, she cannot safely have a feeding tube placed under sedation. Louis said that he is willing to take the risk she might die, because it wouldn't change anything anyway.
- We explained that the doctors who reviewed Jeanne's case think that the likelihood is extremely high of causing more harm than good in sedating Jeanne, and that while we wish it was different that is unfortunately not an option right now. We also explained that even IF Jeanne could get a feeding tube, the risk of her aspirating and making her lungs worse is extremely high, and therefore feeding her might even hasten her death.
- Louis asked about IV nutrition. We explained that unfortunately Jeanne has shown us that her body cannot tolerate additional fluid because of her lungs. We also explained that we have no IV access right now and no way to safely obtain any.
- Louis told us that he doesn't want to give up and wants to make sure we've tried everything. We let Louis know that he has done a great job advocating and supporting Jeannie. We also let Louis know that Jeanne's medical team has tried every possible intervention, and that sometimes even modern medicine has limitations.
- We reiterated to Louis that Jeanne is at the end of her life, and like we discussed yesterday we will do our best to keep her comfortable in the time she has left.
- Louis told us he would like to take Jeanne home. We told him that we unfortunately did not think Jeanne would survive the trip back to Bainbridge with how sick she is.
- Louis expressed that he didn't want Jeanne to receive any more pain medication that would sedate her. We explained that it's always a balance and we want to have Jeanne be as awake as possible, while also treating her pain.
- Louis told us he knows Jeanne is dying but that he is not going to give up on her. Louis thanked us for our time, and we assured him we would continue to support him and Jeanne.

PHYSICAL EXAM:
Jeanne was laying in bed sleeping comfortably during our visit. She did not wake to interact with us today.

IMPRESSION:

Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. We trialed IVF fluids over the weekend to see if this might help Jeanne's energy level and interest in food, but unfortunately she became hypoxic and is now requiring high flow oxygen. Multiple unsuccessful attempts at NGT placement have been made (including fluoroscopy), and she is not a candidate for endoscopically placed feeding tube due to her respiratory status. She was transitioned to comfort measures yesterday after discussion with Louis. Today, Louis had more questions about both enteral and parenteral nutrition, and we explained to him that unfortunately neither would a safe option for Jeanne right now. We reiterated that Jeanne is at the end of her life, and that our interventions are focused on keeping her comfortable in the time she has left.

RECOMMENDATIONS:
- Continue comfort focused care
- Our team will continue to follow along for support.

#Dyspnea/Pain
- After further multidisciplinary discussion, would actually add back Butrans 5mcg/hr patch q7 days. Could provide basal rate and perhaps decrease the amount of pokes she is getting from SQ injections
-Continue SQ Hydromorphone from 0.2-0.4 q1h prn for pain and/or dyspnea

#Agitation/anxiety
- Continue SQ Lorazepam 0.25-0.5mg q6h prn
- Continue Haldol 2.5-5mg SQ prn q4hr if Lorazepam is not effective

patient discussed with nursing Yes
discussed with primary team Yes

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 96 minutes for the patient's care on the date of the service.

Electronically signed by Wrisley, Lauren Jean, ARNP at 2/25/2025 11:59 AM

Barnhart, Shelley Lea, RD at 2/25/2025 1304

Nutrition Brief Note:

Chart reviewed for nutrition assessment. Noted patient DNR/DNI and on comfort measures only.
Nutrition to follow peripherally.
Please consult if more aggressive nutrition intervention is warranted/desired.

RD following.
See Treatment Team for contact.
Weekends: pager 206.989.1191
Shelley Barnhart, MS, RD, CD

Electronically signed by Barnhart, Shelley Lea, RD at 2/25/2025 1:05 PM

Portante, Katie, LSWAIC at 2/25/2025 1600

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care/Family conference facilitated;Consult with healthcare team/provider/community;Chart Review/Screening;Care Coordination

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt on comfort care and no longer on supplemental O2.

Pt's son Louis spoke w/ SW outside of pt's room. Louis asked to speak with "dean of medicine or someone in charge" regarding his concerns about pt's care and that he can no longer "trust" floor staff. MSW advised Louis to start by contacting Patient Relations to establish a formal complaint; Louis agreeable, MSW provided contact information.

PLAN or OUTCOME:
SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/26/2025 2:58 PM

Wrisley, Lauren Jean, ARNP at 2/25/2025 1724

PALLIATIVE CARE SERVICE: FOLLOW UP

PARTICIPANTS:
- Called to bedside this afternoon by nursing for support. Today, Louis has been down to the ED to ask if they could place a feeding tube for Jeanne. He has also asked about a transfer to HMC, which was explored but is unfortunately Jeanne was not accepted as a transfer. Additionally, APS came to the room to talk with Louis this afternoon as there

had already been a case open. Louis also communicated with nursing he was upset APS came by.
- Met with Louis along with Dr. Fancher-Dominguez at bedside. Louis told us all of the events of the afternoon and that he doesn't feel like he can trust anyone since be believes someone called APS. We told Louis that to our knowledge, no one called APS today but think they may have come by given there was already an active case open. Louis told us that he already has a close relationship with APS, and so we encouraged him to continue talking with them at his discretion.
- Louis acknowledged to us that he knows Jeanne is dying, but that he's not going to give up as long as there are still things we can do. Louis told us it's hard because Jeanne wasn't dying when she came to the hospital, and he thinks if he could have been a stronger advocate for Jeanne that we wouldn't be in this situation.
- We acknowledged that Louis has been an incredible advocate for Jeanne this entire time, and that her medical team has also offered every possible intervention to prolong Jeanne's life. We explained that her body has gone through a lot of changes since she was first admitted, and that unfortunately there is nothing more reversible for Jeanne that can be done.
- We again told Louis that Jeanne is at the end of her life and that it is our goal to keep her from suffering. Louis agreed he doesn't want Jeanne to suffer.
- Jeanne was moaning, grimacing, and appeared dyspneic during our visit. I told Louis I am worried Jeanne is suffering right now and that we can help her symptoms with small doses of pain medication.
- Louis worried that pain medication wouldn't allow Jeanne to communicate with him and wanted to talk to Jeanne about it after we left. I asked Louis if Jeanne had been talking with him at all and he said she hadn't. I told Louis that as people approach end of life, they often lose the ability to communicate with us and we have to look for other signs of discomfort. I let him know that when we see those signs, we would treat Jeanne with small amounts of pain medication. I told Louis our goal is never to sedate Jeanne, but to keep her from suffering.
- Louis agreed that he didn't want Jeanne to suffer, and that she would get some medication but still wanted to talk with her privately. We gave Louis some time and space to do so, and let him know Jeanne's nurse would be in soon to treat her symptoms.

RECOMMENDATIONS:
- Please see my note from earlier today to reference her symptom management plan.
- Our team will continue to follow along for support, appreciate excellent care from nursing and primary team.

patient discussed with nursing Yes
discussed with primary team Yes

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 74 minutes for the patient's care on the date of the service.

Electronically signed by Wrisley, Lauren Jean, ARNP at 2/25/2025 5:45 PM

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
No overnight significant medical events.
Patient's son requested to remove CMO overnight.

This morning Louis was giving Jeanne small sips of water but was mostly using the oral hygiene sponge. He feels she is making progress. Louis has been removing her oxygen when he feels it's appropriate and replacing it when her sats decrease. She has stayed >90% on RA for the most part. He is hoping to have her discharged to a SNF that can help with cares while he continues to give her water. I explained that we are not going to advance her NPO status given repeated aspirations but that if Louis feels comfortable giving her liquids, then that would be okay since she is CMO at this time. I explained that she is still quite tenuous to support sedation for any tube placements.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- haloperidol lactate, 0.5-2 mg, q4h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** **(!) 119/57** (02/25/25 2123) **HR:** 73 (02/25/25 2123)
RR: 20 (02/25/25 2123) **SpO2:** 95 % (02/25/25 2123) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/26/2025 1217
Last data filed at 2/26/2025 0100

Intake	—
Output	150 ml
Net	**-150 ml**

Physical Exam

General - patient laying in bed. Son had put her dentures in and she had the hydration sponge stick in her mouth. Was mostly calm but intermittently agitated, crying out, grimacing, and had increased WOB.
HEENT - NCAT, edentulous
Pulmonary - no supplemental oxygen needed. Minimal WOB. No cough. Decreased air movement. Crackles bilaterally mild.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - -	-	AST: - ALT: -	-/-/-/- | -/-/-/-
- - - -	- >< -	AP: - T bili: -	Lact (a): - Lact (v): -
eGFR: - Ca: -	-	Prot: - Alb: -	Trop I: - D-dimer: -
Mg: - PO4: -	ANC: -		BNP: - Anti-Xa: -
	ALC: -		INR: -

I have reviewed the prior chart notes on this patient.
Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. She will likely pass in a matter of days.
Please see "subjective" for conversations held today with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible. Our present plan is to discharge the patient to hospice with the son is agreeable to.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x

dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to minimal if any at all.

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: I'm okay with diet advancement to CLD for son to trial liquids GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Acute care; CMO
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Stenberg, Daniel Lloyd, DO at 2/26/2025 12:29 PM

Wrisley, Lauren Jean, ARNP at 2/26/2025 1235

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care

PARTICIPANTS:

Jeanne, Louis, Dr. Daniel Stenberg (primary attending), Lauren Wrisley PC ARNP, Beth Chance PC ARNP

INTERVAL HISTORY:
- We met again with Louis at Jeanne's bedside this morning. Louis had music playing and was going through more pictures of their train travels over the years.
- Jeanne's eyes were intermittently open today, and she was able to tell us hello. During our visit, Jeanne had periods that she was resting comfortably punctuated by several episodes of agitation. Jeanne's oxygen was off for most of our visit, with SpO2 sats varying from the high 80s to mid 90s.
- Louis showed us how he has been giving Jeanne mouth swabs and told us that he thinks this is the beginning of Jeanne's recovery. We hoped with him that was the case, but told Louis we still think Jeanne is at end of life and that Jeanne is still not strong enough to undergo sedation or more invasive procedures right now. Louis was understanding of this.
- We told Louis that on Monday we were worried Jeanne wouldn't survive a trip back to Bainbridge Island. Seeing her today, we told him that she might be able to get back closer to home if that were something still important to them.
- Louis said he would like to get her back home. We offered to speak with social work about reaching out to some skilled nursing facilities. We also told Louis that because Jeanne would not qualify for rehab and we do still believe Jeanne is at end of life, and so the best way to get her to another facility close to home would be with Hospice. We told Louis that if Jeanne does show signs of improvement, she could always graduate from hospice. We also told Louis that there is a real chance Jeanne could aspirate again or become sicker again prior to transfer, and that she still might die here in the hospital.
- Louis expressed that he would like to begin the process of transferring to a SNF closer to home. We explained we could start that process today, and that in the meantime we would not make any changes to the care we are giving Jeanne here in the hospital.
- Louis also expressed his concern that he thinks someone called APS yesterday, and that he feels distrustful of the hospital staff. We told Louis that we don't know about anyone calling APS, and they may have just come by due to a case already being open. We encouraged Louis to continue to talk to APS at his discretion, and to communicate with patient affairs (he already has their number).
- We offered to continue to check in on Louis and Jeanne throughout the week.

PHYSICAL EXAM:
Jeanne was laying in bed, alternating between periods of wakefulness and agitation. Able to say "hello" but was otherwise not participating in our visit today.

IMPRESSION:
eanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. She has had at least two episodes of aspiration with increased O2 requirements of the weekend, which seem to be improving somewhat today though she remains tenuous. Multiple unsuccessful attempts at NGT placement have been made (including fluoroscopy), and she continues to not be a candidate for endoscopically placed feeding tube due to her respiratory status. Today, we discussed initiating a transfer to a SNF with hospice which Louis is interested in pursuing.

RECOMMENDATIONS:
- Appreciate social work assistance to initiate hospice referrals
- Continue comfort focused care

#Dyspnea/Pain
- Continue Butrans 5mcg/hr patch q7 days.
- Continue SQ Hydromorphone from 0.2-0.4 q1h prn for pain and/or dyspnea

#Agitation/anxiety

- Continue SQ Lorazepam 0.25-0.5mg q6h prn
- Continue Haldol 2.5-5mg SQ prn q4hr if Lorazepam is not effective

patient discussed with nursing Yes
discussed with primary team Yes

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 105 minutes for the patient's care on the date of the service.

Electronically signed by Wrisley, Lauren Jean, ARNP at 2/26/2025 1:01 PM

Portante, Katie, LSWAIC at 2/26/2025 1458

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care/Family conference facilitated;Consult with healthcare team/provider/community;Chart Review/Screening;Care Coordination

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt on comfort care and no longer on supplemental O2.

Update from MD that pt's son Louis is agreeable to pt discharging to SNF on hospice. Per MD report, Louis prefers Bainbridge Island Health and Rehab, but is open to Ballard Care Center as well.

Call placed to Bainbridge Island Health and Rehab (206-842-4765). Facility willing to re-review; referral sent in AIDA.

Pt previously accepted at Ballard Care Center for rehab; confirmed w/ Ballard Care Center that they can accept pt for hospice care.

PLAN or OUTCOME:

SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/26/2025 3:01 PM

Decker, Troy, PA-C at 2/27/2025 1125

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

Jeanne Hoffman is a 100-year-old woman with status post left above-the-knee amputation for ischemic limb on 1/9/2025. I was asked to come at look at removing staples. She has baseline delirium, agitation, and is hard of hearing. Her son was with her again today. She was much more alert and cooperative to exam today. I removed all the staples. The incision is well approximated and there is no edema in the stump. Minimal erythema and no drainage. The medial incision has minimal eschar. Dry dressings only.

The son expressed a desire to get a prosthetic. She will need PMR to see over at Harborview limb loss clinic. I told the son that it's very rare for a 100 y/o to walk after AKA. It takes 80% more energy to walk than with her own legs. She would need to have minimal hip contraction and strength in her right leg and arms to prevent falls while using a prosthetic.

Thank you for asking us to participate in the vascular care of this patient. We are happy to return if the need arises. Please don't hesitate to call us.

Troy Decker, MPAS, PA-C
Teaching Associate
UWMC Vascular Surgery
Ph. 206-598-4477
Fax 206-598-2532



Electronically signed by Decker, Troy, PA-C at 2/27/2025 11:37 AM

Portante, Katie, LSWAIC at 2/27/2025 1126

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Discharge planning;Placement - Skilled Nursing Facility

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt on comfort care and no longer on supplemental O2.

Per AIDA, only accepting SNF is Ballard Care Center.

MSW, MD, Palliative team met w/ pt and son Louis at bedside to discuss goals of care. MSW updated Louis on SNF referrals, Louis agreeable to Ballard Care Center when discharge is appropriate.

Call placed to Ballard Care Center admissions (253-302-9500) to provide update on plan. Per admissions, facility can accept over the weekend.

ADDENDUM: Call from Bainbridge Island Health and Rehab (206-518-4425); they can accept pt if Haldol can be discharged; MD, bedside RN updated.

PLAN or OUTCOME:
SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/27/2025 12:32 PM

Wrisley, Lauren Jean, ARNP at 2/27/2025 1435

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care

PARTICIPANTS:
Jeanne, Louis, Dr. Daniel Stenberg (primary attending), Lauren Wrisley PC ARNP, Beth Chance PC ARNP, Mike Yonkers Spiritual care, Katie Portante SW

INTERVAL HISTORY:
- Prior to seeing Jeanne we reviewed her chart. It appears Jeanne has on RA for much of the night.
- Met with Jeanne and Louis at bedside this morning. Jeanne had her eyes open today, but otherwise did not interact with us. Louis told us he has been giving her fluids on mouth swabs and that she has also drank half a bottle of water using a straw.
- We discussed that Jeanne's lungs do seem to be a bit better this morning. We explained two paths forward to Louis.
- In the first path, Dr. Stenberg could reach back out GI since Jeanne's oxygenation appears a bit better to see if they would be willing to place either a dobhoff tube vs a PEG tube. We explained that with this option, specifically with dobhoff placement, that it might be more difficult to get to a SNF.
- In the second path, we would continue our current plan of focusing on Jeanne's comfort and attempt to transfer her to SNF. Katie let Louis know that Jeanne has been accepted to Ballard SNF and they could take her in the near future.
- Louis said he's like another day to try and see if Jeanne will take more by mouth. We explained she remains a very high aspiration risk with any amount of oral intake, and that even if she could get a feeding tube would still be a high aspiration risk. Louis voiced his understanding of her aspiration risk.
- Dr. Stenberg offered to reach out to GI to see if Jeanne would be a candidate for tube placement in the meantime. Dr. Stenberg offered to circle back in the afternoon with Louis.

PHYSICAL EXAM:
Jeanne is laying in bed, eyes open intermittently. Does not appear to be in significant distress this morning. Did not interact during our visit.

IMPRESSION:
Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. She has had at least two episodes of aspiration with increased O2 requirements, which seem to be improving somewhat. Dr. Stenberg will reach out to GI to ensure that Jeanne is not a candidate for feeding tube placement, which I suspect she is likely not. In that case, we would still have no additional treatments we could offer Jeanne and it would still be appropriate to transfer to a SNF with hospice care. Louis is in agreement with this plan.

RECOMMENDATIONS:
- Appreciate social work assistance for SNF referrals
- Continue comfort focused care

#Dyspnea/Pain
- Continue Butrans 5mcg/hr patch q7 days.
- Continue SQ Hydromorphone from 0.2-0.4 q1h prn for pain and/or dyspnea

#Agitation/anxiety
- Continue SQ Lorazepam 0.25-0.5mg q6h prn
- Continue Haldol 2.5-5mg SQ prn q4hr if Lorazepam is not effective

patient discussed with nursing Yes
discussed with primary team Yes

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 56 minutes for the patient's care on the date of the service.

Electronically signed by Wrisley, Lauren Jean, ARNP at 2/27/2025 2:53 PM

Yonkers, Michael L, MDiv at 2/27/2025 1523

Brief Progress Note – Spiritual Care & Wellbeing

Encounter Details
- Referral From: Palliative Care
- Requested by: Family
- Form of Contact: In person
- Present at Encounter: Patient and caregivers
- Visit Type: Palliative care Follow-up
- Location: UWMC (Montlake) 7SA

Summary of Encounter

-I attended this mornings rounds with primary team and palliative care for continued GOC discussion. Please see Lauren Wrisley's Palliative Care note for synopsis.

-Following I stayed after to hold Jeanne's hands and offer continued prayer for her, which she clearly welcomed. Louis shares with me their mixed Catholic/Episcopal background and clearly valued the prayers as well.

Standard Interventions

- Spiritual Support;Ritual, Prayer

Plan of Care

- Follow-up Plan: Yes As available Will request spirtual care as desired
- To Provide: Faith affirmation;Ritual: prayer/blessing/meditation

Visit Duration

- Direct Time: 25
- Indirect Time: 20
- Total Time: 45

Electronically signed by Yonkers, Michael L, MDiv at 2/27/2025 3:26 PM

Wang, Virginia, MD at 2/27/2025 1642

Gastroenterology Brief Note
Jeanne Leonie Hoffman | U8170135 | 2/27/2025

4:42 PM

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, prior DVT, PAD p/w ALI on 1/9/25, now s/p L AKA (Smith 1/9/25). Post-op course c/b post-op bradycardia & new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM (1/13/25). Remains inpatient 2/2 delirium, poor PO intake, electrolyte derangements. GI is being re-engaged for endoscopic NGT placement vs PEG placement at the request of the patient's DPOA.

Records reviewed, patient not seen. On review, although the patient now appears to be on room air, upon discussion with the primary team attending (Dr. Stenberg) and his discussion with patient's bedside nurses, patient is actually not on room air - she is receiving 15L O2 via blow-by face mask although it is not being charted as such because she is not wearing the mask on her face. Per nursing staff reports, while she is satting well in this setting at rest, she desats swiftly and reliably on mobilization. Dr. Stenberg also saw her desat to 70% without the blow-by oxygen in the room.

In this setting, it appears that her respiratory status does remain tenuous and unstable. We still feel that she would have a very low likelihood of successful sedation - as such the very likely risks of procedural intervention still far outweigh the potential benefits, and we are not offering endoscopically guided NGT placement or PEG placement at this time.

If the patient were to be intubated for ay other reason, the primary team is welcome to re-engage us for enteral access if bedside NGT placement or NGT placement under fluoroscopic guidance is unsuccessful at that time - though per discussion with Dr. Stenberg, the patient's code status has changed to DNR/DNI since our last discussion regarding this patient, and she is receiving comfort-focused care.

Staffed with GI attending Dr. Saxena.

Electronically Signed By:
Virginia Wang, MD
PGY-3 | General Surgery

Electronically signed by Saxena, Nina A, MD at 2/27/2025 7:38 PM

Stenberg, Daniel Lloyd, DO at 2/27/2025 1824

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
No significant overnight events.
Vital signs have remained stable however worth noting that the patient is requiring 15 L of oxygen typically delivered to a nonrebreather though it is being placed on a blow-by method that the patient's son has clipped to her hospital gown. Patient will intermittently, and especially with exertion, desaturate down to the 80s, 70s, 60s, and occasionally 50s as witnessed by bedside nurse.
Patient's son is showing me how he has been able to give her small amount of liquid and that she does not have episodes of aspiration or coughing and he is hoping to gradually increase the amount that he is feeding her. I explained that we are still going to recommend no additional feeding as it would likely result in an aspiration as has happened twice already. But given that the patient is presently comfort measures only, the patient's son is allowed to feed her as long as the risk is knowledged.
Was able to have sutures removed from surgical leg today.
Discussed with GI providers regarding possible feeding tube placement. Patient's vital signs are still too tenuous and would not be safe for anesthesia. Thus, we would not recommend additional intervention for feeding.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** **(!) 142/67** (checking upon pt's son request) (02/27/25 0854) **HR:** 91 (02/27/25 0854)
RR: (not recorded) **SpO2:** 92 % (02/27/25 1116) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/27/2025 1824
Last data filed at 2/27/2025 0900

Intake	237 ml
Output	100 ml
Net	**137 ml**

Physical Exam
General - patient laying in bed. Son had put her dentures in and she had the hydration sponge stick in her mouth. Was mostly calm but intermittently agitated, crying out, grimacing, and had increased WOB.
HEENT - NCAT, edentulous
Pulmonary - no supplemental oxygen needed. Minimal WOB. No cough. Decreased air movement. Crackles bilaterally mild.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -	Ca: -			-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -	PO4: -			ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

I have reviewed the prior chart notes on this patient.

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo: As a presently stands, this patient is still comfort measures only with some knowledgeable great area on the low interventional and as to what we would normally not provide versus what the patient's son/DPOA is recommending would make the patient comfortable. We are not recommending placement of a feeding tube, we are not recommending aggressive intervention including daily labs, we are not recommending tube feeds or TPN or PPN. Patient's son is allowed to assist with nutrition at bedside as he is acknowledged aspiration risk. Present plan is to discharge patient to Bainbridge or palliative care on hospice acknowledging that she may graduate from this. Discontinued Haldol today from MAR.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. She will likely pass in a matter of days.

Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible. Our present plan is to discharge the patient to hospice with the son is agreeable to.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: I'm okay with diet advancement to CLD for son to trial liquids GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Acute care; CMO
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Stenberg, Daniel Lloyd, DO at 2/27/2025 6:30 PM

Wrisley, Lauren Jean, ARNP at 2/28/2025 1104

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care

INTERVAL HISTORY:
- Met Louis at Jeanne's bedside along with Dr. Stenberg and Katie Portante SW.
- Louis told us that Jeanne is still continuing to take in fluids that he is offering her. Jeanne is sitting up in bed today, eyes open. She is not wearing oxygen and is intermittently desatting to 80s.
- Louis had some concern that Jeanne has a new mass on her L cheek, which was evaluated by Dr. Stenberg. He offered to prescribe Jeanne a short course of antibiotics for sialadenitis.
- Katie shared that Jeanne has been accepted by Bainbridge SNF and will likely be able to initiate transfer in the coming days.
- We discussed that our priority will be working towards a safe transfer for Jeanne closer to home, with no other major changes to the plan for today.

PHYSICAL EXAM:
Jeanne is sitting up in bed eyes open, not in distress. Looks at us but is otherwise non-communicative.

IMPRESSION:
Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. Jeanne is not a candidate for feeding tube placement, due to her respiratory status and was transitioned to comfort measures earlier this week. She has been accepted to Bainbridge Island Health and Rehab and will hopefully be able to transfer in the coming days.

RECOMMENDATIONS:
- Appreciate social work assistance for SNF referral
- Continue comfort focused care

#Dyspnea/Pain
- Continue Butrans 5mcg/hr patch q7 days.
- Continue SQ Hydromorphone from 0.2-0.4 q1h prn for pain and/or dyspnea

#Agitation/anxiety
- Continue SQ Lorazepam 0.25-0.5mg q6h prn

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 35 minutes for the patient's care on the date of the service.

Electronically signed by Wrisley, Lauren Jean, ARNP at 2/28/2025 11:19 AM

Portante, Katie, LSWAIC at 2/28/2025 1247

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Discharge planning;Placement - Skilled Nursing Facility

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt on comfort care.

MSW, MD, Palliative team met w/ pt and son Louis at bedside. Provided update on acceptance at Bainbridge Island Health and Rehab; Louis prefers to move forward with Bainbridge SNF as it is closer to home.

F/u call from Lisa at Bainbridge admissions (206-5138-4425); auth for rehab was submitted today, requesting HCS referral be submitted for LTC Medicaid as back-up. HCS referral completed, faxed to Region 2S King Co (p: 206-341-7750, f: 206-373-6855). MD, Palliative team updated.

ADDENDUM: MSW attempted to fax HCS ref 4x; unsuccessful. Will continue to attempt to fax referral.

PLAN or OUTCOME:
SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/28/2025 3:53 PM

Stenberg, Daniel Lloyd, DO at 2/28/2025 1701

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
No significant overnight events.
We are not continuously checking her vitals as she is comfort measures only. Observed oxygen in the room was appropriate though noted to still be on 15 L of O2 by blow-by. Labs have not been checked in several days.

Louis is quite proud of his mother's improvement. He has been working hard to give her small sips of water and Ensure. He has also been helping to mobilize her joints and try and strengthen her in bed. We all feel that placement in Bainbridge is most appropriate for her. Reviewed current strategy for patient's oral intake and I continue to impress upon Louis that she has aspirated multiple times and remains n.p.o. though he is welcome to feed her if he acknowledges the risk

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- moxifloxacin, 400 mg, Daily
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: (not recorded) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/28/2025 1701
Last data filed at 2/28/2025 1415

Intake	237 ml
Output	80 ml
Net	**157 ml**

Physical Exam
General - patient laying in bed. Son had put her dentures in and she had the hydration sponge stick in her mouth. Was mostly calm but intermittently agitated, crying out, grimacing, and had increased WOB.
HEENT - NCAT, edentulous. Left parotid gland is superficially erythematous and appears mildly swollen and is lightly TTP.
Pulmonary - no supplemental oxygen needed. Minimal WOB. No cough. Decreased air movement. Crackles bilaterally mild.
Skin - no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo: Patient is still a comfort measures only patient though, at the desire of her DPOA and son Luis, remains a minimally necessary elevation of care. With many issues such as IV access and oxygen we have come to the agreement that we are not going to maintain access or provide invasive oxygen therapy. We also are not going to do invasive strength training or pursue PEG tube or NG tube given patient's tenuous oxygen status. This is more in line with a comfort focused order set. However, and working with patient's son, and in maintaining a standard of minimally necessary elevation of care, we find it agreeable to treat superficial concerns such as an infected parotid gland likely from dry oral mucosa and a picked off a scab from her left stump site with topical Betadine and a bandage. There was noted previously, her overall intent distal to provide primarily comfort focused care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. She will likely pass in a matter of days.
Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible. Our present plan is to discharge the patient to hospice with the son is agreeable to.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn

- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time. Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: I'm okay with diet advancement to CLD for son to trial liquids GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Acute care; CMO
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Stenberg, Daniel Lloyd, DO at 2/28/2025 5:08 PM

Koschik, Hannah Leigh at 3/1/2025 0921

Weekend Social Work:

Referral: Weekend social work team has been requested to follow for auth pending for Bainbridge Island Rehab and to attempted to send HCS referral.

Data:
Per chart review, patient is Jeanne Leonie Hoffman, 100 year old, female, admitted for Arterial occlusion [I70.90] Acute lower limb ischemia [I99.8].
Patient's home address is listed as: 321 HIGH SCHOOL RD NE
STE D3 PMB 292
BAINBRIDGE ISLAND WA 98110.
Payor Source: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid.

Important Contacts:
-SNF AC, Lisa: 206-518-4425

Intervention:
Weekend social work, reviewed chart and handoff.
TC to Lisa at Bainbridge admissions; auth for rehab has not been submitted. Lisa reports she has attempted to fax 15 times and none of the attempts have been successful. She reports that she will e-mail it to the insurance supervisor today. Lisa agreeable to update this writer with any progress.

SNF has requested HCS referral be submitted for LTC Medicaid as back-up. HCS referral completed, faxed to Region 2S King Co (p: 206-341-7750, f: 206-373-6855) X2 Fax unsuccessful.
Attempted contact by phone to see if another fax number is available- reached VM that states phone/VM staffed M-F only.

Medical team updated.

Plan: Weekend social work will continue to follow and support with coordination to SNF and HCS referral.

Hannah Koschik, MSW
University of Washington Medical Center
Weekend Social Work

---Weekend Pager: 206-645-0792---

Electronically signed by Koschik, Hannah Leigh at 3/1/2025 2:36 PM

Stenberg, Daniel Lloyd, DO at 3/1/2025 1329

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
No significant overnight events.

Had an extended conversation today with Louis at bedside. He is advocating for his mother to work with physical therapy. Luis is requesting crutches so that he can demonstrate for her how they are used. He shows me photos on his personal laptop of her health just 1 year ago and how she was able to move around. He frequently goes into very detailed and superfluous stories providing the necessary information. I discussed with him that while I feel that there are many interventions that we should not offer the patient out of concern for futility and more harm than good, we do need to acknowledge that she is no longer imminently deteriorating and that her oxygen status has improved. Keeping with that recognition, it would be best to offer the patient more care as opposed to last. I am still not advocating to take her off of comfort measures and I explained this to to the son. I think it is worthwhile to keep her in her current order set but offer bits and pieces from a more full care perspective. While I do not think that we should attempt to feed the patient, I explained to Luis that he is welcome to do so. I also explained that it would not be in the patient's best interest to try and collect daily labs and continue with invasive intravenous therapies to which he agreed.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- moxifloxacin, 400 mg, Daily
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: (not recorded) **SpO2:** (not recorded) Room air
T range: No data recorded

Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 3/1/2025 1329
Last data filed at 3/1/2025 0850

Intake	537 ml
Output	231 ml
Net	**306 ml**

Physical Exam

General - patient laying in bed. Dentures out, occasionally crying out in distress. Did tell her son that she wanted to go to the bathroom. Occasional grimacing. No agitation or increased work of breathing noted.
HEENT - NCAT, edentulous. Left parotid gland is superficially erythematous and appears mildly swollen and is lightly TTP.
Pulmonary - no supplemental oxygen needed. Minimal WOB. No cough. Decreased air movement. Crackles bilaterally mild.
Skin - no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo: I am not going to move this patient off of comfort measures because I do not think that a more treatment based approach is beneficial to her at this time. Various intravenous therapies, routine laboratory monitoring, etc. are not likely to play a large benefit for her long-term health and they cause her significant amount of distress. That being said, she does not appear to be imminently deteriorating as previously thought approximately 5-7 days ago. Therefore, we need to tailor our care for both patient and her DPOA/son. I am advocating for, as previously stated, minimal necessary care with minimal elevation. She remains DNR/DNI. We will continue not to check daily labs, ins and outs, provide intravascular rehydration, or attempt parenteral nutrition. As such, she will effectively remain on comfort measures. However, with the stated goal of rehabilitation per her son, it is worthwhile to attempt to treat superficial infections, keep her wounds clean, provide oxygen as necessary for comfort only, and allow Louis the opportunity to help rehab his mother. I have placed a consult to physical therapy to resume care and assess her in the bed to help with mobility and strength and provide exercises. I have also requested that, on the first sign of desaturation, that the therapeutic exercises be terminated.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. It was previously thought that she would pass in a matter of days however her oxygen

status has recovered to an extent
Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time. Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Deconditioning
Patient may be evaluated by PT primarily to help Louis have the tools/education to further strengthen his mother on his own. If she desaturates then the therapy session should be terminated.

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Clinical Notes (group 16 of 17) (continued)

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: I'm okay with diet advancement to CLD for son to trial liquids GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Acute care; CMO
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Stenberg, Daniel Lloyd, DO at 3/1/2025 3:25 PM

Stanikzy, Ameenjohn A, RN at 3/2/2025 0643

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

2300-0700:
-AOX: UTA orientation, intermittently able to follow directions. Bed alarm active.
-VS: No VS per comfort care orders
-PAIN: No pain noted
-I/O: No PO intake this shift
-BM/UOP: (-)BM LUOP.
-Left above the knee amputation
-OTHER:
-O2 15L blow-by

Electronically signed by Stanikzy, Ameenjohn A, RN at 3/2/2025 6:43 AM

Adhikari, Liz, LICSW at 3/2/2025 0906

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: SNF

Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Placement - Skilled Nursing Facility;Care Coordination;Consult with healthcare team/provider/community

Weekend Social Worker received a referral via the Weekend Worklist to follow up with SNF regarding insurance authorization and to fax HCS referral.

SW called Bainbridge Island SNF Admissions Coordinator Lisa (206-518-4425) for updates. Lisa shared that she has attempted to fax patient's insurance 22 times and has been unsuccessful. She has called them and is awaiting a call back after speaking with an answering service.

Per handoff, SNF has requested HCS referral be submitted for LTC Medicaid as back-up. SW attempted to fax completed HCS referral to Region 2S King Co (p: 206-341-7750, f: 206-373-6855), fax unsuccessful. SW later received information that the new HCS fax number is 425-277-7033. SW re-faxed referral to new number, fax was successful.

SW provided VM handoff to primary SW.

PLAN or OUTCOME:
Patient is anticipated to discharge to Bainbridge Island SNF pending insurance authorization. SW to coordinate discharge and to continue to attempt to submit HCS referral.

Social Work remains available for discharge planning, care coordination, resources, and support.

Liz Adhikari, MSW, LICSW
Social Work and Care Coordination
Providing weekend coverage

WEEKEND SOCIAL WORK PAGER: 206-645-0792 (8:30am-4:30pm)

Electronically signed by Adhikari, Liz, LICSW at 3/2/2025 2:44 PM

Stenberg, Daniel Lloyd, DO at 3/2/2025 1548

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025

Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
No significant overnight events.
Patient's oxygen remains in the 90s completely off to room air.
Discussed at length with son at bedside who has been attempting to feed her liquids. He shows me all of the various soups and bottles of water that she has consumed. Also tells me that she has had a bowel movement from the MiraLAX.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- moxifloxacin, 400 mg, Daily
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- magnesium hydroxide, 30 mL, BID PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: (not recorded) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 3/2/2025 1548
Last data filed at 3/2/2025 1100

Intake	210 ml
Output	—
Net	**210 ml**

Physical Exam
General - patient laying in bed. Dentures out, sleeping. No agitation or increased work of breathing noted.

HEENT - NCAT, edentulous. Left parotid gland is superficially erythematous and appears mildly swollen and is lightly TTP.
Pulmonary - no supplemental oxygen needed. Minimal WOB. No cough. Decreased air movement. Crackles bilaterally mild.
Skin - no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo: I am not going to move this patient off of comfort measures because I do not think that a more treatment based approach is beneficial to her at this time. Various intravenous therapies, routine laboratory monitoring, etc. are not likely to play a large benefit for her long-term health and they cause her significant amount of distress. That being said, she does not appear to be imminently deteriorating as previously thought approximately 5-7 days ago. Therefore, we need to tailor our care for both patient and her DPOA/son. I am advocating for, as previously stated, minimal necessary care with minimal elevation. She remains DNR/DNI. We will continue not to check daily labs, ins and outs, provide intravascular rehydration, or attempt parenteral nutrition. As such, she will effectively remain on comfort measures. However, with the stated goal of rehabilitation per her son, it is worthwhile to attempt to treat superficial infections, keep her wounds clean, provide oxygen as necessary for comfort only, and allow Louis the opportunity to help rehab his mother. I have placed a consult to physical therapy to resume care and assess her in the bed to help with mobility and strength and provide exercises. I have also requested that, on the first sign of desaturation, that the therapeutic exercises be terminated.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. It was previously thought that she would pass in a matter of days however her oxygen status has recovered to an extent
Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Superficial infection of left stump site

#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time. Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Deconditioning
Patient may be evaluated by PT primarily to help Louis have the tools/education to further strengthen his mother on his own. If she desaturates then the therapy session should be terminated.

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: I'm okay with diet advancement to CLD for son to trial liquids GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Bainbridge rehab likely tomorrow
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Stenberg, Daniel Lloyd, DO at 3/2/2025 3:51 PM

Stanikzy, Ameenjohn A, RN at 3/3/2025 0608

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

2300-0700:
-AOX: UTA orientation, intermittently able to follow directions. Bed alarm active.
-VS: No VS per comfort care orders
-PAIN: No pain noted
-I/O: No PO intake this shift
-BM/UOP: (+)BM LUOP.
-Left above the knee amputation
-OTHER:
-O2 15L blow-by
-Slept well

Electronically signed by Stanikzy, Ameenjohn A, RN at 3/3/2025 6:09 AM

Portante, Katie, LSWAIC at 3/3/2025 1140

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare

team/provider/community;Discharge planning;Placement - Skilled Nursing Facility

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt on comfort care.

Per SW handoff, HCS referral faxed to new HCS fax number (425-277-7033). SNF reports issues w/ submitting insurance auth to Molina.

MSW called main number for pt's Molina insurance (800-869-7175); per phone tree, fax number for authorization is 844-251-1450. Per Molina representative, fax number for authorizations is 833-912-4454. MSW provided both fax numbers to Bainbridge SNF in case they were needed. Update from SNF that auth was successfully faxed.

PLAN or OUTCOME:
SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 3/3/2025 2:26 PM

Stenberg, Daniel Lloyd, DO at 3/3/2025 1613

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
No significant overnight events. Patient has had BM and is still being fed by her son a combination of liquids and semisolids like oatmeal. O2 status remains adequate though with desaturation to lots of movement. Plan for DC to Bainbridge rehab

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- lidocaine, 1 patch, q24h
- moxifloxacin, 400 mg, Daily
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN

- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- magnesium hydroxide, 30 mL, BID PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: 36.3 °C (03/03/25 0810) **BP:** **(!) 101/54** (03/03/25 0810) **HR:** 92 (03/03/25 0810)
RR: **(!) 21** (03/03/25 0810) **SpO2:** 94 % (03/03/25 0810) Room air
T range: Temp Min: 36.3 °C Max: 36.3 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 3/3/2025 1613
Last data filed at 3/3/2025 1219

Intake	1206 ml
Output	1 ml
Net	**1205 ml**

Physical Exam
General - patient laying in bed. Dentures out, sleeping. No agitation or increased work of breathing noted.
HEENT - NCAT, edentulous. Left parotid gland is superficially erythematous and appears mildly swollen and is lightly TTP.
Pulmonary - no supplemental oxygen needed. Minimal WOB. No cough. Decreased air movement. Crackles bilaterally mild.
Skin - no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
-	-	-	-	-			AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		-	><	-	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo: I am not going to move this patient off of comfort measures because I do not think that a more treatment based approach is beneficial to her at this time. Various intravenous therapies, routine laboratory monitoring, etc. are not likely to play a large benefit for her long-term health and they cause her significant amount of distress. That being said, she does not appear to be imminently

deteriorating as previously thought approximately 5-7 days ago. Therefore, we need to tailor our care for both patient and her DPOA/son. I am advocating for, as previously stated, minimal necessary care with minimal elevation. She remains DNR/DNI. We will continue not to check daily labs, ins and outs, provide intravascular rehydration, or attempt parenteral nutrition. As such, she will effectively remain on comfort measures. However, with the stated goal of rehabilitation per her son, it is worthwhile to attempt to treat superficial infections, keep her wounds clean, provide oxygen as necessary for comfort only, and allow Louis the opportunity to help rehab his mother. I have placed a consult to physical therapy to resume care and assess her in the bed to help with mobility and strength and provide exercises. I have also requested that, on the first sign of desaturation, that the therapeutic exercises be terminated.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. It was previously thought that she would pass in a matter of days however her oxygen status has recovered to an extent
Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time. Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Deconditioning
Patient may be evaluated by PT primarily to help Louis have the tools/education to further strengthen his mother on his own. If she desaturates then the therapy session should be terminated.

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia

#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: I'm okay with diet advancement for son to trial more advanced foods GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Bainbridge rehab likely tomorrow
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Stenberg, Daniel Lloyd, DO at 3/3/2025 4:14 PM

Stanikzy, Ameenjohn A, RN at 3/4/2025 0606

able.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700:
-AOX:1 oriented to person.UTA orientation, intermittently able to follow directions. Bed alarm active.
-VS: No VS per comfort care orders
-PAIN: Rectal tylenol administered
-I/O: Super Low PO intake this shift (3 oz tomatoes soup). HOB elevated, high aspiration risk.
-BM/UOP: (-)BM incontinent LUOP.
-OTHER:
-O2 15L blow-by
-PRN Metamucil administered. Sips tolerated well.
-Left above the knee amputation, slight dehiscence on the medial aspect covered with Mepilex.
-Diet advanced to 4-Pureed during day.
- Mid back wound is red & non-blanchable, Mepilex replaced.
-See secure chat Hx for interaction w /Pt during shift change. 3/3/25
-Son may try to feed Pt despite her yelling "stop" or "I don't want it"
-HOH, Use white board for communication.
-L.Pacemaker
-Waffle pillow under butt.

Electronically signed by Stanikzy, Ameenjohn A, RN at 3/4/2025 6:22 AM

Chance, Beth A, LICSW at 3/4/2025 1225

Palliative Care Service: Follow-up

Palliative care social worker visited Jeanne and her son Louis today for a supportive check-in. Louis shared that he's looking forward to his mom returning to Bainbridge Island.

SW provided supportive listening and checked in briefly with Dr. Daniel Stenberg. Awaiting SNF insurance authorization and discharge.

CONTACTS:
Extended Emergency Contact Information
Primary Emergency Contact: Hoffmann Alloin,Louis Charles
Address: 321 High School Road NE

STE D3 PMB 292
Bainbridge Island, WA 98110 UNITED STATES
Home Phone: 206-780-6885
Mobile Phone: 206-780-6885
Relation: Son
Primary Contact Role: Medical POA
No emergency contact information on file.

Health Care Agent: Hoffmann Alloin,Louis Charles - Son - 206-780-6885

POLST: Received

Thank you for asking the Palliative Care team to be involved. Please page the team via the paging operator with any specific questions or concerns.

Beth Chance, LICSW
Palliative Care Social Worker
Office phone 206 598-2932

Electronically signed by Chance, Beth A, LICSW at 3/4/2025 12:37 PM

Stenberg, Daniel Lloyd, DO at 3/4/2025 1328

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
No significant overnight events.
Visited patient today at bedside and spoke with Luis. Lewis feels she is doing much better and he is trying to get her to take more p.o. intake. He is enthusiastically describing her arm and leg movements with his resistance band and looking forward to the discharge to Bainbridge rehab.

Discussed with charge nurse and bedside nurse about plan for care

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- lidocaine, 1 patch, q24h

- psyllium, 1 packet, BID
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- magnesium hydroxide, 30 mL, BID PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: (not recorded) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 3/4/2025 1328
Last data filed at 3/3/2025 2311

Intake	20 ml
Output	0 ml
Net	**20 ml**

Physical Exam

General - patient laying in bed. Dentures out, sleeping. No agitation or increased work of breathing noted.
HEENT - NCAT, edentulous. Left parotid gland appears to be improved and is no longer erythematous.
Pulmonary - no supplemental oxygen needed. Minimal WOB. No cough. Decreased air movement. Crackles bilaterally mild.
Skin - no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Neuro - Does not answer questions for me today though is able to follow me with her eyes

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
-	-	-	-	-			AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		-	><	-	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo: I am not going to move this patient off of comfort measures because I do not think that a more treatment based approach is beneficial to her at this time. Various intravenous therapies, routine laboratory monitoring, etc. are not likely to play a large benefit for her long-term health and they cause her significant amount of distress. That being said, she does not appear to be imminently deteriorating as previously thought approximately 5-7 days ago. Therefore, we need to tailor our care for both patient and her DPOA/son. I am advocating for, as previously stated, minimal necessary care with minimal elevation. She remains DNR/DNI. We will continue not to check daily labs, ins and outs, provide intravascular rehydration, or attempt parenteral nutrition. As such, she will effectively remain on comfort measures. However, with the stated goal of rehabilitation per her son, it is worthwhile to attempt to treat superficial infections, keep her wounds clean, provide oxygen as necessary for comfort only, and allow Louis the opportunity to help rehab his mother. I have placed a consult to physical therapy to resume care and assess her in the bed to help with mobility and strength and provide exercises. I have also requested that, on the first sign of desaturation, that the therapeutic exercises be terminated.
Patient plan is still as follows: Minimal necessary escalation of care while maintaining a majority comfort measures only approach. Should there be any signs of actual distress between the patient and her son, recommendation to gently separate son and patient and allow the situation to diffuse naturally before assessing and, level, attempting to maintain comfort measures with minimal necessary escalation of care as determined to be reasonable by care team

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. It was previously thought that she would pass in a matter of days however her oxygen status has recovered to an extent
Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time. Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a

component on top of pulmonary edema seen on CXR.
- CMO as above

#Deconditioning
Patient may be evaluated by PT primarily to help Louis have the tools/education to further strengthen his mother on his own. If she desaturates then the therapy session should be terminated.

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: I'm okay with diet advancement for son to trial more advanced foods GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: lovenox
Lines/Drains/Airways: None
Disposition: Bainbridge rehab likely tomorrow
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Stenberg, Daniel Lloyd, DO at 3/4/2025 9:24 PM

Portante, Katie, LSWAIC at 3/4/2025 1517

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: SNF

Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Chart Review/Screening;Counseling/Support/Psychoeducation (coping, adjustment to illness)

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt on comfort care.

Per update from Bainbridge Island Rehab, auth submitted yesterday, Molina requesting additional information be sent today.

PLAN or OUTCOME:
SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 3/4/2025 3:19 PM

Barnhart, Shelley Lea, RD at 3/4/2025 1754

Nutrition Brief Note:

Chart reviewed. Noted patient DNR/DNI and on comfort measures only.
Nutrition to follow peripherally.
Please consult if more aggressive nutrition intervention is warranted/desired.

RD following.
See Treatment Team for contact.
Weekends: pager 206.989.1191

Electronically signed by Barnhart, Shelley Lea, RD at 3/4/2025 5:54 PM

Portante, Katie, LSWAIC at 3/5/2025 1252

Social Work Progress Note

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Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: SNF
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
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The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Chart Review/Screening;Counseling/Support/Psychoeducation (coping, adjustment to illness)

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt on comfort care.

Update from admissions at Bainbridge Island SNF that insurance continues to request additional info, including PT eval. MD, PT updated. PT note completed, SNF updated.

MSW reached out to SW supervisor re: possible assistance from Contracting.

PLAN or OUTCOME:
SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 3/5/2025 2:11 PM

Abay, Rebecca Joyce Yared, MD at 3/5/2025 1336

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
NAEO
Son at bedside; She is sitting up in bed this AM, requests us to hand her glasses (were in her bedsheets)
Plan for discharge to Bainbridge rehab.
PM update:
Patient with fall 3/5 PM, found by RN staff on floor while patient's son not in the room (though seems to have slipped from bed), bed alarm was not enabled (RN staff noted that son had turned off bed alarm, son counseled against this). Met with patient (son was not there at the time), asked patient if had any pain to body or head/asked if she hit her head (she shook her head to these questions). She states (notably with dysarthria) "I didn't break anything", also "don't worry about me", when asks what happens she makes hand swirling motion and says "I rolled down". She shrugs when asked how she fell/slipped out of bed. Counseled patient regarding asking for help if trying to get out of bed, she nods to this. Patient on modified/comfort care as below- she appears comfortable, alert, no further interventions at this time.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- lidocaine, 1 patch, q24h
- psyllium, 1 packet, BID
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- magnesium hydroxide, 30 mL, BID PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: (not recorded) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 3/5/2025 1336
Last data filed at 3/4/2025 2000

Intake	803 ml
Output	—
Net	**803 ml**

Physical Exam

NAD, comfortable appearing; sitting up in bed, puts on her eyeglasses (tinted)
EOMI, edentulous. Left parotid gland appears to be improved and is no longer erythematous.
No increased WOB, Decreased air movement. Crackles bilaterally mild.
Abd soft, NTND
No pretibial edema
no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Alert, no gross focal deficits, +dysarthria, seems to respond to question (though not intelligible) but interactive and able to prompt when wants something (e.g., pointed out wanted us to hand her her sunglasses), when asked some ROS she shrugs her shoulders, interactive
Mood/affect congruent

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo, copied forward from 3/4/2024 progress note by Dr. Stenberg: I am not going to move this patient off of comfort measures because I do not think that a more treatment based approach is beneficial to her at this time. Various intravenous therapies, routine laboratory monitoring, etc. are not likely to play a large benefit for her long-term health and they cause her significant amount of distress. That being said, she does not appear to be imminently deteriorating as previously thought approximately 5-7 days ago. Therefore, we need to tailor our care for both patient and her DPOA/son. I am advocating for, as previously stated, minimal necessary care with minimal elevation. She remains DNR/DNI. We will continue not to check daily labs, ins and outs, provide intravascular rehydration, or attempt parenteral nutrition. As such, she will effectively remain on comfort measures. However, with the stated goal of rehabilitation per her son, it is worthwhile to attempt to treat superficial infections, keep her wounds clean, provide oxygen as necessary for comfort only, and allow Louis the opportunity to help rehab his mother. I have placed a consult to physical therapy to resume care and assess her in the bed to help with mobility and strength and provide exercises. I have also requested that, on the first sign of desaturation, that the therapeutic exercises be terminated.
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There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
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Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible.

- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time. Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

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#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Deconditioning
Patient may be evaluated by PT primarily to help Louis have the tools/education to further strengthen his mother on his own. If she desaturates then the therapy session should be terminated.

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: okay with diet advancement for son to trial more advanced foods GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: lovenox

Lines/Drains/Airways: None
Disposition: Bainbridge rehab lin upcoming days
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Abay, Rebecca Joyce Yared, MD at 3/5/2025 5:07 PM

Menown, Jason L, PT at 3/5/2025 1401

Physical Therapy Evaluation

Jeanne Leonie Hoffman
U8170135

3/5/2025
Duration of session: 40 Minutes

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability

- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia
- Abdominal pain

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Closed fracture of unspecified intracapsular section of neck of femur *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• Unspecified vitamin B deficiency	5/1/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Subjective

Patient Report/Self-Assessment: n bed resting, asking if she will be in a coffin, if they will dig a hole, letting me know she pee'd

Patient Stated Goal(s): None stated

Objective
RUE Assessment
RUE Assessment: Exceptions to WFL
RUE Assessment Comments: able to bring hand to mouth, good grip during hand shake, limited hand opening

LUE Assessment
LUE Assessment: Exceptions to WFL
LUE Assessment Comments: able to bring hand to mouth

RLE Assessment
RLE Assessment: Exceptions to WFL
RLE Assessment Comments: antigravity strength

LLE Assessment
LLE Assessment: Exceptions to WFL
LLE Assessment Comments: limited assessment

Sensation
Light Touch: unable to assess

Coordination
Movements are Fluid and Coordinated : No

Static Sitting Balance
Static Sitting Balance Level of Assistance: Dependent (greater than 75% help needed)
Dynamic Sitting Balance
Dynamic Sitting Balance Level of Assistance: Dependent (greater than 75% help needed)

Activity Tolerance
Endurance: Tolerates less than 10 min of activity, no significant change in vital signs

Functional Level:
Bed Mobility
Rolling Left: Dependent (greater than 75% help needed)
Rolling Right: Dependent (greater than 75% help needed)
Supine to Sit: Dependent (greater than 75% help needed)
Sit to Supine: Dependent (greater than 75% help needed)
Transfers
Bed<>Chair/WC: Dependent (greater than 75% help needed)
Bed<>Chair/WC Assistive Device Details: Mechanical lift
Chair/WC<>Bed: Dependent (greater than 75% help needed)
Bed<>Chair/WC Assistive Device Details: Mechanical lift

Interventions:
Therex: provided pt's son with AKA exercise packet - reports he has been attempting these ex's when pt allows - son reports not being able to get into prone to perform hip ext ex's = addressed by having pt be in sidelying as they were taught in previous sessions to perform hip ext ex's
Theract: supine > sit with dependent assist, elevated HOB, assist for initiation sitting EOB x 3 mins - dependent assist, without support > posterior LOB. sits in flexed, kyphotic posture, sacral sitting sit > supine with dependent assist, scooting up in bed with two person dependent assist

ASSESSMENT/PLAN

Jeanne presents to PT at a dependent level for all functional mobility. When sitting EOB she requires continuous dependent assist to prevent posterior LOB. She demonstated she was able to hold my hands and maintain upright postion briefly unitl UEs fatigued and then began to lose balance. She is not able to turn or scoot up in bed without dependent assist. She attempts to communicate but is difficult to understand. Most comments today centered on how her body will be cared for after she dies. She was too fatigued to participate in active LE ex's today so we deferred until next session. Son is well versed in her LE ex's and will assist when pt is agreeable as well. Pt's son focused on a future in where pt will be able to work on standing and walking with crutches.

Barriers to Discharge: pt dependent for all mobility

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Home exercise program, Moderate Assist (between 25-49% help needed)
Estimated Completion Date: 03/14/25
Goal Status: Progressing
Goal: Bed mobility, Moderate Assist (between 25-49% help needed)
Estimated Completion Date: 03/14/25
Goal Status: Not Progressing

Acute Care PT Plan of Care:
Treatment/Interventions: Patient/family training, Therapeutic functional activities, Therapeutic exercise
PT Plan: Skilled PT
PT Dosage: 1-2x/week
Plan for Next Session: LE ther ex, sitting EOB

Other Recommendations:
Recommendation for PT After Hospital Discharge: Will need follow up PT at next level of care
PT Daily Recommendations: 2PA - OOB to chair via sling 3x/day

Jason L Menown, PT

Electronically signed by Menown, Jason L, PT at 3/5/2025 2:02 PM

Setik, Yvette Taleisha, LSWAIC at 3/6/2025 1041

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: SNF Placement
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid
Primary Decision Maker: LNOK - Son, Louis Hoffman (206-780-6885)

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Discharge planning
MSW assisting primary Medicine E SW; this writer completed a chart review. NCC shared patient experienced a fall yesterday and broke her right femur. Per NCC, Orthopedics team was consulted and determined patient not a surgical candidate and will be medical management (versus surgical intervention). **NCC confirmed patient continues to be medically stable for transfer to SNF following fall.** SW consulted for SNF placement.

MSW received call from Sarah of Bainbridge Island Health and Rehab (206-842-4765) confirming receiving prior authorization for patient's SNF rehab stay and have capacity to receive patient tomorrow (Friday, 03/07) before 1600. This writer shared medical update re: patient's fall and faxed 3/6 MD note, 3/6 Orthopedics note, 3/6 RN note, and 24-hour MAR per their request (fax #206-842-4426). This writer later received AIDA message from SNF requesting patient to be stable on PO pain meds for 24 hours prior to admit. This writer responded asking for clarification if patient receiving dilaudid subcutaneous injections is acceptable or patient required to transition to PO prior to admit. This writer also inquired about weekend admissions; had not yet received response from SNF by end of shift.

MSW called Tri-Med and preemptively booked an ambulance, BLS ride for tomorrow at 1200 for discharge to SNF

(MSW to reschedule if DC does not happen).

MSW notified MD Barnes requesting updated POLST.

MSW planning to meet with patient's LNOK/Son, Louis, re: SNF updates but needed to wait until he returned to bedside in the 1500 hour (son told care team he was having surgery today). MSW to meet with Louis if time permits this afternoon.

MSW continues to follow for discharge planning and coordination.

PLAN or OUTCOME:
-MSW meets with patient and LNOK/Son re: DC to SNF
-MSW follows up with Bainbridge Island Health and Rehab re: dilaudid SC injections vs. PO meds and weekend admissions
-MSW follows up with primary team re: updated POLST
-MSW follows up with Tri-Med re: transportation (cancel or reschedule 3/7 ride)
-MSW coordinates DC to SNF

Yvette Setik, LSWAIC (she/her)
Medicine D, Medicine G, and Surg B4 Transplant Social Worker
Ph# 206-598-6503
For Weekend Social Work requests (urgent matters and discharges), please page (206)-645-0792

Electronically signed by Setik, Yvette Taleisha, LSWAIC at 3/6/2025 3:30 PM

Barnes, James Irvin, MD at 3/6/2025 1106

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

Spoke with son, he is concerned about her bone being set properly and said he rotated her leg to try to set it after the xray was done. I was very adamant that he should not do that. He agreed . We will repeat xray. Her RLE is wwp without discoloration .

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- lidocaine, 1 patch, q24h
- psyllium, 1 packet, BID
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- magnesium hydroxide, 30 mL, BID PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: (not recorded) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os: No intake or output data in the 24 hours ending 03/06/25 1106

Physical Exam

NAD, comfortable appearing; sitting up in bed, puts on her eyeglasses (tinted)
EOMI, edentulous. Left parotid gland appears to be improved and is no longer erythematous.
No increased WOB, Decreased air movement. Crackles bilaterally mild.
Abd soft, NTND
No pretibial edema
no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Alert, no gross focal deficits, +dysarthria, seems to respond to question (though not intelligible) but interactive and able to prompt when wants something (e.g., pointed out wanted us to hand her her sunglasses), when asked some ROS she shrugs her shoulders, interactive
Mood/affect congruent
RLE- wwp, pulses palpable

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
-	-	-	-	-			AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		-	><	-	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -	Ca: -			-			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -	PO4: -			ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25

with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo, copied forward from 3/4/2024 progress note by Dr. Stenberg: I am not going to move this patient off of comfort measures because I do not think that a more treatment based approach is beneficial to her at this time. Various intravenous therapies, routine laboratory monitoring, etc. are not likely to play a large benefit for her long-term health and they cause her significant amount of distress. That being said, she does not appear to be imminently deteriorating as previously thought approximately 5-7 days ago. Therefore, we need to tailor our care for both patient and her DPOA/son. I am advocating for, as previously stated, minimal necessary care with minimal elevation. She remains DNR/DNI. We will continue not to check daily labs, ins and outs, provide intravascular rehydration, or attempt parenteral nutrition. As such, she will effectively remain on comfort measures. However, with the stated goal of rehabilitation per her son, it is worthwhile to attempt to treat superficial infections, keep her wounds clean, provide oxygen as necessary for comfort only, and allow Louis the opportunity to help rehab his mother. I have placed a consult to physical therapy to resume care and assess her in the bed to help with mobility and strength and provide exercises. I have also requested that, on the first sign of desaturation, that the therapeutic exercises be terminated.
Patient plan is still as follows: Minimal necessary escalation of care while maintaining a majority comfort measures only approach. Should there be any signs of actual distress between the patient and her son, recommendation to gently separate son and patient and allow the situation to diffuse naturally before assessing and, level, attempting to maintain comfort measures with minimal necessary escalation of care as determined to be reasonable by care team

 # Right hip fracture
- fall in hospital on 3/5 with R hip fracture, non -op management decided upon based on very high operative risks.
- patient's son reported he internally rotated her leg to "set it" and we will repeat 2V femur xray
- I have reiterated that he should not do this. If he does this again I think we need to have a discussion about him not being in her room. He reported he would not do this again.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. It was previously thought that she would pass in a matter of days however her oxygen status has recovered to an extent
Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible.
- CMO
- Pain: HM 0.2-0.4 q1hr prn -> transition to concentrated oral morphine on 3/6/25
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time (completed). Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia

Clinical Notes (group 17 of 17) (continued)

#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR. Now stable
- CMO as above

#Deconditioning
Patient may be evaluated by PT primarily to help Louis have the tools/education to further strengthen his mother on his own. If she desaturates then the therapy session should be terminated.

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: okay with diet advancement for son to trial more advanced foods GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: lovenox
Lines/Drains/Airways: None
Disposition: Bainbridge rehab lin upcoming days
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Barnes, James Irvin, MD at 3/6/2025 6:11 PM

Barnes, James Irvin, MD at 3/7/2025 0822

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers

Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

Patient laying in bed difficult to arouse this morning apparently this intermittently occurs has been send says that he thinks she got too much morphine she got 5 mg at 12:00am she did respond to tactile stimulation and moved in response to voice

Later on revisit with son and patient around 12pm, she was very much awake and interactive, complaining of discomfort and itching on back. Had GOC conversation with son (see below)

Got sub q dilaudid overnight, will dc now in favor of oral regimen.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- lidocaine, 1 patch, q24h
- psyllium, 1 packet, BID
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- magnesium hydroxide, 30 mL, BID PRN
- morphine CONCENTRATED, 5 mg, q4h PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: 16 (03/06/25 2200) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 3/7/2025 0822
Last data filed at 3/7/2025 0600

Intake	—
Output	220 ml
Net	**-220 ml**

Physical Exam

NAD, comfortable appearing; sitting up in bed,
EOMI, edentulous. Left parotid gland appears to be improved and is no longer erythematous.
No increased WOB, Decreased air movement. Crackles bilaterally mild.
Abd soft, NTND
No pretibial edema
no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Alert, no gross focal deficits, +dysarthria, seems to respond to question (though not intelligible) but interactive and able to prompt when wants something, interactive
Mood/affect congruent
RLE- wwp, pulses palpable

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
-	-	-	-		-		AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		-	><	-	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -			-		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. It was previously thought that she would pass in a matter of days however her oxygen status has recovered to an extent

Portions copied forward from 3/4/2024 progress note by Dr. Stenberg: I am not going to move this patient off of comfort measures because I do not think that a more treatment based approach is beneficial to her at this time. Various intravenous therapies, routine laboratory monitoring, etc. are not likely to play a large benefit for her long-term health and they cause her significant amount of distress. That being said, she does not appear to be imminently deteriorating as previously thought approximately 1-2 weeks ago Therefore, we need to tailor our care for both patient and her DPOA/son. I am advocating for, as previously stated, minimal necessary care with minimal elevation. She remains DNR/DNI while here. Patient's son as surrogate decision-maker was in agreement with DNR/DNI but on 3/7 he said that he wanted her to be full code when she leaves. We had numerous discussions about how we felt this was going to cause her more harm than good (see discussion with palliative on 2/18/25 regarding similar

discussion to ours today and after which she was determined to be DNR), and he said he wanted to make the decision at the moment. We feel that it is medically inappropriate to code her here given her frailty and co morbidities and will remain DNR/DNI, however her POLST states Full code. He stated his understanding that she is DNR/DNI in the hospital during my discussion re: POLST form. He did say his hope was that she improves over the coming weeks and if not, he would revisit the code status. When leaving the room he came by and said that he agreed that we should do what we can to make her comfortable. This will likely require ongoing conversations.

We will continue not to check daily labs, ins and outs, provide intravascular rehydration, or attempt parenteral nutrition. As such, she will effectively remain on comfort measures. However, with the stated goal of rehabilitation per her son, it is worthwhile to attempt to treat superficial infections, keep her wounds clean, provide oxygen as necessary for comfort only, and allow Louis the opportunity to help rehab his mother if she improves. I have placed a consult to physical therapy to resume care and assess her in the bed to help with mobility and strength and provide exercises.

Patient plan is still as follows: Minimal necessary escalation of care while maintaining a majority comfort measures only approach. Should there be any signs of actual distress between the patient and her son, recommendation to gently separate son and patient and allow the situation to diffuse naturally before assessing and, level, attempting to maintain comfort measures with minimal necessary escalation of care as determined to be reasonable by care team

She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible.
- CMO (modified as above)
- see pain
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

 # Right hip fracture
- fall in hospital on 3/5 with R hip fracture, non -op management decided upon based on very high operative risks.
- patient's son reported he internally rotated her leg to "set it" and we will repeat 2V femur xray - d/w orthoi and looks like there is no intervention needed after this manipulation by son
- I have reiterated that he should not do this. If he does this again I think we need to have a discussion about him not being in her room. He reported he would not do this again.
- brace placed by orthotics on 3/7 at request of son and with guidance from orthotics and ortho.
- NWB on Right leg
- Should limit motion of leg (ideally no ROM of R leg)
- abduction pillow
- log rolls for turning
- hip-spica brace now in place settings 0-60, slight abduction
- referral to NW ortho trauma clinic made, 2 view femur xray to be performed 3/13/25 (ordered as outpatient in case it needs to be done here vs at SNF)
- concentrated oxycodone for pain (low dose 2.5 mg)
- will continue lovenox for now, but if causing significant discomfort can stop

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time (completed). Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x

dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR. Now stable
- CMO as above

#Deconditioning
Patient may be evaluated by PT primarily to help Louis have the tools/education to further strengthen his mother on his own. If she desaturates then the therapy session should be terminated.

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: okay with diet advancement for son to trial more advanced foods GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: lovenox
Lines/Drains/Airways: None
Disposition: Bainbridge rehab lin upcoming days
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Barnes, James Irvin, MD at 3/7/2025 8:05 PM

Shoemaker, Suzanne J, LSWAIC at 3/7/2025 1204

ADDENDUM:
--Covering SW confirmed a Tri-Med BLS (Ambulance) for pt to DC at *1100 on Sat 3/8/25* to SNF Bainbridge Island Health and Rehab.
--Covering SW contacted Lisa of Bainbridge Island Health and Rehab in her cell: 206-518-4425 and updated her on pt's tentative DC at 1100 on 3/8. She was appreciative and understood that a weekend SW would be reaching out to her tomorrow morning with an update
--SW updated provider and provider confirmed that POLST was in process with pt's son.

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: DC to SNF
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid

INTERVENTIONS and REFERRALS:
Covering SW participated in rounds with medical team and dicussed pt's discharge plan. Provider shared that he would be speaking with pt's son this morning to completes the pt's POLST, prior to a possible DC today or this weekend.

SW contacted the accepting SNF, Lisa of Bainbridge Island Health and Rehab (Work: 206-842-4765, Lisa's Cell: 206-518-4425 - use this on weekend) and Lisa confirmed that pt *must be stable on PO pain meds for 24 hours prior to admit* (cannot be on dilaudid subcutaneous injections). Because pt received dilaudid subcutaneous injections within the last 24 hours SW ended up cancelling pt's Trimed ambulance booked for 1200 Noon today and updated provider.

Lisa at Bainbridge Island Health and Rehab went on to share that they can only accept pt over the weekend if *she leaves here by 1100 or 1200 at the latest on Sat 3/8.* They cannot accept pt on Sunday 3/9/25. SW updated provider with this information.

SW to provide a hand off to the Weekend SW team if pt is on track to DC on Saturday 3/8 before Noon.

PLAN or OUTCOME:
--SW to coordinate transportation with Tri-Med to Bainbridge Island Health and Rehab when pt is medically ready to DC.
--MSW follows up with primary team re: updated POLST
--MSW to call Lisa (Cell: 206-518-4425) at Bainbridge Island Health and Rehab when pt is medically ready to DC to coordinate DC

Suzanne Shoemaker, LSWA-IC
(Covering for Katie Portante, LSWAIC)
Medicine F Social Work
PH: 206-598-5134

Electronically signed by Shoemaker, Suzanne J, LSWAIC at 3/7/2025 2:26 PM

Nakatsu, John M, Orthotist at 3/7/2025 1748

PROSTHETICS & ORTHOTICS - HIP SPICA/ABDUCTION BRACE

Patient is a 100 year old female with history of concerns for chronic LLE wounds and increased pain, ultimately found to have acute limb ischemia and went to the OR urgently with vascular surgery for AKA.
Right peri-implant femur fracture 3/5.

She was seen on 7SA-7411 per consult for right hip spica orthosis. Orthosis indicated to provide support and restrict ROM. The patient was measured and fit with a Newport hip stabilizer orthosis. Medium Pelvic and size small thigh components were used. Hip joint set at 0-60 degrees flexion and slight abduction for comfort. Patient appears to be comfortable at this time with the brace in place.

Orthosis to be removed for regular skin inspection. The orthosis was inspected for structural integrity and determined to be appropriate for delivery today. Written and verbal instructions were provided to the patient and/or left at bedside. Spare set of pad were left at bedside with her son.

Please contact Prosthetics and Orthotics with questions or concerns at 206.598.4025 (M-F 8-4pm) or page P&O from Teams.

Electronically signed by Nakatsu, John M, Orthotist at 3/7/2025 5:55 PM

Schlenker, Kathryn Ann Vogelsang, DO at 3/7/2025 1903

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: acute limb ischemia s/p L AKA, heart block s/p PPM, malnutrition, R femur fracture, GOC, support, palliative care.

INTERVAL HISTORY:
-Discussed case with Dr. Barnes. Jeanne had R femur fracture in the setting of a fall. No surgical intervention, is non-weightbearing. Plan was for Jeanne to d/c to SNF today for rehab, however, she required SQ hydromorphone overnight. Is now transitioned to an oral regimen.
-Per discussion with Dr. Barnes, son Louis expressed desire for Jeanne to be full code upon discharge. This topic came up with completing POLST. Dr. Barnes and I made plans to follow up for further discussion. Jeanne has been more somnolent this morning.
-Dr. Barnes and I discussed case with bedside RN Rosalie and charge RN Alex. Rosalie shared that Louis has been requesting a brace for Jeanne's leg to help stabilize it. Per discussion with Dr. Barnes, Louis manipulated Jeanne's leg trying to "set it".

Dr. Barnes, Rosalie Puleo RN, and I met bedside with Louis. Initially, Louis shared a desire for his mom to have a brace placed to stabilize her leg. He had done some research on is own and had some ideas about possible options. Louis shared worry that if her leg is not stabilized she will have severe pain with turns, which she will need to have for things such as toileting. He shared that she is quite sensitive to pain medications. If she becomes sedated from pain medications then she will not eat and then will eventually starve to death. I reflected to Louis that we were facing her decreased intake weeks ago and that it seems like this has been up and down. Louis shared that he wants to give his mom a chance to recover.

We shared worry with Louis that Jeanne will continue to have complications and may not be able to recover and may be close to EOL. He shared that he knows that she will survive and will be able to get better.

We discussed with Louis standard of care and ortho recs for no brace, log roll turns. Louis shared how important it is to him for Jeanne to have her leg as stable as possible to have the best chance at recovery. We discussed that pain management will still be necessary as part of her care plan. He was accepting of this and expressed a desire to minimize opioids as much as possible.

We then addressed code status. Shared with Louis our perspective that providing interventions such as CPR or a breathing tube are unlinely to be helpful to Jeanne given her comorbidities and current clinical situation. Louis shared a hope for peace at EOL and also does not want to take things off of the table when she leaves the hospital. Shared that a peaceful EOL for Jeanne would not involve CPR. We asked Louis what his plan would be if his mom does not improve and continues to worsen. Louis shared taht eh would be willing to re-evaluate in the moment and make the decision.

PHYSICAL EXAM:
BP (!) 101/54 (Patient Position: Lying) | Pulse 92 | Temp 36.3 °C (Temporal) | Resp 16 | Ht 5' (1.524 m) | Wt 45.7 kg (100 lb 12 oz) | SpO2 94% | BMI 19.68 kg/m²
Jeanne was laying supine in bed, intermittently yelled out and appeared uncomfortable, pointed to my back when I asked her about pain, try mouth/tongue.

IMPRESSION: Jeanne remains hospitalized and has been stable on comfort care for the past few weeks. She recently sustained a femur fracture which has increased her pain. Her son Louis has concerns about ongoing pain and has requested a brace to support her leg. At this time his is hoping for recovery and would like for his mom to remain full code. If things chance and his mom is clearly declining, then he is willing to consider changing her code status to DNR/ DNI. At this time Louis hopes for rehab oriented care for his mom.

RECOMMENDATIONS:
-Continue with current level of care. Louis would like code status changed to full code upon discharge from the hospital. Will leave code status as DNR/DNI and continue with comfort oriented care. Dr. Barnes and I are in agreement that full code status would not be medically appropriate at this time.
-Appreciate orthotics support with getting a brace for Jeanne if possible.
-Recommend trial of scheduled tylenol suppository (recommend Q8 hour dosing with turns).
-Recommend oxycodone 2.5-5mg PO Q8 hours PRN pain. Will be helpful to premedicate before turns.
-Louis is willing to reconsider POLST and changing code status in the future should Jeanne continue to clinically declline or not tolerate rehab oriented care.

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 106 minutes for the patient's care on the date of the service.

Electronically signed by Schlenker, Kathryn Ann Vogelsang, DO at 3/7/2025 10:58 PM

Foxx, Vivian Amber, LICSW at 3/8/2025 0848

Weekend Social Work Progress Note

ASSESSMENT:

Admit reason: This is a 100 year old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: DC to SNF
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid

INTERVENTIONS and REFERRALS:
Per Covering SW note from 03/07/2025:
--Provider shared that he would be speaking with pt's son this morning to completes the pt's POLST, prior to a possible DC today or this weekend.
--SW contacted the accepting SNF, Lisa of Bainbridge Island Health and Rehab (Work: 206-842-4765, Lisa's Cell: 206-518-4425 - use this on weekend) and Lisa confirmed that pt must be stable on PO pain meds for 24 hours prior to admit (cannot be on dilaudid subcutaneous injections).
--Because pt received dilaudid subcutaneous injections within the last 24 hours SW ended up cancelling pt's Trimed ambulance booked for 1200 Noon today and updated provider.
--Lisa at Bainbridge Island Health and Rehab went on to share that they can only accept pt over the weekend if she leaves here by 1100 or 1200 at the latest on Sat 3/8. They cannot accept pt on Sunday 3/9/25. SW updated provider with this information.
--Covering SW confirmed a Tri-Med BLS (Ambulance) for pt to DC at 1100 on Sat 3/8/25 to SNF Bainbridge Island Health and Rehab.
--Covering SW contacted Lisa of Bainbridge Island Health and Rehab in her cell: 206-518-4425 and updated her on pt's tentative DC at 1100 on 3/8. She was appreciative and understood that a weekend SW would be reaching out to her tomorrow morning with an update
--SW updated provider and provider confirmed that POLST was in process with pt's son.
--SW to provide a hand off to the Weekend SW team if pt is on track to DC on Saturday 3/8 before Noon.

Weekend SW coordinated with Dr. Barnes and RN Puelo, who confirmed that patient is medically ready for DC to SNF. MD confirmed completion of PASRR and paper scripts for controlled medications. MD also confirmed POLST completed.

SW contacted admission coordinator Lisa Fry of Bainbridge Island Health and Rehab; she confirmed patient admission on 03/08/2025 with a DC from UWMC at 11am via Trimed ambulance.

SW met with patient and her son; son confirmed the DC plan. Son expressed concern for patient's future needs, as he has been her primary caregiver. SW provided emotional support and encouraged ongoing conversation with treatment team and SNF staff to ensure her needs continue to be met appropriately. Son confirmed agreement.

SW contacted Trimed and confirmed ride; SW also informed that son and her wheelchair (with additional personal items) will be going with her as well. Trimed confirmed no concerns for this plan.

SW initiated completion of PASRR; MD completed PASRR.

SW created DC planning supplement.

SW uploaded paper scripts for controlled medications and PASRR into AIDA for SNF.

SW created DC packet.

SW confirmed the above with the medical team. SW confirmed that RN has been provided RN-to-RN phone number.

SW later confirmed the above with admission coordinator Lisa Fry of Bainbridge Island Health and Rehab; she confirmed she has all needed DC documents and denied any further concerns.

No further SW needs identified.

PLAN or OUTCOME:
Patient DC to Bainbridge Island Health and Rehab at 11am. Social work will continue to provide support and care coordination, as needed.

Electronically signed by Foxx, Vivian Amber, LICSW at 3/8/2025 7:05 PM

Significant Event

Nario Jr., Edwin A, RN at 1/25/2025 0351

	01/25/25 0350
RRT Event Details	
Time Call Received	0248
Arrival Time	0250
Activation	Rapid Response Call
Clinical Trigger for RRT	
Clinical Trigger for RRT	Acute change in respiratory status
Acute change in respiratory status	Concerns for respiratory compromise
Physician Notification	
Primary covering service at bedside?	Yes
Primary/Covering srvc provider name at bedside	Julia Wilson
Disposition	
Transferred to	Stayed on unit nursing orders received
RRT Time Completed	0330
Tracking	
Family Present	Yes

RRT was called due to possible aspiration. Upon arrival patient was confused at baseline, RR 30, spo2 90% on RA. Lungs are clear with diminished at base. CXR was done, labs and VBG were drawn. 500cc bolus given for lactate 2.2. Per provider keep spo2 goal >88%. Repositioned patient, patient is more calm and comfortable.

Electronically signed by Nario Jr., Edwin A, RN at 1/25/2025 3:54 AM

Wilson, Julia, MD at 1/25/2025 0353

Rapid Response Note - Provider

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Brief summary of event:
Called to bedside for desaturation to 85%. Per bedside RN, pt's son was giving her water as she was slumped over/low in the bed and she then developed a wet-sounding cough. SpO2 at that time dropped to 85% and quickly recovered to the 90s without intervention, but then continued to fluctuate between 88-92. Pt was resistant to wearing nasal cannula although not overly agitated and not combative. Had recovered to a consistent 92% with good waveform upon my arrival to bedside and did not have any witnessed coughing. Was not consistently following commands or answering questions but per pt's son at bedside and nursing staff this is consistent with prior days and her fluctuating delirium.

Pertinent vitals:
Temp 36.3
HR 70s
BP 154/73
SpO2 steadily at 92% on room air with good waveform

Physical Exam
GENERAL: laying in bed, eyes shut, does not appear to be in acute distress
HEENT: moist mucous membranes, edentulous
CARDIAC: RRR, no m/r/g
PULM: clear in anterior lung fields, good air movement, no rales/crackles/wheeze
EXT: warm and well perfused, s/p L AKA
NEURO: awake but not answering questions verbally, moving all extremities

Pertinent labs:
Results for orders placed or performed during the hospital encounter of 01/09/25 (from the past 12 hours)

POC Glucose, Whole Blood - UWMC Montlake
Collection Time: 01/24/25 4:54 PM

Result	Value	Ref Range
Glucose (POC)	136 (H)	62 - 125 mg/dL

POC Glucose, Whole Blood - UWMC Montlake
Collection Time: 01/24/25 9:52 PM

Result	Value	Ref Range
Glucose (POC)	125	62 - 125 mg/dL

Blood Gas, Venous (no electrolytes)
Collection Time: 01/25/25 3:21 AM

Result	Value	Ref Range
Specimen Description	Venous	No Ref. Range
pH, VEN	7.37	7.32 - 7.40
pCO2, VEN	38 (L)	42 - 50 mm[Hg]
pO2, VEN	45 (H)	35 - 40 mm[Hg]
Bicarbonate, VEN	22 (L)	23 - 27 meq/L
O2 Saturation, VEN	77 (H)	70 - 75 %
Base Excess, Blood, VEN	Test Not Required	0.0 - 3.0 meq/L
Base Deficit Blood, VEN	3.0 (H)	0.0 - 2.0 meq/L

L Lactate, Venous WB (To U/H Lab < 30 Min)
Collection Time: 01/25/25 3:21 AM

Result	Value	Ref Range
L Lactate (Direct), Venous Whole Blood	2.1 (H)	0.6 - 1.9 mmol/L

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 17 of 17) (continued)

CBC

Collection Time: 01/25/25 3:21 AM

Result	Value	Ref Range
WBC	7.77	4.3 - 10.0 10*3/uL
RBC	3.38 (L)	3.80 - 5.00 10*6/uL
Hemoglobin	10.6 (L)	11.5 - 15.5 g/dL
Hematocrit	35 (L)	36.0 - 45.0 %
MCV	103 (H)	81 - 98 fL
MCH	31.4	27.3 - 33.6 pg
MCHC	30.5 (L)	32.2 - 36.5 g/dL
Platelet Count	362	150 - 400 10*3/uL
RDW-CV	15.7 (H)	11.0 - 14.5 %

Assessment/Plan:
Seems as though pt may have had mild aspiration event given episode of desaturation occurred after pt's son was giving pt water as she was slumped over/low in the bed. Had essentially recovered from event by the time I was at the bedside. Pulmonary exam not concerning and CXR appears unchanged from prior. Obtained CBC to ensure no mounting leukocytosis to raise suspicion for a developing pneumonia which was reassuring. VBG also unremarkable. Lactate very mildly elevated at 2.1 so gave 500cc of NS given suspicion that pt has not had optimal PO intake. Reasonable to have pt remain NPO for remainder of evening and have SLP re-evaluate tomorrow given ongoing concern for aspiration. Need to continue to build rapport with and educate son, hopeful that provider continuity with team transfer today will help.

Dispo: to remain on acute care
Discussed with: bedside RN, STAT RN

Electronically signed by Wilson, Julia, MD at 1/25/2025 7:20 AM

Arzaga, Aaron, RN at 2/16/2025 0619

	02/16/25 0550
RRT Event Details	
Time Call Received	0550
Arrival Time	0550
Activation	Rapid Response Call
Clinical Trigger for RRT	
Clinical Trigger for RRT	Acute change in respiratory status
Acute change in respiratory status	O2 sat <92 with increased O2 requirements
Physician Notification	
Primary covering service at bedside?	Yes
Primary/Covering srvc provider name at bedside	Bhandari, S - MD
Disposition	

Clinical Notes (group 17 of 17) (continued)

Transferred to	Stayed on unit nursing orders received
RRT Time Completed	0612
Tracking	
Family Present	Yes

RRT for potential aspiration event w/ acute desaturations to 70s. Pt. went from RA -> NRB -> HFM 60L/60%. CXR done. Nebs given. Holding abx treatment for now d/t current goals of care.

Electronically signed by Arzaga, Aaron, RN at 2/16/2025 6:26 AM

Alumbaugh, Allison Andreea, MD at 2/16/2025 0622

Attestation signed by Bhandari, Shiv, MD at 2/16/2025 6:41 AM

Date of Service: 02/16/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Rapid Response Note - Provider

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

Brief summary of event:
Received RRT page at 5:51AM for acute hypoxia to 80's.

Pertinent vitals:
BP 161/101, RR 20, HR 85, T 36.3, SpO2 86%

Physical Exam
General: frail appearing, in mild distress
Pulm: breath sounds audible bilaterally, crackles on the right lower side, breathing through the mouth
CV: RRR, no M/R/G
Skin: warm

Pertinent labs:
No labs obtained.
CXR: low lung volumes with increased bibasilar opacification R>L

Assessment/Plan:
Ms Hoffman with acute hypoxia, likely due to aspiration and atelectasis. Pt with high aspiration risk, increased secretions, breathing mostly through the mouth. Chest film opacity follows the aspiration pattern on the right lower lobe.
Low concern of infection, such as HAP. Pt afebrile, no tachypnea. Secretions although increased, but thin and clear.No indication for antibiotics unless further decompensates or becomes febrile.
Low concern for PE, pt on DVT PPX, no tachycardia.
Pt placed on NRB, then on high flow 50L 40%, maintaining 94% SpO2. High flow is within GOC, and discussion was held with the son, who is expressing understanding and agrees to the plan. Additionally will trial duoneb and hypertonic saline to break up secretions, followed by endotracheal suctioning if not cleared by spontaneous cough.

Dispo: acute care
Discussed with: Dr Bhandari

Electronically signed by Alumbaugh, Allison Andreea, MD at 2/16/2025 6:32 AM
Electronically signed by Bhandari, Shiv, MD at 2/16/2025 6:41 AM

Negrete Maldonado V, Karla, RN at 3/5/2025 1618

Post Fall Information

Fall Documentation
Date of fall: 03/05/25
Time of fall: 1540
What patient said about the fall: Nothing
Event Location: Patient Room
Witnessed or assisted fall?: Unwitnessed fall
Did injury occur?: No
Patient transferred to higher level of care due to fall?: No

Post Fall Notifications
Name of Provider Notified: Dr. Abay
Date Provider Notified: 03/05/25
Time Provider Notified: 1600
Family Notified of Fall: Yes
Name of Family Member Notified: Louis
Date Family Notified: 03/05/25
Time Family Notified: 1614
Name of Staff Notifying Family: Amber Callison

Post Fall Vitals
Temp: (CMO)

Post Fall Assessment
Neurological
Neuro (WDL): Exceptions to WDL (CMO)
Level of Consciousness: Alert
Orientation Level: Oriented to person, Disoriented to place, Disoriented to time, Disoriented to situation
Cognition: Poor judgement, Poor safety awareness, Poor attention/concentration, Short term memory loss, Unable to follow commands
Speech: Incomprehensible, Uses written communication
Swallow: Chokes on liquids, Chokes on solids, Difficulty swallowing
Neuro Symptoms: Fatigue
Relieved by: Rest

Implemented floor mat and provided fall prevention education to son (low bed, bed alarm, fall mat, notifying staff when exiting room for long periods of time). Son witnessed turning off bed alarm while staff outside of room completing post-fall documentation. Verbalizes understanding of importance of bed alarm in fall prevention and turns alarm back on.

Electronically signed by Negrete Maldonado V, Karla, RN at 3/5/2025 4:24 PM

Paul, Sharmila, MD at 3/6/2025 0615

Patient reportedly had fall in AM (see Dr. Abay's PM update on 3/5 note) after which point she had LLE swelling but given low likelihood of operative management and apparent stable functionality, imaging had not been obtained. Provider called to bedside d/t son's concerns re: patient's leg. On inspection, thigh swelling with rotated thigh, able to wiggle toes on command and palpable pulses, no notable hematoma. Son (DPOA) stated patient was not in pain and that he preferred patient not to receive pain meds (concern for oversedation). Pelvis and femur XR's were ordered; son expressed concern that he wanted to know what/where fracture may be if there was a fracture; notably, son had been counseled regarding that operative management could be morbid and appears to be contradictory to her previously established goals. XR showed R inter-implant femur fracture; at that time, results were discussed with patient's son who stated that he would at least want orthopedic consultation; he stated conflicting goals of longevity but only at "quality of life" (which he did not elaborate on) though endorsed persistent DNR/DNI. Did not change status given vacillating and conflicting goals and significant documentation indicating patient would prefer current care status. Notably, on repeat evaluation, directly asked patient if she was in pain and she nodded; counseled son that Jeanne might not express pain clearly and son agreed to trial hydromorphone (has prns ordered). Additionally, had nursing evaluate for pain and instructed to give prn HM if not contraindicated by respiratory status or oversedation. Orthopedics was called and they evaluated patient (see Dr. Ingalls's note); after significant discussion with patient and her son, non-operative management was pursued.

Electronically signed by Paul, Sharmila, MD at 3/6/2025 7:41 AM
Electronically signed by Sunga, Cassandra, MD at 3/6/2025 8:21 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9)

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/09/25 1030** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/09/25 1030
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: Routine Once 01/09/25 1030 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/9/2025 10:31 AM
Order comments: Ordered by an unspecified provider

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/09/25 1057	Vrablik, Marie Clougherty, MD	Vrablik, Marie Clougherty, MD	Vrablik, Marie Clougherty, MD
01/09/25 1031	Clinic Pcp, Unassigned Or	Clinic Pcp, Unassigned Or	Uw Lab Results Interface, User

Specimen Information

ID	Type	Source	Collected By
H3813016	Whole blood	—	01/09/25 1030

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/09/25 1031, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1030
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1031
Collected by: 01/09/25 1030
Resulting lab: UWMC POCT
Acknowledged by: Perez, Delmis Joel, RN on 01/09/25 1041

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	202	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Comprehensive Metabolic Panel (Final result)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813171	Blood	—	01/09/25 1039

Comprehensive Metabolic Panel (Abnormal) Resulted: 01/09/25 1129, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1129
Collected by: 01/09/25 1039
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	135 - 145 meq/L	—	UWMC
Potassium	4.0	3.6 - 5.2 meq/L	—	UWMC
Chloride	109	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	25	22 - 32 meq/L	—	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	183	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	25	8 - 21 mg/dL	H	UWMC
Creatinine	1.10	0.38 - 1.02 mg/dL	H	UWMC
Protein (Total)	7.8	6.0 - 8.2 g/dL	—	UWMC
Albumin	3.9	3.5 - 5.2 g/dL	—	UWMC
Bilirubin (Total)	0.5	0.2 - 1.3 mg/dL	—	UWMC
Calcium	9.2	8.9 - 10.2 mg/dL	—	UWMC
AST (GOT)	48	9 - 38 U/L	H	UWMC
Alkaline Phosphatase (Total)	69	49 - 199 U/L	—	UWMC
ALT (GPT)	28	7 - 33 U/L	—	UWMC
eGFR by CKD-EPI 2021	45	>59 mL/min/1.73_m2	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC with Diff (Final result)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039 Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813171	Blood	—	01/09/25 1039

CBC with Diff (Abnormal) Resulted: 01/09/25 1050, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1050 Collected by: 01/09/25 1039
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	13.85	4.3 - 10.0 10*3/uL	H	UWMC
RBC	3.97	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	12.3	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	39	36.0 - 45.0 %	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

MCV	98	81 - 98 fL	—	UWMC
MCH	31.0	27.3 - 33.6 pg	—	UWMC
MCHC	31.5	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	205	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.4	11.0 - 14.5 %	—	UWMC
% Neutrophils	80	%	—	UWMC
% Lymphocytes	13	%	—	UWMC
% Monocytes	6	%	—	UWMC
% Eosinophils	0	%	—	UWMC
% Basophils	0	%	—	UWMC
% Immature Granulocytes	1	%	—	UWMC
Neutrophils	11.19	1.80 - 7.00 10*3/uL	H	UWMC
Absolute Lymphocyte Count	1.74	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.77	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.02	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.05	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.08	0.00 - 0.05 10*3/uL	H	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

L Lactate, Venous WB (To U/H Lab < 30 Min) (Final result)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039 Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813172	Blood	—	01/09/25 1039

L Lactate, Venous WB (To U/H Lab < 30 Min) Resulted: 01/09/25 1052, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1052 Collected by: 01/09/25 1039
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

L Lactate (Direct), Venous Whole Blood	1.6	0.6 - 1.9 mmol/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Extra Blue Top (Final result)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813171	Blood	—	01/09/25 1039

Extra Blue Top Resulted: 01/09/25 1045, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1046
Collected by: 01/09/25 1039
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Blue Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

1st Extra Pearl Top (Final result)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Release Result to Patient — Immediate

Specimen Information

ID	Type	Source	Collected By
H3813171	Blood	—	01/09/25 1039

1st Extra Pearl Top — Resulted: 01/09/25 1045, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039 — Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1046 — Collected by: 01/09/25 1039
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Pearl Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

1st Extra Gray Top (Final result)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** — Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039 — Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD — Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence — Class: Lab Collect
Quantity: 1 — Lab status: Final result
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813171	Blood	—	01/09/25 1039

1st Extra Gray Top — Resulted: 01/09/25 1045, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039 — Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1046 — Collected by: 01/09/25 1039
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Gray Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

1st Extra Gold Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/09/25 1039** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/09/25 1039
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine Once 01/09/25 1039 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/9/2025 10:46 AM
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3813171	Serum	—	01/09/25 1039

1st Extra Gold Top Resulted: 01/09/25 1046, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039
Filed by: Uw Lab Results Interface, User 01/09/25 1046
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 01/09/25 1039

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Gold Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Troponin-I (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/09/25 1039** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/09/25 1039
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine Once 01/09/25 1039 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/9/2025 12:44 PM
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3813171	Serum	—	01/09/25 1039

Troponin-I Resulted: 01/09/25 1313, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039
Filed by: Uw Lab Results Interface, User 01/09/25 1313
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 01/09/25 1039

Components

Component	Value	Reference Range	Flag	Lab
Troponin_I	0.03	<0.04 ng/mL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Comment:
A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG

Troponin_I Interpretation	Normal	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Urinalysis with Reflex Culture (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039**
Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence
Class: Unit Collect
Quantity: 1
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Urine	—	—

Blood Culture, Peripheral (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039**
Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence
Class: Unit Collect
Quantity: 1
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Discontinued by: Hendricksen, Kayla, RN 01/09/25 1044

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813180	Blood	Blood, Venous	—

Blood Culture, Peripheral (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039**
Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1040 - 1 occurrence
Class: Unit Collect
Quantity: 1
Instance released by: White, Makenzie R, RN (auto-released)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

1/9/2025 10:39 AM

Discontinued by: Hendricksen, Kayla, RN 01/09/25 1044

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813181	Blood	Blood, Venous	—

Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence
Quantity: 1
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM
Discontinued by: Uw Lab Results Interface, User 01/24/25 0032 [Auto-canceled, specimen not received within 14 days]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813173	Blood	—	White, Makenzie R, RN 01/09/25 1042

Blood Culture, Peripheral (Final result)

Electronically signed by: **Hendricksen, Kayla, RN on 01/09/25 1044** Status: **Completed**
Ordering user: Hendricksen, Kayla, RN 01/09/25 1044
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine STAT 01/09/25 1044 - 1 occurrence
Quantity: 1
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Lab status: Final result
Instance released by: Hendricksen, Kayla, RN (auto-released) 1/9/2025 10:44 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813244	Blood	Blood, Venous	Hendricksen, Kayla, RN 01/09/25 1048

Comment: Arm, Left

Blood Culture, Peripheral Resulted: 01/14/25 0621, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1044
Filed by: Uw Lab Results Interface, User 01/14/25 0621
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Hendricksen, Kayla, RN 01/09/25 1048

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Aerobic and anaerobic bottles	—	—	UWMC
Culture	No growth 5 days	—	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Blood Culture, Peripheral (Final result)

Electronically signed by: **Hendricksen, Kayla, RN on 01/09/25 1044** Status: **Completed**
Ordering user: Hendricksen, Kayla, RN 01/09/25 1044
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1044 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Hendricksen, Kayla, RN (auto-released) 1/9/2025 10:44 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813245	Blood	Blood, Venous	Hendricksen, Kayla, RN 01/09/25 1059

Comment: Arm, Right

Blood Culture, Peripheral Resulted: 01/14/25 0621, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1044
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/14/25 0621
Collected by: Hendricksen, Kayla, RN 01/09/25 1059
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Aerobic and anaerobic bottles	—	—	UWMC
Culture	No growth 5 days	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Blood Culture, Peripheral #1 (Discontinued)

Electronically signed by: **Vrablik, Marie Clougherty, MD on 01/09/25 1101** Status: **Discontinued**
Ordering user: Vrablik, Marie Clougherty, MD 01/09/25 1101
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: Routine STAT 01/09/25 1101 - 1 occurrence
Class: Unit Collect
Quantity: 1
Instance released by: Vrablik, Marie Clougherty, MD (auto-

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

released) 1/9/2025 11:01 AM

Discontinued by: Hendricksen, Kayla, RN 01/09/25 1121

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood	—

Blood Culture, Peripheral #2 (Discontinued)

Electronically signed by: **Vrablik, Marie Clougherty, MD on 01/09/25 1101** Status: **Discontinued**
Ordering user: Vrablik, Marie Clougherty, MD 01/09/25 1101
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine Once (Next Routine) 01/09/25 1101 - 1 occurrence
Quantity: 1
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Vrablik, Marie Clougherty, MD (auto-released) 1/9/2025 11:01 AM

Discontinued by: Hendricksen, Kayla, RN 01/09/25 1121

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Obtain from a different site than #1

Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood	—

Lab Add On Order (Final result)

Electronically signed by: **Song, Chris, MD on 01/09/25 1242** Status: **Completed**
Ordering user: Song, Chris, MD 01/09/25 1242
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine Once (Next Routine) 01/09/25 1242 - 1 occurrence
Quantity: 1
Ordering provider: Song, Chris, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:42 PM

Questionnaire

Question	Answer
Lab Test Requested	Troponin
Sample to Use	Most recent
Call Back Number	2065983273
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3814923	Blood	—	01/09/25 1242

Lab Add On Order Resulted: 01/09/25 1245, Result status: Final result

Ordering provider: Song, Chris, MD 01/09/25 1242
Filed by: Uw Lab Results Interface, User 01/09/25 1245
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 01/09/25 1242

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	Troponin	—	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Specimen Type/Description	Blood	—	—	UWMC
Sample To Use	Most recent	—	—	UWMC
Test Request Status	Order Processed	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Prothrombin Time (Final result)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Completed**
Ordering user: Song, Chris, MD 01/09/25 1235
Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: Routine STAT 01/09/25 1235 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:35 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Prior to starting heparin infusion

Specimen Information

ID	Type	Source	Collected By
H3814844	Blood	—	Sanders, Emily Carylon, RN 01/09/25 1245

Prothrombin Time Resulted: 01/09/25 1315, Result status: Final result

Ordering provider: Song, Chris, MD 01/09/25 1235
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1315
Collected by: Sanders, Emily Carylon, RN 01/09/25 1245
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	14.1	10.7 - 15.6 s	—	UWMC
Prothrombin INR	1.1	0.8 - 1.3	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Type and Screen (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/09/25 1625** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/09/25 1625
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD
Ordering mode: Standard
Frequency: Routine Once 01/09/25 1625 - 1 occurrence
Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/9/2025 4:53 PM

Specimen Information

ID	Type	Source	Collected By
H3817754	Whole blood	—	01/09/25 1625

Type and Screen
Resulted: 01/09/25 1744, Result status: Final result

Ordering provider: Czarnecki, Maciej, MD 01/09/25 1625
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1744
Collected by: 01/09/25 1625
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Units Ordered	None	—	—	UWMC
Physician Instructions	None	—	—	UWMC
ABO/Rh	AB POSITIVE	—	—	UWMC
Antibody Screen	NEGATIVE	—	—	UWMC
Crossmatch Expiration	01/12/2025,2359	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: HYPOGLYCEMIA PROTOCOL: Retest BG Q15-20 min and provide treatment per Hypoglycemia Protocol

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Quantity: 1
Class: Unit Collect
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: - Standard Insulin Infusion: If BG is 71-99 mg/dL or decreases more than 100 mg/dL in previous hour, check BG in 15-20 min. - FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1627 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Check BG Q1 hr until it is within goal range for 4 consecutive hrs. Then decrease BG checks to Q2 hrs. ALWAYS resume hourly checks if there is an algorithm change, oral intake, change in health status, or BG exits goal range. Hourly monitoring may be indicated for critically ill patients or patients having medical or surgical procedures even if they have stable BG. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 5:00 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

CBC (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine q AM 01/10/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Song, Chris, MD (auto-released) 1/9/2025 6:00 PM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1808

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Heparin Infusion.

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Anti-Xa for Unfractionated Heparin (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine q AM 01/10/25 0600 - Until Specified
Quantity: 1
Ordering provider: Song, Chris, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Song, Chris, MD (auto-released) 1/9/2025 6:00 PM

Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Authorized by: Bollag, Laurent Albert, MD
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Quantity: 1
Ordering provider: Czarnecki, Maciej, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 6:00 PM

Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/09/25 1811** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/09/25 1811
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/09/25 1811 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/9/2025 6:33 PM
Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3818465	Whole blood	—	01/09/25 1811

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/09/25 1833, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/09/25 1811
Filed by: Uw Lab Results Interface, User 01/09/25 1833
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/09/25 1811

Components

Component	Value	Reference Range	Flag	Lab

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Glucose (POC)	126	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9)

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Authorized by: Bollag, Laurent Albert, MD
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Quantity: 1
Ordering provider: Czarnecki, Maciej, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 7:00 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

CBC (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Next Routine) 01/09/25 1807 - 1 occurrence
Quantity: 1
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3818623	Blood	—	Tatum, Krista N, RN 01/09/25 1909

CBC (Abnormal) Resulted: 01/09/25 1918, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806
Filed by: Uw Lab Results Interface, User 01/09/25 1918
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Tatum, Krista N, RN 01/09/25 1909

Components

Component	Value	Reference Range	Flag	Lab
WBC	12.48	4.3 - 10.0 10*3/uL	H	UWMC
RBC	3.23	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.1	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	32	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.3	27.3 - 33.6 pg	—	UWMC
MCHC	31.7	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	165	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.5	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Basic Metabolic Panel (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/09/25 1807 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3818623	Blood	—	Tatum, Krista N, RN 01/09/25 1909

Basic Metabolic Panel (Abnormal)

Resulted: 01/09/25 1948, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1948
Collected by: Tatum, Krista N, RN 01/09/25 1909
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	135 - 145 meq/L	—	UWMC
Potassium	4.5	3.6 - 5.2 meq/L	—	UWMC
Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.				
Chloride	110	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	24	22 - 32 meq/L	—	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	117	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	19	8 - 21 mg/dL	—	UWMC
Creatinine	0.92	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.0	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	56	>59 mL/min/1.73_m2	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/09/25 1807 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3818623	Blood	—	Tatum, Krista N, RN 01/09/25 1909

Magnesium Resulted: 01/09/25 1948, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806
Filed by: Uw Lab Results Interface, User 01/09/25 1948
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Tatum, Krista N, RN 01/09/25 1909

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.1	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Next Routine) 01/09/25 1807 - 1 occurrence
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3818623	Blood	—	Tatum, Krista N, RN 01/09/25 1909

Phosphate Resulted: 01/09/25 1948, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806
Filed by: Uw Lab Results Interface, User 01/09/25 1948
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Tatum, Krista N, RN 01/09/25 1909

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.1	2.5 - 4.5 mg/dL	—	UWMC

Comment:
Hemolysis present. Hemolysis interferes with this test method giving elevated results.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/09/25 1944** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/09/25 1944
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/09/25 1944 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/9/2025 7:45 PM

Specimen Information

ID	Type	Source	Collected By
H3818810	Whole blood	—	01/09/25 1944

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/09/25 1945, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/09/25 1944
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1945
Collected by: 01/09/25 1944
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Arterial or Venous	92	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 8:00 PM

Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/09/25 2053** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/09/25 2053
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Frequency: Routine Once 01/09/25 2053 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/9/2025 8:54 PM
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3819209	Whole blood	—	01/09/25 2053

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/09/25 2054, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/09/25 2053
Filed by: Uw Lab Results Interface, User 01/09/25 2055
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/09/25 2053

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Arterial or Venous	125	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Authorized by: Bollag, Laurent Albert, MD
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Quantity: 1
Status: **Discontinued**
Ordering provider: Czarnecki, Maciej, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 9:00 PM

Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Authorized by: Bollag, Laurent Albert, MD
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Quantity: 1
Status: **Discontinued**
Ordering provider: Czarnecki, Maciej, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 10:00 PM

Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Authorized by: Bollag, Laurent Albert, MD
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Quantity: 1
Status: **Discontinued**
Ordering provider: Czarnecki, Maciej, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 11:00 PM

Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:00 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
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POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
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POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
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POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
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POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

Hemoglobin A1C, HPLC (Final result)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Completed**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

ID	Type	Source	Collected By
F3705391	Blood	—	Sande, Nathan R, RN 01/10/25 0211

Hemoglobin A1C, HPLC (Abnormal) Resulted: 01/10/25 1218, Result status: Final result

Ordering provider: Czarnecki, Maciej, MD 01/09/25 1800
Filed by: Uw Lab Results Interface, User 01/10/25 1218
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED
Order status: Completed
Collected by: Sande, Nathan R, RN 01/10/25 0211

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.6	4.0 - 5.6 %	H	HMC

Comment:

Please Note:
Prediabetes: 5.7 - 6.4
Diabetes: >6.4
Glycemic control for adults with diabetes: <7.0

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

CBC (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3705391	Blood	—	Sande, Nathan R, RN 01/10/25 0211

CBC (Abnormal) Resulted: 01/10/25 0223, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806
Filed by: Uw Lab Results Interface, User 01/10/25 0224
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Sande, Nathan R, RN 01/10/25 0211

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.93	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.61	3.80 - 5.00 10*6/uL	L	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Hemoglobin	8.4	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	27	36.0 - 45.0 %	L	UWMC
MCV	102	81 - 98 fL	H	UWMC
MCH	32.2	27.3 - 33.6 pg	—	UWMC
MCHC	31.5	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	76	150 - 400 10*3/uL	L	UWMC
RDW-CV	13.5	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3705391	Blood	—	Sande, Nathan R, RN 01/10/25 0211

Basic Metabolic Panel (Abnormal) Resulted: 01/10/25 0250, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 0250
Collected by: Sande, Nathan R, RN 01/10/25 0211
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	3.5	3.6 - 5.2 meq/L	L	UWMC
Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.				
Chloride	118	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	15	22 - 32 meq/L	L	UWMC
Anion Gap	9	4 - 12	—	UWMC
Glucose	240	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	15	8 - 21 mg/dL	—	UWMC
Creatinine	0.59	0.38 - 1.02 mg/dL	—	UWMC
Calcium	5.3	8.9 - 10.2 mg/dL	LL	UWMC
Comment: Telephoned with read back to: RN SERAFINA K AT 0250 1/10/2025				
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3705391	Blood	—	Sande, Nathan R, RN 01/10/25 0211

Magnesium (Abnormal) Resulted: 01/10/25 0246, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 0246 Collected by: Sande, Nathan R, RN 01/10/25 0211
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.4	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
F3705391	Blood	—	Sande, Nathan R, RN 01/10/25 0211

Phosphate Resulted: 01/10/25 0246, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806
Filed by: Uw Lab Results Interface, User 01/10/25 0246
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Sande, Nathan R, RN 01/10/25 0211

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.7	2.5 - 4.5 mg/dL	—	UWMC

Comment:
Hemolysis present. Hemolysis interferes with this test method giving elevated results.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Calcium, Ionized, Whole Blood (Discontinued)

Electronically signed by: **Sande, Nathan R, RN on 01/10/25 0340**
Ordering user: Sande, Nathan R, RN 01/10/25 0340
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Next Routine) 01/10/25 0600 - 1 occurrence
Quantity: 1

Status: **Discontinued**
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect

Instance released by: Sande, Nathan R, RN (auto-released) 1/10/2025 3:40 AM

Discontinued by: Sande, Nathan R, RN 01/10/25 0513

Specimen Information

ID	Type	Source	Collected By
F3705975	Blood	—	—

Magnesium (Discontinued)

Electronically signed by: **Sande, Nathan R, RN on 01/10/25 0340**
Ordering user: Sande, Nathan R, RN 01/10/25 0340
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Next Routine) 01/10/25 0600 - 1 occurrence
Quantity: 1

Status: **Discontinued**
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect

Instance released by: Sande, Nathan R, RN (auto-released) 1/10/2025 3:40 AM

Discontinued by: Sande, Nathan R, RN 01/10/25 0513

Specimen Information

ID	Type	Source	Collected By
F3705941	Blood	—	—

Potassium, Whole Blood (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Electronically signed by: **Sande, Nathan R, RN on 01/10/25 0340** Status: **Discontinued**
Ordering user: Sande, Nathan R, RN 01/10/25 0340
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Next Routine) 01/10/25 0900 - 1 occurrence
Quantity: 1
Discontinued by: Sande, Nathan R, RN 01/10/25 0513
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Instance released by: Sande, Nathan R, RN (auto-released) 1/10/2025 3:40 AM

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Potassium, Whole Blood (Discontinued)

Electronically signed by: **Sande, Nathan R, RN on 01/10/25 0433** Status: **Discontinued**
Ordering user: Sande, Nathan R, RN 01/10/25 0433
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Next Routine) 01/10/25 0434 - 1 occurrence
Quantity: 1
Discontinued by: Sande, Nathan R, RN 01/10/25 0513
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Instance released by: Sande, Nathan R, RN (auto-released) 1/10/2025 4:33 AM

Specimen Information

ID	Type	Source	Collected By
F3705975	Blood	—	—

CBC (Edited Result - FINAL)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0420** Status: **Completed**
Ordering user: Grabar, Christina, MD 01/10/25 0420
Authorized by: Smith, Matthew C, MD
Frequency: Routine STAT 01/10/25 0421 - 1 occurrence
Quantity: 1
Instance released by: Grabar, Christina, MD (auto-released) 1/10/2025 4:20 AM
Ordering provider: Grabar, Christina, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Edited Result - FINAL

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3705941	Blood	—	Sande, Nathan R, RN 01/10/25 0514

CBC (Abnormal)

Resulted: 01/10/25 0540, Result status: Edited Result - FINAL

Ordering provider: Grabar, Christina, MD 01/10/25 0420
Filed by: Uw Lab Results Interface, User 01/10/25 0540
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Sande, Nathan R, RN 01/10/25 0514

Components

Component	Value	Reference Range	Flag	Lab
WBC	12.54	4.3 - 10.0 10*3/uL	H	UWMC
RBC	3.00	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.4	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	30	36.0 - 45.0 %	L	UWMC
MCV	100	81 - 98 fL	H	UWMC
MCH	31.3	27.3 - 33.6 pg	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

MCHC	31.4	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	123	150 - 400 10*3/uL	L	UWMC
RDW-CV	13.5	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

BMP w/Reflexive Ionized Ca (Final result)

Electronically signed by: **Sande, Nathan R, RN on 01/10/25 0511** Status: **Completed**
Ordering user: Sande, Nathan R, RN 01/10/25 0511 Ordering provider: Grabar, Christina, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine Once (Next Routine) 01/10/25 0512 - 1 occurrence Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: Sande, Nathan R, RN (auto-released) 1/10/2025 5:11 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3706122	Blood	—	Sande, Nathan R, RN 01/10/25 0514

BMP w/Reflexive Ionized Ca (Abnormal) Resulted: 01/10/25 0552, Result status: Final result

Ordering provider: Grabar, Christina, MD 01/10/25 0511 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 0552 Collected by: Sande, Nathan R, RN 01/10/25 0514
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	4.0	3.6 - 5.2 meq/L	—	UWMC
Chloride	110	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	20	22 - 32 meq/L	L	UWMC
Anion Gap	12	4 - 12	—	UWMC
Glucose	172	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	19	8 - 21 mg/dL	—	UWMC
Creatinine	0.75	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.5	8.9 - 10.2 mg/dL	L	UWMC
Calcium (Ionized Reflex Status)	Not indicated.	—	—	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE	Xiaoli Chen, MD	1959 NE PACIFIC	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

DEPT OF LAB MED	STREET MS 357110 SEATTLE WA 98195-0001

Magnesium (Final result)

Electronically signed by: **Sande, Nathan R, RN on 01/10/25 0512** — Status: **Completed**
Ordering user: Sande, Nathan R, RN 01/10/25 0512
Ordering provider: Grabar, Christina, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine Once (Next Routine) 01/10/25 0513 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Sande, Nathan R, RN (auto-released) 1/10/2025 5:12 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3706122	Blood	—	Sande, Nathan R, RN 01/10/25 0514

Magnesium (Abnormal) — Resulted: 01/10/25 0552, Result status: Final result

Ordering provider: Grabar, Christina, MD 01/10/25 0512
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 0552
Collected by: Sande, Nathan R, RN 01/10/25 0514
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.8	1.8 - 2.4 mg/dL	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/10/25 0952** — Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/10/25 0952
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 0952 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/10/2025 9:54 AM

Specimen Information

ID	Type	Source	Collected By
F3708559	Whole blood	—	01/10/25 0952

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) — Resulted: 01/10/25 0954, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/10/25 0952
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 0954
Collected by: 01/10/25 0952
Resulting lab: UWMC POCT

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	152	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/10/25 1227** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/10/25 1227
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1227 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/10/2025 1:06 PM

Specimen Information

ID	Type	Source	Collected By
F3711327	Whole blood	—	01/10/25 1227

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/10/25 1306, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/10/25 1227
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 1307
Collected by: 01/10/25 1227
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	134	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Thomas, Tamlyn P, RN on 01/10/25 1231** Status: **Completed**
Ordering user: Thomas, Tamlyn P, RN 01/10/25 1231
Ordering provider: Nikravan, Sara, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Per protocol: no cosign required
Frequency: STAT AM draw 01/10/25 1230 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Thomas, Tamlyn P, RN (auto-released) 1/10/2025 12:31 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3710924	Blood	—	Thomas, Tamlyn P, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

01/10/25 1407

Basic Metabolic Panel (Abnormal) Resulted: 01/10/25 1445, Result status: Final result

Ordering provider: Nikravan, Sara, MD 01/10/25 1231
Filed by: Uw Lab Results Interface, User 01/10/25 1445
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Thomas, Tamlyn P, RN 01/10/25 1407

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	135 - 145 meq/L	—	UWMC
Potassium	4.1	3.6 - 5.2 meq/L	—	UWMC
Chloride	109	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	20	22 - 32 meq/L	L	UWMC
Anion Gap	11	4 - 12	—	UWMC
Glucose	129	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	19	8 - 21 mg/dL	—	UWMC
Creatinine	0.72	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.4	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Thomas, Tamlyn P, RN on 01/10/25 1231** Status: **Completed**
Ordering user: Thomas, Tamlyn P, RN 01/10/25 1231
Authorized by: Smith, Matthew C, MD
Frequency: STAT AM draw 01/10/25 1230 - 1 occurrence
Quantity: 1
Instance released by: Thomas, Tamlyn P, RN (auto-released) 1/10/2025 12:31 PM

Ordering provider: Nikravan, Sara, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3710924	Blood	—	Thomas, Tamlyn P, RN 01/10/25 1407

Magnesium Resulted: 01/10/25 1445, Result status: Final result

Ordering provider: Nikravan, Sara, MD 01/10/25 1231
Filed by: Uw Lab Results Interface, User 01/10/25 1445
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Thomas, Tamlyn P, RN 01/10/25 1407

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.4	1.8 - 2.4 mg/dL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9)

Phosphate (Final result)

Electronically signed by: **Thomas, Tamlyn P, RN on 01/10/25 1231** Status: **Completed**
Ordering user: Thomas, Tamlyn P, RN 01/10/25 1231
Ordering provider: Nikravan, Sara, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Per protocol: no cosign required
Frequency: STAT AM draw 01/10/25 1230 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Thomas, Tamlyn P, RN (auto-released) 1/10/2025 12:31 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3710924	Blood	—	Thomas, Tamlyn P, RN 01/10/25 1407

Phosphate Resulted: 01/10/25 1445, Result status: Final result

Ordering provider: Nikravan, Sara, MD 01/10/25 1231
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 1445
Collected by: Thomas, Tamlyn P, RN 01/10/25 1407
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	4.5	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **Thomas, Tamlyn P, RN on 01/10/25 1231** Status: **Completed**
Ordering user: Thomas, Tamlyn P, RN 01/10/25 1231
Ordering provider: Nikravan, Sara, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Per protocol: no cosign required
Frequency: STAT AM draw 01/10/25 1230 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Thomas, Tamlyn P, RN (auto-released) 1/10/2025 12:31 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3710924	Blood	—	Thomas, Tamlyn P, RN 01/10/25 1407

CBC (Abnormal) Resulted: 01/10/25 1433, Result status: Final result

Ordering provider: Nikravan, Sara, MD 01/10/25 1231
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 1433
Collected by: Thomas, Tamlyn P, RN 01/10/25 1407
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Component	Value	Reference Range	Flag	Lab
WBC	14.86	4.3 - 10.0 10*3/uL	H	UWMC
RBC	3.18	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.9	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	32	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.1	27.3 - 33.6 pg	—	UWMC
MCHC	31.4	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	181	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.6	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Prothrombin and PTT (Final result)

Electronically signed by: **Thomas, Tamlyn P, RN on 01/10/25 1231** Status: **Completed**
Ordering user: Thomas, Tamlyn P, RN 01/10/25 1231 Ordering provider: Nikravan, Sara, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Per protocol: no cosign required
Frequency: STAT AM draw 01/10/25 1230 - 1 occurrence Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: Thomas, Tamlyn P, RN (auto-released) 1/10/2025 12:31 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3710924	Blood	—	Thomas, Tamlyn P, RN 01/10/25 1407

Prothrombin and PTT Resulted: 01/10/25 1438, Result status: Final result

Ordering provider: Nikravan, Sara, MD 01/10/25 1231 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 1438 Collected by: Thomas, Tamlyn P, RN 01/10/25 1407
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	14.4	10.7 - 15.6 s	—	UWMC
Prothrombin INR	1.1	0.8 - 1.3	—	UWMC
Partial Thromboplastin Time	26	22 - 35 s	—	UWMC
Partial Thromboplastin X Mean	To calculate the PTT X Mean divide PTT value by 29.	—	—	UWMC

Testing Performed By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Blood Gas, Arterial, w/ Lact (Final result)

Electronically signed by: **Thomas, Tamlyn P, RN on 01/10/25 1232** Status: **Completed**
Ordering user: Thomas, Tamlyn P, RN 01/10/25 1232
Ordering provider: Nikravan, Sara, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/10/25 1233 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Thomas, Tamlyn P, RN (auto-released) 1/10/2025 12:32 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3711111	Blood	—	Thomas, Tamlyn P, RN 01/10/25 1407

Blood Gas, Arterial, w/ Lact (Abnormal) Resulted: 01/10/25 1415, Result status: Final result

Ordering provider: Nikravan, Sara, MD 01/10/25 1232
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 1416
Collected by: Thomas, Tamlyn P, RN 01/10/25 1407
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	Arterial	—	—	UWMC
pH, ART	7.41	7.35 - 7.45	—	UWMC
pCO2, ART	33	33 - 48 mm[Hg]	—	UWMC
pO2	83	63 - 87 mm[Hg]	—	UWMC
Bicarbonate	21	22 - 26 meq/L	L	UWMC
O2 Saturation	98	95 - 99 %	—	UWMC
Base Excess Blood, ART	Test Not Required	0.0 - 3.0 meq/L	—	UWMC
Base Deficit Blood, ART	2.9	0.0 - 2.0 meq/L	H	UWMC
Comment: This represents a negative base excess.				
L Lactate (Direct), ART WB	0.5	0.4 - 1.0 mmol/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/10/25 1408** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/10/25 1408
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1408 - 1 occurrence
Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/10/2025 2:09 PM

Specimen Information

ID	Type	Source	Collected By
F3712004	Whole blood	—	01/10/25 1408

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/10/25 1409, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/10/25 1408
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 1409
Collected by: 01/10/25 1408
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	130	62 - 125 mg/dL	H	104
Comment: Arterial or Venous				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/10/25 2014**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/10/25 2014
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 2014 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/10/2025 8:26 PM

Specimen Information

ID	Type	Source	Collected By
F3715205	Whole blood	—	01/10/25 2014

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/10/25 2026, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/10/25 2014
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 2026
Collected by: 01/10/25 2014
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	186	62 - 125 mg/dL	H	104
Comment: Arterial or Venous				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

CBC (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Authorized by: Smith, Matthew C, MD
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/10/2025 6:00 PM

Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3715961	Blood	—	Bertram, Olivia T, RN 01/11/25 0202

CBC (Abnormal) Resulted: 01/11/25 0210, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/10/25 1800
Filed by: Uw Lab Results Interface, User 01/11/25 0210
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Bertram, Olivia T, RN 01/11/25 0202

Components

Component	Value	Reference Range	Flag	Lab
WBC	12.44	4.3 - 10.0 10*3/uL	H	UWMC
RBC	2.98	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.5	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	29	36.0 - 45.0 %	L	UWMC
MCV	97	81 - 98 fL	—	UWMC
MCH	31.9	27.3 - 33.6 pg	—	UWMC
MCHC	32.9	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	164	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.6	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/10/2025 6:00 PM

Status: **Completed**
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3715961	Blood	—	Bertram, Olivia T, RN 01/11/25 0202

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Basic Metabolic Panel (Abnormal) Resulted: 01/11/25 0229, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/10/25 1800
Filed by: Uw Lab Results Interface, User 01/11/25 0229
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Bertram, Olivia T, RN 01/11/25 0202

Components

Component	Value	Reference Range	Flag	Lab
Sodium	138	135 - 145 meq/L	—	UWMC
Potassium	4.0	3.6 - 5.2 meq/L	—	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	22	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	205	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	20	8 - 21 mg/dL	—	UWMC
Creatinine	0.81	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.7	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/10/2025 6:00 PM

Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3715961	Blood	—	Bertram, Olivia T, RN 01/11/25 0202

Phosphate Resulted: 01/11/25 0229, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/10/25 1800
Filed by: Uw Lab Results Interface, User 01/11/25 0229
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Bertram, Olivia T, RN 01/11/25 0202

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	4.3	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Potassium, Whole Blood (Discontinued)

Electronically signed by: **Bertram, Olivia T, RN on 01/11/25 0545** Status: **Discontinued**
Ordering user: Bertram, Olivia T, RN 01/11/25 0545
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Timed) 01/11/25 0900 - 1 occurrence
Quantity: 1
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Instance released by: Bertram, Olivia T, RN (auto-released) 1/11/2025 5:45 AM

Discontinued by: Walks, Tristan H, RN 01/11/25 0843

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2674094	Blood	—	—

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/11/25 0842** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/11/25 0842
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/11/25 0842 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/11/2025 8:43 AM
Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2674319	Whole blood	—	01/11/25 0842

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/11/25 0843, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/11/25 0842
Filed by: Uw Lab Results Interface, User 01/11/25 0844
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/11/25 0842

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	176	62 - 125 mg/dL	**H** ^	104
Comment: Post food intake				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Potassium, Serum (Final result)

Electronically signed by: **Walks, Tristan H, RN on 01/11/25 0843** Status: **Completed**
Ordering user: Walks, Tristan H, RN 01/11/25 0843
Ordering provider: Mahdi, Elaa, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Authorized by: Smith, Matthew C, MD
Frequency: Routine STAT 01/11/25 0844 - 1 occurrence
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/11/2025 8:43 AM
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2674324	Blood	—	Walks, Tristan H, RN 01/11/25 0845

Potassium, Serum Resulted: 01/11/25 0920, Result status: Final result

Ordering provider: Mahdi, Elaa, MD 01/11/25 0843
Filed by: Uw Lab Results Interface, User 01/11/25 0920
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Walks, Tristan H, RN 01/11/25 0845

Components

Component	Value	Reference Range	Flag	Lab
Potassium	4.3	3.6 - 5.2 meq/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/11/25 1152**
Ordering user: Uw Lab Results Interface, User 01/11/25 1152
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/11/25 1152 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/11/2025 11:53 AM
Status: **Completed**
Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2675412	Whole blood	—	01/11/25 1152

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/11/25 1153, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/11/25 1152
Filed by: Uw Lab Results Interface, User 01/11/25 1154
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/11/25 1152

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Arterial or Venous	259	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Until discontinued 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: On Admit, QAC, QHS, PRN signs/symptoms of HYPOglycemia AND at 3 AM if bedtime CORRECTION insulin given.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Until discontinued 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: HYPOGLYCEMIA PROTOCOL: Retest BG Q15-20 min and repeat RESCUE until POC BG > 100 mg/dL or until BG between 71-99 for > 1 hour. Once achieved, re-check POC BG in 1 hour to monitor for recurrent hypoglycemia. If BG < 55 mg/dL OR hypoglycemia persists at 40 min, notify provider STAT to evaluate need for ongoing glucose source, e.g. D10 @ 50 mL/hr.

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/11/25 1647** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/11/25 1647
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/11/25 1647 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/11/2025 4:48 PM
Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2676992	Whole blood	—	01/11/25 1647

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/11/25 1648, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/11/25 1647
Filed by: Uw Lab Results Interface, User 01/11/25 1649
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/11/25 1647

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	151	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Electronically signed by: **Uw Lab Results Interface, User on 01/11/25 2009** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/11/25 2009
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/11/25 2009 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/11/2025 8:10 PM
Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2677801	Whole blood	—	01/11/25 2009

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/11/25 2010, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/11/25 2009
Filed by: Uw Lab Results Interface, User 01/11/25 2010
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/11/25 2009

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Arterial or Venous	92	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

CBC (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/11/2025 6:00 PM
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2474764	Blood	—	Salick, Dominic J, RN 01/12/25 0329

CBC (Abnormal) Resulted: 01/12/25 0340, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/11/25 1800
Filed by: Uw Lab Results Interface, User 01/12/25 0340
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Salick, Dominic J, RN 01/12/25 0329

Components

Component	Value	Reference Range	Flag	Lab
WBC	12.67	4.3 - 10.0 10*3/uL	H	UWMC
RBC	3.26	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.3	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	31	36.0 - 45.0 %	L	UWMC
MCV	95	81 - 98 fL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

MCH	31.6	27.3 - 33.6 pg	—	UWMC
MCHC	33.1	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	160	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.6	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/11/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2474764	Blood	—	Salick, Dominic J, RN 01/12/25 0329

Basic Metabolic Panel (Abnormal) Resulted: 01/12/25 0400, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/11/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/12/25 0400 Collected by: Salick, Dominic J, RN 01/12/25 0329
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	139	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	109	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	20	22 - 32 meq/L	L	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	149	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	19	8 - 21 mg/dL	—	UWMC
Creatinine	0.82	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.1	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

SEATTLE WA 98195-0001

Phosphate (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/11/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2474764	Blood	—	Salick, Dominic J, RN 01/12/25 0329

Phosphate Resulted: 01/12/25 0400, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/11/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/12/25 0400
Collected by: Salick, Dominic J, RN 01/12/25 0329
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.4	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2001** Status: **Completed**
Ordering user: Phan, Janet, MD 01/11/25 2001
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/12/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:01 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2474764	Blood	—	Salick, Dominic J, RN 01/12/25 0329

Magnesium (Abnormal) Resulted: 01/12/25 0400, Result status: Final result

Ordering provider: Phan, Janet, MD 01/11/25 2001
Order status: Completed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Filed by: Uw Lab Results Interface, User 01/12/25 0400
Collected by: Salick, Dominic J, RN 01/12/25 0329
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/12/25 0839**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/12/25 0839
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/12/25 0839 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/12/2025 8:40 AM

Specimen Information

ID	Type	Source	Collected By
X2476020	Whole blood	—	01/12/25 0839

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/12/25 0840, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/12/25 0839
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/12/25 0840
Collected by: 01/12/25 0839
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	154	62 - 125 mg/dL	H	104
Comment: Arterial or Venous				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/12/25 1137**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/12/25 1137
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/12/25 1137 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/12/2025 11:38 AM

Specimen Information

ID	Type	Source	Collected By
X2476905	Whole blood	—	01/12/25 1137

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/12/25 1138, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/12/25 1137
Filed by: Uw Lab Results Interface, User 01/12/25 1138
Resulting lab: UWMC POCT

Order status: Completed
Collected by: 01/12/25 1137

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	86	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/12/25 1219** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/12/25 1219
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/12/25 1219 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/12/2025 12:28 PM

Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
X2477178	Whole blood	—	01/12/25 1219

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/12/25 1228, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/12/25 1219
Filed by: Uw Lab Results Interface, User 01/12/25 1229
Resulting lab: UWMC POCT

Order status: Completed
Collected by: 01/12/25 1219

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Arterial or Venous	115	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Blood Culture, Line Draw (Final result)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1205** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/12/25 1205
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Next Routine) 01/12/25 1204 - 1 occurrence
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 12:05 PM

Ordering provider: Mahdi, Elaa, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2477060	Blood	Blood, central venous line	Walks, Tristan H, RN 01/12/25 1221

Comment: Right~Central Line

Blood Culture, Line Draw Resulted: 01/17/25 0323, Result status: Final result

Ordering provider: Mahdi, Elaa, MD 01/12/25 1205
Filed by: Uw Lab Results Interface, User 01/17/25 0323
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Walks, Tristan H, RN 01/12/25 1221

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Aerobic and anaerobic bottles	—	—	UWMC
Culture	No growth 5 days	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Urinalysis with Reflex Culture (Final result)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1205** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/12/25 1205
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Next Routine) 01/12/25 1206 - 1 occurrence
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 12:05 PM

Ordering provider: Mahdi, Elaa, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2477062	Urine	—	Walks, Tristan H, RN 01/12/25 1221

Urinalysis with Reflex Culture (Abnormal) Resulted: 01/12/25 1319, Result status: Final result

Ordering provider: Mahdi, Elaa, MD 01/12/25 1205
Filed by: Uw Lab Results Interface, User 01/12/25 1319
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Walks, Tristan H, RN 01/12/25 1221

Components

Component	Value	Reference Range	Flag	Lab

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Color, URN	Pale	—	—	UWMC
Clarity, URN	Clear	—	—	UWMC
Specific Gravity, URN	1.008	1.006 - 1.027 g/mL	—	UWMC
pH, URN	< or =5.0	5.0 - 8.0	—	UWMC
Protein (Alb Semiquant), URN	Negative	NRN	—	UWMC
Glucose Qual, URN	Negative	NRN	—	UWMC
Ketones, URN	Negative	NRN	—	UWMC
Bilirubin (Qual), URN	Negative	NRN	—	UWMC
Occult Blood, URN	Negative	NRN	—	UWMC
Nitrite, URN	Negative	NRN	—	UWMC
Leukocyte Esterase, URN	Negative	NRN	—	UWMC
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}	—	UWMC
Comments for Macroscopic, URN	None	—	—	UWMC
Collection Method	Urine	—	—	UWMC
WBC, URN	0-5(NEG)	Z5NEG /[HPF]	—	UWMC
RBC, URN	0-2(NEG)	Z2NEG /[HPF]	—	UWMC
Bacteria, URN	Not Seen	NOSEEN	—	UWMC
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /[LPF]	A !	UWMC
Epith Cells_Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	UWMC
Comments For Microscopic, URN	None	NONE	—	UWMC
Cast_Hyaline, URN	1-5(1+)	NOSEEN /[LPF]	A !	UWMC
1st Extra Urine Gray Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Blood Culture, Peripheral (Final result)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1205** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/12/25 1205 Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/12/25 1205 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 12:05 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2477059	Blood	Blood, Venous	3858 01/12/25 1355
Comment: Blood~Arm, Left			

Blood Culture, Peripheral Resulted: 01/17/25 0323, Result status: Final result

Ordering provider: Mahdi, Elaa, MD 01/12/25 1205 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/17/25 0323 Collected by: 3858 01/12/25 1355

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Aerobic and anaerobic bottles	—	—	UWMC
Culture	No growth 5 days	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/12/25 1623** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/12/25 1623
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/12/25 1623 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/12/2025 4:25 PM

Specimen Information

ID	Type	Source	Collected By
X2478192	Whole blood	—	01/12/25 1623

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/12/25 1625, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/12/25 1623
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/12/25 1625
Collected by: 01/12/25 1623
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	138	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/12/25 2021** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/12/25 2021
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/12/25 2021 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/12/2025 8:22 PM

Specimen Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

ID	Type	Source	Collected By
X2479225	Whole blood	—	01/12/25 2021

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/12/25 2022, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/12/25 2021
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/12/25 2022
Collected by: 01/12/25 2021
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	197	62 - 125 mg/dL	H	104
Comment: Arterial or Venous				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Type and Screen (Discontinued)

Electronically signed by: **Surrusco, Jordan N, PA-C on 01/12/25 2110**
Status: **Discontinued**
Ordering user: Surrusco, Jordan N, PA-C 01/12/25 2110
Ordering provider: Surrusco, Jordan N, PA-C
Authorized by: Surrusco, Jordan N, PA-C
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/12/25 2111 - 1 occurrence
Class: Unit Collect
Quantity: 1
Instance released by: Surrusco, Jordan N, PA-C (auto-released) 1/12/2025 9:11 PM
Discontinued by: Surrusco, Jordan N, PA-C 01/12/25 2111

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Type and Screen (Final result)

Electronically signed by: **Surrusco, Jordan N, PA-C on 01/12/25 2111**
Status: **Completed**
Ordering user: Surrusco, Jordan N, PA-C 01/12/25 2111
Ordering provider: Surrusco, Jordan N, PA-C
Authorized by: Surrusco, Jordan N, PA-C
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/13/25 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Surrusco, Jordan N, PA-C (auto-released) 1/12/2025 9:11 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3764608	Blood	—	Salick, Dominic J, RN 01/13/25 0251

Type and Screen Resulted: 01/13/25 0337, Result status: Final result

Ordering provider: Surrusco, Jordan N, PA-C 01/12/25 2111
Order status: Completed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Filed by: Uw Lab Results Interface, User 01/13/25 0337
Collected by: Salick, Dominic J, RN 01/13/25 0251
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Units Ordered	None	—	—	UWMC
Physician Instructions	None	—	—	UWMC
ABO/Rh	AB POSITIVE	—	—	UWMC
Antibody Screen	NEGATIVE	—	—	UWMC
Crossmatch Expiration	01/16/2025,2359	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/12/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3764607	Blood	—	Salick, Dominic J, RN 01/13/25 0318

CBC (Abnormal)
Resulted: 01/13/25 0344, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/12/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/13/25 0344
Collected by: Salick, Dominic J, RN 01/13/25 0318
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	9.61	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.34	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.4	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	32	36.0 - 45.0 %	L	UWMC
MCV	95	81 - 98 fL	—	UWMC
MCH	31.1	27.3 - 33.6 pg	—	UWMC
MCHC	32.7	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	174	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.8	11.0 - 14.5 %	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/12/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3764607	Blood	—	Salick, Dominic J, RN 01/13/25 0318

Basic Metabolic Panel (Abnormal)

Resulted: 01/13/25 0402, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/12/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/13/25 0403
Collected by: Salick, Dominic J, RN 01/13/25 0318
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	138	135 - 145 meq/L	—	UWMC
Potassium	4.0	3.6 - 5.2 meq/L	—	UWMC
Chloride	107	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	150	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	16	8 - 21 mg/dL	—	UWMC
Creatinine	0.72	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.0	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/12/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3764607	Blood	—	Salick, Dominic J, RN 01/13/25 0318

Phosphate

Resulted: 01/13/25 0402, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/12/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/13/25 0403
Collected by: Salick, Dominic J, RN 01/13/25 0318
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.6	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2001**
Status: **Completed**
Ordering user: Phan, Janet, MD 01/11/25 2001
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/12/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Phan, Janet, MD (auto-released) 1/12/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3764607	Blood	—	Salick, Dominic J, RN 01/13/25 0318

Magnesium

Resulted: 01/13/25 0402, Result status: Final result

Ordering provider: Phan, Janet, MD 01/12/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/13/25 0403
Collected by: Salick, Dominic J, RN 01/13/25 0318
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.9	1.8 - 2.4 mg/dL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Prothrombin and PTT (Final result)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1552** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/12/25 1552
Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/13/25 0600 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3764607	Blood	—	Salick, Dominic J, RN 01/13/25 0318

Prothrombin and PTT Resulted: 01/13/25 0354, Result status: Final result

Ordering provider: Mahdi, Elaa, MD 01/12/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/13/25 0354
Collected by: Salick, Dominic J, RN 01/13/25 0318
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	14.4	10.7 - 15.6 s	—	UWMC
Prothrombin INR	1.1	0.8 - 1.3	—	UWMC
Partial Thromboplastin Time	34	22 - 35 s	—	UWMC
Partial Thromboplastin X Mean	To calculate the PTT X Mean divide PTT value by 29.	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/13/25 0734** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/13/25 0734
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Frequency: Routine Once 01/13/25 0734 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/13/2025 7:35 AM
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M3766123	Whole blood	—	01/13/25 0734

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/13/25 0735, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/13/25 0734
Filed by: Uw Lab Results Interface, User 01/13/25 0735
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/13/25 0734

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	132	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/13/25 1214**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/13/25 1214
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/13/25 1214 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/13/2025 12:20 PM
Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M3770307	Whole blood	—	01/13/25 1214

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/13/25 1219, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/13/25 1214
Filed by: Uw Lab Results Interface, User 01/13/25 1220
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/13/25 1214

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Arterial or Venous	148	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1727**
Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Ordering user: McKinstry, Mia, MD 01/13/25 1727
Authorized by: Smith, Matthew C, MD
Frequency: Routine q6h 01/13/25 2000 - Until Specified
Quantity: 1

Ordering provider: McKinstry, Mia, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:27 PM

Discontinued by: McKinstry, Mia, MD 01/13/25 1809

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Basic Metabolic Panel (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1727**
Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1727
Authorized by: Smith, Matthew C, MD
Frequency: Routine q6h 01/13/25 2000 - Until Specified
Quantity: 1

Ordering provider: McKinstry, Mia, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:27 PM

Discontinued by: McKinstry, Mia, MD 01/13/25 1809

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9)

Magnesium (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1727**
Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1727
Ordering provider: McKinstry, Mia, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine q6h 01/13/25 2000 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:27 PM

Discontinued by: McKinstry, Mia, MD 01/13/25 1809

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Magnesium (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1727**
Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1727
Ordering provider: McKinstry, Mia, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine q6h 01/13/25 2000 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:27 PM

Discontinued by: McKinstry, Mia, MD 01/13/25 1809

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Phosphate (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1727**
Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1727
Ordering provider: McKinstry, Mia, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine q6h 01/13/25 2000 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:27 PM

Discontinued by: McKinstry, Mia, MD 01/13/25 1809

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Phosphate (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1727**
Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1727
Ordering provider: McKinstry, Mia, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Frequency: Routine q6h 01/13/25 2000 - Until Specified
Quantity: 1
Class: Unit Collect
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:27 PM

Discontinued by: McKinstry, Mia, MD 01/13/25 1809

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

CBC (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/13/2025 6:00 PM

Discontinued by: McKinstry, Mia, MD 01/13/25 1809

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/13/25 1825**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/13/25 1825
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/13/25 1825 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/13/2025 6:26 PM

Specimen Information

ID	Type	Source	Collected By
M3774518	Whole blood	—	01/13/25 1825

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/13/25 1826, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/13/25 1825
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/13/25 1826
Collected by: 01/13/25 1825
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	144	62 - 125 mg/dL	H	104
Comment: Arterial or Venous				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120	02/13/20 0818 - Present

Seattle WA 98195-0001

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/13/25 2250** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/13/25 2250
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/13/25 2250 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/13/2025 10:53 PM
Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M3775953	Whole blood	—	01/13/25 2250

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/13/25 2252, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/13/25 2250
Filed by: Uw Lab Results Interface, User 01/13/25 2253
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/13/25 2250

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Arterial or Venous	100	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 6:09 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
T3857911	Blood	—	Salick, Dominic J, RN 01/14/25 0403

Basic Metabolic Panel (Abnormal) Resulted: 01/14/25 0451, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/13/25 1809
Filed by: Uw Lab Results Interface, User 01/14/25 0452
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Salick, Dominic J, RN 01/14/25 0403

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Potassium	4.1	3.6 - 5.2 meq/L	—	UWMC
Chloride	110	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	19	22 - 32 meq/L	L	UWMC
Anion Gap	13	4 - 12	H	UWMC
Glucose	98	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	12	8 - 21 mg/dL	—	UWMC
Creatinine	0.69	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.4	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Edited Result - FINAL)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine AM draw 01/14/25 0600 - Until Specified Class: Unit Collect
Quantity: 1 Lab status: Edited Result - FINAL
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 6:09 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3857911	Blood	—	Salick, Dominic J, RN 01/14/25 0403

CBC (Abnormal)

Resulted: 01/14/25 0426, Result status: Edited Result - FINAL

Ordering provider: Wilson, Julia, MD 01/13/25 1809 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/14/25 0427 Collected by: Salick, Dominic J, RN 01/14/25 0403
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	9.20	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.97	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.5	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	29	36.0 - 45.0 %	L	UWMC
MCV	98	81 - 98 fL	—	UWMC
MCH	32.0	27.3 - 33.6 pg	—	UWMC
MCHC	32.5	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	191	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.8	11.0 - 14.5 %	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 6:09 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
T3857911	Blood	—	Salick, Dominic J, RN 01/14/25 0403

Magnesium Resulted: 01/14/25 0451, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/13/25 1809 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/14/25 0452 Collected by: Salick, Dominic J, RN 01/14/25 0403
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.0	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 6:09 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
T3857911	Blood	—	Salick, Dominic J, RN 01/14/25 0403

Phosphate (Abnormal) Resulted: 01/14/25 0451, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/13/25 1809
Filed by: Uw Lab Results Interface, User 01/14/25 0452
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Salick, Dominic J, RN 01/14/25 0403

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.4	2.5 - 4.5 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/14/25 1236** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/14/25 1236
Authorized by: Wilson, Julia, MD
Frequency: Routine Once 01/14/25 1236 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/14/2025 12:48 PM

Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T3863219	Whole blood	—	01/14/25 1236

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/14/25 1248, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/14/25 1236
Filed by: Uw Lab Results Interface, User 01/14/25 1248
Resulting lab: UWMC POCT

Order status: Completed
Collected by: 01/14/25 1236

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	265	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/14/25 1831** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/14/25 1831 Ordering provider: Pillai, Sunita, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 01/14/25 1831 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/14/2025 6:32 PM
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T3866946	Whole blood	—	01/14/25 1831

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/14/25 1832, Result status: Final result

Ordering provider: Pillai, Sunita, MD 01/14/25 1831
Filed by: Uw Lab Results Interface, User 01/14/25 1832
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/14/25 1831

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	124	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/14/25 2014** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/14/25 2014
Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 01/14/25 2014 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/14/2025 8:16 PM
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T3867430	Whole blood	—	01/14/25 2014

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/14/25 2015, Result status: Final result

Ordering provider: Pillai, Sunita, MD 01/14/25 2014
Filed by: Uw Lab Results Interface, User 01/14/25 2016
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/14/25 2014

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	114	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/14/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
W3829225	Blood	—	6439 01/15/25 0502

Basic Metabolic Panel (Abnormal) Resulted: 01/15/25 0542, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/14/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/15/25 0542 Collected by: 6439 01/15/25 0502
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	111	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	22	22 - 32 meq/L	—	UWMC
Anion Gap	9	4 - 12	—	UWMC
Glucose	103	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	13	8 - 21 mg/dL	—	UWMC
Creatinine	0.63	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.6	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine AM draw 01/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/14/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

W3829225	Blood	—	6439 01/15/25 0502

CBC (Abnormal) Resulted: 01/15/25 0520, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/14/25 1800
Filed by: Uw Lab Results Interface, User 01/15/25 0520
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 6439 01/15/25 0502

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.44	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.75	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	8.7	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	27	36.0 - 45.0 %	L	UWMC
MCV	98	81 - 98 fL	—	UWMC
MCH	31.6	27.3 - 33.6 pg	—	UWMC
MCHC	32.2	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	204	150 - 400 10*3/uL	—	UWMC
RDW-CV	14.0	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/14/2025 6:00 PM

Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
W3829225	Blood	—	6439 01/15/25 0502

Magnesium (Abnormal) Resulted: 01/15/25 0542, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/14/25 1800
Filed by: Uw Lab Results Interface, User 01/15/25 0542
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 6439 01/15/25 0502

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/14/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
W3829225	Blood	—	6439 01/15/25 0502

Phosphate (Abnormal) Resulted: 01/15/25 0542, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/14/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/15/25 0542
Collected by: 6439 01/15/25 0502
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.4	2.5 - 4.5 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/15/25 0923** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/15/25 0923
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine Once 01/15/25 0923 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/15/2025 9:24 AM

Specimen Information

ID	Type	Source	Collected By
W3831747	Whole blood	—	01/15/25 0923

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/15/25 0924, Result status: Final result

Ordering provider: Pillai, Sunita, MD 01/15/25 0923
Order status: Completed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Filed by: Uw Lab Results Interface, User 01/15/25 0924 Collected by: 01/15/25 0923
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	88	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/15/25 1210** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/15/25 1210 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Once 01/15/25 1210 - 1 occurrence Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: (auto-released) 1/15/2025 12:12 PM

Specimen Information

ID	Type	Source	Collected By
W3834147	Whole blood	—	01/15/25 1210

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/15/25 1211, Result status: Final result

Ordering provider: Pillai, Sunita, MD 01/15/25 1210 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/15/25 1212 Collected by: 01/15/25 1210
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick Post food intake	182	62 - 125 mg/dL	**H** ^	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/15/25 1702** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/15/25 1702 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Once 01/15/25 1702 - 1 occurrence Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: (auto-released) 1/15/2025 5:14 PM

Specimen Information

ID	Type	Source	Collected By
W3837574	Whole blood	—	01/15/25 1702

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/15/25 1714, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/15/25 1702
Filed by: Uw Lab Results Interface, User 01/15/25 1714
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/15/25 1702

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	143	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/15/25 2058** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/15/25 2058
Authorized by: Wilson, Julia, MD
Frequency: Routine Once 01/15/25 2058 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/15/2025 9:03 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W3839032	Whole blood	—	01/15/25 2058

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/15/25 2102, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/15/25 2058
Filed by: Uw Lab Results Interface, User 01/15/25 2103
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/15/25 2058

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	176	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/16/25 0741** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/16/25 0741
Authorized by: Wilson, Julia, MD
Frequency: Routine Once 01/16/25 0741 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/16/2025 7:42 AM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3822949	Whole blood	—	01/16/25 0741

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/16/25 0742, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/16/25 0741
Filed by: Uw Lab Results Interface, User 01/16/25 0742
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/16/25 0741

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	164	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809**
Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/15/2025 6:01 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
H3820487	Blood	—	7544 01/16/25 0900

Basic Metabolic Panel (Abnormal) Resulted: 01/16/25 1018, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/15/25 1801
Filed by: Uw Lab Results Interface, User 01/16/25 1019
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7544 01/16/25 0900

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC
Potassium	4.1	3.6 - 5.2 meq/L	—	UWMC
Chloride	111	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	22	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	129	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	12	8 - 21 mg/dL	—	UWMC
Creatinine	0.70	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.8	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/15/2025 6:01 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3820487	Blood	—	7544 01/16/25 0900

CBC (Abnormal) Resulted: 01/16/25 0951, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/15/25 1801
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/16/25 0951
Collected by: 7544 01/16/25 0900
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.55	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.92	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.0	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	29	36.0 - 45.0 %	L	UWMC
MCV	101	81 - 98 fL	H	UWMC
MCH	30.8	27.3 - 33.6 pg	—	UWMC
MCHC	30.6	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	220	150 - 400 10*3/uL	—	UWMC
RDW-CV	14.1	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/15/2025 6:01 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
H3820487	Blood	—	7544 01/16/25 0900

Magnesium Resulted: 01/16/25 1018, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/15/25 1801
Filed by: Uw Lab Results Interface, User 01/16/25 1019
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7544 01/16/25 0900

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.1	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/15/2025 6:01 PM

Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
H3820487	Blood	—	7544 01/16/25 0900

Phosphate Resulted: 01/16/25 1018, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/15/25 1801
Filed by: Uw Lab Results Interface, User 01/16/25 1019
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7544 01/16/25 0900

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.9	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Vitamin D 25-OH COMMON Deficiency Level (Final result)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Completed**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234
Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/16/25 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Segerson, Karen Elaine, MD (auto-released) 1/15/2025 6:01 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Scheduling instructions
Vitamin D (25-Hydroxy) is not covered with routine preventative visits. It is only indicated and covered with the following diagnoses: osteoporosis, hypocalcemia or hypercalcemia, chronic kidney disease stage III or greater, hypercalcuria, hyper viataminosis D, parathyroid disorders, malabsorption states, obstructive jaundice, osteomalacia, rickets, and vitamin D deficiency related to the above diagnoses. Medicare patients who do not have an above condition but desire testing must sign an ABN and agree to pay.

Specimen Information

ID	Type	Source	Collected By
H3820487	Blood	—	7544 01/16/25 0900

Vitamin D 25-OH COMMON Deficiency Level Resulted: 01/21/25 0820, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/15/25 1801
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/21/25 0821
Collected by: 7544 01/16/25 0900
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Vitamin D2 (25_Hydroxy)	<1.0	ng/mL	—	HMC
Vitamin D3 (25_Hydroxy)	22.9	ng/mL	—	HMC
Vit D (25_Hydroxy) Total	22.9	20.1 - 50.0 ng/mL	—	HMC
Vit D (25_Hydroxy) Interp	Normal: 20.1-50.0 ng/mL	—	—	HMC

Comment: For more information see https://tests.labmed.washington.edu/VITDG2

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/16/25 1228** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/16/25 1228
Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD
Ordering mode: Standard
Frequency: Routine Once 01/16/25 1228 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Instance released by: (auto-released) 1/16/2025 12:30 PM

Specimen Information

ID	Type	Source	Collected By
H3827097	Whole blood	—	01/16/25 1228

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/16/25 1229, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/16/25 1228
Filed by: Uw Lab Results Interface, User 01/16/25 1230
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/16/25 1228

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	217	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/16/25 1609** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/16/25 1609
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Once 01/16/25 1609 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/16/2025 4:11 PM
Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3829675	Whole blood	—	01/16/25 1609

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/16/25 1610, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/16/25 1609
Filed by: Uw Lab Results Interface, User 01/16/25 1611
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/16/25 1609

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	144	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/16/25 2122** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/16/25 2122
Authorized by: Segerson, Karen Elaine, MD
Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Frequency: Routine Once 01/16/25 2122 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/16/2025 9:23 PM
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3831912	Whole blood	—	01/16/25 2122

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/16/25 2123, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/16/25 2122
Filed by: Uw Lab Results Interface, User 01/16/25 2123
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/16/25 2122

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	160	62 - 125 mg/dL	H	104
Comment: Post food intake				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809**
Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/16/2025 6:00 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
F3716633	Blood	—	5455 01/17/25 0646

Basic Metabolic Panel (Abnormal)
Resulted: 01/17/25 0743, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/16/25 1800
Filed by: Uw Lab Results Interface, User 01/17/25 0744
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 01/17/25 0646

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	114	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	124	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	14	8 - 21 mg/dL	—	UWMC
Creatinine	0.71	0.38 - 1.02 mg/dL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Calcium	7.6	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine AM draw 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/16/2025 6:00 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3716633	Blood	—	5455 01/17/25 0646

CBC (Abnormal) Resulted: 01/17/25 0718, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/16/25 1800
Filed by: Uw Lab Results Interface, User 01/17/25 0719
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 01/17/25 0646

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.09	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.88	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.0	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	29	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.3	27.3 - 33.6 pg	—	UWMC
MCHC	31.5	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	280	150 - 400 10*3/uL	—	UWMC
RDW-CV	14.2	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/16/2025 6:00 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
F3716633	Blood	—	5455 01/17/25 0646

Magnesium Resulted: 01/17/25 0743, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/16/25 1800
Filed by: Uw Lab Results Interface, User 01/17/25 0744
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 01/17/25 0646

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.8	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/16/2025 6:00 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
F3716633	Blood	—	5455 01/17/25 0646

Phosphate Resulted: 01/17/25 0743, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/16/25 1800
Filed by: Uw Lab Results Interface, User 01/17/25 0744
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 01/17/25 0646

Components

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Component	Value	Reference Range	Flag	Lab
Phosphate	2.8	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/17/25 0836** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/17/25 0836
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Once 01/17/25 0836 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/17/2025 8:38 AM
Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F3719887	Whole blood	—	01/17/25 0836

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/17/25 0837, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/17/25 0836
Filed by: Uw Lab Results Interface, User 01/17/25 0838
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/17/25 0836

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	136	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/17/25 1118** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/17/25 1118
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Once 01/17/25 1118 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/17/2025 11:20 AM
Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F3722132	Whole blood	—	01/17/25 1118

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/17/25 1119, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/17/25 1118
Filed by: Uw Lab Results Interface, User 01/17/25 1120
Order status: Completed
Collected by: 01/17/25 1118

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	171	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/17/25 1659** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/17/25 1659
Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD
Ordering mode: Standard
Frequency: Routine Once 01/17/25 1659 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/17/2025 5:00 PM

Specimen Information

ID	Type	Source	Collected By
F3726232	Whole blood	—	01/17/25 1659

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/17/25 1700, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/17/25 1659
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/17/25 1700
Collected by: 01/17/25 1659
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	201	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/17/25 2033** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/17/25 2033
Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD
Ordering mode: Standard
Frequency: Routine Once 01/17/25 2033 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/17/2025 8:34 PM

Specimen Information

ID	Type	Source	Collected By
F3727571	Whole blood	—	01/17/25 2033

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/17/25 2034, Result status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Ordering provider: Segerson, Karen Elaine, MD 01/17/25 2033
Filed by: Uw Lab Results Interface, User 01/17/25 2034
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/17/25 2033

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	86	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/18/25 0054**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/18/25 0054
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Once 01/18/25 0054 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/18/2025 12:56 AM
Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2679718	Whole blood	—	01/18/25 0054

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/18/25 0056, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/18/25 0054
Filed by: Uw Lab Results Interface, User 01/18/25 0056
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/18/25 0054

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	171	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9)

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/17/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
S2679015	Blood	—	7597 01/18/25 0745

Basic Metabolic Panel (Abnormal) Resulted: 01/18/25 0821, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/17/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/18/25 0822
Collected by: 7597 01/18/25 0745
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	135 - 145 meq/L	—	UWMC
Potassium	4.5	3.6 - 5.2 meq/L	—	UWMC
Chloride	112	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	24	22 - 32 meq/L	—	UWMC
Anion Gap	7	4 - 12	—	UWMC
Glucose	129	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	11	8 - 21 mg/dL	—	UWMC
Creatinine	0.73	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.9	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/17/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

ID	Type	Source	Collected By
S2679015	Blood	—	7597 01/18/25 0745

CBC (Abnormal) Resulted: 01/18/25 0759, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/17/25 1800
Filed by: Uw Lab Results Interface, User 01/18/25 0759
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7597 01/18/25 0745

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.22	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.82	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	8.9	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	28	36.0 - 45.0 %	L	UWMC
MCV	98	81 - 98 fL	—	UWMC
MCH	31.6	27.3 - 33.6 pg	—	UWMC
MCHC	32.2	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	316	150 - 400 10*3/uL	—	UWMC
RDW-CV	14.6	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/17/2025 6:00 PM

Status: **Completed**
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
S2679015	Blood	—	7597 01/18/25 0745

Magnesium Resulted: 01/18/25 0821, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/17/25 1800
Filed by: Uw Lab Results Interface, User 01/18/25 0822
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7597 01/18/25 0745

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.8	1.8 - 2.4 mg/dL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/17/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
S2679015	Blood	—	7597 01/18/25 0745

Phosphate Resulted: 01/18/25 0821, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/17/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/18/25 0822
Collected by: 7597 01/18/25 0745
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.3	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/18/25 0856** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/18/25 0856
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/18/25 0856 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/18/2025 8:57 AM

Specimen Information

ID	Type	Source	Collected By
S2681619	Whole blood	—	01/18/25 0856

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/18/25 0857, Result status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Ordering provider: Holmberg, Mackenzie Howard, MD 01/18/25 0856
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/18/25 0857
Collected by: 01/18/25 0856
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	171	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/18/25 1213**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/18/25 1213
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/18/25 1213 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/18/2025 12:15 PM

Specimen Information

ID	Type	Source	Collected By
S2682781	Whole blood	—	01/18/25 1213

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/18/25 1214, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/18/25 1213
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/18/25 1215
Collected by: 01/18/25 1213
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	153	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Lab Add On Order (Final result)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/18/25 1313**
Status: **Completed**
Ordering user: Holmberg, Mackenzie Howard, MD 01/18/25 1313
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/18/25 1313 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Holmberg, Mackenzie Howard, MD (auto-released) 1/18/2025 1:13 PM

Questionnaire

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Question	Answer
Lab Test Requested	zinc
Sample to Use	Most recent
Call Back Number	9073602734
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2683162	Blood	—	01/18/25 1313

Lab Add On Order Resulted: 01/18/25 1314, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/18/25 1313
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/18/25 1315
Collected by: 01/18/25 1313
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	zinc	—	—	UWMC
Specimen Type/Description	Blood	—	—	UWMC
Sample To Use	Most recent	—	—	UWMC
Test Request Status	Reorder requested. No sample available for additional testing.	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/18/25 1743**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/18/25 1743
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/18/25 1743 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/18/2025 5:45 PM

Specimen Information

ID	Type	Source	Collected By
S2684513	Whole blood	—	01/18/25 1743

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/18/25 1744, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/18/25 1743
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/18/25 1745
Collected by: 01/18/25 1743
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Glucose (POC)	149	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/18/25 2040** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/18/25 2040
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/18/25 2040 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/18/2025 8:41 PM

Specimen Information

ID	Type	Source	Collected By
S2685200	Whole blood	—	01/18/25 2040

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/18/25 2041, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/18/25 2040
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/18/25 2041
Collected by: 01/18/25 2040
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	158	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/18/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
X2480384	Blood	—	7691 01/19/25 0713

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Basic Metabolic Panel (Abnormal) Resulted: 01/19/25 0819, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/18/25 1800
Filed by: Uw Lab Results Interface, User 01/19/25 0819
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7691 01/19/25 0713

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC
Potassium	4.5	3.6 - 5.2 meq/L	—	UWMC
Chloride	111	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	22	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	193	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	13	8 - 21 mg/dL	—	UWMC
Creatinine	0.75	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809**
Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/18/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2480384	Blood	—	7691 01/19/25 0713

CBC (Abnormal) Resulted: 01/19/25 0737, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/18/25 1800
Filed by: Uw Lab Results Interface, User 01/19/25 0738
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7691 01/19/25 0713

Components

Component	Value	Reference Range	Flag	Lab
WBC	9.12	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.69	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	8.4	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	28	36.0 - 45.0 %	L	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

MCV	104	81 - 98 fL	H	UWMC
MCH	31.2	27.3 - 33.6 pg	—	UWMC
MCHC	30.0	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	288	150 - 400 10*3/uL	—	UWMC
RDW-CV	14.7	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/18/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
X2480384	Blood	—	7691 01/19/25 0713

Magnesium (Abnormal) Resulted: 01/19/25 0819, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/18/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/19/25 0819 Collected by: 7691 01/19/25 0713
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified Class: Lab Collect

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/18/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
X2480384	Blood	—	7691 01/19/25 0713

Phosphate
Resulted: 01/19/25 0819, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/18/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/19/25 0819
Collected by: 7691 01/19/25 0713
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.7	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/19/25 0818**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/19/25 0818
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/19/25 0818 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/19/2025 5:48 PM

Specimen Information

ID	Type	Source	Collected By
X2485151	Whole blood	—	01/19/25 0818

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/19/25 1748, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/19/25 0818
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/19/25 1748
Collected by: 01/19/25 0818
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	192	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark	1959 NE Pacific St	02/13/20 0818 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Howard, MD
Room NW120
Seattle WA 98195-0001

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/19/25 1125** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/19/25 1125
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/19/25 1125 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/19/2025 5:48 PM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
X2485152	Whole blood	—	01/19/25 1125

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/19/25 1748, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/19/25 1125
Filed by: Uw Lab Results Interface, User 01/19/25 1748
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/19/25 1125

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	114	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/19/25 1736** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/19/25 1736
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/19/25 1736 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/19/2025 5:48 PM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
X2485153	Whole blood	—	01/19/25 1736

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/19/25 1748, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/19/25 1736
Filed by: Uw Lab Results Interface, User 01/19/25 1748
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/19/25 1736

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	95	62 - 125 mg/dL	—	104

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/19/25 2112** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/19/25 2112
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/19/25 2112 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/19/2025 9:13 PM

Specimen Information

ID	Type	Source	Collected By
X2485976	Whole blood	—	01/19/25 2112

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/19/25 2113, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/19/25 2112
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/19/25 2113
Collected by: 01/19/25 2112
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	114	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/19/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
M3776748	Blood	—	5455 01/20/25 0625

Basic Metabolic Panel (Abnormal) Resulted: 01/20/25 0702, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/19/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/20/25 0702
Collected by: 5455 01/20/25 0625
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	4.3	3.6 - 5.2 meq/L	—	UWMC
Chloride	109	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	132	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	11	8 - 21 mg/dL	—	UWMC
Creatinine	0.73	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine AM draw 01/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/19/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3776748	Blood	—	5455 01/20/25 0625

CBC (Abnormal) Resulted: 01/20/25 0649, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/19/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/20/25 0650 Collected by: 5455 01/20/25 0625
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.34	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.00	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.4	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	30	36.0 - 45.0 %	L	UWMC
MCV	100	81 - 98 fL	H	UWMC
MCH	31.3	27.3 - 33.6 pg	—	UWMC
MCHC	31.3	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	371	150 - 400 10*3/uL	—	UWMC
RDW-CV	14.7	11.0 - 14.5 %	H	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/19/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
M3776748	Blood	—	5455 01/20/25 0625

Magnesium (Abnormal) Resulted: 01/20/25 0702, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/19/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/20/25 0702
Collected by: 5455 01/20/25 0625
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/19/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
M3776748	Blood	—	5455 01/20/25 0625

Phosphate Resulted: 01/20/25 0702, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/19/25 1800
Filed by: Uw Lab Results Interface, User 01/20/25 0702
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 5455 01/20/25 0625

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	4.0	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/20/25 1308** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/20/25 1308
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/20/25 1308 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/20/2025 1:09 PM

Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M3780689	Whole blood	—	01/20/25 1308

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/20/25 1309, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/20/25 1308
Filed by: Uw Lab Results Interface, User 01/20/25 1310
Resulting lab: UWMC POCT

Order status: Completed
Collected by: 01/20/25 1308

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	133	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/20/25 1822** Status: **Completed**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Ordering user: Uw Lab Results Interface, User 01/20/25 1822
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/20/25 1822 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/20/2025 6:39 PM

Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M3782242	Whole blood	—	01/20/25 1822

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)

Resulted: 01/20/25 1839, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/20/25 1822
Filed by: Uw Lab Results Interface, User 01/20/25 1839
Resulting lab: UWMC POCT

Order status: Completed
Collected by: 01/20/25 1822

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	158	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/20/25 2152**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/20/25 2152
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/20/25 2152 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/20/2025 9:53 PM

Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M3783041	Whole blood	—	01/20/25 2152

POC Glucose, Whole Blood - UWMC Montlake

Resulted: 01/20/25 2153, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/20/25 2152
Filed by: Uw Lab Results Interface, User 01/20/25 2153
Resulting lab: UWMC POCT

Order status: Completed
Collected by: 01/20/25 2152

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	87	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/20/25 2221** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/20/25 2221
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/20/25 2221 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/20/2025 10:22 PM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M3783164	Whole blood	—	01/20/25 2221

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/20/25 2222, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/20/25 2221
Filed by: Uw Lab Results Interface, User 01/20/25 2223
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/20/25 2221

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	132	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/21/25 0808** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/21/25 0808
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/21/25 0808 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/21/2025 8:09 AM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T3871388	Whole blood	—	01/21/25 0808

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/21/25 0809, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/21/25 0808
Filed by: Uw Lab Results Interface, User 01/21/25 0809
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/21/25 0808

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	160	62 - 125 mg/dL	H	104

Testing Performed By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/20/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
T3868887	Blood	—	7544 01/21/25 0900

Basic Metabolic Panel (Abnormal) Resulted: 01/21/25 1014, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/20/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/21/25 1015 Collected by: 7544 01/21/25 0900
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	135 - 145 meq/L	—	UWMC
Potassium	5.2	3.6 - 5.2 meq/L	—	UWMC
Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.				
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	20	22 - 32 meq/L	L	UWMC
Anion Gap	12	4 - 12	—	UWMC
Glucose	128	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	9	8 - 21 mg/dL	—	UWMC
Creatinine	0.73	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.4	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Authorized by: Wilson, Julia, MD
Frequency: Routine AM draw 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/20/2025 6:00 PM

Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3868887	Blood	—	7544 01/21/25 0900

CBC Resulted: 01/21/25 0932, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/20/25 1800
Filed by: Uw Lab Results Interface, User 01/21/25 0932
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7544 01/21/25 0900

Components

Component	Value	Reference Range	Flag	Lab
WBC	Reorder requested, clotted	4.3 - 10.0 10*3/uL	—	UWMC
RBC	Reorder requested, clotted	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	Reorder requested, clotted	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	Reorder requested, clotted	36.0 - 45.0 %	—	UWMC
MCV	Reorder requested, clotted	81 - 98 fL	—	UWMC
MCH	Reorder requested, clotted	27.3 - 33.6 pg	—	UWMC
MCHC	Reorder requested, clotted	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	Reorder requested, clotted	150 - 400 10*3/uL	—	UWMC
RDW-CV	Reorder requested, clotted	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/20/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
T3868887	Blood	—	7544 01/21/25 0900

Magnesium
Resulted: 01/21/25 1014, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/20/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/21/25 1015
Collected by: 7544 01/21/25 0900
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.0	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809**
Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/20/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
T3868887	Blood	—	7544 01/21/25 0900

Phosphate
Resulted: 01/21/25 1014, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/20/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/21/25 1015
Collected by: 7544 01/21/25 0900
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	4.3	2.5 - 4.5 mg/dL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Comment:
Hemolysis present. Hemolysis interferes with this test method giving elevated results.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/21/25 1118** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/21/25 1118
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/21/25 1118 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/21/2025 11:18 AM

Specimen Information

ID	Type	Source	Collected By
T3874127	Whole blood	—	01/21/25 1118

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/21/25 1119, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/21/25 1118
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/21/25 1119
Collected by: 01/21/25 1118
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	144	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/21/25 1717** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/21/25 1717
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/21/25 1717 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/21/2025 5:18 PM

Specimen Information

ID	Type	Source	Collected By
T3878711	Whole blood	—	01/21/25 1717

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/21/25 1718, Result status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Ordering provider: Holmberg, Mackenzie Howard, MD 01/21/25 1717
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/21/25 1718
Collected by: 01/21/25 1717
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	142	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/21/25 2102**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/21/25 2102
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/21/25 2102 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/21/2025 9:02 PM

Specimen Information

ID	Type	Source	Collected By
T3880063	Whole blood	—	01/21/25 2102

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/21/25 2103, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/21/25 2102
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/21/25 2103
Collected by: 01/21/25 2102
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	137	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809**
Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/21/2025 6:00 PM

Questionnaire

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
W3840335	Blood	—	6145 01/22/25 0708

Basic Metabolic Panel (Abnormal) Resulted: 01/22/25 0742, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/21/25 1800
Filed by: Uw Lab Results Interface, User 01/22/25 0742
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 6145 01/22/25 0708

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	135 - 145 meq/L	—	UWMC
Potassium	4.1	3.6 - 5.2 meq/L	—	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	24	22 - 32 meq/L	—	UWMC
Anion Gap	12	4 - 12	—	UWMC
Glucose	127	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	10	8 - 21 mg/dL	—	UWMC
Creatinine	0.75	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine AM draw 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/21/2025 6:00 PM

Status: **Completed**
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3840335	Blood	—	6145 01/22/25 0708

CBC (Abnormal) Resulted: 01/22/25 0804, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/21/25 1800
Filed by: Uw Lab Results Interface, User 01/22/25 0804
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 6145 01/22/25 0708

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
WBC	11.01	4.3 - 10.0 10*3/uL	H	UWMC
RBC	3.03	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.6	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	30	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.7	27.3 - 33.6 pg	—	UWMC
MCHC	31.9	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	411	150 - 400 10*3/uL	H	UWMC
RDW-CV	14.9	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/21/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
W3840335	Blood	—	6145 01/22/25 0708

Magnesium (Abnormal) Resulted: 01/22/25 0742, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/21/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/22/25 0742 Collected by: 6145 01/22/25 0708
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/21/2025 6:00 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
W3840335	Blood	—	6145 01/22/25 0708

Phosphate Resulted: 01/22/25 0742, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/21/25 1800
Filed by: Uw Lab Results Interface, User 01/22/25 0742
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 6145 01/22/25 0708

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	4.3	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/22/25 0907** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/22/25 0907
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/22/25 0907 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/22/2025 9:08 AM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W3843705	Whole blood	—	01/22/25 0907

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/22/25 0908, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/22/25 0907
Filed by: Uw Lab Results Interface, User 01/22/25 0909
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/22/25 0907

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	138	62 - 125 mg/dL	H	104

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Comment: Fingerstick

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/22/25 1215** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/22/25 1215
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/22/25 1215 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/22/2025 12:16 PM

Specimen Information

ID	Type	Source	Collected By
W3846432	Whole blood	—	01/22/25 1215

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/22/25 1216, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/22/25 1215
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/22/25 1216
Collected by: 01/22/25 1215
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	169	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/22/25 1815** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/22/25 1815
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/22/25 1815 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/22/2025 6:16 PM

Specimen Information

ID	Type	Source	Collected By
W3850369	Whole blood	—	01/22/25 1815

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/22/25 1816, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/22/25 1815
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/22/25 1817
Collected by: 01/22/25 1815
Resulting lab: UWMC POCT

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	100	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9)

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/22/25 2053** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/22/25 2053
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/22/25 2053 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/22/2025 8:54 PM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W3851267	Whole blood	—	01/22/25 2053

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/22/25 2054, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/22/25 2053
Filed by: Uw Lab Results Interface, User 01/22/25 2054
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/22/25 2053

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	133	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/22/2025 6:00 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
H3833064	Blood	—	7513 01/23/25 0720

Basic Metabolic Panel (Abnormal) Resulted: 01/23/25 0813, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/22/25 1800
Filed by: Uw Lab Results Interface, User 01/23/25 0813
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7513 01/23/25 0720

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	135 - 145 meq/L	—	UWMC
Potassium	3.5	3.6 - 5.2 meq/L	L	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Carbon Dioxide, Total	25	22 - 32 meq/L	—	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	114	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	8	8 - 21 mg/dL	—	UWMC
Creatinine	0.67	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.1	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine AM draw 01/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/22/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3833064	Blood	—	7513 01/23/25 0720

CBC (Abnormal) Resulted: 01/23/25 0734, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/22/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/23/25 0734 Collected by: 7513 01/23/25 0720
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.19	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.89	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.0	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	29	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.1	27.3 - 33.6 pg	—	UWMC
MCHC	31.5	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	368	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.3	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE	Xiaoli Chen, MD	1959 NE PACIFIC	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

DEPT OF LAB MED	STREET MS 357110 SEATTLE WA 98195-0001

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/22/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
H3833064	Blood	—	7513 01/23/25 0720

Magnesium Resulted: 01/23/25 0813, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/22/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/23/25 0813
Collected by: 7513 01/23/25 0720
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.9	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/22/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
H3833064	Blood	—	7513 01/23/25 0720

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Phosphate Resulted: 01/23/25 0813, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/22/25 1800
Filed by: Uw Lab Results Interface, User 01/23/25 0813
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7513 01/23/25 0720

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.6	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/23/25 0852** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/23/25 0852
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/23/25 0852 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/23/2025 8:54 AM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3836548	Whole blood	—	01/23/25 0852

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/23/25 0853, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/23/25 0852
Filed by: Uw Lab Results Interface, User 01/23/25 0854
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/23/25 0852

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	141	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

CBC (Discontinued)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 0946** Status: **Discontinued**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 0946
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/27/25 0600 - Until Specified
Quantity: 1
Acknowledged: Jeanneret, Amber Marie, RN 01/23/25 1017 for Placing Order Porter, Allen, RN 01/25/25 0343 for D/C Order
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Normal
Discontinued by: Porter, Allen, RN 01/25/25 0319

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Modified from: CBC

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/25/25 0319	Wilson, Julia, MD	Shepherd, Amanda Kay, MD	Porter, Allen, RN
01/23/25 0946	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/23/25 1140** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/23/25 1140
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine Once 01/23/25 1140 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/23/2025 11:41 AM
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3838997	Whole blood	—	01/23/25 1140

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/23/25 1141, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/23/25 1140
Filed by: Uw Lab Results Interface, User 01/23/25 1141
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/23/25 1140

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	125	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/23/25 1929** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/23/25 1929
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine Once 01/23/25 1929 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/23/2025 7:30 PM
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3843876	Whole blood	—	01/23/25 1929

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/23/25 1930, Result status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Ordering provider: Shepherd, Amanda Kay, MD 01/23/25 1929 | Order status: Completed
Filed by: Uw Lab Results Interface, User 01/23/25 1930 | Collected by: 01/23/25 1929
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	141	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Zinc (Discontinued)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 2246** | Status: **Discontinued**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 2246 | Ordering provider: Shepherd, Amanda Kay, MD
Authorized by: Shepherd, Amanda Kay, MD | Ordering mode: Standard
Frequency: Routine AM draw 01/25/25 0600 - 1 occurrence | Class: Normal
Quantity: 1 | Discontinued by: Shepherd, Amanda Kay, MD 01/23/25 2248
Acknowledged: Tesfasilassie, Roma T, RN 01/23/25 2317 for Placing Order Tesfasilassie, Roma T, RN 01/23/25 2317 for D/C Order

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/24/25 0825** | Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/24/25 0825 | Ordering provider: Shepherd, Amanda Kay, MD
Authorized by: Shepherd, Amanda Kay, MD | Ordering mode: Standard
Frequency: Routine Once 01/24/25 0825 - 1 occurrence | Class: Normal
Quantity: 1 | Lab status: Final result
Instance released by: (auto-released) 1/24/2025 8:26 AM

Specimen Information

ID	Type	Source	Collected By
F3732060	Whole blood	—	01/24/25 0825

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) | Resulted: 01/24/25 0826, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/24/25 0825 | Order status: Completed
Filed by: Uw Lab Results Interface, User 01/24/25 0827 | Collected by: 01/24/25 0825
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	169	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/24/25 1213** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/24/25 1213
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine Once 01/24/25 1213 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/24/2025 12:14 PM
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F3735257	Whole blood	—	01/24/25 1213

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/24/25 1214, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/24/25 1213
Filed by: Uw Lab Results Interface, User 01/24/25 1215
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/24/25 1213

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	109	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/24/25 1654** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/24/25 1654
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine Once 01/24/25 1654 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/24/2025 4:55 PM
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F3738352	Whole blood	—	01/24/25 1654

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/24/25 1655, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/24/25 1654
Filed by: Uw Lab Results Interface, User 01/24/25 1655
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/24/25 1654

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	136	62 - 125 mg/dL	H	104

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Discontinued)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 0946** Status: **Discontinued**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 0946
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine AM draw 01/25/25 0600 - 1 occurrence
Quantity: 1
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Shepherd, Amanda Kay, MD (auto-released) 1/24/2025 6:00 PM

Discontinued by: Porter, Allen, RN 01/25/25 0314

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2686124	Blood	—	—

Magnesium (Discontinued)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 0946** Status: **Discontinued**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 0946
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine AM draw 01/25/25 0600 - 1 occurrence
Quantity: 1
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Shepherd, Amanda Kay, MD (auto-released) 1/24/2025 6:00 PM

Discontinued by: Porter, Allen, RN 01/25/25 0314

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2686124	Blood	—	—

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/24/25 2152** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/24/25 2152
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine Once 01/24/25 2152 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/24/2025 9:53 PM
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F3740046	Whole blood	—	01/24/25 2152

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/24/25 2153, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/24/25 2152
Filed by: Uw Lab Results Interface, User 01/24/25 2153
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/24/25 2152

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	125	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Blood Gas, Venous (no electrolytes) (Discontinued)

Electronically signed by: **Wilson, Julia, MD on 01/25/25 0303** Status: **Discontinued**
Ordering user: Wilson, Julia, MD 01/25/25 0303
Authorized by: Wilson, Julia, MD
Frequency: Routine Once (Timed) 01/25/25 0304 - 1 occurrence
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Wilson, Julia, MD (auto-released) 1/25/2025 3:03 AM

Discontinued by: Porter, Allen, RN 01/25/25 0314

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2687395	Blood	—	—

L Lactate, Venous WB (To U/H Lab < 30 Min) (Discontinued)

Electronically signed by: **Wilson, Julia, MD on 01/25/25 0303** Status: **Discontinued**
Ordering user: Wilson, Julia, MD 01/25/25 0303
Authorized by: Wilson, Julia, MD
Frequency: Routine Once (Timed) 01/25/25 0304 - 1 occurrence
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Wilson, Julia, MD (auto-released) 1/25/2025 3:03 AM

Discontinued by: Porter, Allen, RN 01/25/25 0314

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2687395	Blood	—	—

Basic Metabolic Panel (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0314** Status: **Completed**
Ordering user: Porter, Allen, RN 01/25/25 0314
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine AM draw 01/25/25 0600 - 1 occurrence
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Lab status: Final result
Instance released by: Porter, Allen, RN (auto-released) 1/25/2025 3:15 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
S2687442	Blood	—	Porter, Allen, RN 01/25/25 0321

Basic Metabolic Panel (Abnormal) Resulted: 01/25/25 0412, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/25/25 0315
Filed by: Uw Lab Results Interface, User 01/25/25 0413
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Porter, Allen, RN 01/25/25 0321

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	135 - 145 meq/L	—	UWMC
Potassium	4.0	3.6 - 5.2 meq/L	—	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	21	22 - 32 meq/L	L	UWMC
Anion Gap	15	4 - 12	H	UWMC
Glucose	208	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	11	8 - 21 mg/dL	—	UWMC
Creatinine	0.78	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.1	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Blood Gas, Venous (no electrolytes) (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0314**
Ordering user: Porter, Allen, RN 01/25/25 0314
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine Once (Timed) 01/25/25 0315 - 1 occurrence
Quantity: 1
Instance released by: Porter, Allen, RN (auto-released) 1/25/2025 3:15 AM

Status: **Completed**
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2687443	Blood	—	Porter, Allen, RN 01/25/25 0321

Blood Gas, Venous (no electrolytes) (Abnormal) Resulted: 01/25/25 0333, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/25/25 0315
Filed by: Uw Lab Results Interface, User 01/25/25 0333
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Porter, Allen, RN 01/25/25 0321

Components

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Component	Value	Reference Range	Flag	Lab
Specimen Description	Venous	—	—	UWMC
pH, VEN	7.37	7.32 - 7.40	—	UWMC
pCO2, VEN	38	42 - 50 mm[Hg]	L	UWMC
pO2, VEN	45	35 - 40 mm[Hg]	H	UWMC
Bicarbonate, VEN	22	23 - 27 meq/L	L	UWMC
O2 Saturation, VEN	77	70 - 75 %	H	UWMC
Base Excess, Blood, VEN	Test Not Required	0.0 - 3.0 meq/L	—	UWMC
Base Deficit Blood, VEN	3.0	0.0 - 2.0 meq/L	H	UWMC
Comment: This represents a negative base excess.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

L Lactate, Venous WB (To U/H Lab < 30 Min) (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0314** Status: **Completed**
Ordering user: Porter, Allen, RN 01/25/25 0314
Ordering provider: Wilson, Julia, MD
Authorized by: Shepherd, Amanda Kay, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine Once (Timed) 01/25/25 0315 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Porter, Allen, RN (auto-released) 1/25/2025 3:15 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2687443	Blood	—	Porter, Allen, RN 01/25/25 0321

L Lactate, Venous WB (To U/H Lab < 30 Min) (Abnormal) Resulted: 01/25/25 0333, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/25/25 0315
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/25/25 0333
Collected by: Porter, Allen, RN 01/25/25 0321
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
L Lactate (Direct), Venous Whole Blood	2.1	0.6 - 1.9 mmol/L	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Magnesium (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0314** Status: **Completed**
Ordering user: Porter, Allen, RN 01/25/25 0314
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine AM draw 01/25/25 0600 - 1 occurrence
Quantity: 1
Instance released by: Porter, Allen, RN (auto-released) 1/25/2025 3:15 AM
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2687442	Blood	—	Porter, Allen, RN 01/25/25 0321

Magnesium (Abnormal) Resulted: 01/25/25 0412, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/25/25 0315
Filed by: Uw Lab Results Interface, User 01/25/25 0413
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Porter, Allen, RN 01/25/25 0321

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0319** Status: **Completed**
Ordering user: Porter, Allen, RN 01/25/25 0319
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/25/25 0320 - Until Specified
Quantity: 1
Instance released by: Porter, Allen, RN (auto-released) 1/25/2025 3:19 AM
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2687442	Blood	—	Porter, Allen, RN 01/25/25 0321

CBC (Abnormal) Resulted: 01/25/25 0340, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/25/25 0319
Filed by: Uw Lab Results Interface, User 01/25/25 0340
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Porter, Allen, RN 01/25/25 0321

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.77	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.38	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.6	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	35	36.0 - 45.0 %	L	UWMC
MCV	103	81 - 98 fL	H	UWMC
MCH	31.4	27.3 - 33.6 pg	—	UWMC
MCHC	30.5	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	362	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.7	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/25/25 0818** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/25/25 0818 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
Frequency: Routine Once 01/25/25 0818 - 1 occurrence Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: (auto-released) 1/25/2025 8:19 AM

Specimen Information

ID	Type	Source	Collected By
S2688717	Whole blood	—	01/25/25 0818

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/25/25 0819, Result status: Final result

Ordering provider: Chi, Frank, MD 01/25/25 0818 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/25/25 0820 Collected by: 01/25/25 0818
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	113	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/25/25 1329** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/25/25 1329 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Frequency: Routine Once 01/25/25 1329 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/25/2025 1:30 PM
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2690765	Whole blood	—	01/25/25 1329

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/25/25 1330, Result status: Final result

Ordering provider: Chi, Frank, MD 01/25/25 1329
Filed by: Uw Lab Results Interface, User 01/25/25 1331
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/25/25 1329

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	111	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/25/25 1811**
Ordering user: Uw Lab Results Interface, User 01/25/25 1811
Authorized by: Chi, Frank, MD
Frequency: Routine Once 01/25/25 1811 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/25/2025 6:12 PM
Status: **Completed**
Ordering provider: Chi, Frank, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2692080	Whole blood	—	01/25/25 1811

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/25/25 1812, Result status: Final result

Ordering provider: Chi, Frank, MD 01/25/25 1811
Filed by: Uw Lab Results Interface, User 01/25/25 1813
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/25/25 1811

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	125	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/25/25 2056**
Ordering user: Uw Lab Results Interface, User 01/25/25 2056
Status: **Completed**
Ordering provider: Chi, Frank, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Authorized by: Chi, Frank, MD
Frequency: Routine Once 01/25/25 2056 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/25/2025 8:57 PM

Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2692706	Whole blood	—	01/25/25 2056

POC Glucose, Whole Blood - UWMC Montlake — Resulted: 01/25/25 2057, Result status: Final result

Ordering provider: Chi, Frank, MD 01/25/25 2056
Filed by: Uw Lab Results Interface, User 01/25/25 2057
Resulting lab: UWMC POCT

Order status: Completed
Collected by: 01/25/25 2056

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	112	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

CBC (Final result)

Electronically signed by: **Chi, Frank, MD on 01/26/25 1437**
Ordering user: Chi, Frank, MD 01/26/25 1437
Authorized by: Chi, Frank, MD
Frequency: Routine Once (Next Routine) 01/26/25 1437 - 1 occurrence
Quantity: 1
Instance released by: Chi, Frank, MD (auto-released) 1/26/2025 2:37 PM

Status: **Completed**
Ordering provider: Chi, Frank, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2490813	Blood	—	7697 01/26/25 1533

CBC (Abnormal) — Resulted: 01/26/25 1543, Result status: Final result

Ordering provider: Chi, Frank, MD 01/26/25 1437
Filed by: Uw Lab Results Interface, User 01/26/25 1544
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7697 01/26/25 1533

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.59	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.20	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.0	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	32	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.3	27.3 - 33.6 pg	—	UWMC
MCHC	31.6	32.2 - 36.5 g/dL	L	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Platelet Count	310	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.7	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Chi, Frank, MD on 01/26/25 1437** Status: **Completed**
Ordering user: Chi, Frank, MD 01/26/25 1437 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/26/25 1437 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Chi, Frank, MD (auto-released) 1/26/2025 2:37 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2490813	Blood	—	7697 01/26/25 1533

Basic Metabolic Panel (Abnormal) Resulted: 01/26/25 1605, Result status: Final result

Ordering provider: Chi, Frank, MD 01/26/25 1437 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/26/25 1605 Collected by: 7697 01/26/25 1533
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	135 - 145 meq/L	—	UWMC
Potassium	4.0	3.6 - 5.2 meq/L	—	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	18	22 - 32 meq/L	L	UWMC
Anion Gap	17	4 - 12	H	UWMC
Glucose	101	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	9	8 - 21 mg/dL	—	UWMC
Creatinine	0.66	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.2	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Urinalysis Complete, Urine (Discontinued)

Electronically signed by: **Chi, Frank, MD on 01/26/25 1639** Status: **Discontinued**
Ordering user: Chi, Frank, MD 01/26/25 1639
Authorized by: Chi, Frank, MD
Frequency: Routine Once (Next Routine) 01/26/25 1640 - 1 occurrence
Quantity: 1
Ordering provider: Chi, Frank, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Chi, Frank, MD (auto-released) 1/26/2025 4:39 PM
Discontinued by: Widmer, Ashley, MD 01/26/25 2045

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Urine	—	—

Magnesium (Final result)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 0946** Status: **Completed**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 0946
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/27/25 0600 - Until Specified
Quantity: 1
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Instance released by: Shepherd, Amanda Kay, MD (auto-released) 1/26/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
M3784448	Blood	—	7687 01/27/25 0807

Magnesium (Abnormal) Resulted: 01/27/25 0837, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/26/25 1800
Filed by: Uw Lab Results Interface, User 01/27/25 0838
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7687 01/27/25 0807

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 0946** Status: **Completed**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 0946
Ordering provider: Shepherd, Amanda Kay, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/27/25 0600 - Until Specified
Quantity: 1
Instance released by: Shepherd, Amanda Kay, MD (auto-released) 1/26/2025 6:00 PM
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
M3784448	Blood	—	7687 01/27/25 0807

Basic Metabolic Panel (Abnormal) Resulted: 01/27/25 0837, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/26/25 1800
Filed by: Uw Lab Results Interface, User 01/27/25 0838
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7687 01/27/25 0807

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC
Potassium	4.1	3.6 - 5.2 meq/L	—	UWMC
Chloride	105	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	20	22 - 32 meq/L	L	UWMC
Anion Gap	16	4 - 12	H	UWMC
Glucose	181	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	10	8 - 21 mg/dL	—	UWMC
Creatinine	0.77	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.2	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0319**
Ordering user: Porter, Allen, RN 01/25/25 0319
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/25/25 0320 - Until Specified
Quantity: 1
Instance released by: Porter, Allen, RN (auto-released) 1/26/2025 6:00 PM
Status: **Completed**
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3784448	Blood	—	7687 01/27/25 0807

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

CBC (Abnormal) Resulted: 01/27/25 0845, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/26/25 1800
Filed by: Uw Lab Results Interface, User 01/27/25 0845
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7687 01/27/25 0807

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.02	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.54	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	11.1	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	35	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.4	27.3 - 33.6 pg	—	UWMC
MCHC	31.7	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	372	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.7	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Blood Gas, Venous, w/ Lact (Final result)

Electronically signed by: **Chi, Frank, MD on 01/26/25 1639**
Status: **Completed**
Ordering user: Chi, Frank, MD 01/26/25 1639
Authorized by: Chi, Frank, MD
Frequency: Routine AM draw 01/27/25 0600 - 1 occurrence
Quantity: 1
Instance released by: Chi, Frank, MD (auto-released) 1/26/2025 6:00 PM

Ordering provider: Chi, Frank, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3784449	Blood	—	7687 01/27/25 0807

Blood Gas, Venous, w/ Lact (Abnormal) Resulted: 01/27/25 0813, Result status: Final result

Ordering provider: Chi, Frank, MD 01/26/25 1800
Filed by: Uw Lab Results Interface, User 01/27/25 0813
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7687 01/27/25 0807

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	Venous	—	—	UWMC
pH, VEN	7.37	7.32 - 7.40	—	UWMC
pCO2, VEN	34	42 - 50 mm[Hg]	L	UWMC
pO2, VEN	31	35 - 40 mm[Hg]	L	UWMC
Bicarbonate, VEN	20	23 - 27 meq/L	L	UWMC
O2 Saturation, VEN	53	70 - 75 %	L	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Base Excess, Blood, VEN	Test Not Required	0.0 - 3.0 meq/L	—	UWMC
Base Deficit Blood, VEN	4.7	0.0 - 2.0 meq/L	H	UWMC
Comment: This represents a negative base excess.				
L Lactate (Direct), Venous Whole Blood	1.6	0.6 - 1.9 mmol/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Beta Hydroxybutyrate (Final result)

Electronically signed by: **Chi, Frank, MD on 01/26/25 1655** Status: **Completed**
Ordering user: Chi, Frank, MD 01/26/25 1655 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
Frequency: Routine AM draw 01/27/25 0600 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Chi, Frank, MD (auto-released) 1/26/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3784448	Blood	—	7687 01/27/25 0807

Beta Hydroxybutyrate (Abnormal) Resulted: 01/27/25 0837, Result status: Final result

Ordering provider: Chi, Frank, MD 01/26/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/27/25 0838 Collected by: 7687 01/27/25 0807
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Beta Hydroxybutyrate	3.93	<0.30 mmol/L	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Zinc (Final result)

Electronically signed by: **Zafar, Zaeema, DO on 01/28/25 0827** Status: **Completed**
Ordering user: Zafar, Zaeema, DO 01/28/25 0827 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine AM draw 01/29/25 0600 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Zafar, Zaeema, DO (auto-released) 1/28/2025 6:00 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3852788	Blood	—	7544 01/29/25 0608

Zinc Resulted: 01/31/25 1331, Result status: Final result

Ordering provider: Zafar, Zaeema, DO 01/28/25 1800
Filed by: Uw Lab Results Interface, User 01/31/25 1332
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7544 01/29/25 0608

Components

Component	Value	Reference Range	Flag	Lab
Zinc	77	60 - 120 ug/dL	—	UWMC
Zinc Method	SEE NOTES	—	—	UWMC

Comment:
This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. It has not been cleared or approved by the US Food and Drug Administration. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 0946** Status: **Completed**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 0946
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/27/25 0600 - Until Specified
Quantity: 1
Instance released by: Shepherd, Amanda Kay, MD (auto-released) 1/29/2025 6:00 PM

Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
H3845549	Blood	—	7678 01/30/25 0806

Magnesium (Abnormal) Resulted: 01/30/25 0843, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/29/25 1800
Filed by: Uw Lab Results Interface, User 01/30/25 0843
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7678 01/30/25 0806

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 0946** Status: **Completed**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 0946 Ordering provider: Shepherd, Amanda Kay, MD
Authorized by: Shepherd, Amanda Kay, MD Ordering mode: Standard
Frequency: Routine q Mon/Thu 01/27/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Shepherd, Amanda Kay, MD (auto-released) 1/29/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
H3845549	Blood	—	7678 01/30/25 0806

Basic Metabolic Panel (Abnormal) Resulted: 01/30/25 0843, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/29/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/30/25 0843 Collected by: 7678 01/30/25 0806
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC
Potassium	3.0	3.6 - 5.2 meq/L	L	UWMC
Chloride	105	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	26	22 - 32 meq/L	—	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	136	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	8	8 - 21 mg/dL	—	UWMC
Creatinine	0.58	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.7	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

0001

Zinc (Final result)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 2248** Status: **Completed**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 2248
Ordering provider: Shepherd, Amanda Kay, MD
Authorized by: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/30/25 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Shepherd, Amanda Kay, MD (auto-released) 1/29/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3845549	Blood	—	7678 01/30/25 0806

Zinc Resulted: 01/31/25 1331, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/29/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/31/25 1332
Collected by: 7678 01/30/25 0806
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Zinc	65	60 - 120 ug/dL	—	UWMC
Zinc Method	SEE NOTES	—	—	UWMC

Comment:
This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. It has not been cleared or approved by the US Food and Drug Administration. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0319** Status: **Completed**
Ordering user: Porter, Allen, RN 01/25/25 0319
Ordering provider: Wilson, Julia, MD
Authorized by: Shepherd, Amanda Kay, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine q Mon/Thu 01/25/25 0320 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Porter, Allen, RN (auto-released) 1/29/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
H3845549	Blood	—	7678 01/30/25 0806

CBC Resulted: 01/30/25 0821, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/29/25 1800
Filed by: Uw Lab Results Interface, User 01/30/25 0821
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7678 01/30/25 0806

Components

Component	Value	Reference Range	Flag	Lab
WBC	Reorder requested, quantity not sufficient	4.3 - 10.0 10*3/uL	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
RBC	Reorder requested, quantity not sufficient	3.80 - 5.00 10*6/uL	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
Hemoglobin	Reorder requested, quantity not sufficient	11.5 - 15.5 g/dL	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
Hematocrit	Reorder requested, quantity not sufficient	36.0 - 45.0 %	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
MCV	Reorder requested, quantity not sufficient	81 - 98 fL	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
MCH	Reorder requested, quantity not sufficient	27.3 - 33.6 pg	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
MCHC	Reorder requested, quantity not sufficient	32.2 - 36.5 g/dL	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
Platelet Count	Reorder requested, quantity not sufficient	150 - 400 10*3/uL	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
RDW-CV	Reorder requested, quantity not sufficient	11.0 - 14.5 %	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9)

Comprehensive Metabolic Panel (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 0810** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 0810 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/31/25 0811 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 8:11 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3743732	Blood	—	4346 01/31/25 0840

Comprehensive Metabolic Panel (Abnormal)

Resulted: 01/31/25 0922, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 01/31/25 0811 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/31/25 0922 Collected by: 4346 01/31/25 0840
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	135 - 145 meq/L	—	UWMC
Potassium Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.	3.4	3.6 - 5.2 meq/L	L	UWMC
Chloride	106	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	UWMC
Anion Gap	11	4 - 12	—	UWMC
Glucose	129	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	8	8 - 21 mg/dL	—	UWMC
Creatinine	0.62	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total) Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.	5.4	6.0 - 8.2 g/dL	L	UWMC
Albumin	2.8	3.5 - 5.2 g/dL	L	UWMC
Bilirubin (Total)	0.5	0.2 - 1.3 mg/dL	—	UWMC
Calcium	7.5	8.9 - 10.2 mg/dL	L	UWMC
AST (GOT) Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.	18	9 - 38 U/L	—	UWMC
Alkaline Phosphatase (Total)	61	49 - 199 U/L	—	UWMC
ALT (GPT) Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.	8	7 - 33 U/L	—	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC with Diff (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 0810** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 0810 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/31/25 0811 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 8:11 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3743732	Blood	—	4346 01/31/25 0840

CBC with Diff (Abnormal) Resulted: 01/31/25 0903, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 01/31/25 0811 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/31/25 0903 Collected by: 4346 01/31/25 0840
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	4.67	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.25	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.5	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	31	36.0 - 45.0 %	L	UWMC
MCV	96	81 - 98 fL	—	UWMC
MCH	32.3	27.3 - 33.6 pg	—	UWMC
MCHC	33.8	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	185	150 - 400 10*3/uL	—	UWMC
RDW-CV	16.3	11.0 - 14.5 %	H	UWMC
% Neutrophils	62	%	—	UWMC
% Lymphocytes	26	%	—	UWMC
% Monocytes	9	%	—	UWMC
% Eosinophils	2	%	—	UWMC
% Basophils	0	%	—	UWMC
% Immature Granulocytes	1	%	—	UWMC
Neutrophils	2.86	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.21	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.44	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.11	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.02	0.00 - 0.20 10*3/uL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Immature Granulocytes	0.03	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 0810** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 0810 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/31/25 0811 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 8:11 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3743732	Blood	—	4346 01/31/25 0840

Magnesium Resulted: 01/31/25 0958, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 01/31/25 0811 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/31/25 0958 Collected by: 4346 01/31/25 0840
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.4	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 0810** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 0810 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/31/25 0811 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 8:11 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3743732	Blood	—	4346 01/31/25 0840

Phosphate Resulted: 01/31/25 0922, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 01/31/25 0811
Filed by: Uw Lab Results Interface, User 01/31/25 0922
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 4346 01/31/25 0840

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.7	2.5 - 4.5 mg/dL	—	UWMC

Comment:
Hemolysis present. Hemolysis interferes with this test method giving elevated results.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine AM draw 02/01/25 0600 - Until Specified
Quantity: 1
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 7:20 PM

Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
S2693963	Blood	—	7544 02/01/25 0639

Basic Metabolic Panel (Abnormal) Resulted: 02/01/25 0740, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 01/31/25 1920
Filed by: Uw Lab Results Interface, User 02/01/25 0740
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7544 02/01/25 0639

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	3.4	3.6 - 5.2 meq/L	L	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Chloride	105	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	28	22 - 32 meq/L	—	UWMC
Anion Gap	9	4 - 12	—	UWMC
Glucose	144	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	9	8 - 21 mg/dL	—	UWMC
Creatinine	0.64	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.8	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine AM draw 02/01/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 7:20 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
S2693963	Blood	—	7544 02/01/25 0639

Magnesium Resulted: 02/01/25 0740, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 01/31/25 1920 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/01/25 0740 Collected by: 7544 02/01/25 0639
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.0	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine AM draw 02/01/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 7:20 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2693963	Blood	—	7544 02/01/25 0639

Phosphate (Abnormal) Resulted: 02/01/25 0740, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 01/31/25 1920 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/01/25 0740 Collected by: 7544 02/01/25 0639
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.4	2.5 - 4.5 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine AM draw 02/01/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/1/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
X2493334	Blood	—	7614 02/02/25 0814

Basic Metabolic Panel (Abnormal) Resulted: 02/02/25 0908, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/01/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/02/25 0908 Collected by: 7614 02/02/25 0814
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Potassium	3.6	3.6 - 5.2 meq/L	—	UWMC
Chloride	104	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	27	22 - 32 meq/L	—	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	175	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	11	8 - 21 mg/dL	—	UWMC
Creatinine	0.64	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine AM draw 02/01/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/1/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
X2493334	Blood	—	7614 02/02/25 0814

Magnesium Resulted: 02/02/25 0908, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/01/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/02/25 0908 Collected by: 7614 02/02/25 0814
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.9	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/01/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/1/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2493334	Blood	—	7614 02/02/25 0814

Phosphate Resulted: 02/02/25 0908, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/01/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/02/25 0908
Collected by: 7614 02/02/25 0814
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.8	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Discontinued)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0319** Status: **Discontinued**
Ordering user: Porter, Allen, RN 01/25/25 0319
Ordering provider: Wilson, Julia, MD
Authorized by: Shepherd, Amanda Kay, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine q Mon/Thu 01/25/25 0320 - Until Specified
Class: Lab Collect
Quantity: 1
Instance released by: Porter, Allen, RN (auto-released) 2/2/2025 6:00 PM
Discontinued by: Uw Lab Results Interface, User 02/03/25 0903 [Reorder requested, collection problem]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3795839	Blood	—	6899 02/03/25 0809

Basic Metabolic Panel (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/01/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/2/2025 6:00 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Discontinued by: Uw Lab Results Interface, User 02/03/25 0903 [Reorder requested, collection problem]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
M3795839	Blood	—	6899 02/03/25 0809

Magnesium (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine AM draw 02/01/25 0600 - Until Specified
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/2/2025 6:00 PM
Discontinued by: Uw Lab Results Interface, User 02/03/25 0903 [Reorder requested, collection problem]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
M3795839	Blood	—	6899 02/03/25 0809

Phosphate (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine AM draw 02/01/25 0600 - Until Specified
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/2/2025 6:00 PM
Discontinued by: Uw Lab Results Interface, User 02/03/25 0903 [Reorder requested, collection problem]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3795839	Blood	—	6899 02/03/25 0809

CBC with Diff (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1218** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1218
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine STAT 02/03/25 1218 - 1 occurrence
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:18 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
M3801991	Blood	—	7378 02/03/25 1236

CBC with Diff (Abnormal) Resulted: 02/03/25 1315, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1218
Filed by: Uw Lab Results Interface, User 02/03/25 1315
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7378 02/03/25 1236

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.08	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.42	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.8	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	34	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.6	27.3 - 33.6 pg	—	UWMC
MCHC	31.8	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	202	150 - 400 10*3/uL	—	UWMC
RDW-CV	16.8	11.0 - 14.5 %	H	UWMC
% Neutrophils	60	%	—	UWMC
% Lymphocytes	23	%	—	UWMC
% Monocytes	14	%	—	UWMC
% Eosinophils	1	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	1	%	—	UWMC
Neutrophils	4.37	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.59	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.97	0.00 - 0.80 10*3/uL	H	UWMC
Absolute Eosinophil Count	0.06	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.04	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.05	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Comprehensive Metabolic Panel (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1218** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1218
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine STAT 02/03/25 1218 - 1 occurrence
Quantity: 1

Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:18 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3801991	Blood	—	7378 02/03/25 1236

Comprehensive Metabolic Panel (Abnormal) Resulted: 02/03/25 1324, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1218
Filed by: Uw Lab Results Interface, User 02/03/25 1325
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7378 02/03/25 1236

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	19	22 - 32 meq/L	L	UWMC
Anion Gap	14	4 - 12	H	UWMC
Glucose	141	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	13	8 - 21 mg/dL	—	UWMC
Creatinine	0.63	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total)	5.7	6.0 - 8.2 g/dL	L	UWMC
Albumin	2.9	3.5 - 5.2 g/dL	L	UWMC
Bilirubin (Total)	0.5	0.2 - 1.3 mg/dL	—	UWMC
Calcium	8.0	8.9 - 10.2 mg/dL	L	UWMC
AST (GOT)	14	9 - 38 U/L	—	UWMC
Alkaline Phosphatase (Total)	66	49 - 199 U/L	—	UWMC
ALT (GPT)	4	7 - 33 U/L	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Lipase (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1218** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1218
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine STAT 02/03/25 1218 - 1 occurrence
Quantity: 1
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:18 PM

Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

ID	Type	Source	Collected By
M3801991	Blood	—	7378 02/03/25 1236

Lipase Resulted: 02/03/25 1324, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1218
Filed by: Uw Lab Results Interface, User 02/03/25 1325
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7378 02/03/25 1236

Components

Component	Value	Reference Range	Flag	Lab
Lipase	23	<70 U/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Blood Gas, Venous, w/ Lact (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1218** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1218
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine STAT 02/03/25 1218 - 1 occurrence
Quantity: 1
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:18 PM

Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3801992	Blood	—	7378 02/03/25 1236

Blood Gas, Venous, w/ Lact (Abnormal) Resulted: 02/03/25 1255, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1218
Filed by: Uw Lab Results Interface, User 02/03/25 1256
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7378 02/03/25 1236

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	Venous	—	—	UWMC
pH, VEN	7.46	7.32 - 7.40	H	UWMC
pCO2, VEN	35	42 - 50 mm[Hg]	L	UWMC
pO2, VEN	44	35 - 40 mm[Hg]	H	UWMC
Bicarbonate, VEN	25	23 - 27 meq/L	—	UWMC
O2 Saturation, VEN	81	70 - 75 %	H	UWMC
Base Excess, Blood, VEN	1.3	0.0 - 3.0 meq/L	—	UWMC
Base Deficit Blood, VEN	Test Not Required	0.0 - 2.0 meq/L	—	UWMC
L Lactate (Direct), Venous Whole Blood	1.7	0.6 - 1.9 mmol/L	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1218** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1218 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine STAT 02/03/25 1218 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:18 PM

Specimen Information

ID	Type	Source	Collected By
M3801991	Blood	—	7378 02/03/25 1236

Magnesium Resulted: 02/03/25 1324, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1218 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/03/25 1325 Collected by: 7378 02/03/25 1236
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.8	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1218** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1218 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine STAT 02/03/25 1218 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:18 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3801991	Blood	—	7378 02/03/25 1236

Phosphate Resulted: 02/03/25 1324, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1218 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/03/25 1325 Collected by: 7378 02/03/25 1236

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.8	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Beta Hydroxybutyrate (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/03/25 1236** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/03/25 1236
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Frequency: Routine Once 02/03/25 1236 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/3/2025 2:36 PM

Specimen Information

ID	Type	Source	Collected By
M3801991	Serum	—	7378 02/03/25 1236

Beta Hydroxybutyrate (Abnormal) Resulted: 02/03/25 1834, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1236
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/03/25 1834
Collected by: 7378 02/03/25 1236
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Beta Hydroxybutyrate	0.80	<0.30 mmol/L	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Lab Add On Order (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1349** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1349
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 02/03/25 1350 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 1:49 PM

Questionnaire

Question	Answer
Lab Test Requested	beta hydroxybutyrate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Sample to Use	Most recent
Call Back Number	267 496 8826
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3803078	Blood	—	02/03/25 1350

Lab Add On Order Resulted: 02/03/25 1437, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1349
Filed by: Uw Lab Results Interface, User 02/03/25 1437
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 02/03/25 1350

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	beta hydroxybutyrate	—	—	UWMC
Specimen Type/Description	Blood	—	—	UWMC
Sample To Use	Most recent	—	—	UWMC
Test Request Status	Order Processed	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Urinalysis with Reflex Culture (Edited Result - FINAL)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1218** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1218
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine Once (Next Routine) 02/03/25 1219 - 1 occurrence
Quantity: 1
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:18 PM
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Edited Result - FINAL

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3802205	Urine	—	Nguyen, Deanna, RN 02/04/25 0541

Urinalysis with Reflex Culture (Abnormal) Resulted: 02/04/25 0617, Result status: Edited Result - FINAL

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1218
Filed by: Uw Lab Results Interface, User 02/04/25 1832
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Nguyen, Deanna, RN 02/04/25 0541

Components

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Component	Value	Reference Range	Flag	Lab
Color, URN	DkYellow	—	—	UWMC
Clarity, URN	Hazy	—	—	UWMC
Specific Gravity, URN	>1.040	1.006 - 1.027 g/mL	H ^	UWMC
pH, URN	6.5	5.0 - 8.0	—	UWMC
Protein (Alb Semiquant), URN	1+	NRN	A !	UWMC
Glucose Qual, URN	Negative	NRN	—	UWMC
Ketones, URN	1+	NRN	A !	UWMC
Bilirubin (Qual), URN	Negative	NRN	—	UWMC
Occult Blood, URN	Negative	NRN	—	UWMC
Nitrite, URN	Positive	NRN	A !	UWMC
Leukocyte Esterase, URN	Positive	NRN	A !	UWMC
Urobilinogen, URN	2	URONML {Ehrlich'U}	A !	UWMC
Comments for Macroscopic, URN	None	—	—	UWMC
Collection Method	Urine	—	—	UWMC
WBC, URN	21-50(3+)	Z5NEG /[HPF]	A !	UWMC
RBC, URN	0-2(NEG)	Z2NEG /[HPF]	—	UWMC
Bacteria, URN	Present	NOSEEN	A !	UWMC
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /[LPF]	A !	UWMC
Epith Cells Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	UWMC
Comments For Microscopic, URN	None	NONE	—	UWMC
Crystal Calcium Oxalate, URN	2+	/[LPF]	—	UWMC
Crystal Amorphous, URN	Present	/[LPF]	—	UWMC
1st Extra Urine Gray Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

1st Extra Urine Tube (In process)

Electronically signed by: **Uw Lab Results Interface, User on 02/04/25 0541** Status: **Active**
Ordering user: Uw Lab Results Interface, User 02/04/25 0541
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine Once 02/04/25 0541 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/4/2025 5:51 AM
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Normal
Lab status: In process

Specimen Information

ID	Type	Source	Collected By
M3802205	—	—	02/04/25 0541

Reflex Culture for UA (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/04/25 0541** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/04/25 0541
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine Once 02/04/25 0541 - 1 occurrence
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Instance released by: (auto-released) 2/4/2025 6:17 AM

Specimen Information

ID	Type	Source	Collected By
M3802205	Urine	—	02/04/25 0541

Reflex Culture for UA Resulted: 02/04/25 1832, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/04/25 0541
Filed by: Uw Lab Results Interface, User 02/04/25 1832
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 02/04/25 0541

Components

Component	Value	Reference Range	Flag	Lab
Reflex Culture for UA	Order Processed	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Culture Urine, Bact (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/04/25 0541** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/04/25 0541
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine Once 02/04/25 0541 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/4/2025 6:32 PM

Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T3904027	Urine	—	02/04/25 0541

Culture Urine, Bact (Abnormal) Resulted: 02/06/25 1906, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/04/25 0541
Filed by: Uw Lab Results Interface, User 02/06/25 1906
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 02/04/25 0541

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	No special requests	—	—	UWMC
Culture Result: >100,000 Col/mL Escherichia coli	--	—	A !	UWMC
Culture	Providers, see link for important guidelines regarding the interpretation of susceptibility reports:	—	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

	https://testguide.labmed.uw.edu/guideline/abx			
Culture	--	—	—	UWMC

Result:
This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. It has not been cleared or approved by the US
Food and Drug Administration.
This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes.
It should not be regarded as investigational or for research.

Sensitivities

Organism	Antibiotic	Sensitivity	Method
Escherichia coli	Amoxicillin/clavulanic acid	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ampicillin	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ampicillin/sulbactam	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Aztreonam	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefazolin	4 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefepime	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefotetan	<=16 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftazidime	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftriaxone	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ciprofloxacin	<=0.06 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Doxycycline	<=4 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ertapenem	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Gentamicin	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Levofloxacin	<=0.5 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Meropenem	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Nitrofurantoin	<=32 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Piperacillin/tazobactam	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Trimeth_Sulfamethoxazole	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine AM draw 02/01/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3893965	Blood	—	6145 02/04/25 0617

Phosphate Resulted: 02/04/25 0809, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/04/25 0809 Collected by: 6145 02/04/25 0617
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.2	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 0822** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 0822 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine AM draw 02/04/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3893965	Blood	—	6145 02/04/25 0617

Basic Metabolic Panel (Abnormal) Resulted: 02/04/25 0809, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/04/25 0809 Collected by: 6145 02/04/25 0617
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Component	Value	Reference Range	Flag	Lab
Sodium	143	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	107	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	24	22 - 32 meq/L	—	UWMC
Anion Gap	12	4 - 12	—	UWMC
Glucose	127	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	14	8 - 21 mg/dL	—	UWMC
Creatinine	0.70	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.1	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 0822** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 0822 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine AM draw 02/04/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3893965	Blood	—	6145 02/04/25 0617

Magnesium Resulted: 02/04/25 0809, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/04/25 0809 Collected by: 6145 02/04/25 0617
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.8	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Urinalysis Complete, Urine (Discontinued)

Electronically signed by: **Chen, Tiffany Chia-An, MD on 02/04/25 1229** Status: **Discontinued**
Ordering user: Chen, Tiffany Chia-An, MD 02/04/25 1229
Authorized by: Chen, Tiffany Chia-An, MD
Frequency: Routine Once (Next Routine) 02/04/25 1230 - 1 occurrence
Quantity: 1
Ordering provider: Chen, Tiffany Chia-An, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Chen, Tiffany Chia-An, MD (auto-released) 2/4/2025 12:29 PM
Discontinued by: Hunt, Susan Elizabeth, MD 02/05/25 1058

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: In out cath

Specimen Information

ID	Type	Source	Collected By
T3900450	Urine	—	—

Phosphate (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine AM draw 02/01/25 0600 - Until Specified
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/4/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3864985	Blood	—	5455 02/05/25 0812

Phosphate Resulted: 02/05/25 0915, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/04/25 1800
Filed by: Uw Lab Results Interface, User 02/05/25 0915
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 02/05/25 0812

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.2	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 0822** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 0822
Authorized by: Sokol-Hessner, Lauge, MD
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Frequency: Routine AM draw 02/04/25 0600 - Until Specified
Quantity: 1
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/4/2025 6:00 PM
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3864985	Blood	—	5455 02/05/25 0812

Basic Metabolic Panel (Abnormal)
Resulted: 02/05/25 0915, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/04/25 1800
Filed by: Uw Lab Results Interface, User 02/05/25 0915
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 02/05/25 0812

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	26	22 - 32 meq/L	—	UWMC
Anion Gap	11	4 - 12	—	UWMC
Glucose	130	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	13	8 - 21 mg/dL	—	UWMC
Creatinine	0.77	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.2	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 0822**
Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 0822
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine AM draw 02/04/25 0600 - Until Specified
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/4/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3864985	Blood	—	5455 02/05/25 0812

Magnesium (Abnormal)
Resulted: 02/05/25 0915, Result status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Ordering provider: Sokol-Hessner, Lauge, MD 02/04/25 1800
Filed by: Uw Lab Results Interface, User 02/05/25 0915
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 02/05/25 0812

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.6	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

B-Type Natriuretic Peptide (Final result)

Electronically signed by: **Chen, Tiffany Chia-An, MD on 02/04/25 1243**
Status: **Completed**
Ordering user: Chen, Tiffany Chia-An, MD 02/04/25 1243
Ordering provider: Chen, Tiffany Chia-An, MD
Authorized by: Chen, Tiffany Chia-An, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/05/25 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Chen, Tiffany Chia-An, MD (auto-released) 2/4/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3864985	Blood	—	5455 02/05/25 0812

B-Type Natriuretic Peptide (Abnormal)
Resulted: 02/05/25 0953, Result status: Final result

Ordering provider: Chen, Tiffany Chia-An, MD 02/04/25 1800
Filed by: Uw Lab Results Interface, User 02/05/25 0953
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 02/05/25 0812

Components

Component	Value	Reference Range	Flag	Lab
B_Type Natriuretic Peptide	1,278	<101 pg/mL	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

1st Extra Lavender Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/05/25 0600**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/05/25 0600
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Frequency: Routine Once 02/05/25 0600 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/5/2025 8:11 AM
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W3864985	Plasma	—	5455 02/05/25 0812

1st Extra Lavender Top Resulted: 02/05/25 0848, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/05/25 0600
Filed by: Uw Lab Results Interface, User 02/05/25 0849
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 02/05/25 0812

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Lavender Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0319**
Ordering user: Porter, Allen, RN 01/25/25 0319
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/25/25 0320 - Until Specified
Quantity: 1
Instance released by: Porter, Allen, RN (auto-released) 2/5/2025 6:00 PM
Status: **Completed**
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3857883	Blood	—	7678 02/06/25 0734

CBC (Abnormal) Resulted: 02/06/25 0805, Result status: Final result

Ordering provider: Wilson, Julia, MD 02/05/25 1800
Filed by: Uw Lab Results Interface, User 02/06/25 0805
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7678 02/06/25 0734

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.39	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.81	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	11.8	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	38	36.0 - 45.0 %	—	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.0	27.3 - 33.6 pg	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

MCHC	31.4	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	257	150 - 400 10*3/uL	—	UWMC
RDW-CV	16.5	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/05/25 1058** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/05/25 1058 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine q other day 02/06/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/5/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3857883	Blood	—	7678 02/06/25 0734

Basic Metabolic Panel (Abnormal) Resulted: 02/06/25 0830, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/05/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/06/25 0830 Collected by: 7678 02/06/25 0734
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 meq/L	—	UWMC
Potassium	3.6	3.6 - 5.2 meq/L	—	UWMC
Chloride	109	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	24	22 - 32 meq/L	—	UWMC
Anion Gap	12	4 - 12	—	UWMC
Glucose	136	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	12	8 - 21 mg/dL	—	UWMC
Creatinine	0.67	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Magnesium (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/05/25 1058** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/05/25 1058
Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Frequency: Routine q other day 02/06/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/5/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3857883	Blood	—	7678 02/06/25 0734

Magnesium (Abnormal) Resulted: 02/06/25 0830, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/05/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/06/25 0830
Collected by: 7678 02/06/25 0734
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.6	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/05/25 1058** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/05/25 1058
Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Frequency: Routine q other day 02/06/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/7/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2701268	Blood	—	7544 02/08/25 0633

Basic Metabolic Panel (Abnormal) Resulted: 02/08/25 0826, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/07/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/08/25 0826
Collected by: 7544 02/08/25 0633
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Component	Value	Reference Range	Flag	Lab
Sodium	149	135 - 145 meq/L	H	UWMC
Potassium	3.5	3.6 - 5.2 meq/L	L	UWMC
Chloride	111	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	21	22 - 32 meq/L	L	UWMC
Anion Gap	17	4 - 12	H	UWMC
Glucose	122	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	12	8 - 21 mg/dL	—	UWMC
Creatinine	0.73	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/05/25 1058** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/05/25 1058 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine q other day 02/06/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/7/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2701268	Blood	—	7544 02/08/25 0633

Magnesium (Abnormal) Resulted: 02/08/25 0826, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/07/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/08/25 0826 Collected by: 7544 02/08/25 0633
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9)

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/08/25 0945** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/08/25 0945
Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/09/25 0600 - 3 occurrences
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/8/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2499992	Blood	—	5455 02/09/25 0609

Basic Metabolic Panel (Abnormal)

Resulted: 02/09/25 0651, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/08/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/09/25 0652
Collected by: 5455 02/09/25 0609
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	150	135 - 145 meq/L	H	UWMC
Potassium	3.7	3.6 - 5.2 meq/L	—	UWMC
Chloride	111	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	22	22 - 32 meq/L	—	UWMC
Anion Gap	17	4 - 12	H	UWMC
Glucose	131	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	11	8 - 21 mg/dL	—	UWMC
Creatinine	0.71	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/08/25 0945** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/08/25 0945
Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/09/25 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/8/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

ID	Type	Source	Collected By
X2499992	Blood	—	5455 02/09/25 0609

Magnesium Resulted: 02/09/25 0651, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/08/25 1800
Filed by: Uw Lab Results Interface, User 02/09/25 0652
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 5455 02/09/25 0609

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.9	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

1st Extra Lavender Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/09/25 0600** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/09/25 0600
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine Once 02/09/25 0600 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/9/2025 6:09 AM

Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
X2499992	Plasma	—	5455 02/09/25 0609

1st Extra Lavender Top Resulted: 02/09/25 0621, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/09/25 0600
Filed by: Uw Lab Results Interface, User 02/09/25 0622
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 5455 02/09/25 0609

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Lavender Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0319** Status: **Completed**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Ordering user: Porter, Allen, RN 01/25/25 0319
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/25/25 0320 - Until Specified
Quantity: 1
Instance released by: Porter, Allen, RN (auto-released) 2/9/2025 6:00 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3807943	Blood	—	5455 02/10/25 0950

CBC (Abnormal) Resulted: 02/10/25 1045, Result status: Final result

Ordering provider: Wilson, Julia, MD 02/09/25 1800
Filed by: Uw Lab Results Interface, User 02/10/25 1045
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 02/10/25 0950

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.45	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.86	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	12.1	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	39	36.0 - 45.0 %	—	UWMC
MCV	100	81 - 98 fL	H	UWMC
MCH	31.3	27.3 - 33.6 pg	—	UWMC
MCHC	31.3	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	255	150 - 400 10*3/uL	—	UWMC
RDW-CV	16.5	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/08/25 0945**
Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/08/25 0945
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine AM draw 02/09/25 0600 - 3 occurrences
Quantity: 1
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/9/2025 6:00 PM
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3807943	Blood	—	5455 02/10/25 0950

Basic Metabolic Panel (Abnormal) Resulted: 02/10/25 1050, Result status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Ordering provider: Hunt, Susan Elizabeth, MD 02/09/25 1800
Filed by: Uw Lab Results Interface, User 02/10/25 1050
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 5455 02/10/25 0950

Components

Component	Value	Reference Range	Flag	Lab
Sodium	150	135 - 145 meq/L	H	UWMC
Potassium	3.1	3.6 - 5.2 meq/L	L	UWMC
Chloride	111	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	20	22 - 32 meq/L	L	UWMC
Anion Gap	19	4 - 12	H	UWMC
Glucose	148	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	12	8 - 21 mg/dL	—	UWMC
Creatinine	0.74	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.2	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/08/25 0945**
Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/08/25 0945
Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/09/25 0600 - 3 occurrences
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/10/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3906140	Blood	—	6824 02/11/25 0701

Basic Metabolic Panel (Abnormal)
Resulted: 02/11/25 0746, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/10/25 1800
Filed by: Uw Lab Results Interface, User 02/11/25 0747
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 6824 02/11/25 0701

Components

Component	Value	Reference Range	Flag	Lab
Sodium	150	135 - 145 meq/L	H	UWMC
Potassium	3.3	3.6 - 5.2 meq/L	L	UWMC
Chloride	115	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	21	22 - 32 meq/L	L	UWMC
Anion Gap	14	4 - 12	H	UWMC
Glucose	252	62 - 125 mg/dL	H	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Urea Nitrogen	12	8 - 21 mg/dL	—	UWMC
Creatinine	0.70	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.9	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

1st Extra Lavender Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/11/25 0600** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/11/25 0600
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine Once 02/11/25 0600 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/11/2025 7:01 AM
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T3906140	Plasma	—	6824 02/11/25 0701

1st Extra Lavender Top Resulted: 02/11/25 0712, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/11/25 0600
Filed by: Uw Lab Results Interface, User 02/11/25 0713
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 6824 02/11/25 0701

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Lavender Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/11/25 1841** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/11/25 1841
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine AM draw 02/12/25 0600 - 3 days
Quantity: 1
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/11/2025 6:41 PM
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Release Result to Patient — Immediate

Specimen Information

ID	Type	Source	Collected By
W3878043	Blood	—	7678 02/12/25 0802

Basic Metabolic Panel (Abnormal) — Resulted: 02/12/25 0945, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/11/25 1841
Filed by: Uw Lab Results Interface, User 02/12/25 0946
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7678 02/12/25 0802

Components

Component	Value	Reference Range	Flag	Lab
Sodium	151	135 - 145 meq/L	H	UWMC
Potassium	3.6	3.6 - 5.2 meq/L	—	UWMC
Chloride	118	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	25	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	157	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	11	8 - 21 mg/dL	—	UWMC
Creatinine	0.82	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.8	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** — Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Authorized by: Pillai, Sunita, MD
Frequency: Routine q6h 02/12/25 - Until Specified
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/12/2025 6:52 PM
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3887063	Blood	—	2483 02/12/25 1923

Sodium, Whole Blood (Abnormal) — Resulted: 02/12/25 1929, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/12/25 1852
Filed by: Uw Lab Results Interface, User 02/12/25 1929
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 2483 02/12/25 1923

Components

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Component	Value	Reference Range	Flag	Lab
Sodium	152	136 - 145 meq/L	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine q6h 02/12/25 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/12/2025 6:52 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3887059	Blood	—	5578 02/12/25 2321

Sodium, Whole Blood (Abnormal) Resulted: 02/12/25 2339, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/12/25 1852
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/12/25 2339
Collected by: 5578 02/12/25 2321
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	150	136 - 145 meq/L	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine q6h 02/12/25 - Until Specified
Class: Lab Collect
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/12/2025 6:52 PM
Discontinued by: Uw Lab Results Interface, User 02/12/25 2333 [Duplicate request]

Questionnaire

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3870489	Blood	—	02/13/25 0000

Sodium, Whole Blood (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Authorized by: Pillai, Sunita, MD
Frequency: Routine q6h 02/12/25 - Until Specified
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Pillai, Sunita, MD (auto-released) 2/13/2025 12:05 AM
Discontinued by: Pillai, Sunita, MD 02/13/25 1951

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3765776	Blood	—	—

CBC (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0319** Status: **Completed**
Ordering user: Porter, Allen, RN 01/25/25 0319
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/25/25 0320 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Lab Collect
Lab status: Final result
Instance released by: Porter, Allen, RN (auto-released) 2/12/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3870060	Blood	—	6439 02/13/25 0551

CBC (Abnormal) Resulted: 02/13/25 0606, Result status: Final result

Ordering provider: Wilson, Julia, MD 02/12/25 1800
Filed by: Uw Lab Results Interface, User 02/13/25 0606
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 6439 02/13/25 0551

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.19	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.29	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.5	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	33	36.0 - 45.0 %	L	UWMC
MCV	101	81 - 98 fL	H	UWMC
MCH	31.9	27.3 - 33.6 pg	—	UWMC
MCHC	31.6	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	178	150 - 400 10*3/uL	—	UWMC
RDW-CV	17.3	11.0 - 14.5 %	H	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/11/25 1841** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/11/25 1841
Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/12/25 0600 - 3 days
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/12/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3870060	Blood	—	6439 02/13/25 0551

Basic Metabolic Panel (Abnormal) Resulted: 02/13/25 0630, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/12/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/13/25 0631
Collected by: 6439 02/13/25 0551
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	147	135 - 145 meq/L	H	UWMC
Potassium	4.4	3.6 - 5.2 meq/L	—	UWMC
Chloride	114	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	27	22 - 32 meq/L	—	UWMC
Anion Gap	6	4 - 12	—	UWMC
Glucose	191	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	12	8 - 21 mg/dL	—	UWMC
Creatinine	0.70	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.9	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Authorized by: Pillai, Sunita, MD
Frequency: Routine q6h 02/12/25 - Until Specified
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Pillai, Sunita, MD (auto-released) 2/12/2025 6:52 PM
Discontinued by: Uw Lab Results Interface, User 02/28/25 0032 [Auto-canceled, specimen not received within 14 days]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3887061	Blood	—	6439 02/13/25 0551

Sodium, Whole Blood (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Authorized by: Pillai, Sunita, MD
Frequency: Routine q6h 02/12/25 - Until Specified
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Pillai, Sunita, MD (auto-released) 2/12/2025 6:52 PM
Discontinued by: Uw Lab Results Interface, User 02/28/25 0032 [Auto-canceled, specimen not received within 14 days]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3887062	Blood	—	6439 02/13/25 0551

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Authorized by: Pillai, Sunita, MD
Frequency: Routine q6h 02/12/25 - Until Specified
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/12/2025 6:52 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3870490	Blood	—	6439 02/13/25 0551

Sodium, Whole Blood (Abnormal) Resulted: 02/13/25 0604, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/12/25 1852
Filed by: Uw Lab Results Interface, User 02/13/25 0604
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 6439 02/13/25 0551

Components

Component	Value	Reference Range	Flag	Lab
Sodium	148	136 - 145 meq/L	H	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine q6h 02/12/25 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/13/2025 12:00 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3870607	Blood	—	4346 02/13/25 1211

Sodium, Whole Blood Resulted: 02/13/25 1219, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/13/25 0000
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/13/25 1219
Collected by: 4346 02/13/25 1211
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	136 - 145 meq/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine q6h 02/12/25 - Until Specified
Class: Lab Collect
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/13/2025 6:00 PM

Discontinued by: Pillai, Sunita, MD 02/13/25 1951

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

ID	Type	Source	Collected By
F3765899	Blood	—	—

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine q6h 02/12/25 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/13/2025 12:05 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3870675	Blood	—	7737 02/13/25 1819

Sodium, Whole Blood Resulted: 02/13/25 1829, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/13/25 0005
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/13/25 1829
Collected by: 7737 02/13/25 1819
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	136 - 145 meq/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/13/25 1953** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/13/25 1953
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine Once (Timed) 02/13/25 1954 - 1 occurrence
Class: Unit Collect
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/13/2025 7:53 PM

Discontinued by: Porter, Allen, RN 02/18/25 1550

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/11/25 1841** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/11/25 1841
Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/12/25 0600 - 3 days
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/13/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
F3765895	Blood	—	6145 02/14/25 0638

Basic Metabolic Panel (Abnormal) Resulted: 02/14/25 0734, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/13/25 1800
Filed by: Uw Lab Results Interface, User 02/14/25 0734
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 6145 02/14/25 0638

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC
Potassium	3.5	3.6 - 5.2 meq/L	L	UWMC
Chloride	106	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	26	22 - 32 meq/L	—	UWMC
Anion Gap	9	4 - 12	—	UWMC
Glucose	181	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	9	8 - 21 mg/dL	—	UWMC
Creatinine	0.55	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.2	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/13/25 1951**
Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/13/25 1951
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine q12h 02/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/13/2025 7:51 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3766324	Blood	—	6145 02/14/25 0638

Sodium, Whole Blood Resulted: 02/14/25 0645, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/13/25 1951
Filed by: Uw Lab Results Interface, User 02/14/25 0646
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 6145 02/14/25 0638

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	136 - 145 meq/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Calcium, Ionized, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/13/25 1952** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/13/25 1952
Authorized by: Pillai, Sunita, MD
Frequency: Routine AM draw 02/14/25 0600 - 1 occurrence
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/13/2025 7:52 PM
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3766324	Blood	—	6145 02/14/25 0638

Calcium, Ionized, Whole Blood (Abnormal) Resulted: 02/14/25 0645, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/13/25 1952
Filed by: Uw Lab Results Interface, User 02/14/25 0646
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 6145 02/14/25 0638

Components

Component	Value	Reference Range	Flag	Lab
Calcium (Ionized)	1.12	1.18 - 1.38 mmol/L	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/13/25 1951** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/13/25 1951
Authorized by: Pillai, Sunita, MD
Frequency: Routine q12h 02/14/25 0600 - Until Specified
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/14/2025 12:05 AM
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
F3766482	Blood	—	2483 02/14/25 1953

Sodium, Whole Blood Resulted: 02/14/25 1959, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/14/25 0005
Filed by: Uw Lab Results Interface, User 02/14/25 1959
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 2483 02/14/25 1953

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	136 - 145 meq/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/14/25 1638**
Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/14/25 1638
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/14/25 1639 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/14/2025 4:38 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3774809	Blood	—	2483 02/14/25 1953

Basic Metabolic Panel (Abnormal) Resulted: 02/14/25 2023, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/14/25 1638
Filed by: Uw Lab Results Interface, User 02/14/25 2023
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 2483 02/14/25 1953

Components

Component	Value	Reference Range	Flag	Lab
Sodium	139	135 - 145 meq/L	—	UWMC
Potassium	3.4	3.6 - 5.2 meq/L	L	UWMC
Chloride	106	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	182	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	7	8 - 21 mg/dL	L	UWMC
Creatinine	0.54	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.2	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/13/25 1951** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/13/25 1951 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine q12h 02/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/14/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2709059	Blood	—	7678 02/15/25 0744

Sodium, Whole Blood Resulted: 02/15/25 0748, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/14/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/15/25 0749 Collected by: 7678 02/15/25 0744
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	136 - 145 meq/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/13/25 1951** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/13/25 1951 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine q12h 02/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/15/2025 12:05 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
S2709358	Blood	—	6833 02/15/25 1800

Sodium, Whole Blood Resulted: 02/15/25 1818, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/15/25 0005
Filed by: Uw Lab Results Interface, User 02/15/25 1818
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 6833 02/15/25 1800

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	136 - 145 meq/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/13/25 1951** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/13/25 1951
Authorized by: Pillai, Sunita, MD
Frequency: Routine q12h 02/14/25 0600 - Until Specified
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Pillai, Sunita, MD (auto-released) 2/15/2025 6:00 PM
Discontinued by: Pillai, Sunita, MD 02/15/25 2028

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2506905	Blood	—	—

L Lactate, Venous WB (To U/H Lab < 30 Min) (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/19/25 1056** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1056
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine STAT 02/19/25 1056 - 1 occurrence
Quantity: 1
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/19/2025 10:56 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3894015	Blood	—	7691 02/19/25 1131

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

L Lactate, Venous WB (To U/H Lab < 30 Min) Resulted: 02/19/25 1138, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1056
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/19/25 1138
Collected by: 7691 02/19/25 1131
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
L Lactate (Direct), Venous Whole Blood	1.4	0.6 - 1.9 mmol/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/19/25 1056**
Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1056
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine STAT 02/19/25 1056 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/19/2025 10:56 AM

Specimen Information

ID	Type	Source	Collected By
W3894017	Blood	—	7691 02/19/25 1131

Basic Metabolic Panel (Abnormal) Resulted: 02/19/25 1231, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1056
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/19/25 1231
Collected by: 7691 02/19/25 1131
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	146	135 - 145 meq/L	H	UWMC
Potassium	2.9	3.6 - 5.2 meq/L	L	UWMC
Chloride	106	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	24	22 - 32 meq/L	—	UWMC
Anion Gap	16	4 - 12	H	UWMC
Glucose	82	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	9	8 - 21 mg/dL	—	UWMC
Creatinine	0.54	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.5	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE	Xiaoli Chen, MD	1959 NE PACIFIC	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

DEPT OF LAB MED

STREET
MS 357110
SEATTLE WA 98195-
0001

CBC with Diff (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/19/25 1056** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1056
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine STAT 02/19/25 1056 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/19/2025 10:56 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3894017	Blood	—	7691 02/19/25 1131

CBC with Diff (Abnormal)

Resulted: 02/19/25 1149, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1056
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/19/25 1149
Collected by: 7691 02/19/25 1131
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	9.94	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.89	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	12.7	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	39	36.0 - 45.0 %	—	UWMC
MCV	101	81 - 98 fL	H	UWMC
MCH	32.6	27.3 - 33.6 pg	—	UWMC
MCHC	32.3	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	273	150 - 400 10*3/uL	—	UWMC
RDW-CV	16.3	11.0 - 14.5 %	H	UWMC
% Neutrophils	79	%	—	UWMC
% Lymphocytes	10	%	—	UWMC
% Monocytes	7	%	—	UWMC
% Eosinophils	2	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	1	%	—	UWMC
Neutrophils	7.85	1.80 - 7.00 10*3/uL	H	UWMC
Absolute Lymphocyte Count	1.01	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.72	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.22	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.08	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.06	0.00 - 0.05 10*3/uL	H	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/20/25 1803** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 1803
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once (Timed) 02/20/25 2100 - 1 occurrence
Class: Lab Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/20/2025 6:03 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 1916

Questionnaire

Question	Answer
Comments for Lab	Please draw once IV or central line is in place
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3892742	Blood	—	—

Basic Metabolic Panel (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1627** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1627
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/22/25 0800 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/21/2025 8:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2716381	Blood	—	7649 02/22/25 0824

Basic Metabolic Panel (Abnormal) Resulted: 02/22/25 0910, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 2000
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/22/25 0910
Collected by: 7649 02/22/25 0824
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 meq/L	—	UWMC
Potassium	3.7	3.6 - 5.2 meq/L	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Chloride	110	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	UWMC
Anion Gap	12	4 - 12	—	UWMC
Glucose	245	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	8	8 - 21 mg/dL	—	UWMC
Creatinine	0.66	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1627** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1627
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/22/25 0800 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/21/2025 8:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2716381	Blood	—	7649 02/22/25 0824

Phosphate (Abnormal) Resulted: 02/22/25 0910, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 2000
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/22/25 0910
Collected by: 7649 02/22/25 0824
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.2	2.5 - 4.5 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Magnesium (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1627** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1627
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/22/25 0800 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/21/2025 8:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2716381	Blood	—	7649 02/22/25 0824

Magnesium (Abnormal)

Resulted: 02/22/25 0910, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 2000
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/22/25 0910
Collected by: 7649 02/22/25 0824
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.5	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 02/22/25 1033 - 1 occurrence
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Porter, Allen, RN 02/22/25 1645
Order comments: On Admit.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Order comments: HYPOGLYCEMIA PROTOCOL: Retest BG Q15-20 min and provide treatment per Hypoglycemia Protocol

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9)

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/22/25 1208** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/22/25 1208
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/22/25 1208 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/22/2025 12:08 PM

Specimen Information

ID	Type	Source	Collected By
S2719964	Whole blood	—	02/22/25 1208

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/22/25 1209, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1208
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/22/25 1209
Collected by: 02/22/25 1208
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	214	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 4:33 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/22/25 1741** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/22/25 1741
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Frequency: Routine Once 02/22/25 1741 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/22/2025 5:42 PM
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2721764	Whole blood	—	02/22/25 1741

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/22/25 1742, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1741
Filed by: Uw Lab Results Interface, User 02/22/25 1742
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 02/22/25 1741

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	175	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 12:05 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 12:05 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/23/25 0022** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/23/25 0022
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Once 02/23/25 0022 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/23/2025 12:22 AM
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
X2514155	Whole blood	—	02/23/25 0022

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/23/25 0023, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 0022
Filed by: Uw Lab Results Interface, User 02/23/25 0023
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 02/23/25 0022

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	182	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/23/25 0602** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/23/25 0602
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Once 02/23/25 0602 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/23/2025 6:03 AM
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
X2515306	Whole blood	—	02/23/25 0602

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/23/25 0603, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 0602
Filed by: Uw Lab Results Interface, User 02/23/25 0603
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 02/23/25 0602

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	229	62 - 125 mg/dL	H	104

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Magnesium (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1035** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1035
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/23/25 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2513836	Blood	—	7691 02/23/25 0839

Magnesium Resulted: 02/23/25 0950, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/23/25 0950
Collected by: 7691 02/23/25 0839
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.8	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1035** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1035
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/23/25 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

X2513836	Blood	—	7691 02/23/25 0839

Phosphate (Abnormal) Resulted: 02/23/25 0950, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/23/25 0950
Collected by: 7691 02/23/25 0839
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	1.8	2.5 - 4.5 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1035**
Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1035
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/23/25 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2513836	Blood	—	7691 02/23/25 0839

Basic Metabolic Panel (Abnormal) Resulted: 02/23/25 0950, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/23/25 0950
Collected by: 7691 02/23/25 0839
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	3.4	3.6 - 5.2 meq/L	L	UWMC
Chloride	109	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	26	22 - 32 meq/L	—	UWMC
Anion Gap	7	4 - 12	—	UWMC
Glucose	164	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	5	8 - 21 mg/dL	L	UWMC
Creatinine	0.50	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.8	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/23/25 1244** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/23/25 1244
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/23/25 1244 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/23/2025 12:45 PM

Specimen Information

ID	Type	Source	Collected By
X2517234	Whole blood	—	02/23/25 1244

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/23/25 1245, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1244
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/23/25 1245
Collected by: 02/23/25 1244
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	146	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 4:33 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

Basic Metabolic Panel (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1739** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1739
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine AM draw 02/24/25 0600 - 1 occurrence
Quantity: 1
Ordering mode: Standard
Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1740
Acknowledged: Porter, Allen, RN 02/23/25 1743 for D/C Order Porter, Allen, RN 02/23/25 1743 for Placing Order

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Magnesium (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1739**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1739
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine AM draw 02/24/25 0600 - 1 occurrence
Quantity: 1
Ordering mode: Standard
Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1740
Acknowledged: Porter, Allen, RN 02/23/25 1743 for D/C Order Porter, Allen, RN 02/23/25 1743 for Placing Order

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Phosphate (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1739**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1739
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine AM draw 02/24/25 0600 - 1 occurrence
Quantity: 1
Ordering mode: Standard
Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1740
Acknowledged: Porter, Allen, RN 02/23/25 1743 for D/C Order Porter, Allen, RN 02/23/25 1743 for Placing Order

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/23/25 1809**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/23/25 1809
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Once 02/23/25 1809 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/24/2025 6:57 AM
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

ID	Type	Source	Collected By
X2520095	Whole blood	—	02/23/25 1809

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/24/25 0657, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1809
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/24/25 0658
Collected by: 02/23/25 1809
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	131	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/23/25 1859**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/23/25 1859
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/23/25 1859 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/24/2025 6:57 AM

Specimen Information

ID	Type	Source	Collected By
X2520096	Whole blood	—	02/23/25 1859

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/24/25 0657, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1859
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/24/25 0658
Collected by: 02/23/25 1859
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	135	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Unit Collect
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 10:33 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Unit Collect
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 12:05 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Unit Collect
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 12:05 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/24/25 0017**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/24/25 0017
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/24/25 0017 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/24/2025 6:57 AM

Specimen Information

ID	Type	Source	Collected By
M3831126	Whole blood	—	02/24/25 0017

POC Glucose, Whole Blood - UWMC Montlake
Resulted: 02/24/25 0657, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0017
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/24/25 0658
Collected by: 02/24/25 0017
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	113	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120	02/13/20 0818 - Present

Seattle WA 98195-0001

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/24/25 0629** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/24/25 0629
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/24/25 0629 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/24/2025 6:30 AM

Specimen Information

ID	Type	Source	Collected By
M3830965	Whole blood	—	02/24/25 0629

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/24/25 0630, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0629
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/24/25 0631
Collected by: 02/24/25 0629
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	142	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1740** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1740
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/24/25 0800 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 8:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3829445	Blood	—	5455 02/24/25 0647

Basic Metabolic Panel (Abnormal) Resulted: 02/24/25 0716, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 2000
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/24/25 0716
Collected by: 5455 02/24/25 0647
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	107	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	27	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	124	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	4	8 - 21 mg/dL	L	UWMC
Creatinine	0.57	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.9	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1740** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1740
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/24/25 0800 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 8:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3829445	Blood	—	5455 02/24/25 0647

Magnesium (Abnormal) Resulted: 02/24/25 0716, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 2000
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/24/25 0716
Collected by: 5455 02/24/25 0647
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.6	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Phosphate (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1740** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1740
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/24/25 0800 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 8:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3829445	Blood	—	5455 02/24/25 0647

Phosphate Resulted: 02/24/25 0716, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 2000
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/24/25 0716
Collected by: 5455 02/24/25 0647
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.9	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Autopsy Lab Result

Pathology, Surgical (Final result)

Electronically signed by: **Smith, Matthew C, MD on 01/10/25 1735** Status: **Completed**
Mode: Ordering in Verbal with readback mode
Communicated by: Ha, Justin, RN
Ordering user: Ha, Justin, RN 01/09/25 1650
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Verbal with readback
Frequency: Routine Release Upon Ordering 01/09/25 1650 - 1 occurrence
Class: Clinic Performed
Quantity: 1
Lab status: Final result
Instance released by: Ha, Justin, RN 1/9/2025 4:50 PM
Diagnoses
Acute lower limb ischemia [I99.8]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Pre-op diagnosis:
Acute lower limb ischemia [I99.8]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Autopsy Lab Result (continued)

Lab Result Document - Document on 1/9/2025 4:50 PM by Chen, Eleanor Yuan, MD (below)

Hoffman, Jeanne Leonie
Case #: SU25-01173
MRN: U8170135
Sex: female, DOB: 1/6/1925

UW Medicine
LABORATORY MEDICINE & PATHOLOGY

Anatomic Pathology, BOX 356100
University of Washington Medical Center
1959 NE Pacific Seattle, WA 98195
Voice: (206) 598-6400
Fax: (206) 598-5068

Surgical Pathology Report (Final result) SU25-01173

Authorizing Provider:	Smith, Matthew C, MD	Ordering Provider:	Smith, Matthew C, MD
Ordering Location:	UWMC Main Operating Room	Collected:	01/09/2025 1650
Pathologist:	Chen, Eleanor Yuan, MD	Received:	01/09/2025 1707

.

Specimens

A Leg, Left, Left leg and left leg thrombus
B Leg, Left, left leg thrombus

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Final Diagnosis

A) Left leg, amputation:
- Ulcerated skin and subcutaneous tissue with minimal chronic inflammation.
- Skeletal muscle with ischemic/atrophic changes.
- Vessels with calcific atherosclerosis.
- Bone and soft tissue resection margins viable and free of inflammation.

B) Left leg, thrombus, thrombectomy:
- Organizing thrombus.

Electronically signed by Chen, Eleanor Yuan, MD on 1/17/2025 at 1606

.

Clinical Information

Pre-op diagnosis:
Acute lower limb ischemia [I99.8]

Gross Description

A. Leg, Left.
Received fresh labeled, "Hoffman, Jeanne; Left leg and left leg thrombus" is a 73 cm in length x 11 cm in diameter at the widest above-knee amputation specimen. The proximal margin is 6 inches of the femur, with soft tissue removed. Skin is present from the knee distally. Then leg is wrapped in blue tape and the lower leg, ankle and foot was encased in a brown wound bandage material. Five toes are present.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Autopsy Lab Result (continued)

Proximal margin soft tissue is healthy in appearance. The bone cortex is white/tan and firm with red marrow.
The anterior popliteal vessel is removed and is serially sectioned. 85% of the length of the vessel is calcified. A representative section is submitted. The popliteal vessel is serially sectioned and approximately 75% of the length is calcified and a representative section is submitted.

A1) Proximal margin femoral artery and muscle en face
A2) Ulcerated soft tissue
A3) Margin skin, soft tissue on fos
A4) Anterior tibial artery (blue) and popliteal artery (uninked) -decal
A5) Tibial bone underlying ulceration -decal
A6) Femur, margin - decal
(JM)

B. Leg, Left.
Received fresh labeled, "Hoffman, Jeanne; left leg thrombus" is a firm, brown/black specimen measuring 17 cm in length and varying in diameter between 0.5 and 0.2 cm. 3 cm from one end is a bifurcation in the structure measuring 1.0 cm in length and 0.2 in diameter. Upon sectioning the thrombus material is friable. Representative sections are submitted in B1.
(JM)

Resulting Labs

UWMC Pathology CLIA: **50D0661462** CAP: **2463708**	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY, 1959 NE Pacific St., Room BB220, Seattle WA 98195 Director: Paul Swanson, MD	206-598-6400

Specimen Information

ID	Type	Source	Collected By
1	Tissue	Leg, Left	Smith, Matthew C, MD 01/09/25 1650

Comment: Pre-op diagnosis:
Acute lower limb ischemia [I99.8]

Autopsy Lab Result (continued)

2	Tissue	Leg, Left	Smith, Matthew C, MD 01/09/25 1714

Comment: Pre-op diagnosis:
Acute lower limb ischemia [I99.8]

Pathology, Surgical Resulted: 01/17/25 1606, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/09/25 1650
Filed by: Chen, Eleanor Yuan, MD 01/17/25 1606

Order status: Completed
Collected by:
Smith, Matthew C, MD 01/09/25 1650
Smith, Matthew C, MD 01/09/25 1714

Resulting lab: UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY
CLIA number: 50D0661462
Acknowledged by: Smith, Matthew C, MD on 01/18/25 0736

Components

Component	Value	Reference Range	Flag	Lab
Final Diagnosis	--	—	—	UWMC Pathology

Result: A) Left leg, amputation:
- Ulcerated skin and subcutaneous tissue with minimal chronic inflammation.
- Skeletal muscle with ischemic/atrophic changes.
- Vessels with calcific atherosclerosis.
- Bone and soft tissue resection margins viable and free of inflammation.

B) Left leg, thrombus, thrombectomy:
- Organizing thrombus.

Electronically signed by Chen, Eleanor Yuan, MD on 1/17/2025 at 1606

Clinical Information	--	—	—	UWMC Pathology

Result: Pre-op diagnosis:
Acute lower limb ischemia [I99.8]

Gross Description	--	—	—	UWMC Pathology

Result: A. Leg, Left.
Received fresh labeled, "Hoffman, Jeanne; Left leg and left leg thrombus" is a 73 cm in length x 11 cm in diameter at the widest above-knee amputation specimen. The proximal margin is 6 inches of the femur, with soft tissue removed. Skin is present from the knee distally. Then leg is wrapped in blue tape and the lower leg, ankle and foot was encased in a brown wound bandage material. Five toes are present.

Proximal margin soft tissue is healthy in appearance. The bone cortex is white/tan and firm with red marrow.
The anterior popliteal vessel is removed and is serially sectioned. 85% of the length of the vessel is calcified. A representative section is submitted. The popliteal vessel is serially sectioned and approximately 75% of the length is calcified and a representative section is submitted.

A1) Proximal margin femoral artery and muscle en face
A2) Ulcerated soft tissue
A3) Margin skin, soft tissue on fos
A4) Anterior tibial artery (blue) and popliteal artery (uninked) -decal
A5) Tibial bone underlying ulceration -decal
A6) Femur, margin - decal
(JM)

B. Leg, Left.
Received fresh labeled, "Hoffman, Jeanne; left leg thrombus" is a firm, brown/black specimen measuring 17 cm in length and varying in diameter between 0.5 and 0.2 cm. 3 cm from one end is a bifurcation in the structure measuring 1.0 cm in length and 0.2 in diameter. Upon sectioning the thrombus material is friable. Representative sections are submitted in B1.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Autopsy Lab Result (continued)

(JM)

Case Report	--	—	—	UWMC Pathology
Result: Surgical Pathology Report Case: SU25-01173 Authorizing Provider: Smith, Matthew C, MD Collected: 01/09/2025 04:50 PM Ordering Location: UWMC Main Operating Room Received: 01/09/2025 05:07 PM Pathologist: Chen, Eleanor Yuan, MD Specimens: A) - Leg, Left, Left leg and left leg thrombus B) - Leg, Left, left leg thrombus				
LAB AP EMBEDDED IMAGES	—	—	—	UWMC Pathology

Document on 1/9/2025 4:50 PM by Chen, Eleanor Yuan, MD (below)

Hoffman, Jeanne Leonie
Case #: SU25-01173
MRN: U8170135
Sex: female, DOB: 1/6/1925

UW Medicine
LABORATORY MEDICINE & PATHOLOGY

Anatomic Pathology, BOX 356100
University of Washington Medical Center
1959 NE Pacific Seattle, WA 98195
Voice: (206) 598-6400
Fax: (206) 598-5068

Surgical Pathology Report (Final result) SU25-01173

Authorizing Provider:	Smith, Matthew C, MD	Ordering Provider:	Smith, Matthew C, MD
Ordering Location:	UWMC Main Operating Room	Collected:	01/09/2025 1650
Pathologist:	Chen, Eleanor Yuan, MD	Received:	01/09/2025 1707

.

Specimens

A Leg, Left, Left leg and left leg thrombus
B Leg, Left, left leg thrombus

.

Final Diagnosis

A) Left leg, amputation:
- Ulcerated skin and subcutaneous tissue with minimal chronic inflammation.
- Skeletal muscle with ischemic/atrophic changes.
- Vessels with calcific atherosclerosis.
- Bone and soft tissue resection margins viable and free of inflammation.

B) Left leg, thrombus, thrombectomy:
- Organizing thrombus.

Electronically signed by Chen, Eleanor Yuan, MD on 1/17/2025 at 1606

.

Clinical Information

Pre-op diagnosis:
Acute lower limb ischemia [I99.8]

Gross Description

A. Leg, Left.
Received fresh labeled, "Hoffman, Jeanne; Left leg and left leg thrombus" is a 73 cm in length x 11 cm in diameter at the widest above-knee amputation specimen. The proximal margin is 6 inches of the femur, with soft tissue removed. Skin is present from the knee distally. Then leg is wrapped in blue tape and the lower leg, ankle and foot was encased in a brown wound bandage material. Five toes are present.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Autopsy Lab Result (continued)

Proximal margin soft tissue is healthy in appearance. The bone cortex is white/tan and firm with red marrow.
The anterior popliteal vessel is removed and is serially sectioned. 85% of the length of the vessel is calcified. A representative section is submitted. The popliteal vessel is serially sectioned and approximately 75% of the length is calcified and a representative section is submitted.

A1) Proximal margin femoral artery and muscle en face
A2) Ulcerated soft tissue
A3) Margin skin, soft tissue on fos
A4) Anterior tibial artery (blue) and popliteal artery (uninked) -decal
A5) Tibial bone underlying ulceration -decal
A6) Femur, margin - decal
(JM)

B. Leg, Left.
Received fresh labeled, "Hoffman, Jeanne; left leg thrombus" is a firm, brown/black specimen measuring 17 cm in length and varying in diameter between 0.5 and 0.2 cm. 3 cm from one end is a bifurcation in the structure measuring 1.0 cm in length and 0.2 in diameter. Upon sectioning the thrombus material is friable. Representative sections are submitted in B1.
(JM)

Resulting Labs

UWMC Pathology CLIA: **50D0661462** CAP: **2463708**	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY, 1959 NE Pacific St., Room BB220, Seattle WA 98195 Director: Paul Swanson, MD	206-598-6400

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Autopsy Lab Result (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
95 - UWMC Pathology	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY	Paul Swanson, MD	1959 NE Pacific St. Room BB220 Seattle WA 98195	10/29/21 1641 - Present

Indications

Acute lower limb ischemia [I99.8 (ICD-10-CM)]

All Reviewers List

Smith, Matthew C, MD on 1/18/2025 07:36

Imaging

Cardiac Cath

Cardiac catheterization (Final result)

Electronically signed by: **Jensen, Craig, Technologist on 01/10/25 1335** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Jensen, Craig, Technologist 01/10/25 1335
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1238 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Trcka, Heike, RN 1/10/2025 12:37 PM
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Cardiac catheterization Resulted: 01/10/25 1335, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/10/25 1237
Order status: Completed
Resulted by: Ayyoub, Alaa Samih, MD
Filed by: Jensen, Craig, Technologist 01/10/25 1335
Performed: 01/10/25 1300 - 01/10/25 1327
Accession number: 47229157
Resulting lab: OUTSIDE REFERENCE PERFORMING LAB
Narrative:
Procedure:
Successful right transjugular central line placement and temporary pacemaker placement.

Findings:
Severe symptomatic bradycardia.
Temporary pacemaker placement to RV apex.

Recommendations:
Findings discussed with primary team.
Acknowledged by
Smith, Matthew C, MD on 01/10/25 1735
Navalurkar, Reema, MD on 01/10/25 2004

Procedures Performed	Chargeables
CENTRAL LINE PLACEMENT [CATH67]	
TEMP PACING WIRE: CATH [CATH119]	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

17 - REFLAB	OUTSIDE REFERENCE PERFORMING LAB	Pcp, Unknown	(See Results)	08/18/21 1016 - Present

Result Findings

Temporary Pacemaker
Pacer Type: floating balloon tip pacer wire
Capture threshold: 1 V
Backup rate set to: 60 bpm
Voltage set to: 5 V
Temporary pacemaker was secured in place.

Access
First venous access site: percutaneous right internal jugular vein
Sheath Size: 6 Fr
Access obtained using ultrasound guidance.
Closure method: skin suture

Narrative
INDICATIONS: Bradycardia [R00.1]

NARRATIVE:
The procedure was performed using 1% lidocaine local anesthesia and the Seldinger with micropuncture technique with ultrasound and fluoroscopic guidance. A thin-walled needle was placed in the vessel and a floppy guide wire was advanced through it. The needle was withdrawn and a 6F sheath was advanced over the wire into the vessel.
Temporary pacemaker was introduced into the RV apex. Capture was confirmed at a HR of 60 with a loss of capture at 0.8mV. This was then increased to an output of 5V for transport.
At the conclusion of the procedure, the catheter was sutured in place for subsequent treatment.

PRESENCE STATEMENT:
I, Alaa S Ayyoub, MD, was present for the entire procedure.

MODIFIER 22:
This procedure required substantial additional work because of severe symptomatic bradycardia in an elderly patient which added to the intensity of the procedure.

Physicians

Panel Physicians	Referring Physician	Case Authorizing Physician
Ayyoub, Alaa Samih, MD (Primary) Abera, Seifu Mengesha, MD (Fellow - Assisting)		Smith, Matthew C, MD

Pre-procedure Diagnosis

Bradycardia [R00.1]

Post-procedure Diagnosis

Bradycardia [R00.1]

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Complications

Complications documented before study signed (1/10/2025 1:35 PM)

No complications were associated with this study.
Documented by Ayyoub, Alaa Samih, MD - 1/10/2025 1:25 PM

Signed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Electronically signed by Ayyoub, Alaa Samih, MD on 1/10/25 at 1328 PST

All Reviewers List

Navalurkar, Reema, MD on 1/10/2025 20:04
Smith, Matthew C, MD on 1/10/2025 17:35

Cardiac catheterization (Final result)

Electronically signed by: **Bauer, Zoe Michelle, RN on 01/10/25 1719** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Bauer, Zoe Michelle, RN 01/10/25 1719
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1528 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Trcka, Heike, RN 1/10/2025 3:27 PM
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Cardiac catheterization Resulted: 01/10/25 1719, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/10/25 1527
Order status: Completed
Resulted by: Ayyoub, Alaa Samih, MD
Filed by: Bauer, Zoe Michelle, RN 01/10/25 1719
Performed: 01/10/25 1630 - 01/10/25 1710
Accession number: 47235120
Resulting lab: OUTSIDE REFERENCE PERFORMING LAB
Narrative:
Procedure:
Successful removal of temporary pacemaker lead, right transjugular central line replacement and new temporary pacemaker placement.
Limited bedside TTE.

Findings:
No pericardial effusion.
Severe symptomatic bradycardia.

Recommendations:
Findings discussed with primary team.
Acknowledged by
Smith, Matthew C, MD on 01/10/25 1735
Navalurkar, Reema, MD on 01/10/25 2004

Procedures Performed	Chargeables
CENTRAL LINE PLACEMENT [CATH67]	
TEMP PACING WIRE: CATH [CATH119]	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - REFLAB	OUTSIDE REFERENCE PERFORMING LAB	Pcp, Unknown	(See Results)	08/18/21 1016 - Present

Result Findings

Temporary Pacemaker
Pacer Type: floating balloon tip pacer wire
Capture threshold: 0 V
Backup rate set to: 70 bpm
Voltage set to: 5 V
Temporary pacemaker was secured in place.

Imaging (continued)

Access
First venous access site: percutaneous right internal jugular vein
Sheath Size: 6 Fr
Closure method: skin suture

Narrative
INDICATIONS: Bradycardia [R00.1]

NARRATIVE:
We positioned the patient on the cath lab table for fluoroscopic guidance. We noted that the temporary pacemaker was quite distal in the heart silhouette likely secondary to attempts to advance the wire in the ICU. We pulled back and attempted to reposition the temp wire in the RV apex without success. We therefore realized we would remove the current temporary pacemaker and exchange the introducer for sterile procedure. We also checked a bedside TTE which revealed no pericardial effusion and this was compared to the TTE performed in the ICU a few minutes prior to patient transport.
The procedure was performed using 1% lidocaine local anesthesia and the Seldinger with micropuncture technique with ultrasound and fluoroscopic guidance. The old sheath was wired and this was exchanged for a new 8F sheath was advanced over the wire into the vessel. The temporary pacemaker wire was advanced to the RV apex. Thresholds were rechecked.

PRESENCE STATEMENT:
I, Alaa S Ayyoub, MD, performed the key/critical portions of the procedure and was immediately available for the remainder.

MODIFIER 22:
This procedure was of increased intensity because of patient with severe symptomatic bradycardia requiring emergent procedure.

Physicians

Panel Physicians	Referring Physician	Case Authorizing Physician
Ayyoub, Alaa Samih, MD (Primary)		Smith, Matthew C, MD

Pre-procedure Diagnosis

Bradycardia [R00.1]

Post-procedure Diagnosis

Bradycardia [R00.1]

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Complications

Complications documented before study signed (1/10/2025 5:19 PM)

No complications were associated with this study.
Documented by Ayyoub, Alaa Samih, MD - 1/10/2025 5:17 PM

Signed

Electronically signed by Ayyoub, Alaa Samih, MD on 1/10/25 at 1717 PST

All Reviewers List

Navalurkar, Reema, MD on 1/10/2025 20:04
Smith, Matthew C, MD on 1/10/2025 17:35

Echocardiography

TransTHORACIC echo (TTE) complete (Final result)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1303** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Phan, Janet, MD 01/10/25 1303 Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Frequency: Urgent (Imaging Only) Once 01/10/25 1303 - 1 occurrence
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/10/2025 1:03 PM

Class: Hospital Performed
Lab status: Final result

Questionnaire

Question	Answer
Cardiac Symptoms / Diagnoses	Bradycardia
Reason for exam:	Symptomatic bradycardia in patient w/ prior bradycardia
Where should test be performed?	Bedside
Agitated saline cardiac shunt study w/IV start ordered	No
Does the patient have congenital heart disease?	No
OK to utilize temporary IV access?	Yes

Order comments: Vital Signs: BP (!) 140/0 | Pulse (!) 37 | Temp 36.7 °C (Temporal) | Resp 20 | Ht 5' (1.524 m) | Wt 45.8 kg (100 lb 15.5 oz) | SpO2 100% | BMI 19.72 kg/m² BMI: Estimated body mass index is 19.72 kg/m² as calculated from the following: Height as of this encounter: 5' (1.524 m). Weight as of this encounter: 45.8 kg (100 lb 15.5 oz).

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
TRANSTHORACIC ECHO (TTE) COMPLETE	Phan, Janet, MD 206-744-8513 206-540-1174	Smith, Matthew C, MD 206-668-8383 206-969-5676	1/10/2025 3:50 PM U ECHO P-5SA UWMC ECHO LAB

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

TransTHORACIC echo (TTE) complete Resulted: 01/10/25 1826, Result status: Final result

Ordering provider: Phan, Janet, MD 01/10/25 1303
Resulted by: Otto, Catherine M, MD
Performed: 01/10/25 1600 - 01/10/25 1718
Resulting lab: UWM SCOTTCARE
Narrative:

Order status: Completed
Filed by: Interface, Cupid Results Iscv 01/10/25 1826
Accession number: 47235752

Conclusion
Bradycardia at 39 bpm with 2:1 AV Block

Normal left ventricular chamber size and wall thickness with proximal septal thickening. Normal systolic function (LVEF 74% by biplane). Unable to assess diastolic function due to rhythm.

Moderate aortic stenosis (peak velocity 3.0m/s, mean gradient 19 mmHg, velocity ratio 0.4) without regurgitation. Suggest re-evaluation at a normal heart rate.

Moderate mitral annular calcification with mild regurgitation.

Mildly elevated estimated PA systolic pressure, 34-39 mmHg, inclusive of estimated right atrial pressure, 5-10 mmHg.

Normal right ventricular size and systolic function. CIED is present in the right heart.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

No pericardial effusion.

No prior study for comparison.

Primary team was notified of findings at 5:15pm on 1/10/25.

Components

Component	Value	Reference Range	Flag	Lab
AoV mean PG	19	mmHg	—	102
AoV max	298	cm/sec	—	102
TR Peak Vel	267.9	cm/sec	—	102
RV Free wall pk S'	38.7	mmHg	—	102

Procedures Performed	Chargeables
TRANSTHORACIC ECHO (TTE) COMPLETE [ECH111]	

View Report (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Study ID: 987327

UW Medicine
HEART INSTITUTE
UW MEDICAL CENTER MONTLAKE
1959 NE Pacific St.
SEATTLE, WASHINGTON 98195

Transthoracic Echo Report

Patient Name: HOFFMAN, JEANNE LEONIE	**MRN:** U8170135	**Study Date:** 01/10/2025 04:06 PM	**Patient Class:** Inpatient
DOB: 01/06/1925	**Age:** 100 yrs	**Height:** 60 in	**Weight:** 100 lb
BP: 144/35 mmHg	**HR:** 40	**BSA:** 1.4 m^2	**Service:**
Gender: Female	**Pt. Origin:** UECHOL^^^UWMED	**Portable:** Yes	**Equipment:**

History: Bradycardia
Reason For Study: Symptomatic bradycardia in patient w/ prior bradycardia
Study Quality: Good
CPT Codes:
93306/04830022: Transthoracic Echo with Spectral and Color Doppler.
ICD Codes
I45.5: Other heart Block - Rank:1 (1-8).

CONCLUSIONS:
Bradycardia at 39 bpm with 2:1 AV Block

Normal left ventricular chamber size and wall thickness with proximal septal thickening. Normal systolic function (LVEF 74% by biplane). Unable to assess diastolic function due to rhythm.

Moderate aortic stenosis (peak velocity 3.0m/s, mean gradient 19 mmHg, velocity ratio 0.4) without regurgitation. Suggest re-evaluation at a normal heart rate.

Moderate mitral annular calcification with mild regurgitation.

Mildly elevated estimated PA systolic pressure, 34-39 mmHg, inclusive of estimated right atrial pressure, 5-10 mmHg.

Normal right ventricular size and systolic function. CIED is present in the right heart.

No pericardial effusion.

No prior study for comparison.

Primary team was notified of findings at 5:15pm on 1/10/25.

PROCEDURE NOTES:
A complete two-dimensional transthoracic echocardiogram was performed (2D, M-mode, Doppler and color flow Doppler). Exam was interrupted by the cath lab team for urgent transport in the cath lab. Difficult parasternal windows secondary to uncooperative patient and lung interference. The underlying rhythm was bradycardia.

FINDINGS:
Left Ventricle:
The left ventricle is normal in size. The calculated ejection fraction, as determined by the biplane method of disks, is 74%. No regional wall motion abnormalities are present.
Right Ventricle:
The basal right ventricular diameter measured from a right ventricular focused view is 3.3 cm. The tricuspid annular plane systolic excursion (TAPSE) measurement is 2.9 cm. A pacer/defibrillator lead is present in the right heart.
Aortic Valve:
The aortic valve peak velocity is 3 cm/sec. No aortic regurgitation is present.
Mitral Valve:
Moderate mitral annular calcification is present. The mitral annular calcification is both posterior and anterior. There is mild mitral regurgitation.
Tricuspid Valve:
The tricuspid valve is normal in structure and function. Mild tricuspid regurgitation present.
Left Atrium:
The left atrial volume indexed to body surface area is 43 ml/m2. This refers to the maximal volume measured prior to mitral valve opening. Left atrial volume index is moderately increased.
Right Atrium:
The right atrium is mildly dilated. The inferior vena cava is normal in diameter (<2.1cm) but collapse <50% with sniff (estimated right atrial pressure 5-10mmHg).
Pulmonary Artery:
The pulmonary artery systolic pressure, calculated from a peak tricuspid regurgitant velocity in conjunction with an estimated right atrial pressure, is 34-39mmHg.
Pericardium/Pleural Space:
There is no pericardial effusion.

ECHO DIMENSIONS:

LAV (MOD-bp): 60.8 ml
LAV (MOD-bp) index: 43.7 ml/m^2 (16-34)
LVd-Vol Index: 36.0 ml/m^2 (F: 29-61/M: 34-74)
EF (MOD-bp): 74.2 % (F: 54-74/M: 52-72)

DOPPLER FINDINGS:
LVOT max: 120.0 cm/sec
TR max vel: 267.9 cm/sec
AoV max: 298.0 cm/sec
AoV mean PG: 19.0 mmHg
AoV max PG: 36.0 mmHg

1/10/2025

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

DIASTOLIC FUNCTION:

HEMODYNAMIC FINDINGS:
RAP systole: 10.0 mmHg **RVSP(TR):** 38.7 mmHg

MMode/2D Measurements & Calculations

LVLd ap4: 6.7 cm
EDV(MOD-sp2): 57.9 ml
SV(MOD-sp4): 33.9 ml
EDV (MOD-bp): 50.0 ml
EDV(MOD-sp4): 41.6 ml
LVAs ap2: 11.4 cm^2
LVAs ap4: 6.9 cm^2
LVLs ap2: 6.0 cm
LVLs ap4: 5.2 cm
ESV(MOD-sp2): 19.2 ml
ESV(MOD-sp4): 7.7 ml
EF(MOD-sp2): 66.8 %
EF(MOD-sp4): 81.5 %

ESV (MOD-bp): 12.9 ml
LAV(MOD-sp2): 80.8 ml
LAV(MOD-sp4): 39.2 ml

Doppler Measurements & Calculations

AoV mean: 203.0 cm/sec
LVOT max PG: 6.0 mmHg
TR max PG: 28.7 mmHg
AoV VTI: 76.6 cm
LVOT mean PG: 3.0 mmHg
LVOT mean: 77.7 cm/sec
LVOT VTI: 31.0 cm

Interpreting Physician Signing Statement:
I have personally reviewed these images. I agree with findings and conclusions as documented. Study images, including any 3D or strain images, are permanently stored on UW Medicine Cardiology PACS.



Interpreting Physician: _____
Electronically Authenticated by MD Catherine M. Otto on 01/10/2025 06:26 PM
Additional Staff: Reviewed by Cardiology Fellow: Mark Sonderman, MD.
Ordering Physician: SMITH, MATTHEW C
Cardiac Sonographer: Corona, RDCS, Maurizio

Patient Name: HOFFMAN, JEANNE LEONIE
MRN: U8170135

UW Medicine
Harborview Medical Center
UW Medical Center - Montlake
UW Medical Center - Northwest
University of Washington Physicians
Seattle, Washington

1/10/2025

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
102 - Unknown	UWM SCOTTCARE	Unknown	Unknown	10/30/19 1238 - Present

Signed

Electronically signed by Otto, Catherine M, MD on 1/10/25 at 1826 PST

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Electrophysiology

Electrophysiology procedure (Final result)

Electronically signed by: **Bauer, Zoe Michelle, RN on 01/10/25 1719** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Bauer, Zoe Michelle, RN 01/10/25 1719
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1717 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Ayyoub, Alaa Samih, MD 1/10/2025 5:16 PM
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Electrophysiology procedure Resulted: 01/10/25 1719, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/10/25 1527
Order status: Completed
Resulted by: Ayyoub, Alaa Samih, MD
Filed by: Bauer, Zoe Michelle, RN 01/10/25 1719
Performed: 01/10/25 1630 - 01/10/25 1710
Accession number: 47238196
Resulting lab: OUTSIDE REFERENCE PERFORMING LAB
Narrative:
Procedure:
Successful removal of temporary pacemaker lead, right transjugular central line replacement and new temporary pacemaker placement.
Limited bedside TTE.

Findings:
No pericardial effusion.
Severe symptomatic bradycardia.

Recommendations:
Findings discussed with primary team.
Acknowledged by
Smith, Matthew C, MD on 01/10/25 1735
Navalurkar, Reema, MD on 01/10/25 2004

Procedures Performed	Chargeables
PACEMAKER LEAD REMOVAL - RV [EP89]	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - REFLAB	OUTSIDE REFERENCE PERFORMING LAB	Pcp, Unknown	(See Results)	08/18/21 1016 - Present

Result Findings

Temporary Pacemaker
Pacer Type: floating balloon tip pacer wire
Capture threshold: 0 V
Backup rate set to: 70 bpm
Voltage set to: 5 V
Temporary pacemaker was secured in place.

Access
First venous access site: percutaneous right internal jugular vein
Sheath Size: 6 Fr
Closure method: skin suture

Imaging (continued)

Narrative
INDICATIONS: Bradycardia [R00.1]

NARRATIVE:
We positioned the patient on the cath lab table for fluoroscopic guidance. We noted that the temporary pacemaker was quite distal in the heart silhouette likely secondary to attempts to advance the wire in the ICU. We pulled back and attempted to reposition the temp wire in the RV apex without success. We therefore realized we would remove the current temporary pacemaker and exchange the introducer for sterile procedure. We also checked a bedside TTE which revealed no pericardial effusion and this was compared to the TTE performed in the ICU a few minutes prior to patient transport.
The procedure was performed using 1% lidocaine local anesthesia and the Seldinger with micropuncture technique with ultrasound and fluoroscopic guidance. The old sheath was wired and this was exchanged for a new 8F sheath was advanced over the wire into the vessel. The temporary pacemaker wire was advanced to the RV apex. Thresholds were rechecked.

PRESENCE STATEMENT:
I, Alaa S Ayyoub, MD, performed the key/critical portions of the procedure and was immediately available for the remainder.

MODIFIER 22:
This procedure was of increased intensity because of patient with severe symptomatic bradycardia requiring emergent procedure.

Physicians

Panel Physicians	Referring Physician	Case Authorizing Physician
Ayyoub, Alaa Samih, MD (Primary)		Smith, Matthew C, MD

Pre-procedure Diagnosis

Bradycardia [R00.1]

Post-procedure Diagnosis

Bradycardia [R00.1]

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Complications

Complications documented before study signed (1/10/2025 5:19 PM)

No complications were associated with this study.
Documented by Ayyoub, Alaa Samih, MD - 1/10/2025 5:17 PM

Signed

Electronically signed by Ayyoub, Alaa Samih, MD on 1/10/25 at 1717 PST

Electrophysiology procedure (Final result)

Electronically signed by: **Akoum, Nazem Walid, MD on 01/13/25 2118** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Akoum, Nazem Walid, MD 01/13/25 2118
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/13/25 0704 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Yeary, Dustin A, RN 1/13/2025 7:03 AM
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Electrophysiology procedure Resulted: 01/13/25 2118, Result status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Ordering provider: Smith, Matthew C, MD 01/13/25 0703
Resulted by: Akoum, Nazem Walid, MD
Performed: 01/13/25 1552 - 01/13/25 1700
Resulting lab: OUTSIDE REFERENCE PERFORMING LAB
Order status: Completed
Filed by: Akoum, Nazem Walid, MD 01/13/25 2118
Accession number: 47251518

Narrative:
- Successful single chamber pacemaker implantation
- pCXR now to r/o PTX
- PA/Lateral CXR tomorrow AM
- Sling immobilization overnight.
- 30 days with <10lb weight lifting limitation and no elevating left arm over shoulder height
- Remote device check tomorrow am to ensure stability of lead parameters

Acknowledged by
Navalurkar, Reema, MD on 01/14/25 0906
Smith, Matthew C, MD on 01/14/25 1236

Procedures Performed	Chargeables
PACEMAKER INITIAL IMPLANT - SINGLE CHAMBER [EP87]	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - REFLAB	OUTSIDE REFERENCE PERFORMING LAB	Pcp, Unknown	(See Results)	08/18/21 1016 - Present

Result Findings

Initial Device Implant
INDICATIONS
Jeanne Leonie Hoffman is a 100 year old with RBBB at baseline, now with symptomatic high degree AV block, meeting class 1 indication for permanent pacing who presents for single chamber pacemaker.

PROCEDURE

Following informed consent, the patient was transferred to the Electrophysiology Laboratory in a fasting state. The left chest was prepped and draped in the usual sterile position. Timeout protocol was performed. Local anesthesia was achieved with 2% lidocaine.

Access was then obtained in the left axillary vein using the modified Seldinger technique under direct ultrasound visualization and microvascular access..

Following adequate anesthesia, an incision was performed in the left infraclavicular area. A pocket was created in the left pectoral submuscular space using electrocautery and blunt dissection. The two bellies of the pectoralis major muscle were divided and a submuscular pocket was fashioned taking care to avoid the neurovascular bundle.

A 6 Fr sheath was advanced over a J-tip guidewire. The right ventricle lead (LEAD PACEMAKER 52CM INGEVITY+ AF ISI) was advanced under fluoroscopic guidance to the RV apex using the technique of stylet exchange and adequate parameters were found. Once the position and redundancy of the lead had been confirmed with multiple fluoroscopic views, the RV lead was anchored to the prepectoral fascia.

After the lead(s) were placed, the leads were attached to the generator. The pocket was copiously irrigated with antibiotic solution. The device was placed in the pocket. The generator was secured with one non-absorbable tie. The pocket was closed in three running layers using absorbable suture. The wound was then dressed with skin adhesive and a Primapore dressing.

Device Data
DEVICE MEASUREMENTS
1. Right ventricle: R waves 25 mV, pacing impedance 630 ohms, threshold 0.9V at 0.4 ms.

FINAL PROGRAMMED PARAMETERS
VVIR 70-120

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Narrative
PRESENCE STATEMENT:
I, Nazem Walid Akoum, MD, was present for the entire procedure.

Physicians

Panel Physicians	Referring Physician	Case Authorizing Physician
Akoum, Nazem Walid, MD (Primary) Bevan, Graham Howard, MD (Fellow - Assisting)		Smith, Matthew C, MD

Pre-procedure Diagnosis

Bradycardia [R00.1]

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Complications

Complications documented before study signed (1/13/2025 9:18 PM)

No complications were associated with this study.
Documented by Bevan, Graham Howard, MD - 1/13/2025 5:08 PM

Signed

Electronically signed by Akoum, Nazem Walid, MD on 1/13/25 at 2118 PST

All Reviewers List

Smith, Matthew C, MD on 1/14/2025 12:36
Navalurkar, Reema, MD on 1/14/2025 09:06

Imaging

XR Chest 1 View (Final result)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: STAT Once 01/09/25 1039 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Suspected Infection
Should this exam be performed on a portable machine?	Yes

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Vrablik, Marie Clougherty, MD	Vrablik, Marie Clougherty, MD	1/9/2025 10:45 AM UWEDXRPORT1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

206-744-3263 206-744-3263 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 01/09/25 1102, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039
Order status: Completed
Resulted by: Hartman, Jason Brett, MD
Filed by: Interface, Radiology Results In 01/09/25 1105
Performed: 01/09/25 1042 - 01/09/25 1051
Accession number: 47200733
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
Suspected Infection

COMPARISON:
Chest x-ray 11/22/2020

FINDINGS AND
Impression:

Lines and tubes: None.

Lungs: Clear.

Pleura: No effusion. No pneumothorax.

Heart and mediastinum: Unremarkable.

Bones: No acute or suspicious abnormality.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Hartman, Jason Brett, MD on 1/9/25 at 1102 PST

CTA Abdomen Angio (Final result)

Electronically signed by: **Vrablik, Marie Clougherty, MD on 01/09/25 1100** Status: **Completed**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

This order may be acted on in another encounter.
Ordering user: Vrablik, Marie Clougherty, MD 01/09/25 1100
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: STAT Once 01/09/25 1100 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Vrablik, Marie Clougherty, MD (auto-released) 1/9/2025 11:00 AM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	eval for flow to L leg, L leg appears acutely mottled, cold, discolored
What is the patient's sedation requirement?	None
To assist selection of correct imaging protocol, do you suspect hemorrhage, extravasation, or pseudoaneurysm?	No
Exam instructions (e.g. preferred protocol, oral/rectal contrast, research protocol, or phases)	with run off to foot, eval B LE vasculature and for NSTI
Last GFR:	GFR 57 2/14/2024
Release Result to Patient	Immediate
AIDoc finding	false
AIDoc finding	false
AIDoc finding	false

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CTA ABDOMEN ANGIO	Vrablik, Marie Clougherty, MD 206-744-3263	Vrablik, Marie Clougherty, MD 206-744-3263	1/9/2025 11:05 AM UWEDCT1 UWMC RAD CT

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

CTA Abdomen Angio
Resulted: 01/09/25 1228, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1100
Order status: Completed
Resulted by: Hartman, Jason Brett, MD
Filed by: Interface, Radiology Results In 01/09/25 1231
Performed: 01/09/25 1135 - 01/09/25 1214
Accession number: 47201762
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
CTA ABDOMEN ANGIO: AORTA WITH PERIPHERAL RUNOFF

CLINICAL INDICATION:

Imaging (continued)

eval for flow to L leg, L leg appears acutely mottled, cold, discolored

TECHNIQUE:
CVA 10 CTA Abdomen, pelvis and lower extremities
CTA of abdominal aorta and lower extremities was performed in the arterial phase following contrast from the domes of the diaphragm to feet. On an independent workstation, volume rendered and/or MIP reconstructions were generated to evaluate the abdominal and lower extremity vessels.
CTV Lower Extremity:
CT angiography of the lower extremities from the pelvis to the feet was performed in the late venous phase of intravenous contrast enhancement. On an independent workstation, 3D and / or MIPs of the vessels was performed on an independent workstation.

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,80 mL Intravenous,01/09/2025 1214

COMPARISON:
None.

FINDINGS:
Abdominal Aorta: Patent. No aneurysm. Moderate to severe atherosclerosis.
Iliac arteries: Patent common iliacs. Occluded left external iliac artery.

Right femoral arteries: Patent. Severe atherosclerosis
Right popliteal artery:Patent. Moderate atherosclerosis
Right calf arteries:Weakly opacified. Severe atherosclerosis.
Number of vessels crossing the right ankle mortise: 2

Left femoral arteries: Occluded.
Left popliteal artery:Occluded.
Left calf arteries:Occluded.
Number of vessels crossing the left ankle mortise: 0

Lower chest: Moderate hiatal hernia.

Liver: Unremarkable.
Gallbladder: Unremarkable.
Bile ducts: Unremarkable.
Spleen: Unremarkable.
Pancreas: Unremarkable.
Adrenal glands: Unremarkable.
Kidneys and Ureters: Unremarkable.
Lymph Nodes: No enlarged lymph nodes.
Other vasculature: Unremarkable.
Bowel: Scattered diverticulosis, but no findings to suggest acute diverticulitis
Peritoneum: Unremarkable
Abdominal Wall: Unremarkable.
Reproductive organs: Unremarkable
Bladder: Unremarkable.
Bones:Right femur ORIF.

Left leg with diffuse skin thickening below the knee. No subcutaneous emphysema.

Impression:
Occlusion of the left lower extremity vasculature beginning at the left external iliac artery. There is associated skin thickening/swelling of the distal left lower extremity which likely represents edema. No associated subcutaneous emphysema or definitive evidence of necrotizing soft tissue infection.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Hartman, Jason Brett, MD on 1/9/25 at 1228 PST

XR Chest 1 View (Final result)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1447** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Phan, Janet, MD 01/10/25 1447
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: STAT Once 01/10/25 1448 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Phan, Janet, MD (auto-released) 1/10/2025 2:47 PM
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	evaluate position of TVP
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Phan, Janet, MD 206-744-8513 206-540-1174	Smith, Matthew C, MD 206-668-8383 206-969-5676	1/10/2025 2:50 PM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 01/10/25 1601, Result status: Final result

Ordering provider: Phan, Janet, MD 01/10/25 1447
Order status: Completed
Resulted by:
Santos Lima, Ana Paula, MD
Lane, Olivia, MD
Filed by: Interface, Radiology Results In 01/10/25 1604
Performed: 01/10/25 1517 - 01/10/25 1522
Accession number: 47233214

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
evaluate position of TVP

COMPARISON:
1/5/2020.

FINDINGS AND
Impression:

Lines and tubes: Transvenous pacing wire tip terminates in the right ventricle.

Lungs: The lung volumes persist. Similar bibasilar consolidations, likely atelectasis or aspiration.

Pleura: Small left pleural effusion. No pneumothorax.

Heart and mediastinum: Unchanged.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Signed

Electronically signed by Santos Lima, Ana Paula, MD on 1/10/25 at 1601 PST

XR Chest 1 View (Final result)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1206** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Mahdi, Elaa, MD 01/12/25 1206 Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Once 01/12/25 1206 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 12:06 PM
Diagnoses
Acute lower limb ischemia [I99.8]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	s/p TVP placement, hypotension
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Mahdi, Elaa, MD 206-744-8513 206-314-5103	Smith, Matthew C, MD 206-668-8383 206-969-5676	1/12/2025 12:10 PM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 01/12/25 1322, Result status: Final result

Ordering provider: Mahdi, Elaa, MD 01/12/25 1206
Resulted by: Chalian, Hamid, MD
Performed: 01/12/25 1226 - 01/12/25 1236
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 01/12/25 1325
Accession number: 47247341

Narrative:
EXAMINATION: XR CHEST 1 VIEW

INDICATION: s/p TVP placement, hypotension

Comparison: January 10, 2025

Impression:
FINDINGS AND IMPRESSION:

Support apparatus: No significant interval change in position.

Heart and mediastinum: Cardiomediastinal silhouette is unchanged.

Lungs and pleura: Slight interval increase in left pleural effusion. Findings suggestive of pulmonary edema with a slight interval increase. Trace right pleural effusion. No pneumothorax.

Bones/soft tissue: Unchanged.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Acute lower limb ischemia [I99.8 (ICD-10-CM)]

Signed

Electronically signed by Chalian, Hamid, MD on 1/12/25 at 1322 PST

XR Chest 1 View (Cancel Held)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Cancel Held**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Bevan, Graham Howard, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: STAT Once 01/13/25 1710 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Canceled by: Walks, Tristan H, RN 01/13/25 1838
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Post Pacer/ICD Implant
Should this exam be performed on a portable machine?	Yes

Indications

Bradycardia [R00.1 (ICD-10-CM)]

XR Abdomen 1 View (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1732** Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1732
Ordering provider: McKinstry, Mia, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/13/25 1733 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:32 PM
Discontinued by: Quirante, Jackie Lynn M, RT 01/13/25 2015 [Per Protocol]
Diagnoses
Adult failure to thrive syndrome [R62.7]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	verify NGT placement
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	Yes
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
MRN: U8170135
Date of Birth: 1/6/1925
Home Phone: 206-780-6885
Sex Assigned at Birth: Female
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR ABDOMEN 1 VW	McKinstry, Mia, MD 206-744-8513 206-540-1170	Smith, Matthew C, MD 206-668-8383 206-969-5676	

Screening Form Questions

No questions have been answered for this form.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

LMP/OB Status

OB Status
Postmenopausal

Implants

	Manufacturer	Model Number	Serial Number	MRI Safety Status
PACEMAKER MRI SINGLE CHAMBER ACCOLADE SR - S926607 - LOG1625428	BOSTON SCIENTIFIC	L310	926607	
LEAD PACEMAKER 52CM INGEVITY+ AF ISI - S1549465 - LOG1625428	BOSTON SCIENTIFIC	7841	1549465	

Indications

Adult failure to thrive syndrome [R62.7 (ICD-10-CM)]

XR Chest 1 View (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1730** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: McKinstry, Mia, MD 01/13/25 1730
Ordering provider: McKinstry, Mia, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/13/25 1731 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:30 PM
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	s/p pacemaker implantation
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	Yes
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	McKinstry, Mia, MD 206-744-8513 206-540-1170	Smith, Matthew C, MD 206-668-8383 206-969-5676	1/13/2025 5:35 PM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

Imaging (continued)

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 01/14/25 1003, Result status: Final result

Ordering provider: McKinstry, Mia, MD 01/13/25 1730
Resulted by: Godwin II, J David, MD
Performed: 01/13/25 1945 - 01/13/25 1950
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 01/14/25 1006
Accession number: 47275313

Narrative:
EXAMINATION:
XR CHEST 1 VIEW

INDICATION:
Pacemaker

FINDINGS AND
Impression:
Compared to 1/12/2025, a pacemaker has been placed from the left subclavian vein with electrode in the right ventricular apex, as expected.

Heart size is normal and unchanged. Aorta is calcified, indicating atherosclerosis.

Lung volume is low. There is basal atelectasis or aspiration and there are bilateral pleural effusions.

No pneumothorax.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Signed

Electronically signed by Godwin II, J David, MD on 1/14/25 at 1003 PST

XR Chest 2 View (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1736**
Ordering user: McKinstry, Mia, MD 01/13/25 1736
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/14/25 0500 - 1 occurrence
Quantity: 1

Discontinued by: So, Jenny J, RT 01/14/25 0710 [Duplicate]
Diagnoses
Bradycardia [R00.1]

Status: **Discontinued**
Ordering provider: McKinstry, Mia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: McKinstry, Mia, MD (auto-released) 1/14/2025 12:30 AM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	POD1 pacemaker placement
What is the patient's sedation requirement?	None

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Should this exam be performed on a portable machine?	Yes
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 2 VW	McKinstry, Mia, MD 206-744-8513 206-540-1170	Smith, Matthew C, MD 206-668-8383 206-969-5676	

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

Implants

	Manufacturer	Model Number	Serial Number	MRI Safety Status
PACEMAKER MRI SINGLE CHAMBER ACCOLADE SR - S926607 - LOG1625428	BOSTON SCIENTIFIC	L310	926607	
LEAD PACEMAKER 52CM INGEVITY+ AF ISI - S1549465 - LOG1625428	BOSTON SCIENTIFIC	7841	1549465	

Indications

Bradycardia [R00.1 (ICD-10-CM)]

XR Chest 2 View (Final result)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Bevan, Graham Howard, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/14/25 0600 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Walks, Tristan H, RN (auto-released) 1/14/2025 12:30 AM
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Post Pacer/ICD implant
Should this exam be performed on a portable machine?	No

Order comments: Perform study at 0630.

Screening Form

General Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 2 VW	Bevan, Graham Howard, MD 206-744-8513 206-559-1394	Smith, Matthew C, MD 206-668-8383 206-969-5676	1/14/2025 8:15 AM UWRAD5 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 2 View Resulted: 01/14/25 1056, Result status: Final result

Ordering provider: Bevan, Graham Howard, MD 01/14/25 0030
Order status: Completed
Resulted by: Godwin II, J David, MD
Filed by: Interface, Radiology Results In 01/14/25 1059
Performed: 01/14/25 0923 - 01/14/25 0938
Accession number: 47279074
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR CHEST 2 VW

INDICATION:
Pacemaker

FINDINGS AND
Impression:
Compared to 1/13/2025, pacemaker electrode position is unchanged. Heart size is unchanged.

Lung volume is lower. Basal atelectasis or aspiration and bilateral pleural effusions persist.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Signed

Electronically signed by Godwin II, J David, MD on 1/14/25 at 1056 PST

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

XR Chest 1 View (Final result)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/17/25 0954** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Segerson, Karen Elaine, MD 01/17/25 0954
Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD
Ordering mode: Standard
Frequency: Routine Once 01/17/25 0954 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Segerson, Karen Elaine, MD (auto-released) 1/17/2025 9:54 AM
Diagnoses
Tachypnea on examination [R06.82]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	tachypnea, cough, concern for aspiration
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Segerson, Karen Elaine, MD 206-598-5160 206-314-2627	Segerson, Karen Elaine, MD 206-598-5160 206-314-2627	1/17/2025 10:00 AM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View

Resulted: 01/17/25 1314, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/17/25 0954
Order status: Completed
Resulted by: Santos Lima, Ana Paula, MD
Filed by: Interface, Radiology Results In 01/17/25 1317
Performed: 01/17/25 1028 - 01/17/25 1032
Accession number: 47358779
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
tachypnea, cough, concern for aspiration

COMPARISON:

Imaging (continued)

1/14/2024

FINDINGS AND
Impression:

Lines and tubes: Right IJ central venous catheter has been removed

Lungs: Similar low lung volume with bibasilar atelectasis or aspiration.

Pleura: Small bilateral pleural effusions. No pneumothorax.

Heart and mediastinum: Unchanged.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Tachypnea on examination [R06.82 (ICD-10-CM)]

Signed

Electronically signed by Santos Lima, Ana Paula, MD on 1/17/25 at 1314 PST

XR Chest 1 View (Final result)

Electronically signed by: **Rosiene, Joel, MD on 01/19/25 0521** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Rosiene, Joel, MD 01/19/25 0521
Ordering provider: Rosiene, Joel, MD
Authorized by: Rosiene, Joel, MD
Ordering mode: Standard
Frequency: Routine Once 01/19/25 0521 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Rosiene, Joel, MD (auto-released) 1/19/2025 5:21 AM
Diagnoses
Delirium [R41.0]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	subjective fever concern for aspiration
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Rosiene, Joel, MD 206-598-3300	Rosiene, Joel, MD 206-598-3300	1/19/2025 5:25 AM UWXRPORT1 UWMC RAD XR

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 01/19/25 1218, Result status: Final result

Ordering provider: Rosiene, Joel, MD 01/19/25 0521
Resulted by:
Ordovas, Karen Gomes, MD
Diaz, Alexander Napoleon, MD
Performed: 01/19/25 0529 - 01/19/25 0635
Resulting lab: UW RADIOLOGY

Order status: Completed
Filed by: Interface, Radiology Results In 01/19/25 1221

Accession number: 47383535

Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
subjective fever concern for aspiration

COMPARISON:
January 17, 2025

FINDINGS AND
Impression:

Lung volumes remain low with similar mild diffuse lung disease. Superimposed basal atelectasis or aspiration persists, but aeration of the bases is slightly improved.

Small pleural effusions persist. No pneumothorax.

Heart and mediastinum are unchanged.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Delirium [R41.0 (ICD-10-CM)]

Signed

Electronically signed by Ordovas, Karen Gomes, MD on 1/19/25 at 1218 PST

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right (Final result)

Imaging (continued)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/21/25 1039** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Holmberg, Mackenzie Howard, MD 01/21/25 1039 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine Once 01/21/25 1040 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Holmberg, Mackenzie Howard, MD (auto-released) 1/21/2025 10:39 AM
Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	RLE swelling
Release Result to Patient	Immediate

End Exam Questions

	Answer	Comment
What is the finding for this exam?	Normal	

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right Resulted: 01/22/25 0921, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/21/25 1039 Order status: Completed
Resulted by: Zierler, Robert Eugene, MD Filed by: Interface, Radiology Results In 01/22/25 0925
Performed: 01/21/25 1137 - 01/21/25 1211 Accession number: 47410394
Resulting lab: UW RADIOLOGY
Narrative:
D. E. STRANDNESS, JR. VASCULAR LABORATORY
University of Washington Medical Center
1959 NE Pacific Street
Seattle, WA 98195
206-598-4449

Accredited by the Intersocietal Accreditation Commission - Vascular Testing

EXAMINATION:
LOWER EXTREMITY VENOUS DUPLEX (RIGHT)
Venous duplex examination performed using B-mode, color flow, and Doppler spectral waveform assessment.

INDICATION:
This is a 100 year old woman who is status-post left above-knee amputation on 01/09/2025. The patient presents with right lower extremity swelling.

PREVIOUS EXAMINATIONS:
06/02/2021 (right lower extremity venous duplex reported no deep vein thrombosis)
05/05/2021 (right lower extremity venous duplex reported no deep vein thrombosis)
01/22/2020 (bilateral lower extremity venous duplex reported no deep vein thrombosis)

EQUIPMENT:
Philips Epiq 7

FINDINGS:
This is a technically difficult exam due to calcific shadowing from arteries, patient positioning, and intolerance of probe pressure.

LOWER EXTREMITY VENOUS DUPLEX

RIGHT DEEP SYSTEM
Common Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Deep Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Main Femoral Vein Prox: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Mid: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Dist: Not positively identified

Imaging (continued)

Popliteal Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Posterior Tibial Vein: Complete color filling
Peroneal Vein: Complete color filling

Gastrocnemius Veins: Not positively identified
Soleal Veins: Complete compressions, no intraluminal echoes

RIGHT SUPERFICIAL VENOUS SYSTEM
Great Saphenous Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes at the saphenofemoral junction.
Small Saphenous Vein: Not positively identified

LEFT DEEP SYSTEM
Common Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Kacey Jaenicke BS, RVT
Vascular Technologist

FINAL PHYSICIAN INTERPRETATION

RIGHT LOWER EXTREMITY VENOUS
- No deep vein thrombosis in the right lower extremity, where evaluated, on a technically limited examination.
- The right distal femoral vein, gastrocnemius veins, and small saphenous vein are not positively identified.
- The right paired posterior tibial and peroneal veins are patent but poorly visualized.
- No superficial vein thrombosis in the right lower extremity, where evaluated.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

Signed

Electronically signed by Zierler, Robert Eugene, MD on 1/22/25 at 0921 PST

XR Chest 1 View (Final result)

Electronically signed by: **Wilson, Julia, MD on 01/25/25 0223** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Wilson, Julia, MD 01/25/25 0223
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Once 01/25/25 0224 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Wilson, Julia, MD (auto-released) 1/25/2025 2:23 AM
Diagnoses
Hypoxemia [R09.02]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	concern for aspiration event
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Release Result to Patient — Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Wilson, Julia, MD 206-598-3300	Wilson, Julia, MD 206-598-3300	1/25/2025 2:30 AM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View

Resulted: 01/25/25 1037, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/25/25 0223
Resulted by:
Cham, Matthew D, MD
Rong, Rong, MD
Performed: 01/25/25 0229 - 01/25/25 0244
Resulting lab: UW RADIOLOGY

Order status: Completed
Filed by: Interface, Radiology Results In 01/25/25 1040

Accession number: 47502947

Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
concern for aspiration event

COMPARISON:
1/19/2025

FINDINGS AND
Impression:

Compared to 1/19/2025, lung volumes remain low. Increased bilateral mid and lower lung consolidation, likely edema superimposed with is basal atelectasis or aspiration.

Increased small pleural effusions. No pneumothorax.

Heart and mediastinum are unchanged.

I have personally reviewed the images and agree with the report (or as edited).

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Hypoxemia [R09.02 (ICD-10-CM)]

Signed

Electronically signed by Cham, Matthew D, MD on 1/25/25 at 1037 PST

XR Chest 1 View (Final result)

Electronically signed by: **Chi, Frank, MD on 01/26/25 1515** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Chi, Frank, MD 01/26/25 1515 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
Frequency: Routine Once 01/27/25 0800 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Chi, Frank, MD (auto-released) 1/27/2025 12:30 AM
Diagnoses
Tachypnea on examination [R06.82]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	cough, AMS, at risk for aspiration
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	Yes
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Chi, Frank, MD 206-598-5160 206-314-3745	Chi, Frank, MD 206-598-5160 206-314-3745	1/27/2025 7:40 AM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

XR Chest 1 View Resulted: 01/27/25 1008, Result status: Final result

Ordering provider: Chi, Frank, MD 01/27/25 0030
Resulted by: Godwin II, J David, MD
Performed: 01/27/25 0736 - 01/27/25 0806
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 01/27/25 1011
Accession number: 47517840

Narrative:
EXAMINATION:
XR CHEST 1 VIEW

INDICATION:
Cough, altered mental status, aspiration risk

FINDINGS AND
Impression:
Compared to 1/25/2025, lung volume is even lower. Consolidation persists in midlungs and bases.

There are bilateral pleural effusions.

Heart size is unchanged. Pacemaker electrode position is unchanged, given different rotation.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Tachypnea on examination [R06.82 (ICD-10-CM)]

Signed

Electronically signed by Godwin II, J David, MD on 1/27/25 at 1008 PST

XR Chest 1 View (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1159** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1159
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Urgent (Imaging Only) Once 02/03/25 1200 - 1 occurrence
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Hospital Performed
Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:00 PM
Diagnoses
Tachypnea on examination [R06.82]
Acute cough [R05.1]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	new cough, please evaluate for infilatrate or other pathology
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Sokol-Hessner, Lauge, MD 206-598-8750 206-540-0425	Sokol-Hessner, Lauge, MD 206-598-8750 206-540-0425	2/3/2025 12:05 PM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 02/03/25 1440, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1200
Resulted by: Gulhane V, Avanti, MD
Performed: 02/03/25 1215 - 02/03/25 1222
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 02/03/25 1443
Accession number: 47667396

Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
new cough, please evaluate for infiltrate or other pathology

COMPARISON:
Chest radiograph 1/27/2025

FINDINGS AND
Impression:

Lines and tubes: Pacemaker electrode is unchanged in position.

Lungs: Pulmonary edema and bibasilar atelectasis persists.

Pleura: Moderate bilateral pleural effusions persist. No pneumothorax.

Heart and mediastinum: Unchanged.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Tachypnea on examination [R06.82 (ICD-10-CM)]
Acute cough [R05.1 (ICD-10-CM)]

Signed

Electronically signed by Gulhane V, Avanti, MD on 2/3/25 at 1440 PST

XR Chest 1 View (Final result)

Electronically signed by: **Alumbaugh, Allison Andreea, MD on 02/16/25 0540** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Alumbaugh, Allison Andreea, MD 02/16/25 0540 Ordering provider: Alumbaugh, Allison Andreea, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: STAT Once 02/16/25 0541 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Alumbaugh, Allison Andreea, MD (auto-released) 2/16/2025 5:40 AM
Diagnoses
Hypoxemia [R09.02]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	acute hypoxia
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	Yes
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Alumbaugh, Allison Andreea, MD 206-744-8513 206-314-6342	Pillai, Sunita, MD 206-598-3300 206-993-3438	2/16/2025 5:50 AM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 02/16/25 1033, Result status: Final result

Ordering provider: Alumbaugh, Allison Andreea, MD 02/16/25 0540 Order status: Completed
Resulted by: Santos Lima, Ana Paula, MD Filed by: Interface, Radiology Results In 02/16/25 1036
Performed: 02/16/25 0556 - 02/16/25 0556 Accession number: 47924850
Resulting lab: UW RADIOLOGY
Narrative:

Imaging (continued)

EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
acute hypoxia

COMPARISON:
2/3/2025

FINDINGS AND
Impression:

Lines and tubes: Unchanged.

Lungs: Decreased lung volume with bibasilar and perihilar consolidations likely atelectasis or aspiration. Superimposed edema is also conceivable.

Pleura: Increased bilateral small pleural effusions. No pneumothorax.

Heart and mediastinum: Unchanged.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Hypoxemia [R09.02 (ICD-10-CM)]

Signed

Electronically signed by Santos Lima, Ana Paula, MD on 2/16/25 at 1033 PST

XR Abdomen 1 View (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/18/25 1403** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Pillai, Sunita, MD 02/18/25 1403 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Once 02/18/25 1403 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/18/2025 2:03 PM
Diagnoses
Severe protein-calorie malnutrition (HCC) [E43]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	NGT placement
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie MRN: U8170135
Date of Birth: 1/6/1925 Home Phone: 206-780-6885

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Sex Assigned at Birth: Female

Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR ABDOMEN 1 VW	Pillai, Sunita, MD 206-598-3300 206-993-3438	Pillai, Sunita, MD 206-598-3300 206-993-3438	2/18/2025 2:15 PM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Abdomen 1 View

Resulted: 02/18/25 1552, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/18/25 1403
Resulted by: Bhargava, Puneet, MD
Performed: 02/18/25 1440 - 02/18/25 1445
Resulting lab: UW RADIOLOGY

Order status: Completed
Filed by: Interface, Radiology Results In 02/18/25 1555
Accession number: 47955702

Narrative:
EXAMINATION:
XR ABDOMEN 1 VW

CLINICAL INDICATION:
NGT placement

COMPARISON:
1/9/2025 and 2/16/2025.

Impression:

Weighted enteric tube tip is in the lower third of the esophagus. Tube could be advanced further by 10 cm.

Lung findings are unchanged.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Severe protein-calorie malnutrition (HCC) [E43 (ICD-10-CM)]

Signed

Electronically signed by Bhargava, Puneet, MD on 2/18/25 at 1552 PST

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

CT Abdomen And Pelvis wo Contrast (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/19/25 1054** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1054
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: STAT Once 02/19/25 1054 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/19/2025 10:55 AM
Diagnoses
Generalized abdominal pain [R10.84]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Severe abdominal pain, diffuse, in minimally interactive patient. No IV access
What is the patient's sedation requirement?	None
Release Result to Patient	Immediate
AIDoc finding	true

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CT ABDOMEN AND PELVIS W/O CONTRAST	Fancher-Dominguez, Alexandria Paige, MD 206-598-5160 206-416-5089	Fancher-Dominguez, Alexandria Paige, MD 206-598-5160 206-416-5089	2/19/2025 11:05 AM UWEDCT1 UWMC RAD CT

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

CT Abdomen And Pelvis wo Contrast

Resulted: 02/19/25 1314, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1055
Order status: Completed
Resulted by:
Dighe, Manjiri Kiran, MD
Mahdavi Anari, Seyed Arash, MD
Filed by: Interface, Radiology Results In 02/19/25 1317
Performed: 02/19/25 1136 - 02/19/25 1212
Accession number: 47974296
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
CT ABDOMEN AND PELVIS W/O CONTRAST

Imaging (continued)

CLINICAL INDICATION:
Severe abdominal pain, diffuse, in minimally interactive patient. No IV access.
Generalized abdominal pain

TECHNIQUE:
CTB A2 CT Abdomen Pelvis Survey without contrast.
Computed tomography was obtained through the abdomen and pelvis without contrast.

CONTRAST:
Intravenous contrast was not used.

COMPARISON:
CTA abdomen pelvis 1/9/2025.

FINDINGS:
Lower chest: New moderate-volume bilateral pleural effusion with passive atelectasis of bilateral lower lobes.
New reticular changes in bilateral lower lobes, right greater than left, suggesting infectious process in proper clinical settings.
Similar dense calcification of aortic and mitral valves.
Similar large hiatal hernia.
Liver: Unremarkable.
Gallbladder: Distended gallbladder with transverse diameter measuring 4.2 cm (601/43). No pericholecystic inflammatory changes.
Bile ducts: Unremarkable.
Spleen: Unremarkable.
Pancreas: Similar diffuse pancreatic steatosis.
Adrenal glands: Unremarkable.
Kidneys and Ureters: Similar 1.8 cm left renal cyst (601/55).
Abdominal Lymph Nodes and Retroperitoneum: No enlarged lymph nodes.
Vasculature: Similar severe aortoiliac atherosclerosis with no aneurysm.
Bowel: Severe colonic diverticulosis particularly in the sigmoid colon, without acute cholecystitis.
Peritoneum: Unremarkable
Abdominal Wall: Diffuse anasarca. Fat-containing right inguinal hernia. Similar linear calcification in paravertebral muscles.
Reproductive organs: Surgically absent.
Bladder: Unremarkable.
Bones: Similar degenerative changes of the lumbar spine with levoscoliosis. Similar mild level wedging of lower thoracic and lumbar spine. Right femur ORIF.

Impression:
* Gallbladder distention without pericholecystic inflammation. Gallbladder ultrasound could be helpful for further evaluation, if clinically indicated.
* New bilateral moderate-volume pleural effusion and new reticular pulmonary parenchymal changes, which could suggest pneumonia in proper clinical settings.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Generalized abdominal pain [R10.84 (ICD-10-CM)]

Signed

Electronically signed by Dighe, Manjiri Kiran, MD on 2/19/25 at 1314 PST

XR GI Tube Intro W Fluoro (Final result)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/19/25 1344** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1344
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/19/25 1344 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/19/2025 1:44 PM
Diagnoses
Adult failure to thrive syndrome [R62.7]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Pt needing FT, difficult placement
What is the patient's sedation requirement?	Unknown
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
MRN: U8170135
Date of Birth: 1/6/1925
Home Phone: 206-780-6885
Sex Assigned at Birth: Female
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR GI TUBE INTRO W FLUORO	Fancher-Dominguez, Alexandria Paige, MD 206-598-5160 206-416-5089	Fancher-Dominguez, Alexandria Paige, MD 206-598-5160 206-416-5089	2/20/2025 2:00 PM UWRAD9 UWMC RAD FLUOROSCOPY

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
Is this a Non-Reportable exam (auto advance the study to final)?		

XR GI Tube Intro W Fluoro Resulted: 02/20/25 1710, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1344
Order status: Completed
Resulted by: Dhyani, Manish, MD
Filed by: Interface, Radiology Results In 02/20/25 1713
Performed: 02/20/25 1425 - 02/20/25 1510
Accession number: 47984429
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
Feeding Tube Placement

CLINICAL INDICATION:
Pt needing FT, difficult placement

COMPARISON:

Imaging (continued)

FINDINGS AND
Impression:
Using guide wire and fluoroscopy, a weighted 10 French feeding tube was placed transnasally, however despite multiple attempts and lack of patient's cooperation, repeated attempts resulted in tracheal placement. After multiple attempts, and patient's inability to cooperate, the study was stopped without placement of tube.

Fluoroscopy time was 214 seconds.

PRESENCE STATEMENT:
I, Manish Dhyani, was present during the entire procedure, reviewed the images and agree with the report above.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Adult failure to thrive syndrome [R62.7 (ICD-10-CM)]

Signed

Electronically signed by Dhyani, Manish, MD on 2/20/25 at 1710 PST

XR Chest 1 View (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1047** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1047
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: STAT Once 02/23/25 1046 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 10:47 AM
Diagnoses
Hypoxemia [R09.02]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	New oxygen requirement; concern for aspiration
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Fancher-Dominguez, Alexandria Paige, MD 206-598-5160 206-416-5089	Fancher-Dominguez, Alexandria Paige, MD 206-598-5160 206-416-5089	2/23/2025 10:50 AM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 02/23/25 1201, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1047
Order status: Completed
Resulted by: Chalian, Hamid, MD
Filed by: Interface, Radiology Results In 02/23/25 1204
Performed: 02/23/25 1052 - 02/23/25 1140
Accession number: 48046234
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION: XR CHEST 1 VIEW

INDICATION: New oxygen requirement; concern for aspiration

Comparison: February 16, 2025

Impression:
FINDINGS AND IMPRESSION:

Support apparatus: No significant interval change in position.

Heart and mediastinum: Cardiomediastinal silhouette is obscured

Lungs and pleura: Interval increase in bilateral pleural effusions and findings suggestive of pulmonary edema. Superimposed infection or aspiration cannot be excluded. No pneumothorax

Bones/soft tissue: Unchanged.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Hypoxemia [R09.02 (ICD-10-CM)]

Signed

Electronically signed by Chalian, Hamid, MD on 2/23/25 at 1201 PST

XR Femur 2 Vw Right (Final result)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Electronically signed by: **Paul, Sharmila, MD on 03/05/25 2203** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Paul, Sharmila, MD 03/05/25 2203 Ordering provider: Paul, Sharmila, MD
Authorized by: Abay, Rebecca Joyce Yared, MD Ordering mode: Standard
Frequency: Urgent (Imaging Only) Once 03/05/25 2203 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Paul, Sharmila, MD (auto-released) 3/5/2025 10:03 PM
Diagnoses
Pain in right leg [M79.604]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	fall, now pain with moving leg, concern about hip vs femur fracture.
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	Yes
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR FEMUR 2 VW RIGHT	Paul, Sharmila, MD 206-744-8513 206-314-4127	Abay, Rebecca Joyce Yared, MD 206-598-5160 206-540-5165	3/5/2025 10:10 PM UWRAD1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Femur 2 Vw Right Resulted: 03/06/25 1011, Result status: Final result

Ordering provider: Paul, Sharmila, MD 03/05/25 2203 Order status: Completed
Resulted by: Rich, Natalie, MD Filed by: Interface, Radiology Results In 03/06/25 1014
Performed: 03/05/25 2225 - 03/05/25 2239 Accession number: 48266222
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR FEMUR 2 VW RIGHT, XR PELVIS 1-2 VW

CLINICAL INDICATION:
fall, now pain with moving leg, concern about hip vs femur fracture.

COMPARISON:

Imaging (continued)

CT abdomen pelvis dated 2/19/2025.

FINDINGS AND
Impression:
PELVIS: Acute comminuted impacted peri-implant right femur fracture with varus angulation. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Moderate left hip osteoarthritis. Diffuse osseous demineralization limits evaluation for nondisplaced fractures. Vascular calcifications.

RIGHT FEMUR: Acute comminuted peri-implant femur fracture with varus angulation and up to 8 cm of impaction. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Diffuse osseous demineralization. Vascular calcifications. Limited evaluation of the contralateral left lower extremity demonstrates an above knee amputation.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Pain in right leg [M79.604 (ICD-10-CM)]

Signed

Electronically signed by Rich, Natalie, MD on 3/6/25 at 1011 PST

XR Pelvis 1-2 Vw (Final result)

Electronically signed by: **Paul, Sharmila, MD on 03/05/25 2203** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Paul, Sharmila, MD 03/05/25 2203 Ordering provider: Paul, Sharmila, MD
Authorized by: Abay, Rebecca Joyce Yared, MD Ordering mode: Standard
Frequency: Urgent (Imaging Only) Once 03/05/25 2203 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Paul, Sharmila, MD (auto-released) 3/5/2025 10:03 PM
Diagnoses
Pain of right lower extremity [M79.604]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	fall, now pain with moving leg, concern about hip vs femur fracture.
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	Yes
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR PELVIS 1-2 VW	Paul, Sharmila, MD 206-744-8513 206-314-4127	Abay, Rebecca Joyce Yared, MD 206-598-5160 206-540-5165	3/5/2025 10:10 PM UWRAD1 UWMC RAD XR

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Pelvis 1-2 Vw Resulted: 03/06/25 1011, Result status: Final result

Ordering provider: Paul, Sharmila, MD 03/05/25 2203
Resulted by: Rich, Natalie, MD
Performed: 03/05/25 2225 - 03/05/25 2239
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 03/06/25 1014
Accession number: 48266224

Narrative:
EXAMINATION:
XR FEMUR 2 VW RIGHT, XR PELVIS 1-2 VW

CLINICAL INDICATION:
fall, now pain with moving leg, concern about hip vs femur fracture.

COMPARISON:
CT abdomen pelvis dated 2/19/2025.

FINDINGS AND
Impression:
PELVIS: Acute comminuted impacted peri-implant right femur fracture with varus angulation. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Moderate left hip osteoarthritis. Diffuse osseous demineralization limits evaluation for nondisplaced fractures. Vascular calcifications.

RIGHT FEMUR: Acute comminuted peri-implant femur fracture with varus angulation and up to 8 cm of impaction. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Diffuse osseous demineralization. Vascular calcifications. Limited evaluation of the contralateral left lower extremity demonstrates an above knee amputation.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Pain of right lower extremity [M79.604 (ICD-10-CM)]

Signed

Electronically signed by Rich, Natalie, MD on 3/6/25 at 1011 PST

XR Femur 2 Vw Right (Discontinued)

Electronically signed by: **Paul, Sharmila, MD on 03/06/25 0637** Status: **Discontinued**
Ordering user: Paul, Sharmila, MD 03/06/25 0637
Ordering provider: Paul, Sharmila, MD
Authorized by: Abay, Rebecca Joyce Yared, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Frequency: Routine Once 03/13/25 1000 - 1 occurrence
Quantity: 1
Class: Hospital Performed
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]
Acknowledged: Tran-Thien, Quynh Phuong, RN 03/06/25 0745 for Placing Order
Diagnoses
Acute fracture [T14.8XXA]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	assess evolution of R femoral fracture
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR FEMUR 2 VW RIGHT	Paul, Sharmila, MD 206-744-8513 206-314-4127	Abay, Rebecca Joyce Yared, MD 206-598-5160 206-540-5165	

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

Implants

	Manufacturer	Model Number	Serial Number	MRI Safety Status
PACEMAKER MRI SINGLE CHAMBER ACCOLADE SR - S926607 - LOG1625428	BOSTON SCIENTIFIC	L310	926607	
LEAD PACEMAKER 52CM INGEVITY+ AF ISI - S1549465 - LOG1625428	BOSTON SCIENTIFIC	7841	1549465	

Indications

Acute fracture [T14.8XXA (ICD-10-CM)]

XR Femur 2 Vw Right (Final result)

Electronically signed by: **Barnes, James Irvin, MD on 03/06/25 1724**
Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Barnes, James Irvin, MD 03/06/25 1724
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine Once 03/06/25 1725 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Barnes, James Irvin, MD (auto-released) 3/6/2025 5:24 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Diagnoses
Acute fracture [T14.8XXA]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Patient's son rotated leg interanllyt after last xray, to see if aligned ok
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR FEMUR 2 VW RIGHT	Barnes, James Irvin, MD 206-598-3300 206-998-1235	Barnes, James Irvin, MD 206-598-3300 206-998-1235	3/6/2025 5:40 PM UWRAD4 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Femur 2 Vw Right Resulted: 03/07/25 1805, Result status: Final result

Ordering provider: Barnes, James Irvin, MD 03/06/25 1724
Resulted by:
Rehwald, Christine Marie, MD
Kamalapathy, Pramod, MD
Performed: 03/06/25 1821 - 03/06/25 1838
Resulting lab: UW RADIOLOGY

Order status: Completed
Filed by: Interface, Radiology Results In 03/07/25 1808

Accession number: 48290574

Narrative:
EXAMINATION:
XR FEMUR 2 VW RIGHT

CLINICAL INDICATION:
Patient's son rotated leg interanllyt after last xray, to see if aligned ok

COMPARISON:
March 5, 2025

FINDINGS AND
Impression:
Redemonstration of the peri-implant femur fracture with decreased angulation. Similar shortening and anterior translation by one half shaft width. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Prominent screw head of the proximal most lateral femoral plate. Diffuse osseous demineralization. Vascular calcifications.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Acute fracture [T14.8XXA (ICD-10-CM)]

Signed

Electronically signed by Rehwald, Christine Marie, MD on 3/7/25 at 1805 PST

XR Femur 2 Vw Bilat (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 1909** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 1909
Authorized by: Barnes, James Irvin, MD
Frequency: Routine 03/07/25 -
Quantity: 1
Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Ancillary Performed
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Closed fracture of right femur, unspecified fracture morphology, unspecified portion of femur, initial encounter (HCC) [S72.91XA]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	3/13/25 Femur fracture f/u imaging as requested for this date by orthopedic surgery team
Does the patient require sedation or anesthesia?	None
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR FEMUR 2 VW BILAT	Barnes, James Irvin, MD 206-598-3300 206-998-1235	Barnes, James Irvin, MD 206-598-3300 206-998-1235	

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

Implants

	Manufacturer	Model Number	Serial Number	MRI Safety Status
PACEMAKER MRI SINGLE CHAMBER ACCOLADE SR - S926607 -	BOSTON SCIENTIFIC	L310	926607	

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

LOG1625428			
LEAD PACEMAKER 52CM INGEVITY+ AF ISI - S1549465 - LOG1625428	BOSTON SCIENTIFIC	7841	1549465

Indications

Closed fracture of right femur, unspecified fracture morphology, unspecified portion of femur, initial encounter (HCC) [S72.91XA (ICD-10-CM)]

Procedures

EKG 12-Lead (Final result)

Specimen Information

ID	Type	Source	Collected By
2584787	—	—	01/09/25 1034

EKG 12-Lead Resulted: 01/13/25 1234, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1035
Order status: Completed
Resulted by: Chatterjee, Neal Anjan, MD
Filed by: Interface, Muse Cupid Results In 01/13/25 1234
Collected by: 01/09/25 1034
Resulting lab: UWM EKG
Lab Technician: RAMUS
Narrative:
MARKED SINUS BRADYCARDIA WITH 1ST DEGREE AV BLOCK
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 23-NOV-2023 02:02,
PREMATURE VENTRICULAR COMPLEXES ARE NO LONGER PRESENT
PR INTERVAL HAS INCREASED
VENT. RATE HAS DECREASED BY 33 BPM
RIGHT BUNDLE BRANCH BLOCK IS NOW PRESENT
Confirmed by CHATTERJEE, M.D., NEAL (5100) on 1/13/2025 12:34:32 PM

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	42	BPM	—	79
Atrial Rate	42	BPM	—	79
P-R Interval	254	ms	—	79
QRS Duration	120	ms	—	79
Q-T Interval	554	ms	—	79
QTC Calculation	462	ms	—	79
P Axis	74	degrees	—	79
R Axis	0	degrees	—	79
T Axis	25	degrees	—	79

View Report (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 09-JAN-2025 10:34:54 UW MEDICINE-UED ROUTINE RECORD

06-JAN-1925 (100 yr)
Female Caucasian

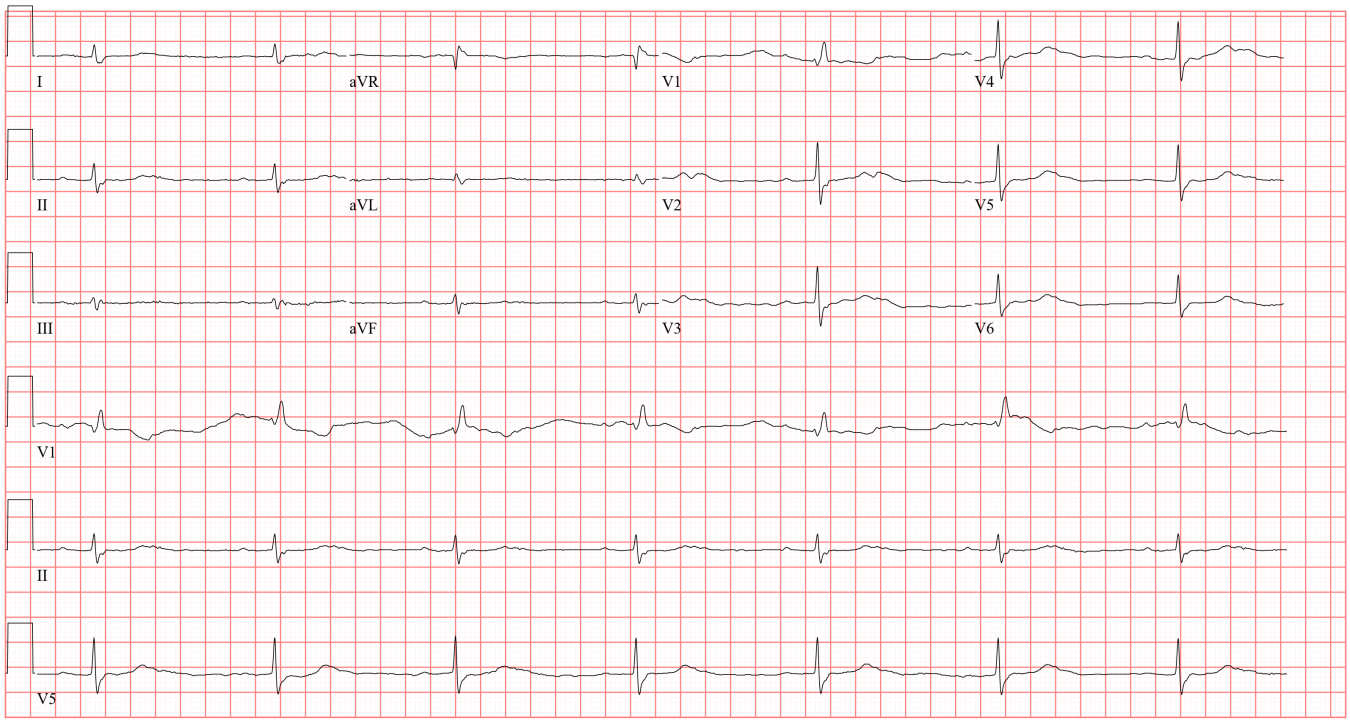
Room:ED02
Loc:1

Vent. rate	42	BPM
PR interval	254	ms
QRS duration	120	ms
QT/QTc	554/462	ms
P-R-T axes	74 0	25

MARKED SINUS BRADYCARDIA WITH 1ST DEGREE AV BLOCK
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 23-NOV-2023 02:02,
PREMATURE VENTRICULAR COMPLEXES ARE NO LONGER PRESENT
PR INTERVAL HAS INCREASED
VENT. RATE HAS DECREASED BY 33 BPM
RIGHT BUNDLE BRANCH BLOCK IS NOW PRESENT
Confirmed by CHATTERJEE, M.D., NEAL (5100) on 1/13/2025 12:34:32 PM

Technician: RAMUS
Test ind:

Confirmed By: NEAL CHATTERJEE, M.D.



25mm/s 10mm/mV 40Hz 9.0.9 12SL 243 CID: 1

EID:5100 EDT: 12:34 13-JAN-2025 ORDER:E360190418 ACCOUNT: 1930821112

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by Chatterjee, Neal Anjan, MD on 1/13/25 at 1234 PST

EKG 12-Lead (Final result)

Specimen Information

ID	Type	Source	Collected By
2587155	—	—	01/13/25 1842

EKG 12-Lead Resulted: 01/14/25 2223, Result status: Final result

Ordering provider: Bevan, Graham Howard, MD 01/13/25 1837
Resulted by: Linker, David T, MD
Collected by: 01/13/25 1842
Lab Technician: LE

Order status: Completed
Filed by: Interface, Muse Cupid Results In 01/14/25 2223
Resulting lab: UWM EKG

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Procedures (continued)

Narrative:
VENTRICULAR-PACED RHYTHM
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 10-JAN-2025 12:16,
ELECTRONIC VENTRICULAR PACEMAKER HAS REPLACED SINUS RHYTHM
VENT. RATE HAS INCREASED BY 37 BPM
Confirmed by LINKER MD, DAVID (1024) on 1/14/2025 10:22:54 PM

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	70	BPM	—	79
Atrial Rate	15	BPM	—	79
QRS Duration	180	ms	—	79
Q-T Interval	482	ms	—	79
QTC Calculation	520	ms	—	79
R Axis	-65	degrees	—	79
T Axis	96	degrees	—	79

View Report (below)

HOFFMAN, JEANNE ID:U8170135 13-JAN-2025 18:42:48 UW MEDICINE-U5SA ROUTINE RECORD

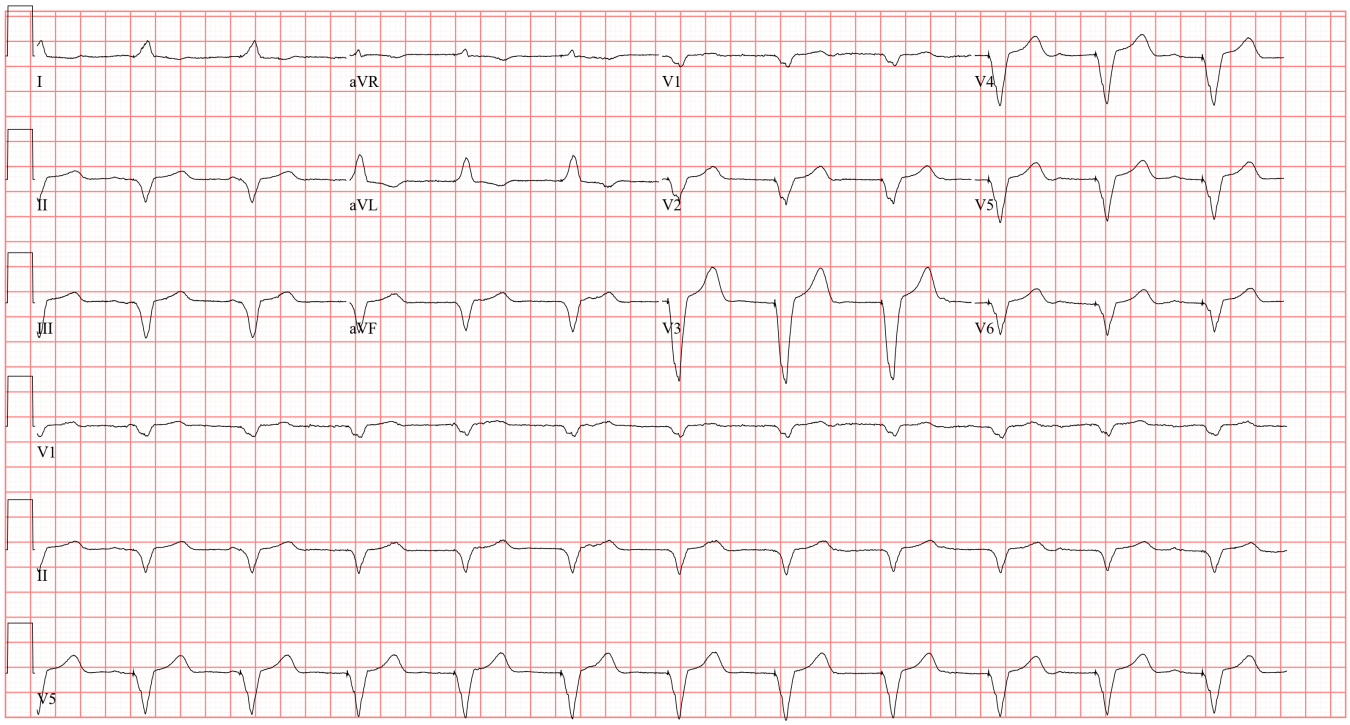
06-JAN-1925 (100 yr)
Female Caucasian
Room:5420
Loc:64

Vent. rate	70	BPM
PR interval	*	ms
QRS duration	180	ms
QT/QTc	482/520	ms
P-R-T axes	* -65	96

VENTRICULAR-PACED RHYTHM
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 10-JAN-2025 12:16,
ELECTRONIC VENTRICULAR PACEMAKER HAS REPLACED SINUS RHYTHM
VENT. RATE HAS INCREASED BY 37 BPM
Confirmed by LINKER MD, DAVID (1024) on 1/14/2025 10:22:54 PM

Technician: LE
Test ind:POST PROC

Confirmed By: DAVID LINKER MD



25mm/s 10mm/mV 150Hz 9.0.9 12SL 241 HD CID: 28 EID:1024 EDT: 22:22 14-JAN-2025 ORDER:E361071311 ACCOUNT: 1930821112

Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Procedures (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Signed

Electronically signed by Linker, David T, MD on 1/14/25 at 2223 PST

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1620292 (AMPUTATION, ABOVE KNEE)

Surgery Information

General Information

Date: 1/9/2025
Time: 1405
Status: Posted
Location: UWMC MAIN OR
Room: M-06
Service: Vascular
Patient class: Inpatient
Case classification: 2. OR: <2 Hrs Emergent

Diagnosis Information

Diagnosis
Acute lower limb ischemia

Panel Information

Panel 1

Surgeon	Role	Service	Start Time	End Time
Smith, Matthew C, MD	Primary	Vascular		
Schwarz, Samuel, MD	Resident - Assisting	Vascular		

Procedure: AMPUTATION, ABOVE KNEE [27590 (CPT®)]

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
Left	Class I/ Clean		General	Thigh	68

AMPUTATION, ABOVE KNEE (Left) - Position 1

Body: **Supine**
Table OR Maquete Magnus, Mepilex, Safety Strap

Left Arm: **Extended less than 90 degrees**
Armboard w/ Eggcrate Foam, Webril Wrap

Right Arm: **Extended less than 90 degrees**
Armboard w/ Eggcrate Foam, Webril Wrap

Head: **Aligned**
Headrest Gel Oasis

Left Leg: **Straight**

Right Leg: **Straight**

Positioned by: **Leefeldt, Shenoa, RN**
Dugan, Kathleen G, RN
Schwarz, Samuel, MD
Smith, Matthew C, MD
Czarnecki, Maciej, MD
Bollag, Laurent Albert, MD

Comments:

Case Completion - Additional Information

Destination: E2

Pre-op diagnosis

Acute lower limb ischemia [I99.8]

Post-op diagnosis

None

Verification Information

Staff Member	Date	Time
Quinlan, Sean, RN	1/10/2025	7:19 AM

Timeouts

Ha, Justin, RN at Thu Jan 9, 2025 1649 PST

Timeout Details

Timeout type: Preprocedure

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1620292 (AMPUTATION, ABOVE KNEE) (continued)

Procedures

Panel 1: Left AMPUTATION, ABOVE KNEE with Smith, Matthew C, MD

Timeout Questions

Correct patient? Yes
Correct equipment? Yes
Correct procedure? Yes
Site marked? Yes
H&P note completed? Yes
Consents verified? Yes
Relevant lab results available? Yes
Allergies reviewed? Yes

Signing History

Staff	Performed	Signed
Ha, Justin, RN	Thu Jan 9, 2025 1649 PST	Thu Jan 9, 2025 1649 PST

Ha, Justin, RN at Thu Jan 9, 2025 1526 PST

Timeout Details

Timeout type: Sign-in

Procedures

Panel 1: Left AMPUTATION, ABOVE KNEE with Smith, Matthew C, MD

Timeout Questions

Correct patient? Yes
Correct equipment? Yes
Site marked? Yes
Relevant lab results available? Yes
Allergies reviewed? Yes
Is there risk of high blood loss? **Yes**
Are there adequate fluids available to replenish high blood loss? N/A
Have surgical team concerns been reviewed? Yes
Are the medications available on the surgical field? Yes

Signing History

Staff	Performed	Signed
Ha, Justin, RN	Thu Jan 9, 2025 1526 PST	Thu Jan 9, 2025 1649 PST

Ha, Justin, RN at Thu Jan 9, 2025 1620 PST

Timeout Details

Timeout type: Pre-incision

Procedures

Panel 1: Left AMPUTATION, ABOVE KNEE with Smith, Matthew C, MD

Timeout Questions

Correct patient? Yes
Site marked? Yes
Surgeon ready? N/A
Have all team members been introduced? Yes
Has the surgeon reviewed the critical steps? Yes
Has the nursing team reviewed the sterility? Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1620292 (AMPUTATION, ABOVE KNEE) (continued)

Has the nursing staff reviewed the equipment for potential problems? Yes
Radiology images and results available? Yes

Signing History

Staff	Performed	Signed
Ha, Justin, RN	Thu Jan 9, 2025 1620 PST	Thu Jan 9, 2025 1649 PST

Ha, Justin, RN at Thu Jan 9, 2025 1716 PST

Timeout Details

Timeout type: Sign-out

Procedures

Panel 1: Left AMPUTATION, ABOVE KNEE with Smith, Matthew C, MD

Timeout Questions

Has the anesthesiologist reviewed the patient? Yes
Are counts correct? Yes
Have specimens been labeled? Yes
Have all new equipment problems been addressed? Yes
Have all recovery issues been reviewed? Yes

Signing History

Staff	Performed	Signed
Ha, Justin, RN	Thu Jan 9, 2025 1716 PST	Thu Jan 9, 2025 1716 PST

Notes

Anesthesia Postprocedure Evaluation

Lee, Christopher Ryan, MD at 1/9/2025 1945

Patient: Jeanne Leonie Hoffman

Procedure Summary:

Date: 1/9/2025	Room/Location: UWMC MAIN OR 06 / UWMC MAIN OR
Anesthesia Start: 3:16 PM	Anesthesia Stop: 5:54 PM
Procedure(s): AMPUTATION, ABOVE KNEE	Post-op Diagnosis * Acute lower limb ischemia [I99.8]
Responsible Provider: Lee, Christopher Ryan, MD	ASA Status: 4

Vitals	Value	Taken Time
BP	135/35	01/09/25 1930
Temp	36 °C	01/09/25 1750
Pulse	39	01/09/25 1944
SpO2	100 %	01/09/25 1944

Vitals shown include unfiled device data.

Place of evaluation: PACU

Patient participation: patient participated

Level of consciousness: fully conscious

Patient pain control satisfaction: patient is satisfied with level of pain control

Airway patency: patent

Cardiovascular status during assessment: stable

Respiratory status during assessment: breathing comfortably

Anesthetic complications: no

Intravascular volume status assessment: euvolemic

Nausea / vomiting: patient is not experiencing nausea

Planned post-operative disposition at time of assessment: ICU care

Electronically signed by Lee, Christopher Ryan, MD at 1/9/2025 7:47 PM

Anesthesia Preprocedure Evaluation

Czarnecki, Maciej, MD at 1/9/2025 1356

Patient: Jeanne Leonie Hoffman

Procedure Information

Date/Time: 01/09/25 1405
Procedure: AMPUTATION, ABOVE KNEE (Left: Thigh)
Location: UWMC MAIN OR 06 / UWMC MAIN OR
Surgeons: Smith, Matthew C, MD

HPI: Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, non-healing lower extremity wounds presenting for emergent left AKA.

Relevant Problems

Pulmonary

(+) Community acquired bacterial pneumonia

Cardio

(+) Acute lower limb ischemia
(+) Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
(+) Essential hypertension, benign
(+) Hypercholesterolemia

HEENT

(+) Primary open angle glaucoma (POAG) of both eyes
(+) Reduced vision
(+) Sensorineural hearing loss, unspecified

Endo/Immunology

(+) Type 2 diabetes mellitus without complication (HCC)

Relevant surgical history:

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Medications:

Outpatient:

Current Outpatient Medications

Medication	Instructions
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• Calcium Carbonate 500 MG Oral Chew Tab	2 tablets, Oral, 3 times daily PRN
• cholecalciferol (VITAMIN D-3)	2,000 units, Oral, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	Oral
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

Inpatient:

Scheduled

- aspirin, 81 mg, Daily

Continuous
- [Held By Provider] heparin, 0-35 Units/kg/hr (Dosing Weight), Continuous, Last Rate: Stopped (01/09/25 1434)

PRN
REM

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin *confusion*	Other
• Penicillins *3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD*	Skin: Rash
• Sulfa Antibiotics	Skin: Rash

Social History:

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Substance Use Topics	
• Alcohol use:	No
• Drug use:	No

Medical History and Review of Systems

Pulmonary
(+) pneumonia

Cardiovascular
(+) hypertension
(+) dysrhythmias (heart block 1st degree), bradycardia

GI/Hepatic/Renal
(+) renal disease, CKD

Endo/Immunology
(+) diabetes

Physical Exam

Airway
Mallampati: III
Neck ROM: Full
Mouth Opening: Normal
Facial Hair: None

Dental
edentulous

Cardiovascular
Rhythm: Regular
Rate: Abnormal

Pulmonary
decreased breath sounds

Other Physical Exam Findings: Cp marginally compensated. Confused, but can communicated with her son, which is present.

Labs: (*last year*)

BMP			CBC/Coags		
Na	144	1/9/2025	Hb	12.3	1/9/2025
K	4.0	1/9/2025	HCT	39	1/9/2025
Cl	109 (H)	1/9/2025	WBC	13.85 (H)	1/9/2025
HCO3	25	1/9/2025	PLT	205	1/9/2025
BUN	25 (H)	1/9/2025	INR	1.1	1/9/2025
Cr	1.10 (H)	1/9/2025	PT	14.1	1/9/2025
Glu	183 (H)	1/9/2025	PTT	-	-

Misc					
eGFR	45 (L)	1/9/2025	MCV	98	1/9/2025
A1C	6.3 (H)	2/14/2024	BNP	-	-

LFTs					
AST	48 (H)	1/9/2025	Albumin	3.9	1/9/2025
ALT	28	1/9/2025	Protein	7.8	1/9/2025
Alk Phos	69	1/9/2025	T Bili	0.5	1/9/2025

Relevant procedures / diagnostic studies: none

Cardiac

EKG 01/09/25:
Sinus brady
First degree AV block
?right bundle branch block

Perioperative Risk Scores:

PONV: Intermediate Risk Total Score: 2

Female patient
Non-smoker
Criteria that do not apply:
History of PONV
History of motion sickness
Intended opioid administration

ANESTHESIA PLAN

Preoperative Discussion: **PMHx and PSHx as above, verified NPO within guidelines.**

Discussed anesthetic plan of General Anesthesia. Discussed risks including; risks associated with airway placement, PONV, pulmonary complications, MI, or cardiac arrest. Discussed in detail that given pts advanced age, and PMHx there is an elevated risk of cardiac arrest. Patient and family in understanding. Discussed that family and patient wishes all measures to be taken in event of arrest. All patient questions answered. Patient and decision maker in agreement to proceed.

Informed Consent:
Anesthesia Plan discussed with:
Patient and child
Use of blood products:
Consented
Discussed with: **patient and child**
ASA Score:
ASA: **4**
Planned Anesthetic Type:
general

Electronically signed by Bollag, Laurent Albert, MD at 1/9/2025 4:55 PM

Anesthesia Procedure Notes

Houston, Nicklaus, MD at 1/9/2025 1621

Procedure Orders
1. Nerve Block [360324135] ordered by Houston, Nicklaus, MD

Nerve Block

Staff:
Performing provider: Houston, Nicklaus, MD
Authorizing provider: Bollag, Laurent Albert, MD

Block Indication/Location:
Patient location: OR/Procedural area
Reason for block: post-op pain management.

Consent:
Type: verbal consent obtained
Risk discussed: block failure or incomplete block, motor weakness, nerve injury, bleeding, infection and local anesthetic toxicity.
Obtained by: Bollag, Laurent Albert, MD.
Obtained from: patient

Regional anesthesia checklist:
Patient identifed with two distinct identifiers
Procedural consent reviewed
Block site confirmed by hospital protocol
Allergies reviewed
Anticoagulation status reviewed
Maximum local anesthetic dose calculated
Emergency drugs available
Medication syringes labeled
Monitoring in place

Block type:
Procedure type: nerve catheter
Block laterality: left
Block: femoral

Preparation:
Patient position: reclined
Patient sedation: sedated
Monitors: SpO2, ECG, NIBP and EtCO2
Skin prep: chlorhexidine
Sterile barriers: sterile gloves, mask, sterile drape and probe cover
Skin local anesthetic used: injected

Block needle:
Needle type: Tuohy
Needle gauge: 18 G
Needle length: 3.5 in
Guidance: ultrasound (in plane)no

Catheter:
Catheter type: epidural
Catheter size: 19 G
Ultrasound verification: Yes
Depth catheter secured at skin 15 cm
Securement: dermabond and clear occlusive dressing

Date and time block placed:
1/9/2025 4:00 PM

Additional block(s)

Block type:
Procedure type: single shot block
Block laterality: left
Block: sciatic (popliteal)

Preparation:
Position: reclined
Skin prep: chlorhexidine
Sterile barriers: sterile gloves, mask and probe cover
Skin LA used: injected

Block needle:
Needle type: block needle
Needle gauge: 21 G
Needle length: 100 mm
Guidance: ultrasound (in plane)
Ultrasound image saved: no

Date and time block placed:
1/9/2025 3:50 PM

Assessment:
Sensory block: unable to assess
Motor block: unable to assess
Pain relief: unable to assess
Complications: well tolerated

Final block comments:
Femoral catheter 10cm at skin initially, tunneled to 15cm at skin. Catheter site confirmed with US and secured with dermabond + tegaderm after tunneling.

Electronically signed by Houston, Nicklaus, MD at 1/9/2025 4:25 PM

Czarnecki, Maciej, MD at 1/9/2025 1648

Procedure Orders
1. Airway Placement [360331968] ordered by Czarnecki, Maciej, MD

Airway Placement

Staff:
Performing Provider: Czarnecki, Maciej, MD
Authorizing Provider: Bollag, Laurent Albert, MD

Airway management:
Patient location: OR/Procedural area
Final airway type: Supraglottic airway
Intubation reason: General anesthesia/planned procedure

Induction:
Positioning: supine
Preoxygenation: Yes
Apneic Oxygenation: Standard nasal cannula at flush rate
Mask Ventilation: Grade 1 - Ventilated by mask

Intubation:

Number of Attempts: 1

Final Attempt
Airway Type: SGA
LMA Type**:** i-gel
LMA Size:3

Assessment:
Confirmation: auscultation
Difficult Airway: no
Procedure Abandoned: no

Date / Time Airway Secured / Re-Secured:
1/9/2025 3:32 PM

Electronically signed by Czarnecki, Maciej, MD at 1/9/2025 4:50 PM

Brief Op Note

Schwarz, Samuel, MD at 1/9/2025 1621

Immediate Brief Operative Note

Jeanne Leonie Hoffman - DOB: 1/6/1925 (100 year old female) MRN: U8170135
Procedure Date: 01/09/2025 | Location:UWMC MAIN OR

PROCEDURE DETAILS	
Procedure Team:	**Primary: Smith, Matthew C, MD**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1620292 (AMPUTATION, ABOVE KNEE) (continued)

	Resident - Assisting: Schwarz, Samuel, MD
Procedure(s):	AMPUTATION, ABOVE KNEE - Left
Pre Procedure Diagnosis:	Acute lower limb ischemia [I99.8]
Post Procedure Diagnosis:	* Acute lower limb ischemia [I99.8]

PROCEDURE SUMMARY

Anesthesia: General
Estimated Blood Loss: 50 mL

Wound Closure: Primary Closure (Primary Intention)
Wound Class: Procedure(s):
AMPUTATION, ABOVE KNEE - Wound Class: Class I/ Clean

SPECIMENS:

ID	Type	Source	Tests	Collected by	Time
1 : Left leg and left leg thrombus	Tissue	Leg, Left	PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/2025 1650
2 : left leg thrombus	Tissue	Leg, Left	PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/2025 1714

FINDINGS

- PNC placed pre-op
- Above-knee amputation with little blood loss
- Closed with 3 layers sutures; staples for skin
- Patient extubated in OR without issue
-

POST OP PLAN

- Admit CT ICU
- Bed rest overnight; will be NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Ok for CLD, will advance in AM
- Insulin gtt for BG management; ok to transition to SQI once up in ICU
- SBP 100-160
- Cardiology consulted for bradycardia to 20s with 2nd degree AVB
- TTE needed for completion of embolic workup; ok to be done in AM unless cardiology would like it done sooner
- Hold AC until tomorrow AM at which point Hep gtt will resume

SIGNED
Sam Schwarz, MD (PGY-3)
Integrated Vascular Surgery

Electronically signed by Schwarz, Samuel, MD at 1/9/2025 7:14 PM
Electronically signed by Smith, Matthew C, MD at 1/10/2025 5:35 PM

Op Note

Smith, Matthew C, MD at 1/9/2025 1621

Operative Note

Surgeon:
Matthew C Smith, MD PhD

Assistant:
Schwarz ,MD Resident

Date: 1/9/2025 **Location:** UWMC MAIN OR

Name: Jeanne Leonie Hoffman, **DOB:** 1/6/1925, **MRN:** U8170135

Pre Procedure Diagnosis
Pre-op Diagnosis
* Acute lower limb ischemia [I99.8]

Post Procedure Diagnosis
Post-op Diagnosis
* Acute lower limb ischemia [I99.8]

Procedures:
Left above knee amputation

Procedure Summary
Anesthesia: General **ASA:** IV

Indications: Jeanne Leonie Hoffman is a 100 year old female who presents with Rutherford class III acute limb ischemia presenting with an insensate left lower extremity at the level of the high shin on the left which has been going on for somewhere between 2 weeks and 2 days. As the patient is a relatively poor historian. She had no motor function or distal leg. I offered her the options of palliative pain control versus an above-knee amputation and counseled her on a very high risk of mortality in either case as well as severe disability from the amputation. The patient and her son understood this and wished to proceed with amputation.

Findings: Amputation of left leg above the knee

Procedure Details: After obtaining informed consent in the preoperative care unit the patient was brought to the operating room was placed in a comfortable supine position on the operating room table. A timeout was performed indicating the appropriate patient, left above-knee amputation as the procedure and need for preoperative antibiotics. General and regional anesthesia was induced and the left leg an incision was made just above the kneecap on the left leg was prepped and draped in the usual sterile fashion. And Bovie cautery was used to carry the dissection down through subcutaneous tissues including the muscle. This was carried down to the level of the bone circumferentially. The muscle appeared healthy and there was a small amount of bleeding in both muscle and fat tissues. The bone was transected with an oscillating bone saw the femoral vessels were then controlled and independently ligated. The femoral nerve was identified and injected with additional ropivacaine and tied off using a 2 oh tie. I then used Bovie to transect the remainder of the muscular attachments in the posterior leg. The wound was irrigated and then closed in

multiple layers using 2-0 and 3-0 Vicryl followed by staples at the skin. The wound was dressed in Xeroform, Kerlix and an Ace wrap

As the attending surgeon, I was present and scrubbed for the entire case, all needle, sponge and instrument counts were correct at the end of the procedure.

Drains:

Urethral Catheter 01/09/25 (Active)

Site Assessment	Skin intact	01/10/25 0800
Care & Maintenance	Bag emptied	01/10/25 1400
Collection Container	To dependent drainage;Standard drainage bag;No dependent loops	01/10/25 0800
Securement Method	Right thigh	01/10/25 0800
Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	01/10/25 0800
Output (mL)	90 mL	01/10/25 1600

Specimens

ID	Source	Type	Tests	Collected By	Collected At	Frozen?	Priority	Lab ID
1	Leg, Left	Tissue	• PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/25 1650	No	Routine	SU25-01173
	Description: Left leg and left leg thrombus Comment: Pre-op diagnosis: Acute lower limb ischemia [I99.8]							
2	Leg, Left	Tissue	• PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/25 1714	No	Routine	SU25-01173
	Description: left leg thrombus Comment: Pre-op diagnosis: Acute lower limb ischemia [I99.8]							

Complications: None.

Estimated Blood Loss: 20 mL

Condition: stable

Electronically signed by Smith, Matthew C, MD at 1/10/2025 5:34 PM

Procedure Nursing Note

Forsyth, Kevin K, RN at 1/9/2025 1621

Pt stable in the PACU with bradycardia in the 35-38. Pt denied pain. Dressing CDI. Pt transferred to 5SA. On transport pt HR went down to 24, but pt still mentating. Bedside report given to 5SA RN.

Electronically signed by Forsyth, Kevin K, RN at 1/9/2025 7:51 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1623029 (Temp Pacing Wire: Cath)

Surgery Information

General Information

Date: 1/10/2025
Time: 1237
Status: Posted
Location: UWMC CARDIAC CATH LAB
Room: CL 1
Service: Cathlab
Patient class: Inpatient
Case classification: CV: Routine Add-On - Inpatient

Diagnosis Information

Diagnosis
Bradycardia

Panel Information

Panel 1

Provider	Role	Service	Start Time	End Time
Ayyoub, Alaa Samih, MD	Primary	Cathlab		1327
Abera, Seifu Mengesha, MD	Fellow - Assisting	Cathlab		

Procedure: Temp Pacing Wire: Cath

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
N/A			Moderate Sedation		60

Procedure: Central Line Placement

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
N/A					

Case Completion - Additional Information

Pre-op diagnosis

Bradycardia [R00.1]

Post-op diagnosis

Bradycardia [R00.1]

Log Completed By

Jensen, Craig, Technologist	1/10/2025	1335

Timeouts

Henry, Melissa Marie, RN at Fri Jan 10, 2025 1309 PST

Timeout Details

Timeout type: Preprocedure

Procedures

Panel 1: Temp Pacing Wire: Cath with Ayyoub, Alaa Samih, MD

Timeout Questions

Correct patient? Yes
Correct site? Yes
Correct side? Yes
Correct position? Yes
Correct procedure? Yes
Site marked? Yes
Antibiotics ordered and given? Yes
H&P note completed? Yes
Consents verified? Yes
Radiology studies available? Yes

Relevant lab results available? Yes
Safety precautions reviewed? Yes
Allergies reviewed? Yes
Have all team members been introduced? Yes

Signing History

Staff	Performed	Signed
Henry, Melissa Marie, RN	Fri Jan 10, 2025 1309 PST	Fri Jan 10, 2025 1309 PST

Henry, Melissa Marie, RN at Fri Jan 10, 2025 1309 PST

Timeout Details

Timeout type: Final Verification

Procedures

Panel 1: Temp Pacing Wire: Cath with Ayyoub, Alaa Samih, MD

Timeout Questions

Correct patient? Yes
Correct site? Yes
Correct side? Yes
Correct position? Yes
Correct procedure? Yes
Site marked? Yes
Have all team members been introduced? Yes
Has the nursing staff reviewed the equipment for potential problems? Yes

Signing History

Staff	Performed	Signed
Henry, Melissa Marie, RN	Fri Jan 10, 2025 1309 PST	Fri Jan 10, 2025 1309 PST

Notes

H&P

Ayyoub, Alaa Samih, MD at 1/10/2025 1302

Moderate Sedation Pre-Procedure Assessment/H&P

Vitals:

Vitals (Most recent in last 24 hrs)
T: 36.7 °C (01/10/25 0900) **BP:** **(!) 140/0** (01/10/25 1240) **HR:** **(!) 37** (01/10/25 1240) **RR:** 20 (01/10/25 0900) **SpO2:** 100 % (01/10/25 1240) Room air **T range:** Temp Min: 36 °C Max: 36.7 °C Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033) Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

Recent Labs

Lab Results

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1623029 (Temp Pacing Wire: Cath) (continued)

Component	Value	Date
WBC	12.54 (H)	01/10/2025
HEMOGLOBIN	9.4 (L)	01/10/2025
HEMATOCRIT	30 (L)	01/10/2025
PLATELET	123 (L)	01/10/2025
SODIUM	142	01/10/2025
POTASSIUM	4.0	01/10/2025
BUN	19	01/10/2025
CREATININE	0.75	01/10/2025
GLUCOSE	152 (H)	01/10/2025
INR	1.1	01/09/2025
PROTIME	14.1	01/09/2025
PTT	32	05/27/2020
AST	48 (H)	01/09/2025
ALT	28	01/09/2025
ALK	69	01/09/2025
ALBUMIN	3.9	01/09/2025

Procedure
No admission procedures for hospital encounter.

Sedation RN Data

Patient Language	English

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia

- Bradycardia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Substance and Sexual Activity	
• Alcohol use:	No
• Drug use:	No
• Sexual activity:	Not Currently

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

Spring 2018
Homeless living with son in tent on Bainbridge
Pastor Dave O'Connell 314.853.2695
APS Levonne Gibson 360.473.2167
NW Justice Project Samantha Adams 206.707.0838

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

Home Medications

Prescriptions

Cholecalciferol 1000 units Oral Tab
Sig: Take 2 tablets (2,000 units) by mouth daily.

Cyanocobalamin (VITAMIN B-12 OR)
Sig: Take 1 tablet by mouth daily.

MULTIPLE VITAMIN OR
Sig: Take 1 tablet by mouth daily.

Wound Dressings (medihoney) topical gel
Sig: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.

Wound Dressings (medihoney) topical gel
Sig: Apply topically every other day. Apply to wound before applying dressing

atorvastatin 10 MG tablet
Sig: Take 1 tablet (10 mg) by mouth daily.

lidocaine 4 % patch
Sig: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.

pentoxifylline ER 400 MG ER tablet
Sig: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.

timolol maleate 0.5 % ophthalmic solution
Sig: instill 1 drop into both eyes twice a day

Additional Comments: None

Inpatient Medications

SCHEDULED MEDICATIONS:
- acetaminophen, 500 mg, q6h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-4 units, q HS
- insulin LISPRO, 0-5 units, TID before meals
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 0-20 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 9 mcg/kg/min (01/10/25 1241)
- ROPivacaine, , Continuous

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- [START ON 1/12/2025] bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.1 mg, Q2 Hours PRN
- magnesium sulfate, 2 g, q6h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN

- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- [START ON 1/12/2025] senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Anticoagulants
Is patient on anticoagulation meds?: (not recorded)
Anticoagulation labs and last medication admin verified?: (not recorded)

OB/GYN
Patient Pregnant: N/A
Lactation Status: N/A

NPO Status
Date of Last Liquid: (not recorded)
Time of Last Liquid: (not recorded)
Date of Last Solid: (not recorded)
Time of Last Solid: (not recorded)

Activity Tolerance
Assessment of climbing up 2 flights of stairs: (not recorded)
Assessment of walking 2 blocks: (not recorded)

Escort/Ride Home Info
Escort/Ride home contact name: (not recorded)
Escort/Ride home contact relationship: (not recorded)
Escort/Ride home contact number(s): (not recorded)
Escort/Ride home contact location: (not recorded)

Sedation Provider Statement

I concur with the RN's pre-procedure assessment above.

Physical Exam:

Airway
Mallampati:: II

Cardiovascular
Rhythm:: Regular
Rate:: Abnormal

Dental

Pulmonary
Normal exam

Neurological
Normal exam

Other Findings

Risk Factors
Status: High: ASA IV Patient with severe systemic disease that is a constant threat to life

Assessment: Okay for sedation

Plan for Sedation: Minimal sedation. None if tolerated

Attestation
I am a Proceduralist (Attending, ARNP, PA-C, FHCC BMA RN) with privileges for moderate sedation.

Assessment Update
Procedure more than 1 hour from above assessment: No changes

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 1:03 PM

Interval H&P Note

Ayyoub, Alaa Samih, MD at 1/10/2025 1300

H&P reviewed. The patient was evaluated and there are no changes to the H&P.

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 1:02 PM

Source Note: H&P (View-Only)

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Pain Management
Consult performed by: Gicheru, Florence W, ARNP
Consult ordered by: Smith, Matthew C, MD
Reason for consult: Complex postoperative pain management requiring PNC for pain medication administration

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
APS is consulted for complex post-operative pain management, including PNC management

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Per Dr. Sonderman's note dated 1/9/25:
Patient presented to the ED today with acute limb ischemia. Vascular surgery had extensive goals of care discussion and patient is full code and proceeded to AKA. Pre procedure patient was in sinus brady with rates in 40s, first degree heart block and RBBB. Post procedure, patient had lower heart rates in the 20s-30s. She was alert and asymptomatic throughout, son is at bedside and reported she is at her baseline. She has no history of bradycardia, typical HR at clinic appointments 60s-70s, no recent history of syncope/pre-syncope. No known history of CAD, heart failure. Prior EKG in 11/2023 shows similar 1st degree AV block, RBBB and rates in 60s-70s. She recently went on 50d train trip throughout America and had no medical complications on the entire trip. She has good quality of life and is currently focusing on duration (she wants to meet Al Roker given her 100th birthday).

PAIN ASSESSMENT:
Pain Location:
surgical site: Left lower extremity above the knee amputation site
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Reported Treatment Side Effects:
No Nausea:
No itching

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

HISTORY REVIEWED:
I have reviewed the patient's social history with the patient.

Past Pain/Substance Use History: Notable opioid related events Multiple narcan events at home and inpatient per family

Up to date information could not be retrieved from the PDMP.

Source	Status	Last Checked for Updates
WA PDMP	Patient Not Found	1/9/2025 10:15 AM

WA PMP Medication Dispense History
No medication dispenses to display (since 1/15/2024). Last query status: Patient Not Found.

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026) **RR:** (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air
Vitals (Most recent in last 24 hrs)
T: 36.2 °C (01/09/25 2000) **BP:** **(!) 121/29** (01/09/25 2200) **HR:** **(!) 32** (01/09/25 2200) **RR:** 16 (01/09/25 2200) **SpO2:** 100 % (01/09/25 2200) Room air **T range:** Temp Min: 36 °C Max: 36.9 °C

Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam:
vitals reviewed
Constitutional:
alert
no acute distress
Eyes:
Pupils: Normal
Cardiovascular:
bradycardia
irregular rhythm
Pulmonary:
effort normal
Musculoskeletal:
LLE surgical site covered with sexual dressing

Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/09/25 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
Location: Left Femoral
Depth at Skin: 15 cm.
Clean/Dry/Intact
No Erythema
No Bleeding
No Pain of Palpation

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
144	110	19		10.1			AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.5	24	0.92	125	12.4	><	165	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
				8						
eGFR: 56		Ca: 8.0		32			Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.1		PO4: 3.1		ANC: 11.19					BNP: -	Anti-Xa: -

	ALC: 1.74		INR: 1.1

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

APS is consulted for complex post-operative pain management, including PNC management

Pt. Seen at this time in the ICU. She is inially sleeping but later wakes up. She is HOH but responds appropriately to simple questions written on a board. Her son, also her caregiver, is at bedside and a good historian. Son reports that in 2023, pt. Was on opioids for chronic pain but had a number of narcan events at home, at which point all opioids were discontinued. She also had a narcan event during her most recent hospitalization. Pt. Consequently started using Tylenol but must have taken "one too many," which resulted in Acetaminophen toxicity per son. She has since been using positioning and activity to help with the pain.

Pt. Denies any pain at this time. She is on a PNC Ropivacaine 0.2% continuous infusion at 8ml/hr for pain. Per RN, she was unable to swallow any medications this evening hence low dose Acetaminophen IV ordered. Contacted the primary team to determine if the pt. Is a candidate for NSAIDS for pain management for which she is not due to a drop in HCT, currently 32% per lab review. Pt. Discussed with attending due to the significant hx. Of opioid adverse effects and limitation of non-opioid medications due to her hx. And labs. Plan at this time is to cautiously and use low dose opioids for pain and make adjustments as needed for pain and safety. HM 0.1mg IV q2hrs PRN ordered. Pt. Is not a candidate for PCA at this time.

Pt. Sleeping when checked on overnight. Pain appears to be well controlled with no PRN use/administered thus far

0430: Pain remains well controlled with PNC Ropivacaine@8ml/hr. Has not required PRN pain medication.

Today's Plan (Changes in bold):

01/09/25: Left Femoral PNC, 15cm @skin

CONT:
Ropivacaine 0.2% @8ml/hr

SCH:
APAP 500mg IV q6hrs

PRN:
HM 0.1mg IV q2hrs PRN

Discussed With: Pt. Family, RN, primary team and APS attending

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Gicheru, Florence W, ARNP at 1/10/2025 5:04 AM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1623951 (Temp Pacing Wire: Cath)

Surgery Information

General Information

Date: 1/10/2025
Location: UWMC CARDIAC CATH LAB
Patient class: Emergency
Time: 1630
Room: Hybrid
Case classification: CV: Emergent - Schedule within 1 hour
Status: Posted
Service: Cathlab

Diagnosis Information

Diagnosis
Bradycardia

Panel Information

Panel 1

Provider	Role	Service	Start Time	End Time
Ayyoub, Alaa Samih, MD	Primary	Cathlab	1618	1710

Procedure: Temp Pacing Wire: Cath

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
N/A			Local		60

Repositioning of TVP

Procedure: Central Line Placement

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
N/A					

Procedure: Pacemaker Lead Removal - RV

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
			Monitor Anesthesia Care	Heart Electrophysiology	

Case Completion - Additional Information

Pre-op diagnosis

Bradycardia [R00.1]

Post-op diagnosis

Bradycardia [R00.1]

Log Completed By

Bauer, Zoe Michelle, RN	1/10/2025	1719

Timeouts

McClellan, Kyle D, RN at Fri Jan 10, 2025 1646 PST

Timeout Details

Timeout type: Preprocedure

Procedures

Panel 1: Temp Pacing Wire: Cath with Cupid, Invasive Cardiologist, MD
Repositioning of TVP

Timeout Questions

Antibiotics ordered and given? Yes
H&P note completed? Yes

Consents verified? Yes
Radiology studies available? Yes
Relevant lab results available? Yes
Safety precautions reviewed? Yes
Allergies reviewed? Yes
Have all team members been introduced? Yes

Signing History

Staff	Performed	Signed
McClellan, Kyle D, RN	Fri Jan 10, 2025 1646 PST	Fri Jan 10, 2025 1646 PST

McClellan, Kyle D, RN at Fri Jan 10, 2025 1646 PST

Timeout Details

Timeout type: Final Verification

Procedures

Panel 1: Temp Pacing Wire: Cath with Cupid, Invasive Cardiologist, MD
Repositioning of TVP

Timeout Questions

Surgeon ready? Yes
Have all team members been introduced? Yes
Has the nursing staff reviewed the equipment for potential problems? Yes

Signing History

Staff	Performed	Signed
McClellan, Kyle D, RN	Fri Jan 10, 2025 1646 PST	Fri Jan 10, 2025 1646 PST

Notes

H&P

Ayyoub, Alaa Samih, MD at 1/10/2025 1632

Moderate Sedation Pre-Procedure Assessment/H&P

Temp wire became displaced. Returned to cath lab for repositioning with fluroscopic guidance.

Vitals:

Vitals (Most recent in last 24 hrs)
T: 36.7 °C (01/10/25 1400) **BP:** **(!) 144/35** (01/10/25 1500) **HR:** **(!) 39** (01/10/25 1600) **RR:** 20 (01/10/25 0900) **SpO2:** 98 % (01/10/25 1600) Room air **T range:** Temp Min: 36 °C Max: 36.7 °C Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033) Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

Recent Labs

Lab Results

Component	Value	Date
WBC	14.86 (H)	01/10/2025
HEMOGLOBIN	9.9 (L)	01/10/2025
HEMATOCRIT	32 (L)	01/10/2025
PLATELET	181	01/10/2025
SODIUM	140	01/10/2025
POTASSIUM	4.1	01/10/2025
BUN	19	01/10/2025
CREATININE	0.72	01/10/2025
GLUCOSE	130 (H)	01/10/2025
INR	1.1	01/10/2025
PROTIME	14.4	01/10/2025
PTT	26	01/10/2025
AST	48 (H)	01/09/2025
ALT	28	01/09/2025
ALK	69	01/09/2025
ALBUMIN	3.9	01/09/2025

Procedure
No admission procedures for hospital encounter.

Sedation RN Data

Patient Language	English

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion

- Acute lower limb ischemia
- Bradycardia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

Spring 2018
Homeless living with son in tent on Bainbridge
Pastor Dave O'Connell 314.853.2695
APS Levonne Gibson 360.473.2167
NW Justice Project Samantha Adams 206.707.0838

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

Home Medications

Prescriptions

Cholecalciferol 1000 units Oral Tab
Sig: Take 2 tablets (2,000 units) by mouth daily.

Cyanocobalamin (VITAMIN B-12 OR)
Sig: Take 1 tablet by mouth daily.

MULTIPLE VITAMIN OR
Sig: Take 1 tablet by mouth daily.

Wound Dressings (medihoney) topical gel
Sig: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.

Wound Dressings (medihoney) topical gel
Sig: Apply topically every other day. Apply to wound before applying dressing

atorvastatin 10 MG tablet
Sig: Take 1 tablet (10 mg) by mouth daily.

lidocaine 4 % patch
Sig: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.

pentoxifylline ER 400 MG ER tablet
Sig: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.

timolol maleate 0.5 % ophthalmic solution
Sig: instill 1 drop into both eyes twice a day

Additional Comments: None

Inpatient Medications

SCHEDULED MEDICATIONS:
- acetaminophen, 500 mg, q6h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-4 units, q HS
- insulin LISPRO, 0-5 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 0-20 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 5 mcg/kg/min (01/10/25 1600)
- ROPivacaine, , Continuous

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- [START ON 1/12/2025] bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.1 mg, Q2 Hours PRN
- magnesium sulfate, 2 g, q6h PRN

- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- perflutren lipid microspheres (Definity) 1.3 mL in sodium chloride (PF) 0.9 % 8.7 mL injection, 1-10 mL, Once PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- [START ON 1/12/2025] senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Anticoagulants
Is patient on anticoagulation meds?: (not recorded)
Anticoagulation labs and last medication admin verified?: (not recorded)

OB/GYN
Patient Pregnant: N/A
Lactation Status: N/A

NPO Status
Date of Last Liquid: (not recorded)
Time of Last Liquid: (not recorded)
Date of Last Solid: (not recorded)
Time of Last Solid: (not recorded)

Activity Tolerance
Assessment of climbing up 2 flights of stairs: (not recorded)
Assessment of walking 2 blocks: (not recorded)

Escort/Ride Home Info
Escort/Ride home contact name: (not recorded)
Escort/Ride home contact relationship: (not recorded)
Escort/Ride home contact number(s): (not recorded)
Escort/Ride home contact location: (not recorded)

Sedation Provider Statement

I concur with the RN's pre-procedure assessment above.

Physical Exam:

Airway

Cardiovascular

Rate:: Abnormal

Dental

Pulmonary
Normal exam

Neurological
Normal exam

Other Findings

Risk Factors
Status: High: ASA IV Patient with severe systemic disease that is a constant threat to life

Assessment: Okay for sedation

Plan for Sedation: Minimal sedation. None if tolerated

Attestation
I am a Proceduralist (Attending, ARNP, PA-C, FHCC BMA RN) with privileges for moderate sedation.

Assessment Update
Procedure more than 1 hour from above assessment: No changes

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 4:33 PM

Interval H&P Note

Ayyoub, Alaa Samih, MD at 1/10/2025 1630

H&P reviewed. The patient was evaluated and there are no changes to the H&P.

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 4:32 PM

Source Note: H&P (View-Only)

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Pain Management
Consult performed by: Gicheru, Florence W, ARNP
Consult ordered by: Smith, Matthew C, MD

Reason for consult: Complex postoperative pain management requiring PNC for pain medication administration

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
APS is consulted for complex post-operative pain management, including PNC management

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Per Dr. Sonderman's note dated 1/9/25:
Patient presented to the ED today with acute limb ischemia. Vascular surgery had extensive goals of care discussion and patient is full code and proceeded to AKA. Pre procedure patient was in sinus brady with rates in 40s, first degree heart block and RBBB. Post procedure, patient had lower heart rates in the 20s-30s. She was alert and asymptomatic throughout, son is at bedside and reported she is at her baseline. She has no history of bradycardia, typical HR at clinic appointments 60s-70s, no recent history of syncope/pre-syncope. No known history of CAD, heart failure. Prior EKG in 11/2023 shows similar 1st degree AV block, RBBB and rates in 60s-70s. She recently went on 50d train trip throughout America and had no medical complications on the entire trip. She has good quality of life and is currently focusing on duration (she wants to meet Al Roker given her 100th birthday).

PAIN ASSESSMENT:
Pain Location:
surgical site: Left lower extremity above the knee amputation site
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Reported Treatment Side Effects:
No Nausea:
No itching

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

HISTORY REVIEWED:
I have reviewed the patient's social history with the patient.

Past Pain/Substance Use History: Notable opioid related events Multiple narcan events at home and inpatient per family

Up to date information could not be retrieved from the PDMP.

Source	Status	Last Checked for Updates
WA PDMP	Patient Not Found	1/9/2025 10:15 AM

WA PMP Medication Dispense History
No medication dispenses to display (since 1/15/2024). Last query status: Patient Not Found.

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026) **RR:** (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air
Vitals (Most recent in last 24 hrs)
T: 36.2 °C (01/09/25 2000) **BP:** **(!) 121/29** (01/09/25 2200) **HR:** **(!) 32** (01/09/25 2200)

RR: 16 (01/09/25 2200) **SpO2:** 100 % (01/09/25 2200) Room air
T range: Temp Min: 36 °C Max: 36.9 °C
Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam:
vitals reviewed
Constitutional:
alert
no acute distress
Eyes:
Pupils: Normal
Cardiovascular:
bradycardia
irregular rhythm
Pulmonary:
effort normal
Musculoskeletal:
LLE surgical site covered with sexual dressing

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Placement Date/Time: 01/09/25 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm

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Placement Date/Time: 01/09/25 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
Location: Left Femoral
Depth at Skin: 15 cm.
Clean/Dry/Intact
No Erythema
No Bleeding
No Pain of Palpation

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
144	110	19		10.1			AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.5	24	0.92	125	12.4 8	><	165	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1623951 (Temp Pacing Wire: Cath) (continued)

eGFR: 56	Ca: 8.0	32	Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.1	PO4: 3.1	ANC: 11.19			BNP: -	Anti-Xa: -
		ALC: 1.74			INR: 1.1	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

APS is consulted for complex post-operative pain management, including PNC management

Pt. Seen at this time in the ICU. She is inially sleeping but later wakes up. She is HOH but responds appropriately to simple questions written on a board. Her son, also her caregiver, is at bedside and a good historian. Son reports that in 2023, pt. Was on opioids for chronic pain but had a number of narcan events at home, at which point all opioids were discontinued. She also had a narcan event during her most recent hospitalization. Pt. Consequently started using Tylenol but must have taken "one too many," which resulted in Acetaminophen toxicity per son. She has since been using positioning and activity to help with the pain.

Pt. Denies any pain at this time. She is on a PNC Ropivacaine 0.2% continuous infusion at 8ml/hr for pain. Per RN, she was unable to swallow any medications this evening hence low dose Acetaminophen IV ordered. Contacted the primary team to determine if the pt. Is a candidate for NSAIDS for pain management for which she is not due to a drop in HCT, currently 32% per lab review. Pt. Discussed with attending due to the significant hx. Of opioid adverse effects and limitation of non-opioid medications due to her hx. And labs. Plan at this time is to cautiously and use low dose opioids for pain and make adjustments as needed for pain and safety. HM 0.1mg IV q2hrs PRN ordered. Pt. Is not a candidate for PCA at this time.

Pt. Sleeping when checked on overnight. Pain appears to be well controlled with no PRN use/administered thus far

0430: Pain remains well controlled with PNC Ropivacaine@8ml/hr. Has not required PRN pain medication.

Today's Plan (Changes in bold):

01/09/25: Left Femoral PNC, 15cm @skin

CONT:
Ropivacaine 0.2% @8ml/hr

SCH:
APAP 500mg IV q6hrs

PRN:
HM 0.1mg IV q2hrs PRN

Discussed With: Pt. Family, RN, primary team and APS attending

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Gicheru, Florence W, ARNP at 1/10/2025 5:04 AM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1625428 (Pacemaker Initial Implant - Single Chamber)

Surgery Information

General Information

Date: 1/13/2025
Time: 1505
Status: Posted
Location: UWMC ELECTROPHYSIOLOGY LAB
Room: EP 1
Service: Electrophysiology
Patient class: Inpatient
Case classification:

Diagnosis Information

Diagnosis
Bradycardia

Panel Information

Panel 1

Provider	Role	Service	Start Time	End Time
Akoum, Nazem Walid, MD	Primary	Electrophysiology	1552	1700
Bevan, Graham Howard, MD	Fellow - Assisting	Cardiovascular	1552	

Procedure: Pacemaker Initial Implant - Single Chamber

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
Left			Monitor Anesthesia Care	Heart Electrophysiology	55

Case Completion - Additional Information

Pre-op diagnosis

Bradycardia [R00.1]

Post-op diagnosis

None

Log Completed By

Singsaas, Julie M, RN	1/13/2025	1709

Timeouts

Singsaas, Julie M, RN at Mon Jan 13, 2025 1603 PST

Timeout Details

Timeout type: Preprocedure

Procedures

Panel 1: Left Pacemaker Initial Implant - Single Chamber with Akoum, Nazem Walid, MD

Timeout Questions

Correct patient? Yes
Correct site? Yes
Correct side? Yes
Correct position? Yes
Correct procedure? Yes
Site marked? Yes
Antibiotics ordered and given? Yes
H&P note completed? Yes
Consents verified? Yes
Radiology studies available? Yes
Relevant lab results available? Yes
Safety precautions reviewed? Yes
Allergies reviewed? Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1625428 (Pacemaker Initial Implant - Single Chamber) (continued)

Have all team members been introduced? Yes

Signing History

Staff	Performed	Signed
Singsaas, Julie M, RN	Mon Jan 13, 2025 1603 PST	Mon Jan 13, 2025 1610 PST

Singsaas, Julie M, RN at Mon Jan 13, 2025 1618 PST

Timeout Details

Timeout type: Final Verification

Procedures

Panel 1: Left Pacemaker Initial Implant - Single Chamber with Akoum, Nazem Walid, MD

Timeout Questions

Surgeon ready? Yes
Have all team members been introduced? Yes
Has the nursing staff reviewed the equipment for potential problems? Yes

Signing History

Staff	Performed	Signed
Singsaas, Julie M, RN	Mon Jan 13, 2025 1618 PST	Mon Jan 13, 2025 1618 PST

Notes

Anesthesia Postprocedure Evaluation

Hong, Stephanie, MD at 1/13/2025 1726

Patient: Jeanne Leonie Hoffman

Procedure Summary:

Date: 1/13/2025	Room/Location: UWMC EP LAB 1 / UWMC ELECTROPHYSIOLOGY LAB
Anesthesia Start: 3:42 PM	Anesthesia Stop:
Procedure(s): Pacemaker Initial Implant - Single Chamber	Post-op Diagnosis * Bradycardia [R00.1]
Responsible Provider: Lombaard, Stefan Andre, MD	ASA Status: 4

Vitals	Value	Taken Time
BP	122/60	01/13/25 1720
Temp	36	01/13/25 1726
Pulse	77	01/13/25 1725
SpO2	100 %	01/13/25 1725

Vitals shown include unfiled device data.

Place of evaluation: ICU

Patient participation: patient participated

Level of consciousness: fully conscious

Patient pain control satisfaction: patient is satisfied with level of pain control

Airway patency: patent

Cardiovascular status during assessment: stable

Respiratory status during assessment: breathing comfortably

Anesthetic complications: no

Intravascular volume status assessment: euvolemic

Nausea / vomiting: patient is not experiencing nausea

Planned post-operative disposition at time of assessment: ICU care

Electronically signed by Hong, Stephanie, MD at 1/13/2025 5:26 PM

Anesthesia Preprocedure Evaluation

Hong, Stephanie, MD at 1/13/2025 1531

Patient: Jeanne Leonie Hoffman

Procedure Information

Date/Time: 01/13/25 1505
Procedure: Pacemaker Initial Implant - Single Chamber (Left: Heart Electrophysiology)
Location: UWMC EP LAB 1 / UWMC ELECTROPHYSIOLOGY LAB
Providers: Akoum, Nazem Walid, MD

HPI: Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, non-healing lower extremity wounds s/p AKA presenting for PPM placement.

Relevant Problems

Pulmonary

(+) Community acquired bacterial pneumonia

Cardio

(+) Acute lower limb ischemia
(+) Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
(+) Essential hypertension, benign
(+) Hypercholesterolemia

HEENT
(+) Primary open angle glaucoma (POAG) of both eyes
(+) Reduced vision
(+) Sensorineural hearing loss, unspecified

Endo/Immunology
(+) Type 2 diabetes mellitus without complication (HCC)

Relevant surgical history:

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Medications:

Outpatient:

Current Outpatient Medications

Medication	Instructions
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• cholecalciferol (VITAMIN D-3)	2,000 units, Daily
• Cyanocobalamin (VITAMIN B-12 OR)	1 tablet, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	1 tablet, Oral, Daily
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

Inpatient:

Scheduled
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily

- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- [Held By Provider] heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

Continuous

- DOPamine, 2 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 2.5 mcg/kg/min (01/13/25 1515)
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/13/25 1500)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: 10 mL/hr (01/13/25 1500)

PRN

- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- magnesium sulfate, 2 g, q6h PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 5 mg, q4h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin	Other
confusion	

- Penicillins — Skin: Rash
  3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD
- Sulfa Antibiotics — Skin: Rash

Social History:

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No
- Drug use: No

Medical History and Review of Systems

Pulmonary
(+) pneumonia

Cardiovascular
(+) hypertension
(+) dysrhythmias (heart block 1st degree), bradycardia

GI/Hepatic/Renal
(+) renal disease, CKD

Endo/Immunology
(+) diabetes

Physical Exam

Airway
Mallampati: III
Neck ROM: Full
Mouth Opening: Normal
Facial Hair: None

Dental
edentulous

Cardiovascular
Paced with TVP at 80bpm
Rhythm: Regular
Rate: Normal

Pulmonary
decreased breath sounds

Other Physical Exam Findings: Confused, noncommunicative

Labs: (*last year*)

BMP			CBC/Coags		
Na	138	1/13/2025	Hb	10.4 (L)	1/13/2025
K	4.0	1/13/2025	HCT	32 (L)	1/13/2025
Cl	107	1/13/2025	WBC	9.61	1/13/2025
HCO3	23	1/13/2025	PLT	174	1/13/2025
BUN	16	1/13/2025	INR	1.1	1/13/2025
Cr	0.72	1/13/2025	PT	14.4	1/13/2025
Glu	148 (H)	1/13/2025	PTT	34	1/13/2025

Misc					
eGFR	>60	1/13/2025	MCV	95	1/13/2025
A1C	6.6 (H)	1/10/2025	BNP	-	-

LFTs					
AST	48 (H)	1/9/2025	Albumin	3.9	1/9/2025
ALT	28	1/9/2025	Protein	7.8	1/9/2025
Alk Phos	69	1/9/2025	T Bili	0.5	1/9/2025

ABG 1/10/2025				
pH	PaCO2	PaO2	HCO3	Lactate
7.41	33	83	21 (L)	0.5

Relevant procedures / diagnostic studies: none

Cardiac
EKG 01/09/25:
Sinus brady
First degree AV block
?right bundle branch block

TTE 1/10/25:
Bradycardia at 39 bpm with 2:1 AV Block

Normal left ventricular chamber size and wall thickness with proximal septal thickening. Normal systolic function (LVEF 74% by biplane). Unable to assess diastolic function due to rhythm.

Moderate aortic stenosis (peak velocity 3.0m/s, mean gradient 19 mmHg, velocity ratio 0.4) without regurgitation. Suggest re-evaluation at a normal heart rate.

Moderate mitral annular calcification with mild regurgitation.

Mildly elevated estimated PA systolic pressure, 34-39 mmHg, inclusive of estimated right atrial pressure, 5-10 mmHg.

Normal right ventricular size and systolic function. CIED is present in the right heart.

No pericardial effusion.

No prior study for comparison.

Perioperative Risk Scores:

PONV: Intermediate Risk Total Score: 2

Female patient
Non-smoker
Criteria that do not apply:
History of PONV
History of motion sickness
Intended opioid administration

ANESTHESIA PLAN

Informed Consent:
Anesthesia Plan discussed with:
Child

ASA Score:
ASA: **4**
Planned Anesthetic Type:
MAC
MAC Justification:
age>70, surgeon request, airway risk and comorbid disease
Supervising Provider Comments:
Patient seen and examined in holding area. Risks and benefits of anesthesia discussed in detail with family. All questions answered. Plan for MAC with GA backup Patient family agreed to proceed.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1625428 (Pacemaker Initial Implant - Single Chamber) (continued)

Electronically signed by Sheu, Richard David, MD at 1/13/2025 4:32 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1714901

Surgery Information

General Information

Date: 2/20/2025
Time:
Status: Posted
Location: UWMC INVASIVE FL RADIOLOGY
Room:
Service:
Patient class:
Case classification:

Diagnosis Information

No post-op diagnosis codes associated with the log.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25

Anesthesia Information

Anesthesia Summary - Hoffman, Jeanne Leonie [U8170135] Female
100 year old Current as of 04/30/25 0936

Height: 5' (1.524 m) (01/09/25)
Weight: 45.7 kg (100 lb 12 oz) (02/21/25)
BMI: 19.68
NPO Status: Not recorded
Allergies: ADHESIVES, ASPIRIN, NITROFURANTOIN, PENICILLINS, SULFA ANTIBIOTICS, SULFANILAMIDE

Procedure Summary

Date: 01/13/25
Room / Location: UWMC EP LAB 1 / UWMC ELECTROPHYSIOLOGY LAB
Anesthesia Start: 1542
Anesthesia Stop: 1726
Procedure: Pacemaker Initial Implant - Single Chamber (Left: Heart Electrophysiology)
Diagnosis:
Bradycardia
(Bradycardia [R00.1])
Providers: Akoum, Nazem Walid, MD
Responsible Provider: Lombaard, Stefan Andre, MD
Anesthesia Type: MAC
ASA Status: 4

Events

Date	Time	Event
1/13/2025	1542	Anesthesia Start
	1552	Patient in Room
	1557	Start Data Collection
	1604	Anesthesia Ready
	1612	Attending Handoff
	1618	Procedure Start
	1700	Procedure Finish
	1709	Leave Room
	1709	Stop Data Collection
	1722	Handoff to Receiving Nurse
	1726	Anesthesia Stop

Attestation Information

Staff Name	Date	Time	Type
Sheu, Richard David, MD	01/13/25	1542	Pre Eval Attending
I personally evaluated and examined the patient prior to anesthetic care. I reviewed and modified the pre-anesthetic evaluation to reflect my findings and my anesthesia plan.			
Singsaas, Julie M, RN	01/13/25	1603	Time Out
Sheu, Richard David, MD	01/13/25	1604	Induction Not Applicable
I attest that induction was not applicable in this case.			
Sheu, Richard David, MD	01/13/25	1612	Anesthesia Presence
At the time indicated by this attestion, I was physically present in the patient's room and participated in anesthetic care for this patient.			
Sheu, Richard David, MD	01/13/25	1612	Handover of Responsibility
During the time period of medical direction, I was immediately available at all times. I was frequently present in the room, including specifically at the times indicated by my Anesthesia Presence attestations. I conducted a handover of anesthesia care to the provider indicated in the record, and ceded medical responsibility to that individual at the time indicated by their assumption of responsibility documentation.			
Lombaard, Stefan Andre, MD	01/13/25	1612	Anesthesia Presence
At the time indicated by this attestion, I was physically present in the patient's room and participated in anesthetic care for this patient.			
Lombaard, Stefan Andre, MD	01/13/25	1612	Assumption of Responsibility
I assumed care of this patient at the indicated time, and am the medically responsible attending anesthesiologist for this patient’s care until such time as another anesthesiologist relieves me or the case ends, whichever is first.			
Singsaas, Julie M, RN	01/13/25	1618	Time Out
Lombaard, Stefan Andre, MD	01/13/25	1707	Anesthesia Presence
At the time indicated by this attestion, I was physically present in the patient's room and participated in anesthetic care for this			

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

patient.

Lombaard, Stefan Andre, MD	01/13/25	1707	Emergence Not Applicable

I attest that emergence was not applicable in this case.

Lombaard, Stefan Andre, MD	01/13/25	1726	Post Anesthesia

The patient was transported to the post-procedure location documented in the chart. I have reviewed and verified the documented handover and anesthesia end time. I was continuously available during the time of my medical direction of the case unless otherwise indicated within the medical record system. I was frequently present in the room, including specifically at the times indicated by my Anesthesia Presence attestations.

Medications

DOPamine 400 mg in D5W 250 mL (1.6 mg/mL) infusion (premix) (mcg/kg/min) Dosing weight: 45.5

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/10/25 0000	3 mcg/kg/min - 5.12 mL/hr	Rate Verify	Intravenous	Sande, Nathan R, RN
0100	3 mcg/kg/min - 5.12 mL/hr	Rate Verify	Intravenous	Sande, Nathan R, RN
0215	4 mcg/kg/min - 6.83 mL/hr	Rate Change	Intravenous	Sande, Nathan R, RN
0300	4 mcg/kg/min - 6.83 mL/hr	Rate Verify	Intravenous	Sande, Nathan R, RN
0331	3 mcg/kg/min - 5.12 mL/hr	Rate Change	Intravenous	Sande, Nathan R, RN
0400	3 mcg/kg/min - 5.12 mL/hr	Rate Verify	Intravenous	Sande, Nathan R, RN
0500	3 mcg/kg/min - 5.12 mL/hr	Rate Verify	Intravenous	Sande, Nathan R, RN
0600	3 mcg/kg/min - 5.12 mL/hr	Rate Verify	Intravenous	Sande, Nathan R, RN
0700	3 mcg/kg/min - 5.12 mL/hr	Rate Verify	Intravenous	Sande, Nathan R, RN
0936	3 mcg/kg/min - 5.12 mL/hr	Rate Change	Intravenous	Thomas, Tamlyn P, RN
BP: **125/46** !				
Pulse: **41** !				
1016	4 mcg/kg/min - 6.83 mL/hr	Rate Change	Intravenous	Thomas, Tamlyn P, RN
BP: **106/29** !				
Pulse: **34** !				
1201	6 mcg/kg/min - 10.24 mL/hr	Rate Change	Intravenous	Thomas, Tamlyn P, RN
1210	10 mcg/kg/min - 17.06 mL/hr	Rate Change	Intravenous	Thomas, Tamlyn P, RN
1241	9 mcg/kg/min - 15.36 mL/hr	Rate Change	Intravenous	Thomas, Tamlyn P, RN
1330	8 mcg/kg/min - 13.65 mL/hr	Rate Change	Intravenous	Henry, Melissa Marie, RN
BP: 134/63				
Pulse: 60				
1405	7 mcg/kg/min - 11.94 mL/hr	New Bag	Intravenous	Thomas, Tamlyn P, RN
Comment: R IJ venous sheath introducer w/transvenous pacemaker				
BP: 134/63				
Pulse: 60				
1445	5 mcg/kg/min - 8.53 mL/hr	Rate Change	Intravenous	Thomas, Tamlyn P, RN
1500	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Tatum, Krista N, RN
1600	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Tatum, Krista N, RN
1800	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Tatum, Krista N, RN
1815	5 mcg/kg/min - 8.53 mL/hr	New Bag	Intravenous	Tatum, Krista N,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

					RN
	1937	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	2010	6 mcg/kg/min - 10.24 mL/hr	Rate Change	Intravenous	Bertram, Olivia T, RN
	2100	6 mcg/kg/min - 10.24 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	2141	7 mcg/kg/min - 11.94 mL/hr	Rate Change	Intravenous	Bertram, Olivia T, RN
Comment: per provider					
	2200	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	2240	6 mcg/kg/min - 10.24 mL/hr	Rate Change	Intravenous	Bertram, Olivia T, RN
Comment: per provider					
	2300	6 mcg/kg/min - 10.24 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	2302	7 mcg/kg/min - 11.94 mL/hr	Rate Change	Intravenous	Bertram, Olivia T, RN
Comment: per provider for HoTN					
01/11/25	0000	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	0058	6 mcg/kg/min - 10.24 mL/hr	Rate Change	Intravenous	Bertram, Olivia T, RN
	0100	6 mcg/kg/min - 10.24 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	0125	6.5 mcg/kg/min - 11.09 mL/hr	Rate Change	Intravenous	Bertram, Olivia T, RN
Comment: per provide					
	0200	6.5 mcg/kg/min - 11.09 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	0214	7 mcg/kg/min - 11.94 mL/hr	Rate Change	Intravenous	Bertram, Olivia T, RN
Comment: per provider					
	0300	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Kim, Saraphina S, RN
	0400	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Kim, Saraphina S, RN
	0500	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	0600	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	0700	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	0730	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	0800	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	0830	6 mcg/kg/min - 10.24 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	0836	6 mcg/kg/min - 10.24 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	0900	6 mcg/kg/min - 10.24 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1010	5 mcg/kg/min - 8.53 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1043	5 mcg/kg/min - 8.53 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1100	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1111	4 mcg/kg/min - 6.83 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1155	5 mcg/kg/min - 8.53 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1200	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

					RN
	1300	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1400	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1600	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1700	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1835	5 mcg/kg/min - 8.53 mL/hr	New Bag	Intravenous	Walks, Tristan H, RN
	2000	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	2100	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	2200	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	2300	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
01/12/25	0000	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0100	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Kim, Saraphina S, RN
	0200	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0300	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0400	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0500	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0600	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0700	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0900	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1000	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1100	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1110	3 mcg/kg/min - 5.12 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1134	5 mcg/kg/min - 8.53 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1154	5 mcg/kg/min - 8.53 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1300	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1400	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1500	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1519	4 mcg/kg/min - 6.83 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1600	4 mcg/kg/min - 6.83 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1635	3 mcg/kg/min - 5.12 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1647	3 mcg/kg/min - 5.12 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1720	3.5 mcg/kg/min - 5.97 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1900	3.499 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

	2000	3.499 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	2100	3.499 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	2108	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
Comment: [Action automatically changed]					
	2200	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	2300	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
01/13/25	0000	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0100	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0200	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0300	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0400	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0500	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0600	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0700	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0728	3.5 mcg/kg/min - 5.97 mL/hr	New Bag	Intravenous	Walks, Tristan H, RN
	0800	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1000	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1200	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1400	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1409	3 mcg/kg/min - 5.12 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
Comment: Titrating per MD guidance					
	1500	3 mcg/kg/min - 5.12 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1515	2.5 mcg/kg/min - 4.27 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1542	2.5 mcg/kg/min - 4.27 mL/hr	Continued by Anesthesia	Intravenous	Hong, Stephanie, MD
	1720	2.5 mcg/kg/min - 4.27 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1800	2 mcg/kg/min - 3.41 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1818	1 mcg/kg/min - 1.71 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1836		Stopped	Intravenous	Walks, Tristan H, RN

propofol (mcg/kg/min) Dosing weight: 46.4

Date/Time		Rate/Dose/Volume	Action	Route	Admin User
01/13/25	1602	40 mcg/kg/min - 11.136 mL/hr	New Bag	Intravenous	Hong, Stephanie, MD
	1631	30 mcg/kg/min - 8.352 mL/hr	Rate Change	Intravenous	Hong, Stephanie, MD
	1641	20 mcg/kg/min - 5.568 mL/hr	Rate Change	Intravenous	Hong, Stephanie, MD
	1701		Stopped	Intravenous	Hong, Stephanie,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

MD

cefazolin (g)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/13/25 1606	2 g	Given	Intravenous	Hong, Stephanie, MD

phenylephrine (mcg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/13/25 1643	50 mcg	Given	Intravenous	Hong, Stephanie, MD

sodium chloride 0.9 % infusion (mL/hr) Dosing weight: 45.5

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/11/25 0700	10 mL/hr	Restarted	Intravenous	Walks, Tristan H, RN
1700	100 mL			Walks, Tristan H, RN
2000	10 mL/hr - 30 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
2100	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
2200	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
2300	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
01/12/25 0000	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
0100	10 mL/hr - 10 mL	Rate Verify	Intravenous	Kim, Saraphina S, RN
0200	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
0300	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
0400	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
0500	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
0600	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
0700	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
0900	10 mL/hr - 20 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1000	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1100	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1300	10 mL/hr - 20 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1400	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1500	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1600	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1800	10 mL/hr - 20 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1900	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
2000	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

	2100	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	2200	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	2300	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
01/13/25	0000	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0100	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0200	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0300	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0400	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0500	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0600	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0700	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0800	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
	1000	10 mL/hr - 20 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
	1200	10 mL/hr - 20 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
	1400	10 mL/hr - 20 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
	1500	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
	1515	10 mL/hr - 2.5 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
	1542	10 mL/hr	Continued by Anesthesia	Intravenous	Hong, Stephanie, MD
	1553		Paused		Hong, Stephanie, MD
Comment: Switch to gravity					
	1554		Restarted	Intravenous	Hong, Stephanie, MD
	1703	6.5 mL	Anesthesia Volume Adjustment	Intravenous	Hong, Stephanie, MD
	1800		Stopped	Intravenous	Walks, Tristan H, RN

Preprocedure Signoff

Not yet signed.

Signoff Status

None

Notes

Anesthesia Postprocedure Evaluation

Hong, Stephanie, MD at 1/13/2025 1726

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

Procedure Summary:

Date: 1/13/2025	Room/Location: UWMC EP LAB 1 / UWMC ELECTROPHYSIOLOGY LAB
Anesthesia Start: 3:42 PM	Anesthesia Stop:
Procedure(s): Pacemaker Initial Implant - Single Chamber	Post-op Diagnosis * Bradycardia [R00.1]
Responsible Provider: Lombaard, Stefan Andre, MD	ASA Status: 4

Vitals	Value	Taken Time
BP	122/60	01/13/25 1720
Temp	36	01/13/25 1726
Pulse	77	01/13/25 1725
SpO2	100 %	01/13/25 1725

Vitals shown include unfiled device data.

Place of evaluation: ICU

Patient participation: patient participated

Level of consciousness: fully conscious

Patient pain control satisfaction: patient is satisfied with level of pain control

Airway patency: patent

Cardiovascular status during assessment: stable

Respiratory status during assessment: breathing comfortably

Anesthetic complications: no

Intravascular volume status assessment: euvolemic

Nausea / vomiting: patient is not experiencing nausea

Planned post-operative disposition at time of assessment: ICU care

Electronically signed by Hong, Stephanie, MD at 1/13/2025 5:26 PM

Anesthesia Preprocedure Evaluation

Hong, Stephanie, MD at 1/13/2025 1531

Patient: Jeanne Leonie Hoffman

Procedure Information

Date/Time: 01/13/25 1505
Procedure: Pacemaker Initial Implant - Single Chamber (Left: Heart Electrophysiology)
Location: UWMC EP LAB 1 / UWMC ELECTROPHYSIOLOGY LAB
Providers: Akoum, Nazem Walid, MD

HPI: Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, non-healing lower extremity wounds s/p AKA presenting for PPM placement.

Relevant Problems

Pulmonary
(+) Community acquired bacterial pneumonia

Cardio
(+) Acute lower limb ischemia
(+) Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
(+) Essential hypertension, benign
(+) Hypercholesterolemia

HEENT
(+) Primary open angle glaucoma (POAG) of both eyes
(+) Reduced vision
(+) Sensorineural hearing loss, unspecified

Endo/Immunology
(+) Type 2 diabetes mellitus without complication (HCC)

Relevant surgical history:

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Medications:

Outpatient:

Current Outpatient Medications

Medication	Instructions

• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• cholecalciferol (VITAMIN D-3)	2,000 units, Daily
• Cyanocobalamin (VITAMIN B-12 OR)	1 tablet, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	1 tablet, Oral, Daily
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

Inpatient:

Scheduled

- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- [Held By Provider] heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

Continuous

- DOPamine, 2 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 2.5 mcg/kg/min (01/13/25 1515)
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/13/25 1500)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: 10 mL/hr (01/13/25 1500)

PRN

- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- magnesium sulfate, 2 g, q6h PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 5 mg, q4h PRN
- ondansetron, 4 mg, q8h PRN

- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin *confusion*	Other
• Penicillins *3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD*	Skin: Rash
• Sulfa Antibiotics	Skin: Rash

Social History:

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Substance Use Topics	
• Alcohol use:	No
• Drug use:	No

Medical History and Review of Systems

Pulmonary
(+) pneumonia

Cardiovascular
(+) hypertension
(+) dysrhythmias (heart block 1st degree), bradycardia

GI/Hepatic/Renal

(+) renal disease, CKD

Endo/Immunology
(+) diabetes

Physical Exam

Airway
Mallampati: III
Neck ROM: Full
Mouth Opening: Normal
Facial Hair: None

Dental
edentulous

Cardiovascular
Paced with TVP at 80bpm
Rhythm: Regular
Rate: Normal

Pulmonary
decreased breath sounds

Other Physical Exam Findings: Confused, noncommunicative

Labs: (*last year*)

BMP			CBC/Coags		
Na	138	1/13/2025	Hb	10.4 (L)	1/13/2025
K	4.0	1/13/2025	HCT	32 (L)	1/13/2025
Cl	107	1/13/2025	WBC	9.61	1/13/2025
HCO3	23	1/13/2025	PLT	174	1/13/2025
BUN	16	1/13/2025	INR	1.1	1/13/2025
Cr	0.72	1/13/2025	PT	14.4	1/13/2025
Glu	148 (H)	1/13/2025	PTT	34	1/13/2025

Misc					
eGFR	>60	1/13/2025	MCV	95	1/13/2025
A1C	6.6 (H)	1/10/2025	BNP	-	-

LFTs					
AST	48 (H)	1/9/2025	Albumin	3.9	1/9/2025
ALT	28	1/9/2025	Protein	7.8	1/9/2025
Alk Phos	69	1/9/2025	T Bili	0.5	1/9/2025

ABG 1/10/2025

pH	PaCO2	PaO2	HCO3	Lactate
7.41	33	83	21 (L)	0.5

Relevant procedures / diagnostic studies: none

Cardiac
EKG 01/09/25:
Sinus brady
First degree AV block
?right bundle branch block

TTE 1/10/25:
Bradycardia at 39 bpm with 2:1 AV Block

Normal left ventricular chamber size and wall thickness with proximal septal thickening. Normal systolic function (LVEF 74% by biplane). Unable to assess diastolic function due to rhythm.

Moderate aortic stenosis (peak velocity 3.0m/s, mean gradient 19 mmHg, velocity ratio 0.4) without regurgitation. Suggest re-evaluation at a normal heart rate.

Moderate mitral annular calcification with mild regurgitation.

Mildly elevated estimated PA systolic pressure, 34-39 mmHg, inclusive of estimated right atrial pressure, 5-10 mmHg.

Normal right ventricular size and systolic function. CIED is present in the right heart.

No pericardial effusion.

No prior study for comparison.

Perioperative Risk Scores:

PONV: Intermediate Risk Total Score: 2

Female patient
Non-smoker
Criteria that do not apply:
History of PONV
History of motion sickness
Intended opioid administration

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

ANESTHESIA PLAN

Informed Consent:
Anesthesia Plan discussed with:
Child

ASA Score:
ASA: **4**
Planned Anesthetic Type:
MAC
MAC Justification:
age>70, surgeon request, airway risk and comorbid disease
Supervising Provider Comments:
Patient seen and examined in holding area. Risks and benefits of anesthesia discussed in detail with family. All questions answered. Plan for MAC with GA backup Patient family agreed to proceed.

Electronically signed by Sheu, Richard David, MD at 1/13/2025 4:32 PM

Flowsheets

Agents

Row Name	01/13/25 1709
Auxiliary O2	0 L/min

Anesthesia Device Data

Row Name	01/13/25 1725	01/13/25 1724	01/13/25 1723	01/13/25 1722	01/13/25 1721
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Row Name	**01/13/25 1720**	**01/13/25 1719**	**01/13/25 1718**	**01/13/25 1717**	**01/13/25 1716**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Row Name	**01/13/25 1715**	**01/13/25 1714**	**01/13/25 1713**	**01/13/25 1712**	**01/13/25 1711**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	—	—	—	0 %	0 %
Inspired N2O	—	—	—	0 %	0 %
RR (EtCO2)	—	—	—	**0 brpm** !	**0 brpm** !
ETCO2	—	—	—	**0 mmHg** !	**0 mmHg** !
FiO2	—	—	—	21 %	21 %

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

Row Name	01/13/25 1710	01/13/25 1709	01/13/25 1708	01/13/25 1707	01/13/25 1706
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	—	—	70 bpm	70 bpm	71 bpm
RR (EtCO2)	**0 brpm** !	**0 brpm** !	**0 brpm** !	8 brpm	20 brpm
SpO2	—	—	100 %	100 %	99 %
ETCO2	**0 mmHg** !	**0 mmHg** !	**0 mmHg** !	11 mmHg	7 mmHg
FiO2	21 %	21 %	21 %	63 %	67 %
HR (ECG)	—	—	70	70	70

Row Name	01/13/25 1705	01/13/25 1704	01/13/25 1703	01/13/25 1702	01/13/25 1701
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	70 bpm	70 bpm	70 bpm	70 bpm	70 bpm
NIBP	104/54	—	—	—	—
NIBP (Mean)	72	—	—	—	—
RR (EtCO2)	20 brpm	17 brpm	16 brpm	17 brpm	17 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	6 mmHg	10 mmHg	8 mmHg	8 mmHg	9 mmHg
FiO2	67 %	67 %	68 %	79 %	79 %
HR (ECG)	70	70	70	70	70

Row Name	01/13/25 1700	01/13/25 1659	01/13/25 1658	01/13/25 1657	01/13/25 1656
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	70 bpm	70 bpm	70 bpm	70 bpm	70 bpm
NIBP	109/48	—	—	—	—
NIBP (Mean)	68	—	—	—	—
RR (EtCO2)	18 brpm	17 brpm	18 brpm	17 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	8 mmHg	10 mmHg	10 mmHg	15 mmHg	13 mmHg
FiO2	78 %	78 %	77 %	76 %	78 %
HR (ECG)	70	70	70	70	72

Row Name	01/13/25 1655	01/13/25 1654	01/13/25 1653	01/13/25 1652	01/13/25 1651
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	70 bpm	70 bpm	70 bpm	70 bpm	70 bpm
NIBP	107/53	—	—	—	—
NIBP (Mean)	73	—	—	—	—
RR (EtCO2)	16 brpm	17 brpm	17 brpm	15 brpm	17 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	8 mmHg	11 mmHg	10 mmHg	14 mmHg	9 mmHg
FiO2	79 %	78 %	80 %	81 %	81 %
HR (ECG)	70	70	70	70	70

Row Name	01/13/25 1650	01/13/25 1649	01/13/25 1648	01/13/25 1647	01/13/25 1646
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	69 bpm	70 bpm	70 bpm	70 bpm	70 bpm
NIBP	112/54	—	—	—	—
NIBP (Mean)	72	—	—	—	—
RR (EtCO2)	17 brpm	18 brpm	16 brpm	18 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	9 mmHg	9 mmHg	9 mmHg	8 mmHg	10 mmHg
FiO2	80 %	81 %	80 %	80 %	80 %
HR (ECG)	70	70	70	70	70
Row Name	**01/13/25 1645**	**01/13/25 1644**	**01/13/25 1643**	**01/13/25 1642**	**01/13/25 1641**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	70 bpm	70 bpm	69 bpm	70 bpm	72 bpm
NIBP	135/65	—	—	—	—
NIBP (Mean)	88	—	—	—	—
RR (EtCO2)	17 brpm	17 brpm	17 brpm	19 brpm	19 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	8 mmHg	8 mmHg	11 mmHg	9 mmHg	11 mmHg
FiO2	80 %	80 %	80 %	79 %	79 %
HR (ECG)	70	70	70	70	70
Row Name	**01/13/25 1640**	**01/13/25 1639**	**01/13/25 1638**	**01/13/25 1637**	**01/13/25 1636**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	68 bpm	79 bpm	79 bpm	79 bpm	79 bpm
NIBP	91/44	—	—	—	—
NIBP (Mean)	61	—	—	—	—
RR (EtCO2)	19 brpm	18 brpm	17 brpm	15 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	11 mmHg	10 mmHg	10 mmHg	13 mmHg	10 mmHg
FiO2	79 %	80 %	80 %	80 %	80 %
HR (ECG)	70	80	80	80	80
Row Name	**01/13/25 1635**	**01/13/25 1634**	**01/13/25 1633**	**01/13/25 1632**	**01/13/25 1631**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	80 bpm	79 bpm	79 bpm	90 bpm	79 bpm
NIBP	101/56	—	—	—	—
NIBP (Mean)	68	—	—	—	—
RR (EtCO2)	19 brpm	17 brpm	18 brpm	19 brpm	19 brpm
SpO2	100 %	99 %	100 %	100 %	100 %
ETCO2	8 mmHg	9 mmHg	8 mmHg	9 mmHg	9 mmHg
FiO2	79 %	79 %	79 %	81 %	80 %
HR (ECG)	80	80	80	84	80
Row Name	**01/13/25 1630**	**01/13/25 1629**	**01/13/25 1628**	**01/13/25 1627**	**01/13/25 1626**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	79 bpm	80 bpm	80 bpm	80 bpm	79 bpm
NIBP	**83/53** !	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

NIBP (Mean)	63	—	—	—	—
RR (EtCO2)	19 brpm	19 brpm	18 brpm	19 brpm	21 brpm
SpO2	100 %	100 %	100 %	100 %	99 %
ETCO2	9 mmHg	9 mmHg	8 mmHg	10 mmHg	9 mmHg
FiO2	78 %	79 %	78 %	76 %	76 %
HR (ECG)	80	80	80	80	80
Row Name	**01/13/25 1625**	**01/13/25 1624**	**01/13/25 1623**	**01/13/25 1622**	**01/13/25 1621**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	79 bpm	80 bpm	79 bpm	80 bpm	56 bpm
NIBP	92/57	—	—	—	—
NIBP (Mean)	69	—	—	—	—
RR (EtCO2)	9 brpm	27 brpm	19 brpm	24 brpm	20 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	6 mmHg	6 mmHg	7 mmHg	12 mmHg	9 mmHg
FiO2	77 %	76 %	75 %	75 %	78 %
HR (ECG)	80	80	80	80	80
Row Name	**01/13/25 1620**	**01/13/25 1619**	**01/13/25 1618**	**01/13/25 1617**	**01/13/25 1616**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	79 bpm	79 bpm	80 bpm	80 bpm	80 bpm
NIBP	94/56	—	—	—	—
NIBP (Mean)	64	—	—	—	—
RR (EtCO2)	22 brpm	19 brpm	23 brpm	23 brpm	21 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	11 mmHg	7 mmHg	10 mmHg	10 mmHg	9 mmHg
FiO2	76 %	77 %	78 %	77 %	77 %
HR (ECG)	80	80	80	80	80
Vent Mode	—	—	Vent Off	Vent Off	Vent Off
Row Name	**01/13/25 1615**	**01/13/25 1614**	**01/13/25 1613**	**01/13/25 1612**	**01/13/25 1611**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	79 bpm	80 bpm	79 bpm	80 bpm	79 bpm
NIBP	113/63	—	—	—	—
NIBP (Mean)	80	—	—	—	—
RR (EtCO2)	23 brpm	23 brpm	22 brpm	20 brpm	20 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	9 mmHg	9 mmHg	9 mmHg	7 mmHg	6 mmHg
FiO2	78 %	78 %	77 %	77 %	73 %
HR (ECG)	80	80	80	80	80
Row Name	**01/13/25 1610**	**01/13/25 1609**	**01/13/25 1608**	**01/13/25 1607**	**01/13/25 1606**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	79 bpm	80 bpm	80 bpm	79 bpm	79 bpm
NIBP	118/54	—	—	—	—
NIBP (Mean)	77	—	—	—	—
RR (EtCO2)	20 brpm	**4 brpm** !	9 brpm	8 brpm	20 brpm

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	5 mmHg	5 mmHg	6 mmHg	6 mmHg	6 mmHg
FiO2	71 %	64 %	61 %	62 %	62 %
HR (ECG)	80	80	80	80	80
Row Name	**01/13/25 1605**	**01/13/25 1604**	**01/13/25 1603**	**01/13/25 1602**	**01/13/25 1601**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	80 bpm	79 bpm	80 bpm	79 bpm	79 bpm
NIBP	140/71	—	—	—	—
NIBP (Mean)	95	—	—	—	—
RR (EtCO2)	21 brpm	9 brpm	**7 brpm** !	22 brpm	25 brpm
SpO2	100 %	100 %	100 %	100 %	99 %
ETCO2	6 mmHg	5 mmHg	8 mmHg	6 mmHg	6 mmHg
FiO2	65 %	64 %	65 %	62 %	60 %
HR (ECG)	80	80	80	80	80
Row Name	**01/13/25 1600**	**01/13/25 1559**	**01/13/25 1558**		
O2	0 L/min	0 L/min	—		
N2O	0 L/min	0 L/min	—		
Air	0 L/min	0 L/min	—		
Expired N2O	0 %	0 %	0 %		
Inspired N2O	0 %	0 %	0 %		
Pulse	78 bpm	80 bpm	—		
NIBP	127/68	—	—		
NIBP (Mean)	86	—	—		
RR (EtCO2)	**0 brpm** !	**0 brpm** !	**0 brpm** !		
SpO2	97 %	96 %	—		
ETCO2	**0 mmHg** !	**0 mmHg** !	**0 mmHg** !		
FiO2	29 %	21 %	21 %		
HR (ECG)	80	—	—		

Assess

Row Name	**01/13/25 1557**
ECG	Paced
Oxygen Therapy	Supplemental oxygen
Auxiliary O2	6 L/min
O2 Delivery Method	Simple mask

Intake/Output

Row Name	**01/13/25 1726**
Urine	600 mL
Est. Blood Loss	5 mL

Interval Assessment

Row Name	**01/13/25 1712**	**01/13/25 1657**	**01/13/25 1642**	**01/13/25 1627**	**01/13/25 1612**
ECG	Paced	Paced	Paced	Paced	Paced
Position Check	Eyes checked;Position checked;Pressure points checked;Pressure points padded	Eyes checked;Position checked;Pressure points checked;Pressure points padded	Eyes checked;Position checked;Pressure points checked;Pressure points padded	Eyes checked;Position checked;Pressure points checked;Pressure points padded	Eyes checked;Position checked;Pressure points checked;Pressure points padded
Row Name	**01/13/25 1557**				
Position Check	Position				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

	checked;Eyes checked;Pressure points checked;Pressure points padded

Positioning

Row Name	01/13/25 1552
Anatomical Position	Supine
Both Arms	Tucked
Position Check	Position checked;Eyes checked;Pressure points padded;Pressure points checked
Head / Face	Foampad/pillow

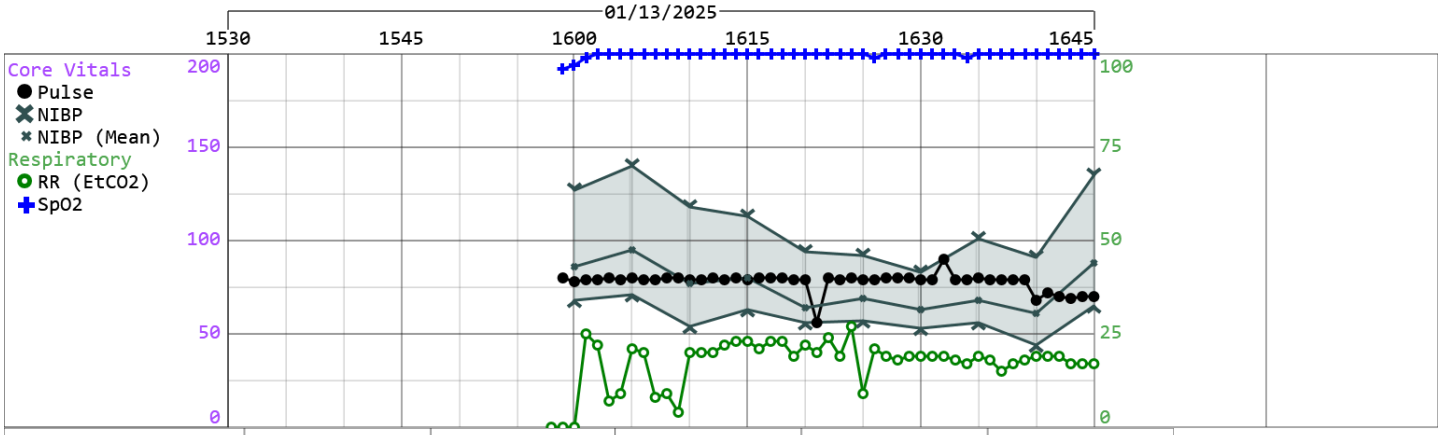
Pre-Anesthesia Checklist

Row Name	Anesthesia Event from 1/13/2025 in UWMC Electrophysiology Lab	Anesthesia from 1/13/2025 in UWMC Electrophysiology Lab
Suction	—	Working
Daily Machine Check	—	Complete
Anesthesia Circuit	—	Checked
Airway	—	Evaluated
Primary/Backup Airway Equipment	—	Available
Allergies	—	Confirmed
NPO	—	Per Guideline
ECG	—	On
BP	—	On
Pulse Ox	—	On
End Tidal CO2	—	On
Emergency Drugs	—	Available
IV Access	—	Functional
BP/HR Goals	—	Discussed

Anesthesia Graph

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

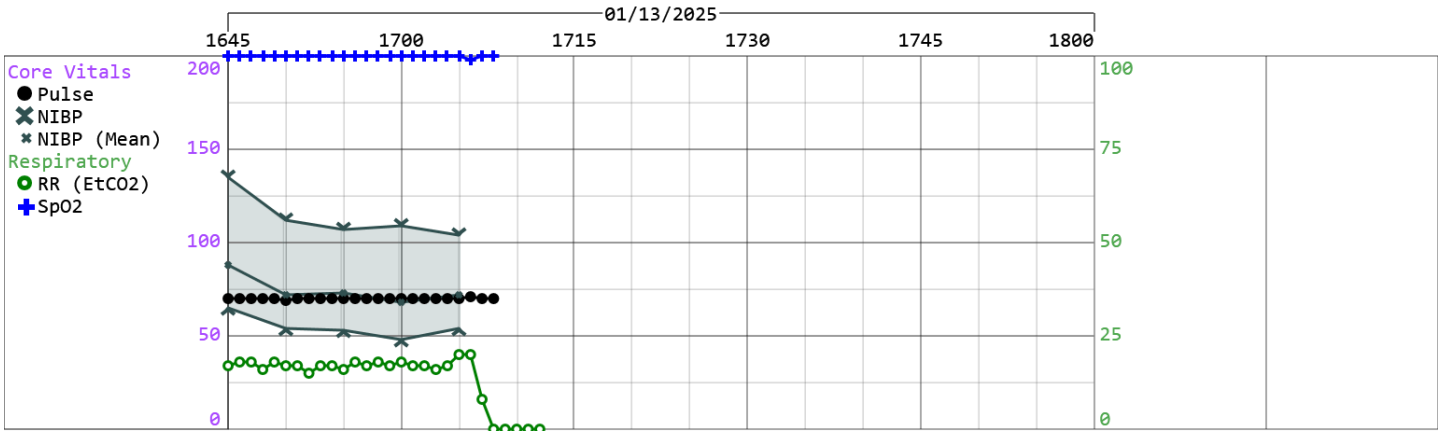
Anesthesia on 01/13/25 (continued)



O2 (L/min)		0	[0]	[0]	[0]
N2O (L/min)		0	[0]	[0]	[0]
Air (L/min)		0	[0]	[0]	[0]
Auxiliary … (L/min)		6			
Expired N2O (%)		[0]	[0]	[0]	[0]
Inspired N2O (%)		[0]	[0]	[0]	[0]
DOPam… (mcg/kg/min)	2.5				
propo… (mcg/kg/min)			40		[20]
cefazolin (g)			2		
phenylephrine (mcg)					50
sodium chl… (mL/hr)	10	[*]			
Vent Mode				[OFF]	
RR (EtCO2) (brpm)		[0]	[23]	[19]	[17]
ETCO2 (mmHg)		[0]	[9]	[9]	[8]
FiO2 (%)		[21]	[78]	[79]	[80]
SpO2 (%)		96	[100]	[100]	[100]
ECG		Paced	Paced	Paced	Paced
HR (ECG)			[80]	[80]	[70]
Position Check		[Position chec…	Eyes checked;P…	Eyes checked;P…	Eyes checked;P…
Urine (mL)					

1530 1545 1600 1615 1630 1645

Est. Blood Lo… (mL)	



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

O2 (L/min)	[0]	[0]	[0]					
N2O (L/min)	[0]	[0]	[0]					
Air (L/min)	[0]	[0]	[0]					
Auxiliary … (L/min)	6	0						
Expired N2O (%)	[0]	[0]						
Inspired N2O (%)	[0]	[0]						
DOPam… (mcg/kg/min)	2.5	*					11830 mcg	≈ 7.394 mL
propo… (mcg/kg/min)	20	0					86.3 mg	≈ 8.63 mL
cefazolin (g)							2 g	-
phenylephrine (mcg)							50 mcg	≈ 0.5 mL
sodium chl… (mL/hr)	10	*					6.5 mL	6.5 mL
Vent Mode								
RR (EtCO2) (brpm)	[17]	[0]						
ETCO2 (mmHg)	[10]	[0]						
FiO2 (%)	[78]	[21]						
SpO2 (%)	[100]	[100]						
ECG	Paced	Paced						
HR (ECG)	[70]	[70]						
Position Check	Eyes checked;P…	Eyes checked;P…						
Urine (mL)			600				600 mL	-600 mL
1645	1700	1715	1730	1745	1800		Totals	Volumes
Est. Blood Lo… (mL)			5				5 mL	-5 mL
							Net Volume:	≈ -581.976 mL

Anesthesia Orders

propofol (Diprivan) injection (Discontinued)

Electronically signed by: **Hong, Stephanie, MD on 01/13/25 1602**
Status: **Discontinued**
Ordering user: Hong, Stephanie, MD 01/13/25 1602
Ordering provider: Hong, Stephanie, MD
Authorized by: Sheu, Richard David, MD
Ordering mode: Standard
Frequency: Routine Continuous PRN 01/13/25 1602 - 01/13/25 1726
Class: Normal
Discontinued by: Hong, Stephanie, MD 01/13/25 1726 [Patient discharge]
Package: 63323-269-29

ceFAZolin (Ancef) injection (Discontinued)

Electronically signed by: **Hong, Stephanie, MD on 01/13/25 1606**
Status: **Discontinued**
Ordering user: Hong, Stephanie, MD 01/13/25 1606
Ordering provider: Hong, Stephanie, MD
Authorized by: Sheu, Richard David, MD
Ordering mode: Standard
Frequency: Routine PRN 01/13/25 1606 - 01/13/25 1726
Class: Normal
Discontinued by: Hong, Stephanie, MD 01/13/25 1726 [Patient discharge]
Package: 0143-9924-90

phenylephrine in NS syringe (Discontinued)

Electronically signed by: **Hong, Stephanie, MD on 01/13/25 1643**
Status: **Discontinued**
Ordering user: Hong, Stephanie, MD 01/13/25 1643
Ordering provider: Hong, Stephanie, MD
Authorized by: Lombaard, Stefan Andre, MD
Ordering mode: Standard
Frequency: Routine PRN 01/13/25 1643 - 01/13/25 1726
Class: Normal
Discontinued by: Hong, Stephanie, MD 01/13/25 1726 [Patient discharge]
Package: 70092-1046-46

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25

Anesthesia Information

Anesthesia Summary - Hoffman, Jeanne Leonie [U8170135] Female
100 year old Current as of 04/30/25 0936

Height: 5' (1.524 m) (01/09/25)
Weight: 45.7 kg (100 lb 12 oz) (02/21/25)
BMI: 19.68
NPO Status: Not recorded
Allergies: ADHESIVES, ASPIRIN, NITROFURANTOIN, PENICILLINS, SULFA ANTIBIOTICS, SULFANILAMIDE

Procedure Summary

Date: 01/09/25
Anesthesia Start: 1516
Procedure: AMPUTATION, ABOVE KNEE (Left: Thigh)
Surgeons: Smith, Matthew C, MD
Anesthesia Type: general

Room / Location: UWMC MAIN OR 06 / UWMC MAIN OR
Anesthesia Stop: 1754
Diagnosis:
Acute lower limb ischemia
(Acute lower limb ischemia [I99.8])
Responsible Provider: Lee, Christopher Ryan, MD
ASA Status: 4

Events

Date	Time	Event
1/9/2025	1516	Anesthesia Start
	1516	Patient in Room
	1517	Start Data Collection
	1529	Induction
	1532	Airway
	1533	Anesthesia Ready
	1621	Procedure Start
	1651	Closing
	1653	Attending Handoff
	1653	Attending Handoff
	1701	Procedure Finish
	1703	Emergence
	1703	Extubation
	1743	Stop Data Collection
	1744	Leave Room
	1754	Handoff to Receiving Nurse
	1754	Anesthesia Stop

Attestation Information

Staff Name	Date	Time	Type
Bollag, Laurent Albert, MD	01/09/25	1653	Pre Eval Attending

I personally evaluated and examined the patient prior to anesthetic care. I reviewed and modified the pre-anesthetic evaluation to reflect my findings and my anesthesia plan.

Bollag, Laurent Albert, MD	01/09/25	1653	Present at Induction

I was physically present and participated during the induction of anesthesia.

Bollag, Laurent Albert, MD	01/09/25	1653	Anesthesia Presence

At the time indicated by this attestion, I was physically present in the patient's room and participated in anesthetic care for this patient.

Bollag, Laurent Albert, MD	01/09/25	1653	Handover of Responsibility

During the time period of medical direction, I was immediately available at all times. I was frequently present in the room, including specifically at the times indicated by my Anesthesia Presence attestations. I conducted a handover of anesthesia care to the provider indicated in the record, and ceded medical responsibility to that individual at the time indicated by their assumption of responsibility documentation.

Bollag, Laurent Albert, MD	01/09/25	1653	Present for Procedural Care

For the procedure(s) indicated below, I attest to the indicated level of involvement for the procedure.

Procedures

Regional anesthesia	Present throughout

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

with ultrasound?	Present for ultrasound
Out of OR Intubation	--
Arterial catheter	--
with ultrasound?	--
Central venous catheter	--
with ultrasound?	--
Pulmonary artery catheter	--
with ultrasound?	--
Blood Patch	--
TEE placement	--
TEE diagnostic study	--
Lumbar drain placement	--
Ultrasound guided peripheral intravenous catheter	--

Lee, Christopher Ryan, MD 01/09/25 1653 Anesthesia Presence

At the time indicated by this attestion, I was physically present in the patient's room and participated in anesthetic care for this patient.

Lee, Christopher Ryan, MD 01/09/25 1653 Assumption of Responsibility

I assumed care of this patient at the indicated time, and am the medically responsible attending anesthesiologist for this patient’s care until such time as another anesthesiologist relieves me or the case ends, whichever is first.

Lee, Christopher Ryan, MD 01/09/25 1754 Present at Emergence

I was physically present and participated during emergence from the administered anesthetic care.

Lee, Christopher Ryan, MD 01/09/25 1754 Post Anesthesia

The patient was transported to the post-procedure location documented in the chart. I have reviewed and verified the documented handover and anesthesia end time. I was continuously available during the time of my medical direction of the case unless otherwise indicated within the medical record system. I was frequently present in the room, including specifically at the times indicated by my Anesthesia Presence attestations.

Forsyth, Kevin K, RN 01/09/25 1932 Phase I

Quinlan, Sean, RN 01/10/25 0719 Intra-Op

Medications

propofol (mg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1526	25 mg	Given	Intravenous	Czarnecki, Maciej, MD
1532	15 mg	Given	Intravenous	Czarnecki, Maciej, MD
1534	20 mg	Given	Intravenous	Czarnecki, Maciej, MD

etomidate (mg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1526	4 mg	Given	Intravenous	Czarnecki, Maciej, MD

fentanyl (mcg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1528	25 mcg	Given	Intravenous	Czarnecki, Maciej, MD
1613	25 mcg	Given	Intravenous	Czarnecki, Maciej, MD
1624	25 mcg	Given	Intravenous	Czarnecki, Maciej, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

norepinephrine infusion (mcg/kg/min) Dosing weight: 45.5

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1529	0.02 mcg/kg/min - 0.853 mL/hr	New Bag	Intravenous	Czarnecki, Maciej, MD
1532	0.04 mcg/kg/min - 1.706 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1533		Stopped	Intravenous	Czarnecki, Maciej, MD
1542	0.04 mcg/kg/min - 1.706 mL/hr	Restarted	Intravenous	Czarnecki, Maciej, MD
1551	0.08 mcg/kg/min - 3.413 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1555	0.04 mcg/kg/min - 1.706 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1600	0.06 mcg/kg/min - 2.559 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1616	0.04 mcg/kg/min - 1.706 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1617	0.02 mcg/kg/min - 0.853 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1626		Stopped	Intravenous	Czarnecki, Maciej, MD
1645	10 mcg	Given	Intravenous	Czarnecki, Maciej, MD
1646	0.02 mcg/kg/min - 0.853 mL/hr	Restarted	Intravenous	Czarnecki, Maciej, MD
1658		Stopped	Intravenous	Czarnecki, Maciej, MD

ePHEDrine pre-filled syringe (mg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1531	5 mg	Given	Intravenous	Czarnecki, Maciej, MD
1657	10 mg	Given	Intravenous	Czarnecki, Maciej, MD

nitroglycerin pre-filled syringe (mcg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1536	20 mcg	Given	Intravenous	Czarnecki, Maciej, MD

glycopyrrolate (mg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1518	0.1 mg	Given	Intravenous	Czarnecki, Maciej, MD
1540	0.1 mg	Given	Intravenous	Czarnecki, Maciej, MD
1543	0.2 mg	Given	Intravenous	Czarnecki, Maciej, MD

epinephrine (mcg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1546	10 mcg	Given	Intravenous	Czarnecki, Maciej, MD
1553	10 mcg	Given	Intravenous	Czarnecki, Maciej, MD
1650	10 mcg	Given	Intravenous	Czarnecki, Maciej, MD

cefazolin (g)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1551	2 g	Given	Intravenous	Czarnecki, Maciej, MD

insulin infusion (Units/hr)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1625	1.5 Units/hr - 1.5 mL/hr	New Bag	Intravenous	Czarnecki, Maciej, MD
Comment: algo 1				

dexAMETHasone PF (mg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1555	5 mg	Given	periNEURAL	Houston, Nicklaus, MD

ROPivacaine 0.2% (mL)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1550	10 mL	Given	Periph Nerve Cath	Houston, Nicklaus, MD
Comment: Used Ropi 0.25%				
1555	20 mL	Given	Periph Nerve Cath	Houston, Nicklaus, MD

lactated ringers (mL/hr)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1516	100 mL/hr	New Bag	Intravenous	Czarnecki, Maciej, MD
1532	500 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1540	200 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1653	50 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1743	50 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD

plasma-lyte (mL)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1610		New Bag	Intravenous	Czarnecki, Maciej, MD
1647	500 mL	Anesthesia Volume Adjustment	Intravenous	Czarnecki, Maciej, MD
1743		Stopped	Intravenous	Czarnecki, Maciej, MD

Preprocedure Signoff

Not yet signed.

Signoff Status

None

Notes

Anesthesia Postprocedure Evaluation

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Lee, Christopher Ryan, MD at 1/9/2025 1945

Patient: Jeanne Leonie Hoffman

Procedure Summary:

Date: 1/9/2025	Room/Location: UWMC MAIN OR 06 / UWMC MAIN OR
Anesthesia Start: 3:16 PM	Anesthesia Stop: 5:54 PM
Procedure(s): AMPUTATION, ABOVE KNEE	Post-op Diagnosis * Acute lower limb ischemia [I99.8]
Responsible Provider: Lee, Christopher Ryan, MD	ASA Status: 4

Vitals	Value	Taken Time
BP	135/35	01/09/25 1930
Temp	36 °C	01/09/25 1750
Pulse	39	01/09/25 1944
SpO2	100 %	01/09/25 1944

Vitals shown include unfiled device data.

Place of evaluation: PACU

Patient participation: patient participated

Level of consciousness: fully conscious

Patient pain control satisfaction: patient is satisfied with level of pain control

Airway patency: patent

Cardiovascular status during assessment: stable

Respiratory status during assessment: breathing comfortably

Anesthetic complications: no

Intravascular volume status assessment: euvolemic

Nausea / vomiting: patient is not experiencing nausea

Planned post-operative disposition at time of assessment: ICU care

Electronically signed by Lee, Christopher Ryan, MD at 1/9/2025 7:47 PM

Anesthesia Preprocedure Evaluation

Czarnecki, Maciej, MD at 1/9/2025 1356

Patient: Jeanne Leonie Hoffman

Procedure Information

Date/Time: 01/09/25 1405
Procedure: AMPUTATION, ABOVE KNEE (Left: Thigh)
Location: UWMC MAIN OR 06 / UWMC MAIN OR
Surgeons: Smith, Matthew C, MD

HPI: Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, non-healing lower extremity wounds presenting for emergent left AKA.

Relevant Problems

Pulmonary
(+) Community acquired bacterial pneumonia

Cardio
(+) Acute lower limb ischemia
(+) Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
(+) Essential hypertension, benign
(+) Hypercholesterolemia

HEENT
(+) Primary open angle glaucoma (POAG) of both eyes
(+) Reduced vision
(+) Sensorineural hearing loss, unspecified

Endo/Immunology
(+) Type 2 diabetes mellitus without complication (HCC)

Relevant surgical history:

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Medications:

Outpatient:

Current Outpatient Medications

Anesthesia on 01/09/25 (continued)

Medication	Instructions
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• Calcium Carbonate 500 MG Oral Chew Tab	2 tablets, Oral, 3 times daily PRN
• cholecalciferol (VITAMIN D-3)	2,000 units, Oral, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	Oral
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

Inpatient:

Scheduled

• aspirin, 81 mg, Daily

Continuous

• [Held By Provider] heparin, 0-35 Units/kg/hr (Dosing Weight), Continuous, Last Rate: Stopped (01/09/25 1434)

PRN

REM

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin *confusion*	Other
• Penicillins *3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD*	Skin: Rash
• Sulfa Antibiotics	Skin: Rash

Social History:

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never

Substance Use Topics

- Alcohol use: No
- Drug use: No

Medical History and Review of Systems

Pulmonary
(+) pneumonia

Cardiovascular
(+) hypertension
(+) dysrhythmias (heart block 1st degree), bradycardia

GI/Hepatic/Renal
(+) renal disease, CKD

Endo/Immunology
(+) diabetes

Physical Exam

Airway
Mallampati: III
Neck ROM: Full
Mouth Opening: Normal
Facial Hair: None

Dental
edentulous

Cardiovascular
Rhythm: Regular
Rate: Abnormal

Pulmonary
decreased breath sounds

Other Physical Exam Findings: Cp marginally compensated. Confused, but can communicated with her son, which is present.

Labs: (*last year*)

BMP			CBC/Coags		
Na	144	1/9/2025	Hb	12.3	1/9/2025

Anesthesia on 01/09/25 (continued)

K	4.0	1/9/2025	HCT	39	1/9/2025
Cl	109 (H)	1/9/2025	WBC	13.85 (H)	1/9/2025
HCO3	25	1/9/2025	PLT	205	1/9/2025
BUN	25 (H)	1/9/2025	INR	1.1	1/9/2025
Cr	1.10 (H)	1/9/2025	PT	14.1	1/9/2025
Glu	183 (H)	1/9/2025	PTT	-	-

Misc					
eGFR	45 (L)	1/9/2025	MCV	98	1/9/2025
A1C	6.3 (H)	2/14/2024	BNP	-	-

LFTs					
AST	48 (H)	1/9/2025	Albumin	3.9	1/9/2025
ALT	28	1/9/2025	Protein	7.8	1/9/2025
Alk Phos	69	1/9/2025	T Bili	0.5	1/9/2025

Relevant procedures / diagnostic studies: none

Cardiac
EKG 01/09/25:
Sinus brady
First degree AV block
?right bundle branch block

Perioperative Risk Scores:

PONV: Intermediate Risk Total Score: 2

Female patient
Non-smoker
Criteria that do not apply:
History of PONV
History of motion sickness
Intended opioid administration

ANESTHESIA PLAN

Preoperative Discussion: **PMHx and PSHx as above, verified NPO within guidelines.**

Discussed anesthetic plan of General Anesthesia. Discussed risks including; risks associated with airway placement, PONV, pulmonary complications, MI, or cardiac arrest. Discussed in detail that given pts advanced age, and PMHx there is an elevated risk of cardiac arrest. Patient and family in understanding. Discussed that family and patient wishes all measures to be taken in event of arrest. All patient questions answered. Patient and decision maker in agreement to proceed.

Anesthesia on 01/09/25 (continued)

Informed Consent:
Anesthesia Plan discussed with:
Patient and child
Use of blood products:
Consented
Discussed with: **patient and child**
ASA Score:
ASA: **4**
Planned Anesthetic Type:
general

Electronically signed by Bollag, Laurent Albert, MD at 1/9/2025 4:55 PM

Anesthesia Procedure Notes

Houston, Nicklaus, MD at 1/9/2025 1621

Procedure Orders
1. Nerve Block [360324135] ordered by Houston, Nicklaus, MD

Nerve Block

Staff:
Performing provider: Houston, Nicklaus, MD
Authorizing provider: Bollag, Laurent Albert, MD

Block Indication/Location:
Patient location: OR/Procedural area
Reason for block: post-op pain management.

Consent:
Type: verbal consent obtained
Risk discussed: block failure or incomplete block, motor weakness, nerve injury, bleeding, infection and local anesthetic toxicity.
Obtained by: Bollag, Laurent Albert, MD.
Obtained from: patient

Regional anesthesia checklist:
Patient identifed with two distinct identifiers
Procedural consent reviewed
Block site confirmed by hospital protocol
Allergies reviewed
Anticoagulation status reviewed
Maximum local anesthetic dose calculated
Emergency drugs available

Medication syringes labeled
Monitoring in place

Block type:
Procedure type: nerve catheter
Block laterality: left
Block: femoral

Preparation:
Patient position: reclined
Patient sedation: sedated
Monitors: SpO2, ECG, NIBP and EtCO2
Skin prep: chlorhexidine
Sterile barriers: sterile gloves, mask, sterile drape and probe cover
Skin local anesthetic used: injected

Block needle:
Needle type: Tuohy
Needle gauge: 18 G
Needle length: 3.5 in
Guidance: ultrasound (in plane)no

Catheter:
Catheter type: epidural
Catheter size: 19 G
Ultrasound verification: Yes
Depth catheter secured at skin 15 cm
Securement: dermabond and clear occlusive dressing

Date and time block placed:
1/9/2025 4:00 PM

Additional block(s)

Block type:
Procedure type: single shot block
Block laterality: left
Block: sciatic (popliteal)

Preparation:
Position: reclined
Skin prep: chlorhexidine
Sterile barriers: sterile gloves, mask and probe cover
Skin LA used: injected

Block needle:
Needle type: block needle
Needle gauge: 21 G
Needle length: 100 mm
Guidance: ultrasound (in plane)
Ultrasound image saved: no

Date and time block placed:

Anesthesia on 01/09/25 (continued)

1/9/2025 3:50 PM

Assessment:
Sensory block: unable to assess
Motor block: unable to assess
Pain relief: unable to assess
Complications: well tolerated

Final block comments:
Femoral catheter 10cm at skin initially, tunneled to 15cm at skin. Catheter site confirmed with US and secured with dermabond + tegaderm after tunneling.

Electronically signed by Houston, Nicklaus, MD at 1/9/2025 4:25 PM

Czarnecki, Maciej, MD at 1/9/2025 1648

Procedure Orders
1. Airway Placement [360331968] ordered by Czarnecki, Maciej, MD

Airway Placement

Staff:
Performing Provider: Czarnecki, Maciej, MD
Authorizing Provider: Bollag, Laurent Albert, MD

Airway management:
Patient location: OR/Procedural area
Final airway type: Supraglottic airway
Intubation reason: General anesthesia/planned procedure

Induction:
Positioning: supine
Preoxygenation: Yes
Apneic Oxygenation: Standard nasal cannula at flush rate
Mask Ventilation: Grade 1 - Ventilated by mask

Intubation:

Number of Attempts: 1

Final Attempt
Airway Type: SGA
LMA Type**:** i-gel
LMA Size:3

Assessment:
Confirmation: auscultation
Difficult Airway: no
Procedure Abandoned: no

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Date / Time Airway Secured / Re-Secured:
1/9/2025 3:32 PM

Electronically signed by Czarnecki, Maciej, MD at 1/9/2025 4:50 PM

Flowsheets

Anesthesia Attestation

Row Name	01/09/25 16:55:55
Regional anesthesia	Present throughout
with ultrasound?	Present for ultrasound

Anesthesia Device Data

Row Name	01/09/25 1743	01/09/25 1742	01/09/25 1741	01/09/25 1740	01/09/25 1739
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Pulse	—	**32 bpm** !	**33 bpm** !	**37 bpm** !	**38 bpm** !
NIBP	—	—	—	165/42	—
NIBP (Mean)	—	—	—	87	—
SpO2	—	100 %	100 %	100 %	100 %
HR (ECG)	—	**32** !	**33** !	**36** !	**35** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off

Row Name	01/09/25 1738	01/09/25 1737	01/09/25 1736	01/09/25 1735	01/09/25 1734
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Pulse	**44 bpm** !	**44 bpm** !	**37 bpm** !	**38 bpm** !	**39 bpm** !
NIBP	—	—	—	165/43	—
NIBP (Mean)	—	—	—	88	—
SpO2	99 %	100 %	100 %	100 %	100 %
HR (ECG)	**44** !	**44** !	**36** !	**36** !	**37** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off

Row Name	01/09/25 1733	01/09/25 1732	01/09/25 1731	01/09/25 1730	01/09/25 1729
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Pulse	**39 bpm** !	**39 bpm** !	**38 bpm** !	**32 bpm** !	**32 bpm** !
NIBP	—	—	—	158/46	—
NIBP (Mean)	—	—	—	86	—
SpO2	100 %	100 %	100 %	100 %	100 %
HR (ECG)	**36** !	**37** !	**37** !	**33** !	**40** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off

Row Name	01/09/25 1728	01/09/25 1727	01/09/25 1726	01/09/25 1725	01/09/25 1724
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Pulse	**33 bpm** !	**31 bpm** !	**31 bpm** !	**32 bpm** !	**30 bpm** !
NIBP	—	—	—	150/40	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

NIBP (Mean)	—	—	—	82	—
SpO2	100 %	99 %	100 %	100 %	100 %
HR (ECG)	**33** !	**32** !	**32** !	**32** !	**32** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off
Row Name	**01/09/25 1723**	**01/09/25 1722**	**01/09/25 1721**	**01/09/25 1720**	**01/09/25 1719**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Pulse	**33 bpm** !	**32 bpm** !	**42 bpm** !	**43 bpm** !	**43 bpm** !
NIBP	—	—	—	169/49	—
NIBP (Mean)	—	—	—	91	—
SpO2	100 %	100 %	100 %	100 %	100 %
HR (ECG)	**32** !	**33** !	**42** !	**43** !	**43** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off
Row Name	**01/09/25 1718**	**01/09/25 1717**	**01/09/25 1716**	**01/09/25 1715**	**01/09/25 1714**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Inspired Sevoflurane	—	0 %	0 %	0 %	0 %
Pulse	**43 bpm** !	**43 bpm** !	**44 bpm** !	**45 bpm** !	**35 bpm** !
NIBP	—	—	—	187/50	—
NIBP (Mean)	—	—	—	99	—
SpO2	100 %	100 %	100 %	100 %	100 %
HR (ECG)	**42** !	**43** !	**43** !	**44** !	**36** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off
Row Name	**01/09/25 1713**	**01/09/25 1712**	**01/09/25 1711**	**01/09/25 1710**	**01/09/25 1709**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Inspired Sevoflurane	0 %	0 %	0 %	0 %	0 %
Pulse	**38 bpm** !	**46 bpm** !	**44 bpm** !	**43 bpm** !	**41 bpm** !
NIBP	—	—	—	161/61	—
NIBP (Mean)	—	—	—	88	—
SpO2	100 %	100 %	98 %	100 %	100 %
HR (ECG)	**39** !	**49** !	50	**49** !	65
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off
Row Name	**01/09/25 1708**	**01/09/25 1707**	**01/09/25 1706**	**01/09/25 1705**	**01/09/25 1704**
O2	0 L/min	0 L/min	0 L/min	0 L/min	9.99 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired Sevoflurane	—	—	—	0 %	0 %
Inspired Sevoflurane	0 %	0 %	0 %	0 %	0 %
Pulse	**41 bpm** !	**40 bpm** !	**40 bpm** !	**41 bpm** !	**43 bpm** !
NIBP	—	182/56	—	185/50	—
NIBP (Mean)	—	100	—	98	—
RR (EtCO2)	—	—	—	**4 brpm** !	10 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	—	—	—	5 mmHg	5 mmHg
FiO2	—	—	—	98 %	98 %
HR (ECG)	**41** !	**38** !	**41** !	63	**45** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off
Tidal Volume (Observed)	—	—	—	81 mL	81 mL
PIP (Observed)	—	—	—	—	6 cm H2O

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Row Name	01/09/25 1703	01/09/25 1702	01/09/25 1701	01/09/25 1700	01/09/25 1659
O2	9.99 L/min	9.99 L/min	7 L/min	7 L/min	3.3 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired Sevoflurane	0.2 %	0.2 %	0.3 %	0.4 %	0.4 %
Inspired Sevoflurane	0 %	0 %	0 %	0 %	0.4 %
Pulse	**42 bpm** !	**41 bpm** !	**41 bpm** !	**40 bpm** !	**40 bpm** !
NIBP	—	175/54	—	185/55	—
NIBP (Mean)	—	99	—	102	—
RR (EtCO2)	10 brpm	16 brpm	17 brpm	19 brpm	20 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	23 mmHg	28 mmHg	29 mmHg	29 mmHg	28 mmHg
FiO2	99 %	99 %	99 %	98 %	98 %
HR (ECG)	**43** !	**41** !	51	**39** !	**39** !
Temp 2	36 °C	36 °C	36.1 °C	36.1 °C	36.1 °C
Vent Mode	Vent Off	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	216 mL	523 mL	339 mL	328 mL	333 mL
PIP (Observed)	14 cm H2O	16 cm H2O	19 cm H2O	18 cm H2O	18 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20

Row Name	01/09/25 1658	01/09/25 1657	01/09/25 1656	01/09/25 1655	01/09/25 1654
O2	3.3 L/min	3.3 L/min	3.3 L/min	3.3 L/min	3.3 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired Sevoflurane	0.6 %	0.7 %	1 %	1 %	1.1 %
Inspired Sevoflurane	0.6 %	1 %	1.2 %	1.2 %	1.2 %
Pulse	**39 bpm** !	**38 bpm** !	**37 bpm** !	**36 bpm** !	**36 bpm** !
NIBP	—	175/61	—	**110/35** !	—
NIBP (Mean)	—	102	—	61	—
RR (EtCO2)	19 brpm	19 brpm	18 brpm	19 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	29 mmHg	28 mmHg	29 mmHg	30 mmHg	29 mmHg
FiO2	95 %	94 %	92 %	91 %	88 %
HR (ECG)	**39** !	**38** !	**38** !	**36** !	**36** !
Temp 2	36.1 °C	36.1 °C	36.1 °C	36.2 °C	36.2 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	329 mL	327 mL	365 mL	333 mL	274 mL
PIP (Observed)	19 cm H2O	19 cm H2O	19 cm H2O	20 cm H2O	19 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20

Row Name	01/09/25 1653	01/09/25 1652	01/09/25 1651	01/09/25 1650	01/09/25 1649
O2	3.3 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.1 %	1.2 %	1.2 %	1.3 %	1.3 %
Inspired Sevoflurane	1.4 %	1.4 %	1.5 %	1.5 %	1.6 %
Pulse	**36 bpm** !	**36 bpm** !	**36 bpm** !	**37 bpm** !	**37 bpm** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

NIBP	—	**128/37** !	—	127/42	—
NIBP (Mean)	—	70	—	74	—
RR (EtCO2)	18 brpm	19 brpm	19 brpm	18 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	31 mmHg	30 mmHg	30 mmHg	30 mmHg	30 mmHg
FiO2	83 %	66 %	64 %	64 %	64 %
HR (ECG)	**36** !	**35** !	**36** !	**36** !	**37** !
Temp 2	36.2 °C	36.2 °C	36.2 °C	36.2 °C	36.3 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	317 mL	305 mL	301 mL	307 mL	304 mL
PIP (Observed)	19 cm H2O	19 cm H2O	19 cm H2O	19 cm H2O	19 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1648**	**01/09/25 1647**	**01/09/25 1646**	**01/09/25 1645**	**01/09/25 1644**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.4 %	1.4 %	1.4 %	1.4 %	1.4 %
Inspired Sevoflurane	1.6 %	1.7 %	1.7 %	1.7 %	1.7 %
Pulse	**37 bpm** !	**37 bpm** !	**38 bpm** !	**38 bpm** !	**38 bpm** !
NIBP	—	**118/38** !	—	**116/38** !	**121/38** !
NIBP (Mean)	—	66	—	65	67
RR (EtCO2)	17 brpm	19 brpm	19 brpm	19 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	29 mmHg	29 mmHg	30 mmHg	30 mmHg	31 mmHg
FiO2	64 %	64 %	64 %	64 %	64 %
HR (ECG)	**37** !	**37** !	**38** !	**38** !	**38** !
Temp 2	36.3 °C	36.3 °C	36.3 °C	36.3 °C	36.3 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	338 mL	301 mL	292 mL	295 mL	316 mL
PIP (Observed)	19 cm H2O	19 cm H2O	19 cm H2O	19 cm H2O	19 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1643**	**01/09/25 1642**	**01/09/25 1641**	**01/09/25 1640**	**01/09/25 1639**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.3 %	1.4 %	1.4 %	1.4 %	1.4 %
Inspired Sevoflurane	1.7 %	1.7 %	1.7 %	1.7 %	1.6 %
Pulse	**38 bpm** !	**38 bpm** !	**38 bpm** !	**39 bpm** !	**38 bpm** !
NIBP	—	**127/37** !	—	134/42	—
NIBP (Mean)	—	69	—	75	—
RR (EtCO2)	19 brpm	19 brpm	18 brpm	14 brpm	12 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	30 mmHg	30 mmHg	31 mmHg	29 mmHg	30 mmHg
FiO2	64 %	64 %	64 %	64 %	64 %
HR (ECG)	**38** !	**38** !	**38** !	**39** !	**38** !
Temp 2	36.3 °C	36.3 °C	36.3 °C	36.3 °C	36.4 °C
Vent Mode	Pressure support	Pressure support	Pressure support	Pressure support	Pressure support

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

	ventilation	ventilation	ventilation	ventilation	ventilation
Tidal Volume (Observed)	335 mL	320 mL	306 mL	275 mL	325 mL
PIP (Observed)	19 cm H2O	19 cm H2O	19 cm H2O	18 cm H2O	19 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1638**	**01/09/25 1637**	**01/09/25 1636**	**01/09/25 1635**	**01/09/25 1634**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.4 %	1.3 %	1.3 %	1.3 %	1.3 %
Inspired Sevoflurane	1.6 %	1.6 %	1.6 %	1.6 %	1.6 %
Pulse	**38 bpm** !	**38 bpm** !	**39 bpm** !	**39 bpm** !	**40 bpm** !
NIBP	**135/38** !	—	146/43	—	162/50
NIBP (Mean)	73	—	81	—	93
RR (EtCO2)	19 brpm	13 brpm	10 brpm	12 brpm	22 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	30 mmHg	31 mmHg	32 mmHg	32 mmHg	31 mmHg
FiO2	64 %	64 %	64 %	64 %	64 %
HR (ECG)	**38** !	**38** !	**38** !	**39** !	**40** !
Temp 2	36.4 °C	36.4 °C	36.4 °C	36.4 °C	36.4 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	318 mL	75 mL	69 mL	377 mL	303 mL
PIP (Observed)	19 cm H2O	19 cm H2O	19 cm H2O	19 cm H2O	17 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1633**	**01/09/25 1632**	**01/09/25 1631**	**01/09/25 1630**	**01/09/25 1629**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.4 %	1.3 %	1.3 %	1.3 %	1.2 %
Inspired Sevoflurane	1.6 %	1.6 %	1.6 %	1.5 %	1.6 %
Pulse	**41 bpm** !	**40 bpm** !	**41 bpm** !	**41 bpm** !	**40 bpm** !
NIBP	154/58	—	166/48	—	165/50
NIBP (Mean)	92	—	92	—	91
RR (EtCO2)	20 brpm	20 brpm	20 brpm	18 brpm	20 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	27 mmHg	30 mmHg	30 mmHg	28 mmHg	30 mmHg
FiO2	64 %	64 %	64 %	64 %	64 %
HR (ECG)	**41** !	**40** !	**40** !	**41** !	**40** !
Temp 2	36.5 °C	36.5 °C	36.6 °C	36.6 °C	36.6 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	407 mL	291 mL	294 mL	328 mL	315 mL
PIP (Observed)	19 cm H2O	19 cm H2O	19 cm H2O	17 cm H2O	18 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1628**	**01/09/25 1627**	**01/09/25 1626**	**01/09/25 1625**	**01/09/25 1624**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.3 %	1.2 %	1.2 %	1.3 %	1.2 %
Inspired Sevoflurane	1.5 %	1.5 %	1.5 %	1.4 %	1.5 %
Pulse	**41 bpm** !	**42 bpm** !	**41 bpm** !	**40 bpm** !	**40 bpm** !
NIBP	—	179/49	—	178/60	172/50
NIBP (Mean)	—	97	—	104	95
RR (EtCO2)	23 brpm	24 brpm	25 brpm	22 brpm	23 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	29 mmHg	29 mmHg	27 mmHg	27 mmHg	29 mmHg
FiO2	65 %	64 %	65 %	65 %	65 %
HR (ECG)	**40** !	**41** !	**41** !	**40** !	**40** !
Temp 2	36.6 °C	36.6 °C	36.6 °C	36.6 °C	36.7 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	280 mL	266 mL	323 mL	259 mL	301 mL
PIP (Observed)	18 cm H2O	18 cm H2O	17 cm H2O	18 cm H2O	18 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20

Row Name	**01/09/25 1623**	**01/09/25 1622**	**01/09/25 1621**	**01/09/25 1620**	**01/09/25 1619**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.2 %	1.2 %	1.2 %	1.1 %	1.1 %
Inspired Sevoflurane	1.5 %	1.5 %	1.4 %	1.4 %	1.4 %
Pulse	**42 bpm** !	**38 bpm** !	**38 bpm** !	**38 bpm** !	**39 bpm** !
NIBP	—	140/52	—	169/43	—
NIBP (Mean)	—	83	—	90	—
RR (EtCO2)	19 brpm	15 brpm	17 brpm	20 brpm	20 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	29 mmHg	31 mmHg	30 mmHg	32 mmHg	34 mmHg
FiO2	65 %	66 %	66 %	66 %	64 %
HR (ECG)	**39** !	**38** !	**38** !	**38** !	**39** !
Temp 2	36.7 °C	36.7 °C	36.7 °C	36.7 °C	36.7 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	359 mL	336 mL	324 mL	311 mL	276 mL
PIP (Observed)	17 cm H2O	19 cm H2O	19 cm H2O	19 cm H2O	18 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20

Row Name	**01/09/25 1618**	**01/09/25 1617**	**01/09/25 1616**	**01/09/25 1615**	**01/09/25 1614**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.1 %	1.1 %	1.1 %	1.1 %	1.1 %
Inspired Sevoflurane	1.3 %	1.3 %	1.3 %	1.3 %	1.3 %
Pulse	**40 bpm** !	**39 bpm** !	**40 bpm** !	**41 bpm** !	**42 bpm** !
NIBP	171/47	—	190/49	—	192/61
NIBP (Mean)	92	—	99	—	110

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

RR (EtCO2)	19 brpm	21 brpm	24 brpm	26 brpm	28 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	30 mmHg	29 mmHg	29 mmHg	28 mmHg	28 mmHg
FiO2	66 %	67 %	67 %	67 %	68 %
HR (ECG)	**39** !	**39** !	**48** !	**40** !	**41** !
Temp 2	36.8 °C	36.8 °C	36.8 °C	36.8 °C	36.8 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	330 mL	316 mL	310 mL	287 mL	285 mL
PIP (Observed)	18 cm H2O	18 cm H2O	17 cm H2O	17 cm H2O	16 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1613**	**01/09/25 1612**	**01/09/25 1611**	**01/09/25 1610**	**01/09/25 1609**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.1 %	1.1 %	1.1 %	1.2 %	1.2 %
Inspired Sevoflurane	1.3 %	1.3 %	1.3 %	1.4 %	1.4 %
Pulse	**42 bpm** !	**41 bpm** !	**41 bpm** !	**41 bpm** !	**39 bpm** !
NIBP	—	154/49	—	147/45	138/42
NIBP (Mean)	—	86	—	83	76
RR (EtCO2)	21 brpm	21 brpm	20 brpm	19 brpm	19 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	26 mmHg	28 mmHg	30 mmHg	29 mmHg	30 mmHg
FiO2	68 %	69 %	70 %	71 %	71 %
HR (ECG)	**42** !	**45** !	**45** !	**41** !	**39** !
Temp 2	36.8 °C	36.8 °C	36.8 °C	36.8 °C	36.9 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	332 mL	350 mL	335 mL	328 mL	352 mL
PIP (Observed)	18 cm H2O	17 cm H2O	18 cm H2O	18 cm H2O	17 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1608**	**01/09/25 1607**	**01/09/25 1606**	**01/09/25 1605**	**01/09/25 1604**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.2 %	1.2 %	1.2 %	1.2 %	1.2 %
Inspired Sevoflurane	1.4 %	1.4 %	1.4 %	1.4 %	1.5 %
Pulse	**39 bpm** !	**38 bpm** !	**38 bpm** !	**38 bpm** !	**38 bpm** !
NIBP	—	146/41	—	163/44	—
NIBP (Mean)	—	78	—	88	—
RR (EtCO2)	19 brpm	19 brpm	16 brpm	19 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	30 mmHg	30 mmHg	31 mmHg	30 mmHg	31 mmHg
FiO2	72 %	73 %	74 %	75 %	76 %
HR (ECG)	**39** !	**38** !	**38** !	**38** !	**40** !
Temp 2	36.9 °C	36.9 °C	36.9 °C	36.9 °C	36.9 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume	342 mL	360 mL	298 mL	306 mL	294 mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

(Observed)					
PIP (Observed)	17 cm H2O	17 cm H2O	17 cm H2O	16 cm H2O	17 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1603**	**01/09/25 1602**	**01/09/25 1601**	**01/09/25 1600**	**01/09/25 1559**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	5.5 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.2 %	1.2 %	1.3 %	1.3 %	1.4 %
Inspired Sevoflurane	1.5 %	1.6 %	1.6 %	1.7 %	1.8 %
Pulse	**38 bpm** !	**38 bpm** !	**38 bpm** !	**39 bpm** !	**39 bpm** !
NIBP	132/48	**121/35** !	—	**130/35** !	—
NIBP (Mean)	77	65	—	68	—
RR (EtCO2)	18 brpm	19 brpm	18 brpm	18 brpm	16 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	31 mmHg	31 mmHg	31 mmHg	31 mmHg	31 mmHg
FiO2	77 %	78 %	80 %	82 %	85 %
HR (ECG)	**41** !	**39** !	**39** !	**39** !	**39** !
Temp 2	36.9 °C	36.9 °C	36.9 °C	—	—
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	310 mL	311 mL	312 mL	331 mL	313 mL
PIP (Observed)	17 cm H2O	17 cm H2O	17 cm H2O	18 cm H2O	18 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1558**	**01/09/25 1557**	**01/09/25 1556**	**01/09/25 1555**	**01/09/25 1554**
O2	5.5 L/min	5.6 L/min	0.85 L/min	0.85 L/min	0.85 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.46 L/min	0.46 L/min	0.46 L/min
Expired Sevoflurane	1.4 %	1.4 %	0.9 %	0.9 %	0.9 %
Inspired Sevoflurane	2.3 %	1.2 %	1 %	1 %	1.1 %
Pulse	**39 bpm** !	**40 bpm** !	**40 bpm** !	**42 bpm** !	**43 bpm** !
NIBP	**147/37** !	—	199/50	—	128/63
NIBP (Mean)	76	—	107	—	88
RR (EtCO2)	8 brpm	8 brpm	21 brpm	22 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
Tidal Volume (Set)	—	—	270 mL	270 mL	270 mL
Resp Rate (Set)	—	—	18 brpm	18 brpm	18 brpm
ETCO2	32 mmHg	32 mmHg	31 mmHg	29 mmHg	30 mmHg
FiO2	91 %	90 %	77 %	77 %	77 %
HR (ECG)	**39** !	**39** !	**40** !	**41** !	**43** !
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Volume Control Ventilation	Volume Control Ventilation
Tidal Volume (Observed)	429 mL	628 mL	510 mL	366 mL	246 mL
PIP (Observed)	18 cm H2O	24 cm H2O	24 cm H2O	17 cm H2O	18 cm H2O
I:E Ratio	—	—	1:1.77	1:1.77	1:1.77
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	3 cm H20	8 cm H20
Row Name	**01/09/25 1553**	**01/09/25 1552**	**01/09/25 1551**	**01/09/25 1550**	**01/09/25 1549**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

O2	0.85 L/min	0.85 L/min	0.85 L/min	0.85 L/min	0.85 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.46 L/min	0.46 L/min	0.46 L/min	0.46 L/min	0 L/min
Expired Sevoflurane	1 %	1 %	1 %	1 %	1 %
Inspired Sevoflurane	1.1 %	1.1 %	1.1 %	1.2 %	1.3 %
Pulse	**40 bpm** !	**40 bpm** !	**40 bpm** !	**40 bpm** !	**40 bpm** !
NIBP	—	**100/30** !	**116/30** !	—	143/42
NIBP (Mean)	—	54	59	—	79
RR (EtCO2)	18 brpm	18 brpm	18 brpm	18 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
Tidal Volume (Set)	270 mL	270 mL	270 mL	270 mL	270 mL
Resp Rate (Set)	18 brpm	18 brpm	18 brpm	18 brpm	18 brpm
ETCO2	27 mmHg	32 mmHg	33 mmHg	36 mmHg	36 mmHg
FiO2	80 %	82 %	85 %	91 %	91 %
HR (ECG)	**40** !	**40** !	**40** !	**40** !	**40** !
Vent Mode	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation
Tidal Volume (Observed)	119 mL	209 mL	405 mL	291 mL	270 mL
PIP (Observed)	14 cm H2O	12 cm H2O	10 cm H2O	16 cm H2O	19 cm H2O
I:E Ratio	1:1.77	1:1.77	1:1.77	1:1.77	1:1.77
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	8 cm H20	7 cm H20	5 cm H20	8 cm H20	8 cm H20

Row Name	**01/09/25 1548**	**01/09/25 1547**	**01/09/25 1546**	**01/09/25 1545**	**01/09/25 1544**
O2	4 L/min	4 L/min	0.75 L/min	0.75 L/min	0.75 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0.5 L/min	0.5 L/min	0.5 L/min
Expired Sevoflurane	1 %	1.2 %	1.4 %	1.4 %	1.5 %
Inspired Sevoflurane	1.1 %	1.3 %	1.7 %	1.8 %	1.8 %
Pulse	**40 bpm** !	**40 bpm** !	**40 bpm** !	**39 bpm** !	**39 bpm** !
NIBP	—	**92/35** !	—	**95/31** !	**93/31** !
NIBP (Mean)	—	53	—	52	51
RR (EtCO2)	18 brpm	18 brpm	18 brpm	18 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
Tidal Volume (Set)	270 mL	270 mL	270 mL	270 mL	270 mL
Resp Rate (Set)	18 brpm	18 brpm	18 brpm	18 brpm	18 brpm
ETCO2	37 mmHg	34 mmHg	36 mmHg	37 mmHg	34 mmHg
FiO2	94 %	85 %	73 %	74 %	75 %
HR (ECG)	**39** !	**40** !	**40** !	**39** !	**39** !
Vent Mode	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation
Tidal Volume (Observed)	343 mL	284 mL	323 mL	239 mL	295 mL
PIP (Observed)	11 cm H2O	10 cm H2O	10 cm H2O	12 cm H2O	18 cm H2O
I:E Ratio	1:1.77	1:1.77	1:1.77	1:1.77	1:1.77
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	4 cm H20	4 cm H20	6 cm H20	7 cm H20

Row Name	**01/09/25 1543**	**01/09/25 1542**	**01/09/25 1541**	**01/09/25 1540**	**01/09/25 1539**
O2	0.75 L/min	0.75 L/min	0.75 L/min	0.75 L/min	4.2 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.5 L/min	0.5 L/min	0.5 L/min	0.5 L/min	0.5 L/min
Expired	1.5 %	1.6 %	1.8 %	1.9 %	2.1 %

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Sevoflurane					
Inspired Sevoflurane	2 %	2.1 %	2.3 %	2.6 %	3.1 %
Pulse	**39 bpm** !	**38 bpm** !	**38 bpm** !	**38 bpm** !	**38 bpm** !
NIBP	—	**100/35** !	—	**121/37** !	—
NIBP (Mean)	—	56	—	65	—
RR (EtCO2)	18 brpm	18 brpm	18 brpm	18 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
Tidal Volume (Set)	270 mL	270 mL	270 mL	270 mL	270 mL
Resp Rate (Set)	18 brpm	18 brpm	18 brpm	18 brpm	18 brpm
ETCO2	36 mmHg	37 mmHg	32 mmHg	33 mmHg	32 mmHg
FiO2	75 %	77 %	79 %	82 %	85 %
HR (ECG)	**39** !	**38** !	**38** !	**38** !	**38** !
Vent Mode	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation
Tidal Volume (Observed)	165 mL	269 mL	247 mL	217 mL	193 mL
PIP (Observed)	14 cm H2O	18 cm H2O	16 cm H2O	16 cm H2O	12 cm H2O
I:E Ratio	1:1.77	1:1.77	1:1.77	1:1.77	1:1.77
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	7 cm H20	8 cm H20	7 cm H20	7 cm H20	6 cm H20
Row Name	**01/09/25 1538**	**01/09/25 1537**	**01/09/25 1536**	**01/09/25 1535**	**01/09/25 1534**
O2	4.2 L/min	4.2 L/min	4.2 L/min	1.1 L/min	9.99 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.5 L/min	0.5 L/min	0.5 L/min	0.5 L/min	0 L/min
Expired Sevoflurane	2.4 %	2.4 %	1.6 %	0.8 %	0.5 %
Inspired Sevoflurane	4.2 %	3.5 %	1.6 %	1.1 %	1 %
Pulse	**39 bpm** !	**39 bpm** !	**42 bpm** !	**43 bpm** !	**45 bpm** !
NIBP	188/45	—	**203/52** !	**220/58** !	—
NIBP (Mean)	97	—	105	116	—
RR (EtCO2)	18 brpm	18 brpm	18 brpm	18 brpm	19 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
Tidal Volume (Set)	270 mL	270 mL	270 mL	270 mL	270 mL
Resp Rate (Set)	18 brpm	18 brpm	18 brpm	18 brpm	19 brpm
ETCO2	34 mmHg	35 mmHg	34 mmHg	34 mmHg	34 mmHg
FiO2	89 %	89 %	90 %	90 %	99 %
HR (ECG)	**39** !	**39** !	**41** !	**42** !	**46** !
Vent Mode	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation
Tidal Volume (Observed)	292 mL	238 mL	265 mL	276 mL	304 mL
PIP (Observed)	11 cm H2O	11 cm H2O	10 cm H2O	11 cm H2O	14 cm H2O
I:E Ratio	1:1.77	1:1.77	1:1.77	1:1.77	1:1.87
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	4 cm H20	6 cm H20	4 cm H20	5 cm H20	4 cm H20
Row Name	**01/09/25 1533**	**01/09/25 1532**	**01/09/25 1531**	**01/09/25 1530**	**01/09/25 1529**
O2	9.99 L/min	9.99 L/min	9.99 L/min	9.99 L/min	9.99 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired Sevoflurane	0.4 %	—	—	—	—
Inspired Sevoflurane	0.9 %	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Pulse	**38 bpm** !	**43 bpm** !	**38 bpm** !	**42 bpm** !	**42 bpm** !
NIBP	—	—	**123/36** !	—	—
NIBP (Mean)	—	—	63	—	—
RR (EtCO2)	19 brpm	**0 brpm** !	**4 brpm** !	**5 brpm** !	15 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
Tidal Volume (Set)	270 mL	270 mL	—	—	—
Resp Rate (Set)	19 brpm	19 brpm	—	—	—
ETCO2	34 mmHg	17 mmHg	**0 mmHg** !	11 mmHg	17 mmHg
FiO2	98 %	100 %	100 %	98 %	98 %
HR (ECG)	**38** !	**44** !	**38** !	**41** !	**42** !
Vent Mode	Volume Control Ventilation	Volume Control Ventilation	Vent Off	Vent Off	Vent Off
Tidal Volume (Observed)	334 mL	126 mL	32 mL	95 mL	262 mL
PIP (Observed)	12 cm H2O	18 cm H2O	19 cm H2O	—	—
I:E Ratio	1:1.87	1:1.87	—	—	—
PEEP (Set)	5 cm H20	5 cm H20	—	—	—
PEEP (Observed)	6 cm H20	10 cm H20	0 cm H20	—	—

Row Name	**01/09/25 1528**	**01/09/25 1527**	**01/09/25 1526**	**01/09/25 1525**	**01/09/25 1524**
O2	9.99 L/min	9.99 L/min	9.99 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Pulse	**43 bpm** !	**42 bpm** !	**43 bpm** !	**44 bpm** !	**45 bpm** !
NIBP	—	—	—	185/43	—
NIBP (Mean)	—	—	—	95	—
RR (EtCO2)	13 brpm	**0 brpm** !	**0 brpm** !	—	—
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	21 mmHg	**0 mmHg** !	**0 mmHg** !	—	—
FiO2	98 %	98 %	97 %	—	—
HR (ECG)	**42** !	**43** !	**42** !	**44** !	**45** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off
Tidal Volume (Observed)	467 mL	29 mL	—	—	—

Row Name	**01/09/25 1523**	**01/09/25 1522**	**01/09/25 1521**	**01/09/25 1520**	**01/09/25 1519**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
SpO2	92 %	92 %	96 %	—	—
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off

Row Name	**01/09/25 1518**
O2	0 L/min
N2O	0 L/min
Air	0 L/min
Vent Mode	Vent Off

I/O

Row Name	**01/09/25 1647**
Volume (mL)	500 mL

Interval Assessment

Row Name	**01/09/25 1717**	**01/09/25 1702**	**01/09/25 1647**	**01/09/25 1632**	**01/09/25 1617**
ECG	Normal sinus rhythm	Sinus bradycardia	Sinus bradycardia	Sinus bradycardia	Sinus bradycardia
Position Check	Position checked;Eyes checked	Position checked;Eyes checked	Position checked;Eyes checked	Position checked;Eyes checked	Position checked;Eyes checked

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Row Name	01/09/25 1602	01/09/25 1547	01/09/25 1532	01/09/25 1517
ECG	Sinus bradycardia	Sinus bradycardia	Sinus bradycardia	—
Position Check	Position checked;Eyes checked	Position checked;Eyes checked	Position checked;Eyes checked	Position checked;Eyes checked

Lines/Drains/Airways

Row Name	
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25
Supraglottic Airway Properties	Placement Date: 01/09/25 Placement Time: 1532 Removal Date: 01/09/25 Removal Time: 1703

Positioning

Row Name	01/09/25 1516
Anatomical Position	Supine
Both Arms	Tucked
Supporting Devices	Arm support/arm sling
Position Check	Position checked;Eyes checked
Head / Face	Gel ring
Temperature site	Bladder

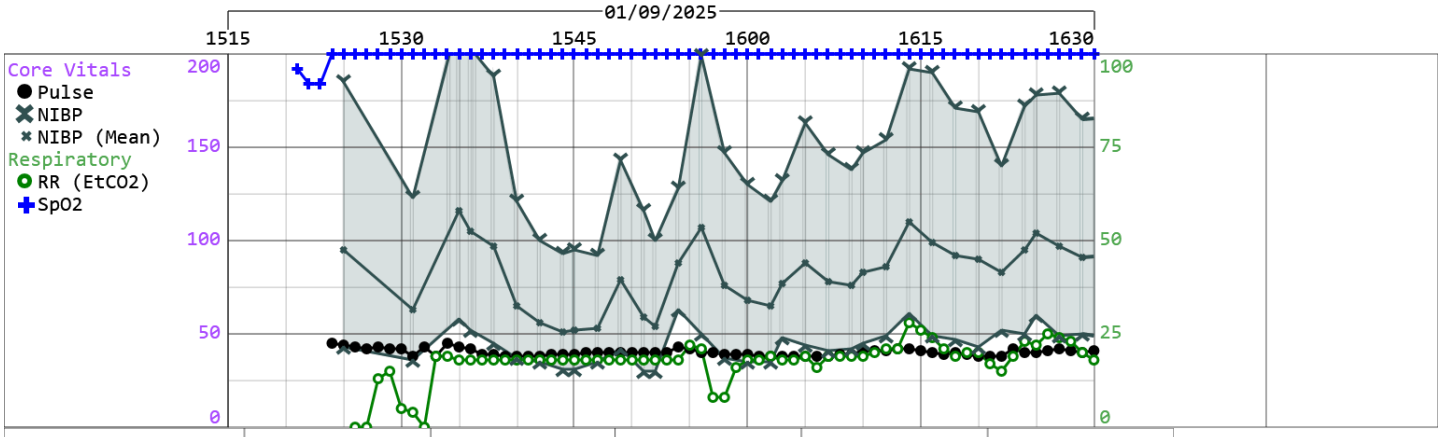
Pre-Anesthesia Checklist

Row Name	Anesthesia Event from 1/9/2025 in UWMC Main Operating Room	Anesthesia from 1/9/2025 in UWMC Main Operating Room
Suction	—	Working
Daily Machine Check	—	Complete
Anesthesia Circuit	—	Checked
Airway	—	Evaluated
Primary/Backup Airway Equipment	—	Available
Allergies	—	Confirmed
NPO	—	Per Guideline
ECG	—	On
BP	—	On
Pulse Ox	—	On
End Tidal CO2	—	On
Emergency Drugs	—	Available
IV Access	—	Functional
BP/HR Goals	—	Discussed

Anesthesia Graph

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

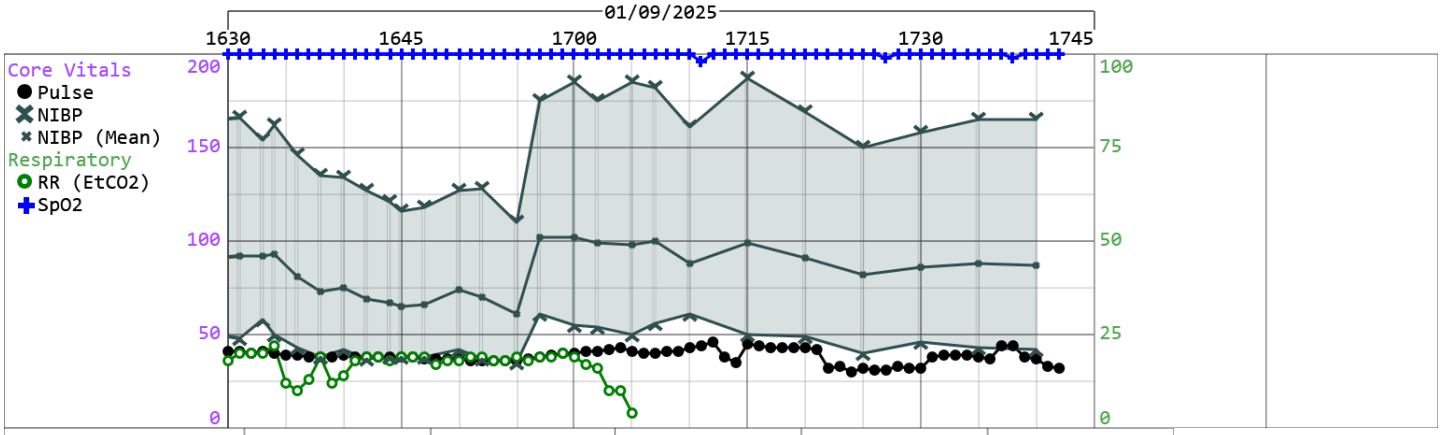
Anesthesia on 01/09/25 (continued)



O2	(L/min)	[9.99]	[0.75]	[5.5]	[0.7]	[0.7]
N2O	(L/min)	[0]	[0]	[0]	[0]	[0]
Air	(L/min)	[0]	[0.5]	[0.48]	[0.48]	[0.48]
Expired Sevofl…	(%)		[1.5]	[1.4]	[1.1]	[1.2]
Inspired Sevof…	(%)		[1.8]	[1.8]	[1.3]	[1.6]
propofol	(mg)	25	[35]			
etomidate	(mg)	4				
fentanyl	(mcg)	25			25	25
norep…	(mcg/kg/min)	0.02	[0.04]	[0.04]	0.06	[0.02]
ePHEDrine pre…	(mg)		5			
nitroglyceri…	(mcg)		20			
glycopyrrolate	(mg)	0.1	[0.3]			
epinephrine	(mcg)			[20]		
cefazolin	(g)			2		
insulin…	(Units/hr)					1.5
dexAMETHasone…	(mg)			5		
ROPivacaine 0…	(mL)			[30]		
lactated r…	(mL/hr)	100	[200]			
plasma-lyte	(mL)				/	
Vent Mode		[OFF]	[VCV]	[PSV]	[PSV]	[PSV]
		1515	1530	1545	1600	1615	1630
Tidal Volume …	(mL)	[262]	[295]	[313]	[285]	[315]
RR (EtCO2)	(brpm)	[15]	[18]	[16]	[28]	[20]
PIP (Obse…	(cm H2O)		[18]	[18]	[16]	[18]
PEEP (Set)	(cm H20)		[5]	[5]	[5]	[5]
PEEP (Obs…	(cm H20)		[7]	[5]	[5]	[5]
I:E Ratio			[1:1.77]	[1:1.77]		
ETCO2	(mmHg)	[17]	[34]	[31]	[28]	[30]
FiO2	(%)	[98]	[75]	[85]	[68]	[64]
SpO2	(%)	[100]	[100]	[100]	[100]	[100]
ECG			Sinus bradycar…	Sinus bradycar…	Sinus bradycar…	Sinus bradycar…
HR (ECG)		[42]	[39]	[39]	[41]	[40]
Temp 2					[36.8]	[36.6]
Position Check		[Position chec…	Position check…	Position check…	Position check…	Position check…
Tidal Volume …	(mL)		[270]	[270]		
Resp Rate (…	(brpm)		[18]	[18]		
PEEP (Set)	(cm H20)		[5]	[5]	[5]	[5]
I:E Ratio			[1:1.77]	[1:1.77]		

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

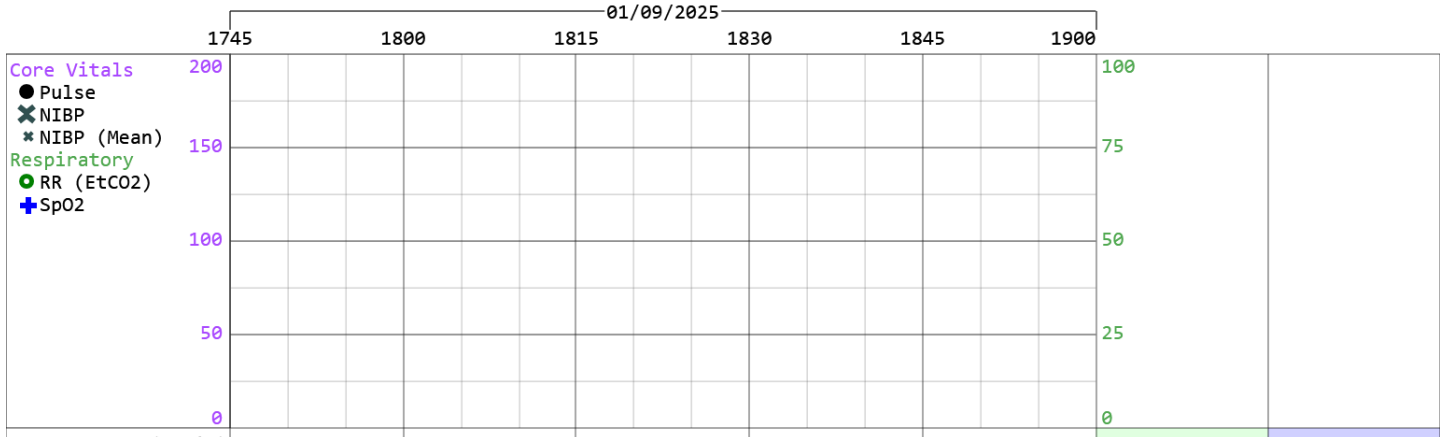


O2	(L/min)	[0.7]	[3.3]	[0]	[0]	[0]
N2O	(L/min)	[0]	[0]	[0]	[0]	[0]
Air	(L/min)	[0.48]	[0]	[0]	[0]	[0]
Expired Sevofl…	(%)	[1.4]	[0.4]	[0]		
Inspired Sevof…	(%)	[1.7]	[0.4]	[0]	[0]	
propofol	(mg)					
etomidate	(mg)					
fentanyl	(mcg)					
norep…	(mcg/kg/min)		[0.02]			
ePHEDrine pre…	(mg)		10			
nitroglyceri…	(mcg)					
glycopyrrolate	(mg)					
epinephrine	(mcg)		10			
cefazolin	(g)					
insulin…	(Units/hr)	1.5				
dexAMETHasone…	(mg)					
ROPivacaine 0…	(mL)					
lactated r…	(mL/hr)	200	50			50
plasma-lyte	(mL)		500			*
Vent Mode		[PSV]	[PSV]	[OFF]	[OFF]	[OFF]

	1630	1645	1700	1715	1730	1745
Tidal Volume …	(mL)	[316]	[333]	[81]		
RR (EtCO2)	(brpm)	[18]	[20]	[4]		
PIP (Obse…	(cm H2O)	[19]	[18]	[6]		
PEEP (Set)	(cm H20)	[5]	[5]	[5]		
PEEP (Obs…	(cm H20)	[5]	[5]	[5]		
I:E Ratio						
ETCO2	(mmHg)	[31]	[28]	[5]		
FiO2	(%)	[64]	[98]	[98]		
SpO2	(%)	[100]	[100]	[100]	[100]	[100]
ECG		Sinus bradycar…	Sinus bradycar…	Sinus bradycar…	NSR	
HR (ECG)		[38]	[39]	[36]	[40]	[32]
Temp 2		[36.3]	[36.1]	[36]		
Position Check		Position check…	Position check…	Position check…	Position check…	
Tidal Volume …	(mL)					
Resp Rate (…	(brpm)					
PEEP (Set)	(cm H20)	[5]	[5]	[5]		
I:E Ratio						

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)



| | | |

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Anesthesia Orders

propofol (Diprivan) injection (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1526** — Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1526 — Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD — Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1526 - 01/09/25 1812 — Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] — Package: 63323-269-22

etomidate (Amidate) injection (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1527** — Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1527 — Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD — Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1526 - 01/09/25 1812 — Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] — Package: 0143-9506-01

fentaNYL PF injection (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1528** — Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1528 — Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD — Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1528 - 01/09/25 1812 — Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] — Package: 0409-9094-12

norepinephrine 16 mg in D5W 250 mL (0.064 mg/mL) infusion (premix) (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1529** — Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1529 — Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD — Ordering mode: Standard
Frequency: STAT Continuous PRN 01/09/25 1529 - 01/09/25 1812 — Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] — Package: 0338-0116-20

ePHEDrine injection (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1531** — Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1531 — Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD — Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1531 - 01/09/25 1812 — Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] — Package: 51754-4250-1

Airway Placement (Final result)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1648** — Status: **Completed**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1648 — Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD — Ordering mode: Standard
Frequency: Routine Once 01/09/25 1649 - 1 occurrence — Class: Clinic Performed
Quantity: 1 — Lab status: Final result
Instance released by: Czarnecki, Maciej, MD 1/9/2025 4:48 PM
Order comments: This order was created via procedure documentation

Airway Placement — Resulted: 01/09/25 1532, Result status: Final result

Ordering provider: Czarnecki, Maciej, MD 01/09/25 1648 — Order status: Completed
Filed by: Czarnecki, Maciej, MD 01/09/25 1650 — Resulting lab: OUTSIDE REFERENCE PERFORMING LAB
Narrative:
Czarnecki, Maciej, MD 1/9/2025 4:50 PM
Airway Placement

Staff:
Performing Provider: Czarnecki, Maciej, MD
Authorizing Provider: Bollag, Laurent Albert, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Airway management:
Patient location: OR/Procedural area
Final airway type: Supraglottic airway
Intubation reason: General anesthesia/planned procedure

Induction:
Positioning: supine
Preoxygenation: Yes
Apneic Oxygenation: Standard nasal cannula at flush rate
Mask Ventilation: Grade 1 - Ventilated by mask

Intubation:

Number of Attempts: 1

Final Attempt
Airway Type: SGA
LMA Type: i-gel
LMA Size:3

Assessment:
Confirmation: auscultation
Difficult Airway: no
Procedure Abandoned: no

Date / Time Airway Secured / Re-Secured:
1/9/2025 3:32 PM

Procedures Performed	Chargeables
UWM ANE SUPRAGLOTTIC AIRWAY LDA PERFORMABLE ONLY [11231501]	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - REFLAB	OUTSIDE REFERENCE PERFORMING LAB	Pcp, Unknown	(See Results)	08/18/21 1016 - Present

nitroGLYCERIN in D5W syringe (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1538** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1538 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1536 - 01/09/25 1812 Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge]
Medication comments: Pharmacy - DO NOT SEND unless requested.
Package: 9999-0036-20

glycopyrrolate (Robinul) (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1543** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1543 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1543 - 01/09/25 1812 Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] Package: 0143-9587-25

EPINEPHrine in D5W syringe (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1546** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1546 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1546 - 01/09/25 1812 Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge]
Package: 70092-1617-46

ceFAZolin (Ancef) injection (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1552**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1552
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1551 - 01/09/25 1812
Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge]
Package: 0143-9924-90

lactated ringers infusion (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1615**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1615
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine Continuous PRN 01/09/25 1516 - 01/09/25 1812
Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge]
Package: 0338-0117-04

Nerve Block (Final result)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1621**
Status: **Completed**
Ordering user: Houston, Nicklaus, MD 01/09/25 1621
Ordering provider: Houston, Nicklaus, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine Once 01/09/25 1622 - 1 occurrence
Class: Clinic Performed
Quantity: 1
Lab status: Final result
Instance released by: Houston, Nicklaus, MD 1/9/2025 4:21 PM
Order comments: This order was created via procedure documentation

Nerve Block
Resulted: 01/09/25 1621, Result status: Final result

Ordering provider: Houston, Nicklaus, MD 01/09/25 1621
Order status: Completed
Filed by: Houston, Nicklaus, MD 01/09/25 1625
Resulting lab: OUTSIDE REFERENCE PERFORMING LAB
Narrative:

Houston, Nicklaus, MD 1/9/2025 4:25 PM
Nerve Block

Staff:
Performing provider: Houston, Nicklaus, MD
Authorizing provider: Bollag, Laurent Albert, MD

Block Indication/Location:
Patient location: OR/Procedural area
Reason for block: post-op pain management.

Consent:
Type: verbal consent obtained
Risk discussed: block failure or incomplete block, motor weakness, nerve injury, bleeding, infection and local anesthetic toxicity.
Obtained by: Bollag, Laurent Albert, MD.
Obtained from: patient

Regional anesthesia checklist:
Patient identifed with two distinct identifiers
Procedural consent reviewed
Block site confirmed by hospital protocol
Allergies reviewed
Anticoagulation status reviewed
Maximum local anesthetic dose calculated
Emergency drugs available
Medication syringes labeled
Monitoring in place

Block type:

Anesthesia on 01/09/25 (continued)

Procedure type: nerve catheter
Block laterality: left
Block: femoral

Preparation:
Patient position: reclined
Patient sedation: sedated
Monitors: SpO2, ECG, NIBP and EtCO2
Skin prep: chlorhexidine
Sterile barriers: sterile gloves, mask, sterile drape and probe cover
Skin local anesthetic used: injected

Block needle:
Needle type: Tuohy
Needle gauge: 18 G
Needle length: 3.5 in
Guidance: ultrasound (in plane)no

Catheter:
Catheter type: epidural
Catheter size: 19 G
Ultrasound verification: Yes
Depth catheter secured at skin 15 cm
Securement: dermabond and clear occlusive dressing

Date and time block placed:
1/9/2025 4:00 PM

Additional block(s)

Block type:
Procedure type: single shot block
Block laterality: left
Block: sciatic (popliteal)

Preparation:
Position: reclined
Skin prep: chlorhexidine
Sterile barriers: sterile gloves, mask and probe cover
Skin LA used: injected

Block needle:
Needle type: block needle
Needle gauge: 21 G
Needle length: 100 mm
Guidance: ultrasound (in plane)
Ultrasound image saved: no

Date and time block placed:
1/9/2025 3:50 PM

Assessment:
Sensory block: unable to assess
Motor block: unable to assess
Pain relief: unable to assess
Complications: well tolerated

Final block comments:
Femoral catheter 10cm at skin initially, tunneled to 15cm at skin.
Catheter site confirmed with US and secured with dermabond + tegaderm
after tunneling.

Procedures Performed	Chargeables
HC INJECTION AA&/STRD FEM NRV CONT NFS CATH	

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

IMG GDN [04901042]

HC INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN [04901039]

PR INJECTION AA&/STRD FEM NRV CONT NFS CATH IMG GDN [64448]

PR INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN [64445]

UWM ANE PERIPHERAL NERVE BLOCK LDA PERFORMABLE ONLY [11210000009]

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - REFLAB	OUTSIDE REFERENCE PERFORMING LAB	Pcp, Unknown	(See Results)	08/18/21 1016 - Present

insulin REGULAR 100 units in NS 100 mL (1 unit/mL) infusion (premix) (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1625** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1625 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine Continuous PRN 01/09/25 1625 - 01/09/25 1812 Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] Package: 0338-0126-12

dexAMETHasone PF (Decadron) injection (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1626 Ordering provider: Houston, Nicklaus, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1555 - 01/09/25 1812 Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] Package: 63323-506-01

ROPivacaine PF 0.2 % injection (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1626 Ordering provider: Houston, Nicklaus, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1555 - 01/09/25 1812 Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] Package: 63323-285-61

Plasma-Lyte A infusion (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1647** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1647 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine Continuous PRN 01/09/25 1610 - 01/09/25 1812 Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] Package: 0338-0221-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations

acetaminophen (Ofirmev) IV 1,000 mg [363639848]

Ordering Provider: Chi, Frank, MD
Ordered On: 01/25/25 1126
Ordered Dose (Remaining/Total): 1,000 mg (0/1)
Frequency: Once
Admin Instructions: Do NOT refrigerate.

Status: Completed (Past End Date/Time)
Starts/Ends: 01/25/25 1156 - 01/25/25 1336
Route: Intravenous
Ordered Rate/Order Duration: 400 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	None of the above choices apply	—
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain):	Yes	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/25/25 1321 by Hollingsworth, Louise C, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/25/25 1321 Documented: 01/25/25 1321	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous	Performed by: Hollingsworth, Louise C, RN Comments: lost IV access Scanned Package: 63323-434-41

acetaminophen (Ofirmev) IV 1,000 mg [366746873]

Ordering Provider: Naidoo, Neha, MD
Ordered On: 02/08/25 2032
Ordered Dose (Remaining/Total): 1,000 mg (0/3)
Frequency: Every 8 hours
Admin Instructions: Do NOT refrigerate.

Status: Completed (Past End Date/Time)
Starts/Ends: 02/08/25 2103 - 02/09/25 1305
Route: Intravenous
Ordered Rate/Order Duration: 400 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	None of the above choices apply	—
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain):	Yes	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

Line	Med Link Info	Comment

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Line	Med Link Info	Comment
Peripheral IV 02/07/25 22 G Left;Posterior Forearm	02/09/25 0042 by Stanikzy, Ameenjohn A, RN	—

Timestamps	Action	Dose / Rate / Duration	Route / Site	Other Information
Performed 02/09/25 1250 Documented: 02/09/25 1251	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous Left Arm	Performed by: Sano, Naomi, RN Scanned Package: 63323-434-41
Performed 02/09/25 0519 Documented: 02/09/25 0520	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous —	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 63323-434-41
Performed 02/09/25 0042 Documented: 02/09/25 0042	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous —	Performed by: Stanikzy, Ameenjohn A, RN Comments: retimed in place of PO

acetaminophen (Ofirmev) IV 1,000 mg [369566530]

Ordering Provider: Abe, Ryan Michaela Crenshaw, MD
Ordered On: 02/22/25 0605
Ordered Dose (Remaining/Total): 1,000 mg (0/1)
Frequency: Once as needed
Admin Instructions: Do NOT refrigerate.

Status: Completed (Past End Date/Time)
Starts/Ends: 02/22/25 0605 - 02/22/25 1009
Route: Intravenous
Ordered Rate/Order Duration: 400 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	None of the above choices apply	—
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain):	Yes	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/22/25 0954 by Porter, Allen, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 02/22/25 0954 Documented: 02/22/25 0954	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 63323-434-41

acetaminophen (Ofirmev) IV 1,000 mg [369616892]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/22/25 1600
Ordered Dose (Remaining/Total): 1,000 mg (0/1)
Frequency: Every 6 hours PRN
Admin Instructions: Do NOT refrigerate.
Status: Completed (Past End Date/Time)
Starts/Ends: 02/22/25 1600 - 02/22/25 1631
Route: Intravenous
Ordered Rate/Order Duration: 400 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	None of the above choices apply	—
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain):	Yes	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/22/25 1616 by Porter, Allen, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 02/22/25 1616 Documented: 02/22/25 1616	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 63323-434-41

acetaminophen (Ofirmev) IV 1,000 mg [369663655]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/23/25 0738
Ordered Dose (Remaining/Total): 1,000 mg (0/1)
Frequency: Every 6 hours
Admin Instructions: Do NOT refrigerate.
Status: Completed (Past End Date/Time)
Starts/Ends: 02/23/25 0809 - 02/23/25 0825
Route: Intravenous
Ordered Rate/Order Duration: 400 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	None of the above choices apply	—
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain):	Yes	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/23/25 0810 by Porter, Allen, RN	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 02/23/25 0810 Documented: 02/23/25 0810	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 63323-434-41

acetaminophen (Ofirmev) IVPB 500 mg [360369594]

Ordering Provider: Gicheru, Florence W, ARNP
Ordered On: 01/09/25 2248
Ordered Dose (Remaining/Total): 500 mg (0/8)
Frequency: Every 6 hours
Admin Instructions: Do NOT refrigerate.

Status: Completed (Past End Date/Time)
Starts/Ends: 01/10/25 0000 - 01/11/25 1900
Route: Intravenous
Ordered Rate/Order Duration: 200 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	None of the above choices apply	—
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain):	Yes	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 01/10/25 20 G Anterior;Left Forearm	01/10/25 1407 by Thomas, Tamlyn P, RN	—
Peripheral IV 01/10/25 20 G Anterior;Proximal;Right Forearm	01/10/25 2300 by Bertram, Olivia T, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/11/25 1845 Documented: 01/11/25 1845	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 36000-306-60
Performed 01/11/25 1113 Documented: 01/11/25 1114	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 36000-306-60
Performed 01/11/25 0555 Documented: 01/11/25 0555	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Bertram, Olivia T, RN Scanned Package: 36000-306-60

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/10/25 2300 Documented: 01/10/25 2306	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Bertram, Olivia T, RN Scanned Package: 36000-306-60
Performed 01/10/25 1817 Documented: 01/10/25 1817	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Tatum, Krista N, RN Scanned Package: 36000-306-60
Performed 01/10/25 1407 Documented: 01/10/25 1408	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Thomas, Tamlyn P, RN Scanned Package: 36000-306-60
Performed 01/10/25 0549 Documented: 01/10/25 0549	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Sande, Nathan R, RN Scanned Package: 36000-306-60
Performed 01/09/25 2327 Documented: 01/09/25 2327	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Sande, Nathan R, RN Scanned Package: 36000-306-60

acetaminophen (Ofirmev) IVPB 650 mg [361931377]

Ordering Provider: Fritel, Laura, ARNP
Ordered On: 01/17/25 0056
Ordered Dose (Remaining/Total): 650 mg (0/1)
Frequency: Once
Admin Instructions: Do NOT refrigerate.

Status: Completed (Past End Date/Time)
Starts/Ends: 01/17/25 0127 - 01/17/25 0137
Route: Intravenous
Ordered Rate/Order Duration: 260 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	Pt on surg. pathway approved by P&T and has NOT had 2 doses of IV acetaminophen in the perioperative period	—

Line	Med Link Info	Comment
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm	01/17/25 0122 by Mazariegos, Oscar, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/17/25 0122 Documented: 01/17/25 0123	New Bag/Syringe	650 mg 260 mL/hr 15 Minutes	Intravenous	Performed by: Mazariegos, Oscar, RN Scanned Package: 63323-434-41

acetaminophen (Tylenol) liquid 650 mg [361928311]

Ordering Provider: Rosiene, Joel, MD
Ordered On: 01/17/25 0029
Ordered Dose (Remaining/Total): 650 mg (—/—)
Frequency: Every 8 hours scheduled
Admin Instructions: For mild pain if used alone or moderate to

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/17/25 0100 - 01/29/25 1829
Route: Oral
Ordered Rate/Order Duration: — / —
Note to pharmacy: .

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

severe pain if used as part of a multimodal regimen.

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/29/25 1644 Documented: 01/29/25 1653	Not Given Order parameters not met	650 mg	Oral	Performed by: Bustamante Campusano, Diana, RN Comments: aspiration risk
Performed 01/29/25 0848 Documented: 01/29/25 0858	Given	650 mg	Oral	Performed by: Smith, Melody J, RN Scanned Package: 0121-1971-21
Performed 01/29/25 0144 Documented: 01/29/25 0144	Refused	650 mg	Oral	Performed by: Talmage, Jason M, RN
Performed 01/28/25 1627 Documented: 01/28/25 1628	Given	650 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 0121-1971-21
Performed 01/28/25 0904 Documented: 01/28/25 0904	Refused	650 mg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/28/25 0152 Documented: 01/28/25 0152	Not Given Other	650 mg	Oral	Performed by: Kirkendall, Katelyn D, RN Comments: patient not a/o to take po
Performed 01/27/25 1714 Documented: 01/27/25 1714	Not Given See Comments	650 mg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt not alert enough to take
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	650 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/27/25 0054 Documented: 01/27/25 0056	Not Given NPO	650 mg	Oral	Performed by: Yohannes, Mayda, RN Comments: no PO meds per care plan
Performed 01/26/25 1745 Documented: 01/26/25 1746	Held NPO	0 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Comments: Aspiration risk. Order for PRN PR Tylenol given <8 hours ago

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	650 mg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 2350 Documented: 01/25/25 2350	Not Given See Comments	650 mg	Oral	Performed by: Soto, Kalea G, RN Comments: pt NPO
Performed 01/25/25 1740 Documented: 01/25/25 1741	Not Given See Comments	650 mg	Oral	Performed by: Hollingsworth, Louise C, RN Comments: not oriented
Performed 01/25/25 1159 Documented: 01/25/25 1159	Not Given See Comments	650 mg	Oral	Performed by: Hollingsworth, Louise C, RN Comments: duplicate
Performed 01/25/25 0051 Documented: 01/25/25 0052	Not Given Patient/family refused	650 mg	Oral	Performed by: Porter, Allen, RN Comments: Per son
Performed 01/24/25 1646 Documented: 01/24/25 1646	Not Given Patient/family refused	650 mg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/24/25 0823 Documented: 01/24/25 0823	Refused	650 mg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/23/25 2310 Documented: 01/23/25 2310	Not Given Other	650 mg	Oral	Performed by: Tesfasilassie, Roma T, RN Comments: unable to swallow
Performed 01/23/25 1629 Documented: 01/23/25 1630	Refused	650 mg	Oral	Performed by: Kit, Ellen, RN Comments: 1700 dose given, refused noon dose
Performed 01/23/25 1624 Documented: 01/23/25 1625	Given	650 mg	Oral	Performed by: Kit, Ellen, RN Scanned Package: 0121-1971-21
Performed 01/23/25 0047 Documented: 01/23/25 0049	Not Given Other	650 mg	Oral	Performed by: Patino Castro, Jennifer A, RN Comments: patient coughing on medication Scanned Package: 0121-1971-21
Performed 01/22/25 2103 Documented: 01/22/25 2103	Given	650 mg	Oral	Performed by: Lefler, Chelsea Lynne, RN Scanned Package: 0121-1971-21

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/22/25 0942 Documented: 01/22/25 0946	Not Given Other	650 mg	Oral	Performed by: Jeanneret, Amber Marie, RN Comments: pt not alert enough to take PO meds safely
Performed 01/22/25 0136 Documented: 01/22/25 0136	Given	650 mg	Oral	Performed by: Limyukok, Mysha, RN Scanned Package: 0121-1971-21
Performed 01/21/25 1753 Documented: 01/21/25 1753	Given	650 mg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0121-1971-21
Performed 01/21/25 0905 Documented: 01/21/25 0906	Given	650 mg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0121-1971-21
Performed 01/21/25 0147 Documented: 01/21/25 0149	Not Given See Comments	650 mg	Oral	Performed by: Soto, Kalea G, RN Comments: pt unable to swallow liquid, coughing afterwards Scanned Package: 0121-1971-21
Performed 01/20/25 1620 Documented: 01/20/25 1623	Given	650 mg	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0121-1971-21
Performed 01/20/25 1103 Documented: 01/20/25 1103	Refused	650 mg	Oral	Performed by: Kim, Christine Yuhyun, RN Comments: Patient not alert enough to safely swallow medication
Performed 01/20/25 0055 Documented: 01/20/25 0055	Not Given Patient sleeping	650 mg	Oral	Performed by: Lyons, Julio Cesar Salazar, RN
Performed 01/19/25 1737 Documented: 01/19/25 1738	Not Given See Comments	650 mg	Oral	Performed by: Johnson, Marita F, RN Comments: worried about aspiration
Performed 01/19/25 0824 Documented: 01/19/25 0825	Not Given Other	650 mg	Oral	Performed by: Gordon, Carrie, RN Comments: Pt given this med at 5:15am
Performed 01/19/25 0515 Documented: 01/19/25 0515	Given	650 mg	Oral	Performed by: Limyukok, Mysha, RN Scanned Package: 0121-1971-21
Performed 01/19/25 0040 Documented: 01/19/25 0301	Refused	650 mg	Oral	Performed by: Limyukok, Mysha, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/18/25 1607 Documented: 01/18/25 1609	Given	650 mg	Oral	Performed by: Burke, Ashley P, RN Comments: pt took about half the dose then declined the remainder
Performed 01/18/25 0851 Documented: 01/18/25 0853	Given	650 mg	Oral	Performed by: Hwee, Carla, RN Scanned Package: 0121-1971-21
Performed 01/18/25 0026 Documented: 01/18/25 0031	Given	650 mg	Oral	Performed by: Sirichana, Geraldine N, RN Scanned Package: 0121-1971-21
Performed 01/17/25 1656 Documented: 01/17/25 1656	Given	650 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0121-1971-21
Performed 01/17/25 0912 Documented: 01/17/25 0914	Given	650 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0121-1971-21
Performed 01/17/25 0058 Documented: 01/17/25 0059	Held Other	0 mg	Oral	Performed by: Giang, Ellen Kim, PharmD Comments: giving IV

acetaminophen (Tylenol) rectal suppository 650 mg [362369337]

Ordering Provider: Rosiene, Joel, MD
Ordered On: 01/19/25 2332
Ordered Dose (Remaining/Total): 650 mg (—/—)
Frequency: Every 6 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/19/25 2332 - 02/01/25 1336
Route: Rectal
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/28/25 0152 Documented: 01/28/25 0153	Given	650 mg	Rectal	Performed by: Kirkendall, Katelyn D, RN
Performed 01/27/25 1215 Documented: 01/27/25 1216	Given	650 mg	Rectal	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1238 Scanned Package: 45802-730-00
Performed 01/27/25 0936 Documented: 01/27/25 1001	Not Given See Comments	650 mg	Rectal	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: Nubain arrived prior to administration

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/26/25 1503 Documented: 01/26/25 1505	Given	650 mg	Rectal	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Scanned Package: 45802-730-00
Performed 01/26/25 1441 Documented: 01/26/25 1441	Not Given Patient/family refused	650 mg	Rectal	Performed by: Smith, Meagan Q, RN
Performed 01/25/25 1839 Documented: 01/25/25 1839	Given	650 mg	Rectal	Performed by: Hollingsworth, Louise C, RN
Performed 01/20/25 0356 Documented: 01/20/25 0357	Refused	650 mg	Rectal	Performed by: Dela Cruz, Catherine B, RN Comments: refused by son

acetaminophen (Tylenol) rectal suppository 650 mg [365586090]

Ordering Provider: Sokol-Hessner, Lauge, MD
Ordered On: 02/03/25 1732
Ordered Dose (Remaining/Total): 650 mg (—/—)
Frequency: Every 4 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/03/25 1732 - 02/23/25 0738
Route: Rectal
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/19/25 1544 Documented: 02/19/25 1544	Given	650 mg	Rectal	Performed by: Bustamante Campusano, Diana, RN
Performed 02/19/25 0605 Documented: 02/19/25 0605	Given	650 mg	Rectal	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 45802-730-00
Performed 02/18/25 2057 Documented: 02/18/25 2057	Given	650 mg	Rectal	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 45802-730-00
Performed 02/18/25 1554 Documented: 02/18/25 1554	Given	650 mg	Rectal	Performed by: Porter, Allen, RN Comments: UTA Scanned Package: 45802-730-00
Performed 02/16/25 2132 Documented: 02/16/25 2132	Given	650 mg	Rectal	Performed by: Moroye, Jessica, RN Scanned Package: 45802-730-00
Performed 02/16/25 0354 Documented: 02/16/25 0354	Given	650 mg	Rectal	Performed by: Sauder, Jessica, RN Scanned Package: 45802-730-00

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/14/25 1525 Documented: 02/14/25 1525	Given	650 mg	Rectal	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 45802-730-00
Performed 02/13/25 2331 Documented: 02/13/25 2331	Given	650 mg	Rectal	Performed by: Limyukok, Mysha, RN Scanned Package: 45802-730-00
Performed 02/11/25 1144 Documented: 02/11/25 1147	Given	650 mg	Rectal	Performed by: Bennett, Theodore, RN Scanned Package: 45802-730-00
Performed 02/11/25 0358 Documented: 02/11/25 0358	Given	650 mg	Rectal	Performed by: Nguyen, Deanna, RN Scanned Package: 45802-730-00
Performed 02/10/25 0505 Documented: 02/10/25 0509	Given	650 mg	Rectal	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 45802-730-00
Performed 02/09/25 1013 Documented: 02/09/25 1015	Given	650 mg	Rectal	Performed by: Sano, Naomi, RN Comments: barcode on suppo package, unreadable, checked 5 rights.
Performed 02/07/25 0028 Documented: 02/07/25 0028	Given	650 mg	Rectal	Performed by: Yohannes, Mayda, RN Scanned Package: 45802-730-00
Performed 02/06/25 1659 Documented: 02/06/25 1659	Given	650 mg	Rectal	Performed by: Wu, Lesly, RN Scanned Package: 45802-730-00
Performed 02/05/25 1959 Documented: 02/05/25 2006	Given	650 mg	Rectal	Performed by: Sirichana, Geraldine N, RN Scanned Package: 45802-730-00
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	650 mg	Rectal	Performed by: Wu, Lesly, RN Scanned Package: 45802-730-00
Performed 02/04/25 2339 Documented: 02/04/25 2339	Given	650 mg	Rectal	Performed by: Sirichana, Geraldine N, RN
Performed 02/03/25 1757 Documented: 02/03/25 1757	Given	650 mg	Rectal	Performed by: Clark, Rachael E, RN

acetaminophen (Tylenol) rectal suppository 650 mg [370787037]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Stenberg, Daniel Lloyd, DO
Ordered On: 02/27/25 1612
Ordered Dose (Remaining/Total): 650 mg (—/—)
Frequency: Every 6 hours PRN
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/27/25 1612 - 03/08/25 1537
Route: Rectal
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 2311 Documented: 03/07/25 2313	Given	650 mg	Rectal	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 45802-730-00
Performed 03/07/25 1411 Documented: 03/07/25 1411	Given	650 mg	Rectal	Performed by: Puleo, Rosalie, RN Scanned Package: 45802-730-00
Performed 03/03/25 2251 Documented: 03/03/25 2257	Given	650 mg	Rectal	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 45802-730-00
Performed 02/27/25 1654 Documented: 02/27/25 1654	Given	650 mg	Rectal	Performed by: Long, Lijie, RN Scanned Package: 45802-730-00

acetaminophen (Tylenol) tablet 1,000 mg [365212059]

Ordering Provider: Chen, Tiffany Chia-An, MD
Ordered On: 02/01/25 1336
Ordered Dose (Remaining/Total): 1,000 mg (—/—)
Frequency: Every 8 hours
Admin Instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/01/25 1600 - 02/08/25 2050
Route: Oral
Ordered Rate/Order Duration: — / —
Note to pharmacy: ..

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/08/25 1457 Documented: 02/08/25 1457	Not Given See Comments	1,000 mg	Oral	Performed by: Hwee, Carla, RN Comments: Unable to take PO
Performed 02/08/25 1116 Documented: 02/08/25 1117	Not Given See Comments	1,000 mg	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/08/25 0055 Documented: 02/08/25 0055	Not Given See Comments	1,000 mg	Oral	Performed by: Yohannes, Mayda, RN Comments: unable to tolerate po
Performed 02/07/25 1720 Documented: 02/07/25 1720	Not Given Other	1,000 mg	Oral	Performed by: Kit, Ellen, RN Comments: unable to tolerate po

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/07/25 0944 Documented: 02/07/25 0944	Given	1,000 mg	Oral	Performed by: Puleo, Rosalie, RN Comments: sleeping earlier Scanned Package: 50580-457-11, 50580-457-11
Performed 02/07/25 0035 Documented: 02/07/25 0043	Not Given See Comments	1,000 mg	Oral	Performed by: Yohannes, Mayda, RN Comments: prn suppository given
Performed 02/06/25 1653 Documented: 02/06/25 1653	Not Given See Comments	1,000 mg	Oral	Performed by: Wu, Lesly, RN Comments: suppository prn given
Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	1,000 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 02/05/25 2329 Documented: 02/05/25 2334	Given	1,000 mg	Oral	Performed by: Sirichana, Geraldine N, RN
Performed 02/05/25 1641 Documented: 02/05/25 1642	Given	1,000 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 0904-6720-80
Performed 02/05/25 0933 Documented: 02/05/25 0934	Not Given See Comments	1,000 mg	Oral	Performed by: Wu, Lesly, RN Comments: suppository given instead
Performed 02/05/25 0036 Documented: 02/05/25 0038	Not Given See Comments	1,000 mg	Oral	Performed by: Sirichana, Geraldine N, RN Comments: suppository given
Performed 02/04/25 1609 Documented: 02/04/25 1610	Given	1,000 mg	Oral	Performed by: Avila, Nicole C, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 02/04/25 1321 Documented: 02/04/25 1321	Unheld by provider	—	—	Performed by: Chen, Tiffany Chia-An, MD
Performed 02/04/25 0800 Documented: 02/03/25 1732	Automatically Held	—	—	Performed by: Sokol-Hessner, Lauge, MD
Performed 02/04/25 0000 Documented: 02/03/25 1732	Automatically Held	—	—	Performed by: Sokol-Hessner, Lauge, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/03/25 1732 Documented: 02/03/25 1732	Held By Provider Other	—	—	Performed by: Sokol-Hessner, Lauge, MD
Performed 02/03/25 1726 Documented: 02/03/25 1727	Not Given See Comments	1,000 mg	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take oral medication due to LOC
Performed 02/03/25 1337 Documented: 02/03/25 1337	Not Given See Comments	1,000 mg	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware
Performed 02/02/25 2359 Documented: 02/03/25 0002	Given	1,000 mg	Oral	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 50580-457-11, 50580-457-11
Performed 02/02/25 1713 Documented: 02/02/25 1713	Given	1,000 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 50580-457-11, 50580-457-11
Performed 02/02/25 0916 Documented: 02/02/25 0917	Given	1,000 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 50580-457-11, 50580-457-11
Performed 02/02/25 0042 Documented: 02/02/25 0042	Refused	1,000 mg	Oral	Performed by: Johnston, Kristen L, RN
Performed 02/01/25 1529 Documented: 02/01/25 1530	Given	1,000 mg	Oral	Performed by: Johnson, Marita F, RN Scanned Package: 50580-457-11, 50580-457-11

acetaminophen (Tylenol) tablet 325-650 mg [360348782]

Ordering Provider: Schwarz, Samuel, MD
Ordered On: 01/09/25 1807
Ordered Dose (Remaining/Total): 325-650 mg (—/—)
Frequency: Every 6 hours scheduled
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1838 - 01/09/25 2221
Route: Oral
Ordered Rate/Order Duration: — / —
Admin Instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.

Timestamps	Action / Reason	Dose / Rate / Duration	Route	Other Information
Performed 01/09/25 2233 Documented: 01/09/25 2233	Not Given NPO	—	Oral	Performed by: Sande, Nathan R, RN

acetaminophen (Tylenol) tablet 500 mg [365212060]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/01/25 1336
Ordered Dose (Remaining/Total): 500 mg (—/—)
Frequency: Daily PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/01/25 1335 - 02/16/25 0848
Route: Oral
Ordered Rate/Order Duration: — / —

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Admin Instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/15/25 1019 Documented: 02/15/25 1019	Unheld by provider	—	—	Performed by: Pillai, Sunita, MD
Performed 02/03/25 1732 Documented: 02/03/25 1732	Held By Provider Other	—	—	Performed by: Sokol-Hessner, Lauge, MD
Performed 02/01/25 2047 Documented: 02/01/25 2049	Given	500 mg	Oral	Performed by: Johnson, Marita F, RN Scanned Package: 50580-457-11

acetaminophen (Tylenol) tablet 650 mg [360656331]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/11/25 1043
Ordered Dose (Remaining/Total): 650 mg (—/—)
Frequency: Every 8 hours scheduled
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 2200 - 01/17/25 0029
Route: Oral
Ordered Rate/Order Duration: — / —
Admin Instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/16/25 1628 Documented: 01/16/25 1631	Given	650 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/16/25 0856 Documented: 01/16/25 0857	Given	650 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/16/25 0124 Documented: 01/16/25 0124	Given	650 mg	Oral	Performed by: Aidoo, Nana S, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/15/25 1830 Documented: 01/15/25 1831	Given	650 mg	Oral	Performed by: Howey, Alice J, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/15/25 0930 Documented: 01/15/25 0930	Given	650 mg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/15/25 0159 Documented: 01/15/25 0555	Not Given Patient/family refused	650 mg	Oral	Performed by: Johnston, Christopher L, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/14/25 1827 Documented: 01/14/25 1828	Not Given Patient/family refused	650 mg	Oral	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 0824 Documented: 01/14/25 0824	Given	650 mg	Oral	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/14/25 0203 Documented: 01/14/25 0203	Held Patient sleeping	0 mg	Oral	Performed by: Salick, Dominic J, RN
Performed 01/13/25 1834 Documented: 01/13/25 1834	Not Given NPO	650 mg	Oral	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1503 Documented: 01/13/25 1503	Not Given NPO	650 mg	Oral	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0202 Documented: 01/13/25 0202	Held Patient sleeping	0 mg	Oral	Performed by: Salick, Dominic J, RN
Performed 01/12/25 1626 Documented: 01/12/25 1626	Given	650 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/12/25 0907 Documented: 01/12/25 0907	Given	650 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/12/25 0647 Documented: 01/12/25 0647	Held Patient sleeping	0 mg	Oral	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2113 Documented: 01/11/25 2114	Given	650 mg	Oral	Performed by: Salick, Dominic J, RN Scanned Package: 50580-458-11, 50580-458-11

acetaminophen (Tylenol) tablet 650 mg [364596988]

Ordering Provider: Rosiene, Joel, MD
Ordered On: 01/29/25 1829
Ordered Dose (Remaining/Total): 650 mg (—/—)
Frequency: Every 8 hours scheduled
Admin Instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/29/25 1900 - 02/01/25 1336
Route: Oral
Ordered Rate/Order Duration: — / —
Note to pharmacy: ..

Timestamps	Action / Reason	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/01/25 0857 Documented: 02/01/25 0859	Given	650 mg	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 02/01/25 0539 Documented: 02/01/25 0539	Not Given Patient sleeping	650 mg	Oral	Performed by: Lyons, Julio Cesar Salazar, RN
Performed 01/31/25 2217 Documented: 01/31/25 2318	Given	650 mg	Oral	Performed by: Lyons, Julio Cesar Salazar, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/31/25 1524 Documented: 01/31/25 1524	Refused	650 mg	Oral	Performed by: Gelgla, Letera D, RN
Performed 01/31/25 0605 Documented: 01/31/25 0605	Given	650 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/30/25 2208 Documented: 01/30/25 2209	Not Given Patient sleeping	650 mg	Oral	Performed by: Mikulikova, Julia, RN Comments: ok to hold per provider
Performed 01/30/25 1402 Documented: 01/30/25 1403	Given	650 mg	Oral	Performed by: Liu, Kayla W, RN Comments: pt refusing to eat more cream of wheat, then pt off unit in wheelchair Scanned Package: 50580-458-11, 50580-458-11
Performed 01/30/25 0301 Documented: 01/30/25 0301	Refused	650 mg	Oral	Performed by: Dela Cruz, Catherine B, RN
Performed 01/29/25 1854 Documented: 01/29/25 1854	Given	650 mg	Oral	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 50580-458-11, 50580-458-11

albumin human 5 % IV solution 12.5 g [366689624]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/08/25 0940
Ordered Dose (Remaining/Total): 12.5 g (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/08/25 1011 - 02/08/25 1021
Route: Intravenous
Ordered Rate/Order Duration: — / —
Admin Instructions: Infuse over 5-10 mL/min (may be given faster in urgent situations)

Line	Med Link Info	Comment
Peripheral IV 02/07/25 22 G Left;Posterior Forearm	02/08/25 1021 by Hwee, Carla, RN	—

Timestamps	Action	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/08/25 1021 Documented: 02/08/25 1021	New Bag/Syringe	12.5 g	Intravenous	Performed by: Hwee, Carla, RN Scanned Package: 0944-0495-06

ascorbic acid (Vitamin C) tablet 500 mg [361513842]

Ordering Provider: Segerson, Karen Elaine, MD
Ordered On: 01/15/25 1234
Ordered Dose (Remaining/Total): 500 mg (13/28)
Frequency: 2 times daily
Status: Dispensed (Past End Date/Time)
Starts/Ends: 01/15/25 1305 - 01/29/25 0859
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/28/25 2107 Documented: 01/28/25 2108	Given	500 mg	Oral	Performed by: Aidoo, Nana S, RN Scanned Package: 0904-0523-61
Performed 01/28/25 0905 Documented: 01/28/25 1201	Not Given Patient/family refused	500 mg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/27/25 2100 Documented: 01/27/25 2109	Refused	500 mg	Oral	Performed by: Paras, Michael, RN Scanned Package: 0904-0523-61
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	500 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/26/25 2010 Documented: 01/26/25 2010	Not Given NPO	500 mg	Oral	Performed by: Dickinson, Zoe E, RN
Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	500 mg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1918 Documented: 01/25/25 1918	Not Given See Comments	500 mg	Oral	Performed by: Soto, Kalea G, RN Comments: Pt NPO
Performed 01/25/25 1742 Documented: 01/25/25 1742	Not Given See Comments	500 mg	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 2147 Documented: 01/25/25 0053	Not Given Patient/family refused	500 mg	Oral	Performed by: Porter, Allen, RN Comments: Per son

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	500 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 0904-0523-61
Performed 01/23/25 1950 Documented: 01/23/25 1950	Not Given Other	500 mg	Oral	Performed by: Kit, Ellen, RN Comments: pt unable to tolerate po
Performed 01/23/25 1630 Documented: 01/23/25 1630	Refused	500 mg	Oral	Performed by: Kit, Ellen, RN
Performed 01/22/25 2104 Documented: 01/22/25 2140	Not Given Contraindicated	500 mg	Oral	Performed by: Lefler, Chelsea Lynne, RN Comments: pt unable to follow commands at this time
Performed 01/22/25 1327 Documented: 01/22/25 1328	Given	500 mg	Oral	Performed by: Jeanneret, Amber Marie, RN
Performed 01/21/25 2131 Documented: 01/21/25 2132	Given	500 mg	Oral	Performed by: Limyukok, Mysha, RN Scanned Package: 0904-0523-61
Performed 01/21/25 0906 Documented: 01/21/25 0906	Given	500 mg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0904-0523-61
Performed 01/20/25 2133 Documented: 01/20/25 2134	Given	500 mg	Oral	Performed by: Soto, Kalea G, RN Scanned Package: 0904-0523-61
Performed 01/20/25 0935 Documented: 01/20/25 0935	Given	500 mg	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0904-0523-61
Performed 01/19/25 2106 Documented: 01/19/25 2106	Refused	500 mg	Oral	Performed by: Johnson, Marita F, RN Comments: pt refusing bites of food
Performed 01/19/25 0822 Documented: 01/19/25 0823	Given	500 mg	Oral	Performed by: Gordon, Carrie, RN Scanned Package: 0904-0523-61
Performed 01/18/25 2029 Documented: 01/18/25 2030	Given	500 mg	Oral	Performed by: Jallow, Yusupha, RN Scanned Package: 0904-0523-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/18/25 0903 Documented: 01/18/25 0903	Given	500 mg	Oral	Performed by: Hwee, Carla, RN Scanned Package: 0904-0523-61
Performed 01/17/25 2043 Documented: 01/17/25 2044	Given	500 mg	Oral	Performed by: Sirichana, Geraldine N, RN Scanned Package: 0904-0523-61
Performed 01/17/25 0912 Documented: 01/17/25 0914	Given	500 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0904-0523-61
Performed 01/16/25 2056 Documented: 01/16/25 2056	Given	500 mg	Oral	Performed by: Mazariegos, Oscar, RN Scanned Package: 0904-0523-61
Performed 01/16/25 0857 Documented: 01/16/25 0857	Given	500 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0904-0523-61
Performed 01/15/25 2100 Documented: 01/15/25 2100	Not Given See Comments	500 mg	Oral	Performed by: Howey, Alice J, RN Comments: patient too drawsy to swallow
Performed 01/15/25 1306 Documented: 01/15/25 1306	Given	500 mg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 0904-0523-61

aspirin chewable tablet 81 mg [360924916]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/13/25 1132
Ordered Dose (Remaining/Total): 81 mg (—/—)
Frequency: Daily
Admin Instructions: Give with food.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/13/25 1132 - 02/16/25 0848
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/15/25 1034 Documented: 02/15/25 1035	Given	81 mg	Oral	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN Scanned Package: 66553-002-01
Performed 02/14/25 0913 Documented: 02/14/25 0914	Not Given See Comments	81 mg	Oral	Performed by: Gill, Loveleen S, RN Comments: high aspiration risk
Performed 02/13/25 1019 Documented: 02/13/25 1020	Not Given See Comments	81 mg	Oral	Performed by: Escalante, Steve, RN Comments: Pt. has high aspiration risk, PO meds are being held. Provider notified.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/12/25 2011 Documented: 02/12/25 2012	Not Given See Comments	81 mg	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk
Performed 02/11/25 1159 Documented: 02/11/25 1201	Given	81 mg	Oral	Performed by: Bennett, Theodore, RN Scanned Package: 0904-6794-30
Performed 02/10/25 1356 Documented: 02/10/25 1356	Held See Comments	0 mg	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration risk
Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	81 mg	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed.
Performed 02/08/25 1117 Documented: 02/08/25 1117	Not Given See Comments	81 mg	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 1021 Documented: 02/07/25 1022	Not Given See Comments	81 mg	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 0904-6794-30
Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	81 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 66553-002-01
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	81 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 66553-002-01
Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	81 mg	Oral	Performed by: Flaherty, Katherine R, RN Scanned Package: 66553-002-01
Performed 02/03/25 1430 Documented: 02/03/25 1432	Given	81 mg	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware Scanned Package: 0904-6794-30
Performed 02/02/25 0917 Documented: 02/02/25 0917	Given	81 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 66553-002-01
Performed 02/01/25 0857 Documented: 02/01/25 0859	Given	81 mg	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 66553-002-01

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/31/25 0840 Documented: 01/31/25 0840	Given	81 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 66553-002-01
Performed 01/30/25 1402 Documented: 01/30/25 1403	Given	81 mg	Oral	Performed by: Liu, Kayla W, RN Comments: aspirin allergy listed, however ok to give per provider Scanned Package: 66553-002-01
Performed 01/29/25 0848 Documented: 01/29/25 0858	Given	81 mg	Oral	Performed by: Smith, Melody J, RN Scanned Package: 66553-002-01
Performed 01/28/25 0904 Documented: 01/28/25 1202	Not Given Patient/family refused	81 mg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	81 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	81 mg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1741 Documented: 01/25/25 1741	Not Given See Comments	81 mg	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	81 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 0904-6794-30
Performed 01/23/25 1626 Documented: 01/23/25 1626	Given	81 mg	Oral	Performed by: Kit, Ellen, RN Scanned Package: 66553-002-01
Performed 01/22/25 1319 Documented: 01/22/25 1320	Given	81 mg	Oral	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 0904-6794-30
Performed 01/21/25 0905 Documented: 01/21/25 0906	Given	81 mg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0904-6794-30

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/20/25 0935 Documented: 01/20/25 0935	Given	81 mg	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0904-6794-30
Performed 01/19/25 0823 Documented: 01/19/25 0823	Given	81 mg	Oral	Performed by: Gordon, Carrie, RN Scanned Package: 66553-002-01
Performed 01/18/25 0858 Documented: 01/18/25 0858	Given	81 mg	Oral	Performed by: Hwee, Carla, RN Scanned Package: 66553-002-01
Performed 01/17/25 0912 Documented: 01/17/25 0914	Given	81 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0904-6794-30
Performed 01/16/25 0856 Documented: 01/16/25 0857	Given	81 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 66553-002-01
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	81 mg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 66553-002-01
Performed 01/14/25 0824 Documented: 01/14/25 0824	Given	81 mg	Oral	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 63739-434-02
Performed 01/13/25 1504 Documented: 01/13/25 1504	Not Given NPO	81 mg	Oral	Performed by: Walks, Tristan H, RN

aspirin EC tablet 81 mg [360242211]

Ordering Provider: Schwarz, Samuel, MD
Ordered On: 01/09/25 1243
Ordered Dose (Remaining/Total): 81 mg (—/—)
Frequency: Daily
Admin Instructions: Give with food.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1245 - 01/13/25 1132
Route: Oral
Ordered Rate/Order Duration: — / —
Do not crush, chew, or split.

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/12/25 0906 Documented: 01/12/25 0907	Given	81 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 0904-6751-80
Performed 01/11/25 0806 Documented: 01/11/25 0806	Given	81 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 0904-6783-70

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/10/25 0934 Documented: 01/10/25 0934	Not Given See Comments	81 mg	Oral	Performed by: Thomas, Tamlyn P, RN Comments: needs swallow eval first
Performed 01/09/25 1303 Documented: 01/09/25 1303	Given	81 mg	Oral	Performed by: Hendricksen, Kayla, RN Scanned Package: 0904-6751-80

atorvastatin (Lipitor) tablet 10 mg [360348548]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 10 mg (—/—)
Frequency: Daily
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1837 - 02/14/25 1127
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/14/25 0913 Documented: 02/14/25 0914	Not Given See Comments	10 mg	Oral	Performed by: Gill, Loveleen S, RN Comments: high aspiration risk
Performed 02/13/25 1020 Documented: 02/13/25 1020	Not Given See Comments	10 mg	Oral	Performed by: Escalante, Steve, RN Comments: Pt. has high aspiration risk, PO meds are being held. Provider notified.
Performed 02/12/25 2012 Documented: 02/12/25 2012	Not Given See Comments	10 mg	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk
Performed 02/11/25 1158 Documented: 02/11/25 1159	Given	10 mg	Oral	Performed by: Bennett, Theodore, RN Scanned Package: 0904-6290-61
Performed 02/10/25 1356 Documented: 02/10/25 1357	Held See Comments	0 mg	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration risk
Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	10 mg	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed..
Performed 02/08/25 1117 Documented: 02/08/25 1117	Not Given See Comments	10 mg	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 1021 Documented: 02/07/25 1022	Not Given See Comments	10 mg	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 0904-6290-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	10 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 0904-6290-61
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	10 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 0904-6290-61
Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	10 mg	Oral	Performed by: Flaherty, Katherine R, RN Scanned Package: 0904-6290-61
Performed 02/03/25 1431 Documented: 02/03/25 1432	Given	10 mg	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware Scanned Package: 0904-6290-61
Performed 02/02/25 0917 Documented: 02/02/25 0917	Given	10 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 0904-6290-61
Performed 02/01/25 0859 Documented: 02/01/25 0859	Given	10 mg	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 0904-6290-61
Performed 01/31/25 0840 Documented: 01/31/25 0840	Given	10 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 0904-6290-61
Performed 01/30/25 0915 Documented: 01/30/25 0915	Given	10 mg	Oral	Performed by: Liu, Kayla W, RN Scanned Package: 0904-6290-61
Performed 01/29/25 0848 Documented: 01/29/25 0858	Refused	10 mg	Oral	Performed by: Smith, Melody J, RN Scanned Package: 0904-6290-61
Performed 01/28/25 0905 Documented: 01/28/25 1202	Not Given Patient/family refused	10 mg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	10 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	10 mg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1742 Documented: 01/25/25 1742	Not Given See Comments	10 mg	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	10 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 0904-6290-61
Performed 01/23/25 1626 Documented: 01/23/25 1626	Given	10 mg	Oral	Performed by: Kit, Ellen, RN Scanned Package: 0904-6290-61
Performed 01/22/25 1319 Documented: 01/22/25 1320	Given	10 mg	Oral	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 0904-6290-61
Performed 01/21/25 0906 Documented: 01/21/25 0906	Given	10 mg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0904-6290-61
Performed 01/20/25 0935 Documented: 01/20/25 0935	Given	10 mg	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0904-6290-61
Performed 01/19/25 0822 Documented: 01/19/25 0823	Given	10 mg	Oral	Performed by: Gordon, Carrie, RN Scanned Package: 0904-6290-61
Performed 01/18/25 0858 Documented: 01/18/25 0858	Given	10 mg	Oral	Performed by: Hwee, Carla, RN Scanned Package: 0904-6290-61
Performed 01/17/25 0912 Documented: 01/17/25 0914	Given	10 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0904-6290-61
Performed 01/16/25 0857 Documented: 01/16/25 0857	Given	10 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0904-6290-61
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	10 mg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 0904-6290-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/14/25 0824 Documented: 01/14/25 0824	Given	10 mg	Oral	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 0904-6290-61
Performed 01/13/25 1503 Documented: 01/13/25 1503	Not Given NPO	10 mg	Oral	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0906 Documented: 01/12/25 0907	Given	10 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 0904-6290-61
Performed 01/11/25 0806 Documented: 01/11/25 0806	Given	10 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 0904-6290-61
Performed 01/10/25 0934 Documented: 01/10/25 0934	Not Given See Comments	10 mg	Oral	Performed by: Thomas, Tamlyn P, RN Comments: needs swallow eval first
Performed 01/09/25 2233 Documented: 01/09/25 2233	Not Given NPO	10 mg	Oral	Performed by: Sande, Nathan R, RN

atropine 1% sublingual solution 2 drop [369890706]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1306
Ordered Dose (Remaining/Total): 2 drop (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: If glycopyrrolate insufficient or there is no IV access.

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/24/25 1305 - 03/08/25 1537
Route: Sublingual
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/25/25 0452 Documented: 02/25/25 0452	Given	2 drop	Sublingual	Performed by: Aidoo, Nana S, RN Scanned Package: 60505-6226-1
Performed 02/24/25 2129 Documented: 02/24/25 2129	Given	2 drop	Sublingual	Performed by: Aidoo, Nana S, RN Scanned Package: 60505-6226-1

atropine emergency syringe 1 mg [360355540]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/09/25 1915
Ordered Dose (Remaining/Total): 1 mg (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 01/09/25 1946 - 01/09/25 1936
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/09/25 1936 Documented: 01/09/25 1936	Given	1 mg	Intravenous	Performed by: Sande, Nathan R, RN Scanned Package: 76329-3340-1

atropine emergency syringe 1 mg [360359929]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 2004
Ordered Dose (Remaining/Total): 1 mg (—/—)
Frequency: Every 15 min PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 2004 - 01/24/25 1732
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/09/25 2340 Documented: 01/09/25 2340	Not Given Order parameters not met	1 mg	Intravenous	Performed by: Sande, Nathan R, RN

bisacodyl (Dulcolax) rectal suppository 10 mg [360348570]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 10 mg (—/—)
Frequency: Daily PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 0000 - 02/24/25 1141
Route: Rectal
Ordered Rate/Order Duration: — / —
Admin Instructions: Give if unable to tolerate PO meds and senna ineffective (or not ordered).

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/04/25 2319 Documented: 02/04/25 2338	Unchart See Comments	—	Rectal	Performed by: Sirichana, Geraldine N, RN Comments: +BM Scanned Package: 0574-7050-12
Performed 02/01/25 1549 Documented: 02/01/25 1549	Refused	10 mg	Rectal	Performed by: Johnson, Marita F, RN
Performed 01/26/25 1636 Documented: 01/26/25 1636	Given	10 mg	Rectal	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Scanned Package: 0574-7050-12
Performed 01/25/25 1745 Documented: 01/25/25 1746	Not Given See Comments	10 mg	Rectal	Performed by: Hollingsworth, Louise C, RN Comments: needs rectal tylenol

bisacodyl (Dulcolax) rectal suppository 10 mg [369857157]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1141
Ordered Dose (Remaining/Total): 10 mg (—/—)
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/24/25 1136 - 03/08/25 1537
Route: Rectal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Frequency: Daily PRN
Admin Instructions: Use first.
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 2311 Documented: 03/07/25 2313	Given	10 mg	Rectal	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 0574-7050-12

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch [362005002]

Ordering Provider: Cutter, Erin Lyndsey, PharmD
Ordered On: 01/17/25 1013
Ordered Dose (Remaining/Total): 1 patch (—/—)
Frequency: Every 7 days scheduled
Admin Instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/17/25 1044 - 01/23/25 2138
Route: Transdermal
Ordered Rate/Order Duration: — / 7 Days

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Performed 01/17/25 1136 Documented: 01/17/25 1138	Medication Applied	1 patch 7 Days	Transdermal Right Arm	Performed by: Mikulikova, Julia, RN Scanned Package: 59011-750-04

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch [363336551]

Ordering Provider: Alumbaugh, Allison Andreea, MD
Ordered On: 01/23/25 2138
Ordered Dose (Remaining/Total): 1 patch (—/—)
Frequency: Every 7 days scheduled
Admin Instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/23/25 2209 - 02/10/25 1932
Route: Transdermal
Ordered Rate/Order Duration: — / 7 Days

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Performed 02/06/25 0932 Documented: 02/06/25 0932	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Wu, Lesly, RN
Performed 02/06/25 0930 Documented: 02/06/25 0932	Medication Applied	1 patch 7 Days	Transdermal Chest	Performed by: Wu, Lesly, RN Scanned Package: 59011-750-04
Performed 01/30/25 1027 Documented: 01/30/25 1028	Medication Applied	1 patch 7 Days	Transdermal Left Shoulder	Performed by: Liu, Kayla W, RN Scanned Package: 59011-750-04
Performed 01/30/25 0953 Documented: 01/30/25 0953	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Liu, Kayla W, RN
Performed 01/24/25 0014 Documented: 01/24/25 0014	Medication Applied	1 patch 7 Days	Transdermal Left Shoulder	Performed by: Tesfasilassie, Roma T, RN Scanned Package: 59011-750-04

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/23/25 2236 Documented: 01/23/25 2236	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Kit, Ellen, RN Comments: Time moved from discontinued order due to modification

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch [367113432]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/10/25 1932
Ordered Dose (Remaining/Total): 1 patch (—/—)
Frequency: Every 7 days scheduled
Admin Instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.

Status: Discontinued (Past End Date/Time), Reason: Discontinued by provider
Starts/Ends: 02/10/25 2003 - 02/24/25 1146
Route: Transdermal
Ordered Rate/Order Duration: — / 7 Days
Note to pharmacy: Replace as patch fell off.

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Performed 02/24/25 1517 Documented: 02/24/25 1517	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Porter, Allen, RN Comments: Time automatically adjusted from order being discontinued
Performed 02/24/25 0953 Documented: 02/24/25 0954	Medication Applied	1 patch 7 Days	Transdermal Left Arm	Performed by: Porter, Allen, RN Scanned Package: 59011-750-04
Performed 02/24/25 0935 Documented: 02/24/25 0935	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Porter, Allen, RN
Performed 02/17/25 0915 Documented: 02/17/25 0917	Medication Applied	1 patch 7 Days	Transdermal Right Arm	Performed by: Bounthong, Vanh K, RN Scanned Package: 59011-750-04
Performed 02/17/25 0800 Documented: 02/17/25 0800	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Bounthong, Vanh K, RN
Performed 02/10/25 2101 Documented: 02/10/25 2103	Medication Applied	1 patch 7 Days	Transdermal Other	Performed by: Jallow, Yusupha, RN Comments: L deltioid Scanned Package: 59011-750-04
Performed 02/10/25 1945 Documented: 02/10/25 1945	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Jallow, Yusupha, RN Comments: Patch not seen

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch [370199734]

Ordering Provider: Ito, Satoru, PharmD
Ordered On: 02/25/25 1426
Ordered Dose (Remaining/Total): 1 patch (—/—)
Frequency: Every 7 days scheduled
Admin Instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/25/25 1457 - 03/08/25 1537
Route: Transdermal
Ordered Rate/Order Duration: — / 7 Days

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

before reapplying to the same skin site.

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Due 03/08/25 1135 Scheduled: 03/08/25 1537	Due (Medication Removed)	—	—	—
Performed 03/04/25 0932 Documented: 03/04/25 0932	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Smith, Melody J, RN
Performed 03/04/25 0931 Documented: 03/04/25 0932	Medication Applied	1 patch 7 Days	Transdermal Chest	Performed by: Smith, Melody J, RN Comments: L upper chest Scanned Package: 69238-1202-2
Performed 02/25/25 2108 Documented: 02/25/25 2111	Medication Applied	1 patch 7 Days	Transdermal Left Upper Abdomen	Performed by: Yohannes, Mayda, RN Scanned Package: 59011-750-04

calcium gluconate 2 g in 0.67% NaCl 100 mL IVPB (premix) [360382577]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/10/25 0255
Ordered Dose (Remaining/Total): 2 g (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: For ionized calcium < 1 mmol/L (2 grams = 9.3 mEq)

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0255 - 01/14/25 1220
Route: Intravenous
Ordered Rate/Order Duration: 200 mL/hr / 30 Minutes
Recheck ionized Ca in 4 hours.

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/10/25 0302 Documented: 01/10/25 0302	New Bag/Syringe	2 g 200 mL/hr 30 Minutes	Intravenous	Performed by: Kim, Saraphina S, RN Scanned Package: 44567-621-01

ceFAZolin (Ancef) 1 g in sodium chloride 0.9 % 500 mL irrigation [361049513]

Ordering Provider: Akoum, Nazem Walid, MD
Ordered On: 01/13/25 1645

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Frequency: As needed

Timestamps	Action	Dose	Route / Site	Other Information
Performed 01/13/25 1645 Documented: 01/13/25 1645	Given	500 mL	Irrigation Chest	Performed by: Akoum, Nazem Walid, MD Documented by: Singsaas, Julie M, RN

cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB [360202288]

Ordering Provider: Vrablik, Marie Clougherty, MD
Ordered On: 01/09/25 1101
Ordered Dose (Remaining/Total): 1 g (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 01/09/25 1105 - 01/09/25 1213
Route: Intravenous
Ordered Rate/Order Duration: 100 mL/hr / 30 Minutes

Question	Answer	Comment

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Suspected Source of Infection:	Skin/Soft Tissue Infection	—

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm	01/09/25 1125 by Hendricksen, Kayla, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/09/25 1213 Documented: 01/09/25 1213	Stopped	0 g 0 mL/hr 30 Minutes	Intravenous	Performed by: Sanders, Emily Carylon, RN
Performed 01/09/25 1125 Documented: 01/09/25 1125	New Bag/Syringe	1 g 100 mL/hr 30 Minutes	Intravenous	Performed by: Hendricksen, Kayla, RN Scanned Package: 0338-0049-31, 60505-6146-0

cefTRIAXone (Rocephin) 1 g in Iso-Osmotic (dextrose 3.8%) 50 mL IVPB (premix) [366689625]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/08/25 0940
Ordered Dose (Remaining/Total): 1 g (1/3)
Frequency: Every 24 hours
Status: Dispensed (Past End Date/Time)
Starts/Ends: 02/08/25 1011 - 02/11/25 1009
Route: Intravenous
Ordered Rate/Order Duration: 150 mL/hr / 20 Minutes

Question	Answer	Comment
Suspected Source of Infection:	GU Infection	—

Line	Med Link Info	Comment
Peripheral IV 02/07/25 22 G Left;Posterior Forearm	02/08/25 1149 by Hwee, Carla, RN	—

Timestamps	Action / Reason	Dose / Rate / Duration	Route / Site	Other Information
Performed 02/10/25 0957 Documented: 02/10/25 0957	Held Loss of IV access	0 g 0 mL/hr 20 Minutes	Intravenous —	Performed by: Reese, Megahn Marilyn, RN
Performed 02/09/25 0938 Documented: 02/09/25 0942	New Bag/Syringe	1 g 150 mL/hr 20 Minutes	Intravenous Left Arm	Performed by: Sano, Naomi, RN Scanned Package: 0338-5002-41
Performed 02/08/25 1149 Documented: 02/08/25 1149	New Bag/Syringe	1 g 150 mL/hr 20 Minutes	Intravenous —	Performed by: Hwee, Carla, RN Scanned Package: 0338-5002-41

cefTRIAXone (Rocephin) 1 g in Iso-Osmotic (dextrose 3.8%) 50 mL IVPB (premix) [367129597]

Ordering Provider: Rink, David Edward, MD
Ordered On: 02/10/25 2331
Ordered Dose (Remaining/Total): 1 g (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/11/25 0100 - 02/11/25 0116
Route: Intravenous
Ordered Rate/Order Duration: 150 mL/hr / 20 Minutes

Question	Answer	Comment
Suspected Source of Infection:	GU Infection	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 02/11/25 0056 Documented: 02/11/25 0056	New Bag/Syringe	1 g 150 mL/hr 20 Minutes	Intravenous	Performed by: Nguyen, Deanna, RN Scanned Package: 0338-5002-41

ceFUROXime (Ceftin) tablet 250 mg [371000119]

Ordering Provider: Stenberg, Daniel Lloyd, DO
Ordered On: 02/28/25 1336
Ordered Dose (Remaining/Total): 250 mg (10/10)
Frequency: 2 times daily
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/28/25 1343 - 02/28/25 1343
Route: Oral
Ordered Rate/Order Duration: — / —

Question	Answer	Comment
Suspected Source of Infection:	Pulmonary/ENT Infection	—

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/28/25 1433 Documented: 02/28/25 1433	Not Given Order parameters not met	250 mg	Oral	Performed by: Dimitrov, Alexey T, RN

cholecalciferol (Vitamin D-3) tablet 2,000 units [360348549]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 2,000 units (—/—)
Frequency: Daily
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0900 - 02/14/25 1127
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/14/25 0913 Documented: 02/14/25 0914	Not Given See Comments	2,000 units	Oral	Performed by: Gill, Loveleen S, RN Comments: high aspiration risk
Performed 02/13/25 1020 Documented: 02/13/25 1020	Not Given See Comments	2,000 units	Oral	Performed by: Escalante, Steve, RN Comments: Pt. has high aspiration risk, PO meds are being held. Provider notified.
Performed 02/12/25 2012 Documented: 02/12/25 2012	Not Given See Comments	2,000 units	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk
Performed 02/11/25 1734 Documented: 02/11/25 1734	Refused	2,000 units	Oral	Performed by: Bennett, Theodore, RN
Performed 02/10/25 1358 Documented: 02/10/25 1358	Not Given Contraindicated	2,000 units	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration risk

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	2,000 units	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed.
Performed 02/08/25 1117 Documented: 02/08/25 1118	Not Given See Comments	2,000 units	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 1021 Documented: 02/07/25 1022	Not Given See Comments	2,000 units	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 20555-03300, 20555-03300
Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	2,000 units	Oral	Performed by: Wu, Lesly, RN Scanned Package: 20555-03300, 20555-03300
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	2,000 units	Oral	Performed by: Wu, Lesly, RN Scanned Package: 20555-03300, 20555-03300
Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	2,000 units	Oral	Performed by: Flaherty, Katherine R, RN Scanned Package: 20555-03300, 20555-03300
Performed 02/03/25 1430 Documented: 02/03/25 1432	Given	2,000 units	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware Scanned Package: 20555-03300, 20555-03300
Performed 02/02/25 0916 Documented: 02/02/25 0917	Given	2,000 units	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 20555-03300, 20555-03300
Performed 02/01/25 0859 Documented: 02/01/25 0859	Given	2,000 units	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/31/25 0840 Documented: 01/31/25 0840	Given	2,000 units	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/30/25 0920 Documented: 01/30/25 0922	Given	2,000 units	Oral	Performed by: Liu, Kayla W, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/29/25 0848 Documented: 01/29/25 0858	Refused	2,000 units	Oral	Performed by: Smith, Melody J, RN Scanned Package: 20555-03300, 20555-03300

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/28/25 0904 Documented: 01/28/25 1202	Not Given Patient/family refused	2,000 units	Oral	Performed by: Gawat, Maria C, RN
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	2,000 units	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	2,000 units	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1741 Documented: 01/25/25 1741	Not Given See Comments	2,000 units	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	2,000 units	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/23/25 1626 Documented: 01/23/25 1626	Given	2,000 units	Oral	Performed by: Kit, Ellen, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/22/25 1319 Documented: 01/22/25 1320	Given	2,000 units	Oral	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/21/25 1300 Documented: 01/21/25 1300	Unheld by provider	—	—	Performed by: Holmberg, Mackenzie Howard, MD
Performed 01/21/25 0900 Documented: 01/17/25 0021	Automatically Held	—	—	—
Performed 01/20/25 0900 Documented: 01/17/25 0021	Automatically Held	—	—	—
Performed 01/19/25 0900 Documented: 01/15/25 1234	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/18/25 0900 Documented: 01/15/25 1234	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/17/25 0900 Documented: 01/15/25 1234	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/16/25 0900 Documented: 01/15/25 1234	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/15/25 1234 Documented: 01/15/25 1234	Held By Provider Other	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	2,000 units	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/14/25 0824 Documented: 01/14/25 0824	Given	2,000 units	Oral	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/13/25 1503 Documented: 01/13/25 1503	Not Given NPO	2,000 units	Oral	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0906 Documented: 01/12/25 0907	Given	2,000 units	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/11/25 0806 Documented: 01/11/25 0806	Given	2,000 units	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/10/25 0933 Documented: 01/10/25 0933	Not Given See Comments	2,000 units	Oral	Performed by: Thomas, Tamlyn P, RN Comments: needs swallow eval first

cyanocobalamin (Vitamin B-12) tablet 500 mcg [360348550]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 500 mcg (—/—)
Frequency: Daily
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0900 - 02/13/25 0745
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/12/25 2012 Documented: 02/12/25 2012	Not Given See Comments	500 mcg	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/11/25 1734 Documented: 02/11/25 1734	Refused	500 mcg	Oral	Performed by: Bennett, Theodore, RN
Performed 02/10/25 1400 Documented: 02/10/25 1400	Held Contraindicated	0 mcg	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration risk
Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	500 mcg	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed.
Performed 02/08/25 1118 Documented: 02/08/25 1118	Not Given See Comments	500 mcg	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 1021 Documented: 02/07/25 1022	Not Given See Comments	500 mcg	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 77333-937-25
Performed 02/06/25 0930 Documented: 02/06/25 0932	Given	500 mcg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 77333-937-25
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	500 mcg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 77333-937-25
Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	500 mcg	Oral	Performed by: Flaherty, Katherine R, RN Scanned Package: 77333-937-25
Performed 02/03/25 1433 Documented: 02/03/25 1433	Given	500 mcg	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware
Performed 02/02/25 0917 Documented: 02/02/25 0917	Given	500 mcg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 77333-937-25
Performed 02/01/25 0857 Documented: 02/01/25 0859	Given	500 mcg	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 77333-937-25
Performed 01/31/25 0840 Documented: 01/31/25 0840	Given	500 mcg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 77333-937-25

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/30/25 0915 Documented: 01/30/25 0917	Given	500 mcg	Oral	Performed by: Liu, Kayla W, RN Scanned Package: 77333-937-25
Performed 01/29/25 0848 Documented: 01/29/25 0858	Refused	500 mcg	Oral	Performed by: Smith, Melody J, RN Scanned Package: 77333-937-25
Performed 01/28/25 0905 Documented: 01/28/25 1208	Not Given Patient/family refused	500 mcg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	500 mcg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	500 mcg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1742 Documented: 01/25/25 1742	Not Given See Comments	500 mcg	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	500 mcg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 77333-937-25
Performed 01/23/25 1630 Documented: 01/23/25 1630	Refused	500 mcg	Oral	Performed by: Kit, Ellen, RN
Performed 01/22/25 1319 Documented: 01/22/25 1320	Given	500 mcg	Oral	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 77333-937-25
Performed 01/21/25 0906 Documented: 01/21/25 0906	Given	500 mcg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 77333-937-25
Performed 01/20/25 0935 Documented: 01/20/25 0935	Given	500 mcg	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 77333-937-25
Performed 01/19/25 0823 Documented: 01/19/25 0823	Given	500 mcg	Oral	Performed by: Gordon, Carrie, RN Scanned Package: 77333-937-25

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/18/25 0858 Documented: 01/18/25 0858	Given	500 mcg	Oral	Performed by: Hwee, Carla, RN Scanned Package: 77333-937-25
Performed 01/17/25 0915 Documented: 01/17/25 0915	Given	500 mcg	Oral	Performed by: Mikulikova, Julia, RN
Performed 01/16/25 0857 Documented: 01/16/25 0857	Given	500 mcg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 77333-937-25
Performed 01/15/25 0930 Documented: 01/15/25 0930	Given	500 mcg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 77333-937-25
Performed 01/14/25 0824 Documented: 01/14/25 0824	Given	500 mcg	Oral	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 77333-937-25
Performed 01/13/25 1503 Documented: 01/13/25 1503	Not Given NPO	500 mcg	Oral	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0906 Documented: 01/12/25 0907	Given	500 mcg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 77333-937-25
Performed 01/11/25 0806 Documented: 01/11/25 0806	Given	500 mcg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 77333-937-25
Performed 01/10/25 0933 Documented: 01/10/25 0934	Not Given See Comments	500 mcg	Oral	Performed by: Thomas, Tamlyn P, RN Comments: needs swallow eval first

dexmedeTOMIDine (Precedex) 400 mcg in NS 100 mL (4 mcg/mL) infusion (premix) [360725051]

Ordering Provider: Phan, Janet, MD
Ordered On: 01/12/25 0430
Ordered Dose (Remaining/Total): 0-1.5 mcg/kg/hr (Dosing Weight) (—/—)
Frequency: Continuous
Admin Instructions: Starting dose: 0.5 mcg/kg/hr
Call Provider if pt needs > 1.5 mcg/kg/hr.

- If dose 0.2 mcg/kg/hr or less: turn off infusion.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 0501 - 01/12/25 0709
Route: Intravenous

Ordered Rate/Order Duration: 0-17.06 mL/hr / —
Titration: Increase dose by 0.1 mcg/kg/hr every 30 minutes
Once pt stable at target RASS (or more deeply sedated) for 2 hours, start decreasing dose.
- If dose 0.3-0.4 mcg/kg/hr, decrease dose by half for 30 min. If still at target RASS (or more deeply sedated) then turn off infusion.
- If dose > 0.4 mcg/kg/hr, decrease dose by half every 30 min x 2. If still at target RASS (or more deeply sedated) , then turn off infusion.

Timestamps	Action	Dose / Rate	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/12/25 0635 Documented: 01/12/25 0635	Stopped	0 mcg/kg/hr 0 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0615 Documented: 01/12/25 0635	Dose/Rate Changed	0.7 mcg/kg/hr 7.96 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0600 Documented: 01/12/25 0647	Rate Verified	0.8 mcg/kg/hr 9.1 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0515 Documented: 01/12/25 0553	Dose/Rate Changed	0.8 mcg/kg/hr 9.1 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0500 Documented: 01/12/25 0548	Rate Verified	0.5 mcg/kg/hr 5.69 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0447 Documented: 01/12/25 0447	New Bag/Syringe	0.5 mcg/kg/hr 5.69 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN Scanned Package: 0338-9557-12

dexmedeTOMIDine (Precedex) 400 mcg in NS 100 mL (4 mcg/mL) infusion (premix) [360734336]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/12/25 0817
Ordered Dose (Remaining/Total): 0-1.5 mcg/kg/hr (Dosing Weight) (—/—)
Frequency: Continuous
Admin Instructions: Starting dose: 0.5 mcg/kg/hr
Call Provider if pt needs > 1.5 mcg/kg/hr.

- If dose 0.2 mcg/kg/hr or less: turn off infusion.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 0848 - 01/12/25 1110
Route: Intravenous

Ordered Rate/Order Duration: 0-17.06 mL/hr / —
Titration: Increase dose by 0.1 mcg/kg/hr every 30 minutes
Once pt stable at target RASS (or more deeply sedated) for 2 hours, start decreasing dose.
- If dose 0.3-0.4 mcg/kg/hr, decrease dose by half for 30 min. If still at target RASS (or more deeply sedated) then turn off infusion.
- If dose > 0.4 mcg/kg/hr, decrease dose by half every 30 min x 2. If still at target RASS (or more deeply sedated) , then turn off infusion.

Line	Med Link Info	Comment
Venous Sheath 01/10/25 Right Jugular	01/12/25 1033 by Walks, Tristan H, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/12/25 1110 Documented: 01/12/25 1111	Stopped	0 mcg/kg/hr 0 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1100 Documented: 01/12/25 1132	Rate Verified	0.6 mcg/kg/hr 6.83 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/12/25 1033 Documented: 01/12/25 1033	Dose/Rate Changed	0.6 mcg/kg/hr 6.83 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1000 Documented: 01/12/25 0957	Rate Verified	0.8 mcg/kg/hr 9.1 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0900 Documented: 01/12/25 0943	Dose/Rate Changed	0.8 mcg/kg/hr 9.1 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0846 Documented: 01/12/25 0846	Dose/Rate Changed	1 mcg/kg/hr 11.38 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0834 Documented: 01/12/25 0835	Restarted	0.5 mcg/kg/hr 5.69 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

dextrose 5 % and lactated ringers infusion [360350258]

Ordering Provider: Schwarz, Samuel, MD
Ordered On: 01/09/25 1817
Ordered Dose (Remaining/Total): 50 mL/hr (—/—)
Frequency: Continuous
Admin Instructions: For insulin gtt

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1848 - 01/09/25 1954
Route: Intravenous
Ordered Rate/Order Duration: 50 mL/hr / —

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/09/25 2000 Documented: 01/09/25 2232	Stopped	0 mL/hr 0 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/09/25 1915 Documented: 01/09/25 1915	New Bag/Syringe	50 mL/hr 50 mL/hr	Intravenous	Performed by: Tatum, Krista N, RN Scanned Package: 0338-0125-04

dextrose 5 % and sodium chloride 0.9 % with KCl 20 mEq/L IV volume repletion (premix) 1,000 mL [367113409]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/10/25 1931
Ordered Dose (Remaining/Total): 1,000 mL (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 02/10/25 2002 - 02/10/25 2001
Route: Intravenous
Ordered Rate/Order Duration: 100 mL/hr / —

Question	Answer	Comment
FLUID CRITICALLY LOW - Does your patient require the ordered fluid?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 02/10/25 22 G Anterior;Right Forearm	02/10/25 2001 by Jallow, Yusupha, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/10/25 2001 Documented: 02/10/25 2002	New Bag/Syringe	1,000 mL 100 mL/hr	Intravenous	Performed by: Jallow, Yusupha, RN Scanned Package: 0338-0803-04

dextrose 5 % infusion [367637572]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/12/25 1612
Ordered Dose (Remaining/Total): 50 mL/hr (—/—)
Frequency: Continuous
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/12/25 1643 - 02/19/25 1231
Route: Intravenous
Ordered Rate/Order Duration: 50 mL/hr / —

Line	Med Link Info	Comment
Peripheral IV 02/12/25 22 G Anterior;Right Forearm	02/12/25 2011 by Gindi, Jeanna A, RN	—

Timestamps	Action / Reason	Dose / Rate	Route	Other Information
Performed 02/18/25 1658 Documented: 02/18/25 1658	Not Given Loss of IV access	50 mL/hr 50 mL/hr	Intravenous	Performed by: Porter, Allen, RN
Performed 02/14/25 0935 Documented: 02/14/25 0941	Paused	0 mL/hr 0 mL/hr	Intravenous	Performed by: Gill, Loveleen S, RN Comments: PIV looks infiltrated
Performed 02/13/25 1746 Documented: 02/13/25 1747	New Bag/Syringe	50 mL/hr 50 mL/hr	Intravenous	Performed by: Escalante, Steve, RN Comments: New Bag hung, last one finished.
Performed 02/13/25 1225 Documented: 02/13/25 1226	Dose/Rate Changed	50 mL/hr 50 mL/hr	Intravenous	Performed by: Escalante, Steve, RN
Performed 02/13/25 0431 Documented: 02/13/25 0431	New Bag/Syringe	100 mL/hr 100 mL/hr	Intravenous	Performed by: Gindi, Jeanna A, RN Scanned Package: 0338-0017-04
Performed 02/12/25 2129 Documented: 02/12/25 2129	Dose/Rate Changed	100 mL/hr 100 mL/hr	Intravenous	Performed by: Gindi, Jeanna A, RN
Performed 02/12/25 2011 Documented: 02/12/25 2011	Dose/Rate Changed	50 mL/hr 50 mL/hr	Intravenous	Performed by: Gindi, Jeanna A, RN
Performed 02/12/25 1706 Documented: 02/12/25 1706	New Bag/Syringe	75 mL/hr 75 mL/hr	Intravenous	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 0338-0017-04

dextrose 5% and sodium chloride 0.45% infusion [363756464]

Ordering Provider: Chi, Frank, MD
Ordered On: 01/26/25 1639
Status: Verified (Past End Date/Time)
Starts/Ends: 01/26/25 1710 - 01/27/25 0851

Medication Administrations (continued)

Ordered Dose (Remaining/Total): 80 mL/hr (—/—)
Frequency: Continuous
Admin Instructions: Please just give 1L of fluid total with this order
Route: Intravenous
Ordered Rate/Order Duration: 80 mL/hr / —
Note to pharmacy: Please just give 1L of fluids (over 12.5 hours)

Question	Answer	Comment
FLUID CRITICALLY LOW - Does your patient require the ordered fluid?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/26/25 1952 by Dickinson, Zoe E, RN	—

Timestamps	Action / Reason	Dose / Rate	Route	Other Information
Performed 01/27/25 0528 Documented: 01/27/25 0528	Rate Verified	80 mL/hr 80 mL/hr	Intravenous	Performed by: Yohannes, Mayda, RN
Performed 01/26/25 1952 Documented: 01/26/25 1953	New Bag/Syringe	80 mL/hr 80 mL/hr	Intravenous	Performed by: Dickinson, Zoe E, RN Scanned Package: 0338-0085-04
Performed 01/26/25 1854 Documented: 01/26/25 1855	Held See Comments	0 mL/hr 0 mL/hr	Intravenous	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Comments: Patient very agitated with medication administration. Risk for losing PIV. MD notified.

dextrose 5% and sodium chloride 0.45% infusion [363835671]

Ordering Provider: Zafar, Zaeema, DO
Ordered On: 01/27/25 0843
Ordered Dose (Remaining/Total): 80 mL/hr (—/—)
Frequency: Continuous
Admin Instructions: Please just give 1L of fluid total with this order
Status: Verified (Past End Date/Time)
Starts/Ends: 01/27/25 0914 - 01/27/25 2237
Route: Intravenous
Ordered Rate/Order Duration: 80 mL/hr / —
Note to pharmacy: Please just give 1L of fluids (over 12.5 hours)

Question	Answer	Comment
FLUID CRITICALLY LOW - Does your patient require the ordered fluid?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/27/25 0938 by Wylie, Ariana, Nursing Student	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/27/25 2256 Documented: 01/27/25 2256	Stopped	0 mL/hr 0 mL/hr	Intravenous	Performed by: Paras, Michael, RN
Performed 01/27/25 0938 Documented: 01/27/25 0938	New Bag/Syringe	80 mL/hr 80 mL/hr	Intravenous	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Scanned Package: 0338-0085-04

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix) [367170707]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/11/25 0823
Ordered Dose (Remaining/Total): 100 mL/hr (—/—)
Frequency: Continuous
Status: Verified (Past End Date/Time)
Starts/Ends: 02/11/25 0853 - 02/11/25 1909
Route: Intravenous
Ordered Rate/Order Duration: 100 mL/hr / —

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 02/12/25 0507 Documented: 02/12/25 0508	Stopped	0 mL/hr 0 mL/hr	Intravenous	Performed by: Tran, Andy, RN Comments: Forgot to stop fluids per orders so it had been left running overnight.
Performed 02/11/25 0910 Documented: 02/11/25 0912	New Bag/Syringe	100 mL/hr 100 mL/hr	Intravenous	Performed by: Bennett, Theodore, RN Scanned Package: 0990-7902-09

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L IV volume repletion (premix) 1,000 mL [367999205]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/14/25 0830
Ordered Dose (Remaining/Total): 1,000 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/14/25 0901 - 02/14/25 1103
Route: Intravenous
Ordered Rate/Order Duration: 70 mL/hr / —

Line	Med Link Info	Comment
Peripheral IV 02/14/25 22 G Anterior;Left;Proximal Forearm	02/14/25 1103 by Gill, Loveleen S, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 02/14/25 1103 Documented: 02/14/25 1103	New Bag/Syringe	1,000 mL 70 mL/hr	Intravenous	Performed by: Gill, Loveleen S, RN Comments: IV access was lost Scanned Package: 0990-7902-09

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix) [368194815]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/14/25 2121
Ordered Dose (Remaining/Total): 75 mL/hr (—/—)
Frequency: Continuous
Status: Verified (Past End Date/Time)
Starts/Ends: 02/14/25 2152 - 02/15/25 2135
Route: Intravenous
Ordered Rate/Order Duration: 75 mL/hr / —

Line	Med Link Info	Comment
Peripheral IV 02/14/25 22 G Anterior;Left;Proximal Forearm	02/14/25 2136 by Bustamante Campusano, Diana, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 02/15/25 0449 Documented: 02/15/25 0449	Paused	0 mL/hr 0 mL/hr	Intravenous	Performed by: Dela Cruz, Catherine B, RN Comments: lost PIV access
Performed 02/14/25 2136 Documented: 02/14/25 2136	New Bag/Syringe	75 mL/hr 75 mL/hr	Intravenous	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 0990-7902-09

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix) [369355367]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/21/25 0925
Ordered Dose (Remaining/Total): 75 mL/hr (—/—)
Frequency: Continuous
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/21/25 0956 - 02/23/25 1739
Route: Intravenous
Ordered Rate/Order Duration: 75 mL/hr / —

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/23/25 0223 by Macandile, Jan Kenneth Lantin, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 02/23/25 1259 Documented: 02/23/25 1259	Dose/Rate Changed	75 mL/hr 75 mL/hr	Intravenous	Performed by: Porter, Allen, RN
Performed 02/23/25 0223 Documented: 02/23/25 0223	New Bag/Syringe	100 mL/hr 100 mL/hr	Intravenous	Performed by: Macandile, Jan Kenneth Lantin, RN Scanned Package: 0990-7902-09
Performed 02/22/25 1545 Documented: 02/22/25 1546	New Bag/Syringe	100 mL/hr 100 mL/hr	Intravenous	Performed by: Moffett, Laura, RN Scanned Package: 0990-7902-09
Performed 02/21/25 0944 Documented: 02/21/25 0944	New Bag/Syringe	100 mL/hr 100 mL/hr	Intravenous	Performed by: Moffett, Laura, RN Scanned Package: 0990-7902-09

DOPamine 400 mg in D5W 250 mL (1.6 mg/mL) infusion (premix) [360366050]

Ordering Provider: McKinstry, Mia, MD
Ordered On: 01/09/25 2143
Ordered Dose (Remaining/Total): 2 mcg/kg/min (Dosing Weight) (—/—)
Frequency: Continuous
Admin Instructions: Do not titrate
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 2214 - 01/13/25 1852
Route: Intravenous
Ordered Rate/Order Duration: 3.41 mL/hr / —
STANDARD Concentration. Central line recommended.

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm	01/09/25 2159 by Sande, Nathan R, RN	—
Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm	01/10/25 0936 by Thomas, Tamlyn P, RN	—
Venous Sheath 01/10/25 Right Jugular	01/10/25 2141 by Bertram, Olivia T, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/13/25 1836 Documented: 01/13/25 1836	Stopped	0 mcg/kg/min 0 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1818 Documented: 01/13/25 1836	Dose/Rate Changed	1 mcg/kg/min 1.71 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1800 Documented: 01/13/25 1814	Dose/Rate Changed	2 mcg/kg/min 3.41 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 1720 Documented: 01/13/25 1813	Rate Verified	2.5 mcg/kg/min 4.27 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1542 Documented: 01/13/25 1559	Continued by Anesthesia	2.5 mcg/kg/min 4.27 mL/hr	Intravenous	Performed by: Hong, Stephanie, MD
Performed 01/13/25 1515 Documented: 01/13/25 1517	Dose/Rate Changed	2.5 mcg/kg/min 4.27 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1500 Documented: 01/13/25 1517	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1409 Documented: 01/13/25 1414	Dose/Rate Changed	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN Comments: Titrating per MD guidance
Performed 01/13/25 1400 Documented: 01/13/25 1413	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1200 Documented: 01/13/25 1228	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1000 Documented: 01/13/25 1228	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0800 Documented: 01/13/25 0738	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0728 Documented: 01/13/25 0728	New Bag/Syringe	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 0338-1007-02
Performed 01/13/25 0700 Documented: 01/13/25 0703	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0600 Documented: 01/13/25 0555	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 0500 Documented: 01/13/25 0555	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0400 Documented: 01/13/25 0449	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0300 Documented: 01/13/25 0346	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0200 Documented: 01/13/25 0206	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0100 Documented: 01/13/25 0205	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0000 Documented: 01/13/25 0011	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2300 Documented: 01/12/25 2324	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2200 Documented: 01/12/25 2324	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2108 Documented: 01/12/25 2108	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN Comments: [Action automatically changed]
Performed 01/12/25 2100 Documented: 01/12/25 2108	Rate Verified	3.499 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2000 Documented: 01/12/25 2009	Rate Verified	3.499 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 1900 Documented: 01/12/25 1923	Rate Verified	3.499 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/12/25 1800 Documented: 01/12/25 1922	Unchart	—	Intravenous	Performed by: Walks, Tristan H, RN Comments: Cancelled from back documented administration.
Performed 01/12/25 1720 Documented: 01/12/25 1922	Dose/Rate Changed	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1647 Documented: 01/12/25 1647	Dose/Rate Changed	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1635 Documented: 01/12/25 1636	Dose/Rate Changed	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1600 Documented: 01/12/25 1635	Rate Verified	4 mcg/kg/min 6.83 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1519 Documented: 01/12/25 1523	Dose/Rate Changed	4 mcg/kg/min 6.83 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1500 Documented: 01/12/25 1522	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1400 Documented: 01/12/25 1522	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1300 Documented: 01/12/25 1316	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1154 Documented: 01/12/25 1154	Dose/Rate Changed	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1134 Documented: 01/12/25 1134	Dose/Rate Changed	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1110 Documented: 01/12/25 1111	Dose/Rate Changed	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/12/25 1100 Documented: 01/12/25 1132	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1000 Documented: 01/12/25 0957	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0900 Documented: 01/12/25 0943	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0700 Documented: 01/12/25 0658	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0600 Documented: 01/12/25 0647	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0500 Documented: 01/12/25 0548	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0400 Documented: 01/12/25 0407	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0300 Documented: 01/12/25 0319	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0200 Documented: 01/12/25 0212	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0100 Documented: 01/12/25 0106	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Kim, Saraphina S, RN
Performed 01/12/25 0000 Documented: 01/12/25 0014	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2300 Documented: 01/11/25 2301	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/11/25 2200 Documented: 01/11/25 2213	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2100 Documented: 01/11/25 2147	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2000 Documented: 01/11/25 2004	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 1835 Documented: 01/11/25 1835	New Bag/Syringe	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 0338-1007-02
Performed 01/11/25 1700 Documented: 01/11/25 1658	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1600 Documented: 01/11/25 1651	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1400 Documented: 01/11/25 1341	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1300 Documented: 01/11/25 1340	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1200 Documented: 01/11/25 1339	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1155 Documented: 01/11/25 1155	Dose/Rate Changed	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1111 Documented: 01/11/25 1111	Dose/Rate Changed	4 mcg/kg/min 6.83 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1100 Documented: 01/11/25 1114	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/11/25 1043 Documented: 01/11/25 1043	Dose/Rate Changed	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1010 Documented: 01/11/25 1010	Dose/Rate Changed	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0900 Documented: 01/11/25 0917	Rate Verified	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0836 Documented: 01/11/25 0836	Dose/Rate Changed	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0830 Documented: 01/11/25 0837	Dose/Rate Changed	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0800 Documented: 01/11/25 0917	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0730 Documented: 01/11/25 0732	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0700 Documented: 01/11/25 0654	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0600 Documented: 01/11/25 0654	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0500 Documented: 01/11/25 0654	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0400 Documented: 01/11/25 0421	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Kim, Saraphina S, RN
Performed 01/11/25 0300 Documented: 01/11/25 0305	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Kim, Saraphina S, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/11/25 0214 Documented: 01/11/25 0214	Dose/Rate Changed	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN Comments: per provider
Performed 01/11/25 0200 Documented: 01/11/25 0202	Rate Verified	6.5 mcg/kg/min 11.09 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0125 Documented: 01/11/25 0125	Dose/Rate Changed	6.5 mcg/kg/min 11.09 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN Comments: per provide
Performed 01/11/25 0100 Documented: 01/11/25 0058	Rate Verified	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0058 Documented: 01/11/25 0058	Dose/Rate Changed	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0000 Documented: 01/11/25 0008	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/10/25 2302 Documented: 01/10/25 2303	Dose/Rate Changed	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN Comments: per provider for HoTN
Performed 01/10/25 2300 Documented: 01/10/25 2303	Rate Verified	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/10/25 2240 Documented: 01/10/25 2241	Dose/Rate Changed	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN Comments: per provider
Performed 01/10/25 2200 Documented: 01/10/25 2202	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/10/25 2141 Documented: 01/10/25 2159	Dose/Rate Changed	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN Comments: per provider
Performed 01/10/25 2100 Documented: 01/10/25 2202	Rate Verified	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/10/25 2010 Documented: 01/10/25 2015	Dose/Rate Changed	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/10/25 1937 Documented: 01/10/25 2201	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/10/25 1815 Documented: 01/10/25 1818	New Bag/Syringe	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Tatum, Krista N, RN Scanned Package: 0338-1007-02
Performed 01/10/25 1800 Documented: 01/10/25 1803	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Tatum, Krista N, RN
Performed 01/10/25 1600 Documented: 01/10/25 1609	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Tatum, Krista N, RN
Performed 01/10/25 1500 Documented: 01/10/25 1553	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Tatum, Krista N, RN
Performed 01/10/25 1445 Documented: 01/10/25 1523	Dose/Rate Changed	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Thomas, Tamlyn P, RN
Performed 01/10/25 1405 Documented: 01/10/25 1414	New Bag/Syringe	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Thomas, Tamlyn P, RN Comments: R IJ venous sheath introducer w/transvenous pacemaker Scanned Package: 0338-1007-02
Performed 01/10/25 1330 Documented: 01/10/25 1330	Dose/Rate Changed	8 mcg/kg/min 13.65 mL/hr	Intravenous	Performed by: Henry, Melissa Marie, RN
Performed 01/10/25 1241 Documented: 01/10/25 1242	Dose/Rate Changed	9 mcg/kg/min 15.36 mL/hr	Intravenous	Performed by: Thomas, Tamlyn P, RN
Performed 01/10/25 1210 Documented: 01/10/25 1223	Dose/Rate Changed	10 mcg/kg/min 17.06 mL/hr	Intravenous	Performed by: Thomas, Tamlyn P, RN
Performed 01/10/25 1201 Documented: 01/10/25 1224	Dose/Rate Changed	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Thomas, Tamlyn P, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/10/25 1016 Documented: 01/10/25 1020	Dose/Rate Changed	4 mcg/kg/min 6.83 mL/hr	Intravenous	Performed by: Thomas, Tamlyn P, RN
Performed 01/10/25 0936 Documented: 01/10/25 0937	Dose/Rate Changed	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Thomas, Tamlyn P, RN
Performed 01/10/25 0700 Documented: 01/10/25 0707	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0600 Documented: 01/10/25 0613	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0500 Documented: 01/10/25 0613	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0400 Documented: 01/10/25 0404	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0331 Documented: 01/10/25 0333	Dose/Rate Changed	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0300 Documented: 01/10/25 0329	Rate Verified	4 mcg/kg/min 6.83 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0215 Documented: 01/10/25 0329	Dose/Rate Changed	4 mcg/kg/min 6.83 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0100 Documented: 01/10/25 0109	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0000 Documented: 01/10/25 0004	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/09/25 2300 Documented: 01/10/25 0004	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/09/25 2233 Documented: 01/09/25 2233	Dose/Rate Changed	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/09/25 2200 Documented: 01/09/25 2232	Rate Verified	2 mcg/kg/min 3.41 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/09/25 2159 Documented: 01/09/25 2200	New Bag/Syringe	2 mcg/kg/min 3.41 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN Scanned Package: 0338-1007-02

enoxaparin (Lovenox) injection 30 mg [369086624]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/20/25 0913
Ordered Dose (Remaining/Total): 30 mg (—/—)
Frequency: Nightly
Admin Instructions: For usual risk VTE prophylaxis.
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/20/25 2100 - 02/24/25 1141
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Inject subcutaneously ONLY in abdomen.
Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.

Timestamps	Action	Dose	Route / Site	Other Information
Performed 02/23/25 2125 Documented: 02/23/25 2125	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Aidoo, Nana S, RN Scanned Package: 63323-559-21
Performed 02/22/25 2000 Documented: 02/22/25 1954	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Jallow, Yusupha, RN Scanned Package: 63323-559-21
Performed 02/21/25 2133 Documented: 02/21/25 2133	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Gindi, Jeanna A, RN Scanned Package: 63323-559-21
Performed 02/20/25 2200 Documented: 02/20/25 2201	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Gindi, Jeanna A, RN Scanned Package: 63323-559-21

enoxaparin (Lovenox) injection 30 mg [371263346]

Ordering Provider: Stenberg, Daniel Lloyd, DO
Ordered On: 03/02/25 1855
Ordered Dose (Remaining/Total): 30 mg (—/—)
Frequency: Nightly
Admin Instructions: For usual risk VTE prophylaxis.
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/02/25 2100 - 03/08/25 1537
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Inject subcutaneously ONLY in abdomen.
Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.

Timestamps	Action / Reason	Dose	Route / Site	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 03/07/25 2019 Documented: 03/07/25 2021	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 63323-559-21
Performed 03/06/25 2047 Documented: 03/06/25 2122	Not Given Other	30 mg	Subcutaneous —	Performed by: Omo, Reese, RN Comments: CMO measures - pt comfortable - provider okay'd not to give
Performed 03/06/25 0216 Documented: 03/06/25 0216	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Bennett, Theodore, RN Scanned Package: 63323-559-21
Performed 03/04/25 2042 Documented: 03/04/25 2043	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Kit, Ellen, RN Scanned Package: 63323-559-21
Performed 03/03/25 2246 Documented: 03/03/25 2251	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 63323-559-21
Performed 03/02/25 2202 Documented: 03/02/25 2203	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Ireland, Rashell, RN Scanned Package: 63323-559-21

furosemide (Lasix) injection 20 mg [369707947]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/23/25 1739
Ordered Dose (Remaining/Total): 20 mg (0/1)
Frequency: Once
Admin Instructions: Protect from light.

Status: Completed (Past End Date/Time)
Starts/Ends: 02/23/25 1810 - 02/23/25 1846
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/23/25 1846 by Porter, Allen, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 02/23/25 1846 Documented: 02/23/25 1847	Given	20 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 36000-283-25

furosemide (Lasix) injection 20 mg [369775447]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 0827
Ordered Dose (Remaining/Total): 20 mg (1/1)
Frequency: Once
Admin Instructions: Protect from light.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/24/25 0858 - 02/24/25 1141
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/24/25 0934 Documented: 02/24/25 0934	Not Given Loss of IV access	20 mg	Intravenous	Performed by: Porter, Allen, RN

guanFACINE (Tenex) tablet 0.5 mg [365295861]

Ordering Provider: Sokol-Hessner, Lauge, MD
Ordered On: 02/02/25 1228
Ordered Dose (Remaining/Total): 0.5 mg (—/—)
Frequency: 2 times daily
Admin Instructions: Hold for SBP <90

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/02/25 2100 - 02/05/25 1512
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	0.5 mg	Oral	Performed by: Wu, Lesly, RN
Performed 02/04/25 2106 Documented: 02/04/25 2225	Refused	0.5 mg	Oral	Performed by: Avila, Nicole C, RN
Performed 02/04/25 0955 Documented: 02/04/25 0955	Given	0.5 mg	Oral	Performed by: Flaherty, Katherine R, RN
Performed 02/03/25 2139 Documented: 02/03/25 2139	Not Given Other	0.5 mg	Oral	Performed by: Harrell, Mackenzie, RN Comments: pt unable to swallow
Performed 02/03/25 1431 Documented: 02/03/25 1432	Given	0.5 mg	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware
Performed 02/02/25 2200 Documented: 02/02/25 2243	Given	0.5 mg	Oral	Performed by: Obanla, Taiwo O, RN

guanFACINE (Tenex) tablet 0.5 mg [366793024]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/09/25 1129
Ordered Dose (Remaining/Total): 0.5 mg (—/—)
Frequency: 2 times daily

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/09/25 1200 - 02/16/25 0848
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/15/25 2129 Documented: 02/15/25 2130	Given	0.5 mg	Oral	Performed by: Sauder, Jessica, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/15/25 1035 Documented: 02/15/25 1035	Given	0.5 mg	Oral	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN
Performed 02/14/25 2027 Documented: 02/14/25 2027	Given	0.5 mg	Oral	Performed by: Bustamante Campusano, Diana, RN
Performed 02/14/25 0913 Documented: 02/14/25 0914	Not Given See Comments	0.5 mg	Oral	Performed by: Gill, Loveleen S, RN Comments: high aspiration risk
Performed 02/13/25 2056 Documented: 02/13/25 2056	Not Given See Comments	0.5 mg	Oral	Performed by: Limyukok, Mysha, RN Comments: patient sleepy
Performed 02/13/25 1020 Documented: 02/13/25 1021	Not Given See Comments	0.5 mg	Oral	Performed by: Escalante, Steve, RN Comments: Pt. has high aspiration risk, PO meds are being held. Provider notified.
Performed 02/12/25 2013 Documented: 02/12/25 2013	Not Given See Comments	0.5 mg	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk
Performed 02/12/25 1335 Documented: 02/12/25 1336	Not Given See Comments	0.5 mg	Oral	Performed by: Jeanneret, Amber Marie, RN Comments: pt not alert enough to safetly take
Performed 02/11/25 2135 Documented: 02/11/25 2135	Given	0.5 mg	Oral	Performed by: Tran, Andy, RN
Performed 02/11/25 1153 Documented: 02/11/25 1158	Given	0.5 mg	Oral	Performed by: Bennett, Theodore, RN
Performed 02/10/25 2011 Documented: 02/10/25 2011	Given	0.5 mg	Oral	Performed by: Jallow, Yusupha, RN
Performed 02/10/25 1643 Documented: 02/10/25 1648	Given	0.5 mg	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: pt not tolerating, then in palliative meeting
Performed 02/10/25 0600 Documented: 02/10/25 0601	Refused	0.5 mg	Oral	Performed by: Stanikzy, Ameenjohn A, RN Comments: Pt cant swallow yells when attempting to administer anything PO

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/09/25 1334 Documented: 02/09/25 1336	Given	0.5 mg	Oral	Performed by: Sano, Naomi, RN Comments: waiting med delivery

guanFACINE (Tenex) tablet 1 mg [360744745]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/12/25 1045
Ordered Dose (Remaining/Total): 1 mg (—/—)
Frequency: 2 times daily

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 2000 - 01/17/25 1137
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/17/25 1137 Documented: 01/17/25 1137	Unheld by provider	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/17/25 0800 Documented: 01/15/25 1247	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/16/25 2000 Documented: 01/15/25 1247	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/16/25 0800 Documented: 01/15/25 1247	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/15/25 2000 Documented: 01/15/25 1247	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/15/25 1247 Documented: 01/15/25 1247	Held By Provider Other	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	1 mg	Oral	Performed by: Nacol, Lani Kusu, RN
Performed 01/14/25 2025 Documented: 01/14/25 2025	Given	1 mg	Oral	Performed by: Johnston, Christopher L, RN
Performed 01/14/25 1001 Documented: 01/14/25 1001	Given	1 mg	Oral	Performed by: Santos, Frances Kate Kate, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 2246 Documented: 01/13/25 2247	Held Patient sleeping	0 mg	Oral	Performed by: Salick, Dominic J, RN Comments: somnolent
Performed 01/13/25 1504 Documented: 01/13/25 1504	Not Given NPO	1 mg	Oral	Performed by: Walks, Tristan H, RN
Performed 01/12/25 2037 Documented: 01/12/25 2037	Given	1 mg	Oral	Performed by: Salick, Dominic J, RN

guanFACINE (Tenex) tablet 1 mg [363891727]

Ordering Provider: Zafar, Zaeema, DO
Ordered On: 01/27/25 1052
Ordered Dose (Remaining/Total): 1 mg (—/—)
Frequency: 2 times daily
Admin Instructions: Hold for SBP <90

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/27/25 1122 - 02/02/25 1228
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/02/25 0917 Documented: 02/02/25 0917	Given	1 mg	Oral	Performed by: Gelgla, Letera D, RN
Performed 02/01/25 2048 Documented: 02/01/25 2049	Given	1 mg	Oral	Performed by: Johnson, Marita F, RN
Performed 02/01/25 0857 Documented: 02/01/25 0859	Given	1 mg	Oral	Performed by: Walsh, Julia McKeon, RN
Performed 01/31/25 2217 Documented: 01/31/25 2318	Given	1 mg	Oral	Performed by: Lyons, Julio Cesar Salazar, RN
Performed 01/31/25 0850 Documented: 01/31/25 0851	Given	1 mg	Oral	Performed by: Gelgla, Letera D, RN
Performed 01/30/25 2209 Documented: 01/30/25 2209	Not Given Patient sleeping	1 mg	Oral	Performed by: Mikulikova, Julia, RN Comments: ok to hold per provider
Performed 01/30/25 0925 Documented: 01/30/25 0925	Given	1 mg	Oral	Performed by: Liu, Kayla W, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/29/25 2055 Documented: 01/29/25 2056	Given	1 mg	Oral	Performed by: Bustamante Campusano, Diana, RN
Performed 01/29/25 0848 Documented: 01/29/25 0858	Given	1 mg	Oral	Performed by: Smith, Melody J, RN
Performed 01/28/25 2107 Documented: 01/28/25 2108	Given	1 mg	Oral	Performed by: Aidoo, Nana S, RN Comments: bp 145/78
Performed 01/28/25 0905 Documented: 01/28/25 0906	Not Given Order parameters not met	1 mg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/27/25 2101 Documented: 01/27/25 2109	Given	1 mg	Oral	Performed by: Paras, Michael, RN
Performed 01/27/25 1248 Documented: 01/27/25 1248	Given	1 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1627 Comments: Waiting for repeat BP

haloperidol lactate (Haldol) injection 0.5-2 mg [369857166]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1141
Ordered Dose (Remaining/Total): 0.5-2 mg (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: If Benzodiazepine ineffective or contraindicated. If patient has an IV, use IV route first.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/24/25 1138 - 02/27/25 1510
Route: Intramuscular
Ordered Rate/Order Duration: — / —
Start with lowest effective dose.

Timestamps	Action	Dose	Route / Site	Other Information
Performed 02/26/25 0313 Documented: 02/26/25 0314	Given	0.5 mg	Intramuscular Left Deltoid	Performed by: Yohannes, Mayda, RN Scanned Package: 67457-426-00
Performed 02/25/25 0458 Documented: 02/25/25 0458	Given	0.5 mg	Intramuscular Left Deltoid	Performed by: Aidoo, Nana S, RN Scanned Package: 67457-426-00
Performed 02/24/25 2347 Documented: 02/24/25 2347	Given	0.5 mg	Intramuscular Right Anterior Thigh	Performed by: Gawat, Maria C, RN Scanned Package: 67457-426-00

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/24/25 1243 Documented: 02/24/25 1243	Given	1 mg	Intramuscular Left Deltoid	Performed by: Porter, Allen, RN Scanned Package: 67457-426-00

heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix) [360239245]

Ordering Provider: Song, Chris, MD
Ordered On: 01/09/25 1235
Ordered Dose (Remaining/Total): 0-35 Units/kg/hr (Dosing Weight) (—/—)
Frequency: Continuous
Admin Instructions: Anti-Xa Regular Intensity Protocol (Goal 0.3-0.7)
(if heparin infusion recently held for procedure, and is being resumed: contact provider for dosing guidance with consideration of previous dose)

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1240 - 01/09/25 1806
Route: Intravenous
Ordered Rate/Order Duration: 0-15.93 mL/hr / —
Starting dose: 18 units/kg/hr

To adjust dose, use Anti-Xa REGULAR Intensity (Goal 0.3-0.7) Protocol

Question	Answer	Comment
Protocol intensity::	Regular (Anti-Xa goal = 0.3-0.7 units/mL)	—

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm	01/09/25 1248 by Sanders, Emily Carylon, RN	—

Timestamps	Action / Reason	Dose / Rate	Route	Other Information
Performed 01/09/25 1806 Documented: 01/09/25 1806	Unheld by provider	—	Intravenous	Performed by: Schwarz, Samuel, MD
Performed 01/09/25 1434 Documented: 01/09/25 1435	Stopped	0 Units/kg/hr 0 mL/hr	Intravenous	Performed by: Hendricksen, Kayla, RN Comments: stopped by Anesthesia team. MD Song aware.
Performed 01/09/25 1433 Documented: 01/09/25 1433	Held By Provider Procedure	—	Intravenous	Performed by: Song, Chris, MD
Performed 01/09/25 1338 Documented: 01/09/25 1338	Rate Verified	18 Units/kg/hr 8.19 mL/hr	Intravenous	Performed by: Hendricksen, Kayla, RN
Performed 01/09/25 1248 Documented: 01/09/25 1251	New Bag/Syringe	18 Units/kg/hr 8.19 mL/hr	Intravenous	Performed by: Sanders, Emily Carylon, RN Comments: Verified by Ali S Scanned Package: 0409-4520-02

heparin Bolus from pump 3,640 units [360239247]

Ordering Provider: Song, Chris, MD
Ordered On: 01/09/25 1235
Ordered Dose (Remaining/Total): 80 Units/kg (Dosing Weight) (0/1)
Frequency: Once
Admin Instructions: Loading Bolus.

Status: Completed (Past End Date/Time)
Starts/Ends: 01/09/25 1240 - 01/09/25 1251
Route: Intravenous
Ordered Rate/Order Duration: — / —
Max dose: 10,000 units.

Line	Med Link Info	Comment

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm — 01/09/25 1251 by Sanders, Emily Carylon, RN —

Timestamps	Action	Dose	Route	Other Information
Performed 01/09/25 1251 Documented: 01/09/25 1252	Bolus from Pump	3,640 units	Intravenous	Performed by: Sanders, Emily Carylon, RN Comments: Verfieid by Ali S

heparin injection 5,000 units [360348566]

Ordering Provider: McKinstry, Mia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 5,000 units (—/—)
Frequency: Every 12 hours scheduled
Admin Instructions: For usual risk VTE prophylaxis.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0900 - 02/16/25 0848
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Inject subcutaneously ONLY in abdomen.

Timestamps	Action / Reason	Dose	Route / Site	Other Information
Performed 02/15/25 2128 Documented: 02/15/25 2130	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Sauder, Jessica, RN Scanned Package: 63323-262-03
Performed 02/15/25 1034 Documented: 02/15/25 1035	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN Scanned Package: 63323-262-03
Performed 02/14/25 2027 Documented: 02/14/25 2027	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 63323-262-03
Performed 02/14/25 0927 Documented: 02/14/25 0927	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Gill, Loveleen S, RN Scanned Package: 63323-262-03
Performed 02/13/25 2052 Documented: 02/13/25 2052	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Limyukok, Mysha, RN Scanned Package: 63323-262-03
Performed 02/13/25 1220 Documented: 02/13/25 1221	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Escalante, Steve, RN Comments: Off unit w/ son in chair. Scanned Package: 63323-262-03
Performed 02/12/25 2014 Documented: 02/12/25 2014	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Gindi, Jeanna A, RN Scanned Package: 63323-262-03
Performed 02/12/25 0931 Documented: 02/12/25 0931	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 63323-262-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/11/25 2130 Documented: 02/11/25 2134	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Tran, Andy, RN Scanned Package: 63323-262-03
Performed 02/11/25 0913 Documented: 02/11/25 0915	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Bennett, Theodore, RN Scanned Package: 63323-262-03
Performed 02/10/25 2006 Documented: 02/10/25 2008	Not Given Other	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Jallow, Yusupha, RN Comments: Last dose given 4 hrs ago
Performed 02/10/25 1642 Documented: 02/10/25 1648	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Reese, Megahn Marilyn, RN
Performed 02/10/25 1405 Documented: 02/10/25 1406	Unchart Contraindicated	—	Subcutaneous —	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration risk
Performed 02/09/25 2155 Documented: 02/09/25 2206	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 63323-262-03
Performed 02/09/25 0938 Documented: 02/09/25 0942	Given	5,000 units	Subcutaneous Left Lower Abdomen	Performed by: Sano, Naomi, RN Scanned Package: 63323-262-03
Performed 02/08/25 2221 Documented: 02/08/25 2223	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Stanikzy, Ameenjohn A, RN Comments: grouped med pass Scanned Package: 63323-262-03
Performed 02/08/25 1241 Documented: 02/08/25 1241	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Hwee, Carla, RN Scanned Package: 63323-262-03
Performed 02/07/25 2228 Documented: 02/07/25 2228	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Kit, Ellen, RN Scanned Package: 63323-262-03
Performed 02/07/25 1000 Documented: 02/07/25 1022	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Puleo, Rosalie, RN Scanned Package: 63323-262-03
Performed 02/06/25 2113 Documented: 02/06/25 2113	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Yohannes, Mayda, RN Scanned Package: 63323-262-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/06/25 0930 Documented: 02/06/25 0932	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Wu, Lesly, RN Scanned Package: 63323-262-03
Performed 02/05/25 2000 Documented: 02/05/25 2006	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Sirichana, Geraldine N, RN Scanned Package: 63323-262-03
Performed 02/05/25 0934 Documented: 02/05/25 0934	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Wu, Lesly, RN Scanned Package: 63323-262-03
Performed 02/04/25 2106 Documented: 02/04/25 2107	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Avila, Nicole C, RN Scanned Package: 63323-262-03
Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	5,000 units	Subcutaneous Left Lower Abdomen	Performed by: Flaherty, Katherine R, RN Scanned Package: 63323-262-03
Performed 02/03/25 2131 Documented: 02/03/25 2131	Given	5,000 units	Subcutaneous Left Lower Abdomen	Performed by: Harrell, Mackenzie, RN Scanned Package: 63323-262-03
Performed 02/03/25 1020 Documented: 02/03/25 1021	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Clark, Rachael E, RN Comments: Pt orientation waxing and waning. Scanned Package: 63323-262-03
Performed 02/02/25 2200 Documented: 02/02/25 2244	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Obanla, Taiwo O, RN Scanned Package: 63323-262-03
Performed 02/02/25 0918 Documented: 02/02/25 0918	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Gelgla, Letera D, RN Scanned Package: 63323-262-03
Performed 02/01/25 2048 Documented: 02/01/25 2049	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Johnson, Marita F, RN Scanned Package: 63323-262-03
Performed 02/01/25 0859 Documented: 02/01/25 0859	Given	5,000 units	Subcutaneous Left Upper Abdomen	Performed by: Walsh, Julia McKeon, RN Scanned Package: 63323-262-03
Performed 01/31/25 2217 Documented: 01/31/25 2218	Not Given Patient/family refused	5,000 units	Subcutaneous —	Performed by: Lyons, Julio Cesar Salazar, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/31/25 0840 Documented: 01/31/25 0840	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Gelgla, Letera D, RN Scanned Package: 63323-262-03
Performed 01/30/25 2054 Documented: 01/30/25 2054	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Mikulikova, Julia, RN Scanned Package: 63323-262-03
Performed 01/30/25 0956 Documented: 01/30/25 0957	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Liu, Kayla W, RN Scanned Package: 63323-262-03
Performed 01/29/25 2054 Documented: 01/29/25 2056	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 63323-262-03
Performed 01/29/25 0848 Documented: 01/29/25 0858	Refused	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Smith, Melody J, RN Scanned Package: 63323-262-03
Performed 01/28/25 2107 Documented: 01/28/25 2108	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Aidoo, Nana S, RN Scanned Package: 63323-262-03
Performed 01/28/25 0904 Documented: 01/28/25 0904	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Gawat, Maria C, RN Scanned Package: 63323-262-03
Performed 01/27/25 2110 Documented: 01/27/25 2110	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Paras, Michael, RN Scanned Package: 63323-262-03
Performed 01/27/25 0937 Documented: 01/27/25 0938	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Scanned Package: 63323-262-03
Performed 01/26/25 2039 Documented: 01/26/25 2151	Refused	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Dickinson, Zoe E, RN
Performed 01/26/25 0908 Documented: 01/26/25 0908	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Scanned Package: 63323-262-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/25/25 2108 Documented: 01/25/25 2109	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Soto, Kalea G, RN Scanned Package: 63323-262-03
Performed 01/25/25 0900 Documented: 01/25/25 1459	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 2147 Documented: 01/24/25 2147	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Porter, Allen, RN Scanned Package: 63323-262-03
Performed 01/24/25 0822 Documented: 01/24/25 0823	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Gawat, Maria C, RN Scanned Package: 63323-262-03
Performed 01/23/25 2237 Documented: 01/23/25 2237	Not Given Patient/family refused	5,000 units	Subcutaneous —	Performed by: Kit, Ellen, RN
Performed 01/23/25 1000 Documented: 01/23/25 1005	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 63323-262-03
Performed 01/22/25 2103 Documented: 01/22/25 2104	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Lefler, Chelsea Lynne, RN Scanned Package: 63323-262-03
Performed 01/22/25 0955 Documented: 01/22/25 1048	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Jeanneret, Amber Marie, RN
Performed 01/21/25 2131 Documented: 01/21/25 2132	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Limyukok, Mysha, RN Scanned Package: 63323-262-03
Performed 01/21/25 0905 Documented: 01/21/25 0906	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Kaur, Rupinderjit, RN Scanned Package: 63323-262-03
Performed 01/20/25 2134 Documented: 01/20/25 2134	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Soto, Kalea G, RN Scanned Package: 63323-262-03
Performed 01/20/25 0932 Documented: 01/20/25 0932	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 63323-262-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/19/25 2106 Documented: 01/19/25 2107	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Johnson, Marita F, RN Scanned Package: 63323-262-03
Performed 01/19/25 0822 Documented: 01/19/25 0822	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Gordon, Carrie, RN Scanned Package: 63323-262-03
Performed 01/18/25 2028 Documented: 01/18/25 2030	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Jallow, Yusupha, RN Scanned Package: 63323-262-03
Performed 01/18/25 0857 Documented: 01/18/25 0857	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Hwee, Carla, RN Scanned Package: 63323-262-03
Performed 01/17/25 2043 Documented: 01/17/25 2044	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Sirichana, Geraldine N, RN Scanned Package: 63323-262-03
Performed 01/17/25 0912 Documented: 01/17/25 0914	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Mikulikova, Julia, RN Scanned Package: 63323-262-03
Performed 01/16/25 2058 Documented: 01/16/25 2101	Given	5,000 units	Subcutaneous Right Lower Abdomen	Performed by: Mazariegos, Oscar, RN Scanned Package: 63323-262-03
Performed 01/16/25 0856 Documented: 01/16/25 0857	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Mikulikova, Julia, RN Scanned Package: 63323-262-03
Performed 01/15/25 2052 Documented: 01/15/25 2053	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Howey, Alice J, RN Scanned Package: 63323-262-03
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Nacol, Lani Kusu, RN Scanned Package: 63323-262-03
Performed 01/14/25 2026 Documented: 01/14/25 2029	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Johnston, Christopher L, RN Scanned Package: 63323-262-03
Performed 01/14/25 1127 Documented: 01/14/25 1127	Unheld by provider	—	—	Performed by: McKinstry, Mia, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/14/25 0900 Documented: 01/12/25 1112	Automatically Held	—	—	Performed by: Mahdi, Elaa, MD
Performed 01/13/25 2100 Documented: 01/12/25 1112	Automatically Held	—	—	Performed by: Mahdi, Elaa, MD
Performed 01/13/25 0900 Documented: 01/12/25 1112	Automatically Held	—	—	Performed by: Mahdi, Elaa, MD
Performed 01/12/25 2100 Documented: 01/12/25 1112	Automatically Held	—	—	Performed by: Mahdi, Elaa, MD
Performed 01/12/25 1112 Documented: 01/12/25 1112	Held By Provider Procedure	—	—	Performed by: Mahdi, Elaa, MD
Performed 01/12/25 0906 Documented: 01/12/25 0907	Given	5,000 units	Subcutaneous Left Lower Abdomen	Performed by: Walks, Tristan H, RN Scanned Package: 63323-262-03
Performed 01/11/25 2144 Documented: 01/11/25 2144	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Salick, Dominic J, RN Scanned Package: 63323-262-03
Performed 01/11/25 0806 Documented: 01/11/25 0806	Given	5,000 units	Subcutaneous Left Lower Abdomen	Performed by: Walks, Tristan H, RN Scanned Package: 63323-262-03
Performed 01/10/25 2026 Documented: 01/10/25 2026	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Bertram, Olivia T, RN Scanned Package: 63323-262-03
Performed 01/10/25 1007 Documented: 01/10/25 1007	Given	5,000 units	Subcutaneous Left Lower Abdomen	Performed by: Thomas, Tamlyn P, RN Scanned Package: 63323-262-03

hyaluronidase human (Hylenex) injection 150-300 units [360636746]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/11/25 0559
Ordered Dose (Remaining/Total): 1-2 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/11/25 0630 - 01/11/25 0632
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Admin Instructions: Use 5-10 injections of 0.1-0.2 mL each subcutaneous around site of infiltration.

Timestamps	Action	Dose	Route / Site	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/11/25 0632 Documented: 01/11/25 0633	Given	150 units	Subcutaneous Left Arm	Performed by: Bertram, Olivia T, RN Scanned Package: 18657-117-01

HYDROmorphone (Dilaudid) injection 0.05 mg [360650551]

Ordering Provider: Barbour, Mohammed Fadel, MBBS
Ordered On: 01/11/25 0937
Ordered Dose (Remaining/Total): 0.05 mg (—/—)
Frequency: Every 2 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 0936 - 01/12/25 0924
Route: Intravenous
Ordered Rate/Order Duration: — / —
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Line	Med Link Info	Comment
Peripheral IV 01/10/25 20 G Anterior;Proximal;Right Forearm	01/11/25 1022 by Walks, Tristan H, RN	—

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/12/25 0835 Documented: 01/12/25 0835	Given	0.05 mg	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 0409-1283-03
Performed 01/12/25 0557 Documented: 01/12/25 0559	Not Given Contraindicated	0.05 mg	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0009 Documented: 01/12/25 0009	Given	0.05 mg	Intravenous	Performed by: Salick, Dominic J, RN Scanned Package: 0409-1283-03
Performed 01/11/25 2114 Documented: 01/11/25 2114	Given	0.05 mg	Intravenous	Performed by: Salick, Dominic J, RN Scanned Package: 0409-1283-03
Performed 01/11/25 1022 Documented: 01/11/25 1022	Given	0.05 mg	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.2 mg [362293092]

Ordering Provider: Rosiene, Joel, MD
Ordered On: 01/19/25 0629
Ordered Dose (Remaining/Total): 0.2 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/19/25 0700 - 01/19/25 0637
Route: Intravenous
Ordered Rate/Order Duration: — / —
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Line	Med Link Info	Comment
Peripheral IV 01/18/25 22 G Anterior;Distal;Right Forearm	01/19/25 0637 by Limyukok, Mysha, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/19/25 0637 Documented: 01/19/25 0637	Given	0.2 mg	Intravenous	Performed by: Limyukok, Mysha, RN Scanned Package: 0409-1283-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

HYDROmorphone (Dilaudid) injection 0.2 mg [362319938]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/19/25 1218
Ordered Dose (Remaining/Total): 0.2 mg (0/1)
Frequency: Once
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Status: Completed (Past End Date/Time)
Starts/Ends: 01/19/25 1249 - 01/19/25 1227
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/18/25 22 G Anterior;Distal;Right Forearm	01/19/25 1227 by Gordon, Carrie, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/19/25 1227 Documented: 01/19/25 1228	Given	0.2 mg	Intravenous	Performed by: Gordon, Carrie, RN Comments: accidentally discarded the dilaudid barcode. But drew up med with 2nd Rn observing for waste

HYDROmorphone (Dilaudid) injection 0.2 mg [362322697]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/19/25 1241
Ordered Dose (Remaining/Total): 0.2 mg (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/19/25 1241 - 01/28/25 1150
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/18/25 22 G Anterior;Distal;Right Forearm	01/19/25 2121 by Johnson, Marita F, RN	—
Peripheral IV 01/20/25 20 G Anterior;Distal;Left;Upper Arm	01/20/25 1258 by Kim, Christine Yuhyun, RN	—
Peripheral IV 01/22/25 22 G Anterior;Left Forearm	01/23/25 0047 by Patino Castro, Jennifer A, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/25/25 0552 Documented: 01/25/25 0553	Given	0.2 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03
Performed 01/24/25 1651 Documented: 01/24/25 1651	Given	0.2 mg	Intravenous	Performed by: Gawat, Maria C, RN Scanned Package: 0409-1283-03
Performed 01/24/25 1045 Documented: 01/24/25 1045	Given	0.2 mg	Intravenous	Performed by: Gawat, Maria C, RN Scanned Package: 0409-1283-03
Performed 01/23/25 1749 Documented: 01/23/25 1750	Given	0.2 mg	Intravenous	Performed by: Kit, Ellen, RN Scanned Package: 0409-1283-03
Performed 01/23/25 1005 Documented: 01/23/25 1005	Given	0.2 mg	Intravenous	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 0409-1283-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/23/25 0047 Documented: 01/23/25 0049	Given	0.2 mg	Intravenous	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 0409-1283-03
Performed 01/22/25 1635 Documented: 01/22/25 1635	Given	0.2 mg	Intravenous	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 0409-1283-03
Performed 01/22/25 0922 Documented: 01/22/25 0922	Given	0.2 mg	Intravenous	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 0409-1283-03
Performed 01/21/25 1321 Documented: 01/21/25 1321	Given	0.2 mg	Intravenous	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0409-1283-03
Performed 01/20/25 1258 Documented: 01/20/25 1258	Given	0.2 mg	Intravenous	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0409-1283-03
Performed 01/20/25 0255 Documented: 01/20/25 0255	Given	0.2 mg	Intravenous	Performed by: Lyons, Julio Cesar Salazar, RN Scanned Package: 0409-1283-03
Performed 01/19/25 2121 Documented: 01/19/25 2121	Given	0.2 mg	Intravenous	Performed by: Johnson, Marita F, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.2 mg [362391876]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/20/25 0754
Ordered Dose (Remaining/Total): 0.2 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/20/25 0825 - 01/20/25 0802
Route: Intravenous
Ordered Rate/Order Duration: — / —
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Line	Med Link Info	Comment
Peripheral IV 01/20/25 20 G Anterior;Distal;Left;Upper Arm	01/20/25 0802 by Kim, Christine Yuhyun, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/20/25 0802 Documented: 01/20/25 0803	Given	0.2 mg	Intravenous	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg [363318946]

Ordering Provider: Shepherd, Amanda Kay, MD
Ordered On: 01/23/25 1758
Ordered Dose (Remaining/Total): 0.2-0.4 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/23/25 1829 - 01/23/25 1918
Route: Intravenous
Ordered Rate/Order Duration: — / —
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Timestamps	Action	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/23/25 1918 Documented: 01/23/25 1918	Given	0.4 mg	Intravenous	Performed by: Kit, Ellen, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg [369694093]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/23/25 1409
Ordered Dose (Remaining/Total): 0.2-0.4 mg (—/—)
Frequency: Every 3 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/23/25 1408 - 02/24/25 1213
Route: Intravenous
Ordered Rate/Order Duration: — / —
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/23/25 1725 by Porter, Allen, RN	—

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/24/25 1146 Documented: 02/24/25 1146	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/24/25 0932 Documented: 02/24/25 0932	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/24/25 0851 Documented: 02/24/25 0959	Not Given Loss of IV access	0.2 mg	Intravenous	Performed by: Porter, Allen, RN Comments: Wasted w/ RN
Performed 02/24/25 0618 Documented: 02/24/25 0619	Given	0.2 mg	Intravenous	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1283-03
Performed 02/24/25 0325 Documented: 02/24/25 0326	Given	0.2 mg	Intravenous	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1283-03
Performed 02/23/25 2155 Documented: 02/23/25 2156	Given	0.2 mg	Intravenous	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1283-03
Performed 02/23/25 2119 Documented: 02/23/25 2120	Given	0.2 mg	Intravenous	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1283-03
Performed 02/23/25 1846 Documented: 02/23/25 1847	Given	0.2 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/23/25 1725 Documented: 02/23/25 1725	Given	0.2 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg [369694094]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/23/25 1409
Ordered Dose (Remaining/Total): 0.2-0.4 mg (—/—)
Frequency: Every 3 hours PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/23/25 1408 - 02/24/25 1213
Route: Subcutaneous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 02/24/25 1146 Documented: 02/24/25 1146	Given	0.2 mg	Subcutaneous Abdominal Tissue	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03
Performed 02/24/25 0932 Documented: 02/24/25 0932	Given	0.2 mg	Subcutaneous Abdominal Tissue	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03
Performed 02/24/25 0851 Documented: 02/24/25 0959	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/24/25 0618 Documented: 02/24/25 0619	See Alternative	—	—	Performed by: Aidoo, Nana S, RN
Performed 02/24/25 0325 Documented: 02/24/25 0326	See Alternative	—	—	Performed by: Aidoo, Nana S, RN
Performed 02/23/25 2155 Documented: 02/23/25 2156	See Alternative	—	—	Performed by: Aidoo, Nana S, RN
Performed 02/23/25 2119 Documented: 02/23/25 2120	See Alternative	—	—	Performed by: Aidoo, Nana S, RN
Performed 02/23/25 1846 Documented: 02/23/25 1847	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/23/25 1725 Documented: 02/23/25 1725	See Alternative	—	—	Performed by: Porter, Allen, RN

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg [369870150]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1213
Ordered Dose (Remaining/Total): 0.2-0.4 mg (—/—)
Frequency: Every 1 hour PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/24/25 1212 - 03/07/25 1031
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/07/25 0201 Documented: 03/07/25 0201	See Alternative	—	—	Performed by: Omo, Reese, RN
Performed 03/07/25 0050 Documented: 03/07/25 0050	See Alternative	—	—	Performed by: Moroye, Jessica, RN
Performed 03/06/25 1948 Documented: 03/06/25 1948	See Alternative	—	—	Performed by: Omo, Reese, RN
Performed 03/06/25 1841 Documented: 03/06/25 1843	See Alternative	—	—	Performed by: Tran-Thien, Quynh Phuong, RN
Performed 03/06/25 1509 Documented: 03/06/25 1511	See Alternative	—	—	Performed by: Tran-Thien, Quynh Phuong, RN
Performed 03/06/25 1202 Documented: 03/06/25 1206	See Alternative	—	—	Performed by: Tran-Thien, Quynh Phuong, RN
Performed 03/06/25 0259 Documented: 03/06/25 0300	Given	0.2 mg	Intravenous	Performed by: Bennett, Theodore, RN Scanned Package: 0409-1283-03
Performed 03/06/25 0210 Documented: 03/06/25 0212	See Alternative	—	—	Performed by: Bennett, Theodore, RN
Performed 03/01/25 1217 Documented: 03/01/25 1218	See Alternative	—	—	Performed by: Johnson, Marita F, RN
Performed 02/28/25 1936 Documented: 02/28/25 1937	See Alternative	—	—	Performed by: Quito, Daniel-Jayson Irabon, RN
Performed 02/28/25 0509 Documented: 02/28/25 0509	Not Given See Comments	—	Intravenous	Performed by: Mikulikova, Julia, RN Comments: given subcutaneous dose; see MAR

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/28/25 0445 Documented: 02/28/25 0446	See Alternative	—	Performed by: Mikulikova, Julia, RN
Performed 02/27/25 2207 Documented: 02/27/25 2207	See Alternative	—	Performed by: Bennett, Theodore, RN
Performed 02/27/25 2041 Documented: 02/27/25 2043	See Alternative	—	Performed by: Bennett, Theodore, RN
Performed 02/27/25 0155 Documented: 02/27/25 0156	See Alternative	—	Performed by: Harman, Kendall M, RN
Performed 02/26/25 0100 Documented: 02/26/25 0101	See Alternative	—	Performed by: Yohannes, Mayda, RN
Performed 02/25/25 1743 Documented: 02/25/25 1743	See Alternative	—	Performed by: Drammeh, Saihou, RN
Performed 02/25/25 0753 Documented: 02/25/25 0754	See Alternative	—	Performed by: Drammeh, Saihou, RN
Performed 02/25/25 0451 Documented: 02/25/25 0452	See Alternative	—	Performed by: Aidoo, Nana S, RN
Performed 02/24/25 2123 Documented: 02/24/25 2124	See Alternative	—	Performed by: Aidoo, Nana S, RN
Performed 02/24/25 2025 Documented: 02/24/25 2026	See Alternative	—	Performed by: Aidoo, Nana S, RN
Performed 02/24/25 1628 Documented: 02/24/25 1629	See Alternative	—	Performed by: Porter, Allen, RN
Performed 02/24/25 1406 Documented: 02/24/25 1407	See Alternative	—	Performed by: Porter, Allen, RN

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg [369870151]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1213
Ordered Dose (Remaining/Total): 0.2-0.4 mg (—/—)
Frequency: Every 1 hour PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/24/25 1212 - 03/07/25 1031
Route: Subcutaneous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 03/07/25 0201 Documented: 03/07/25 0201	Given	0.4 mg	Subcutaneous Abdominal Tissue	Performed by: Omo, Reese, RN Scanned Package: 0409-1283-03
Performed 03/07/25 0050 Documented: 03/07/25 0050	Given	0.4 mg	Subcutaneous Abdominal Tissue	Performed by: Moroye, Jessica, RN Scanned Package: 0409-1283-03
Performed 03/06/25 1948 Documented: 03/06/25 1948	Given	0.4 mg	Subcutaneous Abdominal Tissue	Performed by: Omo, Reese, RN Scanned Package: 0409-1283-03
Performed 03/06/25 1841 Documented: 03/06/25 1843	Given	0.4 mg	Subcutaneous Abdominal Tissue	Performed by: Tran-Thien, Quynh Phuong, RN Comments: pt screaming in pain Scanned Package: 0409-1283-03
Performed 03/06/25 1509 Documented: 03/06/25 1511	Given	0.2 mg	Subcutaneous Abdominal Tissue	Performed by: Tran-Thien, Quynh Phuong, RN Scanned Package: 0409-1283-03
Performed 03/06/25 1202 Documented: 03/06/25 1206	Given	0.2 mg	Subcutaneous Abdominal Tissue	Performed by: Tran-Thien, Quynh Phuong, RN Scanned Package: 0409-1283-03
Performed 03/06/25 0259 Documented: 03/06/25 0300	See Alternative	—	—	Performed by: Bennett, Theodore, RN
Performed 03/06/25 0210 Documented: 03/06/25 0212	Given	0.2 mg	Subcutaneous Left Arm	Performed by: Bennett, Theodore, RN Scanned Package: 0409-1283-03
Performed 03/01/25 1217 Documented: 03/01/25 1218	Refused	—	Subcutaneous —	Performed by: Johnson, Marita F, RN
Performed 02/28/25 1936 Documented: 02/28/25 1937	Given	0.2 mg	Subcutaneous Abdominal Tissue	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 0409-1283-03
Performed 02/28/25 0509 Documented: 02/28/25 0509	See Alternative	—	—	Performed by: Mikulikova, Julia, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/28/25 0445 Documented: 02/28/25 0446	Given	0.2 mg	Subcutaneous Left Arm	Performed by: Mikulikova, Julia, RN Scanned Package: 0409-1283-03
Performed 02/27/25 2207 Documented: 02/27/25 2207	Given	0.2 mg	Subcutaneous Right Shoulder	Performed by: Bennett, Theodore, RN Scanned Package: 0409-1283-03
Performed 02/27/25 2041 Documented: 02/27/25 2043	Given	0.2 mg	Subcutaneous Left Shoulder	Performed by: Bennett, Theodore, RN Scanned Package: 0409-1283-03
Performed 02/27/25 0155 Documented: 02/27/25 0156	Given	0.2 mg	Subcutaneous Left Arm	Performed by: Harman, Kendall M, RN Scanned Package: 0409-1283-03
Performed 02/26/25 0100 Documented: 02/26/25 0101	Given	0.2 mg	Subcutaneous Right Arm	Performed by: Yohannes, Mayda, RN Scanned Package: 0409-1283-03
Performed 02/25/25 1743 Documented: 02/25/25 1743	Given	0.2 mg	Subcutaneous Left Shoulder	Performed by: Drammeh, Saihou, RN Scanned Package: 0409-1283-03
Performed 02/25/25 0753 Documented: 02/25/25 0754	Given	0.4 mg	Subcutaneous Abdominal Tissue	Performed by: Drammeh, Saihou, RN Scanned Package: 0409-1283-03
Performed 02/25/25 0451 Documented: 02/25/25 0452	Given	0.4 mg	Subcutaneous Abdominal Tissue	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1283-03
Performed 02/24/25 2123 Documented: 02/24/25 2124	Given	0.4 mg	Subcutaneous Left Arm	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1283-03
Performed 02/24/25 2025 Documented: 02/24/25 2026	Given	0.4 mg	Subcutaneous Abdominal Tissue	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1283-03
Performed 02/24/25 1628 Documented: 02/24/25 1629	Given	0.4 mg	Subcutaneous Left Arm	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03
Performed 02/24/25 1406 Documented: 02/24/25 1407	Given	0.4 mg	Subcutaneous Left Arm	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.5 mg [368471321]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/17/25 1946
Ordered Dose (Remaining/Total): 0.5 mg (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/17/25 1946 - 02/21/25 1239
Route: Subcutaneous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 02/21/25 0307 Documented: 02/21/25 0308	Given	0.5 mg	Subcutaneous Right Arm	Performed by: Gindi, Jeanna A, RN Scanned Package: 0409-1283-03
Performed 02/20/25 1626 Documented: 02/20/25 1848	Given	0.5 mg	Subcutaneous Right Anterior Thigh	Performed by: Kangleon, Judith Esther J, RN
Performed 02/20/25 1019 Documented: 02/20/25 1849	Given	0.5 mg	Subcutaneous Right Anterior Thigh	Performed by: Kangleon, Judith Esther J, RN
Performed 02/19/25 1722 Documented: 02/19/25 1722	Given	0.5 mg	Subcutaneous Abdominal Tissue	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 0409-1283-03
Performed 02/19/25 1110 Documented: 02/19/25 1113	Given	0.5 mg	Subcutaneous Right Arm	Performed by: Fajarillo, Irene M, RN Scanned Package: 0409-1283-03
Performed 02/18/25 2131 Documented: 02/18/25 2132	Given	0.5 mg	Subcutaneous Left Lower Abdomen	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 0409-1283-03
Performed 02/17/25 2245 Documented: 02/17/25 2245	Given	0.5 mg	Subcutaneous Left Arm	Performed by: Gawat, Maria C, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.5 mg [369503046]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/21/25 1614
Ordered Dose (Remaining/Total): 0.5 mg (—/—)
Frequency: Every 3 hours PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/21/25 1610 - 02/23/25 1409
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/21/25 2236 by Gindi, Jeanna A, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 02/23/25 1018 Documented: 02/23/25 1018	Given	0.5 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/23/25 0638 Documented: 02/23/25 0638	Given	0.5 mg	Intravenous	Performed by: Macandile, Jan Kenneth Lantin, RN Scanned Package: 0409-1283-03
Performed 02/23/25 0303 Documented: 02/23/25 0306	Given	0.5 mg	Intravenous	Performed by: Dela Cruz, Catherine B, RN Scanned Package: 0409-1283-03
Performed 02/22/25 1733 Documented: 02/22/25 1734	Given	0.5 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03
Performed 02/22/25 1550 Documented: 02/22/25 1550	Refused	0.5 mg	Intravenous	Performed by: Moffett, Laura, RN
Performed 02/22/25 0608 Documented: 02/22/25 0608	Given	0.5 mg	Intravenous	Performed by: Gindi, Jeanna A, RN Scanned Package: 0409-1283-03
Performed 02/21/25 2236 Documented: 02/21/25 2237	Given	0.5 mg	Intravenous	Performed by: Gindi, Jeanna A, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.5 mg [369503049]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/21/25 1614
Ordered Dose (Remaining/Total): 0.5 mg (—/—)
Frequency: Every 3 hours PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/21/25 1610 - 02/23/25 1409
Route: Subcutaneous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 02/23/25 1018 Documented: 02/23/25 1018	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/23/25 0638 Documented: 02/23/25 0638	See Alternative	—	—	Performed by: Macandile, Jan Kenneth Lantin, RN
Performed 02/23/25 0303 Documented: 02/23/25 0306	See Alternative	—	—	Performed by: Dela Cruz, Catherine B, RN
Performed 02/22/25 1733 Documented: 02/22/25 1734	See Alternative	—	—	Performed by: Porter, Allen, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/22/25 1550 Documented: 02/22/25 1550	See Alternative	—	Performed by: Moffett, Laura, RN
Performed 02/22/25 0608 Documented: 02/22/25 0608	See Alternative	—	Performed by: Gindi, Jeanna A, RN
Performed 02/21/25 2236 Documented: 02/21/25 2237	See Alternative	—	Performed by: Gindi, Jeanna A, RN

insulin LISPRO injection 0-4 units [360358573]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/09/25 1954
Ordered Dose (Remaining/Total): 0-4 units (—/—)
Frequency: Nightly
Admin Instructions: BEDTIME **LOW** Dose CORRECTION Insulin
< 200 = DO NOT GIVE CORRECTIONAL INSULIN
250-299 = 3 units
>349 = recheck blood sugar once now, then give 4 units.
For BG > 349, call Provider and recheck BG in 1-2 hours.

2. If BG is LESS than or equal to 90mg/dL, offer patient juice or a small snack if appropriate. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 2100 - 01/11/25 1410
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Blood sugar = Dose

200-249 = 2 units
300-349 = 3 units

For BG > 500, send venous blood glucose STAT.
1. Check BG. Even if patient is NPO or not eating, GIVE correction insulin IF indicated by correction scale.
3. CHECK BG at 3AM if bedtime correction insulin dose given.

Timestamps	Action / Reason	Dose / Rate / Duration	Route	Other Information
Performed 01/10/25 2015 Documented: 01/10/25 2015	Not Given Order parameters not met	—	Subcutaneous	Performed by: Bertram, Olivia T, RN
Performed 01/09/25 2053 Documented: 01/09/25 2054	Not Given Order parameters not met	—	Subcutaneous	Performed by: Sande, Nathan R, RN

insulin LISPRO injection 0-5 units [360358572]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/09/25 1954
Ordered Dose (Remaining/Total): 0-5 units (—/—)
Frequency: 3 times daily before meals
Admin Instructions: DAYTIME **LOW** Dose CORRECTION Insulin
< 151 = DO NOT GIVE CORRECTIONAL INSULIN
200-249 = 2 units
300-349 = 4 units

For BG > 500, send venous blood glucose STAT.
1. Check BG before scheduled mealtime. Even if patient is NPO or not eating, GIVE correction insulin IF indicated by correction scale.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0800 - 01/11/25 1410
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Blood sugar = Dose

151-199 = 1 unit (2 units if no nutritional insulin given)
250-299 = 3 units
>349 = recheck blood sugar once now, then give 5 units.
For BG > 349, call PROVIDER and recheck BG in 1-2 hours

2. If POC BG was obtained POST FOOD INTAKE, hold correction insulin dose. If POST FOOD INTAKE BG is GREATER than or equal to 300 mg/dL, call provider for instructions.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

3. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.

Timestamps	Action / Reason	Dose	Route / Site	Other Information
Performed 01/11/25 1156 Documented: 01/11/25 1156	Given	3 units	Subcutaneous Left Arm	Performed by: Walks, Tristan H, RN Scanned Package: 0024-5926-05
Performed 01/11/25 0842 Documented: 01/11/25 0842	Not Given Contraindicated	—	Subcutaneous —	Performed by: Walks, Tristan H, RN Comments: Post food intake
Performed 01/10/25 1744 Documented: 01/10/25 1744	Not Given Procedure	—	Subcutaneous —	Performed by: Tatum, Krista N, RN
Performed 01/10/25 1339 Documented: 01/10/25 1339	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Thomas, Tamlyn P, RN
Performed 01/10/25 1006 Documented: 01/10/25 1007	Given	2 units	Subcutaneous Right Arm	Performed by: Thomas, Tamlyn P, RN Scanned Package: 0024-5926-05

insulin LISPRO injection 0-5 units [369588045]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/22/25 1033
Ordered Dose (Remaining/Total): 0-5 units (—/—)
Frequency: Every 6 hours scheduled
Admin Instructions: Q6 HOUR **LOW** Dose CORRECTION Insulin
< 200 = DO NOT GIVE CORRECTIONAL INSULIN
250-299 = 3 units
>349 = recheck blood sugar once now, then give 5 units.
For BG > 349, call Provider and recheck BG in 1-2 hours

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/22/25 1200 - 02/24/25 0827
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Blood sugar = Dose

200-249 = 2 units
300-349 = 4 units

For BG > 500, send venous blood glucose STAT.
1. Even if NPO, okay to give correction insulin, IF indicated per Correction insulin scale.

2. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol

Timestamps	Action / Reason	Dose	Route / Site	Other Information
Performed 02/24/25 0634 Documented: 02/24/25 0635	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Aidoo, Nana S, RN
Performed 02/24/25 0036 Documented: 02/24/25 0037	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Aidoo, Nana S, RN
Performed 02/23/25 1906 Documented: 02/23/25 1906	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Porter, Allen, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/23/25 1320 Documented: 02/23/25 1321	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Porter, Allen, RN Comments: BG146
Performed 02/23/25 0606 Documented: 02/23/25 0606	Given	2 units	Subcutaneous Left Arm	Performed by: Macandile, Jan Kenneth Lantin, RN Scanned Package: 0024-5926-05
Performed 02/23/25 0022 Documented: 02/23/25 0022	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Macandile, Jan Kenneth Lantin, RN
Performed 02/22/25 1741 Documented: 02/22/25 1742	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Porter, Allen, RN
Performed 02/22/25 1217 Documented: 02/22/25 1218	Given	2 units	Subcutaneous Abdominal Tissue	Performed by: Porter, Allen, RN Comments: BG214 Scanned Package: 0024-5926-05

insulin LISPRO injection 0-7 units [360673421]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/11/25 1410
Ordered Dose (Remaining/Total): 0-7 units (—/—)
Frequency: Nightly
Admin Instructions: BEDTIME **MED** Dose CORRECTION Insulin
< 200 = DO NOT GIVE CORRECTIONAL INSULIN
250-299 = 3 units
>349 = recheck blood sugar once now, then give 7 units.
For BG > 349, call Provider and recheck BG in 1-2 hours.

2. If BG is LESS than or equal to 90mg/dL, offer patient juice or a small snack if appropriate. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 2100 - 01/26/25 0845
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Blood sugar = Dose

200-249 = 2 units
300-349 = 5 units

For BG > 500, send venous blood glucose STAT.
1. Check BG. Even if patient is NPO or not eating, GIVE correction insulin IF indicated by correction scale.
3. CHECK BG at 3AM if bedtime correction insulin dose given.

Timestamps	Action / Reason	Dose / Rate / Duration	Route	Other Information
Performed 01/25/25 2056 Documented: 01/25/25 2057	Not Given See Comments	—	Subcutaneous	Performed by: Soto, Kalea G, RN Comments: BG 112
Performed 01/24/25 2200 Documented: 01/24/25 2201	Not Given Order parameters not met	—	Subcutaneous	Performed by: Porter, Allen, RN Comments: BG125
Performed 01/23/25 1950 Documented: 01/23/25 1950	Not Given Order parameters not met	—	Subcutaneous	Performed by: Kit, Ellen, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/22/25 2110 Documented: 01/22/25 2110	Not Given Order parameters not met	—	Subcutaneous	Performed by: Lefler, Chelsea Lynne, RN
Performed 01/21/25 2247 Documented: 01/21/25 2247	Not Given Order parameters not met	—	Subcutaneous	Performed by: Limyukok, Mysha, RN
Performed 01/20/25 2152 Documented: 01/20/25 2153	Not Given See Comments	—	Subcutaneous	Performed by: Soto, Kalea G, RN Comments: bg 87
Performed 01/19/25 2113 Documented: 01/19/25 2114	Not Given Order parameters not met	—	Subcutaneous	Performed by: Johnson, Marita F, RN Comments: BG 114
Performed 01/18/25 2040 Documented: 01/18/25 2041	Not Given Order parameters not met	—	Subcutaneous	Performed by: Jallow, Yusupha, RN Comments: CBG 158
Performed 01/17/25 2045 Documented: 01/17/25 2046	Not Given Order parameters not met	—	Subcutaneous	Performed by: Sirichana, Geraldine N, RN
Performed 01/16/25 2122 Documented: 01/16/25 2122	Not Given Order parameters not met	—	Subcutaneous	Performed by: Mazariegos, Oscar, RN Comments: bg160
Performed 01/15/25 2100 Documented: 01/15/25 2100	Not Given Order parameters not met	—	Subcutaneous	Performed by: Howey, Alice J, RN Comments: 176
Performed 01/14/25 2015 Documented: 01/14/25 2016	Not Given Order parameters not met	—	Subcutaneous	Performed by: Johnston, Christopher L, RN
Performed 01/13/25 2252 Documented: 01/13/25 2252	Not Given Order parameters not met	—	Subcutaneous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2024 Documented: 01/12/25 2024	Not Given Order parameters not met	—	Subcutaneous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2011 Documented: 01/11/25 2011	Not Given Order parameters not met	—	Subcutaneous	Performed by: Salick, Dominic J, RN Comments: bg 92

insulin LISPRO injection 0-8 units [360673419]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/11/25 1410
Ordered Dose (Remaining/Total): 0-8 units (—/—)
Frequency: 3 times daily before meals
Admin Instructions: DAYTIME **MED** Dose CORRECTION Insulin
< 151 = DO NOT GIVE CORRECTIONAL INSULIN
200-249 = 3 units
300-349 = 7 units

For BG > 500, send venous blood glucose STAT.
1. Check BG before scheduled mealtime. Even if patient is NPO or not eating, GIVE correction insulin IF indicated by correction scale.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 1600 - 01/26/25 0845
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Blood sugar = Dose

151-199 = 2 units
250-299 = 5 units
>349 = recheck blood sugar once now, then give 8 units.
For BG > 349, call Provider and recheck BG in 1-2 hours.

2. If POC BG was obtained POST FOOD INTAKE, hold correction insulin dose. If POST FOOD INTAKE BG is GREATER than or equal to 300 mg/dL, call provider for instructions.
3. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.

Timestamps	Action / Reason	Dose	Route / Site	Other Information
Performed 01/26/25 0901 Documented: 01/26/25 0901	Not Given See Comments	—	Subcutaneous —	Performed by: Smith, Meagan Q, RN Comments: order DC'd
Performed 01/25/25 1901 Documented: 01/25/25 1901	Not Given See Comments	—	Subcutaneous —	Performed by: Hollingsworth, Louise C, RN Comments: BG 125
Performed 01/25/25 1330 Documented: 01/25/25 1330	Not Given See Comments	—	Subcutaneous —	Performed by: Hollingsworth, Louise C, RN Comments: Bg 111
Performed 01/25/25 1012 Documented: 01/25/25 1013	Not Given See Comments	0 units	Subcutaneous —	Performed by: Hollingsworth, Louise C, RN Comments: BG 103
Performed 01/24/25 1654 Documented: 01/24/25 1654	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Gawat, Maria C, RN
Performed 01/24/25 1214 Documented: 01/24/25 1215	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Gawat, Maria C, RN
Performed 01/24/25 0850 Documented: 01/24/25 0850	Given	2 units	Subcutaneous Abdominal Tissue	Performed by: Gawat, Maria C, RN Scanned Package: 0024-5926-05
Performed 01/23/25 1946 Documented: 01/23/25 1946	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Kit, Ellen, RN
Performed 01/23/25 1153 Documented: 01/23/25 1153	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Jeanneret, Amber Marie, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/23/25 0949 Documented: 01/23/25 0950	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Jeanneret, Amber Marie, RN
Performed 01/22/25 1842 Documented: 01/22/25 1843	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Jeanneret, Amber Marie, RN
Performed 01/22/25 1326 Documented: 01/22/25 1327	Given	2 units 2 units	Subcutaneous Abdominal Tissue	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 0024-5926-05
Performed 01/22/25 0911 Documented: 01/22/25 0911	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Jeanneret, Amber Marie, RN
Performed 01/21/25 1752 Documented: 01/21/25 1753	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Kaur, Rupinderjit, RN
Performed 01/21/25 1238 Documented: 01/21/25 1239	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Kaur, Rupinderjit, RN
Performed 01/21/25 0904 Documented: 01/21/25 0905	Given	2 units 2 units	Subcutaneous Abdominal Tissue	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0024-5926-05
Performed 01/20/25 1834 Documented: 01/20/25 1838	Given	2 units 2 units	Subcutaneous Left Arm	Performed by: Kim, Christine Yuhyun, RN Comments: BG 158 Scanned Package: 0024-5926-05
Performed 01/20/25 1309 Documented: 01/20/25 1310	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Kim, Christine Yuhyun, RN Comments: BG 133
Performed 01/20/25 1026 Documented: 01/20/25 1027	Not Given See Comments	— —	Subcutaneous —	Performed by: Kim, Christine Yuhyun, RN Comments: Son already feeding patient breakfast, BG was 132 with morning labs this morning.
Performed 01/19/25 1737 Documented: 01/19/25 1737	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Johnson, Marita F, RN Comments: BG 95
Performed 01/19/25 1126 Documented: 01/19/25 1126	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Bustamante Campusano, Diana, RN Comments: bg 114

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/19/25 0843 Documented: 01/19/25 0843	Given	2 units	Subcutaneous Abdominal Tissue	Performed by: Gordon, Carrie, RN Comments: bg 192 Scanned Package: 0024-5926-05
Performed 01/18/25 1744 Documented: 01/18/25 1744	Not Given See Comments	—	Subcutaneous —	Performed by: Burke, Ashley P, RN Comments: BS 149
Performed 01/18/25 1218 Documented: 01/18/25 1218	Given	2 units	Subcutaneous Abdominal Tissue	Performed by: Hwee, Carla, RN Comments: BG 153 Scanned Package: 0024-5926-05
Performed 01/18/25 0856 Documented: 01/18/25 0856	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Hwee, Carla, RN Comments: BG 171 post PO intake
Performed 01/17/25 1705 Documented: 01/17/25 1705	Given	2 units	Subcutaneous Right Arm	Performed by: Mikulikova, Julia, RN Scanned Package: 0024-5926-05
Performed 01/17/25 1136 Documented: 01/17/25 1136	Given	2 units	Subcutaneous Left Arm	Performed by: Mikulikova, Julia, RN Scanned Package: 0024-5926-05
Performed 01/17/25 0837 Documented: 01/17/25 0837	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Mikulikova, Julia, RN
Performed 01/16/25 1611 Documented: 01/16/25 1612	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Mikulikova, Julia, RN Comments: bg 144
Performed 01/16/25 1235 Documented: 01/16/25 1239	Given	3 units	Subcutaneous Right Arm	Performed by: Mikulikova, Julia, RN Comments: bg 217 Scanned Package: 0024-5926-05
Performed 01/16/25 0856 Documented: 01/16/25 0857	Given	2 units	Subcutaneous Left Arm	Performed by: Mikulikova, Julia, RN Comments: bg 164 Scanned Package: 0024-5926-05
Performed 01/15/25 1708 Documented: 01/15/25 1708	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Howey, Alice J, RN Comments: 143

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/15/25 1211 Documented: 01/15/25 1211	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Nacol, Lani Kusu, RN Comments: BG 182 post food intake
Performed 01/15/25 0930 Documented: 01/15/25 0930	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Nacol, Lani Kusu, RN
Performed 01/14/25 1832 Documented: 01/14/25 1833	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1309 Documented: 01/14/25 1309	Given	5 units	Subcutaneous Abdominal Tissue	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 0024-5926-05
Performed 01/14/25 0811 Documented: 01/14/25 0811	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Santos, Frances Kate Kate, RN
Performed 01/13/25 1828 Documented: 01/13/25 1829	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1236 Documented: 01/13/25 1236	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0740 Documented: 01/13/25 0740	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1626 Documented: 01/12/25 1626	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1154 Documented: 01/12/25 1154	Not Given Contraindicated	—	Subcutaneous —	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0845 Documented: 01/12/25 0845	Given	2 units	Subcutaneous Left Arm	Performed by: Walks, Tristan H, RN Scanned Package: 0024-5926-05
Performed 01/11/25 1651 Documented: 01/11/25 1651	Given	2 units	Subcutaneous Left Arm	Performed by: Walks, Tristan H, RN Scanned Package: 0024-5926-05

insulin REGULAR 100 units in NS 100 mL (1 unit/mL) infusion (pkg premix) [360325646]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Czarnecki, Maciej, MD
Ordered On: 01/09/25 1626
Ordered Dose (Remaining/Total): 0-19 Units/hr (—/—)
Frequency: Continuous
Admin Instructions: Patients with T1DM should never have the insulin infusion turned off for > 1 hour.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1657 - 01/09/25 1954
Route: Intravenous
Ordered Rate/Order Duration: 0-19 mL/hr / —
When transitioning off insulin infusion, administer a dose of subcutaneous basal insulin (if ordered), continue titrating infusion for 2 hrs, then discontinue infusion.
Insulin Infusion STANDARD Protocol - start at Algoirthm 1.

Refer to Insulin Infusion Algorithm Decision Tree for subsequent dosing.

Question	Answer	Comment
Insulin Protocol::	Standard	—

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm	01/09/25 1813 by Forsyth, Kevin K, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/09/25 2000 Documented: 01/09/25 2036	Stopped	0 Units/hr 0 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/09/25 1813 Documented: 01/09/25 1814	New Bag/Syringe	0.8 Units/hr 0.8 mL/hr	Intravenous	Performed by: Forsyth, Kevin K, RN Comments: algo 1 BS 126 Scanned Package: 0338-0126-12

iohexol (Omnipaque) 350 MG/ML contrast 80 mL [360233480]

Ordering Provider: Vrablik, Marie Clougherty, MD
Ordered On: 01/09/25 1217
Ordered Dose (Remaining/Total): 80 mL (0/1)
Frequency: Once as needed

Status: Completed (Past End Date/Time)
Starts/Ends: 01/09/25 1217 - 01/09/25 1217
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm	01/09/25 1217 by Bailey, Cairo, RT	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/09/25 1217 Documented: 01/09/25 1217	Contrast Given	80 mL	Intravenous	Performed by: Bailey, Cairo, RT

ipratropium-albuterol (Duoneb) 0.5-2.5 (3) MG/3ML nebulizer solution 3 mL [368306503]

Ordering Provider: Bhandari, Shiv, MD
Ordered On: 02/16/25 0603
Ordered Dose (Remaining/Total): 3 mL (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: (Albuterol base 2.5mg-ipratropium 0.5mg/3mL inhalation soln). Store in original foil pouch. Protect from light.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/16/25 0602 - 02/24/25 1141
Route: Nebulization
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/21/25 1258 Documented: 02/21/25 1258	Given	3 mL	Nebulization	Performed by: Walsh, Julia McKeon, RN Scanned Package: 0487-0201-01

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/16/25 0620 Documented: 02/16/25 0620	Given	3 mL	Nebulization	Performed by: Angeles, Jessie J, RRT Scanned Package: 0487-0201-01

isoproterenol 1 mg in dextrose 5 % 250 mL (0.004 mg/mL) infusion [360655463]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/11/25 1033
Ordered Dose (Remaining/Total): 0-0.1 mcg/kg/min (Dosing Weight) (—/—)
Frequency: Continuous
Admin Instructions: Titrate to keep HR > 60
Titration: 0.005 mcg/kg/min every 5 min

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 1104 - 01/11/25 1425
Route: Intravenous

Ordered Rate/Order Duration: 0-68.25 mL/hr / —
Starting dose: 0.01 mcg/kg/min
If patient transferred from another area/level of care, the RN may continue at the prior dose.

STANDARD Concentration. (For Peripheral or Central line use)

Line	Med Link Info	Comment
Venous Sheath 01/10/25 Right Jugular	01/11/25 1109 by Walks, Tristan H, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/11/25 1401 Documented: 01/11/25 1424	Stopped	0 mcg/kg/min 0 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1400 Documented: 01/11/25 1341	Rate Verified	0.04 mcg/kg/min 27.3 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1340 Documented: 01/11/25 1340	Dose/Rate Changed	0.04 mcg/kg/min 27.3 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1315 Documented: 01/11/25 1340	Dose/Rate Changed	0.035 mcg/kg/min 23.9 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1302 Documented: 01/11/25 1340	Dose/Rate Changed	0.03 mcg/kg/min 20.5 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1300 Documented: 01/11/25 1340	Rate Verified	0.025 mcg/kg/min 17.06 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1200 Documented: 01/11/25 1339	Rate Verified	0.025 mcg/kg/min 17.06 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1155 Documented: 01/11/25 1156	Dose/Rate Changed	0.025 mcg/kg/min 17.06 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/11/25 1109 Documented: 01/11/25 1110	New Bag/Syringe	0.01 mcg/kg/min 6.83 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 0338-0017-02, 0548-9502-00

lactated ringers infusion [360632011]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/11/25 0239
Ordered Dose (Remaining/Total): 35 mL/hr (—/—)
Frequency: Continuous
Status: Verified (Past End Date/Time)
Starts/Ends: 01/11/25 0310 - 01/11/25 0700
Route: Intravenous
Ordered Rate/Order Duration: 35 mL/hr / —

Line	Med Link Info	Comment
Peripheral IV 01/10/25 20 G Anterior;Proximal;Right Forearm	01/11/25 0248 by Bertram, Olivia T, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/11/25 0917 Documented: 01/11/25 0917	Stopped	0 mL/hr 0 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0700 Documented: 01/11/25 0654	Rate Verified	35 mL/hr 35 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0600 Documented: 01/11/25 0654	Rate Verified	35 mL/hr 35 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0500 Documented: 01/11/25 0654	Rate Verified	35 mL/hr 35 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0400 Documented: 01/11/25 0421	Rate Verified	35 mL/hr 35 mL/hr	Intravenous	Performed by: Kim, Saraphina S, RN
Performed 01/11/25 0300 Documented: 01/11/25 0305	Rate Verified	35 mL/hr 35 mL/hr	Intravenous	Performed by: Kim, Saraphina S, RN
Performed 01/11/25 0248 Documented: 01/11/25 0248	New Bag/Syringe	35 mL/hr 35 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN Scanned Package: 0338-0117-04

lactated ringers infusion [360644107]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/11/25 0818
Ordered Dose (Remaining/Total): 35 mL/hr (—/—)
Frequency: Continuous
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 0849 - 01/11/25 1042
Route: Intravenous
Ordered Rate/Order Duration: 35 mL/hr / —

Line	Med Link Info	Comment
Venous Sheath 01/10/25 Right Jugular	01/11/25 0836 by Walks, Tristan H, RN	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/11/25 1111 Documented: 01/11/25 1111	Stopped	0 mL/hr 0 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0900 Documented: 01/11/25 0917	Rate Verified	35 mL/hr 35 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0836 Documented: 01/11/25 0836	Continued from OR	35 mL/hr 35 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

lactated ringers infusion [360745194]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/12/25 1051
Ordered Dose (Remaining/Total): 60 mL/hr (—/—)
Frequency: Continuous
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 1122 - 01/23/25 1553
Route: Intravenous
Ordered Rate/Order Duration: 60 mL/hr / —

Line	Med Link Info	Comment
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm	01/15/25 1928 by Howey, Alice J, RN	—
Peripheral IV 01/18/25 22 G Anterior;Distal;Right Forearm	01/18/25 1520 by Burke, Ashley P, RN	—
Peripheral IV 01/20/25 20 G Anterior;Distal;Left;Upper Arm	01/20/25 1618 by Kim, Christine Yuhyun, RN	—
Peripheral IV 01/22/25 22 G Anterior;Left Forearm	01/22/25 0642 by Limyukok, Mysha, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/23/25 0200 Documented: 01/23/25 0239	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Patino Castro, Jennifer A, RN
Performed 01/23/25 0047 Documented: 01/23/25 0049	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 0338-0117-04
Performed 01/23/25 0000 Documented: 01/23/25 0239	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Patino Castro, Jennifer A, RN
Performed 01/22/25 2300 Documented: 01/23/25 0238	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Patino Castro, Jennifer A, RN
Performed 01/22/25 0642 Documented: 01/22/25 0642	Restarted	60 mL/hr 60 mL/hr	Intravenous	Performed by: Limyukok, Mysha, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/22/25 0200 Documented: 01/22/25 0318	Stopped	0 mL/hr 0 mL/hr	Intravenous	Performed by: Tran, Andy, RN Comments: Leaky PIV
Performed 01/21/25 0931 Documented: 01/21/25 0932	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0338-0117-04
Performed 01/21/25 0918 Documented: 01/21/25 0918	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Kaur, Rupinderjit, RN
Performed 01/20/25 1618 Documented: 01/20/25 1618	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0338-0117-04
Performed 01/19/25 2126 Documented: 01/19/25 2126	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Johnson, Marita F, RN Scanned Package: 0338-0117-04
Performed 01/18/25 1520 Documented: 01/18/25 1620	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Burke, Ashley P, RN
Performed 01/18/25 1502 Documented: 01/18/25 1502	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Hwee, Carla, RN Scanned Package: 0338-0117-04
Performed 01/17/25 2129 Documented: 01/17/25 2129	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Sirichana, Geraldine N, RN Scanned Package: 0338-0117-04
Performed 01/16/25 1047 Documented: 01/16/25 1047	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Smith, Melody J, RN Scanned Package: 0338-0117-04
Performed 01/15/25 1928 Documented: 01/15/25 1928	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Howey, Alice J, RN Scanned Package: 0338-0117-04
Performed 01/15/25 1300 Documented: 01/15/25 1948	Paused	0 mL/hr 0 mL/hr	Intravenous	Performed by: Howey, Alice J, RN Comments: IV access loss
Performed 01/15/25 0800 Documented: 01/15/25 1000	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Nacol, Lani Kusu, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/14/25 2100 Documented: 01/14/25 2324	Restarted	60 mL/hr 60 mL/hr	Intravenous	Performed by: Johnston, Christopher L, RN
Performed 01/14/25 1800 Documented: 01/14/25 1837	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1700 Documented: 01/14/25 1836	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1600 Documented: 01/14/25 1836	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1500 Documented: 01/14/25 1836	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1400 Documented: 01/14/25 1836	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1300 Documented: 01/14/25 1400	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1200 Documented: 01/14/25 1400	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1100 Documented: 01/14/25 1108	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1000 Documented: 01/14/25 1108	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 0900 Documented: 01/14/25 1107	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 0800 Documented: 01/14/25 1057	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/14/25 0700 Documented: 01/14/25 0704	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/14/25 0600 Documented: 01/14/25 0611	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/14/25 0500 Documented: 01/14/25 0531	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/14/25 0400 Documented: 01/14/25 0451	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/14/25 0300 Documented: 01/14/25 0451	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/14/25 0200 Documented: 01/14/25 0451	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/14/25 0100 Documented: 01/14/25 0451	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/14/25 0000 Documented: 01/14/25 0451	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 2300 Documented: 01/14/25 0451	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 2200 Documented: 01/13/25 2247	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 2100 Documented: 01/13/25 2117	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 2000 Documented: 01/13/25 2017	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 1900 Documented: 01/13/25 1904	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1800 Documented: 01/13/25 1814	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1720 Documented: 01/13/25 1813	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1515 Documented: 01/13/25 1813	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1500 Documented: 01/13/25 1517	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1400 Documented: 01/13/25 1413	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1200 Documented: 01/13/25 1228	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1000 Documented: 01/13/25 1228	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0800 Documented: 01/13/25 0738	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0700 Documented: 01/13/25 0703	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0600 Documented: 01/13/25 0555	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0500 Documented: 01/13/25 0555	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 0400 Documented: 01/13/25 0449	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0300 Documented: 01/13/25 0346	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0200 Documented: 01/13/25 0206	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0100 Documented: 01/13/25 0205	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0000 Documented: 01/13/25 0011	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2300 Documented: 01/12/25 2324	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2200 Documented: 01/12/25 2324	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2100 Documented: 01/12/25 2108	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2000 Documented: 01/12/25 2009	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 1900 Documented: 01/12/25 1923	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1800 Documented: 01/12/25 1823	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1600 Documented: 01/12/25 1635	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/12/25 1500 Documented: 01/12/25 1522	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1400 Documented: 01/12/25 1522	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1300 Documented: 01/12/25 1316	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1112 Documented: 01/12/25 1112	Restarted	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

lactated ringers IV Bolus 1,000 mL [363643353]

Ordering Provider: Chi, Frank, MD
Ordered On: 01/25/25 1201
Ordered Dose (Remaining/Total): 1,000 mL (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 01/25/25 1232 - 01/25/25 1421
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 60 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/25/25 1321 by Hollingsworth, Louise C, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/25/25 1321 Documented: 01/25/25 1321	New Bag/Syringe	1,000 mL 1,000 mL/hr 60 Minutes	Intravenous	Performed by: Hollingsworth, Louise C, RN Scanned Package: 0338-0117-04

lactated ringers IV Bolus 1,000 mL [363723818]

Ordering Provider: Chi, Frank, MD
Ordered On: 01/26/25 0933
Ordered Dose (Remaining/Total): 1,000 mL (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 01/26/25 1004 - 01/26/25 1146
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 60 Minutes

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/26/25 1046 Documented: 01/26/25 1050	New Bag/Syringe	1,000 mL 1,000 mL/hr 60 Minutes	Intravenous	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Scanned Package: 0338-0117-04

lactated ringers IV Bolus 250 mL [360374523]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/10/25 0008
Ordered Dose (Remaining/Total): 250 mL (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 01/10/25 0039 - 01/10/25 0027
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 15 Minutes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/10/25 0012 Documented: 01/10/25 0012	New Bag/Syringe	250 mL 1,000 mL/hr 15 Minutes	Intravenous	Performed by: Sande, Nathan R, RN Scanned Package: 0338-0117-04

lactated ringers IV Bolus 250 mL [360746554]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/12/25 1109
Ordered Dose (Remaining/Total): 250 mL (1/1)
Frequency: Once
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 1140 - 01/13/25 1133
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 15 Minutes

Line	Med Link Info	Comment
Venous Sheath 01/10/25 Right Jugular	01/12/25 1112 by Walks, Tristan H, RN	—

Timestamps	Action / Reason	Dose / Rate / Duration	Route	Other Information
Performed 01/12/25 1128 Documented: 01/12/25 1128	Not Given Other	250 mL 1,000 mL/hr 15 Minutes	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1112 Documented: 01/12/25 1113	Restarted	— 1,000 mL/hr 15 Minutes	Intravenous	Performed by: Walks, Tristan H, RN

lactated ringers IV Bolus 500 mL [360365577]

Ordering Provider: Gripshover, Bailey L, PA-C
Ordered On: 01/09/25 2134
Ordered Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/09/25 2205 - 01/09/25 2242
Route: Intravenous
Ordered Rate/Order Duration: 500 mL/hr / 60 Minutes

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/09/25 2142 Documented: 01/09/25 2142	New Bag/Syringe	500 mL 500 mL/hr 60 Minutes	Intravenous	Performed by: Sande, Nathan R, RN Scanned Package: 0338-0117-04

lactated ringers IV Bolus 500 mL [360671284]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/11/25 1344
Ordered Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/11/25 1415 - 01/11/25 1416
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 30 Minutes

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/11/25 1346 Documented: 01/11/25 1347	Bolus	500 mL 1,000 mL/hr 30 Minutes	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

lactated ringers IV Bolus 500 mL [360731430]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/12/25 0742
Ordered Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/12/25 0813 - 01/12/25 0819
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 30 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/10/25 20 G Anterior;Proximal;Right Forearm	01/12/25 0749 by Walks, Tristan H, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/12/25 0749 Documented: 01/12/25 0749	New Bag/Syringe	500 mL 1,000 mL/hr 30 Minutes	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 0338-0117-04

lidocaine (Glydo) 2 % jelly 2-5 mL [368683995]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/18/25 1452
Ordered Dose (Remaining/Total): 2-5 mL (0/1)
Frequency: Once
Admin Instructions: For NG tube placement
Status: Completed (Past End Date/Time)
Starts/Ends: 02/18/25 1522 - 02/18/25 1458
Route: Nasal
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/18/25 1458 Documented: 02/18/25 1458	Given	5 mL	Nasal	Performed by: Barker, Codie L, RN Comments: Left Nostril Scanned Package: 25021-673-77

lidocaine (Glydo) 2 % jelly 2-5 mL [368821889]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/19/25 0908
Ordered Dose (Remaining/Total): 2-5 mL (0/1)
Frequency: Once
Admin Instructions: For NG tube placement
Status: Completed (Past End Date/Time)
Starts/Ends: 02/19/25 0939 - 02/19/25 0934
Route: Nasal
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/19/25 0934 Documented: 02/19/25 0934	Given	2 mL	Nasal	Performed by: Fajarillo, Irene M, RN Scanned Package: 25021-673-77

lidocaine 2 % injection [361043605]

Ordering Provider: Akoum, Nazem Walid, MD
Ordered On: 01/13/25 1626
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Frequency: As needed

Timestamps	Action	Dose	Route / Site	Other Information
Performed 01/13/25 1624 Documented: 01/13/25 1626	Given	5 mL	Subcutaneous Chest	Performed by: Bevan, Graham Howard, MD Documented by: Singsaas, Julie M, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 1619 Documented: 01/13/25 1626	Given	10 mL	Subcutaneous Chest	Performed by: Bevan, Graham Howard, MD Documented by: Singsaas, Julie M, RN

lidocaine 4 % per patch 1 patch [362177933]

Ordering Provider: Rosiene, Joel, MD
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 01/17/25 2116
Starts/Ends: 01/17/25 2200 - 03/08/25 1537
Ordered Dose (Remaining/Total): 1 patch (—/—)
Route: Topical
Frequency: Every 24 hours
Ordered Rate/Order Duration: — / 12 Hours
Admin Instructions: Apply to leg at site of pain. Remove after 12 hours (max 12 hrs per 24 hrs)

Timestamps	Action / Reason	Dose / Duration	Route / Site	Other Information
Due 03/08/25 1135 Scheduled: 03/08/25 1537	Due (Medication Removed)	—	—	—
Performed 03/08/25 0217 Documented: 03/08/25 0219	Medication Applied	1 patch 12 Hours	Topical Right Leg	Performed by: Gaerlan, Nisha, RN Scanned Package: 0536-1202-15
Performed 03/06/25 2119 Documented: 03/06/25 2120	Not Given Patient sleeping	1 patch 12 Hours	Topical —	Performed by: Omo, Reese, RN Comments: CMO pain comfortable and sleeping
Performed 03/06/25 1505 Documented: 03/06/25 1505	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Tran-Thien, Quynh Phuong, RN
Performed 03/06/25 0215 Documented: 03/06/25 0215	Medication Applied	1 patch 12 Hours	Topical Right Leg	Performed by: Bennett, Theodore, RN Scanned Package: 0536-1202-15
Performed 03/05/25 0951 Documented: 03/05/25 0951	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Negrete Maldonado V, Karla, RN
Performed 03/04/25 2042 Documented: 03/04/25 2045	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Kit, Ellen, RN
Performed 03/04/25 0947 Documented: 03/04/25 0947	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Smith, Melody J, RN Comments: not present upon assessment
Performed 03/03/25 2246 Documented: 03/03/25 2251	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 0536-1202-15

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 03/03/25 0940 Documented: 03/03/25 0940	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Gelgla, Letera D, RN
Performed 03/02/25 2202 Documented: 03/02/25 2203	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Ireland, Rashell, RN Scanned Package: 0536-1202-15
Performed 03/02/25 0938 Documented: 03/02/25 0938	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Tadesse, Caleb S, RN
Performed 03/01/25 2148 Documented: 03/01/25 2149	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Johnson, Marita F, RN Scanned Package: 0536-1202-15
Performed 03/01/25 0853 Documented: 03/01/25 0853	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Gill, Loveleen S, RN
Performed 02/28/25 2124 Documented: 02/28/25 2124	Medication Applied	1 patch 12 Hours	Topical Chest	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 0536-1202-15
Performed 02/28/25 0919 Documented: 02/28/25 0919	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Dimitrov, Alexey T, RN
Performed 02/27/25 2007 Documented: 02/27/25 2009	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Bennett, Theodore, RN Scanned Package: 0536-1202-15
Performed 02/27/25 1200 Documented: 02/27/25 1346	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Long, Lijie, RN
Performed 02/27/25 0041 Documented: 02/27/25 0041	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Harman, Kendall M, RN Comments: comfort care, pt sleeping Scanned Package: 0536-1202-15
Performed 02/26/25 0917 Documented: 02/26/25 0917	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Fresnoza, Frances F, RN
Performed 02/25/25 2109 Documented: 02/25/25 2111	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Yohannes, Mayda, RN Scanned Package: 0536-1202-15

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/25/25 1017 Documented: 02/25/25 1017	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Drammeh, Saihou, RN
Performed 02/24/25 2124 Documented: 02/24/25 2124	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Aidoo, Nana S, RN Scanned Package: 0536-1202-15
Performed 02/24/25 1003 Documented: 02/24/25 1003	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Porter, Allen, RN
Performed 02/23/25 2122 Documented: 02/23/25 2123	Medication Applied	1 patch 12 Hours	Topical Other	Performed by: Aidoo, Nana S, RN Comments: L AKA stump Scanned Package: 0536-1202-15
Performed 02/23/25 0811 Documented: 02/23/25 0811	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Porter, Allen, RN
Performed 02/22/25 2000 Documented: 02/22/25 1954	Medication Applied	1 patch 12 Hours	Topical Left Knee	Performed by: Jallow, Yusupha, RN Comments: Family requested Scanned Package: 0536-1202-15
Performed 02/22/25 0953 Documented: 02/22/25 0953	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Porter, Allen, RN
Performed 02/21/25 2133 Documented: 02/21/25 2133	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Gindi, Jeanna A, RN Scanned Package: 0536-1202-15
Performed 02/21/25 0946 Documented: 02/21/25 0946	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Moffett, Laura, RN
Performed 02/20/25 2200 Documented: 02/20/25 2201	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Gindi, Jeanna A, RN Scanned Package: 0536-1202-15
Performed 02/20/25 0858 Documented: 02/20/25 0858	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Kangleon, Judith Esther J, RN
Performed 02/19/25 2108 Documented: 02/19/25 2108	Medication Applied	1 patch 12 Hours	Topical Left Knee	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 46581-830-06

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/19/25 0926 Documented: 02/19/25 0926	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Fajarillo, Irene M, RN
Performed 02/18/25 2057 Documented: 02/18/25 2058	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 46581-830-06
Performed 02/18/25 0809 Documented: 02/18/25 0809	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Porter, Allen, RN
Performed 02/17/25 2032 Documented: 02/17/25 2032	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Gawat, Maria C, RN Comments: previous patch removed early Scanned Package: 46581-830-06
Performed 02/17/25 0920 Documented: 02/17/25 0920	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Bounthong, Vanh K, RN
Performed 02/16/25 2132 Documented: 02/16/25 2132	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Moroye, Jessica, RN Scanned Package: 46581-830-06
Performed 02/16/25 0950 Documented: 02/16/25 0950	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Ndiaye, Djenaba L, RN
Performed 02/15/25 2129 Documented: 02/15/25 2130	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Sauder, Jessica, RN Scanned Package: 0536-1202-15
Performed 02/15/25 1042 Documented: 02/15/25 1042	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN
Performed 02/15/25 1041 Documented: 02/15/25 1041	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN
Performed 02/14/25 2137 Documented: 02/14/25 2137	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 46581-830-06
Performed 02/14/25 1055 Documented: 02/14/25 1055	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Gill, Loveleen S, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/13/25 2331 Documented: 02/13/25 2331	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Limyukok, Mysha, RN Scanned Package: 46581-830-06
Performed 02/13/25 0855 Documented: 02/13/25 0855	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Escalante, Steve, RN
Performed 02/12/25 2014 Documented: 02/12/25 2014	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Gindi, Jeanna A, RN Scanned Package: 0536-1202-15
Performed 02/12/25 0941 Documented: 02/12/25 0941	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Jeanneret, Amber Marie, RN
Performed 02/11/25 2130 Documented: 02/11/25 2134	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Tran, Andy, RN Scanned Package: 46581-830-06
Performed 02/11/25 0915 Documented: 02/11/25 0915	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Bennett, Theodore, RN
Performed 02/10/25 2100 Documented: 02/10/25 2018	Medication Applied	1 patch 12 Hours	Topical Other	Performed by: Jallow, Yusupha, RN Comments: L thigh Scanned Package: 46581-830-06
Performed 02/10/25 1356 Documented: 02/10/25 1356	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Reese, Megahn Marilyn, RN Comments: not on pt
Performed 02/09/25 2154 Documented: 02/09/25 2206	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 0536-1202-15
Performed 02/09/25 1051 Documented: 02/09/25 1052	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Sano, Naomi, RN Comments: Patch already fell off.
Performed 02/08/25 2223 Documented: 02/08/25 2223	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Stanikzy, Ameenjohn A, RN
Performed 02/07/25 2228 Documented: 02/07/25 2229	Refused	1 patch 12 Hours	Topical —	Performed by: Kit, Ellen, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/07/25 1025 Documented: 02/07/25 1025	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Puleo, Rosalie, RN
Performed 02/06/25 2113 Documented: 02/06/25 2113	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Yohannes, Mayda, RN Scanned Package: 0536-1202-15
Performed 02/06/25 0932 Documented: 02/06/25 0932	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Wu, Lesly, RN
Performed 02/05/25 2122 Documented: 02/05/25 2122	Medication Applied	1 patch 12 Hours	Topical Other	Performed by: Sirichana, Geraldine N, RN Comments: abdomen Scanned Package: 0536-1202-15
Performed 02/05/25 0934 Documented: 02/05/25 0934	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Wu, Lesly, RN
Performed 02/04/25 2106 Documented: 02/04/25 2107	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Avila, Nicole C, RN Scanned Package: 0536-1202-15
Performed 02/04/25 0951 Documented: 02/04/25 0951	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Flaherty, Katherine R, RN
Performed 02/03/25 2129 Documented: 02/03/25 2131	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Harrell, Mackenzie, RN Scanned Package: 0536-1202-15
Performed 02/03/25 0845 Documented: 02/03/25 0956	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Clark, Rachael E, RN Comments: Soiled w/ urine
Performed 02/02/25 2214 Documented: 02/02/25 2236	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Obanla, Taiwo O, RN Scanned Package: 0536-1202-15
Performed 02/01/25 2048 Documented: 02/01/25 2053	Refused	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Johnson, Marita F, RN Comments: care cluster
Performed 01/31/25 2217 Documented: 01/31/25 2218	Not Given Patient/family refused	1 patch 12 Hours	Topical —	Performed by: Lyons, Julio Cesar Salazar, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/31/25 1155 Documented: 01/31/25 1155	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Gelgla, Letera D, RN
Performed 01/30/25 2300 Documented: 01/30/25 2305	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Mikulikova, Julia, RN Scanned Package: 0536-1202-15
Performed 01/30/25 0955 Documented: 01/30/25 0955	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Liu, Kayla W, RN
Performed 01/29/25 2110 Documented: 01/29/25 2110	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 0536-1202-15
Performed 01/29/25 0858 Documented: 01/29/25 0859	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Smith, Melody J, RN
Performed 01/28/25 2107 Documented: 01/28/25 2108	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Aidoo, Nana S, RN Scanned Package: 0536-1202-15
Performed 01/28/25 1014 Documented: 01/28/25 1014	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Gawat, Maria C, RN
Performed 01/27/25 2231 Documented: 01/27/25 2234	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Paras, Michael, RN Scanned Package: 0536-1202-15
Performed 01/27/25 0939 Documented: 01/27/25 0946	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047
Performed 01/26/25 2039 Documented: 01/26/25 2039	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Dickinson, Zoe E, RN Comments: cluster care, sleep promotion/delirum prevention protocol Scanned Package: 0536-1202-15
Performed 01/26/25 0908 Documented: 01/26/25 1006	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Smith, Meagan Q, RN
Performed 01/25/25 2107 Documented: 01/25/25 2109	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Soto, Kalea G, RN Scanned Package: 0536-1202-15

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/25/25 1007 Documented: 01/25/25 1007	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 2205 Documented: 01/24/25 2205	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Porter, Allen, RN Scanned Package: 0536-1202-15
Performed 01/23/25 2036 Documented: 01/23/25 2036	Refused	1 patch 12 Hours	Topical —	Performed by: Kit, Ellen, RN Comments: pt asleep
Performed 01/23/25 1005 Documented: 01/23/25 1023	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Jeanneret, Amber Marie, RN
Performed 01/22/25 2107 Documented: 01/22/25 2108	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Lefler, Chelsea Lynne, RN Scanned Package: 46581-830-06
Performed 01/22/25 1000 Documented: 01/22/25 1320	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Jeanneret, Amber Marie, RN
Performed 01/21/25 2203 Documented: 01/21/25 2203	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Limyukok, Mysha, RN Scanned Package: 41167-05840
Performed 01/21/25 0918 Documented: 01/21/25 0919	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Kaur, Rupinderjit, RN
Performed 01/20/25 2134 Documented: 01/20/25 2134	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Soto, Kalea G, RN Scanned Package: 41167-05840
Performed 01/20/25 0900 Documented: 01/20/25 1103	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Kim, Christine Yuhyun, RN
Performed 01/19/25 2107 Documented: 01/19/25 2107	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Johnson, Marita F, RN Scanned Package: 41167-05840
Performed 01/19/25 0830 Documented: 01/19/25 0830	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Gordon, Carrie, RN Comments: Pt's son says it was removed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/18/25 2100 Documented: 01/18/25 2030	Medication Applied	1 patch 12 Hours	Topical Left Vastus Lateralis	Performed by: Jallow, Yusupha, RN Scanned Package: 41167-05840
Performed 01/18/25 0925 Documented: 01/18/25 0925	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Hwee, Carla, RN
Performed 01/17/25 2122 Documented: 01/17/25 2122	Medication Applied	1 patch 12 Hours	Topical Left Knee	Performed by: Sirichana, Geraldine N, RN Scanned Package: 41167-05840

lidocaine PF (Xylocaine-MPF) 1 % injection [360517338]

Ordering Provider: Ayyoub, Alaa Samih, MD
Ordered On: 01/10/25 1312
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Frequency: As needed

Timestamps	Action	Dose	Route / Site	Other Information
Performed 01/10/25 1312 Documented: 01/10/25 1312	Given	5 mL	Subcutaneous Right Neck	Performed by: Abera, Seifu Mengesha, MD Documented by: Jensen, Craig, Technologist

lidocaine PF (Xylocaine-MPF) 1 % injection [360588295]

Ordering Provider: Ayyoub, Alaa Samih, MD
Ordered On: 01/10/25 1700
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Frequency: As needed

Timestamps	Action	Dose	Route / Site	Other Information
Performed 01/10/25 1654 Documented: 01/10/25 1700	Given	1 mL	Subcutaneous Right Neck	Performed by: Ayyoub, Alaa Samih, MD Documented by: Bauer, Zoe Michelle, RN

LORazepam injection 0.25 mg [368490919]

Ordering Provider: Bhandari, Shiv, MD
Ordered On: 02/18/25 0051
Ordered Dose (Remaining/Total): 0.25 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/18/25 0122 - 02/18/25 0233
Route: Intramuscular
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 02/18/25 0233 Documented: 02/18/25 0233	Given	0.25 mg	Intramuscular Right Anterior Thigh	Performed by: Gawat, Maria C, RN Scanned Package: 0641-6044-01

LORazepam injection 0.25 mg [368626997]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/18/25 1228
Ordered Dose (Remaining/Total): 0.25 mg (—/—)
Frequency: Every 8 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/18/25 1227 - 02/21/25 1239
Route: Intramuscular
Ordered Rate/Order Duration: — / —

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose	Route / Site	Other Information
Performed 02/21/25 1153 Documented: 02/21/25 1153	Given	0.25 mg	Intramuscular Left Deltoid	Performed by: Walsh, Julia McKeon, RN Scanned Package: 0641-6001-01
Performed 02/20/25 2238 Documented: 02/20/25 2239	Given	0.25 mg	Intramuscular Right Anterior Thigh	Performed by: Gindi, Jeanna A, RN Scanned Package: 0641-6044-01
Performed 02/20/25 0133 Documented: 02/20/25 0134	Given	0.25 mg	Intramuscular Right Leg	Performed by: Limyukok, Mysha, RN Scanned Package: 0641-6044-01
Performed 02/19/25 0944 Documented: 02/19/25 0947	Given	0.25 mg	Intramuscular Right Arm	Performed by: Fajarillo, Irene M, RN Scanned Package: 0641-6044-01
Performed 02/19/25 0047 Documented: 02/19/25 0047	Given	0.25 mg	Intramuscular Left Arm	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 0641-6001-01
Performed 02/18/25 1339 Documented: 02/18/25 1339	Given	0.25 mg	Intramuscular Left Deltoid	Performed by: Porter, Allen, RN Scanned Package: 0641-6044-01

LORazepam injection 0.25 mg [369501018]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/21/25 1606
Ordered Dose (Remaining/Total): 0.25 mg (—/—)
Frequency: Every 6 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/21/25 1605 - 02/24/25 1213
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/22/25 0955 by Porter, Allen, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 02/24/25 1146 Documented: 02/24/25 1146	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/24/25 0348 Documented: 02/24/25 0349	Given	0.25 mg	Intravenous	Performed by: Aidoo, Nana S, RN Scanned Package: 0641-6001-01
Performed 02/23/25 1740 Documented: 02/23/25 1740	See Alternative	—	—	Performed by: Porter, Allen, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/23/25 0811 Documented: 02/23/25 0813	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/23/25 0809 Documented: 02/23/25 0810	Given	0.25 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0641-6001-01
Performed 02/23/25 0018 Documented: 02/23/25 0018	Given	0.25 mg	Intravenous	Performed by: Macandile, Jan Kenneth Lantin, RN Scanned Package: 0641-6001-01
Performed 02/22/25 1546 Documented: 02/22/25 1548	Given	0.25 mg	Intravenous	Performed by: Moffett, Laura, RN Scanned Package: 0641-6001-01
Performed 02/22/25 0955 Documented: 02/22/25 0955	Given	0.25 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0641-6044-01
Performed 02/21/25 1804 Documented: 02/21/25 1804	Given	0.25 mg	Intravenous	Performed by: Walsh, Julia McKeon, RN Scanned Package: 0641-6001-01

LORazepam injection 0.25 mg [369501019]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/21/25 1606
Ordered Dose (Remaining/Total): 0.25 mg (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: Subcutaneous

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/21/25 1605 - 02/24/25 1213
Route: See Admin Instructions
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/24/25 1146 Documented: 02/24/25 1146	Given	0.25 mg	See Admin Instructions	Performed by: Porter, Allen, RN Scanned Package: 0641-6001-01
Performed 02/24/25 0348 Documented: 02/24/25 0349	See Alternative	—	—	Performed by: Aidoo, Nana S, RN
Performed 02/23/25 1740 Documented: 02/23/25 1740	Given	0.25 mg	See Admin Instructions	Performed by: Porter, Allen, RN Scanned Package: 0641-6001-01
Performed 02/23/25 0811 Documented: 02/23/25 0813	Not Given See Comments	0.25 mg	See Admin Instructions	Performed by: Porter, Allen, RN Comments: duplicate on MAR

Medication Administrations (continued)

Performed 02/23/25 0809 Documented: 02/23/25 0810	See Alternative	—	Performed by: Porter, Allen, RN
Performed 02/23/25 0018 Documented: 02/23/25 0018	See Alternative	—	Performed by: Macandile, Jan Kenneth Lantin, RN
Performed 02/22/25 1546 Documented: 02/22/25 1548	See Alternative	—	Performed by: Moffett, Laura, RN
Performed 02/22/25 0955 Documented: 02/22/25 0955	See Alternative	—	Performed by: Porter, Allen, RN
Performed 02/21/25 1804 Documented: 02/21/25 1804	See Alternative	—	Performed by: Walsh, Julia McKeon, RN

LORazepam injection 0.25-0.5 mg [369870152]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1213
Ordered Dose (Remaining/Total): 0.25-0.5 mg (—/—)
Frequency: Every 6 hours PRN

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/24/25 1212 - 03/08/25 1537
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 03/07/25 0146 Documented: 03/07/25 0146	See Alternative	—	—	Performed by: Omo, Reese, RN
Performed 02/28/25 1730 Documented: 02/28/25 1731	See Alternative	—	—	Performed by: Dimitrov, Alexey T, RN
Performed 02/27/25 2000 Documented: 02/27/25 2000	See Alternative	—	—	Performed by: Bennett, Theodore, RN
Performed 02/26/25 1957 Documented: 02/26/25 1957	See Alternative	—	—	Performed by: Harman, Kendall M, RN
Performed 02/24/25 2035 Documented: 02/24/25 2035	See Alternative	—	—	Performed by: Aidoo, Nana S, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/24/25 1406 Documented: 02/24/25 1407	See Alternative	—	—	Performed by: Porter, Allen, RN

LORazepam injection 0.25-0.5 mg [369870153]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1213
Ordered Dose (Remaining/Total): 0.25-0.5 mg (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: Subcutaneous

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/24/25 1212 - 03/08/25 1537
Route: See Admin Instructions
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 0146 Documented: 03/07/25 0146	Given	0.5 mg	See Admin Instructions	Performed by: Omo, Reese, RN Scanned Package: 0641-6001-01
Performed 02/28/25 1730 Documented: 02/28/25 1731	Given	0.5 mg	See Admin Instructions	Performed by: Dimitrov, Alexey T, RN Scanned Package: 0641-6044-01
Performed 02/27/25 2000 Documented: 02/27/25 2000	Given	0.5 mg	See Admin Instructions	Performed by: Bennett, Theodore, RN Scanned Package: 0641-6001-01
Performed 02/26/25 1957 Documented: 02/26/25 1957	Given	0.5 mg	See Admin Instructions	Performed by: Harman, Kendall M, RN Comments: sub-q, no IV access Scanned Package: 0641-6001-01
Performed 02/24/25 2035 Documented: 02/24/25 2035	Given	0.5 mg	See Admin Instructions	Performed by: Aidoo, Nana S, RN Scanned Package: 0641-6001-01
Performed 02/24/25 1406 Documented: 02/24/25 1407	Given	0.25 mg	See Admin Instructions	Performed by: Porter, Allen, RN Scanned Package: 0641-6001-01

LORazepam injection 0.5 mg [369071668]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/20/25 0829
Ordered Dose (Remaining/Total): 0.5 mg (0/1)
Frequency: Once PRN Procedure

Status: Completed (Past End Date/Time)
Starts/Ends: 02/20/25 0824 - 02/20/25 1320
Route: Intramuscular
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 02/20/25 1320 Documented: 02/20/25 1321	Given	0.5 mg	Intramuscular Right Arm	Performed by: Kangleon, Judith Esther J, RN Scanned Package: 0641-6001-01

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

magnesium hydroxide (Milk of Magnesia) 400 MG/5ML suspension 30 mL [371153510]

Ordering Provider: Stenberg, Daniel Lloyd, DO
Ordered On: 03/01/25 1409
Ordered Dose (Remaining/Total): 30 mL (—/—)
Frequency: 2 times daily PRN
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/01/25 1408 - 03/08/25 1537
Route: Oral
Ordered Rate/Order Duration: — / —
Admin Instructions: Give if no BM x 48 hrs and no response to senna or bisacodyl (or they are not ordered).

Timestamps	Action	Dose	Route	Other Information
Performed 03/02/25 0937 Documented: 03/02/25 0937	Given	30 mL	Oral	Performed by: Tadesse, Caleb S, RN Scanned Package: 0121-0431-30
Performed 03/01/25 2148 Documented: 03/01/25 2149	Given	30 mL	Oral	Performed by: Johnson, Marita F, RN Scanned Package: 0121-0431-30
Performed 03/01/25 1436 Documented: 03/01/25 1436	Given	30 mL	Oral	Performed by: Johnson, Marita F, RN Scanned Package: 0121-0431-30

magnesium oxide (Mag-Ox) tablet 800 mg [365983522]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/05/25 1056
Ordered Dose (Remaining/Total): 800 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/05/25 1127 - 02/05/25 1222
Route: Oral
Ordered Rate/Order Duration: — / —
Admin Instructions: Avoid concurrent iron preparations. Magnesium oxide 400 mg = approximately 240 mg of elemental magnesium.

Timestamps	Action	Dose	Route	Other Information
Performed 02/05/25 1222 Documented: 02/05/25 1228	Given	800 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 64980-339-90, 64980-339-90

magnesium oxide (Mag-Ox) tablet 800 mg [366198377]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/06/25 0841
Ordered Dose (Remaining/Total): 800 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/06/25 0912 - 02/06/25 0929
Route: Oral
Ordered Rate/Order Duration: — / —
Admin Instructions: Avoid concurrent iron preparations. Magnesium oxide 400 mg = approximately 240 mg of elemental magnesium.

Timestamps	Action	Dose	Route	Other Information
Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	800 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 64980-339-90, 64980-339-90

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [360382578]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/10/25 0255
Ordered Dose (Remaining/Total): 2 g (—/—)
Frequency: Every 6 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0255 - 01/14/25 1220
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes
Admin Instructions: For Mg < 2 mg/dL, recheck Mg in 2-4 hours If Scr > 2 or patient is receiving dialysis check with Provider.

Medication Administrations (continued)

(2 grams = 16 mEq)

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 01/13/25 0542 Documented: 01/13/25 0542	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Salick, Dominic J, RN Scanned Package: 83634-500-41
Performed 01/12/25 0545 Documented: 01/12/25 0545	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Salick, Dominic J, RN Scanned Package: 83634-500-41
Performed 01/10/25 0331 Documented: 01/10/25 0331	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Sande, Nathan R, RN Scanned Package: 83634-500-41

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [361513847]

Ordering Provider: Segerson, Karen Elaine, MD
Ordered On: 01/15/25 1234
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)

Status: Completed (Past End Date/Time)
Starts/Ends: 01/15/25 1305 - 01/15/25 1540
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm	01/15/25 1510 by Howey, Alice J, RN	—

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 01/15/25 1510 Documented: 01/15/25 1510	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Howey, Alice J, RN Scanned Package: 83634-500-41

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [362299297]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/19/25 0823
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)

Status: Completed (Past End Date/Time)
Starts/Ends: 01/19/25 0854 - 01/19/25 0912
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 01/19/25 0842 Documented: 01/19/25 0843	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Gordon, Carrie, RN Scanned Package: 83634-500-41

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [362394085]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/20/25 0823
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)

Status: Completed (Past End Date/Time)
Starts/Ends: 01/20/25 0854 - 01/20/25 1000
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/20/25 20 G Anterior;Distal;Left;Upper Arm	01/20/25 0930 by Kim, Christine Yuhyun, RN	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 01/20/25 0930 Documented: 01/20/25 0930	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 83634-500-41

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [362799167]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/22/25 0755
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)
Status: Completed (Past End Date/Time)
Starts/Ends: 01/22/25 0826 - 01/22/25 0957
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 01/22/25 0927 Documented: 01/22/25 0927	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 83634-500-41

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [363835714]

Ordering Provider: Zafar, Zaeema, DO
Ordered On: 01/27/25 0843
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)
Status: Completed (Past End Date/Time)
Starts/Ends: 01/27/25 0914 - 01/27/25 1007
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/27/25 0937 by Wylie, Ariana, Nursing Student	—

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 01/27/25 0937 Documented: 01/27/25 0938	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Scanned Package: 63323-106-02

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [366689626]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/08/25 0940
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)
Status: Completed (Past End Date/Time)
Starts/Ends: 02/08/25 1011 - 02/08/25 1249
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 02/08/25 1219 Documented: 02/08/25 1219	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Hwee, Carla, RN Scanned Package: 63323-106-02

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [369588206]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Status: Completed (Past End Date/Time)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordered On: 02/22/25 1035
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)
Starts/Ends: 02/22/25 1106 - 02/22/25 1248
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/22/25 1218 by Porter, Allen, RN	—

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 02/22/25 1218 Documented: 02/22/25 1218	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 63323-106-02

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [369775449]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 0827
Ordered Dose (Remaining/Total): 2 g (1/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/24/25 0858 - 02/24/25 1141
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Timestamps	Action / Reason	Dose / Duration	Route	Other Information
Performed 02/24/25 0934 Documented: 02/24/25 0934	Not Given Loss of IV access	2 g 30 Minutes	Intravenous	Performed by: Porter, Allen, RN

magnesium sulfate 4 g in SWFI 50 mL IVPB (premix) [364881777]

Ordering Provider: Zafar, Zaeema, DO
Ordered On: 01/30/25 1932
Ordered Dose (Remaining/Total): 4 g (0/1)
Frequency: Once
Admin Instructions: (4 grams = 32 mEq)
Status: Completed (Past End Date/Time)
Starts/Ends: 01/30/25 2003 - 01/30/25 2051
Route: Intravenous
Ordered Rate/Order Duration: — / 60 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/30/25 1951 by Mikulikova, Julia, RN	—

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 01/30/25 1951 Documented: 01/30/25 1951	New Bag/Syringe	4 g 60 Minutes	Intravenous	Performed by: Mikulikova, Julia, RN Scanned Package: 0338-1719-40

melatonin tablet 3 mg [360628684]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/11/25 0037
Ordered Dose (Remaining/Total): 3 mg (—/—)
Frequency: Nightly PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 0037 - 02/16/25 1212
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/31/25 2218 Documented: 01/31/25 2319	Given	3 mg	Oral	Performed by: Lyons, Julio Cesar Salazar, RN
Performed 01/30/25 0000 Documented: 01/30/25 0009	Given	3 mg	Oral	Performed by: Dela Cruz, Catherine B, RN Scanned Package: 50268-524-11
Performed 01/24/25 2147 Documented: 01/25/25 0053	Not Given Patient/family refused	3 mg	Oral	Performed by: Porter, Allen, RN Comments: per son
Performed 01/23/25 1918 Documented: 01/23/25 1918	Given	3 mg	Oral	Performed by: Kit, Ellen, RN Scanned Package: 50268-524-11
Performed 01/18/25 2029 Documented: 01/18/25 2030	Given	3 mg	Oral	Performed by: Jallow, Yusupha, RN Scanned Package: 50268-524-11
Performed 01/17/25 2043 Documented: 01/17/25 2044	Given	3 mg	Oral	Performed by: Sirichana, Geraldine N, RN Scanned Package: 50268-524-11
Performed 01/14/25 2025 Documented: 01/14/25 2025	Given	3 mg	Oral	Performed by: Johnston, Christopher L, RN Scanned Package: 50268-524-11
Performed 01/11/25 2316 Documented: 01/11/25 2316	Given	3 mg	Oral	Performed by: Salick, Dominic J, RN Scanned Package: 50268-524-11
Performed 01/11/25 0043 Documented: 01/11/25 0043	Given	3 mg	Oral	Performed by: Bertram, Olivia T, RN Scanned Package: 50268-524-11

morphine CONCENTRATED solution 5 mg [372364924]

Ordering Provider: Barnes, James Irvin, MD
Ordered On: 03/06/25 1640
Ordered Dose (Remaining/Total): 5 mg (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: Start with lowest effective dose.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/06/25 1640 - 03/06/25 1805
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/06/25 1728 Documented: 03/06/25 1728	Given	5 mg	Oral	Performed by: Tran-Thien, Quynh Phuong, RN Scanned Package: 68094-045-01

morphine CONCENTRATED solution 5 mg [372382390]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Barnes, James Irvin, MD
Ordered On: 03/06/25 1805
Ordered Dose (Remaining/Total): 5 mg (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: Start with lowest effective dose.
Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/06/25 1805 - 03/07/25 0927
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/07/25 0020 Documented: 03/07/25 0020	Given	5 mg	Oral	Performed by: Moroye, Jessica, RN Scanned Package: 68094-045-01
Performed 03/06/25 2007 Documented: 03/06/25 2008	Not Given Order parameters not met	5 mg	Oral	Performed by: Omo, Reese, RN Comments: too early to give - not given wasted

morphine PF injection 0.5-1 mg [369430743]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/21/25 1239
Ordered Dose (Remaining/Total): 0.5-1 mg (—/—)
Frequency: Every 3 hours PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/21/25 1238 - 02/21/25 1530
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/21/25 1412 by Walsh, Julia McKeon, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 02/21/25 1412 Documented: 02/21/25 1412	Given	0.5 mg	Intravenous	Performed by: Walsh, Julia McKeon, RN Scanned Package: 0409-1890-03
Performed 02/21/25 1258 Documented: 02/21/25 1258	Given	0.5 mg	Intravenous	Performed by: Walsh, Julia McKeon, RN Scanned Package: 0409-1890-03

morphine solution 1 mg [368401072]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/17/25 0842
Ordered Dose (Remaining/Total): 1 mg (—/—)
Frequency: Every 2 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/17/25 0842 - 02/17/25 1054
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/17/25 0910 Documented: 02/17/25 0913	Given	1 mg	Oral	Performed by: McNeill, Kristin, RN Scanned Package: 0121-0904-05

moxifloxacin tablet 400 mg [371002136]

Ordering Provider: Stenberg, Daniel Lloyd, DO
Ordered On: 02/28/25 1343
Ordered Dose (Remaining/Total): 400 mg (0/5)
Frequency: Daily
Status: Completed (Past End Date/Time)
Starts/Ends: 02/28/25 1414 - 03/04/25 0929
Route: Oral
Ordered Rate/Order Duration: — / —

Medication Administrations (continued)

Admin Instructions: Administer oral doses greater than 4 hours before or 8 hours after antacids containing magnesium or aluminum; sucralfate; iron products; multivitamins containing zinc; or didanosine.

Question	Answer	Comment
Suspected Source of Infection:	Pulmonary/ENT Infection	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/04/25 0929 Documented: 03/04/25 0932	Given	400 mg	Oral	Performed by: Smith, Melody J, RN Scanned Package: 65862-603-30
Performed 03/03/25 0939 Documented: 03/03/25 0939	Given	400 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 65862-603-30
Performed 03/02/25 0936 Documented: 03/02/25 0937	Given	400 mg	Oral	Performed by: Tadesse, Caleb S, RN Scanned Package: 65862-603-30
Performed 03/01/25 0831 Documented: 03/01/25 0839	Given	400 mg	Oral	Performed by: Gill, Loveleen S, RN Scanned Package: 65862-603-30
Performed 02/28/25 1526 Documented: 02/28/25 1527	Given	400 mg	Oral	Performed by: Dimitrov, Alexey T, RN Scanned Package: 65862-603-30

nalbuphine (Nubain) injection 1.2 mg [363723138]

Ordering Provider: Chi, Frank, MD
Ordered On: 01/26/25 0928
Ordered Dose (Remaining/Total): 1.2 mg (—/—)
Frequency: 2 times daily PRN
Admin Instructions: Please administer over 2-3 minutes

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/26/25 0927 - 01/29/25 1706
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/26/25 1850 by Wylie, Ariana, Nursing Student	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/28/25 0434 Documented: 01/28/25 0440	Given	1.2 mg	Intravenous	Performed by: Kirkendall, Katelyn D, RN Scanned Package: 0409-1467-61
Performed 01/27/25 1716 Documented: 01/27/25 1716	Given	1.2 mg	Intravenous	Performed by: Smith, Meagan Q, RN Scanned Package: 0409-1467-61
Performed 01/26/25 1850 Documented: 01/26/25 1851	Given	1.2 mg	Intravenous	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Scanned Package: 0409-1467-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

nalbuphine (Nubain) injection 2.6 mg [361161015]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/14/25 0943
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 6 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/14/25 0943 - 01/14/25 1722
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 01/14/25 1414 Documented: 01/14/25 1414	Given	2.6 mg	Intravenous	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 2.6 mg [361339809]

Ordering Provider: Hu, Xinwen, MD
Ordered On: 01/14/25 1722
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 8 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/14/25 1722 - 01/17/25 1013
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm	01/16/25 1339 by Mikulikova, Julia, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/16/25 2315 Documented: 01/16/25 2316	Given	2.6 mg	Intravenous	Performed by: Mazariegos, Oscar, RN Scanned Package: 0409-1467-61
Performed 01/16/25 1339 Documented: 01/16/25 1340	Given	2.6 mg	Intravenous	Performed by: Mikulikova, Julia, RN Scanned Package: 0409-1467-61
Performed 01/14/25 2330 Documented: 01/14/25 2330	Given	2.6 mg	Intravenous	Performed by: Johnston, Christopher L, RN

nalbuphine (Nubain) injection 2.6 mg [362005003]

Ordering Provider: Cutter, Erin Lyndsey, PharmD
Ordered On: 01/17/25 1013
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 8 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/17/25 1005 - 01/18/25 1107
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm	01/17/25 1705 by Mikulikova, Julia, RN	—
Peripheral IV 01/18/25 22 G Anterior;Distal;Right Forearm	01/18/25 1004 by Hwee, Carla, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/18/25 1004 Documented: 01/18/25 1004	Given	2.6 mg	Intravenous	Performed by: Hwee, Carla, RN Scanned Package: 0409-1467-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/17/25 1705 Documented: 01/17/25 1705	Given	2.6 mg	Intravenous	Performed by: Mikulikova, Julia, RN

nalbuphine (Nubain) injection 2.6 mg [362221439]

Ordering Provider: Hu, Xinwen, MD
Ordered On: 01/18/25 1107
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 8 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/18/25 1107 - 01/19/25 1253
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral Nerve Catheter 01/09/25 Femoral	01/18/25 2028 by Jallow, Yusupha, RN	—

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/19/25 1144 Documented: 01/19/25 1144	Given	2.6 mg	Intravenous	Performed by: Gordon, Carrie, RN Scanned Package: 0409-1467-61
Performed 01/19/25 0526 Documented: 01/19/25 0526	Given	2.6 mg	Intravenous	Performed by: Limyukok, Mysha, RN Scanned Package: 0409-1467-61
Performed 01/18/25 2028 Documented: 01/18/25 2030	Given	2.6 mg	Intravenous	Performed by: Jallow, Yusupha, RN Scanned Package: 0409-1467-61
Performed 01/18/25 1821 Documented: 01/18/25 1822	Not Given See Comments	2.6 mg	Intravenous	Performed by: Burke, Ashley P, RN Comments: Per MD at bedside, hold off on giving for now

nalbuphine (Nubain) injection 2.6 mg [362323509]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/19/25 1253
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every evening
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/19/25 1700 - 01/20/25 0904
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/18/25 22 G Anterior;Distal;Right Forearm	01/19/25 1730 by Johnson, Marita F, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/19/25 1730 Documented: 01/19/25 1730	Given	2.6 mg	Intravenous	Performed by: Johnson, Marita F, RN Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 2.6 mg [362323510]

Ordering Provider: Chi, Frank, MD
Ordered On: 01/19/25 1253
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: 2 times daily PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/19/25 1253 - 01/26/25 0928
Route: Intravenous
Ordered Rate/Order Duration: — / —

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Admin Instructions: Please administer over 2-3 minutes

Line	Med Link Info	Comment
Peripheral IV 01/18/25 22 G Anterior;Distal;Right Forearm	01/19/25 1329 by Gordon, Carrie, RN	—
Peripheral IV 01/20/25 20 G Anterior;Distal;Left;Upper Arm	01/21/25 1523 by Kaur, Rupinderjit, RN	—
Peripheral IV 01/22/25 22 G Anterior;Left Forearm	01/23/25 0325 by Patino Castro, Jennifer A, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/23/25 1625 Documented: 01/23/25 1625	Given	2.6 mg	Intravenous	Performed by: Kit, Ellen, RN
Performed 01/23/25 0325 Documented: 01/23/25 0325	Given	2.6 mg	Intravenous	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 0409-1467-61
Performed 01/22/25 2103 Documented: 01/22/25 2104	Given	2.6 mg	Intravenous	Performed by: Lefler, Chelsea Lynne, RN Scanned Package: 0409-1467-61
Performed 01/21/25 1523 Documented: 01/21/25 1524	Given	2.6 mg	Intravenous	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0409-1467-61
Performed 01/21/25 0530 Documented: 01/21/25 0629	Given	2.6 mg	Intravenous	Performed by: Soto, Kalea G, RN Comments: charted on wrong nubain order. will change Scanned Package: 0409-1467-61
Performed 01/19/25 2219 Documented: 01/19/25 2223	Given	2.6 mg	Intravenous	Performed by: Dela Cruz, Catherine B, RN Scanned Package: 0409-1467-61
Performed 01/19/25 1329 Documented: 01/19/25 1329	Given	2.6 mg	Intravenous	Performed by: Gordon, Carrie, RN

nalbuphine (Nubain) injection 2.6 mg [362393838]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/20/25 0822
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 24 hours
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/20/25 0400 - 01/22/25 1219
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/22/25 22 G Anterior;Left Forearm	01/22/25 0457 by Limyukok, Mysha, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/22/25 0457 Documented: 01/22/25 0457	Given	2.6 mg	Intravenous	Performed by: Limyukok, Mysha, RN Scanned Package: 0409-1467-61

Medication Administrations (continued)

Performed 01/21/25 0530 Documented: 01/21/25 0630	Given	2.6 mg	Intravenous	Performed by: Soto, Kalea G, RN Comments: charted on PRN nubain, instead of scheduled Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 2.6 mg [363582736]

Ordering Provider: Chi, Frank, MD
Ordered On: 01/24/25 1841
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 24 hours
Admin Instructions: Please administer over 2-3 minutes
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/24/25 1912 - 01/30/25 1033
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/22/25 22 G Anterior;Left Forearm	01/24/25 1955 by Porter, Allen, RN	—
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/25/25 1839 by Hollingsworth, Louise C, RN	—

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/29/25 2054 Documented: 01/29/25 2056	Given	2.6 mg	Intravenous	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 0409-1467-61
Performed 01/28/25 2109 Documented: 01/28/25 2110	Given	2.6 mg	Intravenous	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1467-61
Performed 01/27/25 2233 Documented: 01/27/25 2234	Given	2.6 mg	Intravenous	Performed by: Paras, Michael, RN Scanned Package: 0409-1467-61
Performed 01/26/25 2214 Documented: 01/26/25 2215	Given	2.6 mg	Intravenous	Performed by: Dickinson, Zoe E, RN Comments: Provider approved. Held earlier d/t pt report of no pain & over-sedation concern Scanned Package: 0409-1467-61
Performed 01/26/25 2037 Documented: 01/26/25 2048	Held Contraindicated	0 mg	Intravenous	Performed by: Dickinson, Zoe E, RN Comments: PRN dose @1850. Pt denies pain. Sedating effects, held for delirium prevention
Performed 01/25/25 1839 Documented: 01/25/25 1839	Given	2.6 mg	Intravenous	Performed by: Hollingsworth, Louise C, RN Scanned Package: 0409-1467-61
Performed 01/24/25 1955 Documented: 01/24/25 1956	Given	2.6 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 2.6 mg [366519744]

Ordering Provider: Hunt, Susan Elizabeth, MD
Status: Completed (Past End Date/Time)

Medication Administrations (continued)

Ordered On: 02/07/25 1131
Ordered Dose (Remaining/Total): 2.6 mg (0/1)
Frequency: Once
Starts/Ends: 02/07/25 1202 - 02/07/25 1217
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/07/25 22 G Left;Posterior Forearm	02/07/25 1217 by Nganga, Mary M, Nursing Student	—

Timestamps	Action	Dose	Route	Other Information
Performed 02/07/25 1217 Documented: 02/07/25 1218	Given	2.6 mg	Intravenous	Performed by: Nganga, Mary M, Nursing Student Cosign requested from: Murakami, Valerie, RN Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 2.6 mg [366540642]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/07/25 1235
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 6 hours PRN
Status: Dispensed (Past End Date/Time)
Starts/Ends: 02/07/25 1235 - 02/09/25 1234
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/07/25 22 G Left;Posterior Forearm	02/08/25 0054 by Yohannes, Mayda, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 02/09/25 0327 Documented: 02/09/25 0332	Given	2.6 mg	Intravenous	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 0409-1467-61
Performed 02/08/25 1701 Documented: 02/08/25 1701	Given	2.6 mg	Intravenous	Performed by: Hwee, Carla, RN Scanned Package: 0409-1467-61
Performed 02/08/25 1015 Documented: 02/08/25 1016	Given	2.6 mg	Intravenous	Performed by: Hwee, Carla, RN Scanned Package: 0409-1467-61
Performed 02/08/25 0054 Documented: 02/08/25 0055	Given	2.6 mg	Intravenous	Performed by: Yohannes, Mayda, RN Scanned Package: 0409-1467-61
Performed 02/07/25 1839 Documented: 02/07/25 1839	Given	2.6 mg	Intravenous	Performed by: Kit, Ellen, RN Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 2.6 mg [366812424]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/09/25 1458
Ordered Dose (Remaining/Total): 2.6 mg (0/4)
Frequency: Every 6 hours PRN
Status: Completed (Past End Date/Time)
Starts/Ends: 02/09/25 1458 - 02/15/25 0050
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/12/25 22 G Anterior;Right Forearm	02/13/25 2051 by Limyukok, Mysha, RN	—
Peripheral IV 02/14/25 22 G	02/14/25 1640 by Bustamante	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Anterior;Left;Proximal Forearm — Campusano, Diana, RN

Timestamps	Action	Dose	Route	Other Information
Performed 02/15/25 0050 Documented: 02/15/25 0051	Given	2.6 mg	Intravenous	Performed by: Limyukok, Mysha, RN Scanned Package: 0409-1467-61
Performed 02/14/25 1640 Documented: 02/14/25 1641	Given	2.6 mg	Intravenous	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 0409-1467-61
Performed 02/14/25 0147 Documented: 02/14/25 0148	Given	2.6 mg	Intravenous	Performed by: Limyukok, Mysha, RN Comments: ok to give early per MD. patient yelling and screaming in pain Scanned Package: 0409-1467-61
Performed 02/13/25 2051 Documented: 02/13/25 2052	Given	2.6 mg	Intravenous	Performed by: Limyukok, Mysha, RN Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 5 mg [360883882]

Ordering Provider: Cutter, Erin Lyndsey, PharmD
Ordered On: 01/13/25 1006
Ordered Dose (Remaining/Total): 5 mg (—/—)
Frequency: Every 4 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/13/25 1000 - 01/14/25 0943
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 01/14/25 0823 Documented: 01/14/25 0824	Given	5 mg	Intravenous	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 0409-1467-61
Performed 01/13/25 1745 Documented: 01/13/25 1746	Given	5 mg	Intravenous	Performed by: Woo, Taylor M, RN Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 5 mg [362397440]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/20/25 0904
Ordered Dose (Remaining/Total): 5 mg (—/—)
Frequency: Every 24 hours
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/20/25 1900 - 01/24/25 1841
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/20/25 20 G Anterior;Distal;Left;Upper Arm	01/20/25 1834 by Kim, Christine Yuhyun, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/23/25 1918 Documented: 01/23/25 1918	Given	5 mg	Intravenous	Performed by: Kit, Ellen, RN Scanned Package: 0409-1467-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/22/25 2133 Documented: 01/22/25 2135	Given	5 mg	Intravenous	Performed by: Lefler, Chelsea Lynne, RN Scanned Package: 0409-1467-61
Performed 01/21/25 1954 Documented: 01/21/25 1954	Given	5 mg	Intravenous	Performed by: Limyukok, Mysha, RN Scanned Package: 0409-1467-61
Performed 01/20/25 1834 Documented: 01/20/25 1838	Given	5 mg	Intravenous	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0409-1467-61

OLANZapine (ZyPREXA Zydis) disintegrating tablet 2.5 mg [368186351]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/14/25 1936
Ordered Dose (Remaining/Total): 2.5 mg (—/—)
Frequency: Nightly
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/14/25 2100 - 02/16/25 0848
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/15/25 2129 Documented: 02/15/25 2130	Given	2.5 mg	Oral	Performed by: Sauder, Jessica, RN
Performed 02/14/25 2027 Documented: 02/14/25 2027	Given	2.5 mg	Oral	Performed by: Bustamante Campusano, Diana, RN

omeprazole (PriLOSEC) DR capsule 20 mg [362041941]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 01/17/25 1137
Ordered Dose (Remaining/Total): 20 mg (—/—)
Frequency: Daily empty stomach
Admin Instructions: Do not crush, chew, or split.
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/18/25 0600 - 02/16/25 0848
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/16/25 0510 Documented: 02/16/25 0510	Given	20 mg	Oral	Performed by: Sauder, Jessica, RN Scanned Package: 0904-6917-61
Performed 02/15/25 1019 Documented: 02/15/25 1019	Unheld by provider	—	—	Performed by: Pillai, Sunita, MD
Performed 02/15/25 0600 Documented: 02/12/25 0020	Automatically Held	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/14/25 0600 Documented: 02/09/25 0021	Automatically Held	—	—	—
Performed 02/13/25 0600 Documented: 02/09/25 0021	Automatically Held	—	—	—
Performed 02/12/25 0600 Documented: 02/09/25 0021	Automatically Held	—	—	—
Performed 02/11/25 0600 Documented: 02/07/25 1131	Automatically Held	—	—	Performed by: Hunt, Susan Elizabeth, MD
Performed 02/10/25 0600 Documented: 02/07/25 1131	Automatically Held	—	—	Performed by: Hunt, Susan Elizabeth, MD
Performed 02/09/25 0600 Documented: 02/07/25 1131	Automatically Held	—	—	Performed by: Hunt, Susan Elizabeth, MD
Performed 02/08/25 0600 Documented: 02/07/25 1131	Automatically Held	—	—	Performed by: Hunt, Susan Elizabeth, MD
Performed 02/07/25 1131 Documented: 02/07/25 1131	Held By Provider Other	—	—	Performed by: Hunt, Susan Elizabeth, MD
Performed 02/07/25 0612 Documented: 02/07/25 0613	Refused	20 mg	Oral	Performed by: Yohannes, Mayda, RN
Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	20 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 0904-6917-61
Performed 02/05/25 0530 Documented: 02/05/25 0532	Given	20 mg	Oral	Performed by: Sirichana, Geraldine N, RN Scanned Package: 0904-6917-61
Performed 02/04/25 0808 Documented: 02/04/25 0808	Refused	20 mg	Oral	Performed by: Flaherty, Katherine R, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/03/25 0632 Documented: 02/03/25 0632	Given	20 mg	Oral	Performed by: Stanikzy, Ameenjohn A, RN
Performed 02/02/25 0630 Documented: 02/02/25 0630	Given	20 mg	Oral	Performed by: Johnston, Kristen L, RN Scanned Package: 0904-6917-61
Performed 02/01/25 0859 Documented: 02/01/25 0859	Given	20 mg	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 0904-6917-61
Performed 02/01/25 0539 Documented: 02/01/25 0539	Not Given Patient sleeping	20 mg	Oral	Performed by: Lyons, Julio Cesar Salazar, RN
Performed 01/31/25 0605 Documented: 01/31/25 0605	Given	20 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0904-6917-61
Performed 01/30/25 0522 Documented: 01/30/25 0523	Not Given See Comments	20 mg	Oral	Performed by: Dela Cruz, Catherine B, RN Comments: pt unable to swallow. unable to follow command
Performed 01/29/25 0621 Documented: 01/29/25 0622	Not Given See Comments	20 mg	Oral	Performed by: Talmage, Jason M, RN Comments: Not safe for patient to safely swallow medication, unable to follow directions being given
Performed 01/28/25 0659 Documented: 01/28/25 0700	Not Given Not in room	20 mg	Oral	Performed by: Kirkendall, Katelyn D, RN Comments: patient unable to swallow
Performed 01/27/25 0503 Documented: 01/27/25 0503	Not Given NPO	20 mg	Oral	Performed by: Yohannes, Mayda, RN Comments: no PO meds at this time per care plan
Performed 01/26/25 0458 Documented: 01/26/25 0458	Not Given See Comments	20 mg	Oral	Performed by: Soto, Kalea G, RN Comments: pt NPO
Performed 01/25/25 0552 Documented: 01/25/25 0553	Given	20 mg	Oral	Performed by: Porter, Allen, RN Scanned Package: 0904-6917-61
Performed 01/24/25 0601 Documented: 01/24/25 0601	Given	20 mg	Oral	Performed by: Tesfasilassie, Roma T, RN Scanned Package: 0904-6917-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/23/25 0643 Documented: 01/23/25 0643	Not Given Other	20 mg	Oral	Performed by: Patino Castro, Jennifer A, RN Comments: patient very confused not following commands to take medication
Performed 01/22/25 0641 Documented: 01/22/25 0642	Refused	20 mg	Oral	Performed by: Limyukok, Mysha, RN Scanned Package: 0904-6917-61
Performed 01/21/25 0630 Documented: 01/21/25 0635	Refused	20 mg	Oral	Performed by: Soto, Kalea G, RN
Performed 01/20/25 0543 Documented: 01/20/25 0543	Not Given Patient/family refused	20 mg	Oral	Performed by: Lyons, Julio Cesar Salazar, RN
Performed 01/19/25 0515 Documented: 01/19/25 0515	Given	20 mg	Oral	Performed by: Limyukok, Mysha, RN Scanned Package: 0904-6917-61
Performed 01/18/25 0532 Documented: 01/18/25 0532	Given	20 mg	Oral	Performed by: Sirichana, Geraldine N, RN Scanned Package: 0904-6917-61

ondansetron (Zofran) injection 4 mg [360348572]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 4 mg (—/—)
Frequency: Every 8 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1806 - 01/31/25 1029
Route: Intravenous
Ordered Rate/Order Duration: — / —
Admin Instructions: Give if unable to tolerate PO meds. If ineffective in 30 min use metoclopramide or prochlorperazine in addition (if ordered).

Line	Med Link Info	Comment
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm	01/17/25 0934 by Mikulikova, Julia, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/17/25 0934 Documented: 01/17/25 0934	Given	4 mg	Intravenous	Performed by: Mikulikova, Julia, RN Scanned Package: 0641-6078-01

ondansetron (Zofran) injection 4 mg [367235137]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/11/25 1048
Ordered Dose (Remaining/Total): 4 mg (—/—)
Frequency: Every 8 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/11/25 1048 - 02/16/25 1212
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/10/25 22 G Anterior;Right Forearm	02/11/25 1142 by Bennett, Theodore, RN	—

Timestamps	Action	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/11/25 1142 Documented: 02/11/25 1143	Given	4 mg	Intravenous	Performed by: Bennett, Theodore, RN Scanned Package: 0641-6078-01

oxyCODONE CONCENTRATED solution 2.6 mg [372560241]

Ordering Provider: Barnes, James Irvin, MD
Ordered On: 03/07/25 1303
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: Start with lowest effective dose

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/07/25 1303 - 03/08/25 0510
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/08/25 0310 Documented: 03/08/25 0311	Given	2.6 mg	Oral	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 9999-0019-14
Performed 03/07/25 1827 Documented: 03/07/25 1827	Given	2.6 mg	Oral	Performed by: Puleo, Rosalie, RN Scanned Package: 9999-0019-14
Performed 03/07/25 1408 Documented: 03/07/25 1408	Given	2.6 mg	Oral	Performed by: Puleo, Rosalie, RN Scanned Package: 9999-0019-14

oxyCODONE CONCENTRATED solution 2.6-5 mg [372695431]

Ordering Provider: Abay, Rebecca Joyce Yared, MD
Ordered On: 03/08/25 0510
Ordered Dose (Remaining/Total): 2.6-5 mg (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: Start with lowest effective dose

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/08/25 0510 - 03/08/25 1537
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/08/25 0518 Documented: 03/08/25 0519	Given	2.6 mg	Oral	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 9999-0019-14

pantoprazole (Protonix) injection 40 mg [366519954]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/07/25 1131
Ordered Dose (Remaining/Total): 40 mg (—/—)
Frequency: Daily
Admin Instructions: Reconstitute each vial with 10mL of 0.9% sodium chloride injection. Concentration=4mg/mL.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/07/25 1202 - 02/15/25 1019
Route: Intravenous
Ordered Rate/Order Duration: — / —
Administer IV over a period of at least 2 minutes.

Line	Med Link Info	Comment
Peripheral IV 02/07/25 22 G Left;Posterior Forearm	02/07/25 1217 by Nganga, Mary M, Nursing Student	—
Peripheral IV 02/10/25 22 G Anterior;Right Forearm	02/11/25 0907 by Bennett, Theodore, RN	—
Peripheral IV 02/12/25 22 G Anterior;Right Forearm	02/13/25 1210 by Escalante, Steve, RN	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/15/25 1040 Documented: 02/15/25 1041	Not Given Other	40 mg	Intravenous	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN Comments: Order changed to PO
Performed 02/14/25 0922 Documented: 02/14/25 0925	Given	40 mg	Intravenous	Performed by: Gill, Loveleen S, RN Scanned Package: 70095-024-01
Performed 02/13/25 1210 Documented: 02/13/25 1211	Given	40 mg	Intravenous	Performed by: Escalante, Steve, RN Comments: was in chair around the unit w/ son. Scanned Package: 70095-024-01
Performed 02/12/25 0931 Documented: 02/12/25 0942	Not Given See Comments	40 mg	Intravenous	Performed by: Jeanneret, Amber Marie, RN Comments: IV access lost
Performed 02/11/25 0907 Documented: 02/11/25 0910	Given	40 mg	Intravenous	Performed by: Bennett, Theodore, RN Scanned Package: 70095-024-01
Performed 02/10/25 1401 Documented: 02/10/25 1401	Not Given Contraindicated	40 mg	Intravenous	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration precautions
Performed 02/09/25 0938 Documented: 02/09/25 0942	Given	40 mg	Intravenous	Performed by: Sano, Naomi, RN Scanned Package: 70095-024-01
Performed 02/08/25 0925 Documented: 02/08/25 0925	Given	40 mg	Intravenous	Performed by: Hwee, Carla, RN Scanned Package: 70095-024-01
Performed 02/07/25 1217 Documented: 02/07/25 1217	Given	40 mg	Intravenous	Performed by: Nganga, Mary M, Nursing Student Cosign requested from: Murakami, Valerie, RN Scanned Package: 70095-024-01

peripheral nerve clinician Bolus 4 mL [360644039]

Ordering Provider: Barbour, Mohammed Fadel, MBBS
Ordered On: 01/11/25 0817
Ordered Dose (Remaining/Total): 4 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/11/25 0848 - 01/11/25 0835
Route: Periph Nerve Cath
Ordered Rate/Order Duration: — / —

Question	Answer	Comment
Clinician Bolus Drug Name:	Ropivicaine 0.2% PNC	—

Line	Med Link Info	Comment
Peripheral Nerve Catheter 01/09/25	01/11/25 0835 by Walks, Tristan H, RN	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Femoral

Timestamps	Action	Dose	Route	Other Information
Performed 01/11/25 0835 Documented: 01/11/25 0835	Clinician Bolus	4 mL	Periph Nerve Cath	Performed by: Walks, Tristan H, RN

peripheral nerve clinician Bolus 4 mL [360739462]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/12/25 0924
Ordered Dose (Remaining/Total): 4 mL (—/—)
Frequency: Every 4 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 0923 - 01/22/25 1224
Route: Periph Nerve Cath
Ordered Rate/Order Duration: — / —

Question	Answer	Comment
Clinician Bolus Drug Name:	Ropivicaine 0.2%	—

Line	Med Link Info	Comment
Peripheral Nerve Catheter 01/09/25 Femoral	01/12/25 1129 by Walks, Tristan H, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/17/25 0029 Documented: 01/17/25 0029	Clinician Bolus	4 mL	Periph Nerve Cath	Performed by: Mazariegos, Oscar, RN
Performed 01/13/25 0147 Documented: 01/13/25 0148	Clinician Bolus	4 mL	Periph Nerve Cath	Performed by: Salick, Dominic J, RN
Performed 01/12/25 1930 Documented: 01/12/25 2041	Clinician Bolus	4 mL	Periph Nerve Cath	Performed by: Salick, Dominic J, RN
Performed 01/12/25 1507 Documented: 01/12/25 1908	Clinician Bolus	4 mL	Periph Nerve Cath	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1129 Documented: 01/12/25 1129	Clinician Bolus	4 mL	Periph Nerve Cath	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0930 Documented: 01/12/25 1908	Clinician Bolus	4 mL	Periph Nerve Cath	Performed by: Walks, Tristan H, RN

pill crusher ADS Override Pull [361626628]

Status: Completed (Past End Date/Time)
Starts/Ends: 01/15/25 1828 - 01/15/25 1830
Route: —
Ordered Rate/Order Duration: — / —
Note to pharmacy: Created by cabinet override
Ordered On: 01/15/25 1828
Ordered Dose (Remaining/Total): — (0/1)
Frequency: —
Admin Instructions: Created by cabinet override

Timestamps	Action	Dose	Route / Site / Linked Line	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/15/25 1830 Documented: 01/15/25 1831	Given	1 each	—	Performed by: Howey, Alice J, RN Scanned Package: 79573-00916

pill crusher ADS Override Pull [363938182]

Status: Completed (Past End Date/Time)
Starts/Ends: 01/27/25 1244 - 01/27/25 1716
Route: —
Ordered Rate/Order Duration: — / —
Note to pharmacy: Created by cabinet override

Ordered On: 01/27/25 1244
Ordered Dose (Remaining/Total): — (0/1)
Frequency: —
Admin Instructions: Created by cabinet override

Timestamps	Action	Dose	Route / Site / Linked Line	Other Information
Performed 01/27/25 1716 Documented: 01/27/25 1716	Given	1 each	—	Performed by: Smith, Meagan Q, RN Scanned Package: 79573-00916

polyethylene glycol 3350 (Miralax) packet 17 g [360348586]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 17 g (—/—)
Frequency: Daily PRN
Admin Instructions: Give if no BM x 48 hrs and no response to senna or bisacodyl (or they are not ordered).

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1806 - 02/02/25 1229
Route: Oral
Ordered Rate/Order Duration: — / —
Dilute each 17g packet in 240 ml of fluid (water or juice).

Timestamps	Action	Dose	Route	Other Information
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	17 g	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 0904-6931-86

polyethylene glycol 3350 (Miralax) packet 17 g [365295947]

Ordering Provider: Sokol-Hessner, Lauge, MD
Ordered On: 02/02/25 1229
Ordered Dose (Remaining/Total): 17 g (—/—)
Frequency: Daily
Admin Instructions: Give if no BM x 48 hrs and no response to senna or bisacodyl (or they are not ordered).

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/02/25 1300 - 02/16/25 1212
Route: Oral
Ordered Rate/Order Duration: — / —
Dilute each 17g packet in 240 ml of fluid (water or juice).

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/16/25 0945 Documented: 02/16/25 0945	Not Given Order parameters not met	17 g	Oral	Performed by: Ndiaye, Djenaba L, RN
Performed 02/15/25 1034 Documented: 02/15/25 1035	Given	17 g	Oral	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN Scanned Package: 0904-6931-86

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/14/25 0911 Documented: 02/14/25 0912	Not Given Order parameters not met	17 g	Oral	Performed by: Gill, Loveleen S, RN Comments: having BMs
Performed 02/13/25 1021 Documented: 02/13/25 1021	Not Given See Comments	17 g	Oral	Performed by: Escalante, Steve, RN Comments: Pt. has high aspiration risk, PO meds are being held. Provider notified.
Performed 02/12/25 2014 Documented: 02/12/25 2015	Not Given See Comments	17 g	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk
Performed 02/11/25 1734 Documented: 02/11/25 1734	Refused	17 g	Oral	Performed by: Bennett, Theodore, RN
Performed 02/10/25 1401 Documented: 02/10/25 1401	Held Contraindicated	0 g	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration risk
Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	17 g	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed.
Performed 02/08/25 1118 Documented: 02/08/25 1118	Not Given See Comments	17 g	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 1021 Documented: 02/07/25 1022	Not Given See Comments	17 g	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 0904-6931-86
Performed 02/06/25 0932 Documented: 02/06/25 0932	Not Given Order parameters not met	17 g	Oral	Performed by: Wu, Lesly, RN
Performed 02/05/25 0913 Documented: 02/05/25 0913	Not Given Order parameters not met	17 g	Oral	Performed by: Wu, Lesly, RN Comments: recent BM
Performed 02/04/25 0951 Documented: 02/04/25 0951	Refused	17 g	Oral	Performed by: Flaherty, Katherine R, RN
Performed 02/03/25 1607 Documented: 02/03/25 1607	Not Given See Comments	17 g	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/02/25 1336 Documented: 02/02/25 1336	Given	17 g	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 0904-6931-86

potassium chloride 20 mEq in sodium chloride 0.9 % 110 mL IVPB [360382575]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/10/25 0255
Ordered Dose (Remaining/Total): 20 mEq (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: For K 3.6 - 4 mEq/L with unstable cardiac rhythms or unable to tolerate oral
STANDARD Concentration. (For Peripheral or Central line use)

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0255 - 01/14/25 1220
Route: Intravenous
Ordered Rate/Order Duration: 55 mL/hr / 2 Hours
Check K 1 hr after IV replacement infused. Call provider for replacement if SCr > 2.

Line	Med Link Info	Comment
Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm	01/11/25 0430 by Bertram, Olivia T, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/11/25 0546 Documented: 01/11/25 0547	Stopped	0 mEq 0 mL/hr 2 Hours	Intravenous	Performed by: Bertram, Olivia T, RN Comments: PIV site with infiltration, infusion stopped. Approximately 55cc infused
Performed 01/11/25 0430 Documented: 01/11/25 0431	New Bag/Syringe	20 mEq 55 mL/hr 2 Hours	Intravenous	Performed by: Bertram, Olivia T, RN Scanned Package: 63323-965-03, 0338-0049-38

potassium chloride 20 mEq in sodium chloride 0.9 % 110 mL IVPB [364881770]

Ordering Provider: Zafar, Zaeema, DO
Ordered On: 01/30/25 1932
Ordered Dose (Remaining/Total): 20 mEq (1/1)
Frequency: Once
Admin Instructions: Total Dose = 60 mEq (40 mEq bag + 20 mEq bag run sequentially)

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/31/25 0002 - 01/31/25 1029
Route: Intravenous
Ordered Rate/Order Duration: 55 mL/hr / 2 Hours
STANDARD Concentration. (For Peripheral or Central line use)

Timestamps	Action / Reason	Dose / Rate / Duration	Route	Other Information
Performed 01/30/25 2321 Documented: 01/30/25 2321	Not Given Loss of IV access	20 mEq 55 mL/hr 2 Hours	Intravenous	Performed by: Mikulikova, Julia, RN

potassium chloride 40 meq in NS 270 mL IVPB (pkg premix) [360382576]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/10/25 0255
Ordered Dose (Remaining/Total): 40 mEq (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: For K < 3.6 mEq/L with unstable cardiac rhythms or unable to tolerate oral
STANDARD Concentration. (For Peripheral or Central line use)

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0255 - 01/14/25 1220
Route: Intravenous
Ordered Rate/Order Duration: 67.5 mL/hr / 4 Hours
Check K 1 hr after IV replacement infused. Call provider for replacement if SCr > 2.

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G	01/10/25 0402 by Sande, Nathan R, RN	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Anterior;Left;Proximal Forearm

Timestamps	Action / Reason	Dose / Rate / Duration	Route	Other Information
Performed 01/10/25 0402 Documented: 01/10/25 0524	Not Given Other	40 mEq 67.5 mL/hr 4 Hours	Intravenous	Performed by: Sande, Nathan R, RN Comments: BMP recheck sent

potassium chloride 40 meq in NS 270 mL IVPB (pkg premix) [364881769]

Ordering Provider: Zafar, Zaeema, DO
Ordered On: 01/30/25 1932
Ordered Dose (Remaining/Total): 40 mEq (0/1)
Frequency: Once
Admin Instructions: Total Dose = 60 mEq (40 mEq bag + 20 mEq bag run sequentially)
Status: Completed (Past End Date/Time)
Starts/Ends: 01/30/25 2003 - 01/30/25 2226
Route: Intravenous
Ordered Rate/Order Duration: 67.5 mL/hr / 4 Hours
STANDARD Concentration. (For Peripheral or Central line use)

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/30/25 2053 by Mikulikova, Julia, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/30/25 2226 Documented: 01/30/25 2226	Stopped	0 mEq 0 mL/hr 4 Hours	Intravenous	Performed by: Mikulikova, Julia, RN Comments: IV infiltration
Performed 01/30/25 2053 Documented: 01/30/25 2054	New Bag/Syringe	40 mEq 67.5 mL/hr 4 Hours	Intravenous	Performed by: Mikulikova, Julia, RN Scanned Package: 9999-0001-41, 9999-0001-41

potassium chloride ER tablet 40 mEq [364983859]

Ordering Provider: Sokol-Hessner, Lauge, MD
Ordered On: 01/31/25 1029
Ordered Dose (Remaining/Total): 40 mEq (0/1)
Frequency: Once
Admin Instructions: Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.
Status: Completed (Past End Date/Time)
Starts/Ends: 01/31/25 1100 - 01/31/25 1147
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 01/31/25 1147 Documented: 01/31/25 1147	Given	40 mEq	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 0245-5319-89, 0245-5319-89

potassium chloride ER tablet 40 mEq [365188526]

Ordering Provider: Sokol-Hessner, Lauge, MD
Ordered On: 02/01/25 0929
Ordered Dose (Remaining/Total): 40 mEq (0/2)
Frequency: 2 times daily
Admin Instructions: Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.
Status: Completed (Past End Date/Time)
Starts/Ends: 02/01/25 0959 - 02/01/25 2047
Route: Oral
Ordered Rate/Order Duration: — / —

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose	Route	Other Information
Performed 02/01/25 2047 Documented: 02/01/25 2049	Given	40 mEq	Oral	Performed by: Johnson, Marita F, RN Scanned Package: 0245-5319-89, 0245-5319-89
Performed 02/01/25 1404 Documented: 02/01/25 1405	Given	40 mEq	Oral	Performed by: Johnson, Marita F, RN Comments: pt out of room Scanned Package: 0245-5319-89, 0245-5319-89

potassium chloride ER tablet 40 mEq [365301811]

Ordering Provider: Sokol-Hessner, Lauge, MD
Ordered On: 02/02/25 1335
Ordered Dose (Remaining/Total): 40 mEq (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/02/25 1406 - 02/02/25 1712
Route: Oral
Ordered Rate/Order Duration: — / —
Admin Instructions: Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.

Timestamps	Action	Dose	Route	Other Information
Performed 02/02/25 1712 Documented: 02/02/25 1713	Given	40 mEq	Oral	Performed by: Gelgla, Letera D, RN Comments: pt swallowed 3/4 of the dose each pill splitin to half/ Scanned Package: 0245-5319-89, 0245-5319-89

potassium phosphate 40 mEq in sodium chloride 0.9 % 259.09 mL IVPB [369677208]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/23/25 1048
Ordered Dose (Remaining/Total): 40 mEq (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/23/25 1119 - 02/23/25 1847
Route: Intravenous
Ordered Rate/Order Duration: 64.8 mL/hr / 4 Hours
Admin Instructions: STANDARD Concentration; (For Peripheral or Central line use); Do NOT infuse with calcium.

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/23/25 1447 by Porter, Allen, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 02/23/25 1447 Documented: 02/23/25 1448	New Bag/Syringe	40 mEq 64.8 mL/hr 4 Hours	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0338-0049-02, 0409-7295-11

PRENATAL multivitamin w/folic acid 1 mg tablet [361513841]

Ordering Provider: Segerson, Karen Elaine, MD
Ordered On: 01/15/25 1234
Ordered Dose (Remaining/Total): 1 tablet (—/—)
Frequency: Daily
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/15/25 1305 - 02/14/25 1127
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/14/25 0913 Documented: 02/14/25 0914	Not Given See Comments	1 tablet	Oral	Performed by: Gill, Loveleen S, RN Comments: high aspiration risk
Performed 02/13/25 1021 Documented: 02/13/25 1022	Not Given See Comments	1 tablet	Oral	Performed by: Escalante, Steve, RN Comments: Pt. has high aspiration risk, PO meds are being held. Provider notified.
Performed 02/12/25 2015 Documented: 02/12/25 2015	Not Given See Comments	1 tablet	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk
Performed 02/11/25 1734 Documented: 02/11/25 1734	Refused	1 tablet	Oral	Performed by: Bennett, Theodore, RN
Performed 02/10/25 1401 Documented: 02/10/25 1405	Held Contraindicated	0 tablet	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration precautions
Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	1 tablet	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed.
Performed 02/08/25 1118 Documented: 02/08/25 1118	Not Given See Comments	1 tablet	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 1020 Documented: 02/07/25 1022	Not Given See Comments	1 tablet	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 60258-19001
Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	1 tablet	Oral	Performed by: Wu, Lesly, RN Scanned Package: 60258-19001
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	1 tablet	Oral	Performed by: Wu, Lesly, RN Scanned Package: 60258-19001
Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	1 tablet	Oral	Performed by: Flaherty, Katherine R, RN Scanned Package: 60258-19001
Performed 02/03/25 1431 Documented: 02/03/25 1432	Given	1 tablet	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware Scanned Package: 60258-19001

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/02/25 0917 Documented: 02/02/25 0917	Given	1 tablet	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 60258-19001
Performed 02/01/25 0857 Documented: 02/01/25 0859	Given	1 tablet	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 60258-19001
Performed 01/31/25 0840 Documented: 01/31/25 0840	Given	1 tablet	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 60258-19001
Performed 01/30/25 0922 Documented: 01/30/25 0922	Given	1 tablet	Oral	Performed by: Liu, Kayla W, RN Scanned Package: 60258-19001
Performed 01/29/25 0848 Documented: 01/29/25 0858	Refused	1 tablet	Oral	Performed by: Smith, Melody J, RN Scanned Package: 60258-19001
Performed 01/28/25 0904 Documented: 01/28/25 0905	Given	1 tablet	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 60258-19001
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	1 tablet	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	1 tablet	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1742 Documented: 01/25/25 1742	Not Given See Comments	1 tablet	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	1 tablet	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 60258-19001
Performed 01/23/25 1626 Documented: 01/23/25 1626	Given	1 tablet	Oral	Performed by: Kit, Ellen, RN Scanned Package: 60258-19001
Performed 01/22/25 1319 Documented: 01/22/25 1320	Given	1 tablet	Oral	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 60258-19001

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/21/25 0906 Documented: 01/21/25 0906	Given	1 tablet	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 60258-19001
Performed 01/20/25 0935 Documented: 01/20/25 0935	Given	1 tablet	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 60258-19001
Performed 01/19/25 0823 Documented: 01/19/25 0823	Given	1 tablet	Oral	Performed by: Gordon, Carrie, RN Scanned Package: 60258-19001
Performed 01/18/25 0858 Documented: 01/18/25 0858	Given	1 tablet	Oral	Performed by: Hwee, Carla, RN Scanned Package: 60258-19001
Performed 01/17/25 0912 Documented: 01/17/25 0914	Given	1 tablet	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 60258-19001
Performed 01/16/25 1014 Documented: 01/16/25 1014	Given	1 tablet	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 60258-19001
Performed 01/15/25 1306 Documented: 01/15/25 1306	Given	1 tablet	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 60258-19001

psyllium (Metamucil) packet 1 packet [371513171]

Ordering Provider: Stenberg, Daniel Lloyd, DO
Ordered On: 03/03/25 1615
Ordered Dose (Remaining/Total): 1 packet (—/—)
Frequency: 2 times daily PRN
Admin Instructions: Mix in 8 oz of water.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/03/25 1615 - 03/04/25 1328
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 2250 Documented: 03/03/25 2251	Given	1 packet	Oral	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 37000-024-04

psyllium (Metamucil) packet 1 packet [371733515]

Ordering Provider: Stenberg, Daniel Lloyd, DO

Ordered On: 03/04/25 1328
Ordered Dose (Remaining/Total): 1 packet (—/—)
Frequency: 2 times daily
Admin Instructions: Mix in 8 oz of water.

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/04/25 2100 - 03/08/25 1537
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 03/08/25 0900 Documented: 03/08/25 1537	Unchart	—	—	Performed by: Discharge Provider, Automatic Comments: Automatically canceled at discontinue of medication order
Performed 03/07/25 2022 Documented: 03/07/25 2022	Refused	1 packet	Oral	Performed by: Quito, Daniel-Jayson Irabon, RN
Performed 03/07/25 1144 Documented: 03/07/25 1144	Not Given Other	1 packet	Oral	Performed by: Puleo, Rosalie, RN Comments: family refused
Performed 03/06/25 2047 Documented: 03/06/25 2048	Not Given Patient sleeping	1 packet	Oral	Performed by: Omo, Reese, RN Comments: CMO
Performed 03/06/25 0845 Documented: 03/06/25 0845	Given	1 packet	Oral	Performed by: Tran-Thien, Quynh Phuong, RN Comments: pt's son given package earlier this morning. Scanned Package: 37000-024-04
Performed 03/06/25 0218 Documented: 03/06/25 0218	Refused	1 packet	Oral	Performed by: Bennett, Theodore, RN
Performed 03/05/25 0950 Documented: 03/05/25 0950	Given	1 packet	Oral	Performed by: Negrete Maldonado V, Karla, RN Scanned Package: 37000-024-04
Performed 03/04/25 2035 Documented: 03/04/25 2048	Given	1 packet	Oral	Performed by: Kit, Ellen, RN Scanned Package: 37000-024-04

QUEtiapine (SEROquel) split tablet 12.5 mg [360628685]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/11/25 0037
Ordered Dose (Remaining/Total): 12.5 mg (—/—)
Frequency: Nightly PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 0037 - 01/11/25 1040
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 01/11/25 0043 Documented: 01/11/25 0043	Given	12.5 mg	Oral	Performed by: Bertram, Olivia T, RN Scanned Package: 9999-0000-11

QUEtiapine (SEROquel) split tablet 12.5 mg [360656954]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/11/25 1052
Ordered Dose (Remaining/Total): 12.5 mg (—/—)
Frequency: Nightly
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 2000 - 01/12/25 0430
Route: Oral
Ordered Rate/Order Duration: — / —

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose	Route	Other Information
Performed 01/11/25 2051 Documented: 01/11/25 2101	Given	12.5 mg	Oral	Performed by: Salick, Dominic J, RN Scanned Package: 9999-0000-11

QUEtiapine (SEROquel) split tablet 12.5 mg [360725116]

Ordering Provider: Phan, Janet, MD
Ordered On: 01/12/25 0436
Ordered Dose (Remaining/Total): 12.5 mg (1/1)
Frequency: Once
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 0507 - 01/12/25 1217
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 01/12/25 0615 Documented: 01/12/25 0615	Refused	12.5 mg	Oral	Performed by: Salick, Dominic J, RN

ROPivacaine 0.2% 200 mL peripheral nerve infusion (premix) [360324034]

Ordering Provider: Cutter, Erin Lyndsey, PharmD
Ordered On: 01/09/25 1620
Basal Rate: 6 mL/hr
Frequency: Continuous
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1651 - 01/18/25 1012
Route: Periph Nerve Cath
Admin Instructions: PERIPHERAL NERVE INFUSION
Concentration = 0.2% (2 mg/mL) For Peripheral nerve infusion.

Question	Answer	Comment
Guidelines for antithrombotic therapy::	Low Risk PNC	—

Line	Med Link Info	Comment
Peripheral Nerve Catheter 01/09/25 Femoral	01/09/25 1835 by Forsyth, Kevin K, RN	—

Timestamps	Action / Reason	Dosing Parameters	Route	Other Information
Performed 01/18/25 1012 Documented: 01/18/25 1012	Unheld by provider	Basal Rate --	Periph Nerve Cath	Performed by: Smith, Grace, MD
Performed 01/17/25 0122 Documented: 01/17/25 0122	Stopped	Basal Rate 0 mL/hr	Periph Nerve Cath	Performed by: Mazariegos, Oscar, RN
Performed 01/17/25 0055 Documented: 01/17/25 0055	Held By Provider Other	Basal Rate --	Periph Nerve Cath	Performed by: Fritel, Laura, ARNP
Performed 01/16/25 1924 Documented: 01/16/25 1924	Rate Verified	Basal Rate 6 mL/hr	Periph Nerve Cath	Performed by: Mikulikova, Julia, RN Comments: verified w/ Oscar, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/16/25 1235 Documented: 01/16/25 1239	New Bag/Syringe	Basal Rate 6 mL/hr	Periph Nerve Cath	Performed by: Mikulikova, Julia, RN Dual Signoff by: Long, Lijie, RN Scanned Package: 25021-671-87, 25021-671-87
Performed 01/16/25 1152 Documented: 01/16/25 1153	Dose/Rate Changed	Basal Rate 6 mL/hr	Periph Nerve Cath	Performed by: Mikulikova, Julia, RN
Performed 01/16/25 0721 Documented: 01/16/25 0721	Rate Verified	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Aidoo, Nana S, RN
Performed 01/15/25 2335 Documented: 01/15/25 2336	Rate Verified	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Aidoo, Nana S, RN
Performed 01/15/25 1823 Documented: 01/15/25 1824	New Bag/Syringe	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Howey, Alice J, RN Dual Signoff by: Bounthong, Vanh K, RN Scanned Package: 25021-671-82, 25021-671-82, 25021-671-82
Performed 01/15/25 1349 Documented: 01/15/25 1349	Rate Verified	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Howey, Alice J, RN
Performed 01/14/25 2206 Documented: 01/14/25 2207	New Bag/Syringe	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Johnston, Christopher L, RN Dual Signoff by: Colbert, Jonathan Kendale, RN Scanned Package: 25021-671-87, 25021-671-87
Performed 01/14/25 0800 Documented: 01/14/25 1058	Rate Verified	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 0403 Documented: 01/14/25 0407	New Bag/Syringe	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Salick, Dominic J, RN Dual Signoff by: Li, Haonan, RN Scanned Package: 25021-671-87, 25021-671-87
Performed 01/13/25 0801 Documented: 01/13/25 0801	Bag/Syringe Refill	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Walks, Tristan H, RN Scanned Package: 25021-671-87, 25021-671-87
Performed 01/12/25 1304 Documented: 01/12/25 1314	Bag/Syringe Refill	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Walks, Tristan H, RN Scanned Package: 43066-154-01, 43066-154-01

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/11/25 1840 Documented: 01/11/25 1842	Bag/Syringe Refill	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Walks, Tristan H, RN Scanned Package: 43066-154-01, 43066-154-01
Performed 01/11/25 0835 Documented: 01/11/25 0835	Dose/Rate Changed	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0730 Documented: 01/11/25 0731	Rate Verified	Basal Rate 8 mL/hr	Periph Nerve Cath	Performed by: Bertram, Olivia T, RN
Performed 01/10/25 2000 Documented: 01/10/25 2202	Rate Verified	Basal Rate 8 mL/hr	Periph Nerve Cath	Performed by: Bertram, Olivia T, RN
Performed 01/10/25 1937 Documented: 01/10/25 1938	New Bag/Syringe	Basal Rate 8 mL/hr	Periph Nerve Cath	Performed by: Tatum, Krista N, RN Dual Signoff by: Bertram, Olivia T, RN Scanned Package: 43066-154-01
Performed 01/10/25 1433 Documented: 01/10/25 1436	New Bag/Syringe	Basal Rate 8 mL/hr	Periph Nerve Cath	Performed by: Thomas, Tamlyn P, RN Dual Signoff by: Tran, Anna, RN Scanned Package: 43066-154-01, 43066-154-01
Performed 01/10/25 0823 Documented: 01/10/25 0823	Restarted	Basal Rate 8 mL/hr	Periph Nerve Cath	Performed by: Thomas, Tamlyn P, RN
Performed 01/10/25 0801 Documented: 01/10/25 0801	Stopped	Basal Rate 0 mL/hr	Periph Nerve Cath	Performed by: Thomas, Tamlyn P, RN
Performed 01/09/25 2000 Documented: 01/09/25 2242	Rate Verified	Basal Rate 8 mL/hr	Periph Nerve Cath	Performed by: Sande, Nathan R, RN
Performed 01/09/25 1835 Documented: 01/09/25 1843	New Bag/Syringe	Basal Rate 8 mL/hr	Periph Nerve Cath	Performed by: Forsyth, Kevin K, RN Dual Signoff by: Beck, Alana B, RN Scanned Package: 43066-154-01

saliva substitute (Biotene Dry Mouth) oral rinse 15 mL [367187174]

Ordering Provider: Hunt, Susan Elizabeth, MD

Ordered On: 02/11/25 0906
Ordered Dose (Remaining/Total): 15 mL (—/—)
Frequency: 3 times daily

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/11/25 1400 - 03/08/25 1537
Route: Swish & Spit
Ordered Rate/Order Duration: — / —

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/08/25 1400 Documented: 03/08/25 1537	Unchart	—	—	Performed by: Discharge Provider, Automatic Comments: Automatically canceled at discontinue of medication order
Performed 03/08/25 0555 Documented: 03/08/25 0555	Refused	15 mL	Swish & Spit	Performed by: Quito, Daniel-Jayson Irabon, RN
Performed 03/07/25 2022 Documented: 03/07/25 2022	Refused	15 mL	Swish & Spit	Performed by: Quito, Daniel-Jayson Irabon, RN
Performed 03/07/25 1400 Documented: 03/07/25 1826	Given	15 mL	Swish & Spit	Performed by: Puleo, Rosalie, RN
Performed 03/07/25 0502 Documented: 03/07/25 0502	Refused	15 mL	Swish & Spit	Performed by: Omo, Reese, RN
Performed 03/06/25 2120 Documented: 03/06/25 2121	Not Given See Comments	15 mL	Swish & Spit	Performed by: Omo, Reese, RN Comments: CMO pt sleeping and unable to swish and spit safely
Performed 03/06/25 1506 Documented: 03/06/25 1506	Refused	15 mL	Swish & Spit	Performed by: Tran-Thien, Quynh Phuong, RN
Performed 03/06/25 0525 Documented: 03/06/25 0525	Refused	15 mL	Swish & Spit	Performed by: Bennett, Theodore, RN
Performed 03/06/25 0219 Documented: 03/06/25 0219	Refused	15 mL	Swish & Spit	Performed by: Bennett, Theodore, RN
Performed 03/05/25 1430 Documented: 03/05/25 1431	Not Given Other	15 mL	Swish & Spit	Performed by: Negrete Maldonado V, Karla, RN Comments: High aspiration risk
Performed 03/05/25 0503 Documented: 03/05/25 0503	Refused	15 mL	Swish & Spit	Performed by: Bennett, Theodore, RN
Performed 03/04/25 2043 Documented: 03/04/25 2043	Given	15 mL	Swish & Spit	Performed by: Kit, Ellen, RN Comments: family request, pt going to bed now

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 03/04/25 1331 Documented: 03/04/25 1332	Refused	15 mL	Swish & Spit	Performed by: Smith, Melody J, RN
Performed 03/04/25 0614 Documented: 03/04/25 0614	Given	15 mL	Swish & Spit	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 48582-80220
Performed 03/03/25 2250 Documented: 03/03/25 2251	Given	15 mL	Swish & Spit	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 48582-80220
Performed 03/03/25 1529 Documented: 03/03/25 1529	Refused	15 mL	Swish & Spit	Performed by: Gelgla, Letera D, RN
Performed 03/03/25 0939 Documented: 03/03/25 0939	Given	15 mL	Swish & Spit	Performed by: Gelgla, Letera D, RN Comments: retimed per Pts sons request
Performed 03/02/25 2203 Documented: 03/02/25 2206	Given	15 mL	Swish & Spit	Performed by: Ireland, Rashell, RN Scanned Package: 48582-80220
Performed 03/02/25 1738 Documented: 03/02/25 1738	Not Given See Comments	15 mL	Swish & Spit	Performed by: Ireland, Rashell, RN Comments: old med. clearing overdue
Performed 03/02/25 1435 Documented: 03/02/25 1435	Refused	15 mL	Swish & Spit	Performed by: Tadesse, Caleb S, RN
Performed 03/01/25 2148 Documented: 03/01/25 2149	Given	15 mL	Swish & Spit	Performed by: Johnson, Marita F, RN Scanned Package: 48582-80220
Performed 03/01/25 1436 Documented: 03/01/25 1436	Given	15 mL	Swish & Spit	Performed by: Johnson, Marita F, RN Scanned Package: 48582-80220
Performed 03/01/25 0515 Documented: 03/01/25 0515	Refused	15 mL	Swish & Spit	Performed by: Quito, Daniel-Jayson Irabon, RN
Performed 02/28/25 2124 Documented: 02/28/25 2124	Given	15 mL	Swish & Spit	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 48582-80220

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/28/25 1527 Documented: 02/28/25 1527	Given	15 mL	Swish & Spit	Performed by: Dimitrov, Alexey T, RN
Performed 02/28/25 0517 Documented: 02/28/25 0517	Refused	15 mL	Swish & Spit	Performed by: Bennett, Theodore, RN
Performed 02/27/25 2115 Documented: 02/27/25 2115	Given	15 mL	Swish & Spit	Performed by: Bennett, Theodore, RN
Performed 02/27/25 1535 Documented: 02/27/25 1535	Given	15 mL	Swish & Spit	Performed by: Long, Lijie, RN
Performed 02/27/25 0627 Documented: 02/27/25 0628	Not Given See Comments	15 mL	Swish & Spit	Performed by: Harman, Kendall M, RN Comments: comfort care, pt sleeping
Performed 02/26/25 2301 Documented: 02/26/25 2301	Given	15 mL	Swish & Spit	Performed by: Harman, Kendall M, RN Comments: cluster care Scanned Package: 48582-80220
Performed 02/26/25 1427 Documented: 02/26/25 1427	Not Given Other	15 mL	Swish & Spit	Performed by: Fresnoza, Frances F, RN
Performed 02/26/25 0459 Documented: 02/26/25 0500	Not Given See Comments	15 mL	Swish & Spit	Performed by: Yohannes, Mayda, RN
Performed 02/25/25 2113 Documented: 02/25/25 2114	Not Given See Comments	15 mL	Swish & Spit	Performed by: Yohannes, Mayda, RN
Performed 02/25/25 1510 Documented: 02/25/25 1511	Refused	15 mL	Swish & Spit	Performed by: Drammeh, Saihou, RN Scanned Package: 48582-80220
Performed 02/25/25 0611 Documented: 02/25/25 0611	Not Given NPO	15 mL	Swish & Spit	Performed by: Aidoo, Nana S, RN Comments: Mouth swabbed
Performed 02/24/25 2318 Documented: 02/24/25 2318	Not Given NPO	15 mL	Swish & Spit	Performed by: Aidoo, Nana S, RN Comments: mouth swabbed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/24/25 1517 Documented: 02/24/25 1517	Not Given NPO	15 mL	Swish & Spit	Performed by: Porter, Allen, RN Comments: Pt. mouth swabbed
Performed 02/24/25 0612 Documented: 02/24/25 0612	Not Given Other	15 mL	Swish & Spit	Performed by: Aidoo, Nana S, RN Comments: mouth swab
Performed 02/23/25 2125 Documented: 02/23/25 2125	Not Given Other	15 mL	Swish & Spit	Performed by: Aidoo, Nana S, RN
Performed 02/23/25 1448 Documented: 02/23/25 1448	Not Given NPO	15 mL	Swish & Spit	Performed by: Porter, Allen, RN Comments: Mouth Swabbed
Performed 02/23/25 0603 Documented: 02/23/25 0603	Not Given NPO	15 mL	Swish & Spit	Performed by: Macandile, Jan Kenneth Lantin, RN Comments: high aspiration risk
Performed 02/22/25 2100 Documented: 02/22/25 1947	Refused	15 mL	Swish & Spit	Performed by: Jallow, Yusupha, RN Scanned Package: 48582-80220
Performed 02/22/25 1349 Documented: 02/22/25 1349	Not Given NPO	15 mL	Swish & Spit	Performed by: Porter, Allen, RN Comments: Mouth swabbed
Performed 02/22/25 0953 Documented: 02/22/25 0954	Not Given NPO	15 mL	Swish & Spit	Performed by: Porter, Allen, RN Comments: Mouth swabbed
Performed 02/21/25 2133 Documented: 02/21/25 2133	Given	15 mL	Swish & Spit	Performed by: Gindi, Jeanna A, RN Scanned Package: 48582-80220
Performed 02/21/25 1403 Documented: 02/21/25 1403	Given	15 mL	Swish & Spit	Performed by: Walsh, Julia McKeon, RN Scanned Package: 48582-80220
Performed 02/21/25 0800 Documented: 02/21/25 0951	Given	15 mL	Swish & Spit	Performed by: Moffett, Laura, RN
Performed 02/20/25 2207 Documented: 02/20/25 2207	Given	15 mL	Swish & Spit	Performed by: Gindi, Jeanna A, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/20/25 1323 Documented: 02/20/25 1325	Not Given See Comments	15 mL	Swish & Spit	Performed by: Kangleon, Judith Esther J, RN Comments: aspiration risk
Performed 02/20/25 0537 Documented: 02/20/25 0537	Not Given See Comments	15 mL	Swish & Spit	Performed by: Limyukok, Mysha, RN Comments: patient high aspiration risk
Performed 02/19/25 2100 Documented: 02/19/25 2101	Not Given Order parameters not met	15 mL	Swish & Spit	Performed by: Bustamante Campusano, Diana, RN Comments: pt high aspiration risk
Performed 02/19/25 1306 Documented: 02/19/25 1308	Not Given See Comments	15 mL	Swish & Spit	Performed by: Fajarillo, Irene M, RN Comments: use to swab
Performed 02/19/25 0452 Documented: 02/19/25 0452	Not Given Other	15 mL	Swish & Spit	Performed by: Patino Castro, Jennifer A, RN Comments: high aspiration risk
Performed 02/18/25 2116 Documented: 02/18/25 2116	Not Given Other	15 mL	Swish & Spit	Performed by: Patino Castro, Jennifer A, RN Comments: not following commands to swish and spit. high aspiration risk
Performed 02/18/25 1550 Documented: 02/18/25 1550	Not Given NPO	15 mL	Swish & Spit	Performed by: Porter, Allen, RN
Performed 02/18/25 0635 Documented: 02/18/25 0635	Refused	15 mL	Swish & Spit	Performed by: Gawat, Maria C, RN
Performed 02/17/25 2031 Documented: 02/17/25 2031	Given	15 mL	Swish & Spit	Performed by: Gawat, Maria C, RN
Performed 02/17/25 1401 Documented: 02/17/25 1402	Given	15 mL	Swish & Spit	Performed by: Bounthong, Vanh K, RN
Performed 02/17/25 0540 Documented: 02/17/25 0541	Not Given See Comments	15 mL	Swish & Spit	Performed by: Moroye, Jessica, RN Comments: pt unable to safely take medication
Performed 02/16/25 2143 Documented: 02/16/25 2144	Not Given See Comments	15 mL	Swish & Spit	Performed by: Moroye, Jessica, RN Comments: pt not able to safely use medication

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/16/25 1440 Documented: 02/16/25 1614	Given	15 mL	Swish & Spit	Performed by: Ndiaye, Djenaba L, RN Scanned Package: 48582-80220
Performed 02/16/25 0510 Documented: 02/16/25 0510	Given	15 mL	Swish & Spit	Performed by: Sauder, Jessica, RN
Performed 02/15/25 2130 Documented: 02/15/25 2130	Given	15 mL	Swish & Spit	Performed by: Sauder, Jessica, RN
Performed 02/15/25 1519 Documented: 02/15/25 1519	Given	15 mL	Swish & Spit	Performed by: Drammeh, Saihou, RN
Performed 02/15/25 0557 Documented: 02/15/25 0557	Refused	15 mL	Swish & Spit	Performed by: Limyukok, Mysha, RN
Performed 02/14/25 2113 Documented: 02/14/25 2114	Not Given Order parameters not met	15 mL	Swish & Spit	Performed by: Bustamante Campusano, Diana, RN Comments: not given pt aspiration risk
Performed 02/14/25 1434 Documented: 02/14/25 1454	Not Given See Comments	15 mL	Swish & Spit	Performed by: Gill, Loveleen S, RN Comments: pt confused and high aspiration risk
Performed 02/14/25 0630 Documented: 02/14/25 0630	Refused	15 mL	Swish & Spit	Performed by: Limyukok, Mysha, RN
Performed 02/13/25 2230 Documented: 02/13/25 2345	Not Given See Comments	15 mL	Swish & Spit	Performed by: Limyukok, Mysha, RN Comments: patient not redirectable
Performed 02/13/25 1602 Documented: 02/13/25 1603	Given	15 mL	Swish & Spit	Performed by: Escalante, Steve, RN
Performed 02/13/25 0551 Documented: 02/13/25 0551	Given	15 mL	Swish & Spit	Performed by: Gindi, Jeanna A, RN Scanned Package: 48582-80220
Performed 02/12/25 2216 Documented: 02/12/25 2216	Not Given Patient/family refused	15 mL	Swish & Spit	Performed by: Gindi, Jeanna A, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/12/25 1705 Documented: 02/12/25 1706	Given	15 mL	Swish & Spit	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 48582-80220
Performed 02/12/25 0850 Documented: 02/12/25 0850	Given	15 mL	Swish & Spit	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 48582-80220
Performed 02/12/25 0602 Documented: 02/12/25 0603	Given	15 mL	Swish & Spit	Performed by: Tran, Andy, RN Comments: Applied to tongue and mouth using swab and mixing a bit with water Scanned Package: 48582-80220
Performed 02/11/25 2128 Documented: 02/11/25 2128	Given	15 mL	Swish & Spit	Performed by: Tran, Andy, RN Scanned Package: 48582-80220
Performed 02/11/25 1034 Documented: 02/11/25 1039	Given	15 mL	Swish & Spit	Performed by: Bennett, Theodore, RN

scopolamine (Transderm-SCOP) 1 mg patch [369890708]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1306
Ordered Dose (Remaining/Total): 1 patch (—/—)
Frequency: Every 72 hours PRN
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/24/25 1305 - 03/08/25 1537
Route: Transdermal
Ordered Rate/Order Duration: — / 72 Hours
Admin Instructions: NOTE: may take up to 12 hours to take effect. Apply to either mastoid area. Change every 3 days. Do NOT cut patch, to ensure efficacy.

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Performed 03/07/25 1143 Documented: 03/07/25 1144	Medication Removed	0 patch 72 Hours	Transdermal —	Performed by: Puleo, Rosalie, RN
Performed 03/04/25 0929 Documented: 03/04/25 0932	Medication Applied	1 patch 72 Hours	Transdermal Behind Left Ear	Performed by: Smith, Melody J, RN Scanned Package: 50742-505-01

senna (Senokot) tablet 17.2 mg [360348569]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 17.2 mg (—/—)
Frequency: 2 times daily PRN
Admin Instructions: Give if no BM x 24 hrs.
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 0000 - 02/02/25 1229
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	17.2 mg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 0904-7252-61, 0904-7252-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

senna (Senokot) tablet 17.2 mg [365295960]

Ordering Provider: Sokol-Hessner, Lauge, MD
Ordered On: 02/02/25 1229
Ordered Dose (Remaining/Total): 17.2 mg (—/—)
Frequency: 2 times daily
Admin Instructions: Give if no BM x 24 hrs.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/02/25 1300 - 02/09/25 2027
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	17.2 mg	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed.
Performed 02/08/25 2342 Documented: 02/08/25 2343	Not Given See Comments	17.2 mg	Oral	Performed by: Stanikzy, Ameenjohn A, RN Comments: High aspiration risk pt, med held by this RN team notified and they agreed.
Performed 02/08/25 1118 Documented: 02/08/25 1118	Not Given See Comments	17.2 mg	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 2139 Documented: 02/07/25 2139	Not Given Other	17.2 mg	Oral	Performed by: Kit, Ellen, RN Comments: unable to tolerate po
Performed 02/07/25 1020 Documented: 02/07/25 1022	Not Given See Comments	17.2 mg	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 49483-080-10, 49483-080-10
Performed 02/06/25 2114 Documented: 02/06/25 2114	Not Given Order parameters not met	17.2 mg	Oral	Performed by: Yohannes, Mayda, RN
Performed 02/06/25 0932 Documented: 02/06/25 0933	Not Given Order parameters not met	17.2 mg	Oral	Performed by: Wu, Lesly, RN
Performed 02/05/25 2043 Documented: 02/05/25 2044	Not Given See Comments	17.2 mg	Oral	Performed by: Sirichana, Geraldine N, RN Comments: multiple BMs
Performed 02/05/25 0914 Documented: 02/05/25 0914	Not Given Order parameters not met	17.2 mg	Oral	Performed by: Wu, Lesly, RN
Performed 02/04/25 2106 Documented: 02/04/25 2226	Refused	17.2 mg	Oral	Performed by: Avila, Nicole C, RN

Medication Administrations (continued)

Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	17.2 mg	Oral	Performed by: Flaherty, Katherine R, RN Scanned Package: 0904-7252-61, 0904-7252-61
Performed 02/03/25 2139 Documented: 02/03/25 2140	Not Given See Comments	17.2 mg	Oral	Performed by: Harrell, Mackenzie, RN Comments: pt unable to swallow
Performed 02/03/25 1430 Documented: 02/03/25 1432	Given	17.2 mg	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware Scanned Package: 49483-080-10, 49483-080-10
Performed 02/02/25 2200 Documented: 02/02/25 2243	Given	17.2 mg	Oral	Performed by: Obanla, Taiwo O, RN Scanned Package: 49483-080-10
Performed 02/02/25 1336 Documented: 02/02/25 1336	Given	17.2 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 0904-7252-61, 0904-7252-61

sodium chloride 0.9 % infusion [360686454]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/11/25 1659
Ordered Dose (Remaining/Total): 10-50 mL/hr (—/—)
Frequency: Continuous
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 0700 - 01/23/25 1553
Route: Intravenous
Ordered Rate/Order Duration: 10-50 mL/hr / —

Line	Med Link Info	Comment
Venous Sheath 01/10/25 Right Jugular	01/11/25 0700 by Walks, Tristan H, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/13/25 1800 Documented: 01/13/25 1814	Stopped	0 mL/hr 0 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1703 Documented: 01/13/25 1725	Anesthesia Volume Adjustment	—	Intravenous	Performed by: Hong, Stephanie, MD
Performed 01/13/25 1609 Documented: 01/13/25 1609	Unchart	—	Intravenous	Performed by: Hong, Stephanie, MD
Performed 01/13/25 1608 Documented: 01/13/25 1609	Unchart	— — 0.01666666666666666667 Minutes	Intravenous	Performed by: Hong, Stephanie, MD Comments: Switch to gravity

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 1554 Documented: 01/13/25 1609	Restarted	— —	Intravenous	Performed by: Hong, Stephanie, MD
Performed 01/13/25 1553 Documented: 01/13/25 1609	Paused	— — 0.01666666666666666667 Minutes	Intravenous	Performed by: Hong, Stephanie, MD Comments: Switch to gravity
Performed 01/13/25 1542 Documented: 01/13/25 1609	Continued by Anesthesia	— 10 mL/hr —	Intravenous	Performed by: Hong, Stephanie, MD
Performed 01/13/25 1515 Documented: 01/13/25 1813	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1500 Documented: 01/13/25 1517	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1400 Documented: 01/13/25 1413	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1200 Documented: 01/13/25 1228	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1000 Documented: 01/13/25 1228	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0800 Documented: 01/13/25 0738	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0700 Documented: 01/13/25 0703	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 0600 Documented: 01/13/25 0555	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0500 Documented: 01/13/25 0555	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0400 Documented: 01/13/25 0449	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0300 Documented: 01/13/25 0346	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0200 Documented: 01/13/25 0206	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0100 Documented: 01/13/25 0205	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0000 Documented: 01/13/25 0011	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2300 Documented: 01/12/25 2324	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2200 Documented: 01/12/25 2324	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2100 Documented: 01/12/25 2108	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/12/25 2000 Documented: 01/12/25 2009	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 1900 Documented: 01/12/25 1923	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1800 Documented: 01/12/25 1823	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1600 Documented: 01/12/25 1635	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1500 Documented: 01/12/25 1522	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1400 Documented: 01/12/25 1522	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1300 Documented: 01/12/25 1316	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1100 Documented: 01/12/25 1132	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1000 Documented: 01/12/25 0957	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0900 Documented: 01/12/25 0943	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/12/25 0700 Documented: 01/12/25 0658	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0600 Documented: 01/12/25 0647	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0500 Documented: 01/12/25 0548	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0400 Documented: 01/12/25 0407	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0300 Documented: 01/12/25 0319	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0200 Documented: 01/12/25 0212	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0100 Documented: 01/12/25 0106	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Kim, Saraphina S, RN
Performed 01/12/25 0000 Documented: 01/12/25 0014	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2300 Documented: 01/11/25 2301	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2200 Documented: 01/11/25 2213	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/11/25 2100 Documented: 01/11/25 2147	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2000 Documented: 01/11/25 2004	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 0700 Documented: 01/11/25 1659	Restarted	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN

sodium chloride 0.9 % IV Bolus 250 mL [360750858]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/12/25 1206
Ordered Dose (Remaining/Total): 250 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/12/25 1237 - 01/12/25 1236
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 15 Minutes

Line	Med Link Info	Comment
Venous Sheath 01/10/25 Right Jugular	01/12/25 1221 by Walks, Tristan H, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/12/25 1221 Documented: 01/12/25 1222	New Bag/Syringe	250 mL 1,000 mL/hr 15 Minutes	Intravenous	Performed by: Walks, Tristan H, RN

sodium chloride 0.9 % IV Bolus 500 mL [360202286]

Ordering Provider: Vrablik, Marie Clougherty, MD
Ordered On: 01/09/25 1101
Ordered Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/09/25 1105 - 01/09/25 1213
Route: Intravenous
Ordered Rate/Order Duration: 2,000 mL/hr / 15 Minutes
Admin Instructions: Due to IV fluid shortage, please consider replacing IV fluids with oral rehydration options if clinically appropriate

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm	01/09/25 1115 by Hendricksen, Kayla, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/09/25 1213 Documented: 01/09/25 1213	Stopped	0 mL 0 mL/hr 15 Minutes	Intravenous	Performed by: Sanders, Emily Carylon, RN
Performed 01/09/25 1115 Documented: 01/09/25 1119	New Bag/Syringe	500 mL 2,000 mL/hr 15 Minutes	Intravenous	Performed by: Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

sodium chloride 0.9 % IV Bolus 500 mL [363611303]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/25/25 0336
Ordered Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/25/25 0407 - 01/25/25 0446
Route: Intravenous
Ordered Rate/Order Duration: 500 mL/hr / 60 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/22/25 22 G Anterior;Left Forearm	01/25/25 0346 by Porter, Allen, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/25/25 0346 Documented: 01/25/25 0347	New Bag/Syringe	500 mL 500 mL/hr 60 Minutes	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0338-0049-04

sodium chloride 0.9 % IV Bolus 500 mL [366788849]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/09/25 1048
Ordered Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/09/25 1119 - 02/09/25 1202
Route: Intravenous
Ordered Rate/Order Duration: 500 mL/hr / 60 Minutes

Timestamps	Action	Dose / Rate / Duration	Route / Site	Other Information
Performed 02/09/25 1102 Documented: 02/09/25 1102	New Bag/Syringe	500 mL 500 mL/hr 60 Minutes	Intravenous Left Arm	Performed by: Sano, Naomi, RN Scanned Package: 0338-0049-04

sodium chloride 3 % nebulizer solution 4 mL [368306504]

Ordering Provider: Bhandari, Shiv, MD
Ordered On: 02/16/25 0603
Ordered Dose (Remaining/Total): 4 mL (—/—)
Frequency: Every 4 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/16/25 0603 - 02/24/25 1141
Route: Nebulization
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/16/25 0620 Documented: 02/16/25 0620	Given	4 mL	Nebulization	Performed by: Angeles, Jessie J, RRT Scanned Package: 0487-9003-60

thiamine (Vitamin B-1) 500 mg in sodium chloride 0.9 % 105 mL IVPB [361513840]

Ordering Provider: Segerson, Karen Elaine, MD
Ordered On: 01/15/25 1234
Ordered Dose (Remaining/Total): 500 mg (0/9)
Frequency: 3 times daily
Status: Completed (Past End Date/Time)
Starts/Ends: 01/15/25 1400 - 01/18/25 0602
Route: Intravenous
Ordered Rate/Order Duration: 210 mL/hr / 30 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm	01/15/25 1653 by Howey, Alice J, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/18/25 0532 Documented: 01/18/25 0532	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Sirichana, Geraldine N, RN Scanned Package: 63323-013-01, 63323-013-01, 63323-013-01, 0338-0049-38
Performed 01/17/25 2122 Documented: 01/17/25 2122	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Sirichana, Geraldine N, RN Scanned Package: 63323-013-01, 63323-013-01, 63323-013-01, 0338-0049-38
Performed 01/17/25 1301 Documented: 01/17/25 1301	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Mikulikova, Julia, RN Scanned Package: 25021-500-02, 25021-500-02, 25021-500-02, 0338-0049-38
Performed 01/17/25 0557 Documented: 01/17/25 0557	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Mazariegos, Oscar, RN Scanned Package: 63323-013-01, 63323-013-01, 63323-013-01, 0338-0049-38
Performed 01/16/25 2117 Documented: 01/16/25 2117	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Mazariegos, Oscar, RN Scanned Package: 63323-013-01, 63323-013-01, 63323-013-01, 0338-0049-38
Performed 01/16/25 1339 Documented: 01/16/25 1340	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Mikulikova, Julia, RN Scanned Package: 63323-013-01, 63323-013-01, 63323-013-01, 0338-0049-38
Performed 01/16/25 0559 Documented: 01/16/25 0559	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Aidoo, Nana S, RN Scanned Package: 63323-013-01, 63323-013-01, 63323-013-01, 0338-0049-38
Performed 01/15/25 2101 Documented: 01/15/25 2101	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Howey, Alice J, RN Scanned Package: 63323-013-01, 63323-013-01, 63323-013-01, 0338-0049-38
Performed 01/15/25 1653 Documented: 01/15/25 1653	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Howey, Alice J, RN Scanned Package: 25021-500-02, 25021-500-02, 25021-500-02, 0338-0049-38

thiamine mononitrate (Vitamin B-1) tablet 100 mg [360514012]

Ordering Provider: Wilson, Julia, MD Status: Discontinued (Past End Date/Time)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordered On: 01/10/25 1304
Ordered Dose (Remaining/Total): 100 mg (—/—)
Frequency: Daily

Starts/Ends: 01/10/25 1335 - 02/14/25 1127
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/14/25 0913 Documented: 02/14/25 0914	Not Given See Comments	100 mg	Oral	Performed by: Gill, Loveleen S, RN Comments: high aspiration risk
Performed 02/13/25 1017 Documented: 02/13/25 1019	Held See Comments	0 mg	Oral	Performed by: Escalante, Steve, RN Comments: Pt. has high aspiration risk, PO meds are being held. Provider notified.
Performed 02/12/25 2015 Documented: 02/12/25 2016	Not Given See Comments	100 mg	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk
Performed 02/11/25 1734 Documented: 02/11/25 1734	Refused	100 mg	Oral	Performed by: Bennett, Theodore, RN
Performed 02/10/25 0958 Documented: 02/10/25 0958	Not Given See Comments	100 mg	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration risk
Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	100 mg	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed.
Performed 02/08/25 1117 Documented: 02/08/25 1117	Not Given See Comments	100 mg	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 1020 Documented: 02/07/25 1022	Not Given See Comments	100 mg	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 50268-851-11
Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	100 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 50268-851-11
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	100 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 50268-851-11
Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	100 mg	Oral	Performed by: Flaherty, Katherine R, RN Scanned Package: 50268-851-11

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/03/25 1430 Documented: 02/03/25 1432	Given	100 mg	Oral	Performed by: Clark, Rachael E, RN Scanned Package: 50268-851-11
Performed 02/02/25 0917 Documented: 02/02/25 0917	Given	100 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 50268-851-11
Performed 02/01/25 0859 Documented: 02/01/25 0859	Given	100 mg	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 50268-851-11
Performed 01/31/25 0840 Documented: 01/31/25 0840	Given	100 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 50268-851-11
Performed 01/30/25 0917 Documented: 01/30/25 0917	Given	100 mg	Oral	Performed by: Liu, Kayla W, RN Scanned Package: 50268-851-11
Performed 01/29/25 0848 Documented: 01/29/25 0858	Refused	100 mg	Oral	Performed by: Smith, Melody J, RN Scanned Package: 50268-851-11
Performed 01/28/25 0905 Documented: 01/28/25 0905	Given	100 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 50268-851-11
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	100 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	100 mg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1742 Documented: 01/25/25 1743	Not Given See Comments	100 mg	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	100 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 50268-851-11
Performed 01/23/25 1626 Documented: 01/23/25 1626	Given	100 mg	Oral	Performed by: Kit, Ellen, RN Scanned Package: 50268-851-11

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/22/25 1319 Documented: 01/22/25 1320	Given	100 mg	Oral	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 50268-851-11
Performed 01/21/25 0906 Documented: 01/21/25 0906	Given	100 mg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 50268-851-11
Performed 01/20/25 0935 Documented: 01/20/25 0935	Given	100 mg	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 50268-851-11
Performed 01/19/25 0823 Documented: 01/19/25 0823	Given	100 mg	Oral	Performed by: Gordon, Carrie, RN Scanned Package: 50268-851-11
Performed 01/18/25 0858 Documented: 01/18/25 0858	Given	100 mg	Oral	Performed by: Hwee, Carla, RN Scanned Package: 50268-851-11
Performed 01/17/25 0912 Documented: 01/17/25 0914	Given	100 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 50268-851-11
Performed 01/16/25 0857 Documented: 01/16/25 0857	Given	100 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 50268-851-11
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	100 mg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 50268-851-11
Performed 01/14/25 0824 Documented: 01/14/25 0824	Given	100 mg	Oral	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 50268-851-11
Performed 01/13/25 1502 Documented: 01/13/25 1503	Not Given Contraindicated	100 mg	Oral	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0906 Documented: 01/12/25 0907	Given	100 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 50268-851-11
Performed 01/11/25 0806 Documented: 01/11/25 0806	Given	100 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 50268-851-11

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/10/25 1505 Documented: 01/10/25 1506	Not Given See Comments	100 mg	Oral	Performed by: Thomas, Tamlyn P, RN Comments: pt unstable, unable to sit up for oral meds

timolol maleate (Timoptic) 0.5 % ophthalmic solution 1 drop [360348551]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 1 drop (—/—)
Frequency: 2 times daily
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 2100 - 02/24/25 1141
Route: Both EYES
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/24/25 0953 Documented: 02/24/25 0954	Given	1 drop	Both EYES	Performed by: Porter, Allen, RN
Performed 02/23/25 2126 Documented: 02/23/25 2126	Not Given Other	1 drop	Both EYES	Performed by: Aidoo, Nana S, RN Comments: Pt unbable to open eyes
Performed 02/23/25 0810 Documented: 02/23/25 0810	Given	1 drop	Both EYES	Performed by: Porter, Allen, RN Scanned Package: 64980-514-05
Performed 02/22/25 2000 Documented: 02/22/25 1946	Given	1 drop	Both EYES	Performed by: Jallow, Yusupha, RN Scanned Package: 64980-514-05
Performed 02/22/25 0955 Documented: 02/22/25 0955	Given	1 drop	Both EYES	Performed by: Porter, Allen, RN
Performed 02/21/25 2133 Documented: 02/21/25 2133	Given	1 drop	Both EYES	Performed by: Gindi, Jeanna A, RN Scanned Package: 64980-514-05
Performed 02/21/25 0951 Documented: 02/21/25 0951	Not Given Other	1 drop	Both EYES	Performed by: Moffett, Laura, RN Comments: sleeping
Performed 02/20/25 2200 Documented: 02/20/25 2205	Given	1 drop	Both EYES	Performed by: Gindi, Jeanna A, RN
Performed 02/20/25 0857 Documented: 02/20/25 0857	Given	1 drop	Both EYES	Performed by: Kangleon, Judith Esther J, RN Scanned Package: 64980-514-05

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/19/25 2108 Given Documented: 02/19/25 2108	1 drop	Both EYES	Performed by: Bustamante Campusano, Diana, RN
Performed 02/19/25 0923 Given Documented: 02/19/25 0924	1 drop	Both EYES	Performed by: Fajarillo, Irene M, RN Scanned Package: 64980-514-05
Performed 02/18/25 2103 Given Documented: 02/18/25 2103	1 drop	Both EYES	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 64980-514-05
Performed 02/18/25 0809 Given Documented: 02/18/25 0809	1 drop	Both EYES	Performed by: Porter, Allen, RN Scanned Package: 64980-514-05
Performed 02/17/25 2031 Given Documented: 02/17/25 2031	1 drop	Both EYES	Performed by: Gawat, Maria C, RN Scanned Package: 64980-514-05
Performed 02/17/25 0917 Given Documented: 02/17/25 0917	1 drop	Both EYES	Performed by: Bounthong, Vanh K, RN
Performed 02/16/25 2132 Given Documented: 02/16/25 2132	1 drop	Both EYES	Performed by: Moroye, Jessica, RN Scanned Package: 64980-514-05
Performed 02/16/25 0951 Given Documented: 02/16/25 0952	1 drop	Both EYES	Performed by: Ndiaye, Djenaba L, RN Scanned Package: 64980-514-05
Performed 02/15/25 2131 Given Documented: 02/15/25 2131	1 drop	Both EYES	Performed by: Sauder, Jessica, RN Scanned Package: 64980-514-05
Performed 02/15/25 1036 Given Documented: 02/15/25 1037	1 drop	Both EYES	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN Scanned Package: 64980-514-05
Performed 02/14/25 2028 Given Documented: 02/14/25 2028	1 drop	Both EYES	Performed by: Bustamante Campusano, Diana, RN
Performed 02/14/25 0922 Given Documented: 02/14/25 0922	1 drop	Both EYES	Performed by: Gill, Loveleen S, RN Scanned Package: 64980-514-05

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/13/25 2008 Documented: 02/13/25 2008	Given	1 drop	Both EYES	Performed by: Limyukok, Mysha, RN Scanned Package: 64980-514-05
Performed 02/13/25 1220 Documented: 02/13/25 1221	Given	1 drop	Both EYES	Performed by: Escalante, Steve, RN Comments: Off unit w/ son in chair. Scanned Package: 64980-514-05
Performed 02/12/25 2020 Documented: 02/12/25 2025	Not Given Patient/family refused	1 drop	Both EYES	Performed by: Gindi, Jeanna A, RN
Performed 02/12/25 0931 Documented: 02/12/25 0931	Given	1 drop	Both EYES	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 64980-514-05
Performed 02/11/25 2128 Documented: 02/11/25 2128	Given	1 drop	Both EYES	Performed by: Tran, Andy, RN
Performed 02/11/25 1734 Documented: 02/11/25 1734	Refused	1 drop	Both EYES	Performed by: Bennett, Theodore, RN
Performed 02/10/25 2008 Documented: 02/10/25 2008	Given	1 drop	Both EYES	Performed by: Jallow, Yusupha, RN Scanned Package: 64980-514-05
Performed 02/10/25 1642 Documented: 02/10/25 1648	Given	1 drop	Both EYES	Performed by: Reese, Megahn Marilyn, RN Comments: pt not tolerating, then in palliative meeting Scanned Package: 64980-514-05
Performed 02/09/25 2155 Documented: 02/09/25 2206	Given	1 drop	Both EYES	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 64980-514-05
Performed 02/09/25 0900 Documented: 02/09/25 1522	Not Given See Comments	1 drop	Both EYES	Performed by: Sano, Naomi, RN Comments: drowsy, asked opening eyes, but not following instructions.
Performed 02/08/25 2221 Documented: 02/08/25 2223	Given	1 drop	Both EYES	Performed by: Stanikzy, Ameenjohn A, RN Comments: grouped med pass Scanned Package: 64980-514-05
Performed 02/08/25 1151 Documented: 02/08/25 1153	Given	1 drop	Both EYES	Performed by: Hwee, Carla, RN Scanned Package: 64980-514-05

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/07/25 2228 Documented: 02/07/25 2228	Given	1 drop	Both EYES	Performed by: Kit, Ellen, RN
Performed 02/07/25 1219 Documented: 02/07/25 1219	Given	1 drop	Both EYES	Performed by: Nganga, Mary M, Nursing Student Cosign requested from: Murakami, Valerie, RN Scanned Package: 64980-514-05
Performed 02/06/25 2114 Documented: 02/06/25 2114	Given	1 drop	Both EYES	Performed by: Yohannes, Mayda, RN
Performed 02/06/25 0930 Documented: 02/06/25 0932	Given	1 drop	Both EYES	Performed by: Wu, Lesly, RN
Performed 02/05/25 2000 Documented: 02/05/25 2006	Given	1 drop	Both EYES	Performed by: Sirichana, Geraldine N, RN Scanned Package: 64980-514-05
Performed 02/05/25 0939 Documented: 02/05/25 0939	Given	1 drop	Both EYES	Performed by: Wu, Lesly, RN Scanned Package: 64980-514-05
Performed 02/04/25 2106 Documented: 02/04/25 2107	Given	1 drop	Both EYES	Performed by: Avila, Nicole C, RN Scanned Package: 64980-514-05
Performed 02/04/25 0955 Documented: 02/04/25 0955	Given	1 drop	Both EYES	Performed by: Flaherty, Katherine R, RN Scanned Package: 64980-514-05
Performed 02/03/25 2140 Documented: 02/03/25 2140	Given	1 drop	Both EYES	Performed by: Harrell, Mackenzie, RN
Performed 02/03/25 1432 Documented: 02/03/25 1432	Given	1 drop	Both EYES	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware Scanned Package: 64980-514-05
Performed 02/02/25 2200 Documented: 02/02/25 2250	Given	1 drop	Both EYES	Performed by: Obanla, Taiwo O, RN Scanned Package: 64980-514-05
Performed 02/02/25 1337 Documented: 02/02/25 1338	Given	1 drop	Both EYES	Performed by: Gelgla, Letera D, RN Comments: pt fam req Scanned Package: 64980-514-05

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/01/25 2053 Documented: 02/01/25 2053	Refused	1 drop	Both EYES	Performed by: Johnson, Marita F, RN
Performed 02/01/25 0900 Documented: 02/01/25 0900	Given	1 drop	Both EYES	Performed by: Walsh, Julia McKeon, RN Scanned Package: 64980-514-05
Performed 01/31/25 2217 Documented: 01/31/25 2218	Not Given Patient/family refused	1 drop	Both EYES	Performed by: Lyons, Julio Cesar Salazar, RN
Performed 01/31/25 0926 Documented: 01/31/25 0926	Given	1 drop	Both EYES	Performed by: Gelgla, Letera D, RN Scanned Package: 64980-514-05
Performed 01/30/25 2054 Documented: 01/30/25 2054	Given	1 drop	Both EYES	Performed by: Mikulikova, Julia, RN Scanned Package: 64980-514-05
Performed 01/30/25 1000 Documented: 01/30/25 1002	Given	1 drop	Both EYES	Performed by: Liu, Kayla W, RN Scanned Package: 64980-514-05
Performed 01/29/25 2056 Documented: 01/29/25 2056	Given	1 drop	Both EYES	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 64980-514-05
Performed 01/29/25 0859 Documented: 01/29/25 0859	Refused	1 drop	Both EYES	Performed by: Smith, Melody J, RN
Performed 01/28/25 2108 Documented: 01/28/25 2109	Given	1 drop	Both EYES	Performed by: Aidoo, Nana S, RN Scanned Package: 64980-514-05
Performed 01/28/25 0905 Documented: 01/28/25 0905	Given	1 drop	Both EYES	Performed by: Gawat, Maria C, RN Scanned Package: 64980-514-05
Performed 01/27/25 2109 Documented: 01/27/25 2110	Given	1 drop	Both EYES	Performed by: Paras, Michael, RN Scanned Package: 64980-514-05
Performed 01/27/25 0937 Documented: 01/27/25 1040	Not Given Patient/family refused	1 drop	Both EYES	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: Son refused

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/26/25 2037 Documented: 01/26/25 2038	Given	1 drop	Both EYES	Performed by: Dickinson, Zoe E, RN Scanned Package: 64980-514-05
Performed 01/26/25 1053 Documented: 01/26/25 1053	Given	1 drop	Both EYES	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Comments: pt more alert now and can open eyes Scanned Package: 64980-514-05
Performed 01/25/25 2109 Documented: 01/25/25 2110	Not Given See Comments	1 drop	Both EYES	Performed by: Soto, Kalea G, RN Comments: pt not alert enough to give
Performed 01/25/25 1744 Documented: 01/25/25 1744	Refused	1 drop	Both EYES	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 2205 Documented: 01/24/25 2205	Given	1 drop	Both EYES	Performed by: Porter, Allen, RN Scanned Package: 64980-514-05
Performed 01/24/25 0838 Documented: 01/24/25 0838	Given	1 drop	Both EYES	Performed by: Gawat, Maria C, RN Scanned Package: 64980-514-05
Performed 01/23/25 2035 Documented: 01/23/25 2036	Not Given Other	1 drop	Both EYES	Performed by: Kit, Ellen, RN Comments: pt asleep
Performed 01/23/25 1626 Documented: 01/23/25 1626	Given	1 drop	Both EYES	Performed by: Kit, Ellen, RN Scanned Package: 64980-514-05
Performed 01/22/25 2110 Documented: 01/22/25 2110	Given	1 drop	Both EYES	Performed by: Lefler, Chelsea Lynne, RN Scanned Package: 64980-514-05
Performed 01/22/25 0922 Documented: 01/22/25 1320	Given	1 drop	Both EYES	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 64980-514-05
Performed 01/21/25 2130 Documented: 01/21/25 2339	Refused	1 drop	Both EYES	Performed by: Limyukok, Mysha, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/21/25 0907 Documented: 01/21/25 0908	Given	1 drop	Both EYES	Performed by: Kaur, Rupinderjit, RN
Performed 01/21/25 0149 Documented: 01/21/25 0152	Given	1 drop	Both EYES	Performed by: Soto, Kalea G, RN Comments: med not avail Scanned Package: 64980-514-05
Performed 01/20/25 0941 Documented: 01/20/25 0941	Given	1 drop	Both EYES	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 64980-514-05
Performed 01/19/25 2121 Documented: 01/19/25 2122	Not Given See Comments	1 drop	Both EYES	Performed by: Johnson, Marita F, RN Comments: pt unwilling to open eyes
Performed 01/19/25 0825 Documented: 01/19/25 0825	Given	1 drop	Both EYES	Performed by: Gordon, Carrie, RN Scanned Package: 64980-514-05
Performed 01/18/25 2041 Documented: 01/18/25 2041	Given	1 drop	Both EYES	Performed by: Jallow, Yusupha, RN Scanned Package: 64980-514-05
Performed 01/18/25 1006 Documented: 01/18/25 1006	Given	1 drop	Both EYES	Performed by: Hwee, Carla, RN Scanned Package: 64980-514-05
Performed 01/17/25 2045 Documented: 01/17/25 2045	Given	1 drop	Both EYES	Performed by: Sirichana, Geraldine N, RN Scanned Package: 64980-514-05
Performed 01/17/25 0920 Documented: 01/17/25 0920	Given	1 drop	Both EYES	Performed by: Mikulikova, Julia, RN Scanned Package: 64980-514-05
Performed 01/16/25 2103 Documented: 01/16/25 2103	Refused	1 drop	Both EYES	Performed by: Mazariegos, Oscar, RN Scanned Package: 64980-514-05
Performed 01/16/25 1014 Documented: 01/16/25 1014	Given	1 drop	Both EYES	Performed by: Mikulikova, Julia, RN Scanned Package: 64980-514-05
Performed 01/15/25 2100 Documented: 01/15/25 2101	Given	1 drop	Both EYES	Performed by: Howey, Alice J, RN Scanned Package: 64980-514-05

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/15/25 0930 Documented: 01/15/25 0930	Given	1 drop	Both EYES	Performed by: Nacol, Lani Kusu, RN Scanned Package: 64980-514-05
Performed 01/14/25 2013 Documented: 01/14/25 2013	Given	1 drop	Both EYES	Performed by: Johnston, Christopher L, RN Scanned Package: 64980-514-05
Performed 01/14/25 0841 Documented: 01/14/25 0841	Given	1 drop	Both EYES	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 64980-514-05
Performed 01/13/25 2252 Documented: 01/13/25 2252	Held Patient sleeping	0 drop	Both EYES	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0800 Documented: 01/13/25 0730	Given	1 drop	Both EYES	Performed by: Walks, Tristan H, RN Scanned Package: 64980-514-05
Performed 01/13/25 0449 Documented: 01/13/25 0449	Held Patient sleeping	0 drop	Both EYES	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0954 Documented: 01/12/25 0954	Refused	1 drop	Both EYES	Performed by: Walks, Tristan H, RN
Performed 01/11/25 2149 Documented: 01/11/25 2149	Given	1 drop	Both EYES	Performed by: Salick, Dominic J, RN Scanned Package: 64980-514-05
Performed 01/11/25 0807 Documented: 01/11/25 0807	Given	1 drop	Both EYES	Performed by: Walks, Tristan H, RN Scanned Package: 64980-514-05
Performed 01/10/25 2017 Documented: 01/10/25 2026	Given	1 drop	Both EYES	Performed by: Bertram, Olivia T, RN Scanned Package: 64980-514-05
Performed 01/10/25 0955 Documented: 01/10/25 0955	Given	1 drop	Both EYES	Performed by: Thomas, Tamlyn P, RN Scanned Package: 64980-514-05
Performed 01/09/25 2054 Documented: 01/09/25 2054	Given	1 drop	Both EYES	Performed by: Sande, Nathan R, RN

vancomycin 1 g in D5W 200 mL IVPB (premix) [360202287]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Vrablik, Marie Clougherty, MD
Ordered On: 01/09/25 1101
Ordered Dose (Remaining/Total): 1 g (0/1)
Frequency: Once
Admin Instructions: STANDARD Concentration. (For Peripheral or Central line use)

Status: Completed (Past End Date/Time)
Starts/Ends: 01/09/25 1105 - 01/09/25 1313
Route: Intravenous
Ordered Rate/Order Duration: 200 mL/hr / 60 Minutes

Question	Answer	Comment
Suspected Source of Infection:	Skin/Soft Tissue Infection	—

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm	01/09/25 1213 by Sanders, Emily Carylon, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/09/25 1213 Documented: 01/09/25 1213	New Bag/Syringe	1 g 200 mL/hr 60 Minutes	Intravenous	Performed by: Sanders, Emily Carylon, RN Comments: CT Scanned Package: 0338-3552-48

zinc sulfate capsule 220 mg [361513843]

Ordering Provider: Segerson, Karen Elaine, MD
Ordered On: 01/15/25 1234
Ordered Dose (Remaining/Total): 220 mg (3/14)
Frequency: Daily
Admin Instructions: Give with food.

Status: Dispensed (Past End Date/Time)
Starts/Ends: 01/15/25 1305 - 01/29/25 0859
Route: Oral
Ordered Rate/Order Duration: — / —
Zinc sulfate 220 mg = Elemental Zinc 50 mg

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/28/25 0904 Documented: 01/28/25 0905	Given	220 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 77333-983-25
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	220 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	220 mg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1743 Documented: 01/25/25 1743	Not Given See Comments	220 mg	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	220 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 77333-983-25
Performed 01/23/25 1626 Documented: 01/23/25 1626	Given	220 mg	Oral	Performed by: Kit, Ellen, RN Scanned Package: 77333-983-25

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/22/25 1319 Given Documented: 01/22/25 1320	220 mg	Oral	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 77333-983-25
Performed 01/21/25 0906 Given Documented: 01/21/25 0906	220 mg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 77333-983-25
Performed 01/20/25 0935 Given Documented: 01/20/25 0935	220 mg	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 77333-983-25
Performed 01/19/25 0822 Given Documented: 01/19/25 0823	220 mg	Oral	Performed by: Gordon, Carrie, RN Scanned Package: 77333-983-25
Performed 01/18/25 0858 Given Documented: 01/18/25 0858	220 mg	Oral	Performed by: Hwee, Carla, RN Scanned Package: 77333-983-25
Performed 01/17/25 0912 Given Documented: 01/17/25 0914	220 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 77333-983-25
Performed 01/16/25 0857 Given Documented: 01/16/25 0857	220 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 77333-983-25
Performed 01/15/25 1306 Given Documented: 01/15/25 1306	220 mg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 77333-983-25

Other Orders (group 1 of 15)

Admission

Admit to Inpatient (Completed)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Cosigning events
Electronically cosigned by Smith, Matthew C, MD 01/10/25 1735 for Ordering
Frequency: Routine Once 01/09/25 1755 - 1 occurrence Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Questionnaire

Question	Answer
Provider Care Team	U CARDIOTHORACIC SURGERY VASCULAR ICU
ADT SERVICE	CARDIOTHORACIC ICU
Are they the primary team?	Yes
Remove all existing teams?	No

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Updates

Attending provider: Smith, Matthew C, MD
Patient class: Inpatient
Diagnosis: Acute lower limb ischemia [I99.8]

Case Request

Case request operating room (Completed)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1339**
Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1339
Ordering provider: Schwarz, Samuel, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: Routine Once 01/09/25 1337 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 1:39 PM

Diagnoses
Acute lower limb ischemia [I99.8]

Questionnaire

Question	Answer
Case Classification	2. OR: <2 Hrs Emergent
Special Request	None
Level of Care	Intensive Care
Release Result to Patient	Immediate

Indications

Acute lower limb ischemia [I99.8 (ICD-10-CM)]

Case Request Cath Lab (Completed)

Electronically signed by: **Newton, Shauna, MD on 01/10/25 1235**
Status: **Completed**
Ordering user: Newton, Shauna, MD 01/10/25 1235
Ordering provider: Newton, Shauna, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1235 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Newton, Shauna, MD (auto-released) 1/10/2025 12:35 PM

Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Case Classification	CV: Routine Add-On - Inpatient
Additional Case Information	RHC
Release Result to Patient	Immediate

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Case Request Cath Lab (Completed)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1523**
Status: **Completed**
Ordering user: Phan, Janet, MD 01/10/25 1523
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1520 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/10/2025 3:23 PM

Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Case Classification	CV: Emergent - Schedule within 1 hour

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Additional Case Information	Support Device
Post Procedure Destination	CT ICU
Release Result to Patient	Immediate

Indications

Bradycardia [R00.1 (ICD-10-CM)]

PPM INITIAL - Single (Completed)

Electronically signed by: **Kondamudi, Nitin, MD on 01/12/25 1222** Status: **Completed**
Ordering user: Kondamudi, Nitin, MD 01/12/25 1222
Ordering provider: Kondamudi, Nitin, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/12/25 1219 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Kondamudi, Nitin, MD (auto-released) 1/12/2025 12:22 PM

Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Post-procedure disposition	Overnight
Follow up appointment?	UWMC-ML
Follow up Provider?	Order Provider
Medication Holds	Heparin
Procedure Type	Device
Device Vendor	Boston Scientific
Preop appointment?	UWMC-ML
Pre-Op Provider	EP APP

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Consult

Inpatient Consult to Pain Management (Completed)

Electronically signed by: **Smith, Grace, MD on 01/09/25 1715** Status: **Completed**
Ordering user: Smith, Grace, MD 01/09/25 1715
Ordering provider: Smith, Grace, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/09/25 1715 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Smith, Marie, MD (auto-released) 1/9/2025 5:15 PM

Questionnaire

Question	Answer
Provider Care Team	U ACUTE PAIN SERVICE
Reason for consult:	Management of peripheral nerve/epidural infusion

Inpatient Consult to Pain Management (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/09/25 1807 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Discontinued by: Schwarz, Samuel, MD 01/09/25 1808

Questionnaire

Question	Answer
Provider Care Team	U ACUTE PAIN SERVICE

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Reason for consult: Management of peripheral nerve/epidural infusion

Order comments: Fem PNC in s/o above knee amputation

Inpatient Consult to Cardiology (Completed)

Electronically signed by: **Sonderman, Mark Thomas, MD on 01/09/25 1959** Status: **Completed**
Ordering user: Sonderman, Mark Thomas, MD 01/09/25 1959
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/09/25 2000 - 1 occurrence
Quantity: 1
Ordering provider: Sonderman, Mark Thomas, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Sonderman, Mark Thomas, MD (auto-released) 1/9/2025 7:59 PM

Questionnaire

Question	Answer
Provider Care Team	U CARDIOLOGY CONSULT
Reason for Consult?	2:1 AV block

Inpatient consult to Nutrition (Completed)

Electronically signed by: **Sande, Nathan R, RN on 01/09/25 2025** Status: **Completed**
Ordering user: Sande, Nathan R, RN 01/09/25 2025
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/09/25 2012 - 1 occurrence
Quantity: 1
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Sande, Nathan R, RN (auto-released) 1/9/2025 8:25 PM

Questionnaire

Question	Answer
Reason for Consult?	Nutritional assessment Other
Assess	Poor PO intake
Comment	Son reports recent loss of appetite with associated weight loss over past several months.

Inpatient Consult to Social Work (Completed)

Electronically signed by: **Sande, Nathan R, RN on 01/09/25 2025** Status: **Completed**
Ordering user: Sande, Nathan R, RN 01/09/25 2025
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/09/25 2023 - 1 occurrence
Quantity: 1
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Sande, Nathan R, RN (auto-released) 1/9/2025 8:25 PM

Questionnaire

Question	Answer
Reason for consult:	Discharge planning

Order comments: Per son, patient lives in a tent (insistent on it being referred to as "homestead") after recently being removed from their housing by landlord in October.

Inpatient Consult to Wound Therapy (Completed)

Electronically signed by: **Sande, Nathan R, RN on 01/09/25 2349** Status: **Completed**
Ordering user: Sande, Nathan R, RN 01/09/25 2349
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/09/25 2349 - 1 occurrence
Quantity: 1
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Sande, Nathan R, RN (auto-released) 1/9/2025 11:49 PM

Questionnaire

Question	Answer
Reason for Consult?	Perineum IAD
Reason for Consult	Incontinence Associated Dermatitis
Location of Wound:	Perineum

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Inpatient Consult to Palliative Care (Completed)

Electronically signed by: **Patterson, Kristopher T, MD on 01/10/25 0718** Status: **Completed**
Ordering user: Patterson, Kristopher T, MD 01/10/25 0718
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/10/25 0705 - 1 occurrence
Quantity: 1
Ordering provider: Patterson, Kristopher T, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Patterson, Kristopher T, MD (auto-released) 1/10/2025 7:18 AM

Questionnaire

Question	Answer
Provider Care Team	U PALLIATIVE CARE
Requestors Pager/Contact:	253-293-8118
Reason for Consult?	Advanced age, s/p AKA for acute limb ischemia, now bradycardic with 1st degree heart block
Psychosocial & Spiritual Support	Goals of Care Patient support Family support

Inpatient Consult to Nutrition (Completed)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1111** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/12/25 1111
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/12/25 1112 - 1 occurrence
Quantity: 1
Ordering provider: Mahdi, Elaa, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 11:11 AM

Questionnaire

Question	Answer
Reason for Consult?	Tube feeding recommendations Nutritional assessment
Assess	Poor PO intake

Inpatient Consult to Nutrition (Completed)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1330** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1330
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/13/25 1331 - 1 occurrence
Quantity: 1
Ordering provider: McKinstry, Mia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 1:30 PM

Questionnaire

Question	Answer
Reason for Consult?	Tube feeding recommendations

Order comments: We will place NGT, would appreciate TF recs

Consult to Nutritional Services (Completed)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1712** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1712
Authorized by: Lombaard, Stefan Andre, MD
Frequency: Routine Once 01/13/25 1709 - 1 occurrence
Quantity: 1
Ordering provider: McKinstry, Mia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:12 PM

Questionnaire

Question	Answer
Reason for Consult?	Tube feeding recommendations

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Inpatient Consult to Nutrition (Completed)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1236** Status: **Completed**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1236
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Once 01/15/25 1237 - 1 occurrence
Quantity: 1
Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Segerson, Karen Elaine, MD (auto-released) 1/15/2025 12:36 PM

Questionnaire

Question	Answer
Reason for Consult?	Calorie count Nutritional assessment
Assess	Malnutrition

Inpatient Consult to Physical Medicine Rehab (Completed)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/16/25 1412** Status: **Completed**
Ordering user: Segerson, Karen Elaine, MD 01/16/25 1412
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Once 01/16/25 1412 - 1 occurrence
Quantity: 1
Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Segerson, Karen Elaine, MD (auto-released) 1/16/2025 2:12 PM

Questionnaire

Question	Answer
Reason for consult?	Other
Comment	s/p L AKA

Inpatient Consult to Prosthetics and Orthotics (Completed)

Electronically signed by: **Zafar, Zaeema, DO on 01/29/25 1703** Status: **Completed**
Ordering user: Zafar, Zaeema, DO 01/29/25 1703
Authorized by: Zafar, Zaeema, DO
Frequency: Routine Once 01/29/25 1704 - 1 occurrence
Quantity: 1
Ordering provider: Zafar, Zaeema, DO
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Zafar, Zaeema, DO (auto-released) 1/29/2025 5:03 PM

Questionnaire

Question	Answer
Reason for Consult?	Supply/Device

Order comments: Hardshell protective boot

Inpatient Consult to Nutrition (Completed)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1146** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1146
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine Once 02/03/25 1146 - 1 occurrence
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 11:46 AM

Questionnaire

Question	Answer
Reason for Consult?	Food preferences/meal selection Nutritional assessment
Assess	Poor PO intake

Inpatient Consult to Palliative Care (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/10/25 1200** Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/10/25 1200
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine Once 02/10/25 1159 - 1 occurrence
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Hospital Performed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Quantity: 1

Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/10/2025 12:00 PM

Discontinued by: Schlenker, Kathryn Ann Vogelsang, DO 02/10/25 1709

Questionnaire

Question	Answer
Provider Care Team	U PALLIATIVE CARE
Requestors Pager/Contact:	Susan Hunt (use Epic chat)
Reason for Consult?	delirium and agitation, assess acheivable goals with family.
Symptoms	Delirium
Psychosocial & Spiritual Support	Goals of Care

Inpatient Consult to Vascular Access Team (Completed)

Electronically signed by: **Jeanneret, Amber Marie, RN on 02/12/25 1007** Status: **Completed**
Ordering user: Jeanneret, Amber Marie, RN 02/12/25 1007
Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 02/12/25 1007 - 1 occurrence
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Jeanneret, Amber Marie, RN (auto-released) 2/12/2025 10:07 AM

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult:	PIV Insertion
Requestor:	Amber J
Contact Number:	89098
Patient Unit/Location:	7411

Inpatient Consult to Vascular Access Team (Completed)

Electronically signed by: **Gill, Loveleen S, RN on 02/14/25 0956** Status: **Completed**
Ordering user: Gill, Loveleen S, RN 02/14/25 0956
Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 02/14/25 0955 - 1 occurrence
Quantity: 1
Ordering provider: Gill, Loveleen S, RN
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Gill, Loveleen S, RN (auto-released) 2/14/2025 9:56 AM

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult:	PIV Insertion
Requestor:	Loveleen G., RN
Contact Number:	89032
Patient Unit/Location:	7SA Rm#11

Inpatient Consult to Vascular Access Team (Completed)

Electronically signed by: **Limyukok, Mysha, RN on 02/15/25 0647** Status: **Completed**
Ordering user: Limyukok, Mysha, RN 02/15/25 0647
Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 02/15/25 0646 - 1 occurrence
Quantity: 1
Ordering provider: Alumbaugh, Allison Andreea, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Limyukok, Mysha, RN (auto-released) 2/15/2025 6:47 AM

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult:	PIV Insertion
Requestor:	Mysha RN
Contact Number:	8-9035
Patient Unit/Location:	7SA

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Inpatient Consult to Vascular Access Team (Discontinued)

Electronically signed by: **Porter, Allen, RN on 02/18/25 1313** Status: **Discontinued**
Ordering user: Porter, Allen, RN 02/18/25 1313
Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 02/18/25 1314 - 1 occurrence
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Porter, Allen, RN (auto-released) 2/18/2025 1:13 PM

Discontinued by: Swift, Anna, RN 02/18/25 1550

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult:	PIV Insertion
Requestor:	Allen P
Contact Number:	89032
Patient Unit/Location:	7SA 7411

Inpatient Consult to Nutrition (Completed)

Electronically signed by: **Pillai, Sunita, MD on 02/18/25 1404** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/18/25 1404
Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 02/18/25 1405 - 1 occurrence
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Pillai, Sunita, MD (auto-released) 2/18/2025 2:04 PM

Questionnaire

Question	Answer
Reason for Consult?	Tube feeding recommendations

Inpatient Consult to Otolaryngology (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/19/25 1051** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1051
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Once 02/19/25 1051 - 1 occurrence
Quantity: 1
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/19/2025 10:51 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1353

Questionnaire

Question	Answer
Reason for Consult?	NGT placement. Having diffculty advancing NGT, concern anatomic difficulty.
Provider Care Team	U Otolaryngology Otology

Inpatient Consult to Spiritual Care (Completed)

Electronically signed by: **Porter, Allen, RN on 02/23/25 1147** Status: **Completed**
Ordering user: Porter, Allen, RN 02/23/25 1147
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Once 02/23/25 1144 - 1 occurrence
Quantity: 1
Ordering provider: Porter, Allen, RN
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Porter, Allen, RN (auto-released) 2/23/2025 11:47 AM

Questionnaire

Question	Answer
Who is requesting consult?	Family/Friend
Reason for consult:	End-of-life support

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Order comments: Pt. At end of life, Pt. Son at bedside is having difficult time geiving. He has a lot of hope that pt. Will recover, or hopes to recover her enough to get her home to pass. He is struggling w/ the use of medication to keep her pain free and calm because she is then too sedated to talk with him.

Inpatient consult to Spiritual Care (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/24/25 1137 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM

Questionnaire

Question	Answer
Who is requesting consult?	Family/Friend
Reason for consult:	End-of-life support

Inpatient Consult to Wound Therapy (Cancel Pend)

Electronically signed by: **Ahmed, Kareem, DO on 03/03/25 0341** Status: **Cancel Pend**
Ordering user: Ahmed, Kareem, DO 03/03/25 0341
Ordering provider: Ahmed, Kareem, DO
Authorized by: Stenberg, Daniel Lloyd, DO
Frequency: Routine Once 03/03/25 0341 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Pended by: Ahmed, Kareem, DO 03/03/25 0341
Canceled by: Ahmed, Kareem, DO 03/06/25 0341 [Expired]

Questionnaire

Question	Answer
Reason for Consult?	Sacral wound, WC reccs
Reason for Consult	Other
Location of Wound:	Sacrum

Inpatient Consult to Spiritual Care (Completed)

Electronically signed by: **Barnes, James Irvin, MD on 03/06/25 1708** Status: **Completed**
Mode: Ordering in Per protocol: cosign required mode
Communicated by: Tran-Thien, Quynh Phuong, RN
Ordering user: Tran-Thien, Quynh Phuong, RN 03/06/25 1653
Ordering provider: Barnes, James Irvin, MD
Authorized by: Abay, Rebecca Joyce Yared, MD
Ordering mode: Per protocol: cosign required
Frequency: Routine Once 03/06/25 1652 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Tran-Thien, Quynh Phuong, RN (auto-released) 3/6/2025 4:53 PM

Questionnaire

Question	Answer
Who is requesting consult?	Family/Friend
Reason for consult:	Emotional distress

Order comments: Pt's son having difficulty with pt's comfort care measures and overall goals of care, may benefit from having a session with spiritual care about current experience in the hospital.

Inpatient Consult to Prosthetics and Orthotics (Completed)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 1326** Status: **Completed**
Ordering user: Barnes, James Irvin, MD 03/07/25 1326
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine Once 03/07/25 1322 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Barnes, James Irvin, MD (auto-released) 3/7/2025 1:26 PM
Order comments: hip-spica type of brace, Right hip. If can be done soon would be great, may be able to leave for SNF on 3/8/25

CORE MEASURES

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Sepsis Protocol Initiated (Completed)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: STAT Once 01/09/25 1039 - 1 occurrence
Quantity: 1
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Class: Normal
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Order comments: Initiate Sepsis Checklist

In-Hospital Transfer, continuing current VTE prophylaxis (make sure orders remain active) (Completed)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Completed**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/13/25 1838 - 1 occurrence
Quantity: 1
Ordering provider: Bevan, Graham Howard, MD
Ordering mode: Standard
Class: Normal
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM

Questionnaire

Question	Answer
Reason for no VTE Prophylaxis at Admission:	Other
Please Specify:	Continuing prior VTE PPx during in-hospital transfer

Comfort Measures Only (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Once 02/24/25 1137 - 1 occurrence
Quantity: 1
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Class: Normal
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM

Comfort Measures Only (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1306** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1306
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Once 02/24/25 1307 - 1 occurrence
Quantity: 1
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Class: Normal
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 1:06 PM

Comfort Measures Only (Completed)

Electronically signed by: **Barnes, James Irvin, MD on 03/06/25 1609** Status: **Completed**
Ordering user: Barnes, James Irvin, MD 03/06/25 1609
Authorized by: Barnes, James Irvin, MD
Frequency: Routine Once 03/06/25 1610 - 1 occurrence
Quantity: 1
Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Normal
Instance released by: Barnes, James Irvin, MD (auto-released) 3/6/2025 4:09 PM

Comfort Measures Only (Completed)

Electronically signed by: **Barnes, James Irvin, MD on 03/06/25 1640** Status: **Completed**
Ordering user: Barnes, James Irvin, MD 03/06/25 1640
Authorized by: Barnes, James Irvin, MD
Frequency: Routine Once 03/06/25 1637 - 1 occurrence
Quantity: 1
Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Normal
Instance released by: Barnes, James Irvin, MD (auto-released) 3/6/2025 4:40 PM

Discharge

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Discharge Patient (Completed)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Completed**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Authorized by: Barnes, James Irvin, MD
Frequency: Routine Once 03/08/25 0909 - 1 occurrence
Quantity: 1
Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Barnes, James Irvin, MD (auto-released) 3/8/2025 9:08 AM

Updates

Discharge date and time: 3/8/2025
Discharge disposition: 03 SNF-SKILLED NURSING FACILITY

IV

IV Line - Insert (Completed)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: STAT Once 01/09/25 1039 - 1 occurrence
Quantity: 1
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer
IV Manage:	Insert

IV Line - Maintain IV access (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Authorized by: Smith, Matthew C, MD
Frequency: STAT Until discontinued 01/09/25 1039 - Until Specified
Quantity: 1
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749

Questionnaire

Question	Answer
IV Manage:	Maintain IV access

IV Line - Saline lock (Completed)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: STAT Once 01/09/25 1039 - 1 occurrence
Quantity: 1
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer
IV Manage:	Saline lock

IV Line - Insert (Cancel Held)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1339** Status: **Cancel Held**
Ordering user: Schwarz, Samuel, MD 01/09/25 1339
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine Once 01/09/25 1337 - 1 occurrence
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Hospital Performed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Questionnaire

Question	Answer
IV Manage:	Insert

IV Line - Maintain IV access (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Sokol-Hessner, Lauge, MD 01/31/25 1509

Questionnaire

Question	Answer
IV Manage:	Maintain IV access

IV Line - Insert, Other; Obtain IV access if needed (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1303** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/10/25 1303
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1301 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/10/2025 1:03 PM
Discontinued by: Phan, Janet, MD 01/11/25 2004

Questionnaire

Question	Answer
IV Manage:	Insert Other
Specify:	Obtain IV access if needed

Order comments: RN to document the following: 1. Start date/time 2. IV site 3. Gauge

Discontinue IV at Completion of Study if IV Access is Not Needed for Maintenance (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1303** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/10/25 1303
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1301 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/10/2025 1:03 PM
Discontinued by: Phan, Janet, MD 01/11/25 2004
Order comments: RN to document the following: 1. IV DC date/time 2. Access note

IV Line - Saline lock (Cancel Held)

Electronically signed by: **Kondamudi, Nitin, MD on 01/12/25 1222** Status: **Cancel Held**
Ordering user: Kondamudi, Nitin, MD 01/12/25 1222
Ordering provider: Kondamudi, Nitin, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 1219 - Until Specified
Class: Hospital Performed
Quantity: 1
Canceled by: Walks, Tristan H, RN 01/13/25 1838

Questionnaire

Question	Answer
IV Manage:	Saline lock

Order comments: LEFT arm; 18-20 gauge if possible; flush per protocol.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Discontinue Vascular Access Device (Non-Tunneled) (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1133** Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1133
Authorized by: Wilson, Julia, MD
Frequency: Routine Once 01/13/25 1134 - 1 occurrence
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 11:33 AM

Discontinued by: Mikulikova, Julia, RN 01/16/25 1308
Order comments: Discontinue arterial line

IV Line - OK no IV access (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1509** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1509
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine Until discontinued 01/31/25 1509 - Until Specified
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 3:09 PM

Discontinued by: Pillai, Sunita, MD 02/18/25 1228

Questionnaire

Question	Answer
IV Manage:	OK no IV access

IV Line - OK no IV access (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/09/25 1731** Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/09/25 1731
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine Until discontinued 02/09/25 1731 - Until Specified
Quantity: 1
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/9/2025 5:31 PM

Discontinued by: Pillai, Sunita, MD 02/18/25 1228

Questionnaire

Question	Answer
IV Manage:	OK no IV access

PICC Placement & Care per PICC RN (Completed)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1204** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/12/25 1204
Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 02/12/25 1204 - 1 occurrence
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Pillai, Sunita, MD (auto-released) 2/12/2025 12:04 PM

Questionnaire

Question	Answer
Reason for PICC:	Poor Peripheral Access

Order comments: OK for PICC RN to order CXR to confirm line tip placement post PICC insertion. May repeat to follow up the repositioning of a malpositioned tip, or tip extending to the RV. PICC RN to indicate OK to use PICC when placement is verified.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15)

Medications

fentaNYL PF 100 MCG/2ML ADS Override Pull (Active)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1405** Status: **Active**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1405 Ordering mode: Standard
Frequency: 01/09/25 1405 - Until Discontinued
Admin instructions: Created by cabinet override
Medication comments: Created by cabinet override
Package: 0409-9094-22

rocuronium 50 MG/5ML injection ADS Override Pull (Active)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1407** Status: **Active**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1407 Ordering mode: Standard
Frequency: 01/09/25 1407 - Until Discontinued
Admin instructions: Created by cabinet override
WARNING, PARALYZING AGENT - CAUSES RESPIRATORY ARREST.
Medication comments: Created by cabinet override
Package: 0409-9558-05

norepinephrine in D5W 16-5 MG/250ML-% infusion ADS Override Pull (Active)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1413** Status: **Active**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1413 Ordering mode: Standard
Frequency: 01/09/25 1413 - Until Discontinued
Admin instructions: Created by cabinet override
Central line recommended. Protect from light.
Medication comments: Created by cabinet override
Package: 0338-0116-20

nitroGLYCERIN in D5W 200-5 MCG/ML-% infusion ADS Override Pull (Active)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1537** Status: **Active**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1537 Ordering mode: Standard
Frequency: 01/09/25 1537 - Until Discontinued
Admin instructions: Created by cabinet override
Medication comments: Created by cabinet override
Package: 0338-1049-02

propofol (Diprivan) 500 MG/50ML infusion ADS Override Pull (Active)

Electronically signed by: **Hong, Stephanie, MD on 01/13/25 1527** Status: **Active**
Ordering user: Hong, Stephanie, MD 01/13/25 1527 Ordering mode: Standard
Frequency: 01/13/25 1527 - Until Discontinued
Admin instructions: Created by cabinet override
Contraindicated in patients allergic to soybean or egg products. Change tubing Q12 Hours.
Medication comments: Created by cabinet override
Package: 0069-0234-20

ceFAZolin (Ancef) 1 g injection ADS Override Pull (Active)

Electronically signed by: **Hong, Stephanie, MD on 01/13/25 1602** Status: **Active**
Ordering user: Hong, Stephanie, MD 01/13/25 1602 Ordering mode: Standard
Frequency: 01/13/25 1602 - Until Discontinued
Admin instructions: Created by cabinet override
For IM administration: Reconstitute 2 gram vial with 5 mL SWFI or 1 gram vial with 2.5 mL SWFI. Shake well for a final concentration of 330 mg/mL.
Medication comments: Created by cabinet override
Package: 0143-9924-90

perflutren lipid microspheres (Definity) 6.52 MG/ML injectable suspension ADS Override Pull (Active)

Electronically signed by: **Parker, Sherry, RN on 03/04/25 1537** Status: **Active**
Ordering user: Parker, Sherry, RN 03/04/25 1537 Ordering mode: Standard
Frequency: 03/04/25 1537 - Until Discontinued
Admin instructions: Created by cabinet override

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

For endocardiografic definition. Vial must be activated then administered within 5 min or resuspended before administration. Once activated, product must be discarded within 12 hrs if not used
Medication comments: Created by cabinet override
Package: 11994-011-04

sodium chloride 0.9 % IV Bolus 500 mL (Completed)

Electronically signed by: **Vrablik, Marie Clougherty, MD on 01/09/25 1101** Status: **Completed**
Ordering user: Vrablik, Marie Clougherty, MD 01/09/25 1101 Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: STAT Once 01/09/25 1105 - 1 occurrence Class: Normal
Acknowledged: Hendricksen, Kayla, RN 01/09/25 1102 for Placing Order
Admin instructions: Due to IV fluid shortage, please consider replacing IV fluids with oral rehydration options if clinically appropriate
Package: 0338-0049-03

vancomycin 1 g in D5W 200 mL IVPB (premix) (Completed)

Electronically signed by: **Vrablik, Marie Clougherty, MD on 01/09/25 1101** Status: **Completed**
Ordering user: Vrablik, Marie Clougherty, MD 01/09/25 1101 Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: STAT Once 01/09/25 1105 - 1 occurrence Class: Normal
Acknowledged: Hendricksen, Kayla, RN 01/09/25 1102 for Placing Order

Questionnaire

Question	Answer
Suspected Source of Infection	Skin/Soft Tissue Infection

Admin instructions: STANDARD Concentration. (For Peripheral or Central line use)
Package: 0338-3552-48

cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB (Completed)

Electronically signed by: **Vrablik, Marie Clougherty, MD on 01/09/25 1101** Status: **Completed**
Ordering user: Vrablik, Marie Clougherty, MD 01/09/25 1101 Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: STAT Once 01/09/25 1105 - 1 occurrence Class: Normal
Acknowledged: Hendricksen, Kayla, RN 01/09/25 1102 for Placing Order

Questionnaire

Question	Answer
Suspected Source of Infection	Skin/Soft Tissue Infection

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
cefePIME (Maxipime)	1 g	1 g
sodium chloride 0.9 %	50 mL	50 mL

Package: 60505-6146-0, 0338-0049-31

iohexol (Omnipaque) 350 MG/ML contrast 80 mL (Completed)

Electronically signed by: **Bailey, Cairo, RT on 01/09/25 1217** Status: **Completed**
Ordering user: Bailey, Cairo, RT 01/09/25 1217 Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Per protocol: no cosign required
PRN reasons: procedure
Frequency: Routine Once PRN 01/09/25 1217 - 1 occurrence Class: Normal
Acknowledged: Sanders, Emily Carylon, RN 01/09/25 1223 for Placing Order
Package: 0407-1414-91

heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix) (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235 Ordering provider: Song, Chris, MD
Authorized by: Song, Chris, MD Ordering mode: Standard
Frequency: Routine Continuous 01/09/25 1240 - 01/09/25 1806 Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

Discontinued by: Schwarz, Samuel, MD 01/09/25 1806
Acknowledged: Sanders, Emily Carylon, RN 01/09/25 1237 for Placing Order Hendricksen, Kayla, RN 01/09/25 1435 for Modifying Order Sande, Nathan R, RN 01/09/25 1938 for D/C Order

Questionnaire

Question	Answer
Protocol intensity:	Regular (Anti-Xa goal = 0.3-0.7 units/mL)

Admin instructions: Anti-Xa Regular Intensity Protocol (Goal 0.3-0.7)
Starting dose: 18 units/kg/hr
(if heparin infusion recently held for procedure, and is being resumed:
contact provider for dosing guidance with consideration of previous dose)
To adjust dose, use Anti-Xa REGULAR Intensity (Goal 0.3-0.7) Protocol
Package: 0264-9587-20

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/09/25 1806	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD
01/09/25 1235	Song, Chris, MD	Song, Chris, MD	Song, Chris, MD

heparin Bolus from pump 3,640 units (Completed)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Completed**
Ordering user: Song, Chris, MD 01/09/25 1235 Ordering provider: Song, Chris, MD
Authorized by: Song, Chris, MD Ordering mode: Standard
Frequency: Routine Once 01/09/25 1240 - 1 occurrence Class: Normal
Acknowledged: Sanders, Emily Carylon, RN 01/09/25 1237 for Placing Order
Admin instructions: Loading Bolus.
Max dose: 10,000 units.
Package: 9999-0006-25

aspirin EC tablet 81 mg (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1243** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1243 Ordering provider: Schwarz, Samuel, MD
Authorized by: Schwarz, Samuel, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1245 - 01/13/25 1132 Class: Normal
Discontinued by: Troyer, Camille, PharmD 01/13/25 1132
Acknowledged: Sanders, Emily Carylon, RN 01/09/25 1245 for Placing Order Sande, Nathan R, RN 01/09/25 1938 for Placing Order Walks, Tristan H, RN 01/13/25 1203 for D/C Order
Admin instructions: Give with food.
Do not crush, chew, or split.
Package: 63739-522-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/13/25 1132	McKinstry, Mia, MD	McKinstry, Mia, MD	Troyer, Camille, PharmD
01/09/25 1806	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD
01/09/25 1243	Song, Chris, MD	Song, Chris, MD	Song, Chris, MD

ceFAZolin (Ancef) injection 2 g (Cancel Held)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1339** Status: **Cancel Held**
Ordering user: Schwarz, Samuel, MD 01/09/25 1339 Ordering provider: Schwarz, Samuel, MD
Authorized by: Schwarz, Samuel, MD Ordering mode: Standard
Frequency: Routine Pre-Op 01/09/25 1340 - 1 occurrence Class: Normal
Discontinued by: Order Context Provider, Automatic 01/11/25 0002

Questionnaire

Question	Answer
Suspected Source of Infection	Prophylaxis, No Infection Suspected Now

Admin instructions: Reconstitute each 2g vial with 10 mL sterile water for injection.
Slow IV Push: Administer over 3 minutes.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

peripheral nerve clinician Bolus 2 mL (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1620** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1620 Ordering provider: Houston, Nicklaus, MD
Authorized by: Houston, Nicklaus, MD Ordering mode: Standard
PRN reasons: other
PRN Comment: For uncontrolled pain overnight related to the initial surgical block wearing off.
Frequency: Routine PRN 01/09/25 1620 - 24 hours Class: Normal
Discontinued by: Gicheru, Florence W, ARNP 01/09/25 2247
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Sande, Nathan R, RN 01/09/25 2249 for D/C Order

Questionnaire

Question	Answer
Clinician Bolus Drug Name	ropi 0.2%

Admin instructions: For peripheral nerve catheter infusion ONLY.
May repeat x 1, at least 1 hour apart.
Package: 9999-0014-11

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/09/25 2247	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP
01/09/25 1620	Houston, Nicklaus, MD	Houston, Nicklaus, MD	Houston, Nicklaus, MD

ROPivacaine 0.2% 200 mL peripheral nerve infusion (premix) (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1620** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1620 Ordering provider: Cutter, Erin Lyndsey, PharmD
Authorized by: Cutter, Erin Lyndsey, PharmD Ordering mode: Standard
Frequency: Routine Continuous 01/09/25 1651 - 01/18/25 1012 Class: Normal
Discontinued by: Smith, Grace, MD 01/18/25 1012
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Walks, Tristan H, RN 01/11/25 0834 for Modifying Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Mikulikova, Julia, RN 01/16/25 1135 for Modifying Order Mazariegos, Oscar, RN 01/17/25 0057 for Modifying Order Hwee, Carla, RN 01/18/25 1027 for D/C Order

Questionnaire

Question	Answer
Guidelines for antithrombotic therapy:	Low Risk PNC

Admin instructions: PERIPHERAL NERVE INFUSION
Concentration = 0.2% (2 mg/mL) For Peripheral nerve infusion.
Package: 43066-154-01
Status
Barbour, Mohammed Fadel, MBBS 01/11/25 0817 (Basal Rate: 8 mL/hr to 10 mL/hr)
Cutter, Erin Lyndsey, PharmD 01/16/25 1035 (Basal Rate: 10 mL/hr to 6 mL/hr)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/18/25 1012	Smith, Grace, MD	Smith, Grace, MD	Smith, Grace, MD
01/16/25 1035	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/11/25 0817	Barbour, Mohammed Fadel, MBBS	Barbour, Mohammed Fadel, MBBS	Barbour, Mohammed Fadel, MBBS
01/09/25 1620	Houston, Nicklaus, MD	Houston, Nicklaus, MD	Houston, Nicklaus, MD

dextrose 50 % injection 25 mL (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 01/09/25 1625 - 01/13/25 1859 Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

Discontinued by: Walks, Tristan H, RN 01/13/25 1859
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Walks, Tristan H, RN 01/13/25 1900 for D/C Order
Admin instructions: For BG 55-70 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Package: 0409-4902-34

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/13/25 1859	McKinstry, Mia, MD	Smith, Matthew C, MD	Walks, Tristan H, RN
01/09/25 1626	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD

dextrose 50 % injection 50 mL (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 01/09/25 1625 - 01/13/25 1859 Class: Normal
Discontinued by: Walks, Tristan H, RN 01/13/25 1859
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Walks, Tristan H, RN 01/13/25 1900 for D/C Order
Admin instructions: For BG < 55 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Package: 0409-4902-34

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/13/25 1859	McKinstry, Mia, MD	Smith, Matthew C, MD	Walks, Tristan H, RN
01/09/25 1626	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD

glucagon injection 0.5 mg (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 01/09/25 1625 - 01/13/25 1859 Class: Normal
Discontinued by: Walks, Tristan H, RN 01/13/25 1859
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Walks, Tristan H, RN 01/13/25 1900 for D/C Order
Admin instructions: For BG 55-70 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Reconstitute with 1mL of Sterile Water for Injection.
Package: 63323-596-11

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/13/25 1859	McKinstry, Mia, MD	Smith, Matthew C, MD	Walks, Tristan H, RN
01/09/25 1626	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD

glucagon injection 1 mg (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 01/09/25 1625 - 01/13/25 1859 Class: Normal
Discontinued by: Walks, Tristan H, RN 01/13/25 1859
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Walks, Tristan H, RN 01/13/25 1900 for D/C Order
Admin instructions: For BG < 55 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Reconstitute with 1mL of Sterile Water for Injection.
Package: 63323-596-11

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

01/13/25 1859	McKinstry, Mia, MD	Smith, Matthew C, MD	Walks, Tristan H, RN
01/09/25 1626	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD

insulin REGULAR 100 units in NS 100 mL (1 unit/mL) infusion (pkg premix) (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD Ordering mode: Standard
Frequency: Routine Continuous 01/09/25 1657 - 01/09/25 1954 Class: Normal
Discontinued by: Grabar, Christina, MD 01/09/25 1954
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Sande, Nathan R, RN 01/09/25 2003 for D/C Order

Questionnaire

Question	Answer
Insulin Protocol:	Standard

Admin instructions: Patients with T1DM should never have the insulin infusion turned off for > 1 hour.
When transitioning off insulin infusion, administer a dose of subcutaneous basal insulin (if ordered), continue titrating infusion for 2 hrs, then discontinue infusion.

Insulin Infusion STANDARD Protocol - start at Algoirthm 1.
Refer to Insulin Infusion Algorithm Decision Tree for subsequent dosing.
Package: 9999-0001-46

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/09/25 1954	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD
01/09/25 1626	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD

atorvastatin (Lipitor) tablet 10 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1837 - 02/14/25 1127 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Pillai, Sunita, MD 02/14/25 1127
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Gill, Loveleen S, RN 02/14/25 1140 for D/C Order
Package: 60505-2578-9
Reordered from: atorvastatin 10 MG tablet

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/14/25 1127	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

cholecalciferol (Vitamin D-3) tablet 2,000 units (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine Daily 01/10/25 0900 - 02/14/25 1127 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Pillai, Sunita, MD 02/14/25 1127
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Nacol, Lani Kusu, RN 01/15/25 1244 for Modifying Order Kaur, Rupinderjit, RN 01/21/25 1328 for Modifying Order Kaur, Rupinderjit, RN 01/21/25 1328 for Modifying Order Gill, Loveleen S, RN 02/14/25 1140 for D/C Order
Package: 0904-5824-60
Status
Vu, Yaling, PharmD 01/09/25 1903 (Start: 01/09/25 1837 to 01/10/25 0900)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

Reordered from: Cholecalciferol 1000 units Oral Tab

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/14/25 1127	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/21/25 1300	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

cyanocobalamin (Vitamin B-12) tablet 500 mcg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Daily 01/10/25 0900 - 02/13/25 0745 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Pillai, Sunita, MD 02/13/25 0745
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Escalante, Steve, RN 02/13/25 0747 for D/C Order
Package: 0536-3551-01
Status
Vu, Yaling, PharmD 01/09/25 1904 (Start: 01/09/25 1837 to 01/10/25 0900)
Reordered from: Cyanocobalamin (VITAMIN B-12 OR)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/13/25 0745	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

timolol maleate (Timoptic) 0.5 % ophthalmic solution 1 drop (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine BID 01/09/25 2100 - 02/24/25 1141 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Package: 17478-288-10
Reordered from: timolol maleate 0.5 % ophthalmic solution

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/24/25 1141	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

heparin injection 5,000 units (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: McKinstry, Mia, MD
Authorized by: McKinstry, Mia, MD Ordering mode: Standard
Frequency: Routine q12h SCH 01/10/25 0900 - 02/16/25 0848 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Walks, Tristan H, RN 01/12/25 1112 for Modifying Order Santos, Frances Kate Kate, RN 01/14/25 1127 for Modifying Order Santos, Frances Kate Kate, RN 01/14/25 1127 for Modifying Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

Admin instructions: For usual risk VTE prophylaxis.
Inject subcutaneously ONLY in abdomen.
Package: 63323-262-03

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 0848	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/14/25 1127	McKinstry, Mia, MD	McKinstry, Mia, MD	McKinstry, Mia, MD
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

HYDROmorphone (Dilaudid) injection 0.1-0.2 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Schwarz, Samuel, MD
Authorized by: Schwarz, Samuel, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine Q2 Hours PRN 01/09/25 1806 - 01/09/25 1807 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Schwarz, Samuel, MD 01/09/25 1807
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Sande, Nathan R, RN 01/09/25 1938 for D/C Order
Admin instructions: Use post-extubation if unable to tolerate PO or if there is a specific need for rapid onset

senna (Senokot) tablet 17.2 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine BID PRN 01/12/25 - 02/02/25 1229 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Sokol-Hessner, Lauge, MD 02/02/25 1229
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Gelgla, Letera D, RN 02/02/25 1231 for D/C Order
Admin instructions: Give if no BM x 24 hrs.
Package: 0904-6434-80

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/02/25 1229	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

bisacodyl (Dulcolax) rectal suppository 10 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: constipation
PRN Comment: constipation
Frequency: Routine Daily PRN 01/12/25 - 02/24/25 1141 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: Give if unable to tolerate PO meds and senna ineffective (or not ordered).
Package: 0574-7050-50

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/24/25 1141	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

ondansetron (Zofran) injection 4 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: nausea/vomiting
Frequency: Routine q8h PRN 01/09/25 1806 - 01/31/25 1029 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Sokol-Hessner, Lauge, MD 01/31/25 1029
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Gelgla, Letera D, RN 01/31/25 1033 for D/C Order
Admin instructions: Give if unable to tolerate PO meds. If ineffective in 30 min use metoclopramide or prochlorperazine in addition (if ordered).
Package: 0641-6078-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/31/25 1029	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

polyethylene glycol 3350 (Miralax) packet 17 g (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine Daily PRN 01/09/25 1806 - 02/02/25 1229 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Sokol-Hessner, Lauge, MD 02/02/25 1229
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Gelgla, Letera D, RN 02/02/25 1231 for D/C Order
Admin instructions: Give if no BM x 48 hrs and no response to senna or bisacodyl (or they are not ordered).
Dilute each 17g packet in 240 ml of fluid (water or juice).
Package: 69784-180-10

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/02/25 1229	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

ondansetron (Zofran) tablet 4 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: nausea/vomiting
Frequency: Routine q8h PRN 01/09/25 1806 - 01/31/25 1029 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Sokol-Hessner, Lauge, MD 01/31/25 1029
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Gelgla, Letera D, RN 01/31/25 1033 for D/C Order
Admin instructions: If ineffective in 30 min use metoclopramide or prochlorperazine in addition (if ordered).
Package: 51079-524-20

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/31/25 1029	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

			RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

oxyCODONE tablet 2.5 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1807** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1807 Ordering provider: Schwarz, Samuel, MD
Authorized by: Schwarz, Samuel, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q4h PRN 01/09/25 1807 - 01/09/25 2237 Class: Normal
Discontinued by: Gicheru, Florence W, ARNP 01/09/25 2237
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Sande, Nathan R, RN 01/09/25 2239 for D/C Order
Package: 0406-0552-62

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/09/25 2237	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP
01/09/25 1807	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

acetaminophen (Tylenol) tablet 325-650 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1807** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1807 Ordering provider: Schwarz, Samuel, MD
Authorized by: Schwarz, Samuel, MD Ordering mode: Standard
Frequency: Routine q6h SCH 01/09/25 1838 - 01/09/25 2221 Class: Normal
Discontinued by: Gicheru, Florence W, ARNP 01/09/25 2221
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Sande, Nathan R, RN 01/09/25 2239 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Package: 50580-600-02

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/09/25 2221	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP
01/09/25 1807	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

dextrose 5 % and lactated ringers infusion (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1817** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1817 Ordering provider: Schwarz, Samuel, MD
Authorized by: Schwarz, Samuel, MD Ordering mode: Standard
Frequency: Routine Continuous 01/09/25 1848 - 01/09/25 1954 Class: Normal
Discontinued by: Grabar, Christina, MD 01/09/25 1954
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Sande, Nathan R, RN 01/09/25 2003 for D/C Order
Admin instructions: For insulin gtt
Package: 0338-0125-04

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/09/25 1954	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD
01/09/25 1817	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

fentaNYL PF 12.5-25 mcg (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q5 min PRN 01/09/25 1819 - Until Discontinued Class: Normal
Discontinued by: Order Context Provider, Automatic 01/11/25 0002
Admin instructions: If rapid onset needed in immediate post-op period. Then, transition to

other opioids if ordered below.
Not to exceed maximum of 200 mcg. Call anesthesia provider for RR < 10.

ondansetron (Zofran) injection 4 mg (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD Ordering mode: Standard
PRN reasons: nausea/vomiting
Frequency: Routine q10 min PRN 01/09/25 1819 - Until Discontinued Class: Normal
Discontinued by: Order Context Provider, Automatic 01/11/25 0002
Admin instructions: Order preference: 2
Not to exceed maximum of 8 mg including intra-operative dose
If pt has received 4 mg in OR recommend alternative first-line treatment for breakthrough Post-Op N/V

atropine emergency syringe 1 mg (Completed)

Electronically signed by: **Grabar, Christina, MD on 01/09/25 1915** Status: **Completed**
Ordering user: Grabar, Christina, MD 01/09/25 1915 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
Frequency: Routine Once 01/09/25 1946 - 1 occurrence Class: Normal
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order
Package: 76329-3340-1

insulin LISPRO injection 0-5 units (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/09/25 1954** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/09/25 1954 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
Frequency: Routine TID before meals 01/10/25 0800 - 01/11/25 1410 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/11/25 1410
Acknowledged: Sande, Nathan R, RN 01/09/25 2003 for Placing Order Walks, Tristan H, RN 01/11/25 1424 for D/C Order
Admin instructions: DAYTIME **LOW** Dose CORRECTION Insulin
Blood sugar = Dose
< 151 = DO NOT GIVE CORRECTIONAL INSULIN
151-199 = 1 unit (2 units if no nutritional insulin given)
200-249 = 2 units
250-299 = 3 units
300-349 = 4 units
>349 = recheck blood sugar once now, then give 5 units.

For BG > 349, call PROVIDER and recheck BG in 1-2 hours
For BG > 500, send venous blood glucose STAT.

1. Check BG before scheduled mealtime. Even if patient is NPO or not eating, GIVE correction insulin IF indicated by correction scale.
2. If POC BG was obtained POST FOOD INTAKE, hold correction insulin dose. If POST FOOD INTAKE BG is GREATER than or equal to 300 mg/dL, call provider for instructions.
3. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.
Package: 0002-7510-17

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/11/25 1410	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD
01/09/25 1954	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15)

Medications

insulin LISPRO injection 0-4 units (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/09/25 1954** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/09/25 1954 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
Frequency: Routine q HS 01/09/25 2100 - 01/11/25 1410 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/11/25 1410
Acknowledged: Sande, Nathan R, RN 01/09/25 2003 for Placing Order Walks, Tristan H, RN 01/11/25 1424 for D/C Order
Admin instructions: BEDTIME **LOW** Dose CORRECTION Insulin
Blood sugar = Dose
< 200 = DO NOT GIVE CORRECTIONAL INSULIN
200-249 = 2 units
250-299 = 3 units
300-349 = 3 units
>349 = recheck blood sugar once now, then give 4 units.

For BG > 349, call Provider and recheck BG in 1-2 hours.
For BG > 500, send venous blood glucose STAT.

1. Check BG. Even if patient is NPO or not eating, GIVE correction insulin IF indicated by correction scale.
2. If BG is LESS than or equal to 90mg/dL, offer patient juice or a small snack if appropriate. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.
3. CHECK BG at 3AM if bedtime correction insulin dose given.
Package: 0002-7510-17

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/11/25 1410	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD
01/09/25 1954	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

atropine emergency syringe 1 mg (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/09/25 2004** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/09/25 2004 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: bradycardia
PRN Comment: HR <25
Frequency: Routine q15 min PRN 01/09/25 2004 - 01/24/25 1732 Class: Normal
Discontinued by: Shepherd, Amanda Kay, MD 01/24/25 1732
Acknowledged: Sande, Nathan R, RN 01/09/25 2035 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Gawat, Maria C, RN 01/24/25 1736 for D/C Order
Package: 0409-4911-34

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/24/25 1732	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 2004	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

lactated ringers IV Bolus 500 mL (Completed)

Electronically signed by: **Gripshover, Bailey L, PA-C on 01/09/25 2134** Status: **Completed**
Ordering user: Gripshover, Bailey L, PA-C 01/09/25 2134 Ordering provider: Gripshover, Bailey L, PA-C
Authorized by: Gripshover, Bailey L, PA-C Ordering mode: Standard
Frequency: Routine Once 01/09/25 2205 - 1 occurrence Class: Normal
Acknowledged: Sande, Nathan R, RN 01/09/25 2135 for Placing Order
Package: 0338-0117-04

DOPamine 400 mg in D5W 250 mL (1.6 mg/mL) infusion (premix) (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Electronically signed by: **Grabar, Christina, MD on 01/09/25 2143** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/09/25 2143 Ordering provider: McKinstry, Mia, MD
Authorized by: McKinstry, Mia, MD Ordering mode: Standard
Frequency: STAT Continuous 01/09/25 2214 - 01/13/25 1852 Class: Normal
Discontinued by: Grabar, Christina, MD 01/13/25 1852
Acknowledged: Sande, Nathan R, RN 01/09/25 2143 for Placing Order Bertram, Olivia T, RN 01/10/25 2225 for Modifying Order Walks, Tristan H, RN 01/11/25 0834 for Modifying Order Walks, Tristan H, RN 01/11/25 1010 for Modifying Order Walks, Tristan H, RN 01/11/25 1037 for Modifying Order Walks, Tristan H, RN 01/12/25 1111 for Modifying Order Walks, Tristan H, RN 01/12/25 1154 for Modifying Order Walks, Tristan H, RN 01/12/25 1523 for Modifying Order Walks, Tristan H, RN 01/12/25 1647 for Modifying Order Salick, Dominic J, RN 01/12/25 2108 for Modifying Order Walks, Tristan H, RN 01/13/25 1414 for Modifying Order Walks, Tristan H, RN 01/13/25 1856 for D/C Order
Admin instructions: Do not titrate
STANDARD Concentration. Central line recommended.
Package: 0338-1007-02
Status
Grabar, Christina, MD 01/10/25 2202 (Admin Instructions edited)
Mahdi, Elaa, MD 01/11/25 0818 (Rate: 0-34.13 mL/hr to 11.94 mL/hr, Admin Instructions edited)
Mahdi, Elaa, MD 01/11/25 0821 (Rate: 11.94 mL/hr to 10.24 mL/hr)
Mahdi, Elaa, MD 01/11/25 0950 (Rate: 10.24 mL/hr to 8.53 mL/hr)
Mahdi, Elaa, MD 01/11/25 1033 (Rate: 8.53 mL/hr to 0-8.53 mL/hr, Admin Instructions edited)
Mahdi, Elaa, MD 01/12/25 1110 (Rate: 0-8.53 mL/hr to 5.12 mL/hr, Admin Instructions edited)
Mahdi, Elaa, MD 01/12/25 1140 (Rate: 5.12 mL/hr to 8.53 mL/hr)
Mahdi, Elaa, MD 01/12/25 1519 (Rate: 8.53 mL/hr to 6.83 mL/hr)
Mahdi, Elaa, MD 01/12/25 1639 (Rate: 6.83 mL/hr to 5.12 mL/hr)
Phan, Janet, MD 01/12/25 2106 (Rate: 5.12 mL/hr to 5.97 mL/hr)
McKinstry, Mia, MD 01/13/25 1409 (Rate: 5.97 mL/hr to 3.41 mL/hr)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/13/25 1852	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD
01/13/25 1409	McKinstry, Mia, MD	McKinstry, Mia, MD	McKinstry, Mia, MD
01/12/25 2106	Phan, Janet, MD	Phan, Janet, MD	Phan, Janet, MD
01/11/25 0818	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD
01/09/25 2143	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

acetaminophen (Tylenol) tablet 500 mg (Discontinued)

Electronically signed by: **Gicheru, Florence W, ARNP on 01/09/25 2221** Status: **Discontinued**
Ordering user: Gicheru, Florence W, ARNP 01/09/25 2221 Ordering provider: Gicheru, Florence W, ARNP
Authorized by: Gicheru, Florence W, ARNP Ordering mode: Standard
Frequency: Routine q6h SCH 01/10/25 - 01/09/25 2246 Class: Normal
Discontinued by: Gicheru, Florence W, ARNP 01/09/25 2246
Acknowledged: Sande, Nathan R, RN 01/09/25 2239 for Placing Order Sande, Nathan R, RN 01/09/25 2249 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Package: 50580-412-02
Modified from: acetaminophen (Tylenol) tablet 325-650 mg

acetaminophen (Ofirmev) IVPB 500 mg (Completed)

Electronically signed by: **Gicheru, Florence W, ARNP on 01/09/25 2248** Status: **Completed**
Ordering user: Gicheru, Florence W, ARNP 01/09/25 2248 Ordering provider: Gicheru, Florence W, ARNP
Authorized by: Gicheru, Florence W, ARNP Ordering mode: Standard
Frequency: Routine q6h 01/10/25 - 2 days Class: Normal
Acknowledged: Sande, Nathan R, RN 01/09/25 2249 for Placing Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

form to most patients who are NPO.	
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
acetaminophen (Ofirmev)	500 mg	500 mg
empty bag	1 each	1 each

Admin instructions: Do NOT refrigerate.
Package: 36000-306-60, 9999-0004-53
Status
Vu, Yaling, PharmD 01/09/25 2253 (Start: 01/09/25 2318 to 01/10/25 0000, End: 01/11/25 2318 to 01/11/25 1900)

HYDROmorphone (Dilaudid) injection 0.1 mg (Discontinued)

Electronically signed by: **Gicheru, Florence W, ARNP on 01/09/25 2249** Status: **Discontinued**
Ordering user: Gicheru, Florence W, ARNP 01/09/25 2249 Ordering provider: Gicheru, Florence W, ARNP
Authorized by: Gicheru, Florence W, ARNP Ordering mode: Standard
PRN reasons: moderate pain severe pain breakthrough pain
PRN Comment: Hold for sedation
Frequency: Routine Q2 Hours PRN 01/09/25 2249 - 01/11/25 0937 Class: Normal
Discontinued by: Barbour, Mohammed Fadel, MBBS 01/11/25 0937
Acknowledged: Sande, Nathan R, RN 01/09/25 2255 for Placing Order Walks, Tristan H, RN 01/11/25 0939 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-31

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/11/25 0937	Barbour, Mohammed Fadel, MBBS	Barbour, Mohammed Fadel, MBBS	Barbour, Mohammed Fadel, MBBS
01/09/25 2249	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP

lactated ringers IV Bolus 250 mL (Completed)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0008** Status: **Completed**
Ordering user: Grabar, Christina, MD 01/10/25 0008 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
Frequency: Routine Once 01/10/25 0039 - 1 occurrence Class: Normal
Acknowledged: Sande, Nathan R, RN 01/10/25 0009 for Placing Order
Package: 0338-0117-04

potassium chloride ER tablet 20 mEq (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypokalemia
PRN Comment: For K 3.6-4 mEq/L
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: Recheck K in 2-4 hours.
If SCr > 2 or patient is receiving dialysis check with Provider.
For ICU Use Only.
Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.
Package: 66758-190-13

Ordering & Authorizing Provider Audit Trail

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

potassium chloride ER tablet 40 mEq (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypokalemia
PRN Comment: For K < 3.6 mEq/L
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: Recheck K in 2-4 hours.
If SCr > 2 or patient is receiving dialysis check with Provider.
For ICU Use Only.
Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.
Package: 66758-190-13

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

potassium phosphate-sodium phosphate (Phospha 250 Neutral) tablet 3 tablet (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypophosphatemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: For Phosphate < 3 mg/dL and K > 3.5 mEq/L
Check phosphate 6 hrs after oral replacement administered.
Call provider for replacement if SCr > 2.
Dosing is on mg phosphorus component. Each tablet contains 250 mg of phosphorus, 298 mg of sodium (13 mEq) and 45 mg of potassium (1.1 mEq).
Give with food. Avoid concurrent iron preparations.
Package: 64980-104-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

potassium & sodium phosphates (PHOS-NaK) packet 3 packet (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypophosphatemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: For phosphate < 3 mg/dL and K < 3.5 mEq/L
Check K and phosphate level 6 hrs after oral replacement administered.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Call provider for replacement if SCr > 2.
(PHOS-NaK or equivalent). Na = 7mEq (160mg), K = 7mEq (280mg), Phosphorus = 14mEq (250mg).
Mix in at least 75mL of liquid. Give with food. Avoid concurrent iron preparations.
Package: 60258-006-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

calcium carbonate suspension 500 mg of ELEMENTAL calcium (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypocalcemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: For ionized Ca < 1 mmol/L
Check ionized Ca 6 hrs after oral replacement administered.
Call provider for replacement if SCr > 2.
Shake well. Calcium carbonate 1,250 mg = 500 mg elemental calcium.
Package: 0121-4766-05

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

calcium carbonate (Tums) chewable tablet 1,000 mg (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypocalcemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: For ionized Ca < 1 mmol/L
Check ionized Ca 6 hrs after oral replacement administered.
Call provider for replacement if SCr > 2.
Calcium carbonate 500 mg = 200 mg elemental calcium. Avoid concurrent iron preparations.
Package: 66553-004-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

potassium chloride 20 mEq in sodium chloride 0.9 % 110 mL IVPB (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypokalemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
potassium chloride	20 mEq	20 mEq
sodium chloride 0.9 %	100 mL	100 mL

Admin instructions: For K 3.6 - 4 mEq/L with unstable cardiac rhythms or unable to tolerate oral
Check K 1 hr after IV replacement infused. Call provider for replacement if SCr > 2.
STANDARD Concentration. (For Peripheral or Central line use)
Package: 0409-6651-06, 0338-0049-38

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

potassium chloride 40 meq in NS 270 mL IVPB (pkg premix) (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypokalemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: For K < 3.6 mEq/L with unstable cardiac rhythms or unable to tolerate oral
Check K 1 hr after IV replacement infused. Call provider for replacement if SCr > 2.
STANDARD Concentration. (For Peripheral or Central line use)
Package: 9999-0001-41

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

calcium gluconate 2 g in 0.67% NaCl 100 mL IVPB (premix) (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypocalcemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: For ionized calcium < 1 mmol/L
Recheck ionized Ca in 4 hours.
(2 grams = 9.3 mEq)
Package: 44567-621-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypomagnesemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: For Mg < 2 mg/dL, recheck Mg in 2-4 hours
If Scr > 2 or patient is receiving dialysis check with Provider.
(2 grams = 16 mEq)
Package: 0409-6729-24

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

sodium phosphate 40 mEq in sodium chloride 0.9 % 260 mL IVPB (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: hypophosphatemia
Frequency: Routine PRN 01/10/25 0255 - 01/22/25 1225 Class: Normal
Discontinued by: Vu, Yaling, PharmD 01/22/25 1225 [Med list cleanup]
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Jeanneret, Amber Marie, RN 01/22/25 1241 for D/C Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
sodium phosphate	40 mEq	40 mEq
sodium chloride 0.9 %	250 mL	250 mL

Admin instructions: For phosphate <2 mg/dL and K > or = 4.5 mEq/L
Check phosphate 1 hour after replacement infused.
If Scr > 2 or patient is receiving dialysis check with Provider.
STANDARD Concentration. (For Peripheral or Central line use). Do NOT infuse with Calcium.
Package: 63323-170-15, 9999-0030-88

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/22/25 1225	Vu, Yaling, PharmD	Holmberg, Mackenzie Howard, MD	Vu, Yaling, PharmD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

potassium phosphate 40 mEq in sodium chloride 0.9 % 259.09 mL IVPB (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypophosphatemia
Frequency: Routine PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
potassium phosphate	40 mEq	40 mEq
sodium chloride 0.9 %	250 mL	250 mL

Admin instructions: For phosphate < 2 mg/dL and K < 4.5 mEq/L
Check K and phosphate 2-4 hours after replacement infused.
If Scr > 2 or patient is receiving dialysis check with Provider.
STANDARD Concentration; (For Peripheral or Central line use); Do NOT infuse with calcium.
Package: 0409-7295-01, 0264-7800-20

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

perflutren lipid microspheres (Definity) 1.3 mL in sodium chloride (PF) 0.9 % 8.7 mL injection (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1303** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/10/25 1303 Ordering provider: Phan, Janet, MD
Authorized by: Phan, Janet, MD Ordering mode: Standard
PRN reasons: other (see Admin. Inst.)
Frequency: Routine Once PRN 01/10/25 1300 - 1 occurrence Class: Normal
Discontinued by: Phan, Janet, MD 01/11/25 2004
Acknowledged: Thomas, Tamlyn P, RN 01/10/25 1353 for Placing Order Salick, Dominic J, RN 01/11/25 2006 for D/C Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
perflutren lipid microspheres (Definity)	1.3 mL	1.3 mL
sodium chloride (PF) 0.9 %	8.7 mL	8.7 mL

Admin instructions: For micro bubble echo contrast for endocardiographic definition, if requested by sonographer.
Mix 1.3 mL activated solution with 8.7 mL sodium chloride 0.9%.
Give 1-2 mL with each administration as needed, up to 10 mL total.
Hold for sudden onset of severe backpain and notify Provider.
PHARMACY DO NOT SEND UNLESS REQUESTED
For endocardiografic definition. Vial must be activated then administered within 5 min or resuspended before administration. Once activated, product must be discarded within 12 hrs if not used
Medication comments: Pharmacy - DO NOT SEND unless requested.
Package: 11994-011-04, 0409-4888-02

thiamine mononitrate (Vitamin B-1) tablet 100 mg (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1304** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/10/25 1304 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: STAT Daily 01/10/25 1335 - 02/14/25 1127 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/14/25 1127
Acknowledged: Thomas, Tamlyn P, RN 01/10/25 1353 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Gill, Loveleen S, RN 02/14/25 1140 for D/C Order
Package: 50268-851-15

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/14/25 1127	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 1304	Phan, Janet, MD	Phan, Janet, MD	Phan, Janet, MD

lidocaine PF (Xylocaine-MPF) 1 % injection (Discontinued)

Electronically signed by: **Ayyoub, Alaa Samih, MD on 01/10/25 1328** Status: **Discontinued**
Mode: Ordering in Standard mode Communicated by: Jensen, Craig, Technologist
Ordering user: Jensen, Craig, Technologist 01/10/25 1312 Ordering provider: Ayyoub, Alaa Samih, MD
Authorized by: Ayyoub, Alaa Samih, MD Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Frequency: Routine PRN 01/10/25 1312 - 01/10/25 1335
Discontinued by: Jensen, Craig, Technologist 01/10/25 1335 [Patient discharge]
Class: Normal
Package: 63323-492-57

lidocaine PF (Xylocaine-MPF) 1 % injection (Discontinued)

Electronically signed by: **Ayyoub, Alaa Samih, MD on 01/10/25 1710**
Status: **Discontinued**
Mode: Ordering in Standard mode
Ordering user: Bauer, Zoe Michelle, RN 01/10/25 1700
Authorized by: Ayyoub, Alaa Samih, MD
Frequency: Routine PRN 01/10/25 1654 - 01/10/25 1719
Discontinued by: Bauer, Zoe Michelle, RN 01/10/25 1719 [Patient discharge]
Communicated by: Bauer, Zoe Michelle, RN
Ordering provider: Ayyoub, Alaa Samih, MD
Ordering mode: Standard
Class: Normal
Package: 63323-492-27

melatonin tablet 3 mg (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/11/25 0037**
Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/11/25 0037
Authorized by: Wilson, Julia, MD
PRN reasons: sleep
Frequency: Routine q HS PRN 01/11/25 0037 - 02/16/25 1212
Discontinued by: Pillai, Sunita, MD 02/16/25 1212
Acknowledged: Bertram, Olivia T, RN 01/11/25 0038 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 1231 for D/C Order
Package: 50268-524-15
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Normal

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 1212	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/11/25 0037	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

QUEtiapine (SEROquel) split tablet 12.5 mg (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/11/25 0037**
Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/11/25 0037
Authorized by: Grabar, Christina, MD
PRN reasons: agitation delirium
Frequency: Routine q HS PRN 01/11/25 0037 - 01/11/25 1040
Discontinued by: Mahdi, Elaa, MD 01/11/25 1040
Acknowledged: Bertram, Olivia T, RN 01/11/25 0038 for Placing Order Walks, Tristan H, RN 01/11/25 1042 for D/C Order
Package: 9999-0000-11
Ordering provider: Grabar, Christina, MD
Ordering mode: Standard
Class: Normal

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/11/25 1040	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD
01/11/25 0037	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

lactated ringers infusion (Expired)

Electronically signed by: **Grabar, Christina, MD on 01/11/25 0239**
Status: **Expired**
Ordering user: Grabar, Christina, MD 01/11/25 0239
Authorized by: Grabar, Christina, MD
Frequency: Routine Continuous 01/11/25 0310 - 4 hours
Acknowledged: Bertram, Olivia T, RN 01/11/25 0248 for Placing Order Bertram, Olivia T, RN 01/11/25 0300 for Modifying Order
Package: 0338-0117-04
Status
Grabar, Christina, MD 01/11/25 0251 (End: Until discontinued to 01/11/25 0700)
Ordering provider: Grabar, Christina, MD
Ordering mode: Standard
Class: Normal

hyaluronidase human (Hylenex) injection 150-300 units (Completed)

Electronically signed by: **Grabar, Christina, MD on 01/11/25 0559**
Status: **Completed**
Ordering user: Grabar, Christina, MD 01/11/25 0559
Authorized by: Grabar, Christina, MD
Ordering provider: Grabar, Christina, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Frequency: Routine Once 01/11/25 0630 - 1 occurrence Class: Normal
Acknowledged: Bertram, Olivia T, RN 01/11/25 0643 for Placing Order
Admin instructions: Use 5-10 injections of 0.1-0.2 mL each subcutaneous around site of infiltration.
Package: 18657-117-01

peripheral nerve clinician Bolus 4 mL (Completed)

Electronically signed by: **Barbour, Mohammed Fadel, MBBS on 01/11/25 0817** Status: **Completed**
Ordering user: Barbour, Mohammed Fadel, MBBS 01/11/25 0817 Ordering provider: Barbour, Mohammed Fadel, MBBS
Authorized by: Barbour, Mohammed Fadel, MBBS Ordering mode: Per protocol: no cosign required
Frequency: Routine Once 01/11/25 0848 - 1 occurrence Class: Normal
Acknowledged: Walks, Tristan H, RN 01/11/25 0834 for Placing Order

Questionnaire

Question	Answer
Clinician Bolus Drug Name	Ropivicaine 0.2% PNC

Package: 9999-0014-11

lactated ringers infusion (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 0818** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 0818 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Continuous 01/11/25 0849 - 4 hours Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/11/25 1042
Acknowledged: Walks, Tristan H, RN 01/11/25 0834 for Placing Order Walks, Tristan H, RN 01/11/25 1042 for D/C Order
Package: 0338-0117-04
Status
Walks, Tristan H, RN 01/11/25 0836 (End: 01/11/25 1248 to 01/11/25 1042)
Reordered from: lactated ringers infusion

HYDROmorphone (Dilaudid) injection 0.05 mg (Discontinued)

Electronically signed by: **Barbour, Mohammed Fadel, MBBS on 01/11/25 0937** Status: **Discontinued**
Ordering user: Barbour, Mohammed Fadel, MBBS 01/11/25 0937 Ordering provider: Barbour, Mohammed Fadel, MBBS
Authorized by: Barbour, Mohammed Fadel, MBBS Ordering mode: Per protocol: no cosign required
PRN reasons: severe pain breakthrough pain
PRN Comment: Hold for sedation
Frequency: Routine Q2 Hours PRN 01/11/25 0936 - 01/12/25 0924 Class: Normal
Discontinued by: Barbour, Mohammed Fadel, MBBS 01/12/25 0924
Acknowledged: Walks, Tristan H, RN 01/11/25 0939 for Placing Order Walks, Tristan H, RN 01/12/25 0941 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03
Modified from: HYDROmorphone (Dilaudid) injection 0.1 mg

isoproterenol 1 mg in dextrose 5 % 250 mL (0.004 mg/mL) infusion (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1033** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1033 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Continuous 01/11/25 1104 - 01/11/25 1425 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/11/25 1425
Acknowledged: Walks, Tristan H, RN 01/11/25 1037 for Placing Order Walks, Tristan H, RN 01/11/25 1528 for D/C Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
isoproterenol	0.004 mg/mL	1 mg
dextrose 5 %	250 mL	250 mL

Admin instructions: Titrate to keep HR > 60
Starting dose: 0.01 mcg/kg/min
Titration: 0.005 mcg/kg/min every 5 min
If patient transferred from another area/level of care, the RN may continue at the prior dose.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

STANDARD Concentration. (For Peripheral or Central line use)
Package: 14789-015-05, 0264-7510-20

QUEtiapine (SEROquel) split tablet 12.5 mg (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1040** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1040 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine q HS 01/11/25 2100 - 01/11/25 1052 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/11/25 1052
Acknowledged: Walks, Tristan H, RN 01/11/25 1042 for Placing Order Walks, Tristan H, RN 01/11/25 1110 for D/C Order
Package: 9999-0000-11

acetaminophen (Tylenol) tablet 650 mg (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1043** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1043 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine q8h SCH 01/11/25 1400 - 01/11/25 1043 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/11/25 1043
Acknowledged: Walks, Tristan H, RN 01/11/25 1043 for Placing Order Walks, Tristan H, RN 01/11/25 1110 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.

acetaminophen (Tylenol) tablet 650 mg (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1043** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1043 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q8h SCH 01/11/25 2200 - 01/17/25 0029 Class: Normal
Discontinued by: Christy, Connor W, PharmD 01/17/25 0029
Acknowledged: Walks, Tristan H, RN 01/11/25 1110 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Mazariegos, Oscar, RN 01/17/25 0047 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Package: 50580-458-11
Status
Gibb, Kerina, PharmD 01/11/25 1047 (Start: 01/11/25 1830 to 01/11/25 2200)
Modified from: acetaminophen (Tylenol) tablet 650 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/17/25 0029	Rosiene, Joel, MD	Rosiene, Joel, MD	Christy, Connor W, PharmD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/11/25 1043	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD

QUEtiapine (SEROquel) split tablet 12.5 mg (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1052** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1052 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine q HS 01/11/25 2000 - 01/12/25 0430 Class: Normal
Discontinued by: Phan, Janet, MD 01/12/25 0430
Acknowledged: Walks, Tristan H, RN 01/11/25 1110 for Placing Order Salick, Dominic J, RN 01/12/25 0434 for D/C Order
Package: 9999-0000-11
Modified from: QUEtiapine (SEROquel) split tablet 12.5 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/12/25 0430	Phan, Janet, MD	Phan, Janet, MD	Phan, Janet, MD
01/11/25 1052	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD

lactated ringers IV Bolus 500 mL (Completed)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1344** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/11/25 1344 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Once 01/11/25 1415 - 1 occurrence Class: Normal
Acknowledged: Walks, Tristan H, RN 01/11/25 1347 for Placing Order
Package: 0338-0117-04

insulin LISPRO injection 0-8 units (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine TID before meals 01/11/25 1600 - 01/26/25 0845 Class: Normal
Discontinued by: Chi, Frank, MD 01/26/25 0845
Acknowledged: Walks, Tristan H, RN 01/11/25 1424 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Smith, Meagan Q, RN 01/26/25 0901 for D/C Order
Admin instructions: DAYTIME **MED** Dose CORRECTION Insulin
Blood sugar = Dose
< 151 = DO NOT GIVE CORRECTIONAL INSULIN
151-199 = 2 units
200-249 = 3 units
250-299 = 5 units
300-349 = 7 units
>349 = recheck blood sugar once now, then give 8 units.

For BG > 349, call Provider and recheck BG in 1-2 hours.
For BG > 500, send venous blood glucose STAT.

1. Check BG before scheduled mealtime. Even if patient is NPO or not eating, GIVE correction insulin IF indicated by correction scale.
2. If POC BG was obtained POST FOOD INTAKE, hold correction insulin dose. If POST FOOD INTAKE BG is GREATER than or equal to 300 mg/dL, call provider for instructions.
3. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.
Package: 0002-7510-17

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/26/25 0845	Chi, Frank, MD	Chi, Frank, MD	Chi, Frank, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/11/25 1410	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD

insulin LISPRO injection 0-7 units (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q HS 01/11/25 2100 - 01/26/25 0845 Class: Normal
Discontinued by: Chi, Frank, MD 01/26/25 0845
Acknowledged: Walks, Tristan H, RN 01/11/25 1424 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Smith, Meagan Q, RN 01/26/25 0901 for D/C Order
Admin instructions: BEDTIME **MED** Dose CORRECTION Insulin
Blood sugar = Dose
< 200 = DO NOT GIVE CORRECTIONAL INSULIN
200-249 = 2 units
250-299 = 3 units
300-349 = 5 units
>349 = recheck blood sugar once now, then give 7 units.

For BG > 349, call Provider and recheck BG in 1-2 hours.
For BG > 500, send venous blood glucose STAT.

1. Check BG. Even if patient is NPO or not eating, GIVE correction insulin

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

IF indicated by correction scale.
2. If BG is LESS than or equal to 90mg/dL, offer patient juice or a small snack if appropriate. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.
3. CHECK BG at 3AM if bedtime correction insulin dose given.
Package: 0002-7510-17

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/26/25 0845	Chi, Frank, MD	Chi, Frank, MD	Chi, Frank, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/11/25 1410	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD

sodium chloride 0.9 % infusion (Discontinued)

Electronically signed by: **Walks, Tristan H, RN on 01/11/25 1659** Status: **Discontinued**
Ordering user: Walks, Tristan H, RN 01/11/25 1659 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine Continuous 01/11/25 0700 - 01/23/25 1553 Class: Normal
Discontinued by: Shepherd, Amanda Kay, MD 01/23/25 1553
Acknowledged: Walks, Tristan H, RN 01/11/25 1659 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Kit, Ellen, RN 01/23/25 1624 for D/C Order
Package: 0338-0049-04

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/23/25 1553	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/11/25 1659	Mahdi, Elaa, MD	Smith, Matthew C, MD	Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15)

Medications

dexmedeTOMIDine (Precedex) 400 mcg in NS 100 mL (4 mcg/mL) infusion (premix) (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Phan, Janet, MD Ordering mode: Standard
Frequency: Routine Continuous 01/12/25 0501 - 01/12/25 0709 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/12/25 0709
Acknowledged: Salick, Dominic J, RN 01/12/25 0434 for Placing Order Salick, Dominic J, RN 01/12/25 0733 for D/C Order
Admin instructions: Starting dose: 0.5 mcg/kg/hr
Titration: Increase dose by 0.1 mcg/kg/hr every 30 minutes
Call Provider if pt needs > 1.5 mcg/kg/hr.
Once pt stable at target RASS (or more deeply sedated) for 2 hours, start decreasing dose.
- If dose 0.2 mcg/kg/hr or less: turn off infusion.
- If dose 0.3-0.4 mcg/kg/hr, decrease dose by half for 30 min. If still at target RASS (or more deeply sedated) then turn off infusion.
- If dose > 0.4 mcg/kg/hr, decrease dose by half every 30 min x 2. If still at target RASS (or more deeply sedated) , then turn off infusion.
Package: 0338-9557-12

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/12/25 0709	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD
01/12/25 0430	Phan, Janet, MD	Phan, Janet, MD	Phan, Janet, MD

QUEtiapine (SEROquel) tablet 25 mg (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Phan, Janet, MD Ordering mode: Standard
Frequency: Routine q HS 01/12/25 2000 - 01/12/25 1045 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/12/25 1045
Acknowledged: Salick, Dominic J, RN 01/12/25 0434 for Placing Order Walks, Tristan H, RN 01/12/25 1049 for D/C Order
Package: 16714-452-01
Modified from: QUEtiapine (SEROquel) split tablet 12.5 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/12/25 1045	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD
01/12/25 0430	Phan, Janet, MD	Phan, Janet, MD	Phan, Janet, MD

QUEtiapine (SEROquel) split tablet 12.5 mg (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0436** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0436 Ordering provider: Phan, Janet, MD
Authorized by: Phan, Janet, MD Ordering mode: Standard
Frequency: Routine Once 01/12/25 0507 - 1 occurrence Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/12/25 1217
Acknowledged: Salick, Dominic J, RN 01/12/25 0615 for Placing Order Walks, Tristan H, RN 01/12/25 1221 for D/C Order
Package: 9999-0000-11

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/12/25 1217	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD
01/12/25 0436	Phan, Janet, MD	Phan, Janet, MD	Phan, Janet, MD

lactated ringers IV Bolus 500 mL (Completed)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0742** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/12/25 0742 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Once 01/12/25 0813 - 1 occurrence Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

Acknowledged: Walks, Tristan H, RN 01/12/25 0749 for Placing Order
Package: 0338-0117-04

dexmedeTOMIDine (Precedex) 400 mcg in NS 100 mL (4 mcg/mL) infusion (premix) (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0817** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 0817 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Continuous 01/12/25 0848 - 01/12/25 1110 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/12/25 1110
Acknowledged: Walks, Tristan H, RN 01/12/25 0845 for Placing Order Walks, Tristan H, RN 01/12/25 1111 for D/C Order
Admin instructions: Starting dose: 0.5 mcg/kg/hr
Titration: Increase dose by 0.1 mcg/kg/hr every 30 minutes
Call Provider if pt needs > 1.5 mcg/kg/hr.
Once pt stable at target RASS (or more deeply sedated) for 2 hours, start decreasing dose.
- If dose 0.2 mcg/kg/hr or less: turn off infusion.
- If dose 0.3-0.4 mcg/kg/hr, decrease dose by half for 30 min. If still at target RASS (or more deeply sedated) then turn off infusion.
- If dose > 0.4 mcg/kg/hr, decrease dose by half every 30 min x 2. If still at target RASS (or more deeply sedated) , then turn off infusion.
Package: 0338-9557-12

peripheral nerve clinician Bolus 4 mL (Discontinued)

Electronically signed by: **Barbour, Mohammed Fadel, MBBS on 01/12/25 0924** Status: **Discontinued**
Ordering user: Barbour, Mohammed Fadel, MBBS 01/12/25 0924 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q4h PRN 01/12/25 0923 - 01/22/25 1224 Class: Normal
Discontinued by: Vu, Yaling, PharmD 01/22/25 1224
Acknowledged: Walks, Tristan H, RN 01/12/25 0941 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Jeanneret, Amber Marie, RN 01/22/25 1241 for D/C Order

Questionnaire

Question	Answer
Clinician Bolus Drug Name	Ropivicaine 0.2%

Package: 9999-0014-11

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/22/25 1224	Vu, Yaling, PharmD	Holmberg, Mackenzie Howard, MD	Vu, Yaling, PharmD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/12/25 0924	Barbour, Mohammed Fadel, MBBS	Barbour, Mohammed Fadel, MBBS	Barbour, Mohammed Fadel, MBBS

guanFACINE (Tenex) tablet 1 mg (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1045** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 1045 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine BID 01/12/25 2000 - 01/17/25 1137 Class: Normal
Discontinued by: Segerson, Karen Elaine, MD 01/17/25 1137
Acknowledged: Walks, Tristan H, RN 01/12/25 1049 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Nacol, Lani Kusu, RN 01/15/25 1256 for Modifying Order Mikulikova, Julia, RN 01/17/25 1147 for D/C Order
Package: 53746-711-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/17/25 1137	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

01/12/25 1045	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD

lactated ringers infusion (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1051** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 1051 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Continuous 01/12/25 1122 - 01/23/25 1553 Class: Normal
Discontinued by: Shepherd, Amanda Kay, MD 01/23/25 1553
Acknowledged: Walks, Tristan H, RN 01/12/25 1111 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Kit, Ellen, RN 01/23/25 1624 for D/C Order
Package: 0338-0117-04

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/23/25 1553	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/12/25 1051	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD

sodium chloride 0.9 % IV Bolus 250 mL (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1109** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 1109 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Once 01/12/25 1140 - 1 occurrence Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/12/25 1109
Acknowledged: Walks, Tristan H, RN 01/12/25 1111 for Placing Order Walks, Tristan H, RN 01/12/25 1111 for D/C Order

lactated ringers IV Bolus 250 mL (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1109** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 1109 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Once 01/12/25 1140 - 1 occurrence Class: Normal
Discontinued by: Troyer, Camille, PharmD 01/13/25 1133
Acknowledged: Walks, Tristan H, RN 01/12/25 1111 for Placing Order Walks, Tristan H, RN 01/13/25 1203 for D/C Order
Package: 0338-0117-04

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/13/25 1133	McKinstry, Mia, MD	McKinstry, Mia, MD	Troyer, Camille, PharmD
01/12/25 1109	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD

sodium chloride 0.9 % IV Bolus 250 mL (Completed)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1206** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/12/25 1206 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Once 01/12/25 1237 - 1 occurrence Class: Normal
Acknowledged: Walks, Tristan H, RN 01/12/25 1207 for Placing Order
Package: 0338-0049-03

ceFAZolin (Ancef) 1 g in sodium chloride 0.9 % 500 mL irrigation (Cancel Held)

Electronically signed by: **Kondamudi, Nitin, MD on 01/12/25 1222** Status: **Cancel Held**
Ordering user: Kondamudi, Nitin, MD 01/12/25 1222 Ordering provider: Kondamudi, Nitin, MD
Authorized by: Kondamudi, Nitin, MD Ordering mode: Standard
Frequency: Routine Pre-Op 01/12/25 1253 - 1 occurrence Class: Normal
Discontinued by: Walks, Tristan H, RN 01/13/25 1838

Questionnaire

Question	Answer
Suspected Source of Infection	Prophylaxis

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
ceFAZolin (Ancef)	1 g	1 g
sodium chloride 0.9 %	500 mL	500 mL

Admin instructions: For wound irrigation (in bag). Send to EP Lab.
For irrigation only (bag)

ceFAZolin (Ancef) 2 g in Iso-Osmotic (dextrose 4%) 100 mL IVPB (premix) (Cancel Held)

Electronically signed by: **Kondamudi, Nitin, MD on 01/12/25 1222** Status: **Cancel Held**
Ordering user: Kondamudi, Nitin, MD 01/12/25 1222
Authorized by: Kondamudi, Nitin, MD
Frequency: Routine Pre-Op 01/12/25 1253 - 1 occurrence
Ordering provider: Kondamudi, Nitin, MD
Ordering mode: Standard
Class: Normal
Discontinued by: Walks, Tristan H, RN 01/13/25 1838

Questionnaire

Question	Answer
Suspected Source of Infection	Prophylaxis

Admin instructions: Send to EP Lab.

nalbuphine (Nubain) injection 5 mg (Discontinued)

Electronically signed by: **Cutter, Erin Lyndsey, PharmD on 01/13/25 1006** Status: **Discontinued**
Ordering user: Cutter, Erin Lyndsey, PharmD 01/13/25 1006
Authorized by: Cutter, Erin Lyndsey, PharmD
PRN reasons: severe pain
Frequency: Routine q4h PRN 01/13/25 1000 - 01/14/25 0943
Discontinued by: Cutter, Erin Lyndsey, PharmD 01/14/25 0943
Ordering provider: Cutter, Erin Lyndsey, PharmD
Ordering mode: Per protocol: no cosign required
Class: Normal
Acknowledged: Walks, Tristan H, RN 01/13/25 1203 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 0943 for D/C Order
Package: 0409-1467-61

aspirin chewable tablet 81 mg (Discontinued)

Electronically signed by: **Troyer, Camille, PharmD on 01/13/25 1132** Status: **Discontinued**
Ordering user: Troyer, Camille, PharmD 01/13/25 1132
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1132 - 02/16/25 0848
Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Normal
Acknowledged: Walks, Tristan H, RN 01/13/25 1203 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order
Admin instructions: Give with food.
Package: 66553-002-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 0848	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/13/25 1132	McKinstry, Mia, MD	McKinstry, Mia, MD	Troyer, Camille, PharmD

lidocaine 2 % injection (Discontinued)

Electronically signed by: **Akoum, Nazem Walid, MD on 01/15/25 1822** Status: **Discontinued**
Mode: Ordering in Standard mode
Ordering user: Singsaas, Julie M, RN 01/13/25 1626
Authorized by: Akoum, Nazem Walid, MD
Frequency: Routine PRN 01/13/25 1619 - 01/13/25 1709
Discontinued by: Singsaas, Julie M, RN 01/13/25 1709 [Patient discharge]
Communicated by: Singsaas, Julie M, RN
Ordering provider: Akoum, Nazem Walid, MD
Ordering mode: Standard
Class: Normal
Package: 0409-4277-01

ceFAZolin (Ancef) 1 g in sodium chloride 0.9 % 500 mL irrigation (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

Electronically signed by: **Akoum, Nazem Walid, MD on 01/15/25 1822** Status: **Discontinued**
Mode: Ordering in Standard mode
Communicated by: Singsaas, Julie M, RN
Ordering user: Singsaas, Julie M, RN 01/13/25 1645
Ordering provider: Akoum, Nazem Walid, MD
Authorized by: Akoum, Nazem Walid, MD
Ordering mode: Standard
Frequency: Routine PRN 01/13/25 1645 - 01/13/25 1709
Class: Normal
Discontinued by: Singsaas, Julie M, RN 01/13/25 1709 [Patient discharge]

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
ceFAZolin (Ancef)	1 g	1 g
sodium chloride 0.9 %	500 mL	500 mL

Package: 0143-9262-01, 0338-0049-03

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Cutter, Erin Lyndsey, PharmD on 01/14/25 0943** Status: **Discontinued**
Ordering user: Cutter, Erin Lyndsey, PharmD 01/14/25 0943
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
PRN reasons: severe pain
Frequency: Routine q6h PRN 01/14/25 0943 - 01/14/25 1722
Class: Normal
Discontinued by: Hu, Xinwen, MD 01/14/25 1722
Acknowledged: Santos, Frances Kate Kate, RN 01/14/25 0943 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1722 for D/C Order
Package: 0409-1467-61
Modified from: nalbuphine (Nubain) injection 5 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1722	Hu, Xinwen, MD	Hu, Xinwen, MD	Hu, Xinwen, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/14/25 0943	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Hu, Xinwen, MD on 01/14/25 1722** Status: **Discontinued**
Ordering user: Hu, Xinwen, MD 01/14/25 1722
Ordering provider: Hu, Xinwen, MD
Authorized by: Hu, Xinwen, MD
Ordering mode: Standard
PRN reasons: severe pain
Frequency: Routine q8h PRN 01/14/25 1722 - 01/17/25 1013
Class: Normal
Discontinued by: Cutter, Erin Lyndsey, PharmD 01/17/25 1013
Acknowledged: Santos, Frances Kate Kate, RN 01/14/25 1722 for Placing Order Mikulikova, Julia, RN 01/17/25 1014 for D/C Order
Package: 0409-1467-61
Modified from: nalbuphine (Nubain) injection 2.6 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/17/25 1013	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD
01/14/25 1722	Hu, Xinwen, MD	Hu, Xinwen, MD	Hu, Xinwen, MD

thiamine (Vitamin B-1) 500 mg in sodium chloride 0.9 % 105 mL IVPB (Completed)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Completed**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234
Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD
Ordering mode: Standard
Frequency: Routine TID 01/15/25 1400 - 3 days
Class: Normal
Acknowledged: Nacol, Lani Kusu, RN 01/15/25 1244 for Placing Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
thiamine (Vitamin B-1)	500 mg	500 mg

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

sodium chloride 0.9 %	100 mL	100 mL

Package: 63323-013-01, 0338-0049-38

PRENATAL multivitamin w/folic acid 1 mg tablet (Discontinued)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Discontinued**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234 Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD Ordering mode: Standard
Frequency: Routine Daily 01/15/25 1305 - 02/14/25 1127 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/14/25 1127
Acknowledged: Nacol, Lani Kusu, RN 01/15/25 1244 for Placing Order Gill, Loveleen S, RN 02/14/25 1140 for D/C Order
Package: 44946-1045-1

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/14/25 1127	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/15/25 1234	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD

ascorbic acid (Vitamin C) tablet 500 mg (Expired)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Expired**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234 Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD Ordering mode: Standard
Frequency: Routine BID 01/15/25 1305 - 14 days Class: Normal
Acknowledged: Nacol, Lani Kusu, RN 01/15/25 1244 for Placing Order
Package: 0904-0523-61

zinc sulfate capsule 220 mg (Expired)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Expired**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234 Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD Ordering mode: Standard
Frequency: Routine Daily 01/15/25 1305 - 14 days Class: Normal
Acknowledged: Nacol, Lani Kusu, RN 01/15/25 1244 for Placing Order
Admin instructions: Give with food.
Zinc sulfate 220 mg = Elemental Zinc 50 mg
Package: 77333-983-25

potassium & sodium phosphates (PHOS-NaK) packet 1 packet (Discontinued)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Discontinued**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234 Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD Ordering mode: Standard
PRN reasons: hypophosphatemia
Frequency: Routine q6h PRN 01/15/25 1232 - 01/22/25 1225 Class: Normal
Discontinued by: Vu, Yaling, PharmD 01/22/25 1225 [Med list cleanup]
Acknowledged: Nacol, Lani Kusu, RN 01/15/25 1244 for Placing Order Jeanneret, Amber Marie, RN 01/22/25 1241 for D/C Order
Admin instructions: (PHOS-NaK or equivalent). Na = 7mEq (160mg), K = 7mEq (280mg),
Phosphorus = 14mEq (250mg).
Mix in at least 75mL of liquid. Give with food. Avoid concurrent iron
preparations.
Package: 60258-006-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/22/25 1225	Vu, Yaling, PharmD	Holmberg, Mackenzie Howard, MD	Vu, Yaling, PharmD
01/15/25 1234	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Completed)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Completed**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234 Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

Frequency: Routine Once 01/15/25 1305 - 1 occurrence Class: Normal
Acknowledged: Nacol, Lani Kusu, RN 01/15/25 1244 for Placing Order
Admin instructions: (2 grams = 16 mEq)
Package: 83634-500-41

lidocaine-prilocaine (EMLA) 2.5-2.5 % topical cream 1 application (Discontinued)

Electronically signed by: **Vo, Quang D, RN on 01/15/25 1244** Status: **Discontinued**
Ordering user: Vo, Quang D, RN 01/15/25 1244 Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Per protocol: no cosign required
PRN reasons: venipuncture
Frequency: Routine Once PRN 01/15/25 1243 - 1 occurrence Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Nacol, Lani Kusu, RN 01/15/25 1244 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: Apply to intact skin 1 hour prior to IV or venipuncture site.
Package: 0168-0357-56

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/24/25 1141	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
01/15/25 1244	Segerson, Karen Elaine, MD	Pillai, Sunita, MD	Vo, Quang D, RN

pill crusher ADS Override Pull (Completed)

Electronically signed by: **Howey, Alice J, RN on 01/15/25 1828** Status: **Completed**
Ordering user: Howey, Alice J, RN 01/15/25 1828 Ordering mode: Standard
Frequency: 01/15/25 1828 - 1 occurrence
Admin instructions: Created by cabinet override
Medication comments: Created by cabinet override
Package: 79573-00916

calcium gluconate 1 g in 0.67% NaCl 50 mL IVPB (premix) (Discontinued)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/16/25 0751** Status: **Discontinued**
Ordering user: Segerson, Karen Elaine, MD 01/16/25 0751 Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD Ordering mode: Standard
Frequency: Routine Once 01/16/25 0822 - 1 occurrence Class: Normal
Discontinued by: Segerson, Karen Elaine, MD 01/16/25 0752
Acknowledged: Mikulikova, Julia, RN 01/16/25 0752 for Placing Order Mikulikova, Julia, RN 01/16/25 0754 for D/C Order
Admin instructions: (1 gram = 4.65 mEq)
Package: 44567-620-24

acetaminophen (Tylenol) liquid 650 mg (Discontinued)

Electronically signed by: **Christy, Connor W, PharmD on 01/17/25 0029** Status: **Discontinued**
Ordering user: Christy, Connor W, PharmD 01/17/25 0029 Ordering provider: Rosiene, Joel, MD
Authorized by: Rosiene, Joel, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine q8h SCH 01/17/25 0100 - 01/29/25 1829 Class: Normal
Discontinued by: Tokuhisa, Makoto, PharmD 01/29/25 1829
Acknowledged: Mazariegos, Oscar, RN 01/17/25 0047 for Placing Order Bustamante Campusano, Diana, RN 01/29/25 1858 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Medication comments: .
Package: 81033-002-30
Modified from: acetaminophen (Tylenol) tablet 650 mg

acetaminophen (Ofirmev) IVPB 650 mg (Completed)

Electronically signed by: **Fritel, Laura, ARNP on 01/17/25 0056** Status: **Completed**
Ordering user: Fritel, Laura, ARNP 01/17/25 0056 Ordering provider: Fritel, Laura, ARNP
Authorized by: Fritel, Laura, ARNP Ordering mode: Standard
Frequency: Routine Once 01/17/25 0127 - 1 occurrence Class: Normal
Acknowledged: Mazariegos, Oscar, RN 01/17/25 0057 for Placing Order

Questionnaire

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

Question	Answer
How does patient meet IV acetaminophen usage criteria?	Pt on surg. pathway approved by P&T and has NOT had 2 doses of IV acetaminophen in the perioperative period

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
acetaminophen (Ofirmev)	650 mg	650 mg
empty bag	1 each	1 each

Admin instructions: Do NOT refrigerate.
Package: 63323-434-41, 9999-0004-53

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch (Discontinued)

Electronically signed by: **Cutter, Erin Lyndsey, PharmD on 01/17/25 1013** Status: **Discontinued**
Ordering user: Cutter, Erin Lyndsey, PharmD 01/17/25 1013 Ordering provider: Cutter, Erin Lyndsey, PharmD
Authorized by: Cutter, Erin Lyndsey, PharmD Ordering mode: Per protocol: no cosign required
Frequency: Routine q7 days SCH 01/17/25 1044 - 01/23/25 2138 Class: Normal
Discontinued by: Alumbaugh, Allison Andreea, MD 01/23/25 2138
Acknowledged: Mikulikova, Julia, RN 01/17/25 1014 for Placing Order Tesfasilassie, Roma T, RN 01/23/25 2317 for D/C Order
Admin instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.
Package: 0093-3656-21

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/23/25 2138	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD
01/17/25 1013	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Cutter, Erin Lyndsey, PharmD on 01/17/25 1013** Status: **Discontinued**
Ordering user: Cutter, Erin Lyndsey, PharmD 01/17/25 1013 Ordering provider: Cutter, Erin Lyndsey, PharmD
Authorized by: Cutter, Erin Lyndsey, PharmD Ordering mode: Per protocol: no cosign required
PRN reasons: itching
Frequency: Routine q8h PRN 01/17/25 1005 - 01/18/25 1107 Class: Normal
Discontinued by: Hu, Xinwen, MD 01/18/25 1107
Acknowledged: Mikulikova, Julia, RN 01/17/25 1014 for Placing Order Hwee, Carla, RN 01/18/25 1109 for D/C Order
Package: 0409-1467-61
Modified from: nalbuphine (Nubain) injection 2.6 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/18/25 1107	Hu, Xinwen, MD	Hu, Xinwen, MD	Hu, Xinwen, MD
01/17/25 1013	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD

omeprazole (PriLOSEC) DR capsule 20 mg (Discontinued)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/17/25 1137** Status: **Discontinued**
Ordering user: Segerson, Karen Elaine, MD 01/17/25 1137 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Daily empty stomach 01/18/25 0600 - 02/16/25 0848 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Acknowledged: Mikulikova, Julia, RN 01/17/25 1147 for Placing Order Kit, Ellen, RN 02/07/25 1232 for Modifying Order Drammeh, Saihou, RN 02/15/25 1022 for Modifying Order Drammeh, Saihou, RN 02/15/25 1022 for Modifying Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order
Admin instructions: Do not crush, chew, or split.
Package: 63739-358-10

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/15/25 1019	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/17/25 1137	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD

lidocaine 4 % per patch 1 patch (Discontinued)

Electronically signed by: **Rosiene, Joel, MD on 01/17/25 2116** Status: **Discontinued**
Ordering user: Rosiene, Joel, MD 01/17/25 2116 Ordering provider: Rosiene, Joel, MD
Authorized by: Rosiene, Joel, MD Ordering mode: Standard
Frequency: Routine q24h 01/17/25 2200 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Sirichana, Geraldine N, RN 01/17/25 2122 for Placing Order
Admin instructions: Apply to leg at site of pain. Remove after 12 hours (max 12 hrs per 24 hrs)
Package: 0536-1202-15
Status
Masket, Jac, PharmD 01/17/25 2121 (Start: 01/17/25 2147 to 01/17/25 2200)

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Hu, Xinwen, MD on 01/18/25 1107** Status: **Discontinued**
Ordering user: Hu, Xinwen, MD 01/18/25 1107 Ordering provider: Hu, Xinwen, MD
Authorized by: Hu, Xinwen, MD Ordering mode: Standard
PRN reasons: itching moderate pain severe pain
Frequency: Routine q8h PRN 01/18/25 1107 - 01/19/25 1253 Class: Normal
Discontinued by: Holmberg, Mackenzie Howard, MD 01/19/25 1253
Acknowledged: Hwee, Carla, RN 01/18/25 1109 for Placing Order Gordon, Carrie, RN 01/19/25 1256 for D/C Order
Package: 0409-1467-61
Modified from: nalbuphine (Nubain) injection 2.6 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/19/25 1253	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD
01/18/25 1107	Hu, Xinwen, MD	Hu, Xinwen, MD	Hu, Xinwen, MD

HYDROmorphone (Dilaudid) injection 0.2 mg (Completed)

Electronically signed by: **Rosiene, Joel, MD on 01/19/25 0629** Status: **Completed**
Ordering user: Rosiene, Joel, MD 01/19/25 0629 Ordering provider: Rosiene, Joel, MD
Authorized by: Rosiene, Joel, MD Ordering mode: Standard
Frequency: Routine Once 01/19/25 0700 - 1 occurrence Class: Normal
Acknowledged: Limyukok, Mysha, RN 01/19/25 0641 for Placing Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Completed)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/19/25 0823** Status: **Completed**
Ordering user: Holmberg, Mackenzie Howard, MD 01/19/25 0823 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine Once 01/19/25 0854 - 1 occurrence Class: Normal
Acknowledged: Gordon, Carrie, RN 01/19/25 0842 for Placing Order
Admin instructions: (2 grams = 16 mEq)
Package: 83634-500-41

HYDROmorphone (Dilaudid) injection 0.2 mg (Completed)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/19/25 1218** Status: **Completed**
Ordering user: Holmberg, Mackenzie Howard, MD 01/19/25 1218 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine Once 01/19/25 1249 - 1 occurrence Class: Normal
Acknowledged: Gordon, Carrie, RN 01/19/25 1218 for Placing Order

Other Orders (group 4 of 15) (continued)

Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-31

HYDROmorphone (Dilaudid) injection 0.2 mg (Discontinued)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/19/25 1241** Status: **Discontinued**
Ordering user: Holmberg, Mackenzie Howard, MD 01/19/25 1241 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
PRN reasons: breakthrough pain
Frequency: Routine q6h PRN 01/19/25 1241 - 01/28/25 1150 Class: Normal
Discontinued by: Zafar, Zaeema, DO 01/28/25 1150
Acknowledged: Gordon, Carrie, RN 01/19/25 1244 for Placing Order Gawat, Maria C, RN 01/28/25 1201 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03
Reordered from: HYDROmorphone (Dilaudid) injection 0.2 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/28/25 1150	Zafar, Zaeema, DO	Zafar, Zaeema, DO	Zafar, Zaeema, DO
01/19/25 1241	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/19/25 1253** Status: **Discontinued**
Ordering user: Holmberg, Mackenzie Howard, MD 01/19/25 1253 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine q PM 01/19/25 1700 - 01/20/25 0904 Class: Normal
Discontinued by: Holmberg, Mackenzie Howard, MD 01/20/25 0904
Acknowledged: Gordon, Carrie, RN 01/19/25 1256 for Placing Order Kim, Christine Yuhyun, RN 01/20/25 0905 for D/C Order
Package: 0409-1467-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15)

Medications

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/19/25 1253** Status: **Discontinued**
Ordering user: Holmberg, Mackenzie Howard, MD 01/19/25 1253 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
PRN reasons: itching moderate pain severe pain
Frequency: Routine BID PRN 01/19/25 1253 - 01/26/25 0928 Class: Normal
Discontinued by: Chi, Frank, MD 01/26/25 0928
Acknowledged: Gordon, Carrie, RN 01/19/25 1256 for Placing Order Hollingsworth, Louise C, RN 01/25/25 1821 for Modifying Order Smith, Meagan Q, RN 01/26/25 0939 for D/C Order
Admin instructions: Please administer over 2-3 minutes
Package: 0409-1467-61
Status
Chi, Frank, MD 01/25/25 1809 (Admin Instructions edited)
Modified from: nalbuphine (Nubain) injection 2.6 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/25/25 1809	Chi, Frank, MD	Chi, Frank, MD	Chi, Frank, MD
01/19/25 1253	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD

acetaminophen (Tylenol) rectal suppository 650 mg (Discontinued)

Electronically signed by: **Rosiene, Joel, MD on 01/19/25 2332** Status: **Discontinued**
Ordering user: Rosiene, Joel, MD 01/19/25 2332 Ordering provider: Rosiene, Joel, MD
Authorized by: Rosiene, Joel, MD Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain fever
Frequency: Routine q6h PRN 01/19/25 2332 - 02/01/25 1336 Class: Normal
Discontinued by: Sokol-Hessner, Lauge, MD 02/01/25 1336
Acknowledged: Lyons, Julio Cesar Salazar, RN 01/19/25 2351 for Placing Order Johnson, Marita F, RN 02/01/25 1340 for D/C Order
Package: 45802-730-30

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/01/25 1336	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/19/25 2332	Rosiene, Joel, MD	Rosiene, Joel, MD	Rosiene, Joel, MD

HYDROmorphone (Dilaudid) injection 0.2 mg (Completed)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/20/25 0754** Status: **Completed**
Ordering user: Holmberg, Mackenzie Howard, MD 01/20/25 0754 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine Once 01/20/25 0825 - 1 occurrence Class: Normal
Acknowledged: Kim, Christine Yuhyun, RN 01/20/25 0757 for Placing Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/20/25 0822** Status: **Discontinued**
Ordering user: Holmberg, Mackenzie Howard, MD 01/20/25 0822 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine q24h 01/20/25 0400 - 01/22/25 1219 Class: Normal
Discontinued by: Holmberg, Mackenzie Howard, MD 01/22/25 1219
Acknowledged: Kim, Christine Yuhyun, RN 01/20/25 0836 for Placing Order Jeanneret, Amber Marie, RN 01/22/25 1241 for D/C Order
Package: 0409-1467-61

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Completed)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/20/25 0823** Status: **Completed**
Ordering user: Holmberg, Mackenzie Howard, MD 01/20/25 0823 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15) (continued)

Frequency: Routine Once 01/20/25 0854 - 1 occurrence Class: Normal
Acknowledged: Kim, Christine Yuhyun, RN 01/20/25 0836 for Placing Order
Admin instructions: (2 grams = 16 mEq)
Package: 83634-500-41

nalbuphine (Nubain) injection 5 mg (Discontinued)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/20/25 0904** Status: **Discontinued**
Ordering user: Holmberg, Mackenzie Howard, MD 01/20/25 0904 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine q24h 01/20/25 1900 - 01/24/25 1841 Class: Normal
Discontinued by: Shepherd, Amanda Kay, MD 01/24/25 1841
Acknowledged: Kim, Christine Yuhyun, RN 01/20/25 0905 for Placing Order Gawat, Maria C, RN 01/24/25 1842 for D/C Order
Package: 0409-1467-61
Modified from: nalbuphine (Nubain) injection 2.6 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/24/25 1841	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD
01/20/25 0904	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Completed)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/22/25 0755** Status: **Completed**
Ordering user: Holmberg, Mackenzie Howard, MD 01/22/25 0755 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine Once 01/22/25 0826 - 1 occurrence Class: Normal
Acknowledged: Jeanneret, Amber Marie, RN 01/22/25 0821 for Placing Order
Admin instructions: (2 grams = 16 mEq)
Package: 83634-500-41

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg (Completed)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 1758** Status: **Completed**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 1758 Ordering provider: Shepherd, Amanda Kay, MD
Authorized by: Shepherd, Amanda Kay, MD Ordering mode: Standard
Frequency: Routine Once 01/23/25 1829 - 1 occurrence Class: Normal
Acknowledged: Kit, Ellen, RN 01/23/25 1910 for Placing Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch (Discontinued)

Electronically signed by: **Alumbaugh, Allison Andreea, MD on 01/23/25 2138** Status: **Discontinued**
Ordering user: Alumbaugh, Allison Andreea, MD 01/23/25 2138 Ordering provider: Alumbaugh, Allison Andreea, MD
Authorized by: Alumbaugh, Allison Andreea, MD Ordering mode: Standard
Frequency: Routine q7 days SCH 01/23/25 2209 - 02/10/25 1932 Class: Normal
Discontinued by: Hunt, Susan Elizabeth, MD 02/10/25 1932
Acknowledged: Tesfasilassie, Roma T, RN 01/23/25 2317 for Placing Order Jallow, Yusupha, RN 02/10/25 2016 for D/C Order
Admin instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of
the chest. Wait a minimum of 21 days before reapplying to the same skin
site.
Package: 0093-3656-21
Modified from: buprenorphine (Butrans) 5 MCG/HR per patch 1 patch

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/10/25 1932	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD
01/23/25 2138	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/24/25 1841** Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15) (continued)

Ordering user: Shepherd, Amanda Kay, MD 01/24/25 1841
Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD
Ordering mode: Standard
Frequency: Routine q24h 01/24/25 1912 - 01/30/25 1033
Class: Normal
Discontinued by: Zafar, Zaeema, DO 01/30/25 1033
Acknowledged: Gawat, Maria C, RN 01/24/25 1842 for Placing Order Hollingsworth, Louise C, RN 01/25/25 1821 for Modifying Order Liu, Kayla W, RN 01/30/25 1037 for D/C Order
Admin instructions: Please administer over 2-3 minutes
Package: 0409-1467-61
Status
Chi, Frank, MD 01/25/25 1809 (Admin Instructions edited)
Modified from: nalbuphine (Nubain) injection 5 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/30/25 1033	Zafar, Zaeema, DO	Zafar, Zaeema, DO	Zafar, Zaeema, DO
01/25/25 1809	Chi, Frank, MD	Chi, Frank, MD	Chi, Frank, MD
01/24/25 1841	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD

sodium chloride 0.9 % IV Bolus 500 mL (Completed)

Electronically signed by: **Wilson, Julia, MD on 01/25/25 0336**
Status: **Completed**
Ordering user: Wilson, Julia, MD 01/25/25 0336
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Once 01/25/25 0407 - 1 occurrence
Class: Normal
Acknowledged: Porter, Allen, RN 01/25/25 0343 for Placing Order
Package: 0338-0049-04

acetaminophen (Ofirmev) IV 1,000 mg (Completed)

Electronically signed by: **Chi, Frank, MD on 01/25/25 1126**
Status: **Completed**
Ordering user: Chi, Frank, MD 01/25/25 1126
Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD
Ordering mode: Standard
Frequency: Routine Once 01/25/25 1156 - 1 occurrence
Class: Normal
Acknowledged: Hollingsworth, Louise C, RN 01/25/25 1151 for Placing Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.
Package: 63323-434-41

lactated ringers IV Bolus 1,000 mL (Completed)

Electronically signed by: **Chi, Frank, MD on 01/25/25 1201**
Status: **Completed**
Ordering user: Chi, Frank, MD 01/25/25 1201
Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD
Ordering mode: Standard
Frequency: Routine Once 01/25/25 1232 - 1 occurrence
Class: Normal
Acknowledged: Hollingsworth, Louise C, RN 01/25/25 1205 for Placing Order
Package: 0338-0117-04

nalbuphine (Nubain) injection 1.2 mg (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15) (continued)

Electronically signed by: **Chi, Frank, MD on 01/26/25 0928** Status: **Discontinued**
Ordering user: Chi, Frank, MD 01/26/25 0928 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
PRN reasons: itching moderate pain severe pain
Frequency: Routine BID PRN 01/26/25 0927 - 01/29/25 1706 Class: Normal
Discontinued by: Zafar, Zaeema, DO 01/29/25 1706
Acknowledged: Smith, Meagan Q, RN 01/26/25 0939 for Placing Order Bustamante Campusano, Diana, RN 01/29/25 1710 for D/C Order
Admin instructions: Please administer over 2-3 minutes
Package: 0409-1467-61
Modified from: nalbuphine (Nubain) injection 2.6 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/29/25 1706	Zafar, Zaeema, DO	Zafar, Zaeema, DO	Zafar, Zaeema, DO
01/26/25 0928	Chi, Frank, MD	Chi, Frank, MD	Chi, Frank, MD

lactated ringers IV Bolus 1,000 mL (Completed)

Electronically signed by: **Chi, Frank, MD on 01/26/25 0933** Status: **Completed**
Ordering user: Chi, Frank, MD 01/26/25 0933 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
Frequency: Routine Once 01/26/25 1004 - 1 occurrence Class: Normal
Acknowledged: Smith, Meagan Q, RN 01/26/25 0939 for Placing Order
Package: 0338-0117-04
Reordered from: lactated ringers IV Bolus 1,000 mL

dextrose 5% and sodium chloride 0.45% infusion (Expired)

Electronically signed by: **Chi, Frank, MD on 01/26/25 1639** Status: **Expired**
Ordering user: Chi, Frank, MD 01/26/25 1639 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
Frequency: Routine Continuous 01/26/25 1710 - 13 hours Class: Normal
Acknowledged: Smith, Meagan Q, RN 01/26/25 1741 for Placing Order

Questionnaire

Question	Answer
FLUID CRITICALLY LOW - Does your patient require the ordered fluid?	Yes

Admin instructions: Please just give 1L of fluid total with this order
Medication comments: Please just give 1L of fluids (over 12.5 hours)
Package: 0338-0085-04
Status
Dickinson, Zoe E, RN 01/26/25 1953 (End: 01/27/25 0609 to 01/27/25 0851)

dextrose 5% and sodium chloride 0.45% infusion (Expired)

Electronically signed by: **Zafar, Zaeema, DO on 01/27/25 0843** Status: **Expired**
Ordering user: Zafar, Zaeema, DO 01/27/25 0843 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine Continuous 01/27/25 0914 - 13 hours Class: Normal
Acknowledged: Smith, Meagan Q, RN 01/27/25 0912 for Placing Order

Questionnaire

Question	Answer
FLUID CRITICALLY LOW - Does your patient require the ordered fluid?	Yes

Admin instructions: Please just give 1L of fluid total with this order
Medication comments: Please just give 1L of fluids (over 12.5 hours)
Package: 0338-0085-04
Status
Wylie, Ariana, Nursing Student 01/27/25 0938 (End: 01/27/25 2213 to 01/27/25 2237)
Reordered from: dextrose 5% and sodium chloride 0.45% infusion

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15) (continued)

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Completed)

Electronically signed by: **Zafar, Zaeema, DO on 01/27/25 0843** Status: **Completed**
Ordering user: Zafar, Zaeema, DO 01/27/25 0843 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine Once 01/27/25 0914 - 1 occurrence Class: Normal
Acknowledged: Smith, Meagan Q, RN 01/27/25 0912 for Placing Order
Admin instructions: (2 grams = 16 mEq)
Package: 63323-106-02

guanFACINE (Tenex) tablet 1.5 mg (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/27/25 1048** Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/27/25 1048 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine q HS 01/27/25 2100 - 01/27/25 1051 Class: Normal
Discontinued by: Zafar, Zaeema, DO 01/27/25 1051
Acknowledged: Smith, Meagan Q, RN 01/27/25 1118 for D/C Order Smith, Meagan Q, RN 01/27/25 1118 for Placing Order

guanFACINE (Tenex) tablet 1.5 mg (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/27/25 1051** Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/27/25 1051 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine BID 01/27/25 1122 - 01/27/25 1052 Class: Normal
Discontinued by: Zafar, Zaeema, DO 01/27/25 1052
Acknowledged: Smith, Meagan Q, RN 01/27/25 1118 for Placing Order Smith, Meagan Q, RN 01/27/25 1118 for D/C Order
Modified from: guanFACINE (Tenex) tablet 1.5 mg

guanFACINE (Tenex) tablet 1 mg (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/27/25 1052** Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/27/25 1052 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine BID 01/27/25 1122 - 02/02/25 1228 Class: Normal
Discontinued by: Sokol-Hessner, Lauge, MD 02/02/25 1228
Acknowledged: Smith, Meagan Q, RN 01/27/25 1118 for Placing Order Smith, Meagan Q, RN 01/27/25 1232 for Modifying Order
Gelgla, Letera D, RN 02/02/25 1231 for D/C Order
Admin instructions: Hold for SBP <90
Package: 53746-711-01
Status
Zafar, Zaeema, DO 01/27/25 1213 (Admin Instructions edited)
Modified from: guanFACINE (Tenex) tablet 1.5 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/02/25 1228	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/27/25 1052	Zafar, Zaeema, DO	Zafar, Zaeema, DO	Zafar, Zaeema, DO

pill crusher ADS Override Pull (Completed)

Electronically signed by: **Wylie, Ariana, Nursing Student on 01/27/25 1244** Status: **Completed**
Ordering user: Wylie, Ariana, Nursing Student 01/27/25 1244 Ordering mode: Standard
Frequency: 01/27/25 1244 - 1 occurrence
Admin instructions: Created by cabinet override
Medication comments: Created by cabinet override
Package: 79573-00916

nalbuphine (Nubain) injection 1.2 mg (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/29/25 1706** Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/29/25 1706 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
PRN reasons: itching moderate pain severe pain
Frequency: Routine Daily PRN 01/29/25 1706 - 01/30/25 1033 Class: Normal
Discontinued by: Zafar, Zaeema, DO 01/30/25 1033

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15) (continued)

Acknowledged: Bustamante Campusano, Diana, RN 01/29/25 1710 for Placing Order Liu, Kayla W, RN 01/30/25 1037 for D/C Order
Admin instructions: Please administer over 2-3 minutes
Package: 0409-1467-61
Modified from: nalbuphine (Nubain) injection 1.2 mg

acetaminophen (Tylenol) tablet 650 mg (Discontinued)

Electronically signed by: **Tokuhisa, Makoto, PharmD on 01/29/25 1829** Status: **Discontinued**
Ordering user: Tokuhisa, Makoto, PharmD 01/29/25 1829 Ordering provider: Rosiene, Joel, MD
Authorized by: Rosiene, Joel, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine q8h SCH 01/29/25 1900 - 02/01/25 1336 Class: Normal
Discontinued by: Sokol-Hessner, Lauge, MD 02/01/25 1336
Acknowledged: Bustamante Campusano, Diana, RN 01/29/25 1858 for Placing Order Johnson, Marita F, RN 02/01/25 1340 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Medication comments: ..
Package: 50580-458-11
Status
Tokuhisa, Makoto, PharmD 01/29/25 1829 (Start: 01/30/25 0100 to 01/30/25 1700)
Tokuhisa, Makoto, PharmD 01/29/25 1850 (Start: 01/30/25 1700 to 01/29/25 1900)
Modified from: acetaminophen (Tylenol) liquid 650 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/01/25 1336	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/29/25 1829	Rosiene, Joel, MD	Rosiene, Joel, MD	Tokuhisa, Makoto, PharmD

potassium chloride 40 meq in NS 270 mL IVPB (pkg premix) (Completed)

Electronically signed by: **Zafar, Zaeema, DO on 01/30/25 1932** Status: **Completed**
Ordering user: Zafar, Zaeema, DO 01/30/25 1932 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine Once 01/30/25 2003 - 1 occurrence Class: Normal
Acknowledged: Mikulikova, Julia, RN 01/30/25 1937 for Placing Order
Admin instructions: Total Dose = 60 mEq (40 mEq bag + 20 mEq bag run sequentially)
STANDARD Concentration. (For Peripheral or Central line use)
Package: 63323-965-20, 0338-0049-02

potassium chloride 20 mEq in sodium chloride 0.9 % 110 mL IVPB (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/30/25 1932** Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/30/25 1932 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine Once 01/31/25 0002 - 1 occurrence Class: Normal
Discontinued by: Sokol-Hessner, Lauge, MD 01/31/25 1029
Acknowledged: Mikulikova, Julia, RN 01/30/25 1937 for Placing Order Gelgla, Letera D, RN 01/31/25 1033 for D/C Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
potassium chloride	20 mEq	20 mEq
sodium chloride 0.9 %	100 mL	100 mL

Admin instructions: Total Dose = 60 mEq (40 mEq bag + 20 mEq bag run sequentially)
STANDARD Concentration. (For Peripheral or Central line use)
Package: 63323-965-10, 0264-1800-32

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/31/25 1029	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/30/25 1932	Zafar, Zaeema, DO	Zafar, Zaeema, DO	Zafar, Zaeema, DO

magnesium sulfate 4 g in SWFI 50 mL IVPB (premix) (Completed)

Electronically signed by: **Zafar, Zaeema, DO on 01/30/25 1932** Status: **Completed**

Other Orders (group 5 of 15) (continued)

Ordering user: Zafar, Zaeema, DO 01/30/25 1932
Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO
Ordering mode: Standard
Frequency: Routine Once 01/30/25 2003 - 1 occurrence
Class: Normal
Acknowledged: Mikulikova, Julia, RN 01/30/25 1937 for Placing Order
Admin instructions: (4 grams = 32 mEq)
Package: 0338-1719-40

ondansetron (Zofran) tablet 4-8 mg (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1029**
Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1029
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
PRN reasons: nausea/vomiting
Frequency: Routine q8h PRN 01/31/25 1028 - 02/16/25 1213
Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 1213
Acknowledged: Gelgla, Letera D, RN 01/31/25 1033 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 1231 for D/C Order
Admin instructions: If ineffective in 30 min use metoclopramide or prochlorperazine in addition (if ordered).
Package: 51079-524-20
Modified from: ondansetron (Zofran) tablet 4 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 1213	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/31/25 1029	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD

potassium chloride ER tablet 40 mEq (Completed)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1029**
Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1029
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Frequency: Routine Once 01/31/25 1100 - 1 occurrence
Class: Normal
Acknowledged: Gelgla, Letera D, RN 01/31/25 1033 for Placing Order
Admin instructions: Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.
Package: 0245-5319-89

potassium chloride ER tablet 40 mEq (Completed)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/01/25 0929**
Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/01/25 0929
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Frequency: Routine BID 02/01/25 0959 - 2 occurrences
Class: Normal
Acknowledged: Walsh, Julia McKeon, RN 02/01/25 0937 for Placing Order
Admin instructions: Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.
Package: 0245-5319-89

acetaminophen (Tylenol) tablet 1,000 mg (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/01/25 1336**
Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 02/01/25 1336
Ordering provider: Chen, Tiffany Chia-An, MD
Authorized by: Chen, Tiffany Chia-An, MD
Ordering mode: Standard
Frequency: Routine q8h 02/01/25 1600 - 02/08/25 2050
Class: Normal
Discontinued by: Naidoo, Neha, MD 02/08/25 2050
Acknowledged: Johnson, Marita F, RN 02/01/25 1340 for Placing Order Clark, Rachael E, RN 02/03/25 1733 for Modifying Order Avila, Nicole C, RN 02/04/25 1323 for Modifying Order Avila, Nicole C, RN 02/04/25 1323 for Modifying Order Stanikzy, Ameenjohn A, RN 02/08/25 2148 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Medication comments: ..
Package: 50580-412-02
Status
Reiter, Lauren A, PharmD 02/01/25 1338 (Start: 02/01/25 1407 to 02/01/25 1600)

Modified from: acetaminophen (Tylenol) tablet 650 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/08/25 2050	Naidoo, Neha, MD	Naidoo, Neha, MD	Naidoo, Neha, MD
02/04/25 1321	Chen, Tiffany Chia-An, MD	Chen, Tiffany Chia-An, MD	Chen, Tiffany Chia-An, MD
02/01/25 1336	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD

acetaminophen (Tylenol) tablet 500 mg (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/01/25 1336** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 02/01/25 1336 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain
Frequency: Routine Daily PRN 02/01/25 1335 - 02/16/25 0848 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Acknowledged: Johnson, Marita F, RN 02/01/25 1340 for Placing Order Clark, Rachael E, RN 02/03/25 1733 for Modifying Order Drammeh, Saihou, RN 02/15/25 1022 for Modifying Order Drammeh, Saihou, RN 02/15/25 1022 for Modifying Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Package: 50580-412-02

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/15/25 1019	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
02/01/25 1336	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD

guanFACINE (Tenex) tablet 0.5 mg (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/02/25 1228** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 02/02/25 1228 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine BID 02/02/25 2100 - 02/05/25 1512 Class: Normal
Discontinued by: Hunt, Susan Elizabeth, MD 02/05/25 1512
Acknowledged: Gelgla, Letera D, RN 02/02/25 1231 for Placing Order Wu, Lesly, RN 02/05/25 1611 for D/C Order
Admin instructions: Hold for SBP <90
Package: 53746-711-01
Modified from: guanFACINE (Tenex) tablet 1 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/05/25 1512	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD
02/02/25 1228	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD

polyethylene glycol 3350 (Miralax) packet 17 g (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/02/25 1229** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 02/02/25 1229 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine Daily 02/02/25 1300 - 02/16/25 1212 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 1212
Acknowledged: Gelgla, Letera D, RN 02/02/25 1231 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 1231 for D/C Order
Admin instructions: Give if no BM x 48 hrs and no response to senna or bisacodyl (or they are not ordered).
Dilute each 17g packet in 240 ml of fluid (water or juice).
Package: 69784-180-10
Modified from: polyethylene glycol 3350 (Miralax) packet 17 g

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 1212	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
02/02/25 1229	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15) (continued)

senna (Senokot) tablet 17.2 mg (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/02/25 1229** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 02/02/25 1229 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine BID 02/02/25 1300 - 02/09/25 2027 Class: Normal
Discontinued by: Alumbaugh, Allison Andreea, MD 02/09/25 2027
Acknowledged: Gelgla, Letera D, RN 02/02/25 1231 for Placing Order Stanikzy, Ameenjohn A, RN 02/09/25 2100 for D/C Order
Admin instructions: Give if no BM x 24 hrs.
Package: 0904-6434-80
Modified from: senna (Senokot) tablet 17.2 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/09/25 2027	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD
02/02/25 1229	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD

potassium chloride ER tablet 40 mEq (Completed)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/02/25 1335** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/02/25 1335 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine Once 02/02/25 1406 - 1 occurrence Class: Normal
Acknowledged: Gelgla, Letera D, RN 02/02/25 1341 for Placing Order
Admin instructions: Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.
Package: 0245-5319-89

acetaminophen (Tylenol) rectal suppository 650 mg (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1732** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1732 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain
Frequency: Routine q4h PRN 02/03/25 1732 - 02/23/25 0738 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 0738
Acknowledged: Clark, Rachael E, RN 02/03/25 1733 for Placing Order Porter, Allen, RN 02/23/25 0741 for D/C Order
Package: 45802-730-30

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/23/25 0738	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/03/25 1732	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/05/25 1056** Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/05/25 1056 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Once 02/05/25 1127 - 1 occurrence Class: Normal
Discontinued by: Hunt, Susan Elizabeth, MD 02/05/25 1056
Acknowledged: Wu, Lesly, RN 02/05/25 1059 for D/C Order Wu, Lesly, RN 02/05/25 1059 for Placing Order
Admin instructions: (2 grams = 16 mEq)

magnesium oxide (Mag-Ox) tablet 800 mg (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/05/25 1056** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/05/25 1056 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Once 02/05/25 1127 - 1 occurrence Class: Normal
Acknowledged: Wu, Lesly, RN 02/05/25 1059 for Placing Order

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15) (continued)

Admin instructions: Avoid concurrent iron preparations. Magnesium oxide 400 mg = approximately 240 mg of elemental magnesium.
Package: 64980-339-90

magnesium oxide (Mag-Ox) tablet 800 mg (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/06/25 0841** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/06/25 0841 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Once 02/06/25 0912 - 1 occurrence Class: Normal
Acknowledged: Wu, Lesly, RN 02/06/25 0844 for Placing Order
Admin instructions: Avoid concurrent iron preparations. Magnesium oxide 400 mg = approximately 240 mg of elemental magnesium.
Package: 64980-339-90
Reordered from: magnesium oxide (Mag-Ox) tablet 800 mg

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15)

Medications

nalbuphine (Nubain) injection 2.6 mg (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/07/25 1131** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/07/25 1131 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Once 02/07/25 1202 - 1 occurrence Class: Normal
Acknowledged: Kit, Ellen, RN 02/07/25 1232 for Placing Order
Package: 0409-1467-61

pantoprazole (Protonix) injection 40 mg (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/07/25 1131** Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/07/25 1131 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Daily 02/07/25 1202 - 02/15/25 1019 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/15/25 1019
Acknowledged: Kit, Ellen, RN 02/07/25 1232 for Placing Order Drammeh, Saihou, RN 02/15/25 1022 for D/C Order
Admin instructions: Reconstitute each vial with 10mL of 0.9% sodium chloride injection.
Concentration=4mg/mL.
Administer IV over a period of at least 2 minutes.
Package: 0008-0941-03

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/15/25 1019	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
02/07/25 1131	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD

nalbuphine (Nubain) injection 2.6 mg (Expired)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/07/25 1235** Status: **Expired**
Ordering user: Hunt, Susan Elizabeth, MD 02/07/25 1235 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
PRN reasons: severe pain
Frequency: Routine q6h PRN 02/07/25 1235 - 2 days Class: Normal
Acknowledged: Kit, Ellen, RN 02/07/25 1301 for Placing Order Sano, Naomi, RN 02/09/25 1048 for Modifying Order
Package: 0409-1467-61
Reordered from: nalbuphine (Nubain) injection 2.6 mg

albumin human 5 % IV solution 12.5 g (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/08/25 0940** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/08/25 0940 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Once 02/08/25 1011 - 1 occurrence Class: Normal
Acknowledged: Hwee, Carla, RN 02/08/25 0951 for Placing Order
Admin instructions: Infuse over 5-10 mL/min (may be given faster in urgent situations)
Package: 0944-0495-06

cefTRIAXone (Rocephin) 1 g in Iso-Osmotic (dextrose 3.8%) 50 mL IVPB (premix) (Expired)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/08/25 0940** Status: **Expired**
Ordering user: Hunt, Susan Elizabeth, MD 02/08/25 0940 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: STAT q24h 02/08/25 1011 - 3 occurrences Class: Normal
Acknowledged: Hwee, Carla, RN 02/08/25 0951 for Placing Order

Questionnaire

Question	Answer
Suspected Source of Infection	GU Infection

Package: 0338-5002-41

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/08/25 0940** Status: **Completed**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

Ordering user: Hunt, Susan Elizabeth, MD 02/08/25 0940
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine Once 02/08/25 1011 - 1 occurrence
Acknowledged: Hwee, Carla, RN 02/08/25 0951 for Placing Order
Admin instructions: (2 grams = 16 mEq)
Package: 63323-106-02
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Normal

acetaminophen (Ofirmev) IV 1,000 mg (Completed)

Electronically signed by: **Naidoo, Neha, MD on 02/08/25 2032**
Status: **Completed**
Ordering user: Naidoo, Neha, MD 02/08/25 2032
Authorized by: Naidoo, Neha, MD
Frequency: Routine q8h 02/08/25 2103 - 24 hours
Acknowledged: Stanikzy, Ameenjohn A, RN 02/08/25 2148 for Placing Order
Ordering provider: Naidoo, Neha, MD
Ordering mode: Standard
Class: Normal

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.
Package: 63323-434-41

sodium chloride 0.9 % IV Bolus 500 mL (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/09/25 1048**
Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/09/25 1048
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine Once 02/09/25 1119 - 1 occurrence
Acknowledged: Sano, Naomi, RN 02/09/25 1148 for Placing Order
Package: 0338-0049-04
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Normal

guanFACINE (Tenex) tablet 0.5 mg (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/09/25 1129**
Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/09/25 1129
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine BID 02/09/25 1200 - 02/16/25 0848
Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Acknowledged: Sano, Naomi, RN 02/09/25 1149 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order
Package: 53746-711-01
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Normal

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 0848	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
02/09/25 1129	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD

nalbuphine (Nubain) injection 2.6 mg (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/09/25 1458**
Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/09/25 1458
Authorized by: Hunt, Susan Elizabeth, MD
PRN reasons: severe pain
Frequency: Routine q6h PRN 02/09/25 1458 - 4 occurrences
Acknowledged: Sano, Naomi, RN 02/09/25 1502 for Placing Order
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

Package: 0409-1467-61
Reordered from: nalbuphine (Nubain) injection 2.6 mg

senna (Senokot) tablet 17.2 mg (Discontinued)

Electronically signed by: **Alumbaugh, Allison Andreea, MD on 02/09/25 2027** Status: **Discontinued**
Ordering user: Alumbaugh, Allison Andreea, MD 02/09/25 2027 Ordering provider: Alumbaugh, Allison Andreea, MD
Authorized by: Alumbaugh, Allison Andreea, MD Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine BID PRN 02/09/25 2028 - 02/16/25 0848 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Acknowledged: Stanikzy, Ameenjohn A, RN 02/09/25 2100 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order
Admin instructions: Give if no BM x 24 hrs.
Package: 0904-6434-80
Modified from: senna (Senokot) tablet 17.2 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 0848	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
02/09/25 2027	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD

dextrose 5 % and sodium chloride 0.9 % with KCl 20 mEq/L IV volume repletion (premix) 1,000 mL (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/10/25 1931** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/10/25 1931 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Once 02/10/25 2002 - 1 occurrence Class: Normal
Acknowledged: Jallow, Yusupha, RN 02/10/25 2016 for Placing Order

Questionnaire

Question	Answer
FLUID CRITICALLY LOW - Does your patient require the ordered fluid?	Yes

Package: 0338-0803-04

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/10/25 1932** Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/10/25 1932 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine q7 days SCH 02/10/25 2003 - 02/24/25 1146 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1146 [Discontinued by provider]
Acknowledged: Jallow, Yusupha, RN 02/10/25 2016 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.
Medication comments: Replace as patch fell off.
Package: 0093-3656-21
Modified from: buprenorphine (Butrans) 5 MCG/HR per patch 1 patch

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/24/25 1146	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/10/25 1932	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD

cefTRIAXone (Rocephin) 1 g in Iso-Osmotic (dextrose 3.8%) 50 mL IVPB (premix) (Completed)

Electronically signed by: **Rink, David Edward, MD on 02/10/25 2331** Status: **Completed**
Ordering user: Rink, David Edward, MD 02/10/25 2331 Ordering provider: Rink, David Edward, MD
Authorized by: Rink, David Edward, MD Ordering mode: Standard
Frequency: Routine Once 02/11/25 0100 - 1 occurrence Class: Normal
Acknowledged: Nguyen, Deanna, RN 02/10/25 2337 for Placing Order

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

Questionnaire

Question	Answer
Suspected Source of Infection	GU Infection

Package: 0338-5002-41
Reordered from: cefTRIAXone (Rocephin) 1 g in Iso-Osmotic (dextrose 3.8%) 50 mL IVPB (premix)

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix) (Expired)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/11/25 0823** Status: **Expired**
Ordering user: Hunt, Susan Elizabeth, MD 02/11/25 0823 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Continuous 02/11/25 0853 - 10 hours Class: Normal
Acknowledged: Bennett, Theodore, RN 02/11/25 0906 for Placing Order
Package: 0338-0671-04
Status
Bennett, Theodore, RN 02/11/25 0912 (End: 02/11/25 1852 to 02/11/25 1909)

saliva substitute (Biotene Dry Mouth) oral rinse 15 mL (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/11/25 0906** Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/11/25 0906 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine TID 02/11/25 1400 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Bennett, Theodore, RN 02/11/25 0923 for Placing Order
Package: 48582-80220

ondansetron (Zofran) injection 4 mg (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/11/25 1048** Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/11/25 1048 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
PRN reasons: nausea/vomiting
Frequency: Routine q8h PRN 02/11/25 1048 - 02/16/25 1212 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 1212
Acknowledged: Bennett, Theodore, RN 02/11/25 1150 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 1231 for D/C Order
Package: 0641-6078-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 1212	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
02/11/25 1048	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD

dextrose 5 % infusion (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1612** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/12/25 1612 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Continuous 02/12/25 1643 - 02/19/25 1231 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1231
Acknowledged: Jeanneret, Amber Marie, RN 02/12/25 1637 for Placing Order Gindi, Jeanna A, RN 02/12/25 2107 for Modifying Order Gindi, Jeanna A, RN 02/12/25 2129 for Modifying Order Escalante, Steve, RN 02/13/25 1225 for Modifying Order Fajarillo, Irene M, RN 02/19/25 1300 for D/C Order
Package: 0338-0017-38
Status
Pillai, Sunita, MD 02/12/25 1850 (Rate: 75 mL/hr to 50 mL/hr)
Alumbaugh, Allison Andreea, MD 02/12/25 2120 (Rate: 50 mL/hr to 100 mL/hr)
Pillai, Sunita, MD 02/13/25 1223 (Rate: 100 mL/hr to 50 mL/hr)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/19/25 1231	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/13/25 1223	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

02/12/25 2120	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD
02/12/25 1612	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L IV volume repletion (premix) 1,000 mL (Completed)

Electronically signed by: **Pillai, Sunita, MD on 02/14/25 0830** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/14/25 0830 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Once 02/14/25 0901 - 1 occurrence Class: Normal
Acknowledged: Gill, Loveleen S, RN 02/14/25 0901 for Placing Order
Package: 0990-7902-09

OLANZapine (ZyPREXA Zydis) disintegrating tablet 2.5 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/14/25 1936** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/14/25 1936 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine q HS 02/14/25 2100 - 02/16/25 0848 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Acknowledged: Bustamante Campusano, Diana, RN 02/14/25 2008 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order
Package: 0002-4453-85

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix) (Expired)

Electronically signed by: **Pillai, Sunita, MD on 02/14/25 2121** Status: **Expired**
Ordering user: Pillai, Sunita, MD 02/14/25 2121 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Continuous 02/14/25 2152 - 24 hours Class: Normal
Acknowledged: Bustamante Campusano, Diana, RN 02/14/25 2132 for Placing Order
Package: 0990-7902-09
Status
Bustamante Campusano, Diana, RN 02/14/25 2136 (End: 02/15/25 2151 to 02/15/25 2135)

ipratropium-albuterol (Duoneb) 0.5-2.5 (3) MG/3ML nebulizer solution 3 mL (Discontinued)

Electronically signed by: **Bhandari, Shiv, MD on 02/16/25 0603** Status: **Discontinued**
Ordering user: Bhandari, Shiv, MD 02/16/25 0603 Ordering provider: Bhandari, Shiv, MD
Authorized by: Bhandari, Shiv, MD Ordering mode: Standard
PRN reasons: shortness of breath/wheezing
Frequency: Routine q4h PRN 02/16/25 0602 - 02/24/25 1141 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Sauder, Jessica, RN 02/16/25 0611 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: (Albuterol base 2.5mg-ipratropium 0.5mg/3mL inhalation soln). Store in original foil pouch. Protect from light.
Package: 0487-0201-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/24/25 1141	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/16/25 0603	Bhandari, Shiv, MD	Bhandari, Shiv, MD	Bhandari, Shiv, MD

sodium chloride 3 % nebulizer solution 4 mL (Discontinued)

Electronically signed by: **Bhandari, Shiv, MD on 02/16/25 0603** Status: **Discontinued**
Ordering user: Bhandari, Shiv, MD 02/16/25 0603 Ordering provider: Bhandari, Shiv, MD
Authorized by: Bhandari, Shiv, MD Ordering mode: Standard
PRN Comment: secretion management
Frequency: Routine q4h PRN 02/16/25 0603 - 02/24/25 1141 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Sauder, Jessica, RN 02/16/25 0611 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Package: 50190-142-63

Ordering & Authorizing Provider Audit Trail

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

Date/Time	Ordering provider	Authorizing Provider	User
02/24/25 1141	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/16/25 0603	Bhandari, Shiv, MD	Bhandari, Shiv, MD	Bhandari, Shiv, MD

guaiFENesin (Robitussin) tablet 400 mg (Discontinued)

Electronically signed by: **Bhandari, Shiv, MD on 02/16/25 0608** Status: **Discontinued**
Ordering user: Bhandari, Shiv, MD 02/16/25 0608 Ordering provider: Bhandari, Shiv, MD
Authorized by: Bhandari, Shiv, MD Ordering mode: Standard
PRN reasons: cough
Frequency: Routine q4h PRN 02/16/25 0608 - 02/16/25 0848 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Acknowledged: Sauder, Jessica, RN 02/16/25 0611 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order
Package: 0904-5154-60

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 0848	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
02/16/25 0608	Bhandari, Shiv, MD	Bhandari, Shiv, MD	Bhandari, Shiv, MD

ondansetron (Zofran ODT) disintegrating tablet 4-8 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/16/25 1213** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/16/25 1213 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
PRN reasons: nausea/vomiting
Frequency: Routine q8h PRN 02/16/25 1213 - 02/24/25 1141 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Ndiaye, Djenaba L, RN 02/16/25 1231 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Package: 65862-390-10

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/24/25 1141	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/16/25 1213	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD

morphine solution 1 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/17/25 0833** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/17/25 0833 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Once 02/17/25 0904 - 1 occurrence Class: Normal
Discontinued by: Pillai, Sunita, MD 02/17/25 0840
Acknowledged: Bounthong, Vanh K, RN 02/17/25 0833 for Placing Order Bounthong, Vanh K, RN 02/17/25 0852 for D/C Order
Package: 66689-032-50

morphine solution 1 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/17/25 0840** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/17/25 0840 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine Q2 Hours PRN 02/17/25 0840 - 02/17/25 0842 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/17/25 0842
Acknowledged: Bounthong, Vanh K, RN 02/17/25 0852 for Placing Order Bounthong, Vanh K, RN 02/17/25 0852 for D/C Order
Package: 66689-032-50
Modified from: morphine solution 1 mg

morphine solution 1 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/17/25 0842** Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

Ordering user: Pillai, Sunita, MD 02/17/25 0842
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: STAT Q2 Hours PRN 02/17/25 0842 - 02/17/25 1054
Class: Normal
Discontinued by: Pillai, Sunita, MD 02/17/25 1054
Acknowledged: Bounthong, Vanh K, RN 02/17/25 0852 for Placing Order Bounthong, Vanh K, RN 02/17/25 1056 for D/C Order
Package: 0121-0904-05
Modified from: morphine solution 1 mg

morphine suppository 5 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/17/25 0920**
Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/17/25 0920
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q6h PRN 02/17/25 1500 - 02/21/25 1239
Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1239
Acknowledged: Bounthong, Vanh K, RN 02/17/25 0920 for Placing Order Walsh, Julia McKeon, RN 02/21/25 1240 for D/C Order
Package: 0574-7110-12
Status
Woo, Emily Emiko, PharmD 02/17/25 1054 (Start: 02/17/25 0920 to 02/17/25 1500)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/21/25 1239	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/17/25 0920	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD

HYDROmorphone (Dilaudid) injection 0.5 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/17/25 1946**
Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/17/25 1946
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
PRN reasons: severe pain
Frequency: Routine q6h PRN 02/17/25 1946 - 02/21/25 1239
Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1239
Acknowledged: Gawat, Maria C, RN 02/17/25 1958 for Placing Order Porter, Allen, RN 02/18/25 1655 for Modifying Order Walsh, Julia McKeon, RN 02/21/25 1240 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/21/25 1239	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/17/25 1946	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD

LORazepam injection 0.25 mg (Completed)

Electronically signed by: **Bhandari, Shiv, MD on 02/18/25 0051**
Status: **Completed**
Ordering user: Bhandari, Shiv, MD 02/18/25 0051
Ordering provider: Bhandari, Shiv, MD
Authorized by: Bhandari, Shiv, MD
Ordering mode: Standard
Frequency: Routine Once 02/18/25 0122 - 1 occurrence
Class: Normal
Released by: Bhandari, Shiv, MD 02/18/25 0051
Acknowledged: Gawat, Maria C, RN 02/18/25 0052 for Placing Order
Package: 0641-6044-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/18/25 0051	Bhandari, Shiv, MD	Bhandari, Shiv, MD	Bhandari, Shiv, MD
02/18/25 0046	Pillai, Sunita, MD	Pillai, Sunita, MD	Mironchuk, Olesya, Medical Student

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

LORazepam injection 0.25 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/18/25 1228** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/18/25 1228 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
PRN reasons: anxiety
Frequency: Routine q8h PRN 02/18/25 1227 - 02/21/25 1239 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1239
Acknowledged: Porter, Allen, RN 02/18/25 1233 for Placing Order Walsh, Julia McKeon, RN 02/21/25 1240 for D/C Order
Package: 0641-6001-01
Reordered from: LORazepam injection 0.25 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/21/25 1239	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/18/25 1228	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD

phenol (Chloraseptic) mouth/throat spray 1 spray (Discontinued)

Electronically signed by: **Porter, Allen, RN on 02/18/25 1358** Status: **Discontinued**
Ordering user: Porter, Allen, RN 02/18/25 1358 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Per protocol: no cosign required
PRN reasons: sore throat
Frequency: Routine Q2 Hours PRN 02/18/25 1357 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/18/25 1402 for Placing Order
Package: 0904-6305-21

lidocaine (Glydo) 2 % jelly 2-5 mL (Completed)

Electronically signed by: **Barker, Codie L, RN on 02/18/25 1452** Status: **Completed**
Ordering user: Barker, Codie L, RN 02/18/25 1452 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Per protocol: no cosign required
Frequency: STAT Once 02/18/25 1522 - 1 occurrence Class: Normal
Acknowledged: Porter, Allen, RN 02/18/25 1511 for Placing Order
Admin instructions: For NG tube placement
Package: 25021-673-77

thiamine mononitrate (Vitamin B-1) tablet 100 mg (Cancel Pend)

Electronically signed by: **Barnhart, Shelley Lea, RD on 02/18/25 1519** Status: **Cancel Pend**
Ordering user: Barnhart, Shelley Lea, RD 02/18/25 1519 Ordering provider: Barnhart, Shelley Lea, RD
Frequency: Routine Daily 02/18/25 1550 - 5 occurrences Class: Normal
Pended by: Barnhart, Shelley Lea, RD 02/18/25 1519 Discontinued by: Barnhart, Shelley Lea, RD 02/21/25 1519 [Expired]

lidocaine (Glydo) 2 % jelly 2-5 mL (Completed)

Electronically signed by: **Fajarillo, Irene M, RN on 02/19/25 0908** Status: **Completed**
Ordering user: Fajarillo, Irene M, RN 02/19/25 0908 Ordering provider: Pillai, Sunita, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine Once 02/19/25 0939 - 1 occurrence Class: Normal
Acknowledged: Fajarillo, Irene M, RN 02/19/25 0909 for Placing Order
Admin instructions: For NG tube placement
Package: 25021-673-77

LORazepam injection 0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/19/25 1459** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1459 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: anxiety agitation

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

Frequency: Routine Once PRN 02/19/25 1459 - 1 occurrence Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 0829
Acknowledged: Bustamante Campusano, Diana, RN 02/19/25 1652 for Placing Order Kangleon, Judith Esther J, RN 02/20/25 0831 for D/C Order
Package: 0409-6778-02

LORazepam injection 0.5 mg (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/20/25 0829** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 0829 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: anxiety agitation
PRN Comment: For anxiety/agitation prior to NGT placement 2/20
Frequency: Routine Once PRN 02/20/25 0824 - 1 occurrence Class: Normal
Acknowledged: Kangleon, Judith Esther J, RN 02/20/25 0831 for Placing Order
Package: 0409-6778-02

enoxaparin (Lovenox) injection 40 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/20/25 0903** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 0903 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine q HS 02/20/25 2100 - 02/20/25 0913 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 0913
Acknowledged: Kangleon, Judith Esther J, RN 02/20/25 0906 for Placing Order Kangleon, Judith Esther J, RN 02/20/25 0929 for D/C Order
Admin instructions: For usual risk VTE prophylaxis.
Inject subcutaneously ONLY in abdomen.
Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.
Package: 0548-5602-00

enoxaparin (Lovenox) injection 30 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/20/25 0913** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 0913 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine q HS 02/20/25 2100 - 02/24/25 1141 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Kangleon, Judith Esther J, RN 02/20/25 0929 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: For usual risk VTE prophylaxis.
Inject subcutaneously ONLY in abdomen.
Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.
Package: 63323-559-21
Modified from: enoxaparin (Lovenox) injection 40 mg

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15)

Medications

LORazepam injection 0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/20/25 1035** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 1035 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: other
PRN Comment: For anxiety and agitation if inadequate response to the initial dose for procedure
Frequency: Routine Once PRN 02/20/25 1035 - 1 occurrence Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 1250
Acknowledged: Kangleon, Judith Esther J, RN 02/20/25 1039 for Placing Order Kangleon, Judith Esther J, RN 02/20/25 1255 for D/C Order
Package: 0409-6778-02

potassium chloride 40 meq in NS 270 mL IVPB (pkg premix) (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/20/25 1803** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 1803 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Once 02/20/25 2100 - 1 occurrence Class: Normal
Released by: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 1803 Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 1916
Acknowledged: Gindi, Jeanna A, RN 02/20/25 1948 for Placing Order Gindi, Jeanna A, RN 02/20/25 1948 for D/C Order
Admin instructions: STANDARD Concentration. (For Peripheral or Central line use)
Package: 9999-0001-41

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix) (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 0925** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 0925 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Continuous 02/21/25 0956 - 24 hours Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1739
Acknowledged: Moffett, Laura, RN 02/21/25 0938 for Placing Order Porter, Allen, RN 02/22/25 0803 for Modifying Order Porter, Allen, RN 02/23/25 1225 for Modifying Order Porter, Allen, RN 02/23/25 1743 for D/C Order
Package: 0338-0671-04
Status
Moffett, Laura, RN 02/21/25 0944 (End: 02/22/25 0955 to 02/22/25 0943)
Fancher-Dominguez, Alexandria Paige, MD 02/22/25 0802 (End: 02/22/25 0943 to 02/23/25 1739)
Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1220 (Rate: 100 mL/hr to 75 mL/hr)

LORazepam injection 0.25 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1239** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1239 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: anxiety agitation
Frequency: Routine q6h PRN 02/21/25 1238 - 02/21/25 1606 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1606
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1240 for Placing Order Walsh, Julia McKeon, RN 02/21/25 1613 for D/C Order
Package: 0409-6778-02

morphine PF injection 0.5-1 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1239** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1239 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q3h PRN 02/21/25 1238 - 02/21/25 1530 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1530
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1240 for Placing Order Walsh, Julia McKeon, RN 02/21/25 1531 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1890-03

HYDROmorphone (Dilaudid) injection 0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1530** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1530 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q3h PRN 02/21/25 1530 - 02/21/25 1614 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1614
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1531 for Placing Order Walsh, Julia McKeon, RN 02/21/25 1616 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-31

LORazepam injection 0.25 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1606** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1606 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: anxiety agitation
Frequency: Routine q6h PRN 02/21/25 1605 - 02/24/25 1213 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1613 for Placing Order Porter, Allen, RN 02/24/25 1217 for D/C Order
Package: 0641-6001-01
Modified from: LORazepam injection 0.25 mg

LORazepam injection 0.25 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1606** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1606 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: anxiety agitation
PRN Comment: IF no IV access
Frequency: Routine q6h PRN 02/21/25 1605 - 02/24/25 1213 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1613 for Placing Order Porter, Allen, RN 02/24/25 1217 for D/C Order
Admin instructions: Subcutaneous
Package: 0641-6001-01

HYDROmorphone (Dilaudid) injection 0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1614** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1614 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q3h PRN 02/21/25 1610 - 02/23/25 1409 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1409
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1616 for Placing Order Porter, Allen, RN 02/23/25 1421 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03
Modified from: HYDROmorphone (Dilaudid) injection 0.5 mg

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

HYDROmorphone (Dilaudid) injection 0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1614** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1614 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q3h PRN 02/21/25 1610 - 02/23/25 1409 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1409
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1616 for Placing Order Porter, Allen, RN 02/23/25 1421 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-31

white petrolatum (Vaseline) topical gel (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1728** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: dryness
Frequency: Routine TID PRN 02/21/25 1728 - 02/24/25 1141 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1735 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: Apply to L AKA dry areas.
Package: 0521-2311-00

acetaminophen (Ofirmev) IV 1,000 mg (Discontinued)

Electronically signed by: **Abe, Ryan Michaela Crenshaw, MD on 02/22/25 0536** Status: **Discontinued**
Ordering user: Abe, Ryan Michaela Crenshaw, MD 02/22/25 0536 Ordering provider: Abe, Ryan Michaela Crenshaw, MD
Authorized by: Abe, Ryan Michaela Crenshaw, MD Ordering mode: Standard
Frequency: Routine Once 02/22/25 0607 - 1 occurrence Class: Normal
Released by: Abe, Ryan Michaela Crenshaw, MD 02/22/25 0536 Discontinued by: Abe, Ryan Michaela Crenshaw, MD 02/22/25 0605
Acknowledged: Gindi, Jeanna A, RN 02/22/25 0618 for Placing Order Gindi, Jeanna A, RN 02/22/25 0618 for D/C Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.
Package: 43825-102-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/22/25 0536	Abe, Ryan Michaela Crenshaw, MD	Abe, Ryan Michaela Crenshaw, MD	Abe, Ryan Michaela Crenshaw, MD
02/22/25 0533	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Mironchuk, Olesya, Medical Student

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

acetaminophen (Ofirmev) IV 1,000 mg (Completed)

Electronically signed by: **Abe, Ryan Michaela Crenshaw, MD on 02/22/25 0605** Status: **Completed**
Ordering user: Abe, Ryan Michaela Crenshaw, MD 02/22/25 0605 Ordering provider: Abe, Ryan Michaela Crenshaw, MD
Authorized by: Abe, Ryan Michaela Crenshaw, MD Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain
Frequency: Routine Once PRN 02/22/25 0605 - 1 occurrence Class: Normal
Acknowledged: Gindi, Jeanna A, RN 02/22/25 0618 for Placing Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.
Package: 63323-434-41
Modified from: acetaminophen (Ofirmev) IV 1,000 mg

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix) (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 0802** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 0802 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Continuous 02/22/25 0833 - 24 hours Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 0802
Acknowledged: Porter, Allen, RN 02/22/25 0803 for D/C Order Porter, Allen, RN 02/22/25 0803 for Placing Order
Reordered from: dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix)

dextrose 50 % injection 25 mL (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 02/22/25 1032 - 02/24/25 0827 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Acknowledged: Porter, Allen, RN 02/22/25 1037 for Placing Order Porter, Allen, RN 02/24/25 0829 for D/C Order
Admin instructions: For BG 55-70 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Package: 0409-4902-34

dextrose 50 % injection 50 mL (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 02/22/25 1032 - 02/24/25 0827 Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Acknowledged: Porter, Allen, RN 02/22/25 1037 for Placing Order Porter, Allen, RN 02/24/25 0829 for D/C Order
Admin instructions: For BG < 55 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Package: 0409-4902-34

glucagon injection 0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 02/22/25 1032 - 02/24/25 0827 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Acknowledged: Porter, Allen, RN 02/22/25 1037 for Placing Order Porter, Allen, RN 02/24/25 0829 for D/C Order
Admin instructions: For BG 55-70 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Reconstitute with 1mL of Sterile Water for Injection.
Package: 63323-596-11

glucagon injection 1 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 02/22/25 1032 - 02/24/25 0827 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Acknowledged: Porter, Allen, RN 02/22/25 1037 for Placing Order Porter, Allen, RN 02/24/25 0829 for D/C Order
Admin instructions: For BG < 55 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Reconstitute with 1mL of Sterile Water for Injection.
Package: 63323-596-11

insulin LISPRO injection 0-5 units (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine q6h SCH 02/22/25 1200 - 02/24/25 0827 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Acknowledged: Porter, Allen, RN 02/22/25 1037 for Placing Order Porter, Allen, RN 02/24/25 0829 for D/C Order
Admin instructions: Q6 HOUR **LOW** Dose CORRECTION Insulin
Blood sugar = Dose
< 200 = DO NOT GIVE CORRECTIONAL INSULIN
200-249 = 2 units
250-299 = 3 units
300-349 = 4 units
>349 = recheck blood sugar once now, then give 5 units.

For BG > 349, call Provider and recheck BG in 1-2 hours
For BG > 500, send venous blood glucose STAT.

1. Even if NPO, okay to give correction insulin, IF indicated per Correction insulin scale.
2. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol
Package: 0002-7510-17

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Completed)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1035** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1035
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/22/25 1106 - 1 occurrence
Class: Normal
Acknowledged: Porter, Allen, RN 02/22/25 1037 for Placing Order
Admin instructions: (2 grams = 16 mEq)
Package: 63323-106-02

acetaminophen (Ofirmev) IV 1,000 mg (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1600** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1600
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain
Frequency: Routine q6h PRN 02/22/25 1600 - 1 occurrence
Class: Normal
Acknowledged: Porter, Allen, RN 02/22/25 1600 for Placing Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.
Package: 43825-102-01
Reordered from: acetaminophen (Ofirmev) IV 1,000 mg

acetaminophen (Ofirmev) IV 1,000 mg (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 0738** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 0738
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/23/25 0809 - 1 occurrence
Class: Normal
Acknowledged: Porter, Allen, RN 02/23/25 0742 for Placing Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e.	Yes

patient is neutropenic)?
Admin instructions: Do NOT refrigerate.
Package: 63323-434-41
Reordered from: acetaminophen (Ofirmev) IV 1,000 mg

potassium phosphate 40 mEq in sodium chloride 0.9 % 259.09 mL IVPB (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1048** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1048 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Once 02/23/25 1119 - 1 occurrence Class: Normal
Acknowledged: Porter, Allen, RN 02/23/25 1050 for Placing Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
potassium phosphate	40 mEq	40 mEq
sodium chloride 0.9 %	250 mL	250 mL

Admin instructions: STANDARD Concentration; (For Peripheral or Central line use); Do NOT infuse with calcium.
Package: 0409-7295-11, 0338-0049-02

furosemide (Lasix) injection 20 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1222** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1222 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Once 02/23/25 1253 - 1 occurrence Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1222
Acknowledged: Porter, Allen, RN 02/23/25 1225 for D/C Order Porter, Allen, RN 02/23/25 1225 for Placing Order
Admin instructions: Protect from light.

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1409** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1409 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q3h PRN 02/23/25 1408 - 02/24/25 1213 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Acknowledged: Porter, Allen, RN 02/23/25 1421 for Placing Order Porter, Allen, RN 02/24/25 1217 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03
Modified from: HYDROmorphone (Dilaudid) injection 0.5 mg

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1409** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1409 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q3h PRN 02/23/25 1408 - 02/24/25 1213 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Acknowledged: Porter, Allen, RN 02/23/25 1421 for Placing Order Porter, Allen, RN 02/24/25 1217 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03
Modified from: HYDROmorphone (Dilaudid) injection 0.5 mg

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

furosemide (Lasix) injection 20 mg (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1739** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1739 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Once 02/23/25 1810 - 1 occurrence Class: Normal
Acknowledged: Porter, Allen, RN 02/23/25 1743 for Placing Order
Admin instructions: Protect from light.
Package: 36000-283-25

furosemide (Lasix) injection 20 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 0827** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Once 02/24/25 0858 - 1 occurrence Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Porter, Allen, RN 02/24/25 0830 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: Protect from light.
Package: 0409-6102-04
Reordered from: furosemide (Lasix) injection 20 mg

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 0827** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Once 02/24/25 0858 - 1 occurrence Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Porter, Allen, RN 02/24/25 0830 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: (2 grams = 16 mEq)
Package: 0409-6729-24

glycopyrrolate (Robinul) 0.2 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: secretions
Frequency: Routine q4h PRN 02/24/25 1136 - 02/24/25 1306 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1306
Acknowledged: Porter, Allen, RN 02/24/25 1157 for Placing Order Porter, Allen, RN 02/24/25 1308 for D/C Order
Package: 0143-9587-25

bisacodyl (Dulcolax) rectal suppository 10 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine Daily PRN 02/24/25 1136 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1157 for Placing Order
Admin instructions: Use first.
Package: 0574-7050-12

haloperidol lactate (Haldol) injection 0.5-2 mg (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: agitation
Frequency: Routine q4h PRN 02/24/25 1138 - 02/27/25 1510 Class: Normal
Discontinued by: Stenberg, Daniel Lloyd, DO 02/27/25 1510
Acknowledged: Porter, Allen, RN 02/24/25 1157 for Placing Order Long, Lijie, RN 02/27/25 1518 for D/C Order
Admin instructions: If Benzodiazepine ineffective or contraindicated. If patient has an IV, use IV route first.
Start with lowest effective dose.
Package: 67457-426-00

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/27/25 1510	Stenberg, Daniel Lloyd, DO	Stenberg, Daniel Lloyd, DO	Stenberg, Daniel Lloyd, DO
02/24/25 1141	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD

camphor-menthol (Sarna) topical lotion (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: itching
Frequency: Routine BID PRN 02/24/25 1138 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1157 for Placing Order
Admin instructions: Apply to affected areas.
Package: 0536-1268-12

white petrolatum (Vaseline) topical gel (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: dry skin
Frequency: Routine PRN 02/24/25 1138 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1157 for Placing Order
Admin instructions: Apply to dry skin.
Package: 0521-2311-00

carboxymethylcellulose (Refresh Tears) 0.5 % ophthalmic solution 1 drop (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: dry eyes
Frequency: Routine q1h PRN 02/24/25 1138 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1157 for Placing Order
Package: 0023-0798-15

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1213** Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q1h PRN 02/24/25 1212 - 03/07/25 1031
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/07/25 1031
Acknowledged: Porter, Allen, RN 02/24/25 1217 for Placing Order Puleo, Rosalie, RN 03/07/25 1039 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-31
Modified from: HYDROmorphone (Dilaudid) injection 0.2-0.4 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/07/25 1031	Barnes, James Irvin, MD	Barnes, James Irvin, MD	Barnes, James Irvin, MD
02/24/25 1213	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1213**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q1h PRN 02/24/25 1212 - 03/07/25 1031
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/07/25 1031
Acknowledged: Porter, Allen, RN 02/24/25 1217 for Placing Order Puleo, Rosalie, RN 03/07/25 1039 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-31
Modified from: HYDROmorphone (Dilaudid) injection 0.2-0.4 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/07/25 1031	Barnes, James Irvin, MD	Barnes, James Irvin, MD	Barnes, James Irvin, MD
02/24/25 1213	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD

LORazepam injection 0.25-0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1213**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
PRN reasons: anxiety agitation
Frequency: Routine q6h PRN 02/24/25 1212 - 03/08/25 1537
Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1217 for Placing Order
Package: 0409-6778-02
Modified from: LORazepam injection 0.25 mg

LORazepam injection 0.25-0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1213**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
PRN reasons: anxiety agitation
PRN Comment: IF no IV access
Frequency: Routine q6h PRN 02/24/25 1212 - 03/08/25 1537
Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1217 for Placing Order

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

Admin instructions: Subcutaneous
Package: 0641-6001-01
Modified from: LORazepam injection 0.25 mg

atropine 1% sublingual solution 2 drop (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1306** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1306 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: secretions
Frequency: Routine q4h PRN 02/24/25 1305 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1311 for Placing Order
Admin instructions: If glycopyrrolate insufficient or there is no IV access.
Package: 60505-6226-1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15)

Medications

scopolamine (Transderm-SCOP) 1 mg patch (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1306** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1306 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: other
PRN Comment: for secretions if atropine, glycopyrrolate are insufficient
Frequency: Routine q72h PRN 02/24/25 1305 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1311 for Placing Order
Admin instructions: NOTE: may take up to 12 hours to take effect. Apply to either mastoid area. Change every 3 days. Do NOT cut patch, to ensure efficacy.
Package: 10019-553-04

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch (Discontinued)

Electronically signed by: **Ito, Satoru, PharmD on 02/25/25 1426** Status: **Discontinued**
Ordering user: Ito, Satoru, PharmD 02/25/25 1426 Ordering provider: Ito, Satoru, PharmD
Authorized by: Ito, Satoru, PharmD Ordering mode: Per protocol: no cosign required
Frequency: Routine q7 days SCH 02/25/25 1457 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Drammeh, Saihou, RN 02/25/25 1607 for Placing Order
Admin instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.
Package: 0093-3656-21

acetaminophen (Tylenol) rectal suppository 650 mg (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 02/27/25 1612** Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 02/27/25 1612 Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain
Frequency: Routine q6h PRN 02/27/25 1612 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Long, Lijie, RN 02/27/25 1632 for Placing Order
Package: 45802-730-00

ceFUROXime (Ceftin) tablet 250 mg (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 02/28/25 1336** Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 02/28/25 1336 Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO Ordering mode: Standard
Frequency: Routine BID 02/28/25 1343 - 5 days Class: Normal
Discontinued by: Stenberg, Daniel Lloyd, DO 02/28/25 1343
Acknowledged: Dimitrov, Alexey T, RN 02/28/25 1412 for Placing Order Dimitrov, Alexey T, RN 02/28/25 1412 for D/C Order

Questionnaire

Question	Answer
Suspected Source of Infection	Pulmonary/ENT Infection

Package: 16714-400-01
Status
Giang, Ellen Kim, PharmD 02/28/25 1342 (Start: 02/28/25 2100 to 02/28/25 1343, End: 03/05/25 2059 to 02/28/25 1343)

moxifloxacin tablet 400 mg (Completed)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 02/28/25 1343** Status: **Completed**
Ordering user: Stenberg, Daniel Lloyd, DO 02/28/25 1343 Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO Ordering mode: Standard
Frequency: Routine Daily 02/28/25 1414 - 5 days Class: Normal
Acknowledged: Dimitrov, Alexey T, RN 02/28/25 1412 for Placing Order

Questionnaire

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15) (continued)

Question	Answer
Suspected Source of Infection	Pulmonary/ENT Infection

Admin instructions: Administer oral doses greater than 4 hours before or 8 hours after antacids containing magnesium or aluminum; sucralfate; iron products; multivitamins containing zinc; or didanosine.
Package: 65862-603-30

magnesium hydroxide (Milk of Magnesia) 400 MG/5ML suspension 30 mL (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 03/01/25 1409** Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 03/01/25 1409 Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine BID PRN 03/01/25 1408 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Johnson, Marita F, RN 03/01/25 1409 for Placing Order
Admin instructions: Give if no BM x 48 hrs and no response to senna or bisacodyl (or they are not ordered).
Package: 0121-0431-30

enoxaparin (Lovenox) injection 40 mg (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 03/02/25 1715** Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 03/02/25 1715 Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO Ordering mode: Standard
Frequency: Routine q HS 03/02/25 2100 - 03/02/25 1855 Class: Normal
Discontinued by: Stenberg, Daniel Lloyd, DO 03/02/25 1855
Acknowledged: Ireland, Rashell, RN 03/02/25 1738 for Placing Order Ireland, Rashell, RN 03/02/25 2020 for D/C Order
Admin instructions: For usual risk VTE prophylaxis.
Inject subcutaneously ONLY in abdomen.
Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.

enoxaparin (Lovenox) injection 30 mg (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 03/02/25 1855** Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 03/02/25 1855 Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO Ordering mode: Standard
Frequency: Routine q HS 03/02/25 2100 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Ireland, Rashell, RN 03/02/25 2020 for Placing Order
Admin instructions: For usual risk VTE prophylaxis.
Inject subcutaneously ONLY in abdomen.
Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.
Package: 63323-559-21
Modified from: enoxaparin (Lovenox) injection 40 mg

psyllium (Metamucil) packet 1 packet (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 03/03/25 1615** Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 03/03/25 1615 Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine BID PRN 03/03/25 1615 - 03/04/25 1328 Class: Normal
Discontinued by: Stenberg, Daniel Lloyd, DO 03/04/25 1328
Acknowledged: Gelgla, Letera D, RN 03/03/25 1630 for Placing Order Smith, Melody J, RN 03/04/25 1332 for D/C Order
Admin instructions: Mix in 8 oz of water.
Package: 37000-024-04

psyllium (Metamucil) packet 1 packet (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 03/04/25 1328** Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 03/04/25 1328 Ordering provider: Stenberg, Daniel Lloyd, DO

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15) (continued)

Authorized by: Stenberg, Daniel Lloyd, DO
Ordering mode: Standard
Frequency: Routine BID 03/04/25 2100 - 03/08/25 1537
Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Smith, Melody J, RN 03/04/25 1332 for Placing Order
Admin instructions: Mix in 8 oz of water.
Package: 37000-024-04
Modified from: psyllium (Metamucil) packet 1 packet

oxyCODONE CONCENTRATED solution 2.6 mg (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/06/25 1609**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/06/25 1609
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain
Frequency: Routine q6h PRN 03/06/25 1607 - 03/06/25 1634
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/06/25 1634
Acknowledged: Tran-Thien, Quynh Phuong, RN 03/06/25 1630 for Placing Order Tran-Thien, Quynh Phuong, RN 03/06/25 1640 for D/C Order
Admin instructions: Start with the lowest effective dose.
Package: 9999-0019-14

morphine CONCENTRATED solution 5 mg (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/06/25 1640**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/06/25 1640
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine q6h PRN 03/06/25 1640 - 03/06/25 1805
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/06/25 1805
Acknowledged: Tran-Thien, Quynh Phuong, RN 03/06/25 1644 for Placing Order Tran-Thien, Quynh Phuong, RN 03/06/25 1850 for D/C Order
Admin instructions: Start with lowest effective dose.
Package: 68094-045-01

morphine CONCENTRATED solution 5 mg (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/06/25 1805**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/06/25 1805
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine q4h PRN 03/06/25 1805 - 03/07/25 0927
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/07/25 0927
Acknowledged: Tran-Thien, Quynh Phuong, RN 03/06/25 1850 for Placing Order Puleo, Rosalie, RN 03/07/25 1039 for D/C Order
Admin instructions: Start with lowest effective dose.
Package: 68094-754-58
Modified from: morphine CONCENTRATED solution 5 mg

morphine CONCENTRATED solution 2.6 mg (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 0927**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 0927
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine q4h PRN 03/07/25 0927 - 03/07/25 0927
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/07/25 0927
Acknowledged: Puleo, Rosalie, RN 03/07/25 1039 for Placing Order Puleo, Rosalie, RN 03/07/25 1039 for D/C Order
Admin instructions: Start with lowest effective dose.
Modified from: morphine CONCENTRATED solution 5 mg

morphine CONCENTRATED solution 2.6 mg (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 0927**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 0927
Ordering provider: Barnes, James Irvin, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15) (continued)

Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine q6h PRN 03/07/25 0927 - 03/07/25 1034
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/07/25 1034
Acknowledged: Puleo, Rosalie, RN 03/07/25 1039 for Placing Order Puleo, Rosalie, RN 03/07/25 1039 for D/C Order
Admin instructions: Start with lowest effective dose.
Package: 68094-754-58
Modified from: morphine CONCENTRATED solution 2.6 mg

oxyCODONE CONCENTRATED solution 2.6-5 mg (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 1034**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 1034
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: For pain/dyspnea
Frequency: Routine q4h PRN 03/07/25 1034 - 03/07/25 1303
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/07/25 1303
Acknowledged: Puleo, Rosalie, RN 03/07/25 1039 for Placing Order Puleo, Rosalie, RN 03/07/25 1429 for D/C Order
Admin instructions: Start with lowest effective dose
Package: 9999-0019-14

oxyCODONE CONCENTRATED solution 2.6 mg (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 1303**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 1303
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: For pain/dyspnea
Frequency: Routine q4h PRN 03/07/25 1303 - 03/08/25 0510
Class: Normal
Discontinued by: Abay, Rebecca Joyce Yared, MD 03/08/25 0510
Acknowledged: Puleo, Rosalie, RN 03/07/25 1429 for Placing Order Quito, Daniel-Jayson Irabon, RN 03/08/25 0510 for D/C Order
Admin instructions: Start with lowest effective dose
Package: 9999-0019-14
Modified from: oxyCODONE CONCENTRATED solution 2.6-5 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/08/25 0510	Abay, Rebecca Joyce Yared, MD	Abay, Rebecca Joyce Yared, MD	Abay, Rebecca Joyce Yared, MD
03/07/25 1303	Barnes, James Irvin, MD	Barnes, James Irvin, MD	Barnes, James Irvin, MD

oxyCODONE CONCENTRATED solution 2.6-5 mg (Discontinued)

Electronically signed by: **Abay, Rebecca Joyce Yared, MD on 03/08/25 0510**
Status: **Discontinued**
Ordering user: Abay, Rebecca Joyce Yared, MD 03/08/25 0510
Ordering provider: Abay, Rebecca Joyce Yared, MD
Authorized by: Abay, Rebecca Joyce Yared, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: For pain/dyspnea
Frequency: Routine q4h PRN 03/08/25 0510 - 03/08/25 1537
Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Quito, Daniel-Jayson Irabon, RN 03/08/25 0510 for Placing Order
Admin instructions: Start with lowest effective dose
Package: 9999-0019-14
Modified from: oxyCODONE CONCENTRATED solution 2.6 mg

acetaminophen 650 MG suppository (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain
Frequency: Routine q6h PRN 03/08/25 - 03/14/25
Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15) (continued)

Reordered from: acetaminophen (Tylenol) rectal suppository 650 mg

atropine 1% ophthalmic solution (for oral use) (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908 Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD Ordering mode: Standard
PRN reasons: secretions
Frequency: Routine q4h PRN 03/08/25 - 03/14/25 Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: atropine 1% sublingual solution 2 drop

bisacodyl 10 MG suppository (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908 Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine Daily PRN 03/08/25 - 03/14/25 Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: bisacodyl (Dulcolax) rectal suppository 10 mg

buprenorphine 5 MCG/HR patch (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908 Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD Ordering mode: Standard
Frequency: Routine q7 days SCH 03/11/25 - 03/08/25 Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908 Discontinued by: Barnes, James Irvin, MD 03/08/25 0957
Reordered from: buprenorphine (Butrans) 5 MCG/HR per patch 1 patch

camphor-menthol 0.5-0.5 % lotion (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908 Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD Ordering mode: Standard
PRN reasons: itching
Frequency: Routine BID PRN 03/08/25 - 03/14/25 Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: camphor-menthol (Sarna) topical lotion

carboxymethylcellulose 0.5 % ophthalmic solution (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908 Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD Ordering mode: Standard
PRN reasons: dry eyes
Frequency: Routine q1h PRN 03/08/25 - 03/14/25 Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: carboxymethylcellulose (Refresh Tears) 0.5 % ophthalmic solution 1 drop

enoxaparin 30 MG/0.3ML prefilled syringe (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908 Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD Ordering mode: Standard
Frequency: Routine q HS 03/08/25 - 03/14/25 Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: enoxaparin (Lovenox) injection 30 mg

magnesium hydroxide 400 MG/5ML suspension (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15) (continued)

Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine BID PRN 03/08/25 - 03/14/25
Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: magnesium hydroxide (Milk of Magnesia) 400 MG/5ML suspension 30 mL

oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine 03/08/25 - 03/08/25
Class: Print
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Barnes, James Irvin, MD 03/08/25 0957
Admin instructions: 2.5-5mg Oral, Every 4 hours PRN For pain
Reordered from: oxyCODONE CONCENTRATED solution 2.6-5 mg

phenol 1.4 % mouth/throat spray (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: sore throat
Frequency: Routine Q2 Hours PRN 03/08/25 - 03/14/25
Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: phenol (Chloraseptic) mouth/throat spray 1 spray

psyllium 51.7 % packet (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine BID 03/08/25 - 03/14/25
Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Admin instructions: Mix in 8 oz of juice or water and drink.
Reordered from: psyllium (Metamucil) packet 1 packet

saliva substitute (Biotene Dry Mouth) liquid oral rinse (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine TID 03/08/25 - 03/14/25
Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: saliva substitute (Biotene Dry Mouth) oral rinse 15 mL

scopolamine 1 MG/3DAYS patch (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: for secretions if atropine, glycopyrrolate are insufficient
Frequency: Routine q72h PRN 03/08/25 - 03/14/25
Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Admin instructions: Apply to hairless area behind 1 ear.
Reordered from: scopolamine (Transderm-SCOP) 1 mg patch

white petrolatum gel (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15) (continued)

Authorized by: Barnes, James Irvin, MD
PRN reasons: dry skin
Frequency: Routine PRN 03/08/25 - 03/14/25
Released by: Barnes, James Irvin, MD 03/08/25 0908
Ordering mode: Standard
Class: Not Printed
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: white petrolatum (Vaseline) topical gel

oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0957**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0957
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine 03/08/25 - 03/14/25
Class: Print
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Admin instructions: 2.5-5mg Oral, Every 4 hours PRN For pain
Modified from: oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution

buprenorphine 5 MCG/HR patch (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0957**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0957
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine q7 days SCH 03/11/25 - 03/14/25
Class: Print
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Modified from: buprenorphine 5 MCG/HR patch

Nourishments

Dietary Nutrition Supplement UWMC ML INPATIENT; Ensure High Protein (carbohydrate managed) (Discontinued)

Electronically signed by: **Knowling, Molly Christine, RD on 01/10/25 1336**
Status: **Discontinued**
Ordering user: Knowling, Molly Christine, RD 01/10/25 1336
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine Daily with breakfast and lunch 01/11/25 0800 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Knowling, Molly Christine, RD (auto-released) 1/11/2025 4:00 AM
Discontinued by: Barnhart, Shelley Lea, RD 01/16/25 1537

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Supplement	Ensure High Protein (carbohydrate managed)
Dietitian AUTHORIZED to change?	Yes

Order comments: vanilla

Adult tube feeding (continuous) (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1712**
Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1712
Ordering provider: McKinstry, Mia, MD
Authorized by: Lombaard, Stefan Andre, MD
Ordering mode: Standard
Frequency: Routine Effective now 01/13/25 1711 - Until Specified
Class: Hospital Performed
Quantity: 1
Diet: Tube Feeding
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:12 PM
Discontinued by: McKinstry, Mia, MD 01/14/25 1115

Questionnaire

Question	Answer
Site	UWMC Montlake
Route	Nasogastric tube (NG tube)
Formula	TwoCal HN (NG tube)
Continuous goal rate (mL/hr)	10
Start rate (mL/hr)	10

Order comments: If patient is on insulin, and enteral nutrition is interrupted (>60 minutes), check (or ask) for PRN IV dextrose orders

to prevent hypoglycemia.

Adult tube feeding (continuous) (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/14/25 1115** Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/14/25 1115
Authorized by: Wilson, Julia, MD
Frequency: Routine Effective now 01/14/25 1116 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/14/2025 11:15 AM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Diet: Tube Feeding
Discontinued by: Wilson, Julia, MD 01/14/25 1254

Questionnaire

Question	Answer
Site	UWMC Montlake
Route	Nasogastric tube (NG tube)
Formula	Jevity 1.5 (NG tube)
Continuous goal rate (mL/hr)	40
Start rate (mL/hr)	10
Advance rate by ___ (mL/hr) until goal rate met	10 mL/hr Q4h

Order comments: If patient is on insulin, and enteral nutrition is interrupted (>60 minutes), check (or ask) for PRN IV dextrose orders to prevent hypoglycemia.

Dietary Nutrition Supplement UWMC ML INPATIENT; Ensure Plus High Protein (high calorie/protein) (Discontinued)

Electronically signed by: **Barnhart, Shelley Lea, RD on 01/16/25 1537** Status: **Discontinued**
Ordering user: Barnhart, Shelley Lea, RD 01/16/25 1537
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Daily with breakfast, lunch, and dinner 01/16/25 1700 - Until Specified
Quantity: 1
Ordering provider: Barnhart, Shelley Lea, RD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Barnhart, Shelley Lea, RD (auto-released) 1/16/2025 3:37 PM
Discontinued by: Barnhart, Shelley Lea, RD 02/03/25 1650

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Supplement	Ensure Plus High Protein (high calorie/protein)
Dietitian AUTHORIZED to change?	Yes

Order comments: vanilla

Dietary Nutrition Supplement UWMC ML INPATIENT; Ensure Plus High Protein (high calorie/protein) (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/28/25 0819** Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/28/25 0819
Authorized by: Zafar, Zaeema, DO
Frequency: Routine TID at snack times 01/28/25 1000 - Until Specified
Quantity: 1
Ordering provider: Zafar, Zaeema, DO
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Zafar, Zaeema, DO (auto-released) 1/28/2025 8:19 AM
Discontinued by: Zafar, Zaeema, DO 01/28/25 0820

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Supplement	Ensure Plus High Protein (high calorie/protein)
Dietitian AUTHORIZED to change?	Yes

Dietary Nutrition Supplement UWMC ML INPATIENT; Benecalorie (high calorie; liquid) (Discontinued)

Electronically signed by: **Barnhart, Shelley Lea, RD on 02/03/25 1648** Status: **Discontinued**
Ordering user: Barnhart, Shelley Lea, RD 02/03/25 1648
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine Daily with breakfast and dinner 02/03/25
Ordering provider: Barnhart, Shelley Lea, RD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15) (continued)

1700 - Until Specified
Quantity: 1

Instance released by: Barnhart, Shelley Lea, RD (auto-released) 2/3/2025 4:48 PM

Discontinued by: Porter, Allen, RN 02/18/25 1550

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Supplement	Benecalorie (high calorie; liquid)
Dietitian AUTHORIZED to change?	Yes

Dietary Nutrition Supplement UWMC ML INPATIENT; Ensure Plus High Protein (high calorie/protein) (Discontinued)

Electronically signed by: **Barnhart, Shelley Lea, RD on 02/03/25 1650** Status: **Discontinued**
Ordering user: Barnhart, Shelley Lea, RD 02/03/25 1650
Ordering provider: Barnhart, Shelley Lea, RD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine BID between breakfast/lunch & lunch/dinner 02/04/25 1000 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Barnhart, Shelley Lea, RD (auto-released) 2/4/2025 6:01 AM

Discontinued by: Porter, Allen, RN 02/18/25 1550

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Supplement	Ensure Plus High Protein (high calorie/protein)
Dietitian AUTHORIZED to change?	Yes

Order comments: vanilla

Adult tube feeding (continuous) (Cancel Pend)

Electronically signed by: **Barnhart, Shelley Lea, RD on 02/18/25 1519** Status: **Cancel Pend**
Ordering user: Barnhart, Shelley Lea, RD 02/18/25 1519
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Frequency: Routine Effective now 02/18/25 1519 - Until Specified
Class: Hospital Performed
Quantity: 1
Diet: Tube Feeding
Pended by: Barnhart, Shelley Lea, RD 02/18/25 1519
Canceled by: Barnhart, Shelley Lea, RD 02/21/25 1519 [Expired]

Questionnaire

Question	Answer
Site	UWMC Montlake
Route	Nasogastric tube (NG tube)
Formula	Jevity 1.5 (NG tube)
Continuous goal rate (mL/hr)	40
Start rate (mL/hr)	10
Advance rate by ___ (mL/hr) until goal rate met	10 mL/hr Q12h

Order comments: If patient is on insulin, and enteral nutrition is interrupted (>60 minutes), check (or ask) for PRN IV dextrose orders to prevent hypoglycemia.

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/18/25 1519	Pillai, Sunita, MD	Pillai, Sunita, MD	Barnhart, Shelley Lea, RD
02/18/25 1518	Barnhart, Shelley Lea, RD	—	Barnhart, Shelley Lea, RD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15)

Nursing

Weigh Patient (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: STAT Once 01/09/25 1039 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

Call provider for (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine Until discontinued 01/09/25 1039 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806
Order comments: For signs of intravascular excess (JVD, crackles, SpO2 drops by > 5%). Discontinue fluid boluses until further orders.

Call provider for the Following Vital Signs (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine Until discontinued 01/09/25 1039 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM
Discontinued by: Bounthong, Vanh K, RN 02/17/25 0740

Questionnaire

Question	Answer
Systolic blood pressure less than	90
Diastolic blood pressure less than	55

Order comments: MAP<65 mmHG. Discontinue fluid boluses until further orders. Reference: MAP=(2xDBP+SBP)/3

Notify Provider for Lab Values - Heparin Infusion Protocol (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235
Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1235 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:35 PM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

Questionnaire

Question	Answer
Anti-Xa Greater Than	1

Order comments: if Anti-Xa from properly timed, non-contaminated sample is > 1 units/mL.

Notify Provider for Lab Values - Heparin Infusion Protocol (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235
Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1235 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Song, Chris, MD (auto-released) 1/9/2025

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

12:35 PM

Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

Questionnaire

Question	Answer
Anti-Xa Less Than	0.3

Order comments: 2 consecutive Anti-Xa < 0.3 units/mL.

Notify Provider for Any Signs of Bleeding, if Unable to Obtain Blood Samples or if No IV Access for > 1 Hour - Heparin Infusion Protocol (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235 Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1235 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:35 PM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

Notify Provider if Heparin Infusion Recently Held for Procedure, and is Being Resumed: Contact Provider for Dosing Guidance with Consideration of Previous Dose - Heparin Infusion Protocol (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235 Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1235 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:35 PM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

Anti-Xa for Unfract Heparin (If/Then, RN to Order) (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235 Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1235 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:35 PM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806
Order comments: Check Anti-Xa 6 hours after starting Heparin infusion & after any change in rate.

Anti-Xa for Unfract Heparin (If/Then, RN to Order) (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235 Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1235 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:35 PM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806
Order comments: For the management of Anti-Xa > 1 unit/mL, see algorithm instructions.

REF LINK: Heparin Anti-Xa REGULAR Intensity (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235 Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: Routine Reference Link 01/09/25 1235 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:35 PM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

Povidone Iodine Swab (Pre-op Nasal Swab) (Cancel Held)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1339** Status: **Cancel Held**
Ordering user: Schwarz, Samuel, MD 01/09/25 1339 Ordering provider: Schwarz, Samuel, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: Routine Once 01/09/25 1337 - 1 occurrence Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002
Order comments: Swab both nares ON CALL TO OR.

Vital Signs - Peripheral Nerve Infusion (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1620** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1620 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1621 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Houston, Nicklaus, MD (auto-released) 1/9/2025 4:21 PM
Discontinued by: Smith, Grace, MD 01/18/25 1012
Order comments: BP, Heart Rate Q 1 hr X 4 after start of infusion and with an increase in the rate or concentration, then Q 4 hrs until infusion discontinued.

Pain Assessment - Peripheral Nerve Infusion (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1620** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1620 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1621 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Houston, Nicklaus, MD (auto-released) 1/9/2025 4:21 PM
Discontinued by: Smith, Grace, MD 01/18/25 1012
Order comments: Assessment 60 minutes following a rate change, then q 4 hrs during infusion and PRN.

Neurovascular Checks (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1620** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1620 Ordering provider: Houston, Nicklaus, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine q4h 01/09/25 2000 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Houston, Nicklaus, MD (auto-released) 1/9/2025 4:21 PM
Discontinued by: Phan, Janet, MD 01/11/25 2002
Order comments: Color, temperature, sensation, motion of affected extremity.

Notify Pain Service - Peripheral Nerve Infusion (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1620** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1620 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1621 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Houston, Nicklaus, MD (auto-released) 1/9/2025 4:21 PM
Discontinued by: Smith, Grace, MD 01/18/25 1012
Order comments: CALL PAIN SVC if s/s of infection, unusual/excessive drainage from insertion site, particularly if combined with loss of therapeutic effect, catheter pump leaks, catheter dislodgment, inadequate analgesia or s/s of local anesthetic toxicity. Signs and symptoms include but are not limited to: perioral numbness, metallic taste in mouth, skin rash or hives, lightheadedness or dizziness, visual &/or auditory disturbances, excitation, restlessness, bradycardia, seizures. Call Provider for orders for new orders by primary service for anticoagulation or antiplatelet therapy, Call Pain Service -SEE ANTICOAGULATION AND NEURAXIAL GUIDELINES

Peripheral Nerve Catheter (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1620** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1620 Ordering provider: Wilson, Julia, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1621 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Houston, Nicklaus, MD (auto-released) 1/9/2025 4:21 PM
Discontinued by: Smith, Grace, MD 01/18/25 1012
Order comments: - RN Independent Double Check with peripheral nerve infusion initiation, change in drug, change in concentration. Check patient identifiers, drug, drug concentration, pump settings. - Infusion: Observe catheter site at least once per shift. Reposition extremity Q 1-2 hrs (see attached reference links for instructions).

Diet - Document Percentage of Meals Consumed & Grams of Carbohydrates Consumed (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Additional signing events
Electronically signed by Grabar, Christina, MD 01/10/25 0419, for Discontinuing in Per protocol: cosign required mode, Communicator - Sande, Nathan R, RN
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Sande, Nathan R, RN 01/10/25 0147
Order comments: Document meals and snacks in I&O.

Blood Glucose Goal (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: BG GOAL: 100-180 mg/dL. While on insulin infusion 1. If TPN/Enteral feeding is stopped or significantly reduced, determine the algorithm based on current BG, then move DOWN one algorithm. Refer to Insulin Infusion decision tree & algorithm for frequency of BG monitoring and subsequent rate changes. 2. Consult with charge RN to plan for BG monitoring and insulin management if patient must be transported off the unit. Patients with T1DM should never have the insulin infusion turned off for > 1 hour. 3. When transitioning off insulin drip, administer a dose of subcutaneous basal insulin (per orders), continue titrating for two hours, and discontinue infusion and order set after 2 hours.

Notify Provider - Insulin Infusion (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: 1. Any BG increase > 100 mg/dL from a stable baseline 2. Two consecutive BG decreases of > 75 mg/dL 3. Failure of algorithm 4 for 3 consecutive hours

Blood Glucose Goal (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: For BG < or = 70 mg/dL, see reference link for Hypoglycemia Protocol.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

Notify Provider (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: - For BG </= 70 mg/dL after implementing HYPOglycemia protocol. - For hypoglycemia that persists 40 min or longer. Provider to evaluate need for ongoing glucose source, e.g. D10 infusion

REF LINK: Hypoglycemia Protocol (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine Reference Link 01/09/25 1626 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

Discontinue THIS Order and Discontinue all Orders from the Same Panel/Order Set (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0746

Questionnaire

Question	Answer
WHEN:	Discontinue this Order Set & the insulin infusion 2 hours after the patient received subcutaneous basal insulin.

Order comments: [ORDER SET: Insulin Infusion]

Blood Glucose Goal (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1627 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Insulin Infusion Standard Protocol, start at Algorithm 1. Refer to Insulin Infusion Algorithm Decision Tree for subsequent dosing.

REF LINK: Insulin Infusion STANDARD algorithm (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine Reference Link 01/09/25 1627 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749

Activity: Bed rest; Until POD1 (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine Until discontinued 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Discontinued by: Phan, Janet, MD 01/11/25 2002

Questionnaire

Question	Answer
Activity Level:	Bed rest
Clinical Indication and End Point:	Until POD1

Order comments: Open Aortic Surgery Post-Procedure: Abdominal binder on when not supine in bed.

Vital Signs - Open Aortic Surgery Post-Procedure (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine q1h 01/09/25 1900 - 72 hours
Quantity: 1
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Per ICU routine.

Neuro Assessment - Open Aortic Surgery Post-Procedure (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine q shift 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: On admission then every shift.

Notify Provider for the Following Vital Signs - Open Aortic Surgery Post-Procedure (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Until discontinued 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Temperature greater than	38.5
Systolic blood pressure greater than	160
Systolic blood pressure less than	90
Diastolic blood pressure greater than	100
Diastolic blood pressure less than	70
Heart rate greater than	90
Heart rate less than	50
Respiratory rate greater than	24
Respiratory rate less than	12
SpO2 less than	90
Urine output less than:	Other
Specify:	< 30 mL X 2 hours
Other	MAP < 80 CI < 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

Chest Tube Output > 200 mL

Notify ICU Team for Any Changes to Pulse Exam or Neuro Evaluation - Open Aortic Surgery Post-Procedure (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720
Order comments: If unable to contact ICU Team, call Vascular Surgery Fellow/Provider on call or the Vascular Surgery Attending directly.

TELEMETRY Monitoring Indication: Other; Specify: Ongoing bradycardia; DO NOT REMOVE MONITOR (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

Questionnaire

Question	Answer
Indication:	Other
Specify:	Ongoing bradycardia
Monitor status:	DO NOT REMOVE MONITOR

Intake and Output (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Per unit protocol 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Order comments: Strict.

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Initiate Emergency Standing Orders per Protocol (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Per unit protocol 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Porter, Allen, RN 02/18/25 1550

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

Incentive Spirometer (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q2h while awake 01/09/25 2000 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Order comments: 10 X every 1 to 2 hours while awake and every 2 to 4 hours at night when extubated.

Cough & Deep Breathe (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q2h while awake 01/09/25 2000 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Order comments: 10 X every 1 to 2 hours while awake and every 2 to 4 hours at night when extubated.

REF LINK: Algorithm for PRN Bowel Medications for Inpatients (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Reference Link 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

REF LINK: Algorithm for PRN Antiemetic Medications for Inpatients with Nausea/Vomiting (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Reference Link 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

Electrocardiogram (If/Then, RN to Order) (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: STAT Until discontinued 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Porter, Allen, RN 02/18/25 1550
Order comments: Standard 12-Lead; As needed for chest pain and arrhythmias and per Emergency Care Protocol.

Mobility Restrictions Other; Non-weight bearing LLE (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1818** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1818 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1818 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:18 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Questionnaire

Question	Answer
Mobility Restrictions:	Other
Specify:	Non-weight bearing LLE

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15)

Nursing

Discharge Patient - When Discharge Criteria Met (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1820 - Until Specified Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002

Questionnaire

Question	Answer
Details:	Other
Specify:	See Comments

Order comments: Patient may be discharged from PACU only after an Anesthesia Provider (Resident, Fellow, CRNA or Attending) has completed a postoperative evaluation visit, and PACU clinical discharge criteria have been met (unless authorized by the Anesthesia Provider).

Notify Provider for the Following Vital Signs (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1820 - Until Specified Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002

Questionnaire

Question	Answer
Systolic blood pressure greater than	180
Systolic blood pressure less than	80
Heart rate greater than	100
Heart rate less than	50
Respiratory rate greater than	30
Respiratory rate less than	10

Bladder Scan (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Once 01/09/25 1820 - 1 occurrence Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002
Order comments: 1. If bladder scan yields < 400 mL in 6 hr, rescan bladder in 6 hr. 2. If bladder scan yields > 400 mL in 6 hr, perform In and Out Cath & repeat x 1 in 6 hr if no void. 3. Notify provider if bladder scan yields > 400 mL AFTER In and Out Cath x 2.

In & Out Cath (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine If bladder scan > 400 mL 01/09/25 1820 - Until Specified Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002
Order comments: And PRN x 1 if patient unable to void.

Nurse communication (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15) (continued)

Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1820 - Until Specified
Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002
Order comments: RN may administer surgeon-ordered discharge pain medications in PACU.

Discontinue THIS Order and Discontinue All Orders from the Same Panel/Order Set (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820**
Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1820 - Until Specified
Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002

Questionnaire

Question	Answer
WHEN:	Patient is discharged from the PACU

Order comments: [ORDER SET: ANES Post-Op PACU]

REF LINK: SubQ Insulin Nursing Decision Tree (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/09/25 1954**
Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/09/25 1954
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Reference Link 01/09/25 1954 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Grabar, Christina, MD (auto-released) 1/9/2025 7:54 PM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Antiseptic Wipes/Wash (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/10/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/10/2025 12:30 AM
Discontinued by: Porter, Allen, RN 02/22/25 1645

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/10/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Discontinue THIS Order and Discontinue All Orders from the Same Panel/Order Set (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1303**
Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/10/25 1303
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/10/25 1301 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/10/2025 1:03 PM
Discontinued by: Phan, Janet, MD 01/11/25 2004

Questionnaire

Question	Answer
WHEN:	Treatment/Procedure Complete

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15) (continued)

Order comments: [PANEL: Echocardiogram (TTE) with IV Contrast Panel]

Nursing Communication - Patient Care (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 2203** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 2203 Ordering provider: Grabar, Christina, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/10/25 2204 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Grabar, Christina, MD (auto-released) 1/10/2025 10:03 PM
Discontinued by: Walks, Tristan H, RN 01/11/25 1119
Order comments: Please titrate dopamine to SBP >100 given wide pulse pressure

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/11/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Complete Extravasation Documentation in Flowsheets (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/11/25 0559** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/11/25 0559 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 0600 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Grabar, Christina, MD (auto-released) 1/11/2025 5:59 AM
Discontinued by: Porter, Allen, RN 02/18/25 1550

Patient Education - Extravasation Management (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/11/25 0559** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/11/25 0559 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Once 01/11/25 0600 - 1 occurrence Class: Hospital Performed
Quantity: 1 Instance released by: Grabar, Christina, MD (auto-released) 1/11/2025 5:59 AM
Discontinued by: Porter, Allen, RN 02/18/25 1550
Order comments: Patient education for local measures and side effects of antidote per policy.

Urethral Catheter - PROVIDER MANAGED: DO NOT REMOVE (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1042** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1042 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Additional signing events
Awaiting signature from Pavic, Boris, MD, for Discontinuing in Per protocol: cosign required mode, Communicator - Patino Castro, Jennifer A, RN
Frequency: Routine Until discontinued 01/11/25 1042 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 10:42 AM
Discontinued by: Patino Castro, Jennifer A, RN 01/23/25 0251

Questionnaire

Question	Answer
Indications:	Provider management required
Type:	Foley

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15) (continued)

Diet - Document Percentage of Meals Consumed (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 1411 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Blood Glucose Goal (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 1411 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: For BG < or = 70 mg/dL, or 71-89 if managed on insulin, see reference link for Hypoglycemia Protocol.

Notify Provider for Any BG < or = 70 mg/dL after Implementing HYPOglycemia Protocol (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 1411 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845

REF LINK: Hypoglycemia Protocol (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Reference Link 01/11/25 1411 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845

REF LINK: SubQ Insulin Nursing Decision Tree (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Reference Link 01/11/25 1411 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15) (continued)

Neurovascular Checks (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2002** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/11/25 2002
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q shift 01/11/25 2003 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:02 PM
Discontinued by: Smith, Grace, MD 01/18/25 1012
Order comments: Color, temperature, sensation, motion of affected extremity.

Sleep Promotion Protocol (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2004** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/11/25 2004
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 2004 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:04 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Order comments: SLEEP INTERVAL: 2200 to 0500. Implement Nursing Policy and Procedure: Sleep Promotion. See reference link for the Sleep Promotion Nursing Protocol.

Vital Signs - Sleep (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2004** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/11/25 2004
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine q8h 01/12/25 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:04 PM
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Order comments: SLEEP: Adjust VS monitoring to q8h.

Activity: Mobilize per order set protocol (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2004** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/11/25 2004
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 2004 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:04 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Questionnaire

Question	Answer
Activity Level:	Mobilize per order set protocol

Order comments: SLEEP: If patients have a Braden score of 18 or less or have an existing pressure injury, then continue to turn q2hours.

Discontinue THIS Order and Discontinue All Orders from the Same Panel/Order Set (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2004** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/11/25 2004
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 2004 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:04 PM
Discontinued by: Wilson, Julia, MD 01/14/25 1220

Questionnaire

Question	Answer
WHEN:	ICU SLEEP: Discontinue orders when the patient is transferred to Acute Care.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15) (continued)

Order comments: [PANEL: Acute Care/ICU Sleep Promotion Protocol]

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/12/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 12:30 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Cardiac Monitoring (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 0430 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Phan, Janet, MD (auto-released) 1/12/2025 4:30 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: At start of Dexmedetomidine infusion until stabilized due to bradycardic & hypotensive effects.

Blood Pressure (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 0430 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Phan, Janet, MD (auto-released) 1/12/2025 4:30 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: At start of Dexmedetomidine infusion until stabilized due to bradycardic & hypotensive effects.

Respiratory Rate (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Per unit protocol 01/12/25 0430 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Phan, Janet, MD (auto-released) 1/12/2025 4:30 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

SpO2 Spot Check (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Per unit protocol 01/12/25 0430 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Phan, Janet, MD (auto-released)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15) (continued)

1/12/2025 4:30 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

Sedation Score Assessment (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Per Standard of Care 01/12/25 0430 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Phan, Janet, MD (auto-released) 1/12/2025 4:30 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

Questionnaire

Question	Answer
Sedation Target Goal:	RASS 0 to -1

Hold Dexmedetomidine infusion and Notify Provider for Heart Rate <50, MAP < 60, SBP < 90 (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 0430 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Phan, Janet, MD (auto-released) 1/12/2025 4:30 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: Notify Provider If goal of RASS < +3 not met with maximum dose.

Cardiac Monitoring (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0817** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 0817 Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 0818 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 8:17 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: At start of Dexmedetomidine infusion until stabilized due to bradycardic & hypotensive effects.

Blood Pressure (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0817** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 0817 Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 0818 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 8:17 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: At start of Dexmedetomidine infusion until stabilized due to bradycardic & hypotensive effects.

Respiratory Rate (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0817** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 0817 Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Per unit protocol 01/12/25 0818 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 8:17 AM
Discontinued by: McKinstry, Mia, MD 01/14/25 0741

SpO2 Spot Check (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15) (continued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0817** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 0817
Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Per unit protocol 01/12/25 0818 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 8:17 AM
Discontinued by: McKinstry, Mia, MD 01/14/25 0741

Sedation Score Assessment (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0817** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 0817
Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Per Standard of Care 01/12/25 0818 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 8:17 AM
Discontinued by: McKinstry, Mia, MD 01/14/25 0741

Questionnaire

Question	Answer
Sedation Target Goal:	RASS 0 to -1

Hold Dexmedetomidine infusion and Notify Provider for Heart Rate <50, MAP < 60, SBP < 90 (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0817** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 0817
Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 0818 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 8:17 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: Notify Provider If goal of RASS < +3 not met with maximum dose.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15)

Nursing

Pacing Transvenous (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1108** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 1108
Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 1109 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 11:09 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

Questionnaire

Question	Answer
Type:	Transvenous
Mode:	VVI
Rate:	80

Povidone Iodine Swab (Pre-op Nasal Swab) (Cancel Held)

Electronically signed by: **Kondamudi, Nitin, MD on 01/12/25 1222** Status: **Cancel Held**
Ordering user: Kondamudi, Nitin, MD 01/12/25 1222
Ordering provider: Kondamudi, Nitin, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/12/25 1219 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Canceled by: Walks, Tristan H, RN 01/13/25 1838
Order comments: Swab both nares ON CALL TO OR.

TELEMETRY Monitoring Indication: *Unstable/symptomatic arrhythmia; DO NOT REMOVE MONITOR (Cancel Held)

Electronically signed by: **Kondamudi, Nitin, MD on 01/12/25 1222** Status: **Cancel Held**
Ordering user: Kondamudi, Nitin, MD 01/12/25 1222
Ordering provider: Kondamudi, Nitin, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 1219 - Until Specified
Class: Hospital Performed
Quantity: 1
Canceled by: Walks, Tristan H, RN 01/13/25 1838

Questionnaire

Question	Answer
Indication:	*Unstable/symptomatic arrhythmia
Monitor status:	DO NOT REMOVE MONITOR

Void On Call to OR and/or EP Lab (Cancel Held)

Electronically signed by: **Kondamudi, Nitin, MD on 01/12/25 1222** Status: **Cancel Held**
Ordering user: Kondamudi, Nitin, MD 01/12/25 1222
Ordering provider: Kondamudi, Nitin, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/12/25 1219 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Canceled by: Walks, Tristan H, RN 01/13/25 1838

GI Tube Nasogastric tube (NG tube); Insert (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1814** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 1814
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 1815 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 6:14 PM
Discontinued by: Mikulikova, Julia, RN 01/16/25 1308

Questionnaire

Question	Answer

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15) (continued)

Type:	Nasogastric tube (NG tube)
Management:	Insert

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/13/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/13/2025 12:30 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Vital Signs - Sheath Removal (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Bevan, Graham Howard, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: Document heart rate, blood pressure, puncture site and pulses every 5 minutes during arterial compression; then every 15 min x 4, every 30 min x and every 1 hour x 4.

TELEMETRY Monitoring Indication: Post PCI, Ablation, Device; May remove telemetry monitor for transport, procedures, showering/bathing (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM
Discontinued by: Shepherd, Amanda Kay, MD 01/23/25 0940

Questionnaire

Question	Answer
Indication:	Post PCI, Ablation, Device
Monitor status:	May remove telemetry monitor for transport, procedures, showering/bathing

Vital Signs (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Bevan, Graham Howard, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM
Discontinued by: Wilson, Julia, MD 01/14/25 1220

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15) (continued)

Order comments: On arrival, then Q 2hours x 2, then Q 4 hours x 2 then per unit standard & PRN any change in hemodynamic status.

Neuro Assessment (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 0802
Order comments: On arrival, then Q 2hours x 2, then Q 4 hours x 2 then per unit standard & PRN any change in mental or neurologic status.

Notify Provider for the Following Vital Signs (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Questionnaire

Question	Answer
Temperature greater than	38
Systolic blood pressure greater than	170
Systolic blood pressure less than	90
Diastolic blood pressure greater than	110
Heart rate greater than	120
Heart rate less than	55
Respiratory rate greater than	20
Respiratory rate less than	10
SpO2 less than	90

Notify Provider for Changes in Heart Rhythm (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720
Order comments: Any arrhythmia

Remove Urinary Catheter (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Bevan, Graham Howard, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/13/25 1838 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: If Foley catheter in place, discontinue once ambulating.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15) (continued)

Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Mobility Restrictions Other; Recommendations: If percutaneous arterial and/or venous femoral access: For 7 days: No lifting, pushing, pulling or carrying loads greater than 10 lbs . No bearing down or prolonged straining. *Ok to use arms for mobil... (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709**
Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Until discontinued 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Mobility Restrictions:	Other
Specify:	Recommendations: If percutaneous arterial and/or venous femoral access: For 7 days: No lifting, pushing, pulling or carrying loads greater than 10 lbs . No bearing down or prolonged straining. *Ok to use arms for mobility.*

REF LINK: Algorithm for PRN Bowel Medications for Inpatients (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709**
Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Reference Link 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

REF LINK: Algorithm for PRN Antiemetic Medications for Inpatients with Nausea/Vomiting (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709**
Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Reference Link 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/14/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15) (continued)

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/14/2025 12:30 AM

Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/14/2025 12:30 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Mobility Restrictions Other; 30 days with <10lb weight lifting limitation and no elevating left arm over shoulder height (S/P PPM on 1/13/25) (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/14/25 0906** Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/14/25 0906
Authorized by: Wilson, Julia, MD
Frequency: Routine Until discontinued 01/14/25 0906 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: McKinstry, Mia, MD (auto-released) 1/14/2025 9:06 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Questionnaire

Question	Answer
Mobility Restrictions:	Other
Specify:	30 days with <10lb weight lifting limitation and no elevating left arm over shoulder height (S/P PPM on 1/13/25)

Order comments: 30 days with <10lb weight lifting limitation and no elevating left arm over shoulder height (S/P PPM on 1/13/25)

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1243** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1243
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/14/25 1244 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/14/2025 12:43 PM

Discontinued by: Decker, Troy, PA-C 01/14/25 1245

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15) (continued)

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/15/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/15/2025 12:31 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/15/2025 12:31 AM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/15/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/16/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15) (continued)

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/16/2025 12:31 AM

Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/16/2025 12:31 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/16/2025 12:31 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Nursing Communication: Calorie Count: please document %meals in flowsheet I/O, include foods consumed in notes, include food brought in from outside in notes (Discontinued)

Electronically signed by: **Barnhart, Shelley Lea, RD on 01/16/25 1545** Status: **Discontinued**
Ordering user: Barnhart, Shelley Lea, RD 01/16/25 1545
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Until discontinued 01/16/25 1546 - 7 days
Quantity: 1
Ordering provider: Barnhart, Shelley Lea, RD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Barnhart, Shelley Lea, RD (auto-released) 1/16/2025 3:45 PM

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]
Order comments: Calorie Count: please document %meals in flowsheet I/O, include foods consumed in notes, include food brought in from outside in notes

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/17/2025 12:30 AM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15) (continued)

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/17/2025 12:30 AM

Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/17/2025 12:30 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/17/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/18/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/18/2025 12:30 AM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15) (continued)

Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/18/2025 12:30 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/18/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15)

Nursing

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/19/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/19/2025 12:30 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/19/2025 12:30 AM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/19/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Vital Signs (Discontinued)

Electronically signed by: **Rosiene, Joel, MD on 01/19/25 2329** Status: **Discontinued**
Ordering user: Rosiene, Joel, MD 01/19/25 2329
Ordering provider: Rosiene, Joel, MD
Authorized by: Rosiene, Joel, MD
Ordering mode: Standard
Frequency: Routine q8h while awake 01/19/25 2330 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Rosiene, Joel, MD (auto-released) 1/19/2025 11:29 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/20/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/20/2025 12:30 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/20/2025 12:30 AM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/20/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Nursing Communication: ok to have hydromorphone prn 20 min early. (Discontinued)

Electronically signed by: **Rosiene, Joel, MD on 01/20/25 0310** Status: **Discontinued**
Ordering user: Rosiene, Joel, MD 01/20/25 0310
Authorized by: Rosiene, Joel, MD
Frequency: Routine Until discontinued 01/20/25 0310 - Until Specified
Quantity: 1
Ordering provider: Rosiene, Joel, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Rosiene, Joel, MD (auto-released)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

1/20/2025 3:10 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720
Order comments: ok to have hydromorphone prn 20 min early.

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/21/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/21/2025 12:30 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/21/2025 12:30 AM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/21/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/22/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410**
Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/22/2025 12:30 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709**
Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/22/2025 12:30 AM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/22/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/23/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410**
Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Class: Hospital Performed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/23/2025 12:30 AM

Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709**
Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/23/2025 12:30 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/23/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/24/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410**
Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/24/2025 12:30 AM

Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709**
Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/24/2025 12:30 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/24/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/25/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410**
Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/25/2025 12:30 AM

Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709**
Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/25/2025 12:30 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/25/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/26/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/26/2025 12:30 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/26/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/27/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/27/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Activity: Mobilize 3 times per day NO restrictions (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/27/25 0812**
Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/27/25 0812
Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO
Ordering mode: Standard
Frequency: Routine Until discontinued 01/27/25 0813 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Zafar, Zaeema, DO (auto-released) 1/27/2025 8:12 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Questionnaire

Question	Answer
Activity Level:	Mobilize 3 times per day NO restrictions

Delirium Care Guidelines (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/27/25 0812**
Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/27/25 0812
Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO
Ordering mode: Standard
Frequency: Routine Until discontinued 01/27/25 0813 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Zafar, Zaeema, DO (auto-released) 1/27/2025 8:12 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Order comments: 1. Monitor for intended and adverse effects of medication 2. Limit naps; Open blinds; Provide patient's glasses and/or hearing aid 3. Orient TID unless this increases patient agitation; Document interventions in patient record 4. Consolidate night time care; Limit noise at night; Preserve sleep - wake cycle; Limit night time interventions to preserve 90 minute sleep cycles.

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/28/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/28/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Nursing Communication: Calorie Count: please document %meals in flowsheet I/O, include foods consumed in notes, include food brought in from outside in notes (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/28/25 0820**
Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/28/25 0820
Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO
Ordering mode: Standard
Frequency: Routine Until discontinued 01/28/25 0821 - 7 days
Class: Hospital Performed
Quantity: 1
Instance released by: Zafar, Zaeema, DO (auto-released) 1/28/2025 8:20 AM
Discontinued by: Gindi, Jeanna A, RN 02/12/25 1951
Order comments: Calorie Count: please document %meals in flowsheet I/O, include foods consumed in notes, include food brought in from outside in notes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15)

Nursing

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/29/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/29/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/30/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/30/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/31/2025 12:30 AM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245 Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Decker, Troy, PA-C (auto-released) 1/31/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 2/1/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245 Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Decker, Troy, PA-C (auto-released) 2/1/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 2/2/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245 Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Decker, Troy, PA-C (auto-released)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

2/2/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/3/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/3/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/4/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/4/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

Site: Left AKA

In & Out Cath (Discontinued)

Electronically signed by: **Chen, Tiffany Chia-An, MD on 02/04/25 1243** Status: **Discontinued**
Ordering user: Chen, Tiffany Chia-An, MD 02/04/25 1243
Authorized by: Chen, Tiffany Chia-An, MD
Frequency: Routine Once 02/04/25 1244 - 1 occurrence
Quantity: 1
Ordering provider: Chen, Tiffany Chia-An, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Chen, Tiffany Chia-An, MD (auto-released) 2/4/2025 12:43 PM
Discontinued by: Bounthong, Vanh K, RN 02/17/25 0740

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 2/5/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 2/5/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 2/6/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 2/6/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

	ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 2/7/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245 Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Decker, Troy, PA-C (auto-released) 2/7/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 2/8/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245 Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Decker, Troy, PA-C (auto-released) 2/8/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 2/9/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/9/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/10/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/10/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/11/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 2/11/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/12/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/12/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/13/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/13/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/14/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/14/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/15/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/15/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 2/16/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 2/16/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 2/17/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15)

Nursing

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245 Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Decker, Troy, PA-C (auto-released) 2/17/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 2/18/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245 Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Decker, Troy, PA-C (auto-released) 2/18/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Insert Feeding Tube (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/18/25 1252** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/18/25 1252 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Once 02/18/25 1253 - 1 occurrence Class: Hospital Performed
Quantity: 1 Instance released by: Pillai, Sunita, MD (auto-released) 2/18/2025 12:52 PM
Discontinued by: Porter, Allen, RN 02/22/25 1645

Head of Bed 30-45 degrees (Cancel Pend)

Electronically signed by: **Barnhart, Shelley Lea, RD on 02/18/25 1519** Status: **Cancel Pend**
Ordering user: Barnhart, Shelley Lea, RD 02/18/25 1519 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Frequency: Routine Until discontinued 02/18/25 1519 - Until Specified Class: Hospital Performed
Quantity: 1 Pended by: Barnhart, Shelley Lea, RD 02/18/25 1519

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Canceled by: Barnhart, Shelley Lea, RD 02/21/25 1519 [Expired]

Questionnaire

Question	Answer
Position:	30-45 degrees

Order comments: Elevate head of bed at least 30-40 degrees to reduce risk of aspiration, unless contraindicated.

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/18/25 1519	Pillai, Sunita, MD	Pillai, Sunita, MD	Barnhart, Shelley Lea, RD
02/18/25 1518	Barnhart, Shelley Lea, RD	—	Barnhart, Shelley Lea, RD

GI Tube Other; weighted by STAT RN per policy; Other; X ray to confirm placement (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/18/25 1852** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/18/25 1852 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Until discontinued 02/18/25 1851 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Pillai, Sunita, MD (auto-released) 2/18/2025 6:52 PM
Discontinued by: Porter, Allen, RN 02/22/25 1645

Questionnaire

Question	Answer
Type:	Other
Specify:	weighted by STAT RN per policy
Management:	Other
Comment	X ray to confirm placement

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 2/19/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245 Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Decker, Troy, PA-C (auto-released) 2/19/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 2/20/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/20/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/21/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/21/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/22/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Daily 02/22/25 1034 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: Daily by Staff RN.

Nursing Communication - Patient Care (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/22/25 1033 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Porter, Allen, RN 02/22/25 1645
Order comments: Please document hourly TF rate under flowsheets'intake. Acute Care: okay to back-fill hourly data q4h. If TF is stopped, document "0" units/hr.

Blood Glucose Goal (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/22/25 1033 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: For BG < or = 70 mg/dL, see reference link for Hypoglycemia Protocol.

Notify Provider (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/22/25 1033 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: - For BG </= 70 mg/dL after implementing HYPOglycemia protocol. - For hypoglycemia that persists 40 min or longer. Provider to evaluate need for ongoing glucose source, e.g. D10 infusion

REF LINK: Hypoglycemia Protocol (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Reference Link 02/22/25 1033 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

REF LINK: SubQ Insulin Nursing Decision Tree (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Reference Link 02/22/25 1033 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/23/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Daily 02/22/25 1034 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: Daily by Staff RN.

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/24/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Daily 02/22/25 1034 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: Daily by Staff RN.

Urethral Catheter - Insert / Maintain; Remove per RN Protocol (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine PRN 02/24/25 1136 - Until Specified
Class: Hospital Performed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Quantity: 1

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Acknowledged: Porter, Allen, RN 02/24/25 1156 for Placing Order

Questionnaire

Question	Answer
Indications:	Immobility - Temporary
Type:	Foley

Order comments: PRN for incontinence.

External Urinary/Condom Catheter (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141**

Status: **Discontinued**

Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

Authorized by: Fancher-Dominguez, Alexandria Paige, MD

Ordering mode: Standard

Frequency: Routine PRN 02/24/25 1136 - Until Specified

Class: Hospital Performed

Quantity: 1

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Acknowledged: Porter, Allen, RN 02/24/25 1156 for Placing Order

Order comments: PRN for incontinence.

Activity: Mobilize 3 times per day NO restrictions (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141**

Status: **Discontinued**

Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

Authorized by: Fancher-Dominguez, Alexandria Paige, MD

Ordering mode: Standard

Frequency: Routine Until discontinued 02/24/25 1137 - Until Specified

Class: Hospital Performed

Quantity: 1

Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM

Discontinued by: Barnes, James Irvin, MD 03/07/25 1915

Questionnaire

Question	Answer
Activity Level:	Mobilize 3 times per day NO restrictions

Notify Provider of Inadequate Pain and/or Symptom Relief (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141**

Status: **Discontinued**

Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

Authorized by: Fancher-Dominguez, Alexandria Paige, MD

Ordering mode: Standard

Frequency: Routine Until discontinued 02/24/25 1137 - Until Specified

Class: Hospital Performed

Quantity: 1

Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Comfort Measures Only (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141**

Status: **Discontinued**

Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

Authorized by: Fancher-Dominguez, Alexandria Paige, MD

Ordering mode: Standard

Frequency: Routine Until discontinued 02/24/25 1137 - Until Specified

Class: Hospital Performed

Quantity: 1

Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Pain Assessment (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/24/25 1137 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]
Order comments: Assess for pain & symptoms and document Q4 hours. Assess patient more or less frequently per family/patient preference. In addition, document assessment before and after bolus doses and/or infusion rate changes.

Nursing Communication - Patient Care (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/24/25 1137 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]
Order comments: Complete Nursing Checklist (see evidence link) Utilize available resources for the patient and/or family: bereavement packet, comfort care cart for legacy supplies & other material, comfort tray from nutrition. Skin care: offer skin care and repositioning every 2 hours and prn; adjust schedule per family/patient preference, with comfort being the goal. Oral care: offer oral care every 4 hours and prn, including mouth moistening, cleaning/brushing and lip balm. Adjust schedule per family/patient preference with comfort being the goal. Suction as needed for comfort. Avoid deep suctioning when possible.

REF LINK: Comfort Care Links (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Reference Link 02/24/25 1137 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

REF LINK: Comfort Care Opioid Decision Tree (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Reference Link 02/24/25 1137 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Provider has Reviewed Vital Signs, Laboratory, Radiology, Diagnostic and Medication Orders & has Discontinued Unnecessary Orders (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Until discontinued 02/24/25 1137 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Nursing Communication: OK for no vitals; CMO; can chart RR (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1143**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1143
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Until discontinued 02/24/25 1143 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:43 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]
Order comments: OK for no vitals; CMO; can chart RR

REF LINK: Algorithm for PRN Bowel Medications for Inpatients (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 03/01/25 1409**
Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 03/01/25 1409
Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO
Ordering mode: Standard
Frequency: Routine Reference Link 03/01/25 1409 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Stenberg, Daniel Lloyd, DO (auto-released) 3/1/2025 2:09 PM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Weight-Bearing Restrictions (Discontinued)

Electronically signed by: **Paul, Sharmila, MD on 03/06/25 0637**
Status: **Discontinued**
Ordering user: Paul, Sharmila, MD 03/06/25 0637
Ordering provider: Paul, Sharmila, MD
Authorized by: Abay, Rebecca Joyce Yared, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/06/25 0636 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Paul, Sharmila, MD (auto-released) 3/6/2025 6:37 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Questionnaire

Question	Answer
Extremity:	Right Lower Extremity
RLE	Non weight-bearing

Activity: Mobilize per order set protocol (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 1915**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 1915
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/07/25 1915 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Barnes, James Irvin, MD (auto-released) 3/7/2025 7:15 PM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Questionnaire

Question	Answer
Activity Level:	Mobilize per order set protocol

Mobility Restrictions Other; - NWB on Right leg - Should limit motion of leg (ideally no ROM of R leg) - abduction pillow - log rolls for turning - hip-spica brace now in place settings 0-60, slight abduction, no restriction on HOB angle (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 1915** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 1915
Authorized by: Barnes, James Irvin, MD
Frequency: Routine Until discontinued 03/07/25 1915 - Until Specified
Quantity: 1
Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Barnes, James Irvin, MD (auto-released) 3/7/2025 7:15 PM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Questionnaire

Question	Answer
Mobility Restrictions:	Other
Specify:	- NWB on Right leg - Should limit motion of leg (ideally no ROM of R leg) - abduction pillow - log rolls for turning - hip-spica brace now in place settings 0-60, slight abduction, no restriction on HOB angle

Discharge Summary: Enclosed (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Authorized by: Barnes, James Irvin, MD
Frequency: Routine 03/08/25 -
Quantity: 1
Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Clinic Performed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Patient Aware of Diagnosis: Yes (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Authorized by: Barnes, James Irvin, MD
Frequency: Routine 03/08/25 -
Quantity: 1
Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Clinic Performed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Activity (specify) (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Authorized by: Barnes, James Irvin, MD
Frequency: Routine 03/08/25 -
Quantity: 1
Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Clinic Performed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Order comments: - brace placed by orthotics on 3/7 at request of son and with guidance from orthotics and ortho. - NWB on Right leg - Should limit motion of leg (ideally no ROM of R leg) - abduction pillow - log rolls for turning - hip-spica brace now in place settings 0-60, slight abduction, can take off if uncomfortable and when needed (was not strictly recommended at this point by ortho, patient and son prefer it to be on) - referral to NW ortho trauma clinic made, 2 view femur xray to be performed 3/13/25 (ordered as outpatient in case it needs to be done here vs at SNF) - NWB on Left leg

OT

Inpatient Consult to Occupational Therapy (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Until therapy completed 01/09/25 1807 - 1 occurrence
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Normal
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Pillai, Sunita, MD 02/16/25 1212

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Reason for Consult — Activities of Daily Living

Order comments: Starting post-op Day 1, Reassess for changes in function

Precaution

Aspiration Precautions (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1231** — Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 1231 — Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD — Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 1221 - Until Specified — Class: Hospital Performed
Quantity: 1 — Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 12:31 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

PT

Inpatient Consult to Physical Therapy (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** — Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 — Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD — Ordering mode: Standard
Frequency: Routine Until therapy completed 01/09/25 1807 - 1 occurrence — Class: Hospital Performed
Quantity: 1 — Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Pillai, Sunita, MD 02/16/25 1212

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult	Functional Mobility & Transfers

Order comments: Starting post-op Day 1, Reassess for changes in function

Inpatient Consult to Physical Therapy (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 03/01/25 1322** — Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 03/01/25 1322 — Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO — Ordering mode: Standard
Frequency: Routine Until therapy completed 03/01/25 1321 - 1 occurrence — Class: Hospital Performed
Quantity: 1 — Instance released by: Stenberg, Daniel Lloyd, DO (auto-released) 3/1/2025 1:22 PM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult	Functional Mobility & Transfers Wheelchair Seating & Positioning

Order comments: Very complex disposition situation. Made CMO 6 days ago I/s/o severe worsening respiratory status. Seems to have nearly fully recovered. True care needs, per son/dpoa, are between a more comfort focused approach and a minimal necessary care approach. We are requesting some bedside exercises for the patient/son. If she desats, the assessment is over. Please call for more details/questions 210-867-4777 Dan Stenberg

Referral

Referral to Fractures/Trauma (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 1909** — Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 1909 — Ordering provider: Barnes, James Irvin, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Authorized by: Barnes, James Irvin, MD
Frequency: Routine 03/07/25 -
Quantity: 1

Ordering mode: Standard
Class: Internal Referral
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Closed fracture of right femur, unspecified fracture morphology, unspecified portion of femur, initial encounter (HCC) [S72.91XA]

Questionnaire

Question	Answer
Does the ordering provider want to track the referral?	No

Scheduling instructions
Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid This referral for consultation or procedure grants authorization to perform diagnostic or other services required. REASON FOR REFERRAL: 100 year old year old female with R hip fracture s/p fall in hospital, non-op management pursued. Wanted 3/13 repeat Femur xray (ordered as separate order) Is this a Workmen's Compensation case? NO

Referral Details

Referred By		Referred To	Type	Priority
Barnes, James Irvin, MD 1959 NE Pacific St Mailstop 356429 SEATTLE WA 98195 Phone: 206-598-3300 Fax: 206-744-0654	Diagnoses: Closed fracture of right femur, unspecified fracture morphology, unspecified portion of femur, initial encounter (HCC)	**Uwmc Nw Ortho Fracture Clinic** 11011 Meridian Ave. N., Suite 201 Seattle WA 98133-8967 Phone: 206-668-6360 Fax: 206-668-6361	Specialty Visit	Routine

Comment: Coverage for this visit--Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid
This referral for consultation or procedure grants authorization to perform diagnostic or other services required. REASON FOR REFERRAL: 100 year old year old female with R hip fracture s/p fall in hospital, non-op management pursued. Wanted 3/13 repeat Femur xray (ordered as separate order)
Is this a Workmen's Compensation case? NO

Indications

Closed fracture of right femur, unspecified fracture morphology, unspecified portion of femur, initial encounter (HCC) [S72.91XA (ICD-10-CM)]

Referral to Rehabilitation Medicine (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0823**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0823
Authorized by: Barnes, James Irvin, MD
Frequency: Routine 03/08/25 -
Quantity: 1

Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Internal Referral
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Arterial occlusion [I70.90]

Questionnaire

Question	Answer
Does the ordering provider want to track the referral?	No

Scheduling instructions
Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit-- Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid REASON FOR REFERRAL: 100 year old female s/p LKA, referral for rehab amputee clinic Additional Info/Restrictions: HMC: Referral to HMC REHAB MEDICINE CLINIC 20 [221240] Choose a Speciality Limb Loss/Amputation Clinic UWMC ML: Referral to UWMC Rehab Clinic [220069] Choose Speciality {UWMC REHAB MED SPECIALITES:124692} UWMC NW: Referral to UWMC NW Rehab Medicine [208539] or UWMC NW Center Rehabilitation

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

[208559] Choose Speciality {NW REHAB MED SPECIALTIES:124691}

Referral Details

Referred By		Referred To	Type	Priority
Barnes, James Irvin, MD 1959 NE Pacific St Mailstop 356429 SEATTLE WA 98195 Phone: 206-598-3300 Fax: 206-744-0654	Diagnoses: Arterial occlusion	**Hmc Njb Rehab Medicine Clinic** 908 Jefferson St. 9th Floor Seattle WA 98104 Phone: 206-744-5862 Fax: 206-744-6046 Specialty: Physical Medicine and Rehabilitation	Rehab	Routine

Comment: Coverage for this visit-- Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid
REASON FOR REFERRAL: 100 year old female s/p LKA, referral for rehab amputee clinic

Additional Info/Restrictions:
HMC:
Referral to HMC REHAB MEDICINE CLINIC 20 [221240] Choose a Speciality
Limb Loss/Amputation Clinic

UWMC ML:
Referral to UWMC Rehab Clinic [220069] Choose Speciality
{UWMC REHAB MED SPECIALITES:124692}

UWMC NW:
Referral to UWMC NW Rehab Medicine [208539] or UWMC NW Center Rehabilitation [208559] Choose Speciality
{NW REHAB MED SPECIALTIES:124691}

Indications

Arterial occlusion [I70.90 (ICD-10-CM)]

Respiratory Care

Oxygen Therapy Nasal Cannula; Keep SpO2 >= 90%; Other (Specify); 2 - 4 L/min x 24 hours if room air SaO2 < = 93% (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Continuous 01/09/25 1820 - Until Specified Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002

Questionnaire

Question	Answer
Oxygen Delivery Route	Nasal Cannula
Titrate Oxygen	Keep SpO2 >= 90%
Initial Oxygen Amount	Other (Specify)
Special Instructions	2 - 4 L/min x 24 hours if room air SaO2 < = 93%

Bronchial Hygiene Protocol - Sleep (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2004** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/11/25 2004 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Continuous 01/11/25 2004 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:04 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Order comments: SLEEP: Reschedule Bronchial Hygiene Protocol for after the sleep interval.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Oxygen Therapy Face Tent; Keep SpO2 >= 90% (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1354** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1354
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Frequency: Routine Continuous 02/03/25 1355 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 1:55 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Questionnaire

Question	Answer
Oxygen Delivery Route	Face Tent
Titrate Oxygen	Keep SpO2 >= 90%
Humidification	Yes

Nasotracheal Suctioning (Discontinued)

Electronically signed by: **Bhandari, Shiv, MD on 02/16/25 0604** Status: **Discontinued**
Ordering user: Bhandari, Shiv, MD 02/16/25 0604
Ordering provider: Bhandari, Shiv, MD
Authorized by: Bhandari, Shiv, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/16/25 0604 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bhandari, Shiv, MD (auto-released) 2/16/2025 6:04 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Oxygen Therapy High Flow Cannula/Mask; Keep SpO2 >= 92% (Discontinued)

Electronically signed by: **Bhandari, Shiv, MD on 02/16/25 0608** Status: **Discontinued**
Ordering user: Bhandari, Shiv, MD 02/16/25 0608
Ordering provider: Bhandari, Shiv, MD
Authorized by: Bhandari, Shiv, MD
Ordering mode: Standard
Frequency: Routine Continuous 02/16/25 0609 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bhandari, Shiv, MD (auto-released) 2/16/2025 6:08 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Questionnaire

Question	Answer
Oxygen Delivery Route	High Flow Cannula/Mask
Titrate Oxygen	Keep SpO2 >= 92%

Nasotracheal Suctioning (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/16/25 0849** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/16/25 0849
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/16/25 0849 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/16/2025 8:49 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Oxygen Therapy Face Tent; Other (Specify); For patient comfort (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Continuous 02/24/25 1137 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Questionnaire

Question	Answer
Oxygen Delivery Route	Face Tent
Titrate Oxygen	Other (Specify)
Special Instructions	For patient comfort

Order comments: Apply PRN SOB/dyspnea if opioids are ineffective. Start at 2L/min via nasal cannula & adjust to patient comfort. Discontinue if causing discomfort.

Restraints

Restraints Non-Violent or Non-Self Destructive (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2004** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/11/25 2004
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 2004 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:04 PM
Discontinued by: Walks, Tristan H, RN 01/12/25 1325

Questionnaire

Question	Answer
Restraint reason:	Cog Impairment - Disrupts Necessary Invasive Devices

Restraints Non-Violent or Non-Self Destructive (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/18/25 1403** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/18/25 1403
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/18/25 1404 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/18/2025 2:03 PM
Discontinued by: Porter, Allen, RN 02/18/25 1550

Questionnaire

Question	Answer
Restraint reason:	Cog Impairment - Disrupts Necessary Invasive Devices

SLP

Inpatient Consult to Speech Language Pathology (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/09/25 2144** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/09/25 2144
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until therapy completed 01/09/25 2144 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Grabar, Christina, MD (auto-released) 1/9/2025 9:44 PM
Discontinued by: Shepherd, Amanda Kay, MD 01/24/25 1732

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult	Swallow evaluation and treat

Inpatient Consult to Speech Language Pathology (Discontinued)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Until therapy completed 01/15/25 1229 - 1 occurrence
Quantity: 1

Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard
Class: Hospital Performed

Instance released by: Segerson, Karen Elaine, MD (auto-released) 1/15/2025 12:34 PM

Discontinued by: Pillai, Sunita, MD 02/16/25 1212

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult	Swallow evaluation and treat Communication eval and treat
Can patient sit upright?	No
Does patient have a tracheostomy?	No

Supplies

Sequential Compression Device (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Until discontinued 01/09/25 1807 - Until Specified
Quantity: 1

Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed

Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]
Order comments: Standard of care is to keep SCDs on throughout hospitalization.

Abduction pillow (Discontinued)

Electronically signed by: **Paul, Sharmila, MD on 03/06/25 0637**
Status: **Discontinued**
Ordering user: Paul, Sharmila, MD 03/06/25 0637
Authorized by: Abay, Rebecca Joyce Yared, MD
Frequency: Routine Until discontinued 03/06/25 0637 - Until Specified
Quantity: 1

Ordering provider: Paul, Sharmila, MD
Ordering mode: Standard
Class: Hospital Performed

Instance released by: Paul, Sharmila, MD (auto-released) 3/6/2025 6:37 AM

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Questionnaire

Question	Answer
Laterality:	Right
Wearing Schedule (right):	ON except for hygiene/wound care/ROM
Allow removal for skin check?	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 15 of 15)

Transfer

ED to floor bed request (Completed)

Electronically signed by: **Song, Chris, MD on 01/09/25 1344** Status: **Completed**
Ordering user: Song, Chris, MD 01/09/25 1344
Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: Routine Once 01/09/25 1345 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Song, Chris, MD (auto-released) 1/9/2025 1:44 PM

Updates

Diagnosis: Arterial occlusion [I70.90]
Level of care: Intensive Care
Service: SURGERY VASCULAR

Transfer Patient (Completed)

Electronically signed by: **Wilson, Julia, MD on 01/14/25 0943** Status: **Completed**
Ordering user: Wilson, Julia, MD 01/14/25 0943
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Once 01/14/25 0944 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Wilson, Julia, MD (auto-released) 1/14/2025 9:43 AM

Questionnaire

Question	Answer
Provider Care Team	U INTERNAL MEDICINE MED H
Are they the primary team?	Yes
Remove all existing teams?	No

Updates

Attending provider: Wilson, Julia, MD
Level of care: Acute Care

Transfer to Other UWM Facility/Campus (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/25/25 1314** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/25/25 1314
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/25/25 1312 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/25/2025 1:14 PM

Questionnaire

Question	Answer
Diagnosis	Pt with history of critical limb ischemia s/p AKA c/b heart block requiring pacemaker, progressive encephalopathy, dyphagia, severe malnutrition. Pt's son requesting transfer for NG tube placement under anesthesia. Declined here d/t risk.
Requested Destination	HMC
Requested Level of Care	Acute Care
Isolation or Sitter Needs?	No
Medically Emergent Transfer	No
Default priority	High
Reason for Transfer	Patient/Family request
Patient or decision-maker agrees to transfer?	Yes
Anticipated Admitting Service	INTERNAL MEDICINE

Updates

Request type: Transfer - Incoming
Transfer center region: UWM Transfer Center

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 15 of 15) (continued)

Flowsheets (group 1 of 16)

Acuity/Destination

Row Name	01/09/25 1035	01/09/25 1031
Patient Acuity	—	Immediate
Triage Complete	Triage complete	—

Arrival Documentation

Row Name	01/09/25 1027
Triage Start	Start
Triage Call	Call 1x
Prehospital Treatment	No
IV Properties	Placement Date: 01/09/25 Placement Time: 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/10/25 Removal Time: 0500 Removal Reason: Infiltrated
IV Properties	Placement Date: 01/09/25 Placement Time: 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/09/25 Removal Time: 2100 Removal Reason: Infiltrated Condition of Catheter: Intact
IV Properties	Placement Date: 01/09/25 Placement Time: 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/10/25 Removal Time: 1830 Removal Reason: Infiltrated;Pain Condition of Catheter: Intact
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)
Supraglottic Airway Properties	Placement Date: 01/09/25 Placement Time: 1532 Removal Date: 01/09/25 Removal Time: 1703

Basic Assessment

Row Name	01/09/25 1059
Neuro (WDL)	Exceptions to WDL
Best Eye Response	Spontaneous
Best Verbal Response	Confused
Best Motor Response	Follows commands
Glasgow Coma Scale Score	14
Cognition	Poor attention/concentration;Follows commands
Respiratory (WDL)	Within Defined Limits
Cardiac (WDL)	Exceptions to WDL
Cardiac Regularity	Irregular
Cardiac Rhythm	Sinus Bradycardia
Peripheral Vascular (WDL)	Exceptions to WDL
Pulses	R dorsalis pedis;L dorsalis pedis;L posterior tibial;R posterior tibial
R Posterior Tibial	Absent

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Pulse	
L Posterior Tibial Pulse	Doppler
R Dorsalis Pedis Pulse	Weak
L Dorsalis Pedis Pulse	**Absent**
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)
Charting Type	Shift assessment

Basic Assessment

Row Name	03/08/25 0900	03/07/25 2103	03/07/25 1410	03/06/25 2100	03/06/25 0830
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to voice	Responds to voice	Responds to voice	Responds to pain	Responds to pain
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Unable to assess
Cognition	Impulsive	—	Impulsive	—	Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration;Short term memory loss;Unable to follow commands
Speech	Slurred;Incomprehensible	Slurred;Incomprehensible	Slurred;Incomprehensible	Slurred;Incomprehensible;Nods/gestures appropriately	Unable to assess
Swallow	—	—	Chokes on liquids	—	—
RUE Motor Response	—	Normal extension	Normal extension	—	—
RUE Sensation	—	Unable to assess	Unable to assess	—	—
RUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—	—
LUE Motor Response	—	Unable to assess	Unable to assess	—	—
LUE Sensation	—	Unable to assess	Unable to assess	—	—
LUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—	—
RLE Motor Response	—	Unable to assess	Unable to assess	—	—
RLE Sensation	—	Pain	Pain	—	—
RLE Motor Strength	—	Not tested	Not tested	—	—
LLE Motor Response	—	Unable to assess;Other (Comment)	Unable to assess;Other (Comment)	—	—
LLE Sensation	—	Unable to assess	Unable to assess	—	—
LLE Motor Strength	—	Not tested	Not tested	—	—
Neuro Symptoms	—	Fatigue	Fatigue	—	—
Best Eye	To verbal stimuli	To verbal stimuli	To verbal stimuli	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Response					
Best Verbal Response	Incomprehensible sounds	Incomprehensible sounds	Incomprehensible sounds	—	—
Best Motor Response	Localizes pain	Localizes pain	—	—	—
Glasgow Coma Scale Score	10	10	—	—	—
Delirium Scale Used	Confusion Assessment Method (CAM)	—	Confusion Assessment Method (CAM)	—	—
Feature 1: Acute Onset or Fluctuating Course	—	—	—	—	—
Is there evidence of an acute change in mental status from the patient's baseline?	No	—	No	—	—
Inattention	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	—	—
Disorganized thinking	—	—	—	—	—
Altered level of consciousness	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	—	Other (Comment)	—	—
R Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	—	—
L Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	—	—
R Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	—	—
L Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	—	—
Teeth	Missing teeth	Missing teeth	Missing teeth	Missing teeth	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	Normal	Normal	—
Respiratory Depth/Rhythm	Regular	—	Regular	Regular	—
R Upper Anterior	—	—	—	—	—
Respiratory Interventions	Oral suction	—	—	—	—
Suction Type	Oral	Oral	Oral	—	—
Suction Device	Yankauer	Yankauer	Yankauer	—	—
Cough and Deep Breathe	—	—	Uncooperative	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Pacemaker Type	Permanent	—	Permanent	—	—
Permanent Pacer Type	Ventricular	—	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	None	None	—	—
Capillary Refill	—	Less than/equal to 2	Less than/equal to 2	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

		seconds (All extremities)	seconds (All extremities)		
RLE Edema	—	—	—	Mild	—
LLE Edema	—	—	—	Unable to assess	—
RLE Capillary Refill	—	Greater than 2 seconds	Greater than 2 seconds	—	—
RLE Color	—	Appropriate for ethnicity	Appropriate for ethnicity	—	—
RLE Temperature/Moisture	—	Warm	Warm	—	—
LLE Capillary Refill	—	Greater than 2 seconds	Greater than 2 seconds	—	—
LLE Color	—	Appropriate for ethnicity	Appropriate for ethnicity	—	—
LLE Temperature/Moisture	—	Warm	Warm	—	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	Pale	Pale	Pale
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry
Skin Integrity	—	—	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	—	—	—	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Clean;Dehisced;Pink;Yellow	—	Clean;Dehisced;Pink;Yellow	—	Clean;Dehisced;Pink;Yellow
Peri-Wound Assessment	Dry;Intact	—	Dry;Intact	Dry;Intact;Pink	—
Closure	None	—	—	—	—
Drainage Amount	—	—	None	None	—
Dressing	Mepilex Border	—	None - Open to air	—	None - Open to air
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Clean;Dry;Pink;Painful	—	Clean;Dry;Pink;Painful	—	Clean;Dry;Pink;Painful
Peri-Wound Assessment	Clean;Dry	—	—	—	—
Dressing	Barrier Cream	—	Barrier Cream	—	—
Dressing Changed	—	—	Reapplication	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Fragile;Pink;Red	—	Fragile;Pink;Red	—	Unable to assess
Peri-Wound Assessment	Dry;Hyperpigmented;Intact	—	Dry;Hyperpigmented;Intact	—	—
Closure	None	—	—	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	—	—	Mepilex Border
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Limited movement	Limited movement	Limited movement	Limited movement;Weakne	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

				ss	
LUE	Limited movement;Weakness	—	—	Limited movement;Weakness	—
RLE	Limited movement;Weakness;Injury/trauma	—	—	Limited movement;Weakness;Injury/trauma	—
LLE	Limited movement;Amputation	—	—	Limited movement;Amputation	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	—	—
Abdominal Tenderness	—	Tenderness	Tenderness	—	—
Bowel Incontinence	No	Yes	Yes	—	—
Constipation Precipitating Factors	Dehydration	Dehydration	Dehydration	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	No	—	No	—	—
Genitourinary Symptoms	Diminished urine production	—	—	Other (Comment)	Other (Comment)
Urinary Incontinence	Yes	Yes	Yes	—	—
Urine Color	Amber	Amber	Amber	—	—
Genitourinary Additional Assessments	No	No	No	—	—
Female Genitalia	Intact	Intact	Intact	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Restless	Restless	Restless	—	Restless
Needs Expressed	—	Physical	Physical	—	—
Family Behaviors	—	—	—	Anxious;Aggressive verbally;Verbal	—
Visitor Behaviors	—	—	—	Aggressive verbally;Verbal;Anxious	—
Ability to Express Feelings	—	—	—	Needs assistance	—
Ability to Express Needs	—	—	—	Needs assistance	—
Ability to Express Thoughts	—	—	—	Needs assistance	—
Ability to Understand Others	—	—	—	Sometimes understands	—
Charting Type	Shift assessment	Shift assessment	Shift assessment	Shift assessment	Shift assessment
Row Name	**03/05/25 2100**	**03/05/25 0950**	**03/04/25 2100**	**03/04/25 0900**	**03/04/25 0036**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	—	Alert	Alert	—	Alert
Orientation Level	—	Oriented to person;Disoriented to place;Disoriented to time;Disoriented	Oriented to person;Disoriented to place;Disoriented to time;Disoriented	Oriented to person;Disoriented to place;Disoriented to time;Disoriented	Oriented to person;Disoriented to place;Disoriented to time;Disoriented

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

		to situation	to situation	to situation	to situation
Cognition	—	Unable to assess;Impulsive;Poor safety awareness;Poor judgement;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	—	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration
Speech	—	Incomprehensible;Uses written communication	—	—	Incomprehensible
Swallow	—	Chokes on liquids;Chokes on solids;Difficulty swallowing	Chokes on liquids	—	Able to swallow liquids without difficulty
R Hand Grasp	—	—	—	—	Moderate
L Hand Grasp	—	—	—	—	Moderate
R Foot Dorsiflexion	—	—	—	—	Not tested
L Foot Dorsiflexion	—	—	—	—	Not tested
R Foot Plantar Flexion	—	—	—	—	Not tested
L Foot Plantar Flexion	—	—	—	—	Not tested
RUE Motor Response	—	—	—	—	Normal extension;Normal flexion
RUE Sensation	—	—	—	—	Unable to assess
RUE Motor Strength	—	—	—	—	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	—	—	—	—	Normal extension;Normal flexion
LUE Sensation	—	—	—	—	Unable to assess
LUE Motor Strength	—	—	—	—	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	—	—	—	—	Normal extension;Normal flexion
RLE Sensation	—	—	—	—	Unable to assess
RLE Motor Strength	—	—	—	—	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	—	—	—	—	Unable to assess;Other (Comment)
LLE Sensation	—	—	—	—	Unable to assess
Neuro Symptoms	—	Fatigue	—	—	—
Relieved by	—	Rest	—	—	—
Best Eye Response	—	—	—	—	To verbal stimuli
Best Verbal Response	—	—	—	—	Incomprehensible sounds
Best Motor Response	—	—	—	—	Follows commands
Glasgow Coma	—	—	—	—	11

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Scale Score					
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	—	—	—	Swelling
R Eye	—	Mildly impaired vision	—	—	Mildly impaired vision
L Eye	—	Mildly impaired vision	—	—	Mildly impaired vision
R Ear	—	Moderate hearing loss	—	—	Moderate hearing loss
L Ear	—	Moderate hearing loss	—	—	Moderate hearing loss
Nose	—	—	—	—	Intact
Lips	—	—	—	—	Dry
Throat	—	—	—	—	Dry
Tongue	—	—	—	—	Dry
Voice	—	—	—	—	Hoarse
Mucous Membrane(s)	—	—	—	—	Dry
Teeth	—	—	—	—	Missing teeth;Dentures upper;Dentures lower
Neck	—	—	—	—	Trachea midline
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	—	Normal	—	—	Normal
Respiratory Depth/Rhythm	—	Regular	—	—	Regular
Respiratory Effort	—	Unlabored	—	—	Unlabored
Respiratory Effort Characteristics	—	—	—	—	Abdominal muscle use
Dyspnea Occurrence	—	—	—	—	With exertion
Chest Assessment	—	Chest expansion symmetrical	—	Other (Comment)	Symmetrical
Bilateral Breath Sounds	—	Diminished	—	—	Unable to assess
R Breath Sounds	—	—	—	—	Unable to assess
L Breath Sounds	—	—	—	—	Unable to assess
Cough	—	—	—	—	Occasional;Productive
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	—	Regular	—	—	Regular
Heart Sounds	—	—	—	—	S1, S2
Head of Bed Elevated	—	HOB 30	—	—	HOB 30
Jugular Venous Distention (JVD)	—	—	—	—	No
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	—	—	—	—	None
Capillary Refill	—	—	—	—	Less than/equal to 2 seconds (All extremities)
Pulses	—	—	—	—	R radial;L radial;R dorsalis pedis
R Radial Pulse	—	Moderate	—	—	Moderate
L Radial Pulse	—	Moderate	—	—	Moderate
Edema	—	—	—	—	Generalized

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Generalized Edema	—	—	—	—	Mild
RUE Edema	—	—	—	—	Mild
LUE Edema	—	—	—	—	Mild
RLE Edema	—	—	—	—	Mild
LLE Edema	—	—	—	—	Unable to assess
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	—	Pale	Pale
Skin Condition/Temp	Warm;Dry	Warm;Dry	—	—	Warm
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	—	See Wound/Burn LDA(s)
Bruising Location	—	—	—	—	BUE
Bruising Characteristics	—	—	—	—	Scattered
Skin Turgor	—	—	—	—	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Clean;Dehisced;Pink;Yellow	Clean;Dehisced;Pink;Yellow	—	—	—
Peri-Wound Assessment	—	Dry;Intact;Pink	—	—	—
Drainage Amount	—	None	—	—	—
Dressing	None - Open to air	None - Open to air	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Clean;Dry;Pink;Painful	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	—	—	—	—
Dressing	Mepilex Border	—	—	—	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Limited movement;Weakness	Limited movement;Weakness	—	—	Limited movement;Weakness
LUE	Limited movement;Weakness	Limited movement;Weakness	—	—	Limited movement;Weakness
RLE	Limited movement;Weakness	Limited movement;Weakness	—	—	Limited movement;Weakness
LLE	Limited movement;Amputation	Limited movement;Amputation	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	—	Soft;Flat	—	—	Soft;Flat
Bowel Sounds (All Quadrants)	—	Present	—	—	Present
Abdominal	—	—	—	—	Soft;Tenderness;Gu

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Tenderness					arding
Passing Flatus	—	—	—	—	Yes
GI Symptoms	—	—	—	—	Loss of appetite
Last BM Date	—	—	—	—	03/03/25
Bowel Incontinence	—	Yes	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	—	—	—	—	No
Genitourinary Symptoms	—	—	—	—	Other (Comment)
Urinary Incontinence	—	Yes	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Restless	Calm;Irritable	Calm	—	Agitated;Anxious;Restless;Non-compliant
Needs Expressed	—	—	—	—	Physical
Psychosocial Additional Assessments	—	—	—	—	Yes
Family Behaviors	—	—	Anxious	—	Anxious
Rest/Sleep for Patient	—	—	—	—	Poor
Rest/Sleep for Family	—	—	—	—	Poor
Ability to Express Feelings	—	—	—	—	Needs assistance
Ability to Express Needs	—	—	—	—	Needs assistance
Ability to Express Thoughts	—	—	—	—	Needs assistance
Ability to Understand Others	—	—	—	—	Rarely/never understands
Charting Type	—	Shift assessment	Shift assessment	Shift assessment	Shift assessment
Row Name	**03/03/25 0955**	**03/02/25 2333**	**03/02/25 1516**	**03/02/25 0900**	**03/02/25 0019**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Alert	Alert	Alert	—	—
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Unable to assess
Cognition	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration
Speech	Incomprehensible	Incomprehensible	Incomprehensible	Incomprehensible	Incomprehensible
Swallow	—	Able to swallow liquids without difficulty	—	—	—
Pupil Assessment	—	No	—	—	—
Hand Grasp/Motor Function/Sensation Assessment	—	Grasp;Sensation;Motor response;Motor strength	—	—	Grasp;Sensation;Motor response;Motor strength
R Hand Grasp	—	Moderate	—	—	Moderate
L Hand Grasp	—	Moderate	—	—	Moderate
R Foot	—	Not tested	—	—	Not tested

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Dorsiflexion					
L Foot Dorsiflexion	—	Not tested	—	—	Not tested
R Foot Plantar Flexion	—	Not tested	—	—	Not tested
L Foot Plantar Flexion	—	Not tested	—	—	Not tested
RUE Motor Response	—	Normal extension;Normal flexion	—	Normal extension;Normal flexion	Normal extension;Normal flexion
RUE Sensation	—	Unable to assess	—	Unable to assess	Unable to assess
RUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	—	Normal extension;Normal flexion	—	Normal extension;Normal flexion	Normal extension;Normal flexion
LUE Sensation	—	Unable to assess	—	Unable to assess	Unable to assess
LUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	—	Normal extension;Normal flexion	—	Normal extension;Normal flexion	Normal extension;Normal flexion
RLE Sensation	—	Unable to assess	—	Unable to assess	Unable to assess
RLE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	—	Unable to assess;Other (Comment)	—	Unable to assess;Other (Comment)	Unable to assess;Other (Comment)
LLE Sensation	—	Unable to assess	—	Unable to assess	Unable to assess
LLE Motor Strength	—	Not tested	—	Not tested	—
Neuro Symptoms	—	Agitation;Fatigue	—	—	—
Best Eye Response	—	—	—	To pain	To pain
Best Verbal Response	—	—	—	Inappropriate words	Inappropriate words
Best Motor Response	—	—	—	Withdraws to pain	Withdraws to pain
Glasgow Coma Scale Score	—	—	—	9	9
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	Swelling	Swelling	—	—	Swelling
R Eye	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision
L Eye	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision
R Ear	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss
L Ear	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss
Nose	—	Intact	—	Intact	Intact
Lips	—	Dry	—	Dry	Dry
Throat	—	Dry	—	Dry;Other (Comment)	Dry;Other (Comment)
Tongue	—	Dry	—	—	Dry
Voice	—	Hoarse	Hoarse	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Mucous Membrane(s)	—	Dry	—	—	—
Teeth	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	—	Missing teeth;Dentures upper;Dentures lower	—
Neck	—	Trachea midline	—	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	Normal	Normal	Normal
Respiratory Depth/Rhythm	Regular	Regular	Regular	Regular	Regular
Respiratory Effort	Unlabored	Unlabored	Unlabored	Unlabored	Unlabored
Respiratory Effort Characteristics	—	Abdominal muscle use	—	Abdominal muscle use	Accessory muscle use
Dyspnea Occurrence	—	With exertion	With exertion	With exertion	With exertion
Chest Assessment	—	Symmetrical	—	—	Symmetrical
Bilateral Breath Sounds	—	Unable to assess	—	—	Unable to assess
R Breath Sounds	—	Unable to assess	—	—	Unable to assess
L Breath Sounds	—	Unable to assess	—	—	Unable to assess
Cough	—	Occasional;Productive	—	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	Regular	Regular	Regular
Heart Sounds	S1, S2	S1, S2	S1, S2	S1, S2	S1, S2
Head of Bed Elevated	Self regulated	Self regulated	—	Self regulated	Self regulated
Jugular Venous Distention (JVD)	—	No	—	—	No
Cardiac Symptoms	—	None	—	—	—
Pacemaker Type	—	—	—	Permanent	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	None	None	None	None
Capillary Refill	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)
Pulses	R radial;L radial;R dorsalis pedis	R radial;L radial;R dorsalis pedis	R radial;L radial;R dorsalis pedis	R radial;L radial;R dorsalis pedis	R radial;L radial;R dorsalis pedis
R Radial Pulse	Moderate	Moderate	—	Moderate	Moderate
L Radial Pulse	Moderate	Moderate	—	Moderate	Moderate
R Femoral Pulse	Moderate	—	—	—	—
Edema	Generalized	Generalized	Generalized	Generalized	Generalized
Generalized Edema	—	Mild	Mild	Mild	Mild
RUE Edema	—	Mild	Mild	Mild	Mild
LUE Edema	—	Mild	Mild	Mild	Mild
RLE Edema	—	Mild	Mild	Mild	Mild
LLE Edema	—	Unable to assess	—	—	Unable to assess
LLE Capillary Refill	—	—	Greater than 2 seconds	—	—
LLE Color	—	—	Appropriate for ethnicity	—	—
LLE Temperature/Moi	—	—	Warm	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

sture					
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	Pale	Pale	Pale
Skin Condition/Temp	Warm	Warm	Warm	Warm	Warm
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Bruising Location	BUE	BUE	—	—	—
Bruising Characteristics	scattered	Scattered	—	Scatteredf	Scattered
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Length (cm)	6 cm	—	—	—	—
Wound Width (cm)	6 cm	—	—	—	—
Wound Surface Area (cm^2)	36 cm^2	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
RLE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LLE	Amputation	Amputation	Amputation	Amputation	Amputation
Musculoskeletal Additional Assessments	No	—	—	No	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	Present	Present	Present	Present	Present
Abdominal Tenderness	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding
Passing Flatus	Yes	Yes	Yes	—	—
GI Symptoms	—	Loss of appetite;Diarrhea	Loss of appetite;Diarrhea	—	—
Last BM Date	—	03/02/25	—	—	03/01/25
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	Yes	No	Yes	Yes	No

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Genitourinary Symptoms	Other (Comment)	Other (Comment)	—	—	Other (Comment)
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant
Needs Expressed	Physical	Physical	—	Physical	Physical
Psychosocial Additional Assessments	Yes	Yes	—	Yes	Yes
Family Behaviors	Anxious	Anxious	—	Anxious	Anxious
Rest/Sleep for Patient	—	Poor	—	Poor	Poor
Rest/Sleep for Family	—	Poor	—	Poor	Poor
Ability to Express Feelings	—	Needs assistance	—	Needs assistance	Needs assistance
Ability to Express Needs	—	Needs assistance	—	Needs assistance	Needs assistance
Ability to Express Thoughts	—	Needs assistance	—	Needs assistance	Needs assistance
Ability to Understand Others	—	Rarely/never understands	—	Rarely/never understands	Rarely/never understands
Charting Type	Shift assessment	Shift assessment	—	Shift assessment	Shift assessment
Nursing Annotation	—	—	—	Pain meds refused by son	—
Row Name	**03/01/25 1200**	**03/01/25 0800**	**02/28/25 2054**	**02/28/25 0900**	**02/27/25 2100**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Alert	Alert	Alert	Alert	—
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	—
Cognition	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Impulsive	—
Speech	Incomprehensible	—	Incomprehensible;Other (Comment)	Incomprehensible	—
Swallow	—	—	—	Able to swallow liquids without difficulty	—
R Pupil Size (mm)	—	—	—	3	—
R Pupil Shape	—	—	—	Round	—
R Pupil Description	—	—	—	Pinpoint	—
R Pupil Reaction	—	—	—	Brisk	—
L Pupil Size (mm)	—	—	—	3	—
L Pupil Shape	—	—	—	Round	—
L Pupil Description	—	—	—	Pinpoint	—
L Pupil Reaction	—	—	—	Brisk	—
Feature 1: Acute Onset or Fluctuating Course	—	—	—	Negative	—
Feature 2: Inattention	—	—	—	Negative	—
Overall CAM-ICU	—	—	—	Negative	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	—	—	Swelling	—
R Eye	Mildly impaired vision	—	Mildly impaired vision	Mildly impaired vision	—
L Eye	Mildly impaired vision	—	Mildly impaired vision	Mildly impaired vision	—
R Ear	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss	—
L Ear	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss	—
Nose	—	—	—	Intact	—
Lips	—	—	—	Dry	—
Tongue	—	—	—	Dry	—
Teeth	Missing teeth;Dentures upper;Dentures lower	—	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	Normal	Normal	—
Respiratory Depth/Rhythm	—	Regular	—	Regular	—
Respiratory Effort	—	Unlabored	—	Unlabored	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits	Exceptions to WDL
Cardiac Rhythm	—	—	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits	Exceptions to WDL
Cyanosis	—	—	—	None	—
Capillary Refill	—	—	—	Less than/equal to 2 seconds (All extremities)	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	—	Pale	Pale	Pale	—
Skin Condition/Temp	—	Warm	Warm	Warm	—
Skin Integrity	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	—
Skin Turgor	—	—	—	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	Clean	—	—	—
Dressing	—	None - Open to air	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	Unable to assess	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	Unable to assess	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base	Unable to assess	Unable to assess	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Assessment					
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
RLE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LLE	Amputation	Amputation	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits	Exceptions to WDL
Abdomen Inspection	—	—	—	Soft;Flat	—
Bowel Sounds (All Quadrants)	—	—	—	Present	—
Abdominal Tenderness	Soft;Tenderness;Guarding	—	—	Soft;Tenderness;Guarding	—
GI Symptoms	Loss of appetite	—	—	Loss of appetite	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	No	—	—	No	—
Genitourinary Symptoms	Diminished urine production;Other (Comment)	Diminished urine production	Diminished urine production	Diminished urine production	—
Urinary Incontinence	—	—	—	Yes	—
Female Genitalia	—	—	—	Intact	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant
Needs Expressed	—	—	—	Physical	—
Family Behaviors	—	—	—	Anxious	—
Charting Type	Shift assessment	Shift assessment	Shift assessment	—	—
Row Name	**02/27/25 1100**	**02/26/25 2000**	**02/26/25 0900**	**02/25/25 2019**	**02/24/25 2035**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Alert	Alert	Responds to voice	—	—
Orientation Level	Unable to assess	Unable to assess	—	Unable to assess	—
Cognition	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	—	—	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration
Speech	Incomprehensible;Other (Comment)	Incomprehensible;Other (Comment)	—	—	—
Swallow	Chokes on liquids;Chokes on solids	—	—	—	—
Pupil Assessment	No	—	—	—	—
R Hand Grasp	Moderate	—	—	—	—
L Hand Grasp	Moderate	—	—	—	—
R Foot Dorsiflexion	Not tested	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

L Foot Dorsiflexion	Not tested	—	—	—	—
R Foot Plantar Flexion	Not tested	—	—	—	—
L Foot Plantar Flexion	Not tested	—	—	—	—
RUE Motor Response	Normal extension;Normal flexion	—	—	Normal extension;Normal flexion	—
RUE Sensation	Unable to assess	—	—	Unable to assess	—
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance	—
LUE Motor Response	Normal extension;Normal flexion	—	—	Normal extension;Normal flexion	—
LUE Sensation	Unable to assess	—	—	Unable to assess	—
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance	—
RLE Motor Response	Normal extension;Normal flexion	—	—	Normal extension;Normal flexion	—
RLE Sensation	Unable to assess	—	—	Unable to assess	—
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance	—
LLE Motor Response	Unable to assess;Other (Comment)	—	—	Unable to assess;Other (Comment)	—
LLE Sensation	Unable to assess	—	—	Unable to assess	—
LLE Motor Strength	Not tested	—	—	Not tested	—
Neuro Symptoms	Agitation;Fatigue	—	—	—	—
Relieved by	Rest	—	—	—	—
Neuro Additional Assessments	No	—	—	—	—
Best Eye Response	—	—	—	To pain	To pain
Best Verbal Response	—	—	—	Incomprehensible sounds	Confused
Best Motor Response	—	—	—	Withdraws to pain	Localizes pain
Glasgow Coma Scale Score	—	—	—	8	11
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	Intact	—	—	—	—
R Eye	Mildly impaired vision	Mildly impaired vision	—	Mildly impaired vision	—
L Eye	Mildly impaired vision	Mildly impaired vision	—	Mildly impaired vision	—
R Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	—
L Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	—
Nose	Intact	—	—	—	—
Lips	Dry	Dry	Dry	Dry	—
Throat	Dry;Other (Comment)	Dry;Other (Comment)	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Tongue	Dry	Dry	—	—	—
Voice	Hoarse	—	—	—	—
Mucous Membrane(s)	Dry	—	—	Dry	—
Teeth	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	—	—	—
Neck	Trachea midline	Trachea midline	—	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	Tachypneic	Tachypneic	Tachypneic
Respiratory Depth/Rhythm	Regular	Regular	—	Regular	Regular
Respiratory Effort	Labored	Labored	—	Labored	Labored
Respiratory Effort Characteristics	Accessory muscle use	Accessory muscle use	—	Accessory muscle use	Accessory muscle use
Dyspnea Occurrence	With exertion	—	—	—	With exertion
Chest Assessment	Unable to assess	—	—	—	Chest expansion symmetrical
Bilateral Breath Sounds	Unable to assess	—	—	Diminished	Diminished
R Breath Sounds	Unable to assess	—	—	—	—
L Breath Sounds	Unable to assess	—	—	—	—
Cough	Occasional;Productive	—	—	—	—
Respiratory Additional Assessments	No	—	—	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Rhythm	—	—	—	—	—
Pacemaker Type	—	—	—	Permanent	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	—	—	None	—
Capillary Refill	Less than/equal to 2 seconds (All extremities)	—	—	Less than/equal to 2 seconds (All extremities)	—
RUE Edema	—	—	—	Mild	—
LUE Edema	—	—	—	Mild	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	—	—	—
Skin Condition/Temp	Warm	Warm	—	—	—
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Unable to assess	—	—	Unable to assess	Unable to assess
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Closure	—	Staples	—	—	—
Dressing	—	—	—	None - Open to air	—
Edges	—	—	—	—	Unable to assess
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Unable to assess	Unable to assess
Peri-Wound Assessment	—	—	—	Clean;Dry	—
Dressing	—	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Unable to assess	Unable to assess
Peri-Wound Assessment	—	—	—	Clean;Dry;Intact	—
Dressing	—	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	—	—	Unable to assess	Unable to assess
Peri-Wound Assessment	Fragile	Fragile	—	Fragile	—
Dressing	—	—	—	Mepilex Border	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
RLE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LLE	Amputation	Amputation	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	—	—	—	Soft;Flat	—
GI Symptoms	—	Loss of appetite;Constipation	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	—	—	—	—	No
Genitourinary Symptoms	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious	Agitated;Anxious	Agitated;Anxious;Crying
Needs Expressed	—	—	—	—	Physical
Family Behaviors	—	—	—	—	Anxious;Tearful
Rest/Sleep for Patient	—	—	—	—	Poor
Rest/Sleep for Family	—	—	—	—	Poor
Ability to Express Feelings	—	—	—	—	Needs assistance
Ability to Express Needs	—	—	—	—	Needs assistance
Ability to Express	—	—	—	—	Needs assistance

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Thoughts					
Ability to Understand Others	—	—	—	—	Rarely/never understands
Charting Type	Shift assessment	—	—	Shift assessment	Shift assessment
Row Name	**02/24/25 1115**	**02/23/25 2119**	**02/23/25 0815**	**02/23/25 0810**	**02/23/25 0000**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	—	Responds to voice	—	Responds to voice	Responds to voice
Orientation Level	—	Unable to assess	—	Unable to assess	Unable to assess
Cognition	—	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	—	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration
Speech	—	Incomprehensible	—	Incomprehensible	Incomprehensible
Swallow	—	Chokes on liquids;Chokes on solids	—	Chokes on solids;Chokes on liquids	—
Neuro Symptoms	—	—	Agitation;Fatigue	—	Agitation;Fatigue
Best Eye Response	—	To verbal stimuli	Spontaneous	—	—
Best Verbal Response	—	Confused	Incomprehensible sounds	—	—
Best Motor Response	—	Localizes pain	Localizes pain	—	—
Glasgow Coma Scale Score	—	12	11	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Head and Face	—	Intact	—	—	—
R Eye	—	Mildly impaired vision	Mildly impaired vision	—	Mildly impaired vision
L Eye	—	Mildly impaired vision	Mildly impaired vision	—	Mildly impaired vision
R Ear	—	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss
L Ear	—	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss
Nose	—	Intact	—	—	—
Lips	—	Dry	—	—	—
Voice	—	—	Hoarse	—	—
Mucous Membrane(s)	—	—	Dry	—	—
Teeth	—	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Respiratory Pattern	Tachypneic	Tachypneic	Tachypneic	—	Normal
Respiratory Depth/Rhythm	—	Regular	Regular	—	—
Respiratory Effort	Labored	Unlabored	Unlabored	—	Unlabored
Respiratory Effort Characteristics	Accessory muscle use	Abdominal muscle use	Abdominal muscle use	—	—
Dyspnea Occurrence	—	With exertion	With exertion	—	—
Chest Assessment	—	Chest expansion symmetrical	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Bilateral Breath Sounds	—	Clear;Diminished	Diminished	—	Diminished
R Breath Sounds	—	Diminished	—	—	—
L Breath Sounds	—	Diminished	—	—	—
Cough	—	Occasional;Productive	Occasional;Productive	—	Occasional;Productive
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Cardiac Regularity	—	Regular	—	—	Regular
Heart Sounds	—	S1, S2	—	—	S1, S2
Head of Bed Elevated	—	HOB less than 20	—	—	Self regulated
Jugular Venous Distention (JVD)	—	No	—	—	—
Cardiac Symptoms	—	None	—	—	—
Telemetry/Cardiac Monitor	—	No	—	—	—
Pacemaker Type	—	—	Permanent	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Cyanosis	—	None	—	—	—
Capillary Refill	—	Less than/equal to 2 seconds (All extremities)	—	—	—
Pulses	—	R radial;L radial;R dorsalis pedis	—	—	—
R Radial Pulse	—	Moderate	—	—	—
L Radial Pulse	—	Moderate	—	—	—
R Femoral Pulse	—	Moderate	—	—	—
L Femoral Pulse	—	Moderate	—	—	—
L Popliteal Pulse	—	—	Unable to assess	—	Unable to assess
L Posterior Tibial Pulse	—	—	Unable to assess	—	Unable to assess
L Dorsalis Pedis Pulse	—	—	Unable to assess	—	Unable to assess
RLE Capillary Refill	—	—	—	—	Greater than 2 seconds
RLE Color	—	—	—	—	Appropriate for ethnicity
RLE Temperature/Moisture	—	—	—	—	Warm
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Skin Color	—	Pale	Pale	—	Pale
Skin Condition/Temp	—	Warm	—	—	—
Skin Integrity	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)
Bruising Location	—	BUE	BUE	—	—
Bruising Characteristics	—	Scattered	Scattered	—	—
Skin Turgor	—	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	Unable to assess	—	Unable to assess

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Peri-Wound Assessment	—	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact
Closure	—	Staples	Staples	—	Staples
Drainage Amount	—	—	None	—	—
Dressing	—	None - Open to air	None - Open to air	—	None - Open to air
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Pink;Blanchable erythema	Pink;Blanchable erythema	—	Pink;Blanchable erythema
Peri-Wound Assessment	—	Clean;Dry	Clean;Dry	—	Clean;Dry
Closure	—	None	—	—	—
Drainage Amount	—	None	None	—	None
Dressing	—	None - Open to air	None - Open to air	—	None - Open to air
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Unable to assess	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact
Peri-Wound Assessment	—	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact
Drainage Amount	—	None	None	—	—
Dressing	—	None - Open to air	None - Open to air	—	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Blanchable erythema	Blanchable erythema	—	Blanchable erythema
Peri-Wound Assessment	—	—	Fragile	—	Fragile
Dressing	—	Mepilex Border	Mepilex Border	—	Mepilex Border
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
RUE	—	Limited movement;Weakness	Limited movement;Weakness	—	—
LUE	—	Limited movement;Weakness	Limited movement;Weakness	—	—
RLE	—	Limited movement;Weakness	Limited movement;Weakness	—	Limited movement;Weakness
LLE	Amputation	Amputation	Amputation	—	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Abdomen Inspection	—	Soft;Flat	—	—	Soft;Flat
Abdominal Tenderness	—	Soft;Tenderness;Guarding	—	—	—
Passing Flatus	—	Yes	—	—	—
GI Symptoms	—	Loss of appetite	Loss of appetite	—	Loss of appetite;Constipation
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Genitourinary Symptoms	—	Diminished urine production	Diminished urine production	—	Diminished urine production
Urinary Incontinence	—	Yes	—	—	—
Urine Color	—	Amber	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Urine Appearance	—	Unable to assess	—	—	—
Urine Odor	—	No odor	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Anxious;Crying	Agitated;Crying;Nonverbal;Restless	Agitated;Crying;Nonverbal;Restless	—	Agitated;Crying;Nonverbal;Restless
Needs Expressed	—	Physical	—	—	—
Psychosocial Additional Assessments	—	—	—	—	—
Family Behaviors	Anxious;Tearful	Anxious;Verbal	Anxious;Verbal	—	Anxious
Rest/Sleep for Patient	Poor	Poor	Poor	—	—
Rest/Sleep for Family	Poor	Poor	Poor	—	—
Ability to Express Feelings	Needs assistance	Needs assistance	Needs assistance	—	Needs assistance
Ability to Express Needs	Needs assistance	Needs assistance	Needs assistance	—	Needs assistance
Ability to Express Thoughts	Needs assistance	Needs assistance	Needs assistance	—	Needs assistance
Ability to Understand Others	Rarely/never understands	Sometimes understands	Sometimes understands	—	—
Charting Type	Shift assessment	Shift assessment	Shift assessment	—	Shift assessment
Row Name	**02/22/25 2100**	**02/22/25 0955**	**02/21/25 2100**	**02/21/25 1130**	**02/21/25 0900**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to voice	Responds to voice	Responds to voice	Responds to voice	—
Orientation Level	Unable to assess	Unable to assess	Unable to assess;Oriented to person	Unable to assess;Oriented to person	Unable to assess
Cognition	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to follow commands	Impulsive;Poor safety awareness;Other (Comment)	Impulsive;Poor judgement;Poor safety awareness;Unable to follow commands
Speech	Incomprehensible	Incomprehensible	—	Other (Comment)	Unable to assess
Swallow	—	Chokes on liquids;Chokes on solids	—	—	—
LLE Motor Response	—	—	—	—	Unable to assess;Other (Comment)
LLE Sensation	—	—	—	—	Unable to assess
Neuro Symptoms	Agitation;Fatigue	Agitation	—	—	—
Best Eye Response	—	—	—	Spontaneous	—
Best Verbal Response	—	—	—	Confused	—
Best Motor Response	—	—	—	Localizes pain	—
Glasgow Coma Scale Score	—	—	—	13	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	—	—	Intact	Intact
R Eye	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision
L Eye	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

R Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
L Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Mild hearing loss
Lips	—	—	—	Dry	—
Throat	—	—	Dry;Other (Comment)	Dry;Other (Comment)	—
Tongue	—	—	—	Dry	—
Voice	—	—	—	Hoarse	—
Mucous Membrane(s)	—	—	—	Dry	—
Teeth	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	Missing teeth	Missing teeth	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits
Respiratory Pattern	Normal	Normal	Tachypneic	Tachypneic	—
Respiratory Effort	Unlabored	Unlabored	—	—	—
Respiratory Effort Characteristics	—	Abdominal muscle use	—	—	—
Bilateral Breath Sounds	Diminished	Diminished	Diminished	Diminished;Expiratory wheezes	—
R Breath Sounds	—	—	Diminished	—	—
L Breath Sounds	—	—	Diminished	—	—
Cough	Occasional;Productive	Occasional;Productive	—	—	—
Suction Type	—	—	Oral	—	—
Suction Device	—	—	Yankauer	—	—
Secretion Color	—	—	White;Grey	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits
Cardiac Regularity	Regular	—	—	—	—
Heart Sounds	S1, S2	—	—	—	—
Head of Bed Elevated	HOB 30	—	—	—	—
Cardiac Rhythm	—	—	Ventricular Paced	—	Ventricular Paced
Heart Block Type	—	—	—	—	2nd degree AVB (Mobitz II)
Pacemaker Type	Permanent	Permanent	Permanent	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	—	—	—	None	None
Capillary Refill	—	—	—	Less than/equal to 2 seconds (All extremities)	Greater than 2 seconds (All extremities)
Pulses	—	—	—	R radial;L radial;R dorsalis pedis	R radial;L radial;R dorsalis pedis
R Radial Pulse	—	—	—	Moderate	—
L Radial Pulse	—	—	—	Moderate	—
L Femoral Pulse	—	—	—	Moderate	—
L Popliteal Pulse	Unable to assess	Unable to assess	—	—	—
L Posterior Tibial Pulse	Unable to assess	Unable to assess	—	—	—
R Dorsalis Pedis Pulse	—	—	—	Moderate	—
L Dorsalis Pedis Pulse	Unable to assess	Unable to assess	—	—	—
Edema	—	—	—	—	Generalized

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

LLE Edema	Unable to assess	Unable to assess	—	—	—
RLE Capillary Refill	Greater than 2 seconds	—	—	—	—
RLE Color	Appropriate for ethnicity	—	—	—	—
RLE Temperature/Moisture	Warm	—	—	—	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	Pale	Pale	Pale
Skin Condition/Temp	—	—	—	Warm	Hot;Warm
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Bruising Location	—	BUE	—	—	BUE
Bruising Characteristics	—	Scattered	—	—	scattered
Skin Turgor	—	—	Epidermis thin with loss of subcutaneous tissue	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	—	—
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Closure	Staples	Staples	—	Staples	Staples
Drainage Amount	—	—	—	None	None
Dressing	None - Open to air	None - Open to air	—	Other (Comment)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink;Blanchable erythema	Pink;Blanchable erythema	—	Pink	Pink
Peri-Wound Assessment	Clean;Dry	—	—	Clean;Dry	Clean;Dry
Drainage Amount	None	—	—	None	—
Dressing	None - Open to air	None - Open to air	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Intact;Dry	Clean;Intact;Dry
Closure	—	—	—	Approximated	Approximated
Drainage Amount	—	—	—	None	—
Dressing	None - Open to air	None - Open to air	—	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Blanchable erythema	Blanchable erythema	—	Blanchable erythema	—
Peri-Wound Assessment	Fragile	—	—	Intact	—
Drainage Amount	—	—	—	None	—
Dressing	Mepilex Border	Mepilex Border	—	Mepilex Border	Mepilex Border
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Wound Bed/Base Assessment	—	—	—	Intact	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	—	—	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LUE	—	—	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
RLE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LLE	Amputation	Amputation	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Flat	—	—	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	—	—	—	Present	Present
Abdominal Tenderness	—	—	—	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding
Passing Flatus	—	—	—	Yes	Yes
GI Symptoms	Loss of appetite;Constipation	Loss of appetite	—	—	—
Last BM Date	—	—	—	02/14/25	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits
Genitourinary Symptoms	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production	—
Urinary Incontinence	—	—	—	Yes	—
Urine Color	—	—	—	Amber	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Crying;Nonverbal;Restless	Agitated;Crying;Nonverbal;Restless	Agitated;Restless	Restless	Restless
Needs Expressed	—	—	—	—	Physical
Psychosocial Additional Assessments	—	—	—	—	Yes
Family Behaviors	Anxious	Anxious	Anxious;Verbal	—	Anxious;Verbal;Uncooperative
Rest/Sleep for Patient	—	Poor	—	—	—
Rest/Sleep for Family	—	Poor	—	—	—
Ability to Express Feelings	Needs assistance	Needs assistance	—	—	—
Ability to Express Needs	Needs assistance	Needs assistance	—	—	—
Ability to Express Thoughts	Needs assistance	Needs assistance	—	—	—
Ability to Understand Others	—	Sometimes understands	—	—	—
Charting Type	Shift assessment	Shift assessment	Shift assessment	—	Shift assessment
Row Name	**02/20/25 2100**	**02/20/25 0803**	**02/19/25 2300**	**02/19/25 1545**	**02/19/25 1122**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Level of Consciousness	Responds to voice	Responds to voice	Responds to voice	Responds to voice	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	—
Cognition	Impulsive;Poor judgement;Poor safety awareness;Unable to follow commands	Impulsive;Poor judgement;Poor safety awareness;Unable to follow commands	Impulsive;Poor judgement;Poor safety awareness;Unable to follow commands	Impulsive;Poor judgement;Poor safety awareness;Unable to follow commands	—
Speech	Unable to assess	Unable to assess	—	Unable to assess	—
Hand Grasp/Motor Function/Sensation Assessment	—	—	—	Grasp;Sensation;Motor response;Motor strength	—
R Hand Grasp	—	—	—	Moderate	—
L Hand Grasp	—	—	—	Moderate	—
R Foot Dorsiflexion	2-Can move on bed but unable to lift	—	—	2-Can move on bed but unable to lift	—
L Foot Dorsiflexion	2-Can move on bed but unable to lift	—	—	2-Can move on bed but unable to lift	—
R Foot Plantar Flexion	2-Can move on bed but unable to lift	—	—	2-Can move on bed but unable to lift	—
L Foot Plantar Flexion	Not tested	—	Not tested	Not tested	—
RUE Motor Response	Normal extension;Normal flexion	—	Normal extension;Normal flexion	Normal extension;Normal flexion	—
RUE Sensation	Unable to assess	—	Unable to assess	Unable to assess	—
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—
LUE Motor Response	Normal extension;Normal flexion	—	Normal extension;Normal flexion	Normal extension;Normal flexion	—
LUE Sensation	Unable to assess	—	Unable to assess	Unable to assess	—
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—
RLE Motor Response	Normal extension;Normal flexion	—	Normal extension;Normal flexion	Normal extension;Normal flexion	—
RLE Sensation	Unable to assess	—	Unable to assess	Unable to assess	—
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—
LLE Motor Response	Unable to assess;Other (Comment)	—	Unable to assess;Other (Comment)	Unable to assess;Other (Comment)	—
LLE Sensation	Unable to assess	—	Unable to assess	Unable to assess	—
LLE Motor Strength	Not tested	—	—	Not tested	—
Neuro Symptoms	—	—	—	Agitation	—
Relieved by	—	—	—	Rest;Relaxation techniques (Comment)	—
Best Eye Response	—	—	Spontaneous	Spontaneous	—
Best Verbal Response	—	—	Confused	Confused	—
Best Motor Response	—	—	Follows commands	Follows commands	—
Glasgow Coma	—	—	14	14	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Scale Score					
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
R Eye	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	—
L Eye	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	—
R Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	—
L Ear	Mild hearing loss	Mild hearing loss	Mild hearing loss	Mild hearing loss	—
Lips	—	Dry	—	—	—
Throat	Other (Comment)	Dry	—	—	—
Tongue	—	Dry	—	—	—
Voice	—	Hoarse	—	—	—
Mucous Membrane(s)	—	Dry;Intact;Pink	—	—	—
Teeth	Missing teeth	Missing teeth	—	Missing teeth	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Respiratory Pattern	—	Normal	—	Tachypneic	—
Respiratory Depth/Rhythm	—	Regular	—	Regular	—
Dyspnea Occurrence	—	—	With exertion	—	—
Chest Assessment	—	—	Symmetrical	Symmetrical;Chest expansion symmetrical	—
Bilateral Breath Sounds	Diminished	Diminished	—	Diminished	—
R Breath Sounds	Diminished	—	—	Diminished	—
L Breath Sounds	Diminished	—	—	Diminished	—
Suction Type	Oral	—	—	—	—
Suction Device	Yankauer	—	—	—	—
Cardiac (WDL)	Exceptions to WDL	Within Defined Limits	Within Defined Limits	Within Defined Limits	—
Cardiac Regularity	—	Regular	—	Regular	—
Heart Sounds	—	S1, S2	—	—	—
Pacemaker Type	Permanent	—	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Capillary Refill	—	Greater than 2 seconds (All extremities)	—	—	—
Pulses	—	—	—	R radial;L radial;R dorsalis pedis	—
R Radial Pulse	—	Moderate	—	Moderate	—
L Radial Pulse	—	Moderate	—	Moderate	—
L Popliteal Pulse	Unable to assess	—	—	—	—
L Posterior Tibial Pulse	Unable to assess	—	—	—	—
R Dorsalis Pedis Pulse	—	—	—	Moderate	—
L Dorsalis Pedis Pulse	Unable to assess	—	—	Unable to assess	—
Edema	—	—	Generalized	Generalized	—
Generalized Edema	—	—	Mild	Mild	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Skin Color	Pale	Pale	Pale	Pale	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Skin Condition/Temp	—	Hot;Warm	Hot;Warm	Hot;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—
Bruising Location	—	—	—	BUE	—
Bruising Characteristics	—	—	—	scattered	—
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	Clean;Dry;Intact	Clean;Pink	Clean;Pink	—
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—
Closure	Staples	Staples	Staples	Staples	—
Drainage Amount	—	None	—	—	—
Dressing	Betadine Swabs	Betadine Swabs	Other (Comment)	**Other (Comment)**	—
Dressing Changed	—	Reapplication	—	—	—
Dressing Status	—	Other (Comment)	Other (Comment)	Other (Comment)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	Pink	Pink	Pink	—
Peri-Wound Assessment	Clean;Dry	Clean	Clean	Clean	—
Drainage Amount	—	None	—	—	—
Dressing	None - Open to air	None - Open to air	None - Open to air	None - Open to air	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—
Peri-Wound Assessment	Clean;Intact;Dry	Clean;Intact;Dry	Clean;Intact;Dry	Clean;Intact;Dry	—
Closure	—	—	Approximated	Approximated	—
Drainage Amount	—	None	—	—	—
Dressing	None - Open to air	None - Open to air	None - Open to air	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Clean;Dry;Pink;Intact;Blanchable erythema	Clean;Dry;Pink;Intact;Blanchable erythema	Clean;Dry;Pink;Intact;Blanchable erythema	—
Peri-Wound Assessment	—	Pink	Pink	Pink	—
Dressing	Mepilex Border	—	—	—	Mepilex Border
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Clean;Dry	Clean;Dry	Clean;Dry	Clean;Dry	—
Peri-Wound Assessment	Dry;Intact	Dry;Intact	Dry;Intact	Dry;Intact	—
Closure	—	None	—	—	—
Drainage Amount	—	None	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Dressing	None - Open to air	None - Open to air	None - Open to air	None - Open to air	—
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
RUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	—
LUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	—
RLE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	—
LLE	Amputation	Amputation	Amputation	Amputation	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat	—
Bowel Sounds (All Quadrants)	—	Present	Present	Present	—
Abdominal Tenderness	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding	—
Passing Flatus	—	Yes	Yes	Yes	—
GI Symptoms	—	Loss of appetite	—	Loss of appetite;Other (Comment)	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits
Suprapubic Tenderness	—	—	—	No	No
Genitourinary Symptoms	—	Other (Comment)	Other (Comment)	Other (Comment)	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Restless	Restless	Restless	Restless	Restless
Needs Expressed	—	—	—	Physical	Physical
Psychosocial Additional Assessments	—	Yes	—	Yes	Yes
Family Behaviors	—	Anxious;Verbal;Uncooperative	Anxious;Verbal;Uncooperative	Anxious;Verbal;Uncooperative	Anxious;Verbal;Uncooperative
Rest/Sleep for Patient	—	Poor	Poor	—	—
Rest/Sleep for Family	—	Poor	—	—	—
Ability to Express Feelings	Unable to express	Needs assistance	Needs assistance	Needs assistance	Needs assistance
Ability to Express Needs	Unable to express	Needs assistance	Needs assistance	Needs assistance	Needs assistance
Ability to Express Thoughts	Unable to express	Needs assistance	Needs assistance	Needs assistance	Needs assistance
Ability to Understand Others	Rarely/never understands	Rarely/never understands	Rarely/never understands	Rarely/never understands	Rarely/never understands
Charting Type	Shift assessment	Shift assessment	Shift assessment	Shift assessment	Shift assessment
Row Name	**02/19/25 1040**	**02/19/25 0900**	**02/18/25 2057**	**02/18/25 0809**	**02/18/25 0038**
Neuro (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Level of Consciousness	Responds to voice	—	Responds to voice	Responds to pain	—
Orientation Level	Unable to assess	—	Unable to assess	Unable to assess	—
Cognition	Impulsive;Poor	—	Follows	Unable to assess	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

	judgement;Poor safety awareness;Unable to follow commands		commands;Poor safety awareness;Poor attention/concentration		
Speech	—	—	Other (Comment)	Incomprehensible	—
Swallow	—	—	Other (Comment)	Chokes on liquids;Difficulty swallowing;Chokes on solids	—
R Pupil Size (mm)	—	—	3	—	—
R Pupil Shape	—	—	Round	—	—
R Pupil Reaction	—	—	Brisk	—	—
L Pupil Size (mm)	—	—	3	—	—
L Pupil Shape	—	—	Round	—	—
L Pupil Reaction	—	—	Brisk	—	—
R Hand Grasp	—	—	Moderate	—	—
L Hand Grasp	—	—	Moderate	—	—
RUE Motor Response	—	—	Normal extension;Normal flexion	—	—
RUE Sensation	—	—	Unable to assess	—	—
RUE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	—	—
LUE Motor Response	—	—	Normal extension;Normal flexion	—	—
LUE Sensation	—	—	Unable to assess	—	—
LUE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	—	—
RLE Motor Response	—	—	Normal extension;Normal flexion	—	—
RLE Sensation	—	—	Unable to assess	—	—
RLE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	—	—
LLE Motor Response	—	—	Unable to assess;Other (Comment)	—	—
LLE Sensation	—	—	Unable to assess	—	—
Best Eye Response	—	—	Spontaneous	Spontaneous	—
Best Verbal Response	—	—	Confused	Incomprehensible sounds	—
Best Motor Response	—	—	Follows commands	Localizes pain	—
Glasgow Coma Scale Score	—	—	14	11	—
HEENT (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Head and Face	Intact	—	—	—	—
R Eye	Mildly impaired vision	—	Mildly impaired vision	Mildly impaired vision	—
L Eye	Mildly impaired vision	—	Mildly impaired vision	Mildly impaired vision	—
R Ear	Moderate hearing	—	Moderate hearing	Moderate hearing	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

	loss		loss	loss	
L Ear	Mild hearing loss	—	Mild hearing loss	Moderate hearing loss	—
Nose	Intact	—	—	—	—
Lips	Dry	—	Dry	—	—
Throat	Dry	—	—	—	—
Tongue	Dry	—	—	—	—
Voice	Hoarse	—	—	—	—
Mucous Membrane(s)	Dry;Intact;Pink	—	—	Dry;Intact;Pink	—
Teeth	Missing teeth	—	Missing teeth	Missing teeth;Dentures upper;Dentures lower	—
Respiratory (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Respiratory Pattern	—	—	Normal	—	—
Respiratory Depth/Rhythm	Regular	—	Regular	—	—
Respiratory Effort	Unlabored	—	Unlabored	—	—
Dyspnea Occurrence	—	—	With exertion	With crying;With exertion	—
Chest Assessment	—	—	Chest expansion symmetrical	—	—
Bilateral Breath Sounds	—	—	Diminished	Diminished	—
Cough	Occasional;Non-productive	—	Occasional;Non-productive	—	—
Cough and Deep Breathe	Needs encouragement	—	—	—	—
Cardiac (WDL)	Within Defined Limits	—	Within Defined Limits	Exceptions to WDL	—
Cardiac Regularity	Regular	—	—	—	—
Heart Sounds	—	—	S1, S2	—	—
Head of Bed Elevated	HOB 30	—	HOB 30	—	—
Jugular Venous Distention (JVD)	—	—	No	—	—
Cardiac Symptoms	—	—	None	—	—
Telemetry/Cardiac Monitor	—	—	No	No	—
Pacemaker Type	—	—	—	Permanent	—
Peripheral Vascular (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Cyanosis	None	—	None	—	—
Pulses	—	—	R radial;L radial;R dorsalis pedis	—	—
R Radial Pulse	—	—	Moderate	—	—
L Radial Pulse	—	—	Moderate	—	—
L Femoral Pulse	—	—	Moderate	—	—
L Popliteal Pulse	—	—	Unable to assess	Unable to assess	—
R Posterior Tibial Pulse	—	—	Weak	—	—
L Posterior Tibial Pulse	—	—	—	Unable to assess	—
L Dorsalis Pedis Pulse	—	—	—	Unable to assess	—
Generalized	—	—	—	Mild	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Edema					
LLE Edema	—	—	—	Unable to assess	—
RLE Capillary Refill	—	—	Greater than 2 seconds	—	—
RLE Color	—	—	Appropriate for ethnicity	—	—
RLE Temperature/Moisture	—	—	Warm	—	—
LLE Capillary Refill	—	—	Greater than 2 seconds	—	—
LLE Color	—	—	Appropriate for ethnicity	—	—
LLE Temperature/Moisture	—	—	Warm	—	—
Integumentary (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Skin Color	Pale	—	Pale	Pale	—
Skin Condition/Temp	Hot;Dry	—	Hot;Dry	Hot;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—
Bruising Location	BUE	—	BUE	BUE	—
Bruising Characteristics	Scattered	—	Scattered	scattered	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	Clean;Pink	—	—
Peri-Wound Assessment	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Closure	—	Staples	Staples	—	—
Drainage Description	—	Unable to assess	—	—	—
Drainage Amount	—	None	None	—	—
Dressing	—	—	Gauze;Betadine Swabs;Elastic Wrap (ACE)	—	—
Dressing Changed	—	—	Changed	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Pink	—	—
Peri-Wound Assessment	—	—	Clean	—	—
Closure	—	—	None	—	—
Dressing	—	—	Barrier Cream	—	—
Dressing Changed	—	Reapplication	Reapplication	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact	—	—
Peri-Wound Assessment	—	—	Clean;Intact;Dry	—	—
Closure	—	—	Approximated	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Drainage Amount	—	—	None	—	—
Dressing	—	—	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink;Intact;Blanchable erythema	Clean;Dry;Pink;Intact;Blanchable erythema	—
Peri-Wound Assessment	—	—	Pink	Pink	—
Closure	—	—	None	—	—
Dressing	—	—	None - Open to air	None - Open to air	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	Clean;Dry	—	—
Peri-Wound Assessment	—	—	Dry;Intact	—	—
Closure	—	—	None	—	—
Dressing	—	—	None - Open to air	—	—
Musculoskeletal (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
RUE	Limited movement;Weakness	—	Limited movement;Weakness	Limited movement;Weakness	—
LUE	Limited movement;Weakness	—	Limited movement;Weakness	Limited movement;Weakness	—
RLE	Limited movement;Weakness	—	Limited movement;Weakness	Limited movement;Weakness	—
LLE	Amputation	—	Amputation	Amputation	—
Musculoskeletal Additional Assessments	No	—	—	—	—
Gastrointestinal (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Abdomen Inspection	Soft;Flat	—	Soft;Flat	—	—
Bowel Sounds (All Quadrants)	Present	—	Present	—	—
Abdominal Tenderness	Soft;Tenderness;Guarding	—	Soft;Tenderness;Guarding	—	—
Passing Flatus	Yes	—	Yes	—	—
GI Symptoms	—	—	Loss of appetite	Loss of appetite	—
Genitourinary (WDL)	—	—	Within Defined Limits	Within Defined Limits	—
Suprapubic Tenderness	—	—	No	—	—
Urinary Incontinence	—	—	Yes	—	—
Psychosocial (WDL)	—	—	Exceptions to WDL	Exceptions to WDL	—
Patient Behaviors/Mood	—	—	Restless	—	—
Needs Expressed	—	—	Physical	—	—
Family Behaviors	—	—	Anxious;Verbal;Uncooperative	Anxious;Verbal;Uncooperative	—
Rest/Sleep for Patient	—	—	—	Poor	—
Ability to Express	—	—	Needs assistance	Needs assistance	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Feelings					
Ability to Express Needs	—	—	Needs assistance	Needs assistance	—
Ability to Express Thoughts	—	—	Needs assistance	Needs assistance	—
Ability to Understand Others	—	—	—	Rarely/never understands	—
Charting Type	—	—	Shift assessment	Shift assessment	—
Reason for Communication	—	—	—	—	Family request

Row Name	**02/17/25 2030**	**02/17/25 1042**	**02/16/25 2149**	**02/16/25 1000**	
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	
Level of Consciousness	Responds to pain	Responds to pain	Alert	—	
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	
Cognition	Unable to assess	Unable to assess	Unable to assess	Unable to assess	
Speech	Incomprehensible	Incomprehensible	—	Incomprehensible	
Swallow	—	—	—	Chokes on liquids;Chokes on solids;Difficulty swallowing	
R Hand Grasp	Moderate	—	—	—	
L Hand Grasp	Moderate	—	—	—	
R Foot Dorsiflexion	2-Can move on bed but unable to lift	—	—	—	
L Foot Dorsiflexion	2-Can move on bed but unable to lift	—	—	—	
R Foot Plantar Flexion	2-Can move on bed but unable to lift	—	—	—	
L Foot Plantar Flexion	Not tested	—	—	—	
RUE Motor Response	Normal extension;Normal flexion	—	—	—	
RUE Sensation	Unable to assess	—	—	—	
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	—	
LUE Motor Response	Normal extension;Normal flexion	—	—	—	
LUE Sensation	Unable to assess	—	—	—	
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	—	
RLE Motor Response	Normal extension;Normal flexion	—	—	—	
RLE Sensation	Unable to assess	—	—	—	
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	—	
LLE Motor Response	Unable to assess	—	—	—	
LLE Sensation	Unable to assess	—	—	—	
LLE Motor Strength	Not tested	—	—	—	

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Neuro Symptoms	Agitation	—	—	Agitation
Best Eye Response	Spontaneous	Spontaneous	—	—
Best Verbal Response	Incomprehensible sounds	Incomprehensible sounds	—	—
Best Motor Response	Localizes pain	Localizes pain	—	—
Glasgow Coma Scale Score	11	11	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	Intact	—	—
R Eye	Mildly impaired vision	Mildly impaired vision	—	Mildly impaired vision
L Eye	Mildly impaired vision	Mildly impaired vision	—	Mildly impaired vision
R Ear	Moderate hearing loss	Moderate hearing loss	—	—
L Ear	Moderate hearing loss	Moderate hearing loss	—	—
Nose	—	Intact	—	—
Throat	Dry	—	—	—
Tongue	Dry	—	—	—
Voice	Hoarse	—	—	—
Teeth	Missing teeth;Dentures upper;Dentures lower	—	Missing teeth	Missing teeth
Neck	Trachea midline	—	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Tachypneic	Tachypneic	Tachypneic
Respiratory Depth/Rhythm	Regular	Regular	—	Regular
Respiratory Effort	Labored	Labored	Labored	Labored
Respiratory Effort Characteristics	Abdominal muscle use	Abdominal muscle use	Abdominal muscle use	Accessory muscle use
Dyspnea Occurrence	At rest;With crying;With exertion	At rest;With exertion	At rest;With crying;With exertion	—
Chest Assessment	Symmetrical	Chest expansion symmetrical	Symmetrical;Chest expansion symmetrical	—
Bilateral Breath Sounds	Diminished	Diminished	Diminished;Rhonchi	Diminished
R Breath Sounds	Diminished	Diminished	—	Crackles;Diminished
L Breath Sounds	Diminished	Diminished	—	—
Cough	Occasional;Non-productive	—	Occasional;Non-productive	Occasional;Non-productive
Suction Type	Oral	—	—	—
Suction Device	Yankauer	—	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	Regular	—
Heart Sounds	S1, S2	S1, S2	—	—
Head of Bed Elevated	Self regulated	HOB 30	—	HOB 30
Jugular Venous Distention (JVD)	No	—	—	—
Cardiac Symptoms	None	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Telemetry/Cardiac Monitor	No	—	—	No
Cardiac Rhythm	—	—	—	Ventricular Paced
Pacemaker Type	—	—	Permanent	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	None	None	None
Capillary Refill	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	—
Pulses	—	R radial;L radial;R dorsalis pedis	—	—
R Radial Pulse	Weak	Weak	—	Weak
L Radial Pulse	Weak	Weak	—	Weak
R Dorsalis Pedis Pulse	—	Moderate	—	—
L Dorsalis Pedis Pulse	—	Unable to assess	—	—
Edema	—	Right lower extremity;Left lower extremity	—	—
Generalized Edema	—	Mild	—	—
RUE Edema	Mild	Mild	—	—
LUE Edema	Mild	Mild	—	—
RLE Edema	Mild	Mild	—	—
LLE Edema	Unable to assess	Unable to assess	—	Unable to assess
RLE Capillary Refill	Greater than 2 seconds	—	—	—
RLE Color	Appropriate for ethnicity	—	—	—
RLE Temperature/Moisture	Warm	—	—	—
LLE Capillary Refill	Greater than 2 seconds	—	—	—
LLE Color	Pale	—	—	—
LLE Temperature/Moisture	Warm;Dry	—	—	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	Pale	Pale
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s);Bruising
Bruising Location	—	—	—	BUE
Bruising Characteristics	—	—	—	scattered
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	—	—	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation			
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	Unable to assess
Peri-Wound Assessment	Clean;Dry;Intact	—	—	Unable to assess
Closure	—	—	—	Unable to assess

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Drainage Amount	None	—	—	—
Dressing	Other (Comment)	—	—	Gauze;Elastic Wrap (ACE)
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)			
Wound Bed/Base Assessment	Unable to assess	—	—	Unable to assess
Peri-Wound Assessment	Unable to assess	—	—	Unable to assess
Drainage Amount	None	—	—	—
Dressing	None - Open to air	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed			
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact
Peri-Wound Assessment	Clean;Intact;Dry	—	—	Clean;Intact;Dry
Dressing	None - Open to air	—	—	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)			
Wound Bed/Base Assessment	—	—	—	Unable to assess
Peri-Wound Assessment	—	—	—	Unable to assess
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701			
Wound Bed/Base Assessment	Clean;Dry	—	—	Dry;Clean;Blanchable erythema
Peri-Wound Assessment	Dry;Intact	—	—	Intact
Closure	None	—	—	—
Dressing	None - Open to air	—	—	None - Open to air
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Limited movement;Weakness	Limited movement;Weakness	Weakness;Limited movement	Weakness;Limited movement
LUE	Limited movement;Weakness	Limited movement;Weakness	Weakness;Limited movement	Weakness;Limited movement
RLE	Limited movement;Weakness	Limited movement;Weakness	Weakness;Limited movement	Weakness;Limited movement
LLE	Amputation	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	—
Bowel Sounds (All Quadrants)	Present	Present	Present	—
Abdominal Tenderness	Soft;Tenderness;Guarding	Soft;No guarding;Tenderness	Soft	—
Passing Flatus	Yes	Yes	—	—
GI Symptoms	Loss of appetite	Constipation	—	Constipation
RUQ Bowel Sounds	Present	Present	—	—
LUQ Bowel	Present	Present	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Sounds				
RLQ Bowel Sounds	Present	Present	—	—
LLQ Bowel Sounds	Present	Present	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	No	No	—	—
Genitourinary Symptoms	—	Other (Comment)	Other (Comment)	Other (Comment)
Urinary Incontinence	Yes	—	—	—
Genitourinary Additional Assessments	—	No	—	—
Female Genitalia	—	Intact	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Appropriate for situation;Crying;Irritable;Nonverbal	Agitated;Appropriate for situation;Crying;Irritable;Nonverbal	Nonverbal;Restless;Crying	Nonverbal
Needs Expressed	—	Physical	—	—
Psychosocial Additional Assessments	—	Yes	—	—
Family Behaviors	Anxious	Anxious	—	—
Rest/Sleep for Patient	Fair	Fair	—	—
Ability to Express Feelings	Needs assistance	Unable to express	—	—
Ability to Express Needs	Needs assistance	Unable to express	—	—
Ability to Express Thoughts	Needs assistance	Unable to express	—	—
Ability to Understand Others	Sometimes understands	Sometimes understands	—	—
Charting Type	Shift assessment	Shift assessment	Shift assessment	Shift assessment

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16)

Basic Assessment

Row Name	02/15/25 2124	02/15/25 1100	02/15/25 0100	02/15/25 0054	02/14/25 1515
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	—	Alert	—	Alert	Alert
Orientation Level	Unable to assess	Unable to assess	—	Unable to assess	Unable to assess
Cognition	Unable to assess	Unable to assess;Impulsive	—	Unable to assess;Impulsive	Unable to assess;Impulsive
Speech	Incomprehensible	Incomprehensible	—	Incomprehensible	Incomprehensible
Swallow	—	—	—	—	**Difficulty swallowing**
Hand Grasp/Motor Function/Sensation Assessment	—	—	—	Grasp;Motor response;Sensation;Motor strength	Grasp;Motor response;Sensation;Motor strength
R Hand Grasp	—	—	—	Moderate	Moderate
L Hand Grasp	—	—	—	Moderate	Moderate
R Foot Dorsiflexion	—	—	—	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift
L Foot Dorsiflexion	—	—	—	Not tested	Not tested
R Foot Plantar Flexion	—	—	—	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift
L Foot Plantar Flexion	—	—	—	Not tested	Not tested
RUE Motor Response	—	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion
RUE Sensation	—	—	—	Unable to assess	Unable to assess
RUE Motor Strength	—	—	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	—	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion
LUE Sensation	—	—	—	Unable to assess	Unable to assess
LUE Motor Strength	—	—	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	—	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion
RLE Sensation	—	—	—	Unable to assess	Unable to assess
RLE Motor Strength	—	—	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	—	—	—	Unable to assess	Unable to assess
LLE Sensation	—	—	—	Unable to assess	Unable to assess
LLE Motor Strength	—	—	—	Not tested	Not tested
Neuro Symptoms	—	—	—	Agitation;Irritable	Agitation;Irritable
Relieved by	—	—	—	—	Rest;Relaxation techniques (Comment)
Best Eye Response	Spontaneous	—	—	To pain	To pain
Best Verbal	Inappropriate words	—	—	Inappropriate words	Inappropriate words

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Response					
Best Motor Response	Withdraws to pain	—	—	Localizes pain	Localizes pain
Glasgow Coma Scale Score	11	—	—	10	10
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Head and Face	—	Intact	—	—	—
R Eye	Mildly impaired vision	Moderately impaired vision	—	Moderately impaired vision	Moderately impaired vision
L Eye	Mildly impaired vision	Moderately impaired vision	—	Moderately impaired vision	Moderately impaired vision
R Ear	Moderate hearing loss	Moderate hearing loss	—	—	Moderate hearing loss
L Ear	Moderate hearing loss	Moderate hearing loss	—	—	Moderate hearing loss
Nose	—	Intact	—	—	—
Lips	—	Dry	—	—	—
Throat	—	Dry	—	—	—
Tongue	—	Dry	—	—	—
Teeth	Missing teeth	—	—	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	—	Normal	—	—	Normal
Respiratory Depth/Rhythm	—	Regular	—	—	Regular
Respiratory Effort	—	Labored	—	—	Labored
Respiratory Effort Characteristics	—	Accessory muscle use	—	—	Accessory muscle use;Abdominal muscle use
Dyspnea Occurrence	—	Lying flat	—	—	Lying flat;With exertion
Chest Assessment	—	Symmetrical;Chest expansion symmetrical	—	Symmetrical;Chest expansion symmetrical	Symmetrical;Chest expansion symmetrical
Bilateral Breath Sounds	Diminished	Diminished	—	Diminished	Diminished
R Breath Sounds	—	Diminished	—	—	Diminished
L Breath Sounds	—	Diminished	—	—	Diminished
Cough	—	Productive;Moist	—	—	Productive;Moist
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	—	Regular	—	—	—
Heart Sounds	—	S1, S2	—	—	—
Head of Bed Elevated	HOB 30	HOB 30	—	—	—
Jugular Venous Distention (JVD)	—	No	—	—	—
Pacemaker Type	—	Permanent	—	—	—
Method	—	Transvenous	—	—	—
Temp Pacing Type	—	Medtronic	—	—	—
Temp Pacing Mode	—	VVI	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Cyanosis	—	None	—	—	—
Capillary Refill	—	Greater than 2 seconds (All extremities)	—	—	Greater than 2 seconds (All extremities)
Pulses	—	R radial;L radial;R	—	—	R radial;L radial;R

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

		dorsalis pedis			dorsalis pedis
R Radial Pulse	—	Moderate	—	—	Moderate
L Radial Pulse	—	Moderate	—	—	Moderate
R Femoral Pulse	—	Moderate	—	—	—
L Femoral Pulse	—	Moderate	—	—	—
R Popliteal Pulse	—	Doppler	—	—	—
R Dorsalis Pedis Pulse	—	—	—	—	Moderate
L Dorsalis Pedis Pulse	—	—	—	—	Unable to assess
Edema	Right lower extremity;Left lower extremity	—	—	Generalized	—
Generalized Edema	—	—	—	Mild	Mild
RLE Edema	Mild	—	—	—	—
LLE Edema	Mild	—	—	—	—
RLE Capillary Refill	—	—	—	—	Greater than 2 seconds
RLE Color	—	—	—	—	Appropriate for ethnicity
RLE Temperature/Moisture	—	—	—	—	Warm
LLE Capillary Refill	—	—	—	—	Greater than 2 seconds
LLE Color	—	—	—	—	Pale
LLE Temperature/Moisture	—	—	—	—	Warm;Dry
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	—	Pale	Pale
Skin Condition/Temp	—	Warm;Dry;Cool	—	Warm;Dry;Cool	Warm;Dry;Cool
Skin Integrity	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Bruising Location	BUE	BUE	—	—	BUE
Bruising Characteristics	scattered	Various	—	—	—
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—	—	—
Integumentary Additional Assessments	—	No	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Unable to assess	—	—	Dry;Clean;Intact	—
Peri-Wound Assessment	Unable to assess	—	—	Dry;Clean;Intact	—
Closure	—	—	—	Staples	—
Dressing	Elastic Wrap (ACE)	—	—	Gauze;Elastic Wrap (ACE)	—
Dressing Changed	—	—	New;Changed	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

	Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	—	Clean;Dry;Pink
Dressing	—	—	—	Barrier Cream	Barrier Cream
Dressing Changed	—	—	—	Reapplication	—
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Closure	—	—	—	Skin glue;Approximated	Skin glue;Approximated
Dressing	—	—	—	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Unable to assess	Unable to assess
Peri-Wound Assessment	—	—	—	Clean;Dry;Pink	Clean;Dry;Pink
Dressing	—	—	—	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Blanchable erythema	—	—	Blanchable erythema;Dry	Blanchable erythema;Dry
Peri-Wound Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact;Blanchable erythema	Clean;Dry;Intact;Blanchable erythema
Dressing	—	—	—	None - Open to air	None - Open to air
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
RUE	Limited movement;Weakness	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement
LUE	Limited movement;Weakness	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement
RLE	Limited movement;Weakness	Weakness;Limited movement;Swelling	—	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	Amputation;Surgery	Amputation	—	Amputation	Amputation
Musculoskeletal Additional Assessments	—	No	—	—	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	—	Soft;Flat	—	Soft;Flat	—
Bowel Sounds (All Quadrants)	—	Present	—	Present	Present
Abdominal Tenderness	—	Soft	—	Soft	Soft
Passing Flatus	Yes	Yes	—	Yes	Yes
GI Symptoms	—	—	—	—	Constipation
Bowel Incontinence	Yes	—	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Suprapubic	—	No	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Tenderness					
Genitourinary Symptoms	Other (Comment)	Diminished urine production	—	Diminished urine production	Diminished urine production;Other (Comment)
Urinary Incontinence	Yes	—	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Nonverbal	Impulsive;Nonverbal;Restless	—	Impulsive;Nonverbal;Restless	Impulsive;Nonverbal;Restless
Needs Expressed	—	Physical	—	Physical	Physical
Psychosocial Additional Assessments	—	Yes	—	Yes	Yes
Family Behaviors	Cooperative	Anxious;Cooperative	—	Anxious;Cooperative	Anxious;Cooperative
Rest/Sleep for Patient	—	Fair	—	Fair	Fair
Ability to Express Feelings	—	—	—	Unable to express	Unable to express
Ability to Express Needs	—	Unable to express	—	Unable to express	Unable to express
Ability to Express Thoughts	—	Unable to express	—	Unable to express	Unable to express
Ability to Understand Others	—	Sometimes understands	—	Sometimes understands	Sometimes understands
Charting Type	Shift assessment	Shift assessment	—	Shift assessment	Shift assessment
Row Name	**02/14/25 0900**	**02/13/25 2200**	**02/13/25 2030**	**02/13/25 1220**	**02/13/25 0900**
Neuro (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Level of Consciousness	Alert	—	Alert	Responds to voice	—
Orientation Level	Unable to assess	—	Unable to assess	Unable to assess	—
Cognition	—	—	Unable to follow commands;Unable to assess;Other (Comment)	Unable to follow commands;Unable to assess;Other (Comment)	—
Speech	Incomprehensible	—	Incomprehensible	Incomprehensible	—
Swallow	—	—	Difficulty swallowing	Difficulty swallowing	—
Hand Grasp/Motor Function/Sensation Assessment	—	—	Motor strength;Grasp	—	—
R Hand Grasp	—	—	Strong	—	—
L Hand Grasp	—	—	Strong	—	—
R Foot Dorsiflexion	—	—	2-Can move on bed but unable to lift	—	—
L Foot Dorsiflexion	—	—	Not tested	—	—
R Foot Plantar Flexion	—	—	2-Can move on bed but unable to lift	—	—
L Foot Plantar Flexion	—	—	Not tested	—	—
RUE Motor Response	Normal extension;Normal flexion	—	Normal extension;Normal flexion	—	—
RUE Sensation	Unable to assess	—	Unable to assess	—	—
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	—	—
LUE Motor	Normal	—	Normal	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Response	extension;Normal flexion		extension;Normal flexion		
LUE Sensation	Unable to assess	—	Unable to assess	—	—
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	—	—
RLE Motor Response	Normal extension;Normal flexion	—	Normal extension;Normal flexion	—	—
RLE Sensation	Unable to assess	—	Unable to assess	—	—
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	—	—
LLE Motor Response	—	—	Unable to assess	—	—
LLE Sensation	—	—	Unable to assess	—	—
LLE Motor Strength	—	—	Not tested	—	—
Neuro Symptoms	Agitation;Irritable	—	Agitation;Irritable	—	—
Relieved by	Relaxation techniques (Comment)	—	—	—	—
HEENT (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Head and Face	—	—	—	Intact	—
R Eye	Moderately impaired vision	—	Moderately impaired vision	Moderately impaired vision	—
L Eye	Moderately impaired vision	—	Moderately impaired vision	Moderately impaired vision	—
R Ear	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss	—
L Ear	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss	—
Lips	—	—	—	Dry	—
Voice	Hoarse	—	—	Hoarse	—
Respiratory (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Respiratory Pattern	Normal	—	Normal	Normal	—
Respiratory Depth/Rhythm	Regular	—	Regular	Shallow	—
Respiratory Effort	Labored	—	—	Labored	—
Dyspnea Occurrence	Lying flat	—	—	—	—
Chest Assessment	—	—	Symmetrical;Chest expansion symmetrical	Symmetrical;Chest expansion symmetrical	—
Bilateral Breath Sounds	—	—	Diminished	Diminished	—
R Breath Sounds	Diminished	—	—	Diminished;Crackles;Expiratory wheezes	—
L Breath Sounds	Diminished	—	—	Diminished	—
Cough	—	—	—	Productive;Moist;Occasional;Weak;Unable to assess;Other (Comment)	—
Respiratory Additional Assessments	—	—	—	No	—
Cardiac (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Cardiac Regularity	Regular	—	—	Regular	—
Heart Sounds	S1, S2	—	—	S1, S2	—
Head of Bed Elevated	—	—	—	HOB less than 20	—
Jugular Venous Distention (JVD)	—	—	—	No	—
Cardiac Symptoms	—	—	—	Other (Comment)	—
Telemetry/Cardiac Monitor	—	—	—	No	—
Cardiac Rhythm	—	—	—	Ventricular Paced	—
Peripheral Vascular (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Cyanosis	None	—	—	None	—
Capillary Refill	—	—	—	Greater than 2 seconds (All extremities)	—
Pulses	—	—	—	R radial;L radial;R dorsalis pedis	—
L Radial Pulse	—	—	—	Moderate	—
R Femoral Pulse	—	—	—	Moderate	—
L Popliteal Pulse	—	—	Unable to assess	—	—
L Posterior Tibial Pulse	—	—	Unable to assess	—	—
Edema	—	—	Generalized	—	—
Generalized Edema	—	—	Mild	—	—
Integumentary (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Skin Color	Pale	—	Pale	Pale	—
Skin Condition/Temp	Warm;Dry;Cool	—	Warm;Dry;Cool	Warm;Dry;Cool	—
Skin Integrity	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—
Bruising Location	—	—	BUE	—	—
Skin Turgor	—	—	—	Epidermis thin with loss of subcutaneous tissue	—
Integumentary Additional Assessments	—	—	—	No	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Intact;Pink
Closure	—	—	—	—	Staples
Drainage Amount	—	—	—	—	None
Dressing	—	—	—	—	Gauze;Elastic Wrap (ACE);Other (Comment)
Dressing Changed	—	New;Changed	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Peri-Wound Assessment	—	—	—	—	Intact
Closure	—	—	—	—	None
Drainage Amount	—	—	—	—	None

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Intact
Drainage Amount	—	—	—	—	None
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Musculoskeletal (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
RUE	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement	—
LUE	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement	—
RLE	Weakness;Limited movement;Swelling	—	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	—
LLE	Amputation	—	Amputation	Amputation	—
Musculoskeletal Additional Assessments	—	—	—	No	—
Gastrointestinal (WDL)	Within Defined Limits	—	Within Defined Limits	Within Defined Limits	—
Abdomen Inspection	Soft;Flat	—	—	—	—
Bowel Sounds (All Quadrants)	Present	—	—	—	—
Abdominal Tenderness	Soft	—	—	—	—
Bowel Incontinence	—	—	—	Yes	—
Stool Appearance	—	—	—	Formed;Soft	—
Stool Color	—	—	—	Brown	—
Stool Size	—	—	—	Small	—
Bowel frequency (day)	—	—	—	1 to 3 times	—
RUQ Bowel Sounds	—	—	—	Active;Present;Audible	—
LUQ Bowel Sounds	—	—	—	Active;Present;Audible	—
RLQ Bowel Sounds	—	—	—	Active;Present;Audible	—
LLQ Bowel Sounds	—	—	—	Active;Present;Audible	—
Genitourinary (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Suprapubic Tenderness	—	—	—	No	—
Genitourinary Symptoms	Diminished urine production	—	Diminished urine production	Diminished urine production	—
Urinary Incontinence	—	—	—	Yes	—
Urine Color	—	—	—	Tea colored	—
Urine Appearance	—	—	—	Clear	—
Urine Odor	—	—	—	No odor	—
Psychosocial (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Patient	Impulsive;Nonverbal	—	—	Impulsive;Nonverbal	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Behaviors/Mood	;Restless			;Restless	
Charting Type	Shift assessment	—	Shift assessment	Shift assessment	—
Reason for Communication	—	—	—	Medication concern	—
Provider Name	—	—	—	Sunita Pillai MD	—
Provider Role	—	—	—	Attending physician	—
Method of Communication	—	—	—	Overhead	—
Response	—	—	—	No new orders	—
Notification Time	—	—	—	0744	—
Row Name	**02/12/25 2112**	**02/12/25 2100**	**02/12/25 0830**	**02/11/25 2135**	**02/11/25 0901**
Neuro (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	—	Responds to pain	—	—	Responds to pain
Orientation Level	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
Cognition	—	Unable to follow commands	Unable to follow commands	Unable to follow commands	Unable to follow commands
Speech	—	Incomprehensible	Incomprehensible	Incomprehensible	Incomprehensible
Swallow	—	—	—	Chokes on liquids;Chokes on solids;Difficulty swallowing;Loss of liquids/solids from mouth	—
RUE Motor Response	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion	—
RUE Sensation	—	—	Unable to assess	Unable to assess	—
RUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—
LUE Motor Response	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion	—
LUE Sensation	—	—	Unable to assess	Unable to assess	—
LUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—
RLE Motor Response	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion	—
RLE Sensation	—	—	Unable to assess	Unable to assess	—
RLE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—
LLE Motor Response	—	—	Unable to assess	Unable to assess	—
LLE Sensation	—	—	Unable to assess	Unable to assess	—
LLE Motor Strength	—	Not tested	Not tested	Not tested	—
Neuro Symptoms	—	Agitation	Agitation	Agitation	—
HEENT (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	—	—	—	Intact
R Eye	—	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	—
L Eye	—	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	—
R Ear	—	Deaf	Deaf	Deaf	Deaf

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

L Ear	—	Deaf	Deaf	Deaf	Deaf
Respiratory (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	—	—	Normal	—	Normal
Respiratory Depth/Rhythm	—	—	Regular	—	Regular
Respiratory Effort	—	—	Unlabored	—	—
Bilateral Breath Sounds	—	Diminished	Clear;Diminished	Clear;Diminished	Diminished
Cough	—	Occasional;Weak;Unable to clear secretions	—	—	—
Suction Type	—	Oral	—	—	—
Suction Device	—	Yankauer	—	—	—
Cardiac (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	—	—	Regular	—	Regular
Heart Sounds	—	—	S1, S2	—	S1, S2
Head of Bed Elevated	—	—	HOB 45	—	—
Cardiac Rhythm	—	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Pacemaker Type	—	Permanent	—	—	—
Peripheral Vascular (WDL)	—	Within Defined Limits	Within Defined Limits	Within Defined Limits	Within Defined Limits
L Popliteal Pulse	—	Unable to assess	—	—	—
L Posterior Tibial Pulse	—	Unable to assess	—	—	—
L Dorsalis Pedis Pulse	—	Unable to assess	—	—	—
Integumentary (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	—	Pale	—	—	Pale
Skin Condition/Temp	—	—	—	—	Warm;Dry
Skin Integrity	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	—	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	Unable to assess	—	Unable to assess
Dressing	—	—	Elastic Wrap (ACE)	—	Elastic Wrap (ACE)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink	—	Clean;Dry;Pink
Dressing	—	—	Barrier Cream	—	Barrier Cream
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact;Pink	—	Clean;Dry;Intact;Pink
Dressing	—	—	None - Open to air	—	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base	—	—	Unable to assess	—	Clean

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Assessment					
Dressing	—	—	—	—	None - Open to air
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	Blanchable erythema;Dry;Pink	—	Blanchable erythema;Dry;Pink; Other (Comment)
Dressing	—	—	None - Open to air	—	None - Open to air
Musculoskeletal (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	—	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
LUE	—	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
RLE	—	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	—	Amputation	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	—	Within Defined Limits	Within Defined Limits	Within Defined Limits	Within Defined Limits
Bowel Sounds (All Quadrants)	—	—	Present	—	—
Abdominal Tenderness	—	—	Soft	—	—
Last BM Date	—	02/11/25	—	02/11/25	—
Bowel Incontinence	—	—	Yes	Yes	—
Genitourinary (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Genitourinary Symptoms	—	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production
Urinary Incontinence	—	Yes	Yes	Yes	—
Psychosocial (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	—	Restless;Crying;Not interactive	Restless;Crying;Not interactive	Restless;Crying;Not interactive	Restless;Crying
Ability to Express Feelings	—	Unable to express	—	—	—
Ability to Express Needs	—	Unable to express	—	—	—
Ability to Express Thoughts	—	Unable to express	—	—	—
Ability to Understand Others	—	Sometimes understands	—	—	—
Charting Type	—	Shift assessment	Shift assessment	Shift assessment	—
Response	See orders	—	—	—	—
Row Name	**02/10/25 2315**	**02/10/25 2030**	**02/10/25 0900**	**02/09/25 2300**	**02/09/25 0900**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to pain	Responds to pain	Responds to pain	Responds to pain	Responds to pain
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Unable to assess
Cognition	Unable to follow commands	Unable to follow commands	Unable to follow commands	Unable to follow commands	Unable to follow commands
Speech	Incomprehensible	Incomprehensible	Incomprehensible	Other (Comment)	Other (Comment)
Swallow	—	—	Chokes on liquids;Chokes on solids;Difficulty swallowing;Loss of liquids/solids from	Other (Comment)	Difficulty swallowing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

			mouth		
Hand Grasp/Motor Function/Sensation Assessment	Motor strength;Grasp	Motor strength;Grasp	Motor strength;Grasp	Motor response;Sensation;Motor strength;Grasp	—
R Hand Grasp	Strong	Strong	Strong	Strong	Strong
L Hand Grasp	Strong	Strong	Strong	Strong	Strong
RUE Motor Response	—	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion
RUE Sensation	—	—	—	Unable to assess	Unable to assess
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	—	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion
LUE Sensation	—	—	—	Unable to assess	Unable to assess
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	—	—	—	Normal extension	Normal extension
RLE Sensation	—	—	—	Unable to assess	Unable to assess
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	Unable to assess	Unable to assess	—	Unable to assess	Unable to assess
LLE Sensation	Unable to assess	Unable to assess	—	Other (Comment)	Unable to assess
LLE Motor Strength	Not tested	Not tested	Not tested	Not tested	Not tested
Neuro Symptoms	—	—	—	Agitation;Irritable	—
Relieved by	—	—	—	Relaxation techniques (Comment);Other (Comment)	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	Intact	Intact	Intact	Intact
R Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision
L Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision
R Ear	Deaf	Deaf	Deaf	Deaf	Deaf
L Ear	Deaf	Deaf	Deaf	Deaf	Deaf
Nose	—	Intact	Intact	Intact	—
Lips	—	—	—	Dry	—
Throat	—	—	—	Dry	—
Tongue	—	—	—	Dry	—
Voice	—	—	—	Hoarse	Hoarse
Mucous Membrane(s)	Dry;Pink;Intact	Dry;Pink;Intact	Dry;Pink;Intact	Dry;Pink;Intact	Dry;Pink;Intact
Teeth	—	Dentures upper;Dentures lower	Dentures upper;Dentures lower	Missing teeth;Difficulty chewing	Missing teeth;Difficulty chewing
Neck	—	Trachea midline	Trachea midline	Trachea midline	Trachea midline
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Respiratory Pattern	Normal	Normal	Normal	Normal	—
Respiratory Depth/Rhythm	—	—	Regular	Regular	Regular
Respiratory Effort	Unlabored	Unlabored	Unlabored	Unlabored	—
Respiratory Effort Characteristics	—	—	Abdominal muscle use	Abdominal muscle use	—
Dyspnea Occurrence	—	—	At rest	With exertion	—
Chest Assessment	Symmetrical	Symmetrical	Symmetrical	Symmetrical	Symmetrical
Bilateral Breath Sounds	Diminished	Diminished	Diminished	Diminished	Diminished
R Breath Sounds	Diminished;Expiratory wheezes;Inspiratory wheezes	Diminished;Expiratory wheezes;Inspiratory wheezes	Diminished;Expiratory wheezes;Inspiratory wheezes	Diminished	Diminished
L Breath Sounds	Diminished;Expiratory wheezes	Diminished;Expiratory wheezes	Diminished;Expiratory wheezes	Diminished	Diminished
Cough	—	—	—	Occasional;Weak;Unable to clear secretions	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	Regular	Regular	Regular
Heart Sounds	S1, S2	S1, S2	S1, S2	S1, S2	S1, S2
Jugular Venous Distention (JVD)	—	—	—	No	—
Cardiac Symptoms	—	—	—	None	None
Telemetry/Cardiac Monitor	—	—	—	No	No
Cardiac Rhythm	Ventricular Paced	—	Ventricular Paced	Ventricular Paced	—
Pacemaker Type	—	—	—	—	Permanent
Peripheral Vascular (WDL)	Within Defined Limits	Exceptions to WDL	Within Defined Limits	Exceptions to WDL	Exceptions to WDL
Cyanosis	—	—	—	None	None
Capillary Refill	—	—	—	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)
Pulses	—	—	—	R radial;L radial	—
R Radial Pulse	—	—	—	Moderate	Moderate
L Radial Pulse	—	—	—	Moderate	Moderate
L Popliteal Pulse	—	Unable to assess	—	Unable to assess	—
R Posterior Tibial Pulse	—	Moderate	—	Unable to assess	—
L Posterior Tibial Pulse	—	Unable to assess	—	Unable to assess	—
R Dorsalis Pedis Pulse	—	Moderate	—	Moderate	—
L Dorsalis Pedis Pulse	—	Unable to assess	—	Moderate	—
Edema	—	—	—	Generalized	—
Generalized Edema	—	—	—	Mild	—
RUE Edema	—	—	—	Mild	—
LUE Edema	—	—	—	Mild	—
RLE Edema	—	—	—	Mild	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	Pale	Pale	Pale

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Bruising Location	—	—	BUE	BUE	BUE
Bruising Characteristics	—	—	—	Various	various stages
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	Clean;Dry;Intact;Scab;Painful;Pink	Clean;Dry;Intact;Scab;Painful;Pink	—	—
Peri-Wound Assessment	—	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	—	—
Closure	—	Staples	Staples	—	—
Drainage Amount	—	None	None	—	—
Dressing	—	Elastic Wrap (ACE)	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Unable to assess	Unable to assess	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	—	—
Peri-Wound Assessment	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Closure	—	Skin glue;Approximated	Skin glue;Approximated	—	—
Dressing	—	None - Open to air	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Unable to assess	Unable to assess	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	Blanchable erythema;Dry;Pink;Other (Comment)	Blanchable erythema;Dry;Pink;Other (Comment)	—	—
Peri-Wound Assessment	—	Clean;Dry;Intact;Blanchable erythema	Clean;Dry;Intact;Blanchable erythema	—	—
Dressing	—	None - Open to air	None - Open to air	—	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
LUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
RLE	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	Amputation	Amputation	—	Amputation	Amputation
Gastrointestinal (WDL)	Within Defined Limits	Within Defined Limits	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	—	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat
Bowel Sounds	—	Present	Present	Present	Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

(All Quadrants)					
Abdominal Tenderness	—	Soft	Soft	Soft	Soft
Passing Flatus	—	—	—	Yes	Yes
GI Symptoms	—	—	—	None	Loss of appetite
Last BM Date	—	02/09/25	—	—	—
RUQ Bowel Sounds	—	—	—	—	Present
LUQ Bowel Sounds	—	—	—	—	Present
RLQ Bowel Sounds	—	—	—	—	Present
LLQ Bowel Sounds	—	—	—	—	Present
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	—	—	No	No	No
Genitourinary Symptoms	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Restless;Crying	Sleeping;Calm	Agitated;Crying;Restless;Sleeping	Agitated;Crying;Restless;Sleeping	Agitated;Crying;Restless;Sleeping
Needs Expressed	—	—	—	Physical	—
Psychosocial Additional Assessments	—	—	—	Yes	—
Family Behaviors	—	—	—	Anxious;Cooperative	Anxious;Cooperative
Rest/Sleep for Patient	—	—	—	Fair	—
Ability to Express Feelings	—	—	—	Unable to express	Unable to express
Ability to Express Needs	—	—	—	Unable to express	Unable to express
Ability to Express Thoughts	—	—	—	Unable to express	Unable to express
Ability to Understand Others	—	—	—	Sometimes understands	Sometimes understands
Charting Type	Shift assessment	Shift assessment	Shift assessment	—	—
Row Name	**02/08/25 2100**	**02/08/25 0900**	**02/08/25 0038**	**02/07/25 2100**	**02/07/25 1300**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to pain	Responds to pain	Responds to pain	Responds to pain	Responds to pain
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Unable to assess
Cognition	Unable to follow commands	Unable to follow commands	Unable to follow commands;Poor safety awareness;Impulsive	Unable to assess	Unable to assess
Speech	Incomprehensible	Incomprehensible	Incomprehensible	Incomprehensible	Incomprehensible
Swallow	Difficulty swallowing	—	Difficulty swallowing	Difficulty swallowing	Difficulty swallowing;Chokes on solids
Hand Grasp/Motor Function/Sensation Assessment	Motor response;Sensation;Motor strength;Grasp	—	—	—	—
R Hand Grasp	Strong	Strong	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

L Hand Grasp	Strong	Strong	—	—	—
RUE Motor Response	Normal extension;Normal flexion	—	Normal extension;Normal flexion	—	—
RUE Sensation	Unable to assess	—	Unable to assess	—	—
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	—	—
LUE Motor Response	Normal extension;Normal flexion	—	Normal extension;Normal flexion	—	—
LUE Sensation	Unable to assess	—	Unable to assess	—	—
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	—	—
RLE Motor Response	Normal extension	—	Normal extension	—	—
RLE Sensation	Unable to assess	—	Unable to assess	—	—
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	2-Can move on bed but unable to lift	—	—
LLE Motor Response	Unable to assess	—	Unable to assess	—	—
LLE Sensation	Unable to assess	—	Unable to assess	—	—
LLE Motor Strength	—	—	Not tested	—	—
Neuro Symptoms	—	—	Agitation;Irritable	Agitation;Irritable	Agitation;Irritable
Relieved by	—	—	—	Relaxation techniques (Comment);Rest	Relaxation techniques (Comment)
Best Eye Response	To pain	—	To pain	—	To pain
Best Verbal Response	Incomprehensible sounds	—	Incomprehensible sounds	—	Incomprehensible sounds
Best Motor Response	Withdraws to pain	—	Withdraws to pain	—	Withdraws to pain
Glasgow Coma Scale Score	8	—	8	—	8
Gag	—	—	—	Present	Present
Cough	—	—	—	Present	Present
R Corneal	—	—	—	Intact	—
L Corneal	—	—	—	Intact	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	Intact	—	—	—	—
R Eye	Moderately impaired vision	Moderately impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision
L Eye	Moderately impaired vision	Moderately impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision
R Ear	Deaf	Deaf	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
L Ear	Deaf	Deaf	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
Nose	Intact	Intact	—	—	—
Lips	Dry	—	—	—	—
Throat	Dry	—	—	—	—
Tongue	Dry	—	Dry	—	—
Voice	Hoarse	—	Hoarse	—	—
Mucous	Moist;Pink;Intact	Moist;Pink;Intact	Pink;Dry;Intact	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Membrane(s)					
Teeth	Missing teeth;Difficulty chewing	Missing teeth;Difficulty chewing	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower
Neck	Trachea midline	—	—	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Depth/Rhythm	Regular	Regular	Irregular	Irregular	Irregular
Respiratory Effort	Labored	Labored	Labored	Labored	Labored
Respiratory Effort Characteristics	Abdominal muscle use	—	Abdominal muscle use	Abdominal muscle use	Abdominal muscle use
Dyspnea Occurrence	With exertion	—	With exertion	With exertion	—
Chest Assessment	Symmetrical	Symmetrical	Chest expansion symmetrical	Chest expansion symmetrical	Chest expansion symmetrical
Bilateral Breath Sounds	Diminished	Diminished	Diminished	Diminished	Diminished
R Breath Sounds	Diminished	—	—	—	—
L Breath Sounds	Diminished	—	—	—	—
Cough	Occasional;Weak;Unable to clear secretions	Occasional;Weak;Unable to clear secretions	—	—	—
Cardiac (WDL)	Exceptions to WDL	Within Defined Limits	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	Regular	—	—
Heart Sounds	S1, S2	S1, S2	S1, S2	S1, S2	S1, S2
Head of Bed Elevated	Self regulated	—	—	HOB 30	HOB 30
Jugular Venous Distention (JVD)	No	—	No	No	—
Cardiac Symptoms	None	—	—	—	—
Telemetry/Cardiac Monitor	No	—	—	—	—
Pacemaker Type	—	Permanent	Permanent	—	—
Permanent Pacer Type	—	—	Ventricular	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	None	None	—	None
Capillary Refill	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)
Pulses	R radial;L radial	R radial;L radial	—	R radial;L radial	—
R Radial Pulse	Moderate	Moderate	Moderate	Moderate	Moderate
L Radial Pulse	Moderate	Moderate	Moderate	Moderate	Moderate
Edema	Generalized	—	—	—	Generalized
Generalized Edema	—	—	—	—	Mild
RUE Edema	Mild	—	—	—	—
LUE Edema	Mild	—	—	—	—
RLE Edema	Mild	Mild	Mild	—	—
RLE Capillary Refill	—	—	—	Greater than 2 seconds	—
RLE Color	—	—	—	Appropriate for ethnicity	—
RLE Temperature/Moi	—	—	—	Warm	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

sture					
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Skin Color	Pale	Pale	Pale	Pale	—
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—
Bruising Location	BUE	—	—	BUE	—
Bruising Characteristics	various stages	—	—	—	—
Skin Turgor	—	Epidermis thin with loss of subcutaneous tissue	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Pink	—	—
Closure	—	—	Staples	—	—
Drainage Description	—	—	Unable to assess	—	—
Dressing	—	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Pink;Blanchable erythema	—	—
Peri-Wound Assessment	—	—	Intact	—	—
Closure	—	—	None	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	Barrier Cream;Mepilex Border	—	—
Dressing Changed	—	—	New;Changed	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Pink	—	—
Dressing	—	—	Mepilex Border	—	—
Dressing Changed	—	—	New;Changed	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	Blanchable erythema;Dry	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Blanchable erythema	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	None - Open to air	—	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
RUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	—
LUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	—
RLE	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	—
LLE	Amputation	Amputation	Amputation	Amputation	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	Present	Present	Present	Present;Audible	Present;Audible
Abdominal Tenderness	Soft	Soft	Soft	Soft	Soft
Passing Flatus	Yes	Yes	—	Yes	—
GI Symptoms	—	Loss of appetite	—	Loss of appetite	Loss of appetite
Last BM Date	02/06/25	—	—	—	—
Stool Appearance	—	—	Loose;Soft	—	—
Stool Color	—	—	Brown	—	—
Stool Size	—	—	Smear	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	No	—	—	—	—
Genitourinary Symptoms	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production
Urinary Incontinence	—	Yes	—	—	—
Urine Color	—	Amber	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Crying;Restless;Sleeping	Agitated;Crying;Restless;Sleeping	Agitated;Anxious;Impulsive	Agitated;Anxious;Impulsive	Agitated;Anxious;Impulsive
Needs Expressed	Physical	—	Physical	Physical	Physical
Psychosocial Additional Assessments	Yes	—	—	Yes	—
Family Behaviors	Anxious;Cooperative	—	—	—	—
Rest/Sleep for Patient	Fair	—	—	Fair	—
Ability to Express Feelings	Unable to express	Unable to express	Unable to express	Unable to express	Unable to express
Ability to Express Needs	Unable to express	Unable to express	Unable to express	Needs assistance	Needs assistance
Ability to Express Thoughts	Unable to express	Unable to express	Unable to express	Needs assistance	Needs assistance

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Ability to Understand Others	Sometimes understands	Sometimes understands	Rarely/never understands	Rarely/never understands	Rarely/never understands
Charting Type	Shift assessment	Shift assessment	Shift assessment	Shift assessment	Shift assessment
Row Name	**02/07/25 1150**	**02/07/25 0900**	**02/06/25 2107**	**02/06/25 1300**	**02/05/25 2353**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Level of Consciousness	Responds to pain	Responds to pain	Responds to pain	Responds to pain	—
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	—
Cognition	Unable to assess	—	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	—
Speech	Incomprehensible	Incomprehensible	Incomprehensible	—	—
Swallow	Difficulty swallowing	—	—	—	—
RUE Motor Response	—	—	Normal extension;Normal flexion	—	—
RUE Sensation	—	—	Unable to assess	—	—
RUE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	—	—
LUE Motor Response	—	—	Normal extension;Normal flexion	—	—
LUE Sensation	—	—	Unable to assess	—	—
LUE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	—	—
RLE Motor Response	—	—	Normal extension	—	—
RLE Sensation	—	—	Unable to assess	—	—
RLE Motor Strength	—	—	2-Can move on bed but unable to lift	—	—
LLE Motor Response	Unable to assess	—	Unable to assess	—	—
LLE Sensation	Unable to assess	—	Unable to assess	—	—
LLE Motor Strength	Not tested	—	Not tested	—	—
Neuro Symptoms	Agitation;Irritable	—	Agitation;Irritable	Agitation;Irritable	—
Best Eye Response	To pain	To pain	To pain	—	—
Best Verbal Response	Incomprehensible sounds	Incomprehensible sounds	Confused	—	—
Best Motor Response	—	Withdraws to pain	Withdraws to pain	—	—
Glasgow Coma Scale Score	—	8	10	—	—
Gag	Present	Present	—	—	—
Cough	Present	Present	—	—	—
Feature 1: Acute Onset or Fluctuating Course	—	Positive	—	—	—
Feature 2: Inattention	—	Positive	—	—	—
Is there evidence of an acute change in mental	—	No	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

status from the patient's baseline?					
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Head and Face	Intact	Intact	—	—	—
R Eye	—	—	Severely impaired vision	Severely impaired vision	—
L Eye	—	—	Severely impaired vision	Severely impaired vision	—
R Ear	—	—	Moderate hearing loss	Moderate hearing loss	—
L Ear	—	—	Moderate hearing loss	Moderate hearing loss	—
Lips	—	Dry	—	—	—
Throat	—	Dry	—	—	—
Tongue	—	Dry	Dry	—	—
Voice	—	Hoarse	Hoarse	—	—
Mucous Membrane(s)	—	Pink;Dry;Intact	—	—	—
Teeth	—	—	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Respiratory Depth/Rhythm	Irregular	Irregular	Irregular	Irregular	—
Respiratory Effort	Labored	Labored	Labored	—	—
Respiratory Effort Characteristics	—	—	Abdominal muscle use	—	—
Bilateral Breath Sounds	—	—	Diminished	Diminished	—
Suction Type	Oral	Oral	—	—	—
Cough and Deep Breathe	—	Needs encouragement	—	—	—
Cardiac (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Cardiac Regularity	—	Regular	Regular	Regular	—
Heart Sounds	—	—	S1, S2	S1, S2	—
Head of Bed Elevated	—	—	HOB 30	—	—
Jugular Venous Distention (JVD)	—	—	No	—	—
Cardiac Symptoms	—	—	None	—	—
Pacemaker Type	Permanent	Permanent	Permanent	—	—
Permanent Pacer Type	—	—	Ventricular	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Cyanosis	None	None	None	None	—
Capillary Refill	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	—
R Radial Pulse	Moderate	—	Moderate	—	—
L Radial Pulse	Moderate	—	Moderate	—	—
Generalized Edema	—	—	—	Mild	—
RLE Edema	—	—	Mild	—	—
RLE Capillary Refill	Greater than 2 seconds	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

RLE Color	Appropriate for ethnicity	—	—	—	—
RLE Temperature/Moisture	Warm	—	—	—	—
Integumentary (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Skin Color	—	—	Pale	Pale	—
Skin Condition/Temp	Warm;Dry	—	Warm;Dry	Warm;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—
Skin Turgor	—	—	—	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	Unable to assess	Unable to assess	—	Burgundy;Pink;Scab
Peri-Wound Assessment	—	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	—	Clean;Dry;Intact;Pink
Closure	—	—	Staples	—	Staples
Drainage Description	—	—	Unable to assess	—	—
Drainage Amount	—	—	—	—	None
Dressing	—	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)
Dressing Changed	—	—	—	—	New;Changed
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Pink	—	—
Peri-Wound Assessment	—	—	Intact	—	—
Closure	—	—	None	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	Barrier Cream;Mepilex Border	—	Barrier Cream
Dressing Changed	—	—	—	—	Reapplication
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Pink	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Dressing	—	—	Mepilex Border	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	Blanchable erythema;Dry	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Blanchable erythema	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	None - Open to air	—	—
Musculoskeletal (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
RUE	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement	—
LUE	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement	—
RLE	Weakness;Limited movement;Swelling	—	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	—
LLE	Amputation	—	Amputation	Amputation	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat	—
Bowel Sounds (All Quadrants)	Active	—	Active	Active	—
GI Symptoms	—	—	—	Loss of appetite	—
Last BM Date	—	—	—	02/06/25	—
Bowel Incontinence	—	No	—	—	—
Constipation Precipitating Factors	—	Dehydration	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Suprapubic Tenderness	No	No	No	—	—
Genitourinary Symptoms	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production;Other (Comment)	—
Urinary Incontinence	Yes	Yes	—	—	—
Urine Color	Amber	Amber	—	—	—
Urine Appearance	—	Hazy	—	—	—
Genitourinary Additional Assessments	—	No	—	—	—
Female Genitalia	—	—	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Patient Behaviors/Mood	Agitated;Anxious;Impulsive	Agitated;Anxious;Impulsive	Agitated;Anxious;Impulsive	Agitated;Aggressive verbally, others	—
Needs Expressed	Physical	Physical	—	—	—
Ability to Express Feelings	Unable to express	—	—	—	—
Ability to Express Needs	Needs assistance	—	—	—	—
Ability to Express Thoughts	Unable to express	—	—	—	—
Ability to	Rarely/never	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Understand Others	understands				
Charting Type	—	Shift assessment	Shift assessment	Shift assessment	—
Row Name	**02/05/25 2100**	**02/05/25 2000**	**02/05/25 0900**	**02/05/25 0100**	**02/04/25 1200**
Neuro (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	—	Responds to pain	Responds to pain	Responds to pain	Responds to pain
Orientation Level	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
Cognition	—	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands
Speech	—	—	—	—	—
Neuro Symptoms	—	Agitation;Irritable	Agitation;Drowsiness	Drowsiness	Drowsiness
Relieved by	—	Rest;Other (Comment)	—	—	—
Is there evidence of an acute change in mental status from the patient's baseline?	—	—	No	—	—
Inattention	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	—	—
Disorganized thinking	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	—	—
Altered level of consciousness	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	—	—
HEENT (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
R Eye	—	Severely impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision
L Eye	—	Severely impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision
R Ear	—	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
L Ear	—	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
Lips	—	Dry	—	Dry	Dry
Throat	—	Dry	—	Dry	—
Tongue	—	Dry	—	Dry	Dry
Voice	—	Hoarse	—	Hoarse	Hoarse
Teeth	—	Missing teeth;Dentures upper;Dentures lower	Missing teeth	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower
Respiratory (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Depth/Rhythm	—	—	Irregular	—	Irregular
Respiratory Effort	—	—	Labored	—	—
Respiratory Effort Characteristics	—	—	Abdominal muscle use	—	—
Bilateral Breath Sounds	—	Diminished	Diminished	Diminished	Diminished

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Cough	—	—	—	—	Congested;Spontaneous;Non-productive
Cardiac (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	—	—	Regular	—	Regular
Heart Sounds	—	—	S1, S2	—	S1, S2
Head of Bed Elevated	—	HOB 45	—	HOB 30	—
Jugular Venous Distention (JVD)	—	No	—	No	No
Cardiac Symptoms	—	—	—	—	None
Telemetry/Cardiac Monitor	—	No	—	No	No
Cardiac Rhythm	—	—	Ventricular Paced	—	—
Pacemaker Type	—	Permanent	—	Permanent	Permanent
Permanent Pacer Type	—	Ventricular	—	—	—
Peripheral Vascular (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	—	None	None	None	None
Capillary Refill	—	—	Greater than 2 seconds (All extremities)	—	Greater than 2 seconds (All extremities)
Pulses	—	R radial;L radial	—	R radial;L radial	R radial;L radial
R Radial Pulse	—	Moderate	—	Moderate	Moderate
L Radial Pulse	—	Moderate	—	Moderate	Moderate
Edema	—	Generalized	—	Generalized	—
Generalized Edema	—	Mild	Mild	Mild	Mild
Integumentary (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	—	Pale	Pale	Pale	Pale
Skin Condition/Temp	—	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry
Skin Integrity	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	—	—	Epidermis thin with loss of subcutaneous tissue	—	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	Burgundy;Pink;Scab	Unable to assess	Unable to assess
Peri-Wound Assessment	Clean;Dry;Intact;Pink	—	Clean;Dry;Intact;Pink	Unable to assess	Unable to assess
Closure	Staples	—	Staples	Staples	—
Drainage Amount	—	—	None	None	—
Dressing	—	—	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—
Dressing Changed	—	—	New;Changed	Reinforced	—
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Pink	Pink

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Peri-Wound Assessment	Intact	—	—	Intact	Intact
Closure	None	—	—	None	—
Drainage Amount	—	—	—	None	None
Dressing	—	—	—	Mepilex Border	Mepilex Border
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Closure	Skin glue;Approximated	—	—	—	—
Dressing	—	—	—	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Pink	Unable to assess
Peri-Wound Assessment	Clean;Dry;Pink	—	—	Clean;Dry;Pink	—
Closure	None	—	—	None	—
Drainage Amount	None	—	—	None	—
Dressing	—	—	—	Mepilex Border	Mepilex Border
Dressing Changed	—	—	—	New;Changed	—
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	—	Blanchable erythema;Dry	Blanchable erythema;Dry
Peri-Wound Assessment	Clean;Dry;Intact;Blanchable erythema	—	—	Clean;Dry;Intact;Blanchable erythema	—
Closure	None	—	—	None	—
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	None - Open to air	None - Open to air
Musculoskeletal (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	—	Weakness;Limited movement	Limited movement;Weakness	Weakness;Limited movement	Weakness;Limited movement
LUE	—	Weakness;Limited movement	Limited movement;Weakness	Weakness;Limited movement	Weakness;Limited movement
RLE	—	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	—	Amputation	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	—	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Abdomen Inspection	—	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	—	Active	Active	Active	Active;Present;Audible
Abdominal Tenderness	—	Soft	Soft	Soft	Soft
Passing Flatus	—	—	Yes	—	—
GI Symptoms	—	Loss of appetite	Loss of appetite	—	—
Last BM Date	—	02/05/25	02/05/25	02/04/25	—
Genitourinary	—	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

(WDL)					
Genitourinary Symptoms	—	Diminished urine production;Other (Comment)	Diminished urine production;Other (Comment)	—	Diminished urine production;Other (Comment)
Psychosocial (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	—	Anxious;Aggressive verbally, others	Agitated;Guarded	Anxious	Anxious
Needs Expressed	—	Physical	—	—	—
Family Behaviors	—	Anxious;Cooperative	—	Anxious;Cooperative	—
Rest/Sleep for Patient	—	—	—	Fair	—
Ability to Express Feelings	—	—	—	Needs assistance	Needs assistance
Ability to Express Needs	—	—	—	Needs assistance	Needs assistance
Ability to Express Thoughts	—	—	—	Needs assistance	Needs assistance
Ability to Understand Others	—	—	—	Rarely/never understands	Rarely/never understands
Charting Type	—	Shift assessment	Shift assessment	Shift assessment	—
Row Name	**02/04/25 0754**	**02/03/25 2336**	**02/03/25 0845**	**02/03/25 0004**	**02/02/25 2200**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to pain	—	Responds to voice	Responds to voice	Responds to voice
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Disoriented to time
Cognition	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands
Speech	Other (Comment)	Other (Comment)	Other (Comment)	—	Other (Comment)
Swallow	—	—	Difficulty swallowing;Other (Comment)	Difficulty swallowing	—
Pupil Assessment	Yes	—	—	—	—
R Pupil Size (mm)	2	—	—	—	—
R Pupil Shape	Round	—	—	—	—
L Pupil Size (mm)	2	—	—	—	—
L Pupil Shape	Round	—	—	—	—
Hand Grasp/Motor Function/Sensation Assessment	—	—	Motor response;Sensation;Motor strength;Grasp	Motor response;Sensation;Motor strength;Grasp	Motor response;Sensation;Motor strength;Grasp
R Hand Grasp	—	Unable to assess	Moderate	Moderate	Moderate
L Hand Grasp	—	Unable to assess	Moderate	Moderate	Moderate
R Foot Dorsiflexion	—	—	2-Can move on bed but unable to lift	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
L Foot Dorsiflexion	—	—	Not tested	Not tested	Not tested
R Foot Plantar Flexion	—	—	2-Can move on bed but unable to lift	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
L Foot Plantar Flexion	—	—	Not tested	Not tested	Not tested

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

RUE Motor Response	—	Normal extension;Normal flexion	Normal extension;Normal flexion	Normal extension;Normal flexion	Normal extension;Normal flexion
RUE Sensation	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
RUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	—	Normal extension;Normal flexion	Normal extension;Normal flexion	Normal extension;Normal flexion	Normal extension;Normal flexion
LUE Sensation	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
LUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	—	Normal extension	Normal extension	Normal extension	Normal extension
RLE Sensation	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
RLE Motor Strength	—	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	—	Other (Comment)	Other (Comment)	Other (Comment)	Other (Comment)
LLE Sensation	—	—	Unable to assess	Unable to assess	Decreased;Numbness;Tingling
LLE Motor Strength	—	—	Not tested	Not tested	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	Drowsiness	Drowsiness	Anxiety	—	Anxiety
Relieved by	Rest	—	—	—	—
Best Eye Response	To verbal stimuli	—	Spontaneous	—	Spontaneous
Best Verbal Response	Incomprehensible sounds	—	Confused	—	Confused
Best Motor Response	Withdraws to pain	—	Follows commands	—	Follows commands
Glasgow Coma Scale Score	9	—	14	—	14
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	Intact	—	—	Intact	—
R Eye	Severely impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision
L Eye	Severely impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision
R Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
L Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
Nose	Intact	—	—	—	—
Lips	Dry	Dry	Dry	Dry	—
Throat	—	Dry	Dry	Dry	—
Tongue	Dry	Dry	Dry	Dry	—
Voice	Hoarse	—	Hoarse	—	Hoarse
Mucous Membrane(s)	—	—	Pink;Dry;Intact	Pink;Dry;Intact	Pink;Dry;Intact
Teeth	Missing teeth;Dentures upper;Dentures lower	—	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Neck	—	—	—	Rigid;No swelling;No trauma/injury	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	—	—	Biots	Normal	—
Respiratory Depth/Rhythm	Irregular	Irregular	Irregular	Regular	—
Respiratory Effort	—	Labored	Labored	Labored	Labored
Respiratory Effort Characteristics	—	—	Abdominal muscle use	Abdominal muscle use	—
Dyspnea Occurrence	—	—	—	With exertion	With exertion
Chest Assessment	—	Symmetrical;Chest expansion symmetrical	Symmetrical;Chest expansion symmetrical	Symmetrical;Chest expansion symmetrical	—
Bilateral Breath Sounds	Diminished;Other (Comment)	Clear;Diminished	Diminished	Diminished	Diminished
R Breath Sounds	—	—	—	Diminished	—
L Breath Sounds	—	—	—	Diminished	—
Cough	Congested;Spontaneous;Non-productive	—	Hacking;Spontaneous;Non-productive	Hacking;Spontaneous;Non-productive	Hacking;Spontaneous;Non-productive
Respiratory Additional Assessments	—	—	No	—	—
Cough and Deep Breathe	—	—	Needs encouragement	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	Regular	Regular	—
Heart Sounds	S1, S2	S1, S2	S1, S2	S1, S2	—
Head of Bed Elevated	HOB 30	—	HOB 30	Self regulated	—
Jugular Venous Distention (JVD)	No	No	No	No	—
Cardiac Symptoms	None	—	None	None	—
Telemetry/Cardiac Monitor	No	—	No	No	—
Cardiac Rhythm	—	Ventricular Paced	Ventricular Paced	—	—
Heart Block Type	—	—	2nd degree AVB (Mobitz II)	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	None	None	None	—
Capillary Refill	Greater than 2 seconds (All extremities)	—	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	—
Pulses	R radial;L radial	—	R radial;L radial	R radial;L radial	—
R Radial Pulse	Moderate	—	Moderate	Moderate	—
L Radial Pulse	Moderate	—	Moderate	Moderate	—
Edema	—	—	Right lower extremity	Right lower extremity	—
Generalized Edema	Mild	—	Mild	Mild	—
RUE Edema	—	—	—	Mild	—
LUE Edema	—	—	—	Mild	—
RLE Edema	—	—	Mild;Pitting	Moderate;Pitting	—
RLE Capillary	—	—	Greater than 2	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Refill			seconds		
RLE Color	—	—	Pale	—	—
RLE Temperature/Moisture	—	—	Warm;Dry	—	—
LLE Capillary Refill	—	—	Greater than 2 seconds	—	—
LLE Color	—	—	Pale	—	—
LLE Temperature/Moisture	—	—	Warm;Dry	—	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	Pale	Pale	—
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Bruising Location	—	—	BUE	—	—
Bruising Characteristics	—	—	Various stages of healing	—	—
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	—	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	Unable to assess	—	Unable to assess
Peri-Wound Assessment	Dry;Other (Comment)	Other (Comment)	Dry;Intact;Clean;Blanchable erythema;Painful;Other (Comment)	—	—
Closure	Staples	—	Staples	—	—
Drainage Amount	None	—	—	—	—
Dressing	Betadine Swabs;Gauze;Elastic Wrap (ACE)	Betadine Swabs;Gauze;Elastic Wrap (ACE)	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—	Elastic Wrap (ACE);Gauze;Betadine Swabs
Dressing Changed	New;Changed	—	Changed	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact
Edges	Unable to assess	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	Unable to assess	—	—	Pink
Peri-Wound Assessment	Intact	Intact	—	—	Intact
Closure	None	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Mepilex Border	Mepilex Border	—	—	Mepilex Border
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Clean;Dry;Pink	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	None - Open to air	None - Open to air	—	—	—
Dressing	Other (Comment)	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Changed					
Dressing Status	Other (Comment)	—	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	Pink	Pink	—	—
Peri-Wound Assessment	Clean;Dry;Pink	—	Clean;Dry;Pink	—	—
Closure	None	—	None	—	—
Drainage Amount	None	—	None	—	—
Dressing	Mepilex Border	Mepilex Border	Mepilex Border	—	—
Dressing Changed	—	—	New;Changed	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Wound Length (cm)	—	—	2.5 cm	—	—
Wound Width (cm)	—	—	1.5 cm	—	—
Wound Depth (cm)	—	—	0.1 cm	—	—
Edges	—	—	Well-defined edges	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Blanchable erythema;Dry	Blanchable erythema;Dry	Blanchable erythema;Dry	—	Blanchable erythema
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Blanchable erythema	—	Clean;Dry;Intact;Blanchable erythema
Closure	—	—	None	—	—
Drainage Amount	—	—	None	—	—
Dressing	None - Open to air	None - Open to air	None - Open to air	—	None - Open to air
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Length (cm)	—	—	6 cm	—	—
Wound Width (cm)	—	—	4 cm	—	—
Wound Depth (cm)	—	—	0 cm	—	—
Edges	—	—	Attached edges	—	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
LUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
RLE	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	Amputation	Amputation	Unable to assess;Other (Comment)	Unable to assess;Other (Comment)	Limited movement;Weakness;Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	Active;Present;Audible	Active;Present;Audible	Active;Present;Audible	Active;Present;Audible	—
Abdominal Tenderness	Soft	Soft	Soft	Soft	Soft
Passing Flatus	—	Yes	Yes	Yes	Yes
GI Symptoms	—	—	Constipation	—	Constipation
Bowel	—	—	—	—	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Incontinence					
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	No	—	No	No	—
Genitourinary Symptoms	Diminished urine production;Other (Comment)	Diminished urine production;Other (Comment)	Diminished urine production;Other (Comment)	Diminished urine production;Other (Comment)	Diminished urine production;Other (Comment)
Urinary Incontinence	Yes	—	Yes	—	Yes
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Anxious	Anxious	Anxious	Anxious	Anxious
Needs Expressed	—	—	Other (Comment)	—	—
Psychosocial Additional Assessments	—	—	—	Yes	—
Family Behaviors	—	—	Anxious;Cooperative	Anxious;Cooperative	—
Rest/Sleep for Patient	—	—	—	Fair	—
Ability to Express Feelings	Needs assistance	—	Needs assistance	Needs assistance	—
Ability to Express Needs	Needs assistance	—	Needs assistance	Needs assistance	—
Ability to Express Thoughts	Needs assistance	—	Needs assistance	Needs assistance	—
Ability to Understand Others	Rarely/never understands	—	Sometimes understands	Sometimes understands	—
Charting Type	—	Reassessment	—	Shift assessment	Shift assessment
Row Name	**02/02/25 1100**	**02/02/25 0041**	**02/01/25 1300**	**02/01/25 0815**	**01/31/25 1930**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to voice	Responds to voice	Responds to voice	Responds to voice	Responds to voice
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess;Oriented to person	Unable to assess
Cognition	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness	Poor safety awareness;Poor attention/concentration;Unable to follow commands
Speech	Incomprehensible	Incomprehensible	Incomprehensible	Other (Comment)	Incomprehensible
Swallow	Difficulty swallowing;Loss of liquids/solids from mouth	Difficulty swallowing	Difficulty swallowing	—	Difficulty swallowing
Pupil Assessment	—	Yes	—	Yes	—
R Pupil Size (mm)	—	2	—	2	—
R Pupil Shape	—	Round	—	Round	—
R Pupil Reaction	—	Brisk	—	Brisk	—
L Pupil Size (mm)	—	2	—	2	—
L Pupil Shape	—	Round	—	Round	—
L Pupil Reaction	—	Brisk	—	Brisk	—
Hand Grasp/Motor Function/Sensation Assessment	—	Motor response;Sensation;Motor strength;Grasp	—	Motor response;Sensation;Motor strength;Grasp	Motor response;Sensation;Motor strength;Grasp

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

R Hand Grasp	—	Weak	Moderate	Strong	Moderate
L Hand Grasp	—	Weak	Moderate	Strong	Moderate
R Foot Dorsiflexion	—	—	3-Can move or lift off bed but can't overcome resistance	4-Can move/lift against some resistance, not full strength	3-Can move or lift off bed but can't overcome resistance
L Foot Dorsiflexion	—	—	Not tested	Not tested	Not tested
R Foot Plantar Flexion	—	—	3-Can move or lift off bed but can't overcome resistance	4-Can move/lift against some resistance, not full strength	3-Can move or lift off bed but can't overcome resistance
L Foot Plantar Flexion	—	—	Not tested	Not tested	Not tested
RUE Motor Response	—	Responds to commands	Responds to commands	Responds to commands	Normal extension;Normal flexion
RUE Sensation	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
RUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	4-Can move/lift against some resistance, not full strength	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	—	Responds to commands	Responds to commands	Responds to commands	Normal extension;Normal flexion
LUE Sensation	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
LUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	4-Can move/lift against some resistance, not full strength	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	—	Normal extension	Normal extension	Normal extension	Normal extension
RLE Sensation	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
RLE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	4-Can move/lift against some resistance, not full strength	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	—	Other (Comment)	Other (Comment)	Responds to commands	Other (Comment)
LLE Sensation	—	Unable to assess	Unable to assess	Unable to assess	Decreased;Numbness;Tingling
LLE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	—	Anxiety;Fatigue	—	—	Anxiety
Relieved by	—	Rest	—	—	—
Neuro Additional Assessments	—	No	—	—	—
Best Eye Response	To verbal stimuli	To verbal stimuli	—	To verbal stimuli	—
Best Verbal Response	Confused	Confused	—	Oriented	—
Best Motor Response	Follows commands	Follows commands	—	Follows commands	—
Glasgow Coma Scale Score	13	13	—	14	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	Intact	—	—	—	—
R Eye	Severely impaired vision	Severely impaired vision	—	—	Severely impaired vision
L Eye	Severely impaired	Severely impaired	—	—	Severely impaired

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

	vision	vision			vision
R Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
L Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
Lips	—	Dry	—	—	—
Throat	—	Dry	—	—	—
Tongue	—	Dry	—	—	—
Voice	Difficulty talking;Hoarse	Difficulty talking;Hoarse	Difficulty talking	Difficulty talking	Difficulty talking
Mucous Membrane(s)	Pink;Dry;Intact	—	Pink;Dry;Intact	Pink;Dry;Intact	Pink;Dry;Intact
Teeth	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	Missing teeth	Missing teeth;Other (Comment)
Neck	Rigid;No swelling;No trauma/injury	—	—	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	—	—	—
Respiratory Depth/Rhythm	Regular	Regular	—	—	—
Respiratory Effort	Labored	Labored	—	—	Labored
Respiratory Effort Characteristics	Abdominal muscle use	Abdominal muscle use	—	—	—
Dyspnea Occurrence	With exertion	With exertion;At rest	—	—	With exertion
Chest Assessment	—	Symmetrical;Chest expansion symmetrical	—	—	—
Bilateral Breath Sounds	—	Diminished;Crackles	Diminished;Crackles	Rhonchi	Diminished
R Breath Sounds	Diminished	—	—	—	—
L Breath Sounds	Diminished	—	—	—	—
Cough	—	Hacking;Spontaneous;Weak;Non-productive	—	—	—
Respiratory Additional Assessments	—	No	—	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	—	—	—
Heart Sounds	S1, S2	S1, S2	—	—	—
Head of Bed Elevated	Self regulated	HOB 90	—	—	—
Jugular Venous Distention (JVD)	No	No	—	—	—
Cardiac Symptoms	None	None	—	—	—
Telemetry/Cardiac Monitor	—	No	—	—	—
Cardiac Rhythm	—	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Heart Block Type	—	2nd degree AVB (Mobitz II)	—	—	—
Pacemaker Type	—	Permanent	—	Permanent	—
Permanent Pacer Type	—	Ventricular	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Pacing Status	—	100% paced	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	None	None	—	—
Capillary Refill	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	—	—
Pulses	R radial;L radial	R radial;L radial	—	—	—
R Radial Pulse	Moderate	Moderate	Moderate	Moderate	—
L Radial Pulse	Moderate	Moderate	Moderate	Moderate	—
R Dorsalis Pedis Pulse	—	—	Moderate	Moderate	—
L Dorsalis Pedis Pulse	—	—	—	Moderate	—
RUE Edema	—	—	Mild	Mild	—
LUE Edema	—	—	Mild	Mild	Mild
RLE Edema	—	—	Moderate;Pitting	Moderate;Pitting	—
RLE Capillary Refill	—	Greater than 2 seconds	—	—	—
RLE Color	—	Pale	—	—	—
RLE Temperature/Moisture	—	Warm;Dry	—	—	—
LLE Capillary Refill	—	Greater than 2 seconds	—	—	—
LLE Color	—	Pale	—	Appropriate for ethnicity	—
LLE Temperature/Moisture	—	Warm;Dry	—	Warm	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	Pale	—	—
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	—	—
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	—	Epidermis thin with loss of subcutaneous tissue	—	—	—
Integumentary Additional Assessments	—	No	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink;Scab	Unable to assess	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	—
Closure	—	—	Staples	Staples	—
Drainage Amount	—	—	None	None	—
Dressing	—	—	Elastic Wrap (ACE);Gauze;Betadine Swabs	Elastic Wrap (ACE);Gauze;Betadine Swabs	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Pink	Pink	—
Peri-Wound	—	—	Intact	Intact	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Assessment					
Drainage Amount	—	—	None	None	—
Dressing	—	—	Mepilex Border	Mepilex Border	—
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink	Clean;Dry;Pink	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Closure	—	—	Skin glue;Approximated	Skin glue;Approximated	—
Drainage Amount	—	—	None	None	—
Dressing	—	—	None - Open to air	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Pink	Pink	—
Peri-Wound Assessment	—	—	Intact	Intact	—
Drainage Amount	—	—	None	None	—
Dressing	—	—	Mepilex Border	Mepilex Border	—
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	Blanchable erythema	Blanchable erythema	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Blanchable erythema	Clean;Dry;Intact;Blanchable erythema	—
Drainage Amount	—	—	None	None	—
Dressing	—	—	None - Open to air	None - Open to air	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
LUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
RLE	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	Limited movement;Weakness;Amputation	Limited movement;Weakness;Amputation	Limited movement;Weakness;Amputation	Limited movement;Weakness;Amputation	Limited movement;Weakness;Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;No ascites	Soft;No ascites	Soft;Flat	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	Active;Present;Audible	Active;Present;Audible	—	—	—
Abdominal Tenderness	Soft;No guarding;Nontender	Soft;No guarding;Nontender	Soft	Soft	Soft
Passing Flatus	Yes	Yes	Yes	Yes	Yes
GI Symptoms	Constipation	Constipation	—	—	None
Last BM Date	—	01/28/25	—	01/28/25	01/27/25
Bowel Incontinence	—	—	—	Yes	Yes
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	No	No	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Genitourinary Symptoms	Diminished urine production	Diminished urine production	Other (Comment)	Other (Comment)	Diminished urine production;Other (Comment)
Urinary Incontinence	—	—	Yes	Yes	Yes
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Impulsive	Impulsive	Impulsive	Impulsive	Anxious
Family Behaviors	Anxious;Cooperative	—	—	—	—
Ability to Express Feelings	Needs assistance	—	—	—	Needs assistance
Ability to Express Needs	Needs assistance	—	—	—	Needs assistance
Ability to Express Thoughts	Needs assistance	—	—	—	Needs assistance
Ability to Understand Others	Sometimes understands	—	—	—	Sometimes understands
Charting Type	Shift assessment	Shift assessment	Shift assessment	—	Shift assessment
Row Name	**01/31/25 0901**	**01/30/25 2111**	**01/30/25 2100**	**01/30/25 0800**	**01/29/25 2306**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Level of Consciousness	Responds to voice	Responds to voice	—	Alert	—
Orientation Level	Unable to assess	Unable to assess	—	Unable to assess	—
Cognition	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	—	—	—
Speech	Incomprehensible	Incomprehensible	—	—	—
R Hand Grasp	—	—	—	Moderate	—
L Hand Grasp	—	—	—	Moderate	—
RUE Motor Response	—	—	—	Normal extension;Normal flexion	—
RUE Sensation	—	—	—	Unable to assess	—
RUE Motor Strength	—	—	—	3-Can move or lift off bed but can't overcome resistance	—
LUE Motor Response	—	—	—	Normal extension;Normal flexion	—
LUE Sensation	—	—	—	Unable to assess	—
LUE Motor Strength	—	—	—	3-Can move or lift off bed but can't overcome resistance	—
RLE Motor Response	—	—	—	Normal extension	—
RLE Sensation	—	—	—	Unable to assess	—
RLE Motor Strength	—	—	—	3-Can move or lift off bed but can't overcome resistance	—
LLE Motor Response	—	—	—	Other (Comment)	—
LLE Sensation	—	—	—	Decreased;Numbness;Tingling	—
LLE Motor	—	3-Can move or lift	—	3-Can move or lift	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Strength		off bed but can't overcome resistance		off bed but can't overcome resistance	
Neuro Symptoms	—	—	—	Anxiety	—
Best Eye Response	To verbal stimuli	—	—	—	—
Best Verbal Response	Oriented	—	—	—	—
Best Motor Response	Follows commands	—	—	—	—
Glasgow Coma Scale Score	14	—	—	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Head and Face	Intact	—	—	—	—
R Eye	Severely impaired vision	Severely impaired vision	—	Severely impaired vision	—
L Eye	Severely impaired vision	Severely impaired vision	—	Severely impaired vision	—
R Ear	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss	—
L Ear	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss	—
Lips	—	—	—	Dry	—
Tongue	—	Pink;Moist	—	Pink;Dry	—
Teeth	Missing teeth;Other (Comment)	Missing teeth;Other (Comment)	—	Missing teeth;Other (Comment)	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	—	Normal	Normal
Respiratory Depth/Rhythm	Regular	Regular	—	Regular	Regular
Respiratory Effort	—	Labored	—	Labored	Labored
Respiratory Effort Characteristics	—	Abdominal muscle use	—	—	Abdominal muscle use
Dyspnea Occurrence	—	With exertion	—	—	At rest;With exertion
Chest Assessment	Symmetrical;Chest expansion symmetrical	Symmetrical;Chest expansion symmetrical	—	—	Chest expansion symmetrical
Bilateral Breath Sounds	Diminished	Diminished	—	Diminished;Crackles	Crackles
R Breath Sounds	Diminished	Diminished	—	—	Crackles
L Breath Sounds	Diminished	Diminished	—	—	Crackles
Cough	Occasional;Spontaneous;Weak	Occasional;Spontaneous;Weak	—	Dry;Weak	Dry;Weak
Respiratory Additional Assessments	—	—	—	—	No
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Cardiac Regularity	Regular	Regular	—	—	—
Heart Sounds	S1, S2	S1, S2	—	S1, S2	—
Cardiac Symptoms	—	None	—	—	—
Telemetry/Cardiac Monitor	—	No	—	—	—
Pacemaker Type	—	Permanent	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Cyanosis	None	None	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Capillary Refill	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	—	—	—
Pulses	—	L femoral	—	—	—
R Radial Pulse	—	—	—	Weak	—
L Radial Pulse	—	—	—	Weak	—
L Femoral Pulse	—	Moderate	—	—	—
Generalized Edema	—	—	—	Mild	—
RUE Edema	—	—	—	Mild	—
LUE Edema	Mild	—	—	—	—
LLE Capillary Refill	—	Greater than 2 seconds	—	—	—
LLE Color	—	Pale;Appropriate for ethnicity	—	—	—
LLE Temperature/Moisture	—	Warm;Dry	—	—	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Skin Color	Pale	Pale	—	Pale	—
Skin Condition/Temp	Warm;Dry	Warm;Dry	—	Cool;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	—
Skin Turgor	—	Epidermis thin with loss of subcutaneous tissue	—	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Peri-Wound Assessment	—	—	Clean;Dry;Intact	—	—
Closure	—	—	Skin glue;Approximated	—	—
Drainage Amount	—	—	None	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
RUE	Weakness;Limited movement	Weakness;Limited movement	—	Weakness;Limited movement	—
LUE	Weakness;Limited movement	Weakness;Limited movement	—	Weakness;Limited movement	—
RLE	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	—	Weakness;Limited movement;Swelling	—
LLE	Limited movement;Weakness;Amputation	Limited movement;Weakness;Amputation	—	Amputation;Limited movement	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Abdomen Inspection	Soft;Flat	Soft;Flat	—	Soft;Nondistended	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Bowel Sounds (All Quadrants)	Present	—	—	Present	—
Abdominal Tenderness	Soft	Soft	—	—	—
Passing Flatus	Yes	Yes	—	—	—
GI Symptoms	None	None	—	—	—
Last BM Date	—	01/27/25	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Suprapubic Tenderness	No	—	—	—	—
Genitourinary Symptoms	Diminished urine production;Other (Comment)	Diminished urine production;Other (Comment)	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Patient Behaviors/Mood	Anxious	Restless	—	Nonverbal;Restless; Anxious;Pleasant	—
Ability to Express Feelings	Needs assistance	—	—	Needs assistance	—
Ability to Express Needs	Needs assistance	—	—	Needs assistance	—
Ability to Express Thoughts	Needs assistance	—	—	Needs assistance	—
Ability to Understand Others	Sometimes understands	—	—	Sometimes understands	—
Charting Type	Shift assessment	Shift assessment	—	Shift assessment	—

Row Name	**01/29/25 1615**	**01/29/25 0900**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Alert	—
Orientation Level	Disoriented x4;Unable to assess	Disoriented x4;Unable to assess
Cognition	Poor attention/concentration;Unable to follow commands;Poor safety awareness;Poor judgement	Poor attention/concentration;Unable to follow commands
Speech	Incomprehensible	Incomprehensible
Hand Grasp/Motor Function/Sensation Assessment	Motor response;Sensation;Motor strength;Grasp	—
R Hand Grasp	Moderate	Moderate
L Hand Grasp	Moderate	Moderate
R Foot Dorsiflexion	—	3-Can move or lift off bed but can't overcome resistance
L Foot Dorsiflexion	—	Not tested
R Foot Plantar Flexion	—	3-Can move or lift off bed but can't overcome resistance
L Foot Plantar Flexion	—	Not tested
RUE Motor Response	Normal extension;Normal	Normal extension

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

	flexion	
RUE Sensation	Unable to assess	Unable to assess
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	Normal extension;Normal flexion	Normal extension
LUE Sensation	Unable to assess	Unable to assess
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	Normal flexion;Normal extension	Normal extension
RLE Sensation	Unable to assess	Unable to assess
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	Other (Comment)	Other (Comment);Responds to commands;Normal extension;Normal flexion
LLE Sensation	Other (Comment);Pain;Tingling;Numbness;Decreased	Decreased;Pain;Tingling
LLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	Anxiety;Agitation;Combative	Anxiety;Agitation;Combative
Relieved by	Rest	Rest
Best Eye Response	To verbal stimuli	—
Best Verbal Response	Oriented	—
Best Motor Response	Follows commands	—
Glasgow Coma Scale Score	14	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL
R Eye	Severely impaired vision	Severely impaired vision
L Eye	Severely impaired vision	Severely impaired vision
R Ear	Moderate hearing loss	Moderate hearing loss
L Ear	Moderate hearing loss	Moderate hearing loss
Voice	Difficulty talking	Difficulty talking
Teeth	Missing teeth	Missing teeth
Neck	Rigid;No swelling;No trauma/injury	Rigid;No swelling;No trauma/injury
Respiratory	Exceptions to WDL	Exceptions to WDL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

(WDL)		
Respiratory Pattern	Normal	—
Respiratory Depth/Rhythm	Regular	—
Respiratory Effort	Labored	Labored
Respiratory Effort Characteristics	Abdominal muscle use	Abdominal muscle use
Dyspnea Occurrence	At rest;With exertion	At rest;With exertion
Chest Assessment	Chest expansion symmetrical	Chest expansion symmetrical
Bilateral Breath Sounds	Crackles	Crackles
R Breath Sounds	Clear;Diminished;Crackles	—
L Breath Sounds	Clear;Diminished;Crackles	—
Cough	Dry;Weak	Dry;Weak
Cough and Deep Breathe	Needs encouragement	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	—
Heart Sounds	S1, S2	—
Cardiac Rhythm	—	Ventricular Paced
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL
Capillary Refill	Greater than 2 seconds (All extremities)	—
Pulses	R radial;L radial;R posterior tibial;R dorsalis pedis	—
R Radial Pulse	Weak	Weak
L Radial Pulse	Weak	Weak
L Popliteal Pulse	—	Unable to assess
R Posterior Tibial Pulse	Unable to assess	—
L Posterior Tibial Pulse	—	Unable to assess
R Dorsalis Pedis Pulse	Weak	Weak
L Dorsalis Pedis Pulse	—	Unable to assess
Generalized Edema	—	Mild
RLE Capillary Refill	Greater than 2 seconds	—
RLE Color	Pale	—
RLE Temperature/Moisture	Warm;Dry	—
LLE Capillary Refill	Unable to assess	—
LLE Color	Pale	—
LLE Temperature/Moisture	Warm;Dry	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Skin Color	Pale	Pale
Skin Condition/Temp	Cool;Dry	Cool;Dry
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation	
Peri-Wound Assessment	Clean;Dry;Intact;Pink	—
Closure	Staples	—
Drainage Amount	None	—
Dressing	Elastic Wrap (ACE);Gauze;Betadine Swabs	—
Dressing Status	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)	
Peri-Wound Assessment	Fragile;Clean;Dry	—
Dressing	Mepilex Border	—
Dressing Status	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed	
Wound Bed/Base Assessment	Clean;Dry;Pink	—
Peri-Wound Assessment	Clean;Dry;Intact	—
Closure	Skin glue	—
Dressing	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)	
Wound Bed/Base Assessment	Unable to assess	—
Peri-Wound Assessment	Unable to assess	—
Dressing	Mepilex Border	—
Dressing Status	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701	
Wound Bed/Base Assessment	Clean;Dry;Intact;Blanchable erythema	—
Peri-Wound Assessment	Clean;Dry;Intact;Blanchable erythema	—
Dressing	None - Open to air	—
Dressing Status	Clean;Dry;Intact	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL
RUE	Weakness;Limited movement	Weakness;Limited movement
LUE	Weakness;Limited movement	Weakness;Limited movement
RLE	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	Amputation;Other	Amputation;Other

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

	(Comment)	(Comment)
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Nondistended	Soft;Nondistended
Bowel Sounds (All Quadrants)	Present	—
Passing Flatus	Yes	Yes
GI Symptoms	Loss of appetite	Loss of appetite
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL
Genitourinary Symptoms	Other (Comment)	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Nonverbal; Restless;Anxious	Agitated;Nonverbal; Restless;Anxious
Needs Expressed	Other (Comment)	—
Family Behaviors	Anxious;Cooperative	Anxious;Cooperative
Rest/Sleep for Patient	Fair	—
Ability to Express Feelings	Needs assistance	—
Ability to Express Needs	Needs assistance	—
Ability to Express Thoughts	Needs assistance	—
Ability to Understand Others	Sometimes understands	—
Charting Type	Shift assessment	Shift assessment

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16)

Basic Assessment

Row Name	01/28/25 1930	01/28/25 1300	01/28/25 0900	01/27/25 2346	01/27/25 2003
Neuro (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Alert	—	Alert	Alert	Alert
Orientation Level	Disoriented x4;Unable to assess	—	Disoriented x4;Unable to assess	Disoriented x4;Unable to assess	Unable to assess
Cognition	Poor attention/concentration;Unable to follow commands	—	Poor attention/concentration;Unable to follow commands	Poor attention/concentration;Unable to follow commands	Poor attention/concentration;Poor safety awareness;Poor judgement;Unable to assess
Speech	Incomprehensible	—	Incomprehensible	Incomprehensible	Slurred;Incomprehensible
Pupil Assessment	No	—	—	—	No
Hand Grasp/Motor Function/Sensation Assessment	Grasp;Motor response;Sensation;Motor strength	—	—	Grasp;Motor response;Sensation;Motor strength	—
R Hand Grasp	Moderate	—	Moderate	Moderate	Moderate
L Hand Grasp	Moderate	—	Moderate	Moderate	Moderate
R Foot Dorsiflexion	2-Can move on bed but unable to lift	—	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift
L Foot Dorsiflexion	Not tested	—	Not tested	Not tested	Not tested
R Foot Plantar Flexion	2-Can move on bed but unable to lift	—	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift
L Foot Plantar Flexion	Not tested	—	Not tested	Not tested	Not tested
RUE Motor Response	Normal extension	—	Normal extension	Movement to painful stimulus;No tremor	Movement to painful stimulus;No tremor
RUE Sensation	Unable to assess	—	Unable to assess	Unable to assess	Unable to assess
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	2-Can move on bed but unable to lift
LUE Motor Response	Normal extension	—	Normal extension	Movement to painful stimulus;No tremor	Movement to painful stimulus;No tremor
LUE Sensation	Unable to assess	—	Unable to assess	Unable to assess	Unable to assess
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	2-Can move on bed but unable to lift
RLE Motor Response	Normal extension	—	Normal extension	Movement to painful stimulus	Movement to painful stimulus;Other (Comment)
RLE Sensation	Unable to assess	—	Unable to assess	Unable to assess	Unable to assess
RLE Motor Strength	2-Can move on bed but unable to lift	—	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift
LLE Motor Response	Unable to assess	—	Unable to assess	Unable to assess	Unable to assess
LLE Sensation	Unable to assess	—	Unable to assess	Unable to assess	Unable to assess
LLE Motor Strength	2-Can move on bed but unable to lift	—	2-Can move on bed but unable to lift	1-Palpable or visible muscle contraction but no movement	1-Palpable or visible muscle contraction but no movement
Neuro Symptoms	Anxiety;Agitation;Combative	—	Anxiety;Agitation;Combative	Agitation;Anxiety;Fatigue;Other (Comment)	Anxiety;Fatigue;Forgetful
Relieved by	Rest	—	—	Rest	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Best Eye Response	Spontaneous	—	Spontaneous	Spontaneous	Spontaneous
Best Verbal Response	Incomprehensible sounds	—	Incomprehensible sounds	Incomprehensible sounds	Incomprehensible sounds
Best Motor Response	Localizes pain	—	Localizes pain	Withdraws to pain	Localizes pain
Glasgow Coma Scale Score	11	—	11	10	11
Delirium Scale Used	—	—	—	—	Confusion Assessment Method (CAM)
Is there evidence of an acute change in mental status from the patient's baseline?	No	—	—	No	No
Inattention	Behavior present, fluctuates (comes and goes, changes in severity)	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	Behavior present, fluctuates (comes and goes, changes in severity)
Disorganized thinking	Behavior present, fluctuates (comes and goes, changes in severity)	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	Behavior present, fluctuates (comes and goes, changes in severity)
Altered level of consciousness	Behavior present, fluctuates (comes and goes, changes in severity)	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	Behavior present, fluctuates (comes and goes, changes in severity)
HEENT (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	Intact	—	—	—	—
R Eye	Severely impaired vision	—	Severely impaired vision	Severely impaired vision	Severely impaired vision
L Eye	Severely impaired vision	—	Severely impaired vision	Severely impaired vision	Severely impaired vision
R Ear	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
L Ear	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
Lips	—	—	—	—	Dry
Throat	Intact	—	—	—	—
Tongue	Pink;Dry	—	Pink;Dry	—	Pink;Dry;Coated
Voice	Difficulty talking	—	Difficulty talking	Difficulty talking	—
Mucous Membrane(s)	Pink;Dry;Intact	—	Pink;Dry;Intact	Pink;Dry;Intact	Pink;Dry;Intact
Teeth	Missing teeth	—	Missing teeth	Missing teeth	Dentures upper;Dentures lower;Dentures removed
Neck	Rigid;No swelling;No trauma/injury	—	—	—	—
Respiratory (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	—	Normal	Normal	Normal
Respiratory Depth/Rhythm	Regular	—	Regular	Regular	—
Respiratory Effort	Unlabored	—	Unlabored	Unlabored	Unlabored
Respiratory Effort Characteristics	Abdominal muscle use	—	—	Abdominal muscle use	—
Dyspnea	At rest	—	—	At rest	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Occurrence					
Chest Assessment	Chest expansion symmetrical	—	Chest expansion symmetrical	—	Chest expansion symmetrical
Bilateral Breath Sounds	Clear;Diminished	—	Clear;Diminished	Clear;Diminished	Clear;Diminished
R Breath Sounds	Clear;Diminished	—	Clear;Diminished	—	Clear;Diminished
L Breath Sounds	Clear;Diminished	—	Clear;Diminished	—	Clear
Cough	Dry;Weak	—	—	Dry;Weak	Dry;Weak
Respiratory Additional Assessments	No	—	—	—	—
R Upper Anterior	Clear	—	—	—	Clear
R Upper Posterior	Clear	—	—	—	—
R Mid Anterior	Diminished	—	—	—	Diminished
R Mid Posterior	Clear	—	—	—	—
R Lateral	Diminished	—	—	—	Diminished
R Lower Anterior	Diminished	—	—	—	Diminished
R Basilar	Diminished	—	—	—	Diminished
L Upper Anterior	Clear	—	—	—	Clear
L Upper Posterior	Clear	—	—	—	—
L Lateral	Diminished	—	—	—	Diminished
L Basilar	Diminished	—	—	—	Diminished
Cardiac (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	—	Regular	Regular	Regular
Heart Sounds	S1, S2	—	S1, S2	S1, S2	Other (Comment)
Head of Bed Elevated	—	—	Self regulated	—	—
Jugular Venous Distention (JVD)	No	—	No	No	—
Cardiac Symptoms	None	—	None	None	—
Telemetry/Cardiac Monitor	No	—	No	—	—
Cardiac Rhythm	Ventricular Paced	—	—	Ventricular Paced	—
Pacemaker Type	Permanent	—	—	Permanent	—
Permanent Pacer Type	Ventricular	—	Ventricular	Ventricular	—
Pacing Status	100% paced	—	100% paced	100% paced	—
Peripheral Vascular (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	—	None	None	None
Capillary Refill	Less than/equal to 2 seconds (All extremities)	—	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)
Pulses	R radial;L radial;R posterior tibial;R dorsalis pedis	—	—	—	—
R Radial Pulse	Weak	—	Weak	—	Weak
L Radial Pulse	Weak	—	Weak	—	Weak
L Femoral Pulse	Moderate	—	Moderate	—	—
L Popliteal Pulse	Moderate	—	Moderate	—	—
R Posterior Tibial Pulse	Unable to assess	—	—	—	Unable to assess
L Posterior Tibial Pulse	Unable to assess	—	—	—	Unable to assess
R Dorsalis Pedis Pulse	Unable to assess	—	—	—	Unable to assess
L Dorsalis Pedis Pulse	Unable to assess	—	Unable to assess	—	Unable to assess

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Edema	Right lower extremity	—	—	Right lower extremity	Right lower extremity
Generalized Edema	Mild	—	—	Mild	—
RUE Edema	Mild	—	—	Mild	—
LUE Edema	Mild	—	—	Mild	—
RLE Edema	Moderate;Pitting	—	—	Moderate;Pitting	Moderate;Pitting
RLE Capillary Refill	Less than/equal to 2 seconds	—	Less than/equal to 2 seconds	Less than/equal to 2 seconds	Less than/equal to 2 seconds
RLE Color	Pale	—	Pale	Pale	Pale
RLE Temperature/Moisture	Warm;Dry	—	Warm;Dry	Cool	Cool
LLE Capillary Refill	Unable to assess	—	Unable to assess	Unable to assess	Unable to assess
LLE Color	Pale	—	Pale	Pale	Pale
LLE Temperature/Moisture	Warm;Dry	—	Warm;Dry	Warm;Dry	Warm;Dry
Integumentary (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	—	Pale	Pale	Pale
Skin Condition/Temp	Cool;Dry	—	Cool;Dry	Cool;Dry	Cool;Dry
Skin Integrity	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	—	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Red;Dry	Red;Dry	Unable to assess	Unable to assess	—
Peri-Wound Assessment	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	Unable to assess	Unable to assess	—
Closure	Staples	Staples	—	Staples	—
Drainage Description	Unable to assess	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Elastic Wrap (ACE);Gauze;Betadine Swabs	Elastic Wrap (ACE);Gauze;Betadine Swabs	Elastic Wrap (ACE);Gauze	Elastic Wrap (ACE);Gauze	None - Open to air
Dressing Changed	—	Changed	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Blanchable erythema;Clean;Dry	—	Blanchable erythema;Clean;Dry	Blanchable erythema;Clean;Dry	Blanchable erythema;Clean;Dry
Peri-Wound Assessment	Fragile;Clean;Dry	—	Fragile;Clean;Dry	Fragile;Clean;Dry	Fragile;Clean;Dry
Closure	None	—	None	—	—
Drainage Amount	None	—	None	—	—
Dressing	Barrier Cream;Mepilex Border	—	Barrier Cream;Mepilex Border	Barrier Cream;Mepilex Border	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

	Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Pink	—	Clean;Dry;Pink	Clean;Dry;Pink	Clean;Dry;Pink
Peri-Wound Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Closure	Skin glue	—	Skin glue	Skin glue	Skin glue
Drainage Amount	None	—	None	—	None
Dressing	None - Open to air	—	None - Open to air	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	—	Unable to assess	Scab	Scab
Peri-Wound Assessment	Unable to assess	—	Unable to assess	Clean;Dry;Intact;Pink;Fragile	Clean;Dry;Intact;Pink;Fragile
Dressing	Mepilex Border	—	Mepilex Border	None - Open to air	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Clean;Dry;Intact;Blanchable erythema	—	—	Clean;Dry;Intact;Blanchable erythema	Clean;Dry;Intact;Blanchable erythema
Peri-Wound Assessment	Clean;Dry;Intact;Blanchable erythema	—	Clean;Dry;Intact;Blanchable erythema	Clean;Dry;Intact;Blanchable erythema	Clean;Dry;Intact;Blanchable erythema
Drainage Amount	None	—	None	—	—
Dressing	None - Open to air	—	None - Open to air	None - Open to air	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Musculoskeletal (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
LUE	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
RLE	Weakness;Limited movement;Swelling	—	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	Amputation	—	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Nondistended	—	Soft;Nondistended	Soft;Nondistended	Soft;Nondistended
Bowel Sounds (All Quadrants)	Present	—	Present	Present	Present;Passing flatus;Active
Abdominal Tenderness	Soft;Nontender	—	Soft;Nontender	Soft;Nontender	Soft;Nontender
Passing Flatus	Yes	—	Yes	Yes	Yes
GI Symptoms	Loss of appetite	—	Loss of appetite	—	—
Last BM Date	—	—	—	01/27/25	—
Bowel Incontinence	—	—	Yes	—	Yes
Stool Appearance	—	—	—	—	Loose;Soft
Stool Color	—	—	—	—	Brown
Stool Size	—	—	—	—	Smear
RUQ Bowel Sounds	Present	—	Present	—	Present
LUQ Bowel Sounds	Present	—	Present	—	Present
RLQ Bowel Sounds	Present	—	Present	—	Present
LLQ Bowel Sounds	Present	—	Present	—	Present
Genitourinary	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

(WDL)					
Suprapubic Tenderness	No	—	No	—	—
Genitourinary Symptoms	Other (Comment)	—	Other (Comment)	Other (Comment)	Other (Comment)
Urinary Incontinence	Yes	—	Yes	—	Yes
Urine Color	Unable to assess	—	—	—	Unable to assess
Urine Appearance	Unable to assess	—	—	—	Unable to assess
Female Genitalia	Intact	—	—	—	Intact
Psychosocial (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Nonverbal; Restless;Anxious	—	Agitated;Nonverbal; Restless;Anxious	Agitated;Nonverbal; Restless;Anxious	Agitated;Nonverbal; Restless;Anxious
Needs Expressed	—	—	—	—	Other (Comment);Physical
Family Behaviors	Anxious;Cooperative	—	—	Anxious;Cooperative	Anxious;Cooperative;Verbal;Other (Comment)
Rest/Sleep for Patient	Fair	—	—	Fair	—
Ability to Express Feelings	Unable to express	—	—	Unable to express	—
Ability to Express Needs	Unable to express	—	—	Unable to express	—
Ability to Express Thoughts	Unable to express	—	—	Unable to express	—
Ability to Understand Others	Rarely/never understands	—	—	Rarely/never understands	—
Charting Type	—	—	Shift assessment	Shift assessment	Shift assessment
Heart Rate Source	Monitor	—	—	—	Monitor
Row Name	**01/27/25 1400**	**01/27/25 1036**	**01/27/25 1005**	**01/27/25 0940**	**01/27/25 0938**
Neuro (WDL)	—	—	—	—	Exceptions to WDL
Level of Consciousness	—	—	Alert	—	Responds to pain
Orientation Level	—	—	—	—	Unable to assess
Cognition	—	—	—	—	Unable to assess
Speech	—	—	—	—	Slurred;Incomprehensible
Swallow	—	—	—	—	Other (Comment)
Pupil Assessment	—	—	—	—	No
R Hand Grasp	—	—	—	—	Moderate
L Hand Grasp	—	—	—	—	Moderate
R Foot Dorsiflexion	—	—	—	—	2-Can move on bed but unable to lift
L Foot Dorsiflexion	—	—	—	—	Not tested
R Foot Plantar Flexion	—	—	—	—	2-Can move on bed but unable to lift
L Foot Plantar Flexion	—	—	—	—	Not tested
RUE Motor Response	—	—	—	—	Movement to painful stimulus;No tremor
RUE Sensation	—	—	—	—	Unable to assess
RUE Motor Strength	—	—	—	—	2-Can move on bed but unable to lift
LUE Motor	—	—	—	—	Movement to painful

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Response					stimulus;No tremor
LUE Sensation	—	—	—	—	Unable to assess
LUE Motor Strength	—	—	—	—	2-Can move on bed but unable to lift
RLE Motor Response	—	—	—	—	Movement to painful stimulus;Other (Comment)
RLE Sensation	—	—	—	—	Unable to assess
RLE Motor Strength	—	—	—	—	2-Can move on bed but unable to lift
LLE Motor Response	—	—	—	—	Unable to assess
LLE Sensation	—	—	—	—	Unable to assess
LLE Motor Strength	—	—	—	—	1-Palpable or visible muscle contraction but no movement
Neuro Symptoms	—	—	—	—	Anxiety;Fatigue;Forgetful
Best Eye Response	—	Spontaneous	—	—	To pain
Best Verbal Response	—	Incomprehensible sounds	—	—	Incomprehensible sounds
Best Motor Response	—	Localizes pain	—	—	Withdraws to pain
Glasgow Coma Scale Score	—	11	—	—	8
Cough	—	—	—	—	Present
HEENT (WDL)	—	—	—	—	Exceptions to WDL
R Eye	—	—	—	—	Severely impaired vision
L Eye	—	—	—	—	Severely impaired vision
R Ear	—	—	—	—	Moderate hearing loss
L Ear	—	—	—	—	Moderate hearing loss
Mucous Membrane(s)	—	—	—	—	Pink;Dry;Intact
Teeth	—	—	—	—	Dentures upper;Dentures lower;Dentures removed
Respiratory (WDL)	—	—	—	—	Exceptions to WDL
Respiratory Pattern	—	Normal	—	—	Tachypneic
Respiratory Depth/Rhythm	—	Regular	—	—	Regular
Respiratory Effort	—	Unlabored	—	—	Labored
Chest Assessment	—	—	—	—	Chest expansion symmetrical
Bilateral Breath Sounds	—	—	—	—	Clear;Diminished
R Breath Sounds	—	—	—	—	Clear;Diminished
L Breath Sounds	—	—	—	—	Clear
Cough	—	—	—	—	Dry;Weak
R Upper Anterior	—	—	—	—	Clear
R Mid Anterior	—	—	—	—	Diminished
R Lateral	—	—	—	—	Diminished
R Lower Anterior	—	—	—	—	Diminished
R Basilar	—	—	—	—	Diminished

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

L Upper Anterior	—	—	—	—	Clear
L Lateral	—	—	—	—	Diminished
L Basilar	—	—	—	—	Diminished
Cardiac (WDL)	—	—	—	—	Exceptions to WDL
Cardiac Regularity	—	—	—	—	Regular
Heart Sounds	—	—	—	—	Other (Comment)
Head of Bed Elevated	—	—	—	—	HOB 30
Pacemaker Type	—	—	—	—	Permanent
Peripheral Vascular (WDL)	—	—	—	—	Exceptions to WDL
Cyanosis	—	—	—	—	None
Capillary Refill	—	—	—	—	Less than/equal to 2 seconds (All extremities)
R Radial Pulse	—	—	—	—	Weak
L Radial Pulse	—	—	—	—	Weak
R Posterior Tibial Pulse	—	—	—	—	Unable to assess
L Posterior Tibial Pulse	—	—	—	—	Unable to assess
R Dorsalis Pedis Pulse	—	—	—	—	Unable to assess
L Dorsalis Pedis Pulse	—	—	—	—	Unable to assess
Edema	—	—	—	—	Right lower extremity
RLE Edema	—	—	—	—	Moderate;Pitting
RLE Capillary Refill	—	—	—	—	Less than/equal to 2 seconds
RLE Color	—	—	—	—	Pale
RLE Temperature/Moisture	—	—	—	—	Cool
LLE Capillary Refill	—	—	—	—	Unable to assess
LLE Color	—	—	—	—	Pale
LLE Temperature/Moisture	—	—	—	—	Warm;Dry
Integumentary (WDL)	—	—	—	—	Exceptions to WDL
Skin Color	—	—	—	—	Pale
Skin Condition/Temp	—	—	—	—	Cool;Dry
Skin Integrity	—	—	—	—	See Wound/Burn LDA(s)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Peri-Wound Assessment	—	—	—	Dry;Pink;Pale;Painful;Clean	—
Closure	—	—	—	Staples	—
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	Gauze;Elastic Wrap (ACE);Other (Comment)	None - Open to air
Dressing Changed	—	—	—	New	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Properties	Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Blanchable erythema;Clean;Dry	—	—	—	—
Peri-Wound Assessment	Fragile;Clean;Dry	—	—	Fragile;Clean;Dry	—
Closure	None	—	—	None	—
Drainage Amount	None	—	—	None	—
Dressing	Barrier Cream;Mepilex Border	—	—	Barrier Cream	—
Dressing Changed	Reapplication	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Length (cm)	10 cm	—	—	—	—
Wound Width (cm)	9 cm	—	—	—	—
Edges	Undefined edges	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Pink	—
Peri-Wound Assessment	—	—	—	Clean;Dry;Intact	—
Closure	—	—	—	Skin glue	—
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Scab	—	—	—	—
Peri-Wound Assessment	Clean;Dry;Intact;Pink;Fragile	—	—	—	—
Closure	None	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	None - Open to air	—	—	—	—
Wound Length (cm)	1 cm	—	—	—	—
Wound Width (cm)	0.5 cm	—	—	—	—
Edges	Well-defined edges	—	—	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Peri-Wound Assessment	Clean;Dry;Intact;Blanchable erythema	—	—	—	—
Dressing	None - Open to air	—	—	—	—
Wound Length (cm)	6 cm	—	—	—	—
Wound Width (cm)	4 cm	—	—	—	—
Musculoskeletal (WDL)	—	—	—	—	Exceptions to WDL
RUE	—	—	—	—	Weakness;Limited movement
LUE	—	—	—	—	Weakness;Limited movement
RLE	—	—	—	—	Weakness;Limited movement;Swelling

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

LLE	—	—	—	—	Amputation
Gastrointestinal (WDL)	—	—	—	—	Exceptions to WDL
Abdomen Inspection	—	—	—	—	Soft;Nondistended
Bowel Sounds (All Quadrants)	—	—	—	—	Present;Passing flatus;Active
Abdominal Tenderness	—	—	—	—	Soft;Nontender
Passing Flatus	—	—	—	—	Yes
GI Symptoms	—	—	—	—	Diarrhea
Last BM Date	—	—	—	—	01/27/25
RUQ Bowel Sounds	—	—	—	—	Present
LUQ Bowel Sounds	—	—	—	—	Present
RLQ Bowel Sounds	—	—	—	—	Present
LLQ Bowel Sounds	—	—	—	—	Present
Genitourinary (WDL)	—	—	—	—	Exceptions to WDL
Suprapubic Tenderness	—	—	—	—	No
Genitourinary Symptoms	—	—	—	—	Other (Comment)
Urine Color	—	—	—	—	Unable to assess
Urine Appearance	—	—	—	—	Unable to assess
Psychosocial (WDL)	—	—	Exceptions to WDL	—	Exceptions to WDL
Patient Behaviors/Mood	—	—	Calm;Cooperative;Nonverbal	—	Agitated;Nonverbal;Restless;Anxious
Needs Expressed	—	—	—	—	Other (Comment);Physical
Family Behaviors	—	—	—	—	Anxious;Cooperative;Verbal;Other (Comment)
Ability to Express Feelings	—	—	—	—	Unable to express
Ability to Express Needs	—	—	—	—	Needs assistance
Ability to Express Thoughts	—	—	—	—	—
Ability to Understand Others	—	—	—	—	Sometimes understands

Row Name	01/26/25 2347	01/26/25 2153	01/26/25 0945	01/26/25 0915	01/26/25 0909
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Level of Consciousness	Responds to voice	Responds to voice	—	Responds to pain	—
Orientation Level	Unable to assess	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	—	Unable to assess	—
Cognition	Unable to assess	Unable to assess	—	Unable to assess	—
Speech	Slurred;Incomprehensible	Slurred;Incomprehensible;Nods/gestures appropriately;Uses written	—	Incomprehensible	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

		communication			
Swallow	—	—	—	Other (Comment)	—
Pupil Assessment	—	—	—	No	—
R Hand Grasp	Moderate	Moderate	—	Unable to assess	—
L Hand Grasp	Moderate	Moderate	—	Unable to assess	—
R Foot Dorsiflexion	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	—	Not tested	—
L Foot Dorsiflexion	—	—	—	Not tested	—
R Foot Plantar Flexion	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	—	Not tested	—
L Foot Plantar Flexion	—	—	—	Not tested	—
RUE Motor Response	Movement to painful stimulus;No tremor	Movement to painful stimulus;No tremor	—	Unable to assess;Movement to painful stimulus	—
RUE Sensation	Unable to assess	Unable to assess	—	Unable to assess	—
RUE Motor Strength	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	—	2-Can move on bed but unable to lift	—
LUE Motor Response	Movement to painful stimulus;No tremor	Movement to painful stimulus;No tremor	—	Unable to assess	—
LUE Sensation	Unable to assess	Unable to assess	—	Unable to assess	—
LUE Motor Strength	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	—	2-Can move on bed but unable to lift	—
RLE Motor Response	Movement to painful stimulus	Movement to painful stimulus	—	Movement to painful stimulus	—
RLE Sensation	Unable to assess	Unable to assess	—	Unable to assess	—
RLE Motor Strength	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	—	2-Can move on bed but unable to lift	—
LLE Motor Response	Unable to assess	Unable to assess	—	Movement to painful stimulus	—
LLE Sensation	Unable to assess	Unable to assess	—	Unable to assess	—
LLE Motor Strength	1-Palpable or visible muscle contraction but no movement	1-Palpable or visible muscle contraction but no movement	—	2-Can move on bed but unable to lift	—
Neuro Symptoms	—	Anxiety;Fatigue;Forgetful	—	Anxiety	—
Relieved by	—	Rest	—	—	—
Best Eye Response	Spontaneous	Spontaneous	—	—	—
Best Verbal Response	Incomprehensible sounds	Incomprehensible sounds	—	—	—
Best Motor Response	Follows commands	Follows commands	—	—	—
Glasgow Coma Scale Score	12	12	—	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Head and Face	—	Intact	—	Intact	—
R Eye	Severely impaired vision	Severely impaired vision	—	Severely impaired vision	—
L Eye	Severely impaired vision	Severely impaired vision	—	Severely impaired vision	—
R Ear	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss	—
L Ear	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss	—
Lips	Dry	Dry	—	Dry	—
Tongue	—	Pink;Dry;Coated	—	Dry;Coated;Swollen	—
Voice	Difficulty talking	Difficulty talking	—	Difficulty talking	—
Mucous	Dry	Dry	—	Dry	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Membrane(s)					
Teeth	—	Dentures upper;Dentures lower;Dentures removed	—	Dentures upper;Dentures lower	—
Neck	—	Rigid;No swelling;No trauma/injury	—	Other (Comment)	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Within Defined Limits	Exceptions to WDL	—
Respiratory Pattern	Tachypneic	Normal;Tachypneic	Normal	Tachypneic	—
Respiratory Depth/Rhythm	Regular	Regular	Regular	Regular	—
Respiratory Effort	Labored	Labored	Unlabored	Labored	—
Respiratory Effort Characteristics	Abdominal muscle use	Accessory muscle use	—	Gasping	—
Dyspnea Occurrence	At rest	Lying flat	At rest	Lying flat	—
Chest Assessment	Chest expansion symmetrical	Chest expansion symmetrical	Symmetrical	Symmetrical	—
Bilateral Breath Sounds	Clear;Diminished	Clear	Diminished	Diminished	—
R Breath Sounds	—	—	Clear;Diminished	Clear;Diminished	—
L Breath Sounds	—	—	Clear	Clear	—
Cough	—	Dry;Weak	Weak;Unable to clear secretions	Weak;Unable to clear secretions	—
Respiratory Additional Assessments	—	—	No	Yes	—
R Upper Anterior	—	—	—	Clear	—
R Mid Anterior	—	—	—	Diminished	—
R Lateral	—	—	—	Diminished	—
R Lower Anterior	—	—	—	Diminished	—
R Basilar	—	—	—	Diminished	—
L Upper Anterior	—	—	—	Clear	—
L Lateral	—	—	—	Clear	—
L Basilar	—	—	—	Clear	—
Respiratory Interventions	—	—	—	—	—
Secretion Color	—	—	—	—	White
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Cardiac Regularity	Regular	Regular	—	Regular	—
Heart Sounds	S1, S2	S1, S2	—	S1, S2	—
Head of Bed Elevated	—	—	—	HOB 30	—
Jugular Venous Distention (JVD)	No	No	—	No	—
Cardiac Symptoms	None	None	—	—	—
Telemetry/Cardiac Monitor	—	No	—	—	—
Cardiac Rhythm	—	Ventricular Paced	—	—	—
Pacemaker Type	Permanent	Permanent	—	Permanent	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Cyanosis	None	None	—	None	—
Capillary Refill	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	—	Less than/equal to 2 seconds (All extremities)	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

R Radial Pulse	Weak	Weak	—	Unable to assess	—
L Radial Pulse	Weak	Weak	—	Unable to assess	—
R Posterior Tibial Pulse	—	Unable to assess	—	—	—
L Posterior Tibial Pulse	Unable to assess	—	—	—	—
R Dorsalis Pedis Pulse	Unable to assess	Unable to assess	—	Weak	—
L Dorsalis Pedis Pulse	—	—	—	Other (Comment)	—
Edema	—	Right lower extremity;Generalized	—	Right lower extremity	—
Generalized Edema	—	Mild	—	—	—
RLE Edema	—	Moderate;Pitting	—	Moderate	—
RLE Capillary Refill	—	Less than/equal to 2 seconds	—	Less than/equal to 2 seconds	—
RLE Color	—	Pale	—	Pale	—
RLE Temperature/Moisture	—	Cool	—	Cool	—
LLE Capillary Refill	—	Less than/equal to 2 seconds	—	Unable to assess	—
LLE Color	—	Pale	—	Pale	—
LLE Temperature/Moisture	—	Warm;Dry	—	Warm;Dry	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Skin Color	Pale	Pale	—	Pale	—
Skin Condition/Temp	Cool;Dry	Cool;Dry	—	Cool;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s);Bruising	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Unable to assess	—
Peri-Wound Assessment	Unable to assess	Unable to assess	—	Clean;Dry;Intact;Red	—
Closure	Unable to assess	Unable to assess	—	Staples	—
Drainage Description	—	Unable to assess	—	—	—
Drainage Amount	—	Unable to assess	—	None	—
Dressing	Gauze;Elastic Wrap (ACE)	Gauze;Elastic Wrap (ACE);Tape	—	Gauze;Elastic Wrap (ACE);Tape	—
Dressing Changed	Changed	—	—	New	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Blanchable erythema;Clean;Dry	Blanchable erythema;Clean;Dry	—	—	—
Peri-Wound Assessment	Fragile;Clean;Dry	Fragile;Clean;Dry	—	—	—
Closure	—	None	—	—	—
Drainage Amount	—	None	—	—	—
Dressing	Barrier Cream	Barrier Cream	—	—	—
Dressing	Reapplication	Reapplication	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Changed					
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Pink	Clean;Dry;Pink	—	Unable to assess	—
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Closure	Skin glue	Skin glue	—	—	—
Drainage Amount	None	None	—	None	—
Dressing	None - Open to air	None - Open to air	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Clean;Dry;Pink;Red	—	—	—
Peri-Wound Assessment	Clean;Dry;Intact;Pink;Fragile	Clean;Dry;Intact;Pink;Fragile	—	Pink;Fragile	—
Closure	—	None	—	—	—
Drainage Amount	—	None	—	None	—
Dressing	Mepilex Border	Mepilex Border	—	Mepilex Border;Barrier Cream	—
Dressing Changed	—	New	—	New	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Wound Length (cm)	—	—	—	1 cm	—
Wound Width (cm)	—	—	—	1 cm	—
Wound Depth (cm)	—	—	—	0.1 cm	—
Edges	—	—	—	Well-defined edges	—
Pressure Injury Stage	—	—	—	Stage 1	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	—	—	—
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Pale	—
Drainage Amount	—	None	—	None	—
Dressing	None - Open to air	None - Open to air	—	None - Open to air	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
RUE	Weakness;Limited movement	Weakness;Limited movement	—	Weakness;Limited movement	—
LUE	Weakness;Limited movement	Weakness;Limited movement	—	Weakness;Limited movement	—
RLE	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	—	Weakness;Limited movement;Swelling	—
LLE	Amputation	Amputation	—	Amputation	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Abdomen Inspection	Soft;Nondistended	Soft;Nondistended	—	Soft;Nondistended	—
Bowel Sounds (All Quadrants)	Present	—	—	Active	—
Abdominal Tenderness	Soft;Nontender	Soft;Nontender	—	Soft;Nontender	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Passing Flatus	Yes	Yes	—	—	—
GI Symptoms	—	Constipation	—	Constipation	—
Relieved by	—	Laxative	—	—	—
Last BM Date	—	01/26/25	—	—	—
RUQ Bowel Sounds	—	—	—	Present	—
LUQ Bowel Sounds	—	—	—	Present	—
RLQ Bowel Sounds	—	—	—	Present	—
LLQ Bowel Sounds	—	—	—	Present	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Suprapubic Tenderness	—	—	—	No	—
Genitourinary Symptoms	Other (Comment)	Other (Comment)	—	Other (Comment)	—
Urinary Incontinence	—	—	—	Yes	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Patient Behaviors/Mood	Agitated;Irritable;Nonverbal;Restless	Agitated;Anxious;Irritable;Nonverbal;Restless	—	—	—
Needs Expressed	—	Physical;Other (Comment)	—	—	—
Family Behaviors	—	Anxious;Cooperative;Verbal	—	—	—
Rest/Sleep for Patient	—	Fair	—	Poor	—
Ability to Express Feelings	—	Unable to express	—	Unable to express	—
Ability to Express Needs	—	Needs assistance	—	Unable to express	—
Ability to Express Thoughts	—	Unable to express	—	Unable to express	—
Ability to Understand Others	—	Sometimes understands	—	Sometimes understands	—
Charting Type	Shift assessment	Shift assessment	—	—	—
Row Name	**01/25/25 2100**	**01/25/25 0900**	**01/25/25 0232**	**01/25/25 0143**	**01/24/25 2000**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Level of Consciousness	Responds to pain	Responds to pain	—	—	Alert
Orientation Level	Unable to assess	Disoriented to person	—	—	Unable to assess
Cognition	Unable to assess	Unable to assess	—	—	Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration
Speech	Incomprehensible	Incomprehensible	—	—	Uses written communication
Swallow	—	Other (Comment)	—	—	Chokes on liquids;Difficulty swallowing
R Pupil Size (mm)	—	—	—	—	3
R Pupil Shape	—	—	—	—	Round
R Pupil Reaction	—	—	—	—	Brisk

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

L Pupil Size (mm)	—	—	—	—	3
L Pupil Shape	—	—	—	—	Round
L Pupil Reaction	—	—	—	—	Brisk
R Hand Grasp	—	Strong	—	—	Moderate
L Hand Grasp	—	Strong	—	—	Moderate
R Foot Dorsiflexion	—	—	—	—	4-Can move/lift against some resistance, not full strength
L Foot Dorsiflexion	—	—	—	—	Not tested
R Foot Plantar Flexion	—	—	—	—	4-Can move/lift against some resistance, not full strength
L Foot Plantar Flexion	—	—	—	—	Not tested
RUE Sensation	—	—	—	—	Unable to assess
RUE Motor Strength	—	5-Full strength	—	—	5-Full strength
LUE Sensation	—	—	—	—	Unable to assess
LUE Motor Strength	—	5-Full strength	—	—	5-Full strength
RLE Sensation	—	—	—	—	Unable to assess
RLE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance
LLE Sensation	—	—	—	—	Unable to assess
LLE Motor Strength	—	—	—	—	2-Can move on bed but unable to lift
Neuro Symptoms	—	—	—	—	Anxiety
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
R Eye	Severely impaired vision	Severely impaired vision	—	—	Moderately impaired vision
L Eye	Severely impaired vision	Severely impaired vision	—	—	Moderately impaired vision
R Ear	Moderate hearing loss	—	—	—	Moderate hearing loss
L Ear	Moderate hearing loss	—	—	—	Moderate hearing loss
Lips	—	Dry	—	—	Dry
Tongue	—	Dry	—	—	Dry
Voice	Difficulty talking	—	—	—	Difficulty talking
Mucous Membrane(s)	—	—	—	—	Dry
Teeth	Dentures upper;Dentures lower	Dentures upper;Dentures lower	—	—	Missing teeth;Dentures lower;Dentures upper
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL [N1]	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Tachypneic	Tachypneic [N1]	—	—
Respiratory Depth/Rhythm	—	Shallow	Shallow [N1]	—	—
Respiratory Effort	Unlabored	Unlabored	Labored [N1]	—	—
Respiratory Effort Characteristics	—	—	Gasping [N1]	—	—
Dyspnea Occurrence	—	—	At rest [N1]	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Chest Assessment	—	—	Symmetrical [N1]	—	—
Bilateral Breath Sounds	—	Diminished	Clear;Diminished [N1]	—	Clear;Diminished
R Breath Sounds	—	Diminished	—	—	—
L Breath Sounds	—	Diminished	—	—	—
Cough	—	—	Moist;Weak;Unable to clear secretions;Hacking [N1]	—	Spontaneous;Non-productive
Respiratory Interventions	—	—	Oral suction [N1]	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Cardiac Regularity	Regular	—	—	—	—
Cardiac Symptoms	—	Other (Comment)	—	—	—
Telemetry/Cardiac Monitor	—	No	—	—	—
Cardiac Rhythm	Ventricular Paced	—	—	—	Ventricular Paced
Pacemaker Type	—	Permanent	—	—	Permanent
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Capillary Refill	Less than/equal to 2 seconds (All extremities)	—	—	—	—
LUE Edema	—	Mild;Other (Comment)	—	—	—
RLE Edema	—	—	—	—	Moderate;Pitting
RLE Color	—	Purple;Pale	—	—	—
RLE Temperature/Moisture	—	Cool	—	—	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Skin Condition/Temp	Warm;Dry	—	—	—	—
Skin Integrity	—	—	—	—	See Wound/Burn LDA(s);Bruising
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Unable to assess	—	—	—	Pink;Painful
Peri-Wound Assessment	Clean;Dry;Intact	—	—	—	Clean;Dry;Intact
Closure	—	Staples	—	—	Staples
Drainage Amount	—	None	—	—	None
Dressing	Gauze;Tape	—	—	—	None - Open to air;Betadine Swabs
Dressing Changed	—	Changed	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	—	Blanchable erythema;Clean;Dry
Peri-Wound Assessment	—	Fragile;Purple	—	—	Clean;Dry;Pink
Drainage Amount	—	None	—	—	—
Dressing	—	—	—	—	Mepilex Border
Wound	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Properties	Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	—	Unable to assess
Peri-Wound Assessment	Clean;Dry;Intact	—	—	—	Clean;Dry;Intact
Closure	—	Skin glue	—	—	Skin glue
Drainage Amount	—	None	—	—	—
Dressing	None - Open to air	—	—	—	None - Open to air
Dressing Changed	—	Other (Comment)	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	—	Burgundy
Peri-Wound Assessment	—	—	—	—	Pink;Blanchable erythema
Drainage Amount	—	—	—	—	None
Dressing	—	—	—	—	None - Open to air
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Musculoskeletal (WDL)	Within Defined Limits	Within Defined Limits	—	—	Exceptions to WDL
RUE	Weakness;Limited movement	—	—	—	—
LUE	Weakness;Limited movement	—	—	—	—
RLE	Weakness;Limited movement;Swelling	—	—	—	Limited movement;Weakness;Swelling
LLE	Amputation	—	—	—	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Abdomen Inspection	Soft;Nondistended	—	—	—	—
Bowel Sounds (All Quadrants)	Active	—	—	—	—
GI Symptoms	Loss of appetite	Loss of appetite	—	—	—
Last BM Date	—	01/20/25	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Genitourinary Symptoms	Other (Comment)	—	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Patient Behaviors/Mood	Anxious	Anxious	—	—	Anxious;Restless
Ability to Express Feelings	—	Unable to express	—	—	Needs assistance
Ability to Express Needs	—	Unable to express	—	—	Needs assistance
Ability to Express Thoughts	—	Unable to express	—	—	Needs assistance
Ability to Understand Others	—	—	—	—	Sometimes understands
Charting Type	Shift assessment	—	—	—	Shift assessment
Row Name	**01/24/25 0820**	**01/23/25 2100**	**01/23/25 0900**	**01/22/25 2300**	**01/22/25 2119**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of	Responds to voice	Responds to voice	Responds to voice	Responds to voice	Responds to voice

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Consciousness					
Orientation Level	Oriented to person	Oriented to person	Oriented to person	Oriented to person;Disoriented to time;Disoriented to situation;Disoriented to person	Oriented to person
Cognition	Follows commands;Poor attention/concentration	Follows commands;Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	Follows commands;Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration;Unable to follow commands	Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration;Unable to follow commands
Speech	Uses written communication;Nods/gestures appropriately	Nods/gestures appropriately;Uses written communication	Nods/gestures appropriately;Uses written communication	—	—
R Hand Grasp	Moderate	—	Strong	—	Unable to assess
L Hand Grasp	Moderate	—	Strong	—	Unable to assess
R Foot Dorsiflexion	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength
L Foot Dorsiflexion	Not tested	—	Not tested	—	Not tested
R Foot Plantar Flexion	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength	—	—
L Foot Plantar Flexion	Not tested	—	Not tested	—	—
RUE Motor Response	Responds to commands	—	Responds to commands	—	—
RUE Sensation	Unable to assess	—	Unable to assess	—	—
RUE Motor Strength	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength	—	—
LUE Motor Response	Responds to commands	—	Responds to commands	—	—
LUE Sensation	Unable to assess	—	Unable to assess	—	—
LUE Motor Strength	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength	—	—
RLE Motor Response	Responds to commands	—	Responds to commands	—	—
RLE Sensation	Unable to assess	—	Unable to assess	—	—
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	—	—
LLE Motor Response	Other (Comment)	—	Other (Comment)	—	Other (Comment)
LLE Sensation	Unable to assess	—	Pain	—	—
LLE Motor Strength	2-Can move on bed but unable to lift	—	3-Can move or lift off bed but can't overcome resistance	—	—
Neuro Symptoms	—	Forgetful;Anxiety;Irri	Forgetful;Anxiety;Irri	—	Forgetful;Anxiety;Irri

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

		table	table		table;Drowsiness
Relieved by	—	Rest	—	—	—
Best Eye Response	Spontaneous	—	Spontaneous	Spontaneous	—
Best Verbal Response	Confused	—	Confused	Confused	—
Best Motor Response	Follows commands	—	Follows commands	Follows commands	—
Glasgow Coma Scale Score	14	—	14	14	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Head and Face	—	Intact	Intact	—	—
R Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	—	—
L Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	—	—
R Ear	Deaf	Deaf	Deaf	—	Deaf
L Ear	Deaf	Deaf	Deaf	—	Deaf
Lips	Dry	Dry	—	—	—
Throat	Intact	—	—	—	—
Tongue	Pink;Dry	—	—	—	—
Voice	Difficulty talking	Difficulty talking	—	—	—
Mucous Membrane(s)	Dry	—	—	—	—
Teeth	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures lower;Dentures upper	—	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	Normal	Normal	Normal
Respiratory Depth/Rhythm	Regular	Regular	Regular	Regular	Regular
Respiratory Effort	Unlabored	Unlabored	Unlabored	Unlabored	Unlabored
Dyspnea Occurrence	With exertion	With exertion	—	With exertion	—
Chest Assessment	Symmetrical	Symmetrical	—	Symmetrical	—
Bilateral Breath Sounds	Clear;Diminished	Clear;Diminished	Clear;Diminished	—	Clear
R Breath Sounds	Clear;Diminished	Clear;Diminished	Clear;Diminished	—	Clear
L Breath Sounds	Clear;Diminished	Clear;Diminished	Clear;Diminished	—	Clear
Cough	—	Strong	—	—	Occasional
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	Regular	Regular	Regular
Heart Sounds	S1, S2	S1, S2	S1, S2	S1, S2	S1, S2
Head of Bed Elevated	Self regulated	Self regulated	HOB 30	HOB 30	—
Jugular Venous Distention (JVD)	No	No	—	No	—
Cardiac Symptoms	None	—	—	None	—
Telemetry/Cardiac Monitor	Yes	—	—	Yes	—
Cardiac Rhythm	Ventricular Paced	—	Ventricular Paced	Ventricular Paced	Ventricular Paced
Pacemaker Type	—	—	Permanent	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Cyanosis	None	None	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Capillary Refill	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	—	Less than/equal to 2 seconds (All extremities)
Pulses	R radial;L radial;R posterior tibial;R dorsalis pedis	R radial;L radial;R posterior tibial;R dorsalis pedis	R radial;L radial;R posterior tibial;R dorsalis pedis	—	R radial;L radial;R posterior tibial;R dorsalis pedis
R Radial Pulse	Weak	—	Moderate	—	Moderate
L Radial Pulse	Weak	—	Moderate	—	Moderate
L Femoral Pulse	Moderate	—	—	—	—
R Popliteal Pulse	—	—	Doppler	—	—
R Posterior Tibial Pulse	—	—	Doppler	—	—
R Dorsalis Pedis Pulse	Weak	—	Doppler	—	Weak
L Dorsalis Pedis Pulse	—	—	—	—	Weak
Edema	—	—	Right lower extremity	—	—
RUE Edema	—	Mild	Mild	—	—
RLE Edema	Moderate;Pitting	—	—	—	—
RLE Capillary Refill	Less than/equal to 2 seconds	—	—	—	—
RLE Color	Pale	—	—	—	—
RLE Temperature/Moisture	Warm;Dry	—	—	—	—
LLE Capillary Refill	Less than/equal to 2 seconds	—	—	—	—
LLE Color	Appropriate for ethnicity	—	—	—	—
LLE Temperature/Moisture	Warm;Dry	—	—	—	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Skin Color	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity	—	Appropriate for ethnicity
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	—	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s);Bruising	—	See Wound/Burn LDA(s);Bruising
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Pink;Dry	—	Red	—	Red;Swelling
Peri-Wound Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact;Painful	—	Clean;Dry;Intact;Painful
Closure	Staples	—	Staples	—	Staples;Approximated
Drainage Amount	None	—	—	—	—
Dressing	None - Open to air;Betadine Swabs	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base	—	—	Blanchable	—	Unable to assess

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Assessment			erythema;Clean;Dry		
Peri-Wound Assessment	—	—	Clean;Dry;Pink	—	Clean;Dry;Pink
Closure	—	—	—	—	None
Dressing	—	—	Mepilex Border	—	Mepilex Border
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	—
Peri-Wound Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	—
Closure	Skin glue	—	Skin glue	—	—
Drainage Amount	None	—	—	—	—
Dressing	—	—	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
RUE	Weakness;Limited movement	Full movement	Full movement	—	Full movement;Weakness
LUE	Weakness;Limited movement	Full movement	Full movement	—	Full movement;Weakness
RLE	Limited movement;Weakness;Swelling	Swelling;Full movement	Swelling;Full movement	—	Swelling;Full movement;Weakness
LLE	Amputation	Amputation	Amputation	—	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Abdomen Inspection	Soft;Nondistended	Soft;Nondistended	Soft;Nondistended	—	Soft;Nondistended
Bowel Sounds (All Quadrants)	Active	Active	Active	—	Active
Abdominal Tenderness	Soft;Nontender	Soft;Nontender	Soft;Nontender	—	Soft;Nontender
Passing Flatus	Yes	Yes	Yes	—	Yes
GI Symptoms	Loss of appetite	Loss of appetite	—	—	—
RUQ Bowel Sounds	Present	—	—	—	—
LUQ Bowel Sounds	Present	—	—	—	—
RLQ Bowel Sounds	Present	—	—	—	—
LLQ Bowel Sounds	Present	—	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Suprapubic Tenderness	No	No	No	—	—
Genitourinary Symptoms	Other (Comment)	Other (Comment)	Other (Comment)	—	Indwelling urinary catheter
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Patient Behaviors/Mood	Impulsive;Irritable;Restless	Impulsive;Irritable;Restless	Impulsive;Irritable;Restless	—	Impulsive;Irritable;Sleeping
Needs Expressed	—	—	Other (Comment)	—	Other (Comment)
Psychosocial Additional	—	Yes	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Assessments					
Family Behaviors	Appropriate for situation	Appropriate for situation	Appropriate for situation	—	Appropriate for situation
Rest/Sleep for Patient	Fair	Fair	—	—	—
Ability to Express Feelings	Needs assistance	Needs assistance	Needs assistance	—	—
Ability to Express Needs	Needs assistance	Needs assistance	Needs assistance	—	—
Ability to Express Thoughts	Needs assistance	Needs assistance	Needs assistance	—	—
Ability to Understand Others	Usually understands	Usually understands	—	—	—
Charting Type	Shift assessment	Shift assessment	Shift assessment	—	Reassessment
Row Name	**01/22/25 0900**	**01/21/25 2130**	**01/21/25 0900**	**01/20/25 2130**	**01/20/25 0930**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to voice	Responds to pain	Responds to pain	Responds to pain	Responds to pain
Orientation Level	Oriented to person	Oriented to person	Oriented to person	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	Oriented to person
Cognition	Follows commands;Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	Follows commands;Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	Follows commands;Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	Follows commands	Follows commands
Speech	Nods/gestures appropriately;Uses written communication	Nods/gestures appropriately;Uses written communication	Nods/gestures appropriately;Uses written communication	Nods/gestures appropriately;Uses written communication	Nods/gestures appropriately;Uses written communication
Swallow	—	Chokes on liquids	—	—	Chokes on liquids
R Hand Grasp	Strong	Moderate	Moderate	—	Moderate
L Hand Grasp	Strong	Moderate	Moderate	—	Moderate
R Foot Dorsiflexion	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength
L Foot Dorsiflexion	Not tested	Not tested	—	—	—
R Foot Plantar Flexion	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength
L Foot Plantar Flexion	Not tested	Not tested	—	—	—
RUE Motor Response	Responds to commands	Responds to commands	Responds to commands	—	Responds to commands
RUE Sensation	Unable to assess	Unable to assess	Unable to assess	—	Unable to assess
RUE Motor Strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength
LUE Motor Response	Responds to commands	Responds to commands	Responds to commands	—	Responds to commands
LUE Sensation	Unable to assess	Unable to assess	Unable to assess	—	Unable to assess
LUE Motor	4-Can move/lift	4-Can move/lift	4-Can move/lift	—	4-Can move/lift

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Strength	against some resistance, not full strength	against some resistance, not full strength	against some resistance, not full strength		against some resistance, not full strength
RLE Motor Response	Responds to commands	Responds to commands	Responds to commands	—	Responds to commands
RLE Sensation	Unable to assess	Unable to assess	Unable to assess	—	Unable to assess
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	Other (Comment)	Other (Comment)	—	—	—
LLE Sensation	Pain	Pain	Pain	—	Pain
LLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	Forgetful;Anxiety;Irritable	Forgetful;Anxiety;Irritable	Forgetful;Anxiety;Irritable	—	Fatigue;Forgetful
Best Eye Response	Spontaneous	Spontaneous	Spontaneous	—	—
Best Verbal Response	Confused	Confused	Oriented	—	—
Best Motor Response	Follows commands	Follows commands	Follows commands	—	—
Glasgow Coma Scale Score	14	14	15	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	Intact	Intact	—	—	—
R Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision
L Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision
R Ear	Deaf	Deaf	Deaf	Deaf	Deaf
L Ear	Deaf	Deaf	Deaf	Deaf	Deaf
Voice	—	—	Difficulty talking	Difficulty talking	Difficulty talking
Mucous Membrane(s)	—	—	Dry	—	—
Teeth	—	—	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures lower;Dentures upper
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	—	Normal	—
Respiratory Depth/Rhythm	Regular	Regular	Regular	Regular	—
Respiratory Effort	Unlabored	Unlabored	Unlabored	Unlabored	—
Dyspnea Occurrence	—	With exertion	—	—	—
Bilateral Breath Sounds	Clear;Diminished	Clear	Clear;Diminished	Clear;Diminished	Clear;Diminished
R Breath Sounds	Clear;Diminished	—	—	—	Clear;Diminished
L Breath Sounds	Clear;Diminished	—	—	—	Clear;Diminished
Cough	—	—	Strong;Able to clear secretions;Moist	—	Strong;Able to clear secretions;Moist
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	—	Regular	—
Heart Sounds	S1, S2	S1, S2	S1, S2	S1, S2	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Head of Bed Elevated	HOB 30	—	—	—	—
Telemetry/Cardiac Monitor	—	—	—	Yes	—
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Nurse Cardiac Rhythm Strip Review	Reviewed, agree with assessment	—	—	—	—
Pacemaker Type	Permanent	Permanent	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits	Within Defined Limits
Cyanosis	—	—	—	None	—
Capillary Refill	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	—	Less than/equal to 2 seconds (All extremities)	—
Pulses	R radial;L radial;R posterior tibial;R dorsalis pedis	R radial;L radial;R posterior tibial;R dorsalis pedis	—	—	—
R Radial Pulse	Moderate	Moderate	Moderate	—	—
L Radial Pulse	Moderate	Moderate	Moderate	—	—
R Popliteal Pulse	Doppler	Doppler	Doppler	—	—
R Posterior Tibial Pulse	Doppler	Doppler	Doppler	—	—
R Dorsalis Pedis Pulse	Doppler	Doppler	Doppler	—	—
RLE Capillary Refill	—	—	Less than/equal to 2 seconds	—	—
RLE Color	—	—	Pale	—	—
RLE Temperature/Moisture	—	—	Other (Comment)	—	—
LLE Capillary Refill	—	—	Less than/equal to 2 seconds	—	Less than/equal to 2 seconds
LLE Color	—	—	Appropriate for ethnicity	—	Appropriate for ethnicity
LLE Temperature/Moisture	—	—	Warm	—	Warm
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity	—	—
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry	—
Skin Integrity	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s);Bruising	—	—
Skin Turgor	—	—	Epidermis thin with loss of subcutaneous tissue	—	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Red	Red	—	Painful;Unable to assess	—
Peri-Wound Assessment	Clean;Dry;Intact;Painful	Clean;Dry;Intact;Painful	—	Clean;Dry;Intact;Painful	—
Closure	Staples	Staples	—	—	—
Drainage Description	—	Serosanguineous	—	—	—
Drainage Amount	—	Moderate	—	—	—
Dressing	Betadine Swabs;Gauze;Elasti	Betadine Swabs;Gauze;Elasti	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

	c Wrap (ACE)	c Wrap (ACE)			
Dressing Changed	Changed	Changed	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Blanchable erythema;Clean;Dry	Blanchable erythema;Clean;Dry	—	—	—
Peri-Wound Assessment	Clean;Dry;Pink	Clean;Dry;Pink	—	—	—
Dressing	Mepilex Border	Mepilex Border	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Closure	Skin glue	Skin glue	—	Skin glue	—
Dressing	None - Open to air	None - Open to air	—	None - Open to air	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Full movement	Full movement	Full movement	Weakness	—
LUE	Full movement	Full movement	Full movement	Weakness	—
RLE	Swelling;Full movement	Swelling;Full movement	Swelling;Full movement	Weakness	Weakness
LLE	Amputation	Amputation	Amputation	Amputation;Weakness	Amputation;Weakness
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits	Within Defined Limits
Abdomen Inspection	Soft;Nondistended	Soft;Nondistended	Soft;Nondistended	Soft;Flat	—
Bowel Sounds (All Quadrants)	Active	Active	Active	Active	—
Abdominal Tenderness	Soft;Nontender	Soft;Nontender	Soft;Nontender	—	—
Passing Flatus	Yes	Yes	—	—	—
GI Symptoms	—	Loss of appetite	Loss of appetite	Loss of appetite	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	No	—	—	—	—
Genitourinary Symptoms	Indwelling urinary catheter	Indwelling urinary catheter	Indwelling urinary catheter	Indwelling urinary catheter	Indwelling urinary catheter
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Impulsive;Irritable;Restless	Impulsive;Irritable;Restless	Impulsive;Irritable;Restless	Impulsive	Impulsive
Needs Expressed	Other (Comment)	Other (Comment)	—	Other (Comment)	—
Family Behaviors	Appropriate for situation	Appropriate for situation	—	—	—
Rest/Sleep for Patient	—	Fair	—	—	—
Ability to Express Feelings	Needs assistance	Needs assistance	—	—	—
Ability to Express Needs	Needs assistance	Needs assistance	—	—	—
Ability to Express Thoughts	Needs assistance	Needs assistance	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Ability to Understand Others	—	Usually understands	—	—	—
Charting Type	Shift assessment	Shift assessment	Shift assessment	Shift assessment	—
Row Name	**01/20/25 0100**	**01/19/25 1600**	**01/19/25 0900**	**01/19/25 0030**	**01/18/25 2126**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to pain	Alert	Alert	Alert	Alert
Orientation Level	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	Oriented to person	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation
Cognition	—	Follows commands	—	Follows commands	Follows commands
Speech	Nods/gestures appropriately;Uses written communication	Nods/gestures appropriately;Uses written communication	—	Nods/gestures appropriately;Uses written communication	Nods/gestures appropriately;Uses written communication
Swallow	Chokes on liquids	Chokes on liquids	Chokes on liquids	Able to swallow solids without difficulty	Able to swallow solids without difficulty
R Hand Grasp	Moderate	—	—	Moderate	Moderate
L Hand Grasp	Moderate	—	—	Moderate	Moderate
R Foot Dorsiflexion	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	—
L Foot Dorsiflexion	—	Not tested	Not tested	—	—
R Foot Plantar Flexion	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	—
L Foot Plantar Flexion	—	Not tested	Not tested	—	—
RUE Motor Response	Responds to commands	Responds to commands	Responds to commands	—	—
RUE Sensation	—	Unable to assess	Unable to assess	—	—
RUE Motor Strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	—
LUE Motor Response	—	Responds to commands	Responds to commands	—	—
LUE Sensation	—	Unable to assess	Unable to assess	—	—
LUE Motor Strength	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	—
RLE Motor Response	—	Responds to commands	Responds to commands	—	—
RLE Sensation	—	Unable to assess	Unable to assess	—	—
RLE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—	—
LLE Motor Response	—	Other (Comment)	—	—	Responds to commands
LLE Sensation	—	Pain	—	Pain	Pain
LLE Motor Strength	—	3-Can move or lift off bed but can't overcome	—	3-Can move or lift off bed but can't overcome	3-Can move or lift off bed but can't overcome

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

		resistance		resistance	resistance
Neuro Symptoms	Fatigue;Forgetful	Fatigue;Forgetful	—	Fatigue	Fatigue
Best Eye Response	—	—	Spontaneous	—	—
Best Verbal Response	—	—	Confused	—	—
Best Motor Response	—	—	Follows commands	—	—
Glasgow Coma Scale Score	—	—	14	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	—	Intact	—	—
R Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision
L Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision
R Ear	Deaf	Deaf	Deaf	Deaf	Deaf
L Ear	Deaf	Deaf	Deaf	Deaf	Deaf
Lips	Dry	—	—	—	—
Tongue	Pink;Dry	—	—	—	Pink;Dry
Voice	Difficulty talking	—	—	Difficulty talking	Difficulty talking
Mucous Membrane(s)	—	—	—	—	Pink;Dry
Teeth	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures lower;Dentures upper
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	—	Normal	Normal	—	Tachypneic
Respiratory Depth/Rhythm	—	Regular	Regular	—	—
Respiratory Effort	—	Unlabored	Unlabored	Unlabored	Unlabored
Chest Assessment	—	Symmetrical	Chest expansion symmetrical;Symmetrical	Chest expansion symmetrical;Symmetrical	Chest expansion symmetrical;Symmetrical
Bilateral Breath Sounds	Clear;Diminished	Clear;Diminished	Clear;Diminished	Clear;Diminished	Clear;Diminished
R Breath Sounds	—	—	Clear;Diminished	—	—
L Breath Sounds	—	—	Clear;Diminished	—	—
Cough	—	—	Able to clear secretions	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	—	Regular	Regular	—	Regular
Heart Sounds	—	S1, S2	S1, S2	—	S1, S2
Head of Bed Elevated	—	—	HOB 30	—	—
Jugular Venous Distention (JVD)	—	No	—	—	—
Cardiac Symptoms	—	None	None	—	—
Telemetry/Cardiac Monitor	Yes	Yes	Yes	—	Yes
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	—	None	None	None	None
Capillary Refill	—	Less than/equal to 2 seconds (All	Less than/equal to 2 seconds (All	Less than/equal to 2 seconds (All	Less than/equal to 2 seconds (All

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

		extremities)	extremities)	extremities)	extremities)
Pulses	—	R radial;L radial;R posterior tibial;R dorsalis pedis	R radial;L radial;R posterior tibial;R dorsalis pedis	—	—
R Radial Pulse	—	Moderate	Moderate	—	Moderate
L Radial Pulse	—	Moderate	Moderate	—	Moderate
R Posterior Tibial Pulse	—	—	—	—	Weak
L Posterior Tibial Pulse	—	—	—	Unable to assess	Unable to assess
R Dorsalis Pedis Pulse	—	Weak	Weak	—	Weak
L Dorsalis Pedis Pulse	—	—	Unable to assess	Unable to assess	Unable to assess
Edema	Right upper extremity	—	—	Right upper extremity	Right upper extremity
RUE Edema	Mild;Dependent	—	—	Mild;Dependent	Mild;Dependent
LUE Edema	Mild;Dependent	—	—	Mild;Dependent	Mild;Dependent
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	—	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Unable to assess	Unable to assess
Peri-Wound Assessment	Clean;Dry;Intact;Painful	—	—	—	Dry;Painful
Closure	Staples	—	—	—	Staples
Drainage Description	—	—	—	—	Serosanguineous
Drainage Amount	None	—	None	—	Scant
Dressing	Elastic Wrap (ACE);Gauze	Elastic Wrap (ACE);Gauze	—	Elastic Wrap (ACE);ABD Pad	Elastic Wrap (ACE);ABD Pad
Dressing Changed	—	—	—	—	Changed
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Pink	Pink
Peri-Wound Assessment	Clean;Dry;Pink	—	—	—	Clean;Dry;Pink
Drainage Amount	—	—	—	—	None
Dressing	—	Mepilex Border	—	None - Open to air	None - Open to air
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Unable to assess	Unable to assess
Peri-Wound	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Assessment					
Closure	—	Skin glue	Skin glue	Skin glue	Skin glue
Drainage Amount	—	None	None	None	None
Dressing	None - Open to air	None - Open to air	—	None - Open to air	None - Open to air
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Weakness	Weakness	Weakness	Weakness	Weakness
LUE	Weakness	Weakness	Weakness	Weakness	Weakness
RLE	Weakness	Weakness	Weakness	Weakness	Weakness
LLE	Amputation;Weakness	Amputation;Weakness	Amputation;Weakness	Amputation;Weakness	Amputation;Weakness
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	Hypoactive	Hypoactive	Active	Hypoactive	Hypoactive
Abdominal Tenderness	Soft;Nontender	Soft;Nontender	Soft;Nontender	Soft;Nontender	Soft;Nontender
Passing Flatus	Yes	Yes	—	Yes	Yes
GI Symptoms	Loss of appetite	Loss of appetite	Loss of appetite	Loss of appetite	Loss of appetite
Last BM Date	01/17/25	—	01/17/25	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	—	No	No	—	—
Genitourinary Symptoms	Indwelling urinary catheter	Indwelling urinary catheter	Indwelling urinary catheter	Indwelling urinary catheter	Indwelling urinary catheter
Urinary Incontinence	No	—	—	—	—
Female Genitalia	Intact;Foreign object	—	—	—	Intact;Foreign object
Foreign Object	—	—	—	—	—
Foreign Object Location	Urethra	—	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Anxious;Crying;Impulsive;Tearful	Cooperative	Cooperative	—	Cooperative
Needs Expressed	Other (Comment)	—	Other (Comment)	—	—
Family Behaviors	—	—	Appropriate for situation	—	—
Ability to Express Feelings	—	—	Able to express	Needs assistance	Needs assistance
Ability to Express Needs	—	—	Needs assistance	Needs assistance	Needs assistance
Ability to Express Thoughts	—	—	Able to express	Needs assistance	Needs assistance
Ability to Understand Others	—	—	Usually understands	—	—
Charting Type	Shift assessment	Shift assessment	—	Shift assessment	Shift assessment
Row Name	**01/18/25 1531**	**01/18/25 0930**	**01/18/25 0900**	**01/17/25 2100**	**01/17/25 0844**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Alert	Alert	—	Alert	Alert
Orientation Level	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	—	Oriented to person;Disoriented to place;Disoriented to time	Oriented to person;Disoriented to place;Disoriented to time
Cognition	Follows commands	Follows	—	Follows commands	Follows

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

		commands;Poor attention/concentration			commands;Poor judgement;Poor safety awareness;Poor attention/concentration
Speech	Slurred;Nods/gestures appropriately;Uses written communication	Slurred;Nods/gestures appropriately	—	Slurred;Nods/gestures appropriately	Slurred;Nods/gestures appropriately
Swallow	—	—	—	—	Able to swallow solids without difficulty
R Hand Grasp	Moderate	—	—	—	—
L Hand Grasp	Moderate	—	—	—	—
LLE Motor Response	—	—	—	—	Responds to commands
LLE Sensation	—	—	—	—	Pain
LLE Motor Strength	—	—	—	—	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	Fatigue	—	—	—	None
Relieved by	Rest	—	—	—	—
Best Eye Response	Spontaneous	—	—	—	—
Best Verbal Response	Confused	—	—	—	—
Best Motor Response	Follows commands	—	—	—	—
Glasgow Coma Scale Score	14	—	—	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
R Eye	Moderately impaired vision	Moderately impaired vision	—	Moderately impaired vision	Moderately impaired vision
L Eye	Moderately impaired vision	Moderately impaired vision	—	Moderately impaired vision	Moderately impaired vision
R Ear	Deaf	Deaf	—	Deaf	Deaf
L Ear	Deaf	Deaf	—	Deaf	Deaf
Tongue	Pink;Dry	Pink;Dry	—	—	—
Voice	Difficulty talking	—	—	—	—
Mucous Membrane(s)	Pink;Dry	Dry;Pink	—	—	—
Teeth	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures upper;Dentures lower	—	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Tachypneic	Tachypneic	—	Tachypneic	Tachypneic
Respiratory Depth/Rhythm	Regular	Regular	—	Regular	Regular
Respiratory Effort	Unlabored	Unlabored	—	Unlabored	Unlabored
Dyspnea Occurrence	With exertion	With exertion	—	—	—
Chest Assessment	Chest expansion symmetrical;Symmetrical	Symmetrical;Chest expansion symmetrical	—	—	Symmetrical;Chest expansion symmetrical
Bilateral Breath Sounds	Clear;Diminished	Diminished	—	Clear;Diminished	Clear;Diminished

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Cough	—	Able to clear secretions	—	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	—	Regular	Regular
Heart Sounds	S1, S2	S1, S2	—	S1, S2	S1, S2
Head of Bed Elevated	HOB 30	Self regulated	—	—	HOB 60
Jugular Venous Distention (JVD)	—	No	—	No	—
Cardiac Symptoms	None	None	—	—	None
Telemetry/Cardiac Monitor	Yes	Yes	—	—	Yes
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	—	—	Ventricular Paced
Pacemaker Type	—	—	—	Permanent	Permanent
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	None	—	None	None
Capillary Refill	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	—	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)
Pulses	—	R radial;L radial;R posterior tibial;R dorsalis pedis	—	R radial;L radial;L femoral	R radial;L radial;L femoral
R Radial Pulse	Moderate	Moderate	—	Moderate	Moderate
L Radial Pulse	Moderate	Moderate	—	Moderate	Moderate
L Femoral Pulse	—	—	—	Moderate	Moderate
R Posterior Tibial Pulse	Weak	Weak	—	—	—
L Posterior Tibial Pulse	Weak	Weak	—	—	—
R Dorsalis Pedis Pulse	Weak	Weak	—	—	—
L Dorsalis Pedis Pulse	Weak	Weak	—	—	—
Edema	Right upper extremity	Right upper extremity	—	Right upper extremity	Right upper extremity
RUE Edema	Mild	Mild	—	Mild	Mild
LLE Capillary Refill	—	—	—	—	Less than/equal to 2 seconds
LLE Color	—	—	—	—	Appropriate for ethnicity
LLE Temperature/Moisture	—	—	—	—	Warm
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Skin Color	Appropriate for ethnicity	Appropriate for ethnicity	—	Appropriate for ethnicity	Appropriate for ethnicity
Skin Condition/Temp	Warm;Dry	Warm;Dry	—	Warm;Dry	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—	—	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base	Unable to assess	—	—	Clean;Pink	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Assessment					
Peri-Wound Assessment	Unable to assess	—	Clean;Dry;Intact	Clean;Dry	—
Closure	—	—	Staples	Staples	—
Drainage Description	—	—	—	Serosanguineous	—
Drainage Amount	None	—	None	Scant	—
Dressing	Elastic Wrap (ACE)	—	—	—	—
Dressing Changed	—	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	—	—	—	—
Peri-Wound Assessment	—	—	—	Clean;Dry;Pink	—
Drainage Amount	—	—	—	None	—
Dressing	None - Open to air	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Pink	—	—	—	—
Closure	Skin glue	—	—	—	—
Dressing	None - Open to air	—	—	—	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
RUE	Weakness	Weakness	—	Weakness	Full movement
LUE	Weakness	Weakness	—	Weakness	Full movement
RLE	Weakness	Weakness	—	Weakness	Weakness
LLE	Amputation;Weakness	Amputation;Weakness	—	Amputation	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Within Defined Limits	—	Within Defined Limits	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Flat	—	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	Hypoactive	Hypoactive	—	Hypoactive	Hypoactive
Abdominal Tenderness	Soft;Nontender	Soft;Nontender	—	Soft;Nontender	Soft;Nontender
Passing Flatus	—	Yes	—	Yes	Yes
GI Symptoms	Loss of appetite	Loss of appetite	—	None	Nausea;Dry heaves
Relieved by	—	—	—	—	Antiemetic
Last BM Date	01/17/25	—	—	01/17/25	01/16/25
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	—	No	—	No	—
Genitourinary Symptoms	Indwelling urinary catheter	Indwelling urinary catheter	—	Indwelling urinary catheter	Indwelling urinary catheter
Urine Color	Yellow/straw	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Female Genitalia	Intact;Foreign object	—	—	—	Intact;Foreign object
Foreign Object	—	—	—	—	Other (Comment)
Foreign Object Location	—	—	—	—	Urethra
Psychosocial (WDL)	Exceptions to WDL	Within Defined Limits	—	Within Defined Limits	Within Defined Limits

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Patient Behaviors/Mood	Cooperative	Calm;Cooperative	—	Calm;Cooperative	Calm;Cooperative
Needs Expressed	—	—	—	Other (Comment)	—
Ability to Express Feelings	Needs assistance	—	—	Needs assistance	—
Ability to Express Needs	Needs assistance	—	—	Needs assistance	—
Ability to Express Thoughts	Needs assistance	—	—	Needs assistance	—
Ability to Understand Others	Sometimes understands	—	—	Sometimes understands	—
Charting Type	Shift assessment	Shift assessment	—	—	Shift assessment
Row Name	**01/16/25 2100**	**01/16/25 1748**	**01/16/25 0920**	**01/16/25 0115**	**01/15/25 2100**
Neuro (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Level of Consciousness	Alert	—	Responds to pain	Responds to pain	—
Orientation Level	Oriented to person	—	—	Oriented to person;Disoriented to time;Disoriented to situation;Disoriented to place	—
Cognition	Follows commands;Poor judgement;Poor safety awareness;Poor attention/concentration	—	Follows commands;Poor judgement;Poor safety awareness;Poor attention/concentration	Follows commands;Poor judgement;Poor safety awareness;Poor attention/concentration	—
Speech	Slurred;Nods/gestures appropriately	—	Slurred;Nods/gestures appropriately	Slurred;Nods/gestures appropriately	—
Facial Symmetry	Other (Comment)	—	—	—	—
Swallow	Able to swallow liquids without difficulty	—	Able to swallow solids without difficulty	—	—
Pupil Assessment	No	—	—	—	—
R Pupil Reaction	—	—	—	Brisk	—
L Pupil Size (mm)	—	—	—	3	—
L Pupil Shape	—	—	—	Round	—
L Pupil Reaction	—	—	—	Brisk	—
Hand Grasp/Motor Function/Sensation Assessment	—	—	—	Grasp;Motor response;Sensation;Motor strength	—
R Hand Grasp	Moderate	—	—	Strong	—
L Hand Grasp	Moderate	—	—	Strong	—
R Foot Dorsiflexion	—	—	—	4-Can move/lift against some resistance, not full strength	—
L Foot Dorsiflexion	Not tested	—	—	Not tested	—
R Foot Plantar Flexion	—	—	—	4-Can move/lift against some resistance, not full strength	—
L Foot Plantar Flexion	—	—	—	Not tested	—
RUE Motor Response	Responds to commands	—	—	Responds to commands	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

RUE Sensation	Unable to assess	—	—	Unable to assess	—
RUE Motor Strength	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength	—
LUE Motor Response	Responds to commands	—	—	Responds to commands	—
LUE Sensation	Unable to assess	—	—	Unable to assess	—
LUE Motor Strength	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength	—
RLE Motor Response	Responds to commands	—	—	Responds to commands	—
RLE Sensation	Unable to assess	—	—	Unable to assess	—
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	4-Can move/lift against some resistance, not full strength	—
LLE Motor Response	Responds to commands	—	—	Responds to commands	—
LLE Sensation	Pain	—	Pain	Pain;Unable to assess	—
LLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance	—
Neuro Symptoms	None	—	—	Fatigue	—
Neuro Additional Assessments	No	—	—	—	—
Best Eye Response	—	—	—	To verbal stimuli	—
Best Verbal Response	—	—	—	Confused	—
Best Motor Response	—	—	—	Follows commands	—
Glasgow Coma Scale Score	—	—	—	13	—
HEENT (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Head and Face	—	—	—	Intact	—
R Eye	—	—	Moderately impaired vision	Moderately impaired vision	—
L Eye	—	—	Moderately impaired vision	Moderately impaired vision	—
R Ear	Deaf	—	Deaf	Deaf;Moderate hearing loss	—
L Ear	Deaf	—	Deaf	Deaf;Moderate hearing loss	—
Throat	—	—	—	Intact	—
Tongue	—	—	—	Pink;Dry	—
Voice	—	—	—	Difficulty talking	—
Mucous Membrane(s)	—	—	—	Dry;Pink	—
Teeth	Missing teeth	—	Dentures upper;Dentures lower	Dentures upper;Dentures lower	—
Respiratory (WDL)	Within Defined Limits	—	Exceptions to WDL	Within Defined Limits	—
Respiratory Pattern	—	—	Normal	Normal	—
Respiratory Depth/Rhythm	—	—	Regular	Regular	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Respiratory Effort	—	—	Unlabored	Unlabored	—
Chest Assessment	—	—	Symmetrical;Chest expansion symmetrical	Symmetrical;Chest expansion symmetrical	—
Bilateral Breath Sounds	—	—	Clear;Diminished	Clear	—
R Breath Sounds	—	—	Clear;Diminished	—	—
L Breath Sounds	—	—	Clear;Diminished	—	—
Cough	—	—	—	Able to clear secretions	—
Cardiac (WDL)	Within Defined Limits	—	Exceptions to WDL	Exceptions to WDL	—
Cardiac Regularity	—	—	Regular	Irregular	—
Heart Sounds	—	—	S1, S2	S1, S2	—
Head of Bed Elevated	—	—	—	HOB 30	—
Jugular Venous Distention (JVD)	—	—	—	No	—
Cardiac Symptoms	—	—	None	None	—
Telemetry/Cardiac Monitor	—	—	Yes	Yes	—
Cardiac Rhythm	—	—	Ventricular Paced	Ventricular Paced	—
Nurse Cardiac Rhythm Strip Review	—	Reviewed, agree with assessment	—	—	—
Pacemaker Type	—	—	Permanent	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Cyanosis	None	—	None	None	—
Capillary Refill	Less than/equal to 2 seconds (All extremities)	—	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	—
Pulses	—	—	R radial;L radial;L femoral	R radial;L radial;L femoral;R posterior tibial;R dorsalis pedis	—
R Radial Pulse	—	—	Weak	Moderate	—
L Radial Pulse	—	—	Weak	Moderate	—
L Femoral Pulse	—	—	Moderate	Moderate	—
R Posterior Tibial Pulse	—	—	—	Weak	—
L Posterior Tibial Pulse	—	—	—	Weak	—
R Dorsalis Pedis Pulse	—	—	—	Weak	—
L Dorsalis Pedis Pulse	—	—	—	Weak	—
Edema	—	—	Right upper extremity	Right upper extremity	—
RUE Edema	—	—	Mild	Mild	—
PVS Additional Assessments	—	—	—	Yes	—
LLE Capillary Refill	—	—	Less than/equal to 2 seconds	Less than/equal to 2 seconds	—
LLE Color	—	—	Appropriate for ethnicity	Appropriate for ethnicity	—
LLE Temperature/Moisture	—	—	Warm	Warm	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Integumentary (WDL)	Within Defined Limits	—	Exceptions to WDL	Exceptions to WDL	—
Skin Color	—	—	Appropriate for ethnicity	Appropriate for ethnicity	—
Skin Condition/Temp	—	—	Warm;Dry	Warm;Dry	—
Skin Integrity	—	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—
Skin Turgor	—	—	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	—	Unable to assess	—
Peri-Wound Assessment	—	—	—	Clean;Dry	Clean;Dry
Closure	—	—	—	Staples	Staples
Drainage Amount	—	—	—	None	None
Dressing	—	—	—	Elastic Wrap (ACE);Gauze;Betadine Swabs	Elastic Wrap (ACE);Gauze;Betadine Swabs
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Brown;Dry;Fragile;Intact;Pink	Brown;Dry;Fragile;Intact;Pink
Peri-Wound Assessment	—	—	—	Clean;Dry;Pink	Clean;Dry;Pink
Drainage Amount	—	—	—	None	None
Dressing	—	—	—	None - Open to air;Other (Comment)	None - Open to air;Other (Comment)
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Intact	—
Peri-Wound Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Closure	—	—	—	Sutures;Skin glue	Sutures;Skin glue
Drainage Amount	—	—	—	None	None
Dressing	—	—	—	None - Open to air	None - Open to air
Dressing Status	—	—	—	Clean;Dry;Intact	—
Musculoskeletal (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
RUE	Full movement	—	Full movement	Full movement	—
LUE	Full movement	—	Full movement	Full movement	—
RLE	Weakness	—	Weakness	Weakness	—
LLE	Amputation	—	Amputation	Amputation	—
Gastrointestinal (WDL)	Within Defined Limits	—	Exceptions to WDL	Exceptions to WDL	—
Abdomen Inspection	—	—	Soft;Flat	Soft;Nondistended	—
Bowel Sounds (All Quadrants)	—	—	Hypoactive	Hypoactive	—
Abdominal Tenderness	—	—	Soft	Soft;Nontender	—
Genitourinary	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

(WDL)					
Suprapubic Tenderness	No	—	—	No	—
Genitourinary Symptoms	Indwelling urinary catheter	—	Indwelling urinary catheter	Indwelling urinary catheter	—
Psychosocial (WDL)	Within Defined Limits	—	Within Defined Limits	Within Defined Limits	—
Patient Behaviors/Mood	—	—	Calm;Cooperative	Calm;Cooperative	—
Needs Expressed	—	—	—	Other (Comment)	—
Psychosocial Additional Assessments	—	—	—	Yes	—
Family Behaviors	—	—	—	Anxious	—
Rest/Sleep for Patient	—	—	—	Fair	—
Ability to Express Feelings	—	—	—	Unable to express	—
Ability to Express Needs	—	—	—	Unable to express	—
Ability to Express Thoughts	—	—	—	Unable to express	—
Charting Type	—	—	Shift assessment	Shift assessment	—

Row Name	**01/15/25 1600**
Neuro (WDL)	Exceptions to WDL
Level of Consciousness	Responds to pain
Orientation Level	Oriented to person;Disoriented to time;Disoriented to situation;Disoriented to place
Cognition	Follows commands;Poor judgement;Poor safety awareness;Poor attention/concentration
Speech	Slurred;Nods/gestures appropriately
R Pupil Size (mm)	3
R Pupil Shape	Round
R Pupil Reaction	Brisk
L Pupil Size (mm)	3
L Pupil Shape	Round
L Pupil Reaction	Brisk
R Hand Grasp	Strong
L Hand Grasp	Strong
R Foot Dorsiflexion	4-Can move/lift against some resistance, not full strength
L Foot Dorsiflexion	Not tested
R Foot Plantar Flexion	4-Can move/lift against some resistance, not full strength
L Foot Plantar	Not tested

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Flexion	
RUE Motor Response	Responds to commands
RUE Sensation	Unable to assess
RUE Motor Strength	4-Can move/lift against some resistance, not full strength
LUE Motor Response	Responds to commands
LUE Sensation	Unable to assess
LUE Motor Strength	4-Can move/lift against some resistance, not full strength
RLE Motor Response	Responds to commands
RLE Sensation	Unable to assess
RLE Motor Strength	4-Can move/lift against some resistance, not full strength
LLE Motor Response	Responds to commands
LLE Sensation	Pain;Unable to assess
LLE Motor Strength	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	Fatigue
Head and Face	Intact
R Eye	Moderately impaired vision
L Eye	Moderately impaired vision
R Ear	Deaf;Moderate hearing loss
L Ear	Deaf;Moderate hearing loss
Throat	Intact
Tongue	Pink;Dry
Voice	Difficulty talking
Teeth	Dentures upper;Dentures lower
Respiratory (WDL)	Within Defined Limits
Respiratory Pattern	Normal
Respiratory Depth/Rhythm	Regular
Respiratory Effort	Unlabored
Bilateral Breath Sounds	Clear
Cough	Able to clear secretions
Cardiac (WDL)	Exceptions to WDL
Heart Sounds	S1, S2
Telemetry/Cardiac Monitor	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Cardiac Rhythm	Ventricular Paced
Ectopy	Premature ventricular contractions
Ectopy Frequency	Occasional
Peripheral Vascular (WDL)	Exceptions to WDL
Cyanosis	None
Capillary Refill	Less than/equal to 2 seconds (All extremities)
R Radial Pulse	Moderate
L Radial Pulse	Moderate
L Femoral Pulse	Moderate
R Dorsalis Pedis Pulse	Weak
Edema	Right upper extremity
RUE Edema	Mild
LLE Capillary Refill	Less than/equal to 2 seconds
LLE Color	Appropriate for ethnicity
LLE Temperature/Moisture	Warm
Integumentary (WDL)	Exceptions to WDL
Skin Color	Appropriate for ethnicity
Skin Condition/Temp	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s)
Skin Turgor	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation
Wound Bed/Base Assessment	Unable to assess
Peri-Wound Assessment	Clean;Dry
Closure	Staples
Drainage Amount	None
Dressing	Elastic Wrap (ACE);Gauze;Betadine Swabs
Dressing Changed	Changed
Dressing Status	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)
Wound Bed/Base Assessment	Brown;Dry;Fragile;Intact;Pink
Peri-Wound Assessment	Clean;Dry;Pink
Drainage Amount	None
Dressing	None - Open to

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

	air;Other (Comment)
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed
Wound Bed/Base Assessment	Clean;Dry;Intact
Peri-Wound Assessment	Clean;Dry;Intact
Closure	Sutures;Skin glue
Drainage Amount	None
Dressing	None - Open to air
Musculoskeletal (WDL)	Exceptions to WDL
RUE	Full movement
LUE	Full movement
RLE	Weakness
LLE	Amputation
Gastrointestinal (WDL)	Exceptions to WDL
Abdomen Inspection	Soft;Nondistended
Bowel Sounds (All Quadrants)	Hypoactive
Abdominal Tenderness	Soft;Nontender
Last BM Date	01/15/25
Genitourinary (WDL)	Exceptions to WDL
Genitourinary Symptoms	Indwelling urinary catheter
Urinary Incontinence	Yes
Urine Color	Yellow/straw
Urine Appearance	Clear
Psychosocial (WDL)	Within Defined Limits
Patient Behaviors/Mood	Calm;Cooperative
Charting Type	Shift assessment

Flowsheet Notes

[N1]

Author	Author Type	Service	Note Type	Status	Filed Time
Porter, Allen, RN	Registered Nurse	Nursing	Nursing Note	Signed	01/25/25 0510

Note Text

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Came into room after hearing pt.coughing from hallway. Pt. Son stated he gave pt. water. Pt was slumped down low in bed and appeared restless trying to get out of bed. Coughing but not clearing secretions. Readjusted pt. and raised HOB. Provider notified, CXR done at bedside. O2 dropped down into 80s temporarily, pt. Appeared more distressed and mouthing "help me." attempted to suction and apply supplemental O2. Pt. Resisted suctioning and oxygen. Rapid response called. Labs drawn by Stat RN. 500 bolus given per order. pt. NPO pending speech eval. Pt. Respiratory distress resolved, resting comfortable on RA.

	01/25/25 0232
Respiratory	
Respiratory (WDL)	X
Respiratory Pattern	Tachypneic
Respiratory Depth/Rhythm	Shallow
Respiratory Effort	Labored
Respiratory Effort Characteristics	Gasping
Dyspnea Occurrence	At rest
Chest Assessment	Symmetrical
Bilateral Breath Sounds	Clear;Diminished
Cough	Moist;Weak;Unable to clear secretions;Hacking
Respiratory Interventions	
Respiratory Interventions	Oral suction
Vitals	
Pulse	71

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16)

Blood Specimen Collection Status

Row Name	02/12/25 0438	01/27/25 0014	01/25/25 0312	01/15/25 0209
Blood Specimen Collection	Phlebotomy/lab	Phlebotomy/lab	Unit collection	Phlebotomy/lab

Cardiac Procedural HandOff

Row Name	01/13/25 16:58:29	01/10/25 13:26:24
Illness Severity	Condition holding or improving	Condition holding or improving
Biggest 24hr Concern	Access Site Bleeding/Hematoma	Access Site Bleeding/Hematoma
Synthesis by Receiver	RN Report will be given at bedside	RN Report will be given at bedside

CARE PLAN MINI-FLOWSHEET DATA

Row Name	02/27/25 0527	02/22/25 1708	02/18/25 1041	02/13/25 1720	02/13/25 0038
Cardiovascular Care Plan Interventions	—	—	—	—	Monitor patient hemodynamics;Monitor for CV signs/symptoms
No s/s of aspiration	—	—	—	Monitor: oral intake;Assess for aspiration;Assist with feeding;Maintain HOB elevation;Provide oral care	—
Moisture/Incontinence	—	—	External female catheter;Cleanse skin promptly after episodes of incontinence	Cleanse skin promptly after episodes of incontinence;Minimize linens beneath the patient;External female catheter;Zinc Oxide moisture barrier;Use disposable wicking underpad	—
Friction/Shear	—	—	Elevate/offload heels;Lift team for turns/transfers;HOB < 30 degrees	HOB < 30 degrees;Moisturize skin;Prophylactic sacral dressing in place;Educate pt re: appropriate pressure redistribution techniques	—
Death with dignity and comfor interventions	Manage symptoms and pain relief	—	—	—	—

Row Name	02/12/25 0632	01/30/25 2138	01/30/25 1641	01/27/25 1406	01/27/25 1030
Cardiovascular Care Plan Interventions	—	Monitor patient hemodynamics;Monitor for infection at surgical site;Monitor for CV signs/symptoms	Monitor for infection at surgical site;Monitor I&O	—	Monitor for CV signs/symptoms;Monitor I&O;Replace electrolytes
No s/s of	Monitor: oral	Monitor: oral	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

aspiration	intake;Provide oral care;Assess for aspiration;Assist with feeding;Assess cough;Maintain HOB elevation	intake;Assess for aspiration;Assess cough;Assist with feeding;Maintain HOB elevation;Provide oral care			
Sensory/Perception/Mobility/Activity	—	Pain management effective;Patient working with PT/OT;Turn q2 Hrs	Elevate/offload heels	Elevate/offload heels;Turn q2 Hrs	—
Moisture/Incontinence	—	Use disposable wicking underpad;External female catheter;Minimize linens beneath the patient;Cleanse skin promptly after episodes of incontinence	Use disposable wicking underpad;External female catheter;Minimize linens beneath the patient;Cleanse skin promptly after episodes of incontinence	Use disposable wicking underpad;Minimize linens beneath the patient;Cleanse skin promptly after episodes of incontinence	—
Impaired Nutrition	—	Assist patient to obtain adequate nutrition;Offer fluids when pt is turned	Assist patient to obtain adequate nutrition	Assist patient to obtain adequate nutrition	—
Friction/Shear	—	Use turn and position device with every turn;HOB < 30 degrees;Lift team for turns/transfers	HOB < 30 degrees;Lift team for turns/transfers;Prophylactic sacral dressing in place	Use turn and position device with every turn;HOB < 30 degrees;Elevate/offload heels;Prophylactic sacral dressing in place	—

Row Name	01/26/25 1654	01/25/25 1355	01/16/25 1324
Cardiovascular Care Plan Interventions	Monitor patient hemodynamics;Monitor daily weight	Monitor patient hemodynamics	Monitor cardiac rhythm;Monitor for CV signs/symptoms
Sensory/Perception/Mobility/Activity	—	—	Pain management effective;Patient working with PT/OT;Turn q2 Hrs
Moisture/Incontinence	Cleanse skin promptly after episodes of incontinence;Minimize linens beneath the patient	—	Use disposable wicking underpad;Minimize linens beneath the patient
Impaired Nutrition	Plan for nutritional support effective	—	Assist patient to obtain adequate nutrition;Offer fluids when pt is turned
Friction/Shear	—	—	Use turn and position device with every turn;HOB < 30 degrees

Cath Assessments

Row Name	01/10/25 13:29:02
Method	Transvenous
Temp Pacing	VVI

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Mode	
Temp Pacing Rate	60
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)

Cath Lab Pain Assessment

Row Name	01/10/25 16:46:10
Pain	No

Complex Assessment

Row Name	02/03/25 2000	01/15/25 0800	01/15/25 0400	01/15/25 0000	01/14/25 2000
Charting Type	Shift assessment	Shift assessment	Reassessment	Reassessment	Shift assessment
Verification of Asmt	—	—	Asmt completed, no changes from previous assessment	Asmt completed, no changes from previous assessment	—
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Level of Consciousness	Responds to voice	Responds to pain	—	—	Alert
Orientation Level	Unable to assess	Oriented to person;Oriented to place;Disoriented to time;Disoriented to situation	—	—	Oriented to person;Oriented to place
Cognition	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Follows commands;Poor judgement;Poor safety awareness;Poor attention/concentration	—	—	Follows commands;Poor judgement;Poor safety awareness;Poor attention/concentration
Speech	—	Slurred;Nods/gestures appropriately	—	—	Slurred;Nods/gestures appropriately
Facial Symmetry	—	—	—	—	—
Swallow	—	—	—	—	—
R Pupil Size (mm)	—	3	—	—	3
R Pupil Shape	—	Round	—	—	Round
R Pupil Reaction	—	Brisk	—	—	Brisk
L Pupil Size (mm)	—	3	—	—	3
L Pupil Shape	—	Round	—	—	Round

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

L Pupil Reaction	—	Brisk	—	—	Brisk
R Hand Grasp	Weak	Strong	—	—	Strong
L Hand Grasp	Weak	Strong	—	—	Strong
R Foot Dorsiflexion	—	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
L Foot Dorsiflexion	—	Not tested	—	—	Not tested
R Foot Plantar Flexion	—	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
L Foot Plantar Flexion	—	Not tested	—	—	Not tested
RUE Motor Response	Normal extension;Normal flexion	Responds to commands	—	—	Responds to commands
RUE Sensation	Unable to assess	Unable to assess	—	—	Unable to assess
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
LUE Motor Response	Normal extension;Normal flexion	Responds to commands	—	—	Responds to commands
LUE Sensation	Unable to assess	Unable to assess	—	—	Unable to assess
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
RLE Motor Response	Normal extension	Responds to commands	—	—	Responds to commands
RLE Sensation	Unable to assess	Unable to assess	—	—	Unable to assess
RLE Motor Strength	2-Can move on bed but unable to lift	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
LLE Motor Response	—	Responds to commands	—	—	Responds to commands
LLE Sensation	Unable to assess	Pain;Unable to assess	—	—	Pain;Unable to assess
LLE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	Drowsiness	Fatigue	—	—	—
Relieved by	—	Rest	—	—	—
Best Eye Response	To verbal stimuli	To verbal stimuli	—	—	—
Best Verbal Response	Incomprehensible sounds	Confused	—	—	—
Best Motor Response	Localizes pain	Follows commands	—	—	—
Glasgow Coma Scale Score	10	13	—	—	—
Delirium Scale Used	—	Confusion Assessment Method ICU	—	—	—
Feature 1: Acute Onset or Fluctuating	—	Positive	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Course					
Feature 2: Inattention	—	Positive	—	—	—
Feature 4: Disorganized Thinking	—	Positive	—	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	—
Head and Face	Intact	Intact	—	—	Intact
R Eye	Severely impaired vision	Moderately impaired vision	—	—	Moderately impaired vision
L Eye	Severely impaired vision	Moderately impaired vision	—	—	Moderately impaired vision
R Ear	Moderate hearing loss	Deaf;Moderate hearing loss	—	—	Deaf;Moderate hearing loss
L Ear	Moderate hearing loss	Deaf;Moderate hearing loss	—	—	Deaf;Moderate hearing loss
Nose	Intact	—	—	—	—
Lips	Dry	—	—	—	—
Throat	Dry	Intact	—	—	—
Tongue	Dry	Pink;Dry	—	—	—
Voice	Unable to assess	Difficulty talking	—	—	—
Mucous Membrane(s)	Pink;Dry;Intact	—	—	—	—
Teeth	Missing teeth;Dentures upper;Dentures lower	Dentures upper;Dentures lower	—	—	Dentures upper;Dentures lower
Neck	Trachea midline	—	—	—	—
Respiratory (WDL)	Exceptions to WDL	Within Defined Limits	—	—	Within Defined Limits
Respiratory Pattern	—	Normal	—	—	Normal
Respiratory Depth/Rhythm	Irregular	Regular	—	—	—
Respiratory Effort	Labored	Unlabored	—	—	Unlabored
Chest Assessment	Symmetrical;Chest expansion symmetrical	—	—	—	—
Bilateral Breath Sounds	Clear;Diminished	Clear	—	—	Clear
Cough	—	Able to clear secretions	—	—	Able to clear secretions
Oxygen Therapy	—	—	None (Room air)	None (Room air)	None (Room air)
Cardiac (WDL)	Within Defined Limits	Within Defined Limits	—	—	Within Defined Limits
Cardiac Regularity	Regular	Regular	—	—	Regular
Heart Sounds	S1, S2	S1, S2	—	—	—
Head of Bed Elevated	HOB 30	—	—	—	—
Cardiac Rhythm	—	—	Ventricular Paced	—	Ventricular Paced
Cardiac Symptoms	—	None	—	—	—
Permanent Pacer Type	—	Ventricular	—	—	—
Pacing Status	—	100% paced	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Within Defined Limits	—	—	Within Defined Limits
Cyanosis	None	None	—	—	None
Capillary Refill	Greater than 2 seconds (All	Less than/equal to 2 seconds (All	—	—	Less than/equal to 2 seconds (All

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

	extremities)	extremities)			extremities)
Pulses	R radial;L radial	—	—	—	—
R Radial Pulse	Moderate	Moderate	—	—	Moderate
L Radial Pulse	Moderate	Moderate	—	—	Moderate
L Femoral Pulse	—	Moderate	—	—	Moderate
R Dorsalis Pedis Pulse	—	Weak	—	—	Weak
LLE Capillary Refill	—	Less than/equal to 2 seconds	—	—	Less than/equal to 2 seconds
LLE Color	—	Appropriate for ethnicity	—	—	Appropriate for ethnicity
LLE Temperature/Moisture	—	Warm	—	—	Warm
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Skin Color	Pale	Appropriate for ethnicity	—	—	Appropriate for ethnicity
Skin Condition/Temp	Warm;Dry	Warm;Dry	—	—	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	—	See Wound/Burn LDA(s)
Skin Turgor	—	Epidermis thin with loss of subcutaneous tissue	—	—	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	Unable to assess	—	Unable to assess
Peri-Wound Assessment	—	—	Unable to assess	—	Unable to assess
Drainage Amount	—	—	None	—	None
Dressing	—	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Brown;Dry;Fragile;Intact;Pink	—	Brown;Dry;Fragile;Intact;Pink
Peri-Wound Assessment	—	—	Clean;Dry;Pink	—	Clean;Dry;Pink
Drainage Amount	—	—	None	—	None
Dressing	—	—	None - Open to air;Other (Comment)	—	None - Open to air;Other (Comment)
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Peri-Wound Assessment	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Closure	—	—	Sutures;Skin glue	—	Sutures;Skin glue
Drainage Amount	—	—	None	—	None
Dressing	—	—	Island Dressing (Primapore)	—	Island Dressing (Primapore)
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date:				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Properties	03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
RUE	Weakness;Limited movement	Full movement	—	—	Full movement
LUE	Weakness;Limited movement	Full movement	—	—	Full movement
RLE	Weakness;Limited movement;Swelling	Weakness	—	—	Weakness
LLE	Amputation	Amputation	—	—	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Nondistended	—	—	Soft;Nondistended
Bowel Sounds (All Quadrants)	Active;Present;Audible	Hypoactive	—	—	Hypoactive
Abdominal Tenderness	Soft	Soft;Nontender	—	—	Soft;Nontender
Passing Flatus	Yes	—	—	—	—
GI Symptoms	—	Constipation	—	—	—
Last BM Date	02/03/25	01/09/25	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Genitourinary Symptoms	Diminished urine production;Other (Comment)	Indwelling urinary catheter	—	—	Indwelling urinary catheter
Urinary Incontinence	—	Yes	—	—	Yes
Urine Color	—	Yellow/straw	—	—	Yellow/straw
Urine Appearance	—	Clear	—	—	Clear
Psychosocial (WDL)	—	Within Defined Limits	—	—	Within Defined Limits
Patient Behaviors/Mood	—	Calm;Cooperative	—	—	Calm;Cooperative
Row Name	**01/14/25 1600**	**01/14/25 1200**	**01/14/25 0800**	**01/14/25 0400**	**01/14/25 0000**
Charting Type	Reassessment	Reassessment	Shift assessment	Reassessment	Reassessment
Verification of Asmt	Asmt completed, no changes from previous assessment	Asmt completed, no changes from previous assessment	—	Asmt completed, no changes from previous assessment	Asmt completed, no changes from previous assessment
Neuro (WDL)	—	—	Exceptions to WDL	—	—
Level of Consciousness	—	—	Alert	—	—
Orientation Level	—	—	Oriented to person;Oriented to place	—	—
Cognition	—	—	Follows commands;Poor judgement;Poor safety awareness;Poor attention/concentration	—	—
Speech	—	—	Slurred;Nods/gestures appropriately	—	—
R Pupil Size (mm)	—	—	3	—	—
R Pupil Shape	—	—	Round	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

R Pupil Reaction	—	—	Brisk	—	—
L Pupil Size (mm)	—	—	3	—	—
L Pupil Shape	—	—	Round	—	—
L Pupil Reaction	—	—	Brisk	—	—
R Hand Grasp	—	—	Strong	—	—
L Hand Grasp	—	—	Strong	—	—
R Foot Dorsiflexion	—	—	4-Can move/lift against some resistance, not full strength	—	—
L Foot Dorsiflexion	—	—	Not tested	—	—
R Foot Plantar Flexion	—	—	4-Can move/lift against some resistance, not full strength	—	—
L Foot Plantar Flexion	—	—	Not tested	—	—
RUE Motor Response	—	—	Responds to commands	—	—
RUE Sensation	—	—	Unable to assess	—	—
RUE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	—	—
LUE Motor Response	—	—	Responds to commands	—	—
LUE Sensation	—	—	Unable to assess	—	—
LUE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	—	—
RLE Motor Response	—	—	Responds to commands	—	—
RLE Sensation	—	—	Unable to assess	—	—
RLE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	—	—
LLE Motor Response	—	—	Responds to commands	—	—
LLE Sensation	—	—	Pain;Unable to assess	—	—
LLE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	—	—
Best Eye Response	—	—	Spontaneous	—	—
Best Verbal Response	—	—	Confused	—	—
Best Motor Response	—	—	Follows commands	—	—
Glasgow Coma Scale Score	—	—	14	—	—
Delirium Scale Used	—	—	Confusion Assessment Method ICU	—	—
Feature 1: Acute Onset or Fluctuating Course	—	—	Positive	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Feature 2: Inattention	—	—	Positive	—	—
Feature 4: Disorganized Thinking	—	—	Positive	—	—
HEENT (WDL)	—	—	Exceptions to WDL	—	—
Head and Face	—	—	Intact	—	—
R Eye	—	—	Moderately impaired vision	—	—
L Eye	—	—	Moderately impaired vision	—	—
R Ear	—	—	Deaf;Moderate hearing loss	—	—
L Ear	—	—	Deaf;Moderate hearing loss	—	—
Teeth	—	—	Dentures upper;Dentures lower	—	—
Respiratory (WDL)	—	—	Within Defined Limits	—	—
Respiratory Pattern	—	—	Normal	—	—
Respiratory Depth/Rhythm	—	—	Regular	—	—
Respiratory Effort	—	—	Unlabored	—	—
Bilateral Breath Sounds	—	—	Clear	—	—
Cough	—	—	Able to clear secretions	—	—
Cardiac (WDL)	—	—	Within Defined Limits	—	—
Cardiac Regularity	—	—	Regular	—	—
Cardiac Symptoms	—	—	None	—	—
Permanent Pacer Type	—	—	Ventricular	—	—
Pacing Status	—	—	100% paced	—	—
Peripheral Vascular (WDL)	—	—	Within Defined Limits	—	—
Cyanosis	—	—	None	—	—
Capillary Refill	—	—	Less than/equal to 2 seconds (All extremities)	—	—
R Radial Pulse	—	—	Moderate	—	—
L Radial Pulse	—	—	Moderate	—	—
L Femoral Pulse	—	—	Moderate	—	—
R Dorsalis Pedis Pulse	—	—	Weak	—	—
LLE Capillary Refill	—	—	Less than/equal to 2 seconds	—	—
LLE Color	—	—	Appropriate for ethnicity	—	—
LLE Temperature/Moisture	—	—	Warm	—	—
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Line Status	—	—	Intact and in	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

			place;Blood return noted		
Color/Movement/ Sensation	—	—	CMS Intact	—	—
Dressing	—	—	Chlorhexidine dressing	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Dressing Change Due	—	—	01/18/25	—	—
Line Interventions	—	—	Flushed per protocol;Connections checked and tightened	—	—
Hematoma Assessment	—	—	None	—	—
Integumentary (WDL)	—	—	Exceptions to WDL	—	—
Skin Color	—	—	Appropriate for ethnicity	—	—
Skin Condition/Temp	—	—	Warm;Dry	—	—
Skin Integrity	—	—	See Wound/Burn LDA(s)	—	—
Skin Turgor	—	—	Epidermis thin with loss of subcutaneous tissue	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Musculoskeletal (WDL)	—	—	Exceptions to WDL	—	—
RUE	—	—	Full movement	—	—
LUE	—	—	Full movement	—	—
RLE	—	—	Weakness	—	—
LLE	—	—	Amputation	—	—
Gastrointestinal (WDL)	—	—	Exceptions to WDL	—	—
Abdomen Inspection	—	—	Soft;Nondistended	—	—
Bowel Sounds (All Quadrants)	—	—	Hypoactive	—	—
Abdominal Tenderness	—	—	Soft;Nontender	—	—
GI Symptoms	—	—	Constipation	—	—
Last BM Date	—	—	01/09/25	—	—
Genitourinary (WDL)	—	—	Exceptions to WDL	—	—
Genitourinary Symptoms	—	—	Indwelling urinary catheter	—	—
Urinary Incontinence	—	—	Yes	—	—
Urine Color	—	—	Yellow/straw	—	—
Urine Appearance	—	—	Clear	—	—
Psychosocial (WDL)	—	—	Within Defined Limits	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Patient Behaviors/Mood	—	—	Calm;Cooperative	—	—
Row Name	**01/13/25 2000**	**01/13/25 1500**	**01/13/25 1200**	**01/13/25 0800**	**01/13/25 0400**
Charting Type	Shift assessment	Reassessment	Reassessment	—	—
Verification of Asmt	—	Asmt completed, no changes from previous assessment	Asmt completed, no changes except where noted below	—	—
Neuro (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
Level of Consciousness	Alert	—	—	Alert	—
Orientation Level	Oriented to person	—	Unable to assess	Oriented to person	—
Cognition	Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	—	—	Poor judgement;Poor safety awareness;Poor attention/concentration;Short term memory loss	—
Speech	Slurred;Delayed responses	—	—	Slurred;Delayed responses	—
Swallow	Chokes on liquids	—	—	—	—
Pupil Assessment	Yes	—	—	—	—
R Pupil Size (mm)	3	—	—	3	—
R Pupil Shape	Round	—	—	Round	—
R Pupil Reaction	Brisk	—	—	Brisk	—
L Pupil Size (mm)	3	—	—	3	—
L Pupil Shape	Round	—	—	Round	—
L Pupil Reaction	Brisk	—	—	Brisk	—
Reflexes	Corneal;Cough;Gag	—	—	—	—
R Corneal	Intact	—	—	—	—
L Corneal	Intact	—	—	—	—
Cough	Present	—	—	—	—
Gag	Present	—	—	—	—
Hand Grasp/Motor Function/Sensation Assessment	Grasp;Motor response;Sensation;Motor strength	—	—	—	—
R Hand Grasp	Strong	—	—	Strong	—
L Hand Grasp	Strong	—	—	Strong	—
R Foot Dorsiflexion	—	—	—	4-Can move/lift against some resistance, not full strength	—
L Foot Dorsiflexion	—	—	—	Not tested	—
R Foot Plantar Flexion	—	—	—	4-Can move/lift against some resistance, not full strength	—
L Foot Plantar Flexion	—	—	—	Not tested	—
RUE Motor Response	Responds to commands	—	—	Responds to commands	—
RUE Sensation	Unable to assess	—	—	Unable to assess	—
RUE Motor Strength	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength	—
LUE Motor	Responds to	—	—	Responds to	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Response	commands			commands	
LUE Sensation	Unable to assess	—	—	Unable to assess	—
LUE Motor Strength	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength	—
RLE Motor Response	Responds to commands	—	—	Responds to commands	Responds to commands
RLE Sensation	Unable to assess	—	—	Unable to assess	Unable to assess
RLE Motor Strength	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength
LLE Motor Response	Responds to commands	—	—	Responds to commands	Responds to commands
LLE Sensation	Pain;No numbness;No tingling	—	—	No numbness;No pain;No tingling	Pain;No numbness;No tingling
LLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	Anxiety	—	—	Anxiety	—
Best Eye Response	Spontaneous	—	—	—	—
Best Verbal Response	Confused	—	—	—	—
Best Motor Response	Follows commands	—	—	—	—
Glasgow Coma Scale Score	14	—	—	—	—
Delirium Scale Used	Confusion Assessment Method ICU	—	—	—	—
Feature 1: Acute Onset or Fluctuating Course	Positive	—	—	—	—
Feature 2: Inattention	Positive	—	—	—	—
Feature 4: Disorganized Thinking	Positive	—	—	—	—
HEENT (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
R Eye	Mildly impaired vision	—	—	—	—
L Eye	Mildly impaired vision	—	—	—	—
R Ear	Moderate hearing loss	—	—	Moderate hearing loss	—
L Ear	Moderate hearing loss	—	—	Moderate hearing loss	—
Tongue	Pink;Dry	—	—	—	—
Teeth	Dentures upper;Dentures lower	—	—	Dentures upper;Dentures lower	—
Respiratory (WDL)	Exceptions to WDL	—	—	Within Defined Limits	—
Respiratory Pattern	Normal	—	—	—	—
Respiratory Depth/Rhythm	Regular	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Respiratory Effort	Unlabored	—	—	—	—
Chest Assessment	Symmetrical;Chest expansion symmetrical	—	—	—	—
Bilateral Breath Sounds	Clear;Diminished	—	—	—	—
Oxygen Therapy	Supplemental oxygen	—	—	—	—
O2 Delivery Method	Nasal cannula	—	—	—	—
O2 Flow Rate (L/min)	3 L/min	—	—	—	—
Cardiac (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
Cardiac Regularity	Regular	—	—	Regular	—
Heart Sounds	S1, S2	—	—	S1, S2	—
Head of Bed Elevated	HOB 30	—	—	—	—
Jugular Venous Distention (JVD)	No	—	—	—	—
Cardiac Additional Assessments	Permanent Pacemaker	—	—	—	—
Ventricular Output/Ampl	—	—	—	8	—
Ventricular Sens Setting	—	—	—	0.8	—
Permanent Pacer Type	Ventricular	—	—	—	—
Pacing Status	100% paced	—	—	—	—
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
Peripheral Vascular (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
Cyanosis	None	—	—	—	—
Capillary Refill	Less than/equal to 2 seconds (All extremities)	—	—	Less than/equal to 2 seconds (All extremities)	—
Pulses	R radial;L radial;L femoral;R posterior tibial;R dorsalis pedis	—	—	R radial;L radial;L femoral;R posterior tibial;L posterior tibial;R dorsalis pedis;L dorsalis pedis	—
R Radial Pulse	Weak	—	—	Weak	—
L Radial Pulse	Weak	—	—	Weak	—
L Femoral Pulse	Moderate	—	—	Moderate	Moderate
R Posterior Tibial Pulse	Weak	—	—	Weak	Weak
L Posterior Tibial Pulse	—	—	—	Weak	—
R Dorsalis Pedis Pulse	Weak	—	—	Weak	Weak
L Dorsalis Pedis Pulse	—	—	—	Weak	—
LLE Capillary Refill	Less than/equal to 2 seconds	—	—	Less than/equal to 2 seconds	Less than/equal to 2 seconds
LLE Color	Appropriate for ethnicity	—	—	Appropriate for ethnicity	Appropriate for ethnicity
LLE Temperature/Moi	Warm	—	—	Warm	Warm

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

sture					
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Site Assessment	Clean;Dry;Intact	—	—	—	—
Line Status	Intact and in place	—	—	—	—
Color/Movement/ Sensation	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes	—	—	—	—
Dressing	Chlorhexidine dressing	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Line Interventions	Connections checked and tightened	—	—	—	—
Hematoma Assessment	None	—	—	—	—
Integumentary (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
Skin Color	Appropriate for ethnicity	—	—	Appropriate for ethnicity	—
Skin Condition/Temp	Warm;Dry	—	—	Warm;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	—	—	See Wound/Burn LDA(s)	—
Skin Turgor	Non-tenting	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Unable to assess	—	—	—	—
Peri-Wound Assessment	Unable to assess	—	—	—	—
Closure	Unable to assess;Other (Comment)	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Edges	Unable to assess	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Brown;Dry;Fragile;Intact;Pink	—	—	—	—
Peri-Wound Assessment	Clean;Dry;Pink	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	None - Open to air;Other (Comment)	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	—	—
Peri-Wound	Clean;Dry;Intact	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Assessment					
Closure	Sutures;Skin glue	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Island Dressing (Primapore)	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Musculoskeletal (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
RUE	Full movement	—	—	—	—
LUE	Full movement	—	—	—	—
RLE	Weakness	—	—	Weakness	—
LLE	Amputation;Weakness	—	—	Weakness;Surgery	—
Gastrointestinal (WDL)	Exceptions to WDL	—	—	Within Defined Limits	—
Abdomen Inspection	Soft;Flat	—	—	—	—
Bowel Sounds (All Quadrants)	Hypoactive	—	—	—	—
Abdominal Tenderness	Soft;Nontender	—	—	—	—
Last BM Date	01/09/25	—	—	01/09/25	—
Genitourinary (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
Suprapubic Tenderness	No	—	—	—	—
Genitourinary Symptoms	Indwelling urinary catheter	—	—	Indwelling urinary catheter	—
Urinary Incontinence	No	—	—	—	—
Urine Color	Yellow/straw	—	—	Yellow/straw	—
Urine Appearance	Clear	—	—	—	—
Genitourinary Additional Assessments	No	—	—	—	—
Female Genitalia	Intact;Foreign object	—	—	—	—
Foreign Object	Other (Comment)	—	—	—	—
Foreign Object Location	Urethra	—	—	—	—
Psychosocial (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
Patient Behaviors/Mood	Agitated;Anxious;Restless	—	—	Agitated;Anxious;Restless;Combative;Fearful	—
Needs Expressed	Other (Comment)	—	—	—	—
Psychosocial Additional Assessments	Yes	—	—	Yes	—
Family Behaviors	Anxious	—	—	Anxious;Cooperative	—
Rest/Sleep for Patient	Fair	—	—	—	—
Ability to Express Feelings	Unable to express	—	—	—	—
Ability to Express Needs	Unable to express	—	—	—	—
Ability to Express Thoughts	Unable to express	—	—	—	—
Ability to Understand	Rarely/never understands	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Others

Row Name	01/13/25 0000	01/12/25 2000	01/12/25 1200	01/12/25 0800	01/12/25 0400
Charting Type	Reassessment	Shift assessment	Reassessment	Shift assessment	Reassessment
Verification of Asmt	Asmt completed, no changes from previous assessment	—	Asmt completed, no changes except where noted below	—	Asmt completed, no changes from previous assessment
Neuro (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
Level of Consciousness	—	Alert	—	Alert	—
Orientation Level	—	Oriented to person	—	Oriented to person	—
Cognition	—	Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	—	Poor judgement;Poor safety awareness;Poor attention/concentration;Short term memory loss	—
Speech	—	Slurred;Delayed responses	—	Slurred;Delayed responses	—
Swallow	—	Chokes on liquids	—	—	—
Pupil Assessment	—	Yes	—	—	—
R Pupil Size (mm)	—	4	—	3	—
R Pupil Shape	—	Round	—	Round	—
R Pupil Reaction	—	Brisk	—	Brisk	—
L Pupil Size (mm)	—	4	—	3	—
L Pupil Shape	—	Round	—	Round	—
L Pupil Reaction	—	Brisk	—	Brisk	—
Reflexes	—	Corneal;Cough;Gag	—	—	—
R Corneal	—	Intact	—	—	—
L Corneal	—	Intact	—	—	—
Cough	—	Present	—	—	—
Gag	—	Present	—	—	—
Hand Grasp/Motor Function/Sensation Assessment	—	Grasp;Motor response;Sensation;Motor strength	—	—	—
R Hand Grasp	—	Strong	—	Strong	—
L Hand Grasp	—	Strong	—	Strong	—
R Foot Dorsiflexion	—	—	—	4-Can move/lift against some resistance, not full strength	—
L Foot Dorsiflexion	—	—	—	Not tested	—
R Foot Plantar Flexion	—	—	—	4-Can move/lift against some resistance, not full strength	—
L Foot Plantar Flexion	—	—	—	Not tested	—
RUE Motor Response	—	Responds to commands	—	Responds to commands	—
RUE Sensation	—	Unable to assess	—	Unable to assess	—
RUE Motor Strength	—	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength	—
LUE Motor	—	Responds to	—	Responds to	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Response		commands		commands	
LUE Sensation	—	Unable to assess	—	Unable to assess	—
LUE Motor Strength	—	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength	—
RLE Motor Response	Responds to commands	Responds to commands	—	Responds to commands	Responds to commands
RLE Sensation	Unable to assess	Unable to assess	—	Unable to assess	Unable to assess
RLE Motor Strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength
LLE Motor Response	Responds to commands	Responds to commands	—	Responds to commands	Responds to commands
LLE Sensation	Pain;No numbness;No tingling	Pain;No numbness;No tingling	—	No numbness;No pain;No tingling	Pain
LLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	—	—	**Agitation;Combative**	—	—
Best Eye Response	—	Spontaneous	—	—	—
Best Verbal Response	—	Confused	—	—	—
Best Motor Response	—	Follows commands	—	—	—
Glasgow Coma Scale Score	—	14	—	—	—
Delirium Scale Used	—	Confusion Assessment Method ICU	—	—	—
Feature 1: Acute Onset or Fluctuating Course	—	Positive	—	Positive	—
Feature 2: Inattention	—	Positive	—	—	—
Feature 4: Disorganized Thinking	—	Positive	—	—	—
HEENT (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
R Eye	—	Mildly impaired vision	—	—	—
L Eye	—	Mildly impaired vision	—	—	—
R Ear	—	Moderate hearing loss	—	Moderate hearing loss	—
L Ear	—	Moderate hearing loss	—	Moderate hearing loss	—
Tongue	—	Pink;Dry	—	—	—
Teeth	—	Dentures upper;Dentures lower	—	Dentures upper;Dentures lower	—
Respiratory (WDL)	—	Exceptions to WDL	—	Within Defined Limits	—
Respiratory Pattern	—	Normal	—	—	—
Respiratory	—	Regular	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Depth/Rhythm					
Respiratory Effort	—	Unlabored	—	—	—
Chest Assessment	—	Symmetrical;Chest expansion symmetrical	—	—	—
Bilateral Breath Sounds	—	Clear;Diminished	—	—	—
Cardiac (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
Cardiac Regularity	—	Regular	—	Regular	—
Heart Sounds	—	S1, S2	—	S1, S2	—
Head of Bed Elevated	—	HOB 30	—	—	—
Jugular Venous Distention (JVD)	—	No	—	—	—
Method	—	Transvenous	—	Transvenous	—
Temp Pacing Type	—	Medtronic	—	Medtronic	—
Temp Pacing Mode	—	VVI	—	VVI	—
Temp Pacing Rate	—	80	—	70	—
Pacing Status	—	On;100% paced	—	On;100% paced	—
Ventricular Output/Ampl	—	8	—	8	—
Ventricular Stim Threshold	—	4	—	—	—
Ventricular Sens Setting	—	0.8	—	0.08	—
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
Peripheral Vascular (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
Cyanosis	—	None	—	—	—
Capillary Refill	—	Less than/equal to 2 seconds (All extremities)	—	Less than/equal to 2 seconds (All extremities)	—
Pulses	—	R radial;L radial;L femoral;R posterior tibial;R dorsalis pedis	—	R radial;L radial;L femoral;R posterior tibial;L posterior tibial;R dorsalis pedis;L dorsalis pedis	—
R Radial Pulse	—	Weak	—	Weak	—
L Radial Pulse	—	Weak	—	Weak	—
L Femoral Pulse	Moderate	Moderate	—	Moderate	Weak
R Posterior Tibial Pulse	Weak	Weak	—	Weak	Weak
L Posterior Tibial Pulse	—	—	—	Weak	—
R Dorsalis Pedis Pulse	Weak	Weak	—	Weak	Weak
L Dorsalis Pedis Pulse	—	—	—	Weak	—
LLE Capillary Refill	Less than/equal to 2 seconds	Less than/equal to 2 seconds	—	Less than/equal to 2 seconds	Less than/equal to 2 seconds
LLE Color	Appropriate for ethnicity	Appropriate for ethnicity	—	Appropriate for ethnicity	Appropriate for ethnicity
LLE Temperature/Moisture	Warm	Warm	—	Warm	Warm

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Hematoma Assessment	—	None	—	—	—
Integumentary (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
Skin Color	—	Appropriate for ethnicity	—	Appropriate for ethnicity	—
Skin Condition/Temp	—	Warm;Dry	—	Warm;Dry	—
Skin Integrity	—	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	—
Skin Turgor	—	Non-tenting	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Musculoskeletal (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
RUE	—	Full movement	—	—	—
LUE	—	Full movement	—	—	—
RLE	—	Weakness	—	Weakness	—
LLE	—	Amputation;Weakness	—	Weakness;Surgery	—
Gastrointestinal (WDL)	—	Exceptions to WDL	—	Within Defined Limits	—
Abdomen Inspection	—	Soft;Flat	—	—	—
Bowel Sounds (All Quadrants)	—	Hypoactive	—	—	—
Abdominal Tenderness	—	Soft;Nontender	—	—	—
Last BM Date	—	01/09/25	—	—	—
Genitourinary (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
Suprapubic Tenderness	—	No	—	—	—
Genitourinary Symptoms	—	Indwelling urinary catheter	—	Indwelling urinary catheter	—
Urinary Incontinence	—	No	—	—	—
Urine Color	—	Yellow/straw	—	Yellow/straw	—
Urine Appearance	—	Clear	—	—	—
Genitourinary Additional Assessments	—	No	—	—	—
Female Genitalia	—	Intact;Foreign object	—	—	—
Foreign Object	—	Other (Comment)	—	—	—
Foreign Object Location	—	Urethra	—	—	—
Psychosocial (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
Patient Behaviors/Mood	—	Agitated;Anxious;Restless	—	Agitated;Anxious;Restless;Combative;Fearful	—
Needs Expressed	—	Other (Comment)	—	—	—
Psychosocial	—	Yes	—	Yes	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Additional Assessments					
Family Behaviors	—	Anxious	—	Anxious;Cooperative	—
Rest/Sleep for Patient	—	Poor	—	Poor	—
Ability to Express Feelings	—	Unable to express	—	Unable to express	—
Ability to Express Needs	—	Unable to express	—	Unable to express	—
Ability to Express Thoughts	—	Unable to express	—	Unable to express	—
Ability to Understand Others	—	Rarely/never understands	—	Rarely/never understands	—
Nursing Annotation	NPO now	—	—	—	—
Row Name	**01/12/25 0000**	**01/11/25 2000**	**01/11/25 1600**	**01/11/25 1200**	**01/11/25 0800**
Charting Type	Reassessment	Shift assessment	Reassessment	Reassessment	Shift assessment
Verification of Asmt	Asmt completed, no changes from previous assessment	—	Asmt completed, no changes from previous assessment	Asmt completed, no changes from previous assessment	—
Neuro (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
Level of Consciousness	—	Alert	—	—	Alert
Orientation Level	—	Oriented to person	—	—	Oriented to person
Cognition	—	Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	—	—	Poor judgement;Poor safety awareness;Poor attention/concentration;Short term memory loss
Speech	—	Slurred;Delayed responses	—	—	Slurred;Delayed responses
Swallow	—	Chokes on liquids	—	—	Chokes on liquids
Pupil Assessment	—	Yes	—	—	—
R Pupil Size (mm)	—	4	—	—	3
R Pupil Shape	—	Round	—	—	Round
R Pupil Reaction	—	Brisk	—	—	Brisk
L Pupil Size (mm)	—	4	—	—	3
L Pupil Shape	—	Round	—	—	Round
L Pupil Reaction	—	Brisk	—	—	Brisk
Reflexes	—	Corneal;Cough;Gag	—	—	—
R Corneal	—	Intact	—	—	—
L Corneal	—	Intact	—	—	—
Cough	—	Present	—	—	—
Gag	—	Present	—	—	—
Hand Grasp/Motor Function/Sensation Assessment	—	Grasp;Motor response;Sensation;Motor strength	—	—	—
R Hand Grasp	—	Strong	—	—	Strong
L Hand Grasp	—	Strong	—	—	Strong
R Foot Dorsiflexion	—	—	—	—	4-Can move/lift against some resistance, not full strength

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

L Foot Dorsiflexion	—	—	—	—	Not tested
R Foot Plantar Flexion	—	—	—	—	4-Can move/lift against some resistance, not full strength
L Foot Plantar Flexion	—	—	—	—	Not tested
RUE Motor Response	—	Responds to commands	—	—	Responds to commands
RUE Sensation	—	Unable to assess	—	—	Unable to assess
RUE Motor Strength	—	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
LUE Motor Response	—	Responds to commands	—	—	Responds to commands
LUE Sensation	—	Unable to assess	—	—	Unable to assess
LUE Motor Strength	—	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
RLE Motor Response	Responds to commands	Responds to commands	—	—	Responds to commands
RLE Sensation	Unable to assess	Unable to assess	—	—	Unable to assess
RLE Motor Strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
LLE Motor Response	Responds to commands	Responds to commands	—	—	Responds to commands
LLE Sensation	Pain	Pain	—	—	No numbness;No pain;No tingling
LLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance
Best Eye Response	—	Spontaneous	—	—	Spontaneous
Best Verbal Response	—	Confused	—	—	Confused
Best Motor Response	—	Follows commands	—	—	Follows commands
Glasgow Coma Scale Score	—	14	—	—	14
Delirium Scale Used	—	Confusion Assessment Method ICU	—	—	—
Feature 1: Acute Onset or Fluctuating Course	—	Positive	—	—	Positive
Feature 2: Inattention	—	Positive	—	—	—
Feature 4: Disorganized Thinking	—	Positive	—	—	—
HEENT (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
R Eye	—	Mildly impaired vision	—	—	—
L Eye	—	Mildly impaired vision	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

R Ear	—	Moderate hearing loss	—	—	Moderate hearing loss
L Ear	—	Moderate hearing loss	—	—	Moderate hearing loss
Tongue	—	Pink;Dry	—	—	—
Teeth	—	Dentures upper;Dentures lower	—	—	Dentures upper;Dentures lower
Respiratory (WDL)	—	Exceptions to WDL	—	—	Within Defined Limits
Respiratory Pattern	—	Normal	—	—	—
Respiratory Depth/Rhythm	—	Regular	—	—	—
Respiratory Effort	—	Unlabored	—	—	—
Chest Assessment	—	Symmetrical;Chest expansion symmetrical	—	—	—
Bilateral Breath Sounds	—	Clear;Diminished	—	—	—
Cardiac (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
Cardiac Regularity	—	Regular	—	—	Regular
Heart Sounds	—	S1, S2	—	—	S1, S2
Head of Bed Elevated	—	HOB 30	—	—	—
Jugular Venous Distention (JVD)	—	No	—	—	—
Method	—	Transvenous	—	—	Transvenous
Temp Pacing Type	—	Medtronic	—	—	Medtronic
Temp Pacing Mode	—	VVI	—	—	VVI
Temp Pacing Rate	—	70	—	—	70
Pacing Status	—	On;100% paced;Back up pacemaker at bedside	—	—	Back up pacemaker at bedside;100% paced;On
Ventricular Output/Ampl	—	8	—	—	8
Ventricular Stim Threshold	—	4	—	—	4
Ventricular Sens Setting	—	0.8	—	—	0.8
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
How Pacer Wires are Secured	—	—	—	—	Ventricular wires secured
Wire Care	—	—	—	—	Connected to pacer
Current Length (TTVP)	—	—	—	—	36
Dressing Status	—	—	—	—	Clean;Dry;Intact
Site Assessment	—	—	—	—	Clean;Dry;Intact
Peripheral Vascular (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
Cyanosis	—	None	—	—	—
Capillary Refill	—	Less than/equal to 2 seconds (All extremities)	—	—	Less than/equal to 2 seconds (All extremities)
Pulses	—	R radial;L radial;L	—	—	R radial;L radial;L

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

		femoral;R posterior tibial;R dorsalis pedis			femoral;R posterior tibial;L posterior tibial;R dorsalis pedis;L dorsalis pedis
R Radial Pulse	—	Weak	—	—	Weak
L Radial Pulse	—	Weak	—	—	Weak
L Femoral Pulse	Weak	Weak	—	—	Moderate
R Posterior Tibial Pulse	Weak	Weak	—	—	Weak
L Posterior Tibial Pulse	—	—	—	—	Weak
R Dorsalis Pedis Pulse	Weak	Weak	—	—	Weak
L Dorsalis Pedis Pulse	—	—	—	—	Weak
LLE Capillary Refill	Less than/equal to 2 seconds	Less than/equal to 2 seconds	—	—	Less than/equal to 2 seconds
LLE Color	Appropriate for ethnicity	Appropriate for ethnicity	—	—	Appropriate for ethnicity
LLE Temperature/Moisture	Warm	Warm	—	—	Warm
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Site Assessment	—	—	—	—	Clean;Dry;Intact
Line Status	—	—	—	—	Intact and in place
Color/Movement/Sensation	—	—	—	—	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes
Dressing	—	—	—	—	Chlorhexidine dressing
Dressing Status	—	—	—	—	Clean;Dry;Intact
Dressing Change Due	—	—	—	—	01/17/25
Integumentary (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
Skin Color	—	Appropriate for ethnicity	—	—	Appropriate for ethnicity
Skin Condition/Temp	—	Warm;Dry	—	—	Warm;Dry
Skin Integrity	—	See Wound/Burn LDA(s)	—	—	See Wound/Burn LDA(s)
Skin Turgor	—	Non-tenting	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	—	—	Unable to assess
Peri-Wound Assessment	—	—	—	—	Unable to assess
Closure	—	—	—	—	Unable to assess;Other (Comment)
Drainage Amount	—	None	—	—	None
Dressing	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Dressing Status	—	Clean;Dry;Intact	—	—	Clean;Dry;Intact
Edges	—	Unable to assess	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Brown;Dry;Fragile;Intact;Pink	—	—	Brown;Dry;Fragile;Intact;Pink
Peri-Wound Assessment	—	Clean;Dry;Pink	—	—	Clean;Dry;Pink
Drainage Amount	—	None	—	—	None
Dressing	—	None - Open to air;Other (Comment)	—	—	None - Open to air;Other (Comment)
Musculoskeletal (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
RUE	—	Full movement	—	—	—
LUE	—	Full movement	—	—	—
RLE	—	Weakness	—	—	Weakness
LLE	—	Amputation;Weakness	—	—	Weakness;Surgery
Gastrointestinal (WDL)	—	Exceptions to WDL	—	—	Within Defined Limits
Abdomen Inspection	—	Soft;Flat	—	—	—
Bowel Sounds (All Quadrants)	—	Hypoactive	—	—	—
Abdominal Tenderness	—	Soft;Nontender	—	—	—
Last BM Date	—	01/09/25	—	—	01/09/25
Genitourinary (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
Suprapubic Tenderness	—	No	—	—	No
Genitourinary Symptoms	—	Indwelling urinary catheter	—	—	Indwelling urinary catheter
Urinary Incontinence	—	No	—	—	—
Urine Color	—	Yellow/straw	—	—	Yellow/straw
Urine Appearance	—	Clear	—	—	—
Genitourinary Additional Assessments	—	No	—	—	—
Female Genitalia	—	Intact;Foreign object	—	—	—
Foreign Object	—	Other (Comment)	—	—	—
Foreign Object Location	—	Urethra	—	—	—
Psychosocial (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
Patient Behaviors/Mood	—	Agitated;Anxious;Restless	—	—	Agitated;Anxious;Restless
Needs Expressed	—	Other (Comment)	—	—	—
Psychosocial Additional Assessments	—	Yes	—	—	Yes
Family Behaviors	—	Anxious	—	—	Anxious
Rest/Sleep for Patient	—	Poor	—	—	Poor
Ability to Express Feelings	—	Needs assistance	—	—	Needs assistance
Ability to Express	—	Needs assistance	—	—	Needs assistance

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Needs					
Ability to Express Thoughts	—	Needs assistance	—	—	Needs assistance
Ability to Understand Others	—	Rarely/never understands	—	—	Rarely/never understands
Reason for Communication	—	—	—	—	—
Provider Name	—	—	—	—	APS
Provider Role	—	—	—	—	Resident
Method of Communication	—	—	—	—	Page
Response	—	—	—	—	See orders
Row Name	**01/11/25 0400**	**01/11/25 0000**	**01/10/25 2000**	**01/10/25 1800**	**01/10/25 1745**
Charting Type	Reassessment	Reassessment	Shift assessment	—	—
Verification of Asmt	Asmt completed, no changes from previous assessment	Asmt completed, no changes from previous assessment	—	—	—
Neuro (WDL)	—	—	Exceptions to WDL	Exceptions to WDL	—
Level of Consciousness	—	Alert	Alert	Alert	—
Orientation Level	—	—	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	Disoriented to time;Disoriented to place;Disoriented to situation;Oriented to person	—
Cognition	—	—	Impulsive;Poor judgement;Short term memory loss;Appropriate for developmental age	Impulsive;Poor judgement;Short term memory loss;Appropriate for developmental age	—
Speech	—	—	Other (Comment)	Other (Comment)	—
Swallow	—	—	Able to swallow solids and liquids without difficulty	—	—
Pupil Assessment	—	—	—	No	—
R Pupil Size (mm)	—	—	3	3	—
R Pupil Shape	—	—	Round	Round	—
R Pupil Reaction	—	—	Brisk	Brisk	—
L Pupil Size (mm)	—	—	3	3	—
L Pupil Shape	—	—	Round	Round	—
L Pupil Reaction	—	—	Brisk	Brisk	—
Hand Grasp/Motor Function/Sensation Assessment	—	—	Grasp;Pronator drift;Dorsiflexion;Plantar flexion;Motor response;Sensation;Motor strength	—	—
R Hand Grasp	—	—	Strong	Strong	—
L Hand Grasp	—	—	Strong	Strong	—
R Foot Dorsiflexion	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—
L Foot Dorsiflexion	—	—	Not tested	—	—
R Foot Plantar Flexion	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

L Foot Plantar Flexion	—	—	Not tested	—	—
RUE Motor Response	—	—	Responds to commands	—	—
RUE Sensation	—	—	Unable to assess	—	—
RUE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—
LUE Motor Response	—	—	Responds to commands	—	—
LUE Sensation	—	—	Unable to assess	—	—
LUE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—
RLE Motor Response	—	—	Responds to commands	—	—
RLE Sensation	—	—	Unable to assess	—	—
RLE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—
LLE Motor Response	—	—	Responds to commands	Responds to commands	—
LLE Sensation	—	—	No numbness;No pain;No tingling	No numbness;No pain;No tingling	—
LLE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—
Neuro Symptoms	—	—	Forgetful	—	—
Best Eye Response	—	—	Spontaneous	Spontaneous	—
Best Verbal Response	—	—	Confused	Confused	—
Best Motor Response	—	—	Follows commands	Follows commands	—
Glasgow Coma Scale Score	—	—	14	14	—
Delirium Scale Used	—	—	Confusion Assessment Method ICU	Confusion Assessment Method ICU	—
Feature 1: Acute Onset or Fluctuating Course	—	—	Positive	Positive	—
Feature 2: Inattention	—	—	Positive	Positive	—
Feature 4: Disorganized Thinking	—	—	Positive	Positive	—
HEENT (WDL)	—	—	Exceptions to WDL	—	—
R Eye	—	—	Mildly impaired vision	—	—
L Eye	—	—	Mildly impaired vision	—	—
Teeth	—	—	Dentures upper;Dentures lower	—	—
Respiratory (WDL)	—	—	Within Defined Limits	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Respiratory Pattern	—	—	Normal	—	—
Respiratory Depth/Rhythm	—	—	Regular	—	—
Respiratory Effort	—	—	Unlabored	—	—
Chest Assessment	—	—	Symmetrical	—	—
Bilateral Breath Sounds	—	—	Clear;Diminished	—	—
Cardiac (WDL)	—	—	Exceptions to WDL	—	—
Cardiac Regularity	—	—	Regular	—	—
Cardiac Symptoms	—	—	None	—	—
Method	—	—	Transvenous	Transvenous	—
Temp Pacing Type	—	—	Medtronic	Medtronic	—
Temp Pacing Mode	—	—	VVI	VVI	—
Temp Pacing Rate	—	—	70	70	—
Intrinsic Rate	—	—	—	30	—
Pacing Status	—	—	100% paced;Back up pacemaker at bedside	100% paced;Back up pacemaker at bedside	—
Ventricular Output/Ampl	—	—	10	10	5
Ventricular Stim Threshold	—	—	0.5	—	0.5
Ventricular Sens Setting	—	—	2	2	2
Ventricular Sens Threshold	—	—	0.8	—	0.8
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
Peripheral Vascular (WDL)	—	—	Exceptions to WDL	—	—
Cyanosis	—	—	None	—	—
Capillary Refill	—	—	Less than/equal to 2 seconds (All extremities)	—	—
Pulses	—	—	R radial;L radial;L femoral;R posterior tibial;L posterior tibial;R dorsalis pedis;L dorsalis pedis	—	—
R Radial Pulse	—	—	Weak	—	—
L Radial Pulse	—	—	Weak	—	—
L Femoral Pulse	—	—	Doppler	Doppler	—
R Posterior Tibial Pulse	—	—	Doppler	—	—
L Posterior Tibial Pulse	—	—	Unable to assess	—	—
R Dorsalis Pedis Pulse	—	—	Doppler	—	—
L Dorsalis Pedis Pulse	—	—	Unable to assess	—	—
LLE Capillary	—	—	Less than/equal to 2	Less than/equal to 2	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Refill			seconds	seconds	
LLE Color	—	—	Appropriate for ethnicity	Appropriate for ethnicity	—
LLE Temperature/Moisture	—	—	Warm	Warm	—
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Integumentary (WDL)	—	—	Exceptions to WDL	—	—
Skin Color	—	—	Appropriate for ethnicity	—	—
Skin Condition/Temp	—	—	Warm;Dry	—	—
Skin Integrity	—	—	See Wound/Burn LDA(s)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Musculoskeletal (WDL)	—	—	Exceptions to WDL	—	—
RUE	—	—	Full movement	—	—
LUE	—	—	Full movement	—	—
RLE	—	—	Weakness	—	—
LLE	—	—	Weakness;Surgery	—	—
Gastrointestinal (WDL)	—	—	Within Defined Limits	—	—
Abdomen Inspection	—	—	Soft;Flat	—	—
Bowel Sounds (All Quadrants)	—	—	Hypoactive	—	—
Abdominal Tenderness	—	—	Soft;Nontender	—	—
RUQ Bowel Sounds	—	—	Present	—	—
LUQ Bowel Sounds	—	—	Present	—	—
RLQ Bowel Sounds	—	—	Present	—	—
LLQ Bowel Sounds	—	—	Audible	—	—
Genitourinary (WDL)	—	—	Exceptions to WDL	—	—
Genitourinary Symptoms	—	—	Indwelling urinary catheter	—	—
Urine Color	—	—	Yellow/straw	—	—
Urine Appearance	—	—	Clear	—	—
Female Genitalia	—	—	Intact;Foreign object	—	—
Foreign Object Location	—	—	Urethra	—	—
Psychosocial (WDL)	—	—	Exceptions to WDL	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Patient Behaviors/Mood	—	Agitated;Anxious;Restless	Calm;Cooperative	—	—
Ability to Express Feelings	—	—	Needs assistance	—	—
Ability to Express Needs	—	—	Needs assistance	—	—
Ability to Express Thoughts	—	—	Needs assistance	—	—
Row Name	**01/10/25 1215**	**01/10/25 1210**	**01/10/25 1134**	**01/10/25 0823**	**01/10/25 0730**
Charting Type	—	—	Reassessment	Shift assessment	—
Neuro (WDL)	—	—	Exceptions to WDL	Exceptions to WDL	—
Pupil Assessment	—	—	—	No	—
RUE Motor Response	—	—	—	Responds to commands	—
RUE Motor Strength	—	—	—	4-Can move/lift against some resistance, not full strength	—
LUE Motor Response	—	—	—	Responds to commands	—
LUE Motor Strength	—	—	—	4-Can move/lift against some resistance, not full strength	—
RLE Motor Response	—	—	—	Responds to commands	—
RLE Motor Strength	—	—	—	2-Can move on bed but unable to lift	—
LLE Motor Response	—	—	—	Normal flexion;Other (Comment)	—
Best Eye Response	—	—	Spontaneous	Spontaneous	—
Best Verbal Response	—	—	Oriented	—	—
Best Motor Response	—	—	Follows commands	Follows commands	—
Glasgow Coma Scale Score	—	—	15	—	—
HEENT (WDL)	—	—	—	Exceptions to WDL	—
R Ear	—	—	—	Other (Comment)	—
L Ear	—	—	—	Other (Comment)	—
Tongue	—	—	—	Dry;Swollen	—
Mucous Membrane(s)	—	—	—	Dry;Pink	—
Teeth	—	—	—	Dentures upper;Dentures lower	—
Respiratory (WDL)	—	—	Within Defined Limits	Exceptions to WDL	—
Respiratory Pattern	—	—	—	Normal	—
Respiratory Depth/Rhythm	—	—	—	Regular	—
Respiratory Effort	—	—	—	Unlabored	—
Chest Assessment	—	—	—	Symmetrical	—
R Upper Anterior	—	—	—	Clear	—
R Upper Posterior	—	—	Clear	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

R Mid Anterior	—	—	—	Clear	—
R Mid Posterior	—	—	Clear	—	—
R Lateral	—	—	Clear	Clear	—
R Lower Anterior	—	—	—	Clear	—
R Basilar	—	—	Clear	—	—
L Upper Anterior	—	—	—	Clear	—
L Upper Posterior	—	—	Clear	—	—
L Lateral	—	—	Clear	Clear	—
L Basilar	—	—	Clear	Fine crackles	—
Cardiac (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
Cardiac Regularity	—	—	—	Irregular	—
Heart Sounds	—	—	—	Murmur	—
Head of Bed Elevated	—	—	—	HOB 30	—
Cardiac Symptoms	Lightheaded	Syncope	—	—	—
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
Peripheral Vascular (WDL)	—	—	—	Exceptions to WDL	—
Cyanosis	—	—	—	—	None
Capillary Refill	—	—	—	—	Less than/equal to 2 seconds (All extremities)
R Radial Pulse	—	—	—	Weak	—
L Radial Pulse	—	—	—	Weak	—
L Femoral Pulse	—	—	—	—	Doppler
R Posterior Tibial Pulse	—	—	—	—	Doppler
R Dorsalis Pedis Pulse	—	—	—	—	Doppler
LLE Capillary Refill	—	—	—	—	Unable to assess
LLE Color	—	—	—	—	Appropriate for ethnicity
LLE Temperature/Moisture	—	—	—	—	Warm
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Integumentary (WDL)	—	—	—	—	Exceptions to WDL
Skin Color	—	—	—	—	Appropriate for ethnicity
Skin Condition/Temp	—	—	—	—	Warm;Dry
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

	Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Musculoskeletal (WDL)	—	—	—	—	Exceptions to WDL
RUE	—	—	—	Other (Comment)	—
LUE	—	—	—	Other (Comment)	—
RLE	—	—	—	—	Limited movement
LLE	—	—	—	—	—
Gastrointestinal (WDL)	—	—	—	Within Defined Limits	—
Abdomen Inspection	—	—	—	Soft;Flat	—
RUQ Bowel Sounds	—	—	—	Absent	—
LUQ Bowel Sounds	—	—	—	Active	—
Urine Color	—	—	—	Yellow/straw	—
Urine Appearance	—	—	—	Clear	—
Female Genitalia	—	—	—	Intact	—
Ability to Express Feelings	—	—	—	Needs assistance	—
Ability to Express Needs	—	—	—	Needs assistance	—
Ability to Express Thoughts	—	—	—	Needs assistance	—
Ability to Understand Others	—	—	—	Sometimes understands	—
Row Name	**01/10/25 0700**	**01/10/25 0600**	**01/10/25 0500**	**01/10/25 0400**	**01/10/25 0300**
Verification of Asmt	—	—	—	Asmt completed, no changes from previous assessment	—
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
R Radial Pulse	—	—	—	Weak	—
L Radial Pulse	—	—	—	Weak	—
L Femoral Pulse	Doppler	Doppler	Doppler	Doppler	Doppler
R Posterior Tibial Pulse	—	—	—	Doppler	—
R Dorsalis Pedis Pulse	—	—	—	Doppler	—
LLE Capillary Refill	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Unable to assess
LLE Color	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity
LLE Temperature/Moisture	Dry;Warm	Dry;Warm	Dry;Warm	Dry;Warm	Dry;Warm
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Row Name	**01/10/25 0200**	**01/10/25 0100**	**01/10/25 0000**	**01/09/25 2300**	**01/09/25 2200**
Charting Type	—	—	Reassessment	—	—
Verification of	—	—	Asmt completed, no	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Asmt			changes from previous assessment		
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
R Radial Pulse	—	—	Weak	—	—
L Radial Pulse	—	—	Weak	—	—
L Femoral Pulse	Doppler	Doppler	Doppler	Doppler	Doppler
R Posterior Tibial Pulse	—	—	Doppler	—	—
R Dorsalis Pedis Pulse	—	—	Doppler	—	—
LLE Capillary Refill	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Unable to assess
LLE Color	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity
LLE Temperature/Moisture	Dry;Warm	Dry;Warm	Dry;Warm	Dry;Warm	Cool;Dry
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/09/25 2100	01/09/25 2000
Charting Type	—	Shift assessment
Neuro (WDL)	—	Exceptions to WDL
Level of Consciousness	—	Responds to voice
Orientation Level	—	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation
Cognition	—	Follows commands;Poor attention/concentration
Speech	—	Slurred;Nods/gestures appropriately
Swallow	—	Other (Comment)
Pupil Assessment	—	Yes
R Pupil Size (mm)	—	3
R Pupil Shape	—	Round
R Pupil Reaction	—	Brisk
L Pupil Size (mm)	—	3
L Pupil Shape	—	Round
L Pupil Reaction	—	Brisk
Hand Grasp/Motor Function/Sensation Assessment	—	Grasp;Pronator drift;Dorsiflexion;Plantar flexion;Motor response;Sensation;Motor strength
R Hand Grasp	—	Moderate
L Hand Grasp	—	Moderate
R Foot	—	3-Can move or lift

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Dorsiflexion		off bed but can't overcome resistance
L Foot Dorsiflexion	—	Not tested
R Foot Plantar Flexion	—	3-Can move or lift off bed but can't overcome resistance
L Foot Plantar Flexion	—	Not tested
RUE Motor Response	—	Responds to commands
RUE Sensation	—	Unable to assess
RUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	—	Responds to commands
LUE Sensation	—	Unable to assess
LUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	—	Responds to commands
RLE Sensation	—	Unable to assess
RLE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	—	Responds to commands
LLE Sensation	—	Unable to assess
LLE Motor Strength	—	2-Can move on bed but unable to lift
Best Eye Response	—	Spontaneous
Best Verbal Response	—	Confused
Best Motor Response	—	Follows commands
Glasgow Coma Scale Score	—	14
Delirium Scale Used	—	Confusion Assessment Method ICU
HEENT (WDL)	—	Exceptions to WDL
R Eye	—	Mildly impaired vision
L Eye	—	Mildly impaired vision
Teeth	—	Dentures upper;Dentures lower
HEENT Interventions	—	Cardiothoracic Swallow Screen
Pre-Screen Assessment	—	Remains alert for testing;No S/S of stroke;No pre-existing modified

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

		diet, gastric tubes, tracheostomy;Voice is present and strong;HOB >30°;No non-invasive respiratory devices (Hi-Flo, continuous BiPAP);<24 hours of intubation for this episode
Peak Flow Meter	—	Patient NOT able to obtain at least 240 mL
Proceed with 3 oz water test	—	Not all criteria met
Passed Cardiothoracic RN Swallow Screen?	—	No
Respiratory (WDL)	—	Within Defined Limits
Cardiac (WDL)	—	Exceptions to WDL
Cardiac Regularity	—	Irregular
Heart Sounds	—	S1, S2
Head of Bed Elevated	—	HOB 30
Jugular Venous Distention (JVD)	—	No
Ectopy	—	None
Peripheral Vascular (WDL)	—	Exceptions to WDL
Cyanosis	—	None
Capillary Refill	—	Less than/equal to 2 seconds (All extremities)
Pulses	—	R radial;L radial;L femoral;R posterior tibial;L posterior tibial;R dorsalis pedis;L dorsalis pedis
R Radial Pulse	—	Weak
L Radial Pulse	—	Weak
L Femoral Pulse	Doppler	Doppler
R Posterior Tibial Pulse	—	Doppler
L Posterior Tibial Pulse	—	Unable to assess
R Dorsalis Pedis Pulse	—	Doppler
L Dorsalis Pedis Pulse	—	Unable to assess
PVS Additional Assessments	—	Yes
LLE Capillary Refill	Unable to assess	Unable to assess
LLE Color	Appropriate for ethnicity	Appropriate for ethnicity
LLE Temperature/Moi	Cool;Dry	Cool;Dry

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

sture		
Integumentary (WDL)	—	Exceptions to WDL
Skin Color	—	Appropriate for ethnicity
Skin Condition/Temp	—	Cool;Dry
Skin Integrity	—	See Wound/Burn LDA(s)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation	
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)	
Musculoskeletal (WDL)	—	Exceptions to WDL
RUE	—	Weakness
LUE	—	Weakness
RLE	—	Weakness
LLE	—	Weakness
Gastrointestinal (WDL)	—	Exceptions to WDL
Abdomen Inspection	—	Soft;Nondistended
Bowel Sounds (All Quadrants)	—	Hypoactive
Abdominal Tenderness	—	Soft;Nontender
Genitourinary (WDL)	—	Exceptions to WDL
Suprapubic Tenderness	—	No
Genitourinary Symptoms	—	Indwelling urinary catheter
Urine Color	—	Yellow/straw
Urine Appearance	—	Clear
Female Genitalia	—	Intact
Psychosocial (WDL)	—	Exceptions to WDL
Patient Behaviors/Mood	—	Calm;Cooperative
Needs Expressed	—	Other (Comment)
Ability to Express Feelings	—	Needs assistance
Ability to Express Needs	—	Needs assistance
Ability to Express Thoughts	—	Needs assistance
Ability to Understand Others	—	Sometimes understands

Complex Vitals

Row Name	02/18/25 1830	02/18/25 1825	02/18/25 1750	02/18/25 1745	01/15/25 1251
Pulse	—	—	—	—	71
BP	—	—	—	—	**135/52** !
MAP (mmHg)	—	—	—	—	85
SpO2	94 %	98 %	96 %	99 %	100 %
Patient Activity	At rest	At rest	At rest	At rest	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Pulse Oximetry Type	Continuous	Continuous	Continuous	Continuous	—
Oximetry Probe Site Changed	No	No	No	Yes	—
Oxygen Therapy	Supplemental oxygen	Supplemental oxygen	Supplemental oxygen	Supplemental oxygen	—
O2 Delivery Method	Nasal cannula	Nasal cannula	Nasal cannula;Other (Comment)	Nasal cannula	—
O2 Flow Rate (L/min)	4 L/min	4 L/min	6 L/min	6 L/min	—
Row Name	**01/15/25 1200**	**01/15/25 0800**	**01/15/25 0400**	**01/15/25 0000**	**01/14/25 2000**
Temp	—	37.1 °C	36.9 °C	—	37.1 °C
Temp src	—	Temporal	Temporal	—	Temporal
Pulse	—	70	70	70	70
Heart Rate Source	Monitor	Monitor	Monitor	—	Monitor
Resp	20	18	18	16	18
BP	—	**119/47** !	**131/58** !	**152/42** !	**131/52** !
MAP (mmHg)	—	75	83	84	75
BP Site	Right Arm	Right Arm	—	Left Arm	Left Arm
BP Method	Automatic	Automatic	—	Automatic	Automatic
Patient Position	Lying	Lying	—	—	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	—	Ventricular Paced	—
Ectopy	Premature ventricular contractions	Premature ventricular contractions	—	—	—
Ectopy Frequency	Rare	Occasional	—	—	—
Vital Sign Reason	Routine	Routine	—	—	—
SpO2	—	95 %	95 %	93 %	98 %
Oxygen Therapy	None (Room air)	None (Room air)	—	—	—
Row Name	**01/14/25 1638**	**01/14/25 1600**	**01/14/25 1200**	**01/14/25 1000**	**01/14/25 0900**
Temp	—	36.6 °C	36.8 °C	—	—
Temp src	—	Temporal	Temporal	—	—
Pulse	70	70	70	70	70
Heart Rate Source	—	Monitor	Monitor	Monitor	Monitor
Resp	16	16	16	18	16
BP	110/73	**92/40** !	**102/43** !	**99/47** !	**158/56** !
MAP (mmHg)	83	54	65	67	93
BP Site	—	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	—	Automatic	Automatic	Automatic	Automatic
Patient Position	—	Lying	Lying	Lying	Lying
Cardiac Rhythm	—	—	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	—	Routine	Routine	Routine	Routine
SpO2	97 %	97 %	96 %	97 %	98 %
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	—	No/denies pain	No/denies pain	—	Pain Scale
Facial Expression	—	—	—	—	Relaxed, neutral
Body Movements	—	—	—	—	Absence of movements or normal position
Vocalization (Extubated Patients)	—	—	—	—	Talking in normal tone or no sound
Muscle Tension	—	—	—	—	Relaxed
Critical-Care Pain	—	—	—	—	0

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Observation Score					
Pain Interventions	—	—	—	—	Repositioned
Sedation Scale Used	—	—	Richmond Agitation Sedation Scale	—	Richmond Agitation Sedation Scale
Richmond Agitation Sedation Scale (RASS)	—	—	Alert and calm	—	Drowsy
Reason for Communication	—	Abnormal vitals	—	—	—
Provider Name	—	acute care	—	—	—
Method of Communication	—	Page	—	—	—

Row Name	**01/14/25 0800**	**01/14/25 0700**	**01/14/25 0600**	**01/14/25 0500**	**01/14/25 0400**
Temp	**37.9 °C** !	—	—	—	—
Temp src	Temporal	—	—	—	—
Pulse	70	70	70	70	71
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	18	—	—	—	16
BP	**111/46** !	**135/55** !	**136/47** !	**160/135** !	**147/43** !
MAP (mmHg)	69	86	78	142	82
BP Site	Left Arm	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	Automatic	Automatic	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
SpO2	98 %	99 %	95 %	97 %	97 %
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	CPOT	—	—	—	—
Facial Expression	Tense	—	—	—	—
Body Movements	Restlessness/agitation	—	—	—	—
Vocalization (Extubated Patients)	Sighing, moaning	—	—	—	—
Muscle Tension	Tense, rigid	—	—	—	—
Critical-Care Pain Observation Score	5	—	—	—	—
Pain Interventions	Medication (See MAR)	—	—	—	—
Sedation Scale Used	Richmond Agitation Sedation Scale	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	Restless	—	—	—	—

Row Name	**01/14/25 0300**	**01/14/25 0200**	**01/14/25 0100**	**01/14/25 0000**	**01/13/25 2300**
Temp	—	—	—	36.2 °C	—
Temp src	—	—	—	Temporal	—
Pulse	71	71	70	70	70
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	16	16	16	16	16
BP	**109/49** !	**129/36** !	**147/40** !	**106/50** !	**121/53** !
MAP (mmHg)	65	66	66	72	77

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

BP Site	Left Arm	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	Automatic	Automatic	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
SpO2	98 %	96 %	97 %	100 %	100 %
Oxygen Therapy	None (Room air)	—	—	Supplemental oxygen	—
O2 Delivery Method	—	Nasal cannula	Nasal cannula	Nasal cannula	—
O2 Flow Rate (L/min)	—	3 L/min	3 L/min	3 L/min	—
Row Name	**01/13/25 2200**	**01/13/25 2100**	**01/13/25 2000**	**01/13/25 1820**	**01/13/25 1810**
Temp	36.4 °C	—	—	—	—
Temp src	Temporal	—	—	—	—
Pulse	70	70	70	70	70
Heart Rate Source	Monitor	Monitor	Monitor	—	—
Resp	16	14	16	—	—
BP	124/68	**133/53** !	**130/59** !	**113/54** !	134/67
MAP (mmHg)	88	81	85	76	90
BP Site	Left Arm	Left Arm	Left Arm	—	Left Arm
BP Method	Automatic	Automatic	Automatic	—	Automatic
Patient Position	Lying	Lying	Lying	—	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	Routine	Routine	Routine	Post-procedure
SpO2	100 %	100 %	100 %	97 %	94 %
Oxygen Therapy	—	—	—	Supplemental oxygen	—
O2 Delivery Method	—	—	—	Nasal cannula	—
O2 Flow Rate (L/min)	—	—	—	3 L/min	—
Pain Assessment	—	—	—	CPOT	—
Facial Expression	—	—	—	Tense	—
Body Movements	—	—	—	Protection	—
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	—
Muscle Tension	—	—	—	Tense, rigid	—
Critical-Care Pain Observation Score	—	—	—	3	—
Sedation Scale Used	—	—	Richmond Agitation Sedation Scale	—	—
Richmond Agitation Sedation Scale (RASS)	—	—	Light sedation	Light sedation	—
Row Name	**01/13/25 1720**	**01/13/25 1500**	**01/13/25 1400**	**01/13/25 1300**	**01/13/25 1200**
Temp	36.5 °C	—	—	—	36 °C
Temp src	Temporal	—	—	—	Temporal
Pulse	77	80	80	80	80
Resp	16	—	—	—	—
BP	122/60	**109/49** !	**146/78** !	**124/57** !	**173/142** !
MAP (mmHg)	82	71	99	81	151
BP Site	Left Arm	—	—	—	—
BP Method	Automatic	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Patient Position	Lying	—	—	—	—
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Post-procedure	—	—	—	—
Arterial Line BP	—	—	—	—	78/69
Arterial Line MAP	—	—	—	—	74 mmHg
SpO2	100 %	98 %	98 %	96 %	99 %
Oxygen Therapy	Supplemental oxygen	None (Room air)	—	—	None (Room air)
O2 Delivery Method	Nasal cannula	—	—	—	—
O2 Flow Rate (L/min)	3 L/min	—	—	—	—
Facial Expression	Relaxed, neutral	—	—	—	Tense
Body Movements	Absence of movements or normal position	—	—	—	Protection
Vocalization (Extubated Patients)	Talking in normal tone or no sound	—	—	—	Sighing, moaning
Muscle Tension	Relaxed	—	—	—	Tense, rigid
Critical-Care Pain Observation Score	0	—	—	—	4
Richmond Agitation Sedation Scale (RASS)	Light sedation	—	—	—	Drowsy

Row Name	**01/13/25 1100**	**01/13/25 1000**	**01/13/25 0900**	**01/13/25 0800**	**01/13/25 0720**
Temp	—	—	—	**35.9 °C** !	—
Temp src	—	—	—	Temporal	—
Pulse	80	80	80	80	—
Resp	—	—	—	18	—
BP	**84/41** !	**116/47** !	**86/42** !	**82/44** !	—
MAP (mmHg)	56	73	56	55	—
BP Site	—	—	—	Left Arm	—
BP Method	—	—	—	Automatic	—
Patient Position	—	—	—	Lying	—
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	—
Vital Sign Reason	—	—	—	Routine	—
Arterial Line BP	62/54	76/66	61/51	57/49	—
Arterial Line MAP	58 mmHg	72 mmHg	56 mmHg	53 mmHg	—
Arterial Line Location	—	—	—	Right;Radial	—
Art Line Waveform	—	—	—	Dampened	—
SpO2	96 %	97 %	96 %	95 %	—
Oxygen Therapy	—	—	—	None (Room air)	—
Pain Assessment	—	—	—	CPOT	—
Facial Expression	—	—	—	Relaxed, neutral	Grimacing
Body Movements	—	—	—	Absence of movements or normal position	Restlessness/agitation
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	Sighing, moaning
Muscle Tension	—	—	—	Relaxed	Tense, rigid
Critical-Care Pain Observation Score	—	—	—	0	6

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Row Name	01/13/25 0700	01/13/25 0600	01/13/25 0500	01/13/25 0400	01/13/25 0300
Temp	—	37.5 °C	—	—	—
Temp src	Temporal	Temporal	—	—	—
Pulse	80	80	80	80	80
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	16	16	16	16	16
BP	**113/47** !	**135/46** !	**114/41** !	**107/55** !	**133/57** !
MAP (mmHg)	73	78	69	74	79
BP Site	Left Arm	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	Automatic	Automatic	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
Arterial Line BP	66/59	74/66	69/63	70/65	73/65
Arterial Line MAP	63 mmHg	71 mmHg	66 mmHg	68 mmHg	69 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	Dampened	Dampened	Dampened	Dampened	Dampened
SpO2	93 %	99 %	97 %	96 %	97 %
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	—
Pain Assessment	—	—	—	Pain Scale	—
Pain Score	—	—	—	Patient sleeping	—
Sedation Scale Used	—	—	—	Richmond Agitation Sedation Scale	—
Richmond Agitation Sedation Scale (RASS)	—	—	—	Light sedation	—

Row Name	01/13/25 0200	01/13/25 0100	01/13/25 0000	01/12/25 2300	01/12/25 2200
Temp	—	—	37.5 °C	—	—
Temp src	—	—	Temporal	—	—
Pulse	80	80	80	87	80
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	16	16	16	16	16
BP	—	—	**96/59** !	—	—
MAP (mmHg)	—	—	69	—	—
BP Site	—	—	Left Arm	—	—
BP Method	Art Line	Art Line	Automatic	Art Line	Art Line
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
Arterial Line BP	81/57	100/45	105/46	93/73	79/66
Arterial Line MAP	69 mmHg	66 mmHg	68 mmHg	81 mmHg	71 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	Dampened	Appropriate waveforms	Appropriate waveforms	Dampened	Appropriate waveforms
SpO2	97 %	95 %	98 %	100 %	95 %
Oxygen Therapy	—	—	None (Room air)	—	None (Room air)
Pain Assessment	—	—	Pain Scale	—	—
Pain Score	—	—	Patient sleeping	—	—
Sedation Scale Used	—	—	Richmond Agitation Sedation Scale	—	—
Richmond Agitation	—	—	Light sedation	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Sedation Scale (RASS)					
Row Name	**01/12/25 2100**	**01/12/25 2000**	**01/12/25 1900**	**01/12/25 1800**	**01/12/25 1726**
Temp	—	36.5 °C	—	—	—
Temp src	—	Temporal	—	—	—
Pulse	80	80	87	80	80
Heart Rate Source	Monitor	Monitor	—	—	—
Resp	16	14	—	—	—
BP	—	**90/55** !	**99/48** !	**107/58** !	—
MAP (mmHg)	—	67	63	75	—
BP Site	—	Left Arm	—	Left Arm	—
BP Method	Art Line	Automatic	—	—	—
Patient Position	Lying	Lying	—	—	—
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	—	Ventricular Paced	—
Vital Sign Reason	Routine	Routine	—	Routine	—
Arterial Line BP	87/48	90/39	88/42	64/55	81/41
Arterial Line MAP	64 mmHg	57 mmHg	59 mmHg	60 mmHg	56 mmHg
Arterial Line Location	Right;Radial	Right;Radial	—	Right;Radial	Right;Radial
Art Line Waveform	Appropriate waveforms	Appropriate waveforms	—	Appropriate waveforms	Appropriate waveforms
SpO2	99 %	96 %	97 %	96 %	95 %
Oxygen Therapy	None (Room air)	None (Room air)	—	None (Room air)	—
Pain Assessment	—	Pain Scale	—	—	—
Pain Score	—	Patient sleeping	—	—	—
Sedation Scale Used	—	Richmond Agitation Sedation Scale	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	Alert and calm	—	—	—

Row Name	**01/12/25 1700**	**01/12/25 1600**	**01/12/25 1500**	**01/12/25 1400**	**01/12/25 1316**
Temp	—	36.4 °C	—	—	—
Temp src	—	Temporal	—	—	—
Pulse	80	80	80	80	80
Resp	—	16	16	—	—
BP	**77/41** !	120/74	**117/49** !	—	**89/57** !
MAP (mmHg)	54	91	71	—	66
BP Site	Left Arm	Left Arm	Left Arm	—	Left Arm
BP Method	Automatic	Automatic	Automatic	—	Automatic
Patient Position	—	—	—	—	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	—
Vital Sign Reason	Routine	Routine	Routine	Routine	—
Arterial Line BP	93/74	115/95	101/66	80/55	81/55
Arterial Line MAP	81 mmHg	103 mmHg	82 mmHg	66 mmHg	65 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	—
Art Line Waveform	Appropriate waveforms	Dampened	Dampened	—	—
SpO2	97 %	96 %	97 %	97 %	97 %
Oxygen Therapy	—	None (Room air)	—	None (Room air)	—
Facial Expression	—	Tense	—	—	—
Body Movements	—	Protection	—	—	—
Vocalization (Extubated Patients)	—	Talking in normal tone or no sound	—	—	—
Muscle Tension	—	Tense, rigid	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Critical-Care Pain Observation Score	—	3	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	Alert and calm	—	—	—
Row Name	**01/12/25 1314**	**01/12/25 1300**	**01/12/25 1200**	**01/12/25 1110**	**01/12/25 1100**
Temp	—	—	36.8 °C	—	—
Temp src	—	—	Temporal	—	—
Pulse	80	80	80	80	80
Heart Rate Source	—	Monitor	Monitor	—	—
Resp	—	18	18	—	—
BP	—	—	**72/31** !	—	**79/48** !
MAP (mmHg)	—	—	44	—	58
BP Site	—	—	Left Arm	Left Arm	Left Arm
BP Method	—	—	Automatic	Automatic	Automatic
Patient Position	—	—	Lying	Lying	Lying
Cardiac Rhythm	—	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	—	Routine	Routine	Routine	Routine
Arterial Line BP	83/53	79/67	67/47	80/53	83/57
Arterial Line MAP	65 mmHg	73 mmHg	55 mmHg	64 mmHg	67 mmHg
Arterial Line Location	—	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	—	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms
SpO2	98 %	97 %	96 %	98 %	97 %
Oxygen Therapy	—	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	—	—	—	CPOT	—
Facial Expression	—	—	—	Tense	—
Body Movements	—	—	—	Restlessness/agitation	—
Vocalization (Extubated Patients)	—	—	—	Sighing, moaning	—
Muscle Tension	—	—	—	Very tense or rigid	—
Critical-Care Pain Observation Score	—	—	—	6	—
Richmond Agitation Sedation Scale (RASS)	—	—	Very agitated	—	—
Is the patient experiencing symptoms of hypoglycemia?	—	—	No	—	—
Row Name	**01/12/25 1033**	**01/12/25 1000**	**01/12/25 0905**	**01/12/25 0900**	**01/12/25 0846**
Pulse	70	70	70	70	74
Heart Rate Source	—	Monitor	—	—	—
Resp	—	16	—	18	—
BP	—	**84/39** !	—	120/83	—
MAP (mmHg)	—	54	—	93	90
BP Site	—	Left Arm	—	Left Arm	—
BP Method	—	Automatic	—	Automatic	—
Patient Position	—	Lying	—	Lying	—
Cardiac Rhythm	—	Ventricular Paced	—	Ventricular Paced	—
Vital Sign	—	Routine	—	Routine	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Reason					
Arterial Line BP	91/51	86/52	119/106	101/79	107/71
Arterial Line MAP	66 mmHg	65 mmHg	113 mmHg	91 mmHg	255 mmHg
Arterial Line Location	—	Right;Radial	—	Right;Radial	—
Art Line Waveform	—	Appropriate waveforms	—	Appropriate waveforms	—
SpO2	98 %	97 %	97 %	97 %	100 %
Oxygen Therapy	—	None (Room air)	—	None (Room air)	—
Row Name	**01/12/25 0800**	**01/12/25 0700**	**01/12/25 0635**	**01/12/25 0600**	**01/12/25 0500**
Temp	36 °C	—	—	37.1 °C	—
Temp src	Temporal	—	—	Temporal	—
Pulse	70	70	70	70	70
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	18	16	18	16	16
BP	**127/42** !	—	**99/45** !	—	—
MAP (mmHg)	66	—	59	—	—
BP Site	Left Arm	—	Left Arm	—	—
BP Method	Automatic	Art Line	Automatic	Art Line	Art Line
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
Arterial Line BP	132/118	91/38	103/40	99/42	124/50
Arterial Line MAP	126 mmHg	55 mmHg	59 mmHg	73 mmHg	74 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	Appropriate waveforms	Dampened	Dampened	Dampened	Appropriate waveforms
SpO2	100 %	97 %	96 %	96 %	99 %
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	CPOT	—	—	—	—
Facial Expression	Tense	—	—	—	—
Body Movements	Protection	—	—	—	—
Vocalization (Extubated Patients)	Sighing, moaning	—	—	—	—
Muscle Tension	Tense, rigid	—	—	—	—
Critical-Care Pain Observation Score	4	—	—	—	—
Row Name	**01/12/25 0447**	**01/12/25 0420**	**01/12/25 0400**	**01/12/25 0300**	**01/12/25 0200**
Temp	—	—	37.1 °C	—	—
Temp src	—	—	Temporal	—	—
Pulse	70	69	70	70	70
Heart Rate Source	—	—	Monitor	Monitor	Monitor
Resp	—	—	16	16	16
BP Method	Art Line	—	Art Line	Art Line	Art Line
Patient Position	Lying	—	Lying	Lying	Lying
Cardiac Rhythm	Ventricular Paced	—	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	—	Routine	Routine	Routine
Arterial Line BP	119/50	145/58	91/80	133/57	127/57
Arterial Line MAP	77 mmHg	88 mmHg	87 mmHg	85 mmHg	85 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	Appropriate waveforms	Appropriate waveforms	Dampened	Appropriate waveforms	Appropriate waveforms

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

SpO2	96 %	98 %	98 %	95 %	94 %
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Row Name	**01/12/25 0100**	**01/12/25 0000**	**01/11/25 2300**	**01/11/25 2200**	**01/11/25 2100**
Temp	—	36.9 °C	—	—	—
Temp src	—	Temporal	—	—	—
Pulse	70	70	76	70	70
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	16	16	16	14	14
BP	—	—	**117/54** !	**101/41** !	**96/53** !
MAP (mmHg)	—	—	72	58	68
BP Site	—	—	Left Arm	Left Arm	Left Arm
BP Method	Art Line	Art Line	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
Arterial Line BP	143/61	143/54	119/43	113/37	120/39
Arterial Line MAP	90 mmHg	87 mmHg	70 mmHg	62 mmHg	66 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms
SpO2	97 %	97 %	97 %	97 %	97 %
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	—
Sedation Scale Used	—	Richmond Agitation Sedation Scale	—	—	—
Richmond Agitation Sedation Scale (RASS)	Agitated	Agitated	—	—	—
Row Name	**01/11/25 2000**	**01/11/25 1900**	**01/11/25 1800**	**01/11/25 1700**	**01/11/25 1600**
Temp	36.9 °C	—	—	—	36 °C
Temp src	Temporal	—	—	—	—
Pulse	70	70	70	70	70
Heart Rate Source	Monitor	—	—	—	—
Resp	16	—	—	—	—
BP	**116/53** !	**123/43** !	138/66	100/61	121/80
MAP (mmHg)	75	67	—	—	—
BP Site	Left Arm	Left Arm	—	—	Left Arm
BP Method	Automatic	Automatic	—	—	Automatic
Patient Position	Lying	Lying	—	—	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	—	—	Ventricular Paced
Vital Sign Reason	Routine	Routine	—	—	Routine
Arterial Line BP	119/37	115/34	141/52	106/35	97/36
Arterial Line MAP	65 mmHg	61 mmHg	82 mmHg	57 mmHg	55 mmHg
Arterial Line Location	Right;Radial	Right;Radial	—	—	Right;Radial
Art Line Waveform	Appropriate waveforms	Appropriate waveforms	—	—	Appropriate waveforms
SpO2	95 %	97 %	99 %	96 %	94 %
Oxygen Therapy	None (Room air)	None (Room air)	—	—	None (Room air)
Pain Assessment	CPOT	—	—	—	CPOT
Facial Expression	Relaxed, neutral	—	—	—	Tense
Body Movements	Restlessness/agitation	—	—	—	Protection
Vocalization (Extubated	Talking in normal tone or no sound	—	—	—	Sighing, moaning

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Patients)					
Muscle Tension	Relaxed	—	—	—	Very tense or rigid
Critical-Care Pain Observation Score	2	—	—	—	5
Sedation Scale Used	Richmond Agitation Sedation Scale	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	Agitated	—	—	—	—
Row Name	**01/11/25 1500**	**01/11/25 1400**	**01/11/25 1300**	**01/11/25 1200**	**01/11/25 1143**
Temp	—	—	—	36 °C	—
Pulse	70	70	70	70	70
Resp	—	—	18	16	—
BP	**126/53** !	**120/37** !	—	**94/41** !	—
BP Site	Left Arm	Left Arm	—	Left Arm	—
BP Method	Automatic	Automatic	Art Line	Automatic	—
Patient Position	Lying	Lying	Lying	Lying	—
Cardiac Rhythm	Ventricular Paced	—	Ventricular Paced	Ventricular Paced	—
Vital Sign Reason	Routine	—	Routine	Routine	—
Arterial Line BP	90/49	78/42	90/44	104/36	97/33
Arterial Line MAP	65 mmHg	58 mmHg	62 mmHg	57 mmHg	54 mmHg
Arterial Line Location	Right;Radial	—	Right;Radial	Right;Radial	—
Art Line Waveform	Dampened	—	Appropriate waveforms	Dampened	—
SpO2	95 %	100 %	100 %	100 %	96 %
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	—
Pain Assessment	—	—	—	CPOT	—
Facial Expression	—	—	—	Tense	—
Body Movements	—	—	—	Absence of movements or normal position	—
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	—
Muscle Tension	—	—	—	Very tense or rigid	—
Critical-Care Pain Observation Score	—	—	—	3	—
Row Name	**01/11/25 1100**	**01/11/25 1038**	**01/11/25 1000**	**01/11/25 0905**	**01/11/25 0900**
Pulse	70	70	70	70	70
Resp	18	—	18	—	16
BP Method	Art Line	—	Art Line	—	Art Line
Patient Position	—	—	—	—	Lying
Cardiac Rhythm	Ventricular Paced	—	Ventricular Paced	—	Ventricular Paced
Vital Sign Reason	Routine	—	Routine	—	Routine
Arterial Line BP	124/42	111/40	113/43	108/37	112/41
Arterial Line MAP	71 mmHg	—	66 mmHg	59 mmHg	66 mmHg
Arterial Line Location	Right;Radial	—	Right;Radial	—	Right;Radial
Art Line Waveform	Dampened	—	Dampened	—	Appropriate waveforms
SpO2	99 %	98 %	99 %	100 %	99 %
Oxygen Therapy	None (Room air)	—	None (Room air)	—	None (Room air)
Row Name	**01/11/25 0800**	**01/11/25 0700**	**01/11/25 0600**	**01/11/25 0500**	**01/11/25 0400**
Temp	**35.8 °C** !	—	—	36.9 °C	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Temp src	Temporal	—	—	Temporal	—
Pulse	74	70	73	70	70
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	16	16	18	**21** !	—
BP Method	Art Line	Art Line	Art Line	Art Line	Art Line
Patient Position	Lying	Lying	Lying	—	—
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Ectopy	—	—	—	—	Premature ventricular contractions
Ectopy Frequency	—	—	—	—	Occasional
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
Arterial Line BP	130/48	106/39	118/46	107/62	115/50
Arterial Line MAP	80 mmHg	65 mmHg	71 mmHg	83 mmHg	75 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms
SpO2	97 %	96 %	98 %	96 %	98 %
Pulse Oximetry Type	—	Continuous	Continuous	Continuous	—
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	CPOT	—	—	—	—
Facial Expression	Grimacing	—	—	—	—
Body Movements	Protection	—	—	—	—
Vocalization (Extubated Patients)	Crying out, sobbing	—	—	—	—
Muscle Tension	Very tense or rigid	—	—	—	—
Critical-Care Pain Observation Score	7	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	Alert and calm	—	—	—	—
Weight	—	—	43.8 kg (96 lb 8 oz)	—	—
Weight Method	—	—	Bed scale	—	—
Row Name	**01/11/25 0300**	**01/11/25 0234**	**01/11/25 0214**	**01/11/25 0200**	**01/11/25 0125**
Pulse	70	70	70	70	70
Heart Rate Source	Monitor	—	—	Monitor	—
Resp	**22** !	—	—	19	—
BP Method	Art Line	—	—	Art Line	—
Cardiac Rhythm	Ventricular Paced	—	—	Ventricular Paced	—
Ectopy	None	—	—	None	—
Vital Sign Reason	Routine	—	—	Routine	—
Arterial Line BP	102/43	92/38	92/38	101/40	100/39
Arterial Line MAP	64 mmHg	56 mmHg	56 mmHg	61 mmHg	58 mmHg
Arterial Line Location	Right;Radial	—	—	Right;Radial	—
Art Line Waveform	Appropriate waveforms	—	—	Appropriate waveforms	—
SpO2	99 %	96 %	100 %	95 %	96 %
Pulse Oximetry Type	Continuous	—	—	Continuous	—
Oximetry Probe	Yes	—	Yes	No	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Site Changed					
Oxygen Therapy	None (Room air)	—	—	None (Room air)	—
Reason for Communication	—	Evaluate	—	—	—
Provider Name	—	Christina Grabar	—	—	—
Provider Role	—	Resident	—	—	—
Method of Communication	—	Face to face	—	—	—
Response	—	See orders	—	—	—
Row Name	**01/11/25 0123**	**01/11/25 0116**	**01/11/25 0100**	**01/11/25 0000**	**01/10/25 2300**
Temp	—	—	—	37.2 °C	—
Temp src	—	—	—	Temporal	—
Pulse	70	70	70	70	76
Heart Rate Source	—	—	Monitor	Monitor	Monitor
Resp	—	—	16	18	16
BP Method	—	—	Art Line	Art Line	Art Line
Patient Position	—	—	—	Lying	—
Cardiac Rhythm	—	—	Ventricular Paced	Ventricular Paced	Ventricular Paced
Ectopy	—	—	None	—	—
Vital Sign Reason	—	—	Routine	Routine	Routine
Arterial Line BP	92/36	96/37	122/46	123/46	101/37
Arterial Line MAP	55 mmHg	56 mmHg	72 mmHg	72 mmHg	60 mmHg
Arterial Line Location	—	—	—	Right;Radial	Right;Radial
Art Line Waveform	—	—	—	Appropriate waveforms	Appropriate waveforms
SpO2	95 %	97 %	97 %	96 %	99 %
Pulse Oximetry Type	—	—	Continuous	Continuous	Continuous
Oximetry Probe Site Changed	—	—	No	No	No
Oxygen Therapy	—	—	None (Room air)	None (Room air)	None (Room air)
Sedation Scale Used	—	—	—	Richmond Agitation Sedation Scale	—
Richmond Agitation Sedation Scale (RASS)	—	—	—	Restless	—
Row Name	**01/10/25 2255**	**01/10/25 2240**	**01/10/25 2200**	**01/10/25 2141**	**01/10/25 2100**
Pulse	70	70	70	70	70
Heart Rate Source	—	—	Monitor	—	Monitor
Resp	—	—	19	—	18
BP Method	—	—	Art Line	—	Art Line
Cardiac Rhythm	—	—	Ventricular Paced	—	Ventricular Paced
Vital Sign Reason	—	—	Routine	—	Routine
Arterial Line BP	98/36	117/44	125/47	93/36	126/50
Arterial Line MAP	56 mmHg	69 mmHg	74 mmHg	57 mmHg	77 mmHg
Arterial Line Location	—	—	Right;Radial	—	Right;Radial
Art Line Waveform	—	—	Appropriate waveforms	—	Appropriate waveforms
SpO2	95 %	95 %	97 %	96 %	96 %
Pulse Oximetry Type	—	—	Continuous	—	Continuous
Oximetry Probe Site Changed	—	—	Yes	—	No

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Oxygen Therapy	—	—	None (Room air)	—	None (Room air)
Row Name	**01/10/25 2000**	**01/10/25 1936**	**01/10/25 1900**	**01/10/25 1845**	**01/10/25 1830**
Temp	37.1 °C	—	—	—	—
Temp src	Temporal	—	—	—	—
Pulse	70	—	70	70	73
Heart Rate Source	Monitor	—	Monitor	Monitor	Monitor
Resp	18	—	18	**12** !	16
BP Method	Art Line	—	Art Line	Art Line	Art Line
Cardiac Rhythm	Ventricular Paced	—	Ventricular Paced	Ventricular Paced	Ventricular Paced
Heart Block Type	—	—	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)
Ectopy	None	—	None	None	None
Vital Sign Reason	Routine	—	Post-operative	Post-procedure	Post-procedure
Arterial Line BP	100/37	103/37	131/46	131/50	108/41
Arterial Line MAP	60 mmHg	57 mmHg	76 mmHg	77 mmHg	65 mmHg
Arterial Line Location	Right;Radial	—	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	Appropriate waveforms	—	Appropriate waveforms	Appropriate waveforms	—
SpO2	99 %	—	100 %	100 %	100 %
Pulse Oximetry Type	Continuous	—	Continuous	Continuous	Continuous
Oximetry Probe Site Changed	No	—	No	No	No
Oxygen Therapy	None (Room air)	—	None (Room air)	None (Room air)	None (Room air)
Pain Score	0	—	—	—	—
Sedation Scale Used	Richmond Agitation Sedation Scale	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	Alert and calm	—	—	—	—
Reason for Communication	Evaluate	—	—	—	—
Provider Name	Christina Grabar	—	—	—	—
Provider Role	Resident	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—
Response	Other (Comment)	—	—	—	—
Row Name	**01/10/25 1815**	**01/10/25 1800**	**01/10/25 1745**	**01/10/25 1600**	**01/10/25 1545**
Temp	—	—	36.2 °C	—	—
Temp src	—	—	Temporal	—	—
Pulse	70	70	70	**39** !	**38** !
Heart Rate Source	—	Monitor	Monitor	Monitor	Monitor
Resp	15	16	18	—	—
BP Method	Art Line	Art Line	Art Line	Art Line	Art Line
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Heart Block	Heart Block
Heart Block Type	—	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)
Ectopy	None	None	None	None	None
Vital Sign Reason	Post-procedure	Post-procedure	Post-procedure	Routine	Routine
Arterial Line BP	107/33	—	125/30	132/31	149/39
Arterial Line MAP	60 mmHg	—	58 mmHg	61 mmHg	72 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line	Appropriate	Appropriate	Appropriate	Appropriate	Appropriate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Waveform	waveforms	waveforms	waveforms	waveforms	waveforms
SpO2	100 %	—	100 %	98 %	100 %
Pulse Oximetry Type	Continuous	Continuous	Continuous	Continuous	Continuous
Oximetry Probe Site Changed	No	No	No	No	No
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	—	—	No/denies pain	No/denies pain	—
Pain Score	—	—	0	0	—
Pain Descriptor Scale	—	—	None	None	—
Sedation Scale Used	—	—	Richmond Agitation Sedation Scale	—	—
Richmond Agitation Sedation Scale (RASS)	—	—	Alert and calm	—	—
Row Name	**01/10/25 1530**	**01/10/25 1520**	**01/10/25 1515**	**01/10/25 1510**	**01/10/25 1500**
Pulse	**40** !	**38** !	**39** !	**39** !	**41** !
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	—	—	—	—	—
BP	—	—	—	—	**144/35** !
MAP (mmHg)	—	—	—	—	75
BP Method	Art Line	—	Art Line	—	Art Line
Patient Position	—	—	—	—	Lying
Cardiac Rhythm	Heart Block	—	Heart Block	—	Heart Block
Heart Block Type	2nd degree AVB (Mobitz II)	—	2nd degree AVB (Mobitz II)	—	2nd degree AVB (Mobitz II)
Ectopy	None	—	None	—	None
Vital Sign Reason	Routine	—	Routine	—	Routine
Arterial Line BP	137/33	145/40	133/35	140/36	148/40
Arterial Line MAP	63 mmHg	71 mmHg	63 mmHg	67 mmHg	73 mmHg
Arterial Line Location	Right;Radial	—	Right;Radial	—	Right;Radial
Art Line Waveform	Appropriate waveforms	—	Appropriate waveforms	—	Appropriate waveforms
SpO2	100 %	100 %	100 %	100 %	96 %
Pulse Oximetry Type	Continuous	—	Continuous	—	Continuous
Oximetry Probe Site Changed	No	—	No	—	No
Oxygen Therapy	None (Room air)	—	None (Room air)	—	None (Room air)
Pain Assessment	—	—	—	—	Pain Scale
Pain Score	—	—	—	—	0
Pain Descriptor Scale	—	—	—	—	None
Row Name	**01/10/25 1455**	**01/10/25 1450**	**01/10/25 1440**	**01/10/25 1430**	**01/10/25 1420**
Pulse	**29** !	**38** !	60	**39** !	60
Heart Rate Source	—	Monitor	Monitor	Monitor	Monitor
BP Method	—	Art Line	Art Line	Art Line	—
Cardiac Rhythm	—	Heart Block	Ventricular Paced	Heart Block	—
Heart Block Type	—	2nd degree AVB (Mobitz II)	—	2nd degree AVB (Mobitz II)	—
Ectopy	—	None	None	None	—
Arterial Line BP	145/37	140/39	150/52	140/40	132/38
Arterial Line MAP	64 mmHg	69 mmHg	86 mmHg	70 mmHg	70 mmHg
Arterial Line	—	Right;Radial	Radial;Right	Right;Radial	Right;Radial

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Location					
SpO2	98 %	100 %	—	96 %	—
Oxygen Therapy	—	None (Room air)	—	None (Room air)	—
Patient Observations	—	1 amp calcium chloride pushed via central line by anesthesia fellow/provider	—	—	—

Row Name	**01/10/25 1410**	**01/10/25 1400**	**01/10/25 1350**	**01/10/25 1340**	**01/10/25 1330**
Temp	—	36.7 °C	—	—	—
Temp src	—	Temporal	—	—	—
Pulse	60	60	60	—	—
Heart Rate Source	Monitor	Monitor	Monitor	—	Monitor
BP	—	**130/41** !	**142/44** !	—	—
MAP (mmHg)	—	76	75	—	—
BP Method	—	Automatic	Automatic	—	—
Patient Position	—	Lying	Lying	—	—
Cardiac Rhythm	—	—	Ventricular Paced	—	Ventricular Paced
Heart Block Type	—	—	—	—	2nd degree AVB (Mobitz II)
Ectopy	—	—	—	—	None
Arterial Line BP	96/27	135/46	138/47	—	—
Arterial Line MAP	51 mmHg	77 mmHg	78 mmHg	—	—
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	—	—
Art Line Waveform	—	Appropriate waveforms	Appropriate waveforms	—	—
Nursing Annotation	—	—	—	pt returned from cath lab	—

Row Name	**01/10/25 1300**	**01/10/25 1240**	**01/10/25 1235**	**01/10/25 1230**	**01/10/25 1225**
Pulse	—	**37** !	**37** !	**38** !	**35** !
BP	—	**140/0** !	**150/34** !	**153/41** !	**152/47** !
MAP (mmHg)	—	—	78	81	86
BP Method	—	Doppler	—	—	—
SpO2	—	100 %	99 %	99 %	99 %
Nursing Annotation	T cath lab for transvenous pacemaker placement	—	—	—	—

Row Name	**01/10/25 1220**	**01/10/25 1218**	**01/10/25 1215**	**01/10/25 1210**	**01/10/25 1205**
Pulse	**33** !	**31** !	**35** !	**29** !	**29** !
BP	**147/33** !	—	**128/37** !	**113/43** !	—
MAP (mmHg)	78	78	72	65	—
SpO2	99 %	100 %	99 %	100 %	100 %
Nursing Annotation	—	atropine .5mg	—	atropine .5mg IV	—

Row Name	**01/10/25 1200**	**01/10/25 1146**	**01/10/25 1135**	**01/10/25 1100**	**01/10/25 1044**
Temp src	—	—	Temporal	—	—
Pulse	**34** !	**34** !	**39** !	**34** !	**40** !
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
BP	**98/32** !	**121/28** !	**143/52** !	**109/44** !	**126/28** !
MAP (mmHg)	56	61	86	66	65
BP Site	Right Arm	Right Arm	Right Arm	Left Arm	Left Arm
BP Method	Automatic	Automatic	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Sitting	Lying	Lying
SpO2	100 %	100 %	100 %	99 %	100 %
Oxygen Therapy	—	—	None (Room air)	None (Room air)	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Row Name	01/10/25 1015	01/10/25 1000	01/10/25 0937	01/10/25 0900	01/10/25 0823
Temp	—	—	—	36.7 °C	—
Temp src	—	—	—	Temporal	—
Pulse	**34** !	**37** !	**42** !	**41** !	—
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	—
Resp	—	—	—	20	16
BP	**106/29** !	**116/28** !	**123/31** !	**125/46** !	—
MAP (mmHg)	55	59	65	68	—
BP Site	Left Arm	Left Arm	Left Arm	Left Arm	—
BP Method	Automatic	Automatic	Automatic	Automatic	—
Patient Position	Lying	Lying	Lying	Lying	—
Cardiac Rhythm	—	Heart Block	—	Heart Block	—
Heart Block Type	—	2nd degree AVB (Mobitz II)	—	2nd degree AVB (Mobitz II)	—
SpO2	100 %	99 %	100 %	99 %	—
Pulse Oximetry Type	—	Continuous	—	—	Continuous
Oximetry Probe Site Changed	—	No	—	—	No
Oxygen Therapy	—	None (Room air)	—	—	None (Room air)

Row Name	01/10/25 0800	01/10/25 0700	01/10/25 0600	01/10/25 0500	01/10/25 0400
Temp	—	—	—	—	36.3 °C
Temp src	Temporal	—	—	—	Temporal
Pulse	**41** !	**41** !	**41** !	**39** !	**46** !
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	—	—	—	15	14
BP	**132/35** !	**132/34** !	**139/32** !	**140/32** !	**120/33** !
MAP (mmHg)	71	68	69	72	62
BP Site	Left Arm	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	Automatic	Automatic	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	—	Heart Block	Heart Block	Heart Block	Heart Block
Heart Block Type	—	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)
Vital Sign Reason	—	Routine	Routine	Routine	Routine
SpO2	99 %	99 %	99 %	98 %	98 %
Patient Activity	—	At rest	At rest	At rest	At rest
Pulse Oximetry Type	—	Continuous	Continuous	Continuous	Continuous
Oxygen Therapy	—	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	—	—	—	—	Pain Scale
Pain Score	—	—	—	—	Patient sleeping

Row Name	01/10/25 0300	01/10/25 0200	01/10/25 0100	01/10/25 0000	01/09/25 2300
Temp	—	—	—	36.6 °C	—
Temp src	—	—	—	Temporal	—
Pulse	**46** !	**39** !	**43** !	**41** !	**38** !
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	—
Resp	14	**12** !	16	14	16
BP	**133/32** !	**133/33** !	**129/34** !	**135/31** !	124/70
MAP (mmHg)	68	68	65	69	86
BP Site	Left Arm	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	Automatic	Automatic	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	Heart Block	Heart Block	Heart Block	Heart Block	Heart Block
Heart Block Type	2nd degree AVB	2nd degree AVB	2nd degree AVB	—	1st degree AVB

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

	(Mobitz II)	(Mobitz II)	(Mobitz II)		
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
SpO2	98 %	99 %	99 %	99 %	100 %
Patient Activity	At rest	At rest	At rest	At rest	At rest
Pulse Oximetry Type	Continuous	Continuous	Continuous	Continuous	Continuous
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	—	—	—	Pain Scale	—
Pain Score	—	—	—	Patient sleeping	—
Reason for Communication	Critical lab value	—	—	Other (Comment)	—
Provider Name	Grabar, C	—	—	—	—
Provider Role	Resident	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—
Response	Waiting for response	—	—	See orders	—
Notification Time	0253	—	—	—	—
Row Name	**01/09/25 2200**	**01/09/25 2100**	**01/09/25 2000**	**01/09/25 1935**	**01/09/25 1900**
Temp	—	—	36.2 °C	—	—
Temp src	—	—	Temporal	—	—
Pulse	**32** !	**35** !	**42** !	**23** !	**22** !
Heart Rate Source	—	—	Monitor	—	—
Resp	16	16	18	—	18
BP	**121/29** !	**110/31** !	**134/39** !	—	**148/39** !
MAP (mmHg)	63	55	71	—	78
BP Site	Left Arm	Left Arm	Left Arm	—	Right Arm
BP Method	Automatic	Automatic	Automatic	—	Automatic
Patient Position	Lying	Lying	Lying	—	—
Cardiac Rhythm	Heart Block	Heart Block	Heart Block	—	Sinus Bradycardia
Heart Block Type	1st degree AVB	1st degree AVB	1st degree AVB	—	—
Vital Sign Reason	Routine	Routine	Routine	—	Post-operative
SpO2	100 %	100 %	100 %	100 %	100 %
Patient Activity	At rest	At rest	At rest	—	—
Pulse Oximetry Type	Continuous	Continuous	Continuous	—	Continuous
Oximetry Probe Site Changed	—	—	No	—	Yes
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	—	None (Room air)
Pain Assessment	—	—	No/denies pain	—	Pain Scale
Pain Score	—	—	—	—	0
Pain Descriptor Scale	—	—	—	—	None
Sedation Scale Used	—	—	Richmond Agitation Sedation Scale	—	Richmond Agitation Sedation Scale
Richmond Agitation Sedation Scale (RASS)	—	—	Alert and calm	—	Alert and calm
Reason for Communication	—	Other (Comment)	—	—	—
Provider Name	—	Grabar MD	—	—	—
Provider Role	—	Resident	—	—	—
Method of Communication	—	Secure Chat	—	—	—
Response	—	See orders	—	—	—
Notification Time	—	2100	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16)

Custom Formula Data

Row Name	03/08/25 1000	03/08/25 0900	03/07/25 2103	03/07/25 2100	03/07/25 1410
Glasgow Coma Scale Numeric	—	10	10	—	—
Feature 3: Altered Level of Consciousness	—	Positive	—	—	—
Braden / Braden Q Calculated Score	12	—	—	12	—
Mobility Score	4	—	—	4	—
Medications Score	1	—	—	1	—
Mental Status/LOC/Awareness Score	6	—	—	6	—
Toileting Needs Score	4	—	—	4	—
Volume/Electrolyte Status Score	0	—	—	0	—
Communication/Sensory Score	3	—	—	3	—
Behavior Score	6	—	—	6	—
Fall Risk Calculated Score	31 (Hester Davis)	—	—	31 (Hester Davis)	—
Overall CAM	—	Negative	—	—	Negative
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	03/07/25 1000	03/07/25 0146	03/06/25 2100	03/06/25 1841	03/06/25 1509
Feature 3: Altered Level of Consciousness	—	Positive	—	Positive	Positive
Braden / Braden Q Calculated Score	12	—	11	—	—
Mobility Score	4	—	4	—	—
Medications Score	1	—	0	—	—
Mental Status/LOC/Awareness Score	6	—	9	—	—
Toileting Needs Score	4	—	4	—	—
Volume/Electrolyte Status Score	0	—	0	—	—
Communication/Sensory Score	3	—	1	—	—
Behavior Score	6	—	6	—	—
Fall Risk Calculated Score	31 (Hester Davis)	—	31 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	03/06/25 1202	03/06/25 0830	03/05/25 1900	03/05/25 1617	03/05/25 1300
Feature 3: Altered Level of	Positive	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Consciousness					
Braden / Braden Q Calculated Score	—	11	11	—	—
Mobility Score	—	4	4	4	—
Medications Score	—	0	0	0	—
Mental Status/LOC/Awareness Score	—	9	9	9	—
Toileting Needs Score	—	4	4	4	—
Volume/Electrolyte Status Score	—	0	0	0	—
Communication/Sensory Score	—	1	1	1	—
Behavior Score	—	6	6	6	—
Fall Risk Calculated Score	—	31 (Hester Davis)	31 (Hester Davis)	31 (Hester Davis)	—
PT Activites TOTAL Time Minute(s)	—	—	—	—	25
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Treatment Timed Codes in Minutes	—	—	—	—	25
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	03/05/25 0950	03/04/25 2200	03/04/25 2000	03/04/25 1609	03/04/25 0200
Braden / Braden Q Calculated Score	11	—	—	12	—
Mobility Score	4	3	—	3	3
Medications Score	1	1	—	1	1
Mental Status/LOC/Awareness Score	3	3	—	3	3
Toileting Needs Score	5	5	—	5	5
Volume/Electrolyte Status Score	0	4	—	4	4
Communication/Sensory Score	1	1	—	1	1
Behavior Score	6	6	—	6	6
Fall Risk Calculated Score	23 (Hester Davis)	26 (Hester Davis)	—	26 (Hester Davis)	26 (Hester Davis)
SCD VTE Phophy	—	—	Yes	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	03/04/25 0036	03/03/25 1000	03/03/25 0810	03/02/25 2000	03/02/25 0946
Temp (in Celsius) for APACHE IV	—	—	36.3	—	—
Glasgow Coma Scale Numeric	11	—	—	—	—
Braden / Braden	—	12	—	—	11

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Q Calculated Score					
Mobility Score	—	3	—	3	3
Medications Score	—	1	—	1	1
Mental Status/LOC/Awareness Score	—	3	—	4	4
Toileting Needs Score	—	5	—	3	3
Volume/Electrolyte Status Score	—	4	—	0	1
Communication/Sensory Score	—	1	—	3	3
Behavior Score	—	6	—	4	4
Fall Risk Calculated Score	—	26 (Hester Davis)	—	21 (Hester Davis)	22 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	03/02/25 0900	03/02/25 0019	03/01/25 1900	03/01/25 0900	02/28/25 2100
Glasgow Coma Scale Numeric	9	9	—	—	—
Braden / Braden Q Calculated Score	—	—	—	12	12
Mobility Score	—	—	3	3	3
Medications Score	—	—	1	1	1
Mental Status/LOC/Awareness Score	—	—	4	4	4
Toileting Needs Score	—	—	3	4	3
Volume/Electrolyte Status Score	—	—	1	0	1
Communication/Sensory Score	—	—	3	2	2
Behavior Score	—	—	4	4	4
Fall Risk Calculated Score	—	—	22 (Hester Davis)	21 (Hester Davis)	21 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	02/28/25 1146	02/28/25 0445	02/27/25 2000	02/27/25 1139	02/27/25 0155
Feature 3: Altered Level of Consciousness	—	Positive	—	—	Positive
Braden / Braden Q Calculated Score	12	—	11	11	—
Mobility Score	3	—	4	4	—
Medications Score	1	—	1	1	—
Mental Status/LOC/Awareness Score	4	—	4	4	—
Toileting Needs	3	—	3	3	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Score					
Volume/Electrolyte Status Score	1	—	1	1	—
Communication/Sensory Score	2	—	3	3	—
Behavior Score	4	—	4	4	—
Fall Risk Calculated Score	21 (Hester Davis)	—	23 (Hester Davis)	23 (Hester Davis)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	02/27/25 0000	02/26/25 1957	02/26/25 0900	02/26/25 0100	02/25/25 2100
Feature 3: Altered Level of Consciousness	—	Positive	—	Positive	—
Braden / Braden Q Calculated Score	11	—	10	—	—
Mobility Score	4	—	4	—	4
Medications Score	1	—	1	—	1
Mental Status/LOC/Awareness Score	4	—	4	—	4
Toileting Needs Score	3	—	3	—	3
Volume/Electrolyte Status Score	1	—	1	—	1
Communication/Sensory Score	3	—	3	—	3
Behavior Score	4	—	4	—	4
Fall Risk Calculated Score	23 (Hester Davis)	—	23 (Hester Davis)	—	23 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	02/25/25 2019	02/25/25 1300	02/25/25 1219	02/25/25 0451	02/24/25 2123
Glasgow Coma Scale Numeric	8	—	—	—	—
Feature 3: Altered Level of Consciousness	—	—	—	Positive	Positive
Braden / Braden Q Calculated Score	—	—	10	—	—
Mobility Score	—	4	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	4	—	—	—
Toileting Needs Score	—	3	—	—	—
Volume/Electrolyte Status Score	—	6	—	—	—
Communication/Sensory Score	—	1	—	—	—
Behavior Score	—	4	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Fall Risk Calculated Score	—	26 (Hester Davis)	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Row Name	**02/24/25 2035**	**02/24/25 2025**	**02/24/25 1137**	**02/24/25 0618**	**02/24/25 0610**
Temp (in Celsius) for APACHE IV	—	—	—	—	36.2
Glasgow Coma Scale Numeric	11	—	—	—	—
Feature 3: Altered Level of Consciousness	Positive	Positive	—	Positive	—
Braden / Braden Q Calculated Score	—	—	10	—	—
Mobility Score	4	—	4	—	—
Medications Score	1	—	1	—	—
Mental Status/LOC/Awareness Score	4	—	4	—	—
Toileting Needs Score	3	—	3	—	—
Volume/Electrolyte Status Score	7	—	7	—	—
Communication/Sensory Score	1	—	1	—	—
Behavior Score	4	—	4	—	—
Fall Risk Calculated Score	27 (Hester Davis)	—	27 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Row Name	**02/24/25 0348**	**02/24/25 0012**	**02/23/25 2155**	**02/23/25 2127**	**02/23/25 2119**
Temp (in Celsius) for APACHE IV	—	36	—	36	—
Glasgow Coma Scale Numeric	—	—	—	—	12
Feature 3: Altered Level of Consciousness	Positive	—	Positive	—	—
Braden / Braden Q Calculated Score	—	—	—	—	10
Mobility Score	—	—	—	—	4
Medications Score	—	—	—	—	1
Mental Status/LOC/Awareness Score	—	—	—	—	4
Toileting Needs Score	—	—	—	—	3
Volume/Electrolyte Status Score	—	—	—	—	7
Communication/Sensory Score	—	—	—	—	1
Behavior Score	—	—	—	—	4

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Fall Risk Calculated Score	—	—	—	—	27 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Row Name	**02/23/25 1100**	**02/23/25 1047**	**02/23/25 0815**	**02/23/25 0638**	**02/23/25 0608**
Temp (in Celsius) for APACHE IV	—	36.1	—	—	35.8
Glasgow Coma Scale Numeric	—	—	11	—	—
Feature 3: Altered Level of Consciousness	—	—	—	Positive	—
Braden / Braden Q Calculated Score	—	—	10	—	—
Mobility Score	—	—	4	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	4	—	—
Toileting Needs Score	—	—	3	—	—
Volume/Electrolyte Status Score	—	—	7	—	—
Communication/Sensory Score	—	—	1	—	—
Behavior Score	—	—	4	—	—
Fall Risk Calculated Score	—	—	27 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
ROX Index	6.52	—	—	—	—
Row Name	**02/23/25 0303**	**02/23/25 0018**	**02/22/25 2100**	**02/22/25 1943**	**02/22/25 1733**
Temp (in Celsius) for APACHE IV	—	—	—	36.1	—
Feature 3: Altered Level of Consciousness	Positive	Positive	—	—	Positive
Mobility Score	—	—	4	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	4	—	—
Toileting Needs Score	—	—	3	—	—
Volume/Electrolyte Status Score	—	—	7	—	—
Communication/Sensory Score	—	—	1	—	—
Behavior Score	—	—	4	—	—
Fall Risk Calculated Score	—	—	27 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

	Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Row Name	**02/22/25 1619**	**02/22/25 1546**	**02/22/25 0955**	**02/22/25 0941**	**02/21/25 2236**
Temp (in Celsius) for APACHE IV	36.1	—	—	36.6	—
Feature 3: Altered Level of Consciousness	—	Positive	Positive	—	Positive
Braden / Braden Q Calculated Score	—	—	10	—	—
Mobility Score	—	—	4	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	4	—	—
Toileting Needs Score	—	—	3	—	—
Volume/Electrolyte Status Score	—	—	7	—	—
Communication/Sensory Score	—	—	1	—	—
Behavior Score	—	—	4	—	—
Fall Risk Calculated Score	—	—	27 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Row Name	**02/21/25 2100**	**02/21/25 1700**	**02/21/25 1442**	**02/21/25 1412**	**02/21/25 1328**
Temp (in Celsius) for APACHE IV	—	36.8	—	—	—
Feature 3: Altered Level of Consciousness	—	—	Positive	Positive	Positive
Mobility Score	4	—	—	—	—
Medications Score	1	—	—	—	—
Mental Status/LOC/Awareness Score	0	—	—	—	—
Toileting Needs Score	3	—	—	—	—
Volume/Electrolyte Status Score	1	—	—	—	—
Communication/Sensory Score	3	—	—	—	—
Behavior Score	1	—	—	—	—
Fall Risk Calculated Score	16 (Hester Davis)	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
ROX Index	—	16.96	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Row Name	02/21/25 1258	02/21/25 1223	02/21/25 1153	02/21/25 1130	02/21/25 0900
Glasgow Coma Scale Numeric	—	—	—	13	—
Feature 3: Altered Level of Consciousness	Positive	Positive	Positive	—	—
Braden / Braden Q Calculated Score	—	—	—	—	9
Mobility Score	—	—	—	—	4
Medications Score	—	—	—	—	1
Mental Status/LOC/Awareness Score	—	—	—	—	0
Toileting Needs Score	—	—	—	—	7
Volume/Electrolyte Status Score	—	—	—	—	1
Communication/Sensory Score	—	—	—	—	3
Behavior Score	—	—	—	—	1
Fall Risk Calculated Score	—	—	—	—	20 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/21/25 0800	02/21/25 0749	02/21/25 0747	02/21/25 0307	02/21/25 0000
Admission Weight (kg)	—	45.54	—	—	—
Dubois BSA	—	0 (m^2)	—	—	—
Weight taken by scale (kg)	—	45.7 kilograms	—	—	—
Weight kg (view-only)	—	45.7	—	—	—
Temp (in Celsius) for APACHE IV	—	—	36.5	—	—
Drug Calculation Weight - Calculated (oz)	—	1606.4 oz	—	—	—
Drug Calculation Weight - Calculated (kg)	—	45.54 kg	—	—	—
Weight for Calculations - Calculated (oz)	—	1606.4 ounces	—	—	—
Feature 3: Altered Level of Consciousness	—	—	—	Positive	—
Mobility Score	—	—	—	—	4
Medications Score	—	—	—	—	1
Mental Status/LOC/Awareness Score	—	—	—	—	0
Toileting Needs Score	—	—	—	—	7

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Volume/Electrolyte Status Score	—	—	—	—	1
Communication/Sensory Score	—	—	—	—	3
Behavior Score	—	—	—	—	1
Fall Risk Calculated Score	—	—	—	—	20 (Hester Davis)
SCD VTE Phophy	Yes	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	**02/20/25 2246**	**02/20/25 2238**	**02/20/25 1626**	**02/20/25 1533**	**02/20/25 1518**
Temp (in Celsius) for APACHE IV	36.4	—	—	36.5	36.5
Feature 3: Altered Level of Consciousness	—	Positive	Positive	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	**02/20/25 1325**	**02/20/25 1320**	**02/20/25 1019**	**02/20/25 0859**	**02/20/25 0801**
Temp (in Celsius) for APACHE IV	36	—	—	36.4	—
Feature 3: Altered Level of Consciousness	—	Positive	Positive	—	—
Braden / Braden Q Calculated Score	—	—	—	—	9
Mobility Score	—	—	—	—	4
Medications Score	—	—	—	—	1
Mental Status/LOC/Awareness Score	—	—	—	—	0
Toileting Needs Score	—	—	—	—	7
Volume/Electrolyte Status Score	—	—	—	—	1
Communication/Sensory Score	—	—	—	—	3
Behavior Score	—	—	—	—	1
Fall Risk Calculated Score	—	—	—	—	20 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Final Assessment Time: 1701

Row Name	02/20/25 0133	02/19/25 2307	02/19/25 2300	02/19/25 2120	02/19/25 1551
Temp (in Celsius) for APACHE IV	—	36.5	—	—	36.2
Glasgow Coma Scale Numeric	—	—	14	—	—
Feature 3: Altered Level of Consciousness	Positive	—	—	—	—
Braden / Braden Q Calculated Score	—	—	10	—	—
Mobility Score	—	—	4	4	—
Medications Score	—	—	1	1	—
Mental Status/LOC/Awareness Score	—	—	0	0	—
Toileting Needs Score	—	—	7	7	—
Volume/Electrolyte Status Score	—	—	1	1	—
Communication/Sensory Score	—	—	3	3	—
Behavior Score	—	—	1	1	—
Fall Risk Calculated Score	—	—	20 (Hester Davis)	20 (Hester Davis)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/19/25 1545	02/19/25 1526	02/19/25 1500	02/19/25 1224	02/19/25 0947
Temp (in Celsius) for APACHE IV	—	—	—	36.3	36.6
Glasgow Coma Scale Numeric	14	—	—	—	—
Braden / Braden Q Calculated Score	—	10	—	—	—
Mobility Score	—	—	4	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	0	—	—
Toileting Needs Score	—	—	7	—	—
Volume/Electrolyte Status Score	—	—	1	—	—
Communication/Sensory Score	—	—	3	—	—
Behavior Score	—	—	1	—	—
Fall Risk Calculated Score	—	—	20 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date:				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Properties	03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Row Name	**02/19/25 0400**	**02/19/25 0047**	**02/18/25 2226**	**02/18/25 2132**	**02/18/25 2057**
Temp (in Celsius) for APACHE IV	36.1	—	—	—	—
Glasgow Coma Scale Numeric	—	—	—	—	14
Feature 3: Altered Level of Consciousness	—	Positive	—	Positive	—
Braden / Braden Q Calculated Score	—	—	10	—	—
Mobility Score	—	—	4	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	0	—	—
Toileting Needs Score	—	—	7	—	—
Volume/Electrolyte Status Score	—	—	1	—	—
Communication/Sensory Score	—	—	3	—	—
Behavior Score	—	—	1	—	—
Fall Risk Calculated Score	—	—	20 (Hester Davis)	—	—
Hester Davis Fall Risk Category	—	—	High Risk	—	—
Injury Risk Assessment Score	—	—	High Risk for Injury	—	—
Hester Davis Fall Risk Total	—	—	20	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Age Adjustment	—	—	3	—	—
ROX Index	7.05	—	—	—	—
Row Name	**02/18/25 2054**	**02/18/25 1602**	**02/18/25 1339**	**02/18/25 0809**	**02/18/25 0806**
Temp (in Celsius) for APACHE IV	36.5	36.5	—	—	36.4
Glasgow Coma Scale Numeric	—	—	—	11	—
Feature 3: Altered Level of Consciousness	—	—	Positive	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

	Final Assessment Time: 1701				
ROX Index	6.6	—	—	—	6.17
Row Name	**02/18/25 0800**	**02/18/25 0233**	**02/17/25 2032**	**02/17/25 2030**	**02/17/25 2000**
Temp (in Celsius) for APACHE IV	—	—	36.1	—	—
Glasgow Coma Scale Numeric	—	—	—	11	—
Feature 3: Altered Level of Consciousness	—	Positive	—	—	—
Braden / Braden Q Calculated Score	—	—	—	—	11
Mobility Score	4	—	—	—	6
Medications Score	1	—	—	—	0
Mental Status/LOC/Awareness Score	—	—	—	—	7
Toileting Needs Score	—	—	—	—	4
Volume/Electrolyte Status Score	—	—	—	—	4
Communication/Sensory Score	—	—	—	—	5
Behavior Score	—	—	—	—	6
Fall Risk Calculated Score	—	—	—	—	35 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
ROX Index	—	—	7.94	—	—
Row Name	**02/17/25 1647**	**02/17/25 1416**	**02/17/25 1407**	**02/17/25 1042**	**02/17/25 0757**
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	0 (m^2)	—	—	—	—
Weight taken by scale (kg)	46.7 kilograms	—	—	—	—
Weight kg (view-only)	46.7	—	—	—	—
Temp (in Celsius) for APACHE IV	—	—	36.4	—	36.4
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Glasgow Coma Scale Numeric	—	—	—	11	—
Braden / Braden Q Calculated Score	—	11	—	—	—
Mobility Score	—	6	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Medications Score	—	0	—	—	—
Mental Status/LOC/Awareness Score	—	7	—	—	—
Toileting Needs Score	—	4	—	—	—
Volume/Electrolyte Status Score	—	4	—	—	—
Communication/Sensory Score	—	3	—	—	—
Behavior Score	—	6	—	—	—
Fall Risk Calculated Score	—	33 (Hester Davis)	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/16/25 2200	02/16/25 1538	02/16/25 1000	02/16/25 0937	02/16/25 0759
Admission Weight (kg)	—	—	—	45.54	—
Dubois BSA	—	—	—	0 (m^2)	—
Weight taken by scale (kg)	—	—	—	50.1 kilograms	—
Weight kg (view-only)	—	—	—	50.1	—
Temp (in Celsius) for APACHE IV	—	36.6	—	—	36.3
Drug Calculation Weight - Calculated (oz)	—	—	—	1606.4 oz	—
Drug Calculation Weight - Calculated (kg)	—	—	—	45.54 kg	—
Weight for Calculations - Calculated (oz)	—	—	—	1606.4 ounces	—
Braden / Braden Q Calculated Score	12	—	13	—	—
Mobility Score	4	—	4	—	—
Medications Score	0	—	0	—	—
Mental Status/LOC/Awareness Score	7	—	7	—	—
Toileting Needs Score	4	—	4	—	—
Volume/Electrolyte Status Score	4	—	4	—	—
Communication/Sensory Score	2	—	2	—	—
Behavior Score	6	—	6	—	—
Fall Risk Calculated Score	30 (Hester Davis)	—	30 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701

Row Name	02/16/25 0752	02/16/25 0516	02/15/25 2124	02/15/25 1646	02/15/25 1101
Temp (in Celsius) for APACHE IV	—	36.3	36.2	36.2	—
Glasgow Coma Scale Numeric	—	—	11	—	—
Feature 3: Altered Level of Consciousness	—	—	Negative	—	—
Braden / Braden Q Calculated Score	—	—	—	—	13
Mobility Score	—	—	6	—	6
Medications Score	—	—	1	—	1
Mental Status/LOC/Awareness Score	—	—	7	—	7
Toileting Needs Score	—	—	4	—	4
Volume/Electrolyte Status Score	—	—	4	—	3
Communication/Sensory Score	—	—	3	—	3
Behavior Score	—	—	6	—	6
Fall Risk Calculated Score	—	—	34 (Hester Davis)	—	33 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
ROX Index	3.07	—	—	—	—

Row Name	02/15/25 0933	02/15/25 0100	02/15/25 0054	02/14/25 2044	02/14/25 1702
Temp (in Celsius) for APACHE IV	36.8	—	36.6	—	36.5
Glasgow Coma Scale Numeric	—	—	10	—	—
Braden / Braden Q Calculated Score	—	12	—	—	—
Mobility Score	—	6	—	6	—
Medications Score	—	1	—	1	—
Mental Status/LOC/Awareness Score	—	7	—	7	—
Toileting Needs Score	—	4	—	4	—
Volume/Electrolyte Status Score	—	6	—	6	—
Communication/Sensory Score	—	3	—	3	—
Behavior Score	—	6	—	6	—
Fall Risk	—	36 (Hester Davis)	—	36 (Hester Davis)	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Calculated Score	
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701

Row Name	02/14/25 1515	02/14/25 0811	02/14/25 0800	02/14/25 0646	02/13/25 2030
Temp (in Celsius) for APACHE IV	—	36.6	—	36.1	—
Glasgow Coma Scale Numeric	10	—	—	—	—
Braden / Braden Q Calculated Score	—	—	12	—	12
Mobility Score	—	—	6	—	6
Medications Score	—	—	1	—	1
Mental Status/LOC/Awareness Score	—	—	7	—	7
Toileting Needs Score	—	—	4	—	3
Volume/Electrolyte Status Score	—	—	6	—	6
Communication/Sensory Score	—	—	3	—	3
Behavior Score	—	—	6	—	6
Fall Risk Calculated Score	—	—	36 (Hester Davis)	—	35 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/13/25 2006	02/13/25 1539	02/13/25 1536	02/13/25 1500	02/13/25 0813
Admission Weight (kg)	—	45.54	—	—	—
Dubois BSA	—	0 (m^2)	—	—	—
Weight taken by scale (kg)	—	45.6 kilograms	—	—	—
Weight kg (view-only)	—	45.6	—	—	—
Temp (in Celsius) for APACHE IV	36.7	—	36.1	—	36.4
Drug Calculation Weight - Calculated (oz)	—	1606.4 oz	—	—	—
Drug Calculation Weight - Calculated (kg)	—	45.54 kg	—	—	—
Weight for Calculations - Calculated (oz)	—	1606.4 ounces	—	—	—
PT Activites TOTAL Time Minute(s)	—	—	—	40	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Treatment Timed Codes in Minutes	—	—	—	40	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/13/25 0809	02/13/25 0359	02/12/25 2300	02/12/25 1910	02/12/25 1508
Temp (in Celsius) for APACHE IV	—	36.5	—	36	36.4
Braden / Braden Q Calculated Score	12	—	—	—	—
Mobility Score	6	—	6	—	—
Medications Score	1	—	1	—	—
Mental Status/LOC/Awareness Score	7	—	7	—	—
Toileting Needs Score	3	—	5	—	—
Volume/Electrolyte Status Score	6	—	6	—	—
Communication/Sensory Score	3	—	3	—	—
Behavior Score	6	—	6	—	—
Fall Risk Calculated Score	35 (Hester Davis)	—	37 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/12/25 1130	02/12/25 0800	02/12/25 0418	02/11/25 2000	02/11/25 1638
Temp (in Celsius) for APACHE IV	36	—	36.1	—	36.3
Braden / Braden Q Calculated Score	—	12	—	12	—
Mobility Score	—	6	—	6	—
Medications Score	—	1	—	1	—
Mental Status/LOC/Awareness Score	—	7	—	7	—
Toileting Needs Score	—	5	—	5	—
Volume/Electrolyte Status Score	—	6	—	6	—
Communication/Sensory Score	—	3	—	3	—
Behavior Score	—	6	—	6	—
Fall Risk Calculated Score	—	37 (Hester Davis)	—	37 (Hester Davis)	—
Wound	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Properties	Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701

Row Name	02/11/25 1138	02/11/25 0901	02/11/25 0700	02/10/25 2318	02/10/25 2100
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	0 (m^2)	—	—	—	—
Weight taken by scale (kg)	45.5 kilograms	—	—	—	—
Weight kg (view-only)	45.5	—	—	—	—
Temp (in Celsius) for APACHE IV	—	36.4	—	36.2	—
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Braden / Braden Q Calculated Score	—	—	12	—	—
Mobility Score	—	—	6	—	6
Medications Score	—	—	1	—	1
Mental Status/LOC/Awareness Score	—	—	7	—	7
Toileting Needs Score	—	—	5	—	5
Volume/Electrolyte Status Score	—	—	4	—	4
Communication/Sensory Score	—	—	3	—	3
Behavior Score	—	—	2	—	2
Fall Risk Calculated Score	—	—	31 (Hester Davis)	—	31 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/10/25 1636	02/10/25 1600	02/10/25 1300	02/10/25 1000	02/10/25 0900
Admission Weight (kg)	—	45.54	—	—	—
Dubois BSA	—	0 (m^2)	—	—	—
Weight taken by scale (kg)	—	47.4 kilograms	—	—	—
Weight kg (view-only)	—	47.4	—	—	—
Temp (in Celsius) for APACHE IV	36	—	—	—	36

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Drug Calculation Weight - Calculated (oz)	—	1606.4 oz	—	—	—
Drug Calculation Weight - Calculated (kg)	—	45.54 kg	—	—	—
Weight for Calculations - Calculated (oz)	—	1606.4 ounces	—	—	—
Braden / Braden Q Calculated Score	—	—	—	12	—
Mobility Score	—	—	—	6	—
Medications Score	—	—	—	1	—
Mental Status/LOC/Awareness Score	—	—	—	7	—
Toileting Needs Score	—	—	—	5	—
Volume/Electrolyte Status Score	—	—	—	4	—
Communication/Sensory Score	—	—	—	3	—
Behavior Score	—	—	—	2	—
Fall Risk Calculated Score	—	—	—	31 (Hester Davis)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Surface Area (cm^2)	—	—	36 cm^2	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Healing %	—	—	100	—	—
Wound Surface Area (cm^2)	—	—	3 cm^2	—	—
Wound Volume (cm^3)	—	—	0 cm^3	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Surface Area (cm^2)	—	—	3.6 cm^2	—	—
Wound Volume (cm^3)	—	—	0 cm^3	—	—

Row Name	02/10/25 0000	02/09/25 2143	02/09/25 1528	02/09/25 0900	02/09/25 0800
Temp (in Celsius) for APACHE IV	—	36.6	36.3	—	—
Braden / Braden Q Calculated Score	—	—	—	12	—
Mobility Score	6	—	—	6	—
Medications Score	1	—	—	1	—
Mental Status/LOC/Awareness Score	7	—	—	7	—
Toileting Needs Score	5	—	—	5	—
Volume/Electrolyt	4	—	—	4	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

e Status Score					
Communication/Sensory Score	3	—	—	3	—
Behavior Score	2	—	—	2	—
Fall Risk Calculated Score	31 (Hester Davis)	—	—	31 (Hester Davis)	—
SCD VTE Phophy	—	—	—	—	Yes
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/09/25 0754	02/09/25 0753	02/08/25 2300	02/08/25 2100	02/08/25 1516
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	0 (m^2)	—	—	—	—
Weight taken by scale (kg)	46.6 kilograms	—	—	—	—
Weight kg (view-only)	46.6	—	—	—	—
Temp (in Celsius) for APACHE IV	—	36	37	—	36.1
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Glasgow Coma Scale Numeric	—	—	—	8	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/08/25 0902	02/08/25 0741	02/08/25 0052	02/08/25 0038	02/07/25 2100
Temp (in Celsius) for APACHE IV	36.6	—	36.2	—	—
Glasgow Coma Scale Numeric	—	—	—	8	—
Braden / Braden Q Calculated Score	—	12	—	—	—
Mobility Score	—	6	—	—	3
Medications Score	—	1	—	—	1
Mental Status/LOC/Awareness Score	—	7	—	—	9
Toileting Needs Score	—	5	—	—	5
Volume/Electrolyt	—	4	—	—	4

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

e Status Score					
Communication/Sensory Score	—	3	—	—	3
Behavior Score	—	2	—	—	6
Fall Risk Calculated Score	—	31 (Hester Davis)	—	—	34 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/07/25 1607	02/07/25 1300	02/07/25 0900	02/07/25 0803	02/07/25 0800
Admission Weight (kg)	—	—	—	45.54	—
Dubois BSA	—	—	—	1.39 (m^2)	—
Weight taken by scale (kg)	—	—	—	50.2 kilograms	—
Weight kg (view-only)	—	—	—	50.2	—
Temp (in Celsius) for APACHE IV	36.2	—	—	—	36.2
Drug Calculation Weight - Calculated (oz)	—	—	—	1606.4 oz	—
Drug Calculation Weight - Calculated (kg)	—	—	—	45.54 kg	—
Weight for Calculations - Calculated (oz)	—	—	—	1606.4 ounces	—
Glasgow Coma Scale Numeric	—	8	8	—	—
Braden / Braden Q Calculated Score	—	—	13	—	—
Mobility Score	—	—	3	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	9	—	—
Toileting Needs Score	—	—	5	—	—
Volume/Electrolyte Status Score	—	—	4	—	—
Communication/Sensory Score	—	—	3	—	—
Behavior Score	—	—	6	—	—
Fall Risk Calculated Score	—	—	34 (Hester Davis)	—	—
SCD VTE Phophy	—	—	—	—	Yes
BMI (Calculated)	—	—	—	19.6	—
Overall CAM	—	—	Negative	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701

Row Name	02/07/25 0613	02/06/25 2107	02/06/25 2105	02/06/25 2100	02/06/25 1715
Temp (in Celsius) for APACHE IV	36	—	36.5	—	36.8
Glasgow Coma Scale Numeric	—	10	—	—	—
Braden / Braden Q Calculated Score	—	—	—	12	—
Mobility Score	—	—	—	3	—
Medications Score	—	—	—	1	—
Mental Status/LOC/Awareness Score	—	—	—	9	—
Toileting Needs Score	—	—	—	4	—
Volume/Electrolyte Status Score	—	—	—	4	—
Communication/Sensory Score	—	—	—	4	—
Behavior Score	—	—	—	6	—
Fall Risk Calculated Score	—	—	—	34 (Hester Davis)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/06/25 1600	02/06/25 0908	02/06/25 0900	02/06/25 0600	02/05/25 1900
Admission Weight (kg)	—	—	—	45.54	—
Dubois BSA	—	—	—	1.39 (m^2)	—
Weight taken by scale (kg)	—	—	—	50.4 kilograms	—
Weight kg (view-only)	—	—	—	50.4	—
Temp (in Celsius) for APACHE IV	—	36.6	—	—	—
Drug Calculation Weight - Calculated (oz)	—	—	—	1606.4 oz	—
Drug Calculation Weight - Calculated (kg)	—	—	—	45.54 kg	—
Weight for Calculations - Calculated (oz)	—	—	—	1606.4 ounces	—
Braden / Braden Q Calculated Score	—	—	13	—	—
Mobility Score	—	—	3	—	3
Medications Score	—	—	1	—	1
Mental Status/LOC/Awareness Score	—	—	9	—	9

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Toileting Needs Score	—	—	4	—	4
Volume/Electrolyte Status Score	—	—	4	—	4
Communication/Sensory Score	—	—	4	—	3
Behavior Score	—	—	6	—	4
Fall Risk Calculated Score	—	—	34 (Hester Davis)	—	31 (Hester Davis)
BMI (Calculated)	—	—	—	19.6	—
PT Activites TOTAL Time Minute(s)	54	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Treatment Timed Codes in Minutes	54	—	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/05/25 1700	02/05/25 1300	02/05/25 0900	02/05/25 0853	02/05/25 0600
Admission Weight (kg)	—	—	—	—	45.54
Dubois BSA	—	—	—	—	1.39 (m^2)
Weight taken by scale (kg)	—	—	—	—	49.2 kilograms
Weight kg (view-only)	—	—	—	—	49.2
Temp (in Celsius) for APACHE IV	36.1	—	—	36.3	—
Drug Calculation Weight - Calculated (oz)	—	—	—	—	1606.4 oz
Drug Calculation Weight - Calculated (kg)	—	—	—	—	45.54 kg
Weight for Calculations - Calculated (oz)	—	—	—	—	1606.4 ounces
Braden / Braden Q Calculated Score	—	13	—	—	—
Mobility Score	—	3	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	9	—	—	—
Toileting Needs Score	—	4	—	—	—
Volume/Electrolyte Status Score	—	4	—	—	—
Communication/Sensory Score	—	3	—	—	—
Behavior Score	—	4	—	—	—
Fall Risk Calculated Score	—	31 (Hester Davis)	—	—	—
BMI (Calculated)	—	—	—	—	19.6

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Overall CAM	—	—	Negative	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/04/25 2339	02/04/25 2200	02/04/25 1606	02/04/25 0800	02/04/25 0754
Admission Weight (kg)	—	—	—	45.54	—
Dubois BSA	—	—	—	1.39 (m^2)	—
Weight taken by scale (kg)	—	—	—	52.7 kilograms	—
Weight kg (view-only)	—	—	—	52.7	—
Temp (in Celsius) for APACHE IV	36.3	—	36	—	—
Drug Calculation Weight - Calculated (oz)	—	—	—	1606.4 oz	—
Drug Calculation Weight - Calculated (kg)	—	—	—	45.54 kg	—
Weight for Calculations - Calculated (oz)	—	—	—	1606.4 ounces	—
Glasgow Coma Scale Numeric	—	—	—	—	9
Braden / Braden Q Calculated Score	—	—	—	13	—
Mobility Score	—	3	—	3	—
Medications Score	—	1	—	1	—
Mental Status/LOC/Awareness Score	—	9	—	9	—
Toileting Needs Score	—	4	—	4	—
Volume/Electrolyte Status Score	—	4	—	4	—
Communication/Sensory Score	—	3	—	3	—
Behavior Score	—	4	—	4	—
Fall Risk Calculated Score	—	31 (Hester Davis)	—	31 (Hester Davis)	—
BMI (Calculated)	—	—	—	19.6	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/04/25 0753	02/04/25 0704	02/03/25 2336	02/03/25 2000	02/03/25 1622
Temp (in Celsius) for APACHE IV	36.6	35.9	—	—	36.2
Glasgow Coma Scale Numeric	—	—	—	10	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Mobility Score	—	—	3	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	9	—	—
Toileting Needs Score	—	—	4	—	—
Volume/Electrolyte Status Score	—	—	4	—	—
Communication/Sensory Score	—	—	3	—	—
Behavior Score	—	—	4	—	—
Fall Risk Calculated Score	—	—	31 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/03/25 1515	02/03/25 0854	02/03/25 0845	02/02/25 2238	02/02/25 2200
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	1.39 (m^2)	—	—	—	—
Weight taken by scale (kg)	52.5 kilograms	—	—	—	—
Weight kg (view-only)	52.5	—	—	—	—
Temp (in Celsius) for APACHE IV	—	36.6	—	36.3	—
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Glasgow Coma Scale Numeric	—	—	14	—	14
Braden / Braden Q Calculated Score	—	—	13	—	—
Mobility Score	—	—	3	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	7	—	—
Toileting Needs Score	—	—	4	—	—
Volume/Electrolyte Status Score	—	—	4	—	—
Communication/Sensory Score	—	—	1	—	—
Behavior Score	—	—	4	—	—
Fall Risk Calculated Score	—	—	27 (Hester Davis)	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

BMI (Calculated)	19.6	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Healing %	—	—	-1400	—	—
Wound Surface Area (cm^2)	—	—	3.75 cm^2	—	—
Wound Volume (cm^3)	—	—	0.375 cm^3	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Surface Area (cm^2)	—	—	24 cm^2	—	—
Wound Volume (cm^3)	—	—	0 cm^3	—	—

Row Name	02/02/25 2000	02/02/25 1648	02/02/25 1200	02/02/25 1100	02/02/25 0041
Temp (in Celsius) for APACHE IV	—	36.9	—	—	36.5
Glasgow Coma Scale Numeric	—	—	—	13	13
Braden / Braden Q Calculated Score	14	—	14	—	—
Mobility Score	3	—	3	—	—
Medications Score	1	—	1	—	—
Mental Status/LOC/Awareness Score	3	—	3	—	—
Toileting Needs Score	1	—	1	—	—
Volume/Electrolyte Status Score	4	—	4	—	—
Communication/Sensory Score	1	—	1	—	—
Behavior Score	4	—	4	—	—
Fall Risk Calculated Score	20 (Hester Davis)	—	20 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/01/25 1900	02/01/25 1700	02/01/25 1000	02/01/25 0856	02/01/25 0815
Temp (in Celsius) for APACHE IV	—	36	—	36	—
Glasgow Coma Scale Numeric	—	—	—	—	14
Mobility Score	3	—	3	—	—
Medications Score	1	—	1	—	—
Mental Status/LOC/Awareness Score	3	—	3	—	—
Toileting Needs	1	—	1	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Score					
Volume/Electrolyte Status Score	4	—	4	—	—
Communication/Sensory Score	1	—	1	—	—
Behavior Score	4	—	4	—	—
Fall Risk Calculated Score	20 (Hester Davis)	—	20 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/01/25 0749	02/01/25 0600	01/31/25 2340	01/31/25 1930	01/31/25 1558
Admission Weight (kg)	—	45.54	—	—	—
Dubois BSA	—	1.39 (m^2)	—	—	—
Weight taken by scale (kg)	—	52 kilograms	—	—	—
Weight kg (view-only)	—	52	—	—	—
Temp (in Celsius) for APACHE IV	—	—	36.4	—	36.5
Drug Calculation Weight - Calculated (oz)	—	1606.4 oz	—	—	—
Drug Calculation Weight - Calculated (kg)	—	45.54 kg	—	—	—
Weight for Calculations - Calculated (oz)	—	1606.4 ounces	—	—	—
Braden / Braden Q Calculated Score	14	—	—	—	—
Mobility Score	—	—	—	6	—
Medications Score	—	—	—	1	—
Mental Status/LOC/Awareness Score	—	—	—	7	—
Toileting Needs Score	—	—	—	4	—
Volume/Electrolyte Status Score	—	—	—	4	—
Communication/Sensory Score	—	—	—	6	—
Behavior Score	—	—	—	6	—
Fall Risk Calculated Score	—	—	—	37 (Hester Davis)	—
BMI (Calculated)	—	19.6	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Row Name	01/31/25 1500	01/31/25 0901	01/31/25 0900	01/31/25 0853	01/30/25 2351
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	1.39 (m^2)	—	—	—	—
Weight taken by scale (kg)	52.2 kilograms	—	—	—	—
Weight kg (view-only)	52.2	—	—	—	—
Temp (in Celsius) for APACHE IV	—	—	—	36	36.1
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Glasgow Coma Scale Numeric	—	14	—	—	—
Braden / Braden Q Calculated Score	—	—	13	—	—
Mobility Score	—	—	6	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	7	—	—
Toileting Needs Score	—	—	4	—	—
Volume/Electrolyte Status Score	—	—	4	—	—
Communication/Sensory Score	—	—	6	—	—
Behavior Score	—	—	6	—	—
Fall Risk Calculated Score	—	—	37 (Hester Davis)	—	—
BMI (Calculated)	19.6	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	01/30/25 2100	01/30/25 1549	01/30/25 0836	01/30/25 0800	01/29/25 2306
Admission Weight (kg)	—	—	—	45.54	—
Dubois BSA	—	—	—	1.39 (m^2)	—
Weight taken by scale (kg)	—	—	—	52.4 kilograms	—
Weight kg (view-only)	—	—	—	52.4	—
Temp (in Celsius) for APACHE IV	—	36.3	36.9	—	36.7
Drug Calculation Weight - Calculated (oz)	—	—	—	1606.4 oz	—
Drug Calculation	—	—	—	45.54 kg	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Weight - Calculated (kg)					
Weight for Calculations - Calculated (oz)	—	—	—	1606.4 ounces	—
Braden / Braden Q Calculated Score	—	—	—	13	—
Mobility Score	6	—	—	6	—
Medications Score	1	—	—	1	—
Mental Status/LOC/Awareness Score	7	—	—	7	—
Toileting Needs Score	4	—	—	4	—
Volume/Electrolyte Status Score	4	—	—	4	—
Communication/Sensory Score	6	—	—	6	—
Behavior Score	6	—	—	7	—
Fall Risk Calculated Score	37 (Hester Davis)	—	—	38 (Hester Davis)	—
BMI (Calculated)	—	—	—	19.6	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	01/29/25 1900	01/29/25 1615	01/29/25 1605	01/29/25 1239	01/29/25 1145
Temp (in Celsius) for APACHE IV	—	—	36.1	—	—
Glasgow Coma Scale Numeric	—	14	—	—	—
Braden / Braden Q Calculated Score	—	—	—	13	—
Mobility Score	6	—	—	6	—
Medications Score	1	—	—	1	—
Mental Status/LOC/Awareness Score	7	—	—	7	—
Toileting Needs Score	4	—	—	4	—
Volume/Electrolyte Status Score	4	—	—	4	—
Communication/Sensory Score	6	—	—	6	—
Behavior Score	7	—	—	7	—
Fall Risk Calculated Score	38 (Hester Davis)	—	—	38 (Hester Davis)	—
PT Activites TOTAL Time Minute(s)	—	—	—	—	60
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Treatment	—	—	—	—	60

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Timed Codes in Minutes	
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701

Row Name	01/29/25 0735	01/28/25 1942	01/28/25 1930	01/28/25 1100	01/28/25 0900
Admission Weight (kg)	—	—	—	45.54	—
Dubois BSA	—	—	—	1.39 (m^2)	—
Weight taken by scale (kg)	—	—	—	52.3 kilograms	—
Weight kg (view-only)	—	—	—	52.3	—
Temp (in Celsius) for APACHE IV	36.3	36.5	—	36	—
Drug Calculation Weight - Calculated (oz)	—	—	—	1606.4 oz	—
Drug Calculation Weight - Calculated (kg)	—	—	—	45.54 kg	—
Weight for Calculations - Calculated (oz)	—	—	—	1606.4 ounces	—
Glasgow Coma Scale Numeric	—	—	11	—	11
Braden / Braden Q Calculated Score	—	—	13	—	13
Mobility Score	—	—	6	—	6
Medications Score	—	—	1	—	1
Mental Status/LOC/Awareness Score	—	—	7	—	7
Toileting Needs Score	—	—	3	—	3
Volume/Electrolyte Status Score	—	—	4	—	4
Communication/Sensory Score	—	—	3	—	3
Behavior Score	—	—	7	—	7
Fall Risk Calculated Score	—	—	34 (Hester Davis)	—	34 (Hester Davis)
BMI (Calculated)	—	—	—	19.6	—
Overall CAM	—	—	Negative	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	01/28/25 0429	01/28/25 0000	01/27/25 2346	01/27/25 2200	01/27/25 2007
Temp (in Celsius) for APACHE IV	36	—	—	—	36
Glasgow Coma Scale Numeric	—	—	10	—	—
Mobility Score	—	6	—	4	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Medications Score	—	1	—	0	—
Mental Status/LOC/Awareness Score	—	7	—	3	—
Toileting Needs Score	—	7	—	7	—
Volume/Electrolyte Status Score	—	6	—	6	—
Communication/Sensory Score	—	3	—	3	—
Behavior Score	—	3	—	1	—
Fall Risk Calculated Score	—	36 (Hester Davis)	—	27 (Hester Davis)	—
Overall CAM	—	—	Negative	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	01/27/25 2003	01/27/25 1400	01/27/25 1036	01/27/25 0938	01/27/25 0900
Temp (in Celsius) for APACHE IV	—	—	36	—	—
Glasgow Coma Scale Numeric	11	—	11	8	—
Braden / Braden Q Calculated Score	—	—	—	—	9
Mobility Score	—	—	—	—	4
Medications Score	—	—	—	—	0
Mental Status/LOC/Awareness Score	—	—	—	—	3
Toileting Needs Score	—	—	—	—	7
Volume/Electrolyte Status Score	—	—	—	—	6
Communication/Sensory Score	—	—	—	—	3
Behavior Score	—	—	—	—	1
Fall Risk Calculated Score	—	—	—	—	27 (Hester Davis)
Overall CAM	Negative	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Surface Area (cm^2)	—	90 cm^2	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Surface Area (cm^2)	—	0.5 cm^2	—	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Surface Area (cm^2)	—	24 cm^2	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Row Name	01/27/25 0829	01/27/25 0100	01/26/25 2347	01/26/25 2332	01/26/25 2153
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	1.39 (m^2)	—	—	—	—
Weight taken by scale (kg)	52.4 kilograms	—	—	—	—
Weight kg (view-only)	52.4	—	—	—	—
Temp (in Celsius) for APACHE IV	36.3	—	—	36.2	—
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Glasgow Coma Scale Numeric	—	—	12	—	12
Braden / Braden Q Calculated Score	—	10	—	—	—
Mobility Score	—	4	—	—	—
Medications Score	—	0	—	—	—
Mental Status/LOC/Awareness Score	—	3	—	—	—
Toileting Needs Score	—	3	—	—	—
Volume/Electrolyte Status Score	—	7	—	—	—
Communication/Sensory Score	—	3	—	—	—
Behavior Score	—	5	—	—	—
Fall Risk Calculated Score	—	28 (Hester Davis)	—	—	—
BMI (Calculated)	19.6	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	01/26/25 1735	01/26/25 1503	01/26/25 1300	01/26/25 0915	01/26/25 0731
Admission Weight (kg)	—	45.54	—	—	—
Dubois BSA	—	1.39 (m^2)	—	—	—
Weight taken by scale (kg)	—	52 kilograms	—	—	—
Weight kg (view-only)	—	52	—	—	—
Temp (in Celsius) for APACHE IV	36.6	36.8	—	—	—
Drug Calculation Weight - Calculated (oz)	—	1606.4 oz	—	—	—
Drug Calculation	—	45.54 kg	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Weight - Calculated (kg)					
Weight for Calculations - Calculated (oz)	—	1606.4 ounces	—	—	—
Braden / Braden Q Calculated Score	—	—	—	—	11
Mobility Score	—	—	4	—	—
Medications Score	—	—	0	—	—
Mental Status/LOC/Awareness Score	—	—	3	—	—
Toileting Needs Score	—	—	3	—	—
Volume/Electrolyte Status Score	—	—	3	—	—
Communication/Sensory Score	—	—	4	—	—
Behavior Score	—	—	5	—	—
Fall Risk Calculated Score	—	—	25 (Hester Davis)	—	—
BMI (Calculated)	—	19.6	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Healing %	—	—	—	-300	—
Wound Surface Area (cm^2)	—	—	—	1 cm^2	—
Wound Volume (cm^3)	—	—	—	0.1 cm^3	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	01/26/25 0448	01/25/25 2119	01/25/25 2047	01/25/25 1737	01/25/25 1258
Temp (in Celsius) for APACHE IV	36	—	36.2	36.2	36.3
Braden / Braden Q Calculated Score	—	11	—	—	—
Mobility Score	—	4	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	0	—	—	—
Toileting Needs Score	—	3	—	—	—
Volume/Electrolyte Status Score	—	4	—	—	—
Communication/Sensory Score	—	1	—	—	—
Behavior Score	—	4	—	—	—
Fall Risk Calculated Score	—	20 (Hester Davis)	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701

Row Name	01/25/25 1053	01/25/25 1050	01/25/25 1000	01/25/25 0812	01/25/25 0300
Temp (in Celsius) for APACHE IV	—	—	—	36.1	36.3
Braden / Braden Q Calculated Score	—	—	10	—	—
Mobility Score	—	—	3	—	—
Medications Score	—	—	0	—	—
Mental Status/LOC/Awareness Score	—	—	3	—	—
Toileting Needs Score	—	—	3	—	—
Volume/Electrolyte Status Score	—	—	3	—	—
Communication/Sensory Score	—	—	1	—	—
Behavior Score	—	—	4	—	—
Fall Risk Calculated Score	—	—	20 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Surface Area (cm^2)	—	0.25 cm^2	—	—	—
Wound Volume (cm^3)	—	0.025 cm^3	—	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Surface Area (cm^2)	24 cm^2	—	—	—	—
Wound Volume (cm^3)	0 cm^3	—	—	—	—

Row Name	01/24/25 2155	01/24/25 1531	01/24/25 0900	01/24/25 0833	01/24/25 0820
Temp (in Celsius) for APACHE IV	36.1	36.2	—	36	—
Glasgow Coma Scale Numeric	—	—	—	—	14
Braden / Braden Q Calculated Score	—	—	12	—	—
Mobility Score	—	—	4	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	3	—	—
Toileting Needs Score	—	—	4	—	—
Volume/Electrolyte Status Score	—	—	2	—	—
Communication/Sensory Score	—	—	4	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Behavior Score	—	—	1	—	—
Fall Risk Calculated Score	—	—	22 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Surface Area (cm^2)	—	—	—	—	0.25 cm^2
Row Name	**01/24/25 0006**	**01/23/25 2200**	**01/23/25 2000**	**01/23/25 1534**	**01/23/25 1400**
Temp (in Celsius) for APACHE IV	36.2	—	—	36.3	—
Mobility Score	—	4	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	3	—	—	—
Toileting Needs Score	—	4	—	—	—
Volume/Electrolyte Status Score	—	2	—	—	—
Communication/Sensory Score	—	3	—	—	—
Behavior Score	—	1	—	—	—
Fall Risk Calculated Score	—	21 (Hester Davis)	—	—	—
SCD VTE Phophy	—	—	Yes	—	—
PT Activites TOTAL Time Minute(s)	—	—	—	—	31
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Treatment Timed Codes in Minutes	—	—	—	—	31
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Row Name	**01/23/25 0900**	**01/23/25 0850**	**01/23/25 0800**	**01/23/25 0600**	**01/23/25 0040**
Temp (in Celsius) for APACHE IV	—	35.9	—	—	36.1
Glasgow Coma Scale Numeric	14	—	—	—	—
Braden / Braden Q Calculated Score	—	—	12	—	—
Mobility Score	—	—	4	4	—
Medications Score	—	—	1	1	—
Mental Status/LOC/Awareness Score	—	—	4	4	—
Toileting Needs Score	—	—	1	1	—
Volume/Electrolyte Status Score	—	—	2	2	—
Communication/Sensory Score	—	—	3	3	—
Behavior Score	—	—	0	0	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Fall Risk Calculated Score	—	—	18 (Hester Davis)	18 (Hester Davis)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Row Name	**01/22/25 2300**	**01/22/25 2119**	**01/22/25 1635**	**01/22/25 1518**	**01/22/25 1439**
Temp (in Celsius) for APACHE IV	—	36.8	—	36	—
Glasgow Coma Scale Numeric	14	—	—	—	—
Feature 3: Altered Level of Consciousness	—	—	Positive	—	—
OT Total Treatment Timed Codes in Mins	—	—	—	—	11
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Exercise/Activity Time Rows	—	—	—	—	11
Row Name	**01/22/25 0903**	**01/22/25 0900**	**01/22/25 0800**	**01/22/25 0007**	**01/21/25 2130**
Temp (in Celsius) for APACHE IV	36.2	—	—	37.2	—
Glasgow Coma Scale Numeric	—	14	—	—	14
Braden / Braden Q Calculated Score	—	—	12	—	12
Mobility Score	—	—	4	—	4
Medications Score	—	—	1	—	1
Mental Status/LOC/Awareness Score	—	—	4	—	4
Toileting Needs Score	—	—	1	—	1
Volume/Electrolyte Status Score	—	—	6	—	6
Communication/Sensory Score	—	—	3	—	3
Behavior Score	—	—	0	—	0
Fall Risk Calculated Score	—	—	22 (Hester Davis)	—	22 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Row Name	**01/21/25 1528**	**01/21/25 1100**	**01/21/25 1041**	**01/21/25 0928**	**01/21/25 0900**
Admission Weight (kg)	—	45.54	—	—	—
Dubois BSA	—	1.39 (m^2)	—	—	—
Weight taken by scale (kg)	—	49.1 kilograms	—	—	—
Weight kg (view-only)	—	49.1	—	—	—
Temp (in Celsius) for APACHE IV	36.7	—	36.8	36.6	—
Drug Calculation Weight - Calculated (oz)	—	1606.4 oz	—	—	—
Drug Calculation	—	45.54 kg	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Weight - Calculated (kg)					
Weight for Calculations - Calculated (oz)	—	1606.4 ounces	—	—	—
Glasgow Coma Scale Numeric	—	—	—	—	15
BMI (Calculated)	—	19.6	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/21/25 0527	01/20/25 2216	01/20/25 2145	01/20/25 1545	01/20/25 1000
Admission Weight (kg)	—	—	—	—	45.54
Dubois BSA	—	—	—	—	1.39 (m^2)
Weight taken by scale (kg)	—	—	—	—	52.2 kilograms
Weight kg (view-only)	—	—	—	—	52.2
Temp (in Celsius) for APACHE IV	36.4	—	36.5	36	—
Drug Calculation Weight - Calculated (oz)	—	—	—	—	1606.4 oz
Drug Calculation Weight - Calculated (kg)	—	—	—	—	45.54 kg
Weight for Calculations - Calculated (oz)	—	—	—	—	1606.4 ounces
Braden / Braden Q Calculated Score	—	12	—	—	13
Mobility Score	—	4	—	—	4
Medications Score	—	1	—	—	1
Mental Status/LOC/Awareness Score	—	4	—	—	4
Toileting Needs Score	—	1	—	—	1
Volume/Electrolyte Status Score	—	6	—	—	6
Communication/Sensory Score	—	3	—	—	3
Behavior Score	—	0	—	—	0
Fall Risk Calculated Score	—	23 (Hester Davis)	—	—	23 (Hester Davis)
BMI (Calculated)	—	—	—	—	19.6
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/20/25 0946	01/20/25 0730	01/20/25 0255	01/19/25 2121	01/19/25 1931
Temp (in Celsius) for APACHE IV	36.7	—	—	—	36.3
Feature 3: Altered Level of Consciousness	—	Positive	Positive	Positive	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/19/25 1900	01/19/25 1540	01/19/25 1227	01/19/25 1123	01/19/25 0900

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Temp (in Celsius) for APACHE IV	—	35.7	—	36.1	—
Glasgow Coma Scale Numeric	—	—	—	—	14
Feature 3: Altered Level of Consciousness	—	—	Positive	—	—
Braden / Braden Q Calculated Score	—	—	—	—	13
Mobility Score	6	—	—	—	6
Medications Score	1	—	—	—	1
Mental Status/LOC/Awareness Score	4	—	—	—	4
Toileting Needs Score	1	—	—	—	1
Volume/Electrolyte Status Score	6	—	—	—	6
Communication/Sensory Score	3	—	—	—	3
Behavior Score	0	—	—	—	0
Fall Risk Calculated Score	25 (Hester Davis)	—	—	—	25 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/19/25 0820	01/19/25 0812	01/19/25 0454	01/19/25 0030	01/18/25 2100
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	1.39 (m^2)	—	—	—	—
Weight taken by scale (kg)	56.2 kilograms	—	—	—	—
Weight kg (view-only)	56.2	—	—	—	—
Temp (in Celsius) for APACHE IV	—	36.8	36.3	36.8	36.8
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Mobility Score	—	—	—	—	6
Medications Score	—	—	—	—	1
Mental Status/LOC/Awareness Score	—	—	—	—	5
Toileting Needs Score	—	—	—	—	1
Volume/Electrolyte Status Score	—	—	—	—	6
Communication/Sensory Score	—	—	—	—	3
Behavior Score	—	—	—	—	0
Fall Risk Calculated Score	—	—	—	—	26 (Hester Davis)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

BMI (Calculated)	19.6	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Row Name	**01/18/25 1612**	**01/18/25 1531**	**01/18/25 1230**	**01/18/25 1033**	**01/18/25 0815**
Temp (in Celsius) for APACHE IV	36.6	—	36.4	—	36.1
Glasgow Coma Scale Numeric	—	14	—	—	—
Braden / Braden Q Calculated Score	—	—	—	11	—
Mobility Score	—	—	—	6	—
Medications Score	—	—	—	1	—
Mental Status/LOC/Awareness Score	—	—	—	5	—
Toileting Needs Score	—	—	—	1	—
Volume/Electrolyte Status Score	—	—	—	6	—
Communication/Sensory Score	—	—	—	3	—
Behavior Score	—	—	—	0	—
Fall Risk Calculated Score	—	—	—	26 (Hester Davis)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Row Name	**01/18/25 0200**	**01/18/25 0032**	**01/17/25 2033**	**01/17/25 1529**	**01/17/25 1400**
Temp (in Celsius) for APACHE IV	—	36.2	36.8	36.6	—
Mobility Score	4	—	—	—	4
Medications Score	1	—	—	—	1
Mental Status/LOC/Awareness Score	5	—	—	—	5
Toileting Needs Score	1	—	—	—	1
Volume/Electrolyte Status Score	6	—	—	—	9
Communication/Sensory Score	3	—	—	—	3
Behavior Score	0	—	—	—	0
Fall Risk Calculated Score	24 (Hester Davis)	—	—	—	27 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Row Name	**01/17/25 1118**	**01/17/25 1028**	**01/17/25 0739**	**01/17/25 0343**	**01/17/25 0200**
Admission Weight (kg)	—	—	45.54	—	—
Dubois BSA	—	—	1.39 (m^2)	—	—
Weight taken by scale (kg)	—	—	54.7 kilograms	—	—
Weight kg (view-only)	—	—	54.7	—	—
Temp (in Celsius) for APACHE IV	36.6	—	36.4	36.4	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Drug Calculation Weight - Calculated (oz)	—	—	1606.4 oz	—	—
Drug Calculation Weight - Calculated (kg)	—	—	45.54 kg	—	—
Weight for Calculations - Calculated (oz)	—	—	1606.4 ounces	—	—
Braden / Braden Q Calculated Score	—	13	—	—	—
Mobility Score	—	—	—	—	4
Medications Score	—	—	—	—	1
Mental Status/LOC/Awareness Score	—	—	—	—	3
Toileting Needs Score	—	—	—	—	1
Volume/Electrolyte Status Score	—	—	—	—	6
Communication/Sensory Score	—	—	—	—	3
Behavior Score	—	—	—	—	0
Fall Risk Calculated Score	—	—	—	—	22 (Hester Davis)
BMI (Calculated)	—	—	19.6	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/17/25 0024	01/16/25 1936	01/16/25 1605	01/16/25 1300	01/16/25 1220
Temp (in Celsius) for APACHE IV	36.5	36.4	36.9	—	37
Mobility Score	—	—	—	4	—
Medications Score	—	—	—	1	—
Mental Status/LOC/Awareness Score	—	—	—	5	—
Toileting Needs Score	—	—	—	1	—
Volume/Electrolyte Status Score	—	—	—	6	—
Communication/Sensory Score	—	—	—	3	—
Behavior Score	—	—	—	0	—
Fall Risk Calculated Score	—	—	—	24 (Hester Davis)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/16/25 1140	01/16/25 1001	01/16/25 0742	01/16/25 0739	01/16/25 0353
Admission Weight (kg)	—	—	45.54	—	—
Dubois BSA	—	—	1.39 (m^2)	—	—
Weight taken by scale (kg)	—	—	54 kilograms	—	—
Weight kg (view-only)	—	—	54	—	—
Temp (in Celsius) for APACHE IV	—	—	—	36.2	36.4

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Drug Calculation Weight - Calculated (oz)	—	—	1606.4 oz	—	—
Drug Calculation Weight - Calculated (kg)	—	—	45.54 kg	—	—
Weight for Calculations - Calculated (oz)	—	—	1606.4 ounces	—	—
Braden / Braden Q Calculated Score	—	12	—	—	—
BMI (Calculated)	—	—	19.6	—	—
PT Activites TOTAL Time Minute(s)	60	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Treatment Timed Codes in Minutes	60	—	—	—	—

Row Name	**01/16/25 0115**	**01/15/25 1912**	**01/15/25 1900**	**01/15/25 1404**	**01/15/25 1200**
Temp (in Celsius) for APACHE IV	36	36.7	—	36.1	36.8
Glasgow Coma Scale Numeric	13	—	—	—	—
Braden / Braden Q Calculated Score	12	—	—	—	—
Mobility Score	3	—	3	—	—
Medications Score	1	—	1	—	—
Mental Status/LOC/Awareness Score	3	—	3	—	—
Toileting Needs Score	3	—	3	—	—
Volume/Electrolyte Status Score	6	—	6	—	—
Communication/Sensory Score	3	—	3	—	—
Behavior Score	2	—	2	—	—
Fall Risk Calculated Score	25 (Hester Davis)	—	25 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	**01/15/25 1010**	**01/15/25 0800**	**01/15/25 0400**	**01/14/25 2000**	**01/14/25 1600**
Temp (in Celsius) for APACHE IV	—	37.1	36.9	37.1	36.6
Glasgow Coma Scale Numeric	—	13	—	—	—
Braden / Braden Q Calculated Score	—	12	—	—	—
Mobility Score	—	3	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	3	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Toileting Needs Score	—	1	—	—	—
Volume/Electrolyte Status Score	—	0	—	—	—
Communication/Sensory Score	—	3	—	—	—
Behavior Score	—	2	—	—	—
Fall Risk Calculated Score	—	17 (Hester Davis)	—	—	—
Overall CAM-ICU	—	Positive	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Exercise/Activity Time Rows	25	—	—	—	—

Row Name	01/14/25 1200	01/14/25 0900	01/14/25 0800	01/14/25 0000	01/13/25 2200
Temp (in Celsius) for APACHE IV	36.8	—	37.9	36.2	36.4
Glasgow Coma Scale Numeric	—	—	14	—	—
Feature 3: Altered Level of Consciousness	Negative	Positive	Positive	—	—
Braden / Braden Q Calculated Score	—	—	13	—	—
Mobility Score	—	—	4	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	3	—	—
Toileting Needs Score	—	—	1	—	—
Volume/Electrolyte Status Score	—	—	0	—	—
Communication/Sensory Score	—	—	3	—	—
Behavior Score	—	—	1	—	—
Fall Risk Calculated Score	—	—	17 (Hester Davis)	—	—
SCD VTE Phophy	—	—	Yes	—	—
Overall CAM-ICU	—	—	Positive	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/13/25 2000	01/13/25 1820	01/13/25 1720	01/13/25 1200	01/13/25 0800
Temp (in Celsius) for APACHE IV	—	—	36.5	36	35.9
Glasgow Coma Scale Numeric	14	—	—	—	—
Feature 3: Altered Level of Consciousness	Positive	Positive	Positive	Positive	—
Braden / Braden Q Calculated Score	11	—	—	—	11
Mobility Score	3	—	—	—	3
Medications Score	1	—	—	—	1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Mental Status/LOC/Awareness Score	0	—	—	—	0
Toileting Needs Score	1	—	—	—	1
Volume/Electrolyte Status Score	4	—	—	—	4
Communication/Sensory Score	2	—	—	—	2
Behavior Score	1	—	—	—	1
Fall Risk Calculated Score	16 (Hester Davis)	—	—	—	16 (Hester Davis)
SCD VTE Phophy	Yes	—	—	—	—
Overall CAM-ICU	Positive	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	**01/13/25 0743**	**01/13/25 0600**	**01/13/25 0400**	**01/13/25 0000**	**01/12/25 2000**
Temp (in Celsius) for APACHE IV	—	37.5	—	37.5	36.5
Glasgow Coma Scale Numeric	—	—	—	—	14
Feature 3: Altered Level of Consciousness	—	—	Positive	Positive	Negative
Braden / Braden Q Calculated Score	—	—	—	—	12
Mobility Score	—	—	—	—	3
Medications Score	—	—	—	—	1
Mental Status/LOC/Awareness Score	—	—	—	—	3
Toileting Needs Score	—	—	—	—	4
Volume/Electrolyte Status Score	—	—	—	—	6
Communication/Sensory Score	—	—	—	—	1
Behavior Score	—	—	—	—	3
Fall Risk Calculated Score	—	—	—	—	25 (Hester Davis)
SCD VTE Phophy	Yes	—	—	—	Yes
Overall CAM-ICU	—	—	—	—	Positive
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	**01/12/25 1600**	**01/12/25 1200**	**01/12/25 1110**	**01/12/25 1033**	**01/12/25 0900**
Temp (in Celsius) for APACHE IV	36.4	36.8	—	—	—
Feature 3: Altered Level of Consciousness	Negative	Positive	Positive	Positive	Positive
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	**01/12/25 0846**	**01/12/25 0835**	**01/12/25 0834**	**01/12/25 0800**	**01/12/25 0635**
Temp (in Celsius) for APACHE IV	—	—	—	36	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Feature 3: Altered Level of Consciousness	Positive	Positive	Positive	—	Positive
Braden / Braden Q Calculated Score	—	—	—	12	—
Mobility Score	—	—	—	3	—
Medications Score	—	—	—	1	—
Mental Status/LOC/Awareness Score	—	—	—	3	—
Toileting Needs Score	—	—	—	4	—
Volume/Electrolyte Status Score	—	—	—	6	—
Communication/Sensory Score	—	—	—	1	—
Behavior Score	—	—	—	3	—
Fall Risk Calculated Score	—	—	—	25 (Hester Davis)	—
SCD VTE Phophy	—	—	—	Yes	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/12/25 0600	01/12/25 0447	01/12/25 0400	01/12/25 0100	01/12/25 0000
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	1.39 (m^2)	—	—	—	—
Weight taken by scale (kg)	46.4 kilograms	—	—	—	—
Weight kg (view-only)	46.4	—	—	—	—
Temp (in Celsius) for APACHE IV	37.1	—	37.1	—	36.9
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Feature 3: Altered Level of Consciousness	—	Positive	—	Positive	Positive
BMI (Calculated)	19.6	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/11/25 2320	01/11/25 2000	01/11/25 1600	01/11/25 1200	01/11/25 1022
Temp (in Celsius) for APACHE IV	—	36.9	36	36	—
Glasgow Coma Scale Numeric	—	14	—	—	—
Feature 3: Altered Level of Consciousness	Positive	Positive	—	—	Positive
Braden / Braden Q Calculated	—	13	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Score					
Mobility Score	—	4	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	3	—	—	—
Toileting Needs Score	—	4	—	—	—
Volume/Electrolyte Status Score	—	4	—	—	—
Communication/Sensory Score	—	3	—	—	—
Behavior Score	—	6	—	—	—
Fall Risk Calculated Score	—	29 (Hester Davis)	—	—	—
SCD VTE Phophy	—	Yes	—	—	—
Overall CAM-ICU	—	Positive	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/11/25 0800	01/11/25 0600	01/11/25 0500	01/11/25 0000	01/10/25 2000
Admission Weight (kg)	—	45.54	—	—	—
Dubois BSA	—	1.39 (m^2)	—	—	—
Weight taken by scale (kg)	—	43.77 kilograms	—	—	—
Weight kg (view-only)	—	43.77	—	—	—
Temp (in Celsius) for APACHE IV	35.8	—	36.9	37.2	37.1
Drug Calculation Weight - Calculated (oz)	—	1606.4 oz	—	—	—
Drug Calculation Weight - Calculated (kg)	—	45.54 kg	—	—	—
Weight for Calculations - Calculated (oz)	—	1606.4 ounces	—	—	—
Glasgow Coma Scale Numeric	14	—	—	—	14
Feature 3: Altered Level of Consciousness	Negative	—	—	Positive	Negative
Braden / Braden Q Calculated Score	12	—	—	—	13
Mobility Score	4	—	—	—	4
Medications Score	1	—	—	—	1
Mental Status/LOC/Awareness Score	3	—	—	—	1
Toileting Needs Score	4	—	—	—	1
Volume/Electrolyte Status Score	4	—	—	—	2
Communication/Sensory Score	3	—	—	—	1
Behavior Score	1	—	—	—	4

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Fall Risk Calculated Score	24 (Hester Davis)	—	—	—	17 (Hester Davis)
SCD VTE Phophy	Yes	—	—	—	Yes
BMI (Calculated)	—	19.6	—	—	—
Overall CAM-ICU	—	—	—	—	Positive
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/10/25 1800	01/10/25 1745	01/10/25 1400	01/10/25 1134	01/10/25 1049
Temp (in Celsius) for APACHE IV	—	36.2	36.7	—	—
Glasgow Coma Scale Numeric	14	—	—	15	—
Feature 3: Altered Level of Consciousness	—	Negative	—	—	—
PT Activites TOTAL Time Minute(s)	—	—	—	—	55
Overall CAM-ICU	Positive	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Treatment Timed Codes in Minutes	—	—	—	—	55

Row Name	01/10/25 0900	01/10/25 0800	01/10/25 0759	01/10/25 0600	01/10/25 0400
Admission Weight (kg)	—	—	—	45.54	—
Dubois BSA	—	—	—	1.39 (m^2)	—
Weight taken by scale (kg)	—	—	—	45.8 kilograms	—
Weight kg (view-only)	—	—	—	45.8	—
Temp (in Celsius) for APACHE IV	36.7	—	—	—	36.3
Drug Calculation Weight - Calculated (oz)	—	—	—	1606.4 oz	—
Drug Calculation Weight - Calculated (kg)	—	—	—	45.54 kg	—
Weight for Calculations - Calculated (oz)	—	—	—	1606.4 ounces	—
Braden / Braden Q Calculated Score	—	13	—	—	—
Mobility Score	—	4	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	1	—	—	—
Toileting Needs Score	—	1	—	—	—
Volume/Electrolyte Status Score	—	7	—	—	—
Communication/Sensory Score	—	1	—	—	—
Behavior Score	—	0	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Fall Risk Calculated Score	—	18 (Hester Davis)	—	—	—
SCD VTE Phophy	—	—	Yes	—	—
BMI (Calculated)	—	—	—	19.6	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/10/25 0000	01/09/25 2014	01/09/25 2000	01/09/25 1900	01/09/25 1830
Dubois BSA	—	—	1.39 (m^2)	—	—
Temp (in Celsius) for APACHE IV	36.6	—	36.2	—	—
Glasgow Coma Scale Numeric	—	—	14	—	15
Feature 3: Altered Level of Consciousness	—	—	Negative	Negative	—
Received flu vaccine	—	Yes	—	—	—
Braden / Braden Q Calculated Score	—	—	14	—	—
Mobility Score	—	—	3	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	3	—	—
Toileting Needs Score	—	—	1	—	—
Volume/Electrolyte Status Score	—	—	2	—	—
Communication/Sensory Score	—	—	1	—	—
Behavior Score	—	—	0	—	—
Fall Risk Calculated Score	—	—	16 (Hester Davis)	—	—
SCD VTE Phophy	—	—	Yes	—	—
VENOUS FOOT PUMP	—	—	Yes	—	—
IBW/kg (Calculated) Female	—	—	45.5 kg	—	—
IBW (Calculated, kg)	—	—	45.5	—	—
Proposed Low Range Vt 6mL/kg	—	—	273 mL/kg	—	—
Proposed Moderate Range Vt 8mL/kg	—	—	364 mL/kg	—	—
Proposed High Range Vt 10mL/kg	—	—	455 mL/kg	—	—
Hamwi IBW/kg (Calculated) Female	—	—	45.36	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Weight in (lb) to have BMI = 25	—	—	127.7	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Row Name	01/09/25 1750	01/09/25 1059	01/09/25 1033	01/09/25 1026
Admission Weight (kg)	—	—	45.54	—
Dubois BSA	—	—	0 (m^2)	—
Weight taken by scale (kg)	—	—	45.54 kilograms	—
Weight kg (view-only)	—	—	45.54	—
Temp (in Celsius) for APACHE IV	36	—	36.8	36.9 (P)
Drug Calculation Weight - Calculated (oz)	—	—	1606.4 oz	—
Drug Calculation Weight - Calculated (kg)	—	—	45.54 kg	—
Weight for Calculations - Calculated (oz)	—	—	1606.4 ounces	—
Glasgow Coma Scale Numeric	—	14	—	—

Daily Cares/Safety

Row Name	03/08/25 0647	03/08/25 0500	03/08/25 0300	03/08/25 0100	03/07/25 2300
Repositioned	—	Supine	Semi Fowler's	Semi Fowler's	Supine;Refused by patient
Head of Bed Elevated	—	HOB Flat	HOB less than 20	HOB less than 20	HOB Flat
Pressure Redistribution	—	Pillows	Pillows	Pillows	Pillows
Incontinence Protective Devices	Absorbent pad;Changed	—	—	—	—
Row Name	**03/07/25 2058**	**03/07/25 2000**	**03/07/25 1900**	**03/07/25 1147**	**03/07/25 1100**
Repositioned	Supine	—	Other(comment);Supine	—	Other(comment)
Head of Bed Elevated	HOB Flat	—	HOB Flat	—	—
Pressure Redistribution	Pillows	—	Pillows	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	—	—	—	—
Row Name	**03/07/25 1000**	**03/07/25 0900**	**03/07/25 0800**	**03/07/25 0658**	**03/07/25 0500**
Repositioned	Refused by patient	Other(comment)	—	Refused by patient	Supine;Other(comment)
Head of Bed Elevated	—	—	—	—	HOB 30
Pressure Redistribution	—	—	—	—	Pillows
Anti-Embolism Devices	—	—	—	—	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Row Name	**03/07/25 0300**	**03/07/25 0135**	**03/07/25 0100**	**03/07/25 0000**	**03/06/25 2251**
Repositioned	Supine;Pillow support;Other(comment)	—	Supine;Pillow support	Other(comment)	Other(comment)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Head of Bed Elevated	HOB 30	—	—	—	—
Pressure Redistribution	Pillows	—	Pillows	—	—
Oral Care	—	Lip moisturizer applied;Mouth swabbed	—	—	—
Level of Assistance	—	Dependent	—	—	—
Row Name	**03/06/25 2100**	**03/06/25 2000**	**03/06/25 1900**	**03/06/25 1700**	**03/06/25 1500**
Repositioned	Other(comment)	Refused by patient;Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support
Head of Bed Elevated	HOB 30	—	HOB 30	—	—
Pressure Redistribution	—	—	Pillows	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**03/06/25 1300**	**03/06/25 1130**	**03/06/25 1100**	**03/06/25 0900**	**03/06/25 0700**
Repositioned	Other(comment)	—	Other(comment)	Refused by patient;Other(comment)	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Skin Care	—	Other (Comment)	—	—	—
Row Name	**03/05/25 1609**	**03/05/25 1501**	**03/05/25 1217**	**03/05/25 1100**	**03/05/25 0948**
Highest Level of Mobility for this Event (Nursing)	—	—	Transferred to chair/commode	Transferred to chair/commode	Bed activity
Level of Assistance	—	—	Dependent, patient does less than 25%	Dependent, patient does less than 25%	Dependent, patient does less than 25%
Assistive Device	—	—	Transfer Device	Transfer Device	—
Number of Assistive Personnel	—	—	2	2	2
Repositioned	Supine;Semi Fowler's;Pillow support	Lying right side;Pillow support	Supine;Pillow support	Sitting;Up in chair	Supine;Pillow support
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	—	HOB 30
Pressure Redistribution	Pillows	Pillows;Foot of bed elevated	—	—	Pillows
Hygiene	—	Bed pad change;Full linen change	Bed pad change	—	Gown change;Bed pad change;Full linen change
Incontinence Protective Devices	—	Changed;Absorbent pad	—	—	Changed;Absorbent pad
Skin Care	—	—	—	—	Barrier cream
Level of Assistance	—	—	—	—	Dependent
Row Name	**03/05/25 0800**	**03/05/25 0759**	**03/05/25 0409**	**03/05/25 0209**	**03/05/25 0009**
Repositioned	—	Semi Fowler's;Pillow support	Supine	Supine	Supine;Refused by patient
Pressure Redistribution	—	—	—	Pillows	—
Reason for No	Patient Refused	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Mechanical Prophylaxis					
Row Name	**03/04/25 2209**	**03/04/25 2009**	**03/04/25 2000**	**03/04/25 1751**	**03/04/25 1608**
Highest Level of Mobility for this Event (Nursing)	—	—	—	Bed activity	Bed activity
Level of Assistance	—	—	—	Dependent, patient does less than 25%	Dependent, patient does less than 25%
Ambulation Response	—	—	—	Tolerated well	Tolerated well
Number of Assistive Personnel	—	—	—	2	2
Repositioned	Supine;Refused by patient	Supine;Semi Fowler's;Pillow support;Refused by patient	—	Supine;Pillow support	Supine;Pillow support
Head of Bed Elevated	—	HOB 45	—	HOB 45	HOB 45
Pressure Redistribution	—	Pillows;Heels elevated off bed	—	—	—
Anti-Embolism Devices	—	—	SCDs in use	—	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	—	—	—	Other (Comment)	—
Row Name	**03/04/25 1239**	**03/04/25 1040**	**03/04/25 0800**	**03/04/25 0400**	**03/04/25 0200**
Highest Level of Mobility for this Event (Nursing)	Bed activity	—	—	—	—
Level of Assistance	Dependent, patient does less than 25%	—	—	—	—
Ambulation Response	Tolerated well	—	—	—	—
Number of Assistive Personnel	2	—	—	—	—
Repositioned	Supine;Pillow support	Supine;Pillow support;Refused by patient	Semi Fowler's	Pillow support;Semi Fowler's	Semi Fowler's;Pillow support
Positioning Devices	—	—	—	Lift Team	—
Head of Bed Elevated	HOB 45	HOB 30	Self regulated	HOB 30	HOB 30
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	Gown change;Bed pad change;Peri care	—	—	—	—
Incontinence Protective Devices	Changed;Absorbent pad	—	—	—	—
Skin Care	Barrier cream	—	—	—	—
Level of Assistance	Dependent	—	—	—	—
Row Name	**03/04/25 0000**	**03/03/25 2200**	**03/03/25 1758**	**03/03/25 1600**	**03/03/25 1400**
Repositioned	Semi Fowler's;Pillow support;Refused by patient	Semi Fowler's	Semi Fowler's	Lying right side	Pillow support

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Positioning Devices	—	Lift Team	—	—	—
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	Self regulated	HOB 45
Pressure Redistribution	—	—	Pillows	Pillows	Pillows
Row Name	**03/03/25 1232**	**03/03/25 1222**	**03/03/25 1123**	**03/03/25 0955**	**03/03/25 0917**
Highest Level of Mobility for this Event (Nursing)	—	Bed activity	Bed activity	Bed activity	—
Level of Assistance	—	Dependent, patient does less than 25%	Dependent, patient does less than 25%	Dependent, patient does less than 25%	—
Ambulation Response	—	Tolerated well	Tolerated well	Tolerated well	—
Number of Assistive Personnel	—	2	2	2	—
Repositioned	—	Semi Fowler's;Pillow support;Other(comment)	Semi Fowler's;Lying left side;Pillow support	Semi Fowler's;Lying right side;Pillow support	Lying left side
Head of Bed Elevated	—	Self regulated	Self regulated	—	HOB 45
Pressure Redistribution	—	Pillows	Pillows	Pillows	Pillows
Side Rails Up for Patient Safety and Mobility	—	Yes	—	—	—
Hygiene	Bed pad change;Peri care	Bed pad change;Peri care;Full linen change	Bed pad change;Peri care	Gown change;Bed pad change;Peri care	—
Antiseptic Care	Antiseptic Wipe	Antiseptic Wipe	Antiseptic Wipe	Antiseptic Wipe	—
Incontinence Protective Devices	Applied;Changed;Absorbent pad	Applied;Changed;Absorbent pad	Applied;Changed;Absorbent pad	Applied;Changed;Absorbent pad	—
Skin Care	Foam skin cleanser;Barrier cream	Foam skin cleanser;Barrier cream	—	Foam skin cleanser	—
Level of Assistance	Dependent	Dependent	Dependent	Dependent	—
Row Name	**03/03/25 0827**	**03/03/25 0759**	**03/03/25 0746**	**03/03/25 0516**	**03/03/25 0337**
Highest Level of Mobility for this Event (Nursing)	Bed activity	—	—	—	Bed activity
Level of Assistance	Dependent, patient does less than 25%	—	—	—	Maximum assist, patient does 25-49%
Ambulation Response	Tolerated well	—	—	—	—
Number of Assistive Personnel	2	—	—	—	2
Repositioned	Turns self;Semi Fowler's;Pillow support	—	Supine	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	HOB 45	—	HOB 45	HOB 30	—
Pressure Redistribution	Pillows	—	Pillows	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Side Rails Up for Patient Safety and Mobility	Yes	—	—	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	Full linen change;Bed pad change;Peri care	—	—	—	Bed pad change;Peri care
Antiseptic Care	Antiseptic Wipe	—	—	—	—
Oral Care	Mouth suctioned	—	—	—	—
Incontinence Protective Devices	Applied;Changed;Absorbent pad	—	—	—	—
Skin Care	Foam skin cleanser;Barrier cream	—	—	—	Foam skin cleanser;Barrier cream
Level of Assistance	Dependent	—	—	—	Dependent
Row Name	**03/03/25 0124**	**03/02/25 2330**	**03/02/25 2146**	**03/02/25 2040**	**03/02/25 2000**
Repositioned	Supine;Refused by patient	Pillow support;Supine	Pillow support	Lying right side;Semi Fowler's	—
Positioning Devices	—	—	—	Lift Team	—
Head of Bed Elevated	—	—	HOB 30	HOB 30	—
Pressure Redistribution	—	—	—	Pillows	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Row Name	**03/02/25 1746**	**03/02/25 1516**	**03/02/25 1400**	**03/02/25 1300**	**03/02/25 1247**
Number of Assistive Personnel	—	—	—	2	1
Repositioned	Pillow support;Other(comment)	Semi Fowler's;Pillow support	Supine;Lying right side	—	Pillow support;Semi Fowler's
Positioning Devices	—	Lift Team	—	—	—
Head of Bed Elevated	—	HOB 30	—	—	—
Pressure Redistribution	—	Pillows	—	—	—
Hygiene	—	Peri care;Bed pad change	Peri care;Bed pad change	Peri care;Bed pad change	Bed pad change;Peri care
Antiseptic Care	—	Antiseptic Wipe	—	—	—
Incontinence Protective Devices	—	Applied;Changed;Absorbent pad	Applied;Changed;Absorbent pad	Applied;Changed;Absorbent pad	Changed;Applied
Skin Care	—	—	—	Barrier cream	Barrier cream
Row Name	**03/02/25 1154**	**03/02/25 1100**	**03/02/25 0900**	**03/02/25 0753**	**03/02/25 0700**
Number of Assistive Personnel	2	—	—	—	—
Repositioned	Lying left side;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support;Refused by patient	—	Semi Fowler's;Pillow support;Refused by patient
Pressure Redistribution	—	—	—	—	Pillows
Reason for No	—	—	—	Patient Refused	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Mechanical Prophylaxis					
Hygiene	Bed pad change;Full linen change	—	—	—	—
Incontinence Protective Devices	Changed;Applied;Absorbent pad	—	—	—	—
Skin Care	Barrier cream	—	—	—	—
Row Name	**03/02/25 0500**	**03/02/25 0300**	**03/02/25 0100**	**03/01/25 2300**	**03/01/25 2040**
Repositioned	Pillow support;Supine	Semi Fowler's;Pillow support	Pillow support;Semi Fowler's	Semi Fowler's;Pillow support	Lying left side;Pillow support
Positioning Devices	Lift Team	—	Over Head Lift	—	—
Head of Bed Elevated	—	HOB 30	HOB 30	HOB 30	—
Pressure Redistribution	—	—	—	—	Pillows
Row Name	**03/01/25 1837**	**03/01/25 1700**	**03/01/25 1500**	**03/01/25 1259**	**03/01/25 1100**
Highest Level of Mobility for this Event (Nursing)	—	—	—	Bed activity	—
Level of Assistance	—	—	—	Dependent, patient does less than 25%	—
Number of Assistive Personnel	—	—	—	2	—
Repositioned	Supine;Pillow support;Refused by patient	Supine;Pillow support	Supine;Pillow support	Lying right side;Pillow support	Refused by patient
Head of Bed Elevated	—	—	—	HOB 30	—
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows;Foot of bed elevated	—
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Row Name	**03/01/25 0950**	**03/01/25 0914**	**03/01/25 0800**	**03/01/25 0746**	**03/01/25 0500**
Highest Level of Mobility for this Event (Nursing)	Bed activity	—	—	—	Bed activity
Level of Assistance	Dependent, patient does less than 25%	—	—	—	Dependent, patient does less than 25%
Number of Assistive Personnel	2	—	—	—	2
Repositioned	Lying left side;Pillow support	Supine	—	Refused by patient;Supine	Lying left side;Pillow support
Head of Bed Elevated	HOB 30	—	—	—	HOB 30
Pressure Redistribution	Pillows;Foot of bed elevated	—	—	—	Pillows
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	Bed pad change;Peri care	—	—	—	Bed pad change;Peri care
Antiseptic Care	—	—	—	—	Antiseptic Wipe
Oral Care	—	—	—	—	Mouth swabbed
Incontinence Protective	Changed;Absorbent pad	—	—	—	Absorbent pad;Removed;Chan

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Devices					ged;Applied
Skin Care	Barrier cream	—	—	—	Barrier cream
Level of Assistance	Dependent	—	—	—	Dependent
Additional Comfort/Environmental Interventions	—	—	—	—	Warm blanket
Warm Blanket	—	—	—	—	Applied
Row Name	**03/01/25 0346**	**03/01/25 0146**	**03/01/25 0000**	**02/28/25 2320**	**02/28/25 2137**
Highest Level of Mobility for this Event (Nursing)	—	—	Bed activity	—	—
Level of Assistance	—	—	Dependent, patient does less than 25%	—	—
Repositioned	Refused by patient;Semi Fowler's	Semi Fowler's;Refused by patient	Lying right side	Refused by patient;Semi Fowler's	Semi Fowler's;Refused by patient
Head of Bed Elevated	HOB less than 20	HOB less than 20	HOB 30	HOB 30	HOB less than 20
Pressure Redistribution	Pillows	Pillows	—	Pillows	Pillows
Hygiene	—	—	Peri care;Bed pad change;Gown change	—	—
Oral Care	—	—	Mouth swabbed	—	—
Incontinence Protective Devices	—	—	Absorbent pad;Removed;Changed;Applied	—	—
Row Name	**02/28/25 2000**	**02/28/25 1946**	**02/28/25 1746**	**02/28/25 1622**	**02/28/25 1425**
Highest Level of Mobility for this Event (Nursing)	—	—	—	—	Transferred to chair/commode
Level of Assistance	—	—	—	—	Dependent, patient does less than 25%
Assistive Device	—	—	—	—	Transfer Device
Number of Assistive Personnel	—	—	—	—	2
Repositioned	—	Semi Fowler's;Other(comment)	Lying left side	Supine	Sitting;Up in chair
Positioning Devices	—	—	—	Over Head Lift	—
Head of Bed Elevated	—	HOB 30	—	—	—
Pressure Redistribution	—	Pillows	Pillows	Pillows	—
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	—	—	Bed pad change
Incontinence Protective Devices	—	—	—	—	Changed;Absorbent pad
Skin Care	—	—	—	—	Barrier cream
Level of Assistance	—	—	—	—	Dependent
Row Name	**02/28/25 1324**	**02/28/25 1118**	**02/28/25 0928**	**02/28/25 0843**	**02/28/25 0800**
Repositioned	Supine;Pillow support	Lying right side;Pillow support	—	Lying left side;Pillow support	—
Head of Bed	HOB 30	HOB 30	—	HOB 45	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Elevated					
Pressure Redistribution	Pillows;Foot of bed elevated;Heels elevated off bed	Pillows;Foot of bed elevated	—	Pillows;Foot of bed elevated	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Incontinence Protective Devices	—	—	Changed;Absorbent pad	—	—
Row Name	**02/28/25 0700**	**02/28/25 0628**	**02/27/25 1701**	**02/27/25 1600**	**02/27/25 1331**
Repositioned	Supine	—	Lying left side;Pillow support	Supine;Semi Fowler's;Pillow support	Semi Fowler's;Supine;Pillow support
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	—	—	HOB less than 20	—	HOB less than 20
Pressure Redistribution	—	—	Pillows	—	Pillows
Hygiene	—	Bed pad change;Partial linen change	Gown change;Bed pad change;Full linen change;Peri care	—	Peri care;Bed pad change
Antiseptic Care	—	—	—	—	Antiseptic Wipe
Incontinence Protective Devices	—	—	Changed;Absorbent pad	—	Applied;Changed;Absorbent pad
Level of Assistance	—	—	Dependent	—	Dependent
Row Name	**02/27/25 1200**	**02/27/25 1000**	**02/27/25 0800**	**02/27/25 0600**	**02/27/25 0400**
Repositioned	Semi Fowler's;Supine;Pillow support	Refused by patient;Sitting;Semi Fowler's	Sitting;Semi Fowler's	Sitting;Semi Fowler's	Supine;Semi Fowler's;Lying left side;Pillow support
Head of Bed Elevated	—	HOB less than 20	HOB less than 20	—	—
Pressure Redistribution	—	Pillows	—	—	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Row Name	**02/27/25 0200**	**02/27/25 0000**	**02/26/25 2000**	**02/26/25 1900**	**02/26/25 1217**
Repositioned	Semi Fowler's;Pillow support	Supine;Pillow support;Lying right side	—	—	Supine;Pillow support
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Incontinence Protective Devices	—	—	—	Applied;Absorbent undergarment	—
Row Name	**02/26/25 1019**	**02/26/25 0918**	**02/26/25 0825**	**02/26/25 0815**	**02/26/25 0800**
Repositioned	Refused by patient	Lying right side;Pillow support	Supine	—	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Hygiene	—	—	—	Bed pad change	—
Row Name	**02/26/25 0619**	**02/26/25 0419**	**02/26/25 0158**	**02/26/25 0019**	**02/25/25 2217**
Repositioned	Lying right side;Pillow support	Lying right side;Pillow support	Supine;Semi Fowler's;Pillow support	Supine;Semi Fowler's;Pillow support	Supine;Semi Fowler's;Pillow support

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Head of Bed Elevated	HOB less than 20	HOB less than 20	HOB 30	HOB 30	HOB 30
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows	Pillows	Pillows
Row Name	**02/25/25 2019**	**02/25/25 2000**	**02/25/25 1817**	**02/25/25 1619**	**02/25/25 1419**
Repositioned	Supine;Semi Fowler's;Pillow support	—	Semi Fowler's;Supine;Pillow support	Semi Fowler's;Lying left side;Pillow support	Semi Fowler's;Pillow support
Head of Bed Elevated	HOB 30	—	—	—	—
Pressure Redistribution	Pillows	—	—	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Oral Care	Mouth swabbed	—	—	—	—
Row Name	**02/25/25 1137**	**02/25/25 0937**	**02/25/25 0800**	**02/25/25 0737**	**02/25/25 0537**
Repositioned	Supine;Pillow support	Semi Fowler's	—	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support
Positioning Devices	—	Lift Team	—	—	—
Head of Bed Elevated	—	HOB 30	—	—	HOB 30
Pressure Redistribution	—	—	—	—	Pillows
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Row Name	**02/25/25 0304**	**02/25/25 0100**	**02/24/25 2337**	**02/24/25 2107**	**02/24/25 2000**
Repositioned	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	—
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	—
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Row Name	**02/24/25 1937**	**02/24/25 1737**	**02/24/25 1537**	**02/24/25 1337**	**02/24/25 1137**
Repositioned	Semi Fowler's	Semi Fowler's;Pillow support;Other(comment)	Semi Fowler's;Pillow support	Pillow support;Semi Fowler's;Other(comment)	Pillow support;Semi Fowler's;Other(comment)
Head of Bed Elevated	HOB 30	—	—	—	—
Pressure Redistribution	Pillows	—	—	—	—
Row Name	**02/24/25 0815**	**02/24/25 0800**	**02/24/25 0615**	**02/24/25 0352**	**02/24/25 0215**
Repositioned	Semi Fowler's;Pillow support	—	Semi Fowler's	Semi Fowler's;Pillow support	Lying right side
Head of Bed Elevated	—	—	HOB 30	HOB 30	—
Pressure Redistribution	—	—	Heels elevated off bed	Foot of bed elevated	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**02/24/25 0015**	**02/23/25 2215**	**02/23/25 2015**	**02/23/25 2000**	**02/23/25 0600**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Repositioned	Semi Fowler's;Pillow support	Lying right side;Pillow support	Semi Fowler's;Pillow support	—	Lying left side
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	—	HOB less than 20
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	—	—	Pillows;Heels elevated off bed
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Row Name	**02/23/25 0430**	**02/23/25 0230**	**02/23/25 0030**	**02/22/25 2250**	**02/22/25 2100**
Repositioned	Lying left side	Lying right side	Lying left side	Lying right side;Pillow support	Semi Fowler's
Positioning Devices	Lift Team	Lift Team	Lift Team	—	—
Head of Bed Elevated	HOB less than 20	HOB less than 20	HOB less than 20	HOB 30	—
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	—	—	—
Row Name	**02/22/25 2000**	**02/22/25 1945**	**02/22/25 1742**	**02/22/25 1538**	**02/22/25 1355**
Repositioned	—	Lying left side;Pillow support	Semi Fowler's;Pillow support	Lying left side;Pillow support	Other(comment);Lying right side
Positioning Devices	—	—	Lift Team	—	—
Head of Bed Elevated	—	HOB 30	HOB 30	—	Self regulated
Pressure Redistribution	—	—	Pillows	—	Pillows
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	—	Peri care	—
Row Name	**02/22/25 1155**	**02/22/25 0900**	**02/22/25 0800**	**02/22/25 0700**	**02/22/25 0500**
Repositioned	Semi Fowler's;Pillow support	Lying right side;Pillow support	—	Semi Fowler's;Pillow support	Lying right side;Lying left side;Semi Fowler's
Head of Bed Elevated	HOB 30	HOB 30	—	HOB 30	HOB 30
Pressure Redistribution	Pillows	Pillows	—	Pillows	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Antiseptic Care	—	Other (Comment)	—	—	—
Row Name	**02/22/25 0300**	**02/22/25 0100**	**02/21/25 2300**	**02/21/25 2100**	**02/21/25 1955**
Repositioned	Lying right side;Lying left side;Semi Fowler's	Refused by patient;Supine;Semi Fowler's	Lying left side	Refused by patient;Semi Fowler's;Supine	—
Head of Bed Elevated	HOB 30	—	HOB 30	—	—
Pressure Redistribution	—	—	Pillows	—	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Row Name	**02/21/25 1900**	**02/21/25 1800**	**02/21/25 1600**	**02/21/25 1400**	**02/21/25 1200**
Repositioned	Supine;Pillow support	Lying left side	Lying right side	Lying left side	Lying right side
Head of Bed	HOB less than 20	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Elevated					
Row Name	**02/21/25 1000**	**02/21/25 0900**	**02/21/25 0800**	**02/21/25 0753**	**02/21/25 0500**
Repositioned	Lying left side;Pillow support	—	—	Supine	Lying right side;Lying left side;Semi Fowler's;Pillow support
Pressure Redistribution	—	Pillows	—	—	—
Anti-Embolism Devices	—	—	SCDs in use	—	—
Hygiene	Bed pad change;Peri care	—	—	Bed pad change;Peri care	Bed pad change;Peri care
Antiseptic Care	—	Antiseptic Wipe	—	—	—
Row Name	**02/21/25 0300**	**02/21/25 0100**	**02/21/25 0000**	**02/20/25 2300**	**02/20/25 1959**
Repositioned	Lying right side;Pillow support	Refused by patient;Supine;Semi Fowler's	—	Lying right side;Lying left side;Pillow support	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Hygiene	—	—	Bed pad change;Peri care	—	—
Oral Care	—	—	Mouth swabbed;with mouthwash	—	—
Incontinence Protective Devices	—	—	Changed;Absorbent pad	—	—
Level of Assistance	—	—	Dependent	—	—
Row Name	**02/20/25 1900**	**02/20/25 1800**	**02/20/25 1700**	**02/20/25 1500**	**02/20/25 1300**
Repositioned	Refused by patient;Lying left side;Pillow support	Lying left side;Pillow support	Semi Fowler's	Pillow support;Lying right side	Turns self;Semi Fowler's
Head of Bed Elevated	HOB less than 20	—	—	—	—
Hygiene	—	Partial linen change;Bed pad change;Peri care	—	—	—
Antiseptic Care	—	Antiseptic Wipe	—	—	—
Incontinence Protective Devices	—	Changed;Absorbent pad	—	—	—
Level of Assistance	—	Dependent	—	—	—
Row Name	**02/20/25 1100**	**02/20/25 0900**	**02/20/25 0800**	**02/20/25 0500**	**02/20/25 0300**
Repositioned	Lying left side;Pillow support	Lying right side;Pillow support	—	Refused by patient	Lying right side;Pillow support
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	Full linen change;Bed pad change;Peri care	—	—	—	—
Antiseptic Care	Antiseptic Wipe	Antiseptic Wipe	—	—	—
Incontinence Protective Devices	Changed;Absorbent pad	—	—	—	—
Level of Assistance	Dependent	—	—	—	—
Row Name	**02/20/25 0100**	**02/19/25 2300**	**02/19/25 2120**	**02/19/25 2000**	**02/19/25 1855**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Repositioned	Lying left side;Pillow support	Lying right side;Pillow support	Semi Fowler's;Pillow support;Lying right side	—	Refused by patient;Other(comment)
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Oral Care	—	—	**Mouth swabbed**	—	—

Row Name	**02/19/25 1600**	**02/19/25 1545**	**02/19/25 1400**	**02/19/25 1225**	**02/19/25 1122**
Highest Level of Mobility for this Event (Nursing)	—	—	—	—	Bed activity
Level of Assistance	—	—	—	—	Moderate assist, patient does 50-74%
Ambulation Response	—	—	—	—	Tolerated well
Number of Assistive Personnel	—	—	—	—	2
Repositioned	Lying left side;Pillow support	Supine	Lying right side	Lying left side;Pillow support	Lying right side;Pillow support
Positioning Devices	—	—	Turn & Position Device	—	—
Head of Bed Elevated	HOB 45	—	HOB 30	HOB 30	HOB 30
Pressure Redistribution	Pillows;Heels elevated off bed	—	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows
Side Rails Up for Patient Safety and Mobility	—	—	Yes	—	—
Hygiene	—	—	Peri care;Bed pad change	—	Bed pad change;Peri care
Incontinence Protective Devices	—	—	Absorbent undergarment;Changed	—	Changed;Absorbent pad
Skin Care	—	—	Barrier cream	—	Barrier cream
Level of Assistance	—	—	Moderate assist	—	Moderate assist

Row Name	**02/19/25 1026**	**02/19/25 0900**	**02/19/25 0800**	**02/19/25 0621**	**02/19/25 0426**
Highest Level of Mobility for this Event (Nursing)	—	Bed activity	—	—	—
Level of Assistance	—	Moderate assist, patient does 50-74%	—	—	—
Repositioned	Semi Fowler's	Semi Fowler's;Pillow support	—	Lying right side	Supine;Semi Fowler's
Positioning Devices	Turn & Position Device	—	—	Lift Team	—
Head of Bed Elevated	—	HOB 30	—	HOB 30	—
Pressure Redistribution	Pillows	Pillows	—	Pillows	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	—	Partial linen change;Bed pad change;Peri care	—	Partial linen change;Peri care	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Antiseptic Care	—	Antiseptic Wipe	—	—	—
Oral Care	—	—	—	Mouth swabbed	—
Incontinence Protective Devices	—	Changed;Applied;Absorbent pad	—	—	—
Skin Care	—	Barrier cream	—	—	—
Level of Assistance	—	Moderate assist	—	—	—
Row Name	**02/19/25 0226**	**02/19/25 0052**	**02/18/25 2226**	**02/18/25 2057**	**02/18/25 2030**
Repositioned	Lying right side	Lying right side	Lying left side	Lying left side	—
Positioning Devices	—	Lift Team	—	Lift Team	—
Head of Bed Elevated	—	HOB 30	—	—	—
Pressure Redistribution	—	Pillows;Heels elevated off bed	—	Pillows;Heels elevated off bed	—
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	—
Hygiene	—	—	—	—	Partial linen change;Peri care
Row Name	**02/18/25 2000**	**02/18/25 1722**	**02/18/25 1605**	**02/18/25 1400**	**02/18/25 1216**
Highest Level of Mobility for this Event (Nursing)	—	—	Bed activity	—	—
Level of Assistance	—	—	Dependent, patient does less than 25%	—	—
Number of Assistive Personnel	—	—	2	—	—
Repositioned	—	Supine;Refused by patient;Other(comment)	Lying right side;Pillow support	Supine	Semi Fowler's
Positioning Devices	—	—	Lift Team	—	—
Head of Bed Elevated	—	—	HOB 30	HOB 30	HOB 30
Pressure Redistribution	—	—	Pillows;Foot of bed elevated	—	Pillows
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	Partial linen change;Peri care	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Oral Care	—	—	Mouth suctioned;Lip moisturizer applied	—	—
Incontinence Protective Devices	—	—	Changed;Absorbent pad	—	—
Row Name	**02/18/25 0934**	**02/18/25 0816**	**02/18/25 0800**	**02/18/25 0616**	**02/18/25 0416**
Highest Level of Mobility for this Event (Nursing)	Bed activity	—	—	—	—
Level of Assistance	Dependent, patient does less than 25%	—	—	—	—
Ambulation Response	Tolerated well	—	—	—	—
Number of Assistive Personnel	2	—	—	—	—
Repositioned	Lying left side;Pillow	Semi	—	Semi	Semi

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

	support	Fowler's;Pillow support		Fowler's;Refused by patient	Fowler's;Refused by patient
Positioning Devices	Lift Team	—	—	Lift Team	Lift Team
Head of Bed Elevated	HOB 30	Self regulated	—	HOB 30	HOB 30
Pressure Redistribution	Pillows	Pillows	—	Pillows	Pillows
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	Peri care	—	—	—	—
Antiseptic Care	Antiseptic Wipe	—	—	—	—
Incontinence Protective Devices	Changed;Absorbent pad	—	—	—	—
Row Name	**02/18/25 0216**	**02/17/25 2325**	**02/17/25 2216**	**02/17/25 2030**	**02/17/25 2016**
Arm Bands On	—	—	—	ID;Allergies	—
Highest Level of Mobility for this Event (Nursing)	—	—	—	Lying in bed	—
Level of Assistance	—	—	—	Dependent, patient does less than 25%	—
Repositioned	Lying left side;Semi Fowler's;Refused by patient	Refused by patient;Semi Fowler's	Semi Fowler's	—	Refused by patient;Lying left side;Pillow support
Positioning Devices	Lift Team	Lift Team	Lift Team	—	Lift Team
Head of Bed Elevated	HOB 30	Self regulated	Self regulated	—	HOB 30
Pressure Redistribution	Pillows	Pillows	Pillows	—	Pillows
Row Name	**02/17/25 2000**	**02/17/25 1816**	**02/17/25 1649**	**02/17/25 1616**	**02/17/25 1416**
Repositioned	—	Refused by patient;Other(comment);Pillow support	—	Refused by patient	Supine;Pillow support
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	—	HOB 30	—	HOB 30	HOB 30
Pressure Redistribution	—	Pillows	—	Pillows	Pillows
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	Gown change;Bed pad change;Partial linen change;Peri care	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Incontinence Protective Devices	—	—	Applied;Changed	—	—
Level of Assistance	—	—	Moderate assist	—	—
Row Name	**02/17/25 1000**	**02/17/25 0800**	**02/17/25 0400**	**02/17/25 0142**	**02/16/25 2307**
Repositioned	Other(comment);Pillow support	Supine;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's	Supine;Semi Fowler's;Pillow support
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	HOB 30
Pressure	Pillows	Pillows	Pillows	Pillows	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Redistribution					
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**02/16/25 2149**	**02/16/25 2000**	**02/16/25 1800**	**02/16/25 1540**	**02/16/25 1516**
Highest Level of Mobility for this Event (Nursing)	—	—	—	Bed activity	Bed activity
Level of Assistance	—	—	—	Dependent, patient does less than 25%	—
Repositioned	Lying right side;Supine	Semi Fowler's	Pillow support;Semi Fowler's	Semi Fowler's;Pillow support;Other(comment)	Pillow support
Positioning Devices	Lift Team	—	—	—	—
Head of Bed Elevated	HOB less than 20	—	HOB less than 20	HOB less than 20	—
Pressure Redistribution	Pillows	—	Pillows	Pillows	—
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**02/16/25 1400**	**02/16/25 1101**	**02/16/25 0937**	**02/16/25 0900**	**02/16/25 0800**
Repositioned	Pillow support	Pillow support;Other(comment)	Supine;Refused by patient	—	—
Positioning Devices	Turn & Position Device	Turn & Position Device	—	—	—
Head of Bed Elevated	Self regulated	HOB 45	HOB less than 20	—	—
Pressure Redistribution	Pillows	Pillows	—	—	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Antiseptic Care	—	—	—	Antiseptic Wipe	—
Row Name	**02/16/25 0701**	**02/16/25 0301**	**02/16/25 0100**	**02/15/25 2300**	**02/15/25 2124**
Repositioned	Pillow support	Lying left side;Pillow support	Refused by patient	Refused by patient	Supine
Head of Bed Elevated	HOB 30	—	HOB 30	HOB 30	—
Pressure Redistribution	Pillows	—	—	—	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Row Name	**02/15/25 1830**	**02/15/25 1647**	**02/15/25 1501**	**02/15/25 1301**	**02/15/25 1101**
Repositioned	Lying right side;Pillow support	Supine	Up in chair	Up in chair	Up in chair
Positioning Devices	Turn & Position Device	Over Head Lift	—	—	—
Head of Bed Elevated	HOB 30	HOB 30	—	—	—
Pressure Redistribution	—	Pillows	—	—	—
Row Name	**02/15/25 0800**	**02/15/25 0600**	**02/15/25 0400**	**02/15/25 0200**	**02/15/25 0000**
Repositioned	Refused by patient	Refused by patient	Refused by patient	Refused by patient	Lying left side;Pillow support

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Row Name	**02/14/25 2228**	**02/14/25 2200**	**02/14/25 2000**	**02/14/25 1515**	**02/14/25 1400**
Repositioned	—	Refused by patient	Supine;Semi Fowler's;Pillow support	Semi Fowler's;Pillow support;Lying left side;Lying right side	Refused by patient
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	Bed pad change;Peri care	—	—	Bed pad change	—
Antiseptic Care	Antiseptic Wipe	—	—	—	—
Level of Assistance	Moderate assist	—	—	—	—
Row Name	**02/14/25 1300**	**02/14/25 1252**	**02/14/25 1200**	**02/14/25 1000**	**02/14/25 0809**
Repositioned	—	Lying right side;Pillow support	Refused by patient	Refused by patient;Supine	Refused by patient
Antiseptic Care	Antiseptic Wipe	—	—	—	—
Row Name	**02/14/25 0738**	**02/14/25 0609**	**02/14/25 0409**	**02/14/25 0209**	**02/14/25 0009**
Repositioned	—	Refused by patient	Refused by patient	Refused by patient	Refused by patient
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Row Name	**02/13/25 2209**	**02/13/25 2009**	**02/13/25 2000**	**02/13/25 1834**	**02/13/25 1735**
Highest Level of Mobility for this Event (Nursing)	—	—	—	—	Bed activity
Level of Assistance	—	—	—	—	Dependent, patient does less than 25%
Ambulation Response	—	—	—	—	Tolerated well
Number of Assistive Personnel	—	—	—	—	2
Repositioned	Refused by patient	Semi Fowler's	—	Refused by patient	Semi Fowler's;Lying left side;Pillow support
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	—	—	—	—	HOB 30
Pressure Redistribution	—	—	—	—	Pillows
Side Rails Up for Patient Safety and Mobility	—	—	—	—	Yes
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Row Name	**02/13/25 1538**	**02/13/25 1409**	**02/13/25 1209**	**02/13/25 1009**	**02/13/25 0858**
Highest Level of Mobility for this Event (Nursing)	Bed activity	—	—	—	—
Level of Assistance	Dependent, patient does less than 25%	—	—	—	—
Ambulation Response	Tolerated well	—	—	—	—
Repositioned	Turns self;Semi Fowler's;Pillow support;Other(com	Pillow support;Lying left side;Turns self	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Sitting;Up in chair;Tilt back in chair

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

	ment)				
Positioning Devices	Lift Team	—	—	Lift Team	—
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	—
Pressure Redistribution	Pillows	—	—	—	—
Side Rails Up for Patient Safety and Mobility	Yes	—	—	—	—
Hygiene	—	—	—	—	Gown change;Bed pad change;Full linen change
Antiseptic Care	—	—	—	—	Chlorhexidine Wipe
Incontinence Protective Devices	—	—	—	—	Applied;Changed;Removed;Absorbent pad
Row Name	**02/13/25 0809**	**02/13/25 0800**	**02/13/25 0400**	**02/13/25 0000**	**02/12/25 2056**
Repositioned	Sitting	—	Lying left side;Pillow support	Lying right side;Lying left side	Semi Fowler's;Supine;Pillow support
Positioning Devices	Over Head Lift;Lift Team	—	—	Lift Team	—
Head of Bed Elevated	HOB 45	—	—	HOB less than 20	HOB 30
Pressure Redistribution	Pillows	—	—	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	—	Bed pad change;Partial linen change	Gown change;Bed pad change;Peri care	—
Row Name	**02/12/25 2000**	**02/12/25 1634**	**02/12/25 1633**	**02/12/25 1513**	**02/12/25 1323**
Repositioned	—	Semi Fowler's;Supine;Pillow support	—	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support
Positioning Devices	—	Lift Team	—	—	—
Head of Bed Elevated	—	HOB 30	—	HOB 30	HOB 30
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	Gown change;Bed pad change;Peri care;Partial linen change	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Oral Care	—	—	Mouth swabbed	—	—
Incontinence Protective Devices	—	—	Applied;Changed;Absorbent pad	—	—
Skin Care	—	—	Barrier cream	—	—
Level of Assistance	—	—	Moderate assist	—	—
Additional Comfort/Environmental Interventions	—	—	Warm blanket	—	—
Warm Blanket	—	—	Applied	—	—
Row Name	**02/12/25 1132**	**02/12/25 1000**	**02/12/25 0830**	**02/12/25 0800**	**02/12/25 0559**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Arm Bands On	—	—	ID;Allergies	—	—
Repositioned	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	—	Semi Fowler's;Pillow support	Supine;Pillow support
Head of Bed Elevated	HOB 30	HOB 30	—	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Row Name	**02/12/25 0410**	**02/12/25 0400**	**02/12/25 0200**	**02/11/25 2346**	**02/11/25 2200**
Repositioned	—	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support;Refused by patient	Semi Fowler's;Pillow support;Refused by patient
Hygiene	Gown change;Bed pad change;Peri care	—	—	—	—
Oral Care	Other (Comment)	—	—	—	—
Incontinence Protective Devices	Changed;Absorbent pad	—	—	—	—
Row Name	**02/11/25 2000**	**02/11/25 1800**	**02/11/25 1623**	**02/11/25 1413**	**02/11/25 1214**
Repositioned	Semi Fowler's;Pillow support	Supine;Semi Fowler's	Lying left side	Lying right side	Supine;Semi Fowler's
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Row Name	**02/11/25 1139**	**02/11/25 1130**	**02/11/25 0903**	**02/11/25 0614**	**02/11/25 0411**
Highest Level of Mobility for this Event (Nursing)	—	—	—	Bed activity	—
Level of Assistance	—	—	—	Dependent, patient does less than 25%	—
Repositioned	Supine;Semi Fowler's;Pillow support	Supine;Semi Fowler's;Pillow support	Sitting;Up in chair;Tilt back in chair	Lying right side;Pillow support	Lying left side;Pillow support
Positioning Devices	—	Over Head Lift	Over Head Lift	Lift Team	Lift Team
Head of Bed Elevated	—	—	—	HOB 30	HOB 30
Hygiene	—	—	Bed pad change;Full linen change	Peri care;Bed pad change	—
Antiseptic Care	—	—	Chlorhexidine Wipe	—	—
Skin Care	—	—	Barrier cream	Barrier cream	—
Level of Assistance	—	—	Dependent	Dependent	—
Row Name	**02/11/25 0317**	**02/11/25 0102**	**02/10/25 2319**	**02/10/25 2000**	**02/10/25 1830**
Repositioned	Lying right side;Pillow support	Pillow support;Refused by patient;Lying left side	Lying left side;Pillow support	Turns self;Lying right side	Lying left side;Pillow support
Positioning Devices	Lift Team	—	—	—	—
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 90	HOB 90
Pressure Redistribution	—	—	—	Heels elevated off bed	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Row Name	02/10/25 1600	02/10/25 1400	02/10/25 1200	02/10/25 1000	02/10/25 0800
Repositioned	Lying right side;Pillow support	Sitting;Up in chair	Lying right side;Pillow support	Lying right side;Pillow support;Semi Fowler's	Sitting
Head of Bed Elevated	HOB 90	—	—	—	HOB 90
Pressure Redistribution	—	—	—	Heels elevated off bed	Pillows
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Antiseptic Care	—	—	—	—	Antiseptic Wipe
Oral Care	—	—	—	Other (Comment)	—
Row Name	**02/10/25 0700**	**02/10/25 0500**	**02/10/25 0300**	**02/10/25 0100**	**02/09/25 2300**
Repositioned	Semi Fowler's;Lying right side;Pillow support	Other(comment);Pillow support	Refused by patient;Semi Fowler's;Pillow support	Refused by patient;Semi Fowler's	Refused by patient;Semi Fowler's
Positioning Devices	—	Lift Team	—	—	—
Head of Bed Elevated	—	HOB 30	HOB 30	HOB 30	HOB 30
Row Name	**02/09/25 2100**	**02/09/25 2000**	**02/09/25 1900**	**02/09/25 1700**	**02/09/25 1600**
Repositioned	Semi Fowler's	—	Semi Fowler's	Supine	Lying right side
Head of Bed Elevated	—	—	—	HOB 30	HOB 30
Pressure Redistribution	—	—	—	Pillows	Pillows
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**02/09/25 1500**	**02/09/25 1400**	**02/09/25 1300**	**02/09/25 1200**	**02/09/25 1023**
Repositioned	Lying right side	Supine	Supine	Lying right side	Lying right side;Pillow support
Head of Bed Elevated	HOB 30	HOB 30	HOB less than 20	HOB 30	HOB 30
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	—
Hygiene	—	—	—	—	Full linen change;Bed pad change;Gown change
Antiseptic Care	—	—	—	—	Chlorhexidine Wipe
Row Name	**02/09/25 0900**	**02/09/25 0800**	**02/09/25 0600**	**02/09/25 0400**	**02/09/25 0200**
Repositioned	Lying right side	Supine	Lying left side;Pillow support	Pillow support;Lying right side	Semi Fowler's;Pillow support
Positioning Devices	—	—	Lift Team	Lift Team	—
Head of Bed Elevated	HOB less than 20	HOB less than 20	HOB 30	HOB 30	—
Pressure Redistribution	Pillows	Pillows	—	—	—
Anti-Embolism Devices	—	SCDs in use	—	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**02/09/25 0000**	**02/08/25 2224**	**02/08/25 2000**	**02/08/25 1643**	**02/08/25 1430**
Repositioned	Lying right	Lying left side	Lying left side	Lying right	Lying left side;Pillow

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

	side;Pillow support			side;Pillow support	support
Positioning Devices	Lift Team	—	—	Lift Team	Lift Team
Head of Bed Elevated	HOB 30	HOB less than 20	—	HOB 30	HOB 30
Pressure Redistribution	—	Pillows;Heels elevated off bed	—	Pillows;Heels elevated off bed;Foot of bed elevated	Pillows;Heels elevated off bed;Foot of bed elevated
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	—	—	—	Peri care;Bed pad change	—
Antiseptic Care	—	—	—	Antiseptic Wipe	—
Row Name	**02/08/25 1230**	**02/08/25 1058**	**02/08/25 1040**	**02/08/25 0900**	**02/08/25 0737**
Repositioned	Lying right side;Pillow support	Up in chair	—	Up in chair	—
Positioning Devices	Over Head Lift	Lift Team	—	Over Head Lift	—
Head of Bed Elevated	HOB 30	—	—	HOB 45	—
Pressure Redistribution	Pillows;Heels elevated off bed	Seat Cushion	—	Seat Cushion	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Hygiene	—	—	Bed pad change;Full linen change;Peri care	—	—
Row Name	**02/08/25 0700**	**02/08/25 0400**	**02/08/25 0200**	**02/08/25 0038**	**02/07/25 1900**
Repositioned	Refused by patient;Supine;Other(comment)	Refused by patient;Lying right side	Lying right side;Refused by patient	Lying right side;Pillow support	Refused by patient
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	—
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	—
Row Name	**02/07/25 1800**	**02/07/25 1700**	**02/07/25 1600**	**02/07/25 1451**	**02/07/25 1300**
Highest Level of Mobility for this Event (Nursing)	—	—	—	Lying in bed	—
Level of Assistance	—	—	—	Dependent, patient does less than 25%	—
Repositioned	Refused by patient	Refused by patient	Refused by patient	Refused by patient	Semi Fowler's;Pillow support;Refused by patient
Head of Bed Elevated	HOB 30	—	HOB 30	HOB 30	—
Pressure Redistribution	Pillows	—	Pillows	Pillows	—
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	—
Hygiene	—	Full linen change;Peri care	—	—	—
Antiseptic Care	—	Antiseptic Wipe	—	—	—
Oral Care	—	Mouth swabbed	—	—	—
Incontinence Protective Devices	—	Changed	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Level of Assistance	—	Dependent	—	—	—
Row Name	**02/07/25 1150**	**02/07/25 0951**	**02/07/25 0900**	**02/07/25 0803**	**02/07/25 0800**
Highest Level of Mobility for this Event (Nursing)	Lying in bed	Lying in bed	—	Lying in bed	—
Level of Assistance	Dependent, patient does less than 25%	Dependent, patient does less than 25%	—	Dependent, patient does less than 25%	—
Ambulation Response	Tolerated well	Tolerated well	—	Tolerated well	—
Repositioned	Semi Fowler's;Pillow support;Other(comment)	Pillow support;Semi Fowler's;Lying right side	—	Semi Fowler's;Pillow support;Other(comment)	—
Positioning Devices	Lift Team	—	—	—	—
Head of Bed Elevated	HOB 30	HOB 30	—	—	—
Pressure Redistribution	Pillows	Pillows	—	—	—
Side Rails Up for Patient Safety and Mobility	Yes	Yes	—	—	—
Anti-Embolism Devices	—	—	—	—	SCDs in use
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Antiseptic Care	—	—	Patient Refusal	—	—
Oral Care	Mouth swabbed;Lip moisturizer applied;Mouth suctioned	—	—	—	—
Row Name	**02/07/25 0617**	**02/07/25 0400**	**02/07/25 0200**	**02/07/25 0000**	**02/06/25 2108**
Repositioned	Lying right side	Supine	Lying left side	Lying right side;Pillow support	—
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	—
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	—
Side Rails Up for Patient Safety and Mobility	Yes	Yes	—	—	—
Hygiene	Partial linen change;Bed pad change	—	—	—	Partial linen change;Bed pad change
Row Name	**02/06/25 2107**	**02/06/25 2000**	**02/06/25 1900**	**02/06/25 1700**	**02/06/25 1500**
Highest Level of Mobility for this Event (Nursing)	Bed activity	—	—	—	—
Repositioned	Supine;Semi Fowler's;Pillow support	—	Refused by patient	Supine;Semi Fowler's;Pillow support	Supine;Pillow support
Positioning Devices	—	—	—	Lift Team	Over Head Lift
Head of Bed Elevated	—	—	—	HOB 30	HOB 30
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	—	—	Gown change;Bed pad change;Peri	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

				care	
Oral Care	—	—	—	Mouth swabbed	—
Incontinence Protective Devices	—	—	—	Changed	—
Row Name	**02/06/25 1300**	**02/06/25 1100**	**02/06/25 1000**	**02/06/25 0800**	**02/06/25 0700**
Repositioned	Up in chair	Up in chair	Up in chair	—	Refused by patient
Positioning Devices	—	—	Over Head Lift	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Hygiene	—	—	Gown change;Bed pad change;Full linen change;Peri care	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Level of Assistance	—	—	Dependent	—	—
Row Name	**02/06/25 0500**	**02/06/25 0300**	**02/06/25 0100**	**02/05/25 2352**	**02/05/25 2300**
Repositioned	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Lying left side;Pillow support	Lying right side;Pillow support;Semi Fowler's	Refused by patient;Semi Fowler's;Pillow support
Positioning Devices	—	—	Turn & Position Device	Turn & Position Device	—
Head of Bed Elevated	HOB 45	—	HOB 45	HOB 45	HOB 45
Pressure Redistribution	Foot of bed elevated;Pillows;Heels elevated off bed	Pillows;Foot of bed elevated;Heels elevated off bed	Foot of bed elevated;Pillows	Foot of bed elevated;Pillows	Heels elevated off bed;Foot of bed elevated;Pillows
Hygiene	—	—	—	Bed pad change;Peri care	—
Incontinence Protective Devices	—	—	—	Changed	—
Skin Care	—	—	—	Barrier cream	—
Level of Assistance	—	—	—	Dependent	—
Row Name	**02/05/25 2100**	**02/05/25 2000**	**02/05/25 1901**	**02/05/25 1900**	**02/05/25 1659**
Highest Level of Mobility for this Event (Nursing)	—	Bed activity	Lying in bed	—	Bed activity
Level of Assistance	—	—	—	—	Dependent, patient does less than 25%
Assistive Device	—	—	—	—	Transfer Device
Number of Assistive Personnel	—	—	—	—	—
Repositioned	Lying right side;Pillow support	Lying left side;Pillow support	Refused by patient;Semi Fowler's	Semi Fowler's;Pillow support	Lying right side;Pillow support
Positioning Devices	Lift Team	—	—	Lift Team	—
Head of Bed Elevated	HOB 45	—	—	—	—
Pressure Redistribution	Pillows	—	—	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	Peri care;Bed pad	—	—	Peri care;Gown

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

		change			change;Bed pad change
Antiseptic Care	—	Antiseptic Wipe	—	—	Antiseptic Wipe
Level of Assistance	—	Dependent	—	—	Dependent
Row Name	**02/05/25 1557**	**02/05/25 1500**	**02/05/25 1455**	**02/05/25 1405**	**02/05/25 1400**
Highest Level of Mobility for this Event (Nursing)	Transferred to chair/commode	—	Transferred to chair/commode	—	—
Level of Assistance	—	—	Dependent, patient does less than 25%	—	—
Assistive Device	—	—	Transfer Device	—	—
Repositioned	Sitting;Up in chair	—	Up in chair	—	—
Hygiene	—	Full linen change	—	Partial linen change	Peri care
Incontinence Protective Devices	—	—	—	—	Changed
Skin Care	—	—	—	—	Barrier cream
Row Name	**02/05/25 1355**	**02/05/25 1000**	**02/05/25 0800**	**02/05/25 0535**	**02/04/25 1900**
Level of Assistance	—	—	—	Dependent, patient does less than 25%	—
Repositioned	Supine;Semi Fowler's;Pillow support	Supine;Semi Fowler's;Pillow support	—	Semi Fowler's	Lying right side;Pillow support
Positioning Devices	Lift Team	Lift Team	—	Lift Team;Turn & Position Device	—
Head of Bed Elevated	HOB 45	—	—	HOB 30	—
Pressure Redistribution	—	—	—	Pillows	—
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Preventative Border Silicone Dressing Location	—	—	—	Sacrum;Spine	—
Skin Under Sacrum Dressing Assessed?	—	—	—	Yes	—
Sacrum Dressing Status	—	Changed/New	—	Changed/New	—
Skin Under Under Spine Dressing Assessed?	—	Yes	—	Yes	—
Spine Dressing Status	—	Clean	—	Clean	—
Hygiene	—	Partial linen change;Peri care	—	Full linen change	—
Antiseptic Care	—	—	—	Antiseptic Wipe	—
Incontinence Protective Devices	—	Changed	—	Protective pad	—
Skin Care	—	Barrier cream	—	Barrier cream	—
Level of Assistance	—	Dependent	—	Dependent	—
Row Name	**02/04/25 1700**	**02/04/25 1500**	**02/04/25 1400**	**02/04/25 1212**	**02/04/25 0932**
Highest Level of	—	—	—	—	Bed activity

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Mobility for this Event (Nursing)					
Level of Assistance	—	—	—	—	Dependent, patient does less than 25%
Ambulation Response	—	—	—	—	Tolerated well
Number of Assistive Personnel	—	—	—	—	2
Repositioned	Semi Fowler's;Pillow support	Lying left side;Pillow support	Semi Fowler's;Pillow support	Lying right side;Pillow support;Semi Fowler's	Lying left side;Pillow support;Semi Fowler's
Positioning Devices	—	—	—	Turn & Position Device;Lift Team	Turn & Position Device;Lift Team
Head of Bed Elevated	—	—	—	HOB 60	—
Pressure Redistribution	—	—	—	Pillows	—
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Hygiene	—	—	—	Gown change;Bed pad change	Bed pad change
Antiseptic Care	—	—	—	Chlorhexidine Wipe	—
Incontinence Protective Devices	—	—	—	—	Applied;Absorbent pad;Changed;Removed
Skin Care	—	—	—	Barrier cream	Barrier cream
Level of Assistance	—	—	—	—	Dependent
Row Name	**02/04/25 0900**	**02/04/25 0800**	**02/04/25 0700**	**02/04/25 0542**	**02/04/25 0325**
Repositioned	—	—	Pillow support;Lying right side	Lying right side;Pillow support	Supine;Semi Fowler's
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	—	—	—	HOB 30	HOB less than 20
Pressure Redistribution	—	—	—	Heels elevated off bed	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Antiseptic Care	Antiseptic Wipe	—	—	—	—
Row Name	**02/04/25 0229**	**02/03/25 2348**	**02/03/25 2200**	**02/03/25 2000**	**02/03/25 1642**
Highest Level of Mobility for this Event (Nursing)	—	—	—	—	Bed activity
Level of Assistance	—	—	—	—	Dependent, patient does less than 25%
Number of Assistive Personnel	—	—	—	—	2
Repositioned	Lying left side;Pillow support;Refused by patient	Lying left side;Pillow support;Refused by patient	Lying left side;Pillow support	Supine;Pillow support	Lying left side;Pillow support
Head of Bed Elevated	—	HOB 30	HOB 30	—	HOB 45
Pressure	—	—	Heels elevated off	Heels elevated off	Heels elevated off

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Redistribution			bed	bed	bed;Pillows
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Hygiene	—	—	—	—	Bed pad change
Row Name	**02/03/25 1425**	**02/03/25 1103**	**02/03/25 1000**	**02/03/25 0926**	**02/03/25 0854**
Highest Level of Mobility for this Event (Nursing)	Bed activity	Bed activity	—	—	—
Level of Assistance	Dependent, patient does less than 25%	Dependent, patient does less than 25%	—	—	—
Number of Assistive Personnel	2	—	—	—	—
Repositioned	Pillow support;Lying right side	Lying right side;Pillow support	Lying right side;Pillow support	—	Lying left side;Pillow support
Positioning Devices	Lift Team	Lift Team	Lift Team	—	Lift Team
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	—	HOB 30
Pressure Redistribution	Pillows;Foot of bed elevated	Pillows;Foot of bed elevated	Pillows;Foot of bed elevated;Heels elevated off bed	—	Pillows;Foot of bed elevated
Hygiene	—	—	—	—	Peri care;Bed pad change
Antiseptic Care	—	—	—	—	Antiseptic Wipe
Incontinence Protective Devices	—	—	—	—	Changed;Absorbent pad
Skin Care	—	—	—	—	Barrier cream
Level of Assistance	—	—	—	—	Dependent
Additional Comfort/Environmental Interventions	—	—	—	Warm blanket	—
Warm Blanket	—	—	—	Applied	—
Row Name	**02/03/25 0800**	**02/03/25 0503**	**02/03/25 0400**	**02/03/25 0200**	**02/03/25 0000**
Repositioned	—	Lying right side;Pillow support	Pillow support;Lying right side	Other(comment)	Semi Fowler's;Pillow support
Positioning Devices	—	Lift Team	Lift Team	—	—
Head of Bed Elevated	—	HOB 30	HOB 30	—	HOB 30
Pressure Redistribution	—	Pillows;Foot of bed elevated	—	—	—
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Row Name	**02/02/25 2248**	**02/02/25 2000**	**02/02/25 1800**	**02/02/25 1600**	**02/02/25 1400**
Repositioned	Lying left side;Pillow support	Lying left side	Lying right side	Supine	Lying left side
Positioning Devices	—	Lift Team	—	—	Lift Team
Head of Bed Elevated	HOB 30	HOB 45	HOB 45	HOB 45	HOB 45
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	Pillows
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Hygiene	Peri care;Full linen change;Bed pad change	—	—	—	—
Incontinence Protective Devices	Changed	—	—	—	—
Row Name	**02/02/25 1200**	**02/02/25 0800**	**02/02/25 0600**	**02/02/25 0400**	**02/02/25 0200**
Repositioned	Up in chair	—	Semi Fowler's;Pillow support	Lying left side;Pillow support	Refused by patient
Positioning Devices	Over Head Lift	—	Lift Team	Lift Team	—
Head of Bed Elevated	HOB 90	—	HOB 90	HOB 90	—
Pressure Redistribution	Seat Cushion;Occiput Cushion	—	Pillows;Heels elevated off bed;Foot of bed elevated	Pillows;Heels elevated off bed;Foot of bed elevated	—
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	—	—	Peri care;Bed pad change	—
Antiseptic Care	—	—	—	Antiseptic Wipe	—
Oral Care	—	—	—	Mouth moisturizer;Mouth suctioned	—
Incontinence Protective Devices	—	—	—	Applied;Absorbent pad	—
Skin Care	—	—	—	Barrier cream	—
Level of Assistance	—	—	—	Dependent	—
Row Name	**02/02/25 0041**	**02/02/25 0000**	**02/01/25 2038**	**02/01/25 1928**	**02/01/25 1846**
Arm Bands On	—	ID;Allergies	—	—	—
Family/Significant Other Update	—	Visiting	—	—	—
Highest Level of Mobility for this Event (Nursing)	—	Bed activity	—	—	—
Level of Assistance	—	Dependent, patient does less than 25%	—	—	—
Ambulation Response	—	Tolerated well	—	—	—
Number of Assistive Personnel	—	2	—	—	—
Repositioned	Supine	Semi Fowler's;Pillow support	Lying left side	—	Refused by patient
Positioning Devices	—	Lift Team	Lift Team	—	—
Head of Bed Elevated	—	HOB 90	HOB 30	—	—
Pressure Redistribution	—	Pillows	Pillows;Foot of bed elevated	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Hygiene	—	—	Peri care;Bed pad change	—	Patient Refused
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Skin Care	—	—	Barrier cream	—	—
Level of Assistance	—	—	Dependent	—	—
Row Name	**02/01/25 1700**	**02/01/25 1500**	**02/01/25 1200**	**02/01/25 0900**	**02/01/25 0800**
Repositioned	Refused by patient	Lying right side;Semi Fowler's	Up in chair	Supine	—
Positioning Devices	—	Over Head Lift	Over Head Lift	—	—
Head of Bed Elevated	—	HOB 45	—	—	—
Pressure Redistribution	—	Pillows	Pillows	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	Patient Refused
Hygiene	—	Bed pad change;Peri care	—	—	—
Oral Care	—	—	Mouth swabbed	—	—
Row Name	**02/01/25 0700**	**02/01/25 0500**	**02/01/25 0300**	**02/01/25 0100**	**01/31/25 2300**
Repositioned	Lying right side	Lying left side	Supine	Lying left side	Supine
Head of Bed Elevated	—	HOB 30	HOB 30	HOB 30	HOB 30
Pressure Redistribution	—	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed
Row Name	**01/31/25 2100**	**01/31/25 2000**	**01/31/25 1930**	**01/31/25 1900**	**01/31/25 1601**
Arm Bands On	—	—	ID;Allergies	—	—
Repositioned	Supine	—	—	Supine	Supine;Semi Fowler's;Pillow support
Head of Bed Elevated	HOB 30	—	—	HOB 30	—
Pressure Redistribution	Pillows;Heels elevated off bed	—	—	Pillows;Heels elevated off bed	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**01/31/25 1500**	**01/31/25 1300**	**01/31/25 1151**	**01/31/25 0901**	**01/31/25 0900**
Is an interpreter used?	—	—	—	No	—
Highest Level of Mobility for this Event (Nursing)	—	—	Transferred to chair/commode	Bed activity	—
Level of Assistance	—	—	Dependent, patient does less than 25%	Dependent, patient does less than 25%	—
Assistive Device	—	—	Transfer Device	Transfer Belt	—
Ambulation Response	—	—	With pre-medication	—	—
Number of Assistive Personnel	—	—	2	2	—
Repositioned	Supine	Up in chair	Sitting;Up in chair;Tilt back in chair	Lying right side;Pillow support	—
Positioning Devices	Over Head Lift	—	—	Turn & Position Device;Lift Team	—
Head of Bed Elevated	HOB 60	Other (Comment)	—	HOB 60	—
Pressure	Pillows	Pillows;Occiput	—	Pillows	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Redistribution		Cushion			
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	—
Range of Motion	—	—	—	Right arm;Left arm;Active	—
Hygiene	—	—	Gown change;Bed pad change;Full linen change	—	—
Antiseptic Care	—	—	Chlorhexidine Wipe	—	Chlorhexidine Wipe
Safety Equipment at Bedside	—	—	—	Suction	—
Row Name	**01/31/25 0800**	**01/31/25 0644**	**01/31/25 0600**	**01/31/25 0400**	**01/31/25 0200**
Repositioned	Lying right side	—	Semi Fowler's;Pillow support	Lying right side;Pillow support	Lying left side;Pillow support
Positioning Devices	—	—	—	Turn & Position Device;Lift Team	Turn & Position Device;Lift Team
Head of Bed Elevated	HOB 30	—	—	HOB 30	HOB 30
Pressure Redistribution	Pillows	—	—	Pillows	—
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	Bed pad change;Peri care	—	Bed pad change;Peri care	—
Level of Assistance	—	Dependent	—	—	—
Row Name	**01/30/25 2351**	**01/30/25 2155**	**01/30/25 2100**	**01/30/25 2000**	**01/30/25 1937**
Arm Bands On	—	—	ID;Allergies	—	—
Family/Significant Other Update	—	—	Visiting	—	—
Highest Level of Mobility for this Event (Nursing)	—	Bed activity	—	—	—
Repositioned	Lying right side;Pillow support	Lying left side;Pillow support	—	Supine;Pillow support	—
Positioning Devices	Turn & Position Device;Lift Team	—	—	—	—
Head of Bed Elevated	HOB 30	HOB 30	—	—	—
Pressure Redistribution	—	Pillows;Heels elevated off bed	—	—	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Hygiene	Bed pad change	Peri care;Bed pad change	—	—	—
Oral Care	Mouth swabbed	—	—	—	—
Level of Assistance	Dependent	—	—	—	—
Row Name	**01/30/25 1756**	**01/30/25 1551**	**01/30/25 1530**	**01/30/25 1421**	**01/30/25 1358**
Highest Level of Mobility for this Event (Nursing)	Bed activity	Bed activity	Transferred to chair/commode	Transferred to chair/commode	Transferred to chair/commode
Level of Assistance	—	Dependent, patient does less than 25%	—	—	—
Assistive Device	—	Transfer Device	—	—	—
Number of Assistive Personnel	—	2	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Repositioned	Lying right side;Pillow support	Lying left side;Pillow support	Sitting;Up in chair	Sitting;Tilt back in chair;Other(comment)	Sitting;Tilt back in chair
Pressure Redistribution	—	Pillows	—	—	—
Hygiene	—	Peri care;Bed pad change	—	—	—
Oral Care	Mouth swabbed	Mouth swabbed	—	—	—
Row Name	**01/30/25 1229**	**01/30/25 1027**	**01/30/25 0837**	**01/30/25 0520**	**01/30/25 0000**
Highest Level of Mobility for this Event (Nursing)	Transferred to chair/commode	—	Lying in bed	—	—
Level of Assistance	Dependent, patient does less than 25%	—	Dependent, patient does less than 25%	—	—
Assistive Device	Transfer Device;Wheelchair; Other (Comment)	—	—	—	—
Number of Assistive Personnel	2	—	—	—	—
Repositioned	Sitting;Up in chair;Tilt back in chair;Other(comment)	Supine;Pillow support	Refused by patient;Other(comment)	Lying left side	Lying right side
Positioning Devices	Over Head Lift;Lift Team	—	—	Lift Team	Lift Team
Head of Bed Elevated	—	—	—	HOB 45	HOB 45
Pressure Redistribution	Pillows	—	—	Pillows	—
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	Yes
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	Bed pad change;Full linen change	—	Gown change	Bed pad change;Peri care	Bed pad change;Peri care
Antiseptic Care	—	—	Chlorhexidine Wipe	—	—
Oral Care	Mouth swabbed	—	Mouth swabbed	—	—
Level of Assistance	—	—	Dependent	—	—
Row Name	**01/29/25 2300**	**01/29/25 2130**	**01/29/25 1937**	**01/29/25 1843**	**01/29/25 1631**
Repositioned	Lying left side;Pillow support	Pillow support;Lying left side	Supine;Semi Fowler's;Refused by patient	Refused by patient;Supine;Pillow support	Supine
Positioning Devices	Lift Team	—	—	—	Lift Team
Head of Bed Elevated	HOB 45	—	—	HOB 45	HOB 45
Pressure Redistribution	Pillows	—	—	Pillows	Pillows
Side Rails Up for Patient Safety and Mobility	Yes	—	—	—	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	—	—	—	—	Bed pad change
Oral Care	Mouth swabbed	—	—	—	—
Row Name	**01/29/25 1615**	**01/29/25 1300**	**01/29/25 1052**	**01/29/25 0930**	**01/29/25 0800**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Repositioned	Supine;Refused by patient;Other(comment)	Lying right side;Pillow support	Lying left side;Pillow support	Semi Fowler's	—
Head of Bed Elevated	—	HOB 30	HOB 45	HOB 45	—
Pressure Redistribution	—	Pillows	Heels elevated off bed	—	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Hygiene	—	—	Peri care;Bed pad change	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Incontinence Protective Devices	—	—	Absorbent pad;Changed	—	—
Level of Assistance	—	—	Dependent	—	—
Row Name	**01/29/25 0738**	**01/29/25 0521**	**01/29/25 0321**	**01/29/25 0130**	**01/28/25 2330**
Repositioned	Supine;Pillow support	Lying right side;Pillow support;Semi Fowler's	Refused by patient;Supine;Pillow support;Semi Fowler's	Refused by patient;Lying right side;Pillow support	Lying right side;Pillow support
Head of Bed Elevated	—	HOB 45	HOB 45	HOB 30	HOB 30
Pressure Redistribution	—	Foot of bed elevated;Heels elevated off bed	Foot of bed elevated;Heels elevated off bed	Foot of bed elevated;Heels elevated off bed	Pillows;Foot of bed elevated
Hygiene	Peri care;Bed pad change	—	—	—	—
Row Name	**01/28/25 2130**	**01/28/25 2000**	**01/28/25 1930**	**01/28/25 1600**	**01/28/25 1403**
Repositioned	Sitting	—	Semi Fowler's;Refused by patient	Semi Fowler's;Pillow support;Refused by patient	Semi Fowler's;Pillow support;Lying right side
Positioning Devices	Lift Team	—	Lift Team	—	Lift Team
Head of Bed Elevated	HOB 60	—	HOB 60	—	HOB 45
Pressure Redistribution	Pillows	—	Pillows	—	Pillows
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	—	—	—	Partial linen change;Bed pad change;Pad change
Row Name	**01/28/25 1300**	**01/28/25 1205**	**01/28/25 1100**	**01/28/25 0900**	**01/28/25 0805**
Arm Bands On	—	—	—	ID;Allergies	—
Highest Level of Mobility for this Event (Nursing)	—	—	—	Bed activity	—
Level of Assistance	—	—	—	Dependent, patient does less than 25%	—
Repositioned	Lying left side;Pillow support	Refused by patient;Semi Fowler's;Pillow support	Semi Fowler's;Pillow support;Refused by patient	—	Semi Fowler's;Refused by patient;Pillow support
Positioning Devices	Lift Team	Lift Team	—	—	Lift Team
Head of Bed Elevated	HOB 60	HOB 45	Self regulated	—	Self regulated

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Pressure Redistribution	Pillows	Pillows	Pillows	—	Pillows
Hygiene	—	—	—	Gown change;Full linen change	—
Antiseptic Care	—	—	—	Antiseptic Wipe	—
Row Name	**01/28/25 0800**	**01/28/25 0605**	**01/28/25 0445**	**01/28/25 0159**	**01/27/25 2346**
Highest Level of Mobility for this Event (Nursing)	—	—	—	Bed activity	Bed activity
Level of Assistance	—	—	—	Dependent, patient does less than 25%	Dependent, patient does less than 25%
Number of Assistive Personnel	—	—	—	2	2
Repositioned	—	Supine;Pillow support	Supine;Pillow support	Lying left side;Pillow support	Lying right side;Pillow support
Positioning Devices	—	Lift Team	—	Lift Team	Lift Team
Head of Bed Elevated	—	HOB 30	HOB 30	HOB 30	HOB 30
Pressure Redistribution	—	Pillows	Pillows;Heels elevated off bed	Pillows	Pillows
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	—	Peri care;Pad change;Bed pad change	—
Skin Care	—	—	—	Barrier film	—
Level of Assistance	—	—	—	Dependent	—
Row Name	**01/27/25 2300**	**01/27/25 2000**	**01/27/25 1900**	**01/27/25 1805**	**01/27/25 1700**
Highest Level of Mobility for this Event (Nursing)	—	Bed activity	Lying in bed	—	Bed activity
Repositioned	Supine;Pillow support	Lying left side;Pillow support	Refused by patient	Lying right side;Pillow support;Refused by patient	Lying right side;Pillow support
Head of Bed Elevated	—	HOB 30	—	HOB 30	HOB 45
Pressure Redistribution	—	—	—	Foot of bed elevated	Pillows;Heels elevated off bed
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	Peri care;Bed pad change	—	—	Peri care;Bed pad change
Skin Care	—	Barrier cream	—	—	Barrier cream
Level of Assistance	—	Dependent	—	—	Dependent
Row Name	**01/27/25 1400**	**01/27/25 1200**	**01/27/25 0940**	**01/27/25 0800**	**01/27/25 0731**
Arm Bands On	—	—	ID;Allergies	—	—
Family/Significant Other Update	—	—	Visiting;Updated	—	—
Highest Level of Mobility for this Event (Nursing)	Bed activity	Bed activity	Bed activity	—	Bed activity
Level of Assistance	Dependent, patient does less than 25%	Dependent, patient does less than 25%	Dependent, patient does less than 25%	—	—
Number of Assistive	2	2	2	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Personnel					
Repositioned	Lying left side	Lying right side	Lying left side;Pillow support	—	Lying right side
Positioning Devices	Lift Team	Lift Team	Lift Team	—	Lift Team
Head of Bed Elevated	HOB 45	HOB 30	HOB 30	—	HOB 30
Pressure Redistribution	Pillows;Foot of bed elevated;Heels elevated off bed	Pillows;Foot of bed elevated;Heels elevated off bed	Pillows;Foot of bed elevated	—	Foot of bed elevated
Side Rails Up for Patient Safety and Mobility	Yes	Yes	Yes	—	—
Range of Motion	Passive	Passive	Passive	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Feeding	—	—	Other (Comment)	—	—
Hygiene	Pad change	Pad change	Peri care;Full linen change;Pad change	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Oral Care	—	Mouth suctioned;Other (Comment)	—	—	—
Incontinence Protective Devices	Absorbent pad;Changed	Absorbent pad;Changed	Absorbent pad;Changed	—	—
Skin Care	Barrier cream	Barrier cream	Barrier cream	—	—
Level of Assistance	Dependent	Dependent	Dependent	—	—
Safety Equipment at Bedside	—	Suction	—	—	—
Row Name	**01/27/25 0600**	**01/27/25 0331**	**01/27/25 0159**	**01/26/25 2347**	**01/26/25 2100**
Arm Bands On	—	—	—	—	ID;Allergies
Highest Level of Mobility for this Event (Nursing)	Bed activity	Bed activity	Bed activity	Bed activity	Bed activity
Level of Assistance	Dependent, patient does less than 25%	Dependent, patient does less than 25%	Dependent, patient does less than 25%	Dependent, patient does less than 25%	Dependent, patient does less than 25%
Number of Assistive Personnel	—	—	—	—	2
Repositioned	Lying left side	Lying right side;Pillow support	Lying left side;Pillow support	Lying right side	Lying left side;Supine
Positioning Devices	Lift Team	—	Lift Team	Lift Team	Lift Team
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	HOB 45
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed
Hygiene	—	—	—	Peri care;Bed pad change	Peri care;Partial linen change
Antiseptic Care	—	—	—	Antiseptic Wipe	Antiseptic Wipe
Incontinence Protective Devices	—	—	—	—	Absorbent pad
Skin Care	—	—	—	—	Barrier cream
Level of Assistance	—	—	—	Dependent	Dependent
Row Name	**01/26/25 2000**	**01/26/25 1850**	**01/26/25 1739**	**01/26/25 1531**	**01/26/25 1303**
Highest Level of	—	Bed activity	Bed activity	Bed activity	Transferred to

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Mobility for this Event (Nursing)					chair/commode
Level of Assistance	—	—	—	Dependent, patient does less than 25%	Dependent, patient does less than 25%
Assistive Device	—	—	—	Other (Comment)	Other (Comment);Wheelchair
Distance Ambulated (ft)	—	—	—	—	0 ft
Ambulation Response	—	—	—	With pre-medication	—
Number of Assistive Personnel	—	—	—	2	—
Repositioned	—	Lying right side;Semi Fowler's;Pillow support	Refused by patient	Lying left side;Pillow support	Sitting;Other(comment)
Head of Bed Elevated	—	HOB 30	—	HOB 30	—
Pressure Redistribution	—	Pillows;Foot of bed elevated	—	Heels elevated off bed	—
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	—	Peri care;Bed pad change;Full linen change;Pad change	—
Incontinence Protective Devices	—	—	—	Absorbent pad;Changed	—
Skin Care	—	—	—	Barrier cream;Other (Comment)	—
Level of Assistance	—	—	—	Dependent	—

Row Name	**01/26/25 1230**	**01/26/25 1113**	**01/26/25 0900**	**01/26/25 0800**	**01/26/25 0400**
Repositioned	Refused by patient	Lying right side	—	Supine	Semi Fowler's
Head of Bed Elevated	—	HOB 45	—	HOB 30	HOB 45
Pressure Redistribution	—	Pillows;Heels elevated off bed	—	Pillows	—
Side Rails Up for Patient Safety and Mobility	—	Yes	—	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Antiseptic Care	—	—	Other (Comment)	—	—

Row Name	**01/26/25 0200**	**01/25/25 2348**	**01/25/25 2200**	**01/25/25 2100**	**01/25/25 2000**
Repositioned	Lying right side;Pillow support	Lying left side;Pillow support	Lying left side;Pillow support	Lying right side;Pillow support	Lying left side;Pillow support
Head of Bed Elevated	HOB 30	HOB 45	HOB 30	HOB 30	HOB 30

Row Name	**01/25/25 1919**	**01/25/25 1903**	**01/25/25 1900**	**01/25/25 1745**	**01/25/25 1600**
Repositioned	—	—	Lying left side	Lying right side;Pillow support	Lying left side
Head of Bed Elevated	—	—	HOB 30	HOB 30	HOB 30
Pressure Redistribution	—	—	Pillows	—	Pillows
Reason for No Mechanical	Patient Refused	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Prophylaxis					
Hygiene	—	Full linen change;Bed pad change	—	—	—
Oral Care	—	Mouth suctioned;Mouth swabbed	—	—	—
Row Name	**01/25/25 1400**	**01/25/25 1255**	**01/25/25 1230**	**01/25/25 1200**	**01/25/25 1130**
Repositioned	Lying left side;Pillow support	Lying left side	Tilt back in chair	Tilt back in chair	Tilt back in chair
Head of Bed Elevated	HOB 30	HOB 30	—	—	—
Pressure Redistribution	—	Pillows	—	—	—
Row Name	**01/25/25 1102**	**01/25/25 1030**	**01/25/25 1000**	**01/25/25 0900**	**01/25/25 0815**
Repositioned	Tilt back in chair	Tilt back in chair	Tilt back in chair	—	Lying right side;Pillow support
Head of Bed Elevated	—	—	—	—	HOB 30
Pressure Redistribution	—	—	—	—	Pillows;Heels elevated off bed
Hygiene	Full linen change;Bed pad change	—	Partial linen change;Peri care	—	Full linen change;Gown change;Bed pad change
Antiseptic Care	—	—	—	Other (Comment)	—
Oral Care	—	—	—	—	Mouth swabbed;Mouth moisturizer;Lip moisturizer applied
Incontinence Protective Devices	—	—	—	—	Applied
Row Name	**01/25/25 0800**	**01/25/25 0600**	**01/25/25 0400**	**01/25/25 0200**	**01/25/25 0000**
Repositioned	—	Lying left side;Pillow support	Lying right side;Pillow support	Semi Fowler's;Pillow support;Other(comment)	Lying right side;Pillow support
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	—	Self regulated	—	—	HOB less than 20
Pressure Redistribution	—	—	—	—	Pillows
Side Rails Up for Patient Safety and Mobility	—	—	—	—	Yes
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Oral Care	—	—	—	—	Mouth swabbed
Row Name	**01/24/25 2202**	**01/24/25 2200**	**01/24/25 2100**	**01/24/25 2000**	**01/24/25 1900**
Repositioned	Lying left side	Lying right side	Other(comment)	Turns self	Other(comment)
Positioning Devices	Lift Team	—	—	—	—
Head of Bed Elevated	HOB 45	—	—	—	—
Pressure Redistribution	Pillows	—	—	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Oral Care	Mouth swabbed	—	—	Mouth swabbed	—
Row Name	**01/24/25 1700**	**01/24/25 1500**	**01/24/25 1300**	**01/24/25 1100**	**01/24/25 0820**
Arm Bands On	—	—	—	—	ID;Allergies
Highest Level of Mobility for this Event (Nursing)	—	—	—	—	Bed activity
Level of Assistance	—	—	—	—	Maximum assist, patient does 25-49%
Assistive Device	—	—	—	—	Wheelchair
Repositioned	Lying left side;Semi Fowler's;Pillow support	Semi Fowler's;Lying right side;Pillow support	Semi Fowler's;Refused by patient	Turns self;Semi Fowler's	Semi Fowler's;Pillow support
Positioning Devices	Lift Team	Lift Team	Lift Team	Lift Team	—
Head of Bed Elevated	Self regulated	Self regulated	Self regulated	Self regulated	—
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	Pillows
Range of Motion	—	—	—	—	Active;All extremities
Hygiene	—	—	—	Partial linen change;Full linen change;Gown change	—
Antiseptic Care	—	—	—	Antiseptic Wipe	—
Incontinence Protective Devices	—	—	—	Changed;Absorbent pad	—
Row Name	**01/24/25 0800**	**01/24/25 0557**	**01/24/25 0400**	**01/24/25 0146**	**01/24/25 0027**
Repositioned	—	Supine;Pillow support	Lying right side	Turns self	—
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	—	—	Partial linen change
Row Name	**01/24/25 0000**	**01/23/25 2200**	**01/23/25 2000**	**01/23/25 1800**	**01/23/25 1537**
Repositioned	Lying left side;Pillow support	Turns self;Pillow support	Refused by patient;Semi Fowler's;Pillow support	Supine;Semi Fowler's;Pillow support	Turns self;Supine
Head of Bed Elevated	—	—	HOB 45	HOB 45	—
Anti-Embolism Devices	—	—	SCDs in use	—	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Row Name	**01/23/25 1400**	**01/23/25 1230**	**01/23/25 1000**	**01/23/25 0900**	**01/23/25 0800**
Arm Bands On	—	—	—	ID;Allergies	—
Repositioned	Sitting;Up in chair	Semi Fowler's;Pillow support	Pillow support;Lying left side	—	Sitting;Semi Fowler's
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Hygiene	—	Full linen change;Bed pad change;Gown change;Bathed;Peri care	—	—	—
Antiseptic Care	—	—	—	Other (Comment)	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Level of Assistance	—	Dependent	—	—	—
Row Name	**01/23/25 0500**	**01/23/25 0300**	**01/23/25 0100**	**01/22/25 2300**	**01/22/25 2130**
Repositioned	Supine;Semi Fowler's;Pillow support	Semi Fowler's;Supine	Lying right side;Pillow support	Supine;Pillow support	Supine
Positioning Devices	—	—	—	Lift Team	—
Pressure Redistribution	—	—	—	Pillows	—
Row Name	**01/22/25 2000**	**01/22/25 1930**	**01/22/25 1500**	**01/22/25 1330**	**01/22/25 1130**
Repositioned	—	Lying left side	Lying right side	Semi Fowler's	Semi Fowler's;Pillow support
Head of Bed Elevated	—	—	—	HOB 60	—
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Row Name	**01/22/25 0904**	**01/22/25 0900**	**01/22/25 0800**	**01/22/25 0730**	**01/22/25 0530**
Arm Bands On	—	ID;Allergies	—	—	—
Repositioned	Semi Fowler's;Pillow support	—	—	Lying left side	Lying right side;Pillow support
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Row Name	**01/22/25 0330**	**01/22/25 0130**	**01/21/25 2237**	**01/21/25 2100**	**01/21/25 1620**
Repositioned	Semi Fowler's	Lying left side;Pillow support	Lying left side;Pillow support	Lying left side;Pillow support	Lying right side;Supine;Pillow support
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	—	—	HOB 30	HOB Flat	HOB 45
Pressure Redistribution	—	—	Pillows	Pillows	Pillows;Foot of bed elevated
Hygiene	—	—	Full linen change	—	—
Incontinence Protective Devices	—	—	—	—	Changed;Absorbent pad
Row Name	**01/21/25 1329**	**01/21/25 1048**	**01/21/25 0800**	**01/21/25 0600**	**01/21/25 0400**
Highest Level of Mobility for this Event (Nursing)	Bed activity	Bed activity	—	—	—
Level of Assistance	Dependent, patient does less than 25%	Dependent, patient does less than 25%	—	—	—
Number of Assistive Personnel	2	2	—	—	—
Repositioned	Lying right side;Pillow support	Lying right side;Pillow support	Lying left side;Pillow support	Pillow support;Semi Fowler's	Semi Fowler's;Pillow support
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 45	HOB 30
Pressure Redistribution	Pillows;Foot of bed elevated	Pillows;Foot of bed elevated	Pillows;Foot of bed elevated	—	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Incontinence Protective	Changed;Absorbent pad	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Devices					
Skin Care	—	Barrier cream	—	—	—
Level of Assistance	—	Dependent	—	—	—
Row Name	**01/21/25 0200**	**01/21/25 0000**	**01/20/25 2200**	**01/20/25 2000**	**01/20/25 1800**
Repositioned	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Supine
Head of Bed Elevated	HOB 45	—	HOB 60	HOB 45	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Row Name	**01/20/25 1545**	**01/20/25 1410**	**01/20/25 1200**	**01/20/25 1014**	**01/20/25 0900**
Repositioned	Lying left side;Pillow support	Supine;Refused by patient	Supine	Lying right side;Pillow support	—
Head of Bed Elevated	—	—	—	HOB 30	—
Hygiene	—	—	—	Partial linen change	—
Antiseptic Care	—	—	—	—	Other (Comment)
Additional Comfort/Environmental Interventions	—	—	—	Warm blanket	—
Warm Blanket	—	—	—	Applied	—
Row Name	**01/20/25 0800**	**01/20/25 0715**	**01/19/25 1947**	**01/19/25 1600**	**01/19/25 1130**
Repositioned	—	Supine	—	Lying right side;Pillow support	Lying left side
Positioning Devices	—	—	—	—	Turn & Position Device
Head of Bed Elevated	—	—	—	HOB 30	HOB less than 20
Pressure Redistribution	—	—	—	Pillows	Pillows
Reason for No Mechanical Prophylaxis	Patient Refused	—	Patient Refused	—	—
Row Name	**01/19/25 1033**	**01/19/25 0900**	**01/19/25 0833**	**01/19/25 0800**	**01/19/25 0633**
Repositioned	Refused by patient;Supine	—	Refused by patient	—	Semi Fowler's
Head of Bed Elevated	HOB less than 20	—	HOB 30	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Antiseptic Care	—	Chlorhexidine Wipe	—	—	—
Row Name	**01/19/25 0433**	**01/19/25 0233**	**01/19/25 0033**	**01/18/25 2033**	**01/18/25 2000**
Repositioned	Lying left side	Refused by patient	Refused by patient	Lying left side;Pillow support	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Row Name	**01/18/25 1750**	**01/18/25 1520**	**01/18/25 1433**	**01/18/25 1233**	**01/18/25 0949**
Level of Assistance	—	Dependent, patient does less than 25%	—	—	—
Repositioned	Lying right side;Pillow support	Supine;Semi Fowler's;Pillow support	Supine;Semi Fowler's;Pillow support	Lying left side;Pillow support	Lying right side
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	HOB 30
Pressure	Pillows;Heels	Pillows;Heels	Pillows;Heels	Pillows;Heels	Pillows;Foot of bed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Redistribution	elevated off bed;Foot of bed elevated	elevated off bed	elevated off bed	elevated off bed	elevated
Row Name	**01/18/25 0900**	**01/18/25 0826**	**01/18/25 0800**	**01/18/25 0228**	**01/18/25 0028**
Repositioned	—	Lying right side;Pillow support	—	Lying left side;Semi Fowler's	Semi Fowler's;Pillow support;Lying right side
Positioning Devices	—	Turn & Position Device	—	Lift Team	—
Head of Bed Elevated	—	HOB 30	—	HOB 45	—
Pressure Redistribution	—	Foot of bed elevated;Pillows	—	—	Foot of bed elevated
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	—	Peri care	—	—	—
Antiseptic Care	Patient Refusal	—	—	—	—
Level of Assistance	—	Dependent	—	—	—
Row Name	**01/17/25 2228**	**01/17/25 1943**	**01/17/25 1828**	**01/17/25 1600**	**01/17/25 1428**
Highest Level of Mobility for this Event (Nursing)	—	—	—	—	Transferred to chair/commode
Level of Assistance	—	—	—	—	Dependent, patient does less than 25%
Number of Assistive Personnel	—	—	—	—	2
Repositioned	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Lying left side;Pillow support	Sitting;Tilt back in chair
Positioning Devices	Lift Team	—	—	Turn & Position Device;Over Head Lift	Lift Team;Over Head Lift
Head of Bed Elevated	HOB 60	HOB 60	—	—	—
Pressure Redistribution	Foot of bed elevated	Foot of bed elevated	—	Pillows	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	—	—	—	Bed pad change
Row Name	**01/17/25 1228**	**01/17/25 1119**	**01/17/25 0840**	**01/17/25 0837**	**01/17/25 0744**
Arm Bands On	—	—	ID;Allergies	—	—
Repositioned	Lying right side;Pillow support	Lying left side;Pillow support	Lying right side;Pillow support	Lying right side;Pillow support	—
Positioning Devices	Turn & Position Device;Lift Team	—	—	Turn & Position Device;Lift Team	—
Pressure Redistribution	Pillows	—	Pillows	Pillows	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Preventative Border Silicone Dressing Location	—	—	—	Sacrum	—
Skin Under Sacrum Dressing Assessed?	—	—	—	Yes	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Sacrum Dressing Status	—	—	—	Changed/New	—
Hygiene	—	—	Gown change;Bed pad change;Full linen change	—	—
Antiseptic Care	—	—	—	Chlorhexidine Wipe	—
Row Name	**01/17/25 0605**	**01/17/25 0346**	**01/17/25 0109**		
Repositioned	Supine	Lying left side	Supine		

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16)

Daily Cares/Safety

Row Name	01/16/25 2315	01/16/25 2136	01/16/25 2100	01/16/25 2000	01/16/25 1915
Repositioned	Lying right side	Lying left side	Lying right side	—	Lying right side
Positioning Devices	—	Lift Team	—	—	—
Head of Bed Elevated	—	HOB 60	—	—	—
Pressure Redistribution	—	Pillows	—	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Row Name	**01/16/25 1715**	**01/16/25 1606**	**01/16/25 1318**	**01/16/25 1200**	**01/16/25 1032**
Repositioned	Lying left side;Pillow support	Supine	Semi Fowler's;Pillow support	Sitting;Up in chair	Supine;Semi Fowler's;Pillow support
Positioning Devices	Turn & Position Device;Lift Team	—	Over Head Lift;Lift Team	Over Head Lift;Lift Team	Turn & Position Device
Head of Bed Elevated	—	HOB 60	HOB 45	—	HOB 45
Pressure Redistribution	—	Pillows	Pillows	—	Pillows
Hygiene	—	—	—	—	Gown change;Peri care
Antiseptic Care	—	—	—	—	Chlorhexidine Wipe
Incontinence Protective Devices	—	—	—	—	Applied;Changed;Removed;Absorbent pad
Additional Comfort/Environmental Interventions	—	—	—	—	Warm blanket
Warm Blanket	—	—	—	—	Applied
Row Name	**01/16/25 0915**	**01/16/25 0800**	**01/16/25 0740**	**01/16/25 0515**	**01/16/25 0315**
Repositioned	Semi Fowler's;Pillow support	—	Supine;Semi Fowler's;Pillow support	Lying left side;Semi Fowler's;Pillow support	Semi Fowler's
Head of Bed Elevated	—	—	—	HOB 30	HOB 30
Pressure Redistribution	—	—	—	Pillows	Pillows
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**01/16/25 0115**	**01/15/25 2243**	**01/15/25 2000**	**01/15/25 1947**	**01/15/25 1800**
Repositioned	Lying right side;Pillow support	Lying right side;Supine	—	Lying left side;Semi Fowler's	Supine;Semi Fowler's
Head of Bed Elevated	—	HOB less than 20	—	HOB 30	—
Pressure Redistribution	Pillows	Pillows	—	Pillows	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	—	—	—	—	Peri care
Row Name	**01/15/25 1605**	**01/15/25 1000**	**01/15/25 0803**	**01/15/25 0800**	**01/15/25 0600**
Repositioned	Lying left side	Lying right side	—	Lying left side	Lying right side
Positioning Devices	—	Turn & Position Device	—	Turn & Position Device	—
Head of Bed Elevated	HOB 30	HOB 45	—	HOB 30	HOB 30

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Pressure Redistribution	Pillows	—	—	—	Pillows
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Antiseptic Care	—	—	Other (Comment)	—	—
Row Name	**01/15/25 0400**	**01/15/25 0200**	**01/15/25 0000**	**01/14/25 2200**	**01/14/25 2000**
Repositioned	Supine	Lying left side	Lying right side	Supine	Lying left side
Positioning Devices	—	—	Turn & Position Device	—	—
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	HOB 30
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	Pillows
Anti-Embolism Devices	—	—	—	—	—
Row Name	**01/14/25 1800**	**01/14/25 1600**	**01/14/25 1400**	**01/14/25 1200**	**01/14/25 1000**
Repositioned	Semi Fowler's	Lying left side	Semi Fowler's	Lying left side	Supine
Head of Bed Elevated	HOB 60	HOB 30	HOB 30	HOB 30	HOB 30
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	Pillows
Hygiene	—	—	Peri care	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Level of Assistance	—	—	Dependent	—	—
Row Name	**01/14/25 0800**	**01/14/25 0600**	**01/14/25 0400**	**01/14/25 0200**	**01/14/25 0000**
Arm Bands On	ID;Allergies;Fall	—	—	—	—
Family/Significant Other Update	Visiting;Updated	—	—	—	—
Is an interpreter used?	No	—	—	—	—
Repositioned	Semi Fowler's	Lying left side	Lying right side	Lying left side	Lying right side
Head of Bed Elevated	HOB 45	—	—	—	—
Pressure Redistribution	Pillows	—	—	—	—
Anti-Embolism Devices	SCDs in use	—	—	—	—
Feeding	Able to feed self	—	—	—	—
Appetite	Fair	—	—	—	—
Level of Assistance	Dependent	—	—	—	—
Row Name	**01/13/25 2200**	**01/13/25 2000**	**01/13/25 1800**	**01/13/25 1600**	**01/13/25 1400**
Repositioned	Lying left side;Semi Fowler's;Pillow support	Lying right side	Lying left side	Patient off unit	Supine;Pillow support
Positioning Devices	Turn & Position Device	Turn & Position Device	Turn & Position Device;Glide Sheet	—	Turn & Position Device;Glide Sheet
Head of Bed Elevated	—	—	Self regulated	—	Self regulated
Pressure Redistribution	—	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	—	Pillows;Heels elevated off bed
Side Rails Up for Patient Safety and Mobility	—	Yes	Yes	—	—
Range of Motion	—	Active;All extremities	—	—	—
Anti-Embolism Devices	—	SCDs in use	—	—	—
Hygiene	Gown change;Full	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

	linen change;Peri care				
Antiseptic Care	Chlorhexidine Wipe	—	—	—	—
Oral Care	Denture care	—	—	—	—
Row Name	**01/13/25 1200**	**01/13/25 1000**	**01/13/25 0800**	**01/13/25 0743**	**01/13/25 0600**
Repositioned	Lying left side	Supine;Pillow support	Lying right side	—	Lying right side;Pillow support;Semi Fowler's
Positioning Devices	Turn & Position Device;Glide Sheet	Turn & Position Device;Glide Sheet	Turn & Position Device	—	—
Head of Bed Elevated	Self regulated	Self regulated	Self regulated	—	—
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	—	—
Anti-Embolism Devices	—	—	—	SCDs in use	—
Hygiene	—	—	Peri care;Bed pad change	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Oral Care	—	—	Denture care	—	—
Level of Assistance	—	—	Dependent	—	—
Row Name	**01/13/25 0400**	**01/13/25 0200**	**01/13/25 0000**	**01/12/25 2200**	**01/12/25 2000**
Repositioned	Lying left side;Semi Fowler's;Pillow support	Lying right side;Semi Fowler's;Pillow support	Lying left side;Semi Fowler's;Pillow support	Lying right side;Semi Fowler's;Pillow support	Lying left side;Semi Fowler's;Pillow support
Positioning Devices	—	—	—	—	Other (Comment)
Pressure Redistribution	—	—	—	—	Pillows;Heels elevated off bed
Side Rails Up for Patient Safety and Mobility	—	—	—	—	Yes
Range of Motion	—	—	—	—	Active;All extremities
Anti-Embolism Devices	—	—	—	—	SCDs in use
Row Name	**01/12/25 1800**	**01/12/25 1600**	**01/12/25 1400**	**01/12/25 1200**	**01/12/25 1000**
Repositioned	Lying right side	Supine	Lying left side	Supine;Pillow support	Lying right side
Positioning Devices	Turn & Position Device	Turn & Position Device	Turn & Position Device;Glide Sheet	Turn & Position Device;Glide Sheet	Turn & Position Device
Head of Bed Elevated	Self regulated	Self regulated	Self regulated	Self regulated	Self regulated
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed
Side Rails Up for Patient Safety and Mobility	—	—	Yes	—	—
Row Name	**01/12/25 0800**	**01/12/25 0600**	**01/12/25 0400**	**01/12/25 0200**	**01/12/25 0000**
Repositioned	Supine	Lying left side;Semi Fowler's;Pillow support	Lying right side;Semi Fowler's;Pillow support	Lying left side;Semi Fowler's;Pillow support	Lying right side;Semi Fowler's;Pillow support
Positioning Devices	Turn & Position Device;Glide Sheet	—	—	—	—
Head of Bed Elevated	Self regulated	—	HOB 30	HOB 30	HOB 30
Pressure	Pillows;Heels	Pillows;Heels	Pillows;Heels	Pillows;Heels	Pillows;Heels

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Redistribution	elevated off bed	elevated off bed	elevated off bed	elevated off bed	elevated off bed
Anti-Embolism Devices	SCDs in use	—	—	—	—
Skin Under Sacrum Dressing Assessed?	Yes	—	—	—	—
Sacrum Dressing Status	Clean	—	—	—	—
Hygiene	Partial linen change;Peri care;Gown change	—	—	—	—
Antiseptic Care	Antiseptic Wipe	—	—	—	—
Oral Care	Denture care;Mouth suctioned;Mouth rinsed	—	—	—	—
Level of Assistance	Dependent	—	—	—	—
Safety Equipment at Bedside	Suction;Bag valve mask	—	—	—	—
Row Name	**01/11/25 2200**	**01/11/25 2000**	**01/11/25 1800**	**01/11/25 1600**	**01/11/25 1400**
Repositioned	Lying left side;Semi Fowler's	Semi Fowler's;Pillow support;Lying right side	Supine;Pillow support	Lying left side	Lying right side
Positioning Devices	—	Other (Comment)	Turn & Position Device;Glide Sheet	Turn & Position Device;Glide Sheet	Turn & Position Device;Glide Sheet
Head of Bed Elevated	HOB 30	—	Self regulated	Self regulated	Self regulated
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed
Side Rails Up for Patient Safety and Mobility	—	Yes	—	Yes	—
Range of Motion	—	Active;All extremities	—	—	—
Anti-Embolism Devices	—	SCDs in use	—	—	—
Hygiene	Bathed;Gown change;Full linen change;Peri care	—	—	—	—
Antiseptic Care	Chlorhexidine Wipe	—	—	—	—
Oral Care	Denture care	—	—	—	—
Row Name	**01/11/25 1200**	**01/11/25 1000**	**01/11/25 0800**	**01/11/25 0600**	**01/11/25 0400**
Repositioned	Supine;Pillow support	Lying right side	Supine	Lying right side	Supine;Sitting
Positioning Devices	Turn & Position Device;Glide Sheet	—	—	—	—
Head of Bed Elevated	Self regulated	Self regulated	HOB 45	HOB 30	HOB 30
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows
Side Rails Up for Patient Safety and Mobility	—	—	Yes	—	—
Range of Motion	—	—	Active;All extremities	Active;All extremities	Active;All extremities
Anti-Embolism Devices	—	—	SCDs in use	—	—
Special Mattress	—	—	Low air loss and alternating pressure relief	—	—
Preventative	—	—	Sacrum	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Border Silicone Dressing Location					
Skin Under Sacrum Dressing Assessed?	—	—	Yes	—	—
Sacrum Dressing Status	—	—	Intact	—	—
Skin Under Under Spine Dressing Assessed?	—	—	Yes	—	—
Spine Dressing Status	—	—	Removed	—	—
Hygiene	—	—	Partial linen change;Peri care	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Oral Care	—	—	Denture care	—	—
Safety Equipment at Bedside	—	—	Suction;Bag valve mask	—	—

Row Name	01/11/25 0200	01/11/25 0000	01/10/25 2200	01/10/25 2100	01/10/25 2000
Repositioned	Lying right side	Lying left side	Semi Fowler's	—	Lying left side
Positioning Devices	—	—	—	—	Turn & Position Device
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	—	HOB 30
Pressure Redistribution	—	—	—	—	Pillows;Heels elevated off bed
Side Rails Up for Patient Safety and Mobility	—	—	—	—	Yes
Range of Motion	Active;All extremities	Active;All extremities	Active;All extremities	—	Active;All extremities
Anti-Embolism Devices	—	—	—	—	SCDs in use
Preventative Border Silicone Dressing Location	—	—	—	—	Sacrum
Skin Under Sacrum Dressing Assessed?	—	—	—	—	Yes
Sacrum Dressing Status	—	—	—	—	Intact
Skin Under Under Spine Dressing Assessed?	—	—	—	—	Yes
Spine Dressing Status	—	—	—	—	Intact
Hygiene	—	—	—	—	Bathed;Gown change;Full linen change;Peri care
Antiseptic Care	—	—	—	—	Chlorhexidine Wipe
Oral Care	—	—	—	Other (Comment)	Mouth rinsed
Incontinence Protective Devices	—	—	—	—	Changed;Absorbent pad

Row Name	01/10/25 1800	01/10/25 1500	01/10/25 1400	01/10/25 1215	01/10/25 1200
Repositioned	Lying right side;Pillow support	Supine	Supine	Supine	Lying left side
Positioning	Turn & Position	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Devices	Device				
Head of Bed Elevated	HOB 30	—	HOB Flat	HOB less than 20	—
Side Rails Up for Patient Safety and Mobility	—	—	Yes	Yes	—

Row Name	01/10/25 1115	01/10/25 1000	01/10/25 0900	01/10/25 0823	01/10/25 0759
Highest Level of Mobility for this Event (Nursing)	Sat at edge of bed	—	Lying in bed	—	—
Level of Assistance	Maximum assist, patient does 25-49%	—	Maximum assist, patient does 25-49%	—	—
Ambulation Response	Unable to tolerate;Other (Comment)	—	—	—	—
Repositioned	—	Lying right side;Pillow support	Lying right side;Pillow support	Other(comment)	—
Positioning Devices	—	—	Glide Sheet	—	—
Head of Bed Elevated	—	—	HOB 30	—	—
Pressure Redistribution	—	Heels elevated off bed;Pillows	—	—	—
Side Rails Up for Patient Safety and Mobility	—	—	Yes	—	—
Anti-Embolism Devices	—	—	—	—	SCDs in use
Preventative Border Silicone Dressing Location	—	—	Sacrum	—	—
Oral Care	—	—	Lip moisturizer applied;Mouth swabbed;Other (Comment)	—	—

Row Name	01/10/25 0600	01/10/25 0400	01/10/25 0200	01/10/25 0000	01/09/25 2200
Repositioned	Supine;Pillow support	Lying left side;Pillow support	Supine;Pillow support	Lying left side;Pillow support	Lying right side;Pillow support
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	HOB 30

Row Name	01/09/25 2000
Arm Bands On	ID;Allergies
Repositioned	Supine;Pillow support
Positioning Devices	Turn & Position Device
Pressure Redistribution	Pillows;Heels elevated off bed
Range of Motion	Active;Passive;All extremities
Anti-Embolism Devices	SCDs in use;Foot pump in use
Special Mattress	Low air loss and alternating pressure relief
Preventative Border Silicone Dressing Location	Sacrum;Spine
Skin Under	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Sacrum Dressing Assessed?	
Sacrum Dressing Status	Changed/New
Skin Under Under Spine Dressing Assessed?	Yes
Spine Dressing Status	Changed/New
Hygiene	Bathed;Full linen change;Peri care;Gown change
Antiseptic Care	Chlorhexidine Wipe
Skin Care	Foam skin cleanser
Level of Assistance	Dependent
Additional Comfort/Environmental Interventions	Warm blanket
Warm Blanket	Applied
Safety Equipment at Bedside	Suction;Bag valve mask

Daily Cares/Safety

Row Name	01/26/25 0915
Repositioned	Lying left side;Pillow support
Pressure Redistribution	Pillows;Heels elevated off bed
Side Rails Up for Patient Safety and Mobility	Yes

Disability/ADL Screening

Row Name	01/09/25 2000
Do you have any physical, mental or emotional impairments your care team should be aware of?	Deaf, d/Deaf, or hard of hearing
How do any of the identified impairments affect your ability to perform daily activities?	Hearing
Assistive Devices	Dentures upper;Dentures lower

Discharge Planning

Row Name	01/15/25 1400
Assessment Need	Discharge planning

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Discharge Planning Assessment Type	Discharge Planning Assessment (Chart Review)
Is an interpreter used?	No
Is this a planned admission?	No
Admission Source	Admitted through ED
Patient declined discharge planning evaluation/assistance	No
Living situation prior to admit	Tent
Prior to Admit Patient felt needs were met in living situation	Unable to assess/deferred
Home Accessibility Barriers	Narrow doorway/hallways;Unhoused
Primary Caregiver	Children
Support Systems	Children;Case manager/social worker
Functional Limitations Prior to Admit	Physical Limitations;Cognitive Limitations
PTA-Independent with ADLs?	No
PTA-Memory Adequate to Safely Complete Daily Activities	No
PTA- Adequate self-medication management	Unable to assess
PTA-Patient Able to Express Needs/Desires	Unable to assess
PTA-Dressing	Needs assistance
PTA-Feeding	Needs assistance
PTA-Bathing	Needs assistance
PTA-Toileting	Needs assistance
PTA-In/Out Bed	Needs assistance
PTA-Walks in Home	Needs assistance
PTA-Assistive Devices	Wheelchair;Walker;Comments
Address/Phone in Demographics Verified?	No
Payor Verified?	Primary verified;Secondary verified
Financial Issues/Information	Needs longterm care for placement

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

PCP Verified?	Unable to verify
Pharmacy Verified?	Unable to verify
Emergency Contact Verified?	Yes
Initial Discharge Planning Assessment Complete	Yes
Patient Discharge Goals	Other (Comment)
Discharge complexity	3-Complex
Patient provided information on post-discharge facilities,services/ vendors	N/A
Anticipated Resources/Services Needed Upon Discharge	Medically unstabe, to be determined
Living situation post discharge	Home with family/support
Potential barriers to Discharge	Homeless
Patient expects to be discharged to:	home with son
Substance Use History Indicated?	Unable to Assess/Deferred
Post Discharge Caregiver Contact Information	Son Louis
Post Discharge Caregiver Confirmation	Discussed with caregiver, agreed
Post Discharge Caregiver Level of Assistance	24hrs, total physical care
Does the patient need discharge transport arranged?	No
Has discharge transport been arranged?	No
Transportation Funding Method	Private
Transportation Type	Private vehicle

ED Quick Updates

Row Name	01/09/25 1432	01/09/25 1351	01/09/25 1256	01/09/25 1209
Updates	—	—	Consult at bedside	—
Quick Updates - Free Text	Anesthesia MD at bedside, stopping heparin in preparation for	This RN observed Son Louis at bedside speaking with patient and	Vascular team at bedside	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

	surgery.	writing information as patient is hard of hearing. Son told patient verbally and in written form that she may not survive surgery and live past today but that he believes she will because she is "a fighter like a tiger". Jeanne tells this RN "I thought I might lose it" and nods towards left leg.		
Transported TO or FROM?	—	—	—	FROM
Location	—	—	—	CT
Transported BY	—	—	—	Transporter

Energy Needs

Row Name	01/27/25 1718
Weight Used for Equation Calculations	43.7 kg (96 lb 5.5 oz)
Harris-Benedict Equation	885
Mifflin- St. Jeor Equation (Overweight or Obese Patients)	729
20 Kcal/Kg (kcal)	874 kcal
25 Kcal/Kg (kcal)	1092.5 kcal
30 Kcal/Kg (kcal)	1311 kcal
35 Kcal/Kg (kcal)	1529.5 kcal
40 Kcal/Kg (kcal)	1748 kcal
45 Kcal/Kg (kcal)	1966.5 kcal
50 Kcal/Kg (kcal)	2185 kcal
0.6 Gm Protein (gm)	26.22
0.7 Gm Protein (gm)	30.59
0.8 Gm Protein (gm)	34.96
0.9 Gm Protein (gm)	39.33
1.0 Gm Protein (gm)	43.7
1.1 Gm Protein (gm)	48.07
1.2 Gm Protein (gm)	52.44
1.3 Gm Protein (gm)	56.81
1.4 Gm Protein (gm)	61.18
1.5 Gm Protein (gm)	65.55
1.6 Gm Protein (gm)	69.92

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

1.7 Gm Protein (gm)	74.29
1.8 Gm Protein (gm)	78.66
1.9 Gm Protein (gm)	83.03
2.0 Gm Protein (gm)	87.4
2.1 Gm Protein (gm)	91.77
2.2 Gm Protein (gm)	96.14
2.3 Gm Protein (gm)	100.51
2.4 Gm Protein (gm)	104.88
2.5 Gm Protein (gm)	109.25
3.0 Gm Protein (gm)	109.25

Equipment and Drugs Available

Row Name	01/10/25 16:46:36	01/10/25 13:09:12
Equipment, rescue equipment, and drugs available	Rescue equipment checked and available at bedside;Emergency drugs checked and available at bedside	Rescue equipment checked and available at bedside;Emergency drugs checked and available at bedside

Fall Risk Assessment

Row Name	03/05/25 1617
Last Known Fall	**During the current hospitalization** !
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	No meds
Mental Status/LOC/Awareness	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	**Use of catheters or diversion devices;Incontinence** !
Volume/Electrolyte Status	No problems
Communication/Sensory	Visual (Glasses)/hearing deficit

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Behavior	**Behavioral noncompliance with instruction;Impulsiveness** !
Age Adjustment	3
Hester Davis Fall Risk Total	31
Hester Davis Fall Risk Category	High Risk

General Appearance

Row Name	01/09/25 1027
General Appearance	Alert and Oriented x 4;Respirations even and Unlabored;Skin warm, dry, and color consistent with ethnicity;Moves all extremities

HD Pre-Treatment

Row Name	02/26/25 1526	02/19/25 0947	01/29/25 1618	01/29/25 1615	01/29/25 1605
Temp	—	36.6 °C	—	—	—
Temp src	—	Temporal	—	—	—
Pulse	100	80	—	—	—
Heart Rate Source	Monitor	Monitor	—	—	—
Resp	—	20	—	—	—
BP	—	132/79	**75/26** !	**77/53** !	**211/118** !
MAP (mmHg)	—	—	—	—	149
BP Site	—	Left Arm	Right Arm	Right Leg	—
BP Method	—	Automatic	—	—	—
Patient Position	—	Lying	—	—	—
Vital Sign Reason	—	Routine	Other(comment)	Other(comment)	—
SpO2	98 %	92 %	—	—	—
Oxygen Therapy	None (Room air)	None (Room air)	—	—	—

Row Name	01/19/25 1123	01/15/25 1200
Temp	36.1 °C	36.8 °C
Temp src	Temporal	Temporal
Pulse	70	70
Heart Rate Source	Monitor	—
BP	137/66	**90/55** !
MAP (mmHg)	90	66
Vital Sign Reason	Routine	—
SpO2	95 %	94 %

Humidity Verification

Row Name	01/13/25 15:31:38	01/10/25 13:00:31	01/09/25 1717	01/09/25 1433
Humidity Verified	Parameters Met	Parameters Met	Parameters Met	Parameters Met
Temperature Verified	Parameters Met	Parameters Met	Parameters Met	Parameters Met

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

I/O

Row Name	03/08/25 0647	03/07/25 2031	03/07/25 1410	03/07/25 0900	03/07/25 0600
Percent Meals Eaten (%)	—	—	—	—	0
Urine	—	—	50 mL	—	—
Unmeasured Urine Occurrence	1	1	—	—	—
Urinary Incontinence	—	Yes	—	—	—
Urine Color	—	Yellow/straw	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Site Assessment	—	—	—	Dry	—
Output (mL)	—	—	—	—	—
Stool Occurrence	1	—	—	—	—
Stool Size	Small	—	—	—	—
Stool Appearance	Loose;Watery	—	—	—	—
Stool Color	Brown	—	—	—	—
Emesis	—	—	—	—	0 mL

Row Name	03/07/25 0100	03/06/25 2200	03/06/25 2000	03/06/25 0830	03/05/25 2006
Percent Meals Eaten (%)	—	0	—	—	—
Urine Color	Amber	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urine Odor	No odor	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	Yes	Yes
Site Assessment	—	—	Skin Intact;Dry;Clean	Skin Intact;Dry;Clean	Skin Intact
Output (mL)	220 mL	—	0 mL	—	—
Urine Appearance	—	—	—	Clear	—
Urine Color	—	—	—	Amber	—
Stool Occurrence	0	—	0	—	—
Emesis	0 mL	—	0 mL	—	—

Row Name	03/05/25 0948	03/04/25 2100	03/04/25 2000	03/04/25 1608	03/04/25 0900
P.O.	—	—	240 mL	—	—
Free Water	—	—	60 mL	30 mL	—
Oral Supplements	—	—	Ensure Plus High Protein	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	—	—	237 mL	236 mL	—
Unmeasured Urine Occurrence	1	—	—	—	—
Urine Assessment	Urinary Incontinence	—	—	—	—
Bladder Accident Status	Accident occurred	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	Yes
Site Assessment	—	Skin Intact;Dry;Clean	—	—	Skin Intact;Dry;Clean
Urine	—	Clear	—	—	Unable to assess

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Appearance					
Urine Color	—	Amber	—	—	Amber
Row Name	**03/04/25 0417**	**03/03/25 2311**	**03/03/25 2100**	**03/03/25 1600**	**03/03/25 1400**
Free Water	—	20 mL	—	—	—
Percent Meals Eaten (%)	—	Other (Comment)	—	—	—
Unmeasured Urine Occurrence	1	—	—	—	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact	—	—
Output (mL)	—	—	0 mL	—	—
Urine Appearance	—	—	Unable to assess	—	—
Stool Occurrence	—	—	—	1	1
Stool Size	—	—	—	Medium	Medium
Stool Appearance	—	—	—	Loose;Watery	Loose;Soft
Stool Color	—	—	—	Brown	Brown
Row Name	**03/03/25 1231**	**03/03/25 1219**	**03/03/25 1124**	**03/03/25 0955**	**03/03/25 0828**
P.O.	—	532 mL	—	—	—
Percent Meals Eaten (%)	—	—	—	—	—
Oral Supplements	—	Ensure Clear	—	—	—
Oral Nutritional Supplement Intake (mL)	—	237 mL	—	—	—
Unmeasured Urine Occurrence	1	1	1	—	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	Yes	Yes	Yes	Yes
Care & Maintenance	Peri care - wash with soap and water;Change device	Change device;Peri care - wash with soap and water	Change device;Peri care - wash with soap and water	Peri care - wash with soap and water	Peri care - wash with soap and water;Change device
Urine Color	Amber	Amber	Amber	Amber	—
Stool Occurrence	1	1	1	1	1
Stool Size	Small	Medium	Medium	Small	Large
Stool Appearance	Loose;Soft	Loose;Soft	Loose;Soft	Loose;Soft	Loose;Soft
Stool Color	Brown	Brown	Brown	Brown	Brown
Row Name	**03/03/25 0800**	**03/03/25 0339**	**03/02/25 2100**	**03/02/25 1600**	**03/02/25 1516**
P.O.	—	—	200 mL	—	—
Percent Meals Eaten (%)	—	—	Other (Comment)	—	—
Oral Supplements	Ensure Clear	—	—	—	—
Oral Nutritional Supplement Intake (mL)	237 mL	—	—	—	—
Unmeasured Urine Occurrence	—	1	1	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	—	Yes	—	—
Site Assessment	Skin Intact;Dry;Clean	—	Skin Intact;Dry;Clean	—	—
Care &	—	Change device	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Maintenance					
Urine Color	Amber	—	—	—	—
Stool Occurrence	—	1	—	1	1
Stool Size	—	Large	—	Medium	Medium
Stool Appearance	—	Loose;Soft	—	Loose	Loose
Stool Color	—	Brown	—	—	—
Stool (mL)	—	1 mL	—	—	—
Row Name	**03/02/25 1400**	**03/02/25 1300**	**03/02/25 1244**	**03/02/25 1154**	**03/02/25 1100**
P.O.	—	—	—	—	210 mL
Percent Meals Eaten (%)	Other (Comment)	—	—	—	—
Unmeasured Urine Occurrence	—	—	—	—	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Stool Occurrence	1	1	1	1	—
Stool Assessment	—	Bowel Incontinence	Bowel Incontinence	Bowel Incontinence	—
Bowel Continence Status	—	—	Incontinent movement	Incontinent movement	—
Bowel Accident Status	—	—	No accident	No accident	—
Stool Size	Medium	Large	Medium	Small	—
Stool Appearance	Loose	Watery	Watery	Loose	—
Stool Color	—	—	—	Brown	—
Row Name	**03/02/25 0750**	**03/01/25 1911**	**03/01/25 1800**	**03/01/25 1400**	**03/01/25 1000**
Unmeasured Urine Occurrence	—	—	1	1	—
Urine Amount	—	—	Medium	Large	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	Yes	—	—	—
Site Assessment	Dry;Clean	Skin Intact;Dry;Clean	—	—	—
Urine Appearance	—	Unable to assess	—	—	—
Urine Color	—	Unable to assess	—	—	—
Stool Occurrence	—	—	—	—	1
Stool Size	—	—	—	—	Small
Stool Appearance	—	—	—	—	Formed
Stool Color	—	—	—	—	Brown
Row Name	**03/01/25 0900**	**03/01/25 0850**	**03/01/25 0805**	**03/01/25 0800**	**03/01/25 0500**
P.O.	—	—	60 mL	240 mL	—
Oral Supplements	—	Ensure Clear	—	—	—
Oral Nutritional Supplement Intake (mL)	—	237 mL	—	—	—
Unmeasured Urine Occurrence	—	—	—	—	1
Urine Assessment	—	—	—	—	Urinary Incontinence
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	—	—	—	—
Site Assessment	Skin Intact;Dry;Clean	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Care & Maintenance	—	—	—	—	Change device;Peri care - wash with soap and water
Output (mL)	—	—	—	—	1 mL
Urine Appearance	—	—	—	—	Unable to assess
Urine Color	—	—	—	—	Unable to assess
Stool Occurrence	—	—	—	—	1
Stool Assessment	—	—	—	—	Bowel Incontinence
Stool Size	—	—	—	—	Medium
Stool Appearance	—	—	—	—	Bloody
Stool Color	—	—	—	—	Brown
Row Name	**03/01/25 0026**	**02/28/25 2043**	**02/28/25 1945**	**02/28/25 1415**	**02/28/25 0928**
Unmeasured Urine Occurrence	1	—	—	—	—
Urine Assessment	Urinary Incontinence	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Dry;Skin Intact;Clean	—	—	—
Care & Maintenance	Peri care - wash with soap and water;Change device	—	Change device	—	—
Output (mL)	150 mL	—	—	80 mL	—
Urine Appearance	Clear	—	—	—	—
Urine Color	Tea colored	—	—	—	—
Stool Occurrence	0	—	1	1	1
Stool Size	—	—	Medium	Smear	Small
Stool Appearance	—	—	Hard	Soft	Formed;Soft
Stool Color	—	—	Brown	Brown	Brown
Row Name	**02/28/25 0900**	**02/28/25 0627**	**02/28/25 0200**	**02/27/25 2100**	**02/27/25 2030**
Unmeasured Urine Occurrence	—	1	—	—	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	—	—	Yes	—
Site Assessment	Dry;Clean	—	—	Skin Intact	—
Urine Appearance	Clear	—	—	Clear	—
Urine Color	Tea colored	—	—	—	—
Stool Occurrence	—	1	1	—	1
Stool Size	—	Small	Small	—	Medium
Stool Appearance	—	Soft	Soft;Formed	—	Soft;Formed
Stool Color	—	Brown	Brown	—	Brown
Row Name	**02/27/25 1900**	**02/27/25 1701**	**02/27/25 1332**	**02/27/25 0900**	**02/27/25 0800**
P.O.	—	—	—	—	0 mL
Supplements	—	—	—	—	Yes
Oral Supplements	Ensure Clear	—	—	—	Ensure Clear
Oral Nutritional Supplement Intake (mL)	237 mL	—	—	—	237 mL
Unmeasured	—	1	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urine Occurrence					
Urine Amount	—	Small	—	—	—
Urine Color	—	Unable to assess	—	—	—
Urine Appearance	—	Unable to assess	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Site Assessment	—	—	—	Skin Intact;Dry	—
Output (mL)	—	—	—	100 mL	—
Urine Appearance	—	—	—	Clear	—
Urine Color	—	—	—	Tea colored	—
Stool Occurrence	—	1	1	—	—
Stool Size	—	Large	Small	—	—
Stool Appearance	—	Soft;Formed	Soft	—	—
Stool Color	—	Brown	Brown	—	—
Row Name	**02/27/25 0632**	**02/26/25 2100**	**02/26/25 0900**	**02/26/25 0100**	**02/25/25 2100**
Unmeasured Urine Occurrence	0	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	Yes	—	Yes
Site Assessment	—	Skin Intact;Dry	Skin Intact;Dry	—	Skin Intact;Dry
Output (mL)	—	—	—	150 mL	—
Urine Appearance	—	Clear	—	—	—
Urine Color	—	Tea colored	—	Red	—
Stool Occurrence	0	—	—	—	—
Row Name	**02/25/25 0900**	**02/24/25 2100**	**02/24/25 0327**	**02/23/25 2238**	**02/23/25 2100**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	Yes
Site Assessment	Skin Intact;Dry	Skin Intact;Dry;Clean	—	—	Clean;Dry;Skin Intact
Output (mL)	—	—	600 mL	700 mL	—
Urine Appearance	—	Clear	—	—	Clear
Urine Color	—	Amber	—	—	Amber
Row Name	**02/23/25 1447**	**02/23/25 1259**	**02/23/25 0810**	**02/23/25 0600**	**02/23/25 0223**
Rate	—	75 mL/hr	—	—	100 mL/hr
Volume (mL)	—	—	—	700 mL	—
Dose	—	—	*1000 mg	—	—
Dose	*40 mEq	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Output (mL)	—	—	200 mL	—	—
Row Name	**02/22/25 2100**	**02/22/25 1616**	**02/22/25 1545**	**02/22/25 1229**	**02/22/25 1218**
P.O.	—	—	—	0 mL	—
Rate	—	—	100 mL/hr	—	—
Volume (mL)	—	—	975 mL	—	—
Dose	—	—	—	—	*2 g
Dose	—	*1000 mg	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	—	—	—	—
Site Assessment	Skin Intact	—	—	—	—
Output (mL)	—	—	—	200 mL	—
Urine	—	—	—	Clear	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Appearance					
Urine Color	—	—	—	Amber	—
Stool Occurrence	—	—	—	0	—
Row Name	**02/22/25 0954**	**02/22/25 0600**	**02/21/25 2200**	**02/21/25 2100**	**02/21/25 1800**
P.O.	—	0 mL	—	—	—
Free Water	—	0 mL	—	—	—
Volume (mL)	—	800 mL	100 mL	300 mL	701.67 mL
Dose	*1000 mg	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Site Assessment	—	—	—	Skin Intact;Clean	—
Urine Color	—	—	—	Amber	—
Row Name	**02/21/25 1130**	**02/21/25 1059**	**02/21/25 0944**	**02/21/25 0900**	**02/21/25 0749**
Weight	—	—	—	—	45.7 kg (100 lb 12 oz)
Weight Method	—	—	—	—	Bed scale
Rate	—	—	100 mL/hr	—	—
Volume (mL)	—	125 mL	—	—	—
Unmeasured Urine Occurrence	1	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Site Assessment	—	—	—	Skin Intact;Clean	—
Urine Appearance	—	—	—	Clear	—
Urine Color	—	—	—	Amber	—
Row Name	**02/21/25 0500**	**02/21/25 0000**	**02/20/25 2100**	**02/20/25 1841**	**02/20/25 1100**
Unmeasured Urine Occurrence	1	2	—	1	1
Urinary Incontinence	Yes	Yes	—	—	—
Urine Amount	—	Unable to assess	—	Unable to assess	—
Urine Color	—	Yellow/straw	—	Yellow/straw	—
Urine Appearance	—	—	—	Unable to assess	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	No	—	—
Site Assessment	—	—	Skin Intact;Clean;Dry	—	—
Row Name	**02/20/25 0900**	**02/20/25 0100**	**02/19/25 1126**	**02/19/25 0900**	**02/19/25 0630**
Urine	—	—	—	—	300 mL
Unmeasured Urine Occurrence	—	1	1	—	—
Urine Amount	—	—	Medium	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	No	—	—	Yes	—
Site Assessment	Other (Comment)	—	—	Skin Intact	—
Urine Color	—	—	—	Yellow/straw	—
Row Name	**02/19/25 0623**	**02/19/25 0558**	**02/18/25 2100**	**02/18/25 2030**	**02/18/25 1604**
P.O.	—	0 mL	—	—	0 mL
Unmeasured Urine Occurrence	—	—	—	1	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urine Appearance	—	—	Clear	—	—
Urine Color	—	—	Yellow/straw	—	—
Stool Occurrence	1	0	—	—	1
Bowel Incontinence	Yes	—	—	—	—
Bowel Continence Status	Incontinent movement	—	—	—	—
Stool Size	Small	—	—	—	Smear
Stool Appearance	Soft	—	—	—	Soft
Stool Color	Brown	—	—	—	Brown
NG/OG Properties	Placement Date: 02/18/25 Placement Time: 1400 Inserted by: Allen P RN Tube Type: Nasogastric Tube Location: Right nostril Internal Length (cm): 45 cm Removal Date: 02/18/25 Removal Time: 1517 Removal Reason: Other (Comment)				

Row Name	**02/18/25 1424**	**02/18/25 1400**	**02/18/25 1000**	**02/18/25 0935**	**02/18/25 0900**
Oral Supplements	—	Other (Comment)	Other (Comment)	—	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	0 mL	—	—
Unmeasured Urine Occurrence	—	—	—	1	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	—	Yes
Site Assessment	—	—	—	—	Skin Intact;Clean;Dry
Urine Appearance	—	—	—	—	Clear
Urine Color	—	—	—	—	Yellow/straw
NG/OG Properties	Placement Date: 02/18/25 Placement Time: 1400 Inserted by: Allen P RN Tube Type: Nasogastric Tube Location: Right nostril Internal Length (cm): 45 cm Removal Date: 02/18/25 Removal Time: 1517 Removal Reason: Other (Comment)				
Placement Verification	X-ray	—	—	—	—
Site Assessment	Clean;Dry;Intact	—	—	—	—
Nasogastric/Orogastric Status	Other (Comment)	—	—	—	—

Row Name	**02/18/25 0800**	**02/18/25 0600**	**02/17/25 2030**	**02/17/25 1700**	**02/17/25 1646**
P.O.	—	0 mL	0 mL	—	—
Oral Supplements	Other (Comment)	—	—	Benecalorie	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	0 mL	—
Urine	—	0 mL	0 mL	—	450 mL
Urine Color	—	—	—	—	Yellow/straw
Urine Appearance	—	—	—	—	Clear
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	—	Yes
Care & Maintenance	—	—	—	—	Change device
Output (mL)	—	0 mL	—	—	—
Stool Occurrence	—	—	—	—	1 (P)
Stool Assessment	—	—	—	—	Bowel Incontinence (P)
Bowel	—	—	—	—	Incontinent

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Continence Status					movement (P)
Stool Size	—	—	—	—	Smear (P)
Stool Appearance	—	—	—	—	Soft (P)
Stool Color	—	—	—	—	Brown (P)
Row Name	**02/17/25 1400**	**02/17/25 1000**	**02/17/25 0802**	**02/17/25 0800**	**02/16/25 1847**
Oral Supplements	Ensure Plus High Protein	Ensure Plus High Protein	—	Benecalorie	—
Oral Nutritional Supplement Intake (mL)	0 mL	0 mL	—	0 mL	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact	—	—
Output (mL)	—	—	400 mL	—	—
Urine Appearance	—	—	Clear	—	—
Urine Color	—	—	Yellow/straw	—	—
Stool Occurrence	—	—	—	—	0
Row Name	**02/16/25 1700**	**02/16/25 1400**	**02/16/25 1000**	**02/16/25 0900**	**02/16/25 0800**
Oral Supplements	Beneprotein	Benecalorie	Benecalorie	—	Beneprotein
Oral Nutritional Supplement Intake (mL)	0 mL	0 mL	0 mL	—	0 mL
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Site Assessment	—	—	—	Skin Intact	—
Urine Color	—	—	—	Yellow/straw	—
Row Name	**02/16/25 0400**	**02/15/25 1647**	**02/15/25 1600**	**02/15/25 1400**	**02/15/25 1000**
P.O.	—	—	100 mL (P)	—	—
Oral Supplements	—	Other (Comment)	—	Other (Comment)	Other (Comment)
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	0 mL	0 mL
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Output (mL)	—	—	125 mL (P)	—	—
Urine Appearance	—	—	Clear (P)	—	—
Urine Color	—	—	Amber (P)	—	—
Stool Occurrence	1	—	0 (P)	—	—
Stool Assessment	Bowel Incontinence	—	—	—	—
Bowel Incontinence	Yes	—	—	—	—
Bowel Continence Status	Incontinent movement	—	—	—	—
Stool Size	Smear	—	—	—	—
Stool Appearance	Soft	—	—	—	—
Stool Color	Brown	—	—	—	—
Row Name	**02/15/25 0900**	**02/15/25 0800**	**02/15/25 0722**	**02/15/25 0449**	**02/15/25 0030**
Oral Supplements	—	Other (Comment)	—	—	—
Oral Nutritional	—	0 mL	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Supplement Intake (mL)					
Rate	—	—	—	0 mL/hr	—
Unmeasured Urine Occurrence	—	—	—	—	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	No	—	—	—	—
Site Assessment	Skin Intact;Dry	—	—	—	—
Output (mL)	—	—	800 mL	—	—
Urine Appearance	Clear	—	—	—	—
Urine Color	Amber	—	—	—	—
Row Name	**02/14/25 2200**	**02/14/25 2136**	**02/14/25 1700**	**02/14/25 1600**	**02/14/25 1400**
Percent Meals Eaten (%)	—	—	—	75	—
Oral Supplements	—	—	Ensure Plus High Protein	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	0 mL
Rate	—	75 mL/hr	—	—	—
Unmeasured Urine Occurrence	1	—	—	—	—
Urine Assessment	Urinary Incontinence	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Row Name	**02/14/25 1200**	**02/14/25 1103**	**02/14/25 1000**	**02/14/25 0935**	**02/14/25 0800**
Free Water	—	100 mL	—	—	—
Percent Meals Eaten (%)	—	75	—	—	—
Oral Supplements	—	—	Benecalorie	—	Benecalorie
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	0 mL
Rate	—	—	—	0 mL/hr	—
Dose	—	*1000 mL	—	—	—
Rate	—	70 mL/hr	—	—	—
Urine	400 mL	—	—	—	—
Urine Color	Tea colored	—	—	—	—
Urine Appearance	Clear	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Stool Occurrence	—	—	—	—	1
Bowel Incontinence	—	—	—	—	No
Bowel Continence Status	—	—	—	—	Continent movement
Bowel Accident Status	—	—	—	—	No accident
Stool Size	—	—	—	—	Small
Stool Appearance	—	—	—	—	Formed;Soft
Stool Color	—	—	—	—	Brown
Row Name	**02/14/25 0300**	**02/13/25 2056**	**02/13/25 2030**	**02/13/25 1900**	**02/13/25 1746**
Rate	—	—	—	—	50 mL/hr
Urine	200 mL	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Unmeasured Urine Occurrence	1	—	1	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry	—	—	—
Urine Appearance	—	Clear	—	—	—
Urine Color	—	Amber	—	—	—
Stool Occurrence	—	—	—	0	—
Row Name	**02/13/25 1700**	**02/13/25 1539**	**02/13/25 1400**	**02/13/25 1225**	**02/13/25 1153**
Weight	—	45.6 kg (100 lb 8.5 oz)	—	—	—
Weight Method	—	Bed scale	—	—	—
Oral Supplements	Ensure Plus High Protein	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	0 mL	—	—
Rate	—	—	—	50 mL/hr	—
Unmeasured Urine Occurrence	—	0	—	—	1
Urine Amount	—	—	—	—	Unable to assess
Urine Color	—	—	—	—	Unable to assess
Urine Appearance	—	—	—	—	Unable to assess
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Stool Occurrence	—	0	—	—	1
Bowel Continence Status	—	—	—	—	Continent movement
Bowel Accident Status	—	—	—	—	No accident
Stool Size	—	—	—	—	Medium
Stool Appearance	—	—	—	—	Formed
Stool Color	—	—	—	—	Brown
Row Name	**02/13/25 1000**	**02/13/25 0900**	**02/13/25 0859**	**02/13/25 0813**	**02/13/25 0700**
Oral Supplements	Ensure Plus High Protein	—	—	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	100 mL	—
Volume (mL)	—	—	—	—	700 mL
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	No	—	—	—
Site Assessment	—	Skin Intact;Clean	—	—	—
Urine Appearance	—	Clear	—	—	—
Urine Color	—	Amber	—	—	—
Stool Size	—	—	Medium	—	—
Stool Appearance	—	—	Soft;Formed	—	—
Stool Color	—	—	Brown	—	—
Row Name	**02/13/25 0431**	**02/13/25 0400**	**02/13/25 0000**	**02/12/25 2129**	**02/12/25 2100**
Rate	100 mL/hr	—	—	100 mL/hr	—
Volume (mL)	—	—	275.83 mL	—	129.58 mL
Unmeasured Urine Occurrence	—	1	1	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urinary Incontinence	—	—	Yes	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	—	No
Site Assessment	—	—	—	—	Skin Intact;Clean
Stool Occurrence	—	1	—	—	—
Stool Size	—	Smear	—	—	—
Stool Appearance	—	Loose;Soft	—	—	—
Stool Color	—	Brown	—	—	—
Row Name	**02/12/25 2011**	**02/12/25 1900**	**02/12/25 1706**	**02/12/25 1633**	**02/12/25 0830**
Percent Meals Eaten (%)	—	—	—	—	75
Rate	50 mL/hr	—	75 mL/hr	—	—
Volume (mL)	—	75 mL	—	—	—
Urine	—	—	—	1 mL	—
Urinary Incontinence	—	—	—	Yes	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Stool Occurrence	—	—	—	1	—
Stool Assessment	—	—	—	Bowel Incontinence	—
Stool Size	—	—	—	Smear	—
Stool Appearance	—	—	—	Loose;Soft	—
Stool Color	—	—	—	Brown	—
Row Name	**02/12/25 0507**	**02/12/25 0400**	**02/11/25 1925**	**02/11/25 1554**	**02/11/25 1139**
Percent Meals Eaten (%)	—	—	Other (Comment)	—	—
Rate	0 mL/hr	—	—	—	—
Volume (mL)	1995 mL	—	—	—	—
Unmeasured Urine Occurrence	—	1	—	1	—
Urinary Incontinence	—	Yes	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Stool Occurrence	—	1	—	1	1
Bowel Incontinence	—	Yes	—	—	—
Stool Size	—	Smear	—	Smear	Smear
Stool Appearance	—	Loose;Soft	—	—	—
Row Name	**02/11/25 1138**	**02/11/25 0910**	**02/11/25 0900**	**02/11/25 0615**	**02/11/25 0411**
Weight	45.5 kg (100 lb 5 oz)	—	—	—	—
Weight Method	Bed scale	—	—	—	—
Rate	—	100 mL/hr	—	—	—
Unmeasured Urine Occurrence	—	—	—	1	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact	—	—
Output (mL)	—	—	—	75 mL	—
Urine Appearance	—	—	Clear	—	—
Stool Occurrence	—	1	—	1	1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Stool Size	—	Small	—	Small	Smear
Stool Appearance	—	—	—	Loose;Soft	Loose;Soft
Stool Color	—	—	—	Brown	Brown
Row Name	**02/11/25 0317**	**02/11/25 0056**	**02/10/25 2319**	**02/10/25 2100**	**02/10/25 2001**
Free Water	30 mL	—	—	—	—
Dose	—	—	—	—	*1000 mL
Rate	—	—	—	—	100 mL/hr
Dose	—	*1 g	—	—	—
Unmeasured Urine Occurrence	—	—	1	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Site Assessment	—	—	—	Skin Intact;Dry	—
Care & Maintenance	—	—	Change device;Peri care - wash with soap and water	—	—
Stool Occurrence	0	—	1	—	—
Stool Size	—	—	Medium	—	—
Stool Appearance	—	—	Loose;Soft	—	—
Stool Color	—	—	Brown	—	—
Row Name	**02/10/25 1800**	**02/10/25 1700**	**02/10/25 1600**	**02/10/25 1400**	**02/10/25 1000**
Weight	—	—	47.4 kg (104 lb 8 oz)	—	—
Weight Method	—	—	Bed scale	—	—
Percent Meals Eaten (%)	33	—	—	—	—
Oral Supplements	Ensure Plus High Protein	Benecalorie	—	Other (Comment)	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	100 mL	0 mL	—	0 mL	25 mL
Unmeasured Urine Occurrence	—	—	1	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Row Name	**02/10/25 0957**	**02/10/25 0800**	**02/09/25 2143**	**02/09/25 2100**	**02/09/25 1700**
Oral Supplements	—	Benecalorie	—	—	Beneprotein
Oral Nutritional Supplement Intake (mL)	—	50 mL	—	—	0 mL
Unmeasured Urine Occurrence	—	—	2	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Site Assessment	—	—	—	Skin Intact;Dry	—
Care & Maintenance	—	—	Change device	—	—
Output (mL)	—	—	210 mL	0 mL	—
Stool Occurrence	—	—	1	—	—
Stool Size	—	—	Small	—	—
Stool Appearance	—	—	Loose;Soft	—	—
Stool Color	—	—	Brown	—	—
Row Name	**02/09/25 1400**	**02/09/25 1250**	**02/09/25 1102**	**02/09/25 1000**	**02/09/25 0938**
Oral Supplements	Ensure Plus High Protein	—	—	Ensure Plus High Protein	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Oral Nutritional Supplement Intake (mL)	0 mL	—	—	0 mL	—
Dose	—	—	*500 mL	—	—
Rate	—	—	500 mL/hr	—	—
Dose	—	—	—	—	*1 g
Dose	—	*1000 mg	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Row Name	**02/09/25 0900**	**02/09/25 0800**	**02/09/25 0754**	**02/09/25 0519**	**02/09/25 0042**
Weight	—	—	46.6 kg (102 lb 11.8 oz)	—	—
Weight Method	—	—	Bed scale	—	—
Oral Supplements	—	Benecalorie	—	—	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	—
Dose	—	—	—	*1000 mg	*1000 mg
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	—	—	—	—
Site Assessment	Skin Intact	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urine Color	Amber	—	—	—	—
Row Name	**02/09/25 0041**	**02/08/25 2100**	**02/08/25 1644**	**02/08/25 1400**	**02/08/25 1356**
Percent Meals Eaten (%)	—	—	—	—	—
Oral Supplements	—	—	Benecalorie	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	0 mL
Urine	—	—	—	150 mL	—
Unmeasured Urine Occurrence	1	—	1	—	—
Urine Assessment	Urinary Incontinence;Bladder Continence Status;Bladder Accident Status;Urine Amount;Urine Color;Urine Appearance;Urine Odor	—	—	—	—
Urinary Incontinence	Yes	—	Yes	—	—
Bladder Continence Status	Non-stress incontinence	—	—	—	—
Bladder Accident Status	Urine spill	—	—	—	—
Urine Amount	Unable to assess	—	Small	—	—
Urine Color	Amber	—	—	—	—
Urine Appearance	Unable to assess	—	—	—	—
Urine Odor	Malodorous	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry	—	—	—
Output (mL)	—	50 mL	—	—	—
Urine Appearance	—	Clear	—	—	—
Urine Color	—	Amber	—	—	—
Stool Occurrence	1	—	—	—	—
Stool Assessment	Bowel Incontinence;Bowel Continence Status;Bowel Accident Status;Stool Size;Stool Appearance;Stool Color	—	—	—	—
Bowel Incontinence	Yes	—	—	—	—
Bowel Continence Status	Incontinent movement	—	—	—	—
Bowel Accident Status	Accident occurred	—	—	—	—
Stool Size	Smear	—	—	—	—
Stool Appearance	Loose;Soft	—	—	—	—
Stool Color	Brown	—	—	—	—
Row Name	**02/08/25 1300**	**02/08/25 1256**	**02/08/25 1219**	**02/08/25 1149**	**02/08/25 1021**
Dose	—	—	—	—	*12.5 g
Dose	—	—	—	*1 g	—
Dose	—	—	*2 g	—	—
Unmeasured Urine Occurrence	—	2	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry;Clean;Redness	—	—	—
Care & Maintenance	—	Change device;Peri care - wash with soap and water	—	—	—
Urine Appearance	—	Clear	—	—	—
Urine Color	—	Amber	—	—	—
Stool Occurrence	0	—	—	—	—
Row Name	**02/08/25 0949**	**02/08/25 0900**	**02/08/25 0737**	**02/07/25 2200**	**02/07/25 1700**
Free Water	—	—	—	60 mL	30 mL
Percent Meals Eaten (%)	—	—	—	25	—
Oral Supplements	Ensure Plus High Protein	—	Benecalorie	—	Benecalorie
Oral Nutritional Supplement Intake (mL)	0 mL	—	0 mL	—	0 mL
Unmeasured Urine Occurrence	—	—	—	—	1
Urinary Incontinence	—	—	—	—	Yes
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Suction	—	Yes	—	—	—
Site Assessment	—	Dry;Clean;Redness; Skin Intact	—	—	—
Output (mL)	—	—	—	—	200 mL
Urine Appearance	—	Clear	—	—	—
Urine Color	—	Amber	—	—	Amber
Row Name	**02/07/25 1400**	**02/07/25 1200**	**02/07/25 1000**	**02/07/25 0900**	**02/07/25 0803**
Weight	—	—	—	—	50.2 kg (110 lb 10.7 oz)
Weight Method	—	—	—	—	Bed scale
Percent Meals Eaten (%)	—	25	—	—	—
Oral Supplements	Ensure Plus High Protein	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	0 mL	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	Yes
Site Assessment	—	—	—	Skin Intact;Dry;Clean	—
Output (mL)	—	—	—	—	0 mL
Urine Appearance	—	—	—	Hazy	—
Urine Color	—	—	—	Amber	—
Stool Occurrence	—	0	—	—	0
Row Name	**02/07/25 0800**	**02/07/25 0617**	**02/06/25 2107**	**02/06/25 1700**	**02/06/25 1200**
P.O.	—	0 mL	—	—	—
Percent Meals Eaten (%)	—	—	—	—	25
Oral Supplements	Ensure Plus High Protein	—	—	Benecalorie	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	0 mL	—
Unmeasured Urine Occurrence	—	—	1	1	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Care & Maintenance	—	—	—	Change device	—
Stool Occurrence	—	1	1	—	—
Stool Size	—	Smear	Smear	—	—
Stool Appearance	—	Soft	—	—	—
Stool Color	—	Brown	—	—	—
Unmeasured Emesis Occurrence	—	0	0	—	—
Row Name	**02/06/25 1000**	**02/06/25 0930**	**02/06/25 0900**	**02/06/25 0800**	**02/06/25 0438**
Oral Supplements	Ensure Plus High Protein	—	—	Benecalorie	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	20 mL	—
Unmeasured Urine Occurrence	—	1	—	—	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry	—	—
Stool Occurrence	—	—	—	—	1
Stool Size	—	—	—	—	Small
Stool Appearance	—	—	—	—	Soft
Stool Color	—	—	—	—	Brown
Row Name	**02/05/25 2353**	**02/05/25 2100**	**02/05/25 2000**	**02/05/25 1850**	**02/05/25 1700**
Unmeasured Urine Occurrence	1	—	—	1	—
Urine Assessment	—	—	—	Urinary Incontinence	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry	—	—	—
Urine Color	—	Amber	—	—	—
Stool Occurrence	1	—	1	—	1
Bowel Incontinence	Yes	—	Yes	—	Yes
Stool Size	Smear	—	Smear	—	Smear
Stool Appearance	Soft	—	Soft	—	Soft
Stool Color	Brown	—	Brown	—	Brown
Row Name	**02/05/25 1642**	**02/05/25 1400**	**02/05/25 1000**	**02/05/25 0800**	**02/05/25 0600**
P.O.	—	—	—	—	50 mL
Percent Meals Eaten (%)	50	75	—	—	—
Oral Supplements	—	—	Ensure Plus High Protein	Beneprotein	—
Oral Nutritional Supplement Intake (mL)	—	—	40 mL	20 mL	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry	—	—
Care & Maintenance	—	—	Change device	—	—
Output (mL)	—	200 mL	—	—	—
Urine Color	—	—	Amber	—	—
Stool Occurrence	—	1	1	—	—
Bowel Incontinence	—	Yes	Yes	—	—
Stool Size	—	Smear	Large	—	—
Stool Appearance	—	Soft	Soft	—	—
Stool Color	—	Brown	Brown	—	—
Row Name	**02/05/25 0534**	**02/04/25 2310**	**02/04/25 1650**	**02/04/25 1600**	**02/04/25 1400**
P.O.	—	—	—	—	100 mL
Percent Meals Eaten (%)	—	—	—	100	—
Oral Supplements	—	—	Benecalorie	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	20 mL	—	0 mL
Unmeasured Urine Occurrence	—	—	—	1	—
Urine Assessment	—	—	—	Urinary Incontinence	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	Yes	—	—	—
Site Assessment	Skin Intact;Dry	Skin Intact;Dry	—	—	—
Care & Maintenance	Change device;Peri care - wash with soap and water	—	—	—	—
Output (mL)	20 mL	—	—	—	—
Urine Color	Amber	Amber	—	—	—
Stool Occurrence	1	1	—	—	—
Bowel Incontinence	Yes	Yes	—	—	—
Stool Size	Large	Large	—	—	—
Stool Appearance	Soft	Formed	—	—	—
Stool Color	Brown	Brown	—	—	—
Row Name	**02/04/25 1200**	**02/04/25 1000**	**02/04/25 0900**	**02/04/25 0800**	**02/04/25 0540**
Oral Supplements	—	Ensure Plus High Protein	—	Benecalorie	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	25 mL	—
Unmeasured Urine Occurrence	1	—	—	—	—
Urine Assessment	Urinary Incontinence	—	—	—	—
Urine Color	—	—	—	—	Amber
Urine Appearance	—	—	—	—	Hazy
Bladder Scan Post-void Volume (mL)	0 mL	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry;Clean	—	—
Output (mL)	20 mL	—	20 mL	—	60 mL
Urine Appearance	—	—	Hazy	—	—
Urine Color	—	—	Amber	—	—
Stool Occurrence	—	—	—	—	0
Row Name	**02/04/25 0325**	**02/03/25 2100**	**02/03/25 1515**	**02/03/25 1436**	**02/03/25 1257**
Weight	—	—	52.5 kg (115 lb 11.9 oz)	—	—
Weight Method	—	—	Bed scale	—	—
Percent Meals Eaten (%)	—	—	—	50	—
Urine	0 mL	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	Yes
Site Assessment	—	Dry;Clean	—	—	Skin Intact;Dry;Clean
Care & Maintenance	—	—	—	—	Change device;Collection container changed
Output (mL)	0 mL	—	—	—	50 mL
Urine Appearance	—	—	—	—	Hazy
Urine Color	—	—	—	—	Amber

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Stool Occurrence	0	—	—	—	—
Row Name	**02/03/25 1130**	**02/03/25 0856**	**02/03/25 0845**	**02/03/25 0800**	**02/03/25 0504**
Oral Supplements	Other (Comment)	—	—	Other (Comment)	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	0 mL	—
Unmeasured Urine Occurrence	—	1	—	—	1
Urine Color	—	—	—	—	Unable to assess
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry;Clean	—	—
Urine Appearance	—	—	Unable to assess	—	—
Urine Color	—	—	Unable to assess	—	—
Stool Occurrence	—	—	—	—	0
Row Name	**02/02/25 2249**	**02/02/25 2100**	**02/02/25 1700**	**02/02/25 1130**	**02/02/25 0900**
Oral Supplements	—	—	Ensure Plus High Protein	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	40 mL	—
Unmeasured Urine Occurrence	1	—	—	—	—
Urine Assessment	Urinary Incontinence	—	—	—	—
Urine Color	Unable to assess	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	Yes
Site Assessment	—	—	—	—	Skin Intact;Dry;Clean
Urine Appearance	—	Clear	—	—	Clear
Urine Color	—	Amber	—	—	Amber
Row Name	**02/02/25 0800**	**02/02/25 0600**	**02/02/25 0400**	**02/02/25 0200**	**02/01/25 1929**
P.O.	—	0 mL	—	0 mL	—
Free Water	—	50 mL	—	0 mL	—
Percent Meals Eaten (%)	—	100	—	0	—
Oral Supplements	Ensure Plus High Protein	—	—	—	—
Oral Nutritional Supplement Intake (mL)	60 mL	—	—	—	—
Urine	—	0 mL	—	—	—
Unmeasured Urine Occurrence	—	—	1	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	Yes
Site Assessment	—	—	Skin Intact;Dry;Clean	—	Skin Intact;Dry
Care & Maintenance	—	—	Change device	—	—
Output (mL)	—	0 mL	100 mL	200 mL	—
Urine Appearance	—	—	Clear	Clear	Clear

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urine Color	—	—	Amber	Amber	Yellow/straw
Stool Occurrence	—	0	—	0	—
Emesis	—	0 mL	—	0 mL	—
Row Name	**02/01/25 1800**	**02/01/25 1700**	**02/01/25 1500**	**02/01/25 1442**	**02/01/25 1130**
P.O.	120 mL	—	—	300 mL	—
Percent Meals Eaten (%)	100	—	—	100	—
Oral Supplements	—	Ensure Plus High Protein	—	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	240 mL	—	—	0 mL
Unmeasured Urine Occurrence	—	—	1	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Output (mL)	—	—	300 mL	—	—
Row Name	**02/01/25 1100**	**02/01/25 0900**	**01/31/25 2036**	**01/31/25 1700**	**01/31/25 1500**
Weight	—	—	—	—	52.2 kg (115 lb 1.3 oz)
Weight Method	—	—	—	—	Bed scale
P.O.	350 mL	—	—	—	60 mL
Percent Meals Eaten (%)	75	—	—	—	50
Oral Supplements	—	—	—	Ensure Plus High Protein	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	—	80 mL	240 mL
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry	Skin Intact;Dry;Clean	—	—
Output (mL)	—	—	0 mL	—	—
Urine Appearance	—	Clear	Hazy	—	—
Urine Color	—	Yellow/straw	—	—	—
Row Name	**01/31/25 1236**	**01/31/25 1130**	**01/31/25 0900**	**01/31/25 0800**	**01/31/25 0600**
Weight Method	Bed scale	—	—	—	—
Percent Meals Eaten (%)	—	—	—	—	25
Oral Supplements	Kefir	Ensure Plus High Protein	—	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	100 mL	0 mL	—	60 mL	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry;Clean	—	—
Urine Appearance	—	—	Clear	—	—
Urine Color	—	—	Yellow/straw	—	—
Row Name	**01/30/25 2226**	**01/30/25 2155**	**01/30/25 2100**	**01/30/25 2053**	**01/30/25 1951**
Dose	*0 mEq	—	—	*40 mEq	—
Dose	—	—	—	—	*4 g
Unmeasured Urine Occurrence	—	1	—	—	—
Urinary	—	Yes	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Incontinence					
Urine Color	—	Yellow/straw	—	—	—
Urine Appearance	—	Unable to assess	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	Yes	—	—
Site Assessment	—	Skin Intact;Clean	—	—	—
Stool Occurrence	—	0	—	—	—
Row Name	**01/30/25 1800**	**01/30/25 1730**	**01/30/25 1552**	**01/30/25 1229**	**01/30/25 1130**
Percent Meals Eaten (%)	—	—	Other (Comment)	—	—
Oral Supplements	—	Ensure Plus High Protein	—	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	0 mL
Unmeasured Urine Occurrence	—	—	1	—	—
Urine Color	—	—	Yellow/straw	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Output (mL)	—	—	—	200 mL	—
Urine Color	—	—	—	Yellow/straw	—
Stool Occurrence	0	—	—	0	—
Row Name	**01/30/25 1000**	**01/30/25 0800**	**01/30/25 0522**	**01/30/25 0400**	**01/30/25 0000**
Weight	—	52.4 kg (115 lb 8.3 oz)	—	—	—
Weight Method	—	Bed scale	—	—	—
Percent Meals Eaten (%)	100	0	—	—	—
Oral Supplements	—	Ensure Plus High Protein	—	—	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	—
Unmeasured Urine Occurrence	—	0	1	—	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact	—	—	—
Output (mL)	—	—	—	300 mL	—
Urine Color	—	Yellow/straw	—	Yellow/straw	—
Stool Occurrence	—	0	—	—	—
Row Name	**01/29/25 2100**	**01/29/25 1900**	**01/29/25 1858**	**01/29/25 1800**	**01/29/25 1700**
Percent Meals Eaten (%)	—	—	50	—	—
Oral Supplements	—	—	—	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	—	—	30 mL
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact	—	—	—
Care & Maintenance	Other (Comment)	—	—	Other (Comment)	—
Urine	—	Clear	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Appearance

Row Name	01/29/25 1632	01/29/25 1615	01/29/25 1130	01/29/25 1053	01/29/25 1000
P.O.	—	30 mL	—	—	—
Percent Meals Eaten (%)	—	—	—	Other (Comment)	0
Supplements	—	—	—	—	Yes
Oral Supplements	—	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	—
Unmeasured Urine Occurrence	1	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Care & Maintenance	Change device	—	—	—	—
Output (mL)	350 mL	—	—	—	—
Stool Occurrence	—	0	—	—	—
Emesis	—	0 mL	—	—	—

Row Name	01/29/25 0900	01/29/25 0800	01/28/25 2049	01/28/25 1639	01/28/25 1422
Oral Supplements	—	Ensure Plus High Protein	—	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	—	120 mL	—	237 mL	—
Unmeasured Urine Occurrence	—	—	—	—	1
Urinary Incontinence	—	—	—	—	Yes
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	No	—	Yes	—	—
Site Assessment	Skin Intact;Dry;Clean	—	Skin Intact;Dry;Clean	—	—

Row Name	01/28/25 1300	01/28/25 1100	01/28/25 0900	01/28/25 0800	01/28/25 0200
Weight	—	52.3 kg (115 lb 4.8 oz)	—	—	—
Weight Method	—	Bed scale	—	—	—
P.O.	—	100 mL	—	—	—
Percent Meals Eaten (%)	—	33	—	—	—
Oral Supplements	—	Ensure Plus High Protein	—	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	—	237 mL	—	0 mL	—
Unmeasured Urine Occurrence	0	0	1	—	1
Urine Assessment	—	—	Urinary Incontinence	—	—
Urinary Incontinence	—	—	—	—	Yes
Stool Occurrence	0	0	—	—	—

Row Name	01/27/25 2256	01/27/25 2000	01/27/25 1700	01/27/25 1630	01/27/25 1400
P.O.	—	—	—	80 mL	—
Percent Meals Eaten (%)	—	Other (Comment)	—	—	—
Supplements	—	Yes	—	—	—
Oral Supplements	—	Ensure Plus High Protein	Ensure Plus High Protein	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Oral Nutritional Supplement Intake (mL)	—	30 mL	0 mL	—	—
Rate	0 mL/hr	—	—	—	—
Urine	—	—	1 mL	—	—
Unmeasured Urine Occurrence	—	1	1	—	1
Urinary Incontinence	—	Yes	Yes	—	Yes
Stool Occurrence	—	0	1	—	1
Stool Assessment	—	—	—	—	Bowel Incontinence
Bowel Incontinence	—	—	—	—	Yes
Stool Size	—	Smear	Smear	—	Small
Stool Appearance	—	—	Soft	—	Loose;Soft
Stool Color	—	—	Brown	—	Brown
Row Name	**01/27/25 1252**	**01/27/25 1215**	**01/27/25 1130**	**01/27/25 0938**	**01/27/25 0937**
Free Water	2 mL	—	—	—	—
Oral Supplements	—	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	—	—	1 mL	—	—
Rate	—	—	—	80 mL/hr	—
Dose	—	—	—	—	*2 g
Unmeasured Urine Occurrence	—	1	—	—	—
Urine Assessment	—	Urinary Incontinence	—	—	—
Urinary Incontinence	—	Yes	—	—	—
Stool Occurrence	—	—	—	1	—
Stool Assessment	—	—	—	Bowel Incontinence	—
Bowel Incontinence	—	—	—	Yes	—
Stool Size	—	—	—	Medium	—
Stool Appearance	—	—	—	Loose;Soft	—
Stool Color	—	—	—	Brown	—
Row Name	**01/27/25 0800**	**01/27/25 0630**	**01/27/25 0528**	**01/27/25 0459**	**01/27/25 0200**
P.O.	—	—	0 mL	—	—
Oral Supplements	Other (Comment)	—	—	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	—	—
Rate	—	—	80 mL/hr	—	—
Volume (mL)	—	—	768 mL	—	—
Unmeasured Urine Occurrence	—	0	—	1	1
Urinary Incontinence	—	—	—	Yes	Yes
Urine Color	—	—	—	Unable to assess	Unable to assess
Urine Appearance	—	—	—	Unable to assess	Unable to assess
Stool Occurrence	—	1	—	1	1
Stool Size	—	Small	—	Small	Small
Stool	—	Loose;Soft	—	Loose;Soft	Loose

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Appearance					
Stool Color	—	Brown	—	Brown	Brown
Unmeasured Emesis Occurrence	—	—	0	—	—
Row Name	**01/26/25 2347**	**01/26/25 2100**	**01/26/25 1952**	**01/26/25 1854**	**01/26/25 1654**
Oral Supplements	—	—	—	—	Other (Comment)
Oral Nutritional Supplement Intake (mL)	—	—	—	—	0 mL
Rate	—	—	80 mL/hr	0 mL/hr	—
Unmeasured Urine Occurrence	1	1	—	—	—
Urinary Incontinence	—	Yes	—	—	—
Urine Color	—	Unable to assess	—	—	—
Stool Occurrence	1	1	—	—	—
Stool Size	Smear	Smear	—	—	—
Stool Appearance	Unable to assess	Formed;Soft	—	—	—
Stool Color	Brown	Brown	—	—	—
Row Name	**01/26/25 1630**	**01/26/25 1130**	**01/26/25 1046**	**01/26/25 0915**	**01/26/25 0800**
Oral Supplements	—	Other (Comment)	—	—	Other (Comment)
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	0 mL
Dose	—	—	*1000 mL	—	—
Rate	—	—	1000 mL/hr	—	—
Unmeasured Urine Occurrence	1	—	—	1	—
Urinary Incontinence	Yes	—	—	—	—
Row Name	**01/25/25 2349**	**01/25/25 1700**	**01/25/25 1321**	**01/25/25 1200**	**01/25/25 1130**
Oral Supplements	—	Other (Comment)	—	—	Other (Comment)
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	0 mL
Dose	—	—	*1000 mL	—	—
Rate	—	—	1000 mL/hr	—	—
Dose	—	—	*1000 mg	—	—
Unmeasured Urine Occurrence	1	—	—	2	—
Row Name	**01/25/25 0800**	**01/25/25 0346**	**01/25/25 0044**	**01/24/25 2201**	**01/24/25 1700**
Oral Supplements	Other (Comment)	—	—	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	—	0 mL
Dose	—	*500 mL	—	—	—
Rate	—	500 mL/hr	—	—	—
Urine	—	—	—	150 mL	—
Unmeasured Urine Occurrence	—	—	1	—	—
Urinary Incontinence	—	—	Yes	—	—
Urine Color	—	—	—	Yellow/straw	—
Urine Appearance	—	—	—	Clear	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Stool Occurrence	—	—	0	0	—
Row Name	**01/24/25 1300**	**01/24/25 1130**	**01/24/25 1100**	**01/24/25 0800**	**01/24/25 0026**
P.O.	—	—	—	—	100 mL
Percent Meals Eaten (%)	25	—	—	—	—
Oral Supplements	—	Ensure Plus High Protein	—	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	50 mL	—
Urine	—	—	—	—	200 mL
Unmeasured Urine Occurrence	—	—	1	—	1
Urinary Incontinence	—	—	Yes	—	—
Urine Color	—	—	—	—	Yellow/straw
Urine Appearance	—	—	—	—	Clear
Stool Occurrence	0	—	—	—	—
Row Name	**01/23/25 2200**	**01/23/25 1700**	**01/23/25 1130**	**01/23/25 0800**	**01/23/25 0642**
P.O.	—	120 mL	120 mL	—	—
Percent Meals Eaten (%)	—	—	100	—	—
Oral Supplements	—	Ensure Plus High Protein	Other (Comment)	Other (Comment)	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	0 mL	0 mL	—
Volume (mL)	—	618 mL	—	—	462 mL
Unmeasured Urine Occurrence	1	—	—	—	1
Urinary Incontinence	Yes	—	—	—	Yes
Urine Color	—	—	—	—	Unable to assess
Additional Urine Volume Rows	—	—	—	—	Bladder scan
Bladder Scan Post-void Volume (mL)	—	—	—	—	56 mL
Row Name	**01/23/25 0220**	**01/23/25 0200**	**01/23/25 0047**	**01/23/25 0000**	**01/22/25 2300**
Rate	—	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Reason for Communication	Other (Comment)	—	—	—	—
Provider Name	Pavic	—	—	—	—
Provider Role	Resident	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—
Response	Other (Comment)	—	—	—	—
Notification Time	0220	—	—	—	—
Row Name	**01/22/25 2222**	**01/22/25 1959**	**01/22/25 1500**	**01/22/25 0927**	**01/22/25 0911**
Percent Meals Eaten (%)	—	—	100	—	—
Dose	—	—	—	*2 g	—
Urine Color	Yellow/straw	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason:				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

	Other (Comment)				
Care & Maintenance	Bag emptied	Peri/Foley care	—	—	Antiseptic - non CHG;Peri/Foley care
Collection Container	Standard drainage bag;No dependent loops	Standard drainage bag;No dependent loops	—	—	—
Securement Method	—	Right thigh	—	—	Left thigh
Output (mL)	275 mL	—	350 mL	—	—
Row Name	**01/22/25 0800**	**01/22/25 0642**	**01/22/25 0200**	**01/21/25 2100**	**01/21/25 1801**
Oral Supplements	Other (Comment)	—	—	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	—	—
Rate	—	60 mL/hr	0 mL/hr	—	—
Urine Color	—	—	—	—	Yellow/straw
Urine Appearance	—	—	—	—	Clear
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	Clean;Skin intact	—
Care & Maintenance	—	—	—	Bag emptied	—
Collection Container	—	—	—	Standard drainage bag	—
Securement Method	—	—	—	Right thigh	—
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	Per Provider Order	—
Output (mL)	—	—	—	—	175 mL
Row Name	**01/21/25 1451**	**01/21/25 1130**	**01/21/25 1115**	**01/21/25 1100**	**01/21/25 1000**
Weight	—	—	—	49.1 kg (108 lb 3.9 oz)	—
Weight Method	—	—	—	Bed scale	—
P.O.	—	—	—	20 mL	—
Percent Meals Eaten (%)	0	—	—	—	0
Oral Supplements	—	Ensure Plus High Protein	—	—	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	—
Urine Color	—	—	Yellow/straw	—	—
Urine Appearance	—	—	Clear	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	Bag emptied	—	—
Collection Container	—	—	Standard drainage bag	—	—
Output (mL)	—	—	200 mL	—	—
Row Name	**01/21/25 0931**	**01/21/25 0930**	**01/21/25 0918**	**01/21/25 0800**	**01/21/25 0649**
Oral	—	—	—	Ensure Plus High	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Supplements				Protein	
Oral Nutritional Supplement Intake (mL)	—	—	—	30 mL	—
Rate	60 mL/hr	—	60 mL/hr	—	—
Urine Color	—	—	—	—	Yellow/straw
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	Clean;Skin intact	—	—	—
Care & Maintenance	—	—	—	Peri/Foley care	—
Collection Container	—	Standard drainage bag	—	—	—
Securement Method	—	Right thigh	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	Per Provider Order	—	—	—
Output (mL)	—	—	—	—	350 mL
Stool Occurrence	—	—	—	0	—
Row Name	**01/20/25 2148**	**01/20/25 1700**	**01/20/25 1618**	**01/20/25 1551**	**01/20/25 1130**
Oral Supplements	—	Ensure Plus High Protein	—	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	0 mL
Rate	—	—	60 mL/hr	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	—	—	—
Care & Maintenance	Bag emptied	—	—	—	—
Collection Container	Standard drainage bag;No dependent loops;To dependent drainage	—	—	—	—
Output (mL)	200 mL	—	—	100 mL	—
Row Name	**01/20/25 1000**	**01/20/25 0930**	**01/20/25 0800**	**01/20/25 0312**	**01/19/25 2225**
Weight	52.2 kg (115 lb 1.3 oz)	—	—	—	—
Weight Method	Bed scale	—	—	—	—
Oral Supplements	—	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	—
Dose	—	*2 g	—	—	—
Urine Color	—	—	—	Yellow/straw	—
Urine Appearance	—	—	—	Clear	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	—	Clean;Skin intact
Care & Maintenance	—	—	—	—	Bag emptied
Collection	—	—	—	—	Standard drainage

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Container					bag;No dependent loops
Securement Method	—	—	—	—	Right thigh
Output (mL)	—	—	—	250 mL	150 mL
Row Name	**01/19/25 2126**	**01/19/25 1948**	**01/19/25 1935**	**01/19/25 1700**	**01/19/25 1600**
Oral Supplements	—	—	—	Other (Comment)	—
Oral Nutritional Supplement Intake (mL)	—	—	—	0 mL	—
Rate	60 mL/hr	—	—	—	—
Urine Color	—	—	Yellow/straw	—	Yellow/straw
Urine Appearance	—	—	Clear	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	Clean;Skin intact	—	—	—
Care & Maintenance	—	—	Peri/Foley care;Bag emptied	—	Bag emptied
Collection Container	—	Standard drainage bag;No dependent loops	Standard drainage bag;No dependent loops	—	Standard drainage bag
Securement Method	—	Right thigh	Right thigh	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	Per Provider Order	—	—	—
Output (mL)	—	—	325 mL	—	175 mL
Row Name	**01/19/25 1355**	**01/19/25 1130**	**01/19/25 1128**	**01/19/25 0902**	**01/19/25 0900**
Percent Meals Eaten (%)	—	—	—	100	—
Oral Supplements	—	Other (Comment)	—	—	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	—
Volume (mL)	480 mL	—	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	—	Clean;Skin intact
Collection Container	—	—	—	—	Standard drainage bag
Securement Method	—	—	—	—	Left thigh
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	—	Per Provider Order
Output (mL)	400 mL	—	200 mL	—	—
Row Name	**01/19/25 0842**	**01/19/25 0800**	**01/19/25 0503**	**01/18/25 2110**	**01/18/25 1700**
Oral Supplements	—	Other (Comment)	—	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	0 mL
Dose	*2 g	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	Clean;Skin intact	—
Care & Maintenance	—	—	Bag emptied	—	—
Securement Method	—	—	—	Right thigh	—
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	Per Provider Order	—
Output (mL)	—	—	350 mL	—	—
Row Name	**01/18/25 1520**	**01/18/25 1502**	**01/18/25 1400**	**01/18/25 1109**	**01/18/25 0840**
Oral Supplements	—	—	—	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	—	—	—	0 mL	—
Rate	60 mL/hr	60 mL/hr	—	—	—
Volume (mL)	—	—	1380 mL	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	—	Clean;Skin intact
Collection Container	—	—	—	—	Standard drainage bag
Securement Method	—	—	—	—	Right thigh
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	—	Per Provider Order
Output (mL)	—	—	200 mL	—	—
Stool Occurrence	—	—	0	—	—
Row Name	**01/18/25 0827**	**01/18/25 0800**	**01/18/25 0532**	**01/18/25 0132**	**01/18/25 0051**
P.O.	—	—	—	—	300 mL
Percent Meals Eaten (%)	—	—	—	—	—
Oral Supplements	—	Ensure Plus High Protein	—	—	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	—
Dose	—	—	*500 mg	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	Peri/Foley care;Bag emptied	—	—	—	—
Collection Container	Standard drainage bag	—	—	—	—
Securement Method	Right thigh	—	—	—	—
Output (mL)	550 mL	—	—	—	350 mL
Reason for Communication	—	—	—	Other (Comment)	—
Provider Name	—	—	—	J Rosienne	—
Provider Role	—	—	—	Resident	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Method of Communication	—	—	—	Secure Chat	—
Response	—	—	—	Waiting for response	—
Row Name	**01/17/25 2129**	**01/17/25 2122**	**01/17/25 2100**	**01/17/25 1700**	**01/17/25 1500**
Oral Supplements	—	—	—	Ensure Plus High Protein	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	—	0 mL	120 mL
Rate	60 mL/hr	—	—	—	—
Volume (mL)	—	—	—	—	540 mL
Dose	—	*500 mg	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	Clean;Skin intact	—	—
Care & Maintenance	—	—	Antiseptic - non CHG;Peri/Foley care	—	—
Collection Container	—	—	Standard drainage bag;No dependent loops;To dependent drainage	—	—
Securement Method	—	—	Right thigh	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	—	Per Provider Order	—	—
Stool Occurrence	—	—	1	—	—
Stool Size	—	—	Large	—	—
Stool Appearance	—	—	Formed;Soft	—	—
Stool Color	—	—	Brown	—	—
Reason for Communication	Other (Comment)	—	Other (Comment)	—	—
Provider Name	J Rosienne	—	J Rosienne, MD	—	—
Provider Role	Resident	—	Resident	—	—
Method of Communication	Other(Comment)	—	Secure Chat	—	—
Response	No new orders	—	See orders	—	—
Notification Time	2129	—	2115	—	—
Row Name	**01/17/25 1301**	**01/17/25 1200**	**01/17/25 1130**	**01/17/25 0841**	**01/17/25 0800**
P.O.	—	50 mL	—	—	—
Percent Meals Eaten (%)	—	25	—	—	—
Oral Supplements	—	—	Ensure Plus High Protein	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	120 mL
Dose	*500 mg	—	—	—	—
Urine Color	Yellow/straw	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	—	Clean;Skin intact

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Care & Maintenance	—	—	—	Antiseptic - non CHG;Peri/Foley care	Antiseptic - non CHG;Peri/Foley care
Collection Container	—	—	—	—	Standard drainage bag;No dependent loops;To dependent drainage
Securement Method	—	—	—	Right thigh	Right thigh;Securing device (Describe);Other (Comment)
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	—	Per Provider Order
Output (mL)	450 mL	—	—	—	—
Row Name	**01/17/25 0739**	**01/17/25 0600**	**01/17/25 0557**	**01/17/25 0122**	**01/17/25 0029**
Supplements	—	—	—	—	Yes (P)
Oral Nutritional Supplement Intake (mL)	—	—	—	—	400 mL (P)
Volume (mL)	—	600 mL	—	—	—
Dose	—	—	—	—	*4 mL
Dose	—	—	*500 mg	—	—
Volume (mL)	—	—	105	—	—
Dose	—	—	—	*650 mg	—
Volume (mL)	—	—	—	65	—
MAR Action	—	—	—	Stopped	—
Basal Rate (mL/hr)	—	—	—	0 mL/hr	—
Urine Color	Yellow/straw	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	875 mL	—	—	—	—
Response	No new orders	—	—	—	—
Row Name	**01/16/25 2136**	**01/16/25 2117**	**01/16/25 2100**	**01/16/25 2000**	**01/16/25 1924**
Volume (mL)	—	—	—	60 mL	—
Dose	—	*500 mg	—	—	—
Volume (mL)	—	105	—	—	—
MAR Action	—	—	—	—	Rate Verified
Basal Rate (mL/hr)	—	—	—	—	6 mL/hr
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	Clean;Skin intact	—	—
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care;Bag emptied	—	Peri/Foley care	—	—
Collection Container	No dependent loops	—	Standard drainage bag;To dependent drainage;No dependent loops	—	—
Securement Method	Right thigh;Securing device (Describe)	—	Right thigh;Securing device (Describe)	—	—
Reason for Continuing	—	—	Per Provider Order	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urinary Catheterization past POD 1					
Output (mL)	375 mL	—	—	—	—
Stool Occurrence	0	—	—	—	—
Row Name	**01/16/25 1748**	**01/16/25 1339**	**01/16/25 1300**	**01/16/25 1235**	**01/16/25 1152**
P.O.	—	—	—	—	180 mL
Free Water	—	—	—	—	150 mL
Percent Meals Eaten (%)	—	33	—	—	—
Oral Supplements	—	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	—	—	237 mL	—	—
Dose	—	*500 mg	—	—	—
MAR Action	—	—	—	New Bag/Syringe	Dose/Rate Changed
Basal Rate (mL/hr)	—	—	—	6 mL/hr	6 mL/hr
Urine Color	Yellow/straw	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	Bag emptied	—	—	—	—
Output (mL)	750 mL	—	—	—	—
Row Name	**01/16/25 1047**	**01/16/25 1033**	**01/16/25 0900**	**01/16/25 0800**	**01/16/25 0742**
Weight	—	—	—	—	54 kg (119 lb 0.8 oz)
Weight Method	—	—	—	—	Bed scale
Percent Meals Eaten (%)	—	33	—	—	—
Oral Supplements	—	—	—	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	—	—	—	0 mL	—
Rate	60 mL/hr	—	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	Clean;Skin intact	—	—
Care & Maintenance	—	—	—	—	Bag emptied
Collection Container	—	—	Standard drainage bag;No dependent loops;To dependent drainage	—	No dependent loops;Standard drainage bag;To dependent drainage
Securement Method	—	—	Right thigh;Securing device (Describe)	—	Right thigh
Reason for Continuing Urinary Catheterization past POD 1	—	—	Per Provider Order	—	Incontinence inhibiting healing of stage 3 or > pressure injury or sacral/perineal wounds
Output (mL)	—	—	—	—	275 mL
Row Name	**01/16/25 0721**	**01/16/25 0559**	**01/16/25 0530**	**01/15/25 2335**	**01/15/25 2200**
Dose	—	*500 mg	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

MAR Action	Rate Verified	—	—	Rate Verified	—
Basal Rate (mL/hr)	10 mL/hr	—	—	10 mL/hr	—
Urine Color	—	—	Yellow/straw	—	—
Urine Appearance	—	—	Clear	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	Bag emptied	—	—
Collection Container	—	—	No dependent loops;Standard drainage bag;To dependent drainage	—	—
Securement Method	—	—	Right thigh	—	—
Output (mL)	—	—	600 mL	—	260 mL
Row Name	**01/15/25 2101**	**01/15/25 2002**	**01/15/25 1928**	**01/15/25 1823**	**01/15/25 1800**
P.O.	—	—	240 mL	—	—
Percent Meals Eaten (%)	—	—	33	—	—
Rate	—	—	60 mL/hr	—	—
Volume (mL)	—	—	300 mL	—	—
Dose	*500 mg	—	—	—	—
Volume (mL)	105	—	—	—	—
MAR Action	—	—	—	New Bag/Syringe	—
Basal Rate (mL/hr)	—	—	—	10 mL/hr	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	Clean;Skin intact	—	—	—
Collection Container	—	No dependent loops;To dependent drainage;Standard drainage bag	—	—	—
Securement Method	—	Securing device (Describe)	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	Incontinence inhibiting healing of stage 3 or > pressure injury or sacral/perineal wounds	—	—	—
Stool Occurrence	—	—	—	—	1
Stool Size	—	—	—	—	Large
Stool Appearance	—	—	—	—	Hard;Soft
Stool Color	—	—	—	—	Brown
Row Name	**01/15/25 1653**	**01/15/25 1510**	**01/15/25 1400**	**01/15/25 1349**	**01/15/25 1300**
Oral Supplements	—	—	—	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	—	—	0 mL
Rate	—	—	—	—	0 mL/hr
Dose	*500 mg	—	—	—	—
Dose	—	*2 g	—	—	—
Volume (mL)	—	50	—	—	—
MAR Action	—	—	—	Rate Verified	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Basal Rate (mL/hr)	—	—	—	10 mL/hr	—
Cumulative Dose (mL)	—	—	422.45 mL	—	—
Urine Color	—	—	Yellow/straw	—	—
Urine Appearance	—	—	Clear	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	Bag emptied	—	—
Output (mL)	—	—	75 mL	—	—
Row Name	**01/15/25 1200**	**01/15/25 0900**	**01/15/25 0800**	**01/15/25 0700**	**01/15/25 0300**
P.O.	—	200 mL	—	—	—
Percent Meals Eaten (%)	—	100	—	—	—
Oral Supplements	—	—	Other (Comment)	—	—
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	—
Rate	—	—	60 mL/hr	—	—
Volume (mL)	—	—	360 mL	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	105 mL	125 mL	100 mL	225 mL	125 mL
Row Name	**01/15/25 0000**	**01/14/25 2300**	**01/14/25 2206**	**01/14/25 2100**	**01/14/25 2019**
Rate	—	—	—	60 mL/hr	—
Volume (mL)	—	120 mL	—	180 mL	—
MAR Action	—	—	New Bag/Syringe	—	—
Basal Rate (mL/hr)	—	—	10 mL/hr	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	75 mL	—	70 mL	—	75 mL
Row Name	**01/14/25 2000**	**01/14/25 1800**	**01/14/25 1700**	**01/14/25 1600**	**01/14/25 1500**
Rate	—	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Volume (mL)	—	60 mL	60 mL	60 mL	60 mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Red;Skin intact	—	—	—	—
Care & Maintenance	Peri/Foley care	Bag emptied	—	—	—
Output (mL)	—	75 mL	—	60 mL	—
Row Name	**01/14/25 1400**	**01/14/25 1300**	**01/14/25 1259**	**01/14/25 1200**	**01/14/25 1100**
P.O.	—	100 mL	—	—	—
Percent Meals Eaten (%)	—	75	—	—	—
Oral Supplements	—	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	—	—	225 mL	—	—
Rate	60 mL/hr	60 mL/hr	—	60 mL/hr	60 mL/hr
Volume (mL)	60 mL	60 mL	—	60 mL	60 mL
Urethral Catheter	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Properties	Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	Clean;Skin intact	—	—	—
Care & Maintenance	—	Antiseptic - non CHG;Peri/Foley care	—	—	—
Collection Container	—	Standard drainage bag;No dependent loops;To dependent drainage	—	—	—
Securement Method	—	Right thigh	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	Frequent UOP measurement for current treatment with no alternative	—	—	—
Row Name	**01/14/25 1000**	**01/14/25 0900**	**01/14/25 0800**	**01/14/25 0700**	**01/14/25 0600**
P.O.	—	100 mL	—	—	—
Percent Meals Eaten (%)	—	100	—	—	—
Oral Supplements	—	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	—
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Volume (mL)	60 mL	60 mL	60 mL	60 mL	60 mL
MAR Action	—	—	Rate Verified	—	—
Basal Rate (mL/hr)	—	—	10 mL/hr	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	—	Bag emptied	—
Output (mL)	—	—	—	30 mL	20 mL
Row Name	**01/14/25 0500**	**01/14/25 0403**	**01/14/25 0400**	**01/14/25 0300**	**01/14/25 0200**
Rate	60 mL/hr	—	60 mL/hr	60 mL/hr	60 mL/hr
Volume (mL)	60 mL	—	60 mL	60 mL	60 mL
MAR Action	—	New Bag/Syringe	—	—	—
Basal Rate (mL/hr)	—	10 mL/hr	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	20 mL	—	40 mL	—	25 mL
Row Name	**01/14/25 0100**	**01/14/25 0000**	**01/13/25 2300**	**01/13/25 2200**	**01/13/25 2100**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Volume (mL)	60 mL	60 mL	60 mL	60 mL	60 mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	20 mL	15 mL	25 mL	20 mL
Row Name	**01/13/25 2000**	**01/13/25 1900**	**01/13/25 1836**	**01/13/25 1818**	**01/13/25 1800**
Rate	—	—	—	—	0 mL/hr
Rate	60 mL/hr	60 mL/hr	—	—	60 mL/hr
Volume (mL)	60 mL	60 mL	—	—	40 mL
Cumulative Dose (mL)	—	126.8 mL	—	—	—
Dose	—	—	0 mcg/kg/min	1 mcg/kg/min	2 mcg/kg/min

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

(mcg/kg/min) Dopamine					
Rate Dopamine	—	—	0 mL/hr	1.71 mL/hr	3.41 mL/hr
Volume (mL) Dopamine	—	1.54 mL	—	—	2.85 mL
Concentration Dopamine	—	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Urine	—	—	—	—	0 mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	40 mL	—	—	—	45 mL

Row Name	**01/13/25 1720**	**01/13/25 1703**	**01/13/25 1703**	**01/13/25 1701**	**01/13/25 1643**
Volume (mL)	—	6.5 mL	—	—	—
Rate	60 mL/hr	—	—	—	—
Volume (mL)	125 mL	—	—	—	—
Dose (mcg/kg/min) Dopamine	2.5 mcg/kg/min	—	—	—	—
Rate Dopamine	4.27 mL/hr	—	—	—	—
Volume (mL) Dopamine	8.9 mL	—	—	—	—
Concentration Dopamine	1600 mcg/mL	—	—	—	—
Dose (mcg/min) Phenylephrine	—	—	—	—	*50 mcg
Concentration Phenylephrine	—	—	—	—	100 mcg/mL
Dose (mcg/kg/min) Propofol	—	—	—	0 mcg/kg/min	—
Rate Propofol	—	—	—	0 mL/hr	—
Concentration Propofol	—	—	—	10 mg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				

Row Name	**01/13/25 1641**	**01/13/25 1631**	**01/13/25 1602**	**01/13/25 1554**	**01/13/25 15:53:59**
Rate	—	—	—	—	0 mL/hr
Dose (mcg/kg/min) Propofol	20 mcg/kg/min	30 mcg/kg/min	40 mcg/kg/min	—	—
Rate Propofol	5.568 mL/hr	8.352 mL/hr	11.136 mL/hr	—	—
Concentration Propofol	10 mg/mL	10 mg/mL	10 mg/mL	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				

Row Name	**01/13/25 1542**	**01/13/25 1515**	**01/13/25 1500**	**01/13/25 1409**	**01/13/25 1400**
Rate	10 mL/hr	10 mL/hr	10 mL/hr	—	10 mL/hr
Volume (mL)	—	2.5 mL	10 mL	—	20 mL
Rate	—	60 mL/hr	60 mL/hr	—	60 mL/hr
Volume (mL)	—	15 mL	60 mL	—	120 mL
Dose (mcg/kg/min) Dopamine	2.5 mcg/kg/min	2.5 mcg/kg/min	3 mcg/kg/min	3 mcg/kg/min	3.5 mcg/kg/min
Rate Dopamine	4.27 mL/hr	4.27 mL/hr	5.12 mL/hr	5.12 mL/hr	5.97 mL/hr
Volume (mL) Dopamine	—	1.28 mL	5.25 mL	—	11.94 mL
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	—	—	25 mL
Row Name	**01/13/25 1300**	**01/13/25 1200**	**01/13/25 1000**	**01/13/25 0801**	**01/13/25 0800**
Oral Supplements	Other (Comment)	—	—	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	—	—
Rate	—	10 mL/hr	10 mL/hr	—	10 mL/hr
Volume (mL)	—	20 mL	20 mL	—	10 mL
Rate	—	60 mL/hr	60 mL/hr	—	60 mL/hr
Volume (mL)	—	120 mL	120 mL	—	60 mL
MAR Action	—	—	—	Bag/Syringe Refill	—
Basal Rate (mL/hr)	—	—	—	10 mL/hr	—
Dose (mcg/kg/min) Dopamine	—	3.5 mcg/kg/min	3.5 mcg/kg/min	—	3.5 mcg/kg/min
Rate Dopamine	—	5.97 mL/hr	5.97 mL/hr	—	5.97 mL/hr
Volume (mL) Dopamine	—	11.94 mL	11.94 mL	—	5.97 mL
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	25 mL	25 mL	—	25 mL
Row Name	**01/13/25 0743**	**01/13/25 0728**	**01/13/25 0700**	**01/13/25 0600**	**01/13/25 0542**
Oral Supplements	Other (Comment)	—	—	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	—	—
Rate	—	—	10 mL/hr	10 mL/hr	—
Volume (mL)	—	—	10 mL	10 mL	—
Rate	—	—	60 mL/hr	60 mL/hr	—
Volume (mL)	—	—	60 mL	60 mL	—
Dose	—	—	—	—	*2 g
Cumulative Dose (mL)	—	—	246.45 mL	—	—
Dose (mcg/kg/min) Dopamine	—	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	—
Rate Dopamine	—	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	—
Volume (mL) Dopamine	—	—	5.97 mL	5.97 mL	—
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	Bag emptied	—	—
Output (mL)	—	—	25 mL	60 mL	—
Row Name	**01/13/25 0500**	**01/13/25 0400**	**01/13/25 0300**	**01/13/25 0200**	**01/13/25 0147**
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	—
Volume (mL)	10 mL	10 mL	10 mL	10 mL	—
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Volume (mL)	60 mL	60 mL	60 mL	60 mL	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Dose	—	—	—	—	*4 mL
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	—
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	—
Volume (mL) Dopamine	5.97 mL	5.97 mL	5.97 mL	5.97 mL	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	105 mL	80 mL	70 mL	70 mL	—
Row Name	**01/13/25 0100**	**01/13/25 0000**	**01/12/25 2300**	**01/12/25 2200**	**01/12/25 2108**
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	—
Volume (mL)	10 mL	10 mL	10 mL	10 mL	—
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Volume (mL)	60 mL	60 mL	60 mL	60 mL	—
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr
Volume (mL) Dopamine	5.97 mL	5.97 mL	5.97 mL	5.97 mL	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	45 mL	45 mL	45 mL	—
Row Name	**01/12/25 2100**	**01/12/25 2000**	**01/12/25 1930**	**01/12/25 1900**	**01/12/25 1800**
Rate	10 mL/hr	10 mL/hr	—	10 mL/hr	10 mL/hr
Volume (mL)	10 mL	10 mL	—	10 mL	20 mL
Rate	60 mL/hr	60 mL/hr	—	60 mL/hr	60 mL/hr
Volume (mL)	60 mL	60 mL	—	60 mL	120 mL
Dose	—	—	*4 mL	—	—
Dose (mcg/kg/min) Dopamine	3.499 mcg/kg/min	3.499 mcg/kg/min	—	3.499 mcg/kg/min	—
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	—	5.97 mL/hr	—
Volume (mL) Dopamine	5.97 mL	5.97 mL	—	5.97 mL	11.24 mL
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	30 mL	40 mL	—	20 mL	20 mL
Row Name	**01/12/25 1720**	**01/12/25 1700**	**01/12/25 1647**	**01/12/25 1635**	**01/12/25 1600**
Rate	—	—	—	—	10 mL/hr
Volume (mL)	—	—	—	—	10 mL
Rate	—	—	—	—	60 mL/hr
Volume (mL)	—	—	—	—	60 mL
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	—	3 mcg/kg/min	3 mcg/kg/min	4 mcg/kg/min
Rate Dopamine	5.97 mL/hr	—	5.12 mL/hr	5.12 mL/hr	6.83 mL/hr
Volume (mL) Dopamine	—	—	—	—	7.37 mL
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	20 mL	—	—	60 mL
Row Name	**01/12/25 1519**	**01/12/25 1507**	**01/12/25 1500**	**01/12/25 1400**	**01/12/25 1304**
Rate	—	—	10 mL/hr	10 mL/hr	—
Volume (mL)	—	—	10 mL	10 mL	—
Rate	—	—	60 mL/hr	60 mL/hr	—
Volume (mL)	—	—	60 mL	60 mL	—
Dose	—	*4 mL	—	—	—
MAR Action	—	—	—	—	Bag/Syringe Refill
Basal Rate (mL/hr)	—	—	—	—	10 mL/hr
Dose (mcg/kg/min) Dopamine	4 mcg/kg/min	—	5 mcg/kg/min	5 mcg/kg/min	—
Rate Dopamine	6.83 mL/hr	—	8.53 mL/hr	8.53 mL/hr	—
Volume (mL) Dopamine	—	—	8.53 mL	8.53 mL	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	30 mL	30 mL	—
Row Name	**01/12/25 1300**	**01/12/25 1221**	**01/12/25 1200**	**01/12/25 1154**	**01/12/25 1134**
Oral Supplements	Ensure Plus	—	—	Ensure Plus	—
Oral Nutritional Supplement Intake (mL)	40 mL	—	—	40 mL	—
Rate	10 mL/hr	—	—	—	—
Volume (mL)	20 mL	—	—	—	—
Rate	60 mL/hr	—	—	—	—
Volume (mL)	108 mL	—	—	—	—
Dose	—	*250 mL	—	—	—
Rate	—	1000 mL/hr	—	—	—
Volume (mL) Dexmedetomidine	1.14 mL	—	—	—	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	—	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	—	—	8.53 mL/hr	8.53 mL/hr
Volume (mL) Dopamine	15.7 mL	—	—	—	—
Concentration Dopamine	1600 mcg/mL	—	—	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	50 mL	—	150 mL	—	—
Row Name	**01/12/25 1129**	**01/12/25 1112**	**01/12/25 1110**	**01/12/25 1100**	**01/12/25 1033**
Rate	—	—	—	10 mL/hr	—
Volume (mL)	—	—	—	10 mL	—
Rate	—	60 mL/hr	—	—	—
Rate	—	1000 mL/hr	—	—	—
Dose	*4 mL	—	—	—	—
Dose (mcg/kg/hr) Dexmedetomidine	—	—	0 mcg/kg/hr	0.6 mcg/kg/hr	0.6 mcg/kg/hr

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Rate Dexmedetomidine	—	—	0 mL/hr	6.83 mL/hr	6.83 mL/hr
Volume (mL) Dexmedetomidine	—	—	—	8.08 mL	—
Concentration Dexmedetomidine	—	—	4 mcg/mL	4 mcg/mL	4 mcg/mL
Dose (mcg/kg/min) Dopamine	—	—	3 mcg/kg/min	5 mcg/kg/min	—
Rate Dopamine	—	—	5.12 mL/hr	8.53 mL/hr	—
Volume (mL) Dopamine	—	—	—	8.53 mL	—
Concentration Dopamine	—	—	1600 mcg/mL	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	—	150 mL	—

Row Name	**01/12/25 1000**	**01/12/25 0930**	**01/12/25 0900**	**01/12/25 0846**	**01/12/25 0834**
Rate	10 mL/hr	—	10 mL/hr	—	—
Volume (mL)	10 mL	—	20 mL	—	—
Dose	—	*4 mL	—	—	—
Dose (mcg/kg/hr) Dexmedetomidine	0.8 mcg/kg/hr	—	0.8 mcg/kg/hr	1 mcg/kg/hr	0.5 mcg/kg/hr
Rate Dexmedetomidine	9.1 mL/hr	—	9.1 mL/hr	11.38 mL/hr	5.69 mL/hr
Volume (mL) Dexmedetomidine	9.1 mL	—	3.79 mL	—	—
Concentration Dexmedetomidine	4 mcg/mL	—	4 mcg/mL	4 mcg/mL	4 mcg/mL
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	5 mcg/kg/min	—	—
Rate Dopamine	8.53 mL/hr	—	8.53 mL/hr	—	—
Volume (mL) Dopamine	8.53 mL	—	17.06 mL	—	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	125 mL	—	135 mL	—	—

Row Name	**01/12/25 0800**	**01/12/25 0749**	**01/12/25 0700**	**01/12/25 0635**	**01/12/25 0615**
Oral Supplements	Other (Comment)	—	—	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	—	—
Rate	—	—	10 mL/hr	—	—
Volume (mL)	—	—	10 mL	—	—
Dose	—	*500 mL	—	—	—
Rate	—	1000 mL/hr	—	—	—
Cumulative Dose (mL)	—	—	128.65 mL	—	—
Dose (mcg/kg/hr)	—	—	—	0 mcg/kg/hr	0.7 mcg/kg/hr

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Dexmedetomidine					
Rate Dexmedetomidine	—	—	—	0 mL/hr	7.96 mL/hr
Volume (mL) Dexmedetomidine	—	—	4.93 mL	—	—
Concentration Dexmedetomidine	—	—	—	4 mcg/mL	4 mcg/mL
Dose (mcg/kg/min) Dopamine	—	—	5 mcg/kg/min	—	—
Rate Dopamine	—	—	8.53 mL/hr	—	—
Volume (mL) Dopamine	—	—	8.53 mL	—	—
Concentration Dopamine	—	—	1600 mcg/mL	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	Bag emptied	—	—
Output (mL)	—	—	40 mL	—	—

Row Name	01/12/25 0600	01/12/25 0545	01/12/25 0515	01/12/25 0500	01/12/25 0447
Rate	10 mL/hr	—	—	10 mL/hr	—
Volume (mL)	10 mL	—	—	10 mL	—
Dose	—	*2 g	—	—	—
Dose (mcg/kg/hr) Dexmedetomidine	0.8 mcg/kg/hr	—	0.8 mcg/kg/hr	0.5 mcg/kg/hr	0.5 mcg/kg/hr
Rate Dexmedetomidine	9.1 mL/hr	—	9.1 mL/hr	5.69 mL/hr	5.69 mL/hr
Volume (mL) Dexmedetomidine	8.25 mL	—	—	1.23 mL	—
Concentration Dexmedetomidine	4 mcg/mL	—	4 mcg/mL	4 mcg/mL	4 mcg/mL
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	—	5 mcg/kg/min	—
Rate Dopamine	8.53 mL/hr	—	—	8.53 mL/hr	—
Volume (mL) Dopamine	8.53 mL	—	—	8.53 mL	—
Concentration Dopamine	1600 mcg/mL	—	—	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	40 mL	—	—	30 mL	—

Row Name	01/12/25 0400	01/12/25 0300	01/12/25 0200	01/12/25 0100	01/12/25 0000
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr
Volume (mL)	10 mL	10 mL	10 mL	10 mL	10 mL
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr
Volume (mL) Dopamine	8.53 mL	8.53 mL	8.53 mL	8.53 mL	8.53 mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	65 mL	60 mL	70 mL	40 mL	105 mL
Row Name	**01/11/25 2300**	**01/11/25 2200**	**01/11/25 2100**	**01/11/25 2000**	**01/11/25 1900**
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	—
Volume (mL)	10 mL	10 mL	10 mL	30 mL	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	—
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	—
Volume (mL) Dopamine	8.53 mL	8.53 mL	8.53 mL	25.59 mL	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	—	Bag emptied	—
Output (mL)	185 mL	325 mL	—	135 mL	225 mL
Row Name	**01/11/25 1845**	**01/11/25 1840**	**01/11/25 1835**	**01/11/25 1700**	**01/11/25 1600**
P.O.	—	—	—	120 mL	—
Volume (mL)	—	—	—	100 mL	—
Dose	*500 mg	—	—	—	—
MAR Action	—	Bag/Syringe Refill	—	—	—
Basal Rate (mL/hr)	—	10 mL/hr	—	—	—
Dose (mcg/kg/min) Dopamine	—	—	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	—	—	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr
Volume (mL) Dopamine	—	—	—	8.53 mL	17.06 mL
Concentration Dopamine	—	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Volume (mL) Isoproterenol	—	—	—	—	0.46 mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	—	35 mL	100 mL
Row Name	**01/11/25 1401**	**01/11/25 1400**	**01/11/25 1346**	**01/11/25 1340**	**01/11/25 1315**
P.O.	—	100 mL	—	—	—
Dose	—	—	*500 mL	—	—
Dose (mcg/kg/min) Dopamine	—	5 mcg/kg/min	—	—	—
Rate Dopamine	—	8.53 mL/hr	—	—	—
Volume (mL) Dopamine	—	8.53 mL	—	—	—
Concentration Dopamine	—	1600 mcg/mL	—	—	—
Dose (mcg/kg/min) Isoproterenol	0 mcg/kg/min	0.04 mcg/kg/min	—	0.04 mcg/kg/min	0.035 mcg/kg/min
Rate Isoproterenol	0 mL/hr	27.3 mL/hr	—	27.3 mL/hr	23.9 mL/hr
Volume (mL)	—	24.07 mL	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Isoproterenol					
Concentration Isoproterenol	0.004 mg/mL	0.004 mg/mL	—	0.004 mg/mL	0.004 mg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	75 mL	—	—	—
Row Name	**01/11/25 1302**	**01/11/25 1300**	**01/11/25 1200**	**01/11/25 1155**	**01/11/25 1113**
P.O.	100 mL	—	—	—	—
Percent Meals Eaten (%)	—	50	—	—	—
Oral Supplements	—	Ensure Plus High Protein	—	—	—
Oral Nutritional Supplement Intake (mL)	—	100 mL	—	—	—
Volume (mL)	—	—	6.42 mL	—	—
Dose	—	—	—	—	*500 mg
Volume (mL)	—	—	—	—	150
Dose (mcg/kg/min) Dopamine	—	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	—
Rate Dopamine	—	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	—
Volume (mL) Dopamine	—	8.53 mL	7.28 mL	—	—
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Dose (mcg/kg/min) Isoproterenol	0.03 mcg/kg/min	0.025 mcg/kg/min	0.025 mcg/kg/min	0.025 mcg/kg/min	—
Rate Isoproterenol	20.5 mL/hr	17.06 mL/hr	17.06 mL/hr	17.06 mL/hr	—
Volume (mL) Isoproterenol	—	17.06 mL	6.66 mL	—	—
Concentration Isoproterenol	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	30 mL	—	—	—
Row Name	**01/11/25 1111**	**01/11/25 1109**	**01/11/25 1100**	**01/11/25 1043**	**01/11/25 1010**
Volume (mL)	—	—	9.92 mL	—	—
Rate	0 mL/hr	—	—	—	—
Volume (mL)	—	—	70 mL	—	—
Dose (mcg/kg/min) Dopamine	4 mcg/kg/min	—	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	6.83 mL/hr	—	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr
Volume (mL) Dopamine	—	—	19.06 mL	—	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose (mcg/kg/min) Isoproterenol	—	0.01 mcg/kg/min	—	—	—
Rate Isoproterenol	—	6.83 mL/hr	—	—	—
Concentration Isoproterenol	—	0.004 mg/mL	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason:				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

	Other (Comment)				
Output (mL)	—	—	60 mL	—	—
Row Name	**01/11/25 0917**	**01/11/25 0900**	**01/11/25 0836**	**01/11/25 0835**	**01/11/25 0830**
Percent Meals Eaten (%)	—	100	—	—	—
Rate	0 mL/hr	—	—	—	—
Volume (mL)	—	14 mL	21 mL	—	—
Rate	—	35 mL/hr	35 mL/hr	—	—
Volume (mL)	—	14 mL	0 mL	—	—
Dose	—	—	—	*4 mL	—
Volume (mL)	—	—	—	4	—
MAR Action	—	—	—	Dose/Rate Changed	—
Basal Rate (mL/hr)	—	—	—	10 mL/hr	—
Dose (mcg/kg/min) Dopamine	—	6 mcg/kg/min	6 mcg/kg/min	—	6 mcg/kg/min
Rate Dopamine	—	10.24 mL/hr	10.24 mL/hr	—	10.24 mL/hr
Volume (mL) Dopamine	—	4.1 mL	6.99 mL	—	—
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	Skin intact;Clean	—	—	—
Care & Maintenance	—	Antiseptic - non CHG;Peri/Foley care;Straining urine;Bag emptied	—	—	—
Collection Container	—	To dependent drainage;Standard drainage bag;No dependent loops	—	—	—
Securement Method	—	Right thigh	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	Frequent UOP measurement for current treatment with no alternative	—	—	—
Output (mL)	—	225 mL	—	—	—
Row Name	**01/11/25 0800**	**01/11/25 0730**	**01/11/25 0700**	**01/11/25 0600**	**01/11/25 0555**
P.O.	—	—	—	120 mL	—
Oral Supplements	Other (Comment)	—	—	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	—	—
Rate	—	—	35 mL/hr	35 mL/hr	—
Volume (mL)	17.5 mL	17.5 mL	35 mL	35 mL	—
Rate	—	—	10 mL/hr	—	—
Dose	—	—	—	—	*500 mg
MAR Action	—	Rate Verified	—	—	—
Basal Rate (mL/hr)	—	8 mL/hr	—	—	—
Cumulative Dose (mL)	—	282.9 mL	—	—	—
Dose (mcg/kg/min) Dopamine	7 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Rate Dopamine	11.94 mL/hr	11.94 mL/hr	11.94 mL/hr	11.94 mL/hr	—
Volume (mL) Dopamine	5.97 mL	5.97 mL	11.94 mL	11.94 mL	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Urine Color	—	—	—	Yellow/straw	—
Urine Appearance	—	—	—	Clear	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	—	Bag emptied	—
Output (mL)	—	—	135 mL	60 mL	—
Row Name	**01/11/25 0546**	**01/11/25 0500**	**01/11/25 0430**	**01/11/25 0400**	**01/11/25 0300**
Rate	—	35 mL/hr	—	35 mL/hr	35 mL/hr
Volume (mL)	—	35 mL	—	35 mL	7 mL
Dose	*0 mEq	—	*20 mEq	—	—
Dose (mcg/kg/min) Dopamine	—	7 mcg/kg/min	—	7 mcg/kg/min	7 mcg/kg/min
Rate Dopamine	—	11.94 mL/hr	—	11.94 mL/hr	11.94 mL/hr
Volume (mL) Dopamine	—	11.94 mL	—	11.94 mL	11.74 mL
Concentration Dopamine	—	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	60 mL	—	25 mL	20 mL
Row Name	**01/11/25 0248**	**01/11/25 0214**	**01/11/25 0200**	**01/11/25 0125**	**01/11/25 0100**
Rate	35 mL/hr	—	—	—	—
Dose (mcg/kg/min) Dopamine	—	7 mcg/kg/min	6.5 mcg/kg/min	6.5 mcg/kg/min	6 mcg/kg/min
Rate Dopamine	—	11.94 mL/hr	11.09 mL/hr	11.09 mL/hr	10.24 mL/hr
Volume (mL) Dopamine	—	—	10.74 mL	—	11.88 mL
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	20 mL	—	20 mL
Row Name	**01/11/25 0058**	**01/11/25 0000**	**01/10/25 2302**	**01/10/25 2300**	**01/10/25 2240**
Dose	—	—	—	*500 mg	—
Dose (mcg/kg/min) Dopamine	6 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	6 mcg/kg/min	6 mcg/kg/min
Rate Dopamine	10.24 mL/hr	11.94 mL/hr	11.94 mL/hr	10.24 mL/hr	10.24 mL/hr
Volume (mL) Dopamine	—	11.88 mL	—	11.37 mL	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	Clean;Skin intact	—	—	—
Collection Container	—	To dependent drainage;Standard drainage bag;No	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

		dependent loops			
Securement Method	—	Right thigh	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	Frequent UOP measurement for current treatment with no alternative	—	—	—
Output (mL)	—	65 mL	—	40 mL	—
Row Name	**01/10/25 2200**	**01/10/25 2141**	**01/10/25 2100**	**01/10/25 2010**	**01/10/25 2000**
MAR Action	—	—	—	—	Rate Verified
Basal Rate (mL/hr)	—	—	—	—	8 mL/hr
Dose (mcg/kg/min) Dopamine	7 mcg/kg/min	7 mcg/kg/min	6 mcg/kg/min	6 mcg/kg/min	—
Rate Dopamine	11.94 mL/hr	11.94 mL/hr	10.24 mL/hr	10.24 mL/hr	—
Volume (mL) Dopamine	10.78 mL	—	13.22 mL	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	25 mL	—	35 mL	—	35 mL
Row Name	**01/10/25 1937**	**01/10/25 1900**	**01/10/25 1817**	**01/10/25 1815**	**01/10/25 1800**
Dose	—	—	*500 mg	—	—
Volume (mL)	—	—	50	—	—
MAR Action	New Bag/Syringe	—	—	—	—
Basal Rate (mL/hr)	8 mL/hr	—	—	—	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	—	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	—	—	8.53 mL/hr	8.53 mL/hr
Volume (mL) Dopamine	13.79 mL	—	—	—	17.06 mL
Concentration Dopamine	1600 mcg/mL	—	—	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	25 mL	—	—	30 mL
Row Name	**01/10/25 1600**	**01/10/25 1500**	**01/10/25 1445**	**01/10/25 1433**	**01/10/25 1407**
Dose	—	—	—	—	*500 mg
Volume (mL)	—	—	—	—	100
MAR Action	—	—	—	New Bag/Syringe	—
Basal Rate (mL/hr)	—	—	—	8 mL/hr	—
Cumulative Dose (mL)	98 mL	90 mL	—	—	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	—	—
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	—	—
Volume (mL) Dopamine	8.53 mL	11.23 mL	—	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason:				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

	Other (Comment)				
Output (mL)	90 mL	90 mL	—	—	—
Row Name	**01/10/25 1405**	**01/10/25 1400**	**01/10/25 1330**	**01/10/25 1300**	**01/10/25 1241**
Cumulative Dose (mL)	—	82 mL	—	74 mL	—
Dose (mcg/kg/min) Dopamine	7 mcg/kg/min	—	8 mcg/kg/min	—	9 mcg/kg/min
Rate Dopamine	11.94 mL/hr	—	13.65 mL/hr	—	15.36 mL/hr
Volume (mL) Dopamine	—	14.51 mL	—	15.21 mL	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	—	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	Bag emptied	—	—	—
Output (mL)	—	50 mL	—	—	—
Row Name	**01/10/25 1210**	**01/10/25 1201**	**01/10/25 1100**	**01/10/25 1030**	**01/10/25 1016**
Cumulative Dose (mL)	—	66 mL	58 mL	—	—
Dose (mcg/kg/min) Dopamine	10 mcg/kg/min	6 mcg/kg/min	—	—	4 mcg/kg/min
Rate Dopamine	17.06 mL/hr	10.24 mL/hr	—	—	6.83 mL/hr
Volume (mL) Dopamine	—	6.94 mL	6.37 mL	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	—	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	—	25 mL	—
Row Name	**01/10/25 1000**	**01/10/25 0936**	**01/10/25 0900**	**01/10/25 0823**	**01/10/25 0801**
MAR Action	—	—	—	Restarted	Stopped
Basal Rate (mL/hr)	—	—	—	8 mL/hr	0 mL/hr
Cumulative Dose (mL)	42 mL	—	26 mL	—	16 mL
Dose (mcg/kg/min) Dopamine	—	3 mcg/kg/min	—	—	—
Rate Dopamine	—	5.12 mL/hr	—	—	—
Volume (mL) Dopamine	5.12 mL	—	5.03 mL	—	5.21 mL
Concentration Dopamine	—	1600 mcg/mL	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	50 mL	—	50 mL	—	50 mL
Row Name	**01/10/25 0700**	**01/10/25 0600**	**01/10/25 0549**	**01/10/25 0500**	**01/10/25 0400**
Weight	—	45.8 kg (100 lb 15.5 oz)	—	—	—
Weight Method	—	Bed scale	—	—	—
Dose	—	—	*500 mg	—	—
Volume (mL)	—	50	—	—	—
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	3 mcg/kg/min	—	3 mcg/kg/min	3 mcg/kg/min

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Rate Dopamine	5.12 mL/hr	5.12 mL/hr	—	5.12 mL/hr	5.12 mL/hr
Volume (mL) Dopamine	5.12 mL	5.12 mL	—	5.12 mL	6 mL
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	Bag emptied	—	—	—	—
Output (mL)	60 mL	100 mL	—	45 mL	20 mL
Row Name	**01/10/25 0331**	**01/10/25 0302**	**01/10/25 0300**	**01/10/25 0215**	**01/10/25 0200**
Dose	—	*2 g	—	—	—
Dose	*2 g	—	—	—	—
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	—	4 mcg/kg/min	4 mcg/kg/min	—
Rate Dopamine	5.12 mL/hr	—	6.83 mL/hr	6.83 mL/hr	—
Volume (mL) Dopamine	—	—	11.52 mL	—	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	75 mL	—	60 mL
Row Name	**01/10/25 0100**	**01/10/25 0012**	**01/10/25 0000**	**01/09/25 2327**	**01/09/25 2300**
Dose	—	*250 mL	—	—	—
Rate	—	1000 mL/hr	—	—	—
Dose	—	—	—	*500 mg	—
Volume (mL)	—	—	50	—	—
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	—	3 mcg/kg/min	—	3 mcg/kg/min
Rate Dopamine	5.12 mL/hr	—	5.12 mL/hr	—	5.12 mL/hr
Volume (mL) Dopamine	5.12 mL	—	5.12 mL	—	4.18 mL
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	—	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	50 mL	—	10 mL	—	—
Provider Name	—	—	Grabar MD	—	—
Provider Role	—	—	Resident	—	—
Method of Communication	—	—	Secure Chat	—	—
Notification Time	—	—	0005	—	—
Row Name	**01/09/25 2233**	**01/09/25 2200**	**01/09/25 2159**	**01/09/25 2142**	**01/09/25 2100**
Dose	—	—	—	*500 mL	—
Rate	—	—	—	500 mL/hr	—
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	2 mcg/kg/min	2 mcg/kg/min	—	—
Rate Dopamine	5.12 mL/hr	3.41 mL/hr	3.41 mL/hr	—	—
Volume (mL) Dopamine	—	0.06 mL	—	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason:				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

	Other (Comment)				
Output (mL)	—	10 mL	—	—	60 mL
Row Name	**01/09/25 2000**	**01/09/25 1915**	**01/09/25 1835**	**01/09/25 1813**	**01/09/25 1743**
Rate	—	—	—	—	50 mL/hr
Rate	—	—	—	—	0 mL/hr
Rate	0 mL/hr	50 mL/hr	—	—	—
Volume (mL)	37.5 mL	—	—	—	—
MAR Action	Rate Verified	—	New Bag/Syringe	—	—
Basal Rate (mL/hr)	8 mL/hr	—	8 mL/hr	—	—
Volume (mL) Heparin	14.47 mL	—	—	—	—
Dose (units/hr) Insulin	0 Units/hr	—	—	0.8 Units/hr	—
Rate Insulin	0 mL/hr	—	—	0.8 mL/hr	—
Volume (mL) Insulin	4.13 mL	—	—	—	—
Concentration Insulin	1 Units/mL	—	—	1 Units/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	80 mL	—	—	—	—
Row Name	**01/09/25 1658**	**01/09/25 1653**	**01/09/25 1647**	**01/09/25 1646**	**01/09/25 1645**
Rate	—	50 mL/hr	—	—	—
Dose (mcg/kg/min) Norepinephrine	0 mcg/kg/min	—	—	0.02 mcg/kg/min	*10 mcg
Rate Norepinephrine	0 mL/hr	—	—	0.853 mL/hr	—
Concentration Norepinephrine	0.064 mg/mL	—	—	0.064 mg/mL	0.064 mg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				
Row Name	**01/09/25 1626**	**01/09/25 1625**	**01/09/25 1624**	**01/09/25 1617**	**01/09/25 1616**
Bolus (mcg) Fentanyl	—	—	25 mcg	—	—
Concentration Fentanyl	—	—	50 mcg/mL	—	—
Dose (units/hr) Insulin	—	1.5 Units/hr	—	—	—
Rate Insulin	—	1.5 mL/hr	—	—	—
Concentration Insulin	—	1 Units/mL	—	—	—
Dose (mcg/kg/min) Norepinephrine	0 mcg/kg/min	—	—	0.02 mcg/kg/min	0.04 mcg/kg/min
Rate Norepinephrine	0 mL/hr	—	—	0.853 mL/hr	1.706 mL/hr
Concentration Norepinephrine	0.064 mg/mL	—	—	0.064 mg/mL	0.064 mg/mL
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				
Row Name	**01/09/25 1613**	**01/09/25 1610**	**01/09/25 1600**	**01/09/25 1555**	**01/09/25 1551**
Bolus (mcg) Fentanyl	25 mcg	—	—	—	—
Concentration Fentanyl	50 mcg/mL	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Dose (mcg/kg/min) Norepinephrine	—	—	0.06 mcg/kg/min	0.04 mcg/kg/min	0.08 mcg/kg/min
Rate Norepinephrine	—	—	2.559 mL/hr	1.706 mL/hr	3.413 mL/hr
Concentration Norepinephrine	—	—	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				

Row Name	01/09/25 1542	01/09/25 1540	01/09/25 1534	01/09/25 1533	01/09/25 1532
Rate	—	200 mL/hr	—	—	500 mL/hr
Dose (mcg/kg/min) Norepinephrine	0.04 mcg/kg/min	—	—	0 mcg/kg/min	0.04 mcg/kg/min
Rate Norepinephrine	1.706 mL/hr	—	—	0 mL/hr	1.706 mL/hr
Concentration Norepinephrine	0.064 mg/mL	—	—	0.064 mg/mL	0.064 mg/mL
Dose (mcg/kg/min) Propofol	—	—	*20 mg	—	*15 mg
Concentration Propofol	—	—	10 mg/mL	—	10 mg/mL
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				

Row Name	01/09/25 1529	01/09/25 1528	01/09/25 1526	01/09/25 1516	01/09/25 1434
Rate	—	—	—	100 mL/hr	—
Bolus (mcg) Fentanyl	—	25 mcg	—	—	—
Concentration Fentanyl	—	50 mcg/mL	—	—	—
Dose (units/kg/hr) Heparin	—	—	—	—	0 Units/kg/hr
Rate Heparin	—	—	—	—	0 mL/hr
Concentration Heparin	—	—	—	—	100 Units/mL
Dose (mcg/kg/min) Norepinephrine	0.02 mcg/kg/min	—	—	—	—
Rate Norepinephrine	0.853 mL/hr	—	—	—	—
Concentration Norepinephrine	0.064 mg/mL	—	—	—	—
Dose (mcg/kg/min) Propofol	—	—	*25 mg	—	—
Rate Propofol	—	—	—	—	—
Concentration Propofol	—	—	10 mg/mL	—	—
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				

Row Name	01/09/25 1338	01/09/25 1251	01/09/25 1248	01/09/25 1213	01/09/25 1125
Dose	—	—	—	*0 mL	—
Volume (mL)	—	—	—	500	—
Rate	—	—	—	0 mL/hr	—
Dose	—	—	—	*0 g	*1 g
Volume (mL)	—	—	—	50	—
Dose	—	—	—	*1 g	—
Dose (units/kg/hr) Heparin	18 Units/kg/hr	*3640 units	18 Units/kg/hr	—	—
Rate Heparin	8.19 mL/hr	—	8.19 mL/hr	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Concentration Heparin	100 Units/mL	—	100 Units/mL	—	—
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				

Row Name	**01/09/25 1115**
Dose	*500 mL
Rate	2000 mL/hr
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16)

Infusions with Vitals

Row Name	02/23/25 1447	02/23/25 1259	02/23/25 0810	02/23/25 0223	02/22/25 1616
Rate	—	75 mL/hr	—	100 mL/hr	—
Dose	—	—	—	—	*1000 mg
Dose	—	—	*1000 mg	—	—
Dose	*40 mEq	—	—	—	—
Row Name	**02/22/25 1545**	**02/22/25 1218**	**02/22/25 0954**	**02/21/25 0944**	**02/15/25 0449**
Rate	—	—	—	—	0 mL/hr
Rate	100 mL/hr	—	—	100 mL/hr	—
Dose	—	—	*1000 mg	—	—
Dose	—	*2 g	—	—	—
Row Name	**02/14/25 2136**	**02/14/25 1103**	**02/14/25 0935**	**02/13/25 1746**	**02/13/25 1225**
Rate	—	—	0 mL/hr	50 mL/hr	50 mL/hr
Rate	75 mL/hr	—	—	—	—
Dose	—	*1000 mL	—	—	—
Rate	—	70 mL/hr	—	—	—
Row Name	**02/13/25 0431**	**02/12/25 2129**	**02/12/25 2011**	**02/12/25 1706**	**02/12/25 0507**
Rate	—	—	—	—	0 mL/hr
Rate	100 mL/hr	100 mL/hr	50 mL/hr	75 mL/hr	—
Row Name	**02/11/25 0910**	**02/11/25 0056**	**02/10/25 2001**	**02/10/25 0957**	**02/09/25 1250**
Rate	100 mL/hr	—	—	—	—
Dose	—	—	*1000 mL	—	—
Rate	—	—	100 mL/hr	—	—
Dose	—	—	—	—	*1000 mg
Dose	—	*1 g	—	—	—
Row Name	**02/09/25 1102**	**02/09/25 0938**	**02/09/25 0519**	**02/09/25 0042**	**02/08/25 1219**
Dose	*500 mL	—	—	—	—
Rate	500 mL/hr	—	—	—	—
Dose	—	*1 g	—	—	—
Dose	—	—	—	—	*2 g
Dose	—	—	*1000 mg	*1000 mg	—
Row Name	**02/08/25 1149**	**02/08/25 1021**	**01/30/25 2226**	**01/30/25 2053**	**01/30/25 1951**
Dose	—	—	*0 mEq	*40 mEq	—
Dose	—	—	—	—	*4 g
Dose	—	*12.5 g	—	—	—
Dose	*1 g	—	—	—	—
Row Name	**01/27/25 2256**	**01/27/25 0938**	**01/27/25 0937**	**01/27/25 0528**	**01/26/25 1952**
Rate	—	—	—	80 mL/hr	80 mL/hr
Rate	0 mL/hr	80 mL/hr	—	—	—
Dose	—	—	*2 g	—	—
Row Name	**01/26/25 1854**	**01/26/25 1046**	**01/25/25 1321**	**01/25/25 0346**	**01/23/25 0200**
Rate	—	—	—	—	60 mL/hr
Rate	0 mL/hr	—	—	—	—
Dose	—	—	—	*500 mL	—
Rate	—	—	—	500 mL/hr	—
Dose	—	—	*1000 mL	—	—
Rate	—	—	1000 mL/hr	—	—
Dose	—	*1000 mL	—	—	—
Rate	—	1000 mL/hr	—	—	—
Dose	—	—	*1000 mg	—	—
Row Name	**01/23/25 0047**	**01/23/25 0000**	**01/22/25 2300**	**01/22/25 0927**	**01/22/25 0642**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	—	60 mL/hr
Dose	—	—	—	*2 g	—
Row Name	**01/22/25 0200**	**01/21/25 0931**	**01/21/25 0918**	**01/20/25 1618**	**01/20/25 0930**
Rate	0 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Dose	—	—	—	—	*2 g
Row Name	**01/19/25 2126**	**01/19/25 0842**	**01/18/25 1520**	**01/18/25 1502**	**01/18/25 0532**
Rate	60 mL/hr	—	60 mL/hr	60 mL/hr	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dose	—	—	—	—	*500 mg
Dose	—	*2 g	—	—	—
Row Name	**01/17/25 2129**	**01/17/25 2122**	**01/17/25 1301**	**01/17/25 0557**	**01/17/25 0122**
MAR Action	—	—	—	—	Stopped
Basal Rate (mL/hr)	—	—	—	—	0 mL/hr
Rate	60 mL/hr	—	—	—	—
Dose	—	*500 mg	*500 mg	*500 mg	—
Dose	—	—	—	—	*650 mg
Row Name	**01/16/25 2117**	**01/16/25 1924**	**01/16/25 1339**	**01/16/25 1235**	**01/16/25 1152**
MAR Action	—	Rate Verified	—	New Bag/Syringe	Dose/Rate Changed
Basal Rate (mL/hr)	—	6 mL/hr	—	6 mL/hr	6 mL/hr
Dose	*500 mg	—	*500 mg	—	—
Row Name	**01/16/25 1047**	**01/16/25 0721**	**01/16/25 0559**	**01/15/25 2335**	**01/15/25 2101**
MAR Action	—	Rate Verified	—	Rate Verified	—
Basal Rate (mL/hr)	—	10 mL/hr	—	10 mL/hr	—
Rate	60 mL/hr	—	—	—	—
Dose	—	—	*500 mg	—	*500 mg
Row Name	**01/15/25 1928**	**01/15/25 1823**	**01/15/25 1653**	**01/15/25 1510**	**01/15/25 1349**
MAR Action	—	New Bag/Syringe	—	—	Rate Verified
Basal Rate (mL/hr)	—	10 mL/hr	—	—	10 mL/hr
Rate	60 mL/hr	—	—	—	—
Dose	—	—	*500 mg	—	—
Dose	—	—	—	*2 g	—
Row Name	**01/15/25 1300**	**01/15/25 0800**	**01/15/25 0200**	**01/15/25 0100**	**01/14/25 2206**
Pulse	—	—	72	70	—
SpO2	—	—	95 %	97 %	—
BP	—	—	**126/48** !	**113/34** !	—
MAP (mmHg)	—	—	66	64	—
MAR Action	—	—	—	—	New Bag/Syringe
Basal Rate (mL/hr)	—	—	—	—	10 mL/hr
Rate	0 mL/hr	60 mL/hr	—	—	—
Volume (mL)	—	—	180 mL	—	—
Row Name	**01/14/25 2100**	**01/14/25 1800**	**01/14/25 1700**	**01/14/25 1600**	**01/14/25 1500**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/14/25 1400**	**01/14/25 1300**	**01/14/25 1200**	**01/14/25 1100**	**01/14/25 1000**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/14/25 0900**	**01/14/25 0800**	**01/14/25 0700**	**01/14/25 0600**	**01/14/25 0500**
MAR Action	—	Rate Verified	—	—	—
Basal Rate (mL/hr)	—	10 mL/hr	—	—	—
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/14/25 0403**	**01/14/25 0400**	**01/14/25 0300**	**01/14/25 0200**	**01/14/25 0100**
MAR Action	New Bag/Syringe	—	—	—	—
Basal Rate (mL/hr)	10 mL/hr	—	—	—	—
Rate	—	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/14/25 0000**	**01/13/25 2300**	**01/13/25 2200**	**01/13/25 2100**	**01/13/25 2000**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/13/25 1900**	**01/13/25 1836**	**01/13/25 1818**	**01/13/25 1800**	**01/13/25 1720**
Dose (mcg/kg/min) Dopamine	—	0 mcg/kg/min	1 mcg/kg/min	2 mcg/kg/min	2.5 mcg/kg/min
Rate Dopamine	—	0 mL/hr	1.71 mL/hr	3.41 mL/hr	4.27 mL/hr
Concentration	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dopamine					
Rate	—	—	—	0 mL/hr	—
Rate	60 mL/hr	—	—	60 mL/hr	60 mL/hr
Row Name	**01/13/25 1703**	**01/13/25 1701**	**01/13/25 1643**	**01/13/25 1641**	**01/13/25 1631**
Dose (mcg/min) Phenylephrine	—	—	*50 mcg	—	—
Concentration Phenylephrine	—	—	100 mcg/mL	—	—
Dose (mcg/kg/min) Propofol	—	0 mcg/kg/min	—	20 mcg/kg/min	30 mcg/kg/min
Rate Propofol	—	0 mL/hr	—	5.568 mL/hr	8.352 mL/hr
Concentration Propofol	—	10 mg/mL	—	10 mg/mL	10 mg/mL
Row Name	**01/13/25 1602**	**01/13/25 1554**	**01/13/25 15:53:59**	**01/13/25 1542**	**01/13/25 1515**
Dose (mcg/kg/min) Dopamine	—	—	—	2.5 mcg/kg/min	2.5 mcg/kg/min
Rate Dopamine	—	—	—	4.27 mL/hr	4.27 mL/hr
Concentration Dopamine	—	—	—	1600 mcg/mL	1600 mcg/mL
Dose (mcg/kg/min) Propofol	40 mcg/kg/min	—	—	—	—
Rate Propofol	11.136 mL/hr	—	—	—	—
Concentration Propofol	10 mg/mL	—	—	—	—
Rate	—	—	0 mL/hr	10 mL/hr	10 mL/hr
Rate	—	—	—	—	60 mL/hr
Row Name	**01/13/25 1500**	**01/13/25 1409**	**01/13/25 1400**	**01/13/25 1200**	**01/13/25 1000**
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	3 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min
Rate Dopamine	5.12 mL/hr	5.12 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	10 mL/hr	—	10 mL/hr	10 mL/hr	10 mL/hr
Rate	60 mL/hr	—	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/13/25 0801**	**01/13/25 0800**	**01/13/25 0728**	**01/13/25 0700**	**01/13/25 0600**
MAR Action	Bag/Syringe Refill	—	—	—	—
Basal Rate (mL/hr)	10 mL/hr	—	—	—	—
Dose (mcg/kg/min) Dopamine	—	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min
Rate Dopamine	—	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	—	10 mL/hr	—	10 mL/hr	10 mL/hr
Rate	—	60 mL/hr	—	60 mL/hr	60 mL/hr
Row Name	**01/13/25 0542**	**01/13/25 0500**	**01/13/25 0400**	**01/13/25 0300**	**01/13/25 0200**
Dose (mcg/kg/min) Dopamine	—	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min
Rate Dopamine	—	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	—	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr
Rate	—	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Dose	*2 g	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Row Name	01/13/25 0100	01/13/25 0000	01/12/25 2300	01/12/25 2200	01/12/25 2108
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	—
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Row Name	**01/12/25 2100**	**01/12/25 2000**	**01/12/25 1900**	**01/12/25 1800**	**01/12/25 1720**
Dose (mcg/kg/min) Dopamine	3.499 mcg/kg/min	3.499 mcg/kg/min	3.499 mcg/kg/min	—	3.5 mcg/kg/min
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	—	5.97 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	—
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Row Name	**01/12/25 1647**	**01/12/25 1635**	**01/12/25 1600**	**01/12/25 1519**	**01/12/25 1500**
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	3 mcg/kg/min	4 mcg/kg/min	4 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	5.12 mL/hr	5.12 mL/hr	6.83 mL/hr	6.83 mL/hr	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	—	—	10 mL/hr	—	10 mL/hr
Rate	—	—	60 mL/hr	—	60 mL/hr
Row Name	**01/12/25 1400**	**01/12/25 1304**	**01/12/25 1300**	**01/12/25 1221**	**01/12/25 1154**
MAR Action	—	Bag/Syringe Refill	—	—	—
Basal Rate (mL/hr)	—	10 mL/hr	—	—	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	5 mcg/kg/min	—	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	—	8.53 mL/hr	—	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	—	1600 mcg/mL
Rate	10 mL/hr	—	10 mL/hr	—	—
Rate	60 mL/hr	—	60 mL/hr	—	—
Dose	—	—	—	*250 mL	—
Rate	—	—	—	1000 mL/hr	—
Row Name	**01/12/25 1134**	**01/12/25 1112**	**01/12/25 1110**	**01/12/25 1100**	**01/12/25 1033**
Dose (mcg/kg/hr) Dexmedetomidine	—	—	0 mcg/kg/hr	0.6 mcg/kg/hr	0.6 mcg/kg/hr
Rate Dexmedetomidine	—	—	0 mL/hr	6.83 mL/hr	6.83 mL/hr
Concentration Dexmedetomidine	—	—	4 mcg/mL	4 mcg/mL	4 mcg/mL
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	3 mcg/kg/min	5 mcg/kg/min	—
Rate Dopamine	8.53 mL/hr	—	5.12 mL/hr	8.53 mL/hr	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	—
Rate	—	—	—	10 mL/hr	—
Rate	—	60 mL/hr	—	—	—
Rate	—	1000 mL/hr	—	—	—
Row Name	**01/12/25 1000**	**01/12/25 0900**	**01/12/25 0846**	**01/12/25 0834**	**01/12/25 0749**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dose (mcg/kg/hr) Dexmedetomidine	0.8 mcg/kg/hr	0.8 mcg/kg/hr	1 mcg/kg/hr	0.5 mcg/kg/hr	—
Rate Dexmedetomidine	9.1 mL/hr	9.1 mL/hr	11.38 mL/hr	5.69 mL/hr	—
Concentration Dexmedetomidine	4 mcg/mL	4 mcg/mL	4 mcg/mL	4 mcg/mL	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	—	—	—
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	—	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	—	—
Rate	10 mL/hr	10 mL/hr	—	—	—
Dose	—	—	—	—	*500 mL
Rate	—	—	—	—	1000 mL/hr
Row Name	**01/12/25 0700**	**01/12/25 0635**	**01/12/25 0615**	**01/12/25 0600**	**01/12/25 0545**
Dose (mcg/kg/hr) Dexmedetomidine	—	0 mcg/kg/hr	0.7 mcg/kg/hr	0.8 mcg/kg/hr	—
Rate Dexmedetomidine	—	0 mL/hr	7.96 mL/hr	9.1 mL/hr	—
Concentration Dexmedetomidine	—	4 mcg/mL	4 mcg/mL	4 mcg/mL	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	—	5 mcg/kg/min	—
Rate Dopamine	8.53 mL/hr	—	—	8.53 mL/hr	—
Concentration Dopamine	1600 mcg/mL	—	—	1600 mcg/mL	—
Rate	10 mL/hr	—	—	10 mL/hr	—
Dose	—	—	—	—	*2 g
Row Name	**01/12/25 0515**	**01/12/25 0500**	**01/12/25 0447**	**01/12/25 0400**	**01/12/25 0300**
Dose (mcg/kg/hr) Dexmedetomidine	0.8 mcg/kg/hr	0.5 mcg/kg/hr	0.5 mcg/kg/hr	—	—
Rate Dexmedetomidine	9.1 mL/hr	5.69 mL/hr	5.69 mL/hr	—	—
Concentration Dexmedetomidine	4 mcg/mL	4 mcg/mL	4 mcg/mL	—	—
Dose (mcg/kg/min) Dopamine	—	5 mcg/kg/min	—	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	—	8.53 mL/hr	—	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	—	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Rate	—	10 mL/hr	—	10 mL/hr	10 mL/hr
Row Name	**01/12/25 0200**	**01/12/25 0100**	**01/12/25 0000**	**01/11/25 2300**	**01/11/25 2200**
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Row Name	01/11/25 2100	01/11/25 2000	01/11/25 1845	01/11/25 1840	01/11/25 1835
MAR Action	—	—	—	Bag/Syringe Refill	—
Basal Rate (mL/hr)	—	—	—	10 mL/hr	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	—	—	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	—	—	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	—	1600 mcg/mL
Rate	10 mL/hr	10 mL/hr	—	—	—
Dose	—	—	*500 mg	—	—
Row Name	**01/11/25 1700**	**01/11/25 1600**	**01/11/25 1401**	**01/11/25 1400**	**01/11/25 1346**
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	—	5 mcg/kg/min	—
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	—	8.53 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	—
Dose (mcg/kg/min) Isoproterenol	—	—	0 mcg/kg/min	0.04 mcg/kg/min	—
Rate Isoproterenol	—	—	0 mL/hr	27.3 mL/hr	—
Concentration Isoproterenol	—	—	0.004 mg/mL	0.004 mg/mL	—
Dose	—	—	—	—	*500 mL
Row Name	**01/11/25 1340**	**01/11/25 1315**	**01/11/25 1302**	**01/11/25 1300**	**01/11/25 1200**
Dose (mcg/kg/min) Dopamine	—	—	—	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	—	—	—	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	—	—	—	1600 mcg/mL	1600 mcg/mL
Dose (mcg/kg/min) Isoproterenol	0.04 mcg/kg/min	0.035 mcg/kg/min	0.03 mcg/kg/min	0.025 mcg/kg/min	0.025 mcg/kg/min
Rate Isoproterenol	27.3 mL/hr	23.9 mL/hr	20.5 mL/hr	17.06 mL/hr	17.06 mL/hr
Concentration Isoproterenol	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL
Row Name	**01/11/25 1155**	**01/11/25 1113**	**01/11/25 1111**	**01/11/25 1109**	**01/11/25 1100**
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	4 mcg/kg/min	—	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	—	6.83 mL/hr	—	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	—	1600 mcg/mL
Dose (mcg/kg/min) Isoproterenol	0.025 mcg/kg/min	—	—	0.01 mcg/kg/min	—
Rate Isoproterenol	17.06 mL/hr	—	—	6.83 mL/hr	—
Concentration Isoproterenol	0.004 mg/mL	—	—	0.004 mg/mL	—
Rate	—	—	0 mL/hr	—	—
Dose	—	*500 mg	—	—	—
Row Name	**01/11/25 1043**	**01/11/25 1010**	**01/11/25 0917**	**01/11/25 0900**	**01/11/25 0836**
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	—	6 mcg/kg/min	6 mcg/kg/min

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Rate Dopamine	8.53 mL/hr	8.53 mL/hr	—	10.24 mL/hr	10.24 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Rate	—	—	0 mL/hr	—	—
Rate	—	—	—	35 mL/hr	35 mL/hr
Row Name	**01/11/25 0835**	**01/11/25 0830**	**01/11/25 0800**	**01/11/25 0730**	**01/11/25 0700**
MAR Action	Dose/Rate Changed	—	—	Rate Verified	—
Basal Rate (mL/hr)	10 mL/hr	—	—	8 mL/hr	—
Dose (mcg/kg/min) Dopamine	—	6 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min
Rate Dopamine	—	10.24 mL/hr	11.94 mL/hr	11.94 mL/hr	11.94 mL/hr
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	—	—	—	—	35 mL/hr
Rate	—	—	—	—	10 mL/hr
Row Name	**01/11/25 0600**	**01/11/25 0555**	**01/11/25 0546**	**01/11/25 0500**	**01/11/25 0430**
Dose (mcg/kg/min) Dopamine	7 mcg/kg/min	—	—	7 mcg/kg/min	—
Rate Dopamine	11.94 mL/hr	—	—	11.94 mL/hr	—
Concentration Dopamine	1600 mcg/mL	—	—	1600 mcg/mL	—
Rate	35 mL/hr	—	—	35 mL/hr	—
Dose	—	*500 mg	—	—	—
Dose	—	—	*0 mEq	—	*20 mEq
Row Name	**01/11/25 0400**	**01/11/25 0300**	**01/11/25 0248**	**01/11/25 0214**	**01/11/25 0200**
Dose (mcg/kg/min) Dopamine	7 mcg/kg/min	7 mcg/kg/min	—	7 mcg/kg/min	6.5 mcg/kg/min
Rate Dopamine	11.94 mL/hr	11.94 mL/hr	—	11.94 mL/hr	11.09 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Rate	35 mL/hr	35 mL/hr	35 mL/hr	—	—
Row Name	**01/11/25 0125**	**01/11/25 0100**	**01/11/25 0058**	**01/11/25 0000**	**01/10/25 2302**
Dose (mcg/kg/min) Dopamine	6.5 mcg/kg/min	6 mcg/kg/min	6 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min
Rate Dopamine	11.09 mL/hr	10.24 mL/hr	10.24 mL/hr	11.94 mL/hr	11.94 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Row Name	**01/10/25 2300**	**01/10/25 2240**	**01/10/25 2200**	**01/10/25 2141**	**01/10/25 2100**
Dose (mcg/kg/min) Dopamine	6 mcg/kg/min	6 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	6 mcg/kg/min
Rate Dopamine	10.24 mL/hr	10.24 mL/hr	11.94 mL/hr	11.94 mL/hr	10.24 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose	*500 mg	—	—	—	—
Row Name	**01/10/25 2010**	**01/10/25 2000**	**01/10/25 1937**	**01/10/25 1817**	**01/10/25 1815**
MAR Action	—	Rate Verified	New Bag/Syringe	—	—
Basal Rate (mL/hr)	—	8 mL/hr	8 mL/hr	—	—
Dose (mcg/kg/min) Dopamine	6 mcg/kg/min	—	5 mcg/kg/min	—	5 mcg/kg/min
Rate Dopamine	10.24 mL/hr	—	8.53 mL/hr	—	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	—	1600 mcg/mL
Dose	—	—	—	*500 mg	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Row Name	01/10/25 1800	01/10/25 1600	01/10/25 1500	01/10/25 1445	01/10/25 1433
SpO2	100 %	—	—	—	—
Arterial Line BP	106/36	—	—	—	—
Arterial Line MAP	59 mmHg	—	—	—	—
MAR Action	—	—	—	—	New Bag/Syringe
Basal Rate (mL/hr)	—	—	—	—	8 mL/hr
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	—
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Row Name	**01/10/25 1407**	**01/10/25 1405**	**01/10/25 1330**	**01/10/25 1241**	**01/10/25 1210**
Dose (mcg/kg/min) Dopamine	—	7 mcg/kg/min	8 mcg/kg/min	9 mcg/kg/min	10 mcg/kg/min
Rate Dopamine	—	11.94 mL/hr	13.65 mL/hr	15.36 mL/hr	17.06 mL/hr
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose	*500 mg	—	—	—	—
Row Name	**01/10/25 1201**	**01/10/25 1016**	**01/10/25 0936**	**01/10/25 0823**	**01/10/25 0801**
MAR Action	—	—	—	Restarted	Stopped
Basal Rate (mL/hr)	—	—	—	8 mL/hr	0 mL/hr
Dose (mcg/kg/min) Dopamine	6 mcg/kg/min	4 mcg/kg/min	3 mcg/kg/min	—	—
Rate Dopamine	10.24 mL/hr	6.83 mL/hr	5.12 mL/hr	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—	—
Row Name	**01/10/25 0700**	**01/10/25 0600**	**01/10/25 0549**	**01/10/25 0500**	**01/10/25 0400**
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	3 mcg/kg/min	—	3 mcg/kg/min	3 mcg/kg/min
Rate Dopamine	5.12 mL/hr	5.12 mL/hr	—	5.12 mL/hr	5.12 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Dose	—	—	*500 mg	—	—
Row Name	**01/10/25 0331**	**01/10/25 0302**	**01/10/25 0300**	**01/10/25 0215**	**01/10/25 0100**
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	—	4 mcg/kg/min	4 mcg/kg/min	3 mcg/kg/min
Rate Dopamine	5.12 mL/hr	—	6.83 mL/hr	6.83 mL/hr	5.12 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose	—	*2 g	—	—	—
Dose	*2 g	—	—	—	—
Row Name	**01/10/25 0012**	**01/10/25 0000**	**01/09/25 2327**	**01/09/25 2300**	**01/09/25 2233**
Heart Block Type	—	**2nd degree AVB (Mobitz II)**	—	—	—
Dose (mcg/kg/min) Dopamine	—	3 mcg/kg/min	—	3 mcg/kg/min	3 mcg/kg/min
Rate Dopamine	—	5.12 mL/hr	—	5.12 mL/hr	5.12 mL/hr
Concentration Dopamine	—	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Dose	*250 mL	—	—	—	—
Rate	1000 mL/hr	—	—	—	—
Dose	—	—	*500 mg	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Row Name	01/09/25 2200	01/09/25 2159	01/09/25 2142	01/09/25 2000	01/09/25 1915
MAR Action	—	—	—	Rate Verified	—
Basal Rate (mL/hr)	—	—	—	8 mL/hr	—
Dose (mcg/kg/min) Dopamine	2 mcg/kg/min	2 mcg/kg/min	—	—	—
Rate Dopamine	3.41 mL/hr	3.41 mL/hr	—	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	—	—
Dose (units/hr) Insulin	—	—	—	0 Units/hr	—
Rate Insulin	—	—	—	0 mL/hr	—
Concentration Insulin	—	—	—	1 Units/mL	—
Rate	—	—	—	0 mL/hr	50 mL/hr
Dose	—	—	*500 mL	—	—
Rate	—	—	500 mL/hr	—	—

Row Name	01/09/25 1835	01/09/25 1813	01/09/25 1743	01/09/25 1658	01/09/25 1653
MAR Action	New Bag/Syringe	—	—	—	—
Basal Rate (mL/hr)	8 mL/hr	—	—	—	—
Dose (units/hr) Insulin	—	0.8 Units/hr	—	—	—
Rate Insulin	—	0.8 mL/hr	—	—	—
Concentration Insulin	—	1 Units/mL	—	—	—
Dose (mcg/kg/min) Norepinephrine	—	—	—	0 mcg/kg/min	—
Rate Norepinephrine	—	—	—	0 mL/hr	—
Concentration Norepinephrine	—	—	—	0.064 mg/mL	—
Rate	—	—	50 mL/hr	—	50 mL/hr
Rate	—	—	0 mL/hr	—	—

Row Name	01/09/25 1647	01/09/25 1646	01/09/25 1645	01/09/25 1626	01/09/25 1625
Dose (units/hr) Insulin	—	—	—	—	1.5 Units/hr
Rate Insulin	—	—	—	—	1.5 mL/hr
Concentration Insulin	—	—	—	—	1 Units/mL
Dose (mcg/kg/min) Norepinephrine	—	0.02 mcg/kg/min	*10 mcg	0 mcg/kg/min	—
Rate Norepinephrine	—	0.853 mL/hr	—	0 mL/hr	—
Concentration Norepinephrine	—	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL	—

Row Name	01/09/25 1624	01/09/25 1617	01/09/25 1616	01/09/25 1613	01/09/25 1610
Bolus (mcg) Fentanyl	25 mcg	—	—	25 mcg	—
Concentration Fentanyl	50 mcg/mL	—	—	50 mcg/mL	—
Dose (mcg/kg/min) Norepinephrine	—	0.02 mcg/kg/min	0.04 mcg/kg/min	—	—
Rate Norepinephrine	—	0.853 mL/hr	1.706 mL/hr	—	—
Concentration Norepinephrine	—	0.064 mg/mL	0.064 mg/mL	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Row Name	01/09/25 1600	01/09/25 1555	01/09/25 1551	01/09/25 1542	01/09/25 1540
Dose (mcg/kg/min) Norepinephrine	0.06 mcg/kg/min	0.04 mcg/kg/min	0.08 mcg/kg/min	0.04 mcg/kg/min	—
Rate Norepinephrine	2.559 mL/hr	1.706 mL/hr	3.413 mL/hr	1.706 mL/hr	—
Concentration Norepinephrine	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL	—
Rate	—	—	—	—	200 mL/hr
Row Name	**01/09/25 1534**	**01/09/25 1533**	**01/09/25 1532**	**01/09/25 1529**	**01/09/25 1528**
Bolus (mcg) Fentanyl	—	—	—	—	25 mcg
Concentration Fentanyl	—	—	—	—	50 mcg/mL
Dose (mcg/kg/min) Norepinephrine	—	0 mcg/kg/min	0.04 mcg/kg/min	0.02 mcg/kg/min	—
Rate Norepinephrine	—	0 mL/hr	1.706 mL/hr	0.853 mL/hr	—
Concentration Norepinephrine	—	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL	—
Dose (mcg/kg/min) Propofol	*20 mg	—	*15 mg	—	—
Concentration Propofol	10 mg/mL	—	10 mg/mL	—	—
Rate	—	—	500 mL/hr	—	—
Row Name	**01/09/25 1526**	**01/09/25 1516**	**01/09/25 1434**	**01/09/25 1338**	**01/09/25 1251**
Dose (units/kg/hr) Heparin	—	—	0 Units/kg/hr	18 Units/kg/hr	*3640 units
Rate Heparin	—	—	0 mL/hr	8.19 mL/hr	—
Concentration Heparin	—	—	100 Units/mL	100 Units/mL	—
Dose (mcg/kg/min) Propofol	*25 mg	—	—	—	—
Rate Propofol	—	—	—	—	—
Concentration Propofol	10 mg/mL	—	—	—	—
Rate	—	100 mL/hr	—	—	—
Row Name	**01/09/25 1248**	**01/09/25 1213**	**01/09/25 1125**	**01/09/25 1115**	
Dose (units/kg/hr) Heparin	18 Units/kg/hr	—	—	—	
Rate Heparin	8.19 mL/hr	—	—	—	
Concentration Heparin	100 Units/mL	—	—	—	
Dose	—	*0 mL	—	*500 mL	
Rate	—	0 mL/hr	—	2000 mL/hr	
Dose	—	*0 g	*1 g	—	
Dose	—	*1 g	—	—	

Intake/Output

Row Name	02/23/25 1447	02/23/25 1259	02/23/25 0810	02/23/25 0223	02/22/25 1616
Rate	—	75 mL/hr	—	100 mL/hr	—
Dose	—	—	—	—	*1000 mg
Dose	—	—	*1000 mg	—	—
Dose	*40 mEq	—	—	—	—
Row Name	**02/22/25 1545**	**02/22/25 1218**	**02/22/25 0954**	**02/21/25 0944**	**02/15/25 0449**
Rate	—	—	—	—	0 mL/hr

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Rate	100 mL/hr	—	—	100 mL/hr	—
Dose	—	—	*1000 mg	—	—
Dose	—	*2 g	—	—	—
Row Name	**02/14/25 2136**	**02/14/25 1103**	**02/14/25 0935**	**02/13/25 1746**	**02/13/25 1225**
Rate	—	—	0 mL/hr	50 mL/hr	50 mL/hr
Dose	—	*1000 mL	—	—	—
Rate	—	70 mL/hr	—	—	—
Rate	75 mL/hr	—	—	—	—
Row Name	**02/13/25 0431**	**02/12/25 2129**	**02/12/25 2011**	**02/12/25 1706**	**02/12/25 0507**
Rate	—	—	—	—	0 mL/hr
Rate	100 mL/hr	100 mL/hr	50 mL/hr	75 mL/hr	—
Row Name	**02/11/25 0910**	**02/11/25 0056**	**02/10/25 2001**	**02/10/25 0957**	**02/09/25 1250**
Dose	—	—	—	—	*1000 mg
Dose	—	—	*1000 mL	—	—
Rate	—	—	100 mL/hr	—	—
Dose	—	*1 g	—	—	—
Rate	100 mL/hr	—	—	—	—
Row Name	**02/09/25 1102**	**02/09/25 0938**	**02/09/25 0519**	**02/09/25 0042**	**02/08/25 1219**
Dose	—	*1 g	—	—	—
Dose	—	—	—	—	*2 g
Dose	—	—	*1000 mg	*1000 mg	—
Dose	*500 mL	—	—	—	—
Rate	500 mL/hr	—	—	—	—
Row Name	**02/08/25 1149**	**02/08/25 1021**	**01/30/25 2226**	**01/30/25 2053**	**01/30/25 1951**
Dose	—	—	*0 mEq	*40 mEq	—
Dose	—	—	—	—	*4 g
Dose	—	*12.5 g	—	—	—
Dose	*1 g	—	—	—	—
Row Name	**01/27/25 2256**	**01/27/25 0938**	**01/27/25 0937**	**01/27/25 0528**	**01/26/25 1952**
Rate	—	—	—	80 mL/hr	80 mL/hr
Rate	0 mL/hr	80 mL/hr	—	—	—
Dose	—	—	*2 g	—	—
Row Name	**01/26/25 1854**	**01/26/25 1046**	**01/25/25 1321**	**01/25/25 0346**	**01/23/25 0200**
Rate	—	—	—	—	60 mL/hr
Dose	—	—	—	*500 mL	—
Rate	—	—	—	500 mL/hr	—
Dose	—	—	*1000 mg	—	—
Dose	—	—	*1000 mL	—	—
Rate	—	—	1000 mL/hr	—	—
Dose	—	*1000 mL	—	—	—
Rate	—	1000 mL/hr	—	—	—
Rate	0 mL/hr	—	—	—	—
Row Name	**01/23/25 0047**	**01/23/25 0000**	**01/22/25 2300**	**01/22/25 0927**	**01/22/25 0642**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	—	60 mL/hr
Dose	—	—	—	*2 g	—
Row Name	**01/22/25 0200**	**01/21/25 0931**	**01/21/25 0918**	**01/20/25 1618**	**01/20/25 0930**
Rate	0 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Dose	—	—	—	—	*2 g
Row Name	**01/19/25 2126**	**01/19/25 0842**	**01/18/25 1520**	**01/18/25 1502**	**01/18/25 0532**
Rate	60 mL/hr	—	60 mL/hr	60 mL/hr	—
Dose	—	—	—	—	*500 mg
Dose	—	*2 g	—	—	—
Row Name	**01/17/25 2129**	**01/17/25 2122**	**01/17/25 1301**	**01/17/25 0557**	**01/17/25 0122**
MAR Action	—	—	—	—	Stopped
Basal Rate (mL/hr)	—	—	—	—	0 mL/hr
Rate	60 mL/hr	—	—	—	—
Dose	—	*500 mg	*500 mg	*500 mg	—
Dose	—	—	—	—	*650 mg

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Row Name	01/17/25 0029	01/16/25 2117	01/16/25 1924	01/16/25 1339	01/16/25 1235
MAR Action	—	—	Rate Verified	—	New Bag/Syringe
Basal Rate (mL/hr)	—	—	6 mL/hr	—	6 mL/hr
Dose	*4 mL	—	—	—	—
Dose	—	*500 mg	—	*500 mg	—
Row Name	**01/16/25 1152**	**01/16/25 1047**	**01/16/25 0721**	**01/16/25 0559**	**01/15/25 2335**
MAR Action	Dose/Rate Changed	—	Rate Verified	—	Rate Verified
Basal Rate (mL/hr)	6 mL/hr	—	10 mL/hr	—	10 mL/hr
Rate	—	60 mL/hr	—	—	—
Dose	—	—	—	*500 mg	—
Row Name	**01/15/25 2101**	**01/15/25 1928**	**01/15/25 1823**	**01/15/25 1653**	**01/15/25 1510**
MAR Action	—	—	New Bag/Syringe	—	—
Basal Rate (mL/hr)	—	—	10 mL/hr	—	—
Rate	—	60 mL/hr	—	—	—
Dose	*500 mg	—	—	*500 mg	—
Dose	—	—	—	—	*2 g
Row Name	**01/15/25 1349**	**01/15/25 1300**	**01/15/25 0800**	**01/14/25 2206**	**01/14/25 2100**
MAR Action	Rate Verified	—	—	New Bag/Syringe	—
Basal Rate (mL/hr)	10 mL/hr	—	—	10 mL/hr	—
Rate	—	0 mL/hr	60 mL/hr	—	60 mL/hr
Row Name	**01/14/25 1800**	**01/14/25 1700**	**01/14/25 1600**	**01/14/25 1500**	**01/14/25 1400**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/14/25 1300**	**01/14/25 1200**	**01/14/25 1100**	**01/14/25 1000**	**01/14/25 0900**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/14/25 0800**	**01/14/25 0700**	**01/14/25 0600**	**01/14/25 0500**	**01/14/25 0403**
MAR Action	Rate Verified	—	—	—	New Bag/Syringe
Basal Rate (mL/hr)	10 mL/hr	—	—	—	10 mL/hr
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Row Name	**01/14/25 0400**	**01/14/25 0300**	**01/14/25 0200**	**01/14/25 0100**	**01/14/25 0000**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/13/25 2300**	**01/13/25 2200**	**01/13/25 2100**	**01/13/25 2000**	**01/13/25 1900**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/13/25 1836**	**01/13/25 1818**	**01/13/25 1800**	**01/13/25 1720**	**01/13/25 1703**
Dose (mcg/kg/min) Dopamine	0 mcg/kg/min	1 mcg/kg/min	2 mcg/kg/min	2.5 mcg/kg/min	—
Rate Dopamine	0 mL/hr	1.71 mL/hr	3.41 mL/hr	4.27 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Rate	—	—	0 mL/hr	—	—
Rate	—	—	60 mL/hr	60 mL/hr	—
Row Name	**01/13/25 1701**	**01/13/25 16:58:20**	**01/13/25 1641**	**01/13/25 1631**	**01/13/25 1602**
I.V.	—	0 mL	—	—	—
Dose (mcg/kg/min) Propofol	0 mcg/kg/min	—	20 mcg/kg/min	30 mcg/kg/min	40 mcg/kg/min
Rate Propofol	0 mL/hr	—	5.568 mL/hr	8.352 mL/hr	11.136 mL/hr
Concentration Propofol	10 mg/mL	—	10 mg/mL	10 mg/mL	10 mg/mL
Row Name	**01/13/25 1554**	**01/13/25 15:53:59**	**01/13/25 1542**	**01/13/25 1515**	**01/13/25 1500**
Dose (mcg/kg/min) Dopamine	—	—	2.5 mcg/kg/min	2.5 mcg/kg/min	3 mcg/kg/min
Rate Dopamine	—	—	4.27 mL/hr	4.27 mL/hr	5.12 mL/hr
Concentration	—	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dopamine					
Rate	—	0 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr
Rate	—	—	—	60 mL/hr	60 mL/hr
Row Name	**01/13/25 1409**	**01/13/25 1400**	**01/13/25 1200**	**01/13/25 1000**	**01/13/25 0801**
MAR Action	—	—	—	—	Bag/Syringe Refill
Basal Rate (mL/hr)	—	—	—	—	10 mL/hr
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	—
Rate Dopamine	5.12 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Rate	—	10 mL/hr	10 mL/hr	10 mL/hr	—
Rate	—	60 mL/hr	60 mL/hr	60 mL/hr	—
Row Name	**01/13/25 0800**	**01/13/25 0728**	**01/13/25 0700**	**01/13/25 0600**	**01/13/25 0542**
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	—
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Dose	—	—	—	—	*2 g
Rate	10 mL/hr	—	10 mL/hr	10 mL/hr	—
Rate	60 mL/hr	—	60 mL/hr	60 mL/hr	—
Row Name	**01/13/25 0500**	**01/13/25 0400**	**01/13/25 0300**	**01/13/25 0200**	**01/13/25 0147**
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	—
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	—
Dose	—	—	—	—	*4 mL
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Row Name	**01/13/25 0100**	**01/13/25 0000**	**01/12/25 2300**	**01/12/25 2200**	**01/12/25 2108**
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	—
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Row Name	**01/12/25 2100**	**01/12/25 2000**	**01/12/25 1930**	**01/12/25 1900**	**01/12/25 1800**
Dose (mcg/kg/min) Dopamine	3.499 mcg/kg/min	3.499 mcg/kg/min	—	3.499 mcg/kg/min	—
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	—	5.97 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	—
Rate	10 mL/hr	10 mL/hr	—	10 mL/hr	10 mL/hr
Dose	—	—	*4 mL	—	—
Rate	60 mL/hr	60 mL/hr	—	60 mL/hr	60 mL/hr
Row Name	**01/12/25 1720**	**01/12/25 1647**	**01/12/25 1635**	**01/12/25 1600**	**01/12/25 1519**
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	3 mcg/kg/min	3 mcg/kg/min	4 mcg/kg/min	4 mcg/kg/min
Rate Dopamine	5.97 mL/hr	5.12 mL/hr	5.12 mL/hr	6.83 mL/hr	6.83 mL/hr
Concentration	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dopamine					
Rate	—	—	—	10 mL/hr	—
Rate	—	—	—	60 mL/hr	—
Row Name	**01/12/25 1507**	**01/12/25 1500**	**01/12/25 1400**	**01/12/25 1304**	**01/12/25 1300**
MAR Action	—	—	—	Bag/Syringe Refill	—
Basal Rate (mL/hr)	—	—	—	10 mL/hr	—
Dose (mcg/kg/min) Dopamine	—	5 mcg/kg/min	5 mcg/kg/min	—	5 mcg/kg/min
Rate Dopamine	—	8.53 mL/hr	8.53 mL/hr	—	8.53 mL/hr
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL
Rate	—	10 mL/hr	10 mL/hr	—	10 mL/hr
Dose	*4 mL	—	—	—	—
Rate	—	60 mL/hr	60 mL/hr	—	60 mL/hr
Row Name	**01/12/25 1221**	**01/12/25 1154**	**01/12/25 1134**	**01/12/25 1129**	**01/12/25 1112**
Dose (mcg/kg/min) Dopamine	—	5 mcg/kg/min	5 mcg/kg/min	—	—
Rate Dopamine	—	8.53 mL/hr	8.53 mL/hr	—	—
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	—	—
Dose	—	—	—	*4 mL	—
Rate	—	—	—	—	60 mL/hr
Rate	—	—	—	—	1000 mL/hr
Dose	*250 mL	—	—	—	—
Rate	1000 mL/hr	—	—	—	—
Row Name	**01/12/25 1110**	**01/12/25 1100**	**01/12/25 1033**	**01/12/25 1000**	**01/12/25 0930**
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	5 mcg/kg/min	—	5 mcg/kg/min	—
Rate Dopamine	5.12 mL/hr	8.53 mL/hr	—	8.53 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	—
Rate	—	10 mL/hr	—	10 mL/hr	—
Dose (mcg/kg/hr) Dexmedetomidine	0 mcg/kg/hr	0.6 mcg/kg/hr	0.6 mcg/kg/hr	0.8 mcg/kg/hr	—
Rate Dexmedetomidine	0 mL/hr	6.83 mL/hr	6.83 mL/hr	9.1 mL/hr	—
Concentration Dexmedetomidine	4 mcg/mL	4 mcg/mL	4 mcg/mL	4 mcg/mL	—
Dose	—	—	—	—	*4 mL
Row Name	**01/12/25 0900**	**01/12/25 0846**	**01/12/25 0834**	**01/12/25 0749**	**01/12/25 0700**
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	—	—	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	—	—	—	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	—	—	—	1600 mcg/mL
Rate	10 mL/hr	—	—	—	10 mL/hr
Dose (mcg/kg/hr) Dexmedetomidine	0.8 mcg/kg/hr	1 mcg/kg/hr	0.5 mcg/kg/hr	—	—
Rate Dexmedetomidine	9.1 mL/hr	11.38 mL/hr	5.69 mL/hr	—	—
Concentration	4 mcg/mL	4 mcg/mL	4 mcg/mL	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dexmedetomidine					
Dose	—	—	—	*500 mL	—
Rate	—	—	—	1000 mL/hr	—
Row Name	**01/12/25 0635**	**01/12/25 0615**	**01/12/25 0600**	**01/12/25 0545**	**01/12/25 0515**
Dose (mcg/kg/min) Dopamine	—	—	5 mcg/kg/min	—	—
Rate Dopamine	—	—	8.53 mL/hr	—	—
Concentration Dopamine	—	—	1600 mcg/mL	—	—
Dose	—	—	—	*2 g	—
Rate	—	—	10 mL/hr	—	—
Dose (mcg/kg/hr) Dexmedetomidine	0 mcg/kg/hr	0.7 mcg/kg/hr	0.8 mcg/kg/hr	—	0.8 mcg/kg/hr
Rate Dexmedetomidine	0 mL/hr	7.96 mL/hr	9.1 mL/hr	—	9.1 mL/hr
Concentration Dexmedetomidine	4 mcg/mL	4 mcg/mL	4 mcg/mL	—	4 mcg/mL
Row Name	**01/12/25 0500**	**01/12/25 0447**	**01/12/25 0400**	**01/12/25 0300**	**01/12/25 0200**
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	—	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	10 mL/hr	—	10 mL/hr	10 mL/hr	10 mL/hr
Dose (mcg/kg/hr) Dexmedetomidine	0.5 mcg/kg/hr	0.5 mcg/kg/hr	—	—	—
Rate Dexmedetomidine	5.69 mL/hr	5.69 mL/hr	—	—	—
Concentration Dexmedetomidine	4 mcg/mL	4 mcg/mL	—	—	—
Row Name	**01/12/25 0100**	**01/12/25 0000**	**01/11/25 2300**	**01/11/25 2200**	**01/11/25 2100**
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr
Row Name	**01/11/25 2000**	**01/11/25 1845**	**01/11/25 1840**	**01/11/25 1835**	**01/11/25 1700**
MAR Action	—	—	Bag/Syringe Refill	—	—
Basal Rate (mL/hr)	—	—	10 mL/hr	—	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	—	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	—	—	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	—	—	1600 mcg/mL	1600 mcg/mL
Dose	—	*500 mg	—	—	—
Rate	10 mL/hr	—	—	—	—
Row Name	**01/11/25 1600**	**01/11/25 1401**	**01/11/25 1400**	**01/11/25 1346**	**01/11/25 1340**
Dose	5 mcg/kg/min	—	5 mcg/kg/min	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

(mcg/kg/min) Dopamine					
Rate Dopamine	8.53 mL/hr	—	8.53 mL/hr	—	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	—	—
Dose (mcg/kg/min) Isoproterenol	—	0 mcg/kg/min	0.04 mcg/kg/min	—	0.04 mcg/kg/min
Rate Isoproterenol	—	0 mL/hr	27.3 mL/hr	—	27.3 mL/hr
Concentration Isoproterenol	—	0.004 mg/mL	0.004 mg/mL	—	0.004 mg/mL
Dose	—	—	—	*500 mL	—
Row Name	**01/11/25 1315**	**01/11/25 1302**	**01/11/25 1300**	**01/11/25 1200**	**01/11/25 1155**
Dose (mcg/kg/min) Dopamine	—	—	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	—	—	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	—	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose (mcg/kg/min) Isoproterenol	0.035 mcg/kg/min	0.03 mcg/kg/min	0.025 mcg/kg/min	0.025 mcg/kg/min	0.025 mcg/kg/min
Rate Isoproterenol	23.9 mL/hr	20.5 mL/hr	17.06 mL/hr	17.06 mL/hr	17.06 mL/hr
Concentration Isoproterenol	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL
Row Name	**01/11/25 1113**	**01/11/25 1111**	**01/11/25 1109**	**01/11/25 1100**	**01/11/25 1043**
Dose (mcg/kg/min) Dopamine	—	4 mcg/kg/min	—	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	—	6.83 mL/hr	—	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	—	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Dose	*500 mg	—	—	—	—
Rate	—	0 mL/hr	—	—	—
Dose (mcg/kg/min) Isoproterenol	—	—	0.01 mcg/kg/min	—	—
Rate Isoproterenol	—	—	6.83 mL/hr	—	—
Concentration Isoproterenol	—	—	0.004 mg/mL	—	—
Row Name	**01/11/25 1010**	**01/11/25 0917**	**01/11/25 0900**	**01/11/25 0836**	**01/11/25 0835**
MAR Action	—	—	—	—	Dose/Rate Changed
Basal Rate (mL/hr)	—	—	—	—	10 mL/hr
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	6 mcg/kg/min	6 mcg/kg/min	—
Rate Dopamine	8.53 mL/hr	—	10.24 mL/hr	10.24 mL/hr	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	—
Rate	—	0 mL/hr	—	—	—
Dose	—	—	—	—	*4 mL
Rate	—	—	35 mL/hr	35 mL/hr	—
Row Name	**01/11/25 0830**	**01/11/25 0800**	**01/11/25 0730**	**01/11/25 0700**	**01/11/25 0600**
MAR Action	—	—	Rate Verified	—	—
Basal Rate (mL/hr)	—	—	8 mL/hr	—	—
Dose	6 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

(mcg/kg/min) Dopamine					
Rate Dopamine	10.24 mL/hr	11.94 mL/hr	11.94 mL/hr	11.94 mL/hr	11.94 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	—	—	—	35 mL/hr	35 mL/hr
Rate	—	—	—	10 mL/hr	—
Row Name	**01/11/25 0555**	**01/11/25 0546**	**01/11/25 0500**	**01/11/25 0430**	**01/11/25 0400**
Dose (mcg/kg/min) Dopamine	—	—	7 mcg/kg/min	—	7 mcg/kg/min
Rate Dopamine	—	—	11.94 mL/hr	—	11.94 mL/hr
Concentration Dopamine	—	—	1600 mcg/mL	—	1600 mcg/mL
Dose	*500 mg	—	—	—	—
Dose	—	*0 mEq	—	*20 mEq	—
Rate	—	—	35 mL/hr	—	35 mL/hr
Row Name	**01/11/25 0300**	**01/11/25 0248**	**01/11/25 0214**	**01/11/25 0200**	**01/11/25 0125**
Dose (mcg/kg/min) Dopamine	7 mcg/kg/min	—	7 mcg/kg/min	6.5 mcg/kg/min	6.5 mcg/kg/min
Rate Dopamine	11.94 mL/hr	—	11.94 mL/hr	11.09 mL/hr	11.09 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	35 mL/hr	35 mL/hr	—	—	—
Row Name	**01/11/25 0100**	**01/11/25 0058**	**01/11/25 0000**	**01/10/25 2302**	**01/10/25 2300**
Dose (mcg/kg/min) Dopamine	6 mcg/kg/min	6 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	6 mcg/kg/min
Rate Dopamine	10.24 mL/hr	10.24 mL/hr	11.94 mL/hr	11.94 mL/hr	10.24 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose	—	—	—	—	*500 mg
Row Name	**01/10/25 2240**	**01/10/25 2200**	**01/10/25 2141**	**01/10/25 2100**	**01/10/25 2010**
Dose (mcg/kg/min) Dopamine	6 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	6 mcg/kg/min	6 mcg/kg/min
Rate Dopamine	10.24 mL/hr	11.94 mL/hr	11.94 mL/hr	10.24 mL/hr	10.24 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Row Name	**01/10/25 2000**	**01/10/25 1937**	**01/10/25 1817**	**01/10/25 1815**	**01/10/25 1800**
MAR Action	Rate Verified	New Bag/Syringe	—	—	—
Basal Rate (mL/hr)	8 mL/hr	8 mL/hr	—	—	—
Dose (mcg/kg/min) Dopamine	—	5 mcg/kg/min	—	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	—	8.53 mL/hr	—	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	—	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Dose	—	—	*500 mg	—	—
Row Name	**01/10/25 1600**	**01/10/25 1500**	**01/10/25 1445**	**01/10/25 1433**	**01/10/25 1407**
MAR Action	—	—	—	New Bag/Syringe	—
Basal Rate (mL/hr)	—	—	—	8 mL/hr	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	—	—
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dose	—	—	—	—	*500 mg
Row Name	**01/10/25 1405**	**01/10/25 1330**	**01/10/25 1241**	**01/10/25 1210**	**01/10/25 1201**
Dose (mcg/kg/min) Dopamine	7 mcg/kg/min	8 mcg/kg/min	9 mcg/kg/min	10 mcg/kg/min	6 mcg/kg/min
Rate Dopamine	11.94 mL/hr	13.65 mL/hr	15.36 mL/hr	17.06 mL/hr	10.24 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Row Name	**01/10/25 1016**	**01/10/25 0936**	**01/10/25 0823**	**01/10/25 0801**	**01/10/25 0700**
MAR Action	—	—	Restarted	Stopped	—
Basal Rate (mL/hr)	—	—	8 mL/hr	0 mL/hr	—
Dose (mcg/kg/min) Dopamine	4 mcg/kg/min	3 mcg/kg/min	—	—	3 mcg/kg/min
Rate Dopamine	6.83 mL/hr	5.12 mL/hr	—	—	5.12 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	—	1600 mcg/mL
Row Name	**01/10/25 0600**	**01/10/25 0549**	**01/10/25 0500**	**01/10/25 0400**	**01/10/25 0331**
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	—	3 mcg/kg/min	3 mcg/kg/min	3 mcg/kg/min
Rate Dopamine	5.12 mL/hr	—	5.12 mL/hr	5.12 mL/hr	5.12 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose	—	*500 mg	—	—	—
Dose	—	—	—	—	*2 g
Row Name	**01/10/25 0302**	**01/10/25 0300**	**01/10/25 0215**	**01/10/25 0100**	**01/10/25 0012**
Dose (mcg/kg/min) Dopamine	—	4 mcg/kg/min	4 mcg/kg/min	3 mcg/kg/min	—
Rate Dopamine	—	6.83 mL/hr	6.83 mL/hr	5.12 mL/hr	—
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Dose	—	—	—	—	*250 mL
Rate	—	—	—	—	1000 mL/hr
Dose	*2 g	—	—	—	—
Row Name	**01/10/25 0000**	**01/09/25 2327**	**01/09/25 2300**	**01/09/25 2233**	**01/09/25 2200**
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	—	3 mcg/kg/min	3 mcg/kg/min	2 mcg/kg/min
Rate Dopamine	5.12 mL/hr	—	5.12 mL/hr	5.12 mL/hr	3.41 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose	—	*500 mg	—	—	—
Row Name	**01/09/25 2159**	**01/09/25 2142**	**01/09/25 2000**	**01/09/25 1915**	**01/09/25 1835**
MAR Action	—	—	Rate Verified	—	New Bag/Syringe
Basal Rate (mL/hr)	—	—	8 mL/hr	—	8 mL/hr
Dose (units/hr) Insulin	—	—	0 Units/hr	—	—
Rate Insulin	—	—	0 mL/hr	—	—
Concentration Insulin	—	—	1 Units/mL	—	—
Rate	—	—	0 mL/hr	50 mL/hr	—
Dose	—	*500 mL	—	—	—
Rate	—	500 mL/hr	—	—	—
Dose (mcg/kg/min) Dopamine	2 mcg/kg/min	—	—	—	—
Rate Dopamine	3.41 mL/hr	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Concentration Dopamine	1600 mcg/mL	—	—	—	—
Row Name	**01/09/25 1813**	**01/09/25 1743**	**01/09/25 1658**	**01/09/25 1653**	**01/09/25 1647**
Dose (mcg/kg/min) Norepinephrine	—	—	0 mcg/kg/min	—	—
Rate Norepinephrine	—	—	0 mL/hr	—	—
Concentration Norepinephrine	—	—	0.064 mg/mL	—	—
Rate	—	50 mL/hr	—	50 mL/hr	—
Dose (units/hr) Insulin	0.8 Units/hr	—	—	—	—
Rate Insulin	0.8 mL/hr	—	—	—	—
Concentration Insulin	1 Units/mL	—	—	—	—
Rate	—	0 mL/hr	—	—	—
Row Name	**01/09/25 1646**	**01/09/25 1645**	**01/09/25 1626**	**01/09/25 1625**	**01/09/25 1624**
Bolus (mcg) Fentanyl	—	—	—	—	25 mcg
Concentration Fentanyl	—	—	—	—	50 mcg/mL
Dose (mcg/kg/min) Norepinephrine	0.02 mcg/kg/min	*10 mcg	0 mcg/kg/min	—	—
Rate Norepinephrine	0.853 mL/hr	—	0 mL/hr	—	—
Concentration Norepinephrine	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL	—	—
Dose (units/hr) Insulin	—	—	—	1.5 Units/hr	—
Rate Insulin	—	—	—	1.5 mL/hr	—
Concentration Insulin	—	—	—	1 Units/mL	—
Row Name	**01/09/25 1617**	**01/09/25 1616**	**01/09/25 1613**	**01/09/25 1610**	**01/09/25 1600**
Bolus (mcg) Fentanyl	—	—	25 mcg	—	—
Concentration Fentanyl	—	—	50 mcg/mL	—	—
Dose (mcg/kg/min) Norepinephrine	0.02 mcg/kg/min	0.04 mcg/kg/min	—	—	0.06 mcg/kg/min
Rate Norepinephrine	0.853 mL/hr	1.706 mL/hr	—	—	2.559 mL/hr
Concentration Norepinephrine	0.064 mg/mL	0.064 mg/mL	—	—	0.064 mg/mL
Row Name	**01/09/25 1555**	**01/09/25 1551**	**01/09/25 1542**	**01/09/25 1540**	**01/09/25 1534**
Dose (mcg/kg/min) Propofol	—	—	—	—	*20 mg
Concentration Propofol	—	—	—	—	10 mg/mL
Dose (mcg/kg/min) Norepinephrine	0.04 mcg/kg/min	0.08 mcg/kg/min	0.04 mcg/kg/min	—	—
Rate Norepinephrine	1.706 mL/hr	3.413 mL/hr	1.706 mL/hr	—	—
Concentration Norepinephrine	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL	—	—
Rate	—	—	—	200 mL/hr	—
Row Name	**01/09/25 1533**	**01/09/25 1532**	**01/09/25 1529**	**01/09/25 1528**	**01/09/25 1526**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dose (mcg/kg/min) Propofol	—	*15 mg	—	—	*25 mg
Rate Propofol	—	—	—	—	—
Concentration Propofol	—	10 mg/mL	—	—	10 mg/mL
Bolus (mcg) Fentanyl	—	—	—	25 mcg	—
Concentration Fentanyl	—	—	—	50 mcg/mL	—
Dose (mcg/kg/min) Norepinephrine	0 mcg/kg/min	0.04 mcg/kg/min	0.02 mcg/kg/min	—	—
Rate Norepinephrine	0 mL/hr	1.706 mL/hr	0.853 mL/hr	—	—
Concentration Norepinephrine	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL	—	—
Rate	—	500 mL/hr	—	—	—

Row Name	01/09/25 1516	01/09/25 1434	01/09/25 1338	01/09/25 1251	01/09/25 1248
Dose (units/kg/hr) Heparin	—	0 Units/kg/hr	18 Units/kg/hr	*3640 units	18 Units/kg/hr
Rate Heparin	—	0 mL/hr	8.19 mL/hr	—	8.19 mL/hr
Concentration Heparin	—	100 Units/mL	100 Units/mL	—	100 Units/mL
Rate	100 mL/hr	—	—	—	—

Row Name	01/09/25 1213	01/09/25 1125	01/09/25 1115
Dose	*0 mL	—	*500 mL
Rate	0 mL/hr	—	2000 mL/hr
Dose	*0 g	*1 g	—
Dose	*1 g	—	—

Intra-Procedure General Information

Row Name	01/10/25 13:25:51
Intra Procedure Airway/Breathing	No interventions needed
Intra Procedure Circulation	No interventions needed
Intra Procedure Other Events	No other events noted

IP Time Out Procedure Documentation

Row Name	01/10/25 1233
Procedure Start/Stop	Start
Procedure Name	Arterial Line

IV Assessment

Row Name	02/24/25 0900	02/23/25 2119	02/22/25 2105	02/21/25 2100	02/21/25 1130
Blood Specimen Collection	—	—	Phlebotomy/lab	—	—
IV Properties	Placement Date: 02/14/25 Placement Time: 1052 Inserted by: Anna S, Rn Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 02/15/25 Removal Time: 0449 Removal Reason: Infiltrated Condition of Catheter: Intact				
IV Properties	Placement Date: 02/21/25 Placement Time: 0952 Insertion attempts: 1 Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Earliest Known Removed: 02/25/25				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Site Assessment	Clean;Dry;Intact;Painful;Edematous	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	Saline locked	Infusing	Infusing	Infusing;Flushed without resistance	Disinfecting cap(s) present
Dressing Type	Transparent	Transparent	Transparent	Transparent	Transparent
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Phlebitis Grade	—	—	—	—	0
Infiltration Grade	—	—	—	—	0
Row Name	**02/14/25 1515**	**02/14/25 1053**	**02/13/25 2057**	**02/13/25 0900**	**02/12/25 2100**
IV Properties	Placement Date: 02/10/25 Placement Time: 1849 Inserted by: uk Insertion attempts: 1 Site Prep: Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): uk Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Right Location: Forearm Removal Date: 02/12/25 Removal Time: 0930 Removal Reason: Infiltrated Condition of Catheter: Intact				
IV Properties	Placement Date: 02/12/25 Placement Time: 1420 Inserted by: Elim, RN Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Right Location: Forearm Removal Date: 02/14/25 Removal Time: 0955 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	—	Infusing	Infusing;Positional	Saline locked;Flushed without resistance
Dressing Type	—	—	Transparent	Transparent	Transparent
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
IV Properties	Placement Date: 02/14/25 Placement Time: 1052 Inserted by: Anna S, Rn Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 02/15/25 Removal Time: 0449 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Line Status	Infusing	Infusing;Flushed without resistance	—	—	—
Dressing Type	Transparent	Transparent	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Dressing Change Due	**02/21/25**	02/21/25	—	—	—
IV Properties	Placement Date: 02/21/25 Placement Time: 0952 Insertion attempts: 1 Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Earliest Known Removed: 02/25/25				
Row Name	**02/11/25 0900**	**02/10/25 2100**	**02/09/25 0900**	**02/08/25 2100**	**02/08/25 0900**
Blood Specimen Collection	—	Unit collection	—	—	—
IV Properties	Placement Date: 02/07/25 Placement Time: 1045 Inserted by: Puleo Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Left;Posterior Location: Forearm Removal Date: 02/09/25 Removal Time: 1633 Removal Reason: Removed by patient Condition of Catheter: Intact				
Site Assessment	—	—	Clean;Intact;Dry	Clean;Intact;Dry	Clean;Intact;Dry
Line Status	—	—	Saline locked;Flushed without resistance	Saline locked;Flushed without resistance	Saline locked;Flushed without resistance
Dressing Type	—	—	Transparent	Transparent	Transparent
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Intervention	—	—	—	Other (Comment)	—
Phlebitis Grade	—	—	—	0	0
Infiltration Grade	—	—	—	0	0
IV Properties	Placement Date: 02/10/25 Placement Time: 1849 Inserted by: uk Insertion attempts: 1 Site Prep: Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): uk Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Right Location: Forearm Removal Date: 02/12/25 Removal Time: 0930 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Line Status	Infusing	Infusing	—	—	—
Dressing Type	Transparent	Transparent	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Phlebitis Grade	—	0	—	—	—
Infiltration Grade	—	0	—	—	—
IV Properties	Placement Date: 02/12/25 Placement Time: 1420 Inserted by: Elim, RN Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Right Location: Forearm Removal Date: 02/14/25 Removal Time: 0955 Removal Reason: Infiltrated Condition of Catheter: Intact				

Row Name	**02/07/25 1149**	**01/30/25 2100**
IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact	
Site Assessment	—	Clean;Dry;Intact
Line Status	—	Flushed with resistance;No blood return;Infusing
Dressing Type	—	Transparent
Dressing Status	—	Clean;Dry;Intact
Dressing Change Due	—	02/01/25
Reason Not Rotated	—	Not due
Phlebitis Grade	—	0
Infiltration Grade	—	0
IV Properties	Placement Date: 02/07/25 Placement Time: 1045 Inserted by: Puleo Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Left;Posterior Location: Forearm Removal Date: 02/09/25 Removal Time: 1633 Removal Reason: Removed by patient Condition of Catheter: Intact	
Site Assessment	Clean;Intact;Dry	—
Line Status	Saline locked;Flushed without resistance	—
Dressing Type	Transparent	—
Dressing Status	Clean;Dry;Intact	—
Dressing Change Due	02/14/25	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 8 of 16)

IV Assessment

Row Name	01/29/25 1900	01/29/25 1615	01/29/25 0900	01/28/25 1930	01/28/25 0900
IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	Saline locked;Disinfecting cap(s) present	Saline locked;Flushed with resistance;No blood return	Infusing;Flushed without resistance	Infusing;Flushed without resistance
Dressing Type	Transparent	Transparent	Transparent	Transparent	Transparent
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Change Due	**02/01/25**	**02/01/25**	—	02/01/25	—
Phlebitis Grade	—	—	—	0	—
Infiltration Grade	—	—	—	0	—
Row Name	**01/27/25 2100**	**01/27/25 1000**	**01/25/25 0900**	**01/24/25 2100**	**01/23/25 2100**
IV Properties	Placement Date: 01/22/25 Placement Time: 0427 Inserted by: Michael Wolf, RN Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Ultrasound guidance Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Removal Date: 01/25/25 Removal Time: 1232 Removal Reason: Infiltrated				
Site Assessment	—	—	Dry;Clean;Intact	Dry;Clean;Intact	Dry;Clean;Intact
Line Status	—	—	Disinfecting cap(s) present;Flushed without resistance;Saline locked	Disinfecting cap(s) present;Flushed without resistance;Saline locked	Disinfecting cap(s) present;Flushed without resistance;Saline locked
Dressing Type	—	—	Transparent	Transparent	Transparent
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Line Status	Infusing;Flushed without resistance	Infusing;Flushed without resistance	—	—	—
Dressing Type	Transparent	Transparent	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry	—	—	—
Row Name	**01/22/25 2130**	**01/21/25 2100**	**01/21/25 0930**	**01/20/25 2130**	**01/20/25 0511**
Blood Specimen Collection	Phlebotomy/lab	—	—	—	—
IV Properties	Placement Date: 01/18/25 Placement Time: 0639 Inserted by: Cathy, RN Insertion attempts: 1 Site Prep: Alcohol Size (Gauge): 22 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/20/25 Removal Time: 0356 Removal Reason: Infiltrated Condition of Catheter: Intact				
IV Properties	Placement Date: 01/20/25 Placement Time: 0510 Inserted by: J. Gibson, RN Insertion attempts: 3 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): Draws well Technique: Ultrasound guidance Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Distal;Left;Upper Location: Arm Removal Date: 01/22/25 Removal Time: 0533				
Site Assessment	—	Leaking	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	Infusing	Infusing	Infusing	Flushed without resistance;Blood return noted;Infusing
Dressing Type	—	Transparent	Transparent	Transparent	Transparent
Dressing Status	—	New drainage	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Intervention	—	Dressing changed	—	—	—
Dressing Change Due	—	—	—	—	01/27/25
Reason Not	—	—	—	—	Not due

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 8 of 16) (continued)

Rotated					
Phlebitis Grade	—	—	—	—	0
Infiltration Grade	—	—	—	—	0
IV Properties	Placement Date: 01/22/25 Placement Time: 0427 Inserted by: Michael Wolf, RN Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Ultrasound guidance Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Removal Date: 01/25/25 Removal Time: 1232 Removal Reason: Infiltrated				
Site Assessment	Dry;Clean;Intact	—	—	—	—
Line Status	Disinfecting cap(s) present;Infusing;Flushed without resistance	—	—	—	—
Dressing Type	Transparent	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				

Row Name	**01/19/25 1947**	**01/19/25 0859**	**01/18/25 2138**	**01/18/25 0900**	**01/18/25 0839**
Blood Specimen Collection	—	—	Phlebotomy/lab	—	—
IV Properties	Placement Date: 01/15/25 Placement Time: 1324 Inserted by: Lani N. Insertion attempts: 2 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Distal;Left Location: Forearm Removal Date: 01/18/25 Removal Time: 0615 Condition of Catheter: Intact				
IV Properties	Placement Date: 01/18/25 Placement Time: 0639 Inserted by: Cathy, RN Insertion attempts: 1 Site Prep: Alcohol Size (Gauge): 22 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/20/25 Removal Time: 0356 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	Infusing	Infusing	Infusing	Infusing	Infusing
Dressing Type	Transparent	Transparent	Transparent	Transparent	Transparent
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Dry;Intact;Clean
Dressing Change Due	—	—	—	—	01/25/25
Reason Not Rotated	—	—	—	—	Not due
Phlebitis Grade	—	—	0	0	0
Infiltration Grade	—	—	0	0	0
IV Properties	Placement Date: 01/20/25 Placement Time: 0510 Inserted by: J. Gibson, RN Insertion attempts: 3 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): Draws well Technique: Ultrasound guidance Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Distal;Left;Upper Location: Arm Removal Date: 01/22/25 Removal Time: 0533				
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry	—
Line Status	Capped	Capped	—	Capped	—
Dressing Type	—	Other (Comment)	—	Transparent;Securement device	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—

Row Name	**01/17/25 2100**	**01/17/25 0843**	**01/16/25 2100**	**01/16/25 0900**	**01/15/25 2002**
IV Properties	Placement Date: 01/15/25 Placement Time: 1324 Inserted by: Lani N. Insertion attempts: 2 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Distal;Left Location: Forearm Removal Date: 01/18/25 Removal Time: 0615 Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	Infusing	—	Infusing;Blood return noted	Infusing	Flushed without resistance;Infusing
Dressing Type	Transparent	—	Transparent	Transparent	Transparent
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Change Due	—	—	—	01/22/25	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 8 of 16) (continued)

Reason Not Rotated	Not due	—	—	Not due	—
Phlebitis Grade	0	—	—	0	—
Infiltration Grade	0	—	—	0	—
IV Properties	Placement Date: 01/18/25 Placement Time: 0639 Inserted by: Cathy, RN Insertion attempts: 1 Site Prep: Alcohol Size (Gauge): 22 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/20/25 Removal Time: 0356 Removal Reason: Infiltrated Condition of Catheter: Intact				
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry	Clean;Dry	Clean;Dry	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	Capped	Capped	Infusing	Infusing	Infusing
Dressing Type	Transparent;Securement device	Transparent	Transparent	Transparent	Transparent
Dressing Status	Clean;Dry;Intact	Non-Intact	Non-Intact	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Intervention	—	—	Dressing reinforced	—	—
Dressing Change Due	—	—	—	**01/16/25**	—

Row Name	**01/15/25 1325**	**01/15/25 0400**	**01/15/25 0000**	**01/14/25 2000**	**01/09/25 1120**
IV Properties	Placement Date: 01/09/25 Placement Time: 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/10/25 Removal Time: 0500 Removal Reason: Infiltrated				
IV Properties	Placement Date: 01/09/25 Placement Time: 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/09/25 Removal Time: 2100 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	—	—	Clean;Dry;Intact
Dressing Type	—	—	—	—	Transparent
Dressing Status	—	—	—	—	Clean;Dry;Intact
IV Properties	Placement Date: 01/09/25 Placement Time: 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/10/25 Removal Time: 1830 Removal Reason: Infiltrated;Pain Condition of Catheter: Intact				
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/11/25 Removal Time: 0549 Removal Reason: Drainage at site;Erythemia;Infiltrated Condition of Catheter: Intact				
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm Removal Date: 01/10/25 Removal Time: 1839 Removal Reason: Extravasation Condition of Catheter: Intact				
IV Properties	Placement Date: 01/10/25 Placement Time: 1853 Inserted by: Ken Belly Insertion attempts: 1 Patient Tolerance: Tolerated well Size (Gauge): 20 G Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/15/25 Removal Time: 1324 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	Clean;Dry;Intact	—	—	—
Line Status	—	Infusing;Flushed without resistance	Infusing;Flushed without resistance	—	—
Dressing Type	—	Transparent	—	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	—
Phlebitis Grade	—	0	0	0	—
Infiltration Grade	—	0	0	0	—
IV Properties	Placement Date: 01/15/25 Placement Time: 1324 Inserted by: Lani N. Insertion attempts: 2 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Distal;Left Location: Forearm Removal Date: 01/18/25 Removal Time: 0615 Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	—	—	—
Line Status	Infusing;Flushed without resistance;Blood return noted	—	—	—	—
Dressing Type	Transparent	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Dressing Change	01/22/25	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 8 of 16) (continued)

Due	
Art Line Properties	Placement Date: 01/10/25 Placement Time: 1230 Inserted by: Janet Phan, MD Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: Injectable Patient Tolerance: Tolerated poorly Technique: Anatomical landmarks;Ultrasound guidance Orientation: Right Location: Radial Securement Method: Transparent dressing Sutures Placed: Yes Removal Date: 01/13/25 Removal Time: 1552
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25
Row Name	**01/09/25 1042**
IV Properties	Placement Date: 01/09/25 Placement Time: 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/10/25 Removal Time: 0500 Removal Reason: Infiltrated
Site Assessment	Clean;Dry;Intact
Dressing Type	Transparent
Dressing Status	Clean;Dry;Intact
IV Properties	Placement Date: 01/09/25 Placement Time: 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/09/25 Removal Time: 2100 Removal Reason: Infiltrated Condition of Catheter: Intact

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 9 of 16)

LACE+ Score

Row Name	03/08/25 1137
LACE+ Score	75

Lines/Drains/Airways

Row Name	01/09/25 1657
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25
Supraglottic Airway Properties	Placement Date: 01/09/25 Placement Time: 1532 Removal Date: 01/09/25 Removal Time: 1703
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)
IV Properties	Placement Date: 01/09/25 Placement Time: 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/10/25 Removal Time: 0500 Removal Reason: Infiltrated
IV Properties	Placement Date: 01/09/25 Placement Time: 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/09/25 Removal Time: 2100 Removal Reason: Infiltrated Condition of Catheter: Intact
IV Properties	Placement Date: 01/09/25 Placement Time: 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/10/25 Removal Time: 1830 Removal Reason: Infiltrated;Pain Condition of Catheter: Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation
Closure	Sutures;Staples;Oth er (Comment)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)

Lines/Drains/Airways

Row Name	03/07/25 2058	03/07/25 2057	03/07/25 0900	03/06/25 2100	03/05/25 2007
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	Clean;Dehisced;Pin k;Yellow	Clean;Dehisced;Pin k;Yellow	Clean;Dehisced;Pin k;Yellow	—
Dressing	—	Mepilex Border	None - Open to air	None - Open to air	—
Dressing Changed	—	Changed	—	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Clean;Dry;Pink;Pain ful	Clean;Dry;Pink;Pain ful	Clean;Dry;Pink;Pain ful	Clean;Dry;Pink;Pain ful
Dressing	—	Barrier Cream	Barrier Cream	—	—
Dressing Changed	—	Reapplication	Other (Comment)	—	—
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base	Fragile;Pink;Red	—	Unable to assess	Unable to assess	Unable to assess

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 9 of 16) (continued)

Assessment					
Dressing	Other (Comment)	—	Mepilex Border	—	Mepilex Border
Dressing Changed	—	—	Other (Comment)	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Row Name	**03/05/25 2006**	**03/05/25 1501**	**03/05/25 0950**	**03/05/25 0948**	**03/04/25 2100**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry	—	—
Care & Maintenance	—	Change device	—	Change device;Peri care - wash with soap and water	—
Urine Color	—	Amber	Amber	Amber	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Clean;Dehisced;Pink;Yellow	—	—	—	Clean;Dehisced
Dressing	None - Open to air	—	—	—	None - Open to air
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink;Painful	—	Clean;Pink
Peri-Wound Assessment	—	—	Clean;Dry	—	—
Dressing	—	—	Barrier Cream	—	Barrier Cream
Dressing Changed	—	—	—	—	Reapplication
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Peri-Wound Assessment	—	—	Unable to assess	—	—
Dressing	—	—	Mepilex Border	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Row Name	**03/04/25 1128**	**03/04/25 0900**	**03/03/25 2301**	**03/03/25 2100**	**03/03/25 0801**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Care & Maintenance	—	Change device;Peri care - wash with soap and water;Collection container changed	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Dehisced;Adipose	—	—	Unable to assess	—
Peri-Wound Assessment	Pink	—	—	—	—
Dressing	Gauze	—	—	Mepilex Border	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Clean;Pink	—	Clean;Pink	—
Dressing	—	Barrier Cream	—	None - Open to air;Other (Comment)	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 9 of 16) (continued)

Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Dry;Clean	—	Dry;Clean	Dry;Clean
Dressing	—	None - Open to air	—	None - Open to air	None - Open to air
Dressing Status	—	—	—	—	Other (Comment)
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Unable to assess	—	—	Unable to assess
Dressing	—	Mepilex Border	—	—	Mepilex Border
Dressing Changed	—	—	New	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	Clean;Dry;Intact
Row Name	**03/03/25 0800**	**03/02/25 2100**	**03/02/25 0753**	**03/02/25 0750**	**03/01/25 2159**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Unable to assess	Clean;Dehisced;Other (Comment)
Dressing	Mepilex Border	Mepilex Border	—	Mepilex Border	Mepilex Border
Dressing Changed	—	—	—	—	Changed
Dressing Status	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	Unable to assess	—	—
Dressing	Mepilex Border	Mepilex Border	Mepilex Border	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Dry;Clean	Dry;Clean	—	—
Dressing	—	None - Open to air	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Unable to assess	Unable to assess	—	—
Dressing	—	Mepilex Border	Mepilex Border	—	—
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Row Name	**03/01/25 1912**	**03/01/25 1911**	**03/01/25 1200**	**02/28/25 2044**	**02/28/25 2043**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry;Clean	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	Unable to assess	Unable to assess	—	Clean
Dressing	—	Mepilex Border	Mepilex Border	—	None - Open to air
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 9 of 16) (continued)

Wound Bed/Base Assessment	Unable to assess	—	—	—	—
Dressing	Mepilex Border	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Unable to assess	—	—	—	—
Dressing	None - Open to air	—	—	—	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	—	—	—	—
Dressing	Mepilex Border	—	—	Mepilex Border	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Row Name	**02/28/25 1118**	**02/28/25 0900**	**02/27/25 2100**	**02/27/25 1100**	**02/26/25 2000**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Care & Maintenance	Change device;Peri care - wash with soap and water	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urine Color	Brown	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	Clean	Clean	—	Unable to assess
Closure	—	—	—	None	—
Drainage Amount	—	—	—	None	—
Dressing	—	None - Open to air	None - Open to air	None - Open to air	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Unable to assess	Unable to assess	—	—
Peri-Wound Assessment	—	—	—	Clean;Dry	—
Closure	—	—	—	None	—
Drainage Amount	—	—	—	None	—
Dressing	—	Mepilex Border	Mepilex Border	Mepilex Border	—
Dressing Changed	—	—	—	Changed	—
Dressing Status	—	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Dressing	—	None - Open to air	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Unable to assess	—	Unable to assess
Dressing	—	Mepilex Border	—	—	—
Row Name	**02/26/25 0900**	**02/25/25 0900**			
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
IV Properties	Placement Date: 02/21/25 Placement Time: 0952 Insertion attempts: 1 Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 9 of 16) (continued)

	Earliest Known Removed: 02/25/25	
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation	
Wound Bed/Base Assessment	Unable to assess	Unable to assess
Dressing	None - Open to air	None - Open to air
Dressing Status	—	Other (Comment)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)	
Wound Bed/Base Assessment	Unable to assess	Unable to assess
Dressing	None - Open to air	None - Open to air
Dressing Status	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed	
Wound Bed/Base Assessment	Unable to assess	Unable to assess
Dressing	None - Open to air	None - Open to air
Dressing Status	—	Other (Comment)
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)	
Wound Bed/Base Assessment	Unable to assess	Unable to assess
Dressing	—	Mepilex Border
Dressing Status	—	Clean;Dry;Intact

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16)

Lines/Drains/Airways

Row Name	02/22/25 1229	02/22/25 0955	02/21/25 2100	02/19/25 2121	02/19/25 0900
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	—	—	No	—
Site Assessment	—	Skin Intact;Clean;Dry	—	—	—
Care & Maintenance	Change device;Peri care - wash with soap and water	—	—	—	—
Urine Appearance	—	—	Clear	—	—
NG/OG Properties	Placement Date: 02/18/25 Placement Time: 1400 Inserted by: Allen P RN Tube Type: Nasogastric Tube Location: Right nostril Internal Length (cm): 45 cm Removal Date: 02/18/25 Removal Time: 1517 Removal Reason: Other (Comment)				
IV Properties	Placement Date: 02/21/25 Placement Time: 0952 Insertion attempts: 1 Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Earliest Known Removed: 02/25/25				
Site Assessment	—	Clean;Dry;Intact	—	—	—
Line Status	—	Infusing	—	—	—
Dressing Type	—	Transparent	—	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	—	Clean;Pink	Clean;Pink
Peri-Wound Assessment	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Closure	—	—	Staples	Staples	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	None - Open to air	Other (Comment)	Gauze;Betadine Swabs;Elastic Wrap (ACE)
Dressing Status	—	—	—	Other (Comment)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Pink;Blanchable erythema	Pink	Pink
Peri-Wound Assessment	—	—	Clean;Dry	Clean	—
Dressing	—	—	None - Open to air	None - Open to air	Barrier Cream
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	—	—	Clean;Dry;Intact	Clean;Intact;Dry	—
Closure	—	—	Approximated	Approximated	—
Dressing	—	—	None - Open to air	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Pink;Intact;Blanchable erythema	Clean;Dry;Pink;Intact;Blanchable erythema
Peri-Wound Assessment	—	—	—	Pink	—
Dressing	—	—	Mepilex Border	—	None - Open to air
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16) (continued)

Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	—	Clean;Dry	Clean;Dry
Peri-Wound Assessment	—	—	—	Dry;Intact	—
Dressing	—	—	—	None - Open to air	None - Open to air
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Row Name	**02/18/25 0900**	**02/17/25 2100**	**02/17/25 2030**	**02/17/25 0900**	**02/16/25 2144**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	Yes
Site Assessment	—	—	Skin Intact;Dry	—	Skin Intact
Urine Appearance	—	—	Clear	—	—
Urine Color	—	—	Yellow/straw	—	Yellow/straw
NG/OG Properties	Placement Date: 02/18/25 Placement Time: 1400 Inserted by: Allen P RN Tube Type: Nasogastric Tube Location: Right nostril Internal Length (cm): 45 cm Removal Date: 02/18/25 Removal Time: 1517 Removal Reason: Other (Comment)				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	Unable to assess	Unable to assess
Peri-Wound Assessment	—	—	—	—	Unable to assess
Closure	—	—	—	—	Unable to assess
Dressing	None - Open to air	—	—	Gauze;Elastic Wrap (ACE)	Gauze;Elastic Wrap (ACE)
Dressing Changed	—	—	—	—	Reinforced
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	—	—	Unable to assess	Unable to assess
Peri-Wound Assessment	—	—	—	—	Unable to assess
Dressing	None - Open to air	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	—	—	—	—	Clean;Intact;Dry
Dressing	None - Open to air	—	—	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Clean;Intact	—	Clean;Intact	Clean;Intact
Peri-Wound Assessment	—	—	—	—	Pink
Dressing	—	None - Open to air	—	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Clean;Dry	—	—	Clean;Dry	Dry;Clean;Blanchable erythema
Peri-Wound	—	—	—	—	Intact

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16) (continued)

Assessment					
Dressing	None - Open to air	—	—	None - Open to air	None - Open to air
Dressing Status	Clean;Dry;Intact	—	—	—	—
Row Name	**02/16/25 0659**	**02/16/25 0400**	**02/15/25 2124**	**02/15/25 0900**	**02/14/25 2041**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	—	Yes
Site Assessment	—	—	Skin Intact;Dry	—	Skin Intact;Dry;Clean
Care & Maintenance	—	—	—	—	Peri care - wash with soap and water;Change device
Output (mL)	260 mL	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urine Color	Amber	—	—	—	—
IV Properties	Placement Date: 02/14/25 Placement Time: 1052 Inserted by: Anna S, Rn Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 02/15/25 Removal Time: 0449 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	—	—	Clean;Dry;Intact
Line Status	—	—	—	—	Infusing
Dressing Type	—	—	—	—	Transparent
Dressing Status	—	—	—	—	Clean;Dry;Intact
Dressing Change Due	—	—	—	—	**02/21/25**
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	Dry;Intact	—	Dry;Clean;Intact	Dry;Clean;Intact
Peri-Wound Assessment	—	Clean;Dry;Intact	—	—	Dry;Clean;Intact
Closure	—	Staples	—	—	Staples
Drainage Amount	—	None	—	—	None
Dressing	—	Gauze;Elastic Wrap (ACE)	—	Gauze;Elastic Wrap (ACE)	Gauze;Elastic Wrap (ACE);Other (Comment)
Dressing Changed	—	Changed	—	—	**New;Changed**
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Clean;Dry;Intact	—	Clean;Dry;Pink	Clean;Dry;Pink
Dressing	—	—	—	Barrier Cream	Barrier Cream
Dressing Changed	—	—	—	—	Reapplication
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Intact
Closure	—	—	—	—	Skin glue;Approximated
Dressing	—	—	—	None - Open to air	None - Open to air
Dressing Status	—	—	—	Other (Comment)	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16) (continued)

Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Clean;Edema;Dry;Intact	—	Unable to assess	Unable to assess
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Pink
Dressing	—	None - Open to air	—	None - Open to air	None - Open to air
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	—	Blanchable erythema;Dry	Blanchable erythema;Dry
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Intact;Blanchable erythema
Dressing	—	—	—	None - Open to air	None - Open to air
Dressing Status	—	—	—	Clean;Dry;Intact	—
Row Name	**02/14/25 1515**	**02/14/25 0900**	**02/14/25 0730**	**02/13/25 2058**	**02/13/25 2057**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact	—	—
Urine Appearance	—	—	Clear	—	—
IV Properties	Placement Date: 02/12/25 Placement Time: 1420 Inserted by: Elim, RN Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Right Location: Forearm Removal Date: 02/14/25 Removal Time: 0955 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	Clean;Dry;Intact	—	—
Line Status	—	—	Infusing	—	—
Dressing Type	—	—	Transparent	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
IV Properties	Placement Date: 02/14/25 Placement Time: 1052 Inserted by: Anna S, Rn Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 02/15/25 Removal Time: 0449 Removal Reason: Infiltrated Condition of Catheter: Intact				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	Dry
Peri-Wound Assessment	Dry;Intact;Clean	—	—	—	—
Closure	Staples	—	—	—	—
Dressing	Gauze;Elastic Wrap (ACE);Other (Comment)	Gauze;Elastic Wrap (ACE);Other (Comment)	—	—	Gauze;Elastic Wrap (ACE);Other (Comment)
Dressing Changed	**New;Changed**	—	—	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Clean;Dry;Pink	—	Clean;Dry;Pink	—
Dressing	—	Barrier Cream	—	Barrier Cream	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Peri-Wound	—	—	Clean;Dry;Intact	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16) (continued)

Assessment					
Dressing	—	—	None - Open to air	—	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Unable to assess	—	—	—
Dressing	—	None - Open to air	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	Blanchable erythema;Dry	—	—	Blanchable erythema;Dry
Dressing	—	None - Open to air	—	—	None - Open to air;Other (Comment)

Row Name	**02/13/25 0900**	**02/13/25 0159**	**02/12/25 2100**	**02/12/25 1700**	**02/12/25 1420**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
IV Properties	Placement Date: 02/10/25 Placement Time: 1849 Inserted by: uk Insertion attempts: 1 Site Prep: Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): uk Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Right Location: Forearm Removal Date: 02/12/25 Removal Time: 0930 Removal Reason: Infiltrated Condition of Catheter: Intact				
IV Properties	Placement Date: 02/12/25 Placement Time: 1420 Inserted by: Elim, RN Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Right Location: Forearm Removal Date: 02/14/25 Removal Time: 0955 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	—	—	Saline locked;Flushed without resistance;Blood return noted	Saline locked;Flushed without resistance;Blood return noted
Dressing Type	—	—	—	Transparent	Transparent
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Phlebitis Grade	—	—	—	0	0
Infiltration Grade	—	—	—	0	0
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Dry	—	Unable to assess	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Pink	—	—
Closure	—	—	Staples	—	—
Drainage Description	—	—	Unable to assess	—	—
Dressing	—	Gauze;Elastic Wrap (ACE)	None - Open to air	—	—
Dressing Changed	New;Changed	Changed;New	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Clean;Dry;Pink	—	Clean;Dry;Pink	—	—
Dressing	Barrier Cream	—	Barrier Cream	—	—
Dressing Changed	Reapplication	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16) (continued)

Wound Bed/Base Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact;Pink	—	—
Dressing	None - Open to air	—	None - Open to air	—	—
Dressing Status	Other (Comment)	—	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	—	Unable to assess	—	—
Dressing	None - Open to air	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Blanchable erythema;Dry	—	Blanchable erythema;Dry;Pink	—	—
Dressing	None - Open to air;Other (Comment)	—	None - Open to air	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—

Row Name	**02/12/25 0830**	**02/11/25 2135**	**02/11/25 1925**	**02/11/25 0900**	**02/10/25 2319**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	No	—	No	—	Yes
Site Assessment	Skin Intact;Dry;Clean	—	Skin Intact	—	Skin Intact;Dry;Clean
IV Properties	Placement Date: 02/10/25 Placement Time: 1849 Inserted by: uk Insertion attempts: 1 Site Prep: Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): uk Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Right Location: Forearm Removal Date: 02/12/25 Removal Time: 0930 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Leaking	—	Clean;Dry;Intact	—	—
Line Status	Infiltrated	—	Infusing	—	—
Dressing Type	Transparent	—	Transparent	—	—
Dressing Status	Clean;Dry;Intact;Other (Comment)	—	Clean;Dry;Intact;Other (Comment)	—	—
Dressing Change Due	—	—	**02/17/25**	—	—
Phlebitis Grade	0	—	—	—	—
Infiltration Grade	0	—	—	—	—
IV Properties	Placement Date: 02/12/25 Placement Time: 1420 Inserted by: Elim, RN Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Right Location: Forearm Removal Date: 02/14/25 Removal Time: 0955 Removal Reason: Infiltrated Condition of Catheter: Intact				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	Unable to assess	—	Unable to assess	—
Dressing	—	Elastic Wrap (ACE)	—	Elastic Wrap (ACE)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Clean;Dry;Pink	—	Clean;Dry;Pink	—
Dressing	—	Barrier Cream	—	Barrier Cream	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Clean;Dry;Intact;Pink	—	Clean;Dry;Intact;Pink	—
Dressing	—	None - Open to air	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16) (continued)

Wound Bed/Base Assessment	—	Unable to assess	—	Clean	—
Dressing	—	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	Blanchable erythema;Dry;Pink	—	Blanchable erythema;Dry;Pink; Other (Comment)	—
Dressing	—	None - Open to air	—	None - Open to air	—
Row Name	**02/10/25 2315**	**02/10/25 1300**	**02/10/25 1000**	**02/10/25 0800**	**02/10/25 0522**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry	—	—
IV Properties	Placement Date: 02/10/25 Placement Time: 1849 Inserted by: uk Insertion attempts: 1 Site Prep: Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): uk Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Right Location: Forearm Removal Date: 02/12/25 Removal Time: 0930 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	—	—	—
Line Status	Infusing	—	—	—	—
Dressing Type	Transparent	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Phlebitis Grade	0	—	—	—	—
Infiltration Grade	0	—	—	—	—
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	—	—	—	Area Improving	—
Extravasation - Additional Care	—	—	—	N/A	—
Extravasation Consult Service	—	—	—	N/A	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Unable to assess	—	Clean;Dry;Intact;Scab;Painful;Pink	—	—
Peri-Wound Assessment	Unable to assess	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Elastic Wrap (ACE)	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Clean;Dry;Pink	—	—	—	—
Dressing	Barrier Cream	None - Open to air	—	—	—
Dressing Changed	Reapplication	—	—	—	New
Wound Length (cm)	—	6 cm	—	—	—
Wound Width (cm)	—	6 cm	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact;Pink	—	—	—	—
Peri-Wound Assessment	Clean;Dry;Intact	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16) (continued)

Closure	Skin glue;Approximated	—	—	—	—
Dressing	None - Open to air	—	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Clean	Clean	—	—	—
Peri-Wound Assessment	Clean;Dry;Pink	Clean;Dry;Pink	—	—	—
Closure	None	None	—	—	—
Drainage Amount	None	None	—	—	—
Dressing	None - Open to air	None - Open to air	—	—	—
Dressing Changed	—	—	—	—	New
Wound Length (cm)	—	2 cm	—	—	—
Wound Width (cm)	—	1.5 cm	—	—	—
Wound Depth (cm)	—	0 cm	—	—	—
Edges	—	Well-defined edges	—	—	—
Pressure Injury Stage	—	Stage 1	—	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Blanchable erythema;Dry;Pink;Other (Comment)	—	—	—	—
Peri-Wound Assessment	Clean;Dry;Intact;Blanchable erythema	—	—	—	—
Dressing	None - Open to air	—	—	—	—
Characteristics, Tunneling, Undermining	—	blanchable erythema, peeling skin	—	—	—
Wound Length (cm)	—	2 cm	—	—	—
Wound Width (cm)	—	1.8 cm	—	—	—
Wound Depth (cm)	—	0 cm	—	—	—
Edges	—	Attached edges	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16)

Lines/Drains/Airways

Row Name	02/09/25 2100	02/09/25 0900	02/08/25 2100	02/08/25 0900	02/07/25 0900
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
IV Properties	Placement Date: 02/07/25 Placement Time: 1045 Inserted by: Puleo Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Left;Posterior Location: Forearm Removal Date: 02/09/25 Removal Time: 1633 Removal Reason: Removed by patient Condition of Catheter: Intact				
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	Area Improving	Area Improving	Area Improving	Area Improving	Area Improving
Extravasation - Additional Care	Limb Elevated	Limb Elevated	Limb Elevated	Limb Elevated	Limb Elevated
Extravasation Consult Service	N/A	N/A	N/A	N/A	N/A
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Clean;Dry;Intact;Scab;Painful;Pink	Clean;Dry;Intact;Scab;Painful;Pink	Clean;Dry;Intact;Scab;Painful;Pink	Clean;Dry;Intact;Scab;Painful;Pink	—
Dressing	None - Open to air	Other (Comment)	Other (Comment)	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—
Dressing Changed	—	—	—	Changed;New	—
Dressing Status	Other (Comment)	Other (Comment)	Clean;Dry;Intact	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	Unable to assess	Pink;Blanchable erythema	Pink
Dressing	Barrier Cream;Mepilex Border	Barrier Cream;Mepilex Border	Barrier Cream;Mepilex Border	Barrier Cream;Mepilex Border	Barrier Cream;Mepilex Border
Dressing Changed	—	—	—	Reapplication	Reapplication
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	Clean;Dry;Intact
Dressing	None - Open to air	None - Open to air	None - Open to air	None - Open to air	None - Open to air
Dressing Status	—	Other (Comment)	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Unable to assess
Dressing	Mepilex Border	Mepilex Border	Mepilex Border	Mepilex Border	Mepilex Border
Dressing Status	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Blanchable erythema;Dry;Pink;Other (Comment)	Blanchable erythema;Dry;Pink;Other (Comment)	Blanchable erythema;Dry;Pink;Other (Comment)	Blanchable erythema;Dry;Pink;Other (Comment)	Blanchable erythema;Dry
Dressing	None - Open to air	None - Open to air	None - Open to air	None - Open to air	None - Open to air
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—	—

Row Name	02/07/25 0617	02/06/25 2107	02/06/25 2100	02/06/25 0900	02/05/25 2100
External Urinary	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

Device Properties					
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry;Clean	—	—	—
Care & Maintenance	Change device	Peri care - wash with soap and water	—	—	—
Output (mL)	125 mL	—	—	—	—
Urine Color	Amber	—	—	—	—
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	—	—	Area Improving	Area Improving	Area Improving
Extravasation - Additional Care	—	—	Limb Elevated	Limb Elevated	Limb Elevated
Extravasation Consult Service	—	—	N/A	N/A	N/A
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	—	Burgundy;Pink;Scab	Burgundy;Pink;Scab
Peri-Wound Assessment	—	—	—	Clean;Dry;Intact;Pink	—
Closure	—	—	—	Staples	—
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	Betadine Swabs;Gauze;Elastic Wrap (ACE)
Dressing Changed	—	—	—	New;Changed	—
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Pink	Pink
Peri-Wound Assessment	—	—	—	Intact	—
Dressing	—	—	—	Barrier Cream;Mepilex Border	Barrier Cream;Mepilex Border
Dressing Changed	—	—	—	—	Reapplication;Other (Comment)
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	—	—	—	Clean;Dry;Intact	—
Dressing	—	—	—	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Pink	Pink
Peri-Wound Assessment	—	—	—	Clean;Dry;Pink	—
Dressing	—	—	—	Mepilex Border	Mepilex Border
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location:				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

Properties	Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	—	Blanchable erythema;Dry	Blanchable erythema;Dry
Peri-Wound Assessment	—	—	—	Clean;Dry;Intact;Blanchable erythema	—
Dressing	—	—	—	None - Open to air	None - Open to air
Row Name	**02/05/25 0900**	**02/04/25 1400**	**02/04/25 0900**	**02/03/25 2100**	**02/03/25 0900**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry	—	—	—
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	Area Improving	—	Area Improving	Area Improving	Skin intact
Extravasation - Additional Care	Limb Elevated	—	—	—	Limb Elevated
Extravasation Consult Service	N/A	—	N/A	—	N/A
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	—	Unable to assess	—
Dressing	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	—	—	Pink	—
Peri-Wound Assessment	Intact	—	—	—	—
Dressing	Barrier Cream;Mepilex Border	—	—	Mepilex Border	—
Dressing Changed	Changed	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Pink	—
Peri-Wound Assessment	Clean;Dry;Intact	—	—	—	—
Dressing	None - Open to air	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	—	—	Pink	—
Dressing	Mepilex Border	—	—	Mepilex Border	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Blanchable erythema;Dry	—	—	Blanchable erythema;Dry	—
Peri-Wound	Clean;Dry;Intact;Bla	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

Assessment	nchable erythema				
Dressing	None - Open to air	—	—	None - Open to air	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Row Name	**02/03/25 0845**	**02/02/25 2100**	**02/02/25 0900**	**02/01/25 2000**	**02/01/25 1930**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	—	—	Infiltrated: Swollen <1 inch from site	—	—
Extravasation - Additional Care	—	—	Limb Elevated	—	—
Extravasation Consult Service	—	—	N/A	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink;Scab	—	—
Dressing	—	—	Elastic Wrap (ACE);Gauze;Betadine Swabs	—	—
Dressing Changed	—	—	—	Other (Comment)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	—	Pink	—	Pink
Dressing	Mepilex Border	—	—	—	Mepilex Border
Dressing Changed	Changed	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Pink	Clean;Dry;Pink	Clean;Dry;Pink	—	Clean;Dry;Pink
Dressing	None - Open to air	None - Open to air	None - Open to air	—	None - Open to air
Dressing Changed	Other (Comment)	—	—	—	—
Dressing Status	Other (Comment)	—	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Pink	Pink	—	Pink
Dressing	—	Mepilex Border	Mepilex Border	—	Mepilex Border
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	Blanchable erythema	—	Blanchable erythema
Dressing	—	—	None - Open to air	—	None - Open to air
Row Name	**02/01/25 1929**	**02/01/25 1300**	**02/01/25 0900**	**01/31/25 2037**	**01/31/25 1500**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry	—	—	—
Urine	—	Clear	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

Appearance					
Urine Color	—	Yellow/straw	—	—	—
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	Infiltrated: Swollen <1 inch from site	—	Infiltrated: Swollen <1 inch from site	Infiltrated: Swollen >1 inch from site	Infiltrated: Swollen >1 inch from site
Extravasation - Additional Care	Limb Elevated	—	Limb Elevated	Limb Elevated	Limb Elevated
Extravasation Consult Service	N/A	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Clean;Dry;Pink;Scab	—	—	Clean;Dry;Pink;Scab	—
Dressing	Elastic Wrap (ACE);Gauze;Betadine Swabs	—	—	Elastic Wrap (ACE);Gauze;Betadine Swabs	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Unable to assess	—
Dressing	—	—	—	Mepilex Border	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Pink	—
Dressing	—	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Unable to assess	—
Dressing	—	—	—	Mepilex Border	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	—	Blanchable erythema	—
Dressing	—	—	—	None - Open to air	—

Row Name	**01/31/25 1300**	**01/31/25 1100**	**01/31/25 0900**	**01/31/25 0644**	**01/31/25 0600**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Care & Maintenance	—	—	—	Change device	—
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	Infiltrated: Swollen >1 inch from site	Infiltrated: Swollen >1 inch from site	Infiltrated: Swollen >1 inch from site	—	Infiltrated: Swollen >1 inch from site;Skin intact;Area Improving
Extravasation - Additional Care	Limb Elevated	Limb Elevated	Limb Elevated	—	Limb Elevated
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

Wound Bed/Base Assessment	—	—	Clean;Dry;Pink;Scab	—	—
Dressing	—	—	Elastic Wrap (ACE);Gauze;Betadine Swabs	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Dressing	—	—	Mepilex Border	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Dressing	—	—	None - Open to air	—	—
Dressing Status	—	—	Other (Comment)	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Dressing	—	—	Mepilex Border	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	Blanchable erythema	—	—
Dressing	—	—	None - Open to air	—	—

Row Name	**01/31/25 0400**	**01/31/25 0200**	**01/30/25 2345**	**01/30/25 2330**	**01/30/25 2315**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	Infiltrated: Swollen >1 inch from site;Skin intact;Area Improving	Infiltrated: Swollen >1 inch from site;Red;Skin intact;Area Improving	Infiltrated: Swollen >1 inch from site;Painful;Red;Skin intact;Area Improving	Infiltrated: Swollen >1 inch from site;Painful;Red;Skin intact;Area Improving	Infiltrated: Swollen >1 inch from site;Painful;Skin intact;Area Improving
Extravasation - Additional Care	Limb Elevated	N/A	Warm compress	Area Marked	Limb Elevated
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	**01/30/25 2300**	**01/30/25 2252**	**01/30/25 2245**	**01/30/25 2231**	**01/30/25 2155**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Care & Maintenance	—	—	—	—	Change device
Output (mL)	—	0 mL	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact				
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	Infiltrated: Swollen >1 inch from site;Painful;Red;Skin intact;Area Improving	—	Infiltrated: Swollen >1 inch from site;Painful;Red;Skin intact	Infiltrated: Swollen >1 inch from site;Painful;Red;Skin intact	—
Extravasation - Additional Care	Limb Elevated	—	Warm compress	Warm compress	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	**01/30/25 2100**	**01/30/25 1600**	**01/30/25 1229**	**01/30/25 0800**	**01/29/25 1938**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact	—	—	—
Care & Maintenance	—	Change device	—	—	—
IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Saline locked;Flushed with resistance;No blood return;Disinfecting cap(s) present	—
Dressing Type	—	—	—	Transparent	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Dressing Change Due	—	—	—	**02/01/25**	—
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Clean;Dry;Pink;Scab	Clean;Dry	—	Unable to assess	—
Closure	—	Staples	—	—	—
Drainage Amount	—	None	—	—	—
Dressing	Elastic Wrap (ACE);Gauze;Betadine Swabs	Elastic Wrap (ACE);Gauze;Betadine Swabs	—	Elastic Wrap (ACE);Gauze	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

Dressing Changed	Changed	New;Changed	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Clean;Dry;Blanchable erythema	Unable to assess	—	—
Dressing	Mepilex Border	Mepilex Border	—	—	—
Dressing Changed	—	New	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Pink	—	—	Clean;Dry;Pink	—
Drainage Amount	—	—	—	None	—
Dressing	None - Open to air	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	—	Unable to assess	—	Unable to assess
Dressing	Mepilex Border	—	Mepilex Border	—	Mepilex Border
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Blanchable erythema	—	—	Clean;Dry;Intact;Blanchable erythema	—
Dressing	None - Open to air	—	—	None - Open to air	None - Open to air
Row Name	**01/29/25 1900**	**01/29/25 1615**	**01/29/25 1053**	**01/29/25 0900**	
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	Yes	—	
Site Assessment	—	Skin Intact	Skin Intact;Dry;Clean	—	
Care & Maintenance	—	—	Change device;Peri care - wash with soap and water	—	
Output (mL)	—	—	—	—	
Urine Appearance	—	Clear	—	—	
Urine Color	—	Amber	—	—	
IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Clean;Dry	
Dressing	Elastic Wrap (ACE);Gauze;Betadine Swabs	—	—	Elastic Wrap (ACE);Gauze;Betadine Swabs	
Dressing Changed	—	—	—	Changed;Reapplication	
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Blanchable erythema;Clean;Dry
Dressing	Mepilex Border	—	—	Mepilex Border
Dressing Status	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed			
Wound Bed/Base Assessment	Clean;Dry;Pink	—	—	Clean;Dry;Pink
Dressing	None - Open to air	—	—	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)			
Wound Bed/Base Assessment	—	—	—	Unable to assess
Dressing	—	—	—	Mepilex Border
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701			
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Intact;Blanchable erythema
Dressing	—	—	—	None - Open to air

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16)

Lines/Drains/Airways

Row Name	01/28/25 1424	01/27/25 0940	01/26/25 2153	01/26/25 1046	01/26/25 0900
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	—	—	—	—
Site Assessment	Skin Intact;Dry	—	—	—	—
Care & Maintenance	Change device	—	—	—	—
IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Line Status	—	—	Infusing;Flushed without resistance	Infusing;Flushed without resistance	—
Dressing Type	—	—	Transparent	Transparent	—
Dressing Status	—	—	Clean;Dry	Clean;Dry	—
Dressing Change Due	—	—	02/01/25	02/01/25	—
Phlebitis Grade	—	—	0	0	—
Infiltration Grade	—	—	0	0	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Blanchable erythema;Clean;Dry	—	—	Blanchable erythema;Clean;Dry
Dressing	—	—	—	—	None - Open to air
Dressing Changed	—	Reapplication	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	Clean;Dry;Intact;Blanchable erythema	—	—	—
Peri-Wound Assessment	—	Clean;Dry;Intact;Blanchable erythema	—	—	—
Dressing	—	None - Open to air	—	—	—

Row Name	01/25/25 2100	01/25/25 1320	01/25/25 1053	01/25/25 1050	01/25/25 0900
IV Properties	Placement Date: 01/22/25 Placement Time: 0427 Inserted by: Michael Wolf, RN Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Ultrasound guidance Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Removal Date: 01/25/25 Removal Time: 1232 Removal Reason: Infiltrated				
IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	Clean;Dry	—	—	—
Dressing Type	—	Transparent	—	—	—
Dressing Status	—	Clean;Dry	—	—	—
Dressing Change Due	—	02/01/25	—	—	—
Phlebitis Grade	—	0	—	—	—
Infiltration Grade	—	0	—	—	—
Wound	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

Properties	Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Blanchable erythema;Clean;Dry	—	—	—	Blanchable erythema;Clean;Dry
Dressing	None - Open to air	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Pale;Tan	—
Peri-Wound Assessment	—	—	—	Pink;Fragile	—
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	Mepilex Border	—
Dressing Changed	—	—	—	Changed	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Packing	—	—	—	Nasal packing (Nasopore)	—
Wound Length (cm)	—	—	—	0.5 cm	—
Wound Width (cm)	—	—	—	0.5 cm	—
Wound Depth (cm)	—	—	—	0.1 cm	—
Edges	—	—	—	Well-defined edges	—
Pressure Injury Stage	—	—	—	Stage 2	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Peri-Wound Assessment	—	—	Pale	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	Mepilex Border	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Characteristics, Tunneling, Undermining	—	—	blanchable erythema	—	—
Wound Length (cm)	—	—	6 cm	—	—
Wound Width (cm)	—	—	4 cm	—	—
Wound Depth (cm)	—	—	0 cm	—	—
Edges	—	—	Attached edges	—	—
Pressure Injury Stage	—	—	Other (Comment)	—	—
Row Name	**01/24/25 1722**	**01/24/25 0820**	**01/23/25 2100**	**01/23/25 0900**	**01/23/25 0200**
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	—	—	200 mL
IV Properties	Placement Date: 01/22/25 Placement Time: 0427 Inserted by: Michael Wolf, RN Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Ultrasound guidance Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Removal Date: 01/25/25 Removal Time: 1232 Removal Reason: Infiltrated				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

Site Assessment	—	Dry;Clean;Intact	—	Dry;Clean;Intact	—
Line Status	—	Disinfecting cap(s) present;Flushed without resistance;Saline locked	—	Disinfecting cap(s) present;Infusing;Flushed without resistance	—
Dressing Type	—	Transparent	—	Transparent	—
Dressing Status	—	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Phlebitis Grade	—	—	—	0	—
Infiltration Grade	—	—	—	0	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	Red	—	—
Dressing	—	—	Other (Comment);Betadine Swabs	—	—
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Blanchable erythema;Clean;Dry	Blanchable erythema;Clean;Dry	—	—
Peri-Wound Assessment	—	Clean;Dry;Pink	—	—	—
Dressing	—	Mepilex Border	Mepilex Border	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact	—	—
Dressing	—	—	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Clean;Pink	—	—	—
Peri-Wound Assessment	—	Pink;Blanchable erythema	—	—	—
Drainage Amount	—	None	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Length (cm)	—	0.5 cm	—	—	—
Wound Width (cm)	—	0.5 cm	—	—	—
Pressure Injury Stage	—	Stage 2	—	—	—
Row Name	**01/22/25 0900**	**01/22/25 0427**	**01/22/25 0012**	**01/21/25 0930**	**01/21/25 0530**
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	—	—	—
Care & Maintenance	—	—	Bag emptied	—	—
Collection Container	Standard drainage bag	—	—	—	—
Securement Method	Left thigh	—	—	—	—
Reason for Continuing Urinary	Per Provider Order	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

Catheterization past POD 1					
Output (mL)	—	—	100 mL	—	—
IV Properties	Placement Date: 01/20/25 Placement Time: 0510 Inserted by: J. Gibson, RN Insertion attempts: 3 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): Draws well Technique: Ultrasound guidance Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Distal;Left;Upper Location: Arm Removal Date: 01/22/25 Removal Time: 0533				
IV Properties	Placement Date: 01/22/25 Placement Time: 0427 Inserted by: Michael Wolf, RN Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Ultrasound guidance Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Removal Date: 01/25/25 Removal Time: 1232 Removal Reason: Infiltrated				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Line Status	Saline locked;Flushed without resistance;Blood return noted	Saline locked;Flushed without resistance;Blood return noted	—	—	—
Dressing Type	Transparent	Transparent	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Phlebitis Grade	0	—	—	—	—
Infiltration Grade	0	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	—	Unable to assess;Other (Comment)	Edema;Painful;Red
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Intact;Painful
Closure	—	—	—	—	Staples
Dressing	—	—	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	Betadine Swabs;Gauze;Elastic Wrap (ACE)
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Blanchable erythema;Clean;Dry	—
Dressing	—	—	—	Mepilex Border	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				

Row Name	**01/20/25 2100**	**01/20/25 1500**	**01/20/25 0945**	**01/20/25 0930**	**01/20/25 0900**
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	—	—	—	—	Not applicable
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	Clean;Skin intact	—
Care & Maintenance	—	—	—	Peri/Foley care;Antiseptic - non CHG	—
Collection Container	—	—	—	Standard drainage bag;No dependent loops;To dependent drainage	—
Securement Method	—	—	—	Right thigh	—
Reason for	—	—	—	Per Provider Order	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

Continuing Urinary Catheterization past POD 1					
IV Properties	Placement Date: 01/18/25 Placement Time: 0639 Inserted by: Cathy, RN Insertion attempts: 1 Site Prep: Alcohol Size (Gauge): 22 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/20/25 Removal Time: 0356 Removal Reason: Infiltrated Condition of Catheter: Intact				
IV Properties	Placement Date: 01/20/25 Placement Time: 0510 Inserted by: J. Gibson, RN Insertion attempts: 3 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): Draws well Technique: Ultrasound guidance Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Distal;Left;Upper Location: Arm Removal Date: 01/22/25 Removal Time: 0533				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Infusing;No blood return	—
Dressing Type	—	—	—	Transparent	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact;Painful	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Painful	—	—
Closure	—	—	Staples	—	—
Drainage Description	—	—	Sanguineous	—	—
Drainage Amount	—	—	Scant	—	—
Dressing	—	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—	—
Dressing Changed	—	—	Changed	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Blanchable erythema;Clean;Dry	Blanchable erythema;Clean;Dry	—	—	Unable to assess
Peri-Wound Assessment	—	Clean;Dry;Pink	—	—	—
Drainage Amount	—	None	—	—	—
Dressing	Mepilex Border	Mepilex Border	—	—	Mepilex Border
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact	—	—
Closure	—	—	Skin glue	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	None - Open to air	—	—
Row Name	**01/19/25 1955**	**01/19/25 1948**	**01/19/25 1947**	**01/19/25 1600**	**01/19/25 1344**
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Capped	—
Dressing Type	—	—	Transparent	Transparent	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Urethral Catheter	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

Properties	Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	Clean;Skin intact	—
Securement Method	—	—	—	Right thigh	—
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	Per Provider Order	—
IV Properties	Placement Date: 01/18/25 Placement Time: 0639 Inserted by: Cathy, RN Insertion attempts: 1 Site Prep: Alcohol Size (Gauge): 22 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/20/25 Removal Time: 0356 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Infusing	—
Dressing Type	—	—	—	Transparent	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
IV Properties	Placement Date: 01/20/25 Placement Time: 0510 Inserted by: J. Gibson, RN Insertion attempts: 3 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): Draws well Technique: Ultrasound guidance Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Distal;Left;Upper Location: Arm Removal Date: 01/22/25 Removal Time: 0533				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	Unable to assess	—	—	Dry;Fragile;Intact;Clean;Painful
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Intact;Painful
Closure	—	—	—	—	Staples
Drainage Amount	—	—	—	—	None
Dressing	—	Elastic Wrap (ACE);Gauze	—	—	Elastic Wrap (ACE);Gauze
Dressing Changed	—	—	—	—	Changed
Dressing Status	—	Clean;Dry;Intact	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Unable to assess	—	—	—
Dressing	—	Mepilex Border	—	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	—	—
Dressing	None - Open to air	—	—	—	—

Row Name	**01/19/25 1253**	**01/19/25 0902**	**01/19/25 0900**	**01/19/25 0816**	**01/18/25 2110**
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	—	Peri/Foley care;Antiseptic - non CHG	Peri/Foley care;Bag emptied;Antiseptic - non CHG
Collection Container	—	—	—	—	Standard drainage bag
Securement Method	—	Right thigh	—	—	—
Output (mL)	—	—	—	—	200 mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

IV Properties	Placement Date: 01/18/25 Placement Time: 0639 Inserted by: Cathy, RN Insertion attempts: 1 Site Prep: Alcohol Size (Gauge): 22 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/20/25 Removal Time: 0356 Removal Reason: Infiltrated Condition of Catheter: Intact				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Dressing	—	—	Elastic Wrap (ACE);ABD Pad	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Dry;Clean;Blanchable erythema;Other (Comment)	—	Unable to assess	—	—
Peri-Wound Assessment	Clean;Dry;Pink	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Mepilex Border	—	None - Open to air	—	—
Dressing Changed	Changed	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Other (Comment)	—	—
Dressing	—	—	None - Open to air	—	—
Dressing Status	—	—	Other (Comment)	—	—

Row Name	**01/18/25 1618**	**01/18/25 0900**	**01/17/25 2100**	**01/17/25 1647**	**01/17/25 1000**
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Dressing Type	—	—	—	—	Transparent;Securement device
Dressing Status	—	—	—	—	Clean;Dry;Intact
Dressing Intervention	—	—	—	—	Dressing changed
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	—	—	—
Collection Container	Standard drainage bag;No dependent loops;To dependent drainage	—	—	—	—
Securement Method	Right thigh	—	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	Per Provider Order	—	—	—	—
IV Properties	Placement Date: 01/15/25 Placement Time: 1324 Inserted by: Lani N. Insertion attempts: 2 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Distal;Left Location: Forearm Removal Date: 01/18/25 Removal Time: 0615 Condition of Catheter: Intact				
IV Properties	Placement Date: 01/18/25 Placement Time: 0639 Inserted by: Cathy, RN Insertion attempts: 1 Site Prep: Alcohol Size (Gauge): 22 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/20/25 Removal Time: 0356 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

Line Status	Infusing	—	—	—	—
Dressing Type	Transparent	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Phlebitis Grade	0	—	—	—	—
Infiltration Grade	0	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	Clean;Dry;Intact;Pink;Painful	—	—	—
Dressing	—	Elastic Wrap (ACE);Gauze;Betadine Swabs	Elastic Wrap (ACE);Gauze;Betadine Swabs	—	—
Dressing Changed	—	Changed	Reapplication	Changed	—
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Pink	Pink;Tan	—	—
Dressing	—	None - Open to air	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Clean;Dry;Pink	Clean;Dry;Pink	—	—
Dressing	—	None - Open to air	None - Open to air	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—

Row Name	**01/17/25 0844**	**01/17/25 0843**	**01/17/25 0739**
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25		
External Length mark (cm)	—	15 cm	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)		
IV Properties	Placement Date: 01/15/25 Placement Time: 1324 Inserted by: Lani N. Insertion attempts: 2 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Distal;Left Location: Forearm Removal Date: 01/18/25 Removal Time: 0615 Condition of Catheter: Intact		
Site Assessment	—	—	Clean;Dry;Intact
Line Status	—	—	Infusing
Dressing Type	—	—	Transparent
Dressing Status	—	—	Clean;Dry;Intact
Dressing Change Due	—	—	01/22/25
Reason Not Rotated	—	—	Not due
Phlebitis Grade	—	—	0
Infiltration Grade	—	—	0
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation		
Wound Bed/Base Assessment	—	Clean;Dry;Pink;Scab	—
Dressing	—	Elastic Wrap (ACE);Gauze;Betadine Swabs	—
Dressing Changed	—	Changed	—
Dressing Status	—	Clean;Dry;Intact	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)		
Wound Bed/Base Assessment	Pink;Tan	—	—
Dressing	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed		
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink
Peri-Wound Assessment	—	—	Clean;Dry;Intact
Closure	—	—	Skin glue;Approximated
Drainage Amount	—	—	None
Dressing	—	—	None - Open to air

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16)

Lines/Drains/Airways

Row Name	01/16/25 2100	01/16/25 1600	01/16/25 1033	01/16/25 1000	01/16/25 0900
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
External Length mark (cm)	15 cm	—	—	—	15 cm
Dressing Intervention	—	Dressing changed	—	—	—
Dressing Change Due	—	01/23/25	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	Antiseptic - non CHG;Peri/Foley care;Bag emptied	—	—
Collection Container	—	—	No dependent loops;Standard drainage bag;To dependent drainage	—	—
Securement Method	—	—	Right thigh;Securing device (Describe)	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	—	Incontinence inhibiting healing of stage 3 or > pressure injury or sacral/perineal wounds	—	—
IV Properties	Placement Date: 01/15/25 Placement Time: 1324 Inserted by: Lani N. Insertion attempts: 2 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Distal;Left Location: Forearm Removal Date: 01/18/25 Removal Time: 0615 Condition of Catheter: Intact				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Clean;Dry;Pink	—	—	—	Clean;Dry;Pink
Dressing	Elastic Wrap (ACE);Gauze;Betadine Swabs	—	—	—	Elastic Wrap (ACE);Gauze;Betadine Swabs
Dressing Changed	—	—	—	Changed	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	—	—	—	Brown;Dry;Fragile;Intact;Pink
Dressing	None - Open to air	—	—	—	None - Open to air
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Pink	—	—	—	Clean;Dry;Pink
Dressing	None - Open to air	—	—	—	None - Open to air

Row Name	01/15/25 2200	01/15/25 1800	01/15/25 1400	01/15/25 1000	01/15/25 0800
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	—	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	—	Infusing	Infusing	—	Infusing
External Length	—	15 cm	15 cm	—	15 cm

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

mark (cm)					
Dressing Type	—	Transparent	Transparent	—	Transparent
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact
Dressing Change Due	—	—	—	—	01/16/25
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	—	Clean;Skin intact
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care	—	—	—	Antiseptic - non CHG;Peri/Foley care
Collection Container	—	—	—	—	Standard drainage bag;No dependent loops;To dependent drainage
Securement Method	Right thigh	—	—	—	Right thigh
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	—	Frequent UOP measurement for current treatment with no alternative
IV Properties	Placement Date: 01/10/25 Placement Time: 1853 Inserted by: Ken Belly Insertion attempts: 1 Patient Tolerance: Tolerated well Size (Gauge): 20 G Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/15/25 Removal Time: 1324 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	—	—	Clean;Dry;Intact
Line Status	—	—	—	—	Flushed without resistance;Infusing
Dressing Type	—	—	—	—	Transparent
Dressing Status	—	—	—	—	Clean;Dry;Intact
Dressing Intervention	—	—	—	**Dressing changed**	—
Dressing Change Due	—	—	—	01/22/25	01/17/25
Reason Not Rotated	—	—	—	—	Not due
Phlebitis Grade	—	—	—	—	0
Infiltration Grade	—	—	—	—	0
IV Properties	Placement Date: 01/15/25 Placement Time: 1324 Inserted by: Lani N. Insertion attempts: 2 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Distal;Left Location: Forearm Removal Date: 01/18/25 Removal Time: 0615 Condition of Catheter: Intact				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	—	—	Unable to assess
Peri-Wound Assessment	—	—	—	—	Unable to assess
Drainage Amount	—	—	—	—	None
Dressing	—	—	—	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	—	Brown;Dry;Fragile;Intact;Pink
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Pink

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Drainage Amount	—	—	—	—	None
Dressing	—	—	—	—	None - Open to air;Other (Comment);Barrier Cream
Dressing Changed	—	—	—	—	Reapplication
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	—	Clean;Dry;Intact
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Intact
Closure	—	—	—	—	Sutures;Skin glue
Drainage Amount	—	—	—	—	None
Dressing	—	—	—	—	Island Dressing (Primapore)
Dressing Status	—	—	—	—	Clean;Dry;Intact
Row Name	**01/15/25 0000**	**01/14/25 2000**	**01/14/25 1700**	**01/14/25 1300**	**01/14/25 0800**
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Site Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	—	—	Intact and in place;Blood return noted	—
Color/Movement/ Sensation	—	—	—	CMS Intact	—
Dressing	—	—	—	Chlorhexidine dressing	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Line Interventions	—	—	—	Flushed per protocol;Connections checked and tightened	—
Hematoma Assessment	—	—	—	None	—
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	Infusing	Infusing	Infusing	Infusing	Infusing
External Length mark (cm)	—	—	—	15 cm	15 cm
Dressing Type	Transparent	Transparent	Transparent	Transparent	Transparent
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	—	—	Clean;Skin intact
Care & Maintenance	Peri/Foley care	—	—	—	Antiseptic - non CHG;Peri/Foley care
Collection Container	Standard drainage bag;No dependent loops;To dependent drainage	Standard drainage bag;No dependent loops;To dependent drainage	—	—	Standard drainage bag;No dependent loops;To dependent drainage
Securement Method	Right thigh	Right thigh	—	—	Right thigh

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	Frequent UOP measurement for current treatment with no alternative	—	—	Frequent UOP measurement for current treatment with no alternative
Output (mL)	—	—	—	100 mL	—
IV Properties	Placement Date: 01/10/25 Placement Time: 1853 Inserted by: Ken Belly Insertion attempts: 1 Patient Tolerance: Tolerated well Size (Gauge): 20 G Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/15/25 Removal Time: 1324 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	Flushed without resistance	—	Flushed without resistance	Flushed without resistance
Dressing Type	Transparent	Transparent	—	Transparent	Transparent
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Change Due	—	—	—	—	01/14/25
Phlebitis Grade	—	—	—	0	0
Infiltration Grade	—	—	—	0	0
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Unable to assess	—	—	Unable to assess	Unable to assess
Peri-Wound Assessment	Unable to assess	—	—	Unable to assess	Unable to assess
Drainage Amount	None	—	—	None	None
Dressing	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Brown;Dry;Fragile;Intact;Pink	—	—	Brown;Dry;Fragile;Intact;Pink	Brown;Dry;Fragile;Intact;Pink
Peri-Wound Assessment	Clean;Dry;Pink	—	—	Clean;Dry;Pink	Clean;Dry;Pink
Drainage Amount	None	—	—	None	None
Dressing	None - Open to air;Other (Comment)	—	—	None - Open to air;Other (Comment)	None - Open to air;Other (Comment)
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Closure	Sutures;Skin glue	—	—	Sutures;Skin glue	Sutures;Skin glue
Drainage Amount	None	—	—	None	None
Dressing	Island Dressing (Primapore)	—	—	Island Dressing (Primapore)	Island Dressing (Primapore)
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Row Name	**01/13/25 2000**	**01/13/25 1700**	**01/13/25 1400**	**01/13/25 0800**	**01/13/25 0400**
Art Line Properties	Placement Date: 01/10/25 Placement Time: 1230 Inserted by: Janet Phan, MD Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: Injectable Patient Tolerance: Tolerated poorly Technique: Anatomical landmarks;Ultrasound guidance Orientation: Right Location: Radial Securement Method: Transparent dressing Sutures Placed: Yes Removal Date: 01/13/25 Removal Time: 1552				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Normal;Pulsatile blood flow	Positional
Art Line	—	—	—	Appropriate;Square	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Waveform				wave test performed	
Color/Movement/ Sensation	—	—	—	Capillary refill less than 2 sec;Cool fingers/toes	—
Dressing Type	—	—	Gauze;Transparent	Chlorhexidine dressing	—
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Dressing Change Due	—	—	—	01/14/25	—
Line Interventions	—	—	—	Zeroed;Leveled;Connections checked and tightened;Flushed per protocol	—
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Intact and in place	—
Color/Movement/ Sensation	—	—	—	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes	—
Dressing	—	—	—	Chlorhexidine dressing	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Dressing Change Due	—	—	—	01/18/25	—
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Line Status	Infusing	—	—	Infusing	—
External Length mark (cm)	15 cm	—	—	15 cm	—
Dressing Type	Transparent	—	—	Transparent	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	—	Skin intact;Clean	—
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care	—	—	Antiseptic - non CHG;Peri/Foley care;Straining urine;Bag emptied	—
Collection Container	To dependent drainage;Standard drainage bag;No dependent loops	—	—	To dependent drainage;Standard drainage bag;No dependent loops	—
Securement Method	Right thigh	—	—	Right thigh	—
Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	—	—	Frequent UOP measurement for current treatment with no alternative	—
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
How Pacer Wires	—	—	—	Ventricular wires	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

are Secured				secured	
Wire Care	—	—	—	Connected to pacer	—
Current Length (TTVP)	—	—	—	36	—
Dressing Status	—	—	—	Intact;Clean;Dry	—
Site Assessment	—	—	—	Clean;Dry;Intact	—
IV Properties	Placement Date: 01/10/25 Placement Time: 1853 Inserted by: Ken Belly Insertion attempts: 1 Patient Tolerance: Tolerated well Size (Gauge): 20 G Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/15/25 Removal Time: 1324 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Line Status	Infusing;Flushed without resistance;Blood return noted	—	—	Infusing;Flushed without resistance;Blood return noted	—
Dressing Type	Transparent	—	—	Transparent	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Dressing Change Due	01/14/25	—	—	—	—
Phlebitis Grade	0	—	—	—	—
Infiltration Grade	0	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	—	Unable to assess	—
Peri-Wound Assessment	—	—	—	Unable to assess	—
Closure	—	—	—	Unable to assess;Other (Comment)	—
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Brown;Dry;Fragile;Intact;Pink	—
Peri-Wound Assessment	—	—	—	Clean;Dry;Pink	—
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	None - Open to air;Other (Comment)	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Clean;Dry;Intact	—	—	—
Peri-Wound Assessment	—	Clean;Dry;Intact	—	—	—
Closure	—	Sutures;Skin glue	—	—	—
Drainage Amount	—	None	—	—	—
Dressing	—	Island Dressing (Primapore)	—	—	—
Dressing Changed	—	New	—	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	—
Row Name	**01/12/25 2000**	**01/12/25 1800**	**01/12/25 0800**	**01/11/25 2200**	**01/11/25 2000**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Art Line Properties	Placement Date: 01/10/25 Placement Time: 1230 Inserted by: Janet Phan, MD Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: Injectable Patient Tolerance: Tolerated poorly Technique: Anatomical landmarks;Ultrasound guidance Orientation: Right Location: Radial Securement Method: Transparent dressing Sutures Placed: Yes Removal Date: 01/13/25 Removal Time: 1552				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	Normal;Pulsatile blood flow;Positional	—	Normal;Pulsatile blood flow	—	Positional
Art Line Waveform	Appropriate;Square wave test performed	—	Appropriate;Square wave test performed	—	Appropriate;Square wave test performed
Color/Movement/ Sensation	Capillary refill less than 2 sec;Cool fingers/toes	—	Capillary refill less than 2 sec;Cool fingers/toes	—	Capillary refill less than 2 sec;Cool fingers/toes
Dressing Type	Chlorhexidine dressing	—	Chlorhexidine dressing	—	Chlorhexidine dressing
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Dressing Intervention	—	**Dressing changed**	—	—	—
Dressing Change Due	01/14/25	01/14/25	01/14/25	—	01/14/25
Line Interventions	Zeroed;Leveled;Connections checked and tightened	—	Zeroed;Leveled;Connections checked and tightened	—	Zeroed;Leveled;Connections checked and tightened;Flushed per protocol
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	Intact and in place	—	Intact and in place	—	Intact and in place
Color/Movement/ Sensation	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes	—	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes	—	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes
Dressing	Chlorhexidine dressing	—	Chlorhexidine dressing	—	Chlorhexidine dressing
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Dressing Intervention	—	—	Dressing reinforced	—	Dressing reinforced
Dressing Change Due	01/18/25	—	01/18/25	—	01/18/25
Line Interventions	Connections checked and tightened	—	—	—	Connections checked and tightened
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	Infusing	—	Infusing	—	Infusing
External Length mark (cm)	15 cm	—	—	—	15 cm
Dressing Type	Transparent	—	Transparent	—	Transparent
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	Clean;Skin intact	—	Clean;Skin intact
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care	Bag emptied	Antiseptic - non CHG;Straining urine;Peri/Foley	Antiseptic - non CHG;Peri/Foley care	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

			care;Bag emptied		
Collection Container	To dependent drainage;Standard drainage bag;No dependent loops	—	To dependent drainage;Standard drainage bag;No dependent loops	—	To dependent drainage;Standard drainage bag;No dependent loops
Securement Method	Right thigh	—	Right thigh	—	Right thigh
Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	—	Frequent UOP measurement for current treatment with no alternative	—	Frequent UOP measurement for current treatment with no alternative
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
How Pacer Wires are Secured	Ventricular wires secured	—	Ventricular wires secured	—	Ventricular wires secured
Wire Care	Connected to pacer	—	Connected to pacer	—	Connected to pacer
Current Length (TTVP)	36	—	36	—	36
Dressing Status	Clean;Dry	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Dressing Intervention	—	—	Dressing reinforced	—	Dressing reinforced
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
IV Properties	Placement Date: 01/10/25 Placement Time: 1853 Inserted by: Ken Belly Insertion attempts: 1 Patient Tolerance: Tolerated well Size (Gauge): 20 G Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/15/25 Removal Time: 1324 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	Disinfecting cap(s) present;Infusing;Saline locked;Flushed without resistance;No blood return	—	Infusing;Flushed without resistance;Blood return noted	—	Disinfecting cap(s) present;Infusing;Saline locked;Flushed without resistance;No blood return
Dressing Type	Transparent	—	Transparent	—	Transparent
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Dressing Change Due	01/14/25	—	—	—	01/14/25
Phlebitis Grade	0	—	—	—	—
Infiltration Grade	0	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Unable to assess	—	Unable to assess	—	Unable to assess
Peri-Wound Assessment	Unable to assess	—	Unable to assess	—	Unable to assess
Closure	Unable to assess;Other (Comment)	—	Unable to assess;Other (Comment)	—	Unable to assess;Other (Comment)
Drainage Amount	None	—	None	—	—
Dressing	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	—
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	—
Edges	Unable to assess	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Brown;Dry;Fragile;Intact;Pink	—	Brown;Dry;Fragile;Intact;Pink	—	—
Peri-Wound	Clean;Dry;Pink	—	Clean;Dry;Pink	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Assessment					
Drainage Amount	None	—	None	—	—
Dressing	None - Open to air;Other (Comment)	—	None - Open to air;Other (Comment)	—	—
Row Name	**01/11/25 1600**	**01/11/25 0800**	**01/11/25 0549**	**01/11/25 0400**	**01/11/25 0000**
Art Line Properties	Placement Date: 01/10/25 Placement Time: 1230 Inserted by: Janet Phan, MD Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: Injectable Patient Tolerance: Tolerated poorly Technique: Anatomical landmarks;Ultrasound guidance Orientation: Right Location: Radial Securement Method: Transparent dressing Sutures Placed: Yes Removal Date: 01/13/25 Removal Time: 1552				
Site Assessment	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	Normal;Pulsatile blood flow	—	Normal;Pulsatile blood flow	Normal;Pulsatile blood flow
Art Line Waveform	—	Appropriate;Square wave test performed	—	Appropriate;Square wave test performed	Appropriate;Square wave test performed
Color/Movement/ Sensation	—	Capillary refill less than 2 sec;Cool fingers/toes	—	Capillary refill less than 2 sec;Cool fingers/toes	Capillary refill less than 2 sec;Cool fingers/toes
Dressing Type	—	Chlorhexidine dressing	—	Chlorhexidine dressing	Chlorhexidine dressing
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Intervention	**Dressing changed**	—	—	—	—
Dressing Change Due	01/14/25	01/14/25	—	—	—
Line Interventions	—	Zeroed;Leveled;Connections checked and tightened	—	Zeroed;Leveled;Connections checked and tightened	Zeroed;Leveled;Connections checked and tightened
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Site Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	Intact and in place	—	—	Intact and in place	Intact and in place
Color/Movement/ Sensation	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes	—	—	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes
Dressing	Chlorhexidine dressing	—	—	Chlorhexidine dressing	Chlorhexidine dressing
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Intervention	**Dressing changed**	—	—	—	—
Dressing Change Due	01/18/25	—	—	—	—
Line Interventions	—	—	—	Connections checked and tightened	Connections checked and tightened
Hematoma Assessment	—	—	—	None	None
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	Infusing	—	Infusing	Infusing
External Length mark (cm)	—	15 cm	—	—	—
Dressing Type	—	Transparent	—	Transparent	Transparent
Dressing Status	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Urethral Catheter	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Properties	Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	Clean;Skin intact	—
Care & Maintenance	Bag emptied	—	—	—	—
Collection Container	—	—	—	To dependent drainage;Standard drainage bag;No dependent loops	—
Securement Method	—	—	—	Right thigh	—
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	Frequent UOP measurement for current treatment with no alternative	—
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
How Pacer Wires are Secured	—	—	—	Ventricular wires secured	Ventricular wires secured
Wire Care	—	—	—	Connected to pacer	Connected to pacer
Current Length (TTVP)	—	—	—	36	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Site Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/11/25 Removal Time: 0549 Removal Reason: Drainage at site;Erythemia;Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	Leaking	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	—	—	Infusing	Infusing
Dressing Type	—	Transparent	—	Transparent	Transparent
Dressing Status	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Reason Not Rotated	—	—	—	Not due	Not due
Phlebitis Grade	—	—	2	—	—
Infiltration Grade	—	—	1	—	—
Infiltration/Phlebitis Interventions	—	—	Provider notified;Drug stopped;Drug discontinued;Limb elevated	—	—
IV Properties	Placement Date: 01/10/25 Placement Time: 1853 Inserted by: Ken Belly Insertion attempts: 1 Patient Tolerance: Tolerated well Size (Gauge): 20 G Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/15/25 Removal Time: 1324 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	Infusing;Flushed without resistance;Blood return noted	—	Infusing;Flushed without resistance;Blood return noted	Infusing;Flushed without resistance;Blood return noted
Dressing Type	—	Transparent	—	Transparent	Transparent
Dressing Status	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	—	Unable to assess	Unable to assess
Peri-Wound Assessment	—	—	—	Unable to assess	Unable to assess
Closure	—	—	—	Unable to assess;Other (Comment)	Unable to assess;Other (Comment)
Drainage Amount	—	—	—	None	None

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Dressing	—	—	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Peri-Wound Assessment	—	—	—	Clean;Dry;Pink	Clean;Dry;Pink
Drainage Amount	—	—	—	None	None
Dressing	—	—	—	None - Open to air;Other (Comment)	None - Open to air;Other (Comment)

Row Name	**01/10/25 2000**	**01/10/25 1853**	**01/10/25 1838**	**01/10/25 1745**	**01/10/25 1345**
Art Line Properties	Placement Date: 01/10/25 Placement Time: 1230 Inserted by: Janet Phan, MD Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: Injectable Patient Tolerance: Tolerated poorly Technique: Anatomical landmarks;Ultrasound guidance Orientation: Right Location: Radial Securement Method: Transparent dressing Sutures Placed: Yes Removal Date: 01/13/25 Removal Time: 1552				
Site Assessment	Clean;Dry;Intact	—	—	—	Clean;Dry;Intact
Line Status	Normal;Pulsatile blood flow	—	—	—	Normal
Art Line Waveform	Appropriate;Square wave test performed	—	—	—	Appropriate;Square wave test performed
Color/Movement/Sensation	Capillary refill less than 2 sec;Cool fingers/toes	—	—	—	Capillary refill less than 2 sec;Cool fingers/toes
Dressing Type	Chlorhexidine dressing	—	—	—	Chlorhexidine dressing
Dressing Status	Clean;Dry;Intact	—	—	—	Clean;Dry;Intact
Dressing Intervention	—	—	—	—	Dressing changed
Dressing Change Due	—	—	—	—	01/17/25
Line Interventions	Zeroed;Leveled;Connections checked and tightened	—	—	—	Zeroed;Leveled;Connections checked and tightened
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	—	Clean;Dry;Intact;Drainage - Purulent
Line Status	—	—	—	—	Intact and in place
Dressing	—	—	—	—	Occlusive;Chlorhexidine dressing
Dressing Status	—	—	—	—	Clean;Dry;Intact
Dressing Intervention	—	—	—	—	Dressing changed
Dressing Change Due	—	—	—	—	01/17/25
Hematoma Assessment	—	—	—	—	None
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Site Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Line Status	Intact and in place	—	—	Intact and in place	—
Color/Movement/Sensation	CMS Intact;Capillary refill	—	—	CMS Intact;Capillary refill	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

	less than 2 sec;Cool fingers/toes			less than 2 sec	
Dressing	Chlorhexidine dressing	—	—	Chlorhexidine dressing	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Dressing Change Due	—	—	—	01/17/25	—
Line Interventions	Connections checked and tightened	—	—	Connections checked and tightened	—
Hematoma Assessment	None	—	—	None	—
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry;Intact	—	—	—	—
Line Status	Infusing	—	—	—	—
External Length mark (cm)	15 cm	—	—	—	—
Dressing Type	Transparent	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	—	—	—
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care	—	—	—	—
Collection Container	To dependent drainage;Standard drainage bag;No dependent loops	—	—	—	—
Securement Method	Right thigh	—	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	—	—	—	—
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
How Pacer Wires are Secured	—	—	—	—	Ventricular wires secured
Wire Care	—	—	—	—	Connected to pacer
Current Length (TTVP)	—	—	—	—	34
Dressing Status	—	—	—	—	Clean;Dry;Intact
Site Assessment	—	—	—	—	Clean;Dry;Intact
Post Removal Complications	—	—	—	—	None
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
How Pacer Wires are Secured	Ventricular wires secured	—	—	Ventricular wires secured	—
Wire Care	Connected to pacer	—	—	Connected to pacer	—
Current Length (TTVP)	36	—	—	36	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Site Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
IV Properties	Placement Date: 01/09/25 Placement Time: 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/10/25 Removal Time: 1830 Removal				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

	Reason: Infiltrated;Pain Condition of Catheter: Intact				
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/11/25 Removal Time: 0549 Removal Reason: Drainage at site;Erythemia;Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Line Status	Infusing	—	—	Infusing	—
Dressing Type	Transparent	—	—	Transparent	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Dressing Change Due	—	—	—	01/13/25	—
Reason Not Rotated	Not due	—	—	Not due	—
Phlebitis Grade	0	—	—	0	—
Infiltration Grade	0	—	—	0	—
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm Removal Date: 01/10/25 Removal Time: 1839 Removal Reason: Extravasation Condition of Catheter: Intact				
Phlebitis Grade	—	—	2	—	—
Infiltration Grade	—	—	3	—	—
Extravasation?	—	—	**Yes**	—	—
IV Properties	Placement Date: 01/10/25 Placement Time: 1853 Inserted by: Ken Belly Insertion attempts: 1 Patient Tolerance: Tolerated well Size (Gauge): 20 G Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/15/25 Removal Time: 1324 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Line Status	Infusing;Flushed without resistance;Blood return noted	Infusing;Flushed without resistance;Blood return noted	—	—	—
Dressing Type	Transparent	Transparent	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Dressing Change Due	—	01/14/25	—	—	—
Phlebitis Grade	0	0	—	—	—
Infiltration Grade	0	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	Unable to assess	—	—	—	—
Peri-Wound Assessment	Unable to assess	—	—	—	—
Closure	Unable to assess;Other (Comment)	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Peri-Wound Assessment	Clean;Dry;Pink	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	None - Open to air;Other (Comment)	—	—	—	—
Wound Properties	Date First Assessed: 10/05/20 Time First Assessed: 1108 Date Acquired: 10/05/17 Wound Number: #18 Right Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 01/10/25 Final Assessment Time: 1200 Wound Outcome: Healed				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Row Name	01/10/25 1122	01/10/25 1026	01/10/25 1021	01/10/25 1000	01/10/25 0900
Art Line Properties	Placement Date: 01/10/25 Placement Time: 1230 Inserted by: Janet Phan, MD Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: Injectable Patient Tolerance: Tolerated poorly Technique: Anatomical landmarks;Ultrasound guidance Orientation: Right Location: Radial Securement Method: Transparent dressing Sutures Placed: Yes Removal Date: 01/13/25 Removal Time: 1552				
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
IV Properties	Placement Date: 01/09/25 Placement Time: 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/10/25 Removal Time: 1830 Removal Reason: Infiltrated;Pain Condition of Catheter: Intact				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Infusing	—
Dressing Type	—	—	—	Transparent	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Dressing Change Due	—	—	—	01/16/25	—
Phlebitis Grade	—	—	—	0	—
Infiltration Grade	—	—	—	0	—
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/11/25 Removal Time: 0549 Removal Reason: Drainage at site;Erythemia;Infiltrated Condition of Catheter: Intact				
Site Assessment	—	Clean;Dry;Intact	—	—	—
Line Status	—	Disinfecting cap(s) present;Flushed without resistance;No blood return;Saline locked	—	—	—
Dressing Type	—	Transparent	—	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	—
Dressing Change Due	—	01/16/25	—	—	—
Phlebitis Grade	—	0	—	—	—
Infiltration Grade	—	0	—	—	—
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm Removal Date: 01/10/25 Removal Time: 1839 Removal Reason: Extravasation Condition of Catheter: Intact				
Site Assessment	—	—	Clean;Dry;Intact	—	—
Line Status	—	—	Saline locked;Flushed without resistance;Blood return noted;Disinfecting cap(s) present	—	—
Dressing Type	—	—	Transparent	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Dressing Change Due	—	—	01/16/25	—	—
Phlebitis Grade	—	—	0	—	—
Infiltration Grade	—	—	0	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Wound Bed/Base Assessment	Unable to assess	—	—	—	—
Peri-Wound Assessment	Unable to assess	—	—	—	—
Closure	Unable to assess;Other (Comment)	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	—	Other (Comment)
Dressing Changed	—	—	—	—	Reapplication
Wound Properties	Date First Assessed: 10/05/20 Time First Assessed: 1108 Date Acquired: 10/05/17 Wound Number: #18 Right Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 01/10/25 Final Assessment Time: 1200 Wound Outcome: Healed				

Row Name	**01/10/25 0830**	**01/10/25 0800**	**01/10/25 0730**	**01/10/25 0500**	**01/10/25 0400**
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry;Intact	—	—	—	Clean;Dry;Intact
Line Status	Infusing	—	—	—	Infusing
External Length mark (cm)	15 cm	—	—	—	15 cm
Dressing Type	Transparent	—	—	—	Transparent
Dressing Status	Clean;Dry;Intact	—	—	—	Clean;Dry;Intact
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	Skin intact	—	—	Clean;Skin intact
Care & Maintenance	—	Antiseptic - non CHG	—	—	Antiseptic - non CHG;Peri/Foley care
Collection Container	—	To dependent drainage;Standard drainage bag;No dependent loops	—	—	Standard drainage bag
Securement Method	—	Right thigh	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	Frequent UOP measurement for current treatment with no alternative	—	—	Frequent UOP measurement for current treatment with no alternative
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
IV Properties	Placement Date: 01/09/25 Placement Time: 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/10/25 Removal Time: 0500 Removal Reason: Infiltrated				
Site Assessment	—	—	—	—	Clean;Dry;Intact
Line Status	—	—	—	—	Infusing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Dressing Type	—	—	—	—	Transparent
Dressing Status	—	—	—	—	Clean;Dry;Intact
Reason Not Rotated	—	—	—	—	Not due
Phlebitis Grade	—	—	—	—	0
Infiltration Grade	—	—	—	—	0
IV Properties	Placement Date: 01/09/25 Placement Time: 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/10/25 Removal Time: 1830 Removal Reason: Infiltrated;Pain Condition of Catheter: Intact				
Site Assessment	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	—	—	Infusing	—	Infusing
Dressing Type	—	—	Transparent	—	Transparent
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Reason Not Rotated	—	—	—	—	Not due
Phlebitis Grade	—	—	0	—	0
Infiltration Grade	—	—	0	—	0
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/11/25 Removal Time: 0549 Removal Reason: Drainage at site;Erythemia;Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Disinfecting cap(s) present;Flushed without resistance;Blood return noted	—
Dressing Type	—	—	—	Transparent	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Reason Not Rotated	—	—	—	Not due	—
Phlebitis Grade	—	—	—	0	—
Infiltration Grade	—	—	—	0	—
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm Removal Date: 01/10/25 Removal Time: 1839 Removal Reason: Extravasation Condition of Catheter: Intact				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Disinfecting cap(s) present;Flushed without resistance;Blood return noted	—
Dressing Type	—	—	—	Transparent	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Reason Not Rotated	—	—	—	Not due	—
Phlebitis Grade	—	—	—	0	—
Infiltration Grade	—	—	—	0	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Other (Comment)	—	—	—	—
Peri-Wound Assessment	Clean;Dry;Pink	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Barrier Cream;Other (Comment)	—	—	—	—
Dressing Changed	Reapplication	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Wound Properties	Date First Assessed: 10/05/20 Time First Assessed: 1108 Date Acquired: 10/05/17 Wound Number: #18 Right Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 01/10/25 Final Assessment Time: 1200 Wound Outcome: Healed				
Row Name	**01/10/25 0000**	**01/09/25 2300**	**01/09/25 2000**	**01/09/25 1926**	**01/09/25 1835**
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Intact;Dry
Line Status	Infusing	—	Infusing	Infusing	—
External Length mark (cm)	15 cm	—	15 cm	15 cm	15 cm
Dressing Type	Transparent	—	Transparent	Gauze	Transparent
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact	Dry;Clean;Intact
Supraglottic Airway Properties	Placement Date: 01/09/25 Placement Time: 1532 Removal Date: 01/09/25 Removal Time: 1703				
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	Clean;Skin intact	—	Clean
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care	—	Antiseptic - non CHG;Peri/Foley care	—	Bag emptied
Collection Container	Standard drainage bag	—	Standard drainage bag	—	Standard drainage bag
Securement Method	—	—	Right thigh	—	—
Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	—	Frequent UOP measurement for current treatment with no alternative	—	—
Output (mL)	—	10 mL	—	—	250 mL
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
IV Properties	Placement Date: 01/09/25 Placement Time: 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/10/25 Removal Time: 0500 Removal Reason: Infiltrated				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	Infusing	—	Infusing	—	Infusing
Dressing Type	Transparent	—	Transparent	—	Transparent
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Reason Not Rotated	Not due	—	Not due	—	—
Phlebitis Grade	0	—	0	—	—
Infiltration Grade	0	—	0	—	—
IV Properties	Placement Date: 01/09/25 Placement Time: 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/09/25 Removal Time: 2100 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	—	—	Saline locked;Flushed without resistance;No blood return	—	Saline locked;Flushed without resistance;No blood return
Dressing Type	—	—	Transparent	—	Transparent

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Dressing Intervention	—	—	Removed	—	—
Site Intervention	—	—	Hot pack;Elevated;Other (Comment)	—	—
Reason Not Rotated	—	—	Not due	—	—
Phlebitis Grade	—	—	2	—	—
Infiltration Grade	—	—	2	—	—
Infiltration/Phlebitis Interventions	—	—	Limb elevated	—	—
IV Properties	Placement Date: 01/09/25 Placement Time: 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/10/25 Removal Time: 1830 Removal Reason: Infiltrated;Pain Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	Saline locked;Flushed without resistance;Blood return noted	—	Saline locked;Flushed without resistance;Blood return noted	—	Saline locked;Flushed without resistance;Blood return noted
Dressing Type	Transparent	—	Transparent	—	Transparent
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Reason Not Rotated	Not due	—	Not due	—	—
Phlebitis Grade	0	—	0	—	—
Infiltration Grade	0	—	0	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Peri-Wound Assessment	—	—	Unable to assess	—	—
Closure	—	—	Sutures;Staples	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Edges	—	—	Unable to assess	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Pink	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	Barrier Cream	—	—
Dressing Changed	—	—	New	—	—
Edges	—	—	Undefined edges	—	—
Non-staged Wound Description	—	—	Partial thickness	—	—
Wound Properties	Date First Assessed: 10/05/20 Time First Assessed: 1107 Date Acquired: 10/05/17 Wound Number: #17 Left Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/09/25 Final Assessment Time: 2200 Wound Outcome: Amputation				
Wound	Date First Assessed: 10/05/20 Time First Assessed: 1108 Date Acquired: 10/05/17 Wound Number: #18 Right				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Properties	Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 01/10/25 Final Assessment Time: 1200 Wound Outcome: Healed

MacLab Hemo

Row Name	01/13/25 15:22:53	01/10/25 17:07:24	01/10/25 17:02:02	01/10/25 16:57:33	01/10/25 16:52:05
SpO2	—	87 %	90 %	100 %	95 %
Heart Rate	—	71 bpm	57 bpm	73 bpm	42 bpm
Systolic Pressure	—	138 mmHg	137 mmHg	127 mmHg	125 mmHg
Diastolic Pressure	—	60 mmHg	63 mmHg	74 mmHg	59 mmHg
Mean Pressure	—	87 mmHg	91 mmHg	94 mmHg	85 mmHg
Respiration Rate	—	14 breaths/min	21 breaths/min	16 breaths/min	41 breaths/min
Phase	Protocol: Baseline	—	—	—	—
Row Name	**01/10/25 16:47:06**	**01/10/25 16:42:38**	**01/10/25 16:16:02**	**01/10/25 13:28:09**	**01/10/25 13:23:05**
SpO2	—	—	—	98 %	97 %
Heart Rate	37 bpm	—	—	156 bpm	65 bpm
Systolic Pressure	146 mmHg	—	—	134 mmHg	127 mmHg
Diastolic Pressure	67 mmHg	—	—	63 mmHg	60 mmHg
Mean Pressure	96 mmHg	—	—	91 mmHg	86 mmHg
Respiration Rate	17 breaths/min	—	—	22 breaths/min	15 breaths/min
Phase	—	Phase: Baseline	Phase: Baseline	—	—
VO2 Value	—	174.17 ml/min	174.17 ml/min	—	—
VO2I	—	125 %	125 %	—	—
Row Name	**01/10/25 13:18:22**	**01/10/25 13:13:27**	**01/10/25 13:08:35**	**01/10/25 13:07:14**	**01/10/25 13:07:13**
SpO2	96 %	100 %	98 %	97 %	99 %
Heart Rate	36 bpm	35 bpm	236 bpm	41 bpm	72 bpm
Systolic Pressure	126 mmHg	147 mmHg	149 mmHg	—	—
Diastolic Pressure	60 mmHg	64 mmHg	66 mmHg	—	—
Mean Pressure	86 mmHg	92 mmHg	95 mmHg	—	—
Respiration Rate	21 breaths/min	20 breaths/min	23 breaths/min	34 breaths/min	36 breaths/min
Row Name	**01/10/25 13:06:48**	**01/10/25 13:06:46**	**01/10/25 12:44:55**	**01/10/25 12:40:12**	
Heart Rate	71 bpm	71 bpm	—	—	
Respiration Rate	43 breaths/min	52 breaths/min	—	—	
Phase	—	—	Phase: Baseline	Phase: Baseline	
VO2 Value	—	—	174.17 ml/min	174.17 ml/min	
VO2I	—	—	125 %	125 %	

Medication Bedside DeliveryNav

Row Name	02/03/25 1558
Is the patient interested in more information on Medication Bedside Delivery at Discharge?	Yes confirmed by pharmacy technician

Modified Aldrete Score

Row Name	01/10/25 13:09:07
Activity	Able to move 4 extremities voluntarily or on command
Respiration	Able to breathe deeply and cough

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

	freely
Circulation	Blood pressure within 20% of pre-anesthetic level
Consciousness	Fully awake
Oxygen Saturation	Able to maintain oxygen saturation greater than 92% on room air
Modified Aldrete Score	10

Non-Violent Restraints

Row Name	02/18/25 1517	02/18/25 1404	01/12/25 1200	01/12/25 1000	01/12/25 0800
Restraints Monitored	Yes	Yes	Yes	Yes	Yes
Row Name	**01/12/25 0600**	**01/12/25 0400**	**01/12/25 0200**	**01/12/25 0000**	**01/11/25 2200**
Restraints Monitored	Yes	Yes	Yes	Yes	Yes

Nutrition Focused Physical Findings

Row Name	01/10/25 1300
Malnutrition Assessment	Severe malnutrition
Present at admission?	Yes

OR Assessment

Row Name	01/09/25 1657	01/09/25 1433
Anxiety Care Plan Interventions	—	Answer questions and allow patient to verbalize anxieties;Identify self and address patient by name;Explain procedure (On patient's level) using age specific language;Provide support to patient and family members present
Expected Outcome: Patient verbalizes/indicates a decreased anxiety, an understanding of procedure, and the sequence of events, as applicable	—	Goal met
Intraprocedure Care Plan: Spine Interventions	—	N/A
Expected Outcome: Risk	—	N/A

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

for injury is reduced by maintaining spinal precautions		
Intraprocedure Nursing Care Plan: Positioning Interventions	Relieve, reduce, or redistribute pressure over bony prominences;Position extremities to protect from nerve injury;Reduce/prevent friction and shear during positioning and transfer;Maintain proper body alignment;Elevate heels off underlying surface	—
Expected Outcome: Patient is free from apparent signs and symptoms of positioning injuries	Goal met	—
Intraprocedure Care Plan: Urinary Catheter Interventions	Place perioperatively using aseptic technique;Perform peri-care before patient leaves OR;Use antimicrobial wipe for peri-care;Keep foley bag off floor, without a dependent loop;Secure foley before patient leaves OR	—
Expected Outcome: Patient is free from apparent signs and symptoms of infection related to urinary catheter	Goal met	—

OR Lines/Drains/Airways

Row Name	01/10/25 17:10:20	01/10/25 13:27:50
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652	
Wire Care	—	Connected to pacer
Dressing Status	—	Clean;Dry;Intact
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657	
How Pacer Wires are Secured	Ventricular wires secured	—
Wire Care	Connected to pacer	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Current Length (TTVP)	36	—
Dressing Status	Clean;Dry;Intact	—
Site Assessment	Clean;Dry;Intact	—

OT Evaluation

Row Name	02/11/25 1500	01/15/25 1010
OT Treatment START Time	—	1010 [N1]
OT Treatment End Time	—	1050 [N1]
OT Total Treatment Time in Minutes	—	40 Minutes [N1]
OT Total Treatment Timed Codes in Minutes	—	25 [N1]
Family/Caregiver Comments	—	none present - son entered right after OT exited [N1]
Patient Report/Self-Assessment	—	"I just turned 100!" [N1]
Type of Home	—	Homeless [N1]
Lives With	—	Son [N1]
Lives with Comments	—	Jeanne's son, Louis, is the primary caregiver for Jeanne [N1]
Assistance Available at Home	—	24 hour assistance [N1]
Mobility Equipment Owned	—	Front wheeled walker;Other [N1]
Home Living Comments	—	Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island [N1]
BADLs	—	Requires assist [N1]
IADLs	—	Requires assist [N1]
Functional Mobility	—	Requires assist [N1]
Leisure and Hobbies	—	travel [N1]
Details of previous level of function	—	per PT note (son not present during eval & pt unable to report) - patient was limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

		distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility. [N1]
RUE Assessment	—	Within Functional Limits [N1]
RUE Assessment Comments	—	generalized weakness/deconditioning ~4-/5 [N1]
LUE Assessment	—	Within Functional Limits [N1]
LUE Assessment Comments	—	generalized weakness/deconditioning ~4-/5 [N1]
RLE Assessment Comments	—	her R knee can have limited AROM 2/2 pain and stiffness from a femoral fx repair in 2021 [N1]
Movements are Fluid and Coordinated	—	No [N1]
Coordination and Movement Description	—	had some difficulty coordinating items in her hands [N1]
Vision Comments	—	wears glasses [N1]
Overall Cognitive Status	—	Impaired [N1]
Cognition Comments	—	hard to assess due to profound hearing loss, able to comprehend information best from reading from whiteboard but does not always answer questions directly; at times responds with unrelated information [N1]
Time Entry (min)	—	25 Minutes [N1]
Grooming	—	Position-sitting;Maximum Assist (between 50-74% help needed) [N1]
Grooming Comments	—	washing face at EOB, required mod assist to maintain sitting balance while bringing washcloth to face; relies heavily on UE's for stability & balance. max A to comb hair

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

		[N1]
Oral Hygiene	—	Dependent (greater than 75% help needed);Position-sitting [N1]
Oral Hygiene Comments	—	required assist to clean and rinse dentures; once handed dentures, she was able to put them back in herself with just a little bit of help to orient them in the correct direction/position prior to putting them in. while sitting at EOB, used mouthwash to rinse; had difficulty maintaining balance while also holding mouthwash and bringing to mouth - needed assist to hold basin under mouth [N1]
Upper Body Dressing	—	Maximum Assist (between 50-74% help needed) [N1]
Putting on/taking off footwear	—	Dependent (greater than 75% help needed) [N1]
Putting on/taking off footwear Comment	—	donning sock on R foot [N1]
Toileting	—	Dependent (greater than 75% help needed) [N1]
Toileting Comments	—	total assist for clean up of minor incontinence at bed level [N1]
ADL Comments	—	edu on OT role & POC; pt requires extra time to communicate as she is profoundly hard of hearing and does best understanding when information is written on whiteboard for her to read; she answered questions mostly with head nods yes/no and short few word sentences [N1]
Static Sitting Level of Assistance	—	Minimum Assist (less than 25% help needed) [N1]
Static Sitting	—	dangling at EOB;

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Balance Comment		able to maintain midline with light hands on assist once scooted to further edge of bed. limited tolerance of R knee flexion due to pain and limited AROM of R knee at baseline; tolerated sitting at EOB better with RLE propped up on chair; kyphotic posture, relies on arms to maintain balance [N1]
Dynamic Sitting Balance Level of Assist	—	Dependent (greater than 75% help needed) [N1]
Dynamic Sitting Balance Comment	—	unable to correct posture when beginning to lean backwards or laterally out of COG; requires total assist to return to midline and recover stability [N1]
Supine>Sit	—	Maximum Assist (between 50-74% help needed);Cues needed [N1]
Sit>Supine	—	Dependent (greater than 75% help needed);Cues needed [N1]
Scooting	—	Dependent (greater than 75% help needed) [N1]
Endurance	—	Tolerates 10 - 20 min of activity with multiple rests [N1]
Activity Tolerance Comments	—	fatigues quickly, tolerated dangling at EOB for ~7 mins [N1]
OT Total Treatment Timed Codes in Mins	—	25 [N1]
AMPAC Assessment Needed?	—	Yes [N1]
Help from another person eating meals	—	A Lot [N1]
Help from another person taking care of personal grooming	—	A Lot [N1]
Help from another person to put on/take off upper body	—	Total [N1]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

clothing		
Help from another person to put on/take off lower body clothing	—	Total [N1]
Help from another person toileting	—	Total [N1]
Help from another person bathing	—	Total [N1]
Total score	—	8 [N1]
OT Assessment Results	—	Impaired ADL status;Impaired functional mobility;Impaired upper extremity range of motion;Impaired upper extremity strength;Impaired lower extremity strength;Impaired balance;Impaired safety and/or judgement during ADL's;Decreased endurance/activity tolerated;Impaired cognition;Visual deficit;Impaired fine motor coordination [N1]
Impact on Function and Participation	—	Jeanne presents well below baseline with significant weakness, frailty, and deconditioning s/p L AKA & PPM placement. She required heavy physical assist to move from laying to sitting up at edge of bed and ultimately was only able to tolerate sitting up for about 6-7 minutes. After AKA, she relied heavily on her arms for stability when sitting up and is therefore currently not able to maintain PPM precautions and needed a lot of assistance to maintain her sitting balance at edge of bed. She was also limited by pain with majority of

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

		movements and was unable to tolerate sitting with her right knee bent due to chronic joint stiffness from previous surgical repair in 2021. She ultimately requires near total assist for majority of cares at this time. [N1]
Functional Prognosis	—	Fair [N1]
Barriers to Discharge	—	heavy care needs [N1]
Evaluation/Treatment Tolerance	—	Patient limited by fatigue;Patient limited by pain [N1]
OT Daily Recommendations	—	bed level toileting [N1]
Treatment Interventions	—	Self-care/Home management;Caregiver education/training;Therapeutic exercise;Therapeutic activities [N1]
OT Plan	—	Skilled OT [N1]
OT Frequency	—	2-3x/week [N1]
Recommendation for further OT	—	Will need follow up OT at next level of care [N1]
Assistance with	—	ADLs;Functional mobility and transfers;Home safety;IADLs [N1]
Equipment Comments	—	TBD pending dispo plan [N1]
OT Coverage for Next Shift	—	progress EOB dangle & core/postural control activities, seated grooming/sitting tolerance [N1]
Priority	3	2 [N1]
Goal	—	Self feeding;Grooming;Set up or clean up assistance [N1]
Estimated Completion Date	—	01/29/25 [N1]
Goal Status	—	Progressing [N1]
Goal	—	Bed mobility;Minimum Assist (less than 25% help needed) [N1]
Estimated Completion Date	—	01/29/25 [N1]
Goal Status	—	Progressing [N1]
Goal	—	Toileting;Toilet

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

		transfer;Moderate Assist (between 25-49% help needed) [N1]
Estimated Completion Date	—	01/29/25 [N1]
Goal Status	—	Progressing [N1]
Goal	—	Jeanne will dangle at EOB x15 mins with SBA to complete grooming & hygiene tasks. [N1]
Estimated Completion Date	—	01/29/25 [N1]
Goal Status	—	Progressing [N1]

Flowsheet Notes

[N1]

Author	Author Type	Service	Note Type	Status	Filed Time
Liuzzi, Christina M, OT	Occupational Therapist	Occupational Therapy	Progress Notes	Signed	01/15/25 1410

Note Text

Occupational Therapy Note

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Total Treatment time: 40 Minutes

Home Living:
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (transport chair)
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island

Prior Level of Function:
BADLs: Requires assist
IADLs: Requires assist
Functional Mobility: Requires assist
Leisure and Hobbies: travel
Details of previous level of function: per PT note (son not present during eval & pt unable to report) - patient was limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility.

Upper Extremities:
RUE Assessment: Within Functional Limits
RUE Assessment Comments: generalized weakness/deconditioning ~4-/5

LUE Assessment: Within Functional Limits
LUE Assessment Comments: generalized weakness/deconditioning ~4-/5

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Hand Function:

Coordination: Movements are Fluid and Coordinated: No
Coordination and Movement Description: had some difficulty coordinating items in her hands

Sensation:

Proprioception:

Vision: Vision Comments: wears glasses

Perception:

Cognition: Overall Cognitive Status: Impaired
Cognition Comments: hard to assess due to profound hearing loss, able to comprehend information best from reading from whiteboard but does not always answer questions directly; at times responds with unrelated information

Subjective: "I just turned 100!"

Current Level of Function

Grooming/Oral Hygiene: Position- sitting;Maximum Assist (between 50-74% help needed),

Dependent (greater than 75% help needed);Position-sitting
required assist to clean and rinse dentures; once handed dentures, she was able to put them back in herself with just a little bit of help to orient them in the correct direction/position prior to putting them in. while sitting at EOB, used mouthwash to rinse; had difficulty maintaining balance while also holding mouthwash and bringing to mouth - needed assist to hold basin under mouth

Upper Body Dressing: Maximum Assist (between 50-74% help needed)

Footwear Dressing: Dependent (greater than 75% help needed)
donning sock on R foot

Toileting: Dependent (greater than 75% help needed)
total assist for clean up of minor incontinence at bed level

Therapeutic Interventions

Functional Transfers

Bed Mobility: Supine>Sit: Maximum Assist (between 50-74% help needed);Cues needed
Sit>Supine: Dependent (greater than 75% help needed);Cues needed
Scooting: Dependent (greater than 75% help needed)

,

Balance:

Sitting:

Static: Minimum Assist (less than 25% help needed)
dangling at EOB; able to maintain midline with light hands on assist once scooted

Dynamic: to further edge of bed. limited tolerance of R knee flexion due to pain and limited AROM of R knee at baseline; tolerated sitting at EOB better with RLE propped up on chair; kyphotic posture, relies on arms to maintain balance
Dependent (greater than 75% help needed)
unable to correct posture when beginning to lean backwards or laterally out of COG; requires total assist to return to midline and recover stability

,

ADL/IADL Comments: edu on OT role & POC; pt requires extra time to communicate as she is profoundly hard of hearing and does best understanding when information is written on whiteboard for her to read; she answered questions mostly with head nods yes/no and short few word sentences

Assessment

Assessment: Jeanne presents well below baseline with significant weakness, frailty, and deconditioning s/p recent L AKA & subsequent PPM placement. She required heavy physical assist to move from laying to sitting up at edge of bed and ultimately was only able to tolerate sitting up for about 6-7 minutes. After AKA, she relied heavily on her arms for stability when sitting up and is therefore currently not able to maintain new PPM precautions. She needed a lot of assistance to maintain her sitting balance at edge of bed today. She was also limited by pain with majority of movements and was unable to tolerate sitting with her right knee bent due to chronic joint stiffness from previous surgical repair in 2021. She ultimately requires near total assist for majority of cares at this time.

Session Tolerance: Patient limited by fatigue, Patient limited by pain

Plan

Plan: Skilled OT
Treatment Interventions: Self-care/Home management, Caregiver education/training, Therapeutic exercise, Therapeutic activities
Frequency: 2-3x/week
Coverage for Next Shift: progress EOB dangle & core/postural control activities, seated grooming/sitting tolerance

Discharge Recommendations

Recommendations: Will need follow up OT at next level of care
Barriers to Discharge: heavy care needs
Assistance with: ADLs, Functional mobility and transfers, Home safety, IADLs
Supervision with:

Equipment TBD pending dispo plan

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Recommended:

Goals

1. Goal: Self feeding, Grooming, Set up or clean up assistance
Estimated Completion Date: 01/29/25
Goal Status: Progressing

2. Goal: Bed mobility, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 01/29/25
Goal Status: Progressing

3. Goal: Toileting, Toilet transfer, Moderate Assist (between 25-49% help needed)
Estimated Completion Date: 01/29/25
Goal Status: Progressing

4. Goal: Jeanne will dangle at EOB x15 mins with SBA to complete grooming & hygiene tasks.
Estimated Completion Date: 01/29/25
Goal Status: Progressing

5.

Christina M Liuzzi, OT

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16)

OT Treatment

Row Name	01/22/25 1439	01/15/25 1010	01/14/25 0800	01/10/25 0700
OT Received On	01/22/25 [N1]	01/15/25 [N2]	—	—
OT Diagnosis	—	—	L AKA 1/9, bradycardia & AV block s/p PPM 1/13	L AKA 1/9, bradycardia
OT Documentation Type	Progress [N1]	Initial Eval [N2]	—	—
OT Treatment START Time	1439 [N1]	—	—	—
OT Treatment End Time	1450 [N1]	—	—	—
OT Total Treatment Time in Minutes	11 Minutes [N1]	—	—	—
OT Total Treatment Timed Codes in Minutes	11 [N1]	—	—	—
Patient Report/Self-Assessment	Not responding to therapist eyes closed. "We just got her back into bed from sitting at the Edge of the bed." - Son [N1]	—	—	—
Overall Cognitive Status	Impaired [N1]	—	—	—
Arousal/Alertness	Unresponsive to stimuli [N1]	—	—	—
Time Entry (min)	11 Minutes [N1]	—	—	—
ADL Comments	Dependent positioning in bed, patient listing to the L. Patient requires dependent assistance to get centered in the bed and boosted up. [N1]	—	—	—
Scooting	Dependent (greater than 75% help needed) [N1]	—	—	—
Impact on Function and Participation	Jeanne was hard to arouse this afternoon, per son they had just been sitting at the EOB. She required dependent assistance to be boosted up in bed and recentered. Patient did not wake to movements. OT notified nursing that the patient is currently A&O x0 [N1]	—	—	—

PACU

Row Name	01/09/25 1900	01/09/25 1859	01/09/25 1845	01/09/25 1830	01/09/25 1815

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Pulse	—	—	—	**37** !	**37** !
Resp	—	—	—	18	18
BP	—	—	—	**139/50** !	**135/49** !
MAP (mmHg)	—	—	—	72	74
SpO2	—	—	—	100 %	100 %
Pulse Oximetry Type	—	—	Continuous	Continuous	—
Oxygen Therapy	—	—	None (Room air)	None (Room air)	—
Pain Assessment	—	—	—	No/denies pain	—
Shivering	—	—	—	No	—
Head of Bed Elevated	—	—	—	HOB 30	—
Best Eye Response	—	—	—	Spontaneous	—
Best Verbal Response	—	—	—	Oriented	—
Best Motor Response	—	—	—	Follows commands	—
Glasgow Coma Scale Score	—	—	—	15	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation				
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	Elastic Wrap (ACE);Fluffs	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Reason for Communication	—	—	—	—	—
Provider Role	Resident	—	—	—	—
Method of Communication	Face to face	—	—	—	—

Row Name	**01/09/25 1800**	**01/09/25 1755**	**01/09/25 1750**
Temp	—	—	36 °C
Temp src	—	—	Temporal
Pulse	**38** !	**37** !	**43** !
Cardiac Rhythm	—	—	Sinus Bradycardia
Heart Rate Source	—	—	Monitor
Resp	20	20	20
BP	**146/48** !	**147/51** !	**150/55** !
MAP (mmHg)	73	76	82
BP Site	—	—	Right Arm
BP Method	—	—	Automatic
Patient Position	—	—	Lying
Vital Sign Reason	—	—	Post-operative
SpO2	100 %	100 %	100 %
Pulse Oximetry Type	—	—	Continuous
Oximetry Probe Site Changed	—	—	Yes
Oxygen Therapy	—	—	None (Room air)
Supraglottic Airway Properties	Placement Date: 01/09/25 Placement Time: 1532 Removal Date: 01/09/25 Removal Time: 1703		
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation		

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Pain Assessment

Row Name	03/08/25 0900	03/08/25 0618	03/08/25 0500	03/08/25 0310	03/08/25 0011
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**03/07/25 1927**	**03/07/25 1508**	**03/07/25 1408**	**03/07/25 0001**	**03/06/25 2250**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**03/06/25 2200**	**03/06/25 2118**	**03/06/25 1828**	**03/05/25 1900**	**03/05/25 1540**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**03/05/25 0950**	**03/04/25 2100**	**03/04/25 1031**	**03/03/25 2331**	**03/03/25 0900**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/27/25 1754**	**02/27/25 1116**	**02/27/25 0430**	**02/27/25 0155**	**02/26/25 1957**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/25/25 1813**	**02/25/25 0823**	**02/25/25 0521**	**02/24/25 2153**	**02/24/25 2055**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/24/25 0635**	**02/24/25 0339**	**02/23/25 2225**	**02/23/25 2149**	**02/23/25 1916**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/23/25 0303**	**02/22/25 2100**	**02/22/25 1546**	**02/22/25 0955**	**02/21/25 2300**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/21/25 2100**	**02/21/25 0900**	**02/21/25 0328**	**02/20/25 1656**	**02/20/25 1625**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/20/25 1049**	**02/20/25 0859**	**02/19/25 2100**	**02/19/25 1752**	**02/19/25 1644**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/19/25 1140**	**02/19/25 0705**	**02/19/25 0548**	**02/18/25 2157**	**02/18/25 2132**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/18/25 1634**	**02/18/25 1602**	**02/18/25 1200**	**02/18/25 0809**	**02/17/25 2315**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/17/25 2245**	**02/16/25 1000**	**02/16/25 0354**	**02/15/25 2124**	**02/15/25 1100**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/15/25 0120**	**02/14/25 1710**	**02/14/25 1625**	**02/14/25 0217**	**02/14/25 0031**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/13/25 2121**	**02/13/25 2006**	**02/12/25 2300**	**02/12/25 0830**	**02/11/25 0700**
Restart Pain	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Assessment Timer					
Row Name	**02/11/25 0446**	**02/10/25 2318**	**02/10/25 2100**	**02/10/25 0600**	**02/10/25 0026**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/09/25 1113**	**02/09/25 0549**	**02/09/25 0357**	**02/09/25 0112**	**02/09/25 0042**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/08/25 1731**	**02/08/25 1703**	**02/08/25 1457**	**02/08/25 1045**	**02/08/25 0900**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/08/25 0124**	**02/08/25 0052**	**02/07/25 2100**	**02/07/25 2000**	**02/07/25 1215**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/07/25 0128**	**02/07/25 0028**	**02/06/25 1029**	**02/06/25 0013**	**02/05/25 2329**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/05/25 2056**	**02/05/25 1035**	**02/05/25 0935**	**02/05/25 0039**	**02/04/25 0753**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/04/25 0325**	**02/03/25 2308**	**02/03/25 0845**	**02/03/25 0048**	**02/02/25 2300**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/02/25 1813**	**02/02/25 1713**	**02/02/25 1016**	**02/02/25 0916**	**02/01/25 2128**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/01/25 1629**	**02/01/25 1529**	**02/01/25 1000**	**02/01/25 0856**	**01/31/25 2317**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/31/25 1930**	**01/30/25 2111**	**01/30/25 1502**	**01/30/25 1150**	**01/30/25 0836**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/29/25 2124**	**01/29/25 1936**	**01/29/25 0948**	**01/28/25 2139**	**01/28/25 2109**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/28/25 1727**	**01/28/25 1627**	**01/28/25 0504**	**01/28/25 0429**	**01/28/25 0252**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/27/25 2300**	**01/27/25 1746**	**01/27/25 1716**	**01/27/25 1000**	**01/27/25 0936**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/27/25 0054**	**01/26/25 2332**	**01/26/25 2244**	**01/26/25 2206**	**01/26/25 2037**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/26/25 1503**	**01/26/25 0915**	**01/25/25 0622**	**01/24/25 2025**	**01/24/25 1721**
Restart Pain Assessment	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Timer

Row Name	01/24/25 1651	01/24/25 1115	01/24/25 1045	01/24/25 0114	01/23/25 2300
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/23/25 1035**	**01/23/25 1005**	**01/23/25 0355**	**01/23/25 0117**	**01/23/25 0040**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/22/25 2203**	**01/22/25 2133**	**01/22/25 0952**	**01/22/25 0922**	**01/22/25 0527**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/22/25 0236**	**01/21/25 1524**	**01/21/25 1319**	**01/20/25 0946**	**01/20/25 0356**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/20/25 0325**	**01/19/25 2219**	**01/19/25 1931**	**01/19/25 1755**	**01/19/25 1730**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/19/25 1359**	**01/19/25 1257**	**01/18/25 2058**	**01/18/25 1740**	**01/18/25 1520**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/18/25 1027**	**01/18/25 0948**	**01/18/25 0126**	**01/17/25 2033**	**01/17/25 1735**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/17/25 1656**	**01/17/25 1231**	**01/17/25 1012**	**01/17/25 0122**	**01/17/25 0029**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/16/25 1728**	**01/16/25 1637**	**01/16/25 1409**	**01/16/25 1340**	**01/16/25 1305**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/16/25 1222**	**01/16/25 0929**	**01/16/25 0908**	**01/16/25 0209**	**01/15/25 1404**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/15/25 1030**	**01/14/25 1600**	**01/14/25 1200**	**01/14/25 0930**	**01/14/25 0900**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/14/25 0800**	**01/14/25 0433**	**01/13/25 1820**	**01/13/25 1720**	**01/13/25 1200**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/13/25 0831**	**01/13/25 0800**	**01/13/25 0720**	**01/13/25 0400**	**01/13/25 0000**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/12/25 2000**	**01/12/25 1726**	**01/12/25 1600**	**01/12/25 1314**	**01/12/25 1110**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/12/25 1007**	**01/12/25 0905**	**01/12/25 0800**	**01/12/25 0039**	**01/11/25 2213**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Row Name	01/11/25 2000	01/11/25 1600	01/11/25 1200	01/11/25 1143	01/11/25 1038
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/11/25 0905**	**01/11/25 0800**	**01/11/25 0625**	**01/11/25 0555**	**01/10/25 2330**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/10/25 2000**	**01/10/25 1843**	**01/10/25 1745**	**01/10/25 1600**	**01/10/25 1500**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/10/25 0823**	**01/10/25 0801**	**01/10/25 0619**	**01/10/25 0400**	**01/10/25 0000**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/09/25 2340**	**01/09/25 2000**	**01/09/25 1900**	**01/09/25 1830**	**01/09/25 1033**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes

Pain Assessment

Row Name	03/08/25 0618	03/08/25 0410	03/08/25 0011	03/07/25 1927	03/07/25 1508
Pain Scale	—	Pain Scale	Pain Scale	Pain Scale	—
FLACC	FLACC	—	—	—	FLACC
Pain Score	—	—	Patient sleeping	Patient sleeping	—
Pain Rating: FLACC (Rest) - Face	No particular expression or smile	—	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	—	—	—	Normal position or relaxed
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	—	—	—	Lying quietly, normal position, moves easily
Pain Rating: FLACC (Rest) - Cry	No cry (awake or asleep)	—	—	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Rest) - Consolability	Content, relaxed	—	—	—	Content, relaxed
Score: FLACC (Rest)	0	—	—	—	2
Pain Rating: FLACC (Activity) - Face	No particular expression or smile	—	—	—	No particular expression or smile
Pain Rating: FLACC (Activity) - Legs	Normal position or relaxed	—	—	—	Normal position or relaxed
Pain Rating: FLACC (Activity) - Activity	Lying quietly, normal position, moves easily	—	—	—	Lying quietly, normal position, moves easily
Pain Rating: FLACC (Activity) - Cry	No cry (awake or asleep)	—	—	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Activity) - Consolability	Content, relaxed	—	—	—	Content, relaxed
Score: FLACC (Activity)	0	—	—	—	1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Row Name	03/07/25 0231	03/07/25 0120	03/06/25 2018	03/06/25 1911	03/06/25 1828
Pain Scale	—	—	—	—	Pain Scale
FLACC	FLACC	FLACC	FLACC	FLACC	—
Pain Score	—	—	—	—	Patient UNavailable for reassessment
Pain Rating: FLACC (Rest) - Face	No particular expression or smile	—	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	—	Normal position or relaxed	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	—	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	No cry (awake or asleep)	—	No cry (awake or asleep)	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Rest) - Consolability	Content, relaxed	—	Content, relaxed	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Rest)	0	—	0	5	—
Pain Rating: FLACC (Activity) - Face	No particular expression or smile	—	—	—	—
Pain Rating: FLACC (Activity) - Legs	Normal position or relaxed	—	—	—	—
Pain Rating: FLACC (Activity) - Activity	Lying quietly, normal position, moves easily	—	—	—	—

Row Name	03/06/25 1539	03/06/25 1225	03/04/25 1031	03/03/25 2331	02/28/25 2006
Pain Scale	—	—	Pain Scale	Pain Scale	—
Pain Descriptor Scale	—	—	—	—	Pain Descriptor Scale
CNPI	CNPI	CNPI	—	—	—
Pain Score	—	—	Patient sleeping	Patient sleeping	—
Pain Intensity	—	—	—	—	Rest
Pain Relief Scale	—	—	—	—	Slight
Vocal Complaints: Nonverb at Rest	Behavior not observed	Behavior not observed	—	—	—
Facial Grimaces/Winces at Rest	Behavior not observed	Behavior occurred even briefly	—	—	—
Bracing at Rest	Behavior not observed	Behavior occurred even briefly	—	—	—
Restlessness at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Rubbing at Rest	Behavior not observed	Behavior not observed	—	—	—
Verbal Complaints Verbal at Rest	Behavior not observed	Behavior not observed	—	—	—
Subtotal Score at Rest	1	3	—	—	—

Row Name	02/27/25 1754	02/27/25 0225	02/26/25 0116	02/25/25 2208	02/25/25 1813
Pain Scale	—	—	—	—	Pain Scale
Pain Descriptor Scale	—	Pain Descriptor Scale	—	—	—
FLACC	FLACC	—	FLACC	FLACC	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	—	Unable to describe	—	—	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	Occasional grimace or frown, withdrawn, disinterested	No particular expression or smile	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	—	Uneasy, restless, tense	Normal position or relaxed	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	—	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	—	Moans or whimpers, occasional complaint	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	—	Reassured by occasional touch, hug or being talked to	Difficult to console or comfort	—
Score: FLACC (Rest)	5	—	5	4	—
Pain Rating: FLACC (Activity) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Activity) - Legs	Normal position or relaxed	—	—	—	—
Pain Rating: FLACC (Activity) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Cry	No cry (awake or asleep)	—	—	—	—
Pain Rating: FLACC (Activity) - Consolability	Content, relaxed	—	—	—	—
Score: FLACC (Activity)	2	—	—	—	—

Row Name	**02/25/25 0823**	**02/25/25 0521**	**02/24/25 2153**	**02/24/25 2055**	**02/24/25 0635**
Pain Scale	Pain Scale	Pain Scale	Pain Scale	Pain Scale	Pain Scale
Pain Score	Patient sleeping	Patient sleeping	Patient sleeping	Patient sleeping	Patient sleeping

Row Name	**02/24/25 0339**	**02/23/25 2225**	**02/23/25 2149**	**02/23/25 1916**	**02/22/25 1646**
Pain Scale	Pain Scale	Pain Scale	Pain Scale	Pain Scale	—
FLACC	—	—	—	—	FLACC
Pain Score	Patient UNavailable for reassessment	Patient sleeping	Patient sleeping	Patient sleeping	—
Pain Rating: FLACC (Rest) - Face	—	—	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	—	—	—	—	Uneasy, restless, tense
Pain Rating: FLACC (Rest) - Activity	—	—	—	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Rest) - Cry	—	—	—	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Rest) - Consolability	—	—	—	—	Difficult to console or comfort
Score: FLACC	—	—	—	—	6

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

(Rest)

Row Name	02/22/25 1024	02/22/25 0638	02/21/25 2306	02/21/25 1328	02/21/25 0328
Pain Scale	—	—	—	Pain Scale	Pain Scale
Pain Descriptor Scale	—	Pain Descriptor Scale	Pain Descriptor Scale	—	—
FLACC	FLACC	—	—	FLACC	—
Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	—	Patient sleeping	Patient sleeping	—	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	—	—	—	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	—	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	—	—	—	—
Score: FLACC (Rest)	3	—	—	—	—

Row Name	02/20/25 1656	02/20/25 1049	02/19/25 1752	02/19/25 1644	02/19/25 1140
Pain Scale	Pain Scale	—	—	Pain Scale	Pain Scale
FLACC	FLACC	FLACC	FLACC	—	—
Pain Score	Patient sleeping	—	—	—	0
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	Normal position or relaxed	Uneasy, restless, tense	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	—	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaint	—	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	Reassured by occasional touch, hug or being talked to	Reassured by occasional touch, hug or being talked to	—	—
Score: FLACC (Rest)	4	3	7	—	—
Pain Rating: FLACC (Activity) - Face	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	—	—	—
Pain Rating: FLACC (Activity) - Legs	Uneasy, restless, tense	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Activity) - Activity	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Activity) - Cry	Moans or whimpers, occasional complaint	Moans or whimpers, occasional complaint	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Pain Rating: FLACC (Activity) - Consolability	Reassured by occasional touch, hug or being talked to	Reassured by occasional touch, hug or being talked to	—	—	—
Score: FLACC (Activity)	5	5	—	—	—
Row Name	**02/19/25 0705**	**02/18/25 2157**	**02/18/25 1654**	**02/18/25 1634**	**02/17/25 2315**
Pain Scale	Pain Scale	Pain Scale	—	—	Pain Scale
FLACC	—	—	FLACC	—	—
Pain Score	Patient sleeping	Patient sleeping	—	—	5
Pain Rating: FLACC (Rest) - Face	—	—	—	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Rest) - Legs	—	—	—	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	—	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	—	—	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Rest)	—	—	—	5	—
Pain Rating: FLACC (Activity) - Face	—	—	—	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Activity) - Legs	—	—	—	Kicking, or legs drawn up	—
Pain Rating: FLACC (Activity) - Activity	—	—	—	Arched, rigid or jerking	—
Pain Rating: FLACC (Activity) - Cry	—	—	—	Crying steadily, screams or sobs, frequent complaint	—
Pain Rating: FLACC (Activity) - Consolability	—	—	—	Difficult to console or comfort	—
Score: FLACC (Activity)	—	—	—	10	—
Row Name	**02/17/25 1010**	**02/16/25 2232**	**02/16/25 0454**	**02/15/25 0120**	**02/14/25 1710**
Pain Scale	—	—	—	Pain Scale	Pain Scale
FLACC	FLACC	FLACC	FLACC	—	—
Pain Score	—	—	—	Patient sleeping	Patient sleeping
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin	—	—	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Rest) -	Crying steadily, screams or sobs,	Crying steadily, screams or sobs,	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Cry	frequent complaint	frequent complaint			
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	Difficult to console or comfort	—	—	—
Score: FLACC (Rest)	6	8	—	—	—
Pain Rating: FLACC (Activity) - Face	Frequent to constant frown, clenched jaw, quivering chin	—	—	—	—
Row Name	**02/14/25 1625**	**02/14/25 0217**	**02/14/25 0031**	**02/13/25 2121**	**02/11/25 0446**
Pain Scale	Pain Scale	Pain Scale	Pain Scale	Pain Scale	Pain Scale
Pain Score	Patient sleeping	Patient sleeping	Patient sleeping	Patient sleeping	Patient sleeping
Row Name	**02/10/25 0600**	**02/09/25 1320**	**02/09/25 1113**	**02/09/25 0549**	**02/09/25 0357**
Pain Scale	Pain Scale	—	Pain Scale	Pain Scale	Pain Scale
Pain Descriptor Scale	—	Pain Descriptor Scale	—	—	—
Pain Score	Patient sleeping	—	Patient sleeping	Patient sleeping	Patient sleeping
Pain Descriptor Scale	—	Unable to describe	—	—	—
Pain Intensity	—	Rest	—	—	—
Row Name	**02/09/25 0112**	**02/08/25 1731**	**02/08/25 1045**	**02/08/25 0124**	**02/07/25 1909**
Pain Scale	Pain Scale	Pain Scale	—	Pain Scale	—
Pain Descriptor Scale	—	—	—	—	Pain Descriptor Scale
CNPI	—	—	CNPI	—	—
Pain Score	Patient sleeping	Patient sleeping	—	Patient sleeping	—
Pain Descriptor Scale	—	—	—	—	Patient sleeping
Vocal Complaints: Non-verbal with Movement	—	—	Behavior occurred even briefly	—	—
Facial Grimaces/Winces with Movement	—	—	Behavior occurred even briefly	—	—
Bracing with Movement	—	—	Behavior occurred even briefly	—	—
Restlessness with Movement	—	—	Behavior not observed	—	—
Rubbing with Movement	—	—	Behavior not observed	—	—
Vocal Complaints: Verbal with movement	—	—	Behavior occurred even briefly	—	—
Subtotal Score with Movement	—	—	4	—	—
Vocal Complaints: Nonverb at Rest	—	—	Behavior occurred even briefly	—	—
Facial Grimaces/Winces at Rest	—	—	Behavior occurred even briefly	—	—
Bracing at Rest	—	—	Behavior not observed	—	—
Restlessness at Rest	—	—	Behavior not observed	—	—
Rubbing at Rest	—	—	Behavior not observed	—	—
Verbal	—	—	Behavior not	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Complaints Verbal at Rest			observed		
Subtotal Score at Rest	—	—	2	—	—
CNPI Total Score	—	—	6	—	—
Row Name	**02/07/25 1044**	**02/07/25 0128**	**02/06/25 1742**	**02/06/25 1029**	**02/06/25 0013**
Pain Scale	—	Pain Scale	—	—	Pain Scale
Pain Descriptor Scale	Pain Descriptor Scale	—	—	—	—
FLACC	—	—	FLACC	FLACC	—
Pain Score	—	Patient sleeping	—	—	Patient sleeping
Pain Descriptor Scale	Moderate	—	Unable to describe	—	—
Pain Relief Scale	Slight	—	—	—	—
Pain Rating: FLACC (Rest) - Face	—	—	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Rest) - Legs	—	—	Uneasy, restless, tense	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	—	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	—	Moans or whimpers, occasional complaint	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Rest) - Consolability	—	—	Reassured by occasional touch, hug or being talked to	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Rest)	—	—	3	5	—
Pain Rating: FLACC (Activity) - Face	—	—	—	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Activity) - Legs	—	—	—	Uneasy, restless, tense	—
Pain Rating: FLACC (Activity) - Activity	—	—	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Activity) - Cry	—	—	—	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Activity) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Activity)	—	—	—	5	—
Row Name	**02/05/25 2056**	**02/05/25 1726**	**02/05/25 1035**	**02/05/25 0039**	**02/03/25 0048**
Pain Scale	—	—	Pain Scale	Pain Scale	Pain Scale
Pain Descriptor Scale	—	Pain Descriptor Scale	—	—	—
FLACC	FLACC	—	—	—	—
Pain Score	—	—	Patient UNavailable for reassessment	Patient sleeping	Patient sleeping
Pain Descriptor Scale	—	Mild	—	—	—
Pain Intensity	—	Rest	—	—	—
Unable to Self-Report Pain	—	Nonverbal	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Reason					
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	—	—	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	—	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Difficult to console or comfort	—	—	—	—
Score: FLACC (Rest)	6	—	—	—	—
Pain Rating: FLACC (Activity) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Activity) - Legs	Uneasy, restless, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Cry	Moans or whimpers, occasional complaint	—	—	—	—
Pain Rating: FLACC (Activity) - Consolability	Difficult to console or comfort	—	—	—	—
Score: FLACC (Activity)	6	—	—	—	—

Row Name	**02/02/25 1813**	**02/02/25 1016**	**02/01/25 2128**	**02/01/25 1629**	**01/31/25 2317**
Pain Scale	—	Pain Scale	Pain Scale	Pain Scale	Pain Scale
FLACC	FLACC	—	—	—	—
Pain Score	—	Patient UNavailable for reassessment	Patient sleeping	Patient sleeping	2
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	—	—	—	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	No cry (awake or asleep)	—	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	—	—	—	—
Score: FLACC (Rest)	2	—	—	—	—
Pain Rating: FLACC (Activity) - Face	No particular expression or smile	—	—	—	—
Pain Rating:	Normal position or	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

FLACC (Activity) - Legs	relaxed				
Pain Rating: FLACC (Activity) - Activity	Lying quietly, normal position, moves easily	—	—	—	—
Pain Rating: FLACC (Activity) - Cry	No cry (awake or asleep)	—	—	—	—
Pain Rating: FLACC (Activity) - Consolability	Content, relaxed	—	—	—	—
Score: FLACC (Activity)	0	—	—	—	—
Row Name	**01/30/25 1502**	**01/30/25 1150**	**01/29/25 2124**	**01/29/25 1936**	**01/29/25 0948**
Pain Scale	Pain Scale	—	Pain Scale	—	Pain Scale
CNPI	—	CNPI	—	CNPI	—
Pain Score	Patient sleeping	—	Patient sleeping	—	Patient sleeping
Vocal Complaints: Non-verbal with Movement	—	Behavior not observed	—	Behavior not observed	—
Facial Grimaces/Winces with Movement	—	Behavior not observed	—	Behavior not observed	—
Bracing with Movement	—	Behavior not observed	—	Behavior not observed	—
Restlessness with Movement	—	Behavior not observed	—	Behavior not observed	—
Rubbing with Movement	—	Behavior not observed	—	Behavior not observed	—
Vocal Complaints: Verbal with movement	—	Behavior not observed	—	Behavior not observed	—
Subtotal Score with Movement	—	0	—	0	—
Vocal Complaints: Nonverb at Rest	—	Behavior not observed	—	Behavior not observed	—
Facial Grimaces/Winces at Rest	—	Behavior not observed	—	Behavior not observed	—
Bracing at Rest	—	Behavior not observed	—	Behavior not observed	—
Restlessness at Rest	—	Behavior not observed	—	Behavior not observed	—
Rubbing at Rest	—	Behavior not observed	—	Behavior not observed	—
Verbal Complaints Verbal at Rest	—	Behavior not observed	—	Behavior not observed	—
Subtotal Score at Rest	—	0	—	0	—
CNPI Total Score	—	0	—	0	—
Row Name	**01/28/25 2139**	**01/28/25 1727**	**01/28/25 0504**	**01/28/25 0252**	**01/27/25 2303**
Pain Scale	Pain Scale	—	Pain Scale	Pain Scale	Pain Scale
CPOT	—	CPOT	—	—	—
CNPI	—	CNPI	—	—	—
Pain Score	Patient sleeping	—	Patient sleeping	Patient sleeping	—
Vocal Complaints: Non-verbal with	—	Behavior not observed	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Movement					
Facial Grimaces/Winces with Movement	—	Behavior not observed	—	—	—
Bracing with Movement	—	Behavior not observed	—	—	—
Restlessness with Movement	—	Behavior not observed	—	—	—
Rubbing with Movement	—	Behavior not observed	—	—	—
Vocal Complaints: Verbal with movement	—	Behavior not observed	—	—	—
Subtotal Score with Movement	—	0	—	—	—
Vocal Complaints: Nonverb at Rest	—	Behavior not observed	—	—	—
Facial Grimaces/Winces at Rest	—	Behavior not observed	—	—	—
Bracing at Rest	—	Behavior not observed	—	—	—
Restlessness at Rest	—	Behavior not observed	—	—	—
Rubbing at Rest	—	Behavior not observed	—	—	—
Verbal Complaints Verbal at Rest	—	Behavior not observed	—	—	—
Subtotal Score at Rest	—	0	—	—	—
CNPI Total Score	—	0	—	—	—
Row Name	**01/27/25 1746**	**01/26/25 2244**	**01/25/25 1939**	**01/25/25 1909**	**01/25/25 1351**
Pain Descriptor Scale	—	—	Pain Descriptor Scale	Pain Descriptor Scale	—
CNPI	CNPI	CNPI	—	—	—
FLACC	—	—	—	—	FLACC
Pain Descriptor Scale	—	—	Patient sleeping	Patient sleeping	—
Vocal Complaints: Non-verbal with Movement	Behavior not observed	Behavior not observed	—	—	—
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	Behavior not observed	—	—	—
Bracing with Movement	Behavior occurred even briefly	Behavior not observed	—	—	—
Restlessness with Movement	Behavior occurred even briefly	Behavior not observed	—	—	—
Rubbing with Movement	Behavior not observed	Behavior not observed	—	—	—
Vocal Complaints: Verbal with movement	Behavior not observed	Behavior not observed	—	—	—
Subtotal Score with Movement	3	0	—	—	—
Vocal Complaints:	Behavior not observed	Behavior occurred even briefly	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Nonverb at Rest					
Facial Grimaces/Winces at Rest	Behavior not observed	Behavior occurred even briefly	—	—	—
Bracing at Rest	Behavior not observed	Behavior not observed	—	—	—
Restlessness at Rest	Behavior not observed	Behavior not observed	—	—	—
Rubbing at Rest	Behavior not observed	Behavior not observed	—	—	—
Verbal Complaints Verbal at Rest	Behavior not observed	Behavior not observed	—	—	—
Subtotal Score at Rest	0	2	—	—	—
CNPI Total Score	3	2	—	—	—
Pain Rating: FLACC (Rest) - Face	—	—	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	—	—	—	—	Uneasy, restless, tense
Pain Rating: FLACC (Rest) - Activity	—	—	—	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Rest) - Cry	—	—	—	—	No cry (awake or asleep)
Pain Rating: FLACC (Rest) - Consolability	—	—	—	—	Reassured by occasional touch, hug or being talked to
Score: FLACC (Rest)	—	—	—	—	4

Row Name	**01/25/25 0622**	**01/24/25 2025**	**01/24/25 1721**	**01/24/25 1115**	**01/24/25 0114**
Pain Scale	Pain Scale	—	Pain Scale	Pain Scale	Pain Scale
FLACC	—	FLACC	—	FLACC	—
Pain Score	Patient sleeping	—	4	3	Patient sleeping
Pain Rating: FLACC (Rest) - Face	—	No particular expression or smile	—	No particular expression or smile	—
Pain Rating: FLACC (Rest) - Legs	—	Normal position or relaxed	—	Normal position or relaxed	—
Pain Rating: FLACC (Rest) - Activity	—	Lying quietly, normal position, moves easily	—	Lying quietly, normal position, moves easily	—
Pain Rating: FLACC (Rest) - Cry	—	No cry (awake or asleep)	—	No cry (awake or asleep)	—
Pain Rating: FLACC (Rest) - Consolability	—	Content, relaxed	—	Content, relaxed	—
Score: FLACC (Rest)	—	0	—	0	—
Pain Rating: FLACC (Activity) - Face	—	No particular expression or smile	—	—	—
Pain Rating: FLACC (Activity) - Legs	—	Normal position or relaxed	—	—	—
Pain Rating:	—	Lying quietly,	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

FLACC (Activity) - Activity		normal position, moves easily			
Pain Rating: FLACC (Activity) - Cry	—	Moans or whimpers, occasional complaint	—	—	—
Pain Rating: FLACC (Activity) - Consolability	—	Reassured by occasional touch, hug or being talked to	—	—	—
Score: FLACC (Activity)	—	2	—	—	—
Row Name	**01/23/25 1948**	**01/23/25 1819**	**01/23/25 1716**	**01/23/25 1035**	**01/23/25 0355**
Pain Scale	—	—	—	—	Pain Scale
Pain Descriptor Scale	Pain Descriptor Scale	Pain Descriptor Scale	Pain Descriptor Scale	—	—
CPOT	—	—	—	CPOT	—
Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	Mild	Mild	Patient sleeping	—	—
Pain Location	Amputation site	—	—	—	—
Patient Behaviors	Fidgeting	—	—	—	—
Pain Relief Scale	Moderate	Moderate	Lots	—	—
Facial Expression	—	—	—	Relaxed, neutral	—
Body Movements	—	—	—	Absence of movements or normal position	—
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	—
Muscle Tension	—	—	—	Relaxed	—
Critical-Care Pain Observation Score	—	—	—	0	—
Row Name	**01/23/25 0117**	**01/22/25 2203**	**01/22/25 2133**	**01/22/25 0952**	**01/22/25 0527**
Pain Scale	Pain Scale	Pain Scale	Pain Scale	—	Pain Scale
CPOT	—	—	—	CPOT	—
Pain Score	Patient sleeping	Patient sleeping	Patient sleeping	—	Patient sleeping
Facial Expression	—	—	—	Relaxed, neutral	—
Body Movements	—	—	—	Absence of movements or normal position	—
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	—
Muscle Tension	—	—	—	Relaxed	—
Critical-Care Pain Observation Score	—	—	—	0	—
Row Name	**01/22/25 0236**	**01/21/25 1005**	**01/21/25 0600**	**01/20/25 1900**	**01/20/25 1700**
Pain Scale	Pain Scale	—	—	—	—
Pain Descriptor Scale	—	—	Pain Descriptor Scale	—	—
FLACC	—	FLACC	—	FLACC	FLACC
Pain Score	Patient sleeping	—	—	—	—
Pain Descriptor Scale	—	—	Patient sleeping	—	—
Pain Rating: FLACC (Rest) - Face	—	—	—	Occasional grimace or frown, withdrawn, disinterested	No particular expression or smile
Pain Rating: FLACC (Rest) -	—	—	—	Uneasy, restless, tense	Normal position or relaxed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Legs					
Pain Rating: FLACC (Rest) - Activity	—	—	—	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily
Pain Rating: FLACC (Rest) - Cry	—	—	—	Moans or whimpers, occasional complaint	No cry (awake or asleep)
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	Content, relaxed
Score: FLACC (Rest)	—	—	—	5	0
Row Name	**01/20/25 1328**	**01/20/25 0832**	**01/20/25 0325**	**01/19/25 2151**	**01/19/25 1755**
Pain Scale	—	—	Pain Scale	—	Pain Scale
Pain Descriptor Scale	—	—	—	Pain Descriptor Scale	—
FLACC	FLACC	FLACC	—	—	—
Pain Score	—	—	Patient UNavailable for reassessment	—	Patient sleeping
Pain Descriptor Scale	—	—	—	Severe	—
Pain Intensity	—	—	—	Rest	—
Pain Location	—	—	—	amputation site	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	No particular expression or smile	—	—	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	Normal position or relaxed	—	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily	—	—	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	No cry (awake or asleep)	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	Content, relaxed	—	—	—
Score: FLACC (Rest)	5	0	—	—	—
Row Name	**01/19/25 1359**	**01/19/25 1257**	**01/19/25 1214**	**01/19/25 0707**	**01/19/25 0556**
Pain Scale	Pain Scale	Pain Scale	—	—	—
Pain Descriptor Scale	—	—	Pain Descriptor Scale	Pain Descriptor Scale	Pain Descriptor Scale
Pain Score	Patient sleeping	10	—	—	—
Pain Descriptor Scale	—	—	Severe	Patient sleeping	Severe
Pain Intensity	—	—	Rest	—	—
Pain Location	—	—	Pt is having severe pain to Lt stump	—	—
Pain Interventions	—	—	Medication (See MAR)	—	—
Patient Behaviors	—	—	Agitated;Facial grimacing;Groaning;Moaning	—	—
Response to Interventions	—	—	No	—	—
Pain Relief Scale	—	—	None	—	—
Row Name	**01/18/25 2058**	**01/18/25 1027**	**01/18/25 0948**	**01/18/25 0126**	**01/17/25 1736**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Pain Scale	Pain Scale	—	—	Pain Scale	—
CPOT	—	—	CPOT	—	CPOT
FLACC	—	FLACC	—	—	—
Pain Score	Patient sleeping	—	—	Patient sleeping	—
Facial Expression	—	—	Grimacing	—	—
Body Movements	—	—	Protection	—	—
Vocalization (Extubated Patients)	—	—	Sighing, moaning	—	—
Muscle Tension	—	—	Tense, rigid	—	—
Critical-Care Pain Observation Score	—	—	5	—	—
Pain Interventions	—	—	Repositioned;Elevated;Medication (See MAR)	—	—
Pain Rating: FLACC (Rest) - Face	—	Occasional grimace or frown, withdrawn, disinterested	—	—	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Rest) - Activity	—	Lying quietly, normal position, moves easily	—	—	—
Pain Rating: FLACC (Rest) - Cry	—	Moans or whimpers, occasional complaint	—	—	—
Pain Rating: FLACC (Rest) - Consolability	—	Content, relaxed	—	—	—
Score: FLACC (Rest)	—	3	—	—	—
Pain Rating: FLACC (Activity) - Face	—	No particular expression or smile	—	—	—
Pain Rating: FLACC (Activity) - Legs	—	Normal position or relaxed	—	—	—
Pain Rating: FLACC (Activity) - Activity	—	Lying quietly, normal position, moves easily	—	—	—
Pain Rating: FLACC (Activity) - Cry	—	Moans or whimpers, occasional complaint	—	—	—
Pain Rating: FLACC (Activity) - Consolability	—	Content, relaxed	—	—	—
Score: FLACC (Activity)	—	1	—	—	—
Row Name	**01/17/25 1735**	**01/17/25 1231**	**01/17/25 1012**	**01/17/25 0152**	**01/16/25 2345**
Pain Scale	—	Pain Scale	—	—	—
CPOT	CPOT	—	CPOT	—	—
FLACC	—	—	—	FLACC	FLACC
Pain Score	—	Patient sleeping	—	—	—
Facial Expression	Tense	—	Relaxed, neutral	—	—
Body Movements	Absence of movements or normal position	—	Absence of movements or normal position	—	—
Vocalization (Extubated Patients)	Talking in normal tone or no sound	—	Talking in normal tone or no sound	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Muscle Tension	Relaxed	—	Relaxed	—	—
Critical-Care Pain Observation Score	1	—	0	—	—
Pain Rating: FLACC (Rest) - Face	—	—	—	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
Pain Rating: FLACC (Rest) - Legs	—	—	—	Normal position or relaxed	Uneasy, restless, tense
Pain Rating: FLACC (Rest) - Activity	—	—	—	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Rest) - Cry	—	—	—	No cry (awake or asleep)	Crying steadily, screams or sobs, frequent complaint
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Content, relaxed	Difficult to console or comfort
Score: FLACC (Rest)	—	—	—	1	8

Row Name	**01/16/25 1728**	**01/16/25 1409**	**01/16/25 1305**	**01/16/25 1222**	**01/16/25 0209**
Pain Scale	Pain Scale	Pain Scale	—	—	Pain Scale
CPOT	—	—	CPOT	CPOT	—
Pain Score	Patient sleeping	Patient sleeping	—	—	Patient sleeping
Facial Expression	—	—	Relaxed, neutral	Relaxed, neutral	—
Body Movements	—	—	Absence of movements or normal position	Absence of movements or normal position	—
Vocalization (Extubated Patients)	—	—	Talking in normal tone or no sound	Talking in normal tone or no sound	—
Muscle Tension	—	—	Relaxed	Relaxed	—
Critical-Care Pain Observation Score	—	—	0	0	—

Row Name	**01/15/25 1930**	**01/15/25 1853**	**01/15/25 1030**	**01/14/25 0930**	**01/14/25 0900**
Pain Scale	—	—	Pain Scale	—	Pain Scale
Pain Descriptor Scale	Pain Descriptor Scale	Pain Descriptor Scale	—	—	—
CPOT	—	—	—	CPOT	—
Pain Score	—	—	Patient sleeping	—	Patient sleeping
Pain Descriptor Scale	Unable to describe	Unable to describe	—	—	—
Facial Expression	—	—	—	Relaxed, neutral	—
Body Movements	—	—	—	Absence of movements or normal position	—
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	—
Muscle Tension	—	—	—	Relaxed	—
Critical-Care Pain Observation Score	—	—	—	0	—
Pain Interventions	—	—	—	Repositioned	—

Row Name	**01/14/25 0433**	**01/13/25 1815**	**01/13/25 0831**	**01/12/25 1726**	**01/12/25 1314**
Pain Scale	Pain Scale	—	—	—	—
CPOT	—	CPOT	CPOT	CPOT	CPOT

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Pain Score	Patient sleeping	—	—	—	—
Facial Expression	—	—	Tense	Relaxed, neutral	Tense
Body Movements	—	—	Absence of movements or normal position	Absence of movements or normal position	Protection
Vocalization (Extubated Patients)	—	—	Sighing, moaning	Talking in normal tone or no sound	Talking in normal tone or no sound
Muscle Tension	—	—	Tense, rigid	Relaxed	Tense, rigid
Critical-Care Pain Observation Score	—	—	3	0	3
Row Name	**01/12/25 1007**	**01/12/25 0905**	**01/12/25 0039**	**01/11/25 2213**	**01/11/25 1143**
Pain Scale	—	—	—	Pain Scale	—
CPOT	CPOT	CPOT	CPOT	—	CPOT
Pain Score	—	—	—	Patient sleeping	—
Facial Expression	Relaxed, neutral	Relaxed, neutral	Tense	—	Relaxed, neutral
Body Movements	Absence of movements or normal position	Absence of movements or normal position	Restlessness/agitation	—	Absence of movements or normal position
Vocalization (Extubated Patients)	Talking in normal tone or no sound	Talking in normal tone or no sound	Talking in normal tone or no sound	—	Talking in normal tone or no sound
Muscle Tension	Relaxed	Relaxed	Relaxed	—	Relaxed
Critical-Care Pain Observation Score	0	0	3	—	0
Row Name	**01/11/25 1038**	**01/11/25 0905**	**01/11/25 0625**	**01/10/25 2330**	**01/10/25 2000**
Pain Scale	Pain Scale	—	Pain Scale	Pain Scale	Pain Scale
CPOT	—	CPOT	—	—	—
Pain Score	Patient UNavailable for reassessment	—	0	Patient sleeping	—
Facial Expression	—	Relaxed, neutral	—	—	—
Body Movements	—	Absence of movements or normal position	—	—	—
Vocalization (Extubated Patients)	—	Talking in normal tone or no sound	—	—	—
Muscle Tension	—	Tense, rigid	—	—	—
Critical-Care Pain Observation Score	—	1	—	—	—
Row Name	**01/10/25 1843**	**01/10/25 1503**	**01/10/25 1437**	**01/10/25 0853**	**01/10/25 0619**
Pain Scale	Pain Scale	—	—	—	Pain Scale
Pain Descriptor Scale	—	Pain Descriptor Scale	Pain Descriptor Scale	Pain Descriptor Scale	—
Pain Score	0	—	—	—	Patient sleeping
Pain Descriptor Scale	—	Moderate	Moderate	Mild	—
Pain Intensity	—	Rest	Rest	Activity	—
Pain Location	—	LLE, R KNEE	LLE, R KNEE	LLE, R KNEE	—
Pain Relief Scale	—	Moderate	Moderate	Lots	—
Row Name	**01/09/25 2340**				
Pain Scale	Pain Scale				
Pain Score	0				

Patient Belongings

Row Name	**01/09/25 1648**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Belongings at Bedside	Vision;Dentures

Perioperative Disposition

Row Name	01/09/25 1740
Report Given By (free-text):	Circ RN, surgical team, anesthesia
Report Given To (free-text):	SICU
Transferred To:	ICU
Transferred By (free-text):	Circ RN, surgical team, anesthesia
Transfer Mode:	ICU/LAL Bed

Post Fall Assessment

Row Name	03/05/25 1615
Neuro (WDL)	Exceptions to WDL
Level of Consciousness	Alert
Orientation Level	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation
Cognition	Poor judgement;Poor safety awareness;Poor attention/concentration;Short term memory loss;Unable to follow commands
Speech	Incomprehensible;Uses written communication
Swallow	Chokes on liquids;Chokes on solids;Difficulty swallowing

Post Fall Information

Row Name	03/05/25 1608
Date of fall	03/05/25
Time of fall	1540
What patient said about the fall	Nothing
Event Location	Patient Room
Witnessed or assisted fall?	Unwitnessed fall
Did injury occur?	No
Patient transferred to higher level of care due to fall?	No
Details of Fall: Consider risk	Unwitnessed fall - appeared to have

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

factors leading to fall including environment, changes in mental or physical condition, medications, lab values, hydration status, toileting, and anyone involved with the fall.	slid out of bed, no evident injury, primary RNs' found patient laying with her bottom on the floor, holding onto the siderail with her left hand. Son not present in room. Staff assist pressed and patient transferred back to bed using sling/hoyer.

Post Fall Notification

Row Name	03/05/25 1614
Name of Provider Notified	Dr. Abay
Date Provider Notified	03/05/25
Time Provider Notified	1600
Family Notified of Fall	Yes
Name of Family Member Notified	Louis
Date Family Notified	03/05/25
Time Family Notified	1614
Name of Staff Notifying Family	Amber Callison

Post Fall Vital Signs

Row Name	03/05/25 1615
Temp	—

Provider Notification

Row Name	01/09/25 1227
Reason for Communication	Family request
Provider Name	MD Sond
Provider Role	Resident
Method of Communication	Secure Chat
Response	Waiting for response

PT Acute Eval/Tx

Row Name	03/07/25 1500	03/05/25 1300	02/16/25 0800	02/06/25 1600	01/29/25 1145
PT Received On	—	03/05/25 [N3]	—	02/06/25 [N4]	01/29/25
PT Diagnosis	L AKA 1/9, PPM 1/13; fall in hospital on 3/5 with R hip fracture, non -op	L AKA 1/9, PPM 1/13 [N3]	L AKA 1/9, PPM 1/13	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	management				
PT Considerations	NWB LLE, NWB RLE	NWB LLE, <10# push/pull through L UE for 30 days (1/13 PPM) [N3]	—	—	—
PT Documentation Type	—	Re-Evaluation [N3]	—	—	Progress
PT Treatment Start Time	—	1300 [N3]	—	—	1145
PT Treatment End Time	—	1340 [N3]	—	—	1245
PT Total Treatment Time in Minutes	—	—	—	—	60 Minutes
PT Total Timed Code in Minutes	—	25 Minutes [N3]	—	—	—
Family/Caregiver Comments	—	Son - Louis - lots of comments about how he is exercising her LEs when ever he gets the chance. Demo'd how the exercise her R LE but not the L LE [N3]	—	—	Son Louis present
Patient Report/Self-Assessment	—	n bed resting, asking if she will be in a coffin, if they will dig a hole, letting me know she pee'd [N3]	—	—	Pt agreeable to PT, communication via whiteboard
Patient Stated Goal(s)	—	None stated [N3]	—	—	—
Lives with Comments	—	—	—	—	Lives in tent with flooring and heating
RUE Assessment	—	Exceptions to WFL [N3]	—	—	—
RUE Assessment Comments	—	able to bring hand to mouth, good grip during hand shake, limited hand opening [N3]	—	—	—
LUE Assessment	—	Exceptions to WFL [N3]	—	—	—
LUE Assessment Comments	—	able to bring hand to mouth [N3]	—	—	—
RLE Assessment	—	Exceptions to WFL [N3]	—	—	—
RLE Assessment Comments	—	antigravity strength [N3]	—	—	—
LLE Assessment	—	Exceptions to WFL [N3]	—	—	—
LLE Assessment Comments	—	limited assessment [N3]	—	—	—
Arousal/Alertness	—	Delayed responses to stimuli [N3]	—	—	—
Safety Judgment	—	Decreased awareness of need for assistance [N3]	—	—	—
Light Touch	—	unable to assess [N3]	—	—	—
Movements are Fluid and Coordinated	—	No [N3]	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Static Sitting Balance Level of Assistance	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Dynamic Sitting Balance Level of Assistance	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Endurance	—	Tolerates less than 10 min of activity, no significant change in vital signs [N3]	—	—	—
Rolling Left	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Rolling Right	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Supine to Sit	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Sit to Supine	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Bed<>Chair/WC	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Bed<>Chair/WC Assistive Device Details	—	Mechanical lift [N3]	—	—	—
Chair/WC<>Bed	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Bed<>Chair/WC Assistive Device Details	—	Mechanical lift [N3]	—	—	—
Help needed climbing 3-5 steps with a railing?	—	Total [N3]	—	—	—
Help needed walking in hospital room?	—	Total [N3]	—	—	—
Help needed moving to and from a bed to chair (including a wheelchair)?	—	Total [N3]	—	—	—
Difficulty moving from lying on back to sitting on the side of the bed?	—	Unable [N3]	—	—	—
Difficulty sitting down on and standing up from a chair with arms (e.g., wheelchair, bedside commode, etc,.)?	—	Unable [N3]	—	—	—
Difficulty turning over in bed (including adjusting	—	Unable [N3]	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

bedclothes, sheets and blankets)?					
Score	—	6 [N3]	—	—	—
PT Therapeutic Exercise Activity Time Minute(s)	—	10 [N3]	—	—	—
PT Therapeutic Exercise Activity 1	—	provided pt's son with AKA exercise packet - reports he has been attempting these ex's when pt allows [N3]	—	—	—
PT Therapeutic Exercise Activity 2	—	- son reports not being able to get into prone to perform hip ext ex's = addressed by having pt be in sidelying as they were taught in previous sessions to perform hip ext ex's [N3]	—	—	—
PT Therapeutic Activity Time Minute(s)	—	15 [N3]	—	—	—
PT Therapeutic Activity 1	—	supine > sit with dependent assist, elevated HOB, assist for initiation [N3]	—	—	—
PT Therapeutic Activity 2	—	sitting EOB x 3 mins - dependent assist, without support > posterior LOB. sits in flexed, kyphotic posture, sacral sitting [N3]	—	—	—
PT Therapeutic Activity 3	—	sit > supine with dependent assist, scooting up in bed with two person dependent assist [N3]	—	—	—
PT Assessment	—	Jeanne presents to PT at a dependent level for all functional mobility. When sitting EOB she requires continuous dependent assist to prevent posterior LOB. She demonstated she was able to hold my hands and maintain upright postion briefly unitl UEs fatigued and then began to lose balance. She is not able to turn or scoot	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

		up in bed without dependent assist. She attempts to communicate but is difficult to understand. Most comments today centered on how her body will be cared for after she dies. She was too fatigued to participate in active LE ex's today so we deferred until next session. Son is well versed in her LE ex's and will assist when pt is agreeable as well. Pt's son focused on a future in where pt will be able to work on standing and walking with crutches. [N3]			
Barriers to Discharge	—	pt dependent for all mobility [N3]	—	—	—
Recommendation for further PT	—	Will need follow up PT at next level of care [N3]	—	—	—
Treatment/Interventions	—	Patient/family training;Therapeutic functional activities;Therapeutic exercise [N3]	—	—	—
PT Plan	—	Skilled PT [N3]	—	—	—
PT Dosage	—	1-2x/week [N3]	—	—	—
PT In-House Recommendations	—	ceiling lift. rental TIS w/c with roho cushion [N3]	—	—	—
PT Coverage for Next Shift	—	LE ther ex, sitting EOB [N3]	—	—	—
PT Daily Recommendations	—	2PA - OOB to chair via sling 3x/day [N3]	—	—	—
Goal	—	Home exercise program;Moderate Assist (between 25-49% help needed) [N3]	—	—	—
Estimated Completion Date	—	03/14/25 [N3]	—	—	—
Goal	—	Bed mobility;Moderate Assist (between 25-49% help needed) [N3]	—	—	—
Estimated Completion Date	—	03/14/25 [N3]	—	—	—
Goal	—	Other (Comment)	—	—	—
Goal Status	—	Updated	—	—	—
Goal	—	discontinued	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Goal Status	—	Updated	—	—	—
Goal	—	discontinued	—	—	—
Goal Status	—	Updated	—	—	—
Row Name	**01/23/25 1400**	**01/23/25 0800**	**01/16/25 1140**	**01/10/25 1049**	**01/10/25 0800**
PT Received On	01/23/25 [N5]	—	01/16/25	01/10/25 [N6]	—
PT Diagnosis	LLE acute limb ischemia now s/p L AKA, PPM 1/13 [N5]	LLE acute limb ischemia now s/p L AKA, PPM 1/13	—	LLE acute limb ischemia now s/p L AKA [N6]	LLE acute limb ischemia now s/p L AKA
PT Considerations	NWB LLE, <10# push/pull through L UE for 30 days (1/13 PPM) [N5]	—	—	NWB LLE [N6]	NWB LLE
PT Documentation Type	Progress [N5]	—	—	Initial Eval;Progress [N6]	—
PT Treatment Start Time	1310 [N5]	—	—	1049 [N6]	—
PT Treatment End Time	1341 [N5]	—	—	1200 [N6]	—
PT Total Treatment Time in Minutes	31 Minutes [N5]	—	—	71 Minutes [N6]	—
Family/Caregiver Comments	son in room [N5]	—	—	Pt's son, Louis, throughout [N6]	—
Safety measures	—	—	—	bradycardia [N6]	—
Is an interpreter used?	No [N5]	—	—	No [N6]	—
Patient Report/Self-Assessment	Continually attempts to mobilize to EOB [N5]	—	—	Pt supine in bed, agreeable to work with PT. Pt's son, Louis, provided majority of her recent medical and social history since Jeanne's significantly HOH. Communicates the best with writing large letters on white board and speaking very loudly and clearly. [N6]	—
Patient Stated Goal(s)	none stated, per son to received prothesis [N5]	—	—	"When can I start walking again?" [N6]	—
Home Living Comments	—	—	—	Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island [N6]	—
Type of Home	—	—	—	Homeless [N6]	—
Lives With	—	—	—	Son [N6]	—
Lives with Comments	—	—	—	Jeanne's son, Louis, is the primary caregiver for Jeanne [N6]	—
Assistance Available at Home	—	—	—	24 hour assistance [N6]	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Mobility Equipment Owned	—	—	—	Front wheeled walker;Other [N6]	—
Prior Level of Function	—	—	—	limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility. [N6]	—
Leisure and Hobbies	—	—	—	travel [N6]	—
RUE Assessment	—	—	—	Within Functional Limits [N6]	—
LUE Assessment	—	—	—	Within Functional Limits [N6]	—
RLE Assessment	—	—	—	Within Functional Limits [N6]	—
RLE Assessment Comments	—	—	—	her R knee can have limited AROM 2/2 pain and stiffness from a femoral fx repair in 2021 [N6]	—
LLE Assessment	—	—	—	Exceptions to WFL [N6]	—
LLE Assessment Comments	—	—	—	AKA. limited assessment of L hip AROM 2/2 pain/soreness [N6]	—
Cognition Comments	—	—	—	Jeanne is very HOH and it's best to communicate with her via writing. [N6]	—
Light Touch	—	—	—	WFL [N6]	—
Static Sitting Balance Comments	—	—	—	sitting at EOB w/o back support, no foot support. intermittent retropulsion [N6]	—
Static Sitting Balance Level of Assistance	—	—	—	Minimum Assist (less than 25% help needed) [N6]	—
Dynamic Sitting Balance Comments	—	—	—	scooting forward, pulling on mattress or bed rail w/BUE [N6]	—
Dynamic Sitting Balance Level of Assistance	—	—	—	Contact guard assist (touching/steadying assistance) [N6]	—
Static Standing	—	—	—	deferred standing at	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Balance Comments				this time [N6]	
Endurance	—	—	—	Tolerates 30 min of activity with multiple rests [N6]	—
Endurance Comments	—	—	—	bradycardia throughout session; stable BP [N6]	—
Rolling Left	—	—	—	Maximum Assist (between 50-74% help needed) [N6]	—
Rolling Right	—	—	—	Maximum Assist (between 50-74% help needed) [N6]	—
Supine to Sit	—	—	—	Moderate Assist (between 25-49% help needed);Head of Bed Elevated;Cues needed [N6]	—
Sit to Supine	—	—	—	Dependent (greater than 75% help needed) [N6]	—
Scooting	—	—	—	Dependent (greater than 75% help needed) [N6]	—
AM-PAC Point of Care Asmt	—	—	—	Yes [N6]	—
Help needed climbing 3-5 steps with a railing?	—	—	—	Total [N6]	—
Help needed walking in hospital room?	—	—	—	Total [N6]	—
Help needed moving to and from a bed to chair (including a wheelchair)?	—	—	—	Total [N6]	—
Difficulty moving from lying on back to sitting on the side of the bed?	—	—	—	A Lot [N6]	—
Difficulty sitting down on and standing up from a chair with arms (e.g., wheelchair, bedside commode, etc,.)?	—	—	—	A Lot [N6]	—
Difficulty turning over in bed (including adjusting bedclothes, sheets and blankets)?	—	—	—	A Lot [N6]	—
Score	—	—	—	9 [N6]	—
Highest Level of Mobility for this Event (PT)	—	—	—	Sat at edge of bed [N6]	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

PT Therapeutic Activity Time Minute(s)	—	—	—	55 [N6]	—
PT Therapeutic Activity 1	—	—	—	Bed mobility - supine>Sit ModA for LEs, heavy cues for hand placement. pt declined log roll technique, preferring to sit up into long sitting. sit>supine dependent 2/2 LOC/syncopal episode at EOB [N6]	—
PT Therapeutic Activity 2	—	—	—	Sitting tolerance - Jeanne sat at EOB for 15-20 minutes w/close SBA to MinA to maintain upright posture. Intermittent retropulsion w/Min to ModA to correct; pt reaching with UEs to maintain balance. Frequent monitoring of vitals - HR brady but stable, BP WNL - until pt demostrated syncopal episode/LOC and was returned to supine quickly with RN assessment. Jeanne quickly responded, RN monitoring vitals. [N6]	—
PT Therapeutic Activity 3	—	—	—	Provided pt and son some amputation education re: process of fitting for prosthesis, phantom sensations, possibly fxnal mobility. Aimed to provide them with realistic expectations for post-AKA rehab. They will benefit from further education and handouts re: amputation care [N6]	—
PT Therapeutic Activity 4	—	—	—	Additonal time needed for lengthy discussion with Jeanne and Louis regarding her PLOF and past experiences with PT. Louis is a good	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

				advocate for his mother's medical care and has had a lot of experience with working with her on exercises at home [N6]	
PT Impairments	—	—	—	Decreased strength;Decreased range of motion;Decreased endurance;Impaired balance;Decreased mobility;Impaired hearing;Impaired sensation;Difficulty ambulating;Orthopedic restrictions;Pain [N6]	—
PT Assessment	—	—	—	Jeanne presents with decreased activity tolerance, generalized weakness, impaired sitting balance, h/o falls, bradycardia at rest, and significantly HOH. At her baseline, she is able to amb short distances with walker or cane and uses a w/c (transport chair) for community distances. Her son is her primary caregiver and provides a fluctuating amount of assistance. They are also currently homeless, living in a tent on Bainbridge Island. Today, Jeanne required 50-100% assist for bed mobility and was able to sit at EOB for 15-20 minutes with intermittent assistance. She did have a syncopal/LOC episode while at EOB and was returned to supine w/RN assistance. Her HR continued to be low but stable throughout the session. Provided some education regarding AKA and treating amputation	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

				including mobility progression and phantom sensations. They will benefit from on-going education. Jeanne's son, Louis, has made it clear that he does not want his mother to discharge to a SNF for sub-acute therapies, although this would the PT recommendation for dispo after today's session. Since Jeanne and Louis are currently homeless, this makes receiving HHPT extremely challenging. [N6]	
Barriers to Discharge	—	—	—	unable to safely ambulate or transfer OOB 2/2 bradycardia [N6]	—
Recommendation for further PT	—	—	—	Will need follow up PT at next level of care [N6]	—
PT Discharge Recommendations details	—	—	—	ideally SNF for sub-acute therapies [N6]	—
Treatment/Interventions	—	—	—	Therapeutic exercise;Therapeutic functional activities [N6]	—
PT Plan	—	—	—	Skilled PT [N6]	—
PT Dosage	—	—	—	2-3x/week [N6]	—
Discharge Equipment	—	—	—	TBD; pt has FWW and transport chair [N6]	—
PT In-House Recommendations	—	—	—	ceiling lift [N6]	—
PT Coverage for Next Shift	—	—	—	dangle at EOB; transfer training w/FWW (have pt wear shoe on R foot); pivot transfer to chair; ongoing amputation education [N6]	—
PT Daily Recommendations	—	—	—	1-2 person assist for dangle at EOB or ceiling lift transfer to chair [N6]	—
Goals	—	—	—	Goal 1;Goal 2;Goal 3;Goal 4 (Free Text) [N6]	—
Goal	—	—	—	Bed mobility;Contact guard assist (touching/steadying	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

				assistance) [N6]	
Estimated Completion Date	—	—	—	01/24/25 [N6]	—
Goal Status	—	—	—	Progressing [N6]	—
Goal	—	—	—	Transfer with AD;Contact guard assist (touching/steadying assistance) [N6]	—
Estimated Completion Date	—	—	—	01/24/25 [N6]	—
Goal Status	—	—	—	Progressing [N6]	—
Goal	—	—	—	Amb with AD;Contact guard assist (touching/steadying assistance) [N6]	—
Estimated Completion Date	—	—	—	01/24/25 [N6]	—
Goal Status	—	—	—	Progressing [N6]	—
Goal	—	—	—	Pt will be able to tolerate sitting in her w/c for > 30 minutes [N6]	—
Estimated Completion Date	—	—	—	01/24/25 [N6]	—
Goal Status	—	—	—	Not Progressing [N6]	—

PT Acute Tx

Row Name	02/13/25 1500	02/06/25 1600	01/29/25 1145	01/23/25 1400	01/16/25 1140
PT Received On	02/13/25	—	—	—	—
PT Diagnosis	L AKA	L AKA [N4]	—	—	LLE acute limb ischemia now s/p L AKA
PT Considerations	NWB LLE, <10# push/pull through L UE for 30 days (1/13 PPM)	NWB LLE, <10# push/pull through L UE for 30 days (1/13 PPM) [N4]	—	—	—
PT Documentation Type	Progress	Progress [N4]	—	—	—
PT Treatment Start Time	1455	1600 [N4]	—	—	1140
PT Treatment End Time	1535	1654 [N4]	—	—	1240
PT Total Treatment Time in Minutes	40 Minutes	54 Minutes [N4]	—	—	60 Minutes
PT Total Timed Code in Minutes	40 Minutes	54 Minutes [N4]	60 Minutes	31 Minutes [N5]	60 Minutes
Family/Caregiver Comments	Son-Louis	Pt's son Louis present, describing exercises that he has been doing with and for his mom (before AKA and now after) [N4]	—	—	Pts son Louis
Patient Report/Self-Assessment	Opened eyes and agreeable to PT for bed exercises	Pt opening eyes to loud voice, otherwise generally maintaining eyes	—	—	Nods yes to reviewing exercises and getting up to chair. Written on

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

		closed [N4]			whiteboard
Patient Stated Goal(s)	son's goal is for her to be home with him taking care of her	—	—	—	—
Communication	—	—	—	verbal, use of whiteboard d/t HOH [N5]	—
Arousal/Alertness	—	—	—	Appropriate responses to stimuli [N5]	—
Orientation Level	—	—	—	— [N5]	—
Safety Judgment	—	—	—	Decreased awareness of need for assistance;Decreased awareness of need for safety [N5]	—
Awareness of Errors	—	—	—	Assistance required to identify errors made;Assistance required to correct errors made;Decreased awareness of errors [N5]	—
Deficits	—	—	—	Decreased awareness of deficits [N5]	—
Problem Solving	—	—	—	Assistance required to identify errors made;Assistance required to generate solutions;Assistance required to implement solutions [N5]	—
Cognition Comments	—	Opening eyes to loud voice. Not immideately following simple commands [N4]	—	—	—
Endurance	Tolerates 30 min of activity with multiple rests	—	—	—	—
Rolling Left	—	—	Maximum Assist (between 50-74% help needed)	Maximum Assist (between 50-74% help needed) [N5]	Maximum Assist (between 50-74% help needed)
Rolling Right	—	—	Maximum Assist (between 50-74% help needed)	Maximum Assist (between 50-74% help needed) [N5]	Maximum Assist (between 50-74% help needed)
Supine to Sit	—	Maximum Assist (between 50-74% help needed) [N4]	Moderate Assist (between 25-49% help needed)	Minimum Assist (less than 25% help needed);Moderate Assist (between 25-49% help needed);Head of Bed Elevated;Railings used;Cues needed [N5]	—
Sit to Supine	—	—	Maximum Assist (between 50-74% help needed)	Supervision / Stand by assistance [N5]	—
Scooting	—	—	Maximum Assist	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

			(between 50-74% help needed)		
Sit<>Stand	—	Dependent (greater than 75% help needed) [N4]	Dependent (greater than 75% help needed)	—	—
Stand <> Sit	—	—	Dependent (greater than 75% help needed)	—	—
Bed<>Chair/WC	—	—	—	Dependent (greater than 75% help needed);Assistive device used [N5]	Dependent (greater than 75% help needed);Assistive device used
Bed<>Chair/WC Assistive Device Details	—	—	—	Mechanical lift [N5]	Mechanical lift
Wheelchair Activities	—	—	—	Yes [N5]	—
WC Type	—	—	—	Manual tilt-n-space [N5]	—
WC Size	—	—	—	16" [N5]	—
WC Cushion	—	—	—	roho [N5]	—
WC Pressure Relief	—	—	—	dependent - son educated on Q15 tilt backs for 1-2 min [N5]	—
Level of Assistance for Pressure Relief	—	—	—	Dependent (greater than 75% help needed) [N5]	—
Wheelchair Comments	—	—	—	pt's son dependently moves pt on unit after session [N5]	—
AM-PAC Point of Care Asmt	—	Yes [N4]	—	Yes [N5]	—
Help needed climbing 3-5 steps with a railing?	—	Total [N4]	Total	Total [N5]	Total
Help needed walking in hospital room?	—	Total [N4]	Total	Total [N5]	Total
Help needed moving to and from a bed to chair (including a wheelchair)?	—	Total [N4]	Total	Total [N5]	Total
Difficulty moving from lying on back to sitting on the side of the bed?	—	A Lot [N4]	A Lot	A Lot [N5]	Unable
Difficulty sitting down on and standing up from a chair with arms (e.g., wheelchair, bedside commode, etc,.)?	—	Unable [N4]	Unable	Unable [N5]	Unable
Difficulty turning over in bed (including adjusting bedclothes,	—	A Lot [N4]	A Lot	A Lot [N5]	Unable

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

sheets and blankets)?					
Score	—	8 [N4]	8	8 [N5]	6
PT Therapeutic Exercise Activity Time Minute(s)	40	54 [N4]	10	—	10
PT Therapeutic Exercise Activity 1	Supine LE therex with son with written communication to the patient via a white board with extra time needed for this	sling transfer from TIS chair back to bed [N4]	Edu on hip extension ex in SL - performed x20 AAROM hip extension exercises	—	Supine edu ther ex to son and pt: SLR B, hip add with pillow. Provided written handout with pictures of these two exercises to pts son
PT Therapeutic Exercise Activity 2	R HS and HC stretch 3 times 30 seconds	positioned in supine, flat, L hip gently stretched into neutral then slight extension, light pressure, myofacial release type of stm. [N4]	—	—	—
PT Therapeutic Exercise Activity 3	issued written handouts	Trial of bridging with R UE in hooklying. Manual cues for hip exetnsion during bridge, pt not able to carryout the activity [N4]	—	—	—
PT Therapeutic Exercise Activity 4	—	pt assisted to sitting, provided with gentle lumbar thoracic stretch in sitting. Pt able to breifly maintain upright sitting, easier with pressure thru R knee to. Gentle stretch for hip, knee flexion prior to trial of stand. two trials of sit to stand with R shoe on, blocking R foot. 2 person dependent transfer into standing for 10 seconds X 2. Assisted to supine for rest after standing. [N4]	—	—	—
PT Therapeutic Exercise Activity 5	—	Additional time spent for therapeutic rest, caregiver questions. [N4]	—	—	—
PT Therapeutic Activity Time Minute(s)	—	—	50	15 [N5]	50
PT Therapeutic Activity 1	—	—	Rolling B, then to EOB. Dependent for footwear. STS x1 with total assistance of two, pt declines second stand and	rolling L and R max A 2/2 poor command follow, donning of sling [N5]	Rolling side to side to don sling, pt needing clean up (dependent for pericare)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

			requests to lay down		
PT Therapeutic Activity 2	—	—	Extensive time spent edu son Louis on goal of SNF rehab, importance of having correct equiptment and training for safety prior to returning home. Son upset that she does not already have prosthetic and that she is not doing more. Feels like when she was in rehab in the past, she was in bed and getting weaker there	supine <> sit x5 sttempts in session spontaneously, manual removal of L arm from bed rail 2/2 precautions > posterior LOB d/t poor upright trunk positioning/control [N5]	Lift to pts transport chair, likely not enough support with pts core weakness but able to get her positioned (lifting/lowering several times to get better positioning in chair, needed to tip transport chair back). Pt not able to keep self upright without assistance as she was fatiguing, placed posey belt around pt to better support her chest
PT Therapeutic Activity 3	—	—	—	education on progression of mobility, therapeutic rest breaks 2/2 dizziness [N5]	—
PT Therapeutic Activity 4	—	—	—	education to son about timeline of prosthetic, d/c recommendations [N5]	—
PT Wheelchair Management Activity Time Minute(s)	—	—	—	16 [N5]	—
PT Wheelchair Management Activity 1	—	—	—	TIS adjustment of head rest, arm rests; Roho apporpriately inflated, leg rest requires no adjustment at this point in time [N5]	—
PT Wheelchair Management Activity 2	—	—	—	educated pt's son on tilt back ad scheduling of tilt back - educated that w/c adjustments are by staff only [N5]	—
PT Impairments	—	Decreased mobility;Decreased strength;Decreased range of motion;Decreased endurance;Impaired balance;Decreased cognition;Decreased safety awareness;Impaired hearing;Difficulty ambulating;Orthopedic restrictions;Pain [N4]	—	Decreased strength;Decreased range of motion;Decreased endurance;Impaired balance;Decreased mobility;Impaired hearing;Impaired sensation;Difficulty ambulating;Orthopedic restrictions;Pain [N5]	—
PT Assessment	Jeanne was willing	Jeanne Hoffman	Jeanne was seen	Pt seen this PM for	Jeanne continues to

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	to do PT but extra time was needed for communication and for her son's questions and concerns. She tolerated in bed LE exercises and stretches with written handouts given to her son and ques via a white dry erase communication board to the patient. Her son deferred transfer training for now due to concerns about her R UE IV and not wanting it to dislodge. Will continue to follow and progress as able.	demonstrated fair tolerance of therapeutic exercise today, including hip extensor stretching, sitting balance activites and 2 trials of standing on R LE. Limited due to fatigue (activity only stimulated minimal interaction, son states that often she is more alert). Also limited due to weakness, decreased ROM, pain. Anticipate prolonged rehabilitation course. [N4]	for a bed level exercise that she was able to complete with help from her son. Pt able to dangle EOB with mod-max A and then attempt a partial stand with total 2 person assistance. Pt declined second stand and urgently laid backwards on bed, dependent to return to supine and reposition. Education provided to pts son on goal of SNF, post op amputee expectations (if she is a prosthesis candidate she will not obtain one for months to years), and that SNF is for temporary rehab to prepare her and Louis for home. Pt is making progress compared to eval, but cognition and communication with pt are barriers to progress in addition to comborbidities, nutrition, etc	TIS adjustment and to continue with mobility interventions. She requires Max cues and redirection to not use L UE throughout session, pt's son provides physical assist also breaking PPM precautions -re-educated and redirected during session. She is unable to sustain EOB sitting w/o L UE on bed rail during session and demonstrates posterior LOBs to supine multiple times. After use of OHL to chair, pt fitted to TIS, son educated on use of chair, features, and tilt back schedule. Will continue to follow. Recommend d/c setting that is w/c accessible, assist for all mobility, and ongoing therapies. [N5]	demonstrate impaired cognition but is able to follow simple commands. Provided education on several exercises she can perform on her own with her son. She needs heavy assistance for rolling in the bed, lift utilized to get her to her personal transport chair, which at this time is not supportive enough with new amputation and her hospital aquired weakness -ordered rental tilt in space wheelchair for pt.
Functional Prognosis	—	—	—	Fair [N5]	—
Barriers to Discharge	—	Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time [N4]	—	Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time [N5]	Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time
Recommendation for further PT	—	Will need follow up PT at next level of care [N4]	—	Will need follow up PT at next level of care [N5]	Will need follow up PT at next level of care
PT Discharge Recommendations details	—	—	—	ideally SNF for sub-acute therapies [N5]	—
Treatment/Interventions	—	Therapeutic exercise;Therapeutic functional activities [N4]	—	Therapeutic exercise;Therapeutic functional activities [N5]	—
PT Plan	—	Skilled PT [N4]	—	Skilled PT [N5]	—
PT Dosage	—	—	—	2-3x/week [N5]	—
Discharge Equipment	—	—	—	TBD, unclear discharge disposition [N5]	TBD, unclear discharge disposition
PT In-House	—	—	—	ceiling lift [N5]	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Recommendations					
PT Coverage for Next Shift	—	postural control, caregiver training, therex PROM, Stump shrinker when ready. [N4]	—	dangle EOB/scooting? sling for L UE PRN [N5]	Fit to TIS, dangle at EOB; STS practice; pivot transfer to chair; ongoing amputation education
PT Daily Recommendations	—	Sling to chair 3 X day. Allow oppotunities for L hip to stretch into extension in supine to limit contracture risk. [N4]	—	Lift for transfers to TIS chair [N5]	Lift for transfers to TIS chair
Goals	—	—	—	Goal 1;Goal 2;Goal 3;Goal 4 (Free Text) [N5]	—
Goal	Bed mobility;Contact guard assist (touching/steadying assistance)	—	—	Bed mobility;Contact guard assist (touching/steadying assistance) [N5]	—
Estimated Completion Date	02/20/25	—	—	01/31/25 [N5]	01/31/25
Goal Status	Progressing	—	—	Progressing [N5]	—
Goal	Transfer with AD;Contact guard assist (touching/steadying assistance)	—	—	Transfer with AD;Contact guard assist (touching/steadying assistance) [N5]	—
Estimated Completion Date	02/20/25	—	—	01/31/25 [N5]	01/31/25
Goal Status	Not Progressing	—	—	Not Progressing [N5]	—
Goal	Sit unsupported for	—	—	Sit unsupported for [N5]	Sit unsupported for
Estimated Completion Date	02/20/25	—	—	01/31/25 [N5]	01/31/25
Goal Status	Not Progressing	—	—	Progressing [N5]	—
Goal	Pt will be able to tolerate sitting in her w/c for > 30 minutes	—	—	Pt will be able to tolerate sitting in her w/c for > 30 minutes [N5]	—
Estimated Completion Date	02/20/25	—	—	01/24/25 [N5]	—
Goal Status	Progressing	—	—	Progressing [N5]	—
Goal	Patient to need only a little bit of assist from her son for her home exercise program	—	—	—	—
Estimated Completion Date	02/20/25	—	—	—	—
Goal Status	Progressing	—	—	—	—

QA Measures

Row Name	01/09/25 1658
QA Measures	Name Bracelet On

Restraint Summary

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Row Name	02/18/25 1517	02/18/25 1404	01/12/25 1400	01/12/25 1200	01/12/25 1000
NB Restraint Status	DISCONTINUED	START	DISCONTINUED	CONTINUED	CONTINUED

Row Name	01/12/25 0800	01/12/25 0600	01/12/25 0400	01/12/25 0200	01/12/25 0000
NB Restraint Status	CONTINUED	CONTINUED	CONTINUED	CONTINUED	CONTINUED

Row Name	01/11/25 2200
NB Restraint Status	START

Restraints - Non-violent

Row Name	02/18/25 1517	02/18/25 1404	01/12/25 1400	01/12/25 1200	01/12/25 1000
Environment	—	Attendant 1:1;Modified environment	—	—	—
Distraction/Diversion	—	Family involvement	—	—	—
Explanation/Reminders	—	Reassurance	—	—	—
Camoflauge	—	Cover exposed lines/tubes	—	—	—
Technologic Reduction	—	Bed/chair/personal alarm;Low bed	—	—	—
Patient Response to Alternatives	—	Behaviors continue;Unable to follow instructions	—	—	—
Family Notification	—	Other (Comment)	—	—	—
Physical	—	Communication deficit;Delirium	—	—	—
Mental/Psychological	—	Inadequate coping	—	—	—
Behavioral	—	Exit seeking	—	—	—
Environmental	—	Change in usual environment	—	—	—
Clinical Justification	—	Pulling lines;Pulling tubes;Impulsive, unpredictable behavior	—	Pulling lines;Pulling tubes;Removal of equipment	Pulling lines;Pulling tubes;Removal of equipment
Discontinuation Criteria	Other (comment)	Lines/tubed removed	—	Lines/tubed removed	Lines/tubed removed
Criteria Explained	Yes	Yes	—	Patient sleeping/sedated	Patient sleeping/sedated
Patient's Response	Needs reinforcement	Needs reinforcement	—	Needs reinforcement	Needs reinforcement
Circulation and Skin	No signs of injury	No signs of injury	—	No signs of injury	No signs of injury
Mobility	ROM Performed	ROM Performed	—	Position changed	Position changed
Fluids	NPO	NPO	—	IV fluids	IV fluids
Food/Meal	NPO	NPO	—	Not indicated	Not indicated
Elimination	Other (Comment)	Other (Comment)	—	Urinary catheter	Urinary catheter
Environment Scan/Visual Check	Yes	Yes	—	Yes	Yes
Restraint Evaluation	Meets criteria for release (comment)	Did NOT meet criteria for release (comment)	—	Did NOT meet criteria for release (comment)	Did NOT meet criteria for release (comment)
Mitt Secured R (NV)	—	—	Discontinued	Continued	Continued
Mitt Secured L	—	—	Discontinued	Continued	Continued

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

(NV)					
Soft Restraint R Wrist (NV)	Discontinued	Start	—	—	—
Soft Restraint L Wrist (NV)	Discontinued	Start	—	—	—
Self-release Belt (NV)	Discontinued	Start	—	—	—
Row Name	**01/12/25 0800**	**01/12/25 0600**	**01/12/25 0400**	**01/12/25 0200**	**01/12/25 0000**
Family Notification	—	—	—	—	—
Clinical Justification	Pulling lines;Pulling tubes;Removal of equipment	—	—	—	—
Discontinuation Criteria	Lines/tubed removed	—	—	—	—
Criteria Explained	Unable	—	—	—	—
Patient's Response	Needs reinforcement	—	—	—	—
Circulation and Skin	No signs of injury	No signs of injury	No signs of injury	No signs of injury	No signs of injury
Mobility	Position changed	ROM Performed	ROM Performed	ROM Performed	ROM Performed
Fluids	IV fluids	IV fluids	IV fluids	IV fluids	IV fluids
Food/Meal	Patient declined	Patient declined	Patient declined	Patient declined	Patient declined
Elimination	Urinary catheter	Urinary catheter	Urinary catheter	Urinary catheter	Urinary catheter
Environment Scan/Visual Check	Yes	Yes	Yes	Yes	Yes
Restraint Evaluation	Did NOT meet criteria for release (comment)	Did NOT meet criteria for release (comment)	Did NOT meet criteria for release (comment)	Did NOT meet criteria for release (comment)	Did NOT meet criteria for release (comment)
Mitt Secured R (NV)	Start	—	—	—	—
Mitt Secured L (NV)	Start	—	—	—	—
Soft Restraint R Wrist (NV)	Discontinued	Continued	Continued	Continued	Continued
Soft Restraint L Wrist (NV)	Discontinued	Continued	Continued	Continued	Continued
Row Name	**01/11/25 2200**				
Environment	Attendant 1:1;Provide familiar things;Reduce stimuli				
Distraction/Diversion	Family involvement				
Explanation/Reminders	Frequent reorientation;Reassurance				
Camoflauge	Cover exposed lines/tubes				
Technologic Reduction	Remove tubes/lines ASAP				
Patient Response to Alternatives	Behaviors continue;Injury risk factors continue;Unable to follow instructions				
Family Notification	Other (Comment)				
Physical	Delirium;Fatigue;Pain				
Mental/Psycholog	Cognitive deficit				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

ical	
Behavioral	Delusions;Misperceptions of caregiver action
Environmental	Misperception of environment
Clinical Justification	Pulling lines;Removal of dressing;Restricted mobility to support medical healing
Discontinuation Criteria	Lines/tubed removed
Criteria Explained	Unable
Patient's Response	No evidence of learning
Circulation and Skin	No signs of injury
Mobility	ROM Performed
Fluids	IV fluids
Food/Meal	Snack
Elimination	Urinary catheter
Environment Scan/Visual Check	Yes
Restraint Evaluation	Did NOT meet criteria for release (comment)
Soft Restraint R Wrist (NV)	Start
Soft Restraint L Wrist (NV)	Start

RRT

Row Name	02/16/25 0550	01/25/25 0350
Time Call Received	0550 [N7]	0248 [N8]
Arrival Time	0550 [N7]	0250 [N8]
Activation	Rapid Response Call [N7]	Rapid Response Call [N8]
Clinical Trigger for RRT	Acute change in respiratory status [N7]	Acute change in respiratory status [N8]
Acute change in respiratory status	O2 sat <92 with increased O2 requirements [N7]	Concerns for respiratory compromise [N8]
Primary covering service at bedside?	Yes [N7]	Yes [N8]
Primary/Covering srvc provider name at bedside	Bhandari, S - MD [N7]	Julia Wilson [N8]
Transferred to	Stayed on unit nursing orders received [N7]	Stayed on unit nursing orders received [N8]
RRT Time Completed	0612 [N7]	0330 [N8]
Family Present	Yes [N7]	Yes [N8]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

RT Assessment/Treatment/Procedure

Row Name	02/24/25 1238	02/24/25 0816	02/23/25 1658	02/23/25 1105	02/23/25 1055
Pulse	—	71	72 [N9]	70	—
Heart Rate Source	—	Monitor	Monitor [N9]	Monitor	—
SpO2	—	94 %	92 % [N9]	**88 %** !	**88 %** !
Oxygen Therapy	None (Room air)	Supplemental oxygen	Supplemental oxygen [N9]	Supplemental oxygen	Supplemental oxygen
O2 Delivery Method	—	Heated High Flow - Mask	Heated High Flow - Mask [N9]	**Heated High Flow - Mask**	Venturi mask
FiO2 (%)	—	100 %	50 % [N9]	**100 %**	50 %
O2 Flow Rate (L/min)	—	45 L/min	50 L/min [N9]	70 L/min	15 L/min
Heater Temperature	—	31.1 °C	31 °C [N9]	31 °C	—
Patient Activity	At rest	At rest	At rest [N9]	At rest	—
Safety Instructions	—	Yes (Comment)	—	—	—
ROX Index	—	3.92	8.36 [N9]	3.14	—
Assessment Type	Assess only	Assess only	Assess only [N9]	Assess only	—
Resp	**22** !	**24** !	**22** ! [N9]	**28** !	—
Respiratory Pattern	Tachypneic	Tachypneic	Tachypneic [N9]	Tachypneic	—
Chest Assessment	Chest expansion symmetrical	Chest expansion symmetrical	Chest expansion symmetrical [N9]	Chest expansion symmetrical	—
Assisted cough	No	No	—	—	—
Suction	No	No	No [N9]	No	—
Bilateral Breath Sounds	—	Diminished	Clear;Diminished [N9]	Clear;Diminished	—

Row Name	02/19/25 2032	02/19/25 1040	02/18/25 1715	02/18/25 1500	02/18/25 1035
Pulse	—	80	—	77	74 [N10]
Heart Rate Source	—	Monitor	—	Monitor	Monitor [N10]
SpO2	—	94 %	92 %	92 %	98 % [N10]
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	Supplemental oxygen	Supplemental oxygen [N10]
O2 Delivery Method	—	—	—	Heated High Flow - Mask;Face tent	Heated High Flow - Mask;Face tent [N10]
FiO2 (%)	—	—	—	70 %	70 % [N10]
O2 Flow Rate (L/min)	—	—	—	70 L/min	70 L/min [N10]
Heater Temperature	—	—	—	37 °C	37 °C [N10]
Patient Activity	—	—	—	At rest	At rest [N10]
ROX Index	—	—	—	6.57	7 [N10]
Assessment Type	Assess only	Assess only	—	Assess only	Assess only [N10]
Resp	18	**24** !	—	20	20 [N10]
Respiratory Pattern	Normal	Tachypneic	—	Normal	Normal [N10]
Chest Assessment	Symmetrical	Symmetrical;Chest expansion symmetrical	—	Chest expansion symmetrical	Chest expansion symmetrical [N10]
Suction	—	—	—	No	No [N10]
Bilateral Breath Sounds	—	Diminished	—	Diminished	Diminished [N10]
RT Safety Check	—	Ambu Bag	—	Ambu Bag	Ambu Bag [N10]
Time Spent	—	—	15-30	—	30-60 [N10]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Row Name	02/18/25 0410	02/17/25 2120	02/17/25 1810	02/17/25 1343	02/17/25 1020
Pulse	71	71	70 [N11]	69	71
Heart Rate Source	—	—	Monitor [N11]	Monitor	Monitor
Position	—	—	Fowler's [N11]	Fowler's	Fowler's
SpO2	96 %	94 %	100 % [N11]	97 %	98 %
Oxygen Therapy	Supplemental oxygen	Supplemental oxygen	Supplemental oxygen [N11]	Supplemental oxygen	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask;Face tent	Heated High Flow - Mask	Heated High Flow - Mask [N11]	Heated High Flow - Mask	Heated High Flow - Mask
FiO2 (%)	70 %	70 %	70 % [N11]	70 %	70 %
O2 Flow Rate (L/min)	70 L/min	70 L/min	70 L/min [N11]	70 L/min	70 L/min
Heater Temperature	31 °C	31 °C	—	—	—
Patient Activity	At rest	At rest	Sleeping [N11]	Sleeping	—
ROX Index	6.23	6.71	7.94 [N11]	7.7	7.78
Assessment Type	Assess only	Assess only	Assess only [N11]	Assess only	Assess only
Resp	**22** !	20	18 [N11]	18	18
Respiratory Pattern	Normal	Normal	Normal [N11]	Normal	Normal
Chest Assessment	Chest expansion symmetrical	Chest expansion symmetrical	Chest expansion symmetrical [N11]	Chest expansion symmetrical	Chest expansion symmetrical
Suction	No	No	—	—	—
Bilateral Breath Sounds	Clear	Clear	Diminished [N11]	Diminished	Diminished
RT Safety Check	—	Ambu Bag	—	—	—

Row Name	02/17/25 0434	02/16/25 2040	02/16/25 1605	02/16/25 1220	02/16/25 0813
Pulse	70	81	70 [N12]	72	79
Heart Rate Source	—	—	Monitor [N12]	Monitor	Monitor
Position	—	—	Fowler's [N12]	Fowler's	Fowler's
SpO2	97 %	95 %	98 % [N12]	98 %	98 %
Oxygen Therapy	Supplemental oxygen	Supplemental oxygen	Supplemental oxygen [N12]	Supplemental oxygen	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask	Heated High Flow - Mask	Heated High Flow - Mask [N12]	Heated High Flow - Mask	Heated High Flow - Mask
FiO2 (%)	70 %	70 %	70 % [N12]	70 %	**70 %**
O2 Flow Rate (L/min)	70 L/min	70 L/min	70 L/min [N12]	70 L/min	70 L/min
Heater Temperature	31 °C	31 °C	31 °C [N12]	31 °C	31 °C
ROX Index	6.3	6.79	5.83 [N12]	5	4.67
Assessment Type	Assess only	Assess only	Assess only [N12]	Assess only	Assess only
Resp	**22** !	20	**24** ! [N12]	**28** !	**30** !
Respiratory Pattern	Normal;Tachypneic	Normal	Tachypneic [N12]	Tachypneic	Tachypneic
Chest Assessment	Chest expansion symmetrical	Chest expansion symmetrical	Chest expansion symmetrical [N12]	Chest expansion symmetrical	Chest expansion symmetrical
Cough	—	—	Occasional;Non-productive [N12]	—	Dry
Suction	No	No	—	—	—
Bilateral Breath Sounds	—	Clear;Diminished	Diminished;Rhonchi [N12]	Diminished	Diminished
RT Safety Check	—	Ambu Bag	—	—	—

Row Name	02/16/25 0758	02/16/25 0628	02/16/25 0625	02/16/25 0618	02/16/25 0615
Pulse	80	81 [N13]	—	—	81
Heart Rate	Monitor	Monitor [N13]	—	—	Monitor

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Source					
Position	Fowler's	—	—	—	Fowler's
SpO2	90 %	95 % [N13]	95 %	—	96 %
Oxygen Therapy	Supplemental oxygen	Supplemental oxygen [N13]	Supplemental oxygen	—	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask	Heated High Flow - Mask [N13]	Heated High Flow - Mask	—	**High flow nasal cannula;Heated High Flow - Mask**
FiO2 (%)	100 %	100 % [N13]	—	—	**100 %**
O2 Flow Rate (L/min)	70 L/min	**70 L/min** [N13]	—	—	**60 L/min**
Heater Temperature	31 °C	—	—	—	—
ROX Index	2.5	3.96 [N13]	—	—	4
$ Pulse Ox One-time Charge	Yes	—	—	—	—
Assessment Type	Pre-treatment	Assess only [N13]	—	—	Pre-treatment
Resp	**36** !	**24** ! [N13]	—	—	**24** !
Respiratory Pattern	Tachypneic	Tachypneic [N13]	—	—	Tachypneic
Chest Assessment	Chest expansion symmetrical	Symmetrical [N13]	—	—	Symmetrical
Cough	Moist	—	—	—	—
Suction	Yes	—	—	—	—
$ Suction Type	Nasotracheal	—	—	—	—
Bilateral Breath Sounds	Crackles;Diminished	Diminished;Crackles [N13]	—	—	Diminished;Crackles
R Breath Sounds	—	—	—	—	Inspiratory wheezes
Secretion Amount	Large	—	—	—	—
Secretion Color	White;Yellow	—	—	—	—
Secretion Consistency	Thick	—	—	—	—
Suction Tolerance	Tolerated fairly well	—	—	—	—
Suctioning Adverse Effects	Anxiety	—	—	—	—
RT Treatments	—	—	—	Inhalation Therapy	Inhalation Therapy
Med/Therapy Type	—	—	—	Aeroneb	Aeroneb
$ Medication Delivered	—	—	—	Hypertonic Saline	DuoNeb
Administration Method	—	—	—	Inline	Inline
Duration	—	—	—	10	10
Post-Treatment Pulse	—	—	—	81	81
Post-Treatment Respirations	—	—	—	24	24
Delivery Source	—	—	—	Ultrasonic	Ultrasonic
Position	—	—	—	Semi Fowler's	High Fowler's
Treatment Tolerance	—	—	—	Tolerated well	Tolerated well

Rx Routing

Row Name	03/08/25 0853
For Discharge	Not printed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Prescriptions

Screenings

Row Name	03/08/25 1000	03/07/25 2100	03/07/25 1000	03/06/25 2100	03/06/25 0830
Sensory Perceptions	Slightly limited	Slightly limited	Slightly limited	Slightly limited	Slightly limited
Moisture	Occasionally moist	Occasionally moist	Occasionally moist	Very moist	Very moist
Activity	Bedfast	Bedfast	Bedfast	Bedfast	Bedfast
Mobility	Very limited	Very limited	Very limited	Very limited	Very limited
Nutrition	Probably inadequate	Probably inadequate	Probably inadequate	Probably inadequate	Probably inadequate
Friction and Shear	Problem	Problem	Problem	Problem	Problem
Braden Scale Score	12	12	12	11	11
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	No	—	No	—	—
Last Known Fall	**During the current hospitalization** !	**During the current hospitalization** !	**During the current hospitalization** !	**During the current hospitalization** !	**During the current hospitalization** !
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	No meds	No meds
Mental Status/LOC/Awareness	**Lethargic/oriented to person only;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !
Volume/Electrolyte Status	No problems	No problems	No problems	No problems	No problems
Communication/Sensory	**Visual (Glasses)/hearing**	**Visual (Glasses)/hearing**	**Visual (Glasses)/hearing**	Visual (Glasses)/hearing	Visual (Glasses)/hearing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	deficit;Non-English patient/unable to speak/slurred speech !	**deficit;Non-English patient/unable to speak/slurred speech** !	**deficit;Non-English patient/unable to speak/slurred speech** !	deficit	deficit
Behavior	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	31	31	31	31	31
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats);Floor mats (recommended with low beds);Room close to nurses' station;Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Stay within arms' reach while toileting/in bathroom	Low bed (recommended with floor mats);Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	—	—	—	Low stimulus environment;Room close to nurses' station;Bed/chair alarm on and plugged into wall	Low stimulus environment;Bed/chair alarm on and plugged into wall;Delirium prevention
Toileting needs	—	—	—	BSC/urinal ready and within reach;Stay within arms' reach while toileting/in bathroom	BSC/urinal ready and within reach;Stay within arms' reach while toileting/in bathroom
Volume/Electrolyte Status	—	—	—	—	Ensure hydration: fluids within reach or MIVF/TF
Communication/Sensory	—	—	—	—	Bed/chair alarm on and plugged into wall
Behavior	—	—	—	Reinforce fall interventions;Bed/ch	Reinforce fall interventions;Bed/ch

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

				air alarm on and plugged into wall;Low stimulus environment	air alarm on and plugged into wall
Row Name	**03/05/25 1900**	**03/05/25 1617**	**03/05/25 0950**	**03/04/25 2200**	**03/04/25 1609**
Sensory Perceptions	Slightly limited	—	Slightly limited	—	Slightly limited
Moisture	Very moist	—	Very moist	—	Occasionally moist
Activity	Bedfast	—	Bedfast	—	Bedfast
Mobility	Very limited	—	Very limited	—	Very limited
Nutrition	Probably inadequate	—	Probably inadequate	—	Probably inadequate
Friction and Shear	Problem	—	Problem	—	Problem
Braden Scale Score	11	—	11	—	12
Age (greater than 85)	**Yes** !	—	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	—	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	—	No	No	No
Coagulopathy (bleeding risk)	No	—	No	No	No
Surgery in the last 24hrs	No	—	No	No	No
Injury Risk Assessment Score	High Risk for Injury	—	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	**During the current hospitalization** !	—	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	—	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !
Medications	No meds	—	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	—	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !
Toileting Needs	**Use of catheters or diversion devices;Incontinence** !	—	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !
Volume/Electrolyte Status	No problems	—	No problems	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	Visual (Glasses)/hearing	—	Visual (Glasses)/hearing	Visual (Glasses)/hearing	Visual (Glasses)/hearing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	deficit		deficit	deficit	deficit
Behavior	**Behavioral noncompliance with instruction;Impulsiveness** !	—	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !
Age Adjustment	3	—	3	3	3
Hester Davis Fall Risk Total	31	—	23	26	26
Hester Davis Fall Risk Category	High Risk	—	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Room close to nurses' station	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	—	Bed/chair alarm on and plugged into wall
Medications	—	Bed/chair alarm on and plugged into wall;Collaborate with pharmacist/provider to discontinue/decrease/stagger medications	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention;Low stimulus environment	Room close to nurses' station	—
Toileting needs	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	—
Volume/Electrolyte Status	—	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	—	—
Communication/Sensory	—	Bed/chair alarm on and plugged into wall;Hearing aids,	Bed/chair alarm on and plugged into wall;Hearing aids,	Communication alternatives within reach (picture	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

		glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	glasses, and/or dentures within reach	boards, note pad, interpreted education/communication, SLP recommendations); Hearing aids, glasses, and/or dentures within reach	
Behavior	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Low stimulus environment	—
Row Name	**03/04/25 0200**	**03/03/25 1000**	**03/02/25 2000**	**03/02/25 0946**	**03/01/25 1900**
Sensory Perceptions	—	Slightly limited	—	Slightly limited	—
Moisture	—	Occasionally moist	—	Occasionally moist	—
Activity	—	Bedfast	—	Bedfast	—
Mobility	—	Very limited	—	Very limited	—
Nutrition	—	Probably inadequate	—	Very poor	—
Friction and Shear	—	Problem	—	Problem	—
Braden Scale Score	—	12	—	11	—
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	No	—	—	—	—
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !
Toileting Needs	**Use of assistive device (Bedside commode, bedpan,**	**Use of assistive device (Bedside commode, bedpan,**	**Incontinence** !	**Incontinence** !	**Incontinence** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	urinal);Incontinence !	**urinal);Incontinence** !			
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	No problems	NPO greater than 24 hours	NPO greater than 24 hours
Communication/Sensory	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	26	26	21	22	22
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Gait belt (and mobility items ready)	Bed/chair alarm on and plugged into wall
Medications	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	—	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station
Toileting needs	Peri-pad in bed/ brief out of bed;BSC/urinal ready and within reach	BSC/urinal ready and within reach	—	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	Monitor abnormal labs	Monitor abnormal labs	—	—	—
Communication/Sensory	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	—	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations); Bed/chair alarm on and plugged into	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

				wall	
Behavior	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall;Low stimulus environment	Bed/chair alarm on and plugged into wall
Row Name	**03/01/25 0900**	**02/28/25 2100**	**02/28/25 1146**	**02/27/25 2000**	**02/27/25 1139**
Sensory Perceptions	Slightly limited	Slightly limited	Slightly limited	Slightly limited	Slightly limited
Moisture	Occasionally moist	Occasionally moist	Occasionally moist	Occasionally moist	Occasionally moist
Activity	Bedfast	Bedfast	Bedfast	Bedfast	Bedfast
Mobility	Very limited	Very limited	Very limited	Very limited	Very limited
Nutrition	Very poor	Very poor	Very poor	Very poor	Very poor
Friction and Shear	Potential problem	Potential problem	Potential problem	Problem	Problem
Braden Scale Score	12	12	12	11	11
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !
Toileting Needs	**Use of catheters or diversion devices;Incontinence** !	**Incontinence** !	**Incontinence** !	**Incontinence** !	**Incontinence** !
Volume/Electrolyte Status	No problems	NPO greater than 24 hours	NPO greater than 24 hours	NPO greater than 24 hours	NPO greater than 24 hours
Communication/Sensory	**Non-English patient/unable to speak/slurred speech** !	**Non-English patient/unable to speak/slurred speech** !	**Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	21	21	21	23	23
Hester Davis Fall	High Risk	High Risk	High Risk	High Risk	High Risk

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Risk Category					
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	—	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Stay within arms' reach while toileting/in bathroom	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	—	—	—	—	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Toileting needs	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	BSC/urinal ready and within reach	—
Communication/Sensory	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Behavior	Bed/chair alarm on and plugged into wall	—	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Row Name	**02/27/25 0000**	**02/26/25 0900**	**02/25/25 2100**	**02/25/25 1300**	**02/25/25 1219**
Sensory Perceptions	Slightly limited	Slightly limited	—	—	Slightly limited
Moisture	Occasionally moist	Very moist	—	—	Very moist
Activity	Bedfast	Bedfast	—	—	Bedfast
Mobility	Very limited	Very limited	—	—	Very limited
Nutrition	Very poor	Very poor	—	—	Very poor
Friction and Shear	Problem	Problem	—	—	Problem
Braden Scale Score	11	10	—	—	10
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	—
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	—
Skull Bone Missing	No	No	No	No	—
Coagulopathy (bleeding risk)	No	No	No	No	—
Surgery in the	No	No	No	No	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

last 24hrs					
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	—
Last Known Fall	No falls	No falls	No falls	No falls	—
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	—
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	—
Mental Status/LOC/Awareness	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	—
Toileting Needs	**Incontinence** !	**Incontinence** !	**Incontinence** !	**Incontinence** !	—
Volume/Electrolyte Status	NPO greater than 24 hours	NPO greater than 24 hours	NPO greater than 24 hours	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Nausea/vomiting** !	—
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	Visual (Glasses)/hearing deficit	—
Behavior	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	—
Age Adjustment	3	3	3	3	—
Hester Davis Fall Risk Total	23	23	23	26	—
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	—
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	—
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Low bed (recommended with floor mats)	—
Mobility	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—
Medications	Bed/chair alarm on and plugged into wall	—	—	BSC/urinal ready and within reach	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—
Toileting needs	—	—	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Volume/Electrolyte Status	—	—	—	Monitor abnormal labs	—
Communication/Sensory	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach	Bed/chair alarm on and plugged into wall	—
Behavior	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall;Reinforce fall interventions	Bed/chair alarm on and plugged into wall	—
Row Name	**02/24/25 2035**	**02/24/25 1137**	**02/23/25 2119**	**02/23/25 0815**	**02/22/25 2100**
Sensory Perceptions	—	Slightly limited	Slightly limited	Slightly limited	—
Moisture	—	Very moist	Very moist	Very moist	—
Activity	—	Bedfast	Bedfast	Bedfast	—
Mobility	—	Very limited	Very limited	Very limited	—
Nutrition	—	Very poor	Very poor	Very poor	—
Friction and Shear	—	Problem	Problem	Problem	—
Braden Scale Score	—	10	10	10	—
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !
Toileting Needs	**Incontinence** !	**Incontinence** !	**Incontinence** !	**Incontinence** !	**Incontinence** !
Volume/Electrolyte Status	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !
Communication/Sensory	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit
Behavior	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	27	27	27	27	27
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats);Room close to nurses' station	Low bed (recommended with floor mats)	Low bed (recommended with floor mats);Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	—	—
Medications	BSC/urinal ready and within reach	—	BSC/urinal ready and within reach	—	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	—	—
Toileting needs	Peri-pad in bed/ brief out of bed	—	Peri-pad in bed/ brief out of bed	—	—
Volume/Electrolyte Status	Monitor abnormal labs	—	Monitor abnormal labs	—	—
Communication/Sensory	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	—	—
Behavior	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	—	—
Row Name	**02/22/25 0955**	**02/21/25 2100**	**02/21/25 0900**	**02/21/25 0000**	**02/20/25 0801**
Sensory Perceptions	Slightly limited	—	Very limited	—	Very limited
Moisture	Very moist	—	Very moist	—	Very moist
Activity	Bedfast	—	Bedfast	—	Bedfast
Mobility	Very limited	—	Very limited	—	Very limited
Nutrition	Very poor	—	Very poor	—	Very poor
Friction and Shear	Problem	—	Problem	—	Problem
Braden Scale Score	10	—	9	—	9
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	No	No

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Unresponsive/non compliance with instruction** !	Awake, alert, and oriented to date, place, and person	Awake, alert, and oriented to date, place, and person	Awake, alert, and oriented to date, place, and person	Awake, alert, and oriented to date, place, and person
Toileting Needs	**Incontinence** !	**Incontinence** !	**Incontinence;Diarrhea/frequency/urgency** !	**Incontinence;Diarrhea/frequency/urgency** !	**Incontinence;Diarrhea/frequency/urgency** !
Volume/Electrolyte Status	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	NPO greater than 24 hours	NPO greater than 24 hours	NPO greater than 24 hours	NPO greater than 24 hours
Communication/Sensory	Visual (Glasses)/hearing deficit	**Neuropathy** !	**Neuropathy** !	**Neuropathy** !	**Neuropathy** !
Behavior	**Impulsiveness** !	Depression/anxiety	Depression/anxiety	Depression/anxiety	Depression/anxiety
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	27	16	20	20	20
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	—	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	—	BSC/urinal ready and within reach	—	—	—
Mental Status/LOC/Awareness	—	Bed/chair alarm on and plugged into wall	—	—	—
Toileting needs	—	Peri-pad in bed/ brief out of bed	—	Preemptive scheduled toileting	Preemptive scheduled toileting
Volume/Electrolyt	—	Monitor abnormal	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

e Status		labs			
Communication/Sensory	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Behavior	—	Bed/chair alarm on and plugged into wall	—	—	—

Row Name	02/19/25 2300	02/19/25 2120	02/19/25 1526	02/19/25 1500	02/18/25 2226
Sensory Perceptions	Very limited	—	Very limited	—	Very limited
Moisture	Very moist	—	Very moist	—	Very moist
Activity	Chairfast	—	Chairfast	—	Chairfast
Mobility	Very limited	—	Very limited	—	Very limited
Nutrition	Very poor	—	Very poor	—	Very poor
Friction and Shear	Problem	—	Problem	—	Problem
Braden Scale Score	10	—	10	—	10
Age (greater than 85)	**Yes** !	**Yes** !	—	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	—	**Yes** !	**Yes** !
Skull Bone Missing	No	No	—	No	No
Coagulopathy (bleeding risk)	No	No	—	No	No
Surgery in the last 24hrs	No	No	—	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	—	High Risk for Injury	—
Last Known Fall	No falls	No falls	—	No falls	No falls
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	—	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	—	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	Awake, alert, and oriented to date, place, and person	Awake, alert, and oriented to date, place, and person	—	Awake, alert, and oriented to date, place, and person	Awake, alert, and oriented to date, place, and person
Toileting Needs	**Incontinence;Diarrhea/frequency/urgency** !	**Incontinence;Diarrhea/frequency/urgency** !	—	**Incontinence;Diarrhea/frequency/urgency** !	**Incontinence;Diarrhea/frequency/urgency** !
Volume/Electrolyte Status	NPO greater than 24 hours	NPO greater than 24 hours	—	NPO greater than 24 hours	NPO greater than 24 hours
Communication/Sensory	**Neuropathy** !	**Neuropathy** !	—	**Neuropathy** !	**Neuropathy** !
Behavior	Depression/anxiety	Depression/anxiety	—	Depression/anxiety	Depression/anxiety
Age Adjustment	3	3	—	3	—
Hester Davis Fall Risk Total	20	20	—	20	—
Hester Davis Fall Risk Category	High Risk	High Risk	—	High Risk	—
Universal Fall Precautions In Place?	Yes	Yes	—	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Stay within arms' reach while toileting/in bathroom	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Gait belt (and mobility items ready);Daily mobility assessment (completed this shift);Mobilize for conditioning (nursing, PT if indicated)	—	Daily mobility assessment (completed this shift)	Daily mobility assessment (completed this shift)
Medications	—	BSC/urinal ready and within reach;Bed/chair alarm on and plugged into wall	—	Preemptive scheduled toileting	Preemptive scheduled toileting
Mental Status/LOC/Awareness	—	Bed/chair alarm on and plugged into wall	—	Delirium prevention	Delirium prevention
Toileting needs	BSC/urinal ready and within reach	BSC/urinal ready and within reach	—	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	—	Ensure hydration: fluids within reach or MIVF/TF	—	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF
Communication/Sensory	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	Hearing aids, glasses, and/or dentures within reach	Hearing aids, glasses, and/or dentures within reach
Behavior	—	Bed/chair alarm on and plugged into wall	—	—	Reinforce fall interventions

Row Name	**02/18/25 0800**	**02/17/25 2000**	**02/17/25 1416**	**02/16/25 2200**	**02/16/25 1000**
Sensory Perceptions	—	Very limited	Very limited	Slightly limited	Slightly limited
Moisture	—	Occasionally moist	Occasionally moist	Occasionally moist	Occasionally moist
Activity	—	Chairfast	Chairfast	Chairfast	Chairfast
Mobility	—	Very limited	Very limited	Very limited	Very limited
Nutrition	—	Very poor	Very poor	Very poor	Probably inadequate
Friction and Shear	—	Problem	Problem	Problem	Problem
Braden Scale Score	—	11	11	12	13
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

mets)					
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	**Yes** !
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	No meds	No meds	No meds	No meds
Mental Status/LOC/Awareness	—	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Unresponsive/noncompliance with instruction;Memory loss/confusion and requires reorienting** !
Toileting Needs	—	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Incontinence;Use of catheters or diversion devices** !
Volume/Electrolyte Status	—	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	—	**Visual (Glasses)/hearing deficit;Blindness or recent visual change** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Non-English patient/unable to speak/slurred speech** !	**Non-English patient/unable to speak/slurred speech** !
Behavior	—	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Impulsiveness;Behavioral noncompliance with instruction** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	—	35	33	30	30
Hester Davis Fall Risk Category	—	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	—	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall	Bed/chair alarm on and plugged into wall (recommended for for all high fall	Bed/chair alarm on and plugged into wall (recommended for for all high fall	Low bed (recommended with floor mats)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

(Completed)		risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Room close to nurses' station	risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	
Mobility	—	—	Bed/chair alarm on and plugged into wall;Gait belt (and mobility items ready);Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Low stimulus environment	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Toileting needs	—	BSC/urinal ready and within reach	BSC/urinal ready and within reach	Preemptive scheduled toileting	Preemptive scheduled toileting
Volume/Electrolyte Status	—	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	Monitor abnormal labs	Monitor abnormal labs
Communication/Sensory	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach	Bed/chair alarm on and plugged into wall	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)
Behavior	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall

Row Name	**02/15/25 2124**	**02/15/25 1101**	**02/15/25 0100**	**02/14/25 2044**	**02/14/25 0800**
Sensory Perceptions	—	Slightly limited	Slightly limited	—	Slightly limited
Moisture	—	Occasionally moist	Occasionally moist	—	Occasionally moist
Activity	—	Chairfast	Chairfast	—	Chairfast
Mobility	—	Very limited	Very limited	—	Very limited
Nutrition	—	Probably inadequate	Very poor	—	Very poor
Friction and Shear	—	Problem	Problem	—	Problem
Braden Scale Score	—	13	12	—	12
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone	No	No	No	No	No

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Missing					
Coagulopathy (bleeding risk)	**Yes** !	No	No	**Yes** !	**Yes** !
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Nausea/vomiting** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	34	33	36	36	36
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

					moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Toileting needs	Preemptive scheduled toileting	BSC/urinal ready and within reach	BSC/urinal ready and within reach	BSC/urinal ready and within reach	Peri-pad in bed/ brief out of bed;BSC/urinal ready and within reach
Volume/Electrolyte Status	Monitor abnormal labs;Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	—	Ensure hydration: fluids within reach or MIVF/TF;IV tubing length does not create fall risk;Monitor abnormal labs
Communication/Sensory	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	—	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations); Bed/chair alarm on and plugged into wall
Behavior	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall
Row Name	**02/13/25 2030**	**02/13/25 0809**	**02/12/25 2300**	**02/12/25 0800**	**02/11/25 2000**
Sensory Perceptions	Slightly limited	Slightly limited	—	Slightly limited	Slightly limited
Moisture	Occasionally moist	Occasionally moist	—	Occasionally moist	Occasionally moist
Activity	Chairfast	Chairfast	—	Chairfast	Chairfast
Mobility	Very limited	Very limited	—	Very limited	Very limited
Nutrition	Very poor	Very poor	—	Very poor	Very poor
Friction and Shear	Problem	Problem	—	Problem	Problem
Braden Scale Score	12	12	—	12	12
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone	No	No	No	No	No

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Missing					
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	**Incontinence** !	**Incontinence** !	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !
Volume/Electrolyte Status	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	35	35	37	37	37
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)	Low bed (recommended with floor	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Prior Fall (Completed)				mats);Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Room close to nurses' station	
Mobility	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall
Medications	Bed/chair alarm on and plugged into wall	—	—	—	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall
Toileting needs	BSC/urinal ready and within reach	—	BSC/urinal ready and within reach	BSC/urinal ready and within reach;Stay within arms' reach while toileting/in bathroom;Peri-pad in bed/ brief out of bed	BSC/urinal ready and within reach
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	—	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	IV tubing length does not create fall risk;Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs
Communication/Sensory	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Behavior	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Row Name	**02/11/25 0700**	**02/10/25 2100**	**02/10/25 1000**	**02/10/25 0000**	**02/09/25 0900**
Sensory Perceptions	Slightly limited	—	Slightly limited	—	Slightly limited
Moisture	Occasionally moist	—	Occasionally moist	—	Occasionally moist
Activity	Chairfast	—	Chairfast	—	Chairfast
Mobility	Very limited	—	Very limited	—	Very limited
Nutrition	Very poor	—	Very poor	—	Very poor
Friction and Shear	Problem	—	Problem	—	Problem
Braden Scale Score	12	—	12	—	12
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	—	—	—	No	—
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Incontinence;Use of assistive device (Bedside commode, bedpan, urinal)** !	**Incontinence;Use of assistive device (Bedside commode, bedpan, urinal)** !	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	**Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	31	31	31	31	31
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Precautions In Place?					
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	—	Low bed (recommended with floor mats)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Room close to nurses' station
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Toileting needs	BSC/urinal ready and within reach	BSC/urinal ready and within reach	BSC/urinal ready and within reach	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF
Communication/Sensory	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Behavior	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Unable to Assess	—	—	—	Yes	—
Row Name	**02/08/25 0741**	**02/07/25 2100**	**02/07/25 0900**	**02/06/25 2100**	**02/06/25 0900**
Sensory Perceptions	Slightly limited	—	Slightly limited	Slightly limited	Slightly limited
Moisture	Occasionally moist	—	Occasionally moist	Very moist	Very moist
Activity	Chairfast	—	Chairfast	Chairfast	Chairfast
Mobility	Very limited	—	Very limited	Very limited	Very limited
Nutrition	Very poor	—	Probably inadequate	Probably inadequate	Probably inadequate
Friction and Shear	Problem	—	Problem	Problem	Potential problem
Braden Scale Score	12	—	13	12	13
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is	—	—	No	No	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

patient sedated or comatose?					
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Immobilized/requires assist of one person;Use of assistive device/requires assist of two people;Dizziness/generalized weakness** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Unresponsive/noncompliance with instruction;Lethargic/oriented to person only;Memory loss/confusion and requires reorienting** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Neuropathy** !	**Visual (Glasses)/hearing deficit;Neuropathy** !
Behavior	**Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	31	34	34	34	34
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	(recommended with floor mats);Room close to nurses' station			(recommended with floor mats);Room close to nurses' station	(recommended with floor mats)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)
Medications	—	—	—	—	Bed/chair alarm on and plugged into wall;Preemptive scheduled toileting
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station	—	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention;Low stimulus environment
Toileting needs	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	—	Peri-pad in bed/ brief out of bed	BSC/urinal ready and within reach;Preemptive scheduled toileting
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	—	—	Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs
Communication/Sensory	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Hearing aids, glasses, and/or dentures within reach	—	Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Bed/chair alarm on and plugged into wall;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)
Behavior	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Bed/chair alarm on and plugged into wall;Triggers, coping mechanisms, de-escalation, and/or redirection techniques identified in "Situation Awareness" of handoff (or has a behavioral care plan)	—	—	—
Row Name	**02/05/25 1900**	**02/05/25 1300**	**02/04/25 2200**	**02/04/25 0800**	**02/03/25 2336**
Sensory Perceptions	—	Slightly limited	—	Slightly limited	—
Moisture	—	Very moist	—	Very moist	—
Activity	—	Chairfast	—	Chairfast	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Mobility	—	Very limited	—	Very limited	—
Nutrition	—	Probably inadequate	—	Probably inadequate	—
Friction and Shear	—	Potential problem	—	Potential problem	—
Braden Scale Score	—	13	—	13	—
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Surgery in the last 24hrs	No	No	No	**Yes** !	**Yes** !
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	31	31	31	31	31
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Gait belt (and mobility items ready);Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Preemptive scheduled toileting	Bed/chair alarm on and plugged into wall;BSC/urinal ready and within reach	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Preemptive scheduled toileting (and address other needs);Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Toileting needs	Peri-pad in bed/ brief out of bed;Preemptive scheduled toileting	BSC/urinal ready and within reach;Preemptive scheduled toileting;Peri-pad in bed/ brief out of bed	BSC/urinal ready and within reach;Peri-pad in bed/ brief out of bed	BSC/urinal ready and within reach;Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	Monitor abnormal labs	Monitor abnormal labs
Communication/Sensory	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach	—

Row Name	02/03/25 0845	02/02/25 2000	02/02/25 1200	02/01/25 1900	02/01/25 1000
Sensory Perceptions	Slightly limited	Slightly limited	Slightly limited	—	—
Moisture	Very moist	Occasionally moist	Occasionally moist	—	—
Activity	Chairfast	Chairfast	Chairfast	—	—
Mobility	Very limited	Very limited	Very limited	—	—
Nutrition	Probably	Probably	Probably	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	inadequate	inadequate	inadequate		
Friction and Shear	Potential problem	Potential problem	Potential problem	—	—
Braden Scale Score	13	14	14	—	—
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Surgery in the last 24hrs	**Yes** !	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !
Toileting Needs	**Use of catheters or diversion devices;Incontinence** !	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit
Behavior	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	27	20	20	20	20
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or	Low bed (recommended with floor mats);Bed/chair alarm on and plugged into wall (recommended for for all high fall risk,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds)	behavioral scores)	behavioral scores)	behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds);Room close to nurses' station	consider for moderate fall risk with high mobility, mental status, or behavioral scores);Floor mats (recommended with low beds)
Mobility	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	Bed/chair alarm on and plugged into wall;Preemptive scheduled toileting	—	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Preemptive scheduled toileting (and address other needs);Door open (for increased visibility);Delirium prevention;Low stimulus environment	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall
Toileting needs	BSC/urinal ready and within reach;Preemptive scheduled toileting;Peri-pad in bed/ brief out of bed	—	BSC/urinal ready and within reach	—	Stay within arms' reach while toileting/in bathroom
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	—	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs
Communication/Sensory	—	—	—	—	Bed/chair alarm on and plugged into wall
Behavior	—	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Reinforce fall interventions;Refuses interventions (comment)

Row Name	**02/01/25 0749**	**01/31/25 1930**	**01/31/25 0900**	**01/30/25 2100**	**01/30/25 0800**
Sensory Perceptions	Slightly limited	—	Slightly limited	—	Slightly limited
Moisture	Occasionally moist	—	Occasionally moist	—	Occasionally moist
Activity	Chairfast	—	Chairfast	—	Chairfast
Mobility	Very limited	—	Very limited	—	Very limited
Nutrition	Probably inadequate	—	Probably inadequate	—	Probably inadequate
Friction and Shear	Potential problem	—	Problem	—	Problem
Braden Scale Score	14	—	13	—	13

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Age (greater than 85)	—	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	—	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	—	No	No	No	No
Coagulopathy (bleeding risk)	—	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Surgery in the last 24hrs	—	No	No	No	No
Injury Risk Assessment Score	—	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	—	No	—	—	—
Last Known Fall	—	No falls	No falls	No falls	No falls
Mobility	—	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !
Medications	—	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	—	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	—	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !
Volume/Electrolyte Status	—	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	—	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech;Neuropathy** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech;Neuropathy** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech;Neuropathy** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech;Neuropathy** !
Behavior	—	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Depression/anxiety;Behavioral noncompliance with instruction;Impulsiveness** !
Age Adjustment	—	3	3	3	3
Hester Davis Fall Risk Total	—	37	37	37	38

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Hester Davis Fall Risk Category	—	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	—	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds);Room close to nurses' station;Stay within arms' reach while toileting/in bathroom;Fall Risk arm band	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds);Room close to nurses' station
Mobility	—	Bed/chair alarm on and plugged into wall;Gait belt (and mobility items ready)	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift);Mobilize for conditioning (nursing, PT if indicated)	Bed/chair alarm on and plugged into wall
Medications	—	Bed/chair alarm on and plugged into wall;BSC/urinal ready and within reach;Preemptive scheduled toileting	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Preemptive scheduled toileting	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	—	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Preemptive scheduled toileting (and address other needs);Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall
Toileting needs	—	Preemptive scheduled toileting;Peri-pad in bed/ brief out of bed	Preemptive scheduled toileting	Preemptive scheduled toileting;Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	—	Ensure hydration: fluids within reach or MIVF/TF;Nutrition consult;Monitor abnormal labs	Monitor abnormal labs	Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF
Communication/Sensory	—	Bed/chair alarm on and plugged into wall;Hearing aids,	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Hearing aids,	Bed/chair alarm on and plugged into wall;Hearing aids,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

		glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)		glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	glasses, and/or dentures within reach
Behavior	—	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Preemptive scheduled toileting (and address other needs);Triggers, coping mechanisms, de-escalation, and/or redirection techniques identified in "Situation Awareness" of handoff (or has a behavioral care plan);Low stimulus environment;Refuses interventions (comment)	Bed/chair alarm on and plugged into wall;Low stimulus environment;Refuses interventions (comment)	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Bed/chair alarm on and plugged into wall;Low stimulus environment

Row Name	01/29/25 1900	01/29/25 1239	01/28/25 1930	01/28/25 0900	01/28/25 0000
Sensory Perceptions	—	Slightly limited	Slightly limited	Slightly limited	—
Moisture	—	Occasionally moist	Occasionally moist	Occasionally moist	—
Activity	—	Chairfast	Chairfast	Chairfast	—
Mobility	—	Very limited	Very limited	Very limited	—
Nutrition	—	Probably inadequate	Probably inadequate	Probably inadequate	—
Friction and Shear	—	Problem	Problem	Problem	—
Braden Scale Score	—	13	13	13	—
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	—	No	—	—	—
Last Known Fall	No falls	No falls	No falls	No falls	No falls

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Mobility	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people;Immobilized/requires assist of one person** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	**Incontinence;Use of catheters or diversion devices** !	**Incontinence;Use of catheters or diversion devices** !	**Incontinence** !	**Incontinence** !	**Incontinence;Diarrhea/frequency/urgency** !
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances;Use of IV fluids/tube feeds** !
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech;Neuropathy** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech;Neuropathy** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	**Behavioral noncompliance with instruction;Depression/anxiety;Impulsiveness** !	**Depression/anxiety;Behavioral noncompliance with instruction;Impulsiveness** !	**Depression/anxiety;Behavioral noncompliance with instruction;Impulsiveness** !	**Depression/anxiety;Behavioral noncompliance with instruction;Impulsiveness** !	**Depression/anxiety;Behavioral noncompliance with instruction** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	38	38	34	34	36
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Stay within arms' reach while toileting/in bathroom	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Floor mats (recommended with low beds)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

		mats (recommended with low beds);Room close to nurses' station			
Mobility	Bed/chair alarm on and plugged into wall;BSC/urinal ready and within reach (safe toileting);Stay within arms' reach while toileting/in bathroom	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Preemptive scheduled toileting	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Preemptive scheduled toileting (and address other needs);Door open (for increased visibility);Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Low stimulus environment	Bed/chair alarm on and plugged into wall;Low stimulus environment
Toileting needs	BSC/urinal ready and within reach	Preemptive scheduled toileting;Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF;Nutrition consult;Monitor abnormal labs	Monitor abnormal labs	Monitor abnormal labs	Monitor abnormal labs
Communication/Sensory	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	—	—	Bed/chair alarm on and plugged into wall
Behavior	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Preemptive scheduled toileting (and address other needs);Triggers, coping mechanisms, de-escalation, and/or redirection	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Bed/chair alarm on and plugged into wall

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

		techniques identified in "Situation Awareness" of handoff (or has a behavioral care plan);Low stimulus environment			
Row Name	**01/27/25 2200**	**01/27/25 0900**	**01/27/25 0100**	**01/26/25 1300**	**01/26/25 0731**
Sensory Perceptions	—	Very limited	Very limited	—	Very limited
Moisture	—	Very moist	Very moist	—	Very moist
Activity	—	Bedfast	Chairfast	—	Chairfast
Mobility	—	Very limited	Very limited	—	Very limited
Nutrition	—	Very poor	Very poor	—	Probably inadequate
Friction and Shear	—	Problem	Problem	—	Problem
Braden Scale Score	—	9	10	—	11
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	—
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	—
Skull Bone Missing	No	No	No	No	—
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	—
Surgery in the last 24hrs	No	No	No	No	—
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	—
ICU ONLY: Is patient sedated or comatose?	—	—	No	—	—
Last Known Fall	No falls	No falls	No falls	No falls	—
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	—
Medications	No meds	No meds	No meds	No meds	—
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	—
Toileting Needs	**Incontinence;Diarrhea/frequency/urgency** !	**Incontinence;Diarrhea/frequency/urgency** !	**Incontinence** !	**Incontinence** !	—
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances;Use of IV fluids/tube feeds** !	**Low blood sugar/electrolyte imbalances;Use of IV fluids/tube feeds** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds** !	—
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-**	**Visual (Glasses)/hearing deficit;Non-**	**Visual (Glasses)/hearing deficit;Non-**	**Visual (Glasses)/hearing deficit;Neuropathy**	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	English patient/unable to speak/slurred speech !	**English patient/unable to speak/slurred speech** !	**English patient/unable to speak/slurred speech** !	!	
Behavior	Depression/anxiety	Depression/anxiety	**Depression/anxiety;Impulsiveness** !	**Depression/anxiety;Impulsiveness** !	—
Age Adjustment	3	3	3	3	—
Hester Davis Fall Risk Total	27	27	28	25	—
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	—
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	—
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Low bed (recommended with floor mats);Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Floor mats (recommended with low beds);Room close to nurses' station	—
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Mobilize for conditioning (nursing, PT if indicated)	—
Medications	Bed/chair alarm on and plugged into wall	—	—	—	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall;Low stimulus environment;Door open (for increased visibility)	—
Toileting needs	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed;BSC/urinal ready and within reach	BSC/urinal ready and within reach;Peri-pad in bed/ brief out of bed	—	—
Volume/Electrolyte Status	IV tubing length does not create fall risk	IV tubing length does not create fall risk;Nutrition consult;Monitor abnormal labs	IV tubing length does not create fall risk;Monitor abnormal labs	Monitor abnormal labs	—
Communication/Sensory	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within	Hearing aids, glasses, and/or dentures within reach;Communication alternatives	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

		reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	
Behavior	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Low stimulus environment	Bed/chair alarm on and plugged into wall;Low stimulus environment	—
Unable to Assess	—	—	—	Yes	—
Row Name	**01/25/25 2119**	**01/25/25 1000**	**01/24/25 0900**	**01/23/25 2200**	**01/23/25 0800**
Sensory Perceptions	Very limited	Very limited	Very limited	—	Very limited
Moisture	Very moist	Very moist	Occasionally moist	—	Occasionally moist
Activity	Chairfast	Chairfast	Bedfast	—	Bedfast
Mobility	Very limited	Very limited	Very limited	—	Very limited
Nutrition	Probably inadequate	Very poor	Probably inadequate	—	Probably inadequate
Friction and Shear	Problem	Problem	Potential problem	—	Potential problem
Braden Scale Score	11	10	12	—	12
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	No	No	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	No	—	—	—	—
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	No meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	Awake, alert, and oriented to date, place, and person	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !
Toileting Needs	**Incontinence** !	**Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	Use of catheters or diversion devices

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds** !	**Use of IV fluids/tube feeds** !	**Use of IV fluids/tube feeds** !	**Use of IV fluids/tube feeds** !
Communication/Sensory	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	**Visual (Glasses)/hearing deficit;Neuropathy** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	**Impulsiveness** !	**Impulsiveness** !	Depression/anxiety	Depression/anxiety	Appropriate behavior
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	20	20	22	21	18
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	—	Room close to nurses' station	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Low stimulus environment	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Toileting needs	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	—
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	—	IV tubing length does not create fall risk
Communication/Sensory	—	Hearing aids, glasses, and/or dentures within reach	Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)
Behavior	Bed/chair alarm on and plugged into wall;Reinforce fall interventions	Reinforce fall interventions	Reinforce fall interventions;Low stimulus environment	—	—
Row Name	**01/23/25 0600**	**01/22/25 0800**	**01/21/25 2130**	**01/20/25 2216**	**01/20/25 1000**
Sensory Perceptions	—	Very limited	Very limited	Very limited	Very limited
Moisture	—	Occasionally moist	Occasionally moist	Occasionally moist	Occasionally moist

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Activity	—	Bedfast	Bedfast	Bedfast	Chairfast
Mobility	—	Very limited	Very limited	Very limited	Very limited
Nutrition	—	Probably inadequate	Probably inadequate	Probably inadequate	Probably inadequate
Friction and Shear	—	Potential problem	Potential problem	Potential problem	Potential problem
Braden Scale Score	—	12	12	12	13
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	—	—	—	No	—
Last Known Fall	No falls	No falls	No falls	Within the last year	Within the last year
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !
Toileting Needs	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices
Volume/Electrolyte Status	**Use of IV fluids/tube feeds** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	Appropriate behavior	Appropriate behavior	Appropriate behavior	Appropriate behavior	Appropriate behavior
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	18	22	22	23	23
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	—
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—
Volume/Electrolyte Status	IV tubing length does not create fall risk	IV tubing length does not create fall risk;Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	—
Communication/Sensory	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Hearing aids, glasses, and/or dentures within reach	Hearing aids, glasses, and/or dentures within reach	—

Row Name	**01/19/25 1900**	**01/19/25 0900**	**01/18/25 2100**	**01/18/25 1033**	**01/18/25 0200**
Sensory Perceptions	—	Very limited	—	Very limited	—
Moisture	—	Occasionally moist	—	Constantly moist	—
Activity	—	Chairfast	—	Chairfast	—
Mobility	—	Very limited	—	Very limited	—
Nutrition	—	Probably inadequate	—	Probably inadequate	—
Friction and Shear	—	Potential problem	—	Potential problem	—
Braden Scale Score	—	13	—	11	—
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	Within the last year	Within the last year	Within the last year	Within the last year	Within the last year
Mobility	**Dizziness/generali**	**Dizziness/generali**	**Dizziness/generali**	**Dizziness/generali**	**Dizziness/generali**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	zed weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people !	**zed weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**zed weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**zed weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**zed weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting** !
Toileting Needs	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices
Volume/Electrolyte Status	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	Appropriate behavior	Appropriate behavior	Appropriate behavior	Appropriate behavior	Appropriate behavior
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	25	25	26	26	24
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Room close to nurses' station	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift);Gait belt (and mobility items ready)	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall
Medications	—	—	—	—	Bed/chair alarm on and plugged into

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

					wall
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention;Low stimulus environment;Door open (for increased visibility)	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Door open (for increased visibility);Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall
Toileting needs	—	—	—	—	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF;IV tubing length does not create fall risk	IV tubing length does not create fall risk;Dangle legs for 20 seconds before standing;Nutrition consult;Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF;IV tubing length does not create fall risk;Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs
Communication/Sensory	Bed/chair alarm on and plugged into wall;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach
Behavior	—	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Bed/chair alarm on and plugged into wall

Flowsheet Notes

[N1]

Author	Author Type	Service	Note Type	Status	Filed Time
Schramm, Tiffany M, OT	Occupational Therapist	—	Progress Notes	Signed	01/22/25 1511

Note Text

Occupational Therapy Note

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Total Treatment time: 11 Minutes

Subjective: Not responding to therapist eyes closed. "We just got her back into bed from sitting at the Edge of the bed." -Son

Current Level of Function

Therapeutic Interventions

ADL/IADL Comments: Dependent positioning in bed, patient listing to the L. Patient requires dependent assistance to get centered in the bed and boosted up.

Assessment

Assessment: Jeanne was hard to arouse this afternoon, per son they had just been sitting at the EOB. She required dependent assistance to be boosted up in bed and recentered. Patient did not wake to movements. OT notified nursing that the patient is currently A&O x0

Session Tolerance: Patient limited by fatigue, Patient limited by pain

Plan

Plan: Skilled OT
Treatment Interventions: Self-care/Home management, Caregiver education/training, Therapeutic exercise, Therapeutic activities
Frequency: 2-3x/week
Coverage for Next Shift: progress EOB dangle & core/postural control activities, seated grooming/sitting tolerance

Discharge Recommendations

Recommendations: Will need follow up OT at next level of care
Barriers to Discharge: heavy care needs
Assistance with: ADLs, Functional mobility and transfers, Home safety, IADLs
Supervision with:

Equipment Recommended: TBD pending dispo plan

Goals

1. Goal: Self feeding, Grooming, Set up or clean up assistance
   Estimated Completion Date: 01/29/25
   Goal Status: Progressing

2. Goal: Bed mobility, Minimum Assist (less than 25% help needed)
   Estimated Completion Date: 01/29/25
   Goal Status: Progressing

3. Goal: Toileting, Toilet transfer, Moderate Assist (between 25-49% help needed)
   Estimated Completion Date: 01/29/25
   Goal Status: Progressing

4. Goal: Jeanne will dangle at EOB x15 mins with SBA to complete grooming & hygiene tasks.

Estimated Completion Date: 01/29/25
Goal Status: Progressing

5.

Tiffany M Schramm, OT

[N2]

Author	Author Type	Service	Note Type	Status	Filed Time
Liuzzi, Christina M, OT	Occupational Therapist	Occupational Therapy	Progress Notes	Signed	01/15/25 1410

Note Text

Occupational Therapy Note

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Total Treatment time: 40 Minutes

Home Living:
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (transport chair)
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island

Prior Level of Function:
BADLs: Requires assist
IADLs: Requires assist
Functional Mobility: Requires assist
Leisure and Hobbies: travel
Details of previous level of function: per PT note (son not present during eval & pt unable to report) - patient was limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility.

Upper Extremities:
RUE Assessment: Within Functional Limits
RUE Assessment Comments: generalized weakness/deconditioning ~4-/5

LUE Assessment: Within Functional Limits
LUE Assessment Comments: generalized weakness/deconditioning ~4-/5

Hand Function:

Coordination:
Movements are Fluid and Coordinated: No
Coordination and Movement Description: had some difficulty coordinating items in her hands

Sensation:

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Proprioception:
Vision: Vision Comments: wears glasses
Perception:
Cognition: Overall Cognitive Status: Impaired
Cognition Comments: hard to assess due to profound hearing loss, able to comprehend information best from reading from whiteboard but does not always answer questions directly; at times responds with unrelated information

Subjective: "I just turned 100!"

Current Level of Function

Grooming/Oral Hygiene: Position- sitting;Maximum Assist (between 50-74% help needed),

Dependent (greater than 75% help needed);Position-sitting
required assist to clean and rinse dentures; once handed dentures, she was able to put them back in herself with just a little bit of help to orient them in the correct direction/position prior to putting them in. while sitting at EOB, used mouthwash to rinse; had difficulty maintaining balance while also holding mouthwash and bringing to mouth - needed assist to hold basin under mouth

Upper Body Dressing: Maximum Assist (between 50-74% help needed)

Footwear Dressing: Dependent (greater than 75% help needed)
donning sock on R foot

Toileting: Dependent (greater than 75% help needed)
total assist for clean up of minor incontinence at bed level

Therapeutic Interventions

Functional Transfers

Bed Mobility: Supine>Sit: Maximum Assist (between 50-74% help needed);Cues needed
Sit>Supine: Dependent (greater than 75% help needed);Cues needed
Scooting: Dependent (greater than 75% help needed)

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Balance:
Sitting:
Static: Minimum Assist (less than 25% help needed)
dangling at EOB; able to maintain midline with light hands on assist once scooted
Dynamic: to further edge of bed. limited tolerance of R knee flexion due to pain and limited AROM of

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

R knee at baseline; tolerated sitting at EOB better with RLE propped up on chair; kyphotic posture, relies on arms to maintain balance
Dependent (greater than 75% help needed)
unable to correct posture when beginning to lean backwards or laterally out of COG; requires total assist to return to midline and recover stability

,

ADL/IADL Comments: edu on OT role & POC; pt requires extra time to communicate as she is profoundly hard of hearing and does best understanding when information is written on whiteboard for her to read; she answered questions mostly with head nods yes/no and short few word sentences

Assessment

Assessment: Jeanne presents well below baseline with significant weakness, frailty, and deconditioning s/p recent L AKA & subsequent PPM placement. She required heavy physical assist to move from laying to sitting up at edge of bed and ultimately was only able to tolerate sitting up for about 6-7 minutes. After AKA, she relied heavily on her arms for stability when sitting up and is therefore currently not able to maintain new PPM precautions. She needed a lot of assistance to maintain her sitting balance at edge of bed today. She was also limited by pain with majority of movements and was unable to tolerate sitting with her right knee bent due to chronic joint stiffness from previous surgical repair in 2021. She ultimately requires near total assist for majority of cares at this time.

Session Tolerance: Patient limited by fatigue, Patient limited by pain

Plan

Plan: Skilled OT
Treatment Interventions: Self-care/Home management, Caregiver education/training, Therapeutic exercise, Therapeutic activities
Frequency: 2-3x/week
Coverage for Next Shift: progress EOB dangle & core/postural control activities, seated grooming/sitting tolerance

Discharge Recommendations

Recommendations: Will need follow up OT at next level of care
Barriers to Discharge: heavy care needs
Assistance with: ADLs, Functional mobility and transfers, Home safety, IADLs
Supervision with:

Equipment Recommended: TBD pending dispo plan

Goals

1. Goal: Self feeding, Grooming, Set up or clean up assistance
Estimated Completion Date: 01/29/25
Goal Status: Progressing

2. Goal: Bed mobility, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 01/29/25
Goal Status: Progressing

3. Goal: Toileting, Toilet transfer, Moderate Assist (between 25-49% help needed)
Estimated Completion Date: 01/29/25
Goal Status: Progressing

4. Goal: Jeanne will dangle at EOB x15 mins with SBA to complete grooming & hygiene tasks.
Estimated Completion Date: 01/29/25
Goal Status: Progressing

5.

Christina M Liuzzi, OT

[N3]

Author	Author Type	Service	Note Type	Status	Filed Time
Menown, Jason L, PT	Physical Therapist	Physical Therapy	Progress Notes	Signed	03/05/25 1402

Note Text

Physical Therapy Evaluation

Jeanne Leonie Hoffman
U8170135

3/5/2025
Duration of session: 40 Minutes

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)

- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia
- Abdominal pain

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent*	12/13/2012

was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Subjective
Patient Report/Self-Assessment: n bed resting, asking if she will be in a coffin, if they will dig a hole, letting me know she pee'd
Patient Stated Goal(s): None stated

Objective
RUE Assessment
RUE Assessment: Exceptions to WFL
RUE Assessment Comments: able to bring hand to mouth, good grip during hand shake, limited hand opening

LUE Assessment
LUE Assessment: Exceptions to WFL
LUE Assessment Comments: able to bring hand to mouth

RLE Assessment
RLE Assessment: Exceptions to WFL
RLE Assessment Comments: antigravity strength

LLE Assessment
LLE Assessment: Exceptions to WFL
LLE Assessment Comments: limited assessment

Sensation
Light Touch: unable to assess

Coordination
Movements are Fluid and Coordinated : No

Static Sitting Balance
Static Sitting Balance Level of Assistance: Dependent (greater than 75% help needed)
Dynamic Sitting Balance
Dynamic Sitting Balance Level of Assistance: Dependent (greater than 75% help needed)

Activity Tolerance
Endurance: Tolerates less than 10 min of activity, no significant change in vital signs

Functional Level:
Bed Mobility
Rolling Left: Dependent (greater than 75% help needed)
Rolling Right: Dependent (greater than 75% help needed)
Supine to Sit: Dependent (greater than 75% help needed)
Sit to Supine: Dependent (greater than 75% help needed)
Transfers
Bed<>Chair/WC: Dependent (greater than 75% help needed)
Bed<>Chair/WC Assistive Device Details: Mechanical lift
Chair/WC<>Bed: Dependent (greater than 75% help needed)
Bed<>Chair/WC Assistive Device Details: Mechanical lift

Interventions:
Therex: provided pt's son with AKA exercise packet - reports he has been attempting these ex's when pt allows - son reports not being able to get into prone to perform hip ext ex's = addressed by having pt be in sidelying as they were taught in previous sessions to perform hip ext ex's
Theract: supine > sit with dependent assist, elevated HOB, assist for initiation sitting EOB x 3 mins - dependent assist, without support > posterior LOB. sits in flexed, kyphotic posture, sacral sitting sit > supine with dependent assist, scooting up in bed with two person dependent assist

ASSESSMENT/PLAN

Jeanne presents to PT at a dependent level for all functional mobility. When sitting EOB she requires continuous dependent assist to prevent posterior LOB. She demonstated she was able to hold my hands and maintain upright postion briefly unitl UEs fatigued and then began to lose balance. She is not able to turn or scoot up in bed without dependent assist. She attempts to communicate but is difficult to understand. Most comments today centered on how her body will be cared for after she dies. She was too fatigued to participate in active LE ex's today so we deferred until next session. Son is well versed in her LE ex's and will assist when pt is agreeable as well. Pt's son focused on a future in where pt will be able to work on standing and walking with crutches.

Barriers to Discharge: pt dependent for all mobility

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Home exercise program, Moderate Assist (between 25-49% help needed)
Estimated Completion Date: 03/14/25
Goal Status: Progressing
Goal: Bed mobility, Moderate Assist (between 25-49% help needed)
Estimated Completion Date: 03/14/25
Goal Status: Not Progressing

Acute Care PT Plan of Care:
Treatment/Interventions: Patient/family training, Therapeutic functional activities, Therapeutic exercise
PT Plan: Skilled PT
PT Dosage: 1-2x/week
Plan for Next Session: LE ther ex, sitting EOB

Other Recommendations:
Recommendation for PT After Hospital Discharge: Will need follow up PT at next level of care
PT Daily Recommendations: 2PA - OOB to chair via sling 3x/day

Jason L Menown, PT

[N4]

Author	Author Type	Service	Note Type	Status	Filed Time
Gaines, Matthew P, PT	Physical Therapist	Physical Therapy	Progress Notes	Signed	02/06/25 1733

Note Text

Physical Therapy Treatment

Jeanne Leonie Hoffman
U8170135

2/6/2025
Duration of session: 54 Minutes

Subjective
Patient Report/Self-Assessment: Pt opening eyes to loud voice, otherwise generally maintaining eyes closed

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Lives in tent with flooring and heating

Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (Transport chair)

Functional Level:
Bed Mobility
Supine to Sit: Maximum Assist (between 50-74% help needed)
Transfers
Sit<>Stand: Dependent (greater than 75% help needed)

Interventions:
Therex: sling transfer from TIS chair back to bed positioned in supine, flat, L hip gently stretched into neutral then slight extension, light pressure, myofacial release type of stm. Trial of bridging with R UE in hooklying. Manual cues for hip exetnsion during bridge, pt not able to carryout the activity pt assisted to sitting, provided with gentle lumbar thoracic stretch in sitting. Pt able to breifly maintain upright sitting, easier with pressure thru R knee to. Gentle stretch for hip, knee flexion prior to trial of stand. two trials of sit to stand with R shoe on, blocking R foot. 2 person dependent transfer into standing for 10 seconds X 2. Assisted to supine for rest after standing. Additional time spent for therapeutic rest, caregiver questions.
Theract:
Balance/Neuro Re-ed:
Gait Training:

ASSESSMENT/PLAN

Jeanne Hoffman demonstrated fair tolerance of therapeutic exercise today, including hip extensor stretching, sitting balance activites and 2 trials of standing on R LE. Limited due to fatigue (activity only stimulated minimal interaction, son states that often she is more alert). Also limited due to weakness, decreased ROM, pain. Anticipate prolonged rehabilitation course.

Barriers to Discharge: Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Progressing

Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Not Progressing
Goal: Sit unsupported for (30 min)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 01/24/25
Goal Status: Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: postural control, caregiver training, therex PROM, Stump shrinker when ready.

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: Sling to chair 3 X day. Allow oppotunities for L hip to stretch into extension in supine to limit contracture risk.

Matthew P Gaines, PT

[N5]

Author	Author Type	Service	Note Type	Status	Filed Time
Garcia, Emma Carmen, PT	Physical Therapist	Physical Therapy	Progress Notes	Signed	01/23/25 1441

Note Text

Physical Therapy Treatment

Jeanne Leonie Hoffman
U8170135

1/23/2025
Duration of session: 31 Minutes

Subjective
Patient Report/Self-Assessment: Continually attempts to mobilize to EOB
Patient Stated Goal(s): none stated, per son to received prothesis

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island

Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (Transport chair)

Functional Level:
Bed Mobility
Rolling Left: Maximum Assist (between 50-74% help needed)
Rolling Right: Maximum Assist (between 50-74% help needed)
Supine to Sit: Minimum Assist (less than 25% help needed);Moderate Assist (between 25-49% help needed);Head of Bed Elevated;Railings used;Cues needed
Sit to Supine: Supervision / Stand by assistance (posterior LOB to bed after writer redirects pt not to use L UEon rail)
Transfers
Bed<>Chair/WC: Dependent (greater than 75% help needed);Assistive device used
Bed<>Chair/WC Assistive Device Details: Mechanical lift

Wheelchair Activities
Wheelchair Activities: Yes
WC Type: Manual tilt-n-space
WC Size: 16"
WC Cushion: roho
WC Pressure Relief: dependent - son educated on Q15 tilt backs for 1-2 min
Level of Assistance for Pressure Relief: Dependent (greater than 75% help needed)
Wheelchair Comments: pt's son dependently moves pt on unit after session

Interventions:
Therex:
Theract: rolling L and R max A 2/2 poor command follow, donning of sling supine <> sit x5 sttempts in session spontaneously, manual removal of L arm from bed rail 2/2 precautions > posterior LOB d/t poor upright trunk positioning/control education on progression of mobility, therapeutic rest breaks 2/2 dizziness education to son about timeline of prosthetic, d/c recommendations
Balance/Neuro Re-ed:
Gait Training:

PT Wheelchair Management Activity Time Minute(s): 16
PT Wheelchair Management Activity 1: TIS adjustment of head rest, arm rests; Roho apporpriately inflated, leg rest requires no adjustment at this point in time
PT Wheelchair Management Activity 2: educated pt's son on tilt back ad scheduling of tilt back - educated that w/c adjustments are by staff only

ASSESSMENT/PLAN

Pt seen this PM for TIS adjustment and to continue with mobility interventions. She requires Max cues and redirection to not use L UE throughout session, pt's son provides physical assist also breaking PPM precautions -re-educated and redirected during session. She is unable to sustain EOB sitting w/o L UE on bed rail during session and demonstrates posterior LOBs to supine multiple times. After use of OHL to chair, pt fitted to TIS, son educated on use of chair, features, and tilt back schedule. Will continue to follow. Recommend d/c setting that is w/c accessible, assist for all mobility, and ongoing therapies.

Increased time required for educating pt's son- demonstrates min readiness to learn at this point in time. Able to follow cues from therapist intermittently to adhere to pt safety/precautions, educated on: expectations with adjustment of TIS, how to provide physical assist to pt, use of nursing staff for dangling EOB and for use of OHL. Pt endorses knowing all information acute PT has provided thus far.

Barriers to Discharge: Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Not Progressing
Goal: Sit unsupported for (30 min)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 01/24/25
Goal Status: Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: dangle EOB/scooting? sling for L UE PRN

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: Lift for transfers to TIS chair

Emma C Garcia, PT

[N6]

Author	Author Type	Service	Note Type	Status	Filed Time
Munton-Spray, Brooke M, PT	Physical Therapist	Physical Therapy	Progress Notes	Signed	01/10/25 1529

Note Text

Physical Therapy

Physical Therapy Evaluation

Jeanne Leonie Hoffman
U8170135

1/10/2025
Duration of session: 71 Minutes

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Closed fracture of unspecified intracapsular section of neck of femur *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• Unspecified vitamin B deficiency *Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency*	5/1/2007
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006

- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Subjective
Patient Report/Self-Assessment: Pt supine in bed, agreeable to work with PT. Pt's son, Louis, provided majority of her recent medical and social history since Jeanne's significantly HOH. Communicates the best with writing large letters on white board and speaking very loudly and clearly.
Patient Stated Goal(s): "When can I start walking again?"

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker;Other (Transport chair)

Prior Level of Function : limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility.

Objective
RUE Assessment
RUE Assessment: Within Functional Limits

LUE Assessment
LUE Assessment: Within Functional Limits

RLE Assessment
RLE Assessment: Within Functional Limits
RLE Assessment Comments: her R knee can have limited AROM 2/2 pain and stiffness from a femoral fx repair in 2021

LLE Assessment
LLE Assessment: Exceptions to WFL
LLE Assessment Comments: AKA. limited assessment of L hip AROM 2/2 pain/soreness

Sensation
Light Touch: WFL

Static Sitting Balance
Static Sitting Balance Comments: sitting at EOB w/o back support, no foot support. intermittent retropulsion
Static Sitting Balance Level of Assistance: Minimum Assist (less than 25% help needed)
Dynamic Sitting Balance

Dynamic Sitting Balance Comments: scooting forward, pulling on mattress or bed rail w/BUE
Dynamic Sitting Balance Level of Assistance: Contact guard assist (touching/steadying assistance)
Static Standing Balance
Static Standing Balance Comments: deferred standing at this time

Activity Tolerance
Endurance: Tolerates 30 min of activity with multiple rests
Endurance Comments: bradycardia throughout session; stable BP

Functional Level:
Bed Mobility
Rolling Left: Maximum Assist (between 50-74% help needed)
Rolling Right: Maximum Assist (between 50-74% help needed)
Supine to Sit: Moderate Assist (between 25-49% help needed);Head of Bed Elevated;Cues needed
Sit to Supine: Dependent (greater than 75% help needed)
Scooting: Dependent (greater than 75% help needed)

Interventions:

Theract: Bed mobility - supine>Sit ModA for LEs, heavy cues for hand placement. pt declined log roll technique, preferring to sit up into long sitting. sit>supine dependent 2/2 LOC/syncopal episode at EOB Sitting tolerance - Jeanne sat at EOB for 15-20 minutes w/close SBA to MinA to maintain upright posture. Intermittent retropulsion w/Min to ModA to correct; pt reaching with UEs to maintain balance. Frequent monitoring of vitals - HR brady but stable, BP WNL - until pt demostrated syncopal episode/LOC and was returned to supine quickly with RN assessment. Jeanne quickly responded, RN monitoring vitals. Provided pt and son some amputation education re: process of fitting for prosthesis, phantom sensations, possibly fxnal mobility. Aimed to provide them with realistic expectations for post-AKA rehab. They will benefit from further education and handouts re: amputation care Additonal time needed for lengthy discussion with Jeanne and Louis regarding her PLOF and past experiences with PT. Louis is a good advocate for his mother's medical care and has had a lot of experience with working with her on exercises at home

ASSESSMENT/PLAN

Jeanne presents with decreased activity tolerance, generalized weakness, impaired sitting balance, h/o falls, bradycardia at rest, and significantly HOH. At her baseline, she is able to amb short distances with walker or cane and uses a w/c (transport chair) for community distances. Her son is her primary caregiver and provides a fluctuating amount of assistance. They are also currently homeless, living in a tent on Bainbridge Island. Today, Jeanne required 50-100% assist for bed mobility and was able to sit at EOB for 15-20 minutes with intermittent assistance. She did have a syncopal/LOC episode while at EOB and was returned to supine w/RN assistance. Her HR continued to be low but stable throughout the session. Provided some education regarding AKA and treating amputation including mobility progression and phantom sensations. They will benefit from on-going education. Jeanne's son, Louis, has made it clear that he does not want his mother to discharge to a SNF for sub-acute therapies, although this would the

PT recommendation for dispo after today's session. Since Jeanne and Louis are currently homeless, this makes receiving HHPT extremely challenging.

Barriers to Discharge: unable to safely ambulate or transfer OOB 2/2 bradycardia

Discharge Equipment: TBD; pt has FWW and transport chair

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/24/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/24/25
Goal Status: Progressing
Goal: Amb with AD, Contact guard assist (touching/steadying assistance) (> 15 feet)
Estimated Completion Date: 01/24/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 01/24/25
Goal Status: Not Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: dangle at EOB; transfer training w/FWW (have pt wear shoe on R foot); pivot transfer to chair; ongoing amputation education

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: 1-2 person assist for dangle at EOB or ceiling lift transfer to chair

Brooke M Munton-Spray, PT

[N7]

Author	Author Type	Service	Note Type	Status	Filed Time
Arzaga, Aaron, RN	Registered Nurse	STAT RN	Significant Event	Addendum	02/16/25 0626

Note Text

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	02/16/25 0550
RRT Event Details	
Time Call Received	0550
Arrival Time	0550
Activation	Rapid Response Call
Clinical Trigger for RRT	
Clinical Trigger for RRT	Acute change in respiratory status
Acute change in respiratory status	O2 sat <92 with increased O2 requirements
Physician Notification	
Primary covering service at bedside?	Yes
Primary/Covering srvc provider name at bedside	Bhandari, S - MD
Disposition	
Transferred to	Stayed on unit nursing orders received
RRT Time Completed	0612
Tracking	
Family Present	Yes

RRT for potential aspiration event w/ acute desaturations to 70s. Pt. went from RA -> NRB -> HFM 60L/60%. CXR done. Nebs given. Holding abx treatment for now d/t current goals of care.

[N8]

Author	Author Type	Service	Note Type	Status	Filed Time
Nario Jr., Edwin A, RN	Registered Nurse	STAT RN	Significant Event	Signed	01/25/25 0354

Note Text

	01/25/25 0350
RRT Event Details	
Time Call Received	0248
Arrival Time	0250
Activation	Rapid Response Call
Clinical Trigger for RRT	
Clinical Trigger for RRT	Acute change in respiratory status
Acute change in respiratory status	Concerns for respiratory compromise
Physician Notification	
Primary covering service at bedside?	Yes
Primary/Covering srvc provider name at bedside	Julia Wilson
Disposition	
Transferred to	Stayed on unit nursing orders received
RRT Time Completed	0330

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Tracking	
Family Present	Yes

RRT was called due to possible aspiration. Upon arrival patient was confused at baseline, RR 30, spo2 90% on RA. Lungs are clear with diminished at base. CXR was done, labs and VBG were drawn. 500cc bolus given for lactate 2.2. Per provider keep spo2 goal >88%. Repositioned patient, patient is more calm and comfortable.

[N9]

Author	Author Type	Service	Note Type	Status	Filed Time
Callahan, Hailey Michelle, RCP	Respiratory Therapist	Respiratory Therapy	Progress Notes	Signed	02/23/25 1730

Note Text

Patient unable to maintain SpO2 goal on Venti mask 50% 15L, placed on HHFM. Current settings 50% 50L. No NTS needed throughout the day, BS clear/diminished

	02/23/25 1658
Vital Signs	
Pulse	72
Heart Rate Source	Monitor
Oxygen Therapy	
SpO2	92 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask
FiO2 (%)	50 %
O2 Flow Rate (L/min)	50 L/min
Heater Temperature	31 °C
Patient Activity	At rest
ROX Index	8.36
Respiratory Assessment	
Assessment Type	Assess only
Resp	**(!) 22**
Respiratory Pattern	Tachypneic
Chest Assessment	Chest expansion symmetrical
Suction	No
Bilateral Breath Sounds	Clear;Diminished

[N10]

Author	Author Type	Service	Note Type	Status	Filed Time
Callahan, Hailey Michelle, RCP	Respiratory Therapist	Respiratory Therapy	Progress Notes	Addendum	02/18/25 1130

Note Text

Son requested to speak with RT, had lengthy conversation expressing his concerns about his mothers condition. Requested RT to assess for NG tube and IV placement. RT stated this is not within my scope of practice and he should discuss this with the team during rounds. Patient's son stated he would like to take his mother to a different facility where they could place NG tube. Advised that HHFM is a barrier to transport and we can work towards transitioning to a different O2 device.

[N11]

Author	Author Type	Service	Note Type	Status	Filed Time
Dunham, Tom, RCP	Respiratory Therapist	Respiratory Therapy	Progress Notes	Signed	02/17/25 2026

Note Text

	02/17/25 1810
Vital Signs	
Pulse	70
Heart Rate Source	Monitor
Position	Fowler's
Oxygen Therapy	
SpO2	100 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask
FiO2 (%)	70 %
O2 Flow Rate (L/min)	70 L/min
Patient Activity	Sleeping
ROX Index	7.94
Respiratory Assessment	
Assessment Type	Assess only
Resp	18
Respiratory Pattern	Normal
Chest Assessment	Chest expansion symmetrical
Bilateral Breath Sounds	Diminished

Patient remains on HHFM settings above.
RCP will continue to monitor.

[N12]

Author	Author Type	Service	Note Type	Status	Filed Time
Dunham, Tom, RCP	Respiratory Therapist	Respiratory Therapy	Progress Notes	Signed	02/16/25 2005

Note Text

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	02/16/25 1605
Vital Signs	
Pulse	70
Heart Rate Source	Monitor
Position	Fowler's
Oxygen Therapy	
SpO2	98 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask
FiO2 (%)	70 %
O2 Flow Rate (L/min)	70 L/min
Heater Temperature	31 °C
ROX Index	5.83
Respiratory Assessment	
Assessment Type	Assess only
Resp	**(!) 24**
Respiratory Pattern	Tachypneic
Chest Assessment	Chest expansion symmetrical
Cough	Occasional;Non-productive
Bilateral Breath Sounds	Diminished;Rhonchi

Did nasotracheal suctioning in morning; removed large amount of white/yellow thick secretions. Patient less somnolent as day progressed.
RCP will continue to monitor

[N13]

Author	Author Type	Service	Note Type	Status	Filed Time
Angeles, Jessie J, RRT	Respiratory Therapist	Respiratory Therapy	Progress Notes	Signed	02/16/25 0638

Note Text

	02/16/25 0628
Vital Signs	
Pulse	81
Heart Rate Source	Monitor
Oxygen Therapy	
SpO2	95 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask
FiO2 (%)	100 %
O2 Flow Rate (L/min)	(S) 70 L/min
ROX Index	3.96
Respiratory Assessment	
Assessment Type	Assess only
Resp	**(!) 24**
Respiratory Pattern	Tachypneic

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Chest Assessment	Symmetrical
Bilateral Breath Sounds	Diminished;Crackles

RT at bedside for rapid response and place pt on HF mask for desaturation and observed WOB. Breath sounds crackles/diminished with wheezing on right side. Duoneb and hypertonic saline given. NTS ordered PRN. RT will continue to follow and assist.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16)

Screenings

Row Name	01/17/25 1400	01/17/25 1028	01/17/25 0200	01/16/25 1300	01/16/25 1001
Sensory Perceptions	—	Very limited	—	—	Very limited
Moisture	—	Occasionally moist	—	—	Occasionally moist
Activity	—	Chairfast	—	—	Bedfast
Mobility	—	Very limited	—	—	Very limited
Nutrition	—	Probably inadequate	—	—	Probably inadequate
Friction and Shear	—	Potential problem	—	—	Potential problem
Braden Scale Score	—	13	—	—	12
Age (greater than 85)	**Yes** !	—	**Yes** !	**Yes** !	—
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	—	**Yes** !	**Yes** !	—
Skull Bone Missing	No	—	No	No	—
Coagulopathy (bleeding risk)	No	—	No	No	—
Surgery in the last 24hrs	No	—	No	No	—
Injury Risk Assessment Score	High Risk for Injury	—	High Risk for Injury	High Risk for Injury	—
Last Known Fall	Within the last year	—	Within the last year	Within the last year	—
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	—	**Use of assistive device/requires assist of two people;Dizziness/generalized weakness** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	—
Medications	Cardiovascular or central nervous system meds	—	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	—
Mental Status/LOC/Awareness	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting** !	—	**Memory loss/confusion and requires reorienting** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting** !	—
Toileting Needs	Use of catheters or diversion devices	—	Use of catheters or diversion devices	Use of catheters or diversion devices	—
Volume/Electrolyte Status	**Use of IV fluids/tube feeds;Nausea/vomiting;Low blood sugar/electrolyte imbalances** !	—	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	—
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	—	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	—
Behavior	Appropriate behavior	—	Appropriate behavior	Appropriate behavior	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Age Adjustment	3	—	3	3	—
Hester Davis Fall Risk Total	27	—	22	24	—
Hester Davis Fall Risk Category	High Risk	—	High Risk	High Risk	—
Universal Fall Precautions In Place?	Yes	—	Yes	Yes	—
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Room close to nurses' station	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats)	—
Mobility	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift);Mobilize for conditioning (nursing, PT if indicated)	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift);Mobilize for conditioning (nursing, PT if indicated)	—
Medications	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Low stimulus environment	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Low stimulus environment	—
Toileting needs	—	—	Stay within arms' reach while toileting/in bathroom	—	—
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF;IV tubing length does not create fall risk;Nutrition consult;Monitor abnormal labs	—	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF;IV tubing length does not create fall risk;Monitor abnormal labs	—
Communication/Sensory	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communi	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communi	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	cation, SLP recommendations)			cation, SLP recommendations)	
Behavior	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	—
Row Name	**01/16/25 0115**	**01/15/25 1900**	**01/15/25 0800**	**01/14/25 0800**	**01/13/25 2000**
Sensory Perceptions	Very limited	—	Very limited	Very limited	Completely limited
Moisture	Occasionally moist	—	Occasionally moist	Rarely moist	Rarely moist
Activity	Bedfast	—	Bedfast	Bedfast	Bedfast
Mobility	Very limited	—	Very limited	Very limited	Completely immobile
Nutrition	Probably inadequate	—	Probably inadequate	Probably inadequate	Probably inadequate
Friction and Shear	Potential problem	—	Potential problem	Potential problem	Potential problem
Braden Scale Score	12	—	12	13	11
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	**Yes** !	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	No	—	No	No	No
Last Known Fall	Within the last year	Within the last year	Within the last year	Within the last year	Within the last year
Mobility	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Hemiplegic, paraplegia, or quadriplegia** !	**Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	Awake, alert, and oriented to date, place, and person
Toileting Needs	**Use of catheters or diversion devices;Use of assistive device (Bedside commode, bedpan, urinal)** !	**Use of catheters or diversion devices;Use of assistive device (Bedside commode, bedpan, urinal)** !	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances;Use of IV fluids/tube**	**Low blood sugar/electrolyte imbalances;Use of IV fluids/tube**	No problems	No problems	**Low blood sugar/electrolyte imbalances** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	feeds !	**feeds** !			
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Non-English patient/unable to speak/slurred speech** !
Behavior	**Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction** !	Depression/anxiety	Depression/anxiety
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	25	25	17	17	16
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Room close to nurses' station	Room close to nurses' station	Room close to nurses' station	—	—
Mobility	Stay within arms' reach while toileting/in bathroom	Stay within arms' reach while toileting/in bathroom	Daily mobility assessment (completed this shift)	—	—
Medications	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	—	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Delirium prevention	—	—	—
Toileting needs	BSC/urinal ready and within reach	BSC/urinal ready and within reach	—	—	—
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF;IV tubing length does not create fall risk	—	—	—
Communication/Sensory	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	—	—	—
Behavior	Low stimulus environment	Low stimulus environment	—	—	—
Row Name	**01/13/25 0800**	**01/12/25 2000**	**01/12/25 0800**	**01/11/25 2000**	**01/11/25 0800**
Sensory Perceptions	Completely limited	Completely limited	Completely limited	Very limited	Very limited
Moisture	Rarely moist	Rarely moist	Rarely moist	Rarely moist	Rarely moist
Activity	Bedfast	Bedfast	Bedfast	Bedfast	Bedfast
Mobility	Completely immobile	Very limited	Very limited	Very limited	Completely immobile
Nutrition	Probably inadequate	Probably inadequate	Probably inadequate	Probably inadequate	Probably inadequate
Friction and	Potential problem	Potential problem	Potential problem	Potential problem	Potential problem

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Shear					
Braden Scale Score	11	12	12	13	12
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	No	No	No	No	No
Last Known Fall	Within the last year	Within the last year	Within the last year	Within the last year	Within the last year
Mobility	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	Awake, alert, and oriented to date, place, and person	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !
Toileting Needs	Use of catheters or diversion devices	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	**Non-English patient/unable to speak/slurred speech** !	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	Depression/anxiety	**Depression/anxiety;Behavioral noncompliance with instruction** !	**Depression/anxiety;Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction;Impulsiveness** !	Depression/anxiety
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	16	25	25	29	24
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Precautions In Place?					
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	—	Room close to nurses' station	Room close to nurses' station;Stay within arms' reach while toileting/in bathroom	Room close to nurses' station	—
Mobility	Mobilize for conditioning (nursing, PT if indicated);Daily mobility assessment (completed this shift)	—	Mobilize for conditioning (nursing, PT if indicated);Daily mobility assessment (completed this shift)	Daily mobility assessment (completed this shift)	Daily mobility assessment (completed this shift)
Medications	Orthostatic Assessment (completed this shift)	—	Orthostatic Assessment (completed this shift)	—	—
Mental Status/LOC/Awareness	Delirium prevention;Low stimulus environment	Room close to nurses' station;Door open (for increased visibility);Delirium prevention;Low stimulus environment	Delirium prevention;Low stimulus environment	Room close to nurses' station;Door open (for increased visibility);Delirium prevention	Delirium prevention;Low stimulus environment
Toileting needs	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Preemptive scheduled toileting	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	Nutrition consult;Monitor abnormal labs	Monitor abnormal labs;Nutrition consult	Nutrition consult;Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	Monitor abnormal labs;Nutrition consult
Communication/Sensory	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)
Behavior	Low stimulus environment	Triggers, coping mechanisms, de-escalation, and/or redirection techniques identified in "Situation Awareness" of handoff (or has a behavioral care plan);Low stimulus environment	Low stimulus environment	Low stimulus environment	Low stimulus environment

Row Name	01/10/25 2000	01/10/25 0800	01/09/25 2241	01/09/25 2015	01/09/25 2014
Sensory Perceptions	Very limited	Very limited	—	—	—
Moisture	Rarely moist	Rarely moist	—	—	—
Activity	Bedfast	Bedfast	—	—	—
Mobility	Very limited	Very limited	—	—	—
Nutrition	Probably inadequate	Probably inadequate	—	—	—
Friction and	Potential problem	Potential problem	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Shear					
Braden Scale Score	13	13	—	—	—
Age (greater than 85)	**Yes** !	**Yes** !	—	—	—
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	—	—	—
Skull Bone Missing	No	No	—	—	—
Coagulopathy (bleeding risk)	No	No	—	—	—
Surgery in the last 24hrs	**Yes** !	**Yes** !	—	—	—
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	—	—	—
ICU ONLY: Is patient sedated or comatose?	No	No	—	—	—
Last Known Fall	No falls	No falls	—	—	—
Mobility	**Hemiplegic, paraplegia, or quadriplegia** !	**Hemiplegic, paraplegia, or quadriplegia** !	—	—	—
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	—	—	—
Mental Status/LOC/Awareness	Oriented to person and place	Oriented to person and place	—	—	—
Toileting Needs	Use of catheters or diversion devices	Use of catheters or diversion devices	—	—	—
Volume/Electrolyte Status	**Use of IV fluids/tube feeds** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	—	—	—
Communication/Sensory	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	—	—	—
Behavior	**Impulsiveness** !	Appropriate behavior	—	—	—
Age Adjustment	3	3	—	—	—
Hester Davis Fall Risk Total	17	18	—	—	—
Hester Davis Fall Risk Category	High Risk	High Risk	—	—	—
Universal Fall Precautions In Place?	Yes	Yes	—	—	—
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Room close to nurses' station	Room close to nurses' station	—	—	—
Mobility	Daily mobility assessment (completed this shift)	—	—	—	—
Medications	Preemptive	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	scheduled toileting				
Mental Status/LOC/Awareness	Door open (for increased visibility);Delirium prevention;Low stimulus environment	—	—	—	—
Toileting needs	Peri-pad in bed/ brief out of bed	—	—	—	—
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	—	—	—	—
Communication/Sensory	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	—	—	—	—
Behavior	Low stimulus environment;Reinforce fall interventions	—	—	—	—
Living situation prior to admit	—	—	—	Tent	—
Patient expects to be discharged to:	—	—	home with son	—	—
INFLUENZA Vaccine Screening (Check all that apply)	—	—	—	—	Received influenza vaccine this season (September through March)

Row Name	**01/09/25 2000**
Does the patient have a Healthcare Advanced Directive	No (Information provided to patient)
In the past 3 months, have you had unintentional weight loss?	Yes, less than 7kg or 15 lbs
Are you currently receiving TPN or tube feeds?	No
Have you been eating poorly for at least 7 days because of decreased appetite?	Yes
In the past 3 months, how often have you used an illegal drug or used a prescription medication for non-medical purposes?	Never
How often do you have a drink	Never

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

containing alcohol?	
How often do you have six or more drinks on one occasion?	Never
Audit-C Score	0
Patient's Vision Adequate to Safely Complete Daily Activities	No
Patient's Judgment Adequate to Safely Complete Daily Activities	No
Patient's Memory Adequate to Safely Complete Daily Activities	No
Patient Able to Express Needs/Desires	Yes
Which is your dominant hand?	Right
Dressing	Needs assistance
Grooming	Needs assistance
Feeding	Needs assistance
Bathing	Needs assistance
Toileting	Needs assistance
In/Out Bed	Dependent
Walks in Home	Dependent
Weakness of Legs	Right
Weakness of Arms/Hands	Both
Hearing - Right Ear	Deaf
Hearing - Left Ear	Deaf
Belongings at Bedside	Clothing;Dentures;Vision
Dentures	Lowers;Uppers
Vision - Corrective Lenses	Glasses
1. Have you wished you were dead or wished you could go to sleep and not wake up?	No
2. Have you actually had any thoughts of killing yourself?	No
C-SSRS (Short) Risk Calculation	No Identified Risk
Pressure Injury on Admission	No
Sensory Perceptions	Very limited
Moisture	Rarely moist

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Activity	Bedfast
Mobility	Very limited
Nutrition	Probably inadequate
Friction and Shear	No apparent problem
Braden Scale Score	14
Age (greater than 85)	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	No
Skull Bone Missing	No
Coagulopathy (bleeding risk)	No
Surgery in the last 24hrs	**Yes** !
Injury Risk Assessment Score	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	No
Last Known Fall	**Within the last six months** !
Mobility	**Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting** !
Toileting Needs	Use of catheters or diversion devices
Volume/Electrolyte Status	**Use of IV fluids/tube feeds** !
Communication/Sensory	Visual (Glasses)/hearing deficit
Behavior	Appropriate behavior
Age Adjustment	3
Hester Davis Fall Risk Total	16
Hester Davis Fall Risk Category	High Risk
Universal Fall Precautions In Place?	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Room close to nurses' station
Mobility	Daily mobility

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	assessment (completed this shift)
Medications	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	Low stimulus environment
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF
Communication/Sensory	Hearing aids, glasses, and/or dentures within reach
Behavior	Reinforce fall interventions
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No
Within the past 12 months, you worried that your food would run out before you got the money to buy more.	Never true
In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	Yes
At any time in the past 12 months, were you homeless or living in a shelter (including now)?	Yes
Within the last year, have you been afraid of your partner or ex-partner?	Patient unable to answer

SLP Eval/Tx

Row Name	02/07/25 1042	02/03/25 1320	01/27/25 1100	01/25/25 1620	01/16/25 0902
SLP Received On	02/07/25	02/03/25	01/27/25 [N1]	01/25/25	01/16/25 [N2]
SLP Document Type	Progress	Progress	Progress [N1]	Progress	Progress [N2]
SLP Total Treatment Time in Minutes	10 Minutes	35 Minutes	21 Minutes [N1]	45 Minutes	20 Minutes [N2]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Visual Acuity	Corrective lenses	Corrective lenses	Corrective lenses [N1]	Corrective lenses	Corrective lenses [N2]
Auditory Acuity	Deaf	—	Deaf [N1]	Deaf	Deaf [N2]
Family/Caregiver Comments	No family present. RN reports Patient coughing on P-O trials this morning. RN communicating with team regarding Patient refusal of P-O and medications crushed in puree. RN concerned for Patient need for alternative means for offering Patient pain medication (IV?).	son, Louis	Son, Louis [N1]	Jeanne's very involved son, Louis was present and participated throughout the assessment	None [N2]
Is an interpreter used?	No	—	No [N1]	No	No [N2]
Patient Report/Self-Assessment	RN cleared SLP for entry. Pt crying out in bed and refusing oral care even with encouragement of ST by writing on white board and offering soft oral swab. Patient observed to cough intermittently on saliva.	RN cleared SLP for entry. Pt initially sleeping, but woke up easily and was fully awake/alert. Supportive son at bedside.	RN cleared SLP for entry. Pt is alert on arrival, appears restless. Supportive son at bedside. [N1]	Jean was restless throughout the session, reaching out and grabbing at her arms and blankets	Provider requested swallow re-assessment 2/2 c/f aspiration. On arrival, pt is alert, responsive to simple questions/directions via written communication 2/2 hearing loss. [N2]
Patient Stated Goal	—	Per son, to resume PO intake and avoid NGT placement	Per son, to resume PO intake and avoid NGT placement [N1]	Per Jeanne's son, the plan is to understand what is happening with her new cough	None stated [N2]
Prior Function	—	Patient was seen by SLP november 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft	Patient was seen by SLP november 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft	Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft	Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

		solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table	solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table [N1]	solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table	solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table [N2]
IADLs	—	Requires assist	Requires assist [N1]	Requires assist	Requires assist [N2]
Leisure and Hobbies	—	—	—	—	travel [N2]
Dentition	Other	Other	Adequate with dentures [N1]	Edentulous	Adequate with dentures [N2]
Oral mucosa	Dry	—	Dry [N1]	Dry;Thick saliva	Dry [N2]
Observations	Jeanne refused oral care from ST and refused ST attempts to initiate Patient trial of ice chips at bedside. Jean maintained a constant open mouth posture and rejected oral care and P-O trial by turning head and momentarily closing mouth. Spontaneous movements were symmetric	—	—	Jeanne did not follow any instructions for assessment today. She maintained a constant open mouth posture at baseline. Spontaneous movements were symmetric	Consistent w/ prior CNE [N2]
Temperature	Afebrile	Afebrile	Afebrile [N1]	Afebrile	Afebrile [N2]
Respiratory Status	Room air	Room air	Room air [N1]	Room air	Room air [N2]
Behavior/Cognition	Agitated;Distractible;No command following	Alert;Distractible	Alert;Impulsive;Distractible;No command following [N1]	Alert;Impulsive;Distractible;No command following	Alert;Participates well [N2]
Patient Positioning	Upright in bed	Upright in bed	Upright in bed [N1]	Upright in bed	Upright in bed [N2]
Consistencies Assessed	—	0-Thin Liquids;Soft solids	1-Slightly Thick [N1]	Ice chips;0-Thin Liquids	0-Thin Liquids;4-Pureed;Soft solids;Hard solids [N2]
Ice Chips - Presentation	—	—	—	Spoon	—
0-Thin Liquids - Presentation	—	—	Spoon [N1]	Spoon	Straw [N2]
4 Pureed - Presentation	—	—	—	—	Spoon;Self Fed [N2]
Soft Solids - Presentation	—	—	—	—	Spoon [N2]
Hard Solid - Presentation	—	—	—	—	Self Fed [N2]
Consistencies Assessed Comment	—	Jeanne held and sel-fed the ice cream bar with occasional assist to keep it from falling apart, needed some more assist to navigate biting from the popsicle stick successfully	pt declined a majority of PO trials by shaking her head [N1]	—	—
Oral Phase	—	Within Functional	Other;Spillage Right [N1]	Impaired;Oral	Prolonged

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

		Limits		residue;Delayed anterior to posterior transit	mastication [N2]
Pharyngeal Phase	—	—	Other [N1]	Impaired	Other [N2]
Signs/Symptoms of Penetration/Aspiration	—	Wet vocal quality;Cough - immediate;Cough - delayed	None [N1]	Cough - immediate;Wet vocal quality	None [N2]
Strategies Used	—	Other strategies used	—	—	—
Other strategy used	—	Aspiration precautions reviewed with Louis. Bullet point list handout made and given for easy reference	—	—	—
Patient/Caregiver Training	ST communicated Patient agitation (moaning) and refusal of oral care and P-O trial to RN and Medical Team.	SLP ordered mouth moisturizer from materials management. Also, requested trial of humidified air via face tent to MD.	—	—	—
Assessment	Pt seen for swallow tx with no family present at bedside. Family currently not wanting to pursue alternative means of nutrition/hydration with focus on Patient taking small amounts of P-O. During today's swallow follow up, Pt moaning and at times crying out in bed and refusing ST attempts to initiate oral care even with encouragement of ST by writing on white board and offering Patient soft oral swab. Patient observed to cough intermittently on saliva. RN reports Patient coughing on P-O trials this morning. Intermittent coarse coughing noted during ST visit this am, c/f aspiration. Given pt/family GOC, recommend continue oral care and offering small amounts minced and moist diet and thin liquids when	Pt seen for swallow tx with Louis present. Louis is concerned regarding Jeanne's dry mouth r/t mouth breathing. SLP ordered mouth moisturizer and recommended trial of face tent for humidification. SLP also trialed ice cream bar with Jeanne. (Intended to trial a popsicle, but unwrapping revealed a chocolate dipped vanilla bar). Jeanne was very motivated and engaged, and actually held and self-fed the bar. Intermittent coarse coughing noted, c/f aspiration. Given pt/family GOC, recommend continue minced and moist diet and thin liquids. Please provide careful 1:1 feeding vs supervision, adhere to strict aspiration precautions and d/c PO w/ inadequate alertness/mentation.	Pt seen for swallow tx w/ supportive son present. Given pt's age and waxing/waning mentation, anticipate some degree of ongoing aspiration risk w/ any PO intake. This was discussed w/ pt's son, who states that he does not want an NGT placed and that he is accepting of aspiration risk. Given pt/family GOC, recommend a minced and moist diet (son's request) and thin liquids. Please provide careful 1:1 feeding vs supervision, adhere to strict aspiration precautions and d/c PO w/ inadequate alertness/mentation. [N1]	Jeanne presents with diminished swallowing function today with new oral inattention, overt s/sx aspiration with limited PO trials, and generalized weakness. Her new difficulty is concurrent with recent changes in mentation consistent with hyperactive delirium. Overall, she presents with very high risk for aspiration and given her worsening CXR, advanced age, and high risk for complications should aspiration occur, agree with RN and primary team recommendation to continue NPO as Jeanne's goals evolve. Should Jeanne's mental status rapidly improve to be consistent with previous assessment (e.g., following instructions, able to	she had no overt s/sx of aspiration across numerous trials. Given prior assessment,pt cue her to take small, single sips, which she was able to do without issue. she appears ok to continue current diet given supervision/assist and adherence to aspiration precautions. [N2]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	Patient alert and willing to participate and as tolerated by Patient iso of strict aspiration precautions including 1:1 supervision. d/c PO w/ inadequate alertness/mentation. ST communicated Patient current status to Care Team.			self-feed without significant physical assistance), defer to primary team for liberalizing diet (e.g., up to Pureed Solids and Thin Liquids). Otherwise, recommend continue NPO with frequent, rigorous oral care to minimize risk for aspiration of oral flora and allowance for ice chips and small sips of water with oral care for comfort. SLP will continue to follow	
SLP Assessment Results	Dysphagia	Dysphagia	Dysphagia [N1]	Dysphagia	Dysphagia [N2]
Dysphagia	Other	Other	Other [N1]	Other	Other [N2]
Aspiration Risk	Moderate;High	Moderate;High	Moderate;High [N1]	High	Low;Moderate [N2]
Impact on Function	Risk for respiratory complications;Risk for not meeting oral nutrition	Risk for respiratory complications;Risk for not meeting oral nutrition	Risk for respiratory complications;Risk for not meeting oral nutrition [N1]	Risk for respiratory complications;Risk for not meeting oral nutrition	Risk for respiratory complications;Risk for not meeting oral nutrition [N2]
Confounding Factors	Delirium	Delirium	Delirium [N1]	Delirium	delirium [N2]
Prognosis	Fair	Fair	Fair [N1]	Fair	Good [N2]
Evaluation/Treatment Tolerance	Treatment limited secondary to agitation	Patient tolerated treatment well	Patient tolerated treatment well [N1]	Patient tolerated treatment well	Patient tolerated treatment well [N2]
SLP Plan	Skilled SLP	Skilled SLP	Skilled SLP [N1]	Skilled SLP	Skilled SLP [N2]
Treatment/Interventions	Swallow treatment;Patient/family education	Swallow treatment;Patient/family education	Swallow treatment;Patient/family education [N1]	Swallow treatment;Patient/family education	Swallow treatment;Patient/family education [N2]
SLP Frequency	1-3x/week	1-3x/week	1-3x/week [N1]	3-5x/week	1-3x/week [N2]
SLP Discharge Recommendations	No follow up SLP indicated	No follow up SLP indicated	No follow up SLP indicated [N1]	No follow up SLP indicated	No follow up SLP indicated [N2]
SLP Summary for Next Shift	Serial assessment as mentation evolves though GOC appear to be clear (PO intake depsite aspiration risk). RN attempting to establish IV on 2/7/2025.	Serial assessment as mentation evolves though GOC appear to be clear (PO intake depsite aspiration risk)	Serial assessment as mentation evolves though GOC appear to be clear (PO intake depsite aspiration risk) [N1]	Serial assessment as mentation evolves, ?instrumental	Assess diet tolerance, s/o if stable. [N2]
Goals	STG 1;STG - Education	STG 1;STG - Education	STG 1;STG - Education [N1]	STG 1;STG - Education	STG 1;STG - Education [N2]
Diet Recommendations	5-Minced and moist;0-Thin liquids	5-Minced and moist;0-Thin liquids	5-Minced and moist;0-Thin liquids [N1]	Sips & Chips only	6-Soft and bite-sized;0-Thin liquids [N2]
Medication Administration Recommendations	Meds whole/halved in puree;Meds crushed in puree	Meds whole/halved in puree;Meds crushed in puree	Meds whole/halved in puree;Meds crushed in puree [N1]	Meds via tube feed or IV	Meds whole/halved in puree;Meds crushed in puree [N2]
Oral care	Frequency: 5-6x per day;Oral swab and	Frequency: 5-6x per day;Oral swab and	Frequency: 5-6x per day;Oral swab and	Frequency: 5-6x per day;Oral swab and	Frequency: 2-3x per day;Toothbrush and

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	suction;Suction toothbrush/toothette	suction;Suction toothbrush/toothette	suction;Suction toothbrush/toothette [N1]	suction;Suction toothbrush/toothette	toothpaste [N2]
Aspiration Precautions	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating [N1]	—	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time [N2]
Short Term Goal	Tolerate least restrictive diet	Tolerate least restrictive diet	Tolerate least restrictive diet [N1]	Tolerate least restrictive diet	Tolerate least restrictive diet [N2]
Estimated Completion Date	02/22/25	02/22/25	02/22/25 [N1]	02/22/25	01/24/25 [N2]
Goal Status	Not Progressing	Progressing	Progressing [N1]	Not Progressing	Progressing [N2]
Patient/caregiver will participate in education regarding	Dysphagia	Dysphagia	Dysphagia [N1]	Dysphagia	Dysphagia [N2]
Estimated Completion Date	02/22/25	02/22/25	02/22/25 [N1]	02/22/25	01/24/25 [N2]
Goal Status	Progressing	Progressing	Progressing [N1]	Progressing	Progressing [N2]
Row Name	**01/10/25 1020**				
SLP Received On	01/10/25 [N3]				
SLP Document Type	Eval [N3]				
SLP Total Treatment Time in Minutes	20 Minutes [N3]				
Visual Acuity	Corrective lenses [N3]				
Auditory Acuity	Deaf [N3]				
Family/Caregiver Comments	son present at bedside [N3]				
Is an interpreter used?	No [N3]				
Patient Report/Self-Assessment	pt. awake and alert, sitting upright in bed [N3]				
Patient Stated Goal	to eat/drink [N3]				
Prior Function	Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table [N3]
Dentition	Adequate with dentures [N3]
Oral mucosa	Dry [N3]
Volitional cough	Within Functional Limits [N3]
Labial ROM	Within Functional Limits [N3]
Labial Symmetry	Within Functional Limits [N3]
Labial Strength	Within Functional Limits [N3]
Lingual ROM	Within Functional Limits [N3]
Lingual Symmetry	Within Functional Limits [N3]
Lingual Strength	Within Functional Limits [N3]
Soft Palate	Within Functional Limits [N3]
Vocal Quality	Within Functional Limits [N3]
Respiratory Status	Room air [N3]
Behavior/Cognition	Alert;Participates well [N3]
Patient Positioning	Upright in bed [N3]
Consistencies Assessed	0-Thin Liquids;4-Pureed;Soft solids [N3]
0-Thin Liquids - Presentation	Straw;Self Fed [N3]
4 Pureed - Presentation	Spoon;Self Fed [N3]
Soft Solids - Presentation	Self Fed [N3]
Consistencies Assessed Comment	Patient with intermittent coughing on thin liquids, specifically with larger sips of water. When cued to take slow/small sips, she was able to take water without coughing.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	no overt s/s aspiration with puree or graham cracker, no significant oral residuals [N3]
Patient/Caregiver Training	SLP education provided regarding patients current swallow function [N3]
Assessment	Jeanne was seen for initial swallow evaluation with intermittent cough response with large sips of thin liquids. This is likely consistent with presbyphagia, or chronic dysphagia which is common in patients of advanced age. She has had no respiratory issues and current assessment is consistent with SLP eval 11/2023. Her baseline diet is soft solids due to ill-fitting dentures. Recommend soft and bite size textures and thin liquids via small single sips. meds whole in puree. SLP will continue to follow. [N3]
SLP Assessment Results	Dysphagia [N3]
Dysphagia	— [N3]
Aspiration Risk	Moderate [N3]
Impact on Function	Risk for respiratory complications;Risk for not meeting oral nutrition [N3]
Confounding Factors	presbyphagia [N3]
Prognosis	Good [N3]
Evaluation/Treatment Tolerance	Patient tolerated treatment well [N3]
SLP Plan	Skilled SLP [N3]
Treatment/Interventions	Swallow eval [N3]
SLP Frequency	1-3x/week [N3]
SLP Discharge Recommendations	No follow up SLP indicated [N3]
SLP Summary for Next Shift	assess diet tolerance,s/o if stable [N3]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Goals	STG 1;STG - Education [N3]
Diet Recommendations	6-Soft and bite-sized;0-Thin liquids [N3]
Medication Administration Recommendations	Meds whole/halved in puree;Meds crushed in puree [N3]
Oral care	Frequency: 2-3x per day;Toothbrush and toothpaste [N3]
Aspiration Precautions	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time [N3]
Short Term Goal	Tolerate least restrictive diet [N3]
Estimated Completion Date	01/24/25 [N3]
Goal Status	Updated [N3]
Patient/caregiver will participate in education regarding	Dysphagia [N3]
Estimated Completion Date	01/24/25 [N3]
Goal Status	Updated [N3]

Spiritual Care Interventions

Row Name	03/07/25 1211	02/27/25 1522	02/25/25 1700	02/24/25 1652	02/23/25 1529
Referral From	RN	Palliative Care	—	Palliative Care	RN
Requested by	RN	—	—	—	Family
Contact Type	—	In person	—	In person	In person
Present at encounter	—	Patient and caregivers	—	Patient and caregivers	Patient and caregivers
Visit type	Attempted (Inpatient)	Follow-up	—	Follow-up	Initial
Reason for not visiting (Inpatient)	Other (comment)	—	—	—	—
Specialized Visit	—	Palliative care	—	Palliative care	—
Location	UWMC (Montlake)	UWMC (Montlake)	—	UWMC (Montlake)	UWMC (Montlake)
UWMC (Montlake) Units	7SA	7SA	—	7SA	7SA
Spiritual Preference	—	—	—	Catholic	—
Spiritual Care Interventions	—	Spiritual Support;Ritual	—	Spiritual Support;Other (Comment)	Spiritual Care Assessment;Spiritual Support
Spiritual Care Ritual Provided	—	Prayer	—	—	—
Continue Visiting	No further needs at this time	Yes	—	Yes	No further needs at this time
Spiritual Care Follow-Up	—	As available	—	As available	—
To provide	—	Faith	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

		affirmation;Ritual: prayer/blessing/meditation			
No further needs at this time	—	—	—	—	Will request spirtual care as desired
Direct Time	10	25	0	15	40
Indirect Time	10	20	15	20	30
Total Time	20	45	15	35	70

Row Name	**02/21/25 1517**
Referral From	RN
Requested by	RN
Contact Type	In person
Present at encounter	Patient and caregivers
Visit type	Initial
Location	UWMC (Montlake)
UWMC (Montlake) Units	7SA
Spiritual Care Interventions	Spiritual Care Assessment
Continue Visiting	No further needs at this time
No further needs at this time	Will request spirtual care as desired
Direct Time	30
Indirect Time	15
Total Time	45

SW Productivity Data

Row Name	**03/08/25 1900**	**03/06/25 1500**	**03/05/25 1200**	**03/03/25 1100**	**03/02/25 1400**
Assessment Type	Discharge Planning Assessment (Face-to-Face)	Follow-Up Assessment	—	—	Follow-Up Assessment
Interventions & Referrals	Placement - Skilled Nursing Facility	Care Coordination;Chart Review/Screening;Consult with healthcare team/provider/community;Discharge planning;Advanced Directives education, support and/or notary coordination;Transportation Referral/Arranged;Placement - Skilled Nursing Facility	Consult with healthcare team/provider/community;Discharge planning	Consult with healthcare team/provider/community;Discharge planning;Placement - Skilled Nursing Facility	Placement - Skilled Nursing Facility;Care Coordination;Consult with healthcare team/provider/community
SW Inpatient services (minutes)	95	90	30	60	60

Row Name	**03/01/25 1400**	**02/27/25 1200**	**02/27/25 1100**	**02/26/25 1500**	**02/24/25 1700**
Assessment Type	Follow-Up Assessment	—	—	—	—
Interventions & Referrals	Consult with healthcare team/provider/community	Consult with healthcare team/provider/community;Discharge planning;Placement	Consult with healthcare team/provider/community;Discharge planning	Consult with healthcare team/provider/community;Discharge planning;Placement	Consult with healthcare team/provider/community;Discharge planning

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

		- Skilled Nursing Facility		- Skilled Nursing Facility	
SW Inpatient services (minutes)	45	60	60	30	90

Row Name	02/21/25 0900	02/17/25 1000	02/13/25 1500	02/10/25 1300	02/05/25 1200
Assessment Type	—	Follow-Up Assessment	—	Discharge Planning Assessment (Face-to-Face)	Discharge Planning Assessment (Face-to-Face)
Interventions & Referrals	Consult with healthcare team/provider/community;Discharge planning	—	Consult with healthcare team/provider/community;Discharge planning;Hospice Referral;Care Coordination	Care Coordination;Chart Review/Screening;Discharge planning;Placement - Skilled Nursing Facility	Care Coordination;Chart Review/Screening;Discharge planning;Placement - Skilled Nursing Facility
SW Inpatient services (minutes)	30	30	90	90	45

Row Name	02/04/25 1600	01/30/25 1300	01/28/25 1300	01/22/25 1100	01/16/25 0700
Assessment Type	Discharge Planning Assessment (Face-to-Face)	Discharge Planning Assessment (Face-to-Face)	—	—	—
Interventions & Referrals	Care Coordination;Chart Review/Screening;Discharge planning;Placement - Skilled Nursing Facility	Consult with healthcare team/provider/community;Discharge planning;Placement - Skilled Nursing Facility	Consult with healthcare team/provider/community;Discharge planning	Care Coordination;Chart Review/Screening;Discharge planning;Consult with healthcare team/provider/community	Care Coordination;Chart Review/Screening;Discharge planning;Consult with healthcare team/provider/community
SW Inpatient services (minutes)	45	60	150	20	20

Row Name	01/15/25 1400	01/15/25 0800
Assessment Type	Discharge Planning Assessment (Chart Review)	—
Interventions & Referrals	Assessment - Inpatient Medical;Care Coordination;Chart Review/Screening;Consult with healthcare team/provider/community;Discharge planning	Care Coordination;Chart Review/Screening;Discharge planning;Consult with healthcare team/provider/community;APS Referral
SW Inpatient services (minutes)	45	30

SW Psychosocial Assessment

Row Name	03/06/25 1600	03/06/25 1300	03/04/25 1200	02/27/25 1131	02/26/25 1200
Assessment Type	Follow-Up Assessment	Follow-Up Assessment	Follow-Up Assessment	Follow-Up Assessment	Follow-Up Assessment
Interventions & Referrals	Consult with healthcare team/provider/community;Chart Review/Screening	Consult with healthcare team/provider/community;Chart Review/Screening	Consult with healthcare team/provider/community;Chart Review/Screening;C	Care Coordination;Palliative Care Consult;Chart Review/Screening	Care/Family conference facilitated;Consult with healthcare team/provider/com

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

			ounseling/Support/Psychoeducation (coping, adjustment to illness)		munity;Chart Review/Screening;Care Coordination
SW Inpatient services (minutes)	30	30	30	45	90

Row Name	02/24/25 1100	02/20/25 1500	02/19/25 1100	02/18/25 1200	02/13/25 0929
Assessment Type	Follow-Up Assessment	Follow-Up Assessment	Follow-Up Assessment	Follow-Up Assessment	Follow-Up Assessment
Interventions & Referrals	Goals of Care;Care Coordination;Counseling/Support/Psychoeducation (coping, adjustment to illness)	Care Coordination;Consult with healthcare team/provider/community;Counseling/Support/Psychoeducation (coping, adjustment to illness)	Care Coordination;Consult with healthcare team/provider/community;Chart Review/Screening;Care/Family conference facilitated	Care/Family conference facilitated;Chart Review/Screening;Consult with healthcare team/provider/community;Care Coordination	Care/Family conference facilitated
SW Inpatient services (minutes)	60	45	120	175	60

Row Name	02/11/25 1400	02/10/25 1600	01/31/25 1400
Assessment Type	Follow-Up Assessment	Follow-Up Assessment	—
Interventions & Referrals	Palliative Care Consult	Palliative Care Consult	Consult with healthcare team/provider/community;Placement - Skilled Nursing Facility;Discharge planning
SW Inpatient services (minutes)	60	75	45

Vital Signs

Row Name	01/09/25 1345	01/09/25 1230	01/09/25 1215	01/09/25 1033	01/09/25 1026
Temp	—	—	—	36.8 °C	36.9 °C (P)
Temp src	—	—	—	Temporal	Temporal (P)
Pulse	**41** !	**39** !	**40** !	**40** !	**41** ! (P)
Heart Rate Source	—	—	—	Monitor	Monitor (P)
Resp	20	17	14	14	16 (P)
BP	**165/56** !	**147/50** !	**141/49** !	**152/54** !	**152/54** ! (P)
MAP (mmHg)	87	77	77	—	82 (P)
BP Site	—	—	—	Right Arm	Left Arm (P)
BP Method	—	—	—	Automatic	Automatic (P)
Patient Position	—	—	—	Sitting	Sitting (P)
SpO2	99 %	100 %	100 %	99 %	99 % (P)
Vital Sign Reason	—	—	—	Routine	—
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes (P)
Oxygen Therapy	—	None (Room air)	None (Room air)	None (Room air)	—
Pain Score	—	—	—	10 - Worst possible pain	—
Weight	—	—	—	45.5 kg (100 lb 6.4 oz)	—
Weight Method	—	—	—	Bed scale	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Vitals

Row Name	03/08/25 0900	03/08/25 0500	03/08/25 0310	03/08/25 0011	03/07/25 2031
Pain Assessment	FLACC	FLACC	FLACC	FLACC	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	Normal position or relaxed	Normal position or relaxed	—	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaint	Moans or whimpers, occasional complaint	—	—
Pain Rating: FLACC (Rest) - Consolability	Content, relaxed	Reassured by occasional touch, hug or being talked to	Content, relaxed	—	—
Score: FLACC (Rest)	2	5	3	—	—
Pain Rating: FLACC (Activity) - Face	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	—	—
Pain Rating: FLACC (Activity) - Legs	Normal position or relaxed	Uneasy, restless, tense	Normal position or relaxed	—	—
Pain Rating: FLACC (Activity) - Activity	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily	—	—
Pain Rating: FLACC (Activity) - Cry	Moans or whimpers, occasional complaint	Moans or whimpers, occasional complaint	Moans or whimpers, occasional complaint	—	—
Pain Rating: FLACC (Activity) - Consolability	Content, relaxed	Reassured by occasional touch, hug or being talked to	Reassured by occasional touch, hug or being talked to	—	—
Score: FLACC (Activity)	3	5	3	—	—
Sedation Scale Used	Richmond Agitation Sedation Scale	—	—	—	—
Ramsay Scale (RS): Score	Awake, patient responds to commands only	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	Restless	—	—	—	—
Is the patient experiencing symptoms of hypoglycemia?	No	—	—	—	—
Reason for Communication	—	—	—	—	Other (Comment)
Provider Name	—	—	—	—	Abay, Rebecca
Provider Role	—	—	—	—	Attending physician
Method of Communication	—	—	—	—	Secure Chat
Response	—	—	—	—	Waiting for response

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Notification Time	—	—	—	—	2031
Row Name	**03/07/25 1408**	**03/07/25 0554**	**03/07/25 0418**	**03/07/25 0330**	**03/07/25 0231**
Pain Assessment	FLACC	FLACC	FLACC	FLACC	FLACC
Vocal Complaints: Nonverb at Rest	—	—	Behavior not observed	—	—
Facial Grimaces/Winces at Rest	—	—	Behavior not observed	—	—
Bracing at Rest	—	—	Behavior not observed	—	—
Restlessness at Rest	—	—	Behavior not observed	—	—
Rubbing at Rest	—	—	Behavior not observed	—	—
Verbal Complaints Verbal at Rest	—	—	Behavior not observed	—	—
Subtotal Score at Rest	—	—	0	—	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	No particular expression or smile	No particular expression or smile	No particular expression or smile	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	Normal position or relaxed	Normal position or relaxed	Normal position or relaxed	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily	Lying quietly, normal position, moves easily	Lying quietly, normal position, moves easily	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	No cry (awake or asleep)	No cry (awake or asleep)	No cry (awake or asleep)	—
Pain Rating: FLACC (Rest) - Consolability	Difficult to console or comfort	Content, relaxed	Content, relaxed	Content, relaxed	—
Score: FLACC (Rest)	6	0	0	0	—
Pain Rating: FLACC (Activity) - Face	Frequent to constant frown, clenched jaw, quivering chin	—	—	—	—
Pain Rating: FLACC (Activity) - Legs	Uneasy, restless, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Cry	Moans or whimpers, occasional complaint	—	—	—	—
Pain Rating: FLACC (Activity) - Consolability	Difficult to console or comfort	—	—	—	—
Score: FLACC (Activity)	7	—	—	—	—
Reason for Communication	—	Review case	—	—	—
Provider Name	—	Abay	—	—	—
Provider Role	—	Attending physician	—	—	—
Method of Communication	—	Secure Chat	—	—	—
Response	—	No new orders	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Notification Time	—	0555	—	—	—
Row Name	**03/07/25 0147**	**03/07/25 0136**	**03/07/25 0135**	**03/07/25 0001**	**03/06/25 2352**
Pain Assessment	FLACC	FLACC	FLACC	FLACC	—
Pain Score	—	—	—	Patient sleeping	—
Pain Rating: FLACC (Rest) - Face	No particular expression or smile	No particular expression or smile	No particular expression or smile	No particular expression or smile	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	Normal position or relaxed	Normal position or relaxed	Normal position or relaxed	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	No cry (awake or asleep)	Moans or whimpers, occasional complaint	No cry (awake or asleep)	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	Content, relaxed	Reassured by occasional touch, hug or being talked to	Content, relaxed	—
Score: FLACC (Rest)	3	0	3	0	—
Reason for Communication	—	—	—	—	Other (Comment)
Provider Name	—	—	—	—	Abay
Provider Role	—	—	—	—	Attending physician
Method of Communication	—	—	—	—	Secure Chat
Response	—	—	—	—	No new orders
Notification Time	—	—	—	—	2358
Row Name	**03/06/25 2250**	**03/06/25 2200**	**03/06/25 2118**	**03/06/25 2018**	**03/06/25 1911**
Resp	—	16	16	—	—
Pain Assessment	FLACC	FLACC	FLACC	FLACC	FLACC
Pain Score	Patient sleeping	Patient sleeping	Patient sleeping	—	—
Pain Rating: FLACC (Rest) - Face	No particular expression or smile	No particular expression or smile	No particular expression or smile	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	Normal position or relaxed	Normal position or relaxed	—	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	Lying quietly, normal position, moves easily	Lying quietly, normal position, moves easily	—	—
Pain Rating: FLACC (Rest) - Cry	No cry (awake or asleep)	No cry (awake or asleep)	No cry (awake or asleep)	—	—
Pain Rating: FLACC (Rest) - Consolability	Content, relaxed	Content, relaxed	Content, relaxed	—	—
Score: FLACC (Rest)	0	0	0	—	—
Row Name	**03/06/25 1900**	**03/06/25 1252**	**03/06/25 1251**	**03/06/25 1058**	**03/06/25 1056**
Vital Sign Reason	Other(comment)	—	—	—	—
Pain Interventions	—	—	—	—	Medication (See MAR)
Reason for Communication	—	Other (Comment)	Other (Comment)	Other (Comment)	Other (Comment)
Provider Name	—	—	—	barns, james	barns, james
Provider Role	—	Other (Comment)	Other (Comment)	Resident	Resident
Method of	—	Secure Chat	Secure Chat	Secure Chat	Secure Chat

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Communication					
Response	—	Other (Comment)	Other (Comment)	Waiting for response	Waiting for response
Notification Time	—	1251	1251	1058	1058
Row Name	**03/06/25 0830**	**03/05/25 1900**	**03/05/25 1540**	**03/05/25 0950**	**03/04/25 2100**
Pain Assessment	CNPI	CNPI	CNPI	CNPI	—
Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	Unable to describe	—	—	—	—
Pain Intensity	Rest	—	—	—	—
Pain Location	UTA	—	—	—	—
Unable to Self-Report Pain Reason	Nonverbal	—	—	—	—
Vocal Complaints: Non-verbal with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	Behavior occurred even briefly	—
Facial Grimaces/Winces with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	Behavior occurred even briefly	—
Bracing with Movement	—	Behavior not observed	Behavior not observed	Behavior occurred even briefly	—
Restlessness with Movement	—	Behavior not observed	Behavior not observed	Behavior occurred even briefly	—
Rubbing with Movement	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Vocal Complaints: Verbal with movement	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Subtotal Score with Movement	—	2	2	4	—
Vocal Complaints: Nonverb at Rest	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Facial Grimaces/Winces at Rest	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Bracing at Rest	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Restlessness at Rest	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Rubbing at Rest	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Verbal Complaints Verbal at Rest	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Subtotal Score at Rest	—	0	0	0	—
CNPI Total Score	—	2	2	4	—
Row Name	**03/03/25 0900**	**03/03/25 0810**	**03/02/25 1900**	**03/02/25 1500**	**03/02/25 0900**
Temp	—	36.3 °C	—	—	—
Temp src	—	Temporal	—	—	—
Pulse	—	92	—	—	—
Heart Rate Source	—	Monitor	—	—	—
Resp	—	**21** !	—	—	—
BP	—	**101/54** !	—	—	—
MAP (mmHg)	—	70	—	—	—
BP Site	—	Left Arm	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

BP Method	—	Automatic	—	—	—
Patient Position	—	Lying	—	—	—
Vital Sign Reason	—	Other(comment)	—	—	—
SpO2	—	94 %	—	—	—
Patient Activity	—	At rest	—	—	—
Pulse Oximetry Type	—	Continuous	—	—	—
Oximetry Probe Site Changed	—	Yes	—	—	—
Oxygen Therapy	—	None (Room air)	—	—	—
Pain Assessment	FLACC	—	FLACC	FLACC	FLACC
Pain Score	Patient UNavailable for reassessment	—	—	—	—
Pain Descriptor Scale	Unable to describe	—	Unable to describe	Unable to describe	Unable to describe
Pain Intensity	Rest	—	—	—	—
Unable to Self-Report Pain Reason	—	—	—	—	Nonverbal
Activities/Procedures Causing Pain	—	—	—	Turning/repositioning	Turning/repositioning
Row Name	**03/01/25 2154**	**03/01/25 1911**	**03/01/25 0910**	**02/28/25 2100**	**02/28/25 0900**
Pulse Oximetry Type	Continuous	—	—	—	—
Oximetry Probe Site Changed	Yes	—	—	—	—
Pain Assessment	—	FLACC	FLACC	FLACC	FLACC
Pain Descriptor Scale	—	Unable to describe	Unable to describe	Unable to describe	—
Unable to Self-Report Pain Reason	—	Nonverbal	—	Nonverbal	Nonverbal
Activities/Procedures Causing Pain	—	Turning/repositioning	—	Turning/repositioning	Turning/repositioning
Patient Behaviors	—	—	—	—	Restless
Surrogate Reports Pain Behaviors	—	—	—	—	No
Assume Pain is Present	—	—	—	—	No
Row Name	**02/27/25 1900**	**02/27/25 1116**	**02/27/25 1100**	**02/27/25 1041**	**02/27/25 0854**
Pulse	—	—	—	—	91
BP	—	—	—	—	**142/67** !
MAP (mmHg)	—	—	—	—	92
SpO2	—	92 %	**70 %** !	**68 %** !	99 %
Oxygen Therapy	—	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	FLACC	FLACC	—	—	—
Pain Score	—	Patient UNavailable for reassessment	—	—	—
Pain Descriptor Scale	Unable to describe	Unable to describe	—	—	—
Pain Intensity	—	Rest	—	—	—
Pain Location	UTA	UTA	—	—	—
Row Name	**02/27/25 0430**	**02/27/25 0155**	**02/26/25 1957**	**02/26/25 1100**	**02/26/25 0900**
Pain Assessment	—	—	—	FLACC	FLACC
Pain Descriptor Scale	—	—	—	Unable to describe	Unable to describe
Pain Location	—	—	—	—	UTA

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Vocal Complaints: Non-verbal with Movement	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Facial Grimaces/Winces with Movement	Behavior not observed	Behavior occurred even briefly	Behavior not observed	—	—
Bracing with Movement	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Restlessness with Movement	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Rubbing with Movement	Behavior not observed	Behavior not observed	Behavior occurred even briefly	—	—
Vocal Complaints: Verbal with movement	Behavior not observed	Behavior not observed	Behavior not observed	—	—
Subtotal Score with Movement	0	4	4	—	—
Vocal Complaints: Nonverb at Rest	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Facial Grimaces/Winces at Rest	Behavior not observed	Behavior not observed	Behavior not observed	—	—
Bracing at Rest	Behavior not observed	Behavior occurred even briefly	Behavior not observed	—	—
Restlessness at Rest	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Rubbing at Rest	Behavior not observed	Behavior not observed	Behavior not observed	—	—
Verbal Complaints Verbal at Rest	Behavior not observed	Behavior not observed	Behavior not observed	—	—
Subtotal Score at Rest	0	3	2	—	—
CNPI Total Score	0	7	6	—	—
Pain Rating: FLACC (Rest) - Face	—	—	—	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Rest) - Legs	—	—	—	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	—	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	—	—	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Rest)	—	—	—	5	—

Row Name	02/25/25 2300	02/25/25 2123	02/25/25 0540	02/24/25 0610	02/24/25 0012
Temp	—	—	—	36.2 °C	36 °C
Temp src	—	—	—	Temporal	Temporal
Pulse	—	73	—	70	79
Heart Rate Source	—	Monitor	—	Monitor	Monitor
Resp	—	20	—	**22** !	**22** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

BP	—	**119/57** !	—	**113/54** !	**100/52** !
MAP (mmHg)	—	—	—	73	68
BP Site	—	Right Arm	—	Right Arm	Right Arm
BP Method	—	Automatic	—	Automatic	Automatic
Patient Position	—	Lying	—	Lying	Lying
Vital Sign Reason	—	Routine	—	Routine	Routine
SpO2	—	95 %	—	97 %	100 %
Patient Activity	—	At rest	—	At rest	At rest
Pulse Oximetry Type	—	—	—	Continuous	Continuous
Oximetry Probe Site Changed	—	—	—	No	—
Oxygen Therapy	—	None (Room air)	—	Supplemental oxygen	Supplemental oxygen
O2 Delivery Method	—	—	—	Heated High Flow - Mask	—
Pain Rating: FLACC (Rest) - Face	No particular expression or smile	No particular expression or smile	—	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	Normal position or relaxed	—	—	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Rest) - Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Content, relaxed	Difficult to console or comfort	—	—	—
Score: FLACC (Rest)	0	4	—	—	—
Reason for Communication	—	—	Review case	—	—
Provider Name	—	—	Mironchuk, Olesya	—	—
Provider Role	—	—	Resident	—	—
Method of Communication	—	—	Secure Chat	—	—
Response	—	—	Waiting for response	—	—
Notification Time	—	—	0540	—	—

Row Name	**02/23/25 2127**	**02/23/25 1846**	**02/23/25 1725**	**02/23/25 1100**	**02/23/25 1047**
Temp	36 °C	—	—	—	36.1 °C
Temp src	Temporal	—	—	—	Temporal
Pulse	89	—	—	—	72
Heart Rate Source	Monitor	—	—	—	Monitor
Resp	20	—	—	**27** !	—
BP	**113/57** !	—	—	—	111/69
MAP (mmHg)	76	—	—	—	83
BP Site	Right Arm	—	—	—	Right Arm
BP Method	Automatic	—	—	—	Automatic
Patient Position	Lying	—	—	—	Lying
Vital Sign Reason	Routine	—	—	—	Routine
SpO2	96 %	—	—	**88 %** !	**89 %** !
Patient Activity	At rest	—	—	—	Sleeping
Pulse Oximetry Type	Continuous	—	—	—	Continuous

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Oximetry Probe Site Changed	No	—	—	—	No
Oxygen Therapy	—	—	—	—	Supplemental oxygen
O2 Delivery Method	—	—	—	Venturi mask	Face tent
O2 Flow Rate (L/min)	—	—	—	15 L/min	6 L/min
FiO2 (%)	—	—	—	50 %	—
Pain Assessment	—	FLACC	FLACC	—	—
Pain Rating: FLACC (Rest) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	Frequent to constant frown, clenched jaw, quivering chin	—	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	Uneasy, restless, tense	—	—
Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—	—
Pain Rating: FLACC (Rest) - Cry	—	Crying steadily, screams or sobs, frequent complaint	Crying steadily, screams or sobs, frequent complaint	—	—
Pain Rating: FLACC (Rest) - Consolability	—	Difficult to console or comfort	Difficult to console or comfort	—	—
Score: FLACC (Rest)	—	8	8	—	—

Row Name	**02/23/25 1018**	**02/23/25 0800**	**02/23/25 0747**	**02/23/25 0608**	**02/22/25 2100**
Temp	—	—	—	**35.8 °C** !	—
Temp src	—	—	—	Temporal	—
Pulse	—	—	—	81	—
Heart Rate Source	—	—	—	Monitor	—
Resp	—	—	—	20	—
BP	—	—	114/77	**175/80** !	—
MAP (mmHg)	—	—	89	112	—
BP Site	—	—	Right Arm	Left Arm	—
BP Method	—	—	Automatic	Automatic	—
Patient Position	—	—	Lying	Lying	—
Vital Sign Reason	—	—	—	Routine	—
SpO2	—	—	—	97 %	—
Patient Activity	—	—	—	At rest	—
Oxygen Therapy	—	—	—	None (Room air)	—
Pain Assessment	FLACC	FLACC	—	—	FLACC
Pain Rating: FLACC (Rest) - Face	Frequent to constant frown, clenched jaw, quivering chin	Frequent to constant frown, clenched jaw, quivering chin	—	—	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Rest) - Cry	Crying steadily, screams or sobs, frequent complaint	Crying steadily, screams or sobs, frequent complaint	—	—	—
Pain Rating: FLACC (Rest) -	Difficult to console or comfort	Difficult to console or comfort	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Consolability					
Score: FLACC (Rest)	8	8	—	—	—
Pain Rating: FLACC (Activity) - Face	—	—	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Activity) - Legs	—	—	—	—	Normal position or relaxed
Pain Rating: FLACC (Activity) - Activity	—	—	—	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Activity) - Cry	—	—	—	—	No cry (awake or asleep)
Pain Rating: FLACC (Activity) - Consolability	—	—	—	—	Content, relaxed
Score: FLACC (Activity)	—	—	—	—	2

Row Name	**02/22/25 1943**	**02/22/25 1619**	**02/22/25 1546**	**02/22/25 1541**	**02/22/25 0955**
Temp	36.1 °C	36.1 °C	—	—	—
Temp src	Temporal	Temporal	—	—	—
Pulse	76	73	—	—	—
Heart Rate Source	Monitor	Monitor	—	—	—
Resp	20	20	—	—	—
BP	122/76	**159/87** !	—	—	—
BP Site	Right Arm	Right Arm	—	—	—
BP Method	Automatic	Automatic	—	—	—
Patient Position	Lying	Lying	—	—	—
Vital Sign Reason	Routine	Routine	—	Pt refused	—
SpO2	95 %	96 %	—	—	—
Patient Activity	At rest	At rest	—	—	—
Pulse Oximetry Type	—	Continuous	—	—	—
Oxygen Therapy	—	None (Room air)	—	—	—
Pain Assessment	—	—	—	—	FLACC
Pain Rating: FLACC (Rest) - Face	—	—	Frequent to constant frown, clenched jaw, quivering chin	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	—	—	Uneasy, restless, tense	—	Uneasy, restless, tense
Pain Rating: FLACC (Rest) - Activity	—	—	Squirming, shifting back and forth, tense	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Rest) - Cry	—	—	Crying steadily, screams or sobs, frequent complaint	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Rest) - Consolability	—	—	Difficult to console or comfort	—	Reassured by occasional touch, hug or being talked to
Score: FLACC (Rest)	—	—	8	—	5
Pain Rating: FLACC (Activity) - Face	—	—	Frequent to constant frown, clenched jaw, quivering chin	—	Occasional grimace or frown, withdrawn, disinterested

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Rating: FLACC (Activity) - Legs	—	—	Uneasy, restless, tense	—	Uneasy, restless, tense
Pain Rating: FLACC (Activity) - Activity	—	—	Squirming, shifting back and forth, tense	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Activity) - Cry	—	—	Crying steadily, screams or sobs, frequent complaint	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Activity) - Consolability	—	—	Difficult to console or comfort	—	Reassured by occasional touch, hug or being talked to
Score: FLACC (Activity)	—	—	8	—	5
Nursing Annotation	—	—	PRN dilaudid refused by son	—	PRN Dilaudid refused by Son

Row Name	**02/22/25 0941**	**02/22/25 0600**	**02/22/25 0500**	**02/21/25 2300**	**02/21/25 2100**
Temp	36.6 °C	—	—	—	—
Temp src	Temporal	—	—	—	—
Pulse	70	—	—	—	—
Heart Rate Source	Monitor	—	—	—	—
Resp	20	—	—	—	—
BP	138/70	—	—	—	—
BP Site	Left Arm	—	—	—	—
BP Method	Automatic	—	—	—	—
Patient Position	Lying	—	—	—	—
Vital Sign Reason	Routine	—	—	—	—
SpO2	98 %	—	—	—	—
Patient Activity	At rest	—	—	—	—
Pulse Oximetry Type	Intermittent	—	—	—	—
Oxygen Therapy	None (Room air)	—	—	—	—
Pain Score	—	—	—	Patient sleeping	—
Pain Rating: FLACC (Rest) - Face	—	—	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	—	—	—	—	Normal position or relaxed
Pain Rating: FLACC (Rest) - Activity	—	—	—	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Rest) - Cry	—	—	—	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Rest) - Consolability	—	—	—	—	Difficult to console or comfort
Score: FLACC (Rest)	—	—	—	—	5
Pain Rating: FLACC (Activity) - Face	—	—	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Activity) - Legs	—	—	—	—	Normal position or relaxed
Pain Rating: FLACC (Activity) - Activity	—	—	—	—	Squirming, shifting back and forth, tense

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Rating: FLACC (Activity) - Cry	—	—	—	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Activity) - Consolability	—	—	—	—	Difficult to console or comfort
Score: FLACC (Activity)	—	—	—	—	5
Nursing Annotation	—	Right before I administered the Dilaudid dose he was imitating the sounds of her moaning/wailing and calling her a "cry baby"	0430 pt showing signs of pain/discomfort. Son not agreeable to Dilaudid or Ativan. Son insistent that he wants her awake to talk to him. Pt's son repeatedly yelling in the patient's face asking her if she knows who he is. Pt's son told the charge nurse that he isn't just her son, he is also her doctor. Provider notified.	—	—

Row Name	02/21/25 1700	02/21/25 1442	02/21/25 1412	02/21/25 1328	02/21/25 1258
Temp	36.8 °C	—	—	—	—
Temp src	Temporal	—	—	—	—
Pulse	83	—	—	—	—
Heart Rate Source	Monitor	—	—	—	—
Resp	20	20	**24** !	20	**24** !
BP	**150/71** !	—	—	—	—
BP Site	Left Arm	—	—	—	—
BP Method	Automatic	—	—	—	—
Patient Position	Lying	—	—	—	—
Vital Sign Reason	Routine	—	—	—	—
SpO2	95 %	95 %	98 %	95 %	96 %
Oxygen Therapy	None (Room air)	—	—	—	—
O2 Delivery Method	Face tent	—	—	—	—
O2 Flow Rate (L/min)	10 L/min	—	—	—	—
FiO2 (%)	28 %	—	—	—	—
Pain Assessment	—	FLACC	FLACC	—	FLACC
Pain Rating: FLACC (Rest) - Face	—	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
Pain Rating: FLACC (Rest) - Legs	—	Normal position or relaxed	Kicking, or legs drawn up	Normal position or relaxed	Kicking, or legs drawn up
Pain Rating: FLACC (Rest) - Activity	—	Lying quietly, normal position, moves easily	Arched, rigid or jerking	Lying quietly, normal position, moves easily	Arched, rigid or jerking
Pain Rating: FLACC (Rest) - Cry	—	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaint	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaint
Pain Rating:	—	Content, relaxed	Difficult to console	Content, relaxed	Difficult to console

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

FLACC (Rest) - Consolability			or comfort		or comfort
Score: FLACC (Rest)	—	2	10	2	10
Richmond Agitation Sedation Scale (RASS)	—	Drowsy	Agitated	Drowsy	Agitated
Row Name	**02/21/25 1223**	**02/21/25 1153**	**02/21/25 0900**	**02/21/25 0747**	**02/20/25 2246**
Temp	—	—	—	36.5 °C	36.4 °C
Temp src	—	—	—	Temporal	Temporal
Pulse	—	—	—	72	71
Heart Rate Source	—	—	—	Monitor	Monitor
Resp	20	**24** !	—	20	20
BP	—	—	—	**106/54** !	**122/56** !
MAP (mmHg)	—	—	—	—	78
BP Site	—	—	—	Left Arm	Left Arm
BP Method	—	—	—	Automatic	Automatic
Patient Position	—	—	—	Lying	Lying
Vital Sign Reason	—	—	—	Routine	Routine
SpO2	—	94 %	—	96 %	95 %
Patient Activity	—	—	—	—	At rest
Pulse Oximetry Type	—	—	—	—	Intermittent
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	—	—	—	None (Room air)	None (Room air)
Pain Assessment	—	—	FLACC	—	—
Pain Score	—	—	Patient sleeping	—	—
Pain Intensity	—	—	Rest	—	—
Richmond Agitation Sedation Scale (RASS)	Drowsy	Agitated	—	—	—
Row Name	**02/20/25 1625**	**02/20/25 1611**	**02/20/25 1533**	**02/20/25 1518**	**02/20/25 1505**
Temp	—	—	36.5 °C	36.5 °C	—
Temp src	—	—	Temporal	Temporal	—
Pulse	—	—	78	73	72
Heart Rate Source	—	—	Monitor	Monitor	—
Resp	—	—	20	**22** !	18
BP	—	**147/61** !	**158/69** !	136/64	131/82
MAP (mmHg)	—	90	98	88	98
BP Site	—	Left Arm	Right Arm	Right Arm	Left Arm
BP Method	—	Automatic	Automatic	Automatic	Automatic
Patient Position	—	Lying	Lying	Lying	Lying
Vital Sign Reason	—	Routine	—	—	—
SpO2	—	—	—	93 %	94 %
Patient Activity	—	—	—	At rest	—
Pulse Oximetry Type	—	—	—	Intermittent	—
Oximetry Probe Site Changed	—	—	—	No	—
Oxygen Therapy	—	—	—	None (Room air)	None (Room air)
Pain Assessment	FLACC	—	—	—	—
Pain Rating: FLACC (Rest) -	Frequent to constant frown,	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Face	clenched jaw, quivering chin				
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	—	—	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Difficult to console or comfort	—	—	—	—
Score: FLACC (Rest)	8	—	—	—	—
Pain Rating: FLACC (Activity) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Activity) - Legs	Uneasy, restless, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	—	—
Pain Rating: FLACC (Activity) - Consolability	Difficult to console or comfort	—	—	—	—
Score: FLACC (Activity)	7	—	—	—	—

Row Name	02/20/25 1414	02/20/25 1341	02/20/25 1325	02/20/25 0859	02/20/25 0040
Temp	—	—	36 °C	36.4 °C	—
Temp src	—	—	Temporal	Temporal	—
Pulse	77	74	77	81	—
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	—
Resp	15	20	**22** !	18	—
BP	**115/55** !	111/61	**114/51** !	**143/60** !	136/65
MAP (mmHg)	—	74	—	88	—
BP Site	Left Arm	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	Automatic	Automatic	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Lying	Lying	Lying
Vital Sign Reason	—	Other(comment)	Other(comment)	Routine	—
SpO2	93 %	93 %	98 %	95 %	—
Patient Activity	—	At rest	At rest	At rest	—
Pulse Oximetry Type	—	—	Continuous	Continuous	—
Oximetry Probe Site Changed	—	No	—	—	—
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	—
Pain Assessment	—	—	—	FLACC	—
Pain Rating: FLACC (Rest) - Face	—	—	—	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Rest) - Legs	—	—	—	Uneasy, restless, tense	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Rating: FLACC (Rest) - Activity	—	—	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	—	—	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Rest)	—	—	—	5	—
Pain Rating: FLACC (Activity) - Face	—	—	—	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Activity) - Legs	—	—	—	Kicking, or legs drawn up	—
Pain Rating: FLACC (Activity) - Activity	—	—	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Activity) - Cry	—	—	—	Crying steadily, screams or sobs, frequent complaint	—
Pain Rating: FLACC (Activity) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Activity)	—	—	—	8	—

Row Name	02/19/25 2307	02/19/25 2100	02/19/25 1752	02/19/25 1644	02/19/25 1551
Temp	36.5 °C	—	—	—	36.2 °C
Temp src	Temporal	—	—	—	Temporal
Pulse	80	—	—	—	—
Heart Rate Source	Monitor	—	—	—	Monitor
Resp	18	—	—	—	20
BP	**158/77** !	—	—	—	**169/71** !
MAP (mmHg)	104	—	—	—	104
BP Site	Left Arm	—	—	—	Left Arm
BP Method	Automatic	—	—	—	Automatic
Patient Position	Lying	—	—	—	Lying
Vital Sign Reason	Routine	—	—	—	Routine
SpO2	94 %	—	—	—	94 %
Patient Activity	At rest	—	—	—	—
Oxygen Therapy	None (Room air)	—	—	—	None (Room air)
Pain Assessment	—	FLACC	—	—	—
Pain Rating: FLACC (Rest) - Face	—	Occasional grimace or frown, withdrawn, disinterested	—	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	—	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	Moans or whimpers, occasional complaint	—	Moans or whimpers, occasional complaint	—
Pain Rating:	—	Reassured by	—	Reassured by	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

FLACC (Rest) - Consolability		occasional touch, hug or being talked to		occasional touch, hug or being talked to	
Score: FLACC (Rest)	—	5	—	5	—
Pain Rating: FLACC (Activity) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	Frequent to constant frown, clenched jaw, quivering chin	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Activity) - Legs	—	Kicking, or legs drawn up	Kicking, or legs drawn up	Uneasy, restless, tense	—
Pain Rating: FLACC (Activity) - Activity	—	Arched, rigid or jerking	Arched, rigid or jerking	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Activity) - Cry	—	Crying steadily, screams or sobs, frequent complaint	Crying steadily, screams or sobs, frequent complaint	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Activity) - Consolability	—	Reassured by occasional touch, hug or being talked to	Difficult to console or comfort	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Activity)	—	9	10	5	—

Row Name	**02/19/25 1224**	**02/19/25 0548**	**02/19/25 0400**	**02/18/25 2132**	**02/18/25 2054**
Temp	36.3 °C	—	36.1 °C	—	36.5 °C
Temp src	Temporal	—	Temporal	—	Temporal
Pulse	77	—	70	—	81
Heart Rate Source	Monitor	—	Monitor	—	Monitor
Resp	18	—	**22** !	—	**24** !
BP	**154/68** !	—	140/61	—	139/71
MAP (mmHg)	—	—	87	—	94
BP Site	Left Arm	—	Left Arm	—	Left Arm
BP Method	Automatic	—	Automatic	—	Automatic
Patient Position	Lying	—	Lying	—	Lying
Vital Sign Reason	Routine	—	Routine	—	Routine
SpO2	94 %	—	93 %	—	95 %
Patient Activity	—	—	At rest	—	At rest
Oxygen Therapy	None (Room air)	—	Supplemental oxygen	—	Supplemental oxygen
O2 Delivery Method	—	—	Heated High Flow - Mask	—	Heated High Flow - Mask
O2 Flow Rate (L/min)	—	—	45 L/min	—	45 L/min
FiO2 (%)	—	—	60 %	—	60 %
Pain Assessment	—	FLACC	—	FLACC	—
Pain Score	—	7	—	8	—
Pain Descriptor Scale	—	—	—	Unable to describe	—
Pain Intensity	—	—	—	Rest	—
Pain Interventions	—	Medication (See MAR)	—	Medication (See MAR)	—
Pain Rating: FLACC (Rest) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	—	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	—	Uneasy, restless, tense	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	Crying steadily, screams or sobs, frequent complaint	—	Crying steadily, screams or sobs, frequent complaint	—
Pain Rating: FLACC (Rest) - Consolability	—	Reassured by occasional touch, hug or being talked to	—	Difficult to console or comfort	—
Score: FLACC (Rest)	—	7	—	8	—
Richmond Agitation Sedation Scale (RASS)	—	—	—	Restless	—
Nursing Annotation	—	—	—	Son agreeable with dilaudid administration at this time	—

Row Name	02/18/25 1900	02/18/25 1602	02/18/25 1200	02/18/25 0809	02/18/25 0806
Temp	—	36.5 °C	—	—	36.4 °C
Temp src	—	Temporal	—	—	Temporal
Pulse	—	73	—	—	71
Heart Rate Source	—	Monitor	—	—	Monitor
Resp	—	20	—	—	**22** !
BP	—	140/61	—	—	**107/56** !
MAP (mmHg)	—	87	—	—	73
BP Site	—	Left Arm	—	—	Left Arm
BP Method	—	Automatic	—	—	Automatic
Patient Position	—	Lying	—	—	Lying
Vital Sign Reason	—	Routine	—	—	Routine
SpO2	—	91 %	—	—	95 %
Patient Activity	—	At rest	—	—	At rest
Pulse Oximetry Type	—	Continuous	—	—	Continuous
Oximetry Probe Site Changed	—	No	—	—	—
Oxygen Therapy	—	Supplemental oxygen	—	—	Supplemental oxygen
O2 Delivery Method	—	—	—	—	Heated High Flow - Mask;Face tent
O2 Flow Rate (L/min)	—	—	—	—	70 L/min
FiO2 (%)	—	—	—	—	70 %
Pain Rating: FLACC (Rest) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	Frequent to constant frown, clenched jaw, quivering chin	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	Uneasy, restless, tense	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	Crying steadily, screams or sobs, frequent complaint	Crying steadily, screams or sobs, frequent complaint	Crying steadily, screams or sobs, frequent complaint	—
Pain Rating:	—	Reassured by	Reassured by	Difficult to console	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

FLACC (Rest) - Consolability		occasional touch, hug or being talked to	occasional touch, hug or being talked to	or comfort	
Score: FLACC (Rest)	—	7	7	8	—
Pain Rating: FLACC (Activity) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	Frequent to constant frown, clenched jaw, quivering chin	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Activity) - Legs	—	Kicking, or legs drawn up	Kicking, or legs drawn up	Kicking, or legs drawn up	—
Pain Rating: FLACC (Activity) - Activity	—	Arched, rigid or jerking	Arched, rigid or jerking	Arched, rigid or jerking	—
Pain Rating: FLACC (Activity) - Cry	—	Crying steadily, screams or sobs, frequent complaint	Crying steadily, screams or sobs, frequent complaint	Crying steadily, screams or sobs, frequent complaint	—
Pain Rating: FLACC (Activity) - Consolability	—	Difficult to console or comfort	Difficult to console or comfort	Difficult to console or comfort	—
Score: FLACC (Activity)	—	10	10	10	—
Reason for Communication	—	—	—	—	—
Provider Name	Pillai Sunita	—	—	—	—
Provider Role	Attending physician	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—
Response	No new orders	—	—	—	—
Notification Time	0855	—	—	—	—
Row Name	**02/17/25 2300**	**02/17/25 2032**	**02/17/25 2030**	**02/17/25 1647**	**02/17/25 1407**
Temp	—	36.1 °C	—	—	36.4 °C
Temp src	—	Temporal	—	—	Temporal
Pulse	—	74	—	—	78
Heart Rate Source	—	Monitor	—	—	Monitor
Resp	**24** !	18	—	—	18
BP	—	**121/57** !	—	—	104/62
MAP (mmHg)	—	78	—	—	76
BP Site	—	Right Arm	—	—	Left Arm
BP Method	—	Automatic	—	—	Automatic
Patient Position	—	Lying	—	—	Lying
Vital Sign Reason	—	Routine	—	—	Routine
SpO2	—	100 %	—	—	99 %
Patient Activity	—	At rest	—	—	—
Pulse Oximetry Type	—	—	—	—	Continuous
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	—	Supplemental oxygen	—	—	Supplemental oxygen
O2 Delivery Method	—	Heated High Flow - Mask	—	—	—
O2 Flow Rate (L/min)	—	70 L/min	—	—	70 L/min
FiO2 (%)	—	70 %	—	—	—
Pain Rating: FLACC (Rest) - Face	—	—	Occasional grimace or frown, withdrawn, disinterested	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Rating: FLACC (Rest) - Legs	—	—	Uneasy, restless, tense	—	—
Pain Rating: FLACC (Rest) - Activity	—	—	Squirming, shifting back and forth, tense	—	—
Pain Rating: FLACC (Rest) - Cry	—	—	Moans or whimpers, occasional complaint	—	—
Pain Rating: FLACC (Rest) - Consolability	—	—	Reassured by occasional touch, hug or being talked to	—	—
Score: FLACC (Rest)	—	—	5	—	—
Weight	—	—	—	46.7 kg (102 lb 15.3 oz)	—
Weight Method	—	—	—	Bed scale	—
Row Name	**02/17/25 0757**	**02/16/25 2146**	**02/16/25 1538**	**02/16/25 1000**	**02/16/25 0937**
Temp	36.4 °C	—	36.6 °C	—	—
Temp src	Temporal	—	Temporal	—	—
Pulse	71	—	70	—	—
Heart Rate Source	Monitor	—	Monitor	—	—
Resp	18	—	**32** !	—	—
BP	**123/54** !	—	**83/45** !	—	—
MAP (mmHg)	77	—	58	—	—
BP Site	Left Arm	—	Left Arm	—	—
BP Method	Automatic	—	Automatic	—	—
Patient Position	Lying	—	Lying	—	—
Vital Sign Reason	Routine	—	Routine	—	—
SpO2	100 %	—	97 %	—	—
Pulse Oximetry Type	Continuous	—	Continuous	—	—
Oximetry Probe Site Changed	No	—	No	—	—
Oxygen Therapy	Supplemental oxygen	—	Supplemental oxygen	—	—
O2 Delivery Method	Heated High Flow - Mask	—	Heated High Flow - Mask	—	—
O2 Flow Rate (L/min)	70 L/min	—	—	—	—
Pain Assessment	—	FLACC	—	—	—
Pain Location	—	likely back pain and L AKA stump site.	—	—	—
Vocal Complaints: Non-verbal with Movement	—	—	—	Behavior occurred even briefly	—
Facial Grimaces/Winces with Movement	—	—	—	Behavior not observed	—
Bracing with Movement	—	—	—	Behavior not observed	—
Restlessness with Movement	—	—	—	Behavior occurred even briefly	—
Rubbing with Movement	—	—	—	Behavior not observed	—
Vocal Complaints:	—	—	—	Behavior occurred even briefly	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Verbal with movement					
Subtotal Score with Movement	—	—	—	3	—
Vocal Complaints: Nonverb at Rest	—	—	—	Behavior not observed	—
Facial Grimaces/Winces at Rest	—	—	—	Behavior not observed	—
Bracing at Rest	—	—	—	Behavior not observed	—
Restlessness at Rest	—	—	—	Behavior occurred even briefly	—
Rubbing at Rest	—	—	—	Behavior not observed	—
Verbal Complaints Verbal at Rest	—	—	—	Behavior not observed	—
Subtotal Score at Rest	—	—	—	1	—
CNPI Total Score	—	—	—	4	—
Pain Rating: FLACC (Rest) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	—	—	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Rest) - Cry	—	Crying steadily, screams or sobs, frequent complaint	—	—	—
Pain Rating: FLACC (Rest) - Consolability	—	Difficult to console or comfort	—	—	—
Score: FLACC (Rest)	—	8	—	—	—
Weight	—	—	—	—	50.1 kg (110 lb 7.2 oz)
Weight Method	—	—	—	—	Bed scale

Row Name	**02/16/25 0830**	**02/16/25 0759**	**02/16/25 0752**	**02/16/25 0611**	**02/16/25 0542**
Temp	—	36.3 °C	—	—	—
Temp src	—	Temporal	—	—	—
Pulse	—	82	—	—	—
Heart Rate Source	—	Monitor	—	—	—
Resp	—	—	**29** !	—	—
BP	—	**101/56** !	—	—	—
MAP (mmHg)	—	71	—	—	—
BP Site	—	Left Arm	—	—	—
BP Method	—	Automatic	—	—	—
Patient Position	—	Lying	—	—	—
Vital Sign Reason	—	Routine	—	—	—
SpO2	—	97 %	**89 %** !	96 %	96 %
Pulse Oximetry Type	—	—	—	Continuous	—
O2 Delivery	—	—	—	High flow nasal	Non-rebreather

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Method				cannula	mask
O2 Flow Rate (L/min)	—	70 L/min	70 L/min	50 L/min	10 L/min
FiO2 (%)	—	100 %	100 %	40 %	—
Reason for Communication	Other (Comment)	—	—	—	—
Provider Name	Pillai,Sunita	—	—	—	—
Provider Role	Resident	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—
Response	See orders	—	—	—	—
Notification Time	0834	—	—	—	—
Row Name	**02/16/25 0540**	**02/16/25 0539**	**02/16/25 0528**	**02/16/25 0523**	**02/16/25 0516**
Temp	—	—	—	—	36.3 °C
Temp src	—	—	—	—	Temporal
Pulse	—	—	—	—	85
Heart Rate Source	—	—	—	—	Monitor
Resp	—	—	—	—	20
BP	—	—	—	—	**161/101** !
BP Site	—	—	—	—	Left Arm
BP Method	—	—	—	—	Automatic
Patient Position	—	—	—	—	Lying
Vital Sign Reason	—	—	—	—	Routine
SpO2	—	—	—	90 %	**86 %** !
Pulse Oximetry Type	—	—	—	Intermittent	Intermittent
Oxygen Therapy	—	—	—	Supplemental oxygen	None (Room air)
O2 Delivery Method	Non-rebreather mask	—	—	Simple mask	—
O2 Flow Rate (L/min)	15 L/min	—	—	4 L/min	—
Reason for Communication	—	Abnormal vitals	Abnormal vitals	—	—
Provider Name	—	Dr. Alumbaugh	Dr. Alumbaugh	—	—
Provider Role	—	Resident	Resident	—	—
Method of Communication	—	Secure Chat	Secure Chat	—	—
Response	—	See orders	—	—	—
Row Name	**02/16/25 0354**	**02/15/25 2124**	**02/15/25 1646**	**02/15/25 1100**	**02/15/25 0933**
Temp	—	36.2 °C	36.2 °C	—	36.8 °C
Temp src	—	Temporal	Temporal	—	Temporal
Pulse	—	81	80	—	79
Heart Rate Source	—	Monitor	Monitor	—	Monitor
Resp	—	**22** !	20	—	20
BP	—	**165/88** !	114/66	—	**175/77** !
MAP (mmHg)	—	—	82	—	110
BP Site	—	Left Arm	Right Arm	—	Right Arm
BP Method	—	Automatic	Automatic	—	Automatic
Patient Position	—	Lying	Lying	—	Lying
Vital Sign Reason	—	Routine	Routine	—	Routine
SpO2	—	94 %	95 %	—	95 %
Pulse Oximetry Type	—	Intermittent	—	—	—
Oxygen Therapy	—	None (Room air)	None (Room air)	—	None (Room air)
Pain Assessment	FLACC	FLACC	—	FLACC	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Score	—	—	—	Patient UNavailable for reassessment	—
Pain Descriptor Scale	—	—	—	Unable to describe	—
Pain Intensity	—	—	—	Rest	—
Pain Interventions	Medication (See MAR)	—	—	—	—
Pain Rating: FLACC (Rest) - Face	Frequent to constant frown, clenched jaw, quivering chin	No particular expression or smile	—	—	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	Normal position or relaxed	—	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily	—	—	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	No cry (awake or asleep)	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	Content, relaxed	—	—	—
Score: FLACC (Rest)	6	0	—	—	—
Pain Rating: FLACC (Activity) - Face	Frequent to constant frown, clenched jaw, quivering chin	No particular expression or smile	—	—	—
Pain Rating: FLACC (Activity) - Legs	Uneasy, restless, tense	Normal position or relaxed	—	—	—
Pain Rating: FLACC (Activity) - Activity	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Activity) - Cry	Moans or whimpers, occasional complaint	Moans or whimpers, occasional complaint	—	—	—
Pain Rating: FLACC (Activity) - Consolability	Reassured by occasional touch, hug or being talked to	Reassured by occasional touch, hug or being talked to	—	—	—
Score: FLACC (Activity)	6	3	—	—	—
Sedation Scale Used	—	Richmond Agitation Sedation Scale	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	Alert and calm	—	—	—

Row Name	**02/15/25 0054**	**02/14/25 2045**	**02/14/25 1702**	**02/14/25 0811**	**02/14/25 0750**
Temp	36.6 °C	—	36.5 °C	36.6 °C	—
Temp src	Temporal	—	Temporal	Temporal	—
Pulse	76	—	81	89	—
Heart Rate Source	Monitor	—	Monitor	Monitor	—
Resp	20	—	20	20	—
BP	134/89	—	130/81	121/72	—
MAP (mmHg)	—	—	97	89	—
BP Site	Right Arm	—	Right Arm	Left Arm	—
BP Method	Automatic	—	Automatic	Automatic	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Patient Position	—	—	Lying	Lying	—
Vital Sign Reason	—	—	Routine	Routine	—
SpO2	94 %	—	94 %	98 %	—
Pulse Oximetry Type	—	—	Continuous	Intermittent	—
Oximetry Probe Site Changed	—	—	No	No	—
Oxygen Therapy	None (Room air)	—	None (Room air)	None (Room air)	—
Pain Assessment	—	FLACC	—	—	FLACC
Pain Rating: FLACC (Rest) - Face	—	Occasional grimace or frown, withdrawn, disinterested	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	—	Normal position or relaxed	—	—	Uneasy, restless, tense
Pain Rating: FLACC (Rest) - Activity	—	Lying quietly, normal position, moves easily	—	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Rest) - Cry	—	No cry (awake or asleep)	—	—	Crying steadily, screams or sobs, frequent complaint
Pain Rating: FLACC (Rest) - Consolability	—	Content, relaxed	—	—	Reassured by occasional touch, hug or being talked to
Score: FLACC (Rest)	—	1	—	—	6

Row Name	**02/14/25 0646**	**02/14/25 0439**	**02/13/25 2050**	**02/13/25 2006**	**02/13/25 1536**
Temp	36.1 °C	—	—	36.7 °C	36.1 °C
Temp src	Temporal	—	—	Temporal	Temporal
Pulse	72	—	—	73	72
Heart Rate Source	Monitor	—	—	Monitor	Monitor
Resp	20	—	—	20	18
BP	122/66	—	131/73	—	111/62
MAP (mmHg)	—	—	—	—	79
BP Site	Left Arm	—	Left Arm	Left Arm	Left Arm
BP Method	Automatic	—	Automatic	Automatic	Automatic
Patient Position	Lying	—	Lying	Lying	Lying
Vital Sign Reason	—	Other(comment)	—	—	Routine
SpO2	94 %	—	—	94 %	94 %
Pulse Oximetry Type	—	—	—	—	Intermittent
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	None (Room air)	—	—	None (Room air)	None (Room air)
Pain Assessment	—	—	—	FLACC	—
Pain Rating: FLACC (Rest) - Face	—	—	—	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Rest) - Legs	—	—	—	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	—	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) -	—	—	—	Moans or whimpers, occasional	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Cry				complaint	
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Rest)	—	—	—	6	—
Pain Rating: FLACC (Activity) - Face	—	—	—	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Activity) - Legs	—	—	—	Uneasy, restless, tense	—
Pain Rating: FLACC (Activity) - Activity	—	—	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Activity) - Cry	—	—	—	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Activity) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Activity)	—	—	—	6	—

Row Name	**02/13/25 1220**	**02/13/25 0813**	**02/13/25 0359**	**02/12/25 2330**	**02/12/25 2300**
Temp	—	36.4 °C	36.5 °C	—	—
Temp src	—	Temporal	Temporal	—	—
Pulse	—	71	75	—	—
Heart Rate Source	—	Monitor	Monitor	—	—
Resp	—	16	16	—	—
BP	—	114/68	112/70	—	—
MAP (mmHg)	—	84	84	—	—
BP Site	—	Left Arm	Left Arm	—	—
BP Method	—	Automatic	Automatic	—	—
Patient Position	—	Lying	Lying	—	—
Vital Sign Reason	—	Routine	Routine	Other(comment)	—
SpO2	—	98 %	94 %	—	—
Pulse Oximetry Type	—	Intermittent	—	—	—
Oximetry Probe Site Changed	—	No	—	—	—
Oxygen Therapy	—	None (Room air)	None (Room air)	—	—
Pain Assessment	FLACC	—	—	—	—
Pain Descriptor Scale	Unable to describe	—	—	—	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	—	—	—	—	Uneasy, restless, tense
Pain Rating: FLACC (Rest) - Activity	—	—	—	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Rest) - Cry	—	—	—	—	Moans or whimpers, occasional complaint
Pain Rating:	—	—	—	—	Reassured by

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

FLACC (Rest) - Consolability					occasional touch, hug or being talked to
Score: FLACC (Rest)	—	—	—	—	5
Pain Rating: FLACC (Activity) - Face	—	—	—	—	Frequent to constant frown, clenched jaw, quivering chin
Pain Rating: FLACC (Activity) - Legs	—	—	—	—	Uneasy, restless, tense
Pain Rating: FLACC (Activity) - Activity	—	—	—	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Activity) - Cry	—	—	—	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Activity) - Consolability	—	—	—	—	Reassured by occasional touch, hug or being talked to
Score: FLACC (Activity)	—	—	—	—	6

Row Name	02/12/25 2112	02/12/25 1910	02/12/25 1508	02/12/25 1130	02/12/25 0830
Temp	—	36 °C	36.4 °C	36 °C	—
Temp src	—	Temporal	Temporal	Temporal	—
Pulse	—	73	77	70	—
Heart Rate Source	—	Monitor	Monitor	Monitor	—
Resp	—	14	14	14	—
BP	—	114/71	123/70	109/63	—
MAP (mmHg)	—	85	87	78	—
BP Site	—	Left Arm	Left Arm	Left Arm	—
BP Method	—	Automatic	Automatic	Automatic	—
Patient Position	—	Lying	Lying	Lying	—
Vital Sign Reason	—	Routine	Routine	Routine	—
SpO2	—	92 %	93 %	94 %	—
Pulse Oximetry Type	—	Intermittent	—	—	—
Oximetry Probe Site Changed	—	No	No	—	—
Oxygen Therapy	—	None (Room air)	—	—	—
Vocal Complaints: Non-verbal with Movement	—	—	—	—	Behavior occurred even briefly
Facial Grimaces/Winces with Movement	—	—	—	—	Behavior not observed
Bracing with Movement	—	—	—	—	Behavior not observed
Restlessness with Movement	—	—	—	—	Behavior not observed
Rubbing with Movement	—	—	—	—	Behavior not observed
Vocal Complaints: Verbal with movement	—	—	—	—	Behavior occurred even briefly
Subtotal Score	—	—	—	—	2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

with Movement					
Vocal Complaints: Nonverb at Rest	—	—	—	—	Behavior not observed
Facial Grimaces/Winces at Rest	—	—	—	—	Behavior not observed
Bracing at Rest	—	—	—	—	Behavior not observed
Restlessness at Rest	—	—	—	—	Behavior not observed
Rubbing at Rest	—	—	—	—	Behavior not observed
Verbal Complaints Verbal at Rest	—	—	—	—	Behavior occurred even briefly
Subtotal Score at Rest	—	—	—	—	1
CNPI Total Score	—	—	—	—	3
Reason for Communication	Critical lab value	—	—	—	—
Provider Name	Alumbaugh MD	—	—	—	—
Provider Role	Resident	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—
Notification Time	2110	—	—	—	—
Row Name	**02/12/25 0500**	**02/12/25 0418**	**02/12/25 0356**	**02/11/25 2300**	**02/11/25 2100**
Temp	—	36.1 °C	—	—	—
Temp src	—	Temporal	—	—	—
Heart Rate Source	—	Monitor	—	—	—
Resp	—	14	—	—	—
BP	—	100/62	—	—	—
MAP (mmHg)	—	75	—	—	—
BP Site	—	Left Arm	—	—	—
BP Method	—	Automatic	—	—	—
Patient Position	—	Lying	—	—	—
Vital Sign Reason	—	Routine	Other(comment)	Other(comment)	—
SpO2	—	94 %	—	—	92 %
Pulse Oximetry Type	—	Continuous	—	—	Continuous
Oxygen Therapy	—	Supplemental oxygen	—	—	Supplemental oxygen
O2 Delivery Method	—	Face tent	—	—	Face tent
O2 Flow Rate (L/min)	—	6 L/min	—	—	6 L/min
Pain Assessment	FLACC	—	—	—	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	—	—	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	—	—	—	—
Score: FLACC (Rest)	6	—	—	—	—
Row Name	**02/11/25 2000**	**02/11/25 1644**	**02/11/25 1638**	**02/11/25 0901**	**02/11/25 0700**
Temp	—	—	36.3 °C	36.4 °C	—
Temp src	—	—	Temporal	Temporal	—
Pulse	—	—	70	72	—
Heart Rate Source	—	—	Monitor	Monitor	—
Resp	—	—	18	18	—
BP	—	120/64	**113/58** !	131/78	—
MAP (mmHg)	—	83	76	96	—
BP Site	—	Left Arm	Left Arm	Left Arm	—
BP Method	—	Automatic	Automatic	Automatic	—
Patient Position	—	Lying	Lying	Lying	—
Vital Sign Reason	—	Other(comment)	Routine	Routine	—
SpO2	—	—	90 %	95 %	—
Pulse Oximetry Type	—	—	Intermittent	Intermittent	—
Oximetry Probe Site Changed	—	—	No	No	—
Oxygen Therapy	—	—	None (Room air)	None (Room air)	—
Pain Assessment	FLACC	—	—	—	—
Pain Score	—	—	—	—	Patient sleeping
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	—	—	—	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	—	—	—	—
Score: FLACC (Rest)	4	—	—	—	—
Row Name	**02/10/25 2318**	**02/10/25 2100**	**02/10/25 1636**	**02/10/25 1500**	**02/10/25 0900**
Temp	36.2 °C	—	36 °C	—	36 °C
Temp src	Temporal	—	Temporal	—	Temporal
Pulse	69	—	67	—	74
Heart Rate Source	Monitor	—	Monitor	—	Monitor
Resp	18	—	18	—	18
BP	**146/73** !	—	116/61	—	**119/58** !
MAP (mmHg)	97	—	79	—	79
BP Site	Left Arm	—	Left Arm	—	Left Arm
BP Method	Automatic	—	Automatic	—	Automatic
Patient Position	Lying	—	Lying	—	Lying
Vital Sign Reason	Routine	—	Routine	—	Routine
SpO2	96 %	—	95 %	—	93 %

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pulse Oximetry Type	—	—	Intermittent	—	Intermittent
Oxygen Therapy	None (Room air)	—	None (Room air)	—	None (Room air)
Pain Assessment	FLACC	—	—	Pain Descriptor Scale	—
Pain Descriptor Scale	—	—	—	Unable to describe	—
Vocal Complaints: Non-verbal with Movement	—	Behavior occurred even briefly	—	—	—
Facial Grimaces/Winces with Movement	—	Behavior not observed	—	—	—
Bracing with Movement	—	Behavior not observed	—	—	—
Restlessness with Movement	—	Behavior not observed	—	—	—
Rubbing with Movement	—	Behavior not observed	—	—	—
Vocal Complaints: Verbal with movement	—	Behavior occurred even briefly	—	—	—
Subtotal Score with Movement	—	2	—	—	—
Vocal Complaints: Nonverb at Rest	—	Behavior not observed	—	—	—
Facial Grimaces/Winces at Rest	—	Behavior not observed	—	—	—
Bracing at Rest	—	Behavior not observed	—	—	—
Restlessness at Rest	—	Behavior not observed	—	—	—
Rubbing at Rest	—	Behavior not observed	—	—	—
Verbal Complaints Verbal at Rest	—	Behavior occurred even briefly	—	—	—
Subtotal Score at Rest	—	1	—	—	—
CNPI Total Score	—	3	—	—	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	—	—	—	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Difficult to console or comfort	—	—	—	—
Score: FLACC (Rest)	5	—	—	—	—
Pain Rating:	Frequent to	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

FLACC (Activity) - Face	constant frown, clenched jaw, quivering chin				
Pain Rating: FLACC (Activity) - Legs	Uneasy, restless, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Activity	Arched, rigid or jerking	—	—	—	—
Pain Rating: FLACC (Activity) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	—	—
Pain Rating: FLACC (Activity) - Consolability	Difficult to console or comfort	—	—	—	—
Score: FLACC (Activity)	9	—	—	—	—
Row Name	**02/10/25 0026**	**02/09/25 2143**	**02/09/25 1528**	**02/09/25 0754**	**02/09/25 0753**
Temp	—	36.6 °C	36.3 °C	—	36 °C
Temp src	—	Temporal	Temporal	—	Temporal
Pulse	—	74	69	—	75
Heart Rate Source	—	Monitor	Monitor	—	Monitor
Resp	—	20	16	—	18
BP	—	**151/76** !	**146/78** !	**157/90** !	**156/97** !
MAP (mmHg)	—	101	101	112	117
BP Site	—	Left Arm	Left Arm	—	Left Arm
BP Method	—	Automatic	Automatic	—	Automatic
Patient Position	—	Lying	Lying	—	Lying
Vital Sign Reason	—	Routine	Routine	—	Routine
SpO2	—	95 %	97 %	—	96 %
Pulse Oximetry Type	—	Intermittent	Intermittent	—	Intermittent
Oxymetry Probe Site Changed	—	No	—	—	—
Oxygen Therapy	—	None (Room air)	None (Room air)	—	None (Room air)
Pain Assessment	Pain Descriptor Scale	—	—	—	—
Pain Score	Patient sleeping	—	—	—	—
Row Name	**02/08/25 2300**	**02/08/25 1703**	**02/08/25 1516**	**02/08/25 0902**	**02/08/25 0900**
Temp	37 °C	—	36.1 °C	36.6 °C	—
Temp src	Temporal	—	Temporal	Temporal	—
Pulse	70	—	72	72	—
Heart Rate Source	Monitor	—	Monitor	Monitor	—
Resp	17	—	18	20	—
BP	**149/77** !	—	127/76	123/79	—
MAP (mmHg)	191	—	93	94	—
BP Site	Left Arm	—	Left Arm	Left Arm	—
BP Method	Automatic	—	Automatic	Automatic	—
Patient Position	Lying	—	Lying	Lying	—
Vital Sign Reason	Routine	—	Routine	Routine	—
SpO2	98 %	—	97 %	97 %	—
Pulse Oximetry Type	—	—	Intermittent	Intermittent	—
Oxymetry Probe Site Changed	—	—	No	—	—
Oxygen Therapy	None (Room air)	—	None (Room air)	None (Room air)	—
Vocal	—	Behavior occurred	—	—	Behavior not

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Complaints: Non-verbal with Movement		even briefly			observed
Facial Grimaces/Winces with Movement	—	Behavior occurred even briefly	—	—	Behavior not observed
Bracing with Movement	—	Behavior occurred even briefly	—	—	Behavior occurred even briefly
Restlessness with Movement	—	Behavior occurred even briefly	—	—	Behavior not observed
Rubbing with Movement	—	Behavior not observed	—	—	Behavior not observed
Vocal Complaints: Verbal with movement	—	Behavior occurred even briefly	—	—	Behavior not observed
Subtotal Score with Movement	—	5	—	—	1
Vocal Complaints: Nonverb at Rest	—	Behavior occurred even briefly	—	—	Behavior not observed
Facial Grimaces/Winces at Rest	—	Behavior occurred even briefly	—	—	Behavior occurred even briefly
Bracing at Rest	—	Behavior occurred even briefly	—	—	Behavior occurred even briefly
Restlessness at Rest	—	Behavior occurred even briefly	—	—	Behavior occurred even briefly
Rubbing at Rest	—	Behavior not observed	—	—	Behavior not observed
Verbal Complaints Verbal at Rest	—	Behavior occurred even briefly	—	—	Behavior not observed
Subtotal Score at Rest	—	5	—	—	3
CNPI Total Score	—	10	—	—	4

Row Name	**02/08/25 0052**	**02/07/25 2100**	**02/07/25 2000**	**02/07/25 1607**	**02/07/25 1217**
Temp	36.2 °C	—	—	36.2 °C	—
Temp src	Temporal	—	—	Temporal	—
Pulse	70	—	—	70	—
Heart Rate Source	Monitor	—	—	Monitor	—
Resp	20	—	—	18	—
BP	139/79	—	—	**143/81** !	—
MAP (mmHg)	99	—	—	102	—
BP Site	Left Arm	—	—	Left Arm	—
BP Method	Automatic	—	—	Automatic	—
Patient Position	Lying	—	—	Lying	—
Vital Sign Reason	Routine	—	—	Routine	—
SpO2	95 %	—	—	97 %	—
Pulse Oximetry Type	Intermittent	—	—	—	—
Oxygen Therapy	None (Room air)	—	—	—	—
Pain Assessment	—	—	Pain Descriptor Scale	—	—
Pain Score	—	Patient sleeping	Patient sleeping	—	—
Patient Behaviors	—	—	—	—	Agitated;Facial grimacing;Restless
Vocal Complaints: Non-	Behavior occurred even briefly	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

verbal with Movement					
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	—	—	—	—
Bracing with Movement	Behavior occurred even briefly	—	—	—	—
Restlessness with Movement	Behavior occurred even briefly	—	—	—	—
Rubbing with Movement	Behavior not observed	—	—	—	—
Vocal Complaints: Verbal with movement	Behavior occurred even briefly	—	—	—	—
Subtotal Score with Movement	5	—	—	—	—
Vocal Complaints: Nonverb at Rest	Behavior occurred even briefly	—	—	—	—
Facial Grimaces/Winces at Rest	Behavior occurred even briefly	—	—	—	—
Bracing at Rest	Behavior occurred even briefly	—	—	—	—
Restlessness at Rest	Behavior occurred even briefly	—	—	—	—
Rubbing at Rest	Behavior not observed	—	—	—	—
Verbal Complaints Verbal at Rest	Behavior occurred even briefly	—	—	—	—
Subtotal Score at Rest	5	—	—	—	—
CNPI Total Score	10	—	—	—	—

Row Name	**02/07/25 1215**	**02/07/25 0800**	**02/07/25 0613**	**02/07/25 0028**	**02/06/25 2105**
Temp	—	36.2 °C	36 °C	—	36.5 °C
Temp src	—	Temporal	Temporal	—	Temporal
Pulse	—	71	71	—	70
Heart Rate Source	—	Monitor	Monitor	—	Monitor
Resp	—	20	20	—	20
BP	—	127/73	**148/76** !	—	103/63
MAP (mmHg)	—	91	100	—	766
BP Site	—	Left Arm	Left Arm	—	Left Arm
BP Method	—	Automatic	Automatic	—	Automatic
Patient Position	—	Lying	Lying	—	Lying
Vital Sign Reason	—	Routine	Routine	—	Routine
Telemetry/Cardiac Monitor	—	—	—	—	No
Cardiac Rhythm	—	—	—	—	Ventricular Paced
SpO2	—	98 %	94 %	—	96 %
Pulse Oximetry Type	—	Intermittent	Intermittent	—	—
Oximetry Probe Site Changed	—	No	—	—	—
Oxygen Therapy	—	—	None (Room air)	—	None (Room air)
Pain Assessment	—	—	—	CNPI	—
Pain Descriptor Scale	Severe	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Intensity	Rest	—	—	—	—
Patient Behaviors	Agitated;Facial grimacing;Restless	—	—	—	—
Facial Expression	Tense	—	—	—	—
Body Movements	Protection	—	—	—	—
Compliance with the Ventilator (Intubated Patients)	Tolerating ventilator or movement	—	—	—	—
Vocalization (Extubated Patients)	Crying out, sobbing	—	—	—	—
Muscle Tension	Tense, rigid	—	—	—	—
Critical-Care Pain Observation Score	5	—	—	—	—
Pain Interventions	Medication (See MAR)	—	—	—	—
Vocal Complaints: Non-verbal with Movement	—	—	—	Behavior occurred even briefly	—
Facial Grimaces/Winces with Movement	—	—	—	Behavior occurred even briefly	—
Bracing with Movement	—	—	—	Behavior occurred even briefly	—
Restlessness with Movement	—	—	—	Behavior occurred even briefly	—
Rubbing with Movement	—	—	—	Behavior not observed	—
Vocal Complaints: Verbal with movement	—	—	—	Behavior occurred even briefly	—
Subtotal Score with Movement	—	—	—	5	—
Vocal Complaints: Nonverb at Rest	—	—	—	Behavior occurred even briefly	—
Facial Grimaces/Winces at Rest	—	—	—	Behavior occurred even briefly	—
Bracing at Rest	—	—	—	Behavior occurred even briefly	—
Restlessness at Rest	—	—	—	Behavior occurred even briefly	—
Rubbing at Rest	—	—	—	Behavior not observed	—
Verbal Complaints Verbal at Rest	—	—	—	Behavior occurred even briefly	—
Subtotal Score at Rest	—	—	—	5	—
CNPI Total Score	—	—	—	10	—

Row Name	**02/06/25 1715**	**02/06/25 0908**	**02/06/25 0600**	**02/06/25 0010**	**02/05/25 1959**
Temp	36.8 °C	36.6 °C	—	—	—
Temp src	Temporal	Temporal	—	—	—
Pulse	76	70	—	—	—
Heart Rate Source	Monitor	Monitor	—	—	—
Resp	20	20	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

BP	134/81	138/70	—	—	—
MAP (mmHg)	98	93	—	—	—
BP Site	Left Arm	Left Arm	—	—	—
BP Method	Automatic	Automatic	—	—	—
Patient Position	Lying	Lying	—	—	—
Vital Sign Reason	Routine	Routine	—	Other(comment)	—
SpO2	97 %	96 %	—	—	—
Pulse Oximetry Type	Intermittent	Intermittent	—	—	—
Oximetry Probe Site Changed	No	No	—	—	—
Oxygen Therapy	None (Room air)	None (Room air)	—	—	—
Pain Location	—	—	—	—	L AKA, abd
Pain Interventions	—	—	—	—	Medication (See MAR)
Unable to Self-Report Pain Reason	—	—	—	—	Other (Comment)
Activities/Procedures Causing Pain	—	—	—	—	Turning/repositioning
Patient Behaviors	—	—	—	—	Agitated;Facial grimacing;Restless
Surrogate Reports Pain Behaviors	—	—	—	—	Yes
Weight	—	—	50.4 kg (111 lb 1.8 oz)	—	—
Weight Method	—	—	Bed scale	—	—
Row Name	**02/05/25 1726**	**02/05/25 1700**	**02/05/25 1631**	**02/05/25 0935**	**02/05/25 0853**
Temp	—	36.1 °C	—	—	36.3 °C
Temp src	—	Temporal	—	—	Temporal
Pulse	—	71	—	—	70
Heart Rate Source	—	Monitor	—	—	Monitor
Resp	—	**22** !	—	—	19
BP	—	132/70	—	—	105/62
MAP (mmHg)	—	—	—	—	76
BP Site	—	Left Arm	—	—	Left Arm
BP Method	—	Automatic	—	—	Automatic
Patient Position	—	Lying	—	—	Lying
Vital Sign Reason	—	Routine	Other(comment)	—	Routine
SpO2	—	93 %	—	—	95 %
Oxygen Therapy	—	None (Room air)	—	—	None (Room air)
Patient Behaviors	Facial grimacing;Restless	—	—	—	—
Facial Expression	—	—	—	Tense	—
Body Movements	—	—	—	Protection	—
Compliance with the Ventilator (Intubated Patients)	—	—	—	Tolerating ventilator or movement	—
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	—
Muscle Tension	—	—	—	Tense, rigid	—
Critical-Care Pain Observation Score	—	—	—	3	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Interventions	—	—	—	Medication (See MAR)	—
Row Name	**02/05/25 0600**	**02/04/25 2339**	**02/04/25 1606**	**02/04/25 0800**	**02/04/25 0753**
Temp	—	36.3 °C	36 °C	—	36.6 °C
Temp src	—	Temporal	Temporal	—	Temporal
Pulse	—	71	74	—	—
Heart Rate Source	—	Monitor	Monitor	—	—
Resp	—	20	20	—	—
BP	—	104/62	136/66	—	—
MAP (mmHg)	—	76	89	—	—
BP Site	—	Left Arm	Left Arm	—	—
BP Method	—	Automatic	Automatic	—	—
Patient Position	—	Lying	Lying	—	—
Vital Sign Reason	—	Routine	Routine	—	—
Telemetry/Cardiac Monitor	—	No	—	—	—
SpO2	—	—	98 %	—	—
Pulse Oximetry Type	—	Intermittent	Intermittent	—	—
Oxygen Therapy	—	None (Room air)	None (Room air)	—	—
Pain Assessment	—	—	—	—	CNPI
Pain Score	—	—	—	—	1
Facial Expression	—	—	—	—	Tense
Body Movements	—	—	—	—	Absence of movements or normal position
Vocalization (Extubated Patients)	—	—	—	—	Talking in normal tone or no sound
Muscle Tension	—	—	—	—	Relaxed
Critical-Care Pain Observation Score	—	—	—	—	1
Weight	49.2 kg (108 lb 7.5 oz)	—	—	52.7 kg (116 lb 2.9 oz)	—
Weight Method	Bed scale	—	—	Bed scale	—
Row Name	**02/04/25 0704**	**02/04/25 0325**	**02/03/25 2308**	**02/03/25 1622**	**02/03/25 0854**
Temp	**35.9 °C** !	—	—	36.2 °C	36.6 °C
Temp src	Temporal	—	—	Temporal	Temporal
Pulse	76	—	—	71	—
Heart Rate Source	Monitor	—	—	Monitor	Monitor
Resp	18	—	—	18	**22** !
BP	134/75	—	—	119/64	115/87
MAP (mmHg)	94	—	—	83	—
BP Site	Left Arm	—	—	Left Arm	Left Arm
BP Method	Automatic	—	—	Automatic	Automatic
Patient Position	Lying	—	—	Lying	Lying
Vital Sign Reason	Routine	Other(comment)	Other(comment)	Routine	Routine
SpO2	95 %	—	—	98 %	—
Pulse Oximetry Type	—	—	—	Intermittent	Intermittent
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	Supplemental oxygen	—	—	None (Room air)	None (Room air)
O2 Flow Rate	3 L/min	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

(L/min)					
Pain Assessment	—	CNPI	CNPI	—	—
Vocal Complaints: Non-verbal with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Facial Grimaces/Winces with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Bracing with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Restlessness with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Rubbing with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Vocal Complaints: Verbal with movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Subtotal Score with Movement	—	6	6	—	—
Vocal Complaints: Nonverb at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Facial Grimaces/Winces at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Bracing at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Restlessness at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Rubbing at Rest	—	Behavior not observed	Behavior not observed	—	—
Verbal Complaints Verbal at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Subtotal Score at Rest	—	5	5	—	—
CNPI Total Score	—	11	11	—	—
Row Name	**02/03/25 0845**	**02/02/25 2300**	**02/02/25 2238**	**02/02/25 1648**	**02/02/25 0300**
Temp	—	—	36.3 °C	36.9 °C	—
Temp src	—	—	Temporal	Temporal	—
Pulse	—	—	73	71	—
Heart Rate Source	—	—	Monitor	Monitor	—
Resp	—	—	16	18	—
BP	—	—	134/77	120/81	—
MAP (mmHg)	—	—	—	94	—
BP Site	—	—	Left Arm	Left Arm	—
BP Method	—	—	Automatic	Automatic	—
Patient Position	—	—	Lying	Lying	—
Vital Sign Reason	—	—	Routine	Routine	—
SpO2	—	—	99 %	95 %	—
Pulse Oximetry Type	—	—	—	Intermittent	—
Oxygen Therapy	—	—	None (Room air)	None (Room air)	—
Pain Assessment	—	No/denies pain	—	—	—
Pain Score	—	0	—	—	—
Vocal Complaints: Non-	Behavior occurred even briefly	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

verbal with Movement					
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	—	—	—	—
Bracing with Movement	Behavior occurred even briefly	—	—	—	—
Restlessness with Movement	Behavior occurred even briefly	—	—	—	—
Rubbing with Movement	Behavior occurred even briefly	—	—	—	—
Vocal Complaints: Verbal with movement	Behavior occurred even briefly	—	—	—	—
Subtotal Score with Movement	6	—	—	—	—
Vocal Complaints: Nonverb at Rest	Behavior occurred even briefly	—	—	—	—
Facial Grimaces/Winces at Rest	Behavior occurred even briefly	—	—	—	—
Bracing at Rest	Behavior occurred even briefly	—	—	—	—
Restlessness at Rest	Behavior occurred even briefly	—	—	—	—
Rubbing at Rest	Behavior occurred even briefly	—	—	—	—
Verbal Complaints Verbal at Rest	Behavior occurred even briefly	—	—	—	—
Subtotal Score at Rest	6	—	—	—	—
CNPI Total Score	12	—	—	—	—
Reason for Communication	—	—	—	—	Review case
Provider Name	—	—	—	—	Kareem
Provider Role	—	—	—	—	Other (Comment)
Method of Communication	—	—	—	—	Secure Chat
Response	—	—	—	—	Waiting for response
Notification Time	—	—	—	—	0420
Row Name	**02/02/25 0041**	**02/01/25 1844**	**02/01/25 1700**	**02/01/25 1529**	**02/01/25 1000**
Temp	36.5 °C	—	36 °C	—	—
Temp src	Temporal	—	Temporal	—	—
Pulse	70	—	70	—	—
Heart Rate Source	Monitor	—	Monitor	—	—
Resp	18	—	18	—	—
BP	129/88	**156/83** !	**161/93** !	—	—
MAP (mmHg)	101	107	—	—	—
BP Site	Left Arm	—	Right Arm	—	—
BP Method	Automatic	—	Automatic	—	—
Patient Position	Lying	—	Lying	—	—
Vital Sign Reason	Routine	—	Routine	—	—
SpO2	96 %	—	99 %	—	—
Pulse Oximetry Type	Intermittent	—	Intermittent	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Oximetry Probe Site Changed	Yes	—	No	—	—
Oxygen Therapy	None (Room air)	—	None (Room air)	—	—
Facial Expression	—	—	—	Grimacing	Relaxed, neutral
Body Movements	—	—	—	Restlessness/agitation	Absence of movements or normal position
Compliance with the Ventilator (Intubated Patients)	—	—	—	—	Tolerating ventilator or movement
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	Talking in normal tone or no sound
Muscle Tension	—	—	—	Tense, rigid	Relaxed
Critical-Care Pain Observation Score	—	—	—	5	0
Pain Interventions	—	—	—	Medication (See MAR)	—

Row Name	02/01/25 0856	02/01/25 0600	01/31/25 2340	01/31/25 1930	01/31/25 1558
Temp	36 °C	—	36.4 °C	—	36.5 °C
Temp src	Temporal	—	Temporal	—	Temporal
Pulse	70	—	70	—	79
Heart Rate Source	Monitor	—	Monitor	—	Monitor
Resp	18	—	18	—	**25** !
BP	138/79	—	135/81	—	121/76
MAP (mmHg)	71	—	99	—	91
BP Site	Right Arm	—	Left Arm	—	Left Arm
BP Method	Automatic	—	Automatic	—	Automatic
Patient Position	Lying	—	Lying	—	Lying
Vital Sign Reason	—	—	Routine	—	Routine
SpO2	97 %	—	95 %	—	97 %
Pulse Oximetry Type	—	—	Intermittent	—	Continuous
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	None (Room air)	—	None (Room air)	—	None (Room air)
Pain Assessment	—	—	—	Pain Scale	—
Pain Score	—	—	—	Patient sleeping	—
Pain Descriptor Scale	—	—	—	Patient sleeping	—
Facial Expression	Relaxed, neutral	—	—	—	—
Body Movements	Absence of movements or normal position	—	—	—	—
Compliance with the Ventilator (Intubated Patients)	Tolerating ventilator or movement	—	—	—	—
Vocalization (Extubated Patients)	Talking in normal tone or no sound	—	—	—	—
Muscle Tension	Relaxed	—	—	—	—
Critical-Care Pain Observation Score	0	—	—	—	—
Weight	—	52 kg (114 lb 10.2 oz)	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Weight Method	—	Bed scale	—	—	—
Row Name	**01/31/25 0900**	**01/31/25 0853**	**01/30/25 2351**	**01/30/25 2254**	**01/30/25 2234**
Temp	—	36 °C	36.1 °C	—	—
Temp src	—	Temporal	Temporal	—	—
Pulse	—	71	71	—	—
Heart Rate Source	—	Monitor	Monitor	—	—
Resp	—	**24** !	**22** !	—	—
BP	—	135/74	134/70	—	—
MAP (mmHg)	—	94	92	—	—
BP Site	—	Left Arm	Left Arm	—	—
BP Method	—	Automatic	Automatic	—	—
Patient Position	—	Lying	Lying	—	—
Vital Sign Reason	—	Routine	Routine	Other(comment)	—
SpO2	—	96 %	—	—	—
Pulse Oximetry Type	—	Continuous	Continuous	—	—
Oximetry Probe Site Changed	—	No	No	—	—
Oxygen Therapy	—	None (Room air)	None (Room air)	—	—
Pain Assessment	CNPI	—	—	—	—
Pain Descriptor Scale	None	—	—	—	—
Pain Intensity	Rest	—	—	—	—
Reason for Communication	—	—	—	—	Other (Comment)
Provider Name	—	—	—	—	Stenberg, Daniel
Provider Role	—	—	—	—	Resident
Method of Communication	—	—	—	—	Secure Chat
Response	—	—	—	—	Other (Comment)
Notification Time	—	—	—	—	2230
Row Name	**01/30/25 2208**	**01/30/25 2111**	**01/30/25 1549**	**01/30/25 0836**	**01/29/25 2306**
Temp	—	—	36.3 °C	36.9 °C	36.7 °C
Temp src	—	—	Temporal	Temporal	Temporal
Pulse	—	—	80	68	70
Heart Rate Source	—	—	Monitor	Monitor	Monitor
Resp	—	—	**22** !	**21** !	20
BP	—	—	**147/82** !	137/81	**155/84** !
MAP (mmHg)	—	—	104	99	107
BP Site	—	—	Left Arm	Right Arm	Right Arm
BP Method	—	—	Automatic	Automatic	Automatic
Patient Position	—	—	Lying	Lying	Lying
Vital Sign Reason	—	—	Routine	Routine	Routine
SpO2	—	—	95 %	94 %	—
Pulse Oximetry Type	—	—	—	Continuous	—
Oximetry Probe Site Changed	—	—	—	No	—
Oxygen Therapy	—	—	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	—	CNPI	—	CNPI	—
Vocal Complaints: Non-verbal with Movement	—	Behavior not observed	—	Behavior not observed	—
Facial Grimaces/Winces	—	Behavior not observed	—	Behavior not observed	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

with Movement					
Bracing with Movement	—	Behavior occurred even briefly	—	Behavior not observed	—
Restlessness with Movement	—	Behavior not observed	—	Behavior not observed	—
Rubbing with Movement	—	Behavior not observed	—	Behavior not observed	—
Vocal Complaints: Verbal with movement	—	Behavior occurred even briefly	—	Behavior not observed	—
Subtotal Score with Movement	—	2	—	0	—
Vocal Complaints: Nonverb at Rest	—	Behavior not observed	—	Behavior not observed	—
Facial Grimaces/Winces at Rest	—	Behavior not observed	—	Behavior not observed	—
Bracing at Rest	—	Behavior not observed	—	Behavior not observed	—
Restlessness at Rest	—	Behavior not observed	—	Behavior not observed	—
Rubbing at Rest	—	Behavior not observed	—	Behavior not observed	—
Verbal Complaints Verbal at Rest	—	Behavior not observed	—	Behavior not observed	—
Subtotal Score at Rest	—	0	—	0	—
CNPI Total Score	—	2	—	0	—
Reason for Communication	Other (Comment)	—	—	—	—
Provider Name	Stenberg, Daniel	—	—	—	—
Provider Role	Resident	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—
Response	Other (Comment)	—	—	—	—
Notification Time	2130	—	—	—	—
Row Name	**01/29/25 1900**	**01/29/25 1629**	**01/29/25 1605**	**01/29/25 0739**	**01/29/25 0735**
Temp	—	—	36.1 °C	—	36.3 °C
Temp src	—	—	Temporal	—	Temporal
Pulse	—	—	70	—	74
Heart Rate Source	—	—	Monitor	—	Monitor
Resp	—	—	20	—	20
BP	—	**193/90** !	—	137/72	**152/72** !
MAP (mmHg)	—	125	—	—	99
BP Site	—	Right Arm	Left Arm	—	Left Arm
BP Method	—	—	Automatic	—	Automatic
Patient Position	—	—	Lying	—	Lying
Vital Sign Reason	—	Other(comment)	Routine	—	Routine
SpO2	—	—	—	—	93 %
Pain Assessment	CNPI	—	—	—	—
Vocal Complaints: Non-verbal with Movement	Behavior not observed	—	—	—	—
Facial Grimaces/Winces	Behavior not observed	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

with Movement					
Bracing with Movement	Behavior not observed	—	—	—	—
Restlessness with Movement	Behavior not observed	—	—	—	—
Rubbing with Movement	Behavior not observed	—	—	—	—
Vocal Complaints: Verbal with movement	Behavior not observed	—	—	—	—
Subtotal Score with Movement	0	—	—	—	—
Row Name	**01/28/25 2109**	**01/28/25 1942**	**01/28/25 1100**	**01/28/25 0900**	**01/28/25 0429**
Temp	—	36.5 °C	36 °C	—	36 °C
Temp src	—	Temporal	Temporal	—	Temporal
Pulse	70	71	70	—	70
Heart Rate Source	—	Monitor	Monitor	—	Monitor
Resp	—	**22** !	**22** !	—	**26** !
BP	**145/78** !	123/71	118/64	—	112/71
MAP (mmHg)	101	88	82	—	85
BP Site	—	Left Arm	Left Arm	—	Left Arm
BP Method	—	Automatic	Automatic	—	Automatic
Patient Position	—	Lying	Lying	—	Lying
Vital Sign Reason	—	Routine	Routine	—	Routine
Telemetry/Cardiac Monitor	—	—	—	—	No
SpO2	95 %	94 %	95 %	—	93 %
Pulse Oximetry Type	—	—	Continuous	—	Continuous
Oximetry Probe Site Changed	—	—	No	—	—
Oxygen Therapy	—	None (Room air)	None (Room air)	—	None (Room air)
Vocal Complaints: Non-verbal with Movement	—	—	—	Behavior not observed	Behavior not observed
Facial Grimaces/Winces with Movement	—	—	—	Behavior occurred even briefly	Behavior occurred even briefly
Bracing with Movement	—	—	—	Behavior occurred even briefly	Behavior occurred even briefly
Restlessness with Movement	—	—	—	Behavior occurred even briefly	Behavior occurred even briefly
Rubbing with Movement	—	—	—	Behavior not observed	Behavior not observed
Vocal Complaints: Verbal with movement	—	—	—	Behavior not observed	Behavior not observed
Subtotal Score with Movement	—	—	—	3	3
Vocal Complaints: Nonverb at Rest	—	—	—	—	Behavior not observed
Facial Grimaces/Winces at Rest	—	—	—	—	Behavior occurred even briefly
Bracing at Rest	—	—	—	—	Behavior not

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

					observed
Restlessness at Rest	—	—	—	—	Behavior occurred even briefly
Rubbing at Rest	—	—	—	—	Behavior not observed
Verbal Complaints Verbal at Rest	—	—	—	—	Behavior not observed
Subtotal Score at Rest	—	—	—	—	2
CNPI Total Score	—	—	—	—	5
Reason for Communication	—	—	—	—	Abnormal vitals
Provider Name	—	—	—	—	Wilson
Provider Role	—	—	—	—	Resident
Method of Communication	—	—	—	—	Secure Chat
Response	—	—	—	—	No new orders
Row Name	**01/28/25 0311**	**01/28/25 0310**	**01/27/25 2300**	**01/27/25 2007**	**01/27/25 1716**
Temp	—	—	—	36 °C	—
Temp src	—	—	—	Temporal	—
Pulse	71	73	72	70	—
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	—
Resp	—	—	—	16	—
BP	—	—	—	**96/52** !	—
MAP (mmHg)	—	—	—	67	—
BP Site	—	—	—	Left Arm	—
BP Method	—	—	—	Automatic	—
Patient Position	—	—	—	Lying	—
Vital Sign Reason	—	—	—	Routine	—
SpO2	93 %	**68 %** !	97 %	94 %	—
Pulse Oximetry Type	Continuous	Continuous	—	—	—
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	—	—
Pain Score	—	—	Patient sleeping	—	—
Vocal Complaints: Non-verbal with Movement	—	—	—	—	Behavior not observed
Facial Grimaces/Winces with Movement	—	—	—	—	Behavior occurred even briefly
Bracing with Movement	—	—	—	—	Behavior occurred even briefly
Restlessness with Movement	—	—	—	—	Behavior occurred even briefly
Rubbing with Movement	—	—	—	—	Behavior not observed
Vocal Complaints: Verbal with movement	—	—	—	—	Behavior not observed
Subtotal Score with Movement	—	—	—	—	3
Vocal Complaints: Nonverb at Rest	—	—	—	—	Behavior not observed
Facial Grimaces/Winces	—	—	—	—	Behavior not observed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

at Rest					
Bracing at Rest	—	—	—	—	Behavior not observed
Restlessness at Rest	—	—	—	—	Behavior not observed
Rubbing at Rest	—	—	—	—	Behavior not observed
Verbal Complaints Verbal at Rest	—	—	—	—	Behavior not observed
Subtotal Score at Rest	—	—	—	—	0
CNPI Total Score	—	—	—	—	3
Reason for Communication	—	Other (Comment)	—	—	—
Provider Name	—	Wilson	—	—	—
Provider Role	—	Resident	—	—	—
Method of Communication	—	Secure Chat	—	—	—
Response	—	No new orders	—	—	—
Row Name	**01/27/25 1230**	**01/27/25 1036**	**01/27/25 1000**	**01/27/25 0936**	**01/27/25 0829**
Temp	—	36 °C	—	—	36.3 °C
Temp src	—	Temporal	—	—	Temporal
Pulse	—	71	—	—	71
Heart Rate Source	—	Monitor	—	—	Monitor
Resp	—	**27** !	**22** !	**32** !	**25** !
BP	**149/64** !	**98/50** !	—	—	**171/65** !
MAP (mmHg)	92	66	—	—	100
BP Site	Left Arm	Right Leg	—	—	Right Leg
BP Method	Automatic	Automatic	—	—	Automatic
Patient Position	Lying	Lying	—	—	Lying
Vital Sign Reason	Other(comment)	Routine	—	—	Routine
SpO2	—	94 %	—	—	94 %
Oxygen Therapy	—	—	—	—	None (Room air)
Pain Assessment	—	—	CNPI	CNPI	—
Pain Descriptor Scale	—	—	None	—	—
Pain Intensity	—	—	Rest	—	—
Vocal Complaints: Non-verbal with Movement	—	—	Behavior not observed	Behavior occurred even briefly	—
Facial Grimaces/Winces with Movement	—	—	Behavior occurred even briefly	Behavior occurred even briefly	—
Bracing with Movement	—	—	Behavior occurred even briefly	Behavior occurred even briefly	—
Restlessness with Movement	—	—	Behavior not observed	Behavior occurred even briefly	—
Rubbing with Movement	—	—	Behavior not observed	Behavior not observed	—
Vocal Complaints: Verbal with movement	—	—	Behavior not observed	Behavior occurred even briefly	—
Subtotal Score with Movement	—	—	2	5	—
Vocal Complaints:	—	—	Behavior not observed	Behavior occurred even briefly	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Nonverb at Rest					
Facial Grimaces/Winces at Rest	—	—	Behavior not observed	Behavior occurred even briefly	—
Bracing at Rest	—	—	Behavior not observed	Behavior occurred even briefly	—
Restlessness at Rest	—	—	Behavior not observed	Behavior occurred even briefly	—
Rubbing at Rest	—	—	Behavior not observed	Behavior not observed	—
Verbal Complaints Verbal at Rest	—	—	Behavior not observed	Behavior occurred even briefly	—
Subtotal Score at Rest	—	—	0	5	—
CNPI Total Score	—	—	2	10	—
Weight	—	—	—	—	52.4 kg (115 lb 8.3 oz)
Weight Method	—	—	—	—	Bed scale
Reason for Communication	—	—	—	—	Abnormal vitals
Provider Name	—	—	—	—	Zafar, Zaeema DO
Method of Communication	—	—	—	—	Secure Chat
Notification Time	—	—	—	—	1035
Row Name	**01/26/25 2332**	**01/26/25 2206**	**01/26/25 2037**	**01/26/25 2022**	**01/26/25 1735**
Temp	36.2 °C	—	—	—	36.6 °C
Temp src	Temporal	—	—	—	Temporal
Pulse	97	—	—	—	70
Heart Rate Source	Monitor	—	—	—	Monitor
Resp	**24** !	**24** !	—	—	**30** !
BP	122/62	—	—	—	139/70
MAP (mmHg)	82	—	—	—	93
BP Site	Right Leg	—	—	—	Right Leg
BP Method	Automatic	—	—	—	Automatic
Patient Position	Lying	—	—	—	Lying
Vital Sign Reason	Routine	—	—	—	Routine
SpO2	94 %	—	—	—	95 %
Pulse Oximetry Type	Intermittent	—	—	—	Intermittent
Oximetry Probe Site Changed	No	—	—	—	No
Oxygen Therapy	None (Room air)	—	—	—	None (Room air)
Pain Assessment	CNPI	CNPI	No/denies pain	CNPI	—
Pain Interventions	—	Medication (See MAR)	—	—	—
Unable to Self-Report Pain Reason	Nonverbal	Nonverbal	—	—	—
Patient Behaviors	Agitated;Facial grimacing;Fidgeting;Groaning;Moaning;Restless	Agitated;Facial grimacing;Fidgeting;Groaning;Moaning;Restless	—	—	—
Surrogate Reports Pain Behaviors	—	Yes	—	—	—
Vocal Complaints: Non-verbal with	Behavior not observed	Behavior occurred even briefly	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Movement					
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Bracing with Movement	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Restlessness with Movement	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Rubbing with Movement	Behavior not observed	Behavior not observed	—	—	—
Vocal Complaints: Verbal with movement	Behavior not observed	Behavior not observed	—	—	—
Subtotal Score with Movement	3	4	—	—	—
Vocal Complaints: Nonverb at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Facial Grimaces/Winces at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Bracing at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Restlessness at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Rubbing at Rest	Behavior not observed	Behavior not observed	—	—	—
Verbal Complaints Verbal at Rest	Behavior not observed	Behavior occurred even briefly	—	—	—
Subtotal Score at Rest	4	5	—	—	—
CNPI Total Score	7	9	—	—	—

Row Name	**01/26/25 1630**	**01/26/25 1628**	**01/26/25 1503**	**01/26/25 0921**	**01/26/25 0919**
Temp	—	—	36.8 °C	—	—
Temp src	—	—	Temporal	—	—
Pain Assessment	—	—	CNPI	CNPI	—
Vocal Complaints: Non-verbal with Movement	—	—	Behavior occurred even briefly	—	—
Facial Grimaces/Winces with Movement	—	—	Behavior occurred even briefly	—	—
Bracing with Movement	—	—	Behavior occurred even briefly	—	—
Restlessness with Movement	—	—	Behavior occurred even briefly	—	—
Rubbing with Movement	—	—	Behavior not observed	—	—
Vocal Complaints: Verbal with movement	—	—	Behavior not observed	—	—
Subtotal Score with Movement	—	—	4	—	—
Vocal Complaints: Nonverb at Rest	—	—	Behavior not observed	—	—
Facial Grimaces/Winces	—	—	Behavior occurred even briefly	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

at Rest					
Bracing at Rest	—	—	Behavior not observed	—	—
Restlessness at Rest	—	—	Behavior occurred even briefly	—	—
Rubbing at Rest	—	—	Behavior occurred even briefly	—	—
Verbal Complaints Verbal at Rest	—	—	Behavior not observed	—	—
Subtotal Score at Rest	—	—	3	—	—
CNPI Total Score	—	—	7	—	—
Weight	—	—	52 kg (114 lb 10.2 oz)	—	—
Weight Method	—	—	Bed scale	—	—
Nursing Annotation	—	—	—	MD at bedside	—
Reason for Communication	—	Other (Comment)	—	—	Other (Comment)
Provider Name	Chi, Frank, MD	Chi, Frank, MD	—	—	—
Provider Role	Attending physician	Attending physician	—	—	—
Method of Communication	Secure Chat	Secure Chat	—	—	—
Response	See orders	Waiting for response	—	—	—
Notification Time	1630	1628	—	—	—
Row Name	**01/26/25 0915**	**01/26/25 0909**	**01/26/25 0448**	**01/25/25 2047**	**01/25/25 1737**
Temp	—	—	36 °C	36.2 °C	36.2 °C
Temp src	—	—	Temporal	Temporal	Temporal
Pulse	—	—	70	71	77
Heart Rate Source	—	Monitor	Monitor	Monitor	Monitor
Resp	—	—	—	20	**26** !
BP	—	—	**161/78** !	**99/58** !	**158/68** !
BP Site	—	—	Right Arm	Right Arm	Left Arm
BP Method	—	Automatic	Automatic	Automatic	Automatic
Patient Position	—	Lying	Lying	Lying	Lying
Vital Sign Reason	—	Routine	Routine	Routine	Routine
SpO2	—	—	95 %	93 %	95 %
Pulse Oximetry Type	—	—	—	—	Intermittent
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	—	—	None (Room air)	None (Room air)	None (Room air)
Vocal Complaints: Non-verbal with Movement	Behavior occurred even briefly	—	—	—	—
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	—	—	—	—
Bracing with Movement	Behavior occurred even briefly	—	—	—	—
Restlessness with Movement	Behavior occurred even briefly	—	—	—	—
Rubbing with Movement	Behavior not observed	—	—	—	—
Vocal Complaints:	Behavior not observed	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Verbal with movement					
Subtotal Score with Movement	4	—	—	—	—
Vocal Complaints: Nonverb at Rest	Behavior not observed	—	—	—	—
Facial Grimaces/Winces at Rest	Behavior occurred even briefly	—	—	—	—
Bracing at Rest	Behavior not observed	—	—	—	—
Restlessness at Rest	Behavior occurred even briefly	—	—	—	—
Rubbing at Rest	Behavior not observed	—	—	—	—
Verbal Complaints Verbal at Rest	Behavior not observed	—	—	—	—
Subtotal Score at Rest	2	—	—	—	—
CNPI Total Score	6	—	—	—	—
Row Name	**01/25/25 1500**	**01/25/25 1321**	**01/25/25 1300**	**01/25/25 1258**	**01/25/25 1000**
Temp	—	—	—	36.3 °C	—
Temp src	—	—	—	Temporal	—
Pulse	—	—	—	72	—
Heart Rate Source	—	—	—	Monitor	—
Resp	**28** !	20	—	—	—
BP	—	—	—	**149/67** !	—
MAP (mmHg)	—	—	—	94	—
BP Site	—	—	—	Left Arm	—
BP Method	—	—	—	Automatic	—
Patient Position	—	—	—	Lying	—
Vital Sign Reason	—	—	—	Routine	—
SpO2	—	—	—	**87 %** !	—
Pulse Oximetry Type	—	—	—	Intermittent	—
Oximetry Probe Site Changed	—	—	—	No	—
Oxygen Therapy	—	—	None (Room air)	None (Room air)	—
Pain Rating: FLACC (Rest) - Face	—	—	—	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	—	—	—	Normal position or relaxed	Normal position or relaxed
Pain Rating: FLACC (Rest) - Activity	—	—	—	Lying quietly, normal position, moves easily	Lying quietly, normal position, moves easily
Pain Rating: FLACC (Rest) - Cry	—	—	—	No cry (awake or asleep)	No cry (awake or asleep)
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	Reassured by occasional touch, hug or being talked to
Score: FLACC (Rest)	—	—	—	2	2
Row Name	**01/25/25 0900**	**01/25/25 0812**	**01/25/25 0300**	**01/25/25 0232**	**01/25/25 0200**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Temp	—	36.1 °C	36.3 °C	—	—
Temp src	—	Temporal	Temporal	—	—
Pulse	—	71	71	71 [N4]	71
Heart Rate Source	—	Monitor	—	—	—
Resp	—	**32** !	**22** !	—	—
BP	—	111/65	**154/73** !	—	—
MAP (mmHg)	—	80	—	—	—
BP Site	—	Left Arm	Left Arm	—	—
BP Method	—	Automatic	Automatic	—	—
Patient Position	—	Lying	—	—	—
Vital Sign Reason	—	Routine	—	—	—
SpO2	—	95 %	92 %	**85 %** !	92 %
Pulse Oximetry Type	—	Intermittent	—	—	—
Oximetry Probe Site Changed	—	No	—	—	—
Oxygen Therapy	—	None (Room air)	None (Room air)	None (Room air)	—
Pain Assessment	—	N-PASS	—	—	—
Pain Descriptor Scale	—	Unable to describe	—	—	—
Facial Expression	Grimacing	—	—	—	—
Pain/Agitation - Crying/Irritability	—	No pain signs	—	—	—
Pain Rating: FLACC (Rest) - Face	—	Occasional grimace or frown, withdrawn, disinterested	—	—	—
Pain Rating: FLACC (Rest) - Legs	—	Normal position or relaxed	—	—	—
Pain Rating: FLACC (Rest) - Activity	—	Lying quietly, normal position, moves easily	—	—	—
Pain Rating: FLACC (Rest) - Cry	—	No cry (awake or asleep)	—	—	—
Pain Rating: FLACC (Rest) - Consolability	—	Reassured by occasional touch, hug or being talked to	—	—	—
Score: FLACC (Rest)	—	2	—	—	—
Sedation Scale Used	Ramsay Scale (RS) Score	—	—	—	—
Ramsay Scale (RS): Score	Asleep, a brisk response to a light glabellar tap or loud auditory stimulus	—	—	—	—

Row Name	**01/25/25 0146**	**01/25/25 0143**	**01/24/25 2200**	**01/24/25 2155**	**01/24/25 2000**
Temp	—	—	—	36.1 °C	—
Temp src	—	—	—	Temporal	—
Pulse	—	—	—	70	70
Heart Rate Source	—	—	—	Monitor	Monitor
Resp	—	—	—	20	20
BP	—	—	—	**145/74** !	—
MAP (mmHg)	—	—	98	98	—
BP Site	—	—	—	Left Arm	—
BP Method	—	—	—	Automatic	—
Patient Position	—	—	—	Lying	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Vital Sign Reason	—	—	—	Routine	—
SpO2	93 %	**85 %** !	—	95 %	94 %
Pulse Oximetry Type	—	—	—	Intermittent	Intermittent
Oximetry Probe Site Changed	—	—	—	No	No
Oxygen Therapy	—	—	—	None (Room air)	—
Nursing Annotation	—	Pt. aspirated. Called RT, paged provider.	—	—	—

Row Name	**01/24/25 1531**	**01/24/25 0833**	**01/24/25 0006**	**01/23/25 1534**	**01/23/25 1005**
Temp	36.2 °C	36 °C	36.2 °C	36.3 °C	—
Temp src	Temporal	Temporal	Temporal	Temporal	—
Pulse	71	71	70	70	—
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	—
Resp	18	18	18	18	—
BP	139/78	**159/67** !	115/61	**154/75** !	—
MAP (mmHg)	98	97	79	101	—
BP Site	Left Arm	Left Arm	Left Arm	Left Arm	—
BP Method	Automatic	Automatic	Automatic	Automatic	—
Patient Position	Lying	Lying	Lying	Lying	—
Vital Sign Reason	Routine	Routine	Routine	Routine	—
SpO2	94 %	96 %	93 %	98 %	—
Pulse Oximetry Type	Intermittent	Intermittent	—	Intermittent	—
Oximetry Probe Site Changed	No	No	—	—	—
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	—
Facial Expression	—	—	—	—	Grimacing
Body Movements	—	—	—	—	Restlessness/agitation
Vocalization (Extubated Patients)	—	—	—	—	Sighing, moaning
Muscle Tension	—	—	—	—	Tense, rigid
Critical-Care Pain Observation Score	—	—	—	—	6

Row Name	**01/23/25 0850**	**01/23/25 0309**	**01/23/25 0238**	**01/23/25 0040**	**01/22/25 2119**
Temp	**35.9 °C** !	—	—	36.1 °C	36.8 °C
Temp src	Temporal	—	—	Temporal	Temporal
Pulse	74	—	70	72	70
Heart Rate Source	Monitor	—	—	Monitor	—
Resp	18	—	18	20	20
BP	**187/99** !	—	**143/74** !	**171/87** !	**145/75** !
MAP (mmHg)	128	—	97	115	99
BP Site	Left Arm	—	—	Left Arm	Left Arm
BP Method	Automatic	—	—	Automatic	Automatic
Patient Position	Lying	—	—	Lying	Lying
Vital Sign Reason	Routine	—	—	Routine	—
SpO2	98 %	—	96 %	94 %	95 %
Pulse Oximetry Type	Intermittent	—	—	—	—
Oximetry Probe Site Changed	Yes	—	—	—	—
Oxygen Therapy	None (Room air)	—	—	None (Room air)	None (Room air)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Assessment	—	—	—	FLACC	—
Facial Expression	—	—	—	Grimacing	—
Body Movements	—	—	—	Restlessness/agitation	—
Compliance with the Ventilator (Intubated Patients)	—	—	—	Tolerating ventilator or movement	—
Vocalization (Extubated Patients)	—	—	—	Crying out, sobbing	—
Muscle Tension	—	—	—	Very tense or rigid	—
Critical-Care Pain Observation Score	—	—	—	8	—
Pain Interventions	—	—	—	Medication (See MAR)	—
Pain Rating: FLACC (Rest) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	—	—	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Rest) - Cry	—	Crying steadily, screams or sobs, frequent complaint	—	—	—
Pain Rating: FLACC (Rest) - Consolability	—	Difficult to console or comfort	—	—	—
Score: FLACC (Rest)	—	8	—	—	—

Row Name	01/22/25 1518	01/22/25 0922	01/22/25 0903	01/22/25 0007	01/21/25 1615
Temp	36 °C	—	36.2 °C	37.2 °C	—
Temp src	Temporal	—	Temporal	Temporal	—
Pulse	70	—	70	70	—
Heart Rate Source	Monitor	—	Monitor	Monitor	—
Resp	18	—	18	18	—
BP	**116/56** !	—	129/62	140/70	—
MAP (mmHg)	76	—	89	94	—
BP Site	Left Arm	—	Left Arm	Right Arm	—
BP Method	Automatic	—	Automatic	Automatic	—
Patient Position	Lying	—	Lying	Lying	—
Vital Sign Reason	Routine	—	Routine	Routine	—
SpO2	96 %	—	96 %	92 %	—
Pulse Oximetry Type	Intermittent	—	Intermittent	—	—
Oximetry Probe Site Changed	Yes	—	Yes	—	—
Oxygen Therapy	None (Room air)	—	None (Room air)	None (Room air)	—
Facial Expression	—	Grimacing	—	—	—
Body Movements	—	Restlessness/agitation	—	—	—
Vocalization (Extubated Patients)	—	Crying out, sobbing	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Muscle Tension	—	Tense, rigid	—	—	—
Critical-Care Pain Observation Score	—	7	—	—	—
Pain Interventions	—	Repositioned;Medication (See MAR)	—	—	—
Provider Name	—	—	—	—	Holmberg
Provider Role	—	—	—	—	Attending physician
Method of Communication	—	—	—	—	Secure Chat
Response	—	—	—	—	No new orders
Row Name	**01/21/25 1614**	**01/21/25 1528**	**01/21/25 1524**	**01/21/25 1319**	**01/21/25 1041**
Temp	—	36.7 °C	—	—	36.8 °C
Temp src	—	Temporal	—	—	Temporal
Pulse	—	72	—	—	70
Heart Rate Source	—	Monitor	—	—	Monitor
Resp	—	18	—	—	20
BP	—	**165/74** !	—	—	137/69
MAP (mmHg)	—	105	—	—	92
BP Site	—	Right Arm	—	—	Right Arm
BP Method	—	Automatic	—	—	Automatic
Patient Position	—	Lying	—	—	Lying
Vital Sign Reason	—	Routine	—	—	Routine
Telemetry/Cardiac Monitor	—	No	—	—	No
SpO2	—	94 %	—	—	94 %
Pulse Oximetry Type	—	Intermittent	—	—	Intermittent
Oxygen Therapy	—	None (Room air)	—	—	None (Room air)
Pain Assessment	—	—	FLACC	FLACC	—
Pain Score	—	—	6	3	—
Pain Interventions	—	—	Medication (See MAR)	Repositioned;Relaxation technique;Medication (See MAR)	—
Patient Behaviors	—	—	Agitated;Restless	—	—
Pain Rating: FLACC (Rest) - Face	—	—	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Rest) - Legs	—	—	Kicking, or legs drawn up	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	—	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	—	No cry (awake or asleep)	No cry (awake or asleep)	—
Pain Rating: FLACC (Rest) - Consolability	—	—	Difficult to console or comfort	Content, relaxed	—
Score: FLACC (Rest)	—	—	6	3	—
Reason for Communication	Other (Comment)	—	—	—	—
Provider Name	Holmberg	—	—	—	—
Provider Role	Attending physician	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Response	Waiting for response	—	—	—	—
Row Name	**01/21/25 1005**	**01/21/25 0933**	**01/21/25 0928**	**01/21/25 0527**	**01/20/25 2145**
Temp	—	—	36.6 °C	36.4 °C	36.5 °C
Temp src	—	—	Temporal	Temporal	Temporal
Pulse	—	—	70	75	70
Heart Rate Source	—	—	Monitor	Monitor	Monitor
Resp	—	—	**24** !	16	16
BP	—	—	—	**161/79** !	**144/71** !
BP Site	—	—	—	Right Arm	Right Arm
BP Method	—	—	—	Automatic	Automatic
Patient Position	—	—	—	Lying	Lying
Vital Sign Reason	—	—	—	Routine	Routine
SpO2	—	—	94 %	96 %	96 %
Pulse Oximetry Type	—	—	—	Intermittent	—
Oximetry Probe Site Changed	—	—	—	No	—
Oxygen Therapy	—	—	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	FLACC	—	FLACC	—	FLACC
Pain Interventions	—	Medication (See MAR);Relaxation technique	—	—	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	—	—	No particular expression or smile
Pain Rating: FLACC (Rest) - Legs	Kicking, or legs drawn up	Uneasy, restless, tense	—	—	Normal position or relaxed
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Arched, rigid or jerking	—	—	Lying quietly, normal position, moves easily
Pain Rating: FLACC (Rest) - Cry	No cry (awake or asleep)	Crying steadily, screams or sobs, frequent complaint	—	—	No cry (awake or asleep)
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	Difficult to console or comfort	—	—	Reassured by occasional touch, hug or being talked to
Score: FLACC (Rest)	5	8	—	—	1
Row Name	**01/20/25 1830**	**01/20/25 1548**	**01/20/25 1545**	**01/20/25 1255**	**01/20/25 0946**
Temp	—	—	36 °C	—	36.7 °C
Temp src	—	—	Temporal	—	Temporal
Pulse	—	—	76	—	70
Heart Rate Source	—	—	Monitor	—	Monitor
Resp	—	—	16	—	16
BP	—	**156/70** !	**163/72** !	—	123/69
MAP (mmHg)	—	99	102	—	—
BP Site	—	—	Right Arm	—	Left Arm
BP Method	—	—	Automatic	—	Automatic
Patient Position	—	—	Lying	—	Lying
Vital Sign Reason	—	—	Routine	—	Routine
SpO2	—	—	99 %	—	95 %
Pulse Oximetry Type	—	—	Intermittent	—	—
Oximetry Probe	—	—	No	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Site Changed					
Oxygen Therapy	—	—	None (Room air)	—	None (Room air)
Pain Assessment	—	—	—	—	FLACC
Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	—	—	—	—	Patient sleeping
Pain Rating: FLACC (Rest) - Face	Frequent to constant frown, clenched jaw, quivering chin	—	—	Frequent to constant frown, clenched jaw, quivering chin	No particular expression or smile
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	—	—	Kicking, or legs drawn up	Normal position or relaxed
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	—	—	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily
Pain Rating: FLACC (Rest) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	Crying steadily, screams or sobs, frequent complaint	No cry (awake or asleep)
Pain Rating: FLACC (Rest) - Consolability	Difficult to console or comfort	—	—	Difficult to console or comfort	Content, relaxed
Score: FLACC (Rest)	8	—	—	9	0

Row Name	01/20/25 0730	01/20/25 0200	01/19/25 1931	01/19/25 1540	01/19/25 1430
Temp	—	—	36.3 °C	**35.7 °C** !	—
Temp src	—	—	Temporal	Temporal	—
Pulse	—	—	72	70	—
Heart Rate Source	—	—	Monitor	Monitor	—
Resp	—	—	16	16	—
BP	—	—	128/72	136/75	—
MAP (mmHg)	—	—	91	95	—
BP Site	—	—	Left Arm	Left Arm	—
BP Method	—	—	Automatic	Automatic	—
Patient Position	—	—	Lying	Lying	—
Vital Sign Reason	—	—	Routine	Routine	—
SpO2	—	—	96 %	94 %	—
Pulse Oximetry Type	—	—	Intermittent	Intermittent	—
Oximetry Probe Site Changed	—	—	No	—	—
Oxygen Therapy	—	—	None (Room air)	None (Room air)	—
Pain Assessment	FLACC	—	Pain Scale	—	—
Pain Score	—	—	Patient sleeping	—	—
Pain Location	Amputation site	—	—	—	—
Pain Interventions	—	—	—	—	Medication (See MAR)
Patient Behaviors	Agitated;Facial grimacing;Groaning;Moaning	—	—	—	—
Response to Interventions	—	—	—	—	Yes
Pain Rating: FLACC (Rest) - Face	Frequent to constant frown, clenched jaw, quivering chin	—	—	—	—
Pain Rating: FLACC (Rest) - Legs	Kicking, or legs drawn up	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	—	—	—	—
Score: FLACC (Rest)	8	—	—	—	—
Sedation Scale Used	Richmond Agitation Sedation Scale	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	Agitated	—	—	—	—
Nursing Annotation	—	Attempted to give Oral Tylenol. Pt unable to attempt to drink oral solution without aspirating. MD ordered Tylenol as rectal route but Family at bedside refused at this time to give via route.	—	—	—

Row Name	**01/19/25 1321**	**01/19/25 1215**	**01/19/25 1142**	**01/19/25 1123**	**01/19/25 0900**
Resp	—	—	—	16	—
SpO2	—	—	—	—	95 %
Oxygen Therapy	—	—	—	None (Room air)	None (Room air)
Reason for Communication	—	—	—	—	—
Provider Name	Holmberg, MD	Holmberg, MD	Holmberg, MD	—	—
Method of Communication	Secure Chat	Secure Chat	Secure Chat	—	—
Response	—	—	Other (Comment)	—	—

Row Name	**01/19/25 0820**	**01/19/25 0812**	**01/19/25 0719**	**01/19/25 0458**	**01/19/25 0454**
Temp	—	36.8 °C	—	—	36.3 °C
Temp src	—	Temporal	—	—	Temporal
Pulse	—	70	—	—	74
Heart Rate Source	—	Monitor	—	—	Monitor
Resp	—	18	—	—	20
BP	—	124/67	**114/57** !	**185/78** !	**202/106** !
MAP (mmHg)	—	—	—	114	138
BP Site	—	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	—	Automatic	Automatic	Automatic	Automatic
Patient Position	—	Lying	Lying	Lying	Lying
Vital Sign Reason	—	Routine	—	Other(comment)	Routine
SpO2	—	96 %	—	—	96 %
Pulse Oximetry Type	—	Intermittent	—	—	Intermittent
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	—	None (Room air)	—	—	None (Room air)
Weight	56.2 kg (123 lb 14.4 oz)	—	—	—	—
Weight Method	Bed scale	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Reason for Communication	—	—	—	—	Abnormal vitals
Provider Name	—	—	—	—	Joel Rosiene
Provider Role	—	—	—	—	Resident
Method of Communication	—	—	—	—	Secure Chat
Response	—	—	—	—	En route
Row Name	**01/19/25 0030**	**01/18/25 2100**	**01/18/25 1740**	**01/18/25 1612**	**01/18/25 1607**
Temp	36.8 °C	36.8 °C	—	36.6 °C	—
Temp src	Temporal	Temporal	—	Temporal	—
Pulse	70	70	—	70	—
Heart Rate Source	Monitor	Monitor	—	Monitor	—
Resp	18	16	—	19	—
BP	**163/91** !	128/70	—	139/80	—
BP Site	Left Arm	Left Arm	—	Left Arm	—
BP Method	Automatic	Automatic	—	Automatic	—
Patient Position	Lying	Lying	—	Lying	—
Vital Sign Reason	—	Routine	—	Routine	—
SpO2	94 %	93 %	—	96 %	—
Pulse Oximetry Type	—	Intermittent	—	Intermittent	—
Oximetry Probe Site Changed	—	No	—	—	—
Oxygen Therapy	None (Room air)	None (Room air)	—	None (Room air)	—
Pain Assessment	—	FLACC	No/denies pain	—	Pain Scale
Pain Descriptor Scale	—	—	—	—	—
Pain Location	—	—	—	—	LLE "stump pain"
Pain Interventions	—	—	MD notified (Comment)	—	—
Patient Behaviors	—	—	Groaning;Facial grimacing;Restless; Other (Comment)	—	—
Pain Rating: FLACC (Rest) - Face	—	Occasional grimace or frown, withdrawn, disinterested	—	—	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Rest) - Cry	—	No cry (awake or asleep)	—	—	—
Pain Rating: FLACC (Rest) - Consolability	—	Reassured by occasional touch, hug or being talked to	—	—	—
Score: FLACC (Rest)	—	4	—	—	—
Row Name	**01/18/25 1520**	**01/18/25 1230**	**01/18/25 0815**	**01/18/25 0032**	**01/17/25 2033**
Temp	—	36.4 °C	36.1 °C	36.2 °C	36.8 °C
Temp src	—	Temporal	Temporal	Temporal	Temporal
Pulse	70	71	—	70	73
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	20	20	20	20	**22** !
BP	—	136/72	136/71	**144/71** !	**157/79** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

MAP (mmHg)	—	—	92	95	105
BP Site	—	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	—	Automatic	Automatic	Automatic	Automatic
Patient Position	—	Lying	Lying	Lying	Lying
Vital Sign Reason	—	Routine	Routine	—	—
Telemetry/Cardiac Monitor	—	—	—	—	Yes
Cardiac Rhythm	—	—	—	—	Ventricular Paced
SpO2	—	96 %	93 %	96 %	97 %
Pulse Oximetry Type	—	Intermittent	Intermittent	Intermittent	Intermittent
Oximetry Probe Site Changed	—	—	No	—	—
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	—	—	—	—	CPOT
Pain Score	Patient sleeping	—	—	—	—
Pain Descriptor Scale	Patient sleeping	—	—	—	—
Facial Expression	—	—	—	—	Tense
Body Movements	—	—	—	—	Absence of movements or normal position
Vocalization (Extubated Patients)	—	—	—	—	Talking in normal tone or no sound
Muscle Tension	—	—	—	—	Relaxed
Critical-Care Pain Observation Score	—	—	—	—	1

Row Name	**01/17/25 1656**	**01/17/25 1529**	**01/17/25 1118**	**01/17/25 0945**	**01/17/25 0739**
Temp	—	36.6 °C	36.6 °C	—	36.4 °C
Temp src	—	Temporal	Temporal	—	Temporal
Pulse	—	70	70	—	69
Heart Rate Source	—	Monitor	Monitor	—	Monitor
Resp	—	**28** !	**26** !	—	**28** !
BP	—	**157/66** !	**153/73** !	—	**144/69** !
MAP (mmHg)	—	96	100	—	94
BP Site	—	Left Arm	Left Arm	—	Left Arm
BP Method	—	Automatic	Automatic	—	Automatic
Patient Position	—	Sitting	Lying	—	Lying
Vital Sign Reason	—	Routine	Routine	—	Routine
SpO2	—	93 %	95 %	—	94 %
Pulse Oximetry Type	—	—	Intermittent	—	Intermittent
Oxygen Therapy	—	None (Room air)	None (Room air)	—	None (Room air)
Facial Expression	Grimacing	—	—	—	—
Body Movements	Protection	—	—	—	—
Vocalization (Extubated Patients)	Sighing, moaning	—	—	—	—
Muscle Tension	Tense, rigid	—	—	—	—
Critical-Care Pain Observation Score	5	—	—	—	—
Pain Interventions	Medication (See MAR)	—	—	—	—
Weight	—	—	—	—	54.7 kg (120 lb 9.5

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

					oz)
Weight Method	—	—	—	—	Bed scale
Reason for Communication	—	—	Other (Comment)	Review case	Abnormal vitals
Provider Name	—	—	Segerson, Karen	Acute pain service	Segerson, Karen
Provider Role	—	—	Attending physician	—	Attending physician
Method of Communication	—	—	Secure Chat	Page	Secure Chat
Response	—	—	Other (Comment)	See orders	—
Notification Time	—	—	1129	0946	0752
Row Name	**01/17/25 0343**	**01/17/25 0029**	**01/17/25 0025**	**01/17/25 0024**	**01/16/25 1936**
Temp	36.4 °C	—	—	36.5 °C	36.4 °C
Temp src	Temporal	—	—	Temporal	Temporal
Pulse	73	—	—	72	70
Heart Rate Source	Monitor	—	—	Monitor	Monitor
Resp	**22** !	—	—	**28** !	16
BP	136/65	—	—	124/61	**163/69** !
MAP (mmHg)	89	—	82	—	100
BP Site	Right Arm	—	—	Left Arm	Right Arm
BP Method	Automatic	—	—	Automatic	Automatic
Patient Position	Lying	—	—	Lying	Lying
Vital Sign Reason	—	—	—	—	Routine
SpO2	93 %	—	—	94 %	97 %
Pulse Oximetry Type	—	—	—	—	Intermittent
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	None (Room air)	—	—	None (Room air)	None (Room air)
Pain Assessment	—	FLACC	—	—	—
Facial Expression	—	Grimacing	—	—	—
Body Movements	—	Restlessness/agitation	—	—	—
Vocalization (Extubated Patients)	—	Crying out, sobbing	—	—	—
Muscle Tension	—	Tense, rigid	—	—	—
Critical-Care Pain Observation Score	—	7	—	—	—
Pain Rating: FLACC (Rest) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	—	—	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Rest) - Cry	—	Crying steadily, screams or sobs, frequent complaint	—	—	—
Pain Rating: FLACC (Rest) - Consolability	—	Difficult to console or comfort	—	—	—
Score: FLACC (Rest)	—	8	—	—	—
Row Name	**01/16/25 1637**	**01/16/25 1605**	**01/16/25 1340**	**01/16/25 1220**	**01/16/25 0929**
Temp	—	36.9 °C	—	37 °C	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Temp src	—	Temporal	—	Temporal	—
Pulse	—	68	—	81	—
Heart Rate Source	—	Monitor	—	Monitor	—
Resp	—	16	—	16	—
BP	—	**143/80** !	—	125/66	—
MAP (mmHg)	—	101	—	85	—
BP Site	—	Right Arm	—	Right Arm	—
BP Method	—	Automatic	—	Automatic	—
Patient Position	—	Standing	—	Sitting	—
Vital Sign Reason	—	Routine	—	Routine	—
SpO2	—	98 %	—	—	—
Oxygen Therapy	—	None (Room air)	—	—	—
Facial Expression	Relaxed, neutral	—	Tense	—	Grimacing
Body Movements	Absence of movements or normal position	—	Protection	—	Absence of movements or normal position
Vocalization (Extubated Patients)	Talking in normal tone or no sound	—	Talking in normal tone or no sound	—	—
Muscle Tension	Relaxed	—	Relaxed	—	Relaxed
Critical-Care Pain Observation Score	0	—	2	—	2
Pain Interventions	—	—	Medication (See MAR)	—	Medication (See MAR)

Row Name	**01/16/25 0908**	**01/16/25 0739**	**01/16/25 0353**	**01/16/25 0115**	**01/15/25 1912**
Temp	—	36.2 °C	36.4 °C	36 °C	36.7 °C
Temp src	—	Temporal	Temporal	Temporal	Temporal
Pulse	—	70	71	71	70
Heart Rate Source	—	Monitor	Monitor	Monitor	Monitor
Resp	—	18	18	18	18
BP	—	133/61	104/63	107/61	108/61
MAP (mmHg)	—	85	78	76	77
BP Site	—	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	—	Automatic	Automatic	Automatic	Automatic
Patient Position	—	Lying	Lying	Lying	Lying
Vital Sign Reason	—	Routine	—	Routine	Routine
SpO2	—	93 %	93 %	96 %	95 %
Pulse Oximetry Type	—	Intermittent	Intermittent	Intermittent	Intermittent
Oximetry Probe Site Changed	—	No	No	No	No
Oxygen Therapy	—	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Descriptor Scale	—	—	—	—	—
Pain Location	LLE	—	—	—	—
Facial Expression	Relaxed, neutral	—	—	—	—
Body Movements	Absence of movements or normal position	—	—	—	—
Vocalization (Extubated Patients)	Talking in normal tone or no sound	—	—	—	—
Muscle Tension	Relaxed	—	—	—	—
Critical-Care Pain Observation Score	0	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Row Name	01/15/25 1404	01/12/25 0600	01/09/25 2000	01/09/25 1245	01/09/25 1130
Temp	36.1 °C	—	—	—	—
Temp src	Temporal	—	—	—	—
Pulse	71	—	—	**41** !	**38** !
Heart Rate Source	Monitor	—	—	—	—
Resp	20	—	—	15	14
BP	103/61	—	—	132/61	**153/50** !
MAP (mmHg)	75	—	—	82	78
BP Site	Left Arm	—	—	—	—
BP Method	Automatic	—	—	—	—
Patient Position	Lying	—	—	—	—
Vital Sign Reason	Routine	—	—	—	—
SpO2	95 %	—	—	98 %	93 %
Pulse Oximetry Type	Intermittent	—	—	—	—
Oximetry Probe Site Changed	Yes	—	—	—	—
Oxygen Therapy	None (Room air)	—	—	None (Room air)	—
Pain Score	Patient sleeping	—	—	—	—
Height	—	—	5' (1.524 m)	—	—
Height Method	—	—	Stated	—	—
Weight	—	46.4 kg (102 lb 4.7 oz)	—	—	—
Weight Method	—	Bed scale	—	—	—

Row Name	01/09/25 1115	01/09/25 1100
Pulse	**39** !	**44** !
Resp	17	17
BP	**145/54** !	**148/57** !
MAP (mmHg)	81	80
SpO2	100 %	98 %
Oxygen Therapy	—	None (Room air)

Flowsheet Notes

[N1]

Author	Author Type	Service	Note Type	Status	Filed Time
Bustamante, Nicole Alexandra, SLP	Speech Language Pathologist	Speech Language Pathology	Progress Notes	Signed	01/29/25 0918

Note Text

Speech Language Pathology Progress

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 01/27/25
Treatment Duration: 21 Minutes (swallow tx)

Subjective

Patient Report/Self-Assessment: RN cleared SLP for entry. Pt is alert on arrival, appears restless. Supportive son at bedside.

Patient Stated Goal: Per son, to resume PO intake and avoid NGT placement

Prior Function
Prior Function: Patient was seen by SLP november 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table
IADLs: Requires assist

Objective
Patient Information
Temperature: Afebrile
Respiratory Status: Room air
Behavior/Cognition: Alert;Impulsive;Distractible;No command following
Patient Positioning: Upright in bed

Consistencies Assessed: 1-Slightly Thick (Ensure)

0-Thin Liquids - Presentation: Spoon

Consistencies Assessed Comment: pt declined a majority of PO trials by shaking her head
Oral Phase: Other;Spillage Right (difficulty achieving intra-oral pressure for straw use)
Pharyngeal Phase: Other (laryngeal elevation present)
Signs/Symptoms of Penetration/Aspiration: None (note that silent aspiration cannot be excluded at bedside)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Oral Mechanism Examination
Dentition: Adequate with dentures
Oral mucosa: Dry

ASSESSMENT/PLAN

Pt seen for swallow tx w/ supportive son present. Given pt's age and waxing/waning mentation, anticipate some degree of ongoing aspiration risk w/ any PO intake. This was discussed w/ pt's son, who states that he does not want an NGT placed and that he is accepting of aspiration risk. Given pt/family GOC, recommend a minced and moist diet (son's request) and thin liquids. Please provide careful 1:1 feeding vs supervision, adhere to strict aspiration precautions and d/c PO w/ inadequate alertness/mentation.

Dysphagia: Other (?presbyphagia + superimposed acute dysphagia i/s/o delirium)
Aspiration Risk: Moderate;High (likely iso waxing/waning mentation)

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: Delirium
Prognosis: Fair

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education

SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 5-Minced and moist;0-Thin liquids (per pt/family GOC)
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 02/22/25
Goal Status: Progressing

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 02/22/25
Goal Status: Progressing

[N2]

Author	Author Type	Service	Note Type	Status	Filed Time
Bustamante, Nicole Alexandra, SLP	Speech Language Pathologist	Speech Language Pathology	Progress Notes	Signed	01/16/25 1202

Note Text

Speech Language Pathology Progress

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 01/16/25
Treatment Duration: 20 Minutes (swallow tx)

Subjective

Patient Report/Self-Assessment: Provider requested swallow re-assessment 2/2 c/f aspiration. On arrival, pt is alert, responsive to simple questions/directions via written communication 2/2 hearing loss.
Patient Stated Goal: None stated

Prior Function

Prior Function: Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table
IADLs: Requires assist
Leisure and Hobbies: travel

Objective

Patient Information
Temperature: Afebrile
Respiratory Status: Room air
Behavior/Cognition: Alert;Participates well (utilized white board to write questions/directions/information- pt responded verbally or w/ head shake yes/no)
Patient Positioning: Upright in bed

Consistencies Assessed: 0-Thin Liquids;4-Pureed;Soft solids;Hard solids

0-Thin Liquids - Presentation: Straw

4 Pureed - Presentation : Spoon;Self Fed
Soft Solids - Presentation: Spoon
Hard Solid - Presentation: Self Fed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Oral Phase: Prolonged mastication (w/ hard solids suspected; oral residue w/ hard solids- cleared w/ liquid rinse)
Pharyngeal Phase: Other (laryngeal elevation present)
Signs/Symptoms of Penetration/Aspiration: None (note that silent aspiration cannot be excluded at bedside)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Oral Mechanism Examination
Dentition: Adequate with dentures
Oral mucosa: Dry
Observations: Consistent w/ prior CNE

ASSESSMENT/PLAN

Pt seen for swallow tx w/ no overt s/sx of aspiration across numerous trials though mastication of hard solids continues to appear prolonged w/ incomplete oral clearance. Given prior assessment, pt cue her to take small, single sips, which she was able to do without issue. Given stable respiratory status, Jeanne appears ok to continue current

diet given supervision/assist 2/2 delirium and adherence to aspiration precautions. SLP to continue to follow.

Dysphagia: Other (?presbyphagia)
Aspiration Risk: Low;Moderate (pending mentation)

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: delirium
Prognosis: Good

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education
SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 01/24/25
Goal Status: Progressing

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 01/24/25
Goal Status: Progressing

[N3]

Author	Author Type	Service	Note Type	Status	Filed Time
Santangelo, Olivia Jane, SLP	Speech Language Pathologist	Speech Language Pathology	Progress Notes	Signed	01/10/25 1102

Note Text

Speech Language Pathology Eval

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 01/10/25
Treatment Duration: 20 Minutes (sw eval)

Subjective

Patient Report/Self-Assessment: pt. awake and alert, sitting upright in bed
Patient Stated Goal: to eat/drink

Prior Function

Prior Function: Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table

Objective

Patient Information
Respiratory Status: Room air
Behavior/Cognition: Alert;Participates well
Patient Positioning: Upright in bed

Consistencies Assessed: 0-Thin Liquids;4-Pureed;Soft solids

0-Thin Liquids - Presentation: Straw;Self Fed (with assist)

4 Pureed - Presentation : Spoon;Self Fed
Soft Solids - Presentation: Self Fed

Consistencies Assessed Comment: Patient with intermittent coughing on thin liquids, specifically with larger sips of water. When cued to take slow/small sips, she was able to take water without coughing. no overt s/s aspiration with puree or graham cracker, no significant oral residuals

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Patient/Caregiver Training: SLP education provided regarding patients current swallow function

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Oral Mechanism Examination
Dentition: Adequate with dentures
Oral mucosa: Dry
Volitional cough: Within Functional Limits
Labial ROM: Within Functional Limits
Labial Symmetry: Within Functional Limits
Labial Strength: Within Functional Limits
Lingual ROM: Within Functional Limits
Lingual Symmetry: Within Functional Limits
Lingual Strength: Within Functional Limits
Soft Palate: Within Functional Limits
Vocal Quality: Within Functional Limits

ASSESSMENT/PLAN

Jeanne was seen for initial swallow evaluation with intermittent cough response with large sips of thin liquids. This is likely consistent with presbyphagia, or chronic dysphagia which is common in patients of advanced age. She has had no respiratory issues and current assessment is consistent with SLP eval 11/2023. Her baseline diet is soft solids due to ill-fitting dentures. Recommend soft and bite size textures and thin liquids via small single sips. meds whole in puree. SLP will continue to follow.

Aspiration Risk: Moderate

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: presbyphagia
Prognosis: Good

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow eval
SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 01/24/25
Goal Status: Updated

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 01/24/25
Goal Status: Updated

[N4]

Author	Author Type	Service	Note Type	Status	Filed Time
Porter, Allen, RN	Registered Nurse	Nursing	Nursing Note	Signed	01/25/25 0510

Note Text

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new

intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Came into room after hearing pt.coughing from hallway. Pt. Son stated he gave pt. water. Pt was slumped down low in bed and appeared restless trying to get out of bed. Coughing but not clearing secretions. Readjusted pt. and raised HOB. Provider notified, CXR done at bedside. O2 dropped down into 80s temporarily, pt. Appeared more distressed and mouthing "help me." attempted to suction and apply supplemental O2. Pt. Resisted suctioning and oxygen. Rapid response called. Labs drawn by Stat RN. 500 bolus given per order. pt. NPO pending speech eval. Pt. Respiratory distress resolved, resting comfortable on RA.

	01/25/25 0232
Respiratory	
Respiratory (WDL)	X
Respiratory Pattern	Tachypneic
Respiratory Depth/Rhythm	Shallow
Respiratory Effort	Labored
Respiratory Effort Characteristics	Gasping
Dyspnea Occurrence	At rest
Chest Assessment	Symmetrical
Bilateral Breath Sounds	Clear;Diminished
Cough	Moist;Weak;Unable to clear secretions;Hacking
Respiratory Interventions	
Respiratory Interventions	Oral suction
Vitals	
Pulse	71

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 16 of 16)

Vitals Data

Row Name	03/08/25 0310	03/07/25 2311	03/07/25 0146	03/06/25 1841	03/06/25 1509
Pain Descriptor Scale	—	Unable to describe	—	—	—
Pain Intensity	Rest	—	—	—	—
Pain Location	—	hip, abd	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	—	Restless	Agitated	Restless
Row Name	**03/06/25 1202**	**02/28/25 0445**	**02/27/25 0155**	**02/26/25 1957**	**02/26/25 0100**
Richmond Agitation Sedation Scale (RASS)	Restless	Restless	Restless	Restless	Restless
Row Name	**02/25/25 0451**	**02/24/25 2123**	**02/24/25 2035**	**02/24/25 2025**	**02/24/25 0618**
Pain Descriptor Scale	—	—	—	—	Unable to describe
Richmond Agitation Sedation Scale (RASS)	Agitated	Very agitated	Very agitated	Agitated	Restless
Row Name	**02/24/25 0348**	**02/23/25 2155**	**02/23/25 1447**	**02/23/25 0638**	**02/23/25 0303**
Pain Score	—	—	—	—	Patient UNavailable for reassessment
Pain Descriptor Scale	—	—	—	Unable to describe	Unable to describe
Richmond Agitation Sedation Scale (RASS)	Agitated	Agitated	—	Agitated	Very agitated
Dose	—	—	*40 mEq	—	—
Volume (mL)	—	—	259.09	—	—
Row Name	**02/23/25 0018**	**02/22/25 1733**	**02/22/25 1546**	**02/22/25 1218**	**02/22/25 0955**
Richmond Agitation Sedation Scale (RASS)	Agitated	Agitated	Very agitated	—	Agitated
Dose	—	—	—	*2 g	—
Volume (mL)	—	—	—	50	—
Row Name	**02/22/25 0954**	**02/21/25 2236**	**02/21/25 0307**	**02/20/25 2238**	**02/20/25 1626**
Pain Location	UTA	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	Agitated	Restless	Agitated	Agitated
Row Name	**02/20/25 1320**	**02/20/25 1019**	**02/20/25 0133**	**02/19/25 0047**	**02/18/25 1339**
Richmond Agitation Sedation Scale (RASS)	Drowsy	Very agitated	Very agitated	Agitated	Agitated
Row Name	**02/18/25 0233**	**02/17/25 2245**	**02/11/25 0358**	**02/11/25 0056**	**02/10/25 0957**
Pain Score	—	7	—	—	—
Pain Intensity	—	—	Rest	—	—
Richmond Agitation Sedation Scale (RASS)	Agitated	—	—	—	—
Dose	—	—	—	*1 g	—
Volume (mL)	—	—	—	50	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 16 of 16) (continued)

Row Name	02/09/25 1250	02/09/25 1102	02/09/25 1013	02/09/25 0938	02/09/25 0519
Pain Score	—	—	—	—	—
Pain Intensity	Rest	—	Activity	—	—
Pain Location	likely back pain and L AKA stump site.	—	likely back pain and L AKA stump site	—	—
Dose	—	—	—	*1 g	—
Volume (mL)	—	—	—	50	—
Dose	*1000 mg	—	—	—	*1000 mg
Volume (mL)	100	—	—	—	—
Dose	—	*500 mL	—	—	—
Volume (mL)	—	500	—	—	—
Rate	—	500 mL/hr	—	—	—
Row Name	**02/09/25 0042**	**02/08/25 1457**	**02/08/25 1219**	**02/08/25 1149**	**02/08/25 1021**
Pain Score	Patient UNavailable for reassessment	Patient sleeping	—	—	—
Dose	—	—	—	—	*12.5 g
Volume (mL)	—	—	—	—	250
Dose	—	—	—	*1 g	—
Volume (mL)	—	—	—	50	—
Dose	—	—	*2 g	—	—
Volume (mL)	—	—	50	—	—
Dose	*1000 mg	—	—	—	—
Row Name	**02/08/25 1015**	**02/08/25 0054**	**02/07/25 1217**	**02/06/25 0929**	**02/05/25 2329**
Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	Unable to describe	—	Severe	Mild	—
Pain Intensity	Activity	—	Rest	—	—
Pain Location	—	L AKA and abd	back and abdomen	—	—
Row Name	**02/05/25 1959**	**02/05/25 0935**	**02/04/25 2339**	**02/03/25 1757**	**02/03/25 1337**
Pain Score	—	—	—	—	—
Pain Descriptor Scale	None	Mild	Moderate	—	—
Pain Intensity	Rest	Rest	Activity	—	—
Row Name	**02/02/25 1713**	**02/02/25 0916**	**02/01/25 1529**	**01/31/25 0605**	**01/30/25 2226**
Pain Score	1	Patient UNavailable for reassessment	—	—	—
Pain Descriptor Scale	—	—	—	Unable to describe	—
Pain Intensity	—	—	—	Rest	—
Pain Location	—	—	L AKA, abd	Left AKA site	—
Dose	—	—	—	—	*0 mEq
Row Name	**01/30/25 2053**	**01/30/25 1951**	**01/28/25 2109**	**01/28/25 1627**	**01/27/25 2233**
Pain Score	—	—	6	3	—
Pain Descriptor Scale	—	—	Moderate	—	Moderate
Pain Intensity	—	—	Rest	—	Rest
Pain Location	—	—	left thigh	—	left thigh
Dose	*40 mEq	—	—	—	—
Volume (mL)	270	—	—	—	—
Dose	—	*4 g	—	—	—
Volume (mL)	—	50	—	—	—
Row Name	**01/27/25 1215**	**01/27/25 0936**	**01/27/25 0054**	**01/26/25 2214**	**01/26/25 2037**
Pain Score	—	—	Patient sleeping	—	—
Pain Descriptor Scale	Moderate	Severe	—	—	Unable to describe
Pain Intensity	Rest	Rest	—	—	—
Row Name	**01/26/25 1850**	**01/26/25 1503**	**01/26/25 0909**	**01/25/25 1321**	**01/25/25 0346**
BP	—	—	123/66	—	—
BP Site	—	—	Right Leg	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 16 of 16) (continued)

Pulse	—	—	70	—	—
SpO2	—	—	95 %	—	—
Pain Score	—	—	—	—	—
Pain Descriptor Scale	Moderate	Moderate	—	—	—
Pain Intensity	Activity	Activity	—	—	—
Pain Location	unknown	"bilateral knee"	—	—	—
Dose	—	—	—	—	*500 mL
Volume (mL)	—	—	—	—	500
Rate	—	—	—	—	500 mL/hr
Row Name	**01/24/25 1651**	**01/24/25 1045**	**01/23/25 2300**	**01/23/25 1749**	**01/23/25 1624**
Pain Score	5	8	Patient sleeping	—	—
Pain Descriptor Scale	—	—	—	Moderate	Moderate
Row Name	**01/22/25 1635**	**01/22/25 0927**	**01/22/25 0136**	**01/21/25 1954**	**01/21/25 0530**
Pain Descriptor Scale	—	—	Severe	Severe	Unable to describe
Richmond Agitation Sedation Scale (RASS)	Agitated	—	—	—	—
Dose	—	*2 g	—	—	—
Volume (mL)	—	50	—	—	—
Row Name	**01/20/25 0356**	**01/20/25 0255**	**01/19/25 2219**	**01/19/25 2121**	**01/19/25 1730**
Pain Score	10	—	Patient UNavailable for reassessment	—	Patient sleeping
Richmond Agitation Sedation Scale (RASS)	—	Agitated	—	Agitated	—
Row Name	**01/19/25 1227**	**01/19/25 0842**	**01/19/25 0824**	**01/19/25 0637**	**01/19/25 0526**
Pain Descriptor Scale	Severe	—	—	Severe	Severe
Pain Intensity	Rest	—	—	—	—
Pain Location	—	—	Pt says she doesn't know if she is having any pain. Pt appears comfortable at this time	—	—
Richmond Agitation Sedation Scale (RASS)	Very agitated	—	—	—	—
Dose	—	*2 g	—	—	—
Volume (mL)	—	50	—	—	—
Row Name	**01/19/25 0515**	**01/18/25 1607**	**01/18/25 1004**	**01/18/25 0851**	**01/18/25 0532**
Pain Descriptor Scale	Severe	—	Moderate	Moderate	—
Pain Intensity	—	Rest	Rest	Activity	—
Dose	—	—	—	—	*500 mg
Row Name	**01/17/25 2122**	**01/17/25 1301**	**01/17/25 0912**	**01/17/25 0557**	**01/17/25 0122**
Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	—	—	Unable to describe	—	—
Dose	*500 mg	*500 mg	—	*500 mg	—
Volume (mL)	—	105	—	—	—
Row Name	**01/16/25 2315**	**01/16/25 2117**	**01/16/25 1339**	**01/16/25 1235**	**01/16/25 0559**
Pain Descriptor Scale	Unable to describe	—	—	Unable to describe	—
Dose	—	*500 mg	*500 mg	—	*500 mg

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 16 of 16) (continued)

Row Name	01/15/25 2101	01/15/25 1830	01/15/25 1823	01/15/25 1653	01/13/25 1643
Pain Descriptor Scale	—	Unable to describe	Mild	—	—
Dose (mcg/min) Phenylephrine	—	—	—	—	*50 mcg
Dose	*500 mg	—	—	*500 mg	—
Volume (mL)	—	—	—	105	—
Row Name	**01/13/25 0542**	**01/12/25 1221**	**01/12/25 1112**	**01/12/25 1110**	**01/12/25 1033**
Dose	*2 g	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	—	—	Drowsy	Drowsy
Volume (mL)	—	—	250	—	—
Rate	—	—	1000 mL/hr	—	—
Dose	—	*250 mL	—	—	—
Volume (mL)	—	250	—	—	—
Rate	—	1000 mL/hr	—	—	—
Row Name	**01/12/25 0900**	**01/12/25 0846**	**01/12/25 0835**	**01/12/25 0834**	**01/12/25 0749**
Richmond Agitation Sedation Scale (RASS)	Drowsy	Very agitated	Combative	Combative	—
Dose	—	—	—	—	*500 mL
Volume (mL)	—	—	—	—	500
Rate	—	—	—	—	1000 mL/hr
Row Name	**01/12/25 0635**	**01/12/25 0545**	**01/12/25 0447**	**01/11/25 2320**	**01/11/25 1845**
Dose	—	—	—	—	*500 mg
Volume (mL)	—	—	—	—	50
Dose	—	*2 g	—	—	—
Richmond Agitation Sedation Scale (RASS)	Drowsy	—	Very agitated	Agitated	—
Row Name	**01/11/25 1840**	**01/11/25 1346**	**01/11/25 1113**	**01/11/25 1022**	**01/11/25 0555**
Dose	—	—	*500 mg	—	*500 mg
Pain Score	—	—	—	—	0
Richmond Agitation Sedation Scale (RASS)	—	—	—	Restless	—
Dose	—	*500 mL	—	—	—
Volume (mL)	—	500	—	—	—
Cumulative Dose (mL) Ropivacaine 0.2%	105.55 mL	—	—	—	—
Row Name	**01/10/25 2300**	**01/10/25 1817**	**01/10/25 1407**	**01/10/25 1330**	**01/10/25 0823**
BP	—	—	—	134/63	—
Pulse	—	—	—	60	—
Dose	*500 mg	*500 mg	*500 mg	—	—
Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	—	—	Moderate	—	—
Pain Intensity	—	—	Rest	—	—
Row Name	**01/10/25 0801**	**01/10/25 0549**	**01/10/25 0402**	**01/10/25 0331**	**01/10/25 0302**
Dose	—	*500 mg	—	—	—
Volume (mL)	—	—	270	—	—
Dose	—	—	—	—	*2 g
Volume (mL)	—	—	—	—	100
Dose	—	—	—	*2 g	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 16 of 16) (continued)

Volume (mL)	—	—	—	50	—
Pain Score	Patient sleeping	—	—	—	—
Row Name	**01/10/25 0012**	**01/09/25 2327**	**01/09/25 2142**	**01/09/25 1813**	
Algorithm	—	—	—	1	
Dose	—	—	*500 mL	—	
Volume (mL)	—	—	500	—	
Rate	—	—	500 mL/hr	—	
Dose	—	*500 mg	—	—	
Dose	*250 mL	—	—	—	
Volume (mL)	250	—	—	—	
Rate	1000 mL/hr	—	—	—	

Vitals Reassessment

Row Name	**03/03/25 0810**	**02/25/25 2123**	**02/24/25 0610**	**02/24/25 0012**	**02/23/25 2127**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/23/25 0608**	**02/22/25 1943**	**02/22/25 1619**	**02/22/25 0941**	**02/21/25 1700**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/21/25 0747**	**02/20/25 2246**	**02/20/25 1518**	**02/20/25 1505**	**02/20/25 1414**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/20/25 1341**	**02/20/25 1325**	**02/20/25 0859**	**02/19/25 2307**	**02/19/25 1224**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/19/25 0947**	**02/19/25 0400**	**02/18/25 2054**	**02/18/25 1602**	**02/18/25 0806**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/17/25 2032**	**02/17/25 1407**	**02/17/25 0757**	**02/16/25 1538**	**02/16/25 0516**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/15/25 2124**	**02/15/25 1646**	**02/15/25 0933**	**02/15/25 0054**	**02/14/25 1702**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/14/25 0811**	**02/14/25 0646**	**02/13/25 1536**	**02/13/25 0813**	**02/13/25 0359**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/12/25 1910**	**02/12/25 1508**	**02/12/25 1130**	**02/11/25 1638**	**02/11/25 0901**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/10/25 2318**	**02/10/25 1636**	**02/10/25 0900**	**02/09/25 2143**	**02/09/25 1528**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/09/25 0753**	**02/08/25 2300**	**02/08/25 1516**	**02/08/25 0902**	**02/08/25 0052**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/07/25 1607**	**02/07/25 0800**	**02/07/25 0613**	**02/06/25 2105**	**02/06/25 1715**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/06/25 0908**	**02/05/25 1700**	**02/05/25 0853**	**02/04/25 1606**	**02/04/25 0704**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/03/25 1622**	**02/02/25 2238**	**02/02/25 1648**	**02/02/25 0041**	**02/01/25 1700**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/01/25 0856**	**01/31/25 2340**	**01/31/25 1558**	**01/31/25 0853**	**01/30/25 1549**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 16 of 16) (continued)

Row Name	01/30/25 0836	01/29/25 0735	01/28/25 1942	01/28/25 1100	01/28/25 0429
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/27/25 2007**	**01/27/25 1036**	**01/27/25 0829**	**01/26/25 2332**	**01/26/25 1735**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/25/25 2047**	**01/25/25 1737**	**01/25/25 0812**	**01/25/25 0300**	**01/24/25 2155**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/24/25 1531**	**01/24/25 0833**	**01/24/25 0006**	**01/23/25 1534**	**01/23/25 0850**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/23/25 0238**	**01/23/25 0040**	**01/22/25 2119**	**01/22/25 1518**	**01/22/25 0903**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/22/25 0007**	**01/21/25 1528**	**01/21/25 1041**	**01/21/25 0527**	**01/20/25 2145**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/20/25 1545**	**01/20/25 0946**	**01/19/25 1931**	**01/19/25 1540**	**01/19/25 1123**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/19/25 0812**	**01/19/25 0454**	**01/19/25 0030**	**01/18/25 2100**	**01/18/25 1612**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/18/25 1230**	**01/18/25 0032**	**01/17/25 2033**	**01/17/25 1529**	**01/17/25 1118**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/17/25 0739**	**01/17/25 0343**	**01/17/25 0024**	**01/16/25 1936**	**01/16/25 1605**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/16/25 0739**	**01/16/25 0353**	**01/16/25 0115**	**01/15/25 1912**	**01/15/25 1404**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/15/25 1200**	**01/15/25 0800**	**01/15/25 0400**	**01/15/25 0000**	**01/14/25 2000**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/14/25 1638**	**01/14/25 1600**	**01/14/25 1200**	**01/14/25 1000**	**01/14/25 0900**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/14/25 0800**	**01/14/25 0400**	**01/14/25 0300**	**01/14/25 0200**	**01/14/25 0100**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/14/25 0000**	**01/13/25 2300**	**01/13/25 2200**	**01/13/25 2100**	**01/13/25 2000**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/13/25 1720**	**01/13/25 0800**	**01/13/25 0700**	**01/13/25 0600**	**01/13/25 0500**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/13/25 0400**	**01/13/25 0300**	**01/13/25 0000**	**01/12/25 2000**	**01/12/25 1600**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/12/25 1500**	**01/12/25 1200**	**01/12/25 1000**	**01/12/25 0900**	**01/12/25 0800**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/12/25 0635**	**01/11/25 2300**	**01/11/25 2200**	**01/11/25 2100**	**01/11/25 2000**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/11/25 1200**	**01/10/25 0900**	**01/10/25 0500**	**01/10/25 0400**	**01/10/25 0300**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 16 of 16) (continued)

Row Name	01/10/25 0200	01/10/25 0100	01/10/25 0000	01/09/25 2300	01/09/25 2200
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/09/25 2100**	**01/09/25 2000**	**01/09/25 1900**	**01/09/25 1830**	**01/09/25 1815**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/09/25 1800**	**01/09/25 1755**	**01/09/25 1750**	**01/09/25 1245**	**01/09/25 1130**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/09/25 1115**	**01/09/25 1100**			
Restart Vitals Timer	Yes	Yes			

Care Plan

Active

Problem: Friction/Shear

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to friction/shear

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Problem: Impaired Nutrition

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to impaired nutrition

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Problem: Impaired Sensory/Perception/Mobility/Activity

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to impaired sensory/perception/mobility/activity

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Problem: Moisture/Incontinence

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to moisture/incontinence

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Resolved

Problem: Activity Intolerance

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Nurse, Interdisciplinary

Goal: Remains free of arrhythmia events (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/27/25 0527	Harman, Kendall M, RN	Not Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/11/25 0927	Walks, Tristan H, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Does not become tachycardic with activity (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description:
INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Does not become short of breath with activity (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description:
INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Not Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal Note filed on 01/27/25 1406 by Wylie, Ariana, Nursing Student

Patient tachypneic with exertion/activity, returns to baseline without intervention

Goal Note filed on 01/26/25 1654 by Wylie, Ariana, Nursing Student

Improved with fluids,

Problem: Aspiration Risk

Dates: Start: 01/30/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Goal: No S/S of Aspiration (Resolved)

Dates: Start: 01/30/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: INTERVENTIONS
1. Monitor: Oral intake
2. Assess for aspiration
3. Assess cough
4. Assess enteral tube placement
5. Communicate: dietitian
6. Consider consult with SLS
7. Enteral tube feeding management
8. Assist with feeding
9. Maintain HOB elevation
10. Provide oral care
11. Protocol: Tube feeding

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/06/25 1852	Tran-Thien, Quynh Phuong, RN	Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Not Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 1708	Porter, Allen, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/18/25 1041	Porter, Allen, RN	Not Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/12/25 0632	Tran, Andy, RN	Not Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing

Problem: Decreased Cardiac Output

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Nurse, Interdisciplinary

Goal: Demonstrates adequate cardiac output (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/15/25 0757	Nacol, Lani Kusu, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Free of side effects from meds for adequate cardiac output (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description:
INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Pt explains actions, precautions to take for cardiac disease (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: INTERVENTIONS:

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Not Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Remains free of arrhythmia events (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description:
INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Problem: Deficient/excessive Fluid Volume

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Nurse, Interdisciplinary

Goal: Exhibits warm, dry skin, eupnea w/absence pulmonary crackles (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Not Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Goal Note filed on 01/27/25 1406 by Wylie, Ariana, Nursing Student

Extremities cool, dry. No crackles. Increased WOB with activity

Goal: Remains free of arrhythmia events (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: No fluid boluses or blood products required in 24hrs? (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Not Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Not Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/25/25 1355	Hollingsworth, Louise C, RN	Not Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal Note filed on 01/27/25 1406 by Wylie, Ariana, Nursing Student

Received 1L D5 1/2 NS today

Goal Note filed on 01/26/25 1654 by Wylie, Ariana, Nursing Student

1 L NS given today

Goal: At Goal Weight - Euvolemic (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Problem: Free from Fall Injury

Dates: Start: 01/09/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Goal: Patient will remain free of injury from fall (Resolved)

Dates: Start: 01/09/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: Refer to interventions and risk for injury documentation in the Screening Flowsheet
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/06/25 1852	Tran-Thien, Quynh Phuong, RN	Not Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Not Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 2011	Bennett, Theodore, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/27/25 0527	Harman, Kendall M, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/24/25 1748	Porter, Allen, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/23/25 1714	Porter, Allen, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 1708	Porter, Allen, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/18/25 1041	Porter, Allen, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/17/25 2059	Gawat, Maria C, RN	Progressing
02/17/25 0818	Bounthong, Vanh K, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/12/25 0632	Tran, Andy, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/09/25 1524	Sano, Naomi, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/03/25 1405	Clark, Rachael E, RN	Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/11/25 0927	Walks, Tristan H, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Problem: Friction/Shear

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to friction/shear (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/27/25 0527	Harman, Kendall M, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/18/25 1041	Porter, Allen, RN	Not Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/03/25 1405	Clark, Rachael E, RN	Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/20/25 1658	Kim, Christine Yuhyun, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing

Problem: Impaired Nutrition

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to impaired nutrition (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/18/25 1041	Porter, Allen, RN	Not Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/03/25 1405	Clark, Rachael E, RN	Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Not Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/25/25 1355	Hollingsworth, Louise C, RN	Not Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing

Goal Note filed on 01/27/25 1406 by Wylie, Ariana, Nursing Student

Patient had small amount of PO intake today

Goal Note filed on 01/26/25 1654 by Wylie, Ariana, Nursing Student

Maintenance fluids with dextrose started. High risk for aspiration at this time. NGT not possible, deferred for now. MD aware

Problem: Impaired Sensory/Perception/Mobility/Activity

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to impaired sensory/perception/mobility/activity (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/03/25 1405	Clark, Rachael E, RN	Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing

Problem: Ineffective Tissue Perfusion

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Nurse, Interdisciplinary

Goal: Demonstrates adequate cardiac output (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Pt explains actions, precautions to take for cardiac disease (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description:
INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Exhibits warm, dry skin, eupnea w/absence pulmonary crackles (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description:
INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 2115	Bertram, Olivia T, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Problem: Moisture/Incontinence

Dates: Start: 01/15/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to moisture/incontinence (Resolved)

Dates: Start: 01/15/25 Expected End: 03/06/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/18/25 1041	Porter, Allen, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/03/25 1405	Clark, Rachael E, RN	Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Not Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing

Goal Note filed on 01/26/25 1654 by Wylie, Ariana, Nursing Student

Incontinent to urine 3 times this shift.

Problem: Palliative care

Dates: Start: 02/24/25 Resolved: 03/08/25
Disciplines: Nurse, Interdisciplinary

Goal: Death with dignity and comfort (Resolved)

Dates: Start: 02/24/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: INTERVENTIONS:
1. Assist/support family w/end of life decision making/support
2. Manage symptoms and pain relief

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/06/25 1852	Tran-Thien, Quynh Phuong, RN	Not Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/27/25 0527	Harman, Kendall M, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing

Problem: Risk for Decreased Cardiac Tissue Perfusion

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Nurse, Interdisciplinary

Goal: Pt explains actions, precautions to take for cardiac disease (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/15/25 0757	Nacol, Lani Kusu, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Remains free of arrhythmia events (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Problem: Risk for Vascular Trauma

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Nurse, Interdisciplinary

Goal: Remain free of vascular trauma (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal Note filed on 01/27/25 1406 by Wylie, Ariana, Nursing Student

RLE cool

Problem: Safety - Medical Restraint

Dates: Start: 01/12/25 Resolved: 01/25/25
Disciplines: Nurse, Interdisciplinary, RT, Social Work

Goal: Remains free of injury from restraints (Restraint for Interference with Medical Device) (Resolved)

Dates: Start: 01/12/25 Expected End: 01/30/25 Resolved: 01/25/25
Description: INTERVENTIONS:
1. Determine that other, less restrictive measures have been tried or would not be effective before applying the restraint
2. Evaluate the patient's condition at the time of restraint application
3. Inform patient/family regarding the reason for restraint
4. Q2H: Monitor safety, psychosocial status, comfort, nutrition and hydration
Disciplines: Nurse, Interdisciplinary, RT, Social Work

Outcomes

Date/Time	User	Outcome
01/25/25 1355	Hollingsworth, Louise C, RN	Completed
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing

Goal: Free from restraint(s) (Restraint for Interference with Medical Device) (Resolved)

Dates: Start: 01/12/25 Expected End: 01/30/25 Resolved: 01/25/25
Description: INTERVENTIONS:
1. ONCE/SHIFT or MINIMUM Q12H: Assess and document the continuing need for restraints
2. Q24H: Continued use of restraint requires LIP to perform face to face examination and written order
3. Identify and implement measures to help patient regain control
Disciplines: Nurse, Interdisciplinary, RT, Social Work

Outcomes

Date/Time	User	Outcome
01/25/25 1355	Hollingsworth, Louise C, RN	Completed
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing

Problem: Universal Fall Precautions

Dates: Start: 01/09/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Goal: Patient will remain free of falls (Resolved)

Dates: Start: 01/09/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: Refer to Fall Intervention documentation in the Screening Flowsheet
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/06/25 1852	Tran-Thien, Quynh Phuong, RN	Not Progressing
03/05/25 1921	Bennett, Theodore, RN	Not Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Not Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 1910	Johnson, Marita F, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/27/25 0527	Harman, Kendall M, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/24/25 1748	Porter, Allen, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/23/25 1714	Porter, Allen, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 1708	Porter, Allen, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/18/25 1041	Porter, Allen, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/11/25 0750	Bennett, Theodore, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/03/25 1405	Clark, Rachael E, RN	Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 1928	Johnson, Marita F, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/20/25 1658	Kim, Christine Yuhyun, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/12/25 0954	Walks, Tristan H, RN	Progressing
01/11/25 0927	Walks, Tristan H, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Patient Education

Title: General Nursing ()

Topic: Core Nursing (In Progress)

Point: Orientation to Unit (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist by MS at 1/29/2025 1251
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
	Acceptance, Explanation, Teach back- restates information with assist by LN at 1/15/2025 0757
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Teach back- restates information with assist by MJ at

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	1/19/2025 1946
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Demonstration, Teach back- restates information with assist by FS at 1/14/2025 1138
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: Equipment (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Demonstration, Teach back- restates information independently by MR at 2/10/2025 1013
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: Fall Precaution Interventions per Individualized Level of Risk (In Progress)

Description:
Personal risk factors may include mobility, medications, mental status, toileting needs, volume/electrolyte status, communication/sensory, and behavior.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Acceptance, Demonstration, Needs further instruction by DQ at 3/7/2025 2119
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Nonacceptance, Demonstration, Unable to understand by DQ at 2/28/2025 2138
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by MY at 2/26/2025 0042
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/19/2025 2125
	Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227
	Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059
	Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/14/2025 2044
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	instruction by DB at 1/29/2025 1934
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by MY at 2/26/2025 0042
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Acceptance, Explanation, Needs further instruction by NA1 at 2/24/2025 2105
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/14/2025 2044
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by DB at 1/29/2025 1934
	Acceptance, Explanation, Teach back- demonstrates task independently by NA1 at 1/28/2025 2048
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
	Acceptance, Explanation, Needs further instruction, Communicates understanding nonverbally by AW at 1/26/2025 1813
	Acceptance, Explanation, Needs further instruction, Teach back- restates information independently by MG at 1/24/2025 0956
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Demonstration, Teach back- restates information with assist by FS at 1/14/2025 1138
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Demonstration, Communicates understanding nonverbally by LL at 2/27/2025 1141
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: Medications (In Progress)

Learning Progress Summary

Patient	Acceptance, Demonstration, Needs further instruction by DQ at 3/7/2025 2119
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Unable to understand, Needs further instruction by CT at 3/2/2025 0949
	Nonacceptance, Explanation, Unable to understand by LG at 3/1/2025 0919
	Nonacceptance, Demonstration, Unable to understand by DQ at 2/28/2025 2138
	Nonacceptance, Explanation, Unable to understand, Refuses information by KH at 2/27/2025 0210
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710
Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments

Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142

Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703

Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055

Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/19/2025 2125

Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227

Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059

Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501

Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105

Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/14/2025 2044

Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757

Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723

Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040

Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750

Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110

Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026
Comment: son at bedside restates information with assist

Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054

Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234

Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436

Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307

Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808

Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404

Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057

Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745

Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116

Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by DB at 1/29/2025 1934

Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226

Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401

Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108

Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122

Acceptance, Explanation, Needs further instruction by LH at 1/25/2025 1412

Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647

Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224

Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921
Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.

Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040

Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212

Acceptance, Explanation, Needs further instruction by OM at 1/17/2025 0221

Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Family	Acceptance, Explanation, Teach back- restates information with assist by RP at 3/8/2025 1036
	Nonacceptance, Explanation, Refuses information, Unable to understand, Other by RP at 3/7/2025 1636 Comment: does not demonstrate meaningful understanding to change his wishes about her interventions
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Unable to understand, Needs further instruction by CT at 3/2/2025 0949
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Nonacceptance, Explanation, Unable to understand, Refuses information by KH at 2/27/2025 0210
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Acceptance, Explanation, Needs further instruction by NA1 at 2/23/2025 2323
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059
	Nonacceptance, Explanation, Needs further instruction, Refuses information by DN at 2/16/2025 1606
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/14/2025 2044
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by DB at 1/29/2025 1934
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
	Acceptance, Explanation, Needs further instruction by LH at 1/25/2025 1412
	Acceptance, Explanation, Needs further instruction, Teach back- restates information independently by MG at 1/24/2025 0956
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CK at 1/20/2025 1659
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Needs further instruction by OM at 1/17/2025 0221
	Acceptance, Explanation, Demonstration, Teach back- restates information with assist by FS at 1/14/2025 1138
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: Nutrition/Diet (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by MY at 2/26/2025 0042
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/19/2025 2125

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227
	Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/14/2025 2044
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Demonstration, Teach back- restates information independently by MR at 2/10/2025 1013
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Acceptance, Explanation, Teach back- restates information with assist by RP at 3/8/2025 1036
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	2/26/2025 1026
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by MY at 2/26/2025 0042
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Acceptance, Explanation, Needs further instruction by NA1 at 2/24/2025 2105
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Nonacceptance, Explanation, Needs further instruction, Refuses information by DN at 2/16/2025 1606
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/14/2025 2044
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Needs further instruction, Communicates understanding nonverbally by AW at 1/26/2025 1813
	Acceptance, Explanation, Needs further instruction, Teach back- restates information independently by MG at 1/24/2025 0956
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Demonstration, Teach back- restates information with assist by FS at 1/14/2025 1138
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: Pain Management (In Progress)

Learning Progress Summary

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Patient	Acceptance, Demonstration, Needs further instruction by DQ at 3/7/2025 2119
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Unable to understand, Needs further instruction by CT at 3/2/2025 0949
	Nonacceptance, Demonstration, Unable to understand by DQ at 2/28/2025 2138
	Nonacceptance, Explanation, Unable to understand, Refuses information by KH at 2/27/2025 0210
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/19/2025 2125
	Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227
	Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059
	Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist by MS at 1/29/2025 1251
	Acceptance, Explanation, Needs further instruction by NA1 at 1/28/2025 2048
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Needs further instruction by OM at 1/17/2025 0221
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Acceptance, Explanation, Teach back- restates information with assist by RP at 3/8/2025 1036
	Nonacceptance, Explanation, Refuses information, Unable to understand, Other by RP at 3/7/2025 1636 Comment: does not demonstrate meaningful understanding to change his wishes about her interventions
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Unable to understand, Needs further instruction by CT at 3/2/2025 0949
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Nonacceptance, Explanation, Unable to understand, Refuses information by KH at 2/27/2025 0210
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Nonacceptance, Explanation, Communicates understanding nonverbally by DB at 2/19/2025 1707
	Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Needs further instruction by NA1 at 1/28/2025 2048
	Acceptance, Explanation, Needs further instruction, Communicates understanding nonverbally by AW at 1/26/2025 1813
	Acceptance, Explanation, Needs further instruction, Teach back- restates information independently by MG at 1/24/2025 0956
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CK at 1/20/2025 1659
	Acceptance, Explanation, Teach back- restates information with assist by MJ at 1/19/2025 1946
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Needs further instruction by OM at 1/17/2025 0221
	Acceptance, Explanation, Demonstration, Teach back- restates information with assist by FS at 1/14/2025 1138
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: Disease/Condition (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Nonacceptance, Explanation, Unable to understand, Refuses information by KH at 2/27/2025 0210
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Group, Refuses information by AP at 2/24/2025 1749 Comment: Pt. son experiencing difficulty greiving.
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227
	Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Nonacceptance, Explanation, Refuses information, Unable to understand, Other by RP at 3/7/2025 1636 Comment: does not demonstrate meaningful understanding to change his wishes about her interventions
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Nonacceptance, Explanation, Unable to understand, Refuses information by KH at 2/27/2025 0210
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Nonacceptance, Explanation, Group, Refuses information by AP at 2/24/2025 1749 Comment: Pt. son experiencing difficulty greiving.
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Refuses, Explanation, Refuses information by MJ at 2/1/2025 1928
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: Procedures (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Comment: son at bedside restates information with assist
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Comment: comfort measures only

Point: Test/Results (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Nonacceptance, Explanation, Refuses information, Unable to understand, Other by RP at 3/7/2025 1636 Comment: does not demonstrate meaningful understanding to change his wishes about her interventions
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: PIV/CVAD (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	FLACC assessments
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Nonacceptance, Explanation, Needs further instruction, Refuses information by DN at 2/16/2025 1606
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CK at 1/20/2025 1659
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: VTE Prevention (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
	Acceptance, Explanation, Needs further instruction, Teach back- restates information independently by MG at 1/24/2025 0956
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Comment: comfort measures only

Point: Pressure Injury Prevention (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Unable to understand, Needs further instruction by CT at 3/2/2025 0949
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059
	Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Demonstration, Teach back- restates information independently by MR at 2/10/2025 1013
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Demonstration, Communicates understanding nonverbally by MP at 1/27/2025 2248

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Unable to understand, Needs further instruction by CT at 3/2/2025 0949
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059
	Acceptance, Explanation, Teach back- restates information independently by VB at 2/17/2025 1416
	Nonacceptance, Explanation, Needs further instruction, Refuses information by DN at 2/16/2025 1606
	Acceptance, Demonstration, Needs further instruction by ML at 2/13/2025 2106
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
	Acceptance, Explanation, Needs further instruction, Communicates understanding

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	nonverbally by AW at 1/26/2025 1813
	Acceptance, Explanation, Needs further instruction, Teach back- restates information independently by MG at 1/24/2025 0956
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Topic: Misc Nursing (In Progress)

Point: Skin Care/Pressure Ulcer Prevention (In Progress)

Description:
Instruct learner(s) on the need to keep skin clean and dry, the use of film barriers to prevent injury from urine and/or stool (if indicated), and the need to moisturize skin if dry or to prevent dryness.
For pressure ulcer prevention, instruct learner(s) on the need to change position at least every two hours and to request assistance as needed.

Patient Friendly Description: When you're in a hospital bed all day, it can be hard to keep your skin healthy, but it's very important. We'll work with you to keep your skin clean and dry, but if your skin gets too dry, let us know.
Also, if you lie in one position for too long, sores can form. Try to change your position at least every two hours, and ask us for help if you need it.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Demonstration, Communicates understanding nonverbally by MP at 1/27/2025 2248
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back-

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Title: Diabetes Mellitus ()

Topic: Diabetes (Done)

Point: Understanding Diabetes (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Blood Glucose Monitoring (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by DB at 1/29/2025 1934
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by DB at 1/29/2025 1934
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Meal Planning (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Medication (Oral Agents) (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Teach back- demonstrates task independently, Needs further instruction, Unable to understand by MH at 2/3/2025 2217
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- demonstrates task independently, Needs further instruction, Unable to understand by MH at 2/3/2025 2217
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Medication (Insulin) (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	2/10/2025 2110
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Low Blood Glucose Management (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: High Blood Glucose Management (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Foot Care (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Follow-up after Discharge (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	2/10/2025 2110
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Title: First-Dose Education ()

Points For This Title

Point: Insulin Lispro (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Insulin Regular Human (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: guanFACINE HCl (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by NS at 2/9/2025 1526

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Point: Magnesium Hydroxide (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by MJ at 3/1/2025 1910

Point: Bisacodyl (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Needs further instruction, Communicates understanding nonverbally by AW at 1/26/2025 1813
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Sennosides (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Polyethylene Glycol 3350 (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Calcium Carbonate Antacid (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Atropine Sulfate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Needs further instruction by NS1 at 1/10/2025 0633
Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
	Nonacceptance, Explanation, Needs further instruction by NS1 at 1/10/2025 0633

Point: LORazepam (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158

Point: QUEtiapine Fumarate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Aspirin (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715

Point: Acetaminophen (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501
	Acceptance, Explanation, Needs further instruction by LH at 1/25/2025 1412
Family	Acceptance, Explanation, Needs further instruction, Communicates understanding nonverbally by AW at 1/26/2025 1813
	Acceptance, Explanation, Needs further instruction by LH at 1/25/2025 1412
	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: HYDROmorphone HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227
	Acceptance, Explanation, Needs further instruction by AJ at 1/22/2025 0956
Family	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by AJ at 1/22/2025 0956
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: oxyCODONE HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Nalbuphine HCl (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715

Point: ROPivacaine HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Thiamine HCl (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715

Point: Thiamine Mononitrate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Needs further instruction by KL at 1/30/2025 1658
Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Ascorbic Acid (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715

Point: Prenatal Vit-Fe Fumarate-FA (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715

Point: Magnesium Sulfate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Potassium & Sodium Phosphates (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: K Phos Mono-Sod Phos Di & Mono (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Potassium Chloride (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Family	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723

Point: Potassium Chloride Crys ER (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Zinc Sulfate (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715

Point: Lactated Ringers (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Needs further instruction by NS1 at 1/10/2025 0633
Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
	Nonacceptance, Explanation, Needs further instruction by NS1 at 1/10/2025 0633

Point: Dextrose in Lactated Ringers (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Dextrose (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Point: Cyanocobalamin (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Heparin Sodium (Porcine) (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction by AJ at 2/12/2025 0903
	Nonacceptance, Explanation, Unable to understand by AT at 2/12/2025 0633
	Acceptance, Demonstration, Teach back- restates information independently by OB at 1/10/2025 2117
Family	Acceptance, Explanation, Needs further instruction by AJ at 2/12/2025 0903
	Acceptance, Explanation, Teach back- restates information with assist by JM at 1/31/2025 0052
	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Mouthwashes (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Family	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Caregiver	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723

Point: Lidocaine-Prilocaine (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Needs further instruction by ML at 1/21/2025 2252

Point: Perflutren Lipid Microsphere (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Melatonin (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Hyaluronidase Human (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Ondansetron HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Buprenorphine (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715

Point: Potassium Phosphates (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Glucagon HCl (Diagnostic) (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Calcium Gluconate-NaCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Sodium Phosphates (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: DOPamine in D5W (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Needs further instruction by NS1 at 1/10/2025 0633
Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
	Nonacceptance, Explanation, Needs further instruction by NS1 at 1/10/2025 0633

Point: EMPTY BAG (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: PERIPHERAL NERVE CATHETER CLINICIAN BOLUS (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Title: PT OT SLP Therapies ()

Topic: Speech Therapy (In Progress)

Point: Swallow Training (In Progress)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Description:
Instructed learner(s) on diet texture/liquid modification and the established safe swallow guidelines.

Patient Friendly Description: With a new diet and careful eating habits, you'll be able to swallow safely.

1. Follow your instructions about your new diet carefully.

2. Eat very small bites - smaller than you think you need to.

3. Eat slowly.

4. If one side of your mouth is weaker than the other, put the food on the strong side of your mouth.

5. Don't talk while you are eating

6. After you eat, sit upright for at least 30 minutes. If your doctor says it is okay, go for a short walk.

7. Don't use a straw unless your therapist says it's okay.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Teach back- demonstrates task independently, Needs further instruction, Unable to understand by MH at 2/3/2025 2217
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by NB at 1/16/2025 1110
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Teach back- demonstrates task independently, Needs further instruction, Unable to understand by MH at 2/3/2025 2217
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Needs further instruction by NB at 1/27/2025 1435
Caregiver	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105

Point: Cognition (In Progress)

Description:
Instruct learner(s) on cognitive aspects of communication (e.g. attention, memory, problem-solving, and executive function).

Patient Friendly Description: Our brains have a big effect on how we can communicate with others. The brain is responsible for taking thoughts and turning them into meaningful speech, words, and gestures.
For example, you might find it hard to say words correctly, even though you know the words. Some words might come out more loudly than others, or you might have trouble putting all the sounds together the way you know they should go.

Sometimes, a stroke can affect the part of your brain that is responsible for language and speech.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Teach back- demonstrates task independently, Needs further instruction, Unable to understand by MH at 2/3/2025 2217
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction, Refuses information by ML at 1/19/2025 0124
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Teach back- demonstrates task independently, Needs further instruction, Unable to understand by MH at 2/3/2025 2217
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
Caregiver	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105

Point: Speech/Language (In Progress)

Description:
Instruct learner(s) on functional aspects of communication (verbal/written expression, auditory/reading comprehension)

Patient Friendly Description: Understanding speech and language has many different parts. There's the way you say things about yourself, or the way you write things. There's also how well you understand when people speak to you or when you read.
You might find that some of these things are easier than others.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116

Point: Communication (In Progress)

Description:
Instruct learner(s) on augmentative and alternative communication (AAC) strategies and/or AAC equipment (e.g., communication boards, speech generating devices).

Patient Friendly Description: There are many tools you can use to communciate. You might use gestures, pictures, word lists or an electronic device. A speech language pathologist can help you establish a system that works for you.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction, Communicates understanding nonverbally by AW at 1/26/2025 1813

Point: Respiratory Impairment and Communication/Swallow (In Progress)

Description:
Instruct learner(s) on impact of respiratory impairment on speech/swallow

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Patient Friendly Description: Your breathing impacts both your ability to communicate and to eat and drink safely. Your speech language pathologist may provide you with exercises and/or recommendations.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116

Point: Caregiver Training (In Progress)

Description:
Train caregiver(s) in how to assist the patient in activities for a safe discharge.

Patient Friendly Description: A speech language pathologist will work with you and your caregivers to establish discharge recommendations to promote safety at your next level of care.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
Family	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116

User Key

Initials	Effective Dates	Name	Provider Type	Discipline
KH	10/24/23 -	Harman, Kendall M, RN	Registered Nurse	Nurse
TB	09/25/23 -	Bennett, Theodore, RN	Registered Nurse	Nurse
RC	08/02/24 -	Clark, Rachael E, RN	Registered Nurse	Nurse
LG1	05/03/24 -	Gelgla, Letera D, RN	Registered Nurse	Nurse
DQ	05/22/23 -	Quito, Daniel-Jayson Irabon, RN	Registered Nurse	Nurse
MR	04/17/24 -	Reese, Megahn Marilyn, RN	Registered Nurse	Nurse
ML	11/26/24 - 03/03/25	Limyukok, Mysha, RN	Registered Nurse	Nurse
JL	08/25/23 -	Lyons, Julio Cesar Salazar, RN	Registered Nurse	Nurse
JK	09/08/23 -	Kangleon, Judith Esther J, RN	Registered Nurse	Nurse
RO	11/21/23 -	Omo, Reese, RN	Registered Nurse	Nurse
NA1	12/06/23 -	Aidoo, Nana S, RN	Registered Nurse	Nurse
LL	11/07/24 -	Long, Lijie, RN	Registered Nurse	Nurse
MG	01/10/24 -	Gawat, Maria C, RN	Registered Nurse	Nurse
AP	01/16/24 -	Porter, Allen, RN	Registered Nurse	Nurse
AS	01/22/24 -	Stanikzy, Ameenjohn A, RN	Registered Nurse	Nurse
KK	02/02/24 -	Kirkendall, Katelyn D, RN	Registered Nurse	Nurse
JG	02/14/24 -	Gindi, Jeanna A, RN	Registered Nurse	Nurse
JP	02/23/24 -	Patino Castro, Jennifer A, RN	Registered Nurse	Nurse
GS	03/08/24 -	Sirichana, Geraldine N, RN	Registered Nurse	Nurse
AW	12/16/24 -	Wylie, Ariana, Nursing Student	Nursing Student	
JW	09/19/24 - 04/22/25	Walsh, Julia McKeon, RN	Registered Nurse	
SE	06/06/24 -	Escalante, Steve, RN	Registered Nurse	Nurse

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

NS1	08/02/24 -	Sande, Nathan R, RN	Registered Nurse	Nurse
MP	01/03/25 - 04/07/25	Paras, Michael, RN	Registered Nurse	Nurse
MH	01/03/25 -	Harrell, Mackenzie, RN	Registered Nurse	Nurse
JS	01/24/25 -	Sauder, Jessica, RN	Registered Nurse	Nurse
KN	02/07/25 -	Negrete Maldonado V, Karla, RN	Registered Nurse	Nurse
LH	04/10/21 -	Hollingsworth, Louise C, RN	Registered Nurse	Nurse
NS	04/10/21 -	Sano, Naomi, RN	Registered Nurse	Nurse
MJ	09/15/21 -	Johnson, Marita F, RN	Registered Nurse	Nurse
CG	04/10/21 -	Gordon, Carrie, RN	Registered Nurse	Nurse
SD	04/10/21 -	Drammeh, Saihou, RN	Registered Nurse	Nurse
OM	04/10/21 -	Mazariegos, Oscar, RN	Registered Nurse	Nurse
AD	10/02/23 -	Dimitrov, Alexey T, RN	Registered Nurse	Nurse
FS	04/12/24 -	Santos, Frances Kate Kate, RN	Registered Nurse	Nurse
RP	08/26/22 -	Puleo, Rosalie, RN	Registered Nurse	Nurse
LN	08/10/21 -	Nacol, Lani Kusu, RN	Registered Nurse	Nurse
CK	04/10/21 -	Kim, Christine Yuhyun, RN	Registered Nurse	Nurse
AJ	02/10/23 -	Jeanneret, Amber Marie, RN	Registered Nurse	Nurse
RI	04/10/21 -	Ireland, Rashell, RN	Registered Nurse	Nurse
YJ	07/17/24 -	Jallow, Yusupha, RN	Registered Nurse	
QT	07/14/21 -	Tran-Thien, Quynh Phuong, RN	Registered Nurse	Nurse
NA	08/22/22 -	Avila, Nicole C, RN	Registered Nurse	Nurse
TW	04/10/21 -	Walks, Tristan H, RN	Registered Nurse	Nurse
AT	08/22/22 -	Tran, Andy, RN	Registered Nurse	Nurse
FF	09/22/23 -	Fresnoza, Frances F, RN	Registered Nurse	Nurse
DB	01/16/25 -	Bustamante Campusano, Diana, RN	Registered Nurse	Nurse
VB	06/17/23 -	Bounthong, Vanh K, RN	Registered Nurse	Nurse
DN	11/06/23 -	Ndiaye, Djenaba L, RN	Registered Nurse	Nurse
CH	05/11/22 -	Hwee, Carla, RN	Registered Nurse	Nurse
OB	04/14/23 - 04/24/25	Bertram, Olivia T, RN	Registered Nurse	Nurse
NB	06/13/23 -	Bustamante, Nicole Alexandra, SLP	Speech Language Pathologist	
KL	08/16/24 -	Liu, Kayla W, RN	Registered Nurse	Nurse
AH	11/30/21 -	Howey, Alice J, RN	Registered Nurse	Nurse
LW	07/21/23 -	Wu, Lesly, RN	Registered Nurse	Nurse
JM	01/19/24 -	Mikulikova, Julia, RN	Registered Nurse	Nurse
MY	01/08/25 -	Yohannes, Mayda, RN	Registered Nurse	Nurse
CT	02/12/24 -	Tadesse, Caleb S, RN	Registered Nurse	Nurse
KS	09/05/23 -	Soto, Kalea G, RN	Registered Nurse	Nurse
EK	07/07/22 -	Kit, Ellen, RN	Registered Nurse	Nurse
LG	10/06/22 -	Gill, Loveleen S, RN	Registered Nurse	Nurse
MS	11/07/22 -	Smith, Melody J, RN	Registered Nurse	Nurse

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6)

UW Medicine IP Facility Directory Esign - Electronic signature on 1/9/2025 10:16 AM (effective from 1/9/2025) - E-signed

Patient Information for Inclusion in the UW Medicine Patient Directory
Please Read this Statement Carefully

I understand that I have a choice as to whether or not to be included in the UW Medicine patient directory. My name and location will be included in the patient directory unless I would prefer not to receive phone calls or visitors. My decision is indicated by marking a box and signing this form.

☑ **YES, please include me in the Patient Directory.** The hospital has informed me that my name and location will be included in its hospital directory. This information will be made available to people who ask for me by name such as my relatives, friends and fellow employees.

- Harborview Medical Center
- University of Washington Medical Center -Northwest
- University of Washington Medical Center - Montlake / Fred Hutch Cancer Center
- Valley Medical Center

If I have provided my religious affiliation to UW Medicine in the past or if I provide my religious affiliation to UW Medicine now, I authorize its disclosure to clergy of my religious affiliation. Disclosure of my religious affiliation may result in a visit from a clergy member of my affiliation while I am being treated at UW Medicine.

If you have provided your religious affiliation to UW Medicine in the past and do not want a visit from a clergy member of your affiliation, please inform the registration staff.

☐ **NO, please do not include me in the Patient Directory.** I do not want my name or location included in the UW Medicine Patient Directory. **If this is my choice, I understand UW Medicine staff will not be able to confirm I am a patient or share my location with any family or friends. I also understand that by choosing not to be in the directory, UW Medicine will be unable to deliver items *(for example flowers and gifts)* addressed to me.**

For Staff Use Only

☐ **ADMIN OPT-OUT:** Please provide reason for Administrative Opt-Out		
☐ Crime Victim	☐ Employee	☐ Incarcerated Patient
☐ Involuntary Commitment	☐ Unable to Interview Patient	☐ Media Interest
Name of person requesting opt out *(if other than patient)*:		

By signing below, it shows that you have read this document. If there is any part of this form that is unclear, be sure to ask questions about it.



IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

☐ Guardian	☐ Durable Power of Attorney for	☐ Spouse/registered

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

	Health Care	domestic partner
☐ Adult Child(ren)	☐ Parent(s)	☐ Adult Sister(s)/Brother(s)
☐ Adult Niece(s)/Nephew(s)	☐ Adult Aunt(s)/Uncle(s)	☐ Adult Friend with executed Declaration per RCW 7.70.065
☐ Adult Grandchild(ren)		

FOR MINOR PATIENTS:

☐ Guardian/legal custodian	☐ Court-authorized person for child in out-of-home placement	☐ Spouse/registered domestic partner
☐ Parent(s)		

☐ Holder of signed authorization from parent(s)	☐ Adult representing self to be a relative responsible for the minor's health

U1868 REV MAR 22

Important Message From Medicare - Electronic signature on 1/9/2025 10:16 AM (effective from 1/9/2025) - E-signed

Hoffman,Jeanne Leonie
U8170135
Physician:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
OMB Approval No. 0938-1019

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

YOUR RIGHTS AS A HOSPITAL INPATIENT:

- You can receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- You can be involved in any decisions about your hospital stay.
- You can report any concerns you have about the quality of care you receive to your QIO at: Acentra Health 1-888-305-6759. The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

YOUR RIGHT TO APPEAL YOUR HOSPITAL DISCHARGE:

- You have the right to an immediate, independent medical review (appeal) of the decision to discharge you from the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the reviewer will each receive a copy of a detailed explanation about why your covered hospital stay should not continue. You will receive this detailed notice only after you request an appeal.
- If the QIO finds that you are not ready to be discharged from the hospital, Medicare will continue to cover your hospital services.
- If the QIO agrees services should no longer be covered after the discharge date, neither Medicare nor your Medicare health plan will pay for your hospital stay after noon of the day after the QIO notifies you of its decision.
- If you stop services no later than that time, you will avoid financial liability.
- If you do not appeal, you may have to pay for any services you receive after your discharge date.

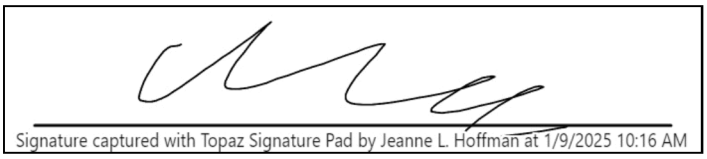
Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call 206-598-1311

Please sign and date here to show you received and understood this notice.

I have been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO.

Signature of Patient or Representative



Form CMS 10065-IM (exp. 12/31/25)

UH2445 REV JUL 24

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1:** You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
  - Here is the contact information for the QIO:

Acentra Health
Toll-free Phone:1-888-305-6759
Toll-free Fax*:* 1-888-868-4064

- You can file a request for an appeal any day of the week. Once you speak to someone or leave a message, your appeal has begun.
- Ask the hospital if you need help contacting the QIO.
- The name of this hospital is:

☐ HMC:Medicare Provider Number: ☐ 50-0064(acute care)
☐ 50-S064(psych) ☐ 50-T064(rehab)

☐ UW Medical Center:Medicare Provider Number: ☐ 50-0008(acute care)
☐ 50-S008(psych) ☐ 50-T008(rehab)

- **STEP 2:** You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.

- **STEP 3:** The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.

- **STEP 4:** The QIO will review your medical records and other important information about your case.

- **STEP 5:** The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO REQUEST AN APPEAL, YOU MAY HAVE OTHER APPEAL RIGHTS:

- If you have Original Medicare: Call the QIO listed on Page 1.
- If you belong to a Medicare health plan, call your plan

Plan	Plan Phone Number

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You
also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for
more information. TTY users can call 1-877-486-2048.

ADDITIONAL INFORMATION:

Print Physician Name: NPI:
☐ HMC 1053359729 ☐ UW Medical Center 1326002049
☐ UW Medical Center - Northwest Acute 1700861580 ☐ UW Medical Center - Northwest Geropsych 1797766067

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938- 0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Provider-Created Image - Scan on 1/9/2025 10:58 AM: L leg

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Provider-Created Image - Scan on 1/9/2025 12:53 PM

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Provider-Created Image - Scan on 1/9/2025 12:53 PM

Scan (below)

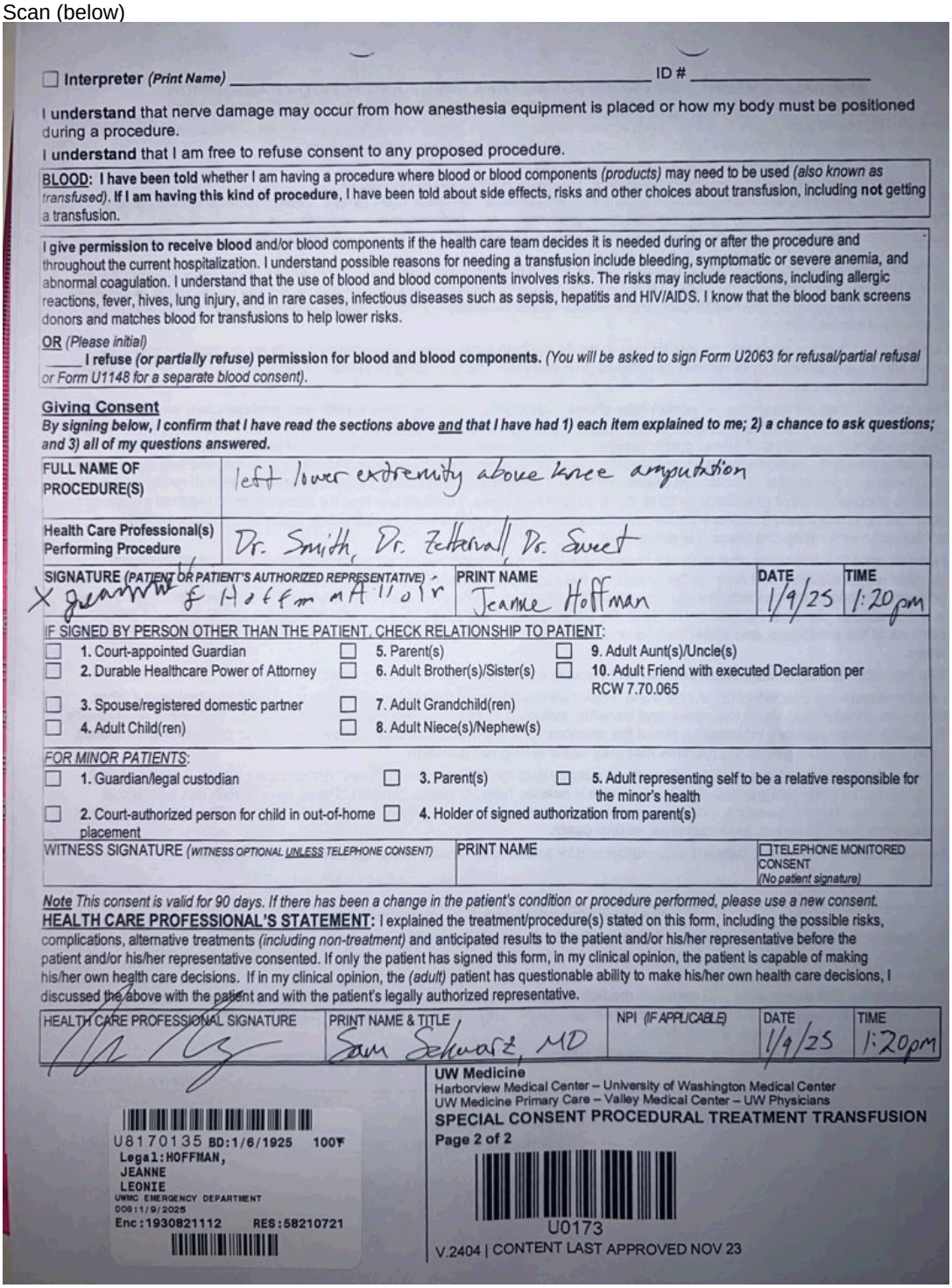


01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Consent-Treatment Procedural UWM - Scan on 1/9/2025 1:57 PM

Scan (below)



☐ **Interpreter** *(Print Name)* _____ ID # _____

I understand that nerve damage may occur from how anesthesia equipment is placed or how my body must be positioned during a procedure.

I understand that I am free to refuse consent to any proposed procedure.

BLOOD: I have been told whether I am having a procedure where blood or blood components *(products)* may need to be used *(also known as transfused)*. **If I am having this kind of procedure**, I have been told about side effects, risks and other choices about transfusion, including **not** getting a transfusion.

I give permission to receive blood and/or blood components if the health care team decides it is needed during or after the procedure and throughout the current hospitalization. I understand possible reasons for needing a transfusion include bleeding, symptomatic or severe anemia, and abnormal coagulation. I understand that the use of blood and blood components involves risks. The risks may include reactions, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as sepsis, hepatitis and HIV/AIDS. I know that the blood bank screens donors and matches blood for transfusions to help lower risks.

OR *(Please initial)*
_____ **I refuse** ***(or partially refuse)*** **permission for blood and blood components.** *(You will be asked to sign Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent).*

Giving Consent
By signing below, I confirm that I have read the sections above and that I have had 1) each item explained to me; 2) a chance to ask questions; and 3) all of my questions answered.

FULL NAME OF PROCEDURE(S)	left lower extremity above knee amputation
Health Care Professional(s) Performing Procedure	Dr. Smith, Dr. Zetterval, Dr. Sweet

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
X Jeanne E Hoffman mA 1/9/25	Jeanne Hoffman	1/9/25	1:20pm

IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

☐ 1. Court-appointed Guardian
☐ 2. Durable Healthcare Power of Attorney
☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren)
☐ 5. Parent(s)
☐ 6. Adult Brother(s)/Sister(s)
☐ 7. Adult Grandchild(ren)
☐ 8. Adult Niece(s)/Nephew(s)
☐ 9. Adult Aunt(s)/Uncle(s)
☐ 10. Adult Friend with executed Declaration per RCW 7.70.065

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian
☐ 2. Court-authorized person for child in out-of-home placement
☐ 3. Parent(s)
☐ 4. Holder of signed authorization from parent(s)
☐ 5. Adult representing self to be a relative responsible for the minor's health

WITNESS SIGNATURE *(WITNESS OPTIONAL UNLESS TELEPHONE CONSENT)*	PRINT NAME	☐ TELEPHONE MONITORED CONSENT *(No patient signature)*

Note *This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.*

HEALTH CARE PROFESSIONAL'S STATEMENT: I explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments *(including non-treatment)* and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented. If only the patient has signed this form, in my clinical opinion, the patient is capable of making his/her own health care decisions. If in my clinical opinion, the *(adult)* patient has questionable ability to make his/her own health care decisions, I discussed the above with the patient and with the patient's legally authorized representative.

HEALTH CARE PROFESSIONAL SIGNATURE	PRINT NAME & TITLE	NPI *(IF APPLICABLE)*	DATE	TIME
	Sam Schwarz, MD		1/9/25	1:20pm

U8170135 BD:1/6/1925 100Y
Legal:HOFFMAN,
JEANNE
LEONIE
UWMC EMERGENCY DEPARTMENT
DOB:1/9/2025
Enc:1930821112 RES:58210721

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 2 of 2

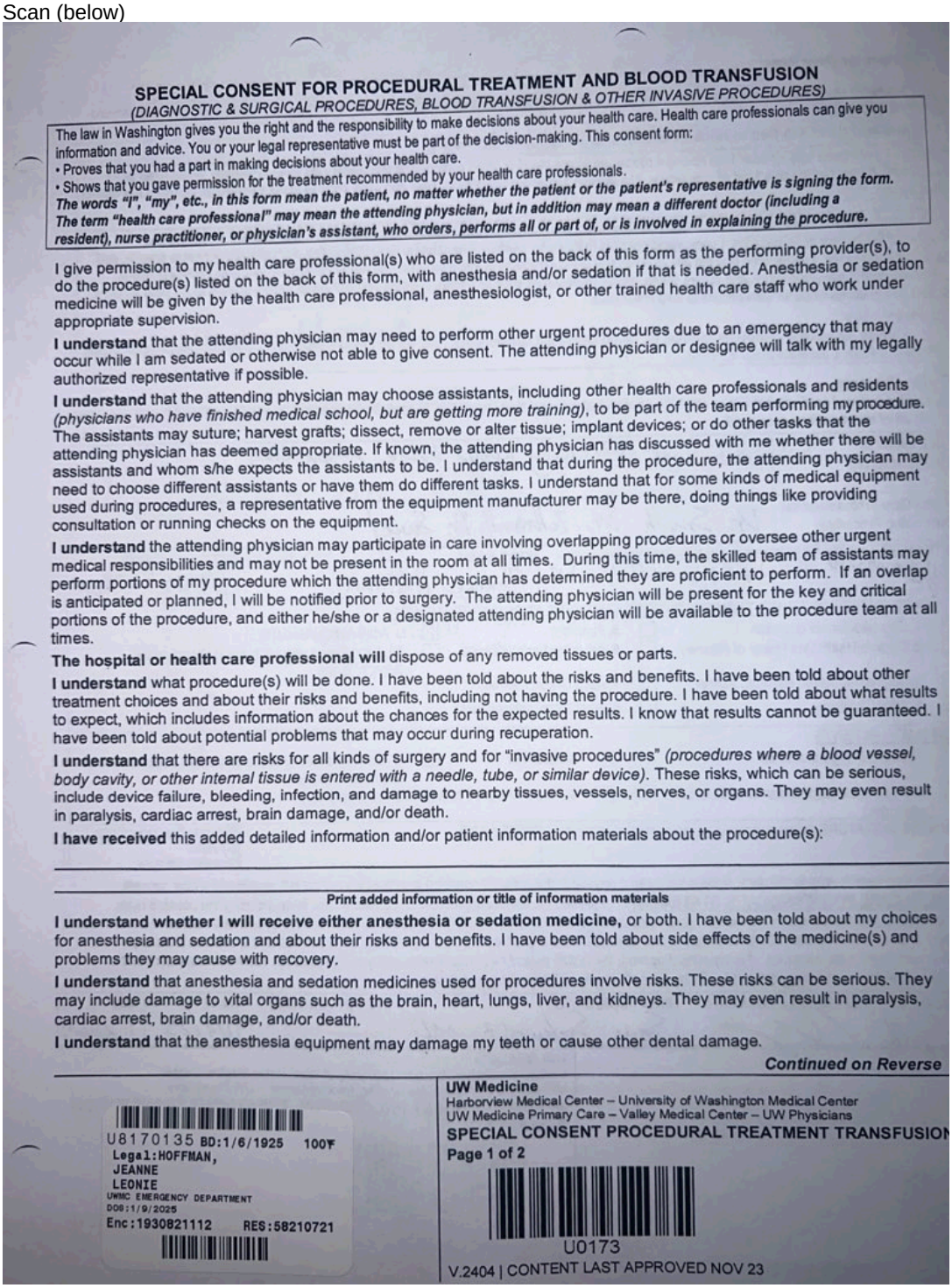
U0173
V.2404 | CONTENT LAST APPROVED NOV 23

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Consent-Treatment Procedural UWM - Scan on 1/9/2025 1:57 PM

Scan (below)



SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION
(DIAGNOSTIC & SURGICAL PROCEDURES, BLOOD TRANSFUSION & OTHER INVASIVE PROCEDURES)

The law in Washington gives you the right and the responsibility to make decisions about your health care. Health care professionals can give you information and advice. You or your legal representative must be part of the decision-making. This consent form:
- Proves that you had a part in making decisions about your health care.
- Shows that you gave permission for the treatment recommended by your health care professionals.

The words "I", "my", etc., in this form mean the patient, no matter whether the patient or the patient's representative is signing the form.
The term "health care professional" may mean the attending physician, but in addition may mean a different doctor (including a resident), nurse practitioner, or physician's assistant, who orders, performs all or part of, or is involved in explaining the procedure.

I give permission to my health care professional(s) who are listed on the back of this form as the performing provider(s), to do the procedure(s) listed on the back of this form, with anesthesia and/or sedation if that is needed. Anesthesia or sedation medicine will be given by the health care professional, anesthesiologist, or other trained health care staff who work under appropriate supervision.

I understand that the attending physician may need to perform other urgent procedures due to an emergency that may occur while I am sedated or otherwise not able to give consent. The attending physician or designee will talk with my legally authorized representative if possible.

I understand that the attending physician may choose assistants, including other health care professionals and residents *(physicians who have finished medical school, but are getting more training)*, to be part of the team performing my procedure. The assistants may suture; harvest grafts; dissect, remove or alter tissue; implant devices; or do other tasks that the attending physician has deemed appropriate. If known, the attending physician has discussed with me whether there will be assistants and whom s/he expects the assistants to be. I understand that during the procedure, the attending physician may need to choose different assistants or have them do different tasks. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be there, doing things like providing consultation or running checks on the equipment.

I understand the attending physician may participate in care involving overlapping procedures or oversee other urgent medical responsibilities and may not be present in the room at all times. During this time, the skilled team of assistants may perform portions of my procedure which the attending physician has determined they are proficient to perform. If an overlap is anticipated or planned, I will be notified prior to surgery. The attending physician will be present for the key and critical portions of the procedure, and either he/she or a designated attending physician will be available to the procedure team at all times.

The hospital or health care professional will dispose of any removed tissues or parts.

I understand what procedure(s) will be done. I have been told about the risks and benefits. I have been told about other treatment choices and about their risks and benefits, including not having the procedure. I have been told about what results to expect, which includes information about the chances for the expected results. I know that results cannot be guaranteed. I have been told about potential problems that may occur during recuperation.

I understand that there are risks for all kinds of surgery and for "invasive procedures" *(procedures where a blood vessel, body cavity, or other internal tissue is entered with a needle, tube, or similar device)*. These risks, which can be serious, include device failure, bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I have received this added detailed information and/or patient information materials about the procedure(s):

_____

Print added information or title of information materials

I understand whether I will receive either anesthesia or sedation medicine, or both. I have been told about my choices for anesthesia and sedation and about their risks and benefits. I have been told about side effects of the medicine(s) and problems they may cause with recovery.

I understand that anesthesia and sedation medicines used for procedures involve risks. These risks can be serious. They may include damage to vital organs such as the brain, heart, lungs, liver, and kidneys. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I understand that the anesthesia equipment may damage my teeth or cause other dental damage.

Continued on Reverse

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN, JEANNE LEONIE
UWMC EMERGENCY DEPARTMENT
DOB:1/9/2025
Enc:1930821112 RES:58210721

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 1 of 2

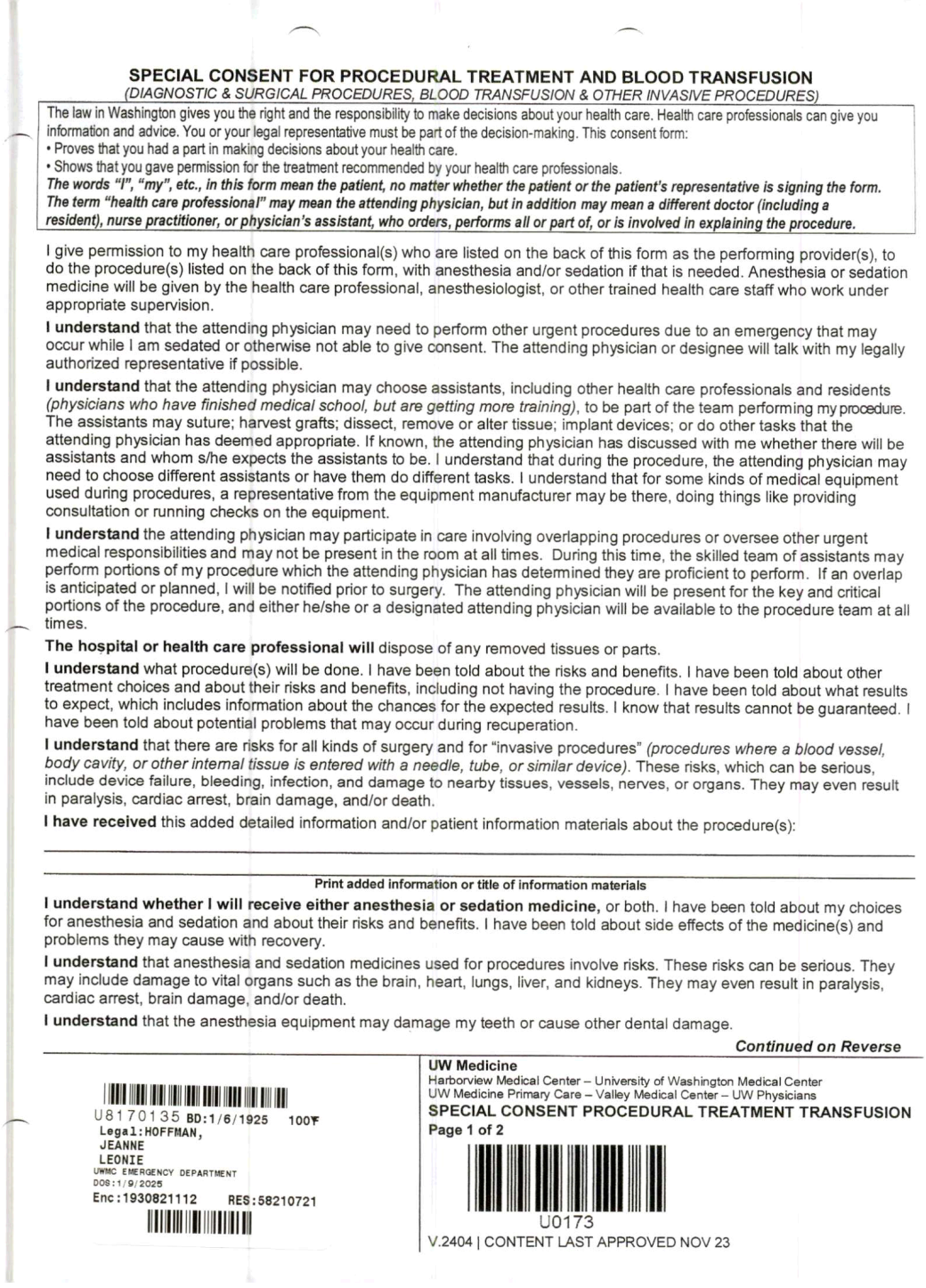
U0173
V.2404 | CONTENT LAST APPROVED NOV 23

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Consent-Treatment Procedural UWM - Scan on 1/9/2025 2:00 PM: U0173 ; SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

Scan (below)



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I understand that the attending physician may choose assistants, including other health care professionals and residents *(physicians who have finished medical school, but are getting more training)*, to be part of the team performing my procedure. The assistants may suture; harvest grafts; dissect, remove or alter tissue; implant devices; or do other tasks that the attending physician has deemed appropriate. If known, the attending physician has discussed with me whether there will be assistants and whom s/he expects the assistants to be. I understand that during the procedure, the attending physician may need to choose different assistants or have them do different tasks. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be there, doing things like providing consultation or running checks on the equipment.

I understand the attending physician may participate in care involving overlapping procedures or oversee other urgent medical responsibilities and may not be present in the room at all times. During this time, the skilled team of assistants may perform portions of my procedure which the attending physician has determined they are proficient to perform. If an overlap is anticipated or planned, I will be notified prior to surgery. The attending physician will be present for the key and critical portions of the procedure, and either he/she or a designated attending physician will be available to the procedure team at all times.

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_____
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I understand that the anesthesia equipment may damage my teeth or cause other dental damage.

Continued on Reverse

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LEONIE
UWMC EMERGENCY DEPARTMENT
DOS:1/9/2025
Enc:1930821112 RES:58210721

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 1 of 2

U0173
V.2404 | CONTENT LAST APPROVED NOV 23

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

☐ **Interpreter** *(Print Name)* _____ ID # _____

I **understand** that nerve damage may occur from how anesthesia equipment is placed or how my body must be positioned during a procedure.

I **understand** that I am free to refuse consent to any proposed procedure.

BLOOD: **I have been told** whether I am having a procedure where blood or blood components *(products)* may need to be used *(also known as transfused)*. **If I am having this kind of procedure**, I have been told about side effects, risks and other choices about transfusion, including **not** getting a transfusion.

I give **permission to receive blood** and/or blood components if the health care team decides it is needed during or after the procedure and throughout the current hospitalization. I understand possible reasons for needing a transfusion include bleeding, symptomatic or severe anemia, and abnormal coagulation. I understand that the use of blood and blood components involves risks. The risks may include reactions, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as sepsis, hepatitis and HIV/AIDS. I know that the blood bank screens donors and matches blood for transfusions to help lower risks.

OR *(Please initial)*
____ **I refuse** ***(or partially refuse)*** **permission for blood and blood components.** *(You will be asked to sign Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent).*

Giving Consent
By signing below, I confirm that I have read the sections above and that I have had 1) each item explained to me; 2) a chance to ask questions; and 3) all of my questions answered.

FULL NAME OF PROCEDURE(S)	left lower extremity above knee amputation
Health Care Professional(s) Performing Procedure	Dr. Smith, Dr. Zetterval, Dr. Sweet

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
X Jeanne E Hoffman MA 1101r	Jeanne Hoffman	1/9/25	1:20pm

IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

☐ 1. Court-appointed Guardian
☐ 2. Durable Healthcare Power of Attorney
☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren)
☐ 5. Parent(s)
☐ 6. Adult Brother(s)/Sister(s)
☐ 7. Adult Grandchild(ren)
☐ 8. Adult Niece(s)/Nephew(s)
☐ 9. Adult Aunt(s)/Uncle(s)
☐ 10. Adult Friend with executed Declaration per RCW 7.70.065

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian
☐ 2. Court-authorized person for child in out-of-home placement
☐ 3. Parent(s)
☐ 4. Holder of signed authorization from parent(s)
☐ 5. Adult representing self to be a relative responsible for the minor's health

WITNESS SIGNATURE *(WITNESS OPTIONAL UNLESS TELEPHONE CONSENT)*	PRINT NAME	☐ TELEPHONE MONITORED CONSENT *(No patient signature)*

Note This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.

HEALTH CARE PROFESSIONAL'S STATEMENT: I explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments *(including non-treatment)* and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented. If only the patient has signed this form, in my clinical opinion, the patient is capable of making his/her own health care decisions. If in my clinical opinion, the *(adult)* patient has questionable ability to make his/her own health care decisions, I discussed the above with the patient and with the patient's legally authorized representative.

HEALTH CARE PROFESSIONAL SIGNATURE	PRINT NAME & TITLE	NPI *(IF APPLICABLE)*	DATE	TIME
	Sam Schwarz, MD		1/9/25	1:20pm

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN,
JEANNE
LEONIE
UWMC EMERGENCY DEPARTMENT
DOB:1/9/2025
Enc:1930821112 RES:58210721

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 2 of 2

U0173
V.2404 | CONTENT LAST APPROVED NOV 23

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Patient Monitoring Document - Scan on 1/10/2025 12:14 AM: RE-LABELED TO 2 AV BLOCK TYPE II

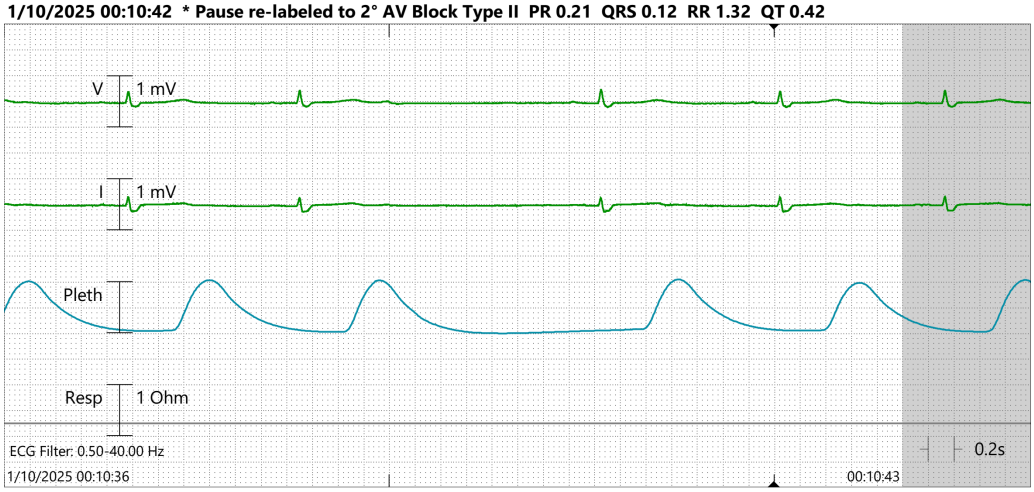
Scan (below)

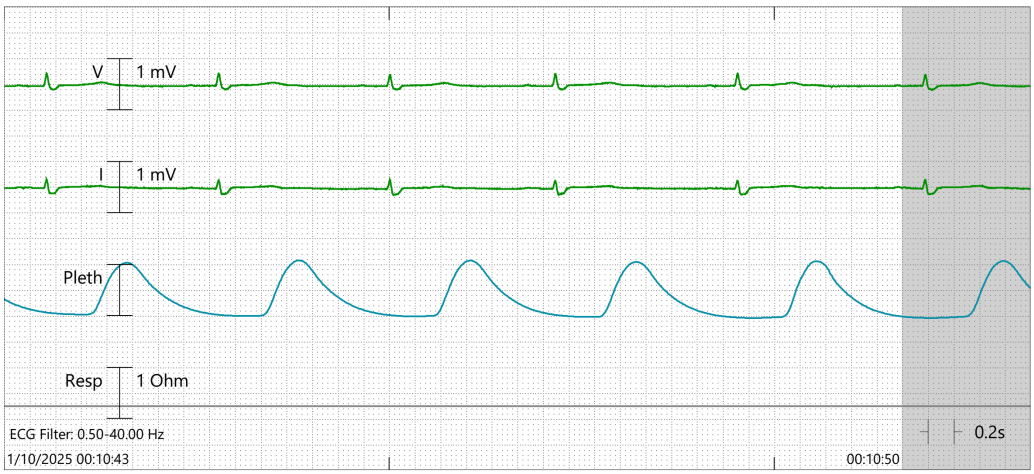
Strip Report		SA5420	
HOFFMAN, JEANNE	U8170135		1930828044

Vitals:

HR 43	PVC 0	SpO_2 99	Pulse (SpO_2) 42
Perf 3.5	RR -?-		
NBP 135/31 (69) (00:00)			

1/10/2025 00:10:42 * Pause re-labeled to 2° AV Block Type II PR 0.21 QRS 0.12 RR 1.32 QT 0.42





	5SA	UWMC Montlake

Printed on 1/10/2025 00:14:27 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Patient Monitoring Document - Scan on 1/10/2025 11:13 AM

Scan (below)

Strip Report SA5420

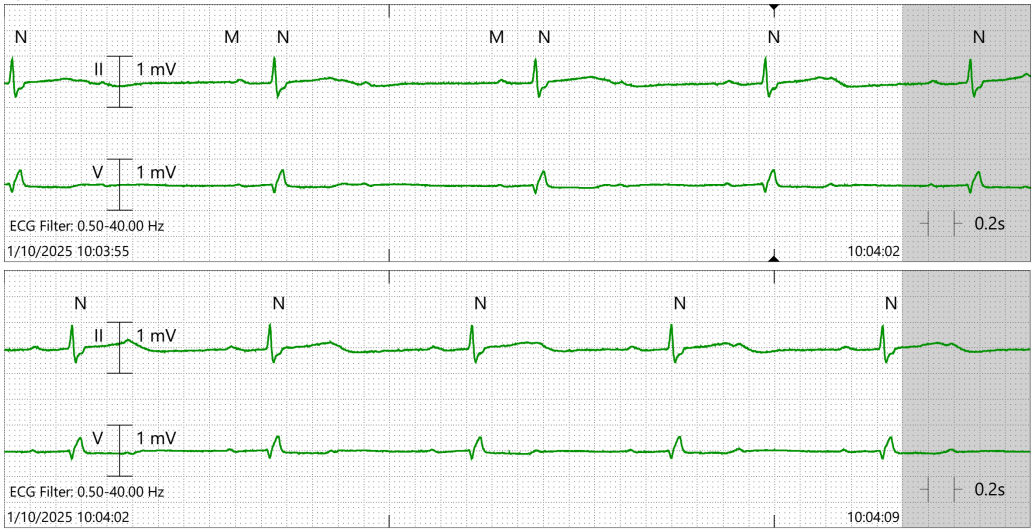
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 38 PVC 0 SpO_2 99 Pulse (SpO_2) 37

Perf 1.5 RR -?-

1/10/2025 10:04:01 * Pause



	5E	UWMC Montlake

Printed on 1/10/2025 11:12:46 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6)

Cardiac Cath/EP Study Attachment - Scan on 1/10/2025 1:42 PM: SNAPSHOT REPORT

Scan (below)

UW Medicine | *Heart Institute*

Pressure Summary (mmHg)

Time	Site	Sys	Dias	End	Mean	A Wave	V Wave	Max dp/dt	HR

Valve Results

Valve	Mean Gradient (mmHg)	Flow (ml/s)	Area (cm^2)	Area Index (cm^2/m^2)	Sep/Dfp (sec/min)	HR (BPM)

Patient Name: HOFFMAN, JEANNE LEONIE
MRN: U8170135

Study Date: 1/10/2025
Admission ID: 1930821112

Page **1** of **2**

UW Medicine | *Heart Institute*

Snapshots

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Cardiac Cath/EP Study Attachment - Scan on 1/10/2025 5:26 PM: SNAPSHOT REPORT

Scan (below)

UW Medicine | *Heart Institute*

Pressure Summary (mmHg)

Time	Site	Sys	Dias	End	Mean	A Wave	V Wave	Max dp/dt	HR

Valve Results

Valve	Mean Gradient (mmHg)	Flow (ml/s)	Area (cm^2)	Area Index (cm^2/m^2)	Sep/Dfp (sec/min)	HR (BPM)

Patient Name: HOFFMAN, JEANNE LEONIE
MRN: U8170135

Study Date: 1/10/2025
Admission ID: 1930821112

Page **1** of **2**

UW Medicine | *Heart Institute*

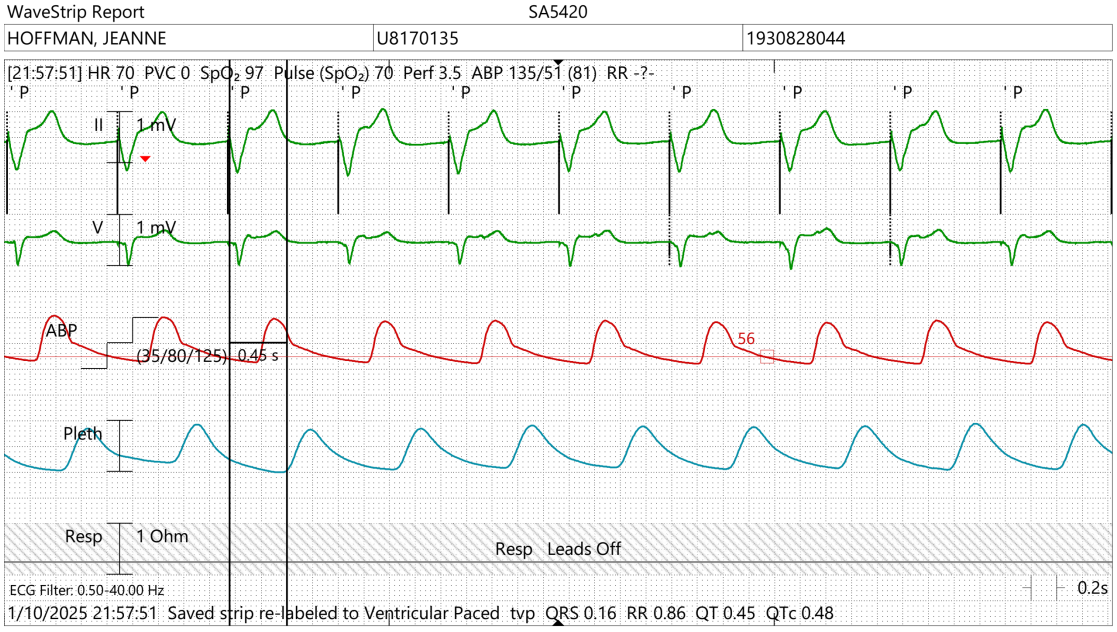
Snapshots

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Patient Monitoring Document - Scan on 1/10/2025 10:01 PM: IBE

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Patient Monitoring Document - Scan on 1/11/2025 9:33 AM: RE-LABELED TO VENTRICULAR PACED 1/11

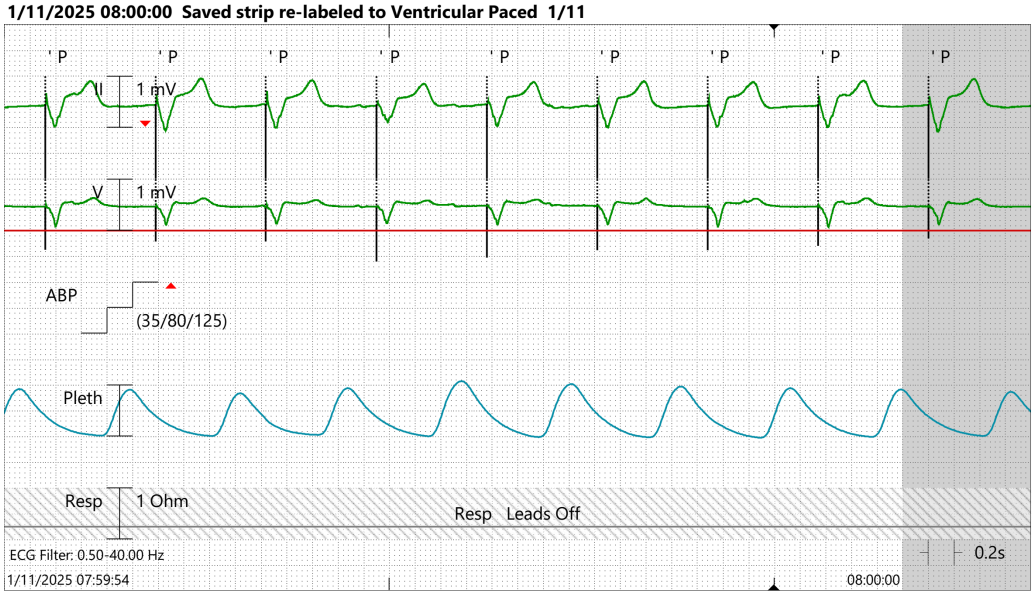
Scan (below)

Strip Report		SA5420
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 70	PVC 1	SpO_2 98	Pulse (SpO_2) 70
Perf 3.6	ABP (-?-)	RR -?-	

1/11/2025 08:00:00 Saved strip re-labeled to Ventricular Paced 1/11



	5SA	UWMC Montlake

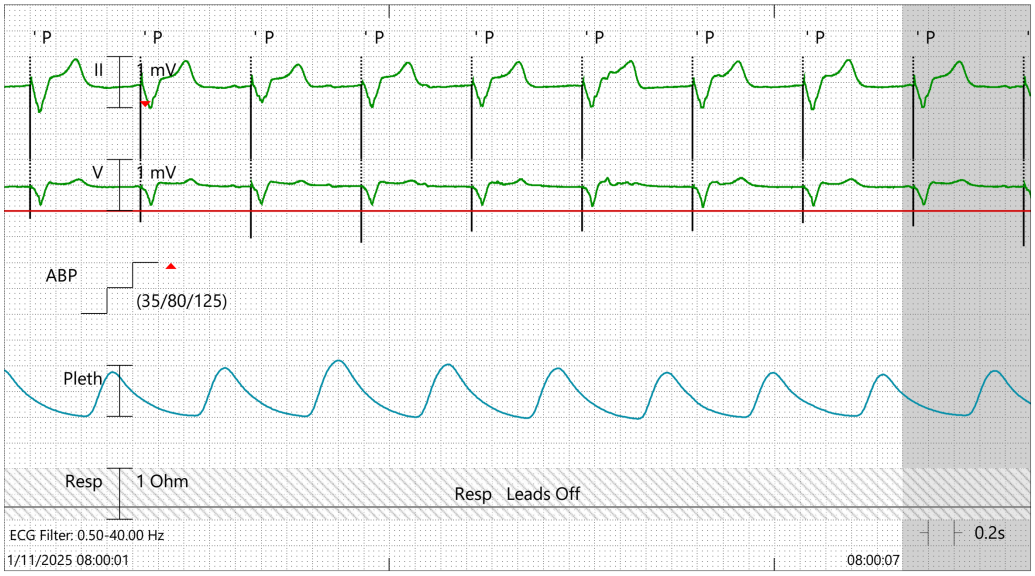
Printed on 1/11/2025 09:32:57 Page 1 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Strip Report SA5420

HOFFMAN, JEANNE	U8170135	1930828044



	5SA	UWMC Montlake

Printed on 1/11/2025 09:32:57 Page 2 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Patient Monitoring Document - Scan on 1/12/2025 6:06 AM: RE-LABELED TO VENTRICULAR PACED

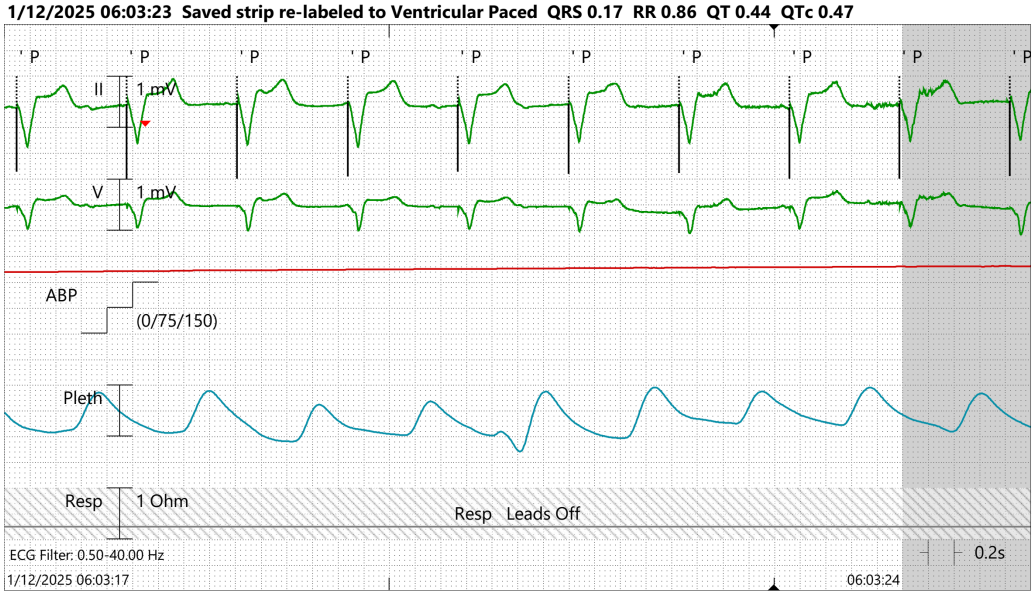
Scan (below)

Strip Report		SA5420
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 70	PVC 0	SpO_2 96	Pulse (SpO_2) 70
Perf 6.5	ABP (171?)	RR -?-	

1/12/2025 06:03:23 Saved strip re-labeled to Ventricular Paced QRS 0.17 RR 0.86 QT 0.44 QTc 0.47

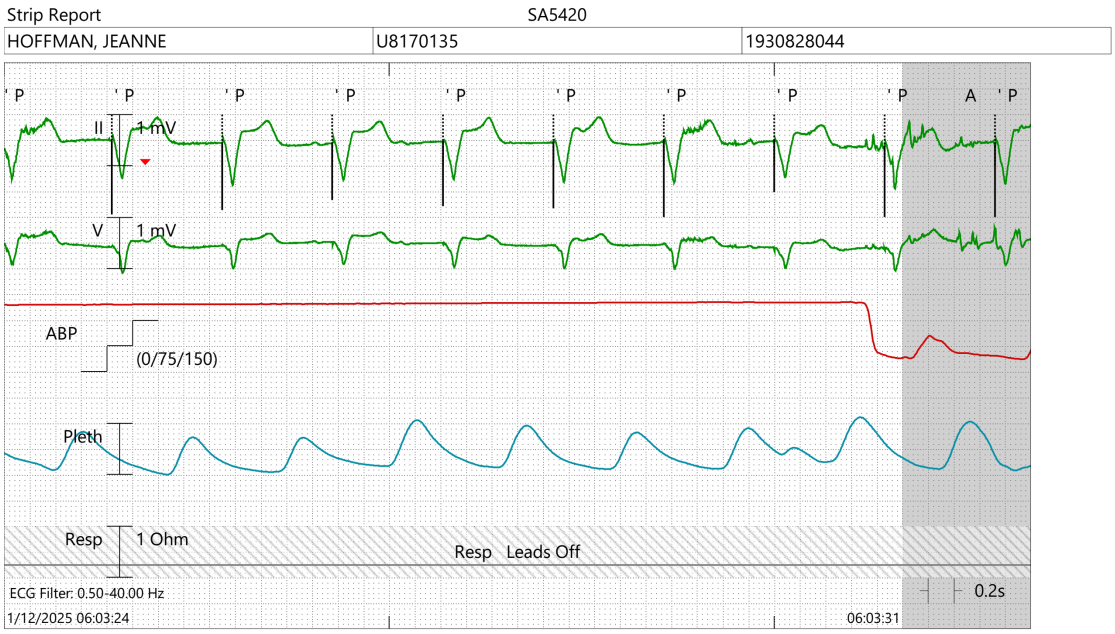


	5SA	UWMC Montlake

Printed on 1/12/2025 06:05:28 Page 1 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)



5SA | UWMC Montlake

Printed on 1/12/2025 06:05:28 Page 2 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Patient Monitoring Document - Scan on 1/12/2025 9:59 AM: RE-LABELED TO VENTRICULAR PACED 1/12 07-1930

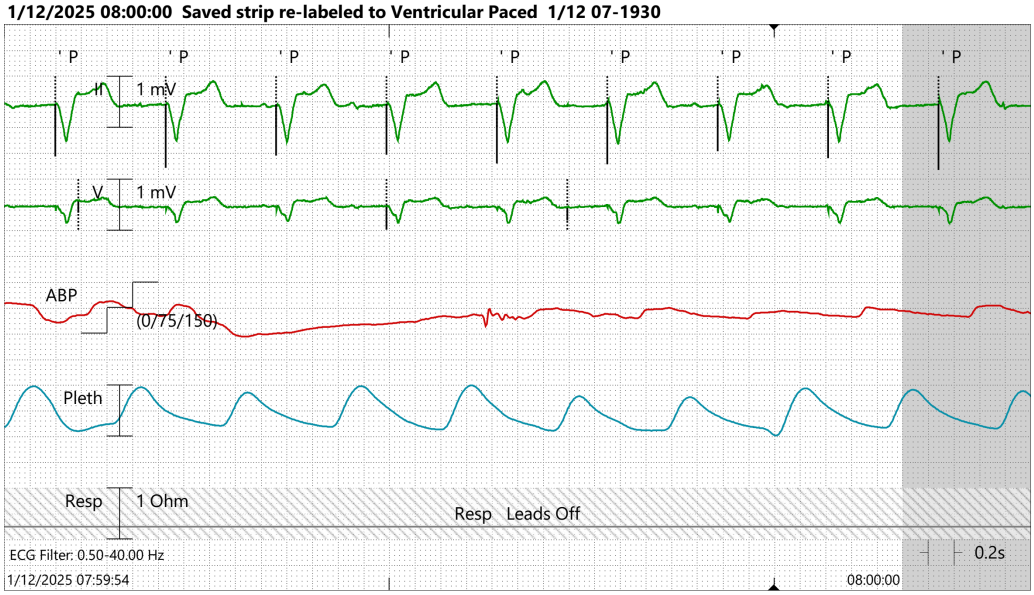
Scan (below)

Strip Report		SA5420
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 70	PVC 0	SpO_2 100	Pulse (SpO_2) 69
Perf 1.4	ABP 91/49 (64)	RR -?-	

1/12/2025 08:00:00 Saved strip re-labeled to Ventricular Paced 1/12 07-1930

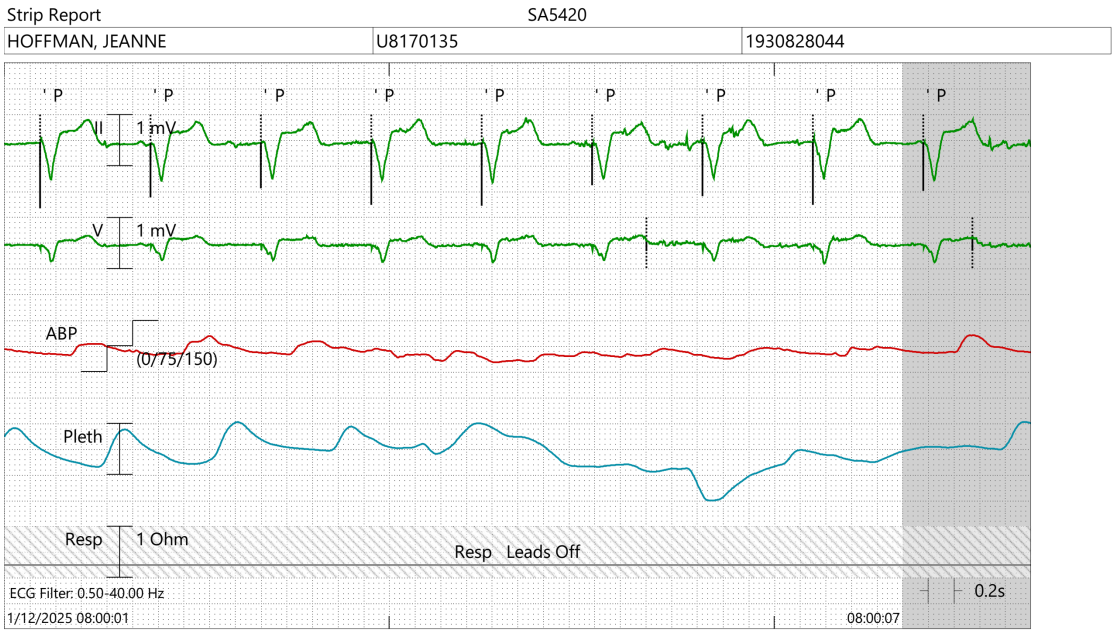


	5SA	UWMC Montlake

Printed on 1/12/2025 09:59:06 Page 1 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)



	5SA	UWMC Montlake

Printed on 1/12/2025 09:59:06 Page 2 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Consent-Treatment Procedural UWM - Scan on 1/12/2025 12:00 PM: U0173 ; SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

Scan (below)

SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION
(DIAGNOSTIC & SURGICAL PROCEDURES, BLOOD TRANSFUSION & OTHER INVASIVE PROCEDURES)

The law in Washington gives you the right and the responsibility to make decisions about your health care. Health care professionals can give you information and advice. You or your legal representative must be part of the decision-making. This consent form:
• Proves that you had a part in making decisions about your health care.
• Shows that you gave permission for the treatment recommended by your health care professionals.
The words "I", "my", etc., in this form mean the patient, no matter whether the patient or the patient's representative is signing the form. The term "health care professional" may mean the attending physician, but in addition may mean a different doctor (including a resident), nurse practitioner, or physician's assistant, who orders, performs all or part of, or is involved in explaining the procedure.

I give permission to my health care professional(s) who are listed on the back of this form as the performing provider(s), to do the procedure(s) listed on the back of this form, with anesthesia and/or sedation if that is needed. Anesthesia or sedation medicine will be given by the health care professional, anesthesiologist, or other trained health care staff who work under appropriate supervision.

I understand that the attending physician may need to perform other urgent procedures due to an emergency that may occur while I am sedated or otherwise not able to give consent. The attending physician or designee will talk with my legally authorized representative if possible.

I understand that the attending physician may choose assistants, including other health care professionals and residents *(physicians who have finished medical school, but are getting more training)*, to be part of the team performing my procedure. The assistants may suture; harvest grafts; dissect, remove or alter tissue; implant devices; or do other tasks that the attending physician has deemed appropriate. If known, the attending physician has discussed with me whether there will be assistants and whom s/he expects the assistants to be. I understand that during the procedure, the attending physician may need to choose different assistants or have them do different tasks. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be there, doing things like providing consultation or running checks on the equipment.

I understand the attending physician may participate in care involving overlapping procedures or oversee other urgent medical responsibilities and may not be present in the room at all times. During this time, the skilled team of assistants may perform portions of my procedure which the attending physician has determined they are proficient to perform. If an overlap is anticipated or planned, I will be notified prior to surgery. The attending physician will be present for the key and critical portions of the procedure, and either he/she or a designated attending physician will be available to the procedure team at all times.

The hospital or health care professional will dispose of any removed tissues or parts.

I understand what procedure(s) will be done. I have been told about the risks and benefits. I have been told about other treatment choices and about their risks and benefits, including not having the procedure. I have been told about what results to expect, which includes information about the chances for the expected results. I know that results cannot be guaranteed. I have been told about potential problems that may occur during recuperation.

I understand that there are risks for all kinds of surgery and for "invasive procedures" *(procedures where a blood vessel, body cavity, or other internal tissue is entered with a needle, tube, or similar device)*. These risks, which can be serious, include device failure, bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I have received this added detailed information and/or patient information materials about the procedure(s):

_____

_____
Print added information or title of information materials

I understand whether I will receive either anesthesia or sedation medicine, or both. I have been told about my choices for anesthesia and sedation and about their risks and benefits. I have been told about side effects of the medicine(s) and problems they may cause with recovery.

I understand that anesthesia and sedation medicines used for procedures involve risks. These risks can be serious. They may include damage to vital organs such as the brain, heart, lungs, liver, and kidneys. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I understand that the anesthesia equipment may damage my teeth or cause other dental damage.

Continued on Reverse



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SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 1 of 2



V.2404 | CONTENT LAST APPROVED NOV 23

☐ **Interpreter** *(Print Name)* _____ ID # _____

I understand that nerve damage may occur from how anesthesia equipment is placed or how my body must be positioned during a procedure.

I understand that I am free to refuse consent to any proposed procedure.

BLOOD: I have been told whether I am having a procedure where blood or blood components *(products)* may need to be used *(also known as transfused)*. **If I am having this kind of procedure**, I have been told about side effects, risks and other choices about transfusion, including **not** getting a transfusion.

I give permission to receive blood and/or blood components if the health care team decides it is needed during or after the procedure and throughout the current hospitalization. I understand possible reasons for needing a transfusion include bleeding, symptomatic or severe anemia, and abnormal coagulation. I understand that the use of blood and blood components involves risks. The risks may include reactions, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as sepsis, hepatitis and HIV/AIDS. I know that the blood bank screens donors and matches blood for transfusions to help lower risks.

OR *(Please initial)*
_____ **I refuse *(or partially refuse)* permission for blood and blood components.** *(You will be asked to sign Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent).*

Giving Consent

By signing below, I confirm that I have read the sections above and that I have had 1) each item explained to me; 2) a chance to ask questions; and 3) all of my questions answered.

FULL NAME OF PROCEDURE(S)	Transcervous Pacemaker implant
Health Care Professional(s) Performing Procedure	Nazem Ahoum

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	**PRINT NAME**	**DATE**	**TIME**
[signature]	JEANNE HOFFMAN	1/12/25	1130 PM

IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

☐ **1.** Court-appointed Guardian
☐ **2.** Durable Healthcare Power of Attorney
☐ **3.** Spouse/registered domestic partner
☐ **4.** Adult Child(ren)
☐ **5.** Parent(s)
☐ **6.** Adult Brother(s)/Sister(s)
☐ **7.** Adult Grandchild(ren)
☐ **8.** Adult Niece(s)/Nephew(s)
☐ **9.** Adult Aunt(s)/Uncle(s)
☐ **10.** Adult Friend with executed Declaration per RCW 7.70.065

FOR MINOR PATIENTS:

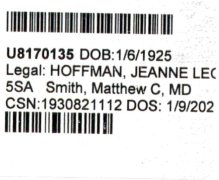
☐ **1.** Guardian/legal custodian
☐ **2.** Court-authorized person for child in out-of-home placement
☐ **3.** Parent(s)
☐ **4.** Holder of signed authorization from parent(s)
☐ **5.** Adult representing self to be a relative responsible for the minor's health

WITNESS SIGNATURE *(WITNESS OPTIONAL UNLESS TELEPHONE CONSENT)*	**PRINT NAME**	☐ **TELEPHONE MONITORED CONSENT** *(No patient signature)*

Note *This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.*

HEALTH CARE PROFESSIONAL'S STATEMENT: I explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments *(including non-treatment)* and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented. If only the patient has signed this form, in my clinical opinion, the patient is capable of making his/her own health care decisions. If in my clinical opinion, the *(adult)* patient has questionable ability to make his/her own health care decisions, I discussed the above with the patient and with the patient's legally authorized representative.

HEALTH CARE PROFESSIONAL SIGNATURE	**PRINT NAME & TITLE**	**NPI** *(IF APPLICABLE)*	**DATE**	**TIME**
[signature]	Nazem Ahoum MD		1/12/25	1130 PM



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UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 2 of 2



V.2404 | CONTENT LAST APPROVED NOV 23

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Patient Monitoring Document - Scan on 1/13/2025 6:11 AM: RE-LABELED TO VENTRICULAR PACED 1/13/2025

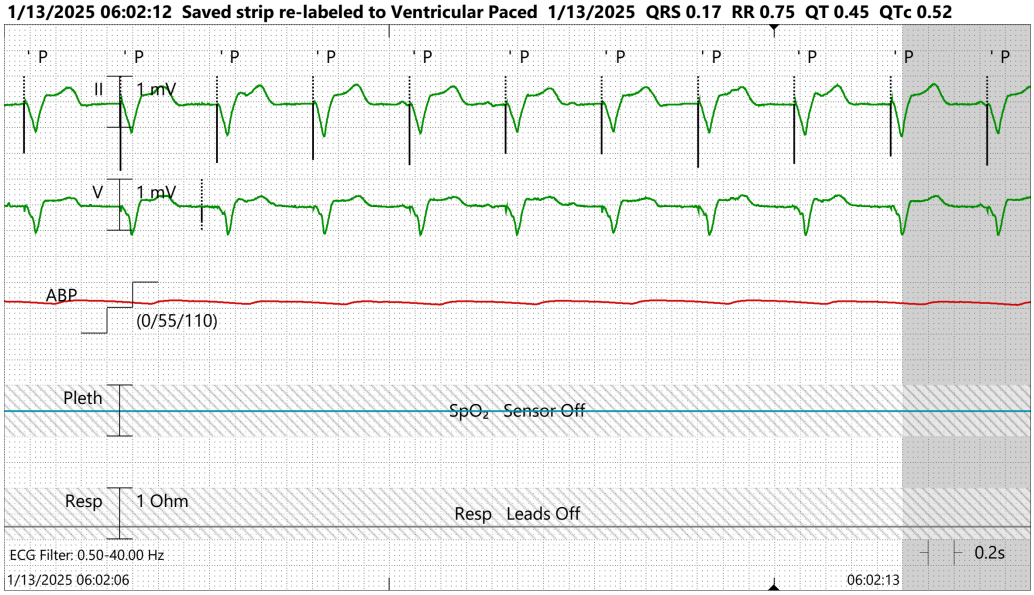
Scan (below)

Strip Report		SA5420
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 80	PVC 0	SpO_2 -?-	Pulse (SpO_2) -?-
Perf -?-	ABP 71/64 (68)	RR -?-	

1/13/2025 06:02:12 Saved strip re-labeled to Ventricular Paced 1/13/2025 QRS 0.17 RR 0.75 QT 0.45 QTc 0.52

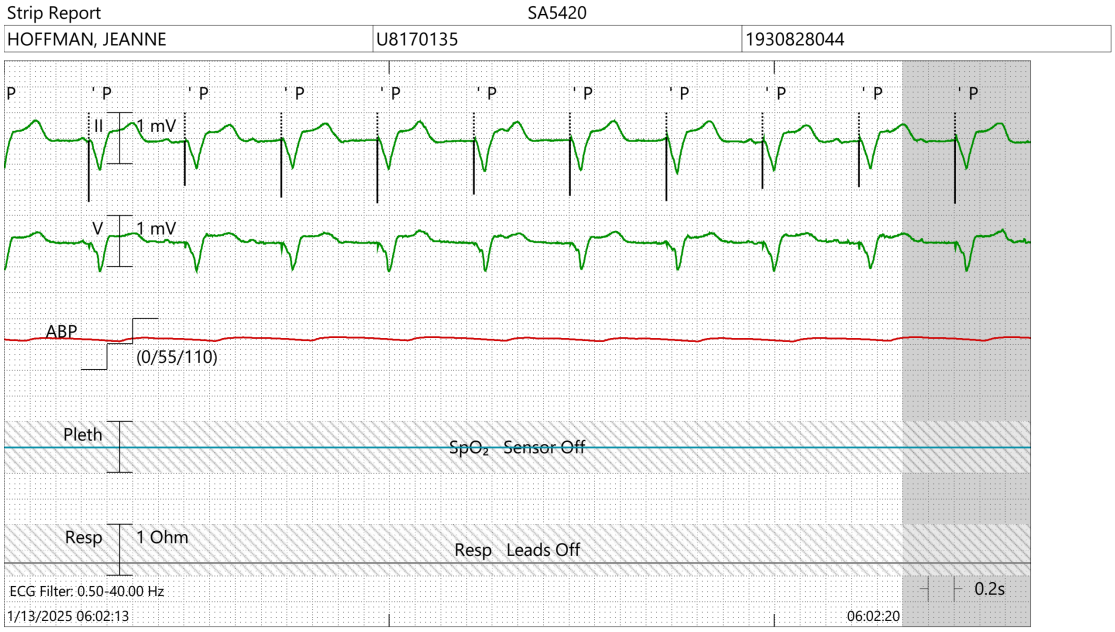


	5SA	UWMC Montlake

Printed on 1/13/2025 06:10:46 Page 1 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)



5SA | UWMC Montlake

Printed on 1/13/2025 06:10:46 Page 2 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Provider-Created Image - Scan on 1/13/2025 9:39 AM: L AKA

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Consent-Treatment Procedural UWM - Scan on 1/13/2025 11:25 AM: U0173 ; SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

Scan (below)

SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION
(DIAGNOSTIC & SURGICAL PROCEDURES, BLOOD TRANSFUSION & OTHER INVASIVE PROCEDURES)

The law in Washington gives you the right and the responsibility to make decisions about your health care. Health care professionals can give you information and advice. You or your legal representative must be part of the decision-making. This consent form:
• Proves that you had a part in making decisions about your health care.
• Shows that you gave permission for the treatment recommended by your health care professionals.
The words "I", "my", etc., in this form mean the patient, no matter whether the patient or the patient's representative is signing the form. The term "health care professional" may mean the attending physician, but in addition may mean a different doctor (including a resident), nurse practitioner, or physician's assistant, who orders, performs all or part of, or is involved in explaining the procedure.

I give permission to my health care professional(s) who are listed on the back of this form as the performing provider(s), to do the procedure(s) listed on the back of this form, with anesthesia and/or sedation if that is needed. Anesthesia or sedation medicine will be given by the health care professional, anesthesiologist, or other trained health care staff who work under appropriate supervision.

I understand that the attending physician may need to perform other urgent procedures due to an emergency that may occur while I am sedated or otherwise not able to give consent. The attending physician or designee will talk with my legally authorized representative if possible.

I understand that the attending physician may choose assistants, including other health care professionals and residents *(physicians who have finished medical school, but are getting more training)*, to be part of the team performing my procedure. The assistants may suture; harvest grafts; dissect, remove or alter tissue; implant devices; or do other tasks that the attending physician has deemed appropriate. If known, the attending physician has discussed with me whether there will be assistants and whom s/he expects the assistants to be. I understand that during the procedure, the attending physician may need to choose different assistants or have them do different tasks. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be there, doing things like providing consultation or running checks on the equipment.

I understand the attending physician may participate in care involving overlapping procedures or oversee other urgent medical responsibilities and may not be present in the room at all times. During this time, the skilled team of assistants may perform portions of my procedure which the attending physician has determined they are proficient to perform. If an overlap is anticipated or planned, I will be notified prior to surgery. The attending physician will be present for the key and critical portions of the procedure, and either he/she or a designated attending physician will be available to the procedure team at all times.

The hospital or health care professional will dispose of any removed tissues or parts.

I understand what procedure(s) will be done. I have been told about the risks and benefits. I have been told about other treatment choices and about their risks and benefits, including not having the procedure. I have been told about what results to expect, which includes information about the chances for the expected results. I know that results cannot be guaranteed. I have been told about potential problems that may occur during recuperation.

I understand that there are risks for all kinds of surgery and for "invasive procedures" *(procedures where a blood vessel, body cavity, or other internal tissue is entered with a needle, tube, or similar device)*. These risks, which can be serious, include device failure, bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I have received this added detailed information and/or patient information materials about the procedure(s):

_____

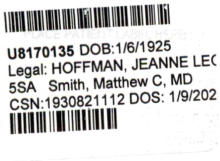
_____
Print added information or title of information materials

I understand whether I will receive either anesthesia or sedation medicine, or both. I have been told about my choices for anesthesia and sedation and about their risks and benefits. I have been told about side effects of the medicine(s) and problems they may cause with recovery.

I understand that anesthesia and sedation medicines used for procedures involve risks. These risks can be serious. They may include damage to vital organs such as the brain, heart, lungs, liver, and kidneys. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I understand that the anesthesia equipment may damage my teeth or cause other dental damage.

Continued on Reverse



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SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
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V.2404 | CONTENT LAST APPROVED NOV 23

☐ **Interpreter** *(Print Name)* _____ ID # _____

I understand that nerve damage may occur from how anesthesia equipment is placed or how my body must be positioned during a procedure.

I understand that I am free to refuse consent to any proposed procedure.

BLOOD: I have been told whether I am having a procedure where blood or blood components *(products)* may need to be used *(also known as transfused)*. **If I am having this kind of procedure**, I have been told about side effects, risks and other choices about transfusion, including **not** getting a transfusion.

I give permission to receive blood and/or blood components if the health care team decides it is needed during or after the procedure and throughout the current hospitalization. I understand possible reasons for needing a transfusion include bleeding, symptomatic or severe anemia, and abnormal coagulation. I understand that the use of blood and blood components involves risks. The risks may include reactions, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as sepsis, hepatitis and HIV/AIDS. I know that the blood bank screens donors and matches blood for transfusions to help lower risks.

OR *(Please initial)*
_____ **I refuse *(or partially refuse)* permission for blood and blood components.** *(You will be asked to sign Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent)*.

Giving Consent

By signing below, I confirm that I have read the sections above and that I have had 1) each item explained to me; 2) a chance to ask questions; and 3) all of my questions answered.

FULL NAME OF PROCEDURE(S)	Transvenous Pacemaker implant
Health Care Professional(s) Performing Procedure	Nasem Ahsan 1/13/25

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	**PRINT NAME**	**DATE**	**TIME**
Louise Hoffman	LOUISE HOFFMAN	1/12/25	1:30 PM

IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

- ☐ **1.** Court-appointed Guardian
- ☐ **2.** Durable Healthcare Power of Attorney
- ☐ **3.** Spouse/registered domestic partner
- ☑ **4.** Adult Child(ren) NW 1/13/25
- ☐ **5.** Parent(s)
- ☐ **6.** Adult Brother(s)/Sister(s)
- ☐ **7.** Adult Grandchild(ren)
- ☐ **8.** Adult Niece(s)/Nephew(s)
- ☐ **9.** Adult Aunt(s)/Uncle(s)
- ☐ **10.** Adult Friend with executed Declaration per RCW 7.70.065

FOR MINOR PATIENTS:

- ☐ **1.** Guardian/legal custodian
- ☐ **2.** Court-authorized person for child in out-of-home placement
- ☐ **3.** Parent(s)
- ☐ **4.** Holder of signed authorization from parent(s)
- ☐ **5.** Adult representing self to be a relative responsible for the minor's health

WITNESS SIGNATURE *(WITNESS OPTIONAL UNLESS TELEPHONE CONSENT)*	PRINT NAME	☐ TELEPHONE MONITORED CONSENT *(No patient signature)*

Note *This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.*

HEALTH CARE PROFESSIONAL'S STATEMENT: I explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments *(including non-treatment)* and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented. If only the patient has signed this form, in my clinical opinion, the patient is capable of making his/her own health care decisions. If in my clinical opinion, the *(adult)* patient has questionable ability to make his/her own health care decisions, I discussed the above with the patient and with the patient's legally authorized representative.

HEALTH CARE PROFESSIONAL SIGNATURE	PRINT NAME & TITLE	NPI *(IF APPLICABLE)*	DATE	TIME
	Nasem Ahsan MD		1/12/25	1:30pm



U8170135 DOB:1/6/1925
Legal: HOFFMAN, JEANNE LEO
5SA Smith, Matthew C, MD
CSN:1930821112 DOS: 1/9/202

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U0173
V.2404 | CONTENT LAST APPROVED NOV 23

SCANNED

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6)

Consent-Treatment Procedural UWM - Scan on 1/13/2025 11:43 AM: U0173 ; SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

Scan (below)

SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION
(DIAGNOSTIC & SURGICAL PROCEDURES, BLOOD TRANSFUSION & OTHER INVASIVE PROCEDURES)

The law in Washington gives you the right and the responsibility to make decisions about your health care. Health care professionals can give you information and advice. You or your legal representative must be part of the decision-making. This consent form:
- Proves that you had a part in making decisions about your health care.
- Shows that you gave permission for the treatment recommended by your health care professionals.

The words "I", "my", etc., in this form mean the patient, no matter whether the patient or the patient's representative is signing the form. The term "health care professional" may mean the attending physician, but in addition may mean a different doctor (including a resident), nurse practitioner, or physician's assistant, who orders, performs all or part of, or is involved in explaining the procedure.

I give permission to my health care professional(s) who are listed on the back of this form as the performing provider(s), to do the procedure(s) listed on the back of this form, with anesthesia and/or sedation if that is needed. Anesthesia or sedation medicine will be given by the health care professional, anesthesiologist, or other trained health care staff who work under appropriate supervision.

I understand that the attending physician may need to perform other urgent procedures due to an emergency that may occur while I am sedated or otherwise not able to give consent. The attending physician or designee will talk with my legally authorized representative if possible.

I understand that the attending physician may choose assistants, including other health care professionals and residents *(physicians who have finished medical school, but are getting more training)*, to be part of the team performing my procedure. The assistants may suture; harvest grafts; dissect, remove or alter tissue; implant devices; or do other tasks that the attending physician has deemed appropriate. If known, the attending physician has discussed with me whether there will be assistants and whom s/he expects the assistants to be. I understand that during the procedure, the attending physician may need to choose different assistants or have them do different tasks. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be there, doing things like providing consultation or running checks on the equipment.

I understand the attending physician may participate in care involving overlapping procedures or oversee other urgent medical responsibilities and may not be present in the room at all times. During this time, the skilled team of assistants may perform portions of my procedure which the attending physician has determined they are proficient to perform. If an overlap is anticipated or planned, I will be notified prior to surgery. The attending physician will be present for the key and critical portions of the procedure, and either he/she or a designated attending physician will be available to the procedure team at all times.

The hospital or health care professional will dispose of any removed tissues or parts.

I understand what procedure(s) will be done. I have been told about the risks and benefits. I have been told about other treatment choices and about their risks and benefits, including not having the procedure. I have been told about what results to expect, which includes information about the chances for the expected results. I know that results cannot be guaranteed. I have been told about potential problems that may occur during recuperation.

I understand that there are risks for all kinds of surgery and for "invasive procedures" *(procedures where a blood vessel, body cavity, or other internal tissue is entered with a needle, tube, or similar device)*. These risks, which can be serious, include device failure, bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I have received this added detailed information and/or patient information materials about the procedure(s):

_____

_____
Print added information or title of information materials

I understand whether I will receive either anesthesia or sedation medicine, or both. I have been told about my choices for anesthesia and sedation and about their risks and benefits. I have been told about side effects of the medicine(s) and problems they may cause with recovery.

I understand that anesthesia and sedation medicines used for procedures involve risks. These risks can be serious. They may include damage to vital organs such as the brain, heart, lungs, liver, and kidneys. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I understand that the anesthesia equipment may damage my teeth or cause other dental damage.

Continued on Reverse

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN, JEANNE LEONIE
UWMC EMERGENCY DEPARTMENT
DOS:1/9/2025
Enc:1930821112 RES:58210721

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U0173

V.2404 | CONTENT LAST APPROVED NOV 23

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

☐ **Interpreter** *(Print Name)* _____ ID # _____

I **understand** that nerve damage may occur from how anesthesia equipment is placed or how my body must be positioned during a procedure.

I **understand** that I am free to refuse consent to any proposed procedure.

BLOOD: **I have been told** whether I am having a procedure where blood or blood components *(products)* may need to be used *(also known as transfused)*. **If I am having this kind of procedure**, I have been told about side effects, risks and other choices about transfusion, including **not** getting a transfusion.

I **give permission to receive blood** and/or blood components if the health care team decides it is needed during or after the procedure and throughout the current hospitalization. I understand possible reasons for needing a transfusion include bleeding, symptomatic or severe anemia, and abnormal coagulation. I understand that the use of blood and blood components involves risks. The risks may include reactions, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as sepsis, hepatitis and HIV/AIDS. I know that the blood bank screens donors and matches blood for transfusions to help lower risks.

OR *(Please initial)*
____ **I refuse** ***(or partially refuse)*** **permission for blood and blood components.** *(You will be asked to sign Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent).*

Giving Consent
By signing below, I confirm that I have read the sections above and that I have had 1) each item explained to me; 2) a chance to ask questions; and 3) all of my questions answered.

FULL NAME OF PROCEDURE(S)	left lower extremity above knee amputation			
Health Care Professional(s) Performing Procedure	Dr. Smith, Dr. Zetterval, Dr. Sweet			
SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)* X Jeanne E Hoffman MA 1/9/25	**PRINT NAME** Jeanne Hoffman	**DATE** 1/9/25	**TIME** 1:20pm	

IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

☐ **1.** Court-appointed Guardian
☐ **2.** Durable Healthcare Power of Attorney
☐ **3.** Spouse/registered domestic partner
☐ **4.** Adult Child(ren)
☐ **5.** Parent(s)
☐ **6.** Adult Brother(s)/Sister(s)
☐ **7.** Adult Grandchild(ren)
☐ **8.** Adult Niece(s)/Nephew(s)
☐ **9.** Adult Aunt(s)/Uncle(s)
☐ **10.** Adult Friend with executed Declaration per RCW 7.70.065

FOR MINOR PATIENTS:

☐ **1.** Guardian/legal custodian
☐ **2.** Court-authorized person for child in out-of-home placement
☐ **3.** Parent(s)
☐ **4.** Holder of signed authorization from parent(s)
☐ **5.** Adult representing self to be a relative responsible for the minor's health

WITNESS SIGNATURE *(WITNESS OPTIONAL UNLESS TELEPHONE CONSENT)*	PRINT NAME	☐ TELEPHONE MONITORED CONSENT *(No patient signature)*

Note This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.

HEALTH CARE PROFESSIONAL'S STATEMENT: I explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments *(including non-treatment)* and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented. If only the patient has signed this form, in my clinical opinion, the patient is capable of making his/her own health care decisions. If in my clinical opinion, the *(adult)* patient has questionable ability to make his/her own health care decisions, I discussed the above with the patient and with the patient's legally authorized representative.

HEALTH CARE PROFESSIONAL SIGNATURE	PRINT NAME & TITLE	NPI *(IF APPLICABLE)*	DATE	TIME
	Sam Schwarz, MD		1/9/25	1:20pm

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN,
JEANNE
LEONIE
UWMC EMERGENCY DEPARTMENT
DOB:1/9/2025
Enc:1930821112 RES:58210721

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U0173
V.2404 | CONTENT LAST APPROVED NOV 23

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/14/2025 4:58 AM: RE-LABELED TO VENTRICULAR PACED 1/14/2025

Scan (below)

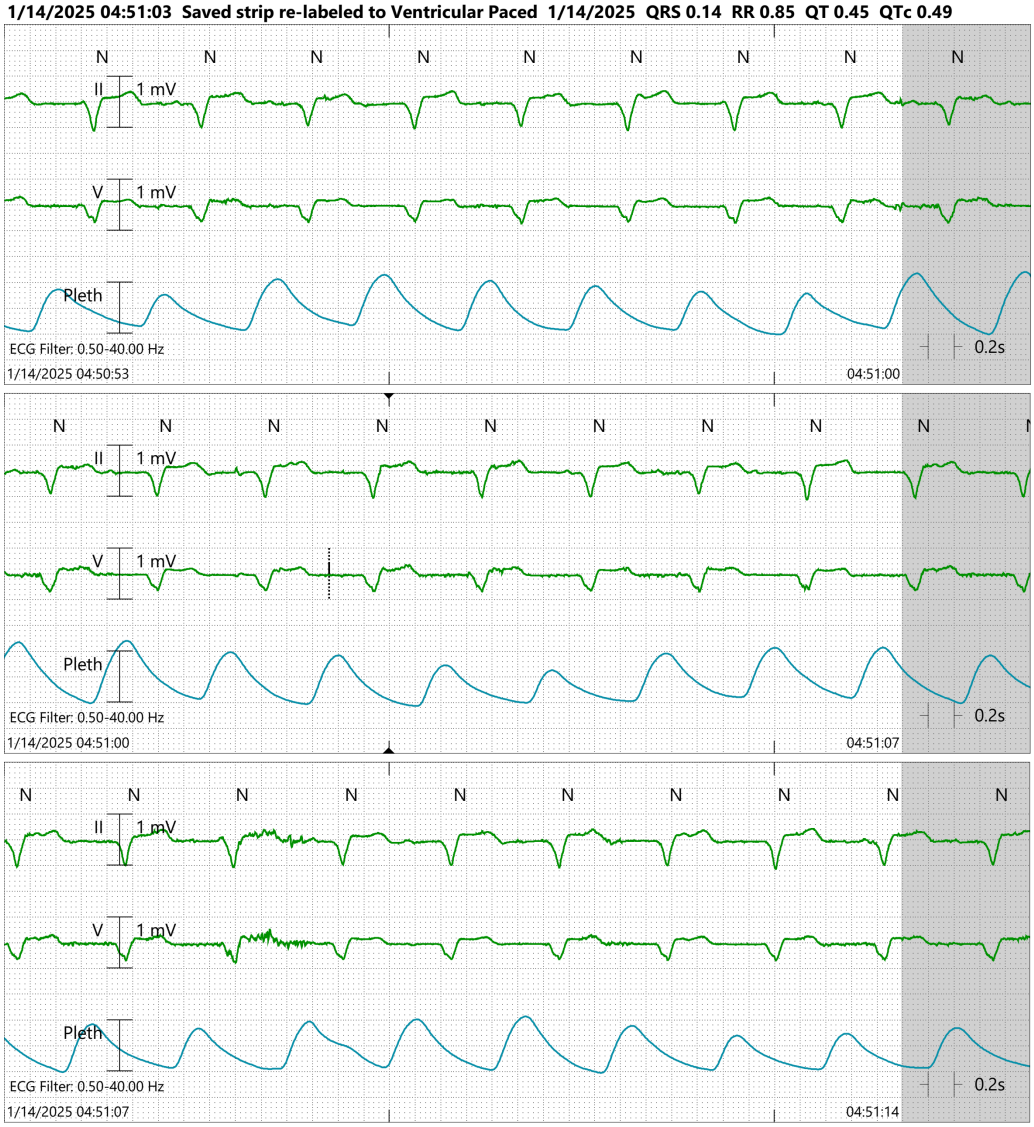
Strip Report		SA5420
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 72 PVC 0 SpO_2 96 Pulse (SpO_2) 71

Perf 3.1

1/14/2025 04:51:03 Saved strip re-labeled to Ventricular Paced 1/14/2025 QRS 0.14 RR 0.85 QT 0.45 QTc 0.49



	5SA	UWMC Montlake

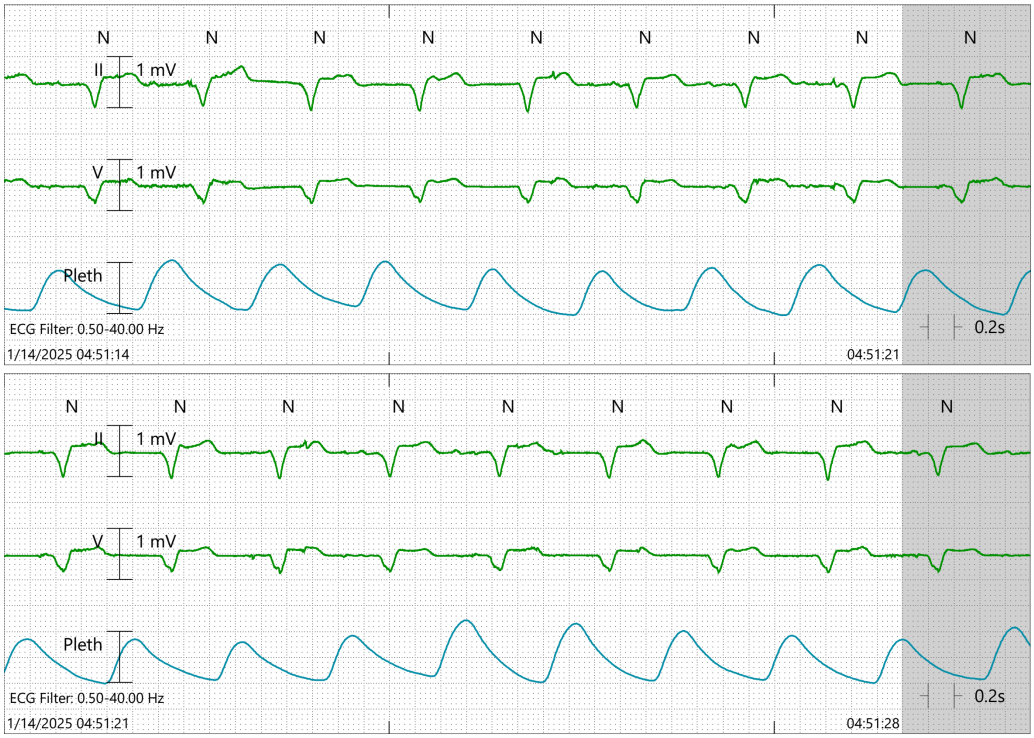
Printed on 1/14/2025 04:56:49 Page 1 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Strip Report SA5420

HOFFMAN, JEANNE	U8170135	1930828044



	5SA	UWMC Montlake

Printed on 1/14/2025 04:56:49 Page 2 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Provider-Created Image - Scan on 1/14/2025 8:45 AM: BSC ACCOLADE (effective from 1/14/2025)

Scan (below)

Boston Scientific

Implant Registration

Patient Information

Name:	Jeanne L Hoffman	**Gender:**	Female
Address:	321 High School Rd NE, St D3 PMB 292 Bainbridge Island, WA, 98110 (206) 280-1287	**Date Of Birth:** **Medical Record:**	01/06/1925 U8170135

Physician and Hospital Information

Health Care Facility:	University Washington Med Ctr 1959 NE Pacific St Seattle, WA 98195-0001 (206) 598-3300	**Implanting Physician:**	Akoum, Nazem MD 1959 NE Pacific St Box 356422 Seattle, WA 98195-0001 (206) 520-5000
Following Physician:	Akoum, Nazem MD 1959 NE Pacific St Box 356422 Seattle, WA 98195-0001 (206) 520-5000	**Referring Physician:**	Akoum, Nazem MD 1959 NE Pacific St Box 356422 Seattle, WA 98195-0001 (206) 520-5000

Implanted Product Information

Implant Date	Manufacturer	Model Name	Pol.	Model	Serial No.	Location
01/13/2025	Boston Scientific	L310: ACCOLADE MRI SR IS-1		L310	926607	L - Subcutaneous
01/13/2025	Boston Scientific	7841: INGEVITY+ IS-1 Bi Positive Fix RA/RV 52cm	Bi	7841	1549465	RV

Measured Data

	Device Measurements			
Lead	**Intrinsic**	**Threshold**	**Imp.**	**Current**
RV	25.0 mV	0.9V @ 0.4ms	630 Ω	1.4 mA

Programmed Parameters

Mode:	VVIR		**Sensitivity**	**Output**	**Pace/Sense**	**VT EGM Storage:**	On - 160 bpm
LRL :	70 ppm	**RV**	1.5 mV	Auto @ 0.4ms	Bi	**VRR:**	Off
MSR:	130 ppm					**Rate Smoothing:**	Off
Sensing Method:	AGC	**Sensor:**	RightRate Pacing With MV - On Motion-Based Pacing With Accel - On			**PaceSafe RVAC:**	On

INC-LS01032025-PD01132025

Completed By: Richard Brown **Date:** 01/13/2025 © 2025 Boston Scientific Corporation USA 1.800.227.3422 Worldwide 651.582.4000

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/15/2025 3:24 AM: RE-LABELED TO VENTRICULAR PACED

Scan (below)

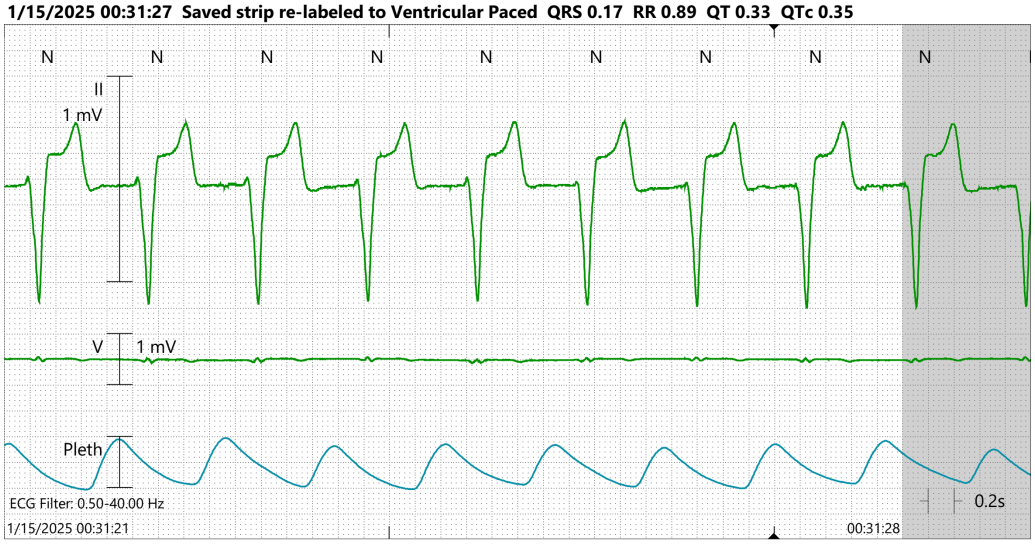
Strip Report		SA5420
HOFFMAN, JEANNE	U8170135	1930828044

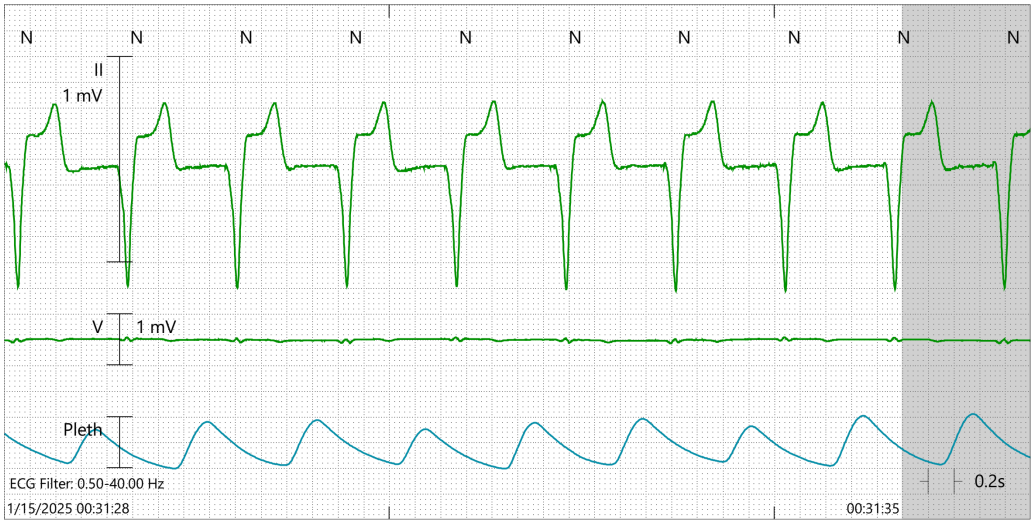
Vitals:

HR 70 PVC 0 SpO_2 95 Pulse (SpO_2) 70

Perf 4.0

1/15/2025 00:31:27 Saved strip re-labeled to Ventricular Paced QRS 0.17 RR 0.89 QT 0.33 QTc 0.35





	5SA	UWMC Montlake

Printed on 1/15/2025 03:23:39 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/15/2025 6:43 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM HW CMT

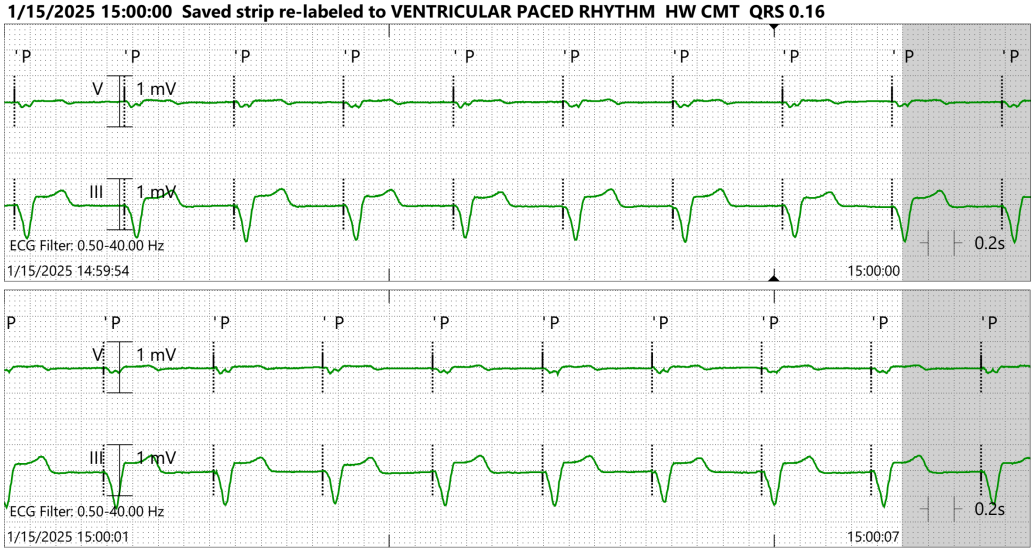
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/15/2025 15:00:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM HW CMT QRS 0.16



	TELE5NE	UWMC Montlake

Printed on 1/15/2025 18:42:45 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/15/2025 11:13 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM SK RN

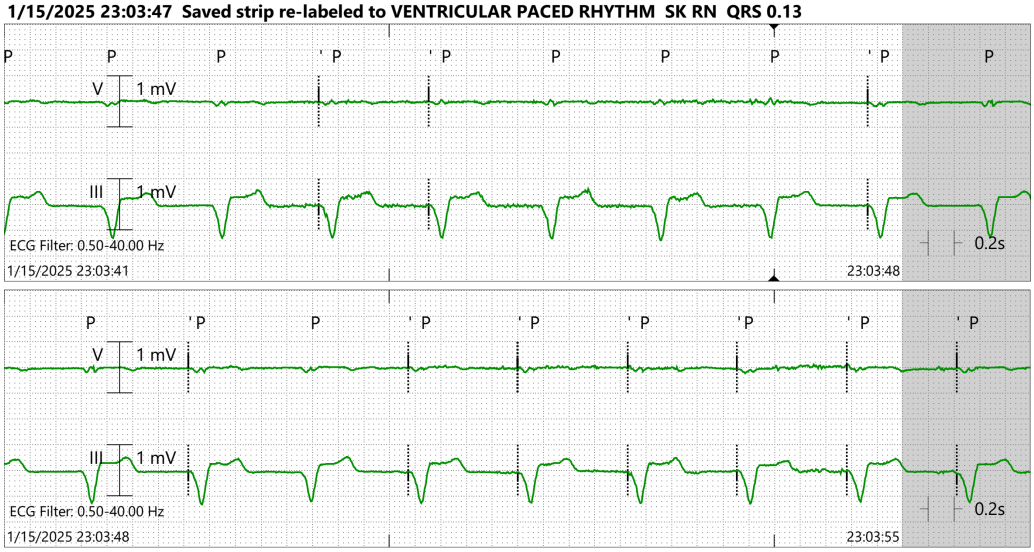
Scan (below)

Strip Report	7411	
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/15/2025 23:03:47 Saved strip re-labeled to VENTRICULAR PACED RHYTHM SK RN QRS 0.13



	TELE5NE	UWMC Montlake

Printed on 1/15/2025 23:12:30 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/16/2025 9:12 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

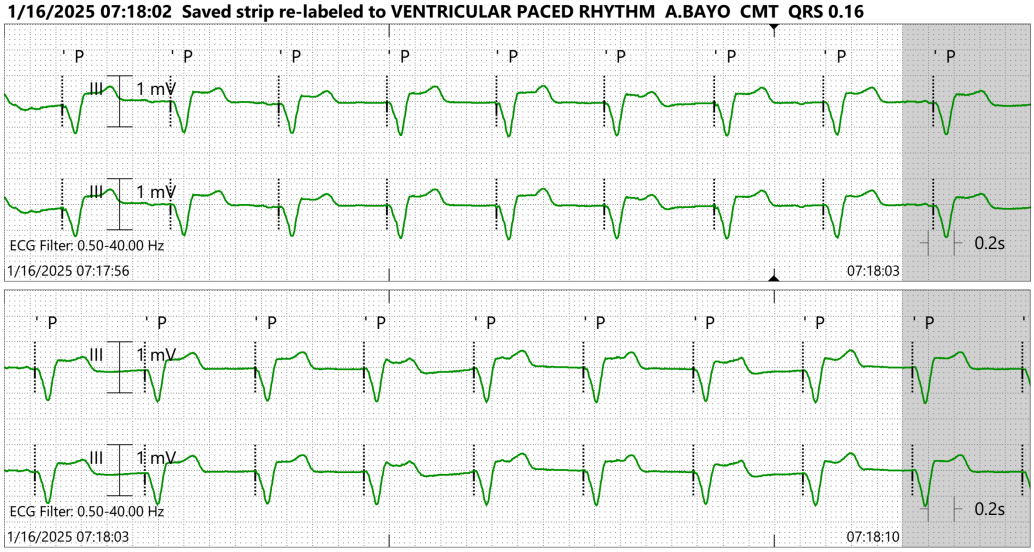
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/16/2025 07:18:02 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.16



	TELE5NE	UWMC Montlake

Printed on 1/16/2025 09:11:20 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/16/2025 4:49 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM LN RN

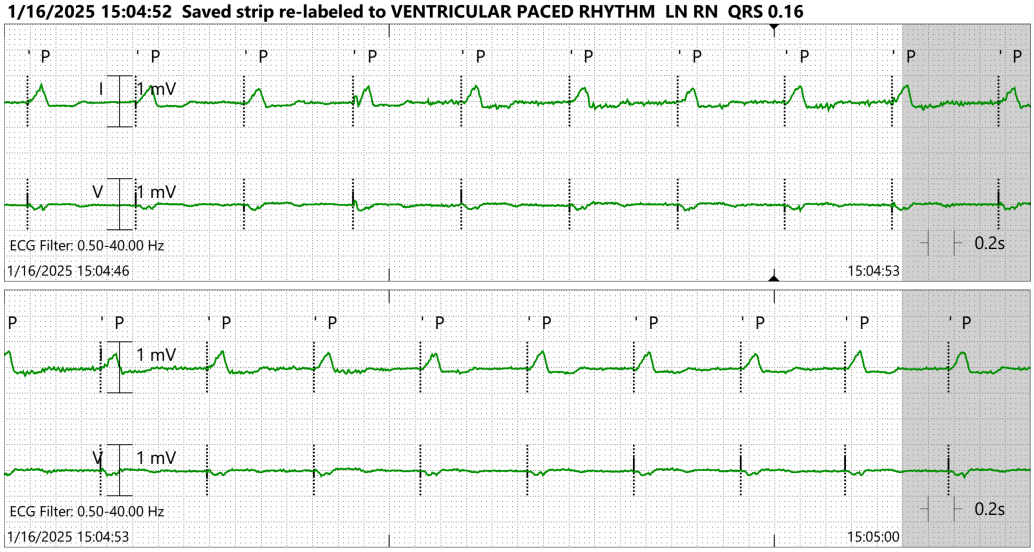
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/16/2025 15:04:52 Saved strip re-labeled to VENTRICULAR PACED RHYTHM LN RN QRS 0.16



	TELE5NE	UWMC Montlake

Printed on 1/16/2025 16:48:44 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/16/2025 11:42 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM CK,CMT

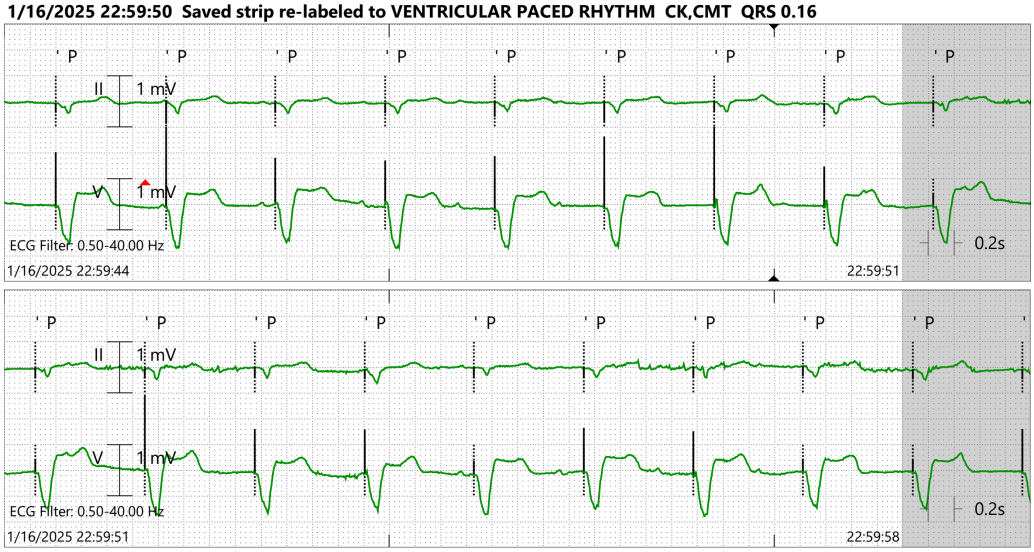
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/16/2025 22:59:50 Saved strip re-labeled to VENTRICULAR PACED RHYTHM CK,CMT QRS 0.16



	TELE5NE	UWMC Montlake

Printed on 1/16/2025 23:42:07 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/17/2025 7:42 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM B.TYOMKIN CMT

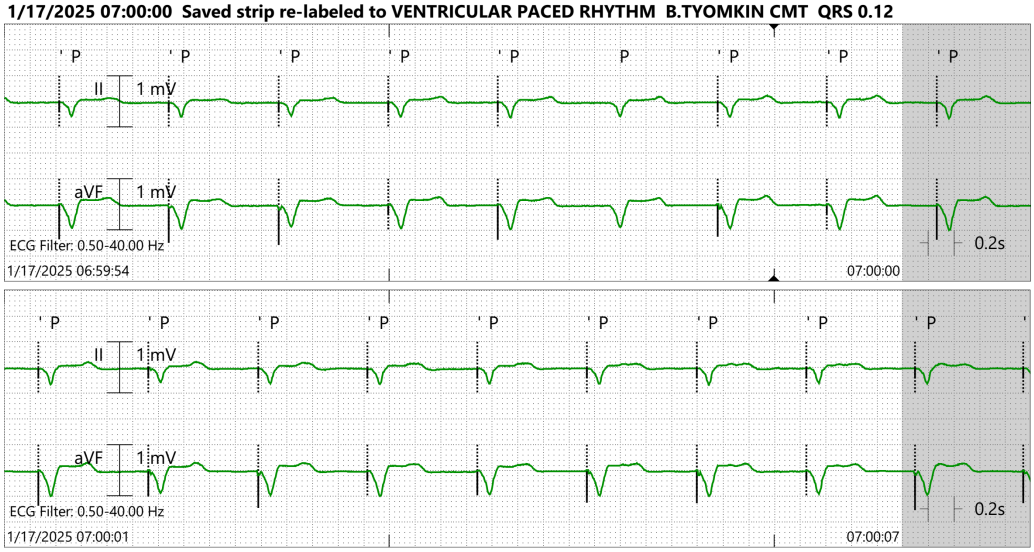
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/17/2025 07:00:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM B.TYOMKIN CMT QRS 0.12



	TELE5NE	UWMC Montlake

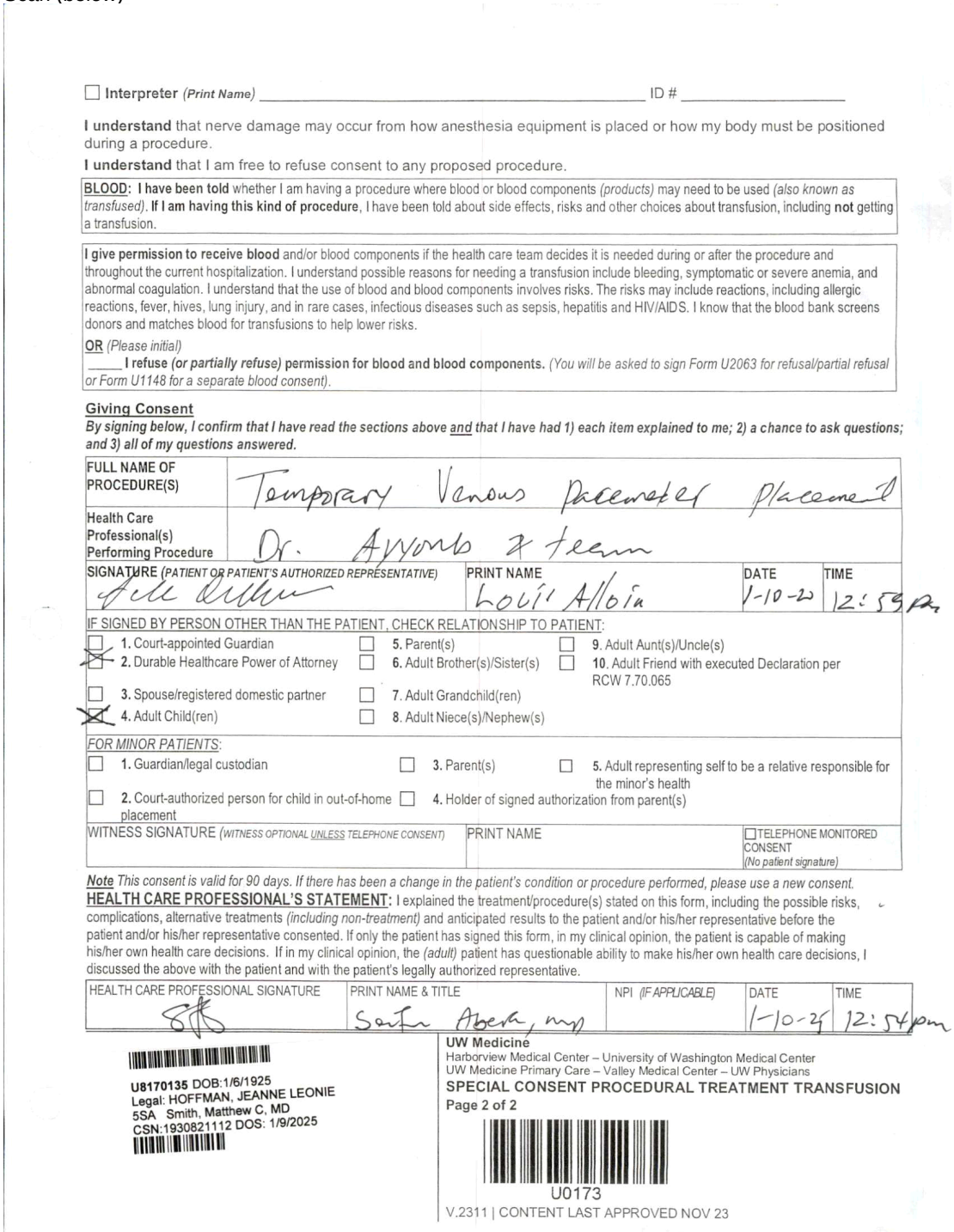
Printed on 1/17/2025 07:41:32 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6)

Consent-Treatment Procedural UWM - Scan on 1/17/2025 9:38 AM: U0173 ; SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

Scan (below)



☐ **Interpreter** *(Print Name)* _____ ID # _____

I understand that nerve damage may occur from how anesthesia equipment is placed or how my body must be positioned during a procedure.

I understand that I am free to refuse consent to any proposed procedure.

BLOOD: **I have been told** whether I am having a procedure where blood or blood components *(products)* may need to be used *(also known as transfused)*. **If I am having this kind of procedure**, I have been told about side effects, risks and other choices about transfusion, including **not** getting a transfusion.

I give permission to receive blood and/or blood components if the health care team decides it is needed during or after the procedure and throughout the current hospitalization. I understand possible reasons for needing a transfusion include bleeding, symptomatic or severe anemia, and abnormal coagulation. I understand that the use of blood and blood components involves risks. The risks may include reactions, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as sepsis, hepatitis and HIV/AIDS. I know that the blood bank screens donors and matches blood for transfusions to help lower risks.

OR *(Please initial)*
_____ **I refuse *(or partially refuse)* permission for blood and blood components.** *(You will be asked to sign Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent).*

Giving Consent
By signing below, I confirm that I have read the sections above and that I have had 1) each item explained to me; 2) a chance to ask questions; and 3) all of my questions answered.

FULL NAME OF PROCEDURE(S)	Temporary Venous pacemaker placement			
Health Care Professional(s) Performing Procedure	Dr. Ayyoub & team			
SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME	
[signature]	Louie Alloia	1-10-25	12:59 PM	

IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

- ☐ 1. Court-appointed Guardian
- ☒ 2. Durable Healthcare Power of Attorney
- ☐ 3. Spouse/registered domestic partner
- ☒ 4. Adult Child(ren)
- ☐ 5. Parent(s)
- ☐ 6. Adult Brother(s)/Sister(s)
- ☐ 7. Adult Grandchild(ren)
- ☐ 8. Adult Niece(s)/Nephew(s)
- ☐ 9. Adult Aunt(s)/Uncle(s)
- ☐ 10. Adult Friend with executed Declaration per RCW 7.70.065

FOR MINOR PATIENTS:

- ☐ 1. Guardian/legal custodian
- ☐ 2. Court-authorized person for child in out-of-home placement
- ☐ 3. Parent(s)
- ☐ 4. Holder of signed authorization from parent(s)
- ☐ 5. Adult representing self to be a relative responsible for the minor's health

WITNESS SIGNATURE *(WITNESS OPTIONAL UNLESS TELEPHONE CONSENT)*	PRINT NAME	☐ TELEPHONE MONITORED CONSENT *(No patient signature)*

Note *This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.*

HEALTH CARE PROFESSIONAL'S STATEMENT: I explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments *(including non-treatment)* and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented. If only the patient has signed this form, in my clinical opinion, the patient is capable of making his/her own health care decisions. If in my clinical opinion, the *(adult)* patient has questionable ability to make his/her own health care decisions, I discussed the above with the patient and with the patient's legally authorized representative.

HEALTH CARE PROFESSIONAL SIGNATURE	PRINT NAME & TITLE	NPI *(IF APPLICABLE)*	DATE	TIME
[signature]	Sarah Aberle, NP		1-10-25	12:54pm

U8170135 DOB:1/6/1925
Legal: HOFFMAN, JEANNE LEONIE
5SA Smith, Matthew C, MD
CSN:1930821112 DOS: 1/9/2025

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 2 of 2

U0173
V.2311 | CONTENT LAST APPROVED NOV 23

SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

(DIAGNOSTIC & SURGICAL PROCEDURES, BLOOD TRANSFUSION & OTHER INVASIVE PROCEDURES)

The law in Washington gives you the right and the responsibility to make decisions about your health care. Health care professionals can give you information and advice. You or your legal representative must be part of the decision-making. This consent form:

- Proves that you had a part in making decisions about your health care.
- Shows that you gave permission for the treatment recommended by your health care professionals.

The words "I", "my", etc., in this form mean the patient, no matter whether the patient or the patient's representative is signing the form. The term "health care professional" may mean the attending physician, but in addition may mean a different doctor (including a resident), nurse practitioner, or physician's assistant, who orders, performs all or part of, or is involved in explaining the procedure.

I give permission to my health care professional(s) who are listed on the back of this form as the performing provider(s), to do the procedure(s) listed on the back of this form, with anesthesia and/or sedation if that is needed. Anesthesia or sedation medicine will be given by the health care professional, anesthesiologist, or other trained health care staff who work under appropriate supervision.

I understand that the attending physician may need to perform other urgent procedures due to an emergency that may occur while I am sedated or otherwise not able to give consent. The attending physician or designee will talk with my legally authorized representative if possible.

I understand that the attending physician may choose assistants, including other health care professionals and residents *(physicians who have finished medical school, but are getting more training)*, to be part of the team performing my procedure. The assistants may suture; harvest grafts; dissect, remove or alter tissue; implant devices; or do other tasks that the attending physician has deemed appropriate. If known, the attending physician has discussed with me whether there will be assistants and whom s/he expects the assistants to be. I understand that during the procedure, the attending physician may need to choose different assistants or have them do different tasks. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be there, doing things like providing consultation or running checks on the equipment.

I understand the attending physician may participate in care involving overlapping procedures or oversee other urgent medical responsibilities and may not be present in the room at all times. During this time, the skilled team of assistants may perform portions of my procedure which the attending physician has determined they are proficient to perform. If an overlap is anticipated or planned, I will be notified prior to surgery. The attending physician will be present for the key and critical portions of the procedure, and either he/she or a designated attending physician will be available to the procedure team at all times.

The hospital or health care professional will dispose of any removed tissues or parts.

I understand what procedure(s) will be done. I have been told about the risks and benefits. I have been told about other treatment choices and about their risks and benefits, including not having the procedure. I have been told about what results to expect, which includes information about the chances for the expected results. I know that results cannot be guaranteed. I have been told about potential problems that may occur during recuperation.

I understand that there are risks for all kinds of surgery and for "invasive procedures" *(procedures where a blood vessel, body cavity, or other internal tissue is entered with a needle, tube, or similar device)*. These risks, which can be serious, include device failure, bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I have received this added detailed information and/or patient information materials about the procedure(s):

_____

_____

Print added information or title of information materials

I understand whether I will receive either anesthesia or sedation medicine, or both. I have been told about my choices for anesthesia and sedation and about their risks and benefits. I have been told about side effects of the medicine(s) and problems they may cause with recovery.

I understand that anesthesia and sedation medicines used for procedures involve risks. These risks can be serious. They may include damage to vital organs such as the brain, heart, lungs, liver, and kidneys. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I understand that the anesthesia equipment may damage my teeth or cause other dental damage.

Continued on Reverse

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/17/2025 3:28 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM K.LAM RN CMT

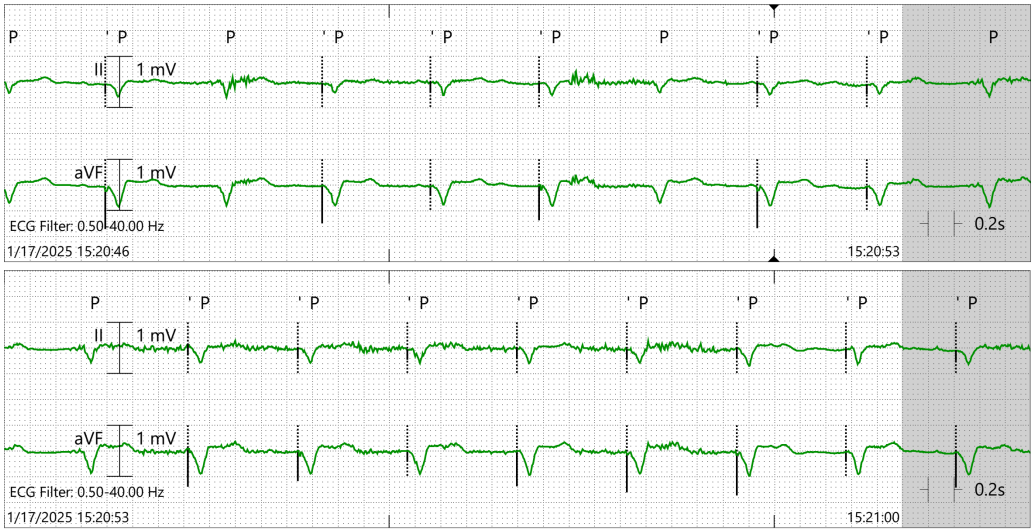
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 72	PVC 10	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/17/2025 15:20:52 Saved strip re-labeled to VENTRICULAR PACED RHYTHM K.LAM RN CMT QRS 0.16 RR 0.86 QT 0.46 QTc 0.49



	TELE5NE	UWMC Montlake

Printed on 1/17/2025 15:27:17 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/17/2025 11:22 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM CK, CMT

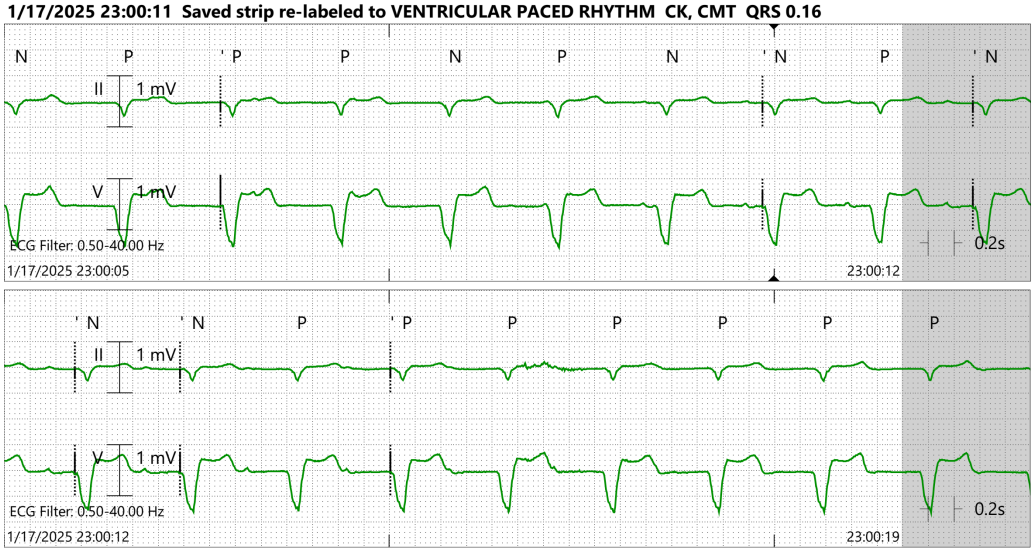
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 2	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/17/2025 23:00:11 Saved strip re-labeled to VENTRICULAR PACED RHYTHM CK, CMT QRS 0.16



	TELE5NE	UWMC Montlake

Printed on 1/17/2025 23:21:28 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/18/2025 7:31 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM B.TYOMKIN CMT

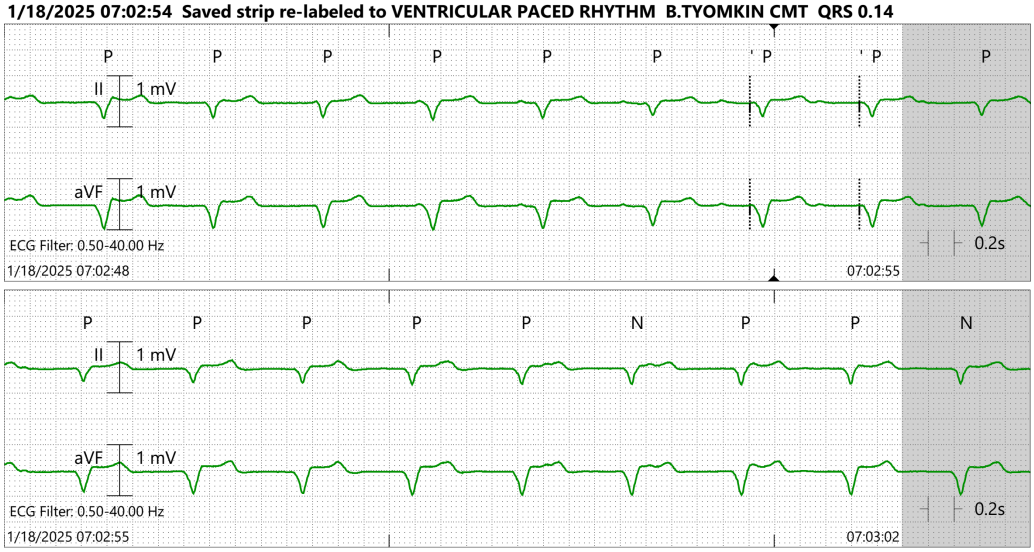
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/18/2025 07:02:54 Saved strip re-labeled to VENTRICULAR PACED RHYTHM B.TYOMKIN CMT QRS 0.14



	TELE5NE	UWMC Montlake

Printed on 1/18/2025 07:30:02 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/18/2025 3:17 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM B.TYOMKIN CMT

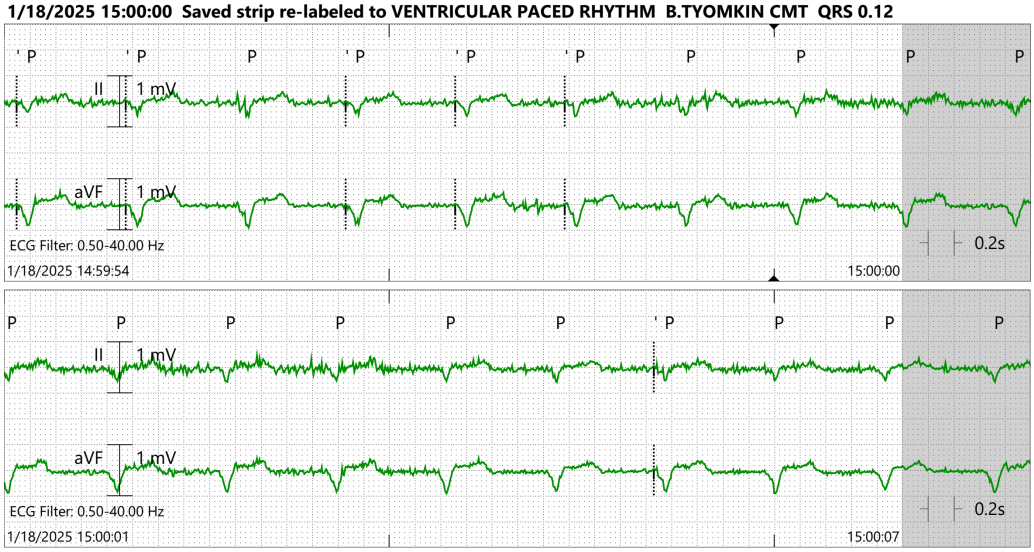
Scan (below)

Strip Report	7411	
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 3	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/18/2025 15:00:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM B.TYOMKIN CMT QRS 0.12



	TELE5NE	UWMC Montlake

Printed on 1/18/2025 15:16:15 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/18/2025 11:45 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM CK,CMT

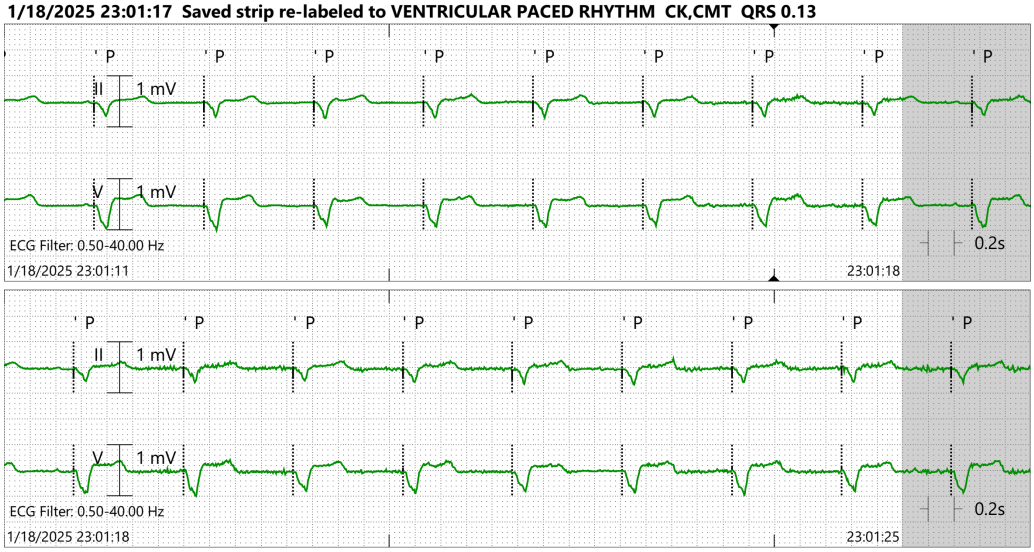
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/18/2025 23:01:17 Saved strip re-labeled to VENTRICULAR PACED RHYTHM CK,CMT QRS 0.13



	TELE5NE	UWMC Montlake

Printed on 1/18/2025 23:43:51 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/18/2025 11:45 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM CK,CMT

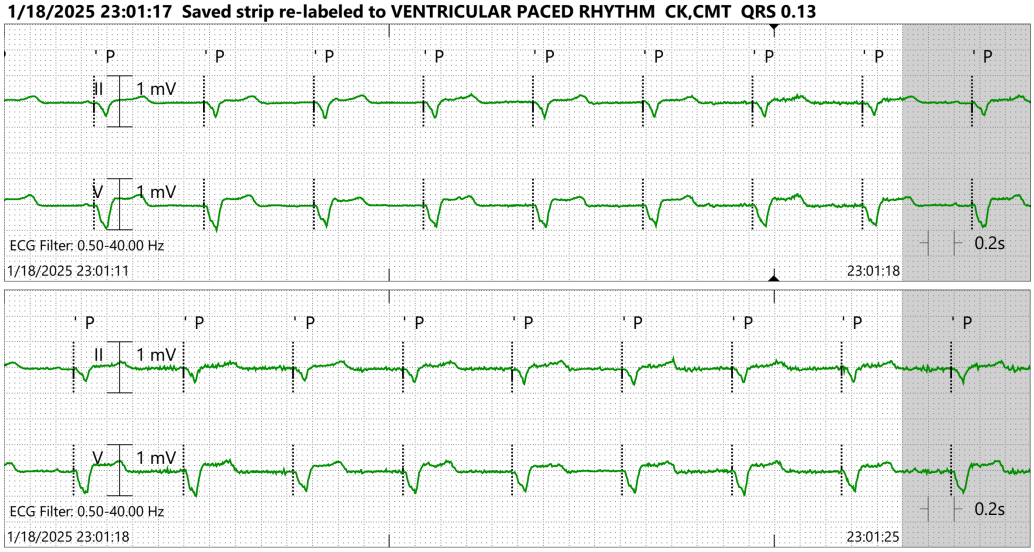
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/18/2025 23:01:17 Saved strip re-labeled to VENTRICULAR PACED RHYTHM CK,CMT QRS 0.13



	TELE5NE	UWMC Montlake

Printed on 1/18/2025 23:44:03 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/19/2025 7:25 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM B.TYOMKIN CMT

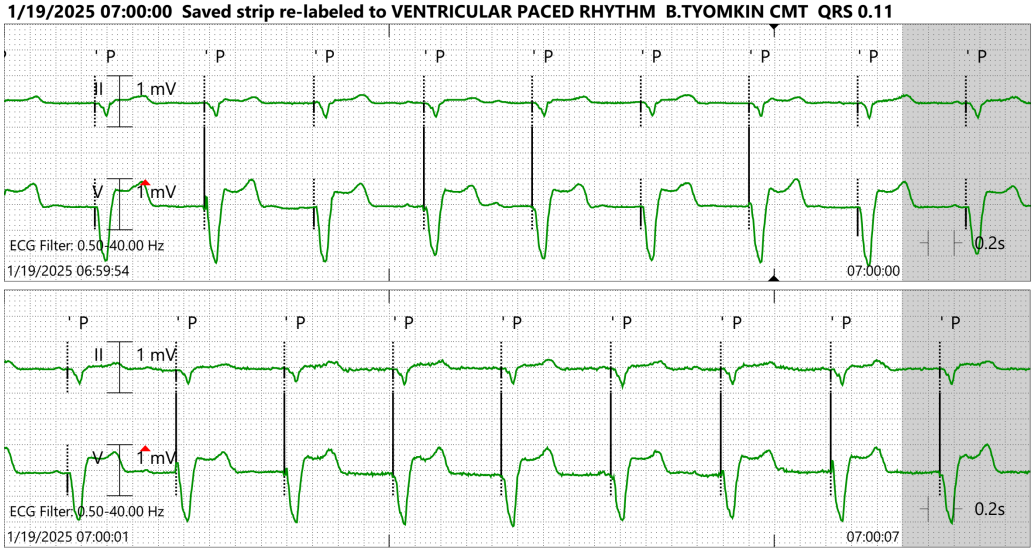
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 1	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/19/2025 07:00:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM B.TYOMKIN CMT QRS 0.11



	TELE5NE	UWMC Montlake

Printed on 1/19/2025 07:25:32 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/19/2025 3:26 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM B.TYOMKIN CMT

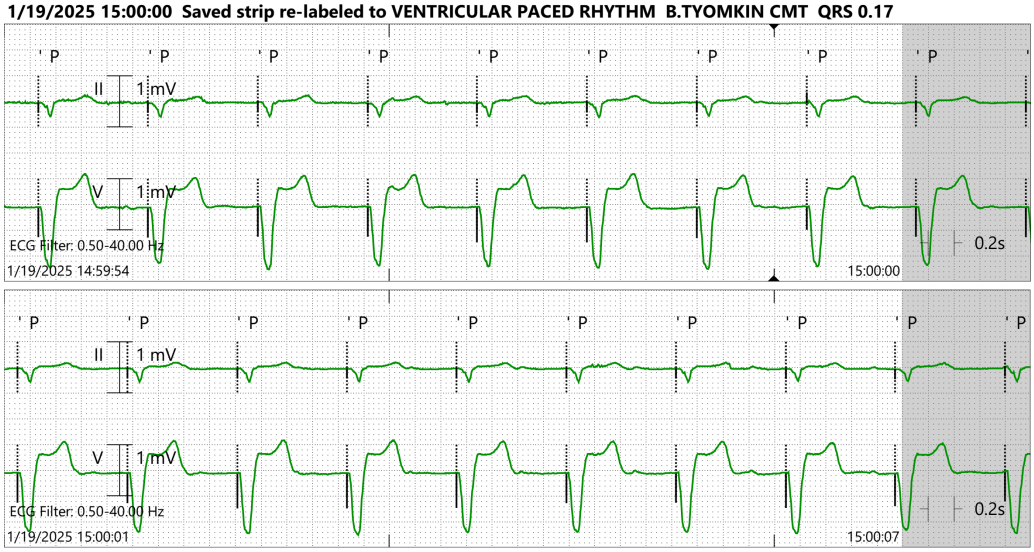
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/19/2025 15:00:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM B.TYOMKIN CMT QRS 0.17



	TELE5NE	UWMC Montlake

Printed on 1/19/2025 15:24:40 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/19/2025 11:49 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM RS CMT

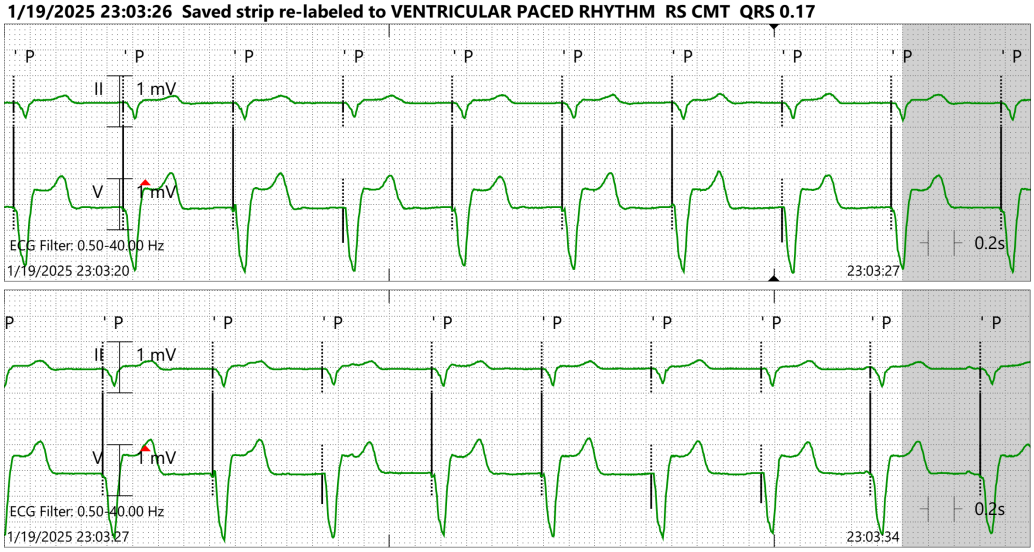
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/19/2025 23:03:26 Saved strip re-labeled to VENTRICULAR PACED RHYTHM RS CMT QRS 0.17



	TELE5NE	UWMC Montlake

Printed on 1/19/2025 23:48:47 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6)

Patient Monitoring Document - Scan on 1/20/2025 7:57 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM CK,CMT

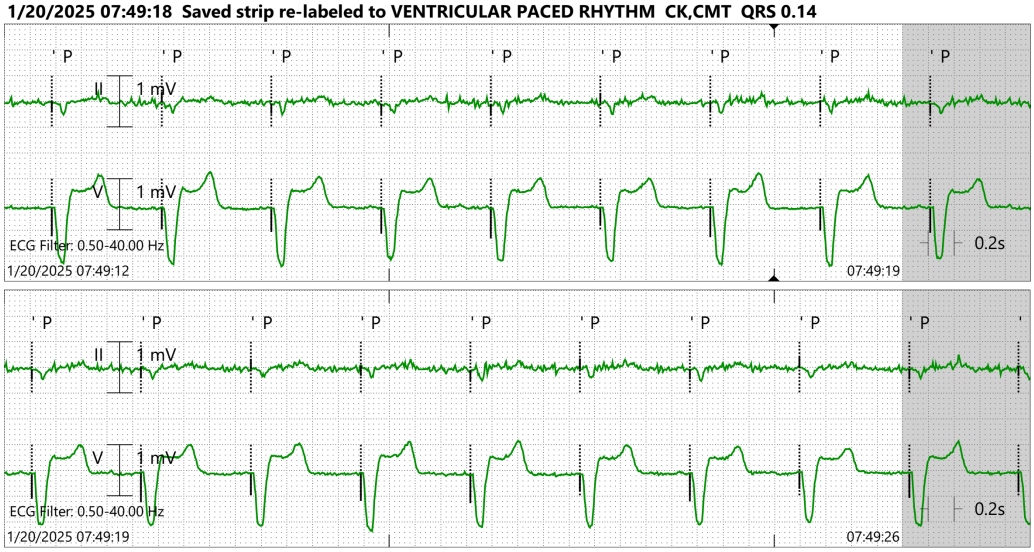
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/20/2025 07:49:18 Saved strip re-labeled to VENTRICULAR PACED RHYTHM CK,CMT QRS 0.14



	TELE5NE	UWMC Montlake

Printed on 1/20/2025 07:55:47 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Provider-Created Image - Scan on 1/20/2025 9:51 AM: L AKA

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/20/2025 3:33 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM EF RN

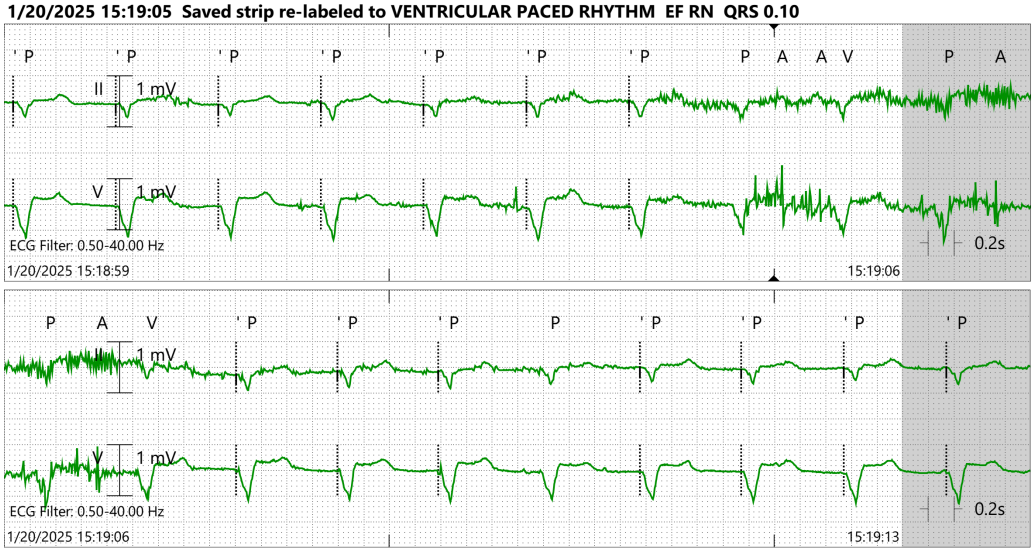
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 75	PVC 10	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/20/2025 15:19:05 Saved strip re-labeled to VENTRICULAR PACED RHYTHM EF RN QRS 0.10



	TELE5NE	UWMC Montlake

Printed on 1/20/2025 15:33:19 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/20/2025 11:49 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM RS CMT

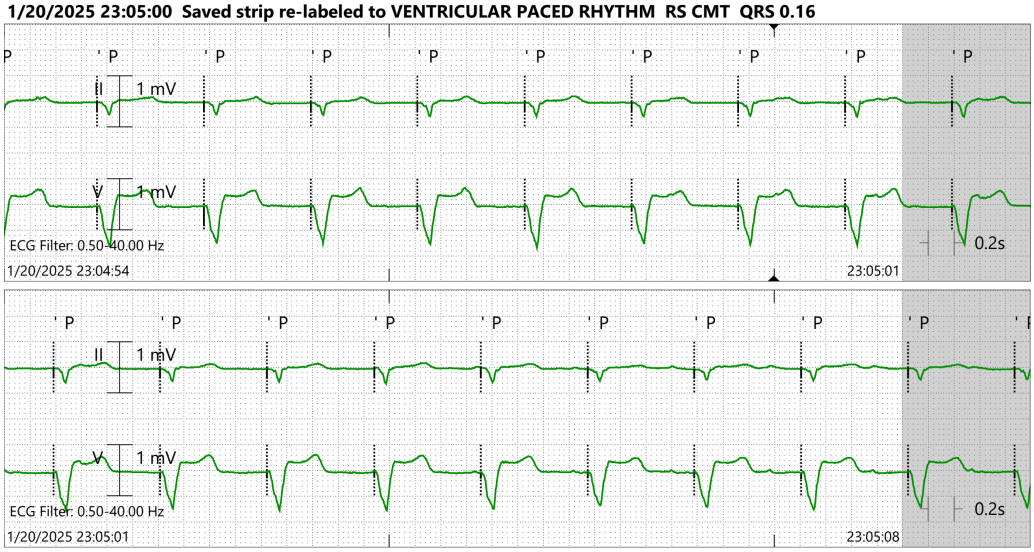
Scan (below)

Strip Report	7411	
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 72	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/20/2025 23:05:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM RS CMT QRS 0.16



	TELE5NE	UWMC Montlake

Printed on 1/20/2025 23:48:52 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/21/2025 10:39 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

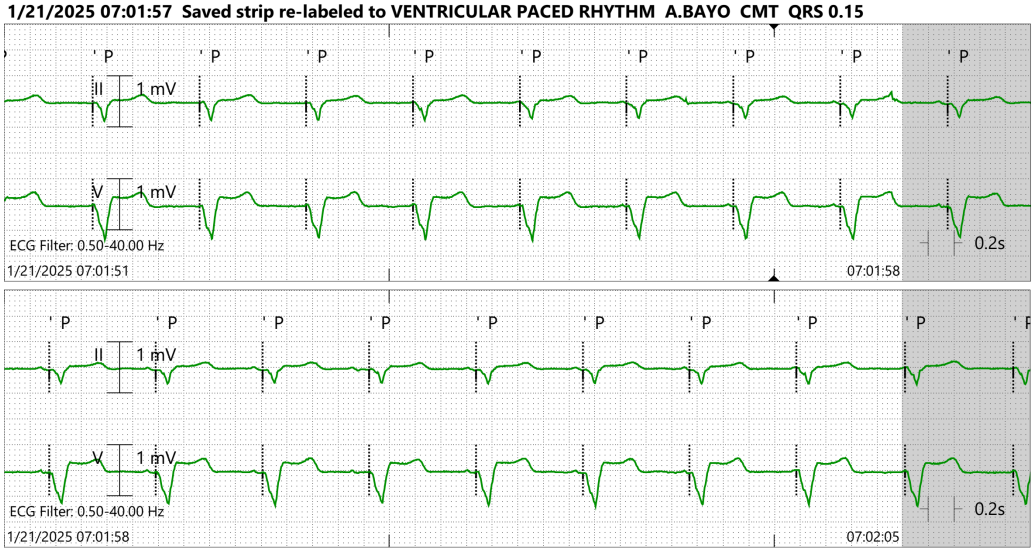
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 72	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/21/2025 07:01:57 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.15



	TELE5NE	UWMC Montlake

Printed on 1/21/2025 10:38:17 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/21/2025 10:39 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

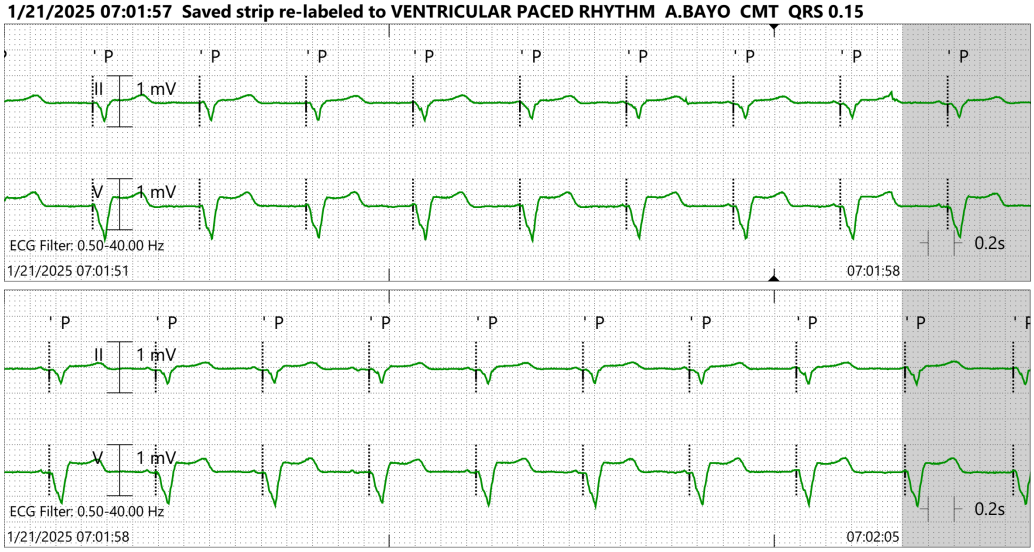
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 72	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/21/2025 07:01:57 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.15



	TELE5NE	UWMC Montlake

Printed on 1/21/2025 10:38:36 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/21/2025 10:40 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

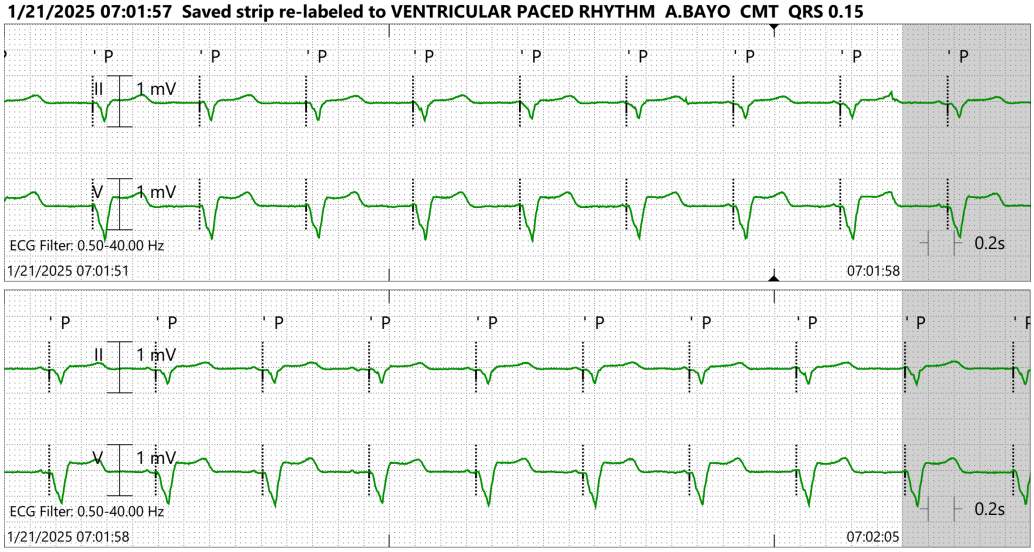
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 72	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/21/2025 07:01:57 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.15



	TELE5NE	UWMC Montlake

Printed on 1/21/2025 10:38:51 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/21/2025 6:00 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

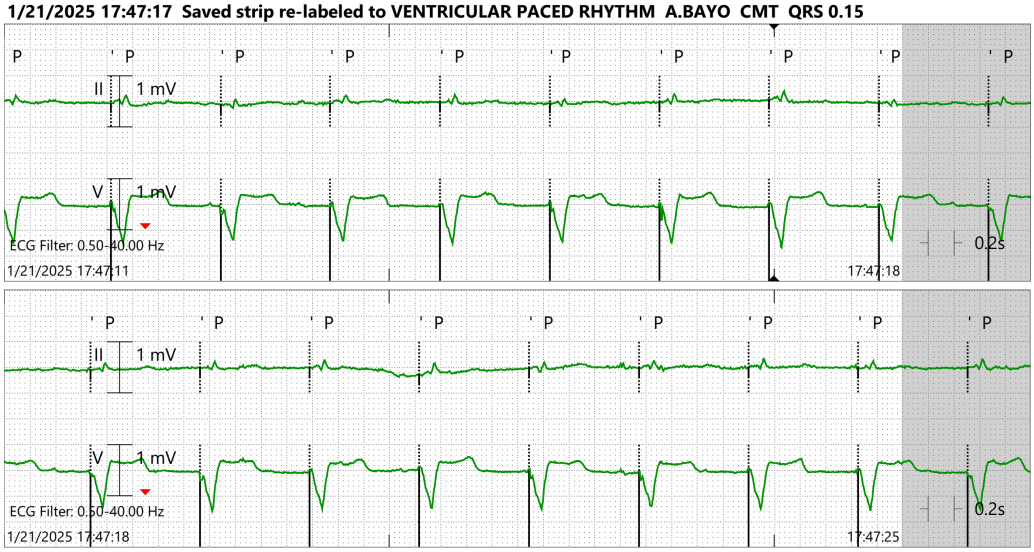
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 1	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/21/2025 17:47:17 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.15



	TELE5NE	UWMC Montlake

Printed on 1/21/2025 17:59:13 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/21/2025 6:03 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

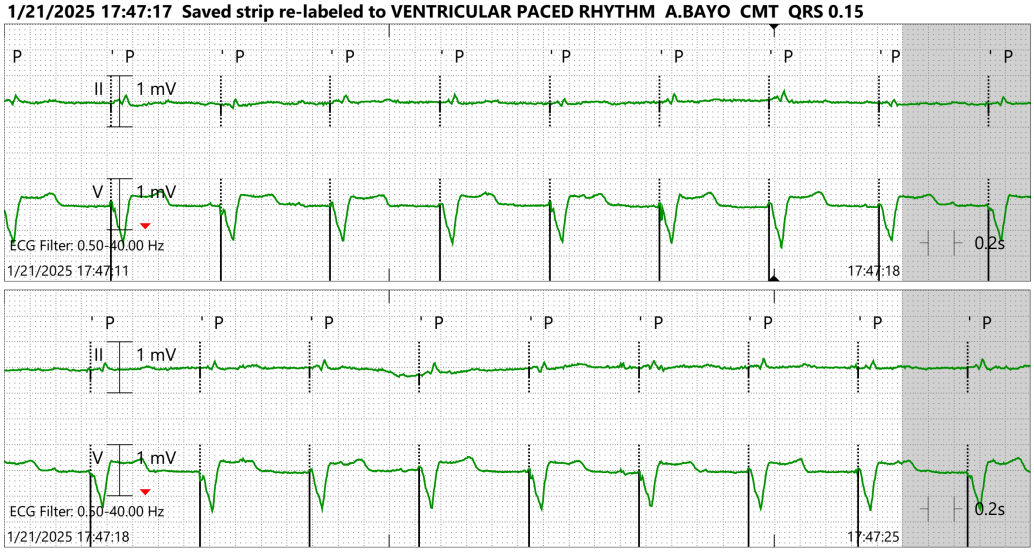
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 1	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/21/2025 17:47:17 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.15



	TELE5NE	UWMC Montlake

Printed on 1/21/2025 18:02:13 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/21/2025 11:43 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM RS CMT

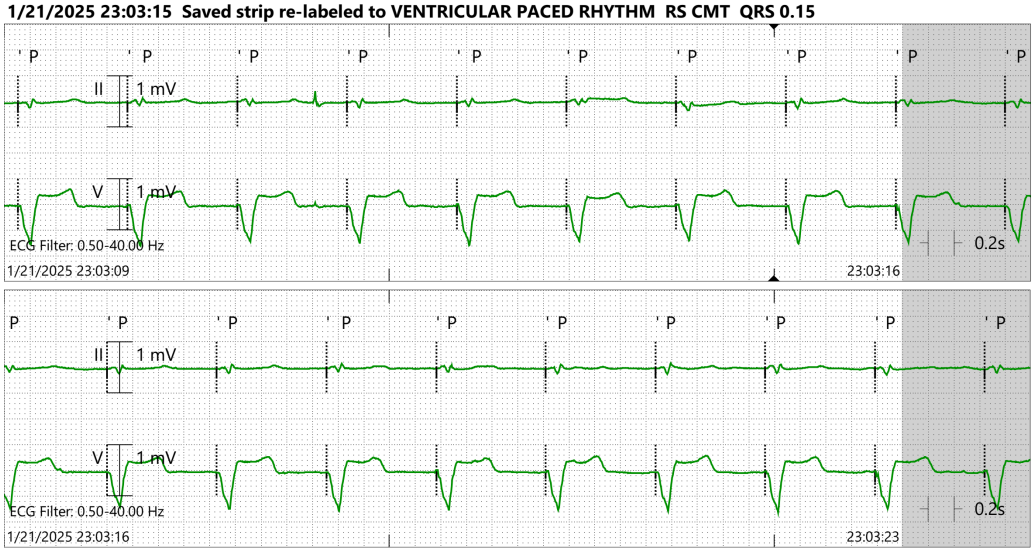
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/21/2025 23:03:15 Saved strip re-labeled to VENTRICULAR PACED RHYTHM RS CMT QRS 0.15



	TELE5NE	UWMC Montlake

Printed on 1/21/2025 23:42:27 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6)

Patient Monitoring Document - Scan on 1/22/2025 7:58 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

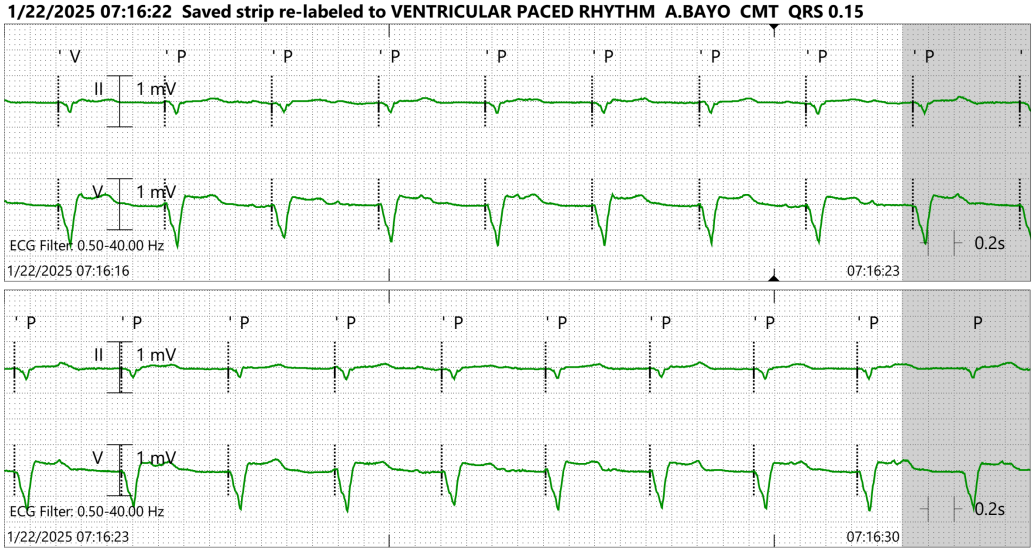
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 74	PVC 29	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/22/2025 07:16:22 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.15



	TELE5NE	UWMC Montlake

Printed on 1/22/2025 07:58:12 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Patient Monitoring Document - Scan on 1/22/2025 3:28 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM JKK RN

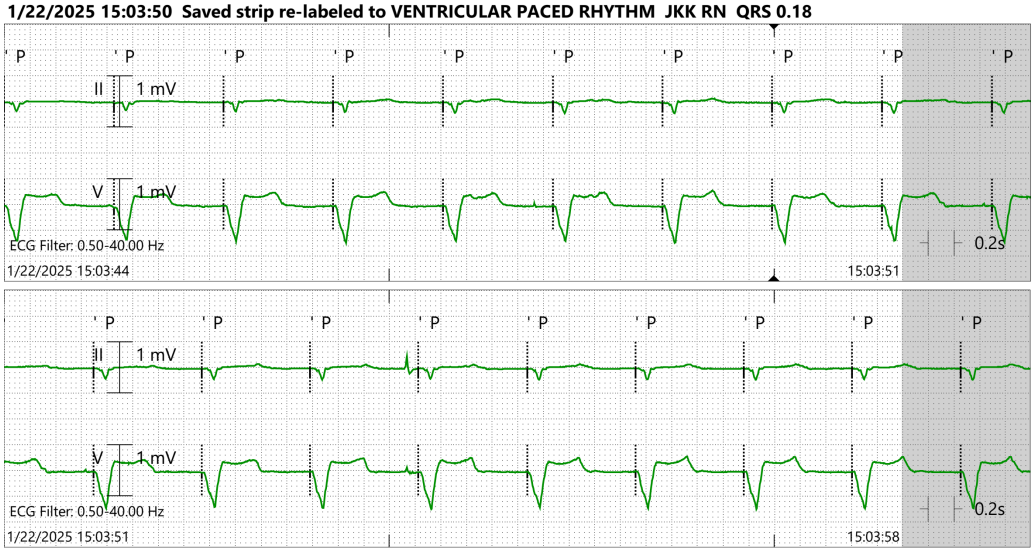
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/22/2025 15:03:50 Saved strip re-labeled to VENTRICULAR PACED RHYTHM JKK RN QRS 0.18



	TELE5NE	UWMC Montlake

Printed on 1/22/2025 15:27:29 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Patient Monitoring Document - Scan on 1/22/2025 11:08 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM PVCS. G. MWASE RN

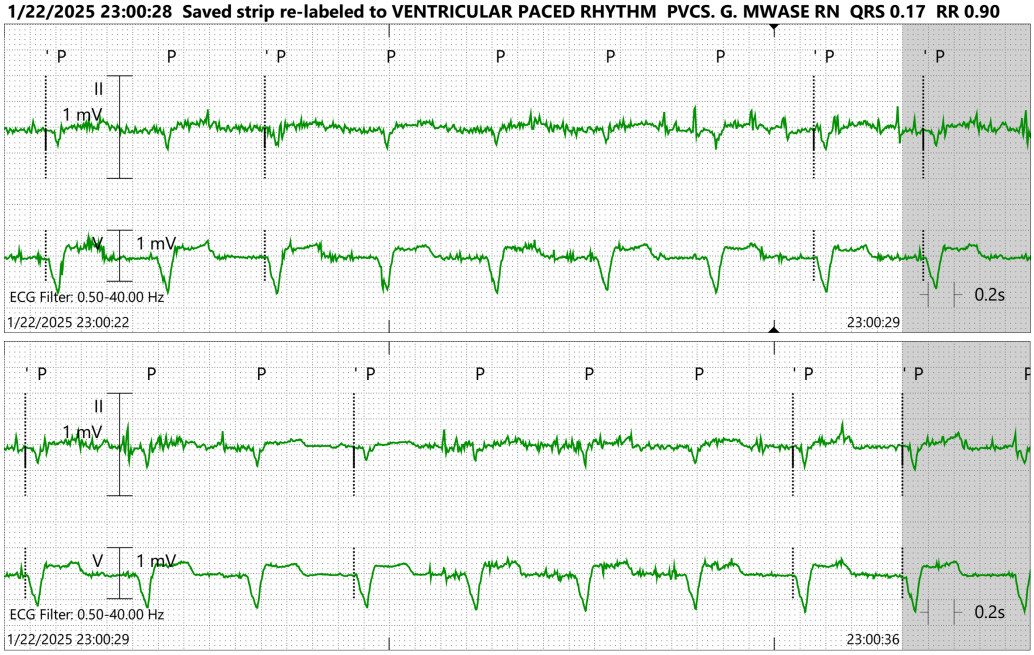
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 6	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/22/2025 23:00:28 Saved strip re-labeled to VENTRICULAR PACED RHYTHM PVCS. G. MWASE RN QRS 0.17 RR 0.90



	TELE5NE	UWMC Montlake

Printed on 1/22/2025 23:07:10 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Patient Monitoring Document - Scan on 1/23/2025 7:46 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

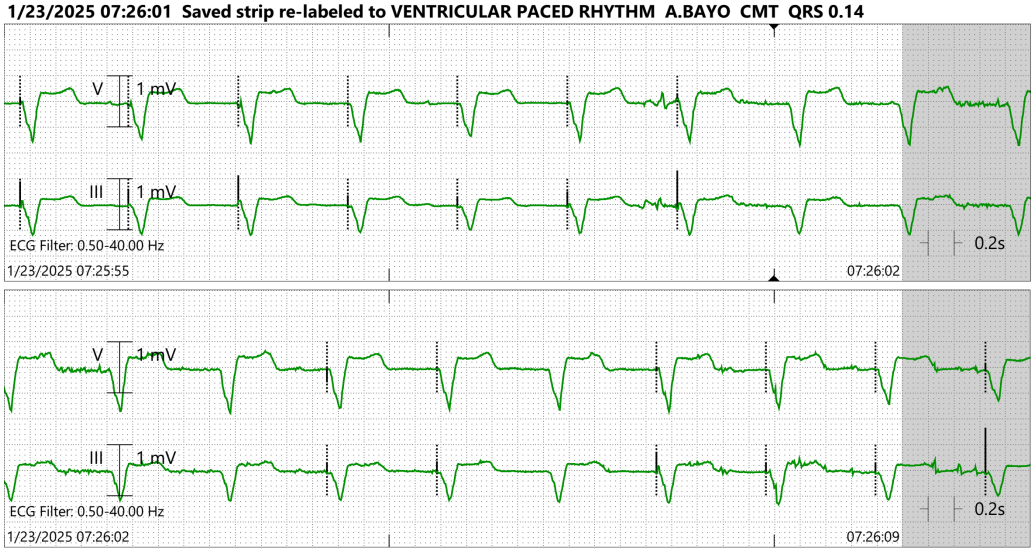
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/23/2025 07:26:01 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.14



	TELE5NE	UWMC Montlake

Printed on 1/23/2025 07:45:23 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Provider-Created Image - Scan on 1/27/2025 7:55 AM: L AKA

Scan (below)

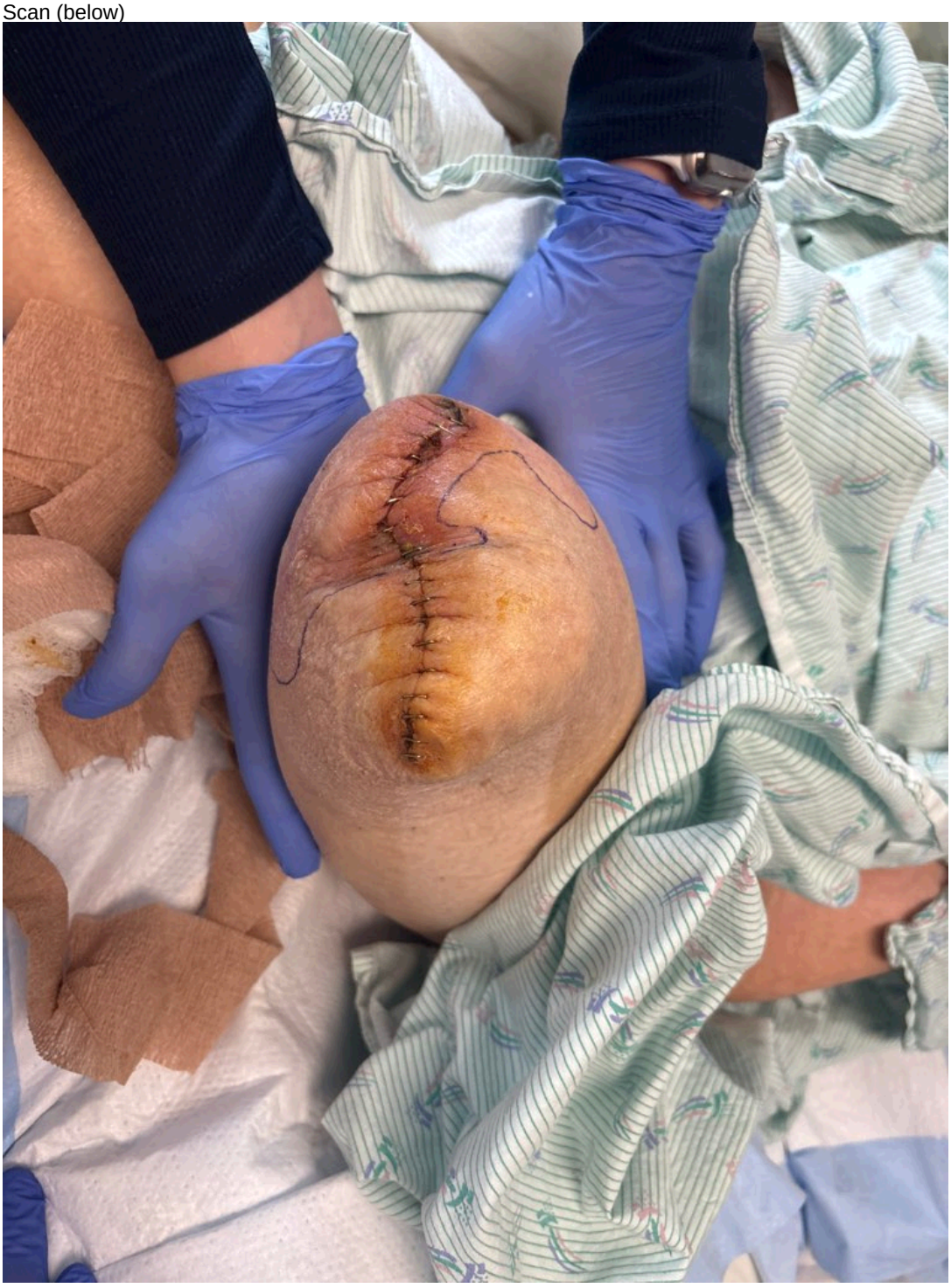


01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Provider-Created Image - Scan on 2/3/2025 11:53 AM: L AKA stump

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Provider-Created Image - Scan on 2/3/2025 11:53 AM: L AKA stump

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Provider-Created Image - Scan on 2/3/2025 11:53 AM: L AKA stump

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Provider-Created Image - Scan on 2/3/2025 11:53 AM: L AKA stump

Scan (below)

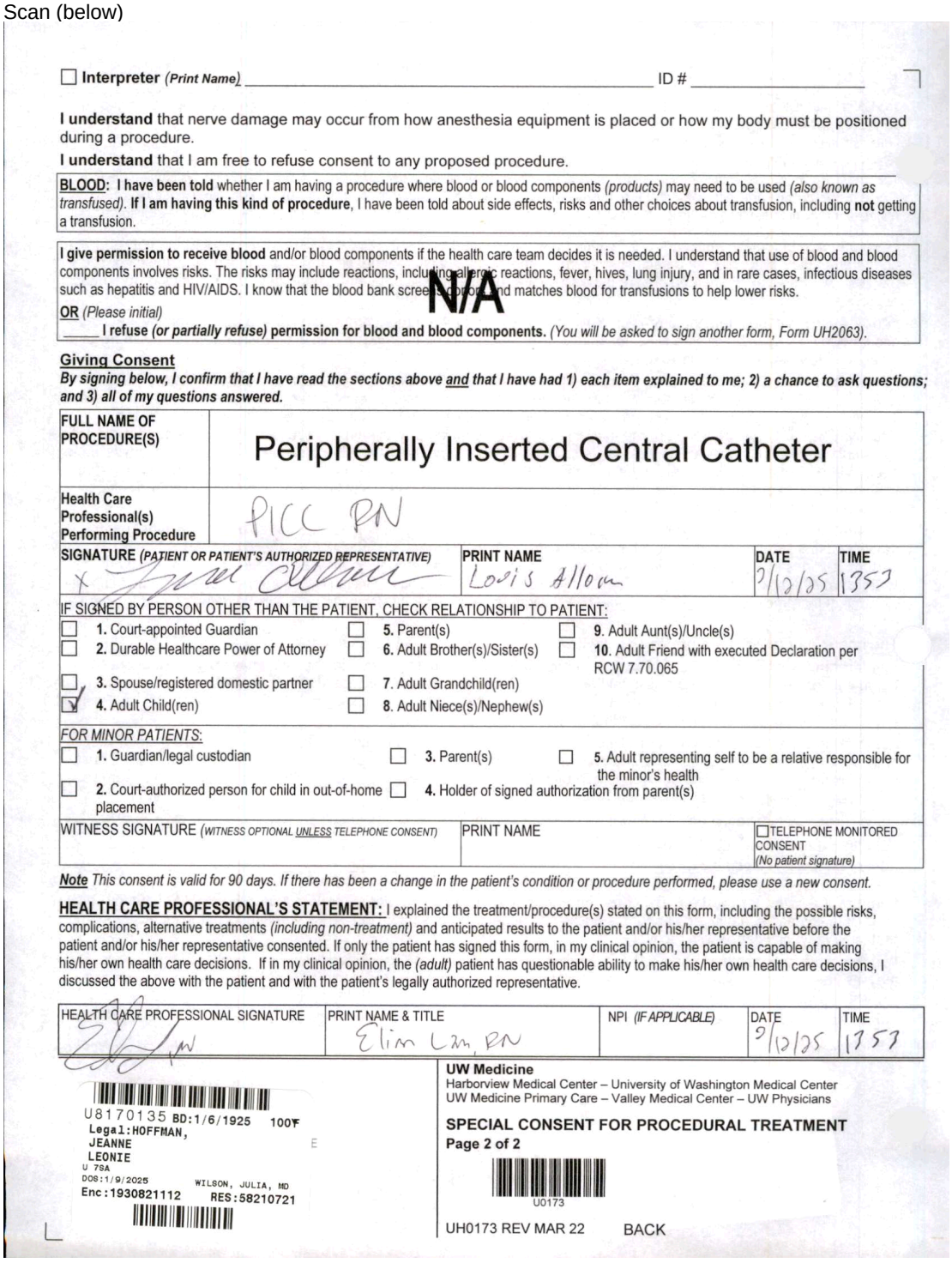


01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Consent-Treatment Procedural UWM - Scan on 2/12/2025 10:10 PM: U0173 ; SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

Scan (below)



☐ **Interpreter** *(Print Name)* _____ ID # _____

I understand that nerve damage may occur from how anesthesia equipment is placed or how my body must be positioned during a procedure.

I understand that I am free to refuse consent to any proposed procedure.

BLOOD: I have been told whether I am having a procedure where blood or blood components *(products)* may need to be used *(also known as transfused)*. **If I am having this kind of procedure**, I have been told about side effects, risks and other choices about transfusion, including **not** getting a transfusion.

I give permission to receive blood and/or blood components if the health care team decides it is needed. I understand that use of blood and blood components involves risks. The risks may include reactions, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as hepatitis and HIV/AIDS. I know that the blood bank screens donors and matches blood for transfusions to help lower risks.

N/A

OR *(Please initial)*

_____ **I refuse** ***(or partially refuse)*** **permission for blood and blood components.** *(You will be asked to sign another form, Form UH2063).*

Giving Consent

By signing below, I confirm that I have read the sections above and that I have had 1) each item explained to me; 2) a chance to ask questions; and 3) all of my questions answered.

FULL NAME OF PROCEDURE(S)	Peripherally Inserted Central Catheter
Health Care Professional(s) Performing Procedure	PICC RN

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
x [signature]	Louis Allom	2/12/25	1353

IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

- ☐ 1. Court-appointed Guardian
- ☐ 2. Durable Healthcare Power of Attorney
- ☐ 3. Spouse/registered domestic partner
- ☑ 4. Adult Child(ren)
- ☐ 5. Parent(s)
- ☐ 6. Adult Brother(s)/Sister(s)
- ☐ 7. Adult Grandchild(ren)
- ☐ 8. Adult Niece(s)/Nephew(s)
- ☐ 9. Adult Aunt(s)/Uncle(s)
- ☐ 10. Adult Friend with executed Declaration per RCW 7.70.065

FOR MINOR PATIENTS:

- ☐ 1. Guardian/legal custodian
- ☐ 2. Court-authorized person for child in out-of-home placement
- ☐ 3. Parent(s)
- ☐ 4. Holder of signed authorization from parent(s)
- ☐ 5. Adult representing self to be a relative responsible for the minor's health

WITNESS SIGNATURE *(WITNESS OPTIONAL UNLESS TELEPHONE CONSENT)*	PRINT NAME	☐ TELEPHONE MONITORED CONSENT *(No patient signature)*

Note *This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.*

HEALTH CARE PROFESSIONAL'S STATEMENT: I explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments *(including non-treatment)* and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented. If only the patient has signed this form, in my clinical opinion, the patient is capable of making his/her own health care decisions. If in my clinical opinion, the *(adult)* patient has questionable ability to make his/her own health care decisions, I discussed the above with the patient and with the patient's legally authorized representative.

HEALTH CARE PROFESSIONAL SIGNATURE	PRINT NAME & TITLE	NPI *(IF APPLICABLE)*	DATE	TIME
[signature] RN	Elim Lm, RN		2/12/25	1353

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN, JEANNE LEONIE
U 7SA
DOS:1/9/2025 WILSON, JULIA, MD
Enc:1930821112 RES:58210721

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

SPECIAL CONSENT FOR PROCEDURAL TREATMENT
Page 2 of 2

U0173

UH0173 REV MAR 22 BACK

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

SPECIAL CONSENT FOR PROCEDURAL TREATMENT

(DIAGNOSTIC & SURGICAL PROCEDURES & OTHER INVASIVE PROCEDURES)

The law in Washington gives you the right and the responsibility to make decisions about your health care. Health care professionals can give you information and advice. You or your legal representative must be part of the decision-making. This consent form:

- Proves that you had a part in making decisions about your health care.
- Shows that you gave permission for the treatment recommended by your health care professionals.

The words "I", "my", etc., in this form mean the patient, no matter whether the patient or the patient's representative is signing the form. The term "health care professional" may mean the attending physician, but in addition may mean a different doctor (including a resident), nurse practitioner, or physician's assistant, who orders, performs all or part of, or is involved in explaining the procedure.

I give permission to my health care professional(s) who are listed on the back of this form as the performing provider(s), to do the procedure(s) listed on the back of this form, with anesthesia and/or sedation if that is needed. Anesthesia or sedation medicine will be given by the health care professional, anesthesiologist, or other trained health care staff who work under appropriate supervision.

I understand that the attending physician may need to perform other urgent procedures due to an emergency that may occur while I am sedated or otherwise not able to give consent. The attending physician or designee will talk with my legally authorized representative if possible.

I understand that the attending physician may choose assistants, including other health care professionals and residents *(physicians who have finished medical school, but are getting more training)*, to be part of the team performing my procedure. The assistants may suture; harvest grafts; dissect, remove or alter tissue; implant devices; or do other tasks that the attending physician has deemed appropriate. If known, the attending physician has discussed with me whether there will be assistants and whom s/he expects the assistants to be. I understand that during the procedure, the attending physician may need to choose different assistants or have them do different tasks. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be there, doing things like providing consultation or running checks on the equipment.

I understand the attending physician may participate in care involving overlapping procedures or oversee other urgent medical responsibilities and may not be present in the room at all times. During this time, the skilled team of assistants may perform portions of my procedure which the attending physician has determined they are proficient to perform. If an overlap is anticipated or planned, I will be notified prior to surgery. The attending physician will be present for the key and critical portions of the procedure, and either he/she or a designated attending physician will be available to the procedure team at all times.

he hospital or health care professional will dispose of any removed tissues or parts.

I understand what procedure(s) will be done. I have been told about the risks and benefits. I have been told about other treatment choices and about their risks and benefits, including not having the procedure. I have been told about what results to expect, which includes information about the chances for the expected results. I know that results cannot be guaranteed. I have been told about potential problems that may occur during recuperation.

I understand that there are risks for all kinds of surgery and for "invasive procedures" *(procedures where a blood vessel, body cavity, or other internal tissue is entered with a needle, tube, or similar device)*. These risks, which can be serious, include bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I have received this added detailed information and/or patient information materials about the procedure(s):

Peripherally Inserted Central Catheter (PICC)

Patient Education Handout

Print added information or title of information materials

I understand whether I will receive either anesthesia or sedation medicine, or both. I have been told about my choices for anesthesia and sedation and about their risks and benefits. I have been told about side effects of the medicine(s) and problems they may cause with recovery.

I understand that anesthesia and sedation medicines used for procedures involve risks. These risks can be serious. They may include damage to vital organs such as the brain, heart, lungs, liver, and kidneys. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I understand that the anesthesia equipment may damage my teeth or cause other dental damage.

Continued on Reverse

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN, JEANNE LEONIE
U 7SA
DOS:1/9/2025
Enc:1930821112 WILSON, JULIA, MD
RES:58210721

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

SPECIAL CONSENT FOR PROCEDURAL TREATMENT
Page 1 of 2

U0173

UH0173 REV MAR 22

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Provider-Created Image - Scan on 2/27/2025 10:04 AM: Left AKA

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

01/09/2025 - Orders Only in UW Medicine ECG

Visit Information

Provider Information

Encounter Provider
Clinic, Unassigned Muse

Department

Name	Address	Phone
UW Medicine ECG	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98195	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Procedures

EKG 12-Lead (Final result)

Specimen Information

ID	Type	Source	Collected By
2585136	—	—	01/09/25 1857

EKG 12-Lead Resulted: 01/12/25 2145, Result status: Final result

Order status: Completed
Filed by: Interface, Muse Cupid Results In 01/12/25 2146
Resulting lab: UWM EKG
Resulted by: Linker, David T, MD
Collected by: 01/09/25 1857
Lab Technician: SN

Narrative:
SINUS RHYTHM WITH 2ND DEGREE AV BLOCK WITH 2:1 AV CONDUCTION
LOW VOLTAGE QRS
NONSPECIFIC ST AND T WAVE ABNORMALITY
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 09-JAN-2025 10:34,
SINUS RHYTHM IS NOW WITH 2ND DEGREE AV BLOCK
Confirmed by LINKER MD, DAVID (1024) on 1/12/2025 9:45:20 PM

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	36	BPM	—	79
Atrial Rate	71	BPM	—	79
P-R Interval	290	ms	—	79
QRS Duration	66	ms	—	79
Q-T Interval	578	ms	—	79
QTC Calculation	446	ms	—	79
P Axis	83	degrees	—	79
R Axis	15	degrees	—	79
T Axis	29	degrees	—	79

View Report (below)

01/09/2025 - Orders Only in UW Medicine ECG (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 09-JAN-2025 18:57:29 UW MEDICINE-U5SA ROUTINE RECORD

06-JAN-1925 (100 yr)
Female Caucasian

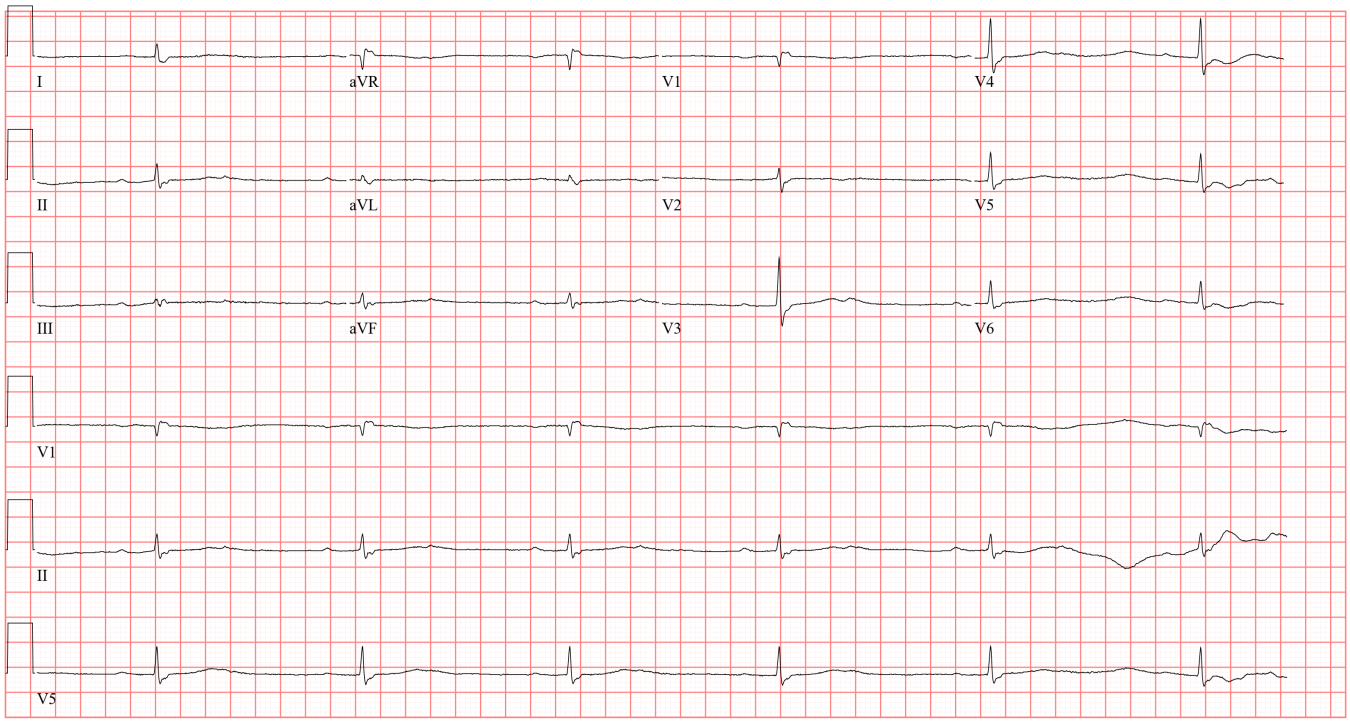
Room:5420
Loc:64

Vent. rate	36	BPM
PR interval	290	ms
QRS duration	66	ms
QT/QTc	578/446	ms
P-R-T axes	83 15 29	

SINUS RHYTHM WITH 2ND DEGREE AV BLOCK WITH 2:1 AV CONDUCTION
LOW VOLTAGE QRS
NONSPECIFIC ST AND T WAVE ABNORMALITY
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 09-JAN-2025 10:34,
SINUS RHYTHM IS NOW WITH 2ND DEGREE AV BLOCK
Confirmed by LINKER MD, DAVID (1024) on 1/12/2025 9:45:20 PM

Technician: SN
Test ind:

Confirmed By: DAVID LINKER MD



25mm/s 10mm/mV 150Hz 9.0.9 12SL 241 HD CID: 28 EID:1024 EDT: 21:45 12-JAN-2025 ORDER: ACCOUNT: 1930821112

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by Linker, David T, MD on 1/12/25 at 2145 PST

01/09/2025 - Orders Only in UW Medicine ECG

Visit Information

Provider Information

Encounter Provider
Clinic, Unassigned Muse

Department

Name	Address	Phone
UW Medicine ECG	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98195	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Procedures

EKG 12-Lead (Final result)

Specimen Information

ID	Type	Source	Collected By
2585173	—	—	01/09/25 2109

EKG 12-Lead Resulted: 01/12/25 2145, Result status: Final result

Order status: Completed
Filed by: Interface, Muse Cupid Results In 01/12/25 2146
Resulting lab: UWM EKG
Resulted by: Linker, David T, MD
Collected by: 01/09/25 2109
Lab Technician: RN

Narrative:
SINUS RHYTHM WITH 2ND DEGREE AV BLOCK
LOW VOLTAGE QRS
NONSPECIFIC ST AND T WAVE ABNORMALITY
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 09-JAN-2025 18:57,
QT HAS LENGTHENED
Confirmed by LINKER MD, DAVID (1024) on 1/12/2025 9:45:20 PM

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	33	BPM	—	79
Atrial Rate	66	BPM	—	79
P-R Interval	304	ms	—	79
QRS Duration	68	ms	—	79
Q-T Interval	708	ms	—	79
QTC Calculation	523	ms	—	79
P Axis	14	degrees	—	79
R Axis	14	degrees	—	79
T Axis	64	degrees	—	79

View Report (below)

01/09/2025 - Orders Only in UW Medicine ECG (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 09-JAN-2025 21:09:57 UW MEDICINE-U5SA ROUTINE RECORD

06-JAN-1925 (100 yr)
Female Caucasian

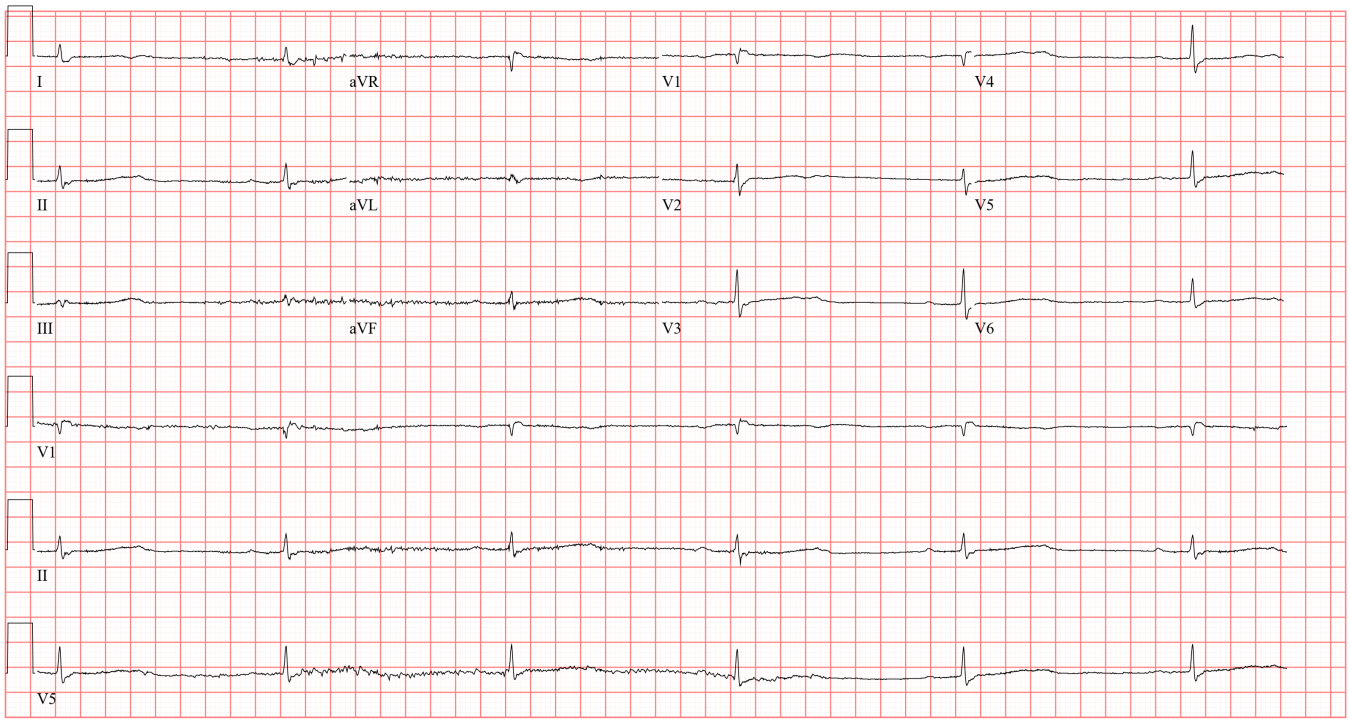
Room:5420
Loc:64

Vent. rate	33	BPM
PR interval	304	ms
QRS duration	68	ms
QT/QTc	708/523	ms
P-R-T axes	14 14	64

SINUS RHYTHM WITH 2ND DEGREE AV BLOCK
LOW VOLTAGE QRS
NONSPECIFIC ST AND T WAVE ABNORMALITY
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 09-JAN-2025 18:57,
QT HAS LENGTHENED
Confirmed by LINKER MD, DAVID (1024) on 1/12/2025 9:45:20 PM

Technician: RN
Test ind:

Confirmed By: DAVID LINKER MD



25mm/s 10mm/mV 150Hz 9.0.9 12SL 241 HD CID: 28 EID:1024 EDT: 21:45 12-JAN-2025 ORDER: ACCOUNT: 1930821112

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by Linker, David T, MD on 1/12/25 at 2145 PST

12/10/2024 - Refill in Husky Health Same Day Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Hypercholesterolemia

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

12/10/2024 - Refill in Husky Health Same Day Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD
Ordered on: 8/21/2024
Start date: 8/21/2024
End date: 3/8/2025
Quantity: 90 tablet
Refill: 3 refills by 8/21/2025

atorvastatin 10 MG tablet

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Navalurkar, Reema, MD
Ordered on: 12/11/2024
Start date: 12/11/2024
End date: 3/8/2025
Quantity: 90 tablet
Refill: 3 refills by 12/11/2025

Stopped in Visit

None

Other Orders

Medications

atorvastatin 10 MG tablet (Discontinued)

Electronically signed by: **Navalurkar, Reema, MD on 12/11/24 1047**
Status: **Discontinued**
Ordering user: Navalurkar, Reema, MD 12/11/24 1047
Ordering provider: Navalurkar, Reema, MD
Authorized by: Navalurkar, Reema, MD
Ordering mode: Standard
Frequency: Routine Daily 12/11/24 - 03/08/25
Class: Normal
Released by: Navalurkar, Reema, MD 12/11/24 1047
Discontinued by: Barnes, James Irvin, MD 03/08/25 1137
Diagnoses
Hypercholesterolemia [E78.00]
Reordered from: atorvastatin 10 MG tablet

Indications

Hypercholesterolemia [E78.00 (ICD-10-CM)]

Messages

Your Medications

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	12/11/2024 10:47 AM

Last Read in MyChart
Not Read

Dear Jeanne,

Your medication order has been approved. Please call your pharmacy to find out when it will be ready for you to pick up.

If you have received specific instructions to pick up printed prescriptions from your clinic, please do so.

12/10/2024 - Refill in Husky Health Same Day Clinic (continued)

Messages (continued)

Your provider has approved the following medication(s):

- atorvastatin 10 MG tablet

If you have any questions about your prescription, please call or epichttp://medadvice[send a message]

Thank you for using UW Medicine/Fred Hutchinson Cancer Center MyChart.

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Same Day Clinical Staff Pool (supporting Reema Navalurkar, MD)	12/10/2024 10:05 AM

Refills have been requested for the following medications:

atorvastatin 10 MG tablet [Reema Navalurkar]

Preferred pharmacy: RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608
Delivery method: Pickup

12/10/2024 - Telephone in Harborview Senior Care Clinic

Reason for Visit

Chief complaint: Social Work
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day

12/10/2024 - Telephone in Harborview Senior Care Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 4/10/2024
Quantity: 10 mL
Ordered on: 4/10/2024
End date: 3/8/2025
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD
Start date: 8/21/2024
Quantity: 90 tablet
Discontinued on: 3/8/2025
Ordered on: 8/21/2024
End date: 3/8/2025
Refill: 3 refills by 8/21/2025

atorvastatin 10 MG tablet

Discontinued by: Barnes, James Irvin, MD
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Navalurkar, Reema, MD
Start date: 12/11/2024
Quantity: 90 tablet
Discontinued on: 3/8/2025
Ordered on: 12/11/2024
End date: 3/8/2025
Refill: 3 refills by 12/11/2025

Stopped in Visit

None

Clinical Notes

Telephone Encounter

McDonald, Shannon L, MSW at 12/10/2024 1004

SOCIAL WORK FOLLOW-UP NOTE

12/10/2024
Brief description: Housing follow up

Patient description, presenting problem, patient / family goals: Patient is a English speaking 99 year old female, receiving medical care with the HMC Senior Care Clinic.

SW following up with pts son, Louis regarding housing search.

Louis shares they are continuing to stay in the hotel, they obtained more money (SW unable to identify how they were able to get more money for lodging). Louis reports they can stay there for another week - 2 weeks.

Louis expresses frustration with housing system, long term care systems and Bainbridge Island. Louis talks about previous land lord at Housing Resources Bainbridge, he refers the them as "evil" and a "bully". He shares they were kicked out of their housing because the landlord refused to make reasonable accommodations for pt. Louis describes installing grab bars around their previous apartment and installed a washing machine, without authorization from landlord.

Louis describes taking pride in being his mothers caregiver, he states its a family value. He does not want his mother to move into a nursing home, Aka "Death homes", he believes they will not take good care of pt.

Louis shares his goal of finding housing on bainbridge island, reports there is a critical lack of housing that accepts housing vouchers. He is hopeful they can find someone who will rent to them. Louis shares plans of moving with pt into a ADA tent if they are unable to find permanent housing. He describes locating a space for their tent and will make

12/10/2024 - Telephone in Harborview Senior Care Clinic (continued)

Clinical Notes (continued)

sure his mother can get in and out in her wheelchair. He talks about finding a propane heating solution so she does not get cold.

He is planning to meet with social worker at Helpline House 12/12/24 for assistance.

Intervention / Outcome / Plan:

1. SW spoke with Louis, attempted to provide education about navigating subsidized housing. Louis is very frustrated by the housing situation and is unable to problem solve during our call.
2. SW identified pts APS case has been assigned to investigator (Caroline; 360-814-9682). SW called Caroline and left a VM encouraging return call.

SW will remain available for continued support/assistance as needed.

Shannon McDonald, MSW
W. Speciality Clinic Social Worker
Harborview Medical Center
206-744-8036

Electronically signed by McDonald, Shannon L, MSW at 12/12/2024 1:57 PM

Flowsheets

HMC SW CLINIC ACTIVITY REPORT

Row Name	12/11/24 0700	12/10/24 0700
SW Clinic Name	—	HMC Senior Care Clinic
Mission	—	Homeless;Inadequate funding
SW Language Service Provided in	—	In English
SW Encounter Type	—	SW Telephone Encounter
SW Outpatient Services (minutes)	—	60
Advocacy, Information & Referral	Housing/Residential Advocacy (inc independent and supported)	—
Safety Interventions	Abuse/Neglect of a vulnerable adult	—

12/06/2024 - Telephone in Harborview Senior Care Clinic

Reason for Visit

Chief complaint: Social Work
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day

12/06/2024 - Telephone in Harborview Senior Care Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD
Ordered on: 8/21/2024
Start date: 8/21/2024
End date: 3/8/2025
Quantity: 90 tablet
Refill: 3 refills by 8/21/2025

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 12/11/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Navalurkar, Reema, MD
Ordered on: 9/24/2024
Start date: 9/24/2024
End date: 12/10/2024
Quantity: 90 tablet
Refill: 3 refills by 9/24/2025

Stopped in Visit

None

Clinical Notes

Telephone Encounter

McDonald, Shannon L, MSW at 12/6/2024 1138

SOCIAL WORK FOLLOW-UP NOTE

12/6/2024
Brief description: Housing support, pt outreach

Patient description, presenting problem, patient / family goals: Patient is a English speaking 99 year old female, receiving medical care with the HMC Senior Care Clinic.

SW referred by the medical team for support with housing concerns.

Per pts son and caregiver, Louis; pt and Louis were evicted/kicked out of their housing. He shares their previous landlord was trying to kick them out, did not want to provide ADA accommodations to their unit. Louis believes that Bainbridge Island has a lot of white supremacists, reports they are trying to control the island.

Louis reports having a subsidized housing voucher; TW is unclear if the housing voucher is for pt or Louis and what agency provides voucher.

Louis states they were previously connected with Housing Resource Village. He also states applying for other housing on Bainbridge Island, has been accepted by 2 different apartments. Louis is worried previous landlord will prevent them from moving in and from getting a 2 bedroom unit. He states that everyone of the island is afraid of their previous landlord.

Louis shares being a radio operator, states he needs a antenna at any future apartments.

12/06/2024 - Telephone in Harborview Senior Care Clinic (continued)

Clinical Notes (continued)

Louis shares connecting with Human Rights groups for advocacy and has an appointment at Helpline house 12/12/24.

Pt currently staying in hotel, Quality Inn on Bainbridge island, they have paid for hotel through 12/9/24.

Pt has Molina Medicare and Medicare Savings Plan (QMB) insurance coverage.

Intervention / Outcome / Plan:

1. SW spoke with pts son/DPOA Louis. SW provided assessment, support and discussed resources. Louis asking if HMC can provide funding for more nights in their hotel. TW shares HMC is not able to provide financial resources for hotel. Louis and SW discussed connecting with local resources for assistance, including shelters. SW encouraged Louis to keep his appointment with Helpline House as they have housing navigators and social workers, Louis verbalized ability to access local resources.
2. SW completed APS referral; Confirmation # 653P6EZK0BN5S.

SW will remain available for continued support/assistance as needed.

Shannon McDonald, MSW
W. Speciality Clinic Social Worker
Harborview Medical Center
206-744-8036

Electronically signed by McDonald, Shannon L, MSW at 12/10/2024 9:53 AM

Flowsheets

HMC SW CLINIC ACTIVITY REPORT

Row Name	12/06/24 0700
SW Clinic Name	HMC Senior Care Clinic
Mission	Inadequate funding;Homeless
SW Language Service Provided in	In English
SW Encounter Type	SW Telephone Encounter
SW Outpatient Services (minutes)	60
Advocacy, Information & Referral	Shelter referrals (general population);Tangible Needs (inc child supplies, clothing, food, phone);Housing/Residential Advocacy (inc independent and supported)

12/05/2024 - Telephone in Harborview Adult Medicine Clinic

Reason for Visit

Chief complaint: Care Coordination
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day

12/05/2024 - Telephone in Harborview Adult Medicine Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD
Ordered on: 8/21/2024
Start date: 8/21/2024
End date: 3/8/2025
Quantity: 90 tablet
Refill: 3 refills by 8/21/2025

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 12/11/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Navalurkar, Reema, MD
Ordered on: 9/24/2024
Start date: 9/24/2024
End date: 12/10/2024
Quantity: 90 tablet
Refill: 3 refills by 9/24/2025

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Malhi, Karamjit K, RN at 12/5/2024 0854

RN received call from pt's friend Jim Daniel saying pt and son are going to be on streets soon, they were evicted from rental house a month ago, then they went on a train trip and now they are staying in a motel. They will be in the motel till 12/9/2024, they have no place to go afterwards. Son is being resistant for pt to go to assisted living facility and his plan is to live in a tent with his mom who is almost 100 years old.
Jim said he is concerned that it's so cold outside, pt is old and don't know what is going on and son is being resistive, they need help.

Note forwarded to PCP and SW Shannon.

Electronically signed by Malhi, Karamjit K, RN at 12/6/2024 8:52 AM

12/05/2024 - Patient E-mail in Harborview Senior Care Clinic

Visit Information

Provider Information

Encounter Provider

Navalurkar, Reema, MD

Department

Name	Address	Phone	Fax
Harborview Senior Care Clinic	325 9TH Ave Seattle WA 98104	206-744-4191	206-744-8527

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

12/05/2024 - Patient E-mail in Harborview Senior Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD
Ordered on: 8/21/2024
Start date: 8/21/2024
End date: 3/8/2025
Quantity: 90 tablet
Refill: 3 refills by 8/21/2025

atorvastatin 10 MG tablet

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Navalurkar, Reema, MD
Ordered on: 12/11/2024
Start date: 12/11/2024
End date: 3/8/2025
Quantity: 90 tablet
Refill: 3 refills by 12/11/2025

Stopped in Visit

None

Messages

Dec 3 Appointment/assessment

From	To	Sent
Hoffman, Jeanne Leonie	P Hmc Senior Care Clinical Support Staff Pool (supporting Reema Navalurkar, MD)	12/10/2024 11:13 AM

COMPREHENSIVE METABOLIC PANEL
Collected on February 14, 2024 10:35 AM

There are B12 issue red blood cell, that need to be checked.
As there are some breadline highs/low require checking.

I can give a more review analysis.....a comparative results must be established.

also
Urinalysis is an issues that requires monitoring

Dec 3 Appointment/assessment

From	To	Sent
Hoffman, Jeanne Leonie	P Hmc Senior Care Clinical Support Staff Pool (supporting Reema Navalurkar, MD)	12/10/2024 11:03 AM

I will review last lab report.

12/05/2024 - Patient E-mail in Harborview Senior Care Clinic (continued)

Messages (continued)

It is necessary that lab and medications analysis are current. to ensure proper dosage or changes have occurred.
Iwill review last lab report

Wound has improved significantly.
Having issues get hearing aids at Harborview/do to inexperience capacity to write Health Insurance

Louis home caregiver

Dec 3 Appointment/assessment

From	To	Sent and Delivered
Reema Navalurkar, MD	Hoffman, Jeanne Leonie	12/5/2024 3:30 PM

Last Read in MyChart
12/10/2024 11:07 AM by Hoffman, Jeanne Leonie

Thank you for your message, Louis. Jeanne had her annual labs in February and I do not think any laboratory tests are necessary at this time.

I will ask our social worker Shannon to give you a call. Have you been evicted now?

Reema Navalurkar

Dec 3 Appointment/assessment

From	To	Sent
Hoffman, Jeanne Leonie	P Hmc Senior Care Clinical Support Staff Pool (supporting Reema Navalurkar, MD)	12/5/2024 7:23 AM

Please provide analysis assessment of Dec 3 Appointment.

During appointment, focus was on would care.

Inadvertently forgot to order/need to schedule appointment for 'Blood Draw'/lab report.
Very important to maintain lab analysis on medication/etc.

Attempting to contact Shannon McDonald, UW Social Worker, on Dec 9th, Jean and I will be forced to sleep outdoors, with no blankets, possible Tarp to cover, we are being subjected to hatred indifference, this will place both of to suffer from hypothermia exposure....

attempting to reschedule appointments with UW Otolaryngology/hearing aid specialist, Alexander K

12/05/2024 - Patient E-mail in Harborview Senior Care Clinic (continued)

Messages (continued)

12/03/2024 - Office Visit in Harborview Senior Care Clinic

Reason for Visit

Chief complaints: Follow-Up and Wound Check
Visit diagnoses:

- Venous stasis ulcer of left ankle, unspecified ulcer stage, unspecified whether varicose veins present (primary)
- Counseling for living will
- Housing instability
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Navalurkar, Reema, MD	Wang, Mengru, MD

Department

Name	Address	Phone	Fax
Harborview Senior Care Clinic	325 9TH Ave Seattle WA 98104	206-744-4191	206-744-8527

Level of Service

Level of Service	Modifiers
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	GC

Log History

LOS History
Additional EM Code History

Medication List

Medication List

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Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

12/03/2024 - Office Visit in Harborview Senior Care Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD — Ordered on: 8/21/2024
Start date: 8/21/2024 — End date: 3/8/2025
Quantity: 90 tablet — Refill: 3 refills by 8/21/2025

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 12/11/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Navalurkar, Reema, MD — Ordered on: 9/24/2024
Start date: 9/24/2024 — End date: 12/10/2024
Quantity: 90 tablet — Refill: 3 refills by 9/24/2025

Stopped in Visit

None

Clinical Notes

Progress Notes

Navalurkar, Reema, MD at 12/3/2024 1120

Attestation signed by Wang, Mengru, MD at 12/6/2024 9:56 AM

I saw and evaluated the patient and agree with Dr.Navalurkar's note.

Another option to explore is whether home based / visiting wound care companies such as Athena, Nexus, Mobile wound service Bainbridge Island. Can offer Bainbridge Ferry priority boarding pass if Jeanne does not already have one next visit.

SENIOR CARE SUBSEQUENT CARE VISIT NOTE

12/03/2024 - Office Visit in Harborview Senior Care Clinic (continued)

Clinical Notes (continued)

ID/CC: Jeanne Hoffman is a 99-year-old community-dwelling woman with chronic LLE wounds, SNHL, and chronic back pain due to lumbar compression fractures and DJD being seen for follow-up:
She and her son checked in ~30 minutes late; they just completed a >10,000 mile train journey, got back to Seattle area this morning.

Baseline:
Lives in a 1br apartment with her son Louis on Bainbridge Island.
Accompanied today by her son/primary caregiver Louis. Transportation via ferry, then bus.
Interpreter: none

History of Present Illness:
- When asked how she's doing, Jeanne said, "I'm not a spring chicken anymore! I'm almost 100!" I asked Jeanne if she is worried about anything and she says no, she has been feeling well. She smiled, added, "You have to have a sense of humor. If you don't have a sense of humor, you don't have anything."
- Son had left voicemail in Aug; per RN note (8/30/2024), "Son endorsed needing a picture of one of the pt's x-rays showing the right femur with the plate and screws. He indicated needing the picture by Tuesday. He wanted the picture forwarded via email which I told him was not legal. Alerted the son that a picture in the pt's Media File could suffice." Today, Louis says he's not satisfied with the way the screws were placed and wants to know if this can be fixed with another surgery. Jeanine proudly shows me her surgical scar, which appears healthy.
- No falls since last visit. Has been comfortably ambulating short distances (mostly indoors) with her cane.
- Since they no longer receive wound care at Husky Health (since establishing care here last summer), I inquired about their experiences with their new wound care clinic. I had referred them to Swedish on 829/24 and RN note 9/10/2024 states, "Pt called, spoke to PSS and canceled appt. Pt is established elsewhere for wound care management." However, Louis states that he has been doing wound care on his own. He no longer uses iodine, sticks to soap/water and medihoney with gauze/bandages. Reprots he occasionally uses hand sanitizer to "check" if Jeanne can feel the sting, feels reassured "her nerves are working".
- Jeanne says she's been dealing with these wounds for nearly 35 years and they're much better now than they've been. She winces while removing gauze but otherwise says she's not been having pain. Louis agrees that her wounds have been filling in slowly, have been less erythematous and they've not noticed warmth, purulence, or fever/chills.
- Louis says, "I need better communication from this clinic." When asked how we can better address their needs in this regard, he mentions white supremacists on Bainbridge who make them feel uncomfortable in their neighborhood. He also again mentions feeling pressure from his landlord to leave, such as the recent removal of ADA accommodations from their unit. SW Shannon had reached out by phone on 9/6, left VM and MyChart message. Louis was not unaware of these outreach attempts.
- Wound noted on LUE at last visit has completely healed.

Geriatric ROS:
ADLs: dresses herself, toilets on her own. showers with some assistance from son.
IADLS: son helps with mealprep, finances, transportation; he helps with refilling prescriptions and she takes them on her own each day.
Cognition: she feels quite good, amazed and excited for "the big 1-0-0"; did not address in further detail today.
Mood: okay, though changes in her life recently have been stressful (esp housing difficulties <-- see HPI)
Mobility: walks around the house often without her cane, using a wheelchair outside the home.
Vision: wears glasses; last saw optometry 3/2024
Hearing: very limited by SNHL; she forgot her hearing aids today so we're using a borrowed pocket talker. (last evaluated by audiology 5/2023).
Continence: has some urine leakage, prev referred to pelvic PT; did not have time to address today.
Goals of Care: did not have time to address today
Frailty index/CFS-9: 6 (living with moderate frailty)

Problem List
Patient Active Problem List
Diagnosis
- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility

Clinical Notes (continued)

- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability

Outpatient Medication List:

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		
• lidocaine 4 % patch	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.	15 each	0
• MULTIPLE VITAMIN OR	Take by mouth.		
• pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.	90 tablet	3
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day	10 mL	6
• Wound Dressings (medihoney) topical gel	Apply topically every other day. Apply to wound before applying dressing	44 mL	3
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6

No current facility-administered medications for this visit.

Allergies:

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin	Other
confusion	

- Penicillins — Skin: Rash
  3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD

- Sulfa Antibiotics — Skin: Rash

Social History:
Lives: a 1br apartment with her son Louis on Bainbridge Island
Marital Status: widowed in 1972
Children: two sons
Sexual History: not active
Social isolation/Loneliness: to discuss at next visit
Substance Use: none
Firearms: none
Nutrition: to be discussed at next visit, no weight loss per EMR.
Education/Occupation: worked in business, now retired.
Health Literacy: quite good
DPOA/main contact: Louis (son), ph# 206-280-1287

Physical Exam:
BP (!) 151/78 | Pulse (!) 55 | Temp 36.9 °C (Temporal) | Wt 48.5 kg (107 lb) | SpO2 99% | BMI 20.90 kg/m²
Wt Readings from Last 3 Encounters:

12/03/24	48.5 kg (107 lb)
11/28/23	**(!) 40.9 kg (90 lb 2.7 oz)**
10/10/22	45 kg (99 lb 3.3 oz)

General: frail, not ill-appearing; sitting comfortably in wheelchair, NAD.
HEENT: normal conjunctivae. moist mucous membranes.
CV: regular rate and rhythm. 2+ radial pulses.
Resp: normal effort on RA, lungs clear to auscultation.
Abd: soft, nondistended, and nontender to palpation
Ext: no peripheral edema. LLE with some chronic venous stasis skin changes and several chronic wounds, much improved from last time; no warmth or purulence.
Psych: appropriate mood and affect.

Assessment and Plan:
Jeanne Hoffman is a 99-year-old community-dwelling woman with chronic LLE wounds, SNHL, and chronic back pain due to lumbar compression fractures and DJD being seen for follow-up:
She and her son checked in ~30 minutes late; they just completed a >10,000 mile train journey, got back to Seattle area this morning.

(I83.023, L97.329) Venous stasis ulcer of left ankle
Reportedly present for 35 years, much improved from last visit - edges are slowly filling in. No edema or signs of infection. Bandages replaced in clinic today.
- advised to avoid hand sanitizer; provided coaching (and more supplies) during wound care in clinic today on using soap and water, wrapping with medihoney + gauze/bandages
- again provided contact info to schedule with Swedish wound care

(Z71.89) Advanced care planning/counseling discussion
Even with pocket talker, Jeanne is unable to hear much and therefore not able to participate in much conversation; she gestured for me to talk to Louis. I asked Louis what ACP discussions they've had with Dr. Neighbor (prev PCP); Louis states they did a POLST and want to be "fully resuscitated." I stated that my goal for today was only to get a sense of what they've discussed and if Jeanne has mentioned any goals to him that I should know.
Louis says, "if her heart stops, it would be on me, right? I'd do chest compressions until the ambulance, and then she'd be in the hospital."
I said I wonder how she feels about this, since what I know thus far about her is that it's very important to be home (has prev declined SNF, has been anxious about possible eviction, and has said that she wants to die on Bainbridge Island where she has lived for a very long time) and avoid being stuck in a healthcare facility. I worry that if she did survive a cardiac arrest, it would be

unlikely she'd return home. Louis said, "If it came to that, I'd pull the plug. But it's on me, I'd do chest compressions."
As Jeanne was unable to meaningfully participate in this discussion, I left it there and plan to try to talk to Jeanne on her own with a white board (and hopefully hearing aids) about her values and goals.

(Z59.819) Housing instability
Son reports that their housing manager has removed grab bars and other ADA equipment and threatening eviction. Had been referred to SW at last visit, left VM. I confirmed ph# today and will ask SW to try again.

(S72.409S) Closed fracture of distal end of femur, sequela
Fall in 2022 resulted in femur fracture now s/p ORIF. Jeanne seems to be faring well, ambulating at home with cane. Does not report substantial pain at distal thigh/knee. Son today says he does not like how the screws look on XRs and requests a revision surgery. I reviewed the imaging and added that what's most important now is how well Jeanne feels/functions.

/// not addressed in detail today
#Osteoporosis with spine compression fx
#Hx of falls
Cannot find DEXA results on EMR; s/p alendronate (2008-2012).
No falls since last visit.
- fall risk assessment at next visit
- continue vit D and calcium supplementation

#Relevant Health Care Maintenance:

Immunizations:

Immunization History

Administered	Date(s) Administered
• COVID-19 Pfizer mRNA bivalent 12 yrs and older	10/10/2022, 05/10/2023
• COVID-19 Pfizer mRNA monovalent 12 yrs and older	02/11/2021, 02/28/2021, 10/13/2021
• COVID-19 Pfizer mRNA monovalent tris-sucrose 12 yrs and older	04/27/2022
• COVID-19 Pfizer mRNA seasonal 12 yrs and older (Comirnaty)	10/25/2023, 03/20/2024, 09/15/2024
• Influenza quadrivalent	10/24/2018
• Influenza quadrivalent PF	12/24/2014, 11/18/2015
• Influenza quadrivalent high-dose (Fluzone High-Dose)	09/16/2020, 10/13/2021, 10/10/2022, 09/06/2023
• Influenza trivalent	09/20/2013
• Influenza trivalent PF	06/07/2006, 12/08/2012
• Influenza trivalent adjuvanted (Fluad)	09/15/2024
• Influenza trivalent high-dose (Fluzone High-Dose)	09/21/2016, 09/20/2017, 09/26/2018, 10/23/2019
• Influenza, unspecified	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Pneumococcal conjugate PCV13 (Prevnar 13)	01/28/2015
• Pneumococcal polysaccharide PPSV23 (Pneumovax 23)	03/22/2010, 12/08/2012
• Td 2 Lf tetanus toxoid	06/07/2006
• Tdap	09/20/2017
• Zoster live (Zostavax)	11/24/2015
• Zoster recombinant (Shingrix)	04/17/2024, 07/10/2024

Breast cancer screening: last mammo in 2011, neg.
CRC screening: FIT neg 11/2023
Lung cancer screening: nonsmoker, not indicated

#POLST: POLST completed in 2016, son is not sure where his copy is. He would like full code (see A&P); plan to address more with Jeanne directly (hopefully with hearing aids and writing tools) at next visit.
#RTC in: scheduled for 3/4/2025

///

12/03/2024 - Office Visit in Harborview Senior Care Clinic (continued)

Clinical Notes (continued)

Reema Navalurkar, MD
Geriatric Medicine Fellow

Patient seen and discussed with attending, Dr. Mengru Wang.

Electronically signed by Wang, Mengru, MD at 12/6/2024 9:56 AM

Immunizations Given

Immunization	Date
Influenza trivalent adjuvanted (Fluad)	09/15/2024

Flowsheets

Custom Formula Data

Row Name	12/03/24 1331	12/03/24 1151
Dubois BSA	—	0 (m^2)
Weight kg (view-only)	—	48.53
Temp (in Celsius) for APACHE IV	—	36.9
Weight for Calculations - Calculated (oz)	—	1712 ounces
PHQ-2 Score	**5** !	—
PHQ-9 Score	**17** !	—
Number of core depression symptoms	2	—
Total Symptom Count	8	—

Screening

Row Name	12/03/24 1331
Will the patient answer the depression screening questions?	Yes
Little interest or pleasure in doing things	**More than half the days** !
Feeling down, depressed or hopeless	**Nearly every day** !
PHQ2 Total Score	5
Trouble falling or staying asleep, or sleeping too much	**More than half the days** !
Feeling tired or having little energy	**More than half the days** !
Poor appetite or overeating	**More than half the**
Feel bad about	**More than half the**

12/03/2024 - Office Visit in Harborview Senior Care Clinic (continued)

Flowsheets (continued)

	days !
about yourself - or that you are a failure or have let yourself or your family down	**days** !
Trouble concentrating on things, such as reading the newspaper or watching television	**More than half the days** !
Moving or speaking much more slowly than usual. Or the opposite - fidgety or restless	Not at all
Thoughts that you would be better off dead or of hurting yourself in some way	**More than half the days** !
PHQ9 Total Score	17
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Somewhat difficult

Vital Data

Row Name	12/03/24 1151
Weight	48.5 kg (107 lb)
BP	**151/78** !
BP Cuff Size	Small
BP Site	Left Arm
BP Position	Sitting
Temp	36.9 °C
Temp src	Temporal
Pulse	**55** !
SpO2	99 %

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

12/03/2024 - Office Visit in Harborview Senior Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 12/3/2024 11:20 AM Harborview Senior Care Clinic 206-744-4191

Today's Visit

You saw Reema Navalurkar on Tuesday December 3, 2024 for: Follow-Up and Wound Check.

Blood Pressure	Weight	Temperature (Temporal)	Pulse
151/78	107 lb	98.4 °F	55

Oxygen Saturation
99%

What's Next

MAR 4 2025

Return Patient Appointment with Reema Navalurkar
Tuesday March 4 9:00 AM (Arrive by 8:45 AM)
Masks may be required - please check signage at your clinic when you check in.

Harborview Senior Care Clinic
325 9TH Ave
Seattle WA 98104
206-744-4191
Arrive at: Harborview Main Hospital West Clinic, 3rd Floor

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

12/03/2024 - Office Visit in Harborview Senior Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of December 3, 2024 1:17 PM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

12/03/2024 - Office Visit in Harborview Senior Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

12/03/2024 - Office Visit in Harborview Senior Care Clinic (continued)

Documents

After Visit Summary - Document on 12/3/2024 1:17 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 12/3/2024 11:20 AM Harborview Senior Care Clinic 206-744-4191

Today's Visit

You saw Reema Navalurkar on Tuesday December 3, 2024 for: Follow-Up and Wound Check.

Blood Pressure	Weight	Temperature (Temporal)	Pulse
151/78	107 lb	98.4 °F	55

Oxygen Saturation
99%

What's Next

MAR 4 2025 Return Patient Appointment with Reema Navalurkar
Tuesday March 4 9:00 AM (Arrive by 8:45 AM)
Masks may be required - please check signage at your clinic when you check in.

Harborview Senior Care Clinic
325 9TH Ave
Seattle WA 98104
206-744-4191
Arrive at: Harborview Main Hospital West Clinic, 3rd Floor

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12/03/2024 - Office Visit in Harborview Senior Care Clinic (continued)

Documents (continued)

Your Medication List as of December 3, 2024 1:17 PM

ⓘ If you have any questions, ask your nurse or doctor.

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calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
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lidocaine 4 % patch	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

12/03/2024 - Office Visit in Harborview Senior Care Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
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- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

10/14/2024 - Health Maintenance Letter

Letters

Reminder by Uw Mychart, Patient User on 10/14/2024

Status: Sent
Letter body:

Dear Jeanne Hoffman,

The flu vaccine is now available through your UW Medicine providers.

You can schedule your flu shot with MyChart, request a flu shot during your next appointment or visit a local pharmacy. If you have already received your flu shot, please go to the Preventive Care page in MyChart and mark your flu shot as complete.

Getting a flu shot is the best way to reduce your risk of getting seasonal flu and dealing with its potentially serious complications. It's also the best way to slow down the spread of flu in your community.

You can safely get your annual flu shot at the same time as your updated COVID-19 vaccine. Inform the scheduler or include a comment in your online booking if you plan on getting both shots.

You can stay safe this flu season by doing the following:

- Get your annual flu shot
- Cover your cough
- Wear a mask and stay home if you're sick
- Wash your hands frequently with soap and water or use an alcohol-based hand sanitizer

To get your flu shot, book online with MyChart or call 206.520.2250. You can also visit a local pharmacy that offers the flu shot.

If you have questions about the 2024-2025 flu season, please visit our website or ask your UW Medicine care team.

Thank you,

Your UW Medicine and Fred Hutchinson Cancer Center Care Teams

09/27/2024 - Telephone in UW Medicine Montlake Audiology

Reason for Visit

Chief complaints: Prior Auth and Follow-Up
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day

09/27/2024 - Telephone in UW Medicine Montlake Audiology (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD
Ordered on: 8/21/2024
Start date: 8/21/2024
End date: 3/8/2025
Quantity: 90 tablet
Refill: 3 refills by 8/21/2025

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 12/11/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Navalurkar, Reema, MD
Ordered on: 9/24/2024
Start date: 9/24/2024
End date: 12/10/2024
Quantity: 90 tablet
Refill: 3 refills by 9/24/2025

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pena, Yesenia at 9/27/2024 1625

RETURN CALL: Voicemail - Detailed Message

SUBJECT: General Message

MESSAGE: Pts son calling requesting a prior authorization for pts hearing aid. One of patients hearing aids does not work and Molina only cover if there is a prior authorization in place. Please reach out to patients son with any further questions or concerns.

Oct18-Nov28th pt will be out of town

Electronically signed by Pena, Yesenia at 9/27/2024 4:29 PM

Katson, Alexander Akisada Nicholas, PSS/PSR at 12/6/2024 1347

Patient's son left voicemail to direct line at UWMC checking on prior authorization that was submitted by HMC in July regarding new hearing aids for this patient.

Electronically signed by Katson, Alexander Akisada Nicholas, PSS/PSR at 12/6/2024 1:48 PM

Foster, William, PSS/PSR at 1/21/2025 0955

09/27/2024 - Telephone in UW Medicine Montlake Audiology (continued)

Clinical Notes (continued)

The patient's son stopped by the clinic and stated that the patient is admitted at UWMC Montlake. He wanted to know if our clinic would be able to dispense hearing aids for the patient, possibly while the patient is still admitted. He was informed a message would be sent to the care team

Electronically signed by Foster, William, PSS/PSR at 1/21/2025 10:19 AM

Messages

Hearing Aid Repair

From	To	Sent and Delivered
Kevin Daniel Hanis, MA	Hoffman, Jeanne Leonie	1/21/2025 10:49 AM

Last Read in MyChart
1/21/2025 2:04 PM by Hoffman, Jeanne Leonie

Hi Jeanne and Louis,

I heard that you were looking to have some hearing aids dispensed while here at UWMC, unfortunately this is not something that we can do. In order to dispense hearing aids, we first need to have a hearing aid evaluation to decide on what devices to order and these appointments are currently booked out until May. Do you currently have hearing aids that aren't working?

If you have any other questions please feel free to message us again or give us a phone call.

Thank you,

Kevin

Audiology Assistant

Phone: 206-598-4022 ext 2
Fax: 206-598-6611

Hearing Aid Repair

From	To	Sent and Delivered
Alexander Akisada Nicholas Katson, PSS/PSR	Hoffman, Jeanne Leonie	10/17/2024 11:22 AM

Last Read in MyChart
1/21/2025 2:04 PM by Hoffman, Jeanne Leonie

Hi Jeanne and Louis,

I tried to return your call but was unable to leave a voicemail. I wanted to reach out about the issues you are having with Jeanne's hearing aids.

I see from the message you left us that one of Jeanne's hearing aids are not working. We could potentially look at this at our walk-in device clinic every Wednesday morning from 9am-12pm (Jeanne herself does not need to

09/27/2024 - Telephone in UW Medicine Montlake Audiology (continued)

Messages (continued)

be here for this if having a family member drop the hearing aid off would be easier). If it does need to be sent to the manufacturer for repair, we can initiate the prior authorization process with her insurance at that point on our side.

If you'd prefer to have Jeanne schedule an appointment with her audiologist, that would also be a way we could begin that process.

Let me know what your preference would be! Feel free to contact me directly by phone at 206-598-7523 or respond to this MyChart message.

Thanks,

Alex K
Patient Services Representative
UW Medicine Otolaryngology
Phone: 206-598-4022
Fax: 206-598-6611

09/24/2024 - Patient E-mail in Harborview Senior Care Clinic

Visit Information

Provider Information

Encounter Provider

Navalurkar, Reema, MD

Department

Name	Address	Phone	Fax
Harborview Senior Care Clinic	325 9TH Ave Seattle WA 98104	206-744-4191	206-744-8527

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

09/24/2024 - Patient E-mail in Harborview Senior Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD
Ordered on: 8/21/2024
Start date: 8/21/2024
End date: 3/8/2025
Quantity: 90 tablet
Refill: 3 refills by 8/21/2025

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 12/11/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Navalurkar, Reema, MD
Ordered on: 9/24/2024
Start date: 9/24/2024
End date: 12/10/2024
Quantity: 90 tablet
Refill: 3 refills by 9/24/2025

Stopped in Visit

None

Messages

Delmiss...

From	To	Sent
Hoffman, Jeanne Leonie	P Hmc Senior Care Clinical Support Staff Pool (supporting Reema Navalurkar, MD)	12/5/2024 6:59 AM

Jean's Wound is healing quite well, slow but improving.
Had Appointment at HMC Senior Care on Dec 3.

Medical supplies included quantity of Med-Honey for possible 8 weeks+.

Senior Travel & Tour Business Trip was successful, Jean guise/state of wellbeing has improved

Delmiss...

From	To	Sent
Hoffman, Jeanne Leonie	P Hmc Senior Care Clinical Support Staff Pool (supporting Reema Navalurkar, MD)	9/24/2024 1:28 PM

Wound Care Images 9-24-24
Healing Progress...improving

09/24/2024 - Patient E-mail in Harborview Senior Care Clinic (continued)

Messages (continued)

09/24/2024 - Patient E-mail in Harborview Senior Care Clinic (continued)

Documents

Patient Entered Attachment - Scan on 9/24/2024 1:26 PM: UWHHC-Jeqan-Hoffman-1.jpg

Scan (below)



09/24/2024 - Patient E-mail in Harborview Senior Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 9/24/2024 1:26 PM: UWHHC-Jeqan-Hoffman-2.jpg

Scan (below)



09/24/2024 - Patient E-mail in Harborview Senior Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 9/24/2024 1:27 PM: UWHHC-Jeqan-Hoffman-3.jpg

Scan (below)



09/24/2024 - Refill in Husky Health Same Day Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- Thrush (primary)
- Hypercholesterolemia

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
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lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

09/24/2024 - Refill in Husky Health Same Day Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD
Ordered on: 8/21/2024
Start date: 8/21/2024
End date: 3/8/2025
Quantity: 90 tablet
Refill: 3 refills by 8/21/2025

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 12/11/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Navalurkar, Reema, MD
Ordered on: 9/24/2024
Start date: 9/24/2024
End date: 12/10/2024
Quantity: 90 tablet
Refill: 3 refills by 9/24/2025

clotrimazole 10 MG troche

Instructions: Dissolve 1 Troche (10 mg) by mouth 3 times a day for 14 days.
Authorized by: Navalurkar, Reema, MD
Ordered on: 9/24/2024
Start date: 9/24/2024
End date: 10/8/2024
Quantity: 42 Troche
Refill: No refills remaining

Stopped in Visit

None

Other Orders

Medications

atorvastatin 10 MG tablet (Discontinued)

Electronically signed by: **Navalurkar, Reema, MD on 09/24/24 1922**
Status: **Discontinued**
Ordering user: Navalurkar, Reema, MD 09/24/24 1922
Ordering provider: Navalurkar, Reema, MD
Authorized by: Navalurkar, Reema, MD
Ordering mode: Standard
Frequency: Routine Daily 09/24/24 - 12/10/24
Class: Normal
Released by: Navalurkar, Reema, MD 09/24/24 1922
Discontinued by: Navalurkar, Reema, MD 12/11/24 1047 [Reorder]

Diagnoses
Hypercholesterolemia [E78.00]
Reordered from: atorvastatin 10 MG tablet

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
09/24/24 1922	Navalurkar, Reema, MD	Navalurkar, Reema, MD	Navalurkar, Reema, MD
09/24/24 1241	Neighbor Jr., William E, MD	Neighbor Jr., William E, MD	Uw Mychart, Patient User

Indications

Hypercholesterolemia [E78.00 (ICD-10-CM)]

clotrimazole 10 MG troche (Expired)

Electronically signed by: **Navalurkar, Reema, MD on 09/24/24 1922**
Status: **Expired**
Ordering user: Navalurkar, Reema, MD 09/24/24 1922
Ordering provider: Navalurkar, Reema, MD
Authorized by: Navalurkar, Reema, MD
Ordering mode: Standard

09/24/2024 - Refill in Husky Health Same Day Clinic (continued)

Other Orders (continued)

Frequency: Routine TID 09/24/24 - 14 days
Class: Normal
Diagnoses
Thrush [B37.0]

Indications

Thrush [B37.0 (ICD-10-CM)]

Messages

Your Medications

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	9/24/2024 7:22 PM
Last Read in MyChart		
Not Read		

Dear Jeanne,

Your medication order has been approved. Please call your pharmacy to find out when it will be ready for you to pick up.

If you have received specific instructions to pick up printed prescriptions from your clinic, please do so.

Your provider has approved the following medication(s):

- atorvastatin 10 MG tablet
- clotrimazole 10 MG troche

If you have any questions about your prescription, please call or epichttp://medadvice[send a message]

Thank you for using UW Medicine/Fred Hutchinson Cancer Center MyChart.

Medication Renewal Request

From	To	Sent and Delivered
Kalena L Kerby, CMA	Hoffman, Jeanne Leonie	9/24/2024 4:47 PM
Last Read in MyChart		
Not Read		

Hi Jeanne,
Please request this refill from your new PCP Dr. Navalurkar, Reema. Thanks
-Kalena MA

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Same Day Clinical Staff Pool (supporting William E Neighbor Jr., MD)	9/24/2024 12:41 PM

09/24/2024 - Refill in Husky Health Same Day Clinic (continued)

Messages (continued)

Refills have been requested for the following medications:

atorvastatin 10 MG tablet [William E Neighbor Jr]
Patient Comment: Leaving on USA 45 day Rail Cruise....need extra to last 45 day+Dp Oct 18, returning Nov.28, 2024

Preferred pharmacy: RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608
Delivery method: Pickup

09/24/2024 - Patient E-mail in Harborview Senior Care Clinic

Visit Information

Provider Information

Encounter Provider

Navalurkar, Reema, MD

Department

Name	Address	Phone	Fax
Harborview Senior Care Clinic	325 9TH Ave Seattle WA 98104	206-744-4191	206-744-8527

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

09/24/2024 - Patient E-mail in Harborview Senior Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD
Ordered on: 8/21/2024
Start date: 8/21/2024
End date: 3/8/2025
Quantity: 90 tablet
Refill: 3 refills by 8/21/2025

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 12/11/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Navalurkar, Reema, MD
Ordered on: 9/24/2024
Start date: 9/24/2024
End date: 12/10/2024
Quantity: 90 tablet
Refill: 3 refills by 9/24/2025

Stopped in Visit

None

Messages

Thrush

From	To	Sent and Delivered
Reema Navalurkar, MD	Hoffman, Jeanne Leonie	9/24/2024 3:24 PM

Last Read in MyChart
Not Read

I gave you a call but there was no answer. I see recent prescriptions for nystatin (a swish-and-swallow liquid) as well as for clotrimazole troches (a dissolve-in-mouth medicine). Please let me know which Jeanne prefers and I will send it to your pharmacy.

Thanks,
Reema Navalurkar, MD

Thrush

From	To	Sent
Hoffman, Jeanne Leonie	P Hmc Senior Care Clinical Support Staff Pool (supporting Reema Navalurkar, MD)	9/24/2024 2:08 PM

Jean has thrush again... tongue is covered in white....

Please provide prescription ASAP.....

09/24/2024 - Patient E-mail in Harborview Senior Care Clinic (continued)

Messages (continued)

Treating with salt and hydrogenation

09/10/2024 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Care Coordination
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient

09/10/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD | Ordered on: 1/18/2024
Start date: 1/18/2024 | End date: 3/14/2025
Quantity: 15 each | Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD | Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD | Ordered on: 4/10/2024
Start date: 4/10/2024 | End date: 3/8/2025
Quantity: 10 mL | Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD | Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD | Ordered on: 8/21/2024
Start date: 8/21/2024 | End date: 3/8/2025
Quantity: 90 tablet | Refill: 3 refills by 8/21/2025

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Seale, Katherine Margie, RN at 9/10/2024 1102

TC to Louis, POA of Jeanne Hoffman.

Let know unable to accommodate wound care for pt tomorrow, Primary care clinic is cancelled due to staffing- RN planning on checking in with pt about ongoing wound care plan now that pt is established with a provider elsewhere.

No answer
RN LVMTCB RN will send mychart message.

Katie Seale RN

Electronically signed by Seale, Katherine Margie, RN at 9/10/2024 11:51 AM

Seale, Katherine Margie, RN at 9/10/2024 1206

Pt called, spoke to PSS and canceled appt.

Pt is established elsewhere for wound care management. Will assist coordination as needed on going.
Katie Seale

Electronically signed by Seale, Katherine Margie, RN at 9/10/2024 12:06 PM

09/10/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Messages

appointment cancelled tomorrow

From	To	Sent and Delivered
Katherine Margie Seale, RN	Hoffman, Jeanne Leonie	9/10/2024 11:55 AM

Last Read in MyChart
12/5/2024 7:01 AM by Hoffman, Jeanne Leonie

Hi Jeanne and Louis,
Unfortunately we have to cancel the primary care clinic tomorrow and are not able to provide Jeanne with wound care here tomorrow.

Was there a wound clinic where Jeanne's new provider referred her to where she can get care this week? Please call us back or reply here and we can make a plan.

Thank you,

Katie, RN
(She/Her)
Husky Health Center
206-685-1011
8am-5pm Monday through Friday, closed on federal holidays.
If you need to speak with a nurse after hours please call 206-520-7511
For urgent mental health concerns:
Crisis Chat-www.crisischat.org
Crisis Text Line-Text HOME to 741741
King County Crisis Line-206-461-3222
If you are having an emergency please call 911

09/09/2024 - Patient E-mail in HMC OP SOCIAL WORK

Visit Information

Provider Information

Encounter Provider

McDonald, Shannon L, MSW

Department

Name	Address	Phone	Fax
HMC OP SOCIAL WORK	325 9TH AVE Seattle WA 98104	206-744-3000	206-744-8551

Medication List

Medication List

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Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

09/09/2024 - Patient E-mail in HMC OP SOCIAL WORK (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD
Ordered on: 8/21/2024
Start date: 8/21/2024
End date: 3/8/2025
Quantity: 90 tablet
Refill: 3 refills by 8/21/2025

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 12/11/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Navalurkar, Reema, MD
Ordered on: 9/24/2024
Start date: 9/24/2024
End date: 12/10/2024
Quantity: 90 tablet
Refill: 3 refills by 9/24/2025

Stopped in Visit

None

Messages

Housing help

From	To	Sent and Delivered
Shannon L McDonald, MSW	Hoffman, Jeanne Leonie	9/9/2024 1:32 PM

Last Read in MyChart
12/5/2024 7:01 AM by Hoffman, Jeanne Leonie

Hi Louis,

I am the social worker from the senior care clinic at Harborview. I am following up to see if you needed help with your housing issues.

The doctor let me know that you may be getting evicted. Id be happy to talk with you to see if I can help in any way.

I can be reached on MyChart message, or at my office, 206-744-8036.

Shannon

Shannon McDonald, MSW
Senior Care Clinic Social Worker
Harborview Medical Center
206-744-8036

09/09/2024 - Patient E-mail in HMC OP SOCIAL WORK (continued)

Messages (continued)

09/06/2024 - Telephone in Harborview Senior Care Clinic

Reason for Visit

Chief complaint: Social Work
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient

09/06/2024 - Telephone in Harborview Senior Care Clinic (continued)

Medication List (continued)

Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD — Ordered on: 8/21/2024
Start date: 8/21/2024 — End date: 3/8/2025
Quantity: 90 tablet — Refill: 3 refills by 8/21/2025

Stopped in Visit

None

Clinical Notes

Telephone Encounter

McDonald, Shannon L, MSW at 9/6/2024 1504

SOCIAL WORK FOLLOW-UP NOTE

9/6/2024
Brief description: Housing advocacy

Patient description, presenting problem, patient / family goals: Patient is a English speaking 99 year old female, receiving medical care with the HMC Senior Care Clinic.

SW referred by the medical team for support with housing advocacy. Pt having difficulties with their housing; their apartment manager has removed ADA accommodations and are threatening eviction. Louis has hired a lawyer and is feeling very stressed about their home environment.

Pt lives in Bainbridge Island and has Molina Medicare and Medicare Savings Plan (QMB Medicaid) insurance coverage.

Intervention / Outcome / Plan:
1. SW called pts son, Louis and reached his VM. SW left a message of introduction and encouraged return call for assistance with housing advocacy.
2. SW sent outreach message via mychart. SW contact information provided.

SW will remain available for continued support/assistance as needed.

Shannon McDonald, MSW

09/06/2024 - Telephone in Harborview Senior Care Clinic (continued)

Clinical Notes (continued)

W. Speciality Clinic Social Worker
Harborview Medical Center
206-744-8036

Electronically signed by McDonald, Shannon L, MSW at 9/9/2024 1:35 PM

Flowsheets

HMC SW CLINIC ACTIVITY REPORT

Row Name	09/06/24 0700
SW Clinic Name	HMC Senior Care Clinic
Mission	Inadequate funding
SW Language Service Provided in	In English
SW Encounter Type	SW Telephone Encounter
SW Outpatient Services (minutes)	35
Advocacy, Information & Referral	Housing/Residential Advocacy (inc independent and supported)

08/30/2024 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

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Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

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Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
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Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient

08/30/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD | Ordered on: 1/18/2024
Start date: 1/18/2024 | End date: 3/14/2025
Quantity: 15 each | Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD | Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD | Ordered on: 4/10/2024
Start date: 4/10/2024 | End date: 3/8/2025
Quantity: 10 mL | Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD | Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD | Ordered on: 8/21/2024
Start date: 8/21/2024 | End date: 3/8/2025
Quantity: 90 tablet | Refill: 3 refills by 8/21/2025

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Perez, Delmis Joel, RN at 8/30/2024 1515

Opened in error.

Electronically signed by Perez, Delmis Joel, RN at 8/30/2024 3:15 PM

08/30/2024 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Follow-Up and RN20
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

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Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
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Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient

08/30/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD | Ordered on: 1/18/2024
Start date: 1/18/2024 | End date: 3/14/2025
Quantity: 15 each | Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD | Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD | Ordered on: 4/10/2024
Start date: 4/10/2024 | End date: 3/8/2025
Quantity: 10 mL | Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD | Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD | Ordered on: 8/21/2024
Start date: 8/21/2024 | End date: 3/8/2025
Quantity: 90 tablet | Refill: 3 refills by 8/21/2025

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Perez, Delmis Joel, RN at 8/30/2024 1510

Called the pt's son in reply to the voicemail left on his former provider MA's line. Son endorsed needing a picture of one of the pt's x-rays showing the right femur with the plate and screws. He indicated needing the picture by Tuesday. He wanted the picture forwarded via email which I told him was not legal. Alerted the son that a picture in the pt's Media File could suffice and will be attempted.

Electronically signed by Perez, Delmis Joel, RN at 8/30/2024 3:13 PM

08/30/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024

08/30/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD
Ordered on: 8/21/2024
Start date: 8/21/2024
End date: 3/8/2025
Quantity: 90 tablet
Refill: 3 refills by 8/21/2025

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 8/30/2024 1440

Added requested image to pt's Media File.

Electronically signed by Perez, Delmis Joel, RN at 8/30/2024 3:19 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/30/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

HUSKY HEALTH CENTER
UNIVERSITY of WASHINGTON

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 8/30/2024 2:40 PM Husky Health Primary Care Clinic 206-685-1011

Today's Visit

You saw Delmis P on Friday August 30, 2024 for: Follow Up Visit.

What's Next

SEP 11 2024 — Clinical Support
Wednesday September 11 9:00 AM (Arrive by 8:45 AM)

Husky Health Primary Care Clinic
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

DEC 3 2024 — Return Patient Appointment with Reema Navalurkar
Tuesday December 3 11:20 AM (Arrive by 11:05 AM)
Masks may be required - please check signage at your clinic when you check in.

Harborview Senior Care Clinic
325 9TH Ave
Seattle WA 98104
206-744-4191
Arrive at: Harborview Main Hospital West Clinic, 3rd Floor

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

08/30/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of August 30, 2024 3:19 PM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

08/30/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

08/30/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 8/30/2024 3:18 PM

Scan (below)



08/30/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 8/30/2024 3:19 PM: After Visit Summary

Document (below)

HUSKY HEALTH CENTER
UNIVERSITY of WASHINGTON

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 8/30/2024 2:40 PM Husky Health Primary Care Clinic 206-685-1011

Today's Visit

You saw Delmis P on Friday August 30, 2024 for: Follow Up Visit.

What's Next

SEP 11 2024 — Clinical Support
Wednesday September 11 9:00 AM (Arrive by 8:45 AM)

Husky Health Primary Care Clinic
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

DEC 3 2024 — Return Patient Appointment with Reema Navalurkar
Tuesday December 3 11:20 AM (Arrive by 11:05 AM)
Masks may be required - please check signage at your clinic when you check in.

Harborview Senior Care Clinic
325 9TH Ave
Seattle WA 98104
206-744-4191
Arrive at: Harborview Main Hospital West Clinic, 3rd Floor

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

08/30/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of August 30, 2024 3:19 PM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
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* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

08/30/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

08/30/2024 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

08/30/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD
Ordered on: 8/21/2024
Start date: 8/21/2024
End date: 3/8/2025
Quantity: 90 tablet
Refill: 3 refills by 8/21/2025

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 12/11/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Navalurkar, Reema, MD
Ordered on: 9/24/2024
Start date: 9/24/2024
End date: 12/10/2024
Quantity: 90 tablet
Refill: 3 refills by 9/24/2025

clotrimazole 10 MG troche

Instructions: Dissolve 1 Troche (10 mg) by mouth 3 times a day for 14 days.
Authorized by: Navalurkar, Reema, MD
Ordered on: 9/24/2024
Start date: 9/24/2024
End date: 10/8/2024
Quantity: 42 Troche
Refill: No refills remaining

Stopped in Visit

None

Messages

How to access the image

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting Delmis Joel Perez, RN)	8/30/2024 3:45 PM

Thank You...."easy...pesy"...Know I understand Jean's issues, as to movement....some screw extending in to muscle region, this could cause discomfort in moving....

Thank for tutorial.....need to get acquainted with menu more, working with record....takes time.

Again thanks, for the driving instructions.....yuk...yuk...yuk

How to access the image

From	To	Sent and Delivered
Delmis Joel Perez, RN	Hoffman, Jeanne Leonie	8/30/2024 3:25 PM

Last Read in MyChart
8/30/2024 3:34 PM by Hoffman, Jeanne Leonie

08/30/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Hi Louis,

In your mother's MyChart page, these are the steps to find the image added to her documents.

1. Click on "Your Menu"
2. Scroll to "Document Center" and click
3. Click on "My Documents"

The photo entered just now should be the first option. Let me know if you need further assistance.

Take care,
Delmis Perez, RN, BSN
Husky Health Center (Consulting Nurse) - 206-221-2517 (Mon-Fri, 8a-5p)
Community Care Line RNs - 206-520-7511 (after 5p and weekends)

For urgent mental health concerns:

Crisis Chat-www.crisischat.org
Crisis Text Line-Text HOME to 741741
King County Crisis Line-206-461-3222

08/29/2024 - Orders Only in Harborview Senior Care Clinic

Reason for Visit

Visit diagnosis: Venous stasis ulcer of left ankle, unspecified ulcer stage, unspecified whether varicose veins present

Visit Information

Provider Information

Encounter Provider

Navalurkar, Reema, MD

Department

Name	Address	Phone	Fax
Harborview Senior Care Clinic	325 9TH Ave Seattle WA 98104	206-744-4191	206-744-8527

Follow-up and Dispositions

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder

08/29/2024 - Orders Only in Harborview Senior Care Clinic (continued)

Medication List (continued)

Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD — Ordered on: 8/21/2024
Start date: 8/21/2024 — End date: 3/8/2025
Quantity: 90 tablet — Refill: 3 refills by 8/21/2025

Stopped in Visit

None

Clinical Notes

Progress Notes

Navalurkar, Reema, MD at 8/29/2024 0957

Ms. Hoffman's wounds were previously managed by Husky Health; she is transferring primary care to HMC SCC. She has one final appointment for wound care with Husky Health on Sept 11; after this, Husky Health has requested we transfer care to Swedish's wound care clinic; order placed.

Electronically signed by Navalurkar, Reema, MD at 8/29/2024 10:03 AM

Phu, Phuong Q, Coordinator at 8/29/2024 0957

Referral faxed to Swedish Wound Healing Center at 206-320-4073.

Electronically signed by Phu, Phuong Q, Coordinator at 8/29/2024 11:10 AM

Other Orders

Referral

08/29/2024 - Orders Only in Harborview Senior Care Clinic (continued)

Other Orders (continued)

Referral to Wound Care (Discontinued)

Electronically signed by: **Navalurkar, Reema, MD on 08/29/24 1003** Status: **Discontinued**
Ordering user: Navalurkar, Reema, MD 08/29/24 1003
Authorized by: Bennett, Katherine Ann, MD
Frequency: Routine 08/29/24 -
Quantity: 1
Ordering provider: Navalurkar, Reema, MD
Ordering mode: Standard
Class: External Referral
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Venous stasis ulcer of left ankle, unspecified ulcer stage, unspecified whether varicose veins present (HCC) [I83.023, L97.329]
Scheduling instructions
Referral to: Patient Preference (POS 103798)

Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid REASON FOR REFERRAL: 99 year old female with venous insufficiency and LLE wounds. Please refer to Swedish Wound Care clinic.

Referral Details

Referred By		Referred To	Type	Priority
Bennett, Katherine Ann, MD 325 9th Ave Mailstop 359755 SEATTLE WA 98104 Phone: 206-744-4191 Fax: 206-744-8527	Diagnoses: Venous stasis ulcer of left ankle, unspecified ulcer stage, unspecified whether varicose veins present (HCC) Reason: Specialty Services Required	**SMC SWEDISH WOUND HEALING CENTER** 540 16th Ave Seattle WA 98122 Phone: 206-320-2492 Fax: 206-320-4073	Specialty Visit	Routine

Comment: Coverage for this visit--Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
REASON FOR REFERRAL: 99 year old female with venous insufficiency and LLE wounds. Please refer to Swedish Wound Care clinic.

Indications

Venous stasis ulcer of left ankle, unspecified ulcer stage, unspecified whether varicose veins present (HCC) [I83.023, L97.329 (ICD-10-CM)]

08/22/2024 - Patient Web Update in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Melsher, Jennifer L, ARNP

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

08/22/2024 - Patient Web Update in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD
Ordered on: 8/21/2024
Start date: 8/21/2024
End date: 3/8/2025
Quantity: 90 tablet
Refill: 3 refills by 8/21/2025

Stopped in Visit

None

Messages

Appointment Request

From	To	Sent and Delivered
Rico R Romo, PSS/PSR	Hoffman, Jeanne Leonie	8/22/2024 3:38 PM

Last Read in MyChart
Not Read

Hello Jeanne and Louis,

I have scheduled you for the following appointment in our Primary Care Clinic. Details are below:

Appointment Date: Wednesday September 11, 2024
Appointment Time: 9:00 am
Provider: Nurse
Location: Husky Health Center

Please arrive 10-15 minutes prior to your appointment time for check-in. Please be prepared to be screened for Covid symptoms upon entry also be prepared to show your photo ID and insurance information. As a reminder, appointments that are cancelled late or no showed may result in a fee.

We are encouraging that all patients entering the building to have a mask on due to an increase volume of upper respiratory symptoms.

Parking is available in the Padelford Hall lots, N21 and N20, this is pay to park parking. Parking across the street in our 3 parking spots requires pre-authorization with HHC staff, and typically they are for patients having trouble walking . If you park across the street, you must inform check-in staff where you parked or you will be ticketed.

08/22/2024 - Patient Web Update in Husky Health Primary Care Clinic (continued)

Messages (continued)

Thank you
Rico, PSS Husky Health Center

Appointment Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Front Desk Pool (supporting Jennifer L Melsher, ARNP)	8/22/2024 3:31 PM

Appointment Request From: Jeanne Leonie Hoffman

With Provider: Jennifer L Melsher [Husky Health Primary Care Clinic]

Preferred Date Range: 9/11/2024 – 9/11/2024

Preferred Times: Wednesday Morning

Reason for visit: Office Visit

Comments:
Delmis: Wound Care, HVM Referral

08/20/2024 - Office Visit in Harborview Senior Care Clinic

Reason for Visit

Chief complaints: Establish Care and Wound Check
Visit diagnoses:

- Open wound of left upper extremity, initial encounter (primary)
- Venous stasis ulcer of left ankle, unspecified ulcer stage, unspecified whether varicose veins present
- Housing instability
- Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Navalurkar, Reema, MD	Bennett, Katherine Ann, MD

Department

Name	Address	Phone	Fax
Harborview Senior Care Clinic	325 9TH Ave Seattle WA 98104	206-744-4191	206-744-8527

Level of Service

Level of Service	Modifiers
PR OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	GC

Log History

LOS History
Additional EM Code History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

08/20/2024 - Office Visit in Harborview Senior Care Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Navalurkar, Reema, MD — Ordered on: 8/21/2024
Start date: 8/21/2024 — End date: 8/28/2024
Quantity: 28 capsule — Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD — Ordered on: 8/21/2024
Start date: 8/21/2024 — End date: 3/8/2025
Quantity: 90 tablet — Refill: 3 refills by 8/21/2025

Stopped in Visit

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated

Clinical Notes

Progress Notes

Navalurkar, Reema, MD at 8/20/2024 1010

SENIOR CARE CLINIC INITIAL VISIT NOTE

Clinical Notes (continued)

ID/CC: Jeanne Hoffman is a 99-year-old community-dwelling woman with chronic LLE venous stasis wounds, SNHL, and chronic back pain due to DJD with lumbar compression fractures presenting to clinic today with her son (Louis primary caregiver) to establish care.

This visit was abbreviated as their ferry was 30 minutes late getting into Seattle. It was lovely to meet Jeanne today; she would like to consolidate care at HMC/UW (previous PCP at Husky Health is retiring).

Baseline:
Lives in a 1br apartment with her son Louis on Bainbridge Island.
Accompanied today by her son/primary caregiver Louis. Transportation via ferry, then bus.
Interpreter: none

Chart review:
- admitted 11/22-11/28-2024 for CAP, which was treated with CTX/azithromycin. HDS and did not require supplemental oxygen. Hb downtrended from ~10 to ~8 (iron 14, TIBC 185, transferrin 132, tsat 8, ferritin 211) during hospitalization, attributed to NSAID use due to a reported melenic BM prior to admission. Given IV Fe x3 while inpatient and subsequently completed 8-week course of PPI; also advised to stop NSAIDs. PT/OT recommended discharge to SNF; family declined, preferred to discharge with HH PT/OT.
- slipped and fell in shower in Jan 2024, presented to ED on 1/18/24 (~2-3 weeks later) with hip pain that was attributed to DJD, chronic compression fractures of L1-L3; per chart, "She did catch herself with handrails but fell onto her lower back."
- has chronic venous stasis ulcers on LLE, followed by wound care (Husky Health Primary Care Clinic); noted to have increasing warmth/erythema in 6/2024, treated for cellulitis with ciprofloxacin 500mg BID x10d. In between wound care clinic visits, son has been doing wound care at home (uses medihoney, gauze).

Concerns today:
- no falls in the past year other than the one noted above.
- Louis denies concerns re: swallowing, says she is able to eat well.
- she reports she's been mindful about increasing greens in her diet, on recommendation of her optometrist.
- "Our manager is harassing us and trying to evict her. They took away her handrails and now she has to use a wheelchair all the time." Louis is talking to a lawyer about this. He is frustrated about lack of ADA accommodations. This has been really distressing for her, affecting her mood - "no one cares about me."
- Last Thursday 8/15, she scraped her L elbow on a door frame while in her wheelchair, resulting in an abrasion to the lateral/dorsal part of her elbow. Her son took her home, has been using iodine and other OTC antiseptics daily and bandaging it. Surrounding skin is erythematous, very tender, and indurated.

Geriatric ROS:
ADLs: dresses herself, toilets on her own. showers with some assistance from son.
IADLS: son helps with mealprep, finances, transportation; he helps with refilling prescriptions and she takes them on her own each day.
Cognition: she feels quite good, amazed and excited for "the big 1-0-0"; did not address in further detail today.
Mood: okay, though changes in her life recently have been stressful (PCP retired, housing difficulties <-- see HPI)
Mobility: walks around the house often without her cane, using a wheelchair outside the home.
Vision: wears glasses; last seen by optometry 3/2024
Hearing: decreased, has hearing aids (forgot them today)
Continence: has some urine leakage, working with home PT for pelvic strength.
Goals of Care: did not have time to address today
Frailty index/CFS-9: 6 (living with moderate frailty)

Problem List/Past Medical/ Surgical History:

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia

- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Community acquired bacterial pneumonia
- Reduced vision

Outpatient Medication List:

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn .		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		
• lidocaine 4 % patch	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.	15 each	0
• MULTIPLE VITAMIN OR	Take by mouth.		
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day	10 mL	6
• Wound Dressings (medihoney) topical gel	Apply topically every other day. Apply to wound before applying dressing	44 mL	3
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6

No current facility-administered medications for this visit.

Over the Counter/Other Supplements:
Fish oil
Multivitamin
Vit D
Vit B12

Pharmacy: Rite Aid on High School Rd, Bainbridge Island

Allergies: Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin *confusion*	Other
• Penicillins *3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD*	Skin: Rash
• Sulfa Antibiotics	Skin: Rash

Family History: deferred today

Social History:
Lives: a 1br apartment with her son Louis on Bainbridge Island
Marital Status: widowed in 1972
Children: two sons
Sexual History: not active
Social isolation/Loneliness: to discuss at next visit
Substance Use: none
Firearms: none
Nutrition: none
Education/Occupation: worked in business, now retired.
Health Literacy: quite good
DPOA/main contact: Louis (son)

Physical Exam:
BP (!) 155/90 | Pulse 64 | Temp 36.4 °C | SpO2 98%

Wt Readings from Last 3 Encounters:

11/28/23	**(!) 40.9 kg (90 lb 2.7 oz)**
10/10/22	45 kg (99 lb 3.3 oz)
10/05/20	51.1 kg (112 lb 9.6 oz)

General: well-nourished elderly woman sitting in her wheelchair; NAD.
CV: regular rate and rhythm. 2+ radial pulses, 2+ pedal pulses.
Resp: normal effort on RA.
Abd: soft, nondistended, and nontender to palpation
Ext: approx 4-5cm laceration on LUE with surrounding erythema, warmth, and tenderness; no discharge. Chronic appearing wounds (3) along lateral malleoli of LLE.

Assessment and Plan:

Clinical Notes (continued)

(S41.102A) Open wound of left upper extremity, initial encounter (primary encounter diagnosis)
Scraped elbow on doorframe while her wheelchair was being pushed through, sustained laceration with signs of surrounding cellulitis (warmth, induration, erythema, tenderness); no purulent discharge. Afebrile, HDS.
- Appreciate nursing wound care
- advised son to repeat wound care demonstrated today at home (eg, stop daily iodine, can use soap/water)
- cephalexin 500mg QID x7d

(I83.023, L97.329) Venous stasis ulcer of left ankle (HCC)
Has chronic wounds on LLE, along lateral malleoli; no signs of acute infection. Advised they continue to have regular wound care at current clinic as it is closer to them while we look into alternative options.
- appreciate nursing wound care
- continue pentoxifylline

(Z59.819) Housing instability
Son reports that their housing manager has removed grab bars and other ADA equipment and threatening eviction.
- Referral to Social Work

/// not addressed in detail today
(M47.816) Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
Cannot find DEXA results on EMR; s/p alendronate (2008-2012).
- fall risk assessment at next visit
- continue vit D and calcium supplementation

Relevant Health Care Maintenance:

Immunization History

Administered	Date(s) Administered
• COVID-19 Pfizer mRNA 2023-24 12 yrs and older (Comirnaty)	10/25/2023, 03/20/2024
• COVID-19 Pfizer mRNA bivalent 12 yrs and older	10/10/2022, 05/10/2023
• COVID-19 Pfizer mRNA monovalent 12 yrs and older	02/11/2021, 02/28/2021, 10/13/2021
• COVID-19 Pfizer mRNA monovalent tris-sucrose 12 yrs and older	04/27/2022
• Influenza quadrivalent	10/24/2018
• Influenza quadrivalent PF	12/24/2014, 11/18/2015
• Influenza quadrivalent high-dose	09/16/2020, 10/13/2021, 10/10/2022, 09/06/2023
• Influenza trivalent	09/20/2013
• Influenza trivalent PF	06/07/2006, 12/08/2012
• Influenza trivalent high-dose	09/21/2016, 09/20/2017, 09/26/2018, 10/23/2019
• Influenza, unspecified	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Pneumococcal conjugate PCV13 (Prevnar 13)	01/28/2015
• Pneumococcal polysaccharide PPSV23 (Pneumovax 23)	03/22/2010, 12/08/2012
• Td 2 Lf tetanus toxoid	06/07/2006
• Tdap	09/20/2017
• Zoster live (Zostavax)	11/24/2015
• Zoster recombinant (Shingrix)	04/17/2024, 07/10/2024

Breast cancer screening: last mammo in 2011, neg.

Clinical Notes (continued)

CRC screening: FIT neg 11/2023
Lung cancer screening: nonsmoker, not indicated

#POLST: per chart, completed POLST in 2016; to discuss at next visit
#RTC in: 12/3/2024 or sooner as needed
- discuss mood
- f/u housing concerns
- review ACP, POLST

///
Reema Navalurkar, MD
Geriatric Medicine Fellow

Patient seen and discussed with attending, Dr. Bennett.

Electronically signed by Navalurkar, Reema, MD at 8/21/2024 11:04 PM

Bennett, Katherine Ann, MD at 8/20/2024 1010

Attending Note
Patient was seen, examined, and evaluated with Reema Navalurkar, MD. I discussed this patient's history and physical findings as well as the plan for this patient. I have reviewed and confirm the findings and plan as documented in this note. Discussed wound care plan of care with RN in clinic after reviewing prior wound care documentation. Patient and son under significant stress from a variety of sources, including housing and have ongoing legal stressors related to that. Will connect with our SW to help with resources regarding housing and as an added layer of support. Recommended ongoing wound care with current wound care clinic as the ones we usually refer to are not at HMC and would be harder for them to get to. Her son described the wound care plan in detail and all wounds looked clean and dry and well cared for. There is some surrounding cellulitis on the LUE wound, so prescribing a course of antibiotics. Will continue remainder of comprehensive geriatric assessment in follow up given the late arrival (due to external factors related to unusual traffic/congestion on the way here). She has goals of living well past 100 and is eager to continue traveling and enjoying her life.

Electronically signed by Bennett, Katherine Ann, MD at 8/22/2024 12:57 PM

Other Orders

Medications

cephalexin 500 MG capsule (Discontinued)

Electronically signed by: **Navalurkar, Reema, MD on 08/20/24 1159** Status: **Discontinued**
Ordering user: Navalurkar, Reema, MD 08/20/24 1159 Ordering provider: Navalurkar, Reema, MD
Authorized by: Navalurkar, Reema, MD Ordering mode: Standard
Frequency: Routine QID 08/20/24 - 5 days Class: Normal
Discontinued by: Navalurkar, Reema, MD 08/21/24 2224 [Therapy completed/no longer indicated]
Diagnoses
Open wound of left upper extremity, initial encounter [S41.102A]

Indications

Open wound of left upper extremity, initial encounter [S41.102A (ICD-10-CM)]

08/20/2024 - Office Visit in Harborview Senior Care Clinic (continued)

Other Orders (continued)

cephalexin 500 MG capsule (Expired)

Electronically signed by: **Navalurkar, Reema, MD on 08/21/24 2232** Status: **Expired**
Ordering user: Navalurkar, Reema, MD 08/21/24 2232
Ordering provider: Navalurkar, Reema, MD
Authorized by: Navalurkar, Reema, MD
Ordering mode: Standard
Frequency: Routine QID 08/21/24 - 7 days
Class: Normal
Diagnoses
Open wound of left upper extremity, initial encounter [S41.102A]

Indications

Open wound of left upper extremity, initial encounter [S41.102A (ICD-10-CM)]

pentoxifylline ER 400 MG ER tablet (Discontinued)

Electronically signed by: **Navalurkar, Reema, MD on 08/21/24 2239** Status: **Discontinued**
Ordering user: Navalurkar, Reema, MD 08/21/24 2239
Ordering provider: Navalurkar, Reema, MD
Authorized by: Navalurkar, Reema, MD
Ordering mode: Standard
Frequency: Routine TID 08/21/24 - 03/08/25
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/08/25 1137
Diagnoses
Venous stasis ulcer of left ankle, unspecified ulcer stage, unspecified whether varicose veins present (HCC) [I83.023, L97.329]
Admin instructions: Take with food.

Indications

Venous stasis ulcer of left ankle, unspecified ulcer stage, unspecified whether varicose veins present (HCC) [I83.023, L97.329 (ICD-10-CM)]

Nursing

Nursing communication (Completed)

Electronically signed by: **Navalurkar, Reema, MD on 08/20/24 1200** Status: **Completed**
Ordering user: Navalurkar, Reema, MD 08/20/24 1200
Ordering provider: Navalurkar, Reema, MD
Authorized by: Bennett, Katherine Ann, MD
Ordering mode: Standard
Frequency: Routine 08/20/24 -
Class: Clinic Performed
Quantity: 1
Diagnoses
Open wound of left upper extremity, initial encounter [S41.102A]
Order comments: Wound care instructions from prev wound care clinic: 1. Dressing removed from LLE. 2. Left lower leg was wrapped with a warm wet towel and chlorhexidine soap applied to the wounds on the left leg. 3. The LLE sites were wiped with NS moistened gauze. 4. Lidocaine 2% gel was applied to the LLE wounds. 5. Each open area was gently debrided using a 4 mm curette. 6. All sites were gently wiped with NS moistened gauze. 7. Each site was cleansed with Chlorhexidine swabs. 8. Carradres hydrogel dressings were cut to fit and applied to each wound 9. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape. 10. Surgilast 5.5 was placed over the gauze. 11.Replaced the sock and shoe the pt had on which she arrived. Please upload photo(s) to media tab.

Indications

Open wound of left upper extremity, initial encounter [S41.102A (ICD-10-CM)]

Referral

Referral to Social Work (Discontinued)

Electronically signed by: **Navalurkar, Reema, MD on 08/20/24 1203** Status: **Discontinued**
Ordering user: Navalurkar, Reema, MD 08/20/24 1203
Ordering provider: Navalurkar, Reema, MD
Authorized by: Bennett, Katherine Ann, MD
Ordering mode: Standard
Frequency: Routine 08/20/24 -
Class: Internal Referral
Quantity: 1
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Diagnoses
Housing instability [Z59.819]

Questionnaire

08/20/2024 - Office Visit in Harborview Senior Care Clinic (continued)

Other Orders (continued)

Question	Answer
Does the ordering provider want to track the referral?	No

Scheduling instructions
Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Reason for Referral: 99 year old year old, female and her son/cargiver Louis are having difficulties with their housing; their apartment manager has removed ADA accommodations and are threatening eviction. Louis has hired a lawyer and is feeling very stressed about their home environment. Additional Info/Restrictions: HMC: DO NOT place referral order to social work. Page your clinic's social worker instead. UWMC: Refer to social worker within your clinic. For urgent issues, please also page the SW. UWPC: Refer to social worker within your clinic.

Referral Details

Referred By		Referred To	Type	Priority
Bennett, Katherine Ann, MD 325 9th Ave Mailstop 359755 SEATTLE WA 98104 Phone: 206-744-4191 Fax: 206-744-8527	Diagnoses: Housing instability	**Hmc Senior Care Clinic** 325 9TH Ave Seattle WA 98104 Phone: 206-744-4191 Fax: 206-744-8527 Specialty: Clinical Social Worker	Specialty Visit	Routine

Comment: Reason for Referral: 99 year old year old, female and her son/cargiver Louis are having difficulties with their housing; their apartment manager has removed ADA accommodations and are threatening eviction. Louis has hired a lawyer and is feeling very stressed about their home environment.

Additional Info/Restrictions:
HMC: DO NOT place referral order to social work. Page your clinic's social worker instead.

UWMC: Refer to social worker within your clinic. For urgent issues, please also page the SW.

UWPC: Refer to social worker within your clinic.

Indications

Housing instability [Z59.819 (ICD-10-CM)]

Flowsheets

Custom Formula Data

Row Name	08/20/24 1048
Temp (in Celsius) for APACHE IV	36.4

Vital Data

Row Name	08/20/24 1048
BP	**155/90** !
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Temp	36.4 °C
Pulse	64
SpO2	98 %

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

08/20/2024 - Office Visit in Harborview Senior Care Clinic (continued)

After Visit Summary (continued)

After Visit Summary (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 8/20/2024 10:10 AM Harborview Senior Care Clinic 206-744-4191

Instructions from Reema Navalurkar

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

cephalexin • pentoxifylline ER

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Referral to Social Work

Where: Harborview Senior Care Clinic
Address: 325 9TH Ave Seattle WA 98104
Phone: 206-744-4191
Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.

What's Next

DEC 3 2024

Return Patient Appointment with Reema Navalurkar

Tuesday December 3 11:20 AM
(Arrive by 11:05 AM)

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

Harborview Senior Care Clinic
325 9TH Ave
Seattle WA 98104
206-744-4191
Arrive at: Harborview Main Hospital West Clinic, 3rd Floor

Today's Visit

You saw Reema Navalurkar on Tuesday August 20, 2024. The following issues were addressed: Open wound of left upper extremity, initial encounter; Venous stasis ulcer of left ankle, unspecified ulcer stage, unspecified whether varicose veins present; Housing instability; and Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status.

Blood Pressure	Temperature
155/90	97.5 °F
Pulse	**Oxygen Saturation**
64	98%

Done Today

Nursing communication for Open wound of left upper extremity, initial encounter

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List

Accurate as of August 20, 2024 11:59 PM.
If you have any questions, ask your nurse or doctor.

TAKE these medications

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
START **cephalexin** 500 MG capsule Commonly known as: Keflex	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
START **pentoxifylline ER** 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

STOP taking these medications

STOP **clotrimazole** 10 MG troche
Commonly known as: Mycelex

08/20/2024 - Office Visit in Harborview Senior Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

08/20/2024 - Office Visit in Harborview Senior Care Clinic (continued)

Documents

After Visit Summary - Document on 8/22/2024 12:57 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 8/20/2024 10:10 AM Harborview Senior Care Clinic 206-744-4191

Instructions from Reema Navalurkar

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

cephalexin • pentoxifylline ER

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Referral to Social Work

Where: Harborview Senior Care Clinic
Address: 325 9TH Ave Seattle WA 98104
Phone: 206-744-4191
Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.

What's Next

DEC 3 2024

Return Patient Appointment with Reema Navalurkar

Tuesday December 3 11:20 AM (Arrive by 11:05 AM)

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

Harborview Senior Care Clinic
325 9TH Ave
Seattle WA 98104
206-744-4191
Arrive at: Harborview Main Hospital West Clinic, 3rd Floor

Today's Visit

You saw Reema Navalurkar on Tuesday August 20, 2024. The following issues were addressed: Open wound of left upper extremity, initial encounter; Venous stasis ulcer of left ankle, unspecified ulcer stage, unspecified whether varicose veins present; Housing instability; and Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status.

Blood Pressure 155/90	Temperature 97.5 °F
Pulse 64	Oxygen Saturation 98%

Done Today

Nursing communication for Open wound of left upper extremity, initial encounter

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 8/22/2024 12:57 PM

Page 1 of 3 Epic

Your Medication List

Accurate as of August 20, 2024 11:59 PM.
If you have any questions, ask your nurse or doctor.

TAKE these medications

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
START **cephalexin** 500 MG capsule Commonly known as: Keflex	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
START **pentoxifylline ER** 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

STOP taking these medications

STOP **clotrimazole** 10 MG troche
Commonly known as: Mycelex

08/20/2024 - Office Visit in Harborview Senior Care Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

08/11/2024 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Cellulitis of left lower extremity

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

08/11/2024 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Other Orders

Medications

cephalexin 500 MG capsule [Pharmacy Med Name: CEPHALEXIN 500 MG CAPSULE] (Cancel Pend)

Electronically signed by: **Kerby, Kalena L, CMA on 08/12/24 1203** — Status: **Cancel Pend**
Ordering user: Kerby, Kalena L, CMA 08/12/24 1203 — Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Frequency: 08/12/24 - Until Discontinued — Class: Normal
Pended by: Uw Surescripts Incoming, User 08/11/24 0339 — Discontinued by: Discharge Provider, Automatic 03/14/25 1742
Reordered from: cephalexin (Keflex) 500 MG capsule

08/08/2024 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Follow-Up and RN5
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder

08/08/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Perez, Delmis Joel, RN at 8/8/2024 1058

Called the pt's son to discuss the message he sent about transferring care to the HMC Senior Care Clinic. Son endorses having cancelled the appt for wound care at HH next week as they will be trying to have all the care consolidated at Harborview. Son appreciative of the care provided at HH.

Electronically signed by Perez, Delmis Joel, RN at 8/8/2024 11:03 AM

08/07/2024 - Telephone in UW Medical Center Roosevelt General Internal Medicine

Reason for Visit

Chief complaint: Appointment
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder

08/07/2024 - Telephone in UW Medical Center Roosevelt General Internal Medicine (continued)

Medication List (continued)

Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Clinton, Takita at 8/7/2024 1443

RETURN CALL: Voicemail - Not Available

SUBJECT: Appointment Request

REASON FOR VISIT: New wellness visit
PREFERRED DATE/TIME: first available.
REASON UNABLE TO APPOINT: Patient used to be seen at GIM with Neighbor, Jr Wlliam. When this pcp moved to hall health so did the patient. Pt needs to come back as this pcp is now retiring and hall health has changed the age

08/07/2024 - Telephone in UW Medical Center Roosevelt General Internal Medicine (continued)

Clinical Notes (continued)

limits and they are not allowed to stay as patients.

Can pt be added to waitlist please? Can pt get a call back about this?

Thank you.

Electronically signed by Clinton, Takita at 8/7/2024 2:45 PM

Messages

Request to Establish Care

From	To	Sent and Delivered
Dominic Cardinale, PSS/PSR	Hoffman, Jeanne Leonie	8/7/2024 2:54 PM

Last Read in MyChart
8/7/2024 8:17 PM by Hoffman, Jeanne Leonie

Hey Jeanne,

At this time we do not have any NEW patient appointments available. Please give us a call in late August-early September , to schedule an appointment to establish care. You can reach us at at 206-598-8750, and ask to speak to your care team. You have been placed on a wait list.

Thanks,

UW General Internal Medicine Clinic

08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Perez, Delmis Joel, RN	Van Hoff, Linda A, ARNP

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 8/7/2024 0940

Jeanne Hoffman is a 99 yr old female in clinic with son, Louis, for continued wound care of Left Lower Extremity (LLE)

08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

venous stasis ulcers. Last visit was on July 31, 2024. Son explains there is a possible 2 bedroom apartment open for them to move into. Offered supportive statements. Next appointment 8/14/2024. Helped pt transfer with moderate assist from her wheelchair to the exam table.

Today's care:
1. Dressing removed from LLE.
2. Left lower leg was wrapped with a warm wet towel and chlorhexidine soap applied to the wounds on the left leg.
3. The LLE sites were wiped with NS moistened gauze.
4. Lidocaine 2% gel was applied to the LLE wounds.
5. Each open area was gently debrided using a 4 mm curette.
6. All sites were gently wiped with NS moistened gauze.
7. Each site was cleansed with Chlorhexidine swabs.
8. Carradres hydrogel dressings were cut to fit and applied to each wound
9. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape.
10. Surgilast 5.5 was placed over the gauze.
11. Replaced the sock and shoe the pt had on which she arrived.

Left Leg wounds. Measurements:
1. Medial Ankle: 2.6 cm x 2.7 cm x 0.2 cm
2. Medial Ankle Anterior Satellite: 0.4 cm x 0.4 cm x 0.2 cm
3. Proximal Lateral Ankle and Superior Lateral Foot: 7.2 cm x 2.3 cm x 0.2 cm
4. Distal Lateral Shin: 5.7 cm x 4.2 cm x 0.2 cm.

Transferred pt from exam table back to wheelchair. Pt able to bear own wt and transfer with minimal assist. Pt's son aware of appt next week.

Electronically signed by Perez, Delmis Joel, RN at 8/7/2024 11:01 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 8/7/2024 9:40 AM Husky Health Primary Care Clinic 206-685-1011

Today's Visit

You saw Delmis P on Wednesday August 7, 2024 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

You currently have no upcoming appointments scheduled.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of August 7, 2024 11:01 AM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
clotrimazole 10 MG troche Commonly known as: Mycelex	Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 8/7/2024 10:07 AM

Scan (below)



08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 8/7/2024 10:07 AM

Scan (below)



08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 8/7/2024 10:07 AM

Scan (below)



08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 8/7/2024 10:07 AM

Scan (below)



08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 8/7/2024 10:07 AM

Scan (below)



08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 8/7/2024 10:09 AM

Scan (below)



08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 8/7/2024 10:09 AM

Scan (below)



08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 8/7/2024 10:09 AM

Scan (below)



08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 8/7/2024 10:09 AM

Scan (below)



08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 8/7/2024 10:09 AM

Scan (below)



08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 8/7/2024 11:01 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 8/7/2024 9:40 AM Husky Health Primary Care Clinic 206-685-1011

Today's Visit

You saw Delmis P on Wednesday August 7, 2024 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

You currently have no upcoming appointments scheduled.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of August 7, 2024 11:01 AM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
clotrimazole 10 MG troche Commonly known as: Mycelex	Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

08/07/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

08/01/2024 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Follow-Up and RN5
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder

08/01/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Perez, Delmis Joel, RN at 8/1/2024 1203

LVM urging pt's son to reconsider establishing care at the Senior Care Clinic at Harborview which has more services available to help the pt.

Electronically signed by Perez, Delmis Joel, RN at 8/1/2024 12:07 PM

07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Perez, Delmis Joel, RN	Van Hoff, Linda A, ARNP

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

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Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 7/31/2024 0940

Jeanne Hoffman is a 99 yr old female in clinic with son, Louis, for continued wound care of Left Lower Extremity (LLE)

07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

venous stasis ulcers. Last visit was on July 24, 2024. Son explains lawyers visited their home yesterday and the court case is still pending. Offered supportive statements. Next appointment 8/7/2024. Helped pt transfer with moderate assist from her wheelchair to the exam table.

Today's care:
1. Dressing removed from LLE.
2. Left lower leg was wrapped with a warm wet towel and chlorhexidine soap applied to the wounds on the left leg.
3. The LLE sites were wiped with NS moistened gauze.
4. Lidocaine 2% gel was applied to the LLE wounds.
5. Each open area was gently debrided using a 4 mm curette.
6. All sites were gently wiped with NS moistened gauze
7. Carradres hydrogel dressings were cut to fit and applied to each wound
8. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape.
9. Surgilast 5.5 was placed over the gauze.
10. Replaced both socks and slippers the pt had on which she arrived.

Left Leg wounds. Measurements:
1. Medial Ankle: 2.7 cm x 2.0 cm x 0.2 cm
2. Medial Ankle Anterior Satellite: 0.4 cm x 0.5 cm x 0.2 cm
3. Proximal Lateral Ankle and Superior Lateral Foot: 6.5 cm x 2.3 cm x 0.2 cm
4. Distal Lateral Shin: 5.8 cm x 4.3 cm x 0.2 cm. Peripheral skin accidentally scrubbed off when cleaning recently not included in measurement.

Transferred pt from exam table back to wheelchair. Pt able to bear own wt and transfer with minimal assist. Pt's son aware of appt next week.

Electronically signed by Perez, Delmis Joel, RN at 8/7/2024 11:04 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 7/31/2024 9:40 AM Husky Health Primary Care Clinic 206-685-1011

Today's Visit

You saw Delmis P on Wednesday July 31, 2024 for: Wound Check/Dressing Change and RN60.

What's Next

You currently have no upcoming appointments scheduled.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List as of July 31, 2024 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
clotrimazole 10 MG troche Commonly known as: Mycelex	Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 7/31/2024 10:13 AM

Scan (below)



07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/31/2024 10:13 AM

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07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/31/2024 10:13 AM

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07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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Provider-Created Image - Scan on 7/31/2024 10:13 AM

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07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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Provider-Created Image - Scan on 7/31/2024 10:13 AM

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07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/31/2024 10:13 AM

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07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/31/2024 10:13 AM

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07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/31/2024 10:25 AM

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07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/31/2024 10:25 AM

Scan (below)



07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 8/7/2024 11:04 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 7/31/2024 9:40 AM Husky Health Primary Care Clinic 206-685-1011

Today's Visit

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07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of July 31, 2024 11:59 PM

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cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
clotrimazole 10 MG troche Commonly known as: Mycelex	Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
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pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

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07/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

07/29/2024 - Health Maintenance Letter

Letters

Reminder by Uw Mychart, Patient User on 7/29/2024

Status: Sent
Letter body:

Dear Jeanne Hoffman,

Thank you for choosing UW Medicine! Your Primary Care Provider, William E Neighbor Jr, MD, would like for you to schedule your Annual Wellness Visit; a no-cost preventative care benefit offered by Medicare. Your healthcare team believes this opportunity extends your options for maintaining and maximizing good health.

What is the Annual Wellness Visit?

This visit consists of a health risk assessment - a provider consultation where you discuss your health needs and risks with the provider. You can also help create a personalized preventative care plan to keep you healthy. We will review your list of medications and compile a list of your current healthcare providers. Other services may be combined with this visit; however, there may be additional charges.

William E Neighbor Jr, MD would like for you to have this visit done in-person or via Telemedicine if you prefer. You can schedule the first visit with your PCP and subsequently with a Care Manager on their team as agreed with the PCP.

To schedule your Annual Wellness Visit, please click here.

If you've already had your Annual Wellness Visit completed or if you are receiving routine medical care elsewhere, please contact the clinic at 206-685-1011 or click here to send us a message so that we can update our records.

We appreciate the trust you put in us to take care of your healthcare needs.

Sincerely,

Your Clinical Care Team
UW Medicine Primary Care
Phone: 206-685-1011

07/26/2024 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

07/26/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Navalurkar, Reema, MD
Ordered on: 8/21/2024
Start date: 8/21/2024
End date: 8/28/2024
Quantity: 28 capsule
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD
Ordered on: 8/21/2024
Start date: 8/21/2024
End date: 3/8/2025
Quantity: 90 tablet
Refill: 3 refills by 8/21/2025

Stopped in Visit

None

Messages

Referral to the Senior Care Clinic at Harborview

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting Delmis Joel Perez, RN)	8/7/2024 8:35 PM

Never stop studying, when a subject becomes boring, change up.

I have about 5 majors and 20 minors, plus subject that are fun and relaxing.
Keep exercising .... once you stop....life become a dead end..... Louis

Referral to the Senior Care Clinic at Harborview

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting Delmis Joel Perez, RN)	8/7/2024 8:26 PM

It was a pleasure working with you, Jean and I will miss you and all HHPC medical team members.....we had many years of great services.

07/26/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Thank You All.

PS: Made Application for Roosevelt PC, Harborview will be temporary.

Please take care of yourself and your family.....I expect to see you in 50 year.

Referral to the Senior Care Clinic at Harborview

From	To	Sent and Delivered
Delmis Joel Perez, RN	Hoffman, Jeanne Leonie	7/26/2024 12:17 PM

Last Read in MyChart
8/7/2024 8:19 PM by Hoffman, Jeanne Leonie

Hi Jeanne and Louis,

In order to provide Jeanne with the best care after Dr. Neighbor's retirement, we've submitted a referral to the Senior Care Clinic at Harborview. I'm told they've already tried to contact you. This clinic has more services than we do here at Husky Health, including nutrition and social work, and are better suited in meeting Jeanne's needs. Please try to schedule as soon as possible with them to establish care with a new provider.

https://www.uwmedicine.org/locations/senior-care-harborview

Take care,
Delmis Perez, RN, BSN
Husky Health Center (Consulting Nurse) - 206-221-2517 (Mon-Fri, 8a-5p)
Community Care Line RNs - 206-520-7511 (after 5p and weekends)

For urgent mental health concerns:

Crisis Chat-www.crisischat.org
Crisis Text Line-Text HOME to 741741
King County Crisis Line-206-461-3222

07/24/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Noeldner, Jessica P, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024

07/24/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD | Ordered on: 11/27/2023
Start date: 11/27/2023 | End date: 8/20/2024
Quantity: 102 tablet | Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD | Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 1/3/2024
Start date: 1/3/2024 | End date: 9/24/2024
Quantity: 90 tablet | Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic | Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD | Ordered on: 1/18/2024
Start date: 1/18/2024 | End date: 3/14/2025
Quantity: 15 each | Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD | Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD | Ordered on: 4/10/2024
Start date: 4/10/2024 | End date: 3/8/2025
Quantity: 10 mL | Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD | Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD | Ordered on: 4/10/2024
Start date: 4/10/2024 | End date: 8/20/2024
Quantity: 90 tablet | Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD | Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP | Ordered on: 6/18/2024
Start date: 6/18/2024 | End date: 8/21/2024
Quantity: 70 Troche | Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Noeldner, Jessica P, RN at 7/24/2024 0920

Jeanne Hoffman is a 99 yr old female in clinic with son, Louis, for continued wound care of Left Lower Extremity (LLE) venous stasis ulcers. Last visit was on July 17, 2024. Son continues to explain the court process by which they may

07/24/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

be evicted and living in a tent within the next couple of weeks. Offered supportive statements. Next appointment 7/31/2024.

Today's care:
1. Dressing removed from LLE.
2. Left lower leg was wrapped with a warm wet towel and chlorhexidine soap applied to the wounds on the left leg.
3. The LLE sites were wiped with NS moistened gauze.
4. Lidocaine 2% gel was applied to the LLE wounds.
5. Each open area was gently debrided using a 4 mm curette.
6. All sites were gently wiped with NS moistened gauze
7. Melgisorb Ag was shaped to fit each wound
8. Carradres hydrogel dressings were cut to fit and applied to each wound
9. Vaseline was applied over all wounds
10. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape.
11. Surgilast 5.5 was placed over the gauze.
12. New socks were placed over both feet
13. Replaced both slippers the pt had on which she arrived.

Left Leg wounds. Measurements not taken but photo taken before debridement and uploaded to pt's chart.

Transferred pt from exam table back to wheelchair. Pt able to bear own wt and transfer with minimal assist. Pt's son aware of appt next week. Pt smiling and waved goodbye.

Jessica P Noeldner, RN

Electronically signed by Noeldner, Jessica P, RN at 7/24/2024 10:52 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

07/24/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 7/24/2024 9:20 AM Husky Health Primary Care Clinic 206-685-1011

Today's Visit

You saw Jessica N on Wednesday July 24, 2024 for: Wound Check/Dressing Change and RN60.

What's Next

JUL 31 2024 Clinical Support
Wednesday July 31 9:40 AM (Arrive by 9:25 AM)

Husky Health Primary Care Clinic
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

07/24/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of July 24, 2024 12:24 PM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
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* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
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timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

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07/24/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

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07/24/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 7/24/2024 9:59 AM

Scan (below)



07/24/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/24/2024 9:59 AM

Scan (below)



07/24/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 7/24/2024 12:24 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 7/24/2024 9:20 AM Husky Health Primary Care Clinic 206-685-1011

Today's Visit

You saw Jessica N on Wednesday July 24, 2024 for: Wound Check/Dressing Change and RN60.

What's Next

JUL 31 2024 Clinical Support
Wednesday July 31 9:40 AM (Arrive by 9:25 AM)

Husky Health Primary Care Clinic
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

07/24/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of July 24, 2024 12:24 PM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
clotrimazole 10 MG troche Commonly known as: Mycelex	Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

07/24/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Perez, Delmis Joel, RN	Van Hoff, Linda A, ARNP

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 7/17/2024 1000

Jeanne Hoffman is a 99 yr old female in clinic with son, Louis, for continued wound care of Left Lower Extremity (LLE)

07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

venous stasis ulcers. Last visit was on July 10, 2024. The right forearm skin contusion has completely healed. Son continues to explain the court process by which they may be evicted and living in a tent within the next couple of weeks. Offered supportive statements. Next appointment 7/17/2024.

Today's care:
1. Dressing removed from LLE.
2. Left lower leg was wrapped with a warm wet towel and chlorhexidine soap applied to the wounds on the left leg.
3. The LLE sites were wiped with NS moistened gauze.
4. Lidocaine 2% gel was applied to the LLE wounds.
5. Each open area was gently debrided using a 4 mm curette.
6. All sites were gently wiped with NS moistened gauze
7. Melgisorb Ag was shaped to fit each wound
8. Carradres hydrogel dressings were cut to fit and applied to each wound
9. Vaseline was applied over all wounds
10. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape.
11. Surgilast 5.5 was placed over the gauze.
12. New socks were placed over both feet
13. Replaced both slippers the pt had on which she arrived.

Left Leg wounds. Measurements taken:
1. Medial Ankle: 2.8 cm x 2.3 cm x 0.2 cm
2. Medial Ankle Anterior Satellite: 0.6 cm x 0.6 cm x 0.2 cm
3. Proximal Lateral Ankle and Superior Lateral Foot: 7.3 cm x 2.4 cm x 0.2 cm
4. Distal Lateral Shin: 6.2 cm x 4.2 cm x 0.2 cm. Peripheral skin accidentally scrubbed off when cleaning recently not included in measurement.

Electronically signed by Perez, Delmis Joel, RN at 7/31/2024 10:44 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 7/17/2024 10:00 AM Husky Health Primary Care Clinic 206-685-1011

Today's Visit

You saw Delmis P on Wednesday July 17, 2024 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

AUG 7 2024 Clinical Support
Wednesday August 7 9:40 AM (Arrive by 9:25 AM)

Husky Health Primary Care Clinic
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

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07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of July 17, 2024 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
clotrimazole 10 MG troche Commonly known as: Mycelex	Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 7/17/2024 10:42 AM

Scan (below)



07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/17/2024 10:42 AM

Scan (below)



07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/17/2024 10:42 AM

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07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/17/2024 10:42 AM

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07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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Provider-Created Image - Scan on 7/17/2024 10:42 AM

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07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/17/2024 10:42 AM

Scan (below)



07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/17/2024 10:42 AM

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07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/17/2024 10:42 AM

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07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/17/2024 10:42 AM

Scan (below)



07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/17/2024 10:42 AM

Scan (below)



07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/17/2024 10:42 AM

Scan (below)



07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 7/31/2024 10:44 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 7/17/2024 10:00 AM Husky Health Primary Care Clinic 206-685-1011

Today's Visit

You saw Delmis P on Wednesday July 17, 2024 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

AUG 7 2024 Clinical Support
Wednesday August 7 9:40 AM (Arrive by 9:25 AM)

Husky Health Primary Care Clinic
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

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07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of July 17, 2024 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
clotrimazole 10 MG troche Commonly known as: Mycelex	Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

07/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

07/10/2024 - Telephone in Harborview Audiology Clinic

Reason for Visit

Chief complaints: Appointment and Other
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder

07/10/2024 - Telephone in Harborview Audiology Clinic (continued)

Medication List (continued)

Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Aurouze, Christianne R, PSS/PSR at 7/10/2024 1457

Spoke to pt's son and confirmed still waiting to hear back from Molina regarding PA for hearing aids. Will reach out at the end of the week if we still haven't heard from them.

Electronically signed by Aurouze, Christianne R, PSS/PSR at 7/15/2024 10:33 AM

Aurouze, Christianne R, PSS/PSR at 7/15/2024 1033

Still have not heard back from Molina. Resending PA and will call to find out what the hold up is.

07/10/2024 - Telephone in Harborview Audiology Clinic (continued)

Clinical Notes (continued)

Electronically signed by Aurouze, Christianne R, PSS/PSR at 7/15/2024 10:34 AM

07/10/2024 - Office Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaint: Cough
Visit diagnosis: Cough, unspecified type

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Van Hoff, Linda A, ARNP	Van Hoff, Linda A, ARNP

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

07/10/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Van Hoff, Linda A, ARNP at 7/10/2024 1200

07/10/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Chief Complaint

Patient presents with

- Cough

Subjective

Subjective:

Jeanne Hoffman is a 99 year old female who presents on 7/10/2024.

Jeanne was brought into clinic today for her regular wound management. That was completed by Delmis. The legs were in much better shape than the last time I saw them. The erythema was gone from the lower extremities. The wounds were still consistent and debrided. But the rest of the lower leg tissue was with much improved and there actually was not even much edema.

But Jenny son is concerned regarding cough he says it seems to be that she is having a cough sometimes in the evening time and in the morning more so when she is laying down or relaxing and watching TV. She has been afebrile otherwise her behavior is within normal limits for what is typical for her. He denies her having any increased lethargy or malaise . He reports she definitely has consistently had some mild depression but that is unchanged and stable.

She has had no other symptoms no nausea vomiting or diarrhea no runny nose.

Objective

Objective:

Vitals: BP 137/73 | Pulse (!) 59 | Temp 36.8 °C (Temporal) | SpO2 99%

Physical Exam

99-year-old in NAD. Sitting in the wheelchair. Accompanied by her son. Bilateral TMs within normal's with good light fix and landmarks left tympanic membrane has some fluid bubbles behind it oropharynx without erythema or exudate no. No adenopathy of head neck region heart regular rhythm S1-S2 with distant heart sounds. But I could not appreciate any murmur. Lungs were clear to auscultation with easy unlabored respirations. No rhonchi wheezing or rales noted full aeration was noted with good breath. Patient did not use any accessory muscles. actually and during the time that I was with her she did not cough at all even with her deep inhalation

Assessment/Plan

Assessment and Plan:

Jeanne was seen today for cough.

Cough, unspecified type

I reassured the son that I do not find evidence of a pneumonia or concern for pneumonia. Either subjectively or objectively. I would not recommend any further evaluation.

As far as the etiology of the cough I do not know if it is related to some postnasal drainage. It does not seem like she is in any kind of failure. He is get a monitor longer and return to clinic if he notices any worsening or increased concerns

Other orders

- ZEBRA LABELS

07/10/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Electronically signed by Van Hoff, Linda A, ARNP at 7/10/2024 12:12 PM

Other Orders

Other

ZEBRA LABELS (Completed)

Electronically signed by: **Tesfay, Lemlem H, CMA on 07/10/24 1050** Status: **Completed**
Ordering user: Tesfay, Lemlem H, CMA 07/10/24 1050 Ordering provider: Van Hoff, Linda A, ARNP
Authorized by: Van Hoff, Linda A, ARNP Ordering mode: Standard
Frequency: Routine 07/10/24 - Class: Normal
Quantity: 1

Questionnaire

Question	Answer
How many Zebra labels should print?	2

Flowsheets

Custom Formula Data

Row Name	07/10/24 1103
Temp (in Celsius) for APACHE IV	36.8

Vital Data

Row Name	07/10/24 1103
BP	137/73
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Temp	36.8 °C
Temp src	Temporal
Pulse	**59** !
Pulse Regularity	Regular
SpO2	99 %

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

07/10/2024 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 | 7/10/2024 12:00 PM | Hall Health Same Day 206-685-1011

Today's Visit

You saw Linda A Van Hoff on Wednesday July 10, 2024. The following issue was addressed: Cough, unspecified type.

Blood Pressure	Temperature (Temporal)	Pulse	Oxygen Saturation
137/73	98.3 °F	59	99%

Done Today
ZEBRA LABELS

What's Next

JUL 17 2024 — Clinical Support
Wednesday July 17 10:00 AM (Arrive by 9:45 AM)
Husky Health Primary Care Clinic
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

JUL 24 2024 — Clinical Support
Wednesday July 24 9:20 AM (Arrive by 9:05 AM)
Husky Health Primary Care Clinic
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

07/10/2024 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Your Medication List as of July 10, 2024 12:12 PM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
clotrimazole 10 MG troche Commonly known as: Mycelex	Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

07/10/2024 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

07/10/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents

After Visit Summary - Document on 7/10/2024 12:12 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 7/10/2024 12:00 PM Hall Health Same Day 206-685-1011

Today's Visit

You saw Linda A Van Hoff on Wednesday July 10, 2024. The following issue was addressed: Cough, unspecified type.

Blood Pressure	Temperature (Temporal)	Pulse	Oxygen Saturation
137/73	98.3 °F	59	99%

Done Today
ZEBRA LABELS

What's Next

JUL 17 2024	Clinical Support Wednesday July 17 10:00 AM (Arrive by 9:45 AM)	Husky Health Primary Care Clinic 4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410 206-685-1011
JUL 24 2024	Clinical Support Wednesday July 24 9:20 AM (Arrive by 9:05 AM)	Husky Health Primary Care Clinic 4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410 206-685-1011

MyChart Sign-Up

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Jeanne L. Hoffman (MRN: U8170135) • Printed at 7/10/2024 12:12 PM Page 1 of 3 Epic

07/10/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Your Medication List as of July 10, 2024 12:12 PM

ⓘ If you have any questions, ask your nurse or doctor.

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cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
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* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

07/10/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

How do I renew my prescription?

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- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Immunization or Injection, RNGREATERTHAN60, and Wound Check/Dressing Change
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Perez, Delmis Joel, RN	Van Hoff, Linda A, ARNP

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PROCEDURE VISIT ONLY NO LOS

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP
Ordered on: 6/18/2024
Start date: 6/18/2024
End date: 8/21/2024
Quantity: 70 Troche
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 7/10/2024 0940

07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Jeanne Hoffman is a 99 yr old female in clinic with son, Louis, for continued wound care of Left Lower Extremity (LLE) venous stasis ulcers. Last visit was on July 3, 2024. The right forearm skin contusion is healing nicely. Next appointment 7/17/2024.

Today's care:
1. Pt arrived without dressings.
2. The both lower legs were wrapped with a warm wet towel and chlorhexidine soap applied to the wounds on the left leg.
3. The LLE sites were wiped with NS moistened gauze.
4. Lidocaine 2% jelly was applied to the open wounds.
5. Each open area was gently debrided using a 4 mm curette.
6. All sites were gently wiped with NS moistened gauze
7. Melgisorb Ag was shaped to fit each wound
8. Carradres hydrogel dressings were cut to fit and applied to each wound including a new medial mid-shin scabbed wound
9. Vaseline was applied over all wounds
10. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape.
11. Surgilast 5.5 was placed over the gauze.
12. Right LE had Petrolatum Jelly applied to the pink skin
13. RLE wrapped with 4 inch stretch gauze and taped to itself with paper tape
14. The socks were put back on
15. Replaced both slippers the pt had on which she arrived.

Left Leg wounds. Measurements not taken:
1. Medial Ankle: 2.8 cm x 2.0 cm x 0.2 cm
2. Medial Ankle Anterior Satellite: 0.6 cm x 0.6 cm x 0.2 cm
3. Proximal Lateral Ankle and Superior Lateral Foot: 7.4 cm x 2.5 cm x 0.2 cm
4. Distal Lateral Shin: 6.5 cm x 4.2 cm x 0.2 cm

Right Lower Leg:
1. The pink area and itchiness have both decreased

Immunization Documentation

99 year old - Is this patient eligible for VFC or Adult supply vaccine? **Adult (18 and under = VFC)**

Interpreter: No

Has patient ever fainted after receiving vaccine/blood draw? : No [If YES, pt should be lying down to receive vaccine]

Vaccine Screening Questions

1	Are you allergic to Latex?	NO
2	Have you had a serious reaction or an allergic reaction to a vaccine?	NO
3	Do you currently have a moderate or severe illness,	NO

07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

	including fever?	
4	Are you pregnant or planning to become pregnant?	NO (Note: If YES: HPV and Heplisav are contraindicated in pregnancy. Consult with provider prior to giving PPSV23/PCV15/PCV20, HepA, Hib, MenACWY or MenB)
5	Have you ever had a seizure or any neurological problem associated with a vaccine? *(DTaP/TDaP/DTP pertinent)*	NO
6	Is patient receiving any **LIVE** vaccinations today? *(Varicella-Chickenpox, MMR-Measles/Mumps/Rubella, Zoster-Shingles, Yellow Fever)*	No [determine need for TB screening if getting live virus vaccine] **NOTE:** • If **YES** to any of the questions above – Do **NOT** give vaccine. Consult with RN or provider in clinic. (#5 can be YES if all Live vaccine questions are answered NO) • If **NO** to all questions above - Patient may receive vaccine.
7	Do you need to receive the Flu vaccine today?	NO

Imms administered today: **Zoster (Shingrix)**

All patients are encouraged to wait 15 minutes before leaving after receiving any vaccine.

VIS given 7/10/2024 by Delmis J Perez, RN

Was the patient alert, oriented, and without adverse reaction after the vaccine was given YES

Delmis J Perez, RN

Electronically signed by Perez, Delmis Joel, RN at 7/17/2024 11:42 AM

Medication Administrations

zoster recombinant vaccine (Shingrix) injection 0.5 mL [305110105]

Ordering Provider: Neighbor Jr., William E, MD
Ordered On: 04/12/24 1255
Ordered Dose (Remaining/Total): 0.5 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 06/11/24 0800 - 07/10/24 1059
Route: Intramuscular
Ordered Rate/Order Duration: — / —
Admin Instructions: REFRIGERATE. Do NOT Freeze. Protect from light. Reconstituted vaccine must be refrigerated.

07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication Administrations (continued)

Timestamps	Action	Dose	Route / Site	Other Information
Performed 07/10/24 1059 Documented: 07/10/24 1100	Given	0.5 mL	Intramuscular Right Deltoid	Performed by: Perez, Delmis Joel, RN

Immunizations Given

Immunization	Date
Zoster recombinant (Shingrix)	07/10/2024

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 7/10/2024 9:40 AM Husky Health Primary Care Clinic 206-685-1011

Today's Visit

You saw Delmis P on Wednesday July 10, 2024 for: Immunization or Injection; RNGREATERTHAN60; and Wound Check/ Dressing Change.

Immunizations Given

Zoster recombinant (Shingrix)

Medications Given

zoster recombinant vaccine (Shingrix) Last given 7/10/2024 10:59 AM

What's Next

JUL 24 2024 **Clinical Support**
Wednesday July 24 9:20 AM (Arrive by 9:05 AM)

Husky Health Primary Care Clinic
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List as of July 10, 2024 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
clotrimazole 10 MG troche Commonly known as: Mycelex	Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
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pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

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07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

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07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 7/10/2024 10:23 AM

Scan (below)



07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/10/2024 10:23 AM

Scan (below)



07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/10/2024 10:23 AM

Scan (below)

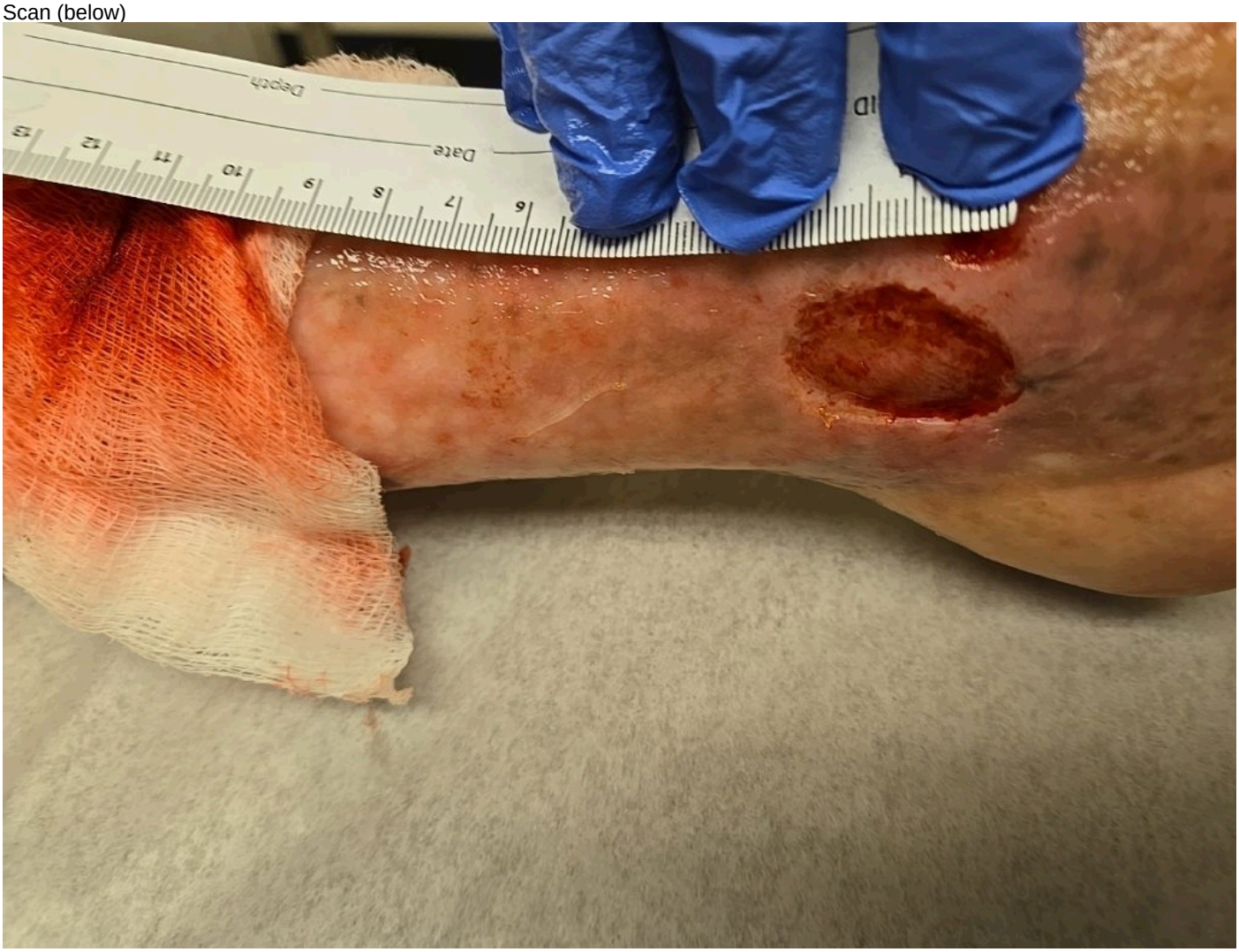


07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/10/2024 10:23 AM

Scan (below)



07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/10/2024 10:23 AM

Scan (below)



07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/10/2024 10:23 AM

Scan (below)



07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/10/2024 10:23 AM

Scan (below)



07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/10/2024 10:23 AM

Scan (below)



07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/10/2024 10:23 AM

Scan (below)



07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/10/2024 10:23 AM

Scan (below)



07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 7/18/2024 6:33 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 7/10/2024 9:40 AM Husky Health Primary Care Clinic 206-685-1011

Today's Visit

You saw Delmis P on Wednesday July 10, 2024 for: Immunization or Injection; RNGREATERTHAN60; and Wound Check/ Dressing Change.

Immunizations Given
Zoster recombinant (Shingrix)

Medications Given
zoster recombinant vaccine (Shingrix) Last given 7/10/2024 10:59 AM

What's Next

JUL 24 2024 Clinical Support
Wednesday July 24 9:20 AM (Arrive by 9:05 AM)

Husky Health Primary Care Clinic
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 7/18/2024 6:33 PM

Page 1 of 3 Epic

07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of July 10, 2024 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
clotrimazole 10 MG troche Commonly known as: Mycelex	Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

07/10/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

07/05/2024 - No Show in Husky Health Same Day Clinic

Reason for Visit

Chief complaint: No Show
Visit diagnosis: NO SHOW

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Herrmann, Nicholas George, PA-C	Herrmann, Nicholas George, PA-C

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service	Modifiers
PR HH NO-SHOW NON-SPECIALTY CARE	SP

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

07/05/2024 - No Show in Husky Health Same Day Clinic (continued)

Medication List (continued)

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Herrmann, Nicholas George, PA-C at 7/5/2024 0940

Jeanne did not cancel and was not present for a scheduled appointment today.

07/05/2024 - No Show in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Disposition: Chart reviewed, patient contacted by MyChart regarding follow-up

Electronically signed by Herrmann, Nicholas George, PA-C at 7/5/2024 3:17 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

07/05/2024 - No Show in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 7/5/2024 9:40 AM Hall Health Same Day 206-685-1011

Today's Visit

You saw Nicholas Herrmann on Friday July 5, 2024. The following issue was addressed: NO SHOW.

What's Next

JUL 10 2024	Clinical Support Wednesday July 10 9:40 AM (Arrive by 9:25 AM)	Hall Health Primary Care Center 4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410 206-685-1011
JUL 17 2024	Clinical Support Wednesday July 17 10:00 AM (Arrive by 9:45 AM)	Hall Health Primary Care Center 4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410 206-685-1011
JUL 24 2024	Clinical Support Wednesday July 24 9:20 AM (Arrive by 9:05 AM)	Hall Health Primary Care Center 4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410 206-685-1011

Medications You Will Be Given

JUN 11 2024 zoster recombinant vaccine (Shingrix)
Next due Tuesday June 11 (Overdue)
Expected: one time (1 dose remaining)

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

07/05/2024 - No Show in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Your Medication List as of July 5, 2024 3:17 PM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
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* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
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pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
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*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

07/05/2024 - No Show in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

Messages

Appointment in Same day

From	To	Sent and Delivered
Nicholas George Herrmann, PA-C	Hoffman, Jeanne Leonie	7/5/2024 3:17 PM
Last Read in MyChart		

07/05/2024 - No Show in Husky Health Same Day Clinic (continued)

Messages (continued)

8/7/2024 8:19 PM by Hoffman, Jeanne Leonie

Hi Jeanne,

It looks like we had an appointment scheduled for today. I recommend a follow up to address your symptoms if you are still having them. You can call or schedule through MyChart.

Take care!
Nicholas Herrmann

07/05/2024 - No Show in Husky Health Same Day Clinic (continued)

Documents

After Visit Summary - Document on 7/5/2024 3:17 PM: After Visit Summary

Document (below)

UW Medicine
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AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 — 7/5/2024 9:40 AM — Hall Health Same Day 206-685-1011

Today's Visit

You saw Nicholas Herrmann on Friday July 5, 2024. The following issue was addressed: NO SHOW.

What's Next

JUL 10 2024	Clinical Support Wednesday July 10 9:40 AM (Arrive by 9:25 AM)	Hall Health Primary Care Center 4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410 206-685-1011
JUL 17 2024	Clinical Support Wednesday July 17 10:00 AM (Arrive by 9:45 AM)	Hall Health Primary Care Center 4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410 206-685-1011
JUL 24 2024	Clinical Support Wednesday July 24 9:20 AM (Arrive by 9:05 AM)	Hall Health Primary Care Center 4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410 206-685-1011

Medications You Will Be Given

JUN 11 2024
zoster recombinant vaccine (Shingrix)
Next due Tuesday June 11 (Overdue)
Expected: one time (1 dose remaining)

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

07/05/2024 - No Show in Husky Health Same Day Clinic (continued)

Documents (continued)

Your Medication List as of July 5, 2024 3:17 PM

ⓘ If you have any questions, ask your nurse or doctor.

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cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
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pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

07/05/2024 - No Show in Husky Health Same Day Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Perez, Delmis Joel, RN	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 7/3/2024 0940

Jeanne Hoffman is a 99 yr old female in clinic with son, Louis, for

07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

continued wound care of Left Lower Extremity (LLE) venous stasis ulcers. Last visit was on June 26, 2024. She has a new right forearm skin contusion from getting it caught in the train doors today. Next appointment 7/10/2024.

Today's care:

1. The home dressings were gently removed.
2. The both lower legs were wrapped with a warm wet towel and chlorhexidine soap applied to the wounds on the left leg.
3. The LLE sites were wiped with NS moistened gauze.
4. Lidocaine 2% jelly was applied to the open wounds.
5. Each open area was gently debrided using a 4 mm curette.
6. All sites were gently wiped with NS moistened gauze
7. Melgisorb Ag was shaped to fit each wound
8. Carradres hydrogel dressings were cut to fit and applied to each wound including a new medial mid-shin scabbed wound
9. Vaseline was applied over all wounds
10. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape.
11. Surgilast 5.5 was placed over the gauze.
12. Right LE had Petrolatum Jelly applied to the pink skin
13. RLE wrapped with 4 inch stretch gauze and taped to itself with paper tape
14. The socks were put back on
15. Replaced both slippers the pt had on which she arrived.

Left Leg wounds. Measurements not taken:

1. Medial Ankle: 2.6 cm x 1.8 cm x 0.2 cm
2. Medial Ankle Anterior Satellite: 0.4 cm x 0.6 cm x 0.2 cm
3. Proximal Lateral Ankle and Superior Lateral Foot: 6.8 cm x 2.2 cm x 0.2 cm
4. Distal Lateral Shin: 6.2 cm x 4.2 cm x 0.2 cm
5. Medical mid-shin: scabbed abrasion

Right Lower Leg:

1. The skin is now just pink and itchy

Electronically signed by Perez, Delmis Joel, RN at 6/26/2024 12:57 PM

Electronically signed by Perez, Delmis Joel, RN at 7/17/2024 11:42 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 7/3/2024 9:40 AM Husky Health Primary Care Clinic 206-685-1011

Today's Visit

You saw Delmis P on Wednesday July 3, 2024 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

JUL 24 2024 Clinical Support
Wednesday July 24 9:20 AM (Arrive by 9:05 AM)

Husky Health Primary Care Clinic
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of July 3, 2024 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
clotrimazole 10 MG troche Commonly known as: Mycelex	Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

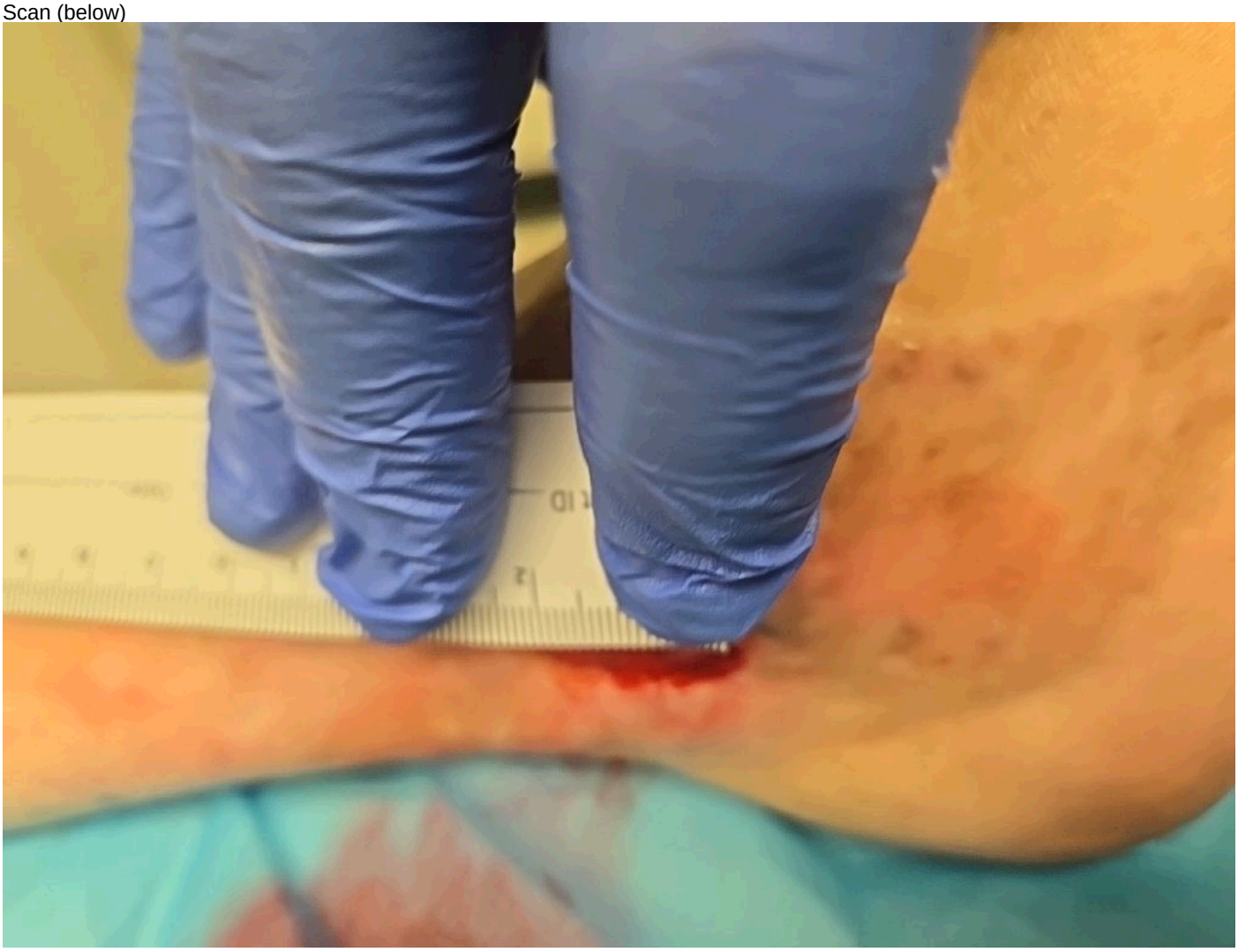
If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 7/3/2024 10:05 AM

Scan (below)



07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/3/2024 10:05 AM

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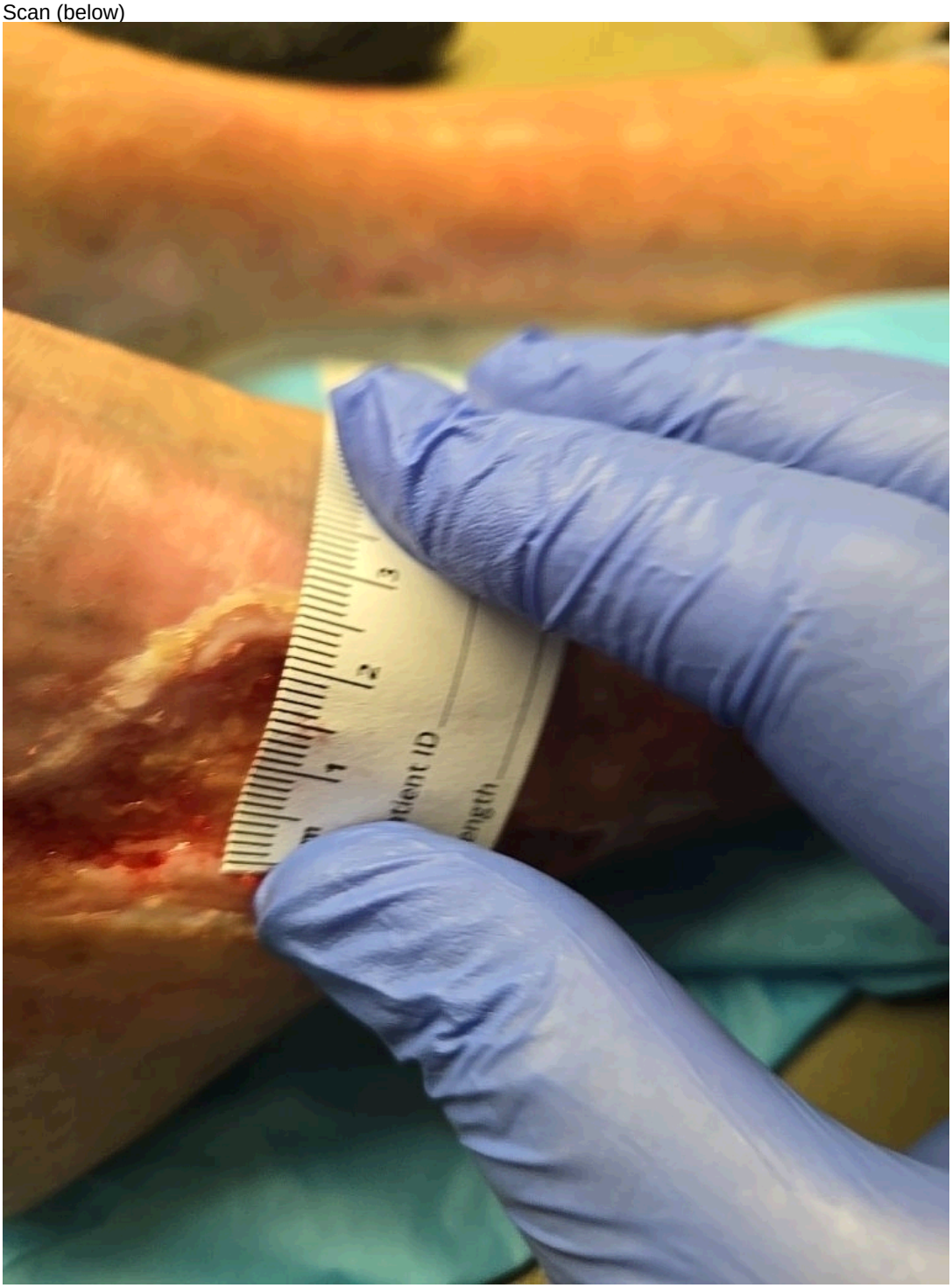

07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/3/2024 10:05 AM

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07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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Provider-Created Image - Scan on 7/3/2024 10:05 AM

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07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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Provider-Created Image - Scan on 7/3/2024 10:05 AM

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07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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Provider-Created Image - Scan on 7/3/2024 10:05 AM

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07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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Provider-Created Image - Scan on 7/3/2024 10:06 AM

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07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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Provider-Created Image - Scan on 7/3/2024 10:06 AM

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07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 7/3/2024 10:06 AM

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07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 7/17/2024 11:42 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 7/3/2024 9:40 AM Husky Health Primary Care Clinic 206-685-1011

Today's Visit

You saw Delmis P on Wednesday July 3, 2024 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

JUL 24 2024 Clinical Support
Wednesday July 24 9:20 AM (Arrive by 9:05 AM)

Husky Health Primary Care Clinic
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 7/17/2024 11:42 AM

Page 1 of 3 Epic

07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of July 3, 2024 11:59 PM

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07/03/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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07/01/2024 - Patient E-mail in Husky Health Same Day Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

07/01/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Medication List (continued)

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Messages

Jean's wound Images

From	To	Sent and Delivered
Delmis Joel Perez, RN	Hoffman, Jeanne Leonie	7/3/2024 1:57 PM

Last Read in MyChart
9/24/2024 1:24 PM by Hoffman, Jeanne Leonie

As per the appointment today, I've seen the pictures. Thank you so much for sending them.
Delmis

07/01/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Messages (continued)

Jean's wound Images

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Same Day Clinical Staff Pool (supporting William E Neighbor Jr., MD)	7/1/2024 9:38 PM

Delmis, RN

Have 2 PDF wound images.

Problem, PDF are to large for Epic.
Have any options?
Each Image Size: 1472 pixels

07/01/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Documents

Patient Entered Attachment - Document on 7/1/2024 9:32 PM: medical-imames-5-15-24.pdf

Document (below)



07/01/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Documents (continued)



07/01/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Documents (continued)



06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023

06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 11/27/2023 End date: 8/20/2024
Quantity: 102 tablet Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD Ordered on: 1/3/2024
Start date: 1/3/2024 End date: 9/24/2024
Quantity: 90 tablet Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD Ordered on: 1/18/2024
Start date: 1/18/2024 End date: 3/14/2025
Quantity: 15 each Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/10/2024
Start date: 4/10/2024 End date: 3/8/2025
Quantity: 10 mL Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/10/2024
Start date: 4/10/2024 End date: 8/20/2024
Quantity: 90 tablet Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP Ordered on: 6/18/2024
Start date: 6/18/2024 End date: 8/21/2024
Quantity: 70 Troche Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 6/26/2024 1100

Jeanne Hoffman is a 99 yr old female in clinic with son, Louis, for continued wound care of Left Lower Extremity (LLE) venous stasis ulcers. Last visit was on June 12, 2024.
Son explains the proceedings of the eviction lawsuit as having another hearing in mid-July. About 20 minutes was spent discussing cooperation with the resources available on Bainbridge Island to aid in their desire to continue living

06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

there.
Today's wound care is described below. They had to miss the Thursday, June 20, 2024. Next appt scheduled for July 3, 2024, at 9:40 AM.

Today's care:
1. The home dressings were gently removed.
2. The both lower legs were wrapped with a warm wet towel and chlorhexidine soap applied to the wounds on the left leg.
3. The LLE sites were wiped with NS moistened gauze.
4. Each open area was gently debrided using a 4 mm curette.
5. All sites were gently wiped with NS moistened gauze
6. Melgisorb Ag was shaped to fit each wound
7. Carradres hydrogel dressings were cut to fit and applied to each wound
8. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape.
9. Surgilast 5.5 was placed over the gauze.
10. The socks were put back on
11. Right LE had Petrolatum Jelly applied to the dry skin and the scaly skin gently debrided with moist gauze
12. RLE wrapped with 4 inch stretch gauze and taped to itself with paper tape
13. Replace both slippers the pt had on which she arrived.

Left Leg wounds. Measurements not taken:
1. Left Medial Ankle: 2.6 cm x 1.5 cm x 0.2 cm
2. Left Medial Ankle Anterior Satellite: 0.8 cm x 0.8 cm x 0.2 cm
3. Left Proximal Lateral Ankle and Superior Lateral Foot: 7.7 cm x 2.5 cm x 0.2 cm
4. Left Distal Lateral Shin: 6.2 cm x 4.0 cm x 0.2 cm

Right Lower Leg:
1. The weeping petechiae have resolved with dry scaly skin left.

Electronically signed by Perez, Delmis Joel, RN at 6/26/2024 12:57 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 6/26/2024 11:00 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P on Wednesday June 26, 2024 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

JUL 3 2024 Clinical Support
Wednesday July 3 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

Medications You Will Be Given

JUN 11 2024 zoster recombinant vaccine (Shingrix)
Next due Tuesday June 11 (Overdue)
Expected: one time (1 dose remaining)

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of June 26, 2024 12:57 PM

ⓘ If you have any questions, ask your nurse or doctor.

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06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

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06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 6/26/2024 11:57 AM

Scan (below)



06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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Provider-Created Image - Scan on 6/26/2024 11:57 AM

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06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 6/26/2024 11:57 AM

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06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 6/26/2024 11:57 AM

Scan (below)



06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 6/26/2024 11:57 AM

Scan (below)



06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 6/26/2024 11:57 AM

Scan (below)



06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 6/26/2024 11:58 AM: Right LE

Scan (below)



06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 6/26/2024 11:58 AM: Right LE

Scan (below)



06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 6/26/2024 12:57 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 6/26/2024 11:00 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P on Wednesday June 26, 2024 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

JUL 3 2024 Clinical Support
Wednesday July 3 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

Medications You Will Be Given

JUN 11 2024 zoster recombinant vaccine (Shingrix)
Next due Tuesday June 11 (Overdue)
Expected: one time (1 dose remaining)

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of June 26, 2024 12:57 PM

ⓘ If you have any questions, ask your nurse or doctor.

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
clotrimazole 10 MG troche Commonly known as: Mycelex	Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

06/26/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

06/26/2024 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Follow-Up and RN5
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder

06/26/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Perez, Delmis Joel, RN at 6/26/2024 1025

Spoke with son. They're on the way to HH. Rescheduled appt to 1100.

Electronically signed by Perez, Delmis Joel, RN at 6/26/2024 10:32 AM

06/20/2024 - Telephone in Husky Health Same Day Clinic

Reason for Visit

Chief complaints: Follow-Up and RN5
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder

06/20/2024 - Telephone in Husky Health Same Day Clinic (continued)

Medication List (continued)

Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

ciprofloxacin 500 MG tablet

Instructions: Take 1 tablet (500 mg) by mouth 2 times a day for 10 days.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/12/2024
Start date: 6/12/2024 — End date: 6/22/2024
Quantity: 20 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Riesen, Christina A, RN at 6/20/2024 1222

RN called and left message for Louis regarding patient not showing up for appointment.

Sent MyChart message to patient.

06/20/2024 - Telephone in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Christina A Riesen, RN

Electronically signed by Riesen, Christina A, RN at 6/20/2024 12:43 PM

Riesen, Christina A, RN at 6/21/2024 1116

RN called and left additional message requesting call back or response via mychart.

Christina A Riesen, RN

Electronically signed by Riesen, Christina A, RN at 6/21/2024 11:16 AM

Messages

Following up on appointment

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Same Day Clinical Staff Pool (supporting Christina A Riesen, RN)	6/26/2024 5:09 AM

The would has improved greatly, redness disappeared after improving home cleaning, a rash developed, expected, as disappeared.

Our home environment has not changed we are being forced to homelessness, because we asked for reasonable accommodation and medical necessity devices.

Please note: unable to make appointment on 26th.
A Hearing Aid appointment was scheduled for 26th....this appointment at Harborview must be kept.

Following up on appointment

From	To	Sent and Delivered
Christina A Riesen, RN	Hoffman, Jeanne Leonie	6/20/2024 12:42 PM

Last Read in MyChart
6/26/2024 5:00 AM by Hoffman, Jeanne Leonie

Hi Jeanne,

This is Nina, one of the nurses at Hall Health. We saw that you were not able to make it to your appointment today. I know you all are typically scheduled to come in on Wednesdays but we were closed yesterday.

How is the wound doing. Last week, it was pink and hot up to below the patella (knee cap area). Has that improved at all?

06/20/2024 - Telephone in Husky Health Same Day Clinic (continued)

Messages (continued)

Are you having issues with thrush still? Or has the medication been helpful.

Nina, RN

06/20/2024 - Appointment in Husky Health Primary Care Clinic

Visit Information

Appointment Information

RETURN
6/20/2024 12:00 PM

No Show

Time	Provider	Department	Length
12:00 PM	Van Hoff, Linda A, ARNP	HH PRIMARY CARE	20 min

Notes:

Wound treatment f/u. Pt will be in the procedure room starting at 9:40 AM. djp

History

Made On:	6/12/2024 11:54 AM	By:	Perez, Delmis Joel, RN	ES
No Show:	6/20/2024 2:53 PM	By:	Jarosik, Kimberly L, PSS/PSR	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

06/20/2024 - Appointment in Husky Health Same Day Clinic

Visit Information

Appointment Information

CLINICAL SUPPORT **No Show**
6/20/2024 9:40 AM

Time	Provider	Department	Length
9:40 AM	HH NURSE SAME DAY	HH SAME DAY	80 min

Auto Confirm Status: No Answer

Notes:
Wound care, pt also needs to see provider, djp

History

Made On:	6/12/2024 11:52 AM	By:	Perez, Delmis Joel, RN	ES
Changed:	6/12/2024 1:03 PM	By:	Silue, Ruth Ann, RN	ES
Change Notes:	6/12/2024 1:07 PM	By:	Silue, Ruth Ann, RN	ES
Confirmed:	6/13/2024 11:53 AM	By:	Uw Telephony, Bkg User	Web Service
No Show:	6/20/2024 11:58 AM	By:	Jarosik, Kimberly L, PSS/PSR	ES

Changes

6/12/2024 1:03 PM
Change reason: Adding/ Removing Provider

Old Appointment:	New Appointment:
Visit Type: CLINICAL SUPPORT	Visit Type: CLINICAL SUPPORT
Provider: **HH NURSE NORTH**	Provider: **HH NURSE SAME DAY**
Dept: **HH PRIMARY CARE [3011004]**	Dept: **HH SAME DAY [3011001]**
Date: 6/20/2024	Date: 6/20/2024
Time: 9:40 AM	Time: 9:40 AM
Length: 80	Length: 80

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

06/18/2024 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: Thrush

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder

06/18/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

ciprofloxacin 500 MG tablet

Instructions: Take 1 tablet (500 mg) by mouth 2 times a day for 10 days.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/12/2024
Start date: 6/12/2024 — End date: 6/22/2024
Quantity: 20 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena A, CMA at 6/18/2024 1433

Received a call from Louis stating that Jeanne has a thrush again and he would like a Rx to be sent to Rite Aid pharmacy.

Electronically signed by Mohova, Elena A, CMA at 6/18/2024 2:43 PM

06/18/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Van Hoff, Linda A, ARNP at 6/18/2024 1712

Done . Sent mycelex

Electronically signed by Van Hoff, Linda A, ARNP at 6/18/2024 5:13 PM

Other Orders

Medications

clotrimazole 10 MG troche (Discontinued)

Electronically signed by: **Van Hoff, Linda A, ARNP on 06/18/24 1712** Status: **Discontinued**
Ordering user: Van Hoff, Linda A, ARNP 06/18/24 1712 Ordering provider: Van Hoff, Linda A, ARNP
Authorized by: Van Hoff, Linda A, ARNP Ordering mode: Standard
Frequency: Routine 5x daily 06/18/24 - 08/21/24 Class: Normal
Discontinued by: Navalurkar, Reema, MD 08/21/24 2224 [Therapy completed/no longer indicated]
Diagnoses
Thrush [B37.0]
Admin instructions: Slowly dissolve in mouth. For 14 days to treat oral fungal infection.

Indications

Thrush [B37.0 (ICD-10-CM)]

06/12/2024 - Office Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaint: Wound Care
Visit diagnoses:

- Cellulitis of left lower extremity (primary)
- Pseudomonas infection

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Van Hoff, Linda A, ARNP	Van Hoff, Linda A, ARNP

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

06/12/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

ciprofloxacin 500 MG tablet

Instructions: Take 1 tablet (500 mg) by mouth 2 times a day for 10 days.
Authorized by: Van Hoff, Linda A, ARNP
Ordered on: 6/12/2024
Start date: 6/12/2024
End date: 6/22/2024
Quantity: 20 tablet
Refill: No refills remaining

Stopped in Visit

cephalexin 500 MG capsule

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Dose adjustment

Clinical Notes

Progress Notes

Van Hoff, Linda A, ARNP at 6/12/2024 1000

Chief Complaint

Patient presents with

- Wound Care

Subjective

Subjective:

Jeanne Hoffman is a 99 year old female who presents on 6/12/2024.

Jeanne was brought in by her son Louis for wound management. Her left lower extremity which has chronic ulcerations was cultured to find 1+ staph and 1+ Pseudomonas.

She remains afebrile and with her usual capacities at this time. Louis cares for the wounds at home regularly with chlorhexidine and dressings. They are here for debridement and redressing.

No additional or new complaints.

Objective

Objective:

Vitals: BP (!) 174/80

Physical Exam

99-year-old in NAD. Left ulceration wounds as documented by nursing noted with yellow exudate and bedded with them. Following debridement they are clean beefy red and appropriate. Warmth and redness are noted to right below the knee. This is increased in area compared to previous evaluation.

Right leg has developed petechial rash.

Assessment/Plan

Assessment and Plan:

Jeanne was seen today for wound care.

Cellulitis of left lower extremity

- ciprofloxacin 500 MG tablet; Take 1 tablet (500 mg) by mouth 2 times a day for 10 days. Dispense: 20 tablet; Refill: 0

Pseudomonas infection

- ciprofloxacin 500 MG tablet; Take 1 tablet (500 mg) by mouth 2 times a day for 10 days. Dispense: 20 tablet; Refill: 0

Due to the increased tissue erythema and warmth noted on the left lower extremity. And with the positive Pseudomonas covering with a different antibiotic. Patient has no allergies to ChloraPrep flora quinolones. Her GFR and creatinine will support regular dosing without dose adjustment.

She is to take 1 dose p.o. twice daily. Lewis is warned if she ends up having strange behavior or if he notes fever he is to bring her to the ER. Concern would be that this could move into an osteomyelitis or septic situation. I have concern regarding that right leg that

Additional ulcerations may develop. At this point in time it looks like a vasculitis of the lower extremity.

06/12/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Advise return to clinic next week on Thursday due to holiday and work schedules for them. For follow-up for a recheck and also an appointment expansive time available for debridement. Continue home care measures as directed by nursing

Electronically signed by Van Hoff, Linda A, ARNP at 6/12/2024 11:12 AM

Other Orders

Medications

ciprofloxacin 500 MG tablet (Expired)

Electronically signed by: **Van Hoff, Linda A, ARNP on 06/12/24 1107** Status: **Expired**
Ordering user: Van Hoff, Linda A, ARNP 06/12/24 1107 Ordering provider: Van Hoff, Linda A, ARNP
Authorized by: Van Hoff, Linda A, ARNP Ordering mode: Standard
Frequency: Routine BID 06/12/24 - 10 days Class: Normal
Diagnoses
Cellulitis of left lower extremity [L03.116]
Pseudomonas infection [A49.8]

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]
Pseudomonas infection [A49.8 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	06/12/24 0950
BP	**174/80** !
BP Site	Right Arm
BP Position	Sitting
Pulse Regularity	Regular

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

06/12/2024 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 — 6/12/2024 10:00 AM — Hall Health Same Day 206-685-1011

Instructions from Linda A Van Hoff

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

- ciprofloxacin

Your estimated payment per fill: $0

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Today's Visit

You saw Linda A Van Hoff on Wednesday June 12, 2024. The following issues were addressed: Cellulitis of left lower extremity and Pseudomonas infection.

Blood Pressure
174/80

What's Next

JUN 26 2024 — Clinical Support
Wednesday June 26 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

Medications You Will Be Given

JUN 11 2024 — zoster recombinant vaccine (Shingrix)
Next due Tuesday June 11 (Overdue)
Expected: one time (1 dose remaining)

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List

Accurate as of June 12, 2024 11:12 AM.
If you have any questions, ask your nurse or doctor.

TAKE these medications

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
START **ciprofloxacin** 500 MG tablet Commonly known as: Cipro Started by: Linda A Van Hoff, ARNP	Take 1 tablet (500 mg) by mouth 2 times a day for 10 days.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

STOP taking these medications

STOP **cephalexin** 500 MG capsule
Commonly known as: Keflex
Stopped by: Linda A Van Hoff, ARNP

06/12/2024 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

06/12/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents

After Visit Summary - Document on 6/12/2024 11:12 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 — 6/12/2024 10:00 AM — Hall Health Same Day 206-685-1011

Instructions from Linda A Van Hoff

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

- ciprofloxacin

Your estimated payment per fill: $0

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Today's Visit

You saw Linda A Van Hoff on Wednesday June 12, 2024. The following issues were addressed: Cellulitis of left lower extremity and Pseudomonas infection.

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174/80

What's Next

JUN 26 2024 — Clinical Support
Wednesday June 26 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

Medications You Will Be Given

JUN 11 2024 — zoster recombinant vaccine (Shingrix)
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Jeanne L. Hoffman (MRN: U8170135) • Printed at 6/12/2024 11:12 AM

Page 1 of 3 Epic

Your Medication List

Accurate as of June 12, 2024 11:12 AM.
If you have any questions, ask your nurse or doctor.

TAKE these medications

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calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
START **ciprofloxacin** 500 MG tablet Commonly known as: Cipro Started by: Linda A Van Hoff, ARNP	Take 1 tablet (500 mg) by mouth 2 times a day for 10 days.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

STOP taking these medications

STOP **cephalexin** 500 MG capsule
Commonly known as: Keflex
Stopped by: Linda A Van Hoff, ARNP

06/12/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

06/12/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024

06/12/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD | Ordered on: 11/27/2023
Start date: 11/27/2023 | End date: 8/20/2024
Quantity: 102 tablet | Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD | Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 1/3/2024
Start date: 1/3/2024 | End date: 9/24/2024
Quantity: 90 tablet | Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic | Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD | Ordered on: 1/18/2024
Start date: 1/18/2024 | End date: 3/14/2025
Quantity: 15 each | Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD | Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD | Ordered on: 4/10/2024
Start date: 4/10/2024 | End date: 3/8/2025
Quantity: 10 mL | Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD | Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD | Ordered on: 4/10/2024
Start date: 4/10/2024 | End date: 8/20/2024
Quantity: 90 tablet | Refill: No refills remaining

ciprofloxacin 500 MG tablet

Instructions: Take 1 tablet (500 mg) by mouth 2 times a day for 10 days.
Authorized by: Van Hoff, Linda A, ARNP | Ordered on: 6/12/2024
Start date: 6/12/2024 | End date: 6/22/2024
Quantity: 20 tablet | Refill: No refills remaining

Stopped in Visit

cephalexin 500 MG capsule

Discontinued by: Van Hoff, Linda A, ARNP | Discontinued on: 6/12/2024
Reason for discontinuation: Dose adjustment

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 6/12/2024 0940

Jeanne Hoffman is a 99 yr old female in clinic with son, Louis, for continued wound care of Left Lower Extremity (LLE) venous stasis ulcers. Last visit was on June 5, 2024.

06/12/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Pt and son continue to describe difficulty managing wound care at their residence due to limitations of space for storing the appropriate equipment for home treatments, ensuring clean spaces for dressing changes, and delayed repairs leaving open ceilings and unresolved moisture abatement increasing the risk of airborne pathogens. Also described are safety concerns in the shower where appropriate fall prevention interventions cannot be implemented and the pt has experienced at least one fall needing an ER visit. Their living situation is such that one of them reportedly sleeps on the couch.
Pictures of their residence show lifelong accumulated belongings which need more space than a one bedroom apartment can provide. These belongings are important for the quality of life for the patient and her son. Per the son, lack of space also impacts the quality of food for the both of them.

Today's wound care is described below. A provider appt was scheduled for evaluation of the wounds after one week of antibiotic therapy. Pt next scheduled on Thursday, June 20, 2024, for woundcare visit and provider evaluation

Today's care:
1. The home dressings were gently removed.
2. The left lower leg was wrapped with a warm wet towel and chlorhexidine soap applied to the wounds.
3. The sites were wiped with NS moistened gauze.
4. Lidocaine 2% jelly was applied to the open wounds.
5. Each open area was gently debrided using a 4 mm curette.
6. All sites were gently wiped with NS moistened gauze
7. Melgisorb Ag was shaped to fit each wound
8. Carradres hydrogel dressings were cut to fit and applied to each wound
9. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape
10. The sock was put back on. Son had dressed pt with up to thigh pressure stockings
11. Right LE with petroleum gauze placed over the area
12. RLE wrapped with 4 inch stretch gauze and taped to itself with paper tape

Left Leg wounds. Measurements not taken:
1. Left Medial Ankle
2. Left Medial Ankle Anterior Satellite
3. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long
4. Wound between 3 & 5
5. Left Distal Lateral Shin and small medial satellite

Right Lower Leg with pictures taken:
1. Multiple small weeping petechia like wounds in a patch at distal tibia

Electronically signed by Perez, Delmis Joel, RN at 6/13/2024 12:23 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

06/12/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 6/12/2024 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from Delmis P

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

- ciprofloxacin

Your estimated payment per fill: $0

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Today's Visit

You saw Delmis P on Wednesday June 12, 2024 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

JUN 20 2024 — Clinical Support
Thursday June 20 9:40 AM (Arrive by 9:25 AM)
Hall Health Same Day
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

JUN 20 2024 — Return Patient Appointment with Linda A Van Hoff
Thursday June 20 12:00 PM (Arrive by 11:45 AM)
Masks may be required - please check signage at your clinic when you check in.
Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

JUN 26 2024 — Clinical Support
Wednesday June 26 9:40 AM (Arrive by 9:25 AM)
Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

JUL 3 2024 — Clinical Support
Wednesday July 3 9:40 AM (Arrive by 9:25 AM)
Hall Health Same Day
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

Medications You Will Be Given

JUN 11 2024 — zoster recombinant vaccine (Shingrix)
Next due Tuesday June 11 (Overdue)
Expected: one time (1 dose remaining)

06/12/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List

Accurate as of June 12, 2024 11:59 PM.
If you have any questions, ask your nurse or doctor.

TAKE these medications

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
START **ciprofloxacin** 500 MG tablet Commonly known as: Cipro Started by: Linda A Van Hoff, ARNP	Take 1 tablet (500 mg) by mouth 2 times a day for 10 days.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

STOP taking these medications

STOP **cephalexin** 500 MG capsule
Commonly known as: Keflex
Stopped by: Linda A Van Hoff, ARNP

06/12/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
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06/12/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 6/12/2024 11:11 AM

Scan (below)



06/12/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 6/12/2024 11:11 AM

Scan (below)



06/12/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 6/13/2024 12:24 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 6/12/2024 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from Delmis P

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

- ciprofloxacin

Your estimated payment per fill: $0

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Today's Visit

You saw Delmis P on Wednesday June 12, 2024 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

JUN 20 2024 — Clinical Support
Thursday June 20 9:40 AM (Arrive by 9:25 AM)
Hall Health Same Day
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

JUN 20 2024 — Return Patient Appointment with Linda A Van Hoff
Thursday June 20 12:00 PM (Arrive by 11:45 AM)
Masks may be required - please check signage at your clinic when you check in.
Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

JUN 26 2024 — Clinical Support
Wednesday June 26 9:40 AM (Arrive by 9:25 AM)
Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

JUL 3 2024 — Clinical Support
Wednesday July 3 9:40 AM (Arrive by 9:25 AM)
Hall Health Same Day
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

Medications You Will Be Given

JUN 11 2024 — zoster recombinant vaccine (Shingrix)
Next due Tuesday June 11 (Overdue)
Expected: one time (1 dose remaining)

06/12/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

MyChart Sign-Up
View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List

ⓘ **Accurate as of June 12, 2024 11:59 PM.**
If you have any questions, ask your nurse or doctor.

TAKE these medications

atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
START **ciprofloxacin** 500 MG tablet Commonly known as: Cipro Started by: Linda A Van Hoff, ARNP	Take 1 tablet (500 mg) by mouth 2 times a day for 10 days.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

STOP taking these medications

STOP **cephalexin** 500 MG capsule
Commonly known as: Keflex
Stopped by: Linda A Van Hoff, ARNP

06/12/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

06/11/2024 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Appointment
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

triamcinolone 0.1 % cream

06/11/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/31/2023
Start date: 10/31/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024

06/11/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Dose adjustment
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Melsher, Jennifer L, ARNP
Ordered on: 6/5/2024
Start date: 6/5/2024
End date: 6/12/2024
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Seale, Katherine Margie, RN at 6/11/2024 1130

TC to Pts son, Louis to let him know J. Melsher ARNP who saw Jeanne last week, wanted her to follow up with a provider tomorrow while pt in clinic receiving wound care.

Pt is scheduled at 10 am with Linda Van Hoff ARNP tomorrow at 10 am during wound care appointment at 9:40 am.

No answer, RN LVM with this information.

Katie Seale RN

Electronically signed by Seale, Katherine Margie, RN at 6/11/2024 11:35 AM

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Melsher, Jennifer L, ARNP

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

clotrimazole 10 MG troche

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/21/2024
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Dissolve 1 Troche (10 mg) by mouth 5 times a day. Slowly dissolve in mouth. For 14 days to treat oral fungal infection.
Authorized by: Van Hoff, Linda A, ARNP — Ordered on: 6/18/2024
Start date: 6/18/2024 — End date: 8/21/2024
Quantity: 70 Troche — Refill: No refills remaining

Stopped in Visit

None

Messages

Wound Care OSHA/HRB Neglect

From	To	Sent and Delivered
Delmis Joel Perez, RN	Hoffman, Jeanne Leonie	6/13/2024 12:23 PM

Last Read in MyChart
6/26/2024 4:52 AM by Hoffman, Jeanne Leonie

Hi Louis,

Please see the changes made on yesterday's visit note and let me know what you think. I met with one of our medical directors today who stated better evaluations considered when making housing decisions are made by Social Workers, Physical or Occupational Therapists, and home nursing services. Have you ever used the

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

services of Helpline House? The medical director I met has some knowledge of their available resources which include a Social Worker who can be a Case Manager. Their number is: (206) 842-7621; and their website is: https://www.helplinehouse.org/ .
I'll reach out to the APS worker soon.

Take care,
Delmis Perez, RN, BSN
Hall Health Center (Consulting Nurse) - 206-221-2517 (Mon-Fri, 8a-5p)
Community Care Line RNs - 206-520-7511 (after 5p and weekends)

For urgent mental health concerns:

Crisis Chat-www.crisischat.org
Crisis Text Line-Text HOME to 741741
King County Crisis Line-206-461-3222

Jeanne Hoffman is a 99 yr old female in clinic with son, Louis, for continued wound care of Left Lower Extremity (LLE) venous stasis ulcers. Last visit was on June 5, 2024.
Pt and son continue to describe difficulty managing wound care at their residence due to limitations of space for storing the appropriate equipment for home treatments, ensuring clean spaces for dressing changes, and delayed repairs leaving open ceilings and unresolved moisture abatement increasing the risk of airborne pathogens. Also described are safety concerns in the shower where appropriate fall prevention interventions cannot be implemented and the pt has experienced at least one fall needing an ER visit. Their living situation is such that one of them reportedly sleeps on the couch.
Pictures of their residence show lifelong accumulated belongings which need more space than a one bedroom apartment can provide. These belongings are important for the quality of life for the patient and her son. Per the son, lack of space also impacts the quality of food for the both of them.

Wound Care OSHA/HRB Neglect

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting Jennifer L Melsher, ARNP)	6/13/2024 8:19 AM

Delmis.....

Lyndsay Merrill PH: 564-200-4295

Note: Our family, in 1951-52 rented the Merrill House, Holly, Bainbridge Island, Wa.

Lyndsay, must be great grand child, of her grandfather.

Wound Care OSHA/HRB Neglect

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting Jennifer L Melsher, ARNP)	6/13/2024 8:11 AM

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Delmis....

Without a functional shower, it is difficult to provide professional home wound care.
I believe we are being abused.

Wound Care OSHA/HRB Neglect

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting Jennifer L Melsher, ARNP)	6/13/2024 8:07 AM

Delmis....

Continued:

Wound Care OSHA/HRB Neglect

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting Jennifer L Melsher, ARNP)	6/13/2024 7:25 AM

You for responds.

Delmis, wanted some APS informational contact representative:

1). Lyndsay Merrill Social Services Specialist III
email: lyndsay.merill@dshs.wa.gov

2). Mileta Thornton, Social Specialist III
email: mileta.thornton@dshs.wa.gov
Ph: 206-360-968-4561 Fax: 360-478-4570
email

Wound Care OSHA/HRB Neglect

From	To	Sent and Delivered
Delmis Joel Perez, RN	Hoffman, Jeanne Leonie	6/10/2024 4:39 PM
Last Read in MyChart		
6/26/2024 4:52 AM by Hoffman, Jeanne Leonie		

Hi Louis (and Jeanne),

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Thanks for this message. I want to iterate that I'm not a wound care specialist but am a nurse with much wound care experience during my 19 year career. Dr. Neighbor does not return to clinic until later this summer so I'll have other providers review the letter request for what deems most appropriate. In this file, Jennifer Melsher is an ARNP and not an MD. It's most appropriate to list her as Jennifer Melsher, ARNP.

See you Wednesday,
Delmis

Wound Care OSHA/HRB Neglect

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting Jennifer L Melsher, ARNP)	6/10/2024 2:33 PM

Delmis, RN, would care specialist.

Please review PDF....with particular attention on OSHA 1910.1030(a).

Jean's Medical treatment is very important, to prevent Bacterium/Pathogens, home health care and Medical Team is vital.

HRB eviction, is violating OSHA Medical Standards.

Any Letter in support, or acknowledgement of medical necessity, from others involved in Jean care and my duty to perform home care would care treatment.

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Document on 6/10/2024 2:26 PM: OSHA-Declaration-doc.pdf

Document (below)

SUPERIOR COURT OF THE STATE OF WASHINGTON

COUNTY OF PIERCE

Housing Resources Bainbridge (HRB), a Washington non-profit organization,

No. 24-2-01082-18

Plaintiff

DECLARATION OF LOUIS ALLOIN

vs.

Louis Alloin, Jean Alloin, any other residents of the premises,

Defendants

I, Louis Alloin, am a defendant in the above matter, over the age of 18 years, competent to testify, and have personal knowledge regarding the following:

A. PLEASE TAKE NOTICE: Housing Resource Bainbridge has knowingly, with wanton desire, has unlawfully engaged retaliation and revenge, in this proceeding, as specified under HUD Protected Class Harassment & Retaliation Policy, also prohibits retaliation (coercion, intimidation, threats, or interference) against any person who has exercised fair housing rights or helped another person to exercise them, or participated in any fair housing investigation. Section 818 of the Fair Housing Act makes it unlawful to retaliate against anyone because a person has filed a discrimination complaint or has assisted someone with filing a discrimination complaint.

B. Housing Resource Bainbridge retaliation:

1). Failing to renew a lease because a person has filed a fair housing complaint

2). Firing an employee who has assisted a tenant with a reasonable accommodation request

3). Requiring that a medical provider be willing to testify in court about the nature of their client's disability.

4). Enforcing different terms and conditions for a tenant after they

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

have filed a fair housing complaint.
Ignoring maintenance requests from a tenant who previously filed a fair housing complaint

5). Reasonable Accommodations and Modifications for People with Disabilities Denial
6). Harassment & Retaliation
7). Domestic Violence & Fair Housing

1. On or around 2015-2016, my mother, Jean Alloin (Married Hoffman), and I, Louis Alloin, made inquiry for purpose applying for 2 bedroom housing with Housing Resources Bainbridge (HRB), we were instantly rejected and denied application to be placed on afforable housing waiting list. During 2018 Cross Sound Church (CSC) (Representatives: Pastor Dave O'Connell, Jim Danials & Ben Sias, BIPB) , which we are members, became involved in helping us secure 2 bedroom with Housing Resources Bainbridge (HRB), University of Washington Medical Center, Hall Health Primary Care Center, under William (Bill) Edward Neighbor, Jr. MD, Clinical Professor, Department of Family Medicine, on April 19, 2018, issued a to Bainbridge Municipal Court (Domestic Violence), during a restraint order procedure, against a white supremacist, Douglas Hoffman and his followers, who did physically and verbal threaten and violent behavior harassment, with expressed hate speech (Anti LGBTQ), for participation in New York Stone Wall Movement, advocating Washington State Decriminalization of Sodomy Laws on Bainbridge Island. Thereby Cross Sound Church members, CSC Pastor Dave O'Connell, Jim Daniels & Ben Sias BIPD Officer, began Domestic Violence Protection) negotiating for a 2 bedroom housing with Housing Resources Bainbridge (HRB) (Jean and I were not permitted in meeting) On/about June 10, 2019, a meeting was scheduled at Housing Resources Bainbridge (HRB) Office Building, with a large Cross Sound Church Cong rational Members, were present, to show solidarity. Phodra Elliott and Marta (last name unknown) The application form indicates the disabilities that Jean (and Louis) are Senior Citizen, receiving Social Security, EBT, Medical Insurance Benefits. Louis 74 year old, is member of LGBTQ Community since the 1968-1969 New York Stone Wall Movement, who was subject homophobic hate discrimination, charged for being a homosexual, raped multiple time, sexual abused, beaten multiple time, property stolen, subject to death threats, hate speech and many other acts of hate discrimination, intolerance, prejudice and bias, that never stops, just continuous indifference. On October 30, 1997 at 7pm, while walking to a Gay Night Club in Seattle, Capital Hill Community, I was surrounded by 7 (seven) White Supremacist, thereby boot kicked to near death, having lost left arm mobility (parallelized), both

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

hip joints were extremely damaged, along with broken ribs and lost of property (Attacker were never apprehended) (Sought Medical Treatment at San Francisco General/primary care facilities/treatment rehabilitation was establish. On/About December 10, 2010, was my last self walking mobility was restricted to a walker, was placed on oxycontin pain medication until 2017. October 2014, at University of Washington, Bone and Joint Center and Northwest Hospital, Both Hip Joint Replacement Surgery was performed. Thereby, Under University Of Washington Sport/Physical Therapy, (Musculoskeletal pain affects bones, joints, ligaments, tendons or muscles. My Hip injury caused sudden, severe pain. interferes with usual life activities). Rehabilitation is slow and painful, Sport/Physical Therapy was performed at UW Medical Center – Roosevelt and Hall Heath (Recovery after hip replacement surgery involves a slow process of rehabilitation. Swelling remains a serious issue for most patients, each person will recover at a different rate,)

UW Exercise Training Center and Bainbridge Island Aquatic Center (hip rotation, flex). Physical Therapy included bike, walking/stair climbing and jogging is still painful requiring advanced physical therapy. Housing Resource Bainbridge has refused to accept my disability, thereby placing obstacles to prevent rehabilitation by refusing reasonable accommodation (Exercise Bench refused to allows use in 204w)(Witness Dave O'Connell) and denying 2 bedroom medical necessity reasonable accommodations, subjecting me hateful rejections for being disabled by depriving home therapy, educational training opportunities, career passion and other enjoyment of a fair housing home.

We have lived at the subject premises since June 19, 2019 under constant discombobulation to keep us oppressively confined and repressively deprived.

Jean Alloin (Decease Husband Robert F. Hoffman, USN 1-9-1972) is currently 99.7 years old and her diagnosed medical condition and/or disabilities include: On/about 1974, was a passenger in automobile accident, received serve injuries to left ankle, requiring skin graft and on going physical therapy. Thereby, gnarled veins, most commonly appearing in the legs and feet., as jean wounds treatment can help, but this condition are hard to cured, chronic varicose veins can last for years or be lifelong treatment to prevent serious infection, causing aching pain, mobility discomfort, circulatory problem. Treatment involves compression stockings, exercise, infection preventive treatment (washing/disinfecting procedures to close or remove the veins. Jean suffers from venous leg ulcers (VLU) (open sores on legs and ankle) occur when the veins in legs does not push blood back up to heart as well as they should. Blood backs up in the veins, building up pressure. Increased pressure and excess fluid in the affected area cause an open sore to form. Jean's

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

treatments include: Clean the wound regularly, apply a wound dressing, to the ulcer areas, wear compression stockings to prevent blood from pooling in the legs and to speed healing, antibacterial ointment or another topical medicine to prevent or treat infectious area. Jean's VLU shows prolonged healing time with advanced age, nutritional deficiencies, colder temperature, deep venous thrombosis, and larger wound area, contribute to Jean's suffering under Housing Resource Bainbridge denying medical necessity and reasonable accommodation, being denied by Jessica Campbell and Phedra Elliott refusal to accept Jean's medical anguishing suffering do to hate discrimination, towards home medical supplies, medical devices and mobility aid, exercise equipment, handrails with living area mobility, dietary to meet nutritional needs are being denied and subject of eviction.. Being forced to reside in a housing that in unfit of disabilities home treatment and indifference toward mobility aids and devices, affect our well being, safety and enjoyment

Do to Jessica Campbell and Phedra indifference refusing Reasonable Accommodation, demanding without allowing us opportunity to show cause for medical necessity (formal meeting denied), ordered removal of BioMedical Disinfecting Washer (BioMedical Washer was obtained at forefront of 2019-2020 Pandemic, as HRB closed/restricted access to laundry room, " talks denied exceptional access for medical necessity/reasonable accommodation, to clean disinfect bio soiled fabrics/medical fabrics.

HRB Jessica Campbell and Phedra Elliott denying Medical Necessity and Reasonable Accommodation Requests for Devices/Equipment

Jean contracted Urinary Tract Infection/UTI is an infection of the urinary tract, specifically the urethra. are caused by bacteria from infected biomedical fabric/soiled clothing**.** Jean also contracted E.coli,

NOTE 1: From William E Neighbor Jr, sent March 21, 3:35 AM

Jeanne:
Your urinalysis suggests an infection. I have submitted the urine for culture and antibiotic sensitivity testing. I will write you when I receive those results. As you do not have any acute symptoms we will wait for those tests.
William E Neighbor Jr, MD

NOTE 2:From William E Neighbor Jr, sent April 30, 1:58 AM

Jeanne:
Your urine culture last week grew mixed bacteria. If you are feeling well without fever and without urinary symptoms including cloudy urine, you would not need antibiotics. However, if you do have any urinary symptoms, perhaps you should receive a second course of the antibiotic cephalexin that was prescribed in later March. I have sent in a prescription so you have it on hand.

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

UW Hall Health Results Special Requests Culture April 30, 2024

Dr. William E Neigbor, MD

Value 51,000 to 100,000 Col/mL Mixed flora including Gram negative rods
Abnormal

UW Hall Health Culture Lab Report June 5, 2024

Dr. Jennifer L.Melsher, MD

Value 1+ Pseudomonas aeruginosa Abnormal
Your value is 1+ Pseudomonas aeruginosa This value is Abnormal

Value 1+ Staphylococcus, coagulase negative.

CAUSE HRB DENYING MEDICAL NECESSITY AND REASONABLEACCOMMODATION

(see attached Exhibit found in Court submitted “Show Cause Affidavit on/before May 30, 2024 to Kiitsap County Superior Court and PDF emails sent to attorney's, documented images showing details of Jean with wheeled walker and wheelchair at HRB 204w Housing Complex)(such Medical Necessity Mobility Devices are parked on Patio/near 204w entry since June 19, 2019 for immediate access for transit in community.

1. I am (Louis Alloin) 74 years old and my disabilities (Noted above) include: Discrimination hostility for being supportive of LGBTQ Community, Injuries from violent bodily injuries, HRB discrimination toward medical necessity devices for joint bone recovery.

2. When HRB approved our forced coerced application on or about _June 19, 2019 and assigned us to a stated “one bedroom “ (unforeseen, expecting a 2 bedroom) for my mother and I to share, (discovering it was actually very tiny one room, resembling a studio) (I Louis Alloin stated a strong verbal declaration of opposition at that time of being shown a one room/nor 2 bedroom) (CSC Witnesses: Dave O'Connell, Jim Danials, Ben Sias and other CSC Members in attendance) (HRB Employee Marta (Last Name Unknown) was advised clearly of inadequate , unfit for disabilities, damaged: bath & shower, stove and refrigerator (requested a full private inspection to determine 204w defects, damage report was as denied). During 204w showing, and my declared refusal to accept, I Louis Alloin, was confronted with intimations coercion, treats of homeless deprivation and pleading (Hours of discussions to discombobulation/confuse) to accept 204w, against our better judgment and will. Advised to take 204w as a temporary non permanent housing, while our name was placed on waiting list for 2 bedroom (which never occurred, nor were we placed on waiting list)

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Please Note: Prior to, HRB Housing Negotiations, a Safeway produce employee , provided information advising us of a HRB 2 bedroom Availability , located on High School Road, just past BHS. We advise HRB and CSC Team, we were rejected because we had no children under 18 years.

3. On or around June 19, 2024 to current date, I Louis Alloin constantly requested a reasonable accommodation hearing/meeting with HRB(Including CSC Dave O'Connell) and during Inspection/in person discussion showing cause/demonstrating the 204w need for medical necessity for both Jean and I Louis Alloin (caregiver/medical home treatment intern)(Witness: Dave O'Connell) to have a biomedical washing machine in our unit (Specifically/not limited too during Pandemic years)(Please note: HRB does not have a specific form , nor offers a reasonable accommodation, nor a medical necessity form, all communications are done/performed by in person communication contacts, phone contacts (Howeer Phone and email are never responded too. Contact is done byway of CSC Dave O'Connell, in which e,ails are forward and in person contact with HRB) HRB never includes me in any discussion and during inspections, only responds is NO.
4. I had brought in the washing machine on line (see attached Exhibit as removed fron 204w (witness:/photo: Dave O'Connel)
5. https://www.amazon.com/SUPER-DEAL-Portable-Apartments-Delicates/dp/B07B94ZR74/ref=asc_df_B07B94ZR74/?tag=hyprod-20&linkCode=df0&hvadid=693770001770&hvpos=&hvnetw=g&hvrand=9589369179041631246&hvpone=&hvptwo=&hvqmt=&hvdev=c&hvdvcmdl=&hvlocint=&hvlocphy=9033314&hvtargid=pla-570087727585&psc=1&mcid=9436c91869ce37fda7f745eb02836998&gad_source=1,
6. because, as my mother's caretaker, (Member of Medical Team/home intern), I had to wash the bloodied bandages from her ulcerated legs daily and inconstant/unary tract infected medical fabrics/clothing they constituted a biohazard and need to be handled and cleaned immediately, to preent spreading infectious bacterium (has been discussed with Dave Kargan, who had dialog with HRB (Representatives?) had offered to pay for laundry services (Too Experience for just very small wash loads (pair sock's and a medical wound care towel)
7. On or around 2013 inspection (Witness Dave O'Connell), Jessica Campbell, HRB management required me to remove the washing machine or face a 10 day eviction notice because we were being denied medical necessity and reasonable accommodations. HRB would not have any discussions, nor tolerate any meeting with me (Louis), nor UW Medical Intervention on wound care home treatment necessity (Discussions with UW HHC RN Delmis.
8. Without the biomedial washing machine, I am left to hand-wash my mother's bloodied bandages/treatment medical aids/inconstant infectious clothing/pads, unavoidably handling

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

those biohazards. While washing those bandages in (a biobucket or the sink or the shower/ area) is no medically recommended, being under duress and having to perform medical home treatment, the lost of biomedical washer meant improvising, to perform mu official medical home care necessity treatment, with consultation with UW HHC Medical Team, as needed, under pressure to perform professionally, they are treatment occasion, were patient jerks/muscle spasm causing splashed some water but never any deliberate or wanton dumping of water in a building structure, denying any deliberate “flooding” to occurred whatsoever at any time, as a professional due caution and safety procedures and OSA are followed (however accidents occur that are uncontrollable) HRB never offered rental insurance for Biomedical washer nor any offered discussion to assist in reasonable accommodations. National Occupational H Act/OSHA Healthcare workers (HCWs) are occupationally exposed to a variety of infectious diseases during the performance of their duties. The delivery of healthcare services requires a broad range of workers, such as physicians, nurses, technicians, clinical laboratory workers, first responders, building maintenance, security and administrative personnel, social workers, food service, housekeeping, caregivers and mortuary personnel, including hospitals, nursing care facilities, outpatient clinics (e.g., medical and dental offices, and occupational health clinics), ambulatory care centers, and emergency response settings. . The primary routes of infectious disease transmission (Jen and Louis Urinary Bladder infection, eColi contact, bacterium infections experience from HRB denied diomedical washer) in U.S. healthcare settings are contact, droplet, and airborne. Contact transmission can be sub-divided into direct and indirect contact. Work Place and Home Medical Treatment Accidents and Injuries are due in large part to “overexertion” “denied proper equipment “related to repeated manual patient handling activities, often involving heavy manual lifting associated with transferring, and repositioning patients and working in extremely awkward postures, as tiny one room. The General Duty Clause of the OSH Act (the law that created OSHA) requires employers (HRB) to provide workers with a safe workplace that does not have any known hazards that cause or are likely to cause death or serious injury. OSHA’s recordkeeping regulation at section 1904.7(b)(5)(ii)(D) defines first aid in part as “Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, stitches, etc. are considered medical treatment).” OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030) as amended pursuant to the 2000 Needlestick Safety and Prevention Act, is a regulation that prescribes safeguards to protect workers against health hazards related to bloodborne pathogens.

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

1910.1030(a)

Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section. *Contaminated* means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface. *Contaminated Laundry* means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. *Exposure Incident* means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. *Handwashing facilities* means a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

Other Potentially Infectious Materials means:
(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;*Sterilize* means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

HRB is denying OSHA Reasonable Accommodation for home treatment, medical safety.

.

9. In addition, on or around _____ management told me I had to get rid of the following items from our unit (and give their stated reason for each item):
10. _____
_____
11. _____
_____
12. _____

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

_____

13. _____
_____

14. _____
_____

15. On or around _____, I provided a letter from the doctor at UWMC dated September 16, 2020, and a doctor's letter from 2018 that together indicated my mother needed my caregiving support and that we needed a two-bedroom unit. (See attached Exhibit ___, doctors' letters.). The response I received was _____
_____
_____.

16. Our Lease Agreement Rules and Regulations (see attached Exhibit _____) indicates on page 1 that HRB would make reasonable accommodations for residents with disabilities. That has not been our experience at all.

17. On or around _____, I informed management of our need for a working stove, they never provided one and never fixed the existing one. Instead, their response was
_____
____. I had to secure a used stove for the unit through the generosity of a local construction company's donated stove and labor
_____
_____. (LOUIS: forward to me any email for such repair requests – the lease says such requests were to be emailed to "Jeannette@housingresourcesbi.org")

18. (repeat #12 for any other repairs/requests that have gone unfixed – BUT NOTE that none of the complaints about the place or its people can be a defense in this unlawful detainer/eviction lawsuit about the claim of flooding damage/waste.)_____
_____
_____
_____
_____
_____

LOUIS: What is your response if the Court says you have too much stuff packed into that small space for the landlord to come to inspect for the source of the water damage? HRB is not required to move you to a 2BR unit if they don't have one (or even if they do have one, they could just say you're right, 2 people should not be living in that space and terminate your residency if you've never gone month-to-month but had successive leases for 6-12 months without a break).

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form (and any attachments) are true.

Signed at (city and state): Date:

Sign here Print name

//

CERTIFICATION OF SERVICE

I certify under penalty of perjury under the laws of the State of Washington that on the _____, of June, 202, I e-served and emailed a copy of the foregoing document to the attorney of record for Plaintiff.

Mary Sarigumba, WSBA No. 45653
(253) 507-9427 direct
mary@tacomaprobono.org

06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 6/13/2024 7:25 AM: 204w-wound-care-A.jpg

Scan (below)



06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 6/13/2024 7:25 AM: 204w-wound-care-B.jpg

Scan (below)



06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 6/13/2024 7:25 AM: 204w-wound-care-C.jpg

Scan (below)



06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 6/13/2024 7:47 AM: 204w-wound-care-D.jpg

Scan (below)



06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 6/13/2024 7:47 AM: 204w-wound-care-E.jpg

Scan (below)



06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 6/13/2024 8:07 AM: pta-jean-chery-640.jpg

Scan (below)



06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 6/13/2024 8:11 AM: pta-jean-chery-1a.jpg

Scan (below)



06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 6/13/2024 8:11 AM: jean-stove640.jpg

Scan (below)



06/10/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 6/13/2024 8:11 AM: DSC00011.JPG

Scan (below)



06/05/2024 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Follow-Up and RN5
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

triamcinolone 0.1 % cream

06/05/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/31/2023
Start date: 10/31/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024

06/05/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Dose adjustment
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Melsher, Jennifer L, ARNP
Ordered on: 6/5/2024
Start date: 6/5/2024
End date: 6/12/2024
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Perez, Delmis Joel, RN at 6/5/2024 1159

LVM alerting son of the holiday in 2 weeks on June 19, 2024, and asking if June 17 works. Will schedule in June 26th in the interim.

Electronically signed by Perez, Delmis Joel, RN at 6/5/2024 12:03 PM

Perez, Delmis Joel, RN at 6/7/2024 1653

Called the pt to alert of the bacterial culture result, that they may hear from the on-call provider this weekend, and the need to schedule for wound care next week. Scheduled for next Wednesday.

Electronically signed by Perez, Delmis Joel, RN at 6/7/2024 4:57 PM

Perez, Delmis Joel, RN at 6/10/2024 1128

Called the pt's son to check in on pt. Son endorses the pt not complaining about pain as much. He's been changing the dressing twice daily and cleansing with antibacterial soaps. Pt up making apple sauce currently.

Electronically signed by Perez, Delmis Joel, RN at 6/10/2024 11:30 AM

06/05/2024 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Chronic Wound
Visit diagnoses:

- Lower extremity ulceration, left, limited to breakdown of skin (primary)
- Cellulitis of left lower extremity

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Melsher, Jennifer L, ARNP	Melsher, Jennifer L, ARNP

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024

06/05/2024 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025

06/05/2024 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 8/20/2024
Quantity: 90 tablet — Refill: No refills remaining

cephalexin 500 MG capsule

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Dose adjustment
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Melsher, Jennifer L, ARNP — Ordered on: 6/5/2024
Start date: 6/5/2024 — End date: 6/12/2024
Quantity: 28 capsule — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Melsher, Jennifer L, ARNP at 6/5/2024 1120

Chief Complaint

Patient presents with

- Chronic Wound

Subjective

Subjective:

Jeanne Hoffman is a 99 year old female who presents on 6/5/2024.

Patient here for routine wound care of left lower extremity ulcerations. Asked to evaluate by RN due to some increased redness and pain of the lower extremity. Patient's caregiver reports that he recently stopped sterilizing the bucket that she soaks her foot in due to some challenging living situations, but now will restart. Has been treated with cephalexin in the past for similar.

Objective

Objective:

Vitals: BP (!) 164/75 | Pulse (!) 52 | Temp 37.1 °C (Temporal)

Physical Exam

06/05/2024 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Appears well, in no apparent distress. Alert and oriented times three, pleasant and cooperative.
Left lower extremity: multiple pink ulcerations of various sizes (see nursing notes for more detailed descriptions). There is generalized pinkness of the lower extremity surrounding the ulcerations and some trace edema. Exquisite TTP of the posterior lower extremity, an area without ulcerations.
Pedal pulse intact
Able to wiggle toes slightly

Assessment/Plan

Assessment and Plan:

Jeanne was seen today for chronic wound.

Lower extremity ulceration, left, limited to breakdown of skin (HCC)
With likely secondary infection
Culture wound
Treat with cephalexin
Will resort to previous wound care routine at home

- Culture Wound, Bact w/ Stain
- cephalexin 500 MG capsule; Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. Dispense: 28 capsule; Refill: 0

Cellulitis of left lower extremity
As above
- Culture Wound, Bact w/ Stain
- cephalexin 500 MG capsule; Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. Dispense: 28 capsule; Refill: 0

Other orders
- ZEBRA LABELS

Electronically signed by Melsher, Jennifer L, ARNP at 6/5/2024 11:45 AM

Labs

Culture Wound, Bact w/ Stain (Final result)

Electronically signed by: **Melsher, Jennifer L, ARNP on 06/05/24 1140** Status: **Completed**
Ordering user: Melsher, Jennifer L, ARNP 06/05/24 1140 Ordering provider: Melsher, Jennifer L, ARNP
Authorized by: Melsher, Jennifer L, ARNP Ordering mode: Standard
Frequency: Routine 06/05/24 - Class: Clinic Collect
Quantity: 1 Lab status: Final result
Diagnoses
Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921]
Cellulitis of left lower extremity [L03.116]

Specimen Information

ID	Type	Source	Collected By
W3474415	Wound	—	06/05/24 1140

06/05/2024 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Culture Wound, Bact w/ Stain — Resulted: 06/08/24 1434, Result status: Final result

Ordering provider: Melsher, Jennifer L, ARNP 06/05/24 1140
Filed by: Uw Lab Results Interface, User 06/08/24 1435
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Perez, Delmis Joel, RN on 06/10/24 0840
Melsher, Jennifer L, ARNP on 06/10/24 1412
Kerby, Kalena L, CMA on 06/11/24 1524

Order status: Completed
Collected by: 06/05/24 1140

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	No special requests	—	—	UWMC
Microbiology Comment	Reorder requested. No sample received.	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921 (ICD-10-CM)]
Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

All Reviewers List

Melsher, Jennifer L, ARNP on 6/10/2024 14:12

WOUND CULTURE W/GRAM (Final result)

Electronically signed by: **Perez, Delmis Joel, RN on 06/05/24 1252** — Status: **Completed**
Ordering user: Perez, Delmis Joel, RN 06/05/24 1252
Ordering provider: Melsher, Jennifer L, ARNP
Authorized by: Melsher, Jennifer L, ARNP
Ordering mode: Standard
Cosigning events
Electronically cosigned by Melsher, Jennifer L, ARNP 06/05/24 1430 for Ordering
Frequency: Routine 06/05/24 -
Class: Clinic Collect
Quantity: 1
Lab status: Final result
Instance released by: Perez, Delmis Joel, RN 6/5/2024 12:54 PM
Diagnoses
Cellulitis of left lower extremity [L03.116]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3475376	Wound	Leg, Left	06/05/24 1254

Comment: Leg, Left

WOUND CULTURE W/GRAM — Resulted: 06/06/24 0820, Result status: Final result

Ordering provider: Melsher, Jennifer L, ARNP 06/05/24 1254
Filed by: Uw Lab Results Interface, User 06/06/24 0821

Order status: Completed
Collected by: 06/05/24 1254

06/05/2024 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Melsher, Jennifer L, ARNP on 06/06/24 0956
Perez, Delmis Joel, RN on 06/06/24 1004
Kerby, Kalena L, CMA on 06/07/24 1511

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	UWMC
Microbiology Comment	Specimen tracking	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

All Reviewers List

Melsher, Jennifer L, ARNP on 6/10/2024 14:12
Melsher, Jennifer L, ARNP on 6/7/2024 11:54
Melsher, Jennifer L, ARNP on 6/6/2024 13:11
Melsher, Jennifer L, ARNP on 6/6/2024 09:56

Wound C/S w/Gram (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 06/05/24 1254** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 06/05/24 1254 Authorized by: Melsher, Jennifer L, ARNP
Ordering mode: Standard
Frequency: Routine 06/05/24 1254 - Class: Normal
Quantity: 1 Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W3478119	Wound	—	06/05/24 1254

Comment: eSwab~Left~Leg

Wound C/S w/Gram (Abnormal) Resulted: 06/08/24 1046, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 06/08/24 1046
Collected by: 06/05/24 1254 Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Perez, Delmis Joel, RN on 06/10/24 0837
Melsher, Jennifer L, ARNP on 06/10/24 1412
Kerby, Kalena L, CMA on 06/11/24 1524

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	No special requests	—	—	UWMC
Gram Smear	No polymorphonuclear cells seen	—	—	UWMC

06/05/2024 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Gram Smear	No squamous epithelial cells seen	—	—	UWMC
Gram Smear	No organisms seen	—	—	UWMC
Culture Result: 1+ Pseudomonas aeruginosa	--	—	A !	UWMC
Culture Result: 1+ Staphylococcus, coagulase negative	--	—	A !	UWMC
Culture	Providers, see link for important guidelines regarding the interpretation of susceptibility reports: https://testguide.labmed.uw.edu/guideline/abx	—	—	UWMC
Culture Result: This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. It has not been cleared or approved by the US Food and Drug Administration. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.	--	—	—	UWMC

Sensitivities

Organism	Antibiotic	Sensitivity	Method
Pseudomonas aeruginosa	Amikacin	<=16 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Pseudomonas aeruginosa	Cefepime	0.5 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Pseudomonas aeruginosa	Ceftazidime	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Pseudomonas aeruginosa	Ciprofloxacin	<=0.06 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Pseudomonas aeruginosa	Gentamicin	<=4 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Pseudomonas aeruginosa	Imipenem	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Pseudomonas aeruginosa	Levofloxacin	<=0.5 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Pseudomonas aeruginosa	Meropenem	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Pseudomonas aeruginosa	Piperacillin/tazobactam	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Pseudomonas aeruginosa	Tobramycin	<=4 Susceptible	MICROTITER MIC (MCG/ML)-SELECT

06/05/2024 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

All Reviewers List

Melsher, Jennifer L, ARNP on 6/10/2024 14:12
Melsher, Jennifer L, ARNP on 6/7/2024 11:54
Melsher, Jennifer L, ARNP on 6/6/2024 13:11
Melsher, Jennifer L, ARNP on 6/6/2024 09:56

Other Orders

Medications

cephalexin 500 MG capsule (Discontinued)

Electronically signed by: **Melsher, Jennifer L, ARNP on 06/05/24 1141** Status: **Discontinued**
Ordering user: Melsher, Jennifer L, ARNP 06/05/24 1141 Ordering provider: Melsher, Jennifer L, ARNP
Authorized by: Melsher, Jennifer L, ARNP Ordering mode: Standard
Frequency: Routine QID 06/05/24 - 7 days Class: Normal
Discontinued by: Van Hoff, Linda A, ARNP 06/12/24 1106 [Dose adjustment]
Diagnoses
Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921]
Cellulitis of left lower extremity [L03.116]

Indications

Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921 (ICD-10-CM)]
Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

Other

ZEBRA LABELS (Completed)

Electronically signed by: **Erhardt, Mark Allen, CMA on 06/05/24 1119** Status: **Completed**
Ordering user: Erhardt, Mark Allen, CMA 06/05/24 1119 Ordering provider: Melsher, Jennifer L, ARNP
Authorized by: Melsher, Jennifer L, ARNP Ordering mode: Standard
Frequency: Routine 06/05/24 - Class: Normal
Quantity: 1

Questionnaire

Question	Answer
How many Zebra labels should print?	2

Flowsheets

Custom Formula Data

Row Name	06/05/24 1051
Temp (in Celsius) for APACHE IV	37.1

Vital Data

Row Name	06/05/24 1051
BP	**164/75** !

06/05/2024 - Office Visit in Husky Health Primary Care Clinic (continued)

Flowsheets (continued)

BP Cuff Size	Small
BP Site	Right Arm
BP Position	Sitting
Temp	37.1 °C
Temp src	Temporal
Pulse	**52** !
Pulse Regularity	Regular

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

06/05/2024 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 6/5/2024 11:20 AM Hall Health Primary Care Center 206-685-1011

Instructions from Jennifer L Melsher

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

- cephalexin

Your estimated payment per fill: $0

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Labs ordered today

WOUND CULTURE W/GRAM
Complete this on or around 6/5/2024.

What's Next

JUN 17 2024 **Clinical Support**
Monday June 17 9:40 AM (Arrive by 9:25 AM)
Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

JUN 26 2024 **New Patient Appointment with Michelle Quinn**
Wednesday June 26 9:30 AM (Arrive by 9:15 AM)
Harborview Audiology Clinic
325 9TH Ave
Seattle WA 98104
206-744-6972

Medications You Will Be Given

JUN 11 2024 **zoster recombinant vaccine (Shingrix)**
Next due Tuesday June 11
Expected: one time (1 dose remaining)

Today's Visit

You saw Jennifer L Melsher on Wednesday June 5, 2024. The following issues were addressed: Lower extremity ulceration, left, limited to breakdown of skin and Cellulitis of left lower extremity.

Blood Pressure 164/75
Temperature (Temporal) 98.7 °F
Pulse 52

Done Today

ZEBRA LABELS
Culture Wound, Bact w/ Stain for Lower extremity ulceration, left, limited to breakdown of skin; Cellulitis of left lower extremity

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

06/05/2024 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of June 5, 2024 12:56 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
START **cephalexin** 500 MG capsule Commonly known as: Keflex Started by: Jennifer L Melsher, ARNP	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

06/05/2024 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

06/05/2024 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 6/5/2024 12:56 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 6/5/2024 11:20 AM Hall Health Primary Care Center 206-685-1011

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Next due Tuesday June 11
Expected: one time (1 dose remaining)

Today's Visit

You saw Jennifer L Melsher on Wednesday June 5, 2024. The following issues were addressed: Lower extremity ulceration, left, limited to breakdown of skin and Cellulitis of left lower extremity.

Blood Pressure 164/75
Temperature (Temporal) 98.7 °F
Pulse 52

Done Today
ZEBRA LABELS
Culture Wound, Bact w/ Stain for Lower extremity ulceration, left, limited to breakdown of skin; Cellulitis of left lower extremity

MyChart Sign-Up

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Jeanne L. Hoffman (MRN: U8170135) • Printed at 6/5/2024 12:56 PM

Page 1 of 3 Epic

06/05/2024 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of June 5, 2024 12:56 PM

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	* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
	MULTIPLE VITAMIN OR	Take by mouth.
	nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
	ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
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06/05/2024 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Dose adjustment
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Melsher, Jennifer L, ARNP
Ordered on: 6/5/2024
Start date: 6/5/2024
End date: 6/12/2024
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 6/5/2024 0940

Jeanne Hoffman is a 99 yr old female in clinic with son, Louis, for continued wound care of Left Lower Extremity (LLE) venous stasis ulcers. Last visit was on May 15, 2024. Pt and son describe difficulty managing wound care at their residence due to limitations of space for storing the appropriate equipment for home treatments, ensuring clean spaces for dressing changes, and delayed repairs leaving open ceilings and moisture abatement increasing the risk of airborne pathogens. Also described are safety concerns in the shower where appropriate fall prevention interventions cannot be implemented and the pt has experienced at least one fall needing an ER visit. Their living situation is such that one of them reportedly sleeps on the couch.
Today's wound care is described below. A provider appt was scheduled as the LLE was exquisitely painful to the touch and the closed skin much redder than the previous visit. Pt next scheduled on Monday, June 17, 2024, as the clinic is closed for a holiday in 2 Wednesdays and the pt has an appt scheduled at Harborview in 3 Wednesdays.

Today's care:
1. The home dressings were gently removed.
2. The left lower leg was wrapped with a warm wet towel and chlorhexidine soap applied to the wounds.
3. The sites were wiped with NS moistened gauze.
4. Lidocaine 2% jelly was applied to the open wounds.
5. Each open area was gently debrided using a 4 mm curette.
6. All sites were gently wiped with NS moistened gauze
7. Carradres hydrogel dressings were cut to fit and applied to each wound
8. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape
9. Surgilast 5.5 was placed over the gauze wrap.
10. The sock was replaced with a clean one brought from home.

Left Leg wounds:
1. Left Medial Ankle: C-shaped, 2.3 cm x 2.2 cm x 0.1-0.2 cm
2. Left Medial Ankle Anterior Satellite: 1.0 cm x 0.7 cm x 0.2-0.3 cm
3. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 6.0 cm x 2.2 cm x 0.2. The whole wound

06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

is filling in from its base.

4. New between wounds 3 & 4: 1.1 cm x 0.6 cm x 0.1-0.2 cm.
5. Left Distal Lateral Shin and small medial satellite: 6.7 cm x 4.2 cm x 0.2 cm. Filling in from its base, the wound is shallower.

Electronically signed by Perez, Delmis Joel, RN at 6/5/2024 12:48 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
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AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 6/5/2024 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from Delmis P

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

- cephalexin

Your estimated payment per fill: $0

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Today's Visit

You saw Delmis P on Wednesday June 5, 2024 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

JUN 17 2024 **Clinical Support**
Monday June 17 9:40 AM (Arrive by 9:25 AM)
Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

JUN 26 2024 **New Patient Appointment with Michelle Quinn**
Wednesday June 26 9:30 AM (Arrive by 9:15 AM)
Harborview Audiology Clinic
325 9TH Ave
Seattle WA 98104
206-744-6972

Medications You Will Be Given

JUN 11 2024 **zoster recombinant vaccine (Shingrix)**
Next due Tuesday June 11
Expected: one time (1 dose remaining)

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of June 5, 2024 12:48 PM

ⓘ If you have any questions, ask your nurse or doctor.

	acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
	atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
	calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
START	**cephalexin** 500 MG capsule Commonly known as: Keflex Started by: Jennifer L Melsher, ARNP	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
	cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
	lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
	*** medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
	*** medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
	MULTIPLE VITAMIN OR	Take by mouth.
	nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
	ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
	pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
	pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
	timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
	triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 6/5/2024 10:39 AM

Scan (below)



06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 6/5/2024 10:39 AM

Scan (below)



06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 6/5/2024 10:43 AM

Scan (below)



06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 6/5/2024 10:43 AM

Scan (below)



06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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Provider-Created Image - Scan on 6/5/2024 10:43 AM

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06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 6/5/2024 10:43 AM

Scan (below)



06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 6/5/2024 12:48 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 6/5/2024 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from Delmis P

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

- cephalexin

Your estimated payment per fill: $0

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Today's Visit

You saw Delmis P on Wednesday June 5, 2024 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

JUN 17 2024 — Clinical Support
Monday June 17 9:40 AM (Arrive by 9:25 AM)
Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

JUN 26 2024 — New Patient Appointment with Michelle Quinn
Wednesday June 26 9:30 AM (Arrive by 9:15 AM)
Harborview Audiology Clinic
325 9TH Ave
Seattle WA 98104
206-744-6972

Medications You Will Be Given

JUN 11 2024 — zoster recombinant vaccine (Shingrix)
Next due Tuesday June 11
Expected: one time (1 dose remaining)

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of June 5, 2024 12:48 PM

ⓘ If you have any questions, ask your nurse or doctor.

	acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
	atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
	calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
START	**cephalexin** 500 MG capsule Commonly known as: Keflex Started by: Jennifer L Melsher, ARNP	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
	cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
	lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
	*** medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
	*** medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
	MULTIPLE VITAMIN OR	Take by mouth.
	nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
	ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
	pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
	pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
	timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
	triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

06/05/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/31/2023
Start date: 10/31/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 5/15/2024 1000

Pt in clinic with son, Louis, for continued wound care. Pt continues to be self-showering and hoping to restart PT/OT soon. Her right knee is in a lot of pain today and her left big toe has improved. The toe looks normal and without S&S of infection and the displaced toenail is even closer to coming off. Pt is able to get on the Procedure Room bed with moderate assist. Scheduled next wound care for June 5, 2024.

1. The home dressings were gently removed.
2. The left lower leg was wrapped with a warm wet towel and chlorhexidine soap applied to the wounds.
3. The sites were wiped with NS moistened gauze.
4. Lidocaine 2% jelly was applied to the open wounds.
5. Each open area was gently debrided using a 4 mm curette.
6. All sites were gently wiped with NS moistened gauze
7. Carradres hydrogel dressings were cut to fit and applied to each wound
8. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape
9. Surgilast 5.5 was placed over the gauze wrap.
10. The sock was not replaced as it was dirty and they did not bring

Left Leg wounds:

1. Left Medial Ankle: shrinking posteriorly with a small anterior satellite: 1.0 cm x 1.0 cm x 0.1 cm, filling in from the base up
2. Left Medial Ankle Anterior Satellite: 1.0 cm x 0.7 cm x 0.2 cm.
3. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 6.0 cm x 2.0 cm x 0.2. The whole wound is filling in from its base.
4. Left Distal Lateral Shin and small medial satellite: 4.5 cm x 3.5 cm x 0.2 cm. Filling in from its base, the wound is shallower.

Electronically signed by Perez, Delmis Joel, RN at 5/15/2024 10:30 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 | 5/15/2024 10:00 AM | Hall Health Same Day 206-685-1011

Today's Visit

You saw Delmis P on Wednesday May 15, 2024 for: Wound Check/Dressing Change and RN60.

What's Next

JUN 5 2024 — Clinical Support
Wednesday June 5 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

Medications You Will Be Given

JUN 11 2024 — zoster recombinant vaccine (Shingrix)
Next due Tuesday June 11
Expected: one time (1 dose remaining)

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Your Medication List as of May 15, 2024 10:30 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents

Provider-Created Image - Scan on 5/15/2024 9:46 AM

Scan (below)



05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 5/15/2024 9:46 AM

Scan (below)



05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 5/15/2024 9:46 AM

Scan (below)



05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 5/15/2024 9:46 AM

Scan (below)

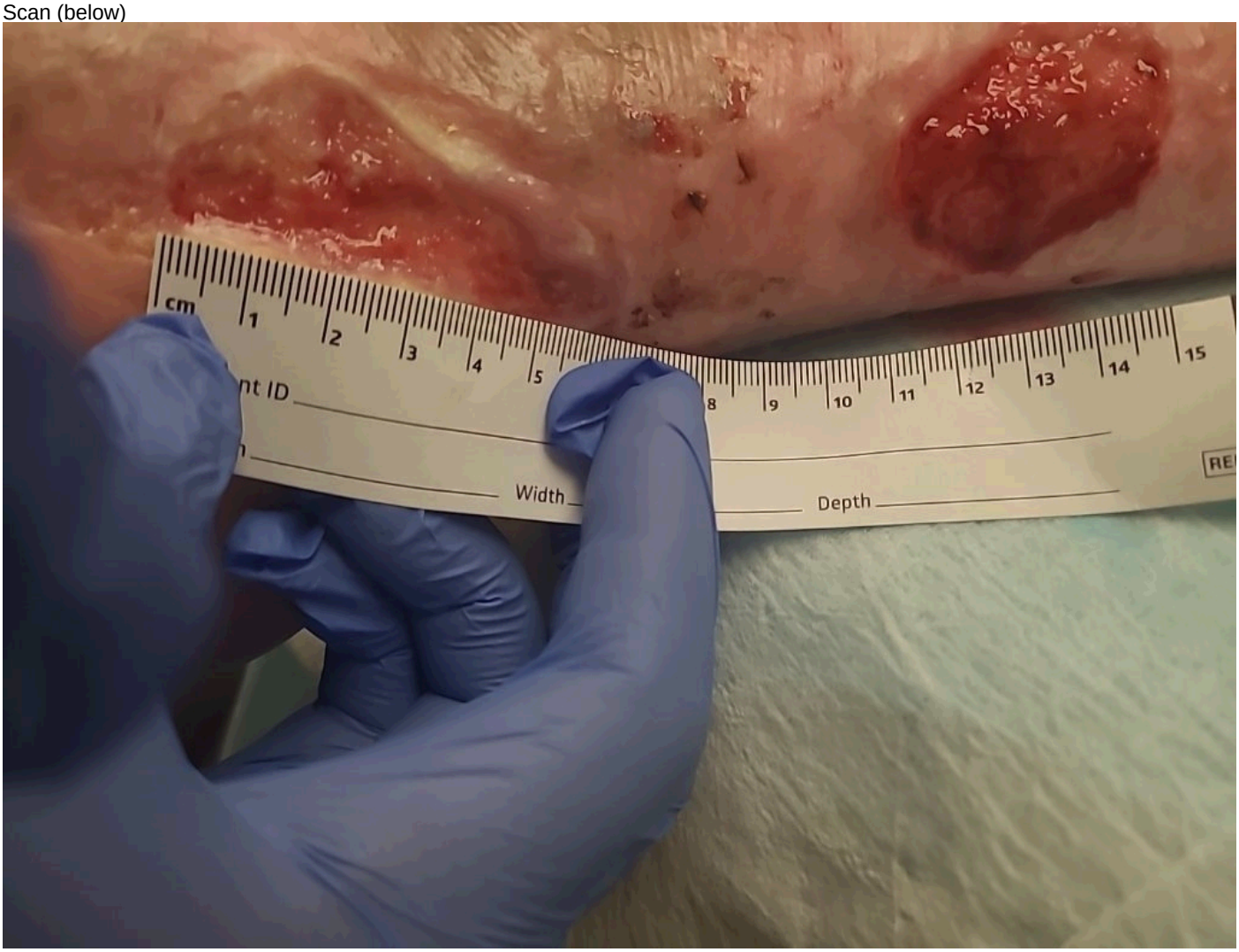


05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 5/15/2024 9:48 AM

Scan (below)



05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 5/15/2024 9:48 AM

Scan (below)



05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 5/15/2024 9:48 AM

Scan (below)

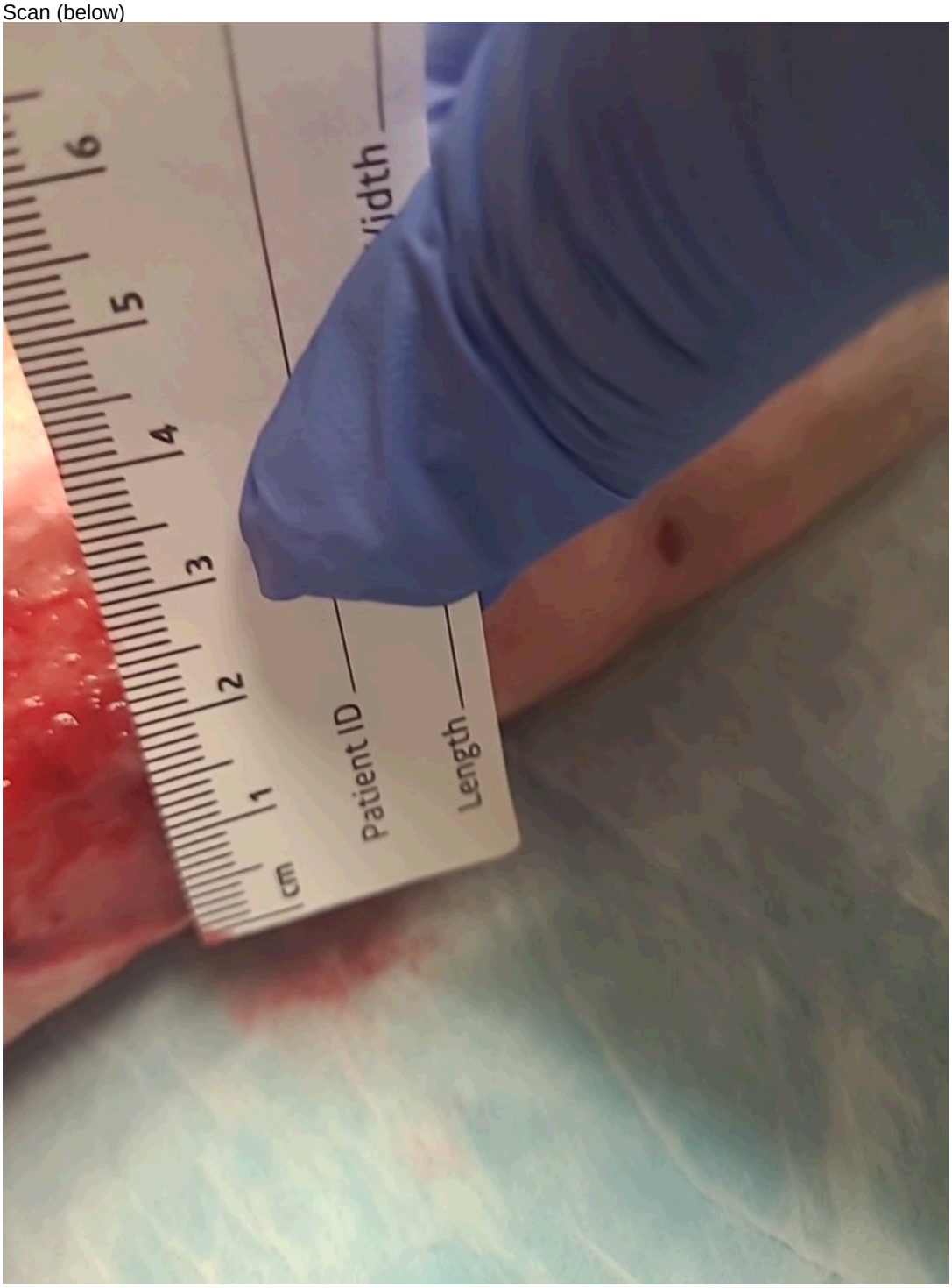


05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 5/15/2024 9:48 AM

Scan (below)



05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 5/15/2024 9:48 AM

Scan (below)



05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 5/15/2024 9:48 AM

Scan (below)



05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

After Visit Summary - Document on 5/15/2024 10:30 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 5/15/2024 10:00 AM Hall Health Same Day 206-685-1011

Today's Visit

You saw Delmis P on Wednesday May 15, 2024 for: Wound Check/Dressing Change and RN60.

What's Next

JUN 5 2024 Clinical Support
Wednesday June 5 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

Medications You Will Be Given

JUN 11 2024 zoster recombinant vaccine (Shingrix)
Next due Tuesday June 11
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05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Your Medication List as of May 15, 2024 10:30 AM

ⓘ If you have any questions, ask your nurse or doctor.

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* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
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ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

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05/15/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

How do I renew my prescription?

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- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

05/08/2024 - Lab in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Silue, Ruth Ann, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

05/08/2024 - Lab in Husky Health Primary Care Clinic (continued)

Medication List (continued)

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup

05/08/2024 - Lab in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 10 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2024
Start date: 4/29/2024
End date: 5/9/2024
Quantity: 40 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Silue, Ruth Ann, RN at 5/8/2024 0817

Son presented with patient to pick up a urine cup - still trying to get ample sample for testing. Pt will RTC on 5/15/24 for next appt.
Ruth Ann Silue, RN

Electronically signed by Silue, Ruth Ann, RN at 5/8/2024 8:23 AM

Other Orders

Other

ZEBRA LABELS (Completed)

Electronically signed by: **Silue, Ruth Ann, RN on 05/08/24 0818**
Status: **Completed**
Ordering user: Silue, Ruth Ann, RN 05/08/24 0818
Ordering provider: Silue, Ruth Ann, RN
Authorized by: Smith, Tanya Tinette, MD
Ordering mode: Standard
Frequency: Routine 05/08/24 -
Class: Normal
Quantity: 1

Questionnaire

Question	Answer
How many Zebra labels should print?	2

04/30/2024 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Wound Care
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

triamcinolone 0.1 % cream

04/30/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/31/2023
Start date: 10/31/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024

04/30/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 10 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2024
Start date: 4/29/2024
End date: 5/9/2024
Quantity: 40 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

West, Nicholas, PSS/PSR at 4/30/2024 1603

Jeanne's son Louis called needing to cancel 5/1 wound care due to their schedule. Louis states Jeanne's wound is healing nicely.

He wanted to reschedule to 5/8, however he has a dentist appointment that day and bringing Jeanne in would require dropping her off at the clinic at 7:30AM and not returning until possibly 12:00. Nina was unsure if we could accommodate that, and felt it better to check with you, as Nina was unaware of Jeanne's needs.

Louis will be in a conference between 9 to 1 on 05/01, but he said he will try to answer phone if you call.

Electronically signed by West, Nicholas, PSS/PSR at 4/30/2024 4:33 PM

Perez, Delmis Joel, RN at 5/1/2024 1431

Left VM alerting son that HH is unable to monitor pt next Wednesday, May 8, 2024, for the 730-1200 time frame while he has dental work done. Indicated an appointment would be scheduled for the pt's wound care on May 15, 2024.

Electronically signed by Perez, Delmis Joel, RN at 5/1/2024 2:36 PM

Perez, Delmis Joel, RN at 5/6/2024 1635

Left VM reminding pt's son that HH is not able to monitor the pt during the time he's receiving dental care.

Electronically signed by Perez, Delmis Joel, RN at 5/6/2024 4:37 PM

04/29/2024 - Telephone in Harborview Audiology Clinic

Reason for Visit

Chief complaint: Appointment
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

triamcinolone 0.1 % cream

04/29/2024 - Telephone in Harborview Audiology Clinic (continued)

Medication List (continued)

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/31/2023
Start date: 10/31/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024

04/29/2024 - Telephone in Harborview Audiology Clinic (continued)

Medication List (continued)

Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Dose adjustment
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Melsher, Jennifer L, ARNP
Ordered on: 6/5/2024
Start date: 6/5/2024
End date: 6/12/2024
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Lallana, Justine Garcia, PSS/PSR at 4/29/2024 1609

RETURN CALL: Voicemail - Detailed Message

SUBJECT: Appointment Request

REASON FOR VISIT: Hearing aid
PREFERRED DATE/TIME: any day/ prefers between 9-10 am
REASON UNABLE TO APPOINT: CCR unable to appoint per SM. Please call and assist. Thank you.

Electronically signed by Lallana, Justine Garcia, PSS/PSR at 4/29/2024 4:10 PM

Clark, Jemma at 5/7/2024 1426

Called and left voicemail for patient's POA Louis Charles. Asked him to call us back to clarify that it was an audiogram that patient wanted to schedule (they were last seen for one at Montlake in May 2023). If they call back, they can be scheduled for next available audiogram per Kevin.

Electronically signed by Clark, Jemma at 5/7/2024 2:33 PM

Henderson, Benjamin J at 5/15/2024 1526

RETURN CALL: Voicemail - Not Available

04/29/2024 - Telephone in Harborview Audiology Clinic (continued)

Clinical Notes (continued)

SUBJECT: Appointment Request

REASON FOR VISIT: hearing aid not repairable, too much moisture

PREFERRED DATE/TIME: morning

REASON UNABLE TO APPOINT: POA Luis state patient has already had an audiogram at UWMC. Ccr unable to schedule hearing aid appointments.

Electronically signed by Henderson, Benjamin J at 5/15/2024 3:28 PM

Aurouze, Christianne R, PSS/PSR at 6/5/2024 1541

Left detailed VM w/pt's primary number. Because pt has Molina Medicare she will need to go thru Molina Hear USA Clinics at 855.898.1320 or access their websited, www.hearusa.com.

Electronically signed by Aurouze, Christianne R, PSS/PSR at 6/5/2024 3:43 PM

04/29/2024 - Patient E-mail in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnosis: Bladder infection

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025

04/29/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 2/9/2023
Start date: 2/9/2023 | End date: 3/8/2025
Quantity: 88 mL | Refill: 6 refills by 2/9/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP | Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 4/5/2023
Start date: 4/5/2023 | End date: 6/12/2024
Action: Patient not taking | Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD | Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD | Ordered on: 4/26/2023
Start date: 4/26/2023 | End date: 3/8/2025
Quantity: 44 mL | Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP | Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 10/31/2023
Start date: 10/31/2023 | End date: 6/12/2024
Action: Patient not taking | Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD | Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD | Ordered on: 11/27/2023
Start date: 11/27/2023 | End date: 8/20/2024
Quantity: 102 tablet | Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD | Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 1/3/2024
Start date: 1/3/2024 | End date: 9/24/2024
Quantity: 90 tablet | Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic | Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD | Ordered on: 1/18/2024
Start date: 1/18/2024 | End date: 3/14/2025
Quantity: 15 each | Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD | Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD | Ordered on: 4/10/2024
Start date: 4/10/2024 | End date: 3/8/2025
Quantity: 10 mL | Refill: 6 refills by 4/10/2025

04/29/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 10 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2024
Start date: 4/29/2024
End date: 5/9/2024
Quantity: 40 capsule
Refill: No refills remaining

Stopped in Visit

None

Other Orders

Medications

cephalexin 500 MG capsule (Expired)

Electronically signed by: **Neighbor Jr., William E, MD on 04/29/24 1433**
Status: **Expired**
Ordering user: Neighbor Jr., William E, MD 04/29/24 1433
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine QID 04/29/24 - 10 days
Class: Normal
Diagnoses
Acute cystitis without hematuria [N30.00]
Medication comments: Patient has penicillin allergy but has tolerated cephalexin for UTIs in the past.

Indications

Acute cystitis without hematuria [N30.00 (ICD-10-CM)]

Messages

urine results

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/29/2024 3:34 PM

urinalysis "Sample" is rescheduled for May 1 Appointment/RN Delmis. Monitoring....

urine results

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/29/2024 2:33 PM

Last Read in MyChart
4/29/2024 3:30 PM by Hoffman, Jeanne Leonie

04/29/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

As I wrote you last week and again today, your urine culture grew mixed bacteria that of is due to contamination of the urine with mucus from the vaginal area.

Last month your urine did grow E coli which was treated with cephalexin which you have taken in the past for urine infections. As this most recent culture did not grow pure E coli, it appears that the antibiotic was effective.

That being said, as you have had several bladder infections, if you have symptoms of a new one such as feeling unwell, change in urine color or odor, etc, you should begin another course of cephalexin or, ideally, first come in for a repeat urinalysis. I have sent in a prescription for cephalexin so you have that on hand should it be needed.

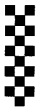
William E Neighbor Jr, MD

04/29/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 6/5/2024 2:11 PM: st of wa questionnaire (effective from 6/5/2024)

Scan (below)



SilentFax @ DSHS ALTSA May 21, 24 10:50 From: Lyndsay Morrill To: 12062210922,,,3031290 Page 1 of 3

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
4210 Wheaton Way, Suite 110
Bremerton, WA 98310

CONFIDENTIAL

May 21, 2024

Investigation 251208

UW Medicine Hall Health Center
Fax (206)221-0922

Subject: Request for protected health information (PHI) for Jeanne Hoffman, DOB 1/6/1925

Dear William Neighbor:

The Department of Social and Health Service's Division of Adult Protective Services (APS) investigates allegations of abandonment, abuse, financial exploitation, neglect, and self-neglect of vulnerable adults.

APS is investigating allegations involving Jeanne Hoffman, a vulnerable adult. As part of the investigation, APS is requesting access to protected health information (PHI) that you, a mandated reporter under chapter 74.34 RCW, possess.

As allowed under 45 C.F.R. Section 164.512, and as required under RCW 74.34.035(10), APS requests the following information:

- Do you have any concerns regarding Jeanne Hoffman's decision-making ability? If so, please explain. If not, please state so.

  no

- What was the date of Jeanne Hoffman's last office visit with you?

  1/31/2024

Continued to the next page

Protected Health Information Request Letter
Rev. 2/2023 Page 1 of 3

04/29/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

SilentFax @ DSHS ALTSA May 21, 24 10:50 From: Lyndsay Morrill To: 12062210922,,,3031290 Page 2 of 3

- Do you have concerns with the wound care that is being provided by the patients Son?

  No. Patient to see wound care nurse every Tues week by Olivia Wound Care Nurse CMorgan MD

- Please provide the best way to contact you for any follow-up questions.

  206-616-2495

The authority for this request, 45 C.F.R. Section 164.512, states in relevant part:

> A covered entity may use or disclose protected health information without the written authorization of the individual . . . in the situations covered by this section, subject to the applicable requirements of this section. . . .
>
> *(c) Standard: Disclosures about victims of abuse, neglect or domestic violence – (1) Permitted disclosures.* A covered entity may disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence to a . . . social service or protective services agency . . . authorized by law to receive reports of such abuse, neglect, or domestic violence:
>
> *(i)* **To the extent the disclosure is required by law** and the disclosure complies with and is limited to the relevant requirements of such law;
>
> *(ii)* If the individual agrees to the disclosure; or
>
> *(iii)* **To the extent the disclosure is expressly authorized by statute or regulation** and:
>
> *(A)* The covered entity, in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
>
> *(B)* If the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the protected health information for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

Additionally, RCW 74.34.035 requires and expressly authorizes such disclosure. Again, in relevant part:

> (10) In conducting an investigation of abandonment, abuse, financial exploitation, self-neglect, or neglect, the Department or law enforcement, upon request, **must have access to all relevant records related to the vulnerable adult that are in the possession of mandated reporters and their employees,** unless otherwise prohibited by law....

The information we received from you remains confidential under RCW 74.34.095, will

Protected Health Information Request Letter
Rev. 2/2023 Page 2 of 3

04/29/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

only be used for purposes authorized by law under chapter 74.34 RCW, and will not be used for any other purpose than stated in this request. Please email the information to lyndsay.morrill1@dshs.wa.gov or mail the information to:

Lyndsay Morrill
4210 Wheaton Way, Suite 110
Bremerton, WA 98310

If you prefer to fax the information or have any questions regarding this request, you may contact me at (564)200-4295. Please contact me before sending information if there is a cost or fee for this information. 360.478.4570

Sincerely,

Lyndsay Morrill
Adult Protective Services
Transforming Lives

04/24/2024 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- Abnormal urinalysis

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

04/24/2024 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024

04/24/2024 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 10 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2024
Start date: 4/29/2024
End date: 5/9/2024
Quantity: 40 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Result Encounter Note

Neighbor Jr., William E, MD at 4/24/2024 1008

Jeanne:
Your urine culture last week grew mixed bacteria. If you are feeling well without fever and without urinary symptoms including cloudy urine, you would not need antibiotics. However, if you do have any urinary symptoms, perhaps you should receive a second course of the antibiotic cephalexin that was prescribed in later March. I have sent in a prescription so you have it on hand.

William E Neighbor Jr, MD

Electronically signed by Neighbor Jr., William E, MD at 4/29/2024 2:28 PM

Labs

Culture Urine, Bact (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 03/20/24 1606**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 03/20/24 1606
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 03/20/24 -
Class: Clinic Collect
Quantity: 1
Lab status: Final result
Instance released by: Fung, Amanda C, Technologist 4/24/2024 10:08 AM
Diagnoses
Abnormal urinalysis [R82.90]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

04/24/2024 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

ID	Type	Source	Collected By
W3402921	Urine	Urine, clean catch	04/24/24 1008

Comment: Urine, clean catch

Culture Urine, Bact (Abnormal) Resulted: 04/25/24 1703, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 04/24/24 1008
Order status: Completed
Filed by: Uw Lab Results Interface, User 04/25/24 1703
Collected by: 04/24/24 1008
Resulting lab: UW LABORATORY MEDICINE
Acknowledged by
Perez, Delmis Joel, RN on 04/29/24 0848
Neighbor Jr., William E, MD on 04/29/24 1434
Mohova, Elena A, CMA on 05/01/24 0838

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	No special requests	—	—	UW
Culture	--	—	A !	UW

Result:
51,000 to 100,000 Col/mL
Mixed flora including Gram negative rods

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Indications

Abnormal urinalysis [R82.90 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
4/29/2024 2:28 PM PDT

Jeanne:
Your urine culture last week grew mixed bacteria. If you are feeling well without fever and without urinary symptoms including cloudy urine, you would not need antibiotics. However, if you do have any urinary symptoms, perhaps you should receive a second course of the antibiotic cephalexin that was prescribed in later March. I have sent in a prescription so you have it on hand.

William E Neighbor Jr, MD

All Reviewers List

Neighbor Jr., William E, MD on 4/29/2024 14:34

04/24/2024 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- Bladder infection

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

04/24/2024 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024

04/24/2024 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 10 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2024
Start date: 4/29/2024
End date: 5/9/2024
Quantity: 40 capsule
Refill: No refills remaining

Stopped in Visit

None

Labs

Urinalysis with Reflex Culture (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 04/24/24 1017**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 04/24/24 1017
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/24/24 -
Class: Clinic Collect
Quantity: 1
Instance released by: Fung, Amanda C, Technologist 4/24/2024 10:18 AM
Discontinued by: Uw Lab Results Interface, User 04/24/24 1028 [Reorder requested, quantity not sufficient]
Diagnoses
Acute cystitis without hematuria [N30.00]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3403064	Urine	—	04/24/24 1018

Indications

Acute cystitis without hematuria [N30.00 (ICD-10-CM)]

04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change, Immunization or Injection, and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/12/2024
Start date: 4/12/2024
End date: 4/19/2024
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 4/17/2024 0920

Pt in clinic with son, Louis, for continued wound care, keeping an appointment that was supposed to be canceled. Pt continues to be self-showering and will restart PT/OT in May 2024. Pt started antibiotics for her UTI and has 2 more days to go. She is in considerable less pain today though her left big toe is very painful to the touch. The toe looks normal and without S&S of infection and the displaced toenail appears ready to come off. Pt is able to get on the Procedure Room bed with moderate assist. Had already scheduled next wound care appt for 2 weeks.

1. The home dressings were gently removed.
2. The left lower leg was wrapped with a warm wet towel and chlorhexidine soap applied to the wounds.
3. The sites were wiped with NS moistened gauze.
4. Lidocaine 2% jelly was applied to the open wounds.
5. Each open area was gently debrided using a 4 mm curette.
6. All sites were gently wiped with NS moistened gauze
7. Carradres hydrogel dressings were cut to fit and applied to each wound
8. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape
9. Surgilast 5.5 was placed over the gauze wrap.
10. Placed a fresh sock over the foot and put her shoe on the foot.

Left Leg wounds:

1. Left Medial Ankle: shrinking posteriorly with a small anterior satellite; 2.4 cm x 1.0 cm x 0.1 cm, filling in from the base up
2. Left Medial Ankle Anterior Satellite: 0.7 cm x 0.4 cm x 0.2 cm.
3. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 6.2 cm x 1.9 cm x 0.2. The whole wound is filling in from its base.
4. Left Distal Lateral Shin and small medial satellite: 4.5 cm x 4.0 cm x 0.2 cm. Filling in from its base, the wound is shallower.

Immunization Documentation

99 year old - Is this patient eligible for VFC or Adult supply vaccine? **Adult (18 and under = VFC)**

04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Interpreter: No

Has patient ever fainted after receiving vaccine/blood draw? : No [If YES, pt should be lying down to receive vaccine]

Vaccine Screening Questions

1	Are you allergic to Latex?	NO
2	Have you had a serious reaction or an allergic reaction to a vaccine?	NO
3	Do you currently have a moderate or severe illness, including fever?	NO
4	Are you pregnant or planning to become pregnant?	NO (Note: If YES: HPV and Heplisav are contraindicated in pregnancy. Consult with provider prior to giving PPSV23/PCV15/PCV20, HepA, Hib, MenACWY or MenB)
5	Have you ever had a seizure or any neurological problem associated with a vaccine? *(DTaP/TDaP/DTP pertinent)*	NO
6	Is patient receiving any **LIVE** vaccinations today? *(Varicella-Chickenpox, MMR-Measles/Mumps/Rubella, Zoster-Shingles, Yellow Fever)*	No [determine need for TB screening if getting live virus vaccine] **NOTE:** • If **YES** to any of the questions above – Do **NOT** give vaccine. Consult with RN or provider in clinic. (#5 can be YES if all Live vaccine questions are answered NO) • If **NO** to all questions above - Patient may receive vaccine.
7	Do you need to receive the Flu vaccine today?	NO

Imms administered today: **Zoster (Shingrix)**

All patients are encouraged to wait 15 minutes before leaving after receiving any vaccine.

VIS given 4/17/2024 by Delmis J Perez, RN

Was Jeanne Leonie Hoffman alert, oriented, and without adverse reaction after the vaccine was given YES

Delmis J Perez, RN

04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Electronically signed by Perez, Delmis Joel, RN at 4/17/2024 11:05 AM

Medication Administrations

zoster recombinant vaccine (Shingrix) injection 0.5 mL [305110104]

Ordering Provider: Neighbor Jr., William E, MD
Ordered On: 04/12/24 1255
Ordered Dose (Remaining/Total): 0.5 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 04/13/24 0000 - 04/17/24 1052
Route: Intramuscular
Ordered Rate/Order Duration: — / —
Admin Instructions: REFRIGERATE. Do NOT Freeze. Protect from light. Reconstituted vaccine must be refrigerated.

Timestamps	Action	Dose	Route / Site	Other Information
Performed 04/17/24 1052 Documented: 04/17/24 1053	Given	0.5 mL	Intramuscular Left Deltoid	Performed by: Perez, Delmis Joel, RN

Immunizations Given

Immunization	Date
Zoster recombinant (Shingrix)	04/17/2024

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 4/17/2024 9:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P on Wednesday April 17, 2024 for: Wound Check/Dressing Change; Immunization or Injection; and RNGREATERTHAN60.

Immunizations Given
Zoster recombinant (Shingrix)

Medications Given
zoster recombinant vaccine (Shingrix) Last given at 10:52 AM

What's Next

MAY 1 2024 — Clinical Support
Wednesday May 1 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

Medications You Will Be Given

JUN 11 2024 — zoster recombinant vaccine (Shingrix)
Next due Tuesday June 11
Expected: one time (1 dose remaining)

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List as of April 17, 2024 11:05 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cephalexin 500 MG capsule Commonly known as: Keflex	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 4/17/2024 10:01 AM

Scan (below)



04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 4/17/2024 10:01 AM

Scan (below)



04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 4/17/2024 10:01 AM

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04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 4/17/2024 10:01 AM

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04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 4/17/2024 10:01 AM

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04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 4/17/2024 10:01 AM

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04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 4/17/2024 10:01 AM

Scan (below)



04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 4/17/2024 10:01 AM

Scan (below)



04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 4/17/2024 11:05 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 4/17/2024 9:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P on Wednesday April 17, 2024 for: Wound Check/Dressing Change; Immunization or Injection; and RNGREATERTHAN60.

Immunizations Given

Zoster recombinant (Shingrix)

Medications Given

zoster recombinant vaccine (Shingrix) Last given at 10:52 AM

What's Next

MAY 1 2024 Clinical Support
Wednesday May 1 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

Medications You Will Be Given

JUN 11 2024 zoster recombinant vaccine (Shingrix)
Next due Tuesday June 11
Expected: one time (1 dose remaining)

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of April 17, 2024 11:05 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cephalexin 500 MG capsule Commonly known as: Keflex	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

04/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

04/11/2024 - Patient E-mail in Husky Health Same Day Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

04/11/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Medication List (continued)

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

cephalexin 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/12/2024
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/22/2024
Start date: 3/22/2024
End date: 4/12/2024
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025

04/11/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Medication List (continued)

Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

Stopped in Visit

None

Medication Administrations

zoster recombinant vaccine (Shingrix) injection 0.5 mL [305110104]

Ordering Provider: Neighbor Jr., William E, MD
Status: Completed (Past End Date/Time)
Ordered On: 04/12/24 1255
Starts/Ends: 04/13/24 0000 - 04/17/24 1052
Ordered Dose (Remaining/Total): 0.5 mL (0/1)
Route: Intramuscular
Frequency: Once
Ordered Rate/Order Duration: — / —
Admin Instructions: REFRIGERATE. Do NOT Freeze. Protect from light. Reconstituted vaccine must be refrigerated.

Timestamps	Action	Dose	Route / Site	Other Information
Performed 04/17/24 1052 Documented: 04/17/24 1053	Given	0.5 mL	Intramuscular Left Deltoid	Performed by: Perez, Delmis Joel, RN

zoster recombinant vaccine (Shingrix) injection 0.5 mL [305110105]

Ordering Provider: Neighbor Jr., William E, MD
Status: Completed (Past End Date/Time)
Ordered On: 04/12/24 1255
Starts/Ends: 06/11/24 0800 - 07/10/24 1059
Ordered Dose (Remaining/Total): 0.5 mL (0/1)
Route: Intramuscular
Frequency: Once
Ordered Rate/Order Duration: — / —
Admin Instructions: REFRIGERATE. Do NOT Freeze. Protect from light. Reconstituted vaccine must be refrigerated.

Timestamps	Action	Dose	Route / Site	Other Information
Performed 07/10/24 1059 Documented: 07/10/24 1100	Given	0.5 mL	Intramuscular Right Deltoid	Performed by: Perez, Delmis Joel, RN

Other Orders

Medications

zoster recombinant vaccine (Shingrix) injection 0.5 mL (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 04/12/24 1255**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/12/24 1255
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Once 04/13/24 - 1 occurrence
Class: Normal

04/11/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Other Orders (continued)

Admin instructions: REFRIGERATE. Do NOT Freeze. Protect from light. Reconstituted vaccine must be refrigerated.

zoster recombinant vaccine (Shingrix) injection 0.5 mL (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 04/12/24 1255** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/12/24 1255 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine Once 06/11/24 0800 - 1 occurrence Class: Normal
Admin instructions: REFRIGERATE. Do NOT Freeze. Protect from light. Reconstituted vaccine must be refrigerated.

Messages

Shingles Injection

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/12/2024 12:56 PM

Last Read in MyChart
4/29/2024 3:37 PM by Hoffman, Jeanne Leonie

I ordered the vaccine should you confirm it will be covered here. It is best to get thru a pharmacy as it is most likely to be fully covered there.

William E Neighbor Jr, MD

Shingles Injection

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	4/12/2024 12:44 PM

Will check again and tray to get a email or hard-copy.
Told: If HHC has vaccination in stock, Molina would cover.
Stand by: checking Again

Shingles Injection

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/11/2024 6:02 PM

Last Read in MyChart
4/29/2024 3:37 PM by Hoffman, Jeanne Leonie

You should double check with your insurance regarding coverage for clinic administered shingles vaccine. Under Medicare, the vaccine is not covered in doctors offices but is covered at pharmacies. The out-of-pocket expense for the vaccine if not covered by insurance is $3-$400 per dose.

William E Neighbor Jr, MD

04/11/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Messages (continued)

Shingles Injection

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Same Day Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/11/2024 3:51 PM

Molina, advised that Insurance will pay HHC for vaccination, if HHC have in stock/back order OK.

Please add to April 17 visit.

04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.

04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Authorized by: Nguyen, My-Linh Trinh, MD
Start date: 1/18/2024
Quantity: 15 each
Ordered on: 1/18/2024
End date: 3/14/2025
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Start date: 3/13/2024
Quantity: 90 tablet
Discontinued on: 4/10/2024
Ordered on: 3/13/2024
End date: 4/10/2024
Refill: No refills remaining

cephalexin 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Start date: 3/22/2024
Quantity: 28 capsule
Discontinued on: 4/12/2024
Ordered on: 3/22/2024
End date: 4/12/2024
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 4/10/2024 1000

Pt in clinic with son, Louis, for continued wound care. Per son's report, pt has been eating more protein, peanut butter and beans, and a new used stove has been installed. Pt continues to be self-showering and will restart PT/OT in May 2024. No complains of the bilateral shooting pain but the left leg was acutely painful today. Pt is able to get on the Procedure Room bed with moderate assist. Scheduled next wound care appt for 3 weeks.

1. The home dressings were gently removed.
2. The left lower leg was wrapped with a warm wet towel and chlorhexidine soap applied to the wounds.
3. The sites were wiped with NS moistened gauze.
4. Lidocaine 2% jelly was applied to the open wounds.
5. Each open area was gently debrided using a 4 mm curette.
6. All sites were gently wiped with NS moistened gauze
7. Carradres hydrogel dressings were cut to fit and applied to each wound
8. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape
9. Surgilast 5.5 was placed over the gauze wrap.
10. Did not replace the sock as it had been soiled overnight and place the shoe over the Surgilast and gauze on the foot.

Left Leg wounds:

1. Left Medial Ankle: shrinking posteriorly with a small anterior satellite; 2.0 cm x 1.4 cm x 0.1-0.2 cm, filling in from the base up
2. Left Medial Ankle Anterior Satellite: 0.9 cm x 0.6 cm x 0.1 cm.
3. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 6.2 cm x 1.9 cm x 0.2. The whole wound is filling in from its base.
4. Left Distal Lateral Shin and small distal satellite: 5.6 cm x 4.2 cm x 0.2 cm. Filling in from its base, the wound is shallower.

04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Electronically signed by Perez, Delmis Joel, RN at 4/10/2024 11:36 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 — 4/10/2024 10:00 AM — Hall Health Same Day 206-685-1011

Today's Visit

You saw Delmis P on Wednesday April 10, 2024 for: Wound Check/Dressing Change and RN60.

What's Next

APR 17 2024 — Clinical Support
Wednesday April 17 10:20 AM (Arrive by 10:05 AM)
Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

MAY 1 2024 — Clinical Support
Wednesday May 1 9:40 AM (Arrive by 9:25 AM)
Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Your Medication List as of April 10, 2024 11:36 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents

Provider-Created Image - Scan on 4/10/2024 10:46 AM

Scan (below)



04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 4/10/2024 10:46 AM

Scan (below)



04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 4/10/2024 10:46 AM

Scan (below)



04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

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04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

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04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

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Scan (below)



04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 4/10/2024 10:46 AM

Scan (below)



04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

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Scan (below)



04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 4/10/2024 10:46 AM

Scan (below)



04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 4/10/2024 10:46 AM

Scan (below)



04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 4/10/2024 10:46 AM

Scan (below)



04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

After Visit Summary - Document on 4/10/2024 11:36 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 4/10/2024 10:00 AM Hall Health Same Day 206-685-1011

Today's Visit

You saw Delmis P on Wednesday April 10, 2024 for: Wound Check/Dressing Change and RN60.

What's Next

APR 17 2024 — Clinical Support
Wednesday April 17 10:20 AM (Arrive by 10:05 AM)
Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

MAY 1 2024 — Clinical Support
Wednesday May 1 9:40 AM (Arrive by 9:25 AM)
Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

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04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Your Medication List as of April 10, 2024 11:36 AM

ⓘ If you have any questions, ask your nurse or doctor.

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pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
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04/10/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
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- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

04/10/2024 - Refill in Husky Health Same Day Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

04/10/2024 - Refill in Husky Health Same Day Clinic (continued)

Medication List (continued)

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

cephalexin 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/12/2024
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/22/2024
Start date: 3/22/2024
End date: 4/12/2024
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025

04/10/2024 - Refill in Husky Health Same Day Clinic (continued)

Medication List (continued)

Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen R, CMA at 4/11/2024 0753

Already filled

Electronically signed by Willis, Stephen R, CMA at 4/11/2024 7:53 AM

Other Orders

Medications

timolol maleate 0.5 % ophthalmic solution (Cancel Pend)

Electronically signed by: **Willis, Stephen R, CMA on 04/11/24 0753**
Status: **Cancel Pend**
Ordering user: Willis, Stephen R, CMA 04/11/24 0753
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 04/11/24 - Until Discontinued
Class: Normal
Pended by: Uw Mychart, Patient User 04/10/24 1548
Discontinued by: Discharge Provider, Automatic 03/14/25 1742
Admin instructions: instill 1 drop into both eyes twice a day
Reordered from: timolol maleate 0.5 % ophthalmic solution

Messages

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Same Day Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/10/2024 3:48 PM

Refills have been requested for the following medications:

timolol maleate 0.5 % ophthalmic solution [William E Neighbor Jr]

04/10/2024 - Refill in Husky Health Same Day Clinic (continued)

Messages (continued)

Preferred pharmacy: RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608
Delivery method: Pickup

04/09/2024 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS
- History of recurrent deep vein thrombosis (DVT)

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025

04/09/2024 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Quantity: 88 mL
Refill: 6 refills by 2/9/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

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Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
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Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
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Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/12/2024
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/22/2024
Start date: 3/22/2024
End date: 4/12/2024
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

04/09/2024 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen R, CMA at 4/9/2024 1526

1-Name of Requested Medication: timolol 0.5% eye drops
2-Date of Last Refill: 02/24/23
3-Date of Last Office Visit: 01/31/24
4-Next Office Visit (scheduled or Expected): none
Notes:

1-Name of Requested Medication: Pentoxifylline ER 400 mg
2-Date of Last Refill: 03/13/24
3-Date of Last Office Visit: 01/31/24
4-Next Office Visit (scheduled or Expected): none
Notes:

Electronically signed by Willis, Stephen R, CMA at 4/9/2024 3:29 PM

Other Orders

Medications

timolol maleate 0.5 % ophthalmic solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 04/10/24 1242**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 04/10/24 1242
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 04/10/24 - 03/08/25
Class: Normal
Released by: Neighbor Jr., William E, MD 04/10/24 1242
Discontinued by: Barnes, James Irvin, MD 03/08/25 1137
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS
Admin instructions: instill 1 drop into both eyes twice a day
Reordered from: timolol maleate 0.5 % ophthalmic solution

04/09/2024 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Indications

Unspecified glaucoma(365.9) [H40.9 (ICD-10-CM)]

pentoxifylline ER 400 MG ER tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 04/10/24 1242** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 04/10/24 1242
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: TID 04/10/24 - 08/20/24
Class: Normal
Released by: Neighbor Jr., William E, MD 04/10/24 1242
Discontinued by: Navalurkar, Reema, MD 08/20/24 1119 [Med list cleanup]

Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]
Reordered from: pentoxifylline ER 400 MG ER tablet

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

04/09/2024 - Patient E-mail in Husky Health Same Day Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

04/09/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Medication List (continued)

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup

04/09/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Medication List (continued)

Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Start date: 4/10/2024
Quantity: 90 tablet
Ordered on: 4/10/2024
End date: 8/20/2024
Refill: No refills remaining

Stopped in Visit

None

Messages

Vitamin B-12

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Same Day Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/9/2024 9:43 AM

Jean has been taking B-12 every other day, at time every 3rd day.
As directed on a previous examination in early 2023-

Standing By...for further advise.
lcha KI7AGD 73

04/08/2024 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Mohova, Elena A, CMA

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

04/08/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup

04/08/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 10 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2024
Start date: 4/29/2024
End date: 5/9/2024
Quantity: 40 capsule
Refill: No refills remaining

Stopped in Visit

None

Messages

appointment with Delmis for wound care

From	To	Sent and Delivered
Elena A Mohova, CMA	Hoffman, Jeanne Leonie	4/9/2024 10:32 AM

Last Read in MyChart
4/9/2024 11:32 AM by Hoffman, Jeanne Leonie

Thank you Louis! See you and Jeanne tomorrow (Wednesday), morning!

Elena

appointment with Delmis for wound care

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting Elena A Mohova, CMA)	4/9/2024 9:22 AM

Great will travel to HHC Wednesday @9:45am Arrival.

Thanks for the change and response.

appointment with Delmis for wound care

From	To	Sent and Delivered
Elena A Mohova, CMA	Hoffman, Jeanne Leonie	4/8/2024 4:47 PM

Last Read in MyChart
4/9/2024 11:32 AM by Hoffman, Jeanne Leonie

Hi Jeanne and Louis,
I've tried to call you on different numbers, but no response. I put Jeanne on the schedule with Delmis for wound care on Wednesday, April 10th, at 10 am.

04/08/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Thank you,
Elena Mohova, CMA
Hall Health Primary Care Center

03/28/2024 - Office Visit in Eyes on James Optical Shop

Reason for Visit

Chief complaints: Eye Exam and Other
Visit diagnoses:

- Reduced vision (primary)
- Glaucoma suspect of both eyes
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Pseudophakia, both eyes

HPI

Eye Exam

Additional comments: 99 YO with diabetes here for exam. Last hgba1c 6.3 02/14/2023. Pt notes her left eye vision ? Might be blurry x 2-3 months after questioning. She could not tell if the change was gradual or sudden. Denies of eye pain. Notes longstanding light sensitivity. Son notes their dwelling has no natural light and thinks staying in their dark room has made his mother's eye extra light sensitive.

Other

Additional comments: Hx of being prescribed Timolol BID by outside provider x 10 yrs ago, pt is unsure of the reason. This provider is located on Stoneway, family is not sure of the practice. Pt was seen at this practice x 1, might be 10 yrs ago. Pt was referred to Glaucoma in 2019 after seeing me, no Glaucoma appointment was noted on chart.

Comments

HgbA1c Lab

Lab Results

Component	Value	Date/Time
A1C	6.3 (H)	02/14/2024 10:35 AM
A1C	6.6 (H)	11/01/2023 11:18 AM
A1C	6.2 (H)	04/27/2022 09:46 AM

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Leung, Hoi Yee, OD	Leung, Hoi Yee, OD

Department

Name	Address	Phone	Fax
Eyes on James Optical Shop	908 Jefferson ST Seattle WA 98104	206-897-4774	206-897-4939

Follow-up and Dispositions

- Return for Refer to Glaucoma, reduced vision, long term use of Timolol Rx'ed by outside provider.

Level of Service

Level of Service
PR OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES

Medication List

Medication List

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03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Medication List (continued)

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
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Cholecalciferol 1000 units Oral Tab

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Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

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Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
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Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
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End date: 8/20/2024
Quantity: 102 tablet
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Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
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Discontinued on: 4/10/2024
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/13/2024
Start date: 3/13/2024
End date: 4/10/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/12/2024
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/22/2024
Start date: 3/22/2024
End date: 4/12/2024
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Medication List (continued)

Clinical Notes

Progress Notes

Leung, Hoi Yee, OD at 3/28/2024 1100

Chief Complaint

Patient presents with

- Eye Exam
  99 YO with diabetes here for exam. Last hgba1c 6.3 02/14/2023. Pt notes her left eye vision ? Might be blurry x 2-3 months after questioning. She could not tell if the change was gradual or sudden. Denies of eye pain. Notes longstanding light sensitivity. Son notes their dwelling has no natural light and thinks staying in their dark room has made his mother's eye extra light sensitive.
- Other
  Hx of being prescribed Timolol BID by outside provider x 10 yrs ago, pt is unsure of the reason. This provider is located on Stoneway, family is not sure of the practice. Pt was seen at this practice x 1, might be 10 yrs ago. Pt was referred to Glaucoma in 2019 after seeing me, no Glaucoma appointment was noted on chart.

All history obtained by interpreter today? NO

HPI:

Patient presents as New patient to HMC/UWNC Optometry.
Patient reports no eye pain. Notes no eye discomfort.
Pt is wearing glasses
Pt has no history of contact lens wear.

Diabetes History

NIDDM, with last A1C 6.3 02/14/2024
Most recent lab results as follows:

Lab Results

Component	Value	Date/Time
A1C	6.3 (H)	02/14/2024 10:35 AM
A1C	6.6 (H)	11/01/2023 11:18 AM
A1C	6.2 (H)	04/27/2022 09:46 AM

Ocular History:

History of eye disorders: light sensitivity
History of eye surgeries: CE/IOL OU
Current ocular medications: Timolol BID

Medical History:

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity	9/24/2018

(HCC)
- Severe protein-calorie malnutrition (HCC) 6/7/2018
- Urge urinary incontinence 6/7/2018
- Venous ulcer of left leg (HCC) 6/7/2018
- Normocytic anemia 6/7/2018
- Chronic venous hypertension with ulcer and inflammation, left (HCC) 5/17/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) 5/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) 5/17/2018
- Thrombocytopenia (HCC) 11/2/2016
- Leg weakness, bilateral 1/6/2015
- Weakness of trunk musculature 1/6/2015
- Vertebral fracture 12/13/2012
  Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed
- Thyroid nodule, uninodular 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.
- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Current Medications:

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.		
• cephalexin 500 MG capsule	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.	28 capsule	0
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		
• lidocaine 4 % patch	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.	15 each	0
• MULTIPLE VITAMIN OR	Take by mouth.		
• nystatin 100000 UNIT/ML mouth/throat suspension	Swish and swallow 5 mL 4 times a day.	60 mL	0
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pantoprazole 40 MG EC tablet	Take 1 tablet (40 mg) by mouth 2 times a day before meals.	102 tablet	0
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a	90 tablet	0

	day		
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day	10 mL	6
• triamcinolone 0.1 % cream	Apply topically 2 times a day. Apply to both forearms.	28.4 g	1
• Wound Dressings (medihoney) topical gel	Apply topically every other day. Apply to wound before applying dressing	44 mL	3
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6

No current facility-administered medications for this visit.

Fohx
Unremarakble

Medical history, allergy history, surgical history, social history, family ocular history was reviewed and confirmed from history section of EMR/patient's health record today.

Assessment and Plans:
See AVS for additional overview/instructions

1. Reduced vision
OS>OD, pt is not sure of onset.
In past unable to examine eyes due to pt's extreme light sensitivity.
Today very limited exam again due to light sensitivity, only obtained slivers of views with firmly holding lids.
Has reduced vision and color vision OS>OD, possible nerve pallor OD vs pseudophakic pallor
No apparent APD seen, but exam was difficult to start with due to light sensitivity
Unable to obtain confrontational field (pt was also extremely hard of hearing) together with light sensitivity
Suspecting hx of NAION OS due to pt's age, nerve pallor and reduced color vision, onset is unclear.
Already under medical care with Dr. Neighbor.
Dicussed findings with patient in writing, since on timolol (through no apparent cupping) would refer to Glaucoma for start, consider ?neurophthalmology referral.

2. Glaucoma suspect of both eyes
Pt has been on Timolol for 10+ yrs, started by outside provider.
Would not be able to obtain prior charts, as family cannot recall name of practice
Untreated Tmax unknown
Negative Fhx
Quick view of nerve with no apparent cupping, but views were brief
Does have ?nerve pallor OS vs psedudophakic
Referral to glaucoma placed in 2019, pt was not seen at Glaucoma
Would recommend baseline glaucoma referral to determine need of continuing Timolol
Okay to continue Timolol for now
- Referral to Eye Care; Future

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Clinical Notes (continued)

3. Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
No signs of diabetic retinopathy. Patient educated regarding importance of continued blood sugar control. Letter to PCP regarding today's exam.

4. Pseudophakia, both eyes
Monitor

5. Refractive error
Did my best on retinoscopy, dispensed spectacle Rx

Exam was very challenging due to pt's light sensitivity and hearing difficulty, communicated finding and plans with patient in writing.

I spent a total of 60 minutes for the patient's care on the date of the service.

Thank you for coming in today.
During today's visit we reviewed only your ophthalmology (eye-related) medications.
Please follow up with your primary care provider for any questions regarding other medications.
If your eyes were dilated during today's visit, the average dilation will last 4 to 6 hours and may impact your overall vision during this period. Please use caution during this period.
If you need to schedule or change a follow up appointment, please call 206-744-2020.
Our phone lines are open 7:00am to 8:00pm Monday through Saturdays and 9:00am to 5:30pm on Sundays.

If you have any questions regarding contact lens, please call Eyes on James at 206.897.4774 ext 2

Electronically signed by Leung, Hoi Yee, OD at 3/29/2024 12:14 PM

Other Orders

Referral

Referral to Eye Care (Discontinued)

Electronically signed by: **Leung, Hoi Yee, OD on 03/28/24 1200** Status: **Discontinued**
Ordering user: Leung, Hoi Yee, OD 03/28/24 1200
Ordering provider: Leung, Hoi Yee, OD
Authorized by: Leung, Hoi Yee, OD
Ordering mode: Standard
Frequency: Routine 03/28/24 -
Class: Internal Referral
Quantity: 1
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Glaucoma suspect of both eyes [H40.003]

Questionnaire

Question	Answer
Does the ordering provider want to track the referral?	No

Scheduling instructions
Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Other Orders (continued)

your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid Specialty: glaucoma Referral for: This referral for consultation or procedure grants authorization to perform diagnostic or other services required. REASON FOR REFERRAL: 99 year old female with long term use of Timolol by outside provider, very difficulty exam due to light sensitivity, and possible vision Decrease left in x ? Months, please evaluate WHEN: na

Referral Details

Referred By		Referred To	Type	Priority
Leung, Hoi Yee, OD 908 Jefferson St SEATTLE WA 98104 Phone: 206-897-4774 Fax: 206-897-4939	Diagnoses: Glaucoma suspect of both eyes Reason: CC to Schedule	**Hmc Eye Institute** 908 Jefferson ST Seattle WA 98104 Phone: 206-744-2020 Fax: 206-897-4320	Vision Screening Services	Routine

Comment: Coverage for this visit--Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Specialty: glaucoma
Referral for: This referral for consultation or procedure grants authorization to perform diagnostic or other services required.
REASON FOR REFERRAL: 99 year old female with long term use of Timolol by outside provider, very difficulty exam due to light sensitivity, and possible vision Decrease left in x ? Months, please evaluate
WHEN: na

Indications

Glaucoma suspect of both eyes [H40.003 (ICD-10-CM)]

Ophthalmology

Base Eye Exam

Visual Acuity (Snellen - Linear)

	Right	Left
Dist cc	20/70	20/300

Tonometry (Applanation, 11:35 AM)

	Right	Left
Pressure	18	18

Pachymetry (3/28/2024)

	Right	Left
Thickness	599	567

Pupils

Difficult due to light sensitivity,
Grossly normal

Visual Fields

Unable

Extraocular Movement

Right	Left
Full	Full

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Ophthalmology (continued)

Neuro/Psych

Oriented x3: Yes
Mood/Affect: Normal

Additional Tests

Color

	Right	Left
Ishihara	3/11	1/11

Slit Lamp and Fundus Exam

External Exam

	Right	Left
External	Normal	Normal

Slit Lamp Exam

	Right	Left
Lids/Lashes	Normal	Normal
Conjunctiva/Sclera	White and quiet	White and quiet
Cornea	Clear	Clear
Anterior Chamber	Deep and quiet	Deep and quiet
Iris	Normal, no neovascularization	Normal, no neovascularization
Lens	**Centered posterior chamber intraocular lens**	**Centered posterior chamber intraocular lens**
Anterior Vitreous	**unable**	**unable**

Fundus Exam

	Right	Left
Disc	**PPA, pallor vs pseduphakic pallor**	**PPA, pallor vs pseduphakic pallor**
C/D Ratio	0.5?	0.5?
Macula	**grossly normal**	**grossly normal**
Vessels	**diffuse drusen**	**diffuse drusen**
Periphery	**attached**	**attached**

Only able to get quick looks due to pt light sensitivity
need to hold lids firmly to get sliver of view

Refraction

Wearing Rx

	Right	Left
Sphere	+2.75	+1.50
Cylinder	-2.50	-1.50
Axis	090	075
Add	+3.00	+3.00

Type: bifocal

Manifest Refraction

	Right	Left
Sphere	+0.75	+2.75
Cylinder	-0.50	-0.50
Axis	060	090
Dist VA	20/70	20/300

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Ophthalmology (continued)

Add	+2.75	+2.75

Difficult due to light sensitivity, need to hold lids during Ret

Final Rx

	Right	Left
Sphere	+0.75	+2.75
Cylinder	-0.50	-0.50
Axis	060	090
Dist VA	20/70	20/300
Add	+2.75	+2.75

Type: bfiocal
Expiration Date: 3/28/2026
Comments: Polycarbonate

Patient Instructions

Thank you for coming in today.
During today's visit we reviewed only your ophthalmology (eye-related) medications.
Please follow up with your primary care provider for any questions regarding other medications.

If your eyes were dilated during today's visit, the average dilation will last 4 to 6 hours and may impact your overall vision during this period. Please use caution during this period.

If you need to schedule or change a follow up appointment, please call 206-744-2020.
Our phone lines are open Mon-Fri 7am-7pm & Saturdays 8am-4:30pm.

Electronically signed by Leung, Hoi Yee, OD at 3/29/2024 11:56 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

After Visit Summary (continued)

AFTER VISIT SUMMARY

eyes on james

Jeanne L. Hoffman MRN: U8170135 3/28/2024 11:00 AM Eyes on James Optical Shop 206-897-4774

Instructions from Hoi Yee Leung

Referral to Eye Care

Where: Harborview Medical Center Eye Institute
Address: 908 Jefferson ST Seattle WA 98104
Phone: 206-744-2020
Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.

Today's Visit

You saw Hoi Yee Leung on Thursday March 28, 2024. The following issue was addressed: Glaucoma suspect of both eyes.

What's Next

APR 17 2024 **Clinical Support**
Wednesday April 17 10:20 AM (Arrive by 10:05 AM)

Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List as of March 28, 2024 12:00 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cephalexin 500 MG capsule Commonly known as: Keflex	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

Letters

Referral by Leung, Hoi Yee, OD on 3/29/2024

Status: Sent
Letter body:

March 29, 2024

Letters (continued)

William E Neighbor Jr., MD
4060 NE Stevens Way
Box 354410
SEATTLE WA 98195-4410

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

Dear William E Neighbor Jr., MD:

Ms. Jeanne Leonie Hoffman is seen today for an dilated fundus exam and She has **No diabetic retinopathy**. I educated patient regarding importance of continued blood sugar control and the need of yearly dilated fundus exam.

I am referring her to Glaucoma to consider the need of continuing Timolol.

Please feel free to contact me if I could be of further assistance.

Sincerely,

Electronically signed by
Hoi Yee Leung, OD

CC: No Recipients

Visit Summary

Reason for Visit

Eye Exam	99 YO with diabetes here for exam. Last hgba1c 6.3 02/14/2023. Pt notes her left eye vision ? Might be blurry x 2-3 months after questioning. She could not tell if the change was gradual or sudden. Denies of eye pain. Notes longstanding light sensitivity. Son notes their dwelling has no natural light and thinks staying in their dark room has made his mother's eye extra light sensitive.
Other	Hx of being prescribed Timolol BID by outside provider x 10 yrs ago, pt is unsure of the reason. This provider is located on Stoneway, family is not sure of the practice. Pt was seen at this practice x 1, might be 10 yrs ago. Pt was referred to Glaucoma in 2019 after seeing me, no Glaucoma appointment was noted on chart.

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Chief Complaint Text

HgbA1c Lab

Lab Results

Component	Value	Date/Time
A1C	6.3 (H)	02/14/2024 10:35 AM
A1C	6.6 (H)	11/01/2023 11:18 AM
A1C	6.2 (H)	04/27/2022 09:46 AM

Diagnoses

	Codes	Comments
Reduced vision - Primary	H54.7	
Glaucoma suspect of both eyes	H40.003	
Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)	E11.9	
Pseudophakia, both eyes	Z96.1	

Vital Signs - Last Recorded

OB Status
Postmenopausal

Chief Complaint

Patient presents with

- Eye Exam
  99 YO with diabetes here for exam. Last hgba1c 6.3 02/14/2023. Pt notes her left eye vision ? Might be blurry x 2-3 months after questioning. She could not tell if the change was gradual or sudden. Denies of eye pain. Notes longstanding light sensitivity. Son notes their dwelling has no natural light and thinks staying in their dark room has made his mother's eye extra light sensitive.
- Other
  Hx of being prescribed Timolol BID by outside provider x 10 yrs ago, pt is unsure of the reason. This provider is located on Stoneway, family is not sure of the practice. Pt was seen at this practice x 1, might be 10 yrs ago. Pt was referred to Glaucoma in 2019 after seeing me, no Glaucoma appointment was noted on chart.

All history obtained by interpreter today? NO

HPI:
Patient presents as New patient to HMC/UWNC Optometry.
Patient reports no eye pain. Notes no eye discomfort.
Pt is wearing glasses
Pt has no history of contact lens wear.

Diabetes History
NIDDM, with last A1C 6.3 02/14/2024
Most recent lab results as follows:

Lab Results

Component	Value	Date/Time
A1C	6.3 (H)	02/14/2024 10:35 AM
A1C	6.6 (H)	11/01/2023 11:18 AM
A1C	6.2 (H)	04/27/2022 09:46 AM

Ocular History:
History of eye disorders: light sensitivity
History of eye surgeries: CE/IOL OU
Current ocular medications: Timolol BID

Medical History:
Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture	12/13/2012
Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	
• Thyroid nodule, uninodular	12/13/2012
CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH	

cane in home.

- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Current Medications:

Current Outpatient Medications

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• cephalexin 500 MG capsule	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.	28 capsule	0

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		
• lidocaine 4 % patch	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.	15 each	0
• MULTIPLE VITAMIN OR	Take by mouth.		
• nystatin 100000 UNIT/ML mouth/throat suspension	Swish and swallow 5 mL 4 times a day.	60 mL	0
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pantoprazole 40 MG EC tablet	Take 1 tablet (40 mg) by mouth 2 times a day before meals.	102 tablet	0
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day	90 tablet	0
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day	10 mL	6
• triamcinolone 0.1 % cream	Apply topically 2 times a day. Apply to both forearms.	28.4 g	1
• Wound Dressings (medihoney) topical gel	Apply topically every other day. Apply to wound before applying dressing	44 mL	3
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6

No current facility-administered medications for this visit.

Fohx
Unremarakble

Medical history, allergy history, surgical history, social history, family ocular history was reviewed and confirmed from history section of EMR/patient's health record today.

Assessment and Plans:
See AVS for additional overview/instructions

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

1. Reduced vision
OS>OD, pt is not sure of onset.
In past unable to examine eyes due to pt's extreme light sensitivity.
Today very limited exam again due to light sensitivity, only obtained slivers of views with firmly holding lids.
Has reduced vision and color vision OS>OD, possible nerve pallor OD vs pseudophakic pallor
No apparent APD seen, but exam was difficult to start with due to light sensitivity
Unable to obtain confrontational field (pt was also extremely hard of hearing) together with light sensitivity
Suspecting hx of NAION OS due to pt's age, nerve pallor and reduced color vision, onset is unclear.
Already under medical care with Dr. Neighbor.
Dicussed findings with patient in writing, since on timolol (through no apparent cupping) would refer to Glaucoma for start, consider ?neurophthalmology referral.

2. Glaucoma suspect of both eyes
Pt has been on Timolol for 10+ yrs, started by outside provider.
Would not be able to obtain prior charts, as family cannot recall name of practice
Untreated Tmax unknown
Negative Fhx
Quick view of nerve with no apparent cupping, but views were brief
Does have ?nerve pallor OS vs psedudophakic
Referral to glaucoma placed in 2019, pt was not seen at Glaucoma
Would recommend baseline glaucoma referral to determine need of continuing Timolol
Okay to continue Timolol for now
- Referral to Eye Care; Future

3. Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
No signs of diabetic retinopathy. Patient educated regarding importance of continued blood sugar control. Letter to PCP regarding today's exam.

4. Pseudophakia, both eyes
Monitor

5. Refractive error
Did my best on retinoscopy, dispensed spectacle Rx

Exam was very challenging due to pt's light sensitivity and hearing difficulty, communicated finding and plans with patient in writing.

I spent a total of 60 minutes for the patient's care on the date of the service.

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Thank you for coming in today.
During today's visit we reviewed only your ophthalmology (eye-related) medications.
Please follow up with your primary care provider for any questions regarding other medications.
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If you have any questions regarding contact lens, please call Eyes on James at 206.897.4774 ext 2

Base Ophthalmology Exam

Visual Acuity (Snellen - Linear)

	Right	Left
Dist cc	20/70	20/300

Pupils
Difficult due to light sensitivity, Grossly normal

Tonometry (Applanation, 11:35 AM)

	Right	Left
Pressure	18	18

Visual Fields
Unable

Pachymetry (3/28/2024)

	Right	Left
Thickness	599	567

Extraocular Movement

	Right	Left
	Full	Full

Neuro/Psych
Oriented x3: Yes
Mood/Affect: Normal

Edited by: Leung, Hoi Yee, OD

Base Ophthalmology Exam Addl. Tests

Color

	Right	Left
Ishihara	3/11	1/11

Edited by: Leung, Hoi Yee, OD

Main Ophthalmology Exam

External Exam

	Right	Left
External	Normal	Normal

Slit Lamp Exam

	Right	Left
Lids/Lashes	Normal	Normal
Conjunctiva/Scler	White and quiet	White and quiet

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

a		
Cornea	Clear	Clear
Anterior Chamber	Deep and quiet	Deep and quiet
Iris	Normal, no neovascularization	Normal, no neovascularization
Lens	**Centered posterior chamber intraocular lens**	**Centered posterior chamber intraocular lens**
Vitreous	**unable**	**unable**

Fundus Exam

	Right	Left
Disc	**PPA, pallor vs pseduphakic pallor**	**PPA, pallor vs pseduphakic pallor**
C/D Ratio	0.5?	0.5?
Macula	**grossly normal**	**grossly normal**
Vessels	**diffuse drusen**	**diffuse drusen**
Periphery	**attached**	**attached**

Only able to get quick looks due to pt light sensitivity
need to hold lids firmly to get sliver of view

Edited by: Leung, Hoi Yee, OD

Date Reviewed:

Problem List **6/2/2021**

	ICD-10-CM	Priority	Class	Noted - Resolved
Osteoporosis, unspecified	M81.0	High		3/4/2008 - Present

Overview Addendum 10/22/2014 10:40 AM by Neighbor Jr., William E

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

Adult failure to thrive syndrome	R62.7	High		10/19/2007 - Present

Overview Addendum 7/30/2014 5:20 PM by Neighbor Jr., William E

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

Type 2 diabetes mellitus without complication (HCC)	E11.9	High	3/27/2007 - Present

Overview Addendum 7/30/2014 5:22 PM by Neighbor Jr., William E
Year onset: Dx March 2007
Metformin discontinued 2011 as A1c in target range without it.
Diet and weight controlled.

Sensorineural hearing loss, unspecified	H90.5	High	11/20/2006 - Present

Overview Addendum 6/3/2008 12:00 AM by Neighbor, William E
Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

Hypercholesterolemia	E78.00	High	11/20/2006 - Present

Overview Addendum 9/20/2017 12:12 PM by Neighbor Jr., William E, MD
On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

Generalized osteoarthrosis, unspecified site	M15.9	High	11/20/2006 - Present

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E

LS spine. Bilateral talonavicular arthritis since 1994.

Essential hypertension, benign	I10	High	11/20/2006 - Present
Unspecified glaucoma(365.9)	H40.9	High	11/20/2006 - Present

Overview Signed 4/1/2014 11:56 AM by Neighbor Jr., William E

4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
William E Neighbor JR, MD

Routine general medical examination at a health care facility	Z00.00	High	11/20/2006 - Present

Overview Addendum 9/21/2016 3:09 PM by Neighbor Jr., William E, MD

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Td/Tdap (q 10 yr): See immmunizations
Pneumococcal (65 yoa and high risk x1): See imms
Blood pressure: Dx hypertension
Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

Reduced vision	H54.7	3/29/2024 - Present
Community acquired bacterial pneumonia	J15.9	11/22/2023 - Present
Primary open angle glaucoma (POAG) of both eyes	H40.1130	10/10/2019 - Present
Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)	I70.232, I70.242	9/24/2018 - Present
Vitamin D deficiency	E55.9	7/9/2018 - Present

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Primary osteoarthritis of both hips	M16.0		2/1/2017 - Present
Imbalance	R26.89		11/2/2016 - Present
History of recurrent deep vein thrombosis (DVT)	Z86.718		6/2/2016 - Present
Pseudophakia, both eyes	Z96.1		11/8/2014 - Present
Urine incontinence	R32		8/27/2014 - Present

Overview Signed 8/27/2014 6:18 PM by Neighbor Jr., William E

Uses pads

Osteoarthritis of lumbar spine	M47.816		8/30/2013 - Present
RESOLVED: Long term current use of anticoagulant therapy	Z79.01	High	1/8/2008 - 8/16/2019

Overview Addendum 9/20/2017 12:09 PM by Neighbor Jr., William E, MD

Reason for anticoagulation: Recurrent dvts
Duration of anticoagulation: life
INR goal: 2.-3 (lower end of this range desired because of age)

RESOLVED: Essential and other specified forms of tremor	G25.0, G25.2	High	8/17/2007 - 7/30/2014

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Overview Addendum 7/30/2014 5:22 PM by Neighbor Jr., William E

Noted by Melanie Parker. Consider Parkinson's disease med trial. 7/30/2014 not a complaint

RESOLVED: Closed fracture of unspecified intracapsular section of neck of femur (HCC)	S72.019A	High	5/1/2007 - 9/20/2017

Overview Addendum 10/10/2007 12:00 AM by Neighbor, William E

Pinned April 2007.
Post op hematocrit 25
Has walker with wheels for use outside of home. Uses cane in home.

RESOLVED: Unspecified vitamin B deficiency	E53.9	High	5/1/2007 - 4/4/2022

Overview Addendum 5/1/2007 12:00 AM by Neighbor, William E

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

RESOLVED: Other convulsions	R56.9	High	11/20/2006 - 9/20/2017

Overview Addendum 7/30/2014 5:21 PM by Neighbor Jr., William E

Petit Mal since 1975
Carbamazepine level 7.6 on Feb 2007
Discontinued based on ER neuro consult in early 2013
No recurrence

RESOLVED: Esophageal reflux	K21.9	High	11/20/2006 - 9/20/2017

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

RESOLVED: DVT, recurrent, lower extremity, chronic	IMO0001	High	11/20/2006 - 4/4/2022

Overview Addendum 3/9/2010 1:15 PM by Neighbor Jr., William E

Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

RESOLVED: Leiomyoma of uterus, unspecified	D25.9	High	11/20/2006 - 7/30/2014

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E

S/P hysterectomy with BSO in 1991

RESOLVED: Carpal tunnel syndrome	G56.00	High	11/20/2006 - 4/17/2013

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E

Carpal tunnel release right wrist in 1989

RESOLVED: Unspecified cataract	H26.9	High	11/20/2006 - 11/8/2014

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E

Extraction left eye in 1989

RESOLVED: Allergic rhinitis, cause unspecified	J30.9	High	11/20/2006 - 9/20/2017

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

RESOLVED: Closed fracture of right distal femur (HCC)	S72.401A	7/15/2021 - 4/4/2022
RESOLVED: Fracture of humeral head, closed	S42.293A	9/20/2019 - 5/6/2020
RESOLVED: Fall	W19.XXXA	9/3/2019 - 4/4/2022
RESOLVED: Closed displaced fracture of left pubis with routine healing	S32.502D	8/11/2019 - 5/6/2020
RESOLVED: Acute blood loss anaemia	D62	8/11/2019 - 4/4/2022
RESOLVED: Closed fracture of multiple ribs of left side with routine healing	S22.42XD	8/11/2019 - 5/6/2020
RESOLVED: Hemopneumothorax	J94.2	8/11/2019 - 5/6/2020
RESOLVED: Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	L97.313	5/26/2019 - 4/4/2022
RESOLVED: Venous stasis ulcer (HCC)	I83.009, L97.909	5/26/2019 - 4/4/2022

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

RESOLVED: Bilateral leg edema	R60.0	5/26/2019 - 4/4/2022
RESOLVED: Suspected elder abuse	T76.91XA	1/11/2019 - 5/6/2020

Overview Signed 9/18/2019 10:49 AM by Neighbor Jr., William E, MD

Island Crest Terrace
Pastor Dave OConnell
314.853.2695

NW Justice Project Samthan Adam
206.707.0838
APS Levon Gibson 360.473.2167

RESOLVED: Housing lack	Z59.00	9/26/2018 - 5/6/2020

Overview Signed 5/6/2020 3:47 PM by Neighbor Jr., William E, MD

Resolved fall 2019

RESOLVED: Diabetic ulcer of lower extremity (HCC)	E11.622, L97.909	9/24/2018 - 4/4/2022
RESOLVED: Venous ulcer of left leg (HCC)	I83.029, L97.929	6/7/2018 - 4/4/2022
RESOLVED: Homeless	Z59.00	6/7/2018 - 5/6/2020

Overview Signed 5/6/2020 3:46 PM by Neighbor Jr., William E, MD

Resolved Fall 2019

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

RESOLVED: Normocytic anemia	D64.9	6/7/2018 - 4/4/2022
RESOLVED: Severe protein-calorie malnutrition (HCC)	E43	6/7/2018 - 4/4/2022
RESOLVED: Urge urinary incontinence	N39.41	6/7/2018 - 4/4/2022
RESOLVED: Cellulitis of left leg	L03.116	5/31/2018 - 5/6/2020
RESOLVED: Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	L97.323	5/17/2018 - 4/4/2022
RESOLVED: Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	L97.223	5/17/2018 - 4/4/2022
RESOLVED: Chronic venous hypertension with ulcer and inflammation, left	I87.332	5/17/2018 - 4/4/2022
RESOLVED: Thrombocytopenia (HCC)	D69.6	11/2/2016 - 4/4/2022
RESOLVED: Other physical therapy	IMO0001	1/22/2015 - 8/16/2019

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

RESOLVED: Leg weakness, bilateral	R29.898	1/6/2015 - 4/4/2022
RESOLVED: Weakness of trunk musculature	M62.81	1/6/2015 - 4/4/2022
RESOLVED: Vertebral fracture	IMO0002	12/13/2012 - 9/20/2017

Overview Addendum 10/22/2014 10:41 AM by Neighbor Jr., William E
Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed

RESOLVED: Thyroid nodule, uninodular	E04.1	12/13/2012 - 9/20/2017

Overview Addendum 5/23/2013 3:28 PM by Neighbor Jr., William E
CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

RESOLVED: Disturbance of skin sensation	R20.9	6/3/2008 - 4/17/2013

Overview Addendum 6/3/2008 12:00 AM by Neighbor, William E
6/3/2008 labs ordered. Return in one month for exm.

Allergies as of 3/28/2024 Reviewed by Neighbor Jr.,

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

William E, MD on 3/22/2024

	Severity	Noted	Reaction Type	Reactions
Adhesives	**Not Specified**	10/21/2010		
Aspirin	**Not Specified**	01/06/2012	Allergy	Other, Skin: Rash
Nitrofurantoin	**Not Specified**	09/02/2016		Other
confusion				
Penicillins	**Not Specified**	08/12/2003		Skin: Rash
3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD				
Sulfa Antibiotics	**Not Specified**	08/12/2003	Side Effect	Skin: Rash

Current Medications

	Disp	Refills	Start	End
acetaminophen 500 MG Oral Tab	—	—	8/5/2019	—
Sig: 1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition				
Class: Historical				
atorvastatin 10 MG tablet	90 tablet	3	1/3/2024	—
Sig - Route: Take 1 tablet (10 mg) by mouth daily. - Oral				

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

1/3/24 1617 - Original Entry by Neighbor Jr., William E, MD

Authorizing Provider: Neighbor Jr., William E, MD

Name:	Start date:	End date:
atorvastatin 10 MG tablet	1/3/24	--

Medication: ATORVASTATIN CALCIUM 10 MG OR TABS [47764]

Dose:	Route:	Frequency:
10 mg	Oral	Daily

Sig: Take 1 tablet (10 mg) by mouth daily.

Instructions: --

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Changes to the order are displayed in **red.** Note that there may be changes made to the order that are not shown in this report, such as changes to details about ingredients.

Calcium Carbonate 500 MG Oral Chew Tab	—	—	8/5/2019	—

Sig - Route: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn. - Oral
Class: Historical

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

1/24/23 0949 - Modified by Mohova, Elena A, CMA

Authorizing Provider: PROVIDER, HISTORICAL

Name:	Start date:	End date:
Calcium Carbonate 500 MG Oral Chew Tab	8/5/19	--

Medication: CALCIUM CARBONATE 500 MG OR CHEW [204954]

Dose:	Route:	Frequency:
2 tablet	Oral	3 times daily PRN

Sig: **Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.**

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Instructions: -
-

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

8/20/19 0939 - Original Entry by Sansted, Zoe Judith Mildred, MD

Authorizing Provider: PROVIDER, HISTORICAL

Name:	Start date:	End date:
Calcium Carbonate 500 MG Oral Chew Tab	8/5/19	--

Medication: CALCIUM CARBONATE 500 MG OR CHEW [204954]

Dose:	Route:	Frequency:
2 tablet	Oral	3 times daily PRN

Sig: Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Instructions: -
-

Changes to the order are displayed in **red.** Note that there may be changes made to the order that are not shown in this report, such as changes to details about ingredients.

cephalexin 500 MG capsule	28 capsule	0	3/22/2024	3/29/2024

Sig - Route: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. - Oral
Notes to Pharmacy: Though patient had rash with pencillin in distant past, in last year has done fine with cephalosporins.

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

3/22/24 1730 - Original Entry by Neighbor Jr., William E, MD

Authorizing Provider: Neighbor Jr., William E, MD

Name:	Start date:	End date:
cephalexin 500 MG capsule	3/22/24	3/29/24 2359

Medication: CEPHALEXIN 500 MG OR CAPS [203185]

Dose:	Route:	Frequency:
500 mg	Oral	4 times daily

Sig: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.

Instructions: --

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Changes to the order are displayed in **red.** Note that there may be changes made to the order that are not shown in this report, such as changes to details about ingredients.

Cholecalciferol 1000 units Oral Tab	—	—	8/20/2019	—

Sig - Route: Take 2 tablets (2,000 units) by mouth daily. - Oral
Class: Historical

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

1/24/23 0949 - Modified by Mohova, Elena A, CMA

Authorizing Provider: Taylor, Zoe Judith Mildred, MD

Name: Cholecalciferol 1000 units Oral Tab

Start date: 8/20/19

End date: --

Medication: CHOLECALCIFEROL 25 MCG (1000 UT) OR TABS [226221]

Dose: 2,000 units

Route: Oral

Frequency: Daily

Sig: **Take 2 tablets (2,000 units) by mouth daily.**

Instructions: --

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

8/20/19 0945 - Original Entry by Sansted, Zoe Judith Mildred, MD

Authorizing Provider: Taylor, Zoe Judith Mildred, MD

Name:	Start date:	End date:
Cholecalciferol 1000 units Oral Tab	8/20/19	--

Medication: CHOLECALCIFEROL 25 MCG (1000 UT) OR TABS [226221]

Dose:	Route:	Frequency:
2,000 units	Oral	Daily

Sig: Take 2 tablets (2,000 Units) by mouth daily.

Instructions: --

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Changes to the order are displayed in **red.** Note that there may be changes made to the order that are not shown in this report, such as changes to details about ingredients.

lidocaine 4 % patch	15 each	0	1/18/2024	—

Sig - Route: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period. - Transdermal

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

1/18/24 2033 - Original Entry by Nguyen, My-Linh Trinh, MD

Authorizing Provider: Nguyen, My-Linh Trinh, MD

Name: lidocaine 4 % patch

Start date: 1/18/24

End date: --

Medication: LIDOCAINE 4 % EX PTCH [208326]

Dose: 1 patch

Route: Transdermal

Frequency: Every 24 hours

Sig: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Instructions:
Apply to painful area for up to 12 hours in a 24 hour period.

Changes to the order are displayed in **red.** Note that there may be changes made to the order that are not shown in this report, such as changes to details about ingredients.

MULTIPLE VITAMIN OR	—	—		—

Sig - Route: Take by mouth. - Oral
Class: Historical

nystatin 100000 UNIT/ML mouth/throat suspension	60 mL	0	10/31/23	—

Sig - Route: Swish and swallow 5 mL 4 times a day. - Swish & Swallow
Notes to Pharmacy: Please fill now

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

10/31/23 1259 - Original Entry by Neighbor Jr., William E, MD

Authorizing Provider: Neighbor Jr., William E, MD

Name:	Start date:	End date:
nystatin 100000 UNIT/ML mouth/throat suspension	10/31/23	--

Medication: NYSTATIN 100000 UNIT/ML MT SUSP [15383]

Dose:	Route:	Frequency:
5 mL	Swish & Swallow	4 times daily

Sig: Swish and swallow 5 mL 4 times a day.

Instructions: --

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Changes to the order are displayed in **red.** Note that there may be changes made to the order that are not shown in this report, such as changes to details about ingredients.

ofloxacin 0.3 % ophthalmic solution	5 mL	1	10/1 0/20 22	—

Sig - Route: Place 1-2 drops into left EYE 4 times a day. - Left EYE

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

10/10/22 1010 - Original Entry by Neighbor Jr., William E, MD

Authorizing Provider: Neighbor Jr., William E, MD

Name:	Start date:	End date:
ofloxacin 0.3 % ophthalmic solution	10/10/22	--

Medication: OFLOXACIN 0.3 % OP SOLN [48821]

Dose:	Route:	Frequency:
1-2 drop	Left EYE	4 times daily

Sig: Place 1-2 drops into left EYE 4 times a day.

Instructions: --

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Changes to the order are displayed in **red.** Note that there may be changes made to the order that are not shown in this report, such as changes to details about ingredients.

pantoprazole 40 MG EC tablet	102 tablet	0	11/27/2023	1/18/2024

Sig - Route: Take 1 tablet (40 mg) by mouth 2 times a day before meals. - Oral

Renewals

Renewal requests to authorizing provider (Nguyen, Liem Hieu, MD) prohibited

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

11/28/23 1000 - Modified by Powell, Hanieyien B, Pharmacy Technician

Authorizing Provider: Nguyen, Liem Hieu, MD

Name: pantoprazole 40 MG EC tablet	Start date: 11/27/23	End date: **1/18/24 2359**
Medication: PANTOPRAZOLE SODIUM 40 MG ORTBEC [207194]		
Dose: 40 mg	Route: Oral	Frequency: 2 times daily before meals

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Sig: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Instructions: -
-

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

11/27/23 0831 - Original Entry by Nguyen, Liem Hieu, MD

Authorizing Provider: Nguyen, Liem Hieu, MD

Name:	Start date:	End date:
pantoprazole 40 MG EC tablet	11/27/23	1/17/24 2359

Medication: PANTOPRAZOLE SODIUM 40 MG ORTBEC [207194]

Dose:	Route:	Frequency:
40 mg	Oral	2 times daily before meals

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Sig: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Instructions: -
-

Changes to the order are displayed in **red.** Note that there may be changes made to the order that are not shown in this report, such as changes to details about ingredients.

pentoxifylline ER 400 MG ER tablet	90 tablet	0	3/13/2024	—

Sig - Route: take 1 tablet by mouth three times a day - Oral

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

3/13/24 1758 - Original Entry by Neighbor Jr., William E, MD

Authorizing Provider: Neighbor Jr., William E, MD

Name:	Start date:	End date:
pentoxifylline ER 400 MG ER tablet	3/13/24	--

Medication: PENTOXIFYLLINE ER 400 MG OR TBCR [51666]

Dose:	Route:	Frequency:
400 mg	Oral	3 times daily

Sig: take 1 tablet by mouth three times a day

Instructions: --

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Changes to the order are displayed in **red.** Note that there may be changes made to the order that are not shown in this report, such as changes to details about ingredients.

timolol maleate 0.5 % ophthalmic solution	10 mL	6	2/24/2023	—

Sig: instill 1 drop into both eyes twice a day

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

2/24/23 1109 - Original Entry by Neighbor Jr., William E, MD

Authorizing Provider: Neighbor Jr., William E, MD

Name:	Start date:	End date:
timolol maleate 0.5 % ophthalmic solution	2/24/23	--

Medication: TIMOLOL MALEATE 0.5 % OP SOLN [31339]

Dose:	Route:	Frequency:
--	--	--

Sig: instill 1 drop into both eyes twice a day

Instructions: instill 1 drop into both eyes twice a day

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Changes to the order are displayed in **red.** Note that there may be changes made to the order that are not shown in this report, such as changes to details about ingredients.

triamcinolone 0.1 % cream	28. 4 g	1	4/5/2023	—

Sig - Route: Apply topically 2 times a day. Apply to both forearms. - Topical

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

4/5/23 1334 - Original Entry by Neighbor Jr., William E, MD

Authorizing Provider: Neighbor Jr., William E, MD

Name: triamcinolone 0.1 % cream	Start date: 4/5/23	End date: --

Medication: TRIAMCINOLONE ACETONIDE 0.1 % EX CREA [22077]

Dose: --	Route: Topical	Frequency: 2 times daily

Sig: Apply topically 2 times a day. Apply to both forearms.

Instructions: Apply to both forearms.

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Changes to the order are displayed in **red.** Note that there may be changes made to the order that are not shown in this report, such as changes to details about ingredients.

Wound Dressings (medihoney) topical gel	44 mL	3	4/26/2023	—

Sig - Route: Apply topically every other day. Apply to wound before applying dressing - Topical

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

4/26/23 1026 - Original Entry by Neighbor Jr., William E, MD

Authorizing Provider: Neighbor Jr., William E, MD

Name: Wound Dressings (medihoney) topical gel

Start date: 4/26/23

End date: --

Medication: MEDIHONEY WOUND/BURN DRESSING EX GEL [271444]

Dose: --

Route: Topical

Frequency: Every other day

Sig: Apply topically every other day. Apply to wound before applying dressing

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Instructions:
Apply to wound before applying dressing

Changes to the order are displayed in **red.** Note that there may be changes made to the order that are not shown in this report, such as changes to details about ingredients.

Wound Dressings (medihoney) topical gel	88 mL	6	2/9/2023	—

Sig - Route: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey. - Topical

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

2/9/23 1232 - Original Entry by Neighbor Jr., William E, MD

Authorizing Provider: Neighbor Jr., William E, MD

Name: Wound Dressings (medihoney) topical gel	Start date: 2/9/23	End date: --

Medication: MEDIHONEY WOUND/BURN DRESSING EX GEL [271444]

Dose: --	Route: Topical	Frequency: Daily

Sig: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Instructions:
Apply to ulcerations on legs. Apply dressing over the Medi Honey.

Changes to the order are displayed in **red.** Note that there may be changes made to the order that are not shown in this report, such as changes to details about ingredients.

Medical as of 3/28/2024

Past Medical History

Diagnosis	Date	Comments	Source
Allergic rhinitis, cause unspecified [J30.9]	11/20/2006	—	Provider
Carpal tunnel syndrome [G56.00]	11/20/2006	Carpal tunnel release right wrist in 1989	Provider
Chronic venous hypertension with ulcer and inflammation, left (HCC) [I87.332]	5/17/2018	—	Provider
Closed fracture of right distal femur (HCC) [S72.401A]	7/15/2021	—	Provider
Closed fracture of unspecified intracapsular section of neck of femur	5/1/2007	Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of	Provider

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

[S72.019A]		home. Uses cane in home.	
Diabetes mellitus (HCC) [E11.9]	—	—	Provider
Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909]	9/24/2018	—	Provider
DIAPHRAGMATIC HERNIA [K44.9]	11/20/2006	CT of abdomen in 2006	Provider
DVT, recurrent, lower extremity, chronic [IMO0001]	11/20/2006	Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal	Provider
Esophageal reflux [K21.9]	11/20/2006	—	Provider
Fall [W19.XXXA]	9/3/2019	—	Provider
Impaired fasting glucose [R73.01]	3/22/2007	—	Provider
Leg weakness, bilateral [R29.898]	1/6/2015	—	Provider
Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323]	5/17/2018	—	Provider

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223]	5/17/2018	—	Provider
Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313]	5/26/2019	—	Provider
Normocytic anemia [D64.9]	6/7/2018	—	Provider
Other convulsions [R56.9]	11/20/2006	Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence	Provider
PAD (peripheral artery disease) (HCC) [I73.9]	—	—	Provider
Severe protein-calorie malnutrition (HCC) [E43]	6/7/2018	—	Provider
Thrombocytopenia (HCC) [D69.6]	11/2/2016	—	Provider
Thyroid nodule, uninodular [E04.1]	12/13/2012	CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several	Provider

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

		occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	
Ulcer of left lower extremity, limited to breakdown of skin (HCC) [L97.921]	—	Chronic, Multiple sites of lower leg and ankle, with MSSA	Provider
Unspecified vitamin B deficiency [E53.9]	5/1/2007	Vitamin B12 217 in February 2007; however methylmaloni c acid and homocysteine levels normal ruling out diagnosis of B12 deficiency	Provider
Urge urinary incontinence [N39.41]	6/7/2018	—	Provider
Venous stasis ulcer (HCC) [I83.009, L97.909]	5/26/2019	—	Provider
Venous ulcer of left leg (HCC) [I83.029, L97.929]	6/7/2018	—	Provider
Vertebral fracture [IMO0002]	12/13/2012	Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	Provider
Weakness of trunk musculature [M62.81]	1/6/2015	—	Provider

Surgical as of 3/28/2024

Past Surgical History

Procedure	Laterality	Date	Comments	Source
PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY [58150]	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
NO PRIOR SURGERIES [100]	08/20/2019	—	Provider

Social History

Tobacco History

Smoking Status
Never
Smokeless Tobacco Use
Never

Alcohol History

Alcohol Use Status
No

Drug Use

Drug Use Status
No

Sexual Activity

Sexually Active
Not Currently

Activities of Daily Living

Not Asked

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Letters (continued)

Family as of 3/28/2024

Problem	Relation	Name	Age of Onset	Comments	Source
No Known Problems	Mother	—	—	—	Provider
No Known Problems	Father	—	—	—	Provider

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Documents

After Visit Summary - Document on 3/28/2024 12:00 PM: After Visit Summary

Document (below)

eyes on james

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 3/28/2024 11:00 AM Eyes on James Optical Shop 206-897-4774

Instructions from Hoi Yee Leung

Referral to Eye Care

Where: Harborview Medical Center Eye Institute
Address: 908 Jefferson ST Seattle WA 98104
Phone: 206-744-2020
Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.

Today's Visit

You saw Hoi Yee Leung on Thursday March 28, 2024. The following issue was addressed: Glaucoma suspect of both eyes.

What's Next

APR 17 2024 Clinical Support
Wednesday April 17 10:20 AM (Arrive by 10:05 AM)

Hall Health Primary Care Center
4060 E Stevens Way NE, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Documents (continued)

Your Medication List as of March 28, 2024 12:00 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cephalexin 500 MG capsule Commonly known as: Keflex	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Documents (continued)

Questionnaire/Assessment Document - Scan on 3/29/2024 10:28 AM: U1144 ; OPHTHALMOLOGY PATIENT HISTORY/GENERAL HEALTH QUESTIONNAIRE

Scan (below)

Ophthalmology Patient History/General Health Questionnaire

	Yes	No	Comments
Cardiovascular (heart, blood vessels)	□	□	
Respiratory (lungs, breathing)	□	□	
Gastrointestinal (stomach/intestines)	□	□	
Genitourinary (genitals/kidney/bladder)	□	□	
Musculoskeletal (muscle/bone/arthritis)	□	□	
Integumentary (skin and/or breast)	□	□	
Neurological (stroke, epilepsy, etc.)	□	□	
Endocrine (thyroid, etc.)	□	□	
Diabetes	□	□	
Hematologic (blood, lymph nodes)	□	□	
Past blood transfusion	□	□	
Allergic, Immunologic	□	□	
Seasonal allergies	□	□	
Psychiatric (depression, bipolar)	□	□	

PAST MEDICAL HISTORY

List any past serious illnesses and/or injuries and approximate date(s): _____
See eCare chart

List any surgeries you have had and approximate date(s): _____
See eCare chart

FAMILY HISTORY

Please indicate whether your relatives are known to have:

Eye Disease	**Yes**	**No**	**Relationship to Patient**
Blindness	□	□	
Cataract	□	□	
Glaucoma	□	□	
Macular degeneration	□	□	
Retinal detachment	□	□	
Other _____			
Social/Functional	**Yes**	**No**	**If Yes, how much/how often?**
Do you drink alcohol?	□	□	
Do you smoke?	□	□	

FOR PHYSICIAN USE ONLY:

□ **History reviewed** □ **No changes** □ **Additions as noted above**

U8170135 BD:1/06/1925 99Y F
HOFFMAN
JEANNE
LEONIE
HMC EYES ON JAMES
DOS:3/28/24 LEUNG, HOI YEE
Enc:1913321296 RES:54757651

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
OPTHAL PT HIST/HEALTH QUESTIONNAIRE
Page 2 of 2

U1144
V.2307 | CONTENT LAST APPROVED MAR 20

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Documents (continued)

Ophthalmology Patient History/General Health Questionnaire

Patient Name Jeanne Hoffman Date 3/28/2024

Previous/referring eye doctor(s) and their clinics with approximate dates:
Not Know at this time do to Eye on James discrimination and intolerance

REVIEW OF SYSTEMS

Do you currently wear glasses? ☒ Yes ☐ No
Do you currently wear contact lenses? ☐ Yes ☒ No
If YES above, how long have you had the current prescription(s) 2 years +-
Do you have pain concerns related to your visit today? ☐ Yes ☒ No
Do you **currently** have any problems in the following areas? If YES, please provide further details:

General Symptoms	Yes	No	Comments
Fever	☐	☒	
Weight loss	☐	☒	
Other	☐	☒	
Eyes			
Blurred vision	☒ R	☐	
Distorted vision	☐	☐	
Floaters	☐	☐	
Flashes of light	☐ ?	☐	
Loss of vision	☐	☐	
Double vision (crossed eyes)	☐	☐	
Difficulty with night vision	☐	☐	
Glare/light sensitivity	☐	☐	
Mucous discharge	☐	☐	
Redness	☐	☐	
Sandy or gritty feeling	☐	☐	
Dryness	☐	☐	
Itching	☐	☐	
Excess tearing/watering	☐	☐	
Eye pain or soreness	☐	☐	
Chronic lid infection (styes)	☐	☐	
"Tired eyes"	☐	☐	
Ears, nose, mouth, throat, sinus			
Hearing difficulties	☐	☒	
Hearing aid	☐	☒	

(Please continue on reverse side)

U8170135 BD:1/06/1925 99Y F
HOFFMAN
JEANNE
LEONIE
HMC EYES ON JAMES
DOS:3/28/24 LEUNG, HOI YEE
Enc:1913321296 RES:54757651

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
OPTHAL PT HIST/HEALTH QUESTIONNAIRE
Page 1 of 2

U1144
V.2307 | CONTENT LAST APPROVED MAR 20

03/28/2024 - Office Visit in Eyes on James Optical Shop (continued)

Documents (continued)

Acknowledgment/Agreement - Scan on 3/29/2024 10:28 AM: U3798 ; VISION SERVICES ACKNOWLEDGEMENT

Scan (below)

Vision Services Acknowledgement

Please check the box below to indicate the reason(s) for your visit today:

- ☐ Routine Eye Exam (generally not covered by medical insurance plans, unless vision benefits are specifically included)
- ☒ Routine Vision Service, for example contact lens fitting, new eyeglass prescription, refraction (typically not covered by medical insurance)
- ☐ Medical Eye Appointment (medical condition, disease of the eye or injury to the eye)
- ☐ Referral from Primary Care Physician (PCP) to see an Optometrist (does not guarantee coverage)

If you checked Medical Eye Appointment or Referral from PCP, please indicate your primary reason for the visit:

Frame Repair or new frames

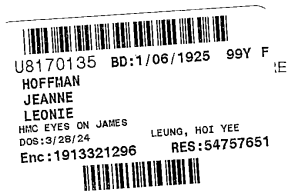
Insurance coverage varies among individual insurers and policies, and vision coverage in particular can widely vary. UW Medicine is not contracted with most vision plans, and are unable to bill. Please call your insurance company before your visit to understand what they will cover, which providers and hospitals are in network, and what you will need to pay out of pocket.

Please be advised that any other issues or concerns that you would like to discuss with your provider today, such as new and/or existing medical conditions, laboratory or x-ray orders, or results or medication refills may result in additional charges.

UW Medicine makes every effort to accurately select billing codes based on the documentation of your visit, and to follow standard coding guidelines. If you believe there is a problem with the coding of your visit, please contact Patient Accounts and Support Services at 206.520.0400 or 1.855.520.0400.

By signing below, I understand the information provided regarding preventative care visits, and that additional charges may be applied for services rendered.

Patient (or legal guardian) signature:	Date:
X Jeanne L Hoffman	
Patient name (printed):	Legal guardian printed name (if applicable):



UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

VISION SERVICES ACKNOWLEDGEMENT
Page 1 of 1



V.2311 | CONTENT LAST APPROVED NOV 23

03/28/2024 - Patient Web Update in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

03/28/2024 - Patient Web Update in Husky Health Primary Care Clinic (continued)

Medication List (continued)

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: take 1 tablet by mouth three times a day

03/28/2024 - Patient Web Update in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/13/2024
Start date: 3/13/2024
End date: 4/10/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/12/2024
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/22/2024
Start date: 3/22/2024
End date: 4/12/2024
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Messages

Appointment Request

From	To	Sent and Delivered
Rico R Romo, PSS/PSR	Hoffman, Jeanne Leonie	3/28/2024 8:16 AM

Last Read in MyChart
6/5/2024 5:42 AM by Hoffman, Jeanne Leonie

Hello Jeanne,

I have scheduled you for the following appointment in our Primary Care Clinic. Details are below:

Appointment Date: Wednesday April 17, 2024
Appointment Time: 10:20 am
Provider: Nurse North
Location: Hall Health Center

Parking is available in the Padelford Hall lots, N21 and N20, this is pay to park parking. Parking across the street in our 3 parking spots requires pre-authorization with HHC staff, and typically they are for patients having trouble walking . If you park across the street, you must inform check-in staff where you parked or you will be ticketed.

Thank you
Rico, PSS Hall Health

Appointment Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Front Desk Pool (supporting William E Neighbor Jr., MD)	3/28/2024 4:59 AM

Appointment Request From: Jeanne Leonie Hoffman

With Provider: William E Neighbor Jr [Hall Health Primary Care Center]

03/28/2024 - Patient Web Update in Husky Health Primary Care Clinic (continued)

Messages (continued)

Preferred Date Range: 4/17/2024 – 4/17/2024

Preferred Times: Any Time

Reason for visit: Office Visit

Comments:
wound care

03/22/2024 - Patient E-mail in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnosis: Bladder infection

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025

03/22/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/31/2023
Start date: 10/31/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

03/22/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/12/2024
Start date: 4/12/2024
End date: 4/19/2024
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Labs

Urinalysis with Reflex Culture (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 04/24/24 1017**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/24/24 1017
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/24/24 -
Class: Clinic Collect
Quantity: 1
Diagnoses
Acute cystitis without hematuria [N30.00]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Urine	—	—

Indications

Acute cystitis without hematuria [N30.00 (ICD-10-CM)]

Indications

Acute cystitis without hematuria [N30.00 (ICD-10-CM)]

Other Orders

Medications

cephalexin 500 MG capsule (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 03/22/24 1730**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 03/22/24 1730
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine QID 03/22/24 - 7 days
Class: Normal
Discontinued by: Neighbor Jr., William E, MD 04/12/24 1300 [Reorder]
Diagnoses
Acute cystitis without hematuria [N30.00]
Medication comments: Though patient had rash with pencillin in distant past, in last year has done fine with cephalosporins.

03/22/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Indications

Acute cystitis without hematuria [N30.00 (ICD-10-CM)]

cephalexin 500 MG capsule (Expired)

Electronically signed by: **Neighbor Jr., William E, MD on 04/12/24 1300** Status: **Expired**
Ordering user: Neighbor Jr., William E, MD 04/12/24 1300 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine QID 04/12/24 - 7 days Class: Normal
Diagnoses
Acute cystitis without hematuria [N30.00]
Medication comments: Though patient had rash with pencillin in distant past, in last year has done fine with cephalosporins.
Reordered from: cephalexin 500 MG capsule

Indications

Acute cystitis without hematuria [N30.00 (ICD-10-CM)]

Messages

Antibiotic for urinary tract infection

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	4/29/2024 3:37 PM

Confirmed
prescription receive/dose taken/treatment confirmed

Antibiotic for urinary tract infection

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/24/2024 10:17 AM

Last Read in MyChart
4/29/2024 3:34 PM by Hoffman, Jeanne Leonie

Repeat Urine with culture ordered after treatment for infection

Antibiotic for urinary tract infection

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/12/2024 12:59 PM

Last Read in MyChart
4/29/2024 3:34 PM by Hoffman, Jeanne Leonie

I will send again. From our view, it looks like the prescription went, but at the time some pharmacies were having computer issues at least in Seattle as I recall.

William E Neighbor Jr, MD

03/22/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Antibiotic for urinary tract infection

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	4/12/2024 12:56 PM

As of this date/time BI Rite-Aid has not confirmed prescription.
Checking: Rite Aid....has no record as of 4-12-24 @ 12:56pm

Antibiotic for urinary tract infection

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/10/2024 6:18 PM

Last Read in MyChart
4/29/2024 3:34 PM by Hoffman, Jeanne Leonie

I left a voicemail for you this evening. My review of your record shows that on March 22 your urine grew E. coli. I sent in a prescription to the Rite Aid pharmacy for cephalexin for approximately 7-day course. A message from Louis subsequently indicated the medication was "started". Hopefully this happened. Please let me know.

The repeat urinalysis and culture should be done 1 to 2 weeks after completion of the antibiotic.

William E Neighbor Jr, MD

Antibiotic for urinary tract infection

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	4/10/2024 3:53 PM

Advise on: urinary tract infection. Does Jean require medication/antibiotic to clear infection....

Antibiotic for urinary tract infection

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/9/2024 10:30 AM

Last Read in MyChart
4/29/2024 3:34 PM by Hoffman, Jeanne Leonie

Sounds like there was some confusion. Let me know if there is anything I need to do in terms of refills.
William E Neighbor Jr, MD

Antibiotic for urinary tract infection

03/22/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	4/9/2024 9:54 AM

Note: Have not received prescription for urinary tract infection.
BI Rita-Aid Pharmacy 206-842-4065

My apology, yesterday prescription for ATORVASTATIN REFILL was picked up.

Antibiotic for urinary tract infection

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	4/9/2024 9:33 AM

Acknowledge....treatment started....will advise.
Thank You, you are a great medical team, Jean is doing well.

Question: Optometrist states: Timolol, may not be require? Saw, that treatment is no longer required.....Please check to ensure accuracy of anylsiss from UW Eyes on James. Standing By LCHA-KI7AGD 73

Antibiotic for urinary tract infection

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	3/22/2024 5:30 PM

Last Read in MyChart
4/11/2024 2:27 PM by Hoffman, Jeanne Leonie

Jeanne:
I just reported the results of your urine culture and sensitivity which showed E. coli bacterial infection. The bacteria is resistant to Bactrim. It is sensitive to penicillins and nitrofurantoin however you have had reactions to those in the past. It is sensitive to cefazolin. Though there is some cross-reactivity of this antibiotic with penicillins given that your penicillin reaction was simply a skin rash which should be safe to prescribe the cefazolin. Additionally you have been treated with cefazolin and related medications in the last year and tolerated them well. The alternatives are ciprofloxacin and levofloxacin which can cause tendinitis in your age group.

The prescription has been sent to your pharmacy. The prescription is for Keflex 500 mg 4 times daily for 7 days.

When taking doxycycline, remember to take with full cup or glass of water and to remain upright for 30 minutes after taking to avoid dissolution or reflux of doxycycline into the esophagus where it can cause severe inflammation and pain that takes a couple of weeks to resolve.

William E Neighbor Jr, MD

03/22/2024 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: RNGREATERTHAN60, Wound Check/Dressing Change, Immunization or Injection, and RN15
Visit diagnoses:

- Pain management (primary)
- Abnormal urinalysis

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024

03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/13/2024
Start date: 3/13/2024
End date: 4/10/2024
Quantity: 90 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 3/20/2024 1020

Pt in clinic with son, Louis, for continued wound care. Per son's report, pt has had a carbohydrate filled diet recently as the new stove still has not been installed, pt is able to get on the Procedure Room bed with moderate assist, self-showering, and has continued with PT/OT but this ends tomorrow and they'd like to continue. Pt has been experiencing shooting pain from her feet which could be related to blood sugars. Son endorses it being high. Recommended to the pt less carbs and more protein. Scheduled next wound care appt for 3 weeks.

1. The gelled hydrogel sheets in wounds were gently removed.
2. The left lower leg was wrapped with a warm wet towel and chlorhexidine soap applied to the wounds.
3. The sites were wiped with NS moistened gauze.
4. Lidocaine 2% jelly was applied to the open wounds.
5. Each open area was gently debrided using a 4 mm curette.
6. All sites were gently wiped with NS moistened gauze
7. Carradres hydrogel dressings were cut to fit and applied to each wound
8. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape
9. Put on the pt's sock and shoe

-
-
- Left Leg wounds:

1. Left Medial Ankle: shrinking posteriorly with a small anterior satellite; 2.0 cm x 0.8 cm x 0.1-0.2 cm, filling in from the base up
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 6.8 cm x 2.0 cm x 0.2. Distal portion reactive to the curette today. The whole wound is filling in from its base.
3. Left Distal Lateral Shin: 4.5 cm x 3.4 cm x 0.2 cm. Filling in from its base, the wound is shallower.

Electronically signed by Perez, Delmis Joel, RN at 3/20/2024 10:30 AM

Brighton, Marcelle, RN at 3/20/2024 1020

See MAR section of the patient's medical record for name of medication administered, lot number, expiration date, etc.

Patient questions were answered.
Patient has no contraindications for this medication.

03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Patient verbally consented to receive this medication
I administered Acetaminophen, 650 mg po.
Patient tolerated medication without problem and reports improvement in symptoms.

Marcy Brighton, RN/BSN

Electronically signed by Brighton, Marcelle, RN at 3/20/2024 10:53 AM

Brighton, Marcelle, RN at 3/20/2024 1020

Immunization Documentation

99 year old - Is this patient eligible for VFC or Adult supply vaccine? **Adult (18 and under = VFC)**

Interpreter: No

Has patient ever fainted after receiving vaccine/blood draw? : No [If YES, pt should be lying down to receive vaccine]

Vaccine Screening Questions

1	Are you allergic to Latex?	NO
2	Have you had a serious reaction or an allergic reaction to a vaccine?	NO
3	Do you currently have a moderate or severe illness, including fever?	NO
4	Are you pregnant or planning to become pregnant?	NO (Note: If YES: HPV and Heplisav are contraindicated in pregnancy. Consult with provider prior to giving PPSV23/PCV15/PCV20, HepA, Hib, MenACWY or MenB)
5	Have you ever had a seizure or any neurological problem associated with a vaccine? *(DTaP/TDaP/DTP pertinent)*	NO
6	Is patient receiving any **LIVE** vaccinations today? *(Varicella-Chickenpox, MMR-Measles/Mumps/Rubella, Zoster-Shingles, Yellow Fever)*	No [determine need for TB screening if getting live virus vaccine] **NOTE:** • If **YES** to any of the questions above **–** Do **NOT** give vaccine. Consult with RN or provider in clinic. (#5 can be YES if all Live vaccine questions are answered NO)

03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

		• If **NO** to all questions above - Patient may receive vaccine.
7	Do you need to receive the Flu vaccine today?	NO

Imms administered today: **COVID-19 mRNA Comirnaty (Pfizer)**

All patients are encouraged to wait 15 minutes before leaving after receiving any vaccine.

VIS given 3/20/2024 by Marcelle Brighton, RN

Was Jeanne Leonie Hoffman alert, oriented, and without adverse reaction after the vaccine was given YES

Marcelle Brighton, RN

Electronically signed by Brighton, Marcelle, RN at 3/20/2024 12:27 PM

Labs

Culture Urine, Bact (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 03/20/24 1606** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 03/20/24 1606
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 03/20/24 -
Class: Clinic Collect
Quantity: 1
Diagnoses
Abnormal urinalysis [R82.90]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Urine	Urine, clean catch	—

Indications

Abnormal urinalysis [R82.90 (ICD-10-CM)]

Culture Urine, Bact (Abnormal) Resulted: 04/25/24 1703, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 04/24/24 1008
Order status: Completed
Filed by: Uw Lab Results Interface, User 04/25/24 1703
Collected by: 04/24/24 1008
Resulting lab: UW LABORATORY MEDICINE
Acknowledged by
Perez, Delmis Joel, RN on 04/29/24 0848
Neighbor Jr., William E, MD on 04/29/24 1434
Mohova, Elena A, CMA on 05/01/24 0838

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	No special	—	—	UW

03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

	requests			
Culture	--	—	A !	UW

Result:
51,000 to 100,000 Col/mL
Mixed flora including Gram negative rods

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Indications

Abnormal urinalysis [R82.90 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
4/29/2024 2:28 PM PDT

Jeanne:
Your urine culture last week grew mixed bacteria. If you are feeling well without fever and without urinary symptoms including cloudy urine, you would not need antibiotics. However, if you do have any urinary symptoms, perhaps you should receive a second course of the antibiotic cephalexin that was prescribed in later March. I have sent in a prescription so you have it on hand.

William E Neighbor Jr, MD

Medication Administrations

acetaminophen (Tylenol) tablet 650 mg [300808349]

Ordering Provider: Neighbor Jr., William E, MD
Ordered On: 03/20/24 0958
Ordered Dose (Remaining/Total): 650 mg (0/1)
Frequency: Once
Admin Instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Status: Completed (Past End Date/Time)
Starts/Ends: 03/20/24 1029 - 03/20/24 1044
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 03/20/24 1044 Documented: 03/20/24 1049	Given	650 mg	Oral Mouth	Performed by: Brighton, Marcelle, RN

COVID-19 Pfizer mRNA vaccine (Comirnaty) injection 30 mcg [300853641]

Ordering Provider: Perez, Delmis Joel, RN
Ordered On: 03/20/24 1214
Ordered Dose (Remaining/Total): 30 mcg (0/1)
Frequency: Once
Admin Instructions: Prior to use, mix by inverting vial gently 10 times. Do not shake.
Status: Completed (Past End Date/Time)
Starts/Ends: 03/20/24 1245 - 03/20/24 1232
Route: Intramuscular
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 03/20/24 1232 Documented: 03/20/24 1233	Given	30 mcg	Intramuscular Left Deltoid	Performed by: Brighton, Marcelle, RN

03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication Administrations (continued)

Immunizations Given

Immunization	Date
COVID-19 Pfizer mRNA seasonal 12 yrs and older (Comirnaty)	03/20/2024

Other Orders

Medications

acetaminophen (Tylenol) tablet 650 mg (Completed)

Electronically signed by: **Brighton, Marcelle, RN on 03/20/24 0958** Status: **Completed**
Ordering user: Brighton, Marcelle, RN 03/20/24 0958 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Cosigning events
Electronically cosigned by Neighbor Jr., William E, MD 03/20/24 1609 for Ordering
Frequency: Routine Once 03/20/24 1029 - 1 occurrence Class: Normal
Diagnoses
Pain management [R52]
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.

Indications

Pain management [R52 (ICD-10-CM)]

COVID-19 Pfizer mRNA vaccine (Comirnaty) injection 30 mcg (Completed)

Electronically signed by: **Brighton, Marcelle, RN on 03/20/24 1214** Status: **Completed**
Ordering user: Brighton, Marcelle, RN 03/20/24 1214 Ordering provider: Perez, Delmis Joel, RN
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine Once 03/20/24 1245 - 1 occurrence Class: Normal
Admin instructions: Prior to use, mix by inverting vial gently 10 times. Do not shake.

Other

ZEBRA LABELS (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 03/20/24 1606** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 03/20/24 1606 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 03/20/24 - Class: Normal
Quantity: 1

Questionnaire

Question	Answer
How many Zebra labels should print?	2

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 3/20/2024 10:20 AM Hall Health Primary Care Center 206-685-1011

Instructions from Delmis P

Labs ordered today
Culture Urine, Bact
Please complete by or around 3/20/2024

What's Next

MAR 28 2024 — New Patient Appointment with Hoi Yee Leung
Thursday March 28 11:00 AM (Arrive by 10:45 AM)
Eyes on James Optical Shop
908 Jefferson ST
Seattle WA 98104
206-897-4774

APR 10 2024 — Clinical Support
Wednesday April 10 9:20 AM (Arrive by 9:05 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw Delmis P on Wednesday March 20, 2024. The following issues were addressed: Pain management and Abnormal urinalysis.

Done Today
ZEBRA LABELS

Immunizations Given
COVID-19 Pfizer mRNA 2023-24 12 yrs and older (Comirnaty)

Medications Given
acetaminophen (Tylenol) Last given at 10:44 AM for Pain management
COVID-19 Pfizer mRNA vaccine (Comirnaty) Last given at 12:32 PM

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of March 20, 2024 4:09 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 3/20/2024 9:32 AM

Scan (below)



03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 3/20/2024 9:32 AM

Scan (below)



03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 3/20/2024 9:34 AM

Scan (below)



03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 3/20/2024 9:34 AM

Scan (below)



03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 3/20/2024 9:35 AM

Scan (below)



03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 3/20/2024 9:35 AM

Scan (below)



03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 3/20/2024 9:37 AM

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03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 3/20/2024 9:37 AM

Scan (below)



03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 3/20/2024 9:37 AM

Scan (below)



03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 3/20/2024 4:09 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 3/20/2024 10:20 AM Hall Health Primary Care Center 206-685-1011

Instructions from Delmis P

Labs ordered today
Culture Urine, Bact
Please complete by or around 3/20/2024

What's Next

MAR 28 2024 — New Patient Appointment with Hoi Yee Leung
Thursday March 28 11:00 AM (Arrive by 10:45 AM)
Eyes on James Optical Shop
908 Jefferson ST
Seattle WA 98104
206-897-4774

APR 10 2024 — Clinical Support
Wednesday April 10 9:20 AM (Arrive by 9:05 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

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Jeanne L. Hoffman (MRN: U8170135) • Printed at 3/20/2024 4:09 PM

Page 1 of 3 Epic

Your Medication List as of March 20, 2024 4:09 PM

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03/20/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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03/20/2024 - Orders Only in Husky Health Same Day Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- Abnormal urine color

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

03/20/2024 - Orders Only in Husky Health Same Day Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024

03/20/2024 - Orders Only in Husky Health Same Day Clinic (continued)

Medication List (continued)

Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/13/2024
Start date: 3/13/2024
End date: 4/10/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/12/2024
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/22/2024
Start date: 3/22/2024
End date: 4/12/2024
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Result Encounter Note

Neighbor Jr., William E, MD at 3/20/2024 0838

Jeanne:
Your urinalysis suggests an infection. I have submitted the urine for culture and antibiotic sensitivity testing. I will write you when I receive those results. As you do not have any acute symptoms we will wait for those tests.
William E Neighbor Jr, MD

Electronically signed by Neighbor Jr., William E, MD at 3/20/2024 4:05 PM

Neighbor Jr., William E, MD at 3/20/2024 0838

Jeanne;
The urine culture grew E. coli sensitive to many antibiotics. It is sensitive to penicillins and nitrofurantoin however you have had reactions to those medications in the past. It is resistant to Bactrim, sulfa medication. It is sensitive to cephalexin. There is some cross reaction between penicillin and cephalexin but given that the penicillin reaction was only a skin rash it should be safe to begin cephalexin. The alternatives include ciprofloxacin and levofloxacin which can cause tendinitis in your age group. I am sending in a prescription for cephalexin 500 mg 4 times daily for 7 days.

William E Neighbor Jr, MD

Electronically signed by Neighbor Jr., William E, MD at 3/22/2024 5:23 PM

03/20/2024 - Orders Only in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Labs

Urinalysis with Reflex Culture (Edited Result - FINAL)

Electronically signed by: **Floresca, Laarni Mae Chan, Technologist on 02/28/24 1108** Status: **Completed**
Ordering user: Floresca, Laarni Mae Chan, Technologist 02/28/24 1108 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Cosigning events
Electronically cosigned by Neighbor Jr., William E, MD 02/28/24 1442 for Ordering
Frequency: Routine 02/28/24 - Class: Lab Collect
Quantity: 1 Lab status: Edited Result - FINAL
Instance released by: Romero, Paola J, Technologist 3/20/2024 8:38 AM
Diagnoses
Abnormal urine color [R39.89]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3343772	Urine	—	03/20/24 0530

Resulted: 03/20/24 0855, Result status: Edited Result - FINAL

Urinalysis with Reflex Culture (Abnormal)

Ordering provider: Neighbor Jr., William E, MD 03/20/24 0838 Order status: Completed
Filed by: Uw Lab Results Interface, User 03/20/24 2121 Collected by: 03/20/24 0530
Resulting lab: UNIVERSITY OF WASHINGTON HALL HEALTH LAB
Acknowledged by
Perez, Delmis Joel, RN on 03/21/24 0838
Mohova, Elena A, CMA on 03/21/24 1353
Neighbor Jr., William E, MD on 03/21/24 1411

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Pale	—	—	HALLH
Clarity, URN	Turbid	—	—	HALLH
Specific Gravity, URN	1.015	1.006 - 1.027 g/mL	—	HALLH
pH, URN	7.0	5.0 - 8.0	—	HALLH
Protein (Alb Semiquant), URN	Negative	NRN	—	HALLH
Glucose Qual, URN	Negative	NRN	—	HALLH
Ketones, URN	Negative	NRN	—	HALLH
Bilirubin (Qual), URN	Negative	NRN	—	HALLH
Occult Blood, URN	Negative	NRN	—	HALLH
Nitrite, URN	Positive	NRN	A !	HALLH
Leukocyte Esterase, URN	Positive	NRN	A !	HALLH
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}	—	HALLH
Comments for Macroscopic, URN	None	—	—	HALLH
Collection Method	Urine	—	—	HALLH
WBC, URN	>50(4+)	Z5NEG /[HPF]	A !	HALLH
RBC, URN	3-5 (1+)	Z2NEG /[HPF]	A !	HALLH
Bacteria, URN	Present	NOSEEN	A !	HALLH
Epith Cells_Squamous, URN	0-5(NEG)	LT6 /[LPF]	—	HALLH
Epith Cells_Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	HALLH
Comments For Microscopic, URN	None	NONE	—	HALLH
1st Extra Urine Gray Top	Additional collection	—	—	HALLH

03/20/2024 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

tube

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
34 - HALLH	UNIVERSITY OF WASHINGTON HALL HEALTH LAB	Phipps, William S, MD	4060 STEVENS WAY NE MS 354410 SEATTLE WA 98195-0001	05/31/22 1311 - 09/06/24 1227

Indications

Abnormal urine color [R39.89 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
3/20/2024 4:05 PM PDT

Jeanne:
Your urinalysis suggests an infection. I have submitted the urine for culture and antibiotic sensitivity testing. I will write you when I receive those results. As you do not have any acute symptoms we will wait for those tests.
William E Neighbor Jr, MD

All Reviewers List

Neighbor Jr., William E, MD on 3/22/2024 17:30
Neighbor Jr., William E, MD on 3/21/2024 14:11
Neighbor Jr., William E, MD on 3/20/2024 16:09

Reflex Culture for UA (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 03/20/24 0530** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 03/20/24 0530 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 03/20/24 0530 - Class: Normal
Quantity: 1 Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W3343772	Urine	—	03/20/24 0530

Reflex Culture for UA Resulted: 03/20/24 2121, Result status: Final result

Order status: Completed
Collected by: 03/20/24 0530
Acknowledged by
Perez, Delmis Joel, RN on 03/21/24 0838
Mohova, Elena A, CMA on 03/21/24 1353
Neighbor Jr., William E, MD on 03/21/24 1411

Filed by: Uw Lab Results Interface, User 03/20/24 2121
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Reflex Culture for UA	Order Processed	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE	Baird, Geoffrey	1959 NE PACIFIC	09/08/23 1026 - 08/22/24 0946

03/20/2024 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

DEPT OF LAB MED Stuart, MD STREET
MS 357110
SEATTLE WA 98195-0001

All Reviewers List

Neighbor Jr., William E, MD on 3/22/2024 17:30
Neighbor Jr., William E, MD on 3/21/2024 14:11

Culture Urine, Bact (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 03/20/24 0530** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 03/20/24 0530 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 03/20/24 0530 - Class: Normal
Quantity: 1 Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W3351552	Urine	—	03/20/24 0530

Culture Urine, Bact (Abnormal) Resulted: 03/22/24 1711, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 03/22/24 1712
Collected by: 03/20/24 0530 Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 03/22/24 1730
Perez, Delmis Joel, RN on 03/25/24 0912
Mohova, Elena A, CMA on 03/25/24 0941

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	No special requests	—	—	UWMC
Culture Result: >100,000 Col/mL Escherichia coli	--	—	A !	UWMC
Culture	Providers, see link for important guidelines regarding the interpretation of susceptibility reports: https://testguide.labmed.uw.edu/guideline/abx	—	—	UWMC
Culture Result: This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. It has not been cleared or approved by the US Food and Drug Administration. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.	--	—	—	UWMC

Sensitivities

Organism	Antibiotic	Sensitivity	Method

03/20/2024 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

Escherichia coli	Amoxicillin/clavulanic acid	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ampicillin	>16 Resistant	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ampicillin/sulbactam	16 Intermediate.	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Aztreonam	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefazolin	8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefepime	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefotetan	<=16 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftazidime	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftriaxone	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ciprofloxacin	<=0.06 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Doxycycline	8 Intermediate.	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ertapenem	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Gentamicin	>8 Resistant	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Levofloxacin	<=0.5 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Meropenem	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Nitrofurantoin	<=32 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Piperacillin/tazobactam	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Tobramycin	<=4 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Trimeth_Sulfamethoxazole	>4 Resistant	MICROTITER MIC (MCG/ML)-SELECT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Result Notes

William E Neighbor Jr., MD
3/22/2024 5:23 PM PDT

Jeanne;
The urine culture grew E. coli sensitive to many antibiotics. It is sensitive to penicillins and nitrofurantoin however you have had reactions to those medications in the past. It is resistant to Bactrim, sulfa medication. It is sensitive to cephalexin. There is some cross reaction between penicillin and cephalexin but given that the penicillin reaction was only a skin rash it should be safe to begin cephalexin. The alternatives include ciprofloxacin and levofloxacin which can cause tendinitis in your age group. I am sending in a prescription for cephalexin 500 mg 4 times daily for 7 days.

William E Neighbor Jr, MD

03/20/2024 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

All Reviewers List

Neighbor Jr., William E, MD on 3/22/2024 17:30

03/14/2024 - Patient E-mail in Husky Health Same Day Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

03/14/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Medication List (continued)

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 3/8/2025
Quantity: 10 mL
Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup

03/14/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Medication List (continued)

Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/10/2024
Start date: 4/10/2024
End date: 8/20/2024
Quantity: 90 tablet
Refill: No refills remaining

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/12/2024
Start date: 4/12/2024
End date: 4/19/2024
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Messages

Jeanne's Continuing PT/Ending 3/21/24

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/9/2024 10:29 AM

Last Read in MyChart
4/11/2024 3:44 PM by Hoffman, Jeanne Leonie

Thank you for the update. Is there anything I need to do. Sounds like the PT will restart automatically, but can write another PT referral if needed.

William E Neighbor Jr, MD

Jeanne's Continuing PT/Ending 3/21/24

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	4/9/2024 10:05 AM

Jean is continuing PT on her own, based on her training with PT home personnel.
However, Jean does well with instructors. Jean under Molina, has subscription to "Island Fitness" in past has done well, but equipment for wheelchair and mobility standing area are to wide space/fall issues.
Thus, have suspended Island Fitness-Silver programs.
Was advise that Home PT can restart in May.

LCHA KI7AGD 73

Jeanne's Continuing PT/Ending 3/21/24

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	3/21/2024 3:00 PM

Last Read in MyChart

03/14/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Messages (continued)

4/11/2024 3:44 PM by Hoffman, Jeanne Leonie

In order to continue the physical therapy we will need the name, company, address and phone number for the current provider of physical therapy. I think the current physical therapy was arranged through home health care so we do not have the above information.

Thank you

William E Neighbor Jr, MD

Jeanne's Continuing PT/Ending 3/21/24

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Same Day Clinical Staff Pool (supporting William E Neighbor Jr., MD)	3/14/2024 12:21 PM

Jeanne's PT Ending 3/21/24.

Need to continue Home PT/doing well on injury recovery.
Patient #: DE200042064301
Medicare: 1-800-833-4227

Contact: Louis 206-780-6885 or txt: 206-280-1287

03/13/2024 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- History of recurrent deep vein thrombosis (DVT)

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

03/13/2024 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: take 1 tablet by mouth three times a day

03/13/2024 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 3/13/2024
Quantity: 90 tablet

Ordered on: 3/13/2024
End date: 4/10/2024
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen R, CMA at 3/13/2024 1537

1-Name of Requested Medication: pentoxifyline ER 400 mg
2-Date of Last Refill: 02/15/24
3-Date of Last Office Visit: 05/24/23
4-Next Office Visit (scheduled or Expected): none
Notes:

Electronically signed by Willis, Stephen R, CMA at 3/13/2024 3:39 PM

Other Orders

Medications

pentoxifylline ER 400 MG ER tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 03/13/24 1758**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 03/13/24 1758
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: TID 03/13/24 - 04/10/24
Class: Normal
Released by: Neighbor Jr., William E, MD 03/13/24 1758
Discontinued by: Neighbor Jr., William E, MD 04/10/24 1242
Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]
Reordered from: pentoxifylline ER 400 MG ER tablet

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

03/11/2024 - Patient Web Update in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

03/11/2024 - Patient Web Update in Husky Health Primary Care Clinic (continued)

Medication List (continued)

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

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Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
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End date: 3/14/2025
Quantity: 15 each
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pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: take 1 tablet by mouth three times a day

03/11/2024 - Patient Web Update in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 3/13/2024
Quantity: 90 tablet

Ordered on: 3/13/2024
End date: 4/10/2024
Refill: No refills remaining

Stopped in Visit

None

Messages

Appointment Request

From	To	Sent and Delivered
Jeanette R Abdon, PSS/PSR	Hoffman, Jeanne Leonie	3/11/2024 11:18 AM
Last Read in MyChart		
Not Read		

Hello Jeanne

Thank you for your My Chart appointment request. Are you looking to see Dr. Neighbor for this? It looks like you usually see our nurse, I have scheduled you with our primary care nurse for the wound care.

I have scheduled you for the following:

Appointment Date: 3/20/2024
Appointment Time: 10:20 am
Provider: Nurse
Location: Hall Health Center

**** If you are experiencing any covid like symptoms or had exposure to any confirmed positives we ask that you give us a call at 206-685-1011 to reschedule**

Please arrive 15 minutes prior to your appointment time for check-in.

Please be prepared to show your photo ID and insurance information. **As a reminder, appointments that are cancelled late or no showed may result in a fee.**

Thank you
Hall Health Clinic

Appointment Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Front Desk Pool (supporting William E Neighbor Jr., MD)	3/11/2024 11:09 AM

03/11/2024 - Patient Web Update in Husky Health Primary Care Clinic (continued)

Messages (continued)

Appointment Request From: Jeanne Leonie Hoffman

With Provider: William E Neighbor Jr [Hall Health Primary Care Center]

Preferred Date Range: 3/20/2024 – 3/20/2024

Preferred Times: Any Time

Reason for visit: Office Visit

Comments:
wound care

02/28/2024 - Orders Only in Husky Health Same Day Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- Abnormal urine color
- Elevated MCV

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
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Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

02/28/2024 - Orders Only in Husky Health Same Day Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024

02/28/2024 - Orders Only in Husky Health Same Day Clinic (continued)

Medication List (continued)

Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2024
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/15/2024
Start date: 2/15/2024
End date: 3/13/2024
Quantity: 90 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Result Encounter Note

Neighbor Jr., William E, MD at 2/28/2024 1045

The examination of your blood by the pathologist did not show any abnormality.
William E Neighbor Jr, MD

Electronically signed by Neighbor Jr., William E, MD at 2/29/2024 9:33 AM

Neighbor Jr., William E, MD at 2/28/2024 1045

Jeanne;
The copper level was normal. This test was done to look for causes for your elevated red blood cell size. As I wrote earlier, the pathologist also look at the cells and did not find any abnormality.
William E Neighbor Jr, MD

Electronically signed by Neighbor Jr., William E, MD at 3/2/2024 4:15 PM

Labs

Smear Scan (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/16/24 1753**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/16/24 1753
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/16/24 -
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fung, Amanda C, Technologist 2/28/2024 10:45 AM
Diagnoses
Elevated MCV [R71.8]

Questionnaire

Question	Answer
Scan Blood Smear For:	RBC Abnormality
Comments for Lab	Persistent elevated MCV in last year. TSH nl. B12 elevated.
Release Result to Patient	Immediate

02/28/2024 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

Specimen Information

ID	Type	Source	Collected By
W3309270	Blood	—	7001 02/28/24 1045

Smear Scan Resulted: 02/28/24 2210, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 02/28/24 1045
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/28/24 2210
Collected by: 7001 02/28/24 1045
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Perez, Delmis Joel, RN on 02/29/24 0831
Neighbor Jr., William E, MD on 02/29/24 0933
Mohova, Elena A, CMA on 02/29/24 1409

Components

Component	Value	Reference Range	Flag	Lab
Smear Scan	No significant RBC morphological abnormalities.	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Elevated MCV [R71.8 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
2/29/2024 9:33 AM PST

The examination of your blood by the pathologist did not show any abnormality.
William E Neighbor Jr, MD

All Reviewers List

Neighbor Jr., William E, MD on 3/2/2024 16:15
Neighbor Jr., William E, MD on 2/29/2024 09:33

Reticulocyte Count (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/16/24 1753**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/16/24 1753
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/16/24 -
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fung, Amanda C, Technologist 2/28/2024 10:45 AM
Diagnoses
Elevated MCV [R71.8]

Questionnaire

02/28/2024 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3309270	Blood	—	7001 02/28/24 1045

Reticulocyte Count Resulted: 02/28/24 2106, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 02/28/24 1045
Filed by: Uw Lab Results Interface, User 02/28/24 2106
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Perez, Delmis Joel, RN on 02/29/24 0831
Neighbor Jr., William E, MD on 02/29/24 0933
Mohova, Elena A, CMA on 02/29/24 1409

Order status: Completed
Collected by: 7001 02/28/24 1045

Components

Component	Value	Reference Range	Flag	Lab
Reticulocyte Count, %	1.5	0.5 - 2.5 %	—	UWMC
Absolute Reticulocyte Count	58	25 - 125 10*9/L	—	UWMC
RETIC HEMOGLOBIN EQUIVALENT	33.2	28.0 - 38.0 pg	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Elevated MCV [R71.8 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
2/29/2024 9:33 AM PST

The examination of your blood by the pathologist did not show any abnormality.
William E Neighbor Jr, MD

All Reviewers List

Neighbor Jr., William E, MD on 3/2/2024 16:15
Neighbor Jr., William E, MD on 2/29/2024 09:33

Copper (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/16/24 1753** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/16/24 1753
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 02/16/24 -
Quantity: 1
Instance released by: Fung, Amanda C, Technologist 2/28/2024 10:45 AM
Diagnoses
Elevated MCV [R71.8]

Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer

02/28/2024 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

Release Result to Patient — Immediate

Specimen Information

ID	Type	Source	Collected By
W3309270	Blood	—	7001 02/28/24 1045

Copper — Resulted: 03/02/24 1517, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 02/28/24 1045
Filed by: Uw Lab Results Interface, User 03/02/24 1517
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 03/02/24 1615
Perez, Delmis Joel, RN on 03/04/24 0840
Mohova, Elena A, CMA on 03/04/24 0908

Order status: Completed
Collected by: 7001 02/28/24 1045

Components

Component	Value	Reference Range	Flag	Lab
Copper	128	80 - 155 ug/dL	—	UWMC
Comment: Copper values in African Americans are about 8-12% higher than Caucasians. Values during pregnancy or in women on contraceptives may exceed 200 mcg/dL.				
Copper Method	SEE NOTES	—	—	UWMC
Comment: This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. It has not been cleared or approved by the US Food and Drug Administration. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Elevated MCV [R71.8 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
3/2/2024 4:15 PM PST

Jeanne;
The copper level was normal. This test was done to look for causes for your elevated red blood cell size. As I wrote earlier, the pathologist also look at the cells and did not find any abnormality.
William E Neighbor Jr, MD

All Reviewers List

Neighbor Jr., William E, MD on 3/2/2024 16:15

02/28/2024 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

Urinalysis with Reflex Culture (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/16/24 1802** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/16/24 1802
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/16/24 -
Class: Clinic Collect
Quantity: 1
Instance released by: Fung, Amanda C, Technologist 2/28/2024 10:45 AM
Discontinued by: Floresca, Laarni Mae Chan, Technologist 02/28/24 1107 [Patient did not submit sample (Patient unable to provide a sample.)]
Diagnoses
Abnormal urine color [R39.89]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3309269	Urine	—	—

Indications

Abnormal urine color [R39.89 (ICD-10-CM)]

Urinalysis with Reflex Culture (Completed)

Electronically signed by: **Floresca, Laarni Mae Chan, Technologist on 02/28/24 1108** Status: **Completed**
Ordering user: Floresca, Laarni Mae Chan, Technologist 02/28/24 1108
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Cosigning events
Electronically cosigned by Neighbor Jr., William E, MD 02/28/24 1442 for Ordering
Frequency: Routine 02/28/24 -
Class: Lab Collect
Quantity: 1
Diagnoses
Abnormal urine color [R39.89]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Urine	—	—

Indications

Abnormal urine color [R39.89 (ICD-10-CM)]

Urinalysis with Reflex Culture (Abnormal)

Resulted: 03/20/24 0855, Result status: Edited Result - FINAL

Ordering provider: Neighbor Jr., William E, MD 03/20/24 0838
Order status: Completed
Filed by: Uw Lab Results Interface, User 03/20/24 2121
Collected by: 03/20/24 0530
Resulting lab: UNIVERSITY OF WASHINGTON HALL HEALTH LAB
Acknowledged by
Perez, Delmis Joel, RN on 03/21/24 0838
Mohova, Elena A, CMA on 03/21/24 1353
Neighbor Jr., William E, MD on 03/21/24 1411

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Pale	—	—	HALLH

02/28/2024 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

Clarity, URN	Turbid	—	—	HALLH
Specific Gravity, URN	1.015	1.006 - 1.027 g/mL	—	HALLH
pH, URN	7.0	5.0 - 8.0	—	HALLH
Protein (Alb Semiquant), URN	Negative	NRN	—	HALLH
Glucose Qual, URN	Negative	NRN	—	HALLH
Ketones, URN	Negative	NRN	—	HALLH
Bilirubin (Qual), URN	Negative	NRN	—	HALLH
Occult Blood, URN	Negative	NRN	—	HALLH
Nitrite, URN	Positive	NRN	A !	HALLH
Leukocyte Esterase, URN	Positive	NRN	A !	HALLH
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}	—	HALLH
Comments for Macroscopic, URN	None	—	—	HALLH
Collection Method	Urine	—	—	HALLH
WBC, URN	>50(4+)	Z5NEG /[HPF]	A !	HALLH
RBC, URN	3-5 (1+)	Z2NEG /[HPF]	A !	HALLH
Bacteria, URN	Present	NOSEEN	A !	HALLH
Epith Cells Squamous, URN	0-5(NEG)	LT6 /[LPF]	—	HALLH
Epith Cells_Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	HALLH
Comments For Microscopic, URN	None	NONE	—	HALLH
1st Extra Urine Gray Top	Additional collection tube	—	—	HALLH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
34 - HALLH	UNIVERSITY OF WASHINGTON HALL HEALTH LAB	Phipps, William S, MD	4060 STEVENS WAY NE MS 354410 SEATTLE WA 98195-0001	05/31/22 1311 - 09/06/24 1227

Indications

Abnormal urine color [R39.89 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
3/20/2024 4:05 PM PDT

Jeanne:
Your urinalysis suggests an infection. I have submitted the urine for culture and antibiotic sensitivity testing. I will write you when I receive those results. As you do not have any acute symptoms we will wait for those tests.
William E Neighbor Jr, MD

02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024

02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 1/18/2024
Quantity: 15 each

End date: 3/14/2025
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Start date: 2/15/2024
Quantity: 90 tablet

Discontinued on: 3/13/2024
Ordered on: 2/15/2024
End date: 3/13/2024
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 2/28/2024 0940

Pt in clinic with son, Louis, for continued wound care. Per son's report, pt continues to eat well, ambulation has improved and is able to get on the Procedure Room bed with moderate assist, self-showering, and exercises with the visiting therapist. Son reports the wounds have not been weeping much so the Qwick like dressing dry out and cause the pt pain. Changed to Carradres today.

1. The gelled hydrogel sheets in wounds were gently removed.
2. Chlorhexidine soap was applied to the wounds and the leg wrapped with a warm wet towel.
3. The sites were wiped with NS moistened gauze.
4. Lidocaine 2% jelly was applied to the open wounds.
5. Each open area was gently debrided using a 4 mm curette.
6. All sites were gently wiped with NS moistened gauze
7. Carradres hydrogel dressings were cut to fit and applied to each wound
8. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape
9. Surgilast 7.5 was placed over the gauze wrap
10. The sock the pt came with was pretty dirty and not reused

Left Leg wounds:

1. Left Medial Ankle: oval,a bit longer and wider than last visit; 2.9 cm x 2.1 cm x 0.1-0.2 cm, filling in from the base up
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 6.5 cm x 2.1 cm x 0.2. Distal portion reactive to the curette today. The whole wound is filling in from its base.
3. Left Distal Lateral Shin: 5.2 cm x 3.4 cm x 0.2 cm. Filling in from its base, the wound is much shallower.

Electronically signed by Perez, Delmis Joel, RN at 2/28/2024 11:05 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 2/28/2024 9:40 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P on Wednesday February 28, 2024 for: Wound Check/Dressing Change and RN60.

What's Next

MAR 13 2024 **Clinical Support**
Wednesday March 13 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List as of February 28, 2024 11:05 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

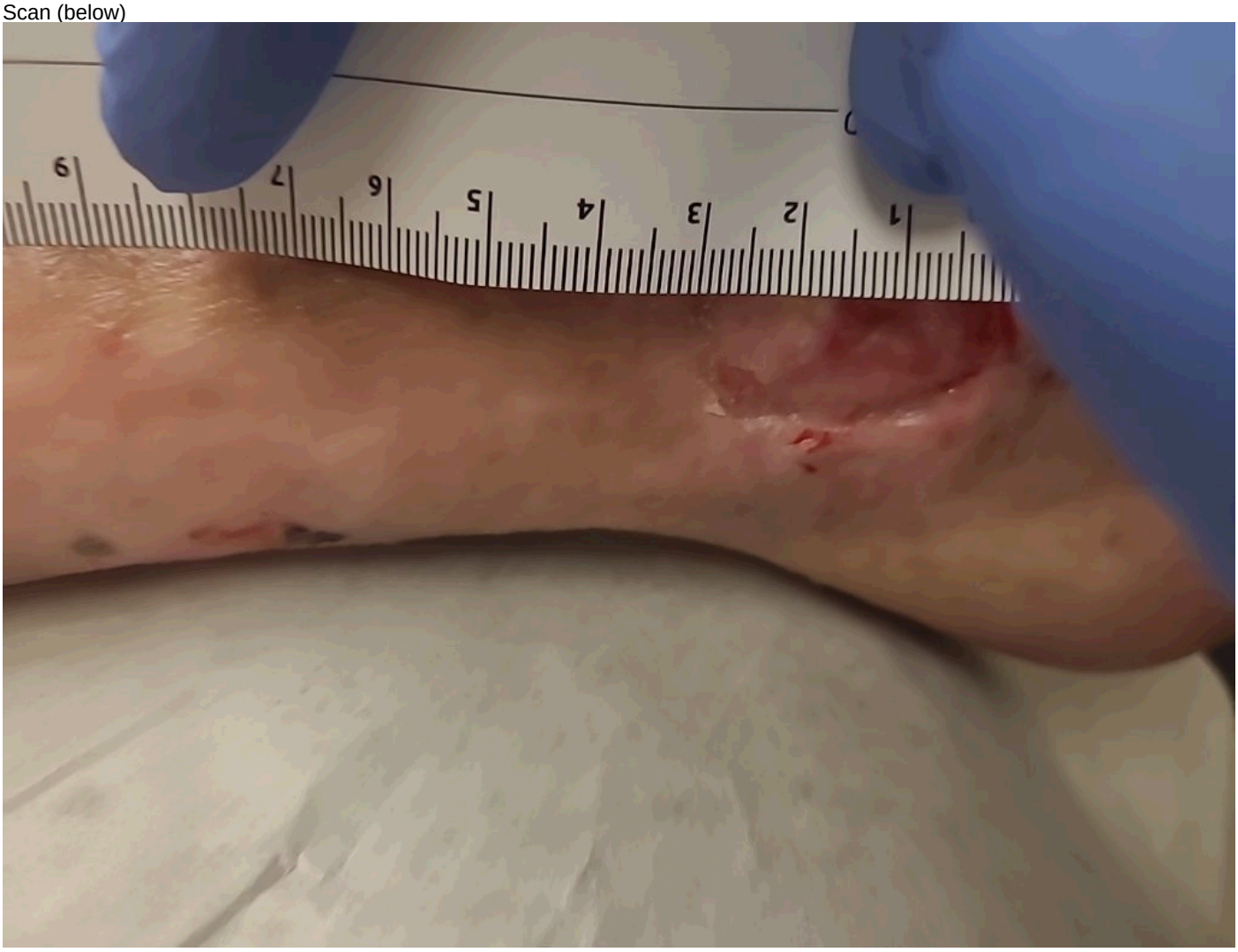
If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 2/28/2024 10:20 AM

Scan (below)



02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 2/28/2024 10:20 AM

Scan (below)



02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 2/28/2024 10:21 AM

Scan (below)



02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 2/28/2024 10:21 AM

Scan (below)



02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 2/28/2024 10:23 AM

Scan (below)



02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 2/28/2024 10:23 AM

Scan (below)



02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 2/28/2024 10:23 AM

Scan (below)



02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 2/28/2024 10:23 AM

Scan (below)



02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 2/28/2024 11:05 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 2/28/2024 9:40 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P on Wednesday February 28, 2024 for: Wound Check/Dressing Change and RN60.

What's Next

MAR 13 2024 Clinical Support
Wednesday March 13 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

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02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of February 28, 2024 11:05 AM

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02/28/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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02/16/2024 - Patient E-mail in Husky Health Same Day Clinic

Reason for Visit

Visit diagnoses:
- Elevated MCV (primary)
- Abnormal urine color

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

02/16/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024

02/16/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Medication List (continued)

Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2024
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/15/2024
Start date: 2/15/2024
End date: 3/13/2024
Quantity: 90 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E, MD at 2/16/2024 1747

2/16/2024

MCV persistently elevated in the last year. Prior to that in the normal range. B12 is elevated, not low TSH normal in Nov 2023.

Lab Results

Component	Value	Date
TSH	2.715	11/22/2023
TSH	1.964	09/28/2017
TSH	2.113	02/24/2016
TSH	2.951	12/24/2013
TSH	1.538	10/21/2011
TSH	1.821	03/11/2008
TSH	1.228	02/27/2007

Not on meds such as anticonvulsants that would cause elevated MCV

Plan:
SMEAR eval
MCV
Copper level (given marginal nutrition in the past)

Separately, patient has had change in urine. Hx of UTIs. Could not obtain urine for adequate UA. Unfortunately patient's medication reactions include nitrofurantoin which caused confusion in 2016 and 2008, and penicillin and sulfa rashes. Recommendations for patient to increase fluids and return for urinalysis.

William E Neighbor Jr, MD

Electronically signed by Neighbor Jr., William E, MD at 2/16/2024 6:02 PM

02/16/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Labs

Smear Scan (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 02/16/24 1753** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/16/24 1753
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/16/24 -
Class: Lab Collect
Quantity: 1
Diagnoses
Elevated MCV [R71.8]

Questionnaire

Question	Answer
Scan Blood Smear For:	RBC Abnormality
Comments for Lab	Persistent elevated MCV in last year. TSH nl. B12 elevated.
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Elevated MCV [R71.8 (ICD-10-CM)]

Smear Scan Resulted: 02/28/24 2210, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 02/28/24 1045
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/28/24 2210
Collected by: 7001 02/28/24 1045
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Perez, Delmis Joel, RN on 02/29/24 0831
Neighbor Jr., William E, MD on 02/29/24 0933
Mohova, Elena A, CMA on 02/29/24 1409

Components

Component	Value	Reference Range	Flag	Lab
Smear Scan	No significant RBC morphological abnormalities.	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Elevated MCV [R71.8 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD

02/16/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Labs (continued)

2/29/2024 9:33 AM PST

The examination of your blood by the pathologist did not show any abnormality.
William E Neighbor Jr, MD

Reticulocyte Count (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 02/16/24 1753** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/16/24 1753
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/16/24 -
Class: Lab Collect
Quantity: 1
Diagnoses
Elevated MCV [R71.8]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Elevated MCV [R71.8 (ICD-10-CM)]

Reticulocyte Count Resulted: 02/28/24 2106, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 02/28/24 1045
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/28/24 2106
Collected by: 7001 02/28/24 1045
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Perez, Delmis Joel, RN on 02/29/24 0831
Neighbor Jr., William E, MD on 02/29/24 0933
Mohova, Elena A, CMA on 02/29/24 1409

Components

Component	Value	Reference Range	Flag	Lab
Reticulocyte Count, %	1.5	0.5 - 2.5 %	—	UWMC
Absolute Reticulocyte Count	58	25 - 125 10*9/L	—	UWMC
RETIC HEMOGLOBIN EQUIVALENT	33.2	28.0 - 38.0 pg	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Elevated MCV [R71.8 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
2/29/2024 9:33 AM PST

The examination of your blood by the pathologist did not show any abnormality.
William E Neighbor Jr, MD

02/16/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Labs (continued)

Copper (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 02/16/24 1753** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/16/24 1753
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 02/16/24 -
Quantity: 1
Diagnoses
Elevated MCV [R71.8]
Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard
Class: Lab Collect

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Elevated MCV [R71.8 (ICD-10-CM)]

Copper Resulted: 03/02/24 1517, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 02/28/24 1045
Filed by: Uw Lab Results Interface, User 03/02/24 1517
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 03/02/24 1615
Perez, Delmis Joel, RN on 03/04/24 0840
Mohova, Elena A, CMA on 03/04/24 0908
Order status: Completed
Collected by: 7001 02/28/24 1045

Components

Component	Value	Reference Range	Flag	Lab
Copper	128	80 - 155 ug/dL	—	UWMC
Comment: Copper values in African Americans are about 8-12% higher than Caucasians. Values during pregnancy or in women on contraceptives may exceed 200 mcg/dL.				
Copper Method	SEE NOTES	—	—	UWMC
Comment: This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. It has not been cleared or approved by the US Food and Drug Administration. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

02/16/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Labs (continued)

Indications

Elevated MCV [R71.8 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
3/2/2024 4:15 PM PST

Jeanne;
The copper level was normal. This test was done to look for causes for your elevated red blood cell size. As I wrote earlier, the pathologist also look at the cells and did not find any abnormality.
William E Neighbor Jr, MD

Urinalysis with Reflex Culture (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 02/16/24 1802** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/16/24 1802
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/16/24 -
Class: Clinic Collect
Quantity: 1
Diagnoses
Abnormal urine color [R39.89]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Urine	—	—

Indications

Abnormal urine color [R39.89 (ICD-10-CM)]

Indications

Abnormal urine color [R39.89 (ICD-10-CM)]

Messages

Treatment of urinary symptoms and follow-up on labs

From: William E Neighbor Jr., MD
To: Hoffman, Jeanne Leonie
Sent and Delivered: 2/16/2024 6:02 PM
Last Read in MyChart
4/9/2024 9:36 AM by Hoffman, Jeanne Leonie

See below and let me know what questions you have.

Treatment of urinary symptoms and follow-up on labs

From: William E Neighbor Jr., MD
To: Hoffman, Jeanne Leonie
Sent and Delivered: 2/16/2024 6:02 PM
Last Read in MyChart
4/9/2024 9:36 AM by Hoffman, Jeanne Leonie

02/16/2024 - Patient E-mail in Husky Health Same Day Clinic (continued)

Messages (continued)

Jean:
-- I just wrote that the lab was not able to run a urinalysis on the small amount of urine that you provided. I would ordinarily begin an antibiotic such as nitrofurantoin. However review of your records shows that you have reactions to nitrofurantoin which is caused confusion on 2 occasions in the past, as well as skin rashes to penicillin and sulfa antibiotics. Because of this it is essential we obtain a urine to clearly document that you do have a bladder infection. I would advise increasing your fluids in the meantime and coming in for repeat urine collection. I have ordered that. It can be did not done at your next visit or before.

--As I also wrote your red blood cells in the last year have been on the large size. We have checked a vitamin B12 which is not an issue. Your thyroid has been normal. I have ordered additional blood tests that should be done when you are next seen here.

Let me know if you have any questions.

William E Neighbor Jr, MD

02/14/2024 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- History of recurrent deep vein thrombosis (DVT)

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

acetaminophen 500 MG Oral Tab

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Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

02/14/2024 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2024
Instructions: take 1 tablet by mouth three times a day

02/14/2024 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 2/15/2024
Quantity: 90 tablet

Ordered on: 2/15/2024
End date: 3/13/2024
Refill: No refills remaining

Stopped in Visit

None

Other Orders

Medications

pentoxifylline ER 400 MG ER tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/15/24 1717**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/15/24 1717
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: TID 02/15/24 - 03/13/24
Class: Normal
Released by: Neighbor Jr., William E, MD 02/15/24 1717
Discontinued by: Neighbor Jr., William E, MD 03/13/24 1758
Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]
Reordered from: pentoxifylline ER 400 MG ER tablet

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change, RN60, and Medication Management
Visit diagnosis: Cloudy urine

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2023
Start date: 2/24/2023 — End date: 4/10/2024
Quantity: 10 mL — Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/31/2023
Start date: 10/31/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/15/2024
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/22/2024
Start date: 1/22/2024
End date: 2/15/2024
Quantity: 90 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 2/14/2024 0940

Patient in for wound care today. She mentioned that her urine has changed in color. She did not describe any fever chills or night sweats. Plan is to obtain UA and urine culture.

Electronically signed by Neighbor Jr., William E, MD at 2/14/2024 10:55 AM

Perez, Delmis Joel, RN at 2/14/2024 0940

Pt in clinic with son, Louis, for continued wound care. Per son's report, pt continues to eat well, ambulation has improved and is able to get on the Procedure Room bed, self-showering, and exercises with the visiting therapist. Son reports the wounds have not been weeping much so the Qwick like dressing dry out and cause the pt pt. Changed to Carradres today. Provider stopped by to say hi and pt reported urinary issues. Provider ordered urine labs.

1. The silicone-edged dressing were gently removed.
2. The gelled hydrogel sheets in wounds were gently removed.
3. Chlorhexidine soap was applied to the wounds and the leg wrapped with a warm wet towel.
4. The sites were wiped with NS moistened gauze.
5. Lidocaine 2% jelly was applied to the open wounds.
6. Each open area was gently debrided using a 4 mm curette.
7. All sites were gently wiped with NS moistened gauze
8. Carradres hydrogel dressings were cut to fit and applied to each wound
9. 4 inch stretch gauze was wrapped around the LLE and taped to itself with paper tape
10. Surgilast 7.5 was placed over the gauze wrap
11. The sock the pt came with was pretty dirty and not reused

Left Leg wounds:

1. Left Medial Ankle: oval 2.7 cm x 1.4 cm x 0.1-0.2 cm, filling in from the base up
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 6.2 cm x 1.6 cm x 0.2. Distal portion reactive to the curette today. The whole wound is filling in from its base.
3. Left Distal Lateral Shin: 5.2 cm x 4.0 cm x 0.2 cm. Filling in from its base, the wound is much shallower.

Electronically signed by Perez, Delmis Joel, RN at 2/14/2024 10:55 AM

02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Labs

Urinalysis Complete, Urine (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 02/14/24 1039** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/14/24 1039 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 02/14/24 - Class: Lab Collect
Quantity: 1
Diagnoses
Cloudy urine [R82.90]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Urine	—	—

Indications

Cloudy urine [R82.90 (ICD-10-CM)]

Indications

Cloudy urine [R82.90 (ICD-10-CM)]

Culture Urine, Bact (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 02/14/24 1039** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/14/24 1039 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 02/14/24 - Class: Lab Collect
Quantity: 1
Diagnoses
Cloudy urine [R82.90]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Urine	—	—

Indications

Cloudy urine [R82.90 (ICD-10-CM)]

Indications

Cloudy urine [R82.90 (ICD-10-CM)]

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 2/14/2024 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from Delmis P

Labs ordered today

Culture Urine, Bact
Please complete by or around 2/14/2024

Urinalysis Complete, Urine
Please complete by or around 2/14/2024

Today's Visit

You saw Delmis P on Wednesday February 14, 2024. The following issue was addressed: Cloudy urine.

What's Next

FEB 28 2024 Clinical Support
Wednesday February 28 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List as of February 14, 2024 10:55 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 2/14/2024 10:15 AM

Scan (below)



02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 2/14/2024 10:15 AM

Scan (below)



02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 2/14/2024 10:17 AM

Scan (below)



02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 2/14/2024 10:17 AM

Scan (below)



02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 2/14/2024 10:18 AM

Scan (below)



02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 2/14/2024 10:18 AM

Scan (below)



02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 2/14/2024 10:19 AM

Scan (below)



02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 2/14/2024 10:19 AM

Scan (below)



02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 2/14/2024 10:55 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 2/14/2024 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from Delmis P

Labs ordered today

Culture Urine, Bact
Please complete by or around 2/14/2024

Urinalysis Complete, Urine
Please complete by or around 2/14/2024

Today's Visit

You saw Delmis P on Wednesday February 14, 2024. The following issue was addressed: Cloudy urine.

What's Next

FEB 28 2024 Clinical Support
Wednesday February 28 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

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Jeanne L. Hoffman (MRN: U8170135) • Printed at 2/14/2024 10:55 AM

Page 1 of 3 Epic

02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of February 14, 2024 10:55 AM

ⓘ If you have any questions, ask your nurse or doctor.

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ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
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02/14/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

02/14/2024 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- Lower extremity ulceration, left, limited to breakdown of skin
- Essential hypertension, benign
- Type 2 diabetes mellitus without complication, without long-term current use of insulin

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

02/14/2024 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.

02/14/2024 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Authorized by: Nguyen, My-Linh Trinh, MD
Start date: 1/18/2024
Quantity: 15 each

Ordered on: 1/18/2024
End date: 3/14/2025
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Start date: 2/15/2024
Quantity: 90 tablet

Discontinued on: 3/13/2024

Ordered on: 2/15/2024
End date: 3/13/2024
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Result Encounter Note

Neighbor Jr., William E, MD at 2/14/2024 1034

Jeanne:
-- Your blood sugar was in the normal range for having not fasted. Your hemoglobin A1c which is another measure of diabetes is stable and in the desired range.
--Your comprehensive metabolic panel showed normal liver and electrolytes. Your calculated kidney function was slightly less than 2 months ago.
--Your complete blood cell count shows elevated size of your red blood cells. This can indicate a vitamin B12 deficiency however rechecked that 2 months ago and your vitamin B12 level was actually higher than needed. However the size of your red blood cells has been substantially higher in the last year than previously. This will require additional test for further evaluation. There was no evidence of anemia
-- The lab could not run a urinalysis to look for infection on the basis of the small amount of urine you are able to provide. I will write you a separate message regarding this.
William E Neighbor Jr, MD

Electronically signed by Neighbor Jr., William E, MD at 2/16/2024 5:46 PM

Labs

CBC (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 04/12/23 1713**
Ordering user: Neighbor Jr., William E, MD 04/12/23 1713
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 04/12/23 -
Quantity: 1
Instance released by: Galicia-Dehart, Nayana C, Technologist 2/14/2024 10:34 AM

Status: **Completed**
Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Diagnoses
Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921]

Questionnaire

Question	Answer

02/14/2024 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Release Result to Patient — Immediate

Specimen Information

ID	Type	Source	Collected By
W3286010	Blood	—	7001 02/14/24 1035

CBC (Abnormal) — Resulted: 02/14/24 2059, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 02/14/24 1034
Filed by: Uw Lab Results Interface, User 02/14/24 2059
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Perez, Delmis Joel, RN on 02/15/24 0851
Neighbor Jr., William E, MD on 02/16/24 1802
Kerby, Kalena L, CMA on 02/20/24 1121

Order status: Completed
Collected by: 7001 02/14/24 1035

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.70	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.81	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	12.1	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	38	36.0 - 45.0 %	—	UWMC
MCV	100	81 - 98 fL	H	UWMC
MCH	31.8	27.3 - 33.6 pg	—	UWMC
MCHC	31.8	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	320	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.3	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
2/16/2024 5:46 PM PST

Jeanne:
-- Your blood sugar was in the normal range for having not fasted. Your hemoglobin A1c which is another measure of diabetes is stable and in the desired range.
--Your comprehensive metabolic panel showed normal liver and electrolytes. Your calculated kidney function was slightly less than 2 months ago.
--Your complete blood cell count shows elevated size of your red blood cells. This can indicate a vitamin B12 deficiency however rechecked that 2 months ago and your vitamin B12 level was actually higher than needed. However the size of your red blood cells has been substantially higher in the last year than previously. This will require additional test for further evaluation. There was no evidence of anemia
-- The lab could not run a urinalysis to look for infection on the basis of the small amount of urine you are able to provide. I will write you a separate message regarding this.
William E Neighbor Jr, MD

All Reviewers List

02/14/2024 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Neighbor Jr., William E, MD on 2/16/2024 18:02

Comprehensive Metabolic Panel (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 04/12/23 1713** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/12/23 1713 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 04/12/23 - Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Galicia-Dehart, Nayana C, Technologist 2/14/2024 10:34 AM
Diagnoses
Essential hypertension, benign [I10]
Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3286010	Blood	—	7001 02/14/24 1035

Comprehensive Metabolic Panel (Abnormal) Resulted: 02/14/24 2125, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 02/14/24 1034 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/14/24 2125 Collected by: 7001 02/14/24 1035
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Perez, Delmis Joel, RN on 02/15/24 0851
Neighbor Jr., William E, MD on 02/16/24 1802
Kerby, Kalena L, CMA on 02/20/24 1121

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 meq/L	—	UWMC
Potassium	4.5	3.6 - 5.2 meq/L	—	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	29	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	141	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	34	8 - 21 mg/dL	H	UWMC
Creatinine	0.91	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total)	7.4	6.0 - 8.2 g/dL	—	UWMC
Albumin	3.9	3.5 - 5.2 g/dL	—	UWMC
Bilirubin (Total)	0.4	0.2 - 1.3 mg/dL	—	UWMC
Calcium	9.7	8.9 - 10.2 mg/dL	—	UWMC
AST (GOT)	17	9 - 38 U/L	—	UWMC
Alkaline Phosphatase (Total)	77	49 - 199 U/L	—	UWMC
ALT (GPT)	9	7 - 33 U/L	—	UWMC
eGFR by CKD-EPI 2021	57	>59 mL/min/1.73_m2	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

02/14/2024 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Indications

Essential hypertension, benign [I10 (ICD-10-CM)]
Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
2/16/2024 5:46 PM PST

Jeanne:
-- Your blood sugar was in the normal range for having not fasted. Your hemoglobin A1c which is another measure of diabetes is stable and in the desired range.
--Your comprehensive metabolic panel showed normal liver and electrolytes. Your calculated kidney function was slightly less than 2 months ago.
--Your complete blood cell count shows elevated size of your red blood cells. This can indicate a vitamin B12 deficiency however rechecked that 2 months ago and your vitamin B12 level was actually higher than needed. However the size of your red blood cells has been substantially higher in the last year than previously. This will require additional test for further evaluation. There was no evidence of anemia
-- The lab could not run a urinalysis to look for infection on the basis of the small amount of urine you are able to provide. I will write you a separate message regarding this.
William E Neighbor Jr, MD

All Reviewers List

Neighbor Jr., William E, MD on 2/16/2024 18:02

Hemoglobin A1C, HPLC (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 04/12/23 1713** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/12/23 1713 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 04/12/23 - Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Galicia-Dehart, Nayana C, Technologist 2/14/2024 10:34 AM
Diagnoses
Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3286010	Blood	—	7001 02/14/24 1035

Hemoglobin A1C, HPLC (Abnormal) Resulted: 02/15/24 1118, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 02/14/24 1034 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/15/24 1118 Collected by: 7001 02/14/24 1035
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Perez, Delmis Joel, RN on 02/15/24 1124
Neighbor Jr., William E, MD on 02/16/24 1802
Kerby, Kalena L, CMA on 02/20/24 1121

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.3	4.0 - 6.0 %	H	UWMC

02/14/2024 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
2/16/2024 5:46 PM PST

Jeanne:
-- Your blood sugar was in the normal range for having not fasted. Your hemoglobin A1c which is another measure of diabetes is stable and in the desired range.
--Your comprehensive metabolic panel showed normal liver and electrolytes. Your calculated kidney function was slightly less than 2 months ago.
--Your complete blood cell count shows elevated size of your red blood cells. This can indicate a vitamin B12 deficiency however rechecked that 2 months ago and your vitamin B12 level was actually higher than needed. However the size of your red blood cells has been substantially higher in the last year than previously. This will require additional test for further evaluation. There was no evidence of anemia
-- The lab could not run a urinalysis to look for infection on the basis of the small amount of urine you are able to provide. I will write you a separate message regarding this.
William E Neighbor Jr, MD

All Reviewers List

Neighbor Jr., William E, MD on 2/16/2024 18:02

02/14/2024 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- Cloudy urine

Visit Information

Provider Information

Encounter Provider

Galicia-Dehart, Nayana C, Technologist

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

02/14/2024 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024

02/14/2024 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 1/18/2024
Quantity: 15 each
End date: 3/14/2025
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Start date: 2/15/2024
Quantity: 90 tablet
Discontinued on: 3/13/2024
Ordered on: 2/15/2024
End date: 3/13/2024
Refill: No refills remaining

Stopped in Visit

None

Labs

Culture Urine, Bact (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/14/24 1039**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/14/24 1039
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 02/14/24 -
Quantity: 1
Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Galicia-Dehart, Nayana C, Technologist 2/14/2024 10:45 AM
Discontinued by: Uw Lab Results Interface, User 02/14/24 1059 [Rescheduled collection]
Diagnoses
Cloudy urine [R82.90]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3286161	Urine	—	02/14/24 1046

Indications

Cloudy urine [R82.90 (ICD-10-CM)]

Urinalysis Complete, Urine (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/14/24 1039**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/14/24 1039
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 02/14/24 -
Quantity: 1
Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Galicia-Dehart, Nayana C, Technologist 2/14/2024 10:45 AM
Discontinued by: Uw Lab Results Interface, User 02/14/24 1059 [Rescheduled collection]
Diagnoses
Cloudy urine [R82.90]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3286163	Urine	—	02/14/24 1046

02/14/2024 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Indications

Cloudy urine [R82.90 (ICD-10-CM)]

01/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

01/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2023
Start date: 2/24/2023 — End date: 4/10/2024
Quantity: 10 mL — Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/31/2023
Start date: 10/31/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

01/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/15/2024
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/22/2024
Start date: 1/22/2024
End date: 2/15/2024
Quantity: 90 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 1/31/2024 1020

Pt in clinic with son, Louis, for continued wound care. Pt continues to eat well, ambulation has improved and is able to get on the Procedure Room bed, self-showering, and exercise with the visiting therapist though this ends soon. Pain related to shower slip and fall has improved though Right Knee pain continues. Saw provider today for post ER follow up.

1. The Surgilast mesh and son applied gauze wrap were gently removed.
2. The gelled hydrogel sheets in wounds were gently removed.
3. Chlorhexidine soap was applied to the wounds and the leg wrapped with a warm wet towel.
4. The sites were wiped with NS moistened gauze.
5. Lidocaine 2% jelly was applied to all open wounds.
6. Each open area was gently debrided using a 4 mm curette.
7. All sites were gently wiped with NS moistened gauze
8. QWICK dressings were trimmed to fit over each wound area
9. Cavalon No-Sting barrier film was applied to the intact skin surrounding each wound
10. QWICK dressings were cut to fit and applied to the 3 wounds: Left Medial Ankle applied with a 3x3 McKesson Silicon Edged dressing; Left Proximal Lateral Ankle and Superior Lateral Foot applied with a 6x6 McKesson Silicon Edged dressing;and the Left Distal Lateral Shin applied with a 4x4 McKesson Silicon Edged dressing.
11. Son advised to alternate between dressing and Surgilast #7 mesh every 3 days until next appt in 2 weeks. Son indicates he has enough supplies

Left Leg wounds:

1. Left Medial Ankle: oval 2.8 cm x 1.8 cm x 0.1-0.3 cm, filling in from the base up
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 6.5 cm x 1.8 cm x 0.2. Distal portion reactive to the curette today. The whole wound is filling in from its base.
3. Left Distal Lateral Shin: 5.5 cm x 4.2 cm x 0.2 cm. Filling in from its base, the wound is much shallower.

Electronically signed by Perez, Delmis Joel, RN at 1/31/2024 11:53 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

01/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 1/31/2024 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P on Wednesday January 31, 2024 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

You currently have no upcoming appointments scheduled.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List as of January 31, 2024 11:53 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

01/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

01/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 1/31/2024 11:53 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 1/31/2024 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

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calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

01/31/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

01/31/2024 - Office Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaint: ER FOLLOW UP
Visit diagnoses:

- Lower extremity ulceration, left, limited to breakdown of skin (primary)
- Adult failure to thrive syndrome

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.

01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 10/10/2022
Action: Patient not taking
Refill: 1 refill by 10/10/2023
Ordered on: 10/10/2022
End date: 6/12/2024
Quantity: 5 mL

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Start date: 2/9/2023
Quantity: 88 mL
Discontinued on: 3/8/2025
Ordered on: 2/9/2023
End date: 3/8/2025
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Start date: 2/24/2023
Quantity: 10 mL
Discontinued on: 4/10/2024
Ordered on: 2/24/2023
End date: 4/10/2024
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Start date: 4/5/2023
Action: Patient not taking
Refill: 1 refill by 4/4/2024
Discontinued on: 6/12/2024
Ordered on: 4/5/2023
End date: 6/12/2024
Quantity: 28.4 g

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Start date: 4/26/2023
Quantity: 44 mL
Discontinued on: 3/8/2025
Ordered on: 4/26/2023
End date: 3/8/2025
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Start date: 10/31/2023
Action: Patient not taking
Refill: No refills remaining
Discontinued on: 6/12/2024
Ordered on: 10/31/2023
End date: 6/12/2024
Quantity: 60 mL

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Start date: 11/27/2023
Quantity: 102 tablet
Discontinued on: 8/20/2024
Ordered on: 11/27/2023
End date: 8/20/2024
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Start date: 1/3/2024
Quantity: 90 tablet
Discontinued on: 9/24/2024
Ordered on: 1/3/2024
End date: 9/24/2024
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/15/2024
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/22/2024
Start date: 1/22/2024 — End date: 2/15/2024
Quantity: 90 tablet — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 1/31/2024 0940

Jeanne Leonie Hoffman is a 99 year old female here to discuss the following:

Chief Complaint

Patient presents with

- ER FOLLOW UP
  ER f/u and wound care

Visit type (in person vs telemedicine vs phone): In person with her son Louis. They forgot her hearing aids so she is able to understand little of the conversation today.

History

Patient comes in for follow-up of care and follow-up from emergency room visit. She was seen in the emergency room January 18, 2024 for hip pain that was felt to be due to compression fractures and LS-spine as well as DJD. It was noted that she had history of both Tylenol and opiate overuse. Lidocaine patches were prescribed. It was noted that 2 to 3 weeks prior to the ER visit she slipped in the shower. She did catch herself with handrails but fell onto her lower back and buttock with her knees bent.

Today her son Louis reports that she is doing much better at home. She is walking with a walker. There have been no new falls. Home physical therapy and Occupational Therapy have been completed. She is eating. She has not had any fever chills or night sweats. She has not been complaining of significant pain.

Her son has been doing dressing changes.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008
Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007
  Lives in subsidized housing on Bainbridge
  Bremerton APS at 1-888-833-4925
  Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
  Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
  7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Community acquired bacterial pneumonia [J15.9] 11/22/2023
- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017

- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 1/31/24 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		
• lidocaine 4 % patch	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.	15 each	0
• MULTIPLE VITAMIN OR	Take by mouth.		
• nystatin 100000 UNIT/ML mouth/throat suspension	Swish and swallow 5 mL 4 times a day.	60 mL	0
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day	90 tablet	0
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a	10 mL	6

01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

	day		
• triamcinolone 0.1 % cream	Apply topically 2 times a day. Apply to both forearms.	28.4 g	1
• Wound Dressings (medihoney) topical gel	Apply topically every other day. Apply to wound before applying dressing	44 mL	3
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 142/72 | Pulse 62

Estimated body mass index is 17.61 kg/m² as calculated from the following:
Height as of 11/22/23: 5' (1.524 m).
Weight as of 11/28/23: 40.9 kg (90 lb 2.7 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 142/72	62	---	---	---	10:34 AM	1/31/2024

Last blood pressure recorded in this encounter: **(!) 142/72**
General: No acute distress
The patient is alert and seems to be oriented. Communication is impaired because of absence of hearing aids today. She moves all 4 extremities.

For skin examination see documentation by nurse

Lab and other tests:
In the emergency room January 18, 2023, left femur x-rays unremarkable except for mild hip osteoarthritis and LS-spine film showed compression deformities at L1 and L3 that appear to be chronic, lumbar levoscoliosis.
X-rays of the right knee showed intact hardware but no acute injury. Left knee showed no evidence of fracture. Pelvis x-ray right hip showed prior ORIF of the femoral neck with partially visualized screw and plate fixation of the femoral shaft. Left hip showed no fracture.

Assessment and Plan:

01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

1. Lower extremity ulceration, left, limited to breakdown of skin (HCC)
Chronic with waxing and waning course but currently overall improved with every 2-week care in our clinic and home care by her son. Dressing changes were reviewed

2. Adult failure to thrive syndrome
Currently resolved. She is eating well. She looks healthy. She is now 99.

William E Neighbor Jr, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 1/31/2024 5:01 PM

Flowsheets

Vital Data

Row Name	01/31/24 1034
BP	**142/72** !
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	62

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 1/31/2024 9:40 AM Hall Health Same Day 206-685-1011

Today's Visit

You saw William E Neighbor Jr on Wednesday January 31, 2024. The following issues were addressed: Lower extremity ulceration, left, limited to breakdown of skin and Adult failure to thrive syndrome.

Blood Pressure	Pulse
142/72	62

What's Next

FEB 14 2024 — Clinical Support
Wednesday February 14 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Your Medication List as of January 31, 2024 5:01 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
lidocaine 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents

Provider-Created Image - Scan on 1/31/2024 11:12 AM

Scan (below)



01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/31/2024 11:12 AM

Scan (below)



01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/31/2024 11:13 AM

Scan (below)



01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/31/2024 11:13 AM

Scan (below)



01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/31/2024 11:14 AM

Scan (below)



01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/31/2024 11:14 AM

Scan (below)



01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/31/2024 11:15 AM

Scan (below)



01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/31/2024 11:15 AM

Scan (below)



01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

After Visit Summary - Document on 1/31/2024 5:01 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 1/31/2024 9:40 AM Hall Health Same Day 206-685-1011

Today's Visit

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142/72

Pulse
62

What's Next

FEB
14
2024

Clinical Support
Wednesday February 14 9:40 AM (Arrive by 9:25 AM)

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4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

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01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Your Medication List as of January 31, 2024 5:01 PM

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MULTIPLE VITAMIN OR	Take by mouth.
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01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Therapy Plan of Care Signed - Scan on 2/12/2024 3:51 PM: HOMEHEALTH ORDER

Scan (below)

The following pages are a continuation of an interrupted fax transmission to WILLIAM NEIGHBOR from .
2 page(s) were previously delivered. This transmission is starting from page 3.

CHI Franciscan Health
Health at Home

HomeCare Elite 2016 TOP AGENCY

2901 Bridgeport Way W
University Place, WA 98466
Phone: 253-534-7623
Fax: 253-777-0710

Fax Lead Sheet

DATE: 2/06/2024 7:13 AM EST

ATTENTION: WILLIAM NEIGHBOR

COMPANY:

FAX NO: (206) 543-0857

PHONE NO: (206) 685-1011

RE: Orders for Signature
ATTN: WILLIAM NEIGHBOR

MESSAGE:

In an effort to remain in compliance with Federal and State regulations and Accreditation Commission for Health Care standards we are required to have timely signed physician orders. Below or attached are orders that need your signature and date. Please fax this order to us at the fax number noted below. You may use this page as your cover sheet. We appreciate your prompt attention!

Please sign, date and return all pages to the fax number listed within 5 business days. Thank you!

NUMBER OF PAGES: 5 (Including Lead Sheet)

Want to stop receiving faxes to save money and time? e-Sign with Forcura Circle for free •Easy registration •One log in for all agencies using Circle •Sign in with a one-time code texted •Bulk sign 50 documents at once•Eliminate duplicates •Invite staff to pre-approve prior to signing Interested? Contact our office to get started

THANK YOU!

LEGAL DISCLAIMER: The information contained in this facsimile transmission is confidential and intended for this addressee only. If the reader of this message is not the addressee or addressee's agent, you are hereby advised that any dissemination, distribution or copying of this information in this transmission is strictly prohibited. If you receive this fax in error, please call us immediately upon receipt and return the facsimile documents to us by first class mail. Thank you for your cooperation.

DISCLAIMER FOR DRUG/ALCOHOL ABUSE RECORDS: "This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient".

RETURN FAX NUMBER: 253-777-0710

01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
	11/30/2023	1/29/2024 to 3/28/2024	0E200042064301	507124

Patient's Name	Provider's Name
JEANNE L HOFFMAN	CHI FRANCISCAN HEALTH AT HOME TACOMA

Orders of Discipline and Treatments:

CLINICIAN TO PROVIDE SKILLED ASSESSMENT AND INTERVENTIONS FOR FALL PREVENTION ACTIVITIES INCLUDING IDENTIFICATION OF SAFETY HAZARDS IN HOME AND REFERRAL TO THERAPY SERVICES AS INDICATED

CLINICIAN TO PROVIDE SKILLED ASSESSMENT AND INTERVENTIONS FOR THE MITIGATION AND MANAGEMENT OF PAIN TO INCLUDE MEDICATION REVIEW AND SYMPTOM MANAGEMENT USING PHARMACOLOGICAL AND NONPHARMACOLOGICAL TREATMENTS.

PATIENT/CAREGIVER LOUIS WILL BE KNOWLEDGEABLE OF DISCHARGE PLANS AND WILL DEMONSTRATE/PROVIDE EDUCATION AND RESOURCES NEEDED TO MAINTAIN HEALTH.

AGENCY WILL DISCHARGE PATIENT TO PHYSICIAN/HEALTH CARE PROVIDER. MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIAN (S): WILLIAM NEIGHBOR, MD

THERAPIST FOR INSTRUCTIONS / REINFORCEMENT OF / MANAGEMENT OF DIABETES TO INCLUDE DIET, SKIN CARE, MEDICATION SAFETY, INSTRUCTION RELATED TO BLOOD GLUCOSE TESTING AND DIABETIC FOOT CARE.

THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS ON THIS PLAN OF CARE ATTESTS THAT THE COMPREHENSIVE ASSESSMENT FINDINGS WERE DISCUSSED AND ORDERS WERE RECEIVED AS INDICATED BY THE VERBAL ORDER.

LICENSED PROFESSIONAL TO REPORT VITAL SIGNS FALLING OUTSIDE THE FOLLOWING ESTABLISHED PARAMETERS. TEMP<95>101.1 PULSE<50>100 RESP<12>25 SYSTOLICBP<90>160 DIASTOLICBP<50>100 O2SAT<88

Goals/Rehabilitation Potential/Discharge Plans:

A PHYSICAL THERAPY PLAN OF CARE WILL BE ORDERED BY PHYSICIAN AND PROVIDED BY PHYSICAL THERAPY. ALL GOALS TO BE MET BY END OF CURRENTLY APPROVED PLAN OF CARE.
PATIENT WILL DEMONSTRATE IMPROVED FUNCTION IN RESPONSE TO SPECIFIC EXERCISE(S) AND/OR MANUAL THERAPY TECHNIQUE(S), AS EVIDENCED BY INCREASED INDEPENDENCE IN ACTIVITIES OF DAILY LIVING.
GOAL TO BE MET BY THE END OF THE EPISODE
PATIENT WILL DEMONSTRATE SAFE GAIT TECHNIQUE WITH ASSISTIVE DEVICES AS NEEDED TO MINIMIZE RISK OF INJURY.
GOAL TO BE MET BY THE END OF THE EPISODE
PATIENT/CAREGIVER WILL DEMONSTRATE DECREASED FALL RISK DURING FUNCTIONAL ACTIVITIES.
GOAL TO BE MET BY THE END OF THE EPISODE
PATIENT TO DEMONSTRATE REDUCED FALL RISK AND IMPROVE HOME SAFETY BY THE END OF THE EPISODE

CHANGES IN PATIENT CO-MORBID STATUS WILL BE PROMPTLY IDENTIFIED AND REPORTED TO THE PHYSICIAN. PATIENT / CAREGIVER VERBALIZE/DEMONSTRATE ABILITY TO PROPERLY MANAGE PATIENT RISK FOR FALLS. GOAL TO BE MET BY END OF CERTIFICATION PERIOD.
CHANGES IN PATIENT CO-MORBID STATUS WILL BE PROMPTLY IDENTIFIED AND REPORTED TO THE PHYSICIAN. PATIENT / CAREGIVER VERBALIZE/DEMONSTRATE ABILITY TO PROPERLY MANAGE PAIN CONTROL.. GOAL TO BE MET BY END OF CERTIFICATION PERIOD.
PATIENT AND/OR CAREGIVER WILL BE IN AGREEMENT WITH DISCHARGE PLANS AND WILL VERBALIZE HAVING RESOURCES AND KNOWLEDGE TO MAINTAIN HEALTH.
PATIENT WILL REMAIN SAFE AND NEEDS WILL BE MET BY COMMUNICATING CHANGES IN POC WITH PATIENT/CAREGIVER AND THE APPROPRIATE PHYSICIAN(S) WRITING ORDERS ON THE POC AND COMMUNICATING WITH RECEIVING PHYSICIANS/HEALTH CARE PROVIDER WHEN THERE ARE CHANGES IN THE DISCHARGE PLAN THROUGHOUT THE EPISODE OF CARE.
PATIENT / CAREGIVER WILL VERBALIZE / DEMONSTRATE ADEQUATE KNOWLEDGE OF ENDOCRINE STATUS. GOAL TO BE MET BY 02/25/24

Rehab Potential:

GOOD/MARKED IMPROVEMENT IN STATUS IS EXPECTED

DC Plans:

DISCHARGE TO CARE OF CAREGIVER UNDER SUPERVISION OF PHYSICIAN WHEN GOALS ARE MET

DME and Supplies:

DME-RAILS/GRAB BARS

Prognosis:

FAIR

Functional Limitations:

ENDURANCE; AMBULATION

Safety Measures:

AIRBORNE PRECAUTIONS, ANTICOAGULATION PRECAUTIONS, CONTACT PRECAUTIONS, DISPOSAL OF MEDICAL WASTE, DROPLET PRECAUTIONS, EMERGENCY PLAN, ENTERIC PRECAUTIONS, FALL PREVENTION

Activities Permitted:

UP AS TOLERATED; TRANSFER BED/CHAIR; EXERCISES PRESCRIBED; WHEELCHAIR; WALKER

Signature of Physician: William Neighbor MD	Date: 2/7/24
Optional Name/Signature Of: MATTHEW KNOEBEL, PT / MELISSA NEIMOYER RN	Date: 1/25/2024

01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
	11/30/2023	1/29/2024 to 3/28/2024	0E200042064301	507124

Patient's Name	Provider's Name
JEANNE L HOFFMAN	CHI FRANCISCAN HEALTH AT HOME TACOMA

Nutritional Requirements:
REGULAR DIET

Advance Directives:
MED. PWR. OF ATTY

Mental Statuses:
ORIENTED

Supporting Documentation for Risk of Hospital Readmission:
(PRA) (M1033) RISK FOR HOSPITALIZATION: WHICH OF THE FOLLOWING SIGNS OR SYMPTOMS CHARACTERIZE THIS PATIENT AS AT RISK FOR HOSPITALIZATION? (MARK ALL THAT APPLY.)
1 - HISTORY OF FALLS (2 OR MORE FALLS - OR ANY FALL WITH AN INJURY - IN THE PAST 12 MONTHS) || 5 - DECLINE IN MENTAL, EMOTIONAL, OR BEHAVIORAL STATUS IN THE PAST 3 MONTHS || 6 - REPORTED OR OBSERVED HISTORY OF DIFFICULTY COMPLYING WITH ANY MEDICAL INSTRUCTIONS (FOR EXAMPLE, MEDICATIONS, DIET, EXERCISE) IN THE PAST 3 MONTHS || 7 - CURRENTLY TAKING 5 OR MORE MEDICATIONS

Allergies:
ADHESIVES; ASPIRIN; NITROFURANTOIN; PENICILLIN; SULFA ANTIBIOTICS

Medications:

Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
ACETAMINOPHEN 500 MG TABLET *1-2 tablet*	*3 TIMES DAILY/PRN*	ORAL			New
Reason: BACK AND LEG PAIN Instructions:					
ATORVASTATIN 10 MG TABLET *1 tablet*	*DAILY*	ORAL			New
Reason: TREAT HLD Instructions:					
DOCUSATE SODIUM 100 MG CAPSULE *1 capsule*	*DAILY/PRN*	ORAL			New
Reason: CONSTIPATION Instructions:					
FERROUS SULFATE 325 MG (65 MG IRON) TABLET *1 tablet*	*DAILY*	ORAL			New
Reason: IRON DEFICIENCY Instructions:					
MEDIHONEY (HONEY) 100 % TOPICAL PASTE *Per instructions*	*AS DIRECTED*	TOPICAL			New
Reason: LEG ULCER WOUND TREATMENT Instructions: APPLY OVER LEG ULCERATION TOPICALLY AS NEEDED DAILY					
OFLOXACIN 0.3 % EYE DROPS *1-2 drops*	*4 TIMES DAILY*	OPHTHALMIC (EYE)			New
Reason: EYE INFECTION Instructions: LEFT EYE					
PANTOPRAZOLE 40 MG TABLET,DELAYED RELEASE *1 tablet*	*2 TIMES DAILY*	ORAL			New
Reason: STOMACH ULCER Instructions:					
PENTOXIFYLLINE ER 400 MG TABLET,EXTENDED RELEASE *1 tablet*	*3 TIMES DAILY*	ORAL			New
Reason: INCREASE PERIPHERAL CIRCULATION Instructions:					
TIMOLOL MALEATE 0.5 % EYE DROPS *1 drops*	*2 TIMES DAILY*	OPHTHALMIC (EYE)			New
Reason: GLACOMA TREATMENT Instructions:					

Signature of Physician: William Neighbor MD — Date: 1/7/24

Optional Name/Signature Of
MATTHEW KNOEBEL, PT / MELISSA NEIMOYER RN — Date: 1/25/2024

Page 3 of 4

01/31/2024 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
	11/30/2023	1/29/2024 to 3/28/2024	0E200042064301	507124

Patient's Name	Provider's Name
JEANNE L HOFFMAN	CHI FRANCISCAN HEALTH AT HOME TACOMA

Supporting Documentation for Home Health Eligibility:

ACTIVITY LIMITATIONS: SKILLED SERVICES, LISTED IN FIELD 21 OF PLAN OF CARE ORDER, ARE NEEDED IN THE FOLLOWING MANNER:
MOBILITY/WELLNESS AND EXERCISE

STRUCTURAL AND FUNCTIONAL LIMITATIONS: IMPAIRED BODY FUNCTIONS THAT EITHER REQUIRE HOME HEALTH INTERVENTION OR WILL IMPACT THE PLAN OF CARE:
NEUROMUSCULOSKELETAL AND MOVEMENT-RELATED FUNCTIONS (F), SENSORY FUNCTIONS AND PAIN (F), STRUCTURES RELATED TO MOVEMENT (S)

THE PATIENT IS CONSIDERED HOMEBOUND/CONFINED TO HOME BECAUSE: (MARK ALL THAT APPLY)
ASSISTANCE OF ANOTHER PERSON IN ORDER TO LEAVE PLACE OF RESIDENCE, BECAUSE OF ILLNESS OR INJURY, PATIENT NEEDS AID OF SUPPORTIVE DEVICES - WALKER, BECAUSE OF ILLNESS OR INJURY, PATIENT NEEDS AID OF SUPPORTIVE DEVICES - WHEELCHAIR

THE FOLLOWING DISCIPLINES ARE REASONABLE AND NECESSARY AT THIS TIME:
PHYSICAL THERAPY

THE PATIENT HAS NORMAL INABILITY TO LEAVE THE HOME AND LEAVING THE HOME TAKES CONSIDERABLE AND TAXING EFFORT BECAUSE:
FALL RISK, GAIT DEFICIT, LIMITED AMBULATION, SHORTNESS OF AIR WITH MINIMAL EXERTION

Therapy Short Term/Long Term Goals:

Discipline: PT

STRENGTH (PT)

RIGHT LOWER EXTREMITY

STG: 3/FAIR	LTG: 3+/FAIR+
TARGET DATE: 3/27/2024	TARGET DATE: 3/28/2024

LEFT LOWER EXTREMITY

STG: 3/FAIR	LTG: 3+/FAIR+
TARGET DATE: 3/27/2024	TARGET DATE: 3/28/2024

HOME EXERCISE PROGRAM (PT)

PATIENT'S PERFORMANCE OF HOME EXERCISE PROGRAM

STG: MAXIMUM ASSIST	LTG: MODERATE ASSIST
TARGET DATE: 3/27/2024	TARGET DATE: 3/28/2024

Signature of Physician: William Neighbor MD	Date: 2/7/24
Optional Name/Signature Of: MATTHEW KNOEBEL, PT / MELISSA NEIMOYER RN	Date: 1/25/2024

Page 4 of 4

01/24/2024 - Appointment in Husky Health Same Day Clinic

Visit Information

Appointment Information

RETURN **Canceled**
1/24/2024 9:40 AM

Time	Provider	Department	Length
9:40 AM	Neighbor Jr., William E, MD	HH SAME DAY	20 min

Auto Confirm Status: Answered

Notes:
ER visit follow up.
Please room in PC Procedure Room for wound care, djp

History

Made On:	1/17/2024 12:00 PM	By:	Perez, Delmis Joel, RN	ES
Change Notes:	1/18/2024 3:33 PM	By:	Perez, Delmis Joel, RN	ES
Canceled:	1/23/2024 2:56 PM	By:	West, Nicholas, PSS/PSR	ES
Cancel Rsn:	Patient-Unable to keep appointment			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

01/21/2024 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: History of recurrent deep vein thrombosis (DVT)

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

01/21/2024 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/15/2024
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/22/2024
Start date: 1/22/2024
End date: 2/15/2024

01/21/2024 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Quantity: 90 tablet

Refill: No refills remaining

Stopped in Visit

None

Other Orders

Medications

pentoxifylline ER 400 MG ER tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 01/22/24 0946**

Status: **Discontinued**

Ordering user: Neighbor Jr., William E, MD 01/22/24 0946

Ordering provider: Neighbor Jr., William E, MD

Authorized by: Neighbor Jr., William E, MD

Ordering mode: Standard

Frequency: TID 01/22/24 - 02/15/24

Class: Normal

Released by: Neighbor Jr., William E, MD 01/22/24 0946

Discontinued by: Neighbor Jr., William E, MD 02/15/24 1717

Diagnoses

History of recurrent deep vein thrombosis (DVT) [Z86.718]

Reordered from: pentoxifylline ER 400 MG ER tablet

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/22/24 0946	Neighbor Jr., William E, MD	Neighbor Jr., William E, MD	Neighbor Jr., William E, MD
01/21/24 1039	Kauffman, Mary Johanna Kelly, MD	Kauffman, Mary Johanna Kelly, MD	Uw Surescripts Incoming, User

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

01/18/2024 - ED in UW Montlake Emergency

Reason for Visit

Chief complaint: Hip Pain
Visit diagnoses:

- Left hip pain (primary)
- Fall, initial encounter

Visit Information

Admission Information

Arrival Date/Time:	01/18/2024 1354	Admit Date/Time:	01/18/2024 1602	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Car Or Automobile	Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	UW MEDICINE	Unit:	UW Montlake Emergency
Admit Provider:		Attending Provider:	Van Der Vlugt, Theresa M, MD	Referring Provider:	

ED Disposition

ED Disposition	Condition	User	Date/Time	Comment
Discharge	Fair	Nguyen, My-Linh Trinh, MD	Thu Jan 18, 2024 8:34 PM	--

Discharge Information

Date/Time: 01/18/2024 2224 Disposition: 01 Home/self Care Destination: Home
Provider: Van Der Vlugt, Theresa M, MD Unit: UW Montlake Emergency

Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info
Neighbor Jr., William E, MD	Family Practice	In 2 weeks		4060 E Stevens Way NE Box 354410 Seattle WA 98195 206-685-1011

Level of Service

Level of Service	Modifiers
PR EMERGENCY DEPARTMENT VISIT MODERATE MDM	GC

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD Entered on: 8/20/2019
Start date: 8/5/2019 End date: 6/12/2024
Action: Patient not taking

01/18/2024 - ED in UW Montlake Emergency (continued)

Medication List (continued)

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

01/18/2024 - ED in UW Montlake Emergency (continued)

Medication List (continued)

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/22/2024
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 1/22/2024
Quantity: 90 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

Stopped in Visit

None

ED Provider Note

ED Provider Notes by Nguyen, My-Linh Trinh, MD at 1/18/2024 1752

Attestation signed by Van Der Vlugt, Theresa M, MD at 1/18/2024 9:49 PM

I saw and evaluated the patient. I have reviewed the resident's/fellow's findings and agree. Grand elder, hard of hearing, is brought to the ED for evaluation by her son to evaluate change in her gait, who promptly leaves and goes back to Bainbridge Island and initially refuses to come back and pick her up tonight. At first he tells us there are no more ferries (at 8:00pm), but there are clearly more ferries. He wants to pick her up at 8 AM tomorrow, but she is ready for discharge now, and after discussion with social work, he does agree to come back and pick her up. On exam today she does not appear to have any septic joints, fractures, or inflammatory arthritis, although she clearly has diffuse osteoarthritis and some chronic compression fractures on her L-spine x-ray. Pain treatment is limited in this patient as she has had both Tylenol and opiate overuse. We recommended they try lidocaine patches and follow-up with PCP, with whom in epic

review she seems well-connected.

No Critical Care

Theresa M.van der Vlugt MD, FACEP
Attending Physician, Emergency Medicine

CHIEF COMPLAINT

Chief Complaint

Patient presents with

- Hip Pain

HISTORY OF PRESENT ILLNESS AND REVIEW OF SYSTEMS

Jeanne is a 99 year old female with history of T2DM, hypertension, and chronic venous stasis ulcers who was brought to the ED by her son for evaluation of antalgic gait after a fall 2-3 weeks ago. HPI provided by both patient and her son. They state that she was taking a shower 2-3 weeks ago and slipped when she stepped onto a towel that her son had placed over a wet spot. She was able to grab onto handrails on either side, preventing any head strike or injury to her upper body however she landed on her lower back/buttock with her knees bent. They have been monitoring her symptoms with the assistance of her primary care provider and she continues to work with physical therapy. Her son states that her primary care provider, physical therapy, and wound care have all evaluated her and none have been able to determine the source of her intermittent pain. Occasionally, she will tense up but she is unable to consistently describe where her pain is. Here, she states that she has pain primarily in her left hip but also reports pain in her bilateral knees and then inconsistently in diffuse bilateral legs. Her son is primarily concerned because she enjoys walking with the assistance of her walker but more recently she has been walking "pegged legged" where she bears weight but does not bend at the knees. Otherwise, she has been eating well, no ill with cough or cold symptoms, no chest pain or shortness of breath, no abdominal pain, no nausea, vomiting, or diarrhea, and has had normal stool and urine.

PAST MEDICAL AND SURGICAL HISTORY

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018

01/18/2024 - ED in UW Montlake Emergency (continued)

ED Provider Note (continued)

- Severe protein-calorie malnutrition (HCC) 6/7/2018
- Urge urinary incontinence 6/7/2018
- Venous ulcer of left leg (HCC) 6/7/2018
- Normocytic anemia 6/7/2018
- Chronic venous hypertension with ulcer and inflammation, left (HCC) 5/17/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) 5/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) 5/17/2018
- Thrombocytopenia (HCC) 11/2/2016
- Leg weakness, bilateral 1/6/2015
- Weakness of trunk musculature 1/6/2015
- Vertebral fracture 12/13/2012
  Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed
- Thyroid nodule, uninodular 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.
- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal
- Diabetes mellitus (HCC)

- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

MEDICATIONS AND ALLERGIES

OUTPATIENT MEDICATIONS:

Current Outpatient Medications

Medication	Instructions
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• Calcium Carbonate 500 MG Oral Chew Tab	2 tablets, Oral, 3 times daily PRN
• cholecalciferol (VITAMIN D-3)	2,000 units, Oral, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	Oral
• nystatin 100000 UNIT/ML mouth/throat suspension	5 mL, Swish & Swallow, 4 times daily
• ofloxacin 0.3 % ophthalmic solution	1-2 drops, Left EYE, 4 times daily
• pantoprazole (PROTONIX)	40 mg, Oral, 2 times daily before meals
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• triamcinolone 0.1 % cream	Topical, 2 times daily, Apply to both forearms.
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

ALLERGIES:

Adhesives, Aspirin, Nitrofurantoin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

ED Provider Note (continued)

SOCIAL HISTORY AND FAMILY HISTORY

Social History

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics
- Alcohol use: No
- Drug use: No

Family History

Problem (# of Occurrences)	Relation (Name,Age of Onset)
No Known Problems (2)	**Mother**, **Father**

PHYSICAL EXAM

ED VITALS:

Vitals (Arrival)
T: **(!) 35.8 °C** (01/18/24 1418) **BP:** **(!) 149/60** (01/18/24 1418) **HR:** 63 (01/18/24 1418) **RR:** 19 (01/18/24 1418) **SpO2:** 99 % (01/18/24 1418) Room air
Vitals (Most recent in last 24 hrs)
T: **(!) 35.8 °C** (01/18/24 1418) **BP:** **(!) 126/58** (01/18/24 1900) **HR:** **67 (01/18/24 1900)** **RR:** 16 (01/18/24 1900) **SpO2:** 100 % (01/18/24 1900) Room air **T range:** Temp Min: 35.8 °C Max: 35.8 °C (no weight taken for this visit) (no height taken for this visit) There is no height or weight on file to calculate BMI.

Physical Exam

Constitutional:
General: She is not in acute distress.
Comments: **Elderly, frail appearing**

HENT:
Head: Normocephalic and atraumatic.
Right Ear: External ear normal.
Left Ear: External ear normal.
Nose: Nose normal.

Eyes:
General: No scleral icterus.
Extraocular Movements: Extraocular movements intact.

01/18/2024 - ED in UW Montlake Emergency (continued)

ED Provider Note (continued)

Neck:
Comments: **No midline/paraspinal tenderness over cervical and thoracic regions. Tenderness towards sacral region with L SI joint tenderness and diffuse tenderness over left buttock and hip**
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Heart sounds: No murmur heard.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: No wheezing.
Abdominal:
General: There is no distension.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness.
Musculoskeletal:
General: No deformity.
Cervical back: No tenderness.
Right lower leg: Edema present.
Left lower leg: Edema present.
Comments: **There is tenderness over left femur, bilateral knees, and bilateral ankles**
Skin:
General: Skin is warm.
Findings: No rash.
Comments: **There are ulcers over the right lower leg that is bandaged by wound care**
Neurological:
Mental Status: She is alert. Mental status is at baseline.
Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.

LABORATORY:

Labs Reviewed - No data to display

IMAGING:

ED Wet Read -

XR Femur 2 Vw Left

Final Result

No fracture detected. Mild left hip osteoarthritis.
Alignment is normal. No soft tissue abnormality.
Atherosclerosis.

XR L Spine 2-3 View

Final Result

Views extend from T10 to the sacrum.

01/18/2024 - ED in UW Montlake Emergency (continued)

ED Provider Note (continued)

Chronic appearing compression deformities at L1-L3. No definite acute fracture.

Lumbar levoscoliosis. Degenerative change is present.

Partially visualized right femur dynamic screw fixation.

XR Knee 4+ View Bilat

Final Result

RIGHT:
No fracture detected. Sideplate and screw fixation of the distal femur. Hardware is intact. Alignment is normal. No soft tissue abnormality or knee joint effusion identified. Atherosclerosis.

LEFT:
No fracture detected. Alignment is normal. No soft tissue abnormality or knee joint effusion identified. Atherosclerosis.

XR Pelvis 1 Or 2 W 1 Vw Hip Bilat

Final Result

PELVIS:
No fracture, dislocation, or pelvic ring disruption. Severe vascular calcifications.

RIGHT HIP:
Prior ORIF of the femoral neck and partially visualized screw and plate fixation of the femoral shaft. No fracture detected. Alignment is normal. No soft tissue abnormality.

LEFT HIP:
No fracture detected. Alignment is normal. No soft tissue abnormality.

Bones are overall diffusely demineralized, which slightly limits evaluation. Cross-sectional imaging could allow further evaluation, if there is ongoing clinical concern for subtle fracture.

Radiology Final Result -
No image results found.

01/18/2024 - ED in UW Montlake Emergency (continued)

ED Provider Note (continued)

EKG DOCUMENTATION

No EKG was performed

ED COURSE/MEDICAL DECISION MAKING

Jeanne is a 99 year old with history of T2DM, hypertension, and chronic venous stasis ulcers who was brought to the ED by her son for evaluation of antalgic gait after a fall 2-3 weeks ago. Vitals largely unremarkable other than T 35.8. Given recent trauma there is concern for fracture. XR of lumbar spine, pelvis, bilateral hip, left femur, and bilateral knees obtained and were negative. Lidocaine patch was given for pain management given report that she has previously inadvertently overdosed on Tylenol and she was highly sensitive to opioids, requiring multiple doses of narcan. Son was updated on results and plan for follow-up with primary care provider and physical therapy given no fractures. Son states that he left to catch the last ferry to Bainbridge Island and will pick up Jeanne in the morning. MSW involved to try to arrange for transportation. Son states that if he does not receive a call by 10PM, this is when he will shut off all of his phone lines.

ED Course as of 01/18/24 2130

Thu Jan 18, 2024

1616	XR without evidence of fracture [MN]
1727	Lidocaine patch applied for management of pain [MN]
1918	Chronic compression deformities of lumbar spine without evidence of fracture. No fracture of left femur or bilateral knees. [MN]
2005	Contacted son to update on results and plan to discharge. He states that they live on Bainbridge Island and he will pick her up tomorrow morning. [MN]
2007	We discussed with MSW transportation options. [MN]
2030	We called son again to inform him that Jeanne does not qualify for HopeLink. He states that he is unable to come pick her up because they take the bus, ferry, and train so he would not pick her up until 8am. [MN]
2034	Our MSW spoke with patient's son and informed him that he will need to come pick up his mother. Once he arrives at the ED, the ED will be able to call him a Lyft to get to the ferry in a timely manner. [MN]
2053	Dr. Soni taking over care of this patient. XRs negative for fracture, awaiting pickup by son. [MS]

ED Course User Index

01/18/2024 - ED in UW Montlake Emergency (continued)

ED Provider Note (continued)

[MN] Nguyen, My-Linh Trinh, MD
[MS] Soni, Monica Lynn, MD

Medications Given in the ED:

Medications

lidocaine (Lidoderm) 4 % per patch 1 patch (1 patch Transdermal Medication Applied 1/18/24 1705)

CLINICAL IMPRESSION AND DISPOSITION (Link)

Clinical Impressions:

[M25.552] Left hip pain
[W19.XXXA] Fall, initial encounter

Neighbor Jr., William E, MD
4060 NE Stevens Way
Box 354410
Seattle WA 98195-4410
206-685-1011

In 2 weeks

Patient was given scripts for the following medications.

New Prescriptions

LIDOCAINE 4 % PATCH	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.

Disposition: Discharge

CRITICAL CARE/ADDITIONAL INFORMATION REVIEWED ATTENDING ONLY

Nguyen, My-Linh Trinh, MD
Resident

01/18/2024 - ED in UW Montlake Emergency (continued)

ED Provider Note (continued)

01/18/24 2130

Electronically signed by Nguyen, My-Linh Trinh, MD at 1/18/2024 9:30 PM
Electronically signed by Van Der Vlugt, Theresa M, MD at 1/18/2024 9:49 PM

ED Notes

ED Triage Notes by Arellano, Brian, RN at 1/18/2024 1414

Patient presents to ED for left hip pain. Per son, patient had a fall 2-3 weeks ago. Patient was not evaluated after the fall. Patient has been having pain with ambulation. Son denies any other trauma.

Electronically signed by Arellano, Brian, RN at 1/18/2024 2:17 PM

ED Notes by Dwan, Kara Alexandra, RN at 1/18/2024 2223

Pt given DC teaching. Pt dressed by son and assisted to wheelchair. All belongings in pt's possession. No further questions.

Dwan, Kara Alexandra, RN
01/18/24 2224

Electronically signed by Dwan, Kara Alexandra, RN at 1/18/2024 10:24 PM

ED Care Timeline

Patient Care Timeline (1/18/2024 13:54 to 1/18/2024 22:24)

1/18/2024	Event	Details	User
13:54	**Patient arrived in ED**		Bell, Andrew J, PSS/PSR
13:54:24	**Emergency encounter created**		Bell, Andrew J, PSS/PSR
13:55:02	**Arrival Complaint**	Fall two weeks ago, concern for hip fracture	
14:14	**Arrival Documentation**	**Triage Start** Triage Start: Start **Triage Call** Triage Call: Call 1x	Arellano, Brian, RN
14:14	**General Appearance**	**General Appearance** General Appearance: Alert and Oriented x 4; Respirations even and Unlabored; Skin warm, dry, and color consistent with ethnicity	Arellano, Brian, RN
14:14:38	**Triage Started**		Arellano, Brian, RN

01/18/2024 - ED in UW Montlake Emergency (continued)

ED Care Timeline (continued)

14:14:42	**ED Triage Notes**	Patient presents to ED for left hip pain. Per son, patient had a fall 2-3 weeks ago. Patient was not evaluated after the fall. Patient has been having pain with ambulation. Son denies any other trauma.	Arellano, Brian, RN
14:17	**Tetanus/Immunization Status**	**Tetanus Up to Date** Is the patient's tetanus up to date?: Yes **Immunizations Up to Date** Are the patient's immunizations up to date?: Yes	Arellano, Brian, RN
14:17	**Infectious Disease**	**Vaccination Screening** Vaccination Screening : Covid Vaccination; Flu Vaccination **Received Covid Vaccination** Have you (patient) received Covid Vaccine: Yes **Have you had a covid booster shot since September 2022?** Have you had a covid booster shot since September 2022?: Yes **Flu Vaccination Question** Have you (patient) received Flu Vaccine: Yes	Arellano, Brian, RN
14:17:28	**Chief Complaints Updated**	**Hip Pain**	Arellano, Brian, RN
14:17:39	**History Reviewed**	Sections Reviewed: Medical, Surgical, Family, Tobacco, Alcohol, Drug Use, Sexual Activity, Socioeconomic, Social Documentation, Obstetric	Arellano, Brian, RN
14:17:40	**Allergies Reviewed**		Arellano, Brian, RN
14:17:42	**Home Medications Reviewed**		Arellano, Brian, RN
14:18	**Triage Completed**		Arellano, Brian, RN
14:18	**Travel Screening**	Have you been in contact with someone who was sick? **No / Unsure** ; Do you have any of the following new or worsening symptoms? **None of these** ; Have you traveled internationally or domestically in the last month? **No** Travel Locations: **Travel history not shown for past encounters**	Arellano, Brian, RN
14:18	**ESET(Emergency Safety Evaluation Tool)**	**ESET (Emergency Safety Evaluation Tool)** ESET (Emergency Safety Evaluation Tool) Safety Screening Complete: Yes	Arellano, Brian, RN
14:18	**Abuse Indicators**	**Abuse Indicators** Have there been threats or direct abuse of you or your children?: No Is someone forcing you to have sex?: No Is anyone keeping you from your family?: No	Arellano, Brian, RN
14:18	**Vital Signs**	**Vital Signs** Temp: **35.8 °C** ! Pulse: 63 Resp: 19 BP: **149/60** ! MAP (mmHg): 86 SpO2: 99 % **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 99 % Pulse Oximetry Type: Intermittent Oxygen Therapy: None (Room air)	Arellano, Brian, RN
14:18	**Acuity/Destination**	**Acuity/Triage Complete** Patient Acuity: 3 Triage Complete: Triage complete	Arellano, Brian, RN

01/18/2024 - ED in UW Montlake Emergency (continued)

ED Care Timeline (continued)

14:18	**ED Fall Risk Assessment**	**Fall Risk Assessment- KINDER 1** Altered Mental Status?: No Present to ED Due To Fall?: Yes Age greater than 70?: Yes Impaired Mobility?: Yes Nursing Judgement: Yes Intervention Score: 4 Safety Interventions: **Defer to bedside nurse** !	Arellano, Brian, RN
14:18	**Homicidal Ideation**	**Homicidal Ideation** Thoughts of Harming Others: Denies Harmful Actions Toward Others: None observed	Arellano, Brian, RN
14:18	**Suicide Risk Screening**	**Other flowsheet entries** Suicide assessment:: Start C-SSRS 1. Have you wished you were dead or wished you could go to sleep and not wake up?: No 2. Have you actually had any thoughts of killing yourself?: No 6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?: No **Risk Score - File Data to Calculate Score** C-SSRS (Short) Risk Calculation: No Identified Risk	Arellano, Brian, RN
14:18	**Custom Formula Data**	**Other flowsheet entries** Temp (in Celsius) for APACHE IV: 35.8	Arellano, Brian, RN
14:20:50	**Orders Placed**	Imaging - XR Hip Bilat W Pelvis 3-4 View Bilat	Van Der Vlugt, Theresa M, MD
14:20:52	**XR Ordered**	XR HIP BILAT W PELVIS 3-4 VW BILAT	Arellano, Brian, RN
14:27	**Imaging Department Paged**	**Imaging Department Paged?** Imaging Department Paged?: Yes	Byck, Caitlin, CMA
14:34:56	**Orders Modified**	Order Modified - XR Pelvis 1 Or 2 W 1 Vw Hip Bilat (Comment: Modified from XR Hip Bilat W Pelvis 3-4 View Bilat)	Van Der Vlugt, Theresa M, MD
14:34:56	**XR Ordered**	XR PELVIS 1 OR 2 W 1 VW HIP BILAT	Stoll, Tamra K, RT
14:34:56	**Orders Discontinued**	XR Hip Bilat W Pelvis 3-4 View Bilat (01/18/24 1421)	Stoll, Tamra K, RT
14:37:05	**Imaging Exam Started**	XR Pelvis 1 Or 2 W 1 Vw Hip Bilat	Stegall, Josie C, RT
14:50:52	**Imaging Exam Ended**	XR Pelvis 1 Or 2 W 1 Vw Hip Bilat	Stegall, Josie C, RT
14:58:19	**Order Performed**	XR Pelvis 1 Or 2 W 1 Vw Hip Bilat - ID: **41011115**	
15:00:15	**XR Pelvis 1 Or 2 W 1 Vw Hip Bilat Resulted**	Collected: **1/18/2024 14:58** Last updated: **1/18/2024 15:03** Status: **Final result**	Interface, Radiology Results In
15:03:26	**Rad Resulted**	XR Pelvis 1 Or 2 W 1 Vw Hip Bilat	Interface, Radiology Results In
15:03:26	**Xray Final Result**	(Final result) XR PELVIS 1 OR 2 W 1 VW HIP BILAT	Interface, Radiology Results In
16:02:14	**Patient roomed in ED**	To room ED09	Davis, Kayla Rene, RN
16:02:14	**Patient roomed in ED**		Davis, Kayla Rene, RN
16:05:30	**Assign Nurse**	Rambert, Constance M, RN assigned as Registered Nurse	Rambert, Constance M, RN

01/18/2024 - ED in UW Montlake Emergency (continued)

ED Care Timeline (continued)

16:10:26	**Orders Acknowledged**	New - XR Hip Bilat W Pelvis 3-4 View Bilat Modified - XR Pelvis 1 Or 2 W 1 Vw Hip Bilat (Comment: Modified from XR Hip Bilat W Pelvis 3-4 View Bilat)	Rambert, Constance M, RN
16:15:22	**Assign Resident**	Nguyen, My-Linh Trinh, MD assigned as Resident	Nguyen, My-Linh Trinh, MD
16:15:22	**Assign Physician**		Nguyen, My-Linh Trinh, MD
16:15:22	**First Provider Evaluation**		Nguyen, My-Linh Trinh, MD
16:30	**Vital Signs**	**Vital Signs** Pulse: **57** ! (Device Time: 16:29:50) Heart Rate Source: Monitor Resp: 18 BP: **150/60** ! (Device Time: 16:30:00) MAP (mmHg): 87 (Device Time: 16:30:00) SpO2: 100 % (Device Time: 16:29:50) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 100 % (Device Time: 16:29:50)	Rambert, Constance M, RN
16:45	**Vital Signs**	**Vital Signs** Pulse: **58** ! (Device Time: 16:44:50) Heart Rate Source: Monitor Resp: 18 BP: **142/58** ! (Device Time: 16:45:00) MAP (mmHg): 80 (Device Time: 16:45:00) SpO2: 100 % (Device Time: 16:44:50) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 100 % (Device Time: 16:44:50)	Rambert, Constance M, RN
16:49:50	**Assign Attending**	Van Der Vlugt, Theresa M, MD assigned as Attending	Van Der Vlugt, Theresa M, MD
16:49:50	**Assign Physician**		Van Der Vlugt, Theresa M, MD

01/18/2024 - ED in UW Montlake Emergency (continued)

ED Care Timeline (continued)

16:55	**Basic Assessment**	**Neurological** Neuro (WDL): Within Defined Limits Neuro Pertinent Negatives: Alert and oriented x 4; Speech clear Best Eye Response: Spontaneous Best Verbal Response: Oriented Best Motor Response: Follows commands Glasgow Coma Scale Score: 15 Level of Consciousness: Alert **Glasgow Coma Scale** Best Eye Response: Spontaneous Best Verbal Response: Oriented Best Motor Response: Follows commands Glasgow Coma Scale Score: 15 **CRS / ICANS Assessment (ICE Scoring)** Level of Consciousness: Alert **HEENT** HEENT (WDL): Within Defined Limits **Respiratory** Respiratory (WDL): Within Defined Limits **Cardiac** Cardiac (WDL): Exceptions to WDL Cardiac Regularity: Regular Heart Sounds: S1, S2 Head of Bed Elevated: HOB 45 Cardiac Symptoms: None Cardiac Rhythm: SB **Peripheral Vascular** Peripheral Vascular (WDL): Within Defined Limits **Integumentary** Integumentary (WDL): **Exceptions to WDL (wound on left lower leg ankle, covered by dressing)** Skin Color: Appropriate for ethnicity Skin Condition/Temp: Warm; Dry Skin Turgor: Non-tenting **Musculoskeletal** Musculoskeletal (WDL): **Exceptions to WDL (pt reports general BLE pain, mostly localized to LLE and buttocks. Unable to clearly vocalize where pain is situated. On exam, pt appears to have spasms of pain, and reports tenderness on palpation to buttocks and BLE)** **Gastrointestinal** Gastrointestinal (WDL): Within Defined Limits **Genitourinary** Genitourinary (WDL): Within Defined Limits **Psychosocial** Psychosocial (WDL): Within Defined Limits **Charting Type** Charting Type: Shift assessment	Rambert, Constance M, RN
16:55	**Custom Formula Data**	**Other flowsheet entries** Glasgow Coma Scale Numeric: 15	Rambert, Constance M, RN
16:59:06	**Orders Placed**	Medications - lidocaine (Lidoderm) 4 % per patch 1 patch Imaging - XR Femur 2 Vw Left; XR L Spine 2-3 View; XR Knee 4+ View Bilat	Nguyen, My-Linh Trinh, MD
16:59:07	**XR Ordered**	XR KNEE 4+ VW BILAT, XR L SPINE 2-3 VW, XR FEMUR 2 VW LEFT	Nguyen, My-Linh Trinh, MD

01/18/2024 - ED in UW Montlake Emergency (continued)

ED Care Timeline (continued)

17:00	**Vital Signs**	**Vital Signs** Pulse: **58** ! (Device Time: 16:57:50) Heart Rate Source: Monitor Resp: 18 BP: 137/77 (Device Time: 17:00:00) MAP (mmHg): 92 (Device Time: 17:00:00) SpO2: 100 % (Device Time: 16:57:50) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 100 % (Device Time: 16:57:50)	Rambert, Constance M, RN
17:00:10	**Orders Acknowledged**	New - XR Femur 2 Vw Left; XR L Spine 2-3 View; XR Knee 4+ View Bilat; lidocaine (Lidoderm) 4 % per patch 1 patch	Rambert, Constance M, RN
17:04	**Imaging Department Paged**	**Imaging Department Paged?** Imaging Department Paged?: Yes	Hanofee, Cian
17:05	**Medication Medication Applied**	lidocaine (Lidoderm) 4 % per patch 1 patch - Dose: **1 patch** ; Route: **Transdermal** ; Site: **Left Leg** ; Scheduled Time: **1700** ; Comment: **upper left leg**	Rambert, Constance M, RN
17:10	**ED Quick Updates**	**Quick Updates** Quick Updates - Free Text: Attending MD at bedside	Ryden, Anna E, RN
17:10:31	**Registration Completed**		Bounkeua, Phoungeun Julie, PSS/PSR
17:22:49	**Imaging Exam Started**	XR Femur 2 Vw Left	Stegall, Josie C, RT
17:22:49	**Imaging Exam Started**	XR L Spine 2-3 View	Stegall, Josie C, RT
17:22:49	**Imaging Exam Started**	XR Knee 4+ View Bilat	Stegall, Josie C, RT
17:25	**ED Quick Updates**	**Quick Updates** Quick Updates - Free Text: Pt to XR via stretcher	Ryden, Anna E, RN
18:06:52	**Imaging Exam Ended**	XR Femur 2 Vw Left	Stegall, Josie C, RT
18:06:52	**Imaging Exam Ended**	XR L Spine 2-3 View	Stegall, Josie C, RT
18:06:52	**Imaging Exam Ended**	XR Knee 4+ View Bilat	Stegall, Josie C, RT
18:22	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Rambert, Constance M, RN
18:22	**Vitals**	**Vital Signs** Pulse: 60 (Device Time: 18:21:48) Heart Rate Source: Monitor Resp: 16 BP: **121/57** ! (Device Time: 18:21:48) MAP (mmHg): 76 (Device Time: 18:21:48) **Telemetry/Cardiac Monitor** Pulse: 60 (Device Time: 18:21:48) Heart Rate Source: Monitor **Oxygen Therapy** SpO2: 95 % (Device Time: 18:21:48) Pulse Oximetry Type: Intermittent Oxygen Therapy: None (Room air)	Rambert, Constance M, RN

01/18/2024 - ED in UW Montlake Emergency (continued)

ED Care Timeline (continued)

18:30	**Vital Signs**	**Vital Signs** Pulse: **56** ! (Device Time: 18:29:47) Heart Rate Source: Monitor Resp: 16 BP: **108/51** ! (Device Time: 18:30:00) MAP (mmHg): 70 (Device Time: 18:30:00) SpO2: 99 % (Device Time: 18:29:47) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 99 % (Device Time: 18:29:47)	Rambert, Constance M, RN
18:45:11	**Order Performed**	XR Femur 2 Vw Left - ID: **41014486**	
18:46:48	**Order Performed**	XR L Spine 2-3 View - ID: **41014488**	
18:48:20	**XR L Spine 2-3 View Resulted**	Collected: **1/18/2024 18:46** Last updated: **1/18/2024 18:51** Status: **Final result**	Interface, Radiology Results In
18:48:32	**Order Performed**	XR Knee 4+ View Bilat - ID: **41014487**	
18:49:29	**XR Knee 4+ View Bilat Resulted**	Collected: **1/18/2024 18:48** Last updated: **1/18/2024 18:52** Status: **Final result**	Interface, Radiology Results In
18:51:30	**Rad Resulted**	XR L Spine 2-3 View	Interface, Radiology Results In
18:51:30	**Xray Final Result**	(Final result) XR L SPINE 2-3 VW	Interface, Radiology Results In
18:52:31	**Rad Resulted**	XR Knee 4+ View Bilat	Interface, Radiology Results In
18:52:31	**Xray Final Result**	(Final result) XR KNEE 4+ VW BILAT	Interface, Radiology Results In
18:52:59	**XR Femur 2 Vw Left Resulted**	Collected: **1/18/2024 18:45** Last updated: **1/18/2024 18:56** Status: **Final result**	Interface, Radiology Results In
18:56:02	**Rad Resulted**	XR Femur 2 Vw Left	Interface, Radiology Results In
18:56:02	**Xray Final Result**	(Final result) XR FEMUR 2 VW LEFT	Interface, Radiology Results In
19:00	**Vital Signs**	**Vital Signs** Pulse: 67 (Device Time: 18:59:47) Heart Rate Source: Monitor Resp: 16 BP: **126/58** ! (Device Time: 19:00:00) MAP (mmHg): 79 (Device Time: 19:00:00) SpO2: 100 % (Device Time: 18:59:47) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 100 % (Device Time: 18:59:47)	Rambert, Constance M, RN
19:10:09	**Remove Nurse**	Rambert, Constance M, RN removed as Registered Nurse	Rambert, Constance M, RN
19:11:17	**Assign Nurse**	Dwan, Kara Alexandra, RN assigned as Registered Nurse	Dwan, Kara Alexandra, RN

01/18/2024 - ED in UW Montlake Emergency (continued)

ED Care Timeline (continued)

20:30	**Vital Signs**	**Vital Signs** Pulse: 62 (Device Time: 20:29:44) BP: **122/48** ! (Device Time: 20:30:00) MAP (mmHg): 68 (Device Time: 20:30:00) SpO2: **86 %** ! (Device Time: 20:29:44) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: **86 %** ! (Device Time: 20:29:44)	Dwan, Kara Alexandra, RN
20:33:56	**Discharge Orders Placed**	Medications - lidocaine 4 % patch	Nguyen, My-Linh Trinh, MD
20:34:05	**Discharge Disposition Selected**	ED Disposition set to Discharge.	Nguyen, My-Linh Trinh, MD
20:34:05	**Disposition Selected**		Nguyen, My-Linh Trinh, MD
20:53:35	**Assign Resident**	Soni, Monica Lynn, MD assigned as Resident	Soni, Monica Lynn, MD
20:53:35	**Assign Physician**		Soni, Monica Lynn, MD
21:30:29	**ED Note Filed by Resident**	ED Prov Note filed by Nguyen, My-Linh Trinh, MD	Nguyen, My-Linh Trinh, MD
21:49:39	**ED Attestation Note Filed**	ED Prov Note filed by Van Der Vlugt, Theresa M, MD	Van Der Vlugt, Theresa M, MD
21:49:39	**ED Provider Notes**	Note filed at this time	Nguyen, My-Linh Trinh, MD; Cosigned by Van Der Vlugt, Theresa M, MD
21:55:23	**Patient Ready to Go**		Van Der Vlugt, Theresa M, MD
22:00	**Vital Signs**	**Vital Signs** Pulse: 77 (Device Time: 21:59:42) Resp: **22** ! (Device Time: 21:59:42) BP: **114/53** ! (Device Time: 22:00:00) MAP (mmHg): 72 (Device Time: 22:00:00) **Vitals Timer** Restart Vitals Timer: Yes	Dwan, Kara Alexandra, RN
22:09:43	**AVS Printed**		Dwan, Kara Alexandra, RN
22:09:43	**AVS Printed**	ED After Visit Summary	Dwan, Kara Alexandra, RN
22:12:30	**Remove Resident**	Nguyen, My-Linh Trinh, MD removed as Resident	Nguyen, My-Linh Trinh, MD
22:22	**Departure Condition**	**Departure Condition** Departure Condition: Good Mobility at Departure: Wheelchair Departure Mode: With caregiver	Dwan, Kara Alexandra, RN
22:23:01	**ED Notes**	Pt given DC teaching. Pt dressed by son and assisted to wheelchair. All belongings in pt's possession. No further questions. Dwan, Kara Alexandra, RN 01/18/24 2224	Dwan, Kara Alexandra, RN

01/18/2024 - ED in UW Montlake Emergency (continued)

ED Care Timeline (continued)

22:24	**Patient discharged**		Dwan, Kara Alexandra, RN
22:24	**LACE+ Score**	**Other flowsheet entries** LACE+ Score: 23	Dwan, Kara Alexandra, RN
22:24:18	**Charting Complete**		Nguyen, My-Linh Trinh, MD
22:24:18	**Charting Complete**		Dwan, Kara Alexandra, RN
22:24:18	**Charting Complete**		Rambert, Constance M, RN
22:24:18	**Charting Complete**		Soni, Monica Lynn, MD
22:24:20	**Assign Attending**	Chicoine Mooney, Nicole Marie, MD assigned as Attending	Chicoine Mooney, Nicole Marie, MD

Clinical Notes

Discharge Instructions

Nguyen, My-Linh Trinh, MD at 1/18/2024 2019

You were seen in the UWMC emergency department for evaluation of left hip pain and abnormal gait after a fall 2-3 weeks ago.

We imaged your lower back, pelvis, hips, left femur, and bilateral knees without any evidence of new fracture. Given your prior history of overdose on Tylenol as well as sensitivities of opioids,

Electronically signed by Nguyen, My-Linh Trinh, MD at 1/18/2024 8:33 PM

Imaging

Imaging

XR Hip Bilat W Pelvis 3-4 View Bilat (Discontinued)

Electronically signed by: **Van Der Vlugt, Theresa M, MD on 01/18/24 2106** Status: **Discontinued**
Mode: Ordering in Per protocol: cosign required mode
Ordering user: Arellano, Brian, RN 01/18/24 1420
Authorized by: Van Der Vlugt, Theresa M, MD
Frequency: STAT Once 01/18/24 1421 - 1 occurrence
Quantity: 1
Communicated by: Arellano, Brian, RN
Ordering provider: Van Der Vlugt, Theresa M, MD
Ordering mode: Per protocol: cosign required
Class: Hospital Performed
Instance released by: Arellano, Brian, RN (auto-released) 1/18/2024 2:20 PM
Discontinued by: Stoll, Tamra K, RT 01/18/24 1434 [Per Protocol]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	fall
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

XR Pelvis 1 Or 2 W 1 Vw Hip Bilat (Final result)

Electronically signed by: **Stoll, Tamra K, RT on 01/18/24 1420** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Stoll, Tamra K, RT 01/18/24 1420
Ordering provider: Van Der Vlugt, Theresa M, MD

01/18/2024 - ED in UW Montlake Emergency (continued)

Imaging (continued)

Authorized by: Van Der Vlugt, Theresa M, MD
Frequency: STAT Once 01/18/24 1421 - 1 occurrence
Quantity: 1
Instance released by: Stoll, Tamra K, RT 1/18/2024 2:34 PM

Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Lab status: Final result

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	fall
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR PELVIS 1 OR 2 W 1 VW HIP BILAT	Van Der Vlugt, Theresa M, MD 206-744-3000	Van Der Vlugt, Theresa M, MD 206-744-3000	1/18/2024 2:30 PM UWEDXRRM1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Pelvis 1 Or 2 W 1 Vw Hip Bilat Resulted: 01/18/24 1500, Result status: Final result

Ordering provider: Van Der Vlugt, Theresa M, MD 01/18/24 1420
Resulted by: Hartman, Jason Brett, MD
Performed: 01/18/24 1437 - 01/18/24 1450
Resulting lab: UW RADIOLOGY
Narrative:

Order status: Completed

Filed by: Interface, Radiology Results In 01/18/24 1503
Accession number: 41011115

RADIOGRAPHS OF THE BILATERAL HIPS

EXAMINATION:
AP view of the pelvis, 2 views of the bilateral hips.

CLINICAL INDICATION:
fall

COMPARISON:
None.

FINDINGS AND
Impression:

Imaging (continued)

PELVIS:
No fracture, dislocation, or pelvic ring disruption. Severe vascular calcifications.

RIGHT HIP:
Prior ORIF of the femoral neck and partially visualized screw and plate fixation of the femoral shaft. No fracture detected. Alignment is normal. No soft tissue abnormality.

LEFT HIP:
No fracture detected. Alignment is normal. No soft tissue abnormality.

Bones are overall diffusely demineralized, which slightly limits evaluation. Cross-sectional imaging could allow further evaluation, if there is ongoing clinical concern for subtle fracture.

Acknowledged by: Perez, Delmis Joel, RN on 01/18/24 1534

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Hartman, Jason Brett, MD on 1/18/24 at 1500 PST

XR Femur 2 Vw Left (Final result)

Electronically signed by: **Nguyen, My-Linh Trinh, MD on 01/18/24 1659** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Nguyen, My-Linh Trinh, MD 01/18/24 1659
Ordering provider: Nguyen, My-Linh Trinh, MD
Authorized by: Van Der Vlugt, Theresa M, MD
Ordering mode: Standard
Frequency: Routine Once 01/18/24 1659 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Nguyen, My-Linh Trinh, MD (auto-released) 1/18/2024 4:59 PM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	eval for fracture s/p fall
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR FEMUR 2 VW LEFT	Nguyen, My-Linh Trinh, MD 206-744-8513 206-314-4113	Van Der Vlugt, Theresa M, MD 206-744-3000	1/18/2024 5:05 PM UWEDXRRM1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status

01/18/2024 - ED in UW Montlake Emergency (continued)

Imaging (continued)

Postmenopausal

End Exam Questions

Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.	

XR Femur 2 Vw Left Resulted: 01/18/24 1852, Result status: Final result

Ordering provider: Nguyen, My-Linh Trinh, MD 01/18/24 1659
Order status: Completed
Resulted by: Lim, Jihoon, MD
Filed by: Interface, Radiology Results In 01/18/24 1856
Performed: 01/18/24 1722 - 01/18/24 1806
Accession number: 41014486
Resulting lab: UW RADIOLOGY
Narrative:
RADIOGRAPHIC EXAMINATION:
XR FEMUR 2 VW LEFT

CLINICAL INDICATION:
eval for fracture s/p fall

COMPARISON:
AP pelvis 11/22/2023.

FINDINGS AND
Impression:
No fracture detected. Mild left hip osteoarthritis. Alignment is normal. No soft tissue abnormality. Atherosclerosis.
Acknowledged by: Perez, Delmis Joel, RN on 01/19/24 0839

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Lim, Jihoon, MD on 1/18/24 at 1852 PST

XR L Spine 2-3 View (Final result)

Electronically signed by: **Nguyen, My-Linh Trinh, MD on 01/18/24 1659** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Nguyen, My-Linh Trinh, MD 01/18/24 1659
Ordering provider: Nguyen, My-Linh Trinh, MD
Authorized by: Van Der Vlugt, Theresa M, MD
Ordering mode: Standard
Frequency: STAT Once 01/18/24 1659 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Nguyen, My-Linh Trinh, MD (auto-released) 1/18/2024 4:59 PM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	s/p fall
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

01/18/2024 - ED in UW Montlake Emergency (continued)

Imaging (continued)

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR L SPINE 2-3 VW	Nguyen, My-Linh Trinh, MD 206-744-8513 206-314-4113	Van Der Vlugt, Theresa M, MD 206-744-3000	1/18/2024 5:05 PM UWEDXRRM1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR L Spine 2-3 View Resulted: 01/18/24 1848, Result status: Final result

Ordering provider: Nguyen, My-Linh Trinh, MD 01/18/24 1659
Resulted by: Lim, Jihoon, MD
Performed: 01/18/24 1722 - 01/18/24 1806
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 01/18/24 1851
Accession number: 41014488

Narrative:
RADIOGRAPHS OF THE LUMBAR SPINE
XR L SPINE 2-3 VW

CLINICAL INDICATION:
s/p fall

COMPARISON:
L-spine radiograph 10/22/2014.

FINDINGS AND
Impression:

Views extend from T10 to the sacrum.

Chronic appearing compression deformities at L1-L3. No definite acute fracture.

Lumbar levoscoliosis. Degenerative change is present.

Partially visualized right femur dynamic screw fixation.
Acknowledged by: Perez, Delmis Joel, RN on 01/19/24 0839

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

01/18/2024 - ED in UW Montlake Emergency (continued)

Imaging (continued)

Electronically signed by Lim, Jihoon, MD on 1/18/24 at 1848 PST

XR Knee 4+ View Bilat (Final result)

Electronically signed by: **Nguyen, My-Linh Trinh, MD on 01/18/24 1659** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Nguyen, My-Linh Trinh, MD 01/18/24 1659
Ordering provider: Nguyen, My-Linh Trinh, MD
Authorized by: Van Der Vlugt, Theresa M, MD
Ordering mode: Standard
Frequency: STAT Once 01/18/24 1659 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Nguyen, My-Linh Trinh, MD (auto-released) 1/18/2024 4:59 PM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	s/p fall
Should this exam be performed on a portable machine?	No

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR KNEE 4+ VW BILAT	Nguyen, My-Linh Trinh, MD 206-744-8513 206-314-4113	Van Der Vlugt, Theresa M, MD 206-744-3000	1/18/2024 5:05 PM UWEDXRRM1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Knee 4+ View Bilat Resulted: 01/18/24 1849, Result status: Final result

Ordering provider: Nguyen, My-Linh Trinh, MD 01/18/24 1659
Order status: Completed
Resulted by: Lim, Jihoon, MD
Filed by: Interface, Radiology Results In 01/18/24 1852
Performed: 01/18/24 1722 - 01/18/24 1806
Accession number: 41014487
Resulting lab: UW RADIOLOGY
Narrative:

RADIOGRAPHS OF THE KNEE, 4 VIEWS EACH SIDE (AP, LATERAL AND TWO OBLIQUE VIEWS), BILATERAL

CLINICAL INDICATION:
s/p fall

COMPARISON:
None.

FINDINGS AND

01/18/2024 - ED in UW Montlake Emergency (continued)

Imaging (continued)

Impression:
RIGHT:
No fracture detected. Sideplate and screw fixation of the distal femur. Hardware is intact. Alignment is normal. No soft tissue abnormality or knee joint effusion identified. Atherosclerosis.

LEFT:
No fracture detected. Alignment is normal. No soft tissue abnormality or knee joint effusion identified. Atherosclerosis.
Acknowledged by: Perez, Delmis Joel, RN on 01/19/24 0840

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Lim, Jihoon, MD on 1/18/24 at 1849 PST

Medication Administrations

lidocaine (Lidoderm) 4 % per patch 1 patch [290020642]

Ordering Provider: Nguyen, My-Linh Trinh, MD
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 01/18/24 1659
Starts/Ends: 01/18/24 1700 - 01/19/24 0224
Ordered Dose (Remaining/Total): 1 patch (—/—)
Route: Transdermal
Frequency: Every 24 hours
Ordered Rate/Order Duration: — / 12 Hours
Admin Instructions: Apply to left lower back. Remove after 12 hours (max 12 hrs per 24 hrs)

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Due 01/18/24 2224 Scheduled: 01/19/24 0224	Due (Medication Removed)	—	—	—
Performed 01/18/24 1705 Documented: 01/18/24 1706	Medication Applied	1 patch 12 Hours	Transdermal Left Leg	Performed by: Rambert, Constance M, RN Comments: upper left leg Scanned Package: 0536-1202-15

Other Orders

Medications

lidocaine (Lidoderm) 4 % per patch 1 patch (Discontinued)

Electronically signed by: **Nguyen, My-Linh Trinh, MD on 01/18/24 1659**
Status: **Discontinued**
Ordering user: Nguyen, My-Linh Trinh, MD 01/18/24 1659
Ordering provider: Nguyen, My-Linh Trinh, MD
Authorized by: Nguyen, My-Linh Trinh, MD
Ordering mode: Standard
Frequency: Routine q24h 01/18/24 1700 - 01/19/24 0224
Class: Normal
Discontinued by: Discharge Provider, Automatic 01/19/24 0224 [Patient discharge]
Acknowledged: Rambert, Constance M, RN 01/18/24 1700 for Placing Order
Admin instructions: Apply to left lower back. Remove after 12 hours (max 12 hrs per 24 hrs)
Package: 41167-05840

lidocaine 4 % patch (Discontinued)

01/18/2024 - ED in UW Montlake Emergency (continued)

Other Orders (continued)

Electronically signed by: **Nguyen, My-Linh Trinh, MD on 01/18/24 2033** Status: **Discontinued**
Ordering user: Nguyen, My-Linh Trinh, MD 01/18/24 2033 Ordering provider: Nguyen, My-Linh Trinh, MD
Authorized by: Nguyen, My-Linh Trinh, MD Ordering mode: Standard
Frequency: Routine q24h 01/18/24 - 03/14/25 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Admin instructions: Apply to painful area for up to 12 hours in a 24 hour period.

Flowsheets

Abuse Indicators

Row Name	01/18/24 1418
Have there been threats or direct abuse of you or your children?	No
Is someone forcing you to have sex?	No
Is anyone keeping you from your family?	No

Acuity/Destination

Row Name	01/18/24 1418
Patient Acuity	Urgent
Triage Complete	Triage complete

Arrival Documentation

Row Name	01/18/24 1414
Triage Start	Start
Triage Call	Call 1x

Basic Assessment

Row Name	01/18/24 1655
Neuro (WDL)	Within Defined Limits
Neuro Pertinent Negatives	Alert and oriented x 4;Speech clear
Best Eye Response	Spontaneous
Best Verbal Response	Oriented
Best Motor Response	Follows commands
Glasgow Coma Scale Score	15
Level of Consciousness	Alert
HEENT (WDL)	Within Defined Limits
Respiratory (WDL)	Within Defined Limits
Cardiac (WDL)	Exceptions to WDL
Cardiac Regularity	Regular

01/18/2024 - ED in UW Montlake Emergency (continued)

Flowsheets (continued)

Heart Sounds	S1, S2
Head of Bed Elevated	HOB 45
Cardiac Symptoms	None
Cardiac Rhythm	Sinus Bradycardia
Peripheral Vascular (WDL)	Within Defined Limits
Integumentary (WDL)	**Exceptions to WDL**
Skin Color	Appropriate for ethnicity
Skin Condition/Temp	Warm;Dry
Skin Turgor	Non-tenting
Musculoskeletal (WDL)	**Exceptions to WDL**
Gastrointestinal (WDL)	Within Defined Limits
Genitourinary (WDL)	Within Defined Limits
Psychosocial (WDL)	Within Defined Limits
Charting Type	Shift assessment

Custom Formula Data

Row Name	01/18/24 1655	01/18/24 1418
Temp (in Celsius) for APACHE IV	—	35.8
Glasgow Coma Scale Numeric	15	—

Departure Condition

Row Name	01/18/24 2222
Departure Condition	Good
Mobility at Departure	Wheelchair
Departure Mode	With caregiver

ED Fall Risk Assessment

Row Name	01/18/24 1418
Altered Mental Status?	No
Present to ED Due To Fall?	Yes
Age greater than 70?	Yes
Impaired Mobility?	Yes
Nursing Judgement	Yes
Intervention Score	4
Safety Interventions	**Defer to bedside nurse**

01/18/2024 - ED in UW Montlake Emergency (continued)

Flowsheets (continued)

ED Quick Updates

Row Name	01/18/24 1725	01/18/24 1710
Quick Updates - Free Text	Pt to XR via stretcher	Attending MD at bedside

ESET(Emergency Safety Evaluation Tool)

Row Name	01/18/24 1418
ESET (Emergency Safety Evaluation Tool) Safety Screening Complete	Yes

General Appearance

Row Name	01/18/24 1414
General Appearance	Alert and Oriented x 4;Respirations even and Unlabored;Skin warm, dry, and color consistent with ethnicity

Homicidal Ideation

Row Name	01/18/24 1418
Thoughts of Harming Others	Denies
Harmful Actions Toward Others	None observed

Imaging Department Paged

Row Name	01/18/24 1704	01/18/24 1427
Imaging Department Paged?	Yes	Yes

Infectious Disease

Row Name	01/18/24 1417
Vaccination Screening	Covid Vaccination;Flu Vaccination
Have you (patient) received Covid Vaccine	Yes
Have you had a covid booster shot since September 2022?	Yes
Have you (patient) received Flu Vaccine	Yes

01/18/2024 - ED in UW Montlake Emergency (continued)

Flowsheets (continued)

LACE+ Score

Row Name	01/18/24 2224
LACE+ Score	23

Suicide Risk Screening

Row Name	01/18/24 1418
Suicide assessment:	Start C-SSRS
1. Have you wished you were dead or wished you could go to sleep and not wake up?	No
2. Have you actually had any thoughts of killing yourself?	No
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?	No
C-SSRS (Short) Risk Calculation	No Identified Risk

Tetanus/Immunization Status

Row Name	01/18/24 1417
Is the patient's tetanus up to date?	Yes
Are the patient's immunizations up to date?	Yes

Vital Signs

Row Name	01/18/24 2200	01/18/24 2030	01/18/24 1900	01/18/24 1830	01/18/24 1700
Pulse	77	62	67	**56** !	**58** !
Heart Rate Source	—	—	Monitor	Monitor	Monitor
Resp	**22** !	—	16	16	18
BP	**114/53** !	**122/48** !	**126/58** !	**108/51** !	137/77
MAP (mmHg)	72	68	79	70	92
SpO2	—	**86 %** !	100 %	99 %	100 %
Restart Vitals Timer	Yes	Yes	—	—	—
Restart Vitals Timer	—	—	Yes	Yes	Yes

Row Name	01/18/24 1645	01/18/24 1630	01/18/24 1418
Temp	—	—	**35.8 °C** !
Pulse	**58** !	**57** !	63
Heart Rate	Monitor	Monitor	—

01/18/2024 - ED in UW Montlake Emergency (continued)

Flowsheets (continued)

Source			
Resp	18	18	19
BP	**142/58** !	**150/60** !	**149/60** !
MAP (mmHg)	80	87	86
SpO2	100 %	100 %	99 %
Restart Vitals Timer	Yes	Yes	Yes
Pulse Oximetry Type	—	—	Intermittent
Oxygen Therapy	—	—	None (Room air)

Vitals

Row Name	01/18/24 1822
Pulse	60
Heart Rate Source	Monitor
Resp	16
BP	**121/57** !
MAP (mmHg)	76
SpO2	95 %
Pulse Oximetry Type	Intermittent
Oxygen Therapy	None (Room air)

Vitals Reassessment

Row Name	01/18/24 1822
Restart Vitals Timer	Yes

Care Plan

Resolved

Problem: Patient/Family Stated Goals

Dates: Start: 01/18/24 Resolved: 01/18/24
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Shift (Resolved)

Dates: Start: 01/18/24 Resolved: 01/18/24
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
01/18/24 2224	Uw Resolve Care Plan, Bkg User	Adequate for Discharge

Goal: Patient/Family Stated Goal For Admission (Resolved)

Dates: Start: 01/18/24 Resolved: 01/18/24
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
01/18/24 2224	Uw Resolve Care Plan, Bkg User	Adequate for Discharge

01/18/2024 - ED in UW Montlake Emergency (continued)

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

ED After Visit Summary (below)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 — 1/18/2024 — UW Montlake Emergency 206-598-3300

Instructions

You were seen in the UWMC emergency department for evaluation of left hip pain and abnormal gait after a fall 2-3 weeks ago.

We imaged your lower back, pelvis, hips, left femur, and bilateral knees without any evidence of new fracture. Given your prior history of overdose on Tylenol as well as sensitivities of opioids,

Your medications have changed

START taking:
lidocaine (Lidoderm)

Review your updated medication list below.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

lidocaine

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Follow up with William E Neighbor Jr, MD in 2 weeks (around 2/1/2024)

Specialty: Family Practice
Contact: 4060 NE Stevens Way
Box 354410
Seattle WA 98195-4410
206-685-1011

What's Next

JAN 24 2024

Return Patient Appointment with William E Neighbor Jr
Wednesday January 24 9:40 AM
(Arrive by 9:25 AM)

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

Hall Health Same Day
4060 NE Stevens Way,
Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You were seen by Theresa M Van Der Vlugt

Reason for Visit
Hip Pain

Diagnoses
- Left hip pain
- Fall, initial encounter

Imaging Tests
XR Femur 2 Vw Left
XR Knee 4+ View Bilat
XR L Spine 2-3 View
XR Pelvis 1 Or 2 W 1 Vw Hip Bilat

Medications Given
lidocaine (Lidoderm) Last given at 5:05 PM

Blood Pressure 114/53	Temperature 96.4 °F
Pulse 77	Respiration 22
Oxygen Saturation 86%	

MyChart

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 1/18/2024 10:09 PM

Page 1 of 4 Epic

01/18/2024 - ED in UW Montlake Emergency (continued)

After Visit Summary (continued)

What's Next (continued)

JAN 24 2024 Clinical Support
Wednesday January 24 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your ED Test Results

Test results will appear in your MyChart account as soon as they are available. Your ED physician/provider should have reviewed available results with you during your ED visit. However, you may think of other questions after your visit; some results may be difficult to interpret or understand. **If you have concerns or questions about your results, please contact your primary care physician's office.** If you do not have a primary care physician you can call 206-520-7520 Monday through Friday between the hours of 8am-5pm.

You will also be able to review your medical record from the emergency department visit once it is finalized. If you have reviewed your medical record and believe there is an error you may complete a Request for Correction or Amendment of the Medical Record form and submit it via mail, fax, or e-mail to the locations listed below.

For:
Harborview Medical Center
UW Medical Center - Montlake
UW Medical Center - Northwest

Send Requests to:
Box 359738
925 9th Ave
Seattle, WA 98104

Phone: 206.744.9000
Fax: 206.744.9997
Email: uwmedroi@uw.edu

This information is also available at https://www.uwmedicine.org/patient-resources/access-medical-records-images

Your Medication List

TAKE these medications

lidocaine 4 % patch Commonly known as: Lidoderm START	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.

ASK your doctor about these medications

acetaminophen 500 MG tablet Commonly known as: Tylenol ASK	
atorvastatin 10 MG tablet Commonly known as: Lipitor ASK	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums ASK	
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3 ASK	
* **medihoney** topical gel ASK	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel ASK	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR ASK	
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin ASK	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox ASK	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix ASK	Take 1 tablet (40 mg) by mouth 2 times a day before meals.

01/18/2024 - ED in UW Montlake Emergency (continued)

After Visit Summary (continued)

Your Medication List (continued)

ASK your doctor about these medications (continued)

pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Suicide Prevention

If you or someone you know is thinking about harming themselves or attempting suicide, or if you feel unable to keep yourself safe, contact one of these resources:

· King County Crisis Connections 24-hour help line 1-866-427-4747 or go to www.crisisconnections.org

· National Suicide Prevention 24-hour help line #988 or go to suicidepreventionlifeline.org

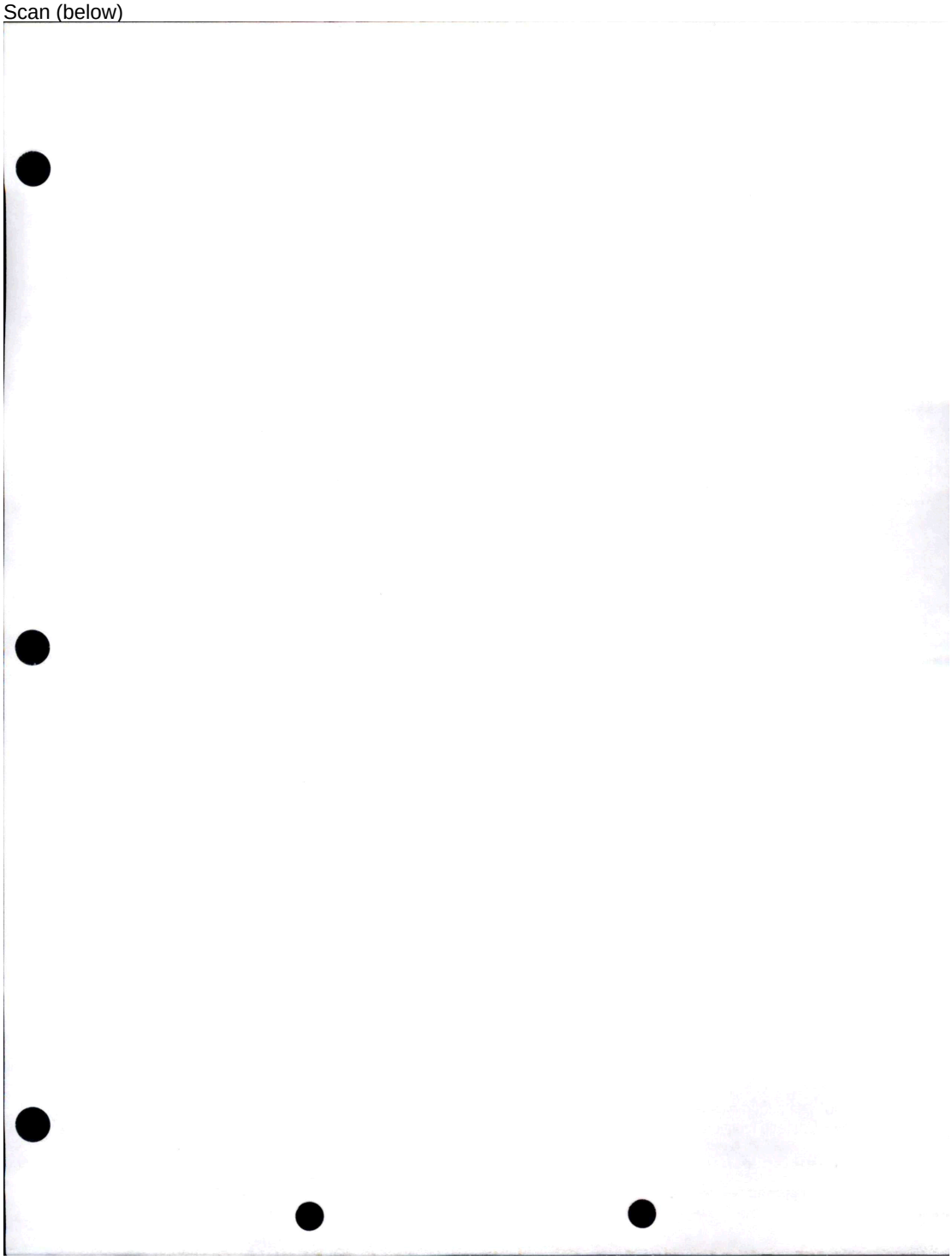
For all medical or mental health emergencies, call 911, or go to the nearest emergency room for help.

01/18/2024 - ED in UW Montlake Emergency (continued)

Documents

UW Medicine IP Facility Directory Esign - Scan on 1/18/2024 5:07 PM (effective from 1/18/2024)

Scan (below)



01/18/2024 - ED in UW Montlake Emergency (continued)

Documents (continued)

Patient Information for Inclusion in the UW Medicine Patient Directory

Please Read this Statement Carefully

I understand that I have a choice as to whether or not to be included in the UW Medicine patient directory. My name and location will be included in the patient directory unless I would prefer not to receive phone calls or visitors. My decision is indicated by marking a box and signing this form.

☑ **YES, please include me in the Patient Directory.** The hospital has informed me that my name and location will be included in its hospital directory. This information will be made available to people who ask for me by name such as my relatives, friends and fellow employees.

- Harborview Medical Center
- University of Washington Medical Center – Northwest
- University of Washington Medical Center – Montlake / Fred Hutchinson Cancer Center
- Valley Medical Center

If I have provided my religious affiliation to UW Medicine in the past or if I provide my religious affiliation to UW Medicine now, I authorize its disclosure to clergy of my religious affiliation. Disclosure of my religious affiliation may result in a visit from a clergy member of my affiliation while I am being treated at UW Medicine.

If you have provided your religious affiliation to UW Medicine in the past and do not want a visit from a clergy member of your affiliation, please inform the registration staff.

☐ **NO, please do not include me in the Patient Directory.** I do not want my name or location included in the UW Medicine Patient Directory. **If this is my choice, I understand UW Medicine staff will not be able to confirm I am a patient or share my location with any family or friends. I also understand that by choosing not to be in the directory, UW Medicine will be unable to deliver items *(for example, flowers and gifts)* addressed to me.**

For Staff Use Only

☐ **ADMIN OPT-OUT:** Please provide reason for Administrative Opt-Out

☐ Crime Victim ☐ Employee ☐ Incarcerated Patient
☐ Involuntary Commitment ☐ Unable to Interview Patient ☐ Media Interest

Name of person requesting opt out *(if other than patient)*: _____

By signing below, it shows that you have read this document. If there is any part of this form that is unclear, be sure to ask questions about it.

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE
Jeanne L Hoffman		1/18/24

IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

☐ 1. Court-appointed Guardian ☐ 2. Durable Healthcare Power of Attorney ☐ 3. Spouse/registered domestic partner ☐ 4. Adult Child(ren)
☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s) ☐ 7. Adult Grandchild(ren) ☐ 8. Adult Niece(s)/Nephew(s)
☐ 9. Adult Aunt(s)/Uncle(s) ☐ 10. Adult Friend with executed Declaration per RCW 7.70.065

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian ☐ 2. Court-authorized person for child in out-of-home placement
☐ 3. Parent(s) ☐ 4. Holder of signed authorization from parent(s) ☐ 5. Adult representing self to be a relative responsible for the minor's health

WITNESS SIGNATURE *(WITNESS OPTIONAL UNLESS TELEPHONE CONSENT)*	PRINT NAME	☐ TELEPHONE MONITORED CONSENT *(No patient signature)*

U8170135 BD:1/6/1925 99YF
HOFFMAN
JEANNE
LEONIE
UWMC EMERGENCY DEPARTMENT
DOS:1/18/2024 VAN DER VLUGT, THERES
Enc:1910992286 RES:53930443

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

PT INFORMATION FOR UW MEDICINE PATIENT DIRECTORY

Page 1 of 1

U1868

WHITE – MEDICAL RECORD
CANARY – PATIENT

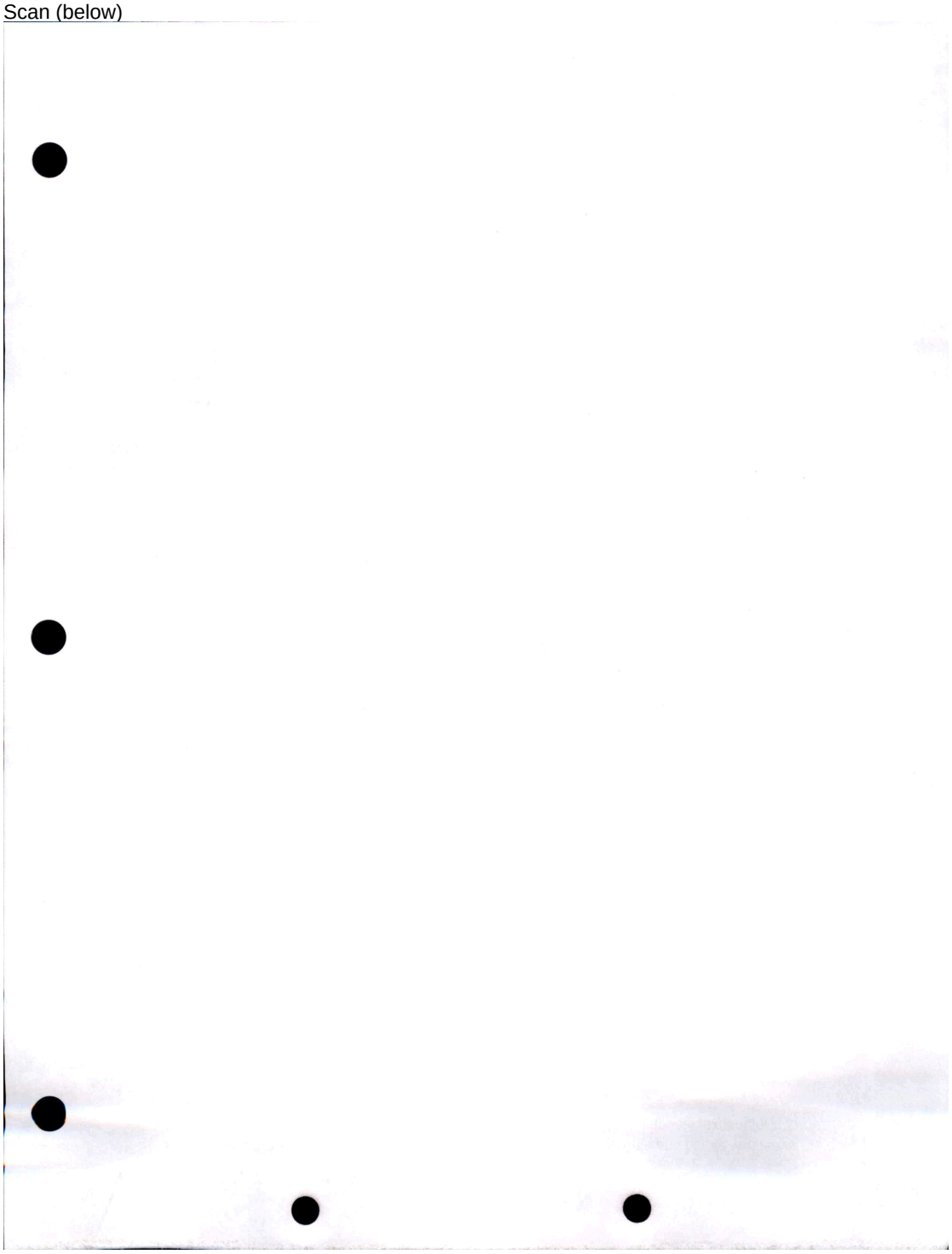
UH1868 REV SEP 22

01/18/2024 - ED in UW Montlake Emergency (continued)

Documents (continued)

Important Message From Medicare - Scan on 1/18/2024 5:08 PM (effective from 1/18/2024)

Scan (below)



01/18/2024 - ED in UW Montlake Emergency (continued)

Documents (continued)

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal *(except for charges like copays and deductibles)*.
  - Here is the contact information for the QIO:
    KEPRO:
    Toll-free Phone: 1-888-305-6759
    Toll-free Fax: 1-833-868-4064

You can file a request for an appeal any day of the week.
Once you speak to someone or leave a message, your appeal has begun.

- Ask the hospital if you need help contacting the QIO.
- The name of this hospital is:

☐ HMC: Medicare Provider Number ☐ 50-0064 *(acute care)* ☐ 50-S064 *(psych)* ☐ 50-T064 *(rehab)*
☑ UWMC: Medicare Provider Number ☑ 50-0008 *(acute care)* ☐ 50-S008 *(psych)* ☐ 50-T008 *(rehab)*

- **STEP 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4**: The QIO will review your medical records and other important information about your case.
- **STEP 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO REQUEST AN APPEAL, YOU MAY HAVE OTHER APPEAL RIGHTS:

- If you have Original Medicare: Call the QIO listed on Page 1.
- If you belong to a Medicare health plan, call your plan at: _____, _____
  (plan name) (plan phone number)

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Additional Information (Optional):

Print Physician Name:_____NPI: ☐ HMC 1053359729 ☑ UWMC 1326002049

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1019. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

U8170135 BD:1/6/1925 99YF
HOFFMAN
JEANNE
LEONIE
UWMC EMERGENCY DEPARTMENT
DOS:1/18/2024 VAN DER VLUGT, THERES
Enc:1910992286 RES:53930443

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

AN IMPORTANT MESSAGE FROM MEDICARE

Page 2 of 2

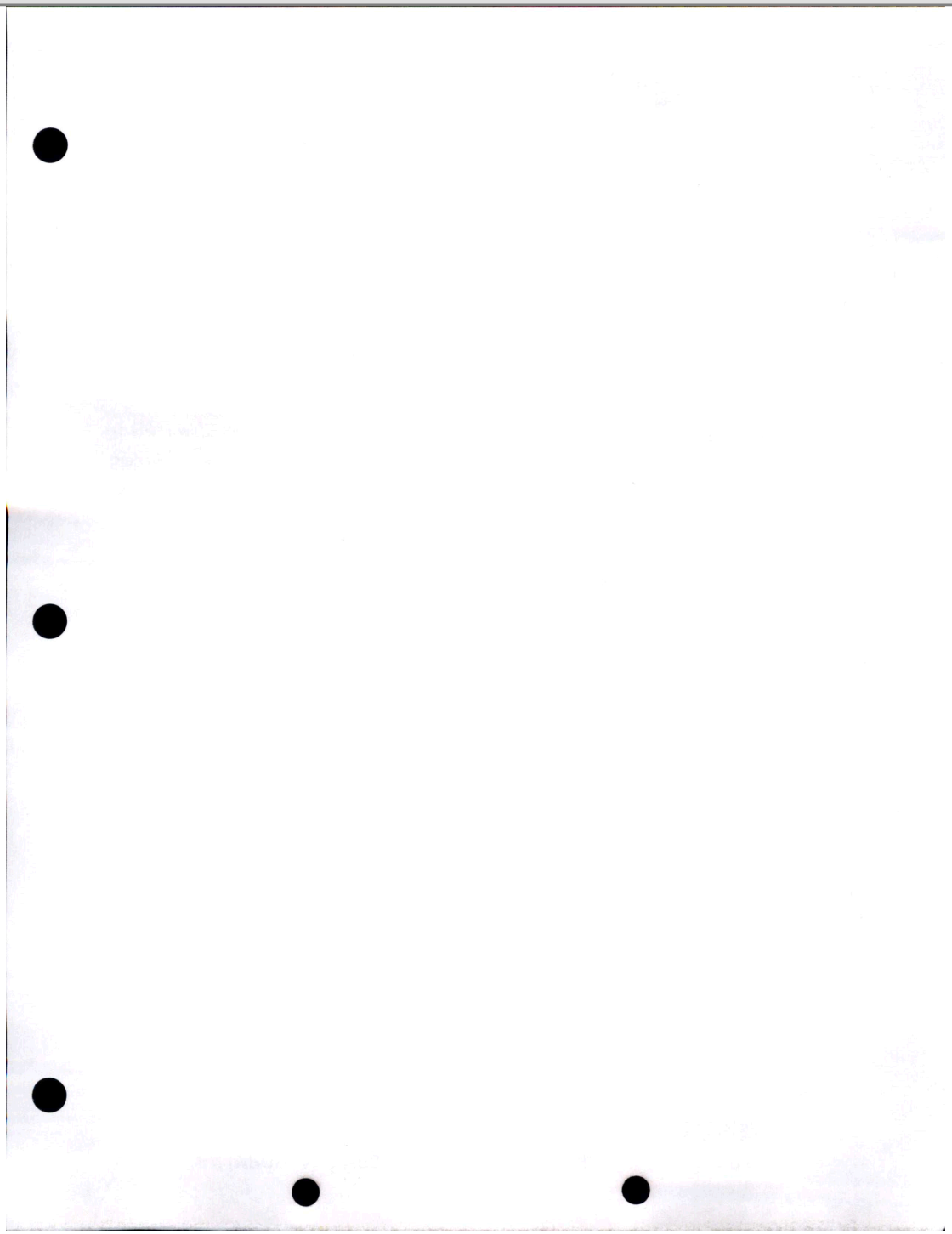
U2445

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

UH2445 REV FEB 23

01/18/2024 - ED in UW Montlake Emergency (continued)

Documents (continued)



01/18/2024 - ED in UW Montlake Emergency (continued)

Documents (continued)

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-1019

YOUR RIGHTS AS A HOSPITAL INPATIENT:

- You can receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- You can be involved in any decisions about your hospital stay.
- You can report any concerns you have about the quality of care you receive to your QIO at: KEPRO 1-888-305-6759. The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

YOUR RIGHT TO APPEAL YOUR HOSPITAL DISCHARGE:

- You have the right to an immediate, independent medical review (appeal) of the decision to discharge you from the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the reviewer will each receive a copy of a detailed explanation about why your covered hospital stay should not continue. You will receive this detailed notice only after you request an appeal.
- If the QIO finds that you are not ready to be discharged from the hospital, Medicare will continue to cover your hospital services.
- If the QIO agrees services should no longer be covered after the discharge date, neither Medicare nor your Medicare health plan will pay for your hospital stay after noon of the day after the QIO notifies you of its decision. If you stop services no later than that time, you will avoid financial liability.
- If you do not appeal, you may have to pay for any services you receive after your discharge date.

Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call 206 598 ~~8001~~ 3111

Please sign below to indicate you received and understood this notice.

I have been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO.

Patient (or legal guardian) signature:	Date:	Time:
Jeanne L Hoffman	01/18/24	1855
Patient name (printed):	Legal guardian printed name (if applicable):	

CMS 10065-IM (Exp. 12/31/2025)

U8170135 BD:1/6/1925 99YF
HOFFMAN
JEANNE
LEONIE
UWMC EMERGENCY DEPARTMENT
DOS:1/18/2024 VAN DER VLUGT, THERES
Enc:1910992286 RES:53930443

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

AN IMPORTANT MESSAGE FROM MEDICARE

Page 1 of 2

U2445

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

UH2445 REV FEB 23

01/18/2024 - ED in UW Montlake Emergency (continued)

Documents (continued)

After Visit Summary - Document on 1/18/2024 10:09 PM: ED After Visit Summary

Document (below)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 — 1/18/2024 — UW Montlake Emergency 206-598-3300

Instructions

You were seen in the UWMC emergency department for evaluation of left hip pain and abnormal gait after a fall 2-3 weeks ago.

We imaged your lower back, pelvis, hips, left femur, and bilateral knees without any evidence of new fracture. Given your prior history of overdose on Tylenol as well as sensitivities of opioids,

Your medications have changed

START taking:
lidocaine (Lidoderm)

Review your updated medication list below.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

lidocaine

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Follow up with William E Neighbor Jr, MD in 2 weeks (around 2/1/2024)

Specialty: Family Practice
Contact: 4060 NE Stevens Way
Box 354410
Seattle WA 98195-4410
206-685-1011

What's Next

JAN 24 2024

Return Patient Appointment with William E Neighbor Jr
Wednesday January 24 9:40 AM
(Arrive by 9:25 AM)

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

Hall Health Same Day
4060 NE Stevens Way,
Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You were seen by Theresa M Van Der Vlugt

Reason for Visit
Hip Pain

Diagnoses
- Left hip pain
- Fall, initial encounter

Imaging Tests
XR Femur 2 Vw Left
XR Knee 4+ View Bilat
XR L Spine 2-3 View
XR Pelvis 1 Or 2 W 1 Vw Hip Bilat

Medications Given
lidocaine (Lidoderm) Last given at 5:05 PM

Blood Pressure 114/53	Temperature 96.4 °F
Pulse 77	Respiration 22
Oxygen Saturation 86%	

MyChart

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 1/18/2024 10:09 PM

Page 1 of 4 Epic

01/18/2024 - ED in UW Montlake Emergency (continued)

Documents (continued)

What's Next (continued)

JAN 24 2024 Clinical Support
Wednesday January 24 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your ED Test Results

Test results will appear in your MyChart account as soon as they are available. Your ED physician/provider should have reviewed available results with you during your ED visit. However, you may think of other questions after your visit; some results may be difficult to interpret or understand. **If you have concerns or questions about your results, please contact your primary care physician's office.** If you do not have a primary care physician you can call 206-520-7520 Monday through Friday between the hours of 8am-5pm.

You will also be able to review your medical record from the emergency department visit once it is finalized. If you have reviewed your medical record and believe there is an error you may complete a Request for Correction or Amendment of the Medical Record form and submit it via mail, fax, or e-mail to the locations listed below.

For:
Harborview Medical Center
UW Medical Center - Montlake
UW Medical Center - Northwest

Send Requests to:
Box 359738
925 9th Ave
Seattle, WA 98104

Phone: 206.744.9000
Fax: 206.744.9997
Email: uwmedroi@uw.edu

This information is also available at https://www.uwmedicine.org/patient-resources/access-medical-records-images

Your Medication List

TAKE these medications

START **lidocaine** 4 % patch Commonly known as: Lidoderm	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.

ASK your doctor about these medications

ASK **acetaminophen** 500 MG tablet Commonly known as: Tylenol	
ASK **atorvastatin** 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
ASK **calcium carbonate** 500 MG chewable tablet Commonly known as: Tums	
ASK **cholecalciferol** 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	
ASK *** medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
ASK *** medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
ASK **MULTIPLE VITAMIN OR**	
ASK **nystatin** 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ASK **ofloxacin** 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
ASK **pantoprazole** 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.

01/18/2024 - ED in UW Montlake Emergency (continued)

Documents (continued)

Your Medication List (continued)

ASK your doctor about these medications (continued)

pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Suicide Prevention

If you or someone you know is thinking about harming themselves or attempting suicide, or if you feel unable to keep yourself safe, contact one of these resources:

· King County Crisis Connections 24-hour help line 1-866-427-4747 or go to www.crisisconnections.org

· National Suicide Prevention 24-hour help line #988 or go to suicidepreventionlifeline.org

For all medical or mental health emergencies, call 911, or go to the nearest emergency room for help.

01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2023
Start date: 2/24/2023 — End date: 4/10/2024
Quantity: 10 mL — Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/31/2023
Start date: 10/31/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/22/2024
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 1/22/2024
Quantity: 90 tablet — Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2024
Start date: 1/3/2024 — End date: 9/24/2024
Quantity: 90 tablet — Refill: 3 refills by 1/2/2025

01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 1/17/2024 0940

Pt in clinic with son, Louis, for continued wound care. Pt continues to eat well, ambulation is a bit less due to how cold it's been, self-showering, and exercise with the visiting therapist though this ends soon. Pt and son endorse a slip coming out of the shower a couple of weeks ago with no obvious injuries. Since last PT appt 5 days ago or so, though, pt has had increased lower back/pelvis pain. She says she's a "tough old gal" and can work through it. Will schedule an appt with her provider for next week for further evaluation after which she'll have another wound management appt.

1. The silicone edged dressings were gently removed.
2. The gelled hydrogel sheets in wounds were gently removed.
3. Chlorhexidine soap was applied to the wounds and the leg wrapped with a warm wet towel.
4. The sites were wiped with NS moistened gauze.
5. Lidocaine 2% jelly was applied to all open wounds.
6. Each open area was gently debrided using a 4 mm curette.
7. All sites were gently wiped with NS moistened gauze
8. QWICK dressings were trimmed to fit over each wound area
9. A 6 inch gauze wrap was used around the LLL to hold the QWICK in place
10. Surgilast #7 mesh was placed over the gauze wrap to keep it in place

Left Leg wounds:

1. Left Medial Ankle: oval 2.3 cm x 1.5 cm x 0.1 cm, filling in from the base up
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 9.2 cm x 2.0 cm x 0.2. Distal portion reactive to the curette today. The whole wound is filling in from its base.
3. Left Distal Lateral Shin: 5.8 cm x 4.0 cm x 0.2 cm. Filling in from its base, the wound is much shallower.

Electronically signed by Perez, Delmis Joel, RN at 1/17/2024 11:41 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 1/17/2024 9:40 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P on Wednesday January 17, 2024 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

You currently have no upcoming appointments scheduled.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of January 17, 2024 11:41 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 1/17/2024 10:37 AM

Scan (below)

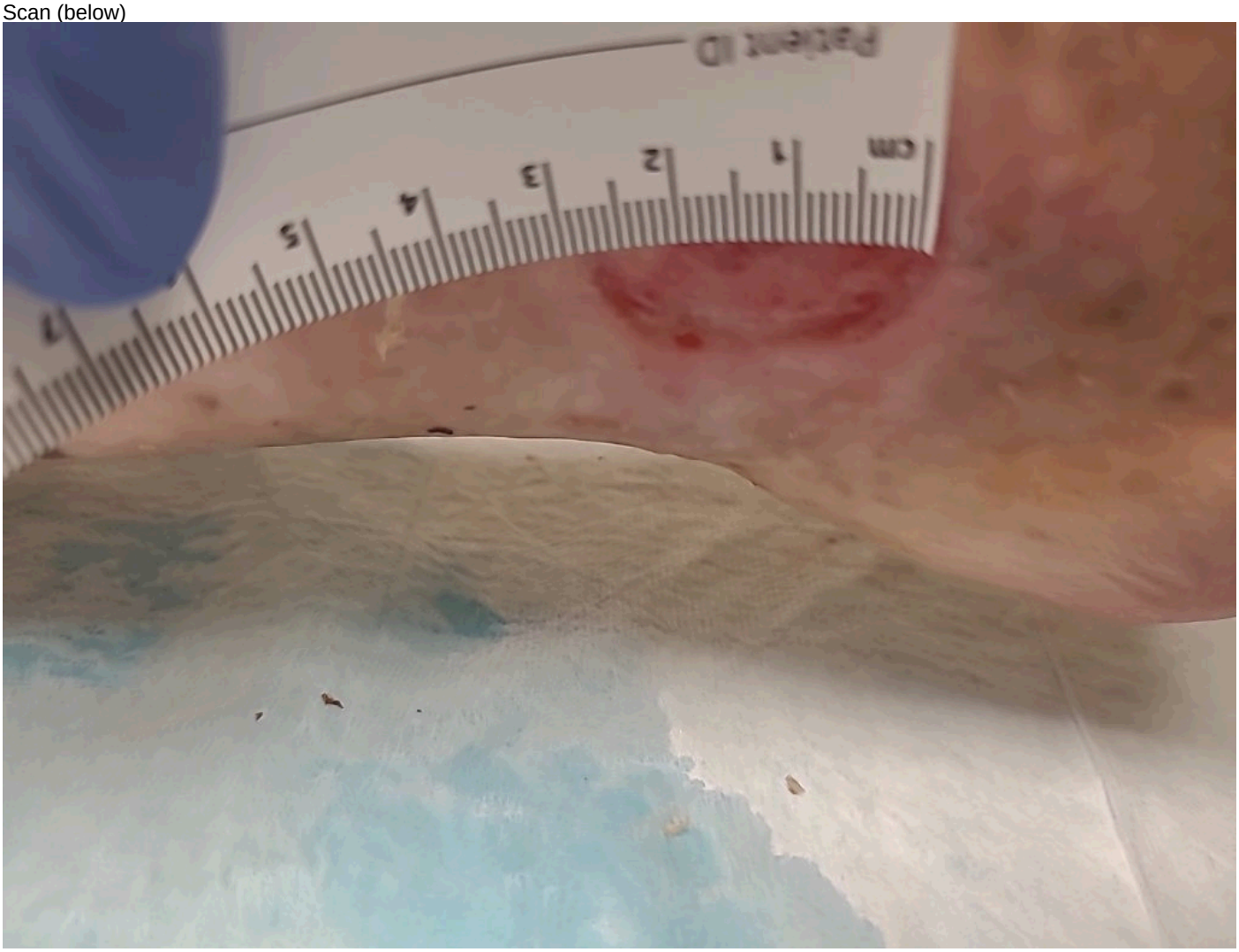


01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/17/2024 10:37 AM

Scan (below)



01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/17/2024 10:39 AM

Scan (below)



01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/17/2024 10:39 AM

Scan (below)



01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/17/2024 10:39 AM

Scan (below)



01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/17/2024 10:39 AM

Scan (below)



01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/17/2024 10:40 AM

Scan (below)



01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 1/17/2024 11:41 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 1/17/2024 9:40 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P on Wednesday January 17, 2024 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

You currently have no upcoming appointments scheduled.

MyChart Sign-Up

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01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of January 17, 2024 11:41 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
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ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

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01/17/2024 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

How do I renew my prescription?

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- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

01/10/2024 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Follow-Up and RN10
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

01/10/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/22/2024
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 1/22/2024
Quantity: 90 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

Stopped in Visit

None

01/10/2024 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Clinical Notes

Telephone Encounter

Perez, Delmis Joel, RN at 1/10/2024 1022

Called the pt's son as they are late for the pt's appt. They decided not to come in today with concerns about the possible freezing weather. Rescheduled to next week.

Electronically signed by Perez, Delmis Joel, RN at 1/10/2024 10:29 AM

01/03/2024 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Hypercholesterolemia

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

01/03/2024 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/22/2024
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 1/22/2024
Quantity: 90 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

Stopped in Visit

None

01/03/2024 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Clinical Notes

Telephone Encounter

Willis, Stephen R, CMA at 1/3/2024 1225

1-Name of Requested Medication: atorvastatin 10 mg
2-Date of Last Refill: 12/13/22
3-Date of Last Office Visit: 12/0/23
4-Next Office Visit (scheduled or Expected): none
Notes:

Electronically signed by Willis, Stephen R, CMA at 1/3/2024 12:27 PM

Other Orders

Medications

atorvastatin 10 MG tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 01/03/24 1617** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 01/03/24 1617
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Daily 01/03/24 - 09/24/24
Class: Normal
Released by: Neighbor Jr., William E, MD 01/03/24 1617
Discontinued by: Navalurkar, Reema, MD 09/24/24 1922 [Reorder]

Diagnoses
Hypercholesterolemia [E78.00]
Reordered from: atorvastatin 10 MG tablet

Indications

Hypercholesterolemia [E78.00 (ICD-10-CM)]

01/03/2024 - Clinical Support Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

01/03/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/22/2024
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 1/22/2024
Quantity: 90 tablet
Refill: No refills remaining

01/03/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 1/3/2024 0940

Pt in clinic with son Louis, for continued wound care. Pt continues to have improved eating, ambulation, self-showering, and exercise especially with the visiting therapists. Appt scheduled for January 10, 2024, for further management.

1. The silicone edged dressings were gently removed.
2. The gelled hydrogel sheets in wounds were gently removed.
3. Chlorhexidine soap was applied to the wounds and the leg wrapped with a warm wet towel.
4. The sites were wiped with NS moistened gauze.
5. Lidocaine 2% jelly was applied to all open wounds.
6. Each open area was gently debrided using a 4 mm curette.
7. All sites were gently wiped with NS moistened gauze
8. Cavilon No Sting Skin Barrier was applied around the wounds
9. QWICK dressings were trimmed to fit over each wound area
10. They were covered with McKesson Hydrocellular bordered dressings with silicone adhesive.

Left Leg wounds:

1. Left Medial Ankle: oval 2.3 cm x 1.7 cm x 0.1 cm.
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 8.0 cm x 2.2 cm x 0.2-0.4.
3. Left Distal Lateral Shin: 5.6 cm x 3.8 cm x 0.2-0.3 cm.

Electronically signed by Perez, Delmis Joel, RN at 1/3/2024 10:50 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

01/03/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 1/3/2024 9:40 AM Hall Health Same Day 206-685-1011

Today's Visit

You saw Delmis P on Wednesday January 3, 2024 for: Wound Check/Dressing Change and RN60.

What's Next

JAN 10 2024 Clinical Support
Wednesday January 10 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

01/03/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Your Medication List as of January 3, 2024 10:50 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

01/03/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

01/03/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents

Provider-Created Image - Scan on 1/3/2024 10:16 AM

Scan (below)



01/03/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/3/2024 10:16 AM

Scan (below)



01/03/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/3/2024 10:17 AM

Scan (below)



01/03/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/3/2024 10:17 AM

Scan (below)



01/03/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/3/2024 10:18 AM

Scan (below)



01/03/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 1/3/2024 10:18 AM

Scan (below)



01/03/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

After Visit Summary - Document on 1/3/2024 10:50 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 1/3/2024 9:40 AM Hall Health Same Day 206-685-1011

Today's Visit

You saw Delmis P on Wednesday January 3, 2024 for: Wound Check/Dressing Change and RN60.

What's Next

JAN 10 2024 Clinical Support
Wednesday January 10 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 1/3/2024 10:50 AM

Page 1 of 3 Epic

01/03/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Your Medication List as of January 3, 2024 10:50 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
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calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
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* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
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ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

01/03/2024 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

senna 8.6 MG tablet

Instructions: Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 12/27/2023
Quantity: 60 tablet
Refill: 1 refill by 11/26/2024

polyethylene glycol 3350 17 GM/SCOOP oral powder

12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Authorized by: Nguyen, Liem Hieu, MD
Start date: 11/27/2023
Quantity: 238 g
Ordered on: 11/27/2023
End date: 12/27/2023
Refill: 1 refill by 11/26/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/22/2024
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Nguyen, Liem Hieu, MD
Start date: 11/27/2023
Quantity: 90 tablet
Ordered on: 11/27/2023
End date: 1/22/2024
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 12/27/2023 0940

Pt in clinic with son Louis, for continued wound care. Pt and son endorse improved eating, ambulation, and exercise especially with the visiting therapists. Also took a shower by herself for the first time in over a year. Appt scheduled for January 3, 2024, for further management.

1. The silicone edged dressings were gently removed.
2. The gelled hydrogel sheets in wounds were gently removed.
3. Chlorhexidine soap was applied to the wounds and the leg wrapped with a warm wet towel.
4. The sites were wiped with NS moistened gauze.
5. Lidocaine 2% jelly was applied to all open wounds.
6. Each open area was gently debrided using a 4 mm curette.
7. All sites were gently wiped with NS moistened gauze
8. Cavilon No Sting Skin Barrier was applied around the gel sheets
9. QWICK dressings were trimmed to fit over each wound area
10. They were covered with McKesson Hydrocellular bordered dressings with silicone adhesive.

Left Leg wounds:

1. Left Medial Ankle: oval 2.5 cm x 2.0 cm x 0.1 cm.
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 8.2 cm x 2.3 cm x 0.2-0.4.
3. Left Distal Lateral Shin: 5.8 cm x 3.2 cm x 0.2-0.3 cm.

Electronically signed by Perez, Delmis Joel, RN at 12/27/2023 11:10 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 12/27/2023 9:40 AM Hall Health Same Day 206-685-1011

Today's Visit

You saw Delmis P on Wednesday December 27, 2023 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

JAN 3 2024 — Clinical Support
Wednesday January 3 9:40 AM (Arrive by 9:25 AM)
Hall Health Same Day
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

JAN 10 2024 — Clinical Support
Wednesday January 10 10:00 AM (Arrive by 9:45 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Your Medication List as of December 27, 2023 11:10 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
polyethylene glycol 3350 17 GM/SCOOP oral powder Commonly known as: Miralax	Fill cap with powder to 17g line and dissolve in 4 to 8oz of water. Drink 1 time a day as needed for constipation. Hold for loose stool
senna 8.6 MG tablet Commonly known as: Senokot	Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

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12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents

Provider-Created Image - Scan on 12/27/2023 10:15 AM

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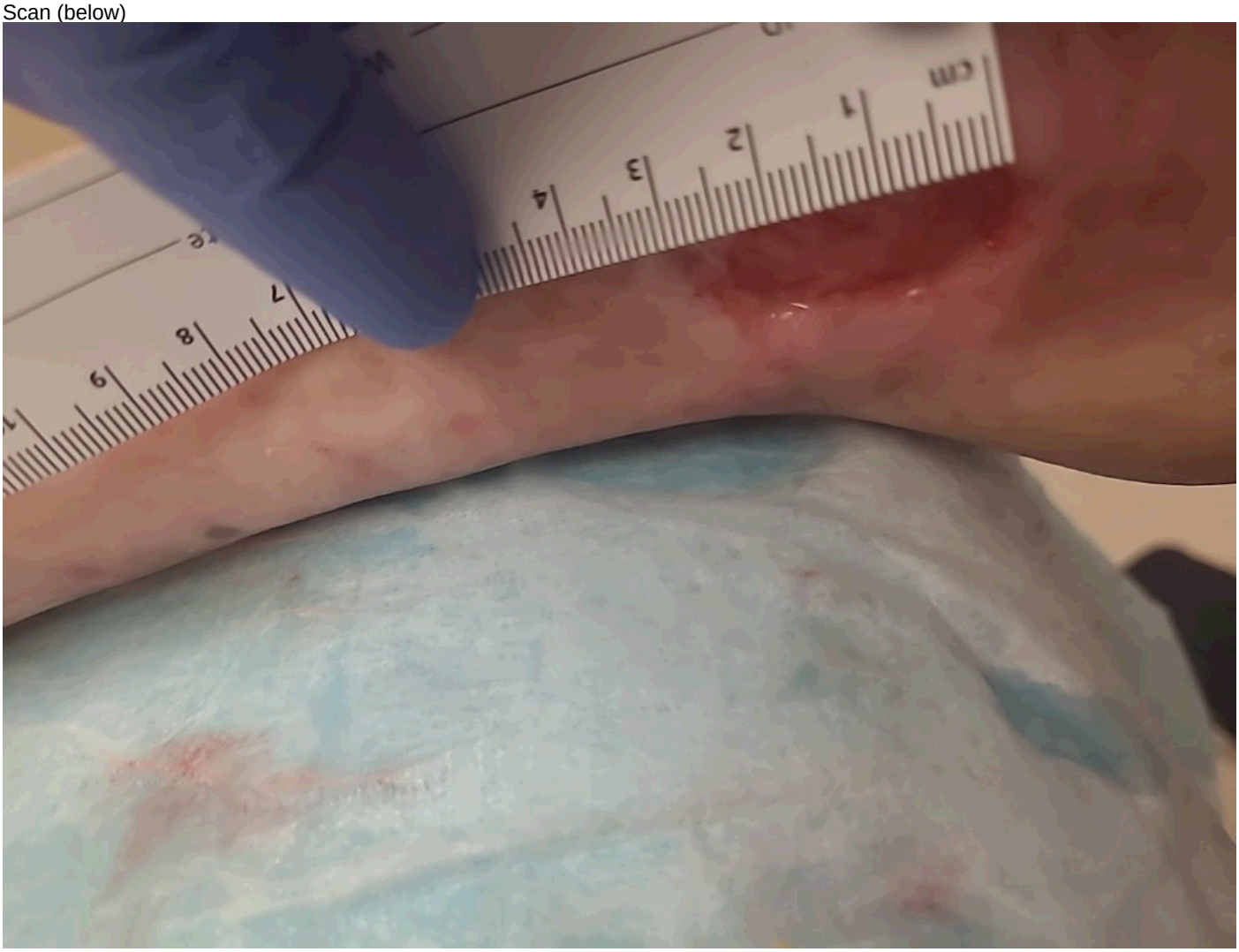

12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/27/2023 10:15 AM

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12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/27/2023 10:16 AM

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12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/27/2023 10:16 AM

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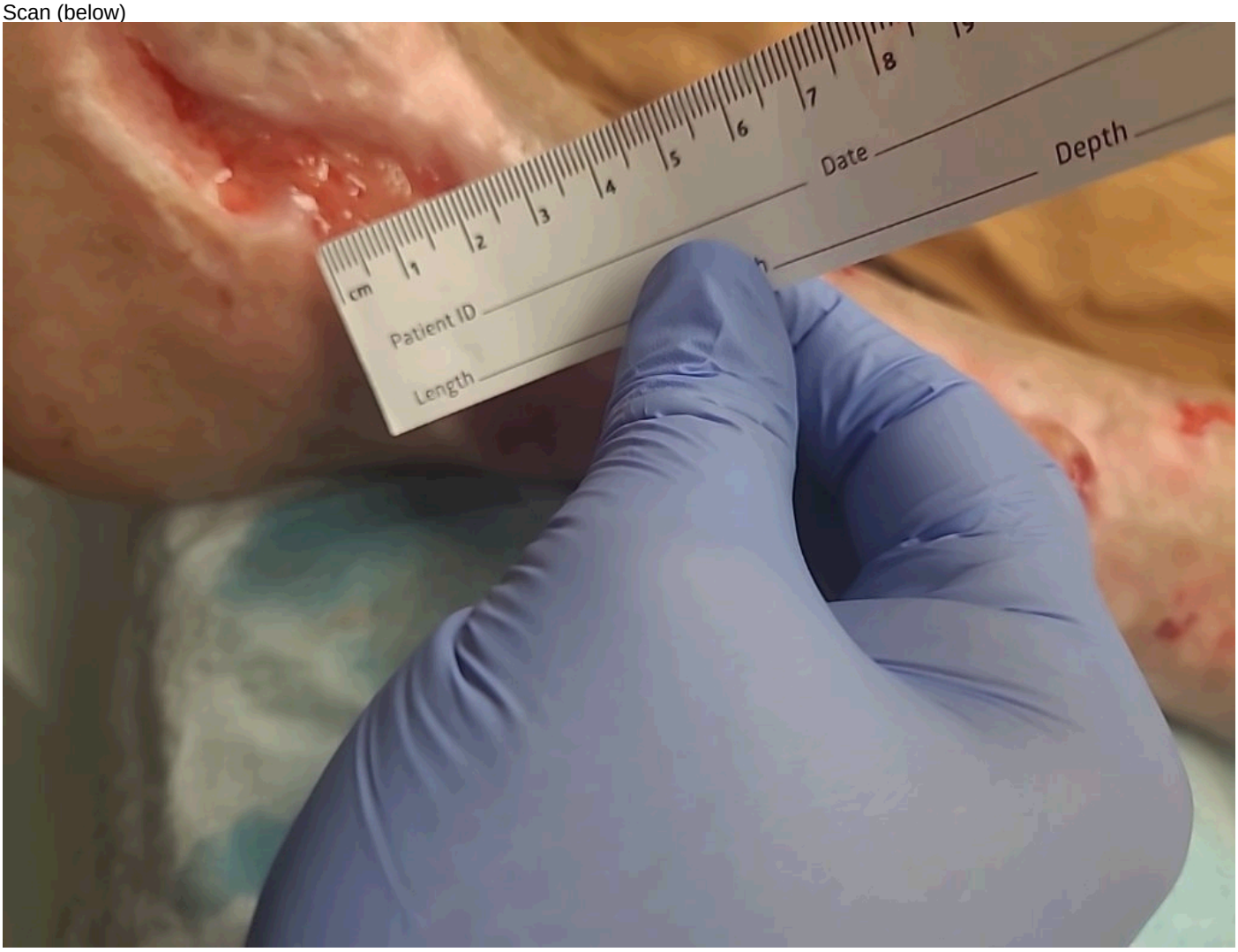

12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/27/2023 10:16 AM

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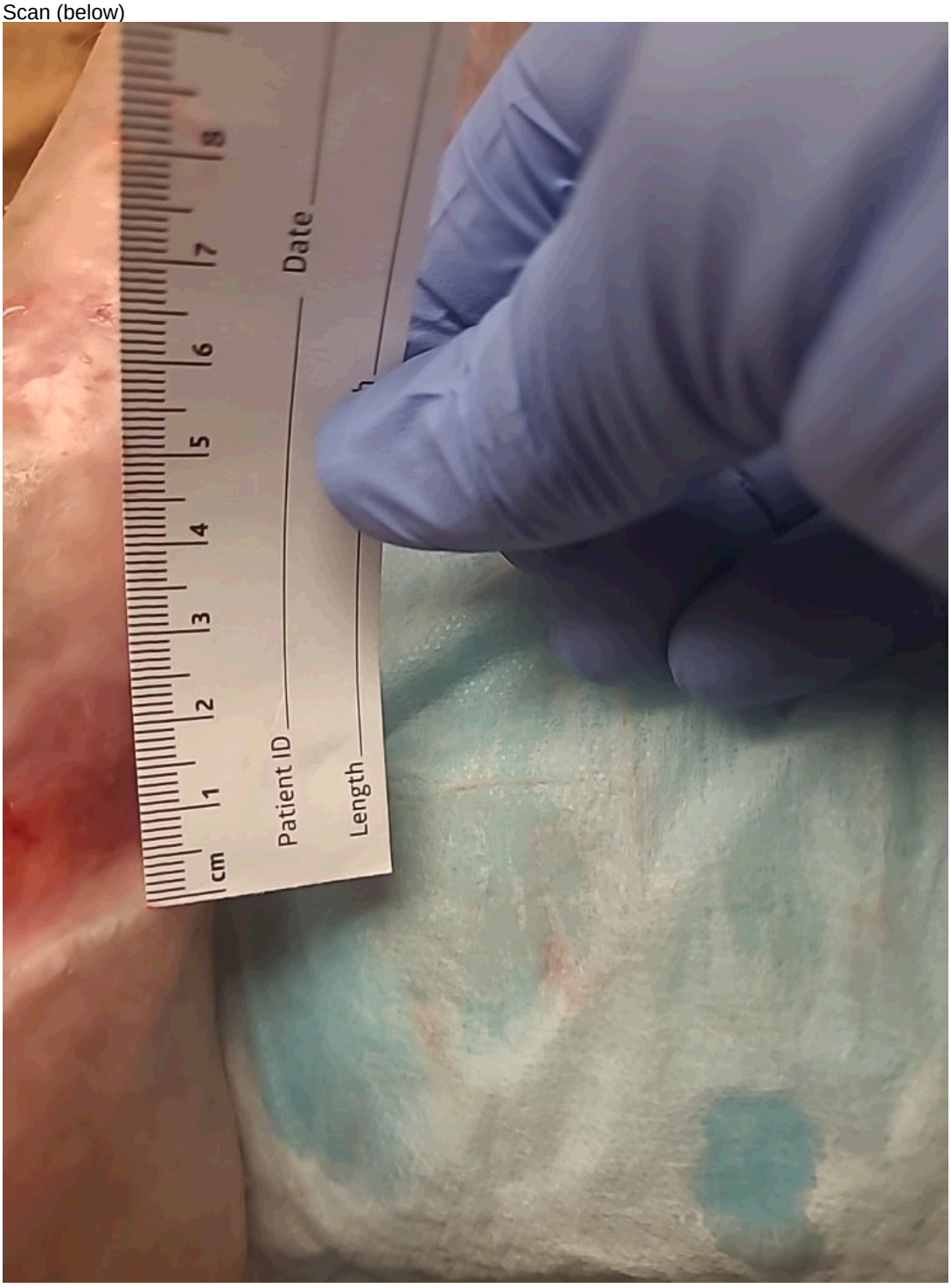

12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/27/2023 10:17 AM

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12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/27/2023 10:17 AM

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12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/27/2023 10:18 AM

Scan (below)



12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/27/2023 10:18 AM

Scan (below)



12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/27/2023 10:18 AM

Scan (below)



12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

After Visit Summary - Document on 12/27/2023 11:10 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 12/27/2023 9:40 AM Hall Health Same Day 206-685-1011

Today's Visit

You saw Delmis P on Wednesday December 27, 2023 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

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Wednesday January 3 9:40 AM (Arrive by 9:25 AM)
Hall Health Same Day
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Seattle WA 98195-4410
206-685-1011

JAN 10 2024 — Clinical Support
Wednesday January 10 10:00 AM (Arrive by 9:45 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

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12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Your Medication List as of December 27, 2023 11:10 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
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calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
polyethylene glycol 3350 17 GM/SCOOP oral powder Commonly known as: Miralax	Fill cap with powder to 17g line and dissolve in 4 to 8oz of water. Drink 1 time a day as needed for constipation. Hold for loose stool
senna 8.6 MG tablet Commonly known as: Senokot	Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

12/27/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

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- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

12/20/2023 - Patient E-mail in Husky Health Same Day Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

12/20/2023 - Patient E-mail in Husky Health Same Day Clinic (continued)

Medication List (continued)

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/22/2024
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 1/22/2024
Quantity: 90 tablet
Refill: No refills remaining

atorvastatin 10 MG tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 9/24/2024
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2024
Start date: 1/3/2024
End date: 9/24/2024
Quantity: 90 tablet
Refill: 3 refills by 1/2/2025

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.

12/20/2023 - Patient E-mail in Husky Health Same Day Clinic (continued)

Medication List (continued)

Authorized by: Nguyen, My-Linh Trinh, MD
Start date: 1/18/2024
Quantity: 15 each

Ordered on: 1/18/2024
End date: 3/14/2025
Refill: No refills remaining

Stopped in Visit

None

Messages

Wound Supplies Delivered.....

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	12/21/2023 8:31 AM

Last Read in MyChart
Not Read

Thanks for update. Will forward to Delmus.

William E Neighbor Jr, MD

Wound Supplies Delivered.....

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Same Day Clinical Staff Pool (supporting William E Neighbor Jr., MD)	12/20/2023 5:40 PM

Thank You..
Supplies delivered.

Jeans, would continuing to improve.
Jean, is accepting Home Physical Therapy....mobility improving, able to care for herself greatly improving.

12-20-23 showered for first time in over one year.
Jean is having a better outlook, continuing to improve.

Dietary improving, weight gains.

Thank You....advise Delmus of improving health
Merry Christmas 2023

12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

senna 8.6 MG tablet

Instructions: Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 12/27/2023
Quantity: 60 tablet
Refill: 1 refill by 11/26/2024

polyethylene glycol 3350 17 GM/SCOOP oral powder

12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Authorized by: Nguyen, Liem Hieu, MD
Start date: 11/27/2023
Quantity: 238 g
Ordered on: 11/27/2023
End date: 12/27/2023
Refill: 1 refill by 11/26/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/22/2024
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Nguyen, Liem Hieu, MD
Start date: 11/27/2023
Quantity: 90 tablet
Ordered on: 11/27/2023
End date: 1/22/2024
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 12/13/2023 0940

Pt in clinic with son Louis, for continued wound care. Pt and son endorse improved eating, ambulation, and exercise especially with the visiting therapists. Seems there was confusion about the visiting nurse services with the son acknowledging their importance and having them come to help with bathing, etc. Appt scheduled for December 27, 2023, for further management.

1. The Mepilex with silicone edged dressings were gently removed.
2. The gelled Aquacel sheets in the two larger lateral wounds were gently removed.
3. Chlorhexidine soap was applied to the wounds and the leg wrapped with a warm wet towel.
4. The sites were wiped with NS moistened gauze
5. Lidocaine 2% jelly was applied to all open wounds
6. Each open area was gently debrided using a 4 mm curette
7. All sites were gently wiped with NS moistened gauze
8. Carradres Gel sheets were trimmed to fit over each wound area
9. Cavilon No Sting Skin Barrier was applied around the gel sheets
10. They were covered with McKesson Hydrocellular bordered dressings with silicone adhesive.

Left Leg wounds:

1. Left Medial Ankle: oval 2.6 cm x 2.0 cm x 0.1 cm.
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 8.2 cm x 2.3 cm x 0.2-0.4.
3. Left Distal Lateral Shin: 6.2 cm x 4.0 cm x 0.2-0.3 cm.

Electronically signed by Perez, Delmis Joel, RN at 12/13/2023 10:40 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 12/13/2023 9:40 AM Hall Health Same Day 206-685-1011

Today's Visit

You saw Delmis P on Wednesday December 13, 2023 for: Wound Check/Dressing Change and RN60.

What's Next

DEC 27 2023 Clinical Support
Wednesday December 27 9:40 AM (Arrive by 9:25 AM)

Hall Health Same Day
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Your Medication List as of December 13, 2023 10:40 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
polyethylene glycol 3350 17 GM/SCOOP oral powder Commonly known as: Miralax	Fill cap with powder to 17g line and dissolve in 4 to 8oz of water. Drink 1 time a day as needed for constipation. Hold for loose stool
senna 8.6 MG tablet Commonly known as: Senokot	Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents

Provider-Created Image - Scan on 12/13/2023 9:51 AM

Scan (below)



12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/13/2023 9:51 AM

Scan (below)



12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/13/2023 9:52 AM

Scan (below)



12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/13/2023 9:52 AM

Scan (below)



12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/13/2023 9:53 AM

Scan (below)



12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/13/2023 9:53 AM

Scan (below)



12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/13/2023 9:53 AM

Scan (below)



12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

After Visit Summary - Document on 12/13/2023 10:40 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 12/13/2023 9:40 AM Hall Health Same Day 206-685-1011

Today's Visit

You saw Delmis P on Wednesday December 13, 2023 for: Wound Check/Dressing Change and RN60.

What's Next

DEC 27 2023 Clinical Support
Wednesday December 27 9:40 AM (Arrive by 9:25 AM)

Hall Health Same Day
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

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Jeane L. Hoffman (MRN: U8170135) • Printed at 12/13/2023 10:40 AM

Page 1 of 3 Epic

12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Your Medication List as of December 13, 2023 10:40 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
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* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
polyethylene glycol 3350 17 GM/SCOOP oral powder Commonly known as: Miralax	Fill cap with powder to 17g line and dissolve in 4 to 8oz of water. Drink 1 time a day as needed for constipation. Hold for loose stool
senna 8.6 MG tablet Commonly known as: Senokot	Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

12/13/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

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- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

12/11/2023 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

12/11/2023 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

senna 8.6 MG tablet

Instructions: Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 12/27/2023
Quantity: 60 tablet
Refill: 1 refill by 11/26/2024

polyethylene glycol 3350 17 GM/SCOOP oral powder

Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 12/27/2023
Quantity: 238 g
Refill: 1 refill by 11/26/2024

pentoxifylline ER 400 MG ER tablet

12/11/2023 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/22/2024
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 1/22/2024
Quantity: 90 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena A, CMA at 12/12/2023 1105

Received a call from Louis on 12/11/23 around 4pm, stating the he still have not received any supplies for Jeanne (for wound care). Jeanne is scheduled for her wound check/wound care on Wednesday, 12/13/2023 with our nurse. Louis said that he has the supplies for 2 more times to change the dressing and then he will be out of supplies. He also mentioned that "Jeanne had her therapy session and is improving drastically".

Electronically signed by Mohova, Elena A, CMA at 12/12/2023 11:09 AM

Mohova, Elena A, CMA at 12/12/2023 1630

Received a call from the nurse from Home Health Care asking for verbal orders for continuing occupational therapy as follow: once per week for 2 weeks, then once per week every other week for 4 weeks. Later, received all the orders by fax; orders signed and faxed back. Signed orders scanned under the OV on 12/6/23

Electronically signed by Mohova, Elena A, CMA at 12/12/2023 4:33 PM

Messages

follow up care

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Same Day Clinical Staff Pool (supporting William E Neighbor Jr., MD)	12/12/2023 7:06 PM

Yes.... Jean has in home therapy, OT and wound care.

"I will be running out of wound care supplies by the weekend."

Jean is responding to home therapy quite well, including supplementary exercise during the day.

A social worker scheduled for next week.

12/11/2023 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Molina Health Care Call.....they will provide additional insurance services.

see you on Wed.

Merry Chrismas

follow up care

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	12/11/2023 9:37 AM

Last Read in MyChart
12/12/2023 6:51 PM by Hoffman, Jeanne Leonie

Louis.
I called your phone this morning. I wanted to make sure you have the wound care supplies you need--which I believe you do and that you are accepting help from the local wound care nurses and bath aides, etc, as this help is important to good care of Jeanne.

William E Neighbor Jr, MD

12/07/2023 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Care and RN5
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

12/07/2023 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2023
Start date: 2/24/2023 — End date: 4/10/2024
Quantity: 10 mL — Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/31/2023
Start date: 10/31/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

senna 8.6 MG tablet

Instructions: Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 12/27/2023
Quantity: 60 tablet — Refill: 1 refill by 11/26/2024

polyethylene glycol 3350 17 GM/SCOOP oral powder

Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 12/27/2023
Quantity: 238 g — Refill: 1 refill by 11/26/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/22/2024
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.

12/07/2023 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Authorized by: Nguyen, Liem Hieu, MD
Start date: 11/27/2023
Quantity: 90 tablet

Ordered on: 11/27/2023
End date: 1/22/2024
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Perez, Delmis Joel, RN at 12/7/2023 1506

Returned the pt's son's call about wound care supplies. He states they only have enough for one change prior to next week's appt. Retrieved the pt's wound care supplier information from the son and her chart. Faxed over the prescription filled out while she was admitted and sent it through the EPIC fax program. Will verify its receipt.

Electronically signed by Perez, Delmis Joel, RN at 12/7/2023 3:29 PM

12/06/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Medication List

Medication List

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Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

12/06/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
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Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
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Quantity: 90 tablet
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Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
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Quantity: 88 mL
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Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

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Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

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Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 8/20/2024
Quantity: 102 tablet
Refill: No refills remaining

senna 8.6 MG tablet

Instructions: Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 12/27/2023
Quantity: 60 tablet
Refill: 1 refill by 11/26/2024

12/06/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

polyethylene glycol 3350 17 GM/SCOOP oral powder

Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 12/27/2023
Quantity: 238 g
Refill: 1 refill by 11/26/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/22/2024
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023
Start date: 11/27/2023
End date: 1/22/2024
Quantity: 90 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 12/6/2023 1020

Pt in clinic with son Louis, for continued wound care. Pt had been hospitalized for about a week after the last visit and had a wound care consult while inpatient. This is her first visit back to Hall Health. Followed the directions outlined by the Wound Care Nurse as much as possible with the available supplies here. Wound care nurse will be notified of today's encounter. Appt schedule for next Wednesday for further management.

1. The Mepilex with silicone edged dressings were gently removed.
2. The gelled Aquacel sheets in the two larger lateral wounds were gently removed.
3. The dryer Aquacel in the medial ankle and mid shin wounds were moistened with NS and gently removed.
4. Chlorhexidine soap was applied to the wounds and the leg wrapped with a warm wet towel.
5. The sites were wiped with NS moistened gauze
6. Lidocaine 2% jelly was applied to all open wounds
7. Each open area was gently debrided using a 4 mm curette
8. All sites were gently wiped with NS moistened gauze
9. Carradres Gel sheets were trimmed to fit over each wound area
10. Cavilon No Sting Skin Barrier was applied around the gel sheets
11. They were covered with a mixture of Mepilex bordered dressings and Hydrocellular bordered dressings with silicone adhesive.

Left Leg wounds:
1. Left Medial Ankle: oval 2.6 cm x 1.5 cm x 0.1 cm.
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 8.6 cm x 2.2 cm x 0.2-0.4.
3. Left Distal Lateral Shin: 5.5 cm x 3.6 cm x 0.2-0.3 cm.
4. Multiple mid shin cutaneous the largest, of which, is 1.8 cm x 0.9 cm x 0.1 cm.

Electronically signed by Perez, Delmis Joel, RN at 12/6/2023 12:27 PM

After Visit Summary

12/06/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 12/6/2023 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P on Wednesday December 6, 2023 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

DEC 13 2023 Clinical Support
Wednesday December 13 9:40 AM (Arrive by 9:25 AM)

Hall Health Same Day
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 12/13/2023 8:26 AM

Page 1 of 3 Epic

12/06/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of December 6, 2023 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
polyethylene glycol 3350 17 GM/SCOOP oral powder Commonly known as: Miralax	Fill cap with powder to 17g line and dissolve in 4 to 8oz of water. Drink 1 time a day as needed for constipation. Hold for loose stool
senna 8.6 MG tablet Commonly known as: Senokot	Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

12/06/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

Messages

Wound care supplies

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting Delmis Joel Perez, RN)	12/12/2023 7:16 PM

Messages (continued)

Jean's wound is greatly improving, she is also responding to physical therapy and is consuming more food.

Have not received any any wound care supplies.
Will run out this weekend.
Had a visit visiting RN interview.
Build another hand railing/exercise bar, to practice sitting up, standing and navigation aid

See you in morning.
Happy Holiday

Wound care supplies

From	To	Sent and Delivered
Delmis Joel Perez, RN	Hoffman, Jeanne Leonie	12/6/2023 12:24 PM

Last Read in MyChart
12/12/2023 7:06 PM by Hoffman, Jeanne Leonie

Hi Jeanne and Louis,

Great seeing you both today! After comparing today's pictures to those taken a few weeks ago, all of your wounds have shrunk a couple by more than a half inch! I reviewed the chart documents from your hospitalization and I couldn't determine where the order for the wound care supplies was sent. The order was for a month's worth of supplies so I'd like to get an order from us to your medical supplier as soon as possible. Please do let me know as soon as possible.

See you next week,
Delmis Perez, RN, BSN
Hall Health Center (Consulting Nurse) - 206-221-2517 (Mon-Fri, 8a-5p)
Community Care Line RNs - 206-520-7511 (after 5p and weekends)

For urgent mental health concerns:

Crisis Chat-www.crisischat.org
Crisis Text Line-Text HOME to 741741
King County Crisis Line-206-461-3222

12/06/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 12/13/2023 8:26 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

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Jeane L. Hoffman (MRN: U8170135) • Printed at 12/13/2023 8:26 AM

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12/06/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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12/06/2023 - Office Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaint: ER FOLLOW UP
Visit diagnoses:

- Adult failure to thrive syndrome (primary)
- Thrush
- Hematochezia
- Lower extremity ulceration, left, limited to breakdown of skin
- Right leg pain
- History of UTI
- Essential hypertension, benign

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN

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12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD
Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD
Ordered on: 11/27/2023

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Start date: 11/27/2023
Quantity: 102 tablet
End date: 8/20/2024
Refill: No refills remaining

senna 8.6 MG tablet

Instructions: Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.
Authorized by: Nguyen, Liem Hieu, MD
Start date: 11/27/2023
Quantity: 60 tablet
Ordered on: 11/27/2023
End date: 12/27/2023
Refill: 1 refill by 11/26/2024

polyethylene glycol 3350 17 GM/SCOOP oral powder

Authorized by: Nguyen, Liem Hieu, MD
Start date: 11/27/2023
Quantity: 238 g
Ordered on: 11/27/2023
End date: 12/27/2023
Refill: 1 refill by 11/26/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/22/2024
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Nguyen, Liem Hieu, MD
Start date: 11/27/2023
Quantity: 90 tablet
Ordered on: 11/27/2023
End date: 1/22/2024
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Mohova, Elena A, CMA at 12/6/2023 1000

Received a call from Louis on 12/5/23 with the following update on Jeanne's health:

- GI issues - improved, sxs clearing up, her stool improved and back to normal, with no black colored stool anymore, patient is able to walk to the bathroom herself
- pneumonia - sxs are improving, little to no cough, breathing improving
- appetite improved, patient is getting 1/2 cup a food per meal, her thrush almost gone

In general, Jeanne is doing well, improving with therapy that been started recently after hospital discharge, at 2 time per week now. Patient is complying with therapy, it helps to make her a little stronger

Electronically signed by Mohova, Elena A, CMA at 12/12/2023 6:01 PM

Neighbor Jr., William E, MD at 12/6/2023 1000

Jeanne Leonie Hoffman is a 98 year old female here to discuss the following:

Chief Complaint

Patient presents with

- ER FOLLOW UP
  Please see notes about update

Visit type (in person vs telemedicine vs phone): in person with son Louis present

History
Subsequent to last clinic visit at which time patient was referred to the emergency room she was hospitalized for community-acquired pneumonia and concerns about failure to thrive. During hospitalization:
--For community-acquired pneumonia she was treated with ceftriaxone 1 g daily for 5 to 7 days and azithromycin 500 mg for 3 days.
-- For hematochezia, episode of melena and constipation she was treated with PPI pantoprazole 40 mg twice daily and bowel regimen with stool softeners
-- Urine culture grew 100,000 colonies of mixed flora with gram-negative rods which were felt to be covered by ceftriaxone for CAP.
-- For difficulties swallowing and history of recent thrush she was continued on nystatin swish and swallow, one-to-one assistance for oral intake and meds crushed. Consider endoscopy in the future
-- For malnutrition arrangements following hospitalization with Franciscan healthcare remade
-- For mild macrocytic anemia she received 3 doses of IV iron
-- For left lower extremity ulcerations wound care consult was ordered
-- For hypertension, as the patient was normal tensive in the hospital losartan was held
-- Patient was continued on atorvastatin for hyperlipidemia and pentoxifylline for peripheral vascular disease.
-- For subacute progressive right knee pain it was felt to be likely secondary to osteoarthritis versus sciatica but markedly improved. She was treated with Tylenol as needed and lidocaine patches

Patient has been referred to Franciscan home health which will be starting physical therapy December through January initially twice weekly and then once weekly. Contact person is Matt at phone number 206-605-6817.

Updates today
-- Both Jean and her son report that she is eating much better. Appetite is improved
-- She no longer has sores in her mouth
-- Blood in stools which was present in the hospital stay is no longer present
-- She has not had fever chills night sweats, shortness of breath, abdominal pain or discomfort with urination
-- Her son reports that the chronic ulcerations in the left lower leg are improving. They do need additional dressing supplies
-- Her right knee pain for which she was seen on the day of her hospital admission has resolved
-- She is walking with assistance in her home apartment

Review of Systems:
No fever chills or night sweats

Problem List
Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

• Adult failure to thrive syndrome [R62.7]	10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Community acquired bacterial pneumonia [J15.9] 11/22/2023
- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Medications

Outpatient Medications Marked as Taking for the 12/6/23 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		
• MULTIPLE VITAMIN OR	Take by mouth.		
• nystatin 100000 UNIT/ML mouth/throat suspension	Swish and swallow 5 mL 4 times a day.	60 mL	0
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pantoprazole 40 MG EC tablet	Take 1 tablet (40 mg) by mouth 2 times a day before meals.	102 tablet	0
• pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.	90 tablet	0
• polyethylene glycol 3350 17 GM/SCOOP oral powder	Fill cap with powder to 17g line and dissolve in 4 to 8oz of water. Drink 1 time a day as needed for constipation. Hold for loose stool	238 g	0
• senna 8.6 MG tablet	Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.	60 tablet	0
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day	10 mL	6
• triamcinolone 0.1 % cream	Apply topically 2 times a day. Apply to both forearms.	28.4 g	1
• Wound Dressings (medihoney) topical gel	Apply topically every other day. Apply to wound before applying dressing	44 mL	3
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP 120/67 | Pulse (!) 48 | Temp 36.8 °C (Temporal) | SpO2 99%
Estimated body mass index is 17.61 kg/m² as calculated from the following:
Height as of 11/22/23: 5' (1.524 m).
Weight as of 11/28/23: 40.9 kg (90 lb 2.7 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
120/67	(!) 48	---	---	---	9:59 AM	12/6/2023

Last blood pressure recorded in this encounter: 120/67
General: No acute distress
Jean has her hearing aids in place today. She is conversant and well oriented. It is a pleasure to see her looking so well.
Chest is clear
Right knee is not painful
Skin examination per nurse note

Lab and other tests: None

Assessment and Plan:

1. Adult failure to thrive syndrome
Resolving with marked improvement in nutrition.
She will continue to have visiting nurses at home

2. Thrush
Resolved

3. Hematochezia
Currently resolved

4. Lower extremity ulceration, left, limited to breakdown of skin (HCC)
Improved. Plan would be follow-up in 1 to 2 weeks. Nurse helping family arrange for wound care supplies

5. Right leg pain
Due to DJD of the right knee

6. History of UTI
Recent UTI treated in the hospital

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

7. Essential hypertension, benign

Blood pressure is well-controlled in the hospital without medication. Patient is to remain off of medications currently.

William E Neighbor Jr, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 12/12/2023 6:01 PM

Flowsheets

Custom Formula Data

Row Name	12/06/23 0959
Temp (in Celsius) for APACHE IV	36.8

Vital Data

Row Name	12/06/23 0959
BP	120/67
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.8 °C
Temp src	Temporal
Pulse	**48** !
SpO2	99 %

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 | 12/6/2023 10:00 AM | Hall Health Same Day 206-685-1011

Today's Visit

You saw William E Neighbor Jr on Wednesday December 6, 2023. The following issues were addressed:

- Adult failure to thrive syndrome
- Thrush
- Hematochezia
- Lower extremity ulceration, left, limited to breakdown of skin
- Right leg pain
- History of UTI
- Essential hypertension, benign

Blood Pressure	Temperature (Temporal)	Pulse	Oxygen Saturation
120/67	98.3 °F	48	99%

What's Next

DEC 13 2023 — Clinical Support
Wednesday December 13 9:40 AM (Arrive by 9:25 AM)

Hall Health Same Day
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Your Medication List as of December 6, 2023 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pantoprazole 40 MG EC tablet Commonly known as: Protonix	Take 1 tablet (40 mg) by mouth 2 times a day before meals.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
polyethylene glycol 3350 17 GM/SCOOP oral powder Commonly known as: Miralax	Fill cap with powder to 17g line and dissolve in 4 to 8oz of water. Drink 1 time a day as needed for constipation. Hold for loose stool
senna 8.6 MG tablet Commonly known as: Senokot	Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

If you need help paying your bill, whether or not you have insurance, you may qualify for financial assistance. For more information, see our website at **www.uwmedicine.org/financialassistance** or call **206-744-3084.**

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents

Provider-Created Image - Scan on 12/6/2023 11:10 AM

Scan (below)



12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/6/2023 11:10 AM

Scan (below)



12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/6/2023 11:11 AM

Scan (below)



12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/6/2023 11:11 AM

Scan (below)



12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/6/2023 11:12 AM

Scan (below)



12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/6/2023 11:12 AM

Scan (below)



12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/6/2023 11:12 AM

Scan (below)



12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

After Visit Summary - Document on 12/13/2023 8:37 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 12/6/2023 10:00 AM Hall Health Same Day 206-685-1011

Today's Visit

You saw William E Neighbor Jr on Wednesday December 6, 2023. The following issues were addressed:

- Adult failure to thrive syndrome
- Thrush
- Hematochezia
- Lower extremity ulceration, left, limited to breakdown of skin
- Right leg pain
- History of UTI
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Documents (continued)

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12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

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12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 12/13/2023 2:17 PM: home health orders (effective from 12/13/2023)

Scan (below)

Order Number: 4950860

Printed: 12/7/2023 12:03 PM
Eastern Time Zone

CHI FRANCISCAN HEALTH AT HOME TACOMA
2901 BRIDGEPORT WAY W
UNIVERSITY PLACE, WA 98466-4614
Phone: (253) 534-7623
Fax: (253) 777-0710

FAXED

PHYSICIAN:	CLIENT:
WILLIAM NEIGHBOR, MD 4060 NE STEVENS WAY SEATTLE, WA 98195-	HOFFMAN, JEANNE L 381 WALLACE WAY NE UNIT 204W BAINBRIDGE ISLAND, WA 98110-
Phone: (206)685-1011	**SSN:** XXX-XX-
Fax: (206)543-0857	**DOB:** 1/6/1925 **MR#:** 0E200042064301
2nd Physician:	**CERT:** 11/30/2023 to 1/28/2024
Send to Physician: Y	**Order Read Back to Physician/Agent of Physician?:** Y
Verbal Order: N	**ABN Delivered to Patient?:** NA

Hospital MR No	Inpatient Facility	Admit Date	Discharge Date	Reason For Admission
	NORTHWEST HOSPITAL UW MEDICINE NORTHWEST	11/22/2023	11/28/2023	

Order Date: 12/7/2023 8:11 AM **Order Type:** PHYSICIAN ORDER

Order Description:
OCCUPATIONAL THERAPIST UNABLE TO SEE PATIENT THIS WEEK DUE TO SCHEDULING CONFLICTS. WILL PLAN TO SEE PATIENT FOR OT EVALUATION THE WEEK OF 12/11/2023.

A. MACMILLAN, OT 12/7/23

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):	WENDI MOORE, RN	DATE:	12/07/2023
APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):	WENDI MOORE, RN	DATE:	12/07/2023
PHYSICIAN SIGNATURE:		DATE:	12/7/2023

Page 1 of 1

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Order Number: 4956235

Printed: 12/10/2023 9:09 PM
Eastern Time Zone

CHI FRANCISCAN HEALTH AT HOME TACOMA
2901 BRIDGEPORT WAY W
UNIVERSITY PLACE, WA 98466-4614
Phone: (253) 534-7623
Fax: (253) 777-0710

PHYSICIAN:

WILLIAM NEIGHBOR, MD
4060 NE STEVENS WAY
SEATTLE, WA 98195-

Phone: (206)685-1011
Fax: (206)543-0857
2nd Physician:
Send to Physician: Y
Verbal Order: Y
Verbal Date: 12/8/2023 **Time:** 1:19 PM

CLIENT:

HOFFMAN, JEANNE L
381 WALLACE WAY NE UNIT 204W
BAINBRIDGE ISLAND, WA 98110-

SSN: XXX-XX-
DOB: 1/6/1925 **MR#:** 0E200042064301
CERT: 11/30/2023 to 1/28/2024
Order Read Back to Physician/Agent of Physician?: Y
ABN Delivered to Patient?: NA

Hospital MR No	Inpatient Facility	Admit Date	Discharge Date	Reason For Admission
	NORTHWEST HOSPITAL UW MEDICINE NORTHWEST	11/22/2023	11/28/2023	

Order Date: 12/8/2023 9:11 AM **Order Type:** ADD ON DISCIPLINE

Order Description:

SKILLED NURSE PRN VISIT ORDER: 0 PRN VISITS MAY BE PERFORMED DURING THIS CERTIFICATION PERIOD FOR THE FOLLOWING REASON(S): NA, SON DECLINED FURTHER SN SERVICES.

SKILLED NURSE TO EVALUATE AND DEVELOP PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. SKILLED NURSE TO ASSESS/EVALUATE ANY CONDITIONS THAT PRESENT THEMSELVES AND THAT WILL IMPACT THE PLAN OF CARE DURING THE COURSE OF THE EPISODE TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS. TEACH AND MONITOR PATIENT/CAREGIVER ABILITY TO SAFELY ADMINISTER MEDICATIONS. PHONE TOUCHPOINTS CAN BE PERFORMED AS NEEDED TO SUPPLEMENT THE PLAN OF CARE.
MEDICAL SOCIAL SERVICES FOR EVALUATION TO ASSESS SOCIAL AND EMOTIONAL FACTORS RELATED TO THE PATIENT'S ILLNESS, NEED FOR CARE, RESPONSE TO TREATMENT AND ADJUSTMENT TO CARE AND TO DEVELOP PLAN OF CARE TO BE SIGNED BY THE PHYSICAN.
HOME HEALTH AIDE SERVICE FOR ASSISTANCE WITH PERSONAL CARE, HYGIENE AND ACTIVITIES OF DAILY LIVING.

Goals:

A PLAN OF CARE WILL BE ESTABLISHED THAT MEETS ALL PATIENT'S NURSING NEEDS AND COUNTERSIGNED BY PHYSICIAN.
GOALS TO BE ESTABLISHED BY MEDICAL SOCIAL WORKER DURING EVALUATION VISIT
PATIENT WILL RECEIVE ASSISTANCE WITH PERSONAL CARE AND HYGIENE AND OTHER ACTIVITIES OF DAILY LIVING AS LISTED ON CARE PLAN

Diagnoses:

Order	Code	Description	Onset or Exacerbation	O/E Date	Type
1	J18.9	PNEUMONIA, UNSPECIFIED ORGANISM	EXACERBATION	11/28/2023	D

Service Changes:

Calendar Frequency:

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED): LEAH CEEHORNE, RN DATE: 12/08/2023
APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED): JESSICA WINGE, RN DATE: 12/10/2023
PHYSICIAN SIGNATURE: DATE: 12/12/23

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Order Number: 4956235

Printed: 12/10/2023 9:09 PM
Eastern Time Zone

CHI FRANCISCAN HEALTH AT HOME TACOMA
2901 BRIDGEPORT WAY W
UNIVERSITY PLACE, WA 98466-4614
Phone: (253) 534-7623
Fax: (253) 777-0710

PHYSICIAN: WILLIAM NEIGHBOR, MD

CLIENT: HOFFMAN, JEANNE L

PT EFFECTIVE 12/24/2023 1WK5
MSW EFFECTIVE 12/10/2023 1WK1
HHA EFFECTIVE 12/10/2023 1WK7

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):	LEAH CEEHORNE, RN	DATE:	12/08/2023
APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):	JESSICA WINGE, RN	DATE:	12/10/2023
PHYSICIAN SIGNATURE:	William Neighbor MD	DATE:	12/10/23

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Order Number: 4941358

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
	11/30/2023	11/30/2023 to 1/28/2024	0E200042064301	507124

Patient's Name and Address:
JEANNE L HOFFMAN (206) 780-6885
381 WALLACE WAY NE UNIT 204W
BAINBRIDGE ISLAND, WA 98110-

Provider's Name, Address and Telephone Number:
CHI FRANCISCAN HEALTH AT HOME TACOMA F: (253) 777-0710
2901 BRIDGEPORT WAY W
UNIVERSITY PLACE, WA 98466- P: (253) 534-7623

Physician's Name & Address: P: (206)685-1011 F: (206)543-0857

WILLIAM NEIGHBOR, MD
4060 NE STEVENS WAY
SEATTLE, WA 98195-

Patient's Date of Birth: 1/6/1925
Patient's Gender: FEMALE
Order Date: 11/30/2023 11:00 AM
Verbal Order: Y
Verbal Date: 12/1/2023
Verbal Time: 12:26 PM

Nurse's Signature and Date of Verbal SOC Where Applicable: (deemed as electronic signature)
MATTHEW KNOEBEL, PT / WENDI MOORE RN 11/30/2023

Date HHA Received Signed POC

Patient's Expressed Goals:
TO WALK SAFELY AT HOME

ICD-10 Diagnoses:

Order	Code	Description	Onset or Exacerbation	O/E Date
1	J15.9	UNSPECIFIED BACTERIAL PNEUMONIA	EXACERBATION	11/30/2023
2	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	ONSET	11/30/2023
3	E11.51	TYPE 2 DIABETES W DIABETIC PERIPHERAL ANGIOPATH W/O GANGRENE	ONSET	11/30/2023
4	I70.203	UNSP ATHSCL NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS	ONSET	11/30/2023
5	I87.2	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	ONSET	11/30/2023
6	L97.528	NON-PRS CHRONIC ULCER OTH PRT LEFT FOOT WITH OTH SEVERITY	ONSET	11/30/2023
7	E46	UNSPECIFIED PROTEIN-CALORIE MALNUTRITION	ONSET	11/30/2023
8	Z68.1	BODY MASS INDEX [BMI] 19.9 OR LESS, ADULT	ONSET	11/30/2023
9	K59.00	CONSTIPATION, UNSPECIFIED	ONSET	11/30/2023
10	I45.10	UNSPECIFIED RIGHT BUNDLE-BRANCH BLOCK	ONSET	11/30/2023
11	H90.41	SNSRNRL HEAR LOSS, UNI, RIGHT EAR, W UNRESTR HEAR CNTRA SIDE	ONSET	11/30/2023
12	I10	ESSENTIAL (PRIMARY) HYPERTENSION	ONSET	11/30/2023
13	E78.5	HYPERLIPIDEMIA, UNSPECIFIED	ONSET	11/30/2023
14	M19.90	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	ONSET	11/30/2023
15	R13.10	DYSPHAGIA, UNSPECIFIED	ONSET	11/30/2023
16	D53.9	NUTRITIONAL ANEMIA, UNSPECIFIED	ONSET	11/30/2023
17	M81.0	AGE-RELATED OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FRACTURE	ONSET	11/30/2023
18	M47.816	SPONDYLOSIS W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	ONSET	11/30/2023
19	H40.9	UNSPECIFIED GLAUCOMA	ONSET	11/30/2023
20	Z55.6	Problems related to health literacy	ONSET	11/30/2023
21	Z91.81	HISTORY OF FALLING	ONSET	11/30/2023
22	Z99.3	DEPENDENCE ON WHEELCHAIR	ONSET	11/30/2023

Frequency/Duration of Visits:
SN EFFECTIVE 12/03/2023 1WK1
PT 1WK2,2WK2,1WK5
OT EFFECTIVE 12/10/2023 1WK1
HHA EFFECTIVE 12/10/2023 1WK7
MSW EFFECTIVE 12/10/2023 1WK1

Orders of Discipline and Treatments:
PHYSICAL THERAPIST TO EVALUATE/ASSESS AND DEVELOP PHYSICAL THERAPY PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. TEACH AND MONITOR PATIENT/CAREGIVER LOUIS ABILITY TO SAFELY ADMINISTER MEDICATIONS. PHONE TOUCHPOINTS CAN BE PERFORMED AS NEEDED TO SUPPLEMENT THE PLAN OF CARE.

PHYSICAL THERAPY TO ESTABLISH/UPGRADE HOME EXERCISE PROGRAM AND PROVIDE THERAPEUTIC EXERCISES AND/OR MANUAL THERAPY TECHNIQUES DESIGNED TO RESTORE FUNCTIONAL STRENGTH AND ROM.

PHYSICAL THERAPY TO EVALUATE GAIT AND PROVIDE GAIT TRAINING USING APPROPRIATE ASSISTIVE DEVICE AS NEEDED TO ENSURE PATIENT SAFETY.

HOME HEALTH AIDE SERVICE FOR ASSISTANCE WITH PERSONAL CARE, HYGIENE AND ACTIVITIES OF DAILY LIVING.

I certify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. This patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan. I further certify that this patient had a Face-to-Face Encounter performed by a physician or allowed non-physician practitioner that was related to the primary reason the patient requires Home Health services on 11/26/2023.

Attending Physician's Signature and Date Signed 12/14/23

Anyone who misrepresents, falsifies, or conceals essential information required for payment of federal funds may be subject to fine, imprisonment, or civil penalty under applicable federal laws.

Page 1 of 5

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
	11/30/2023	11/30/2023 to 1/28/2024	0E200042064301	507124

Patient's Name	Provider's Name
JEANNE L HOFFMAN	CHI FRANCISCAN HEALTH AT HOME TACOMA

Orders of Discipline and Treatments:

OCCUPATIONAL THERAPIST TO EVALUATE PATIENT FOR OT SERVICES AND DEVELOP PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. TEACH AND MONITOR PATIENT/CAREGIVER LOUIS ABILITY TO SAFELY ADMINISTER MEDICATIONS. PHONE TOUCHPOINTS CAN BE PERFORMED AS NEEDED TO SUPPLEMENT THE PLAN OF CARE.

HOME CARE MEDICAL SOCIAL WORKER FOR EVALUATION TO ASSESS SOCIAL AND EMOTIONAL FACTORS RELATED TO THE PATIENT'S ILLNESS, NEED FOR CARE, RESPONSE TO TREATMENT AND ADJUSTMENT TO CARE; TO BE FOLLOWED BY COLLABORATION WITH THE PHYSICIAN AND MSW TO DEVELOP A PLAN OF CARE. PHONE TOUCHPOINTS CAN BE PERFORMED AS NEEDED TO SUPPLEMENT THE PLAN OF CARE.

RN TO EVALUATE PATIENT FOR NEEDS REQUIRING PHYSICIAN ORDERS AND SKILLED NURSING INTERVENTIONS.

CLINICIAN TO EDUCATE PATIENT / CAREGIVER IN FALL PREVENTION AND PROVIDE INTERVENTIONS TO REDUCE FALL RISK AND ENHANCE HOME SAFETY

RESUSCITATION STATUS ACCORDING TO DOCUMENTATION THAT IS CONSISTENT WITH NATURAL DEATH ACT AND ADVANCED DIRECTIVES: FULL CODE LEVEL OF MEDICATION ASSISTANCE TO BE PROVIDED: DEPENDENT ON SON LOUIS FOR MEDICATION MANAGEMENT.

CLINICIAN TO PROVIDE SKILLED ASSESSMENT AND INTERVENTIONS FOR FALL PREVENTION ACTIVITIES INCLUDING IDENTIFICATION OF SAFETY HAZARDS IN HOME AND REFERRAL TO THERAPY SERVICES AS INDICATED

CLINICIAN TO PROVIDE SKILLED ASSESSMENT AND INTERVENTIONS FOR THE MITIGATION AND MANAGEMENT OF PAIN TO INCLUDE MEDICATION REVIEW AND SYMPTOM MANAGEMENT USING PHARMACOLOGICAL AND NONPHARMACOLOGICAL TREATMENTS.

PATIENT/CAREGIVER LOUIS WILL BE KNOWLEDGEABLE OF DISCHARGE PLANS AND WILL DEMONSTRATE/PROVIDE EDUCATION AND RESOURCES NEEDED TO MAINTAIN HEALTH.

AGENCY WILL DISCHARGE PATIENT TO WILLIAM NEIGHBOR, MD PHYSICIAN/HEALTH CARE PROVIDER. MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIAN(S): DR LIEM NGUYEN

SKILLED NURSE PRN VISIT ORDER: 0 PRN VISITS MAY BE PERFORMED DURING THIS CERTIFICATION PERIOD FOR THE FOLLOWING REASON(S): NA, SON DECLINED FURTHER SN SERVICES. SKILLED NURSE TO EVALUATE AND DEVELOP PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. SKILLED NURSE TO ASSESS/EVALUATE ANY CONDITIONS THAT PRESENT THEMSELVES AND THAT WILL IMPACT THE PLAN OF CARE DURING THE COURSE OF THE EPISODE TO IDENTIFY CHANGES AND INTERVENE TO MINIMIZE COMPLICATIONS, TEACH AND MONITOR PATIENT/CAREGIVER ABILITY TO SAFELY ADMINISTER MEDICATIONS. PHONE TOUCHPOINTS CAN BE PERFORMED AS NEEDED TO SUPPLEMENT THE PLAN OF CARE.MEDICAL SOCIAL SERVICES FOR EVALUATION TO ASSESS SOCIAL AND EMOTIONAL FACTORS RELATED TO THE PATIENT'S ILLNESS, NEED FOR CARE, RESPONSE TO TREATMENT AND ADJUSTMENT TO CARE AND TO DEVELOP PLAN OF CARE TO BE SIGNED BY THE PHYSICAN.HOME HEALTH AIDE SERVICE FOR ASSISTANCE WITH PERSONAL CARE, HYGIENE AND ACTIVITIES OF DAILY LIVING.

THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS ON THIS PLAN OF CARE ATTESTS THAT THE COMPREHENSIVE ASSESSMENT FINDINGS WERE DISCUSSED AND ORDERS WERE RECEIVED AS INDICATED BY THE VERBAL ORDER.

LICENSED PROFESSIONAL TO REPORT VITAL SIGNS FALLING OUTSIDE THE FOLLOWING ESTABLISHED PARAMETERS. TEMP<95>101.1 PULSE<50>100 RESP<12>25 SYSTOLICBP<90>160 DIASTOLICBP<50>100 O2SAT<88

Goals/Rehabilitation Potential/Discharge Plans:

A PHYSICAL THERAPY PLAN OF CARE WILL BE ORDERED BY PHYSICIAN AND PROVIDED BY PHYSICAL THERAPY. ALL GOALS TO BE MET BY END OF CURRENTLY APPROVED PLAN OF CARE.
PATIENT WILL DEMONSTRATE IMPROVED FUNCTION IN RESPONSE TO SPECIFIC EXERCISE(S) AND/OR MANUAL THERAPY TECHNIQUE(S), AS EVIDENCED BY INCREASED INDEPENDENCE IN ACTIVITIES OF DAILY LIVING.
GOAL TO BE MET BY THE END OF THE EPISODE
PATIENT WILL DEMONSTRATE SAFE GAIT TECHNIQUE WITH ASSISTIVE DEVICES AS NEEDED TO MINIMIZE RISK OF INJURY.
GOAL TO BE MET BY THE END OF THE EPISODE
PATIENT WILL RECEIVE ASSISTANCE WITH PERSONAL CARE AND HYGIENE AND OTHER ACTIVITIES OF DAILY LIVING AS LISTED ON CARE PLAN
OCCUPATIONAL THERAPY EVALUATION WILL BE COMPLETED. PLAN OF CARE WILL BE ORDERED BY PHYSICIAN AND PROVIDED BY OCCUPATIONAL THERAPIST. ALL GOALS TO BE MET BY END OF CURRENTLY APPROVED PLAN OF CARE.
A MEDICAL SOCIAL SERVICES CONSULT WILL BE COMPLETED FOR THE ENHANCEMENT OF THE PATIENT'S SOCIAL AND EMOTIONAL FACTORS, NEED FOR CARE, RESPONSE TO TREATMENT AND ADJUSTMENT TO CARE, TO FOSTER INDEPENDENT LIVING AT HOME USING COMMUNITY RESOURCES, INCREASED FAMILY INVOLVEMENT OR BOTH WITHIN 4 WEEKS.
RN TO EVALUATE PATIENT AND OBTAIN PHYSICIAN ORDERS FOR REQUIRED INTERVENTIONS.
PATIENT TO DEMONSTRATE REDUCED FALL RISK AND IMPROVE HOME SAFETY BY THE END OF THE EPISODE

Signature of Physician	Date
William Neighbor MD	12/12/23
Optional Name/Signature Of MATTHEW KNOEBEL, PT / WENDI MOORE RN	Date 11/30/2023

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
	11/30/2023	11/30/2023 to 1/28/2024	0E200042064301	507124

Patient's Name	Provider's Name
JEANNE L HOFFMAN	CHI FRANCISCAN HEALTH AT HOME TACOMA

Goals/Rehabilitation Potential/Discharge Plans:
CHANGES IN PATIENT CO-MORBID STATUS WILL BE PROMPTLY IDENTIFIED AND REPORTED TO THE PHYSICIAN. PATIENT / CAREGIVER VERBALIZE/DEMONSTRATE ABILITY TO PROPERLY MANAGE PATIENT RISK FOR FALLS. GOAL TO BE MET BY END OF CERTIFICATION PERIOD.
CHANGES IN PATIENT CO-MORBID STATUS WILL BE PROMPTLY IDENTIFIED AND REPORTED TO THE PHYSICIAN. PATIENT / CAREGIVER VERBALIZE/DEMONSTRATE ABILITY TO PROPERLY MANAGE PAIN CONTROL., GOAL TO BE MET BY END OF CERTIFICATION PERIOD.
PATIENT AND/OR CAREGIVER WILL BE IN AGREEMENT WITH DISCHARGE PLANS AND WILL VERBALIZE HAVING RESOURCES AND KNOWLEDGE TO MAINTAIN HEALTH.
PATIENT WILL REMAIN SAFE AND NEEDS WILL BE MET BY COMMUNICATING CHANGES IN POC WITH PATIENT/CAREGIVER AND THE APPROPRIATE PHYSICIAN(S) WRITING ORDERS ON THE POC AND COMMUNICATING WITH RECEIVING PHYSICIANS/HEALTH CARE PROVIDER WHEN THERE ARE CHANGES IN THE DISCHARGE PLAN THROUGHOUT THE EPISODE OF CARE.

A PLAN OF CARE WILL BE ESTABLISHED THAT MEETS ALL PATIENT'S NURSING NEEDS AND COUNTERSIGNED BY PHYSICIAN.
GOALS TO BE ESTABLISHED BY MEDICAL SOCIAL WORKER DURING EVALUATION VISIT
PATIENT WILL RECEIVE ASSISTANCE WITH PERSONAL CARE AND HYGIENE AND OTHER ACTIVITIES OF DAILY LIVING AS LISTED ON CARE PLAN

Rehab Potential:
GOOD/MARKED IMPROVEMENT IN STATUS IS EXPECTED

DC Plans:
DISCHARGE TO CARE OF CAREGIVER UNDER SUPERVISION OF PHYSICIAN WHEN GOALS ARE MET

DME and Supplies:
DME-RAILS/GRAB BARS

Prognosis:
FAIR

Functional Limitations:
ENDURANCE; AMBULATION; DYSPNEA WITH MINIMAL EXERTION; FALL RISK; WHEELCHAIR; WALKER; PAIN

Safety Measures:
AIRBORNE PRECAUTIONS, ANTICOAGULATION PRECAUTIONS, CONTACT PRECAUTIONS, DROPLET PRECAUTIONS, EMERGENCY PLAN, ENTERIC PRECAUTIONS, FALL PREVENTION

Activities Permitted:
UP AS TOLERATED; EXERCISES PRESCRIBED; WHEELCHAIR; WALKER; ASSIST TO LEAVE HOME; FALL PRECAUTIONS

Nutritional Requirements:
REGULAR DIET

Advance Directives:
MED. PWR. OF ATTY

Mental Statuses:
ORIENTED

Supporting Documentation for Cognitive Status:
(QM) (M1710) WHEN CONFUSED (REPORTED OR OBSERVED) WITHIN THE LAST 14 DAYS:
0 - NEVER
(C1) (QM) (PRA) (M1740) COGNITIVE, BEHAVIORAL, AND PSYCHIATRIC SYMPTOMS THAT ARE DEMONSTRATED AT LEAST ONCE A WEEK (REPORTED OR OBSERVED): (MARK ALL THAT APPLY.)
2 - IMPAIRED DECISION-MAKING: FAILURE TO PERFORM USUAL ADLS OR IADLS, INABILITY TO APPROPRIATELY STOP ACTIVITIES, JEOPARDIZES SAFETY THROUGH ACTIONS

Supporting Documentation for Risk of Hospital Readmission:
(PRA) (M1033) RISK FOR HOSPITALIZATION: WHICH OF THE FOLLOWING SIGNS OR SYMPTOMS CHARACTERIZE THIS PATIENT AS AT RISK FOR HOSPITALIZATION? (MARK ALL THAT APPLY.)
1 - HISTORY OF FALLS (2 OR MORE FALLS - OR ANY FALL WITH AN INJURY - IN THE PAST 12 MONTHS) || 2 - UNINTENTIONAL WEIGHT LOSS OF A TOTAL OF 10 POUNDS OR MORE IN THE PAST 12 MONTHS || 5 - DECLINE IN MENTAL, EMOTIONAL, OR BEHAVIORAL STATUS IN THE PAST 3 MONTHS || 6 - REPORTED OR OBSERVED HISTORY OF DIFFICULTY COMPLYING WITH ANY MEDICAL INSTRUCTIONS (FOR EXAMPLE, MEDICATIONS, DIET, EXERCISE) IN THE PAST 3 MONTHS || 7 - CURRENTLY TAKING 5 OR MORE MEDICATIONS

Allergies:
ADHESIVES; ASPIRIN; NITROFURANTOIN; PENICILLIN; SULFA ANTIBIOTICS

Signature of Physician	Date
MD	12/12/23
Optional Name/Signature Of MATTHEW KNOEBEL, PT / WENDI MOORE RN	Date 11/30/2023

Page 3 of 5

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
	11/30/2023	11/30/2023 to 1/28/2024	0E200042064301	507124

Patient's Name	Provider's Name
JEANNE L HOFFMAN	CHI FRANCISCAN HEALTH AT HOME TACOMA

Medications:

Medication/ Dose	Frequency	Route	Start Date/ End Date	DC Date	New/ Changed
ACETAMINOPHEN 500 MG TABLET *1-2 tablet*	*3 TIMES DAILY/PRN*	ORAL			New
Reason: BACK AND LEG PAIN Instructions:					
ATORVASTATIN 10 MG TABLET *1 tablet*	*DAILY*	ORAL			New
Reason: TREAT HLD Instructions:					
DOCUSATE SODIUM 100 MG CAPSULE *1 capsule*	*DAILY/PRN*	ORAL			New
Reason: CONSTIPATION Instructions:					
FERROUS SULFATE 325 MG (65 MG IRON) TABLET *1 tablet*	*DAILY*	ORAL			New
Reason: IRON DEFICIENCY Instructions:					
MEDIHONEY (HONEY) 100 % TOPICAL PASTE *Per instructions*	*AS DIRECTED*	TOPICAL			New
Reason: LEG ULCER WOUND TREATMENT Instructions: APPLY OVER LEG ULCERATION TOPICALLY AS NEEDED DAILY					
OFLOXACIN 0.3 % EYE DROPS *1-2 drops*	*4 TIMES DAILY*	OPHTHALMIC (EYE)			New
Reason: EYE INFECTION Instructions: LEFT EYE					
PANTOPRAZOLE 40 MG TABLET,DELAYED RELEASE *1 tablet*	*2 TIMES DAILY*	ORAL			New
Reason: STOMACH ULCER Instructions:					
PENTOXIFYLLINE ER 400 MG TABLET,EXTENDED RELEASE *1 tablet*	*3 TIMES DAILY*	ORAL			New
Reason: INCREASE PERIPHERAL CIRCULATION Instructions:					
TIMOLOL MALEATE 0.5 % EYE DROPS *1 drops*	*2 TIMES DAILY*	OPHTHALMIC (EYE)			New
Reason: GLACOMA TREATMENT Instructions:					

Supporting Documentation for Home Health Eligibility:

ACTIVITY LIMITATIONS: SKILLED SERVICES, LISTED IN FIELD 21 OF PLAN OF CARE ORDER, ARE NEEDED IN THE FOLLOWING MANNER:
MOBILITY/WELLNESS AND EXERCISE

STRUCTURAL AND FUNCTIONAL LIMITATIONS: IMPAIRED BODY FUNCTIONS THAT EITHER REQUIRE HOME HEALTH INTERVENTION OR WILL IMPACT THE PLAN OF CARE:
NEUROMUSCULOSKELETAL AND MOVEMENT-RELATED FUNCTIONS (F), SENSORY FUNCTIONS AND PAIN (F), STRUCTURES RELATED TO MOVEMENT (S)

THE PATIENT IS CONSIDERED HOMEBOUND/CONFINED TO HOME BECAUSE: (MARK ALL THAT APPLY)
ASSISTANCE OF ANOTHER PERSON IN ORDER TO LEAVE PLACE OF RESIDENCE, BECAUSE OF ILLNESS OR INJURY, PATIENT NEEDS AID OF SUPPORTIVE DEVICES - WALKER, BECAUSE OF ILLNESS OR INJURY, PATIENT NEEDS AID OF SUPPORTIVE DEVICES - WHEELCHAIR

THE PATIENT HAS NORMAL INABILITY TO LEAVE THE HOME AND LEAVING THE HOME TAKES CONSIDERABLE AND TAXING EFFORT BECAUSE:
FALL RISK, GAIT DEFICIT, LIMITED AMBULATION, SHORTNESS OF AIR WITH MINIMAL EXERTION

Signature of Physician	Date
William Neighbor NP	12/12/23
Optional Name/Signature Of MATTHEW KNOEBEL, PT / WENDI MOORE RN	Date 11/30/2023

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Patient's Medicare No.	SOC Date	Certification Period	Medical Record No.	Provider No.
	11/30/2023	11/30/2023 to 1/28/2024	0E200042064301	507124

Patient's Name	Provider's Name
JEANNE L HOFFMAN	CHI FRANCISCAN HEALTH AT HOME TACOMA

Therapy Short Term/Long Term Goals:

Discipline: PT

GAIT (DISTANCE/ASSISTANCE)

LEVEL SURFACE DISTANCE (IN FEET)

STG: 150	LTG: 200
TARGET DATE: 1/25/2024	TARGET DATE: 1/26/2024

STRENGTH (PT)

RIGHT LOWER EXTREMITY

STG: 3/FAIR	LTG: 3+/FAIR+
TARGET DATE: 1/19/2024	TARGET DATE: 1/28/2024

LEFT LOWER EXTREMITY

STG: 3/FAIR	LTG: 3+/FAIR+
TARGET DATE: 1/18/2024	TARGET DATE: 1/26/2024

HOME EXERCISE PROGRAM (PT)

PATIENT'S PERFORMANCE OF HOME EXERCISE PROGRAM

STG: MAXIMUM ASSIST	LTG: MODERATE ASSIST
TARGET DATE: 1/19/2024	TARGET DATE: 1/26/2024

Signature of Physician	Date
MD	12/12/23
Optional Name/Signature Of MATTHEW KNOEBEL, PT / WENDI MOORE RN	Date 11/30/2023

Page 5 of 5

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Order Number: 4960341

Printed: 12/12/2023 7:41 PM
Eastern Time Zone

CHI FRANCISCAN HEALTH AT HOME TACOMA
2901 BRIDGEPORT WAY W
UNIVERSITY PLACE, WA 98466-4614
Phone: (253) 534-7623
Fax: (253) 777-0710

PHYSICIAN:

WILLIAM NEIGHBOR, MD
4060 NE STEVENS WAY
SEATTLE, WA 98195-

Phone: (206)685-1011
Fax: (206)543-0857
2nd Physician:
Send to Physician: Y
Verbal Order: Y
Verbal Date: 12/12/2023 **Time:** 2:12 PM

CLIENT:

HOFFMAN, JEANNE L
381 WALLACE WAY NE UNIT 204W
BAINBRIDGE ISLAND, WA 98110-

SSN: XXX-XX-
DOB: 1/6/1925 **MR#:** 0E200042064301
CERT: 11/30/2023 to 1/28/2024
Order Read Back to Physician/Agent of Physician?: N
ABN Delivered to Patient?: NA

Hospital MR No	Inpatient Facility	Admit Date	Discharge Date	Reason For Admission
	NORTHWEST HOSPITAL UW MEDICINE NORTHWEST	11/22/2023	11/28/2023	

Order Date: 12/12/2023 11:27 AM **Order Type:** ADD ON DISCIPLINE

Order Description:

CLINICIAN TO PROVIDE SKILLED ASSESSMENT AND INTERVENTIONS FOR PSYCHOSOCIAL/COGNITIVE NEEDS INCLUDING REFERRALS TO ADDITIONAL CARE SOURCES, OUTSIDE ENTITIES AND/OR CARE PROVIDERS
AGENCY WILL DISCHARGE PATIENT TO PHYSICIAN/HEALTH CARE PROVIDER. MAY ACCEPT ORDERS FROM THE FOLLOWING PHYSICIAN(S): DR. WILLIAM NEIGHBOR.
OCCUPATIONAL THERAPIST TO EVALUATE PATIENT FOR OT SERVICES AND DEVELOP PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN. TEACH AND MONITOR PATIENT/CAREGIVER ABILITY TO SAFELY ADMINISTER MEDICATIONS. PHONE TOUCHPOINTS CAN BE PERFORMED AS NEEDED TO SUPPLEMENT THE PLAN OF CARE.
OCCUPATIONAL THERAPY TO ESTABLISH/UPGRADE HOME EXERCISE PROGRAM AND PROVIDE THERAPEUTIC EXERCISES AND/OR SOFT TISSUE/JOINT MOBILIZATION DESIGNED TO RESTORE FUNCTIONAL STRENGTH AND ROM.
OCCUPATIONAL THERAPIST TO PROVIDE PATIENT / CAREGIVER WITH ADL TRAINING TO INCREASE INDEPENDENCE.
PATIENT/CAREGIVER WILL BE KNOWLEDGEABLE OF DISCHARGE PLANS AND WILL DEMONSTRATE/PROVIDE EDUCATION AND RESOURCES NEEDED TO MAINTAIN HEALTH.
THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS BELOW ATTESTS THAT THESE ORDERS WERE RECEIVED ON 12/12/2023.

Goals:

PATIENT/CAREGIVER WILL VERBALIZE/DEMONSTRATE ABILITY FOR THE PATIENT TO FUNCTION WITHIN THEIR COMMUNITY AND TO PARTICIPATE IN THE DEVELOPMENT AND IMPLEMENTATION OF THEIR CARE PLAN THROUGHOUT THE CERTIFICATION PERIOD
PATIENT WILL REMAIN SAFE AND NEEDS WILL BE MET BY COMMUNICATING CHANGES IN POC WITH PATIENT/CAREGIVER AND THE APPROPRIATE PHYSICIAN(S) WRITING ORDERS ON THE POC AND COMMUNICATING WITH RECEIVING PHYSICIANS/HEALTH CARE PROVIDER WHEN THERE ARE CHANGES IN THE DISCHARGE PLAN THROUGHOUT THE EPISODE OF CARE.
OCCUPATIONAL THERAPY EVALUATION WILL BE COMPLETED. PLAN OF CARE WILL BE ORDERED BY PHYSICIAN AND PROVIDED BY OCCUPATIONAL THERAPIST. ALL GOALS TO BE MET BY END OF CURRENTLY APPROVED PLAN OF CARE.
PATIENT WILL DEMONSTRATE IMPROVED FUNCTION IN RESPONSE TO SPECIFIC EXERCISE(S) AND/OR MANUAL THERAPY TECHNIQUE(S), AS EVIDENCED BY INCREASED INDEPENDENCE IN ACTIVITIES OF DAILY LIVING.

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):	ARIEL MACMILLAN, OT	DATE:	12/12/2023
APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):	CATHERINE ROBINSON, RN	DATE:	12/12/2023
PHYSICIAN SIGNATURE:	William Neighbor	DATE:	12/12/2023

12/06/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Order Number: 4960341

Printed: 12/12/2023 7:41 PM
Eastern Time Zone

CHI FRANCISCAN HEALTH AT HOME TACOMA
2901 BRIDGEPORT WAY W
UNIVERSITY PLACE, WA 98466-4614
Phone: (253) 534-7623
Fax: (253) 777-0710

PHYSICIAN: WILLIAM NEIGHBOR, MD **CLIENT:** HOFFMAN, JEANNE L

Goals:
GOAL TO BE MET BY END OF CERTIFICATION PERIOD.
PATIENT WILL DEMONSTRATE INCREASED INDEPENDENCE IN ACTIVITIES OF DAILY LIVING.
GOAL TO BE MET BY END OF CERTIFICATION PERIOD.
PATIENT AND/OR CAREGIVER WILL BE IN AGREEMENT WITH DISCHARGE PLANS AND WILL VERBALIZE HAVING RESOURCES AND KNOWLEDGE TO MAINTAIN HEALTH.

Therapy Short Term/Long Term Goals:

Discipline: OT

TRANSFERS (OT)

TOILET

STG: CONTACT GUARD ASSIST	LTG: STANDBY ASSIST
TARGET DATE: 12/30/2023	TARGET DATE: 1/27/2024

HOME EXERCISE PROGRAM (OT)

PATIENT'S PERFORMANCE OF HOME EXERCISE PROGRAM

STG: MINIMUM ASSIST	LTG: STANDBY ASSIST
TARGET DATE: 12/30/2023	TARGET DATE: 1/27/2024

Diagnoses:

Order	Code	Description	Onset or Exacerbation	O/E Date	Type
1	J15.9	UNSPECIFIED BACTERIAL PNEUMONIA	EXACERBATION	12/12/2023	D

Service Changes:

Calendar Frequency:
OT EFFECTIVE 12/10/2023 1WK3,1Q2WK4

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED): ARIEL MACMILLAN, OT DATE: 12/12/2023
APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED): CATHERINE ROBINSON, RN DATE: 12/12/2023
PHYSICIAN SIGNATURE: DATE: 12/12/23

11/23/2023 - Orders Only in UW Medicine ECG

Visit Information

Provider Information

Encounter Provider
Clinic, Unassigned Muse

Department

Name	Address	Phone
UW Medicine ECG	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98195	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Procedures

EKG 12-Lead (Final result)

Specimen Information

ID	Type	Source	Collected By
2359942	—	—	11/23/23 0200

EKG 12-Lead Resulted: 11/27/23 1630, Result status: Final result

Order status: Completed
Filed by: Interface, Muse Cupid Results In 11/27/23 1630
Resulting lab: UWM EKG
Resulted by: MacLellan, William Robb, MD
Collected by: 11/23/23 0200

Narrative:
SINUS RHYTHM WITH 1ST DEGREE AV BLOCK WITH FREQUENT AND CONSECUTIVE PREMATURE VENTRICULAR COMPLEXES
LOW VOLTAGE QRS
PROLONGED QT
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 23-NOV-2023 01:59,
PREMATURE VENTRICULAR COMPLEXES ARE NOW PRESENT
RIGHT BUNDLE BRANCH BLOCK IS NO LONGER PRESENT
Confirmed by MACLELLAN MD, W. ROBB (1103) on 11/27/2023 4:30:10 PM
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 1632

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	76	BPM	—	79
Atrial Rate	64	BPM	—	79
P-R Interval	210	ms	—	79
QRS Duration	72	ms	—	79
Q-T Interval	442	ms	—	79
QTC Calculation	497	ms	—	79
P Axis	74	degrees	—	79
R Axis	28	degrees	—	79
T Axis	56	degrees	—	79

View Report (below)

11/23/2023 - Orders Only in UW Medicine ECG (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 23-NOV-2023 02:00:08 UW MEDICINE-U6NE ROUTINE RECORD

06-JAN-1925 (98 yr)
Female Caucasian

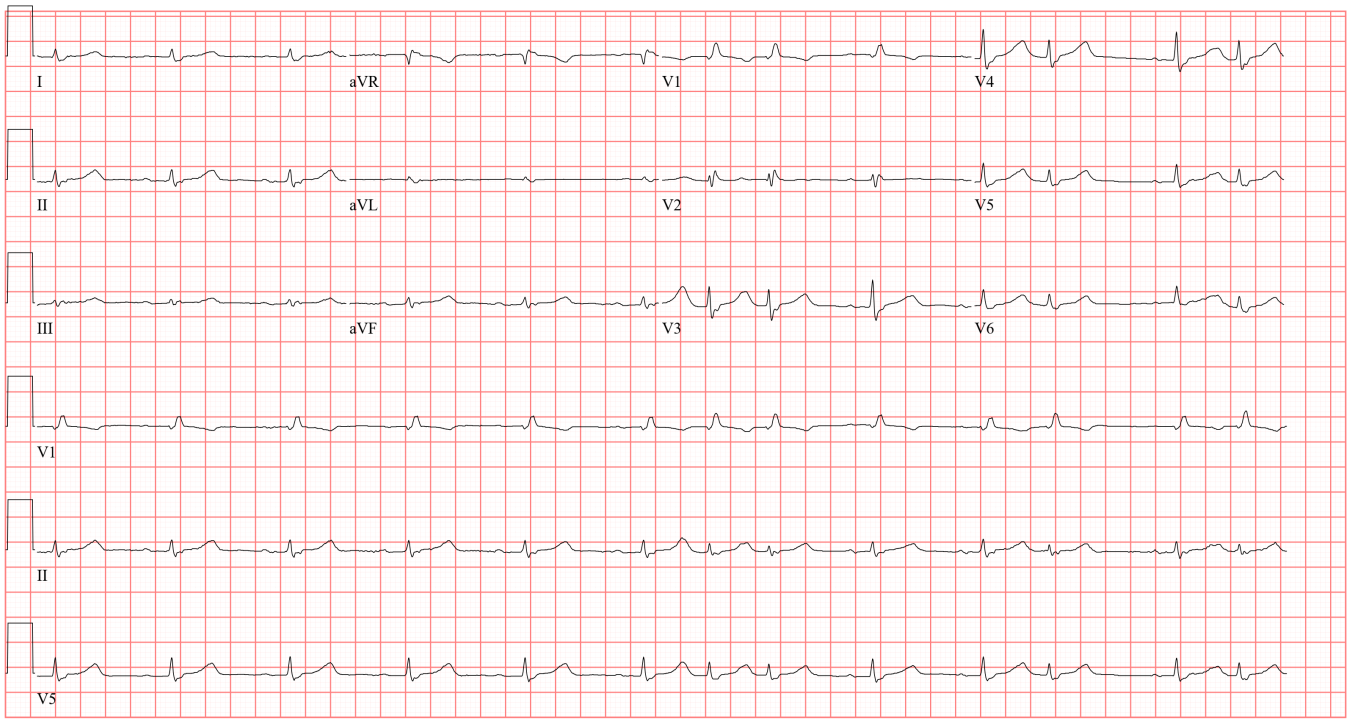
Room:6206
Loc:33

Vent. rate	76	BPM
PR interval	210	ms
QRS duration	72	ms
QT/QTc	442/497	ms
P-R-T axes	74 28	56

SINUS RHYTHM WITH 1ST DEGREE AV BLOCK WITH FREQUENT AND CONSECUTIVE PREMATURE VENTRICULAR COMPLEXES
LOW VOLTAGE QRS
PROLONGED QT
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 23-NOV-2023 01:59,
PREMATURE VENTRICULAR COMPLEXES ARE NOW PRESENT
RIGHT BUNDLE BRANCH BLOCK IS NO LONGER PRESENT
Confirmed by MACLELLAN MD, W. ROBB (1103) on 11/27/2023 4:30:10 PM

Technician:
Test ind:

Confirmed By: W. ROBB MACLELLAN MD



25mm/s 10mm/mV 40Hz 9.0.9 12SL 241 HD CID: 37 EID:1103 EDT: 16:30 27-NOV-2023 ORDER: ACCOUNT: 1908397630

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by MacLellan, William Robb, MD on 11/27/23 at 1630 PST

11/23/2023 - Orders Only in UW Medicine ECG

Visit Information

Provider Information

Encounter Provider
Clinic, Unassigned Muse

Department

Name	Address	Phone
UW Medicine ECG	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98195	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Procedures

EKG 12-Lead (Final result)

Specimen Information

ID	Type	Source	Collected By
2359944	—	—	11/23/23 0202

EKG 12-Lead Resulted: 11/27/23 1631, Result status: Final result

Order status: Completed
Filed by: Interface, Muse Cupid Results In 11/27/23 1631
Resulting lab: UWM EKG
Resulted by: MacLellan, William Robb, MD
Collected by: 11/23/23 0202

Narrative:
SINUS RHYTHM WITH FREQUENT PREMATURE VENTRICULAR COMPLEXES
LOW VOLTAGE QRS
JUNCTIONAL ST DEPRESSION, PROBABLY NORMAL
BORDERLINE ECG
WHEN COMPARED WITH ECG OF 23-NOV-2023 02:00,
NO SIGNIFICANT CHANGE WAS FOUND
Confirmed by MACLELLAN MD, W. ROBB (1103) on 11/27/2023 4:31:19 PM
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 1632

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	75	BPM	—	79
Atrial Rate	64	BPM	—	79
P-R Interval	182	ms	—	79
QRS Duration	74	ms	—	79
Q-T Interval	426	ms	—	79
QTC Calculation	475	ms	—	79
P Axis	70	degrees	—	79
R Axis	27	degrees	—	79
T Axis	54	degrees	—	79

View Report (below)

11/23/2023 - Orders Only in UW Medicine ECG (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 23-NOV-2023 02:02:01 UW MEDICINE-U6NE ROUTINE RECORD

06-JAN-1925 (98 yr)
Female Caucasian

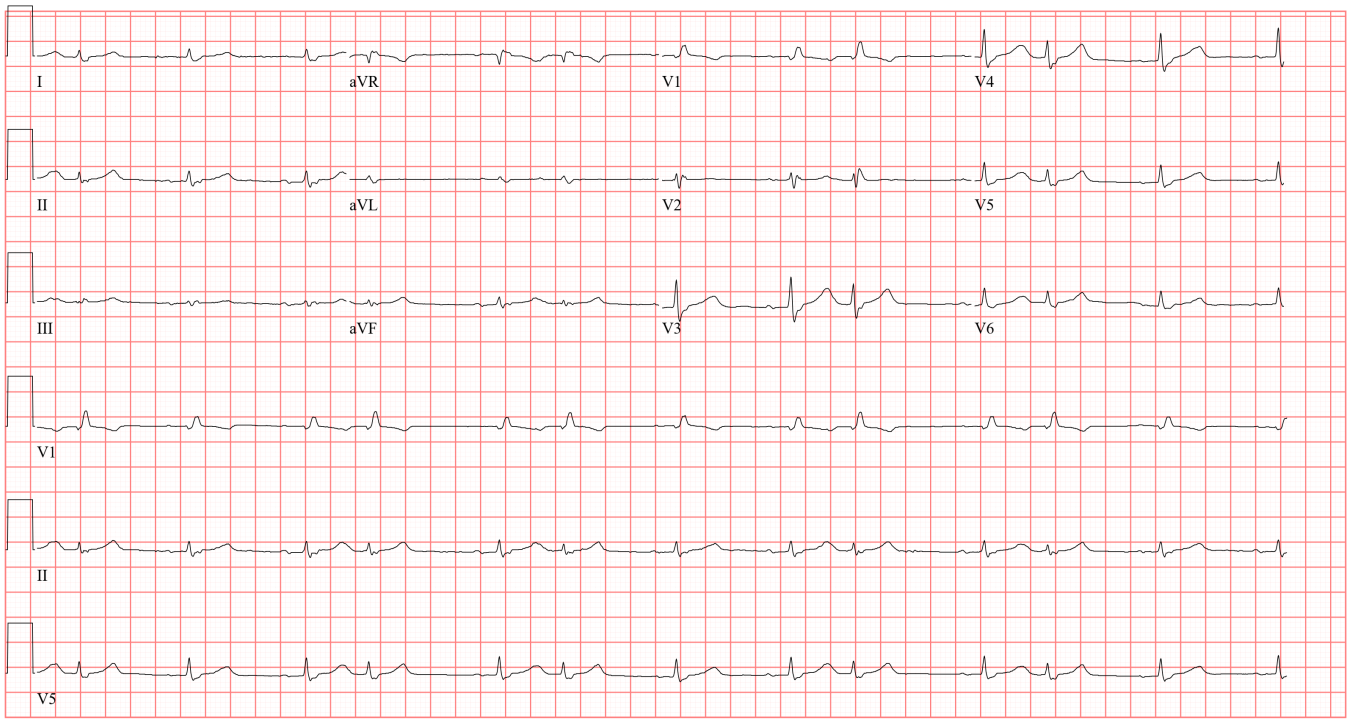
Room:6206
Loc:33

Vent. rate	75	BPM
PR interval	182	ms
QRS duration	74	ms
QT/QTc	426/475	ms
P-R-T axes	70 27	54

SINUS RHYTHM WITH FREQUENT PREMATURE VENTRICULAR COMPLEXES
LOW VOLTAGE QRS
JUNCTIONAL ST DEPRESSION, PROBABLY NORMAL
BORDERLINE ECG
WHEN COMPARED WITH ECG OF 23-NOV-2023 02:00,
NO SIGNIFICANT CHANGE WAS FOUND
Confirmed by MACLELLAN MD, W. ROBB (1103) on 11/27/2023 4:31:19 PM

Technician:
Test ind:

Confirmed By: W. ROBB MACLELLAN MD



25mm/s 10mm/mV 40Hz 9.0.9 12SL 241 HD CID: 37 EID:1103 EDT: 16:31 27-NOV-2023 ORDER: ACCOUNT: 1908397630

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by MacLellan, William Robb, MD on 11/27/23 at 1631 PST

11/23/2023 - Orders Only in UW Medicine ECG

Visit Information

Provider Information

Encounter Provider
Clinic, Unassigned Muse

Department

Name	Address	Phone
UW Medicine ECG	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98195	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Procedures

EKG 12-Lead (Final result)

Specimen Information

ID	Type	Source	Collected By
2359940	—	—	11/23/23 0159

EKG 12-Lead Resulted: 11/27/23 1629, Result status: Final result

Order status: Completed
Filed by: Interface, Muse Cupid Results In 11/27/23 1629
Resulting lab: UWM EKG
Resulted by: MacLellan, William Robb, MD
Collected by: 11/23/23 0159

Narrative:
SINUS RHYTHM WITH 1ST DEGREE AV BLOCK
LOW VOLTAGE QRS
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 22-NOV-2023 12:56,
T WAVE INVERSION NO LONGER EVIDENT IN ANTERIOR LEADS
Confirmed by MACLELLAN MD, W. ROBB (1103) on 11/27/2023 4:29:37 PM
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 1632

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	64	BPM	—	79
Atrial Rate	64	BPM	—	79
P-R Interval	216	ms	—	79
QRS Duration	120	ms	—	79
Q-T Interval	440	ms	—	79
QTC Calculation	453	ms	—	79
P Axis	81	degrees	—	79
R Axis	30	degrees	—	79
T Axis	54	degrees	—	79

View Report (below)

11/23/2023 - Orders Only in UW Medicine ECG (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 23-NOV-2023 01:59:02 UW MEDICINE-U6NE ROUTINE RECORD

06-JAN-1925 (98 yr)
Female Caucasian

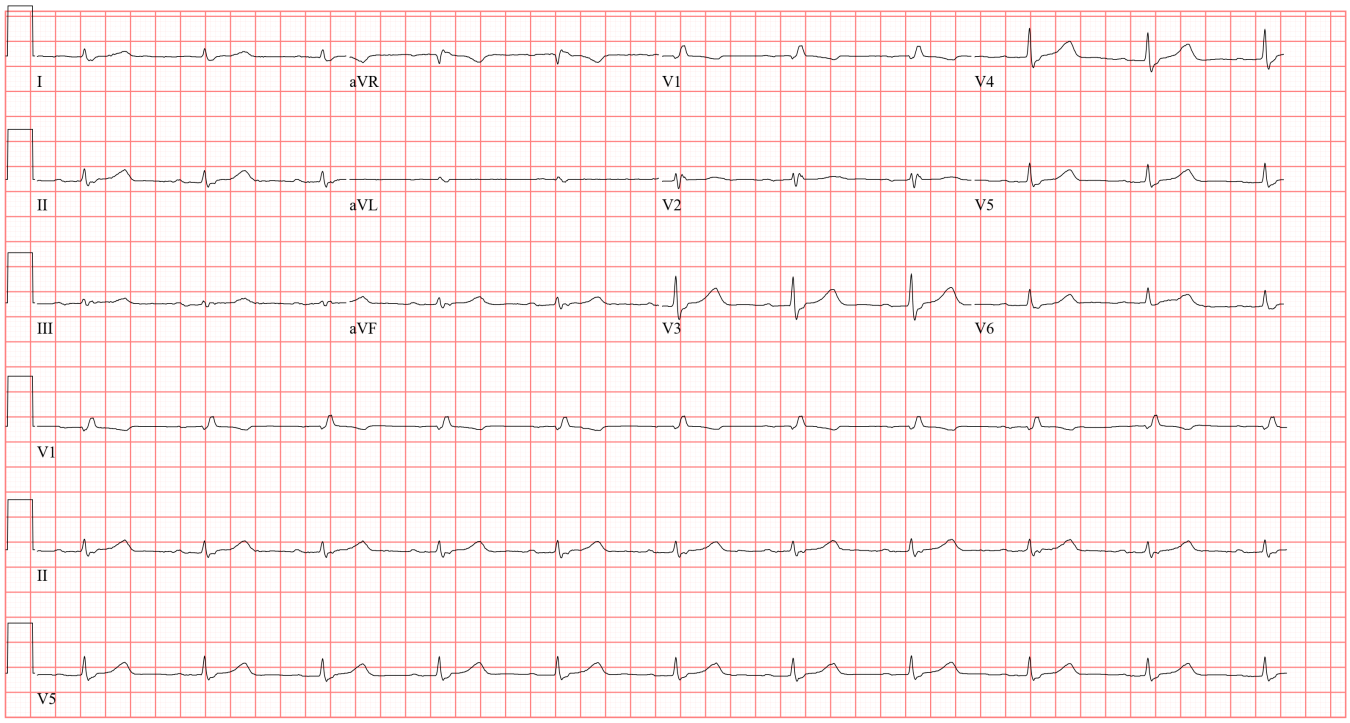
Room:6206
Loc:33

Vent. rate	64	BPM
PR interval	216	ms
QRS duration	120	ms
QT/QTc	440/453	ms
P-R-T axes	81 30	54

SINUS RHYTHM WITH 1ST DEGREE AV BLOCK
LOW VOLTAGE QRS
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 22-NOV-2023 12:56,
T WAVE INVERSION NO LONGER EVIDENT IN ANTERIOR LEADS
Confirmed by MACLELLAN MD, W. ROBB (1103) on 11/27/2023 4:29:37 PM

Technician:
Test ind:

Confirmed By: W. ROBB MACLELLAN MD



25mm/s 10mm/mV 40Hz 9.0.9 12SL 241 HD CID: 37 EID:1103 EDT: 16:29 27-NOV-2023 ORDER: ACCOUNT: 1908397630

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by MacLellan, William Robb, MD on 11/27/23 at 1629 PST

11/22/2023 - Appointment in UWMC CT

Visit Information

Appointment Information

CHEAWO **Completed**
11/22/2023 1:00 PM

Time	Provider	Department	Length
1:00 PM	UWEDCT1	UWMC RAD CT	15 min

Referral Provider: ZVONAR, IVAN
Enc Form Number: 53323003
Arrival Time: 12:58 PM

History

Made On:	11/22/2023 12:58 PM	By:	Parrott, Gina, RT	RIS
Checked In:	11/22/2023 12:58 PM	By:	Parrott, Gina, RT	ES
EOD Status:	11/26/2023 9:35 PM	By:	Uw Epaa, User	ES

Medication List

Medication List

Cannot display patient medications because the patient has not yet been checked in.

11/22/2023 - Appointment in UWMC Radiology

Visit Information

Appointment Information

XHIPU2R **Completed**
11/22/2023 12:35 PM

Time	Provider	Department	Length
12:35 PM	UWEDXRRM1	UWMC RAD XR	10 min

Referral Provider: ZVONAR, IVAN
Enc Form Number: 53322529
Arrival Time: 12:32 PM

History

Made On:	11/22/2023 12:32 PM	By:	Coker, Linda	RIS
Checked In:	11/22/2023 12:32 PM	By:	Coker, Linda	ES
Lnk Req:	11/22/2023 12:33 PM	By:	Coker, Linda	Vrfy Orders
Lnk Req:	11/22/2023 1:08 PM	By:	Chicas-Rodriguez, Krissia, RT	Vrfy Orders
Lnk Req:	11/22/2023 1:08 PM	By:	Chicas-Rodriguez, Krissia, RT	Vrfy Orders
Lnk Req:	11/22/2023 1:36 PM	By:	Flack, Lauren A, RT	Vrfy Orders
EOD Status:	11/26/2023 9:36 PM	By:	Uw Epaa, User	ES

Medication List

Medication List

Cannot display patient medications because the patient has not yet been checked in.

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED

Reason for Visit

Chief complaint: Multiple Complaints
Visit diagnoses:

- Pneumonia of right middle lobe due to infectious organism (primary)
- Adult failure to thrive syndrome
- Imbalance
- Community acquired bacterial pneumonia
- Difficulty walking

Hospital problem: Community acquired bacterial pneumonia

Visit Information

Admission Information

Arrival Date/Time:	11/22/2023 1041	Admit Date/Time:	11/22/2023 1106	IP Adm. Date/Time:	11/22/2023 1625
Admission Type:	Emergency	Point of Origin:	Clinic Or Physician's Office	Admit Category:	
Means of Arrival:	Car Or Automobile	Primary Service:	Medicine B Gen Adult	Secondary Service:	N/A
Transfer Source:		Service Area:	UW MEDICINE	Unit:	6NE MED FAMMED
Admit Provider:	Kessler, Ross Abraham, MD	Attending Provider:	Zvonar, Ivan, MD	Referring Provider:	

ED Disposition

ED Disposition	Condition	User	Date/Time	Comment
Admit	--	Clauther, Evins, MD	Wed Nov 22, 2023 3:33 PM	--

Discharge Information

Date/Time: 11/28/2023 1304 | Disposition: 06 Home Health Care | Destination: Home
Provider: Rosse, Christopher John, DO | Unit: 6NE MED FAMMED

Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info
CHI FRANCISCAN HEALTH AT HOME				2901 Bridgeport Way Sw University Place Washington 98466-4614 253-534-7623

Level of Service

Level of Service	Modifiers
PR EMERGENCY DEPARTMENT VISIT HIGH MDM	GC

Infection Status as of 11/28/2023

Infection	Onset	Added	Added By	Resolved	Resolved By
None active					
Resolved					
Conjunctivitis		10/10/22 1009	OurPractice Advisory	11/27/23 1049	Hamilton, Anne K, RN
11/3 clinic note indicates this is resolved. -UWMC ML IP AH					
MRSA		07/27/19 0913	User: Kamangu, Carole Wapa	11/27/23 1135	Hamilton, Anne K, RN
Confirmed with Dr. Bothelo pt doesn't haven an active MRSA infection. Ok to resolve. AH UWMC ML IP					
R/O Respiratory	11/22/23	11/22/23 1638	Result: Respiratory Virus PCR Panel [280730297] (Ordered)	11/23/23 1203	Rule-Out Test Resulted

Medication List

Medication List

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication List (continued)

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Nguyen, Liem Hieu, MD
Discontinued on: 11/28/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/20/2023
Start date: 11/20/2023
End date: 11/28/2023
Quantity: 90 tablet
Refill: 1 refill by 11/19/2024

Discharge Medication List

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication List (continued)

Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/13/2022
Start date: 12/13/2022 — End date: 1/3/2024
Quantity: 90 tablet — Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2023
Start date: 2/24/2023 — End date: 4/10/2024
Quantity: 10 mL — Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO — Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/24/2023
Start date: 8/24/2023 — End date: 11/28/2023
Quantity: 45 tablet — Refill: 3 refills by 8/23/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/31/2023
Start date: 10/31/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 60 mL
Refill: No refills remaining

pantoprazole 40 MG EC tablet

Discontinued by: Navalurkar, Reema, MD — Discontinued on: 8/20/2024
Reason for discontinuation: Med list cleanup
Instructions: Take 1 tablet (40 mg) by mouth 2 times a day before meals.
Authorized by: Nguyen, Liem Hieu, MD — Ordered on: 11/27/2023
Start date: 11/27/2023 — End date: 8/20/2024
Quantity: 102 tablet — Refill: No refills remaining

bisacodyl 10 MG suppository

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication List (continued)

Authorized by: Nguyen, Liem Hieu, MD
Start date: 11/27/2023
Quantity: 7 suppository
Ordered on: 11/27/2023
End date: 12/4/2023
Refill: 1 refill by 11/26/2024

senna 8.6 MG tablet

Instructions: Take 2 tablets (17.2 mg) by mouth daily as needed for constipation.
Authorized by: Nguyen, Liem Hieu, MD
Start date: 11/27/2023
Quantity: 60 tablet
Ordered on: 11/27/2023
End date: 12/27/2023
Refill: 1 refill by 11/26/2024

polyethylene glycol 3350 17 GM/SCOOP oral powder

Authorized by: Nguyen, Liem Hieu, MD
Start date: 11/27/2023
Quantity: 238 g
Ordered on: 11/27/2023
End date: 12/27/2023
Refill: 1 refill by 11/26/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/22/2024
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Nguyen, Liem Hieu, MD
Start date: 11/27/2023
Quantity: 90 tablet
Ordered on: 11/27/2023
End date: 1/22/2024
Refill: No refills remaining

Stopped in Visit

None

ED Provider Note

ED Provider Notes by Alver, Amalie, MD at 11/22/2023 1142

Attestation signed by Zvonar, Ivan, MD at 11/23/2023 12:19 PM

I saw and evaluated the patient. I have reviewed the resident's/fellow's findings and agree.

No Critical Care

Ivan Zvonar, MD

CHIEF COMPLAINT

Chief Complaint

Patient presents with

- Multiple Complaints

HISTORY OF PRESENT ILLNESS AND REVIEW OF SYSTEMS

Patient is a 98 year old female with a significant past medical history of chronic venous stasis ulcers of the left lower extremity, musculoskeletal weakness has come in today with a chief complaint of failure to thrive. History was taken by son who is Jeanne's

ED Provider Note (continued)

primary care giver. Patient was seen at wound clinic today and was sent over for concern stated above. She was in her normal state of health until approximately two months prior to presentation when she started to decline physically and mentally. Son states that she has become weaker and has been having less po intake. In response patient states that she is not hungry any longer and doesn't want to eat. In conjunction patient is normally able to ambulate although with a walker. Lately she does not have the strength to get around with her walker. This and the decrease in intake has prompted today's visit.

Review of systems were significant for cough, slowed mentation, weakness in the lower extremities, pain in the right knee and hip, cough, and black stools. They deny fever, shortness of breath, abdominal pain, or back pain. Of note patient suffers from chronic venous stasis ulcers of the left lower extremity that son says has been managed for the last five years.

PAST MEDICAL AND SURGICAL HISTORY

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012

ED Provider Note (continued)

- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

MEDICATIONS AND ALLERGIES

OUTPATIENT MEDICATIONS:

Current Outpatient Medications

Medication	Instructions
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print

ED Provider Note (continued)

	Requisition
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• Calcium Carbonate 500 MG Oral Chew Tab	2 tablets, Oral, 3 times daily PRN
• cholecalciferol (VITAMIN D-3)	2,000 units, Oral, Daily
• losartan 25 MG tablet	take 1/2 tablet by mouth once daily
• MULTIPLE VITAMIN OR	Oral
• nystatin 100000 UNIT/ML mouth/throat suspension	5 mL, Swish & Swallow, 4 times daily
• ofloxacin 0.3 % ophthalmic solution	1-2 drops, Left EYE, 4 times daily
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• triamcinolone 0.1 % cream	Topical, 2 times daily, Apply to both forearms.
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

SOCIAL HISTORY AND FAMILY HISTORY

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Substance Use Topics	
• Alcohol use:	No
• Drug use:	No

Family History

Problem (# of Occurrences)	Relation (Name,Age of Onset)
No Known Problems (2)	**Mother**, **Father**

PHYSICAL EXAM

ED VITALS:

Vitals (Arrival)
T: **(!) 35.9 °C** (11/22/23 1103) **BP:** 118/63 (11/22/23 1103) **HR:** 68 (11/22/23 1103)

ED Provider Note (continued)

RR: 16 (11/22/23 1103) **SpO2:** 100 % (11/22/23 1103) Room air

Vitals (Most recent in last 24 hrs)

T: 36.7 °C (11/23/23 0439) **BP: (!) 106/59** (11/23/23 0439) **HR:** 65 (11/23/23 0439)
RR: 16 (11/23/23 0439) **SpO2:** 100 % (11/23/23 0439) Room air
T range: Temp Min: 35.9 °C Max: 37 °C
Wt 89 lb 8.1 oz (40.6 kg) Ht 5' 0" (1.524 m) Body mass index is 17.48 kg/m².

Physical Exam

Constitutional:
General: She is not in acute distress.
Appearance: She is not ill-appearing.

HENT:
Head: Normocephalic and atraumatic.
Right Ear: External ear normal.
Left Ear: External ear normal.
Nose: Nose normal. No congestion or rhinorrhea.

Eyes:
Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal.
Pupils: Pupils are equal, round, and reactive to light.

Neck:
Musculoskeletal: Normal range of motion.

Cardiovascular:
Heart sounds: Heart sounds are distant.

Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds.

Abdominal:
General: There is no distension.
Palpations: Abdomen is soft.

Musculoskeletal:
General: No swelling or tenderness. Normal range of motion.
Cervical back: Normal range of motion.

Skin:
General: Skin is warm.
Capillary Refill: Capillary refill takes 2 to 3 seconds.
Findings: Erythema and lesion present.
Comments: **Ulcers of left lower extremity; see pictures below**

Neurological:
Mental Status: She is alert.
Comments: **Hearing impaired at baseline, at times would inappropriately answer questions and difficult to discern if mentally impaired or due to hearing deficiency**

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Provider Note (continued)





11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Provider Note (continued)



LABORATORY:

Labs Reviewed

CBC, DIFF - Abnormal

Result	Value
WBC	12.97 (*)
RBC	3.25 (*)
Hemoglobin	10.3 (*)
Hematocrit	33 (*)
MCV	101 (*)
MCH	31.7
MCHC	31.4 (*)
Platelet Count	424 (*)
RDW-CV	15.9 (*)
% Neutrophils	79
% Lymphocytes	14
% Monocytes	6
% Eosinophils	0
% Basophils	0
% Immature Granulocytes	1
Neutrophils	10.24 (*)
Absolute Lymphocyte Count	1.76
Monocytes	0.80
Absolute Eosinophil Count	0.05
Basophils	0.04
Immature Granulocytes	0.08 (*)
Nucleated RBC	0.00

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Provider Note (continued)

% Nucleated RBC	0
COMPREHENSIVE METABOLIC PANEL - Abnormal	
Sodium	141
Potassium	4.1
Chloride	102
Carbon Dioxide, Total	25
Anion Gap	14 (*)
Glucose	120
Urea Nitrogen	20
Creatinine	0.82
Protein (Total)	7.7
Albumin	3.5
Bilirubin (Total)	0.4
Calcium	9.4
AST (GOT)	12
Alkaline Phosphatase (Total)	98
ALT (GPT)	9
eGFR by CKD-EPI 2021	>60
C_REACTIVE PROTEIN - Abnormal	
C_Reactive Protein	151.0 (*)
URINALYSIS WITH REFLEX CULTURE - Abnormal	
Color, URN	Yellow
Clarity, URN	Hazy
Specific Gravity, URN	1.027
pH, URN	< or =5.0
Protein (Alb Semiquant), URN	Trace (*)
Glucose Qual, URN	Negative
Ketones, URN	1+ (*)
Bilirubin (Qual), URN	Negative
Occult Blood, URN	Negative
Nitrite, URN	Positive (*)
Leukocyte Esterase, URN	Positive (*)
Urobilinogen, URN	0.1-1.9
Comments for Macroscopic, URN	None
Collection Method	Urine
WBC, URN	>50(4+) (*)
RBC, URN	0-2(NEG)
Bacteria, URN	Present (*)
Epith Cells_Squamous, URN	>5(PRESENT) (*)
Epith Cells_Renal/Trans,URN	3 (*)
Comments For Microscopic, URN	(*)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Provider Note (continued)

Value:	UA specimen tested more than 2 hours after collection. For optimum detection of cellular casts, the specimen should be examined as soon as possible.
Mucus, URN	Not Seen
1st Extra Urine Gray Top	Additional collection tube

CBC, DIFF - Abnormal

WBC	11.57 (*)
RBC	3.06 (*)
Hemoglobin	9.7 (*)
Hematocrit	31 (*)
MCV	100 (*)
MCH	31.7
MCHC	31.7 (*)
Platelet Count	387
RDW-CV	15.9 (*)
% Neutrophils	83
% Lymphocytes	11
% Monocytes	6
% Eosinophils	0
% Basophils	0
% Immature Granulocytes	0
Neutrophils	9.48 (*)
Absolute Lymphocyte Count	1.26
Monocytes	0.71
Absolute Eosinophil Count	0.02
Basophils	0.05
Immature Granulocytes	0.05
Nucleated RBC	0.00
% Nucleated RBC	0

CBC (HEMOGRAM) - Abnormal

WBC	7.97
RBC	2.61 (*)
Hemoglobin	8.6 (*)
Hematocrit	27 (*)
MCV	102 (*)
MCH	33.0
MCHC	32.5
Platelet Count	356
RDW-CV	15.9 (*)

FOLATE & VITAMIN B12 - Abnormal

Folate, SRM	>22.0
Vitamin B12 (Cobalamin)	>1500 (*)

IRON BINDING CAPACITY (W/IRON, TRANSFERRIN & TRANSF SAT) - Abnormal

Transferrin	132 (*)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Provider Note (continued)

Iron, SRM	14 (*)
Total Iron Binding Capacity	185 (*)
Transferrin Saturation	8 (*)
MAGNESIUM	
Magnesium	2.0
PHOSPHATE	
Phosphate	4.0
SARS-COV-2 (COVID-19) QUALITATIVE RAPID PCR	
COVID-19 Coronavirus Qual PCR Specimen Type	Nasal swab
COVID-19 Coronavirus Qual PCR Result	None detected
COVID-19 Coronavirus Qual PCR Interpretation	
Value:	This is a negative result. Laboratory testing alone cannot rule out infection, particularly in the presence of clinical risk factors such as symptoms or exposure history.
COVID-19 Qualitative PCR Indication	Admission Surveillance
1ST EXTRA GRAY TOP	
1st Extra Gray Top	Additional collection tube
TROPONIN_I	
Troponin_I	<0.03
Troponin_I Interpretation	Normal
REFLEX CULTURE FOR UA	
Reflex Culture for UA	Order Processed
TSH WITH REFLEXIVE FREE T4	
TSH with Reflexive Free T4	2.715
RESPIRATORY VIRUS PCR PANEL	
Influenza A/B & RSV Specimen	Nasal swab
Influenza A PCR Result	
Influenza A Ct Value	
Influenza B PCR Result	
Influenza B Ct Value	
RSV PCR Result	
Rsv Ct Value	
Influenza A/B & RSV	

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Provider Note (continued)

Interp	
Adeno/Metapneumo/Rhino Virus PCR Spec	Nasal swab
Adenovirus Result	
Adenovirus Ct Value	
Metapneumovirus Result	
Metapneumovirus Ct Value	
Rhinovirus Result	
Rhinovirus Ct Value	
Adeno/Metapneumo/Rhino Virus PCR Interp	
Coronavirus PCR Specimen	Nasal swab
CoV OC43 Result	
CoV OC43 Ct Value	
CoV HKU1 Result	
CoV HKU1 Ct Value	
CoV NL63 Result	
CoV NL63 Ct Value	
CoV 229E Result	
CoV 229E Ct Value	
Coronavirus PCR Interp	
Parainfluenza PCR Specimen	Nasal swab
Parainfluenza 1 Result	
PIV1 Ct Value	
Parainfluenza 2 Result	
PIV2 Ct Value	
Parainfluenza 3 Result	
PIV3 Ct Value	
Parainfluenza 4 Result	
PIV4 Ct Value	
Parainfluenza PCR Interp	

LEGIONELLA AG, URN

Legionella Ag, URN, Result	Negative
Legionella Ag, URN, Comment	
Value:	Negative for L. pneumophila serogroup 1 antigen, suggesting no recent or current infection. Infection due to Legionella cannot be ruled out since other serogroups and species may cause disease, antigen may not be present in urine in early infection, and

the level of antigen present in the urine may be below the detection limit of the test.

RETICULOCYTE COUNT

Reticulocyte Count, %	1.6
Absolute Reticulocyte Count	42
RETIC HEMOGLOBIN EQUIVALENT	30.9

BASIC METABOLIC PANEL
MAGNESIUM
PHOSPHATE
STREP. PNEUMONIAE AG, URN
FERRITIN
URINE C/S
R/O MRSA
BLOOD C/S
BLOOD C/S
BLOOD TYPE CONFIRMATION
BLOOD TYPE CONFIRMATION
TYPE AND SCREEN

IMAGING:

ED Wet Read -

CTA Abdomen and Pelvis Angio

Final Result

1. No evidence of active extravasation within the abdomen or pelvis.

2. Moderate to severe atherosclerotic calcification of the abdominal aorta and branch vessels, without focal stenosis, occlusion, or dissection.

This is a preliminary report dictated by Dr. Drew Anderson (PGY-3).

ATTENDING FINAL REPORT

I agree with the preliminary report. In the lower chest, probable additional foci of airspace disease, for example at the left base. Consider surveillance imaging ensure resolution. Coronary calcifications.

Extensive diverticulosis without convincing CT evidence of arterial extravasation or active inflammation. Consider colonoscopy if indicated.

I have personally reviewed the images and agree with

ED Provider Note (continued)

the report (or as edited).

XR Knee 4+ View Right

Final Result

Diffuse osseous demineralization. Vascular calcifications.

Pelvis: No acute fracture or pelvic ring disruption. Degenerative changes in the lumbosacral spine, sacroiliac joints, and pubic symphysis. Moderate bilateral hip osteoarthritis.

Right femur: Lateral plate and dynamic screw in the proximal femur transfixed an old intertrochanteric fracture. Lateral plate and screw fixation of the mid to distal femur transfix an old distal femoral diaphyseal fracture. The proximal screw of the lateral plate is slightly proud to the plate, similar to prior. Otherwise no hardware complication.

Right knee: No acute fracture or dislocation. Mild tricompartmental osteoarthritis most pronounced in the medial compartment. Suprapatellar enthesophyte at the quadriceps insertion. Trace joint effusion.

XR Femur 2 View Right

Final Result

Diffuse osseous demineralization. Vascular calcifications.

Pelvis: No acute fracture or pelvic ring disruption. Degenerative changes in the lumbosacral spine, sacroiliac joints, and pubic symphysis. Moderate bilateral hip osteoarthritis.

Right femur: Lateral plate and dynamic screw in the proximal femur transfixed an old intertrochanteric fracture. Lateral plate and screw fixation of the mid to distal femur transfix an old distal femoral diaphyseal fracture. The proximal screw of the lateral plate is slightly proud to the plate, similar to prior. Otherwise no hardware complication.

Right knee: No acute fracture or dislocation. Mild tricompartmental osteoarthritis most pronounced in the medial compartment. Suprapatellar enthesophyte at the quadriceps insertion. Trace joint effusion.

XR Chest 2 View

Final Result

Lungs: Focal opacities in the right midlung and right lower lobe, concerning for pneumonia.

ED Provider Note (continued)

Pleura: No definite effusion. No pneumothorax.

Heart and mediastinum: Unremarkable.

Bones: No acute or suspicious abnormality.

XR Pelvis 1-2 Vw

Final Result

Diffuse osseous demineralization. Vascular calcifications.

Pelvis: No acute fracture or pelvic ring disruption. Degenerative changes in the lumbosacral spine, sacroiliac joints, and pubic symphysis. Moderate bilateral hip osteoarthritis.

Right femur: Lateral plate and dynamic screw in the proximal femur transfixed an old intertrochanteric fracture. Lateral plate and screw fixation of the mid to distal femur transfix an old distal femoral diaphyseal fracture. The proximal screw of the lateral plate is slightly proud to the plate, similar to prior. Otherwise no hardware complication.

Right knee: No acute fracture or dislocation. Mild tricompartmental osteoarthritis most pronounced in the medial compartment. Suprapatellar enthesophyte at the quadriceps insertion. Trace joint effusion.

CT Head wo Contrast

Final Result

1. Age-related changes without acute intracranial abnormality.

Preliminary report by neuroradiology fellow; final report by the attending neuroradiologist will follow.

ATTENDING FINAL REPORT

FINDINGS/IMPRESSION (final):
I agree with the preliminary report with the following comment(s):
Subtle, asymmetric hypodensity is identified within the left caudate head and basal ganglia relative to the right, which appears to be relatively unchanged from examination of September 10, 2018, given differences in slice selection and technique. There is subtle asymmetric prominence of the left lateral ventricle relative to the right which may represent associated

ED Provider Note (continued)

ex vacuo dilatation. However, the possibility of an acute on chronic infarct within the deep left MCA distribution be difficult to entirely exclude. Clinical correlation is suggested.

+ct+

I have personally reviewed the images and agree with the report (or as edited).

Radiology Final Result -
No image results found.

EKG DOCUMENTATION

NSR, nl axis, nl intervals, low voltage precordial leads, no ST segment deviation

SUICIDE RISK EVALUATION

SEPSIS

ED COURSE/MEDICAL DECISION MAKING

Patient is a 98 year old female with venou stasis ulcer who has come in today with a chief complaint of FTT and altered mental status. Patient is well appearing but seems disoriented and is in need of repetition and yelling to understand others. Patient was evaluated tiwh CBC/CMP/UA/Viral Panel/CRP to initatiet work up and discern cause for weakness and possible altered mental status. No focal neurologic deficit c/f CVA. No history of seizure. Even though there was no fall reported, history provided by family member shows that she has been weaker than normal and attempts to ambulate on own despite lack of strength. With mental status change there is a possibility of head injury and CT head without contrast was obtained. Because of the complaint of right knee an hip pain radiographs of the right lower extremity were taken. X-ray of the chest were obtained due to complaints of cough. Finally due to reports of black stool CTA of Abdomen and pelvis were obtained. Of note patient HDS, no active bleeding. In regards

ED Provider Note (continued)

to patient LLE, no crepitus concerning for NSTI, good distal pulses, no swelling c/f DVT; recent XR reviewed no c/f osteomyelitis, does not appear to have overlying cellulitis at this time.

Radiographs of the right lower extremity did not show any acute fracture or subluxation in need of intervention. Chest X-ray was remarkable for a right middle and lower lobe pneumonia. The pneumonia was treated with CTX and Azithromycin. CT of the head was remarkable for age related changes however there was an area of concerned which suggested the possibility of an possibility of an acute on chronic infarct within the deep left MCA. Neurology was consulted to determine clinical significance of finding> Neurology recommendation stated that findings were also most likely related to age related changes and were not likely to contribute to the clinical presentation. Patient seems disoriented because hearing aid has no battery/ no on and needs to be replaced.

Labs were remarkable for a CRP of 151, a UA concerning for UTI and a leukocytosis with a neutrophilic predominance. Inpatient medicine was consulted for admission who accepted the patient to their service. At that point care was transferred to oncoming emergency resident.

ED Course as of 11/23/23 0722

Wed Nov 22, 2023

1052 While patient was checking into the waiting room, her PCP called. Has chronic leg ulcerations. Was seen in wound clinic today and doc is concerned about FTT, dehydration, and new R knee pain. [NC]

1643 Patient's care signed out to me, Boris Pavic ED R2 from: Evins

98y F with chronic venous status ulcer LLE with 2 d black stool here for AMS, pain in R hip, R knee, and diff walking. AMS most likely 2/2 unable to hear since hearing aid w/o battery but not great historian. CT head with age related changes with area of possible new infarction. Neuro consulted, not c/f infarct. WBC 12, CRP 151. CXR with PNA, given CTX and azithro. XR of knee and femur nl. Admit to medicine. [BP]

ED Course User Index

[BP] Pavic, Boris, MD
[NC] Chicoine Mooney, Nicole Marie, MD

External records review : Clinic Note

Assessment requires Independent Historian : Family member

Labs reviewed including : Pertinent labs finding stated above

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Provider Note (continued)

My interpretation of Radiographic Study : X-ray and Ct-findings stated above in MDM

Social determinants of health that effects today's patient care include : dependent on son who states they are in poor living conditions

Medications Given in the ED:

Medications

atorvastatin (Lipitor) tablet 10 mg (has no administration in time range)
calcium carbonate (Tums) chewable tablet 1,000 mg (has no administration in time range)
cholecalciferol (Vitamin D-3) tablet 2,000 units (has no administration in time range)
nystatin (Mycostatin) suspension 5 mL (5 mL Swish & Swallow Not Given 11/23/23 0524)
pentoxifylline ER (TRENtal) ER tablet 400 mg (has no administration in time range)
timolol maleate (Timoptic) 0.5 % ophthalmic solution 1 drop (1 drop Both EYES Given 11/22/23 2200)
triamcinolone (Kenalog) 0.1 % topical cream (Topical Given 11/22/23 2200)
acetaminophen (Tylenol) tablet 650 mg (has no administration in time range)
multivitamin with minerals tablet 1 tablet (has no administration in time range)
senna (Senokot) tablet 17.2 mg (has no administration in time range)
bisacodyl (Dulcolax) rectal suppository 10 mg (has no administration in time range)
ondansetron (Zofran) tablet 4 mg (has no administration in time range)
ondansetron (Zofran) injection 4 mg (has no administration in time range)
azithromycin (Zithromax) tablet 500 mg (has no administration in time range)
cefTRIAXone (Rocephin) 1 g in Iso-Osmotic (dextrose 3.8%) 50 mL IVPB (premix) (has no administration in time range)
pantoprazole (Protonix) injection 40 mg (40 mg Intravenous Not Given 11/22/23 2131)
lactated ringers infusion (75 mL/hr Intravenous New Bag/Syringe 11/22/23 2111)
lidocaine (Lidoderm) 4 % per patch 1 patch (1 patch Transdermal Medication Applied 11/22/23 2110)
cefTRIAXone (Rocephin) 2 g in Iso-Osmotic

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Provider Note (continued)

(dextrose 2.4%) 50 mL IVPB (premix) (0 g Intravenous Stopped 11/22/23 1612)
azithromycin (Zithromax) IVPB 500 mg in NS 250 mL (pkg premix) (0 mg Intravenous Stopped 11/22/23 1700)
pantoprazole (Protonix) injection 80 mg (80 mg Intravenous Given 11/22/23 2111)
iohexol (Omnipaque) 350 MG/ML contrast 80 mL (80 mL Intravenous Contrast Given 11/22/23 1831)

CLINICAL IMPRESSION AND DISPOSITION (Link)

Clinical Impressions:
[J18.9] Pneumonia of right middle lobe due to infectious organism

No follow-up provider specified.

Patient was given scripts for the following medications.
Current Discharge Medication List

Disposition: Admit

CRITICAL CARE/ADDITIONAL INFORMATION REVIEWED ATTENDING ONLY

Clauther, Evins, MD
Resident
11/23/23 0722

Zvonar, Ivan, MD
11/23/23 1217

Zvonar, Ivan, MD
11/23/23 1219

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Provider Note (continued)

Electronically signed by Zvonar, Ivan, MD at 11/23/2023 12:19 PM

ED Notes

ED Triage Notes by Cole, Brittany J, RN at 11/22/2023 1100

Patient brought in by son d/t loss of appetite, thrush, R knee pain. Denies chest pain, SOB, NVD, fevers. Patient Aox4 in triage.

Electronically signed by Cole, Brittany J, RN at 11/22/2023 11:06 AM

ED Notes by Mosley, Natasha A, RN at 11/22/2023 2027

Pt transported to floor in stable condition

Mosley, Natasha A, RN
11/22/23 2028

Electronically signed by Mosley, Natasha A, RN at 11/22/2023 8:28 PM

ED Care Timeline

Patient Care Timeline (11/22/2023 10:41 to 11/22/2023 20:43)

11/22/2023	Event	Details	User
10:41	**Patient arrived in ED**		Burnstin, Christine
10:41:44	**Emergency encounter created**		Burnstin, Christine
10:41:56	**Arrival Complaint**	failure to thrive	
10:43:47	**Registration Completed**		Burnstin, Christine
11:00	**Arrival Documentation**	**Triage Start** Triage Start: Start	Cole, Brittany J, RN
11:00:09	**Triage Started**		Cole, Brittany J, RN
11:00:14	**ED Triage Notes**	Patient brought in by son d/t loss of appetite, thrush, R knee pain. Denies chest pain, SOB, NVD, fevers. Patient Aox4 in triage.	Cole, Brittany J, RN

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

11:03	**Vital Signs**	**Vital Signs** Temp: **35.9 °C** ! Temp src: Oral Pulse: 68 Resp: 16 BP: 118/63 MAP (mmHg): 78 BP Site: Right Arm BP Method: Automatic Patient Position: Sitting SpO2: 100 % Vital Sign Reason: Routine **Vitals Timer** Restart Vitals Timer: Yes Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 100 % Oxygen Therapy: None (Room air) **Height and Weight** Height: 5' (152.4 cm) Height Method: Stated Weight: **40.8 kg (90 lb)** ! Weight Method: Stated	Cole, Brittany J, RN
11:03	**Custom Formula Data**	**Height and Weight** Weight in (lb) to have BMI = 25: 127.7 **Anthropometrics** Percentage of IBW (Female): 90 **Other flowsheet entries** BMI (Calculated): 17.61 BSA (Calculated - sq m): 1.31 sq meters BMI (Calculated): 17.6 IBW/kg (Calculated) Female: 45.5 kg Dubois BSA: 1.33 (m^2) Weight kg (view-only): 40.82 BMI (Calculated): 17.61 Temp (in Celsius) for APACHE IV: 35.9 IBW (Calculated, kg): 45.5 Proposed Low Range Vt 6mL/kg: 273 mL/kg Proposed Moderate Range Vt 8mL/kg: 364 mL/kg Proposed High Range Vt 10mL/kg: 455 mL/kg Hamwi IBW/kg (Calculated) Female: 45.36 Body Surface Area (Calculated): 1.31 Weight for Calculations - Calculated (oz): 1440 ounces	Cole, Brittany J, RN
11:04	**Abuse Indicators**	**Abuse Indicators** Have there been threats or direct abuse of you or your children?: Unable to assess Is someone forcing you to have sex?: Unable to assess Is anyone keeping you from your family?: Unable to assess Unable to assess? Indicate reason:: Privacy concern	Cole, Brittany J, RN
11:04	**ED Fall Risk Assessment**	**Fall Risk Assessment- KINDER 1** Altered Mental Status?: No Present to ED Due To Fall?: No Age greater than 70?: Yes Impaired Mobility?: Yes Nursing Judgement: Yes Intervention Score: 3 Safety Interventions: **Defer to bedside nurse** !	Cole, Brittany J, RN
11:04:41	**Allergies Reviewed**		Cole, Brittany J, RN

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

11:05	**Triage Completed**		Cole, Brittany J, RN
11:05	**ESET(Emergency Safety Evaluation Tool)**	**ESET (Emergency Safety Evaluation Tool)** ESET (Emergency Safety Evaluation Tool) Safety Screening Complete: Unable to Assess	Cole, Brittany J, RN
11:05	**Acuity/Destination**	**Acuity/Triage Complete** Patient Acuity: 3 Triage Complete: Triage complete	Cole, Brittany J, RN
11:05	**Homicidal Ideation**	**Homicidal Ideation** Thoughts of Harming Others: Denies Harmful Actions Toward Others: None observed	Cole, Brittany J, RN
11:05	**Suicide Risk Screening**	**Other flowsheet entries** Suicide assessment:: Start C-SSRS 1. Have you wished you were dead or wished you could go to sleep and not wake up?: No 2. Have you actually had any thoughts of killing yourself?: No 6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?: No **Risk Score - File Data to Calculate Score** C-SSRS (Short) Risk Calculation: No Identified Risk	Cole, Brittany J, RN
11:05:48	**Chief Complaints Updated**	**Multiple Complaints**	Cole, Brittany J, RN
11:06:10	**Patient roomed in ED**	To room ED21	Cole, Brittany J, RN
11:06:10	**Patient roomed in ED**		Cole, Brittany J, RN
11:10:11	**Assign Resident**	Alver, Amalie, MD assigned as Resident	Alver, Amalie, MD
11:10:11	**Assign Physician**		Alver, Amalie, MD
11:10:11	**First Provider Evaluation**		Alver, Amalie, MD
11:12:05	**Remove Resident**	Alver, Amalie, MD removed as Resident	Alver, Amalie, MD
11:12:14	**Waiting for Provider Status Selected**		Alver, Amalie, MD
11:13	**Assign Resident**	Alver, Amalie, MD assigned as Resident	Alver, Amalie, MD
11:13	**Assign Physician**		Alver, Amalie, MD
11:14:05	**Assign Nurse**	Mosley, Natasha A, RN assigned as Registered Nurse	Mosley, Natasha A, RN
11:42:16	**Note Shared**	ED Prov Note filed by Alver, Amalie, MD	Alver, Amalie, MD
11:45:32	**Remove Resident**	Alver, Amalie, MD removed as Resident	Alver, Amalie, MD
11:45:39	**In Triage Status Selected**		Alver, Amalie, MD
11:45:45	**Waiting for Provider Status Selected**		Alver, Amalie, MD
11:46:26	**Assign Resident**	Clauther, Evins, MD assigned as Resident	Clauther, Evins, MD
11:46:26	**Assign Physician**		Clauther, Evins, MD

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

12:31:24	**Orders Placed**	Lab - CBC with Diff; Comprehensive Metabolic Panel; Magnesium; Phosphate; C-Reactive Protein; Urinalysis with Reflex Culture Imaging - XR Knee 4+ View Right; XR Hip Unilat W Pelvis 2-3 View Right; CT Head wo Contrast	Clauther, Evins, MD
12:31:26	**Lab Ordered**	URINALYSIS WITH REFLEX CULTURE, C_REACTIVE PROTEIN, PHOSPHATE, MAGNESIUM, COMPREHENSIVE METABOLIC PANEL, CBC, DIFF	Clauther, Evins, MD
12:31:26	**XR Ordered**	XR HIP UNILAT W PELVIS 2-3 VW RIGHT, XR KNEE 4+ VW RIGHT	Clauther, Evins, MD
12:31:26	**CT Ordered**	CT HEAD W/O CONTRAST	Clauther, Evins, MD
12:33:04	**Assign Attending**	Zvonar, Ivan, MD assigned as Attending	Zvonar, Ivan, MD
12:33:04	**Assign Physician**		Zvonar, Ivan, MD
12:33:39	**Orders Acknowledged**	New - CBC with Diff; Comprehensive Metabolic Panel; Magnesium; Phosphate; C-Reactive Protein; Urinalysis with Reflex Culture; XR Knee 4+ View Right; XR Hip Unilat W Pelvis 2-3 View Right; CT Head wo Contrast	Mosley, Natasha A, RN
12:33:44	**Print Label for C-Reactive Protein Completed**	*C-Reactive Protein* - Type: **Blood**	Mosley, Natasha A, RN
12:33:44	**Print Label for CBC with Diff Completed**	*CBC with Diff* - Type: **Blood**	Mosley, Natasha A, RN
12:33:44	**Print Label for Comprehensive Metabolic Panel Completed**	*Comprehensive Metabolic Panel* - Type: **Blood**	Mosley, Natasha A, RN
12:33:44	**Print Label for Magnesium Completed**	*Magnesium* - Type: **Blood**	Mosley, Natasha A, RN
12:33:44	**Print Label for Phosphate Completed**	*Phosphate* - Type: **Blood**	Mosley, Natasha A, RN
12:33:44	**Forward C-Reactive Protein to Lab as Collection Add-On Discontinued**	*C-Reactive Protein*	Mosley, Natasha A, RN
12:33:44	**Forward CBC with Diff to Lab as Collection Add-On Discontinued**	*CBC with Diff*	Mosley, Natasha A, RN
12:33:44	**Forward Comprehensive Metabolic Panel to Lab as Collection Add-On Discontinued**	*Comprehensive Metabolic Panel*	Mosley, Natasha A, RN
12:33:44	**Forward Magnesium to Lab as Collection Add-On Discontinued**	*Magnesium*	Mosley, Natasha A, RN
12:33:44	**Forward Phosphate to Lab as Collection Add-On Discontinued**	*Phosphate*	Mosley, Natasha A, RN

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

12:33:44	**Send C-Reactive Protein to phlebotomy Discontinued**	*C-Reactive Protein*	Mosley, Natasha A, RN
12:33:44	**Send CBC with Diff to phlebotomy Discontinued**	*CBC with Diff*	Mosley, Natasha A, RN
12:33:44	**Send Comprehensive Metabolic Panel to phlebotomy Discontinued**	*Comprehensive Metabolic Panel*	Mosley, Natasha A, RN
12:33:44	**Send Magnesium to phlebotomy Discontinued**	*Magnesium*	Mosley, Natasha A, RN
12:33:44	**Send Phosphate to phlebotomy Discontinued**	*Phosphate*	Mosley, Natasha A, RN
12:34:23	**Orders Placed**	ECG - EKG 12-Lead	Zvonar, Ivan, MD
12:34:26	**ECG Ordered**	EKG 12 LEAD	Zvonar, Ivan, MD
12:49:24	**Orders Placed**	Lab - SARS-CoV-2 (COVID-19) Qualitative Rapid PCR Imaging - XR Femur 2 View Right; XR Chest 2 View	Zvonar, Ivan, MD
12:49:25	**Orders Placed**	Lab - Troponin-I	Zvonar, Ivan, MD
12:49:26	**Lab Ordered**	TROPONIN_I, SARS-COV-2 (COVID-19) QUALITATIVE RAPID PCR	Zvonar, Ivan, MD
12:49:26	**XR Ordered**	XR CHEST 2 VW, XR FEMUR 2 VW RIGHT	Zvonar, Ivan, MD
12:50	**Specimens Collected**	Troponin-I - ID: **W3145374** Type: **Blood**	
12:56:17	**Order Performed**	EKG 12-Lead - ID: **2359657**	
12:59:39	**ECG Performed**	EKG 12-Lead - [280668159]	Chou, Ramus Y, CMA
12:59:39	**Orders Completed**	EKG 12-Lead	Chou, Ramus Y, CMA
12:59:39	**Complete EKG 12-Lead Completed**	*EKG 12-Lead*	Chou, Ramus Y, CMA
13:04	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Mosley, Natasha A, RN
13:04	**Vitals**	**Vital Signs** Pulse: 74 (Device Time: 13:04:22) Resp: 17 (Device Time: 13:04:22) BP: 105/61 (Device Time: 13:03:56) MAP (mmHg): 76 (Device Time: 13:03:56) **Telemetry/Cardiac Monitor** Pulse: 74 (Device Time: 13:04:22) **Oxygen Therapy** SpO2: 99 %	Mosley, Natasha A, RN
13:05	**[REMOVED] Peripheral IV 11/22/23 20 G Anterior;Right Forearm Placed**	Earliest Known Removed: 11/24/23 Placement Date/Time: 11/22/23 1305 Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size Gauge: 20 G Orientation: Anterior;Right Location: Forearm	Mosley, Natasha A, RN

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

13:05	**Peripheral IV 11/22/23 20 G Anterior;Right Forearm Assessment**	Site Assessment: Clean; Intact; Dry Dressing Status: Clean; Dry; Intact Line Status: Blood return noted; Flushes without resistance; Saline locked Dressing Type: Transparent Phlebitis Grade: 0 Infiltration Grade: 0	Mosley, Natasha A, RN
13:07	**Orders Acknowledged**	New - EKG 12-Lead; XR Femur 2 View Right; XR Chest 2 View; SARS-CoV-2 (COVID-19) Qualitative Rapid PCR; Troponin-I	Mosley, Natasha A, RN
13:07	**Collect C-Reactive Protein Completed**	*C-Reactive Protein* - Type: **Blood**	Mosley, Natasha A, RN
13:07	**Collect CBC with Diff Completed**	*CBC with Diff* - Type: **Blood**	Mosley, Natasha A, RN
13:07	**Collect Comprehensive Metabolic Panel Completed**	*Comprehensive Metabolic Panel* - Type: **Blood**	Mosley, Natasha A, RN
13:07	**Collect Magnesium Completed**	*Magnesium* - Type: **Blood**	Mosley, Natasha A, RN
13:07	**Collect Phosphate Completed**	*Phosphate* - Type: **Blood**	Mosley, Natasha A, RN
13:07	**Specimens Collected**	CBC with Diff - ID: **W3145012** Type: **Blood** Comprehensive Metabolic Panel - ID: **W3145012** Type: **Blood** Magnesium - ID: **W3145012** Type: **Blood** Phosphate - ID: **W3145012** Type: **Blood** C-Reactive Protein - ID: **W3145012** Type: **Blood**	Mosley, Natasha A, RN
13:07	**Specimens Collected**	1st Extra Blue Top - ID: **W3145012** Type: **Plasma** 1st Extra Gold Top - ID: **W3145012** Type: **Serum** 1st Extra Gray Top - ID: **W3145012** Type: **Plasma** 1st Extra Pearl Top - ID: **W3145012** Type: **Plasma** Troponin-I - ID: **W3145012** Type: **Serum**	
13:07:06	**Print Label for SARS-CoV-2 (COVID-19) Qualitative Rapid PCR Completed**	*SARS-CoV-2 (COVID-19) Qualitative Rapid PCR* - Type: **Nasal swab**	Mosley, Natasha A, RN
13:07:22	**Forward Troponin-I to Lab as Collection Add-On Completed**	*Troponin-I* - Type: **Blood**	Mosley, Natasha A, RN
13:07:22	**Print Label for Troponin-I Discontinued**	*Troponin-I*	Mosley, Natasha A, RN
13:07:22	**Send Troponin-I to phlebotomy Discontinued**	*Troponin-I*	Mosley, Natasha A, RN

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

13:10	**Basic Assessment**	**Neurological** Neuro (WDL): Within Defined Limits Neuro Pertinent Negatives: Alert and oriented x 4; Speech clear Best Eye Response: Spontaneous Best Verbal Response: Oriented Best Motor Response: Follows commands Glasgow Coma Scale Score: 15 **Glasgow Coma Scale** Best Eye Response: Spontaneous Best Verbal Response: Oriented Best Motor Response: Follows commands Glasgow Coma Scale Score: 15 **HEENT** HEENT (WDL): Exceptions to WDL R Ear: Moderate hearing loss L Ear: Moderate hearing loss **Respiratory** Respiratory (WDL): Within Defined Limits **Cardiac** Cardiac (WDL): Within Defined Limits **Peripheral Vascular** Peripheral Vascular (WDL): Exceptions to WDL Pulses: L dorsalis pedis L Dorsalis Pedis Pulse: Doppler **LLE Peripheral Vascular Assessment** L Dorsalis Pedis Pulse: Doppler **Integumentary** Integumentary (WDL): Exceptions to WDL Skin Integrity: Other (Comment) (ulcers to LLE) **Musculoskeletal** Musculoskeletal (WDL): Exceptions to WDL (right knee and right hip pain) RUE: Limited movement **Gastrointestinal** Gastrointestinal (WDL): Within Defined Limits **Genitourinary** Genitourinary (WDL): Exceptions to WDL **Urine Assessment** Urinary Incontinence: Yes **Psychosocial** Psychosocial (WDL): Within Defined Limits	Mosley, Natasha A, RN
13:10	**Custom Formula Data**	**Other flowsheet entries** Glasgow Coma Scale Numeric: 15	Mosley, Natasha A, RN
13:11:18	**Orders Modified**	Order Modified - SARS-CoV-2 (COVID-19) Qualitative Rapid PCR (Comment: Modified from SARS-CoV-2 (COVID-19) Qualitative Rapid PCR)	Zvonar, Ivan, MD
13:11:18	**Orders Discontinued**	SARS-CoV-2 (COVID-19) Qualitative Rapid PCR (11/22/23 1250)	Mosley, Natasha A, RN
13:11:18	**Collect SARS-CoV-2 (COVID-19) Qualitative Rapid PCR Discontinued**	*SARS-CoV-2 (COVID-19) Qualitative Rapid PCR*	Mosley, Natasha A, RN
13:11:18	**Print Label for SARS-CoV-2 (COVID-19) Qualitative Rapid PCR Discontinued**	*SARS-CoV-2 (COVID-19) Qualitative Rapid PCR*	Mosley, Natasha A, RN
13:11:20	**Lab Ordered**	SARS-COV-2 (COVID-19) QUALITATIVE RAPID PCR	Mosley, Natasha A, RN
13:11:22	**Orders Acknowledged**	Modified - SARS-CoV-2 (COVID-19) Qualitative Rapid PCR (Comment: Modified from SARS-CoV-2 (COVID-19) Qualitative Rapid PCR)	Mosley, Natasha A, RN

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

13:11:26	**Print Label for SARS-CoV-2 (COVID-19) Qualitative Rapid PCR Completed**	*SARS-CoV-2 (COVID-19) Qualitative Rapid PCR* - Type: **Nasal swab**	Mosley, Natasha A, RN
13:20	**Collect SARS-CoV-2 (COVID-19) Qualitative Rapid PCR Completed**	*SARS-CoV-2 (COVID-19) Qualitative Rapid PCR* - Type: **Nasal swab**	Mosley, Natasha A, RN
13:20	**Specimens Collected**	SARS-CoV-2 (COVID-19) Qualitative Rapid PCR - ID: **W3145422** Type: **Nasal swab**	Mosley, Natasha A, RN
13:23:10	**1st Extra Blue Top Resulted**	Collected: **11/22/2023 13:07** Last updated: **11/22/2023 13:23** Status: **Final result** 1st Extra Blue Top: **Additional collection tube**	Uw Lab Results Interface, User
13:23:10	**1st Extra Gold Top Resulted**	Collected: **11/22/2023 13:07** Last updated: **11/22/2023 13:23** Status: **Final result** 1st Extra Gold Top: **Additional collection tube**	Uw Lab Results Interface, User
13:23:10	**1st Extra Gray Top Resulted**	Collected: **11/22/2023 13:07** Last updated: **11/22/2023 13:23** Status: **Final result** 1st Extra Gray Top: **Additional collection tube**	Uw Lab Results Interface, User
13:23:10	**1st Extra Pearl Top Resulted**	Collected: **11/22/2023 13:07** Last updated: **11/22/2023 13:23** Status: **Final result** 1st Extra Pearl Top: **Additional collection tube**	Uw Lab Results Interface, User
13:23:20	**Lab Ordered**	1ST EXTRA BLUE TOP	Uw Lab Results Interface, User
13:23:20	**Lab Ordered**	1ST EXTRA GOLD TOP	Uw Lab Results Interface, User
13:23:20	**Lab Ordered**	1ST EXTRA GRAY TOP	Uw Lab Results Interface, User
13:23:20	**Lab Ordered**	1ST EXTRA PEARL TOP	Uw Lab Results Interface, User
13:23:20	**Lab Ordered**	TROPONIN_I	Uw Lab Results Interface, User
13:23:37	**Lab Resulted**	(Final result) 1ST EXTRA BLUE TOP	Uw Lab Results Interface, User
13:23:37	**Lab Resulted**	(Final result) 1ST EXTRA GOLD TOP	Uw Lab Results Interface, User
13:23:37	**Lab Resulted**	(Final result) 1ST EXTRA GRAY TOP	Uw Lab Results Interface, User
13:23:37	**Lab Resulted**	(Final result) 1ST EXTRA PEARL TOP	Uw Lab Results Interface, User
13:24:36	**Orders Discontinued**	Troponin-I (11/22/23 1250)	Uw Lab Results Interface, User
13:24:36	**Forward Troponin-I to Lab as Collection Add-On Discontinued**	*Troponin-I*	Uw Lab Results Interface, User
13:28:39	**Imaging Exam Started**	XR Knee 4+ View Right	Flack, Lauren A, RT
13:28:39	**Imaging Exam Started**	XR Hip Unilat W Pelvis 2-3 View Right	Flack, Lauren A, RT
13:28:39	**Imaging Exam Started**	XR Femur 2 View Right	Flack, Lauren A, RT
13:28:39	**Imaging Exam Started**	XR Chest 2 View	Flack, Lauren A, RT
13:33:20	**Note Shared**	ED Prov Note filed by Clauther, Evins, MD	Clauther, Evins, MD
13:36:25	**Orders Modified**	Order Modified - XR Pelvis 1-2 Vw (Comment: Modified from XR Hip Unilat W Pelvis 2-3 View Right)	Clauther, Evins, MD

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

13:36:25	**XR Ordered**	XR PELVIS 1-2 VW	Flack, Lauren A, RT
13:36:25	**Orders Discontinued**	XR Hip Unilat W Pelvis 2-3 View Right (11/22/23 1230)	Flack, Lauren A, RT
13:36:45	**Orders Acknowledged**	Modified - XR Pelvis 1-2 Vw (Comment: Modified from XR Hip Unilat W Pelvis 2-3 View Right)	Mosley, Natasha A, RN
13:42:54	**CBC with Diff Resulted**	**Abnormal Result** Collected: **11/22/2023 13:07** Last updated: **11/22/2023 13:43** Status: **Final result** WBC: **12.97 10*3/uL** ^ [Ref Range: 4.3 - 10.0] RBC: **3.25 10*6/uL** v [Ref Range: 3.80 - 5.00] Hemoglobin: **10.3 g/dL** v [Ref Range: 11.5 - 15.5] Hematocrit: **33 %** v [Ref Range: 36.0 - 45.0] MCV: **101 fL** ^ [Ref Range: 81 - 98] MCH: **31.7 pg** [Ref Range: 27.3 - 33.6] MCHC: **31.4 g/dL** v [Ref Range: 32.2 - 36.5] Platelet Count: **424 10*3/uL** ^ [Ref Range: 150 - 400] RDW-CV: **15.9 %** ^ [Ref Range: 11.0 - 14.5] % Neutrophils: **79 %** % Lymphocytes: **14 %** % Monocytes: **6 %** % Eosinophils: **0 %** % Basophils: **0 %** % Immature Granulocytes: **1 %** Neutrophils: **10.24 10*3/uL** ^ [Ref Range: 1.80 - 7.00] Absolute Lymphocyte Count: **1.76 10*3/uL** [Ref Range: 1.00 - 4.80] Monocytes: **0.80 10*3/uL** [Ref Range: 0.00 - 0.80] Absolute Eosinophil Count: **0.05 10*3/uL** [Ref Range: 0.00 - 0.50] Basophils: **0.04 10*3/uL** [Ref Range: 0.00 - 0.20] Immature Granulocytes: **0.08 10*3/uL** ^ [Ref Range: 0.00 - 0.05] Nucleated RBC: **0.00 10*3/uL** [Ref Range: 0.00] % Nucleated RBC: **0 %**	Uw Lab Results Interface, User
13:43:04	**Lab Resulted**	(Final result) CBC, DIFF	Uw Lab Results Interface, User
13:43:04	**Collect C-Reactive Protein Discontinued**	*C-Reactive Protein*	Uw Lab Results Interface, User
13:43:04	**Collect CBC with Diff Discontinued**	*CBC with Diff*	Uw Lab Results Interface, User
13:43:04	**Collect Comprehensive Metabolic Panel Discontinued**	*Comprehensive Metabolic Panel*	Uw Lab Results Interface, User
13:43:04	**Collect Magnesium Discontinued**	*Magnesium*	Uw Lab Results Interface, User
13:43:04	**Collect Phosphate Discontinued**	*Phosphate*	Uw Lab Results Interface, User
13:43:04	**Print Label for C-Reactive Protein Discontinued**	*C-Reactive Protein*	Uw Lab Results Interface, User
13:43:04	**Print Label for CBC with Diff Discontinued**	*CBC with Diff*	Uw Lab Results Interface, User
13:43:04	**Print Label for Comprehensive Metabolic Panel Discontinued**	*Comprehensive Metabolic Panel*	Uw Lab Results Interface, User
13:43:04	**Print Label for Magnesium Discontinued**	*Magnesium*	Uw Lab Results Interface, User
13:43:04	**Print Label for Phosphate Discontinued**	*Phosphate*	Uw Lab Results Interface, User
13:46	**Imaging Department Paged**	**Imaging Department Paged?** Imaging Department Paged?: Yes	Arquiza, Ara, CMA
13:49:25	**Imaging Exam Started**	CT Head wo Contrast	Sheriff, Gulnoor A, RT
13:49:32	**Allergies Reviewed**		Sheriff, Gulnoor A, RT

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

13:50:07	**Lab Resulted**	(Preliminary result) SARS-COV-2 (COVID-19) QUALITATIVE RAPID PCR	Uw Lab Results Interface, User
14:00:27	**Comprehensive Metabolic Panel Resulted**	**Abnormal Result** Collected: **11/22/2023 13:07** Last updated: **11/22/2023 14:00** Status: **Final result** Sodium: **141 meq/L** [Ref Range: 135 - 145] Potassium: **4.1 meq/L** [Ref Range: 3.6 - 5.2] Chloride: **102 meq/L** [Ref Range: 98 - 108] Carbon Dioxide, Total: **25 meq/L** [Ref Range: 22 - 32] Anion Gap: **14** ^ [Ref Range: 4 - 12] Glucose: **120 mg/dL** [Ref Range: 62 - 125] Urea Nitrogen: **20 mg/dL** [Ref Range: 8 - 21] Creatinine: **0.82 mg/dL** [Ref Range: 0.38 - 1.02] Protein (Total): **7.7 g/dL** [Ref Range: 6.0 - 8.2] Albumin: **3.5 g/dL** [Ref Range: 3.5 - 5.2] Bilirubin (Total): **0.4 mg/dL** [Ref Range: 0.2 - 1.3] Calcium: **9.4 mg/dL** [Ref Range: 8.9 - 10.2] AST (GOT): **12 U/L** [Ref Range: 9 - 38] Alkaline Phosphatase (Total): **98 U/L** [Ref Range: 49 - 199] ALT (GPT): **9 U/L** [Ref Range: 7 - 33] eGFR by CKD-EPI 2021: **>60 mL/min/1.73_m2** [Ref Range: >59]	Uw Lab Results Interface, User
14:00:27	**Magnesium Resulted**	Collected: **11/22/2023 13:07** Last updated: **11/22/2023 14:00** Status: **Final result** Magnesium: **2.0 mg/dL** [Ref Range: 1.8 - 2.4]	Uw Lab Results Interface, User
14:00:27	**Phosphate Resulted**	Collected: **11/22/2023 13:07** Last updated: **11/22/2023 14:00** Status: **Final result** Phosphate: **4.0 mg/dL** [Ref Range: 2.5 - 4.5]	Uw Lab Results Interface, User
14:00:27	**C-Reactive Protein Resulted**	**Abnormal Result** Collected: **11/22/2023 13:07** Last updated: **11/22/2023 14:00** Status: **Final result** C_Reactive Protein: **151.0 mg/L** ^ [Ref Range: 0.0 - 10.0]	Uw Lab Results Interface, User
14:00:37	**Lab Resulted**	(Final result) COMPREHENSIVE METABOLIC PANEL	Uw Lab Results Interface, User
14:00:38	**Lab Resulted**	(Final result) C_REACTIVE PROTEIN	Uw Lab Results Interface, User
14:00:38	**Lab Resulted**	(Final result) MAGNESIUM	Uw Lab Results Interface, User
14:00:38	**Lab Resulted**	(Final result) PHOSPHATE	Uw Lab Results Interface, User
14:06:09	**Troponin-I Resulted**	Collected: **11/22/2023 13:07** Last updated: **11/22/2023 14:06** Status: **Final result** Troponin_I: **<0.03 ng/mL** [Ref Range: <0.04] (A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG) Troponin_I Interpretation: **Normal**	Uw Lab Results Interface, User
14:06:18	**Lab Resulted**	(Final result) TROPONIN_I	Uw Lab Results Interface, User
14:10:39	**Imaging Exam Ended**	CT Head wo Contrast	Liang, Yun-Hsin, RT
14:11:45	**Note Shared**	ED Prov Note filed by Clauther, Evins, MD	Clauther, Evins, MD
14:12:26	**Imaging Exam Ended**	XR Knee 4+ View Right	Flack, Lauren A, RT
14:12:26	**Imaging Exam Ended**	XR Femur 2 View Right	Flack, Lauren A, RT
14:12:26	**Imaging Exam Ended**	XR Chest 2 View	Flack, Lauren A, RT
14:12:26	**Imaging Exam Ended**	XR Pelvis 1-2 Vw	Flack, Lauren A, RT
14:19	**Collect Urinalysis with Reflex Culture Completed**	*Urinalysis with Reflex Culture* - Type: **Urine**	Uw Lab Results Interface, User
14:19	**Specimens Collected**	Urinalysis with Reflex Culture - ID: **W3146261** Type: **Urine** Reflex Culture for UA - ID: **W3146261** Type: **Urine** Culture Urine, Bact - ID: **W3148857** Type: **Urine**	

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

14:19:13	**Print Label for Urinalysis with Reflex Culture Completed**	*Urinalysis with Reflex Culture* - Type: **Urine**	Arquiza, Ara, CMA
14:23:57	**Order Performed**	XR Chest 2 View - ID: **40352225**	
14:24:09	**Order Performed**	CT Head wo Contrast - ID: **40352362**	
14:25:35	**XR Chest 2 View Resulted**	Collected: **11/22/2023 14:23** Last updated: **11/22/2023 14:28** Status: **Final result**	Interface, Radiology Results In
14:25:40	**Order Performed**	XR Knee 4+ View Right - ID: **40351912** XR Femur 2 View Right - ID: **40352224** XR Pelvis 1-2 Vw - ID: **40351901**	
14:27:51	**CT Preliminary Result**	CT Head wo Contrast	Interface, Radiology Results In
14:27:51	**CT Preliminary Result**	(Preliminary result) CT HEAD W/O CONTRAST	Interface, Radiology Results In
14:28:40	**Rad Resulted**	XR Chest 2 View	Interface, Radiology Results In
14:28:40	**Xray Final Result**	(Final result) XR CHEST 2 VW	Interface, Radiology Results In
14:31:48	**XR Knee 4+ View Right Resulted**	Collected: **11/22/2023 14:25** Last updated: **11/22/2023 14:34** Status: **Final result**	Interface, Radiology Results In
14:31:48	**XR Femur 2 View Right Resulted**	Collected: **11/22/2023 14:25** Last updated: **11/22/2023 14:34** Status: **Final result**	Interface, Radiology Results In
14:31:48	**XR Pelvis 1-2 Vw Resulted**	Collected: **11/22/2023 14:25** Last updated: **11/22/2023 14:34** Status: **Final result**	Interface, Radiology Results In
14:34:52	**Rad Resulted**	XR Knee 4+ View Right	Interface, Radiology Results In
14:34:52	**Xray Final Result**	(Final result) XR KNEE 4+ VW RIGHT	Interface, Radiology Results In
14:34:53	**Rad Resulted**	XR Pelvis 1-2 Vw	Interface, Radiology Results In
14:34:53	**Xray Final Result**	(Final result) XR PELVIS 1-2 VW	Interface, Radiology Results In
14:34:53	**Rad Resulted**	XR Femur 2 View Right	Interface, Radiology Results In
14:34:53	**Xray Final Result**	(Final result) XR FEMUR 2 VW RIGHT	Interface, Radiology Results In
14:39:38	**CT Head wo Contrast Resulted**	Collected: **11/22/2023 14:24** Last updated: **11/22/2023 14:42** Status: **Final result**	Interface, Radiology Results In
14:42:46	**CT Final Result**	CT Head wo Contrast	Interface, Radiology Results In
14:42:46	**CT Final Result**	(Final result) CT HEAD W/O CONTRAST	Interface, Radiology Results In

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

14:49	**ED Fall Risk Assessment**	**Fall Risk Assessment- KINDER 1** Altered Mental Status?: No Present to ED Due To Fall?: No Age greater than 70?: Yes Impaired Mobility?: Yes Nursing Judgement: Yes Intervention Score: 3 Safety Interventions: Siderails up; Call light in reach; Bed in low position	Mosley, Natasha A, RN
14:49	**Disability/ADL Screening**	**ADL Screening** Do you have any physical, mental or emotional impairments your care team should be aware of?: Deaf, d/Deaf, or hard of hearing How do any of the identified impairments affect your ability to perform daily activities?: Hearing Assistive Devices: Hearing aid - left; Hearing aid - right	Mosley, Natasha A, RN
14:55:37	**Admit Disposition Selected**	ED Disposition set to Admit.	Zvonar, Ivan, MD
14:55:37	**Disposition Selected**		Zvonar, Ivan, MD
14:55:37	**Admit Disposition Selected**		Zvonar, Ivan, MD
14:56:55	**Orders Placed**	Medications - cefTRIAXone (Rocephin) 2 g in Iso-Osmotic (dextrose 2.4%) 50 mL IVPB (premix); azithromycin (Zithromax) IVPB 500 mg in NS 250 mL (pkg premix)	Clauther, Evins, MD
15:22:40	**SARS-CoV-2 (COVID-19) Qualitative Rapid PCR Resulted**	Collected: **11/22/2023 13:20** Last updated: **11/22/2023 15:22** Status: **Final result** COVID-19 Coronavirus Qual PCR Specimen Type: **Nasal swab** COVID-19 Coronavirus Qual PCR Result: **None detected** [Ref Range: NDET] COVID-19 Coronavirus Qual PCR Interpretation: **This is a negative result. Laboratory testing alone cannot rule out infection, particularly in the presence of clinical risk factors such as symptoms or exposure history.** (Testing performed using the Cepheid Xpert (TM) Xpress SARS-CoV-2/Flu/RSV Test Kit. See https://testguide.labmed.uw.edu/FABRCV for details. This test is not yet approved or cleared by the United States FDA. When there are no FDA-approved or cleared tests available, and other criteria are met, FDA can make tests available under an emergency access mechanism called an Emergency Use Authorization (EUA). The EUA for this test is supported by the Secretary of Health and Human Service's (HHS's) declaration that circumstances exist to justify the emergency use of in vitro diagnostics for the detection and/or diagnosis of the virus that causes COVID-19. This EUA will remain in effect (meaning this test can be used) for the duration of the COVID-19 declaration justifying emergency of IVDs, unless it is terminated or revoked by FDA (after which the test may no longer be used).) COVID-19 Qualitative PCR Indication: **Admission Surveillance**	Uw Lab Results Interface, User
15:22:51	**Lab Resulted**	(Final result) SARS-COV-2 (COVID-19) QUALITATIVE RAPID PCR	Uw Lab Results Interface, User
15:22:51	**Collect SARS-CoV-2 (COVID-19) Qualitative Rapid PCR Discontinued**	*SARS-CoV-2 (COVID-19) Qualitative Rapid PCR*	Uw Lab Results Interface, User
15:22:51	**Print Label for SARS-CoV-2 (COVID-19) Qualitative Rapid PCR Discontinued**	*SARS-CoV-2 (COVID-19) Qualitative Rapid PCR*	Uw Lab Results Interface, User
15:30	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Mosley, Natasha A, RN

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

15:30	**Vitals**	**Vital Signs** Pulse: 99 (Device Time: 15:30:19) Resp: 20 (Device Time: 15:30:19) BP: **125/99** ! (Device Time: 15:30:00) MAP (mmHg): 108 (Device Time: 15:30:00) **Telemetry/Cardiac Monitor** Pulse: 99 (Device Time: 15:30:19) **Oxygen Therapy** SpO2: 100 % (Device Time: 15:30:19)	Mosley, Natasha A, RN
15:33:04	**Admit Disposition Selected**	ED Disposition set to Admit.	Clauther, Evins, MD
15:33:04	**Disposition Selected**		Clauther, Evins, MD
15:33:04	**Admit Disposition Selected**		Clauther, Evins, MD
15:33:04	**Orders Placed**	Transfer - ED to floor bed request	Clauther, Evins, MD
15:33:09	**ED IP Bed Requested**	ED to floor bed request - [280715999]	Clauther, Evins, MD
15:33:09	**Bed Request Ready to Plan**	Ready to Plan: MEDICINE B GEN ADULT	Clauther, Evins, MD
15:52	**Medication New Bag/Syringe**	cefTRIAXone (Rocephin) 2 g in Iso-Osmotic (dextrose 2.4%) 50 mL IVPB (premix) - Dose: **2 g** ; Rate: **150 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 11/22/23 20 G Anterior;Right Forearm** ; Scheduled Time: **1500**	Mosley, Natasha A, RN
15:52:12	**Orders Acknowledged**	New - cefTRIAXone (Rocephin) 2 g in Iso-Osmotic (dextrose 2.4%) 50 mL IVPB (premix); azithromycin (Zithromax) IVPB 500 mg in NS 250 mL (pkg premix); ED to floor bed request	Mosley, Natasha A, RN
16:00	**Medication New Bag/Syringe**	azithromycin (Zithromax) IVPB 500 mg in NS 250 mL (pkg premix) - Dose: **500 mg** ; Rate: **250 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 11/22/23 20 G Anterior;Right Forearm** ; Scheduled Time: **1500**	Mosley, Natasha A, RN
16:10:55	**Team Member Assigned**	Persenaire, Michael J, MD assigned as Attending	Sarhadi, Kasra John, MD
16:10:57	**Team Member Removed**	Persenaire, Michael J, MD removed as Attending	Sarhadi, Kasra John, MD
16:11	**Team Member Assigned**	Kalani, Rizwan, MD assigned as Attending	Uw Interconnect, User One
16:12	**Medication Stopped**	cefTRIAXone (Rocephin) 2 g in Iso-Osmotic (dextrose 2.4%) 50 mL IVPB (premix) - Route: **Intravenous** ; Line: **Peripheral IV 11/22/23 20 G Anterior;Right Forearm** ; Scheduled Time: **1612**	Mosley, Natasha A, RN
16:12	**I/O**	**cefTRIAXone (Rocephin) 2 g in Iso-Osmotic (dextrose 2.4%) 50 mL IVPB (premix)** Volume (mL): 50	Mosley, Natasha A, RN
16:25	**Patient Status Change to Inpatient**		Nguyen, Liem Hieu, MD
16:25:28	**Orders Placed**	Code Status - Full code, Code Status - Full code Admission - Admit to Inpatient	Nguyen, Liem Hieu, MD
16:25:30	**Orders Completed**	ED to floor bed request	Nguyen, Liem Hieu, MD
16:44:05	**Bed Pre-Assigned**	Pre-assigned: 6NE	Nahel, Nicole Elyse, RN
16:55:21	**Remove Resident**	Clauther, Evins, MD removed as Resident	Pavic, Boris, MD

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

16:55:21	**Assign Resident**	Pavic, Boris, MD assigned as Resident	Pavic, Boris, MD
16:55:21	**Assign Physician**		Pavic, Boris, MD
16:58:37	**CT Ordered**	CTA ABDOMEN AND PELVIS ANGIO	Clauther, Evins, MD
16:58:37	**Orders Placed**	Medications - pantoprazole (Protonix) injection 80 mg Imaging - CTA Abdomen and Pelvis Angio	Clauther, Evins, MD
17:00	**Medication Stopped**	azithromycin (Zithromax) IVPB 500 mg in NS 250 mL (pkg premix) - Route: **Intravenous** ; Line: **Peripheral IV 11/22/23 20 G Anterior;Right Forearm** ; Scheduled Time: **1700**	Mosley, Natasha A, RN
17:00	**I/O**	**azithromycin (Zithromax) IVPB 500 mg in NS 250 mL (pkg premix)** Volume (mL): 250	Mosley, Natasha A, RN
17:30	**Vital Signs**	**Vital Signs** Pulse: 77 (Device Time: 17:30:16) Resp: 17 (Device Time: 17:30:16) BP: **92/42** ! (Device Time: 17:30:00) MAP (mmHg): 58 (Device Time: 17:30:00) SpO2: 100 % (Device Time: 17:30:16) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 100 % (Device Time: 17:30:16)	Robinson, Jeffrey P, RN
17:47:09	**Imaging Exam Started**	CTA Abdomen and Pelvis Angio	Parrott, Gina, RT
17:47:13	**Allergies Reviewed**		Parrott, Gina, RT
17:50:20	**Orders Placed**	Lab - CBC with Diff	Zvonar, Ivan, MD
17:50:21	**Lab Ordered**	CBC, DIFF	Zvonar, Ivan, MD
18:13:33	**Orders Placed**	Medications - lactated ringers infusion	Botelho, Alyssa Adachi, MD
18:23	**Team Member Assigned**	Botelho, Alyssa Adachi, MD assigned as Primary Contact	Uw Interconnect, User One
18:24:18	**Assign Attending**	Kessler, Ross Abraham, MD assigned as Attending	Kessler, Ross Abraham, MD
18:24:18	**Assign Physician**		Kessler, Ross Abraham, MD
18:24:19	**ED Boarder Patient**		Nguyen, Liem Hieu, MD
18:24:39	**ED Boarder Patient**		Nguyen, Liem Hieu, MD
18:25:09	**Lab Resulted**	(Preliminary result) URINALYSIS WITH REFLEX CULTURE	Uw Lab Results Interface, User
18:25:16	**ED Boarder Patient**		Nguyen, Liem Hieu, MD
18:25:27	**ED Boarder Patient**		Nguyen, Liem Hieu, MD
18:29:33	**Imaging Exam Ended**	CTA Abdomen and Pelvis Angio	Pajtas, Sharilee A, RT
18:31	**Medication Contrast Given**	iohexol (Omnipaque) 350 MG/ML contrast 80 mL - Dose: **80 mL** ; Route: **Intravenous** ; Line: **Peripheral IV 11/22/23 20 G Anterior;Right Forearm**	Pajtas, Sharilee A, RT
18:31:02	**Orders Placed**	Medications - iohexol (Omnipaque) 350 MG/ML contrast 80 mL	Zvonar, Ivan, MD

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

18:45	**Care Handoff**	**Care Handoff** Report Given to: Given to unit Report Given To (Name): Chrissy RN	Mosley, Natasha A, RN
18:45:31	**Orders Acknowledged**	New - Admit to Inpatient; Full code, Code Status - Full code; pantoprazole (Protonix) injection 80 mg; CTA Abdomen and Pelvis Angio; CBC with Diff; lactated ringers infusion; iohexol (Omnipaque) 350 MG/ML contrast 80 mL	Mosley, Natasha A, RN
19:09	**Team Member Assigned**	Paller-Moore, Mackenzie Ramos, MD assigned as Primary Contact	Uw Interconnect, User One
19:11	**Team Member Assigned**	Birjandian, Zeinab, MD assigned as Primary Contact	Uw Interconnect, User One
19:15:42	**Urinalysis with Reflex Culture Resulted (Edited)**	**Abnormal Result** Collected: **11/22/2023 14:19** Last updated: **11/22/2023 20:01** Status: **Edited Result - FINAL** Color, URN: **Yellow** Clarity, URN: **Hazy** Specific Gravity, URN: **1.027 g/mL** [Ref Range: 1.006 - 1.027] pH, URN: **< or =5.0** [Ref Range: 5.0 - 8.0] Protein (Alb Semiquant), URN: **Trace** ! [Ref Range: NRN] Glucose Qual, URN: **Negative** [Ref Range: NRN] Ketones, URN: **1+** ! [Ref Range: NRN] Bilirubin (Qual), URN: **Negative** [Ref Range: NRN] Occult Blood, URN: **Negative** [Ref Range: NRN] Nitrite, URN: **Positive** ! [Ref Range: NRN] Leukocyte Esterase, URN: **Positive** ! [Ref Range: NRN] Urobilinogen, URN: **0.1-1.9 {Ehrlich'U}** [Ref Range: URONML] Comments for Macroscopic, URN: **None** Collection Method: **Urine** WBC, URN: **>50(4+) /[HPF]** ! [Ref Range: Z5NEG] RBC, URN: **0-2(NEG) /[HPF]** [Ref Range: Z2NEG] Bacteria, URN: **Present** ! [Ref Range: NOSEEN] Epith Cells_Squamous, URN: **>5(PRESENT) /[LPF]** ! [Ref Range: LT6] Epith Cells_Renal/Trans,URN: **3 /[HPF]** ! [Ref Range: LESS3] Comments For Microscopic, URN: **UA specimen tested more than 2 hours after collection. For optimum detection of cellular casts, the specimen should be examined as soon as possible.** ! [Ref Range: NONE] Mucus, URN: **Not Seen /[LPF]** [Ref Range: NOSEEN] 1st Extra Urine Gray Top: **Additional collection tube**	Uw Lab Results Interface, User
19:15:44	**Lab Ordered**	REFLEX CULTURE FOR UA	Uw Lab Results Interface, User
19:15:48	**Lab Resulted**	(Preliminary result) URINALYSIS WITH REFLEX CULTURE	Uw Lab Results Interface, User
19:15:51	**Lab Resulted**	(Final result) URINALYSIS WITH REFLEX CULTURE	Uw Lab Results Interface, User
19:15:51	**Collect Urinalysis with Reflex Culture Discontinued**	*Urinalysis with Reflex Culture*	Uw Lab Results Interface, User
19:15:51	**Print Label for Urinalysis with Reflex Culture Discontinued**	*Urinalysis with Reflex Culture*	Uw Lab Results Interface, User
19:39:10	**Note Shared**	ED Prov Note filed by Clauther, Evins, MD	Clauther, Evins, MD
19:47:43	**IP Bed Assigned Status Selected**		Haugen, Keenan E, RN
19:49	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Mosley, Natasha A, RN
19:49	**Vitals**	**Vital Signs** Pulse: 74 (Device Time: 19:49:12) Resp: **21** ! BP: **122/91** ! (Device Time: 19:49:28) MAP (mmHg): 101 (Device Time: 19:49:28) **Telemetry/Cardiac Monitor** Pulse: 74 (Device Time: 19:49:12) **Oxygen Therapy** SpO2: 99 % (Device Time: 19:49:12)	Mosley, Natasha A, RN

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

19:56	**Complex Vitals**	**Complex Vitals** BP: **102/53** ! MAP (mmHg): 67 BP Site: Right Arm BP Method: Automatic Pulse: 74 Heart Rate Source: Monitor Resp: 16 SpO2: 100 % Oxygen Therapy: None (Room air) Temp: 36.8 °C Temp src: Temporal Patient Position: Lying Vital Sign Reason: Routine **Vitals Timer** Restart Vitals Timer: Yes Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 100 % Pulse Oximetry Type: Intermittent Oxygen Therapy: None (Room air)	Ocasio, Alicia Maria Sachiko, CMA
19:56	**Custom Formula Data**	**Other flowsheet entries** Temp (in Celsius) for APACHE IV: 36.8	Ocasio, Alicia Maria Sachiko, CMA
20:01:01	**Reflex Culture for UA Resulted**	Collected: **11/22/2023 14:19** Last updated: **11/22/2023 20:01** Status: **Final result** Reflex Culture for UA: **Order Processed**	Uw Lab Results Interface, User
20:01:09	**Lab Ordered**	URINE C/S	Uw Lab Results Interface, User
20:01:11	**Lab Resulted**	(Edited Result - FINAL) URINALYSIS WITH REFLEX CULTURE	Uw Lab Results Interface, User
20:01:11	**Lab Resulted**	(Final result) REFLEX CULTURE FOR UA	Uw Lab Results Interface, User
20:21:13	**Order Performed**	CTA Abdomen and Pelvis Angio - ID: **40356903**	
20:27:35	**ED Notes**	Pt transported to floor in stable condition Mosley, Natasha A, RN 11/22/23 2028	Mosley, Natasha A, RN
20:30	**Patient transferred**	From room ED21 to room OTF	Mosley, Natasha A, RN
20:30:25	**Remove Nurse**	Mosley, Natasha A, RN removed as Registered Nurse	Mosley, Natasha A, RN
20:38:25	**Orders Placed**	Medications - lidocaine (Lidoderm) 4 % per patch 1 patch	Botelho, Alyssa Adachi, MD
20:40:20	**CT Preliminary Result**	CTA Abdomen and Pelvis Angio	Interface, Radiology Results In
20:40:20	**CT Preliminary Result**	(Preliminary result) CTA ABDOMEN AND PELVIS ANGIO	Interface, Radiology Results In
20:43	**Patient admitted**	To department U 6NE	Butay, Bethany Amber, RN
20:43:47	**Bed Pre-Assigned**	Pre-assigned: 6NE - 6206/6206-01	Butay, Bethany Amber, RN
20:43:47	**IP Bed Assigned**	Assigned: 6NE - 6206/6206-01	Butay, Bethany Amber, RN

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

ED Care Timeline (continued)

20:43:47	**Hospital bed ready**	Bed Ready: 6NE - 6206/6206-01	Butay, Bethany Amber, RN
20:43:49	**Charting Complete**		Botelho, Alyssa Adachi, MD
20:43:49	**Charting Complete**		Kalani, Rizwan, MD
20:43:49	**Charting Complete**		Persenaire, Michael J, MD
20:43:49	**Orders Completed**	Admit to Inpatient	Butay, Bethany Amber, RN
20:43:49	**Charting Complete**		Alver, Amalie, MD
20:43:49	**Charting Complete**		Rosse, Christopher John, DO
20:43:49	**Charting Complete**		Paller-Moore, Mackenzie Ramos, MD
20:43:49	**Charting Complete**		Mosley, Natasha A, RN
20:43:50	**Charting Complete**		Birjandian, Zeinab, MD
20:44	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Logrono, April Kathlyn Kathlyn, RN
20:44	**Vitals**	**Vital Signs** Temp: 36.5 °C Temp src: Temporal Pulse: 73 Heart Rate Source: Monitor Resp: 16 BP: 110/61 (Device Time: 20:43:11) MAP (mmHg): 77 (Device Time: 20:43:11) BP Site: Right Arm BP Method: Automatic Patient Position: Lying Vital Sign Reason: Other(comment) (Admission) **Telemetry/Cardiac Monitor** Pulse: 73 Heart Rate Source: Monitor **Oxygen Therapy** SpO2: 100 % Oxygen Therapy: None (Room air)	Logrono, April Kathlyn Kathlyn, RN
20:44	**Custom Formula Data**	**Other flowsheet entries** Temp (in Celsius) for APACHE IV: 36.5	Logrono, April Kathlyn Kathlyn, RN

H&P Notes

H&P by Botelho, Alyssa Adachi, MD at 11/22/2023 1547

Attestation with edits by Rosse, Christopher John, DO at 11/23/2023 11:27 AM

Date of Service: 11/22/23
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

History and Physical

Jeanne Leonie Hoffman ("Jeane") - DOB: 1/6/1925 (98 year old female)
Preferred Pronouns: she/her/hers, patient's name
PCP: Neighbor Jr., William E, MD
Code Status: No Order

CHIEF CONCERN / IDENTIFICATION:
Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:

History obtained by son and DPOA Louis: Cell - 206-280-1287, landline: 206-780-6885

Per son, pt is very independent at baseline - cooks for herself, toilets independently, goes to cafe with friends, walks with walker, and is cognitively intact. However over the past 2 months or so patient has had gradually worsening PO intake, weakness, and spent more time in bed. spe resulting in patient becoming more weak and fatigue and no longer able to do activities that she used to be able to do.

Pt was evaluated for these concerns at NWH ED 10/17/23 and at that time found to have milk leukocytosis to 11.8, given gentle IVF with improvement and discharged empirically on 7 days of Keflex for possible cellulitis of known LE wounds (though no c/f for this noted on their exam). Pt completed this.

Shortly after that, son noted that her family doctor noted thrush in her mouth and she received nystatin swish and swallow, which cleared it up.

In the last 2 weeks, Lewis notes that the patient seems to have taken a turn for the worse. She has eaten very little, and been complaining of difficulty swallowing, and thus has been eating mostly soups and smashed food. She is also had new difficulty toileting by herself. Once last week, we was noted that she had a black stool in the toilet. 2 days ago, he noted that she had some bloody stool when he changed her. She has not had a BM since that time. She also has worsening pain of her R knee over the last few weeks, but denies a fall.

Per Louis, pt has not had const sx, confusion or agitation, chest pain or pressure, cough or shortness of breath, abdominal pain, nausea or vomiting, pain or difficulty urinating, or wounds or skin changes elsewhere on her body besides known chronic wounds of her left lower extremity (see photos under media).

Regarding sick contacts son Lewis had a cough and possible URI about 2 weeks ago. He did not test for COVID.

Hx of hardware including R femoral plate, R hip replacement. No hx of artificial heart valve. No hx of dental infection.

ED Course

Vitals: T 35.9 118/63 68 100% RA

Pertinent labs:
CBC: Hgb 10.3 WBC 12.97 Plt 424
CMP: Na 141 K 4.1 HCO3 25 Cr 0.82 Glucose 120
Mg 2 Phos 4
LFTS wnl
CRP 151 elevated
Trop <0.03
COVID neg
EKG in sinus rhythm HR 79, no ectopy, normal intervals, normal axis, known RBBB since at least 2020 per review. No ST segment changes or T wave changes consistent with acute ischemia. No STEMI or STEMI equivalent. When compared to most recent prior EKG, PT, QRS, and T wave morphology is unchanged.

H&P Notes (continued)

Pertinent imaging/studies:
CT Head with sutle asymmetric prominence of L lateral ventricle c/f acute on chronic deep L MCA infarct vs ex vacuo dilation
CXR with focal opacities in R midlung and RLL, no effusion, no PTX
XR R knee, femur, pelvis: with diffuse degenerative disease
CTA AP with no evidence of active extravasation in abdomen or pelvis

Key treatments:
Neuro c/s: no c/f acute stroke
Initiated IVF 75 cc/hr for SBP 90s
Initiated CTX, azithromycin

HISTORY
Past Medical History:
Per son, no personal hx cancer, MI, stroke, diabetes

Past Surgical History:
R femoral fx s/p femoral plate

Social History:
Lives with son and caregiver Louis in house on Bainbridge Island, some concern for safety of dwelling per Louis and difficulty with landlord (they have had a history of housing insecurity)

Family History:
Deferred

OUTPATIENT MEDICATIONS:
Current Outpatient Medications

Medication	Instructions
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• Calcium Carbonate 500 MG Oral Chew Tab	2 tablets, Oral, 3 times daily PRN
• cholecalciferol (VITAMIN D-3)	2,000 units, Oral, Daily
• losartan 25 MG tablet	take 1/2 tablet by mouth once daily
• MULTIPLE VITAMIN OR	Oral
• nystatin 100000 UNIT/ML mouth/throat suspension	5 mL, Swish & Swallow, 4 times daily
• ofloxacin 0.3 % ophthalmic solution	1-2 drops, Left EYE, 4 times daily
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• triamcinolone 0.1 % cream	Topical, 2 times daily, Apply to both forearms.
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Nitrofurantoin, Penicillins, and Sulfa antibiotics
Objective

OBJECTIVE

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

H&P Notes (continued)

T: **(!) 35.9 °C** (11/22/23 1103) **BP:** 118/63 (11/22/23 1103) **HR:** 68 (11/22/23 1103) **RR:** 16 (11/22/23 1103) **SpO2:** 100 % (11/22/23 1103)
Vitals (Most recent in last 24 hrs)
T: **(!) 35.9 °C** (11/22/23 1103) **BP:** **(!) 125/99** (11/22/23 1530) **HR:** 99 (11/22/23 1530) **RR:** 20 (11/22/23 1530) **SpO2:** 100 % (11/22/23 1530) Room air **T range:** Temp Min: 35.9 °C Max: 36.9 °C Wt 90 lb (40.824 kg) Ht 5' 0" (1.524 m) Body mass index is 17.58 kg/m².

Physical Exam
VS: BP 110/61 (Patient Position: Lying) | Pulse 73 | Temp 36.5 °C (Temporal) | Resp 16 | Ht 5' (1.524 m) | Wt (!) 40.8 kg (90 lb) | SpO2 100% | BMI 17.58 kg/m²
General: Ill appearing, cachetic. Speaking coherent sentences, though very difficult to converse due to hearing difficulty.
HEENT: NCAT. PERRL, EOMI intact. Oropharynx clear without e/o thrush, dental infection (dentures in).
Neck: No supraclavicular, submandibular, or cervical lymphadenopathy.
Cardiovascular: RRR, nlS1S2, no MRG. No peripheral edema.
Respiratory: very soft breath sounds, no wheezes, ronchi, or crackles.
GI: Normoactive bowel sounds. Soft, nontender, non-distended in all 4 quadrants. Rectal exam with scant black, tarry stool c/f melena.
Neuro: Speaking coherently, fluent speech, moving all extremities spontaneously.
MSK: Tender to palpation over R knee diffusely, with no unilateral swelling, warmth, or other overlying skin changes. Also tender somewhat to palpation LLE along posterior shin, wounds with clean overlying bandages with no strikethrough.
Skin: No visible wounds or ulcerations beyond known LLE wounds.
GU: No suprapubic tenderness

Labs (*last 24 hours*):

Chemistries				CBC	LFT	Gases, other
141	102	20		10.3	AST: 12 ALT: 9	-/-/-/- | -/-/-/-
4.1	25	0.82	120	12.9 >< 424 7	AP: 98 T bili: 0.4	Lact (a): - Lact (v): -
eGFR: >60		Ca: 9.4		33	Prot: 7.7 Alb: 3.5	Trop I: <0.03 D-dimer: -
Mg: 2.0		PO4: 4.0		ANC: 10.24 ALC: 1.76		BNP: - Anti-Xa: - INR: -

IMAGING:
I have reviewed the latest radiology results
I personally reviewed the radiographic images and agree with the radiologist's report
CTA Abdomen and Pelvis Angio
Preliminary Result
1. No evidence of active extravasation within the abdomen or pelvis.

2. Moderate to severe atherosclerotic calcification of the abdominal aorta and branch vessels, without focal stenosis, occlusion, or dissection.

This is a preliminary report dictated by Dr. Drew Anderson (PGY-3).

Unless an Attending Final Impression appears below, the report has not yet been finalized and an attending radiologist has not reviewed these images.

XR Knee 4+ View Right
Final Result
Diffuse osseous demineralization. Vascular calcifications.

Pelvis: No acute fracture or pelvic ring disruption. Degenerative changes in the lumbosacral spine, sacroiliac joints, and pubic symphysis. Moderate bilateral hip osteoarthritis.

Right femur: Lateral plate and dynamic screw in the proximal femur transfixed an old intertrochanteric fracture. Lateral plate and screw fixation of the mid to distal femur transfix an old distal femoral diaphyseal fracture. The proximal screw of the lateral plate is slightly proud to the plate, similar to prior. Otherwise no hardware complication.

Right knee: No acute fracture or dislocation. Mild tricompartmental osteoarthritis most pronounced in the medial compartment. Suprapatellar enthesophyte at the quadriceps insertion. Trace joint effusion.

XR Femur 2 View Right

Final Result

Diffuse osseous demineralization. Vascular calcifications.

Pelvis: No acute fracture or pelvic ring disruption. Degenerative changes in the lumbosacral spine, sacroiliac joints, and pubic symphysis. Moderate bilateral hip osteoarthritis.

Right femur: Lateral plate and dynamic screw in the proximal femur transfixed an old intertrochanteric fracture. Lateral plate and screw fixation of the mid to distal femur transfix an old distal femoral diaphyseal fracture. The proximal screw of the lateral plate is slightly proud to the plate, similar to prior. Otherwise no hardware complication.

Right knee: No acute fracture or dislocation. Mild tricompartmental osteoarthritis most pronounced in the medial compartment. Suprapatellar enthesophyte at the quadriceps insertion. Trace joint effusion.

XR Chest 2 View

Final Result

Lungs: Focal opacities in the right midlung and right lower lobe, concerning for pneumonia.

Pleura: No definite effusion. No pneumothorax.

Heart and mediastinum: Unremarkable.

Bones: No acute or suspicious abnormality.

XR Pelvis 1-2 Vw

Final Result

Diffuse osseous demineralization. Vascular calcifications.

Pelvis: No acute fracture or pelvic ring disruption. Degenerative changes in the lumbosacral spine, sacroiliac joints, and pubic symphysis. Moderate bilateral hip osteoarthritis.

Right femur: Lateral plate and dynamic screw in the proximal femur transfixed an old intertrochanteric fracture. Lateral plate and screw fixation of the mid to distal femur transfix an old distal femoral diaphyseal fracture. The proximal screw of the lateral plate is slightly proud to the plate, similar to prior. Otherwise no hardware complication.

Right knee: No acute fracture or dislocation. Mild tricompartmental osteoarthritis most pronounced in the medial compartment. Suprapatellar enthesophyte at the quadriceps insertion. Trace joint effusion.

CT Head wo Contrast

Final Result

1. Age-related changes without acute intracranial abnormality.

Preliminary report by neuroradiology fellow; final report by the attending neuroradiologist will follow.

ATTENDING FINAL REPORT

FINDINGS/IMPRESSION (final):
I agree with the preliminary report with the following comment(s):
Subtle, asymmetric hypodensity is identified within the left caudate head and basal ganglia relative to the right, which appears to be relatively unchanged from examination of September 10, 2018, given differences in slice selection and technique. There is subtle asymmetric prominence of the left lateral ventricle relative to the right which may represent associated ex vacuo dilatation. However, the possibility of an acute on chronic infarct within the deep left MCA distribution be difficult to entirely exclude. Clinical correlation is suggested.

+ct+

I have personally reviewed the images and agree with the report (or as edited).

Assessment/Plan

ASSESSMENT/PLAN

Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise, found to have leukocytosis to 12, R-sided focal lung consolidations c/f PNA, and subacute melena and hematochezia c/f occult GI bleed.

#Leukocytosis
Pt with leukocytosis to 12 with left shift, otherwise afebrile and HDS, c/f acute infection. Many potential sources including respiratory (with lung consolidations on imaging and known sick contact) vs UTI (given positive UA) vs SSTI given known venous stasis wounds. No hardware or artifical valves c/f abscess vs endocarditis picture. No hx of recent dental infection.

- trend CBC, diff
- blood cx x2 (unfortunately will be drawn subsequent to empiric abx started in ER)
- follow Ucx
- treat empirically for CAP With CTX, azithro (see #CAP)

#CAP vs Aspiration PNA
#Focal consolidations RML RLL
Pt with leukocytosis and known sick contact son with URI found to have focal opacities in RML and RLL c/f CAP. Hx not c/w HAP picture. Unclear aspiration risk given hx dysphagia, consider broadening pending clinical improvement.
CURB 65: 1-2 pts (age +/- confusion, moderate risk) .
- follow blood cx
- urine legionella, S pneumo antigen
- follow viral resp panel
- MRSA nares
- CTX 1g q24h x5-7 days + azithro 500mg PO q24h x 3d

#C/f UTI
Pt with UA with +Nitrites, LE, bacteria, and 50+ WBC c/f UTI, though pt asymptomatic on interview.
- follow Ucx
- follow evening bladder scan for e/o retention
- being tx empirically with CTX for CAP

H&P Notes (continued)

#Hematochezia
#Melena
Pt with witnessed episode of melena ~1 wk ago, and hematochezia 2 days ago. No hx of colon cancer, unclear hx of colonscopies per initial chart. Found to have e/o melena on rectal exam. Ddx c/f upper vs lower GIB, of which etiologies are many. HDS with stable mild anemia, reassuring against acute extravasation, though will give ppx PPI and CTM.

- s/p 80 pantoprazole IV, continue 40 BID
- type and screen
- 2 peripheral IVs
- if loses IV access, switch to oral pantoprazole
- consider further workup if within pt GOC

#Subacute progressive dysphagia
Pt with unclear duration of difficulty swallowing, solids more than liquids, for the past weeks to months. Most c/f ulcer vs stricture vs mass. Could consider dysmotility picture though typically also sx with liquids. Also found to have thrush in early November, could consider esophageal candidiasis though this would typically present more with pain than difficulty swallowing, and exam today with no e/o thrush in oropharynx.
- SLP consult
- if within GOC, consider further w/u including endoscopy

#C/f Malnutrition
#FTT
Pt with acute on chronic poor PO and FTT with decrease in ADLs from baseline, possibly iso infection vs malignancy per workup above.
- nutrition c/s
- continue gentle IVF LR 75 cc/hr

#Macrocytic anemia
Pt with Hgb 10.3 on admission (stable 10-12 over last 3 years) and MCV 100 c/f macrocytic anemia. Most c/f nutritional deficiency iso poor PO but should consider mixed picture iso c/f ACD, GIB.
- iron studies
- folate, B12
- type and

#Chronic venous stasis ulcers of LLE
Several chronic LLE ulcers on L superior foot, ankle, and anterior shin, followed by Wound Care last seen today. Per 11/22/23 wound care note these wounds are improved from prior. Appears she is receiving attentive care of these wounds at home and with Wound Care with low c/f worsening cellulitis vs abscess. Received XR tibia fibula per PCP 11/15 for c/f osteo given persistent ulceration with no e/o bony involvement.
- wound care consult

#Subacute progressive R knee pain
#Hx R femoral fx s/p femoral plate
#OA
Pt with subacute progressive R knee pain for last few months, per PCP note 11/15/23, with no e/o falls or recent injury. She has a distant hx of R femoral fracture with hardware, but per XR femur today no c/f acute fx, dislocation, or disruption of hardware. XR pelvis and , knee also with degenerative changes c/w OA, no acute fracture or dislocation, though trace R knee joint effusion noted. On exam, R knee is tender to palpation diffusely and with movement but without erythema, swelling, or rubor. Ddx includes MSK vs worsening OA vs septic joint (though exam not pointing to this).
- lidocaine patches, tylenol PRN
- consider ortho consult
- consult PT

#Hx recurrent DVT
Per chart review, not noted by patient. Son denies current AC, per brief chart review seems prior hx of warfarin not on currently. Given LE pain (around R knee, though intermittently pt also complains on posterior L shin), consider ultrasound for further work up.

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

H&P Notes (continued)

#Sensorineural hearing loss R ear
Sensorineural hearing loss in R ear, with dead battery in\ hearing aid, great difficulty hearing.
- consider pocket talker

#HTN
Hold home losartan as pt normotensive

#HLD
Continue home atorvastatin

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: full diet, IVF
Prophylaxis: holding iso c/f GIB
Lines/Drains/Airways: 1 PIV, plan for 2nd IV access tonight
Disposition: floor
Code Status: Full Code , confirmed with her son Louis via interview on admission
Contacts: Primary Emergency Contact: Hoffman Alloin, Louis Charles (POA), Home Phone: 206-780-6885

Electronically signed by Rosse, Christopher John, DO at 11/23/2023 11:27 AM

Discharge Summary Note

Discharge Summary by Rosse, Christopher John, DO at 11/28/2023 1056

Discharge Summary

Jeanne Leonie Hoffman ("Jeane") - DOB: 1/6/1925 (98 year old female)
Preferred Pronouns: she/her/hers, patient's name
PCP: Neighbor Jr., William E, MD
Code Status: Full Code

DATE OF ADMISSION: 11/22/2023
DATE OF DISCHARGE: 11/28/23
DISCHARGE TEAM & ATTENDING: Medicine B Gen Adult & Rosse, Christopher John,*

ADMISSION DIAGNOSIS: Community acquired pneumonia, concerns for upper GI bleed, failure to thrive
DISCHARGE DIAGNOSIS: Community acquired pneumonia, concerns for upper GI bleed, failure to thrive

PROBLEMS ADDRESSED DURING THIS HOSPITALIZATION:
Principal Problem:
Community acquired bacterial pneumonia
Resolved Problems:
* No resolved hospital problems. *

DISCHARGE FOLLOW-UP VISITS/APPOINTMENTS:
Upcoming appointments at UW Medicine:

Future Appointments

Date	Time	Provider	Department	Center
12/6/2023	10:00 AM	Neighbor Jr., William E, MD	UHHPCT	NHALL

Additional follow-up:
CHI FRANCISCAN HEALTH AT HOME
2901 Bridgeport Way Sw
University Place Washington 98466-4614
253-534-7623

PENDING RESULTS THAT REQUIRE FOLLOW-UP (*as of this summary*)**:**

Pending Labs

No pending labs

DIAGNOSTIC STUDIES RECOMMENDED:
None

INCIDENTAL FINDINGS THAT REQUIRE FOLLOW-UP:

None

THERAPEUTIC RECOMMENDATIONS:

Melena, concerns for UGIB: Started pantoprazole 40 mg PO BID x 8-12 weeks before transitioning to daily

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

DISCHARGE MEDICATIONS:
Current Discharge Medication List

START taking these medications

	Details
bisacodyl 10 MG suppository	Unwrap and insert 1 suppository (10 mg) rectally daily as needed for constipation. *Qty:* 7 suppository, *Refills:* 0
pantoprazole 40 MG EC tablet	Take 1 tablet (40 mg) by mouth 2 times a day before meals. *Qty:* 102 tablet, *Refills:* 0
polyethylene glycol 3350 17 GM/SCOOP oral powder	Fill cap with powder to 17g line and dissolve in 4 to 8oz of water. Drink 1 time a day as needed for constipation. Hold for loose stool *Qty:* 238 g, *Refills:* 0
senna 8.6 MG tablet	Take 2 tablets (17.2 mg) by mouth daily as needed for constipation. *Qty:* 60 tablet, *Refills:* 0

Discharge Summary Note (continued)

CONTINUE these medications which have CHANGED

	Details
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day. Take with food. *Qty:* 90 tablet, *Refills:* 0

CONTINUE these medications which have NOT CHANGED

	Details
acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet *Associated Diagnoses:* Hypercholesterolemia	Take 1 tablet (10 mg) by mouth daily. *Qty:* 90 tablet, *Refills:* 3
Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension *Comments:* Please fill now *Associated Diagnoses:* Thrush	Swish and swallow 5 mL 4 times a day. *Qty:* 60 mL, *Refills:* 0
ofloxacin 0.3 % ophthalmic solution *Associated Diagnoses:* Acute bacterial conjunctivitis of left eye	Place 1-2 drops into left EYE 4 times a day. *Qty:* 5 mL, *Refills:* 1
timolol maleate 0.5 % ophthalmic solution *Associated Diagnoses:* Unspecified glaucoma(365.9)	instill 1 drop into both eyes twice a day *Qty:* 10 mL, *Refills:* 6
triamcinolone 0.1 % cream *Associated Diagnoses:* Dermatitis	Apply topically 2 times a day. Apply to both forearms. *Qty:* 28.4 g, *Refills:* 1
!! Wound Dressings (medihoney) topical gel *Associated Diagnoses:* Lower extremity ulceration, left, limited to breakdown of skin (HCC)	Apply topically every other day. Apply to wound before applying dressing *Qty:* 44 mL, *Refills:* 3
!! Wound Dressings (medihoney) topical gel *Associated Diagnoses:* Lower extremity ulceration, left, limited to breakdown of skin (HCC)	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey. *Qty:* 88 mL, *Refills:* 6

!! - Potential duplicate medications found. Please discuss with provider.

STOP taking these medications

losartan 25 MG tablet	*Comments:* *Reason for Stopping:*

BRIEF ADMISSION HISTORY:
98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise

PER H&P HPI 11/22:
"*History obtained by son and DPOA Louis: Cell - 206-280-1287, landline: 206-780-6885*

Per son, pt is very independent at baseline - cooks for herself, toilets independently, goes to cafe with friends, walks with walker, and is cognitively intact. However over the past 2 months or so patient has had gradually worsening PO intake, weakness, and spent more time in bed. spe resulting in patient becoming more weak and fatigue and no longer able to do activities that she used to be able to do.

Pt was evaluated for these concerns at NWH ED 10/17/23 and at that time found to have milk leukocytosis to 11.8, given gentle IVF with improvement and discharged empirically on 7 days of Keflex for possible cellulitis of known LE wounds (though no c/f for this noted on their exam). Pt completed this.

Shortly after that, son noted that her family doctor noted thrush in her mouth and she received nystatin swish and swallow, which cleared it up.

In the last 2 weeks, Lewis notes that the patient seems to have taken a turn for the worse. She has eaten very little, and been complaining of difficulty swallowing, and thus has been eating mostly soups and smashed food. She is also had new difficulty toileting by herself. Once last week, we was noted that she had a black stool in the toilet. 2 days ago, he noted that she had some bloody stool when he changed her. She has not had a BM since that time. She also has worsening pain of her R knee over the last few weeks, but denies a fall.

Per Louis, pt has not had const sx, confusion or agitation, chest pain or pressure, cough or shortness of breath, abdominal pain, nausea or vomiting, pain or difficulty urinating, or wounds or skin changes elsewhere on her body besides known chronic wounds of her left lower extremity (see photos under media).

Regarding sick contacts son Lewis had a cough and possible URI about 2 weeks ago. He did not test for COVID.

Hx of hardware including R femoral plate, R hip replacement. No hx of artificial heart valve. No hx of dental infection."

HOSPITAL COURSE:
Admitted to acute care medicine for CAP, possible UTI and c/f upper GI bleed. Sepsis ruled out. She received ceftriaxone (11/22-11/26) and azithromycin (11/22-11/24). UA suggest of UTI but she was inconsistent with endorsing urinary symptoms. Nonetheless, received CTX for the CAP which covered the possible UTI. She remained on room air without respiratory distress and weakness improved. TSH was normal. Hgb down tended from 10.3 on admission down to 8.1 but nadir was around 8.0-8.2. Remained hemodynamically stable. She was started on pantoprazole 40 mg BID on admission and remained on this throughout hospital course. GI was made aware of her but given her age, clinical stability, and Hgb with nadir 8.0-8.2 it was felt ok to manage pharmacologically. She did not require transfusions. Upon further questioning, son revealed she may be taking excessive amounts of NSAIDS. Both patient and son educated about bleeding risk of NSAIDS. PT/OT worked with her and felt that she required additional support on discharge. Patient and family not interested in SNF. Son felt that he could safely care for her at home, even though on discharge she was 1 person assist. Home health ordered and son felt comfortable with communicating with outpatient wound care team. Finally, given her age and initial thoughts of a possible EGD we discussed goals of care. She remains full code...

By individual problem below:

#CAP vs Aspiration PNA
Pt with leukocytosis and known sick contact son with URI found to have focal opacities in RML and RLL c/f CAP. Hx not c/w HAP picture. Unclear aspiration risk given hx dysphagia. She did not require supplemental oxygen

CURB 65: 1-2 pts (age +/- confusion, moderate risk) .
- urine legionella negative, S pneumo antigen negative
- viral resp panel negative
- Treated empirically for CAP:
    -CTX 1g q24h x5-7 days (11/22 - 11/26)
    - Azithromycin azithro 500mg PO q24h x 3d (11/22 - 11/24)

#Hematochezia
#Melena
#Constipation
Pt with witnessed episode of melena ~1 wk ago prior to admission. DRE in ED with dark stool c/f GIB. Hgb 10.3 on admission with drift down to 8.1, otherwise hemodynamically stable, with one small hard BM s/p enema c/w melena. Likely has slow occult bleed, CTM closely for acute progression.

- GI following, appreciate recs:
    - most likely due to chronic NSAID vs malignancy, either way no role for scope and continue 8 wk empiric PPI, no role for GI follow up
    - continue bowel regimen, discharge with good regimen
    - s/p 80 pantoprazole IV, continue 40 BID

#Possible UTI
Pt with leukocytosis to 12 on admission with left shift, now resolved. UA with +Nitrites, LE, bacteria, and 50+ WBC. Pt asx at this time but inconsistent historian. Bladder scan on admission with no e/o retention.
- Blood cx x2 11/23 NGTD
- Ucx: 100K mixed flora GNRs
- Treated empirically with CTX for CAP

#Subacute progressive dysphagia
#Recent hx of oral thrush
Pt with unclear duration of difficulty swallowing, solids more than liquids, for the past weeks to months. Most c/f ulcer vs stricture vs mass. Could consider dysmotility picture though typically also sx with liquids. Also found to have thrush in early November, could consider esophageal candidiasis though this would typically present more with pain than difficulty swallowing, and exam today with no e/o thrush in oropharynx.
- continue home nystatin swish and swallow
- SLP following, appreciate recs:
    - exam c/f mild dysphagia vs presbyphagia iso bad-fitting dentures, thrush
    - thin liquids, soft-bite sized solds with son assisting OR self-selec softer solids
    - 1:1 assist for all intake
    - meds crushed or whole in puree
- if within GOC, consider further w/u including endoscopy

#C/f Malnutrition
#FTT
Pt with acute on chronic poor PO and FTT with decrease in ADLs from baseline, possibly iso infection vs malignancy per workup above.

#Mild macrocytic anemia
Pt with Hgb 10.3 on admission (stable 10-12 over last 3 years) and MCV 100 c/f macrocytic anemia. Likely multifactorial IDA vs ACD.
- iron studies: iron low at 14, TIBC low at 185, transferrin low 132, tsat low at 8, ferritin mild-elev to 211
- retic count wnl 1.6
- folate and B12 wnl
- TSH wnl 2.715 11/22
- **IV iron x3 doses 11/24-11/26 for iron 14**

#Chronic venous stasis ulcers of LLE
Several chronic LLE ulcers on L superior foot, ankle, and anterior shin. Low c/f cellulitis a this time, XR tibia fibula per PCP 11/15 for c/f osteo given persistent ulceration with no e/o bony involvement.

Discharge Summary Note (continued)

- wound care consult

Chronic/stable
#Subacute progressive R knee pain **-** Presenting in acute pain on admission, now much improved. XR negative for acute process. Likely 2/2 OA vs sciatica. Exam not c/f septic joint. Lidocaine patches, tylenol PRN.
#Hx recurrent DVT: Per chart review, not noted by patient. Son denies current AC, per brief chart review seems prior hx of warfarin not on currently.
#Sensorineural hearing loss R ear: home hearing aids
#HTN: Hold home losartan as pt normotensive
#HLD: Continue home atorvastatin
#Peripheral vascular disease: Continue home pentoxifylline

DISPOSITION:
01 HOME/SELF CARE [01]

CONDITION: fair

CONSULTS COMPLETED:
IP CONSULT TO NUTRITION SERVICES
INPATIENT CONSULT TO WOUND THERAPY
INPATIENT CONSULT TO VASCULAR ACCESS TEAM
INPATIENT CONSULT TO VASCULAR ACCESS TEAM

OPERATIONS/PROCEDURES:
No surgeries this admission

Additional procedures:
None

PRINCIPAL DIAGNOSTIC STUDIES/RESULTS:
Per above

Discharge Orders
Ambulatory Assistive Device
Order Comments: Justification for Ambulatory Assistive Device

Diagnosis: R26.2 difficulty with ambulation, R29.6 high risk for falls, R26.81 impaired balance, and M62.81 generalized weakness

Length of Need: >6 Months

Assistive Device: This pt requires a FWW for safe ambulation and transfers within their home. Without this device they are at risk for falls and injury. They have demonstrated safe use of this device during this or previous PT sessions and no lesser restrictive device can sufficiently resolve their mobility issues.

Ht 5' 0" (1.524 m)
Wt 88 lb 2.9 oz (40 kg)

Length of Need	Greater than 6 months
Type	Front-Wheeled Walker

Referral to Home Health Services
Standing Status: Future
Referral Priority: Routine
Referral Type: Specialty Visit
Number of Visits Requested: 1

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Discharge Summary Note (continued)

DISCHARGE PHYSICAL EXAM:

Vitals (Most recent in last 24 hrs)
T: 37.1 °C (11/28/23 0755) **BP:** **(!) 105/53** (11/28/23 0755) **HR:** 63 (11/28/23 0755) **RR:** 16 (11/28/23 0755) **SpO2:** 94 % (11/28/23 0755) Room air **T range:** Temp Min: 36.5 °C Max: 37.1 °C Admit weight: **(!) 40.8 kg (90 lb)** (11/22/23 1103) Last weight: **(!) 40.9 kg (90 lb 2.7 oz)** (11/28/23 0600)

Physical Exam:
Gen - no acute distress, elderly appearing woman sitting upright in bed
HEENT - No scleral icterus
Psych - calm, cooperative
Neuro - Alert and oriented. Sort spoken. Follows commands. Moves all 4 limbs spontaneously
CV: Regular rate and rhythm, no murmurs rubs or gallop
Resp: Clear to auscultate bilaterally. No wheezing rhonchi or rales. Non-labored breathing
Abd: Soft, non-tender, non-distended, BS x 4
Skin: chronic LE wounds wraps I/C/D

ATTENDING TIME STATEMENT:
I spent more than 30 minutes on hospital discharge day management.

UW Medicine physicians mentioned in this note can be reached by calling the UW Medicine Paging Operator at 206-520-3000. If any part of this transcript is missing or to request other transcripts for this patient call 206-744-9000. For online access to patient records enroll in EpicCare Link at okta.uwmedicine.org.

Electronically signed by Rosse, Christopher John, DO at 11/28/2023 11:22 AM

Clinical Notes (group 1 of 2)

Consults

Sarhadi, Kasra John, MD at 11/22/2023 1517

Attestation signed by Kalani, Rizwan, MD at 11/23/2023 6:05 PM

I saw and evaluated this patient and agree with the resident(s)'/fellow(s)'/APP(s)'s clinical note, unless noted otherwise below.
Date of service: 11/23/23

Consult Note

Jeanne Leonie Hoffman ("Jeane") - DOB: 1/6/1925 (98 year old female)
Preferred Pronouns: she/her/hers, patient's name
Admit Date: 11/22/2023
Code Status: No Order

Consults

CHIEF CONCERN / IDENTIFICATION:
Jeane Leonie Hoffman is a 98 year old right-handed female with hx of chronic venous stasis ulcers in both legs, FTT, who presents from home with concern for FTT. Neurology is consulted given CT findings reporting inability to rule out acute on chronic deep L-MCA infarct.

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Patient has a long history of presenting to hospital with failure to thrive in the setting of old age, inability to care IADLs, and lower extremity pain from chronic venous stasis ulcers that limits her ability to ambulate.

She presents today via her son who is concerned that she is continuing to fail at home. By his description, she has lost interest in eating that he attributes to depression and recent changes in her apartment including her building manager and removing her stove and thus limiting her ability to cook for herself, which is an activity she previously enjoyed doing. She otherwise is relatively inactive given the pain in her lower extremities from her chronic venous stasis ulcers. He tries to let her be independent due to concerns that helping her with her daily activities would remove her dignity, and so he has seen that she has slowly but continuously declined in functional status over the last several months and was only recently discharged from Northwest for a recent admission for failure to thrive.

He denies any new cognitive changes in the patient and believes that a lot of her inability to communicate stems from her significant hearing loss and she today has a hearing aid in place that is out of battery. He does not believe that she has any new focal weakness or any other new focal neurologic deficits. He does not believe she has any new cognitive deficits and is at her cognitive baseline. He is mainly concerned that she is not safe at home and that she needs support that he is unable to provide and that his building is unable to provide for her. He is quite concerned that he and the patient are being targeted by their management and are having resources taken away from them in a malicious way.

As part of her workup in the emergency room, evaluation was completed to identify any reversible causes of decline and revealed a relatively normal CMP, very mild leukocytosis at 13, and elevated C-reactive protein, likely from her chronic wounds. CT head was completed to rule out any acute intracranial process and in the report, although the radiologist states that the lacunar appearing infarcts in her left caudate head and basal ganglia (which are quite subtle) what do appear unchanged from her last scan in 2018, they also reported that the possibility of an acute on chronic infarct within the deep left MCA distribution is "difficult to entirely exclude". This is the primary reason neurology was consulted.

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Substance and Sexual Activity	
• Alcohol use:	No
• Drug use:	No
• Sexual activity:	Not Currently

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

Spring 2018
Homeless living with son in tent on Bainbridge
Pastor Dave O'Connell 314.853.2695
APS Levonne Gibson 360.473.2167
NW Justice Project Samantha Adams 206.707.0838

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father	
	Mother	

MEDICATIONS:

Current Outpatient Medications

Medication	Instructions
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• Calcium Carbonate 500 MG Oral Chew Tab	2 tablets, Oral, 3 times daily PRN
• cholecalciferol (VITAMIN D-3)	2,000 units, Oral, Daily
• losartan 25 MG tablet	take 1/2 tablet by mouth once daily
• MULTIPLE VITAMIN OR	Oral
• nystatin 100000 UNIT/ML mouth/throat suspension	5 mL, Swish & Swallow, 4 times daily
• ofloxacin 0.3 % ophthalmic solution	1-2 drops, Left EYE, 4 times daily
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 1 of 2) (continued)

• triamcinolone 0.1 % cream	Topical, 2 times daily, Apply to both forearms.
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

OBJECTIVE

T: (!) 35.9 °C (11/22/23 1103) **BP:** 118/63 (11/22/23 1103) **HR:** 68 (11/22/23 1103)
RR: 16 (11/22/23 1103) **SpO2:** 100 % (11/22/23 1103)

Vitals (Most recent in last 24 hrs)

T: (!) 35.9 °C (11/22/23 1103) **BP:** 105/61 (11/22/23 1304) **HR:** 74 (11/22/23 1304)
RR: 17 (11/22/23 1304) **SpO2:** 99 % (11/22/23 1304) Room air
T range: Temp Min: 35.9 °C Max: 36.9 °C
Wt 90 lb (40.824 kg) Ht 5' 0" (1.524 m) Body mass index is 17.58 kg/m².

GENERAL: NAD, frail-appearing, lying in bed.
HEENT: NC/AT, PERRL, EOMI, sclera anicteric.
RESPIRATORY: Normal WOB on RA.
CV: WWP.

Neurological Exam: limited given inability to fully participate due to profound hearing loss
Mental status: Awake, alert, oriented to person, date of birth, and is able to identify her son at bedside; able to follow commands if you yell into her right ear, though takes repetition.
CN: PERRL, EOMI, face symmetric at rest and with activation, tongue protrudes midline.
Motor: Lifts upper extremities at least antigravity and able to manipulate hearing aid with fine motor movements of her hands. Lifts bilateral hips at least antigravity but leg movements are largely limited by severe pain, left worse than right.
Sensory: Intact and symmetric to light touch bilaterally.
Reflexes: 2+ and symmetric in biceps, brachioradialis, and triceps; deferred lower extremity DTRs due to significant pain; Babinski mute bilaterally.
Coordination: FTN intact bilaterally.
Gait: Deferred given leg pain.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	102	20		10.3			AST: 12	ALT: 9	-/-/-/- | -/-/-/-	
4.1	25	0.82	120	12.9	><	424	AP: 98	T bili: 0.4	Lact (a): -	Lact (v): -
				7						
eGFR: >60		Ca: 9.4		33			Prot: 7.7	Alb: 3.5	Trop I: <0.03	D-dimer: -
Mg: 2.0		PO4: 4.0		ANC: 10.24					BNP: -	Anti-Xa: -
				ALC: 1.76					INR: -	

XR Knee 4+ View Right
Final Result by Damle, Rohan N, MD (11/22 1431)
Diffuse osseous demineralization. Vascular calcifications.

Pelvis: No acute fracture or pelvic ring disruption. Degenerative changes in the lumbosacral spine, sacroiliac joints, and pubic symphysis. Moderate bilateral hip osteoarthritis.

Right femur: Lateral plate and dynamic screw in the proximal femur transfixed an old

intertrochanteric fracture. Lateral plate and screw fixation of the mid to distal femur transfix an old distal femoral diaphyseal fracture. The proximal screw of the lateral plate is slightly proud to the plate, similar to prior. Otherwise no hardware complication.

Right knee: No acute fracture or dislocation. Mild tricompartmental osteoarthritis most pronounced in the medial compartment. Suprapatellar enthesophyte at the quadriceps insertion. Trace joint effusion.

XR Femur 2 View Right

Final Result by Damle, Rohan N, MD (11/22 1431)

Diffuse osseous demineralization. Vascular calcifications.

Pelvis: No acute fracture or pelvic ring disruption. Degenerative changes in the lumbosacral spine, sacroiliac joints, and pubic symphysis. Moderate bilateral hip osteoarthritis.

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Right knee: No acute fracture or dislocation. Mild tricompartmental osteoarthritis most pronounced in the medial compartment. Suprapatellar enthesophyte at the quadriceps insertion. Trace joint effusion.

XR Chest 2 View

Final Result by Damle, Rohan N, MD (11/22 1425)

Lungs: Focal opacities in the right midlung and right lower lobe, concerning for pneumonia.

Pleura: No definite effusion. No pneumothorax.

Heart and mediastinum: Unremarkable.

Bones: No acute or suspicious abnormality.

XR Pelvis 1-2 Vw

Final Result by Damle, Rohan N, MD (11/22 1431)

Diffuse osseous demineralization. Vascular calcifications.

Pelvis: No acute fracture or pelvic ring disruption. Degenerative changes in the lumbosacral spine, sacroiliac joints, and pubic symphysis. Moderate bilateral hip osteoarthritis.

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Right knee: No acute fracture or dislocation. Mild tricompartmental osteoarthritis most pronounced in the medial compartment. Suprapatellar enthesophyte at the quadriceps insertion. Trace joint effusion.

CT Head wo Contrast

Final Result by Andre, Jalal Badi, MD (11/22 1439)

1. Age-related changes without acute intracranial abnormality.

Preliminary report by neuroradiology fellow; final report by the attending neuroradiologist will

follow.

ATTENDING FINAL REPORT

FINDINGS/IMPRESSION (final):
I agree with the preliminary report with the following comment(s):
Subtle, asymmetric hypodensity is identified within the left caudate head and basal ganglia relative to the right, which appears to be relatively unchanged from examination of September 10, 2018, given differences in slice selection and technique. There is subtle asymmetric prominence of the left lateral ventricle relative to the right which may represent associated ex vacuo dilatation. However, the possibility of an acute on chronic infarct within the deep left MCA distribution be difficult to entirely exclude. Clinical correlation is suggested.

+ct+

I have personally reviewed the images and agree with the report (or as edited).

ASSESSMENT/PLAN

Jeane Leonie Hoffman is a 98 year old right-handed female with hx of chronic venous stasis ulcers in both legs, FTT, who presents from home with concern for FTT. Neurology is consulted given CT findings reporting inability to rule out acute on chronic deep L-MCA infarct.

The patient's presentation and neurologic exam are not concerning for any acute neurologic process but more so are consistent with known failure to thrive history in the setting of possible depression, decreased inability to care for self at home due to limited resources in her home, and difficulty with ambulation given her significant pain from her chronic venous stasis ulcers in bilateral legs. She ultimately will need physical therapy, occupational therapy, pain control, and likely social work consultation to determine a more appropriate living arrangement. Based on her neurologic exam and CT findings, I am not concerned for an acute process such as stroke or anything else that needs emergent neurodiagnostics. She will be admitted to the medicine service for failure to thrive and likely placement and otherwise will not need any further neurology follow-up. **I strongly urged the primary team to obtain a pocket talker so that communication can be facilitated with the patient.**

This patient will be seen and discussed with the neurology attending physician, Dr. Rizwan Kalani.

Kasra Sarhadi, MD, MPH
PGY-4, Neurology
P: 206-314-4054

Electronically signed by Sarhadi, Kasra John, MD at 11/22/2023 4:08 PM
Electronically signed by Kalani, Rizwan, MD at 11/23/2023 6:05 PM

Stein, Lisa, RD at 11/24/2023 0645

Consult Orders
1. Inpatient Consult to Nutrition [280754195] ordered by Nguyen, Liem Hieu, MD at 11/22/23 1625

Inpatient Initial Nutrition Assessment

PI: Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise, c/f PNA and occult GI bleed.

Reason for Consult: Nutrition Assessment and Poor PO intake

Recommendations/Interventions:
Oral Nutrition:
-Liberalize diet to Regular, BG in good control w/o insulin at this time
-Textures per SLP (Soft & bite size with thin liquids)
-1:1 assistance with meals
-Ensure HP scheduled TID
-Record PO intake of meals and supplements for monitoring
-Provided pureed & minced & moist menus upon request from son to allow self selection

Subjective
Nutrition History PTA:
Very HOH. Has diabetes. Recent hx of thrush with difficulty swallowing (solids more than liquids) for past couple months. Gradually worsen PO intake and weakness.
Mostly consuming soups and mashed foods. Lives with son. During RD visit, son reports significant wt loss since October d/t chewing difficulties with ill-fitting dentures as well as housing issues impacting the ability to cook food. No stove in apartment and hot plate being used to heat foods. Son reports Pt drinks Ensure at home about 2-4 times/day.

Nutrition-Focused Physical Assessment:
Conducted 11/24/23
Muscle Wasting Found: Yes
Muscle Wasting- Clavicle: Severe
Muscle Wasting- Interosseous: Severe
Subcutaneous Fat Loss Found: Yes
Subcutaneous Fat Loss- Orbital: Severe

Edema/Fluid: None

Current Nutrition Assessment:
FEN: No PO intake documentation. Awaiting SLP consult
GI: none. Last BM 11/23
Wounds Present: Pressure injury: stage 1-2

Objective
Labs:
Lab Results

Component	Value	Date
SODIUM	143	11/23/2023
POTASSIUM	4.3	11/23/2023
MAGNESIUM	1.9	11/23/2023
PHOSPHATE	3.9	11/23/2023
CA	8.4 (L)	11/23/2023
BUN	15	11/23/2023
CREATININE	0.78	11/23/2023
GLUCOSE	86	11/23/2023
A1C	6.6 (H)	11/01/2023
VITD	46.8	04/27/2022

Lab Results

Component	Value	Date
GLUCOSE	86	11/23/2023
GLUCOSE	120	11/22/2023
GLUCOSE	113	11/01/2023
GLUCOSE	229 (H)	10/17/2023
GLUCOSE	137 (H)	04/27/2022
GLUCOSE	142 (H)	10/13/2021
GLUCOSE	161 (H)	05/27/2020
GLUCOSE	172 (H)	05/27/2020
GLUCOSE	117	08/05/2019
GLUCOSE	142 (H)	08/05/2019

Medications:
atorvastatin, 10 mg, Oral, Daily
azithromycin, 500 mg, Oral, Daily
cefTRIAXone, 1 g, Intravenous, q24h
cholecalciferol, 2,000 units, Oral, Daily
lidocaine, 1 patch, Transdermal, q24h
multivitamin with minerals, 1 tablet, Oral, Daily
nystatin, 500,000 units, Swish & Swallow, QID
pantoprazole, 40 mg, Intravenous, BID
pentoxifylline ER, 400 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID
triamcinolone, , Topical, BID

lactated ringers, 75 mL/hr, Last Rate: 75 mL/hr (11/23/23 1655)

Lines/Drains/Airways/Wounds:

Peripheral IV 11/22/23 20 G Anterior;Right Forearm (Active)

Site Assessment	Clean;Intact;Dry	11/23/23 2100
Line Status	Saline locked	11/23/23 2100
Dressing Type	Transparent	11/23/23 2100
Dressing Status	Clean;Dry;Intact	11/23/23 2100
Phlebitis Grade	0	11/22/23 1305
Infiltration Grade	0	11/22/23 1305

Female External Urinary Catheter 10/17/23 (Active)

Wound 10/05/20 #17 Left Lower Leg (Active)

Date First Assessed/Time First Assessed: 10/05/20 1107 Date Acquired: 10/05/17 Wound Number: #17 Left Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg...

Assessments	10/5/2020 11:05 AM	11/2/2020 8:43 AM
Thickness	Full thickness without exposed support structure	Full thickness with exposed support structure
Wound Length (cm)	22.5 cm	19.5 cm

Wound Width (cm)	18.5 cm	9.3 cm
Wound Depth (cm)	0.3 cm	0.3 cm
Wound Volume (cm^3)	124.88 cm^3	54.4 cm^3
Wound Healing %	—	56 cm
Wound Surface Area (cm^2)	416.25 cm^2	181.35 cm^2
Exudate Amt	Large	Small
Exudate Type	Yellow	Serosanguineous
Foul Odor After Cleansing	No	No
Granulation Amt	Small - 1-33%	Small - 1-33%
Necrosis	None Present	None Present
Slough	Large - 67-100%	Large - 67-100%
Structure Exposed	None Present	Adipose
Margin	Distinct, Outline Attached	Distinct, Outline Attached
Tunneling	none	none
Undermining	none	none
Peri-wound Assessment	Hyperpigmented;Swelling	Hyperpigmented
Temperature	No Abnormality	No Abnormality

No associated orders.

Wound 10/05/20 #18 Right Lower Leg (Active)

Date First Assessed/Time First Assessed: 10/05/20 1108 Date Acquired: 10/05/17 Wound Number: #18 Right Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes

Assessments	10/5/2020 11:05 AM	11/2/2020 8:43 AM
Thickness	Full thickness without exposed support structure	Full thickness with exposed support structure
Wound Length (cm)	9.5 cm	9 cm
Wound Width (cm)	7.5 cm	7.5 cm
Wound Depth (cm)	0.1 cm	0.2 cm
Wound Volume (cm^3)	7.12 cm^3	13.5 cm^3
Wound Healing %	—	-90 cm
Wound Surface Area (cm^2)	71.25 cm^2	67.5 cm^2
Exudate Amt	Large	Small
Exudate Type	Yellow	Serosanguineous
Foul Odor After Cleansing	No	No
Granulation Amt	None Present	None Present
Necrosis	None Present	None Present
Slough	Large - 67-100%	Large - 67-100%
Structure Exposed	None Present	Adipose
Margin	Distinct, Outline Attached	Distinct, Outline Attached
Tunneling	none	none
Undermining	none	none
Peri-wound Assessment	Hyperpigmented	Intact;Hyperpigmented
Temperature	No Abnormality	No Abnormality

No associated orders.

Allergies:
Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Skin: Rash
• Sulfa Antibiotics	Skin: Rash

Active Diet Order: Yes
Diet: General Carb Managed

Nutrition Support: No

Admission Anthropometrics:
Height: 152.4 cm (5')
Weight: **(!) 40.6 kg (89 lb) - bed wt 11/23**
Admit BMI (Calculated): 17.5kg/m2
BMI Classification: underweight BMI (<18.5)
Female: Percentage of IBW (Female): 90
Hamwi IBW/kg (Calculated) Female: 45.36
UBW: ~50 kg per records
%UBW on admit: 81%

Historical Weight Data:
Wt Readings from Last 15 Encounters:

11/24/23	**(!) 37.9 kg (83 lb 8.9 oz)**
10/10/22	45 kg (99 lb 3.3 oz)
10/05/20	51.1 kg (112 lb 9.6 oz)
09/16/20	49.9 kg (110 lb)
06/17/20	45.4 kg (100 lb)
11/25/19	50.8 kg (112 lb)
09/23/19	48.1 kg (106 lb)
08/20/19	50.4 kg (111 lb 1.6 oz)
03/28/19	51.7 kg (114 lb)
02/28/19	50.3 kg (111 lb)
01/31/19	46.3 kg (102 lb)
10/08/18	50.8 kg (112 lb)
09/26/18	51.1 kg (112 lb 9.6 oz)
09/24/18	51.3 kg (113 lb)
08/14/18	53.2 kg (117 lb 4 oz)

16% wt loss in 1 year - clinically significant: doesn't meet criteria but has considerable progressive wt loss and now severely underweight. Son reports wt loss was in the past month but RD unable to verify with records

Assessment/Plan

Estimated Nutrition Needs
Using 11/24 bed wt, 37.9 kg
Energy: 1516-1706 kcal (40-45 kcal/kg, wt gain)

Protein: 76 gm daily (2 gm/kg, repletion)
Fluid: 1 ml/kcal

Evaluation of Nutritional Status

Nutrition Diagnosis:
Severe malnutrition present on admission (in setting of acute illness/injury and social/environmental) related to chewing/swallowing difficulties and limited access to food prep at home as evidenced by severe signs of muscle and fat loss upon exam and reports of less than 75% est needs met with PO intake per reports.

Malnutrition Diagnosis:
Yes

Coordination of Care:
Chart reviewed.
Discussed status, point of care/goals with SLP, family, and patient.
Discussed current intake and tolerance with SLP, family, and patient.
Provided menu assistance.
Setup and/or adjusted nutrition supplement(s).

Goals of Interventions:
To support healing/repletion.
To support anabolism.

Language support:
No interpreter needed (documented language preference is English)

Monitoring and Evaluation:
Monitor oral intake and tolerance.
Monitor nutrition lab trends, weight trends.

Dietitian Following
See Treatment Team for RD contact
Weekend Pager: 989-1191

Electronically signed by Stein, Lisa, RD at 11/24/2023 4:52 PM

Gardner, Julianna, MD at 11/26/2023 0832

Attestation signed by Rulyak, Stephen James, MD at 11/26/2023 6:21 PM

Date of Service: 11/26/23
I did not see the patient, but I have reviewed the fellow's documentation and agree with it.

Consult Note

Jeanne Leonie Hoffman ("Jeane") - DOB: 1/6/1925 (98 year old female)
Preferred Pronouns: she/her/hers, patient's name
Admit Date: 11/22/2023
Code Status: Full Code

Consults

CHIEF CONCERN / IDENTIFICATION:
Jeane Leonie Hoffman is a 98 year old female with history of venous stasis ulcers and FTT who presented to ER from wound clinic due to acute on chronic poor PO intake and was admitted for treatment of pneumonia/UTI. GI consulted due to melena and progressive anemia concerning for GIB.

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Pt was admitted on 11/23 for management of infection (ultimately pnuemonia/UTI, on CTX and s/p azithro).

Per her son Louis, at baseline she has been relatively independent in ADLs, ambulatory with walker, makes social visits to friends. She has begun to decline in the several weeks leading up to admission with difficulty with ADLs such that Louis has been helping with toileting. He noticed she was having some dark stools (and one red stool) and is not sure if she has had these previously. She overall has been constipated and she did not have a BM x 2 days prior to presentation. He reports recently he noticed she has been taking large amounts of ibuprofen - perhaps a handful a day. He was concerned she was taking more than recommended and he has slowly decreased what she is taking to 2 tabs BID. He is not sure if she has ever had GIB before.

On admission, given report of dark stool and hemoglobin below prior baseline, started pantoprazole 40 IV BID for possible upper GIB. During admission, hemoglobin slowly trended down (10.3 -> 8.6 -> 8.1 -> 8.0, macrocytic) and bowel movements remained black (but formed and infrequent - 2x on 11/23, 1x on 11/25). These are similar to her stools at home and on review of Louis' photo from yesterday these are BSS1, dark in color with perhaps small amount of red around the stool. Iron studies notable for ferritin 211, Iron 14, Tsat 8. Folate/B12 are elevated.

GI consulted to discuss indications for and risk/benefit discussion re: work up of GI bleed. Per their discussion with Louis, he and Jeane would consider work up if felt indicated/safe but were not pushing for aggressive evaluation. If a malignancy were found, she would not pursue treatment (but they would value intervention on an endoscopically treatable lesion such as an ulcer).

She had a sigmoidoscopy (to 30 cm) in 2001 and negative FOBTx3 in 2008 and 2010 (no FIT). She has not had prior upper endoscopy. Abdominal imaging this admission with diverticulosis, large hiatal hernia but otherwise no significant findings in the GI tract.

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes

- Community acquired bacterial pneumonia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

Spring 2018
Homeless living with son in tent on Bainbridge
Pastor Dave O'Connell 314.853.2695
APS Levonne Gibson 360.473.2167
NW Justice Project Samantha Adams 206.707.0838

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

MEDICATIONS:
SCHEDULED MEDICATIONS:

- atorvastatin, 10 mg, Daily
- cefTRIAXone, 1 g, q24h
- cholecalciferol, 2,000 units, Daily
- lidocaine, 1 patch, q24h
- multivitamin with minerals, 1 tablet, Daily
- nystatin, 500,000 units, QID

- pantoprazole, 40 mg, BID
- pentoxifylline ER, 400 mg, Daily
- sodium ferric gluconate complex, 250 mg, Daily
- timolol maleate, 1 drop, BID
- triamcinolone, , BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, TID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- senna, 17.2 mg, BID PRN

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

Objective

OBJECTIVE

T: **(!) 35.9 °C** (11/22/23 1103) **BP:** 118/63 (11/22/23 1103) **HR:** 68 (11/22/23 1103)
RR: 16 (11/22/23 1103) **SpO2:** 100 % (11/22/23 1103) Room air

Vitals (Most recent in last 24 hrs)

T: 36.3 °C (11/26/23 0801) **BP:** **(!) 91/51** (11/26/23 0801) **HR:** **(!) 55** (11/26/23 0801)
RR: 18 (11/26/23 0801) **SpO2:** 92 % (11/26/23 0801) Room air
T range: Temp Min: 36.3 °C Max: 36.9 °C
Wt 84 lb 14 oz (38.5 kg) Ht 5' 0" (1.524 m) Body mass index is 16.58 kg/m².

Physical Exam
Gen - NAD, elderly woman, lying in bed
Head - NCAT
Eyes - Sclera anicteric
ENMT - extremely hard of hearing (not wearing her hearing aids), poor dentition
Pulm - Breathing comfortably on room air
Abd - Soft, ND, NT, +BS
Neuro - Alert and interactive, unable to assess orientation due to hearing

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
138	105	9	100	8.0	AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.8	26	0.72		6.17 >< 332	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.8		25	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.8		PO4: 2.8		ANC: - ALC: -			BNP: - INR: -	Anti-Xa: -

IMAGING:
11/22 CTAP
FINDINGS:
Lower chest: Large hiatal hernia. Bibasilar atelectasis.
Liver: Unremarkable.

Gallbladder: Distended. No radiopaque stones.
Bile ducts: Unremarkable.
Spleen: Unremarkable.
Pancreas: Unremarkable.
Adrenal glands: Unremarkable.
Kidneys and Ureters: Bilateral renal cortical cysts and additional subcentimeter hypodense lesions which are too small to characterize.
Abdominal and Retroperitoneum Lymph Nodes: No enlarged lymph nodes.

Vasculature:
Aorta - no aneurysm, dissection, or coarctation. Moderate to severe atherosclerotic calcification.
Celiac artery - Patent, no stenosis or filling defect.
Superior mesenteric artery - Patent, no stenosis or filling defect.
Inferior mesenteric artery - Patent, no stenosis or filling defect.
Right renal artery - Patent, no stenosis or filling defect.
Left renal artery - Patent, no stenosis or filling defect. Patent accessory left renal artery without stenosis or filling defect.
Inferior vena cava - There is no IVC thrombosis. Prominent pelvic venous collaterals, probably from chronic occlusive disease.
Portal vein and mesenteric veins - There is no portal or mesenteric thormbosis.

Bowel: Unremarkable.
Reproductive organs: Hysterectomy.
Bladder: Unremarkable.
Peritoneum: Unremarkable.
Abdominal Wall: Unremarkable. Severe multilevel degenerative changes visualized spine. No acute or suspicious osseous lesion. Wedging and endplate deformities of multiple vertebral bodies, not appearing acute.
Bones: Right femoral neck fixation hardware. Pelvic and rib deformities, old.

IMPRESSION
1. No evidence of active extravasation within the abdomen or pelvis.

2. Moderate to severe atherosclerotic calcification of the abdominal aorta and branch vessels, without focal stenosis, occlusion, or dissection.

This is a preliminary report dictated by Dr. Drew Anderson (PGY-3).

ATTENDING FINAL REPORT

I agree with the preliminary report. In the lower chest, probable additional foci of airspace disease, for example at the left base. Consider surveillance imaging ensure resolution. Coronary calcifications.

Extensive diverticulosis without convincing CT evidence of arterial extravasation or active inflammation. Consider colonoscopy if indicated.

Assessment/Plan

ASSESSMENT/PLAN

Jeane Leonie Hoffman is a 98 year old female with history of venous stasis ulcers and FTT who presented to ER from wound clinic due to acute on chronic poor PO intake and was admitted for treatment of pneumonia/UTI. GI consulted due to melena and progressive anemia concerning for GIB.

While she may have some degree of recent or chronic blood loss (iron deficiency by labs, report of black bowel movements intermittently) I do not suspect significant volume blood loss. Some degree of hgb drop this admission was dilutional (10.3 -> 8.6 occurred at time when other cell lines dropped). Her hemoglobin has now stabilized in 8-8.5 range and constipation further argues against ongoing/significant blood loss (blood is a cathartic). She has been using NSAIDS recently and this could have resulted in ulcer disease however this can often be adequately treated with PPI (only a small portion of ulcers are treated endoscopically).

Clinical Notes (group 1 of 2) (continued)

Prior hematochezia may have been due to hemorrhoidal bleeding associated with straining (no definitive history, but in context of constipation this is most likely etiology). Intermittent dark stools may be due to smaller volume blood loss from an upper source (or even R colon in setting of constipation). In a younger patient with these symptoms, would advocate for EGD/colonoscopy however in context of her age and frailty, overall mild/stabilizing symptoms, and her preference not to pursue treatment were a malignancy to be found, I would not recommend additional evaluation. Can re-evaluate risk/benefit should her symptoms worsen.

RECOMMENDATIONS
- Do not recommend endoscopic evaluation
- Now s/p IV PPI BID x 3 days. Would transition to PO PPI BID x 8 weeks then stop for empiric treatment of ulcer disease or esophagitis (which could cause GIB). This would not address a variety of other causes of bleeding but is a low risk empiric treatment.
- Continue to monitor hemoglobin trend, stool color while inpatient
- Standing bowel regimen
- IV Iron during this admission
- Stop NSAID use
- If develops worsening bleeding (hemoglobin drop, hemodynamic instability), can revisit discussion of endoscopic evaluation with the patient and her son.

Thank you for this consult. We will sign off.
DWA Rulyak

Julianna Gardner, MD
PGY6 Gastroenterology/Hepatology

Electronically signed by Gardner, Julianna, MD at 11/26/2023 2:41 PM
Electronically signed by Rulyak, Stephen James, MD at 11/26/2023 6:21 PM

McManigal, LuQi, RN at 11/28/2023 1143

Consult Orders
1. Inpatient Consult to Wound Therapy [280754203] ordered by Nguyen, Liem Hieu, MD at 11/22/23 1625

Wound Care Consult

Patient was seen today at RN request to evaluate "L chronic venous insufficiency".

HPI: (Per Medicine MD note on 11/27/23)
"Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise, found to have leukocytosis to 12, R-sided focal lung consolidations c/f PNA, and subacute melena and hematochezia c/f occult GI bleed."

PMH:
Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021

- Fall 9/3/2019
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) 5/26/2019
- Venous stasis ulcer (HCC) 5/26/2019
- Diabetic ulcer of lower extremity (HCC) 9/24/2018
- Severe protein-calorie malnutrition (HCC) 6/7/2018
- Urge urinary incontinence 6/7/2018
- Venous ulcer of left leg (HCC) 6/7/2018
- Normocytic anemia 6/7/2018
- Chronic venous hypertension with ulcer and inflammation, left (HCC) 5/17/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) 5/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) 5/17/2018
- Thrombocytopenia (HCC) 11/2/2016
- Leg weakness, bilateral 1/6/2015
- Weakness of trunk musculature 1/6/2015
- Vertebral fracture 12/13/2012
  Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed
- Thyroid nodule, uninodular 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.
- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, 11/20/2006

chronic
Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Labs:
Results from last 7 days

Lab	Units	11/28/23 0657
NA	meq/L	141
K	meq/L	4.3
CL	meq/L	106
CO2	meq/L	28
IGAP		7
GLU	mg/dL	99
BUN	mg/dL	11
CA	mg/dL	**8.1***
EGFRR	mL/min/1.73_m2	>60

Results from last 7 days

Lab	Units	11/28/23 0657
WBC	10*3/uL	6.29
RBC	10*6/uL	**2.80***
HB	g/dL	**8.7***
HCT	%	**28***
MCV	fL	**100***
MCH	pg	31.1
MCHC	g/dL	**31.1***
PLT	10*3/uL	332
RDWCV	%	**15.9***

No lab exists for component: "ALB"

Wound description:
Wound 10/05/20 #17 Left Lower Leg (Active)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 1 of 2) (continued)



Thickness	Full thickness without exposed support structure	11/28/23 1137
Wound Length (cm)	26 cm	11/28/23 1137
Wound Width (cm)	15 cm	11/28/23 1137
Wound Depth (cm)	0.3 cm	11/28/23 1137
Wound Volume (cm^3)	117 cm^3	11/28/23 1137
Wound Healing %	6 cm	11/28/23 1137
Wound Surface Area (cm^2)	390 cm^2	11/28/23 1137
Exudate Amt	Scant	11/28/23 1137
Exudate Type	Serous	11/28/23 1137
Foul Odor After Cleansing	No	11/28/23 1137
Granulation Amt	None Present	11/28/23 1137
Necrosis	None Present	11/28/23 1137
Slough	None Present	11/28/23 1137
Structure Exposed	None Present	11/28/23 1137
Margin	Distinct, Outline Attached	11/28/23 1137
Peri-wound Assessment	Clean;Dry;Intact;Yellow-brown;Other (Comment)	11/28/23 1137
Temperature	No Abnormality	11/28/23 1137
Primary Dressing	Other (Comment)	11/28/23 1137
Secondary Dressing	Other (Comment)	11/28/23 1137

Per pt's son those wounds are chronic. "They were healed and reopened". Pt has been seeing at Hall Health Center for ongoing wound care and she has a wound care appointment on 12/6/23.

Multiple full thickness wounds, varies in shape, depth, and size, noted scattered over LLE. Total involved area measures approx 26 cm x 15 cm x 0.3 cm. Serpiginous wound edges are attached. Wound base is 100% red viable tissue. Scant dry serous drainage noted around the wound edges. Periwound skin is dry, intact, with pink scar tissues from healed wounds. Mild pain present with wound palpation. LLE is warm to touch. Hyperpigmentation from

hemosiderin staining noted at gaiter area with lipodermatosclerosis and venous dermatitis. DP and PT pulses heard on Doppler.

Recommendations:
1. Cleanse with normal saline and pat dry. This step can be done in the shower, washing LLE with gentle soap and rinse with clean running warm water, pat dry.
2. Apply Cavilon No Sting Skin Barrier to immediate periwound skin and allow to dry completely. This will protect periwound skin from any drainage.
3. Cut pieces of a dry Aquacel Sheet (MM# 105650) to size and cover deep wound bed. Apply several drops of NS onto dry Aquacel Sheet. It will turn clear once it is moist. This will wick exudate from the wound, provide a moist wound healing environment, and will aid in autolytic debridement.
4. Cover the wound with two 6"x6" and two 3"x3" Mepilex border dressing (MM# 114579/139547). This will provide a moist wound healing environment and absorb exudate from the wound.
5. Change every three days and PRN saturation, rolling, or soiling.
6. Optimize nutrition and hydration for healing.
7. Optimize glycemic control.
8. Off loading pressure and floating heels with pillows while in the bed.
9. Recommend to continue f/u with OP wound clinic for ongoing wound assessment and management after DC home.

Recommendations discussed with pt, son and bedside RN, Olivia.

Extra wound change supplies given. Wound supplies prescription and supplier company list in chart for MD signature and will give it to pt by primary RN to arrange future wound supplies ordering.

Staff RN to assess effectiveness of above recommendations and re consult Wound RN through Epic with questions or concerns.

Electronically signed by McManigal, LuQi, RN at 11/28/2023 12:13 PM

Discharge Instructions

Nguyen, Liem Hieu, MD at 11/27/2023 1250

Dear Jeanne Leonie Hoffman,

You were admitted for difficulty eating, weakness, and mild confusion. You were found to have evidence of a urinary tract infection, possible pneumonia, and evidence of upper gastrointestinal bleed. You were treated with IV antibiotics and proton pump inhibitor, which have helped you improved significantly. Your GI bleed is slow and now has been stabilized and improved. We talked to our GI colleagues and they did not think that you need to be scoped or follow up outpatient.

New Medications
- please continue taking protonix twice per day for the next 7 weeks or so

- please continue taking senna and miralax to prevent constipation as needed and HOLD if loose stool

Other Instructions
- Very important is to limit tylenol (acetaminophen) to maximum 3g total / day. Avoid NSAIDs (like alleve, ibuprofen, advil)
- Continue with wound care, post-procedure

Follow up appointments
- follow up with primary care

PLEASE RETURN TO THE HOSPITAL IF:
- fever, chest pain, shortness of breath, confusion, red blood in stools, worsening abdominal pain

It was a pleasure being part of your care team.

Electronically signed by Nguyen, Liem Hieu, MD at 11/27/2023 2:07 PM

Home Health Face To Face

Rosse, Christopher John, DO at 11/27/2023 0930

Date of Face to Face Encounter: 11/27/2023

This Face to Face Encounter was in whole, or in part, for the following medical condition(s) which is the primary reason for home health care:
Medical Condition(s): (J18.9) Pneumonia of right middle lobe due to infectious organism (primary encounter diagnosis)

I certify that, based on my findings, the following services are medically necessary for home health services: Physical Therapy

Ancillary Services (only allowed if Nursing, PT, or ST are ordered):
OT

My clinical findings that support the need for the above services are: Chronic venous stasis wounds of bilateral lower extremities, anemia, failure to thrive, community acquired pneumonia

I certify that this patient is homebound (.i.e. absences from require considerable and taxing effort and are for medical reasons or religious services and are infrequent or of short duration) because: Chronic venous stasis wounds of bilateral lower extremities, anemia, failure to thrive, community acquired pneumonia

The Center for Medicaid Services (CMS) requires the hospitalist/attending signing the Face to Face Encounter documentation to identify the community physician in the discharge plan for home health care (the provider assuming ongoing management of the Home Health Plan of Care).

Primary Care Physician: Neighbor Jr., William E, MD

Attending Name:
ROSSE, CHRISTOPHER JOHN
11/27/2023 at 9:30 AM

Electronically signed by Rosse, Christopher John, DO at 11/27/2023 9:31 AM

Nursing Note

Logrono, April Kathlyn Kathlyn, RN at 11/23/2023 0516

Patient Summary

98 F with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.

Transferred from ED. Difficult to assess orientation d/t HOH. Pt verbal and make needs known. BP soft at times. Pt denies any symptoms. Pt stated, "I am fine." On droplet precaution for respiratory panel pending. Aspiration precaution-pt coughs after sips of water. Awaiting for SLP consult. Using purewick. No BM/ melena this shift. On tele. SB/NSR with frequent PVCs/RBBB/PACs. Heart sounds distant-MD notified and seen pt at bedside. STAT nurse following.

Skin thin and fragile. Buttocks stage 2 pressure ulcer present upon admission. Barrier cream applied and Q2hr turns. Awaiting for wound consult.

Edited by: Logrono, April Kathlyn Kathlyn, RN at 11/23/2023

Illness Severity

Stable
Edited by: Logrono, April Kathlyn Kathlyn, RN at 11/23/2023

Patient Monitoring Document - Scan on 11/23/2023 5:10 AM: RE-LABELED TO SINUS RHYTHM W/ ATRIAL TRIGEMINY CK, CMT (below)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 1 of 2) (continued)

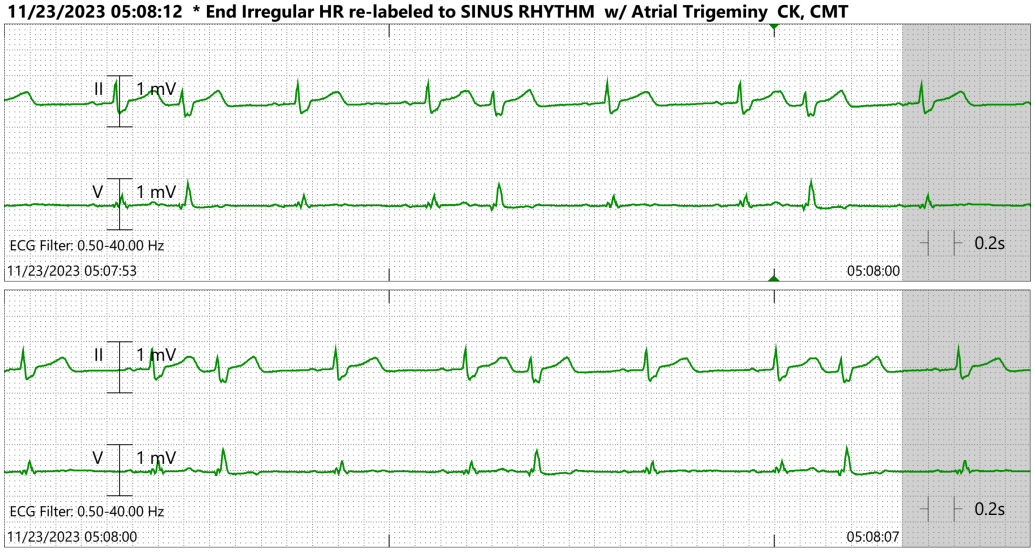
Strip Report 6206

HOFFMAN, JEANNE	U8170135	1908397630

Vitals:

HR 74	PVC 0	ST-I -0.1	ST-II 0.0
ST-III 0.0	ST-aVF 0.0	ST-aVR 0.1	ST-aVL -0.1
ST-V 0.0	ST-MCL 0.1		

11/23/2023 05:08:12 * End Irregular HR re-labeled to SINUS RHYTHM w/ Atrial Trigeminy CK, CMT



	TELE5NE	UWMC Montlake

Printed on 11/23/2023 05:10:01 Page 1 of 1

Patient Monitoring Document - Scan on 11/23/2023 5:07 AM: RE-LABELED TO SINUS RHYTHM W/ PACS (below)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 1 of 2) (continued)

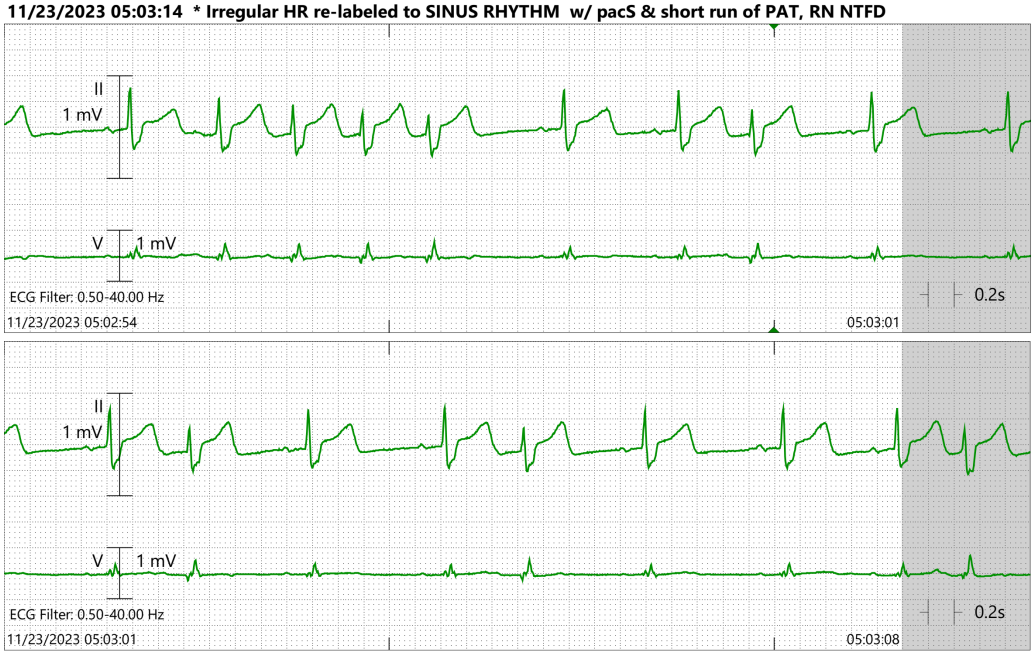
Strip Report 6206

HOFFMAN, JEANNE	U8170135	1908397630

Vitals:

HR 71	PVC 3	ST-I 0.0	ST-II 0.1
ST-III 0.1	ST-aVF 0.1	ST-aVR 0.0	ST-aVL 0.0
ST-V 0.0	ST-MCL 0.1		

11/23/2023 05:03:14 * Irregular HR re-labeled to SINUS RHYTHM w/ pacS & short run of PAT, RN NTFD



	TELE5NE	UWMC Montlake

Printed on 11/23/2023 05:06:48 Page 1 of 1

Patient Monitoring Document - Scan on 11/23/2023 1:43 AM: RE-LABELED TO SINUS RHYTHM W/ VENT. BIGEMINY RN NOTIFIED CK, CMT (below)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 1 of 2) (continued)

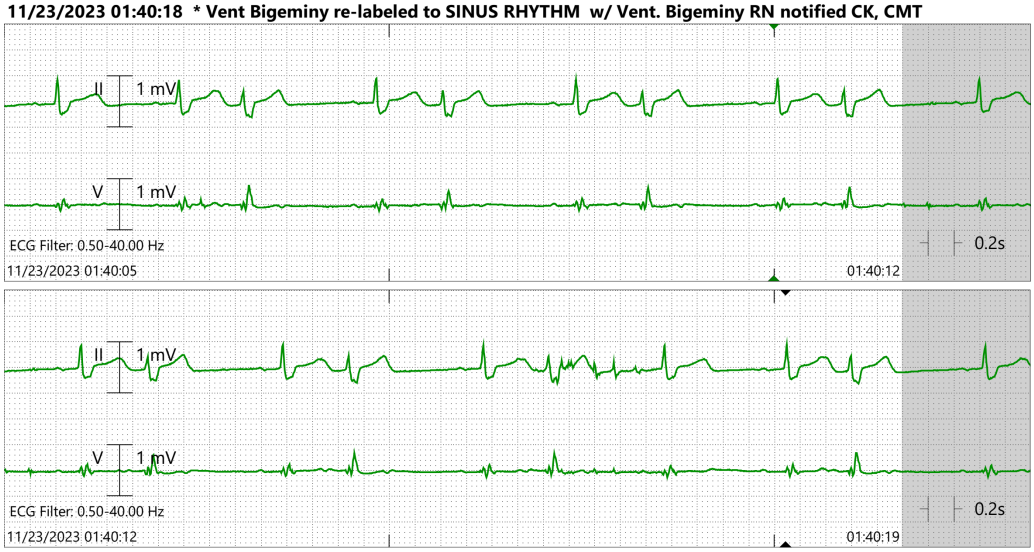
Strip Report 6206

HOFFMAN, JEANNE	U8170135	1908397630

Vitals:

HR 78	PVC 23	ST-I -0.2	ST-II -0.1
ST-III 0.0	ST-aVF 0.0	ST-aVR 0.2	ST-aVL -0.1
ST-V -0.2	ST-MCL 0.0		

11/23/2023 01:40:18 * Vent Bigeminy re-labeled to SINUS RHYTHM w/ Vent. Bigeminy RN notified CK, CMT



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Printed on 11/23/2023 01:43:19 Page 1 of 1

Patient Monitoring Document - Scan on 11/23/2023 1:20 AM: RE-LABELED TO ADMISSION STRIP SINUS BRADYCARDIA CK, CMT (below)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

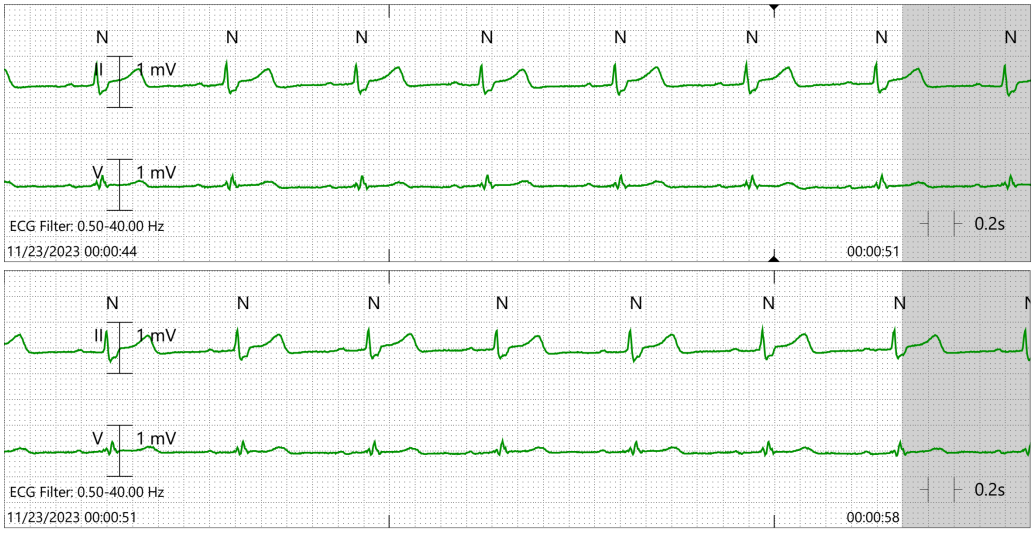
Clinical Notes (group 1 of 2) (continued)

Strip Report	6206	
HOFFMAN, JEANNE	U8170135	1908397630

Vitals:

HR 59	PVC 0	ST-I 0.0	ST-II 0.2
ST-III 0.3	ST-aVF 0.2	ST-aVR -0.1	ST-aVL -0.1
ST-V 0.1	ST-MCL 0.2		

11/23/2023 00:00:50 Saved strip re-labeled to ADMISSION STRIP SINUS BRADYCARDIA CK, CMT PR 0.20 QRS 0.12 RR 1.05 QT 0.43 QTc 0.42



	TELE5NE	UWMC Montlake

Printed on 11/23/2023 01:19:55 Page 1 of 1

Patient Monitoring Document - Scan on 11/23/2023 1:15 AM: RE-LABELED TO ADMISSION STRIP SINUS BRADYCARDIA CK, CMT (below)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

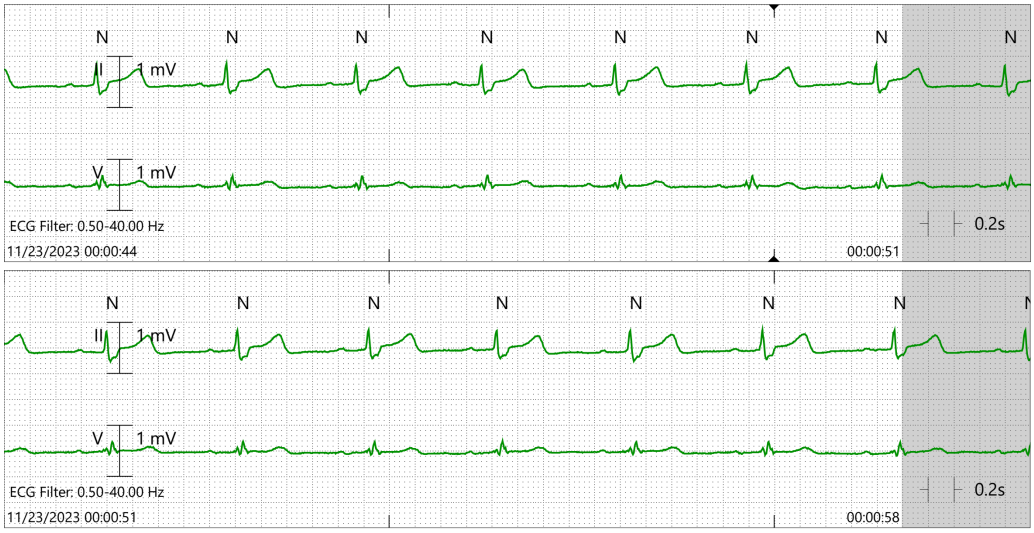
Clinical Notes (group 1 of 2) (continued)

Strip Report	6206	
HOFFMAN, JEANNE	U8170135	1908397630

Vitals:

HR 59	PVC 0	ST-I 0.0	ST-II 0.2
ST-III 0.3	ST-aVF 0.2	ST-aVR -0.1	ST-aVL -0.1
ST-V 0.1	ST-MCL 0.2		

11/23/2023 00:00:50 Saved strip re-labeled to ADMISSION STRIP SINUS BRADYCARDIA CK, CMT PR 0.20 QRS 0.12 RR 1.05 QT 0.43 QTc 0.42



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Printed on 11/23/2023 01:15:25 Page 1 of 1

Electronically signed by Logrono, April Kathlyn Kathlyn, RN at 11/23/2023 6:06 AM

Aamot, Allison X, RN at 11/23/2023 1537

Patient Summary

98 F with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.

A&Ox3-4. Very HOH, hearing aid to right ear. VSS on RA. Tele Dc'd this shift. Pt verbal and make needs known. Pt denies any symptoms. Pt stated, "I am fine." On droplet precaution for respiratory panel pending. Aspiration precaution. Awaiting for SLP consult. Using purewick. 2x Bms this shift, very dark green/black, MD to bedside. Skin thin and fragile. Buttocks stage 2 pressure ulcer upon admission. Barrier cream applied and Q2hr turns. Awaiting for wound consult. Tele Dc'd this AM. Worked with PT today.

Illness Severity
Stable

Electronically signed by Aamot, Allison X, RN at 11/23/2023 3:42 PM

Azami, Nora, RN at 11/23/2023 2306

Patient Summary
98 F with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.
Difficult to assess orientation d/t HOH. Pt verbal and make needs known. BP soft at times. Pt denies any symptoms. Pt stated, "I am fine." On droplet precaution for respiratory panel pending. Aspiration precaution-pt coughs after sips of water. Awaiting for SLP consult. 1 Large BM this shift. Need to send sample to lab. Tele Dc'd today.

Skin thin and fragile. Buttocks stage 2 pressure ulcer upon admission. Barrier cream applied and Q2hr turns. Awaiting for wound consult. Tele Dc'd this AM.
Edited by: Azami, Nora, RN at 11/23/2023 2302

Illness Severity
Stable.
Edited by: Azami, Nora, RN at 11/23/2023 2302

Electronically signed by Azami, Nora, RN at 11/23/2023 11:06 PM

Namba, Allison P, RN at 11/24/2023 0615

Patient Summary
98 F with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.

A&Ox4, very HOH. BP soft at times, asx. Poor PO intake. Aspiration precaution-pt coughs after sips of water. Awaiting for SLP consult. Skin thin and fragile. Buttocks stage 2 pressure ulcer upon admission, turns self well. Pressure offloaded with pillows. Barrier cream applied. Awaiting for wound consult. No BM overnight.

Electronically signed by Namba, Allison P, RN at 11/24/2023 6:16 AM

Mittler, Morgan, RN at 11/24/2023 1335

Patient Summary
98 F with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.

A&Ox4, very HOH. BP soft at times, asx. Aspiration precaution-pt coughs after sips of water. Awaiting for SLP consult. Skin thin and fragile. Buttocks stage 2 pressure ulcer upon admission, turns self well. Pressure offloaded with pillows. Barrier cream applied. Awaiting for wound consult.

HCT 26, up from 25. No BM this shift. Seen by SLP, recs in room. Pills in apple sauce and 1:1 feed.
Edited by: Mittler, Morgan, RN at 11/24/2023 1335

Illness Severity
Stable.
Edited by: Azami, Nora, RN at 11/23/2023 2302

Electronically signed by Mittler, Morgan, RN at 11/24/2023 1:35 PM

An, Jieun, RN at 11/24/2023 2320

Patient Summary
98 F with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.

A&Ox4, very HOH. BP soft at times, asx. Aspiration precaution-pt coughs after sips of water. Awaiting for SLP consult. Skin thin and fragile, LLE wound dressing changed. Buttocks stage 2 pressure ulcer upon admission, turns self well. Pressure offloaded with pillows. Barrier cream applied. Awaiting for wound consult.
HCT 26, up from 25. No BM this shift. Seen by SLP, recs in room. Pills in apple sauce and 1:1 feed.

Illness Severity
Stable.

Electronically signed by An, Jieun, RN at 11/24/2023 11:20 PM

Bakhach, Kawthar, RN at 11/25/2023 0541

Patient Summary
98 F with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.

Assumed care 2300. A&Ox4, very HOH. BP soft at times, asx. Aspiration precaution-pt coughs after sips of water, see SLP consult. Skin thin and fragile, LLE wound dressing changed. Buttocks stage 2 pressure ulcer upon admission, turns self well. Barrier cream applied. Awaiting for wound consult.. Pills in apple sauce and 1:1 feed.

Illness Severity
Stable.

Electronically signed by Bakhach, Kawthar, RN at 11/25/2023 5:41 AM

Leblanc, Lenaya L, RN at 11/25/2023 1802

Patient Summary
98 F with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.

A&Ox4, very HOH. BP soft at times, asx. Aspiration precautions, up in wheelchair for meals. Skin thin and fragile, LLE wound dressing changed last night, due to change PRN. Buttocks stage 2 pressure ulcer upon admission,q2h turns Barrier cream applied. Awaiting for wound consult.. Pills crushed in apple sauce and 1:1 feed. Dark black stool x1 today. Son at bedside encourages to eat. Nutrition following. Bcx with NGTD, receiving ceftriaxone empirically.
Edited by: Leblanc, Lenaya L, RN at 11/25/2023 1753

Illness Severity
Stable.
Edited by: An, Jieun, RN at 11/24/2023 2311

Electronically signed by Leblanc, Lenaya L, RN at 11/25/2023 6:02 PM

Burke, Ashley P, RN at 11/25/2023 2201

Illness Severity
Stable.

Patient Summary
98 F with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.

1900-2300
A&Ox4, very HOH. BP soft at times, 80s/50s this evening, asx. MIVF dc'd and bolus started at that time, BP to be rechecked after bolus completed. Aspiration precautions, up in wheelchair for meals. Skin thin and fragile, LLE wound dressing changed last night, due to change PRN. Lidocaine patch to R knee. Buttocks stage 2 pressure ulcer upon admission, q2h turns. Barrier cream applied. Purewick placed for overnoc. Awaiting for wound consult. Pills crushed in apple sauce and 1:1 feed. Dark black stool x1 today. Son at bedside encourages to eat. Nutrition following. Bcx with NGTD, receiving ceftriaxone empirically.

Electronically signed by Burke, Ashley P, RN at 11/25/2023 10:01 PM

Bakhach, Kawthar, RN at 11/26/2023 0601

Patient Summary
98 F with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.

A&Ox4, very HOH. BP soft at times, 80s/50s yest evening, asx. LR bolus done, BP recheck 90s/60s post bolus, MD aware. Aspiration precautions, up in wheelchair for meals. Skin thin and fragile, LLE wound dressing CDI, changing prn till wound consult done. Lidocaine patch to R knee. Buttocks stage 2 pressure ulcer upon admission, encouraging

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 1 of 2) (continued)

q2h turns. Pt can turn self when reminded. Barrier cream applied. Purewick placed for overnoc. Pills crushed in apple sauce and 1:1 feed. Son at bedside encourages to eat. Nutrition following. Bcx with NGTD, receiving ceftriaxone empirically.

Illness Severity
Stable.

Electronically signed by Bakhach, Kawthar, RN at 11/26/2023 7:01 AM

Lee, Grace Los Banos, RN at 11/26/2023 1815

Patient Summary
98 F with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.

A&Ox4, very HOH, uses R ear hearing aid. BP soft at times, LR bolus given last noc. Aspiration precautions, up in wheelchair for meals. Skin thin and fragile, LLE wound dressing changed today, changing prn till wound consult done. Lidocaine patch to R knee. Buttocks stage 2 pressure ulcer upon admission, encouraging q2h turns, able to turn self when reminded. Barrier cream applied. Purewick placed while in bed. Pills crushed in apple sauce and 1:1 feed. Son ultra-supportive, visited today. Nutrition following. Bcx with NGTD, receiving ceftriaxone empirically.

Illness Severity
Stable.

Electronically signed by Lee, Grace Los Banos, RN at 11/26/2023 6:16 PM

Bakhach, Kawthar, RN at 11/27/2023 0634

Patient Summary
98 F with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.

A&Ox4, very HOH, uses R ear hearing aid. BP soft at times, LR bolus given last noc. Aspiration precautions, up in wheelchair for meals. Skin thin and fragile, LLE wound dressing changed today, changing prn till wound consult done. Lidocaine patch to R knee. Buttocks stage 2 pressure ulcer upon admission, encouraging q2h turns, able to turn self when reminded. Barrier cream applied. Purewick placed while in bed. Pills crushed in apple sauce and 1:1 feed. Nutrition following. Bcx with NGTD, receiving ceftriaxone empirically. Senna given x1 prn d/t pt c/o constipation.

Illness Severity
Stable.

Electronically signed by Bakhach, Kawthar, RN at 11/27/2023 7:34 AM

Tornow, Olivia, RN at 11/27/2023 1824

Patient Summary

Clinical Notes (group 1 of 2) (continued)

98F with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.

A&Ox4. HOH, uses R ear hearing aid. BPs 90s/50s, asymptomatic. On RA. PO intake encouraged, 1:1 feed. Meds given crushed in applesauce, aspiration precautions in place. LLE dressing CDI, still awaiting WORN consult. Buttocks stage 2 pressure ulcer upon admission, turned q2hrs, pt able to turn self w/reminders + barrier cream applied. Purewick in place. Denies pain. Worked w/OT today.

Illness Severity
Stable.

Electronically signed by Tornow, Olivia, RN at 11/27/2023 6:24 PM

Tornow, Olivia, RN at 11/28/2023 1304

Patient Summary
98F with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.

A&Ox4. HOH, uses R ear hearing aid. LLE dressing changed by WORN, directions and prescription for wound care supplies given to pt's son. DC teaching done, PIV removed. Meds delivered to room. Pt DC'd w/son at 1304.

Electronically signed by Tornow, Olivia, RN at 11/28/2023 1:12 PM

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 2 of 2)

Progress Notes

Botelho, Alyssa Adachi, MD at 11/23/2023 0532

Attestation signed by Rosse, Christopher John, DO at 11/24/2023 8:14 AM

Date of Service: 11/23/23
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Progress Note

Jeanne Leonie Hoffman ("Jeane") - DOB: 1/6/1925 (98 year old female)
Preferred Pronouns: she/her/hers, patient's name
Admit Date: 11/22/2023
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise, found to have leukocytosis to 12, R-sided focal lung consolidations c/f PNA, and subacute melena and hematochezia c/f occult GI bleed.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Pt verbal, making needs known overnight, using perwick for urination, no BM/melena
- Per RN note aspiration precautions as pt coughs after sips of water
- some c/f bradycardia overnight, briefly put on telemetry (now d/c), repeat EKG with rare PVCs and low voltage, bedside ECHO done with no e/o cardiac effusion
- this AM sleeping comfortably; in afternoon pt with son, he says she is brighter and back to baseline, ate some food, had one small hard dark BM after enema. Pt speaking coherently with hearing aid in, says she has urge to BM, no other complaints.

SCHEDULED MEDICATIONS:
- atorvastatin, 10 mg, Daily
- azithromycin, 500 mg, Daily
- cefTRIAXone, 1 g, q24h
- cholecalciferol, 2,000 units, Daily
- lidocaine, 1 patch, q24h
- multivitamin with minerals, 1 tablet, Daily
- nystatin, 500,000 units, QID
- pantoprazole, 40 mg, BID
- pentoxifylline ER, 400 mg, Daily
- timolol maleate, 1 drop, BID
- triamcinolone, , BID

INFUSED MEDICATIONS:
- lactated ringers, 75 mL/hr, Continuous, Last Rate: 75 mL/hr (11/22/23 2111)

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, TID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.7 °C (11/23/23 0439) **BP:** **(!) 106/59** (11/23/23 0439) **HR:** 65 (11/23/23 0439)
RR: 16 (11/23/23 0439) **SpO2:** 100 % (11/23/23 0439) Room air
T range: Temp Min: 35.9 °C Max: 37 °C
Admit weight: **(!) 40.8 kg (90 lb)** (11/22/23 1103)
Last weight: **(!) 40.6 kg (89 lb 8.1 oz)** (11/23/23 0116)

I&Os:
Intake/Output Summary (Last 24 hours) at 11/23/2023 0532
Last data filed at 11/22/2023 1700

Intake	300 ml
Output	—
Net	**300 ml**

Physical Exam

VS: BP (!) 106/59 (Patient Position: Lying) | Pulse 65 | Temp 36.7 °C (Temporal) | Resp 16 | Ht 5' (1.524 m) | Wt (!) 40.6 kg (89 lb 8.1 oz) | SpO2 100% | BMI 17.48 kg/m²

General: NAD.
HEENT: NCAT.
Cardiovascular: soft but audible heart sounds, no peripheral edema
Respiratory: CTAB, normal WOB, no wheezes, ronchi, or crackles.
GI: Soft, nontender, non-distended.
Neuro: normal speech, No focal deficits, 5/5 strength on bilateral leg raise
Psych: Normal mood, normal affect.
MSK: Bl upper and lower extremities normal in appearance. Non-tender to palpation over knees bilaterally , normal ROM.
Skin: New clean dressings over chronic LE venous stasis ulcers

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	102	20		9.7			AST: 12	ALT: 9	-/-/-/- | -/-/-/-	
4.1	25	0.82	120	11.5	><	387	AP: 98	T bili: 0.4	Lact (a): -	Lact (v): -
				7						
eGFR: >60		Ca: 9.4		31			Prot: 7.7	Alb: 3.5	Trop I: <0.03	D-dimer: -
Mg: 2.0		PO4: 4.0		ANC: 9.48					BNP: -	Anti-Xa: -
				ALC: 1.26					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise, found to have leukocytosis to 12, R-sided focal lung consolidations c/f PNA, and subacute melena and hematochezia c/f occult GI bleed.

#UTI
Pt with leukocytosis to 12 on admission with left shift, now resolved. UA with +Nitrites, LE, bacteria, and 50+ WBC. Pt asx at this time. Bladder scan on admission with no e/o retention.
- follow blood cx x2 11/23/23 (drawn post abx)

- follow Ucx
- being tx empirically with CTX for CAP

#CAP vs Aspiration PNA
#Focal consolidations RML RLL
Pt with leukocytosis and known sick contact son with URI found to have focal opacities in RML and RLL c/f CAP. Hx not c/w HAP picture. Unclear aspiration risk given hx dysphagia, consider broadening pending clinical improvement.
CURB 65: 1-2 pts (age +/- confusion, moderate risk) .
- follow blood cx
- urine legionella negative, S pneumo antigen pending
- viral resp panel negative
- Tx empirically for CAP:
    -CTX 1g q24h x5-7 days (11/22 -)
    - Azithromycin azithro 500mg PO q24h x 3d (11/22 -)

#Hematochezia
#Melena
#Constipation
Pt with witnessed episode of melena ~1 wk ago, and hematochezia 2 days ago c/f GIB. Hgb 10.3 on admission, slowly drifting to 8.8 today otherwise hemodynamically stable, with one small hard BM s/p enema c/w melena. Likely has slow occult bleed, CTM closely for acute progression. GOC ongoing with pt and son about further workup.

- continue bowel regimen
- follow 00:00 CBC
- s/p 80 pantoprazole IV, continue 40 BID
- type and screen
- 2 peripheral IV in place
- if loses IV access, switch to oral pantoprazole
- consider further workup including EGD/colo if within pt GOC

#Subacute progressive dysphagia
#Recent hx of oral thrush
Pt with unclear duration of difficulty swallowing, solids more than liquids, for the past weeks to months. Most c/f ulcer vs stricture vs mass. Could consider dysmotility picture though typically also sx with liquids. Also found to have thrush in early November, could consider esophageal candidiasis though this would typically present more with pain than difficulty swallowing, and exam today with no e/o thrush in oropharynx.
- continue home nystatin swish and swallow
- SLP consult
- if within GOC, consider further w/u including endoscopy

#C/f Malnutrition
#FTT
Pt with acute on chronic poor PO and FTT with decrease in ADLs from baseline, possibly iso infection vs malignancy per workup above.
- nutrition c/s
- daily standing weights
- continue gentle IVF

#Macrocytic anemia
Pt with Hgb 10.3 on admission (stable 10-12 over last 3 years) and MCV 100 c/f macrocytic anemia. Likely multifactorial IDA vs ACD vs megaloblastic causes such as MDS (normal TSH, folate, B12, no c/f AUD).
- iron studies: iron low at 14, TIBC low at 185, transferrin low 132, tsat low at 8, ferritin mild-elev to 211
- retic count wnl 1.6
- folate and B12 wnl
- type and screen pending
- TSH wnl 2.715 11/22
- no iron repletion now, as pt actively infected

Clinical Notes (group 2 of 2) (continued)

#Chronic venous stasis ulcers of LLE
Several chronic LLE ulcers on L superior foot, ankle, and anterior shin. Low c/f cellulitis a this time, XR tibia fibula per PCP 11/15 for c/f osteo given persistent ulceration with no e/o bony involvement.
- wound care consult

#Subacute progressive R knee pain
#Hx R femoral fx s/p femoral plate
#OA
Pt with subacute progressive R knee pain for last few months most likely 2/2 OA given imaging here negative for fx. Today pt markedly less tender to palpation, complaining of tenderness only on lateral side of knee joint with some radiation to the hip more c/w a sciatic type picture. No asymmetry btwn knee joints, overlying rubor, erythema c/f septic joint.
- lidocaine patches, tylenol PRN
- consult PT

Chronic/stable
#Hx recurrent DVT: Per chart review, not noted by patient. Son denies current AC, per brief chart review seems prior hx of warfarin not on currently.
#Sensorineural hearing loss R ear: home hearing aids
#HTN: Hold home losartan as pt normotensive
#HLD: Continue home atorvastatin
#Peripheral vascular disease: Continue home pentoxifylline

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: full diet, IVF
Prophylaxis: holding iso c/f GIB
Lines/Drains/Airways: 2 PIVs
Disposition: floor
Code Status: Full Code , confirmed with her son Louis via interview on admission
Contacts: Primary Emergency Contact: Hoffman Alloin, Louis Charles (POA), *Cell - 206-280-1287, landline: 206-780-6885*

Electronically signed by Botelho, Alyssa Adachi, MD at 11/23/2023 3:54 PM
Electronically signed by Rosse, Christopher John, DO at 11/24/2023 8:14 AM

Hicks, Genevieve, PT at 11/23/2023 1401

Physical Therapy Evaluation

Jeane Leonie Hoffman
U8170135

11/23/2023
Duration of session: 40 Minutes

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign

- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Community acquired bacterial pneumonia

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which*	12/13/2012

needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Subjective
Patient Report/Self-Assessment: Sitting up in bed, willing to work with PT. Had a fall in 2021 with injury to femur. "I am OK" when asked about rubbing her R knee. L leg elevated on pillow

Home Living
Home Living Comments: bainbridge island
Type of Home: Apartment;Other (very small, son describes it as the size of hospital room)
Entry Stairs: 0
Indoor Stairs: 0
Lives With: Son
Lives with Comments: sleeps on couch with incontinent pads in place
Assistance Available at Home : 24 hour supervision
Mobility Equipment Owned: Four wheeled walker or rollator;Other (transport chair)

Prior Level of Function : can walk 100 ft with walker at baseline when she is feeling well, since Oct has been spending most of day on couch, walking short distances with max A from son

Objective

RLE Assessment
RLE Assessment: Within Functional Limits
RLE AROM (degrees)
R Knee Flexion: 95
R Knee Extension: 10

RLE Strength
R Hip Flexion: 3-/5

LLE Assessment
LLE Assessment: Exceptions to WFL
LLE AROM (degrees)
L Knee Flexion : 10

L Knee Extension : 0
L Ankle Dorsiflexion : -5
LLE PROM (degrees)
L Knee Flexion : 90
L Ankle Dorsiflexion Knee: 0

Sensation
Light Touch: intact to LT in bil LE's (hypersensitive)

Static Sitting Balance
Static Sitting Balance Comments: EOB
Static Sitting Balance Level of Assistance: Minimum Assist (less than 25% help needed)
Dynamic Sitting Balance
Dynamic Sitting Balance Comments: EOB
Dynamic Sitting Balance Level of Assistance: Minimum Assist (less than 25% help needed)
Static Standing Balance
Static Standing Balance Comments: PUW
Static Standing Balance Level of Assistance: Maximum Assist (between 50-74% help needed);Other (assist of 2)

Functional Level:
Bed Mobility
Supine to Sit: Moderate Assist (between 25-49% help needed)
Sit to Supine: Maximum Assist (between 50-74% help needed)
Scooting: Dependent (greater than 75% help needed)
Transfers
Sit<>Stand: Maximum Assist (between 50-74% help needed);Assistive device used
Sit<>Stand Assistive Device Details: Pick-up walker
Stand <> Sit: Moderate Assist (between 25-49% help needed);Assistive device used
Stand <>Sit Assistive Device Details: Pick-up walker
Ambulation
Distance: N/A
Stairs
Number of steps: not needed for DC

Interventions:
Therex:
Theract: bed mobility: max A to right side of bed with bed features and assist of 2 sitting at EOB SBA w/o back

support transfers: sit <> stand from elevated bed with max A of 2, patient pulling up on walker stabilized by therapist static standing: max A for 2 - not able to stand fully upright however stood for about 30 seconds
pt/family ed: fall risk reduction, fall prevention, activity progression as tolerated, skin protection,
Balance/Neuro Re-ed:
Gait Training:

ASSESSMENT/PLAN

Eval complete. Jeane is below her baseline level of mobility and per her son she was more active and able to can peaches earlier this month. She was minimally verbal during session (HOH with no working hearing aid today) with son anwering for her the majority of session. She did respond to physical cues about mobilizing and was able to initiate movement of bil LE's towards sitting at EOB. In context of session, she is able to sit unsupported at EOB and transfers to standing briefly with FWW with 80% assist from 2 people. Her L ankle ROM is restricted making it difficult to bear weight vertically through her L leg. Pt would benefit from ongoing therapies to address strength, ROM and mobility deficits. WIll continue to follow for progressive mobilization as tolerated. Recommend overhead lift for transfers OOB at this time.

Barriers to Discharge: increased level of care required

PT Discharge Equipment: PUW vs FWW

Goals:
Goal: Bed mobility, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/08/23
Goal: Transfer with AD, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/08/23
Goal: Amb with AD, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/08/23
Goal: tolerated OOB for meals 3x/day
Estimated Completion Date: 12/08/23

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities, Gait/Stairs training, Patient/family training, Equipment eval/education
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: EOB, standing with walker, OOB to bedside chair with FWW as tolerated

Other Recommendations:

PT Daily Recommendations: EOB dangle with assist of 2, overhead lift for transfers, ambulate with therapies only at this time

Genevieve Hicks, PT

Electronically signed by Hicks, Genevieve, PT at 11/23/2023 2:02 PM

Gray, Devin Tani Kanoe, SLP at 11/24/2023 0848

Speech Language Pathology Eval

Patient Name: Jeane Leonie Hoffman
MRN: U8170135
Date of Service: 11/24/23

Treatment Duration: 37 Minutes

Subjective
Patient Report/Self-Assessment: RN cleared SLP for entry. Pt reported eating a whole bowl of cream of wheat prior to SLP arrival.
Patient Stated Goal: none stated
Prior Function: Son reported that pt eats primarily soft solids due to ill fitting dentures but that recently he began pureeing some solids due to low intake during recent thrush infection.
Type of Occupation: nanning for most of her life, ran family business
Leisure and Hobbies: travel

Objective
Patient Information
Temperature: Afebrile
Respiratory Status: Room air;Concerning chest x-ray (11/22 CXR "Lungs: Focal opacities in the right midlung and right lower lobe, concerning for pneumonia.: and CT abdomen "Lower chest: Large hiatal hernia. Bibasilar atelectasis.")
Behavior/Cognition: Distractible;Alert
Patient Positioning: Upright in bed

Consistencies Assessed: 0-Thin Liquids;4-Pureed;Soft solids

0-Thin Liquids - Presentation: Self Fed;Straw

4 Pureed - Presentation : Self Fed;Spoon

Soft Solids - Presentation: Self Fed

Oral Phase: Prolonged mastication;Delayed anterior to posterior transit

Signs/Symptoms of Penetration/Aspiration: Cough - immediate (on first sip of thin liquids and then not repeated.)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 2 of 2) (continued)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 2 of 2) (continued)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 2 of 2) (continued)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 2 of 2) (continued)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 2 of 2) (continued)

Oral Mechanism Examination
Dentition: Adequate with dentures (However dentures ill fititng)
Oral mucosa: Within Functional Limits
Jaw Range of Motion: Within Functional Limits
Observations: Limited due to pt's HOH and difficulty following directions.

Assessment
Jeane seen for bedside swallow eval. She demonstrated mild oral deficits and 1 cough that was not repeated with

further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed) and 1:1 assist for all intake. Meds crushed or whole in puree. SLP to continue to follow.

Dysphagia: Mild
Aspiration Risk: Low;Moderate

Impact on Function: Risk for not meeting oral nutrition;Risk for respiratory complications
Confounding Factors: age, ill fitting dentures
Prognosis: Fair

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education
SLP Frequency: 1-3x/week

Discharge Recommendations
Follow up with SLP at next level of care;Assistance with
Assistance with Details: Eating;Drinking

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 0-Thin liquids;6-Soft and bite-sized
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Cut up/set up;Small bites;Small sips;Slow rate;One sip at a time
Esophageal Precautions: Sit upright while eating and remain upright for 30 minutes after

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 12/15/23
Goal Status: Updated

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 12/15/23
Goal Status: Updated

Electronically signed by Gray, Devin Tani Kanoe, SLP at 11/24/2023 12:05 PM

Botelho, Alyssa Adachi, MD at 11/24/2023 1202

Attestation signed by Rosse, Christopher John, DO at 11/24/2023 1:28 PM

Date of Service: 11/24/23
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Progress Note

Jeanne Leonie Hoffman ("Jeane") - DOB: 1/6/1925 (98 year old female)
Preferred Pronouns: she/her/hers, patient's name
Admit Date: 11/22/2023
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise, found to have leukocytosis to 12, R-sided focal lung consolidations c/f PNA, and subacute melena and hematochezia c/f occult GI bleed.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
2 small, dark green-black BM yesterday s/p enema and suppository.
Slept well O/N.

SCHEDULED MEDICATIONS:
- atorvastatin, 10 mg, Daily
- cefTRIAXone, 1 g, q24h
- cholecalciferol, 2,000 units, Daily

- lidocaine, 1 patch, q24h
- multivitamin with minerals, 1 tablet, Daily
- nystatin, 500,000 units, QID
- pantoprazole, 40 mg, BID
- pentoxifylline ER, 400 mg, Daily
- sodium ferric gluconate complex, 250 mg, Daily
- timolol maleate, 1 drop, BID
- triamcinolone, , BID

INFUSED MEDICATIONS:
- lactated ringers, 75 mL/hr, Continuous, Last Rate: 75 mL/hr (11/23/23 1655)

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, TID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.6 °C (11/24/23 0807) **BP:** **(!) 92/49** (11/24/23 0807) **HR:** **(!) 58** (11/24/23 0807)
RR: 16 (11/24/23 0807) **SpO2:** 99 % (11/24/23 0807) Room air
T range: Temp Min: 36.4 °C Max: 37.3 °C
Admit weight: **(!) 40.8 kg (90 lb)** (11/22/23 1103)
Last weight: **(!) 37.9 kg (83 lb 8.9 oz)** (11/24/23 0547)

I&Os: No intake or output data in the 24 hours ending 11/24/23 1202

Physical Exam

VS: BP (!) 92/49 (Patient Position: Lying) | Pulse (!) 58 | Temp 36.6 °C (Temporal) | Resp 16 | Ht 5' (1.524 m) | Wt (!) 37.9 kg (83 lb 8.9 oz) | SpO2 99% | BMI 16.32 kg/m²

Gen: Sleeping comfortably, WWP, breathing comfortable on RA. Will reassess in afternoon with son at bedside.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
140	106	12	98		8.1		AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.6	25	0.78		7.49	><	352	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.1			25		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.8		PO4: 3.4		ANC: - ALC: -					BNP: - INR: -	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise, found to have leukocytosis to 12, R-sided focal lung consolidations c/f PNA, and subacute melena and hematochezia c/f occult GI bleed.

Plan of the Day 11/24/23
- will consent for blood today
- Hgb stable 8.1 since last evening
- IV iron x3 doses starting today
- SLP evaluated, recs below

#UTI
Pt with leukocytosis to 12 on admission with left shift, now resolved. UA with +Nitrites, LE, bacteria, and 50+ WBC. Pt asx at this time. Bladder scan on admission with no e/o retention.
- Blood cx x2 11/23 NGTD
- follow Ucx: 100K mixed flora GNRs
- being tx empirically with CTX for CAP

#CAP vs Aspiration PNA
#Focal consolidations RML RLL
Pt with leukocytosis and known sick contact son with URI found to have focal opacities in RML and RLL c/f CAP. Hx not c/w HAP picture. Unclear aspiration risk given hx dysphagia, consider broadening pending clinical improvement.
CURB 65: 1-2 pts (age +/- confusion, moderate risk) .
- urine legionella negative, S pneumo antigen negative
- viral resp panel negative
- Tx empirically for CAP:
    -CTX 1g q24h x5-7 days (11/22 - 11/26)
    - Azithromycin azithro 500mg PO q24h x 3d (11/22 - 11/24)

#Hematochezia
#Melena
#Constipation
Pt with witnessed episode of melena ~1 wk ago, and hematochezia 2 days ago c/f GIB. Hgb 10.3 on admission with drift down to 8.1, otherwise hemodynamically stable, with one small hard BM s/p enema c/w melena. Likely has slow occult bleed, CTM closely for acute progression. GOC ongoing with pt and son about further workup.

- continue bowel regimen
- s/p 80 pantoprazole IV, continue 40 BID
- type and screen
- 2 peripheral IV in place
- if loses IV access, switch to oral pantoprazole
- consider further workup including EGD/colo if within pt GOC

#Subacute progressive dysphagia
#Recent hx of oral thrush
Pt with unclear duration of difficulty swallowing, solids more than liquids, for the past weeks to months. Most c/f ulcer vs stricture vs mass. Could consider dysmotility picture though typically also sx with liquids. Also found to have thrush in early November, could consider esophageal candidiasis though this would typically present more with pain than difficulty swallowing, and exam today with no e/o thrush in oropharynx.
- continue home nystatin swish and swallow
- SLP following, appreciate recs:
    - exam c/f mild dysphagia vs presbyphagia iso bad-fitting dentures, thrus
    - thin liquids, soft-bite sized solds with son assisting OR self-selec softer solids
    - 1:1 assist for all intake
    - meds crushed or whole in puree
- if within GOC, consider further w/u including endoscopy

#C/f Malnutrition
#FTT
Pt with acute on chronic poor PO and FTT with decrease in ADLs from baseline, possibly iso infection vs malignancy per workup above.
- nutrition c/s

Clinical Notes (group 2 of 2) (continued)

- continue gentle IVF

#Mild macrocytic anemia
Pt with Hgb 10.3 on admission (stable 10-12 over last 3 years) and MCV 100 c/f macrocytic anemia. Likely multifactorial IDA vs ACD.
- iron studies: iron low at 14, TIBC low at 185, transferrin low 132, tsat low at 8, ferritin mild-elev to 211
- retic count wnl 1.6
- folate and B12 wnl
- type and screen pending
- TSH wnl 2.715 11/22
- **IV iron x3 doses starting today for iron 14**

#Chronic venous stasis ulcers of LLE
Several chronic LLE ulcers on L superior foot, ankle, and anterior shin. Low c/f cellulitis a this time, XR tibia fibula per PCP 11/15 for c/f osteo given persistent ulceration with no e/o bony involvement.
- wound care consult

Chronic/stable
#Subacute progressive R knee pain **-** Presenting in acute pain on admission, now much improved. XR negative for acute process. Likely 2/2 OA vs sciatica. Exam not c/f septic joint. Lidocaine patches, tylenol PRN.
#Hx recurrent DVT: Per chart review, not noted by patient. Son denies current AC, per brief chart review seems prior hx of warfarin not on currently.
#Sensorineural hearing loss R ear: home hearing aids
#HTN: Hold home losartan as pt normotensive
#HLD: Continue home atorvastatin
#Peripheral vascular disease: Continue home pentoxifylline

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: full diet, IVF
Prophylaxis: holding iso c/f GIB
Lines/Drains/Airways: 2 PIVs
Disposition: floor
Code Status: Full Code , confirmed with her son Louis via interview on admission
Contacts: Primary Emergency Contact: Hoffman Alloin, Louis Charles (POA), *Cell - 206-280-1287, landline: 206-780-6885*

Electronically signed by Botelho, Alyssa Adachi, MD at 11/24/2023 12:18 PM
Electronically signed by Rosse, Christopher John, DO at 11/24/2023 1:28 PM

Nguyen, Liem Hieu, MD at 11/25/2023 1432

Attestation signed by Rosse, Christopher John, DO at 11/26/2023 8:10 AM

Date of Service: 11/25/23
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Progress Note

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 2 of 2) (continued)

Jeanne Leonie Hoffman ("Jeane") - DOB: 1/6/1925 (98 year old female)
Preferred Pronouns: she/her/hers, patient's name
Admit Date: 11/22/2023
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise, found to have leukocytosis to 12, R-sided focal lung consolidations c/f PNA, and subacute melena and hematochezia c/f occult GI bleed.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- NAEON
- 1xsmall, black solid BM this morning this morning. Denies pain. Up on her chair eating breakfast
- Lab showed Hgb stable around 8.1

SCHEDULED MEDICATIONS:
- atorvastatin, 10 mg, Daily
- cefTRIAXone, 1 g, q24h
- cholecalciferol, 2,000 units, Daily
- lidocaine, 1 patch, q24h
- multivitamin with minerals, 1 tablet, Daily
- nystatin, 500,000 units, QID
- pantoprazole, 40 mg, BID
- pentoxifylline ER, 400 mg, Daily
- sodium ferric gluconate complex, 250 mg, Daily
- timolol maleate, 1 drop, BID
- triamcinolone, , BID

INFUSED MEDICATIONS:
- lactated ringers, 75 mL/hr, Continuous, Last Rate: 75 mL/hr (11/25/23 0030)

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, TID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.7 °C (11/25/23 0923) **BP:** **121/62 (11/25/23 0923)** **HR:** **65 (11/25/23 0923)**
RR: 18 (11/25/23 0923) **SpO2:** 92 % (11/25/23 0923) Room air
T range: Temp Min: 36.5 °C Max: 37.2 °C
Admit weight: **(!) 40.8 kg (90 lb)** (11/22/23 1103)
Last weight: **(!) 38.5 kg (84 lb 14 oz)** (11/25/23 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 11/25/2023 1432
Last data filed at 11/25/2023 1000

Intake	270 ml
Output	—
Net	**270 ml**

Physical Exam

VS: BP 121/62 (Patient Position: Lying) | Pulse 65 | Temp 36.7 °C (Temporal) | Resp 18 | Ht 5' (1.524 m) | Wt (!) 38.5 kg (84 lb 14 oz) | SpO2 92% | BMI 16.58 kg/m²

General: NAD.
HEENT: NCAT.
Cardiovascular: soft but audible heart sounds, no peripheral edema
Respiratory: CTAB, normal WOB, no wheezes, ronchi, or crackles.
GI: Soft, nontender, non-distended.
Neuro: normal speech, No focal deficits, 5/5 strength on bilateral leg raise
Psych: Normal mood, normal affect.
MSK: Bl upper and lower extremities normal in appearance. Non-tender to palpation over knees bilaterally , normal ROM.
Skin: clean dressings over chronic LE venous stasis ulcers

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
138	105	9	100		8.0		AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.8	26	0.72		6.17	><	332	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.8			25		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.8		PO4: 2.8		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise, found to have leukocytosis to 12, R-sided focal lung consolidations c/f PNA, and subacute melena and hematochezia c/f occult GI bleed.

Plan of the Day 11/25/23
- consult GI -> agrees with current management, will get back with final rec
- following CBC

#UTI
Pt with leukocytosis to 12 on admission with left shift, now resolved. UA with +Nitrites, LE, bacteria, and 50+ WBC. Pt asx at this time. Bladder scan on admission with no e/o retention.
- Blood cx x2 11/23 NGTD
- follow Ucx: 100K mixed flora GNRs
- being tx empirically with CTX for CAP

#CAP vs Aspiration PNA
#Focal consolidations RML RLL
Pt with leukocytosis and known sick contact son with URI found to have focal opacities in RML and RLL c/f CAP. Hx not c/w HAP picture. Unclear aspiration risk given hx dysphagia, consider broadening pending clinical improvement.
CURB 65: 1-2 pts (age +/- confusion, moderate risk) .
- urine legionella negative, S pneumo antigen negative
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- Tx empirically for CAP:
  -CTX 1g q24h x5-7 days (11/22 - 11/26)
  - Azithromycin azithro 500mg PO q24h x 3d (11/22 - 11/24)

#Hematochezia
#Melena
#Constipation
Pt with witnessed episode of melena ~1 wk ago, and hematochezia 2 days ago c/f GIB. Hgb 10.3 on admission with drift down to 8.1, otherwise hemodynamically stable, with one small hard BM s/p enema c/w melena. Likely has slow occult bleed, CTM closely for acute progression. GOC ongoing with pt and son about further workup.

- continue bowel regimen
- s/p 80 pantoprazole IV, continue 40 BID
- type and screen
- 2 peripheral IV in place
- if loses IV access, switch to oral pantoprazole
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#Recent hx of oral thrush
Pt with unclear duration of difficulty swallowing, solids more than liquids, for the past weeks to months. Most c/f ulcer vs stricture vs mass. Could consider dysmotility picture though typically also sx with liquids. Also found to have thrush in early November, could consider esophageal candidiasis though this would typically present more with pain than difficulty swallowing, and exam today with no e/o thrush in oropharynx.
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- SLP following, appreciate recs:
    - **exam c/f mild dysphagia vs presbyphagia iso bad-fitting dentures, thrus**
    - **thin liquids, soft-bite sized solds with son assisting OR self-selec softer solids**
    - **1:1 assist for all intake**
    - **meds crushed or whole in puree**
- if within GOC, consider further w/u including endoscopy

#C/f Malnutrition
#FTT
Pt with acute on chronic poor PO and FTT with decrease in ADLs from baseline, possibly iso infection vs malignancy per workup above.
- nutrition c/s
- continue gentle IVF

#Mild macrocytic anemia
Pt with Hgb 10.3 on admission (stable 10-12 over last 3 years) and MCV 100 c/f macrocytic anemia. Likely multifactorial IDA vs ACD.
- iron studies: iron low at 14, TIBC low at 185, transferrin low 132, tsat low at 8, ferritin mild-elev to 211
- retic count wnl 1.6
- folate and B12 wnl
- type and screen pending
- TSH wnl 2.715 11/22
- **IV iron x3 doses starting today for iron 14**

#Chronic venous stasis ulcers of LLE
Several chronic LLE ulcers on L superior foot, ankle, and anterior shin. Low c/f cellulitis a this time, XR tibia fibula per PCP 11/15 for c/f osteo given persistent ulceration with no e/o bony involvement.
- wound care consult

Chronic/stable
#Subacute progressive R knee pain **-** Presenting in acute pain on admission, now much improved. XR negative for acute process. Likely 2/2 OA vs sciatica. Exam not c/f septic joint. Lidocaine patches, tylenol PRN.
#Hx recurrent DVT: Per chart review, not noted by patient. Son denies current AC, per brief chart review seems prior hx of warfarin not on currently.
#Sensorineural hearing loss R ear: home hearing aids
#HTN: Hold home losartan as pt normotensive
#HLD: Continue home atorvastatin

Clinical Notes (group 2 of 2) (continued)

#Peripheral vascular disease: Continue home pentoxifylline

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: full diet, IVF
Prophylaxis: holding iso c/f GIB
Lines/Drains/Airways: 2 PIVs
Disposition: floor
Code Status: Full Code , confirmed with her son Louis via interview on admission
Contacts: Primary Emergency Contact: Hoffman Alloin, Louis Charles (POA), *Cell - 206-280-1287, landline: 206-780-6885*

Electronically signed by Nguyen, Liem Hieu, MD at 11/25/2023 2:41 PM
Electronically signed by Rosse, Christopher John, DO at 11/26/2023 8:10 AM

Miller, Emily F, OT at 11/25/2023 1642

Occupational Therapy Evaluation and Treatment Note

Patient Name: Jeane Leonie Hoffman
MRN: U8170135
Today's Date: 11/25/2023
Total Treatment time: 29 Minutes

Home Living
Home Living
Type of Home: Apartment
Entry Stairs: 0
Indoor Stairs: 0
Lives With: Son
Lives with Comments: sleeps on couch with incontinent pads in place
Assistance Available at Home : 24 hour supervision
Bathroom Toilet: Standard
Mobility Equipment Owned: Four wheeled walker or rollator;Other (transport chair)
Home Living Comments: bainbridge island

Prior Function
Prior Function
BADLs: Independent (does not shower. sponge bath only)
IADLs: Requires assist
Functional Mobility: Independent
Type of Occupation: canning for most of her life, ran family business
Leisure and Hobbies: travel
Details of previous level of function: Per chart review, she has been needing heavy assistance recently (the last few months.)

ADL and Functional Transfer Status reflective of last 24 hours
Eating: Supervision / Stand by assistance
Eating Comments: eating in bed

Toileting: Other (Comment)
Toileting Comments: Per RN, she is a 2 person assist for toileting and getting on/off the commode

Bed Mobility
Supine>Sit: Moderate Assist (between 25-49% help needed)
Sit>Supine: Maximum Assist (between 50-74% help needed)

Transfers
Sit<>Stand: Moderate Assist (between 25-49% help needed);Assistive device used
Sit<>Stand Assistive Device Details: Front wheeled walker
Cuing Used: Tactile;Verbal
Sit <> Stand Comments: bed raised. Pt is very adamant about doing it herself
Bedside Commode Transfer: Maximum Assist (between 50-74% help needed);Assistive device used
Bedside Commode Assistive Device Details: Front wheeled walker
Bedside Commode Transfer Comments: Emergency landing after pt walked about 4 feet. Pt requesting to sit and OT pulled up the bedside commode.

Functional Mobility
Distance: 4 feet + 2 feet.
Assistance Needs: Maximum Assist (between 50-74% help needed);Assistive device used
Functional Mobility Assistive Device Details: Front wheeled walker
Functional Mobility Comments: Heavy assist to maintain balance. Flexed posture, hips are not fully extended. She can slowly advance her feet with a lot of effort.

See flowsheet for objective data reflective of today's session.

Assessment
Impact on Function and Participation: OT evaluation. Jeane currently needs heavy assist with ADLs and mobility. Per pt and chart review, she has had a recent decline the last several months. Unclear if she will return to baseline function, however will benefit from therapy to try to prep for discharge home.

Barriers to Discharge: heavy care needs
Evaluation/Treatment Tolerance: Patient limited by fatigue
OT Coverage for Next Shift: toileting, dressing, she does not take showers (sponge bath only). seated ADLs, transfers

Discharge Recommendations
OT Discharge Recommendations: Follow up with OT at next level of care (or home with 24/7 assist from son. Unclear if he can assist with toileting, dressing, and showers)
Assistance with : ADLs, Functional mobility and transfers, IADLs
Supervision with : Home safety

Equipment Recommended: Bedside commode

Goals
Goal: Upper body dressing, Lower body dressing, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/02/23
Goal Status: Progressing

Goal: Toileting, Toilet transfer, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/02/23
Goal Status: Progressing

Goal: Bathing, Tub/shower transfer, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/02/23
Goal Status: Progressing

Emily F Miller, OT
11/25/2023

Electronically signed by Miller, Emily F, OT at 11/25/2023 4:42 PM

Botelho, Alyssa Adachi, MD at 11/26/2023 0740

Attestation signed by Rosse, Christopher John, DO at 11/27/2023 11:14 AM

Date of Service: 11/26/23
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Progress Note

Jeanne Leonie Hoffman ("Jeane") - DOB: 1/6/1925 (98 year old female)
Preferred Pronouns: she/her/hers, patient's name
Admit Date: 11/22/2023
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise, found to have leukocytosis to 12, R-sided focal lung consolidations c/f PNA, and subacute melena and hematochezia c/f occult GI bleed.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Per Dr. Liem Nguyen's interview, pt feeling well this afternoon, no complaints, would like to go home tmrw. No BM today.

SCHEDULED MEDICATIONS:
- atorvastatin, 10 mg, Daily
- cefTRIAXone, 1 g, q24h

- cholecalciferol, 2,000 units, Daily
- lidocaine, 1 patch, q24h
- multivitamin with minerals, 1 tablet, Daily
- nystatin, 500,000 units, QID
- pantoprazole, 40 mg, BID
- pentoxifylline ER, 400 mg, Daily
- sodium ferric gluconate complex, 250 mg, Daily
- timolol maleate, 1 drop, BID
- triamcinolone, , BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, TID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.6 °C (11/25/23 2028) **BP:** **(!) 97/53** (11/26/23 0016) **HR:** **60 (11/26/23 0016)**
RR: 17 (11/25/23 2028) **SpO2:** 96 % (11/25/23 2111) Room air
T range: Temp Min: 36.6 °C Max: 36.9 °C
Admit weight: **(!) 40.8 kg (90 lb)** (11/22/23 1103)
Last weight: **(!) 38.5 kg (84 lb 14 oz)** (11/25/23 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 11/26/2023 0740
Last data filed at 11/26/2023 0659

Intake	270 ml
Output	200 ml
Net	**70 ml**

Physical Exam

VS: BP (!) 97/53 (Patient Position: Lying) | Pulse 60 | Temp 36.6 °C (Temporal) | Resp 17 | Ht 5' (1.524 m) | Wt (!) 38.5 kg (84 lb 14 oz) | SpO2 96% | BMI 16.58 kg/m²

Per Dr. Liem Nguyen's exam:
General: NAD.
HEENT: NCAT.
Cardiovascular: WP
Respiratory: breathing comfortably room air
GI: Soft, nontender, non-distended.
Neuro: normal speech, No focal deficits,
Psych: Normal mood, normal affect.
MSK: Bl upper and lower extremities normal in appearance. Non-tender to palpation over knees bilaterally , normal ROM.
Skin: clean dressings over chronic LE venous stasis ulcers

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 2 of 2) (continued)

138	105	9	100	8.0	AST: -	ALT: -	-/-/-/- | -/-/-/-
3.8	26	0.72		6.17 >< 332	AP: -	T bili: -	Lact (a): - Lact (v): -
eGFR: >60		Ca: 7.8		25	Prot: -	Alb: -	Trop I: - D-dimer: -
Mg: 1.8		PO4: 2.8		ANC: - ALC: -			BNP: - Anti-Xa: - INR: -

Assessment/Plan

ASSESSMENT/PLAN

Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise, found to have leukocytosis to 12, R-sided focal lung consolidations c/f PNA, and subacute melena and hematochezia c/f occult GI bleed.

Plan of the Day 11/26/23
- finishing last day of CTX for CAP/UTI
- day 3 of IV iron
- per GI, no role for scope

#UTI
Pt with leukocytosis to 12 on admission with left shift, now resolved. UA with +Nitrites, LE, bacteria, and 50+ WBC. Pt asx at this time. Bladder scan on admission with no e/o retention.
- Blood cx x2 11/23 NGTD
- Ucx: 100K mixed flora GNRs
- being tx empirically with CTX for CAP

#CAP vs Aspiration PNA
#Focal consolidations RML RLL
Pt with leukocytosis and known sick contact son with URI found to have focal opacities in RML and RLL c/f CAP. Hx not c/w HAP picture. Unclear aspiration risk given hx dysphagia, consider broadening pending clinical improvement.
CURB 65: 1-2 pts (age +/- confusion, moderate risk) .
- urine legionella negative, S pneumo antigen negative
- viral resp panel negative
- Tx empirically for CAP:
    -CTX 1g q24h x5-7 days (11/22 - 11/26)
    - Azithromycin azithro 500mg PO q24h x 3d (11/22 - 11/24)

#Hematochezia
#Melena
#Constipation
Pt with witnessed episode of melena ~1 wk ago, and hematochezia 2 days ago c/f GIB. Hgb 10.3 on admission with drift down to 8.1, otherwise hemodynamically stable, with one small hard BM s/p enema c/w melena. Likely has slow occult bleed, CTM closely for acute progression. GOC ongoing with pt and son about further workup.

- GI following, appreciate recs:
    - most likely due to chronic NSAID use per further hx today with patient vs malignancy, either way no role for scope and continue 8 wk empiric PPI, no role for GI follow up
    - continue bowel regimen, discharge with good regimen
    - s/p 80 pantoprazole IV, continue 40 BID
    - type and screen
    - 2 peripheral IV in place

#Subacute progressive dysphagia
#Recent hx of oral thrush
Pt with unclear duration of difficulty swallowing, solids more than liquids, for the past weeks to months. Most c/f ulcer vs stricture vs mass. Could consider dysmotility picture though typically also sx with liquids. Also found to have thrush in early November, could consider esophageal candidiasis though this would typically present more with pain than difficulty swallowing, and exam

today with no e/o thrush in oropharynx.
- continue home nystatin swish and swallow
- SLP following, appreciate recs:
    - exam c/f mild dysphagia vs presbyphagia iso bad-fitting dentures, thrush
    - thin liquids, soft-bite sized solds with son assisting OR self-selec softer solids
    - 1:1 assist for all intake
    - meds crushed or whole in puree
- if within GOC, consider further w/u including endoscopy

#C/f Malnutrition
#FTT
Pt with acute on chronic poor PO and FTT with decrease in ADLs from baseline, possibly iso infection vs malignancy per workup above.
- nutrition c/s

#Mild macrocytic anemia
Pt with Hgb 10.3 on admission (stable 10-12 over last 3 years) and MCV 100 c/f macrocytic anemia. Likely multifactorial IDA vs ACD.
- iron studies: iron low at 14, TIBC low at 185, transferrin low 132, tsat low at 8, ferritin mild-elev to 211
- retic count wnl 1.6
- folate and B12 wnl
- type and screen pending
- TSH wnl 2.715 11/22
- **IV iron x3 doses 11/24-11/26 for iron 14**

#Chronic venous stasis ulcers of LLE
Several chronic LLE ulcers on L superior foot, ankle, and anterior shin. Low c/f cellulitis a this time, XR tibia fibula per PCP 11/15 for c/f osteo given persistent ulceration with no e/o bony involvement.
- wound care consult

Chronic/stable
#Subacute progressive R knee pain **-** Presenting in acute pain on admission, now much improved. XR negative for acute process. Likely 2/2 OA vs sciatica. Exam not c/f septic joint. Lidocaine patches, tylenol PRN.
#Hx recurrent DVT: Per chart review, not noted by patient. Son denies current AC, per brief chart review seems prior hx of warfarin not on currently.
#Sensorineural hearing loss R ear: home hearing aids
#HTN: Hold home losartan as pt normotensive
#HLD: Continue home atorvastatin
#Peripheral vascular disease: Continue home pentoxifylline

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: full diet, IVF
Prophylaxis: holding iso c/f GIB
Lines/Drains/Airways: 2 PIVs
Disposition: floor
Code Status: Full Code , confirmed with her son Louis via interview on admission
Contacts: Primary Emergency Contact: Hoffman Alloin, Louis Charles (POA), *Cell - 206-280-1287, landline: 206-780-6885*

Electronically signed by Botelho, Alyssa Adachi, MD at 11/26/2023 4:04 PM
Electronically signed by Rosse, Christopher John, DO at 11/27/2023 11:14 AM

Stoewer, Jillian Michelle, PT at 11/26/2023 1147

Physical Therapy Treatment

Jeane Leonie Hoffman
U8170135

11/26/2023
Duration of session: 40 Minutes

Subjective
Patient Report/Self-Assessment: pleasant and agreeable to PT

Home Living
Home Living Comments: bainbridge island
Type of Home: Apartment, Other (very small, son describes it as the size of hospital room)
Entry Stairs: 0
Indoor Stairs: 0
Lives With: Son
Lives with Comments: sleeps on couch with incontinent pads in place
Assistance Available at Home : 24 hour supervision
Mobility Equipment Owned: Four wheeled walker or rollator, Other (transport chair)

Functional Level:
Bed Mobility
Supine to Sit: Contact guard assist (touching/steadying assistance);Head of Bed Elevated
Sit to Supine: Contact guard assist (touching/steadying assistance)
Scooting: Supervision / Stand by assistance
Transfers
Sit<>Stand: Moderate Assist (between 25-49% help needed);Minimum Assist (less than 25% help needed);Assistive device used
Sit<>Stand Assistive Device Details: Front wheeled walker
Stand <> Sit: Moderate Assist (between 25-49% help needed);Minimum Assist (less than 25% help needed);Assistive device used
Stand <>Sit Assistive Device Details: Front wheeled walker

Interventions:
Theract: CGA for bed mobility using hospital bed features to come to/from EOB sit<>stand x4 with min-mod A; unable to achieve full standing, even with cueing and requiring mod-max A to maintain balance with significant tendencey for retropulsion; seated rest breaks in between attempts attempted standing marching for pre-gait warm-up, pt unable to shift weight enough to raise feet increased time spent answering son's many appropriate questions

ASSESSMENT/PLAN

Jeane was able to complete bed mobility with light hands on assist, but still requires up to 50% assist to achieve standing with FWW and 50-75% assist to maintain standing balance. She was unable to unweight her feet enough to attempt ambulation during this session. PT will continue to follow and progress as able.

Barriers to Discharge: increased level of assist required for all mobility

PT Discharge Equipment: FWW

Goals:
Goal: Bed mobility, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/08/23
Goal Status: Progressing
Goal: Transfer with AD, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/08/23
Goal Status: Progressing
Goal: Amb with AD, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/08/23
Goal Status: Not Progressing
Goal: tolerated OOB for meals 3x/day
Estimated Completion Date: 12/08/23
Goal Status: Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities, Gait/Stairs training, Patient/family training, Equipment eval/education
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: repeated STS, in-room ambulation as able

Other Recommendations:

PT Daily Recommendations: 1PA for EOB, overhead lift for transfers, ambulate with therapies only at this time

Jillian Stoewer, PT

Justification for Ambulatory Assistive Device

Diagnosis: R26.2 difficulty with ambulation, R29.6 high risk for falls, R26.81 impaired balance, and M62.81 generalized weakness

Length of Need: >6 Months

Assistive Device: This pt requires a FWW for safe ambulation and transfers within their home. Without this device they are at risk for falls and injury. They have demonstrated safe use of this device during this or previous PT sessions and no lesser restrictive device can sufficiently resolve their mobility issues.

Ht 5' 0" (1.524 m)
Wt 88 lb 2.9 oz (40 kg)

Electronically signed by Stoewer, Jillian Michelle, PT at 11/27/2023 11:40 AM

Botelho, Alyssa Adachi, MD at 11/27/2023 0713

---- THIS IS A DRAFT NOTE ----
***** Don't forget to change date, hit refresh**

Progress Note

Jeanne Leonie Hoffman ("Jeane") - DOB: 1/6/1925 (98 year old female)
Preferred Pronouns: she/her/hers, patient's name
Admit Date: 11/22/2023
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise, found to have leukocytosis to 12, R-sided focal lung consolidations c/f PNA, and subacute melena and hematochezia c/f occult GI bleed.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
***

SCHEDULED MEDICATIONS:
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- lidocaine, 1 patch, q24h
- multivitamin with minerals, 1 tablet, Daily
- nystatin, 500,000 units, QID
- pantoprazole, 40 mg, BID
- pentoxifylline ER, 400 mg, Daily
- timolol maleate, 1 drop, BID
- triamcinolone, , BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, TID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

{*Vanishing Tip* | Summary | Graph | Flowsheet :999}

T: 36.1 °C (11/27/23 0448) **BP:** **(!) 104/50** (11/27/23 0452) **HR:** **(!) 57** (11/27/23 0448)
RR: 16 (11/27/23 0448) **SpO2:** 96 % (11/27/23 0448) Room air
T range: Temp Min: 36.1 °C Max: 37.1 °C
Admit weight: **(!) 40.8 kg (90 lb)** (11/22/23 1103)
Last weight: **(!) 40 kg (88 lb 2.9 oz)** (11/27/23 0455)

I&Os:
Intake/Output Summary (Last 24 hours) at 11/27/2023 0713
Last data filed at 11/26/2023 2000

Intake	220 ml
Output	—
Net	**220 ml**

Physical Exam

VS: BP (!) 104/50 (Patient Position: Lying) | Pulse (!) 57 | Temp 36.1 °C (Temporal) | Resp 16 | Ht 5' (1.524 m) | Wt (!) 40 kg (88 lb 2.9 oz) | SpO2 96% | BMI 17.22 kg/m²

Per Dr. Liem Nguyen's exam:
***

General: NAD.
HEENT: NCAT.
Cardiovascular: WP
Respiratory: breathing comfortably room air
GI: Soft, nontender, non-distended.
Neuro: normal speech, No focal deficits,
Psych: Normal mood, normal affect.
MSK: Bl upper and lower extremities normal in appearance. Non-tender to palpation over knees bilaterally , normal ROM.
Skin: clean dressings over chronic LE venous stasis ulcers

Labs (*last 24 hours*): {*Vanishing Tip* | Labs Since Admission | Glycemic Control :999}

Chemistries				CBC			LFT		Gases, other	
140	106	10	117	8.7			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.3	28	0.69		5.81	><	362	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.1		27			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: 2.6		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

{*Vanishing Tip* | Problem List | Hospital Course | To add hospital problem list, type **.HPROBL** :999}

Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise, found to have leukocytosis to 12, R-sided focal lung consolidations c/f PNA, and subacute melena and hematochezia c/f occult GI bleed.

Plan of the Day 11/27/23
***

#UTI
Pt with leukocytosis to 12 on admission with left shift, now resolved. UA with +Nitrites, LE, bacteria, and 50+ WBC. Pt asx at this time. Bladder scan on admission with no e/o retention.
- Blood cx x2 11/23 NGTD
- Ucx: 100K mixed flora GNRs
- being tx empirically with CTX for CAP

#CAP vs Aspiration PNA
#Focal consolidations RML RLL
Pt with leukocytosis and known sick contact son with URI found to have focal opacities in RML and RLL c/f CAP. Hx not c/w HAP picture. Unclear aspiration risk given hx dysphagia, consider broadening pending clinical improvement.
CURB 65: 1-2 pts (age +/- confusion, moderate risk) .
- urine legionella negative, S pneumo antigen negative
- viral resp panel negative
- Tx empirically for CAP:
    -CTX 1g q24h x5-7 days (11/22 - 11/26)
    - Azithromycin azithro 500mg PO q24h x 3d (11/22 - 11/24)

#Hematochezia
#Melena
#Constipation
Pt with witnessed episode of melena ~1 wk ago, and hematochezia 2 days ago c/f GIB. Hgb 10.3 on admission with drift down to 8.1, otherwise hemodynamically stable, with one small hard BM s/p enema c/w melena. Likely has slow occult bleed, CTM closely for acute progression. GOC ongoing with pt and son about further workup.

- GI following, appreciate recs:
    - most likely due to chronic NSAID use per further hx today with patient vs malignancy, either way no role for scope and continue 8 wk empiric PPI, no role for GI follow up
    - continue bowel regimen, discharge with good regimen
    - s/p 80 pantoprazole IV, continue 40 BID
    - type and screen
    - 2 peripheral IV in place
    - standing bowel reg ***

#Subacute progressive dysphagia
#Recent hx of oral thrush
Pt with unclear duration of difficulty swallowing, solids more than liquids, for the past weeks to months. Most c/f ulcer vs stricture vs mass. Could consider dysmotility picture though typically also sx with liquids. Also found to have thrush in early November, could consider esophageal candidiasis though this would typically present more with pain than difficulty swallowing, and exam today with no e/o thrush in oropharynx.
- continue home nystatin swish and swallow
- SLP following, appreciate recs:
    - exam c/f mild dysphagia vs presbyphagia iso bad-fitting dentures, thrush
    - thin liquids, soft-bite sized solds with son assisting OR self-selec softer solids
    - 1:1 assist for all intake
    - meds crushed or whole in puree
- if within GOC, consider further w/u including endoscopy

#C/f Malnutrition
#FTT
Pt with acute on chronic poor PO and FTT with decrease in ADLs from baseline, possibly iso infection vs malignancy per workup above.
- nutrition c/s

#Mild macrocytic anemia
Pt with Hgb 10.3 on admission (stable 10-12 over last 3 years) and MCV 100 c/f macrocytic anemia. Likely multifactorial IDA vs

Clinical Notes (group 2 of 2) (continued)

ACD.
- iron studies: iron low at 14, TIBC low at 185, transferrin low 132, tsat low at 8, ferritin mild-elev to 211
- retic count wnl 1.6
- folate and B12 wnl
- type and screen pending
- TSH wnl 2.715 11/22
- **IV iron x3 doses 11/24-11/26 for iron 14**

#Chronic venous stasis ulcers of LLE
Several chronic LLE ulcers on L superior foot, ankle, and anterior shin. Low c/f cellulitis a this time, XR tibia fibula per PCP 11/15 for c/f osteo given persistent ulceration with no e/o bony involvement.
- wound care consult

Chronic/stable
#Subacute progressive R knee pain **-** Presenting in acute pain on admission, now much improved. XR negative for acute process. Likely 2/2 OA vs sciatica. Exam not c/f septic joint. Lidocaine patches, tylenol PRN.
#Hx recurrent DVT: Per chart review, not noted by patient. Son denies current AC, per brief chart review seems prior hx of warfarin not on currently.
#Sensorineural hearing loss R ear: home hearing aids
#HTN: Hold home losartan as pt normotensive
#HLD: Continue home atorvastatin
#Peripheral vascular disease: Continue home pentoxifylline

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: full diet, IVF
Prophylaxis: holding iso c/f GIB
Lines/Drains/Airways: 2 PIVs
Disposition: floor
Code Status: Full Code , confirmed with her son Louis via interview on admission
Contacts: Primary Emergency Contact: Hoffman Alloin, Louis Charles (POA), *Cell - 206-280-1287, landline: 206-780-6885*

Hamrick, Natalie I, OT at 11/27/2023 1153

Occupational Therapy Note

Patient Name: Jeane Leonie Hoffman
MRN: U8170135
Today's Date: 11/27/2023
Total Treatment time: 55 Minutes

ADL and Functional Transfer Status reflective of last 24 hours

Toileting Comments: son reports assisting his mother to the commode earlier this morning.

Bathing Comments: discussed home set and bathing, son reports they have all necessary DME and a system in place at home

Bed Mobility

Supine>Sit: Supervision / Stand by assistance
Sit>Supine: Supervision / Stand by assistance

Transfers
Sit<>Stand: Minimum Assist (less than 25% help needed);Moderate Assist (between 25-49% help needed)
Sit<>Stand Assistive Device Details: Front wheeled walker
Cuing Used: Tactile;Verbal
Sit <> Stand Comments: HOB raised to simulate home set up
Bedside Commode Transfer: Maximum Assist (between 50-74% help needed);Assistive device used
Bedside Commode Assistive Device Details: Front wheeled walker
Bedside Commode Transfer Comments: OT instructed son in use of gait belt and how to don/doff, he demo's proper technique

edu re: role of OT goals, POC,

See flowsheet for objective data reflective of today's session.

Assessment
Impact on Function and Participation: Jeane still requires a lot of assist for all mobility and BADL. Her son, Louis, feels confident about caring for his mother at her current LOF. Caregiver training completed with Louis for gait belt use and transfers. He reports they have all necessary DME at home. Anticipate d/c home when medically ready with home health therapy and Louis as 24/7 caregiver.

Barriers to Discharge: None
Evaluation/Treatment Tolerance: Patient tolerated treatment well
OT Coverage for Next Shift: toileting, dressing, she does not take showers (sponge bath only). seated ADLs, transfers

Discharge Recommendations
OT Discharge Recommendations: Follow up with OT at next level of care, Home health OT
Assistance with : ADLs, Functional mobility and transfers, IADLs
Supervision with : Home safety

Equipment Recommended: Bedside commode

Goals
Goal: Upper body dressing, Lower body dressing, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/02/23
Goal Status: Progressing

Goal: Toileting, Toilet transfer, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/02/23
Goal Status: Progressing

Goal: Bathing, Tub/shower transfer, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/02/23
Goal Status: Progressing

Natalie I Hamrick, OT
11/27/2023

Electronically signed by Hamrick, Natalie I, OT at 11/27/2023 11:53 AM

Jerbi, Jennifer, LICSW at 11/27/2023 1221

Discharge Planning Assessment

Visit Information:
Patient is a 98 yrs female admitted on 11/22/2023 for Community acquired bacterial pneumonia.
Discharge Planning Assessment Type: Discharge Planning Assessment (Face-to-Face)
Is an interpreter used:: No
Is this a planned admission: No, Admission Source: Admitted through ED
Did pt/family decline dc planning evaluation/assistance? No

MSW participates in multidisciplinary rounds to discuss ongoing medical plan and discharge planning. Medicine team anticipated discharge plan - home with son and HH PT/OT today. MSW noted securing HH will be challenging given patient lives on Bainbridge Island ad Molina insurance. Chart review completed.

MSW met with patient and her son Louis MSW explained social worker's role and services. Patient and son were agreeable to assessment and meeting with MSW. MSW contact information provided.

Patient's son, Louis confirms plan for discharge home with him, but understood discharge was tomorrow.

MSW met with patient and son Louis to discuss the team's recommendation for Home Health Services (HHC), specifically PT/OT disciplines. Discussed agencies that are appropriate within their geographic location and insurance coverage. MSW offered list of appropriate HHC agencies with quality metrics for further consideration; Patient declined printed material reflecting ratings and quality measures for Home Health agencies which cover patient's geographical region. Patient is agreeable to receiving services with the home health agency contracted with their insurance with the soonest start of care date. MSW noted it might not be possible to secure HH due to their location and insurance. Son was understanding. He notes they sometimes go to a local gym that is about 30 minutes away that has free Silver Sneaker program. They offer therapy there as well per son.

Made HH referral in AIDA - only options CHI and CenterWell unclear if either accept insurance, awaiting response. MSW requested SWA assistance with monitoring. MSW requested Medicine MD also provide outpatient PT/OT scripts in case HH is not possible.

Patient's son declined any other social work or discharge needs. He notes he will transport at discharge.

Living Situation Prior to Admit:
Living Situation Prior to Admission: Home with family/support

Pt reports that they felt their needs were met in living situation: Unable to assess/deferred
Home Accessibility Concerns: Narrow doorway/hallways;Unhoused
Primary Caregiver: Family
Support System: Family members

Physical/Cognitive/Functional History: Physical Limitations;Cognitive Limitations
Access to Healthcare Prior to Admit:
Activities of Daily Living Prior to Admission:
PTA-Independent with ADLs?: No
PTA-Memory Adequate to Safely Complete Daily Activities: No
Patient Able to Express Needs/Desires: Yes
PTA-Dressing: Needs assistance
PTA-Feeding: Needs assistance
PTA-Bathing: Needs assistance
PTA-Toileting: Needs assistance
PTA-In/Out Bed: Needs assistance
PTA-Walks in Home: Needs assistance
PTA-Assistive Devices: Wheelchair;Walker;Comments (son states home equipped with railing system to aid with walking)

Verifications:
Home Address Verified with Patient/LNOK: Yes
321 High School Road Ne
Ste D3 Pmb 292
Bainbridge Island WA 98110
Coverage Verified with Patient/LNOK: Primary verified;Secondary verified

Insurance Information

MOLINA HEALTHCARE MEDICARE/MOLINA MEDICARE OPTIONS PLUS HMO D-SNP		**Phone:**	800-869-7175
Subscriber:	Hoffman, Jeanne Leonie	**Subscriber#:**	80008802464 86
Group#:	QMXEM01571	**Precert#:**	--
WA MEDICAID/QMB-QUALIFIED MEDICARE BENEFICIARY		**Phone:**	800-562-3022
Subscriber:	Hoffman, Jeanne Leonie	**Subscriber#:**	100675002W A
Group#:	S03	**Precert#:**	--

Financial Concerns/Information: No financial issues
PCP Verified with Patient/LNOK: Yes
Neighbor Jr., William E, MD

Emergency Contact Verified with Patient/LNOK: Yes
Extended Emergency Contact Information
Primary Emergency Contact: Hoffman Alloin,Louis Charles (POA)
Address: 321 High School Road NE
STE D3 PMB 292
BAINBRIDGE ISLAND, WA 98110 UNITED STATES
Home Phone: 206-780-6885
Work Phone: 206-780-6885
Mobile Phone: 206-280-1287
Relation: Son
Secondary Emergency Contact: Hoffman Alloin,Louis Charles(POA)
Address: 321 High School Rd NE

STE D3 PMB 292
BAINBRIDGE ISLAND, WA 98110 UNITED STATES
Home Phone: 360-649-5702
Work Phone: 206-780-6885
Mobile Phone: 360-649-5702
Relation: Son

Health Care Decision Making:
Does the patient have a Healthcare DPOA? No

Discharge Plan:
EDD:11/27/2023
Patient Discharge Goals were/are: Discussed wi/ patient;Discussed wi/ family
Patient expects to be discharged to: home with son
Post-discharge facility and service information was: Discussed with patient, offered freedom of choice;Discussed with LNOK, offered freedom of choice
Anticipated living situation post discharge: Home with family/support
Anticipated Assistance Needed at discharge: MSW will make HH referrals but might not be available for geographical area and insurance
Anticipated Resources/Services Needed at discharge: Home health
Post Discharge Caregiver Confirmation: Discussed with caregiver, agreed
Post Discharge Caregiver Contact Information: Son Louis

Discharge Transportation:
Does the patient need dc transportation arranged? No
Transportation Type: Private vehicle

Potential Barriers to Discharge: None at this time
Discharge Complexity Level:2-With supportive/new needs
Initial Discharge Planning Assessment Complete: Yes

MSW continues to follow for discharge planning, care coordination, and support.

Jennifer L. Jerbi, MSW, LICSW
Clinical Social Worker - Medicine Services B and C
Phone: 206.598.4527
Pager: 206.314.4312
For weekend social work requests, please page 206-645-0792 between 8:30-4:30 PM.

Electronically signed by Jerbi, Jennifer, LICSW at 11/27/2023 12:41 PM

Pozorski III, Donald, Technologist at 11/27/2023 1343

Equipment Ordered

Mobility Equipment:

Front wheeled walker w/ 5" wheels

Equipment ordered through:
Pacific Medical (425)753-5935

If you have any questions, please contact Rehab Therapy Equipment Coordination at (206) 598-3211. We are available Monday through Saturday 8:30 – 5:00.

Electronically signed by Pozorski III, Donald, Technologist at 11/27/2023 1:45 PM

Johnson-Taber, Lucinda Kay, Social Work Assistant at 11/27/2023 1533

Discharge Orders - Home Health

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

Comments

UWMC ML INPATIENT 1959 NE PACIFIC ST SEATTLE WA 98195	Hoffman, Jeane Leonie MRN: U8170135, DOB: 1/6/1925, Sex: F Adm: 11/22/2023, D/C: —
UWMC ML INPATIENT 1959 NE PACIFIC ST SEATTLE WA 98195	Hoffman, Jeane Leonie MRN: U8170135, DOB: 1/6/1925, Sex: F Adm: 11/22/2023, D/C: —

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) 206-000-0000 (Work) 206-280-1287 (Mobile) *Preferred*	jeanhoffman@usa.com

Admission Orders

Admit to Inpatient

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Completed**

Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625
Ordering provider: Nguyen, Liem Hieu, MD
Ordering mode: Standard
Cosigning events
Electronically cosigned by Rosse, Christopher John, DO 11/23/23 0849 for Ordering
Frequency: Once 11/22/23 1618 - 1 occurrence

Updates

Attending provider: Rosse, Christopher John, DO
Diagnosis: Community acquired bacterial pneumonia [J15.9]
Level of care: Acute Care
Patient class: Inpatient
Service: MEDICINE B GEN ADULT

Code Status Information

Code Status

Full Code

Preferred Pharmacy

Hall Health Pharmacy
105 Hall Health Box 354410 SEATTLE WA 98195
Phone: 206-685-1021 Fax: 206-685-9990
Hours: Mon-Fri 9:00am - 5:00pm, Sat-Sun Closed, Please allow 48 hours for refills.

RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608
301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065 Fax: 206-780-2781
Hours: Not open 24 hours

UWMC Outpatient Pharmacy
1959 NE Pacific St SEATTLE WA 98195
Phone: 206-598-4363 Fax: 206-598-7817
Hours: Mon-Fri 8:00am - 9:00pm, Sat-Sun 8:00am - 8:00pm, Please allow 48 hours for refills.

Discharge Medications

New Medications

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 2 of 2) (continued)

	Sig	Disp	Refill	Start	End	
bisacodyl 10 MG suppository Signed by: Liem H Nguyen Commonly known as: Dulcolax	Unwrap and insert 1 suppository (10 mg) rectally daily as needed for constipation.	7 suppository	0			[[[ ]]]
pantoprazole 40 MG EC tablet Signed by: Liem H Nguyen Commonly known as: Protonix	40 mg, Oral, 2 times daily before meals	102 tablet	0			[[[ ]]]
polyethylene glycol 3350 17 GM/SCOOP oral powder Signed by: Liem H Nguyen Commonly known as: Miralax	Fill cap with powder to 17g line and dissolve in 4 to 8oz of water. Drink 1 time a day as needed for constipation. Hold for loose stool	238 g	0			[[[ ]]]
senna 8.6 MG tablet Signed by: Liem H Nguyen Commonly known as: Senokot	17.2 mg, Oral, Daily PRN	60 tablet	0			[[[ ]]]

Modified Medications

	Sig	Disp	Refill	Start	End	
pentoxifylline ER 400 MG ER tablet Signed by: Liem H Nguyen Commonly known as: TRENtal What changed: **additional instructions**	400 mg, Oral, 3 times daily, Take with food.	90 tablet	0			[[[ ]]]

Medications To Continue

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 2 of 2) (continued)

	Sig	Disp	Refill	Start	End	
acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		0			[[[ ]]]
atorvastatin 10 MG tablet Signed by: William E Neighbor Jr Commonly known as: Lipitor	10 mg, Oral, Daily	90 tablet	3			[[[ ]]]
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	2 tablets, Oral, 3 times daily PRN		0			[[[ ]]]
cholecalciferol 25 mcg (1,000 unit) tablet Signed by: Zoe J Taylor Commonly known as: Vitamin D-3	2,000 units, Oral, Daily		0			[[[ ]]]
losartan 25 MG tablet Signed by: William E Neighbor Jr Commonly known as: Cozaar	take 1/2 tablet by mouth once daily	45 tablet	3			[[[ ]]]
*** medihoney** topical gel Signed by: William E Neighbor Jr	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6			[[[ ]]]
*** medihoney** topical gel Signed by: William E Neighbor Jr	Topical, Every other day, Apply to wound before applying dressing	44 mL	3			[[[ ]]]
MULTIPLE VITAMIN OR	Oral		0			[[[ ]]]
nystatin 100000 UNIT/ML mouth/throat suspension Signed by: William E Neighbor Jr Commonly known as: Mycostatin	5 mL, Swish & Swallow, 4 times daily	60 mL	0			[[[ ]]]

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 2 of 2) (continued)

	Sig	Disp	Refill	Start	End	
ofloxacin 0.3 % ophthalmic solution Signed by: William E Neighbor Jr Commonly known as: Ocuflox	1-2 drops, Left EYE, 4 times daily	5 mL	1			[[[ ]]]
timolol maleate 0.5 % ophthalmic solution Signed by: William E Neighbor Jr Commonly known as: Timoptic	instill 1 drop into both eyes twice a day	10 mL	6			[[[ ]]]
triamcinolone 0.1 % cream Signed by: William E Neighbor Jr Commonly known as: Kenalog	Topical, 2 times daily, Apply to both forearms.	28.4 g	1			[[[ ]]]

*** There are duplicate medications prescribed to the patient**

Home Health Referral Order (From admission, onward)

Ordered		Start
11/27/23 0932	**REFERRAL TO HOME HEALTH SERVICES** Comments: Clinical information: 98 year old year old female with (J18.9) Pneumonia of right middle lobe due to infectious organism (primary encounter diagnosis) Primary Services Requested to Evaluate and Treat: Physical Therapy Ancillary Services Requested to Evaluate and Treat (only allowed if Nursing, PT, or ST are ordered): OT Electronically Signed By: Rosse, Christopher John, DO [NPI: 1114447620]	11/27/23 0000

Home Health Face to Face Note

Home Health Face To Face by Rosse, Christopher John, DO at 11/27/2023 9:30 AM

Version 1 of 1

Author: Rosse, Christopher John, DO | Service: Medicine | Author Type: Physician
Filed: 11/27/2023 9:31 AM | Date of Service: 11/27/2023 9:30 AM | Status: Signed
Editor: Rosse, Christopher John, DO (Physician)

Date of Face to Face Encounter: 11/27/2023

This Face to Face Encounter was in whole, or in part, for the following medical condition(s) which is the primary reason for home health care:
Medical Condition(s): (J18.9) Pneumonia of right middle lobe due to infectious organism (primary encounter diagnosis)

I certify that, based on my findings, the following services are medically necessary for home health services: Physical Therapy

Ancillary Services (only allowed if Nursing, PT, or ST are ordered):
OT

My clinical findings that support the need for the above services are: Chronic venous stasis wounds of bilateral lower extremities, anemia, failure to thrive, community acquired pneumonia

I certify that this patient is homebound (.i.e. absences from require considerable and taxing effort and are for medical reasons or religious services and are infrequent or of short duration) because: Chronic venous stasis wounds of bilateral lower extremities, anemia, failure to thrive, community acquired pneumonia

The Center for Medicaid Services (CMS) requires the hospitalist/attending signing the Face to Face Encounter documentation to identify the community physician in the discharge plan for home health care (the provider assuming ongoing management of the Home Health Plan of Care).

Primary Care Physician: Neighbor Jr., William E, MD

Attending Name:
ROSSE, CHRISTOPHER JOHN
11/27/2023 at 9:30 AM

Electronically signed by Rosse, Christopher John, DO at 11/27/2023 9:31 AM

Discharge Instructions

Dear Jeanne Leonie Hoffman,

You were admitted for difficulty eating, weakness, and mild confusion. You were found to have evidence of a urinary tract infection, possible pneumonia, and evidence of upper gastrointestinal bleed. You were treated with IV antibiotics and proton pump inhibitor, which have helped you improved significantly. Your GI bleed is slow and now has been stabilized and improved. We talked to our GI colleagues and they did not think that you need to be scoped or follow up outpatient.

New Medications
- please continue taking protonix twice per day for the next 7 weeks or so
- please continue taking senna and miralax to prevent constipation as needed and HOLD if loose stool

Other Instructions
- Very important is to limit tylenol (acetaminophen) to maximum 3g total / day. Avoid NSAIDs (like alleve, ibuprofen, advil)
- Continue with wound care, post-procedure

Follow up appointments
- follow up with primary care

PLEASE RETURN TO THE HOSPITAL IF:
- fever, chest pain, shortness of breath, confusion, red blood in stools, worsening abdominal pain

It was a pleasure being part of your care team.

Scheduled Appointments

Dec 06, 2023 10:00 AM	4060 NE Stevens Way, Box 354410
(Arrive by 9:45 AM)	Seattle WA 98195-4410
Return Patient Appointment with William E Neighbor Jr., MD	206-685-1011
Hall Health Same Day (Hall Health)	

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

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

Contact information for after-discharge care

Durable Medical Equipment

Pacific Medical Inc - Seattle	350 38th Ct Suite 110
Service: Durable Medical Equipment	Renton WA 98055
	Phone: 425-226-5922

PCP
Neighbor Jr., William E, MD
Phone: 206-616-9358
Fax: 206-543-0857
NPI ID: 1265518989

Attending at time of discharge: Rosse, Christopher John, DO [1114447620]

Printed by Johnson-Taber, Lucinda Kay, Social Work Assistant 11/27/2023 3:33 PM
Page 3518 of 54

Electronically signed by Johnson-Taber, Lucinda Kay, Social Work Assistant at 11/27/2023 3:33 PM

Johnson-Taber, Lucinda Kay, Social Work Assistant at 11/27/2023 1657

Social Work Progress Note:

Per Diem Lucinda Taber,SWA

Current Issue: Home Health Referral F/U

Action Taken:

Patient referred by MSW Jennifer Jerbi, to f/u on patients home health referral. Patient to d/c to son's home on Bainbridge Island in the next 1-2 days. CHI has accepted the referral with SOC of 11/30 or 12/1.
Discharge supplement uploaded in AIDA.

Plan/Follow up:
SWA will continue to assist MSW with patients d/c.
SWA to notify MSW to the status of the referral.

Lucinda K Taber
Social Work Assistant-Per Diem
UWMC Social Work and Care Coordination
taber@u.washington.edu

Electronically signed by Johnson-Taber, Lucinda Kay, Social Work Assistant at 11/27/2023 5:01 PM

Nguyen, Liem Hieu, MD at 11/27/2023 1711

Attestation signed by Rosse, Christopher John, DO at 11/28/2023 10:54 AM

Date of Service: 11/27/23
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Progress Note

Jeanne Leonie Hoffman ("Jeane") - DOB: 1/6/1925 (98 year old female)
Preferred Pronouns: she/her/hers, patient's name
Admit Date: 11/22/2023
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise, found to have leukocytosis to 12, R-sided focal lung consolidations c/f PNA, and subacute melena and hematochezia c/f occult GI bleed.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- NAEON
- This morning, patient is doing very well. No bowel movement yet. No new symptoms
- Son could not take her home today but will be ready tomorrow

SCHEDULED MEDICATIONS:
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- lidocaine, 1 patch, q24h
- multivitamin with minerals, 1 tablet, Daily
- nystatin, 500,000 units, QID
- pantoprazole, 40 mg, BID
- pentoxifylline ER, 400 mg, TID
- polyethylene glycol 3350, 17 g, BID
- senna, 17.2 mg, Daily
- timolol maleate, 1 drop, BID
- triamcinolone, , BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, TID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.5 °C (11/27/23 1512) **BP:** **(!) 95/54** (11/27/23 1513) **HR:** **72 (11/27/23 1513)**
RR: 16 (11/27/23 1512) **SpO2:** 96 % (11/27/23 1513) Room air
T range: Temp Min: 36.1 °C Max: 37.1 °C
Admit weight: **(!) 40.8 kg (90 lb)** (11/22/23 1103)
Last weight: **(!) 40 kg (88 lb 2.9 oz)** (11/27/23 0455)

I&Os:
Intake/Output Summary (Last 24 hours) at 11/27/2023 1711
Last data filed at 11/27/2023 1400

Intake	50 ml
Output	—
Net	**50 ml**

Physical Exam

VS: BP (!) 95/54 | Pulse 72 | Temp 36.5 °C (Temporal) | Resp 16 | Ht 5' (1.524 m) | Wt (!) 40 kg (88 lb 2.9 oz) | SpO2 96% | BMI 17.22 kg/m²

General: NAD.
HEENT: NCAT.
Cardiovascular: WP
Respiratory: breathing comfortably room air
GI: Soft, nontender, non-distended.
Neuro: normal speech, No focal deficits,
Psych: Normal mood, normal affect.
MSK: Bl upper and lower extremities normal in appearance. Non-tender to palpation over knees bilaterally , normal ROM.
Skin: clean dressings over chronic LE venous stasis ulcers

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Clinical Notes (group 2 of 2) (continued)

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
139	105	10	157	9.2			AST: 27	ALT: 14	-/-/-/- | -/-/-/-	
4.2	28	0.73		5.21	><	431	AP: 70	T bili: 0.2	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.3			30		Prot: 6.1	Alb: 2.8	Trop I: -	D-dimer: -
Mg: 2.2		PO4: 2.4		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeane Leonie Hoffman is a 98 year old female with hx of chronic venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise, found to have leukocytosis to 12, R-sided focal lung consolidations c/f PNA, and subacute melena and hematochezia c/f occult GI bleed.

Plan of the Day 11/27/23
- follow up with PT/OT
- work with Social work to establish Homehealth services
- prep discharge

#UTI
Pt with leukocytosis to 12 on admission with left shift, now resolved. UA with +Nitrites, LE, bacteria, and 50+ WBC. Pt asx at this time. Bladder scan on admission with no e/o retention.
- Blood cx x2 11/23 NGTD
- Ucx: 100K mixed flora GNRs
- being tx empirically with CTX for CAP

#CAP vs Aspiration PNA
#Focal consolidations RML RLL
Pt with leukocytosis and known sick contact son with URI found to have focal opacities in RML and RLL c/f CAP. Hx not c/w HAP picture. Unclear aspiration risk given hx dysphagia, consider broadening pending clinical improvement.
CURB 65: 1-2 pts (age +/- confusion, moderate risk) .
- urine legionella negative, S pneumo antigen negative
- viral resp panel negative
- Tx empirically for CAP:
    -CTX 1g q24h x5-7 days (11/22 - 11/26)
    - Azithromycin azithro 500mg PO q24h x 3d (11/22 - 11/24)

#Hematochezia
#Melena
#Constipation
Pt with witnessed episode of melena ~1 wk ago, and hematochezia 2 days ago c/f GIB. Hgb 10.3 on admission with drift down to 8.1, otherwise hemodynamically stable, with one small hard BM s/p enema c/w melena. Likely has slow occult bleed, CTM closely for acute progression. GOC ongoing with pt and son about further workup.

- GI following, appreciate recs:
    - most likely due to chronic NSAID use per further hx today with patient vs malignancy, either way no role for scope and continue 8 wk empiric PPI, no role for GI follow up
    - continue bowel regimen, discharge with good regimen
    - s/p 80 pantoprazole IV, continue 40 BID
    - type and screen
    - 2 peripheral IV in place
    - standing bowel reg

#Subacute progressive dysphagia
#Recent hx of oral thrush
Pt with unclear duration of difficulty swallowing, solids more than liquids, for the past weeks to months. Most c/f ulcer vs stricture vs mass. Could consider dysmotility picture though typically also sx with liquids. Also found to have thrush in early November, could consider esophageal candidiasis though this would typically present more with pain than difficulty swallowing, and exam today with no e/o thrush in oropharynx.
- continue home nystatin swish and swallow
- SLP following, appreciate recs:
    - exam c/f mild dysphagia vs presbyphagia iso bad-fitting dentures, thrush
    - thin liquids, soft-bite sized solds with son assisting OR self-selec softer solids
    - 1:1 assist for all intake
    - meds crushed or whole in puree
- if within GOC, consider further w/u including endoscopy

#C/f Malnutrition
#FTT
Pt with acute on chronic poor PO and FTT with decrease in ADLs from baseline, possibly iso infection vs malignancy per workup above.
- nutrition c/s

#Mild macrocytic anemia
Pt with Hgb 10.3 on admission (stable 10-12 over last 3 years) and MCV 100 c/f macrocytic anemia. Likely multifactorial IDA vs ACD.
- iron studies: iron low at 14, TIBC low at 185, transferrin low 132, tsat low at 8, ferritin mild-elev to 211
- retic count wnl 1.6
- folate and B12 wnl
- type and screen pending
- TSH wnl 2.715 11/22
- **IV iron x3 doses 11/24-11/26 for iron 14**

#Chronic venous stasis ulcers of LLE
Several chronic LLE ulcers on L superior foot, ankle, and anterior shin. Low c/f cellulitis a this time, XR tibia fibula per PCP 11/15 for c/f osteo given persistent ulceration with no e/o bony involvement.
- wound care consult

Chronic/stable
#Subacute progressive R knee pain **-** Presenting in acute pain on admission, now much improved. XR negative for acute process. Likely 2/2 OA vs sciatica. Exam not c/f septic joint. Lidocaine patches, tylenol PRN.
#Hx recurrent DVT: Per chart review, not noted by patient. Son denies current AC, per brief chart review seems prior hx of warfarin not on currently.
#Sensorineural hearing loss R ear: home hearing aids
#HTN: Hold home losartan as pt normotensive
#HLD: Continue home atorvastatin
#Peripheral vascular disease: Continue home pentoxifylline

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: full diet, IVF
Prophylaxis: holding iso c/f GIB
Lines/Drains/Airways: 2 PIVs
Disposition: floor
Code Status: Full Code , confirmed with her son Louis via interview on admission
Contacts: Primary Emergency Contact: Hoffman Alloin, Louis Charles (POA), *Cell - 206-280-1287, landline: 206-780-6885*

Electronically signed by Nguyen, Liem Hieu, MD at 11/27/2023 5:13 PM

Electronically signed by Rosse, Christopher John, DO at 11/28/2023 10:54 AM

Jerbi, Jennifer, LICSW at 11/28/2023 1031

Social Work and Care Coordination Discharge Note:

Reason for admission: Community acquired bacterial pneumonia [J15.9]
Pneumonia of right middle lobe due to infectious organism [J18.9] **Funding**: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid

Anticipated discharge plan: Home w/HHC PT/OT

Anticipated Discharge Date: 11.28.23

Primary Decision Maker: Patient is their own decision maker

Discharge Plan: Living situation post discharge: Home with family/support
Agency name: CHI home health
Anticipated start of care date: 11/30 or 12/1
Skilled services: PT/OT

Discharge Checklist:
DC summary: send automatically via AIDA
MSW created D/C Planning supplement to send HH d/c order and Home Health Face-to-Face (as applicable) automatically via AIDA
Agency preferred methods of receiving documents: AIDA

Discharge Transportation:
Son Louis to transport.

Comments: Patient's goal for discharge: Discussed wi/ patient;Discussed wi/ family

MSW alerted to plan for discharge home today. HH arranged with CHI for PT/OT. All questions answered and all in agreement with discharge plan. No further social work needs noted.

Jennifer L. Jerbi, MSW, LICSW
Clinical Social Worker - Medicine Services B and C
Phone: 206.598.4527
Pager: 206.314.4312
For weekend social work requests, please page 206-645-0792 between 8:30-4:30 PM.

Electronically signed by Jerbi, Jennifer, LICSW at 11/28/2023 10:35 AM

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2)

SARS-CoV-2 (COVID-19) Qualitative Rapid PCR (Discontinued)

Electronically signed by: **Zvonar, Ivan, MD on 11/22/23 1249** Status: **Discontinued**
Ordering user: Zvonar, Ivan, MD 11/22/23 1249 Ordering provider: Zvonar, Ivan, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Standard
Additional signing events
Electronically signed by Zvonar, Ivan, MD 11/23/23 0812, for Discontinuing in Verbal with readback mode, Communicator - Mosley, Natasha A, RN
Frequency: Routine STAT 11/22/23 1250 - 1 occurrence Class: Unit Collect
Quantity: 1 Instance released by: Zvonar, Ivan, MD (auto-released) 11/22/2023 12:49 PM
Discontinued by: Mosley, Natasha A, RN 11/22/23 1311

Questionnaire

Question	Answer
Indication for testing?	Admission Surveillance
Release Result to Patient	Immediate

Order comments: ** Specimens should be double-bagged. **

Specimen Information

ID	Type	Source	Collected By
W3145362	Nasal swab	—	—

Troponin-I (Discontinued)

Electronically signed by: **Zvonar, Ivan, MD on 11/22/23 1249** Status: **Discontinued**
Ordering user: Zvonar, Ivan, MD 11/22/23 1249 Ordering provider: Zvonar, Ivan, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Standard
Frequency: Routine STAT 11/22/23 1250 - 1 occurrence Class: Lab Collect
Quantity: 1 Instance released by: Zvonar, Ivan, MD (auto-released) 11/22/2023 12:49 PM
Discontinued by: Uw Lab Results Interface, User 11/22/23 1324 [Duplicate request]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3145374	Blood	—	11/22/23 1250

CBC with Diff (Final result)

Electronically signed by: **Clauther, Evins, MD on 11/22/23 1231** Status: **Completed**
Ordering user: Clauther, Evins, MD 11/22/23 1231 Ordering provider: Clauther, Evins, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Standard
Frequency: Routine STAT 11/22/23 1228 - 1 occurrence Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: Clauther, Evins, MD (auto-released) 11/22/2023 12:31 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3145012	Blood	—	Mosley, Natasha A, RN 11/22/23 1307

CBC with Diff (Abnormal) Resulted: 11/22/23 1342, Result status: Final result

Ordering provider: Clauther, Evins, MD 11/22/23 1231 Order status: Completed
Filed by: Uw Lab Results Interface, User 11/22/23 1343 Collected by: Mosley, Natasha A, RN 11/22/23 1307

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1406

Components

Component	Value	Reference Range	Flag	Lab
WBC	12.97	4.3 - 10.0 10*3/uL	H	UWMC
RBC	3.25	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.3	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	33	36.0 - 45.0 %	L	UWMC
MCV	101	81 - 98 fL	H	UWMC
MCH	31.7	27.3 - 33.6 pg	—	UWMC
MCHC	31.4	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	424	150 - 400 10*3/uL	H	UWMC
RDW-CV	15.9	11.0 - 14.5 %	H	UWMC
% Neutrophils	79	%	—	UWMC
% Lymphocytes	14	%	—	UWMC
% Monocytes	6	%	—	UWMC
% Eosinophils	0	%	—	UWMC
% Basophils	0	%	—	UWMC
% Immature Granulocytes	1	%	—	UWMC
Neutrophils	10.24	1.80 - 7.00 10*3/uL	H	UWMC
Absolute Lymphocyte Count	1.76	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.80	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.05	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.04	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.08	0.00 - 0.05 10*3/uL	H	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Comprehensive Metabolic Panel (Final result)

Electronically signed by: **Clauther, Evins, MD on 11/22/23 1231** Status: **Completed**
Ordering user: Clauther, Evins, MD 11/22/23 1231 Ordering provider: Clauther, Evins, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Standard
Frequency: Routine STAT 11/22/23 1228 - 1 occurrence Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: Clauther, Evins, MD (auto-released) 11/22/2023 12:31 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

ID	Type	Source	Collected By
W3145012	Blood	—	Mosley, Natasha A, RN 11/22/23 1307

Comprehensive Metabolic Panel (Abnormal) Resulted: 11/22/23 1400, Result status: Final result

Ordering provider: Clauther, Evins, MD 11/22/23 1231
Filed by: Uw Lab Results Interface, User 11/22/23 1400
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1406
Order status: Completed
Collected by: Mosley, Natasha A, RN 11/22/23 1307

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC
Potassium	4.1	3.6 - 5.2 meq/L	—	UWMC
Chloride	102	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	25	22 - 32 meq/L	—	UWMC
Anion Gap	14	4 - 12	H	UWMC
Glucose	120	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	20	8 - 21 mg/dL	—	UWMC
Creatinine	0.82	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total)	7.7	6.0 - 8.2 g/dL	—	UWMC
Albumin	3.5	3.5 - 5.2 g/dL	—	UWMC
Bilirubin (Total)	0.4	0.2 - 1.3 mg/dL	—	UWMC
Calcium	9.4	8.9 - 10.2 mg/dL	—	UWMC
AST (GOT)	12	9 - 38 U/L	—	UWMC
Alkaline Phosphatase (Total)	98	49 - 199 U/L	—	UWMC
ALT (GPT)	9	7 - 33 U/L	—	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Magnesium (Final result)

Electronically signed by: **Clauther, Evins, MD on 11/22/23 1231**
Status: **Completed**
Ordering user: Clauther, Evins, MD 11/22/23 1231
Ordering provider: Clauther, Evins, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine STAT 11/22/23 1228 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Clauther, Evins, MD (auto-released) 11/22/2023 12:31 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3145012	Blood	—	Mosley, Natasha A, RN 11/22/23 1307

Magnesium Resulted: 11/22/23 1400, Result status: Final result

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Ordering provider: Clauther, Evins, MD 11/22/23 1231
Filed by: Uw Lab Results Interface, User 11/22/23 1400
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1406

Order status: Completed
Collected by: Mosley, Natasha A, RN 11/22/23 1307

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.0	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Phosphate (Final result)

Electronically signed by: **Clauther, Evins, MD on 11/22/23 1231**
Status: **Completed**
Ordering user: Clauther, Evins, MD 11/22/23 1231
Authorized by: Zvonar, Ivan, MD
Frequency: Routine STAT 11/22/23 1228 - 1 occurrence
Quantity: 1
Instance released by: Clauther, Evins, MD (auto-released) 11/22/2023 12:31 PM

Ordering provider: Clauther, Evins, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3145012	Blood	—	Mosley, Natasha A, RN 11/22/23 1307

Phosphate
Resulted: 11/22/23 1400, Result status: Final result

Ordering provider: Clauther, Evins, MD 11/22/23 1231
Filed by: Uw Lab Results Interface, User 11/22/23 1400
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1406

Order status: Completed
Collected by: Mosley, Natasha A, RN 11/22/23 1307

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	4.0	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

C-Reactive Protein (Final result)

Electronically signed by: **Clauther, Evins, MD on 11/22/23 1231**
Status: **Completed**

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Ordering user: Clauther, Evins, MD 11/22/23 1231
Ordering provider: Clauther, Evins, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine STAT 11/22/23 1228 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Clauther, Evins, MD (auto-released) 11/22/2023 12:31 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3145012	Blood	—	Mosley, Natasha A, RN 11/22/23 1307

C-Reactive Protein (Abnormal) Resulted: 11/22/23 1400, Result status: Final result

Ordering provider: Clauther, Evins, MD 11/22/23 1231
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/22/23 1400
Collected by: Mosley, Natasha A, RN 11/22/23 1307
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1406

Components

Component	Value	Reference Range	Flag	Lab
C_Reactive Protein	151.0	0.0 - 10.0 mg/L	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

1st Extra Blue Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 11/22/23 1307** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 11/22/23 1307
Ordering provider: Zvonar, Ivan, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine Once 11/22/23 1307 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 11/22/2023 1:23 PM

Specimen Information

ID	Type	Source	Collected By
W3145012	Plasma	—	11/22/23 1307

1st Extra Blue Top Resulted: 11/22/23 1323, Result status: Final result

Ordering provider: Zvonar, Ivan, MD 11/22/23 1307
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/22/23 1323
Collected by: 11/22/23 1307
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1326

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Blue Top	Additional collection tube	—	—	UWMC

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

1st Extra Gold Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 11/22/23 1307** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 11/22/23 1307
Authorized by: Zvonar, Ivan, MD
Frequency: Routine Once 11/22/23 1307 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 11/22/2023 1:23 PM
Ordering provider: Zvonar, Ivan, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W3145012	Serum	—	11/22/23 1307

1st Extra Gold Top Resulted: 11/22/23 1323, Result status: Final result

Ordering provider: Zvonar, Ivan, MD 11/22/23 1307
Filed by: Uw Lab Results Interface, User 11/22/23 1323
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1326
Order status: Completed
Collected by: 11/22/23 1307

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Gold Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

1st Extra Gray Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 11/22/23 1307** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 11/22/23 1307
Authorized by: Zvonar, Ivan, MD
Frequency: Routine Once 11/22/23 1307 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 11/22/2023 1:23 PM
Ordering provider: Zvonar, Ivan, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W3145012	Plasma	—	11/22/23 1307

1st Extra Gray Top Resulted: 11/22/23 1323, Result status: Final result

Ordering provider: Zvonar, Ivan, MD 11/22/23 1307
Filed by: Uw Lab Results Interface, User 11/22/23 1323
Order status: Completed
Collected by: 11/22/23 1307

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1326

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Gray Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

1st Extra Pearl Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 11/22/23 1307** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 11/22/23 1307
Ordering provider: Zvonar, Ivan, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine Once 11/22/23 1307 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 11/22/2023 1:23 PM

Specimen Information

ID	Type	Source	Collected By
W3145012	Plasma	—	11/22/23 1307

1st Extra Pearl Top Resulted: 11/22/23 1323, Result status: Final result

Ordering provider: Zvonar, Ivan, MD 11/22/23 1307
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/22/23 1323
Collected by: 11/22/23 1307
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1326

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Pearl Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Troponin-I (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 11/22/23 1307** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 11/22/23 1307
Ordering provider: Zvonar, Ivan, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine Once 11/22/23 1307 - 1 occurrence
Class: Normal

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 11/22/2023 1:23 PM

Specimen Information

ID	Type	Source	Collected By
W3145012	Serum	—	11/22/23 1307

Troponin-I Resulted: 11/22/23 1406, Result status: Final result

Ordering provider: Zvonar, Ivan, MD 11/22/23 1307
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/22/23 1406
Collected by: 11/22/23 1307
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1413

Components

Component	Value	Reference Range	Flag	Lab
Troponin_I	<0.03	<0.04 ng/mL	—	UWMC
Comment: A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG				
Troponin_I Interpretation	Normal	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

SARS-CoV-2 (COVID-19) Qualitative Rapid PCR (Final result)

Electronically signed by: **Zvonar, Ivan, MD on 11/23/23 0812**
Status: **Completed**
Mode: Ordering in Verbal with readback mode
Communicated by: Mosley, Natasha A, RN
Ordering user: Mosley, Natasha A, RN 11/22/23 1311
Ordering provider: Zvonar, Ivan, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Verbal with readback
Frequency: Routine STAT 11/22/23 1312 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Mosley, Natasha A, RN (auto-released) 11/22/2023 1:11 PM

Questionnaire

Question	Answer
Indication for testing?	Admission Surveillance
Release Result to Patient	Immediate

Order comments: ** Specimens should be double-bagged. **

Specimen Information

ID	Type	Source	Collected By
W3145422	Nasal swab	—	Mosley, Natasha A, RN 11/22/23 1320

SARS-CoV-2 (COVID-19) Qualitative Rapid PCR Resulted: 11/22/23 1522, Result status: Final result

Ordering provider: Zvonar, Ivan, MD 11/22/23 1311
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/22/23 1522
Collected by: Mosley, Natasha A, RN 11/22/23 1320
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1534

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Components

Component	Value	Reference Range	Flag	Lab
COVID-19 Coronavirus Qual PCR Specimen Type	Nasal swab	—	—	UWMC
COVID-19 Coronavirus Qual PCR Result	None detected	NDET	—	UWMC
COVID-19 Coronavirus Qual PCR Interpretation	This is a negative result. Laboratory testing alone cannot rule out infection, particularly in the presence of clinical risk factors such as symptoms or exposure history.	—	—	UWMC

Comment:
Testing performed using the Cepheid Xpert (TM) Xpress SARS-CoV-2/Flu/RSV Test Kit. See https://testguide.labmed.uw.edu/FABRCV for details.
This test is not yet approved or cleared by the United States FDA. When there are no FDA-approved or cleared tests available, and other criteria are met, FDA can make tests available under an emergency access mechanism called an Emergency Use Authorization (EUA).
The EUA for this test is supported by the Secretary of Health and Human Service's (HHS's) declaration that circumstances exist to justify the emergency use of in vitro diagnostics for the detection and/or diagnosis of the virus that causes COVID-19.
This EUA will remain in effect (meaning this test can be used) for the duration of the COVID-19 declaration justifying emergency of IVDs, unless it is terminated or revoked by FDA (after which the test may no longer be used).

COVID-19 Qualitative PCR Indication	Admission Surveillance	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Urinalysis with Reflex Culture (Edited Result - FINAL)

Electronically signed by: **Clauther, Evins, MD on 11/22/23 1231** Status: **Completed**
Ordering user: Clauther, Evins, MD 11/22/23 1231 Ordering provider: Clauther, Evins, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Standard
Frequency: Routine STAT 11/22/23 1229 - 1 occurrence Class: Unit Collect
Quantity: 1 Lab status: Edited Result - FINAL
Instance released by: Clauther, Evins, MD (auto-released) 11/22/2023 12:31 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

ID	Type	Source	Collected By
W3146261	Urine	—	11/22/23 1419

Resulted: 11/22/23 1915, Result status: Edited Result - FINAL

Urinalysis with Reflex Culture (Abnormal)

Ordering provider: Clauther, Evins, MD 11/22/23 1231
Filed by: Uw Lab Results Interface, User 11/22/23 2001
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Order status: Completed
Collected by: 11/22/23 1419

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	UWMC
Clarity, URN	Hazy	—	—	UWMC
Specific Gravity, URN	1.027	1.006 - 1.027 g/mL	—	UWMC
pH, URN	< or =5.0	5.0 - 8.0	—	UWMC
Protein (Alb Semiquant), URN	Trace	NRN	A !	UWMC
Glucose Qual, URN	Negative	NRN	—	UWMC
Ketones, URN	1+	NRN	A !	UWMC
Bilirubin (Qual), URN	Negative	NRN	—	UWMC
Occult Blood, URN	Negative	NRN	—	UWMC
Nitrite, URN	Positive	NRN	A !	UWMC
Leukocyte Esterase, URN	Positive	NRN	A !	UWMC
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}	—	UWMC
Comments for Macroscopic, URN	None	—	—	UWMC
Collection Method	Urine	—	—	UWMC
WBC, URN	>50(4+)	Z5NEG /[HPF]	A !	UWMC
RBC, URN	0-2(NEG)	Z2NEG /[HPF]	—	UWMC
Bacteria, URN	Present	NOSEEN	A !	UWMC
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /[LPF]	A !	UWMC
Epith Cells_Renal/Trans,URN	3	LESS3 /[HPF]	A !	UWMC
Comments For Microscopic, URN	UA specimen tested more than 2 hours after collection. For optimum detection of cellular casts, the specimen should be examined as soon as possible.	NONE	A !	UWMC
Mucus, URN	Not Seen	NOSEEN /[LPF]	—	UWMC
1st Extra Urine Gray Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110	09/08/23 1026 - 08/22/24 0946

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

SEATTLE WA 98195-0001

Reflex Culture for UA (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 11/22/23 1419** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 11/22/23 1419
Authorized by: Zvonar, Ivan, MD
Frequency: Routine Once 11/22/23 1419 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 11/22/2023 7:15 PM
Ordering provider: Zvonar, Ivan, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W3146261	Urine	—	11/22/23 1419

Reflex Culture for UA Resulted: 11/22/23 2001, Result status: Final result

Ordering provider: Zvonar, Ivan, MD 11/22/23 1419
Filed by: Uw Lab Results Interface, User 11/22/23 2001
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653
Order status: Completed
Collected by: 11/22/23 1419

Components

Component	Value	Reference Range	Flag	Lab
Reflex Culture for UA	Order Processed	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Culture Urine, Bact (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 11/22/23 1419** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 11/22/23 1419
Authorized by: Zvonar, Ivan, MD
Frequency: Routine Once 11/22/23 1419 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 11/22/2023 8:01 PM
Ordering provider: Zvonar, Ivan, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W3148857	Urine	—	11/22/23 1419

Culture Urine, Bact (Abnormal) Resulted: 11/23/23 2034, Result status: Final result

Ordering provider: Zvonar, Ivan, MD 11/22/23 1419
Filed by: Uw Lab Results Interface, User 11/23/23 2035
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653
Order status: Completed
Collected by: 11/22/23 1419

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	No special requests	—	—	UWMC

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Culture	--	—	A !	UWMC

Result:
>100,000 Col/mL
Mixed flora including Gram negative rods

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Respiratory Virus PCR Panel (Final result)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1638** Status: **Completed**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1638
Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 11/22/23 2047 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:46 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3149108	Swab	—	Logrono, April Kathlyn Kathlyn, RN 11/22/23 2108

Respiratory Virus PCR Panel

Resulted: 11/23/23 1203, Result status: Final result

Ordering provider: Nguyen, Liem Hieu, MD 11/22/23 2046
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/23/23 1203
Collected by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2108
Resulting lab: UW VIROLOGY COVID TESTING LAB
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Components

Component	Value	Reference Range	Flag	Lab
Influenza A/B & RSV Specimen	Nasal swab	—	—	UWMC
Influenza A PCR Result	None detected	NDET	—	CL
Influenza A Ct Value	Test not applicable	—	—	CL
Influenza B PCR Result	None detected	NDET	—	CL
Influenza B Ct Value	Test not applicable	—	—	CL
RSV PCR Result	None detected	NDET	—	CL
Rsv Ct Value	Test not applicable	—	—	CL
Influenza A/B & RSV Interp	Testing performed using the Hologic Panther Fusion (R)	—	—	CL

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

	Flu A/B/RSV Real-time RT-PCR assay.			
Adeno/Metapneumo/Rhino Virus PCR Spec	Nasal swab	—	—	UWMC
Adenovirus Result	None detected	NDET	—	CL
Adenovirus Ct Value	Test not applicable	—	—	CL
Metapneumovirus Result	None detected	NDET	—	CL
Metapneumovirus Ct Value	Test not applicable	—	—	CL
Rhinovirus Result	None detected	NDET	—	CL
Rhinovirus Ct Value	Test not applicable	—	—	CL
Adeno/Metapneumo/Rhino Virus PCR Interp	Testing performed using the Hologic Panther Fusion (R) AdV/hMPV/RV Real-time RT-PCR assay.	—	—	CL
Coronavirus PCR Specimen	Nasal swab	—	—	UWMC
CoV OC43 Result	None detected	NDET	—	CL
CoV OC43 Ct Value	Test not applicable	—	—	CL
CoV HKU1 Result	None detected	NDET	—	CL
CoV HKU1 Ct Value	Test not applicable	—	—	CL
CoV NL63 Result	None detected	NDET	—	CL
CoV NL63 Ct Value	Test not applicable	—	—	CL
CoV 229E Result	None detected	NDET	—	CL
CoV 229E Ct Value	Test not applicable	—	—	CL
Coronavirus PCR Interp	SEE NOTES	—	—	CL

Comment:
Testing performed using the Hologic Panther Fusion (R) Analyte Specific Reagents for Coronavirus OC43, 229E, HKU1 and NL63 Real-time RT-PCR assay.

This assay does NOT detect SARS-CoV-2 (COVID-19). It is specifically designed for the detection of Coronavirus OC43, 229E, HKU1 and NL63. If you require COVID-19 testing, please refer to the On Line Test Guide (https://testguide.labmed.uw.edu/public/view/NCVQLT).

This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. It has not been cleared or approved by the US Food and Drug Administration. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Parainfluenza PCR Specimen	Nasal swab	—	—	UWMC

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Parainfluenza 1 Result	None detected	NDET	—	CL
PIV1 Ct Value	Test not applicable	—	—	CL
Parainfluenza 2 Result	None detected	NDET	—	CL
PIV2 Ct Value	Test not applicable	—	—	CL
Parainfluenza 3 Result	None detected	NDET	—	CL
PIV3 Ct Value	Test not applicable	—	—	CL
Parainfluenza 4 Result	None detected	NDET	—	CL
PIV4 Ct Value	Test not applicable	—	—	CL
Parainfluenza PCR Interp	Testing performed using the Hologic Panther Fusion (R) Paraflu Real-time RT-PCR assay.	—	—	CL

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946
94 - CL	UW VIROLOGY COVID TESTING LAB	Jerome, Keith Robert, MD	1601 Lind Ave SW Renton WA 98057	02/22/22 1502 - 02/20/24 0000

CBC with Diff (Final result)

Electronically signed by: **Zvonar, Ivan, MD on 11/22/23 1750** Status: **Completed**
Ordering user: Zvonar, Ivan, MD 11/22/23 1750
Ordering provider: Zvonar, Ivan, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine STAT 11/22/23 1751 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Zvonar, Ivan, MD (auto-released) 11/22/2023 5:50 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3149106	Blood	—	2483 11/22/23 2111

CBC with Diff (Abnormal) Resulted: 11/22/23 2122, Result status: Final result

Ordering provider: Zvonar, Ivan, MD 11/22/23 1750
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/22/23 2122
Collected by: 2483 11/22/23 2111
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Components

Component	Value	Reference Range	Flag	Lab
WBC	11.57	4.3 - 10.0 10*3/uL	H	UWMC
RBC	3.06	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.7	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	31	36.0 - 45.0 %	L	UWMC
MCV	100	81 - 98 fL	H	UWMC
MCH	31.7	27.3 - 33.6 pg	—	UWMC
MCHC	31.7	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	387	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.9	11.0 - 14.5 %	H	UWMC
% Neutrophils	83	%	—	UWMC
% Lymphocytes	11	%	—	UWMC
% Monocytes	6	%	—	UWMC
% Eosinophils	0	%	—	UWMC
% Basophils	0	%	—	UWMC
% Immature Granulocytes	0	%	—	UWMC
Neutrophils	9.48	1.80 - 7.00 10*3/uL	H	UWMC
Absolute Lymphocyte Count	1.26	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.71	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.02	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.05	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.05	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Folate and Vitamin B12 (Final result)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1638** Status: **Completed**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1638 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Standard
Frequency: Routine Once (Next Routine) 11/22/23 2047 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:46 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

W3149107	Blood	—	2483 11/22/23 2111

Folate and Vitamin B12 (Abnormal) Resulted: 11/22/23 2219, Result status: Final result

Ordering provider: Nguyen, Liem Hieu, MD 11/22/23 2046
Filed by: Uw Lab Results Interface, User 11/22/23 2219
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Order status: Completed
Collected by: 2483 11/22/23 2111

Components

Component	Value	Reference Range	Flag	Lab
Folate, SRM	>22.0	>5.8 ng/mL	—	UWMC
Comment: Reference range >5.8 ng/mL Folate deficiency <4.0 ng/mL				
Vitamin B12 (Cobalamin)	>1500	180 - 914 pg/mL	H ^	UWMC
Comment: Normal: 180-914 pg/mL Indeterminate: 145-179 pg/mL Deficient: <145 pg/mL				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Iron Binding Capacity (w/Iron, Transferrin & Transf Sat) (Final result)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1638**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1638
Authorized by: Zvonar, Ivan, MD
Frequency: Routine Once (Next Routine) 11/22/23 2047 - 1 occurrence
Quantity: 1
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:46 PM

Status: **Completed**
Ordering provider: Nguyen, Liem Hieu, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3149107	Blood	—	2483 11/22/23 2111

Iron Binding Capacity (w/Iron, Transferrin & Transf Sat) (Abnormal) Resulted: 11/22/23 2203, Result status: Final result

Ordering provider: Nguyen, Liem Hieu, MD 11/22/23 2046
Filed by: Uw Lab Results Interface, User 11/22/23 2203
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Order status: Completed
Collected by: 2483 11/22/23 2111

Components

Component	Value	Reference Range	Flag	Lab
Transferrin	132	192 - 382 mg/dL	L v	UWMC
Iron, SRM	14	31 - 171 ug/dL	L v	UWMC
Total Iron Binding Capacity	185	270 - 535 ug/dL	L v	UWMC
Transferrin Saturation	8	10 - 45 %	L v	UWMC

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

TSH w/Reflexive Free T4 (Final result)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1638** Status: **Completed**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1638
Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 11/22/23 2047 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:46 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3149107	Blood	—	2483 11/22/23 2111

TSH w/Reflexive Free T4 Resulted: 11/22/23 2202, Result status: Final result

Ordering provider: Nguyen, Liem Hieu, MD 11/22/23 2046
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/22/23 2202
Collected by: 2483 11/22/23 2111
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Components

Component	Value	Reference Range	Flag	Lab
TSH with Reflexive Free T4	2.715	0.400 - 5.000 u[IU]/mL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Type and Screen (Discontinued)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/22/23 2252** Status: **Discontinued**
Ordering user: Botelho, Alyssa Adachi, MD 11/22/23 2252
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine AM draw 11/23/23 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/22/2023 10:52 PM
Discontinued by: Joshi, Ishani Satish, MD 11/23/23 0536

Questionnaire

Question	Answer

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Release Result to Patient — Immediate

Specimen Information

ID	Type	Source	Collected By
H3135359	Blood	—	—

Blood Type Confirmation (Discontinued)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/22/23 2252** — Status: **Discontinued**
Ordering user: Botelho, Alyssa Adachi, MD 11/22/23 2252
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 11/22/23 2253 - 1 occurrence
Class: Lab Collect
Quantity: 1
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/22/2023 10:52 PM
Discontinued by: Botelho, Alyssa Adachi, MD 11/22/23 2253

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Confirmatory ABO/Rh and Type and Screen MUST be collected at different times.

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Blood Type Confirmation (Discontinued)

Electronically signed by: **Uw Lab Results Interface, User on 11/22/23 2253** — Status: **Discontinued**
Ordering user: Uw Lab Results Interface, User 11/22/23 2253
Ordering provider: Rosse, Christopher John, DO
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Once 11/22/23 2254 - 1 occurrence
Class: Normal
Quantity: 1
Instance released by: (auto-released) 11/22/2023 10:53 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Specimen Information

ID	Type	Source	Collected By
W3149634	—	—	—

Legionella Antigen, Urine (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/22/23 2322** — Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/22/23 2322
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 11/23/23 0900 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/22/2023 11:22 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3135642	Urine	—	Logrono, April Kathlyn Kathlyn, RN 11/23/23 0050

Legionella Antigen, Urine — Resulted: 11/23/23 0132, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/22/23 2322
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/23/23 0132
Collected by: Logrono, April Kathlyn Kathlyn, RN 11/23/23 0050

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Components

Component	Value	Reference Range	Flag	Lab
Legionella Ag, URN, Result	Negative	NRN	—	UWMC
Legionella Ag, URN, Comment	--	—	—	UWMC

Result:
Negative for L. pneumophila serogroup 1 antigen, suggesting no recent or current infection. Infection due to Legionella cannot be ruled out since other serogroups and species may cause disease,
antigen may not be present in urine in early infection, and the level of antigen present in the urine may be below the detection limit of the test.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Strep. pneumoniae Antigen, Urine (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/22/23 2322** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/22/23 2322
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 11/23/23 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/22/2023 11:22 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3135580	Urine	—	Logrono, April Kathlyn Kathlyn, RN 11/23/23 0050

Strep. pneumoniae Antigen, Urine Resulted: 11/23/23 1033, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/22/23 2322
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/23/23 1033
Collected by: Logrono, April Kathlyn Kathlyn, RN 11/23/23 0050
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Components

Component	Value	Reference Range	Flag	Lab
Strep Pneumoniae Ag Result,URN	Negative	NRN	—	UWMC
Strep Pneumoniae Ag Commnt,URN	Presumptive negative for pneumococcal pneumonia. Infection due to S. pneumoniae cannot be ruled out since the	—	—	UWMC

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

antigen present in the sample may be below the detection limit of the test.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Type and Screen (Final result)

Electronically signed by: **Joshi, Ishani Satish, MD on 11/23/23 0536** Status: **Completed**
Ordering user: Joshi, Ishani Satish, MD 11/23/23 0536
Ordering provider: Joshi, Ishani Satish, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 11/23/23 0537 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Joshi, Ishani Satish, MD (auto-released) 11/23/2023 5:37 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3136819	Blood	—	6145 11/23/23 0627

Type and Screen Resulted: 11/23/23 0753, Result status: Final result

Ordering provider: Joshi, Ishani Satish, MD 11/23/23 0537
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/23/23 0754
Collected by: 6145 11/23/23 0627
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Units Ordered	None	—	—	UWMC
Physician Instructions	None	—	—	UWMC
ABO/Rh	AB POSITIVE	—	—	UWMC
Antibody Screen	NEGATIVE	—	—	UWMC
Crossmatch Expiration	11/26/2023,2359	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-	09/08/23 1026 - 08/22/24 0946

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

0001

Basic Metabolic Panel (Final result)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Completed**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Standard
Frequency: Routine AM draw 11/23/23 0600 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3135321	Blood	—	6145 11/23/23 0628

Basic Metabolic Panel (Abnormal) Resulted: 11/23/23 0726, Result status: Final result

Ordering provider: Nguyen, Liem Hieu, MD 11/22/23 2045 Order status: Completed
Filed by: Uw Lab Results Interface, User 11/23/23 0726 Collected by: 6145 11/23/23 0628
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	135 - 145 meq/L	—	UWMC
Potassium	4.3	3.6 - 5.2 meq/L	—	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	24	22 - 32 meq/L	—	UWMC
Anion Gap	11	4 - 12	—	UWMC
Glucose	86	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	15	8 - 21 mg/dL	—	UWMC
Creatinine	0.78	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.4	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

CBC (Final result)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Completed**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Standard
Frequency: Routine AM draw 11/23/23 0600 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM

Questionnaire

Question	Answer

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Release Result to Patient — Immediate

Specimen Information

ID	Type	Source	Collected By
H3135321	Blood	—	6145 11/23/23 0628

CBC (Abnormal) — Resulted: 11/23/23 0659, Result status: Final result

Ordering provider: Nguyen, Liem Hieu, MD 11/22/23 2045
Filed by: Uw Lab Results Interface, User 11/23/23 0659
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653
Order status: Completed
Collected by: 6145 11/23/23 0628

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.97	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.61	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	8.6	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	27	36.0 - 45.0 %	L	UWMC
MCV	102	81 - 98 fL	H	UWMC
MCH	33.0	27.3 - 33.6 pg	—	UWMC
MCHC	32.5	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	356	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.9	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Magnesium (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/22/23 2252** — Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/22/23 2252
Authorized by: Rosse, Christopher John, DO
Frequency: Routine AM draw 11/23/23 0600 - 1 occurrence
Quantity: 1
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/22/2023 10:52 PM
Ordering provider: Botelho, Alyssa Adachi, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3135321	Blood	—	6145 11/23/23 0628

Magnesium — Resulted: 11/23/23 0726, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/22/23 2252
Filed by: Uw Lab Results Interface, User 11/23/23 0726
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653
Order status: Completed
Collected by: 6145 11/23/23 0628

Components

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Component	Value	Reference Range	Flag	Lab
Magnesium	1.9	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Phosphate (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/22/23 2252** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/22/23 2252
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine AM draw 11/23/23 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/22/2023 10:52 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3135321	Blood	—	6145 11/23/23 0628

Phosphate Resulted: 11/23/23 0726, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/22/23 2252
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/23/23 0726
Collected by: 6145 11/23/23 0628
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.9	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Reticulocyte Count (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 0547** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 0547
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine AM draw 11/23/23 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/23/2023 5:47 AM

Questionnaire

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3135321	Blood	—	6145 11/23/23 0628

Reticulocyte Count Resulted: 11/23/23 0659, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/23/23 0547
Filed by: Uw Lab Results Interface, User 11/23/23 0659
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653
Order status: Completed
Collected by: 6145 11/23/23 0628

Components

Component	Value	Reference Range	Flag	Lab
Reticulocyte Count, %	1.6	0.5 - 2.5 %	—	UWMC
Absolute Reticulocyte Count	42	25 - 125 10*9/L	—	UWMC
RETIC HEMOGLOBIN EQUIVALENT	30.9	28.0 - 38.0 pg	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Ferritin (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 0548** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 0548
Authorized by: Rosse, Christopher John, DO
Frequency: Routine AM draw 11/23/23 0600 - 1 occurrence
Quantity: 1
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/23/2023 5:48 AM
Ordering provider: Botelho, Alyssa Adachi, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3135321	Blood	—	6145 11/23/23 0628

Ferritin (Abnormal) Resulted: 11/23/23 0739, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/23/23 0548
Filed by: Uw Lab Results Interface, User 11/23/23 0740
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653
Order status: Completed
Collected by: 6145 11/23/23 0628

Components

Component	Value	Reference Range	Flag	Lab
Ferritin	211	10 - 180 ng/mL	H	UWMC

Testing Performed By

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Blood Culture, Peripheral Draw #2 (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 0556** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 0556
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 11/23/23 0556 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/23/2023 5:56 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Obtain from a different site than #1

Specimen Information

ID	Type	Source	Collected By
H3136876	Blood	Blood	6145 11/23/23 0628

Comment: Arm, Left

Blood Culture, Peripheral Draw #2 Resulted: 11/28/23 0051, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/23/23 0556
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/28/23 0051
Collected by: 6145 11/23/23 0628
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/29/23 0838

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Aerobic and anaerobic bottles	—	—	UWMC
Culture	No growth 5 days	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Blood Type Confirmation (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/22/23 2253** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/22/23 2253
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine AM draw 11/23/23 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/22/2023 10:53 PM

Questionnaire

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Question	Answer
Release Result to Patient	Immediate

Order comments: Confirmatory ABO/Rh and Type and Screen MUST be collected at different times.

Specimen Information

ID	Type	Source	Collected By
H3135360	Blood	—	6145 11/23/23 0644

Blood Type Confirmation Resulted: 11/23/23 0724, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/22/23 2253
Filed by: Uw Lab Results Interface, User 11/23/23 0724
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 6145 11/23/23 0644

Components

Component	Value	Reference Range	Flag	Lab
ABO/Rh	AB POSITIVE	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Blood Culture, Peripheral Draw #1 (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 0556** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 0556
Authorized by: Rosse, Christopher John, DO
Frequency: Routine AM draw 11/23/23 0600 - 1 occurrence
Quantity: 1
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/23/2023 5:56 AM
Ordering provider: Botelho, Alyssa Adachi, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3136875	Blood	Blood	6145 11/23/23 0645
Comment: Arm, Right			

Blood Culture, Peripheral Draw #1 Resulted: 11/28/23 0051, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/23/23 0556
Filed by: Uw Lab Results Interface, User 11/28/23 0051
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/29/23 0838
Order status: Completed
Collected by: 6145 11/23/23 0645

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Aerobic and anaerobic bottles	—	—	UWMC
Culture	No growth 5 days	—	—	UWMC

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Culture MRSA Surveillance (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/22/23 2322** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/22/23 2322
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 11/23/23 0900 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/22/2023 11:22 PM

Questionnaire

Question	Answer
Surveillance Culture Code	GU9000041
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3137758	Wound	Nares	Aamot, Allison X, RN 11/23/23 1036

Comment: Nares~eSwab

Culture MRSA Surveillance Resulted: 11/24/23 1556, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/22/23 2322
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/24/23 1556
Collected by: Aamot, Allison X, RN 11/23/23 1036
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Surveillance culture performed at the request of Infection Control	—	—	UWMC
Culture	No Methicillin Resistant Staphylococcus aureus isolated	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

CBC (Final result)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/23/23 0822** Status: **Completed**
Ordering user: Nguyen, Liem Hieu, MD 11/23/23 0822
Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine AM draw 11/23/23 1200 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Nguyen, Liem Hieu, MD (auto-released) 11/23/2023 8:22 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3137490	Blood	—	7362 11/23/23 1056

CBC (Abnormal)

Resulted: 11/23/23 1102, Result status: Final result

Ordering provider: Nguyen, Liem Hieu, MD 11/23/23 0822
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/23/23 1102
Collected by: 7362 11/23/23 1056
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.02	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.74	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	8.8	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	28	36.0 - 45.0 %	L	UWMC
MCV	102	81 - 98 fL	H	UWMC
MCH	32.1	27.3 - 33.6 pg	—	UWMC
MCHC	31.5	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	351	150 - 400 10*3/uL	—	UWMC
RDW-CV	16.0	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

CBC (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1500** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1500
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Once (Timed) 11/23/23 2359 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/23/2023 3:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Specimen Information

ID	Type	Source	Collected By
H3139300	Blood	—	7213 11/23/23 2358

CBC (Abnormal) Resulted: 11/24/23 0014, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/23/23 1500
Filed by: Uw Lab Results Interface, User 11/24/23 0015
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Order status: Completed
Collected by: 7213 11/23/23 2358

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.18	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.47	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	8.1	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	25	36.0 - 45.0 %	L	UWMC
MCV	102	81 - 98 fL	H	UWMC
MCH	32.8	27.3 - 33.6 pg	—	UWMC
MCHC	32.3	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	349	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.8	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Occult Blood by Immunoassay, Stool (Final result)

Electronically signed by: **Deya, Ruth W, MD on 11/23/23 2221** Status: **Completed**
Ordering user: Deya, Ruth W, MD 11/23/23 2221
Authorized by: Rosse, Christopher John, DO
Frequency: Routine Once (Next Routine) 11/23/23 2222 - 1 occurrence
Quantity: 1
Instance released by: Deya, Ruth W, MD (auto-released) 11/23/2023 10:21 PM

Ordering provider: Deya, Ruth W, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3140907	Stool	—	Namba, Allison P, RN 11/24/23 0022

Occult Blood by Immunoassay, Stool Resulted: 11/25/23 0205, Result status: Final result

Ordering provider: Deya, Ruth W, MD 11/23/23 2221
Filed by: Uw Lab Results Interface, User 11/25/23 0206
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 0839

Order status: Completed
Collected by: Namba, Allison P, RN 11/24/23 0022

Components

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 1 of 2) (continued)

Component	Value	Reference Range	Flag	Lab
Occult Bld 1 Result	Negative	NRN	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2)

COVID-19 Coronavirus Qualitative PCR (Final result)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Completed**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Standard
Frequency: Routine Once (Next Routine) 11/24/23 0500 - 1 occurrence Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/23/2023 5:00 PM

Questionnaire

Question	Answer
Indication for testing?	Inpatient Surveillance
Comments for Lab	Inpatient Surveillance
Release Result to Patient	Immediate

Order comments: ** Specimens should be double-bagged. **

Specimen Information

ID	Type	Source	Collected By
F3046227	Nasal swab	—	Namba, Allison P, RN 11/24/23 0534

COVID-19 Coronavirus Qualitative PCR

Resulted: 11/24/23 1234, Result status: Final result

Ordering provider: Nguyen, Liem Hieu, MD 11/23/23 1700 Order status: Completed
Filed by: Uw Lab Results Interface, User 11/24/23 1234 Collected by: Namba, Allison P, RN 11/24/23 0534
Resulting lab: UW VIROLOGY COVID TESTING LAB
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Components

Component	Value	Reference Range	Flag	Lab
COVID-19 Coronavirus Qual PCR Specimen Type	Nasal swab	—	—	UWMC
COVID-19 Coronavirus Qual PCR Result	None detected	NDET	—	CL
COVID-19 Coronavirus Qual PCR Interpretation	This is a negative result. Laboratory testing alone cannot rule out infection, particularly in the presence of clinical risk factors such as symptoms or exposure history.	—	—	CL

Comment:
Performed using the Cobas (R) SARS-CoV-2 real-time RT-PCR assay. Additional details available here: https://testguide.labmed.uw.edu/NCVQLT
This test is not yet approved or cleared by the United States FDA. When there are no FDA-approved or cleared tests available, and other criteria are met, FDA can make tests available under an emergency access mechanism called an Emergency Use Authorization (EUA).
The EUA for this test is supported by the Secretary of Health and Human Service's (HHS's) declaration that circumstances exist to justify the emergency use of in vitro diagnostics for the detection and/or diagnosis of the virus that causes COVID-19.
This EUA will remain in effect (meaning this test can be used) for the duration of the COVID-19 declaration justifying emergency of IVDs, unless it is terminated or revoked by FDA (after which the test may no longer be used).

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946
94 - CL	UW VIROLOGY COVID TESTING LAB	Jerome, Keith Robert, MD	1601 Lind Ave SW Renton WA 98057	02/22/22 1502 - 02/20/24 0000

CBC (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/23/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3045357	Blood	—	7266 11/24/23 0752

CBC (Abnormal) Resulted: 11/24/23 0831, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/23/23 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 11/24/23 0831 Collected by: 7266 11/24/23 0752
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.49	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.41	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	8.1	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	25	36.0 - 45.0 %	L	UWMC
MCV	102	81 - 98 fL	H	UWMC
MCH	33.6	27.3 - 33.6 pg	—	UWMC
MCHC	32.9	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	352	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.8	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

Basic Metabolic Panel (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/23/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3045357	Blood	—	7266 11/24/23 0752

Basic Metabolic Panel (Abnormal) Resulted: 11/24/23 0845, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/23/23 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/24/23 0845
Collected by: 7266 11/24/23 0752
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	135 - 145 meq/L	—	UWMC
Potassium	3.6	3.6 - 5.2 meq/L	—	UWMC
Chloride	106	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	25	22 - 32 meq/L	—	UWMC
Anion Gap	9	4 - 12	—	UWMC
Glucose	98	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	12	8 - 21 mg/dL	—	UWMC
Creatinine	0.78	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.1	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Magnesium (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/23/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

Specimen Information

ID	Type	Source	Collected By
F3045357	Blood	—	7266 11/24/23 0752

Magnesium Resulted: 11/24/23 0845, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/23/23 1800
Filed by: Uw Lab Results Interface, User 11/24/23 0845
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653
Order status: Completed
Collected by: 7266 11/24/23 0752

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.8	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Phosphate (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100
Authorized by: Rosse, Christopher John, DO
Frequency: Routine q AM 11/24/23 0600 - Until Specified
Quantity: 1
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/23/2023 6:00 PM
Ordering provider: Botelho, Alyssa Adachi, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3045357	Blood	—	7266 11/24/23 0752

Phosphate Resulted: 11/24/23 0845, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/23/23 1800
Filed by: Uw Lab Results Interface, User 11/24/23 0845
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653
Order status: Completed
Collected by: 7266 11/24/23 0752

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.4	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-	09/08/23 1026 - 08/22/24 0946

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

0001

CBC (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/24/23 0614** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/24/23 0614 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO Ordering mode: Standard
Frequency: Routine Once (Timed) 11/24/23 1200 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/24/2023 6:14 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3046760	Blood	—	6767 11/24/23 1214

CBC (Abnormal) Resulted: 11/24/23 1227, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/24/23 0614 Order status: Completed
Filed by: Uw Lab Results Interface, User 11/24/23 1227 Collected by: 6767 11/24/23 1214
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1653

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.35	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.50	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	8.2	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	26	36.0 - 45.0 %	L	UWMC
MCV	103	81 - 98 fL	H	UWMC
MCH	32.8	27.3 - 33.6 pg	—	UWMC
MCHC	31.8	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	363	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.7	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

CBC (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/24/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

Specimen Information

ID	Type	Source	Collected By
S2271395	Blood	—	6824 11/25/23 0901

CBC (Abnormal) Resulted: 11/25/23 0937, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/24/23 1800
Filed by: Uw Lab Results Interface, User 11/25/23 0938
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 0839
Order status: Completed
Collected by: 6824 11/25/23 0901

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.17	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.42	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	8.0	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	25	36.0 - 45.0 %	L	UWMC
MCV	103	81 - 98 fL	H	UWMC
MCH	33.1	27.3 - 33.6 pg	—	UWMC
MCHC	32.0	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	332	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.7	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Basic Metabolic Panel (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100
Authorized by: Rosse, Christopher John, DO
Frequency: Routine q AM 11/24/23 0600 - Until Specified
Quantity: 1
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/24/2023 6:00 PM
Ordering provider: Botelho, Alyssa Adachi, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2271395	Blood	—	6824 11/25/23 0901

Basic Metabolic Panel (Abnormal) Resulted: 11/25/23 0958, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/24/23 1800
Filed by: Uw Lab Results Interface, User 11/25/23 0958
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 0839
Order status: Completed
Collected by: 6824 11/25/23 0901

Components

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

Component	Value	Reference Range	Flag	Lab
Sodium	138	135 - 145 meq/L	—	UWMC
Potassium	3.8	3.6 - 5.2 meq/L	—	UWMC
Chloride	105	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	26	22 - 32 meq/L	—	UWMC
Anion Gap	7	4 - 12	—	UWMC
Glucose	100	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	9	8 - 21 mg/dL	—	UWMC
Creatinine	0.72	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.8	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Magnesium (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/24/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2271395	Blood	—	6824 11/25/23 0901

Magnesium Resulted: 11/25/23 0958, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/24/23 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 11/25/23 0958 Collected by: 6824 11/25/23 0901
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 0839

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.8	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

Phosphate (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/24/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2271395	Blood	—	6824 11/25/23 0901

Phosphate Resulted: 11/25/23 0958, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/24/23 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/25/23 0958
Collected by: 6824 11/25/23 0901
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 0839

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.8	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

CBC (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/25/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2116514	Blood	—	6899 11/26/23 0847

CBC (Abnormal) Resulted: 11/26/23 0932, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/25/23 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/26/23 0932
Collected by: 6899 11/26/23 0847
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 0839

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.81	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.67	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	8.7	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	27	36.0 - 45.0 %	L	UWMC
MCV	101	81 - 98 fL	H	UWMC
MCH	32.6	27.3 - 33.6 pg	—	UWMC
MCHC	32.2	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	362	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.6	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Basic Metabolic Panel (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/25/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2116514	Blood	—	6899 11/26/23 0847

Basic Metabolic Panel (Abnormal) Resulted: 11/26/23 0949, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/25/23 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 11/26/23 0949 Collected by: 6899 11/26/23 0847
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 0839

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	135 - 145 meq/L	—	UWMC
Potassium	4.3	3.6 - 5.2 meq/L	—	UWMC
Chloride	106	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	28	22 - 32 meq/L	—	UWMC
Anion Gap	6	4 - 12	—	UWMC
Glucose	117	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	10	8 - 21 mg/dL	—	UWMC
Creatinine	0.69	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.1	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Magnesium (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/25/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2116514	Blood	—	6899 11/26/23 0847

Magnesium (Abnormal) Resulted: 11/26/23 0949, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/25/23 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/26/23 0949
Collected by: 6899 11/26/23 0847
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 0839

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Phosphate (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/25/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

Specimen Information

ID	Type	Source	Collected By
X2116514	Blood	—	6899 11/26/23 0847

Phosphate Resulted: 11/26/23 0949, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/25/23 1800
Filed by: Uw Lab Results Interface, User 11/26/23 0949
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 0839

Order status: Completed
Collected by: 6899 11/26/23 0847

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.6	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

COVID-19 Coronavirus Qualitative PCR (Final result)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Completed**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625
Authorized by: Zvonar, Ivan, MD
Frequency: Routine q 7 days 11/27/23 0500 - Until Specified
Quantity: 1
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/26/2023 5:00 PM

Ordering provider: Nguyen, Liem Hieu, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Indication for testing?	Inpatient Surveillance
Comments for Lab	Inpatient Surveillance
Release Result to Patient	Immediate

Order comments: ** Specimens should be double-bagged. **

Specimen Information

ID	Type	Source	Collected By
M3108016	Nasal swab	—	Bakhach, Kawthar, RN 11/27/23 0659

COVID-19 Coronavirus Qualitative PCR Resulted: 11/27/23 1511, Result status: Final result

Ordering provider: Nguyen, Liem Hieu, MD 11/26/23 1700
Filed by: Uw Lab Results Interface, User 11/27/23 1512
Resulting lab: UW VIROLOGY COVID TESTING LAB
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 1518

Order status: Completed
Collected by: Bakhach, Kawthar, RN 11/27/23 0659

Components

Component	Value	Reference Range	Flag	Lab
COVID-19 Coronavirus Qual PCR Specimen Type	Nasal swab	—	—	UWMC
COVID-19 Coronavirus Qual PCR Result	None detected	NDET	—	CL
COVID-19 Coronavirus Qual PCR Interpretation	This is a negative	—	—	CL

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

result.
Laboratory testing alone cannot rule out infection, particularly in the presence of clinical risk factors such as symptoms or exposure history.

Comment:
Performed using the Cobas (R) SARS-CoV-2 real-time RT-PCR assay. Additional details available here: https://testguide.labmed.uw.edu/NCVQLT
This test is not yet approved or cleared by the United States FDA. When there are no FDA-approved or cleared tests available, and other criteria are met, FDA can make tests available under an emergency access mechanism called an Emergency Use Authorization (EUA).
The EUA for this test is supported by the Secretary of Health and Human Service's (HHS's) declaration that circumstances exist to justify the emergency use of in vitro diagnostics for the detection and/or diagnosis of the virus that causes COVID-19.
This EUA will remain in effect (meaning this test can be used) for the duration of the COVID-19 declaration justifying emergency of IVDs, unless it is terminated or revoked by FDA (after which the test may no longer be used).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946
94 - CL	UW VIROLOGY COVID TESTING LAB	Jerome, Keith Robert, MD	1601 Lind Ave SW Renton WA 98057	02/22/22 1502 - 02/20/24 0000

CBC (Edited Result - FINAL)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Edited Result - FINAL
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/26/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3106128	Blood	—	7322 11/27/23 0907

Resulted: 11/27/23 1056, Result status: Edited Result - FINAL

CBC (Abnormal)

Ordering provider: Botelho, Alyssa Adachi, MD 11/26/23 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 11/27/23 1057 Collected by: 7322 11/27/23 0907

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 1058

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.21	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.94	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.2	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	30	36.0 - 45.0 %	L	UWMC
MCV	103	81 - 98 fL	H	UWMC
MCH	31.3	27.3 - 33.6 pg	—	UWMC
MCHC	30.4	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	431	150 - 400 10*3/uL	H	UWMC
RDW-CV	15.9	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Basic Metabolic Panel (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/26/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3106128	Blood	—	7322 11/27/23 0907

Basic Metabolic Panel (Abnormal) Resulted: 11/27/23 1109, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/26/23 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 11/27/23 1109 Collected by: 7322 11/27/23 0907
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 1123

Components

Component	Value	Reference Range	Flag	Lab
Sodium	139	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	105	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	28	22 - 32 meq/L	—	UWMC
Anion Gap	6	4 - 12	—	UWMC
Glucose	157	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	10	8 - 21 mg/dL	—	UWMC
Creatinine	0.73	0.38 - 1.02 mg/dL	—	UWMC

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Magnesium (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/26/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3106128	Blood	—	7322 11/27/23 0907

Magnesium Resulted: 11/27/23 1109, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/26/23 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 11/27/23 1109 Collected by: 7322 11/27/23 0907
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 1123

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.2	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Phosphate (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/26/2023 6:00 PM

Questionnaire

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3106128	Blood	—	7322 11/27/23 0907

Phosphate (Abnormal) Resulted: 11/27/23 1109, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/26/23 1800
Filed by: Uw Lab Results Interface, User 11/27/23 1109
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 1123

Order status: Completed
Collected by: 7322 11/27/23 0907

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.4	2.5 - 4.5 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Hepatic Function Panel (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 11/27/23 0907** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 11/27/23 0907
Authorized by: Rosse, Christopher John, DO
Frequency: Routine Once 11/27/23 0907 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 11/27/2023 12:49 PM

Ordering provider: Rosse, Christopher John, DO
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M3106128	Serum	—	7322 11/27/23 0907

Hepatic Function Panel (Abnormal) Resulted: 11/27/23 1309, Result status: Final result

Ordering provider: Rosse, Christopher John, DO 11/27/23 0907
Filed by: Uw Lab Results Interface, User 11/27/23 1310
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/27/23 1312

Order status: Completed
Collected by: 7322 11/27/23 0907

Components

Component	Value	Reference Range	Flag	Lab
Albumin	2.8	3.5 - 5.2 g/dL	L	UWMC
Protein (Total)	6.1	6.0 - 8.2 g/dL	—	UWMC
Bilirubin (Total)	0.2	0.2 - 1.3 mg/dL	—	UWMC
Bilirubin (Direct)	0.1	0.0 - 0.3 mg/dL	—	UWMC
Alkaline Phosphatase (Total)	70	49 - 199 U/L	—	UWMC
AST (GOT)	27	9 - 38 U/L	—	UWMC
ALT (GPT)	14	7 - 33 U/L	—	UWMC

Testing Performed By

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Lab Add On Order (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/27/23 1135** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/27/23 1135
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 11/27/23 1135 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/27/2023 11:35 AM

Questionnaire

Question	Answer
Lab Test Requested	LFT
Sample to Use	Most recent
Call Back Number	704 651 3896
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3111299	Blood	—	11/27/23 1135

Lab Add On Order

Resulted: 11/27/23 1249, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/27/23 1135
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/27/23 1249
Collected by: 11/27/23 1135
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	LFT	—	—	UWMC
Specimen Type/Description	Blood	—	—	UWMC
Sample To Use	Most recent	—	—	UWMC
Test Request Status	Order Processed	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

CBC (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/27/2023 6:00 PM

Questionnaire

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3156255	Blood	—	6824 11/28/23 0657

CBC (Abnormal) Resulted: 11/28/23 0759, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/27/23 1800
Filed by: Uw Lab Results Interface, User 11/28/23 0759
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/29/23 0838
Order status: Completed
Collected by: 6824 11/28/23 0657

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.29	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.80	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	8.7	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	28	36.0 - 45.0 %	L	UWMC
MCV	100	81 - 98 fL	H	UWMC
MCH	31.1	27.3 - 33.6 pg	—	UWMC
MCHC	31.1	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	332	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.9	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Basic Metabolic Panel (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100**
Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100
Authorized by: Rosse, Christopher John, DO
Frequency: Routine q AM 11/24/23 0600 - Until Specified
Quantity: 1
Ordering provider: Botelho, Alyssa Adachi, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/27/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3156255	Blood	—	6824 11/28/23 0657

Basic Metabolic Panel (Abnormal) Resulted: 11/28/23 0818, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/27/23 1800
Filed by: Uw Lab Results Interface, User 11/28/23 0819
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/29/23 0838
Order status: Completed
Collected by: 6824 11/28/23 0657

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC
Potassium	4.3	3.6 - 5.2 meq/L	—	UWMC
Chloride	106	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	28	22 - 32 meq/L	—	UWMC
Anion Gap	7	4 - 12	—	UWMC
Glucose	99	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	11	8 - 21 mg/dL	—	UWMC
Creatinine	0.69	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.1	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Magnesium (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/27/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3156255	Blood	—	6824 11/28/23 0657

Magnesium Resulted: 11/28/23 0818, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/27/23 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 11/28/23 0819 Collected by: 6824 11/28/23 0657
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/29/23 0838

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.9	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-	09/08/23 1026 - 08/22/24 0946

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (group 2 of 2) (continued)

0001

Phosphate (Final result)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1100** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1100
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine q AM 11/24/23 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/27/2023 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3156255	Blood	—	6824 11/28/23 0657

Phosphate Resulted: 11/28/23 0818, Result status: Final result

Ordering provider: Botelho, Alyssa Adachi, MD 11/27/23 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/28/23 0819
Collected by: 6824 11/28/23 0657
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Perez, Delmis Joel, RN on 11/29/23 0838

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.8	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Imaging

Imaging

XR Hip Unilat W Pelvis 2-3 View Right (Discontinued)

Electronically signed by: **Clauther, Evins, MD on 11/22/23 1231** Status: **Discontinued**
Ordering user: Clauther, Evins, MD 11/22/23 1231
Ordering provider: Clauther, Evins, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: STAT Once 11/22/23 1230 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Clauther, Evins, MD (auto-released) 11/22/2023 12:31 PM
Discontinued by: Flack, Lauren A, RT 11/22/23 1336 [Per Protocol]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Right hip pain
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Imaging (continued)

CT Head wo Contrast (Final result)

Electronically signed by: **Clauther, Evins, MD on 11/22/23 1231** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Clauther, Evins, MD 11/22/23 1231
Ordering provider: Clauther, Evins, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: STAT Once 11/22/23 1231 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Clauther, Evins, MD (auto-released) 11/22/2023 12:31 PM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Altered mental status
What is the patient's sedation requirement?	None
Release Result to Patient	Immediate
AIDoc finding	false

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CT HEAD W/O CONTRAST	Clauther, Evins, MD 206-744-8513	Zvonar, Ivan, MD 206-744-3263	11/22/2023 1:00 PM UWEDCT1 UWMC RAD CT

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.	

CT Head wo Contrast

Resulted: 11/22/23 1439, Result status: Final result

Ordering provider: Clauther, Evins, MD 11/22/23 1231
Order status: Completed
Resulted by:
Andre, Jalal Badi, MD
Dearden, Andrew Mel, MD
Filed by: Interface, Radiology Results In 11/22/23 1442
Performed: 11/22/23 1349 - 11/22/23 1410
Accession number: 40352362
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
CT HEAD W/O CONTRAST

CLINICAL INDICATION:
Altered mental status

TECHNIQUE:

Imaging (continued)

5 mm MDCT images from skull base to vertex without contrast. Patient age specific parameters were used for radiation exposure.

COMPARISON:
CT dated 7/24/2019

FINDINGS:
MASS EFFECT & VENTRICLES: No shift. Generalized cerebral volume loss with prominence of the ventricles. The sulci and cisterns are patent.
BRAIN: No acute territorial infarct, acute hemorrhage or mass lesion is seen. Deep and periventricular white matter hypodensities likely related to chronic small vessel ischemia. Bilateral basal ganglia calcifications.
VASCULAR: Advanced atherosclerotic changes in the cavernous carotid and vertebral vessels.
EXTRA-AXIAL: Extra-axial spaces are normal. Scattered dural calcifications.
EXTRA-CRANIAL: Skull and facial bones are normal. Sinuses and mastoids are clear. Scleral calcifications.

Impression:
1. Age-related changes without acute intracranial abnormality.

Preliminary report by neuroradiology fellow; final report by the attending neuroradiologist will follow.

ATTENDING FINAL REPORT

FINDINGS/IMPRESSION (final):
I agree with the preliminary report with the following comment(s):
Subtle, asymmetric hypodensity is identified within the left caudate head and basal ganglia relative to the right, which appears to be relatively unchanged from examination of September 10, 2018, given differences in slice selection and technique. There is subtle asymmetric prominence of the left lateral ventricle relative to the right which may represent associated ex vacuo dilatation. However, the possibility of an acute on chronic infarct within the deep left MCA distribution be difficult to entirely exclude. Clinical correlation is suggested.

+ct+

I have personally reviewed the images and agree with the report (or as edited).
Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1445

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Andre, Jalal Badi, MD on 11/22/23 at 1439 PST

XR Knee 4+ View Right (Final result)

Electronically signed by: **Clauther, Evins, MD on 11/22/23 1231** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Clauther, Evins, MD 11/22/23 1231 Ordering provider: Clauther, Evins, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Standard
Frequency: STAT Once 11/22/23 1230 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Clauther, Evins, MD (auto-released) 11/22/2023 12:31 PM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Right knee pain
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Imaging (continued)

Release Result to Patient — Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR KNEE 4+ VW RIGHT	Clauther, Evins, MD 206-744-8513	Zvonar, Ivan, MD 206-744-3263	11/22/2023 12:35 PM UWEDXRRM1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Knee 4+ View Right — Resulted: 11/22/23 1431, Result status: Final result

Ordering provider: Clauther, Evins, MD 11/22/23 1231
Resulted by: Damle, Rohan N, MD
Performed: 11/22/23 1328 - 11/22/23 1412
Resulting lab: UW RADIOLOGY

Order status: Completed
Filed by: Interface, Radiology Results In 11/22/23 1434
Accession number: 40351912

Narrative:
RADIOGRAPHIC EXAMINATION:
XR FEMUR 2 VW RIGHT, XR PELVIS 1-2 VW, XR KNEE 4+ VW RIGHT

CLINICAL INDICATION:
pain

COMPARISON:
10/13/2021, 10/22/2014.

FINDINGS AND
Impression:
Diffuse osseous demineralization. Vascular calcifications.

Pelvis: No acute fracture or pelvic ring disruption. Degenerative changes in the lumbosacral spine, sacroiliac joints, and pubic symphysis. Moderate bilateral hip osteoarthritis.

Right femur: Lateral plate and dynamic screw in the proximal femur transfixed an old intertrochanteric fracture. Lateral plate and screw fixation of the mid to distal femur transfix an old distal femoral diaphyseal fracture. The proximal screw of the lateral plate is slightly proud to the plate, similar to prior. Otherwise no hardware complication.

Right knee: No acute fracture or dislocation. Mild tricompartmental osteoarthritis most pronounced in the medial compartment. Suprapatellar enthesophyte at the quadriceps insertion. Trace joint effusion.
Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1444

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Imaging (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Damle, Rohan N, MD on 11/22/23 at 1431 PST

XR Femur 2 View Right (Final result)

Electronically signed by: **Zvonar, Ivan, MD on 11/22/23 1249** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Zvonar, Ivan, MD 11/22/23 1249
Ordering provider: Zvonar, Ivan, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: STAT Once 11/22/23 1249 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Zvonar, Ivan, MD (auto-released) 11/22/2023 12:49 PM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	pain
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
MRN: U8170135
Date of Birth: 1/6/1925
Home Phone: 206-780-6885
Sex Assigned at Birth: Female
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR FEMUR 2 VW RIGHT	Zvonar, Ivan, MD 206-744-3263	Zvonar, Ivan, MD 206-744-3263	11/22/2023 12:35 PM UWEDXRRM1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Femur 2 View Right Resulted: 11/22/23 1431, Result status: Final result

Ordering provider: Zvonar, Ivan, MD 11/22/23 1249
Order status: Completed
Resulted by: Damle, Rohan N, MD
Filed by: Interface, Radiology Results In 11/22/23 1434
Performed: 11/22/23 1328 - 11/22/23 1412
Accession number: 40352224
Resulting lab: UW RADIOLOGY

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Imaging (continued)

Narrative:
RADIOGRAPHIC EXAMINATION:
XR FEMUR 2 VW RIGHT, XR PELVIS 1-2 VW, XR KNEE 4+ VW RIGHT

CLINICAL INDICATION:
pain

COMPARISON:
10/13/2021, 10/22/2014.

FINDINGS AND
Impression:
Diffuse osseous demineralization. Vascular calcifications.

Pelvis: No acute fracture or pelvic ring disruption. Degenerative changes in the lumbosacral spine, sacroiliac joints, and pubic symphysis. Moderate bilateral hip osteoarthritis.

Right femur: Lateral plate and dynamic screw in the proximal femur transfixed an old intertrochanteric fracture. Lateral plate and screw fixation of the mid to distal femur transfix an old distal femoral diaphyseal fracture. The proximal screw of the lateral plate is slightly proud to the plate, similar to prior. Otherwise no hardware complication.

Right knee: No acute fracture or dislocation. Mild tricompartmental osteoarthritis most pronounced in the medial compartment. Suprapatellar enthesophyte at the quadriceps insertion. Trace joint effusion.
Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1445

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Damle, Rohan N, MD on 11/22/23 at 1431 PST

XR Chest 2 View (Final result)

Electronically signed by: **Zvonar, Ivan, MD on 11/22/23 1249** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Zvonar, Ivan, MD 11/22/23 1249
Ordering provider: Zvonar, Ivan, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: STAT Once 11/22/23 1250 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Zvonar, Ivan, MD (auto-released) 11/22/2023 12:49 PM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	cough
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Imaging (continued)

XR CHEST 2 VW	Zvonar, Ivan, MD 206-744-3263	Zvonar, Ivan, MD 206-744-3263	11/22/2023 12:35 PM UWEDXRRM1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 2 View Resulted: 11/22/23 1425, Result status: Final result

Ordering provider: Zvonar, Ivan, MD 11/22/23 1249
Resulted by: Damle, Rohan N, MD
Performed: 11/22/23 1328 - 11/22/23 1412
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 11/22/23 1428
Accession number: 40352225

Narrative:
EXAMINATION:
XR CHEST 2 VW

CLINICAL INDICATION:
cough

COMPARISON:
5/27/2020.

FINDINGS AND
Impression:
Lungs: Focal opacities in the right midlung and right lower lobe, concerning for pneumonia.

Pleura: No definite effusion. No pneumothorax.

Heart and mediastinum: Unremarkable.

Bones: No acute or suspicious abnormality.

Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1444

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Damle, Rohan N, MD on 11/22/23 at 1425 PST

XR Pelvis 1-2 Vw (Final result)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Imaging (continued)

Electronically signed by: **Flack, Lauren A, RT on 11/22/23 1231** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Flack, Lauren A, RT 11/22/23 1231
Authorized by: Zvonar, Ivan, MD
Frequency: STAT Once 11/22/23 1230 - 1 occurrence
Quantity: 1
Instance released by: Flack, Lauren A, RT 11/22/2023 1:36 PM
Ordering provider: Clauther, Evins, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Lab status: Final result

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Right hip pain
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR PELVIS 1-2 VW	Clauther, Evins, MD 206-744-8513	Zvonar, Ivan, MD 206-744-3263	11/22/2023 12:35 PM UWEDXRRM1 UWMC RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Pelvis 1-2 Vw Resulted: 11/22/23 1431, Result status: Final result

Ordering provider: Clauther, Evins, MD 11/22/23 1231
Resulted by: Damle, Rohan N, MD
Performed: 11/22/23 1328 - 11/22/23 1412
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 11/22/23 1434
Accession number: 40351901

Narrative:
RADIOGRAPHIC EXAMINATION:
XR FEMUR 2 VW RIGHT, XR PELVIS 1-2 VW, XR KNEE 4+ VW RIGHT

CLINICAL INDICATION:
pain

COMPARISON:
10/13/2021, 10/22/2014.

FINDINGS AND
Impression:
Diffuse osseous demineralization. Vascular calcifications.

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Imaging (continued)

Pelvis: No acute fracture or pelvic ring disruption. Degenerative changes in the lumbosacral spine, sacroiliac joints, and pubic symphysis. Moderate bilateral hip osteoarthritis.

Right femur: Lateral plate and dynamic screw in the proximal femur transfixed an old intertrochanteric fracture. Lateral plate and screw fixation of the mid to distal femur transfix an old distal femoral diaphyseal fracture. The proximal screw of the lateral plate is slightly proud to the plate, similar to prior. Otherwise no hardware complication.

Right knee: No acute fracture or dislocation. Mild tricompartmental osteoarthritis most pronounced in the medial compartment. Suprapatellar enthesophyte at the quadriceps insertion. Trace joint effusion.
Acknowledged by: Perez, Delmis Joel, RN on 11/22/23 1445

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Damle, Rohan N, MD on 11/22/23 at 1431 PST

CTA Abdomen and Pelvis Angio (Final result)

Electronically signed by: **Clauther, Evins, MD on 11/22/23 1658** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Clauther, Evins, MD 11/22/23 1658
Ordering provider: Clauther, Evins, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine Once 11/22/23 1659 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Clauther, Evins, MD (auto-released) 11/22/2023 4:58 PM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Blood in stool
What is the patient's sedation requirement?	None
To assist selection of correct imaging protocol, do you suspect hemorrhage, extravasation, or pseudoaneurysm?	Yes
Release Result to Patient	Immediate
AIDoc finding	false
AIDoc finding	false

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CTA ABDOMEN AND PELVIS ANGIO	Clauther, Evins, MD 206-744-8513	Zvonar, Ivan, MD 206-744-3263	11/22/2023 5:00 PM UWEDCT1 UWMC RAD CT

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Imaging (continued)

Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

CTA Abdomen and Pelvis Angio Resulted: 11/23/23 0714, Result status: Final result

Ordering provider: Clauther, Evins, MD 11/22/23 1658
Order status: Completed
Resulted by:
Cai, Larry M, MD
Anderson, Drew Christopher, MD
Filed by: Interface, Radiology Results In 11/23/23 0717
Performed: 11/22/23 1747 - 11/22/23 1829
Accession number: 40356903
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
CTA ABDOMEN AND PELVIS ANGIO

CLINICAL INDICATION:
Blood in stool.

TECHNIQUE:
CVA 09 CTA Abdomen and Pelvis - Gastrointestinal Ischemia and Hemorrhage.
CTA of abdomen and pelvis was performed in the non-contrast, arterial and venous phases from the domes of the diaphragm to the lesser trochanters. On an independent workstation, volume rendered and/or MIP reconstructions were generated to evaluate the abdominal and pelvic vasculature.

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,80 mL Intravenous,11/22/2023 1829

COMPARISON:
CT abdomen pelvis with contrast July 24, 2019.

FINDINGS:
Lower chest: Large hiatal hernia. Bibasilar atelectasis.
Liver: Unremarkable.
Gallbladder: Distended. No radiopaque stones.
Bile ducts: Unremarkable.
Spleen: Unremarkable.
Pancreas: Unremarkable.
Adrenal glands: Unremarkable.
Kidneys and Ureters: Bilateral renal cortical cysts and additional subcentimeter hypodense lesions which are too small to characterize.
Abdominal and Retroperitoneum Lymph Nodes: No enlarged lymph nodes.

Vasculature:
Aorta - no aneurysm, dissection, or coarctation. Moderate to severe atherosclerotic calcification.
Celiac artery - Patent, no stenosis or filling defect.
Superior mesenteric artery - Patent, no stenosis or filling defect.
Inferior mesenteric artery - Patent, no stenosis or filling defect.
Right renal artery - Patent, no stenosis or filling defect.
Left renal artery - Patent, no stenosis or filling defect. Patent accessory left renal artery without stenosis or filling defect.
Inferior vena cava - There is no IVC thrombosis. Prominent pelvic venous collaterals, probably from chronic occlusive disease.
Portal vein and mesenteric veins - There is no portal or mesenteric thormbosis.

Bowel: Unremarkable.
Reproductive organs: Hysterectomy.
Bladder: Unremarkable.

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Imaging (continued)

Peritoneum: Unremarkable.
Abdominal Wall: Unremarkable. Severe multilevel degenerative changes visualized spine. No acute or suspicious osseous lesion. Wedging and endplate deformities of multiple vertebral bodies, not appearing acute.
Bones: Right femoral neck fixation hardware. Pelvic and rib deformities, old.

Impression:
1. No evidence of active extravasation within the abdomen or pelvis.

2. Moderate to severe atherosclerotic calcification of the abdominal aorta and branch vessels, without focal stenosis, occlusion, or dissection.

This is a preliminary report dictated by Dr. Drew Anderson (PGY-3).

ATTENDING FINAL REPORT

I agree with the preliminary report. In the lower chest, probable additional foci of airspace disease, for example at the left base. Consider surveillance imaging ensure resolution. Coronary calcifications.

Extensive diverticulosis without convincing CT evidence of arterial extravasation or active inflammation. Consider colonoscopy if indicated.

I have personally reviewed the images and agree with the report (or as edited).
Acknowledged by: Perez, Delmis Joel, RN on 11/24/23 1652

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Cai, Larry M, MD on 11/23/23 at 0714 PST

Procedures

EKG 12-Lead (Final result)

Specimen Information

ID	Type	Source	Collected By
2359657	—	—	11/22/23 1256

EKG 12-Lead Resulted: 11/27/23 1903, Result status: Final result

Ordering provider: Zvonar, Ivan, MD 11/22/23 1234
Resulted by: Linker, David T, MD
Collected by: 11/22/23 1256
Lab Technician: LL
Order status: Completed
Filed by: Interface, Muse Cupid Results In 11/27/23 1903
Resulting lab: UWM EKG

Narrative:
NORMAL SINUS RHYTHM
LOW VOLTAGE QRS
INCOMPLETE RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 17-OCT-2023 10:54,
INVERTED T WAVES HAVE REPLACED NONSPECIFIC T WAVE ABNORMALITY IN ANTERIOR LEADS
Confirmed by LINKER MD, DAVID (1024) on 11/27/2023 7:03:06 PM
Acknowledged by: Perez, Delmis Joel, RN on 11/29/23 0837

Components

Component	Value	Reference Range	Flag	Lab

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Procedures (continued)

Ventricular Rate	79	BPM	—	79
Atrial Rate	79	BPM	—	79
P-R Interval	194	ms	—	79
QRS Duration	116	ms	—	79
Q-T Interval	418	ms	—	79
QTC Calculation	479	ms	—	79
P Axis	62	degrees	—	79
R Axis	5	degrees	—	79
T Axis	55	degrees	—	79

View Report (below)

HOFFMAN, JEANNE ID:U8170135 22-NOV-2023 12:56:17 UW MEDICINE-UED ROUTINE RECORD

06-JAN-1925 (98 yr)
Female Caucasian

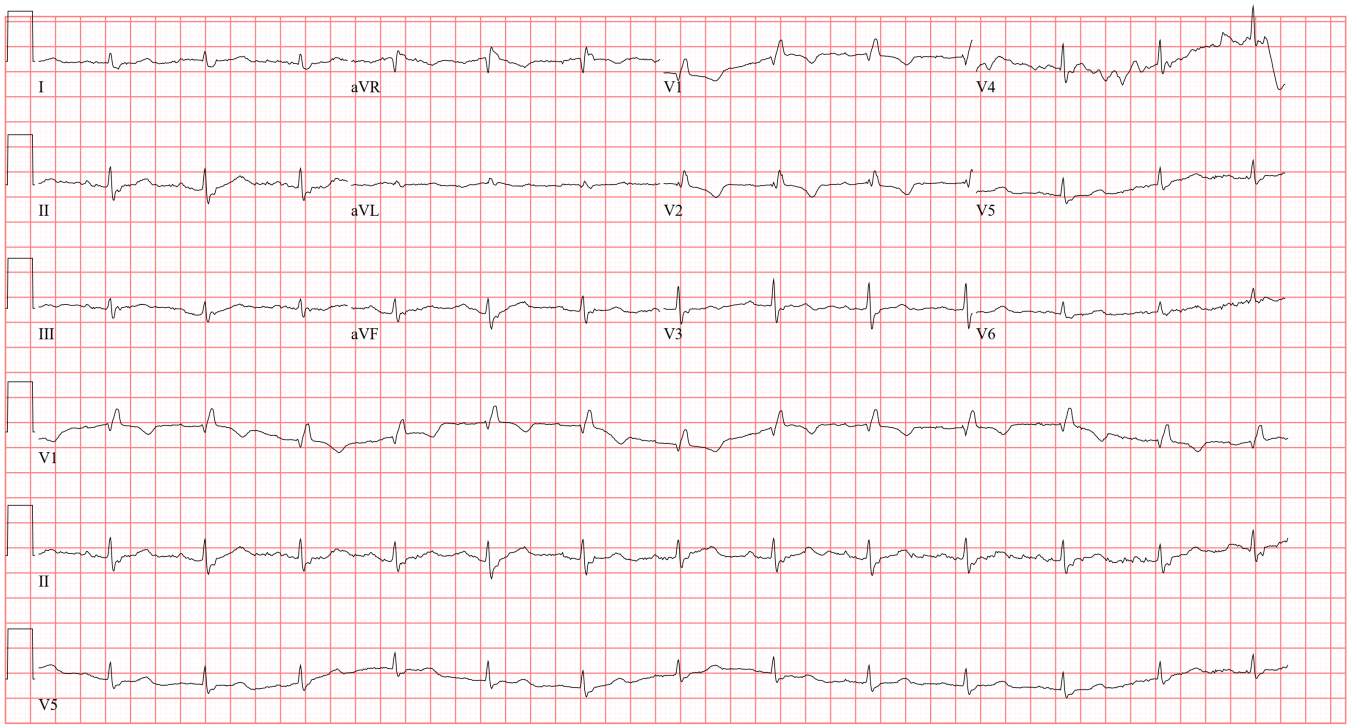
Room:21
Loc:1

Vent. rate	79	BPM
PR interval	194	ms
QRS duration	116	ms
QT/QTc	418/479	ms
P-R-T axes	62 5	55

NORMAL SINUS RHYTHM
LOW VOLTAGE QRS
INCOMPLETE RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 17-OCT-2023 10:54,
INVERTED T WAVES HAVE REPLACED NONSPECIFIC T WAVE ABNORMALITY IN ANTERIOR LEADS
Confirmed by LINKER MD, DAVID (1024) on 11/27/2023 7:03:06 PM

Technician: LL
Test ind:

Referred by: MD ZVOANAR Confirmed By: DAVID LINKER MD



25mm/s 10mm/mV 150Hz 9.0.9 12SL 237 CID: 27 EID:1024 EDT: 19:03 27-NOV-2023 ORDER:E280668159 ACCOUNT: 1908397630

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by Linker, David T, MD on 11/27/23 at 1903 PST

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Procedures (continued)

Medication Administrations

acetaminophen (Tylenol) tablet 650 mg [280728118]

Ordering Provider: Nguyen, Liem Hieu, MD
Ordered On: 11/22/23 2045
Ordered Dose (Remaining/Total): 650 mg (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen or fever.
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 11/22/23 2045 - 11/28/23 1716
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 11/28/23 0617 Documented: 11/28/23 0618	Given	650 mg	Oral	Performed by: Logrono, April Kathlyn Kathlyn, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 11/26/23 2030 Documented: 11/26/23 2030	Given	650 mg	Oral	Performed by: Bakhach, Kawthar, RN Scanned Package: 50580-458-11, 50580-458-11

atorvastatin (Lipitor) tablet 10 mg [280728087]

Ordering Provider: Nguyen, Liem Hieu, MD
Ordered On: 11/22/23 2046
Ordered Dose (Remaining/Total): 10 mg (—/—)
Frequency: Daily
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 11/23/23 0900 - 11/28/23 1716
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 11/28/23 0818 Documented: 11/28/23 0823	Given	10 mg	Oral	Performed by: Ohaekelem, Nkechi, Nursing Student Cosign requested from: Tornow, Olivia, RN Scanned Package: 0904-6290-61
Performed 11/27/23 0826 Documented: 11/27/23 0829	Given	10 mg	Oral	Performed by: Tornow, Olivia, RN Scanned Package: 0904-6290-61
Performed 11/26/23 1007 Documented: 11/26/23 1009	Given	10 mg	Oral	Performed by: Lee, Grace Los Banos, RN Scanned Package: 0904-6290-61
Performed 11/25/23 0940 Documented: 11/25/23 0940	Given	10 mg	Oral	Performed by: Leblanc, Lenaya L, RN Scanned Package: 0904-6290-61
Performed 11/24/23 1015 Documented: 11/24/23 1015	Given	10 mg	Oral	Performed by: Mittler, Morgan, RN Scanned Package: 0904-6290-61

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Performed 11/23/23 1023 Documented: 11/23/23 1023	Given	10 mg	Oral	Performed by: Aamot, Allison X, RN Scanned Package: 0904-6290-61

azithromycin (Zithromax) IVPB 500 mg in NS 250 mL (pkg premix) [280706539]

Ordering Provider: Clauther, Evins, MD
Ordered On: 11/22/23 1456
Ordered Dose (Remaining/Total): 500 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 11/22/23 1500 - 11/22/23 1700
Route: Intravenous
Ordered Rate/Order Duration: 250 mL/hr / 60 Minutes

Question	Answer	Comment
Suspected Source of Infection:	Pulmonary/ENT Infection	—

Line	Med Link Info	Comment
Peripheral IV 11/22/23 20 G Anterior;Right Forearm	11/22/23 1600 by Mosley, Natasha A, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 11/22/23 1700 Documented: 11/22/23 1845	Stopped	0 mg 0 mL/hr 60 Minutes	Intravenous	Performed by: Mosley, Natasha A, RN
Performed 11/22/23 1600 Documented: 11/22/23 1624	New Bag/Syringe	500 mg 250 mL/hr 60 Minutes	Intravenous	Performed by: Mosley, Natasha A, RN Scanned Package: 9999-0000-92

azithromycin (Zithromax) tablet 500 mg [280728134]

Ordering Provider: Nguyen, Liem Hieu, MD
Ordered On: 11/22/23 2046
Ordered Dose (Remaining/Total): 500 mg (0/2)
Frequency: Daily
Status: Completed (Past End Date/Time)
Starts/Ends: 11/23/23 0900 - 11/24/23 1015
Route: Oral
Ordered Rate/Order Duration: — / —

Question	Answer	Comment
Suspected Source of Infection:	Pulmonary/ENT Infection	—

Timestamps	Action	Dose	Route	Other Information
Performed 11/24/23 1015 Documented: 11/24/23 1015	Given	500 mg	Oral	Performed by: Mittler, Morgan, RN Scanned Package: 59762-2198-7, 59762-2198-7
Performed 11/23/23 1023 Documented: 11/23/23 1023	Given	500 mg	Oral	Performed by: Aamot, Allison X, RN Scanned Package: 59762-2198-7, 59762-2198-7

bisacodyl (Dulcolax) rectal suppository 10 mg [280790230]

Ordering Provider: Botelho, Alyssa Adachi, MD
Ordered On: 11/23/23 1057
Ordered Dose (Remaining/Total): 10 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 11/23/23 1128 - 11/23/23 1420
Route: Rectal
Ordered Rate/Order Duration: — / —

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Timestamps	Action	Dose	Route	Other Information
Performed 11/23/23 1420 Documented: 11/23/23 1420	Given	10 mg	Rectal	Performed by: Aamot, Allison X, RN Scanned Package: 0574-7050-12

cefTRIAXone (Rocephin) 1 g in Iso-Osmotic (dextrose 3.8%) 50 mL IVPB (premix) [280728135]

Ordering Provider: Nguyen, Liem Hieu, MD
Ordered On: 11/22/23 2133
Ordered Dose (Remaining/Total): 1 g (0/4)
Frequency: Every 24 hours
Status: Completed (Past End Date/Time)
Starts/Ends: 11/23/23 1500 - 11/26/23 1620
Route: Intravenous
Ordered Rate/Order Duration: 150 mL/hr / 20 Minutes

Question	Answer	Comment
Suspected Source of Infection:	Pulmonary/ENT Infection	—

Line	Med Link Info	Comment
Peripheral IV 11/23/23 22 G Anterior;Left Forearm	11/23/23 1420 by Aamot, Allison X, RN	—
Peripheral IV 11/24/23 22 G Left;Posterior Forearm	11/24/23 1558 by An, Jieun, RN	—
Peripheral IV 11/26/23 22 G Posterior;Right Forearm	11/26/23 1600 by Lee, Grace Los Banos, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 11/26/23 1600 Documented: 11/26/23 1702	New Bag/Syringe	1 g 150 mL/hr 20 Minutes	Intravenous	Performed by: Lee, Grace Los Banos, RN Scanned Package: 0338-5002-41
Performed 11/25/23 1550 Documented: 11/25/23 1645	New Bag/Syringe	1 g 150 mL/hr 20 Minutes	Intravenous	Performed by: Leblanc, Lenaya L, RN Scanned Package: 0338-5002-41
Performed 11/24/23 1558 Documented: 11/24/23 1559	New Bag/Syringe	1 g 150 mL/hr 20 Minutes	Intravenous	Performed by: An, Jieun, RN Scanned Package: 0338-5002-41
Performed 11/23/23 1420 Documented: 11/23/23 1420	New Bag/Syringe	1 g 150 mL/hr 20 Minutes	Intravenous	Performed by: Aamot, Allison X, RN Scanned Package: 0338-5002-41

cefTRIAXone (Rocephin) 2 g in Iso-Osmotic (dextrose 2.4%) 50 mL IVPB (premix) [280706538]

Ordering Provider: Clauther, Evins, MD
Ordered On: 11/22/23 1456
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 11/22/23 1500 - 11/22/23 1612
Route: Intravenous
Ordered Rate/Order Duration: 150 mL/hr / 20 Minutes

Question	Answer	Comment
Suspected Source of Infection:	Pulmonary/ENT Infection	—

Line	Med Link Info	Comment
Peripheral IV 11/22/23 20 G Anterior;Right Forearm	11/22/23 1552 by Mosley, Natasha A, RN	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 11/22/23 1612 Documented: 11/22/23 1624	Stopped	0 g 0 mL/hr 20 Minutes	Intravenous	Performed by: Mosley, Natasha A, RN
Performed 11/22/23 1552 Documented: 11/22/23 1552	New Bag/Syringe	2 g 150 mL/hr 20 Minutes	Intravenous	Performed by: Mosley, Natasha A, RN

cholecalciferol (Vitamin D-3) tablet 2,000 units [280728089]

Ordering Provider: Nguyen, Liem Hieu, MD
Ordered On: 11/22/23 2046
Ordered Dose (Remaining/Total): 2,000 units (—/—)
Frequency: Daily
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 11/23/23 0900 - 11/28/23 1716
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 11/28/23 0818 Documented: 11/28/23 0823	Given	2,000 units	Oral	Performed by: Ohaekelem, Nkechi, Nursing Student Cosign requested from: Tornow, Olivia, RN Scanned Package: 80681-16801, 80681-16801
Performed 11/27/23 0826 Documented: 11/27/23 0829	Given	2,000 units	Oral	Performed by: Tornow, Olivia, RN Scanned Package: 80681-16801, 80681-16801
Performed 11/26/23 1008 Documented: 11/26/23 1009	Given	2,000 units	Oral	Performed by: Lee, Grace Los Banos, RN Scanned Package: 80681-16801, 80681-16801
Performed 11/25/23 0940 Documented: 11/25/23 0940	Given	2,000 units	Oral	Performed by: Leblanc, Lenaya L, RN Scanned Package: 80681-16801, 80681-16801
Performed 11/24/23 1015 Documented: 11/24/23 1015	Given	2,000 units	Oral	Performed by: Mittler, Morgan, RN Scanned Package: 80681-16801, 80681-16801
Performed 11/23/23 1023 Documented: 11/23/23 1023	Given	2,000 units	Oral	Performed by: Aamot, Allison X, RN Scanned Package: 80681-16801, 80681-16801

iohexol (Omnipaque) 350 MG/ML contrast 80 mL [280746370]

Ordering Provider: Zvonar, Ivan, MD
Ordered On: 11/22/23 1831
Ordered Dose (Remaining/Total): 80 mL (0/1)
Frequency: Once as needed
Status: Completed (Past End Date/Time)
Starts/Ends: 11/22/23 1829 - 11/22/23 1831
Route: Intravenous
Ordered Rate/Order Duration: — / —

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Line	Med Link Info	Comment
Peripheral IV 11/22/23 20 G Anterior;Right Forearm	11/22/23 1831 by Pajtas, Sharilee A, RT	—

Timestamps	Action	Dose	Route	Other Information
Performed 11/22/23 1831 Documented: 11/22/23 1831	Contrast Given	80 mL	Intravenous	Performed by: Pajtas, Sharilee A, RT

lactated ringers infusion [280744227]

Ordering Provider: Botelho, Alyssa Adachi, MD
Ordered On: 11/22/23 1813
Ordered Dose (Remaining/Total): 75 mL/hr (—/—)
Frequency: Continuous
Status: Discontinued (Past End Date/Time)
Starts/Ends: 11/22/23 1815 - 11/25/23 2135
Route: Intravenous
Ordered Rate/Order Duration: 75 mL/hr / —

Line	Med Link Info	Comment
Peripheral IV 11/22/23 20 G Anterior;Right Forearm	11/22/23 2111 by Logrono, April Kathlyn Kathlyn, RN	—
Peripheral IV 11/24/23 22 G Left;Posterior Forearm	11/25/23 0030 by Bakhach, Kawthar, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 11/25/23 2148 Documented: 11/25/23 2205	Stopped	0 mL/hr 0 mL/hr	Intravenous	Performed by: Burke, Ashley P, RN
Performed 11/25/23 0030 Documented: 11/25/23 0031	New Bag/Syringe	75 mL/hr 75 mL/hr	Intravenous	Performed by: Bakhach, Kawthar, RN Scanned Package: 0338-0117-04
Performed 11/23/23 1655 Documented: 11/23/23 1711	Dose/Rate Changed	75 mL/hr 75 mL/hr	Intravenous	Performed by: Azami, Nora, RN
Performed 11/23/23 1633 Documented: 11/23/23 1634	Dose/Rate Changed	50 mL/hr 50 mL/hr	Intravenous	Performed by: Azami, Nora, RN
Performed 11/23/23 0953 Documented: 11/23/23 0954	New Bag/Syringe	75 mL/hr 75 mL/hr	Intravenous	Performed by: Aamot, Allison X, RN Scanned Package: 0338-0117-04
Performed 11/22/23 2111 Documented: 11/22/23 2112	New Bag/Syringe	75 mL/hr 75 mL/hr	Intravenous	Performed by: Logrono, April Kathlyn Kathlyn, RN Scanned Package: 0338-0117-04

lactated ringers IV Bolus 500 mL [280951502]

Ordering Provider: Diaz, Andrea Estefania, MD
Ordered On: 11/25/23 2135
Ordered Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 11/25/23 2206 - 11/25/23 2348
Route: Intravenous
Ordered Rate/Order Duration: 250 mL/hr / 120 Minutes

Line	Med Link Info	Comment

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Peripheral IV 11/24/23 22 G Left;Posterior Forearm — 11/25/23 2148 by Burke, Ashley P, RN —

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 11/25/23 2148 Documented: 11/25/23 2148	New Bag/Syringe	500 mL 250 mL/hr 120 Minutes	Intravenous	Performed by: Burke, Ashley P, RN Scanned Package: 0338-0117-04

lidocaine (Lidoderm) 4 % per patch 1 patch [280753789]

Ordering Provider: Botelho, Alyssa Adachi, MD
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 11/22/23 2038
Starts/Ends: 11/22/23 2040 - 11/28/23 1716
Ordered Dose (Remaining/Total): 1 patch (—/—)
Route: Transdermal
Frequency: Every 24 hours
Ordered Rate/Order Duration: — / 12 Hours
Admin Instructions: Apply to R knee for pain PRN. Remove after 12 hours (max 12 hrs per 24 hrs)

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Performed 11/28/23 0817 Documented: 11/28/23 0817	Medication Removed	0 patch 12 Hours	Transdermal —	Performed by: Ohaekelem, Nkechi, Nursing Student Cosign requested from: Tornow, Olivia, RN
Performed 11/27/23 2056 Documented: 11/27/23 2057	Medication Applied	1 patch 12 Hours	Transdermal Other	Performed by: Logrono, April Kathlyn Kathlyn, RN Comments: R knee Scanned Package: 0536-1202-15
Performed 11/27/23 0823 Documented: 11/27/23 0823	Medication Removed	0 patch 12 Hours	Transdermal —	Performed by: Tornow, Olivia, RN
Performed 11/26/23 2041 Documented: 11/26/23 2041	Medication Applied	1 patch 12 Hours	Transdermal Right Leg	Performed by: Bakhach, Kawthar, RN Scanned Package: 0536-1202-15
Performed 11/26/23 1004 Documented: 11/26/23 1004	Medication Removed	0 patch 12 Hours	Transdermal —	Performed by: Lee, Grace Los Banos, RN
Performed 11/25/23 2038 Documented: 11/25/23 2038	Medication Applied	1 patch 12 Hours	Transdermal Right Leg	Performed by: Burke, Ashley P, RN Scanned Package: 0536-1202-15
Performed 11/25/23 0940 Documented: 11/25/23 0940	Medication Removed	0 patch 12 Hours	Transdermal —	Performed by: Leblanc, Lenaya L, RN
Performed 11/24/23 2141 Documented: 11/24/23 2141	Medication Applied	1 patch 12 Hours	Transdermal Right Leg	Performed by: An, Jieun, RN Scanned Package: 0536-1202-15

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Performed 11/24/23 1016 Documented: 11/24/23 1016	Medication Removed	0 patch 12 Hours	Transdermal —	Performed by: Mittler, Morgan, RN
Performed 11/23/23 2024 Documented: 11/23/23 2025	Medication Applied	1 patch 12 Hours	Transdermal Right Leg	Performed by: Azami, Nora, RN Scanned Package: 0536-1202-15
Performed 11/23/23 0931 Documented: 11/23/23 0931	Medication Removed	0 patch 12 Hours	Transdermal —	Performed by: Aamot, Allison X, RN
Performed 11/22/23 2110 Documented: 11/22/23 2112	Medication Applied	1 patch 12 Hours	Transdermal Other	Performed by: Logrono, April Kathlyn Kathlyn, RN Comments: R knee Scanned Package: 0536-1202-15

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [280990277]

Ordering Provider: Botelho, Alyssa Adachi, MD
Ordered On: 11/26/23 1239
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)

Status: Completed (Past End Date/Time)
Starts/Ends: 11/26/23 1310 - 11/26/23 1455
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Line	Med Link Info	Comment
Peripheral IV 11/26/23 22 G Posterior;Right Forearm	11/26/23 1425 by Lee, Grace Los Banos, RN	—

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 11/26/23 1425 Documented: 11/26/23 1427	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Lee, Grace Los Banos, RN Scanned Package: 63323-106-02

mineral oil (Fleet) enema 1 bottle [280790231]

Ordering Provider: Botelho, Alyssa Adachi, MD
Ordered On: 11/23/23 1057
Ordered Dose (Remaining/Total): 1 bottle (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 11/23/23 1128 - 11/23/23 1256
Route: Rectal
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 11/23/23 1256 Documented: 11/23/23 1256	Given	1 bottle	Rectal	Performed by: Aamot, Allison X, RN Scanned Package: 53329-013-11

multivitamin with minerals tablet 1 tablet [280728119]

Ordering Provider: Nguyen, Liem Hieu, MD
Ordered On: 11/22/23 2045
Ordered Dose (Remaining/Total): 1 tablet (—/—)
Frequency: Daily

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 11/23/23 0900 - 11/28/23 1716
Route: Oral
Ordered Rate/Order Duration: — / —

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Timestamps	Action	Dose	Route	Other Information
Performed 11/28/23 0819 Documented: 11/28/23 0823	Given	1 tablet	Oral	Performed by: Ohaekelem, Nkechi, Nursing Student Cosign requested from: Tornow, Olivia, RN Scanned Package: 0904-5492-61
Performed 11/27/23 0826 Documented: 11/27/23 0829	Given	1 tablet	Oral	Performed by: Tornow, Olivia, RN Scanned Package: 0904-5492-61
Performed 11/26/23 1259 Documented: 11/26/23 1259	Given	1 tablet	Oral	Performed by: Lee, Grace Los Banos, RN Scanned Package: 0904-5492-61
Performed 11/25/23 0940 Documented: 11/25/23 0940	Given	1 tablet	Oral	Performed by: Leblanc, Lenaya L, RN Scanned Package: 0904-5492-61
Performed 11/24/23 1014 Documented: 11/24/23 1015	Given	1 tablet	Oral	Performed by: Mittler, Morgan, RN Scanned Package: 0904-5492-61
Performed 11/23/23 1023 Documented: 11/23/23 1023	Given	1 tablet	Oral	Performed by: Aamot, Allison X, RN Scanned Package: 0904-5492-61

nystatin (Mycostatin) suspension 5 mL [280728091]

Ordering Provider: Nguyen, Liem Hieu, MD

Ordered On: 11/22/23 2046
Ordered Dose (Remaining/Total): 500,000 units (—/—)
Frequency: 4 times daily
Admin Instructions: Hold in mouth 3 to 5 minutes prior to swallowing

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 11/23/23 0000 - 11/28/23 1716
Route: Swish & Swallow
Ordered Rate/Order Duration: — / —
Shake well.

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 11/28/23 1210 Documented: 11/28/23 1210	Given	5 mL	Swish & Swallow	Performed by: Tornow, Olivia, RN Scanned Package: 0904-7276-41
Performed 11/28/23 0617 Documented: 11/28/23 0618	Given	5 mL	Swish & Swallow	Performed by: Logrono, April Kathlyn Kathlyn, RN Scanned Package: 0904-7276-41
Performed 11/27/23 2329 Documented: 11/27/23 2329	Not Given Patient sleeping	5 mL	Swish & Swallow	Performed by: Logrono, April Kathlyn Kathlyn, RN

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Performed 11/27/23 1710 Documented: 11/27/23 1711	Given	5 mL	Swish & Swallow	Performed by: Tornow, Olivia, RN Scanned Package: 0904-7276-41
Performed 11/27/23 1144 Documented: 11/27/23 1145	Given	5 mL	Swish & Swallow	Performed by: Tornow, Olivia, RN Scanned Package: 0904-7276-41
Performed 11/27/23 0658 Documented: 11/27/23 0701	Given	5 mL	Swish & Swallow	Performed by: Bakhach, Kawthar, RN Scanned Package: 63739-160-70
Performed 11/26/23 2325 Documented: 11/26/23 2325	Given	5 mL	Swish & Swallow	Performed by: Bakhach, Kawthar, RN Scanned Package: 0904-7276-41
Performed 11/26/23 1841 Documented: 11/26/23 1841	Given	5 mL	Swish & Swallow	Performed by: Lee, Grace Los Banos, RN Scanned Package: 0904-7276-41
Performed 11/26/23 1300 Documented: 11/26/23 1300	Given	5 mL	Swish & Swallow	Performed by: Lee, Grace Los Banos, RN Scanned Package: 0904-7276-41
Performed 11/26/23 0656 Documented: 11/26/23 0656	Given	5 mL	Swish & Swallow	Performed by: Bakhach, Kawthar, RN Scanned Package: 0904-7276-41
Performed 11/26/23 0026 Documented: 11/26/23 0026	Not Given Other	5 mL	Swish & Swallow	Performed by: Bakhach, Kawthar, RN Comments: pt restless/agitated
Performed 11/25/23 1840 Documented: 11/25/23 1840	Given	5 mL	Swish & Swallow	Performed by: Leblanc, Lenaya L, RN Scanned Package: 0904-7276-41
Performed 11/25/23 1340 Documented: 11/25/23 1340	Given	5 mL	Swish & Swallow	Performed by: Leblanc, Lenaya L, RN Scanned Package: 0904-7276-41
Performed 11/25/23 0939 Documented: 11/25/23 0940	Given	5 mL	Swish & Swallow	Performed by: Leblanc, Lenaya L, RN Scanned Package: 0904-7276-41
Performed 11/25/23 0035 Documented: 11/25/23 0035	Given	5 mL	Swish & Swallow	Performed by: Bakhach, Kawthar, RN Scanned Package: 0904-7276-41

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Performed 11/24/23 1923 Documented: 11/24/23 1923	Given	5 mL	Swish & Swallow	Performed by: An, Jieun, RN Scanned Package: 0904-7276-41
Performed 11/24/23 1428 Documented: 11/24/23 1428	Given	5 mL	Swish & Swallow	Performed by: Mittler, Morgan, RN Scanned Package: 0904-7276-41
Performed 11/24/23 0534 Documented: 11/24/23 0534	Given	5 mL	Swish & Swallow	Performed by: Namba, Allison P, RN Scanned Package: 0904-7276-41
Performed 11/24/23 0010 Documented: 11/24/23 0010	Given	5 mL	Swish & Swallow	Performed by: Namba, Allison P, RN Scanned Package: 0904-7276-41
Performed 11/23/23 1844 Documented: 11/23/23 1848	Given	5 mL	Swish & Swallow	Performed by: Azami, Nora, RN Scanned Package: 0904-7276-41
Performed 11/23/23 1420 Documented: 11/23/23 1420	Given	5 mL	Swish & Swallow	Performed by: Aamot, Allison X, RN Scanned Package: 0904-7276-41
Performed 11/23/23 0524 Documented: 11/23/23 0525	Not Given See Comments	5 mL	Swish & Swallow	Performed by: Logrono, April Kathlyn Kathlyn, RN Comments: aspiration precaution.
Performed 11/22/23 2333 Documented: 11/22/23 2334	Not Given Patient/family refused	5 mL	Swish & Swallow	Performed by: Logrono, April Kathlyn Kathlyn, RN

pantoprazole (Protonix) EC tablet 40 mg [281329679]

Ordering Provider: Botelho, Alyssa Adachi, MD
Ordered On: 11/28/23 1010
Ordered Dose (Remaining/Total): 40 mg (—/—)
Frequency: 2 times daily before meals
Admin Instructions: Do not crush, chew, or split.

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 11/28/23 1600 - 11/28/23 1716
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 11/28/23 1600 Documented: 11/28/23 1716	Unchart	—	—	Performed by: Discharge Provider, Automatic Comments: Automatically canceled at discontinue of medication order

pantoprazole (Protonix) injection 40 mg [280731204]

Ordering Provider: Joshi, Ishani Satish, MD
Ordered On: 11/22/23 2046
Ordered Dose (Remaining/Total): 40 mg (—/—)
Frequency: 2 times daily

Status: Discontinued (Past End Date/Time)
Starts/Ends: 11/22/23 2117 - 11/28/23 1010
Route: Intravenous
Ordered Rate/Order Duration: — / —

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Admin Instructions: Reconstitute each vial with 10mL of 0.9% sodium chloride injection. Concentration=4mg/mL. Administer IV over a period of at least 2 minutes.

Line	Med Link Info	Comment
Peripheral IV 11/22/23 20 G Anterior;Right Forearm	11/23/23 0950 by Aamot, Allison X, RN	—
Peripheral IV 11/24/23 22 G Left;Posterior Forearm	11/24/23 2141 by An, Jieun, RN	—
Peripheral IV 11/26/23 22 G Posterior;Right Forearm	11/26/23 2033 by Bakhach, Kawthar, RN	—

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 11/28/23 1014 Documented: 11/28/23 1014	Not Given See Comments	40 mg	Intravenous	Performed by: Tornow, Olivia, RN Comments: order DC'd
Performed 11/27/23 2056 Documented: 11/27/23 2057	Given	40 mg	Intravenous	Performed by: Logrono, April Kathlyn Kathlyn, RN Scanned Package: 0143-9284-01
Performed 11/27/23 0830 Documented: 11/27/23 0833	Given	40 mg	Intravenous	Performed by: Tornow, Olivia, RN Scanned Package: 0143-9284-01
Performed 11/26/23 2033 Documented: 11/26/23 2034	Given	40 mg	Intravenous	Performed by: Bakhach, Kawthar, RN Scanned Package: 0143-9284-01
Performed 11/26/23 1007 Documented: 11/26/23 1009	Given	40 mg	Intravenous	Performed by: Lee, Grace Los Banos, RN Scanned Package: 0143-9284-01
Performed 11/25/23 2038 Documented: 11/25/23 2038	Given	40 mg	Intravenous	Performed by: Burke, Ashley P, RN Scanned Package: 0781-3232-94
Performed 11/25/23 0940 Documented: 11/25/23 0940	Given	40 mg	Intravenous	Performed by: Leblanc, Lenaya L, RN Scanned Package: 0143-9284-01, 0143-9284-01
Performed 11/24/23 2141 Documented: 11/24/23 2141	Given	40 mg	Intravenous	Performed by: An, Jieun, RN Scanned Package: 0143-9284-01
Performed 11/24/23 1014 Documented: 11/24/23 1015	Given	40 mg	Intravenous	Performed by: Mittler, Morgan, RN Scanned Package: 0143-9284-01
Performed 11/23/23 2025 Documented: 11/23/23 2025	Given	40 mg	Intravenous	Performed by: Azami, Nora, RN Scanned Package: 0143-9284-01

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Performed 11/23/23 0950 Documented: 11/23/23 0950	Given	40 mg	Intravenous	Performed by: Aamot, Allison X, RN Scanned Package: 0143-9284-01
Performed 11/22/23 2131 Documented: 11/22/23 2131	Not Given See Comments	40 mg	Intravenous	Performed by: Logrono, April Kathlyn Kathlyn, RN Comments: see other order.

pantoprazole (Protonix) injection 80 mg [280733193]

Ordering Provider: Clauther, Evins, MD
Ordered On: 11/22/23 1658
Ordered Dose (Remaining/Total): 80 mg (0/1)
Frequency: Once
Admin Instructions: Reconstitute each vial with 10mL of 0.9% sodium chloride injection. Concentration=4mg/mL.

Status: Completed (Past End Date/Time)
Starts/Ends: 11/22/23 1700 - 11/22/23 2111
Route: Intravenous
Ordered Rate/Order Duration: — / —
Administer IV over a period of at least 2 minutes.

Line	Med Link Info	Comment
Peripheral IV 11/22/23 20 G Anterior;Right Forearm	11/22/23 2111 by Logrono, April Kathlyn Kathlyn, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 11/22/23 2111 Documented: 11/22/23 2112	Given	80 mg	Intravenous	Performed by: Logrono, April Kathlyn Kathlyn, RN Comments: Pt just got admitted Scanned Package: 0781-3232-94, 0781-3232-94

pentoxifylline ER (TRENtal) ER tablet 400 mg [280728092]

Ordering Provider: Nguyen, Liem Hieu, MD
Ordered On: 11/22/23 2046
Ordered Dose (Remaining/Total): 400 mg (—/—)
Frequency: Daily
Admin Instructions: Give with food.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 11/23/23 0900 - 11/27/23 1223
Route: Oral
Ordered Rate/Order Duration: — / —
Do not crush, chew, or split.

Timestamps	Action	Dose	Route	Other Information
Performed 11/27/23 0826 Documented: 11/27/23 0829	Given	400 mg	Oral	Performed by: Tornow, Olivia, RN Scanned Package: 60505-0033-6
Performed 11/26/23 1007 Documented: 11/26/23 1009	Given	400 mg	Oral	Performed by: Lee, Grace Los Banos, RN Scanned Package: 60505-0033-6
Performed 11/25/23 0940 Documented: 11/25/23 0940	Given	400 mg	Oral	Performed by: Leblanc, Lenaya L, RN Scanned Package: 60505-0033-6
Performed 11/24/23 1015 Documented: 11/24/23 1015	Given	400 mg	Oral	Performed by: Mittler, Morgan, RN Scanned Package: 60505-0033-6

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Performed 11/23/23 1023 Documented: 11/23/23 1023	Given	400 mg	Oral	Performed by: Aamot, Allison X, RN Scanned Package: 60505-0033-6

pentoxifylline ER (TRENtal) ER tablet 400 mg [281145504]

Ordering Provider: Botelho, Alyssa Adachi, MD
Ordered On: 11/27/23 1223
Ordered Dose (Remaining/Total): 400 mg (—/—)
Frequency: 3 times daily
Admin Instructions: Give with food.
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 11/27/23 1400 - 11/28/23 1716
Route: Oral
Ordered Rate/Order Duration: — / —
Do not crush, chew, or split.

Timestamps	Action	Dose	Route	Other Information
Performed 11/28/23 1300 Documented: 11/28/23 1302	Given	400 mg	Oral	Performed by: Tornow, Olivia, RN Scanned Package: 60505-0033-6
Performed 11/28/23 0617 Documented: 11/28/23 0617	Given	400 mg	Oral	Performed by: Logrono, April Kathlyn Kathlyn, RN Scanned Package: 60505-0033-6, 60505-0033-6
Performed 11/27/23 2056 Documented: 11/27/23 2057	Given	400 mg	Oral	Performed by: Logrono, April Kathlyn Kathlyn, RN Comments: clustered care Scanned Package: 60505-0033-6
Performed 11/27/23 1313 Documented: 11/27/23 1314	Given	400 mg	Oral	Performed by: Tornow, Olivia, RN Scanned Package: 60505-0033-6

pill crusher ADS Override Pull [280783999]

Status: Dispensed (Past End Date/Time)
Starts/Ends: 11/23/23 0913 - 11/23/23 2116
Route: —
Ordered Rate/Order Duration: — / —
Note to pharmacy: Aamot, Allison: cabinet override
Ordered On: 11/23/23 0913
Ordered Dose (Remaining/Total): — (1/1)
Frequency: —
Admin Instructions: Aamot, Allison: cabinet override

Timestamps	Action / Reason	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 11/23/23 1115 Documented: 11/23/23 1115	Not Given See Comments	—	—	Performed by: Aamot, Allison X, RN Comments: Can swallow pills okay

polyethylene glycol 3350 (Miralax) packet 17 g [281049861]

Ordering Provider: Botelho, Alyssa Adachi, MD
Ordered On: 11/27/23 0715
Ordered Dose (Remaining/Total): 17 g (—/—)
Frequency: 2 times daily
Admin Instructions: Dilute each 17g packet in 240 ml of fluid (water or juice).
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 11/27/23 0900 - 11/28/23 1716
Route: Oral
Ordered Rate/Order Duration: — / —

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Timestamps	Action	Dose	Route	Other Information
Performed 11/28/23 0820 Documented: 11/28/23 0823	Given	17 g	Oral	Performed by: Ohaekelem, Nkechi, Nursing Student Cosign requested from: Tornow, Olivia, RN Scanned Package: 0904-6931-86
Performed 11/27/23 2200 Documented: 11/27/23 2239	Given	17 g	Oral	Performed by: Logrono, April Kathlyn Kathlyn, RN
Performed 11/27/23 0824 Documented: 11/27/23 0826	Given	17 g	Oral	Performed by: Tornow, Olivia, RN Scanned Package: 0904-6931-86

senna (Senokot) tablet 17.2 mg [280728120]

Ordering Provider: Nguyen, Liem Hieu, MD
Ordered On: 11/22/23 2045
Ordered Dose (Remaining/Total): 17.2 mg (—/—)
Frequency: 2 times daily PRN
Admin Instructions: Give if no BM x 24 hrs.
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 11/22/23 2045 - 11/28/23 1716
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 11/26/23 2030 Documented: 11/26/23 2030	Given	17.2 mg	Oral	Performed by: Bakhach, Kawthar, RN Scanned Package: 0904-7252-61, 0904-7252-61

senna (Senokot) tablet 17.2 mg [281049862]

Ordering Provider: Botelho, Alyssa Adachi, MD
Ordered On: 11/27/23 0715
Ordered Dose (Remaining/Total): 17.2 mg (—/—)
Frequency: Daily
Admin Instructions: Administer after miralax if pt has not had 1 BM per day
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 11/27/23 0900 - 11/28/23 1716
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 11/28/23 0818 Documented: 11/28/23 0823	Given	17.2 mg	Oral	Performed by: Ohaekelem, Nkechi, Nursing Student Cosign requested from: Tornow, Olivia, RN Scanned Package: 0904-7252-61, 0904-7252-61
Performed 11/27/23 0826 Documented: 11/27/23 0829	Given	17.2 mg	Oral	Performed by: Tornow, Olivia, RN Scanned Package: 0904-7252-61, 0904-7252-61

sodium ferric gluconate complex (Ferrlecit) 250 mg in sodium chloride 0.9 % 120 mL IVPB [280848853]

Ordering Provider: Botelho, Alyssa Adachi, MD
Ordered On: 11/24/23 1045
Status: Completed (Past End Date/Time)
Starts/Ends: 11/24/23 1116 - 11/26/23 1353

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Ordered Dose (Remaining/Total): 250 mg (0/3)
Frequency: Daily
Route: Intravenous
Ordered Rate/Order Duration: 120 mL/hr / 60 Minutes
Note to pharmacy: Automatic substitution for Iron Sucrose per P&T (1:1 for doses up to 500mg).

Line	Med Link Info	Comment
Peripheral IV 11/24/23 22 G Left;Posterior Forearm	11/24/23 1715 by An, Jieun, RN	—
Peripheral IV 11/26/23 22 G Posterior;Right Forearm	11/26/23 1253 by Lee, Grace Los Banos, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 11/26/23 1253 Documented: 11/26/23 1254	New Bag/Syringe	250 mg 120 mL/hr 60 Minutes	Intravenous	Performed by: Lee, Grace Los Banos, RN Comments: NO PIV access earlier Scanned Package: 0143-9570-01, 0143-9570-01, 0143-9570-01, 0143-9570-01, 0338-0049-38
Performed 11/25/23 1218 Documented: 11/25/23 1218	New Bag/Syringe	250 mg 120 mL/hr 60 Minutes	Intravenous	Performed by: Leblanc, Lenaya L, RN Scanned Package: 0143-9570-01, 0143-9570-01, 0143-9570-01, 0143-9570-01, 0338-0049-38
Performed 11/24/23 1715 Documented: 11/24/23 1715	New Bag/Syringe	250 mg 120 mL/hr 60 Minutes	Intravenous	Performed by: An, Jieun, RN Comments: the pharm had no info of compatibility with IV abx. so had to hang it separate time Scanned Package: 0143-9570-01, 0143-9570-01, 0143-9570-01, 0143-9570-01, 0338-0049-38

timolol maleate (Timoptic) 0.5 % ophthalmic solution 1 drop [280728093]

Ordering Provider: Nguyen, Liem Hieu, MD
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 11/22/23 2046
Starts/Ends: 11/22/23 2117 - 11/28/23 1716
Ordered Dose (Remaining/Total): 1 drop (—/—)
Route: Both EYES
Frequency: 2 times daily
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 11/28/23 0824 Documented: 11/28/23 0824	Given	1 drop	Both EYES	Performed by: Ohaekelem, Nkechi, Nursing Student Cosign requested from: Tornow, Olivia, RN
Performed 11/27/23 2056 Documented: 11/27/23 2057	Given	1 drop	Both EYES	Performed by: Logrono, April Kathlyn Kathlyn, RN Scanned Package: 60758-801-05
Performed 11/27/23 0830 Documented: 11/27/23 0830	Given	1 drop	Both EYES	Performed by: Tornow, Olivia, RN Scanned Package: 60758-801-05
Performed 11/26/23 2046 Documented: 11/26/23 2046	Given	1 drop	Both EYES	Performed by: Bakhach, Kawthar, RN Scanned Package: 60758-801-05

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Performed 11/26/23 1009 Documented: 11/26/23 1009	Given	1 drop	Both EYES	Performed by: Lee, Grace Los Banos, RN Scanned Package: 60758-801-05
Performed 11/25/23 2038 Documented: 11/25/23 2038	Given	1 drop	Both EYES	Performed by: Burke, Ashley P, RN
Performed 11/25/23 0940 Documented: 11/25/23 0940	Given	1 drop	Both EYES	Performed by: Leblanc, Lenaya L, RN Scanned Package: 60758-801-05
Performed 11/24/23 2141 Documented: 11/24/23 2141	Given	1 drop	Both EYES	Performed by: An, Jieun, RN Scanned Package: 60758-801-05
Performed 11/24/23 1016 Documented: 11/24/23 1016	Given	1 drop	Both EYES	Performed by: Mittler, Morgan, RN Scanned Package: 60758-801-05
Performed 11/23/23 2024 Documented: 11/23/23 2025	Given	1 drop	Both EYES	Performed by: Azami, Nora, RN Scanned Package: 60758-801-05
Performed 11/23/23 1004 Documented: 11/23/23 1007	Given	1 drop	Both EYES	Performed by: Aamot, Allison X, RN Scanned Package: 60758-801-05
Performed 11/22/23 2200 Documented: 11/22/23 2247	Given	1 drop	Both EYES	Performed by: Logrono, April Kathlyn Kathlyn, RN Scanned Package: 60758-801-05

triamcinolone (Kenalog) 0.1 % topical cream [280728095]

Ordering Provider: Nguyen, Liem Hieu, MD
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 11/22/23 2046
Starts/Ends: 11/22/23 2117 - 11/28/23 1716
Ordered Dose (Remaining/Total): — (—/—)
Route: Topical
Frequency: 2 times daily
Ordered Rate/Order Duration: — / —
Admin Instructions: Apply to both forearms.

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 11/28/23 0824 Documented: 11/28/23 0824	Given	—	Topical	Performed by: Ohaekelem, Nkechi, Nursing Student Cosign requested from: Tornow, Olivia, RN
Performed 11/27/23 2056 Documented: 11/27/23 2057	Given	—	Topical	Performed by: Logrono, April Kathlyn Kathlyn, RN

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Medication Administrations (continued)

Performed 11/27/23 0834 Documented: 11/27/23 0835	Given	—	Topical	Performed by: Tornow, Olivia, RN Scanned Package: 45802-064-35
Performed 11/26/23 2046 Documented: 11/26/23 2046	Given	—	Topical	Performed by: Bakhach, Kawthar, RN Scanned Package: 45802-064-35
Performed 11/26/23 1009 Documented: 11/26/23 1009	Given	—	Topical	Performed by: Lee, Grace Los Banos, RN Scanned Package: 45802-064-35
Performed 11/25/23 2038 Documented: 11/25/23 2038	Given	—	Topical	Performed by: Burke, Ashley P, RN Scanned Package: 45802-064-35
Performed 11/25/23 0940 Documented: 11/25/23 0940	Given	—	Topical	Performed by: Leblanc, Lenaya L, RN Scanned Package: 45802-064-35
Performed 11/24/23 2141 Documented: 11/24/23 2141	Given	—	Topical	Performed by: An, Jieun, RN Scanned Package: 45802-064-35
Performed 11/24/23 1015 Documented: 11/24/23 1016	Given	—	Topical	Performed by: Mittler, Morgan, RN Scanned Package: 45802-064-35
Performed 11/23/23 2024 Documented: 11/23/23 2025	Given	—	Topical	Performed by: Azami, Nora, RN Scanned Package: 45802-064-35
Performed 11/23/23 1007 Documented: 11/23/23 1009	Given	—	Topical	Performed by: Aamot, Allison X, RN Scanned Package: 45802-064-35
Performed 11/22/23 2200 Documented: 11/22/23 2247	Given	—	Topical	Performed by: Logrono, April Kathlyn Kathlyn, RN

Other Orders (group 1 of 3)

Admission

Admit to Inpatient (Completed)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Completed**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Standard
Cosigning events
Electronically cosigned by Rosse, Christopher John, DO 11/23/23 0849 for Ordering
Frequency: Routine Once 11/22/23 1618 - 1 occurrence Class: Hospital Performed

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 1 of 3) (continued)

Quantity: 1

Instance released by: Nguyen, Liem Hieu, MD (auto-released) 11/22/2023 4:25 PM

Updates

Attending provider: Rosse, Christopher John, DO
Level of care: Acute Care
Service: MEDICINE B GEN ADULT

Diagnosis: Community acquired bacterial pneumonia [J15.9]
Patient class: Inpatient

Consult

Inpatient Consult to Nutrition (Completed)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625**
Status: **Completed**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625
Authorized by: Zvonar, Ivan, MD
Frequency: Routine Once 11/22/23 2046 - 1 occurrence
Quantity: 1
Ordering provider: Nguyen, Liem Hieu, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM

Questionnaire

Question	Answer
Reason for Consult?	Nutritional assessment
Assess	Poor PO intake

Inpatient Consult to Wound Therapy (Completed)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625**
Status: **Completed**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625
Authorized by: Zvonar, Ivan, MD
Frequency: Routine Once 11/22/23 2046 - 1 occurrence
Quantity: 1
Ordering provider: Nguyen, Liem Hieu, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM

Questionnaire

Question	Answer
Reason for Consult?	L chronic venous insufficiency with chronic ulcerations
Reason for Consult	Venous Ulcer
Location of Wound:	LLE

Inpatient Consult to Vascular Access Team (Completed)

Electronically signed by: **McNulty, Matthew E, RN on 11/24/23 1318**
Status: **Completed**
Ordering user: McNulty, Matthew E, RN 11/24/23 1318
Authorized by: Rosse, Christopher John, DO
Frequency: Routine Once 11/24/23 1318 - 1 occurrence
Quantity: 1
Ordering provider: Botelho, Alyssa Adachi, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: McNulty, Matthew E, RN (auto-released) 11/24/2023 1:18 PM

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult:	PIV Insertion
Requestor:	Matt
Contact Number:	89051
Patient Unit/Location:	6206

Inpatient Consult to Vascular Access Team (Completed)

Electronically signed by: **Lee, Grace Los Banos, RN on 11/26/23 1209**
Status: **Completed**
Ordering user: Lee, Grace Los Banos, RN 11/26/23 1209
Authorized by: Rosse, Christopher John, DO
Frequency: Routine Once 11/26/23 1207 - 1 occurrence
Quantity: 1
Ordering provider: Rosse, Christopher John, DO
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Lee, Grace Los Banos, RN (auto-released)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 1 of 3) (continued)

11/26/2023 12:09 PM

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult:	PIV Insertion
Requestor:	Grace, RN
Contact Number:	89055
Patient Unit/Location:	6NE - 6206

Discharge

Discharge Patient (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/27/23 1406** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/27/23 1406
Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Once 11/27/23 1407 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Nguyen, Liem Hieu, MD (auto-released) 11/27/2023 2:07 PM
Discontinued by: Nguyen, Liem Hieu, MD 11/27/23 1415

Questionnaire

Question	Answer
Patient Medically Ready for Discharge:	Yes

Updates

Discharge date and time: 11/27/2023 Afternoon
Discharge disposition: 01 HOME/SELF CARE

Discharge Patient (Completed)

Electronically signed by: **Rosse, Christopher John, DO on 11/28/23 0857** Status: **Completed**
Ordering user: Rosse, Christopher John, DO 11/28/23 0857
Ordering provider: Rosse, Christopher John, DO
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Once 11/28/23 0858 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Rosse, Christopher John, DO (auto-released) 11/28/2023 8:57 AM

Questionnaire

Question	Answer
Patient Medically Ready for Discharge:	Yes

Updates

Discharge date and time: 11/28/2023
Discharge disposition: 01 HOME/SELF CARE

IV

IV Line - Saline lock (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625
Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 11/22/23 2046 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Questionnaire

Question	Answer
IV Manage:	Saline lock

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 1 of 3) (continued)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 2 of 3)

Medications

cefTRIAXone (Rocephin) 2 g in Iso-Osmotic (dextrose 2.4%) 50 mL IVPB (premix) (Completed)

Electronically signed by: **Clauther, Evins, MD on 11/22/23 1456** Status: **Completed**
Ordering user: Clauther, Evins, MD 11/22/23 1456 Ordering provider: Clauther, Evins, MD
Authorized by: Clauther, Evins, MD Ordering mode: Standard
Frequency: STAT Once 11/22/23 1500 - 1 occurrence Class: Normal
Acknowledged: Mosley, Natasha A, RN 11/22/23 1552 for Placing Order

Questionnaire

Question	Answer
Suspected Source of Infection	Pulmonary/ENT Infection

Package: 0338-5003-41

azithromycin (Zithromax) IVPB 500 mg in NS 250 mL (pkg premix) (Completed)

Electronically signed by: **Clauther, Evins, MD on 11/22/23 1456** Status: **Completed**
Ordering user: Clauther, Evins, MD 11/22/23 1456 Ordering provider: Clauther, Evins, MD
Authorized by: Clauther, Evins, MD Ordering mode: Standard
Frequency: STAT Once 11/22/23 1500 - 1 occurrence Class: Normal
Acknowledged: Mosley, Natasha A, RN 11/22/23 1552 for Placing Order

Questionnaire

Question	Answer
Suspected Source of Infection	Pulmonary/ENT Infection

Package: 55150-174-10, 0338-0049-02, 0338-0013-04

pantoprazole (Protonix) injection 80 mg (Completed)

Electronically signed by: **Clauther, Evins, MD on 11/22/23 1658** Status: **Completed**
Ordering user: Clauther, Evins, MD 11/22/23 1658 Ordering provider: Clauther, Evins, MD
Authorized by: Clauther, Evins, MD Ordering mode: Standard
Frequency: STAT Once 11/22/23 1700 - 1 occurrence Class: Normal
Acknowledged: Mosley, Natasha A, RN 11/22/23 1845 for Placing Order
Admin instructions: Reconstitute each vial with 10mL of 0.9% sodium chloride injection.
Concentration=4mg/mL.
Administer IV over a period of at least 2 minutes.
Package: 0781-3232-94

lactated ringers infusion (Discontinued)

Electronically signed by: **Pavic, Boris, MD on 11/22/23 1813** Status: **Discontinued**
Ordering user: Pavic, Boris, MD 11/22/23 1813 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Botelho, Alyssa Adachi, MD Ordering mode: Standard
Frequency: Routine Continuous 11/22/23 1815 - 54 hours Class: Normal
Discontinued by: Diaz, Andrea Estefania, MD 11/25/23 2135
Acknowledged: Mosley, Natasha A, RN 11/22/23 1845 for Placing Order Logrono, April Kathlyn Kathlyn, RN 11/22/23 2333 for Modifying Order Azami, Nora, RN 11/23/23 1634 for Modifying Order Azami, Nora, RN 11/23/23 1654 for Modifying Order Mittler, Morgan, RN 11/24/23 1104 for Modifying Order Burke, Ashley P, RN 11/25/23 2141 for D/C Order
Package: 0338-0117-04
Status
Botelho, Alyssa Adachi, MD 11/22/23 2254 (End: Until discontinued to 11/24/23 2135)
Botelho, Alyssa Adachi, MD 11/23/23 1541 (Rate: 75 mL/hr to 50 mL/hr)
Diaz, Andrea Estefania, MD 11/23/23 1646 (Rate: 50 mL/hr to 75 mL/hr)
Botelho, Alyssa Adachi, MD 11/24/23 1104 (End: 11/24/23 2135 to 11/25/23 2135)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
11/25/23 2135	Diaz, Andrea Estefania, MD	Diaz, Andrea Estefania, MD	Diaz, Andrea Estefania, MD
11/24/23 1104	Botelho, Alyssa Adachi, MD	Botelho, Alyssa Adachi, MD	Botelho, Alyssa Adachi, MD
11/23/23 1646	Diaz, Andrea Estefania, MD	Diaz, Andrea Estefania, MD	Diaz, Andrea Estefania, MD
11/22/23 2254	Botelho, Alyssa Adachi, MD	Botelho, Alyssa Adachi, MD	Botelho, Alyssa Adachi, MD
11/22/23 1813	Pavic, Boris, MD	Pavic, Boris, MD	Pavic, Boris, MD

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 2 of 3) (continued)

iohexol (Omnipaque) 350 MG/ML contrast 80 mL (Completed)

Electronically signed by: **Pajtas, Sharilee A, RT on 11/22/23 1831** Status: **Completed**
Ordering user: Pajtas, Sharilee A, RT 11/22/23 1831 Ordering provider: Zvonar, Ivan, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Per protocol: no cosign required
PRN reasons: procedure
Frequency: Routine Once PRN 11/22/23 1829 - 1 occurrence Class: Normal
Acknowledged: Mosley, Natasha A, RN 11/22/23 1845 for Placing Order
Package: 0407-1414-91

lidocaine (Lidoderm) 4 % per patch 1 patch (Discontinued)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/22/23 2038** Status: **Discontinued**
Ordering user: Botelho, Alyssa Adachi, MD 11/22/23 2038 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Botelho, Alyssa Adachi, MD Ordering mode: Standard
Frequency: Routine q24h 11/22/23 2040 - 11/28/23 1716 Class: Normal
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order
Admin instructions: Apply to R knee for pain PRN. Remove after 12 hours (max 12 hrs per 24 hrs)
Package: 41167-05840

enoxaparin (Lovenox) injection 40 mg (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
Frequency: Routine q HS 11/22/23 2116 - 11/22/23 2059 Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2045 Discontinued by: Diaz, Andrea Estefania, MD 11/22/23 2059
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order Logrono, April Kathlyn Kathlyn, RN 11/22/23 2108 for D/C Order
Admin instructions: For usual risk VTE prophylaxis.
Inject subcutaneously ONLY in abdomen.
Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
11/22/23 2059	Diaz, Andrea Estefania, MD	Diaz, Andrea Estefania, MD	Diaz, Andrea Estefania, MD
11/22/23 2045	Nguyen, Liem Hieu, MD	Nguyen, Liem Hieu, MD	Logrono, April Kathlyn Kathlyn, RN
11/22/23 1625	Nguyen, Liem Hieu, MD	Nguyen, Liem Hieu, MD	Nguyen, Liem Hieu, MD

acetaminophen (Tylenol) tablet 650 mg (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain fever
Frequency: Routine q4h PRN 11/22/23 2045 - 11/28/23 1716 Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2045 Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen or fever.
Package: 50580-458-11

multivitamin with minerals tablet 1 tablet (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
Frequency: Routine Daily 11/23/23 0900 - 11/28/23 1716 Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2045 Discontinued by: Discharge Provider, Automatic 11/28/23 1716

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 2 of 3) (continued)

[Patient discharge]
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order
Package: 0904-5492-61

senna (Senokot) tablet 17.2 mg (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine BID PRN 11/22/23 2045 - 11/28/23 1716 Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2045 Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order
Admin instructions: Give if no BM x 24 hrs.
Package: 0904-7252-61

bisacodyl (Dulcolax) rectal suppository 10 mg (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
PRN reasons: constipation
PRN Comment: constipation
Frequency: Routine Daily PRN 11/22/23 2045 - 11/28/23 1716 Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2045 Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order
Admin instructions: Give if unable to tolerate PO meds and senna ineffective (or not ordered).
Package: 0574-7050-50

ondansetron (Zofran) tablet 4 mg (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
PRN reasons: nausea/vomiting
Frequency: Routine q8h PRN 11/22/23 2045 - 11/28/23 1716 Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2045 Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order
Admin instructions: If ineffective in 30 min use metoclopramide or prochlorperazine in addition (if ordered).
Package: 51079-524-20

ondansetron (Zofran) injection 4 mg (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
PRN reasons: nausea/vomiting
Frequency: Routine q8h PRN 11/22/23 2045 - 11/28/23 1716 Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2045 Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order
Admin instructions: Give if unable to tolerate PO meds. If ineffective in 30 min use metoclopramide or prochlorperazine in addition (if ordered).
Package: 0641-6078-25

atorvastatin (Lipitor) tablet 10 mg (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
Frequency: Routine Daily 11/23/23 0900 - 11/28/23 1716 Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 2 of 3) (continued)

Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order
Package: 0904-6290-61
Reordered from: atorvastatin 10 MG tablet

calcium carbonate (Tums) chewable tablet 1,000 mg (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
PRN reasons: indigestion/heartburn
Frequency: Routine TID PRN 11/22/23 2046 - 11/28/23 1716 Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order
Admin instructions: Give with or following meal(s) to enhance absorption.
Calcium carbonate 500 mg = 200 mg elemental calcium. Avoid concurrent iron preparations.
Package: 66553-004-01
Reordered from: Calcium Carbonate 500 MG Oral Chew Tab

cholecalciferol (Vitamin D-3) tablet 2,000 units (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
Frequency: Routine Daily 11/23/23 0900 - 11/28/23 1716 Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order
Package: 80681-16801
Reordered from: Cholecalciferol 1000 units Oral Tab

nystatin (Mycostatin) suspension 5 mL (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
Frequency: Routine QID 11/23/23 - 11/28/23 1716 Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order
Admin instructions: Hold in mouth 3 to 5 minutes prior to swallowing
Shake well.
Package: 0904-7276-41
Reordered from: nystatin 100000 UNIT/ML mouth/throat suspension

pentoxifylline ER (TRENtal) ER tablet 400 mg (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
Frequency: Routine Daily 11/23/23 0900 - 11/27/23 1223 Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 Discontinued by: Botelho, Alyssa Adachi, MD 11/27/23 1223
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order Tornow, Olivia, RN 11/27/23 1230 for D/C Order
Admin instructions: Give with food.
Do not crush, chew, or split.
Package: 60505-0033-6
Status
Masket, Jac, PharmD 11/22/23 2152 (Start: 11/22/23 2200 to 11/23/23 0900)
Reordered from: pentoxifylline ER 400 MG ER tablet

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
11/27/23 1223	Botelho, Alyssa Adachi, MD	Botelho, Alyssa Adachi, MD	Botelho, Alyssa Adachi, MD
11/22/23 2046	Nguyen, Liem Hieu, MD	Nguyen, Liem Hieu, MD	Logrono, April Kathlyn Kathlyn, RN

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 2 of 3) (continued)

11/22/23 1625	Nguyen, Liem Hieu, MD	Nguyen, Liem Hieu, MD	Nguyen, Liem Hieu, MD

timolol maleate (Timoptic) 0.5 % ophthalmic solution 1 drop (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
Frequency: Routine BID 11/22/23 2117 - 11/28/23 1716 Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order
Package: 17478-288-10
Reordered from: timolol maleate 0.5 % ophthalmic solution

triamcinolone (Kenalog) 0.1 % topical cream (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
Frequency: Routine BID 11/22/23 2117 - 11/28/23 1716 Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order
Admin instructions: Apply to both forearms.
Package: 0168-0004-15
Reordered from: triamcinolone 0.1 % cream

azithromycin (Zithromax) tablet 500 mg (Completed)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Completed**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
Frequency: Routine Daily 11/23/23 0900 - 2 days Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order

Questionnaire

Question	Answer
Suspected Source of Infection	Pulmonary/ENT Infection

Package: 59762-2198-7

pantoprazole (Protonix) injection 40 mg (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1644** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1644 Ordering provider: Joshi, Ishani Satish, MD
Authorized by: Joshi, Ishani Satish, MD Ordering mode: Standard
Frequency: Routine BID 11/22/23 2117 - 11/28/23 1010 Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 Discontinued by: Botelho, Alyssa Adachi, MD 11/28/23 1010
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2046 for Placing Order Logrono, April Kathlyn Kathlyn, RN 11/22/23 2132 for Modifying Order Tornow, Olivia, RN 11/28/23 1014 for D/C Order
Admin instructions: Reconstitute each vial with 10mL of 0.9% sodium chloride injection.
Concentration=4mg/mL.
Administer IV over a period of at least 2 minutes.
Package: 0008-0941-03

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
11/28/23 1010	Botelho, Alyssa Adachi, MD	Botelho, Alyssa Adachi, MD	Botelho, Alyssa Adachi, MD
11/22/23 2129	Joshi, Ishani Satish, MD	Joshi, Ishani Satish, MD	Joshi, Ishani Satish, MD
11/22/23 2046	Nguyen, Liem Hieu, MD	Nguyen, Liem Hieu, MD	Logrono, April Kathlyn Kathlyn, RN
11/22/23 1644	Nguyen, Liem Hieu, MD	Nguyen, Liem Hieu, MD	Nguyen, Liem Hieu, MD

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 2 of 3) (continued)

cefTRIAXone (Rocephin) 1 g in Iso-Osmotic (dextrose 3.8%) 50 mL IVPB (premix) (Completed)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Completed**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
Frequency: STAT q24h 11/23/23 1500 - 4 days Class: Normal
Released by: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2133
Acknowledged: Logrono, April Kathlyn Kathlyn, RN 11/22/23 2133 for Placing Order

Questionnaire

Question	Answer
Suspected Source of Infection	Pulmonary/ENT Infection

Package: 0338-5002-41
Status
Masket, Jac, PharmD 11/22/23 2134 (Start: 11/23/23 0600 to 11/23/23 1500, End: 11/27/23 0559 to 11/26/23 1620)

pill crusher ADS Override Pull (Expired)

Electronically signed by: **Interface, Ads Dispense In on 11/23/23 0913** Status: **Expired**
Ordering user: Interface, Ads Dispense In 11/23/23 0913 Ordering mode: Standard
Frequency: 11/23/23 0913 - 1 occurrence
Admin instructions: Aamot, Allison: cabinet override
Medication comments: Aamot, Allison: cabinet override

bisacodyl (Dulcolax) rectal suppository 10 mg (Completed)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1057** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1057 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Botelho, Alyssa Adachi, MD Ordering mode: Standard
Frequency: Routine Once 11/23/23 1128 - 1 occurrence Class: Normal
Acknowledged: Aamot, Allison X, RN 11/23/23 1116 for Placing Order
Package: 0574-7050-12

mineral oil (Fleet) enema 1 bottle (Completed)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 1057** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 1057 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Botelho, Alyssa Adachi, MD Ordering mode: Standard
Frequency: Routine Once 11/23/23 1128 - 1 occurrence Class: Normal
Acknowledged: Aamot, Allison X, RN 11/23/23 1116 for Placing Order
Package: 53329-013-11

sodium ferric gluconate complex (Ferrlecit) 250 mg in sodium chloride 0.9 % 120 mL IVPB (Completed)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/24/23 1045** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/24/23 1045 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Botelho, Alyssa Adachi, MD Ordering mode: Standard
Frequency: Routine Daily 11/24/23 1116 - 3 occurrences Class: Normal
Released by: Botelho, Alyssa Adachi, MD 11/24/23 1045
Acknowledged: Mittler, Morgan, RN 11/24/23 1104 for Placing Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
sodium ferric gluconate complex (Ferrlecit)	250 mg	250 mg
sodium chloride 0.9 %	100 mL	100 mL

Medication comments: Automatic substitution for Iron Sucrose per P&T (1:1 for doses up to 500mg).
Package: 0143-9570-01, 0338-0049-38

lactated ringers IV Bolus 500 mL (Completed)

Electronically signed by: **Diaz, Andrea Estefania, MD on 11/25/23 2135** Status: **Completed**
Ordering user: Diaz, Andrea Estefania, MD 11/25/23 2135 Ordering provider: Diaz, Andrea Estefania, MD
Authorized by: Diaz, Andrea Estefania, MD Ordering mode: Standard
Frequency: Routine Once 11/25/23 2206 - 1 occurrence Class: Normal
Acknowledged: Burke, Ashley P, RN 11/25/23 2141 for Placing Order
Package: 0338-0117-04

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 2 of 3) (continued)

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Completed)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/26/23 1239** Status: **Completed**
Ordering user: Botelho, Alyssa Adachi, MD 11/26/23 1239 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Botelho, Alyssa Adachi, MD Ordering mode: Standard
Frequency: Routine Once 11/26/23 1310 - 1 occurrence Class: Normal
Acknowledged: Lee, Grace Los Banos, RN 11/26/23 1433 for Placing Order
Admin instructions: (2 grams = 16 mEq)
Package: 63323-106-02

polyethylene glycol 3350 (Miralax) packet 17 g (Discontinued)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/27/23 0715** Status: **Discontinued**
Ordering user: Botelho, Alyssa Adachi, MD 11/27/23 0715 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Botelho, Alyssa Adachi, MD Ordering mode: Standard
Frequency: Routine BID 11/27/23 0900 - 11/28/23 1716 Class: Normal
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]
Acknowledged: Tornow, Olivia, RN 11/27/23 0718 for Placing Order
Admin instructions: Dilute each 17g packet in 240 ml of fluid (water or juice).
Package: 0904-6931-86

senna (Senokot) tablet 17.2 mg (Discontinued)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/27/23 0715** Status: **Discontinued**
Ordering user: Botelho, Alyssa Adachi, MD 11/27/23 0715 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Botelho, Alyssa Adachi, MD Ordering mode: Standard
Frequency: Routine Daily 11/27/23 0900 - 11/28/23 1716 Class: Normal
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]
Acknowledged: Tornow, Olivia, RN 11/27/23 0718 for Placing Order
Admin instructions: Administer after miralax if pt has not had 1 BM per day
Package: 0904-7252-61

pentoxifylline ER 400 MG ER tablet (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/27/23 0831** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/27/23 0831 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
Frequency: Routine Daily 11/27/23 - 11/27/23 Class: Normal
Discontinued by: Nguyen, Liem Hieu, MD 11/27/23 1353
Admin instructions: Take with food.
Package: 60505-0033-6
Reordered from: pentoxifylline ER (TRENtal) ER tablet 400 mg

pantoprazole 40 MG EC tablet (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/27/23 0831** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/27/23 0831 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
Frequency: Routine BID before meals 11/27/23 - 51 days Class: Normal
Discontinued by: Navalurkar, Reema, MD 08/20/24 1119 [Med list cleanup] Package: 65862-560-90
Status
Powell, Hanieyien B, Pharmacy Technician 11/28/23 1000 (End: 01/17/24 0000 to 08/20/24 0000)

bisacodyl 10 MG suppository (Expired)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/27/23 0831** Status: **Expired**
Ordering user: Nguyen, Liem Hieu, MD 11/27/23 0831 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
PRN reasons: constipation
PRN Comment: constipation
Frequency: Routine Daily PRN 11/27/23 - 7 days Class: Normal
Package: 0574-7050-12
Reordered from: bisacodyl (Dulcolax) rectal suppository 10 mg

senna 8.6 MG tablet (Expired)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 2 of 3) (continued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/27/23 0831** Status: **Expired**
Ordering user: Nguyen, Liem Hieu, MD 11/27/23 0831 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine Daily PRN 11/27/23 - 30 days Class: Normal
Package: 49483-080-10
Reordered from: senna (Senokot) tablet 17.2 mg

polyethylene glycol 3350 17 GM/SCOOP oral powder (Expired)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/27/23 0831** Status: **Expired**
Ordering user: Nguyen, Liem Hieu, MD 11/27/23 0831 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine Daily PRN 11/27/23 - 30 days Class: Normal
Package: 45802-868-02
Status
Linton, Travis A, Pharmacy Technician 11/27/23 0835 (Admin Instructions edited)
Reordered from: polyethylene glycol 3350 (Miralax) packet 17 g

pentoxifylline ER (TRENtal) ER tablet 400 mg (Discontinued)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/27/23 1223** Status: **Discontinued**
Ordering user: Botelho, Alyssa Adachi, MD 11/27/23 1223 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Botelho, Alyssa Adachi, MD Ordering mode: Standard
Frequency: Routine TID 11/27/23 1400 - 11/28/23 1716 Class: Normal
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]
Acknowledged: Tornow, Olivia, RN 11/27/23 1230 for Placing Order
Admin instructions: Give with food.
Do not crush, chew, or split.
Package: 60505-0033-6
Modified from: pentoxifylline ER (TRENtal) ER tablet 400 mg

pentoxifylline ER 400 MG ER tablet (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/27/23 1353** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/27/23 1353 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Nguyen, Liem Hieu, MD Ordering mode: Standard
Frequency: Routine TID 11/27/23 - 01/22/24 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 01/22/24 0946
Admin instructions: Take with food.
Package: 60505-0033-6
Reordered from: pentoxifylline ER (TRENtal) ER tablet 400 mg

pantoprazole (Protonix) EC tablet 40 mg (Discontinued)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/28/23 1010** Status: **Discontinued**
Ordering user: Botelho, Alyssa Adachi, MD 11/28/23 1010 Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Botelho, Alyssa Adachi, MD Ordering mode: Standard
Frequency: Routine BID before meals 11/28/23 1600 - 11/28/23 1716 Class: Normal
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient discharge]
Acknowledged: Tornow, Olivia, RN 11/28/23 1014 for Placing Order
Admin instructions: Do not crush, chew, or split.
Package: 66993-068-80

Nourishments

Dietary Nutrition Supplement UWMC ML INPATIENT; Ensure High Protein (carbohydrate managed) (Discontinued)

Electronically signed by: **Stein, Lisa, RD on 11/24/23 1125** Status: **Discontinued**
Ordering user: Stein, Lisa, RD 11/24/23 1125 Ordering provider: Stein, Lisa, RD
Authorized by: Rosse, Christopher John, DO Ordering mode: Per protocol: no cosign required
Frequency: Routine TID at snack times 11/24/23 1400 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Stein, Lisa, RD (auto-released) 11/24/2023

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 2 of 3) (continued)

11:25 AM

Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Supplement	Ensure High Protein (carbohydrate managed)
Dietitian AUTHORIZED to change?	Yes

Nursing

Intake and Output (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Standard
Frequency: Routine q shift 11/22/23 2046 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Notify Provider for the Following Vital Signs (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Standard
Frequency: Routine Until discontinued 11/22/23 2046 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Questionnaire

Question	Answer
Temperature greater than	38.3
Systolic blood pressure greater than	170
Systolic blood pressure less than	90
Diastolic blood pressure greater than	110
Diastolic blood pressure less than	60
Heart rate greater than	125
Heart rate less than	55
Respiratory rate greater than	25
Respiratory rate less than	12
SpO2 less than	92

Initiate Sepsis Order Set (If/Then, RN to Order) (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Standard
Frequency: Routine Until discontinued 11/22/23 2046 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]
Order comments: - If pt meets SIRS > = 2 AND concern for new or worsening infection, RN to: 1) Complete Sepsis screen, 2) Notify Primary Provider, 3) Initiate SOS Sepsis Order Set. - SIRS Criteria: HR > 90, RR > 20, T < 36 or > 38, WBC < 4000 or > 12000.

If Pt Smoker / Tobacco User, Initiate NRT (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625 Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD Ordering mode: Standard

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 2 of 3) (continued)

Frequency: Routine Once 11/22/23 2046 - 1 occurrence
Quantity: 1
Class: Hospital Performed
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

REF LINK: Algorithm for PRN Bowel Medications for Inpatients (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625**
Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625
Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine Reference Link 11/22/23 2046 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

REF LINK: Algorithm for PRN Antiemetic Medications for Inpatients with Nausea/Vomiting (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625**
Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625
Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine Reference Link 11/22/23 2046 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Vital Signs (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625**
Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625
Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine q4h 11/23/23 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM
Discontinued by: Rosse, Christopher John, DO 11/23/23 1130

Telemetry Monitoring Indication: Other; Specify: Intermittent bradycardia; May remove telemetry monitor for transport, procedures, showering/bathing (Discontinued)

Electronically signed by: **Joshi, Ishani Satish, MD on 11/22/23 2345**
Status: **Discontinued**
Ordering user: Joshi, Ishani Satish, MD 11/22/23 2345
Ordering provider: Joshi, Ishani Satish, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Until discontinued 11/22/23 2346 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Joshi, Ishani Satish, MD (auto-released) 11/22/2023 11:45 PM
Discontinued by: Botelho, Alyssa Adachi, MD 11/23/23 0917

Questionnaire

Question	Answer
Indication:	Other
Specify:	Intermittent bradycardia
Monitor status:	May remove telemetry monitor for transport, procedures, showering/bathing

Weigh Patient (Discontinued)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 0539**
Status: **Discontinued**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 0539
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Daily 11/23/23 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/23/2023 5:39 AM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 2 of 3) (continued)

Vital Signs (Discontinued)

Electronically signed by: **Rosse, Christopher John, DO on 11/23/23 1130** Status: **Discontinued**
Ordering user: Rosse, Christopher John, DO 11/23/23 1130
Ordering provider: Rosse, Christopher John, DO
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine q8h 11/23/23 1600 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Rosse, Christopher John, DO (auto-released) 11/23/2023 11:30 AM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Weigh Patient (Discontinued)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 0539** Status: **Discontinued**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 0539
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Daily 11/23/23 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/24/2023 12:30 AM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Diet - Document Percentage of Meals Consumed (Discontinued)

Electronically signed by: **Stein, Lisa, RD on 11/24/23 1125** Status: **Discontinued**
Ordering user: Stein, Lisa, RD 11/24/23 1125
Ordering provider: Stein, Lisa, RD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Per protocol: no cosign required
Frequency: Routine Until discontinued 11/24/23 1125 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Stein, Lisa, RD (auto-released) 11/24/2023 11:25 AM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Diet - 1:1 Feedings (Discontinued)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/24/23 1214** Status: **Discontinued**
Ordering user: Botelho, Alyssa Adachi, MD 11/24/23 1214
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Until discontinued 11/24/23 1214 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/24/2023 12:14 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Weigh Patient (Discontinued)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 0539** Status: **Discontinued**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 0539
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Daily 11/23/23 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/25/2023 12:30 AM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Activity: Mobilize 3 times per day NO restrictions (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/25/23 1448** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/25/23 1448
Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Until discontinued 11/25/23 1448 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Nguyen, Liem Hieu, MD (auto-released) 11/25/2023 2:48 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Questionnaire

Question	Answer
Activity Level:	Mobilize 3 times per day NO restrictions

Order comments: Per OT and PT

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 2 of 3) (continued)

Weigh Patient (Discontinued)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 0539** Status: **Discontinued**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 0539
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Daily 11/23/23 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/26/2023 12:30 AM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Weigh Patient (Discontinued)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 0539** Status: **Discontinued**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 0539
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Daily 11/23/23 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/27/2023 12:30 AM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Weigh Patient (Discontinued)

Electronically signed by: **Botelho, Alyssa Adachi, MD on 11/23/23 0539** Status: **Discontinued**
Ordering user: Botelho, Alyssa Adachi, MD 11/23/23 0539
Ordering provider: Botelho, Alyssa Adachi, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine Daily 11/23/23 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Botelho, Alyssa Adachi, MD (auto-released) 11/28/2023 12:30 AM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Wound Care (Discontinued)

Electronically signed by: **McManigal, LuQi, RN on 11/28/23 1215** Status: **Discontinued**
Ordering user: McManigal, LuQi, RN 11/28/23 1215
Ordering provider: McManigal, LuQi, RN
Authorized by: Rosse, Christopher John, DO
Ordering mode: Per protocol: no cosign required
Frequency: Routine q3 days 11/28/23 1215 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: McManigal, LuQi, RN (auto-released) 11/28/2023 12:15 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Questionnaire

Question	Answer
Dressing Type:	Cavilon no sting skin prep, Aquacel sheet, Mepilex border

Order comments: 1. Cleanse with normal saline and pat dry. This step can be done in the shower, washing LLE with gentle soap and rinse with clean running warm water, pat dry. 2. Apply Cavilon No Sting Skin Barrier to immediate periwound skin and allow to dry completely. This will protect periwound skin from any drainage. 3. Cut pieces of a dry Aquacel Sheet (MM# 105650) to size and cover deep wound bed. Apply several drops of NS onto dry Aquacel Sheet. It will turn clear once it is moist. This will wick exudate from the wound, provide a moist wound healing environment, and will aid in autolytic debridement. 4. Cover the wound with two 6"x6" and two 3"x3" Mepilex border dressing (MM# 114579/139547). This will provide a moist wound healing environment and absorb exudate from the wound. 5. Change every three days and PRN saturation, rolling, or soiling. 6. Optimize nutrition and hydration for healing. 7. Optimize glycemic control. 8. Off loading pressure and floating heels with pillows while in the bed. 9. Recommend to continue f/u with OP wound clinic for ongoing wound assessment and management after DC home. Extra wound change supplies given. Wound supplies prescription and supplier company list in chart for MD signature and will give it to pt by primary RN to arrange future wound supplies ordering

OT

Inpatient Consult to Occupational Therapy (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625
Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine Until therapy completed 11/22/23 2046 - 1 occurrence
Class: Normal
Quantity: 1
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 2 of 3) (continued)

released) 11/22/2023 8:45 PM

Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult	Other
Please Specify:	Evaluation and Treatment

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 3 of 3)

Precaution

Fall Precautions (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625
Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 11/22/23 2046 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Aspiration Precautions (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625
Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 11/22/23 2046 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

PT

Inpatient Consult to Physical Therapy (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625
Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine Until therapy completed 11/22/23 2046 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult	Other
Please specify:	Evaluation and Treatment

Referral

Referral to Home Health Services (Discontinued)

Electronically signed by: **Rosse, Christopher John, DO on 11/27/23 0932** Status: **Discontinued**
Ordering user: Rosse, Christopher John, DO 11/27/23 0932
Ordering provider: Rosse, Christopher John, DO
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine 11/27/23 -
Class: External Referral
Quantity: 1
Discontinued by: Uw User, Batch Scheduler 11/28/24 0133 [Order Expired]

Diagnoses
Pneumonia of right middle lobe due to infectious organism [J18.9]
Adult failure to thrive syndrome [R62.7]
Imbalance [R26.89]
Community acquired bacterial pneumonia [J15.9]
Scheduling instructions

Order comments: Clinical information: 98 year old year old female with (J18.9) Pneumonia of right middle lobe due to infectious organism (primary encounter diagnosis) Primary Services Requested to Evaluate and Treat: Physical Therapy Ancillary Services Requested to Evaluate and Treat (only allowed if Nursing, PT, or ST are ordered): OT

Referral Details

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 3 of 3) (continued)

Referred By		Referred To	Type	Priority
Rosse, Christopher John, DO 325 9th Ave Mailstop 359780 Seattle WA 98104-9780 Phone: 206-744-3000 Fax: 206-744-0654	Diagnoses: Pneumonia of right middle lobe due to infectious organism Adult failure to thrive syndrome Imbalance Community acquired bacterial pneumonia		Specialty Visit	Routine

Comment: Clinical information:
98 year old year old female with (J18.9) Pneumonia of right middle lobe due to infectious organism (primary encounter diagnosis)

Primary Services Requested to Evaluate and Treat:
Physical Therapy

Ancillary Services Requested to Evaluate and Treat (only allowed if Nursing, PT, or ST are ordered):
OT

Indications

Pneumonia of right middle lobe due to infectious organism [J18.9 (ICD-10-CM)]
Adult failure to thrive syndrome [R62.7 (ICD-10-CM)]
Imbalance [R26.89 (ICD-10-CM)]
Community acquired bacterial pneumonia [J15.9 (ICD-10-CM)]

Respiratory Care

Oxygen Therapy Nasal Cannula; Oxygen 2 L/min; Keep SpO2 >= 92% (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625
Authorized by: Zvonar, Ivan, MD
Frequency: Routine Continuous 11/22/23 2046 - Until Specified
Quantity: 1
Ordering provider: Nguyen, Liem Hieu, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Questionnaire

Question	Answer
Oxygen Delivery Route	Nasal Cannula
Initial Oxygen Amount	Oxygen 2 L/min
Titrate Oxygen	Keep SpO2 >= 92%

SLP

Inpatient Consult to Speech Language Pathology (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/22/23 1625** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/22/23 1625
Authorized by: Zvonar, Ivan, MD
Frequency: Routine Until therapy completed 11/22/23 2046 - 1 occurrence
Quantity: 1
Ordering provider: Nguyen, Liem Hieu, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Logrono, April Kathlyn Kathlyn, RN (auto-released) 11/22/2023 8:45 PM
Discontinued by: Discharge Provider, Automatic 11/28/23 1716 [Patient Discharge]

Questionnaire

Question	Answer
Hospital	UWMC NW INPATIENT
Reason for Consult	Swallow evaluation and treat

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Other Orders (group 3 of 3) (continued)

Supplies

Ambulatory Assistive Device (Discontinued)

Electronically signed by: **Nguyen, Liem Hieu, MD on 11/27/23 1352** Status: **Discontinued**
Ordering user: Nguyen, Liem Hieu, MD 11/27/23 1352
Ordering provider: Nguyen, Liem Hieu, MD
Authorized by: Rosse, Christopher John, DO
Ordering mode: Standard
Frequency: Routine 11/27/23 -
Class: Normal
Quantity: 1
Released by: Nguyen, Liem Hieu, MD 11/27/23 1352
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Diagnoses
Difficulty walking [R26.2]

Questionnaire

Question	Answer
Length of Need	Greater than 6 months
Type	Front-Wheeled Walker

Order comments: Justification for Ambulatory Assistive Device Diagnosis: R26.2 difficulty with ambulation, R29.6 high risk for falls, R26.81 impaired balance, and M62.81 generalized weakness Length of Need: >6 Months Assistive Device: This pt requires a FWW for safe ambulation and transfers within their home. Without this device they are at risk for falls and injury. They have demonstrated safe use of this device during this or previous PT sessions and no lesser restrictive device can sufficiently resolve their mobility issues. Ht 5' 0" (1.524 m) Wt 88 lb 2.9 oz (40 kg)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
11/27/23 1352	Nguyen, Liem Hieu, MD	Rosse, Christopher John, DO	Nguyen, Liem Hieu, MD
11/27/23 1343	Rosse, Christopher John, DO	Rosse, Christopher John, DO	Pozorski III, Donald, Technologist

Indications

Difficulty walking [R26.2 (ICD-10-CM)]

Transfer

ED to floor bed request (Completed)

Electronically signed by: **Clauther, Evins, MD on 11/22/23 1533** Status: **Completed**
Ordering user: Clauther, Evins, MD 11/22/23 1533
Ordering provider: Clauther, Evins, MD
Authorized by: Zvonar, Ivan, MD
Ordering mode: Standard
Frequency: Routine Once 11/22/23 1533 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Clauther, Evins, MD (auto-released) 11/22/2023 3:33 PM

Updates

Level of care: Acute Care
Service: MEDICINE B GEN ADULT

Flowsheets

Abuse Indicators

Row Name	11/22/23 1104
Have there been threats or direct abuse of you or your children?	Unable to assess
Is someone forcing you to have sex?	Unable to assess
Is anyone keeping you from your family?	Unable to assess

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Unable to assess? Indicate reason:	Privacy concern

Acuity/Destination

Row Name	11/22/23 1105
Patient Acuity	Urgent
Triage Complete	Triage complete

Arrival Documentation

Row Name	11/22/23 1100
Triage Start	Start
IV Properties	Placement Date: 11/22/23 Placement Time: 1305 Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 20 G Orientation: Anterior;Right Location: Forearm Earliest Known Removed: 11/24/23

Basic Assessment

Row Name	11/22/23 1310
Neuro (WDL)	Within Defined Limits
Neuro Pertinent Negatives	Alert and oriented x 4;Speech clear
Best Eye Response	Spontaneous
Best Verbal Response	Oriented
Best Motor Response	Follows commands
Glasgow Coma Scale Score	15
HEENT (WDL)	Exceptions to WDL
R Ear	Moderate hearing loss
L Ear	Moderate hearing loss
Respiratory (WDL)	Within Defined Limits
Cardiac (WDL)	Within Defined Limits
Peripheral Vascular (WDL)	Exceptions to WDL
Pulses	L dorsalis pedis
L Dorsalis Pedis Pulse	Doppler
Integumentary (WDL)	Exceptions to WDL
Skin Integrity	Other (Comment)
Musculoskeletal (WDL)	Exceptions to WDL
RUE	Limited movement
Gastrointestinal (WDL)	Within Defined Limits
Genitourinary (WDL)	Exceptions to WDL
Urinary Incontinence	Yes
Psychosocial	Within Defined

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

(WDL) Limits

Basic Assessment

Row Name	11/28/23 0815	11/27/23 2110	11/27/23 0820	11/26/23 2030	11/26/23 1700
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Orientation Level	—	—	—	Oriented X4	—
Cognition	—	—	—	Follows commands;Poor safety awareness	—
Speech	Delayed responses	Delayed responses	Delayed responses	Delayed responses	—
Hand Grasp/Motor Function/Sensation Assessment	Sensation	Sensation	Sensation	—	—
RLE Sensation	Numbness	Numbness	Numbness	—	—
LLE Sensation	Numbness	Numbness	Numbness	—	—
Neuro Symptoms	—	Forgetful	Forgetful	Forgetful;Other (Comment)	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
R Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	—
L Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	—
R Ear	Hearing aid;Moderate hearing loss	Hearing aid;Moderate hearing loss	Hearing aid;Moderate hearing loss	Hearing aid;Moderate hearing loss	—
L Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	—
Teeth	Dentures upper;Dentures lower	Dentures upper;Dentures lower	Dentures upper;Dentures lower	Dentures upper;Dentures lower	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Respiratory Pattern	—	—	—	Normal	—
Respiratory Effort	—	—	—	Unlabored	—
Dyspnea Occurrence	With exertion	—	With exertion	—	—
Bilateral Breath Sounds	Diminished	Diminished	Diminished	Clear;Diminished	—
Cardiac (WDL)	Within Defined Limits	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Telemetry/Cardiac Monitor	—	—	—	No	—
Peripheral Vascular (WDL)	Within Defined Limits	Within Defined Limits	Within Defined Limits	Within Defined Limits	Exceptions to WDL
RLE Edema	—	—	—	Mild	—
LLE Edema	—	—	—	Mild	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Condition/Temp	Cool;Dry;Flaky	Cool;Dry;Flaky	Cool;Dry;Flaky	—	—
Skin Integrity	Bruising;Redness	Bruising;Redness	Bruising;Redness	Redness;Other (Comment)	—
Bruising Location	BUE	—	BUE	—	—
Redness Location	BLE	—	BLE	sacrum	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Weakness	Weakness	Weakness	Full	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

				movement;Swelling; Weakness	
LUE	Weakness	Weakness	Weakness	Limited movement;Weakness	—
RLE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Swelling; Injury/trauma;Other (Comment)	—
LLE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	—
Gastrointestinal (WDL)	Within Defined Limits	Within Defined Limits	Within Defined Limits	Exceptions to WDL	Within Defined Limits
GI Symptoms	—	—	—	Constipation	—
Last BM Date	11/27/23	—	—	—	11/25/23
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Genitourinary Symptoms	—	—	—	Other (Comment)	—
Psychosocial (WDL)	Within Defined Limits	Within Defined Limits	Within Defined Limits	Within Defined Limits	Exceptions to WDL
Patient Behaviors/Mood	—	—	—	—	Irritable
Charting Type	Shift assessment	—	Shift assessment	Shift assessment	Shift assessment
Row Name	**11/26/23 0900**	**11/25/23 2032**	**11/25/23 0915**	**11/25/23 0000**	**11/24/23 1540**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Orientation Level	Oriented X4	Oriented X4	Oriented X4	—	—
Cognition	Follows commands;Poor safety awareness	Poor judgement;Poor safety awareness;Appropriate for developmental age;Follows commands	Poor judgement;Poor safety awareness;Appropriate for developmental age;Follows commands	—	—
Speech	Delayed responses	Delayed responses	Delayed responses	—	—
Swallow	Difficulty swallowing	Difficulty swallowing	—	—	Difficulty swallowing
Neuro Symptoms	Forgetful;Other (Comment)	Irritable;Tremors	Irritable;Tremors	—	—
Best Eye Response	Spontaneous	Spontaneous	—	—	—
Best Verbal Response	Oriented	Oriented	—	—	—
Best Motor Response	Follows commands	Follows commands	—	—	—
Glasgow Coma Scale Score	15	15	—	—	—
Tremor Location	—	Legs	Legs	—	—
Tremor Severity	—	Fine	Fine	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
R Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision
L Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision
R Ear	Hearing aid;Moderate hearing loss	Hearing aid	Hearing aid	Moderate hearing loss	Moderate hearing loss
L Ear	Moderate hearing loss	Hearing aid	Hearing aid	Moderate hearing loss	Moderate hearing loss
Throat	—	Coughs with swallowing	Coughs with swallowing	Coughs with swallowing	Coughs with swallowing

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Teeth	Dentures upper;Dentures lower	Dentures upper;Dentures lower	Dentures upper;Dentures lower	Dentures upper;Dentures lower	Dentures upper;Dentures lower
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	Normal	—	—
Respiratory Depth/Rhythm	Regular	Regular	Regular	—	—
Respiratory Effort	Unlabored	Unlabored	Unlabored	—	—
Dyspnea Occurrence	With exertion	With exertion	With exertion	—	—
Chest Assessment	—	Symmetrical	Symmetrical	—	—
Bilateral Breath Sounds	Clear;Diminished	Clear;Diminished	Clear;Diminished	Clear;Diminished	Clear;Diminished
R Breath Sounds	—	Diminished	Diminished	—	—
L Breath Sounds	—	Diminished	Diminished	—	—
Cough	—	Occasional;Dry	Occasional;Dry	—	—
Cardiac (WDL)	—	Exceptions to WDL	Within Defined Limits	Within Defined Limits	Within Defined Limits
Peripheral Vascular (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	—	None	None	—	—
Capillary Refill	—	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	—	—
Edema	—	Right upper extremity;Left lower extremity;Right lower extremity	Right upper extremity;Left lower extremity;Right lower extremity	Right upper extremity	Right upper extremity
RUE Edema	—	Moderate	Moderate	—	—
RLE Edema	—	Mild	Mild	—	—
LLE Edema	—	Mild	Mild	—	—
Integumentary (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	—	Appropriate for ethnicity	Appropriate for ethnicity	—	—
Skin Condition/Temp	—	Cool	Cool	—	—
Skin Integrity	—	Redness;Other (Comment)	Redness;Other (Comment)	Redness;Other (Comment);Abscess	Redness;Other (Comment);Abscess
Abscess Location	—	LLE	—	—	LLE
Musculoskeletal (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	—	Full movement;Swelling;Weakness	Full movement;Swelling;Weakness	Limited movement;Weakness	Limited movement;Weakness
LUE	—	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
RLE	—	Limited movement;Swelling;Injury/trauma;Other (Comment)	Limited movement;Swelling;Injury/trauma;Other (Comment)	Limited movement;Weakness	Limited movement;Weakness
LLE	—	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
Gastrointestinal (WDL)	—	Within Defined Limits	Within Defined Limits	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	—	Soft;Flat	Soft;Flat	—	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Bowel Sounds (All Quadrants)	—	Active	Active	Hypoactive	Hypoactive
Abdominal Tenderness	—	Soft	Soft	—	—
Passing Flatus	—	Yes	Yes	—	—
GI Symptoms	—	—	Loss of appetite	—	Loss of appetite
Last BM Date	—	11/25/23	11/25/23	—	—
Genitourinary (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Psychosocial (WDL)	—	Exceptions to WDL	Exceptions to WDL	Within Defined Limits	Within Defined Limits
Patient Behaviors/Mood	—	Cooperative	Irritable	—	—
Needs Expressed	—	—	Emotional;Physical	—	—
Psychosocial Additional Assessments	—	—	No	—	—
Ability to Express Feelings	—	—	Able to express	—	—
Ability to Express Needs	—	—	Able to express	—	—
Ability to Express Thoughts	—	—	Able to express	—	—
Charting Type	—	Shift assessment	Shift assessment	Shift assessment	Shift assessment
Nursing Annotation	—	—	Son at bedside assisting with ADLs	—	—

Row Name	**11/24/23 0955**	**11/23/23 2300**	**11/23/23 1914**	**11/23/23 0900**	**11/23/23 0021**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Orientation Level	—	Oriented to place;Oriented to situation;Oriented to person	—	Oriented to place;Oriented to situation;Oriented to person	—
Swallow	Difficulty swallowing	—	Chokes on solids	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
R Eye	Moderately impaired vision	Moderately impaired vision	Mildly impaired vision	Mildly impaired vision	—
L Eye	Moderately impaired vision	Moderately impaired vision	Mildly impaired vision	Mildly impaired vision	—
R Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss;Hearing aid	Moderate hearing loss;Hearing aid	—
L Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	—
Throat	—	Coughs with swallowing	—	Coughs with swallowing	—
Teeth	—	Dentures upper;Dentures lower	Dentures upper;Dentures lower	Dentures upper;Dentures lower	—
Respiratory (WDL)	Exceptions to WDL	Within Defined Limits	Exceptions to WDL	Exceptions to WDL	—
Bilateral Breath Sounds	—	Clear	—	—	—
R Breath Sounds	Diminished	—	—	—	—
L Breath Sounds	Diminished	—	—	—	—
Cough	—	Occasional	—	Occasional	—
Cardiac (WDL)	Within Defined Limits	Within Defined Limits	Within Defined Limits	Within Defined Limits	Exceptions to WDL
Heart Sounds	—	—	—	—	Distant
Head of Bed Elevated	—	—	—	—	—
Cardiac Symptoms	—	—	—	—	None

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Telemetry/Cardiac Monitor	—	—	—	—	Yes
Cardiac Rhythm	—	—	—	—	Sinus Bradycardia
Peripheral Vascular (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Pulses	—	—	R dorsalis pedis;L dorsalis pedis	—	—
R Dorsalis Pedis Pulse	—	—	Weak	—	—
L Dorsalis Pedis Pulse	—	—	Weak	—	—
Edema	Right upper extremity	—	—	—	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Skin Integrity	Redness;Other (Comment)	Abscess	Other (Comment)	—	—
Abscess Location	LLE	LLE	—	—	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
RUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	—
LUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	—
RLE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	—
LLE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Bowel Sounds (All Quadrants)	Hypoactive	—	—	—	—
GI Symptoms	—	Constipation	Constipation	Constipation	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Genitourinary Symptoms	—	—	—	—	—
Bladder Scan Pre-void Volume (mL)	—	—	—	—	115 mL
Psychosocial (WDL)	Within Defined Limits	Within Defined Limits	Within Defined Limits	Within Defined Limits	—
Charting Type	—	Shift assessment	Shift assessment	Shift assessment	—

Row Name	**11/23/23 0002**	**11/22/23 2110**
Neuro (WDL)	—	Exceptions to WDL
Orientation Level	—	Unable to assess;Other (Comment)
Swallow	—	Chokes on liquids;Other (Comment)
HEENT (WDL)	—	Exceptions to WDL
R Eye	—	Mildly impaired vision
L Eye	—	Mildly impaired vision
R Ear	—	Moderate hearing loss

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

L Ear	—	Hearing aid
Teeth	—	Dentures upper;Dentures lower
Respiratory (WDL)	—	Within Defined Limits
Cardiac (WDL)	—	Within Defined Limits
Peripheral Vascular (WDL)	—	Exceptions to WDL
Pulses	—	L dorsalis pedis
L Dorsalis Pedis Pulse	—	Doppler
Integumentary (WDL)	—	Exceptions to WDL
Skin Integrity	—	Other (Comment)
Musculoskeletal (WDL)	—	Exceptions to WDL
RUE	—	Limited movement
LUE	—	Limited movement
RLE	—	Limited movement
LLE	—	Limited movement
Gastrointestinal (WDL)	—	Within Defined Limits
Genitourinary (WDL)	—	Exceptions to WDL
Urinary Incontinence	—	Yes
Psychosocial (WDL)	—	Within Defined Limits
Reason for Communication	Review case	—
Provider Name	Joshi	—
Provider Role	Resident	—
Method of Communication	Secure Chat	—
Response	See orders	—

Blood Specimen Collection Status

Row Name	11/22/23 2048
Blood Specimen Collection	Phlebotomy/lab

Care Handoff

Row Name	11/22/23 1845
Report Given to	Given to unit
Report Given To (Name)	Chrissy RN

CARE PLAN MINI-FLOWSHEET DATA

Row Name	11/25/23 2319
Sensory/Perception/Mobility/Activity	Turn q2 Hrs

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Complex Vitals

Row Name	11/22/23 1956
BP	**102/53** !
MAP (mmHg)	67
BP Site	Right Arm
BP Method	Automatic
Pulse	74
Heart Rate Source	Monitor
Resp	16
SpO2	100 %
Oxygen Therapy	None (Room air)
Temp	36.8 °C
Temp src	Temporal
Patient Position	Lying
Vital Sign Reason	Routine
Restart Vitals Timer	Yes
Restart Vitals Timer	Yes
Pulse Oximetry Type	Intermittent

Custom Formula Data

Row Name	11/28/23 0755	11/28/23 0700	11/28/23 0600	11/28/23 0300	11/27/23 2051
BMI (Calculated)	—	—	17.5	—	—
Dubois BSA	—	—	1.33 (m^2)	—	—
Weight kg (view-only)	—	—	40.9	—	—
Temp (in Celsius) for APACHE IV	37.1	—	—	—	36.8
Weight for Calculations - Calculated (oz)	—	—	1432.1 ounces	—	—
Braden / Braden Q Calculated Score	—	13	—	—	—
Mobility Score	—	6	—	5	—
Medications Score	—	1	—	1	—
Mental Status/LOC/Awareness Score	—	3	—	3	—
Toileting Needs Score	—	6	—	6	—
Volume/Electrolyte Status Score	—	0	—	0	—
Communication/Sensory Score	—	4	—	4	—
Behavior Score	—	0	—	0	—
Fall Risk Calculated Score	—	23 (Hester Davis)	—	22 (Hester Davis)	—
Admission Weight (kg)	—	—	40.6	—	—
Weight taken by scale (kg)	—	—	40.9 kilograms	—	—
Drug Calculation Weight -	—	—	1432.1 oz	—	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Calculated (oz)					
Drug Calculation Weight - Calculated (kg)	—	—	40.6 kg	—	—
Row Name	**11/27/23 1512**	**11/27/23 1200**	**11/27/23 0816**	**11/27/23 0455**	**11/27/23 0448**
BMI (Calculated)	—	—	—	17.5	—
Dubois BSA	—	—	—	1.33 (m^2)	—
Weight kg (view-only)	—	—	—	40	—
Temp (in Celsius) for APACHE IV	36.5	—	36.2	—	36.1
Weight for Calculations - Calculated (oz)	—	—	—	1432.1 ounces	—
Braden / Braden Q Calculated Score	—	13	—	—	—
Mobility Score	—	5	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	3	—	—	—
Toileting Needs Score	—	6	—	—	—
Volume/Electrolyte Status Score	—	0	—	—	—
Communication/Sensory Score	—	4	—	—	—
Behavior Score	—	0	—	—	—
Fall Risk Calculated Score	—	22 (Hester Davis)	—	—	—
Admission Weight (kg)	—	—	—	40.6	—
Weight taken by scale (kg)	—	—	—	40 kilograms	—
Drug Calculation Weight - Calculated (oz)	—	—	—	1432.1 oz	—
Drug Calculation Weight - Calculated (kg)	—	—	—	40.6 kg	—
Row Name	**11/26/23 2200**	**11/26/23 1927**	**11/26/23 1548**	**11/26/23 1050**	**11/26/23 0900**
Temp (in Celsius) for APACHE IV	—	37.1	36.7	—	—
Glasgow Coma Scale Numeric	—	—	—	—	15
Braden / Braden Q Calculated Score	—	—	—	—	12
Mobility Score	5	—	—	—	5
Medications Score	1	—	—	—	1
Mental Status/LOC/Awareness Score	4	—	—	—	4
Toileting Needs Score	6	—	—	—	6
Volume/Electrolyte Status Score	2	—	—	—	2
Communication/Sensory Score	1	—	—	—	1

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Behavior Score	1	—	—	—	1
Fall Risk Calculated Score	23 (Hester Davis)	—	—	—	23 (Hester Davis)
PT Activites TOTAL Time Minute(s)	—	—	—	40	—
Row Name	**11/26/23 0801**	**11/25/23 2100**	**11/25/23 2032**	**11/25/23 2028**	**11/25/23 1511**
Temp (in Celsius) for APACHE IV	36.3	—	—	36.6	36.9
Glasgow Coma Scale Numeric	—	—	15	—	—
Mobility Score	—	5	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	4	—	—	—
Toileting Needs Score	—	6	—	—	—
Volume/Electrolyte Status Score	—	2	—	—	—
Communication/Sensory Score	—	1	—	—	—
Behavior Score	—	1	—	—	—
Fall Risk Calculated Score	—	23 (Hester Davis)	—	—	—
Row Name	**11/25/23 0923**	**11/25/23 0900**	**11/25/23 0600**	**11/25/23 0521**	**11/25/23 0000**
BMI (Calculated)	—	—	17.5	—	—
Dubois BSA	—	—	1.33 (m^2)	—	—
Weight kg (view-only)	—	—	38.5	—	—
Temp (in Celsius) for APACHE IV	36.7	—	—	—	36.5
Weight for Calculations - Calculated (oz)	—	—	1432.1 ounces	—	—
Braden / Braden Q Calculated Score	—	12	—	—	—
Mobility Score	—	5	—	4	—
Medications Score	—	1	—	2	—
Mental Status/LOC/Awareness Score	—	4	—	4	—
Toileting Needs Score	—	6	—	4	—
Volume/Electrolyte Status Score	—	2	—	2	—
Communication/Sensory Score	—	1	—	1	—
Behavior Score	—	1	—	1	—
Fall Risk Calculated Score	—	23 (Hester Davis)	—	21 (Hester Davis)	—
Admission Weight (kg)	—	—	40.6	—	—
Weight taken by scale (kg)	—	—	38.5 kilograms	—	—
Drug Calculation Weight - Calculated (oz)	—	—	1432.1 oz	—	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Drug Calculation Weight - Calculated (kg)	—	—	40.6 kg	—	—
Row Name	**11/24/23 1800**	**11/24/23 1617**	**11/24/23 1117**	**11/24/23 0807**	**11/24/23 0547**
BMI (Calculated)	—	—	—	—	17.5
Dubois BSA	—	—	—	—	1.33 (m^2)
Weight kg (view-only)	—	—	—	—	37.9
Temp (in Celsius) for APACHE IV	—	37.2	—	36.6	—
Weight for Calculations - Calculated (oz)	—	—	—	—	1432.1 ounces
Braden / Braden Q Calculated Score	13	—	14	—	—
Mobility Score	4	—	4	—	—
Medications Score	2	—	1	—	—
Mental Status/LOC/Awareness Score	4	—	4	—	—
Toileting Needs Score	4	—	4	—	—
Volume/Electrolyte Status Score	2	—	2	—	—
Communication/Sensory Score	1	—	1	—	—
Behavior Score	1	—	1	—	—
Fall Risk Calculated Score	21 (Hester Davis)	—	20 (Hester Davis)	—	—
Admission Weight (kg)	—	—	—	—	40.6
Weight taken by scale (kg)	—	—	—	—	37.9 kilograms
Drug Calculation Weight - Calculated (oz)	—	—	—	—	1432.1 oz
Drug Calculation Weight - Calculated (kg)	—	—	—	—	40.6 kg
Row Name	**11/24/23 0529**	**11/23/23 2028**	**11/23/23 1900**	**11/23/23 1634**	**11/23/23 1243**
Temp (in Celsius) for APACHE IV	36.4	37.3	—	36.8	—
Braden / Braden Q Calculated Score	—	—	—	—	13
Mobility Score	—	—	4	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	4	—	—
Toileting Needs Score	—	—	5	—	—
Volume/Electrolyte Status Score	—	—	2	—	—
Communication/Sensory Score	—	—	1	—	—
Behavior Score	—	—	1	—	—
Fall Risk Calculated Score	—	—	21 (Hester Davis)	—	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Row Name	11/23/23 1155	11/23/23 0900	11/23/23 0754	11/23/23 0439	11/23/23 0116
BMI (Calculated)	—	17.5	—	—	17.5
Dubois BSA	—	1.33 (m^2)	—	—	1.33 (m^2)
Weight kg (view-only)	—	41.3	—	—	40.6
Temp (in Celsius) for APACHE IV	36.8	—	36.6	36.7	—
Weight for Calculations - Calculated (oz)	—	1432.1 ounces	—	—	1432.1 ounces
Mobility Score	—	4	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	4	—	—	—
Toileting Needs Score	—	5	—	—	—
Volume/Electrolyte Status Score	—	2	—	—	—
Communication/Sensory Score	—	1	—	—	—
Behavior Score	—	1	—	—	—
Fall Risk Calculated Score	—	21 (Hester Davis)	—	—	—
Admission Weight (kg)	—	40.6	—	—	40.6
Weight taken by scale (kg)	—	41.3 kilograms	—	—	40.6 kilograms
Drug Calculation Weight - Calculated (oz)	—	1432.1 oz	—	—	1432.1 oz
Drug Calculation Weight - Calculated (kg)	—	40.6 kg	—	—	40.6 kg

Row Name	11/23/23 0114	11/23/23 0050	11/22/23 2336	11/22/23 2044	11/22/23 1956
Temp (in Celsius) for APACHE IV	—	36.8	37	36.5	36.8
Braden / Braden Q Calculated Score	12	—	—	—	—
Mobility Score	4	—	—	—	—
Medications Score	1	—	—	—	—
Mental Status/LOC/Awareness Score	4	—	—	—	—
Toileting Needs Score	5	—	—	—	—
Volume/Electrolyte Status Score	2	—	—	—	—
Communication/Sensory Score	1	—	—	—	—
Behavior Score	0	—	—	—	—
Fall Risk Calculated Score	20 (Hester Davis)	—	—	—	—

Row Name	11/22/23 1310	11/22/23 1103
BMI (Calculated)	—	17.61
BSA (Calculated - sq m)	—	1.31 sq meters
BMI (Calculated)	—	17.6

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

IBW/kg (Calculated) Female	—	45.5 kg
Dubois BSA	—	1.33 (m^2)
Weight kg (view-only)	—	40.82
BMI (Calculated)	—	17.61
Temp (in Celsius) for APACHE IV	—	35.9
IBW (Calculated, kg)	—	45.5
Proposed Low Range Vt 6mL/kg	—	273 mL/kg
Proposed Moderate Range Vt 8mL/kg	—	364 mL/kg
Proposed High Range Vt 10mL/kg	—	455 mL/kg
Hamwi IBW/kg (Calculated) Female	—	45.36
Body Surface Area (Calculated)	—	1.31
Weight for Calculations - Calculated (oz)	—	1440 ounces
Glasgow Coma Scale Numeric	15	—
Percentage of IBW (Female)	—	90
Weight in (lb) to have BMI = 25	—	127.7

Daily Cares/Safety

Row Name	11/28/23 1200	11/28/23 1000	11/28/23 0800	11/28/23 0600	11/28/23 0400
Repositioned	Up in chair	Turns self;Supine	Turns self;Lying left side	Lying right side	Lying right side
Positioning Devices	—	—	—	Turn & Position Device	Turn & Position Device
Head of Bed Elevated	—	HOB 60	HOB 60	HOB 45	HOB 30
Pressure Redistribution	—	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed
Row Name	**11/28/23 0200**	**11/28/23 0000**	**11/27/23 2200**	**11/27/23 2000**	**11/27/23 1800**
Repositioned	Supine	Turns self;Lying right side	Turns self;Lying left side	Supine;Turns self	Turns self;Supine
Positioning Devices	Turn & Position Device	Turn & Position Device	—	Turn & Position Device	—
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	HOB 30
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows
Row Name	**11/27/23 1600**	**11/27/23 1400**	**11/27/23 1200**	**11/27/23 1000**	**11/27/23 0900**
Highest Level of Mobility for this Event (Nursing)	—	—	—	Transferred to chair/commode	—
Level of Assistance	—	—	—	Maximum assist, patient does 25-49%	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Assistive Device	—	—	—	Transfer Device	—
Repositioned	Turns self;Lying right side	Turns self;Lying left side	Turns self;Lying right side	—	Turns self;Supine
Head of Bed Elevated	HOB 45	HOB 45	HOB 60	—	HOB 45
Pressure Redistribution	Pillows	Pillows	Pillows	—	Pillows
Hygiene	—	—	—	Peri care	—
Incontinence Protective Devices	—	—	—	Diaper;Changed;Applied;Removed	—
Row Name	**11/27/23 0700**	**11/27/23 0512**	**11/27/23 0300**	**11/27/23 0100**	**11/26/23 2300**
Repositioned	Turns self;Lying left side	Turns self;Supine	Turns self;Pillow support	Turns self;Lying right side	Turns self;Lying right side
Head of Bed Elevated	HOB 30	HOB less than 20	—	—	—
Pressure Redistribution	Pillows	—	—	—	—
Row Name	**11/26/23 2100**	**11/26/23 1928**	**11/26/23 1700**	**11/26/23 1500**	**11/26/23 1300**
Repositioned	Turns self;Lying right side	Semi Fowler's	Sitting	Supine	Turns self;Refused by patient
Head of Bed Elevated	—	HOB 30	HOB 30	HOB 30	HOB 30
Pressure Redistribution	—	Pillows;Heels elevated off bed	Pillows	Pillows	Pillows
Row Name	**11/26/23 1100**	**11/26/23 0900**	**11/26/23 0700**	**11/26/23 0500**	**11/26/23 0300**
Repositioned	Refused by patient	Lying right side	Supine;Pillow support	Lying left side;Pillow support	Lying left side;Pillow support
Positioning Devices	—	Glide Sheet	Glide Sheet	—	—
Head of Bed Elevated	Self regulated	HOB 30	—	—	—
Pressure Redistribution	Pillows	Pillows	Pillows	—	—
Row Name	**11/26/23 0100**	**11/25/23 2300**	**11/25/23 2036**	**11/25/23 1900**	**11/25/23 1700**
Repositioned	Pillow support	Supine;Turns self	Lying right side;Pillow support	Lying left side;Pillow support	Lying left side
Head of Bed Elevated	—	—	Self regulated	Self regulated	—
Pressure Redistribution	—	—	Pillows;Foot of bed elevated;Heels elevated off bed	Pillows	Pillows
Row Name	**11/25/23 1500**	**11/25/23 1341**	**11/25/23 1215**	**11/25/23 1117**	**11/25/23 1000**
Highest Level of Mobility for this Event (Nursing)	—	Lying in bed	Transferred to chair/commode	Transferred to chair/commode	Transferred to chair/commode
Level of Assistance	—	Dependent, patient does less than 25%	Dependent, patient does less than 25%	Dependent, patient does less than 25%	Dependent, patient does less than 25%
Number of Assistive Personnel	—	—	—	—	2
Repositioned	Supine	Lying right side	—	Up in chair	—
Head of Bed Elevated	—	Self regulated	—	Self regulated	—
Pressure Redistribution	Pillows	Pillows	—	Pillows	—
Row Name	**11/25/23 0953**	**11/25/23 0945**	**11/25/23 0717**	**11/25/23 0517**	**11/25/23 0317**
Repositioned	—	Up in chair	Turns self	Turns self;Lying left side	Turns self;Lying right side
Hygiene	Gown change;Full linen change;Peri	—	—	—	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

	care				
Incontinence Protective Devices	Changed;Absorbent pad;Absorbent undergarment	—	—	—	—
Level of Assistance	Maximum assist	Maximum assist	—	—	—
Row Name	**11/25/23 0117**	**11/24/23 2317**	**11/24/23 2117**	**11/24/23 1917**	**11/24/23 1717**
Repositioned	Turns self;Lying right side	Turns self;Lying left side	Turns self;Supine;Pillow support	Turns self;Supine	Turns self;Lying right side
Head of Bed Elevated	—	—	HOB 30	HOB 30	Self regulated
Row Name	**11/24/23 1517**	**11/24/23 1255**	**11/24/23 1117**	**11/24/23 0034**	**11/23/23 2314**
Repositioned	Turns self;Semi Fowler's	Turns self	Turns self;Supine	Supine;Pillow support	Lying left side
Head of Bed Elevated	HOB 30	—	Self regulated	—	—
Pressure Redistribution	—	—	Pillows	—	—
Row Name	**11/23/23 2114**	**11/23/23 1914**	**11/23/23 1714**	**11/23/23 1436**	**11/23/23 1300**
Repositioned	Semi Fowler's	Lying right side;Turns self	Lying right side	Supine	Supine
Positioning Devices	—	Lift Team	—	—	—
Head of Bed Elevated	HOB 30	Self regulated	HOB 30	—	—
Pressure Redistribution	Pillows	Pillows	Pillows	—	—
Row Name	**11/23/23 1259**	**11/23/23 1114**	**11/23/23 0914**	**11/23/23 0714**	**11/23/23 0514**
Repositioned	Lying left side;Turns self	Supine	Lying right side;Pillow support	Lying left side;Pillow support	Lying left side
Positioning Devices	—	—	—	—	Turn & Position Device
Head of Bed Elevated	—	—	—	—	HOB 30
Pressure Redistribution	—	—	—	—	Heels elevated off bed
Row Name	**11/23/23 0314**	**11/23/23 0227**	**11/23/23 0114**		
Repositioned	Lying right side	—	Supine		
Positioning Devices	Turn & Position Device	—	—		
Head of Bed Elevated	HOB 30	—	HOB 30		
Pressure Redistribution	Heels elevated off bed	—	Heels elevated off bed		
Hygiene	—	Peri care;Bed pad change	—		
Incontinence Protective Devices	—	Applied;Changed;Removed;Absorbent pad	—		
Skin Care	—	Barrier cream	—		
Level of Assistance	—	Maximum assist	—		

Disability/ADL Screening

Row Name	**11/22/23 1449**
Do you have any physical, mental or emotional impairments your	Deaf, d/Deaf, or hard of hearing

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

care team should be aware of?	
How do any of the identified impairments affect your ability to perform daily activities?	Hearing
Assistive Devices	Hearing aid - left;Hearing aid - right

Discharge Planning

Row Name	11/28/23 1302	11/27/23 1217
Discharge Planning Assessment Type	—	Discharge Planning Assessment (Face-to-Face)
Is an interpreter used?	—	No
Is this a planned admission?	—	No
Admission Source	—	Admitted through ED
Patient declined discharge planning evaluation/assistance	—	No
Living situation prior to admit	—	Home with family/support
Prior to Admit Patient felt needs were met in living situation	—	Unable to assess/deferred
Home Accessibility Barriers	—	Narrow doorway/hallways;Unhoused
Primary Caregiver	—	Family
Support Systems	—	Family members
Functional Limitations Prior to Admit	—	Physical Limitations;Cognitive Limitations
PTA-Independent with ADLs?	—	No
PTA-Memory Adequate to Safely Complete Daily Activities	—	No
PTA-Patient Able to Express Needs/Desires	—	Yes
PTA-Dressing	—	Needs assistance
PTA-Feeding	—	Needs assistance
PTA-Bathing	—	Needs assistance
PTA-Toileting	—	Needs assistance
PTA-In/Out Bed	—	Needs assistance
PTA-Walks in Home	—	Needs assistance
PTA-Assistive	—	Wheelchair;Walker;

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Devices		Comments
Address/Phone in Demographics Verified?	—	Yes
Payor Verified?	—	Primary verified;Secondary verified
Financial Issues/Information	—	No financial issues
PCP Verified?	—	Yes
Emergency Contact Verified?	—	Yes
Initial Discharge Planning Assessment Complete	—	Yes
Patient Discharge Goals	—	Discussed wi/ patient;Discussed wi/ family
Discharge complexity	—	2-With supportive/new needs
Patient provided information on post-discharge facilities,services/ vendors	—	Discussed with patient, offered freedom of choice;Discussed with LNOK, offered freedom of choice
Anticipated Resources/Services Needed Upon Discharge	—	Home health
Living situation post discharge	—	Home with family/support
Potential barriers to Discharge	—	None at this time
Patient expects to be discharged to:	—	home with son
Substance Use History Indicated?	—	Not Indicated
Post Discharge Caregiver Contact Information	—	Son Louis
Post Discharge Caregiver Confirmation	—	Discussed with caregiver, agreed
Post Discharge Caregiver Level of Assistance	—	24hrs, total physical care
Assistance Needed at Discharge	—	MSW will make HH referrals but might not be available for geographical area and insurance
Does the patient need discharge transport arranged?	No	No
Has discharge	Yes	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

transport been arranged?		
What day is the transport expected?	11/28/23	—
What time is the transport expected?	1315	—
Transportation Funding Method	Private	Private
Transportation Type	Private vehicle	Private vehicle

ED Fall Risk Assessment

Row Name	11/22/23 1449	11/22/23 1104
Altered Mental Status?	No	No
Present to ED Due To Fall?	No	No
Age greater than 70?	Yes	Yes
Impaired Mobility?	Yes	Yes
Nursing Judgement	Yes	Yes
Intervention Score	3	3
Safety Interventions	Siderails up;Call light in reach;Bed in low position	**Defer to bedside nurse** !

ESET(Emergency Safety Evaluation Tool)

Row Name	11/22/23 1105
ESET (Emergency Safety Evaluation Tool) Safety Screening Complete	Unable to Assess

Homicidal Ideation

Row Name	11/22/23 1105
Thoughts of Harming Others	Denies
Harmful Actions Toward Others	None observed

I/O

Row Name	11/28/23 1000	11/28/23 0854	11/27/23 2100	11/27/23 2000	11/27/23 1851
P.O.	240 mL	—	—	—	—
Percent Meals Eaten (%)	100	—	—	—	—
Oral Supplements	Ensure Plus	—	—	Other (Comment)	—
Oral Nutritional Supplement	0 mL	—	—	0 mL	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Intake (mL)					
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				
Suction	—	Yes	Yes	—	—
Output (mL)	—	—	—	—	200 mL
Urine Appearance	—	—	—	—	Clear
Urine Color	—	—	—	—	Yellow/straw
Care & Maintenance	—	Peri/Foley care	Peri/Foley care;Bag emptied	—	—
Collection Container	—	Other (Comment)	Other (Comment)	—	—
Securement Method	—	Other (Comment)	Other (Comment)	—	—
Row Name	**11/27/23 1400**	**11/27/23 1009**	**11/27/23 1000**	**11/27/23 0900**	**11/27/23 0455**
Weight	—	—	—	—	**40 kg (88 lb 2.9 oz)** !
Weight Method	—	—	—	—	Bed scale
P.O.	240 mL	—	240 mL	—	—
Percent Meals Eaten (%)	33	—	50	—	—
Oral Supplements	Ensure Plus High Protein	—	Ensure Plus	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	50 mL	—	—
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				
Suction	—	—	—	Yes	—
Care & Maintenance	—	—	—	Peri/Foley care	—
Collection Container	—	—	—	Other (Comment)	—
Securement Method	—	—	—	Other (Comment)	—
Stool Occurrence	—	1	—	—	—
Stool Size	—	Large	—	—	—
Stool Appearance	—	Soft;Formed	—	—	—
Stool Color	—	Brown	—	—	—
Row Name	**11/26/23 2100**	**11/26/23 2000**	**11/26/23 1844**	**11/26/23 1600**	**11/26/23 1425**
Percent Meals Eaten (%)	—	—	50	—	—
Oral Supplements	—	Ensure Plus	—	—	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	—
Dose	—	—	—	*1 g	—
Dose	—	—	—	—	*2 g
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				
Suction	Yes	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urine Color	Yellow/straw	—	—	—	—
Care & Maintenance	Antiseptic - non CHG;Straining urine;Peri/Foley care	—	—	—	—
Collection	Other (Comment)	—	—	—	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Container					
Securement Method	Other (Comment)	—	—	—	—
Row Name	**11/26/23 1400**	**11/26/23 1253**	**11/26/23 1000**	**11/26/23 0900**	**11/26/23 0659**
Oral Supplements	Ensure Plus High Protein	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	0 mL	—	—
Dose	—	*250 mg	—	—	—
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				
Suction	—	—	—	Yes	—
Output (mL)	—	—	—	—	200 mL
Urine Appearance	—	—	—	Unable to assess	—
Urine Color	—	—	—	Yellow/straw	—
Care & Maintenance	—	—	—	Antiseptic - non CHG	—
Securement Method	—	—	—	—	—
Row Name	**11/25/23 2148**	**11/25/23 2000**	**11/25/23 1550**	**11/25/23 1400**	**11/25/23 1218**
Percent Meals Eaten (%)	—	—	—	—	66
Oral Supplements	—	Other (Comment)	—	Other (Comment)	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	0 mL	—
Rate	0 mL/hr	—	—	—	—
Dose	*500 mL	—	—	—	—
Rate	250 mL/hr	—	—	—	—
Dose	—	—	*1 g	—	—
Dose	—	—	—	—	*250 mg
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				
Stool Occurrence	—	—	—	—	1
Stool Assessment	—	—	—	—	Stool Appearance;Stool Color;Stool Size
Stool Size	—	—	—	—	Small
Stool Appearance	—	—	—	—	Hard
Stool Color	—	—	—	—	Black
Row Name	**11/25/23 1000**	**11/25/23 0915**	**11/25/23 0030**	**11/24/23 2000**	**11/24/23 1715**
Oral Supplements	Ensure Plus High Protein	—	—	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	270 mL	—	—	0 mL	—
Rate	—	—	75 mL/hr	—	—
Dose	—	—	—	—	*250 mg
Unmeasured Urine Occurrence	—	1	—	—	—
Urinary Incontinence	—	Yes	—	—	—
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				
Row Name	**11/24/23 1558**	**11/23/23 2149**	**11/23/23 1655**	**11/23/23 1633**	**11/23/23 1420**
Rate	—	—	75 mL/hr	50 mL/hr	—
Dose	*1 g	—	—	—	*1 g

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Unmeasured Urine Occurrence	—	1	—	—	—
Urine Assessment	—	Urinary Incontinence	—	—	—
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				
Stool Occurrence	—	1	—	—	—
Stool Assessment	—	Stool Size;Bowel Incontinence;Stool Color;Stool Appearance	—	—	—
Stool Size	—	Large	—	—	—
Stool Appearance	—	Hard	—	—	—
Stool Color	—	Black;Green;Red	—	—	—

Row Name	**11/23/23 1338**	**11/23/23 1256**	**11/23/23 0953**	**11/23/23 0116**	**11/22/23 2111**
Rate	—	—	75 mL/hr	—	75 mL/hr
Unmeasured Urine Occurrence	—	—	—	1	—
Urine Assessment	—	—	—	Urinary Incontinence	—
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				
Stool Occurrence	1	1	—	—	—
Stool Assessment	Stool Color	Stool Size;Stool Appearance;Stool Color	—	—	—
Stool Size	Small	Small	—	—	—
Stool Appearance	Hard	Formed;Hard	—	—	—
Stool Color	Black;Green	Black;Green	—	—	—

Row Name	**11/22/23 1700**	**11/22/23 1612**	**11/22/23 1600**	**11/22/23 1552**
Dose	—	*0 g	—	*2 g
Volume (mL)	—	50	—	—
Dose	*0 mg	—	*500 mg	—
Volume (mL)	250	—	—	—
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655			

Imaging Department Paged

Row Name	**11/22/23 1346**
Imaging Department Paged?	Yes

IV Assessment

Row Name	**11/28/23 0858**	**11/27/23 2100**	**11/27/23 0900**	**11/26/23 2100**	**11/26/23 0900**
IV Properties	Placement Date: 11/24/23 Placement Time: 1419 Inserted by: Mesha Park RN VA-BC Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: Injectable Patient Tolerance: Tolerated well Size (Gauge): 22 G Line Length: 1 in Orientation: Left;Posterior Location: Forearm Removal Date: 11/26/23 Removal Time: 1236 Removal Reason: **Pain;Other (Comment)** ! Condition of Catheter: Intact				
Site Assessment	—	—	—	—	Clean;Dry;Intact;Leaking
Line Status	—	—	—	—	Other (Comment);Blood return noted
Dressing Type	—	—	—	—	Transparent
Dressing Status	—	—	—	—	Clean;Dry;Intact

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

IV Properties	Placement Date: 11/26/23 Placement Time: 1230 Inserted by: Elim, RN Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Line Length: 1 in Orientation: Posterior;Right Location: Forearm Removal Date: 11/28/23 Removal Time: 1210 Removal Reason: Therapy complete Condition of Catheter: Intact				
Site Assessment	Dry;Intact	Dry;Intact	Intact	Clean;Dry;Intact	—
Line Status	Flushed;Flushes with resistance;No blood return	Flushed;Flushes with resistance;No blood return	Flushed;Flushes with resistance;No blood return	Blood return noted;Flushed;Saline locked;Flushes with resistance	—
Dressing Type	Transparent	Transparent	Transparent	Transparent	—
Dressing Status	Dry;Intact;Old drainage	Dry;Intact;Old drainage	Clean;Dry;Intact	Clean;Dry;Intact	—
Row Name	**11/25/23 2041**	**11/25/23 0900**	**11/24/23 2100**	**11/24/23 0900**	**11/23/23 2100**
IV Properties	Placement Date: 11/22/23 Placement Time: 1305 Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 20 G Orientation: Anterior;Right Location: Forearm Earliest Known Removed: 11/24/23				
Site Assessment	—	—	—	Other (Comment)	Clean;Intact;Dry
Line Status	—	—	—	Infiltrated	Saline locked
Dressing Type	—	—	—	Transparent	Transparent
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
IV Properties	Placement Date: 11/23/23 Placement Time: 0107 Inserted by: STAT RN Brooke Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Left Location: Forearm Removal Date: 11/24/23 Removal Time: 0050 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	—	—	Clean;Dry;Intact
Line Status	—	—	—	—	Infusing
Dressing Type	—	—	—	—	Transparent
Dressing Status	—	—	—	—	Clean;Dry;Intact
IV Properties	Placement Date: 11/24/23 Placement Time: 1419 Inserted by: Mesha Park RN VA-BC Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: Injectable Patient Tolerance: Tolerated well Size (Gauge): 22 G Line Length: 1 in Orientation: Left;Posterior Location: Forearm Removal Date: 11/26/23 Removal Time: 1236 Removal Reason: **Pain;Other (Comment)** ! Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact;Other (Comment)	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Line Status	Infusing;No blood return;Flushed;Flushes without resistance	Infusing	No blood return;Flushed;Flushes without resistance;Infusing	—	—
Dressing Type	Transparent	Transparent	Transparent	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Phlebitis Grade	0	—	—	—	—
Infiltration Grade	0	—	—	—	—
Row Name	**11/23/23 0900**	**11/22/23 2100**	**11/22/23 1305**		
IV Properties	Placement Date: 11/22/23 Placement Time: 1305 Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 20 G Orientation: Anterior;Right Location: Forearm Earliest Known Removed: 11/24/23				
Site Assessment	Clean;Intact;Dry	Clean;Intact;Dry	Clean;Intact;Dry		
Line Status	Infusing	Blood return noted;Flushes without resistance;Infusing	Blood return noted;Flushes without resistance;Saline locked		
Dressing Type	Transparent	Transparent	Transparent		
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact		
Phlebitis Grade	—	—	0		
Infiltration Grade	—	—	0		
IV Properties	Placement Date: 11/23/23 Placement Time: 0107 Inserted by: STAT RN Brooke Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Left Location: Forearm Removal Date: 11/24/23 Removal Time: 0050 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	—		

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Line Status	No blood return;Flushed;Flushes without resistance;Saline locked	—	—
Dressing Type	Transparent	—	—
Dressing Status	Clean;Dry;Intact	—	—

LACE+ Score

Row Name	11/28/23 1310
LACE+ Score	24

Lines/Drains/Airways

Row Name	11/28/23 1137	11/26/23 1230	11/25/23 2116
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655		
Suction	—	—	Yes
Care & Maintenance	—	—	—
Collection Container	—	—	Other (Comment)
Securement Method	—	—	Other (Comment)
IV Properties	Placement Date: 11/24/23 Placement Time: 1419 Inserted by: Mesha Park RN VA-BC Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: Injectable Patient Tolerance: Tolerated well Size (Gauge): 22 G Line Length: 1 in Orientation: Left;Posterior Location: Forearm Removal Date: 11/26/23 Removal Time: 1236 Removal Reason: **Pain;Other (Comment)** ! Condition of Catheter: Intact		
IV Properties	Placement Date: 11/26/23 Placement Time: 1230 Inserted by: Elim, RN Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Line Length: 1 in Orientation: Posterior;Right Location: Forearm Removal Date: 11/28/23 Removal Time: 1210 Removal Reason: Therapy complete Condition of Catheter: Intact		
Site Assessment	—	Clean;Dry;Intact	—
Line Status	—	Flushes without resistance;Blood return noted;Flushed;Saline locked	—
Dressing Type	—	Transparent	—
Dressing Status	—	Clean;Dry;Intact	—
Phlebitis Grade	—	0	—
Infiltration Grade	—	0	—
Wound Properties	Date First Assessed: 10/05/20 Time First Assessed: 1107 Date Acquired: 10/05/17 Wound Number: #17 Left Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/09/25 Final Assessment Time: 2200 Wound Outcome: Amputation		
Wound Image	—	—	—
Thickness	Full thickness without exposed support structure	—	—
Wound Length (cm)	26 cm	—	—
Wound Width (cm)	15 cm	—	—
Wound Depth (cm)	0.3 cm	—	—
Wound Volume (cm^3)	117 cm^3	—	—
Wound Healing %	6 cm	—	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Wound Surface Area (cm^2)	390 cm^2	—	—
Exudate Amt	Scant	—	—
Exudate Type	Serous	—	—
Foul Odor After Cleansing	No	—	—
Granulation Amt	None Present	—	—
Necrosis	None Present	—	—
Slough	None Present	—	—
Structure Exposed	None Present	—	—
Margin	Distinct, Outline Attached	—	—
Peri-wound Assessment	Clean;Dry;Intact;Hemosiderin staining;Other (Comment)	—	—
Temperature	No Abnormality	—	—
Primary Dressing	Other (Comment)	—	—
Secondary Dressing	Other (Comment)	—	—

Nutrition Focused Physical Findings

Row Name	11/24/23 1600
Muscle Wasting Found	Yes
Muscle Wasting-Clavicle	Severe
Muscle Wasting-Interosseous	Severe
Subcutaneous Fat Loss Found	Yes
Subcutaneous Fat Loss- Orbital	Severe

OT Evaluation

Row Name	11/25/23 1556	11/23/23 0700
OT Received On	11/25/23	—
OT Diagnosis	Leukocytosis to 12, PNA, subacute melena, GI bleed.	Leukocytosis to 12, PNA, subacute melena, GI bleed.
OT Documentation Type	Initial Eval	—
OT Treatment START Time	1556	—
OT Total Treatment Time in Minutes	29 Minutes	—
Family/Caregiver Present	No	—
Patient Report/Self-Assessment	"I am very stubborn".	—
Type of Home	Apartment	—
Entry Stairs	0	—
Indoor Stairs	0	—
Lives With	Son	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Lives with Comments	sleeps on couch with incontinent pads in place	—
Assistance Available at Home	24 hour supervision	—
Bathroom Shower/Tub	—	—
Bathroom Toilet	Standard	—
Mobility Equipment Owned	Four wheeled walker or rollator;Other	—
Home Living Comments	bainbridge island	—
BADLs	Independent	—
IADLs	Requires assist	—
Functional Mobility	Independent	—
Type of Occupation	canning for most of her life, ran family business	—
Leisure and Hobbies	travel	—
Details of previous level of function	Per chart review, she has been needing heavy assistance recently (the last few months.)	—
RUE Assessment	Within Functional Limits	—
LUE Assessment	Within Functional Limits	—
RLE Assessment	Exceptions to WFL	—
LLE Assessment	Exceptions to WFL	—
Sensation comments	legs are painful to touch	—
Overall Cognitive Status	Unable to assess	—
Cognition Comments	Jeane is very chatty, mostly repeating the same information. She is answering questions but not sure how reliable the answers are	—
Eating	Supervision / Stand by assistance	—
Eating Comments	eating in bed	—
Toileting	Other (Comment)	—
Toileting Comments	Per RN, she is a 2 person assist for toileting and getting on/off the commode	—
Static Sitting Level of Assistance	Supervision / Stand by assistance	—
Dynamic Sitting Balance Level of Assist	Minimum Assist (less than 25% help needed)	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Static Standing Balance Level of Assistance	Moderate Assist (between 25-49% help needed)	—
Static Standing Balance Comment	with FWW	—
Dynamic Standing Balance Level of Assist	Maximum Assist (between 50-74% help needed)	—
Dynamic Standing-Comments	with FWW	—
Supine>Sit	Moderate Assist (between 25-49% help needed)	—
Sit>Supine	Maximum Assist (between 50-74% help needed)	—
Sit<>Stand	Moderate Assist (between 25-49% help needed);Assistive device used	—
Sit<>Stand Assistive Device Details	Front wheeled walker	—
Cuing Used	Tactile;Verbal	—
Sit <> Stand Comments	bed raised. Pt is very adamant about doing it herself	—
Bedside Commode Transfer	Maximum Assist (between 50-74% help needed);Assistive device used	—
Bedside Commode Assistive Device Details	Front wheeled walker	—
Bedside Commode Transfer Comments	Emergency landing after pt walked about 4 feet. Pt requesting to sit and OT pulled up the bedside commode.	—
Distance	4 feet + 2 feet.	—
Assistance Needs	Maximum Assist (between 50-74% help needed);Assistive device used	—
Functional Mobility Assistive Device Details	Front wheeled walker	—
Functional Mobility Comments	Heavy assist to maintain balance. Flexed posture, hips are not fully extended. She can slowly advance her feet with a lot of effort.	—
Endurance	Tolerates less than	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

	10 min of activity, no significant change in vital signs	
AMPAC Assessment Needed?	Yes	—
Help from another person eating meals	A Little	—
Help from another person taking care of personal grooming	A Little	—
Help from another person to put on/take off upper body clothing	A Little	—
Help from another person to put on/take off lower body clothing	A Lot	—
Help from another person toileting	Total	—
Help from another person bathing	A Lot	—
Total score	14	—
OT Assessment Results	Impaired ADL status;Impaired functional mobility;Impaired lower extremity strength;Impaired balance;Impaired safety and/or judgement during ADL's;Impaired cognition;Decreased endurance/activity tolerated	—
Impact on Function and Participation	OT evaluation. Jeane currently needs heavy assist with ADLs and mobility. Per pt and chart review, she has had a recent decline the last several months. Unclear if she will return to baseline function, however will benefit from therapy to try to prep for discharge home.	—
Functional Prognosis	Fair	—
Barriers to	heavy care needs	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Discharge		
Evaluation/Treatment Tolerance	Patient limited by fatigue	—
OT Daily Recommendations	2 person assist to the commode, or use bed pan	—
Treatment Interventions	Self-care/Home management;Caregiver education/training;Therapeutic exercise;Therapeutic activities	—
OT Plan	Skilled OT	—
OT Frequency	2-3x/week	—
Recommendation for further OT	Follow up with OT at next level of care	—
Assistance with	ADLs;Functional mobility and transfers;IADLs	—
Supervision with	Home safety	—
Equipment Recommended	Bedside commode	—
OT Coverage for Next Shift	toileting, dressing, she does not take showers (sponge bath only). seated ADLs, transfers	—
Priority	2	—
Goal	Upper body dressing;Lower body dressing;Minimum Assist (less than 25% help needed)	—
Estimated Completion Date	12/02/23	—
Goal Status	Progressing	—
Goal	Toileting;Toilet transfer;Minimum Assist (less than 25% help needed)	—
Estimated Completion Date	12/02/23	—
Goal Status	Progressing	—
Goal	Bathing;Tub/shower transfer;Minimum Assist (less than 25% help needed)	—
Estimated Completion Date	12/02/23	—
Goal Status	Progressing	—

OT Treatment

Row Name	11/27/23 1030
OT Received On	11/27/23 [N1]
OT Documentation Type	Progress [N1]
OT Treatment START Time	1130 [N1]

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

OT Total Treatment Time in Minutes	55 Minutes [N1]
Family/Caregiver Comments	pt's son, Louis [N1]
Family/Caregiver Present	Yes [N1]
Patient Report/Self-Assessment	"I will be all right with his help" re: her son [N1]
Cognition Comments	pt impulsive with mobility, wanting to be independent [N1]
Toileting Comments	son reports assisting his mother to the commode earlier this morning. [N1]
Bathing Comments	discussed home set and bathing, son reports they have all necessary DME and a system in place at home [N1]
ADL Comments	edu re: role of OT goals, POC, [N1]
Static Sitting Level of Assistance	Supervision / Stand by assistance [N1]
Dynamic Sitting Balance Level of Assist	Supervision / Stand by assistance [N1]
Static Standing Balance Level of Assistance	Moderate Assist (between 25-49% help needed) [N1]
Static Standing Balance Comment	with FWW [N1]
Dynamic Standing Balance Level of Assist	Moderate Assist (between 25-49% help needed) [N1]
Dynamic Standing-Comments	with FWW [N1]
Supine>Sit	Supervision / Stand by assistance [N1]
Sit>Supine	Supervision / Stand by assistance [N1]
Sit<>Stand	Minimum Assist (less than 25% help needed);Moderate Assist (between 25-49% help needed) [N1]
Sit<>Stand Assistive Device Details	Front wheeled walker [N1]
Cuing Used	Tactile;Verbal [N1]
Sit <> Stand Comments	HOB raised to simulate home set up [N1]
Bedside Commode	Maximum Assist (between 50-74%

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Transfer	help needed);Assistive device used [N1]
Bedside Commode Assistive Device Details	Front wheeled walker [N1]
Bedside Commode Transfer Comments	OT instructed son in use of gait belt and how to don/doff, he demo's proper technique [N1]
Endurance	Tolerates 10 - 20 min of activity with multiple rests [N1]
Help from another person eating meals	A Little [N1]
Help from another person taking care of personal grooming	A Little [N1]
Help from another person to put on/take off upper body clothing	A Little [N1]
Help from another person to put on/take off lower body clothing	A Lot [N1]
Help from another person toileting	A Lot [N1]
Help from another person bathing	A Lot [N1]
Total score	15 [N1]
OT Assessment Results	Impaired ADL status;Impaired functional mobility;Impaired lower extremity strength;Impaired balance;Impaired safety and/or judgement during ADL's;Impaired cognition;Decreased endurance/activity tolerated [N1]
Impact on Function and Participation	Jeane still requires a lot of assist for all mobility and BADL. Her son, Louis, feels confident about caring for his mother at her current LOF. Caregiver training completed with

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

	Louis for gait belt use and transfers. He reports they have all necessary DME at home. Anticipate d/c home when medically ready with home health therapy and Louis as 24/7 caregiver. [N1]
Functional Prognosis	Fair [N1]
Barriers to Discharge	None [N1]
Evaluation/Treatment Tolerance	Patient tolerated treatment well [N1]
OT Daily Recommendations	1 person assist to commode [N1]
Treatment Interventions	Self-care/Home management;Caregiver education/training;Therapeutic exercise;Therapeutic activities [N1]
OT Plan	Skilled OT [N1]
OT Frequency	2-3x/week [N1]
Recommendation for further OT	Follow up with OT at next level of care;Home health OT [N1]
Assistance with	ADLs;Functional mobility and transfers;IADLs [N1]
Supervision with	Home safety [N1]
Equipment Recommended	Bedside commode [N1]
Goal Status	Progressing [N1]
Goal Status	Progressing [N1]
Goal Status	Progressing [N1]

Pain Assessment

Row Name	11/28/23 0755	11/28/23 0617	11/27/23 2051	11/27/23 0830	11/26/23 0900
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**11/25/23 2150**	**11/25/23 1511**	**11/25/23 0915**	**11/24/23 1900**	**11/24/23 1100**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**11/23/23 1900**	**11/23/23 1634**	**11/23/23 1155**	**11/22/23 2100**	
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	

Pain Assessment

Row Name	11/28/23 0717	11/26/23 2130

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Pain Descriptor Scale	Pain Descriptor Scale	Pain Descriptor Scale
Pain Descriptor Scale	Patient sleeping	Moderate
Pain Intensity	—	Rest
Pain Location	—	LLE, R KNEE
Pain Interventions	—	Medication (See MAR)

PT Acute Eval/Tx

Row Name	11/23/23 1115	11/23/23 0800
PT Received On	11/23/23 [N2]	—
PT Diagnosis	venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise. [N2]	venous stasis ulcers in both legs and FTT who presents from wound clinic with c/f acute on chronic poor PO intake and malaise.
PT Considerations	Hard of hearing (hearing aid batteries are dead) [N2]	—
PT Documentation Type	Initial Eval [N2]	—
PT Treatment Start Time	1115 [N2]	—
PT Total Treatment Time in Minutes	40 Minutes [N2]	—
Safety measures	gait belt, PUW [N2]	—
Family/Caregiver Present	Yes [N2]	—
zzPT TIMED / TREATMENT COMMENTS	eval and treat [N2]	—
PT Total Timed Code in Minutes	25 Minutes [N2]	—
PT Activites TOTAL Time Minute(s)	25 [N2]	—
Patient Report/Self-Assessment	Sitting up in bed, willing to work with PT. Had a fall in 2021 with injury to femur. "I am OK" when asked about rubbing her R knee. L leg elevated on pillow [N2]	—
Home Living Comments	bainbridge island [N2]	—
Type of Home	Apartment;Other [N2]	—
Entry Stairs	0 [N2]	—
Indoor Stairs	0 [N2]	—
Lives With	Son [N2]	—
Lives with Comments	sleeps on couch with incontinent pads in place [N2]	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Assistance Available at Home	24 hour supervision [N2]	—
Mobility Equipment Owned	Four wheeled walker or rollator;Other [N2]	—
Prior Level of Function	can walk 100 ft with walker at baseline when she is feeling well, since Oct has been spending most of day on couch, walking short distances with max A from son [N2]	—
Type of Occupation	nanning for most of her life, ran family business [N2]	—
Leisure and Hobbies	travel [N2]	—
RLE Assessment	Within Functional Limits [N2]	—
R Knee Flexion	95 [N2]	—
R Knee Extension	10 [N2]	—
R Hip Flexion	3-/5 [N2]	—
LLE Assessment	Exceptions to WFL [N2]	—
L Knee Flexion	10 [N2]	—
L Knee Extension	0 [N2]	—
L Ankle Dorsiflexion	-5 [N2]	—
L Knee Flexion	90 [N2]	—
L Ankle Dorsiflexion Knee	0 [N2]	—
Communication	HOH, limited communication [N2]	—
Orientation Level	Oriented to person [N2]	—
Cognition Comments	responds to written notes and hand gestures [N2]	—
Light Touch	intact to LT in bil LE's (hypersensitive) [N2]	—
Skin / Integumentary Comments	LLE wound, stage 2 pressure ulcer on buttocks [N2]	—
Static Sitting Balance Comments	EOB [N2]	—
Static Sitting Balance Level of Assistance	Minimum Assist (less than 25% help needed) [N2]	—
Dynamic Sitting Balance Comments	EOB [N2]	—
Dynamic Sitting Balance Level of Assistance	Minimum Assist (less than 25% help needed) [N2]	—
Static Standing Balance Comments	PUW [N2]	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Static Standing Balance Level of Assistance	Maximum Assist (between 50-74% help needed);Other [N2]	—
Supine to Sit	Moderate Assist (between 25-49% help needed) [N2]	—
Sit to Supine	Maximum Assist (between 50-74% help needed) [N2]	—
Scooting	Dependent (greater than 75% help needed) [N2]	—
Sit<>Stand	Maximum Assist (between 50-74% help needed);Assistive device used [N2]	—
Sit<>Stand Assistive Device Details	Pick-up walker [N2]	—
Stand <> Sit	Moderate Assist (between 25-49% help needed);Assistive device used [N2]	—
Stand <>Sit Assistive Device Details	Pick-up walker [N2]	—
Distance	N/A [N2]	—
Number of steps	not needed for DC [N2]	—
AM-PAC Point of Care Asmt	Yes [N2]	—
Help needed climbing 3-5 steps with a railing?	Total [N2]	—
Help needed walking in hospital room?	Total [N2]	—
Help needed moving to and from a bed to chair (including a wheelchair)?	A Lot [N2]	—
Difficulty moving from lying on back to sitting on the side of the bed?	A Lot [N2]	—
Difficulty sitting down on and standing up from a chair with arms (e.g., wheelchair, bedside commode, etc,.)?	A Lot [N2]	—
Difficulty turning over in bed (including adjusting bedclothes,	A Lot [N2]	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

sheets and blankets)?		
Score	10 [N2]	—
PT Therapeutic Activity Time Minute(s)	25 [N2]	—
PT Therapeutic Activity 1	bed mobility: max A to right side of bed with bed features and assist of 2 [N2]	—
PT Therapeutic Activity 2	sitting at EOB SBA w/o back support [N2]	—
PT Therapeutic Activity 3	transfers: sit <> stand from elevated bed with max A of 2, patient pulling up on walker stabilized by therapist [N2]	—
PT Therapeutic Activity 4	static standing: max A for 2 - not able to stand fully upright however stood for about 30 seconds [N2]	—
PT Therapeutic Activity 5	pt/family ed: fall risk reduction, fall prevention, activity progression as tolerated, skin protection, [N2]	—
PT Impairments	Decreased strength;Decreased range of motion;Decreased endurance;Impaired balance;Decreased mobility [N2]	—
PT Assessment	Eval complete. Jeane is below her baseline level of mobility and per her son she was more active and able to can peaches earlier this month. She was minimally verbal during session (HOH with no working hearing aid today) with son anwering for her the majority of session. She did respond to physical cues about mobilizing and was able to initiate movement of bil LE's towards sitting at EOB. In context of session, she is able to sit unsupported at EOB and transfers to	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

	standing briefly with FWW with 80% assist from 2 people. Her L ankle ROM is restricted making it difficult to bear weight vertically through her L leg. Pt would benefit from ongoing therapies to address strength, ROM and mobility deficits. WIll continue to follow for progressive mobilization as tolerated. Recommend overhead lift for transfers OOB at this time. [N2]	
Barriers to Discharge	increased level of care required [N2]	—
Assistance with Details	assistance for all mobility activities [N2]	—
Supervision with Details	24 hour supervision [N2]	—
PT Discharge Recommendations details	SNF [N2]	—
Treatment/Interventions	Therapeutic exercise;Therapeutic functional activities;Gait/Stairs training;Patient/family training;Equipment eval/education [N2]	—
PT Plan	Skilled PT [N2]	—
Discharge Equipment	PUW vs FWW [N2]	—
PT In-House Recommendations	PUW [N2]	—
PT Coverage for Next Shift	EOB, standing with walker, OOB to bedside chair with FWW as tolerated [N2]	—
PT Daily Recommendations	EOB dangle with assist of 2, overhead lift for transfers, ambulate with therapies only at this time [N2]	—
Goal	Bed mobility;Minimum Assist (less than 25% help needed) [N2]	—
Estimated Completion Date	12/08/23 [N2]	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Goal	Transfer with AD;Minimum Assist (less than 25% help needed) [N2]	—
Estimated Completion Date	12/08/23 [N2]	—
Goal	Amb with AD;Minimum Assist (less than 25% help needed) [N2]	—
Estimated Completion Date	12/08/23 [N2]	—
Goal	tolerated OOB for meals 3x/day [N2]	—
Estimated Completion Date	12/08/23 [N2]	—
PT Dosage	2-3x/week [N2]	—

PT Acute Tx

Row Name	11/26/23 1050
PT Received On	11/26/23 [N3]
PT Documentation Type	Progress [N3]
PT Treatment Start Time	1050 [N3]
PT Total Treatment Time in Minutes	40 Minutes [N3]
Safety measures	bed alarm at end of session [N3]
PT Total Timed Code in Minutes	40 Minutes [N3]
Family/Caregiver Present	Yes [N3]
Patient Report/Self-Assessment	pleasant and agreeable to PT [N3]
Supine to Sit	Contact guard assist (touching/steadying assistance);Head of Bed Elevated [N3]
Sit to Supine	Contact guard assist (touching/steadying assistance) [N3]
Scooting	Supervision / Stand by assistance [N3]
Sit<>Stand	Moderate Assist (between 25-49% help needed);Minimum Assist (less than 25% help needed);Assistive device used [N3]
Sit<>Stand Assistive Device Details	Front wheeled walker [N3]
Stand <> Sit	Moderate Assist

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

	(between 25-49% help needed);Minimum Assist (less than 25% help needed);Assistive device used [N3]
Stand <>Sit Assistive Device Details	Front wheeled walker [N3]
AM-PAC Point of Care Asmt	Yes [N3]
Help needed climbing 3-5 steps with a railing?	Total [N3]
Help needed walking in hospital room?	Total [N3]
Help needed moving to and from a bed to chair (including a wheelchair)?	A Lot [N3]
Difficulty moving from lying on back to sitting on the side of the bed?	A Little [N3]
Difficulty sitting down on and standing up from a chair with arms (e.g., wheelchair, bedside commode, etc,.)?	A Little [N3]
Difficulty turning over in bed (including adjusting bedclothes, sheets and blankets)?	A Little [N3]
Score	13 [N3]
PT Therapeutic Activity Time Minute(s)	40 [N3]
PT Therapeutic Activity 1	CGA for bed mobility using hospital bed features to come to/from EOB [N3]
PT Therapeutic Activity 2	sit<>stand x4 with min-mod A; unable to achieve full standing, even with cueing and requiring mod-max A to maintain balance with significant tendencey for retropulsion; seated rest breaks in

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

	between attempts [N3]
PT Therapeutic Activity 3	attempted standing marching for pre-gait warm-up, pt unable to shift weight enough to raise feet [N3]
PT Therapeutic Activity 4	increased time spent answering son's many appropriate questions [N3]
PT Impairments	Decreased strength;Decreased range of motion;Decreased endurance;Impaired balance;Decreased mobility [N3]
PT Assessment	Jeane was able to complete bed mobility with light hands on assist, but still requires up to 50% assist to achieve standing with FWW and 50-75% assist to maintain standing balance. She was unable to unweight her feet enough to attempt ambulation during this session. PT will continue to follow and progress as able. [N3]
Functional Prognosis	Fair [N3]
Barriers to Discharge	increased level of assist required for all mobility [N3]
PT Discharge Recommendations details	SNF [N3]
Treatment/Interventions	Therapeutic exercise;Therapeutic functional activities;Gait/Stairs training;Patient/family training;Equipment eval/education [N3]
PT Plan	Skilled PT [N3]
Discharge Equipment	FWW [N3]
PT Coverage for Next Shift	repeated STS, in-room ambulation as able [N3]
PT Daily Recommendations	1PA for EOB, overhead lift for transfers, ambulate with therapies only

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

	at this time [N3]
Goals	Goal 1;Goal 2;Goal 3;Goal 4 (Free Text) [N3]
Goal Status	Progressing [N3]
Goal Status	Progressing [N3]
Goal Status	Not Progressing [N3]
Goal Status	Progressing [N3]
PT Dosage	2-3x/week [N3]

Screenings

Row Name	11/28/23 1302	11/28/23 0700	11/28/23 0300	11/27/23 1200	11/26/23 2200
How often do you have a drink containing alcohol?	—	—	—	Never	—
How many drinks containing alcohol do you have on a typical day?	—	—	—	None, I do not drink	—
How often do you have six or more drinks on one occasion?	—	—	—	Never	—
Audit-C Score	—	—	—	0	—
Belongings Retrieved from Safe/Locked Area & Sent Home	N/A	—	—	—	—
Patient Medications Returned	None	—	—	—	—
Sensory Perceptions	—	Slightly limited	—	Slightly limited	—
Moisture	—	Occasionally moist	—	Occasionally moist	—
Activity	—	Chairfast	—	Chairfast	—
Mobility	—	Very limited	—	Very limited	—
Nutrition	—	Probably inadequate	—	Probably inadequate	—
Friction and Shear	—	Problem	—	Problem	—
Braden Scale Score	—	13	—	13	—
Age (greater than 85)	—	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	—	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	—	No	No	No	No
Coagulopathy (bleeding risk)	—	No	No	No	No
Surgery in the last 24hrs	—	No	No	No	No
Injury Risk Assessment Score	—	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	—	No falls	No falls	No falls	No falls

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Mobility	—	**Immobilized/requires assist of one person;Use of assistive device/requires assist of two people;Dizziness/generalized weakness** !	**Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !
Medications	—	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	—	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !
Toileting Needs	—	**Use of catheters or diversion devices;Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of catheters or diversion devices;Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of catheters or diversion devices;Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of catheters or diversion devices;Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !
Volume/Electrolyte Status	—	No problems	No problems	No problems	**Use of IV fluids/tube feeds** !
Communication/Sensory	—	**Visual (Glasses)/hearing deficit;Neuropathy** !	**Visual (Glasses)/hearing deficit;Neuropathy** !	**Visual (Glasses)/hearing deficit;Neuropathy** !	Visual (Glasses)/hearing deficit
Behavior	—	Appropriate behavior	Appropriate behavior	Appropriate behavior	Depression/anxiety
Age Adjustment	—	3	3	3	3
Hester Davis Fall Risk Total	—	23	22	22	23
Hester Davis Fall Risk Category	—	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	—	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	—	—	Low/specialty bed	—	Low/specialty bed;Room closer to nurses station;Attend while toileting/in bathroom
Mobility	—	—	Provide assistive devices to patients	—	—
Mental Status/LOC/Awareness	—	—	Increase frequency of rounding	—	—
Communication/Sensory	—	—	Hearing aids/glasses within reach	—	—
Row Name	**11/26/23 0900**	**11/25/23 2100**	**11/25/23 0900**	**11/25/23 0521**	**11/25/23 0519**
Unable to Assess	—	—	—	—	Yes
In the past 3 months, have you had unintentional weight loss?	No	—	—	—	—
Are you currently receiving TPN or	No	—	—	—	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

tube feeds?					
Have you been eating poorly for at least 7 days because of decreased appetite?	No	—	—	—	—
In the past 3 months, how often have you used an illegal drug or used a prescription medication for non-medical purposes?	—	—	—	—	Never
Unable to Assess	—	—	Yes	—	Yes
Sensory Perceptions	Slightly limited	—	Slightly limited	—	—
Moisture	Occasionally moist	—	Occasionally moist	—	—
Activity	Chairfast	—	Chairfast	—	—
Mobility	Very limited	—	Very limited	—	—
Nutrition	Very poor	—	Very poor	—	—
Friction and Shear	Problem	—	Problem	—	—
Braden Scale Score	12	—	12	—	—
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	—
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	—
Skull Bone Missing	No	No	No	No	—
Coagulopathy (bleeding risk)	No	No	No	No	—
Surgery in the last 24hrs	No	No	No	No	—
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	—
ICU ONLY: Is patient sedated or comatose?	—	No	No	—	—
Last Known Fall	No falls	No falls	No falls	No falls	—
Mobility	**Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	—
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	**Cardiovascular and central nervous system meds** !	—
Mental Status/LOC/Awareness	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Toileting Needs	**Use of catheters or diversion devices;Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of catheters or diversion devices;Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Incontinence;Use of assistive device (Bedside commode, bedpan, urinal);Use of catheters or diversion devices** !	**Use of catheters or diversion devices;Incontinence** !	—
Volume/Electrolyte Status	**Use of IV fluids/tube feeds** !	**Use of IV fluids/tube feeds** !	**Use of IV fluids/tube feeds** !	**Use of IV fluids/tube feeds** !	—
Communication/Sensory	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	—
Behavior	Depression/anxiety	Depression/anxiety	Depression/anxiety	Depression/anxiety	—
Age Adjustment	3	3	3	3	—
Hester Davis Fall Risk Total	23	23	23	21	—
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	—
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	—
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Low/specialty bed;High Fall Risk arm band;Bed/chair alarm;Room closer to nurses station;Purposeful rounding;Attend while toileting/in bathroom	Bed/chair alarm;Purposeful rounding;Room closer to nurses station;Attend while toileting/in bathroom	Purposeful rounding;Bed/chair alarm;Low/specialty bed	Low/specialty bed	—
Mobility	BSC/urinal in reach;Provide physical activity with assistance;Gait belt;Complete mobility assessment;Provide assistive devices to patients	—	—	—	—
Medications	Frequent assistance to bathroom after diuretics/laxatives are given	—	—	—	—
Mental Status/LOC/Awareness	Increase frequency of rounding;Provide activity when appropriate	—	—	—	—
Toileting needs	BSC/urinal in reach;Brief/peri-pad when out of bed only	—	—	—	—
Volume/Electrolyte Status	Nutrition consult;Pt to dangle legs 20 sec before standing;Monitor abnormal lab values	—	—	—	—
Communication/Sensory	Hearing aids/glasses within reach;Dentures within reach	—	—	—	—
Behavior	Re-direct patient	—	—	—	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Unable to Assess	—	—	—	Yes	—
Patient expects to be discharged to:	—	—	home?	—	—

Row Name	11/24/23 1800	11/24/23 1117	11/24/23 0117	11/24/23 0100	11/23/23 1900
Unable to Assess	—	—	Yes	—	—
Unable to Assess	—	—	Yes	—	—
Unable to Assess	—	—	Yes	Yes	—
Sensory Perceptions	Very limited	Very limited	—	—	—
Moisture	Occasionally moist	Occasionally moist	—	—	—
Activity	Walks occasionally	Walks occasionally	—	—	—
Mobility	Very limited	Very limited	—	—	—
Nutrition	Probably inadequate	Probably inadequate	—	—	—
Friction and Shear	Problem	Potential problem	—	—	—
Braden Scale Score	13	14	—	—	—
Age (greater than 85)	**Yes** !	**Yes** !	—	—	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	—	—	**Yes** !
Skull Bone Missing	No	No	—	—	No
Coagulopathy (bleeding risk)	No	No	—	—	No
Surgery in the last 24hrs	No	No	—	—	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	—	—	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	—	No	—	—	—
Last Known Fall	No falls	No falls	—	—	No falls
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	—	—	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	**Cardiovascular and central nervous system meds** !	Cardiovascular or central nervous system meds	—	—	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	—	—	**Oriented to person and place;Memory loss/confusion and requires reorienting** !
Toileting Needs	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	—	—	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !
Volume/Electrolyte Status	**Use of IV fluids/tube feeds** !	**Use of IV fluids/tube feeds** !	—	—	**Use of IV fluids/tube feeds** !
Communication/S	Visual	Visual	—	—	Visual

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

ensory	(Glasses)/hearing deficit	(Glasses)/hearing deficit			(Glasses)/hearing deficit
Behavior	Depression/anxiety	Depression/anxiety	—	—	Appropriate behavior;Depression/anxiety
Age Adjustment	3	3	—	—	3
Hester Davis Fall Risk Total	21	20	—	—	21
Hester Davis Fall Risk Category	High Risk	High Risk	—	—	High Risk
Universal Fall Precautions In Place?	Yes	Yes	—	—	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Low/specialty bed;Purposeful rounding	Low/specialty bed;Purposeful rounding	—	—	—
Mental Status/LOC/Awareness	Family at bedside	—	—	—	—
Volume/Electrolyte Status	Monitor abnormal lab values	—	—	—	—
Communication/Sensory	Hearing aids/glasses within reach	—	—	—	—
Unable to Assess	—	—	Yes	—	—
Row Name	**11/23/23 1553**	**11/23/23 1243**	**11/23/23 0900**	**11/23/23 0116**	**11/23/23 0114**
Sensory Perceptions	—	Very limited	—	—	Very limited
Moisture	—	Occasionally moist	—	—	Occasionally moist
Activity	—	Chairfast	—	—	Bedfast
Mobility	—	Very limited	—	—	Very limited
Nutrition	—	Probably inadequate	—	—	Probably inadequate
Friction and Shear	—	Potential problem	—	—	Potential problem
Braden Scale Score	—	13	—	—	12
Age (greater than 85)	—	—	**Yes** !	—	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	—	—	**Yes** !	—	**Yes** !
Skull Bone Missing	—	—	No	—	No
Coagulopathy (bleeding risk)	—	—	No	—	No
Surgery in the last 24hrs	—	—	No	—	No
Injury Risk Assessment Score	—	—	High Risk for Injury	—	High Risk for Injury
Last Known Fall	—	—	No falls	—	No falls
Mobility	—	—	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	—	**Use of assistive device/requires assist of two people;Dizziness/generalized weakness** !
Medications	—	—	Cardiovascular or	—	Cardiovascular or

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

			central nervous system meds		central nervous system meds
Mental Status/LOC/Awareness	—	—	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	—	**Memory loss/confusion and requires reorienting;Oriented to person and place** !
Toileting Needs	—	—	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	—	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !
Volume/Electrolyte Status	—	—	**Use of IV fluids/tube feeds** !	—	**Use of IV fluids/tube feeds** !
Communication/Sensory	—	—	Visual (Glasses)/hearing deficit	—	Visual (Glasses)/hearing deficit
Behavior	—	—	Appropriate behavior;Depression/anxiety	—	Appropriate behavior
Age Adjustment	—	—	3	—	3
Hester Davis Fall Risk Total	—	—	21	—	20
Hester Davis Fall Risk Category	—	—	High Risk	—	High Risk
Universal Fall Precautions In Place?	—	—	Yes	—	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	—	—	Low/specialty bed;Bed/chair alarm;Purposeful rounding	—	Low/specialty bed;Bed/chair alarm;Purposeful rounding
Mobility	—	—	—	—	Complete mobility assessment
Medications	—	—	—	—	Instruct patient to change position slowly
Mental Status/LOC/Awareness	—	—	—	—	Increase frequency of rounding
Toileting needs	—	—	—	—	Toileting schedule
Volume/Electrolyte Status	—	—	—	—	Monitor abnormal lab values
Unable to Assess	—	—	—	Yes	—
Living situation prior to admit	Other (comment)	—	—	—	—

Row Name	**11/23/23 0113**
Does the patient have a Healthcare Advanced Directive	Unable to Assess (Cognitively unable - Information provided to patient)
Unable to Assess	Yes
Unable to Assess	Yes
Unable to Assess	Yes
Pressure Injury on Admission	Yes

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Sepsis Documentation

Row Name	11/23/23 2136	11/22/23 2045
Do you suspect this patient may have a new or worsening infection?	No	No
Are two or more sepsis screening criteria present, and new or worsening? (HR >90, RR 20, WBC <4k or >12k, Temp < 36 or < 38, altered mental status)	No	No

SLP Eval/Tx

Row Name	11/24/23 0848
SLP Received On	11/24/23 [N4]
SLP Document Type	Eval [N4]
SLP Total Treatment Time in Minutes	37 Minutes [N4]
Visual Acuity	Within Functional Limits [N4]
Auditory Acuity	Hard of hearing;Hearing Aids [N4]
Family/Caregiver Comments	son [N4]
Family/Caregiver Present	Yes [N4]
Patient Report/Self-Assessment	RN cleared SLP for entry. Pt reported eating a whole bowl of cream of wheat prior to SLP arrival. [N4]
Patient Stated Goal	none stated [N4]
Prior Function	Son reported that pt eats primarily soft solids due to ill fitting dentures but that recently he began pureeing some solids due to low intake during recent thrush infection. [N4]
Type of Occupation	nanning for most of her life, ran family business [N4]
Leisure and Hobbies	travel [N4]
Dentition	Adequate with dentures [N4]

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Oral mucosa	Within Functional Limits [N4]
Jaw Range of Motion	Within Functional Limits [N4]
Observations	Limited due to pt's HOH and difficulty following directions. [N4]
Temperature	Afebrile [N4]
Respiratory Status	Room air;Concerning chest x-ray [N4]
Behavior/Cognition	Distractible;Alert [N4]
Patient Positioning	Upright in bed [N4]
Consistencies Assessed	0-Thin Liquids;4-Pureed;Soft solids [N4]
0-Thin Liquids - Presentation	Self Fed;Straw [N4]
4 Pureed - Presentation	Self Fed;Spoon [N4]
Soft Solids - Presentation	Self Fed [N4]
Oral Phase	Prolonged mastication;Delayed anterior to posterior transit [N4]
Signs/Symptoms of Penetration/Aspiration	Cough - immediate [N4]
Assessment	Jeane seen for bedside swallow eval. She demonstrated mild oral deficits and 1 cough that was not repeated with further trials with thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids with son assisting to self select softer solids as needed and 1:1 assist for all intake. Meds crushed or whole in puree. SLP to continue to follow. [N4]

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

SLP Assessment Results	Dysphagia [N4]
Dysphagia	Mild [N4]
Aspiration Risk	Low;Moderate [N4]
Impact on Function	Risk for not meeting oral nutrition;Risk for respiratory complications [N4]
Confounding Factors	age, ill fitting dentures [N4]
Prognosis	Fair [N4]
Evaluation/Treatment Tolerance	Patient tolerated treatment well [N4]
SLP Plan	Skilled SLP [N4]
Treatment/Interventions	Swallow treatment;Patient/family education [N4]
SLP Frequency	1-3x/week [N4]
SLP Discharge Recommendations	Follow up with SLP at next level of care;Assistance with [N4]
Assistance with Details	Eating;Drinking [N4]
SLP Summary for Next Shift	check diet tolerance, instrumenal needed? in GOC? [N4]
Goals	STG 1;STG - Education [N4]
Diet Recommendations	0-Thin liquids;6-Soft and bite-sized [N4]
Medication Administration Recommendations	Meds whole/halved in puree;Meds crushed in puree [N4]
Oral care	Frequency: 2-3x per day;Toothbrush and toothpaste [N4]
Aspiration Precautions	As upright as medically possible for all oral intake;1:1 supervision/assistance;Cut up/set up;Small bites;Small sips;Slow rate;One sip at a time [N4]
Esophageal Precautions	Sit upright while eating and remain upright for 30 minutes after [N4]
Short Term Goal	Tolerate least restrictive diet [N4]
Estimated Completion Date	12/15/23 [N4]
Goal Status	Updated [N4]
Patient/caregiver will participate in education regarding	Dysphagia [N4]
Estimated	12/15/23 [N4]

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Completion Date	
Goal Status	Updated [N4]

Suicide Risk Screening

Row Name	11/22/23 1105
Suicide assessment:	Start C-SSRS
1. Have you wished you were dead or wished you could go to sleep and not wake up?	No
2. Have you actually had any thoughts of killing yourself?	No
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?	No
C-SSRS (Short) Risk Calculation	No Identified Risk

SW Productivity Data

Row Name	11/28/23 1000	11/27/23 1217
Assessment Type	Follow-Up Assessment	Discharge Planning Assessment (Face-to-Face)
Interventions & Referrals	Care Coordination;Chart Review/Screening;Discharge planning;Consult with healthcare team/provider/community;Home Health/Hospice referral	Care Coordination;Chart Review/Screening;Discharge planning;Consult with healthcare team/provider/community
SW Inpatient services (minutes)	30	60

UWM T CCM IP MEDICALLY READY FOR DISCHARGE TEMPLATE

Row Name	11/28/23 0857	11/27/23 1406
Medically Ready for Discharge	Yes	Yes

Vital Signs

Row Name	11/22/23 1730	11/22/23 1103
Temp	—	**35.9 °C** !
Temp src	—	Oral
Pulse	77	68

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Resp	17	16
BP	**92/42** !	118/63
MAP (mmHg)	58	78
BP Site	—	Right Arm
BP Method	—	Automatic
Patient Position	—	Sitting
SpO2	100 %	100 %
Vital Sign Reason	—	Routine
Restart Vitals Timer	—	Yes
Restart Vitals Timer	Yes	Yes
Oxygen Therapy	—	None (Room air)
Height	—	5' (1.524 m)
Height Method	—	Stated
Weight	—	**40.8 kg (90 lb)** !
Weight Method	—	Stated

Vitals

Row Name	11/28/23 0913	11/28/23 0755	11/28/23 0600	11/27/23 2051	11/27/23 1513
Temp	—	37.1 °C	—	36.8 °C	—
Temp src	—	Temporal	—	Temporal	—
Pulse	—	63	—	70	72
Heart Rate Source	—	Monitor	—	Monitor	—
Resp	—	16	—	18	—
BP	—	**105/53** !	—	114/64	**95/54** !
MAP (mmHg)	—	70	—	81	65
BP Site	—	Right Arm	—	Right Arm	Right Arm
BP Method	—	Automatic	—	Automatic	—
Patient Position	—	Lying	—	Lying	—
Vital Sign Reason	—	Routine	—	Routine	—
SpO2	—	94 %	—	93 %	96 %
Oxygen Therapy	—	None (Room air)	—	None (Room air)	—
Pain Assessment	—	No/denies pain	—	Pain Scale	—
Pain Score	—	—	—	1	—
Pain Descriptor Scale	—	—	—	Mild	—
Pain Intensity	—	—	—	Rest	—
Pain Location	—	—	—	LLE, R KNEE	—
Weight	—	—	**40.9 kg (90 lb 2.7 oz)** !	—	—
Weight Method	—	—	Bed scale	—	—
Nursing Annotation	Good morning. Pt has DC orders. Would you like to do teaching? Thank you, Matt 89603	—	—	—	—
Provider Name	Risso	—	—	—	—
Provider Role	Other (Comment)	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—

Row Name	11/27/23 1512	11/27/23 0830	11/27/23 0816	11/27/23 0452	11/27/23 0448
Temp	36.5 °C	—	36.2 °C	—	36.1 °C
Temp src	Temporal	—	Temporal	—	Temporal
Pulse	75	—	**57** !	—	**57** !

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Heart Rate Source	Monitor	—	Monitor	—	Monitor
Resp	16	—	16	—	16
BP	**91/52** !	—	**110/56** !	**104/50** !	**99/48** !
MAP (mmHg)	—	—	—	68	65
BP Site	Right Arm	—	Right Arm	Right Arm	Right Arm
BP Method	Automatic	—	Automatic	Automatic	Automatic
Patient Position	Lying	—	Lying	Lying	Lying
Vital Sign Reason	—	—	Routine	Routine	Routine
SpO2	95 %	—	95 %	—	96 %
Patient Activity	At rest	—	At rest	—	At rest
Pulse Oximetry Type	—	—	—	—	Intermittent
Oxygen Therapy	None (Room air)	—	None (Room air)	—	None (Room air)
Pain Assessment	—	No/denies pain	—	—	—
Pain Score	—	0	—	—	—
Row Name	**11/27/23 0003**	**11/26/23 1927**	**11/26/23 1548**	**11/26/23 0900**	**11/26/23 0801**
Temp	—	37.1 °C	36.7 °C	—	36.3 °C
Temp src	—	Temporal	Temporal	—	Temporal
Pulse	61	72	74	—	**55** !
Heart Rate Source	Monitor	Monitor	Monitor	—	Monitor
Resp	—	19	18	—	18
BP	128/70	**110/55** !	**108/58** !	—	**91/51** !
MAP (mmHg)	89	—	74	—	64
BP Site	Right Arm	Right Arm	Right Arm	—	Right Arm
BP Method	Automatic	Automatic	Automatic	—	Automatic
Patient Position	Lying	Lying	Lying	—	Lying
Vital Sign Reason	Routine	Routine	Routine	—	Routine
Telemetry/Cardiac Monitor	—	—	—	No	—
SpO2	93 %	96 %	95 %	—	92 %
Patient Activity	At rest	At rest	At rest	—	At rest
Pulse Oximetry Type	Intermittent	Intermittent	Intermittent	—	Intermittent
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	—	None (Room air)
Pain Assessment	—	—	—	No/denies pain	—
Pain Score	—	—	—	0	—
Pain Descriptor Scale	—	—	—	None	—
Row Name	**11/26/23 0016**	**11/25/23 2150**	**11/25/23 2111**	**11/25/23 2031**	**11/25/23 2030**
Pulse	60	—	61	—	—
Heart Rate Source	Monitor	—	—	—	—
BP	**97/53** !	—	**84/52** !	—	**85/51** !
MAP (mmHg)	68	—	63	—	63
BP Site	Right Arm	—	—	—	—
BP Method	Automatic	—	—	—	—
Patient Position	Lying	—	—	—	—
Vital Sign Reason	Other(comment)	—	—	—	—
SpO2	—	—	96 %	—	—
Pain Assessment	—	No/denies pain	—	—	—
Pain Score	—	0	—	—	—
Pain Descriptor Scale	—	None	—	—	—
Nursing Annotation	—	—	Pt denies feeling lightheaded or dizzy	—	Pt denies feeling lightheaded or dizzy

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Reason for Communication	—	—	Abnormal vitals	Abnormal vitals	—
Provider Name	—	—	Diaz	Diaz	—
Method of Communication	—	—	Page	Page	—
Response	—	—	Waiting for response	Waiting for response	—
Row Name	**11/25/23 2028**	**11/25/23 1511**	**11/25/23 0923**	**11/25/23 0915**	**11/25/23 0648**
Temp	36.6 °C	36.9 °C	36.7 °C	—	—
Temp src	Temporal	Temporal	Temporal	—	—
Pulse	61	72	65	—	**57** !
Heart Rate Source	Monitor	Monitor	Monitor	—	Monitor
Resp	17	18	18	—	18
BP	**83/49** !	**105/54** !	121/62	—	**96/55** !
MAP (mmHg)	61	71	—	—	—
BP Site	Right Arm	Right Arm	Right Arm	—	Right Arm
BP Method	Automatic	Automatic	Automatic	—	Automatic
Patient Position	Lying	Lying	Lying	—	Lying
Vital Sign Reason	Routine	Routine	Routine	—	Routine
SpO2	96 %	97 %	92 %	—	98 %
Patient Activity	At rest	At rest	At rest	—	—
Pulse Oximetry Type	Intermittent	Intermittent	Intermittent	—	—
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	—	None (Room air)
Pain Assessment	—	Pain Scale	—	Pain Scale	—
Pain Score	—	6	—	5	—
Pain Descriptor Scale	Moderate	Moderate	—	Moderate	—
Pain Intensity	Rest	Activity	—	Activity	—
Pain Location	ulcers	Right knee	—	Right knee	—
Row Name	**11/25/23 0600**	**11/25/23 0000**	**11/24/23 1900**	**11/24/23 1617**	**11/24/23 1100**
Temp	—	36.5 °C	—	37.2 °C	—
Temp src	—	Temporal	—	Temporal	—
Pulse	—	**58** !	—	63	—
Heart Rate Source	—	Monitor	—	Monitor	—
Resp	—	18	—	18	—
BP	—	**88/50** !	—	**96/59** !	—
MAP (mmHg)	—	63	—	—	—
BP Site	—	Right Arm	—	Right Arm	—
BP Method	—	Automatic	—	Automatic	—
Patient Position	—	Lying	—	Lying	—
Vital Sign Reason	—	Routine	—	Routine	—
SpO2	—	99 %	—	98 %	—
Pain Assessment	—	—	No/denies pain	—	No/denies pain
Pain Score	—	—	0	—	0
Pain Descriptor Scale	—	—	None	—	None
Weight	**38.5 kg (84 lb 14 oz)** !	—	—	—	—
Weight Method	Bed scale	—	—	—	—
Row Name	**11/24/23 0807**	**11/24/23 0547**	**11/24/23 0529**	**11/23/23 2028**	**11/23/23 1900**
Temp	36.6 °C	—	36.4 °C	37.3 °C	—
Temp src	Temporal	—	Temporal	Temporal	—
Pulse	**58** !	—	**59** !	**116** !	—
Heart Rate	Monitor	—	Monitor	Monitor	—

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Source					
Resp	16	—	16	16	—
BP	**92/49** !	—	**96/53** !	**94/48** !	—
MAP (mmHg)	64	—	—	64	—
BP Site	Right Arm	—	Right Arm	Right Arm	—
BP Method	Automatic	—	Automatic	Automatic	—
Patient Position	Lying	—	Lying	Lying	—
Vital Sign Reason	Routine	—	Routine	Routine	—
SpO2	99 %	—	98 %	98 %	—
Patient Activity	At rest	—	—	—	—
Oxygen Therapy	None (Room air)	—	None (Room air)	—	—
Pain Assessment	—	—	—	—	Pain Scale
Pain Score	—	—	—	—	0
Pain Descriptor Scale	—	—	—	—	None
Weight	—	**37.9 kg (83 lb 8.9 oz)** !	—	—	—
Weight Method	—	Bed scale	—	—	—
Row Name	**11/23/23 1634**	**11/23/23 1155**	**11/23/23 1151**	**11/23/23 0900**	**11/23/23 0754**
Temp	36.8 °C	36.8 °C	—	—	36.6 °C
Temp src	Temporal	Temporal	—	—	Temporal
Pulse	74	—	68	—	60
Heart Rate Source	Monitor	—	—	—	Monitor
Resp	16	—	—	—	17
BP	**85/56** !	—	**117/55** !	—	100/60
MAP (mmHg)	65	—	—	—	—
BP Site	Right Arm	—	Right Arm	—	Right Arm
BP Method	Automatic	—	Automatic	—	Automatic
Patient Position	Lying	—	Lying	—	Lying
Vital Sign Reason	Routine	—	Routine	—	—
SpO2	99 %	100 %	—	—	100 %
Oxygen Therapy	—	None (Room air)	—	—	None (Room air)
Pain Assessment	Pain Scale	OUCHER	—	—	—
Pain Score	0	—	—	—	—
Pain Descriptor Scale	None	—	—	—	—
OUCHER	—	5 - Moderate pain	—	—	—
Weight	—	—	—	**41.3 kg (91 lb 0.8 oz)** !	—
Weight Method	—	—	—	Bed scale	—
Row Name	**11/23/23 0439**	**11/23/23 0116**	**11/23/23 0050**	**11/23/23 0021**	**11/22/23 2336**
Temp	36.7 °C	—	36.8 °C	—	37 °C
Temp src	Temporal	—	Temporal	—	Temporal
Pulse	65	—	61	—	60
Heart Rate Source	Monitor	—	Monitor	—	Monitor
Resp	16	—	18	—	16
BP	**106/59** !	—	**101/52** !	—	**91/50** !
MAP (mmHg)	75	—	68	—	64
BP Site	Right Arm	—	Right Arm	—	Right Arm
BP Method	Automatic	—	Automatic	—	Automatic
Patient Position	Lying	—	Lying	—	Lying
Vital Sign Reason	Routine	—	Other(comment)	—	Routine
SpO2	100 %	—	99 %	—	93 %
Oxygen Therapy	None (Room air)	—	None (Room air)	—	None (Room air)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Pain Assessment	OUCHER	—	—	—	—
Weight	—	**40.6 kg (89 lb 8.1 oz)** !	—	—	—
Weight Method	—	Bed scale	—	—	—
Nursing Annotation	—	—	—	STAT nurse came by to put PIV and assess pt.	—

Row Name	**11/22/23 2100**	**11/22/23 2044**	**11/22/23 1949**	**11/22/23 1530**	**11/22/23 1304**
Temp	—	36.5 °C	—	—	—
Temp src	—	Temporal	—	—	—
Pulse	—	73	74	99	74
Heart Rate Source	—	Monitor	—	—	—
Resp	—	16	**21** !	20	17
BP	—	110/61	**122/91** !	**125/99** !	105/61
MAP (mmHg)	—	77	101	108	76
BP Site	—	Right Arm	—	—	—
BP Method	—	Automatic	—	—	—
Patient Position	—	Lying	—	—	—
Vital Sign Reason	—	Other(comment)	—	—	—
SpO2	—	100 %	99 %	100 %	99 %
Oxygen Therapy	—	None (Room air)	—	—	—
Pain Assessment	OUCHER	—	—	—	—
OUCHER	2	—	—	—	—

Vitals Data

Row Name	**11/28/23 0617**	**11/26/23 1600**	**11/26/23 1425**	**11/26/23 1253**	**11/25/23 1550**
Dose	—	*1 g	—	—	*1 g
Volume (mL)	—	50	—	—	—
Dose	—	—	—	*250 mg	—
Volume (mL)	—	—	—	120	—
Dose	—	—	*2 g	—	—
Volume (mL)	—	—	50	—	—
OUCHER	5 - Moderate pain	—	—	—	—

Row Name	**11/25/23 1218**	**11/24/23 1715**	**11/24/23 1558**	**11/23/23 1420**
Dose	—	—	*1 g	*1 g
Dose	*250 mg	*250 mg	—	—

Vitals Reassessment

Row Name	**11/28/23 0755**	**11/27/23 2051**	**11/27/23 1512**	**11/27/23 0816**	**11/27/23 0448**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes

Row Name	**11/26/23 1927**	**11/26/23 1548**	**11/26/23 0801**	**11/25/23 2028**	**11/25/23 1511**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes

Row Name	**11/25/23 0923**	**11/25/23 0648**	**11/25/23 0000**	**11/24/23 1617**	**11/24/23 0807**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes

Row Name	**11/24/23 0529**	**11/23/23 2028**	**11/23/23 1634**	**11/23/23 0754**	**11/23/23 0439**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes

Row Name	**11/23/23 0050**	**11/22/23 2336**	**11/22/23 2044**	**11/22/23 1949**	**11/22/23 1530**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes

Row Name	**11/22/23 1304**

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Restart Vitals Timer	Yes

Images for: [REMOVED] Wound 10/05/20 #17 Left Lower Leg

Property Name	Property Values
Wound Properties	Date First Assessed: 10/05/20 Time First Assessed: 1107 Date Acquired: 10/05/17 Wound Number: #17 Left Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/09/25 Final Assessment Time: 2200 Wound Outcome: Amputation

78842738

Scan on 11/28/2023 10:37 AM by McManigal, LuQi, RN: LLE (below)



Flowsheet Notes

[N1]

Author	Author Type	Service	Note Type	Status	Filed Time
Hamrick, Natalie I, OT	Occupational Therapist	Occupational Therapy	Progress Notes	Signed	11/27/23 1153

Note Text

Occupational Therapy Note

Patient Name: Jeane Leonie Hoffman
MRN: U8170135
Today's Date: 11/27/2023
Total Treatment time: 55 Minutes

ADL and Functional Transfer Status reflective of last 24 hours

Toileting Comments: son reports assisting his mother to the commode earlier this morning.

Bathing Comments: discussed home set and bathing, son reports they have all necessary DME and a system in place at home

Bed Mobility
Supine>Sit: Supervision / Stand by assistance
Sit>Supine: Supervision / Stand by assistance

Transfers
Sit<>Stand: Minimum Assist (less than 25% help needed);Moderate Assist (between 25-49% help needed)
Sit<>Stand Assistive Device Details: Front wheeled walker
Cuing Used: Tactile;Verbal
Sit <> Stand Comments: HOB raised to simulate home set up
Bedside Commode Transfer: Maximum Assist (between 50-74% help needed);Assistive device used
Bedside Commode Assistive Device Details: Front wheeled walker
Bedside Commode Transfer Comments: OT instructed son in use of gait belt and how to don/doff, he demo's proper technique

edu re: role of OT goals, POC,

See flowsheet for objective data reflective of today's session.

Assessment
Impact on Function and Participation: Jeane still requires a lot of assist for all mobility and BADL. Her son, Louis, feels confident about caring for his mother at her current LOF. Caregiver training completed with Louis for gait belt use and transfers. He reports they have all necessary DME at home. Anticipate d/c home when medically ready with home health therapy and Louis as 24/7 caregiver.

Flowsheets (continued)

Barriers to Discharge: None
Evaluation/Treatment Tolerance: Patient tolerated treatment well
OT Coverage for Next Shift: toileting, dressing, she does not take showers (sponge bath only). seated ADLs, transfers

Discharge Recommendations
OT Discharge Recommendations: Follow up with OT at next level of care, Home health OT
Assistance with : ADLs, Functional mobility and transfers, IADLs
Supervision with : Home safety

Equipment Recommended: Bedside commode

Goals
Goal: Upper body dressing, Lower body dressing, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/02/23
Goal Status: Progressing

Goal: Toileting, Toilet transfer, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/02/23
Goal Status: Progressing

Goal: Bathing, Tub/shower transfer, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/02/23
Goal Status: Progressing

Natalie I Hamrick, OT
11/27/2023

[N2]

Author	Author Type	Service	Note Type	Status	Filed Time
Hicks, Genevieve, PT	Physical Therapist	Physical Therapy	Progress Notes	Signed	11/23/23 1402

Note Text

Physical Therapy Evaluation

Jeane Leonie Hoffman
U8170135

11/23/2023
Duration of session: 40 Minutes

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Community acquired bacterial pneumonia

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

- Weakness of trunk musculature 1/6/2015
- Vertebral fracture 12/13/2012
  Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed
- Thyroid nodule, uninodular 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.
- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Subjective
Patient Report/Self-Assessment: Sitting up in bed, willing to work with PT. Had a fall in 2021 with injury to femur. "I am OK" when asked about rubbing her R knee. L leg elevated on pillow

Home Living
Home Living Comments: bainbridge island
Type of Home: Apartment;Other (very small, son describes it as the size of hospital room)
Entry Stairs: 0
Indoor Stairs: 0
Lives With: Son
Lives with Comments: sleeps on couch with incontinent pads in place
Assistance Available at Home : 24 hour supervision
Mobility Equipment Owned: Four wheeled walker or rollator;Other (transport chair)

Prior Level of Function : can walk 100 ft with walker at baseline when she is feeling well, since Oct has been spending most of day on couch, walking short distances with max A from son

Objective

RLE Assessment
RLE Assessment: Within Functional Limits
RLE AROM (degrees)
R Knee Flexion: 95
R Knee Extension: 10

RLE Strength

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

R Hip Flexion: 3-/5

LLE Assessment
LLE Assessment: Exceptions to WFL
LLE AROM (degrees)
L Knee Flexion : 10
L Knee Extension : 0
L Ankle Dorsiflexion : -5
LLE PROM (degrees)
L Knee Flexion : 90
L Ankle Dorsiflexion Knee: 0

Sensation
Light Touch: intact to LT in bil LE's (hypersensitive)

Static Sitting Balance
Static Sitting Balance Comments: EOB
Static Sitting Balance Level of Assistance: Minimum Assist (less than 25% help needed)
Dynamic Sitting Balance
Dynamic Sitting Balance Comments: EOB
Dynamic Sitting Balance Level of Assistance: Minimum Assist (less than 25% help needed)
Static Standing Balance
Static Standing Balance Comments: PUW
Static Standing Balance Level of Assistance: Maximum Assist (between 50-74% help needed);Other (assist of 2)

Functional Level:
Bed Mobility
Supine to Sit: Moderate Assist (between 25-49% help needed)
Sit to Supine: Maximum Assist (between 50-74% help needed)
Scooting: Dependent (greater than 75% help needed)
Transfers
Sit<>Stand: Maximum Assist (between 50-74% help needed);Assistive device used
Sit<>Stand Assistive Device Details: Pick-up walker
Stand <> Sit: Moderate Assist (between 25-49% help needed);Assistive device used
Stand <>Sit Assistive Device Details: Pick-up walker
Ambulation
Distance: N/A
Stairs

Flowsheets (continued)

Number of steps: not needed for DC

Interventions:
Therex:
Theract: bed mobility: max A to right side of bed with bed features and assist of 2 sitting at EOB SBA w/o back support transfers: sit <> stand from elevated bed with max A of 2, patient pulling up on walker stabilized by therapist static standing: max A for 2 - not able to stand fully upright however stood for about 30 seconds
pt/family ed: fall risk reduction, fall prevention, activity progression as tolerated, skin protection,
Balance/Neuro Re-ed:
Gait Training:

ASSESSMENT/PLAN

Eval complete. Jeane is below her baseline level of mobility and per her son she was more active and able to can peaches earlier this month. She was minimally verbal during session (HOH with no working hearing aid today) with son anwering for her the majority of session. She did respond to physical cues about mobilizing and was able to initiate movement of bil LE's towards sitting at EOB. In context of session, she is able to sit unsupported at EOB and transfers to standing briefly with FWW with 80% assist from 2 people. Her L ankle ROM is restricted making it difficult to bear weight vertically through her L leg. Pt would benefit from ongoing therapies to address strength, ROM and mobility deficits. WIll continue to follow for progressive mobilization as tolerated. Recommend overhead lift for transfers OOB at this time.

Barriers to Discharge: increased level of care required

PT Discharge Equipment: PUW vs FWW

Goals:
Goal: Bed mobility, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/08/23
Goal: Transfer with AD, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/08/23
Goal: Amb with AD, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/08/23
Goal: tolerated OOB for meals 3x/day
Estimated Completion Date: 12/08/23

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities, Gait/Stairs training, Patient/family

Flowsheets (continued)

training, Equipment eval/education
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: EOB, standing with walker, OOB to bedside chair with FWW as tolerated

Other Recommendations:

PT Daily Recommendations: EOB dangle with assist of 2, overhead lift for transfers, ambulate with therapies only at this time

Genevieve Hicks, PT

[N3]

Author	Author Type	Service	Note Type	Status	Filed Time
Stoewer, Jillian Michelle, PT	Physical Therapist	Physical Therapy	Progress Notes	Addendum	11/27/23 1140

Note Text

Physical Therapy Treatment

Jeane Leonie Hoffman
U8170135

11/26/2023
Duration of session: 40 Minutes

Subjective
Patient Report/Self-Assessment: pleasant and agreeable to PT

Home Living
Home Living Comments: bainbridge island
Type of Home: Apartment, Other (very small, son describes it as the size of hospital room)
Entry Stairs: 0
Indoor Stairs: 0
Lives With: Son
Lives with Comments: sleeps on couch with incontinent pads in place
Assistance Available at Home : 24 hour supervision
Mobility Equipment Owned: Four wheeled walker or rollator, Other (transport chair)

Functional Level:
Bed Mobility
Supine to Sit: Contact guard assist (touching/steadying assistance);Head of Bed Elevated
Sit to Supine: Contact guard assist (touching/steadying assistance)

Scooting: Supervision / Stand by assistance
Transfers
Sit<>Stand: Moderate Assist (between 25-49% help needed);Minimum Assist (less than 25% help needed);Assistive device used
Sit<>Stand Assistive Device Details: Front wheeled walker
Stand <> Sit: Moderate Assist (between 25-49% help needed);Minimum Assist (less than 25% help needed);Assistive device used
Stand <>Sit Assistive Device Details: Front wheeled walker

Interventions:
Theract: CGA for bed mobility using hospital bed features to come to/from EOB sit<>stand x4 with min-mod A; unable to achieve full standing, even with cueing and requiring mod-max A to maintain balance with significant tendencey for retropulsion; seated rest breaks in between attempts attempted standing marching for pre-gait warm-up, pt unable to shift weight enough to raise feet increased time spent answering son's many appropriate questions

ASSESSMENT/PLAN

Jeane was able to complete bed mobility with light hands on assist, but still requires up to 50% assist to achieve standing with FWW and 50-75% assist to maintain standing balance. She was unable to unweight her feet enough to attempt ambulation during this session. PT will continue to follow and progress as able.

Barriers to Discharge: increased level of assist required for all mobility

PT Discharge Equipment: FWW

Goals:
Goal: Bed mobility, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/08/23
Goal Status: Progressing
Goal: Transfer with AD, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/08/23
Goal Status: Progressing
Goal: Amb with AD, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 12/08/23
Goal Status: Not Progressing
Goal: tolerated OOB for meals 3x/day
Estimated Completion Date: 12/08/23
Goal Status: Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities, Gait/Stairs training, Patient/family training, Equipment eval/education
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: repeated STS, in-room ambulation as able

Other Recommendations:

PT Daily Recommendations: 1PA for EOB, overhead lift for transfers, ambulate with therapies only at this time

Jillian Stoewer, PT

Justification for Ambulatory Assistive Device

Diagnosis: R26.2 difficulty with ambulation, R29.6 high risk for falls, R26.81 impaired balance, and M62.81 generalized weakness

Length of Need: >6 Months

Assistive Device: This pt requires a FWW for safe ambulation and transfers within their home. Without this device they are at risk for falls and injury. They have demonstrated safe use of this device during this or previous PT sessions and no lesser restrictive device can sufficiently resolve their mobility issues.

Ht 5' 0" (1.524 m)
Wt 88 lb 2.9 oz (40 kg)

[N4]

Author	Author Type	Service	Note Type	Status	Filed Time
Gray, Devin Tani Kanoe, SLP	Speech Language Pathologist	Speech Language Pathology	Progress Notes	Signed	11/24/23 1205

Note Text

Speech Language Pathology Eval

Patient Name: Jeane Leonie Hoffman
MRN: U8170135
Date of Service: 11/24/23

Treatment Duration: 37 Minutes

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Subjective
Patient Report/Self-Assessment: RN cleared SLP for entry. Pt reported eating a whole bowl of cream of wheat prior to SLP arrival.
Patient Stated Goal: none stated
Prior Function: Son reported that pt eats primarily soft solids due to ill fitting dentures but that recently he began pureeing some solids due to low intake during recent thrush infection.
Type of Occupation: nanning for most of her life, ran family business
Leisure and Hobbies: travel

Objective
Patient Information
Temperature: Afebrile
Respiratory Status: Room air;Concerning chest x-ray (11/22 CXR "Lungs: Focal opacities in the right midlung and right lower lobe, concerning for pneumonia.: and CT abdomen "Lower chest: Large hiatal hernia. Bibasilar atelectasis.")
Behavior/Cognition: Distractible;Alert
Patient Positioning: Upright in bed

Consistencies Assessed: 0-Thin Liquids;4-Pureed;Soft solids

0-Thin Liquids - Presentation: Self Fed;Straw

4 Pureed - Presentation : Self Fed;Spoon
Soft Solids - Presentation: Self Fed

Oral Phase: Prolonged mastication;Delayed anterior to posterior transit

Signs/Symptoms of Penetration/Aspiration: Cough - immediate (on first sip of thin liquids and then not repeated.)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

Oral Mechanism Examination
Dentition: Adequate with dentures (However dentures ill fititng)
Oral mucosa: Within Functional Limits
Jaw Range of Motion: Within Functional Limits
Observations: Limited due to pt's HOH and difficulty following directions.

Assessment
Jeane seen for bedside swallow eval. She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed) and 1:1 assist for all intake. Meds crushed or whole in puree. SLP to continue to follow.

Dysphagia: Mild
Aspiration Risk: Low;Moderate

Impact on Function: Risk for not meeting oral nutrition;Risk for respiratory complications
Confounding Factors: age, ill fitting dentures
Prognosis: Fair

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Flowsheets (continued)

SLP Frequency: 1-3x/week

Discharge Recommendations
Follow up with SLP at next level of care;Assistance with
Assistance with Details: Eating;Drinking

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 0-Thin liquids;6-Soft and bite-sized
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Cut up/set up;Small bites;Small sips;Slow rate;One sip at a time
Esophageal Precautions: Sit upright while eating and remain upright for 30 minutes after

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 12/15/23
Goal Status: Updated

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 12/15/23
Goal Status: Updated

Care Plan

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Care Plan (continued)

Resolved

Problem: Free from Fall Injury

Dates: Start: 11/23/23 Resolved: 11/28/23
Disciplines: Interdisciplinary

Goal: Patient will remain free of injury from fall (Resolved)

Dates: Start: 11/23/23 Expected End: 12/02/23 Resolved: 11/28/23
Description: Refer to interventions and risk for injury documentation in the Screening Flowsheet
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
11/28/23 1310	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
11/28/23 0903	Tornow, Olivia, RN	Progressing
11/28/23 0314	Logrono, April Kathlyn Kathlyn, RN	Progressing
11/27/23 1322	Tornow, Olivia, RN	Progressing
11/26/23 2217	Bakhach, Kawthar, RN	Progressing
11/26/23 1816	Lee, Grace Los Banos, RN	Progressing
11/25/23 1803	Leblanc, Lenaya L, RN	Progressing
11/24/23 1901	An, Jieun, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/23/23 1950	Azami, Nora, RN	Progressing

Problem: Friction/Shear

Dates: Start: 11/23/23 Resolved: 11/28/23
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to friction/shear (Resolved)

Dates: Start: 11/23/23 Expected End: 12/02/23 Resolved: 11/28/23
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
11/28/23 1310	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
11/28/23 0903	Tornow, Olivia, RN	Progressing
11/28/23 0314	Logrono, April Kathlyn Kathlyn, RN	Progressing
11/27/23 1322	Tornow, Olivia, RN	Progressing
11/26/23 2217	Bakhach, Kawthar, RN	Progressing
11/26/23 1816	Lee, Grace Los Banos, RN	Progressing
11/25/23 1803	Leblanc, Lenaya L, RN	Progressing
11/24/23 1901	An, Jieun, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/23/23 1950	Azami, Nora, RN	Progressing

Problem: Impaired Nutrition

Dates: Start: 11/23/23 Resolved: 11/28/23
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to impaired nutrition (Resolved)

Dates: Start: 11/23/23 Expected End: 12/02/23 Resolved: 11/28/23
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
11/28/23 1310	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
11/28/23 0903	Tornow, Olivia, RN	Progressing
11/28/23 0314	Logrono, April Kathlyn Kathlyn, RN	Progressing
11/27/23 1322	Tornow, Olivia, RN	Progressing

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Care Plan (continued)

11/26/23 2217	Bakhach, Kawthar, RN	Progressing
11/26/23 1816	Lee, Grace Los Banos, RN	Progressing
11/25/23 1803	Leblanc, Lenaya L, RN	Progressing
11/24/23 1901	An, Jieun, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/23/23 1950	Azami, Nora, RN	Progressing

Problem: Impaired Sensory/Perception/Mobility/Activity

Dates: Start: 11/23/23 Resolved: 11/28/23
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to impaired sensory/perception/mobility/activity (Resolved)

Dates: Start: 11/23/23 Expected End: 12/02/23 Resolved: 11/28/23
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
11/28/23 1310	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
11/28/23 0903	Tornow, Olivia, RN	Progressing
11/28/23 0314	Logrono, April Kathlyn Kathlyn, RN	Progressing
11/27/23 1322	Tornow, Olivia, RN	Progressing
11/26/23 2217	Bakhach, Kawthar, RN	Progressing
11/26/23 1816	Lee, Grace Los Banos, RN	Progressing
11/25/23 2319	Burke, Ashley P, RN	Progressing
11/25/23 1803	Leblanc, Lenaya L, RN	Progressing
11/24/23 1901	An, Jieun, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/23/23 1950	Azami, Nora, RN	Progressing

Problem: Moisture/Incontinence

Dates: Start: 11/23/23 Resolved: 11/28/23
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to moisture/incontinence (Resolved)

Dates: Start: 11/23/23 Expected End: 12/02/23 Resolved: 11/28/23
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
11/28/23 1310	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
11/28/23 0903	Tornow, Olivia, RN	Progressing
11/28/23 0314	Logrono, April Kathlyn Kathlyn, RN	Progressing
11/27/23 1322	Tornow, Olivia, RN	Progressing
11/26/23 2217	Bakhach, Kawthar, RN	Progressing
11/26/23 1816	Lee, Grace Los Banos, RN	Progressing
11/25/23 1803	Leblanc, Lenaya L, RN	Progressing
11/24/23 1901	An, Jieun, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/23/23 1950	Azami, Nora, RN	Progressing

Problem: Patient/Family Stated Goals

Dates: Start: 11/22/23 Resolved: 11/28/23
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Shift (Resolved)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Care Plan (continued)

Dates: Start: 11/22/23 Expected End: 12/02/23 Resolved: 11/28/23
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
11/28/23 1310	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
11/28/23 0903	Tornow, Olivia, RN	Progressing
11/28/23 0314	Logrono, April Kathlyn Kathlyn, RN	Progressing
11/27/23 1322	Tornow, Olivia, RN	Progressing
11/26/23 2217	Bakhach, Kawthar, RN	Progressing
11/26/23 1816	Lee, Grace Los Banos, RN	Progressing
11/25/23 1803	Leblanc, Lenaya L, RN	Progressing
11/24/23 1901	An, Jieun, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/23/23 1950	Azami, Nora, RN	Progressing

Goal: Patient/Family Stated Goal For Admission (Resolved)

Dates: Start: 11/22/23 Expected End: 12/02/23 Resolved: 11/28/23
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
11/28/23 1310	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
11/28/23 0903	Tornow, Olivia, RN	Progressing
11/28/23 0314	Logrono, April Kathlyn Kathlyn, RN	Progressing
11/27/23 1322	Tornow, Olivia, RN	Progressing
11/26/23 2217	Bakhach, Kawthar, RN	Progressing
11/26/23 1816	Lee, Grace Los Banos, RN	Progressing
11/25/23 1803	Leblanc, Lenaya L, RN	Progressing
11/24/23 1901	An, Jieun, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/23/23 1950	Azami, Nora, RN	Progressing

Problem: Universal Fall Precautions

Dates: Start: 11/22/23 Resolved: 11/28/23
Disciplines: Interdisciplinary

Goal: Patient will remain free of falls (Resolved)

Dates: Start: 11/22/23 Expected End: 12/02/23 Resolved: 11/28/23
Description: Refer to Fall Intervention documentation in the Screening Flowsheet
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
11/28/23 1310	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
11/28/23 0903	Tornow, Olivia, RN	Progressing
11/28/23 0314	Logrono, April Kathlyn Kathlyn, RN	Progressing
11/27/23 1322	Tornow, Olivia, RN	Progressing
11/26/23 2217	Bakhach, Kawthar, RN	Progressing
11/26/23 1816	Lee, Grace Los Banos, RN	Progressing
11/25/23 2319	Burke, Ashley P, RN	Progressing
11/25/23 1803	Leblanc, Lenaya L, RN	Progressing
11/24/23 1901	An, Jieun, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/24/23 1117	Mittler, Morgan, RN	Progressing
11/23/23 1950	Azami, Nora, RN	Progressing
11/23/23 1259	Aamot, Allison X, RN	Progressing
11/23/23 0119	Logrono, April Kathlyn Kathlyn, RN	Progressing

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Care Plan (continued)

Patient Education

Title: General Nursing ()

Topic: Core Nursing (Resolved)

Point: Orientation to Unit (Resolved)

Learning Progress Summary

Patient	Acceptance, Explanation, Teach back- restates information with assist by KB at 11/26/2023 2224
	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
	Acceptance, Explanation, Teach back- restates information with assist by AB at 11/25/2023 2142
	Acceptance, Explanation, Teach back- demonstrates task with help by LL at 11/25/2023 1804
	Acceptance, Explanation, Teach back- restates information with assist by NA at 11/23/2023 1950
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

Point: Equipment (Resolved)

Learning Progress Summary

Patient	Acceptance, Explanation, Communicates understanding nonverbally by OT at 11/28/2023 0903
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by OT at 11/27/2023 1322
	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
	Acceptance, Explanation, Teach back- demonstrates task with help by LL at 11/25/2023 1804
	Acceptance, Explanation, Teach back- restates information with assist by NA at 11/23/2023 1950
Family	Acceptance, Explanation, Communicates understanding nonverbally by OT at 11/28/2023 0903
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by OT at 11/27/2023 1322
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

Point: Fall Precaution Interventions per Individualized Level of Risk (Resolved)

Description:
Personal risk factors may include mobility, medications, mental status, toileting needs, volume/electrolyte status, communication/sensory, and behavior.

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Acceptance, Explanation, Communicates understanding nonverbally by OT at 11/28/2023 0903
	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
	Acceptance, Explanation, Teach back- restates information with assist by AB at 11/25/2023 2142
	Acceptance, Explanation, Teach back- restates information independently by JA at 11/24/2023 1901
	Acceptance, Explanation, Teach back- demonstrates task independently by AA at 11/23/2023 1407
Family	Acceptance, Explanation, Communicates understanding nonverbally by OT at 11/28/2023 0903
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

Point: Medications (Resolved)

Learning Progress Summary

Patient	Acceptance, Explanation, Communicates understanding nonverbally by OT at 11/28/2023 0903
	Acceptance, Explanation, Needs further instruction by AL at 11/28/2023 0314 Comment: HOH
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by OT at 11/27/2023 1322
	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
	Acceptance, Explanation, Teach back- restates information with assist by AB at 11/25/2023 2142
	Acceptance, Explanation, Teach back- demonstrates task with help by LL at 11/25/2023 1804
	Acceptance, Explanation, Teach back- restates information independently by JA at 11/24/2023 1901
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by AL at 11/23/2023 0119
Family	Acceptance, Explanation, Communicates understanding nonverbally by OT at 11/28/2023 0903
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by OT at 11/27/2023 1322
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

Point: Nutrition/Diet (Resolved)

Learning Progress Summary

Patient	Acceptance, Explanation, Communicates understanding nonverbally by OT at 11/28/2023 0903
	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
	Acceptance, Explanation, Teach back- demonstrates task with help by LL at 11/25/2023 1804
	Acceptance, Explanation, Teach back- restates information independently by JA at 11/24/2023 1901
	Acceptance, Explanation, Teach back- restates information with assist by NA at 11/23/2023 1950
Family	Acceptance, Explanation, Communicates understanding nonverbally by OT at 11/28/2023 0903
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Patient Education (continued)

Point: Pain Management (Resolved)

Learning Progress Summary

Patient	Acceptance, Explanation, Communicates understanding nonverbally by OT at 11/28/2023 0903
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by OT at 11/27/2023 1322
	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
	Acceptance, Explanation, Teach back- restates information with assist by AB at 11/25/2023 2142
	Acceptance, Explanation, Teach back- demonstrates task with help by LL at 11/25/2023 1804
Family	Acceptance, Explanation, Communicates understanding nonverbally by OT at 11/28/2023 0903
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by OT at 11/27/2023 1322
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

Point: Disease/Condition (Resolved)

Learning Progress Summary

Patient	Acceptance, Explanation, Teach back- restates information with assist by KB at 11/26/2023 2224
	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
	Acceptance, Explanation, Teach back- restates information independently by JA at 11/24/2023 1901
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

Point: Procedures (Resolved)

Learning Progress Summary

Patient	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

Point: Test/Results (Resolved)

Learning Progress Summary

Patient	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
	Acceptance, Explanation, Teach back- restates information independently by JA at 11/24/2023 1901
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

Point: PIV/CVAD (Resolved)

Learning Progress Summary

Patient	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Patient Education (continued)

Point: VTE Prevention (Resolved)

Learning Progress Summary

Patient	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
	Acceptance, Explanation, Teach back- demonstrates task with help by LL at 11/25/2023 1804
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

Topic: Misc Nursing (Resolved)

Point: Infection Control (Resolved)

Description:
Instruct learner(s) on how they can reduce the risk of infections. Educate learner(s) to avoid touching wounds, dressings or tubes. Ask care providers about their hand hygiene.
Instruct on the importance of washing hands and how to sanitize hands frequently with the hand sanitizer gel.

Patient Friendly Description: When you're sick or recovering, your body isn't as strong as it usually is. Therefore, avoiding infection is very important. Don't touch any wound, dressing on your body, or any of your tubes.
Everyone who comes into your room should wash their hands, and that means us as well! If you see somebody who forgets, it's okay to remind them.

If any of your visitors look sick, even if it's just a little cold, it's okay to ask them to come back later or to wear a mask when they come to visit you.

Learning Progress Summary

Patient	Acceptance, Explanation, Teach back- restates information independently by JA at 11/24/2023 1901

Point: Skin Care/Pressure Ulcer Prevention (Resolved)

Description:
Instruct learner(s) on the need to keep skin clean and dry, the use of film barriers to prevent injury from urine and/or stool (if indicated), and the need to moisturize skin if dry or to prevent dryness.
For pressure ulcer prevention, instruct learner(s) on the need to change position at least every two hours and to request assistance as needed.

Patient Friendly Description: When you're in a hospital bed all day, it can be hard to keep your skin healthy, but it's very important. We'll work with you to keep your skin clean and dry, but if your skin gets too dry, let us know.
Also, if you lie in one position for too long, sores can form. Try to change your position at least every two hours, and ask us for help if you need it.

Learning Progress Summary

Patient	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
	Acceptance, Explanation, Teach back- restates information independently by JA at 11/24/2023 1901
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

Point: Isolation Precautions (Resolved)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Patient Education (continued)

Description:
Educate learner(s) on type of isolation precautions and reason isolation is required. Instruct them on requirements for staff, patient, and visitors for the specific isolation type ordered. Instruct on the importance of hand hygiene by visitors when leaving the room. Provide verbal instruction and handout specific to isolation type.

Learning Progress Summary

Patient	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
	Acceptance, Explanation, Teach back- restates information independently by JA at 11/24/2023 1901
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

Title: First-Dose Education ()

Points For This Title

Point: Na Ferric Gluc Cplx in Sucrose (Resolved)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Teach back- demonstrates task with help by LL at 11/25/2023 1804

Title: PT OT SLP Therapies ()

Topic: Occupational Therapy (Resolved)

Point: ADL Training (Resolved)

Description:
Instruct learner(s) on proper safety adaptation and remediation techniques during self care or transfers. Instruct in proper use of assistive devices.

Learning Progress Summary

Patient	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

Point: Fall Prevention (Resolved)

Description:
Provide education of fall prevention. Explain why there is a higher risk of falls in the hospital and at home. Review ways to reduce the chance of falling.

Learning Progress Summary

Patient	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

Topic: Speech Therapy (Resolved)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Patient Education (continued)

Point: Swallow Training (Resolved)

Description:
Instructed learner(s) on diet texture/liquid modification and the established safe swallow guidelines.

Patient Friendly Description: With a new diet and careful eating habits, you'll be able to swallow safely.

1. Follow your instructions about your new diet carefully.
2. Eat very small bites - smaller than you think you need to.
3. Eat slowly.
4. If one side of your mouth is weaker than the other, put the food on the strong side of your mouth.
5. Don't talk while you are eating
6. After you eat, sit upright for at least 30 minutes. If your doctor says it is okay, go for a short walk.
7. Don't use a straw unless your therapist says it's okay.

Learning Progress Summary

Patient	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
	Acceptance, Explanation, Teach back- demonstrates task with help by LL at 11/25/2023 1804
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by DG at 11/24/2023 1206
Family	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by DG at 11/24/2023 1206
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

Point: Speech/Language (Resolved)

Description:
Instruct learner(s) on functional aspects of communication (verbal/written expression, auditory/reading comprehension)

Patient Friendly Description: Understanding speech and language has many different parts. There's the way you say things about yourself, or the way you write things. There's also how well you understand when people speak to you or when you read.
You might find that some of these things are easier than others.

Learning Progress Summary

Patient	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
	Acceptance, Explanation, Teach back- demonstrates task with help by LL at 11/25/2023 1804
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

Point: Communication (Resolved)

Description:
Instruct learner(s) on augmentative and alternative communication (AAC) strategies and/or AAC equipment (e.g., communication boards, speech generating devices).

Patient Friendly Description: There are many tools you can use to communciate. You might use gestures, pictures, word lists or an electronic device. A speech language pathologist can help you establish a system that works for you.

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000
	Acceptance, Explanation, Teach back- demonstrates task with help by LL at 11/25/2023 1804
Caregiver	Acceptance, Explanation, Teach back- restates information independently, Refuses information, Communicates understanding nonverbally by GL at 11/26/2023 1000

User Key

Initials	Effective Dates	Name	Provider Type	Discipline
DG	06/13/23 -	Gray, Devin Tani Kanoe, SLP	Speech Language Pathologist	SLP
JA	08/13/23 -	An, Jieun, RN	Registered Nurse	Nurse
NA	01/12/23 -	Azami, Nora, RN	Registered Nurse	Nurse
GL	04/10/21 -	Lee, Grace Los Banos, RN	Registered Nurse	Nurse
LL	05/11/22 - 12/07/23	Leblanc, Lenaya L, RN	Registered Nurse	Nurse
AL	04/10/21 - 02/20/24	Logrono, April Kathlyn Kathlyn, RN	Registered Nurse	Nurse
AA	05/20/22 -	Aamot, Allison X, RN	Registered Nurse	Nurse
KB	05/20/22 - 09/15/24	Bakhach, Kawthar, RN	Registered Nurse	Nurse
AB	05/20/22 -	Burke, Ashley P, RN	Registered Nurse	Nurse
OT	05/11/22 -	Tornow, Olivia, RN	Registered Nurse	Nurse

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

AVS - Discharge to Home (below)

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

After Visit Summary (continued)

I, Jeanne Leonie Hoffman, on 11/28/23, received patient instructions and the After Visit Summary was reviewed with me. I have read or had the instructions reviewed with me and understand the instructions given to me by my caregivers.

Patient (or legal guardian) signature:_____

Caregiver signature:_____

Significant Other signature:_____

Date/Time:_____

MRN: U8170135 | DOB: 1/6/1925 | Enc: 1908397630
HOFFMAN , JEANNE LEONIE

PLACE PATIENT LABEL HERE

UW Medicine
Harborview Medical Center - U of Washington Medical Center
UW Neighborhood Clinics - Valley Medical Center
University of Washington Physicians Seattle, Washington

AFTER VISIT SUMMARY PAGE SIGNED
Page 1 of 1



UH4219 REV OCT 21

UW Medicine

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
Community acquired bacterial pneumonia 11/22/2023 - 11/28/2023 6NE MED FAMMED

Seek Emergency Treatment

If needed, seek immediate medical attention at your local emergency department or urgent care. Should you develop worsening chest discomfort, worsening shortness of breath, or other issues that may be immediately life threatening, call 9-1-1.

Durable Medical Equipment

Ambulatory Assistive Device
Justification for Ambulatory Assistive Device

Diagnosis: R26.2 difficulty with ambulation, R29.6 high risk for falls, R26.81 impaired balance, and M62.81 generalized weakness

Length of Need: >6 Months

Assistive Device: This pt requires a FWW for safe ambulation and transfers within their home. Without this device they are at risk for falls and injury. They have demonstrated safe use of this device during this or previous PT sessions and no lesser restrictive device can sufficiently resolve their mobility issues.

Ht 5' 0" (1.524 m)
Wt 88 lb 2.9 oz (40 kg)

Discharge Instructions

Dear Jeanne Leonie Hoffman,

You were admitted for difficulty eating, weakness, and mild confusion. You were found to have evidence of a urinary tract infection, possible pneumonia, and evidence of upper gastrointestinal bleed. You were treated with IV antibiotics and proton pump inhibitor, which have helped you improved significantly. Your GI bleed is slow and now has been stabilized and improved. We talked to our GI colleagues and they did not think that you need to be scoped or follow up outpatient.

New Medications
- please continue taking protonix twice per day for the next 7 weeks or so
- please continue taking senna and miralax to prevent constipation as needed and HOLD if loose stool

Other Instructions

Your Next Steps

Do

☐ Pick up these medications from UWMC Outpatient Pharmacy
- bisacodyl
- pantoprazole
- pentoxifylline ER
- polyethylene glycol 3350
- senna

Read

☐ Read these attachments
- Bladder Infection, Female (Adult) (English)

Go

DEC 6 **Return Patient Appointment**
10:00 AM
Arrive by 9:45 AM
William E Neighbor Jr
Hall Health Same Day
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

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

MyChart

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Discharge Instructions (continued)

- Very important is to limit tylenol (acetaminophen) to maximum 3g total / day. Avoid NSAIDs (like alleve, ibuprofen, advil)
- Continue with wound care, post-procedure

Follow up appointments
- follow up with primary care

PLEASE RETURN TO THE HOSPITAL IF:
- fever, chest pain, shortness of breath, confusion, red blood in stools, worsening abdominal pain

It was a pleasure being part of your care team.

What's Next: (All appointments may not be displayed; please review your full list in MyChart.)

DEC 6 — Return Patient Appointment with William E Neighbor Jr
Wednesday Dec 6, 2023 10:00 AM (Arrive by 9:45 AM)
Masks may be required - please check signage at your clinic when you check in.

Hall Health Same Day
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Continuing Care

Durable Medical Equipment

Pacific Medical Inc - Seattle
Services: Durable Medical Equipment
Address: 350 38th Ct Suite 110, Renton WA 98055
Phone: 425-226-5922

Referrals

(You have been referred to the following service(s) and/or specialist(s). They should contact you. If you do not hear from them within 7 business days, please call them at the number listed below.)

Referral to Home Health Services

Your Allergies

Date Reviewed: **11/22/2023**

Allergen	Reactions
Adhesives	Not Noted
Aspirin	Other Skin: Rash
Nitrofurantoin	Other

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

After Visit Summary (continued)

Your Allergies (continued)

Date Reviewed: **11/22/2023**

Allergen	Reactions
Confusion, loss of appetitie, nausea, abdominal pain	
Nitrofurantoin	Other
confusion	
Penicillins	Skin: Rash
Sulfa Antibiotics	Skin: Rash

Medication List

ⓘ It is important to know what medicines you are taking. Update your list if your medicines or dosages change. Keep a list of your medicines with you. A good place to put your list is in your wallet or purse. Give all your health care providers a list of all the medicines you take including any vitamins, supplements, or medicines you bought without a prescription. If a medication is not on this list, contact your provider to discuss whether it should be discontinued.

	Morning	Afternoon	Evening	Bedtime	As Needed
acetaminophen 500 MG tablet Commonly known as: Tylenol 1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition Last time this was given: 650 mg on November 28, 2023 6:17 AM					
atorvastatin 10 MG tablet Commonly known as: Lipitor Take 1 tablet (10 mg) by mouth daily. Last time this was given: 10 mg on November 28, 2023 8:18 AM					
START **bisacodyl** 10 MG suppository Commonly known as: Dulcolax Unwrap and insert 1 suppository (10 mg) rectally daily as needed for constipation. Last time this was given: 10 mg on November 23, 2023 2:20 PM					
calcium carbonate 500 MG chewable tablet Commonly known as: Tums Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/ heartburn.					
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3 Take 2 tablets (2,000 units) by mouth daily. Last time this was given: 2,000 units on November 28, 2023 8:18 AM					
losartan 25 MG tablet Commonly known as: Cozaar take 1/2 tablet by mouth once daily					
* **medihoney** topical gel Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.					
* **medihoney** topical gel Apply topically every other day. Apply to wound before applying dressing					

Medication List (continued)

	Morning	Afternoon	Evening	Bedtime	As Needed
MULTIPLE VITAMIN OR Take by mouth.					
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin Swish and swallow 5 mL 4 times a day. Last time this was given: 5 mL on November 28, 2023 6:17 AM					
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox Place 1-2 drops into left EYE 4 times a day.					
START **pantoprazole** 40 MG EC tablet Commonly known as: Protonix Take 1 tablet (40 mg) by mouth 2 times a day before meals. Last time this was given: Ask your nurse or doctor					
CHANGE **pentoxifylline ER** 400 MG ER tablet Commonly known as: TRENtal Take 1 tablet (400 mg) by mouth 3 times a day. Take with food. Last time this was given: 400 mg on November 28, 2023 6:17 AM What changed: **additional instructions**					
START **polyethylene glycol 3350** 17 GM/SCOOP oral powder Commonly known as: Miralax Fill cap with powder to 17g line and dissolve in 4 to 8oz of water. Drink 1 time a day as needed for constipation. Hold for loose stool Last time this was given: Ask your nurse or doctor					
START **senna** 8.6 MG tablet Commonly known as: Senokot Take 2 tablets (17.2 mg) by mouth daily as needed for constipation. Last time this was given: 17.2 mg on November 28, 2023 8:18 AM					
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic instill 1 drop into both eyes twice a day Last time this was given: 1 drop on November 28, 2023 8:24 AM					

Medication List (continued)

	Morning	Afternoon	Evening	Bedtime	As Needed
triamcinolone 0.1 % cream Commonly known as: Kenalog Apply topically 2 times a day. Apply to both forearms. Last time this was given: November 28, 2023 8:24 AM					

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Where to pick up your medications

Pick up these medications at UWMC Outpatient Pharmacy

- bisacodyl
  Your estimated payment per fill: Estimate unavailable
- pantoprazole
  Your estimated payment per fill: $0
- pentoxifylline ER
  Your estimated payment per fill: $0
- polyethylene glycol 3350
  Your estimated payment per fill: Estimate unavailable
- senna
  Your estimated payment per fill: Estimate unavailable

Address: 1959 NE Pacific St, SEATTLE WA 98195
Hours: Mon-Fri 8:00am - 9:00pm, Sat-Sun 8:00am - 8:00pm, Please allow 48 hours for refills.
Phone: 206-598-4363

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

Additional Information

General Phone Numbers if you have questions after discharge

- MEDICAL QUESTIONS: Please call the clinic or your doctor's office
- QUESTIONS ABOUT YOUR INPATIENT STAY: Call the Community Care Line at 206-744-0352
- APPOINTMENT SCHEDULING QUESTIONS: Please call the Patient Access Center at 206-520-5000
- MEDICATION REFILLS: Please contact your pharmacy
- BILLING QUESTIONS: Please call Patient Accounts & Support Services at 206-520-0400

Suicide Prevention

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

After Visit Summary (continued)

If you or someone you know is thinking about harming themselves or attempting suicide, or if you feel unable to keep yourself safe, contact one of these resources:

· King County Crisis Connections 24-hour help line 1-866-427-4747 or go to www.crisisconnections.org

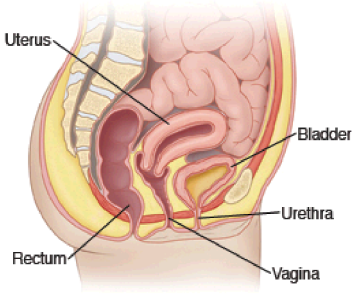
· National Suicide Prevention 24-hour help line #988 or go to suicidepreventionlifeline.org

For all medical or mental health emergencies, call 911, or go to the nearest emergency room for help.

Attached Information

Bladder Infection, Female (Adult) (English)

Bladder Infection, Female (Adult)



Urine normally doesn't have any germs (bacteria) in it. But bacteria can get into the urinary tract from the skin around the rectum. Or they can travel in the blood from other parts of the body. Once they are in your urinary tract, they can cause infection in these areas:

- The urethra (urethritis)
- The bladder (cystitis)
- The kidneys (pyelonephritis)

The most common place for an infection is in the bladder. This is called a bladder infection. This is one of the most common infections in women. Most bladder infections are easily treated. They are not serious unless the infection spreads to the kidney.

The terms bladder infection, UTI, and cystitis are often used to describe the same thing. But they are not always the same. Cystitis is an inflammation of the bladder. The most common cause of cystitis is an infection.

Symptoms

The infection causes inflammation in the urethra and bladder. This causes many of the symptoms. The most common symptoms of a bladder infection are:

- Pain or burning when urinating
- Having to urinate more often than normal
- Urgent need to urinate
- Only a small amount of urine comes out
- Blood in urine
- Belly (abdominal) discomfort. This is often in the lower belly above the pubic bone.
- Cloudy urine
- Strong- or bad-smelling urine
- Unable to urinate (urinary retention)
- Unable to hold urine in (urinary incontinence)
- Fever

- Loss of appetite
- Confusion (in older adults)

Causes

Bladder infections are not contagious. You can't get one from someone else, from a toilet seat, or from sharing a bath.

The most common cause of bladder infections is bacteria from the bowels. The bacteria get onto the skin around the opening of the urethra. From there, they can get into the urine. Then they travel up to the bladder, causing inflammation and infection. This often happens because of:

- Wiping incorrectly after urinating. Always wipe from front to back.
- Bowel incontinence
- Pregnancy
- Procedures such as having a catheter put in
- Older age
- Not emptying your bladder. This can give bacteria a chance to grow in your urine.
- Fluid loss (dehydration)
- Constipation
- Having sex
- Using a diaphragm for birth control

Treatment

Bladder infections are diagnosed by a urine test and urine culture. They are treated with antibiotics. They often clear up quickly without problems. Treatment helps prevent a more serious kidney infection.

Medicines

Medicines can help in the treatment of a bladder infection:

- Take antibiotics until they are used up, even if you feel better. It's important to finish them to make sure the infection has cleared.
- You can use acetaminophen or ibuprofen for pain, fever, or discomfort, unless another medicine was prescribed. If you have long-term (chronic) liver or kidney disease, talk with your healthcare provider before using these medicines. Also talk with your provider if you've ever had a stomach ulcer or GI (gastrointestinal) bleeding, or are taking blood-thinner medicines.
- If you are given phenazopydridine to reduce burning with urination, it will make your urine a bright orange color. This can stain clothing.

Care and prevention

These self-care steps can help prevent future infections:

- Drink plenty of fluids. This helps to prevent dehydration and flush out your bladder. Do this unless you must restrict fluids for other health reasons, or your healthcare provider told you not to.
- Clean yourself correctly after going to the bathroom. Wipe from front to back after using the toilet. This helps prevent the spread of bacteria.
- Urinate more often. Don't try to hold urine in for a long time.
- Wear loose-fitting clothes and cotton underwear. Don't wear tight-fitting pants.
- Improve your diet and prevent constipation. Eat more fresh fruits and vegetables, and fiber. Eat less junk foods and fatty foods.
- Don't have sex until your symptoms are gone.
- Don't have caffeine, alcohol, and spicy foods. These can irritate your bladder.
- Urinate right after you have sex to flush out your bladder.
- If you use birth control pills and have frequent bladder infections, discuss it with your healthcare provider.

Follow-up care

Call your healthcare provider if all symptoms are not gone after 3 days of treatment. This is especially important if you have repeat infections.

If a culture was done, you will be told if your treatment needs to be changed. If directed, you can call to find out the results.

If X-rays were done, you will be told if the results will affect your treatment.

Call 911

Call 911 if any of the following occur:

- Trouble breathing
- Hard to wake up or confusion
- Fainting (loss of consciousness)
- Fast heart rate

When to get medical advice

Call your healthcare provider right away if any of these occur:

- Fever of 100.4ºF (38.0ºC) or higher, or as directed by your healthcare provider
- Symptoms are not better after 3 days of treatment
- Back or belly pain that gets worse
- Repeated vomiting, or unable to keep medicine down
- Weakness or dizziness
- Vaginal discharge
- Pain, redness, or swelling in the outer vaginal area (labia)

StayWell last reviewed this educational content on 11/1/2019

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11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents

UW Medicine IP Facility Directory Esign - Electronic signature on 11/22/2023 10:42 AM (effective from 11/22/2023) - E-signed

Patient Information for Inclusion in the UW Medicine Patient Directory
Please Read this Statement Carefully

I understand that I have a choice as to whether or not to be included in the UW Medicine patient directory. My name and location will be included in the patient directory unless I would prefer not to receive phone calls or visitors. My decision is indicated by marking a box and signing this form.

☑ **YES, please include me in the Patient Directory.** The hospital has informed me that my name and location will be included in its hospital directory. This information will be made available to people who ask for me by name such as my relatives, friends and fellow employees.

- Harborview Medical Center
- University of Washington Medical Center -Northwest
- University of Washington Medical Center - Montlake / Fred Hutch Cancer Center
- Valley Medical Center

If I have provided my religious affiliation to UW Medicine in the past or if I provide my religious affiliation to UW Medicine now, I authorize its disclosure to clergy of my religious affiliation. Disclosure of my religious affiliation may result in a visit from a clergy member of my affiliation while I am being treated at UW Medicine.

If you have provided your religious affiliation to UW Medicine in the past and do not want a visit from a clergy member of your affiliation, please inform the registration staff.

☐ **NO, please do not include me in the Patient Directory.** I do not want my name or location included in the UW Medicine Patient Directory. **If this is my choice, I understand UW Medicine staff will not be able to confirm I am a patient or share my location with any family or friends. I also understand that by choosing not to be in the directory, UW Medicine will be unable to deliver items *(for example flowers and gifts)* addressed to me.**

For Staff Use Only

☐ **ADMIN OPT-OUT:** Please provide reason for Administrative Opt-Out		
☐ Crime Victim	☐ Employee	☐ Incarcerated Patient
☐ Involuntary Commitment	☐ Unable to Interview Patient	☐ Media Interest
Name of person requesting opt out *(if other than patient)*:		

By signing below, it shows that you have read this document. If there is any part of this form that is unclear, be sure to ask questions about it.



IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

☐ Guardian	☐ Durable Power of Attorney for	☐ Spouse/registered

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

	Health Care	domestic partner
☐ Adult Child(ren)	☐ Parent(s)	☐ Adult Sister(s)/Brother(s)
☐ Adult Niece(s)/Nephew(s)	☐ Adult Aunt(s)/Uncle(s)	☐ Adult Friend with executed Declaration per RCW 7.70.065
☐ Adult Grandchild(ren)		

FOR MINOR PATIENTS:

☐ Guardian/legal custodian	☐ Court-authorized person for child in out-of-home placement	☐ Spouse/registered domestic partner
☐ Parent(s)		

☐ Holder of signed authorization from parent(s)	☐ Adult representing self to be a relative responsible for the minor's health

U1868 REV MAR 22

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

Provider-Created Image - Scan on 11/22/2023 12:39 PM: Left leg ulcer

Scan (below)



11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

Provider-Created Image - Scan on 11/22/2023 12:40 PM: Left ankle ulcer

Scan (below)



11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

Provider-Created Image - Scan on 11/22/2023 12:41 PM: Left ankle ulcer lateral side

Scan (below)



11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

Patient Monitoring Document - Scan on 11/23/2023 1:15 AM: RE-LABELED TO ADMISSION STRIP SINUS BRADYCARDIA CK, CMT

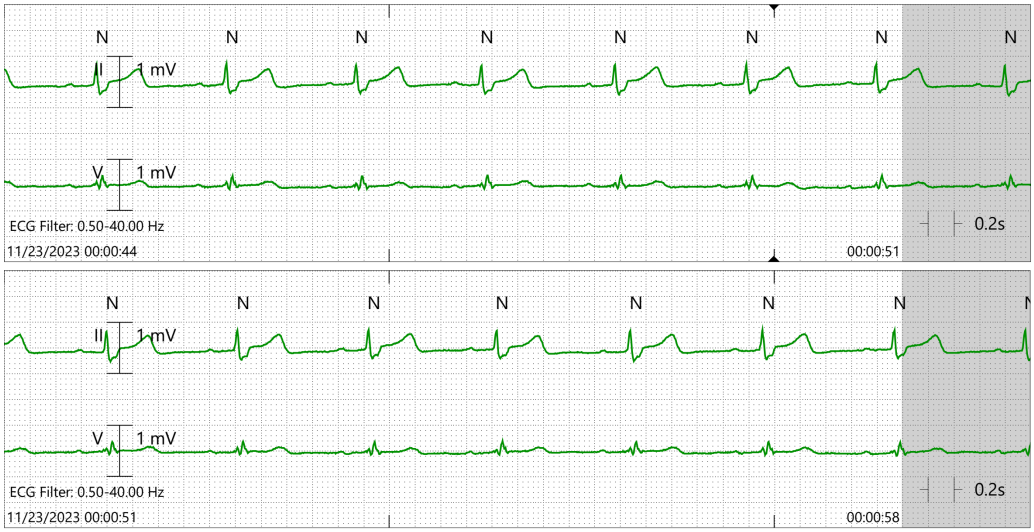
Scan (below)

Strip Report		6206
HOFFMAN, JEANNE	U8170135	1908397630

Vitals:

HR 59	PVC 0	ST-I 0.0	ST-II 0.2
ST-III 0.3	ST-aVF 0.2	ST-aVR -0.1	ST-aVL -0.1
ST-V 0.1	ST-MCL 0.2		

11/23/2023 00:00:50 Saved strip re-labeled to ADMISSION STRIP SINUS BRADYCARDIA CK, CMT PR 0.20 QRS 0.12 RR 1.05 QT 0.43 QTc 0.42



	TELE5NE	UWMC Montlake

Printed on 11/23/2023 01:15:25 Page 1 of 1

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

Patient Monitoring Document - Scan on 11/23/2023 1:20 AM: RE-LABELED TO ADMISSION STRIP SINUS BRADYCARDIA CK, CMT

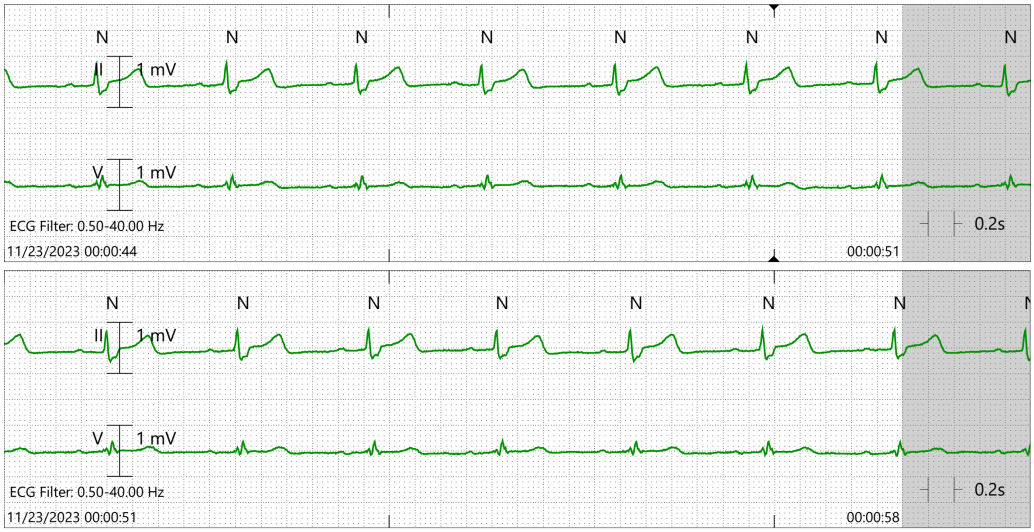
Scan (below)

Strip Report		6206
HOFFMAN, JEANNE	U8170135	1908397630

Vitals:

HR 59	PVC 0	ST-I 0.0	ST-II 0.2
ST-III 0.3	ST-aVF 0.2	ST-aVR -0.1	ST-aVL -0.1
ST-V 0.1	ST-MCL 0.2		

11/23/2023 00:00:50 Saved strip re-labeled to ADMISSION STRIP SINUS BRADYCARDIA CK, CMT PR 0.20 QRS 0.12 RR 1.05 QT 0.43 QTc 0.42



	TELE5NE	UWMC Montlake

Printed on 11/23/2023 01:19:55 Page 1 of 1

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

Patient Monitoring Document - Scan on 11/23/2023 1:43 AM: RE-LABELED TO SINUS RHYTHM W/ VENT. BIGEMINY RN NOTIFIED CK, CMT

Scan (below)

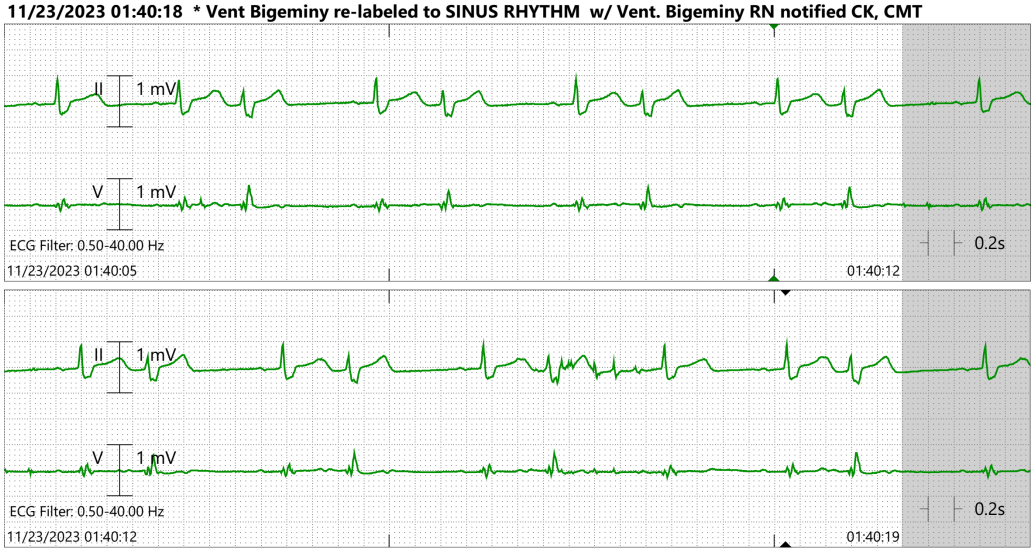
Strip Report 6206

HOFFMAN, JEANNE	U8170135	1908397630

Vitals:

HR 78	PVC 23	ST-I -0.2	ST-II -0.1
ST-III 0.0	ST-aVF 0.0	ST-aVR 0.2	ST-aVL -0.1
ST-V -0.2	ST-MCL 0.0		

11/23/2023 01:40:18 * Vent Bigeminy re-labeled to SINUS RHYTHM w/ Vent. Bigeminy RN notified CK, CMT



	TELE5NE	UWMC Montlake

Printed on 11/23/2023 01:43:19 Page 1 of 1

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

Patient Monitoring Document - Scan on 11/23/2023 5:07 AM: RE-LABELED TO SINUS RHYTHM W/ PACS

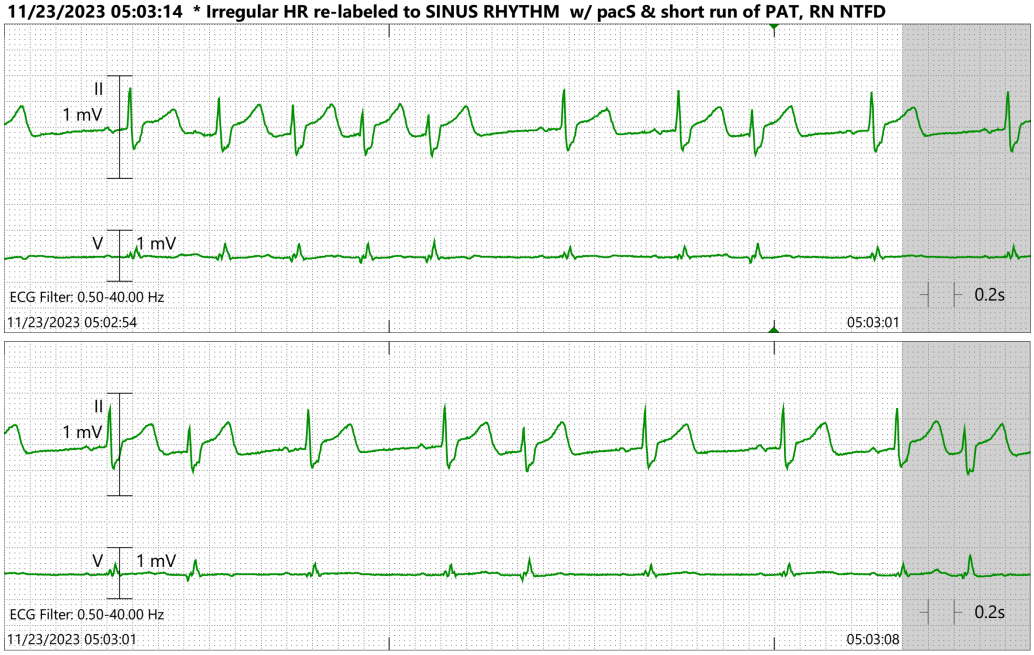
Scan (below)

Strip Report		6206	
HOFFMAN, JEANNE	U8170135		1908397630

Vitals:

HR 71	PVC 3	ST-I 0.0	ST-II 0.1
ST-III 0.1	ST-aVF 0.1	ST-aVR 0.0	ST-aVL 0.0
ST-V 0.0	ST-MCL 0.1		

11/23/2023 05:03:14 * Irregular HR re-labeled to SINUS RHYTHM w/ pacS & short run of PAT, RN NTFD



	TELE5NE	UWMC Montlake

Printed on 11/23/2023 05:06:48 Page 1 of 1

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

Patient Monitoring Document - Scan on 11/23/2023 5:10 AM: RE-LABELED TO SINUS RHYTHM W/ ATRIAL TRIGEMINY CK, CMT

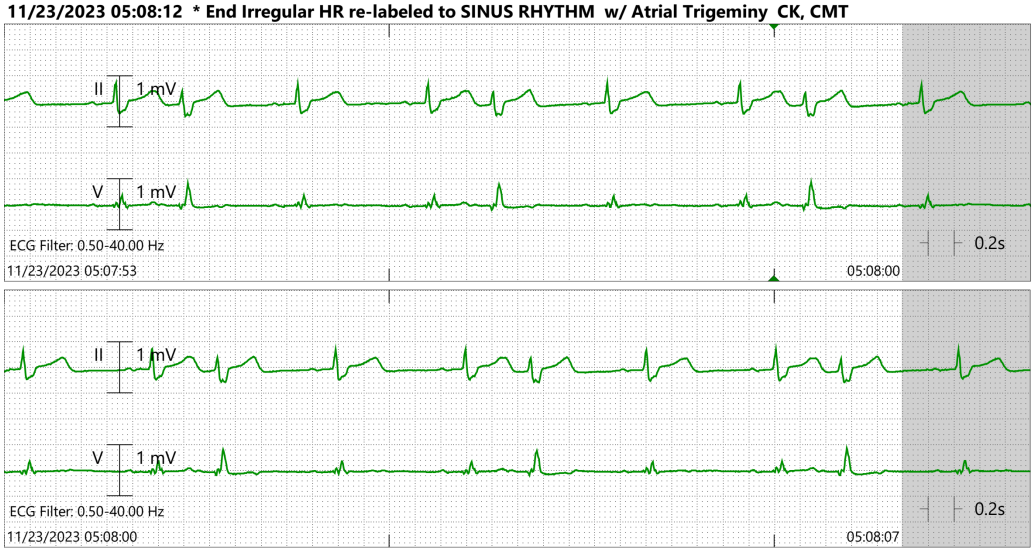
Scan (below)

Strip Report		6206
HOFFMAN, JEANNE	U8170135	1908397630

Vitals:

HR 74	PVC 0	ST-I -0.1	ST-II 0.0
ST-III 0.0	ST-aVF 0.0	ST-aVR 0.1	ST-aVL -0.1
ST-V 0.0	ST-MCL 0.1		

11/23/2023 05:08:12 * End Irregular HR re-labeled to SINUS RHYTHM w/ Atrial Trigeminy CK, CMT



	TELE5NE	UWMC Montlake

Printed on 11/23/2023 05:10:01 Page 1 of 1

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

Patient Monitoring Document - Scan on 11/23/2023 11:00 AM: RE-LABELED TO ADMISSION STRIP SINUS BRADYCARDIA CK, CMT

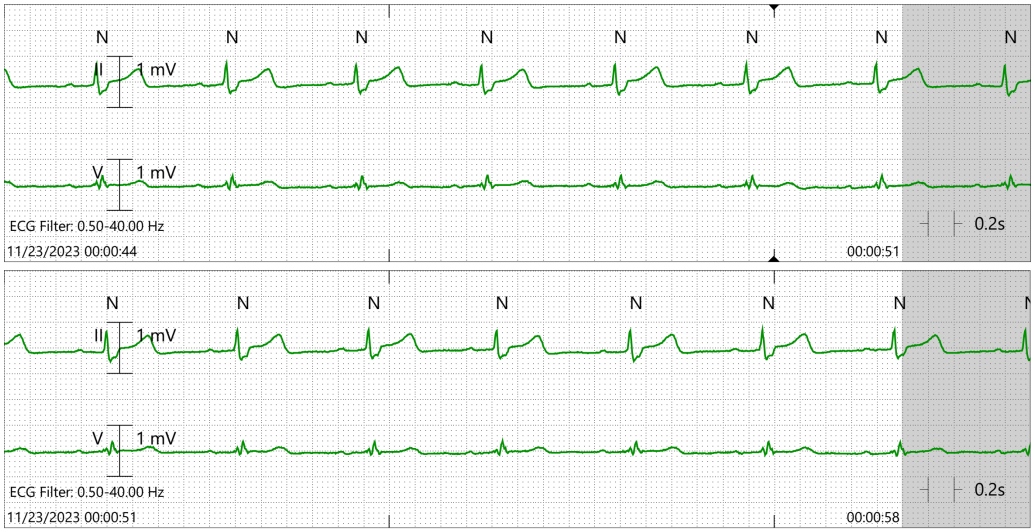
Scan (below)

Strip Report		6206
HOFFMAN, JEANNE	U8170135	1908397630

Vitals:

HR 59	PVC 0	ST-I 0.0	ST-II 0.2
ST-III 0.3	ST-aVF 0.2	ST-aVR -0.1	ST-aVL -0.1
ST-V 0.1	ST-MCL 0.2		

11/23/2023 00:00:50 Saved strip re-labeled to ADMISSION STRIP SINUS BRADYCARDIA CK, CMT PR 0.20 QRS 0.12 RR 1.05 QT 0.43 QTc 0.42



	TELE5NE	UWMC Montlake

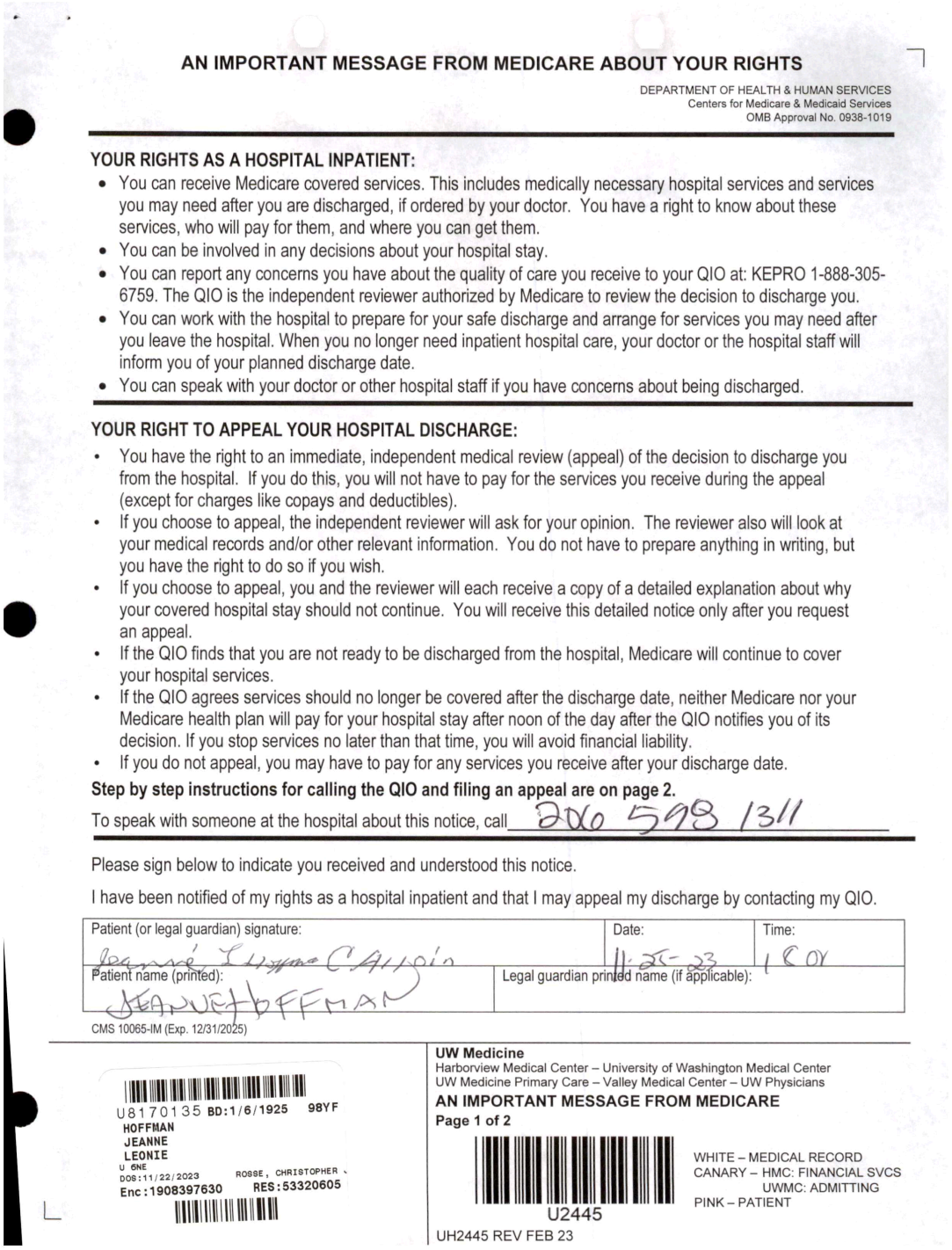
Printed on 11/23/2023 11:00:23 Page 1 of 1

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

Important Message From Medicare - Scan on 11/25/2023 8:24 PM (effective from 11/25/2023)

Scan (below)



AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-1019

YOUR RIGHTS AS A HOSPITAL INPATIENT:

- You can receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- You can be involved in any decisions about your hospital stay.
- You can report any concerns you have about the quality of care you receive to your QIO at: KEPRO 1-888-305-6759. The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

YOUR RIGHT TO APPEAL YOUR HOSPITAL DISCHARGE:

- You have the right to an immediate, independent medical review (appeal) of the decision to discharge you from the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the reviewer will each receive a copy of a detailed explanation about why your covered hospital stay should not continue. You will receive this detailed notice only after you request an appeal.
- If the QIO finds that you are not ready to be discharged from the hospital, Medicare will continue to cover your hospital services.
- If the QIO agrees services should no longer be covered after the discharge date, neither Medicare nor your Medicare health plan will pay for your hospital stay after noon of the day after the QIO notifies you of its decision. If you stop services no later than that time, you will avoid financial liability.
- If you do not appeal, you may have to pay for any services you receive after your discharge date.

Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call 206 598 1311

Please sign below to indicate you received and understood this notice.

I have been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO.

Patient (or legal guardian) signature:	Date:	Time:
Jeanne L Hoffman C Allyn	11-25-23	1801
Patient name (printed): JEANNE HOFFMAN	**Legal guardian printed name (if applicable):**	

CMS 10065-IM (Exp. 12/31/2025)

U8170135 BD:1/6/1925 98YF
HOFFMAN
JEANNE
LEONIE
U 6NE
DOS:11/22/2023 ROSSE, CHRISTOPHER
Enc:1908397630 RES:53320605

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

AN IMPORTANT MESSAGE FROM MEDICARE

Page 1 of 2

U2445

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

UH2445 REV FEB 23

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal *(except for charges like copays and deductibles)*.
  - Here is the contact information for the QIO:
    KEPRO:
    Toll-free Phone: 1-888-305-6759
    Toll-free Fax: 1-833-868-4064

You can file a request for an appeal any day of the week.
Once you speak to someone or leave a message, your appeal has begun.

- Ask the hospital if you need help contacting the QIO.
- The name of this hospital is:

☐ HMC: Medicare Provider Number ☐ 50-0064 *(acute care)* ☐ 50-S064 *(psych)* ☐ 50-T064 *(rehab)*
☒ UWMC: Medicare Provider Number ☒ 50-0008 *(acute care)* ☐ 50-S008 *(psych)* ☐ 50-T008 *(rehab)*

- **STEP 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4**: The QIO will review your medical records and other important information about your case.
- **STEP 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO REQUEST AN APPEAL, YOU MAY HAVE OTHER APPEAL RIGHTS:

- If you have Original Medicare: Call the QIO listed on Page 1. (800)-869-7175
- If you belong to a Medicare health plan, call your plan at: Molina Medicare Options Plus HMO DSNP (plan name) (plan phone number)

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Additional Information (Optional):

Print Physician Name: Rosse, C. NPI: ☐ HMC 1053359729 ☒ UWMC 1326002049

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1019. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

U8170135 BD:1/6/1925 98YF
HOFFMAN
JEANNE
LEONIE
U 6NE
DOS:11/22/2023 ROSSE, CHRISTOPHER
Enc:1908397630 RES:53320605

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

AN IMPORTANT MESSAGE FROM MEDICARE

Page 2 of 2

U2445

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

UH2445 REV FEB 23

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

After Visit Summary - Document on 11/28/2023 9:21 AM: AVS - Discharge to Home

Document (below)

I, Jeanne Leonie Hoffman, on 11/28/23, received patient instructions and the After Visit Summary was reviewed with me. I have read or had the instructions reviewed with me and understand the instructions given to me by my caregivers.

Patient (or legal guardian) signature:_____

Caregiver signature:_____

Significant Other signature:_____

Date/Time:_____

MRN: U8170135 | DOB: 1/6/1925 | Enc: 1908397630
HOFFMAN , JEANNE LEONIE

PLACE PATIENT LABEL HERE

UW Medicine
Harborview Medical Center - U of Washington Medical Center
UW Neighborhood Clinics - Valley Medical Center
University of Washington Physicians Seattle, Washington

AFTER VISIT SUMMARY PAGE SIGNED
Page 1 of 1


U4219

UH4219 REV OCT 21

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

UW Medicine

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
Community acquired bacterial pneumonia 11/22/2023 - 11/28/2023 6NE MED FAMMED

Seek Emergency Treatment

If needed, seek immediate medical attention at your local emergency department or urgent care. Should you develop worsening chest discomfort, worsening shortness of breath, or other issues that may be immediately life threatening, call 9-1-1.

Durable Medical Equipment

Ambulatory Assistive Device
Justification for Ambulatory Assistive Device

Diagnosis: R26.2 difficulty with ambulation, R29.6 high risk for falls, R26.81 impaired balance, and M62.81 generalized weakness

Length of Need: >6 Months

Assistive Device: This pt requires a FWW for safe ambulation and transfers within their home. Without this device they are at risk for falls and injury. They have demonstrated safe use of this device during this or previous PT sessions and no lesser restrictive device can sufficiently resolve their mobility issues.

Ht 5' 0" (1.524 m)
Wt 88 lb 2.9 oz (40 kg)

Discharge Instructions

Dear Jeanne Leonie Hoffman,

You were admitted for difficulty eating, weakness, and mild confusion. You were found to have evidence of a urinary tract infection, possible pneumonia, and evidence of upper gastrointestinal bleed. You were treated with IV antibiotics and proton pump inhibitor, which have helped you improved significantly. Your GI bleed is slow and now has been stabilized and improved. We talked to our GI colleagues and they did not think that you need to be scoped or follow up outpatient.

New Medications
- please continue taking protonix twice per day for the next 7 weeks or so
- please continue taking senna and miralax to prevent constipation as needed and HOLD if loose stool

Other Instructions

Your Next Steps

Do

☐ Pick up these medications from UWMC Outpatient Pharmacy
- bisacodyl
- pantoprazole
- pentoxifylline ER
- polyethylene glycol 3350
- senna

Read

☐ Read these attachments
- Bladder Infection, Female (Adult) (English)

Go

DEC 6 **Return Patient Appointment**
10:00 AM
Arrive by 9:45 AM
William E Neighbor Jr
Hall Health Same Day
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

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

MyChart

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Discharge Instructions (continued)

- Very important is to limit tylenol (acetaminophen) to maximum 3g total / day. Avoid NSAIDs (like alleve, ibuprofen, advil)
- Continue with wound care, post-procedure

Follow up appointments
- follow up with primary care

PLEASE RETURN TO THE HOSPITAL IF:
- fever, chest pain, shortness of breath, confusion, red blood in stools, worsening abdominal pain

It was a pleasure being part of your care team.

What's Next: (All appointments may not be displayed; please review your full list in MyChart.)

DEC 6 — Return Patient Appointment with William E Neighbor Jr
Wednesday Dec 6, 2023 10:00 AM (Arrive by 9:45 AM)
Masks may be required - please check signage at your clinic when you check in.

Hall Health Same Day
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Continuing Care

Durable Medical Equipment

Pacific Medical Inc - Seattle
Services: Durable Medical Equipment
Address: 350 38th Ct Suite 110, Renton WA 98055
Phone: 425-226-5922

Referrals

(You have been referred to the following service(s) and/or specialist(s). They should contact you. If you do not hear from them within 7 business days, please call them at the number listed below.)

Referral to Home Health Services

Your Allergies

Date Reviewed: **11/22/2023**

Allergen	Reactions
Adhesives	Not Noted
Aspirin	Other Skin: Rash
Nitrofurantoin	Other

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

Your Allergies (continued)

Date Reviewed: **11/22/2023**

Allergen	Reactions
Confusion, loss of appetitie, nausea, abdominal pain	
Nitrofurantoin	Other
confusion	
Penicillins	Skin: Rash
Sulfa Antibiotics	Skin: Rash

Medication List

ⓘ It is important to know what medicines you are taking. Update your list if your medicines or dosages change. Keep a list of your medicines with you. A good place to put your list is in your wallet or purse. Give all your health care providers a list of all the medicines you take including any vitamins, supplements, or medicines you bought without a prescription. If a medication is not on this list, contact your provider to discuss whether it should be discontinued.

	Morning	Afternoon	Evening	Bedtime	As Needed
acetaminophen 500 MG tablet Commonly known as: Tylenol 1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition Last time this was given: 650 mg on November 28, 2023 6:17 AM					
atorvastatin 10 MG tablet Commonly known as: Lipitor Take 1 tablet (10 mg) by mouth daily. Last time this was given: 10 mg on November 28, 2023 8:18 AM					
START **bisacodyl** 10 MG suppository Commonly known as: Dulcolax Unwrap and insert 1 suppository (10 mg) rectally daily as needed for constipation. Last time this was given: 10 mg on November 23, 2023 2:20 PM					
calcium carbonate 500 MG chewable tablet Commonly known as: Tums Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/ heartburn.					
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3 Take 2 tablets (2,000 units) by mouth daily. Last time this was given: 2,000 units on November 28, 2023 8:18 AM					
losartan 25 MG tablet Commonly known as: Cozaar take 1/2 tablet by mouth once daily					
* **medihoney** topical gel Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.					
* **medihoney** topical gel Apply topically every other day. Apply to wound before applying dressing					

Medication List (continued)

		Morning	Afternoon	Evening	Bedtime	As Needed
	MULTIPLE VITAMIN OR Take by mouth.					
	nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin Swish and swallow 5 mL 4 times a day. Last time this was given: 5 mL on November 28, 2023 6:17 AM					
	ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox Place 1-2 drops into left EYE 4 times a day.					
START	**pantoprazole** 40 MG EC tablet Commonly known as: Protonix Take 1 tablet (40 mg) by mouth 2 times a day before meals. Last time this was given: Ask your nurse or doctor					
CHANGE	**pentoxifylline ER** 400 MG ER tablet Commonly known as: TRENtal Take 1 tablet (400 mg) by mouth 3 times a day. Take with food. Last time this was given: 400 mg on November 28, 2023 6:17 AM What changed: **additional instructions**					
START	**polyethylene glycol 3350** 17 GM/SCOOP oral powder Commonly known as: Miralax Fill cap with powder to 17g line and dissolve in 4 to 8oz of water. Drink 1 time a day as needed for constipation. Hold for loose stool Last time this was given: Ask your nurse or doctor					
START	**senna** 8.6 MG tablet Commonly known as: Senokot Take 2 tablets (17.2 mg) by mouth daily as needed for constipation. Last time this was given: 17.2 mg on November 28, 2023 8:18 AM					
	timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic instill 1 drop into both eyes twice a day Last time this was given: 1 drop on November 28, 2023 8:24 AM					

Medication List (continued)

	Morning	Afternoon	Evening	Bedtime	As Needed
triamcinolone 0.1 % cream Commonly known as: Kenalog Apply topically 2 times a day. Apply to both forearms. Last time this was given: November 28, 2023 8:24 AM					

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Where to pick up your medications

Pick up these medications at UWMC Outpatient Pharmacy

- bisacodyl
  Your estimated payment per fill: Estimate unavailable
- pantoprazole
  Your estimated payment per fill: $0
- pentoxifylline ER
  Your estimated payment per fill: $0
- polyethylene glycol 3350
  Your estimated payment per fill: Estimate unavailable
- senna
  Your estimated payment per fill: Estimate unavailable

Address: 1959 NE Pacific St, SEATTLE WA 98195
Hours: Mon-Fri 8:00am - 9:00pm, Sat-Sun 8:00am - 8:00pm, Please allow 48 hours for refills.
Phone: 206-598-4363

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

Additional Information

General Phone Numbers if you have questions after discharge

- MEDICAL QUESTIONS: Please call the clinic or your doctor's office
- QUESTIONS ABOUT YOUR INPATIENT STAY: Call the Community Care Line at 206-744-0352
- APPOINTMENT SCHEDULING QUESTIONS: Please call the Patient Access Center at 206-520-5000
- MEDICATION REFILLS: Please contact your pharmacy
- BILLING QUESTIONS: Please call Patient Accounts & Support Services at 206-520-0400

Suicide Prevention

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

If you or someone you know is thinking about harming themselves or attempting suicide, or if you feel unable to keep yourself safe, contact one of these resources:

· King County Crisis Connections 24-hour help line 1-866-427-4747 or go to www.crisisconnections.org

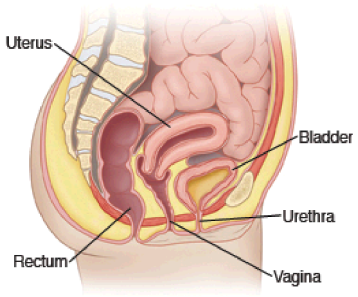
· National Suicide Prevention 24-hour help line #988 or go to suicidepreventionlifeline.org

For all medical or mental health emergencies, call 911, or go to the nearest emergency room for help.

Attached Information

Bladder Infection, Female (Adult) (English)

Bladder Infection, Female (Adult)



Urine normally doesn't have any germs (bacteria) in it. But bacteria can get into the urinary tract from the skin around the rectum. Or they can travel in the blood from other parts of the body. Once they are in your urinary tract, they can cause infection in these areas:

- The urethra (urethritis)
- The bladder (cystitis)
- The kidneys (pyelonephritis)

The most common place for an infection is in the bladder. This is called a bladder infection. This is one of the most common infections in women. Most bladder infections are easily treated. They are not serious unless the infection spreads to the kidney.

The terms bladder infection, UTI, and cystitis are often used to describe the same thing. But they are not always the same. Cystitis is an inflammation of the bladder. The most common cause of cystitis is an infection.

Symptoms

The infection causes inflammation in the urethra and bladder. This causes many of the symptoms. The most common symptoms of a bladder infection are:

- Pain or burning when urinating
- Having to urinate more often than normal
- Urgent need to urinate
- Only a small amount of urine comes out
- Blood in urine
- Belly (abdominal) discomfort. This is often in the lower belly above the pubic bone.
- Cloudy urine
- Strong- or bad-smelling urine
- Unable to urinate (urinary retention)
- Unable to hold urine in (urinary incontinence)
- Fever

- Loss of appetite
- Confusion (in older adults)

Causes

Bladder infections are not contagious. You can't get one from someone else, from a toilet seat, or from sharing a bath.

The most common cause of bladder infections is bacteria from the bowels. The bacteria get onto the skin around the opening of the urethra. From there, they can get into the urine. Then they travel up to the bladder, causing inflammation and infection. This often happens because of:

- Wiping incorrectly after urinating. Always wipe from front to back.
- Bowel incontinence
- Pregnancy
- Procedures such as having a catheter put in
- Older age
- Not emptying your bladder. This can give bacteria a chance to grow in your urine.
- Fluid loss (dehydration)
- Constipation
- Having sex
- Using a diaphragm for birth control

Treatment

Bladder infections are diagnosed by a urine test and urine culture. They are treated with antibiotics. They often clear up quickly without problems. Treatment helps prevent a more serious kidney infection.

Medicines

Medicines can help in the treatment of a bladder infection:

- Take antibiotics until they are used up, even if you feel better. It's important to finish them to make sure the infection has cleared.
- You can use acetaminophen or ibuprofen for pain, fever, or discomfort, unless another medicine was prescribed. If you have long-term (chronic) liver or kidney disease, talk with your healthcare provider before using these medicines. Also talk with your provider if you've ever had a stomach ulcer or GI (gastrointestinal) bleeding, or are taking blood-thinner medicines.
- If you are given phenazopydridine to reduce burning with urination, it will make your urine a bright orange color. This can stain clothing.

Care and prevention

These self-care steps can help prevent future infections:

- Drink plenty of fluids. This helps to prevent dehydration and flush out your bladder. Do this unless you must restrict fluids for other health reasons, or your healthcare provider told you not to.
- Clean yourself correctly after going to the bathroom. Wipe from front to back after using the toilet. This helps prevent the spread of bacteria.
- Urinate more often. Don't try to hold urine in for a long time.
- Wear loose-fitting clothes and cotton underwear. Don't wear tight-fitting pants.
- Improve your diet and prevent constipation. Eat more fresh fruits and vegetables, and fiber. Eat less junk foods and fatty foods.
- Don't have sex until your symptoms are gone.
- Don't have caffeine, alcohol, and spicy foods. These can irritate your bladder.
- Urinate right after you have sex to flush out your bladder.
- If you use birth control pills and have frequent bladder infections, discuss it with your healthcare provider.

Follow-up care

11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

Documents (continued)

Call your healthcare provider if all symptoms are not gone after 3 days of treatment. This is especially important if you have repeat infections.

If a culture was done, you will be told if your treatment needs to be changed. If directed, you can call to find out the results.

If X-rays were done, you will be told if the results will affect your treatment.

Call 911

Call 911 if any of the following occur:

- Trouble breathing
- Hard to wake up or confusion
- Fainting (loss of consciousness)
- Fast heart rate

When to get medical advice

Call your healthcare provider right away if any of these occur:

- Fever of 100.4ºF (38.0ºC) or higher, or as directed by your healthcare provider
- Symptoms are not better after 3 days of treatment
- Back or belly pain that gets worse
- Repeated vomiting, or unable to keep medicine down
- Weakness or dizziness
- Vaginal discharge
- Pain, redness, or swelling in the outer vaginal area (labia)

StayWell last reviewed this educational content on 11/1/2019

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11/22/2023 - ED to Hosp-Admission (Discharged) in 6NE MED FAMMED (continued)

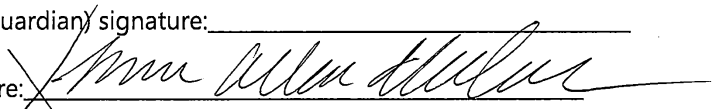
Documents (continued)

Patient Instructions-Signed - Scan on 11/28/2023 1:08 PM: U4219 ; AFTER VISIT SUMMARY PAGE SIGNED

Scan (below)

I, Jeanne Leonie Hoffman, on 11/28/23, received patient instructions and the After Visit Summary was reviewed with me. I have read or had the instructions reviewed with me and understand the instructions given to me by my caregivers.

Patient (or legal guardian) signature:_____

Caregiver signature: 

Significant Other signature:_____

Date/Time: 11/28/23 1100

MRN: U8170135 | DOB: 1/6/1925 | Enc: 1908397630
HOFFMAN , JEANNE LEONIE

U8170135 DOB: 1/6/1925
Hoffman
Jeanne Leonie
6NE Rosse, Christopher J*
CSN: 1908397630 DOS: 11/22/2023

UW Medicine
Harborview Medical Center - U of Washington Medical Center
UW Neighborhood Clinics - Valley Medical Center
University of Washington Physicians Seattle, Washington

AFTER VISIT SUMMARY PAGE SIGNED
Page 1 of 1
U4219
UH4219 REV OCT 21

11/22/2023 - Office Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaints: Failure To Thrive and Leg Pain
Visit diagnoses:

- Right leg pain (primary)
- Failure to thrive in adult
- Dehydration
- Thrush
- Lower extremity ulceration, left, limited to breakdown of skin

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

11/22/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

11/22/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Nguyen, Liem Hieu, MD
Discontinued on: 11/28/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/20/2023
Start date: 11/20/2023
End date: 11/28/2023
Quantity: 90 tablet
Refill: 1 refill by 11/19/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 11/22/2023 1000

Jeanne Leonie Hoffman is a 98 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Failure To Thrive

- Leg Pain

Visit type (in person vs telemedicine vs phone): In person with her son Luis

History

Jeanne who is 98 years old comes in for follow-up on wound care for lower extremity chronic ulcerations. Her son reports that she has not been eating very well or drinking fluids. She is complaining of significant pain in the right upper lower leg which is the opposite side from the side that her ulcerations are on. Her son does not believe she has had fever chills or night sweats. However she has not been as responsive as usual.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

11/22/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications
No outpatient medications have been marked as taking for the 11/22/23 encounter (Office Visit) with Neighbor Jr., William E, MD.

Social history:
History
Sexual Activity
- Sexual activity: Not Currently

Social History

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics
- Alcohol use: No

Objective:
BP 110/62 | Pulse 68 | Temp 36.9 °C (Temporal) | SpO2 100%
Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
110/62	68	---	---	---	10:17 AM	11/22/2023

Last blood pressure recorded in this encounter: 110/62
General: Patient is somewhat somnolent but arousable.
She has marked discomfort of the right knee with any motion. There is no swelling or increased warmth. There is no bruising.
Inspection of her mouth does not show recurrence of thrush

Lab and other tests: X-ray was not available at Hall health today

Assessment and Plan:
1. Right leg pain
Persistent right knee and lower leg pain with marked pain on motion. Patient has a history of DJD of the knee. There does not appear to be evidence of recent trauma. However patient does need imaging and further evaluation. We do not have imaging available onsite at Hall health today. In view of this and other issues below she would best be evaluated in the emergency room.

2. Failure to thrive in adult
Continued decreased food intake. She requires a complete assessment and likely IV hydration.
Of note our nurses have been working with her son to identify resources available on Bainbridge such as through visiting nurses organization.

3. Dehydration
Likely requires IV hydration

4. Thrush

11/22/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Recent thrush due to antibiotic treatment now seems to be resolved following treatment with oral antifungal.

5. Lower extremity ulceration, left, limited to breakdown of skin (HCC)
Continues wound care here. We have referred them to Northwest wound care but due to transportation issues they have continued their wound care here

Transportation to ED. Ordered Taxi but son felt that the process of getting Jeanne in and out of tax even a van would be more difficult than he taking her in her wheelchair ED. They did transport themselves by wheelchair and public transportation from Bainbridge today as they usually do.

.phoneuwe

William E Neighbor Jr, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 11/22/2023 10:52 AM

Flowsheets

Custom Formula Data

Row Name	11/22/23 1017
Temp (in Celsius) for APACHE IV	36.9

Vital Data

Row Name	11/22/23 1017
BP	110/62
BP Cuff Size	Small
BP Site	Left Arm
BP Position	Sitting
Temp	36.9 °C
Temp src	Temporal
Pulse	68
Pulse Regularity	Regular
SpO2	100 %

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

11/22/2023 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 11/22/2023 10:00 AM Hall Health Same Day 206-685-1011

What's Next

You currently have no upcoming appointments scheduled.

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

Today's Visit

You saw William E Neighbor Jr on Wednesday November 22, 2023. The following issues were addressed:

- Right leg pain
- Failure to thrive in adult
- Dehydration
- Thrush
- Lower extremity ulceration, left, limited to breakdown of skin

Blood Pressure 110/62	Temperature (Temporal) 98.4 °F
Pulse 68	Oxygen Saturation 100%

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List as of November 22, 2023 10:52 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
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* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
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timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
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11/22/2023 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

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11/22/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents

After Visit Summary - Document on 11/22/2023 10:52 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 11/22/2023 10:00 AM Hall Health Same Day 206-685-1011

What's Next

You currently have no upcoming appointments scheduled.

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

Today's Visit

You saw William E Neighbor Jr on Wednesday November 22, 2023. The following issues were addressed:

- Right leg pain
- Failure to thrive in adult
- Dehydration
- Thrush
- Lower extremity ulceration, left, limited to breakdown of skin

Blood Pressure 110/62	Temperature (Temporal) 98.4 °F
Pulse 68	Oxygen Saturation 100%

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 11/22/2023 10:52 AM

Page 1 of 3 Epic

11/22/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Your Medication List as of November 22, 2023 10:52 AM

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11/22/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

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11/22/2023 - Clinical Support Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RN45
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

11/22/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Nguyen, Liem Hieu, MD
Discontinued on: 11/28/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/20/2023
Start date: 11/20/2023
End date: 11/28/2023
Quantity: 90 tablet
Refill: 1 refill by 11/19/2024

Stopped in Visit

11/22/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 11/22/2023 0940

Pt in clinic with son, Louis, for continued wound management. Pt in visible and excruciating Left Leg pain and appearing wan and weak. She also endorses R Hip and Lower Back pain. The left leg is visibly better than last week and the wounds gently debrided but they were not measured in the effort to get her to the ER to be further assessed for the other concerns. The right leg continues to be clear of significant wounds. The left leg had Chlorhexidine foam soap applied to all wounds then covered with warm moist washcloths.

Lidocaine 1% jelly was applied to all wounds prior to debriding. The larger and deeper three LLE wounds were very gently debrided with a 4 mm curette and gauze moistened with NS. Melgisorb Ag was placed on all wounds, covered with petrolatum gauze, Vaseline applied over most edges to help keep the dressing situated, then wrapped with 6 inch roll gauze, and covered with Surgilast #7.
Requested provider visit to discuss ER visit. Pt disposition to the UWMC ER for assessment of failure to thrive, R Leg/Hip/Low Back pain, being admitted for exhaustive review.

Electronically signed by Perez, Delmis Joel, RN at 11/22/2023 10:49 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

11/22/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 11/22/2023 9:40 AM Hall Health Same Day 206-685-1011

Today's Visit

You saw Delmis P on Wednesday November 22, 2023 for: Wound Check/Dressing Change and RN45.

What's Next

You currently have no upcoming appointments scheduled.

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11/22/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Your Medication List as of November 22, 2023 1:29 PM

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11/22/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

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11/22/2023 - Documentation in UWMC HMC UNSOLICITED DEFAULT DEP HIM

Visit Information

Department

Name	Address
UWMC HMC UNSOLICITED DEFAULT DEP HIM	WA 98195

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

11/20/2023 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- History of recurrent deep vein thrombosis (DVT)

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

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Discontinued on: 6/12/2024
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Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

11/20/2023 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

pentoxifylline ER 400 MG ER tablet

Discontinued by: Nguyen, Liem Hieu, MD
Discontinued on: 11/28/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/20/2023
Start date: 11/20/2023
End date: 11/28/2023
Quantity: 90 tablet
Refill: 1 refill by 11/19/2024

Stopped in Visit

None

11/20/2023 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Clinical Notes

Telephone Encounter

Willis, Stephen R, CMA at 11/20/2023 1223

1-Name of Requested Medication: pentoxifylline ER 400 mg
2-Date of Last Refill: 09/19/23
3-Date of Last Office Visit: 11/15/23
4-Next Office Visit (scheduled or Expected): none
Notes:

Electronically signed by Willis, Stephen R, CMA at 11/20/2023 12:24 PM

Other Orders

Medications

pentoxifylline ER 400 MG ER tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 11/20/23 1905** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 11/20/23 1905
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 11/20/23 - 11/28/23
Class: Normal
Released by: Neighbor Jr., William E, MD 11/20/23 1905
Discontinued by: Nguyen, Liem Hieu, MD 11/28/23 1310
Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]
Reordered from: pentoxifylline ER 400 MG ER tablet

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
11/20/23 1905	Neighbor Jr., William E, MD	Neighbor Jr., William E, MD	Neighbor Jr., William E, MD
11/20/23 0947	Kauffman, Mary Johanna Kelly, MD	Kauffman, Mary Johanna Kelly, MD	Uw Surescripts Incoming, User

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

11/15/2023 - Office Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaint: Knee Pain
Visit diagnoses:

- Right knee pain, unspecified chronicity (primary)
- Osteoarthritis of right knee, unspecified osteoarthritis type

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.

11/15/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 10/10/2022
Action: Patient not taking
Refill: 1 refill by 10/10/2023
Ordered on: 10/10/2022
End date: 6/12/2024
Quantity: 5 mL

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Start date: 12/13/2022
Quantity: 90 tablet
Discontinued on: 1/3/2024
Ordered on: 12/13/2022
End date: 1/3/2024
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Start date: 2/9/2023
Quantity: 88 mL
Discontinued on: 3/8/2025
Ordered on: 2/9/2023
End date: 3/8/2025
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Start date: 2/24/2023
Quantity: 10 mL
Discontinued on: 4/10/2024
Ordered on: 2/24/2023
End date: 4/10/2024
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Start date: 4/5/2023
Action: Patient not taking
Refill: 1 refill by 4/4/2024
Discontinued on: 6/12/2024
Ordered on: 4/5/2023
End date: 6/12/2024
Quantity: 28.4 g

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Start date: 4/26/2023
Quantity: 44 mL
Discontinued on: 3/8/2025
Ordered on: 4/26/2023
End date: 3/8/2025
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Start date: 8/24/2023
Quantity: 45 tablet
Discontinued on: 11/28/2023
Ordered on: 8/24/2023
End date: 11/28/2023
Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD
Start date: 9/19/2023
Quantity: 90 tablet
Discontinued on: 11/20/2023
Ordered on: 9/19/2023
End date: 11/20/2023
Refill: 1 refill by 9/18/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Discontinued on: 6/12/2024

11/15/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 10/31/2023
Action: Patient not taking
Refill: No refills remaining

Ordered on: 10/31/2023
End date: 6/12/2024
Quantity: 60 mL

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 11/15/2023 1140

Jeanne Leonie Hoffman is a 98 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Knee Pain

Visit type (in person vs telemedicine vs phone): In person with son Louis with patient permission

History

Jeanne was scheduled today for wound care with nurse.

No acute is that in the last 3 months that he has been complaining of intermittent right knee pain is worsened in the last 1 to 2 weeks for which she has used Tylenol without adequate relief. She has not had any fever chills or night sweats. There is been no recent falls or other injuries or overuse. Is painful to move the knee and with walking. She is status post right femur plate placed for femur fracture in the past.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.

6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

No outpatient medications have been marked as taking for the 11/15/23 encounter

(Office Visit) with Neighbor Jr., William E, MD.

Current Facility-Administered Medications for the 11/15/23 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• acetaminophen (Tylenol) liquid 960 mg	960 mg	Oral	Once	Neighbor Jr., William E, MD		
• [DISCONTINUED] acetaminophen (Tylenol) liquid 980 mg	980 mg	Oral	Once	Neighbor Jr., William E, MD		

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP 137/74 | Pulse (!) 57 | Temp 36.6 °C
Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
137/74	(!) 57	---	---	---	11:58 AM	11/15/2023

Last blood pressure recorded in this encounter: 137/74
General: Complaining of right knee pain when she extends the knee.

Knee exam

Side: right.
Skin disruption: none. Scars: none. Bruising: no. Swelling: no
Extension: full but painful over lateral aspect of patella Flexion: symmetrical.
Effusion: none.
Patella: tender lateral border without swelling. Patella tracking: nl. Patellar apprehension: not done.
Anserine bursa: non tender
Medial joint line palpation: tender. Lateral joint line palpation: non tender. IT band: neg. Varus stress: neg. Valgus Stress: neg.
Lachman's: neg. McMurrays: not done. Apleys: not done.
Popliteal fossa: non tender to palpation.

Imaging: none

11/15/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Assessment and Plan:

1. Right knee pain, unspecified chronicity

3-month history of right lateral knee pain in the area of the patella with recent exacerbation last 1 to 2 weeks without history of injury. Patient is status post plate and screw placement right femur for distant history of fracture. Pain is likely due to osteoarthritis of the knee.

2. Osteoarthritis of right knee, unspecified osteoarthritis type

She was given Tylenol in clinic which did help to some extent. She has not taken Tylenol previously today.
- acetaminophen (Tylenol) liquid 960 mg

Plan
-- Warm compresses for 30 minutes twice daily
-- She may benefit from having a neoprene sleeve which can be obtained at a local pharmacy. The sleep should have a hole in the middle for the kneecap (patella)
-- Regular use of Tylenol 500 mg 3-4 times daily. At her age maximum in the 3000 mg which would be 6 tablets in a day. Would avoid ibuprofen or Naprosyn given her age
-- Expect marked improvement over the next week otherwise recheck.

William E Neighbor Jr, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 11/15/2023 1:06 PM

Medication Administrations

acetaminophen (Tylenol) liquid 960 mg [279421035]

Ordering Provider: Neighbor Jr., William E, MD
Ordered On: 11/15/23 1229
Ordered Dose (Remaining/Total): 960 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 11/15/23 1300 - 11/15/23 1155
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 11/15/23 1155 Documented: 11/15/23 1434	Given	960 mg	Oral	Performed by: Perez, Delmis Joel, RN Scanned Package: 69367-323-04

Other Orders

11/15/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Other Orders (continued)

Medications

acetaminophen (Tylenol) liquid 980 mg (Discontinued)

Electronically signed by: **Perez, Delmis Joel, RN on 11/15/23 1208** Status: **Discontinued**
Ordering user: Perez, Delmis Joel, RN 11/15/23 1208 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Cosigning events
1. Electronically cosigned by Neighbor Jr., William E, MD 11/15/23 1306 for Ordering
2. Electronically cosigned by Neighbor Jr., William E, MD 11/15/23 1306 for Discontinuing
Frequency: Routine Once 11/15/23 1150 - 1 occurrence Class: Normal
Discontinued by: Perez, Delmis Joel, RN 11/15/23 1229
Diagnoses
Osteoarthritis of right knee, unspecified osteoarthritis type [M17.11]

Indications

Osteoarthritis of right knee, unspecified osteoarthritis type [M17.11 (ICD-10-CM)]

acetaminophen (Tylenol) liquid 960 mg (Completed)

Electronically signed by: **Perez, Delmis Joel, RN on 11/15/23 1229** Status: **Completed**
Ordering user: Perez, Delmis Joel, RN 11/15/23 1229 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Cosigning events
Electronically cosigned by Neighbor Jr., William E, MD 11/15/23 1306 for Ordering
Frequency: Routine Once 11/15/23 1300 - 1 occurrence Class: Normal
Diagnoses
Osteoarthritis of right knee, unspecified osteoarthritis type [M17.11]
Modified from: acetaminophen (Tylenol) liquid 980 mg

Indications

Osteoarthritis of right knee, unspecified osteoarthritis type [M17.11 (ICD-10-CM)]

Flowsheets

Custom Formula Data

Row Name	11/15/23 1158
Temp (in Celsius) for APACHE IV	36.6

Vital Data

Row Name	11/15/23 1158
BP	137/74
BP Cuff Size	Small
BP Site	Left Arm
BP Position	Sitting
Temp	36.6 °C
Pulse	**57** !
Pulse Regularity	Regular

Vitals Data

Row Name	11/15/23 1155
Pain Descriptor Scale	Severe
Pain Location	Right knee

11/15/2023 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 — 11/15/2023 11:40 AM — Hall Health Same Day 206-685-1011

What's Next

NOV 22 2023 — Clinical Support
Wednesday November 22 9:40 AM
(Arrive by 9:25 AM)

Hall Health Same Day
4060 NE Stevens Way,
Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

Today's Visit

You saw William E Neighbor Jr on Wednesday November 15, 2023. The following issues were addressed: Right knee pain, unspecified chronicity and Osteoarthritis of right knee, unspecified osteoarthritis type.

Blood Pressure 137/74
Temperature 97.8 °F
Pulse 57

Medications Given

acetaminophen (Tylenol) Last given at 11:55 AM for Osteoarthritis of right knee, unspecified osteoarthritis type

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 11/15/2023 2:34 PM

Page 1 of 3 Epic

11/15/2023 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Your Medication List as of November 15, 2023 2:34 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	take 1/2 tablet by mouth once daily
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

11/15/2023 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!

MyChart

Scan this code or visit
uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

Messages

Visit summary: Right knee pain

From	To	Sent and Delivered
William E Neighbor Jr., MD Last Read in MyChart	Hoffman, Jeanne Leonie	11/15/2023 1:06 PM

11/15/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Messages (continued)

12/12/2023 7:16 PM by Hoffman, Jeanne Leonie

Jeanne: Below is a summary of your visit.

Assessment and Plan:

1. Right knee pain, unspecified chronicity

3-month history of right lateral knee pain in the area of the patella with recent exacerbation last 1 to 2 weeks without history of injury. Patient is status post plate and screw placement right femur for distant history of fracture. Pain is likely due to osteoarthritis of the knee.

2. Osteoarthritis of right knee, unspecified osteoarthritis type

She was given Tylenol in clinic which did help to some extent. She has not taken Tylenol previously today.
- acetaminophen (Tylenol) liquid 960 mg

Plan
-- Warm compresses for 30 minutes twice daily
-- She may benefit from having a neoprene sleeve which can be obtained at a local pharmacy. The sleep should have a hole in the middle for the kneecap (patella)
-- Regular use of Tylenol 500 mg 3-4 times daily. At her age maximum in the 3000 mg which would be 6 tablets in a day. Would avoid ibuprofen or Naprosyn given her age
-- Expect marked improvement over the next week otherwise recheck.

William E Neighbor Jr, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

11/15/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents

After Visit Summary - Document on 11/15/2023 2:34 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 — 11/15/2023 11:40 AM — Hall Health Same Day 206-685-1011

What's Next

NOV 22 2023 — Clinical Support
Wednesday November 22 9:40 AM
(Arrive by 9:25 AM)

Hall Health Same Day
4060 NE Stevens Way,
Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

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Today's Visit

You saw William E Neighbor Jr on Wednesday November 15, 2023. The following issues were addressed: Right knee pain, unspecified chronicity and Osteoarthritis of right knee, unspecified osteoarthritis type.

Blood Pressure 137/74
Temperature 97.8 °F
Pulse 57

Medications Given

acetaminophen (Tylenol) Last given at 11:55 AM for Osteoarthritis of right knee, unspecified osteoarthritis type

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 11/15/2023 2:34 PM

Page 1 of 3 Epic

11/15/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Your Medication List as of November 15, 2023 2:34 PM

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11/15/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

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Need access to a family member?
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Go to uwmedicine.org/billing

11/15/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

11/15/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 9/19/2023
Start date: 9/19/2023
End date: 11/20/2023
Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

Stopped in Visit

11/15/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 11/15/2023 1000

Pt in clinic with son, Louis, for continued wound management. Son reports it's more difficult getting the pt into the shower this week and the last couple of weeks have been rather hectic including having to reschedule last week's appt to this week.
It appears the left leg has been too moist and there are more sores that have appeared. The right leg continues to be clear of significant wounds. The left leg had Chlorhexidine foam soap applied to all wounds then covered with warm moist washcloths.

Left Leg wounds:
1. Left Medial Ankle: oval 3.1 cm x 1.8 cm x 0.2 cm with moist slough scattered throughout.
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 10.0 cm x 3.0 cm x 0.2-0.4 cm with moist slough scattered throughout.
3. Left Distal Lateral Shin: 6.2 cm x 4.2 cm x 0.3 cm with moist slough throughout.
4. Left Mid Shin: 2.8 cm x 1.8 cm x 0.1 cm irregular oval with moist slough throughout.
5. Multiple mid shin cutaneous the largest, of which, is 2.5 cm x 1.7 cm x 0.1 cm.

All LLE wounds were debrided with a 4 mm curette and gauze moistened with NS. Lidocaine 1% jelly was applied to all wounds prior to debriding. Melgisorb Ag was placed on all wounds, covered with petrolatum gauze, Vaseline applied over most edges to help keep the dressing situated, then wrapped with 6 inch roll gauze, and covered with Surgilast #7.

The son was advised to keep the dressing in place until Friday. Appt scheduled for further wound care in 1 week.

Pt's knee was exquisitely painful so a provider visit was scheduled for further evaluation.

Electronically signed by Perez, Delmis Joel, RN at 11/15/2023 2:55 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

11/15/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 11/15/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P on Wednesday November 15, 2023 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

NOV 22 2023 Clinical Support
Wednesday November 22 9:40 AM (Arrive by 9:25 AM)

Hall Health Same Day
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

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11/15/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

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11/15/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

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11/15/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 11/15/2023 10:56 AM

Scan (below)

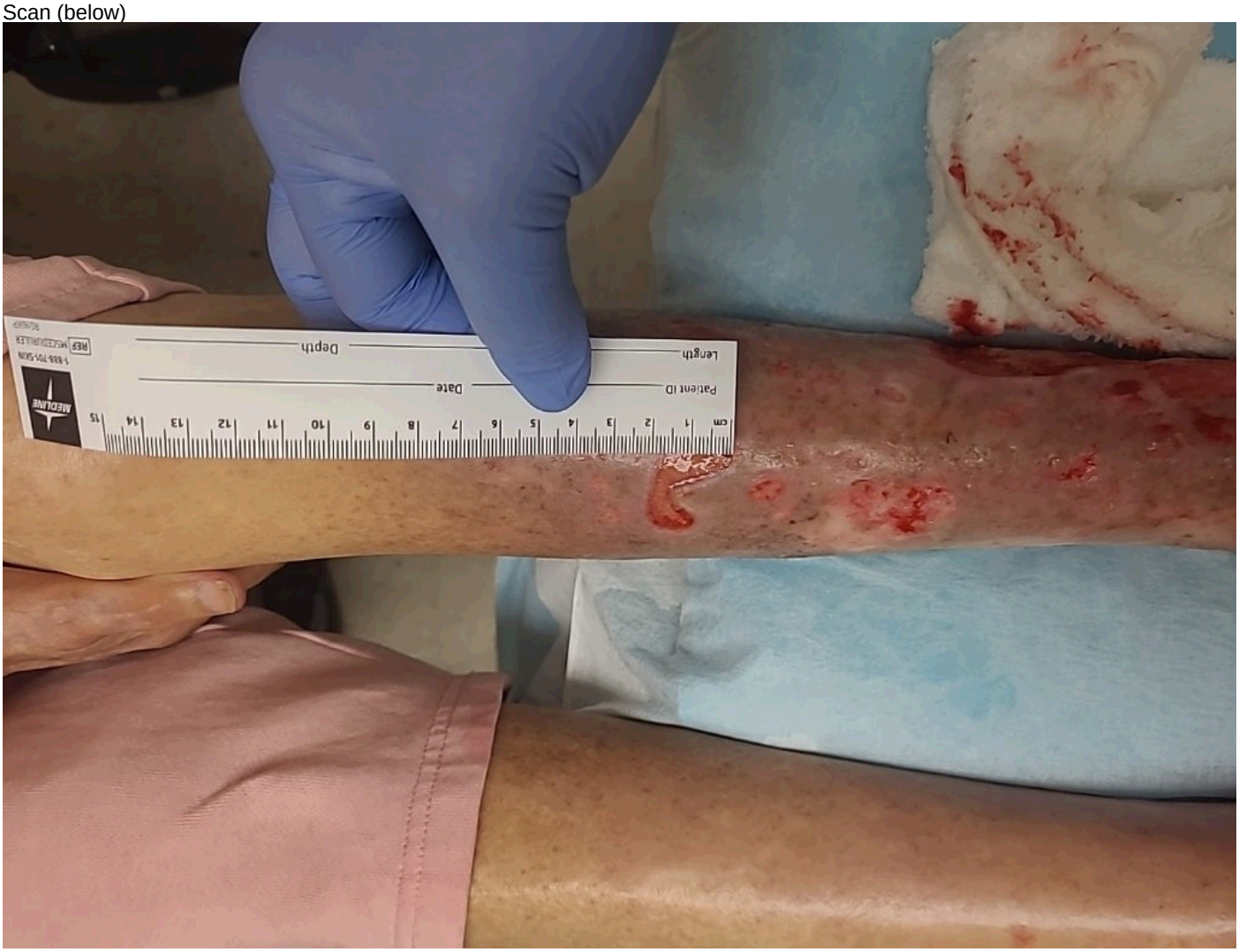


11/15/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 11/15/2023 10:56 AM

Scan (below)



11/15/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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11/15/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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11/15/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
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11/15/2023 - Xray Ankle 3+ ViewLeft in Husky Health Radiology

Reason for Visit

Visit diagnoses:
- (primary)
- Lower extremity ulceration, left, limited to breakdown of skin

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Radiology	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-685-6052

Infection Status as of 11/15/2023

Infection	Onset	Added	Added By	Resolved	Resolved By
None active					
Resolved					
Conjunctivitis		10/10/22 1009	OurPractice Advisory	11/27/23 1049	Hamilton, Anne K, RN
11/3 clinic note indicates this is resolved. -UWMC ML IP AH					
MRSA		07/27/19 0913	User: Kamangu, Carole Wapa	11/27/23 1135	Hamilton, Anne K, RN
Confirmed with Dr. Bothelo pt doesn't haven an active MRSA infection. Ok to resolve. AH UWMC ML IP					

Medication List

Medication List

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Active at the End of Visit

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Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019

11/15/2023 - Xray Ankle 3+ ViewLeft in Husky Health Radiology (continued)

Medication List (continued)

End date: 3/8/2025 Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD Ordered on: 10/10/2022
Start date: 10/10/2022 End date: 6/12/2024
Action: Patient not taking Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/13/2022
Start date: 12/13/2022 End date: 1/3/2024
Quantity: 90 tablet Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/9/2023
Start date: 2/9/2023 End date: 3/8/2025
Quantity: 88 mL Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/24/2023
Start date: 2/24/2023 End date: 4/10/2024
Quantity: 10 mL Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/5/2023
Start date: 4/5/2023 End date: 6/12/2024
Action: Patient not taking Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/26/2023
Start date: 4/26/2023 End date: 3/8/2025
Quantity: 44 mL Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 8/24/2023
Start date: 8/24/2023 End date: 11/28/2023
Quantity: 45 tablet Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD Ordered on: 9/19/2023
Start date: 9/19/2023 End date: 11/20/2023

11/15/2023 - Xray Ankle 3+ ViewLeft in Husky Health Radiology (continued)

Medication List (continued)

Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

Stopped in Visit

None

Imaging

Imaging

XR Ankle 3+ View Left (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 07/05/23 1251**
Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Neighbor Jr., William E, MD 07/05/23 1251
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Once 11/15/23 0941 - 1 occurrence
Class: Clinic Performed
Quantity: 1
Lab status: Final result
Instance released by: Romo, Rico R, PSS/PSR 11/15/2023 9:41 AM
Diagnoses
Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	persistent lateral ankle ulceration rule out bone involvement.
Does the patient require sedation or anesthesia?	None
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
MRN: U8170135
Date of Birth: 1/6/1925
Home Phone: 206-780-6885
Sex Assigned at Birth: Female
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR ANKLE 3+ VW LEFT	Neighbor Jr., William E, MD 206-685-1011 206-986-3554	Neighbor Jr., William E, MD 206-685-1011 206-986-3554	11/15/2023 9:50 AM HHRAD1 HH RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

11/15/2023 - Xray Ankle 3+ ViewLeft in Husky Health Radiology (continued)

Imaging (continued)

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Ankle 3+ View Left Resulted: 11/15/23 1043, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/15/23 0941
Resulted by: Richardson, Michael Lewellyn, MD
Performed: 11/15/23 0942 - 11/15/23 1002
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 11/15/23 1046
Accession number: 40259263

Narrative:
EXAMINATION:
XR ANKLE 3+ VW LEFT

CLINICAL INDICATION:
persistent lateral ankle ulceration rule out bone involvement.

COMPARISON: 4/25/17

FINDINGS:

Small vessel calcification raises the question of diabetes mellitus vs chronic renal disease.

Dystrophic calcifications again noted in the achilles tendon and plantar fascia.

Prominent osteoarthritis again noted in the talonavicular joint.

No specific radiographic evidence of osteomyelitis.

Acknowledged by
Neighbor Jr., William E, MD on 11/15/23 1337
Perez, Delmis Joel, RN on 11/15/23 1439
Kerby, Kalena L, CMA on 11/16/23 1337

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921 (ICD-10-CM)]

Signed

Electronically signed by Richardson, Michael Lewellyn, MD on 11/15/23 at 1043 PST

All Reviewers List

Neighbor Jr., William E, MD on 11/15/2023 13:37

Flowsheets

LACE+ Score

Row Name	11/16/23 0404
LACE+ Score	5

11/15/2023 - Xray Ankle 3+ ViewLeft in Husky Health Radiology (continued)

Flowsheets (continued)

Care Plan

Resolved

Problem: Patient/Family Stated Goals

Dates: Start: 11/15/23 Resolved: 11/16/23
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Shift (Resolved)

Dates: Start: 11/15/23 Resolved: 11/16/23
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
11/16/23 0404	Uw Resolve Care Plan, Bkg User	Adequate for Discharge

Goal: Patient/Family Stated Goal For Admission (Resolved)

Dates: Start: 11/15/23 Resolved: 11/16/23
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
11/16/23 0404	Uw Resolve Care Plan, Bkg User	Adequate for Discharge

11/15/2023 - Xray Tibia Fibula 2 View Left in Husky Health Radiology

Reason for Visit

Visit diagnoses:
- (primary)
- Lower extremity ulceration, left, limited to breakdown of skin

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Radiology	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-685-6052

Infection Status as of 11/15/2023

Infection	Onset	Added	Added By	Resolved	Resolved By
None active					
Resolved					
Conjunctivitis		10/10/22 1009	OurPractice Advisory	11/27/23 1049	Hamilton, Anne K, RN
11/3 clinic note indicates this is resolved. -UWMC ML IP AH					
MRSA		07/27/19 0913	User: Kamangu, Carole Wapa	11/27/23 1135	Hamilton, Anne K, RN
Confirmed with Dr. Bothelo pt doesn't haven an active MRSA infection. Ok to resolve. AH UWMC ML IP					

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019

11/15/2023 - Xray Tibia Fibula 2 View Left in Husky Health Radiology (continued)

Medication List (continued)

End date: 3/8/2025 Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD Ordered on: 10/10/2022
Start date: 10/10/2022 End date: 6/12/2024
Action: Patient not taking Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/13/2022
Start date: 12/13/2022 End date: 1/3/2024
Quantity: 90 tablet Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/9/2023
Start date: 2/9/2023 End date: 3/8/2025
Quantity: 88 mL Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/24/2023
Start date: 2/24/2023 End date: 4/10/2024
Quantity: 10 mL Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/5/2023
Start date: 4/5/2023 End date: 6/12/2024
Action: Patient not taking Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/26/2023
Start date: 4/26/2023 End date: 3/8/2025
Quantity: 44 mL Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 8/24/2023
Start date: 8/24/2023 End date: 11/28/2023
Quantity: 45 tablet Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD Ordered on: 9/19/2023
Start date: 9/19/2023 End date: 11/20/2023

11/15/2023 - Xray Tibia Fibula 2 View Left in Husky Health Radiology (continued)

Medication List (continued)

Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Result Encounter Note

Neighbor Jr., William E, MD at 11/15/2023 0940

Jeanne:
The x-ray of the left lower leg in the area where you have had persistent ulcerations did not show any evidence of bone involvement. That is good news.
William E Neighbor Jr, MD

Electronically signed by Neighbor Jr., William E, MD at 11/15/2023 1:37 PM

Imaging

Imaging

XR Tibia Fibula 2 Vw Left (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 11/02/23 1249**
Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Neighbor Jr., William E, MD 11/02/23 1249
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Once 11/15/23 0941 - 1 occurrence
Class: Clinic Performed
Quantity: 1
Lab status: Final result
Instance released by: Romo, Rico R, PSS/PSR 11/15/2023 9:41 AM
Diagnoses
Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	decubitus ulcers with elevted sed rate. Examine for signs of bone infection.
Does the patient require sedation or anesthesia?	None
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
MRN: U8170135
Date of Birth: 1/6/1925
Home Phone: 206-780-6885

11/15/2023 - Xray Tibia Fibula 2 View Left in Husky Health Radiology (continued)

Imaging (continued)

Sex Assigned at Birth: Female

Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR TIBIA FIBULA 2 VW LEFT	Neighbor Jr., William E, MD 206-685-1011 206-986-3554	Neighbor Jr., William E, MD 206-685-1011 206-986-3554	11/15/2023 9:40 AM HHRAD1 HH RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Tibia Fibula 2 Vw Left Resulted: 11/15/23 1040, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/15/23 0941
Resulted by: Richardson, Michael Lewellyn, MD
Performed: 11/15/23 0942 - 11/15/23 1002
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 11/15/23 1043
Accession number: 40259228

Narrative:
EXAMINATION:
XR TIBIA FIBULA 2 VW LEFT

CLINICAL INDICATION:
decubitus ulcers with elevated sed rate. Examine for signs of bone infection.

COMPARISON:
1/10/19

Impression:
FINDINGS AND IMPRESSION:

The bones are diffusely demineralized.

No acute fracture or dislocation. No periostitis, focal osteopenia, or osseous erosion to suggest osteomyelitis.

There is soft tissue irregularity/ulceration along the medial distal calf. No definite soft tissue gas. No radiopaque foreign body.

Small vessel calcification raises the question of diabetes mellitus vs chronic renal disease.

Dystrophic calcifications again noted in posterior and medial calf soft tissues, with interval progression.
Acknowledged by
Neighbor Jr., William E, MD on 11/15/23 1337
Perez, Delmis Joel, RN on 11/15/23 1439
Kerby, Kalena L, CMA on 11/16/23 1337

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

11/15/2023 - Xray Tibia Fibula 2 View Left in Husky Health Radiology (continued)

Imaging (continued)

Indications

Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921 (ICD-10-CM)]

Signed

Electronically signed by Richardson, Michael Lewellyn, MD on 11/15/23 at 1040 PST

Result Notes

William E Neighbor Jr., MD
11/15/2023 1:37 PM PST

Jeanne:
The x-ray of the left lower leg in the area where you have had persistent ulcerations did not show any evidence of bone involvement. That is good news.
William E Neighbor Jr, MD

All Reviewers List

Neighbor Jr., William E, MD on 11/15/2023 13:37

Flowsheets

LACE+ Score

Row Name	11/16/23 0404
LACE+ Score	5

Care Plan

Resolved

Problem: Patient/Family Stated Goals

Dates: Start: 11/15/23 Resolved: 11/16/23
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Shift (Resolved)

Dates: Start: 11/15/23 Resolved: 11/16/23
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
11/16/23 0404	Uw Resolve Care Plan, Bkg User	Adequate for Discharge

Goal: Patient/Family Stated Goal For Admission (Resolved)

Dates: Start: 11/15/23 Resolved: 11/16/23
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
11/16/23 0404	Uw Resolve Care Plan, Bkg User	Adequate for Discharge

11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 9/19/2023
Start date: 9/19/2023
End date: 11/20/2023
Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

Stopped in Visit

11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 11/1/2023 1000

Pt in clinic with son, Louis, for continued wound management. She had a visit with her provider prior to wound care. Son endorses having been able to get the pt into the shower this week and is hoping this will happen more regularly to help pt keep clean better.
The legs were appropriately moisturized today. The right leg looks clear of significant wounds. The left leg had Chlorhexidine foam soap applied to all wounds then covered with warm moist washcloths.

The left leg larger wounds remain and are described below:
1. Left Medial Ankle: oval 2.8 cm x 1.5 cm x 0.2 cm with moist slough scattered throughout.
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 9.2 cm x 2.3 cm x 0.2-0.4 cm with moist slough scattered throughout.
3. Left Distal Lateral Shin: 6.4 cm x 14.0 cm x 0.1-0.3 cm with moist slough throughout.
4. Left Mid Shin: 3.2 cm x 2.3 cm x 0.1 cm irregular oval with moist slough throughout.
5. Multiple mid shin cutaneous the largest, of which, are 0.8 cm x 0.6 cm x 0.1 cm and 0.8 cm x 0.5 cm x 0.1 cm.

All LLE wounds were debrided with a 4 mm curette and gauze moistened with NS. Lidocaine 1% jelly was applied to wounds 1-4 prior to debriding. Melgisorb Ag was placed on all wounds, covered with petrolatum gauze, Vaseline applied over most areas to help keep the dressing moist, then wrapped with 4 inch roll gauze, and covered with Surgilast #7.

The son was advised to keep the dressing in place until Friday. Appt scheduled for further wound care in 1 week. Provider visit pending.

Electronically signed by Perez, Delmis Joel, RN at 11/1/2023 11:42 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 11/1/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P, RN on Wednesday November 1, 2023 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

NOV 8 2023 **Clinical Support**
Wednesday November 8 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

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11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of November 1, 2023 11:42 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	take 1/2 tablet by mouth once daily
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE	206-780-6885 (Home) *Preferred*	jeanhoffman@usa.com

11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Patient Demographics (continued)

Ste D3 PMB 292
BAINBRIDGE ISLAND WA 98110

206-000-0000 (Work)
206-280-1287 (Mobile)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

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- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
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Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
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11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 11/1/2023 10:44 AM

Scan (below)



11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 11/1/2023 10:44 AM

Scan (below)



11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 11/1/2023 10:44 AM

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11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 11/1/2023 10:44 AM

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11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 11/1/2023 10:44 AM

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11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 11/1/2023 10:44 AM

Scan (below)



11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 11/1/2023 11:42 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
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Documents (continued)

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11/01/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Demographics (continued)

Ste D3 PMB 292
BAINBRIDGE ISLAND WA 98110

206-000-0000 (Work)
206-280-1287 (Mobile)

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Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

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11/01/2023 - Office Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Thrush (primary)
- Cellulitis of left lower extremity
- Lower extremity ulceration, left, limited to breakdown of skin
- Decreased appetite

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024

11/01/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 9/19/2023
Start date: 9/19/2023
End date: 11/20/2023
Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024

Medication List (continued)

Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 11/1/2023 0940

Jeanne Leonie Hoffman is a 98 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  Wound care and mouth thrush

Visit type (in person vs telemedicine vs phone): In person with son Louis. They did not bring the patient's hearing aids today

History

Thrush and appetite
Patient has completed 1 week of oral nystatin for thrush. There seems to be improvement. She is eating somewhat more. She does not seem to have as much discomfort in her throat.

Cellulitis left lower extremity
she has completed course of antibiotics for cellulitis of the left lower extremity
She has not had any worsening of pain and has had some improvement. There is been no further redness

Lower extremity ulcerations
Continues wound care. Seeing nurse today for wound care. Nurse and son are working on establishing care on Bainbridge Island where they live and possible home care

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

11/01/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007

Year onset: Dx March 2007
Metformin discontinued 2011 as A1c in target range without it.
Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 11/1/23 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		
• losartan 25 MG tablet	take 1/2 tablet by mouth once daily	45 tablet	3
• MULTIPLE VITAMIN OR	Take by mouth.		
• nystatin 100000 UNIT/ML mouth/throat suspension	Swish and swallow 5 mL 4 times a day.	60 mL	0
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day	90 tablet	1
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day	10 mL	6
• triamcinolone 0.1 % cream	Apply topically 2 times a day. Apply to both forearms.	28.4 g	1
• Wound Dressings (medihoney) topical gel	Apply topically every other day. Apply to wound before applying dressing	44 mL	3
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply	88 mL	6

dressing over the
Medi Honey.

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP 116/72 | Pulse (!) 59 | Temp 36.4 °C (Temporal)
Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
116/72	(!) 59	---	---	---	9:48 AM	11/1/2023

Last blood pressure recorded in this encounter: 116/72
General: No acute distress. Difficult communicating with patient due to her not having her hearing aids today. Despite that she was interactive and alert. She did eat some yogurt and fig cookies provided in the office
Throat: Mild diffuse redness. No further erythematous patches or whitish exudate on buccal mucosa oropharynx or tongue
Right lower extremity no further evidence of cellulitis. Ulcerations are as described in the nurse note

Lab and other tests: Pending

Assessment and Plan:

1. Thrush
Thrush is markedly improved.

Plan
Extend course of oral nystatin to total of 7 to 14 days.
If recurs would move to oral fluconazole

2. Cellulitis of left lower extremity
Infection is resolved with antibiotic treatment

3. Lower extremity ulceration, left, limited to breakdown of skin (HCC)
Nurse providing wound care today
Her son Luis and Nurse Delmis are exploring options for home care on Bainbridge

4. Decreased appetite
Somewhat improved. We did give her yogurt and fig bar today which she ate.

11/01/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Labs ordered at last visit are to be done today
Follow-up in 1-2 week

William E Neighbor Jr, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Orders Only on 11/01/23

1. CBC with Diff

Result	Value	Ref Range
WBC	8.52	4.3 - 10.0 10*3/uL
RBC	3.11 (L)	3.80 - 5.00 10*6/uL
Hemoglobin	10.1 (L)	11.5 - 15.5 g/dL
Hematocrit	32 (L)	36.0 - 45.0 %
MCV	104 (H)	81 - 98 fL
MCH	32.5	27.3 - 33.6 pg
MCHC	31.4 (L)	32.2 - 36.5 g/dL
Platelet Count	434 (H)	150 - 400 10*3/uL
RDW-CV	14.9 (H)	11.0 - 14.5 %
% Neutrophils	68	%
% Lymphocytes	20	%
% Monocytes	9	%
% Eosinophils	1	%
% Basophils	1	%
% Immature Granulocytes	1	%
Neutrophils	5.85	1.80 - 7.00 10*3/uL
Absolute Lymphocyte Count	1.70	1.00 - 4.80 10*3/uL
Monocytes	0.74	0.00 - 0.80 10*3/uL
Absolute Eosinophil Count	0.12	0.00 - 0.50 10*3/uL
Basophils	0.07	0.00 - 0.20 10*3/uL
Immature Granulocytes	0.04	0.00 - 0.05 10*3/uL
Nucleated RBC	0.00	0.00 10*3/uL
% Nucleated RBC	0	%

2. Comprehensive Metabolic Panel

Result	Value	Ref Range
Sodium	137	135 - 145 meq/L
Potassium	4.1	3.6 - 5.2 meq/L
Chloride	101	98 - 108 meq/L
Carbon Dioxide, Total	23	22 - 32 meq/L
Anion Gap	13 (H)	4 - 12
Glucose	113	62 - 125 mg/dL
Urea Nitrogen	19	8 - 21 mg/dL
Creatinine	0.83	0.38 - 1.02 mg/dL
Protein (Total)	6.8	6.0 - 8.2 g/dL
Albumin	3.5	3.5 - 5.2 g/dL

11/01/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Bilirubin (Total)	0.3	0.2 - 1.3 mg/dL
Calcium	9.4	8.9 - 10.2 mg/dL
AST (GOT)	13	9 - 38 U/L
Alkaline Phosphatase (Total)	74	49 - 199 U/L
ALT (GPT)	7	7 - 33 U/L
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2

3. Hemoglobin A1C, HPLC

Result	Value	Ref Range
Hemoglobin A1C	6.6 (H)	4.0 - 6.0 %

4. Erythrocyte Sedimentation Rate

Result	Value	Ref Range
Erythrocyte Sedimentation Rate	102 (H)	0 - 20 mm/h

5. C-Reactive Protein

Result	Value	Ref Range
C_Reactive Protein	27.2 (H)	0.0 - 10.0 mg/L

6. Lipid Panel (Future)

Result	Value	Ref Range
Total Cholesterol	143	<200 mg/dL
Triglyceride	181 (H)	<150 mg/dL
HDL Cholesterol	42	>39 mg/dL
Non-HDL Cholesterol	101	0 - 159 mg/dL
LDL Cholesterol, NIH Equation	70	<130 mg/dL
Cholesterol/HDL Ratio	3.4	
Lipid Panel, Additional Info.	(NOTE)	

Reported to patient. We will review at next visit. We will add x-ray of left lower leg at next visit.

Electronically signed by Neighbor Jr., William E, MD at 11/2/2023 12:49 PM

Imaging

Imaging

XR Tibia Fibula 2 Vw Left (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 11/02/23 1249** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 11/02/23 1249 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 11/02/23 - Class: Clinic Performed
Quantity: 1
Diagnoses
Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	decubitus ulcers with elevted sed rate. Examine for signs of bone infection.
Does the patient require sedation or anesthesia?	None
Release Result to Patient	Immediate

Indications

Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921 (ICD-10-CM)]

XR Tibia Fibula 2 Vw Left Resulted: 11/15/23 1040, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/15/23 0941 Order status: Completed

11/01/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Imaging (continued)

Resulted by: Richardson, Michael Lewellyn, MD
Performed: 11/15/23 0942 - 11/15/23 1002
Resulting lab: UW RADIOLOGY
Filed by: Interface, Radiology Results In 11/15/23 1043
Accession number: 40259228

Narrative:
EXAMINATION:
XR TIBIA FIBULA 2 VW LEFT

CLINICAL INDICATION:
decubitus ulcers with elevated sed rate. Examine for signs of bone infection.

COMPARISON:
1/10/19

Impression:
FINDINGS AND IMPRESSION:

The bones are diffusely demineralized.

No acute fracture or dislocation. No periostitis, focal osteopenia, or osseous erosion to suggest osteomyelitis.

There is soft tissue irregularity/ulceration along the medial distal calf. No definite soft tissue gas. No radiopaque foreign body.

Small vessel calcification raises the question of diabetes mellitus vs chronic renal disease.

Dystrophic calcifications again noted in posterior and medial calf soft tissues, with interval progression.
Acknowledged by
Neighbor Jr., William E, MD on 11/15/23 1337
Perez, Delmis Joel, RN on 11/15/23 1439
Kerby, Kalena L, CMA on 11/16/23 1337

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921 (ICD-10-CM)]

Signed

Electronically signed by Richardson, Michael Lewellyn, MD on 11/15/23 at 1040 PST

Result Notes

William E Neighbor Jr., MD
11/15/2023 1:37 PM PST

Jeanne:
The x-ray of the left lower leg in the area where you have had persistent ulcerations did not show any evidence of bone involvement. That is good news.
William E Neighbor Jr, MD

Flowsheets

Custom Formula Data

Row Name	11/01/23 0948
Temp (in Celsius) for APACHE IV	36.4

11/01/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Flowsheets (continued)

Vital Data

Row Name	11/01/23 0948
BP	116/72
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.4 °C
Temp src	Temporal
Pulse	**59** !

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

11/01/2023 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 | 11/1/2023 9:40 AM | Hall Health Same Day 206-685-1011

Instructions from William E Neighbor Jr, MD

Imaging ordered today
XR Tibia Fibula 2 Vw Left
Please complete by or around 11/9/2023

What's Next

NOV 8 2023 **Clinical Support**
Wednesday November 8 9:40 AM
(Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

Today's Visit

You saw William E Neighbor Jr, MD on Wednesday November 1, 2023. The following issues were addressed: Thrush; Cellulitis of left lower extremity; Lower extremity ulceration, left, limited to breakdown of skin; and Decreased appetite.

Blood Pressure	Temperature (Temporal)
116/72	97.6 °F

Pulse
59

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

11/01/2023 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Your Medication List as of November 1, 2023 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	take 1/2 tablet by mouth once daily
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
nystatin 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin	Swish and swallow 5 mL 4 times a day.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE	206-780-6885 (Home) *Preferred*	jeanhoffman@usa.com

11/01/2023 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Patient Demographics (continued)

Ste D3 PMB 292
BAINBRIDGE ISLAND WA 98110

206-000-0000 (Work)
206-280-1287 (Mobile)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!

MyChart

Scan this code or visit
uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

11/01/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents

After Visit Summary - Document on 11/2/2023 12:50 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 — 11/1/2023 9:40 AM — Hall Health Same Day 206-685-1011

Instructions from William E Neighbor Jr, MD

Imaging ordered today
XR Tibia Fibula 2 Vw Left
Please complete by or around 11/9/2023

What's Next

NOV 8 2023 — **Clinical Support**
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(Arrive by 9:25 AM)

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Seattle WA 98195-4410
206-685-1011

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Today's Visit

You saw William E Neighbor Jr, MD on Wednesday November 1, 2023. The following issues were addressed: Thrush; Cellulitis of left lower extremity; Lower extremity ulceration, left, limited to breakdown of skin; and Decreased appetite.

Blood Pressure	Temperature (Temporal)	Pulse
116/72	97.6 °F	59

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 11/2/2023 12:50 PM — Page 1 of 3 Epic

11/01/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Your Medication List as of November 1, 2023 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

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11/01/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Patient Demographics (continued)

Ste D3 PMB 292
BAINBRIDGE ISLAND WA 98110

206-000-0000 (Work)
206-280-1287 (Mobile)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

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Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

11/01/2023 - Orders Only in Husky Health Same Day Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- Cellulitis of left lower extremity
- Hypercholesterolemia

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

11/01/2023 - Orders Only in Husky Health Same Day Clinic (continued)

Medication List (continued)

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 9/19/2023
Start date: 9/19/2023
End date: 11/20/2023
Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

11/01/2023 - Orders Only in Husky Health Same Day Clinic (continued)

Medication List (continued)

Stopped in Visit

None

Clinical Notes

Result Encounter Note

Neighbor Jr., William E, MD at 11/1/2023 1118

Jeanne:
Blood work shows mild elevation of hemoglobin A1c consistent with mild diabetes that has been well controlled in the past with diet alone. Glucose was slightly elevated at 113.
Kidney function was normal.
Cholesterol panel was essentially normal
Inflammation tests including sed rate and CRP were markedly elevated. This may be due to recent infection but also due to skin ulcerations. We should obtain an x-ray of the leg at the next visit.
Complete blood cell count showed normal white blood cell level. Continues to be mildly anemic. Iron level in October 2021 was normal and vitamin B12 level in October 2022 rather than being low was actually elevated.
We will follow-up on these tests when seen in the next week.
William E Neighbor Jr, MD

Electronically signed by Neighbor Jr., William E, MD at 11/2/2023 12:47 PM

Labs

CBC with Diff (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 10/26/23 1853** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/26/23 1853
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/26/23 -
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fung, Amanda C, Technologist 11/1/2023 11:18 AM
Diagnoses
Cellulitis of left lower extremity [L03.116]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3107519	Blood	—	4815 11/01/23 1118

CBC with Diff (Abnormal) Resulted: 11/01/23 2137, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/01/23 1118
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/01/23 2137
Collected by: 4815 11/01/23 1118
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 11/02/23 1250
Perez, Delmis Joel, RN on 11/03/23 0908

11/01/2023 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

Kassa, Azeb, CMA on 11/08/23 1412

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.52	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.11	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.1	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	32	36.0 - 45.0 %	L	UWMC
MCV	104	81 - 98 fL	H	UWMC
MCH	32.5	27.3 - 33.6 pg	—	UWMC
MCHC	31.4	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	434	150 - 400 10*3/uL	H	UWMC
RDW-CV	14.9	11.0 - 14.5 %	H	UWMC
% Neutrophils	68	%	—	UWMC
% Lymphocytes	20	%	—	UWMC
% Monocytes	9	%	—	UWMC
% Eosinophils	1	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	1	%	—	UWMC
Neutrophils	5.85	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.70	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.74	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.12	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.07	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.04	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
11/2/2023 12:47 PM PDT

Jeanne:
Blood work shows mild elevation of hemoglobin A1c consistent with mild diabetes that has been well controlled in the past with diet alone. Glucose was slightly elevated at 113.
Kidney function was normal.
Cholesterol panel was essentially normal
Inflammation tests including sed rate and CRP were markedly elevated. This may be due to recent infection but also due to skin ulcerations. We should obtain an x-ray of the leg at the next visit.
Complete blood cell count showed normal white blood cell level. Continues to be mildly anemic. Iron level in October 2021 was normal and vitamin B12 level in October 2022 rather than being low was actually elevated.

11/01/2023 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

We will follow-up on these tests when seen in the next week.
William E Neighbor Jr, MD

All Reviewers List

Neighbor Jr., William E, MD on 11/2/2023 12:50

Comprehensive Metabolic Panel (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 10/26/23 1853** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/26/23 1853
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/26/23 -
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fung, Amanda C, Technologist 11/1/2023 11:18 AM
Diagnoses
Cellulitis of left lower extremity [L03.116]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3107519	Blood	—	4815 11/01/23 1118

Comprehensive Metabolic Panel (Abnormal) Resulted: 11/01/23 2151, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/01/23 1118
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/01/23 2152
Collected by: 4815 11/01/23 1118
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 11/02/23 1250
Perez, Delmis Joel, RN on 11/03/23 0908
Kassa, Azeb, CMA on 11/08/23 1412

Components

Component	Value	Reference Range	Flag	Lab
Sodium	137	135 - 145 meq/L	—	UWMC
Potassium	4.1	3.6 - 5.2 meq/L	—	UWMC
Chloride	101	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	UWMC
Anion Gap	13	4 - 12	H	UWMC
Glucose	113	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	19	8 - 21 mg/dL	—	UWMC
Creatinine	0.83	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total)	6.8	6.0 - 8.2 g/dL	—	UWMC
Albumin	3.5	3.5 - 5.2 g/dL	—	UWMC
Bilirubin (Total)	0.3	0.2 - 1.3 mg/dL	—	UWMC
Calcium	9.4	8.9 - 10.2 mg/dL	—	UWMC
AST (GOT)	13	9 - 38 U/L	—	UWMC
Alkaline Phosphatase (Total)	74	49 - 199 U/L	—	UWMC
ALT (GPT)	7	7 - 33 U/L	—	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

11/01/2023 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
11/2/2023 12:47 PM PDT

Jeanne:
Blood work shows mild elevation of hemoglobin A1c consistent with mild diabetes that has been well controlled in the past with diet alone. Glucose was slightly elevated at 113.
Kidney function was normal.
Cholesterol panel was essentially normal
Inflammation tests including sed rate and CRP were markedly elevated. This may be due to recent infection but also due to skin ulcerations. We should obtain an x-ray of the leg at the next visit.
Complete blood cell count showed normal white blood cell level. Continues to be mildly anemic. Iron level in October 2021 was normal and vitamin B12 level in October 2022 rather than being low was actually elevated.
We will follow-up on these tests when seen in the next week.
William E Neighbor Jr, MD

All Reviewers List

Neighbor Jr., William E, MD on 11/2/2023 12:50

Hemoglobin A1C, HPLC (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 10/26/23 1853** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/26/23 1853 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 10/26/23 - Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Fung, Amanda C, Technologist 11/1/2023 11:18 AM
Diagnoses
Cellulitis of left lower extremity [L03.116]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3107519	Blood	—	4815 11/01/23 1118

Hemoglobin A1C, HPLC (Abnormal) Resulted: 11/02/23 0948, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/01/23 1118 Order status: Completed
Filed by: Uw Lab Results Interface, User 11/02/23 0948 Collected by: 4815 11/01/23 1118
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 11/02/23 1250
Perez, Delmis Joel, RN on 11/03/23 0908
Kassa, Azeb, CMA on 11/08/23 1412

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.6	4.0 - 6.0 %	H	UWMC

11/01/2023 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
11/2/2023 12:47 PM PDT

Jeanne:
Blood work shows mild elevation of hemoglobin A1c consistent with mild diabetes that has been well controlled in the past with diet alone. Glucose was slightly elevated at 113.
Kidney function was normal.
Cholesterol panel was essentially normal
Inflammation tests including sed rate and CRP were markedly elevated. This may be due to recent infection but also due to skin ulcerations. We should obtain an x-ray of the leg at the next visit.
Complete blood cell count showed normal white blood cell level. Continues to be mildly anemic. Iron level in October 2021 was normal and vitamin B12 level in October 2022 rather than being low was actually elevated.
We will follow-up on these tests when seen in the next week.
William E Neighbor Jr, MD

All Reviewers List

Neighbor Jr., William E, MD on 11/2/2023 12:50

Erythrocyte Sedimentation Rate (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 10/26/23 1853** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/26/23 1853 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 10/26/23 - Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Fung, Amanda C, Technologist 11/1/2023 11:18 AM
Diagnoses
Cellulitis of left lower extremity [L03.116]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3107519	Blood	—	4815 11/01/23 1118

Erythrocyte Sedimentation Rate (Abnormal) Resulted: 11/01/23 2240, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/01/23 1118 Order status: Completed
Filed by: Uw Lab Results Interface, User 11/01/23 2240 Collected by: 4815 11/01/23 1118
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 11/02/23 1250
Perez, Delmis Joel, RN on 11/03/23 0908
Kassa, Azeb, CMA on 11/08/23 1412

11/01/2023 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Erythrocyte Sedimentation Rate	102	0 - 20 mm/h	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
11/2/2023 12:47 PM PDT

Jeanne:
Blood work shows mild elevation of hemoglobin A1c consistent with mild diabetes that has been well controlled in the past with diet alone. Glucose was slightly elevated at 113.
Kidney function was normal.
Cholesterol panel was essentially normal
Inflammation tests including sed rate and CRP were markedly elevated. This may be due to recent infection but also due to skin ulcerations. We should obtain an x-ray of the leg at the next visit.
Complete blood cell count showed normal white blood cell level. Continues to be mildly anemic. Iron level in October 2021 was normal and vitamin B12 level in October 2022 rather than being low was actually elevated.
We will follow-up on these tests when seen in the next week.
William E Neighbor Jr, MD

All Reviewers List

Neighbor Jr., William E, MD on 11/2/2023 12:50

C-Reactive Protein (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 10/26/23 1853** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/26/23 1853 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 10/26/23 - Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Fung, Amanda C, Technologist 11/1/2023 11:18 AM
Diagnoses
Cellulitis of left lower extremity [L03.116]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3107519	Blood	—	4815 11/01/23 1118

C-Reactive Protein (Abnormal) Resulted: 11/01/23 2151, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/01/23 1118 Order status: Completed
Filed by: Uw Lab Results Interface, User 11/01/23 2152 Collected by: 4815 11/01/23 1118
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

11/01/2023 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

Acknowledged by
Neighbor Jr., William E, MD on 11/02/23 1250
Perez, Delmis Joel, RN on 11/03/23 0908
Kassa, Azeb, CMA on 11/08/23 1412

Components

Component	Value	Reference Range	Flag	Lab
C_Reactive Protein	27.2	0.0 - 10.0 mg/L	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
11/2/2023 12:47 PM PDT

Jeanne:
Blood work shows mild elevation of hemoglobin A1c consistent with mild diabetes that has been well controlled in the past with diet alone. Glucose was slightly elevated at 113.
Kidney function was normal.
Cholesterol panel was essentially normal
Inflammation tests including sed rate and CRP were markedly elevated. This may be due to recent infection but also due to skin ulcerations. We should obtain an x-ray of the leg at the next visit.
Complete blood cell count showed normal white blood cell level. Continues to be mildly anemic. Iron level in October 2021 was normal and vitamin B12 level in October 2022 rather than being low was actually elevated.
We will follow-up on these tests when seen in the next week.
William E Neighbor Jr, MD

All Reviewers List

Neighbor Jr., William E, MD on 11/2/2023 12:50

Lipid Panel (Future) (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 04/12/23 1713** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/12/23 1713 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 04/12/23 - Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Fung, Amanda C, Technologist 11/1/2023 11:18 AM
Diagnoses
Hypercholesterolemia [E78.00]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3107519	Blood	—	4815 11/01/23 1118

11/01/2023 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

Lipid Panel (Future) (Abnormal) Resulted: 11/01/23 2151, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/01/23 1118
Filed by: Uw Lab Results Interface, User 11/01/23 2152
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 11/02/23 1250
Perez, Delmis Joel, RN on 11/03/23 0908
Kassa, Azeb, CMA on 11/08/23 1412

Order status: Completed
Collected by: 4815 11/01/23 1118

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	143	<200 mg/dL	—	UWMC
Triglyceride	181	<150 mg/dL	H	UWMC
HDL Cholesterol	42	>39 mg/dL	—	UWMC
Non-HDL Cholesterol	101	0 - 159 mg/dL	—	UWMC
LDL Cholesterol, NIH Equation	70	<130 mg/dL	—	UWMC
Cholesterol/HDL Ratio	3.4	—	—	UWMC
Lipid Panel, Additional Info.	(NOTE)	—	—	UWMC

Comment:
For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here:
https://testguide.labmed.uw.edu/guideline/lipid_testing

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Hypercholesterolemia [E78.00 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
11/2/2023 12:47 PM PDT

Jeanne:
Blood work shows mild elevation of hemoglobin A1c consistent with mild diabetes that has been well controlled in the past with diet alone. Glucose was slightly elevated at 113.
Kidney function was normal.
Cholesterol panel was essentially normal
Inflammation tests including sed rate and CRP were markedly elevated. This may be due to recent infection but also due to skin ulcerations. We should obtain an x-ray of the leg at the next visit.
Complete blood cell count showed normal white blood cell level. Continues to be mildly anemic. Iron level in October 2021 was normal and vitamin B12 level in October 2022 rather than being low was actually elevated.
We will follow-up on these tests when seen in the next week.
William E Neighbor Jr, MD

All Reviewers List

Neighbor Jr., William E, MD on 11/2/2023 12:50

11/01/2023 - Orders Only in Husky Health Same Day Clinic (continued)

Labs (continued)

10/31/2023 - Patient E-mail in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- Thrush

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

10/31/2023 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 9/19/2023
Start date: 9/19/2023
End date: 11/20/2023
Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

lactobacillus rhamnosus GG (Culturelle) capsule

Instructions: Take 1 capsule by mouth 2 times a day for 14 days.
Authorized by: Stoner-Duncan, Benjamin, MD
Ordered on: 10/17/2023
Start date: 10/17/2023
End date: 10/31/2023
Quantity: 28 capsule
Refill: No refills remaining

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup

10/31/2023 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/31/2023
Start date: 10/31/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 60 mL
Refill: No refills remaining

Stopped in Visit

None

Other Orders

Medications

nystatin 100000 UNIT/ML mouth/throat suspension (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 10/31/23 1259**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 10/31/23 1259
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine QID 10/31/23 - 06/12/24
Class: Normal
Discontinued by: Van Hoff, Linda A, ARNP 06/12/24 1043 [Med list cleanup]
Diagnoses
Thrush [B37.0]
Medication comments: Please fill now
Reordered from: nystatin 100000 UNIT/ML mouth/throat suspension

Indications

Thrush [B37.0 (ICD-10-CM)]

Messages

refill nystatin

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	10/31/2023 12:59 PM

Last Read in MyChart
12/12/2023 7:18 PM by Hoffman, Jeanne Leonie

I sent another prescription to your pharmacy to refill the nystatin used for thrush.

10/30/2023 - Refill in Husky Health Same Day Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Thrush

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

10/30/2023 - Refill in Husky Health Same Day Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 9/19/2023
Start date: 9/19/2023
End date: 11/20/2023
Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

lactobacillus rhamnosus GG (Culturelle) capsule

Instructions: Take 1 capsule by mouth 2 times a day for 14 days.
Authorized by: Stoner-Duncan, Benjamin, MD
Ordered on: 10/17/2023
Start date: 10/17/2023
End date: 10/31/2023
Quantity: 28 capsule
Refill: No refills remaining

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/31/2023
Reason for discontinuation: Reorder
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/25/2023
Start date: 10/25/2023
End date: 10/31/2023
Quantity: 60 mL
Refill: 1 refill by 10/24/2024

10/30/2023 - Refill in Husky Health Same Day Clinic (continued)

Medication List (continued)

Stopped in Visit

None

Other Orders

Medications

nystatin 100000 UNIT/ML mouth/throat suspension (Cancel Pend)

Electronically signed by: **Toshmurodova, Parizoda, CMA on 10/30/23 1555** Status: **Cancel Pend**
Ordering user: Toshmurodova, Parizoda, CMA 10/30/23 1555 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine QID 10/30/23 - Until Discontinued Class: Normal
Pended by: Uw Mychart, Patient User 10/30/23 1447 Discontinued by: Discharge Provider, Automatic 03/14/25 1742

Messages

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Same Day Clinical Staff Pool (supporting William E Neighbor Jr., MD)	10/30/2023 2:47 PM

Refills have been requested for the following medications:

nystatin 100000 UNIT/ML mouth/throat suspension [William E Neighbor Jr]

Preferred pharmacy: RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608
Delivery method: Pickup

10/25/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Immunization or Injection, Wound Check/Dressing Change, and RNGREATERTHAN60
Visit diagnosis: Need for vaccination

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

10/25/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
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Ordered on: 9/19/2023
Start date: 9/19/2023
End date: 11/20/2023
Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

lactobacillus rhamnosus GG (Culturelle) capsule

Instructions: Take 1 capsule by mouth 2 times a day for 14 days.
Authorized by: Stoner-Duncan, Benjamin, MD
Ordered on: 10/17/2023
Start date: 10/17/2023
End date: 10/31/2023
Quantity: 28 capsule
Refill: No refills remaining

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/31/2023
Reason for discontinuation: Reorder
Instructions: Swish and swallow 5 mL 4 times a day.

10/25/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 10/25/2023
Quantity: 60 mL

Ordered on: 10/25/2023
End date: 10/31/2023
Refill: 1 refill by 10/24/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 10/25/2023 1000

Pt in clinic with son, Louis, for continued wound management. She had a visit with her provider prior to wound care. The legs were very dry today as the son wished for the medical team to see the results of using Lidocaine lotion. Both legs were wrapped with a warm wet towel slathered with Chlorhexidine soap.

The right leg has a few scattered cutaneous wounds on the shin which were debrided lightly and had a light layer of Vaseline applied to them and nothing else.

The left leg larger wounds remain and are a bit bigger.
1. Left Medial Ankle: circular 3.3 cm x 2.0 cm x 0.2 cm with moist slough scattered throughout.
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 9 cm x 2.5 cm x 0.2-0.4 cm with moist slough scattered throughout.
3. Left Distal Lateral Shin: 6.0 cm x 3.3 cm x 0.1-0.3 cm with moist slough throughout.
4. Left Mid Shin: 3.0 cm x 2.5 cm x 0.2 cm irregular oval with moist slough throughout.
5. Multiple mid shin cutaneous the largest, of which, are 0.8 cm x 0.6 cm x 0.1 cm and 0.8 cm x 0.5 cm x 0.1 cm.

All LLE wounds were debrided with a 4 mm curette and gauze moistened with NS. Lidocaine 1% jelly was applied to all wounds prior to debriding. Vaseline was applied to the wounds above, covered with petrolatum gauze, covered with nonadherent dressings, then wrapped with 6 inch roll gauze, and covered with Surgilast #7.

The leg was a bit too dry today. Son advised to apply a light layer of Vaseline daily for 30-60 minutes then gently debride the wounds with moist gauze, which he states they have. Daily cleansing with Chlorhexidine soap will also continue.

Appt scheduled in 1 week in conjunction with provider visit for further wound assessment and management.

Son asked about the availability of the COVID vaccine which we do now have so this was administered to both.

Immunization Documentation

98 year old - Is this patient eligible for VFC or Adult supply vaccine? **Adult**

Interpreter: No

Has patient ever fainted after receiving vaccine/blood draw? : No [If YES, pt should be lying down to receive vaccine]

Vaccine Screening Questions

1	Are you allergic to Latex?	NO
2	Have you had a serious reaction	NO

10/25/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

	or an allergic reaction to a vaccine?	
3	Do you currently have a moderate or severe illness, including fever?	NO
4	Are you pregnant or planning to become pregnant?	NO (Note: If YES: HPV and Heplisav are contraindicated in pregnancy. Consult with provider prior to giving PPSV23/PCV15/PCV20, HepA, Hib, MenACWY or MenB)
5	Have you ever had a seizure or any neurological problem associated with a vaccine? *(DTaP/TDaP/DTP pertinent)*	NO
6	Is patient receiving any **LIVE** vaccinations today? *(Varicella-Chickenpox, MMR-Measles/Mumps/Rubella, Zoster-Shingles, Yellow Fever)*	No [determine need for TB screening if getting live virus vaccine] **NOTE:** • If **YES** to any of the questions above – Do **NOT** give vaccine. Consult with RN or provider in clinic. (#5 can be YES if all Live vaccine questions are answered NO) • If **NO** to all questions above - Patient may receive vaccine.
7	Do you need to receive the Flu vaccine today?	NO

Imms administered today: **COVID-19 mRNA Comirnaty (Pfizer)**

All patients are encouraged to wait 15 minutes before leaving after receiving any vaccine.

VIS given 10/25/2023 by Delmis J Perez, RN

Was Jeanne Leonie Hoffman alert, oriented, and without adverse reaction after the vaccine was given YES

Delmis J Perez, RN

Electronically signed by Perez, Delmis Joel, RN at 10/25/2023 12:52 PM

Medication Administrations

10/25/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication Administrations (continued)

COVID-19 Pfizer mRNA vaccine (Comirnaty) injection 30 mcg [275903107]

Ordering Provider: Melsher, Jennifer L, ARNP
Ordered On: 10/25/23 1147
Ordered Dose (Remaining/Total): 30 mcg (0/1)
Frequency: Once
Admin Instructions: Prior to use, mix by inverting vial gently 10 times. Do not shake.

Status: Completed (Past End Date/Time)
Starts/Ends: 10/25/23 1218 - 10/25/23 1147
Route: Intramuscular
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 10/25/23 1147 Documented: 10/25/23 1149	Given	30 mcg	Intramuscular Left Deltoid	Performed by: Perez, Delmis Joel, RN

Immunizations Given

Immunization	Date
COVID-19 Pfizer mRNA seasonal 12 yrs and older (Comirnaty)	10/25/2023

Other Orders

Medications

COVID-19 Pfizer mRNA vaccine (Comirnaty) injection 30 mcg (Completed)

Electronically signed by: **Perez, Delmis Joel, RN on 10/25/23 1147**
Status: **Completed**
Ordering user: Perez, Delmis Joel, RN 10/25/23 1147
Ordering provider: Melsher, Jennifer L, ARNP
Authorized by: Melsher, Jennifer L, ARNP
Ordering mode: Standard
Frequency: Routine Once 10/25/23 1218 - 1 occurrence
Class: Normal
Diagnoses
Need for vaccination [Z23]
Admin instructions: Prior to use, mix by inverting vial gently 10 times. Do not shake.

Indications

Need for vaccination [Z23 (ICD-10-CM)]

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

10/25/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/25/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from Delmis P, RN

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

nystatin

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Today's Visit

You saw Delmis P, RN on Wednesday October 25, 2023. The following issue was addressed: Need for vaccination.

Immunizations Given

COVID-19 Pfizer mRNA 2023-24 12 yrs and older (Comirnaty)

Medications Given

COVID-19 Pfizer mRNA vaccine (Comirnaty) Last given at 11:47 AM for Need for vaccination

What's Next

NOV 1 2023 — Return Patient Appointment with William E Neighbor Jr, MD
Wednesday November 1 9:40 AM (Arrive by 9:25 AM)
Masks may be required - please check signage at your clinic when you check in.

Hall Health Same Day
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

NOV 1 2023 — Clinical Support
Wednesday November 1 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

10/25/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

MyChart Sign-Up
View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

10/25/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of October 25, 2023 12:52 PM

ⓘ If you have any questions, ask your nurse or doctor.

	acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
	atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
	calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
	cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
	lactobacillus rhamnosus GG capsule	Take 1 capsule by mouth 2 times a day for 14 days.
	losartan 25 MG tablet Commonly known as: Cozaar	take 1/2 tablet by mouth once daily
	* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
	* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
	MULTIPLE VITAMIN OR	Take by mouth.
START	**nystatin** 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin Started by: William E Neighbor Jr, MD	Swish and swallow 5 mL 4 times a day.
	ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
	pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
	timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
	triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

10/25/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!

Scan this code or visit uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

10/25/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 10/25/2023 12:52 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/25/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

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10/25/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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10/25/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!

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Scan this code or visit
uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

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Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

10/25/2023 - Office Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaint: Wound Care
Visit diagnoses:

- Cellulitis of left lower extremity (primary)
- Lower extremity ulceration, left, limited to breakdown of skin
- Decreased appetite
- Thrush

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 9/19/2023
Start date: 9/19/2023
End date: 11/20/2023
Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

lactobacillus rhamnosus GG (Culturelle) capsule

Instructions: Take 1 capsule by mouth 2 times a day for 14 days.

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Authorized by: Stoner-Duncan, Benjamin, MD
Start date: 10/17/2023
Quantity: 28 capsule

Ordered on: 10/17/2023
End date: 10/31/2023
Refill: No refills remaining

nystatin 100000 UNIT/ML mouth/throat suspension

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: Swish and swallow 5 mL 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Start date: 10/25/2023
Quantity: 60 mL

Discontinued on: 10/31/2023

Ordered on: 10/25/2023
End date: 10/31/2023
Refill: 1 refill by 10/24/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 10/25/2023 0940

Jeanne Leonie Hoffman is a 98 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Wound Care

Visit type (in person vs telemedicine vs phone): In person. With patient's permission her son Luis was present as usual for her visit

History

98-year-old female who was seen in the emergency room October 17, 1 week ago, for dehydration and possible infection due to cellulitis. She was treated with gentle IV hydration, doxycycline 100 mg orally and cephalexin 500 mg orally. She was continued on cephalexin 500 mg 4 times a day for 7 days and doxycycline twice daily for 7 days. She was also given probiotic capsules.

Review of her record shows that September 20, 2023 she was seen at Hall health for left lower extremity cellulitis again treated with cephalexin 500 mg 4 times daily for 7 days. She was to follow-up in 1 to 2 days and did so with nurse. Nurse visit on September 22 documents the size of the 4 main wounds as follows

1. Left Medial Ankle: circular 3.0 cm x 2.5 cm x 0.2 cm with moist slough scattered throughout.
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 10.5 cm x 2.3 cm x 0.2-0.4 cm with moist slough scattered throughout.
3. Left Proximal Shin: 3.5 cm x 2.5 cm x 0.1 cm with moist slough throughout.
4. Right Frontal Lateral Ankle: 0.5 cm x 0.5 cm x 0.2 cm with moist slough in its middle.

Issues today:
-- Recent visit to emergency room on October 17 for dehydration and loss of appetite as noted above
-- Decreased appetite and discomfort in throat when eating
-- Gradual weight loss over the last 2 months due to decreased appetite
-- Worsening of left lower leg ulcers.

Clinical Notes (continued)

Regarding food, She expresses that her son Luis does not prepare food that takes good to her. She states that her mother was of European background prepared very good tasting vegetables with butter. Luis was present for the visit today. He reports that he is given her cream of cauliflower soup which she will not eat though to me she expresses that she likes cauliflower. He is also taking her out for Chinese food for chow mein but she would not eat that.

Currently she is only a few bites of food per day by Luis's report. She is drinking fluids. She is urinating and having bowel movements

Review of Systems:
No fever chills or night sweats.
No nausea or vomiting.
No abdominal pain
No change in color of urine or pain with urination.

Problem List
Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008
Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006

LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006

4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006

Td/Tdap (q 10 yr): See immmunizations
Pneumococcal (65 yoa and high risk x1): See imms
Blood pressure: Dx hypertension

Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 10/25/23 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn .		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

• lactobacillus rhamnosus GG (Culturelle) capsule	Take 1 capsule by mouth 2 times a day for 14 days.	28 capsule	0
• losartan 25 MG tablet	take 1/2 tablet by mouth once daily	45 tablet	3
• MULTIPLE VITAMIN OR	Take by mouth.		
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day	90 tablet	1
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day	10 mL	6
• triamcinolone 0.1 % cream	Apply topically 2 times a day. Apply to both forearms.	28.4 g	1
• Wound Dressings (medihoney) topical gel	Apply topically every other day. Apply to wound before applying dressing	44 mL	3
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP 120/72 | Pulse 67 | Temp 36.6 °C (Temporal)
Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
120/72	67	---	---	---	9:38 AM	10/25/2023

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Last blood pressure recorded in this encounter: 120/72
General: No acute distress. Patient has 1 hearing aid in place and is able to converse.
Mental status: Jean is conversant and well oriented
Mouth examination shows erythematous white patches consistent with thrush and with being on antibiotics.
Skin examination as documented in nursing note. She now has multiple skin breakdowns in the left lower extremity without current evidence of infection

Lab and other tests:
Labs done on October 17 showed albumin 3.4, total protein 7.3 (normal) creatinine 1.09 and elevated BUN consistent with dehydration. Hematocrit was 33 and hemoglobin decreased as well compared to 1 year ago. MCV was elevated. Vitamin B12 level done 1 year ago was markedly elevated.

Assessment and Plan:
1. Cellulitis of left lower extremity
There is no evidence of persistent cellulitis that today. Patient will complete her antibiotic course.

Labs will be obtained at her visit next week

2. Lower extremity ulceration, left, limited to breakdown of skin (HCC)
Care provided by nurse. Follow-up visit in 1 week
As we have discussed in the past patient really requires visiting nurses help her wound care help in the Bainbridge area where they live. However they have limited transportation which has been a limiting factor in accessing services. That being said transportation could be arranged through Senior services. We will follow-up next week

3. Decreased appetite
In part due to thrush.
Briefly discussed importance of some source of protein such as with fish or poultry as well as green but also starchy vegetables that provide calories. She seems to like foods that have better.

Lewis will work on this. Another option in the future is a senior meal service.

4. Thrush
Secondary to antibiotic therapy.

Plan
- nystatin 100000 UNIT/ML mouth/throat suspension; Swish and swallow 5 mL 4 times a day. Dispense: 60 mL; Refill: 1

Next visit in 1 week

William E Neighbor Jr, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Electronically signed by Neighbor Jr., William E, MD at 10/26/2023 6:56 PM

Labs

CBC with Diff (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/26/23 1853** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/26/23 1853
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/26/23 -
Class: Lab Collect
Quantity: 1
Diagnoses
Cellulitis of left lower extremity [L03.116]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

CBC with Diff (Abnormal) Resulted: 11/01/23 2137, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/01/23 1118
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/01/23 2137
Collected by: 4815 11/01/23 1118
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 11/02/23 1250
Perez, Delmis Joel, RN on 11/03/23 0908
Kassa, Azeb, CMA on 11/08/23 1412

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.52	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.11	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.1	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	32	36.0 - 45.0 %	L	UWMC
MCV	104	81 - 98 fL	H	UWMC
MCH	32.5	27.3 - 33.6 pg	—	UWMC
MCHC	31.4	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	434	150 - 400 10*3/uL	H	UWMC
RDW-CV	14.9	11.0 - 14.5 %	H	UWMC
% Neutrophils	68	%	—	UWMC
% Lymphocytes	20	%	—	UWMC
% Monocytes	9	%	—	UWMC
% Eosinophils	1	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	1	%	—	UWMC
Neutrophils	5.85	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.70	1.00 - 4.80 10*3/uL	—	UWMC

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Labs (continued)

Monocytes	0.74	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.12	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.07	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.04	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
11/2/2023 12:47 PM PDT

Jeanne:
Blood work shows mild elevation of hemoglobin A1c consistent with mild diabetes that has been well controlled in the past with diet alone. Glucose was slightly elevated at 113.
Kidney function was normal.
Cholesterol panel was essentially normal
Inflammation tests including sed rate and CRP were markedly elevated. This may be due to recent infection but also due to skin ulcerations. We should obtain an x-ray of the leg at the next visit.
Complete blood cell count showed normal white blood cell level. Continues to be mildly anemic. Iron level in October 2021 was normal and vitamin B12 level in October 2022 rather than being low was actually elevated.
We will follow-up on these tests when seen in the next week.
William E Neighbor Jr, MD

Comprehensive Metabolic Panel (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/26/23 1853** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/26/23 1853 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 10/26/23 - Class: Lab Collect
Quantity: 1
Diagnoses
Cellulitis of left lower extremity [L03.116]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Labs (continued)

Comprehensive Metabolic Panel (Abnormal) Resulted: 11/01/23 2151, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/01/23 1118
Filed by: Uw Lab Results Interface, User 11/01/23 2152
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 11/02/23 1250
Perez, Delmis Joel, RN on 11/03/23 0908
Kassa, Azeb, CMA on 11/08/23 1412

Order status: Completed
Collected by: 4815 11/01/23 1118

Components

Component	Value	Reference Range	Flag	Lab
Sodium	137	135 - 145 meq/L	—	UWMC
Potassium	4.1	3.6 - 5.2 meq/L	—	UWMC
Chloride	101	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	UWMC
Anion Gap	13	4 - 12	H	UWMC
Glucose	113	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	19	8 - 21 mg/dL	—	UWMC
Creatinine	0.83	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total)	6.8	6.0 - 8.2 g/dL	—	UWMC
Albumin	3.5	3.5 - 5.2 g/dL	—	UWMC
Bilirubin (Total)	0.3	0.2 - 1.3 mg/dL	—	UWMC
Calcium	9.4	8.9 - 10.2 mg/dL	—	UWMC
AST (GOT)	13	9 - 38 U/L	—	UWMC
Alkaline Phosphatase (Total)	74	49 - 199 U/L	—	UWMC
ALT (GPT)	7	7 - 33 U/L	—	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
11/2/2023 12:47 PM PDT

Jeanne:
Blood work shows mild elevation of hemoglobin A1c consistent with mild diabetes that has been well controlled in the past with diet alone. Glucose was slightly elevated at 113.
Kidney function was normal.
Cholesterol panel was essentially normal
Inflammation tests including sed rate and CRP were markedly elevated. This may be due to recent infection but also due to skin ulcerations. We should obtain an x-ray of the leg at the next visit.
Complete blood cell count showed normal white blood cell level. Continues to be mildly anemic. Iron level in October 2021 was normal and vitamin B12 level in October 2022 rather than being low was actually elevated.
We will follow-up on these tests when seen in the next week.
William E Neighbor Jr, MD

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Labs (continued)

Hemoglobin A1C, HPLC (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/26/23 1853** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/26/23 1853
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 10/26/23 -
Quantity: 1
Diagnoses
Cellulitis of left lower extremity [L03.116]
Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard
Class: Lab Collect

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

Hemoglobin A1C, HPLC (Abnormal)

Resulted: 11/02/23 0948, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/01/23 1118
Filed by: Uw Lab Results Interface, User 11/02/23 0948
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 11/02/23 1250
Perez, Delmis Joel, RN on 11/03/23 0908
Kassa, Azeb, CMA on 11/08/23 1412
Order status: Completed
Collected by: 4815 11/01/23 1118

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.6	4.0 - 6.0 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
11/2/2023 12:47 PM PDT

Jeanne:
Blood work shows mild elevation of hemoglobin A1c consistent with mild diabetes that has been well controlled in the past with diet alone. Glucose was slightly elevated at 113.
Kidney function was normal.
Cholesterol panel was essentially normal
Inflammation tests including sed rate and CRP were markedly elevated. This may be due to recent infection but also due to skin ulcerations. We should obtain an x-ray of the leg at the next visit.
Complete blood cell count showed normal white blood cell level. Continues to be mildly anemic. Iron level in October 2021 was normal and vitamin B12 level in October 2022 rather than being low was actually elevated.
We will follow-up on these tests when seen in the next week.

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Labs (continued)

William E Neighbor Jr, MD

Erythrocyte Sedimentation Rate (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/26/23 1853** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/26/23 1853
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 10/26/23 -
Quantity: 1
Diagnoses
Cellulitis of left lower extremity [L03.116]
Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard
Class: Lab Collect

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

Erythrocyte Sedimentation Rate (Abnormal)

Resulted: 11/01/23 2240, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/01/23 1118
Filed by: Uw Lab Results Interface, User 11/01/23 2240
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 11/02/23 1250
Perez, Delmis Joel, RN on 11/03/23 0908
Kassa, Azeb, CMA on 11/08/23 1412
Order status: Completed
Collected by: 4815 11/01/23 1118

Components

Component	Value	Reference Range	Flag	Lab
Erythrocyte Sedimentation Rate	102	0 - 20 mm/h	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
11/2/2023 12:47 PM PDT

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Cholesterol panel was essentially normal
Inflammation tests including sed rate and CRP were markedly elevated. This may be due to recent infection but also due to skin

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Labs (continued)

ulcerations. We should obtain an x-ray of the leg at the next visit.
Complete blood cell count showed normal white blood cell level. Continues to be mildly anemic. Iron level in October 2021 was normal and vitamin B12 level in October 2022 rather than being low was actually elevated.
We will follow-up on these tests when seen in the next week.
William E Neighbor Jr, MD

C-Reactive Protein (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/26/23 1853** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/26/23 1853
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/26/23 -
Class: Lab Collect
Quantity: 1
Diagnoses
Cellulitis of left lower extremity [L03.116]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

C-Reactive Protein (Abnormal)

Resulted: 11/01/23 2151, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/01/23 1118
Order status: Completed
Filed by: Uw Lab Results Interface, User 11/01/23 2152
Collected by: 4815 11/01/23 1118
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 11/02/23 1250
Perez, Delmis Joel, RN on 11/03/23 0908
Kassa, Azeb, CMA on 11/08/23 1412

Components

Component	Value	Reference Range	Flag	Lab
C_Reactive Protein	27.2	0.0 - 10.0 mg/L	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
11/2/2023 12:47 PM PDT

Jeanne:
Blood work shows mild elevation of hemoglobin A1c consistent with mild diabetes that has been well controlled in the past with diet

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Labs (continued)

alone. Glucose was slightly elevated at 113.
Kidney function was normal.
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Inflammation tests including sed rate and CRP were markedly elevated. This may be due to recent infection but also due to skin ulcerations. We should obtain an x-ray of the leg at the next visit.
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We will follow-up on these tests when seen in the next week.
William E Neighbor Jr, MD

Other Orders

Medications

nystatin 100000 UNIT/ML mouth/throat suspension (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 10/25/23 1107** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 10/25/23 1107 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine QID 10/25/23 - 10/31/23 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 10/31/23 1259 [Reorder]
Diagnoses
Thrush [B37.0]

Indications

Thrush [B37.0 (ICD-10-CM)]

Flowsheets

Custom Formula Data

Row Name	10/25/23 0938
Temp (in Celsius) for APACHE IV	36.6

Vital Data

Row Name	10/25/23 0938
BP	120/72
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Temp	36.6 °C
Temp src	Temporal
Pulse	67

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/25/2023 9:40 AM Hall Health Same Day 206-685-1011

Instructions from William E Neighbor Jr, MD

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

nystatin

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Labs ordered today

C-Reactive Protein
Please complete by or around 10/26/2023

CBC with Diff
Please complete by or around 10/26/2023

Comprehensive Metabolic Panel
Please complete by or around 10/26/2023

Erythrocyte Sedimentation Rate
Please complete by or around 10/26/2023

Hemoglobin A1C, HPLC
Please complete by or around 10/26/2023

What's Next

NOV 1 2023 — **Return Patient Appointment with William E Neighbor Jr, MD**
Wednesday November 1 9:40 AM
(Arrive by 9:25 AM)
Masks may be required - please check signage at your clinic when you check in.

Hall Health Same Day
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

NOV 1 2023 — **Clinical Support**
Wednesday November 1 10:00 AM
(Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw William E Neighbor Jr, MD on Wednesday October 25, 2023. The following issues were addressed: Cellulitis of left lower extremity; Lower extremity ulceration, left, limited to breakdown of skin; Decreased appetite; and Thrush.

Blood Pressure	Temperature (Temporal)	Pulse
120/72	97.8 °F	67

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 10/30/2023 5:01 PM

Page 1 of 4 Epic

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Your Medication List as of October 25, 2023 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

	acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
	atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
	calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
	cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
	lactobacillus rhamnosus GG capsule	Take 1 capsule by mouth 2 times a day for 14 days.
	losartan 25 MG tablet Commonly known as: Cozaar	take 1/2 tablet by mouth once daily
	* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
	* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
	MULTIPLE VITAMIN OR	Take by mouth.
START	**nystatin** 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin Started by: William E Neighbor Jr, MD	Swish and swallow 5 mL 4 times a day.
	ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
	pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
	timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
	triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!

MyChart

Scan this code or visit uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

Messages

Visit summary

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Same Day Clinical Staff Pool (supporting William E Neighbor Jr., MD)	10/30/2023 2:44 PM

Messages (continued)

Thrush....NYSTATIN Medication is improving Jean's infection slowly.
However, have been using teaspoon.
Need a refill.....
Current refill at RITE-AID, available only on November 6th..
Therefore, a new prescription maybe required, to continue treatment.

Jean is eating more.

See you on 11-1.

Louis

Visit summary

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	10/26/2023 6:56 PM

Last Read in MyChart
12/12/2023 7:18 PM by Hoffman, Jeanne Leonie

Jeanne: Below is a summary of your visit.

Assessment and Plan:
1. Cellulitis of left lower extremity
There is no evidence of persistent cellulitis that today. Patient will complete her antibiotic course.

Labs will be obtained at her visit next week

2. Lower extremity ulceration, left, limited to breakdown of skin (HCC)
Care provided by nurse. Follow-up visit in 1 week
As we have discussed in the past patient really requires visiting nurses help her wound care help in the Bainbridge area where they live. However they have limited transportation which has been a limiting factor in accessing services. That being said transportation could be arranged through Senior services. We will follow-up next week

3. Decreased appetite
In part due to thrush.
Briefly discussed importance of some source of protein such as with fish or poultry as well as green but also starchy vegetables that provide calories. She seems to like foods that have better.

Lewis will work on this. Another option in the future is a senior meal service.

4. Thrush
Secondary to antibiotic therapy.

Plan

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Messages (continued)

- nystatin 100000 UNIT/ML mouth/throat suspension; Swish and swallow 5 mL 4 times a day. Dispense: 60 mL; Refill: 1

Next visit in 1 week

William E Neighbor Jr, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents

After Visit Summary - Document on 10/30/2023 5:01 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 — 10/25/2023 9:40 AM — Hall Health Same Day 206-685-1011

Instructions from William E Neighbor Jr, MD

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

nystatin

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Labs ordered today

C-Reactive Protein
Please complete by or around 10/26/2023

CBC with Diff
Please complete by or around 10/26/2023

Comprehensive Metabolic Panel
Please complete by or around 10/26/2023

Erythrocyte Sedimentation Rate
Please complete by or around 10/26/2023

Hemoglobin A1C, HPLC
Please complete by or around 10/26/2023

What's Next

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Wednesday November 1 9:40 AM
(Arrive by 9:25 AM)
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4060 NE Stevens Way,
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NOV 1 2023 — **Clinical Support**
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(Arrive by 9:45 AM)

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Seattle WA 98195-4410
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Today's Visit

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Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 10/30/2023 5:01 PM — Page 1 of 4 Epic

10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

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10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Your Medication List as of October 25, 2023 11:59 PM

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	cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
	lactobacillus rhamnosus GG capsule	Take 1 capsule by mouth 2 times a day for 14 days.
	losartan 25 MG tablet Commonly known as: Cozaar	take 1/2 tablet by mouth once daily
	* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
	* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
	MULTIPLE VITAMIN OR	Take by mouth.
START	**nystatin** 100000 UNIT/ML mouth/throat suspension Commonly known as: Mycostatin Started by: William E Neighbor Jr, MD	Swish and swallow 5 mL 4 times a day.
	ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
	pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
	timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
	triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

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10/25/2023 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

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MyChart

Scan this code or visit
uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

10/19/2023 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: ER FOLLOW UP and RN5
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

10/19/2023 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2023
Start date: 2/24/2023 — End date: 4/10/2024
Quantity: 10 mL — Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO — Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/24/2023
Start date: 8/24/2023 — End date: 11/28/2023
Quantity: 45 tablet — Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD — Ordered on: 9/19/2023
Start date: 9/19/2023 — End date: 11/20/2023
Quantity: 90 tablet — Refill: 1 refill by 9/18/2024

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Stoner-Duncan, Benjamin, MD — Ordered on: 10/17/2023
Start date: 10/17/2023 — End date: 10/24/2023
Quantity: 28 capsule — Refill: No refills remaining

doxycycline hyclate 100 MG tablet

Instructions: Take 1 tablet (100 mg) by mouth 2 times a day for 7 days.
Authorized by: Stoner-Duncan, Benjamin, MD — Ordered on: 10/17/2023
Start date: 10/17/2023 — End date: 10/24/2023
Quantity: 14 tablet — Refill: No refills remaining

lactobacillus rhamnosus GG (Culturelle) capsule

Instructions: Take 1 capsule by mouth 2 times a day for 14 days.
Authorized by: Stoner-Duncan, Benjamin, MD — Ordered on: 10/17/2023
Start date: 10/17/2023 — End date: 10/31/2023
Quantity: 28 capsule — Refill: No refills remaining

10/19/2023 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Perez, Delmis Joel, RN at 10/19/2023 1628

Called the pt's son in regards to pt's ER visit yesterday. Son indicates pt is much better today and continues to improve. Pt has been taking the antibiotics and probiotics but not eating as much as normal just yet. Has eaten bread, fruit, hot cereal, Ovaltine, milk, and yogurt today. Pt able to do canning today and talk to home investigators today evaluating their living situation. Son endorses the pt having issues eating solids. Recommended taking smaller bites and chewing longer. Pt has been having issues with her dentures, per the son.
Per the son, pt has been more alert, happier, and talkative today. She reviewed her medications and son will be more diligent in helping her take her daily meds.
Son endorses pt with negative self-talk and possibly being depressed.

Electronically signed by Perez, Delmis Joel, RN at 10/19/2023 4:45 PM

10/17/2023 - ED in UW Northwest Emergency

Reason for Visit

Chief complaint: Loss of Appetite
Visit diagnoses:

- Dehydration (primary)
- Cellulitis of lower extremity, unspecified laterality

Visit Information

Admission Information

Arrival Date/Time:	10/17/2023 1022	Admit Date/Time:	10/17/2023 1151	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Car Or Automobile	Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	UW MEDICINE	Unit:	UW Northwest Emergency
Admit Provider:		Attending Provider:	Stoner-Duncan, Benjamin, MD	Referring Provider:	

ED Disposition

ED Disposition	Condition	User	Date/Time	Comment
Discharge	Stable	Stoner-Duncan, Benjamin, MD	Tue Oct 17, 2023 4:27 PM	--

Discharge Information

Date/Time: 10/17/2023 1731 | Disposition: 01 Home/self Care | Destination: Home
Provider: Stoner-Duncan, Benjamin, MD | Unit: UW Northwest Emergency

Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info
Neighbor Jr., William E, MD	Family Practice	Schedule an appointment as soon as possible for a visit		4060 E Stevens Way NE Box 354410 Seattle WA 98195 206-685-1011

Level of Service

Level of Service
PR EMERGENCY DEPARTMENT VISIT MODERATE MDM

Infection Status as of 10/17/2023

Infection	Onset	Added	Added By	Resolved	Resolved By
None active					
Resolved					
Conjunctivitis		10/10/22 1009	OurPractice Advisory	11/27/23 1049	Hamilton, Anne K, RN
11/3 clinic note indicates this is resolved. -UWMC ML IP AH					
MRSA		07/27/19 0913	User: Kamangu, Carole Wapa	11/27/23 1135	Hamilton, Anne K, RN
Confirmed with Dr. Bothelo pt doesn't haven an active MRSA infection. Ok to resolve. AH UWMC ML IP					
R/O COVID-19	10/17/23	10/17/23 1044	Result: Rapid Flu A & B, RSV, SARS-CoV-2 PCR [274483476] (Ordered)	10/17/23 2132	Rule-Out Test Canceled

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

10/17/2023 - ED in UW Northwest Emergency (continued)

Medication List (continued)

Prior To Admission

None

Discharge Medication List

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day

10/17/2023 - ED in UW Northwest Emergency (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 9/19/2023
Start date: 9/19/2023
End date: 11/20/2023
Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Stoner-Duncan, Benjamin, MD
Ordered on: 10/17/2023
Start date: 10/17/2023
End date: 10/24/2023
Quantity: 28 capsule
Refill: No refills remaining

doxycycline hyclate 100 MG tablet

Instructions: Take 1 tablet (100 mg) by mouth 2 times a day for 7 days.
Authorized by: Stoner-Duncan, Benjamin, MD
Ordered on: 10/17/2023
Start date: 10/17/2023
End date: 10/24/2023
Quantity: 14 tablet
Refill: No refills remaining

lactobacillus rhamnosus GG (Culturelle) capsule

Instructions: Take 1 capsule by mouth 2 times a day for 14 days.
Authorized by: Stoner-Duncan, Benjamin, MD
Ordered on: 10/17/2023
Start date: 10/17/2023
End date: 10/31/2023
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

ED Provider Note

CHIEF COMPLAINT

Chief Complaint

Patient presents with

- Loss of Appetite

HISTORY OF PRESENT ILLNESS AND REVIEW OF SYSTEMS

98-year-old woman with a history of venous stasis ulcers presents for evaluation of poor appetite. Patient brought in by her adult child/caregiver. Patient reportedly not eating or drinking well over the last several days. No reported fevers or chills. Patient has been undergoing wound care in wound care clinic, last dressing change yesterday.

PAST MEDICAL AND SURGICAL HISTORY

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH.*	12/13/2012

10/17/2023 - ED in UW Northwest Emergency (continued)

ED Provider Note (continued)

TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 11/20/2006
  Recurrent DVT and phlebitis since 1982 Per Vascular Surgery note 5/9/2006: continue warfarin 3/9/2010 Lower extremity arterial vascular ultrasound studies normal
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

MEDICATIONS AND ALLERGIES

OUTPATIENT MEDICATIONS:

ED Provider Note (continued)

Current Outpatient Medications

Medication	Instructions
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• Calcium Carbonate 500 MG Oral Chew Tab	2 tablets, Oral, 3 times daily PRN
• cephalexin (KEFLEX)	500 mg, Oral, 4 times daily
• cholecalciferol (VITAMIN D-3)	2,000 units, Oral, Daily
• doxycycline hyclate	100 mg, Oral, 2 times daily
• lactobacillus rhamnosus GG (Culturelle) capsule	1 capsule, Oral, 2 times daily
• losartan 25 MG tablet	take 1/2 tablet by mouth once daily
• MULTIPLE VITAMIN OR	Oral
• ofloxacin 0.3 % ophthalmic solution	1-2 drops, Left EYE, 4 times daily
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• triamcinolone 0.1 % cream	Topical, 2 times daily, Apply to both forearms.
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

SOCIAL HISTORY AND FAMILY HISTORY

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Substance Use Topics	
• Alcohol use:	No
• Drug use:	No

Family History

Problem (# of Occurrences)	Relation (Name,Age of Onset)
No Known Problems (2)	**Mother**, **Father**

ED Provider Note (continued)

PHYSICAL EXAM

ED VITALS:

Vitals (Arrival)
T: 37.1 °C (10/17/23 1040) **BP:** **(!) 94/53** (10/17/23 1040) **HR:** 97 (10/17/23 1040) **RR:** 20 (10/17/23 1040) **SpO2:** 100 % (10/17/23 1040) Room air
Vitals (Most recent in last 24 hrs)
T: 36.7 °C (10/17/23 1600) **BP:** 117/62 (10/17/23 1600) **HR:** 70 (10/17/23 1600) **RR:** 17 (10/17/23 1600) **SpO2:** 99 % (10/17/23 1600) Room air **T range:** Temp Min: 36.7 °C Max: 37.1 °C (no weight taken for this visit) (no height taken for this visit) There is no height or weight on file to calculate BMI.

Physical Exam

Vitals and nursing note reviewed.

Constitutional:
- General: She is not in acute distress.
- Appearance: She is well-developed.
- Comments: **Frail, elderly woman in no acute distress**

HENT:
- Head: Normocephalic and atraumatic.
- Mouth/Throat:
- Mouth: Mucous membranes are dry.

Eyes:
- Conjunctiva/sclera: Conjunctivae normal.

Neck:
- Musculoskeletal: Neck supple.

Cardiovascular:
- Rate and Rhythm: Normal rate and regular rhythm.
- Heart sounds: No murmur heard.

Pulmonary:
- Effort: Pulmonary effort is normal. No respiratory distress.
- Breath sounds: Normal breath sounds.

Abdominal:
- Palpations: Abdomen is soft.
- Tenderness: There is no abdominal tenderness.

Musculoskeletal:
- Cervical back: Neck supple.
- Comments: **Lower extremities and bilateral lower leg dressings. Minimal strikethrough present.**

Skin:
- General: Skin is warm and dry.

Neurological:
- Mental Status: She is alert.

LABORATORY:

10/17/2023 - ED in UW Northwest Emergency (continued)

ED Provider Note (continued)

Labs Reviewed

COMPREHENSIVE METABOLIC PANEL - Abnormal

Result	Value
Sodium	139
Potassium	4.3
Chloride	106
Carbon Dioxide, Total	23
Anion Gap	10
Glucose	229 (*)
Urea Nitrogen	28 (*)
Creatinine	1.09 (*)
Protein (Total)	7.3
Albumin	3.4 (*)
Bilirubin (Total)	0.3
Calcium	9.4
AST (GOT)	12
Alkaline Phosphatase (Total)	64
ALT (GPT)	9
eGFR by CKD-EPI 2021	46 (*)

CBC, DIFF - Abnormal

WBC	11.86 (*)
RBC	3.18 (*)
Hemoglobin	10.3 (*)
Hematocrit	33 (*)
MCV	104 (*)
MCH	32.4
MCHC	31.1 (*)
Platelet Count	399
RDW-CV	15.2 (*)
% Neutrophils	83
% Lymphocytes	10
% Monocytes	5
% Eosinophils	1
% Basophils	0
% Immature Granulocytes	1
Neutrophils	9.83 (*)
Absolute Lymphocyte Count	1.21
Monocytes	0.62
Absolute Eosinophil Count	0.10
Basophils	0.04
Immature Granulocytes	0.06 (*)
Nucleated RBC	0.00
% Nucleated RBC	0

LAB ADD ON ORDER

Lab Test Requested	magnesium,

10/17/2023 - ED in UW Northwest Emergency (continued)

ED Provider Note (continued)

	phosphate
Specimen Type/Description	Blood
Sample To Use	Most recent
Test Request Status	Order Processed

MAGNESIUM

Magnesium	2.1

PHOSPHATE

Phosphate	4.0

URINALYSIS WITH REFLEX CULTURE

RAPID FLU A & B, RSV, SARS-COV-2 PCR

IMAGING:

ED Wet Read -

No orders to display

Radiology Final Result -

No image results found.

EKG DOCUMENTATION

SUICIDE RISK EVALUATION

SEPSIS

ED COURSE/MEDICAL DECISION MAKING

98-year-old woman with a history of chronic venous stasis ulcers presents for evaluation of decreased appetite. Patient presents afebrile, hemodynamically stable, no acute distress. Physical exam revealing of dry mucous membranes, bilateral lower leg dressings with minimal strikethrough present, patient with mentals but that is slightly

10/17/2023 - ED in UW Northwest Emergency (continued)

ED Provider Note (continued)

decreased from baseline per caregiver.

Differential diagnosis includes infection, dehydration, likely source of skin ulcers, less likely acute intracranial pathology, possible viral syndrome, among others

Labs reviewed and independently interpreted by myself show mild leukocytosis which is new 11.8, creatinine slightly increased from baseline at 1.09, no other acutely concerning findings.

Patient given gentle IV fluid resuscitation with 250 cc boluses and reevaluations in between. Patient given p.o. antibiotics. Patient significantly improved on reassessment. Mental status returned to baseline per caregiver. Patient tolerated p.o. liquids and solids without issue. Patient reported good appetite.

Patient discharged in the care of her caregiver in stable, comfortable condition. Given prescription for antibiotics, advised to follow-up promptly in wound care clinic for reevaluation. Strict return precautions given.

Medications Given in the ED:

Medications

lactated ringers IV Bolus 250 mL (0 mL Intravenous Stopped 10/17/23 1442)
lactated ringers IV Bolus 250 mL (0 mL Intravenous Stopped 10/17/23 1520)
lactated ringers IV Bolus 250 mL (250 mL Intravenous New Bag/Syringe 10/17/23 1523)
doxycycline hyclate capsule 100 mg (100 mg Oral Given 10/17/23 1641)
cephalexin (Keflex) capsule 500 mg (500 mg Oral Given 10/17/23 1641)

CLINICAL IMPRESSION AND DISPOSITION (Link)

Clinical Impressions:
[E86.0] Dehydration
[L03.119] Cellulitis of lower extremity, unspecified laterality

Neighbor Jr., William E, MD
1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410
206-616-9358

Schedule an appointment as soon as possible for a visit

Patient was given scripts for the following medications.
Discharge Medication List as of 10/17/2023 4:35 PM

START taking these medications

	Details
cephalexin 500 MG capsule	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.Disp-28 capsule, R-0, Print
doxycycline hyclate 100 MG tablet	Take 1 tablet (100 mg) by mouth 2 times a day for 7 days.Disp-14 tablet, R-0, Print
lactobacillus rhamnosus GG (Culturelle) capsule	Take 1 capsule by mouth 2 times a day for 14 days.Disp-28 capsule, R-0, Print

Disposition: Discharge

CRITICAL CARE/ADDITIONAL INFORMATION REVIEWED ATTENDING ONLY

Critical Care - No Critical Care

Stoner-Duncan, Benjamin, MD
10/17/23 2032

10/17/2023 - ED in UW Northwest Emergency (continued)

ED Provider Note (continued)

Electronically signed by Stoner-Duncan, Benjamin, MD at 10/17/2023 8:32 PM

ED Notes

ED Triage Notes by Maatta, Leah M, RN at 10/17/2023 1039

Arrives w/ son c/o loss of appetite and increased fatigue.
Denies pain or recent illness- pt poor historian for symptoms.
Denies N/V/D or fevers

Leah Maatta, RN

Electronically signed by Maatta, Leah M, RN at 10/17/2023 10:40 AM

ED Care Timeline

Patient Care Timeline (10/17/2023 10:22 to 10/17/2023 17:31)

10/17/2023	Event	Details	User
10:22	**Patient arrived in ED**		Singh, Moreen Monita, PSS/PSR
10:22:17	**Emergency encounter created**		Singh, Moreen Monita, PSS/PSR
10:22:47	**Arrival Complaint**	Loss of Appetite	
10:37	**Arrival Documentation**	**Triage Start** Triage Start: Start **Prehospital Treatment** Prehospital Treatment: No	Maatta, Leah M, RN
10:37:49	**Triage Started**		Maatta, Leah M, RN
10:37:53	**Allergies Reviewed**		Maatta, Leah M, RN
10:39:11	**Chief Complaints Updated**	**Loss of Appetite**	Maatta, Leah M, RN
10:39:23	**ED Triage Notes**	Arrives w/ son c/o loss of appetite and increased fatigue. Denies pain or recent illness- pt poor historian for symptoms. Denies N/V/D or fevers Leah Maatta, RN	Maatta, Leah M, RN

10/17/2023 - ED in UW Northwest Emergency (continued)

ED Care Timeline (continued)

10:40	**Vital Signs**	**Vital Signs** Temp: 37.1 °C Temp src: Oral Pulse: 97 Heart Rate Source: Monitor Resp: 20 BP: **94/53** ! MAP (mmHg): 67 BP Site: Right Arm Patient Position: Sitting SpO2: 100 % **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 100 % Oxygen Therapy: None (Room air)	Maatta, Leah M, RN
10:40	**Custom Formula Data**	**Other flowsheet entries** Temp (in Celsius) for APACHE IV: 37.1	Maatta, Leah M, RN
10:41	**Triage Completed**		Maatta, Leah M, RN
10:41	**Abuse Indicators**	**Abuse Indicators** Have there been threats or direct abuse of you or your children?: No Is someone forcing you to have sex?: No Is anyone keeping you from your family?: No	Maatta, Leah M, RN
10:41	**Acuity/Destination**	**Acuity/Triage Complete** Patient Acuity: 3 Triage Complete: Triage complete	Maatta, Leah M, RN
10:41	**General Appearance**	**General Appearance** General Appearance: Respirations even and Unlabored; Skin warm, dry, and color consistent with ethnicity; Moves all extremities	Maatta, Leah M, RN
10:41	**Homicidal Ideation**	**Homicidal Ideation** Thoughts of Harming Others: Denies Harmful Actions Toward Others: None observed	Maatta, Leah M, RN
10:42	**Travel Screening**	Have you been in contact with someone who was sick? **No / Unsure** ; Do you have any of the following new or worsening symptoms? **None of these** ; Have you traveled internationally or domestically in the last month? **No** Travel Locations: **Travel history not shown for past encounters**	Maatta, Leah M, RN
10:42	**ESET(Emergency Safety Evaluation Tool)**	**ESET (Emergency Safety Evaluation Tool)** ESET (Emergency Safety Evaluation Tool) Safety Screening Complete: Yes	Maatta, Leah M, RN
10:42	**Suicide Risk Screening**	**Other flowsheet entries** Suicide assessment:: Start C-SSRS 1. Have you wished you were dead or wished you could go to sleep and not wake up?: No 2. Have you actually had any thoughts of killing yourself?: No 6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?: No **Risk Score - File Data to Calculate Score** C-SSRS (Short) Risk Calculation: No Identified Risk	Maatta, Leah M, RN
10:44:02	**Orders Placed**	Lab - Comprehensive Metabolic Panel; CBC with Diff; Urinalysis with Reflex Culture ECG - EKG 12-Lead	Ganz, Eleanor, MD

10/17/2023 - ED in UW Northwest Emergency (continued)

ED Care Timeline (continued)

10:44:04	**Lab Ordered**	URINALYSIS WITH REFLEX CULTURE, CBC, DIFF, COMPREHENSIVE METABOLIC PANEL	Maatta, Leah M, RN
10:44:04	**ECG Ordered**	EKG 12 LEAD	Maatta, Leah M, RN
10:44:14	**Send CBC with Diff to phlebotomy Completed**	*CBC with Diff* - Type: **Blood**	Maatta, Leah M, RN
10:44:14	**Send Comprehensive Metabolic Panel to phlebotomy Completed**	*Comprehensive Metabolic Panel* - Type: **Blood**	Maatta, Leah M, RN
10:44:14	**Print Label for CBC with Diff Discontinued**	*CBC with Diff*	Maatta, Leah M, RN
10:44:14	**Print Label for Comprehensive Metabolic Panel Discontinued**	*Comprehensive Metabolic Panel*	Maatta, Leah M, RN
10:44:16	**Orders Placed**	Lab - Rapid Flu A & B, RSV, SARS-CoV-2 PCR	Ganz, Eleanor, MD
10:44:19	**Lab Ordered**	RAPID FLU A & B, RSV, SARS-COV-2 PCR	Ganz, Eleanor, MD
10:54:37	**Order Performed**	EKG 12-Lead - ID: **2340474**	
11:24	**Specimens Collected**	Comprehensive Metabolic Panel - ID: **T3089642** Type: **Blood** CBC with Diff - ID: **T3089642** Type: **Blood** 1st Extra Blue Top - ID: **T3089642** Type: **Plasma** 1st Extra Gold Top - ID: **T3089642** Type: **Serum** 1st Extra Pearl Top - ID: **T3089642** Type: **Plasma** Magnesium - ID: **T3089642** Type: **Serum** Phosphate - ID: **T3089642** Type: **Serum**	
11:24:48	**Lab Ordered**	1ST EXTRA BLUE TOP	Uw Lab Results Interface, User
11:24:49	**Lab Ordered**	1ST EXTRA GOLD TOP	Uw Lab Results Interface, User
11:24:49	**Lab Ordered**	1ST EXTRA PEARL TOP	Uw Lab Results Interface, User
11:29:57	**Imaging Preliminary Result**	EKG 12-Lead	Interface, Muse Cupid Results In
11:40	**1st Extra Blue Top Resulted (Edited)**	Collected: **10/17/2023 11:24** Last updated: **10/17/2023 11:41** Status: **Edited Result - FINAL** 1st Extra Blue Top: **Additional collection tube**	Uw Lab Results Interface, User
11:40	**1st Extra Gold Top Resulted (Edited)**	Collected: **10/17/2023 11:24** Last updated: **10/17/2023 11:41** Status: **Edited Result - FINAL** 1st Extra Gold Top: **Additional collection tube**	Uw Lab Results Interface, User
11:40	**1st Extra Pearl Top Resulted (Edited)**	Collected: **10/17/2023 11:24** Last updated: **10/17/2023 11:41** Status: **Edited Result - FINAL** 1st Extra Pearl Top: **Additional collection tube**	Uw Lab Results Interface, User
11:41:20	**Lab Resulted**	(Edited Result - FINAL) 1ST EXTRA BLUE TOP	Uw Lab Results Interface, User
11:41:20	**Lab Resulted**	(Edited Result - FINAL) 1ST EXTRA GOLD TOP	Uw Lab Results Interface, User
11:41:21	**Lab Resulted**	(Edited Result - FINAL) 1ST EXTRA PEARL TOP	Uw Lab Results Interface, User

10/17/2023 - ED in UW Northwest Emergency (continued)

ED Care Timeline (continued)

11:44:38	**CBC with Diff Resulted**	**Abnormal Result** Collected: **10/17/2023 11:24** Last updated: **10/17/2023 11:45** Status: **Final result** WBC: **11.86 10*3/uL** ^ [Ref Range: 4.3 - 10.0] RBC: **3.18 10*6/uL** v [Ref Range: 3.80 - 5.00] Hemoglobin: **10.3 g/dL** v [Ref Range: 11.5 - 15.5] Hematocrit: **33 %** v [Ref Range: 36.0 - 45.0] MCV: **104 fL** ^ [Ref Range: 81 - 98] MCH: **32.4 pg** [Ref Range: 27.3 - 33.6] MCHC: **31.1 g/dL** v [Ref Range: 32.2 - 36.5] Platelet Count: **399 10*3/uL** [Ref Range: 150 - 400] RDW-CV: **15.2 %** ^ [Ref Range: 11.0 - 14.5] % Neutrophils: **83 %** % Lymphocytes: **10 %** % Monocytes: **5 %** % Eosinophils: **1 %** % Basophils: **0 %** % Immature Granulocytes: **1 %** Neutrophils: **9.83 10*3/uL** ^ [Ref Range: 1.80 - 7.00] Absolute Lymphocyte Count: **1.21 10*3/uL** [Ref Range: 1.00 - 4.80] Monocytes: **0.62 10*3/uL** [Ref Range: 0.00 - 0.80] Absolute Eosinophil Count: **0.10 10*3/uL** [Ref Range: 0.00 - 0.50] Basophils: **0.04 10*3/uL** [Ref Range: 0.00 - 0.20] Immature Granulocytes: **0.06 10*3/uL** ^ [Ref Range: 0.00 - 0.05] Nucleated RBC: **0.00 10*3/uL** [Ref Range: 0.00] % Nucleated RBC: **0 %**	Uw Lab Results Interface, User
11:45:48	**Lab Resulted**	(Final result) CBC, DIFF	Uw Lab Results Interface, User
11:45:48	**Send CBC with Diff to phlebotomy Discontinued**	*CBC with Diff*	Uw Lab Results Interface, User
11:45:48	**Send Comprehensive Metabolic Panel to phlebotomy Discontinued**	*Comprehensive Metabolic Panel*	Uw Lab Results Interface, User
11:51:56	**Patient roomed in ED**	To room ED10	Maatta, Leah M, RN
11:51:56	**Patient roomed in ED**		Maatta, Leah M, RN
11:51:57	**Assign Nurse**	Thomas, Haley J, RN assigned as Registered Nurse	Maatta, Leah M, RN
11:54:06	**Assign Attending**	Stoner-Duncan, Benjamin, MD assigned as Attending	Stoner-Duncan, Benjamin, MD
11:54:06	**Assign Physician**		Stoner-Duncan, Benjamin, MD
11:54:06	**First Provider Evaluation**		Stoner-Duncan, Benjamin, MD
12:01:04	**ECG Performed**	EKG 12-Lead - [274483400]	Meyer, Carson, CMA
12:01:04	**Orders Completed**	EKG 12-Lead	Meyer, Carson, CMA
12:01:04	**Complete EKG 12-Lead Completed**	*EKG 12-Lead*	Meyer, Carson, CMA
12:01:49	**Orders Placed**	Lab - Lab Add On Order	Stoner-Duncan, Benjamin, MD
12:01:51	**Lab Ordered**	LAB ADD ON ORDER	Stoner-Duncan, Benjamin, MD
12:01:53	**Orders Completed**	Lab Add On Order	Stoner-Duncan, Benjamin, MD
12:02	**Specimens Collected**	Lab Add On Order - ID: **T3090728** Type: **Blood**	
12:02:10	**Orders Placed**	Medications - lactated ringers IV Bolus 250 mL	Stoner-Duncan, Benjamin, MD

10/17/2023 - ED in UW Northwest Emergency (continued)

ED Care Timeline (continued)

12:04	**Basic Assessment**	**Neurological** Neuro (WDL): Within Defined Limits Best Eye Response: Spontaneous Best Verbal Response: Confused Best Motor Response: Follows commands Glasgow Coma Scale Score: 14 **Glasgow Coma Scale** Best Eye Response: Spontaneous Best Verbal Response: Confused Best Motor Response: Follows commands Glasgow Coma Scale Score: 14 **Respiratory** Respiratory (WDL): Within Defined Limits **Cardiac** Cardiac (WDL): Within Defined Limits **Musculoskeletal** Musculoskeletal (WDL): **Exceptions to WDL (weakness)** **Gastrointestinal** Gastrointestinal (WDL): **Exceptions to WDL (decreased intake and loss of appetite x2 weeks. Decreased mentation since (this has happened before).)** **Charting Type** Charting Type: Shift assessment	Thomas, Haley J, RN
12:04	**ED Fall Risk Assessment**	**Fall Risk Assessment- KINDER 1** Altered Mental Status?: No Present to ED Due To Fall?: No Age greater than 70?: Yes Impaired Mobility?: Yes Nursing Judgement: Yes Intervention Score: 3 Safety Interventions: Bed in low position; Call light in reach; Place near nurses station; Siderails up	Thomas, Haley J, RN
12:04	**Custom Formula Data**	**Other flowsheet entries** Glasgow Coma Scale Numeric: 14	Thomas, Haley J, RN
12:04	**Disability/ADL Screening**	**ADL Screening** Do you have any physical, mental or emotional impairments your care team should be aware of?: Chronic medical condition ; Physical How do any of the identified impairments affect your ability to perform daily activities?: Limitations in any activities because of a physical, mental, or emotional condition Assistive Devices: Wheelchair	Thomas, Haley J, RN
12:04:08	**Orders Acknowledged**	New - Comprehensive Metabolic Panel; CBC with Diff; EKG 12-Lead; Urinalysis with Reflex Culture; Rapid Flu A & B, RSV, SARS-CoV-2 PCR; Lab Add On Order; lactated ringers IV Bolus 250 mL	Thomas, Haley J, RN
12:04:13	**Print Label for Urinalysis with Reflex Culture Completed**	*Urinalysis with Reflex Culture* - Type: **Urine**	Thomas, Haley J, RN
12:04:15	**Print Label for Rapid Flu A & B, RSV, SARS-CoV-2 PCR Completed**	*Rapid Flu A & B, RSV, SARS-CoV-2 PCR* - Type: **Nasal swab**	Thomas, Haley J, RN
12:11	**Peripheral IV 10/17/23 Anterior;Left Forearm Placed**	Removal Date/Time: 10/17/23 1647 Placement Date/Time: 10/17/23 1211 Inserted by: Haley Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left Location: Forearm	Thomas, Haley J, RN

10/17/2023 - ED in UW Northwest Emergency (continued)

ED Care Timeline (continued)

12:11:54	**Comprehensive Metabolic Panel Resulted**	**Abnormal Result** Collected: **10/17/2023 11:24** Last updated: **10/17/2023 12:12** Status: **Final result** Sodium: **139 meq/L** [Ref Range: 135 - 145] Potassium: **4.3 meq/L** [Ref Range: 3.6 - 5.2] Chloride: **106 meq/L** [Ref Range: 98 - 108] Carbon Dioxide, Total: **23 meq/L** [Ref Range: 22 - 32] Anion Gap: **10** [Ref Range: 4 - 12] Glucose: **229 mg/dL** ^ [Ref Range: 62 - 125] Urea Nitrogen: **28 mg/dL** ^ [Ref Range: 8 - 21] Creatinine: **1.09 mg/dL** ^ [Ref Range: 0.38 - 1.02] Protein (Total): **7.3 g/dL** [Ref Range: 6.0 - 8.2] Albumin: **3.4 g/dL** v [Ref Range: 3.5 - 5.2] Bilirubin (Total): **0.3 mg/dL** [Ref Range: 0.2 - 1.3] Calcium: **9.4 mg/dL** [Ref Range: 8.9 - 10.2] AST (GOT): **12 U/L** [Ref Range: 9 - 38] Alkaline Phosphatase (Total): **64 U/L** [Ref Range: 49 - 199] ALT (GPT): **9 U/L** [Ref Range: 7 - 33] eGFR by CKD-EPI 2021: **46 mL/min/1.73_m2** v [Ref Range: >59]	Uw Lab Results Interface, User
12:12:57	**Lab Resulted**	(Final result) COMPREHENSIVE METABOLIC PANEL	Uw Lab Results Interface, User
12:14	**Pain Assessment**	**Pain Assessment** Pain Assessment: No/denies pain Pain Score: 0 **Pain Assessment Timer** Restart Pain Assessment Timer: Yes	Thomas, Haley J, RN
12:15	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Thomas, Haley J, RN
12:15	**Vitals**	**Vital Signs** Pulse: 78 (Device Time: 12:14:52) Heart Rate Source: Monitor Resp: 16 BP: **86/48** ! (Device Time: 12:15:09) MAP (mmHg): 61 (Device Time: 12:15:09) BP Site: Right Arm BP Method: Automatic Patient Position: Lying Vital Sign Reason: Routine **Telemetry/Cardiac Monitor** Pulse: 78 (Device Time: 12:14:52) Heart Rate Source: Monitor **Oxygen Therapy** SpO2: 99 % (Device Time: 12:14:52) Oxygen Therapy: None (Room air)	Thomas, Haley J, RN
12:16	**Medication New Bag/Syringe**	lactated ringers IV Bolus 250 mL - Dose: **250 mL** ; Rate: **1,000 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 10/17/23 Anterior;Left Forearm** ; Scheduled Time: **1205**	Thomas, Haley J, RN
12:38:21	**Lab Add On Order Resulted**	Collected: **10/17/2023 12:02** Last updated: **10/17/2023 12:39** Status: **Final result** Lab Test Requested: **magnesium, phosphate** Specimen Type/Description: **Blood** Sample To Use: **Most recent** Test Request Status: **Order Processed**	Uw Lab Results Interface, User
12:38:26	**Lab Ordered**	MAGNESIUM	Uw Lab Results Interface, User
12:38:26	**Lab Ordered**	PHOSPHATE	Uw Lab Results Interface, User
12:39:04	**Lab Resulted**	(Preliminary result) LAB ADD ON ORDER	Uw Lab Results Interface, User
12:39:24	**Lab Resulted**	(Final result) LAB ADD ON ORDER	Uw Lab Results Interface, User
12:52:47	**Magnesium Resulted**	Collected: **10/17/2023 11:24** Last updated: **10/17/2023 12:53** Status: **Final result** Magnesium: **2.1 mg/dL** [Ref Range: 1.8 - 2.4]	Uw Lab Results Interface, User

10/17/2023 - ED in UW Northwest Emergency (continued)

ED Care Timeline (continued)

12:52:47	**Phosphate Resulted**	Collected: **10/17/2023 11:24** Last updated: **10/17/2023 12:53** Status: **Final result** Phosphate: **4.0 mg/dL** [Ref Range: 2.5 - 4.5]	Uw Lab Results Interface, User
12:53:49	**Lab Resulted**	(Final result) MAGNESIUM	Uw Lab Results Interface, User
12:53:49	**Lab Resulted**	(Final result) PHOSPHATE	Uw Lab Results Interface, User
13:06:18	**Registration Completed**		Santos Pedrin, Maria
13:15:27	**Orders Placed**	Medications - lactated ringers IV Bolus 250 mL	Stoner-Duncan, Benjamin, MD
13:40:39	**Orders Acknowledged**	New - lactated ringers IV Bolus 250 mL	Thomas, Haley J, RN
14:07:28	**Assign Nurse**	Muldoon, Katherine M, RN assigned as Registered Nurse	Muldoon, Katherine M, RN
14:19	**External Urinary Suction Device 10/17/23 Placed**	Removal Date/Time: 01/09/25 1655 Placement Date/Time: 10/17/23 1419 Earliest Known Present: 10/17/23	Chun, Stephen M, CMA
14:19	**External Urinary Suction Device 10/17/23 Assessment**	Suction: Yes	Chun, Stephen M, CMA
14:20:47	**Remove Nurse**	Thomas, Haley J, RN removed as Registered Nurse	Thomas, Haley J, RN
14:39	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Muldoon, Katherine M, RN
14:39	**Vitals**	**Vital Signs** Pulse: 94 (Device Time: 14:38:49) Heart Rate Source: Monitor Resp: 16 BP: **97/56** ! (Device Time: 14:38:38) MAP (mmHg): 69 (Device Time: 14:38:38) Vital Sign Reason: Routine **Telemetry/Cardiac Monitor** Pulse: 94 (Device Time: 14:38:49) Heart Rate Source: Monitor **Oxygen Therapy** SpO2: 99 % (Device Time: 14:38:49) Oxygen Therapy: None (Room air)	Muldoon, Katherine M, RN
14:42	**Medication Stopped**	lactated ringers IV Bolus 250 mL - Route: **Intravenous** ; Line: **Peripheral IV 10/17/23 Anterior;Left Forearm** ; Scheduled Time: **1442**	Muldoon, Katherine M, RN
14:42	**Medication New Bag/Syringe**	lactated ringers IV Bolus 250 mL - Dose: **250 mL** ; Rate: **1,000 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 10/17/23 Anterior;Left Forearm** ; Scheduled Time: **1320**	Muldoon, Katherine M, RN
14:42	**I/O**	**lactated ringers IV Bolus 250 mL** Volume (mL): 250	Muldoon, Katherine M, RN
15:00	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Muldoon, Katherine M, RN

10/17/2023 - ED in UW Northwest Emergency (continued)

ED Care Timeline (continued)

15:00	**Vitals**	**Vital Signs** Pulse: **101** ! (Device Time: 14:59:48) Heart Rate Source: Monitor Resp: 17 BP: **110/59** ! (Device Time: 15:00:00) MAP (mmHg): 72 (Device Time: 15:00:00) **Telemetry/Cardiac Monitor** Pulse: **101** ! (Device Time: 14:59:48) Heart Rate Source: Monitor **Oxygen Therapy** SpO2: 98 % (Device Time: 14:59:48)	Muldoon, Katherine M, RN
15:20	**Medication Stopped**	lactated ringers IV Bolus 250 mL - Route: **Intravenous** ; Line: **Peripheral IV 10/17/23 Anterior;Left Forearm** ; Scheduled Time: **1520**	Muldoon, Katherine M, RN
15:20	**I/O**	**lactated ringers IV Bolus 250 mL** Volume (mL): 250	Muldoon, Katherine M, RN
15:21:05	**Assign Nurse**	Thomas, Haley J, RN assigned as Registered Nurse	Thomas, Haley J, RN
15:21:45	**Orders Placed**	Medications - lactated ringers IV Bolus 250 mL	Stoner-Duncan, Benjamin, MD
15:22:33	**Orders Placed**	Medications - doxycycline hyclate capsule 100 mg; cephalexin (Keflex) capsule 500 mg	Stoner-Duncan, Benjamin, MD
15:23	**Medication New Bag/Syringe**	lactated ringers IV Bolus 250 mL - Dose: **250 mL** ; Rate: **1,000 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 10/17/23 Anterior;Left Forearm** ; Scheduled Time: **1525**	Muldoon, Katherine M, RN
15:23:32	**Orders Acknowledged**	New - lactated ringers IV Bolus 250 mL; doxycycline hyclate capsule 100 mg; cephalexin (Keflex) capsule 500 mg	Muldoon, Katherine M, RN
15:41	**ED Quick Updates**	**Quick Updates** Quick Updates - Free Text: PO trial started. Water and oatmeal provded for pt.	Muldoon, Katherine M, RN
15:51:26	**Remove Nurse**	Muldoon, Katherine M, RN removed as Registered Nurse	Muldoon, Katherine M, RN
16:00	**Vital Signs**	**Vital Signs** Temp: 36.7 °C Temp src: Temporal	Atkinson, Whitney K, RN
16:00	**Custom Formula Data**	**Other flowsheet entries** Temp (in Celsius) for APACHE IV: 36.7	Atkinson, Whitney K, RN
16:00	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Thomas, Haley J, RN

10/17/2023 - ED in UW Northwest Emergency (continued)

ED Care Timeline (continued)

16:00	**Vitals**	**Vital Signs** Pulse: 70 (Device Time: 15:59:47) Heart Rate Source: Monitor Resp: 17 BP: 117/62 (Device Time: 16:00:00) MAP (mmHg): 76 (Device Time: 16:00:00) BP Site: Right Arm BP Method: Automatic Patient Position: Lying Vital Sign Reason: Routine **Telemetry/Cardiac Monitor** Pulse: 70 (Device Time: 15:59:47) Heart Rate Source: Monitor **Oxygen Therapy** SpO2: 99 % (Device Time: 15:59:47) Oxygen Therapy: None (Room air)	Thomas, Haley J, RN
16:27:16	**Discharge Disposition Selected**	ED Disposition set to Discharge	Stoner-Duncan, Benjamin, MD
16:27:16	**Disposition Selected**		Stoner-Duncan, Benjamin, MD
16:30:20	**Discharge Orders Placed**	Medications - cephalexin 500 MG capsule; doxycycline hyclate 100 MG tablet; lactobacillus rhamnosus GG (Culturelle) capsule	Stoner-Duncan, Benjamin, MD
16:30:24	**Patient Ready to Go**		Stoner-Duncan, Benjamin, MD
16:33	**ED Quick Updates**	**Quick Updates** Quick Updates - Free Text: PT able to drink 8 oz of orange juice and 2 saltine crackers at this time, PO challenge passed. MD notified	Marek, Nicholas Andrew, CMA
16:35:45	**AVS Printed**		Thomas, Haley J, RN
16:35:45	**AVS Printed**	ED After Visit Summary	Thomas, Haley J, RN
16:41	**Medication Given**	doxycycline hyclate capsule 100 mg - Dose: **100 mg** ; Route: **Oral** ; Scheduled Time: **1525**	Atkinson, Whitney K, RN
16:41	**Medication Given**	cephalexin (Keflex) capsule 500 mg - Dose: **500 mg** ; Route: **Oral** ; Scheduled Time: **1525**	Atkinson, Whitney K, RN
16:47	**Peripheral IV 10/17/23 Anterior;Left Forearm Removed**	Removal Date/Time: 10/17/23 1647 Placement Date/Time: 10/17/23 1211 Inserted by: Haley Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left Location: Forearm	Atkinson, Whitney K, RN
16:47	**Care Handoff**	**Care Handoff** Report Given to: Given to patient - patient left the ED (d/c with belongings, wheelchair, d/c paperwork, and prescriptions)	Atkinson, Whitney K, RN
16:47	**Departure Condition**	**Departure Condition** Departure Condition: Good Mobility at Departure: Wheelchair Departure Mode: With caregiver	Atkinson, Whitney K, RN
16:47	**Patient Education**	**Patient Education** Learners: Patient; Family Readiness: Eager Challenges impacting this teaching session: None Response: Teach back - restates information independently Topics Taught: Discharge Instructions; Follow-up Care; Medications	Atkinson, Whitney K, RN
16:48:10	**Assign Nurse**	Atkinson, Whitney K, RN assigned as Registered Nurse	Atkinson, Whitney K, RN

10/17/2023 - ED in UW Northwest Emergency (continued)

ED Care Timeline (continued)

17:04:12	**Patient transferred**	From room ED10 to room OTF	Maatta, Leah M, RN
17:04:12	**Patient transferred to OTF**		Maatta, Leah M, RN
17:31	**Patient discharged**		Atkinson, Whitney K, RN
17:31	**LACE+ Score**	**Other flowsheet entries** LACE+ Score: 17	Atkinson, Whitney K, RN

Clinical Notes

Discharge Instructions

Stoner-Duncan, Benjamin, MD at 10/17/2023 1628

Take antibiotics as prescribed. Stay well-hydrated. Follow-up with primary care for reevaluation. Follow-up promptly with wound care clinic, you may need more frequent wound care than your current regimen. Return for worsening symptoms.

Electronically signed by Stoner-Duncan, Benjamin, MD at 10/17/2023 4:29 PM

Labs

Urinalysis with Reflex Culture (Discontinued)

Electronically signed by: **Maatta, Leah M, RN on 10/17/23 1044** Status: **Discontinued**
Ordering user: Maatta, Leah M, RN 10/17/23 1044
Ordering provider: Ganz, Eleanor, MD
Authorized by: Ganz, Eleanor, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 10/17/23 1044 - 1 occurrence
Class: Unit Collect
Quantity: 1
Instance released by: Maatta, Leah M, RN (auto-released) 10/17/2023 10:44 AM
Discontinued by: Discharge Provider, Automatic 10/17/23 2132 [Patient Discharge]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3090778	Urine	—	—

Rapid Flu A & B, RSV, SARS-CoV-2 PCR (Discontinued)

Electronically signed by: **Ganz, Eleanor, MD on 10/17/23 1044** Status: **Discontinued**
Ordering user: Ganz, Eleanor, MD 10/17/23 1044
Ordering provider: Ganz, Eleanor, MD
Authorized by: Ganz, Eleanor, MD
Ordering mode: Standard
Frequency: Routine STAT 10/17/23 1045 - 1 occurrence
Class: Unit Collect
Quantity: 1
Instance released by: Ganz, Eleanor, MD (auto-released) 10/17/2023 10:44 AM
Discontinued by: Discharge Provider, Automatic 10/17/23 2132 [Patient Discharge]

Questionnaire

Question	Answer
Indication for Testing, Symptomatic / Other	Symptomatic
Release Result to Patient	Immediate

Order comments: ** Specimens should be double-bagged. **

10/17/2023 - ED in UW Northwest Emergency (continued)

Labs (continued)

Specimen Information

ID	Type	Source	Collected By
T3090779	Nasal swab	—	—

Comprehensive Metabolic Panel (Final result)

Electronically signed by: **Maatta, Leah M, RN on 10/17/23 1044** Status: **Completed**
Ordering user: Maatta, Leah M, RN 10/17/23 1044 Ordering provider: Ganz, Eleanor, MD
Authorized by: Ganz, Eleanor, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 10/17/23 1044 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Maatta, Leah M, RN (auto-released) 10/17/2023 10:44 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3089642	Blood	—	6873 10/17/23 1124

Comprehensive Metabolic Panel (Abnormal) Resulted: 10/17/23 1211, Result status: Final result

Ordering provider: Ganz, Eleanor, MD 10/17/23 1044 Order status: Completed
Filed by: Uw Lab Results Interface, User 10/17/23 1212 Collected by: 6873 10/17/23 1124
Resulting lab: UWMC NORTHWEST CAMPUS LAB MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	139	135 - 145 meq/L	—	NWH
Potassium	4.3	3.6 - 5.2 meq/L	—	NWH
Chloride	106	98 - 108 meq/L	—	NWH
Carbon Dioxide, Total	23	22 - 32 meq/L	—	NWH
Anion Gap	10	4 - 12	—	NWH
Glucose	229	62 - 125 mg/dL	H	NWH
Urea Nitrogen	28	8 - 21 mg/dL	H	NWH
Creatinine	1.09	0.38 - 1.02 mg/dL	H	NWH
Protein (Total)	7.3	6.0 - 8.2 g/dL	—	NWH
Albumin	3.4	3.5 - 5.2 g/dL	L	NWH
Bilirubin (Total)	0.3	0.2 - 1.3 mg/dL	—	NWH
Calcium	9.4	8.9 - 10.2 mg/dL	—	NWH
AST (GOT)	12	9 - 38 U/L	—	NWH
Alkaline Phosphatase (Total)	64	49 - 199 U/L	—	NWH
ALT (GPT)	9	7 - 33 U/L	—	NWH
eGFR by CKD-EPI 2021	46	>59 mL/min/1.73_m2	L	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	UWMC NORTHWEST CAMPUS LAB MEDICINE	Asif, Maryam, MD	1550 N 115th St Suite A200 SEATTLE WA 98133	09/22/23 1027 - 08/22/24 0945

CBC with Diff (Final result)

Electronically signed by: **Maatta, Leah M, RN on 10/17/23 1044** Status: **Completed**

10/17/2023 - ED in UW Northwest Emergency (continued)

Labs (continued)

Ordering user: Maatta, Leah M, RN 10/17/23 1044
Authorized by: Ganz, Eleanor, MD
Frequency: Routine STAT 10/17/23 1044 - 1 occurrence
Quantity: 1
Instance released by: Maatta, Leah M, RN (auto-released) 10/17/2023 10:44 AM
Ordering provider: Ganz, Eleanor, MD
Ordering mode: Per protocol: no cosign required
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3089642	Blood	—	6873 10/17/23 1124

CBC with Diff (Abnormal) Resulted: 10/17/23 1144, Result status: Final result

Ordering provider: Ganz, Eleanor, MD 10/17/23 1044
Filed by: Uw Lab Results Interface, User 10/17/23 1145
Resulting lab: UWMC NORTHWEST CAMPUS LAB MEDICINE
Acknowledged by: Hernandez, Juan Camilo, PharmD on 10/17/23 1213
Order status: Completed
Collected by: 6873 10/17/23 1124

Components

Component	Value	Reference Range	Flag	Lab
WBC	11.86	4.3 - 10.0 10*3/uL	H	NWH
RBC	3.18	3.80 - 5.00 10*6/uL	L	NWH
Hemoglobin	10.3	11.5 - 15.5 g/dL	L	NWH
Hematocrit	33	36.0 - 45.0 %	L	NWH
MCV	104	81 - 98 fL	H	NWH
MCH	32.4	27.3 - 33.6 pg	—	NWH
MCHC	31.1	32.2 - 36.5 g/dL	L	NWH
Platelet Count	399	150 - 400 10*3/uL	—	NWH
RDW-CV	15.2	11.0 - 14.5 %	H	NWH
% Neutrophils	83	%	—	NWH
% Lymphocytes	10	%	—	NWH
% Monocytes	5	%	—	NWH
% Eosinophils	1	%	—	NWH
% Basophils	0	%	—	NWH
% Immature Granulocytes	1	%	—	NWH
Neutrophils	9.83	1.80 - 7.00 10*3/uL	H	NWH
Absolute Lymphocyte Count	1.21	1.00 - 4.80 10*3/uL	—	NWH
Monocytes	0.62	0.00 - 0.80 10*3/uL	—	NWH
Absolute Eosinophil Count	0.10	0.00 - 0.50 10*3/uL	—	NWH
Basophils	0.04	0.00 - 0.20 10*3/uL	—	NWH
Immature Granulocytes	0.06	0.00 - 0.05 10*3/uL	H	NWH
Nucleated RBC	0.00	0.00 10*3/uL	—	NWH
% Nucleated RBC	0	%	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	UWMC NORTHWEST	Asif, Maryam, MD	1550 N 115th St Suite A200	09/22/23 1027 - 08/22/24 0945

10/17/2023 - ED in UW Northwest Emergency (continued)

Labs (continued)

CAMPUS LAB MEDICINE — SEATTLE WA 98133

All Reviewers List

Hernandez, Juan Camilo, PharmD on 10/17/2023 12:13

1st Extra Blue Top (Edited Result - FINAL)

Electronically signed by: **Uw Lab Results Interface, User on 10/17/23 1044** — Status: **Completed**
Ordering user: Uw Lab Results Interface, User 10/17/23 1044
Authorized by: Stoner-Duncan, Benjamin, MD
Frequency: Routine Once 10/17/23 1044 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 10/17/2023 11:24 AM
Ordering provider: Stoner-Duncan, Benjamin, MD
Ordering mode: Standard
Class: Normal
Lab status: Edited Result - FINAL

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
10/17/23 1154	Stoner-Duncan, Benjamin, MD	Stoner-Duncan, Benjamin, MD	Stoner-Duncan, Benjamin, MD
10/17/23 1124	Ganz, Eleanor, MD	Ganz, Eleanor, MD	Uw Lab Results Interface, User

Specimen Information

ID	Type	Source	Collected By
T3089642	Plasma	—	6873 10/17/23 1124

Resulted: 10/17/23 1140, Result status: Edited Result - FINAL

1st Extra Blue Top

Ordering provider: Stoner-Duncan, Benjamin, MD 10/17/23 1044
Filed by: Uw Lab Results Interface, User 10/17/23 1141
Resulting lab: UWMC NORTHWEST CAMPUS LAB MEDICINE
Order status: Completed
Collected by: 6873 10/17/23 1124

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Blue Top	Additional collection tube	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	UWMC NORTHWEST CAMPUS LAB MEDICINE	Asif, Maryam, MD	1550 N 115th St Suite A200 SEATTLE WA 98133	09/22/23 1027 - 08/22/24 0945

1st Extra Gold Top (Edited Result - FINAL)

Electronically signed by: **Uw Lab Results Interface, User on 10/17/23 1044** — Status: **Completed**
Ordering user: Uw Lab Results Interface, User 10/17/23 1044
Authorized by: Stoner-Duncan, Benjamin, MD
Frequency: Routine Once 10/17/23 1044 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 10/17/2023 11:24 AM
Ordering provider: Stoner-Duncan, Benjamin, MD
Ordering mode: Standard
Class: Normal
Lab status: Edited Result - FINAL

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
10/17/23 1154	Stoner-Duncan, Benjamin, MD	Stoner-Duncan, Benjamin, MD	Stoner-Duncan, Benjamin, MD
10/17/23 1124	Ganz, Eleanor, MD	Ganz, Eleanor, MD	Uw Lab Results Interface, User

10/17/2023 - ED in UW Northwest Emergency (continued)

Labs (continued)

Specimen Information

ID	Type	Source	Collected By
T3089642	Serum	—	6873 10/17/23 1124

Resulted: 10/17/23 1140, Result status: Edited Result - FINAL

1st Extra Gold Top

Ordering provider: Stoner-Duncan, Benjamin, MD 10/17/23 1044
Filed by: Uw Lab Results Interface, User 10/17/23 1141
Resulting lab: UWMC NORTHWEST CAMPUS LAB MEDICINE
Order status: Completed
Collected by: 6873 10/17/23 1124

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Gold Top	Additional collection tube	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	UWMC NORTHWEST CAMPUS LAB MEDICINE	Asif, Maryam, MD	1550 N 115th St Suite A200 SEATTLE WA 98133	09/22/23 1027 - 08/22/24 0945

1st Extra Pearl Top (Edited Result - FINAL)

Electronically signed by: **Uw Lab Results Interface, User on 10/17/23 1044**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 10/17/23 1044
Authorized by: Stoner-Duncan, Benjamin, MD
Frequency: Routine Once 10/17/23 1044 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 10/17/2023 11:24 AM
Ordering provider: Stoner-Duncan, Benjamin, MD
Ordering mode: Standard
Class: Normal
Lab status: Edited Result - FINAL

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
10/17/23 1154	Stoner-Duncan, Benjamin, MD	Stoner-Duncan, Benjamin, MD	Stoner-Duncan, Benjamin, MD
10/17/23 1124	Ganz, Eleanor, MD	Ganz, Eleanor, MD	Uw Lab Results Interface, User

Specimen Information

ID	Type	Source	Collected By
T3089642	Plasma	—	6873 10/17/23 1124

Resulted: 10/17/23 1140, Result status: Edited Result - FINAL

1st Extra Pearl Top

Ordering provider: Stoner-Duncan, Benjamin, MD 10/17/23 1044
Filed by: Uw Lab Results Interface, User 10/17/23 1141
Resulting lab: UWMC NORTHWEST CAMPUS LAB MEDICINE
Order status: Completed
Collected by: 6873 10/17/23 1124

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Pearl Top	Additional collection tube	—	—	NWH

Testing Performed By

10/17/2023 - ED in UW Northwest Emergency (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	UWMC NORTHWEST CAMPUS LAB MEDICINE	Asif, Maryam, MD	1550 N 115th St Suite A200 SEATTLE WA 98133	09/22/23 1027 - 08/22/24 0945

Magnesium (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 10/17/23 1124** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 10/17/23 1124
Authorized by: Ganz, Eleanor, MD
Frequency: Routine Once 10/17/23 1124 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 10/17/2023 12:38 PM
Ordering provider: Ganz, Eleanor, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T3089642	Serum	—	6873 10/17/23 1124

Magnesium Resulted: 10/17/23 1252, Result status: Final result

Ordering provider: Ganz, Eleanor, MD 10/17/23 1124
Filed by: Uw Lab Results Interface, User 10/17/23 1253
Resulting lab: UWMC NORTHWEST CAMPUS LAB MEDICINE
Order status: Completed
Collected by: 6873 10/17/23 1124

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.1	1.8 - 2.4 mg/dL	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	UWMC NORTHWEST CAMPUS LAB MEDICINE	Asif, Maryam, MD	1550 N 115th St Suite A200 SEATTLE WA 98133	09/22/23 1027 - 08/22/24 0945

Phosphate (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 10/17/23 1124** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 10/17/23 1124
Authorized by: Ganz, Eleanor, MD
Frequency: Routine Once 10/17/23 1124 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 10/17/2023 12:38 PM
Ordering provider: Ganz, Eleanor, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T3089642	Serum	—	6873 10/17/23 1124

Phosphate Resulted: 10/17/23 1252, Result status: Final result

Ordering provider: Ganz, Eleanor, MD 10/17/23 1124
Filed by: Uw Lab Results Interface, User 10/17/23 1253
Resulting lab: UWMC NORTHWEST CAMPUS LAB MEDICINE
Order status: Completed
Collected by: 6873 10/17/23 1124

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	4.0	2.5 - 4.5 mg/dL	—	NWH

10/17/2023 - ED in UW Northwest Emergency (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	UWMC NORTHWEST CAMPUS LAB MEDICINE	Asif, Maryam, MD	1550 N 115th St Suite A200 SEATTLE WA 98133	09/22/23 1027 - 08/22/24 0945

Lab Add On Order (Final result)

Electronically signed by: **Stoner-Duncan, Benjamin, MD on 10/17/23 1201** Status: **Completed**
Ordering user: Stoner-Duncan, Benjamin, MD 10/17/23 1201
Ordering provider: Stoner-Duncan, Benjamin, MD
Authorized by: Stoner-Duncan, Benjamin, MD
Ordering mode: Standard
Frequency: Routine STAT 10/17/23 1202 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Stoner-Duncan, Benjamin, MD (auto-released) 10/17/2023 12:01 PM

Questionnaire

Question	Answer
Lab Test Requested	magnesium, phosphate
Sample to Use	Most recent
Requested By	STONER-DUNCAN, BENJAMIN
Call Back Number	1765
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3090728	Blood	—	10/17/23 1202

Lab Add On Order Resulted: 10/17/23 1238, Result status: Final result

Ordering provider: Stoner-Duncan, Benjamin, MD 10/17/23 1201
Order status: Completed
Filed by: Uw Lab Results Interface, User 10/17/23 1239
Collected by: 10/17/23 1202
Resulting lab: UWMC NORTHWEST CAMPUS LAB MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	magnesium, phosphate	—	—	NWH
Specimen Type/Description	Blood	—	—	NWH
Sample To Use	Most recent	—	—	NWH
Test Request Status	Order Processed	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	UWMC NORTHWEST CAMPUS LAB MEDICINE	Asif, Maryam, MD	1550 N 115th St Suite A200 SEATTLE WA 98133	09/22/23 1027 - 08/22/24 0945

Procedures

EKG 12-Lead (Final result)

Specimen Information

ID	Type	Source	Collected By

10/17/2023 - ED in UW Northwest Emergency (continued)

Procedures (continued)

2340474	—	—	10/17/23 1054

EKG 12-Lead Resulted: 10/17/23 2350, Result status: Final result

Ordering provider: Ganz, Eleanor, MD 10/17/23 1044
Resulted by: Bailon, Oscar Vitaliano, MD
Collected by: 10/17/23 1054
Lab Technician: OLENA MANZYUK
Order status: Completed
Filed by: Interface, Muse Cupid Results In 10/17/23 2351
Resulting lab: UWM EKG

Narrative:
NORMAL SINUS RHYTHM
INDETERMINATE AXIS
LOW VOLTAGE QRS
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 27-MAY-2020 18:20,
NONSPECIFIC T WAVE ABNORMALITY NO LONGER EVIDENT IN INFERIOR LEADS
Confirmed by BAILON M.D., OSCAR (5099) on 10/17/2023 11:50:48 PM

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	94	BPM	—	79
Atrial Rate	94	BPM	—	79
P-R Interval	168	ms	—	79
QRS Duration	108	ms	—	79
Q-T Interval	364	ms	—	79
QTC Calculation	455	ms	—	79
P Axis	71	degrees	—	79
R Axis	-40	degrees	—	79
T Axis	73	degrees	—	79

View Report (below)

10/17/2023 - ED in UW Northwest Emergency (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 17-OCT-2023 10:54:37 UW MEDICINE-UNWECG ROUTINE RECORD

06-JAN-1925 (98 yr)
Female Caucasian
Room:WAIT
Loc:3002

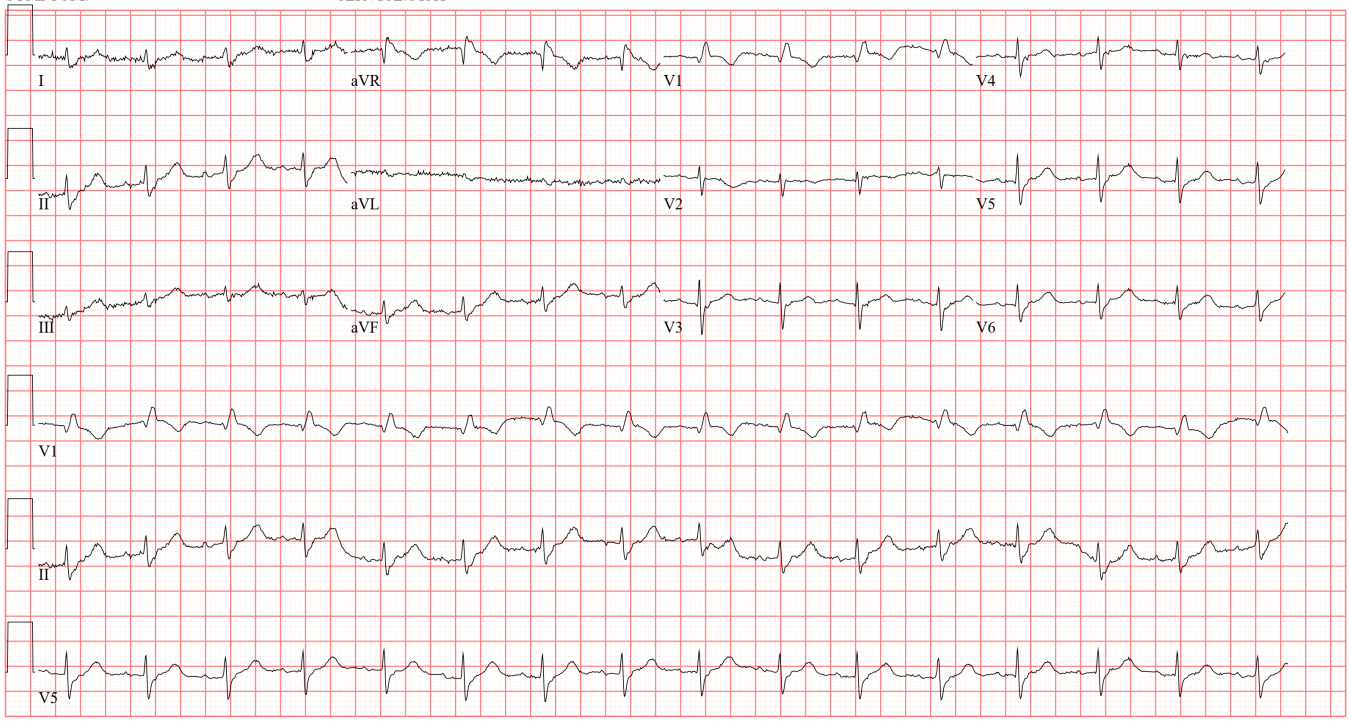
Vent. rate	94	BPM
PR interval	168	ms
QRS duration	108	ms
QT/QTc	364/455	ms
P-R-T axes	71 -40	73

NORMAL SINUS RHYTHM
INDETERMINATE AXIS
LOW VOLTAGE QRS
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 27-MAY-2020 18:20,
NONSPECIFIC T WAVE ABNORMALITY NO LONGER EVIDENT IN INFERIOR LEADS
Confirmed by BAILON M.D., OSCAR (5099) on 10/17/2023 11:50:48 PM

Technician:Olena Manzyuk
Test ind:

Referred by: ER MD Confirmed By: OSCAR BAILON M.D.

SYMPTOM: SERVICE:STAT



25mm/s 10mm/mV 150Hz 9.0.9 12SL 241 CID: 97 EID:5099 EDT: 23:50 17-OCT-2023 ORDER:E274483400 ACCOUNT: 1906482963

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by Bailon, Oscar Vitaliano, MD on 10/17/23 at 2350 PDT

Medication Administrations

cephalexin (Keflex) capsule 500 mg [274567694]

Ordering Provider: Stoner-Duncan, Benjamin, MD
Ordered On: 10/17/23 1522
Ordered Dose (Remaining/Total): 500 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 10/17/23 1525 - 10/17/23 1641
Route: Oral
Ordered Rate/Order Duration: — / —

Question	Answer	Comment
Suspected Source of Infection:	Skin/Soft Tissue Infection	—

10/17/2023 - ED in UW Northwest Emergency (continued)

Medication Administrations (continued)

Timestamps	Action	Dose	Route	Other Information
Performed 10/17/23 1641 Documented: 10/17/23 1644	Given	500 mg	Oral	Performed by: Atkinson, Whitney K, RN Scanned Package: 60687-163-11

doxycycline hyclate capsule 100 mg [274567693]

Ordering Provider: Stoner-Duncan, Benjamin, MD
Ordered On: 10/17/23 1522
Ordered Dose (Remaining/Total): 100 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 10/17/23 1525 - 10/17/23 1641
Route: Oral
Ordered Rate/Order Duration: — / —
Admin Instructions: Avoid concurrent dairy, antacids, calcium, magnesium, and iron preparations. If given orally, administer with at least 8 ounces (240 mL) of water and have patient sit up for at least 30 minutes after taking to reduce the risk of esophageal irritation and ulceration.

Question	Answer	Comment
Suspected Source of Infection:	Skin/Soft Tissue Infection	—

Timestamps	Action	Dose	Route	Other Information
Performed 10/17/23 1641 Documented: 10/17/23 1644	Given	100 mg	Oral	Performed by: Atkinson, Whitney K, RN Scanned Package: 69238-1100-2

lactated ringers IV Bolus 250 mL [274507970]

Ordering Provider: Stoner-Duncan, Benjamin, MD
Ordered On: 10/17/23 1202
Ordered Dose (Remaining/Total): 250 mL (0/1)
Frequency: Once
Admin Instructions: Wide open
Status: Completed (Past End Date/Time)
Starts/Ends: 10/17/23 1205 - 10/17/23 1442
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 15 Minutes

Line	Med Link Info	Comment
Peripheral IV 10/17/23 Anterior;Left Forearm	10/17/23 1216 by Thomas, Haley J, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 10/17/23 1442 Documented: 10/17/23 1442	Stopped	0 mL 0 mL/hr 15 Minutes	Intravenous	Performed by: Muldoon, Katherine M, RN
Performed 10/17/23 1216 Documented: 10/17/23 1216	New Bag/Syringe	250 mL 1,000 mL/hr 15 Minutes	Intravenous	Performed by: Thomas, Haley J, RN Scanned Package: 0338-0117-04

lactated ringers IV Bolus 250 mL [274530609]

Ordering Provider: Stoner-Duncan, Benjamin, MD
Ordered On: 10/17/23 1315
Ordered Dose (Remaining/Total): 250 mL (0/1)
Frequency: Once
Admin Instructions: Wide open
Status: Completed (Past End Date/Time)
Starts/Ends: 10/17/23 1320 - 10/17/23 1520
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 15 Minutes

Line	Med Link Info	Comment
Peripheral IV 10/17/23 Anterior;Left	10/17/23 1442 by Muldoon, Katherine M,	—

10/17/2023 - ED in UW Northwest Emergency (continued)

Medication Administrations (continued)

Forearm RN

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 10/17/23 1520 Documented: 10/17/23 1520	Stopped	0 mL 0 mL/hr 15 Minutes	Intravenous	Performed by: Muldoon, Katherine M, RN
Performed 10/17/23 1442 Documented: 10/17/23 1443	New Bag/Syringe	250 mL 1,000 mL/hr 15 Minutes	Intravenous	Performed by: Muldoon, Katherine M, RN

lactated ringers IV Bolus 250 mL [274567489]

Ordering Provider: Stoner-Duncan, Benjamin, MD
Ordered On: 10/17/23 1521
Ordered Dose (Remaining/Total): 250 mL (0/1)
Frequency: Once
Admin Instructions: Wide open
Status: Completed (Past End Date/Time)
Starts/Ends: 10/17/23 1525 - 10/17/23 1538
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 15 Minutes

Line	Med Link Info	Comment
Peripheral IV 10/17/23 Anterior;Left Forearm	10/17/23 1523 by Muldoon, Katherine M, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 10/17/23 1523 Documented: 10/17/23 1523	New Bag/Syringe	250 mL 1,000 mL/hr 15 Minutes	Intravenous	Performed by: Muldoon, Katherine M, RN

Other Orders

Medications

lactated ringers IV Bolus 250 mL (Completed)

Electronically signed by: **Stoner-Duncan, Benjamin, MD on 10/17/23 1202** Status: **Completed**
Ordering user: Stoner-Duncan, Benjamin, MD 10/17/23 1202
Ordering provider: Stoner-Duncan, Benjamin, MD
Authorized by: Stoner-Duncan, Benjamin, MD
Ordering mode: Standard
Frequency: STAT Once 10/17/23 1205 - 1 occurrence
Class: Normal
Acknowledged: Thomas, Haley J, RN 10/17/23 1204 for Placing Order
Admin instructions: Wide open
Package: 0338-0117-04

lactated ringers IV Bolus 250 mL (Completed)

Electronically signed by: **Stoner-Duncan, Benjamin, MD on 10/17/23 1315** Status: **Completed**
Ordering user: Stoner-Duncan, Benjamin, MD 10/17/23 1315
Ordering provider: Stoner-Duncan, Benjamin, MD
Authorized by: Stoner-Duncan, Benjamin, MD
Ordering mode: Standard
Frequency: STAT Once 10/17/23 1320 - 1 occurrence
Class: Normal
Acknowledged: Thomas, Haley J, RN 10/17/23 1340 for Placing Order
Admin instructions: Wide open
Package: 0338-0117-04

lactated ringers IV Bolus 250 mL (Completed)

Electronically signed by: **Stoner-Duncan, Benjamin, MD on 10/17/23 1521** Status: **Completed**
Ordering user: Stoner-Duncan, Benjamin, MD 10/17/23 1521
Ordering provider: Stoner-Duncan, Benjamin, MD
Authorized by: Stoner-Duncan, Benjamin, MD
Ordering mode: Standard

10/17/2023 - ED in UW Northwest Emergency (continued)

Other Orders (continued)

Frequency: STAT Once 10/17/23 1525 - 1 occurrence Class: Normal
Acknowledged: Muldoon, Katherine M, RN 10/17/23 1523 for Placing Order
Admin instructions: Wide open
Package: 0338-0117-04

doxycycline hyclate capsule 100 mg (Completed)

Electronically signed by: **Stoner-Duncan, Benjamin, MD on 10/17/23 1522** Status: **Completed**
Ordering user: Stoner-Duncan, Benjamin, MD 10/17/23 1522 Ordering provider: Stoner-Duncan, Benjamin, MD
Authorized by: Stoner-Duncan, Benjamin, MD Ordering mode: Standard
Frequency: STAT Once 10/17/23 1525 - 1 occurrence Class: Normal
Acknowledged: Muldoon, Katherine M, RN 10/17/23 1523 for Placing Order

Questionnaire

Question	Answer
Suspected Source of Infection	Skin/Soft Tissue Infection

Admin instructions: Avoid concurrent dairy, antacids, calcium, magnesium, and iron preparations. If given orally, administer with at least 8 ounces (240 mL) of water and have patient sit up for at least 30 minutes after taking to reduce the risk of esophageal irritation and ulceration.
Package: 69238-1100-2

cephalexin (Keflex) capsule 500 mg (Completed)

Electronically signed by: **Stoner-Duncan, Benjamin, MD on 10/17/23 1522** Status: **Completed**
Ordering user: Stoner-Duncan, Benjamin, MD 10/17/23 1522 Ordering provider: Stoner-Duncan, Benjamin, MD
Authorized by: Stoner-Duncan, Benjamin, MD Ordering mode: Standard
Frequency: Routine Once 10/17/23 1525 - 1 occurrence Class: Normal
Acknowledged: Muldoon, Katherine M, RN 10/17/23 1523 for Placing Order

Questionnaire

Question	Answer
Suspected Source of Infection	Skin/Soft Tissue Infection

Package: 60687-163-11

cephalexin 500 MG capsule (Expired)

Electronically signed by: **Stoner-Duncan, Benjamin, MD on 10/17/23 1630** Status: **Expired**
Ordering user: Stoner-Duncan, Benjamin, MD 10/17/23 1630 Ordering provider: Stoner-Duncan, Benjamin, MD
Authorized by: Stoner-Duncan, Benjamin, MD Ordering mode: Standard
Frequency: Routine QID 10/17/23 - 7 days Class: Print

doxycycline hyclate 100 MG tablet (Expired)

Electronically signed by: **Stoner-Duncan, Benjamin, MD on 10/17/23 1630** Status: **Expired**
Ordering user: Stoner-Duncan, Benjamin, MD 10/17/23 1630 Ordering provider: Stoner-Duncan, Benjamin, MD
Authorized by: Stoner-Duncan, Benjamin, MD Ordering mode: Standard
Frequency: Routine BID 10/17/23 - 7 days Class: Print

lactobacillus rhamnosus GG (Culturelle) capsule (Expired)

Electronically signed by: **Stoner-Duncan, Benjamin, MD on 10/17/23 1630** Status: **Expired**
Ordering user: Stoner-Duncan, Benjamin, MD 10/17/23 1630 Ordering provider: Stoner-Duncan, Benjamin, MD
Authorized by: Stoner-Duncan, Benjamin, MD Ordering mode: Standard
Frequency: Routine BID 10/17/23 - 14 days Class: Print

Flowsheets

Abuse Indicators

Row Name	10/17/23 1041
Have there been threats or direct abuse of you or	No

10/17/2023 - ED in UW Northwest Emergency (continued)

Flowsheets (continued)

your children?	
Is someone forcing you to have sex?	No
Is anyone keeping you from your family?	No

Acuity/Destination

Row Name	10/17/23 1041
Patient Acuity	Urgent
Triage Complete	Triage complete

Arrival Documentation

Row Name	10/17/23 1037
Triage Start	Start
Prehospital Treatment	No
IV Properties	Placement Date: 10/17/23 Placement Time: 1211 Inserted by: Haley Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left Location: Forearm Removal Date: 10/17/23 Removal Time: 1647

Basic Assessment

Row Name	10/17/23 1204
Neuro (WDL)	Within Defined Limits
Best Eye Response	Spontaneous
Best Verbal Response	Confused
Best Motor Response	Follows commands
Glasgow Coma Scale Score	14
Respiratory (WDL)	Within Defined Limits
Cardiac (WDL)	Within Defined Limits
Musculoskeletal (WDL)	**Exceptions to WDL**
Gastrointestinal (WDL)	**Exceptions to WDL**
Charting Type	Shift assessment

Care Handoff

Row Name	10/17/23 1647
Report Given to	Given to patient - patient left the ED

Custom Formula Data

Row Name	10/17/23 1600	10/17/23 1204	10/17/23 1040
Temp (in Celsius) for APACHE IV	36.7	—	37.1

10/17/2023 - ED in UW Northwest Emergency (continued)

Flowsheets (continued)

Glasgow Coma Scale Numeric	—	14	—

Departure Condition

Row Name	10/17/23 1647
Departure Condition	Good
Mobility at Departure	Wheelchair
Departure Mode	With caregiver

Disability/ADL Screening

Row Name	10/17/23 1204
Do you have any physical, mental or emotional impairments your care team should be aware of?	Chronic medical condition ;Physical
How do any of the identified impairments affect your ability to perform daily activities?	Limitations in any activities because of a physical, mental, or emotional condition
Assistive Devices	Wheelchair

ED Fall Risk Assessment

Row Name	10/17/23 1204
Altered Mental Status?	No
Present to ED Due To Fall?	No
Age greater than 70?	Yes
Impaired Mobility?	Yes
Nursing Judgement	Yes
Intervention Score	3
Safety Interventions	Bed in low position;Call light in reach;Place near nurses station;Siderails up

ED Quick Updates

Row Name	10/17/23 1633	10/17/23 1541
Quick Updates - Free Text	PT able to drink 8 oz of orange juice and 2 saltine crackers at this time, PO challenge passed. MD notified	PO trial started. Water and oatmeal provded for pt.

10/17/2023 - ED in UW Northwest Emergency (continued)

Flowsheets (continued)

ESET(Emergency Safety Evaluation Tool)

Row Name	10/17/23 1042
ESET (Emergency Safety Evaluation Tool) Safety Screening Complete	Yes

General Appearance

Row Name	10/17/23 1041
General Appearance	Respirations even and Unlabored;Skin warm, dry, and color consistent with ethnicity;Moves all extremities

Homicidal Ideation

Row Name	10/17/23 1041
Thoughts of Harming Others	Denies
Harmful Actions Toward Others	None observed

I/O

Row Name	10/17/23 1523	10/17/23 1520	10/17/23 1442	10/17/23 1419	10/17/23 1216
Dose	—	—	*0 mL	—	*250 mL
Volume (mL)	—	—	250	—	—
Rate	—	—	0 mL/hr	—	1000 mL/hr
Dose	—	*0 mL	*250 mL	—	—
Volume (mL)	—	250	—	—	—
Rate	—	0 mL/hr	1000 mL/hr	—	—
Dose	*250 mL	—	—	—	—
Rate	1000 mL/hr	—	—	—	—
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				
Suction	—	—	—	Yes	—
Collection Container	—	—	—	Other (Comment)	—

LACE+ Score

Row Name	10/17/23 1731
LACE+ Score	17

Pain Assessment

Row Name	10/17/23 1214
Pain Assessment	No/denies pain
Pain Score	0
Restart Pain Assessment Timer	Yes

10/17/2023 - ED in UW Northwest Emergency (continued)

Flowsheets (continued)

Patient Education

Row Name	10/17/23 1647
Learners	Patient;Family
Readiness	Eager
Challenges impacting this teaching session	None
Response	Teach back - restates information independently
Topics Taught	Discharge Instructions;Follow-up Care;Medications

Suicide Risk Screening

Row Name	10/17/23 1042
Suicide assessment:	Start C-SSRS
1. Have you wished you were dead or wished you could go to sleep and not wake up?	No
2. Have you actually had any thoughts of killing yourself?	No
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?	No
C-SSRS (Short) Risk Calculation	No Identified Risk

Vital Signs

Row Name	10/17/23 1600	10/17/23 1040
Temp	36.7 °C	37.1 °C
Temp src	Temporal	Oral
Pulse	—	97
Heart Rate Source	—	Monitor
Resp	—	20
BP	—	**94/53** !
MAP (mmHg)	—	67
BP Site	—	Right Arm
Patient Position	—	Sitting
SpO2	—	100 %
Restart Vitals Timer	—	Yes
Oxygen Therapy	—	None (Room air)

10/17/2023 - ED in UW Northwest Emergency (continued)

Flowsheets (continued)

Vitals

Row Name	10/17/23 1600	10/17/23 1500	10/17/23 1439	10/17/23 1215
Pulse	70	**101** !	94	78
Heart Rate Source	Monitor	Monitor	Monitor	Monitor
Resp	17	17	16	16
BP	117/62	**110/59** !	**97/56** !	**86/48** !
MAP (mmHg)	76	72	69	61
BP Site	Right Arm	—	—	Right Arm
BP Method	Automatic	—	—	Automatic
Patient Position	Lying	—	—	Lying
Vital Sign Reason	Routine	—	Routine	Routine
SpO2	99 %	98 %	99 %	99 %
Oxygen Therapy	None (Room air)	—	None (Room air)	None (Room air)

Vitals Reassessment

Row Name	10/17/23 1600	10/17/23 1500	10/17/23 1439	10/17/23 1215
Restart Vitals Timer	Yes	Yes	Yes	Yes

Care Plan

Active

Problem: Patient/Family Stated Goals

Dates: Start: 10/17/23
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Shift

Dates: Start: 10/17/23
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Admission

Dates: Start: 10/17/23
Disciplines: Interdisciplinary

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

ED After Visit Summary (below)

UW Medicine

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 | 10/17/2023 | UW Northwest Emergency 206-364-0500

Instructions

Take antibiotics as prescribed. Stay well-hydrated. Follow-up with primary care for reevaluation. Follow-up promptly with wound care clinic, you may need more frequent wound care than your current regimen. Return for worsening symptoms.

Your medications have changed

START taking:

cephalexin (Keflex)

doxycycline hyclate

lactobacillus rhamnosus GG

Review your updated medication list below.

Read the attached information

1. Cellulitis, Discharge Instructions for (English)
2. Dehydration (Adult) (English)

Pick up these medications from any pharmacy with your printed prescription

cephalexin • doxycycline hyclate • lactobacillus rhamnosus GG

Schedule an appointment with William E Neighbor, MD as soon as possible for a visit

Specialty: Family Practice
Contact: 1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410
206-616-9358

What's Next

OCT 25 2023

Return Patient Appointment with William E Neighbor, MD
Wednesday October 25 9:40 AM
(Arrive by 9:25 AM)

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

Hall Health Same Day
4060 NE Stevens Way,
Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You were seen by Benjamin Stoner-Duncan, MD

Reason for Visit
Loss of Appetite

Diagnoses
- Dehydration
- Cellulitis of lower extremity, unspecified laterality

Lab Tests Completed
1st Extra Blue Top
1st Extra Gold Top
1st Extra Pearl Top
CBC with Diff
Comprehensive Metabolic Panel
Lab Add On Order
Magnesium
Phosphate

Imaging Tests
EKG 12-Lead

Medications Given
lactated ringers Stopped at 2:42 PM
lactated ringers Stopped at 3:20 PM
lactated ringers

Blood Pressure 117/62	Temperature (Oral) 98.8 °F
Pulse 70	Respiration 17
Oxygen Saturation 99%	

10/17/2023 - ED in UW Northwest Emergency (continued)

After Visit Summary (continued)

What's Next (continued)

OCT 25 2023 Clinical Support
Wednesday October 25 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your ED Test Results

Test results will appear in your MyChart account as soon as they are available. Your ED physician/provider should have reviewed available results with you during your ED visit. However, you may think of other questions after your visit; some results may be difficult to interpret or understand. **If you have concerns or questions about your results, please contact your primary care physician's office.** If you do not have a primary care physician you can call 206-520-7520 Monday through Friday between the hours of 8am-5pm.

You will also be able to review your medical record from the emergency department visit once it is finalized. If you have reviewed your medical record and believe there is an error you may complete a Request for Correction or Amendment of the Medical Record form and submit it via mail, fax, or e-mail to the locations listed below.

For:
Harborview Medical Center
UW Medical Center - Montlake
UW Medical Center - Northwest

Send Requests to:
Box 359738
925 9th Ave
Seattle, WA 98104

Phone: 206.744.9000
Fax: 206.744.9997
Email: uwmedroi@uw.edu

This information is also available at https://www.uwmedicine.org/patient-resources/access-medical-records-images

Your Medication List

TAKE these medications

START **cephalexin** 500 MG capsule Commonly known as: Keflex	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
START **doxycycline hyclate** 100 MG tablet	Take 1 tablet (100 mg) by mouth 2 times a day for 7 days.
START **lactobacillus rhamnosus GG** capsule	Take 1 capsule by mouth 2 times a day for 14 days.

ASK your doctor about these medications

ASK **acetaminophen** 500 MG tablet Commonly known as: Tylenol	
ASK **atorvastatin** 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
ASK **calcium carbonate** 500 MG chewable tablet Commonly known as: Tums	
ASK **cholecalciferol** 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	
ASK **losartan** 25 MG tablet Commonly known as: Cozaar	take 1/2 tablet by mouth once daily
ASK *** medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
ASK *** medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
ASK **MULTIPLE VITAMIN OR**	

10/17/2023 - ED in UW Northwest Emergency (continued)

After Visit Summary (continued)

Your Medication List (continued)

ASK your doctor about these medications (continued)

ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

MyChart
View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Attached Information — Cellulitis, Discharge Instructions for (English)

Discharge Instructions for Cellulitis

You have been diagnosed with cellulitis. This is an infection in the deepest layer of the skin and tissue beneath the skin. In some cases, the infection also affects the muscle. Cellulitis is caused by bacteria. The bacteria can enter the body through broken skin. This can happen with a cut, scratch, animal bite, or an insect bite that has been scratched. You may have been treated in the hospital with antibiotics and fluids. You will likely be given a prescription for antibiotics to take at home. This sheet will help you take care of yourself at home.

Home care

When you are home:

- Take the prescribed antibiotic medicine you are given as directed until it is gone. Take it even if you feel better. It treats the infection and stops it from returning. Not taking all the medicine can make future infections hard to treat.
- Keep the infected area clean.
- When possible, raise the infected area above the level of your heart. This helps keep swelling down.
- Talk with your healthcare provider if you are in pain. Ask what kind of over-the-counter medicine you can take for pain.
- Apply clean bandages as advised.
- Take your temperature once a day for a week.
- Wash your hands often to prevent spreading the infection.

In the future, wash your hands before and after you touch cuts, scratches, or bandages. This will help prevent infection.

When to call your healthcare provider

Call your healthcare provider right away if you have any of the following:

- Trouble or pain when moving the joints above or below the infected area
- Discharge or pus draining from the area
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Pain that gets worse in or around the infected
- Redness that gets worse in or around the infected area, particularly if the area of redness expands to a wider area
- Shaking chills
- Swelling of the infected area
- Vomiting

StayWell last reviewed this educational content on 11/1/2019

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Attached Information — Dehydration (Adult) (English)

Dehydration (Adult)

Dehydration occurs when your body loses too much fluid. This may be the result of prolonged vomiting or diarrhea, excessive sweating, or a high fever. It may also happen if you don't drink enough fluid when you're sick or out in the heat. Misuse of diuretics (water pills) can also be a cause.

Symptoms include thirst, decreased urine output, and darker colored urine. You may also feel dizzy, weak, fatigued, or very drowsy. The diet described below is usually enough to treat dehydration. In some cases, you may need medicine.

Home care

- Drink at least 12, 8-ounce glasses of fluid every day to resolve the dehydration. Fluid may include water; orange juice; lemonade; apple, grape, or cranberry juice; clear fruit drinks; electrolyte replacement and sports drinks; and teas and coffee without caffeine. Don't drink alcohol. If you have been diagnosed with a kidney disease, ask your doctor how much and what types of fluids you should drink to prevent dehydration. If you have kidney disease, fluid can build up in the body. This can be dangerous to your health.
- If you have a fever, muscle aches, or a headache as a result of a cold or flu, you may take acetaminophen or ibuprofen, unless another medicine was prescribed. If you have chronic liver or kidney disease, or have ever had a stomach ulcer or gastrointestinal bleeding, talk with your healthcare provider before using these medicines. Don't take aspirin if you are younger than 18 and have a fever. In children with fever, aspirin raises the chance for severe liver injury and death.

Follow-up care

Follow up with your healthcare provider, or as advised.

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Continued vomiting
- Frequent diarrhea (more than 5 times a day); blood (red or black color) or mucus in diarrhea
- Swollen abdomen or increasing abdominal pain
- Reduced urine output or extreme thirst
- Fever of 100.4°F (38°C) or higher

Call 911

Call 911 or get medical care right away if you have any of the following:

- Weakness, dizziness, or fainting
- Unusual drowsiness or confusion
- Blood in vomit or stool

StayWell last reviewed this educational content on 12/1/2019

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10/17/2023 - ED in UW Northwest Emergency (continued)

After Visit Summary (continued)

Suicide Prevention
If you or someone you know is thinking about harming themselves or attempting suicide, or if you feel unable to keep yourself safe, contact one of these resources:

· King County Crisis Connections 24-hour help line 1-866-427-4747 or go to www.crisisconnections.org

· National Suicide Prevention 24-hour help line #988 or go to suicidepreventionlifeline.org

For all medical or mental health emergencies, call 911, or go to the nearest emergency room for help.

Antibiotics & You
Antibiotics treat or prevent infections. If your provider prescribed this medicine for you, take it exactly as instructed. If you do not take it as prescribed, your infection can get worse or start to resist treatment. Please call your provider if you have problems taking your medicines, or if you have side effects.

10/17/2023 - ED in UW Northwest Emergency (continued)

Documents

UW Medicine IP Facility Directory Esign - Scan on 10/17/2023 1:05 PM (effective from 10/17/2023)

Scan (below)

Patient Information for Inclusion in the UW Medicine Patient Directory

Please Read this Statement Carefully

I understand that I have a choice as to whether or not to be included in the UW Medicine patient directory. My name and location will be included in the patient directory unless I would prefer not to receive phone calls or visitors. My decision is indicated by marking a box and signing this form.

☒ **YES, please include me in the Patient Directory.** The hospital has informed me that my name and location will be included in its hospital directory. This information will be made available to people who ask for me by name such as my relatives, friends and fellow employees.

- Harborview Medical Center
- University of Washington Medical Center – Northwest
- University of Washington Medical Center – Montlake / Fred Hutchinson Cancer Center
- Valley Medical Center

If I have provided my religious affiliation to UW Medicine in the past or if I provide my religious affiliation to UW Medicine now, I authorize its disclosure to clergy of my religious affiliation. Disclosure of my religious affiliation may result in a visit from a clergy member of my affiliation while I am being treated at UW Medicine.

If you have provided your religious affiliation to UW Medicine in the past and do not want a visit from a clergy member of your affiliation, please inform the registration staff.

☐ **NO, please do not include me in the Patient Directory.** I do not want my name or location included in the UW Medicine Patient Directory. **If this is my choice, I understand UW Medicine staff will not be able to confirm I am a patient or share my location with any family or friends. I also understand that by choosing not to be in the directory, UW Medicine will be unable to deliver items *(for example, flowers and gifts)* addressed to me.**

For Staff Use Only
☐ **ADMIN OPT-OUT:** Please provide reason for Administrative Opt-Out
☐ Crime Victim ☐ Employee ☐ Incarcerated Patient
☐ Involuntary Commitment ☐ Unable to Interview Patient ☐ Media Interest
Name of person requesting opt out *(if other than patient)*: _____

By signing below, it shows that you have read this document. If there is any part of this form that is unclear, be sure to ask questions about it.

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE
[signature]	Lori Hoffman Miller	10/17/23

IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

☐ 1. Court-appointed Guardian ☐ 2. Durable Healthcare Power of Attorney ☐ 3. Spouse/registered domestic partner ☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s) ☐ 7. Adult Grandchild(ren) ☐ 8. Adult Niece(s)/Nephew(s) ☐ 9. Adult Aunt(s)/Uncle(s) ☐ 10. Adult Friend with executed Declaration per RCW 7.70.065

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian ☐ 2. Court-authorized person for child in out-of-home placement ☐ 3. Parent(s) ☐ 4. Holder of signed authorization from parent(s) ☐ 5. Adult representing self to be a relative responsible for the minor's health

WITNESS SIGNATURE *(WITNESS OPTIONAL UNLESS TELEPHONE CONSENT)*	PRINT NAME	☐ TELEPHONE MONITORED CONSENT *(No patient signature)*

U8170135 BD:1/6/1925 98YF
HOFFMAN
JEANNE
LEONIE
UWMC NW EMERGENCY DEPART*
DOS:10/17/2023 STONER-DUNCAN, BENJAM
Enc:1906482963 RES:52896865

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
PT INFORMATION FOR UW MEDICINE PATIENT DIRECTORY
Page 1 of 1

U1868

WHITE – MEDICAL RECORD
CANARY – PATIENT

UH1868 REV SEP 22

10/17/2023 - ED in UW Northwest Emergency (continued)

Documents (continued)

After Visit Summary - Document on 10/17/2023 4:35 PM: ED After Visit Summary

Document (below)

UW Medicine

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/17/2023 UW Northwest Emergency 206-364-0500

Instructions

Take antibiotics as prescribed. Stay well-hydrated. Follow-up with primary care for reevaluation. Follow-up promptly with wound care clinic, you may need more frequent wound care than your current regimen. Return for worsening symptoms.

Your medications have changed

START taking:
cephalexin (Keflex)
doxycycline hyclate
lactobacillus rhamnosus GG

Review your updated medication list below.

Read the attached information

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2. Dehydration (Adult) (English)

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Specialty: Family Practice
Contact: 1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410
206-616-9358

What's Next

OCT 25 2023

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Wednesday October 25 9:40 AM
(Arrive by 9:25 AM)
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Seattle WA 98195-4410
206-685-1011

Today's Visit

You were seen by Benjamin Stoner-Duncan, MD

Reason for Visit
Loss of Appetite

Diagnoses
- Dehydration
- Cellulitis of lower extremity, unspecified laterality

Lab Tests Completed
1st Extra Blue Top
1st Extra Gold Top
1st Extra Pearl Top
CBC with Diff
Comprehensive Metabolic Panel
Lab Add On Order
Magnesium
Phosphate

Imaging Tests
EKG 12-Lead

Medications Given
lactated ringers Stopped at 2:42 PM
lactated ringers Stopped at 3:20 PM
lactated ringers

Blood Pressure 117/62	Temperature (Oral) 98.8 °F
Pulse 70	Respiration 17
Oxygen Saturation 99%	

Jeane L. Hoffman (MRN: U8170135) • Printed at 10/17/2023 4:35 PM

Page 1 of 7 Epic

10/17/2023 - ED in UW Northwest Emergency (continued)

Documents (continued)

What's Next (continued)

OCT 25 2023 Clinical Support
Wednesday October 25 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

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UW Medical Center - Montlake
UW Medical Center - Northwest

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Seattle, WA 98104

Phone: 206.744.9000
Fax: 206.744.9997
Email: uwmedroi@uw.edu

This information is also available at https://www.uwmedicine.org/patient-resources/access-medical-records-images

Your Medication List

TAKE these medications

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START **doxycycline hyclate** 100 MG tablet	Take 1 tablet (100 mg) by mouth 2 times a day for 7 days.
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ASK your doctor about these medications

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10/17/2023 - ED in UW Northwest Emergency (continued)

Documents (continued)

Your Medication List (continued)

ASK your doctor about these medications (continued)

ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
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Home care

When you are home:

- Take the prescribed antibiotic medicine you are given as directed until it is gone. Take it even if you feel better. It treats the infection and stops it from returning. Not taking all the medicine can make future infections hard to treat.
- Keep the infected area clean.
- When possible, raise the infected area above the level of your heart. This helps keep swelling down.
- Talk with your healthcare provider if you are in pain. Ask what kind of over-the-counter medicine you can take for pain.
- Apply clean bandages as advised.
- Take your temperature once a day for a week.
- Wash your hands often to prevent spreading the infection.

In the future, wash your hands before and after you touch cuts, scratches, or bandages. This will help prevent infection.

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Call your healthcare provider right away if you have any of the following:

- Trouble or pain when moving the joints above or below the infected area
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- Pain that gets worse in or around the infected
- Redness that gets worse in or around the infected area, particularly if the area of redness expands to a wider area
- Shaking chills
- Swelling of the infected area
- Vomiting

StayWell last reviewed this educational content on 11/1/2019

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Attached Information — Dehydration (Adult) (English)

Dehydration (Adult)

Dehydration occurs when your body loses too much fluid. This may be the result of prolonged vomiting or diarrhea, excessive sweating, or a high fever. It may also happen if you don't drink enough fluid when you're sick or out in the heat. Misuse of diuretics (water pills) can also be a cause.

Symptoms include thirst, decreased urine output, and darker colored urine. You may also feel dizzy, weak, fatigued, or very drowsy. The diet described below is usually enough to treat dehydration. In some cases, you may need medicine.

Home care

- Drink at least 12, 8-ounce glasses of fluid every day to resolve the dehydration. Fluid may include water; orange juice; lemonade; apple, grape, or cranberry juice; clear fruit drinks; electrolyte replacement and sports drinks; and teas and coffee without caffeine. Don't drink alcohol. If you have been diagnosed with a kidney disease, ask your doctor how much and what types of fluids you should drink to prevent dehydration. If you have kidney disease, fluid can build up in the body. This can be dangerous to your health.
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Follow-up care

Follow up with your healthcare provider, or as advised.

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Continued vomiting
- Frequent diarrhea (more than 5 times a day); blood (red or black color) or mucus in diarrhea
- Swollen abdomen or increasing abdominal pain
- Reduced urine output or extreme thirst
- Fever of 100.4°F (38°C) or higher

Call 911

Call 911 or get medical care right away if you have any of the following:

- Weakness, dizziness, or fainting
- Unusual drowsiness or confusion
- Blood in vomit or stool

StayWell last reviewed this educational content on 12/1/2019

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10/17/2023 - ED in UW Northwest Emergency (continued)

Documents (continued)

Suicide Prevention
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· National Suicide Prevention 24-hour help line #988 or go to suicidepreventionlifeline.org

For all medical or mental health emergencies, call 911, or go to the nearest emergency room for help.

Antibiotics & You
Antibiotics treat or prevent infections. If your provider prescribed this medicine for you, take it exactly as instructed. If you do not take it as prescribed, your infection can get worse or start to resist treatment. Please call your provider if you have problems taking your medicines, or if you have side effects.

10/16/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

10/16/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 9/19/2023
Start date: 9/19/2023
End date: 11/20/2023
Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

10/16/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Perez, Delmis Joel, RN at 10/16/2023 0940

Pt in clinic with son, Louis, for continued wound management. She presents with both legs wrapped with roll gauze and a thin paper pad. Both legs were wrapped with a wet towel slathered with Chlorhexidine soap.
Starting with the right leg, the lateral ankle wound has shrunk, 0.3 cm x 0. cm and has a thick scab which was debrided with the 4 mm curette. There are a few scattered cutaneous wounds on the shin. Two of the mid-shin cutaneous wounds were approximately 0.4 cm x 0.4 cm x 0.1 cm and were debrided with the 4 mm curette.
The left leg continues to have multiple wounds three, of which, have been previously detailed, and repeated below.

1. Left Medial Ankle: circular 3.0 cm x 2.0 cm x 0.2 cm with moist slough scattered throughout.
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 11 cm x 4.0 cm x 0.2-0.4 cm with moist slough scattered throughout.
3. Left Distal Lateral Shin: 4.0 cm x 3.0 cm x 0.1-0.3 cm with moist slough throughout.
4. Left Mid Shin: 3.0 cm x 2.0 cm x 0.2 cm irregular oval with moist slough throughout.
5. Left Mid Medial Shin: Resolved
6. Two mid shin small cutaneous: 0.5 cm x 0.5 cm x 0.1 cm and 0.8 cm x 0.5 cm x 0.1 cm, with moist eschar.

All LLE wounds were debrided with a 4 mm curette and gauze moistened with NS. The leg was a bit too moist today. Son advised to apply less Vaseline. Lidocaine 1% jelly was applied to wounds 3 & 4 as debriding them caused the pt much discomfort. TheraHoney Alginate was applied to the wounds above, covered with petrolatum gauze, adhered with small dabs of Vaseline, then wrapped with 6 inch roll gauze, and covered with Surgilast #5.5.

The right leg wounds had TheraHoney Alginate applied to each, covered with Telfa, wrapped with 4 inch roll gauze, and kept in place with Surgilast #5.5.

Appt scheduled in 1.5 weeks in conjunction with provider visit for further wound assessment and management.

Electronically signed by Perez, Delmis Joel, RN at 10/16/2023 12:16 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

10/16/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/16/2023 9:40 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P, RN on Monday October 16, 2023 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

OCT 25 2023 **Return Patient Appointment with William E Neighbor, MD**
Wednesday October 25 9:40 AM (Arrive by 9:25 AM)
Masks may be required - please check signage at your clinic when you check in.

Hall Health Same Day
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

OCT 25 2023 **Clinical Support**
Wednesday October 25 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

10/16/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of October 16, 2023 12:16 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	take 1/2 tablet by mouth once daily
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

10/16/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!

Scan this code or visit uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

10/16/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 10/16/2023 12:16 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/16/2023 9:40 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P, RN on Monday October 16, 2023 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

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Wednesday October 25 9:40 AM (Arrive by 9:25 AM)
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Jeane L. Hoffman (MRN: U8170135) • Printed by Delmis P at 10/16/2023 12:16 PM Page 1 of 3 Epic

10/16/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of October 16, 2023 12:16 PM

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10/16/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Thank you for your visit!

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Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

10/09/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Wound Check/Dressing Change
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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acetaminophen 500 MG Oral Tab

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Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

10/09/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 9/19/2023
Start date: 9/19/2023
End date: 11/20/2023
Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

10/09/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Perez, Delmis Joel, RN at 10/9/2023 0940

Pt in clinic with son, Louis, for continued wound management. She presents with both legs wrapped with roll gauze and a thin paper pad. NS was used to loosen where the roll gauze and paper pad were stuck to wounds on the Left Leg. The Right leg had no such issue. Both legs were wrapped with a wet towel slathered with Chlorhexidine soap. Starting with the right leg, the lateral ankle wound has shrunk, 0.5 cm x 0.5 cm and has a thick scab on it which did not respond to debriding with the 4 mm curette. There are a few scattered cutaneous wounds on the shin. The leg was very dry so Vaseline was applied throughout the lower extremity. Two of the mid-shin cutaneous wounds were approximately 0.7 cm x 0.7 cm x 0.2 cm and were debrided with the 4 mm curette.
The left leg continues to have multiple wounds three, of which, have been previously detailed, and repeated below.

1. Left Medial Ankle: circular 2.5 cm x 2.5 cm x 0.2 cm with moist slough scattered throughout.
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 11 cm x 3.5 cm x 0.2-0.4 cm with moist slough scattered throughout.
3. Left Distal Lateral Shin: 3.5 cm x 2.5 cm x 0.1 cm with moist slough throughout.
4. Left Mid Shin: 2.0 cm x 1.5 cm x 0.1 cm irregular oval with moist slough throughout.
5. Left Mid Medial Shin: 1.5 cm x 1.5 cm x 0.1 cm scabbed wound.
6. Two mid shin small cutaneous: 0.8 cm x 0.8 cm x 0.1 cm and 1.0 cm x 0.7 cm x 0.1 cm, with moist eschar.

All LLE wounds were debrided, including wound 5, with a 4 mm curette and gauze moistened with NS. This leg was also very dry prior to the towel and CHG being applied. The Left Distal Lateral Shin was very painful so the debriding with the curette was very light. TheraHoney Alginate was applied to the wounds above, covered with petrolatum gauze, adhered with Vaseline, then wrapped with 6 inch roll gauze, and covered with Surgilast #5.5.

The right leg wounds had TheraHoney Alginate applied to each, covered with Telfa, and kept in place with Surgilast #5.5.

Appt scheduled in 1 week for further wound management.

Electronically signed by Perez, Delmis Joel, RN at 10/9/2023 12:38 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

10/09/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/9/2023 9:40 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P, RN on Monday October 9, 2023 for: Wound Check/Dressing Change.

What's Next

OCT 16 2023 **Clinical Support**
Monday October 16 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

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10/09/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of October 9, 2023 12:38 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	take 1/2 tablet by mouth once daily
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

10/09/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

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Set Up Your Account:
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Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
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10/09/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 10/9/2023 12:38 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/9/2023 9:40 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P, RN on Monday October 9, 2023 for: Wound Check/Dressing Change.

What's Next

OCT 16 2023 **Clinical Support**
Monday October 16 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed by Delmis P at 10/9/2023 12:38 PM

Page 1 of 3 Epic

10/09/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of October 9, 2023 12:38 PM

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09/22/2023 - Documentation in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Other
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Santiago, Tiffany, CMA

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

09/22/2023 - Documentation in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 9/19/2023
Start date: 9/19/2023
End date: 11/20/2023
Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Smith, Tanya Tinette, MD
Ordered on: 9/20/2023
Start date: 9/20/2023
End date: 9/27/2023
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

09/22/2023 - Documentation in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Clinical Notes

Progress Notes

Santiago, Tiffany, CMA at 9/22/2023 1422

Faxed 9.16.2020 Chart Note to Sound Health Medical Supply per their fax request via Epic. In regards to the Quick Start Program form in media from 7.15.2020.

Electronically signed by Santiago, Tiffany, CMA at 9/22/2023 2:27 PM

09/22/2023 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RN60
Visit diagnosis: Cellulitis of left lower extremity

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Noeldner, Jessica P, RN	Smith, Tanya Tinette, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)

Medication List

Medication List

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Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup

09/22/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/10/2022
Start date: 10/10/2022 — End date: 6/12/2024
Action: Patient not taking — Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/13/2022
Start date: 12/13/2022 — End date: 1/3/2024
Quantity: 90 tablet — Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2023
Start date: 2/24/2023 — End date: 4/10/2024
Quantity: 10 mL — Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO — Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/24/2023
Start date: 8/24/2023 — End date: 11/28/2023
Quantity: 45 tablet — Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD — Ordered on: 9/19/2023
Start date: 9/19/2023 — End date: 11/20/2023
Quantity: 90 tablet — Refill: 1 refill by 9/18/2024

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Smith, Tanya Tinette, MD — Ordered on: 9/20/2023

09/22/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 9/20/2023
End date: 9/27/2023
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Noeldner, Jessica P, RN at 9/22/2023 1000

Pt in clinic for wound management of stasis ulcers at BLE. She is accompanied by her son, Louis. Pt continues to endorse spasm like pain of her left leg. Pt is coming in 2 days after starting antibiotics for LE cellulitis. No borders are seen as pt has soaked legs and these lines that were marked during last visit are now gone. RN asked provider to assess legs to confirm incremental improvement in cellulitis. Both son and Dr. Smith agree that there has been marked improvement in 2 days. 3 pictures taken and uploaded to MyChart Media today prior to debridement.

Upon removal of the dressings to both lower extremities, pt's LLE appears pinkish red from just distal to the tibial tuberosity to the proximal superior foot. There continue to be several The Right Frontal Ankle wound looks similar in size but with some new slough to base. Several cutaneous wounds pepper both LEs.

Her four main wounds are:
1. Left Medial Ankle: circular 3.0 cm x 2.5 cm x 0.2 cm with moist slough scattered throughout.
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 10.5 cm x 2.3 cm x 0.2-0.4 cm with moist slough scattered throughout.
3. Left Proximal Shin: 3.5 cm x 2.5 cm x 0.1 cm with moist slough throughout.
4. Right Frontal Lateral Ankle: 0.5 cm x 0.5 cm x 0.2 cm with moist slough in its middle.

The wounds were moistened with NS, CHG soap, and gauze and debrided using a 4 mm curette and moistened gauze taking about 45 minutes total. There was scant bleeding. The peri wound areas of each were cleansed gently with gauze and NS. TheraHoney alginate was placed inside each wound and covered with petrolatum gauze, Telfa, and Surgilast #4.

Pt to return in 2 weeks for further follow up as recommended by provider to regular primary care RN who does wound care Q2weeks. Only need provider visit if wound not progressing as expected. Discussed this with pt and son, who agree.

Electronically signed by Noeldner, Jessica P, RN at 9/22/2023 10:55 AM

After Visit Summary

09/22/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 9/22/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Jessica N, RN on Friday September 22, 2023. The following issue was addressed: Cellulitis of left lower extremity.

What's Next

OCT 9 2023 Clinical Support
Monday October 9 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
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09/22/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

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timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
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After Visit Summary (continued)

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09/22/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

Provider-Created Image - Scan on 9/22/2023 9:47 AM: After 2 days on abx

Scan (below)



09/22/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 9/22/2023 9:48 AM

Scan (below)



09/22/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 9/22/2023 9:49 AM: Right

Scan (below)



09/22/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 9/22/2023 10:55 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 9/22/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Jessica N, RN on Friday September 22, 2023. The following issue was addressed: Cellulitis of left lower extremity.

What's Next

OCT 9 2023 **Clinical Support**
Monday October 9 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

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Jeane L. Hoffman (MRN: U8170135) • Printed by Jessica N at 9/22/2023 10:55 AM Page 1 of 3 Epic

09/22/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of September 22, 2023 10:55 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cephalexin 500 MG capsule Commonly known as: Keflex	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	take 1/2 tablet by mouth once daily
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

09/22/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

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Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

09/20/2023 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnosis: Cellulitis of right leg

Visit Information

Provider Information

Encounter Provider

Smith, Tanya Tinette, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024

09/20/2023 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/13/2022
Start date: 12/13/2022 — End date: 1/3/2024
Quantity: 90 tablet — Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2023
Start date: 2/24/2023 — End date: 4/10/2024
Quantity: 10 mL — Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO — Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/24/2023
Start date: 8/24/2023 — End date: 11/28/2023
Quantity: 45 tablet — Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD — Ordered on: 9/19/2023
Start date: 9/19/2023 — End date: 11/20/2023
Quantity: 90 tablet — Refill: 1 refill by 9/18/2024

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Smith, Tanya Tinette, MD — Ordered on: 9/20/2023
Start date: 9/20/2023 — End date: 9/27/2023
Quantity: 28 capsule — Refill: No refills remaining

Stopped in Visit

None

09/20/2023 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Other Orders

Medications

cephalexin 500 MG capsule (Expired)

Electronically signed by: **Smith, Tanya Tinette, MD on 09/20/23 1057** Status: **Expired**
Ordering user: Smith, Tanya Tinette, MD 09/20/23 1057 Ordering provider: Smith, Tanya Tinette, MD
Authorized by: Smith, Tanya Tinette, MD Ordering mode: Standard
Frequency: Routine QID 09/20/23 - 7 days Class: Normal
Diagnoses
Cellulitis of right leg [L03.115]

Indications

Cellulitis of right leg [L03.115 (ICD-10-CM)]

09/20/2023 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wellness and Cellulitis
Visit diagnosis: Cellulitis of left lower extremity

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Smith, Tanya Tinette, MD	Smith, Tanya Tinette, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Medication List

Medication List

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Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024

09/20/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
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Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
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Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

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Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 9/19/2023
Start date: 9/19/2023
End date: 11/20/2023
Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Smith, Tanya Tinette, MD
Ordered on: 9/20/2023
Start date: 9/20/2023
End date: 9/27/2023
Quantity: 28 capsule
Refill: No refills remaining

09/20/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Stopped in Visit

None

Clinical Notes

Progress Notes

Smith, Tanya Tinette, MD at 9/20/2023 1040

Jeanne Leonie Hoffman a 98 year old female presents today for possible cellulitis.

Called by RN to evaluate patient. Patient has hx of bilateral stasis ulcers. In for wound care with nurse. Nurse noted increased redness around the wounds on the L leg that as not present at thir last dressing changes. Patinets son has also noticed this. He also reports that she has more than usual L leg tenderness and pain.
No fever or chills. No increased drainage from the wounds.

Chart reviewed, patient has a hx of HTN, Type 2 DM (last A1C 1 year ago 6.2).
I personally reviewed and confirmed the past medical history and social history in the record with the patient today.

Medication list reviewed.

Objective:
Patient without distress in wheelchair.
Please see more detailed note from RN for description of ulcerations.
On L leg there is erythema extending up and laterally from the wounds with warmth and tenderness. No fluctuance.
Erythema is marked today.
L foot is warm.

Assessment and Plan:

(L03.116) Cellulitis of left lower extremity (primary encounter diagnosis)
Plan: Cephelexin 500mg qid x 7 days (ordered in separate encounter). Follow up in 1 -2 days to recheck, sooner if worse.

Tanya Smith, MD
University of Washington
Hall Health Primary Care

Electronically signed by Smith, Tanya Tinette, MD at 9/20/2023 7:42 PM

09/20/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 9/20/2023 10:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from Tanya T Smith, MD

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

- cephalexin

Your estimated payment per fill: $0

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Today's Visit

You saw Tanya T Smith, MD on Wednesday September 20, 2023. The following issue was addressed: Cellulitis of left lower extremity.

What's Next

SEP 22 2023

Return Patient Appointment
Friday September 22 10:00 AM (Arrive by 9:45 AM)
Masks may be required - please check signage at your clinic when you check in.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

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Jeane L. Hoffman (MRN: U8170135) • Printed by Tanya S at 9/20/2023 7:42 PM

Page 1 of 3 Epic

09/20/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

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09/20/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

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Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
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09/20/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 9/20/2023 7:42 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 9/20/2023 10:40 AM Hall Health Primary Care Center 206-685-1011

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Today's Visit

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What's Next

SEP 22 2023

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Friday September 22 10:00 AM (Arrive by 9:45 AM)
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Seattle WA 98195-4410
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Jeane L. Hoffman (MRN: U8170135) • Printed by Tanya S at 9/20/2023 7:42 PM

Page 1 of 3 Epic

09/20/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of September 20, 2023 7:42 PM

ⓘ If you have any questions, ask your nurse or doctor.

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	calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
START	**cephalexin** 500 MG capsule Commonly known as: Keflex Started by: Tanya T Smith, MD	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
	cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
	losartan 25 MG tablet Commonly known as: Cozaar	take 1/2 tablet by mouth once daily
	* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
	* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
	MULTIPLE VITAMIN OR	Take by mouth.
	ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
	pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
	timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
	triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

09/20/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

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Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
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09/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: RNGREATERTHAN60 and Wound Check/Dressing Change
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

09/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 9/19/2023
Start date: 9/19/2023
End date: 11/20/2023
Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

cephalexin 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Smith, Tanya Tinette, MD
Ordered on: 9/20/2023
Start date: 9/20/2023
End date: 9/27/2023
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

09/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 9/20/2023 0940

Pt in clinic for wound management of stasis ulcers at BLE. She is accompanied by her son, Louis. Pt continues to endorse spasm like pain of her left leg. Son indicates he'd starting using hand sanitizer on both LEs which has helped the RLE improve significantly.

Upon removal of the dressings to both lower extremities, pt's LLE appears a deep red from just distal to the tibial tuberosity to the proximal superior foot. There continue to be several The Right Frontal Ankle wound has decreased in size. Several cutaneous wounds pepper both LEs.

Her four main wounds are:
1. Left Medial Ankle: circular 3.0 cm x 2.5 cm x 0.2 cm with moist eschar throughout.
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 10.5 cm x 2.3 cm x 0.2-0.4 cm with moist eschar throughout.
3. Left Proximal Shin: 3.5 cm x 2.5 cm x 0.1 cm with moist eschar throughout.
4. Right Frontal Lateral Ankle: 0.5 cm x 0.5 cm x 0.2 cm with moist eschar in its middle.

The wounds were moistened with NS, CHG soap, and gauze and debrided using a 4 mm curette and moistened gauze taking about 55 minutes total. There was scant bleeding. The peri wound areas of each were cleansed gently with gauze and NS. TheraHoney alginate was placed inside each wound and covered with petrolatum gauze (not on RLE wound), Telfa, and Surgilast #4.

HH provider assessed the leg for the possible cellulitis agreeing with the report and ordering an antibiotic. Pt to return in 2 days for further follow up.

Electronically signed by Perez, Delmis Joel, RN at 9/20/2023 11:41 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

09/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 9/20/2023 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from Delmis P, RN

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

- cephalexin

Your estimated payment per fill: $0

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Today's Visit

You saw Delmis P, RN on Wednesday September 20, 2023 for: RNGREATERTHAN60 and Wound Check/Dressing Change.

What's Next

SEP 22 2023

Return Patient Appointment

Friday September 22 10:00 AM (Arrive by 9:45 AM)

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

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

09/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of September 20, 2023 11:41 AM

ⓘ If you have any questions, ask your nurse or doctor.

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atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
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START **cephalexin** 500 MG capsule Commonly known as: Keflex Started by: Tanya T Smith, MD	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	take 1/2 tablet by mouth once daily
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
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pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
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Address	Phone	E-mail Address
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09/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

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09/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 9/20/2023 11:41 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 9/20/2023 9:40 AM Hall Health Primary Care Center 206-685-1011

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Jeane L. Hoffman (MRN: U8170135) • Printed by Delmis P at 9/20/2023 11:41 AM

Page 1 of 3 Epic

09/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of September 20, 2023 11:41 AM

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09/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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09/19/2023 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- History of recurrent deep vein thrombosis (DVT)

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

09/19/2023 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/20/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 9/19/2023
Start date: 9/19/2023
End date: 11/20/2023
Quantity: 90 tablet
Refill: 1 refill by 9/18/2024

Stopped in Visit

None

Other Orders

Medications

pentoxifylline ER 400 MG ER tablet (Discontinued)

Electronically signed by: **Kauffman, Mary Johanna Kelly, MD on 09/19/23 1742**
Status: **Discontinued**
Ordering user: Kauffman, Mary Johanna Kelly, MD 09/19/23 1742
Ordering provider: Kauffman, Mary Johanna Kelly, MD
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordering mode: Standard

09/19/2023 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Frequency: 09/19/23 - 11/20/23
Class: Normal
Released by: Kauffman, Mary Johanna Kelly, MD 09/19/23 1742
Discontinued by: Neighbor Jr., William E, MD 11/20/23 1905
Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]
Reordered from: pentoxifylline ER 400 MG ER tablet

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
09/19/23 1742	Kauffman, Mary Johanna Kelly, MD	Kauffman, Mary Johanna Kelly, MD	Kauffman, Mary Johanna Kelly, MD
09/19/23 0947	Neighbor Jr., William E, MD	Neighbor Jr., William E, MD	Uw Surescripts Incoming, User

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

09/06/2023 - Clinical Support Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaints: Immunization or Injection, Wound Care, and RN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Noeldner, Jessica P, RN	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

09/06/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

Stopped in Visit

09/06/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

None

Clinical Notes

Progress Notes

Brighton, Marcelle, RN at 9/6/2023 1000

Immunization Documentation

98 year old - Is this patient eligible for VFC or Adult supply vaccine? **Adult**

Interpreter: No

Has patient ever fainted after receiving vaccine/blood draw? : No [If YES, pt should be lying down to receive vaccine]

Vaccine Screening Questions

1	Are you allergic to Latex?	NO
2	Have you had a serious reaction or an allergic reaction to a vaccine?	NO
3	Do you currently have a moderate or severe illness, including fever?	NO
4	Are you pregnant or planning to become pregnant?	NO (Note: If YES: HPV and Heplisav are contraindicated in pregnancy. Consult with provider prior to giving PPSV23/PCV15/PCV20, HepA, Hib, MenACWY or MenB)
5	Have you ever had a seizure or any neurological problem associated with a vaccine? *(DTaP/TDaP/DTP pertinent)*	NO
6	Is patient receiving any **LIVE** vaccinations today? *(Varicella-Chickenpox, MMR-Measles/Mumps/Rubella, Zoster-Shingles, Flumist, Yellow Fever)* *NOTE: oral rotavirus is exempt*	No [determine need for TB screening if getting live virus vaccine] **NOTE:** • If **YES** to any of the questions above – Do **NOT** give vaccine. Consult with RN or provider in clinic. (#5 can be YES if all Live vaccine questions are answered NO) 1. • If **NO** to all questions above - Patient may receive vaccine. 2.

09/06/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

7	Do you need to receive the Flu vaccine today?	YES - Additional Flu Questions **Flu Vaccine Screening Questions:** Ever had Guillain-Barre syndrome associated with a vaccine? NO Less than 6 months old? NO If **YES** to any of the *Flu* questions above - NO Flu Vaccine to be given. Patient may consult provider as needed. If **NO** to all questions above - Patient may receive Flu Shot (IM) Is the patient requesting Flumist? NO If between 6 months and 8 years of age, was flu vaccine received last year? N/A If **NO** to above question: • Children who are receiving influenza vaccine for the first time - administer 2 doses of the current influenza vaccine (separated by at least 4 weeks). [provide egg-free vaccine to anyone with anaphylactic reaction to eggs]

Imms administered today: **Influenza (high dose)**

All patients are encouraged to wait 15 minutes before leaving after receiving any vaccine.

VIS given 9/6/2023 by Marcelle Brighton, RN

Was Jeanne Leonie Hoffman alert, oriented, and without adverse reaction after the vaccine was given Yes

Marcelle Brighton, RN

Electronically signed by Brighton, Marcelle, RN at 9/6/2023 1:29 PM

Noeldner, Jessica P, RN at 9/6/2023 1000

Pt in clinic for wound management of stasis ulcers at BLE. She is accompanied by her son and caregiver, Louis. Pt continues to endorse spasm like pain of her left leg. Briefly had cramping after wound care was complete when lowering leg to chair.

dressings to both lower extremities was removed and slough notably covering most all wound bed areas, intact skin shiny and dry with some scaly pealing skin. All areas were cleansed with washcloths moistened with warm tap water and chlorhexidine soap. Wounds wrapped in wet washcloths and allowed to soak and soften for 15 minutes.

09/06/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

Her four deeper wounds are:

3. Left Medial Ankle: circular 3.5 cm x 3.0 cm x 0.2 cm with moist slough throughout.
4. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, almost blending together, but measured separately: 10.5 cm x 2.5 cm 0.3 cm and 7.5 cm x 3 cm x 0.2-0.4 cm with moist slough scattered throughout, and edges thickened with calloused skin, respectively.
5. Left Proximal Shin w/ two distinct circular areas: 2.5 cm x 2 cm x 0.1 cm and 1 cm x 2 cm x 0.1 cm with moist slough throughout.
6. Right Frontal Lateral Ankle: 1 cm x 1 cm x 0.2 cm with moist slough in center.
7. Right shin: 1 cm x 1 cm x 0.1 cm with moist slough in center.

The wounds were moistened with NS, CHG soap, and gauze and debrided using a 4 mm curette and moistened gauze taking about 60 minutes total. There was scant bleeding. The peri wound areas of each were cleansed gently with gauze and NS. TheraHoney alginate was placed inside each wound and covered with petrolatum gauze, wrapped in tube gauze and mesh sleeve secured with coban at top and replaced pt's socks/shoes over. Pt to return in 2 weeks for further wound care.

Jessica Noeldner MN, RN

Electronically signed by Noeldner, Jessica P, RN at 9/6/2023 1:29 PM

Brighton, Marcelle, RN at 9/6/2023 1000

During visit pt mentions discomfort on lower back that started recently. She feels her back is "crooked". Hurts to sit and has to sleep on side. She mentions 2 "bumps". Son hasn't looked at area yet as she doesn't often agree to shower or bathe.

Checked area minimally while sitting in wheelchair. No evidence of skin breakdown but there were 1-2 prominent bony protrusions seen, one on lower R back and possible second lump on lower left back. Son will investigate tonight and will send pictures to determine need for separate appointment with provider.

Marcy Brighton, RN/BSN

Electronically signed by Brighton, Marcelle, RN at 9/6/2023 1:29 PM

Medication Administrations

influenza quadrivalent high-dose vaccine (Fluzone High-Dose) injection 0.7 mL [267376750]

Ordering Provider: Terry, Anne Catherine, ARNP
Ordered On: 09/06/23 0949
Ordered Dose (Remaining/Total): 0.7 mL (0/1)
Frequency: Once
Admin Instructions: Refrigerate.

Status: Completed (Past End Date/Time)
Starts/Ends: 09/06/23 1020 - 09/06/23 1111
Route: Intramuscular
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information

09/06/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Medication Administrations (continued)

Performed 09/06/23 1111 Documented: 09/06/23 1111	Given	0.7 mL	Intramuscular Right Deltoid	Performed by: Brighton, Marcelle, RN

zoster recombinant vaccine (Shingrix) injection 0.5 mL [267376751]

Ordering Provider: Terry, Anne Catherine, ARNP
Ordered On: 09/06/23 0949
Ordered Dose (Remaining/Total): 0.5 mL (1/1)
Frequency: Once
Admin Instructions: REFRIGERATE. Do NOT Freeze. Protect from light. Reconstituted vaccine must be refrigerated.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 09/06/23 1020 - 09/06/23 1056
Route: Intramuscular
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 09/06/23 1020 Documented: 09/06/23 1056	Unchart	—	—	Performed by: Brighton, Marcelle, RN Comments: Automatically canceled at discontinue of medication order

Immunizations Given

Immunization	Date
Influenza quadrivalent high-dose (Fluzone High-Dose)	09/06/2023

Other Orders

Medications

influenza quadrivalent high-dose vaccine (Fluzone High-Dose) injection 0.7 mL (Completed)

Electronically signed by: **Brighton, Marcelle, RN on 09/06/23 0949**
Status: **Completed**
Ordering user: Brighton, Marcelle, RN 09/06/23 0949
Ordering provider: Terry, Anne Catherine, ARNP
Authorized by: Terry, Anne Catherine, ARNP
Ordering mode: Standard
Frequency: Routine Once 09/06/23 1020 - 1 occurrence
Class: Normal
Admin instructions: Refrigerate.

zoster recombinant vaccine (Shingrix) injection 0.5 mL (Discontinued)

Electronically signed by: **Brighton, Marcelle, RN on 09/06/23 0949**
Status: **Discontinued**
Ordering user: Brighton, Marcelle, RN 09/06/23 0949
Ordering provider: Terry, Anne Catherine, ARNP
Authorized by: Terry, Anne Catherine, ARNP
Ordering mode: Standard
Cosigning events
1. Electronically cosigned by Terry, Anne Catherine, ARNP 09/06/23 1057 for Ordering
2. Electronically cosigned by Terry, Anne Catherine, ARNP 09/06/23 1057 for Discontinuing
Frequency: Routine Once 09/06/23 1020 - 1 occurrence
Class: Normal
Discontinued by: Brighton, Marcelle, RN 09/06/23 1056
Admin instructions: REFRIGERATE. Do NOT Freeze. Protect from light. Reconstituted vaccine must be refrigerated.

Flowsheets

Custom Formula Data

Row Name	09/06/23 0944
Temp (in Celsius) for APACHE IV	36.8

Vital Data

Row Name	09/06/23 0944

09/06/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Flowsheets (continued)

BP	**153/72** !
BP Cuff Size	Small
BP Site	Left Arm
BP Position	Sitting
Temp	36.8 °C
Temp src	Temporal
Pulse	**55** !
Pulse Regularity	Regular
Resp	16
SpO2	100 %

Vitals Reassessment

Row Name	09/06/23 0944
Restart Vitals Timer	Yes

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

09/06/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 | 9/6/2023 10:00 AM | Hall Health Same Day 206-685-1011

What's Next

SEP 20 2023 — Clinical Support
Wednesday September 20 9:40 AM
(Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

Today's Visit

You saw Jessica N, RN on Wednesday September 6, 2023 for: Immunization or Injection; Wound Care; and RN60.

Blood Pressure 153/72	Temperature (Temporal) 98.2 °F
Pulse 55	Respiration 16
Oxygen Saturation 100%	

Immunizations Given
Influenza quadrivalent high-dose

Medications Given
influenza quadrivalent high-dose vaccine (Fluzone High-Dose) Last given at 11:11 AM

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

09/06/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Your Medication List as of September 6, 2023 1:29 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	take 1/2 tablet by mouth once daily
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

09/06/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!

Scan this code or visit uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

09/06/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents

After Visit Summary - Document on 9/6/2023 1:29 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 — 9/6/2023 10:00 AM — Hall Health Same Day 206-685-1011

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Blood Pressure	153/72
Temperature (Temporal)	98.2 °F
Pulse	55
Respiration	16
Oxygen Saturation	100%

Immunizations Given
Influenza quadrivalent high-dose

Medications Given
influenza quadrivalent high-dose vaccine (Fluzone High-Dose) Last given at 11:11 AM

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Jeane L. Hoffman (MRN: U8170135) • Printed by Jessica N at 9/6/2023 1:29 PM — Page 1 of 3 Epic

09/06/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Your Medication List as of September 6, 2023 1:29 PM

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09/06/2023 - Clinical Support Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

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MyChart

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uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

08/24/2023 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Essential hypertension, benign

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

08/24/2023 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

losartan 25 MG tablet

Discontinued by: Rosse, Christopher John, DO
Discontinued on: 11/28/2023
Instructions: take 1/2 tablet by mouth once daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/24/2023
Start date: 8/24/2023
End date: 11/28/2023
Quantity: 45 tablet
Refill: 3 refills by 8/23/2024

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen R, CMA at 8/24/2023 0959

1-Name of Requested Medication: losartan 25 mg
2-Date of Last Refill: 12/01/22

08/24/2023 - Refill in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

3-Date of Last Office Visit: 05/24/23
4-Next Office Visit (scheduled or Expected): none
Notes:

Electronically signed by Willis, Stephen R, CMA at 8/24/2023 10:00 AM

Other Orders

Medications

losartan 25 MG tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 08/24/23 1131** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 08/24/23 1131
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 08/24/23 - 11/28/23
Class: Normal
Released by: Neighbor Jr., William E, MD 08/24/23 1131
Discontinued by: Rosse, Christopher John, DO 11/28/23 1310
Diagnoses
Essential hypertension, benign [I10]
Admin instructions: take 1/2 tablet by mouth once daily
Reordered from: losartan 25 MG tablet

Indications

Essential hypertension, benign [I10 (ICD-10-CM)]

08/23/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

08/23/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

08/23/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Perez, Delmis Joel, RN at 8/23/2023 0920

Pt in clinic for wound management of stasis ulcers at BLE. She is accompanied by her son, Louis. Pt continues to endorse spasm like pain of her left leg.

Upon removal of the dressings to both lower extremities, there's a new proximal left calf wound and the 2 left lateral ankle and superior foot wounds have coalesced into one long wound. These were cleansed with washcloths moistened with warm tap water and chlorhexidine soap. None were bandaged further.

Her four deeper wounds are:
1. Left Medial Ankle: circular 2.5 cm x 1.7 cm x 0.2 cm with moist eschar throughout.
2. Left Proximal Lateral Ankle and Superior Lateral Foot: irregular and long, 12 cm x 3 cm x 0.2-0.4 cm with moist eschar throughout.
3. Left Proximal Shin: 3.5 cm x 3 cm x 0.1 cm with moist eschar throughout.
4. Right Frontal Lateral Ankle: 1.2 cm x 1.2 cm x 0.2 cm with moist eschar in its middle.

The wounds were moistened with NS, CHG soap, and gauze and debrided using a 4 mm curette and moistened gauze taking about 45 minutes total. There was scant bleeding. The peri wound areas of each were cleansed gently with gauze and NS. TheraHoney alginate was placed inside each wound and covered with petrolatum gauze (not on RLE wound), Telfa, and Surgilast #4. Pt to return in 2 weeks for further wound care.

Electronically signed by Perez, Delmis Joel, RN at 8/23/2023 10:49 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/23/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 8/23/2023 9:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P, RN on Wednesday August 23, 2023 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

SEP 6 2023 **Clinical Support**
Wednesday September 6 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

08/23/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of August 23, 2023 10:49 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

08/23/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!

Scan this code or visit uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

08/23/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 8/23/2023 10:49 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 8/23/2023 9:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P, RN on Wednesday August 23, 2023 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

SEP 6 2023 **Clinical Support**
Wednesday September 6 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

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08/23/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of August 23, 2023 10:49 AM

ⓘ If you have any questions, ask your nurse or doctor.

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losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
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triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

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Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

08/23/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

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If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

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Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

08/02/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

08/02/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

08/02/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Perez, Delmis Joel, RN at 8/2/2023 0940

Pt in clinic for wound management of stasis ulcers now at BLEs. She is accompanied by her son, Louis. Pt continues to endorse spasm like pain of her left leg.

Upon removal of the dressings to both lower extremities, there continues to be various scrapes or pulled skin but fewer than last week which are not described below. These were cleansed with washcloths moistened with warm tap water and chlorhexidine soap. None were bandaged further.

Her four deeper wounds are:

1. Left Medial Ankle: circular 3.0 cm x 2.0 cm x 0.2 cm with moist eschar throughout.
2. Left Proximal Lateral Ankle: irregular oval in a 8-3 o'clock orientation above the ankle, 4.0 cm x 1.8 cm x 0.2-0.4 cm with moist eschar throughout.
3. Left Superior Lateral Foot: 6.8 cm x 2 cm x 0.2-0.4 cm, irregularly shaped, moist eschar throughout, with thick scarring at the distal inferior edge, moderate maceration throughout the perimeter, and an approximately 2 cm area of necrotic tissue at the wound's frontal aspect.
4. Right Frontal Lateral Ankle: 1.0 cm x 1.0 cm x 0.2 cm with moist eschar in its middle.

The wounds were moistened with NS and gauze and debrided using a 4 mm curette and moistened gauze taking about 45 minutes total. There was scant bleeding. The peri wound areas of each were cleansed gently with gauze and NS. TheraHoney alginate was placed inside each wound and covered with petrolatum guaze, petrolatum jelly, and Telfa (not used on the RLE wound. Kerlix was used to cover both lower extremities and 3 inch ace wraps to hold the dressings in place. Pt to return in 3 weeks for further wound care.

Electronically signed by Perez, Delmis Joel, RN at 8/2/2023 11:32 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/02/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 8/2/2023 9:40 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P, RN on Wednesday August 2, 2023 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

AUG 23 2023 **Clinical Support**
Wednesday August 23 9:20 AM (Arrive by 9:05 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

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08/02/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of August 2, 2023 11:32 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

08/02/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

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08/02/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 8/2/2023 11:32 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

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Jeane L. Hoffman (MRN: U8170135) • Printed by Delmis P at 8/2/2023 11:32 AM

Page 1 of 3 Epic

08/02/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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07/26/2023 - Health Maintenance Letter

Letters

Reminder by Uw Mychart, Patient User on 7/26/2023

Status: Sent
Letter body:

Dear Jeane Hoffman,

Thank you for choosing UW Medicine! Your Primary Care Provider, William E Neighbor, MD, would like for you to schedule your Annual Wellness Visit; a no-cost preventative care benefit offered by Medicare. Your healthcare team believes this opportunity extends your options for maintaining and maximizing good health.

What is the Annual Wellness Visit?

This visit consists of a health risk assessment - a provider consultation where you discuss your health needs and risks with the provider. You can also help create a personalized preventative care plan to keep you healthy. We will review your list of medications and compile a list of your current healthcare providers. Other services may be combined with this visit; however, there may be additional charges.

William E Neighbor, MD would like for you to have this visit done in-person or via Telemedicine if you prefer. You can schedule the first visit with your PCP and subsequently with a Care Manager on their team as agreed with the PCP.

To schedule your Annual Wellness Visit, please click here.

If you've already had your Annual Wellness Visit completed or if you are receiving routine medical care elsewhere, please contact the clinic at 206-685-1011 or click here to send us a message so that we can update our records.

We appreciate the trust you put in us to take care of your healthcare needs.

Sincerely,

Your Clinical Care Team
UW Medicine Primary Care
Phone: 206-685-1011

07/19/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Perez, Delmis Joel, RN	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/10/2022
Start date: 10/10/2022 — End date: 6/12/2024

07/19/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

Stopped in Visit

None

07/19/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 7/19/2023 1000

Pt in clinic for wound management of stasis ulcers now at BLEs. She is accompanied by her son, Louis. Pt endorses picking off a long piece of skin from distal wound 3.

Upon removal of the dressings to both lower extremities, along with the wounds of the 6/20/2023 visit, there are various scrapes or pulled skin around all of the wounds. These were all cleansed with washcloths moistened with warm tap water and chlorhexidine soap. None were bandaged further. Her four wounds are:

1. Left Medial Ankle: circular 2.7 cm x 2.2 cm x 0.2 cm with moist eschar throughout.
2. Left Proximal Lateral Ankle: irregular oval in a 8-3 o'clock orientation above the ankle, 4.2 cm x 1.8 cm x 0.2-0.4 cm with moist eschar throughout.
3. Left Superior Lateral Foot: 6.8 cm x 2 cm x 0.2-0.4 cm, irregularly shaped, moist eschar throughout, with thick scarring at the distal inferior edge, moderate maceration throughout the perimeter, and an approximately 2 cm area of necrotic tissue at the wound's frontal aspect.
4. Right Frontal Lateral Ankle: 1.0 cm x 1.0 cm x 0.2 cm with moist eschar in its middle.

The skin over the Left Shin had multiple peripheral shallow wounds which were not addressed today. Directed the son not to let the skin become too moist.

The wounds were moistened with NS and gauze and debrided using a 4 mm curette and moistened gauze taking about 45 minutes total. There was scant bleeding. The peri wound areas of each were cleansed gently with gauze and NS. TheraHoney sheet was placed over each wound and covered with petrolatum, petrolatum gauze, and Telfa (not used on the RLE wound. Kerlix was used to cover both lower extremities and a surgical sleeve was placed over the LLE. Pt to return in 2 week for further wound care.

Electronically signed by Perez, Delmis Joel, RN at 7/19/2023 12:04 PM

After Visit Summary

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After Visit Summary (below)

07/19/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
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AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 7/19/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

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After Visit Summary (continued)

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Documents

After Visit Summary - Document on 7/20/2023 3:48 PM: After Visit Summary

Document (below)

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*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

07/19/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

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Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

07/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change, RNGREATERTHAN60, Wound Care, and Chronic Wound
Visit diagnosis: Lower extremity ulceration, left, limited to breakdown of skin

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Perez, Delmis Joel, RN	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup

07/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/10/2022
Start date: 10/10/2022 — End date: 6/12/2024
Action: Patient not taking — Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/1/2022
Start date: 12/1/2022 — End date: 8/24/2023
Quantity: 45 tablet — Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/13/2022
Start date: 12/13/2022 — End date: 1/3/2024
Quantity: 90 tablet — Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD — Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/23/2023
Start date: 1/23/2023 — End date: 9/19/2023
Quantity: 90 tablet — Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2023
Start date: 2/24/2023 — End date: 4/10/2024
Quantity: 10 mL — Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

Stopped in Visit

None

07/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 7/5/2023 0940

Pt in clinic for wound management of stasis ulcers now at BLEs. She is accompanied by her son, Louis. Both pt and son endorse and complain about various aspects of home wound care including daily dressing changes, cleansing the areas with washcloths, leaving the wounds open to the air for periods of time (30 minutes/day recommended), scratching at the wounds, pulling off skin tags, increasing protein intake, putting cotton socks on after the dressing has been removed which dry to the wounds, etc. These are common reports from each. Encouraged son not to push too hard and pt to verbalize more when she's reached her limit, as in, "Thank you for pushing me to do things. I'm at my limit for now."

Pt endorses the right leg nerve and muscle spasms being severe enough that she takes up to 5 Acetaminophen 500 mg tablets over a short period to control the pain. She reports taking one, then another, and so on up to 5, until the spasms stop. It was explained that it takes up to 40 minutes to feel relief from the first tablet and taking 5 Acetaminophen 500 mg tablets in, essentially, one dosing is unsafe. Will alert her PCP of this. These spasms have occurred occasionally during the dressing changes, including today, and usually resolve within 10-15 seconds.

Upon removal of the dressings to both lower extremities, along with the wounds of the 6/20/2023 visit, there are various scrapes or pulled skin around all of the wounds. These were all cleansed with washcloths moistened with warm tap water and chlorhexidine soap. None were bandaged further. Her four wounds are:

1. Left Medial Ankle: circular 3.0 cm x 2.5 cm x 0.2 cm with moist eschar throughout and a small area of necrotic maceration in the 5 o'clock area.
2. Left Proximal Lateral Ankle: irregular oval in a 8-3 o'clock orientation above the ankle, 4.5 cm x 2 cm x 0.2-0.4 cm with moist eschar throughout. Mildly macerated through 80% of perimeter.
3. Left Superior Lateral Foot: 7.0 cm x 2 cm x 0.2-0.4 cm, 1 cm narrowing at the 2.5-3 cm, irregularly shaped, moist eschar throughout, with thick scarring at the distal inferior edge, moderate maceration throughout the perimeter, and an approximately 2 cm area of necrotic tissue at the wound's frontal aspect.
4. Right Frontal Lateral Ankle: 1.0 cm x 0.8 cm x 0.2 cm with moist eschar in its middle.

The wounds were moistened with NS and gauze and debrided using a 4 mm curette and moistened gauze taking about 45 minutes total. There was scant bleeding. The peri wound areas of each were cleansed gently with gauze and NS. TheraHoney sheet was placed over each wound and covered with petrolatum gauze and petrolatum. Kerlix was used to cover the site and petrolatum applied over the wound areas. A surgical sleeve was placed over the entire dressing. Pt to return in 2 week for further wound care.

Electronically signed by Perez, Delmis Joel, RN at 7/5/2023 12:04 PM

Neighbor Jr., William E, MD at 7/5/2023 0940

Patient was briefly seen during the nurse visit. Because of the persistence of the left lateral ankle ulceration we will obtain x-ray imaging to assure absence of bone involvement.

William E Neighbor, MD

07/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Electronically signed by Neighbor Jr., William E, MD at 7/5/2023 12:52 PM

Imaging

Imaging

XR Ankle 3+ View Left (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 07/05/23 1251** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 07/05/23 1251 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 07/05/23 - Class: Clinic Performed
Quantity: 1
Diagnoses
Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	persistent lateral ankle ulceration rule out bone involvement.
Does the patient require sedation or anesthesia?	None
Release Result to Patient	Immediate

Indications

Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921 (ICD-10-CM)]

XR Ankle 3+ View Left Resulted: 11/15/23 1043, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/15/23 0941 Order status: Completed
Resulted by: Richardson, Michael Lewellyn, MD Filed by: Interface, Radiology Results In 11/15/23 1046
Performed: 11/15/23 0942 - 11/15/23 1002 Accession number: 40259263
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR ANKLE 3+ VW LEFT

CLINICAL INDICATION:
persistent lateral ankle ulceration rule out bone involvement.

COMPARISON: 4/25/17

FINDINGS:

Small vessel calcification raises the question of diabetes mellitus vs chronic renal disease.

Dystrophic calcifications again noted in the achilles tendon and plantar fascia.

Prominent osteoarthritis again noted in the talonavicular joint.

No specific radiographic evidence of osteomyelitis.

Acknowledged by
Neighbor Jr., William E, MD on 11/15/23 1337
Perez, Delmis Joel, RN on 11/15/23 1439
Kerby, Kalena L, CMA on 11/16/23 1337

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

07/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Imaging (continued)

20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921 (ICD-10-CM)]

Signed

Electronically signed by Richardson, Michael Lewellyn, MD on 11/15/23 at 1043 PST

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

07/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 7/5/2023 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from Delmis P, RN

Imaging ordered today
XR Ankle 3+ View Left
Please complete by or around 7/5/2023

Today's Visit

You saw Delmis P, RN on Wednesday July 5, 2023. The following issue was addressed: Lower extremity ulceration, left, limited to breakdown of skin.

What's Next

JUL 19 2023 **Clinical Support**
Wednesday July 19 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

07/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of July 5, 2023 12:52 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
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losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
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MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

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07/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

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Messages

Ankle x-ray

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	7/5/2023 12:52 PM
Last Read in MyChart		

07/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Messages (continued)

12/12/2023 7:18 PM by Hoffman, Jeanne Leonie

I have ordered the x-ray of your left ankle to be done in the next 2 weeks.

William E Neighbor, MD

07/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 7/5/2023 12:52 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

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Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 7/5/2023 12:52 PM Page 1 of 3 Epic

07/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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07/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

06/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Care and RN60
Visit diagnosis: Encounter for wound care

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Brighton, Marcelle, RN	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup

06/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/10/2022
Start date: 10/10/2022 — End date: 6/12/2024
Action: Patient not taking — Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/1/2022
Start date: 12/1/2022 — End date: 8/24/2023
Quantity: 45 tablet — Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/13/2022
Start date: 12/13/2022 — End date: 1/3/2024
Quantity: 90 tablet — Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD — Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/23/2023
Start date: 1/23/2023 — End date: 9/19/2023
Quantity: 90 tablet — Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2023
Start date: 2/24/2023 — End date: 4/10/2024
Quantity: 10 mL — Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

Stopped in Visit

None

06/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Clinical Notes

Progress Notes

Brighton, Marcelle, RN at 6/20/2023 1020

Pt in clinic for bimonthly wound management of stasis ulcers of her Left Lower Extremity (LLE) and Right lower extremity (RLE). Pt has 3 main LLE wounds and one new small superficial wound forming on back of LLE . She also reports new wound forming on R medial malleolus. Overall pt doing well though complains on ongoing R knee pain that bothers her more than her stasis ulcers.

1. Medial ankle: circular 3.5 cm x 2.5 cm x 0.1 cm with smooth edges and minimal amounts of slough noted along perimeter of wound bed.

2. Proximal lateral ankle: irregular oval in a 8-3 o'clock orientation above the ankle, 5 cm x 2.5 cm x 0.1 cm - 0.2 cm smoothed edge above the 3 o'clock zone. Scant slough along wound bed perimeter.

3. Superior lateral foot: 7.5 cm x 2 cm x 0.2 cm.

4. L inferior calf superficial wound, 2.0 cm.

No signs of infection present. Pt tolerated wound care well.

The wounds were moistened with NS and gauze and debrided using a 4 mm curette and moistened gauze taking about 45 minutes total. There was scant bleeding. The peri wound areas of each were cleansed gently with gauze and NS. TheraHoney sheet was placed over each wound and covered with petrolatum. Kerlix was used to cover the site and petrolatum applied over the wound areas. A surgical sleeve was placed over the entire dressing. Pt to return in 2 week for further wound care.

Marcy Brighton, RN/BSN

Electronically signed by Brighton, Marcelle, RN at 6/20/2023 11:46 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

06/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 6/20/2023 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Marcelle B, RN on Tuesday June 20, 2023. The following issue was addressed: Encounter for wound care.

What's Next

JUL 5 2023 **Clinical Support**
Wednesday July 5 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

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06/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of June 20, 2023 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

06/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

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How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
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Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
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06/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 6/26/2023 6:29 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 6/20/2023 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

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Seattle WA 98195-4410
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06/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of June 20, 2023 11:59 PM

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06/20/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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Need access to a family member?
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How do I get billing and insurance info?
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05/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RN45
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

05/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

05/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Perez, Delmis Joel, RN at 5/24/2023 1020

Pt in clinic for biweekly wound management of stasis ulcers of her Left Lower Extremity (LLE), of which she now has the 3 main ones and a new one above the proximal lateral ankle.

1. Medial ankle: circular 2.8 cm x 2.5 cm x 0.2 cm with moist eschar throughout, the 4-6 o'clock area has smoothed out and no longer has a rim.
2. Proximal lateral ankle: irregular oval in a 8-3 o'clock orientation above the ankle, 5 cm x 2 cm x 0.2-0.4 cm with moist eschar throughout, smoothed edge above the 3 o'clock zone.
3. Superior lateral foot: 7.5 cm x 2 cm x 0.2-0.4 cm, 1 cm narrowing at the 2.5-3 cm, irregularly shaped, moist eschar throughout, with thick scarring at the distal inferior edge. The edges are smoothening in various superior areas toward the front of the wound.
4. Mid Lateral Calf 4 cm superior to the proximal lateral ankle wound, 1 cm x 0.8 cm x 0.3 cm, with moist eschar in the middle.

The wounds were moistened with NS and gauze and debrided using a 4 mm curette and moistened gauze taking about 45 minutes total. There was scant bleeding. The peri wound areas of each were cleansed gently with gauze and NS. TheraHoney sheet was placed over each wound and covered with petrolatum. Kerlix was used to cover the site and petrolatum applied over the wound areas. A surgical sleeve was placed over the entire dressing. Pt to return in 2 week for further wound care.

Electronically signed by Perez, Delmis Joel, RN at 5/24/2023 11:26 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

05/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 5/24/2023 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P, RN on Wednesday May 24, 2023 for: Wound Check/Dressing Change and RN45.

What's Next

JUN 20 2023

Return Patient Appointment with William E Neighbor, MD
Tuesday June 20 9:40 AM (Arrive by 9:25 AM)

Masks will continue to be required for all patients, visitors and staff in patient areas to protect the health and safety of our patients, who are often at a higher-risk for infection and more likely to experience adverse health effects due to COVID-19, RSV, influenza and other respiratory viruses.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

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05/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of May 24, 2023 11:26 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
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05/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

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05/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 5/24/2023 11:26 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 5/24/2023 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

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Masks will continue to be required for all patients, visitors and staff in patient areas to protect the health and safety of our patients, who are often at a higher-risk for infection and more likely to experience adverse health effects due to COVID-19, RSV, influenza and other respiratory viruses.

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Jeane L. Hoffman (MRN: U8170135) • Printed by Delmis P at 5/24/2023 11:26 AM Page 1 of 3 Epic

05/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of May 24, 2023 11:26 AM

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* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

05/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

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MyChart

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Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
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05/24/2023 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Lower extremity ulceration, left, limited to breakdown of skin (primary)
- Essential hypertension, benign

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.

05/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 10/10/2022
Action: Patient not taking
Refill: 1 refill by 10/10/2023
Ordered on: 10/10/2022
End date: 6/12/2024
Quantity: 5 mL

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Start date: 12/1/2022
Quantity: 45 tablet
Discontinued on: 8/24/2023
Ordered on: 12/1/2022
End date: 8/24/2023
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Start date: 12/13/2022
Quantity: 90 tablet
Discontinued on: 1/3/2024
Ordered on: 12/13/2022
End date: 1/3/2024
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Start date: 1/23/2023
Quantity: 90 tablet
Discontinued on: 9/19/2023
Ordered on: 1/23/2023
End date: 9/19/2023
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Start date: 2/9/2023
Quantity: 88 mL
Discontinued on: 3/8/2025
Ordered on: 2/9/2023
End date: 3/8/2025
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Start date: 2/24/2023
Quantity: 10 mL
Discontinued on: 4/10/2024
Ordered on: 2/24/2023
End date: 4/10/2024
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Start date: 4/5/2023
Action: Patient not taking
Refill: 1 refill by 4/4/2024
Discontinued on: 6/12/2024
Ordered on: 4/5/2023
End date: 6/12/2024
Quantity: 28.4 g

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Start date: 4/26/2023
Quantity: 44 mL
Discontinued on: 3/8/2025
Ordered on: 4/26/2023
End date: 3/8/2025
Refill: 4 refills by 4/25/2024

Stopped in Visit

None

05/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 5/24/2023 0940

Jeanne Leonie Hoffman is a 98 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  BP and wound check

Visit type (in person vs telemedicine vs phone): In person

History:

Jeanne is brought in by her son Louis today as usual. Louis reports that they have been changing dressings as directed and have sufficient dressing supplies. His impression is that there has been improvement in the ulcerations. Jean has her hearing aids in place today. She reports that last night she had quite a bit of discomfort in the leg which resolved today. She is not certain what caused this. This has not been a recurring pattern in the last couple of weeks. There is been no fever chills or night sweats.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006

LS spine. Bilateral talonavicular arthritis since 1994.

05/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 5/24/23 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print		

05/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

	Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		
• losartan 25 MG tablet	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• MULTIPLE VITAMIN OR	Take by mouth.		
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day	10 mL	6
• triamcinolone 0.1 % cream	Apply topically 2 times a day. Apply to both forearms.	28.4 g	1
• Wound Dressings (medihoney) topical gel	Apply topically every other day. Apply to wound before applying dressing	44 mL	3
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6

Social history:

Social History

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

Spring 2018
Homeless living with son in tent on Bainbridge
Pastor Dave O'Connell 314.853.2695
APS Levonne Gibson 360.473.2167
NW Justice Project Samantha Adams 206.707.0838

05/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

History
Sexual Activity

- Sexual activity: Not Currently

Objective:
BP (!) 145/81 | Pulse 60
Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 145/81	60	---	---	---	9:49 AM	5/24/2023

Last blood pressure recorded in this encounter: **(!) 145/81**
General: No acute distress
Skin: Examination as documented in nursing note

Lab and other tests: None

Assessment and Plan:
1. Lower extremity ulceration, left, limited to breakdown of skin
Improvement in lower extremity ulcerations as documented in nurse note. No evidence of intercurrent infection.

Plan
Continue home dressings
Recheck in 2 weeks

2. Essential hypertension, benign
Compliant with losartan. Blood pressure reasonably controlled today and improved since last visit

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 5/24/2023 5:10 PM

Flowsheets

Vital Data

Row Name	05/24/23 0949
BP	**145/81** !
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	60

05/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Flowsheets (continued)

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 5/24/2023 9:40 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday May 24, 2023. The following issues were addressed: Lower extremity ulceration, left, limited to breakdown of skin and Essential hypertension, benign.

Blood Pressure	Pulse
145/81	60

What's Next

JUN 20 2023 — **Return Patient Appointment with William E Neighbor, MD**
Tuesday June 20 9:40 AM (Arrive by 9:25 AM)
Masks will continue to be required for all patients, visitors and staff in patient areas to protect the health and safety of our patients, who are often at a higher-risk for infection and more likely to experience adverse health effects due to COVID-19, RSV, influenza and other respiratory viruses.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

JUN 20 2023 — **Clinical Support**
Tuesday June 20 10:20 AM (Arrive by 10:05 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 5/24/2023 5:10 PM

Page 1 of 3 Epic

05/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of May 24, 2023 5:10 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
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05/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

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How do I get billing and insurance info?
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05/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 5/24/2023 5:10 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

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Pulse 60

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Seattle WA 98195-4410
206-685-1011

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Tuesday June 20 10:20 AM (Arrive by 10:05 AM)

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05/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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05/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

05/15/2023 - Office Visit in UW Medicine Montlake Audiology

Reason for Visit

Chief complaint: Hearing Problem
Visit diagnosis: Profound hearing loss of both ears

Visit Information

Provider Information

Encounter Provider	Authorizing Provider	Referring Provider
Harvey, Anne Elizabeth, AUD	Harvey, Anne Elizabeth, AUD	Anderson, Susan J, AUD

Department

Name	Address	Phone	Fax
UW Medicine Montlake Audiology	1959 NE Pacific Street, Box 356161 Seattle WA 98195	206-598-4022	206-598-6611

Level of Service

Level of Service
PROCEDURE VISIT ONLY NO LOS

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024

05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

Medication List (continued)

Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

Stopped in Visit

None

05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

Medication List (continued)

Clinical Notes

Progress Notes

Harvey, Anne Elizabeth, AUD at 5/15/2023 0900

UW Medicine
Montlake Campus
Department of Audiology
1959 NE Pacific St.
Seattle, WA 98195

Adult Follow-Up Audiological Evaluation

NAME: Jeanne Leonie Hoffman
DOB: 1/6/1925
MRN: U8170135

Primary Physician: Neighbor Jr., William E, MD
Date of Service: 5/15/2023
Name of Provider: Anne Elizabeth Harvey, AUD

HISTORY:
Jeanne Leonie Hoffman, a 98 year old female, was seen on 5/15/2023 for an updated audiological evaluation, and was accompanied to this appointment by her son. Today she reported that her hearing aids have begun malfunctioning, but that she unfortunately forgot to bring them to this visit for inspection. Additional history is as follows:

- **Previous hearing evaluation:** Yes; most recently on 06/05/2019 at the UW Speech and Hearing Clinic demonstrating a severe to profound possibly mixed (note masking dilemmas) hearing loss from 250-8000Hz in the left ear, and a profound possibly mixed (note masking dilemmas) hearing loss from 250-8000Hz in the right ear.
- **Communication impact:** Yes; unable to communicate without hearing aids
- **Ear infections/drainage:** No
- **Ear fullness/pressure:** No
- **Ear pain:** No
- **Ear surgery:** No
- **Dizziness or vertigo:** Yes; fainting spells with back injury
- **Tinnitus:** No
- **Noise exposure:** Unknown
- **Hearing aid/cochlear implant use:** Yes; fit with left Phonak Naida S IX SP hearing aid in August 2016, and a right Phonak Ambra BTE SP in June 2019 through the UW Speech and Hearing Clinic's HAAP program
- **Family history of hearing loss:** Unknown

Patient Active Problem List
Diagnosis
- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)

- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes

RESULTS:

Otoscopic Evaluation:

Right Ear: Clear EAC, visualized TM
Left Ear: Non-occluding cerumen, visualized TM

Audiologic Evaluation: All thresholds tested down to -10 dBHL when applicable. Audiogram scanned under Media tab in Epic:

Right Ear: Severe to profound possibly mixed hearing loss from 125-8000Hz (note masking dilemmas)
Left Ear: Severe to profound possibly mixed hearing loss from 125-8000Hz (note masking dilemmas)

Results were obtained today using: insert earphones and TDH headphones

Speech Reception Threshold (SRT):

Right Ear: 95 dBHL
Left Ear: 85 dBHL

Word Recognition Score (WRS): 50-word lists used

Right Ear: 76% at 115 dBHL, indicating fair word recognition scores
Left Ear: 68% at 110 dBHL (limits of transducer on this side), indicating fair word recognition scores

Tympanometry:

Right ear: Type A tympanogram showing normal tympanic membrane mobility, normal middle ear pressure, and normal ear canal volume.

Left ear: Type C tympanogram showing normal tympanic membrane mobility, significant negative tympanometric peak pressure (-240 daPa), and normal ear canal volume.

IMPRESSIONS:

Jeanne Leonie Hoffman was seen on 5/15/2023 for an updated audiological evaluation. Results today showed a severe to profound possibly mixed hearing loss from 125-8000Hz (note masking dilemmas) bilaterally, right ear slightly worse than left across most frequencies. Speech thresholds were in agreement with pure tone thresholds, suggesting good reliability of results. In comparison with previous testing in June 2019, audiometric thresholds were stable (within 10dB) bilaterally with the exception of a 15dB decrease in hearing sensitivity at 8000Hz for the left ear. A significant improvement in word recognition scores was also observed bilaterally (44% to 68% for the left ear, and 52% to 76% for the right ear).

RECOMMENDATIONS:

1. Consider ENT consultation for negative tympanometric peak pressure in the left ear and possible mixed components to hearing loss bilaterally.

05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

Clinical Notes (continued)

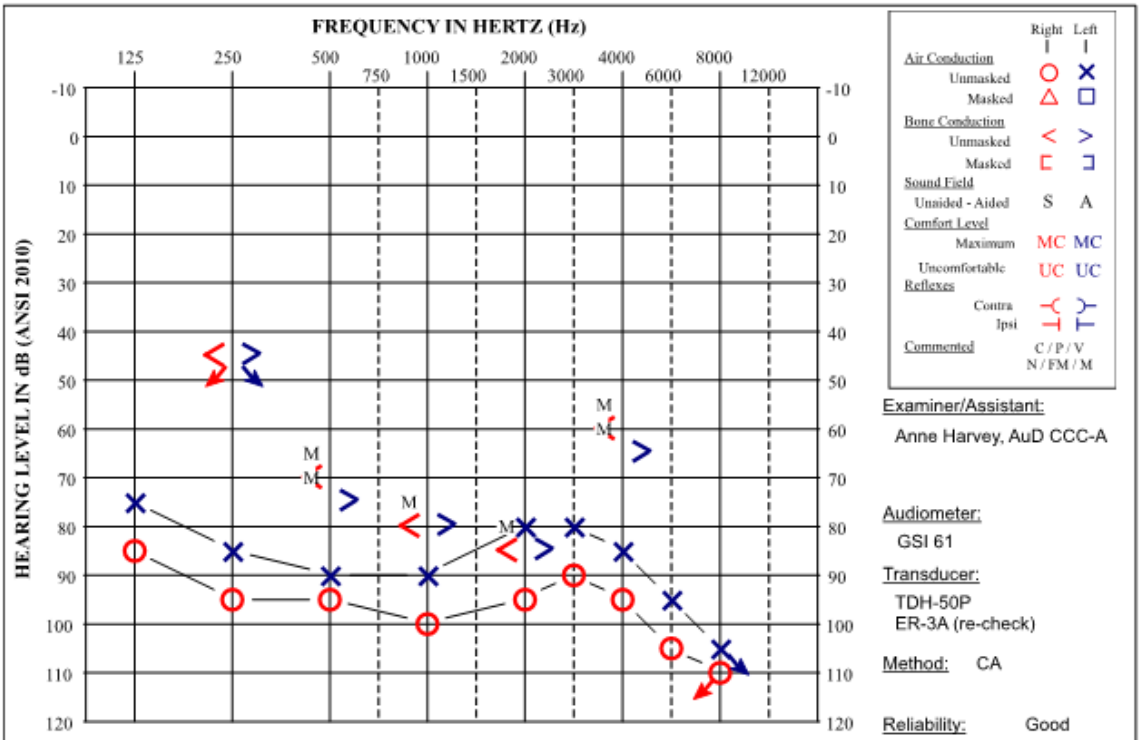
2. Troubleshooting of current hearing aid function and/or consider consultation for updated hearing aid technology. Jeanne has a hearing aid benefit through HearUSA, and was provided with the contact information for two clinics in the Seattle area.
3. Continue with full-time, consistent use of amplification during waking hours.
4. Audiologic re-evaluation in approximately 1 year, or sooner in conjunction with otologic management/as medically indicated.
5. Continue under the care of patient's care team.

Today's results and treatment plan were discussed with the patient with regard to their specific complaints. The patient was given the opportunity to ask questions and was answered appropriately.

Anne Harvey, AuD, CCC-A
Clinical Audiologist

05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

Clinical Notes (continued)



Examiner/Assistant:
Anne Harvey, AuD CCC-A

Audiometer:
GSI 61

Transducer:
TDH-50P
ER-3A (re-check)

Method: CA

Reliability: Good

MONAURAL			SOUNDFIELD	
RIGHT	LEFT		UNAIDED	AIDED
Pure Tone Average (PTA)	[See key below]			
Air 95 dBHL [4b]	Air 84 dBHL [4b]			
Speech Reception Threshold (dBHL)			SndFld UNAIDED	SndFld AIDED, BILAT
Air * 95 dB	Air 85 dB		SndFld AIDED, RIGHT	SndFld AIDED, LEFT
Word Recognition (dBHL)		SndFld, UNAIDED	SndFld AIDED, RIGHT	SndFld AIDED, LEFT
* 76% at 115 dB	* 68% at 110 dB			

Patient seen for updated audio-only appointment. See Epic for full report.

PTA codes: 2a-500/1000, 2b-500/2000, 2c-1000/2000, 3a-500/1000/2000 4a-500/1000/2000/3000. *- masked values

EXAMINER SIGNATURE

Date 05/15/2023

Patient Identifier U-8-17-01-35
NAME Hoffman, Jeanne
D.O.B. 01/06/1925

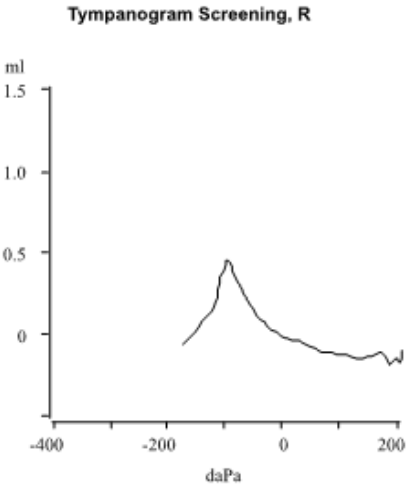
UNIVERSITY OF WASHINGTON MEDICAL CENTER

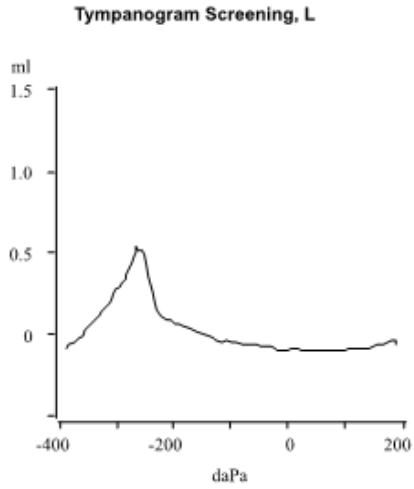
PAGE: 1 OF 1

AUDIOLOGIC EVALUATION

05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

Clinical Notes (continued)





Tympanometry

	Right	Left
Probe Tone (Hz)	226	226
Ear Canal Volume	1.70	1.80
Peak Admittance (mL)	0.50	0.60
Peak pressure (daPa)	-70	-240
Curve Type	A	C

Reflex Decay		
Stim	500	1000
Right		
Left		

REFLEX THRESHOLD

Probe R	Probe L	500 Hz	1000 Hz	2000 Hz	4000 Hz
LC	RC	CONTRA			
RI	LI	IPSI			

Abs- Absent CNT- Could Not Test UdB- Undefined level

Notes

Right Ear: WNL
Left Ear: negative pressure

EXAMINER SIGNATURE

DATE 05/15/2023

Patient Identifier **U-8-17-01-35**

NAME **Hoffman, Jeanne**

D.O.B. **01/06/1925**

UNIVERSITY OF WASHINGTON MEDICAL CENTER

PAGE: 1 OF 1

U1053

MIDDLE EAR EVAL BY TYMPANOMETRY

05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

Clinical Notes (continued)

2023/03/29 10:05:20 4 /5

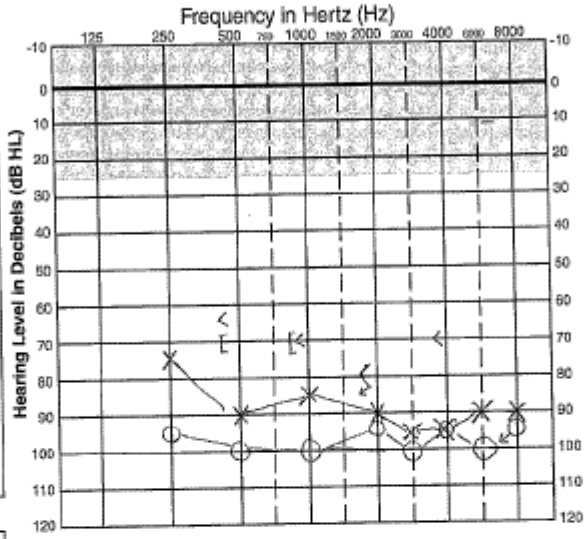
UNIVERSITY OF WASHINGTON
Department of Speech and Hearing Sciences
Speech and Hearing Clinic

RECORD OF AUDIOMETRIC EVALUATION

Name HOFFMAN, JEAN
DOB 01/06/1925 Date 11/5/19

CALIBRATION
Current ANSI reference levels for pure tones and speech 1/29/2019

ABBREVIATIONS
AC: Air conduction
BC: Bone conduction
CNE: Could not establish
DNT: Did not test
HL: Hearing Level
MCL: Most comfortable level
MLV: Monitored live voice
NBN: Narrow band noise
NR: No response
SPL: Sound Pressure level
SPN: Speech noise
TD: Threshold of discomfort
WN: White noise
WNL: Within normal limits



AUDIOGRAM KEY
Right Left
AC unmasked
AC masked
BC mastoid unmasked
BC mastoid masked
BC forehead masked
BC forehead unmasked
Sound field
Aided
Example of no response symbols

AUDIOMETER
No: 331926
Make: Madsen
Model: Astera

TRANSDUCER
ER-3

RESPONSE RELIABILITY
Good Fair Poor

PT STIMULUS
Steady Pulsed FM

Effective Masking Levels to non-test ear

		250 Hz	500 Hz	1K Hz	2K Hz	4K Hz	8K Hz
AC	L						
	R						
BC	L		105	110			
	R						

SPEECH AUDIOMETRY

	PTA	SRT	Speech discrimination				MCL	UCL	
Right	HL 98	HL 100	52 %	HL 110	%	HL		>110	W-22 PB-50
Masking in left			— dB	Lvl 1	dB	Lvl			PBK NU-6
Left	HL 88	HL 85	44 %	HL 110	%	HL		>110	WIPI Other:
Masking in right			— dB	Lvl 2	dB	Lvl			Tape CD MLV
Soundfield	HL	HL	%	HL	%	HL			

ACOUSTIC REFLEX

PROBE	STIM	Frequency 5	1	2	Decay
Right	IPSI				
	Contra				
Left	IPSI				
	Contra				

DNT

IMMITTANCE

V-226 Hz	Right	Left
Press (dB Pa)		
Vol (cc)		
Admit (ml)		

DNT

COMMENTS
Oto: clear canals AU

audio: severe - profound to profound SNHL (Au)

Are 10dB ↓ (R) compared to 4-26-18 results.
Plan: ① Re-fit (R) c̄ replace BTE (Ambra SP)
② Rev hearing every 1-2 yrs to monitor
③ annual HA check back

S. DAVIS B.S. [signature] Audiologist

PAGE 4/5 * RCVD AT 3/29/2023 10:05:21 AM [Pacific Daylight Time] * SVR:ITS-RF-DT-P1/15 * DNIS:0461 * CSID:University of Washin * ANI:2062218163 * DURATION (mm-ss):04-48

Electronically signed by Harvey, Anne Elizabeth, AUD at 5/16/2023 3:22 PM

Patient Instructions

05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

Patient Instructions (continued)

HearUSA Locations in Seattle area

HearUSA Seattle
418 1st Avenue West
Seattle, WA 98119
(206) 325-0645

HearUSA Bellevue
208 Bellevue Way NE
Bellevue, WA 98004
(425) 455-5596

Electronically signed by Harvey, Anne Elizabeth, AUD at 5/15/2023 9:49 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

After Visit Summary (continued)

UW Medicine
UNIVERSITY OF WASHINGTON MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 5/15/2023 9:00 AM UW Medicine Montlake Audiology 206-598-4022

Instructions from Anne E Harvey, AUD

HearUSA Locations in Seattle area

HearUSA Seattle
418 1st Avenue West
Seattle, WA 98119
(206) 325-0645

HearUSA Bellevue
208 Bellevue Way NE
Bellevue, WA 98004
(425) 455-5596

Today's Visit

You saw Anne E Harvey, AUD on Monday May 15, 2023.

What's Next

MAY 24 2023 — Return Patient Appointment with William E Neighbor, MD
Wednesday May 24 9:40 AM (Arrive by 9:25 AM)
Masks will continue to be required for all patients, visitors and staff in patient areas to protect the health and safety of our patients, who are often at a higher-risk for infection and more likely to experience adverse health effects due to COVID-19, RSV, influenza and other respiratory viruses.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MAY 24 2023 — Clinical Support
Wednesday May 24 10:20 AM (Arrive by 10:05 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

After Visit Summary (continued)

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

After Visit Summary (continued)

Your Medication List as of May 15, 2023 9:49 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!

Scan this code or visit uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

Documents

After Visit Summary - Document on 5/15/2023 9:49 AM: After Visit Summary

Document (below)

UW Medicine
UNIVERSITY OF WASHINGTON MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 5/15/2023 9:00 AM UW Medicine Montlake Audiology 206-598-4022

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Seattle WA 98195-4410
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05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

Documents (continued)

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05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

Documents (continued)

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05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

Documents (continued)

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How do I get billing and insurance info?
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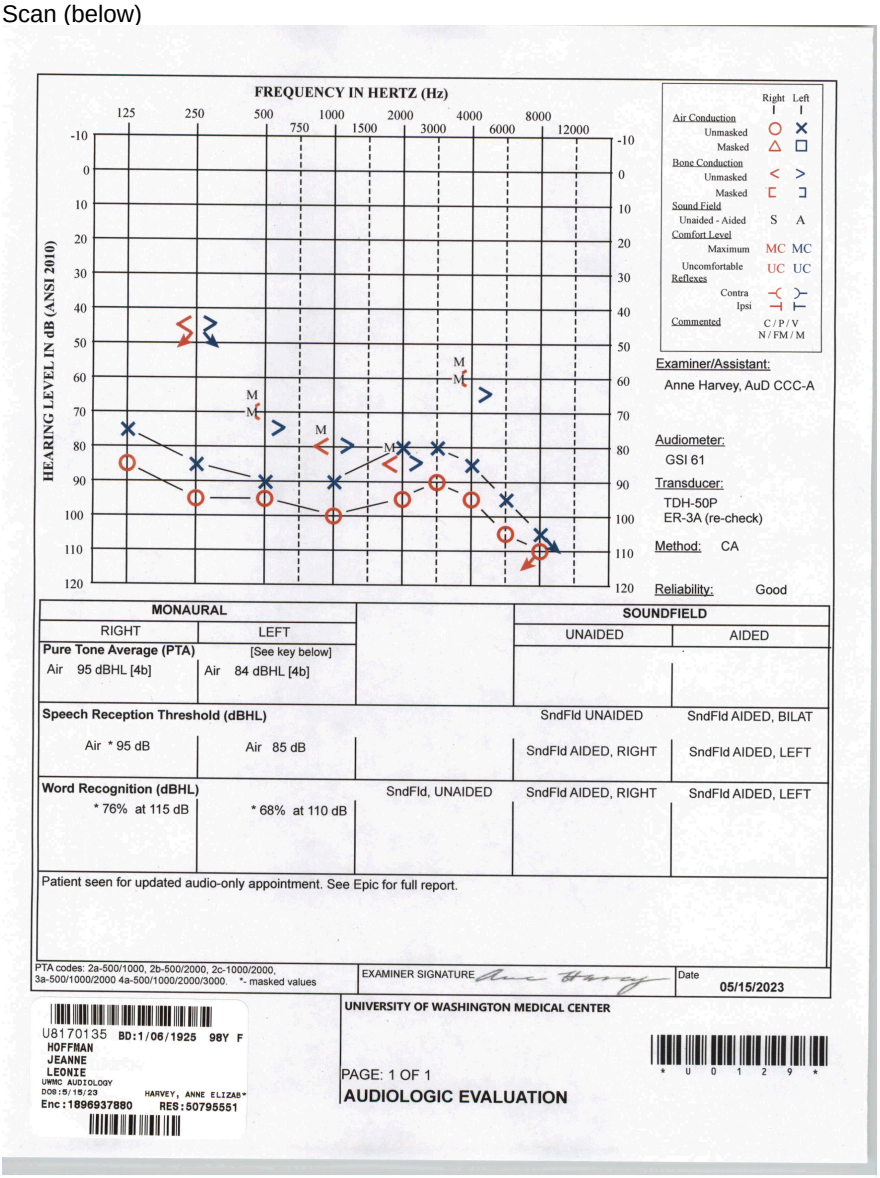
05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

Documents (continued)

Audiology - Scan on 5/17/2023 10:47 AM: U0129 ; AUDIOLOGIC EVALUATION

Scan (below)



FREQUENCY IN HERTZ (Hz)

125 250 500 750 1000 1500 2000 3000 4000 6000 8000 12000

HEARING LEVEL IN dB (ANSI 2010)

-10 0 10 20 30 40 50 60 70 80 90 100 110 120

Right Left
Air Conduction
Unmasked
Masked
Bone Conduction
Unmasked
Masked
Sound Field
Unaided - Aided S A
Comfort Level
Maximum MC MC
Uncomfortable UC UC
Reflexes
Contra
Ipsi
Commented C / P / V N / FM / M

Examiner/Assistant:
Anne Harvey, AuD CCC-A

Audiometer:
GSI 61

Transducer:
TDH-50P
ER-3A (re-check)

Method: CA

Reliability: Good

MONAURAL			SOUNDFIELD	
RIGHT	LEFT		UNAIDED	AIDED
Pure Tone Average (PTA) [See key below]				
Air 95 dBHL [4b]	Air 84 dBHL [4b]			
Speech Reception Threshold (dBHL)			SndFld UNAIDED	SndFld AIDED, BILAT
Air * 95 dB	Air 85 dB		SndFld AIDED, RIGHT	SndFld AIDED, LEFT
Word Recognition (dBHL)		SndFld, UNAIDED	SndFld AIDED, RIGHT	SndFld AIDED, LEFT
* 76% at 115 dB	* 68% at 110 dB			

Patient seen for updated audio-only appointment. See Epic for full report.

PTA codes: 2a-500/1000, 2b-500/2000, 2c-1000/2000, 3a-500/1000/2000 4a-500/1000/2000/3000. *- masked values

EXAMINER SIGNATURE Anne Harvey Date 05/15/2023

U8170135 BD:1/06/1925 98Y F
HOFFMAN
JEANNE
LEONIE
UWMC AUDIOLOGY
DOS:5/15/23 HARVEY, ANNE ELIZAB*
Enc:1896937880 RES:50795551

UNIVERSITY OF WASHINGTON MEDICAL CENTER

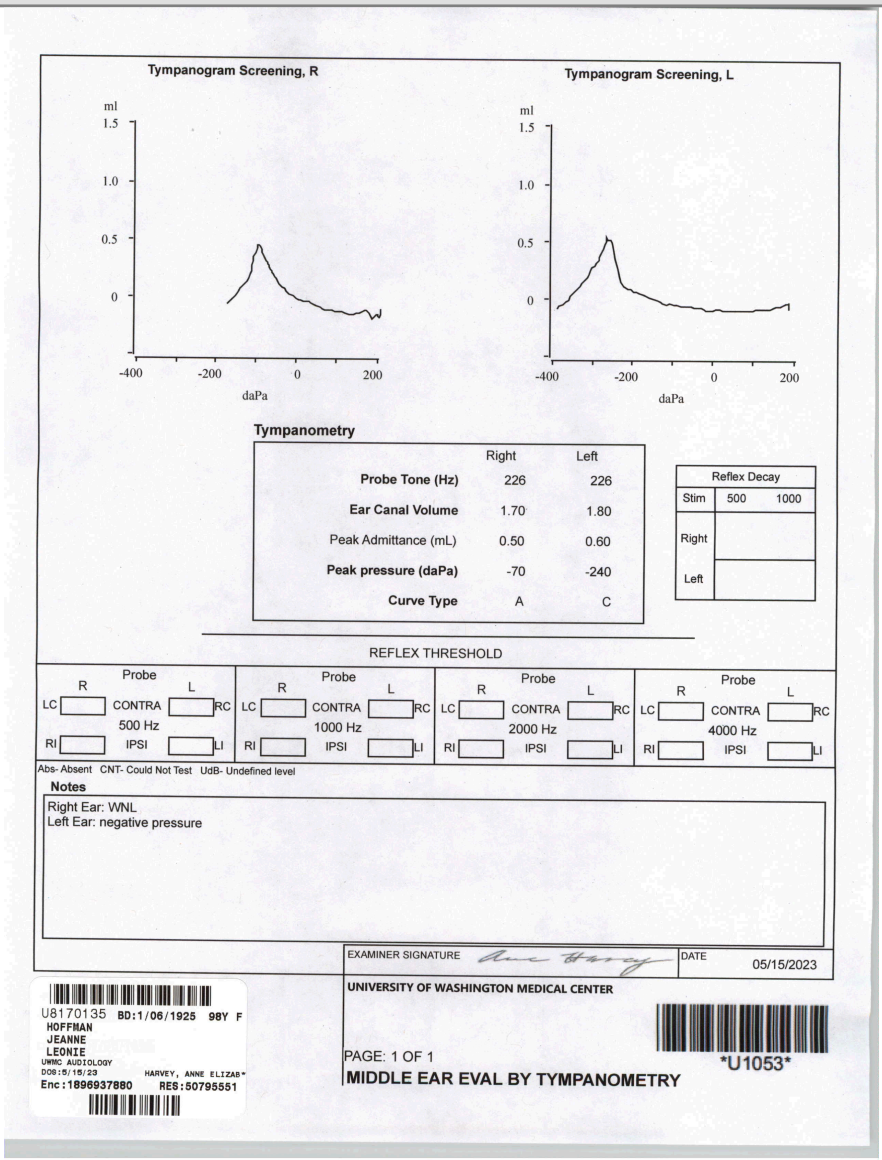
PAGE: 1 OF 1

AUDIOLOGIC EVALUATION

U0129

05/15/2023 - Office Visit in UW Medicine Montlake Audiology (continued)

Documents (continued)



Tympanogram Screening, R

Tympanogram Screening, L

Tympanometry

	Right	Left
Probe Tone (Hz)	226	226
Ear Canal Volume	1.70	1.80
Peak Admittance (mL)	0.50	0.60
Peak pressure (daPa)	-70	-240
Curve Type	A	C

Reflex Decay		
Stim	500	1000
Right		
Left		

REFLEX THRESHOLD

Probe R	Probe L	500 Hz	1000 Hz	2000 Hz	4000 Hz
LC	RC	CONTRA	CONTRA	CONTRA	CONTRA
RI	LI	IPSI	IPSI	IPSI	IPSI

Abs- Absent CNT- Could Not Test UdB- Undefined level

Notes

Right Ear: WNL
Left Ear: negative pressure

EXAMINER SIGNATURE

DATE 05/15/2023

U8170135 BD:1/06/1925 98Y F
HOFFMAN
JEANNE
LEONIE
UWMC AUDIOLOGY
DOB:5/15/23 HARVEY, ANNE ELIZAB*
Enc:1896937880 RES:50795551

UNIVERSITY OF WASHINGTON MEDICAL CENTER

U1053

PAGE: 1 OF 1

MIDDLE EAR EVAL BY TYMPANOMETRY

05/10/2023 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change, Immunization or Injection, and RN60
Visit diagnosis: Need for vaccination

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Perez, Delmis Joel, RN	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PROCEDURE VISIT ONLY NO LOS

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.

05/10/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 10/10/2022
Action: Patient not taking
Refill: 1 refill by 10/10/2023
Ordered on: 10/10/2022
End date: 6/12/2024
Quantity: 5 mL

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Start date: 12/1/2022
Quantity: 45 tablet
Discontinued on: 8/24/2023
Ordered on: 12/1/2022
End date: 8/24/2023
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Start date: 12/13/2022
Quantity: 90 tablet
Discontinued on: 1/3/2024
Ordered on: 12/13/2022
End date: 1/3/2024
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Start date: 1/23/2023
Quantity: 90 tablet
Discontinued on: 9/19/2023
Ordered on: 1/23/2023
End date: 9/19/2023
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Start date: 2/9/2023
Quantity: 88 mL
Discontinued on: 3/8/2025
Ordered on: 2/9/2023
End date: 3/8/2025
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Start date: 2/24/2023
Quantity: 10 mL
Discontinued on: 4/10/2024
Ordered on: 2/24/2023
End date: 4/10/2024
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Start date: 4/5/2023
Action: Patient not taking
Refill: 1 refill by 4/4/2024
Discontinued on: 6/12/2024
Ordered on: 4/5/2023
End date: 6/12/2024
Quantity: 28.4 g

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Start date: 4/26/2023
Quantity: 44 mL
Discontinued on: 3/8/2025
Ordered on: 4/26/2023
End date: 3/8/2025
Refill: 4 refills by 4/25/2024

Stopped in Visit

None

Medication List (continued)

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 5/10/2023 1000

Pt in clinic for wound management of stasis ulcers of her Left Lower Extremity (LLE), of which she now has 3 main ones, the mid-calf ulcer was closed.

1. Medial ankle: circular 3 cm x 2.5 cm x 0.2 cm with moist eschar throughout.
2. Proximal lateral ankle: oval 5.5 cm x 2.8 cm x 0.2-0.4 cm with moist eschar throughout.
3. Superior lateral foot: 7.5 cm x 2 cm x 0.2-0.4 cm, 1 cm narrowing at the 2.5-3 cm, irregularly shaped, moist eschar throughout, with thick scarring at the distal inferior edge.

The wounds were moistened with NS and gauze and debrided using a 4 mm curette and moistened gauze taking about 50 minutes total. There was scant bleeding. The peri wound areas of each were cleansed gently with gauze and NS. TheraHoney sheet was placed over each wound and covered with oiled gauze. Kerlix was used to cover the site and petrolatum applied over the wound areas. A surgical sleeve was placed over the entire dressing. Pt to return in 2 week for further wound care.
At the end of the visit, pt's son asked about getting the COVID Bivalent booster per the new guidelines. This was administered as below and the MAR with the pt's permission.

Immunization Documentation

98 year old - Is this patient eligible for VFC or Adult supply vaccine? **Adult**

Interpreter: No

Has patient ever fainted after receiving vaccine/blood draw? : No [If YES, pt should be lying down to receive vaccine]

Vaccine Screening Questions

1	Are you allergic to Latex?	NO
2	Have you had a serious reaction or an allergic reaction to a vaccine?	NO
3	Do you currently have a moderate or severe illness, including fever?	NO
4	Are you pregnant or planning to become pregnant?	NO (Note: If YES: HPV and Heplisav are contraindicated in pregnancy. Consult with provider prior to giving PPSV23/PCV15/PCV20, HepA, Hib, MenACWY or MenB)
5	Have you ever had a seizure or any neurological problem associated with a vaccine?	NO

05/10/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

	(DTaP/TDaP/DTP pertinent)	
6	Is patient receiving any **LIVE** vaccinations today? *(Varicella-Chickenpox, MMR-Measles/Mumps/Rubella, Zoster-Shingles, Flumist, Yellow Fever)* *NOTE: oral rotavirus is exempt*	No [determine need for TB screening if getting live virus vaccine] **NOTE:** • If **YES** to any of the questions above – Do **NOT** give vaccine. Consult with RN or provider in clinic. (#5 can be YES if all Live vaccine questions are answered NO) • If **NO** to all questions above - Patient may receive vaccine.
7	Do you need to receive the Flu vaccine today?	NO

Imms administered today: **COVID-19 mRNA Bivalent (Booster - Pfizer)**

All patients are encouraged to wait 15 minutes before leaving after receiving any vaccine.

VIS given 5/10/2023 by Delmis J Perez, RN

Was Jeanne Leonie Hoffman alert, oriented, and without adverse reaction after the vaccine was given Yes

Delmis J Perez, RN

Electronically signed by Perez, Delmis Joel, RN at 5/24/2023 11:16 AM

Medication Administrations

COVID-19 mRNA BIVALENT vaccine (Pfizer 12 yrs and older) injection 30 mcg [248118887]

Ordering Provider: Terry, Anne Catherine, ARNP
Ordered On: 05/10/23 1109
Ordered Dose (Remaining/Total): 30 mcg (0/1)
Frequency: Once
Admin Instructions: Protect from light.

Status: Completed (Past End Date/Time)
Starts/Ends: 05/10/23 1140 - 05/10/23 1111
Route: Intramuscular
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 05/10/23 1111 Documented: 05/10/23 1112	Given	30 mcg	Intramuscular Left Deltoid	Performed by: Perez, Delmis Joel, RN

Immunizations Given

05/10/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Immunizations Given (continued)

Immunization	Date
COVID-19 Pfizer mRNA bivalent 12 yrs and older	05/10/2023

Other Orders

Medications

COVID-19 mRNA BIVALENT vaccine (Pfizer 12 yrs and older) injection 30 mcg (Completed)

Electronically signed by: **Perez, Delmis Joel, RN on 05/10/23 1109** Status: **Completed**
Ordering user: Perez, Delmis Joel, RN 05/10/23 1109 Ordering provider: Terry, Anne Catherine, ARNP
Authorized by: Terry, Anne Catherine, ARNP Ordering mode: Standard
Frequency: Routine Once 05/10/23 1140 - 1 occurrence Class: Normal
Diagnoses
Need for vaccination [Z23]
Admin instructions: Protect from light.

Indications

Need for vaccination [Z23 (ICD-10-CM)]

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

05/10/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 5/10/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P, RN on Wednesday May 10, 2023. The following issue was addressed: Need for vaccination.

Immunizations Given

COVID-19 Pfizer mRNA bivalent 12 yrs and older

Medications Given

COVID-19 mRNA BIVALENT vaccine (Pfizer 12 yrs and older) Last given 5/10/2023 11:11 AM for Need for vaccination

What's Next

JUL 5 2023 **Clinical Support**
Wednesday July 5 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

05/10/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of May 10, 2023 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
* **medihoney** topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
* **medihoney** topical gel	Apply topically every other day. Apply to wound before applying dressing
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

05/10/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

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05/10/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 6/26/2023 6:27 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

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Medications Given

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Jeane L. Hoffman (MRN: U8170135) • Printed by Rowena B at 6/26/2023 6:27 AM

Page 1 of 3 Epic

05/10/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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05/10/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

05/10/2023 - Pharmacy Visit in Rubenstein Pharmacy

Visit Information

Department

Name	Address	Phone	Fax
Rubenstein Pharmacy	105 Hall Health, Box 354410 Seattle WA 98195-0001	206-685-1021	206-685-9990

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.

05/10/2023 - Pharmacy Visit in Rubenstein Pharmacy (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 12/13/2022
Quantity: 90 tablet
Ordered on: 12/13/2022
End date: 1/3/2024
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Start date: 1/23/2023
Quantity: 90 tablet
Discontinued on: 9/19/2023
Ordered on: 1/23/2023
End date: 9/19/2023
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Start date: 2/9/2023
Quantity: 88 mL
Discontinued on: 3/8/2025
Ordered on: 2/9/2023
End date: 3/8/2025
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Start date: 2/24/2023
Quantity: 10 mL
Discontinued on: 4/10/2024
Ordered on: 2/24/2023
End date: 4/10/2024
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Start date: 4/5/2023
Action: Patient not taking
Refill: 1 refill by 4/4/2024
Discontinued on: 6/12/2024
Ordered on: 4/5/2023
End date: 6/12/2024
Quantity: 28.4 g

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Start date: 4/26/2023
Quantity: 44 mL
Discontinued on: 3/8/2025
Ordered on: 4/26/2023
End date: 3/8/2025
Refill: 4 refills by 4/25/2024

Stopped in Visit

None

04/26/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RN45
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Crites, Stacy E, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
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Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

04/26/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

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Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
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Ordered on: 1/23/2023
Start date: 1/23/2023
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Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

Stopped in Visit

None

Clinical Notes

Clinical Notes (continued)

Progress Notes

Crites, Stacy E, RN at 4/26/2023 1020

Wound Care Visit

Jeanne Leonie Hoffmanwho is 98 year old who presents today for wound care.
History of wound: Chronic stasis ulcers of L lower extremity.
New wound area noted on R posterior ankle with this visit.
Pain is managable. "I feel everything, but it is not too painful." New wound on R posterior ankle is tender.
Home treatment: Son doing daily wound care and dressing changes. They have received all supplies from mail order. Jeanne is also washing wounds with soft, cotton cloth during showers.

Wound care of Left Lower Extremity (LLE), of which she has 4:
1. Lateral ankle (long oval shape with narrow area in middle)
   7.5cm x 2cm x 2-3mm with moist eschar

2. Lateral Mid-calf (oval shape) 5.5cm x 3cm x 2-3mm with moist eschar

3. medial ankle (round) 3cm x 3cm x 2-3mm with moist eschar

4. Upper lateral calf 1.5cm x 0.5cm x 1mm

New wound on R posterior ankle 1cm x 0.5cm and superficial

Skin surrounding the ulcers appears slightly white and thin. Legs and feet are cool to touch. There are no signs/sym of infection.

Wound Care:
Procedure done by Marcy Brighten, RN and assisted by Stacy Crites, RN
Dr. Neighbor also in room to see healing progress of wounds.
Jeanne's son was in the room during dressing change and he is very knowledgeable of Jeanne's care.

Old dressings removed and wounds soaked with NS and debrided using a 4mm curette and saline gauze taking about 40 minutes total.
There was minimal discomfort and scant bleeding with the debriding and overall Jeanne tolerated very well. Wounds patted dry.
Dressing done with Therahoney HD sheets cut to size, then a generous amount of petroleum jelly and covered with Telfa pads. Secured with Kerlix to completely cover all dressings.

Patient's Home Care Instructions:
- Wash hands before and after wound care with soap and water for at least 15 seconds
- Home care: change dressing QOD. Remove shoes and socks q 2 hrs
- Monitor and report increased redness, drainage, warmth, pain, or fevers (greater than 100.5F)
- Pt encouraged to stay as active as possible. If unable to walk, do foot flexion/ extension exercises to aide circulation.
- Follow up: in 1 week with Dr. Neighbor and for wound care visit.

Stacy E Crites, RN

04/26/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Electronically signed by Crites, Stacy E, RN at 4/26/2023 1:24 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

04/26/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 4/26/2023 10:20 AM Hall Health Primary Care Center 206-685-1011

Instructions from Stacy C, RN

Your medications have changed today

See your updated medication list for details.

Pick up these medications at Hall Health Pharmacy

medihoney

Address: 105 Hall Health Box 354410, SEATTLE WA 98195
Hours: Mon-Fri 9:00am - 5:00pm, Sat-Sun Closed, Please allow 48 hours for refills.
Phone: 206-685-1021

Today's Visit

You saw Stacy C, RN on Wednesday April 26, 2023 for: Wound Check/Dressing Change and RN45.

What's Next

MAY 10 2023 **Return Patient Appointment with William E Neighbor, MD**
Wednesday May 10 10:00 AM (Arrive by 9:45 AM)
Masks will continue to be required for all patients, visitors and staff in patient areas to protect the health and safety of our patients, who are often at a higher-risk for infection and more likely to experience adverse health effects due to COVID-19, RSV, influenza and other respiratory viruses.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MAY 15 2023 **Hearing Aid Evaluation New with Anne E Harvey, AUD**
Monday May 15 9:00 AM (Arrive by 8:45 AM)

UW Medicine Montlake Audiology
1959 NE Pacific Street, Box 356161
Seattle WA 98195
206-598-4022

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

04/26/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of April 26, 2023 2:00 PM

ⓘ If you have any questions, ask your nurse or doctor.

	acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
	atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
	calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
	cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
	losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
CHANGE	*** medihoney** topical gel Changed by: William E Neighbor, MD	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey. What changed: **Another medication with the same name was added. Make sure you understand how and when to take each.**
CHANGE	*** medihoney** topical gel Changed by: William E Neighbor, MD	Apply topically every other day. Apply to wound before applying dressing What changed: **You were already taking a medication with the same name, and this prescription was added. Make sure you understand how and when to take each.**
	MULTIPLE VITAMIN OR	Take by mouth.
	ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
	pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
	timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
	triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE	206-780-6885 (Home) *Preferred*	jeanhoffman@usa.com

04/26/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Patient Demographics (continued)

Ste D3 PMB 292
BAINBRIDGE ISLAND WA 98110

206-000-0000 (Work)
206-280-1287 (Mobile)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

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How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
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MyChart

Scan this code or visit
uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

04/26/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 4/26/2023 2:00 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

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Jeane L. Hoffman MRN: U8170135 4/26/2023 10:20 AM Hall Health Primary Care Center 206-685-1011

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Jeane L. Hoffman (MRN: U8170135) • Printed by Stacy C at 4/26/2023 2:00 PM

Page 1 of 3 Epic

04/26/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of April 26, 2023 2:00 PM

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04/26/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Demographics (continued)

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Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

04/26/2023 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Lower extremity ulceration, left, limited to breakdown of skin (primary)
- Essential hypertension, benign
- Hypercholesterolemia
- History of recurrent deep vein thrombosis (DVT)

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Medication List

Medication List

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Instructions:
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Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

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Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

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Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
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Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

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Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

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Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024

04/26/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
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Discontinued on: 8/24/2023
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Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
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Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/26/2023
Start date: 4/26/2023
End date: 3/8/2025
Quantity: 44 mL
Refill: 4 refills by 4/25/2024

Stopped in Visit

Medication List (continued)

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 4/26/2023 1000

Jeanne Leonie Hoffman is a 98 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up

Visit type (in person vs telemedicine vs phone): In person

History

Jeanne is accompanied by her son Lois . She has her hearing aid today.

Lower extremity ulcerations
She is in for wound care. Louis reports that they finally were able to get wound care supplies through Medicare at home. He does not have Medihoney.

Essential hypertension
Lois confirms that his mother has been taking her blood pressure medications

Hypercholesterolemia
She has been taking her cholesterol medication

History of recurrent deep venous thrombosis
There is been no recurrence. She has been off of Coumadin and anticoagulation for a number of years because of risk of falls and bleeding. However she has been continued on pentoxyfylline ER TID, but appears to only be taking it once daily.

Review of Systems:

No fever chills or night sweats
No recurrence of diffuse redness in the lower extremities which had been treated couple of visits ago as cellulitis.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008
Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

• Adult failure to thrive syndrome [R62.7]	10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing

program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 4/26/23 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		
• losartan 25 MG tablet	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• MULTIPLE VITAMIN OR	Take by mouth.		
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day	10 mL	6
• triamcinolone 0.1 % cream	Apply topically 2 times a day. Apply to both forearms.	28.4 g	1
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 153/72 | Pulse 61

Clinical Notes (continued)

Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 153/72	61	---	---	---	9:43 AM	4/26/2023

Last blood pressure recorded in this encounter: **(!) 153/72**
General: No acute distress
Positive mood today
Hearing aids in place
Skin
She has continued wound breakdown left lateral malleolar area and right anteromedial lower leg above the medial malleolus. Wounds and care are documented by the nurse at the visit today. She also has new small 1.5 cm skin breakdown above the right heel of the lower leg

BP Readings from Last 20 Encounters:

04/26/23	**(!) 153/72**
04/12/23	**(!) 154/83**
04/05/23	**(!) 145/65**
03/28/23	**(!) 176/74**
03/07/23	**(!) 188/97**
02/21/23	**(!) 148/69**
02/07/23	**(!) 141/62**
01/24/23	**(!) 157/76**
01/10/23	**(!) 147/73**
12/28/22	**(!) 170/82**
12/15/22	**(!) 168/76**
11/30/22	**(!) 168/74**
11/03/22	**(!) 173/100**
10/10/22	**(!) 177/76**
04/27/22	**(!) 175/77**
10/13/21	**(!) 167/72**
06/02/21	121/64
05/05/21	**(!) 165/76**
11/02/20	110/70
10/21/20	**(!) 156/67**

Lab and other tests:

Lab Results

Component	Value	Date
A1C	6.2	04/27/2022
A1C	6.4	10/13/2021
A1C	6.5	07/30/2019
A1C	6.2	01/09/2019
A1C	6.2	02/24/2016
A1C	6.2	12/24/2013
A1C	6.0	12/12/2012
A1C	5.9	07/20/2012
A1C	6.5	10/21/2011
A1C	6.4	05/26/2011

Clinical Notes (continued)

A1C	6.3	05/27/2010
A1C	6.4	09/29/2009
A1C	6.1	07/21/2008
A1C	6.2	04/29/2008
A1C		04/29/2008
Due to a significant change from previous results, the assay was repeated for quality assurance purposes.		
A1C	6.4	03/11/2008
A1C	9.3	02/25/2008
A1C	7.1	11/08/2007
A1C	6.3	08/27/2007
A1C	6.1	06/08/2007
A1C	7.1	03/22/2007

Lab Results

Component	Value	Date
CREATININE	0.91	04/27/2022
CREATININE	0.83	10/13/2021
CREATININE	0.83	05/27/2020
CREATININE	0.71	08/04/2019
CREATININE	0.75	08/02/2019
CREATININE	0.72	07/31/2019
CREATININE	0.71	07/30/2019
CREATININE	0.70	07/28/2019
CREATININE	0.89	07/27/2019
CREATININE	0.77	07/26/2019
CREATININE	0.65	07/25/2019
CREATININE	0.70	07/24/2019
CREATININE	0.71	01/09/2019
CREATININE	0.76	09/18/2018
CREATININE	0.83	09/13/2018
CREATININE	0.81	09/12/2018
CREATININE	0.75	09/11/2018
CREATININE	0.91	09/10/2018
CREATININE	0.80	06/03/2018
CREATININE	0.66	06/01/2018
CREATININE	0.76	05/31/2018
CREATININE	0.88	03/29/2018
CREATININE	0.96	02/02/2018
CREATININE	1.08	02/01/2018
CREATININE	0.97	09/28/2017
CREATININE	0.95	04/25/2017
CREATININE	0.84	11/02/2016
CREATININE	1.03	09/02/2016
CREATININE	0.98	06/22/2016
CREATININE	0.84	02/24/2016

Lab Results

Component	Value	Date
LDL	103	10/13/2021
LDL	91	08/24/2016
LDL	179	06/22/2016
LDL	73	05/04/2016

LDL	93	02/24/2016
LDL	93	01/06/2016
LDL	59	12/24/2013
LDL	86	07/20/2012
LDL	95	10/21/2011
LDL	74	04/21/2011
LDL	99	04/29/2010
LDL	76	12/29/2009
LDL	89	03/27/2008
LDL	104	03/22/2007

Assessment and Plan:

1. Lower extremity ulceration, left, limited to breakdown of skin

Continued ulceration with very slow healing left lower leg. New small ulceration right posterior lower leg.
Wound care as documented by nursing note

Plan
Prescription written for Medihoney which should help with debridement and healing. As outlined by the nurses Medihoney dressing can be left on for 2 days.
- Wound Dressings (medihoney) topical gel; Apply topically every other day. Apply to wound before applying dressing
Dispense: 44 mL; Refill: 3

Emphasized need for her to take Pentoxifylline as prescribed 3 times daily in order to improve blood flow

2. Essential hypertension, benign

Blood pressures are reasonably controlled on current dose of losartan 25 mg 1/2 tablet daily

3. Hypercholesterolemia

Cholesterol reasonably controlled on low-dose of atorvastatin. Few years ago this was discontinued and her LDL cholesterol rebounded to 179. This prove the need for her to at least take a low-dose.

4. History of recurrent deep vein thrombosis (DVT)

Reminded to take Pentoxyfilline 3 times daily

Next visit in 2 weeks

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 4/26/2023 12:17 PM

04/26/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Other Orders

Medications

Wound Dressings (medihoney) topical gel (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 04/26/23 1026** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 04/26/23 1026 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine Every other day 04/26/23 - 03/08/25 Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/08/25 1137
Diagnoses
Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921]
Admin instructions: Apply to wound before applying dressing
Package: 09958-03471

Indications

Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	04/26/23 0943
BP	**153/72** !
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	61

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

04/26/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 4/26/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today

See your updated medication list for details.

Pick up these medications at Hall Health Pharmacy

medihoney

Address: 105 Hall Health Box 354410, SEATTLE WA 98195
Hours: Mon-Fri 9:00am - 5:00pm, Sat-Sun Closed, Please allow 48 hours for refills.
Phone: 206-685-1021

Today's Visit

You saw William E Neighbor, MD on Wednesday April 26, 2023. The following issues were addressed: Lower extremity ulceration, left, limited to breakdown of skin; Essential hypertension, benign; Hypercholesterolemia; and History of recurrent deep vein thrombosis (DVT).

Blood Pressure	Pulse
153/72	61

What's Next

MAY 10 2023 — **Return Patient Appointment with William E Neighbor, MD**
Wednesday May 10 10:00 AM (Arrive by 9:45 AM)
Masks will continue to be required for all patients, visitors and staff in patient areas to protect the health and safety of our patients, who are often at a higher-risk for infection and more likely to experience adverse health effects due to COVID-19, RSV, influenza and other respiratory viruses.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MAY 15 2023 — **Hearing Aid Evaluation New with Anne E Harvey, AUD**
Monday May 15 9:00 AM (Arrive by 8:45 AM)

UW Medicine Montlake Audiology
1959 NE Pacific Street, Box 356161
Seattle WA 98195
206-598-4022

04/26/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at **https://mychart.uwmedicine.org/prod01/**.

04/26/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of April 26, 2023 12:17 PM

ⓘ If you have any questions, ask your nurse or doctor.

	acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
	atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
	calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
	cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
	losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
CHANGE	*** medihoney** topical gel Changed by: William E Neighbor, MD	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey. What changed: **Another medication with the same name was added. Make sure you understand how and when to take each.**
CHANGE	*** medihoney** topical gel Changed by: William E Neighbor, MD	Apply topically every other day. Apply to wound before applying dressing What changed: **You were already taking a medication with the same name, and this prescription was added. Make sure you understand how and when to take each.**
	MULTIPLE VITAMIN OR	Take by mouth.
	ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
	pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
	timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
	triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE	206-780-6885 (Home) *Preferred*	jeanhoffman@usa.com

04/26/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Patient Demographics (continued)

Ste D3 PMB 292
BAINBRIDGE ISLAND WA 98110

206-000-0000 (Work)
206-280-1287 (Mobile)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

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How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!

MyChart

Scan this code or visit
uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

04/26/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 4/26/2023 12:17 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

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Pulse 61

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Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
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04/26/2023 - Pharmacy Visit in Rubenstein Pharmacy

Visit Information

Department

Name	Address	Phone	Fax
Rubenstein Pharmacy	105 Hall Health, Box 354410 Seattle WA 98195-0001	206-685-1021	206-685-9990

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

04/12/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

04/12/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 4/12/2023 1020

Pt in clinic for wound management of stasis ulcers of her Left Lower Extremity (LLE), of which she has 4.
1. Mid-calf: 1 cm x 1 cm
2. Medial ankle: circular 3 cm x 3 cm x 0.2 cm with moist eschar throughout.
3. Proximal lateral ankle: oval 5.5 cm x 3 cm x 0.2-0.4 cm with moist eschar throughout.

04/12/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

4. Superior lateral foot: 8 cm x 2 cm x 0.2-0.4 cm, 1 cm narrowing at the 2.5-3 cm, irregularly shaped, moist eschar throughout, with thick scarring at the distal inferior edge.

The three larger wounds were moistened with NS and gauze and debrided using a 4 mm curette and moistened gauze taking about 40 minutes total. There was scan bleeding. The peri wound areas of each were cleansed gently with gauze and NS. TheraHoney sheet was placed over each wound and covered with oiled gauze. Kerlix was used to cover the site and petrolatum applied over the wound areas. A surgical sleeve was placed over the entire dressing. Pt to return in 2 week for further wound care.

Electronically signed by Perez, Delmis Joel, RN at 4/12/2023 11:56 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

04/12/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 4/12/2023 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P, RN on Wednesday April 12, 2023 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

APR 26 2023 — **Return Patient Appointment with William E Neighbor, MD**
Wednesday April 26 10:00 AM (Arrive by 9:45 AM)
Masks will continue to be required for all patients, visitors and staff in patient areas to protect the health and safety of our patients, who are often at a higher-risk for infection and more likely to experience adverse health effects due to COVID-19, RSV, influenza and other respiratory viruses.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

APR 27 2023 — **Clinical Support**
Thursday April 27 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MAY 15 2023 — **Hearing Aid Evaluation New with Anne E Harvey, AUD**
Monday May 15 9:00 AM (Arrive by 8:45 AM)

UW Medicine Montlake Audiology
1959 NE Pacific Street, Box 356161
Seattle WA 98195
206-598-4022

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at **https://mychart.uwmedicine.org/prod01/**.

04/12/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of April 12, 2023 11:56 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
medihoney topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
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timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

04/12/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

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04/12/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 4/12/2023 11:56 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 4/12/2023 10:20 AM Hall Health Primary Care Center 206-685-1011

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04/12/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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04/12/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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04/12/2023 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Wound Care
Visit diagnoses:

- Lower extremity ulceration, left, limited to breakdown of skin (primary)
- Dermatitis
- Essential hypertension, benign
- Hypercholesterolemia
- Type 2 diabetes mellitus without complication, without long-term current use of insulin

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Medication List

Medication List

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Active at the End of Visit

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Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2023
Start date: 4/5/2023
End date: 6/12/2024
Action: Patient not taking
Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Stopped in Visit

None

Clinical Notes

Clinical Notes (continued)

Progress Notes

Neighbor Jr., William E, MD at 4/12/2023 1000

Jeanne Leonie Hoffman is a 98 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Wound Care

Visit type (in person vs telemedicine vs phone): In person
Patient is accompanied by her son Louis. She has her hearing aids with her today

History

Jeanne was last seen 1 week ago for the following:
-- Resolution of cellulitis of the left lower extremity after completion of cephalexin antibiotic.
-- Continue wound care for lower extremity ulcerations on the left.
-- Pruritic dermatitis of upper extremities in part due to dry skin for which she was treated with triamcinolone and instructions for care of dry skin.
-- Her blood pressure as her last visit was 145/65.

Updates today
--Her son Louis continues to do wound dressings at home but is running out of supplies. There is been no further redness to suggest cellulitis. He feels the wounds are continuing to slowly heal.
--The pruritic dermatitis of the upper extremities is markedly improved with use of trying insulin alone. They are using Vaseline at night which is also helpful.
--Her son believes that she is taking her losartan medication for blood pressure but is not completely certain. Jean believes she is taking the medication but is not certain. She has her hearing aids with her today

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

• Adult failure to thrive syndrome [R62.7]	10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

• Sensorineural hearing loss, unspecified [H90.5]	11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

• Hypercholesterolemia [E78.00]	11/20/2006

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 4/12/23 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO,		

	TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		
• losartan 25 MG tablet	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• MULTIPLE VITAMIN OR	Take by mouth.		
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day	10 mL	6
• triamcinolone 0.1 % cream	Apply topically 2 times a day. Apply to both forearms.	28.4 g	1
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 154/83 | Pulse 63 | Temp 36.6 °C
Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 154/83	63	---	---	---	9:33 AM	4/12/2023

Last blood pressure recorded in this encounter: **(!) 154/83**

Clinical Notes (continued)

General: No acute distress

BP Readings from Last 20 Encounters:

04/12/23	**(!) 154/83**
04/05/23	**(!) 145/65**
03/28/23	**(!) 176/74**
03/07/23	**(!) 188/97**
02/21/23	**(!) 148/69**
02/07/23	**(!) 141/62**
01/24/23	**(!) 157/76**
01/10/23	**(!) 147/73**
12/28/22	**(!) 170/82**
12/15/22	**(!) 168/76**
11/30/22	**(!) 168/74**
11/03/22	**(!) 173/100**
10/10/22	**(!) 177/76**
04/27/22	**(!) 175/77**
10/13/21	**(!) 167/72**
06/02/21	121/64
05/05/21	**(!) 165/76**
11/02/20	110/70
10/21/20	**(!) 156/67**
10/05/20	**(!) 152/72**

Skin:
-- Inspection of her arms shows much less redness and no signs of itching today no signs of secondary infection.
-- Inspection of her lower extremities shows persistent ulceration of the left medial ankle and lateral lower leg which are decreased in size. The small areas of scattered skin breakdown that occurred when she had recurrence of cellulitis or healing. There is no evidence of recurrent cellulitis.

Lab and other tests: None today but plan for next visit

Lab Results

Component	Value	Date
GLUCOSE	137	04/27/2022
GLUCOSE	142	10/13/2021
GLUCOSE	161	05/27/2020
GLUCOSE	172	05/27/2020
GLUCOSE	117	08/05/2019
GLUCOSE	142	08/05/2019
GLUCOSE	127	08/04/2019
GLUCOSE	120	08/04/2019
GLUCOSE	235	08/04/2019
GLUCOSE	208	08/04/2019
GLUCOSE	129	08/04/2019
GLUCOSE	169	08/03/2019
GLUCOSE	127	08/03/2019
GLUCOSE	180	08/03/2019
GLUCOSE	135	08/03/2019
GLUCOSE	186	08/02/2019
GLUCOSE	203	08/02/2019
GLUCOSE	134	08/02/2019
GLUCOSE	214	08/02/2019
GLUCOSE	168	08/02/2019

GLUCOSE	154	08/02/2019
GLUCOSE	139	08/02/2019
GLUCOSE	207	08/01/2019
GLUCOSE	153	08/01/2019
GLUCOSE	144	08/01/2019
GLUCOSE	153	07/31/2019
GLUCOSE	207	07/30/2019
GLUCOSE	188	07/28/2019
GLUCOSE	160	07/27/2019
GLUCOSE	137	07/26/2019
GLUCOSE	136	07/25/2019
GLUCOSE	183	07/24/2019
GLUCOSE	142	01/09/2019
GLUCOSE	135	09/18/2018
GLUCOSE	117	09/13/2018
GLUCOSE	114	09/12/2018
GLUCOSE	112	09/11/2018
GLUCOSE	131	09/10/2018
GLUCOSE	143	06/03/2018
GLUCOSE	132	06/01/2018

Lab Results

Component	Value	Date
A1C	6.2	04/27/2022
A1C	6.4	10/13/2021
A1C	6.5	07/30/2019
A1C	6.2	01/09/2019
A1C	6.2	02/24/2016
A1C	6.2	12/24/2013
A1C	6.0	12/12/2012
A1C	5.9	07/20/2012
A1C	6.5	10/21/2011
A1C	6.4	05/26/2011
A1C	6.3	05/27/2010
A1C	6.4	09/29/2009
A1C	6.1	07/21/2008
A1C	6.2	04/29/2008
A1C		04/29/2008
Due to a significant change from previous results, the assay was repeated for quality assurance purposes.		
A1C	6.4	03/11/2008
A1C	9.3	02/25/2008
A1C	7.1	11/08/2007
A1C	6.3	08/27/2007
A1C	6.1	06/08/2007
A1C	7.1	03/22/2007

Thyroid Stimulating Hormone

Date	Value	Ref Range	Status
02/24/2016	2.113	0.400 - 5.000 uIU/mL	Final

TSH with Reflexive Free T4

Date	Value	Ref Range	Status

09/28/2017	1.964	0.400 - 5.000 u[IU]/mL	Final

Lab Results

Component	Value	Date
TSH	1.964	09/28/2017
TSH	2.113	02/24/2016
TSH	2.951	12/24/2013
TSH	1.538	10/21/2011
TSH	1.821	03/11/2008
TSH	1.228	02/27/2007

Lab Results

Component	Value	Date
LDL	103	10/13/2021
LDL	91	08/24/2016
LDL	179	06/22/2016
LDL	73	05/04/2016
LDL	93	02/24/2016
LDL	93	01/06/2016
LDL	59	12/24/2013
LDL	86	07/20/2012
LDL	95	10/21/2011
LDL	74	04/21/2011
LDL	99	04/29/2010
LDL	76	12/29/2009
LDL	89	03/27/2008
LDL	104	03/22/2007

Assessment and Plan:
1. Lower extremity ulceration, left, limited to breakdown of skin
Gradually healing lower extremity ulcerations. See nurse note.

Plan: Lab to be done at next visit
- CBC; Future to rule out anemia

-- Follow-up visit in 1 to 2 weeks
-- Continue wound dressings at home
-- We will communicate with wound care supply company to assure they have adequate information to support coverage of the wound care supplies

2. Dermatitis
Bilateral upper arms markedly improved with use of triamcinolone cream. Advise using Cetaphil or simply Vaseline after showering to keep skin hydrated. May use triamcinolone periodically but not regularly

3. Essential hypertension, benign
Blood pressures are elevated. Her son is not certain if she is taking her blood pressure medication.

Plan
Labs to be done at next visit
- Comprehensive Metabolic Panel; Future

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Communicated with son Louis that he needs to confirm that she is taking her prescribed as well as her over-the-counter medications. If we can confirm that she is taking her blood pressure medication daily but continues to have elevated readings we would increase the dose.

4. Hypercholesterolemia
She is on atorvastatin at a small dose. Due for lab at next visit
- Lipid Panel (Future); Future

5. Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Prior diagnosis of type 2 diabetes with good control with diet and weight.

Plan: Due for follow-up labs
- Comprehensive Metabolic Panel; Future
- Hemoglobin A1C, HPLC; Future

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 4/12/2023 5:22 PM

Labs

Thyroid Stimulating Hormone (Cancel Pend)

Electronically signed by: **Neighbor Jr., William E, MD on 04/12/23 0942** Status: **Cancel Pend**
Ordering user: Neighbor Jr., William E, MD 04/12/23 0942
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 04/12/23 -
Class: Lab Collect
Quantity: 1
Pended by: Neighbor Jr., William E, MD 04/12/23 0942
Canceled by: Neighbor Jr., William E, MD 04/12/23 1713

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Lipid Panel (Future) (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 04/12/23 1713** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/12/23 1713
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/12/23 -
Class: Lab Collect
Quantity: 1
Released by: Neighbor Jr., William E, MD 04/12/23 1713

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Diagnoses
Hypercholesterolemia [E78.00]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Hypercholesterolemia [E78.00 (ICD-10-CM)]

Lipid Panel (Future) (Abnormal) Resulted: 11/01/23 2151, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 11/01/23 1118
Filed by: Uw Lab Results Interface, User 11/01/23 2152
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 11/02/23 1250
Perez, Delmis Joel, RN on 11/03/23 0908
Kassa, Azeb, CMA on 11/08/23 1412

Order status: Completed
Collected by: 4815 11/01/23 1118

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	143	<200 mg/dL	—	UWMC
Triglyceride	181	<150 mg/dL	H	UWMC
HDL Cholesterol	42	>39 mg/dL	—	UWMC
Non-HDL Cholesterol	101	0 - 159 mg/dL	—	UWMC
LDL Cholesterol, NIH Equation	70	<130 mg/dL	—	UWMC
Cholesterol/HDL Ratio	3.4	—	—	UWMC
Lipid Panel, Additional Info.	(NOTE)	—	—	UWMC

Comment:
For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: https://testguide.labmed.uw.edu/guideline/lipid_testing

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Hypercholesterolemia [E78.00 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
11/2/2023 12:47 PM PDT

Jeanne:
Blood work shows mild elevation of hemoglobin A1c consistent with mild diabetes that has been well controlled in the past with diet alone. Glucose was slightly elevated at 113.

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Kidney function was normal.
Cholesterol panel was essentially normal
Inflammation tests including sed rate and CRP were markedly elevated. This may be due to recent infection but also due to skin ulcerations. We should obtain an x-ray of the leg at the next visit.
Complete blood cell count showed normal white blood cell level. Continues to be mildly anemic. Iron level in October 2021 was normal and vitamin B12 level in October 2022 rather than being low was actually elevated.
We will follow-up on these tests when seen in the next week.
William E Neighbor Jr, MD

CBC (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 04/12/23 1713** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/12/23 1713
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/12/23 -
Class: Lab Collect
Quantity: 1
Released by: Neighbor Jr., William E, MD 04/12/23 1713
Diagnoses
Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921 (ICD-10-CM)]

CBC (Abnormal) Resulted: 02/14/24 2059, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 02/14/24 1034
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/14/24 2059
Collected by: 7001 02/14/24 1035
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Perez, Delmis Joel, RN on 02/15/24 0851
Neighbor Jr., William E, MD on 02/16/24 1802
Kerby, Kalena L, CMA on 02/20/24 1121

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.70	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.81	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	12.1	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	38	36.0 - 45.0 %	—	UWMC
MCV	100	81 - 98 fL	H	UWMC
MCH	31.8	27.3 - 33.6 pg	—	UWMC
MCHC	31.8	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	320	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.3	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET	09/08/23 1026 - 08/22/24 0946

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

MS 357110
SEATTLE WA 98195-0001

Indications

Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
2/16/2024 5:46 PM PST

Jeanne:
-- Your blood sugar was in the normal range for having not fasted. Your hemoglobin A1c which is another measure of diabetes is stable and in the desired range.
--Your comprehensive metabolic panel showed normal liver and electrolytes. Your calculated kidney function was slightly less than 2 months ago.
--Your complete blood cell count shows elevated size of your red blood cells. This can indicate a vitamin B12 deficiency however rechecked that 2 months ago and your vitamin B12 level was actually higher than needed. However the size of your red blood cells has been substantially higher in the last year than previously. This will require additional test for further evaluation. There was no evidence of anemia
-- The lab could not run a urinalysis to look for infection on the basis of the small amount of urine you are able to provide. I will write you a separate message regarding this.
William E Neighbor Jr, MD

Comprehensive Metabolic Panel (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 04/12/23 1713** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/12/23 1713
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/12/23 -
Class: Lab Collect
Quantity: 1
Released by: Neighbor Jr., William E, MD 04/12/23 1713
Diagnoses
Essential hypertension, benign [I10]
Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Essential hypertension, benign [I10 (ICD-10-CM)]
Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9 (ICD-10-CM)]

Comprehensive Metabolic Panel (Abnormal) Resulted: 02/14/24 2125, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 02/14/24 1034
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/14/24 2125
Collected by: 7001 02/14/24 1035
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Perez, Delmis Joel, RN on 02/15/24 0851
Neighbor Jr., William E, MD on 02/16/24 1802
Kerby, Kalena L, CMA on 02/20/24 1121

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 meq/L	—	UWMC
Potassium	4.5	3.6 - 5.2 meq/L	—	UWMC

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	29	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	141	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	34	8 - 21 mg/dL	H	UWMC
Creatinine	0.91	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total)	7.4	6.0 - 8.2 g/dL	—	UWMC
Albumin	3.9	3.5 - 5.2 g/dL	—	UWMC
Bilirubin (Total)	0.4	0.2 - 1.3 mg/dL	—	UWMC
Calcium	9.7	8.9 - 10.2 mg/dL	—	UWMC
AST (GOT)	17	9 - 38 U/L	—	UWMC
Alkaline Phosphatase (Total)	77	49 - 199 U/L	—	UWMC
ALT (GPT)	9	7 - 33 U/L	—	UWMC
eGFR by CKD-EPI 2021	57	>59 mL/min/1.73_m2	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Essential hypertension, benign [I10 (ICD-10-CM)]
Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
2/16/2024 5:46 PM PST

Jeanne:
-- Your blood sugar was in the normal range for having not fasted. Your hemoglobin A1c which is another measure of diabetes is stable and in the desired range.
--Your comprehensive metabolic panel showed normal liver and electrolytes. Your calculated kidney function was slightly less than 2 months ago.
--Your complete blood cell count shows elevated size of your red blood cells. This can indicate a vitamin B12 deficiency however rechecked that 2 months ago and your vitamin B12 level was actually higher than needed. However the size of your red blood cells has been substantially higher in the last year than previously. This will require additional test for further evaluation. There was no evidence of anemia
-- The lab could not run a urinalysis to look for infection on the basis of the small amount of urine you are able to provide. I will write you a separate message regarding this.
William E Neighbor Jr, MD

Hemoglobin A1C, HPLC (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 04/12/23 1713** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/12/23 1713
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/12/23 -
Class: Lab Collect
Quantity: 1
Released by: Neighbor Jr., William E, MD 04/12/23 1713
Diagnoses
Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9 (ICD-10-CM)]

Hemoglobin A1C, HPLC (Abnormal) Resulted: 02/15/24 1118, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 02/14/24 1034
Filed by: Uw Lab Results Interface, User 02/15/24 1118
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Perez, Delmis Joel, RN on 02/15/24 1124
Neighbor Jr., William E, MD on 02/16/24 1802
Kerby, Kalena L, CMA on 02/20/24 1121

Order status: Completed
Collected by: 7001 02/14/24 1035

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.3	4.0 - 6.0 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Baird, Geoffrey Stuart, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	09/08/23 1026 - 08/22/24 0946

Indications

Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
2/16/2024 5:46 PM PST

Jeanne:
-- Your blood sugar was in the normal range for having not fasted. Your hemoglobin A1c which is another measure of diabetes is stable and in the desired range.
--Your comprehensive metabolic panel showed normal liver and electrolytes. Your calculated kidney function was slightly less than 2 months ago.
--Your complete blood cell count shows elevated size of your red blood cells. This can indicate a vitamin B12 deficiency however rechecked that 2 months ago and your vitamin B12 level was actually higher than needed. However the size of your red blood cells has been substantially higher in the last year than previously. This will require additional test for further evaluation. There was no evidence of anemia
-- The lab could not run a urinalysis to look for infection on the basis of the small amount of urine you are able to provide. I will write you a separate message regarding this.
William E Neighbor Jr, MD

Flowsheets

Custom Formula Data

Row Name	04/12/23 0933
Temp (in Celsius) for APACHE IV	36.6

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Flowsheets (continued)

Vital Data

Row Name	04/12/23 0933
BP	**154/83** !
Temp	36.6 °C
Pulse	63

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 4/12/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Labs ordered today

CBC
Please complete by or around 4/12/2023

Comprehensive Metabolic Panel
Please complete by or around 4/12/2023

Hemoglobin A1C, HPLC
Please complete by or around 4/12/2023

Lipid Panel (Future)
Please complete by or around 4/12/2023

What's Next

APR 26 2023 — **Return Patient Appointment with William E Neighbor, MD**
Wednesday April 26 10:00 AM (Arrive by 9:45 AM)
Masks will continue to be required for all patients, visitors and staff in patient areas to protect the health and safety of our patients, who are often at a higher-risk for infection and more likely to experience adverse health effects due to COVID-19, RSV, influenza and other respiratory viruses.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

APR 26 2023 — **Clinical Support**
Wednesday April 26 10:20 AM (Arrive by 10:05 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MAY 15 2023 — **Hearing Aid Evaluation New with Anne E Harvey, AUD**
Monday May 15 9:00 AM (Arrive by 8:45 AM)

UW Medicine Montlake Audiology
1959 NE Pacific Street, Box 356161
Seattle WA 98195
206-598-4022

Today's Visit

You saw William E Neighbor, MD on Wednesday April 12, 2023. The following issues were addressed:

- Lower extremity ulceration, left, limited to breakdown of skin
- Dermatitis
- Essential hypertension, benign
- Hypercholesterolemia
- Type 2 diabetes mellitus without complication, without long-term current use of insulin

Blood Pressure 154/83
Temperature 97.8 °F
Pulse 63

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of April 12, 2023 5:22 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
medihoney topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
triamcinolone 0.1 % cream Commonly known as: Kenalog	Apply topically 2 times a day. Apply to both forearms.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

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If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!

Scan this code or visit uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

Messages

Visit summary

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/12/2023 5:17 PM
Last Read in MyChart		

Messages (continued)

Not Read

Jeanne: Below is a summary of your visit.

Assessment and Plan:
1. Lower extremity ulceration, left, limited to breakdown of skin
Gradually healing lower extremity ulcerations. See nurse note.

Plan: Lab to be done at next visit
- CBC; Future to rule out anemia

-- Follow-up visit in 1 to 2 weeks
-- Continue wound dressings at home
-- We will communicate with wound care supply company to assure they have adequate information to support coverage of the wound care supplies

2. Dermatitis
Bilateral upper arms markedly improved with use of triamcinolone cream. Advise using Cetaphil or simply Vaseline after showering to keep skin hydrated. May use triamcinolone periodically but not regularly

3. Essential hypertension, benign
Blood pressures are elevated. Her son is not certain if she is taking her blood pressure medication.

Plan
Labs to be done at next visit
- Comprehensive Metabolic Panel; Future

Communicated with son Louis that he needs to confirm that she is taking her prescribed as well as her over-the-counter medications. If we can confirm that she is taking her blood pressure medication daily but continues to have elevated readings we would increase the dose.

4. Hypercholesterolemia
She is on atorvastatin at a small dose. Due for lab at next visit
- Lipid Panel (Future); Future

5. Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Prior diagnosis of type 2 diabetes with good control with diet and weight.

Plan: Due for follow-up labs
- Comprehensive Metabolic Panel; Future
- Hemoglobin A1C, HPLC; Future

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Messages (continued)

Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 4/12/2023 5:22 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 4/12/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Labs ordered today

CBC
Please complete by or around 4/12/2023

Comprehensive Metabolic Panel
Please complete by or around 4/12/2023

Hemoglobin A1C, HPLC
Please complete by or around 4/12/2023

Lipid Panel (Future)
Please complete by or around 4/12/2023

What's Next

APR 26 2023 — **Return Patient Appointment with William E Neighbor, MD**
Wednesday April 26 10:00 AM (Arrive by 9:45 AM)
Masks will continue to be required for all patients, visitors and staff in patient areas to protect the health and safety of our patients, who are often at a higher-risk for infection and more likely to experience adverse health effects due to COVID-19, RSV, influenza and other respiratory viruses.
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

APR 26 2023 — **Clinical Support**
Wednesday April 26 10:20 AM (Arrive by 10:05 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MAY 15 2023 — **Hearing Aid Evaluation New with Anne E Harvey, AUD**
Monday May 15 9:00 AM (Arrive by 8:45 AM)
UW Medicine Montlake Audiology
1959 NE Pacific Street, Box 356161
Seattle WA 98195
206-598-4022

Today's Visit

You saw William E Neighbor, MD on Wednesday April 12, 2023. The following issues were addressed:

- Lower extremity ulceration, left, limited to breakdown of skin
- Dermatitis
- Essential hypertension, benign
- Hypercholesterolemia
- Type 2 diabetes mellitus without complication, without long-term current use of insulin

Blood Pressure 154/83
Temperature 97.8 °F
Pulse 63

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 4/12/2023 5:22 PM

Page 1 of 4 Epic

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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MyChart

Scan this code or visit
uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

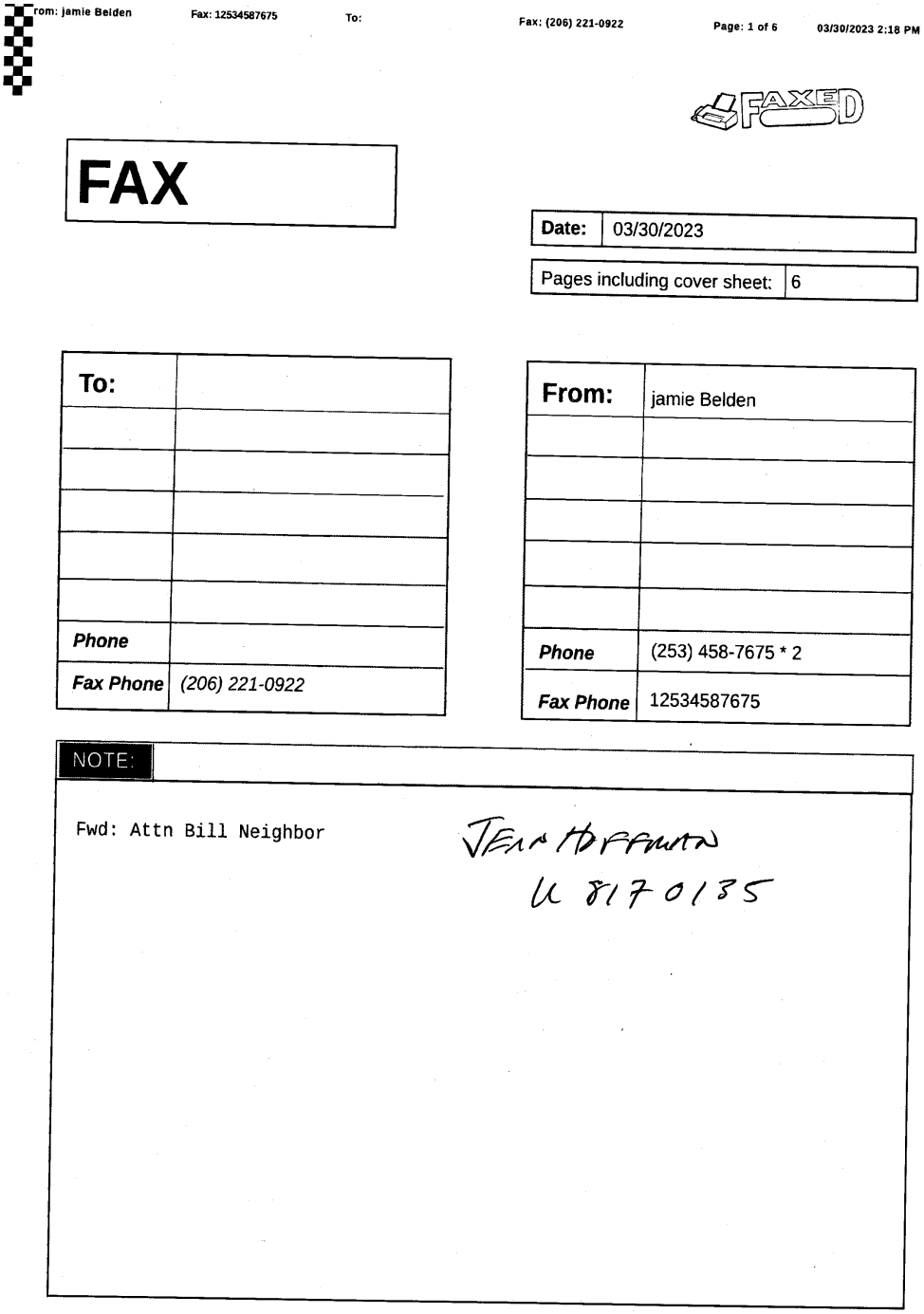
How do I get billing and insurance info?
Go to uwmedicine.org/billing

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 4/20/2023 1:17 PM: wound care supplies (effective from 4/20/2023)

Scan (below)



rom: jamie Belden Fax: 12534587675 To: Fax: (206) 221-0922 Page: 1 of 6 03/30/2023 2:18 PM

FAXED

FAX

Date:	03/30/2023
Pages including cover sheet:	6

To:	
Phone	
Fax Phone	*(206) 221-0922*

From:	jamie Belden
Phone	(253) 458-7675 * 2
Fax Phone	12534587675

NOTE:

Fwd: Attn Bill Neighbor

Jean Hoffman
U 8170135

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

From: Sound Health Fax Fax: 18889582960 To: 2066164683@rcfax.com Fax: (206) 616-4683 Page: 2 of 3 04/19/2023 12:28 PM

Apr. 19. 2023 11:50AM To: Fax: (206) 221-0822 Page: 6 No. 8911 3/30/2 P. 6 8 PM

Sound Health

QUICK START PROGRAM
NEXT DAY DELIVERY

CMN
Fax: 866.213.4464 Questions
Please Call: 888.958.2960
Full Assignment Accepted

Patient Name: JEANNE HOFFMAN Clinic: HALL HEALTH UNIV. OF WASH.

ICD10: I87.2 Reffering Provider: WILLIAM NEIGHBOR

Customer Service Rep:

In order for Sound Health to process your/a patient's order, we need the following documentation faxed: *Copy of the PATIENT FACE SHEET *signed (AOB) (at bottom) *ORDER SIGNED BY PHYSICIAN

DRESSING- (specify brand and size)	Primary/Secondary	Req. Drainage	WOUND 1	WOUND 2	WOUND 3	WOUND 4
POWDER COLLAGEN ENDOFORM PROMOGRAN/AG	P / S	Any				
ALGINATE/AG AG/ ROPE	P / S	Mod/Heavy				
FOAM BORDER NON BORDER	P / S	Mod/Heavy				
HYDROGEL GAUZE SILVER GEL	P / S	No/Low	✓	✓	✓	✓
HYDROCOLLOID	P / S	Low/Mod				
PETROLATUM GAUZE 3" x 9" XEROFORM Box/month	P / S	Any				
GAUZE/AMD TELFA	P / S	Any				
CONFORM 2" 3" 4" ROLL GAUZE 2" 4"	P / S	Any				
ABD PAD 5x9 8x10 HYDROFERA	P / S	Mod/Heavy				
BORDER GAUZE	P / S	Any				
FILM DRESSING 2.75" 4.75" 6x8	P / S	Any				
TAPE 1" x1" Paper tape 4 Rolls/month	P / S	Any				
OTHER * Theraflex Sheets MNK0087 1 Box/month *If not possible, may substitute Xeroform	P / S					
Compression: Medi Jobst Sigvaris Juxta-Lite		Frequency of Use	Every 3 days	Every 3 days	Every 3 days	Every 3 days
mmHg: 15-20 18-25 20-30 30-40 40-50 50-60		Drainage	Scant	Scant	Scant	Scant
Measurements: Thigh only needed for thigh high	Other Details:	Location	Left mid calf	Left Medial Ankle	Left Proximal Lateral Ankle	Left Superior Lateral foot
R Ankle L Ankle		Dimensions	1cm x 1cm	3cm x 3cm x 0.2cm	5.5cm x 3cm x 0.4cm	8cm x 2cm x 0.4cm
R Calf L Calf		Thickness	Partial/Full	Partial/Full	Partial/Full	Partial/Full
R Length L Length		Number Of Refills	6	6	6	6
Thigh Circ. Thigh Circ.						

Have the wound(s) ever been debrided? Yes ☒ No ☐ Saline? ☒ Yes ☐ No Prognosis ☐ Poor ☒ Fair ☐ Good ☐ Excellent

☐ Wound is Surgical Is Patient on Home Health? ☐ Yes ☒ No Diagnosis: VENOUS STASIS ULCERS

☐ Starter Kit given matches Tx ☒ Patient has been instructed on how to use product

Providers Name: WILLIAM NEIGHBOR Fax: 206 616 4683 Phone: 206 616 2495

Signature: William Neighbor MD Date: 4/13/23 NPI: 1265718989

Please add email for electronic signature if provider is unable to sign Email:

Assignment of Benefits (AOB)

I request that payment of my insurance benefits be made to Sound Health Medical Supply for any supplies or services furnished to be by Sound Health Medical Supply. I am responsible for any balance due that is not covered by my insurance. I understand any product received in my home, opened or unopened, cannot be returned. I authorize any holder of medical information about me to release to Sound Health Medical Supply any information needed to determine benefits payable for these supplies or services. Further, I authorize Sound Health Medical Supply to forward my medical records to the medical professionals in my care and/or make copies of said records. I acknowledge that I have received the policies and procedures and HIPPA information from Sound Health.

Patient Name: _____ Email: _____

Authorized Signature: _____ Date: _____ Phone: _____

Name Of Authorized Representitive: _____

(If Patient is Unable to Sign)

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

PATIENT ENCOUNTER NOTE

Patient Name: Jean Hoffman		DOB: 01/06/1925	DOS: 04/12/2023
Wound location: Left mid-Calf	Wound location: Left Medial Ankle	Wound location: L Proximal Lateral Ankle	Wound location: L Superior Lateral Foot
Length: 1 cm	Length: 3 cm	Length: 0.5 cm	Length: 0.5 cm
Width: 1 cm	Width: 3 cm	Width: 3 cm	Width: 2 cm
Depth: 0 cm	Depth: 0.2 cm	Depth: 0.2-0.4 cm	Depth: 0.2-0.4 cm
Wound thickness: ☑ Partial ☐ Full Thickness	Wound thickness: ☐ Partial ☑ Full Thickness	Wound thickness: ☐ Partial ☑ Full Thickness	Wound thickness: ☐ Partial ☑ Full Thickness
Date of last debridement: N/A	Date of last debridement: 04/12/2023	Date of last debridement: 04/12/2023	Date of last debridement: 04/12/2023
Style of debridement: ☐ Sharp ☐ Mechincal ☐ Chemical ☐ Autolytic Other:	Style of debridement: ☑ Sharp ☐ Mechincal ☐ Chemical ☐ Autolytic Other:	Style of debridement: ☑ Sharp ☐ Mechincal ☐ Chemical ☐ Autolytic Other:	Style of debridement: ☑ Sharp ☐ Mechincal ☐ Chemical ☐ Autolytic Other:
Wound is surgical? Yes (No)	Wound is surgical? Yes (No)	Wound is surgical? Yes No	Wound is surgical? Yes No
Drainage Amount: Scant	Drainage Amount: Scant	Drainage Amount: Scant	Drainage Amount: Scant

Is patient being seen weekly or monthly? Weekly when needed, otherwise, monthly

Dressings Prescribed:

How many dressings are to be used per dressing change for each wound? 3. Medihoney Gel OR Sheet
2. Petrolatum Gauze ; 3 Kerlix

Provider signature: Date:

NPI: Quickest way to contact clinic:

**MEDICAL RECORD **

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

From: jamie Belden Fax: 12534587675 To: Fax: (206) 221-0922 Page: 5 of 6 03/30/2023 2:18 PM

SOUND HEALTH MEDICAL SUPPLY

[redacted] S. 12th St
Tacoma, Wa 98405
OFFICE: 253-274-5000 ext. 226
FAX: 866-213-4464

Date 03/30/23
ATTN: Bill Neighbor
From Brandi Pollgreen
FAX 206-221-0922

RE: Jeanne Hoffman

We have been having difficulties obtaining the information that is needed in order to supply and bill insurance for the above patients dressings. Since the patient is Medicare primary, Medicare follows a specific set of guidelines in order to cover supplies. The wound RX and Notes will require specific documentation and must meet certain criteria. The attachments are the clinician checklist to help assist with providing the information needed to supply. Medicare does require patients to be seen on a monthly basis for reassessment of the wounds.

For Alginate dressings, superabsorbent dressings, ABD pads, Foams Medicare requires Moderate drainage, full thickness wounds that have been debrided. Chart notes must contain date of last debridement and type of debridement done, of each wound, drainage of each wound, dimensions of each wound, thickness of each wound and the treatment plan for each wound (how the dressings will be used)

This message is for the named person's use only. It may contain sensitive and private or protected health information. No confidentiality or privilege is waived or lost by any mistransmission. If you are **not** the intended recipient, please notify Sound Health Medical Supply immediately at the telephone number listed above. It is also requested that you immediately mail the transmission to the address above. You must not directly or indirectly use, disclose, distribute, print, or copy any part of this message if you are not the intended recipient.

04/12/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

From: jamie Belden Fax: 12534587675 To: Fax: (206) 221-0922 Page: 6 of 6 03/30/2023 2:18 PM

CMN

Sound Health MEDICAL

QUICK START PROGRAM
NEXT DAY DELIVERY

Fax: 866.213.4464 Questions
Please Call: 888.958.2960
Full Assignment Accepted

Patient Name: JEAN HOFFMAN Clinic: HALL HEALTH UNIV. OF WASH

Reffering Provider: WILLIAM NEIGHBOR

Customer Service Rep:

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POWDER COLLAGEN ENDOFORM PROMOGRAN/AG	P / S	Any				
ALGINATE/AG AG/ ROPE	P / S	Mod/Heavy				
FOAM BORDER NON BORDER	P / S	Mod/Heavy				
HYDROGEL GAUZE SILVER GEL	P / S	No/Low	✓	✓	✓	✓
HYDROCOLLOID	P / S	Low/Mod				
PETROLATUM GAUZE 3"x 9" 1 Box/month XEROFORM	P / S	Any				
GAUZE/AMD TELFA	P / S	Any				
CONFORM 2" 3" 4" ROLL GAUZE 2" 4"	P / S	Any				
ABD PAD 5x9 8x10 HYDROFERA	P / S	Mod/Heavy				
BORDER GAUZE	P / S	Any				
FILM DRESSING 2.75² 4.75² 6x8	P / S	Any				
TAPE 1" x 1" Paper tape 4 Rolls/month	P / S	Any				
OTHER * Theraflex Sheets MNK0087 1 Box/month *If not possible, may substitute Xeroform	P / S					
Compression: ☐ Medi ☐ Jobst ☐ Sigvaris ☐ Juxta-Lite		Frequency of Use				
mmHg: ☐ 15-20 ☐ 18-25 ☐ 20-30 ☐ 30-40 ☐ 40-50 ☐ 50-60		Drainage				
Measurements: Thigh only needed for thigh high Other Details:		Location				
R Ankle L Ankle						
R Calf L Calf		Dimensions				
R Length L Length		Thickness	Partial /Full	Partial /Full	Partial /Full	Partial /Full
Thigh Circ. Thigh Circ.		Number Of Refills				

Have the wound(s) ever been debrided? Yes ☒ No ☐ Saline? ☒ Yes ☐ No Prognosis ☐ Poor ☒ Fair ☐ Good ☐ Excellent

☐ Wound is Surgical Is Patient on Home Health? ☐ Yes ☒ No Diagnosis: VENOUS STASIS ULCERS

☐ Starter Kit given matches Tx ☒ Patient has been instructed on how to use product

Providers Name: WILLIAM NEIGHBOR Fax: 206 616 4883 Phone: 206 616 2495

Signature: William Neighbor MD Date: 4/13/23 NPI: 1265789789

Please add email for electronic signature if provider is unable to sign Email:

Assignment of Benefits (AOB)

I request that payment of my insurance benefits be made to Sound Health Medical Supply for any supplies or services furnished to be by Sound Health Medical Supply. I am responsible for any balance due that is not covered by my insurance. I understand any product received in my home, opened or unopened, cannot be returned. I authorize any holder of medical information about me to release to Sound Health Medical Supply any information needed to determine benefits payable for these supplies or services. Further, I authorize Sound Health Medical Supply to forward my medical records to the medical professionals in my care and/or make copies of said records. I acknowledge that I have received the policies and procedures and HIPPA information from Sound Health.

Patient Name: _____ Email: _____

Authorized Signature: _____ Date: _____ Phone: _____

Name Of Authorized Representitive: _____

(If Patient is Unable to Sign)

04/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

04/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 4/5/2023 1020

Pt in clinic for wound management of LLE stasis ulcers. Her son is also present and helps with removing the remnants of petrolatum impregnated gauze which was covering the LLE. Upon removal of the gauze, there are 3 large wounds with multiple small healing wounds throughout the distal 2/3s of the shin and the calf. The latter did not need to be addressed today. The son and pt endorse the petrolatum has helped reduce the amount of pain the pt experiences caused by drying of the gauze and its subsequent pulling on the wounds.
The lateral superior foot wound is about 8.5 cm x 3 cm at its widest x up to 0.7 cm deep at it's most proximal inferior edge, irregularly shaped, with thick scarring at the distal inferior edge, moist desquamation/maceration around the edges along with moist eschar throughout.
The lateral ankle wound is oval, about 6 cm x 3.5 cm x 0.3 cm, with moist eschar throughout.
The medial ankle wound is oval/circular, about 3 cm x 3 cm x 0.3 cm, with moist eschar throughout. The intact skin between the wounds is greasy, due to the petrolatum, but also experiencing maceration.
The nurse who did wound care last week stopped by and commented how all of the wounds looked better, including

04/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

the smaller wounds discussed in last week's note.

All wounds were debrided of dead skin and eschar to tolerance using a 4 mm curette taking about 40 minutes. There was scant bleeding. The lower extremity was cleansed gently with NS and gauze. TheraHoney gel was placed on gauze which were gently put over each wound. A moderate layer of Petrolatum was placed over this gauze to help reduce friction and drying of the dressing which can cause the pt much pain. Dressing covered with a surgical sleeve. Pt to return next week for further wound management.

Electronically signed by Perez, Delmis Joel, RN at 4/12/2023 11:57 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

04/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 4/5/2023 10:20 AM Hall Health Primary Care Center 206-685-1011

Instructions from Delmis P, RN

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

triamcinolone

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Today's Visit

You saw Delmis P, RN on Wednesday April 5, 2023 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

APR 26 2023 — **Return Patient Appointment with William E Neighbor, MD**
Wednesday April 26 10:00 AM (Arrive by 9:45 AM)
Masks will continue to be required for all patients, visitors and staff in patient areas to protect the health and safety of our patients, who are often at a higher-risk for infection and more likely to experience adverse health effects due to COVID-19, RSV, influenza and other respiratory viruses.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

APR 27 2023 — **Clinical Support**
Thursday April 27 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MAY 15 2023 — **Hearing Aid Evaluation New with Anne E Harvey, AUD**
Monday May 15 9:00 AM (Arrive by 8:45 AM)

UW Medicine Montlake Audiology
1959 NE Pacific Street, Box 356161
Seattle WA 98195
206-598-4022

04/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at **https://mychart.uwmedicine.org/prod01/**.

04/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of April 5, 2023 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
medihoney topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
START **triamcinolone** 0.1 % cream Commonly known as: Kenalog Started by: William E Neighbor, MD	Apply topically 2 times a day. Apply to both forearms.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

04/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

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How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
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Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

04/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 4/12/2023 11:57 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

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04/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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04/05/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
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04/05/2023 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Cellulitis of left lower extremity (primary)
- Lower extremity ulceration, left, limited to breakdown of skin
- Dermatitis

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup

04/05/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/10/2022
Start date: 10/10/2022 — End date: 6/12/2024
Action: Patient not taking — Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/1/2022
Start date: 12/1/2022 — End date: 8/24/2023
Quantity: 45 tablet — Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/13/2022
Start date: 12/13/2022 — End date: 1/3/2024
Quantity: 90 tablet — Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD — Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/23/2023
Start date: 1/23/2023 — End date: 9/19/2023
Quantity: 90 tablet — Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2023
Start date: 2/24/2023 — End date: 4/10/2024
Quantity: 10 mL — Refill: 6 refills by 2/24/2024

triamcinolone 0.1 % cream

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Apply topically 2 times a day. Apply to both forearms.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2023
Start date: 4/5/2023 — End date: 6/12/2024
Action: Patient not taking — Quantity: 28.4 g
Refill: 1 refill by 4/4/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 4/5/2023 1000

Jeanne Leonie Hoffman is a 98 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  Wound care, R arm very inflamed and itchy for 2-3 days

Visit type (in person vs telemedicine vs phone): In person

History

Jeanne comes in with her son Louis as usual.

Left lower extremity cellulitis
They are completing the 10-day course of cephalexin. She has not had any fever chills or night sweats. There has been decreased discomfort in the lower extremity

Left lower extremity ulcerations
They come in for follow-up

Pruritus and redness of the forearms
In the last week she has developed marked itching and dry skin of both forearms. They have been using some topical Benadryl but has not been sufficiently helpful.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006

LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 4/5/23 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		

Clinical Notes (continued)

• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		
• losartan 25 MG tablet	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• MULTIPLE VITAMIN OR	Take by mouth.		
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day	10 mL	6
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 145/65 | Pulse (!) 59
Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 145/65	(!) 59	---	---	---	9:50 AM	4/5/2023

Last blood pressure recorded in this encounter: **(!) 145/65**
General: No acute distress
She is wearing hearing aids today which aids in communication
Skin
-Both forearms show diffuse dry skin with redness and evidence of itching. There is no evidence of bacterial infection at this time
-Lower extremities. See nurse note. There is marked decreased erythema indicating resolution of the cellulitis.

Multiple small ulcerations on the anterior and posterior aspects of the tibial area surface are nearly resolved. There continues to be larger ulceration right medial ankle and left lower lower leg.

Lab and other tests: None

Assessment and Plan:
1. Cellulitis of left lower extremity
Resolving.

Plan
-- Complete course of prescribed cephalexin antibiotic
-- Follow-up in 1 week

2. Lower extremity ulceration, left, limited to breakdown of skin
Reduce number of very small ulcerations. Larger ulceration on the medial ankle and lower lateral lower leg are stable or perhaps gradually decreasing in size.

Plan
-- Nurse conducted debridement today and review bandaging.
-- Bandaging instructions reviewed with her son who was present for the visit today
-- Follow-up visit in 1 week

3. Dermatitis
She has dry inflamed skin on both upper extremities restricted to the forearms which is quite itchy. Not able to identify anything she may have come into contact with.

Plan
For acute inflammation use triamcinolone cream sparingly over the forearms twice daily for the next week then discontinue
- triamcinolone 0.1 % cream; Apply topically 2 times a day. Apply to both forearms. Dispense: 28.4 g; Refill: 1

Follow instructions below for dry skin

Treatment for dry skin and eczema

Avoid most soaps except perhaps neutrogena or other hypoallergenic soaps
Tepid rather than hot showers
Pat rather than rub skin dry
After showering apply lubriderm, hydroeucerin other hydrating cream to body. Prefer thicker cream from a tub rather than something that is thin enough to be squeezed from a tube.

Use steroid cream such as triamcinolone to decrease inflamation. Usually takes about 5-7 days before benefit is seen.

For skin lubricants
Common lotioins are : Cetaphil, Cerave, Curel, Neutrogena body emulsion, Pen-Kera, DML, Keri, Lubriderm and Moisturel. Lotions are easy to apply but may not sufficiently protect the skin from drying

Creams are usually more effective in treating dry skin. Common creams are Cerave, Eucerin, and Cetaphil. They usually come in a jar.

Ointments tend to be greasy. Two common brands are Vaseline and Aquaphor. Applying them after showering can

04/05/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

reduce the amount that is needed.

Follow-up in 1 week

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
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For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 4/5/2023 1:41 PM

Other Orders

Medications

triamcinolone 0.1 % cream (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 04/05/23 1334** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 04/05/23 1334 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine BID 04/05/23 - 06/12/24 Class: Normal
Discontinued by: Van Hoff, Linda A, ARNP 06/12/24 1043 [Med list cleanup]
Diagnoses
Dermatitis [L30.9]
Admin instructions: Apply to both forearms.

Indications

Dermatitis [L30.9 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	04/05/23 0950
BP	**145/65** !
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	**59** !

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

04/05/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
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AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 4/5/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

triamcinolone

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Today's Visit

You saw William E Neighbor, MD on Wednesday April 5, 2023. The following issues were addressed: Cellulitis of left lower extremity; Lower extremity ulceration, left, limited to breakdown of skin; and Dermatitis.

Blood Pressure	Pulse
145/65	59

What's Next

APR 12 2023 — **Return Patient Appointment with William E Neighbor, MD**
Wednesday April 12 10:00 AM (Arrive by 9:45 AM)
Masks will continue to be required for all patients, visitors and staff in patient areas to protect the health and safety of our patients, who are often at a higher-risk for infection and more likely to experience adverse health effects due to COVID-19, RSV, influenza and other respiratory viruses.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

APR 12 2023 — **Clinical Support**
Wednesday April 12 10:20 AM (Arrive by 10:05 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

MAY 15 2023 — **Hearing Aid Evaluation New with Anne E Harvey, AUD**
Monday May 15 9:00 AM (Arrive by 8:45 AM)

UW Medicine Montlake Audiology
1959 NE Pacific Street, Box 356161
Seattle WA 98195
206-598-4022

04/05/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Test Results

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04/05/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of April 5, 2023 1:41 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
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MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day
START **triamcinolone** 0.1 % cream Commonly known as: Kenalog Started by: William E Neighbor, MD	Apply topically 2 times a day. Apply to both forearms.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

04/05/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

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I got a referral. What do I do?

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Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

Messages

Visit summary

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/5/2023 1:38 PM
Last Read in MyChart		

Messages (continued)

Not Read

Jeanne: Below is a summary of your visit

I think it best that you be seen again in another week to assure that the itching on the forearm is improving without signs of infection and that the infection of the left lower leg has not recurred. Please schedule a 20-minute visit with me if you have not already and assure that there is a visit scheduled with the nurse.

Assessment and Plan:
1. Cellulitis of left lower extremity
Resolving.

Plan
-- Complete course of prescribed cephalexin antibiotic
-- Follow-up in 1 week

2. Lower extremity ulceration, left, limited to breakdown of skin
Reduce number of very small ulcerations. Larger ulceration on the medial ankle and lower lateral lower leg are stable or perhaps gradually decreasing in size.

Plan
-- Nurse conducted debridement today and review bandaging.
-- Bandaging instructions reviewed with her son who was present for the visit today
-- Follow-up visit in 1 week

3. Dermatitis
She has dry inflamed skin on both upper extremities restricted to the forearms which is quite itchy. Not able to identify anything she may have come into contact with.

Plan
For acute inflammation use triamcinolone cream sparingly over the forearms twice daily for the next week then discontinue
- triamcinolone 0.1 % cream; Apply topically 2 times a day. Apply to both forearms. Dispense: 28.4 g; Refill: 1

Follow instructions below for dry skin

Treatment for dry skin and eczema

Avoid most soaps except perhaps neutrogena or other hypoallergenic soaps
Tepid rather than hot showers
Pat rather than rub skin dry
After showering apply lubriderm, hydroeucerin other hydrating cream to body. Prefer thicker cream from a tub rather than something that is thin enough to be squeezed from a tube.

Use steroid cream such as triamcinolone to decrease inflamation. Usually takes about 5-7 days before benefit is seen.

For skin lubricants
Common lotioins are : Cetaphil, Cerave, Curel, Neutrogena body emulsion, Pen-Kera, DML, Keri, Lubriderm and Moisturel. Lotions are easy to apply but may not sufficiently protect the skin from drying

04/05/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Messages (continued)

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04/05/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 4/5/2023 1:41 PM: After Visit Summary

Document (below)

UW Medicine
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AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 4/5/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

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Pulse 59

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04/05/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

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Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

03/28/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Care and RN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Brighton, Marcelle, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

03/28/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

cephalexin (Keflex) 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/28/2023
Start date: 3/28/2023
End date: 4/4/2023
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Brighton, Marcelle, RN at 3/28/2023 1020

Wound Care Visit

S:
Jeanne Leonie Hoffman who is 98 years old woman who presents today for wound care/dressing change.
History of wound: Pt with status ulcers of L lower extremity. See history of wound in Dr. Neighbor's note.

03/28/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Pain: Pt c/o worsening pain/redness of lower L leg and multiple new forming sores over past 4 days on lower L leg. Back of L leg is tender to touch. Healing ulcers are stable and continuing to improve slowly. Also c/o itching rash on R underside of forearm. Pt believes this may be due to contact with antiseptic solution used for wound care of leg. Accompanied by son who states they have been using OTC wound care supplies as the supplies ordered to be delivered at her last visit here have not arrived. Has been using an OTC antiseptic similar to Bactine. Allows Jeanne to do her own cleaning of wounds and then helps with dressing. Pt has been taking Tylenol for pain and occasionally an Oxycontin is pain is severe, according to son.

O:
Location: 3 ulcers present on L lower leg. Evidence of continued healing of each of 3 ulcers. Minor slough apparent in L medial ankle ulcer, minor rolled wound edges. Lateral L ankle ulcer with mild wound edge rolling, slough. Upper L lateral ulcer with continued signs of healing, no slough apparent today. Multiple (approx 8-10) scattered new small ulcers covering superior aspect of L calf, none underneath. Calf is red and warm to touch. Redness extends to within 2-3 " of L knee. Dr. Neighbor in wound care room to assess new sores and rash.See his note for care recommendations. Will start Keflex and topical cream for rash.
Duration: several months, ongoing
Measurements: L lateral dorsal foot approx measurement 7.5 cm x 2.5 cm x 0.2 cm depth. L lateral tibia: 5.5 cm x 2 cm. L medial distal ankle: 3.0 cm x 3.0 cm.
Undermining/Tunneling: no tunneling noted.
Wound Bed: mild slough in wound beds, small areas of tissue granulation.
Wound Edges: rolled/thickened
Exudate: minor slough in wound beds, easily removed with curettage.
Circulation: skin is warm, dry

TDAP status: 9/20/2017
There were no vitals taken for this visit.

A:
Wound Healing Status: ongoing.
Presence of signs of infection or over-colonization? no
Etiology of Wound: mixed pressure and vascular
Extent of Tissue Injury: partial and full thickness wounds
Barriers/Risk Factors: underlying medical conditions, ill-fitting shoes, self care deficits

P:
Cleansed with NS, sharp debridement with curette.
Use of skin barrier - No
Primary dressing and topical: Covered existing and new wounds with medihoney and covered with vaseline gauze.
Secondary dressing: light covering with gauze and Kerlex
Secure with Surgical gauze sleeve.
Debridement Type: sharp
Pt tolerated the procedure well? Yes, pt with only mild discomfort during debridement of L lateral tibia wound.

Patient's Home Care Instructions:
- Wash hands before and after wound care with soap and water for at least 15 seconds
- Home care: change dressing QOD. Remove shoes and socks q 2 hrs
- Monitor and report increased redness, drainage, warmth, pain, or fevers (greater than 100.5F)
- Pt encouraged to stay as active as possible. If unable to walk, do foot flexion/ extension exercises to aide circulation.

03/28/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Follow up: in 1 week with Dr. Neighbor and for wound care visit.

Electronically signed by Brighton, Marcelle, RN at 3/28/2023 11:47 AM

After Visit Summary

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After Visit Summary (below)

03/28/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 3/28/2023 10:20 AM Hall Health Primary Care Center 206-685-1011

Instructions from Marcelle B, RN

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

cephalexin

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Today's Visit

You saw Marcelle B, RN on Tuesday March 28, 2023 for: Wound Care and RN60.

What's Next

APR 5 2023	Return Patient Appointment with William E Neighbor, MD Wednesday April 5 10:00 AM (Arrive by 9:45 AM)	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011
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03/28/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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03/28/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of March 28, 2023 11:47 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cephalexin 500 MG capsule Commonly known as: Keflex	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
medihoney topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

03/28/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!

Scan this code or visit uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

03/28/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 3/28/2023 11:47 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 3/28/2023 10:20 AM Hall Health Primary Care Center 206-685-1011

Instructions from Marcelle B, RN

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

cephalexin

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Today's Visit

You saw Marcelle B, RN on Tuesday March 28, 2023 for: Wound Care and RN60.

What's Next

APR 5 2023	Return Patient Appointment with William E Neighbor, MD Wednesday April 5 10:00 AM (Arrive by 9:45 AM)	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011
APR 5 2023	Clinical Support Wednesday April 5 10:20 AM (Arrive by 10:05 AM)	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011
APR 12 2023	Return Patient Appointment with William E Neighbor, MD Wednesday April 12 10:00 AM (Arrive by 9:45 AM)	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011
APR 12 2023	Clinical Support Wednesday April 12 10:20 AM (Arrive by 10:05 AM)	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

03/28/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

MyChart Sign-Up
View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

03/28/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of March 28, 2023 11:47 AM

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03/28/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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I got a referral. What do I do?

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MyChart

Scan this code or visit
uwmedicine.com/mychart

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Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

03/28/2023 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Cellulitis of left lower extremity (primary)
- Lower extremity ulceration, left, limited to breakdown of skin
- Essential hypertension, benign

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup

03/28/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/10/2022
Start date: 10/10/2022 — End date: 6/12/2024
Action: Patient not taking — Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/1/2022
Start date: 12/1/2022 — End date: 8/24/2023
Quantity: 45 tablet — Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/13/2022
Start date: 12/13/2022 — End date: 1/3/2024
Quantity: 90 tablet — Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD — Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/23/2023
Start date: 1/23/2023 — End date: 9/19/2023
Quantity: 90 tablet — Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2023
Start date: 2/24/2023 — End date: 4/10/2024
Quantity: 10 mL — Refill: 6 refills by 2/24/2024

cephalexin (Keflex) 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/28/2023
Start date: 3/28/2023 — End date: 4/4/2023
Quantity: 28 capsule — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 3/28/2023 1000

Jeanne Leonie Hoffman is a 98 year old female here to discuss the following:

Clinical Notes (continued)

Chief Complaint
Patient presents with
- Follow-Up
  Wound care, L leg

Visit type (in person vs telemedicine vs phone): In person

History
Jeanne comes in attended by her son Louis as usual. Her hearing aids are not working today.

Redness of left lower leg
In the last week she has developed increasing pain and redness in the left lower leg without fever chills or night sweats.

Her son is continue to apply bandages for chronic leg ulcerations as instructed by our nursing staff. They come in today for follow-up.

Regarding blood pressure, her son reports compliance with losartan.

Problem List
Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006

LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006

4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 3/28/23 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for		

03/28/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

	indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		
• losartan 25 MG tablet	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• MULTIPLE VITAMIN OR	Take by mouth.		
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day	10 mL	6
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 176/74 | Pulse 67
Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 176/74	67	---	---	---	9:51 AM	3/28/2023

Last blood pressure recorded in this encounter: **(!) 176/74**
General: No acute distress
Difficult communication today because of hearing aids not working

Lower extremity, left
-- Diffuse erythema with increased warmth without vein distention in the feet. Good capillary refill
-- In addition to the persistent right medial malleolar and left lateral lower leg ulcerations which we have been caring for today she additionally has minute areas of breakdown in multiple areas on the anterior and posterior aspect of the lower leg. Total is about 20.

Lab and other tests: None

Assessment and Plan:

Clinical Notes (continued)

1. Cellulitis of left lower extremity
New episode of cellulitis of left lower extremity with the last episode being 2 to 3 years ago which responded to cephalexin. No evidence of DVT clinically.

Plan
- cephalexin (Keflex) 500 MG capsule; Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. Dispense: 28 capsule; Refill: 0
- CBC with Diff; Future
-Follow-up in 1 week

2. Lower extremity ulceration, left, limited to breakdown of skin
New areas of skin breakdown related to the cellulitis on top of the more chronic area as described above. Wound care supply prescriptions were sent to the company that they use after last visit but have not yet been received.

Plan
--Wound was evaluated and redressed by nurses with the son present today for instruction
--Son will contact the wound care supply company
--Follow-up in 1 week

3. Essential hypertension, benign
Blood pressure somewhat elevated today in systolic pressure but not diastolic. She is in quite a bit of discomfort which may be raising her blood pressure. Goal is to have her systolic closer to 60. There is diastolic is in a safe range.

Plan
Continue low-dose of losartan and recheck in 1 week

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 4/5/2023 6:07 PM

Labs

CBC with Diff (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 03/28/23 1016** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 03/28/23 1016
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 03/28/23 -
Class: Lab Collect
Quantity: 1
Diagnoses
Cellulitis of left lower extremity [L03.116]

Questionnaire

03/28/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

CBC with Diff (Abnormal) Resulted: 03/28/23 1242, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 03/28/23 1124
Filed by: Uw Lab Results Interface, User 03/28/23 1243
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 03/28/23 1707
Mohova, Elena A, CMA on 04/03/23 1502

Order status: Completed
Collected by: 6780 03/28/23 1124

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.11	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.62	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	11.4	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	37	36.0 - 45.0 %	—	UWMC
MCV	102	81 - 98 fL	H	UWMC
MCH	31.5	27.3 - 33.6 pg	—	UWMC
MCHC	30.9	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	289	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.1	11.0 - 14.5 %	—	UWMC
% Neutrophils	64	%	—	UWMC
% Lymphocytes	20	%	—	UWMC
% Monocytes	10	%	—	UWMC
% Eosinophils	5	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	0	%	—	UWMC
Neutrophils	3.91	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.21	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.59	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.32	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.06	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.02	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC STREET MS 357110	04/18/22 1358 - 09/08/23 1026

03/28/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

SEATTLE WA 98195-0001

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

Other Orders

Medications

cephalexin (Keflex) 500 MG capsule (Expired)

Electronically signed by: **Neighbor Jr., William E, MD on 03/28/23 1016** Status: **Expired**
Ordering user: Neighbor Jr., William E, MD 03/28/23 1016 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine QID 03/28/23 - 7 days Class: Normal
Diagnoses
Cellulitis of left lower extremity [L03.116]
Medication comments: Took Kelfex in 2019 twice for cellulitis without reaction. Confirmed patient does not have hx of penicillin anaphylaxis. Also took Keflex in 2021 without reaction
Reordered from: cephalexin (Keflex) 500 MG capsule

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	03/28/23 0951
BP	**176/74** !
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	67

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

03/28/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 3/28/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

cephalexin

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Labs ordered today

CBC with Diff
Please complete by or around 3/28/2023

Today's Visit

You saw William E Neighbor, MD on Tuesday March 28, 2023. The following issue was addressed: Cellulitis of left lower extremity.

Blood Pressure	Pulse
176/74	67

What's Next

APR 12 2023 — Return Patient Appointment with William E Neighbor, MD
Wednesday April 12 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

03/28/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of March 28, 2023 11:11 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cephalexin 500 MG capsule Commonly known as: Keflex	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
medihoney topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

03/28/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

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How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

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uwmedicine.com/mychart

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

03/28/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 3/28/2023 11:11 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 3/28/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

cephalexin

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Labs ordered today

CBC with Diff
Please complete by or around 3/28/2023

Today's Visit

You saw William E Neighbor, MD on Tuesday March 28, 2023. The following issue was addressed: Cellulitis of left lower extremity.

Blood Pressure	Pulse
176/74	67

What's Next

APR 12 2023 — Return Patient Appointment with William E Neighbor, MD
Wednesday April 12 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

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Jeane L. Hoffman (MRN: U8170135) • Printed by Elena M at 3/28/2023 11:11 AM

Page 1 of 3 Epic

03/28/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of March 28, 2023 11:11 AM

ⓘ If you have any questions, ask your nurse or doctor.

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03/28/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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MyChart

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Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

03/28/2023 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- Cellulitis of left lower extremity

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

03/28/2023 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

Stopped in Visit

None

Labs

CBC with Diff (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 03/28/23 1016**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 03/28/23 1016
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 03/28/23 -
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Yoon, Kaitlyn J, PCT 3/28/2023 11:24 AM
Diagnoses
Cellulitis of left lower extremity [L03.116]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T2756031	Blood	—	6780 03/28/23 1124

03/28/2023 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

CBC with Diff (Abnormal) Resulted: 03/28/23 1242, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 03/28/23 1124
Filed by: Uw Lab Results Interface, User 03/28/23 1243
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 03/28/23 1707
Mohova, Elena A, CMA on 04/03/23 1502

Order status: Completed
Collected by: 6780 03/28/23 1124

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.11	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.62	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	11.4	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	37	36.0 - 45.0 %	—	UWMC
MCV	102	81 - 98 fL	H	UWMC
MCH	31.5	27.3 - 33.6 pg	—	UWMC
MCHC	30.9	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	289	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.1	11.0 - 14.5 %	—	UWMC
% Neutrophils	64	%	—	UWMC
% Lymphocytes	20	%	—	UWMC
% Monocytes	10	%	—	UWMC
% Eosinophils	5	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	0	%	—	UWMC
Neutrophils	3.91	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.21	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.59	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.32	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.06	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.02	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	04/18/22 1358 - 09/08/23 1026

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 3/28/2023 17:07

03/28/2023 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

03/07/2023 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Lower extremity ulceration, left, limited to breakdown of skin (primary)
- Essential hypertension, benign

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/28/2023

03/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
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Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 3/7/2023 1000

Jeanne Leonie Hoffman is a 98 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  Wound care

Visit type (in person vs telemedicine vs phone): In person

History

Jeanne was last seen 2 weeks ago for slowly healing ulcers of the left lower leg. She returns today for dressing changes. They are running out of dressing supplies. After her last visit I had communicated with sound health medical and received forms which are being completed today to help them obtain dressing supplies.

Jeanen is accompanied by her son Louis today. Her hearing aid batteries are dead this morning so its difficult communicating with her.

The nurse saw the patient. Wounds are slow slowly healing. Dressings reapplied. Please see the nurse's note.

Forms completed by the nurse.

She did not take her blood pressure medications this morning.

Review of Systems:

No fever chills

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 3/7/23 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab,		

	PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		
• losartan 25 MG tablet	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• MULTIPLE VITAMIN OR	Take by mouth.		
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day	10 mL	6
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 188/97 | Pulse 81

Estimated body mass index is 16.51 kg/m² as calculated from the following:

03/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 188/97	81	---	---	---	10:03 AM	3/7/2023

Last blood pressure recorded in this encounter: **(!) 188/97**
General: No acute distress
The nurse saw the patient. Wounds are slow slowly healing. There is no evidence of acute infection dressings reapplied. Please see the nurse's note.

Lab and other tests: none

Assessment and Plan:
1. Lower extremity ulceration, left, limited to breakdown of skin
Slow healing of ulcerations without evidence of cellulitis or other infection at the current time.

Plan
-- Wounds redressed today
-- Dressing supplies ordered through sound medical health
– Next visit in 2 weeks.

2. Essential hypertension, benign
Blood pressure elevated probably secondary to not taking her medications.

Emphasized the importance of taking her medication.

Other
Also reemphasized the importance of being able to communicate with Jeanne at her visits which requires that she has her hearing aids and that the batteries are operative
Thank you

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 3/8/2023 5:46 PM

Brighton, Marcelle, RN at 3/7/2023 1000

Wound Care Visit

S:

03/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Jeanne Leonie Hoffman who is 98 years old presents today for wound care/dressing change.
History of wound: Pt with status ulcers of L lower extremity. See history of wound in Dr. Neighbor's note.
Pain: Pt c/o pain, tenderness that extends from upper L calf down to achilles area. Tender to touch. Pt is concerned a new sore is forming, "feels hard"
Home treatment: Pt son does wound care and dressing changes at home.

O:
Location: 3 ulcers present on L lower leg. Evidence of continued healing of each of 3 ulcers. Minor slough apparent in L medial ankle ulcer, minor rolled wound edges. Lateral L ankle ulcer with mild wound edge rolling, slough. Upper L lateral ulcer with continued signs of healing, no slough apparent today. No clear evidence of forming sore in the area that pt indicates increasing pain. Skin is warm and dry.Skin is tight and shiny on back of calf. Tender to touch. Dr. Neighbor aware of reported pain.
Duration: several months, ongoing
Measurements: L lateral dorsal foot approx measurement 7.5 cm x 2 cm x 0.2 cm depth. L lateral tibia: 6.5 cm x 5 cm. L medial distal ankle: 3.5 cm x 3.5 cm. Measurements from wound care visit on 2/21/23 were approximations and today's measurements are accurate.
Undermining/Tunneling: no tunneling noted.
Wound Bed: mild slough in wound beds, small areas of tissue granulation.
Wound Edges: rolled/thickened
Exudate: minor slough in wound beds, easily removed with curettage.
Circulation: skin is warm, dry
Periwound condition: pt with dry, thickened skin around wound. No evidence of infection.
TDAP status: 9/20/2017
BP (!) 188/97 | Pulse 81

A:
Wound Healing Status: ongoing.
Presence of signs of infection or over-colonization? no
Etiology of Wound: mixed pressure and vascular
Extent of Tissue Injury: partial and full thickness wounds
Barriers/Risk Factors: underlying medical conditions, ill-fitting shoes, self care deficits

P:
Cleansed with NS, sharp debridement with curette.
Use of skin barrier - No
Primary dressing and topical: Covered wounds with silver alginate
Secondary dressing: light covering with gauze and Kerlex
Secure with Surgical gauze sleeve.
Debridement Type: sharp
Pt tolerated the procedure well? Yes, pt with only mild discomfort during debridement of L lateral tibia wound.

Patient's Home Care Instructions:
- Wash hands before and after wound care with soap and water for at least 15 seconds
- Home care: change dressing QOD. Remove shoes and socks q 2 hrs
- Monitor and report increased redness, drainage, warmth, pain, or fevers (greater than 100.5F)
- Pt encouraged to stay as active as possible. If unable to walk, do foot flexion/ extension exercises to aide circulation.
- Follow up: in 2 weeks with Dr. Neighbor

03/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Marcy Brighton, RN/BSN

Electronically signed by Brighton, Marcelle, RN at 3/8/2023 5:46 PM

Flowsheets

Vital Data

Row Name	03/07/23 1003
BP	**188/97** !
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	81

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

03/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 3/7/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Tuesday March 7, 2023. The following issues were addressed: Lower extremity ulceration, left, limited to breakdown of skin and Essential hypertension, benign.

Blood Pressure	Pulse
188/97	81

What's Next

MAR 28 2023 — Return Patient Appointment with William E Neighbor, MD
Tuesday March 28 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

03/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of March 7, 2023 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
medihoney topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill 1 drop into both eyes twice a day

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

03/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

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If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
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Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

Messages

Visit summary

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	3/7/2023 12:30 PM
Last Read in MyChart		

03/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Messages (continued)

Not Read

Jeanne: Below is a summary of your visit.

Assessment and Plan:
1. Lower extremity ulceration, left, limited to breakdown of skin
Slow healing of ulcerations.

Plan
-- Wounds redressed today
-- Dressing supplies ordered through sound medical health
– Next visit in 2 weeks.

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Blood pressure elevated probably secondary to not taking her medications.

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03/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 3/8/2023 5:46 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 3/7/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

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Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 3/8/2023 5:46 PM

Page 1 of 3 Epic

03/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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03/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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03/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 3/21/2023 1:07 PM: sound health medical order (effective from 3/21/2023)

Scan (below)



FAX

Date:	03/01/2023
Pages including cover sheet:	3

To:	2066164683@rcfax.com
Phone	
Fax Phone	*(206) 616-4683*

From:	Refill Hotline
	Sound Health Medical
	2811 S 12th Street
	Tacoma
	WA 98405
Phone	(888) 909-6863 * 8
Fax Phone	18889096863

NOTE:

Please fill out info in its entirety. If you have questions you can
Email me at nate@soundhealthmedical.com

03/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

From: Refill Hotline Fax: 18889096863 To: 2066164683@rcfax.com Fax: (206) 616-4683 Page: 2 of 3 03/01/2023 12:22 PM

Sound Health MEDICAL

Quick Start Program
Next day Delivery

CMN Order
Fax: 888.958.2960
Questions? Call: 888.958.2960
Full Assignment Accepted

Patient Name: ~~Lois~~ JEANNE Hoffman Clinic: HALL HEALTH

Customer Service Rep: nate	Primary	Secondary	Qty	Apply to Wound(s) 1	2	3	4
Item: Melgisorb Alginate (Ag)	P	S	5 boxes				
Item: Curity Stretch bandage 4"x 5"	P	S	15 rolls				
Item: Curad Non-adherent gauze 2"x3"	P	S	1 box				
Item: Surgilast (gauze sleeve) - 25 yards	P	S	1 box				
Item: Normal Saline unit doses vials 30 x 15ml	P	S	1 box				
Item: Paper tape or other to secure	P	S	1 roll				
Item: Stretch bandage	P	S					

Diagnosis/ICD10 Code:

Wound Location	Wound Size	Change Frequency	Drainage & Thickness	Has Wound ever been Debrided?
Left lateral ankle	7.5cm x 2cm x 0.2cm	QOD	minor slough — Partial (Full)	(Yes) No
left medial ankle	3.5cm x 3.5cm x 0.2cm	QOD	minor slough — (Partial) Full	(Yes) No
L lateral Fibia	6.5cm x 5cm x 0.3cm	QOD	minor slough — (Partial) Full	(Yes) No
			Partial Full	Yes No

Duration: 30 ~~90~~ Days Patient knows how to use product? (Yes) No Pt. son knows how to use products Wound Is Surgical? Yes (No)

Prognosis: Poor Fair Good Excellent Patient Received a Starter Kit? Yes No

Physician Name: WILLIAM NEIGHBOR NPI: 1265578859 Fax: 206 616 4685 Phone: 206 616 2455

Signature: William Neighbor Date: 3/7/2023 Email for Digital Signature:

I request that payment of my insurance benefits be paid to Sound Health Medical Supply. I understand product received in my home opened or unopened cannot be returned. I authorize anyone with my medical information to release it to Sound Health Medical Supply any information needed to determine benefits payable for these supplies or services. Further, I authorize Sound Health Medical Supply to forward my medical records to the medical professionals in my care and/or makecopies of said records. I acknowledge that I have received the policies and procedures and HIPPA information from Sound Health.

Patient Signature: Date

03/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

From: Refill Hotline Fax: 18889096863 To: 2066164683@rcfax.com Fax: (206) 616-4683 Page: 3 of 3 03/01/2023 12:22 PM

PATIENT ENCOUNTER NOTE

Patient Name		DOB:	DOS:
Wound location	Wound location	Wound location	Wound location
Length:	Length:	Length:	Length:
Width:	Width:	Width:	Width:
Depth:	Depth:	Depth:	Depth:
Wound thickness	Wound thickness	Wound thickness	Wound thickness
☐ Partial ☐ Full Thickness	☐ Partial ☐ Full Thickness	☐ Partial ☐ Full Thickness	☐ Partial ☐ Full Thickness
Date of last debridement:	Date of last debridement:	Date of last debridement:	Date of last debridement:
Style of debridement	Style of debridement	Style of debridement	Style of debridement
Sharp ☐ Mechincal ☐ Chemical ☐ Autolytic ☐ Other:	Sharp ☐ Mechincal ☐ Chemical ☐ Autolytic ☐ Other:	Sharp ☐ Mechincal ☐ Chemical ☐ Autolytic ☐ Other:	Sharp ☐ Mechincal ☐ Chemical ☐ Autolytic ☐ Other:
Wound is surgical? Yes No	Wound is surgical? Yes No	Wound is surgical? Yes No	Wound is surgical? Yes No
Drainage Amount	Drainage Amount	Drainage Amount	Drainage Amount
Is patient being seen weekly or monthly?			
Dressings Prescribed:			
How many dressings are to be used per dressing change for each wound?			
Provider signature:		Date:	
NPI:	Quickest way to contact clinic:		

**MEDICAL RECORD **

03/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

P. 1

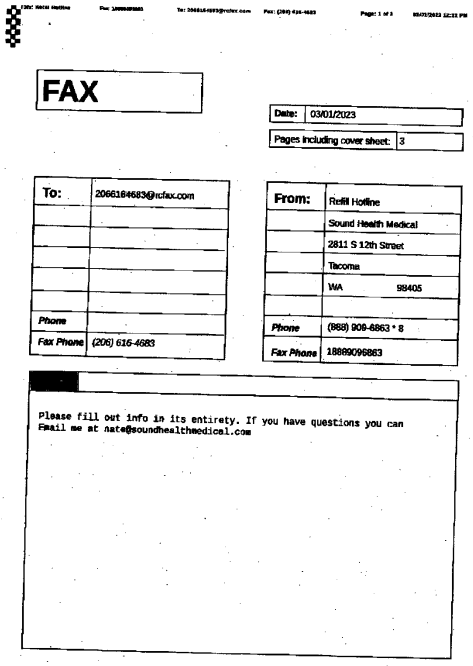
* * * Communication Result Report (Mar. 7. 2023 3:46PM) * * *

1)
2)

Date/Time: Mar. 7. 2023 3:44PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
8670	Memory TX	918889096863	P. 3	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax



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Fax Phone	18889096863

Please fill out info in its entirety. If you have questions you can Email me at nate@soundhealthmedical.com

02/28/2023 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL

02/28/2023 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

Stopped in Visit

None

Messages

wound upadate

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	3/1/2023 12:24 PM

Last Read in MyChart
Not Read

Jeanne and Louis:

Our nurses prepared a list of dressing supplies. I contacted Nate at Sound Health Medical Supplies, based in Tacoma, telephone 253-495-7240 and spoke with him today. They will be faxing forms that I need to complete which are quite extensive as required by Jeanne's insurance. They will then be able to ship you the supplies.

02/28/2023 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

William E Neighbor, MD

wound upadate

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	2/28/2023 11:45 AM

Wound is improving rapidly.
Jean is experiencing less/no pain, nor complaints.
The surface epithelium of the skin ulceration is becoming flush.

However, Medhoney application seems to asst in rapid cell growth/minimize bacteria.

Although, the need for wound care supplies, is necessary to replenish. Wound Cleaning and reapplication of bandages, does aid in healing.
Long term bandages, cause bacteria growth and dry bandage adhering/sticking causing reopening of small"New" epidermis breakage.

Best to have adequate wound medical supplies.
More I have to restrict or limit wound care...longer healing.

Respectfully

Louis, KI7AGD

02/28/2023 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Terry, Anne Catherine, ARNP

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

02/28/2023 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

cephalexin (Keflex) 500 MG capsule

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/28/2023
Start date: 3/28/2023
End date: 4/4/2023
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Messages

Wound Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting Anne Catherine Terry, ARNP)	2/28/2023 11:44 AM

Wound is improving rapidly.
Jean is experiencing less/no pain, nor complaints.
The surface epithelium of the skin ulceration is becoming flush.

However, Medhoney application seems to asst in rapid cell growth/minimize bacteria.

Although, the need for wound care supplies, is necessary to replenish. Wound Cleaning and

02/28/2023 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

reapplication of bandages, does aid in healing.
Long term bandages, cause bacteria growth and dry bandage adhering/sticking causing reopening of small"New" epidermis breakage.

Best to have adequate wound medical supplies.
More I have to restrict or limit wound care...longer healing.

Respectfully

Louis, KI7AGD

02/23/2023 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL

02/23/2023 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/10/2024
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2023
Start date: 2/24/2023
End date: 4/10/2024
Quantity: 10 mL
Refill: 6 refills by 2/24/2024

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen R, CMA at 2/24/2023 0849

1-Name of Requested Medication: timolol 0.5% eye drops
2-Date of Last Refill: 12/09/21
3-Date of Last Office Visit: 02/21/23
4-Next Office Visit (scheduled or Expected): 03/07/23
Notes:

Electronically signed by Willis, Stephen R, CMA at 2/24/2023 8:50 AM

02/23/2023 - Refill in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Other Orders

Medications

timolol maleate 0.5 % ophthalmic solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/24/23 1109** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/24/23 1109
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 02/24/23 - 04/10/24
Class: Normal
Released by: Neighbor Jr., William E, MD 02/24/23 1109
Discontinued by: Neighbor Jr., William E, MD 04/10/24 1242
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS
Admin instructions: instill 1 drop into both eyes twice a day
Reordered from: timolol maleate 0.5 % ophthalmic solution

Indications

Unspecified glaucoma(365.9) [H40.9 (ICD-10-CM)]

02/23/2023 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

02/23/2023 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen R, CMA at 2/24/2023 0909

Already requested

Electronically signed by Willis, Stephen R, CMA at 2/24/2023 9:09 AM

Other Orders

Medications

02/23/2023 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

timolol maleate 0.5 % ophthalmic solution (Cancel Pend)

Electronically signed by: **Willis, Stephen R, CMA on 02/24/23 0909** Status: **Cancel Pend**
Ordering user: Willis, Stephen R, CMA 02/24/23 0909 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 02/24/23 - Until Discontinued Class: Normal
Pended by: Uw Mychart, Patient User 02/23/23 1707 Discontinued by: Discharge Provider, Automatic 03/14/25 1742
Admin instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Messages

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	2/23/2023 5:07 PM

Refills have been requested for the following medications:

timolol maleate 0.5 % ophthalmic solution [William E Neighbor]

Preferred pharmacy: RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608
Delivery method: Pickup

02/21/2023 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis: Lower extremity ulceration, left, limited to breakdown of skin

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.

02/21/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 5/5/2021
Quantity: 28 capsule
Ordered on: 5/5/2021
End date: 3/28/2023
Refill: Partial refill of 24 capsules by 5/5/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Start date: 12/9/2021
Quantity: 10 mL
Discontinued on: 2/24/2023
Ordered on: 12/9/2021
End date: 2/24/2023
Refill: 6 refills by 12/9/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Start date: 10/10/2022
Action: Patient not taking
Refill: 1 refill by 10/10/2023
Discontinued on: 6/12/2024
Ordered on: 10/10/2022
End date: 6/12/2024
Quantity: 5 mL

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Start date: 12/1/2022
Quantity: 45 tablet
Discontinued on: 8/24/2023
Ordered on: 12/1/2022
End date: 8/24/2023
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Start date: 12/13/2022
Quantity: 90 tablet
Discontinued on: 1/3/2024
Ordered on: 12/13/2022
End date: 1/3/2024
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Start date: 1/23/2023
Quantity: 90 tablet
Discontinued on: 9/19/2023
Ordered on: 1/23/2023
End date: 9/19/2023
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Start date: 2/9/2023
Quantity: 88 mL
Discontinued on: 3/8/2025
Ordered on: 2/9/2023
End date: 3/8/2025
Refill: 6 refills by 2/9/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

Brighton, Marcelle, RN at 2/21/2023 1000

Wound Care Visit

S:
Jeanne Leonie Hoffmanwho is 98 year old presents today for wound care/dressing change.
History of wound: Pt with status ulcers of L lower extremity. See history of wound in Dr. Neighbor's note.
Pain: Pt states she is not feeling pain r/t ulcers.
Home treatment: Pt son does wound care and dressing changes at home.

O:
Location: 3 ulcers present on L lower leg. Lateral and medial ulcers with some rolled edges along wound bed, mild slough apparent in wound beds on each of 3 ulcers.
Duration: several months, ongoing
Measurements: L lateral dorsal foot approx measurement 8 cm x 4 cm x 0.3 cm depth. L lateral tibia: 4 cm x 3 cm. L medial distal ankle: 3.5 cm x 3.5 cm.
Undermining/Tunneling: no tunneling noted.
Wound Bed: slough in wound beds, small areas of tissue granulation.
Wound Edges: rolled/thickened
Exudate: minor slough in wound beds, easily removed with curettage.
Circulation: skin is warm, dry
Periwound condition: pt with dry, thickened skin around wound. No evidence of infection.
TDAP status: 9/20/2017
BP (!) 148/69 | Pulse 68

A:
Wound Healing Status: ongoing.
Presence of signs of infection or over-colonization? no
Etiology of Wound: mixed pressure and vascular
Extent of Tissue Injury: partial and full thickness wounds
Barriers/Risk Factors: underlying medical conditions, ill-fitting shoes, self care deficits

P:
Cleansed with NS, soaked wounds prior to sharp debridement with curette.
Use of skin barrier - No
Primary dressing and topical: Covered wounds with silver alginate
Secondary dressing: light covering with gauze and Kerlex
Secure with Surgical gauze sleeve.
Debridement Type: sharp
Pt tolerated the procedure well? Yes, pt with only mild discomfort during debridement of L lateral tibia wound.

Patient's Home Care Instructions:
- Wash hands before and after wound care with soap and water for at least 15 seconds
- Home care: change dressing QOD. Remove shoes and socks q 2 hrs
- Monitor and report increased redness, drainage, warmth, pain, or fevers (greater than 100.5F)
- Follow up: in 2 weeks with Dr. Neighbor

Marcy Brighton, RN/BSN

Electronically signed by Brighton, Marcelle, RN at 3/1/2023 12:22 PM

Neighbor Jr., William E, MD at 2/21/2023 1000

Jeanne Leonie Hoffman is a 98 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  Wound care, BP

Visit type (in person vs telemedicine vs phone): In person

History

Jeanne is brought in again by her son Louis for skin exam. She has not had any fever or chills. They have been using Medihoney dressings.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006

LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006

4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 2/21/23 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral	Take 2 tablets (2,000		

02/21/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Tab	units) by mouth daily.		
• losartan 25 MG tablet	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• MULTIPLE VITAMIN OR	Take by mouth.		
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use	10 mL	6
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 148/69 | Pulse 68
Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 148/69	68	---	---	---	9:48 AM	2/21/2023

Last blood pressure recorded in this encounter: **(!) 148/69**
General: NAD
Skin:
Left lateral ankle: Ulceration today appears smaller measuring 3.5 x 3 cm approximately with some buildup margins which need debriding.
The ulceration over the pretibial area also appears smaller.

Lab and other tests: none

Assessment and Plan:

1. Lower extremity ulceration, left, limited to breakdown of skin
Slow healing of ulcerations due to venous stasis and arterial disease and 98-year-old female. There is no evidence of infection at the current time.

02/21/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Plan
--Debridement and wound care today by nurse
-- The son has had difficulties reaching local medical care supply company. Plan is that we will identify what wound care supplies are needed and then contact Nat at telephone 253-495-7240 or identify alternative medical supply company on Bainbridge Island
-- Next visit in 2 weeks.

Addendum:
3/1/2023
Wound care supplies recommended by nurse:

Melgisorb Ag (alginate)- 5 boxes (50 squares).
Curity Stretch bandage 4" x 75" - 15 rolls
Curad Non-adherent gauze, 2" x 3" - 1 box is 100 which will last 2-3 months
Surgilast (gauze sleeve) - 1 box of 25 yds, size 7.
Normal Saline, unit dose vials 50 x 15 ml- 1 box.
Paper tape or other to secure stretch bandage

Patient's son contacted. I also contacted the above individual Nate at Sound Heath Medical in Tacoma. They are faxing me forms for completion which are required by the patient's insurance.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 3/1/2023 12:22 PM

Flowsheets

Vital Data

Row Name	02/21/23 0948
BP	**148/69** !
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	68

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

02/21/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 2/21/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Tuesday February 21, 2023. The following issue was addressed: Lower extremity ulceration, left, limited to breakdown of skin.

Blood Pressure	Pulse
148/69	68

What's Next

MAR 7 2023 — Return Patient Appointment with William E Neighbor, MD
Tuesday March 7 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

02/21/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of February 21, 2023 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
medihoney topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

02/21/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

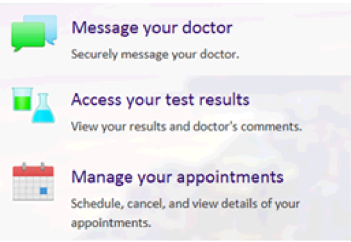
If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!



Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

Messages

wound dressing supplies

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	2/28/2023 11:10 AM

Messages (continued)

Great...It our pleasure.
"old time family doc"

wound dressing supplies

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	2/22/2023 2:10 PM

Last Read in MyChart
6/5/2024 6:21 AM by Hoffman, Jeanne Leonie

I have asked the nurses to provide a list of dressing supplies that you would need each month. I will then try to reach the medical supply company that you listed or find an alternative to which to send a prescription for the supplies.

Thank you again for the banana bread which I am continuing to enjoy. Elena and others have also enjoyed it. She says it was very delicious!

William E Neighbor, MD
I

02/21/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 3/1/2023 12:22 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 2/21/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

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148/69	68

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MAR 7 2023 — Return Patient Appointment with William E Neighbor, MD
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Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 3/1/2023 12:22 PM Page 1 of 3 Epic

02/21/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of February 21, 2023 11:59 PM

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02/21/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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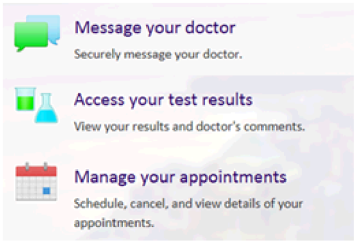

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Request Access to Another Person

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02/08/2023 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

02/08/2023 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/10/2022
Start date: 10/10/2022 — End date: 6/12/2024
Action: Patient not taking — Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/1/2022
Start date: 12/1/2022 — End date: 8/24/2023
Quantity: 45 tablet — Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/13/2022
Start date: 12/13/2022 — End date: 1/3/2024
Quantity: 90 tablet — Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD — Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/23/2023
Start date: 1/23/2023 — End date: 9/19/2023
Quantity: 90 tablet — Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/9/2023
Reason for discontinuation: Reorder
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/24/2023
Start date: 1/24/2023 — End date: 2/9/2023
Quantity: 88 mL — Refill: 2 refills by 1/24/2024

Stopped in Visit

None

Other Orders

Medications

acetaminophen-codeine (Tylenol with Codeine #3) 300-30 MG tablet (Cancel Pend)

Electronically signed by: **Neighbor Jr., William E, MD on 02/09/23 1243** — Status: **Cancel Pend**
Ordering user: Neighbor Jr., William E, MD 02/09/23 1243 — Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine q HS 02/09/23 - Until Discontinued — Class: Normal
Pended by: Mohova, Elena A, CMA 02/08/23 1324 — Discontinued by: Discharge Provider, Automatic 03/14/25 1742
Reordered from: Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Messages

Pain Medication Request

02/08/2023 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	2/28/2023 11:08 AM

Confirmed

Pain Medication Request

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	2/9/2023 12:42 PM

Last Read in MyChart
2/28/2023 11:08 AM by Hoffman, Jeanne Leonie

Jeanne and Louis
The last time the Tylenol with codeine prescription was filled was in 2020. We have not filled it since then as she was seen in the emergency room for somnolence and disorientation which was felt to be due to sensitivity to narcotics. At her age recommendations are to avoid narcotics.

For pain control I would advise
--Acetaminophen (Tylenol) up to a total dose of 3000 mg/day in divided doses
--I would not advise nonsteroidal anti-inflammatory medication such as naproxen or ibuprofen because of risk of stomach irritation and bleeding
--I can prescribe a prescription for topical pain relievers if there is mostly localized area of pain such as in the knees. We can discuss this at your next visit in 2 weeks.

William E Neighbor, MD

Pain Medication Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	2/8/2023 11:35 AM

Request: Acetaminophen-Codeine #3 300-30 MG

Not for daily use.
Only administered as need for pain relief.

Last prescription: 6-15-2020

02/07/2023 - Appointment in Husky Health Same Day Clinic

Visit Information

Appointment Information

CLINICAL SUPPORT **Canceled**
2/7/2023 10:30 AM

Time	Provider	Department	Length
10:30 AM	HH NURSE SAME DAY	HH SAME DAY	30 min

Enc Form Number: 50081968

Notes:
wound care

History

Made On:	1/24/2023 10:38 AM	By:	Mohova, Elena A, CMA	ES
Canceled:	2/7/2023 10:24 AM	By:	Silue, Ruth Ann, RN	ES
Cancel Rsn:	Clinic-Canceled/Rescheduled Appointment (used provider encounter for charting)			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

02/07/2023 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Follow-Up , Wound Care, and RN30
Visit diagnoses:

- Lower extremity ulceration, left, limited to breakdown of skin (primary)
- Essential hypertension, benign
- Decreased appetite

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/28/2023
Reason for discontinuation: Reorder

02/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/9/2023
Reason for discontinuation: Reorder
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/24/2023
Start date: 1/24/2023
End date: 2/9/2023
Quantity: 88 mL
Refill: 2 refills by 1/24/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

Clinical Notes (continued)

Neighbor Jr., William E, MD at 2/7/2023 1000

Jeanne Leonie Hoffman is a 98 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  Wound care / leg
- Wound Care
- RN30

Visit type (in person vs telemedicine vs phone): In person

History

The patient comes in for 2-week follow-up for wound care of ulcerations of the lower extremities without cellulitis, follow-up on blood pressure and follow-up on nutrition. At her last visit she had not yet obtained her dentures. She is in with her son Louis today as usual.

Updates today:
--Nurse provided wound care. See nurse visit note
--Patient now has her dentures which look good. She has 1 hearing aid in place today. She reports that she is eating better now that she has teeth with which she can chew.
--Left posterior rib pain. She reports that a few days ago she did fall against a wall in her apartment and since then has had some tenderness over the left posterior ribs. She has not had any difficulties breathing and no cough.

Review of Systems:

No fever chills or night sweats.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 2/7/23 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab,		

	PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		
• losartan 25 MG tablet	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• MULTIPLE VITAMIN OR	Take by mouth.		
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use	10 mL	6
• Wound Dressings (medihoney) topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.	88 mL	2

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 141/62 | Pulse (!) 55

Clinical Notes (continued)

Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 141/62	(!) 55	---	---	---	9:22 AM	2/7/2023

Last blood pressure recorded in this encounter: **(!) 141/62**
General: NAD
Chest wall: Tender over the left lower posterior ribs but without overlying swelling or ecchymoses or redness.
No shortness of breath.
No pain when she took a deep inspiration

Skin
See visit note by nurse

Lab and other tests: none

Assessment and Plan:
1. Lower extremity ulceration, left, limited to breakdown of skin
See visit note done by the nurse. There is slow healing.

Plan:
Next visit in 2 weeks
Medihoney prescribed. Prior prescription was sent January 23 to the pharmacy. A new prescription is sent.

2. Essential hypertension, benign
Blood pressure continues to be reasonably controlled with low-dose of losartan which was restarted in the last few months.

3. Decreased appetite
Her appetite is improved now that she has dentures.

Plan
Continue to monitor food intake and will check weight if possible at her next visit. She has difficulties standing without support which makes accurate weight difficult.

Pain control. The son asked about refill of pain control medication but he was not certain what it was. He will confirm. I suspected was for acetaminophen with codeine which was last filled in 2020. We had not filled it since that time because the patient was seen in the emergency room for somnolence which was thought to be due to to excessive use of narcotic pain reliever. My recommendation would be to control discomfort with regular use of acetaminophen up to 3000 mg daily. If there are localized areas of discomfort such as in the knees topical agents could be used.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

02/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Electronically signed by Neighbor Jr., William E, MD at 2/9/2023 12:39 PM

Silue, Ruth Ann, RN at 2/7/2023 1000

TRIAGE WOUND CARE/DRESSING CHANGE

SUBJECTIVE:
Jeanne Leonie Hoffman is a 98 year old female presents for wound care of stasis ulcers on L lower leg. Son reports there has been more drainage, and wound is wet.

OBJECTIVE: clean and dry, some sough to wound base with some granulation; edges of the wound white/mascerated and blunt/slightly rounded. Size of 3 main wounds is slowly decreasing; there are no longer small wounds surrounding the 3 main wounds.

ASSESSMENT: wound care/ dressing change for healing wound.

PLAN: Wound was cleansed with normal saline.
Applied silver alginate to wounds.
Applied new dressing pad and wrapped with gauze to hold in place.
Applied tubular elastic Dressing
Advised patient to keep dressing in place and recheck in 3-5 days.

Reviewed care instructions:
Dress with Silver alginate and gauze pad and change dressing every 3-5 days as needed.
Discouraged use of bleach solution for cleaning the wound.
Keep wound clean and dry.
Care giver voiced understanding and agreement with plan.
Ruth A Silue, RN

Electronically signed by Silue, Ruth Ann, RN at 2/7/2023 12:37 PM

Flowsheets

Vital Data

Row Name	02/07/23 0922
BP	**141/62** !
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	**55** !

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

02/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 2/7/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Tuesday February 7, 2023. The following issues were addressed: Lower extremity ulceration, left, limited to breakdown of skin; Essential hypertension, benign; and Decreased appetite.

Blood Pressure	Pulse
141/62	55

What's Next

FEB 21 2023 — Return Patient Appointment with William E Neighbor, MD
Tuesday February 21 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

02/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of February 7, 2023 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
medihoney topical gel	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

02/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
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How do I talk to my care team and get test results?

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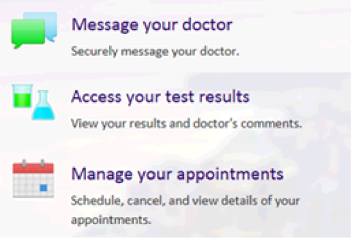

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click
Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

02/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 2/9/2023 12:40 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 2/7/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

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141/62	55

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Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 2/9/2023 12:40 PM Page 1 of 3 Epic

02/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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02/07/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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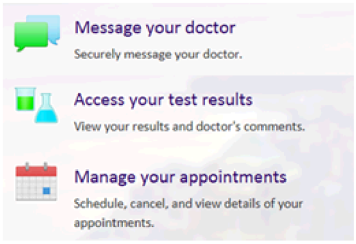

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Request Access to Another Person

How do I get billing and insurance info?
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01/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Follow-Up , Wound Care, and RN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Delahunty, Kelly, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

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Instructions:
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Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

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Start date: 8/5/2019 — End date: 1/9/2025

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Instructions: Take 2 tablets (2,000 units) by mouth daily.
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Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

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Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

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Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/5/2021
Start date: 5/5/2021 — End date: 3/28/2023
Quantity: 28 capsule — Refill: Partial refill of 24 capsules by 5/5/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/24/2023

01/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/9/2021
Start date: 12/9/2021 | End date: 2/24/2023
Quantity: 10 mL | Refill: 6 refills by 12/9/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP | Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 10/10/2022
Start date: 10/10/2022 | End date: 6/12/2024
Action: Patient not taking | Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/1/2022
Start date: 12/1/2022 | End date: 8/24/2023
Quantity: 45 tablet | Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/13/2022
Start date: 12/13/2022 | End date: 1/3/2024
Quantity: 90 tablet | Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD | Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD | Ordered on: 1/23/2023
Start date: 1/23/2023 | End date: 9/19/2023
Quantity: 90 tablet | Refill: 6 refills by 1/23/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

Delahunty, Kelly, RN at 1/24/2023 1000

TRIAGE WOUND CARE/DRESSING CHANGE

SUBJECTIVE:

Jeanne Leonie Hoffman is a 98 year old female presents for wound care of stasus ulcers on Left lower extremity. See by Dr. Neighbor prior to RN Wound Cre

Wound Hx:See Provider Note

OBJECTIVE: Slean and dry, 3 larger wound with a few small spots. Edges slightly rolled, some slough to the wound bed.

01/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

ASSESSMENT: wound care/ dressing change for healing wound.

PLAN: Wound was cleansed with normal saline.
Unable to use curette to debride the edges of wound due to patient's pain response.
Used cotton tip applicator to mildly debride edges of wound. Patient was crying, guarding, and wincing during wound care.

Applied new dressing with Therahoney sheet, vaseline gauze and occlusive dressing without adhesive. Wrapped with Kurlex and covered with elastic netting to keep in place.

Son will continue home care of wounds. Son stated they were soaking several times a week in a diluted "pool like solution" to kill the bacteria. Son felt the wounds were much better and expects them to be healed by February. Reports the wound on the back of leg is healed.

Attempted to provide education on wound care and dissuade Son from soaking the wound in a alcohol solution no matter how dilute as it can harm sensitive growing tissue. Son stated "this is the only things that helps."

Advised to leave current drsging on until Thursday or Friday and avoid getting wet to allow for the Therahoney to aid in healing.

Consulted with Dr. Neighbor on patient's response to wound care and advised on a plan for Provider instructed pain management before next wound debridement to allow for a more throughout debridement.

Dr. Neighbor consulted with patient's son.

Provided remaining supplies not used today in clinic.
RTC in 2 weeks to f/u with Dr Neighbor.
Patient voiced understanding and agreement with plan.

Plan: On next wound management - RN assess under the leg wound for debridement. On the dorsal area of foot there is a round 2 inch diameter area that is potentially another wound that needs full debridement. A more through evaluation is needed when patient is able to tolerate.

Kelly R Delahunty RN BSN

Electronically signed by Delahunty, Kelly, RN at 1/24/2023 11:10 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

01/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 1/24/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Kelly D, RN on Tuesday January 24, 2023 for: Follow-Up ; Wound Care; and RN60.

What's Next

FEB 7 2023 — Return Patient Appointment with William E Neighbor, MD
Tuesday February 7 10:00 AM (Arrive by 9:45 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

FEB 7 2023 — Clinical Support
Tuesday February 7 10:30 AM (Arrive by 10:15 AM)
Hall Health Same Day
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

01/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of January 24, 2023 11:10 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

01/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

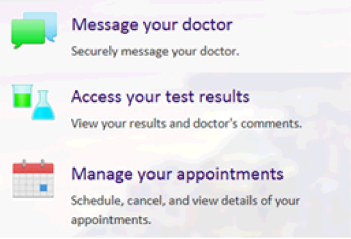
If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!



Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click
Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

01/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 1/24/2023 11:10 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 1/24/2023 10:00 AM Hall Health Primary Care Center 206-685-1011

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You saw Kelly D, RN on Tuesday January 24, 2023 for: Follow-Up ; Wound Care; and RN60.

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Jeane L. Hoffman (MRN: U8170135) • Printed by Kelly D at 1/24/2023 11:10 AM Page 1 of 3 Epic

01/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of January 24, 2023 11:10 AM

ⓘ If you have any questions, ask your nurse or doctor.

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01/24/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Thank you for your visit!

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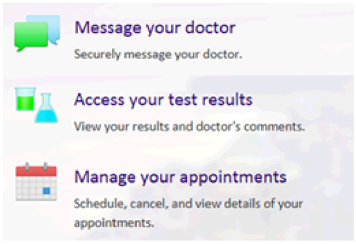

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01/24/2023 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis: Lower extremity ulceration, left, limited to breakdown of skin

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023

01/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/9/2023
Start date: 2/9/2023
End date: 3/8/2025
Quantity: 88 mL
Refill: 6 refills by 2/9/2024

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 1/24/2023 0940

Jeanne Leonie Hoffman is a 98 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  Wound care

Visit type (in person vs telemedicine vs phone): In person

History

Last visit was January 10, 2023 for follow-up on lower extremity ulcers, hypertension, and decreased appetite in part due to need for dentures.

She is accompanied by her son Louis today. He reports that she was fitted for the dentures in the last couple of weeks. She is not obtained the dentures as yet. He is puréeing food for her.

It is unclear from speaking with him exactly what medications he is using on the ulcerations on his mother's lower legs.

Review of Systems:

There is been no fever chills or night sweats

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008
Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006

LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006

4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 1/24/23 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day		

	as needed for indigestion/heartburn .		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 units) by mouth daily.		
• losartan 25 MG tablet	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• MULTIPLE VITAMIN OR	Take by mouth.		
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	take 1 tablet by mouth three times a day	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use	10 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 157/76 | Pulse 64

Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 157/76	64	---	---	---	9:49 AM	1/24/2023

Last blood pressure recorded in this encounter: **(!) 157/76**

General: No acute distress

Skin ulcerations as described in nurses note
No evidence of superimposed infection.

Lab and other tests: None

01/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Assessment and Plan:
1. Lower extremity ulceration, left, limited to breakdown of skin
Ulcerations redressed by nurse today.

Plan

Care at home
-- Her son Louis is to contact his regular pharmacy or the medical supplies pharmacy to obtain adequate dressing supplies. Some dressing supplies are given today
--He should not use any topical antibiotic or other chemicals on the wound including dilute chlorine washes.
-- Instead he should use Medihoney dressings. A prescription is sent in. The ulcerations should be washed gently with warm water once daily, dried, then Medihoney applied and a dressing on top of that with gentle wrapping gauze to hold the dressing in place. Avoid wrapping that is applied too tightly which impairs blood flow.

In preparation for visit in 2 weeks and for additional visits:
-- Reminder that she is to bring in her hearing aids
-- Also would advise premedication with Tylenol 500 to 650 mg 30 minutes before her visit. Would prefer to avoid premedication with narcotics because she has had sensitivity to these medications in the past with change in sensorium. Also would avoid ibuprofen or other nonsteroidal anti-inflammatory medications due to her age. At least this would be the plan for now.

Next visit in 10 to 14 days

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 1/24/2023 11:25 AM

Other Orders

Medications

Wound Dressings (medihoney) topical gel (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 01/24/23 1123** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 01/24/23 1123 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine Daily 01/24/23 - 02/09/23 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 02/09/23 1232 [Reorder]
Diagnoses
Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921]
Admin instructions: Apply to ulcerations on legs. Apply dressing over the Medi Honey.

Indications

Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921 (ICD-10-CM)]

01/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Wound Dressings (medihoney) topical gel (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/09/23 1232** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/09/23 1232 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine Daily 02/09/23 - 03/08/25 Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/08/25 1137
Diagnoses
Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921]
Admin instructions: Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Reordered from: Wound Dressings (medihoney) topical gel

Indications

Lower extremity ulceration, left, limited to breakdown of skin (HCC) [L97.921 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	01/24/23 0949
BP	**157/76** !
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Pulse	64

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

01/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 1/24/2023 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

medihoney

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Today's Visit

You saw William E Neighbor, MD on Tuesday January 24, 2023. The following issue was addressed: Lower extremity ulceration, left, limited to breakdown of skin.

Blood Pressure	Pulse
157/76	64

What's Next

FEB 21 2023 — Return Patient Appointment with William E Neighbor, MD
Tuesday February 21 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 2/9/2023 12:32 PM

Page 1 of 3 Epic

01/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of January 24, 2023 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
START **medihoney** topical gel Started by: William E Neighbor, MD	Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	take 1 tablet by mouth three times a day
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

01/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
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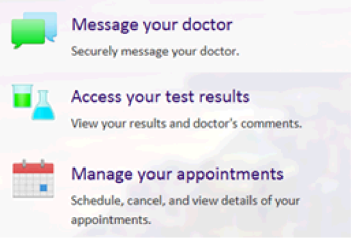

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

Messages

Visit summary please read

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	2/28/2023 11:11 AM

01/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Messages (continued)

Will Do.

Visit summary please read

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	2/9/2023 12:33 PM
Last Read in MyChart		
2/28/2023 11:11 AM by Hoffman, Jeanne Leonie		

Jeanne and Louise:
A prescription for Medihoney was sent to the Rite Aid on high school Road on approximately January 23. I reissued a new prescription today to the same pharmacy.

Let me know what else I need to do in terms of dressing supplies.

William E Neighbor, MD

Visit summary please read

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	2/8/2023 11:10 AM

In Person Contact made with "BI Rite Aid Pharmacy", concerning : MEDIHONEY.

Advised such prescription had to be " back ordered" once valid PCP Prescription is sent to BI Rite Aid/206-842+-4065

Reason for not filling Medihoney Prescription...NO PCP Prescription on pharmacy order data entry from PCP-HHC. Told unable to fill any order.

Including Medihoney is not stocked for over the counter, must be ordered on eBAY.

Will attempt to make a Wound Care order with: 253-495-7240

Visit summary please read

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	1/24/2023 11:25 AM
Last Read in MyChart		
2/28/2023 11:11 AM by Hoffman, Jeanne Leonie		

Jeanne and Louis: Below is a summary of your visit.

Assessment and Plan:

1. Lower extremity ulceration, left, limited to breakdown of skin

Ulcerations redressed by nurse today.

Plan

Care at home
-- Her son Louis is to contact his regular pharmacy or the medical supplies pharmacy to obtain adequate dressing supplies. Some dressing supplies are given today
--He should not use any topical antibiotic or other chemicals on the wound including dilute chlorine washes.
-- Instead he should use Medihoney dressings. A prescription is sent in. The ulcerations should be washed gently with warm water once daily, dried, then Medihoney applied and a dressing on top of that with gentle wrapping gauze to hold the dressing in place. Avoid wrapping that is applied too tightly which impairs blood flow.

In preparation for visit in 2 weeks and for additional visits:
-- Reminder that she is to bring in her hearing aids
-- Also would advise premedication with Tylenol 500 to 650 mg 30 minutes before her visit. Would prefer to avoid premedication with narcotics because she has had sensitivity to these medications in the past with change in sensorium. Also would avoid ibuprofen or other nonsteroidal anti-inflammatory medications due to her age. At least this would be the plan for now.

Next visit in 10 to 14 days

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

01/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 2/9/2023 12:32 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 1/24/2023 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

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medihoney

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Today's Visit

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Blood Pressure 157/76

Pulse 64

What's Next

FEB 21 2023 Return Patient Appointment with William E Neighbor, MD
Tuesday February 21 10:00 AM (Arrive by 9:45 AM)

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Seattle WA 98195-4410
206-685-1011

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01/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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01/24/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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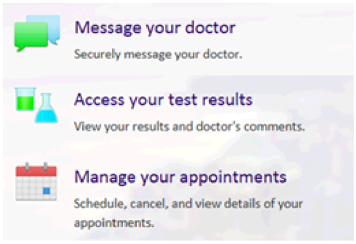

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Need access to a family member?
Go to mychart.uwmedicine.org and click
Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

01/20/2023 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- History of recurrent deep vein thrombosis (DVT)

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

01/20/2023 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

pentoxifylline ER 400 MG ER tablet

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 9/19/2023
Instructions: take 1 tablet by mouth three times a day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/23/2023
Start date: 1/23/2023
End date: 9/19/2023
Quantity: 90 tablet
Refill: 6 refills by 1/23/2024

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen R, CMA at 1/23/2023 0802

1-Name of Requested Medication: pentoxifylline ER 40 mh
2-Date of Last Refill: 12/27/21
3-Date of Last Office Visit: 1/10/23
4-Next Office Visit (scheduled or Expected): 01/24/23
Notes:

Electronically signed by Willis, Stephen R, CMA at 1/23/2023 8:06 AM

Other Orders

Medications

pentoxifylline ER 400 MG ER tablet (Discontinued)

01/20/2023 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Electronically signed by: **Neighbor Jr., William E, MD on 01/23/23 0919** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 01/23/23 0919
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 01/23/23 - 09/19/23
Class: Normal
Released by: Neighbor Jr., William E, MD 01/23/23 0919
Discontinued by: Kauffman, Mary Johanna Kelly, MD 09/19/23 1742

Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]
Reordered from: pentoxifylline ER 400 MG ER tablet

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

01/10/2023 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Care and RN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Silue, Ruth Ann, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Medication List

Medication List

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Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
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Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
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MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
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End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

01/10/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2021
Start date: 12/27/2021
End date: 1/23/2023
Quantity: 90 tablet
Refill: 6 refills by 12/27/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

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Discontinued on: 8/24/2023
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Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Stopped in Visit

None

Clinical Notes

Progress Notes

Silue, Ruth Ann, RN at 1/10/2023 1020

TRIAGE WOUND CARE/DRESSING CHANGE

SUBJECTIVE:
Jeanne Leonie Hoffman is a 98 year old female presents for wound care of stasus ulcers on Left lower extremity. Wound hx:see provider note.

OBJECTIVE: clean and dry, 3 larger wound with a few small spots. Edges slightly rolled, some slough to the wound bed.

01/10/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

ASSESSMENT: wound care/ dressing change for healing wound.

PLAN: Wound was cleansed with normal saline.
Used curette to debride the edges of wounds with good blood return.
Applied new dressing with Therahoney sheet, vaseline gauze and occlusive dressing without adhesive. Wrapped with Kurlex and covered with elastic netting to keep in place.

Son will continue home care of wounds - states they are having some trouble getting the supplies needed but will continue to try to reach supplier. Provided remaining supplies not used today in clinic.
RTC in 2 weeks to f/u with Dr Neighbor.
Patient voiced understanding and agreement with plan.
Ruth A Silue, RN

Electronically signed by Silue, Ruth Ann, RN at 1/10/2023 11:54 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

01/10/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 1/10/2023 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Ruth S, RN on Tuesday January 10, 2023 for: Wound Care and RN60.

What's Next

JAN 24 2023 — Return Patient Appointment with William E Neighbor, MD
Tuesday January 24 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

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01/10/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of January 10, 2023 11:54 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 Units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

01/10/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

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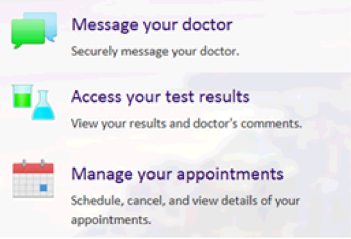

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01/10/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 1/10/2023 11:54 AM: After Visit Summary

Document (below)

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Jeane L. Hoffman (MRN: U8170135) • Printed by Ruth S at 1/10/2023 11:54 AM

Page 1 of 3 Epic

01/10/2023 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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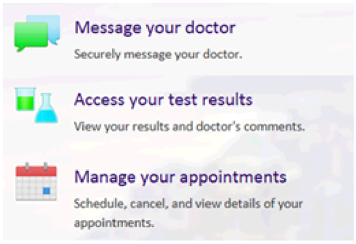

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01/10/2023 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Lower extremity ulceration, left, limited to breakdown of skin (primary)
- Essential hypertension, benign
- Decreased appetite

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder

01/10/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2021
Start date: 12/27/2021
End date: 1/23/2023
Quantity: 90 tablet
Refill: 6 refills by 12/27/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 1/10/2023 1000

Jeanne Leonie Hoffman is a 98 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  Wound care

Visit type (in person vs telemedicine vs phone): In person

History
Jane was last seen December 28 for lower extremity ulceration wound care and essential hypertension. Additionally she has had decreased appetite. We had discussed issues including need for obtaining new dentures which was in progress.

She returns with her son Louis today who was present for the visit.

Issues:
--Continued wound care. Jean is here today for repeat wound care by her wound care nurse. Her son reports they have been changing the dressings daily. He feels there is some improvement and no worsening.
--Hypertension. Her son reports that she has been taking her blood pressure medication as prescribed.
--Appetite. Appetite continues to be somewhat decreased. They have not yet obtained the new dentures. This is now expected to occur next week.

Problem List
Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

• Adult failure to thrive syndrome [R62.7]	10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

• Sensorineural hearing loss, unspecified [H90.5]	11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

• Hypercholesterolemia [E78.00]	11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

• Generalized osteoarthrosis, unspecified site [M15.9]	11/20/2006

LS spine. Bilateral talonavicular arthritis since 1994.

• Essential hypertension, benign [I10]	11/20/2006
• Unspecified glaucoma(365.9) [H40.9]	11/20/2006

4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 1/10/23 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as		

	needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• losartan 25 MG tablet	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• MULTIPLE VITAMIN OR	Take by mouth.		
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use	10 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 147/73 | Pulse (!) 54
Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 147/73	(!) 54	---	---	---	9:51 AM	1/10/2023

Last blood pressure recorded in this encounter: **(!) 147/73**
General: NAD
Jean is well oriented. She did wear her hearing aid today.
Left lower extremity: Toes are warm with good capillary refill. The full-thickness ulceration is as described by the nurse.
Right lower extremity: Skin is intact

Clinical Notes (continued)

Lab and other tests: none

Assessment and Plan:

1. Lower extremity ulceration, left, limited to breakdown of skin

Slowly healing recurrent left lower extremity ulceration due to venous and arterial compromise. Toes are warm today.

Wound was debrided and redressed by nurse. Reviewed home wound care

Next visit in 2 weeks.

2. Essential hypertension, benign

Blood pressures responded nicely to compliance with losartan 25 mg daily.

Plan
Recheck blood pressure at next visit

3. Decreased appetite

In part due to need for new dentures. Hopefully this will be finally resolved next week when they obtain the new dentures.

Follow-up at next visit which is in 2 weeks.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 1/10/2023 3:01 PM

Flowsheets

Vital Data

Row Name	01/10/23 0951
BP	**147/73** !
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	**54** !

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Blood Pressure	Pulse
147/73	54

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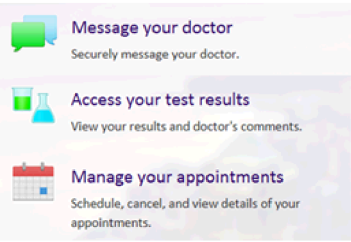

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After Visit Summary - Document on 1/10/2023 3:01 PM: After Visit Summary

Document (below)

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147/73	54

What's Next

JAN 24 2023 — Return Patient Appointment with William E Neighbor, MD
Tuesday January 24 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

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Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 1/10/2023 3:01 PM

Page 1 of 3 Epic

01/10/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of January 10, 2023 3:01 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
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cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 Units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

01/10/2023 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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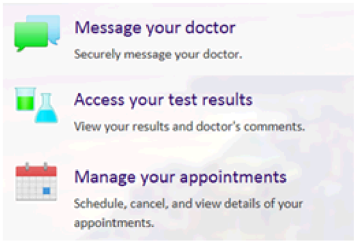

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12/28/2022 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Perez, Delmis Joel, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/5/2021
Start date: 5/5/2021 — End date: 3/28/2023
Quantity: 28 capsule — Refill: Partial refill of 24 capsules by 5/5/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/24/2023

12/28/2022 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2021
Start date: 12/27/2021
End date: 1/23/2023
Quantity: 90 tablet
Refill: 6 refills by 12/27/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 12/28/2022 1020

S:
Jeanne Leonie Hoffman is 97 year old presents today for wound care.
History of wound: yes, chronic vascular ulcers
Pain: with gentle debridement and specifically to back of calf and lateral area above ankle, improved once wrapped.
Home treatment: Son reports soaking in water with 10:1 or 15:1 bleach 20 minutes QOD and washing with hibiclens, applying povidone iodine, letting dry and covering with vaseline and wrapping.
Other: Son endorses problems getting into contact with wound care supplier.

Location: LLE, multiple ulcerations present on all sides, largest two to left lateral, then one medial and one on back of calf, scattered smaller ulcerations noted in different stages of healing. Abrasion 3 cm behind 3rd digit concerning for new ulceration. Discussed changing footwear.

12/28/2022 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Duration: ongoing from several months to years, depending on what is said.
Measurements:
1. L lateral dorsal foot: 9 cm in length x 5.3 cm width x 0.4 cm depth;
2. Distal lateral tibia: 4 cm x 4 cm;
3. L mid tibia: 5 cm x 3 cm mostly fascia with visible tendons underneath;
4. L posterior mid calf: 2 cm x 2 cm.
5. L medial distal ankle: 3.5 cm x 3.5 cm.
Undermining/Tunneling: no tunneling noted
Wound Bed: slough to wound beds with small areas of granulation tissue
Wound Edges: thickened, red
Exudate: None
Circulation: warm, less sensation to medial LE, painful to back of calf and tender to lateral wounds with gentle debridement
Periwound condition: tight skin but not hot or swollen

A:
Wound Healing Status: ongoing; Distal lateral area of wound 1 which had healed over now has 3 less than 1cm x 1cm ulcers.
Presence of signs of infection or over-colonization? No
Etiology of Wound: mixed pressure and vascular
Extent of Tissue Injury: partial and full thickness wounds, stage 3 pressure to lateral ankle
Barriers/Risk Factors: underlying medical conditions, shoes/clothing, self-care deficits, family doing their own thing

P:
Applied Caradress Hydrogel to all LLE wounds for 10 minutes
Cleansed with NS and debrided with curette
Use of skin barrier - No
Primary dressing and topical: MediHoney Sheet and non adhesive dressing.
Secondary dressing: secured loosely with a sleeve wrap
Debridement Type: mechanical
Pt tolerated the procedure well? Yes

Patient's Home Care Instructions:
- Wash hands before and after wound care with soap and water for at least 15 seconds
- Home care: dressing change QD frequency beginning Friday, 12/30/22, and remove shoes/socks Q2hrs
- Monitor and report increased redness, drainage, warmth, pain, or fevers (greater than 100.5F)
- Follow up: January 10, 2023.

Electronically signed by Perez, Delmis Joel, RN at 12/28/2022 11:46 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

12/28/2022 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 12/28/2022 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P, RN on Wednesday December 28, 2022 for: Wound Check/Dressing Change and RN60.

What's Next

JAN 10 2023 — Return Patient Appointment with William E Neighbor, MD
Tuesday January 10 10:00 AM (Arrive by 9:45 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

JAN 10 2023 — Clinical Support
Tuesday January 10 10:20 AM (Arrive by 10:05 AM)
Hall Health Primary Care Center
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12/28/2022 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of December 28, 2022 11:46 AM

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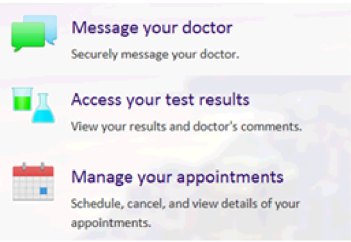

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12/28/2022 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 12/28/2022 11:46 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

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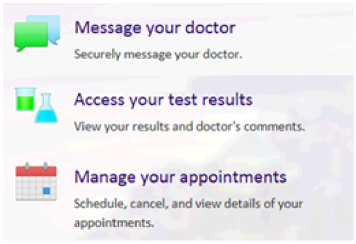

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12/28/2022 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Lower extremity ulceration, left, limited to breakdown of skin (primary)
- Essential hypertension, benign
- Decreased appetite

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Log History

LOS History

Medication List

Medication List

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Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

12/28/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/5/2021
Start date: 5/5/2021 — End date: 3/28/2023
Quantity: 28 capsule — Refill: Partial refill of 24 capsules by 5/5/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/9/2021
Start date: 12/9/2021 — End date: 2/24/2023
Quantity: 10 mL — Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/27/2021
Start date: 12/27/2021 — End date: 1/23/2023
Quantity: 90 tablet — Refill: 6 refills by 12/27/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/10/2022
Start date: 10/10/2022 — End date: 6/12/2024
Action: Patient not taking — Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/1/2022
Start date: 12/1/2022 — End date: 8/24/2023
Quantity: 45 tablet — Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/13/2022
Start date: 12/13/2022 — End date: 1/3/2024
Quantity: 90 tablet — Refill: 3 refills by 12/13/2023

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 12/28/2022 0940

Jeanne Leonie Hoffman is a 97 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up

Visit type (in person vs telemedicine vs phone): In person

History
Jean is in for follow-up with her son.

Lower extremity ulcerations
She is in for scheduled wound care with a nurse. Her son reports they have been having difficulty getting dressed and dressing supplies.

Hypertension
They have started losartan 25 mg daily in the last week.

Review of Systems:
Jean is without her hearing aids today she forgot them at home.
She will be getting new dentures and the first part of January.

Problem List
Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006

LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006

4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
William E Neighbor JR, MD

Clinical Notes (continued)

- Routine general medical examination at a health care facility [Z00.00] — 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] — 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] — 09/24/2018
- Vitamin D deficiency [E55.9] — 07/09/2018
- Primary osteoarthritis of both hips [M16.0] — 02/01/2017
- Imbalance [R26.89] — 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] — 06/02/2016
- Pseudophakia, both eyes [Z96.1] — 11/08/2014
- Urine incontinence [R32] — 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] — 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 12/28/22 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10 mg) by mouth daily.	90 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for		

	indigestion/heartburn .		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• losartan 25 MG tablet	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• MULTIPLE VITAMIN OR	Take by mouth.		
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use	10 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 170/82 | Pulse (!) 55

Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 178/75	(!) 56	---	---	---	9:44 AM	12/28/2022
(!) 170/82	(!) 55	---	---	---	10:52 AM	12/28/2022

Last blood pressure recorded in this encounter: **(!) 170/82**

BP Readings from Last 20 Encounters:

12/28/22 **(!) 170/82**
12/15/22 **(!) 168/76**
11/30/22 **(!) 168/74**
11/03/22 **(!) 173/100**

Clinical Notes (continued)

10/10/22	**(!) 177/76**
04/27/22	**(!) 175/77**
10/13/21	**(!) 167/72**
06/02/21	121/64
05/05/21	**(!) 165/76**
11/02/20	110/70
10/21/20	**(!) 156/67**
10/05/20	**(!) 152/72**
09/16/20	**(!) 147/66**
06/17/20	107/59
02/19/20	**(!) 167/77**
01/22/20	**(!) 165/83**
11/25/19	**(!) 148/76**
10/23/19	**(!) 156/66**
10/21/19	115/60
10/11/19	124/44

General: No acute distress. Difficulties communicating as she does not have her hearing aids today
Repeat blood pressure continues to be elevated
Leg ulcerations as noted by nurse visit today

Lab and other tests: none

Assessment and Plan:
1. Lower extremity ulceration, left, limited to breakdown of skin
Very slowly improving. Debrided and redressed by nurse today
Plan follow-up in 1 to 2 weeks

2. Essential hypertension, benign
Systolic pressure is markedly elevated. Her diastolic pressure is fairly well controlled. The systolic pressure elevation may be due to poorly compressible vasculature due to atherosclerosis. However when she was on losartan 2 to 3 years ago she had good control of blood pressure with the medication. Because of this I expect that she will have some response to the medication once it is fully effective.

Plan continue losartan 25 mg daily and recheck in 2 weeks

3. Decreased appetite
Reviewed nutrition with her son. He is providing her with sources of protein and calories including Ensure. Main issue is getting to dentures. This will happen in early January.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

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For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

12/28/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Electronically signed by Neighbor Jr., William E, MD at 12/28/2022 6:11 PM

Flowsheets

Vital Data

Row Name	12/28/22 1052	12/28/22 0944
BP	**170/82** !	**178/75** !
BP Cuff Size	Regular	Regular
BP Site	Left Arm	Left Arm
BP Position	Sitting	Sitting
Pulse	**55** !	**56** !

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

12/28/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
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AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 12/28/2022 9:40 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday December 28, 2022. The following issues were addressed: Lower extremity ulceration, left, limited to breakdown of skin; Essential hypertension, benign; and Decreased appetite.

Blood Pressure	Pulse
170/82	55

What's Next

JAN 10 2023 **Return Patient Appointment with William E Neighbor, MD**
Tuesday January 10 10:00 AM (Arrive by 9:45 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

JAN 10 2023 **Clinical Support**
Tuesday January 10 10:20 AM (Arrive by 10:05 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

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View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

12/28/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of December 28, 2022 6:11 PM

ⓘ If you have any questions, ask your nurse or doctor.

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Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

12/28/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

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How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
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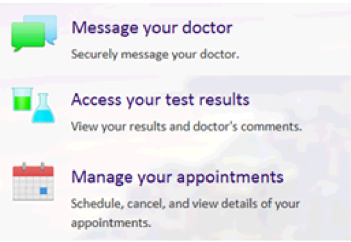

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Need access to a family member?
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How do I get billing and insurance info?
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Messages

Visit summary

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	12/28/2022 6:11 PM
Last Read in MyChart		

12/28/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Messages (continued)

2/28/2023 11:12 AM by Hoffman, Jeanne Leonie

Jeanne: Below is a summary of your visit.

Assessment and Plan:
1. Lower extremity ulceration, left, limited to breakdown of skin
Very slowly improving. Debrided and redressed by nurse today
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2. Essential hypertension, benign
Systolic pressure is markedly elevated. Her diastolic pressure is fairly well controlled. The systolic pressure elevation may be due to poorly compressible vasculature due to atherosclerosis. However when she was on losartan 2 to 3 years ago she had good control of blood pressure with the medication. Because of this I expect that she will have some response to the medication once it is fully effective.

Plan continue losartan 25 mg daily and recheck in 2 weeks

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Reviewed nutrition with her son. He is providing her with sources of protein and calories including Ensure. Main issue is getting to dentures. This will happen in early January.

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12/28/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 12/28/2022 6:11 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
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AFTER VISIT SUMMARY

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Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 12/28/2022 6:11 PM Page 1 of 3 Epic

12/28/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of December 28, 2022 6:11 PM

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12/28/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

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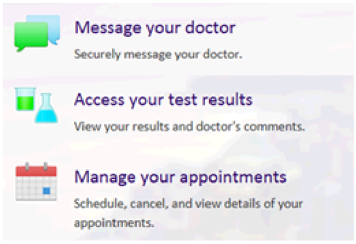

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12/15/2022 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RNGREATERTHAN60
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Perez, Delmis Joel, RN	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR NO CHARGE FOR LEVEL OF SERVICE

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.

12/15/2022 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 5/5/2021
Quantity: 28 capsule
Ordered on: 5/5/2021
End date: 3/28/2023
Refill: Partial refill of 24 capsules by 5/5/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Start date: 12/9/2021
Quantity: 10 mL
Discontinued on: 2/24/2023
Ordered on: 12/9/2021
End date: 2/24/2023
Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Start date: 12/27/2021
Quantity: 90 tablet
Discontinued on: 1/23/2023
Ordered on: 12/27/2021
End date: 1/23/2023
Refill: 6 refills by 12/27/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Start date: 10/10/2022
Action: Patient not taking
Refill: 1 refill by 10/10/2023
Discontinued on: 6/12/2024
Ordered on: 10/10/2022
End date: 6/12/2024
Quantity: 5 mL

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Start date: 12/1/2022
Quantity: 45 tablet
Discontinued on: 8/24/2023
Ordered on: 12/1/2022
End date: 8/24/2023
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Start date: 12/13/2022
Quantity: 90 tablet
Discontinued on: 1/3/2024
Ordered on: 12/13/2022
End date: 1/3/2024
Refill: 3 refills by 12/13/2023

Stopped in Visit

None

Clinical Notes

Progress Notes

Perez, Delmis Joel, RN at 12/15/2022 1040

S:
Jeanne Leonie Hoffman is 97 year old presents today for wound care.
History of wound: yes, chronic vascular ulcers
Pain: with gentle debridement and specifically to back of calf and lateral area above ankle, improved once wrapped.
Home treatment: Son reports soaking in water with 10:1 or 15:1 bleach 20 minutes QOD and washing with hibiclens, applying povidone iodine, letting dry and covering with vaseline and wrapping.

12/15/2022 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Other: Discussed trying vaseline gauze and they would like to get this prescribed.

Location: LLE, multiple ulcerations present on all sides, largest two to left lateral, then one medial and one on back of calf, scattered smaller ulcerations noted in different stages of healing.
Duration: ongoing from several months ago
Measurements: Largest measuring 9 cm in length x 6 cm width x 0.4 cm depth
Undermining/Tunneling: no tunneling noted
Wound Bed: slough to wound beds with small areas of granulation tissue
Wound Edges: thickened, red
Exudate: None
Circulation: warm, less sensation to medial LE, painful to back of calf and tender to lateral wounds with gentle debridement
Periwound condition: tight skin but not hot or swollen

A:
Wound Healing Status: ongoing; Continued improvement, will measure next time.
Presence of signs of infection or over-colonization? No
Etiology of Wound: mixed pressure and vascular
Extent of Tissue Injury: partial and full thickness wounds, stage 3 pressure to ankle
Barriers/Risk Factors: underlying medical conditions, shoes/clothing, self-care deficits

P:
Wrapped a warm moist blanket around the LLE for 10 minutes
Cleansed with NS and debrided with curette
Use of skin barrier - No
Primary dressing and topical: MediHoney Sheet and non adhesive dressing.
Secondary dressing: secured loosely with a sleeve wrap
Debridement Type: mechanical
Pt tolerated the procedure well? Yes

Patient's Home Care Instructions:
- Wash hands before and after wound care with soap and water for at least 15 seconds
- Home care: dressing change QD frequency and remove shoes/socks Q2hrs
- Monitor and report increased redness, drainage, warmth, pain, or fevers (greater than 100.5F)
- Follow up: scheduled 12/15/2022

Electronically signed by Perez, Delmis Joel, RN at 12/15/2022 12:36 PM

After Visit Summary

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After Visit Summary (below)

12/15/2022 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 12/15/2022 10:40 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P, RN on Thursday December 15, 2022 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

DEC 28 2022 — Return Patient Appointment with William E Neighbor, MD
Wednesday December 28 9:40 AM (Arrive by 9:25 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

DEC 28 2022 — Clinical Support
Wednesday December 28 10:20 AM (Arrive by 10:05 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
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Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

12/15/2022 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of December 15, 2022 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 Units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

12/15/2022 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

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How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
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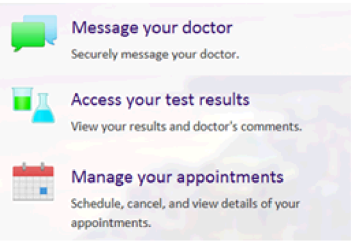

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12/15/2022 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 12/22/2022 4:41 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 12/15/2022 10:40 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Delmis P, RN on Thursday December 15, 2022 for: Wound Check/Dressing Change and RNGREATERTHAN60.

What's Next

DEC 28 2022 **Return Patient Appointment with William E Neighbor, MD**
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Jeane L. Hoffman (MRN: U8170135) • Printed by Rowena B at 12/22/2022 4:41 PM Page 1 of 3 Epic

12/15/2022 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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12/15/2022 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

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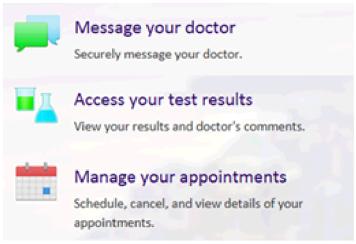

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12/15/2022 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Lower extremity ulceration, left, limited to breakdown of skin (primary)
- Essential hypertension, benign

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.

12/15/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 5/5/2021
Quantity: 28 capsule
Ordered on: 5/5/2021
End date: 3/28/2023
Refill: Partial refill of 24 capsules by 5/5/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Start date: 12/9/2021
Quantity: 10 mL
Discontinued on: 2/24/2023
Ordered on: 12/9/2021
End date: 2/24/2023
Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Start date: 12/27/2021
Quantity: 90 tablet
Discontinued on: 1/23/2023
Ordered on: 12/27/2021
End date: 1/23/2023
Refill: 6 refills by 12/27/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Start date: 10/10/2022
Action: Patient not taking
Refill: 1 refill by 10/10/2023
Discontinued on: 6/12/2024
Ordered on: 10/10/2022
End date: 6/12/2024
Quantity: 5 mL

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Start date: 12/1/2022
Quantity: 45 tablet
Discontinued on: 8/24/2023
Ordered on: 12/1/2022
End date: 8/24/2023
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Start date: 12/13/2022
Quantity: 90 tablet
Discontinued on: 1/3/2024
Ordered on: 12/13/2022
End date: 1/3/2024
Refill: 3 refills by 12/13/2023

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 12/15/2022 1020

Jeanne Leonie Hoffman is a 97 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  Wound care and BP f/u

Visit type (in person vs telemedicine vs phone): In person

History
Jeanne was last seen 2 weeks ago for lower extremity ulcerations. She has an appointment with nurse for wound care today. Other issues at that visit included:

-- Essential hypertension for which she was restarted on losartan 25 mg 1/2 tablet daily
-- Decreased appetite. This was in part related to need to be refitted for dentures which was being organized. She was encouraged to eat puréed foods as well as use supplemental Ensure
-- We also discussed obtaining help from visiting nurses and home physical therapy on Bainbridge.

Jean comes in with her son Louis today for follow-up. Her son reports daily dressing changes. He feels there is been some improvement in the wound. There is an appointment with our nurse today.

Louis only recently saw the message to add back losartan 1/2 tablet daily. He reports he does have a bottle of medication and will now do so.

Review of Systems:
No fever chills or sweats. Jean is interactive today. There was quite a bit of stress in getting to clinic due to issues with transit from Bainbridge Island

Problem List
Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Hypercholesterolemia [E78.00] 11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006

LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006

Clinical Notes (continued)

- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 12/15/22 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 10 MG tablet	Take 1 tablet (10	90 tablet	3

12/15/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

	mg) by mouth daily.		
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• losartan 25 MG tablet	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• MULTIPLE VITAMIN OR	Take by mouth.		
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use	10 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 168/76 | Pulse 66

Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 168/76	66	---	---	---	11:22 AM	12/15/2022

Last blood pressure recorded in this encounter: **(!) 168/76**

General: No acute distress

Skin: Wounds briefly evaluated by me. There appears to be some healing. Otherwise see the nurse note.

12/15/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Lab and other tests: None

Assessment and Plan:
1. Lower extremity ulceration, left, limited to breakdown of skin
Wounds as described by nurse. Debridement conducted by nurse today and replace of wound dressings.

Plan:
-- Next visit in 7 to 14 days

2. Essential hypertension, benign
Her son Louis will add back losartan 25 mg 1/2 tablet daily for blood pressure. And will take 1 to 2 weeks to see a response in her blood pressure.

Plan
Follow-up at the next visit.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 12/15/2022 12:53 PM

Flowsheets

Vital Data

Row Name	12/15/22 1122
BP	**168/76** !
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Pulse	66

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

12/15/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 12/15/2022 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Thursday December 15, 2022. The following issues were addressed: Lower extremity ulceration, left, limited to breakdown of skin and Essential hypertension, benign.

Blood Pressure	Pulse
168/76	66

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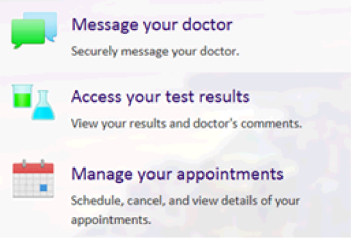

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Messages

Visit summary

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	12/15/2022 12:53 PM
Last Read in MyChart		

12/15/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Messages (continued)

6/5/2024 6:19 AM by Hoffman, Jeanne Leonie

Jeanne: Below is a summary of your visit.

Assessment and Plan:
1. Lower extremity ulceration, left, limited to breakdown of skin
Wounds as described by nurse. Debridement conducted by nurse today and replace of wound dressings.

Plan:
-- Next visit in 7 to 14 days

2. Essential hypertension, benign
Her son Louis will add back losartan 25 mg 1/2 tablet daily for blood pressure. And will take 1 to 2 weeks to see a response in her blood pressure.

Plan
Follow-up at the next visit.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

12/15/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 12/15/2022 12:53 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 12/15/2022 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Thursday December 15, 2022. The following issues were addressed: Lower extremity ulceration, left, limited to breakdown of skin and Essential hypertension, benign.

Blood Pressure	Pulse
168/76	66

What's Next

DEC 28 2022 — Return Patient Appointment with William E Neighbor, MD
Wednesday December 28 9:40 AM (Arrive by 9:25 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

DEC 28 2022 — Clinical Support
Wednesday December 28 10:20 AM (Arrive by 10:05 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 12/15/2022 12:53 PM Page 1 of 3 Epic

12/15/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of December 15, 2022 12:53 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 10 MG tablet Commonly known as: Lipitor	Take 1 tablet (10 mg) by mouth daily.
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 Units) by mouth daily.
losartan 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

12/15/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

The specialty care clinic will contact you once they have reviewed your referral to ensure you are scheduled appropriately. If you have not heard from them within 5 business days, please call the clinic or check your MyChart account to see the status of your referral.

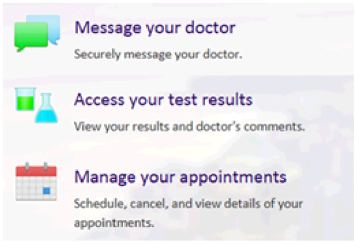
If you received a paper referral to see a specialist outside of UW Medicine, you may contact them directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!



Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click
Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

12/13/2022 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Hypercholesterolemia

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

12/13/2022 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2021
Start date: 12/27/2021
End date: 1/23/2023
Quantity: 90 tablet
Refill: 6 refills by 12/27/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E, MD at 12/13/2022 1127

Lab Results

Component	Value	Date
LDL	103	10/13/2021
LDL	91	08/24/2016
LDL	179	06/22/2016
LDL	73	05/04/2016
LDL	93	02/24/2016
LDL	93	01/06/2016
LDL	59	12/24/2013
LDL	86	07/20/2012
LDL	95	10/21/2011
LDL	74	04/21/2011
LDL	99	04/29/2010

12/13/2022 - Refill in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

LDL	76	12/29/2009

Electronically signed by Neighbor Jr., William E, MD at 12/13/2022 11:30 AM

Other Orders

Medications

atorvastatin 10 MG tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 12/13/22 1128** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 12/13/22 1128
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Daily 12/13/22 - 01/03/24
Class: Normal
Released by: Neighbor Jr., William E, MD 12/13/22 1128
Discontinued by: Neighbor Jr., William E, MD 01/03/24 1617
Diagnoses
Hypercholesterolemia [E78.00]
Reordered from: atorvastatin 20 MG tablet

Indications

Hypercholesterolemia [E78.00 (ICD-10-CM)]

Messages

Atorvastatin refill

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	12/13/2022 11:29 AM

Last Read in MyChart
Not Read

I refilled your atorvastatin for 10 mg tablets of which you would take 1/day. This replaces the prescription for 20 mg tablets of which you are taking 1/2 tablet (10 mg) per day. With this prescription you will not need to split tablets which should make it easier.

Best regards
William E Neighbor, MD

11/30/2022 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Lower extremity ulceration, left, limited to breakdown of skin (primary)
- Essential hypertension, benign
- Decreased appetite
- Hypercholesterolemia
- Type 2 diabetes mellitus without complication, without long-term current use of insulin

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

11/30/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2021
Start date: 12/27/2021
End date: 1/23/2023
Quantity: 90 tablet
Refill: 6 refills by 12/27/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 11/30/2022 0940

Is to hold but you do Jeanne Leonie Hoffman is a 97 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  Wound care

Visit type (in person vs telemedicine vs phone): In person. Her son Luis accompanies her.

History
Jean is seen today for follow-up wound care of ulcerations of the lower extremities and follow-up blood pressure. At her last visit in early November she had also been seen for dry skin.

Issues today:
--Wound care. Her son has been dressing the skin breakdown/ulcerations of the left lower leg. There have not been anynew lesions. She is in to see the nurse for wound care

--Elevated blood pressure. Her blood pressures have been persistently elevated in clinic. Review of her blood pressure shows that they have been elevated since about 2020. Prior to that she was on a low-dose of losartan 25 mg 1/2 tablet daily.

--Nutrition. She is getting new dentures. Her son purees soups for her and provides ensure

--living situation. Currently Jeanne and son in one bedroom apartment. With new manager they are trying to get a two bed room apt.

--ambulation. Due to weather and small apartment, she is not getting much ambulation indoors. She is in her wheelchair most of the time.

Review of Systems:
No fever chills or night sweats. No shortness of breath. No nausea or vomiting. She does have chronic pain in her hips and knees due to DJD.

Problem List
Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

11/30/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 11/30/22 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill

• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn .		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• MULTIPLE VITAMIN OR	Take by mouth.		
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use	10 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 168/74 | Pulse 60

Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

11/30/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 168/74	60	---	---	---	9:38 AM	11/30/2022

Last blood pressure recorded in this encounter: **(!) 168/74**
General: No acute distress
She has her hearing aids in today.
Left lower leg ulcerations are as described in the wound care note by the nurse.

Lab and other tests:

Lab Results

Component	Value	Date
CREATININE	0.91	04/27/2022
CREATININE	0.83	10/13/2021
CREATININE	0.83	05/27/2020
CREATININE	0.71	08/04/2019
CREATININE	0.75	08/02/2019
CREATININE	0.72	07/31/2019
CREATININE	0.71	07/30/2019
CREATININE	0.70	07/28/2019
CREATININE	0.89	07/27/2019
CREATININE	0.77	07/26/2019
CREATININE	0.65	07/25/2019
CREATININE	0.70	07/24/2019
CREATININE	0.71	01/09/2019
CREATININE	0.76	09/18/2018
CREATININE	0.83	09/13/2018
CREATININE	0.81	09/12/2018
CREATININE	0.75	09/11/2018
CREATININE	0.91	09/10/2018
CREATININE	0.80	06/03/2018
CREATININE	0.66	06/01/2018

Lab Results

Component	Value	Date
GLUCOSE	137	04/27/2022
GLUCOSE	142	10/13/2021
GLUCOSE	161	05/27/2020
GLUCOSE	172	05/27/2020
GLUCOSE	117	08/05/2019
GLUCOSE	142	08/05/2019
GLUCOSE	127	08/04/2019
GLUCOSE	120	08/04/2019
GLUCOSE	235	08/04/2019
GLUCOSE	129	08/04/2019
GLUCOSE	139	08/02/2019
GLUCOSE	153	07/31/2019

Lab Results

Component	Value	Date
A1C	6.2	04/27/2022
A1C	6.4	10/13/2021
A1C	6.5	07/30/2019

A1C	6.2	01/09/2019
A1C	6.2	02/24/2016
A1C	6.2	12/24/2013
A1C	6.0	12/12/2012
A1C	5.9	07/20/2012
A1C	6.5	10/21/2011
A1C	6.4	05/26/2011
A1C	6.3	05/27/2010
A1C	6.4	09/29/2009
A1C	6.1	07/21/2008
A1C	6.2	04/29/2008
A1C		04/29/2008
Due to a significant change from previous results, the assay was repeated for quality assurance purposes.		
A1C	6.4	03/11/2008
A1C	9.3	02/25/2008
A1C	7.1	11/08/2007
A1C	6.3	08/27/2007
A1C	6.1	06/08/2007
A1C	7.1	03/22/2007

Assessment and Plan:

1. Lower extremity ulceration, left, limited to breakdown of skin

Wound care provided today by nurse. Dressing supplies and instructions provided.

Plan

Follow-up 40-minute nurse specific visit in 2 weeks. Sooner if needed.

2. Essential hypertension, benign

Review of her blood pressures shows that prior to 2020 her systolic pressure was running 1 35-1 45. More recently it has been running 1 65-1 75. She had been on a low-dose of losartan which was discontinued during one of her hospitalizations for a fall. Otherwise she has tolerated the medication well. Her labs are current. Her kidney function is stable.

Plan

Restart losartan 25 mg 1/2 tablet daily.
Recheck blood pressure in the follow-up visit

3. Decreased appetite

Encouraged her to consume the puréed soups and other good foods that her son is preparing for her. They are using supplemental Ensure.

4. Hypercholesterolemia

Cholesterols been well controlled on low-dose of statin. As noted in her problem list when we have discontinued the statin in the past the LDL is markedly elevated. Therefore we will continue the statin.

5. Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)

While she was on metformin in the past, more recently her blood sugars and A1c have been well controlled with diet alone as she gets older.

We did briefly discuss obtaining help from visiting nurses and home physical therapy on Bainbridge. According to her

Clinical Notes (continued)

son Louis there have been some issues with this in the past. We will discuss further at the follow-up visit.

The next visit with me would be in 2 weeks for 20 minutes.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 12/1/2022 6:06 PM

Perez, Delmis Joel, RN at 11/30/2022 0940

11/30/2022

Wound Care Visit

S:
Jeanne Leonie Hoffmanwho is 97 year old presents today for wound care.
History of wound: yes, chronic vascular ulcers
Pain: with gentle debridement and specifically to back of calf and lateral area above ankle, improved once wrapped.
Home treatment: Son reports soaking in water with 10:1 or 15:1 bleach 20 minutes QOD and washing with hibiclens, applying povidone iodine, letting dry and covering with vaseline and wrapping.
Other: Discussed trying vaseline gauze and they would like to get this prescribed.

Location: LLE, multiple ulcerations present on all sides, largest two to left lateral, then one medial and one on back of calf, scattered smaller ulcerations noted in different stages of healing.
Duration: ongoing from several months ago
Measurements: Largest measuring 9 cm in length x 6 cm width x 0.4 cm depth
Undermining/Tunneling: no tunneling noted
Wound Bed: slough to wound beds with small areas of granulation tissue
Wound Edges: thickened, red
Exudate: None
Circulation: warm, less sensation to medial LE, painful to back of calf and tender to lateral wounds with gentle debridement
Periwound condition: tight skin but not hot or swollen

A:
Wound Healing Status: ongoing; Much better than my first experience with this pt.
Presence of signs of infection or over-colonization? No
Etiology of Wound: mixed pressure and vascular
Extent of Tissue Injury: partial and full thickness wounds, stage 3 pressure to ankle
Barriers/Risk Factors: underlying medical conditions, shoes/clothing, self-care deficits

P:

11/30/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Wrapped a warm moist blanket around the LLE for 10 minutes
Cleansed with NS and debrided with curette
Use of skin barrier - No
Primary dressing and topical: MediHoney Sheet and non adhesive dressing.
Secondary dressing: secured loosely with a sleeve wrap
Debridement Type: mechanical
Pt tolerated the procedure well? Yes

Patient's Home Care Instructions:

- Wash hands before and after wound care with soap and water for at least 15 seconds
- Home care: dressing change QD frequency and remove shoes/socks Q2hrs
- Monitor and report increased redness, drainage, warmth, pain, or fevers (greater than 100.5F)
- Follow up: scheduled 12/15/2022

Electronically signed by Perez, Delmis Joel, RN at 12/15/2022 12:31 PM

Other Orders

Medications

losartan 25 MG tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 12/01/22 1800** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 12/01/22 1800 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 12/01/22 - 08/24/23 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 08/24/23 1131
Diagnoses
Essential hypertension, benign [I10]
Admin instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Reordered from: Losartan Potassium 25 MG Oral Tab

Indications

Essential hypertension, benign [I10 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	11/30/22 0938
BP	**168/74** !
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	60

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

11/30/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 11/30/2022 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

losartan

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

What's Next

DEC 15 2022 — Return Patient Appointment with William E Neighbor, MD
Thursday December 15 10:20 AM
(Arrive by 10:05 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

DEC 15 2022 — Clinical Support
Thursday December 15 10:40 AM
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Seattle WA 98195-4410
206-685-1011

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

Today's Visit

You saw William E Neighbor, MD on Wednesday November 30, 2022. The following issues were addressed:

- Lower extremity ulceration, left, limited to breakdown of skin
- Essential hypertension, benign
- Decreased appetite
- Hypercholesterolemia
- Type 2 diabetes mellitus without complication, without long-term current use of insulin

Blood Pressure 168/74
Pulse 60

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

11/30/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of November 30, 2022 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

	acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
	atorvastatin 20 MG tablet Commonly known as: Lipitor	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
	calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
	cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 Units) by mouth daily.
START	**losartan** 25 MG tablet Commonly known as: Cozaar	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
	MULTIPLE VITAMIN OR	Take by mouth.
	ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
	pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
	timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

11/30/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
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- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

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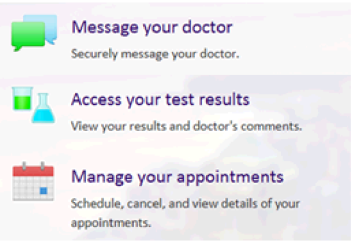

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

Messages

visit summary

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	12/1/2022 6:05 PM
Last Read in MyChart		

Messages (continued)

Not Read

Jeanne and Louis: Below is a summary of your visit. I reviewed blood pressures and prior treatment for blood pressure in greater depth after your visit. Please see item to below. I have sent in a prescription to restart a low-dose of losartan 25 mg 1/2 tablet daily.

Assessment and Plan:
1. Lower extremity ulceration, left, limited to breakdown of skin
Wound care provided today by nurse. Dressing supplies and instructions provided.

Plan
Follow-up 40-minute nurse specific visit in 2 weeks. Sooner if needed.

2. Essential hypertension, benign
Review of her blood pressures shows that prior to 2020 her systolic pressure was running 1 35-1 45. More recently it has been running 1 65-1 75. She had been on a low-dose of losartan which was discontinued during one of her hospitalizations for a fall. Otherwise she has tolerated the medication well. Her labs are current. Her kidney function is stable.

Plan
Restart losartan 25 mg 1/2 tablet daily.
Recheck blood pressure in the follow-up visit

3. Decreased appetite
Encouraged her to consume the puréed soups and other good foods that her son is preparing for her. They are using supplemental Ensure.

4. Hypercholesterolemia
Cholesterols been well controlled on low-dose of statin. As noted in her problem list when we have discontinued the statin in the past the LDL is markedly elevated. Therefore we will continue the statin.

5. Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
While she was on metformin in the past, more recently her blood sugars and A1c have been well controlled with diet alone as she gets older.

We did briefly discuss obtaining help from visiting nurses and home physical therapy on Bainbridge. According to her son Louis there have been some issues with this in the past. We will discuss further at the follow-up visit.

The next visit with me would be in 2 weeks for 20 minutes.

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Clinical Professor
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11/30/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Messages (continued)

11/30/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 12/1/2022 6:03 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 11/30/2022 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

losartan

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

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(Arrive by 10:05 AM)
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Seattle WA 98195-4410
206-685-1011

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Blood Pressure 168/74
Pulse 60

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Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 12/1/2022 6:03 PM

Page 1 of 3 Epic

11/30/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of November 30, 2022 11:59 PM

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Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

11/30/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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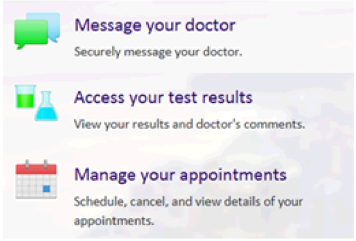

Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click
Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

11/17/2022 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

11/17/2022 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2021
Start date: 12/27/2021
End date: 1/23/2023
Quantity: 90 tablet
Refill: 6 refills by 12/27/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

atorvastatin 10 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2024
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2022
Start date: 12/13/2022
End date: 1/3/2024
Quantity: 90 tablet
Refill: 3 refills by 12/13/2023

Stopped in Visit

None

Messages

Ulceration Treatment

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	11/17/2022 10:54 AM

Ulceration Healing Progressing, treatment showing no open wounds.

As for"Iron Vitamin".....only 3 tables were administered over a 2 week period.

Has been discontinued

11/04/2022 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Mohova, Elena A, CMA

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

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Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
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End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
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Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

11/04/2022 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2021
Start date: 12/27/2021
End date: 1/23/2023
Quantity: 90 tablet
Refill: 6 refills by 12/27/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

losartan 25 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/24/2023
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/1/2022
Start date: 12/1/2022
End date: 8/24/2023
Quantity: 45 tablet
Refill: 2 refills by 12/1/2023

Stopped in Visit

None

Messages

MEDICARE PLANS that Hall Health contracted

From	To	Sent and Delivered
Elena A Mohova, CMA	Hoffman, Jeanne Leonie	11/4/2022 2:42 PM

Last Read in MyChart
11/17/2022 10:55 AM by Hoffman, Jeanne Leonie

Humana Plans

HUMANA MEDICARE [44238]	HUMANA GOLD PLUS MEDICARE HMO [8150]	HUMANA GOLD PLUS MEDICARE ADVANTAGE (HMO-POS)	CONTRACTED. IN-NETWORK FOR PRIMARY AND SPECIALTY CARE
HUMANA MEDICARE [44238]	HUMANA GOLD PLUS MEDICARE HMO [8150]	HUMANA GOLD PLUS MEDICARE ADVANTAGE (HMO)	CONTRACTED. IN-NETWORK FOR PRIMARY AND SPECIALTY CARE. HEALTH PLAN AUTHORIZED REFERRAL REQUIRED.

11/04/2022 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

HUMANA MEDICARE [44238]	HUMANA MEDICARE PPO [8149]	HUMANACHOICE (PPO)	CONTRACTED. IN-NETWORK FOR PRIMARY AND SPECIALTY CARE
HUMANA MEDICARE [44238]	HUMANA MEDICARE PPO [8149]	HUMANA HONOR (PPO)	CONTRACTED. IN-NETWORK FOR PRIMARY AND SPECIALTY CARE
HUMANA MEDICARE [44238]	HUMANA MEDICARE PPO [8149]	HUMANA MEDICARE (EMPLOYER PPO)	CONTRACTED. IN-NETWORK FOR PRIMARY AND SPECIALTY
OPTUM CARE NETWORK MEDICARE [100444]	OPTUM CARE NETWORK MEDICARE HUMANA [8613]	OPTUM CARE NETWORK MEDICARE HUMANA	PARTICIPATING WITH OPTUM CARE NETWORK PLANS

United Healthcare

UNITED HEALTHCARE MEDICARE [100331]	UNITED HEALTHCARE MEDICARE SOLUTIONS PPO [3761]	UNITEDHEALTHCARE MEDICARE SOLUTIONS - 3767	CONTRACTED. IN-NETWORK FOR PRIMARY AND SPECIALTY CARE
UNITED HEALTHCARE WEST MEDICARE [8040]	AARP MEDICARE COMPLETE UHC HMO [3550]	AARP MEDICARECOMPLETE INSURED THROUGH UNITEDHEALTHCARE (HMO)	CONTRACTED. IN-NETWORK FOR PRIMARY AND SPECIALTY CARE. HEALTH PLAN AUTHORIZED REFERRAL REQUIRED FOR SPECIALTY CARE WHEN PCP IS NOT A UW MEDICINE PROVIDER.

WellCare

11/04/2022 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

WELLCARE MEDICARE WASHINGTON [10437]	WELLCARE HEALTH PLAN WA MCARE HMO D-SNP [8594]	WELLCARE ACCESS, LIBERTY	CONTRACTED. IN-NETWORK FOR PRIMARY AND SPECIALTY CARE
WELLCARE MEDICARE WASHINGTON [10437]	WELLCARE HEALTH PLAN WA MEDICARE HMO [8593]	WELLCARE PLUS, VALUE	CONTRACTED. IN-NETWORK FOR PRIMARY AND SPECIALTY CARE
WELLCARE MEDICARE WASHINGTON [10437]	WELLCARE HEALTH PLAN WA MEDICARE PPO [8595]	WELLCARE PREMIER, PRIME	CONTRACTED. IN-NETWORK FOR PRIMARY AND SPECIALTY CARE

11/03/2022 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Lower extremity ulceration, left, limited to breakdown of skin (primary)
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Elevated MCV
- Acute bacterial conjunctivitis of left eye
- Essential hypertension, benign

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.

11/03/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2021
Start date: 12/27/2021
End date: 1/23/2023
Quantity: 90 tablet
Refill: 6 refills by 12/27/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 11/3/2022 0900

Jeanne Leonie Hoffman is a 97 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  Wound care

Visit type (in person vs telemedicine vs phone): In person
Son Louis present with her today as usual.

History
Follow up leg ulcers
See last visit. In for review of wound care. At home have been using very dilute chlorox1 to 50 "swimming pool" strength of washing. Applying non adherent dressings. No fever or chills.

Dry skin
She has had dry skin of her face.

Conjunctivitis
No further complaints of redness or crusting. Completed antibiotic. No change in vision.

Follow up labs
In to review labs.

Vaccines
COVID and flu vaccines done at last visit.

Problem List
Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006

LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006

4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 11/3/22 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed		

11/03/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

	for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• MULTIPLE VITAMIN OR	Take by mouth.		
• ofloxacin 0.3 % ophthalmic solution	Place 1-2 drops into left EYE 4 times a day.	5 mL	1
• pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use	10 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 173/100 | Pulse 60
Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/10/22: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 173/100	60	---	---	---	8:50 AM	11/3/2022

Last blood pressure recorded in this encounter: **(!) 173/100**
General: NAD
Left lower leg shows to two large areas of skin breakdown Measuring 4 x 6 cm and 3x4 cm without adherent exudate or surround erythema.

Lab and other tests: Reviewed labs. Mild hyperglycemia which has been diet controll.ed MCV elevated but not too much above baseline. B12 level actually elevated. Hematocrit and Hemoglobin normal.

Assessment and Plan:

1. Lower extremity ulceration, left, limited to breakdown of skin
Wound care today thru nurse
Follow up two weeks

2. Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Overall diet controlled

3. Elevated MCV
B12 was normal.
Will recheck in a few months.
Son had incorrectly started treating her with iron. Discussed she is not anemic and does not need iron which will cause constipation

4. Acute bacterial conjunctivitis of left eye
Resolved

5. Essential hypertension, benign
Elevate in the office
At home no recent readings.

Plan:
--Home blood pressure readings to be done daily for one week. Send me the numbers

6. Dry skin
See below

Treatment for dry skin and eczema

Avoid most soaps except perhaps neutrogena or other hypoallergenic soaps
Tepid rather than hot showers
Pat rather than rub skin dry
After showering apply lubriderm, hydroeucerin other hydrating cream to body. Prefer thicker cream from a tub rather than something that is thin enough to be squeezed from a tube.

Use steroid cream such as triamcinolone to decrease inflamation. Usually takes about 5-7 days before benefit is seen.

For skin lubricants
Common lotioins are : Cetaphil, Cerave, Curel, Neutrogena body emulsion, Pen-Kera, DML, Keri, Lubriderm and Moisturel. Lotions are easy to apply but may not sufficiently protect the skin from drying

Creams are usually more effective in treating dry skin. Common creams are Cerave, Eucerin, and Cetaphil. They usually come in a jar.

Ointments tend to be greasy. Two common brands are Vaseline and Aquaphor. Applying them after showering can reduce the amount that is needed.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.

Clinical Notes (continued)

Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 11/3/2022 12:26 PM

Noeldner, Jessica P, RN at 11/3/2022 0900

97 yo F here for wound care for ongoing LLE ulcerations following appt with Dr. Neighbor.

Wound Care Visit

S:
Jeanne Leonie Hoffmanwho is 97 year old presents today for wound care.
History of wound: yes, chronic vascular ulcers
Pain: with gentle debridement and specifically to back of calf and lateral area above ankle, improved once wrapped.
Home treatment: Son reports soaking 20 minutes QOD and washing with hibaclense, applying provoiodine, letting dry and covering with vaseline and wrapping.
Other: Discussed trying vaseline gauze and they would like to get this prescribed.

Location: LLE, multiple ulcerations present on all sides, largest two to left lateral, then one medial and one on back of calf, scattered smaller ulcerations noted in different stages of healing.
Duration: about 3 weeks, but has been ongoing issue from months ago
Measurements: Largest measuring 9 cm in length x 6 cm width x 0.4 cm depth
Undermining/Tunneling: no tunneling noted
Wound Bed: slough to wound beds with small areas of granulation tissue
Wound Edges: thickened, red
Exudate: No odor, scant serosang after cleaning and gentle mechanical debridement
Circulation: warm, less sensation to medial LE, painful to back of calf and tender to lateral wounds with gentle debridement
Periwound condition: tight skin but not hot or swollen

BP (!) 173/100 | Pulse 60

A:
Wound Healing Status: ongoing Son reports this is much improved from last visit but this RN has not seen wound to compare. MD also reports improvement.
Presence of signs of infection or over-colonization? No
Etiology of Wound: mixed pressure and vascular
Extent of Tissue Injury: partial and full thickness wounds, stage 3 pressure to ankle
Barriers/Risk Factors: underlying medical conditions, shoes/clothing

P:
Cleansed with NS and debrided with gauze
Use of skin barrier - Y
Primary dressing and topical: Medi honey, Vaseline gauze and non adhesive dressing.
Secondary dressing: secured loosely with a sleeve wrap
Debridement Type: mechanical
Pt tolerated the procedure well? Y

Patient's Home Care Instructions:

11/03/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Wash hands before and after wound care with soap and water for at least 15 seconds
- Home care: dressing change QD frequency and remove shoes/socks Q2hrs
- Monitor and report increased redness, drainage, warmth, pain, or fevers (greater than 100.5F)
- Follow up: scheduled 11/30/22

Jessica P Noeldner MN, RN

Electronically signed by Noeldner, Jessica P, RN at 11/3/2022 12:26 PM

Flowsheets

Vital Data

Row Name	11/03/22 0850
BP	**173/100** !
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	60

Patient Instructions

Assessment and Plan:

1. Lower extremity ulceration, left, limited to breakdown of skin
Wound care today thru nurse
Follow up two weeks

2. Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Overall diet controlled

3. Elevated MCV
B12 was normal.
Will recheck in a few months.
Son had incorrectly started treating her with iron. Discussed she is not anemic and does not need iron which will cause constipation

4. Acute bacterial conjunctivitis of left eye
Resolved

5. Essential hypertension, benign
Elevate in the office
At home XXX

6. Dry skin

11/03/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Patient Instructions (continued)

Treatment for dry skin and eczema

Avoid most soaps except perhaps neutrogena or other hypoallergenic soaps
Tepid rather than hot showers
Pat rather than rub skin dry
After showering apply lubriderm, hydroeucerin other hydrating cream to body. Prefer thicker cream from a tub rather than something that is thin enough to be squeezed from a tube.

Use steroid cream such as triamcinolone to decrease inflamation. Usually takes about 5-7 days before benefit is seen.

For skin lubricants
Common lotioins are : Cetaphil, Cerave, Curel, Neutrogena body emulsion, Pen-Kera, DML, Keri, Lubriderm and Moisturel. Lotions are easy to apply but may not sufficiently protect the skin from drying

Creams are usually more effective in treating dry skin. Common creams are Cerave, Eucerin, and Cetaphil. They usually come in a jar.

Ointments tend to be greasy. Two common brands are Vaseline and Aquaphor. Applying them after showering can reduce the amount that is needed.

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Clinical Professor
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Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 11/3/2022 9:10 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

11/03/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 11/3/2022 9:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your personalized instructions can be found at the end of this document.

What's Next

You currently have no upcoming appointments scheduled.

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

Today's Visit

You saw William E Neighbor, MD on Thursday November 3, 2022. The following issues were addressed:

- Lower extremity ulceration, left, limited to breakdown of skin
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Elevated MCV
- Acute bacterial conjunctivitis of left eye
- Essential hypertension, benign

Blood Pressure	Pulse
173/100	60

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

11/03/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of November 3, 2022 9:10 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 20 MG tablet Commonly known as: Lipitor	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

11/03/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Instructions from William E Neighbor, MD

Assessment and Plan:

1. Lower extremity ulceration, left, limited to breakdown of skin
Wound care today thru nurse
Follow up two weeks

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4. Acute bacterial conjunctivitis of left eye
Resolved

5. Essential hypertension, benign
Elevate in the office
At home XXX

6. Dry skin

Treatment for dry skin and eczema

Avoid most soaps except perhaps neutrogena or other hypoallergenic soaps
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Pat rather than rub skin dry
After showering apply lubriderm, hydroeucerin other hydrating cream to body. Prefer thicker cream from a tub rather than something that is thin enough to be squeezed from a tube.

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William E Neighbor, MD
Clinical Professor

11/03/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Department of Family Medicine
University of Washington

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Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

11/03/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

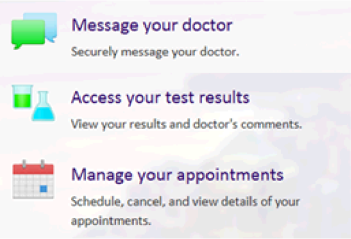
A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!



Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click
Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

11/03/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 11/3/2022 9:10 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 11/3/2022 9:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your personalized instructions can be found at the end of this document.

What's Next

You currently have no upcoming appointments scheduled.

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

Today's Visit

You saw William E Neighbor, MD on Thursday November 3, 2022. The following issues were addressed:

- Lower extremity ulceration, left, limited to breakdown of skin
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Elevated MCV
- Acute bacterial conjunctivitis of left eye
- Essential hypertension, benign

Blood Pressure 173/100

Pulse 60

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 11/3/2022 9:10 AM

Page 1 of 5 Epic

11/03/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of November 3, 2022 9:10 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 20 MG tablet Commonly known as: Lipitor	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
ofloxacin 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

11/03/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Instructions from William E Neighbor, MD

Assessment and Plan:

1. Lower extremity ulceration, left, limited to breakdown of skin
Wound care today thru nurse
Follow up two weeks

2. Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Overall diet controlled

3. Elevated MCV
B12 was normal.
Will recheck in a few months.
Son had incorrectly started treating her with iron. Discussed she is not anemic and does not need iron which will cause constipation

4. Acute bacterial conjunctivitis of left eye
Resolved

5. Essential hypertension, benign
Elevate in the office
At home XXX

6. Dry skin

Treatment for dry skin and eczema

Avoid most soaps except perhaps neutrogena or other hypoallergenic soaps
Tepid rather than hot showers
Pat rather than rub skin dry
After showering apply lubriderm, hydroeucerin other hydrating cream to body. Prefer thicker cream from a tub rather than something that is thin enough to be squeezed from a tube.

Use steroid cream such as triamcinolone to decrease inflamation. Usually takes about 5-7 days before benefit is seen.

For skin lubricants
Common lotioins are : Cetaphil, Cerave, Curel, Neutrogena body emulsion, Pen-Kera, DML, Keri, Lubriderm and Moisturel. Lotions are easy to apply but may not sufficiently protect the skin from drying

Creams are usually more effective in treating dry skin. Common creams are Cerave, Eucerin, and Cetaphil. They usually come in a jar.

Ointments tend to be greasy. Two common brands are Vaseline and Aquaphor. Applying them after showering can reduce the amount that is needed.

William E Neighbor, MD
Clinical Professor

11/03/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

11/03/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
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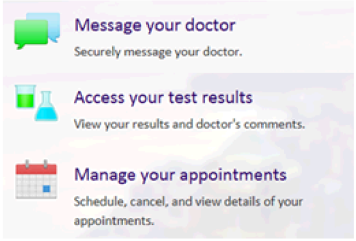

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Request Access to Another Person

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10/27/2022 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

10/27/2022 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2021
Start date: 12/27/2021
End date: 1/23/2023
Quantity: 90 tablet
Refill: 6 refills by 12/27/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Stopped in Visit

None

Messages

United Health Insurance

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	10/27/2022 2:06 PM

We are not satisfied, with MOLINA, therefore need to understand if United Health Insurance is perfected by you ,to cover all of medical needs.

It seem less restricting,
limited lab test restrictions.

However, you knowledge, would greatly assist.

Other Option: WELLCARE DUAL LIBERTY (HMO D-SNP)

10/10/2022 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Lower extremity ulceration, left, limited to breakdown of skin (primary)
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Elevated MCV
- Vaccine counseling
- Acute bacterial conjunctivitis of left eye

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
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Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN

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10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

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timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
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Quantity: 10 mL
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Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2021
Start date: 12/27/2021
End date: 1/23/2023
Quantity: 90 tablet
Refill: 6 refills by 12/27/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/10/2022
Start date: 10/10/2022
End date: 6/12/2024
Action: Patient not taking
Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 10/10/2022 0940

Jeanne Leonie Hoffman is a 97 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up

Visit type (in person vs telemedicine vs phone): In person

History

Jeane is brought in by her son who cares for her. She brought in banana bread that she had made yesterday for the

staff.

Her son reports that he had not been looking at Jeanne's leg for a couple of weeks and now notices recurrence of ulcers on the left lower leg. The right leg is fine. She has mild pain of the left lower leg.

Jeane has not had fever or chills. There is been minimal surrounding redness in the lower leg.

She is due for vaccines and would like Flu and COVID19 boosters.

She reports in the last three days she has awoken with crusting of the left eye lids with some redness.

She is wearing hearing aids today and understand most of what we are speaking about.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008
Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006

LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006

4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006

Td/Tdap (q 10 yr): See immmunizations
Pneumococcal (65 yoa and high risk x1): See imms
Blood pressure: Dx hypertension

Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 10/10/22 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• MULTIPLE VITAMIN OR	Take by mouth.		
• pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use	10 mL	6

Clinical Notes (continued)

Current Facility-Administered Medications for the 10/10/22 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• [COMPLETED] COVID-19 mRNA bivalent BOOSTER vaccine (Pfizer) injection 30 mcg	30 mcg	Intramuscular	Once	Neighbor Jr., William E, MD		30 mcg at 10/10/22 1026
• [COMPLETED] influenza quadrivalent high-dose vaccine (Fluzone High-Dose) injection 0.7 mL	0.7 mL	Intramuscular	Once	Neighbor Jr., William E, MD		0.7 mL at 10/10/22 1028

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 177/76 | Pulse (!) 56 | Wt 45 kg (99 lb 3.3 oz) | BMI 16.51 kg/m²
Estimated body mass index is 16.51 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of this encounter: 45 kg (99 lb 3.3 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 177/76	(!) 56	---	---	---	9:04 AM	10/10/2022

Last blood pressure recorded in this encounter: **(!) 177/76**
General: NAD
Left lower leg shows five superficial ulcers with exudate with minimal marginal redness. These measure 2 cm to 3 x 5 cm
Eyes; Right eye clear. Left eye shows conjunctival injection without periorbital swelling. EOM full without pain.

Lab and other tests: pending

Assessment and Plan:

1. Lower extremity ulceration, left, limited to breakdown of skin
Lower lower leg several superficial ulcers above the ankle. Do not appear infected. These had been healed last

Clinical Notes (continued)

Spring

Plan:'
--Dressing today with vaseline gauze and non adherent dressing
--Dressing supplies. Medihoney can be obtained without a prescription.
--Her son Louis has done a good job in caring for these in the past. He had not realized she had these new ulcers. He will continue to follow. If needed, can have visit nurse in Bainbridge work with them.
--Follow up here in 2-3 weeks

2. Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Well controlled by diet alone in this 98 year old kind woman

3. Elevated MCV
At visit in Spring MCV was elevated. Plan had been to check B12 level which was not done

Plan:
Vitamin B12 level today
Repeat CBC

Vaccine counseling
Due for high dose flu vaccine
COVID 19 bivalent booster here or at pharmacy.

(H10.32) Acute bacterial conjunctivitis of left eye
Sulfa allergic so will not use Polytrim. Prescribed ofloxacin eye drops to be used four times daily for five days. If right eye also becomes involved then use in both eyes.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

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For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 10/10/2022 12:45 PM

Tesfay, Lemlem H, CMA at 10/10/2022 0940

Immunization Documentation

97 year old - Is this patient eligible for VFC or Adult supply vaccine? **ADULT**

Interpreter: No

Vaccine Screening Questions

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

1	Are you allergic to Latex?	NO
2	Have you had a serious reaction or an allergic reaction to a vaccine?	NO
3	Do you currently have a moderate or severe illness, including fever?	NO
4	Are you pregnant or planning to become pregnant?	NO (Note: If YES: HPV is contraindicated in pregnancy. Consult with provider prior to giving PPSV23/PCV15/PCV20, HepA, Hib, MenACWY or MenB)
5	Have you ever had a seizure or any neurological problem associated with a vaccine? *(DTaP/TDaP/DTP pertinent)*	NO
6	Is patient receiving any **LIVE** vaccinations today? *(Varicella-Chickenpox, MMR-Measles/Mumps/Rubella, Zoster-Shingles, Flumist, Yellow Fever)* *NOTE: oral rotavirus is exempt*	NO [determine need for TB screening if getting live virus vaccine] **NOTE:** • If **YES** to any of the questions above – Do **NOT** give vaccine. Consult with RN or provider in clinic. (#5 can be YES if all Live vaccine questions are answered NO) • If **NO** to all questions above - Patient may receive vaccine.
7	Do you need to receive the Flu vaccine today?	YES - Additional Flu Questions **Flu Vaccine Screening Questions:** Ever had a serious allergic reaction to eggs? NO Ever had Guillain-Barre syndrome associated with a vaccine? NO Less than 6 months old? NO If **YES** to any of the *Flu* questions above - NO Flu Vaccine to be given. Patient may consult provider as needed. If **NO** to all questions above - Patient may receive Flu Shot (IM) Is the patient requesting Flumist? NO If between 6 months and 8 years of age, was flu vaccine received

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

		last year? NO If **NO** to above question: • Children who are receiving influenza vaccine for the first time - administer 2 doses of the current influenza vaccine (separated by at least 4 weeks).

Imms administered today: **Influenza (high dose)**

All patients are encouraged to wait 15 minutes before leaving after receiving any vaccine.

VIS given 10/10/2022 by Lemlem H Tesfay, CMA

Was Jeanne Leonie Hoffman alert, oriented, and without adverse reaction after the vaccine was given Yes

Lemlem H Tesfay, CMA

Electronically signed by Tesfay, Lemlem H, CMA at 10/10/2022 12:43 PM

Tesfay, Lemlem H, CMA at 10/10/2022 0940

COVID-19 Vaccine Intake Documentation

Pre-Vaccination Screening Questions:

1. Are you feeling sick today? • If patient is COVID-19 positive or COVID-19 like symptoms, reschedule when no longer infectious (at least 10 days post positive test, resolution of fever without fever reducing medications, and improvement of symptoms). If patient is COVID negative, patient should be informed that vaccine can result in flu-like symptoms before proceeding. Patients no longer have to wait 90 days post COVID infection for the vaccine.	**NO**
2. Have you ever received a dose of COVID-19 vaccine?	**YES**
If yes, which vaccine product?	**Pfizer**
3. Have you ever had a severe allergic reaction	

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

(e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or Epi Pen® or for which you had to go to the hospital? • If yes, please review questions below:	**NO**
• Was the severe allergic reaction after receiving a COVID-19 vaccine? • If yes to severe reaction (anaphylaxis) after COVID-19 vaccine, HARD STOP, DO NOT ADMINISTER	**NO**
• Was the severe allergic reaction after receiving another vaccine or another injectable medication? • If yes to severe reaction (anaphylaxis) after another vaccine/injectable (not COVID-19 vaccine), this is a precaution and can administer vaccine. Observe 30 minutes.	**NO**
4. Do you attest that you meet the CDC eligibility criteria for this vaccine shot?	**Yes**

Electronically signed by Tesfay, Lemlem H, CMA at 10/10/2022 12:43 PM

Perez, Delmis Joel, RN at 10/10/2022 0940

Left Lower Extremity wounds dressed with Vaseline gauze over the big wounds and a Telfa over a small superior foot uncovered area, wrapped with Kerlix, then wrapped with Coban.

Electronically signed by Perez, Delmis Joel, RN at 10/10/2022 12:43 PM

Labs

Folate and Vitamin B12 (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/10/22 1008** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/10/22 1008
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 10/10/22 -
Quantity: 1
Diagnoses
Elevated MCV [R71.8]
Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard
Class: Lab Collect
Released by: Tesfay, Lemlem H, CMA 10/10/22 1008

Questionnaire

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Elevated MCV [R71.8 (ICD-10-CM)]

Folate and Vitamin B12 (Abnormal) Resulted: 10/10/22 2358, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/10/22 1043
Filed by: Uw Lab Results Interface, User 10/10/22 2358
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 10/11/22 1213
Mohova, Elena A, CMA on 10/14/22 1039

Order status: Completed
Collected by: 6780 10/10/22 1043

Components

Component	Value	Reference Range	Flag	Lab
Folate, SRM	>22.0	>5.8 ng/mL	—	UWMC
Comment: Reference range >5.8 ng/mL Folate deficiency <4.0 ng/mL				
Vitamin B12 (Cobalamin)	>1500	180 - 914 pg/mL	H	UWMC
Comment: Normal: 180-914 pg/mL Indeterminate: 145-179 pg/mL Deficient: <145 pg/mL				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	04/18/22 1358 - 09/08/23 1026

Indications

Elevated MCV [R71.8 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
10/11/2022 12:13 PM PDT

Jeanne:
Your vitamin B12 level and folate are completely normal and infact higher than they need to be. You could cut down on the amount of vitamin you are taking. Your blood count continues to show your red blood cells to be a bit larger in size than they have been in the past but not extremely so. We will monitor.

William E Neighbor, MD

CBC with Diff (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/10/22 1008** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/10/22 1008
Authorized by: Neighbor Jr., William E, MD
Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Frequency: Routine 10/10/22 -
Quantity: 1
Diagnoses
Elevated MCV [R71.8]

Class: Lab Collect

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Elevated MCV [R71.8 (ICD-10-CM)]

CBC with Diff (Abnormal)

Resulted: 10/10/22 2243, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/10/22 1043
Filed by: Uw Lab Results Interface, User 10/10/22 2244
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 10/11/22 1213
Mohova, Elena A, CMA on 10/14/22 1039

Order status: Completed
Collected by: 6780 10/10/22 1043

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.88	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.75	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	12.0	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	38	36.0 - 45.0 %	—	UWMC
MCV	101	81 - 98 fL	H	UWMC
MCH	32.0	27.3 - 33.6 pg	—	UWMC
MCHC	31.7	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	313	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.3	11.0 - 14.5 %	—	UWMC
% Neutrophils	60	%	—	UWMC
% Lymphocytes	27	%	—	UWMC
% Monocytes	8	%	—	UWMC
% Eosinophils	4	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	0	%	—	UWMC
Neutrophils	3.49	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.59	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.47	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.23	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.08	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.02	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	04/18/22 1358 - 09/08/23 1026

Indications

Elevated MCV [R71.8 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
10/11/2022 12:13 PM PDT

Jeanne:
Your vitamin B12 level and folate are completely normal and infact higher than they need to be. You could cut down on the amount of vitamin you are taking. Your blood count continues to show your red blood cells to be a bit larger in size than they have been in the past but not extremely so. We will monitor.

William E Neighbor, MD

Medication Administrations

COVID-19 mRNA bivalent BOOSTER vaccine (Pfizer) injection 30 mcg [213718732]

Ordering Provider: Neighbor Jr., William E, MD
Ordered On: 10/10/22 1008
Ordered Dose (Remaining/Total): 30 mcg (0/1)
Frequency: Once
Admin Instructions: Protect from light.

Status: Completed (Past End Date/Time)
Starts/Ends: 10/10/22 1039 - 10/10/22 1026
Route: Intramuscular
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Due 10/10/22 1039 Scheduled: 10/10/22 1008	Due	—	—	—
Performed 10/10/22 1026 Documented: 10/10/22 1028	Given	30 mcg	Intramuscular Left Deltoid	Performed by: Tesfay, Lemlem H, CMA

influenza quadrivalent high-dose vaccine (Fluzone High-Dose) injection 0.7 mL [213718730]

Ordering Provider: Neighbor Jr., William E, MD
Ordered On: 10/10/22 1008
Ordered Dose (Remaining/Total): 0.7 mL (0/1)
Frequency: Once
Admin Instructions: Refrigerate.

Status: Completed (Past End Date/Time)
Starts/Ends: 10/10/22 1039 - 10/10/22 1028
Route: Intramuscular
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Due 10/10/22 1039 Scheduled: 10/10/22 1008	Due	—	—	—

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication Administrations (continued)

Performed 10/10/22 1028 Documented: 10/10/22 1029	Given	0.7 mL	Intramuscular Right Deltoid	Performed by: Tesfay, Lemlem H, CMA

Immunizations Given

Immunization	Date
COVID-19 Pfizer mRNA bivalent 12 yrs and older	10/10/2022
Influenza quadrivalent high-dose (Fluzone High-Dose)	10/10/2022

Other Orders

Medications

influenza quadrivalent high-dose vaccine (Fluzone High-Dose) injection 0.7 mL (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/10/22 1008** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/10/22 1008 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine Once 10/10/22 1039 - 1 occurrence Class: Normal
Diagnoses
Vaccine counseling [Z71.85]
Admin instructions: Refrigerate.

Indications

Vaccine counseling [Z71.85 (ICD-10-CM)]

COVID-19 mRNA bivalent BOOSTER vaccine (Pfizer) injection 30 mcg (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/10/22 1008** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/10/22 1008 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine Once 10/10/22 1039 - 1 occurrence Class: Normal
Diagnoses
Vaccine counseling [Z71.85]
Admin instructions: Protect from light.

Indications

Vaccine counseling [Z71.85 (ICD-10-CM)]

ofloxacin 0.3 % ophthalmic solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 10/10/22 1010** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 10/10/22 1010 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine QID 10/10/22 - 06/12/24 Class: Normal
Discontinued by: Van Hoff, Linda A, ARNP 06/12/24 1043 [Med list cleanup]
Diagnoses
Acute bacterial conjunctivitis of left eye [H10.32]

Indications

Acute bacterial conjunctivitis of left eye [H10.32 (ICD-10-CM)]

Flowsheets

Custom Formula Data

Row Name	10/10/22 0904
Dubois BSA	0 (m^2)
Weight kg (view-	45

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Flowsheets (continued)

only)	
Weight for Calculations - Calculated (oz)	1587.31 ounces

Vital Data

Row Name	10/10/22 0904
Weight	45 kg (99 lb 3.3 oz)
BP	**177/76** !
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Pulse	**56** !
Pulse Regularity	Regular

Patient Instructions

Assessment and Plan:

1. Lower extremity ulceration, left, limited to breakdown of skin

Lower lower leg several superficial ulcers above the ankle. Do not appear infected. These had been healed last Spring

Plan:'
--Dressing today with Medihoney and non adherent dressing
--Dressing supplies
--Her son Louis has done a good job in caring for these in the past. He had not realized she had these new ulcers. He will continue to follow. If needed, can have visit nurse in Bainbridge work with them.
--Follow up here in 2-3 weeks

2. Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)

Well controlled by diet alone in this 98 year old kind woman

3. Elevated MCV

At visit in Spring MCV was elevated. Plan had been to check B12 level which was not done

Plan:
Vitamin B12 level today
Repeat CBC

Vaccine counseling

Due for high dose flu vaccine
COVID 19 bivalent booster here or at pharmacy.

(H10.32) Acute bacterial conjunctivitis of left eye

Sulfa allergic so will not use Polytrim. Prescribed ofloxacin eye drops to be used four times daily for five days. If right eye also becomes involved then use in both eyes.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Patient Instructions (continued)

University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 10/10/2022 10:12 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/10/2022 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your personalized instructions can be found at the end of this document.

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

ofloxacin

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Labs ordered today

CBC with Diff
Please complete by or around 10/10/2022

Folate and Vitamin B12
Please complete by or around 10/10/2022

What's Next

You currently have no upcoming appointments scheduled.

Medications You Will Be Given

OCT 10 2022 influenza quadrivalent high-dose vaccine (Fluzone High-Dose)
Next due Monday October 10
Expected: one time (1 dose remaining)

OCT 10 2022 COVID-19 mRNA bivalent BOOSTER vaccine (Pfizer)
Next due Monday October 10
Expected: one time (1 dose remaining)

Today's Visit

You saw William E Neighbor, MD on Monday October 10, 2022. The following issues were addressed:

- Lower extremity ulceration, left, limited to breakdown of skin
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Elevated MCV
- Vaccine counseling
- Acute bacterial conjunctivitis of left eye

Blood Pressure	BMI
177/76	16.51
Weight	**Pulse**
99 lb 3.3 oz	56

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of October 10, 2022 10:12 AM

ⓘ If you have any questions, ask your nurse or doctor.

	acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
	atorvastatin 20 MG tablet Commonly known as: Lipitor	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
	calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
	cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 Units) by mouth daily.
	MULTIPLE VITAMIN OR	Take by mouth.
START	**ofloxacin** 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
	pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
	timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Instructions from William E Neighbor, MD

Assessment and Plan:

1. Lower extremity ulceration, left, limited to breakdown of skin
Lower lower leg several superficial ulcers above the ankle. Do not appear infected. These had been healed last Spring

Plan:'
--Dressing today with Medihoney and non adherent dressing
--Dressing supplies
--Her son Louis has done a good job in caring for these in the past. He had not realized she had these new ulcers. He will continue to follow. If needed, can have visit nurse in Bainbridge work with them.
--Follow up here in 2-3 weeks

2. Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Well controlled by diet alone in this 98 year old kind woman

3. Elevated MCV
At visit in Spring MCV was elevated. Plan had been to check B12 level which was not done

Plan:
Vitamin B12 level today
Repeat CBC

Vaccine counseling
Due for high dose flu vaccine
COVID 19 bivalent booster here or at pharmacy.

(H10.32) Acute bacterial conjunctivitis of left eye
Sulfa allergic so will not use Polytrim. Prescribed ofloxacin eye drops to be used four times daily for five days. If right eye also becomes involved then use in both eyes.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

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For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

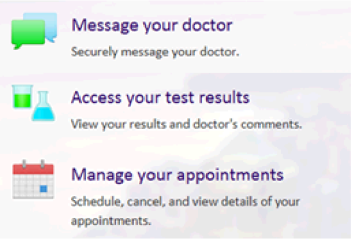
A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!



Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click
Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 10/10/2022 10:08 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/10/2022 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your personalized instructions can be found at the end of this document.

Labs ordered today

CBC with Diff
Please complete by or around 10/10/2022

Folate and Vitamin B12
Please complete by or around 10/10/2022

What's Next

You currently have no upcoming appointments scheduled.

Medications You Will Be Given

OCT 10 2022 influenza quadrivalent high-dose vaccine (Fluzone High-Dose)
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Today's Visit

You saw William E Neighbor, MD on Monday October 10, 2022. The following issues were addressed: Lower extremity ulceration, left, limited to breakdown of skin; Type 2 diabetes mellitus without complication, without long-term current use of insulin; Elevated MCV; and Vaccine counseling.

Blood Pressure 177/76	BMI 16.51
Weight 99 lb 3.3 oz	Pulse 56

MyChart Sign-Up

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Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 10/10/2022 10:08 AM

Page 1 of 4 Epic

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of October 10, 2022 10:08 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
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MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Instructions from William E Neighbor, MD

Assessment and Plan:

1. Lower extremity ulceration, left, limited to breakdown of skin
Lower lower leg several superficial ulcers above the ankle. Do not appear infected. These had been healed last Spring

Plan:'
--Dressing today with Medihoney and non adherent dressing
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--Her son Louis has done a good job in caring for these in the past. He had not realized she had these new ulcers. He will continue to follow. If needed, can have visit nurse in Bainbridge work with them.
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2. Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Well controlled by diet alone in this 98 year old kind woman

3. Elevated MCV
At visit in Spring MCV was elevated. Plan had been to check B12 level which was not done

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Vitamin B12 level today
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Vaccine counseling
Due for high dose flu vaccine
COVID 19 bivalent booster here or at pharmacy.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

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10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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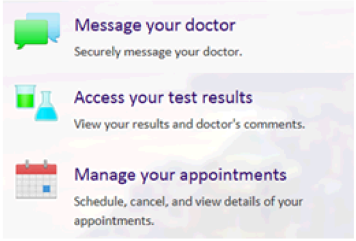
How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!



Set Up Your Account:
Go to mychart.uwmedicine.org and click Sign Up

Need access to a family member?
Go to mychart.uwmedicine.org and click
Request Access to Another Person

How do I get billing and insurance info?
Go to uwmedicine.org/billing

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 10/10/2022 10:12 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/10/2022 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your personalized instructions can be found at the end of this document.

Your medications have changed today

See your updated medication list for details.

Pick up these medications at RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608

ofloxacin

Address: 301 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065

Labs ordered today

CBC with Diff
Please complete by or around 10/10/2022

Folate and Vitamin B12
Please complete by or around 10/10/2022

What's Next

You currently have no upcoming appointments scheduled.

Medications You Will Be Given

OCT 10 2022 influenza quadrivalent high-dose vaccine (Fluzone High-Dose)
Next due Monday October 10
Expected: one time (1 dose remaining)

OCT 10 2022 COVID-19 mRNA bivalent BOOSTER vaccine (Pfizer)
Next due Monday October 10
Expected: one time (1 dose remaining)

Today's Visit

You saw William E Neighbor, MD on Monday October 10, 2022. The following issues were addressed:

- Lower extremity ulceration, left, limited to breakdown of skin
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Elevated MCV
- Vaccine counseling
- Acute bacterial conjunctivitis of left eye

Blood Pressure 177/76	BMI 16.51
Weight 99 lb 3.3 oz	Pulse 56

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 10/10/2022 10:12 AM Page 1 of 5 Epic

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of October 10, 2022 10:12 AM

If you have any questions, ask your nurse or doctor.

	acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
	atorvastatin 20 MG tablet Commonly known as: Lipitor	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
	calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
	cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 Units) by mouth daily.
	MULTIPLE VITAMIN OR	Take by mouth.
START	**ofloxacin** 0.3 % ophthalmic solution Commonly known as: Ocuflox	Place 1-2 drops into left EYE 4 times a day.
	pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
	timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Instructions from William E Neighbor, MD

Assessment and Plan:

1. Lower extremity ulceration, left, limited to breakdown of skin

Lower lower leg several superficial ulcers above the ankle. Do not appear infected. These had been healed last Spring

Plan:'
--Dressing today with Medihoney and non adherent dressing
--Dressing supplies
--Her son Louis has done a good job in caring for these in the past. He had not realized she had these new ulcers. He will continue to follow. If needed, can have visit nurse in Bainbridge work with them.
--Follow up here in 2-3 weeks

2. Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)

Well controlled by diet alone in this 98 year old kind woman

3. Elevated MCV

At visit in Spring MCV was elevated. Plan had been to check B12 level which was not done

Plan:
Vitamin B12 level today
Repeat CBC

Vaccine counseling

Due for high dose flu vaccine
COVID 19 bivalent booster here or at pharmacy.

(H10.32) Acute bacterial conjunctivitis of left eye

Sulfa allergic so will not use Polytrim. Prescribed ofloxacin eye drops to be used four times daily for five days. If right eye also becomes involved then use in both eyes.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

10/10/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

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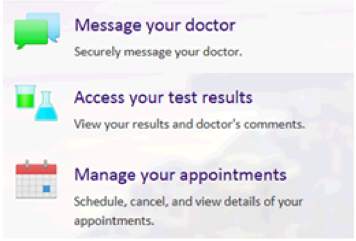

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Request Access to Another Person

How do I get billing and insurance info?
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10/10/2022 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- Elevated MCV

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

atorvastatin 20 MG tablet

10/10/2022 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/13/2021
Start date: 10/13/2021 — End date: 12/13/2022
Quantity: 45 tablet — Refill: 3 refills by 10/13/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/9/2021
Start date: 12/9/2021 — End date: 2/24/2023
Quantity: 10 mL — Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/27/2021
Start date: 12/27/2021 — End date: 1/23/2023
Quantity: 90 tablet — Refill: 6 refills by 12/27/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/10/2022
Start date: 10/10/2022 — End date: 6/12/2024
Action: Patient not taking — Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Stopped in Visit

None

Clinical Notes

Result Encounter Note

Neighbor Jr., William E, MD at 10/10/2022 1043

Jeanne:
Your vitamin B12 level and folate are completely normal and infact higher than they need to be. You could cut down on the amount of vitamin you are taking. Your blood count continues to show your red blood cells to be a bit larger in size than they have been in the past but not extremely so. We will monitor.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 10/11/2022 12:13 PM

Labs

CBC with Diff (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 10/10/22 1008** — Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/10/22 1008 — Ordering provider: Neighbor Jr., William E, MD

10/10/2022 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 10/10/22 -
Quantity: 1
Instance released by: Yoon, Kaitlyn J, PCT 10/10/2022 10:43 AM
Diagnoses
Elevated MCV [R71.8]

Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M2455596	Blood	—	6780 10/10/22 1043

CBC with Diff (Abnormal) Resulted: 10/10/22 2243, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/10/22 1043
Filed by: Uw Lab Results Interface, User 10/10/22 2244
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 10/11/22 1213
Mohova, Elena A, CMA on 10/14/22 1039

Order status: Completed
Collected by: 6780 10/10/22 1043

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.88	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.75	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	12.0	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	38	36.0 - 45.0 %	—	UWMC
MCV	101	81 - 98 fL	H	UWMC
MCH	32.0	27.3 - 33.6 pg	—	UWMC
MCHC	31.7	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	313	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.3	11.0 - 14.5 %	—	UWMC
% Neutrophils	60	%	—	UWMC
% Lymphocytes	27	%	—	UWMC
% Monocytes	8	%	—	UWMC
% Eosinophils	4	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	0	%	—	UWMC
Neutrophils	3.49	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.59	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.47	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.23	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.08	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.02	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

10/10/2022 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	04/18/22 1358 - 09/08/23 1026

Indications

Elevated MCV [R71.8 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
10/11/2022 12:13 PM PDT

Jeanne:
Your vitamin B12 level and folate are completely normal and infact higher than they need to be. You could cut down on the amount of vitamin you are taking. Your blood count continues to show your red blood cells to be a bit larger in size than they have been in the past but not extremely so. We will monitor.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 10/11/2022 12:13

Folate and Vitamin B12 (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 10/10/22 1008** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/10/22 1008
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/10/22 -
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Yoon, Kaitlyn J, PCT 10/10/2022 10:43 AM
Diagnoses
Elevated MCV [R71.8]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M2455596	Blood	—	6780 10/10/22 1043

Folate and Vitamin B12 (Abnormal) Resulted: 10/10/22 2358, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/10/22 1043
Order status: Completed
Filed by: Uw Lab Results Interface, User 10/10/22 2358
Collected by: 6780 10/10/22 1043
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 10/11/22 1213
Mohova, Elena A, CMA on 10/14/22 1039

Components

Component	Value	Reference Range	Flag	Lab
Folate, SRM	>22.0	>5.8 ng/mL	—	UWMC
Comment: Reference range >5.8 ng/mL Folate deficiency <4.0 ng/mL				
Vitamin B12 (Cobalamin)	>1500	180 - 914 pg/mL	H	UWMC
Comment: Normal: 180-914 pg/mL Indeterminate: 145-179 pg/mL Deficient: <145 pg/mL				

10/10/2022 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	04/18/22 1358 - 09/08/23 1026

Indications

Elevated MCV [R71.8 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
10/11/2022 12:13 PM PDT

Jeanne:
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William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 10/11/2022 12:13

09/08/2022 - Patient Web Update in Husky Health Same Day Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

09/08/2022 - Patient Web Update in Husky Health Same Day Clinic (continued)

Medication List (continued)

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
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Quantity: 10 mL
Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2021
Start date: 12/27/2021
End date: 1/23/2023
Quantity: 90 tablet
Refill: 6 refills by 12/27/2022

Stopped in Visit

None

Messages

Appointment Request

From	To	Sent and Delivered
Rico R Romo, PSS/PSR	Hoffman, Jeanne Leonie	9/8/2022 3:54 PM

Last Read in MyChart
10/27/2022 1:52 PM by Hoffman, Jeanne Leonie

So sorry again Jeane it has been a long day, **Monday October 10, 2022 at 9:40 am with Dr. Neighbor**. It is not on the 12th.

Rico, PSS Hall Health

Appointment Request

From	To	Sent and Delivered
Rico R Romo, PSS/PSR	Hoffman, Jeanne Leonie	9/8/2022 3:49 PM

Last Read in MyChart
10/27/2022 1:52 PM by Hoffman, Jeanne Leonie

Sorry for my mistake, the appointment is for **Monday October 12, 2022 at 9:40 am**, not this upcoming September.

Rico, PSS Hall Health

Appointment Request

From	To	Sent and Delivered
Rico R Romo, PSS/PSR	Hoffman, Jeanne Leonie	9/8/2022 3:45 PM

Last Read in MyChart
10/27/2022 1:52 PM by Hoffman, Jeanne Leonie

09/08/2022 - Patient Web Update in Husky Health Same Day Clinic (continued)

Messages (continued)

Good Afternoon Jeane,

Thank you for your My Chart appointment request. I have scheduled you for the following visit:

Appointment Date: Monday September 10, 2022
Appointment Time: 9:40 am
Provider: Dr. William Neighbor
Location: Hall Health Center

** If you are experiencing any covid like symptoms or had exposure to any confirmed positives or are in need to reschedule the appointment, we ask that you give us a call at 206-685-1011 to reschedule.

Please arrive 10-15 minutes prior to your appointment time for check-in. Please be prepared to be screened for Covid symptoms upon entry also be prepared to show your photo ID and insurance information. As a reminder, appointments that are cancelled late or no showed may result in a fee.

We are asking that all patients entering the building to have a mask on. We are also asking that any friends, family etc... wait outside (except for care givers or children) as we are limiting entry to our facility to patients only.

Parking is available in the Padelford Hall lots, N21 and N20. Parking anywhere else requires a pre-authorization with HHC staff and you must inform check-in staff where you parked or you will be ticketed.

Hall Health

Appointment Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Front Desk Pool (supporting William E Neighbor Jr., MD)	9/8/2022 3:40 PM

Appointment Request From: Jeanne Leonie Hoffman

With Provider: William E Neighbor, MD [Hall Health Same Day]

Preferred Date Range: 10/5/2022 – 10/12/2022

Preferred Times: Any Time

Reason for visit: Wellness Visit

Comments:
Schedule for morning 9:30a.

07/21/2022 - Health Maintenance Letter

Letters

Reminder by Uw Mychart, Patient User on 7/21/2022

Status: Sent
Letter body:

Dear Jeane Hoffman,

Thank you for choosing UW Medicine! Your Primary Care Provider, William E Neighbor, MD, would like for you to schedule your Annual Wellness Visit; a no-cost preventative care benefit offered by Medicare Advantage. Your healthcare team believes this opportunity extends your options for maintaining and maximizing good health.

What is the Annual Wellness Visit?
This visit consists of a health risk assessment, provider consultation where you discuss your health needs and risks with the provider. You can also help create a personalized preventative care plan to keep you healthy. We will review your list of medications and compile a list of your current healthcare providers. Other services may be combined with this visit, however there may be additional charges.

William E Neighbor, MD would like for you to have this visit done in-person or via Telemedicine if you prefer. You can schedule this visit with your PCP or the Nurse Care Manager on their team.

To schedule your Annual Wellness Visit, please click here.

If you've already had your Annual Wellness Visit completed or if you are receiving routine medical care elsewhere, please contact the clinic at 206-685-1011 or click here to send us a message so that we can update our records.

We appreciate the trust you put in us to take care of your healthcare needs.

Sincerely,

Your Clinical Care Team
UW Medicine Primary Care
Phone: 206-685-1011

05/02/2022 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

05/02/2022 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2021
Start date: 12/27/2021
End date: 1/23/2023
Quantity: 90 tablet
Refill: 6 refills by 12/27/2022

Stopped in Visit

None

Messages

Daily Vitamin B-Complex ?mg has been adiministered for past 10+ years

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/2/2022 10:30 AM

Vitimin B-12 500mg is on order.

Will increase dietary foods high in B12 beginning on this date.

Thank You...

04/27/2022 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Wellness
Visit diagnoses:

- Lower extremity ulceration, left, limited to breakdown of skin (primary)
- Vaccine counseling
- Essential hypertension, benign
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Vitamin D deficiency
- History of anemia

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN

Medication List

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Entered on: 8/20/2019
Start date: 8/20/2019
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04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

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Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

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Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
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Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2021
Start date: 12/27/2021
End date: 1/23/2023
Quantity: 90 tablet
Refill: 6 refills by 12/27/2022

Stopped in Visit

None

Clinical Notes

Progress Notes

Erhardt, Mark Allen, CMA at 4/27/2022 0900

COVID-19 Vaccine Intake Documentation

Pre-Vaccination Screening Questions:

1. Are you feeling sick today? • If patient is COVID-19 positive or COVID-19 like symptoms, reschedule when no longer infectious (at least 10 days post positive test, resolution of fever without fever reducing medications, and improvement of symptoms). If patient is COVID negative, patient should be informed that vaccine can result in flu-like symptoms before proceeding. Patients no longer	**NO**

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

have to wait 90 days post COVID infection for the vaccine.	
2. Have you ever received a dose of COVID-19 vaccine?	**NO**
If yes, which vaccine product?	**Pfizer**
3. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or Epi Pen® or for which you had to go to the hospital? • If yes, please review questions below:	**NO**
• Was the severe allergic reaction after receiving a COVID-19 vaccine? • If yes to severe reaction (anaphylaxis) after COVID-19 vaccine, HARD STOP, DO NOT ADMINISTER	**NO**
• Was the severe allergic reaction after receiving another vaccine or another injectable medication? • If yes to severe reaction (anaphylaxis) after another vaccine/injectable (not COVID-19 vaccine), this is a precaution and can administer vaccine. Observe 30 minutes.	**NO**
4. Do you attest that you meet the CDC eligibility criteria for this vaccine shot?	**Yes**

Electronically signed by Erhardt, Mark Allen, CMA at 5/9/2022 5:11 PM

Neighbor Jr., William E, MD at 4/27/2022 0900

Jeanne Leonie Hoffman is a 97 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Wellness

Visit type (in person vs telemedicine vs phone): In person

History
Jeanne is in with her son Louis for the appointment.
The appointment was schedule for a physical, but specific problems were covered in the time allowed.

Lower extremity ulceration
Her son has been managing this well with dilute chlorox bleach washes for the legs which at one poiint had healed both legs. She has now some small areas of recurrence of ulceration.

Hypertension.
No recent home pressure readings. She is not on any blood pressure medications currently

Diabetes
She is due for labs. She has been managed with diet alone

Vitamin D deficiency
Her son has her taking 2000 IU daily

History of anemia
She is due for repeat labs.

Review of Systems:
There have been no fevers, chills sweats
Her appetite is good
No nausea or vomiting
No abdominal pain
Stools are normal
No change in urine color or odor.
She continues to have diffuse joint pain due to DJD

Problem List
Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Medications

Outpatient Medications Marked as Taking for the 4/27/22 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO,		

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

	TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• MULTIPLE VITAMIN OR	Take by mouth.		
• pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use	10 mL	6

Current Facility-Administered Medications for the 4/27/22 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• COVID-19 mRNA vaccine (Pfizer) injection 30 mcg	30 mcg	Intramuscular	Once	Neighbor Jr., William E, MD		

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 175/77 | Pulse 65

Estimated body mass index is 18.74 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/5/20: 51.1 kg (112 lb 9.6 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 187/72	68	---	---	---	8:19 AM	4/27/2022
(!) 175/77	65	---	---	---	8:43 AM	4/27/2022

Last blood pressure recorded in this encounter: **(!) 175/77**
General: NAD
Chest: Clear
Cor: RR without murmur
Abd: Soft and non tender without HSM
Extr: On the left lower leg that are two pretibial areas of skin break down but not to the undelrying tissues. Each measures about 2 cm. There is no surround erythema. Similar single area on the right lower leg.
Wound care nurse evaluated the wounds as well today.

Lab and other tests: pending

Assessment and Plan:

1. Lower extremity ulceration, left, limited to breakdown of skin
Wound nurse eval during clinic visit. Much improved over the last year but with recent recurrence of three areas of ulceration without infection.

Plan:
--Continue low concentration chlorine water (swimming pool concentration) bathes once to twice weekly which seemed to have worked well.
--Advise not using iodine as too harsh for tissues
--Advise Medihoney dressings
--Follow up in 4-6 weeks.

1. Vaccine counseling
COVID booster today
Tdap up to date
Has not had recombinant Shingles Vaccine which can be obtained thru local pharmacy, but she did have the older vaccine which is effective though less so.

2. Essential hypertension, benign
Elevated today. Advise recheck at home or senior center

Lab:
- COMP Panel, Future; Future

3. Type 2 diabetes mellitus without complication, without long-term current use of insulin
Due for lab
- Hemoglobin A1C, HPLC; Future

4. Vitamin D deficiency
Prior level was not in the normal range.

Lab
- Vitamin D 25-OH COMMON Deficiency Level; Future

5. History of anemia
Anemia of older age . Due for follow up

Lab
- CBC; Future

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Orders Only on 04/27/22

1. COMP Panel, Future

Result	Value	Ref Range
Sodium	143	135 - 145 meq/L
Potassium	4.3	3.6 - 5.2 meq/L
Chloride	105	98 - 108 meq/L
Carbon Dioxide, Total	30	22 - 32 meq/L
Anion Gap	8	4 - 12
Glucose	137 (H)	62 - 125 mg/dL
Urea Nitrogen	24 (H)	8 - 21 mg/dL
Creatinine	0.91	0.38 - 1.02 mg/dL
Protein (Total)	8.3 (H)	6.0 - 8.2 g/dL
Albumin	4.4	3.5 - 5.2 g/dL
Bilirubin (Total)	0.4	0.2 - 1.3 mg/dL
Calcium	10.1	8.9 - 10.2 mg/dL
AST (GOT)	22	9 - 38 U/L
Alkaline Phosphatase (Total)	59	49 - 199 U/L
ALT (GPT)	14	7 - 33 U/L
eGFR by CKD-EPI	53 (L)	>59 mL/min/[1.73_m2]

2. CBC

Result	Value	Ref Range
WBC	6.19	4.3 - 10.0 10*3/uL
RBC	3.92	3.80 - 5.00 10*6/uL
Hemoglobin	12.4	11.5 - 15.5 g/dL
Hematocrit	40	36.0 - 45.0 %
MCV	102 (H)	81 - 98 fL
MCH	31.6	27.3 - 33.6 pg
MCHC	31.2 (L)	32.2 - 36.5 g/dL
Platelet Count	292	150 - 400 10*3/uL
RDW-CV	13.4	11.6 - 14.4 %

3. Hemoglobin A1C, HPLC

Result	Value	Ref Range
Hemoglobin A1C	6.2 (H)	4.0 - 6.0 %

A1c and glucose reasonably controlled with diet alone
CBC shows anemia resolved, but MCV elevated.
CMP shows decreased eGFR and slight elevation of protein.
Plan is repeat labs with urine for microalbumin and Vit B12 level at follow up visit in one 4-6 weeks.
Also reccheck blood pressure at that visit.

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 5/9/2022 5:11 PM

Labs

Hemoglobin A1C, HPLC (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 04/27/22 0905** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/27/22 0905
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/27/22 -
Class: Lab Collect
Quantity: 1
Diagnoses
Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9 (ICD-10-CM)]

Hemoglobin A1C, HPLC (Abnormal) Resulted: 04/28/22 0901, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 04/27/22 0945
Order status: Completed
Filed by: Uw Lab Results Interface, User 04/28/22 0901
Collected by: 6780 04/27/22 0946
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 04/28/22 1141
Mohova, Elena A, CMA on 05/02/22 1554

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.2	4.0 - 6.0 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	04/18/22 1358 - 09/08/23 1026

Indications

Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
4/28/2022 11:39 AM PDT

Jeanne:

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Your blood count shows resolution of the anemia that had been there before. Your red blood cells are a bit larger than in the past which could indicate Vitamin B12 deficiency though there are other possible causes. I advise taking vitamin B12 500 mcg daily and repeat the blood work along with a vitamin B12 level in 2 months.
Your comprehensive panel showed your kidney function is decreased. We should repeat this test in 2 months along with some other test to evaluate possible causes.
Your blood sugar is reasonable and your A1c is also reasonable. This indicates good control by diet alone.
William E Neighbor, MD

CBC (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 04/27/22 0905** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/27/22 0905
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 04/27/22 -
Quantity: 1
Diagnoses
History of anemia [Z86.2]
Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard
Class: Lab Collect

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

History of anemia [Z86.2 (ICD-10-CM)]

CBC (Abnormal) Resulted: 04/27/22 1238, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 04/27/22 0945
Filed by: Uw Lab Results Interface, User 04/27/22 1238
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 04/28/22 1141
Mohova, Elena A, CMA on 05/02/22 1554
Order status: Completed
Collected by: 6780 04/27/22 0946

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.19	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.92	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	12.4	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	40	36.0 - 45.0 %	—	UWMC
MCV	102	81 - 98 fL	H	UWMC
MCH	31.6	27.3 - 33.6 pg	—	UWMC
MCHC	31.2	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	292	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.4	11.6 - 14.4 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-	04/18/22 1358 - 09/08/23 1026

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

0001

Indications

History of anemia [Z86.2 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
4/28/2022 11:39 AM PDT

Jeanne:
Your blood count shows resolution of the anemia that had been there before. Your red blood cells are a bit larger than in the past which could indicate Vitamin B12 deficiency though there are other possible causes. I advise taking vitamin B12 500 mcg daily and repeat the blood work along with a vitamin B12 level in 2 months.
Your comprehensive panel showed your kidney function is decreased. We should repeat this test in 2 months along with some other test to evaluate possible causes.
Your blood sugar is reasonable and your A1c is also reasonable. This indicates good control by diet alone.
William E Neighbor, MD

COMP Panel, Future (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 04/27/22 0905** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/27/22 0905
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/27/22 -
Class: Lab Collect
Quantity: 1
Diagnoses
Essential hypertension, benign [I10]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Essential hypertension, benign [I10 (ICD-10-CM)]

COMP Panel, Future (Abnormal) Resulted: 04/27/22 1249, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 04/27/22 0945
Order status: Completed
Filed by: Uw Lab Results Interface, User 04/27/22 1249
Collected by: 6780 04/27/22 0946
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 04/28/22 1141
Mohova, Elena A, CMA on 05/02/22 1554

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	135 - 145 meq/L	—	UWMC
Potassium	4.3	3.6 - 5.2 meq/L	—	UWMC
Chloride	105	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	30	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	137	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	24	8 - 21 mg/dL	H	UWMC
Creatinine	0.91	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total)	8.3	6.0 - 8.2 g/dL	H	UWMC
Albumin	4.4	3.5 - 5.2 g/dL	—	UWMC

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Bilirubin (Total)	0.4	0.2 - 1.3 mg/dL	—	UWMC
Calcium	10.1	8.9 - 10.2 mg/dL	—	UWMC
AST (GOT)	22	9 - 38 U/L	—	UWMC
Alkaline Phosphatase (Total)	59	49 - 199 U/L	—	UWMC
ALT (GPT)	14	7 - 33 U/L	—	UWMC
eGFR by CKD-EPI	53	>59 mL/min/{1.73_m2}	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	04/18/22 1358 - 09/08/23 1026

Indications

Medicare annual wellness visit, subsequent [Z00.00 (ICD-10-CM)]
Essential hypertension, benign [I10 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
4/28/2022 11:39 AM PDT

Jeanne:
Your blood count shows resolution of the anemia that had been there before. Your red blood cells are a bit larger than in the past which could indicate Vitamin B12 deficiency though there are other possible causes. I advise taking vitamin B12 500 mcg daily and repeat the blood work along with a vitamin B12 level in 2 months.
Your comprehensive panel showed your kidney function is decreased. We should repeat this test in 2 months along with some other test to evaluate possible causes.
Your blood sugar is reasonable and your A1c is also reasonable. This indicates good control by diet alone.
William E Neighbor, MD

Vitamin D 25-OH COMMON Deficiency Level (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 04/27/22 0905** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/27/22 0905 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 04/27/22 - Class: Normal
Quantity: 1
Diagnoses
Vitamin D deficiency [E55.9]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Scheduling instructions
Vitamin D (25-Hydroxy) is not covered with routine preventative visits. It is only indicated and covered with the following diagnoses: osteoporosis, hypocalcemia or hypercalcemia, chronic kidney disease stage III or greater, hypercalcuria, hyper viataminosis D, parathyroid disorders, malabsorption states, obstructive jaundice, osteomalacia, rickets, and vitamin D deficiency related to the above diagnoses. Medicare patients who do not have an above condition but desire testing must sign an ABN and agree to pay.

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Vitamin D deficiency [E55.9 (ICD-10-CM)]

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Vitamin D 25-OH COMMON Deficiency Level — Resulted: 04/29/22 1035, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 04/27/22 0945
Filed by: Uw Lab Results Interface, User 04/29/22 1035
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 04/29/22 1541
Mohova, Elena A, CMA on 05/02/22 1554

Order status: Completed
Collected by: 6780 04/27/22 0946

Components

Component	Value	Reference Range	Flag	Lab
Vitamin D2 (25_Hydroxy)	<1.0	ng/mL	—	HMC
Vitamin D3 (25_Hydroxy)	46.8	ng/mL	—	HMC
Vit D (25_Hydroxy) Total	46.8	20.1 - 50.0 ng/mL	—	HMC
Vit D (25_Hydroxy) Interp	Normal: 20.1-50.0 ng/mL	—	—	HMC

Comment: For more information see https://tests.labmed.washington.edu/VITDG2

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

Indications

Vitamin D deficiency [E55.9 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
4/29/2022 3:41 PM PDT
Your Vitamin D level is excellent.
William E Neighbor, MD

Medication Administrations

COVID-19 mRNA vaccine (Pfizer) injection 30 mcg [187883577]

Ordering Provider: Neighbor Jr., William E, MD
Ordered On: 04/27/22 0858
Ordered Dose (Remaining/Total): 30 mcg (0/1)
Frequency: Once
Admin Instructions: Protect from light.

Status: Completed (Past End Date/Time)
Starts/Ends: 04/27/22 0929 - 04/27/22 0908
Route: Intramuscular
Ordered Rate/Order Duration: — / —

Question	Answer	Comment
Which dose in the series is being administered?:	Booster	—

Timestamps	Action	Dose	Route / Site	Other Information
Performed 04/27/22 0908 Documented: 04/27/22 0909	Given	30 mcg	Intramuscular Left Deltoid	Performed by: Erhardt, Mark Allen, CMA

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication Administrations (continued)

Immunizations Given

Immunization	Date
COVID-19 Pfizer mRNA monovalent tris-sucrose 12 yrs and older	04/27/2022

Other Orders

Medications

COVID-19 mRNA vaccine (Pfizer) injection 30 mcg (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 04/27/22 0858** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/27/22 0858 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine Once 04/27/22 0929 - 1 occurrence Class: Normal

Questionnaire

Question	Answer
Which dose in the series is being administered?	Booster

Admin instructions: Protect from light.

Flowsheets

Vital Data

Row Name	04/27/22 0843	04/27/22 0819
BP	**175/77** !	**187/72** !
BP Cuff Size	Small	Small
BP Site	Left Arm	Left Arm
BP Position	Sitting	Sitting
Pulse	65	68

Patient Instructions

Assessment and Plan:

1. Medicare annual wellness visit, subsequent

97 years of age. History of falls. Generally doing well.

Plan
- COMP Panel, Future; Future

2. Vaccine counseling

COVID booster today
Tdap up to date
Has not had recombinant Shingles Vaccine which can be obtained thru local pharmacy, but she did have the older vaccine which is effective though less so.

3. Essential hypertension, benign

Elevated today. Advise recheck at home or senior center

Lab:
- COMP Panel, Future; Future

4. Type 2 diabetes mellitus without complication, without long-term current use of insulin

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Patient Instructions (continued)

Due for lab
- Hemoglobin A1C, HPLC; Future

5. Vitamin D deficiency
Prior level was not in the normal range.

Lab
- Vitamin D 25-OH COMMON Deficiency Level; Future

6. History of anemia
Anemia of older age . Due for follow up

Lab
- CBC; Future

Leg ulcers
Nurse to review care

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through My chart or by calling my medical assistant at 206-616-9358
For after hours and weekend care, Hall Health after hours: 206-520-7511.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care you received today.

Electronically signed by Neighbor Jr., William E, MD at 4/27/2022 9:11 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 4/27/2022 9:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your personalized instructions can be found at the end of this document.

Labs ordered today

CBC
Please complete by or around 4/27/2022

COMP Panel, Future
Please complete by or around 4/27/2022

Hemoglobin A1C, HPLC
Please complete by or around 4/27/2022

Vitamin D 25-OH COMMON Deficiency Level
Please complete by or around 4/27/2022
Vitamin D (25-Hydroxy) is not covered with routine preventative visits. It is only indicated and covered with the following diagnoses: osteoporosis, hypocalcemia or hypercalcemia, chronic kidney disease stage III or greater, hypercalcuria, hyper viataminosis D, parathyroid disorders, malabsorption states, obstructive jaundice, osteomalacia, rickets, and vitamin D deficiency related to the above diagnoses. Medicare patients who do not have an above condition but desire testing must sign an ABN and agree to pay.

What's Next

You currently have no upcoming appointments scheduled.

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

Today's Visit

You saw William E Neighbor, MD on Wednesday April 27, 2022. The following issues were addressed:

- Medicare annual wellness visit, subsequent
- Vaccine counseling
- Essential hypertension, benign
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Vitamin D deficiency
- History of anemia

Blood Pressure 175/77

Pulse 65

Immunizations Given

COVID-19 Pfizer mRNA tris-sucrose gray cap

Medications Given

COVID-19 mRNA vaccine (Pfizer) Last given at 9:08 AM

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of April 27, 2022 9:12 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 20 MG tablet Commonly known as: Lipitor	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 mcg (1,000 unit) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Instructions from William E Neighbor, MD

Assessment and Plan:

1. Medicare annual wellness visit, subsequent
97 years of age. History of falls. Generally doing well.

Plan
- COMP Panel, Future; Future

2. Vaccine counseling
COVID booster today
Tdap up to date
Has not had recombinant Shingles Vaccine which can be obtained thru local pharmacy, but she did have the older vaccine which is effective though less so.

3. Essential hypertension, benign
Elevated today. Advise recheck at home or senior center

Lab:
- COMP Panel, Future; Future

4. Type 2 diabetes mellitus without complication, without long-term current use of insulin
Due for lab
- Hemoglobin A1C, HPLC; Future

5. Vitamin D deficiency
Prior level was not in the normal range.

Lab
- Vitamin D 25-OH COMMON Deficiency Level; Future

6. History of anemia
Anemia of older age . Due for follow up

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- CBC; Future

Leg ulcers
Nurse to review care

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04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
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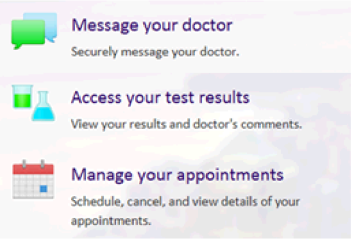

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Need access to a family member?
Go to mychart.uwmedicine.org and click Request Access to Another Person

How do I get billing and insurance info?
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04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 4/27/2022 9:12 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 4/27/2022 9:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your personalized instructions can be found at the end of this document.

Labs ordered today

CBC
Please complete by or around 4/27/2022

COMP Panel, Future
Please complete by or around 4/27/2022

Hemoglobin A1C, HPLC
Please complete by or around 4/27/2022

Vitamin D 25-OH COMMON Deficiency Level
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Blood Pressure 175/77

Pulse 65

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COVID-19 Pfizer mRNA tris-sucrose gray cap

Medications Given

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Jeane L. Hoffman (MRN: U8170135) • Printed by William N at 4/27/2022 9:12 AM

Page 1 of 4 Epic

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

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04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Instructions from William E Neighbor, MD

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Documents (continued)

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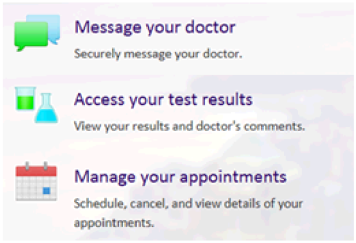

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Request Access to Another Person

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04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 5/17/2022 1:44 PM: molina care plan (effective from 5/17/2022)

Scan (below)

MOLINA HEALTHCARE
PO Box 4004
Bothell, WA 98041

FAXED
3/23/2022

WILLIAM NEIGHBOR
4245 ROOSEVELT WAY NE
SEATTLE, WA 98105

Dear WILLIAM NEIGHBOR:

Member ID:	8000880246486
Member Name:	JEANNE HOFFMAN
Member Date of Birth:	01/06/1925
Member Address:	381 WALLACE WAY NE #204 BAINBRIDGE ISLAND, WA 98110
Member Phone Number:	(206) 780 - 6885

Molina Healthcare aims to collaborate with you in the care of our members. The member referenced in this letter completed an assessment and does not need to participate in Case Management program. We ask for your input in the development or implementation of this member's Individualized Care Plan (ICP). Please call Provider Services at (855) 322-4082 to get connected with the case manager or to request a care team meeting. Our hours are 7:30 a.m. to 6:30 p.m. local time, Monday - Friday. We have enclosed a copy of member's care plan for your review.

Please log-in to Molina Healthcare Provider Web Portal to view more information about this member. You can register for and access the web portal by going to provider.molinahealthcare.com. For web portal technical support, call the help desk at (866) 449-6848. Hours are 6 a.m. to 6 p.m. local time, Monday - Friday.

We look forward to collaborating with you.

Sincerely,

Member Assessment Team
Case Manager

MHI-CM.17.91

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

MOLINA HEALTHCARE

3/23/2022
Molina Healthcare of WA
PO Box 4004
Bothell, WA 98041
Member ID: 8000880246486
Member Name: JEANNE HOFFMAN
Member Date of Birth: 01/06/1925
Member Address: 381 WALLACE WAY NE #204
BAINBRIDGE ISLAND, WA 98110
Member Phone Number: (206) 780 - 6885

ICT Attestation

Dr. WILLIAM NEIGHBOR

Please see the attached Individualized Care Plan (ICP) for your patient listed above who is a Molina Healthcare member. As the PCP, you are a critical member of the Interdisciplinary Care Team (ICT). Please review the Care Plan and note your agreement or add updates you feel are appropriate.

As a member of the ICT, your signature is required and without other changes, indicates agreement to the Care Plan established by the Care Manager, the member/caregiver, and other members of the ICT. If you have changes, please add updates. If you have any questions or concerns, please contact the case manager assigned to this member.

Physician has reviewed the ICP, signature indicates agreement with the plan of care. Please return the signed form within 7 business days from days received. Please fax the signed form to fax # (800) 767-7188 or please mail back the signed form to the address above.

William Neighbor MD Date 4/27/2022

Physician Name

Jeanne was seen today for exam + labs
Wn

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

MOLINA HEALTHCARE

Molina Healthcare Inc

Individualized Care Plan Report

Assigned Case Manager:

Tamara A. [8885625442 x 8885625442]

Member Details:

Member Last Name:	**HOFFMAN**	Member First Name:	**JEANNE**
Member Middle Initial:	**L**	Date Of Birth:	**01/06/1925**
Medicaid ID:		Medicare ID:	**8QX6G31PG72**
Medicaid Effective Date:		Medicare Effective Date:	**01/01/2022**
Current Acuity Level:	**Low**		
Gender:	**F**	Primary Language:	**ENGLISH**
Primary Phone:		Home Phone:	**2067806885**
Mobile Phone:			
Current Mailing Address:	**381 WALLACE WAY NE #204**		
	BAINBRIDGE ISLAND WA 98110		
E-Mail Address:	**JEANHOFFMAN@USA.COM**		
Caregiver / Representative:	**Not Applicable**	Contact Phone:	
Relationship To Member:			

Associated Providers (past 6 months):

No associated provider.

Reason for Recent Health Visits/ Tests and/or Diagnosis History:

No chronic health concern.

Recent Authorizations (past 6 months):

No authorization.

No lab data.

Assessments (past 6 months):

No assessment.

Enrollment in Inpatient / Outpatient Facilities (past 6 months):

No enrollment in Inpatient/Outpatient facility.

Allergies:

No allergy

Medications / Rx (past 6 months):

Page 1 of 6 Date Printed: 3/23/2022 11:50:40 AM

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

MOLINA HEALTHCARE

Molina Healthcare Inc

Individualized Care Plan Report

No Medication.

Individual Care Plan (ICP) Goals, Barriers, Interventions & Outcomes:

Type	Description	Priority	Due Date
Problem: Fall Risk Z00.00			
Goal [LongTerm]	Members respondent will understand the importance of using safety techniques to prevent falls such as, continuing to use <cane/walker/wheelchair>, wearing nonslip shoes, arranging furniture to create an open walk space, avoiding clutter on the floor and installing rails in the bathtub to prevent slipping and falling within next 12 months.	Low	03/09/2023
Intervention	Care Manager will educate members respondent on the importance of using safety techniques to prevent falls such as, continuing to use <cane/walker/wheelchair>, wearing nonslip shoes, arranging furniture to create an open walk space, avoiding clutter on the floor and installing rails in the bathtub to prevent slipping and falling within next 12 months.		03/09/2023
Outcome	Members respondent will recite back the importance of using safety techniques to prevent falls such as, continuing to use <cane/walker/wheelchair>, wearing nonslip shoes, arranging furniture to create an open walk space, avoiding clutter on the floor and installing rails in the bathtub to prevent slipping and falling within next 12 months.		03/09/2023
Problem: Fractured Femur			
Goal [LongTerm]	Members respondent will understand the importance of taking prescribed medication and following up with provider regarding femur fracture at least 1 time in 12 months	Low	03/09/2023
Intervention	Care Manager will educate members respondent on the importance of taking prescribed medication and following up with provider regarding femur fracture at least 1 time in 12 months		03/09/2023
Outcome	Members respondent will recite back the importance of taking prescribed medication and following up with provider regarding femur fracture at least 1 time in 12 months		03/09/2023
Problem: High Cholesterol			
Goal [LongTerm]	Members respondent will understand actions that can help with self-managing high cholesterol such as physical exercise and to consume a low-fat diet and to continue to take medications as prescribed as well as to follow up with provider at least 1 time in 12 months.	Low	03/09/2023
Intervention	Care Manager will educate members respondent on actions that can help with self-managing high cholesterol such as physical exercise and to consume a low-fat diet and to continue to take medications as prescribed as well as to follow up with provider at least 1 time in 12 months.		03/09/2023
Outcome	Members respondent will understand actions that can help with self-managing high cholesterol such as physical exercise and to consume a low-fat diet and to continue to take medications as prescribed as well as to follow up with provider at least 1 time in 12 months.		03/09/2023

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Date Printed: 3/23/2022 11:50:40 AM

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

MOLINA HEALTHCARE

Molina Healthcare Inc

Individualized Care Plan Report

Type	Description	Priority	Due Date
Problem: Osteoporosis			
Goal [LongTerm]	Members respondent will understand the importance of taking prescribed medication and following up with provider regarding osteoporosis at least 1 time in 12 months	Low	03/09/2023
Intervention	Care Manager will educate members respondent on the importance of taking prescribed medication and following up with provider regarding osteoporosis at least 1 time in 12 months		03/09/2023
Outcome	Members respondent will recite back the importance of taking prescribed medication and following up with provider regarding osteoporosis at least 1 time in 12 months		03/09/2023
Problem: Impaired Mobility			
Goal [LongTerm]	Members respondent will understand The importance of maintaining safety and fall precautions and continuing to follow up with provider regarding impaired mobility at least 1 time in 12 months.	Low	03/09/2023
Intervention	Care Manager will educate members respondent on The importance of maintaining safety and fall precautions and continuing to follow up with provider regarding impaired mobility at least 1 time in 12 months.		03/09/2023
Outcome	Members respondent will recite back The importance of maintaining safety and fall precautions and continuing to follow up with provider regarding impaired mobility at least 1 time in 12 months.		03/09/2023
Problem: Hearing Impaired			
Goal [LongTerm]	Members respondent will understand the importance of visiting the audiologist to complete hearing exam and continue using assistive devices as needed within next 12 months.	Low	03/09/2023
Intervention	Care Manager will educate members respondent on the importance of visiting the audiologist to complete hearing exam and continue using assistive devices as needed within next 12 months.		03/09/2023
Outcome	Members respondent will recite back the importance of visiting the audiologist to complete hearing exam and continue using assistive devices as needed within next 12 months.		03/09/2023

Service Plan:

No Service Plan.

Member Consent:

The Member JEANNE L HOFFMAN has acknowledged that this Individualized Care Plan has been developed in part with their personal participation, cooperation and input. The Member has also reviewed this document with their case manager and has consented to the contents and guidelines outlined in this Individualized Care Plan:

ConsentDate	Method	Status	Notes
3/11/2022 4:58:42 PM	Verbal	Obtained	Louis consented on behalf of HOFFMAN, JEANNE to care plan and goals on 3/92022

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Date Printed: 3/23/2022 11:50:40 AM

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

MOLINA HEALTHCARE

Molina Healthcare Inc

Individualized Care Plan Report

Telephone Assistance:

If you have any questions or concerns about your care, please call 1-800-665-1029, Monday-Sunday, 8:00 AM to 8:00 PM, local time. If you are hearing impaired, please call TTY/TDD at 1-877-688-9891 to assist you with your call.

If you have trouble accessing the member portal, please call 1-866-449-6848.

If you have any questions or concerns about recent medical/health issues, please call 1-888-275-8750 or TTY/TDD at 1-866-735-2929. (Español: 1-866-648-3537; TTY/TDD 1-866-833-4703.)

If you have any questions or concerns about the information on this plan of care or the services you're receiving, please call your case manager.

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Date Printed: 3/23/2022 11:50:40 AM

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

MOLINA HEALTHCARE

Molina Healthcare Inc

Individualized Care Plan Report

SIGNED ACKNOWLEDGEMENT AND RECEIPT OF INDIVIDUALIZED CARE PLAN

On behalf of member JEANNE L HOFFMAN, the Individualized Care Plan (dated 3/23/2022) has been fully reviewed between the following case manager and the member (or their authorized representative or designated caregiver). A copy of this Individualized Care Plan will be made available to the member and/or their authorized representative or designated caregiver.

_____ _____

Signature of Member or Authorized Representative

Member/Representative Signature Date

_____

Print Name of Member or Authorized Representative

_____

If Authorized Representative, declare Relationship to Member

_____ _____

Signature of Case Manager

Case Manager Signature Date

_____

Print Name of Case Manager

[Optional to use unless required by contract provisions and/or state regulations]

Page 5 of 6

Date Printed: 3/23/2022 11:50:40 AM

04/27/2022 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

MOLINA HEALTHCARE

Molina Healthcare Inc

Individualized Care Plan Report

Reminders for Doctor Appointments:

A visit with your doctor is a chance for you to let him/her know:

1. How you feel.
2. Share your family's health history.
3. Your list of medications (current and past).
4. Discuss any health concerns you may have.

Things you can do ahead of time in order to have a successful visit:

1. Call ahead and get an appointment.
2. Let them know if you need an interpreter. We need at least three days' notice to get an interpreter for you.
3. Make a list of all your questions and needs.
4. Bring a list of your medications.
5. If you cannot keep your appointment, please call your doctor's office to re-schedule.

At your appointment:

1. Try to get to your doctor's office about 15 minutes early. You may need to fill out paperwork.
2. Tell your doctor your concerns and symptoms as best as you can.
3. If you did not understand something your doctor said, be sure to ask questions.
4. Please try to be patient if your doctor is running late. He/she may have a very sick patient that needs extra time.
5. Sometimes your doctor may have an emergency. They may have to go to the hospital to take care of another patient. This can happen with doctors that deliver babies. You may be given the option of seeing another doctor at the office.
6. Your doctor may refer you to a specialist or other health care provider. Be sure to ask if you will need to make the appointment. Sometimes your doctor's office will make it for you. Ask for the phone number of the other doctor's office before you leave.

Confidential Protected Health Information:
This document contains confidential protected Health Information that is protected under HIPAA and other applicable federal and state laws. This information is intended only for use by the Authorized User or entity to which it has been disclosed. Any unauthorized use or disclosure of this information should be reported to Molina Healthcare's privacy Hotline.

Page 6 of 6

Date Printed: 3/23/2022 11:50:40 AM

04/27/2022 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- Vitamin D deficiency
- Medicare annual wellness visit, subsequent
- Essential hypertension, benign
- History of anemia
- Type 2 diabetes mellitus without complication, without long-term current use of insulin

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023

04/27/2022 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Quantity: 28 capsule — Refill: Partial refill of 24 capsules by 5/5/2022

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/13/2021
Start date: 10/13/2021 — End date: 12/13/2022
Quantity: 45 tablet — Refill: 3 refills by 10/13/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/9/2021
Start date: 12/9/2021 — End date: 2/24/2023
Quantity: 10 mL — Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/27/2021
Start date: 12/27/2021 — End date: 1/23/2023
Quantity: 90 tablet — Refill: 6 refills by 12/27/2022

Stopped in Visit

None

Clinical Notes

Result Encounter Note

Neighbor Jr., William E, MD at 4/27/2022 0945

Jeanne:
Your blood count shows resolution of the anemia that had been there before. Your red blood cells are a bit larger than in the past which could indicate Vitamin B12 deficiency though there are other possible causes. I advise taking vitamin B12 500 mcg daily and repeat the blood work along with a vitamin B12 level in 2 months.
Your comprehensive panel showed your kidney function is decreased. We should repeat this test in 2 months along with some other test to evaluate possible causes.
Your blood sugar is reasonable and your A1c is also reasonable. This indicates good control by diet alone.
William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 4/28/2022 11:39 AM

Neighbor Jr., William E, MD at 4/27/2022 0945

Your Vitamin D level is excellent.
William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 4/29/2022 3:41 PM

04/27/2022 - Orders Only in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Labs

Vitamin D 25-OH COMMON Deficiency Level (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 04/27/22 0905** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/27/22 0905
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/27/22 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Yoon, Kaitlyn J, PCT 4/27/2022 9:45 AM
Diagnoses
Vitamin D deficiency [E55.9]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Scheduling instructions
Vitamin D (25-Hydroxy) is not covered with routine preventative visits. It is only indicated and covered with the following diagnoses: osteoporosis, hypocalcemia or hypercalcemia, chronic kidney disease stage III or greater, hypercalcuria, hyper viataminosis D, parathyroid disorders, malabsorption states, obstructive jaundice, osteomalacia, rickets, and vitamin D deficiency related to the above diagnoses. Medicare patients who do not have an above condition but desire testing must sign an ABN and agree to pay.

Specimen Information

ID	Type	Source	Collected By
W2200416	Blood	—	6780 04/27/22 0946

Vitamin D 25-OH COMMON Deficiency Level Resulted: 04/29/22 1035, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 04/27/22 0945
Order status: Completed
Filed by: Uw Lab Results Interface, User 04/29/22 1035
Collected by: 6780 04/27/22 0946
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 04/29/22 1541
Mohova, Elena A, CMA on 05/02/22 1554

Components

Component	Value	Reference Range	Flag	Lab
Vitamin D2 (25 Hydroxy)	<1.0	ng/mL	—	HMC
Vitamin D3 (25 Hydroxy)	46.8	ng/mL	—	HMC
Vit D (25_Hydroxy) Total	46.8	20.1 - 50.0 ng/mL	—	HMC
Vit D (25_Hydroxy) Interp	Normal: 20.1-50.0 ng/mL	—	—	HMC

Comment: For more information see https://tests.labmed.washington.edu/VITDG2

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

Indications

Vitamin D deficiency [E55.9 (ICD-10-CM)]

04/27/2022 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Result Notes

William E Neighbor Jr., MD
4/29/2022 3:41 PM PDT

Your Vitamin D level is excellent.
William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 4/29/2022 15:41

COMP Panel, Future (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 04/27/22 0905** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/27/22 0905
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 04/27/22 -
Quantity: 1
Instance released by: Yoon, Kaitlyn J, PCT 4/27/2022 9:45 AM
Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Diagnoses
Medicare annual wellness visit, subsequent [Z00.00]
Essential hypertension, benign [I10]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W2200416	Blood	—	6780 04/27/22 0946

COMP Panel, Future (Abnormal)

Resulted: 04/27/22 1249, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 04/27/22 0945
Filed by: Uw Lab Results Interface, User 04/27/22 1249
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 6780 04/27/22 0946
Acknowledged by
Neighbor Jr., William E, MD on 04/28/22 1141
Mohova, Elena A, CMA on 05/02/22 1554

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	135 - 145 meq/L	—	UWMC
Potassium	4.3	3.6 - 5.2 meq/L	—	UWMC
Chloride	105	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	30	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	137	62 - 125 mg/dL	H ^	UWMC
Urea Nitrogen	24	8 - 21 mg/dL	H ^	UWMC
Creatinine	0.91	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total)	8.3	6.0 - 8.2 g/dL	H ^	UWMC
Albumin	4.4	3.5 - 5.2 g/dL	—	UWMC
Bilirubin (Total)	0.4	0.2 - 1.3 mg/dL	—	UWMC
Calcium	10.1	8.9 - 10.2 mg/dL	—	UWMC
AST (GOT)	22	9 - 38 U/L	—	UWMC
Alkaline Phosphatase (Total)	59	49 - 199 U/L	—	UWMC
ALT (GPT)	14	7 - 33 U/L	—	UWMC
eGFR by CKD-EPI	53	>59 mL/min/{1.73_m2}	L v	UWMC

04/27/2022 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	04/18/22 1358 - 09/08/23 1026

Indications

Medicare annual wellness visit, subsequent [Z00.00 (ICD-10-CM)]
Essential hypertension, benign [I10 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
4/28/2022 11:39 AM PDT

Jeanne:
Your blood count shows resolution of the anemia that had been there before. Your red blood cells are a bit larger than in the past which could indicate Vitamin B12 deficiency though there are other possible causes. I advise taking vitamin B12 500 mcg daily and repeat the blood work along with a vitamin B12 level in 2 months.
Your comprehensive panel showed your kidney function is decreased. We should repeat this test in 2 months along with some other test to evaluate possible causes.
Your blood sugar is reasonable and your A1c is also reasonable. This indicates good control by diet alone.
William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 4/29/2022 15:41
Neighbor Jr., William E, MD on 4/28/2022 11:41

CBC (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 04/27/22 0905** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/27/22 0905
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/27/22 -
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Yoon, Kaitlyn J, PCT 4/27/2022 9:45 AM
Diagnoses
History of anemia [Z86.2]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W2200416	Blood	—	6780 04/27/22 0946

CBC (Abnormal) Resulted: 04/27/22 1238, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 04/27/22 0945
Order status: Completed
Filed by: Uw Lab Results Interface, User 04/27/22 1238
Collected by: 6780 04/27/22 0946
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 04/28/22 1141
Mohova, Elena A, CMA on 05/02/22 1554

Components

Component	Value	Reference Range	Flag	Lab

04/27/2022 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

WBC	6.19	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.92	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	12.4	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	40	36.0 - 45.0 %	—	UWMC
MCV	102	81 - 98 fL	H	UWMC
MCH	31.6	27.3 - 33.6 pg	—	UWMC
MCHC	31.2	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	292	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.4	11.6 - 14.4 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	04/18/22 1358 - 09/08/23 1026

Indications

History of anemia [Z86.2 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
4/28/2022 11:39 AM PDT

Jeanne:
Your blood count shows resolution of the anemia that had been there before. Your red blood cells are a bit larger than in the past which could indicate Vitamin B12 deficiency though there are other possible causes. I advise taking vitamin B12 500 mcg daily and repeat the blood work along with a vitamin B12 level in 2 months.
Your comprehensive panel showed your kidney function is decreased. We should repeat this test in 2 months along with some other test to evaluate possible causes.
Your blood sugar is reasonable and your A1c is also reasonable. This indicates good control by diet alone.
William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 4/29/2022 15:41
Neighbor Jr., William E, MD on 4/28/2022 11:41

Hemoglobin A1C, HPLC (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 04/27/22 0905** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/27/22 0905 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 04/27/22 - Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Yoon, Kaitlyn J, PCT 4/27/2022 9:45 AM
Diagnoses
Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W2200416	Blood	—	6780 04/27/22 0946

04/27/2022 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Hemoglobin A1C, HPLC (Abnormal) Resulted: 04/28/22 0901, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 04/27/22 0945
Filed by: Uw Lab Results Interface, User 04/28/22 0901
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 04/28/22 1141
Mohova, Elena A, CMA on 05/02/22 1554

Order status: Completed
Collected by: 6780 04/27/22 0946

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.2	4.0 - 6.0 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	04/18/22 1358 - 09/08/23 1026

Indications

Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
4/28/2022 11:39 AM PDT

Jeanne:
Your blood count shows resolution of the anemia that had been there before. Your red blood cells are a bit larger than in the past which could indicate Vitamin B12 deficiency though there are other possible causes. I advise taking vitamin B12 500 mcg daily and repeat the blood work along with a vitamin B12 level in 2 months.
Your comprehensive panel showed your kidney function is decreased. We should repeat this test in 2 months along with some other test to evaluate possible causes.
Your blood sugar is reasonable and your A1c is also reasonable. This indicates good control by diet alone.
William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 4/29/2022 15:41
Neighbor Jr., William E, MD on 4/28/2022 11:41

04/04/2022 - Letter (Out) in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Letters

Letter by Neighbor Jr., William E, MD on 4/4/2022

Status: Sent
Letter body:

April 4, 2022

Shakira Styles,
Social Services Specialist,
State of Washington, Adult Protective Services
Fax: 253-593-2030

RE: Jeane Leonie Hoffman
DOB: 1/6/1925

Shakira Styles:

Attached is the completed Request for Medical Information on the above individual.

Below is the current list of medial problems and medications

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

• Adult failure to thrive syndrome [R62.7]	10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

• Sensorineural hearing loss, unspecified [H90.5]	11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

04/04/2022 - Letter (Out) in Husky Health Primary Care Clinic (continued)

Letters (continued)

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Outpatient Medications Prior to Visit

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0		

04/04/2022 - Letter (Out) in Husky Health Primary Care Clinic (continued)

Letters (continued)

	Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn .		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• MULTIPLE VITAMIN OR	Take by mouth.		
• pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use	10 mL	6

No facility-administered medications prior to visit.

Sincerely,

Electronically signed by
William E Neighbor, MD

CC: No Recipients

02/02/2022 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

02/02/2022 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2021
Start date: 12/27/2021
End date: 1/23/2023
Quantity: 90 tablet
Refill: 6 refills by 12/27/2022

Stopped in Visit

None

Messages

Physical Fitness Health

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	2/2/2022 1:19 PM

Last Read in MyChart
6/5/2024 6:17 AM by Hoffman, Jeanne Leonie

Thanks you for the update.

William E Neighbor, MD

Physical Fitness Health

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	2/2/2022 8:01 AM

Please be advised that Jean and Louis are enrolled in Medicare part C "Island Fitness".
Jean is taking the exercise therapy with acceptable interest and good performance.

Upper Chest Workout: flexible strength no issues.
Abdominal Workout: needs more muscle strengthening.
Hip and Leg Workout: improving.

OVERALL PHYSICAL HEALTH:
Walking and balance has improved greatly.
Wheelchair dependence being phased out.
Utilization of "Walker" implemented, stride improving.

02/02/2022 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

MENTAL & EMOTIONAL HEALTH:
Better life outlook.
Meeting Other Seniors (80-90's) in Fitness Training.
Cheerful Facial Expressions.
Depression less noticeable.
More active & improved self care.
Urological improvements.

UW ORAL & FACIAL SURGERY:
February 3rd 9:am dental extraction.
Next Appointment: Denture.

Health Summation By Louis Charles Hoffmann Alloin

12/26/2021 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- History of recurrent deep vein thrombosis (DVT)

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

12/26/2021 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2021
Start date: 12/27/2021
End date: 1/23/2023
Quantity: 90 tablet
Refill: 6 refills by 12/27/2022

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E, MD at 12/27/2021 1330

Creatinine

Date	Value	Ref Range	Status
10/13/2021	0.83	0.38 - 1.02 mg/dL	Final

Electronically signed by Neighbor Jr., William E, MD at 12/27/2021 1:30 PM

Other Orders

Medications

pentoxifylline ER 400 MG ER tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 12/27/21 1330**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 12/27/21 1330
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine TID 12/27/21 - 01/23/23
Class: Normal
Released by: Neighbor Jr., William E, MD 12/27/21 1330
Discontinued by: Neighbor Jr., William E, MD 01/23/23 0919
Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

Messages

12/26/2021 - Refill in Husky Health Primary Care Clinic (continued)

Messages (continued)

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	12/26/2021 9:09 AM

Refills have been requested for the following medications:

pentoxifylline ER 400 MG ER tablet [William E Neighbor, MD]

Preferred pharmacy: RITE AID-301 HIGH SCHOOL RD 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608
Delivery method: Pickup

12/09/2021 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

12/09/2021 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/27/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/26/2021
Quantity: 90 tablet
Refill: 6 refills by 10/13/2022

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/9/2021
Start date: 12/9/2021
End date: 2/24/2023
Quantity: 10 mL
Refill: 6 refills by 12/9/2022

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen R, CMA at 12/9/2021 0927

1-Name of Requested Medication: timolo 0.5% oph sol
2-Date of Last Refill: 10/21/20
3-Date of Last Office Visit: 10/13/21
4-Next Office Visit (scheduled or Expected): none
Notes:

Electronically signed by Willis, Stephen R, CMA at 12/9/2021 9:30 AM

Other Orders

Medications

timolol maleate 0.5 % ophthalmic solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 12/09/21 1200**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 12/09/21 1200
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 12/09/21 - 02/24/23
Class: Normal
Released by: Neighbor Jr., William E, MD 12/09/21 1200
Discontinued by: Neighbor Jr., William E, MD 02/24/23 1109
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS
Admin instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Indications

Unspecified glaucoma(365.9) [H40.9 (ICD-10-CM)]

12/09/2021 - Refill in Husky Health Primary Care Clinic (continued)

Messages

Your Medications

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	12/9/2021 12:10 PM

Last Read in MyChart
12/26/2021 9:07 AM by Hoffman, Jeanne Leonie

Dear Jeane,

Your medication order has been approved. Please call your pharmacy to find out when it will be ready for you to pick up.

If you have received specific instructions to pick up printed prescriptions from your clinic, please do so.

Your provider has approved the following medication(s):

- timolol maleate 0.5 % ophthalmic solution

If you have any questions about your prescription, please call or epichttp://medadvice[send a message]

Thank you for using UW Medicine/SCCA MyChart.

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	12/9/2021 7:11 AM

Refills have been requested for the following medications:

timolol maleate 0.5 % ophthalmic solution [William E Neighbor, MD]

Preferred pharmacy: RITE AID-301 HIGH SCHOOL RD 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608
Delivery method: Pickup

11/23/2021 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:
- (primary)
- Hypercholesterolemia

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

11/23/2021 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/27/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/26/2021
Quantity: 90 tablet
Refill: 6 refills by 10/13/2022

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena A, CMA at 11/23/2021 1558

duplicated request. Pt still has refills available.

Electronically signed by Mohova, Elena A, CMA at 11/23/2021 3:58 PM

Other Orders

Medications

atorvastatin 20 MG tablet (Cancel Pend)

Electronically signed by: **Mohova, Elena A, CMA on 11/23/21 1558**
Status: **Cancel Pend**
Ordering user: Mohova, Elena A, CMA 11/23/21 1558
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine Daily 11/23/21 - Until Discontinued
Class: Normal
Pended by: Uw Mychart, Patient User 11/23/21 1541
Discontinued by: Discharge Provider, Automatic 03/14/25 1742
Admin instructions: For cholesterol reduction

Messages

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	11/23/2021 3:41 PM

Refills have been requested for the following medications:

11/23/2021 - Refill in Husky Health Primary Care Clinic (continued)

Messages (continued)

atorvastatin 20 MG tablet [William E Neighbor, MD]

Preferred pharmacy: RITE AID-301 HIGH SCHOOL RD 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608
Delivery method: Pickup

11/23/2021 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:
- (primary)
- Hypercholesterolemia

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

11/23/2021 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/27/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/26/2021
Quantity: 90 tablet
Refill: 6 refills by 10/13/2022

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena A, CMA at 11/23/2021 1556

Still have enough refills. Called the pt's son and notified them to ask the new pharmacy to transfer remaining refills. Last refilled 10/13/21 with 3 refills given

Electronically signed by Mohova, Elena A, CMA at 11/23/2021 3:57 PM

Other Orders

Medications

atorvastatin 20 MG tablet (Cancel Pend)

Electronically signed by: **Mohova, Elena A, CMA on 11/23/21 1557**
Status: **Cancel Pend**
Ordering user: Mohova, Elena A, CMA 11/23/21 1557
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine Daily 11/23/21 - Until Discontinued
Class: Normal
Pended by: Uw Mychart, Patient User 11/23/21 1539
Discontinued by: Discharge Provider, Automatic 03/14/25 1742
Admin instructions: For cholesterol reduction

Messages

Your Medications

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	11/23/2021 3:57 PM

Last Read in MyChart
Not Read

Dear Jeane,

11/23/2021 - Refill in Husky Health Primary Care Clinic (continued)

Messages (continued)

We have processed your medication renewal request. The following medication renewals have been denied:

- atorvastatin 20 MG tablet

Refusal Reason: Patient requested refill too soon

If you have any questions about your prescription, please call or epichttp://medadvice[send a message]

Thank you for using UW Medicine/SCCA MyChart.

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	11/23/2021 3:39 PM

Refills have been requested for the following medications:

atorvastatin 20 MG tablet [William E Neighbor, MD]

Preferred pharmacy: RITE AID-301 HIGH SCHOOL RD 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608
Delivery method: Pickup

10/13/2021 - Xray Femur 2 View Right in Husky Health Radiology

Reason for Visit

Visit diagnoses:

- (primary)
- Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Radiology	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-685-6052

Infection Status as of 10/13/2021

Infection	Onset	Added	Added By	Resolved	Resolved By
None active					
Resolved					
MRSA		07/27/19 0913	User: Kamangu, Carole Wapa	11/27/23 1135	Hamilton, Anne K, RN

Confirmed with Dr. Bothelo pt doesn't haven an active MRSA infection. Ok to resolve. AH UWMC ML IP

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

timolol maleate 0.5 % ophthalmic solution

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/27/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/26/2021
Quantity: 90 tablet
Refill: 6 refills by 10/13/2022

Stopped in Visit

None

Clinical Notes

Result Encounter Note

Neighbor Jr., William E, MD at 10/13/2021 1105

Jeanne:
X R of the right femur showed healing fracture. The metal plate is in place. One top screw which is above the area of tenderness is slightly raised but should not be causing pain. I think you pain is due to the healing and having a metal plate that your body needs to get used to. The pain should improve as you are able to become more active.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 10/13/2021 5:22 PM

Imaging

Imaging

10/13/2021 - Xray Femur 2 View Right in Husky Health Radiology (continued)

Imaging (continued)

XR Femur 2 View Right (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1100** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Neighbor Jr., William E, MD 10/13/21 1100
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Once 10/13/21 1100 - 1 occurrence
Class: Clinic Performed
Quantity: 1
Lab status: Final result
Instance released by: Uw Epaa, Silentschedule (auto-released) 10/13/2021 11:00 AM
Diagnoses
Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter [S72.401D]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	status post right distal femur fracture June 2021 care for on Olympic peninsula
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR FEMUR 2 VW RIGHT	Neighbor Jr., William E, MD 206-685-1011 206-986-3554	Neighbor Jr., William E, MD 206-685-1011 206-986-3554	10/13/2021 11:05 AM HHRAD1 HH RAD XR

Screening Form Questions

No questions have been answered for this form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Femur 2 View Right Resulted: 10/13/21 1144, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/13/21 1100
Order status: Completed
Resulted by: Rehwald, Christine Marie, MD
Filed by: Interface, Radiology Results In 10/13/21 1145
Performed: 10/13/21 1118 - 10/13/21 1139
Accession number: 30613461
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR FEMUR 2 VW RIGHT

CLINICAL INDICATION:
status post right distal femur fracture June 2021 care for on Olympic peninsula

COMPARISON:
Radiographs of the pelvis and right hip dated July 30, 2019 and priors.

FINDINGS AND

10/13/2021 - Xray Femur 2 View Right in Husky Health Radiology (continued)

Imaging (continued)

Impression:
The bones are demineralized.

As before, a dynamic hip screw transfixes an old, healed intertrochanteric femur fracture. Patient is status post interval reduction and internal fixation of a distal femoral shaft fracture, transfixed with lateral locking plate. The top screw is mildly proud to the plate. Hardware is otherwise intact.

There is a healing distal femoral shaft fracture. There is moderate hip osteoarthritis.

Vascular calcifications are present.
Acknowledged by
Neighbor Jr., William E, MD on 10/13/21 1722
Kerby, Kalena L, CMA on 10/18/21 1239

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter [S72.401D (ICD-10-CM)]

Signed

Electronically signed by Rehwald, Christine Marie, MD on 10/13/21 at 1144 PDT

Result Notes

William E Neighbor Jr., MD
10/13/2021 5:22 PM PDT

Jeanne:
X R of the right femur showed healing fracture. The metal plate is in place. One top screw which is above the area of tenderness is slightly raised but should not be causing pain. I think you pain is due to the healing and having a metal plate that your body needs to get used to. The pain should improve as you are able to become more active.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 10/13/2021 17:22

Flowsheets

LACE+ Score

Row Name	10/14/21 0404
LACE+ Score	8

Care Plan

Active

Problem: Patient/Family Stated Goals

Dates: Start: 10/13/21
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Shift

10/13/2021 - Xray Femur 2 View Right in Husky Health Radiology (continued)

Care Plan (continued)

Dates: Start: 10/13/21
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Admission

Dates: Start: 10/13/21
Disciplines: Interdisciplinary

10/13/2021 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Medication Management and Musculoskeletal Problem
Visit diagnoses:

- Right leg pain (primary)
- Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter
- Anemia, unspecified type
- Hypercholesterolemia
- History of recurrent deep vein thrombosis (DVT)
- Vaccine counseling
- Venous stasis ulcer of ankle limited to breakdown of skin without varicose veins, unspecified laterality
- Sensorineural hearing loss, unspecified
- Type 2 diabetes mellitus without complication, without long-term current use of insulin

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/27/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/26/2021
Quantity: 90 tablet
Refill: 6 refills by 10/13/2022

Stopped in Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 10/13/2021 1020

Jeanne Leonie Hoffman is a 96 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Medication Management
- Musculoskeletal Problem

Last visit to me June 2021
--closed fracture distal right femur. On ASA 81 mg. Referred for PT.

Right leg pain
Continues to have right leg pain for which she is mainly taking non aspirin pain reliever with acetaminophen. No sure if there is ibuprofen in what she is taking. No longer taking codeine. She has been working on ambulation with her son. She has not yet gotten into PT which according to her son was to happen after she was able to stand and walk. She denies fever, chills, sweats. There has not been any local redness.

(D64.9) Anemia, unspecified type
She is due for follow up on anemia which has been chronic but was a bit worse last Spring when in for femur fracture

(E78.00) Hypercholesterolemia
She continues on atorvastatin without side effect. In the last few years she was tried off of it given age, but had rebound hypercholesterolemia. She is taking lower dose that in the past, that is, atorvastatin 10 mg

(Z86.718) History of recurrent deep vein thrombosis (DVT)
She is no longer on Coumadin but taking Plental which she is tolerating.

(Z71.85) Vaccine counseling
Due for flu vaccine and would like COVID booster today

(I87.2, L97.301) Venous stasis ulcer of ankle limited to breakdown of skin without varicose veins, unspecified laterality (HCC)
Her son has been caring for her stasis ulcers. He has been using a topical antibacterial which includes betadine and low level of hypochorite.

(H90.5) Sensorineural hearing loss, unspecified
Hearing aides working well

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin
Has been diet controlled

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008
T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped	
• Adult failure to thrive syndrome [R62.7]	10/19/2007
Lives in subsidized housing on Bainbridge Bremerton APS at 1-888-833-4925	

Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Unspecified vitamin B deficiency [E53.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic [IMO0001] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active

Advanced directives: Yes/ 9/21/2016 POLST forms signed.
Scanned to record.
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

- Closed fracture of right distal femur (HCC) [S72.401A] 07/15/2021
- Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9] 10/10/2019
- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Fall [W19.XXXA] 09/03/2019
- Acute blood loss anaemia [D62] 08/11/2019
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019
- Venous stasis ulcer (HCC) [I83.009, L97.909] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Venous ulcer of left leg (HCC) [I83.029, L97.929] 06/07/2018
- Normocytic anemia [D64.9] 06/07/2018
- Severe protein-calorie malnutrition (HCC) [E43] 06/07/2018
- Urge urinary incontinence [N39.41] 06/07/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323] 05/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223] 05/17/2018
- Chronic venous hypertension with ulcer and inflammation, left [I87.332, L97.929] 05/17/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Outpatient Medications Marked as Taking for the 10/13/21 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• MULTIPLE VITAMIN OR	Take by mouth.		
• pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use	10 mL	6

Current Facility-Administered Medications for the 10/13/21 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• [COMPLETED] COVID-19 mRNA vaccine (Pfizer) injection 0.3 mL	0.3 mL	Intramuscular	Once	Neighbor Jr., William E, MD		0.3 mL at 10/13/21 1154
• [COMPLETED] influenza quadrivalent high-dose vaccine (Fluzone High-Dose) injection 0.7 mL	0.7 mL	Intramuscular	Once	Neighbor Jr., William E, MD		0.7 mL at 10/13/21 1201

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
Substance Use Topics	
• Alcohol use:	No

Objective:
BP (!) 167/72 | Pulse 58 | Temp 36.4 °C | SpO2 99%
Estimated body mass index is 18.74 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/5/20: 51.1 kg (112 lb 9.6 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 167/72	58	---	---	---	10:15 AM	10/13/2021

Last blood pressure recorded in this encounter: **(!) 167/72**
General: NAD
Chest clear
Cor: RR without murmur
Abd: soft and non tender
Extr: Tenderness over distal femur where she has plate. Slight increased warm just above knee laterally as compared to contralteral side.
Skin: Right ankle ulcer completely healed. Left ankle laterally small scap but remarkably wel healed!

Lab and other tests:

Lab Results

Component	Value	Date
HEMATOCRIT	33	05/05/2021
HEMATOCRIT	30	05/27/2020
HEMATOCRIT	25	08/04/2019
HEMATOCRIT	27	08/02/2019
HEMATOCRIT	25	07/31/2019
HEMATOCRIT	27	07/28/2019
HEMATOCRIT	27	07/26/2019
HEMATOCRIT	27	07/25/2019
HEMATOCRIT	31	07/24/2019
HEMATOCRIT	34	07/24/2019
HEMATOCRIT	37	01/09/2019
HEMATOCRIT	31	09/18/2018
HEMATOCRIT	31	09/13/2018
HEMATOCRIT	30	09/12/2018
HEMATOCRIT	30	09/11/2018
HEMATOCRIT	32	09/10/2018
HEMATOCRIT	30	07/26/2018
HEMATOCRIT	32	06/04/2018
HEMATOCRIT	33	06/03/2018
HEMATOCRIT	29	06/01/2018
HEMATOCRIT	35	05/31/2018

Lab Results

Component	Value	Date
FERRITIN	24	02/24/2016
FERRITIN	35	11/05/2014
FERRITIN	29	05/29/2014

Lab Results

Component	Value	Date
CREATININE	0.83	05/27/2020
CREATININE	0.71	08/04/2019
CREATININE	0.75	08/02/2019
CREATININE	0.72	07/31/2019
CREATININE	0.71	07/30/2019
CREATININE	0.70	07/28/2019
CREATININE	0.89	07/27/2019
CREATININE	0.77	07/26/2019
CREATININE	0.65	07/25/2019
CREATININE	0.70	07/24/2019
CREATININE	0.71	01/09/2019
CREATININE	0.76	09/18/2018
CREATININE	0.83	09/13/2018
CREATININE	0.81	09/12/2018
CREATININE	0.75	09/11/2018
CREATININE	0.91	09/10/2018
CREATININE	0.80	06/03/2018
CREATININE	0.66	06/01/2018
CREATININE	0.76	05/31/2018
CREATININE	0.88	03/29/2018

Lab Results

Component	Value	Date
POTASSIUM	4.3	05/27/2020
POTASSIUM	4.2	08/04/2019
POTASSIUM	4.8	08/02/2019
POTASSIUM	4.8	07/31/2019
POTASSIUM	4.6	07/30/2019
POTASSIUM	4.6	07/28/2019
POTASSIUM	4.2	07/27/2019
POTASSIUM	3.9	07/26/2019
POTASSIUM	4.1	07/25/2019
POTASSIUM	4.2	07/24/2019
POTASSIUM	3.7	01/09/2019
POTASSIUM	3.9	09/18/2018

Lab Results

Component	Value	Date
GLUCOSE	161	05/27/2020
GLUCOSE	172	05/27/2020
GLUCOSE	117	08/05/2019
GLUCOSE	142	08/05/2019
GLUCOSE	127	08/04/2019
GLUCOSE	120	08/04/2019

GLUCOSE	235	08/04/2019
GLUCOSE	129	08/04/2019
GLUCOSE	139	08/02/2019
GLUCOSE	153	07/31/2019
GLUCOSE	207	07/30/2019
GLUCOSE	188	07/28/2019

Lab Results

Component	Value	Date
A1C	6.5	07/30/2019
A1C	6.2	01/09/2019
A1C	6.2	02/24/2016
A1C	6.2	12/24/2013
A1C	6.0	12/12/2012
A1C	5.9	07/20/2012
A1C	6.5	10/21/2011
A1C	6.4	05/26/2011
A1C	6.3	05/27/2010
A1C	6.4	09/29/2009
A1C	6.1	07/21/2008
A1C	6.2	04/29/2008
A1C		04/29/2008
Due to a significant change from previous results, the assay was repeated for quality assurance purposes.		
A1C	6.4	03/11/2008
A1C	9.3	02/25/2008
A1C	7.1	11/08/2007
A1C	6.3	08/27/2007
A1C	6.1	06/08/2007
A1C	7.1	03/22/2007

Assessment and Plan:

1. Right leg pain

Status post fracture last Spring of distal femur. Continues to have pain for which is taking over the counter acetaminophen/ibuprofen combination by her sons report.

Plan:

Check labs

- C-Reactive Protein; Future
- BMP w/Reflexive Ionized Ca; Future
- Xray of femur.

Ask that son confirm the contents of the over the counter pain medication being used. We should not use ibuprofen or other NSAIDs given use of pentoxifyline (Plental)

2. Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter

Follow up XR today

- XR Femur 2 View Right; Future
- Begin PT in near future. Son will follow up

3. Anemia, unspecified type

Anemia likely of chronic disease and age last Spring. Due for follow up and to check iron.

- CBC with Diff
- Ferritin; Future

4. Hypercholesterolemia
Refilled medication. She was tried off of statins but developed rebound hypercholesterolemia. She has tolerated the medication well.
Plan:
- lipid panel
- atorvastatin 20 MG tablet; Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction Dispense: 45 tablet; Refill: 3

5. History of recurrent deep vein thrombosis (DVT)
No longer on aspirin or, before that, on warfarin. She continues on Trental. Refilled. It is liver metabolized so does not need dose adjustment.
- pentoxifylline ER 400 MG ER tablet; Take 1 tablet (400 mg) by mouth 3 times a day. Dispense: 90 tablet; Refill: 6

6. Vaccine counseling
Due for vaccines today
- influenza quadrivalent high-dose vaccine (Fluzone High-Dose) injection 0.7 mL
- COVID-19 mRNA vaccine (Pfizer) injection 0.3 mL

(I87.2, L97.301) Venous stasis ulcer of ankle limited to breakdown of skin without varicose veins, unspecified laterality (HC
Ulcerations of ankles nearly completely healed thanks to the good care by her son. Small scab on left lateral ankle.

(H90.5) Sensorineural hearing loss, unspecified
Hearing well today with hearing aids in place

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin
Diet controlled.
Plan:
Labs today

Time spent in caring for patient today 45 minutes.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 10/13/2021 1:10 PM

Erhardt, Mark Allen, CMA at 10/13/2021 1020

COVID-19 Vaccine Intake Documentation

Pre-Vaccination Screening Questions:

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

1. Are you feeling sick today? • If patient is COVID-19 positive or COVID-19 like symptoms, reschedule when no longer infectious (at least 10 days post positive test, resolution of fever without fever reducing medications, and improvement of symptoms). If patient is COVID negative, patient should be informed that vaccine can result in flu-like symptoms before proceeding. Patients no longer have to wait 90 days post COVID infection for the vaccine.	**NO**
2. Have you ever received a dose of COVID-19 vaccine?	**YES**
If yes, which vaccine product?	**Pfizer**
3. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or Epi Pen® or for which you had to go to the hospital? • If yes, please review questions below:	**NO**
• Was the severe allergic reaction after receiving a COVID-19 vaccine? • If yes to severe reaction (anaphylaxis) after COVID-19 vaccine, HARD STOP, DO NOT ADMINISTER	**NO**
• Was the severe allergic reaction after receiving another vaccine or another injectable medication? • If yes to severe reaction (anaphylaxis) after another vaccine/injectable (not COVID-19 vaccine), this is a precaution and can administer vaccine. Observe 30 minutes.	**NO**
4. Do you attest that you meet the CDC eligibility criteria for this vaccine shot?	**Yes**

Electronically signed by Erhardt, Mark Allen, CMA at 10/13/2021 1:10 PM

Erhardt, Mark Allen, CMA at 10/13/2021 1020

Vaccine Screening Questions

Interpreter: No

1. Are you allergic to Latex? NO

2. Have you had a serious reaction or an allergic reaction to a vaccine? NO

3. Do you currently have a moderate or severe illness, including fever? NO

4. Have you ever had a seizure or any neurological problem associated with a vaccine? *(DTaP/TDaP/DTP pertinent)* NO

5. Is patient receiving any live vaccinations today? *(Varicella-Chickenpox, MMR-Measles/Mumps/Rubella, Zoster-Shingles, Flumist, Yellow Fever) NOTE: oral rotavirus is exempt* NO [determine need for TB screening if getting live virus vaccine]

If **YES** to any of the questions above – Do **NOT** give vaccine. Consult with RN or provider in clinic. (#5 can be YES if all Live vaccine questions are answered NO)

If **NO** to all questions above - Patient may receive vaccine.

7. Do you need to receive the Flu vaccine today? YES - Additional Flu Questions **Flu Vaccine Screening Questions:**

Ever had a serious allergic reaction to eggs? NO

Ever had Guillain-Barre syndrome associated with a vaccine? NO

Less than 6 months old? NO

If **YES** to any of the *Flu* questions above - NO Flu Vaccine to be given. Patient may consult provider as needed.

If **NO** to all questions above - Patient may receive Flu Shot (IM)

Is the patient requesting Flumist? NO

If between 6 months and 8 years of age, was flu vaccine received last year? N/A
If **NO** to above question:

- Children who are receiving influenza vaccine for the first time - administer 2 doses of the current influenza vaccine (separated by at least 4 weeks).

Imms administered today: Influenza (high dose)

All patients are encouraged to wait 15 minutes before leaving after receiving any vaccine.

VIS given 10/13/2021 by Mark A Erhardt, CMA

Was Jeanne Leonie Hoffman alert, oriented, and without adverse reaction after the vaccine was given Yes

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Mark A Erhardt, CMA

Electronically signed by Erhardt, Mark Allen, CMA at 10/13/2021 1:10 PM

Result Encounter Note

Neighbor Jr., William E, MD at 10/13/2021 1020

Jeanne:
Your blood count shows the anemia is resolved. As reported earlier your iron level is now normal. You can take multiple vitamins with iron but do not need a dedicated iron tablet.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 10/18/2021 1:32 PM

Labs

C-Reactive Protein (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1100** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1100
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/13/21 -
Class: Lab Collect
Quantity: 1
Released by: Neighbor Jr., William E, MD 10/13/21 1100
Diagnoses
Right leg pain [M79.604]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Right leg pain [M79.604 (ICD-10-CM)]

C-Reactive Protein Resulted: 10/13/21 1801, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/13/21 1150
Order status: Completed
Filed by: Uw Lab Results Interface, User 10/13/21 1801
Collected by: 10/13/21 1151
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 10/14/21 1411
Mercado, Mila N, CMA on 10/15/21 0812

Components

Component	Value	Reference Range	Flag	Lab

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

C_Reactive Protein	1.9	0.0 - 10.0 mg/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC ST MS 357110 SEATTLE WA 98195-0001	08/18/21 1029 - 03/21/22 1401

Indications

Right leg pain [M79.604 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
10/14/2021 2:11 PM PDT

Jeanne:
--Your diabetes blood tests show reasonable control
--Your cholesterol is well controlled
--Your iron level is normal
--The inflammation test was normal.

I wrote earlier about your X ray results which looked good was well.

William E Neighbor, MD

BMP w/Reflexive Ionized Ca (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1100** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1100
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/13/21 -
Class: Lab Collect
Quantity: 1
Released by: Neighbor Jr., William E, MD 10/13/21 1100
Diagnoses
Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9 (ICD-10-CM)]

BMP w/Reflexive Ionized Ca (Abnormal) Resulted: 10/13/21 1801, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/13/21 1150
Order status: Completed
Filed by: Uw Lab Results Interface, User 10/13/21 1801
Collected by: 10/13/21 1151
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 10/14/21 1411
Mercado, Mila N, CMA on 10/15/21 0812

Components

Component	Value	Reference Range	Flag	Lab

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Sodium	140	135 - 145 meq/L	—	UWMC
Potassium	4.4	3.6 - 5.2 meq/L	—	UWMC
Chloride	102	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	29	22 - 32 meq/L	—	UWMC
Anion Gap	9	4 - 12	—	UWMC
Glucose	142	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	20	8 - 21 mg/dL	—	UWMC
Creatinine	0.83	0.38 - 1.02 mg/dL	—	UWMC
Calcium	10.0	8.9 - 10.2 mg/dL	—	UWMC
Calcium (Ionized Reflex Status)	Not indicated.	—	—	UWMC
eGFR by CKD-EPI	60	>59 mL/min/{1.73 m2}	—	UWMC
GFR, Information	Calculated GFR by CKD-EPI equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html.	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC ST MS 357110 SEATTLE WA 98195-0001	08/18/21 1029 - 03/21/22 1401

Indications

Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
10/14/2021 2:11 PM PDT

Jeanne:
--Your diabetes blood tests show reasonable control
--Your cholesterol is well controlled
--Your iron level is normal
--The inflammation test was normal.

I wrote earlier about your X ray results which looked good was well.

William E Neighbor, MD

Ferritin (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1100** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1100 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 10/13/21 - Class: Lab Collect

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Quantity: 1
Diagnoses
Anemia, unspecified type [D64.9]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Anemia, unspecified type [D64.9 (ICD-10-CM)]

Ferritin Resulted: 10/13/21 1801, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/13/21 1150
Filed by: Uw Lab Results Interface, User 10/13/21 1801
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 10/14/21 1411
Mercado, Mila N, CMA on 10/15/21 0812

Order status: Completed
Collected by: 10/13/21 1151

Components

Component	Value	Reference Range	Flag	Lab
Ferritin	56	10 - 180 ng/mL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC ST MS 357110 SEATTLE WA 98195-0001	08/18/21 1029 - 03/21/22 1401

Indications

Anemia, unspecified type [D64.9 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
10/14/2021 2:11 PM PDT

Jeanne:
--Your diabetes blood tests show reasonable control
--Your cholesterol is well controlled
--Your iron level is normal
--The inflammation test was normal.

I wrote earlier about your X ray results which looked good was well.

William E Neighbor, MD

Hemoglobin A1C, HPLC (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1113** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1113
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 10/13/21 -

Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard
Class: Lab Collect

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Quantity: 1
Diagnoses
Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9 (ICD-10-CM)]

Hemoglobin A1C, HPLC (Abnormal) Resulted: 10/14/21 1127, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/13/21 1150
Filed by: Uw Lab Results Interface, User 10/14/21 1127
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 10/14/21 1411
Mercado, Mila N, CMA on 10/15/21 0812

Order status: Completed
Collected by: 10/13/21 1151

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.4	4.0 - 6.0 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC ST MS 357110 SEATTLE WA 98195-0001	08/18/21 1029 - 03/21/22 1401

Indications

Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
10/14/2021 2:11 PM PDT

Jeanne:
--Your diabetes blood tests show reasonable control
--Your cholesterol is well controlled
--Your iron level is normal
--The inflammation test was normal.

I wrote earlier about your X ray results which looked good was well.

William E Neighbor, MD

Lipid Panel (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1119** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1119
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 10/13/21 -

Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard
Class: Lab Collect

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Quantity: 1
Diagnoses
Hypercholesterolemia [E78.00]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Hypercholesterolemia [E78.00 (ICD-10-CM)]

Lipid Panel (Abnormal) Resulted: 10/13/21 1801, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/13/21 1150
Filed by: Uw Lab Results Interface, User 10/13/21 1801
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 10/14/21 1411
Mercado, Mila N, CMA on 10/15/21 0812

Order status: Completed
Collected by: 10/13/21 1151

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	177	<200 mg/dL	—	UWMC
Triglyceride	170	<150 mg/dL	H^	UWMC
HDL Cholesterol	40	>39 mg/dL	—	UWMC
Cholesterol (LDL)	103	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	137	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	4.4	—	—	UWMC
Lipid Panel, Additional Info.	(NOTE)	—	—	UWMC

Comment:
For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://tests.labmed.washington.edu/LIPID

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC ST MS 357110 SEATTLE WA 98195-0001	08/18/21 1029 - 03/21/22 1401

Indications

Hypercholesterolemia [E78.00 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
10/14/2021 2:11 PM PDT

Jeanne:
--Your diabetes blood tests show reasonable control
--Your cholesterol is well controlled
--Your iron level is normal
--The inflammation test was normal.

Labs (continued)

I wrote earlier about your X ray results which looked good was well.

William E Neighbor, MD

CBC with Diff (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1100** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1100
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 10/13/21 -
Class: Lab Collect
Quantity: 1
Lab status: Final result
Released by: Neighbor Jr., William E, MD 10/13/21 1100
Diagnoses
Anemia, unspecified type [D64.9]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W1864616	Blood	—	10/13/21 1151

CBC with Diff (Abnormal) Resulted: 10/18/21 0941, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/13/21 1100
Order status: Completed
Filed by: Uw Lab Results Interface, User 10/18/21 0941
Collected by: 10/13/21 1151
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by: Neighbor Jr., William E, MD on 10/18/21 1332

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.33	4.3 - 10.0 10*3/uL	—	UWMC
RBC	4.03	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	12.1	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	38	36 - 45 %	—	UWMC
MCV	95	81 - 98 fL	—	UWMC
MCH	30.0	27.3 - 33.6 pg	—	UWMC
MCHC	31.5	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	277	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.6	11.6 - 14.4 %	H	UWMC
% Neutrophils	61	%	—	UWMC
% Lymphocytes	28	%	—	UWMC
% Monocytes	7	%	—	UWMC
% Eosinophils	3	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	0	%	—	UWMC
Neutrophils	3.93	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.77	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.42	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.16	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.04	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.01	0.00 - 0.05	—	UWMC

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

		10*3/uL		
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC ST MS 357110 SEATTLE WA 98195-0001	08/18/21 1029 - 03/21/22 1401

Indications

Anemia, unspecified type [D64.9 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
10/18/2021 1:32 PM PDT

Jeanne:
Your blood count shows the anemia is resolved. As reported earlier your iron level is now normal. You can take multiple vitamins with iron but do not need a dedicated iron tablet.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 10/18/2021 13:32

Imaging

Imaging

XR Femur 2 View Right (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1100** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1100
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/13/21 -
Class: Clinic Performed
Quantity: 1
Released by: Neighbor Jr., William E, MD 10/13/21 1100
Diagnoses
Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter [S72.401D]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	status post right distal femur fracture June 2021 care for on Olympic peninsula
Release Result to Patient	Immediate

Indications

Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter [S72.401D (ICD-10-CM)]

XR Femur 2 View Right Resulted: 10/13/21 1144, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/13/21 1100
Order status: Completed
Resulted by: Rehwald, Christine Marie, MD
Filed by: Interface, Radiology Results In 10/13/21 1145
Performed: 10/13/21 1118 - 10/13/21 1139
Accession number: 30613461
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Imaging (continued)

XR FEMUR 2 VW RIGHT

CLINICAL INDICATION:
status post right distal femur fracture June 2021 care for on Olympic peninsula

COMPARISON:
Radiographs of the pelvis and right hip dated July 30, 2019 and priors.

FINDINGS AND
Impression:
The bones are demineralized.

As before, a dynamic hip screw transfixes an old, healed intertrochanteric femur fracture. Patient is status post interval reduction and internal fixation of a distal femoral shaft fracture, transfixed with lateral locking plate. The top screw is mildly proud to the plate. Hardware is otherwise intact.

There is a healing distal femoral shaft fracture. There is moderate hip osteoarthritis.

Vascular calcifications are present.
Acknowledged by
Neighbor Jr., William E, MD on 10/13/21 1722
Kerby, Kalena L, CMA on 10/18/21 1239

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter [S72.401D (ICD-10-CM)]

Signed

Electronically signed by Rehwald, Christine Marie, MD on 10/13/21 at 1144 PDT

Result Notes

William E Neighbor Jr., MD
10/13/2021 5:22 PM PDT

Jeanne:
X R of the right femur showed healing fracture. The metal plate is in place. One top screw which is above the area of tenderness is slightly raised but should not be causing pain. I think you pain is due to the healing and having a metal plate that your body needs to get used to. The pain should improve as you are able to become more active.

William E Neighbor, MD

Medication Administrations

COVID-19 mRNA vaccine (Pfizer) injection 0.3 mL [161468157]

Ordering Provider: Neighbor Jr., William E, MD
Ordered On: 10/13/21 1100
Ordered Dose (Remaining/Total): 0.3 mL (0/1)
Frequency: Once
Admin Instructions: Protect from light.
Status: Completed (Past End Date/Time)
Starts/Ends: 10/13/21 1131 - 10/13/21 1154
Route: Intramuscular
Ordered Rate/Order Duration: — / —

Question	Answer	Comment

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication Administrations (continued)

What dose in the series is being administered?: 3 —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 10/13/21 1154 Documented: 10/13/21 1158	Given	0.3 mL	Intramuscular Right Deltoid	Performed by: Erhardt, Mark Allen, CMA Comments: RD per pt request

influenza quadrivalent high-dose vaccine (Fluzone High-Dose) injection 0.7 mL [161468155]

Ordering Provider: Neighbor Jr., William E, MD
Ordered On: 10/13/21 1100
Ordered Dose (Remaining/Total): 0.7 mL (0/1)
Frequency: Once
Admin Instructions: Refrigerate.
Status: Completed (Past End Date/Time)
Starts/Ends: 10/13/21 1131 - 10/13/21 1201
Route: Intramuscular
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 10/13/21 1201 Documented: 10/13/21 1202	Given	0.7 mL	Intramuscular Left Deltoid	Performed by: Erhardt, Mark Allen, CMA

Immunizations Given

Immunization	Date
COVID-19 Pfizer mRNA monovalent 12 yrs and older	10/13/2021
Influenza quadrivalent high-dose (Fluzone High-Dose)	10/13/2021

Other Orders

Medications

atorvastatin 20 MG tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1100**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1100
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine Daily 10/13/21 - 12/13/22
Released by: Neighbor Jr., William E, MD 10/13/21 1100
Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard
Class: Normal
Discontinued by: Neighbor Jr., William E, MD 12/13/22 1128
Diagnoses
Hypercholesterolemia [E78.00]
Admin instructions: For cholesterol reduction
Reordered from: atorvastatin 20 MG tablet

Indications

Hypercholesterolemia [E78.00 (ICD-10-CM)]

pentoxifylline ER 400 MG ER tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1100**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1100
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine TID 10/13/21 - 12/26/21
Released by: Neighbor Jr., William E, MD 10/13/21 1100
Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard
Class: Normal
Discontinued by: Neighbor Jr., William E, MD 12/27/21 1330 [Reorder]
Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]
Reordered from: pentoxifylline ER 400 MG ER tablet

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

influenza quadrivalent high-dose vaccine (Fluzone High-Dose) injection 0.7 mL (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1100** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1100
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Once 10/13/21 1131 - 1 occurrence
Class: Normal
Released by: Neighbor Jr., William E, MD 10/13/21 1100
Diagnoses
Vaccine counseling [Z71.85]
Admin instructions: Refrigerate.

Indications

Vaccine counseling [Z71.85 (ICD-10-CM)]

COVID-19 mRNA vaccine (Pfizer) injection 0.3 mL (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1100** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1100
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Once 10/13/21 1131 - 1 occurrence
Class: Normal
Released by: Neighbor Jr., William E, MD 10/13/21 1100
Diagnoses
Vaccine counseling [Z71.85]

Questionnaire

Question	Answer
What dose in the series is being administered?	3

Admin instructions: Protect from light.

Indications

Vaccine counseling [Z71.85 (ICD-10-CM)]

Flowsheets

Custom Formula Data

Row Name	10/13/21 1015
Temp (in Celsius) for APACHE IV	36.4

Vital Data

Row Name	10/13/21 1015
BP	**167/72** !
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.4 °C
Pulse	58
SpO2	99 %

Patient Instructions

Assessment and Plan:

1. Right leg pain

Status post fracture last Spring of distal femur. Continues to have pain for which is taking over the counter

acetaminophen/ibuprofen combination by her sons report.
Plan:
Check labs
- C-Reactive Protein; Future
- BMP w/Reflexive Ionized Ca; Future
- Xray of femur.

2. Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter
Follow up XR today
- XR Femur 2 View Right; Future
- Begin PT in near future. Son will follow up

3. Anemia, unspecified type
Anemia likely of chronic disease and age last Spring. Due for follow up and to check iron.
- CBC with Diff
- Ferritin; Future

4. Hypercholesterolemia
Refilled medication. She was tried off of statins but developed rebound hypercholesterolemia. She has tolerated the medication well.
Plan:
- lipid panel
- atorvastatin 20 MG tablet; Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction Dispense: 45 tablet; Refill: 3

5. History of recurrent deep vein thrombosis (DVT)
No longer on aspirin or, before that, on warfarin. She continues on Trental. Refilled
- pentoxifylline ER 400 MG ER tablet; Take 1 tablet (400 mg) by mouth 3 times a day. Dispense: 90 tablet; Refill: 6

6. Vaccine counseling
Due for vaccines today
- influenza quadrivalent high-dose vaccine (Fluzone High-Dose) injection 0.7 mL
- COVID-19 mRNA vaccine (Pfizer) injection 0.3 mL

(I87.2, L97.301) Venous stasis ulcer of ankle limited to breakdown of skin without varicose veins, unspecified laterality (HC
Ulcerations of ankles nearly completely healed thanks to the good care by her son. Small scab on left lateral ankle.

(H90.5) Sensorineural hearing loss, unspecified
Hearing well today with hearing aids in place

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin
Diet controlled.
Plan:
Labs today

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Patient Instructions (continued)

Electronically signed by Neighbor Jr., William E, MD at 10/13/2021 11:18 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/13/2021 10:20 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your personalized instructions can be found at the end of this document.

Your medications have changed today

See your updated medication list for details.

Pick up these medications at SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

atorvastatin • pentoxifylline ER

Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
Phone: 206-842-0127

Labs ordered today

BMP w/Reflexive Ionized Ca
Please complete by or around 10/13/2021

C-Reactive Protein
Please complete by or around 10/13/2021

Ferritin
Please complete by or around 10/13/2021

Hemoglobin A1C, HPLC
Please complete by or around 10/13/2021

Lipid Panel
Please complete by 10/13/2021

Today's Visit

You saw William E Neighbor, MD on Wednesday October 13, 2021. The following issues were addressed:

- Right leg pain
- Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter
- Anemia, unspecified type
- Hypercholesterolemia
- History of recurrent deep vein thrombosis (DVT)
- Vaccine counseling
- Venous stasis ulcer of ankle limited to breakdown of skin without varicose veins, unspecified laterality
- Sensorineural hearing loss, unspecified
- Type 2 diabetes mellitus without complication, without long-term current use of insulin

Blood Pressure	Temperature	Pulse	Oxygen Saturation
167/72	97.6 °F	58	99%

Done Today

XR Femur 2 View Right for Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter

CBC with Diff for Anemia, unspecified type

Immunizations Given

Influenza quadrivalent high-dose and COVID-19 Pfizer mRNA LNP-S (Comirnaty)

Medications Given

COVID-19 mRNA vaccine (Pfizer) Last given at 11:54 AM for Vaccine counseling

influenza quadrivalent high-dose vaccine (Fluzone High-Dose) Last given at 12:01 PM for Vaccine counseling

What's Next

You currently have no upcoming appointments scheduled.

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List

Accurate as of October 13, 2021 1:10 PM.
If you have any questions, ask your nurse or doctor.

TAKE these medications

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 20 MG tablet Commonly known as: Lipitor	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
CHANGE **cholecalciferol** 25 MCG (1000 UT) tablet Commonly known as: Vitamin D-3 Changed by: William E Neighbor, MD	Take 2 tablets (2,000 Units) by mouth daily. What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

STOP taking these medications

STOP **acetaminophen-codeine** 300-15 MG tablet
Commonly known as: Tylenol with Codeine #2
Stopped by: William E Neighbor, MD

STOP **acetaminophen-codeine** 300-30 MG tablet
Commonly known as: Tylenol with Codeine #3
Stopped by: William E Neighbor, MD

STOP **Acidophilus** 0.5 MG tablet
Stopped by: William E Neighbor, MD

Instructions from William E Neighbor, MD

Assessment and Plan:

1. Right leg pain

Status post fracture last Spring of distal femur. Continues to have pain for which is taking over the counter acetaminophen/ibuprofen combination by her sons report.

Plan:

Check labs

- C-Reactive Protein; Future
- BMP w/Reflexive Ionized Ca; Future
- Xray of femur.

2. Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter

Follow up XR today

- XR Femur 2 View Right; Future
- Begin PT in near future. Son will follow up

3. Anemia, unspecified type

Anemia likely of chronic disease and age last Spring. Due for follow up and to check iron.

- CBC with Diff
- Ferritin; Future

4. Hypercholesterolemia

Refilled medication. She was tried off of statins but developed rebound hypercholesterolemia. She has tolerated the medication well.

Plan:

- lipid panel
- atorvastatin 20 MG tablet; Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction Dispense: 45 tablet; Refill: 3

5. History of recurrent deep vein thrombosis (DVT)

No longer on aspirin or, before that, on warfarin. She continues on Trental. Refilled

- pentoxifylline ER 400 MG ER tablet; Take 1 tablet (400 mg) by mouth 3 times a day. Dispense: 90 tablet; Refill: 6

6. Vaccine counseling

Due for vaccines today

- influenza quadrivalent high-dose vaccine (Fluzone High-Dose) injection 0.7 mL
- COVID-19 mRNA vaccine (Pfizer) injection 0.3 mL

(I87.2, L97.301) Venous stasis ulcer of ankle limited to breakdown of skin without varicose veins, unspecified laterality (HC

Ulcerations of ankles nearly completely healed thanks to the good care by her son. Small scab on left lateral ankle.

(H90.5) Sensorineural hearing loss, unspecified

Hearing well today with hearing aids in place

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin

Diet controlled.

Plan:

Labs today

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

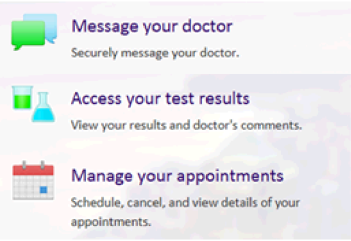
A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!



To Set Up Your Account:

Request an activation code at mychart.uwmedicine.org

Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

Messages

visit summary

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	10/13/2021 1:10 PM
Last Read in MyChart		

Messages (continued)

10/23/2021 3:19 PM by Hoffman, Jeanne Leonie

Jeanne: Below is a summary of your visit. Do confirm what is in the over the counter pain medication you are using as noted below.

Assessment and Plan:

1. Right leg pain

Status post fracture last Spring of distal femur. Continues to have pain for which is taking over the counter acetaminophen/ibuprofen combination by her sons report.

Plan:

Check labs

- C-Reactive Protein; Future
- BMP w/Reflexive Ionized Ca; Future
- Xray of femur.

Ask that son confirm the contents of the over the counter pain medication being used. We should not use ibuprofen or other NSAIDs given use of pentoxifyline (Plental)

2. Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter

Follow up XR today

- XR Femur 2 View Right; Future
- Begin PT in near future. Son will follow up

3. Anemia, unspecified type

Anemia likely of chronic disease and age last Spring. Due for follow up and to check iron.

- CBC with Diff
- Ferritin; Future

4. Hypercholesterolemia

Refilled medication. She was tried off of statins but developed rebound hypercholesterolemia. She has tolerated the medication well.

Plan:

- lipid panel
- atorvastatin 20 MG tablet; Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction Dispense: 45 tablet; Refill: 3

5. History of recurrent deep vein thrombosis (DVT)

No longer on aspirin or, before that, on warfarin. She continues on Trental. Refilled. It is liver metabolized so does not need dose adjustment.

- pentoxifylline ER 400 MG ER tablet; Take 1 tablet (400 mg) by mouth 3 times a day. Dispense: 90 tablet; Refill: 6

6. Vaccine counseling

Due for vaccines today

- influenza quadrivalent high-dose vaccine (Fluzone High-Dose) injection 0.7 mL
- COVID-19 mRNA vaccine (Pfizer) injection 0.3 mL

(I87.2, L97.301) Venous stasis ulcer of ankle limited to breakdown of skin without varicose veins, unspecified laterality (HC

Ulcerations of ankles nearly completely healed thanks to the good care by her son. Small scab on left lateral ankle.

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Messages (continued)

(H90.5) Sensorineural hearing loss, unspecified
Hearing well today with hearing aids in place

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin
Diet controlled.
Plan:
Labs today

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 10/13/2021 1:10 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/13/2021 10:20 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your personalized instructions can be found at the end of this document.

Your medications have changed today

See your updated medication list for details.

Pick up these medications at SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

atorvastatin • pentoxifylline ER

Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
Phone: 206-842-0127

Labs ordered today

BMP w/Reflexive Ionized Ca
Please complete by or around 10/13/2021

C-Reactive Protein
Please complete by or around 10/13/2021

Ferritin
Please complete by or around 10/13/2021

Hemoglobin A1C, HPLC
Please complete by or around 10/13/2021

Lipid Panel
Please complete by 10/13/2021

Today's Visit

You saw William E Neighbor, MD on Wednesday October 13, 2021. The following issues were addressed:

- Right leg pain
- Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter
- Anemia, unspecified type
- Hypercholesterolemia
- History of recurrent deep vein thrombosis (DVT)
- Vaccine counseling
- Venous stasis ulcer of ankle limited to breakdown of skin without varicose veins, unspecified laterality
- Sensorineural hearing loss, unspecified
- Type 2 diabetes mellitus without complication, without long-term current use of insulin

Blood Pressure	Temperature	Pulse	Oxygen Saturation
167/72	97.6 °F	58	99%

Done Today

XR Femur 2 View Right for Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter

CBC with Diff for Anemia, unspecified type

Immunizations Given

Influenza quadrivalent high-dose and COVID-19 Pfizer mRNA LNP-S (Comirnaty)

Medications Given

COVID-19 mRNA vaccine (Pfizer) Last given at 11:54 AM for Vaccine counseling

influenza quadrivalent high-dose vaccine (Fluzone High-Dose) Last given at 12:01 PM for Vaccine counseling

What's Next

You currently have no upcoming appointments scheduled.

Your Test Results

Most test results are displayed in MyChart as soon as they are available. While our practitioners check results often, you are likely to see new results before your practitioner has seen them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their practitioner's office contacts them. Your practitioner's office will contact you if the results require a change in your care. Unless you have urgent concerns, please wait a few days before contacting your practitioner's office about results.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List

ⓘ **Accurate as of October 13, 2021 1:10 PM.**
If you have any questions, ask your nurse or doctor.

TAKE these medications

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
atorvastatin 20 MG tablet Commonly known as: Lipitor	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
CHANGE **cholecalciferol** 25 MCG (1000 UT) tablet Commonly known as: Vitamin D-3 Changed by: William E Neighbor, MD	Take 2 tablets (2,000 Units) by mouth daily. What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

STOP taking these medications

STOP **acetaminophen-codeine** 300-15 MG tablet
Commonly known as: Tylenol with Codeine #2
Stopped by: William E Neighbor, MD

STOP **acetaminophen-codeine** 300-30 MG tablet
Commonly known as: Tylenol with Codeine #3
Stopped by: William E Neighbor, MD

STOP **Acidophilus** 0.5 MG tablet
Stopped by: William E Neighbor, MD

Instructions from William E Neighbor, MD

Assessment and Plan:

1. Right leg pain

Status post fracture last Spring of distal femur. Continues to have pain for which is taking over the counter acetaminophen/ibuprofen combination by her sons report.

Plan:

Check labs

- C-Reactive Protein; Future
- BMP w/Reflexive Ionized Ca; Future
- Xray of femur.

2. Closed fracture of distal end of right femur with routine healing, unspecified fracture morphology, subsequent encounter

Follow up XR today

- XR Femur 2 View Right; Future
- Begin PT in near future. Son will follow up

3. Anemia, unspecified type

Anemia likely of chronic disease and age last Spring. Due for follow up and to check iron.

- CBC with Diff
- Ferritin; Future

4. Hypercholesterolemia

Refilled medication. She was tried off of statins but developed rebound hypercholesterolemia. She has tolerated the medication well.

Plan:

- lipid panel
- atorvastatin 20 MG tablet; Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction Dispense: 45 tablet; Refill: 3

5. History of recurrent deep vein thrombosis (DVT)

No longer on aspirin or, before that, on warfarin. She continues on Trental. Refilled

- pentoxifylline ER 400 MG ER tablet; Take 1 tablet (400 mg) by mouth 3 times a day. Dispense: 90 tablet; Refill: 6

6. Vaccine counseling

Due for vaccines today

- influenza quadrivalent high-dose vaccine (Fluzone High-Dose) injection 0.7 mL
- COVID-19 mRNA vaccine (Pfizer) injection 0.3 mL

(I87.2, L97.301) Venous stasis ulcer of ankle limited to breakdown of skin without varicose veins, unspecified laterality (HC

Ulcerations of ankles nearly completely healed thanks to the good care by her son. Small scab on left lateral ankle.

(H90.5) Sensorineural hearing loss, unspecified

Hearing well today with hearing aids in place

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin

Diet controlled.

Plan:

Labs today

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

10/13/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

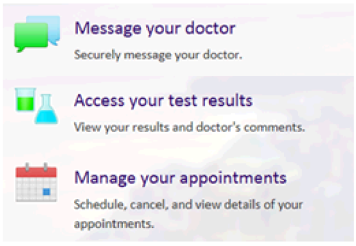
A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!



To Set Up Your Account:

Request an activation code at mychart.uwmedicine.org

Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

10/13/2021 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- Hypercholesterolemia
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Anemia, unspecified type
- Right leg pain

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

10/13/2021 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/27/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/26/2021
Quantity: 90 tablet
Refill: 6 refills by 10/13/2022

Stopped in Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021

Clinical Notes

Result Encounter Note

Neighbor Jr., William E, MD at 10/13/2021 1150

Jeanne:
--Your diabetes blood tests show reasonable control
--Your cholesterol is well controlled
--Your iron level is normal
--The inflammation test was normal.

I wrote earlier about your X ray results which looked good was well.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 10/14/2021 2:11 PM

10/13/2021 - Orders Only in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Labs

Lipid Panel (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1119** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1119 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 10/13/21 - Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Wang, Rolan H, Technologist 10/13/2021 11:50 AM
Diagnoses
Hypercholesterolemia [E78.00]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W1865283	Blood	—	10/13/21 1151

Lipid Panel (Abnormal) Resulted: 10/13/21 1801, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/13/21 1150 Order status: Completed
Filed by: Uw Lab Results Interface, User 10/13/21 1801 Collected by: 10/13/21 1151
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 10/14/21 1411
Mercado, Mila N, CMA on 10/15/21 0812

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	177	<200 mg/dL	—	UWMC
Triglyceride	170	<150 mg/dL	H	UWMC
HDL Cholesterol	40	>39 mg/dL	—	UWMC
Cholesterol (LDL)	103	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	137	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	4.4	—	—	UWMC
Lipid Panel, Additional Info.	(NOTE)	—	—	UWMC

Comment:
For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here:
http://tests.labmed.washington.edu/LIPID

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC ST MS 357110 SEATTLE WA 98195-0001	08/18/21 1029 - 03/21/22 1401

Indications

Hypercholesterolemia [E78.00 (ICD-10-CM)]

Result Notes

10/13/2021 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

William E Neighbor Jr., MD
10/14/2021 2:11 PM PDT

Jeanne:
--Your diabetes blood tests show reasonable control
--Your cholesterol is well controlled
--Your iron level is normal
--The inflammation test was normal.

I wrote earlier about your X ray results which looked good was well.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 10/14/2021 14:11

Hemoglobin A1C, HPLC (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1113** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1113
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/13/21 -
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Wang, Rolan H, Technologist 10/13/2021 11:50 AM
Diagnoses
Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W1865283	Blood	—	10/13/21 1151

Hemoglobin A1C, HPLC (Abnormal) Resulted: 10/14/21 1127, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/13/21 1150
Order status: Completed
Filed by: Uw Lab Results Interface, User 10/14/21 1127
Collected by: 10/13/21 1151
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 10/14/21 1411
Mercado, Mila N, CMA on 10/15/21 0812

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.4	4.0 - 6.0 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC ST MS 357110 SEATTLE WA 98195-0001	08/18/21 1029 - 03/21/22 1401

Indications

Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9 (ICD-10-CM)]

10/13/2021 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Result Notes

William E Neighbor Jr., MD
10/14/2021 2:11 PM PDT

Jeanne:
--Your diabetes blood tests show reasonable control
--Your cholesterol is well controlled
--Your iron level is normal
--The inflammation test was normal.

I wrote earlier about your X ray results which looked good was well.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 10/14/2021 14:11

Ferritin (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1100** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1100 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 10/13/21 - Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Wang, Rolan H, Technologist 10/13/2021 11:50 AM
Diagnoses
Anemia, unspecified type [D64.9]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W1865283	Blood	—	10/13/21 1151

Ferritin Resulted: 10/13/21 1801, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/13/21 1150 Order status: Completed
Filed by: Uw Lab Results Interface, User 10/13/21 1801 Collected by: 10/13/21 1151
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 10/14/21 1411
Mercado, Mila N, CMA on 10/15/21 0812

Components

Component	Value	Reference Range	Flag	Lab
Ferritin	56	10 - 180 ng/mL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC ST MS 357110 SEATTLE WA 98195-0001	08/18/21 1029 - 03/21/22 1401

Indications

Anemia, unspecified type [D64.9 (ICD-10-CM)]

10/13/2021 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Result Notes

William E Neighbor Jr., MD
10/14/2021 2:11 PM PDT

Jeanne:
--Your diabetes blood tests show reasonable control
--Your cholesterol is well controlled
--Your iron level is normal
--The inflammation test was normal.

I wrote earlier about your X ray results which looked good was well.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 10/14/2021 14:11

BMP w/Reflexive Ionized Ca (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1100** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1100 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 10/13/21 - Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Wang, Rolan H, Technologist 10/13/2021 11:50 AM
Diagnoses
Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) [E11.9]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W1865283	Blood	—	10/13/21 1151

BMP w/Reflexive Ionized Ca (Abnormal) Resulted: 10/13/21 1801, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/13/21 1150 Order status: Completed
Filed by: Uw Lab Results Interface, User 10/13/21 1801 Collected by: 10/13/21 1151
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 10/14/21 1411
Mercado, Mila N, CMA on 10/15/21 0812

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	135 - 145 meq/L	—	UWMC
Potassium	4.4	3.6 - 5.2 meq/L	—	UWMC
Chloride	102	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	29	22 - 32 meq/L	—	UWMC
Anion Gap	9	4 - 12	—	UWMC
Glucose	142	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	20	8 - 21 mg/dL	—	UWMC
Creatinine	0.83	0.38 - 1.02 mg/dL	—	UWMC
Calcium	10.0	8.9 - 10.2 mg/dL	—	UWMC
Calcium (Ionized Reflex Status)	Not indicated.	—	—	UWMC
eGFR by CKD-EPI	60	>59	—	UWMC

10/13/2021 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

		mL/min/{1.73_m2}		
GFR, Information	Calculated GFR by CKD-EPI equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html.	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC ST MS 357110 SEATTLE WA 98195-0001	08/18/21 1029 - 03/21/22 1401

Indications

Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
10/14/2021 2:11 PM PDT

Jeanne:
--Your diabetes blood tests show reasonable control
--Your cholesterol is well controlled
--Your iron level is normal
--The inflammation test was normal.

I wrote earlier about your X ray results which looked good was well.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 10/14/2021 14:11

C-Reactive Protein (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 10/13/21 1100** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/13/21 1100 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 10/13/21 - Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Wang, Rolan H, Technologist 10/13/2021 11:50 AM
Diagnoses
Right leg pain [M79.604]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

10/13/2021 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

ID	Type	Source	Collected By
W1865283	Blood	—	10/13/21 1151

C-Reactive Protein Resulted: 10/13/21 1801, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 10/13/21 1150
Filed by: Uw Lab Results Interface, User 10/13/21 1801
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Acknowledged by
Neighbor Jr., William E, MD on 10/14/21 1411
Mercado, Mila N, CMA on 10/15/21 0812

Order status: Completed
Collected by: 10/13/21 1151

Components

Component	Value	Reference Range	Flag	Lab
C_Reactive Protein	1.9	0.0 - 10.0 mg/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Wener, Mark Howard, MD	1959 NE PACIFIC ST MS 357110 SEATTLE WA 98195-0001	08/18/21 1029 - 03/21/22 1401

Indications

Right leg pain [M79.604 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
10/14/2021 2:11 PM PDT

Jeanne:
--Your diabetes blood tests show reasonable control
--Your cholesterol is well controlled
--Your iron level is normal
--The inflammation test was normal.

I wrote earlier about your X ray results which looked good was well.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 10/14/2021 14:11

09/29/2021 - Appointment in Husky Health Primary Care Clinic

Visit Information

Appointment Information

RETURN WELLNESS **Canceled**
9/29/2021 8:40 AM

Time	Provider	Department	Length
8:40 AM	Neighbor Jr., William E, MD	HH PRIMARY CARE	40 min

Notes:

Physical Checkup, blood/urine test, med update- mychart request ja

pt sent my chart message to add : Will need xray of Jeans right leg (Injury), complaining of soreness and difficulty in muscular movements (Knee Bending and Hip/Femur lifts).

History

Made On:	9/7/2021 2:44 PM	By:	Abdon, Jeanette R, PSS/PSR	ES
Change Notes:	9/8/2021 4:30 PM	By:	Abdon, Jeanette R, PSS/PSR	ES
Canceled:	9/27/2021 2:24 PM	By:	Toshmurodova, Parizoda, CMA	ES
Cancel Rsn:	Provider-Illness/Medical Leave			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Messages

requesting reschedule apt

From	To	Sent and Delivered
Parizoda Toshmurodova, CMA	Hoffman, Jeanne Leonie	9/27/2021 12:21 PM

Last Read in MyChart
10/23/2021 3:24 PM by Hoffman, Jeanne Leonie

Hello Jeane ,

Dr Neighbor is currently under covid quarantine and will not be in clinic for the next several days. Please call us at 206-616-2495 or 206-685-1045 to reschedule your's apt on 9/29/2021 at 8:40 am appointment.

Thank you,Parizoda.ma

09/29/2021 - Appointment in Husky Health Primary Care Clinic (continued)

Messages (continued)

09/07/2021 - Patient Web Update in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

09/07/2021 - Patient Web Update in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Messages

RE: Appointment Request

From	To	Sent and Delivered
Jeanette R Abdon, PSS/PSR	Hoffman, Jeanne Leonie	9/8/2021 4:29 PM

Last Read in MyChart
Not Read

09/07/2021 - Patient Web Update in Husky Health Primary Care Clinic (continued)

Messages (continued)

Hello

Will be sure to add to appointment note, please note that our x-ray opens at 10 am.

Thank you
Jeanette

RE: Appointment Request

From	To	Sent
Hoffman, Jeanne Leonie	Jeanette R Abdon, PSS/PSR (supporting William E Neighbor Jr., MD)	9/8/2021 3:51 PM

Confirmed.....

Will need xray of Jeans right leg (Injury), complaining of soreness and difficulty in muscular movements (Knee Bending and Hip/Femur lifts).

RE: Appointment Request

From	To	Sent and Delivered
Jeanette R Abdon, PSS/PSR	Hoffman, Jeanne Leonie	9/7/2021 2:45 PM

Last Read in MyChart
9/8/2021 3:44 PM by Hoffman, Jeanne Leonie

Hello Jeane

Thank you for your My Chart appointment request. I have scheduled you for the following:

Appointment Date: 9/29/2021 (soonest available)
Appointment Time: 8:40 am
Provider: Dr. Neighbor
Location: Hall Health Center

Please arrive 10-15 minutes prior to your appointment time for check-in. Please be prepared to be screened for Covid symptoms upon entry also be prepared to show your photo ID and insurance information. As a reminder, appointments that are cancelled late or no showed may result in a fee.

We are asking that all patients entering the building to have a mask on. We are also asking that any friends, family etc... wait outside (except for care givers or children) as we are limiting entry to our facility to patients only

09/07/2021 - Patient Web Update in Husky Health Primary Care Clinic (continued)

Messages (continued)

Thank you
Hall Health Clinic

Appointment Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Front Desk Pool (supporting William E Neighbor Jr., MD)	9/6/2021 3:15 PM

Appointment Request From: Jeanne Leonie Hoffman

With Provider: William E Neighbor, MD [Hall Health Primary Care Center]

Preferred Date Range: 9/15/2021 – 9/15/2021

Preferred Times: Any Time

Reason for visit: Wellness Visit

Comments:
Physical Checkup, blood/urine test, med update

07/20/2021 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Willis, Stephen R, CMA

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

07/20/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Messages

Wound Completely Healed

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting Stephen R Willis, CMA)	7/20/2021 8:26 AM

07/20/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Happy to report...

Both legs are completely healed.....
No signs of of distress...

Home Physical Therapy in progress.....
Improvements in muscle strengthening.

07/20/2021 - Patient E-mail in UW Medicine Primary Care Internal Medicine at KDM

Visit Information

Provider Information

Encounter Provider

Azen, Jennifer Lynn, MD

Department

Name	Address	Phone	Fax
UW Medicine Primary Care Internal Medicine at KDM	23213 Pacific Hwy S Kent WA 98032-2721	206-870-8880	206-520-1499

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

07/20/2021 - Patient E-mail in UW Medicine Primary Care Internal Medicine at KDM (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Tran, Chau T, CMA at 7/20/2021 1632

Routing to correct clinic, Dr. Neighbor Jr, William with Hall Health.

07/20/2021 - Patient E-mail in UW Medicine Primary Care Internal Medicine at KDM (continued)

Clinical Notes (continued)

Chau T Tran, CMA

Electronically signed by Tran, Chau T, CMA at 7/20/2021 4:34 PM

Kauffman, Mary Johanna Kelly, MD at 7/20/2021 1819

Another provider replied to pt in separate MyChart message.

Electronically signed by Kauffman, Mary Johanna Kelly, MD at 7/20/2021 6:19 PM

Messages

RE: Wound Completely Healed

From	To	Sent and Delivered
Chau T Tran, CMA	Hoffman, Jeanne Leonie	7/20/2021 4:32 PM
Last Read in MyChart		
Not Read		

Thank you for your message; your message is valuable to us. It has been forwarded to your care team and you should expect a response by the end of the next business day.

We look forward to serving you,

UWNC KDM INTERNAL MED

Wound Completely Healed

From	To	Sent
Hoffman, Jeanne Leonie	P Uwpc Kent Des Moines Clinical Support Pool (supporting Jennifer Lynn Azen, MD)	7/20/2021 8:23 AM

Happy to report...

Both legs are completely healed.....
No signs of of distress...

Home Physical Therapy in progress.....
Improvements in muscle strengthening.

07/20/2021 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Terry, Anne Catherine, ARNP

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

07/20/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen R, CMA at 7/20/2021 1031

Sent to provider

07/20/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Electronically signed by Willis, Stephen R, CMA at 7/20/2021 10:31 AM

Messages

RE: Wound Completely Healed

From	To	Sent and Delivered
Anne Catherine Terry, ARNP	Hoffman, Jeanne Leonie	7/20/2021 4:08 PM
Last Read in MyChart		
Not Read		

Glad to hear that, Jean. I sent the referral for home health PT last week. Keep us posted if you are having any problems with that.
Dr. Neighbor is out of the office until September, but several of us are providing back up for him.
All the best-
Anne Terry, NP covering for Bill Neighbor, MD

Wound Completely Healed

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting Anne Catherine Terry, ARNP)	7/20/2021 8:16 AM

Happy to report...

Both legs are completely healed.....
No signs of of distress...

Home Physical Therapy in progress.....
Improvements in muscle strengthening.

07/20/2021 - Patient E-mail in Husky Health Same Day Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

07/20/2021 - Patient E-mail in Husky Health Same Day Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Messages

Wound Healed

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Same Day Clinical Staff Pool (supporting William E Neighbor Jr., MD)	7/20/2021 8:10 AM

07/20/2021 - Patient E-mail in Husky Health Same Day Clinic (continued)

Messages (continued)

Happy to report...

Both legs are completely healed.....
No signs of of distress...

Home Physical Therapy in progress.....
Improvements in muscle strengthening.

07/20/2021 - Patient E-mail in UWMC ESC Sports Medicine

Visit Information

Provider Information

Encounter Provider

Loveless, Melinda Susanne, MD

Department

Name	Address	Phone	Fax
UWMC ESC Sports Medicine	3100 Northup Way Bellevue WA 98004-1467	425-646-7777	206-598-6797

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

07/20/2021 - Patient E-mail in UWMC ESC Sports Medicine (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Messages

RE: Wound Completely Healed

From	To	Sent and Delivered
Veronica A Cuschieri, RN	Hoffman, Jeanne Leonie	7/20/2021 9:53 AM

Last Read in MyChart
Not Read

07/20/2021 - Patient E-mail in UWMC ESC Sports Medicine (continued)

Messages (continued)

Hi Jeane,
Good to hear. I will forward your message to Dr Loveless.

Veronica A Cuschieri, RN
Eastside Specialty Center

Wound Completely Healed

From	To	Sent
Hoffman, Jeanne Leonie	P Uwmc Esc Rn Pool (supporting Melinda Susanne Loveless, MD)	7/20/2021 8:27 AM

Happy to report...

Both legs are completely healed.....
No signs of of distress...

Home Physical Therapy in progress.....
Improvements in muscle strengthening.

07/20/2021 - Patient E-mail in UW Medicine Northwest Wound Care and Hyperbaric Center

Visit Information

Provider Information

Encounter Provider

Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
UW Medicine Northwest Wound Care and Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

07/20/2021 - Patient E-mail in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Messages

Wound Completely Healed

From	To	Sent
Hoffman, Jeanne Leonie	P Uwmc Nw Wound Care Rn Pool (supporting Nilufer Bozdemir Norsworthy, MD)	7/20/2021 8:11 AM

07/20/2021 - Patient E-mail in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Messages (continued)

Happy to report...

Both legs are completely healed.....
No signs of of distress...

Home Physical Therapy in progress.....
Improvements in muscle strengthening.

07/20/2021 - Patient E-mail in UW Medicine Northwest Wound Care and Hyperbaric Center

Visit Information

Provider Information

Encounter Provider

Luu, Paul, MD

Department

Name	Address	Phone	Fax
UW Medicine Northwest Wound Care and Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

07/20/2021 - Patient E-mail in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Messages

Wound Completely Healed

From	To	Sent
Hoffman, Jeanne Leonie	P Uwmc Nw Wound Care Rn Pool (supporting Paul Luu, MD)	7/20/2021 8:13 AM

07/20/2021 - Patient E-mail in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Messages (continued)

Happy to report...

Both legs are completely healed.....
No signs of of distress...

Home Physical Therapy in progress.....
Improvements in muscle strengthening.

07/20/2021 - Patient E-mail in Harborview Medical Center Outpatient Physical Therapy Clinic

Visit Information

Provider Information

Encounter Provider

Cosley, Kristina M, PT

Department

Name	Address	Phone	Fax
Harborview Medical Center Outpatient Physical Therapy Clinic	908 Jefferson ST Seattle WA 98104	206-744-1675	206-744-1664

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

07/20/2021 - Patient E-mail in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Messages

Wound Completely Healed

From	To	Sent
Hoffman, Jeanne Leonie	P Hmc Hand Therapy-Outpatient Referral Triage Pool (supporting Kristina M Cosley, PT)	7/20/2021 8:14 AM

07/20/2021 - Patient E-mail in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Messages (continued)

Happy to report...

Both legs are completely healed.....
No signs of of distress...

Home Physical Therapy in progress.....
Improvements in muscle strengthening.

07/20/2021 - Patient E-mail in POST-ACUTE CARE SVC

Visit Information

Provider Information

Encounter Provider

Touray, Ibrahima, ARNP

Department

Name	Address	Phone	Fax
POST-ACUTE CARE SVC	325 9TH Ave Box 359753 Seattle WA 98104	206-744-5415	206-744-3270

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

07/20/2021 - Patient E-mail in POST-ACUTE CARE SVC (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Messages

Wound Completely Healed

From	To	Sent
Hoffman, Jeanne Leonie	P Post-Acute Care Svc Clinical Support Staff Pool (supporting Ibrahima Touray, ARNP)	7/20/2021 8:17 AM

07/20/2021 - Patient E-mail in POST-ACUTE CARE SVC (continued)

Messages (continued)

Happy to report...

Both legs are completely healed.....
No signs of of distress...

Home Physical Therapy in progress.....
Improvements in muscle strengthening.

07/20/2021 - Patient E-mail in POST-ACUTE CARE SVC

Visit Information

Provider Information

Encounter Provider

Lamont, Danna, ARNP

Department

Name	Address	Phone	Fax
POST-ACUTE CARE SVC	325 9TH Ave Box 359753 Seattle WA 98104	206-744-5415	206-744-3270

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

07/20/2021 - Patient E-mail in POST-ACUTE CARE SVC (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Messages

Wound Completely Healed

From	To	Sent
Hoffman, Jeanne Leonie	P Post-Acute Care Svc Clinical Support Staff Pool (supporting Danna Lamont, ARNP)	7/20/2021 8:19 AM

07/20/2021 - Patient E-mail in POST-ACUTE CARE SVC (continued)

Messages (continued)

Happy to report...

Both legs are completely healed.....
No signs of of distress...

Home Physical Therapy in progress.....
Improvements in muscle strengthening.

07/20/2021 - Patient E-mail in Harborview Medical Center Orthopaedic Trauma Clinic

Visit Information

Provider Information

Encounter Provider

Kleweno, Conor Patrick, MD

Department

Name	Address	Phone	Fax
Harborview Medical Center Orthopaedic Trauma Clinic	325 9TH Ave Box 359798 Seattle WA 98104	206-744-3462	206-744-8849

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

07/20/2021 - Patient E-mail in Harborview Medical Center Orthopaedic Trauma Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Messages

Wound Completely Healed

From	To	Sent
Hoffman, Jeanne Leonie	P Hmc Ortho Trauma And Fracture Clinical Support Staff Pool (supporting Conor Patrick Kleweno, MD)	7/20/2021 8:20 AM

07/20/2021 - Patient E-mail in Harborview Medical Center Orthopaedic Trauma Clinic (continued)

Messages (continued)

Happy to report...

Both legs are completely healed.....
No signs of of distress...

Home Physical Therapy in progress.....
Improvements in muscle strengthening.

07/20/2021 - Patient E-mail in Harborview Falls Clinic

Visit Information

Provider Information

Encounter Provider

Phelan, Elizabeth Anne, MD

Department

Name	Address	Phone	Fax
Harborview Falls Clinic	325 9TH Ave Box 359945 Seattle WA 98104	206-744-4191	206-744-8527

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

07/20/2021 - Patient E-mail in Harborview Falls Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Messages

RE: Wound Completely Healed

From	To	Sent and Delivered
Elizabeth Anne Phelan, MD	Hoffman, Jeanne Leonie	8/5/2021 2:30 PM

Last Read in MyChart
Not Read

07/20/2021 - Patient E-mail in Harborview Falls Clinic (continued)

Messages (continued)

I'm so glad to hear this!

Thank you for letting me know.

Elizabeth

Wound Completely Healed

From	To	Sent
Hoffman, Jeanne Leonie	P Hmc Falls Clinical Support Staff Pool (supporting Elizabeth Anne Phelan, MD)	7/20/2021 8:22 AM

Happy to report...

Both legs are completely healed.....
No signs of of distress...

Home Physical Therapy in progress.....
Improvements in muscle strengthening.

07/20/2021 - Patient E-mail in Harborview Medical Center Outpatient Physical Therapy Clinic

Visit Information

Provider Information

Encounter Provider

Richards V, Catherine, LICSW

Department

Name	Address	Phone	Fax
Harborview Medical Center Outpatient Physical Therapy Clinic	908 Jefferson ST Seattle WA 98104	206-744-1675	206-744-1664

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

07/20/2021 - Patient E-mail in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Messages

RE: wound Completely Healed

From	To	Sent and Delivered
Kristina M Cosley, PT	Hoffman, Jeanne Leonie	7/21/2021 7:51 PM

Last Read in MyChart
Not Read

07/20/2021 - Patient E-mail in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Messages (continued)

Hi Louis and Jeane!
I have contacted social work to reach out to you about some of your housing concerns and the nurse practitioner for Dr. Neighbor to help facilitate a more appropriate type of Physical Therapy for your current needs.

You should be hearing from Carrie Richards and the nurse practitioner for Dr. Neighbor soon!

Best,
Kristina Cosley

wound Completely Healed

From	To	Sent
Hoffman, Jeanne Leonie	P Hmc Hand Therapy-Outpatient Referral Triage Pool (supporting Catherine Vincler, LICSW)	7/20/2021 8:24 AM

Happy to report...

Both legs are completely healed.....
No signs of of distress...

Home Physical Therapy in progress.....
Improvements in muscle strengthening.

07/20/2021 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 45 tablet — Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020

07/20/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Messages

Referral For Home Health Services

From	To	Sent and Delivered
Amber N Enemuo, PSS/PSR	Hoffman, Jeanne Leonie	7/20/2021 11:53 AM

Last Read in MyChart
6/5/2024 6:15 AM by Hoffman, Jeanne Leonie

Hello Jeane,

Your referral has been successfully faxed to and received by **Franciscan Home Health**. If you have any questions about your treatment or would like to schedule an appointment please call the facility directly @ 253-

07/20/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

534-7623.

Thank You,
Amber E (Referral Coordinator)
Hall Health Center

07/16/2021 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis: Other closed fracture of distal end of right femur with delayed healing, subsequent encounter

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021

07/16/2021 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 90 tablet — Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 10/13/2021
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 12/9/2021
Quantity: 10 mL — Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA — Entered on: 4/1/2021
Start date: 5/28/2020 — End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA — Entered on: 4/1/2021
Start date: 5/28/2020 — End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/5/2021
Start date: 5/5/2021 — End date: 3/28/2023
Quantity: 28 capsule — Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Terry, Anne Catherine, ARNP at 7/16/2021 1235

MSW from HV contacted our office today to let us know that Jeanne needs home health PT. She is unable to complete PT at HV and does not wish to be admitted to an SNIF facility. I will contact the patient and determine her options for home health care.

07/16/2021 - Telephone in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

New referral for home PT Harrison Home Health
360-744-6699 provided now.
Letter sent to patient on 7/16/21.

Electronically signed by Terry, Anne Catherine, ARNP at 7/16/2021 3:03 PM

Other Orders

Referral

Referral to Home Health Services (Discontinued)

Electronically signed by: **Terry, Anne Catherine, ARNP on 07/16/21 1454** Status: **Discontinued**
Ordering user: Terry, Anne Catherine, ARNP 07/16/21 1454
Ordering provider: Terry, Anne Catherine, ARNP
Authorized by: Terry, Anne Catherine, ARNP
Ordering mode: Standard
Frequency: Routine 07/16/21 -
Class: External Referral
Quantity: 1
Discontinued by: Uw User, Batch Scheduler 07/17/22 0133 [Order Expired]

Diagnoses
Other closed fracture of distal end of right femur with delayed healing, subsequent encounter [S72.491G]
Scheduling instructions
Referral to: Harrison Home Health
360-744-6699

Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: PHYSICAL DOCUMENTATION OF FACE TO FACE ENCOUNTER: Clinical information: 96 year old year old female with (S72.491G) Other closed fracture of distal end of right femur with delayed healing, subsequent encounter (primary encounter diagnosis). Evaluated by Dr. Neighbor, 6/2/21. PT referral placed to Harborview, but patient was unable to get to HV consistently for PT services. Home PT requested by HV physical therapy. Date of face to face encounter: 6/2/21 I certify that this patient is under my care and that I, or nurse practitioner or physician's assistant working with me, had a face-to-face encounter with this patient that was in whole or in part related to the reason the patient needs home health care. Based on my findings, the following services are medically necessary for home health services: Primary Services Requested: Physical Therapy Ancillary Services (only allowed if Nursing, PT, or ST are ordered): PT My clinical findings that support the need for the above services are services of a skilled therapist are needed due to the complexity of the therapy needed to treat the injury, illness, or condition.. I certify that this patient is homebound (i.e. absences from home require considerable and taxing effort and are for medical reasons or religious services and are infrequent or of short duration) because post-surgical restrictions and/or condition limit ability to leave home. The Center for Medicare and Medicaid Services (CMS) requires the hospitalist/attending signing the Face to Face Encounter documentation to identify the community physician in the discharge plan for home health care (the provider assuming ongoing management of the Home Health Plan of Care).

Referral Details

Referred By		Referred To	Type	Priority
Terry, Anne Catherine, ARNP 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Other closed fracture of distal end of right femur with delayed healing, subsequent encounter Reason: Specialty Services Required	**CHI FRANCISCAN HEALTH AT HOME** 2901 Bridgeport Way SW University Place WA 98466-4614 Phone: 253-534-7623 Fax: 253-534-7610	Specialty Visit	Routine

Comment: PHYSICAL DOCUMENTATION OF FACE TO FACE ENCOUNTER:

Clinical information:
96 year old year old female with (S72.491G) Other closed fracture of distal end of right femur with delayed healing, subsequent encounter (primary encounter diagnosis). Evaluated by Dr. Neighbor, 6/2/21. PT referral placed to Harborview, but patient was unable to get to HV consistently for PT services. Home PT requested by HV physical therapy.

07/16/2021 - Telephone in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Date of face to face encounter: 6/2/21

I certify that this patient is under my care and that I, or nurse practitioner or physician's assistant working with me, had a face-to-face encounter with this patient that was in whole or in part related to the reason the patient needs home health care. Based on my findings, the following services are medically necessary for home health services:

Primary Services Requested:
Physical Therapy

Ancillary Services (only allowed if Nursing, PT, or ST are ordered):
PT

My clinical findings that support the need for the above services are services of a skilled therapist are needed due to the complexity of the therapy needed to treat the injury, illness, or condition..

I certify that this patient is homebound (i.e. absences from home require considerable and taxing effort and are for medical reasons or religious services and are infrequent or of short duration) because post-surgical restrictions and/or condition limit ability to leave home.

The Center for Medicare and Medicaid Services (CMS) requires the hospitalist/attending signing the Face to Face Encounter documentation to identify the community physician in the discharge plan for home health care (the provider assuming ongoing management of the Home Health Plan of Care).

Indications

Other closed fracture of distal end of right femur with delayed healing, subsequent encounter [S72.491G (ICD-10-CM)]

07/16/2021 - Telephone in Harborview Medical Center Outpatient Physical Therapy Clinic

Reason for Visit

Chief complaint: Social Work
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2022
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/13/2021
Start date: 10/13/2021
End date: 12/13/2022
Quantity: 45 tablet
Refill: 3 refills by 10/13/2022

timolol maleate 0.5 % ophthalmic solution

07/16/2021 - Telephone in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/24/2023
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/9/2021
Start date: 12/9/2021 — End date: 2/24/2023
Quantity: 10 mL — Refill: 6 refills by 12/9/2022

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/23/2023
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/27/2021
Start date: 12/27/2021 — End date: 1/23/2023
Quantity: 90 tablet — Refill: 6 refills by 12/27/2022

ofloxacin 0.3 % ophthalmic solution

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions: Place 1-2 drops into left EYE 4 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/10/2022
Start date: 10/10/2022 — End date: 6/12/2024
Action: Patient not taking — Quantity: 5 mL
Refill: 1 refill by 10/10/2023

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Richards V, Catherine, LICSW at 7/16/2021 1000

SOCIAL WORK FOLLOW-UP NOTE

7/16/2021
Brief description: SW outreach call re; pt/son housing concerns.

Patient description, presenting problem, patient / family goals: Pt is 96yo English-speaking female with hx HTN, DM2, HLD, glaucoma, hearing loss, DVTs, OA of hips and spine, osteoporosis, among other medical issues. Pt had a fall and sustained a right distal femur closed fracture in May 2021 requiring ORIF. Pt wad admitted to St. Michael Medical Center in Silverdale for this injury/surgery from 5/21-5/25/21. Pt lives on Bainbridge Island but receives primary care services at UW Hall Health Clinic. She is also receiving care in HMC Physical Therapy Clinic.

SW received referral from PT. See note by this SW from yesterday, 7/15, for details re; current situation. Pt reportedly not agreeable to SNF placement, but having extreme difficultly participating in outpatient PT.

Intervention / Outcome / Plan: -SW spoke with pt's son Louis at length (1 hour) about a variety of concerns related to housing, pt's care, financial issues, and concerns about discrimination in various forms, particularly from white supremacists on Bainbridge Island.

-SW called and spoke with Hall Health Primary Care Clinic staff member Nick. He reports that Hall Health does not have a clinic social worker. He confirms that pt's assigned PCP Dr. Neighbor will be out of office until Sept 2021 and there are multiple providers covering his caseload. SW coordinated with covering provider Anne Terry, ARNP re; PCP office managing Home Health referral.

07/16/2021 - Telephone in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

SW will remain available for continued support/assistance as needed.

Carrie (Catherine) Richards, MSW, LICSW
Specialty Clinics Social Worker
Harborview Medical Center
206-744-2933

Electronically signed by Richards V, Catherine, LICSW at 10/12/2022 3:44 PM

Flowsheets

HMC Social Work Clinic Activity Report

Row Name	Telephone from 7/16/2021 in Harborview Medical Center Outpatient Physical Therapy Clinic
Clinic Name	HMC 6NJB Physical and Hand Therapy Clinic
Service Provided In	In English
Mission	Trauma
Prevention of Medically Unnecessary Admission	Interdisciplinary coordination including case consultation, care conferences;In home care (includes engaging available supports, Home Health, COPES, home hospice)

07/16/2021 - Letter (Out) in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Terry, Anne Catherine, ARNP

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Letters

Letter by Terry, Anne Catherine, ARNP on 7/16/2021

Status: Sent
Letter body:

July 16, 2021

RE: Jeane Leonie Hoffman
321 High School Road NE
Ste D3 PMB 292
BAINBRIDGE ISLAND WA 98110

Dear Jeanne-

Dr. Neighbor is currently out of the office. I received a call from Harborview PT and they are suggesting home physical therapy which may be easier for you. I checked and
Harrison Home Health based in Bremerton covers Kitsap County. I have placed a referral for you. Call 360-744-6699 to set up home appointments for physical therapy to help with your recovery.

Dr. Neighbor is back in the office in September.

Sincerely,

Anne C Terry, ARNP

07/15/2021 - Documentation in Harborview Medical Center Outpatient Physical Therapy Clinic

Reason for Visit

Chief complaint: Social Work
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Richards V, Catherine, LICSW

Department

Name	Address	Phone	Fax
Harborview Medical Center Outpatient Physical Therapy Clinic	908 Jefferson ST Seattle WA 98104	206-744-1675	206-744-1664

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction

07/15/2021 - Documentation in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 9/16/2020
Quantity: 45 tablet
Ordered on: 9/16/2020
End date: 10/13/2021
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Discontinued on: 10/13/2021
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Start date: 9/16/2020
Quantity: 90 tablet
Ordered on: 9/16/2020
End date: 10/13/2021
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Start date: 10/21/2020
Quantity: 30 tablet
Ordered on: 10/21/2020
End date: 10/13/2021
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Discontinued on: 12/9/2021
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Start date: 10/21/2020
Quantity: 10 mL
Ordered on: 10/21/2020
End date: 12/9/2021
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Start date: 5/28/2020
Entered on: 4/1/2021
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Start date: 5/28/2020
Entered on: 4/1/2021
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Discontinued on: 3/28/2023
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Start date: 5/5/2021
Quantity: 28 capsule
Ordered on: 5/5/2021
End date: 3/28/2023
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Clinical Notes

Progress Notes

Richards V, Catherine, LICSW at 7/15/2021 1611

SOCIAL WORK FOLLOW-UP NOTE

7/15/2021
Brief description: Coordination with PT and PCP re; pt need for SNF versus HH referral and son's reported concern re; housing situation.

Patient description, presenting problem, patient / family goals: Pt is 96yo English-speaking female with hx HTN, DM2, HLD, glaucoma, hearing loss, DVTs, OA of hips and spine, osteoporosis, among other medical issues. Pt had a fall and sustained a right distal femur closed fracture in May 2021 requiring ORIF. Pt wad admitted to St. Michael Medical Center in Silverdale for this injury/surgery from 5/21-5/25/21. Pt lives on Bainbridge Island but receives primary care services at UW Hall Health Clinic. She is also receiving care in HMC Physical Therapy Clinic.

Today this SW is contacted by HMC Physical Therapist Kristina Cosley, who reports that she has previously worked with pt and today was pt's first appt since her fall/femur fx. PT reports that it was recommended pt be d/c to SNF following injury/surgery, but pt declined and was instead d/c home with her son Louis as her caregiver (they live together). PT reports that during appt today pt was unable to transfer sit to stand without significant physical assist and unable to stand with 2-person physical assist due to weakness and pain. PT notified pt and son that pt's condition is appropriate for SNF-level care or Home Health services, rather than PT sessions in clinic. PT is notifying pt's PCP about her concerns as well. PT also reports that pt's son spoke about dissatisfaction with their housing on Bainbridge Island and feeling they are being treated unfairly.

Intervention / Outcome / Plan: -SW discussed in electronic communication with PT and PCP that based on description of pt's mobility challenges it sounds as though a SNF would be the most appropriate setting for pt at her current stage of recovery. SW inquired about what is known currently about how pt's basic mobility needs are being met at home (for toileting, bathing, etc.) Pt may currently require 2-person assist for these activities and SW is unsure if that is logistically possible at home.

-SW discussed in electronic communication with PT and PCP that SNF placement is best managed from inpatient rather than outpatient setting, for both insurance and logistical reasons. Per chart, pt has both Medicare A/B/D coverage and LCP-MNP Medicaid coverage. In order to have Medicare pay for SNF she would have to spend 3 nights in the hospital on inpatient status (rather than Observation status), as it does not appear she has been hospitalized for that duration in the past 30 days. This SW is less familiar with LCP-MNP Medicaid coverage, but it appears to be a version of Medicaid that covers less than some other versions. SW is not sure whether pt's Medicaid coverage would even cover a SNF stay (this would be something for her insurance/the SNF to clarify). WA State unfortunately has more limited options in terms of SNFs that will accept Medicaid coverage and it can sometimes be difficult to find an accepting facility that is geographically convenient/meets other desired criteria. For this reason, a brief hospitalization may be desirable to open up more options for her in terms of accepting facilities, since Medicare coverage is widely accepted. This is also the best option logistically, as this SW has limited capacity to assist with arranging SNF placement. This SW is not familiar with what support might be available via pt's primary care clinic to assist with this matter.

-SW discussed in electronic communication with PT and PCP that if pt/family are not agreeable to SNF placement, then a referral to Home Health services is needed. This referral would be managed by her PCP office and could include a referral to PT, plus a bath aide, and whatever else may be appropriate (OT? RN? Social Work?). This SW discussed that in the HMC clinics, Home Health referrals are managed by nursing, not social work. This SW is not sure how these referrals are handled at pt's PCP office.

-SW also discussed in electronic communication with PT and PCP that this SW would be surprised/concerned if the hospital where pt had her surgery (St. Michael Medical Center in Silverdale) recommended SNF placement and then d/c pt home without a referral to Home Health for the services noted above. If the OSH did in fact place a referral for Home Health, it is possible that it fell through for some reason and pt did not receive the services. It is also possible

07/15/2021 - Documentation in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

that pt did receive Home Health services but has used up the amount of HH services covered by her insurance. This is something that would need to be clarified by pt's PCP office.

-SW confirmed that SW is able to f/u with pt/son re; concerns about their housing situation. Per chart review it appears that they live in some type of subsidized housing.

SW will remain available for continued support/assistance as needed.

Carrie (Catherine) Richards, MSW, LICSW
Specialty Clinics Social Worker
Harborview Medical Center
206-744-2933

Electronically signed by Richards V, Catherine, LICSW at 7/16/2021 8:55 AM

Flowsheets

HMC Social Work Clinic Activity Report

Row Name	Documentation from 7/15/2021 in Harborview Medical Center Outpatient Physical Therapy Clinic
Clinic Name	HMC 6NJB Physical and Hand Therapy Clinic (P)
Service Provided In	In English (P)
Mission	Trauma (P)
Prevention of Medically Unnecessary Admission	Interdisciplinary coordination including case consultation, care conferences;Facility Placements (SNF, AFH, IPR);In home care (includes engaging available supports, Home Health, COPES, home hospice) (P)
Advocacy, Information & Referral	Housing Advocacy (includes independent and supported living) (P)

07/15/2021 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic

Reason for Visit

Chief complaint: Physical Therapy
Visit diagnoses:

- Fall, subsequent encounter (primary)
- Other closed fracture of distal end of right femur, initial encounter

Visit Information

Provider Information

Encounter Provider	Referring Provider
Cosley, Kristina M, PT	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Harborview Medical Center Outpatient Physical Therapy Clinic	908 Jefferson ST Seattle WA 98104	206-744-1675	206-744-1664

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
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atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021

07/15/2021 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 45 tablet — Refill: 3 refills by 9/16/2021

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Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 90 tablet — Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 10/13/2021
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 12/9/2021
Quantity: 10 mL — Refill: 6 refills by 10/21/2021

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Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA — Entered on: 4/1/2021
Start date: 5/28/2020 — End date: 10/13/2021

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Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/5/2021
Start date: 5/5/2021 — End date: 3/28/2023
Quantity: 28 capsule — Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Clinical Notes

Progress Notes

Cosley, Kristina M, PT at 7/15/2021 0815

PHYSICAL THERAPY INITIAL PLAN OF CARE

PLAN OF CARE DUE: 9/13/21
Progress note due: 8/14/21

VISITS FROM SOC: 1

INTERPRETER STATUS (Not needed, Telephonic, In Person):not needed
Referring Provider: William E Neighbor Jr.
Attending Physician: same as above
Diagnosis: (W19.XXXD) Fall, subsequent encounter (primary encounter diagnosis)

(S72.491A) Other closed fracture of distal end of right femur, initial encounter (HCC)
Plan: Referral to Physical Therapy

PRECAUTIONS: Fall risk, weight bearing as tolerated per family, history of lower extremity ulcers - now fully healed

Mechanism of Injury: s/p right distal femur fracture open reduction internal fixation 5/23/21

Pertinent Medical/Surgical History that may affect progress in Physical Therapy:
Patient Active Problem List
Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer and inflammation, left
- Venous ulcer of left leg (HCC)

07/15/2021 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Diabetic ulcer of lower extremity (HCC)
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer, bilateral
- Bilateral leg edema
- Acute blood loss anaemia
- Fall
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of right distal femur (HCC)

Past Medical History:

Diagnosis	Date
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Closed fracture of unspecified intracapsular section of neck of femur *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006
• Esophageal reflux	11/20/2006
• Other convulsions *Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence*	11/20/2006
• Allergic rhinitis, cause unspecified	11/20/2006
• Diabetes mellitus (HCC)	
• PAD (peripheral artery disease) (HCC)	
• Ulcer of left lower extremity, limited to breakdown of skin *Chronic, Multiple sites of lower leg and ankle, with MSSA*	

Past Surgical History:

Procedure	Laterality	Date
• TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Previous Therapy: no Physical Therapy after discharge from hospital; SNF was recommended but she went home with son and son encouraged her to do exercises

Prior Level of Function: Before onset of the current condition, the patient was able to walk with 4 wheeled walker

Home Environment: lives with son; no stairs to enter; no stairs inside home; needs lift assist to stand and go to the bathroom; side walks are not taken care of; "there are barriers between everyone"

SUBJECTIVE: Jeane is very hard of hearing and son does most of talking for patient

Patient's Statement: she is mostly sitting and lying down; she is not walking at all right now; she is bed bound; son feels this is also due to depression. I take her out on Sundays and let her decide where to go; I push her in the wheelchair (per son)

All 3 falls in last year caused by "rules of housing project"
When asked more about the falls:
Son tried to situate furniture for Jeane to hold onto which reduced walkways from 36 inches to 18 inches and he was instructed to move the furniture. He also built a banister to hold onto but it divides the room in half.

Jeane's son spent a lot of time discussing his dissatisfaction with his current housing situation; offered to connect him with our social worker

Last fall:
Inside home; 5:00 am; getting ready to come to HMC; standing and holding onto the handrail built by son but son did not have enough funds to fully pin/secure the bar that he built for her to hold onto; Jeane ended up pulling on it and she fell

Patient's Goals for PT: Improving strength to allow for transfers, walking

Current Equipment: wheelchair (son feels dangerous on Seattle city streets due to no hand brakes for going down hill)

OBJECTIVE MEASURES / IMPAIRMENTS / ACTIVITY LIMITATIONS:
Pain: it hurts; unable to rate pain on scale from 0-10

Fall Risk Screen: With fall and injury and age > 65, she is already High fall risk - unable to do TUG today

Edema: +right knee swelling

Palpation/Scar mobility: distal femur incisions are clean/dry/intact; former lower extremity wounds are all closed/healed with some scabbing present on left lower leg

Observation: patient seated in w/c; very hard of hearing; son assists with communication and history

Gait/Mobility: Unable at this time due to inability to perform sit to stand transfer

Functional Mobility:
Sit to/from stand: trial of sit to stand with assist by her son and myself and unable to stand due to weakness and crying out in pain
Transfers: Unable today; needs physical assist by son at home for all transfers

Posture: Forward head posture

ROM: Right lower extremity

	Active	Passive
Knee extension	(-15)	
Knee flexion	70	

Neuro Scan:
Motor Score: in seated able to perform hip flexion, knee flexion/extension and ankle DF/PF partial ROM for all

TREATMENT & EDUCATION
Primary Learner: Family
Topics Taught: role of physical therapy, education on diagnosis and prognosis, purpose of interventions, initial HEP instructions, physical therapy goals and transfer training - son tried using patient's hands to stand and encouraged transfer belt and assist at trunk which is stated he also does at home
Challenges Impacting this Teaching: for patient: hearing impairment, pain for son/family: verbalizing frustration/dissatisfaction with housing
Desire and Motivation to Learn: Reports ready to learn/make changes
Preferred Learning Style: demonstration, written and verbal
Post Education Response: States understanding

Evaluation Code: 97163 for 50 minutes.
Clinical Presentation for Selection of Evaluation Code: Unstable
Clinical Decision Making Complexity for Selection of Eval Code:High

Time in: 0824

Home Exercise Program
Seated knee flexion range of motion with assist by left lower extremity 10 reps twice daily
Continue ankle pumps, heel slides, glute squeezes

verbal instructions and demonstrations were provided for the above exercises
a handout was provided describing the exercises in written and picture format

ASSESSMENT: Jeanne Leonie Hoffman is a 96 year old female who has been referred to Physical Therapy for closed right distal femur fracture status post open reduction internal fixation on 5/23/21 after a fall on

07/15/2021 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

5/21/21. Upon discharge from the hospital, it was recommended that she go to a skilled nursing facility for rehab but was instead taken home with son and son has been trying to encourage Jeane to perform exercises at home. Unfortunately, she is in a lot of pain (crying out) at attempts at mobility. She has not ambulated since her injury/surgery. She requires significant physical assist for sit to stand transfers all of which her son is doing at home (Louis). Louis spends a great deal of time during our session verbalizing frustration and dissatisfaction with their living environment and concerns about how they are treated/viewed on Bainbridge Island. At this time, Jeane is in need of a different level of care for her Physical Therapy: Skilled nursing for Physical Therapy/OT or home health Physical Therapy / OT. This was explained to Jeane and Louis and Louis was very receptive. Once home health or skilled nursing Physical Therapy has been completed, she would be appropriate to return to outpatient Physical Therapy.

Factors/barriers that may delay or affect course of care include: all pertinent past medical history as listed above, Age, Chronicity or severity, Comorbidities, complications, impairment and Living environment, the following cultural factors: none, and high fall risk.

Rehabilitation potential is: Fair

Outcomes Score: 11/80 LEFS 7/15/2021

FALL RISK: high fall risk based on screening

PLAN: I will send in-basket message to referring provider to request referral to higher level of Physical Therapy care as well as in basket message to social work requesting any support for their housing dissatisfaction. NO further outpatient Physical Therapy recommended at this time; she would be appropriate to return after SNF or home health course of care.

Kristina M Cosley, PT
6NJB Outpatient Physical and Hand Therapy Clinic
Harborview Medical Center
Phone: (206) 744- 1675 FAX: (206) 744-1664

Electronically signed by Cosley, Kristina M, PT at 7/15/2021 11:13 AM

Other Orders

Referral

Referral to Physical Therapy (Active)

Electronically signed by: **Neighbor Jr., William E, MD on 06/02/21 1023** Status: **Active**
This order may be acted on in another encounter.
Ordering user: Neighbor Jr., William E, MD 06/02/21 1023
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 06/02/21 -
Class: Internal Referral
Quantity: 1
Instance released by: Tilson, Kathryn, PSS/PSR 7/15/2021 7:37 AM

Diagnoses
Other closed fracture of distal end of right femur, initial encounter (HCC) [S72.491A]

Questionnaire

Question	Answer
Does the ordering provider want to track the referral?	No

07/15/2021 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Other Orders (continued)

Scheduling instructions
Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: PT post femur fracture. Transfer of Care. To assume on-going management of some aspect of the patient's care. Is this the patient's first post-operative therapy visit?: YES 96 year old female with Status post ORIF right distal femur fracture discharged from St Michael's Hosp, Silverdale, WA, May 25, 2021. Has not begun post op PT. Prefers HMC PT where she has been seen before. Precautions: None Please evaluate and treat, including: Services as deemed appropriate by the therapist. Treatment frequency: As deemed appropriate by theTherapist Physician recheck date: In 6 weeks NEIGHBOR JR, WILLIAM E A copy of the patient's chart notes available upon request. Additional Info/Restrictions: UWMC PHYS THERAPY CLINIC- NEUROLOGICAL PROBLEMS ONLY

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Other closed fracture of distal end of right femur, initial encounter (HCC) Order: Referral To Physical Therapy	**Hmc Pt-Outpatient Clinic** 908 Jefferson ST Seattle WA 98104 Phone: 206-744-1675 Fax: 206-744-1664 Specialty: Physical Therapy	Physical/ Occ/ Speech Therapy	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: PT post femur fracture. Transfer of Care. To assume on-going management of some aspect of the patient's care.
Is this the patient's first post-operative therapy visit?: YES

96 year old female with Status post ORIF right distal femur fracture discharged from St Michael's Hosp, Silverdale, WA, May 25, 2021. Has not begun post op PT. Prefers HMC PT where she has been seen before.
Precautions: None

Please evaluate and treat, including: Services as deemed appropriate by the therapist.

Treatment frequency: As deemed appropriate by theTherapist
Physician recheck date: In 6 weeks

NEIGHBOR JR, WILLIAM E

A copy of the patient's chart notes available upon request.

Additional Info/Restrictions:
UWMC PHYS THERAPY CLINIC- NEUROLOGICAL PROBLEMS ONLY

Indications

Other closed fracture of distal end of right femur, initial encounter (HCC) [S72.491A (ICD-10-CM)]

Flowsheets

Encounter Data

Row Name	Rehab Therapy from 7/15/2021 in Harborview Medical Center Outpatient Physical Therapy Clinic
Total Minutes Combined	50

07/15/2021 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Flowsheets (continued)

Fall Risk

Row Name	07/15/21 0831
Have you fallen in the past year?	Yes (P)
How many times?	3 (P)

PT Time Entry

Row Name	Rehab Therapy from 7/15/2021 in Harborview Medical Center Outpatient Physical Therapy Clinic
PT Evaluation (High) Time Entry	50
Total Untimed Minutes	50

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

07/15/2021 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
7/15/2021 8:15 AM Harborview Medical Center Outpatient Physical Therapy Clinic 206-744-1675

Today's Visit

You saw Kristina M Cosley, PT on Thursday July 15, 2021. The following issues were addressed: Other closed fracture of distal end of right femur, initial encounter and Fall, subsequent encounter.

What's Next

You currently have no upcoming appointments scheduled.

Your Test Results

Test results will appear in your MyChart account as soon as they are available. This means that you may see your results before your health care provider has reviewed them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their provider's office contacts them. Your provider will contact you to discuss significant results. If you have not heard from your provider within three days, or if you have an immediate concern, please contact your provider's office.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List as of July 15, 2021 11:13 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
* **acetaminophen-codeine** 300-30 MG tablet Commonly known as: Tylenol with Codeine #3	See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
* **acetaminophen-codeine** 300-15 MG tablet Commonly known as: Tylenol with Codeine #2	One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet Commonly known as: Lipitor	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
* **cholecalciferol** 25 MCG (1000 UT) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 Units) by mouth daily.
* **cholecalciferol** 25 MCG (1000 UT) tablet Commonly known as: Vitamin D-3	2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

*** This list has 4 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

07/15/2021 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

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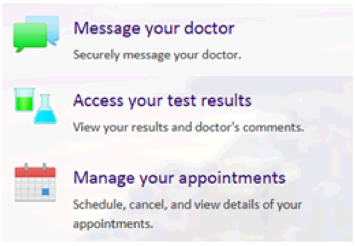

To Set Up Your Account:

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Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

07/15/2021 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents

After Visit Summary - Document on 7/15/2021 11:13 AM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
7/15/2021 8:15 AM Harborview Medical Center Outpatient Physical Therapy Clinic 206-744-1675

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07/15/2021 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents (continued)

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07/15/2021 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents (continued)

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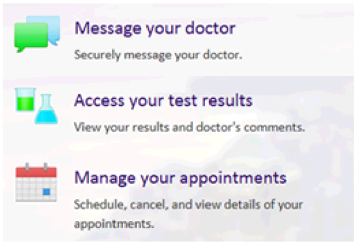

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07/15/2021 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents (continued)

Questionnaire/Assessment Document - Scan on 7/23/2021 3:39 PM: H2124 ; OUTPATIENT PHYSICAL THERAPY QUESTIONNAIRE

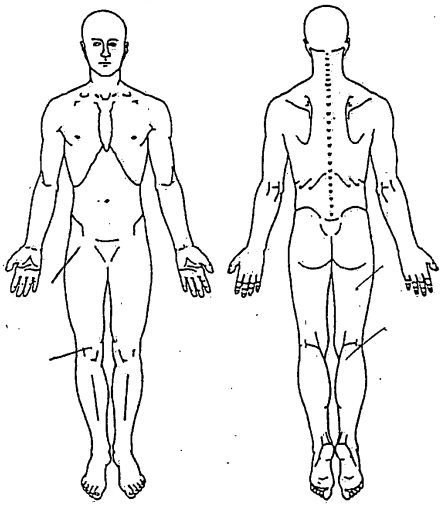
Scan (below)

HARBORVIEW OUTPATIENT PHYSICAL THERAPY QUESTIONNAIRE

HISTORY OF CURRENT CONDITION

1. For what injury/problem were you referred to PT?

2. Please mark areas of pain or abnormal sensation:



3. **When** did symptoms begin? (specific date) 5/25/21
Have you had a similar problem in the past? ☐ Yes ☒ No

4. **How** did this problem start?
Hundrail Failure to to landlord Neglect

5. Onset: ☒ Sudden ☐ Gradual

6. Since onset, symptoms are:
☒ Better ☐ Worse ☐ Not changing

7. What makes symptoms **worse**?
Lack of Exercise/Lack of Outlook
What makes them **better**?
Exercise/outlook improvements

8. Nature of pain/symptoms
☐ Sharp ☐ Throbbing ☐ Tingling
☐ Dull ☐ Constant ☐ Numbness
☐ Aching ☐ Periodic ☐ Other: Muscel Wasting

9. As the day progresses, symptoms:
☐ Increase ☐ Decrease ☒ Stay the same
Symptoms are worst in the:
☒ Morning ☒ Afternoon ☒ Night

10. What previous care have you sought for this condition?
☒ PT ☐ Chiropractic ☐ Massage ☒ Other
Was it helpful? ☒ Yes ☐ No

GOALS FOR TREATMENT

11. What activities are you limited from doing because of your current symptoms?
• walking Limited
•

12. Do you believe that PT will be able to help in achieving these goals? ☒ Yes ☐ No

13. Are you willing/able to participate in a home exercise program? ☒ Yes ☐ No

FALLS/OTHER

1. Have you fallen in the past 12 months? ☒ Yes ☐ No
If yes, please describe:

2. Are you worried about falling? ☐ Yes ☒ No

3. Do you have problems with your balance or feel unsteady on your feet? ☒ Yes ☐ No

4. Are you allergic to: ☐ Latex ☐ Beeswax No
If yes, list reaction:

WORK HISTORY

1. Occupation:
☐ Employed full-time ☒ Work at home
☐ Employed part-time ☐ Student
☐ Unemployed ☒ Retired
☐ Seeking employment ☒ Disability

2. Physical activities at work:
☒ Sitting ☐ Computer use
☒ Standing ☐ Heavy equipment operation
☐ Phone use ☐ Driving
☐ Repetitive lifting ☐ Other
☐ Heavy lifting

SIGNATURE

Patient Signature: X Jeanne L Hoffman

U8170135 BD:1/06/1925 96Y F
HOFFMAN
JEANNE
LEONIE
HMC PT-OUTPATIENT CLINIC 20
DOS:7/15/21 COSLEY, KRISTINA M
Enc:1865089133 RES:43647766

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Neighborhood Clinics – Valley Medical Center
University of Washington Physicians Seattle, Washington
OUTPATIENT PHYSICAL THERAPY QUESTIONNAIRE
Page 1 of 1
H2124
WHITE – MEDICAL RECORD
HMC2124 REV JAN 20

07/15/2021 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents (continued)

Acknowledgment/Agreement - Scan on 7/23/2021 3:39 PM: H2778 ; REHAB THERAPY PARTICIPATION AGREEMENT

Scan (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

PARTICIPATION AGREEMENT
6NJB Physical and Hand Therapy Clinic

In order to provide the best service for you and all our clients, we ask that you read and agree to the following:

- Please call 24-hours in advance if you are unable to make your appointment at **206-744-1675.**
  - Leave a message if no one is available to take your call.
- Please call if you will be 15 or more minutes late as the appointment may need to be rescheduled.
- Repeated cancellations or no-shows are disruptive to the optimal delivery of care and may indicate a lack of commitment to your health and wellness. We may discontinue your care if you miss more than one appointment without contacting us or if you repeatedly cancel your appointments.
- Therapists are usually on time for scheduled appointments. If your therapist is running late, we will alert you and do everything possible to make sure you are seen in a timely manner.
- Please silence or set your phone to vibrate while you are waiting in the lobby or seeing your provider.

You and your therapist will regularly assess and review your goals for treatment, your progress, and need for continuing therapy. Your therapy program can be designed to work within the limits of your insurance coverage. The primary reasons therapy is discontinued include:

- Therapy goals have been met
- Continuing progress can be achieved outside of the therapy program
- Patient participation is not sufficient to make significant progress.

Please wear or bring comfortable clothing or shorts if you have a physical therapy appointment.

Thank you for partnering with us to provide the best possible care and service for all our clients.

I have read, understand and agree with the statements above.

X Jeanne L Hoffman Allen — July 15, 2021

Patient Signature — Date

Jeanne Hoffmann Allen

U8170135 BD:1/06/1925 96Y F
HOFFMAN
JEANNE
LEONIE
HMC PT-OUTPATIENT CLINIC 20
DOS:7/15/21 COSLEY, KRISTINA M
Enc:1865089133 RES:43647766

UW Medicine
Harborview Medical Center -- University of Washington Medical Center
UW Neighborhood Clinics -- Valley Medical Center
University of Washington Physicians Seattle, Washington
REHAB THERAPY PARTICIPATION AGREEMENT
Page 1 of 1
H2778
WHITE - MEDICAL RECORD
HMC2778 REV JAN 20

07/15/2021 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents (continued)

Questionnaire/Assessment Document - Scan on 7/23/2021 3:39 PM: U3947 ; LOWER EXTREMITY FUNCTIONAL SCALE (LEFS)

Scan (below)

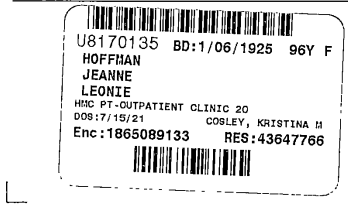
Lower Extremity Functional Scale

Name: Jeanne Leonie Cullict Allain Hoffman **Date:** July 15, 2021

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention. Please provide an answer for each activity. **Today, do you or would you have any difficulty at all with: (circle one number on each line)**

ACTIVITIES	Extreme difficulty or unable to perform activity	Quite a bit of difficulty	Moderate Difficulty	A little bit of difficulty	No difficulty
1. Any of your usual work, household or school activities	0	1	2	3	4
2. Your usual hobbies, recreational or sporting activities	0	1	2	3	4
3. Getting into or out of the bath	0	1	2	3	4
4. Walking between rooms	0	1	2	3	4
5. Putting on your shoes or socks	0	1	2	3	4
6. Squatting	0	1	2	3	4
7. Lifting an object, like a bag of groceries from the floor	0	1	2	3	4
8. Performing light activities around your home	0	1	2	3	4
9. Performing heavy activities around your home	0	1	2	3	4
10. Getting into or out of a car	0	1	2	3	4
11. Walking two blocks	0	1	2	3	4
12. Walking a mile	0	1	2	3	4
13. Going up or down ten stairs (about 1 flight of stairs)	0	1	2	3	4
14. Standing for one hour	0	1	2	3	4
15. Sitting for one hour	0	1	2	3	4
16. Running on even ground	0	1	2	3	4
17. Running on uneven ground	0	1	2	3	4
18. Making sharp turns while running fast	0	1	2	3	4
19. Hopping	0	1	2	3	4
20. Rolling over in bed	0	1	2	3	4
COLUMN TOTALS *(for staff use)*					

TOTAL = 11 / 80



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UW Neighborhood Clinics – Valley Medical Center
University of Washington Physicians Seattle, Washington

LOWER EXTREMITY FUNCTIONAL SCALE

Page 1 of 1



UH3947 REV FEB 21

PoDS2088

07/15/2021 - HMC PT Right Femur Fracture (Therapy)

Episode Info

Type: Therapy Noted date: 7/15/2021 Resolved date: 1/13/2022

Associated Visits

- 07/15/2021 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic

Plans of Care

Plan of Care 07/15/21

Plan Information

Active Date Range: 7/15/2021 - 1/13/2022
Workflow: Outpatient Rehab
Plan Status: Historical

Participants as of 4/30/2025

Name	Type	Comments	Contact Info
William E Neighbor Jr., MD	Referring Provider	—	206-685-1011

Electronically signed by William E Neighbor Jr., MD at 9/28/2021 1740 PDT

Plan Content

07/15/2021 - HMC PT Right Femur Fracture (Therapy) (continued)

Plans of Care (continued)

Patient : Hoffman, Jeanne Leonie MRN : U8170135

Plan of Care 07/15/21

Plan ID: 7726

Effective from: 7/15/2021 Effective to: 7/15/2021

Participants

Name	Type	Comments	Contact Info
William E Neighbor Jr., MD	Provider		206-616-9358

Evaluation

Author: Cosley, Kristina M, PT Status: Sign when Signing Visit Last edited: 7/15/2021 8:15 AM

PHYSICAL THERAPY INITIAL PLAN OF CARE

PLAN OF CARE DUE: 9/13/21
Progress note due: 8/14/21

VISITS FROM SOC: Visit count could not be calculated. Make sure you are using a visit which is associated with an episode.

INTERPRETER STATUS (Not needed, Telephonic, In Person):not needed
Referring Provider: William E Neighbor Jr.
Attending Physician: same as above
Diagnosis: (S72.491A) Other closed fracture of distal end of right femur, initial encounter (HCC)
Plan: Referral to Physical Therapy

PRECAUTIONS: Fall risk, weight bearing as tolerated per family, history of lower extremity ulcers - now fully healed

Mechanism of Injury: s/p right distal femur fracture open reduction internal fixation 5/23/21

Pertinent Medical/Surgical History that may affect progress in Physical Therapy:

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)

Evaluation (continued)

- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer and inflammation, left
- Venous ulcer of left leg (HCC)
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Diabetic ulcer of lower extremity (HCC)
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer, bilateral
- Bilateral leg edema
- Acute blood loss anaemia
- Fall
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Primary open angle glaucoma (POAG) of both eyes

Past Medical History:

Diagnosis	Date
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Closed fracture of unspecified intracapsular section of neck of femur *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006
• Esophageal reflux	11/20/2006
• Other convulsions *Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence*	11/20/2006
• Allergic rhinitis, cause unspecified	11/20/2006
• Diabetes mellitus (HCC)	

07/15/2021 - HMC PT Right Femur Fracture (Therapy) (continued)

Plans of Care (continued)

Evaluation (continued)

- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Previous Therapy: no Physical Therapy after discharge from hospital; SNF was recommended but she went home with son and son encouraged her to do exercises

Prior Level of Function: Before onset of the current condition, the patient was able to walk with 4 wheeled walker

Home Environment: lives with son; no stairs to enter; no stairs inside home; needs lift assist to stand and go to the bathroom; side walks are not taken care of; "there are barriers between everyone"

SUBJECTIVE: Jeane is very hard of hearing and son does most of talking for patient

Patient's Statement: she is mostly sitting and lying down; she is not walking at all right now; she is bed bound; son feels this is also due to depression. I take her out on Sundays and let her decide where to go; I push her in the wheelchair (per son)

All 3 falls in last year caused by "rules of housing project"
When asked more about the falls:
Son tried to situate furniture for Jeane to hold onto which reduced walkways from 36 inches to 18 inches and he was instructed to move the furniture. He also built a banister to hold onto but it divides the room in half.

Jeane's son spent a lot of time discussing his dissatisfaction with his current housing situation; offered to connect him with our social worker

Last fall:
Inside home; 5:00 am; getting ready to come to HMC; standing and holding onto the handrail built by son but son did not have enough funds to fully pin/secure the bar that he built for her to hold onto; Jeane ended up pulling on it and she fell

Patient's Goals for PT: Improving strength to allow for transfers, walking

Current Equipment: wheelchair (son feels dangerous on Seattle city streets due to no hand brakes for going down hill)

OBJECTIVE MEASURES / IMPAIRMENTS / ACTIVITY LIMITATIONS:
Pain: it hurts; unable to rate pain on scale from 0-10

Fall Risk Screen:

Evaluation (continued)

Edema: ***

Sensation to light touch: ***

Circulation: ***

Palpation/Scar mobility: ***

Observation: ***

Gait/Mobility: ***

Functional Mobility:
Sit to/from stand: ***
Transfers: ***

Posture: ***

ROM: Right lower extremity

	Active	Passive
Knee extension	(-15)	
Knee flexion	70	

Neuro Scan:
Motor Score: {LE motor score:500251319::"Key muscles tested from L2 - S2 are within normal limits"}
Light touch Sensation:{LE Sensation Light Touch:500251322::"Sensation to light touch from L2 - S2 is intact"}
Deep Tendon Reflexes: {Neuro LE Reflexes DT:500251324::"Patella and Achilles Deep Tendon Reflexes are within normal limits"}

Strength: ***

TREATMENT & EDUCATION
Primary Learner: {Primary Learner:500251378}
Topics Taught: {Topics Taught:500251385}
Challenges Impacting this Teaching: {LEARNING CHALLENGES:106384}
Desire and Motivation to Learn: {LEARNING DESIRE:106385}
Preferred Learning Style: {PREFERRED LEARNING STYLE:105815}
Post Education Response: {POST ED RESPONSE:106387}

Evaluation Code: {EVAL CODE:102991::"97161","97162","97163"} for *** minutes.
Clinical Presentation for Selection of Evaluation Code: {CLINICAL PRESENTATION:102991::"Stable","Evolving","Unstable"}
Clinical Decision Making Complexity for Selection of Eval Code:{CLINICAL DECISION MAKING:102991::"Low","Moderate","High"}

Evaluation (continued)

Intervention: {PT INTERVENTIONS/SKILLED SERVICES:500251371}

Time in: 0824

Home Exercise Program
***

{PT EDUCATION (UWMC/ETC):105852}

ASSESSMENT: Jeanne Leonie Hoffman is a 96 year old female who has been seen following ortho clinic appointment with referral for *. Physical Therapy training today focused on ***. Patient would benefit from skilled Physical Therapy to achieve functional goals below.**

Factors/barriers that may delay or affect course of care include: pertinent past medical history as listed above, {potential barriers:500251132}, the following cultural factors: {CULTURAL PRACTICES INFLUENCING CARE:105816::"none"}, and ***.

Rehabilitation potential is: {OT REHAB POTEN (UWMC/ETC):105830::"Excellent"}

Outcomes Score: CareConnections: Functional Index Score did not complete during ortho clinic visit
Primary Functional Assessment Tool for G Coding: {Assessment Tool:500251379}

FALL RISK: {NO OR DETAIL:107424::"low","high"} fall risk based on screening

PLAN:
Pain will be addressed at the next plan of care review, and intermittently during daily visits as deemed appropriate by the provider. The focus of daily visits will be on function.

Therapy Treatment Plan (*Frequency/Duration/Other Follow up*): Patient will be seen for {Patient Seen:500251384} until plan of care reviewed.

Plan for next visit: ***

To improve impairments and reach functional goals the following interventions will be performed: {interventions:500251383}

TREATMENT GOALS
Anticipated Discharge Date ***

LONG TERM GOALS (Functional Goals)	To be met by	Current Level of Function / Participation Restrictions
Patient will demonstrate ability to ambulate community distances with normalized gait using *** assistive device		***
Patient will demonstrate		***

07/15/2021 - HMC PT Right Femur Fracture (Therapy) (continued)

Plans of Care (continued)

Evaluation (continued)

readiness to return to full duty/full time work completing the following activities: *** with no more than ***/10 pain		
Patient will ascend/descend at least one flight of stairs with reciprocal gait pattern without upper extremity assist and no more than ***/10 pain		***
Patient will return to the following recreational activities *** with no more than ***/10 pain		***

Short Term Goals	To be met by	MET or UNMET / Date
Patient will demonstrate improved range of motion to *** for ability to ***		
Patient will demonstrate independence with ambulation with assistive device following current ortho team precautions for at least 100 feet		
Patient will verbalize and demonstrate independence with weight bearing precautions, edema management and initial home program instructions following all ortho team precautions		

These goals were discussed and {agreement statement:500251095}

Kristina M Cosley, PT
6NJB Outpatient Physical and Hand Therapy Clinic
Harborview Medical Center
Phone: (206) 744- 1675 FAX: (206) 744-1664

07/15/2021 - HMC PT Right Femur Fracture (Therapy) (continued)

Plans of Care (continued)

06/22/2021 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:
- (primary)
- BENIGN HYPERTENSION

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

06/22/2021 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen R, CMA at 6/22/2021 0952

1-Name of Requested Medication: Losartan 25 mg
2-Date of Last Refill: 09/26/18
3-Date of Last Office Visit: 06/02/21

06/22/2021 - Telephone in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

4-Next Office Visit (scheduled or Expected): none
Notes:

Electronically signed by Willis, Stephen R, CMA at 6/22/2021 9:56 AM

Neighbor Jr., William E, MD at 6/29/2021 1734

Losartan was discontinued when hospitalized for recent fall with fracture. Pressure at last visit without medication was excellent. Denied refill. Plan is hoe monitoring and office monitoring.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 6/29/2021 5:34 PM

Other Orders

Medications

losartan 25 MG tablet (Cancel Pend)

Electronically signed by: **Neighbor Jr., William E, MD on 06/29/21 1731** Status: **Cancel Pend**
Ordering user: Neighbor Jr., William E, MD 06/29/21 1731 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 06/29/21 - Until Discontinued Class: Normal
Pended by: Willis, Stephen R, CMA 06/22/21 0956 Discontinued by: Discharge Provider, Automatic 03/14/25 1742
Admin instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Reordered from: Losartan Potassium 25 MG Oral Tab

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
06/29/21 1731	Neighbor Jr., William E, MD	Neighbor Jr., William E, MD	Neighbor Jr., William E, MD
06/22/21 0956	Willis, Stephen R, CMA	—	Willis, Stephen R, CMA

Messages

stop losartan

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	6/29/2021 5:33 PM

Last Read in MyChart
7/20/2021 8:02 AM by Hoffman, Jeanne Leonie

I am not renewing losartan at this time. Jeanne has been on a very low dose for blood pressure control. However, because of the recent fall it was correctly discontinued by the outside provider. I don't believe she was taking it the last time I saw her at which time her blood pressure was excellent. I adivse that she remain off of it and that you monitor her pressures at home or we do so when she comes in for visits.

I will be out of the office July thru September returning in the Fall to do patient care only.

06/22/2021 - Telephone in Husky Health Primary Care Clinic (continued)

Messages (continued)

During my absence, other providers at Hall Health will be covering my messages. If you do not receive a timely reply, please contact the clinic by phone at Hall Health 206-616-2495

William E Neighbor, MD
Appointments: 206-616-2495
Hall Health After Hours: 206-520-7511.
Fax: 206-616-4683
Medical Assistant: 206-685-1045

06/02/2021 - Telephone in Harborview Medical Center Outpatient Physical Therapy Clinic

Reason for Visit

Chief complaints: Appointment and Repeat Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

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Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

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Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021

06/02/2021 - Telephone in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 90 tablet — Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 10/13/2021
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 12/9/2021
Quantity: 10 mL — Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA — Entered on: 4/1/2021
Start date: 5/28/2020 — End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

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Start date: 5/28/2020 — End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/5/2021
Start date: 5/5/2021 — End date: 3/28/2023
Quantity: 28 capsule — Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Harris, Cyne'lle E at 6/2/2021 1618

RETURN CALL: Voicemail - Not Available

06/02/2021 - Telephone in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

SUBJECT: Appointment Request

REASON FOR VISIT: Per referral, additional information not disclosed
PREFERRED DATE/TIME: Per caller a week or two away, sometime in the middle of June per caller.
ADDITIONAL INFORMATION:
CCR attempted to transfer caller to the clinic front desk per service manual. CCR unable to appoint without referral instructions.

Electronically signed by Harris, Cyne'lle E at 6/2/2021 4:21 PM

Martinez, Zhaquea Aziel Aziel, PSS/PSR at 6/3/2021 1251

Louis is calling again and wants to schedule an appt for PT the middle or 3rd week of June. CCR was unable to appoint referral has no scheduling instruction and CCR attempted to warm transfer, but Reached the clinic VM. Caller state to call 206-780-6885 in the morning or text at 206-280-1287.Thank you.

Electronically signed by Martinez, Zhaquea Aziel Aziel, PSS/PSR at 6/3/2021 12:55 PM

06/02/2021 - Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right in UWMC Vascular Diag Serv

Reason for Visit

Visit diagnoses:
- (primary)
- Other closed fracture of distal end of right femur, initial encounter
- Localized edema

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone
UWMC Vascular Diag Serv	1959 NE Pacific St, Box 356021 Seattle WA 98195	206-598-4449

Infection Status as of 6/2/2021

Infection	Onset	Added	Added By	Resolved	Resolved By
None active					
Resolved					
MRSA		07/27/19 0913	User: Kamangu, Carole Wapa	11/27/23 1135	Hamilton, Anne K, RN

Confirmed with Dr. Bothelo pt doesn't haven an active MRSA infection. Ok to resolve. AH UWMC ML IP

Medication List

Medication List

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Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
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Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

06/02/2021 - Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right in UWMC Vascular Diag Serv (continued)

Medication List (continued)

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

06/02/2021 - Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right in UWMC Vascular Diag Serv (continued)

Medication List (continued)

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Clinical Notes

Result Encounter Note

Neighbor Jr., William E, MD at 6/2/2021 1130

Jeanne:
As you know, the vascular study done last Wednesday did not show a blood clot that is reassuring.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 6/7/2021 10:01 AM

Imaging

Imaging

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 06/02/21 1014**
Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Neighbor Jr., William E, MD 06/02/21 1014
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 06/02/21 1121 - 1 occurrence
Class: Ancillary Performed
Quantity: 1
Lab status: Final result
Instance released by: Sandoval, Erick Daniel, PSS/PSR 6/2/2021 11:21 AM
Diagnoses
Other closed fracture of distal end of right femur, initial encounter (HCC) [S72.491A]
Localized edema [R60.0]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	S/P right distal femur fracture, closed. Rec was SNF and lovenox but refused. Rule out DVT today which would influence management.
Does the ordering provider want to track the referral?	No
Release Result to Patient	Immediate

Scheduling instructions
Your provider has ordered a vascular ultrasound exam to be performed. To schedule this appointment, please call the number listed above.

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right
Resulted: 06/05/21 1224, Result status: Final result

06/02/2021 - Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right in UWMC Vascular Diag Serv (continued)

Imaging (continued)

Ordering provider: Neighbor Jr., William E, MD 06/02/21 1121
Resulted by: Shalhub, Sherene, MD
Performed: 06/02/21 1209 - 06/02/21 1210
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 06/05/21 1225
Accession number: 30205294

Narrative:

D. E. STRANDNESS, JR. VASCULAR LABORATORY
University of Washington Medical Center
1959 NE Pacific Street
Seattle, WA 98195
206-598-4449

Accredited by the Intersocietal Accreditation Commission - Vascular Testing

EXAMINATION:
LOWER EXTREMITY VENOUS DUPLEX (RIGHT)
Venous Duplex examination performed using B-mode, color flow, and Doppler spectral waveform assessment.

INDICATION:
This is a 96-year-old woman who is postop from a right femur fracture. She has history of lower extremity DVT. She has right calf tenderness. Her right tibial veins were difficult to evaluate on a previous examination. She is not currently receiving prophylactic anticoagulation.

PREVIOUS EXAMINATIONS:
May 5, 2021
January 22, 2020

EQUIPMENT:
Philips Epiq 7

FINDINGS:
LOWER EXTREMITY VENOUS DUPLEX

RIGHT DEEP SYSTEM
Right External Iliac Vein: spontaneous and phasic flow, complete color filling,no intraluminal echoes in the distal segment
Common Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling,no intraluminal echoes
Deep Femoral Vein: Complete compressions,

Main Femoral Vein Prox: Complete compressions, spontaneous and phasic flow, complete color filling,no intraluminal echoes
Main Femoral Vein Mid: Complete compressions,
Main Femoral Vein Dist: Complete compressions,

Popliteal Vein: Complete compressions, spontaneous and phasic flow, ,no intraluminal echoes

Posterior Tibial Vein: Complete compressions, complete color filling,no intraluminal echoes
Peroneal Vein:Complete compressions, complete color filling,no intraluminal echoes

Gastrocnemius Veins: Complete compressions,no intraluminal echoes
Soleal Veins: Complete compressions,no intraluminal echoes

RIGHT SUPERFICIAL VENOUS SYSTEM
Great Saphenous Vein: Complete compressions, spontaneous and phasic flow, ,no intraluminal echoes at the saphenofemoral junction.

Small Saphenous Vein: Complete compressions,no intraluminal echoes at the saphenopopliteal junction.

Watson B Smith BA RDMS RVT
Vascular Technologist

FINAL PHYSICIAN INTERPRETATION

06/02/2021 - Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right in UWMC Vascular Diag Serv (continued)

Imaging (continued)

- No deep vein thrombosis in the right lower extremity including the gastrocnemius, tibial and soleal veins.
- No superficial vein thrombosis in the right lower extremity, where evaluated.

I have personally reviewed the images and agree with the report (or as edited).
Acknowledged by
Neighbor Jr., William E, MD on 06/07/21 1001
Mercado, Mila N, CMA on 06/11/21 1256

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Other closed fracture of distal end of right femur, initial encounter (HCC) [S72.491A (ICD-10-CM)]
Localized edema [R60.0 (ICD-10-CM)]

Signed

Electronically signed by Shalhub, Sherene, MD on 6/5/21 at 1224 PDT

Result Notes

William E Neighbor Jr., MD
6/7/2021 10:01 AM PDT

Jeanne:
As you know, the vascular study done last Wednesday did not show a blood clot that is reassuring.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 6/7/2021 10:01

Flowsheets

LACE+ Score

Row Name	06/03/21 0403
LACE+ Score	8

Care Plan

Active

Problem: Patient/Family Stated Goals

Dates: Start: 06/02/21
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Shift

Dates: Start: 06/02/21
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Admission

Dates: Start: 06/02/21

06/02/2021 - Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right in UWMC Vascular Diag Serv (continued)

Care Plan (continued)

Disciplines:	Interdisciplinary

06/02/2021 - Office Visit in Husky Health Same Day Clinic

Reason for Visit

Chief complaints: Wound Care and ER FOLLOW UP
Visit diagnoses:

- Other closed fracture of distal end of right femur, initial encounter (primary)
- Localized edema

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019

06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

End date: 3/8/2025 Informant: Patient Reported

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD Ordered on: 6/19/2020
Start date: 6/19/2020 End date: 6/19/2021
Quantity: 2 each Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/16/2020
Start date: 9/16/2020 End date: 10/13/2021
Quantity: 45 tablet Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/16/2020
Start date: 9/16/2020 End date: 10/13/2021
Quantity: 90 tablet Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD Ordered on: 10/21/2020
Start date: 10/21/2020 End date: 10/13/2021
Quantity: 30 tablet Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD Ordered on: 10/21/2020
Start date: 10/21/2020 End date: 12/9/2021
Quantity: 10 mL Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA Entered on: 4/1/2021
Start date: 5/28/2020 End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA Entered on: 4/1/2021
Start date: 5/28/2020 End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD Ordered on: 5/5/2021
Start date: 5/5/2021 End date: 3/28/2023

06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

Medication List (continued)

Quantity: 28 capsule — Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 6/2/2021 1000

Jeanne Leonie Hoffman is a 96 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Wound Care
- ER FOLLOW UP

The patient was admitted on May 21 and discharged on May 25 for right distal femur closed fracture treated with open reduction and internal fixation. Recommendation upon discharge was PT and OT at skilled nursing facility and treatment with Lovenox to reduce risk of DVT. However she was discharged to her son's care at his and Jeanne's insistence and because of high risk of falls and bleeding is treated on aspirin alone. Discharge medications also included Docusate, hydrocodone acetaminophen 5-325 mg #9 tablets and losartan 25 mg to be taken half tablet once daily plus continued on atorvastatin 10 mg daily, pentoxifylline and 400 mg 3 times daily with meals and timolol ophthalmic eyedrops as well as continuing on vitamin D 3.

Today Jean has her hearing aids. She is able to respond to questions. She reports no shortness of breath or signfiicant pain in the area of right leg ORIF. She has not begun PT. She and her son prefer this be at HMC where they have been seen before and where they are comfortable.

Review of Systems:

No fever, chills, sweats

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is

likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Unspecified vitamin B deficiency [E53.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic [IMO0001] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed.
  Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

- Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9] 10/10/2019
- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Fall [W19.XXXA] 09/03/2019
- Acute blood loss anaemia [D62] 08/11/2019
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019
- Chronic venous hypertension with ulcer, bilateral [IMO0001] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Venous ulcer of left leg (HCC) [I83.029, L97.929] 06/07/2018
- Normocytic anemia [D64.9] 06/07/2018
- Severe protein-calorie malnutrition (HCC) [E43] 06/07/2018
- Urge urinary incontinence [N39.41] 06/07/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323] 05/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223] 05/17/2018
- Chronic venous hypertension with ulcer and inflammation, left [I87.332, L97.929] 05/17/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

No outpatient medications have been marked as taking for the 6/2/21 encounter (Office Visit) with Neighbor Jr., William E, MD.

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No

Objective:

BP 121/64 | Pulse 69

Estimated body mass index is 18.74 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/5/20: 51.1 kg (112 lb 9.6 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
121/64	69	---	---	---	9:50 AM	6/2/2021

Last blood pressure recorded in this encounter: 121/64
General: NAD
COR: HR regular
Lungs: Clear
Extr: Slight edema of right lower leg. Healing incisions with subcutaneous sutures and steri strips in places. No signs of infection. 9 days out from surgery.

Lab and other tests: Pending VUS.

Assessment and Plan:

1. Other closed fracture of distal end of right femur, initial encounter (HCC)

Although recommendation at hospital discharge was for Skilled Nursing and Lovenox,given risk of falls and bleed, patient was discharge on Aspirin 81 mg daily. PT was not organized. Patient and son prefer HMC-PT. Also given not on adequate DVT prophylaxis will obtain US today. She does have some mild edema which is likely due resting the extremity but need to rule out DVT. If DVT found, then would need more aggressive tx.
- Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right; Future
- Referral to Physical Therapy; Future

Centralized Scheduling 206-520-5000

As wound is healing well with steri strips in place, bandage removed today does not need to be replaced. May bath as usual with limitations imposed the the fracture. Steri strips will fall off in another week or so.

2. Localized edema

See above

- Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right; Future

06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

Clinical Notes (continued)

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 6/2/2021 10:46 AM

Imaging

Imaging

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 06/02/21 1014** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 06/02/21 1014
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 06/02/21 -
Class: Ancillary Performed
Quantity: 1
Diagnoses
Other closed fracture of distal end of right femur, initial encounter (HCC) [S72.491A]
Localized edema [R60.0]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	S/P right distal femur fracture, closed. Rec was SNF and lovenox but refused. Rule out DVT today which would influence management.
Does the ordering provider want to track the referral?	No
Release Result to Patient	Immediate

Scheduling instructions
Your provider has ordered a vascular ultrasound exam to be performed. To schedule this appointment, please call the number listed above.

Indications

Other closed fracture of distal end of right femur, initial encounter (HCC) [S72.491A (ICD-10-CM)]
Localized edema [R60.0 (ICD-10-CM)]

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right
Resulted: 06/05/21 1224, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 06/02/21 1121
Order status: Completed
Resulted by: Shalhub, Sherene, MD
Filed by: Interface, Radiology Results In 06/05/21 1225
Performed: 06/02/21 1209 - 06/02/21 1210
Accession number: 30205294
Resulting lab: UW RADIOLOGY
Narrative:

D. E. STRANDNESS, JR. VASCULAR LABORATORY
University of Washington Medical Center
1959 NE Pacific Street
Seattle, WA 98195
206-598-4449

Accredited by the Intersocietal Accreditation Commission - Vascular Testing

EXAMINATION:
LOWER EXTREMITY VENOUS DUPLEX (RIGHT)
Venous Duplex examination performed using B-mode, color flow, and Doppler spectral waveform assessment.

INDICATION:
This is a 96-year-old woman who is postop from a right femur fracture. She has history of lower extremity DVT. She has right calf tenderness. Her right tibial veins were difficult to evaluate on a previous examination. She is not currently receiving prophylactic anticoagulation.

Imaging (continued)

PREVIOUS EXAMINATIONS:
May 5, 2021
January 22, 2020

EQUIPMENT:
Philips Epiq 7

FINDINGS:
LOWER EXTREMITY VENOUS DUPLEX

RIGHT DEEP SYSTEM
Right External Iliac Vein: spontaneous and phasic flow, complete color filling,no intraluminal echoes in the distal segment
Common Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling,no intraluminal echoes
Deep Femoral Vein: Complete compressions,

Main Femoral Vein Prox: Complete compressions, spontaneous and phasic flow, complete color filling,no intraluminal echoes
Main Femoral Vein Mid: Complete compressions,
Main Femoral Vein Dist: Complete compressions,

Popliteal Vein: Complete compressions, spontaneous and phasic flow, ,no intraluminal echoes

Posterior Tibial Vein: Complete compressions, complete color filling,no intraluminal echoes
Peroneal Vein:Complete compressions, complete color filling,no intraluminal echoes

Gastrocnemius Veins: Complete compressions,no intraluminal echoes
Soleal Veins: Complete compressions,no intraluminal echoes

RIGHT SUPERFICIAL VENOUS SYSTEM
Great Saphenous Vein: Complete compressions, spontaneous and phasic flow, ,no intraluminal echoes at the saphenofemoral junction.

Small Saphenous Vein: Complete compressions,no intraluminal echoes at the saphenopopliteal junction.

Watson B Smith BA RDMS RVT
Vascular Technologist

FINAL PHYSICIAN INTERPRETATION

- No deep vein thrombosis in the right lower extremity including the gastrocnemius, tibial and soleal veins.
- No superficial vein thrombosis in the right lower extremity, where evaluated.

I have personally reviewed the images and agree with the report (or as edited).
Acknowledged by
Neighbor Jr., William E, MD on 06/07/21 1001
Mercado, Mila N, CMA on 06/11/21 1256

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Other closed fracture of distal end of right femur, initial encounter (HCC) [S72.491A (ICD-10-CM)]
Localized edema [R60.0 (ICD-10-CM)]

Signed

Electronically signed by Shalhub, Sherene, MD on 6/5/21 at 1224 PDT

06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

Imaging (continued)

Result Notes

William E Neighbor Jr., MD
6/7/2021 10:01 AM PDT

Jeanne:
As you know, the vascular study done last Wednesday did not show a blood clot that is reassuring.

William E Neighbor, MD

Other Orders

Referral

Referral to Physical Therapy (Expired)

Electronically signed by: **Neighbor Jr., William E, MD on 06/02/21 1023** Status: **Expired**
Ordering user: Neighbor Jr., William E, MD 06/02/21 1023 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 06/02/21 - Class: Internal Referral
Quantity: 1
Diagnoses
Other closed fracture of distal end of right femur, initial encounter (HCC) [S72.491A]

Questionnaire

Question	Answer
Does the ordering provider want to track the referral?	No

Scheduling instructions
Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: PT post femur fracture. Transfer of Care. To assume on-going management of some aspect of the patient's care. Is this the patient's first post-operative therapy visit?: YES 96 year old female with Status post ORIF right distal femur fracture discharged from St Michael's Hosp, Silverdale, WA, May 25, 2021. Has not begun post op PT. Prefers HMC PT where she has been seen before. Precautions: None Please evaluate and treat, including: Services as deemed appropriate by the therapist. Treatment frequency: As deemed appropriate by theTherapist Physician recheck date: In 6 weeks NEIGHBOR JR, WILLIAM E A copy of the patient's chart notes available upon request. Additional Info/Restrictions: UWMC PHYS THERAPY CLINIC- NEUROLOGICAL PROBLEMS ONLY

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Other closed fracture of distal end of right femur, initial encounter (HCC) Order: Referral To Physical Therapy	**Hmc Pt-Outpatient Clinic** 908 Jefferson ST Seattle WA 98104 Phone: 206-744-1675 Fax: 206-744-1664 Specialty: Physical Therapy	Physical/ Occ/ Speech Therapy	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: PT post femur fracture. Transfer of Care. To assume on-going management of some aspect of the patient's care.
Is this the patient's first post-operative therapy visit?: YES

96 year old female with Status post ORIF right distal femur fracture discharged from St Michael's Hosp, Silverdale, WA, May 25, 2021. Has not begun post op PT. Prefers HMC PT where she has been seen before.
Precautions: None

Please evaluate and treat, including: Services as deemed appropriate by the therapist.

06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

Other Orders (continued)

Treatment frequency: As deemed appropriate by theTherapist
Physician recheck date: In 6 weeks

NEIGHBOR JR, WILLIAM E

A copy of the patient's chart notes available upon request.

Additional Info/Restrictions:
UWMC PHYS THERAPY CLINIC- NEUROLOGICAL PROBLEMS ONLY

Indications

Other closed fracture of distal end of right femur, initial encounter (HCC) [S72.491A (ICD-10-CM)]

Indications

Other closed fracture of distal end of right femur, initial encounter (HCC) [S72.491A (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	06/02/21 0950
BP	121/64
Pulse	69

Patient Instructions

Assessment and Plan:

1. Other closed fracture of distal end of right femur, initial encounter (HCC)

Although recommendation at hospital discharge was for Skilled Nursing and Lovenox,given risk of falls and bleed, patient was discharge on Aspirin 81 mg daily. PT was not organized. Patient and son prefer HMC-PT. Also given not on adequate DVT prophylaxis will obtain US today. She does have some mild edema which is likely due resting the extremity but need to rule out DVT. If DVT found, then would need more aggressive tx.
- Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right; Future
- Referral to Physical Therapy; Future

Centralized Scheduling 206-520-5000

2. Localized edema

See above

- Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right; Future

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 6/2/2021 10:28 AM

06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 6/2/2021 10:00 AM Hall Health Same Day 206-685-1011

Instructions from William E Neighbor, MD

Assessment and Plan:

1. Other closed fracture of distal end of right femur, initial encounter (HCC)

Although recommendation at hospital discharge was for Skilled Nursing and Lovenox,given risk of falls and bleed, patient was discharge on Aspirin 81 mg daily. PT was not organized. Patient and son prefer HMC-PT. Also given not on adequate DVT prophylaxis will obtain US today. She does have some mild edema which is likely due resting the extremity but need to rule out DVT. If DVT found, then would need more aggressive tx.

- Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right; Future
- Referral to Physical Therapy; Future

Centralized Scheduling 206-520-5000

2. Localized edema

See above

- Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right; Future

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Referrals made today

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right
Scheduled for 6/2/2021

Referral to Physical Therapy
Where: Harborview Medical Center Outpatient Physical Therapy Clinic
Address: 908 Jefferson ST Seattle WA 98104
Phone: 206-744-1675
Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.

06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Today's Visit

You saw William E Neighbor, MD on Wednesday June 2, 2021. The following issues were addressed: Other closed fracture of distal end of right femur, initial encounter and Localized edema.

Blood Pressure	Pulse
121/64	69

What's Next

JUN 2 2021 — Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right
Wednesday June 2 2:30 PM (Arrive by 2:15 PM)

UWMC Vascular Diag Serv
1959 NE Pacific St, Box 356021
Seattle WA 98195
206-598-4449

Your Test Results

Test results will appear in your MyChart account as soon as they are available. This means that you may see your results before your health care provider has reviewed them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their provider's office contacts them. Your provider will contact you to discuss significant results. If you have not heard from your provider within three days, or if you have an immediate concern, please contact your provider's office.

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List as of June 2, 2021 10:28 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
* **acetaminophen-codeine** 300-30 MG tablet Commonly known as: Tylenol with Codeine #3	See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
* **acetaminophen-codeine** 300-15 MG tablet Commonly known as: Tylenol with Codeine #2	One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet Commonly known as: Lipitor	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
* **cholecalciferol** 25 MCG (1000 UT) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 Units) by mouth daily.
* **cholecalciferol** 25 MCG (1000 UT) tablet Commonly known as: Vitamin D-3	2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
MULTIPLE VITAMIN OR	Take by mouth.
Narcan 4 MG/0.1ML nasal spray Generic drug: naloxone	Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

*** This list has 4 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

After Visit Summary (continued)

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

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How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
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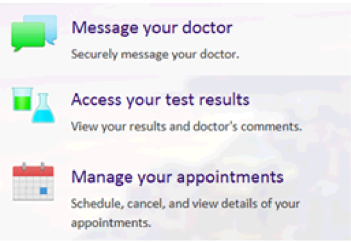

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06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

Documents

After Visit Summary - Document on 6/2/2021 10:28 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 — 6/2/2021 10:00 AM — Hall Health Same Day 206-685-1011

Instructions from William E Neighbor, MD

Assessment and Plan:

1. Other closed fracture of distal end of right femur, initial encounter (HCC)

Although recommendation at hospital discharge was for Skilled Nursing and Lovenox,given risk of falls and bleed, patient was discharge on Aspirin 81 mg daily. PT was not organized. Patient and son prefer HMC-PT. Also given not on adequate DVT prophylaxis will obtain US today. She does have some mild edema which is likely due resting the extremity but need to rule out DVT. If DVT found, then would need more aggressive tx.

- Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right; Future
- Referral to Physical Therapy; Future

Centralized Scheduling 206-520-5000

2. Localized edema

See above

- Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right; Future

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06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

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Documents (continued)

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Documents (continued)

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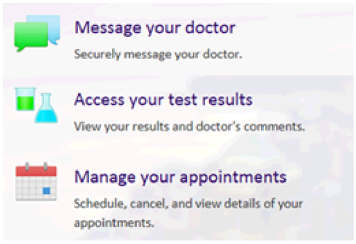

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06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Provider-Created Image - Scan on 6/2/2021 1:34 PM: hospital discharge summary (effective from 6/2/2021)

Scan (below)

CHI Fax Service 5/25/2021 4:15:53 PM PAGE 2/008 (CST) Fax Server

U8170135

Hoffman, Jeanne L (MRN 1002127482) Page 1 of 7

Discharge Summary by Ahmed Yousif, MD at 5/25/2021 7:41 AM

Author: Ahmed Yousif, MD | Service: Internal Medicine | Author Type: Physician
Filed: 5/25/2021 2:15 PM | Status: Signed
Editor: Ahmed Yousif, MD (Physician)

St. Michaels Hosp
Silver Lake

HOSPITAL DISCHARGE SUMMARY

PATIENT NAME:
Jeanne L Hoffman

ADMIT DATE:
5/21/2021

DISCHARGE DATE:
5/25/2021

DATE OF SERVICE:
5/25/2021

ADMISSION DIAGNOSES:
Other closed fracture of distal end of right femur, initial encounter (HCC) [S72.491A]
Closed fracture of right distal femur (HCC) [S72.401A]

Present on Admission:
None

DISCHARGE DIAGNOSES:

Principal Problem:
Closed fracture of right distal femur (HCC)

PROCEDURES PERFORMED:
ORIF right distal femoral fracture

HOSPITAL COURSE:

Per admission HPI by Dr. Sachdev 5/21/2021

Jeanne L Hoffman is a 96 y.o. female with past medical history of hypertension peripheral vascular disease, atrial fibrillation although not on any anticoagulation presented to the emergency room after sustaining a mechanical fall. Developed severe pain on her right side and was brought into the emergency room. She was found to have right distal femur fracture. Admission was requested with orthopedics consultation.
Patient is scheduled to go to the OR for internal fixation in a.m. tomorrow. On my evaluation she is resting comfortably no new complaints she gets occasional spasms in her lower extremities, has not been taking her anticoagulation for some reason. Patient is extremely hard of hearing and history is limited with unclear responses but overall she is doing well. We will contact her son to get a more detailed history.
History Obtained from chart review, records from Care Everywhere.

Acute hospital issues and chronic medical conditions listed below

06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Discharge Summary by Ahmed Yousif, MD at 5/25/2021 7:41 AM (continued)

 # Facture involving the right distal femur s/p ORIF 5/22
Analgesics controlled with tylenol with occasional need for narcotics with PT. Rx written for norco PRN.
PT/OT recommended SNF but pt and son wished to go home. I discussed with pt and son today and both were adamant about going home
High fall/bleeding risk and high DVT risk explained to son. Ideally should be in supervised setting at SNF on lovenox until abl eto ambulate
Given high fall/rbleeding risk will d/c on ASA only as DVT PPx. discussed with Dr Brown
Touchdown weigth bearing RLE in knee immobilizer
PT/OT at home, PACO signed and referral sent to HH agency

 # Hyperlipidemia
Continue statin

 # HTN
Continue losartan

 # LLE chronic wounds
Wound care consult and will continue wound care with HH services

Today on discharge day patient was seen and evaluated by me. Patient feels well overall and denies any headache vision changes chest pain shortness of breath abdominal pain nausea vomiting fever chills urinary complaints or changes in bowel habits. Reports her pain is mucb better today. All Vital signs are baseline within normal limit and labs at baseline

PERTINENT RESULTS:

XR Femur 2 or More Views Right [317184646] Resulted: 05/22/21 1611
Order Status: Completed Updated: 05/22/21 1612

Narrative:
Exam date: 5/22/2021, 3:44 PM
Referring Provider:

XR FEMUR 2 OR MORE VIEWS RIGHT

CLINICAL HISTORY: Status post ORIF of a distal femoral fracture.

COMPARISON: 5/22/2021 at 11:44 AM and 5/21/2021

TECHNIQUE: Two views of the right femur
Impression:
Findings/impression:

Interval ORIF of a distal femoral shaft fracture, with a large lateral plate-screw construct with the hardware intact and well aligned. Fracture fragments are also in anatomical alignment and position. Severe calcified plaque throughout the SFA. Soft tissues are unremarkable. Changes of previous ORIF of the proximal right femoral fracture again noted. Hardware is intact.
Reading Workstation ID: WASMCDDIM202
XR Femur 2 or More Views Right [317054826] Resulted: 05/22/21 1213
Order Status: Completed Updated: 05/22/21 1213

06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

CHI Fax Service 5/25/2021 4:15:53 PM PAGE 4/008 (CST) Fax Server

Hoffman, Jeanne L (MRN 1002127482) Page 3 of 7
Discharge Summary by Ahmed Yousif, MD at 5/25/2021 7:41 AM (continued)

Narrative:
This is a non-reportable study with no Radiologist dictation. Please refer to your PACS to review images, or Doc Flowsheets for documentation on studies without images.

XR Chest 1 View [317054803] Resulted: 05/21/21 1731
Order Status: Completed Updated: 05/21/21 1732

Narrative:
SINGLE PORTABLE UPRIGHT CHEST DATED 5/21/2021 AT 5:18 PM

COMPARISON: Previous portable chest radiograph 10/19/2018. No previous 2 view chest or lateral chest radiograph.
CLINICAL HISTORY: Low O2 sats, preop

FINDINGS:
There is no significant airspace disease or pleural fluid.
There are chronic appearing findings in the lungs bilateral. There is bilateral interstitial thickening, similar previous. There is chronic eventration of the right hemidiaphragm, similar previous.
There is a rounded retrocardiac opacity, suggesting hiatal hernia. This was also seen previous, appears mildly enlarged.

The heart shadow is mildly obscured, but does not appear significantly enlarged..
The mediastinum is midline.
Chronic appearing changes in the spine and shoulders.
The remainder is unchanged.
Impression:
1. No significant airspace disease or pleural fluid.
2. Chronic appearing findings across the chest as described above.
3. Findings suggest hiatal hernia, larger than seen previously.
4. Otherwise, no significant changes.
Reading Workstation ID: FMGHICSDRADX01

XR Femur 2 or More Views Right [210295531] Resulted: 05/21/21 1104
Order Status: Completed Updated: 05/21/21 1105

Narrative:
Exam date: 5/21/2021 at 10:11 AM

PELVIS, RIGHT FEMUR, AND RIGHT KNEE

CLINICAL HISTORY: Right lower extremity pain from fall

COMPARISON: No relevant comparison examinations were available at the time of dictation.

TECHNIQUE: Pelvis one view, right femur 2 views and right knee 4 views.

FINDINGS: There is an acute displaced fracture involving the distal femur. A dynamic screw is seen in the right hip. No additional fracture or dislocation is seen. Osteopenia. Degenerative change seen in the sacroiliac, hip and the knee joints and lower lumbar spine. Vascular calcification present. Small right knee joint effusion.
Impression:

06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

CHI Fax Service 5/25/2021 4:15:53 PM PAGE 5/008 (CST) Fax Server

Discharge Summary by Ahmed Yousif, MD at 5/25/2021 7:41 AM (continued)

Acute displaced fracture involving distal right femur.
Reading Workstation ID: WASMCDDIM200
XR Pelvis 1 or 2 Views [210295532]

Resulted: 05/21/21 1104
Updated: 05/21/21 1105

Order Status: Completed

Narrative:
Exam date: 5/21/2021 at 10:11 AM

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Impression:
Acute displaced fracture involving distal right femur.
Reading Workstation ID: WASMCDDIM200
XR Knee Minimum 4 Views Right [210295530]

Resulted: 05/21/21 1104
Updated: 05/21/21 1105

Order Status: Completed

Narrative:
Exam date: 5/21/2021 at 10:11 AM

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Impression:
Acute displaced fracture involving distal right femur.
Reading Workstation ID: WASMCDDIM200

EXAM:
General Eval: WDWN, calm, alert, cooperative in NAD
HEENT: Sclera anicteric, conjunctiva clear, very hard of hearing

06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

Lungs: CTA, good patient effort NL work of breathing. no wheezes/crackles
Heart: Regular rate and rhythm. +S1/S2. No murmurs, rubs or gallops.
GI: Abdomen is soft, flat, no distention or tenderness
MSK: No pitting edema in LE/UE. RLE in knee immobilizer
Neuro: Alert, oriented to person, no tremor, no focal weakness, follows commands.
Psych: Calm. Cooperative with normal mood and affect.

CONDITION AT DISCHARGE:
Stable and Improved.

CODE STATUS:
Full Code

ACTIVITIES:
As tolerated

FOLLOW UP:
PCP within 1-2 weeks
Ortho in 2 weeks

LABORATORY STUDIES ON THE DAY OF DISCHARGE:
No results found for this or any previous visit (from the past 24 hour(s)).

RESULTS PENDING AT THE TIME OF DISCHARGE:
None

DIET:
General

ALLERGIES:
Allergies

Allergen	Reactions
• Aspirin	
• Nitrofuran Analogues	
• Penicillins	
• Sulfa (Sulfonamide Antibiotics)	

MEDICATIONS:

Medication List

START taking these medications

aspirin 81 MG EC tablet
Quantity: 45 tablet
Take 1 tablet (81 mg total) by mouth once daily.

---

docusate sodium 100 MG capsule
Quantity: 60 capsule
Commonly known as: COLACE
Take 1 capsule (100 mg total) by mouth 2 (two) times a day.

06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

CHI Fax Service 5/25/2021 4:15:53 PM PAGE 7/008 (CST) Fax Server

HYDROcodone-acetaminophen 5-325 mg tablet
Quantity: 9 tablet
Commonly known as: NORCO
Take 1 tablet by mouth every 8 (eight) hours as needed. Max Daily Amount: 3 tablets

losartan 25 MG tablet
Quantity: 15 tablet
Commonly known as: COZAAR
Take 0.5 tablets (12.5 mg total) by mouth once daily.

CONTINUE taking these medications

atorvastatin 10 MG tablet
Quantity: 30 tablet
Commonly known as: LIPITOR
Take 1 tablet (10 mg total) by mouth once daily.

multivitamin
Commonly known as: THERAGRAN
Take 1 tablet by mouth once daily.

pentoxifylline 400 mg CR tablet
Quantity: 90 tablet
Commonly known as: TRENTal
Take 1 tablet (400 mg total) by mouth 3 (three) times a day with meals.

timoloL 0.5 % ophthalmic solution
Quantity: 10 mL
Commonly known as: BETIMOL
Place 1 drop into both eyes 2 (two) times a day.

vitamin b complex tablet
Take 1 tablet by mouth once daily.

VITAMIN D3 ORAL
Take 1 tablet by mouth once daily.

Where to Get Your Medications

You can get these medications from any pharmacy

Bring a paper prescription for each of these medications

- aspirin 81 MG EC tablet
- docusate sodium 100 MG capsule
- HYDROcodone-acetaminophen 5-325 mg tablet
- losartan 25 MG tablet

TIME SPENT ON DISCHARGE SERVICES: 34 minutes

06/02/2021 - Office Visit in Husky Health Same Day Clinic (continued)

Documents (continued)

CHI Fax Service 5/25/2021 4:15:53 PM PAGE 8/008 (CST) Fax Server

Hoffman, Jeanne L (MRN 1002127482)
Discharge Summary by Ahmed Yousif, MD at 5/25/2021 7:41 AM (continued)

Ahmed Yousif, MD 5/25/2021 2:15 PM

This document was generated in part using voice recognition software, occasional wrong- word or "sound-a-like" substitutions may have occurred due to the inherent limitations of voice recognition software. Read the chart carefully and recognize, using context, where the substitutions have occurred. Although every effort was made to edit the content, transcription and typing errors may occur. Please contact me if clarification of content is felt warranted.

05/21/2021 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

05/21/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 5/21/2021 1702

eCare message routed to provider.

05/21/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Electronically signed by Pearson, Terri Jeanne, CMA at 5/21/2021 5:02 PM

Messages

RE: Fracture

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	5/25/2021 11:19 AM

Mom is being release today for St. Micheal's.
I don't have a very good communications sharing of charts.
Thus left in the dark.
Ordered necessary medical devices for her immediate post surgery care.
Will be settling up appointment with HHC, UWMC, NWH or Harborview for followup x-ray and lab reports.

Again this injure root cause is HRB Policy restrictions and lack of reasonable accommodations.
This is the 3rd injury.
The need is to move out of HRB Controls, into suitable healthier accommodations

RE: Fracture

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/24/2021 3:13 PM
Last Read in MyChart		
5/25/2021 11:07 AM by Hoffman, Jeanne Leonie		

Working thru the multiple messages in reverse order. So, now I understand that Jeanne has a fracture for which she is being cared for. Sorry to hear that, but glad she is getting care--thanks to your help.

William E Neighbor, MD

Fracture

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/21/2021 1:05 PM

St Micheals Room 26.
Fracture Just Above Knee...Have not seen X-rays
That All I know at this time.

05/21/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

05/21/2021 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
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05/21/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen R, CMA at 5/21/2021 0810

Sent to provider and RN

05/21/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Electronically signed by Willis, Stephen R, CMA at 5/21/2021 8:10 AM

Watridge, Penelope A, RN at 5/21/2021 0840

Left voice mail and sent e-care.

Electronically signed by Watridge, Penelope A, RN at 5/21/2021 8:40 AM

Willis, Stephen R, CMA at 5/21/2021 1222

Sent to provider

Electronically signed by Willis, Stephen R, CMA at 5/21/2021 12:22 PM

Messages

RE: Fall/Right Knee Pain

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	5/26/2021 9:04 AM

If Possible...Change Appointment on June 9th 1:20pm
Reschedule for June 2nd Morning, if possible..Open for any time slot
For: X-Ray and Lab Report
Please advise

Mom is doing well, good spirits, adjusting to home bed rest.
Eating well.

RE: Fall/Right Knee Pain

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/24/2021 3:07 PM

Last Read in MyChart
6/5/2024 5:48 AM by Hoffman, Jeanne Leonie

If Jeanne fell, it would be best to take her locally to be evaluated, rather than delay care.

William E Neighbor, MD

05/21/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

RE:Fall

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting Penelope A Watridge, RN)	5/21/2021 8:58 AM

doesn't seem to be any broken bone.
However, need that x-ray to determine extent.
BIFD Medic One wanted St Micheal's, in Silverdale....20min Dive...rather than Harborview 45min.
This complicate matters...in posting Charts to UW Charts. and access.
The fall could have been prevented.....nobody accept my professional expertise....ran out of funds to complete handrail. it just came apart.

Fall

From	To	Sent and Delivered
Penelope A Watridge, RN	Hoffman, Jeanne Leonie	5/21/2021 8:40 AM
Last Read in MyChart 5/21/2021 8:42 AM by Hoffman, Jeanne Leonie		

Good morning,
So sorry that this fall has happened. We will keep an eye on the electronic medical record for ER notes.
Take care.
Penny Watridge, BSN, RN
Hall Health Center
206 221-2517

Fall/Right Knee Pain

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/21/2021 7:32 AM

Mom fell this morning at 6:am do to banister/handrail failure.

First Examination:

1). Hip/Knee Bending 45 degree angle to floor, Left/Right motion ...OK
2). Tender touch from mid femur to knee exhibits pain...
3). Rotation of hip... OK

Possible fracture or patella dislocation or "ligament tear"
Experiencing pain in knee area.

05/21/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Preparing: For a Medivac or Medic-one Ferry Transport to Harborview.
Desk 206-780-6885 Txt:206-280-1287

05/21/2021 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

05/21/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen R, CMA at 5/21/2021 0809

Sent to provider

05/21/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Electronically signed by Willis, Stephen R, CMA at 5/21/2021 8:09 AM

Messages

RE: Edema Recovery

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/24/2021 3:06 PM

Last Read in MyChart
6/8/2021 8:52 AM by Hoffman, Jeanne Leonie

Thank you for the update.

William E Neighbor, MD

Edema Recovery

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/21/2021 7:06 AM

Treatment was started early, elevated leg and warm water soaking for 1/2 hour , applied Eucerin Dermatological cream to soften epidermis and surface epithelium of the skin drying & flaking removal.
Edema and infection symptoms rapid cleared.
Visual aspects look great and pain levels reduced to normal, walking mobility improving.

Louis KI7AGD
73

05/05/2021 - Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right in UWMC Vascular Diag Serv

Reason for Visit

Visit diagnoses:
- (primary)
- Right calf pain

Visit Information

Provider Information

Referring Provider
Neighbor Jr., William E, MD

Department

Name	Address	Phone
UWMC Vascular Diag Serv	1959 NE Pacific St, Box 356021 Seattle WA 98195	206-598-4449

Infection Status as of 5/5/2021

Infection	Onset	Added	Added By	Resolved	Resolved By
None active					
Resolved					
MRSA		07/27/19 0913	User: Kamangu, Carole Wapa	11/27/23 1135	Hamilton, Anne K, RN

Confirmed with Dr. Bothelo pt doesn't haven an active MRSA infection. Ok to resolve. AH UWMC ML IP

Medication List

Medication List

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Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
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Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

05/05/2021 - Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right in UWMC Vascular Diag Serv (continued)

Medication List (continued)

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
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Start date: 9/16/2020
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Refill: 3 refills by 9/16/2021

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Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
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Quantity: 90 tablet
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Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
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Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
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Entered on: 4/1/2021
Start date: 5/28/2020
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Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
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End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

05/05/2021 - Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right in UWMC Vascular Diag Serv (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Clinical Notes

Result Encounter Note

Neighbor Jr., William E, MD at 5/5/2021 1600

Jeanne and Louis:
Jeanne's ultrasound of the lower leg did not show any current clot. That is reassuring. The study was limited because of damage from previous vein issues and her current degree of tenderness.

Given this, it looks like the main issue is an infection similar to what she had in 2019 when she was also treated with Keflex (cephazolin). Keep her leg elevated and some warm but not hot compresses on it several times daily to increase blood flow and delivery of antibiotic. Expect that she should be much better without worsening by tomorrow. If not, it would be best for her to be seen in a local urgent care on Bainbridge. I am off on Fridays so would not be able to see her.

Good to see you both yesterday.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 5/6/2021 12:49 PM

Imaging

Imaging

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 05/05/21 1454**
Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Neighbor Jr., William E, MD 05/05/21 1454
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/05/21 1516 - 1 occurrence
Class: Ancillary Performed
Quantity: 1
Lab status: Final result
Instance released by: Manikkam, Nayantara M, PSS/PSR 5/5/2021 3:16 PM
Diagnoses
Right calf pain [M79.661]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	right lower leg calf pain and swelling. D dimer elevated. hx of DVT in distant past.

05/05/2021 - Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right in UWMC Vascular Diag Serv (continued)

Imaging (continued)

Scheduling Request:	Call Patient - STAT
Does the ordering provider want to track the referral?	No
Release Result to Patient	Immediate

Scheduling instructions
Your provider has ordered a vascular ultrasound exam to be performed. To schedule this appointment, please call the number listed above.

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right
Resulted: 05/06/21 1131, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 05/05/21 1516
Resulted by: Zierler, Robert Eugene, MD
Performed: 05/05/21 1642 - 05/05/21 1642
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 05/06/21 1133
Accession number: 30123792

Narrative:
D. E. STRANDNESS, JR. VASCULAR LABORATORY
University of Washington Medical Center
1959 NE Pacific Street
Seattle, WA 98195
206-598-4449

Accredited by the Intersocietal Accreditation Commission - Vascular Testing

EXAMINATION:
LOWER EXTREMITY VENOUS DUPLEX (RIGHT)
Venous duplex examination performed using B-mode, color flow, and Doppler spectral waveform assessment.

INDICATION:
This is a 96 year-old woman with a history of previous deep vein thrombosis. The patient presents with right calf pain and swelling.

PREVIOUS EXAMINATIONS:
01/22/2020 (no deep or superficial vein thrombosis in the right or left lower extremities)
Multiple previous exams

EQUIPMENT:
Philips Epiq 7

FINDINGS:

LOWER EXTREMITY VENOUS DUPLEX

RIGHT DEEP SYSTEM
Common Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Deep Femoral Vein: complete color filling, no intraluminal echoes

Main Femoral Vein Prox: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Mid: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Dist: Complete compressions, complete color filling, no intraluminal echoes

Popliteal Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Posterior Tibial Vein: Not visualized due to poor patient positioning and patient's inability to tolerate probe pressure
Peroneal Vein: Not visualized due to poor patient positioning and patient's inability to tolerate probe pressure

Gastrocnemius Veins: Complete compressions, no intraluminal echoes
Soleal Veins: Not visualized due to poor patient positioning and patient's inability to tolerate probe pressure

RIGHT SUPERFICIAL VENOUS SYSTEM
Great Saphenous Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes at the saphenofemoral junction.
Small Saphenous Vein: Not visualized due to poor patient positioning and patient's inability to tolerate probe pressure

LEFT DEEP SYSTEM

05/05/2021 - Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right in UWMC Vascular Diag Serv (continued)

Imaging (continued)

Common Femoral Vein: spontaneous and phasic flow, complete color filling, no intraluminal echoes

Erin Makhanov, RVT
Vascular Technologist

FINAL PHYSICIAN INTERPRETATION

RIGHT LOWER EXTREMITY VENOUS
- No deep vein thrombosis in the right lower extremity, where evaluated.
- The right posterior tibial, peroneal, and soleal veins are not visualized due to poor patient positioning and patient inability to tolerate probe pressure.
- No superficial vein thrombosis in the right lower extremity, where evaluated.
- The right small saphenous vein is not visualized.

I have personally reviewed the images and agree with the report (or as edited).
Acknowledged by: Neighbor Jr., William E, MD on 05/06/21 1249

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Right calf pain [M79.661 (ICD-10-CM)]

Signed

Electronically signed by Zierler, Robert Eugene, MD on 5/6/21 at 1131 PDT

Result Notes

William E Neighbor Jr., MD
5/6/2021 12:49 PM PDT

Jeanne and Louis:
Jeanne's ultrasound of the lower leg did not show any current clot. That is reassuring. The study was limited because of damage from previous vein issues and her current degree of tenderness.

Given this, it looks like the main issue is an infection similar to what she had in 2019 when she was also treated with Keflex (cephazolin). Keep her leg elevated and some warm but not hot compresses on it several times daily to increase blood flow and delivery of antibiotic. Expect that she should be much better without worsening by tomorrow. If not, it would be best for her to be seen in a local urgent care on Bainbridge. I am off on Fridays so would not be able to see her.

Good to see you both yesterday.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 5/6/2021 12:49

Flowsheets

LACE+ Score

Row Name	05/06/21 0404
LACE+ Score	2

05/05/2021 - Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right in UWMC Vascular Diag Serv (continued)

Flowsheets (continued)

Care Plan

Active

Problem: Patient/Family Stated Goals

Dates: Start: 05/05/21
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Shift

Dates: Start: 05/05/21
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Admission

Dates: Start: 05/05/21
Disciplines: Interdisciplinary

05/05/2021 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Wound Care
Visit diagnoses:

- Right calf pain (primary)
- Cellulitis of right lower extremity

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

End date: 3/8/2025 Informant: Patient Reported

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD Ordered on: 6/19/2020
Start date: 6/19/2020 End date: 6/19/2021
Quantity: 2 each Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/16/2020
Start date: 9/16/2020 End date: 10/13/2021
Quantity: 45 tablet Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/16/2020
Start date: 9/16/2020 End date: 10/13/2021
Quantity: 90 tablet Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD Ordered on: 10/21/2020
Start date: 10/21/2020 End date: 10/13/2021
Quantity: 30 tablet Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD Ordered on: 10/21/2020
Start date: 10/21/2020 End date: 12/9/2021
Quantity: 10 mL Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA Entered on: 4/1/2021
Start date: 5/28/2020 End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA Entered on: 4/1/2021
Start date: 5/28/2020 End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD Ordered on: 5/5/2021
Start date: 5/5/2021 End date: 3/28/2023

Medication List (continued)

Quantity: 28 capsule — Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 5/5/2021 1540

Jeanne Leonie Hoffman is a 96 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Wound Care

Right lower leg swelling, redness and pain
Patient with history of DVT and venous disease of lower legs who was taken off of anticoagulation three years ago due to lack of recurrence and risk of bleeding due to age, fall, and med compliance. She has chronic ulcers in lower legs to to arterial and venous insufficiency. She lives with son on Bainbridge Island in Community housing. Wound care has been at Northwest though no recent visits. Son has been changing the dressings.

He reports that 5 days ago she developed redness over the dorsum of the right foot and then pain in the lower leg and calf with swelling. Seen in local urgent care but no labs or studies were done. Comes in today for further eval. No general fever or chills. No shortness of breath.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

• Adult failure to thrive syndrome [R62.7]	10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

• Unspecified vitamin B deficiency [E53.9]	05/01/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic [IMO0001] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9] 10/10/2019
- Primary open angle glaucoma (POAG) of both eyes 10/10/2019

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

[H40.1130]
- Fall [W19.XXXA] 09/03/2019
- Acute blood loss anaemia [D62] 08/11/2019
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019
- Chronic venous hypertension with ulcer, bilateral [IMO0001] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Venous ulcer of left leg (HCC) [I83.029, L97.929] 06/07/2018
- Normocytic anemia [D64.9] 06/07/2018
- Severe protein-calorie malnutrition (HCC) [E43] 06/07/2018
- Urge urinary incontinence [N39.41] 06/07/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323] 05/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223] 05/17/2018
- Chronic venous hypertension with ulcer and inflammation, left [I87.332, L97.929] 05/17/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Outpatient Medications Marked as Taking for the 5/5/21 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

• acetaminophen-codeine 300-15 MG tablet	One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.	30 tablet	0
• acetaminophen-codeine 300-30 MG tablet	See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet		
• atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• cholecalciferol 25 MCG (1000 UT) tablet	2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01		
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.		
• MULTIPLE VITAMIN OR	Take by mouth.		
• naloxone (Narcan) 4 MG/0.1ML nasal spray	Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.	2 each	0
• pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use	10 mL	6

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never Smoker

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No

Objective:
BP (!) 165/76 | Pulse 79 | Temp 36.2 °C (Tympanic)
Estimated body mass index is 18.74 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/5/20: 51.1 kg (112 lb 9.6 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 165/76	79	---	---	---	12:04 PM	5/5/2021

Last blood pressure recorded in this encounter: **(!) 165/76**
General: NAD
Left lower leg shows Grade 3 healing deep ulcers with healthy appearing tissue lateral lower leg and medail malleolus. These are similar to what she has had in the past.

Right lower leg. On the positive side, the ulcerations have completely healed. However she has redness over the lateral dorsum of the foot with tenderness. Some redness between toes. No discharge. She is tender over the pretibial area and calf. There is no venous engorgement.

Lab and other tests:
Office Visit on 05/05/21
1. CBC with Diff

Result	Value	Ref Range
WBC	6.86	4.3 - 10.0 10*3/uL
RBC	3.60 (L)	3.80 - 5.00 10*6/uL
Hemoglobin	10.5 (L)	11.5 - 15.5 g/dL
Hematocrit	33 (L)	36 - 45 %
MCV	92	81 - 98 fL
MCH	29.2	27.3 - 33.6 pg
MCHC	31.7 (L)	32.2 - 36.5 g/dL
Platelet Count	468 (H)	150 - 400 10*3/uL
RDW-CV	15.8 (H)	11.6 - 14.4 %
% Neutrophils	61	%
% Lymphocytes	23	%
% Monocytes	11	%
% Eosinophils	3	%
% Basophils	1	%
% Immature Granulocytes	1	%
Neutrophils	4.24	1.80 - 7.00 10*3/uL
Absolute Lymphocyte Count	1.56	1.00 - 4.80 10*3/uL
Monocytes	0.72	0.00 - 0.80 10*3/uL
Absolute Eosinophil Count	0.22	0.00 - 0.50 10*3/uL
Basophils	0.04	0.00 - 0.20 10*3/uL
Immature Granulocytes	0.08 (H)	0.00 - 0.05 10*3/uL
Nucleated RBC	0.00	0.00 10*3/uL
% Nucleated RBC	0	%

Hospital Encounter on 05/05/21
2. Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right
Narrative

D. E. STRANDNESS, JR. VASCULAR LABORATORY
University of Washington Medical Center
1959 NE Pacific Street
Seattle, WA 98195
206-598-4449

Accredited by the Intersocietal Accreditation Commission - Vascular Testing

EXAMINATION:
LOWER EXTREMITY VENOUS DUPLEX (RIGHT)
Venous duplex examination performed using B-mode, color flow, and Doppler spectral waveform assessment.

INDICATION:
This is a 96 year old woman with a history of prior deep vein thrombosis. The patient presents with right calf pain and swelling.

PREVIOUS EXAMINATIONS:
01/22/2020
Multiple previous exams

EQUIPMENT:
Philips Epiq 7

FINDINGS:
LOWER EXTREMITY VENOUS DUPLEX

RIGHT DEEP SYSTEM
Common Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Deep Femoral Vein: complete color filling, no intraluminal echoes

Main Femoral Vein Prox: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Mid: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Dist: Complete compressions, complete color filling, no intraluminal echoes

Popliteal Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Posterior Tibial Vein: Not visualized due to poor patient positioning and patient's inability to tolerate probe pressure
Peroneal Vein: Not visualized due to poor patient positioning and patient's inability to tolerate probe pressure

Gastrocnemius Veins: Complete compressions, no intraluminal echoes
Soleal Veins: Not visualized due to poor patient positioning and patient's inability to tolerate probe pressure

RIGHT SUPERFICIAL VENOUS SYSTEM
Great Saphenous Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes at the saphenofemoral junction.

Small Saphenous Vein: Not visualized due to poor patient positioning and patient's inability to tolerate probe pressure

LEFT DEEP SYSTEM
Common Femoral Vein: spontaneous and phasic flow, complete color filling, no intraluminal echoes

Impression
PRELIMINARY TECHNOLOGIST IMPRESSION:

1. RIGHT LOWER EXTREMITY VENOUS
- No deep vein thrombosis in the right lower extremity, where visualized. The posterior tibial, peroneal, and soleal veins were not visualized due to poor patient positioning and patient's inability to tolerate probe pressure.
- No superficial vein thrombosis in the right lower extremity, where evaluated. The small saphenous vein was not visualized due to poor patient positioning and patient's inability to tolerate probe pressure.

Erin Makhanov, RVT
Vascular Technologist

FINAL PHYSICIAN INTERPRETATION

Pending

Orders Only on 05/05/21
3. D-Dimer, Quant

Result	Value	Ref Range
D_Dimer, Quant	1.43 (H)	0.00 - 0.59 ug[FEU]/mL

Assessment and Plan:

1. Right calf pain
New calf pain and lower leg swelling in patient with hx of arterial and venous disease of lower extremities who has not been on anticoagulation due to bleeding risk. D Dimer is elevated. Oxygen level normal and no shortness of breath. Rule out new DVT.
Plan:
Today
- Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right; Future

2. Cellulitis of right lower extremity
Clear cellulitis of the right foot. She had infection of the same foot 2019 which responded to outpatient cephalexin.
Plan:
- cephalexin (Keflex) 500 MG capsule; Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. Dispense: 28 capsule; Refill: 0
- elevation and warm compresses
--Expect improvement without worsening in two days. If not follow up in local urgent care.

Chronic arterial and venous insufficiency
Strongly encourage son to make appointment for follow up at Northwest Wound Care clinic.

William E Neighbor, MD
Clinical Professor

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 5/5/2021 6:10 PM

Labs

CBC with Diff (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 05/05/21 1235** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 05/05/21 1235
Authorized by: Neighbor Jr., William E, MD
Frequency: STAT 05/05/21 -
Quantity: 1
Diagnoses
Right calf pain [M79.661]
Ordering provider: Neighbor Jr., William E, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W1592607	Blood	—	3355 05/05/21 1238

CBC with Diff (Abnormal) Resulted: 05/05/21 1348, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 05/05/21 1235
Filed by: Uw Lab Results Interface, User 05/05/21 1348
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 05/05/21 1828
Order status: Completed
Collected by: 3355 05/05/21 1238

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.86	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.60	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.5	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	33	36 - 45 %	L	UWMC
MCV	92	81 - 98 fL	—	UWMC
MCH	29.2	27.3 - 33.6 pg	—	UWMC
MCHC	31.7	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	468	150 - 400 10*3/uL	H	UWMC
RDW-CV	15.8	11.6 - 14.4 %	H	UWMC
% Neutrophils	61	%	—	UWMC
% Lymphocytes	23	%	—	UWMC
% Monocytes	11	%	—	UWMC
% Eosinophils	3	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	1	%	—	UWMC
Neutrophils	4.24	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.56	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.72	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.22	0.00 - 0.50 10*3/uL	—	UWMC

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Basophils	0.04	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.08	0.00 - 0.05 10*3/uL	H	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	02/13/20 0811 - 08/18/21 1029

Indications

Right calf pain [M79.661 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 5/5/2021 18:28

D-Dimer, Quant (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 05/05/21 1235** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 05/05/21 1235 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine 05/05/21 - Class: Lab Collect
Quantity: 1
Diagnoses
Right calf pain [M79.661]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Right calf pain [M79.661 (ICD-10-CM)]

D-Dimer, Quant (Abnormal) Resulted: 05/05/21 1356, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 05/05/21 1238 Order status: Completed
Filed by: Uw Lab Results Interface, User 05/05/21 1357 Collected by: 05/05/21 1238
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 05/05/21 1829
Pearson, Terri Jeanne, CMA on 05/21/21 0953

Components

Component	Value	Reference Range	Flag	Lab
D_Dimer, Quant	1.43	0.00 - 0.59 ug{FEU}/mL	H	UWMC

Comment:
Quantitative D-Dimer levels less than 0.5 mcg/mL FEU can be used to exclude a diagnosis of pulmonary embolism or proximal DVT in the setting of low and moderate pretest probability. A negative result does not exclude the possibility of thrombosis, especially if pretest probability is high.

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	02/13/20 0811 - 08/18/21 1029

Indications

Right calf pain [M79.661 (ICD-10-CM)]

Imaging

Imaging

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 05/05/21 1454** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 05/05/21 1454
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/05/21 -
Class: Ancillary Performed
Quantity: 1
Diagnoses
Right calf pain [M79.661]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	right lower leg calf pain and swelling. D dimer elevated. hx of DVT in distant past.
Scheduling Request:	Call Patient - STAT
Does the ordering provider want to track the referral?	No
Release Result to Patient	Immediate

Scheduling instructions
Your provider has ordered a vascular ultrasound exam to be performed. To schedule this appointment, please call the number listed above.

Indications

Right calf pain [M79.661 (ICD-10-CM)]

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right Resulted: 05/06/21 1131, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 05/05/21 1516
Order status: Completed
Resulted by: Zierler, Robert Eugene, MD
Filed by: Interface, Radiology Results In 05/06/21 1133
Performed: 05/05/21 1642 - 05/05/21 1642
Accession number: 30123792
Resulting lab: UW RADIOLOGY
Narrative:

D. E. STRANDNESS, JR. VASCULAR LABORATORY
University of Washington Medical Center
1959 NE Pacific Street
Seattle, WA 98195
206-598-4449

Accredited by the Intersocietal Accreditation Commission - Vascular Testing

EXAMINATION:
LOWER EXTREMITY VENOUS DUPLEX (RIGHT)
Venous duplex examination performed using B-mode, color flow, and Doppler spectral waveform assessment.

INDICATION:

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Imaging (continued)

This is a 96 year-old woman with a history of previous deep vein thrombosis. The patient presents with right calf pain and swelling.

PREVIOUS EXAMINATIONS:
01/22/2020 (no deep or superficial vein thrombosis in the right or left lower extremities)
Multiple previous exams

EQUIPMENT:
Philips Epiq 7

FINDINGS:

LOWER EXTREMITY VENOUS DUPLEX

RIGHT DEEP SYSTEM
Common Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Deep Femoral Vein: complete color filling, no intraluminal echoes

Main Femoral Vein Prox: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Mid: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Dist: Complete compressions, complete color filling, no intraluminal echoes

Popliteal Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Posterior Tibial Vein: Not visualized due to poor patient positioning and patient's inability to tolerate probe pressure
Peroneal Vein: Not visualized due to poor patient positioning and patient's inability to tolerate probe pressure

Gastrocnemius Veins: Complete compressions, no intraluminal echoes
Soleal Veins: Not visualized due to poor patient positioning and patient's inability to tolerate probe pressure

RIGHT SUPERFICIAL VENOUS SYSTEM
Great Saphenous Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes at the saphenofemoral junction.
Small Saphenous Vein: Not visualized due to poor patient positioning and patient's inability to tolerate probe pressure

LEFT DEEP SYSTEM
Common Femoral Vein: spontaneous and phasic flow, complete color filling, no intraluminal echoes

Erin Makhanov, RVT
Vascular Technologist

FINAL PHYSICIAN INTERPRETATION

RIGHT LOWER EXTREMITY VENOUS
- No deep vein thrombosis in the right lower extremity, where evaluated.
- The right posterior tibial, peroneal, and soleal veins are not visualized due to poor patient positioning and patient inability to tolerate probe pressure.
- No superficial vein thrombosis in the right lower extremity, where evaluated.
- The right small saphenous vein is not visualized.

I have personally reviewed the images and agree with the report (or as edited).
Acknowledged by: Neighbor Jr., William E, MD on 05/06/21 1249

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Right calf pain [M79.661 (ICD-10-CM)]

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Imaging (continued)

Signed

Electronically signed by Zierler, Robert Eugene, MD on 5/6/21 at 1131 PDT

Result Notes

William E Neighbor Jr., MD
5/6/2021 12:49 PM PDT

Jeanne and Louis:
Jeanne's ultrasound of the lower leg did not show any current clot. That is reassuring. The study was limited because of damage from previous vein issues and her current degree of tenderness.

Given this, it looks like the main issue is an infection similar to what she had in 2019 when she was also treated with Keflex (cephazolin). Keep her leg elevated and some warm but not hot compresses on it several times daily to increase blood flow and delivery of antibiotic. Expect that she should be much better without worsening by tomorrow. If not, it would be best for her to be seen in a local urgent care on Bainbridge. I am off on Fridays so would not be able to see her.

Good to see you both yesterday.

William E Neighbor, MD

Other Orders

Medications

cephalexin (Keflex) 500 MG capsule (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 05/05/21 1255** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 05/05/21 1255 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine QID 05/05/21 - 7 days Class: Normal
Released by: Neighbor Jr., William E, MD 05/05/21 1255 Discontinued by: Neighbor Jr., William E, MD 05/05/21 1256
Diagnoses
Cellulitis of right lower extremity [L03.115]
Admin instructions: For 7 days.
Medication comments: Took Kelfex in 2019 twice for cellulitis without reaction. Confirmed patient does not have hx of penicillin anaphylaxis
Reordered from: cephalexin (KEFLEX) 500 MG Oral Capsule

Indications

Cellulitis of right lower extremity [L03.115 (ICD-10-CM)]

cephalexin (Keflex) 500 MG capsule (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 05/05/21 1256** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 05/05/21 1256 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Routine QID 05/05/21 - 7 days Class: Normal
Discontinued by: Neighbor Jr., William E, MD 03/28/23 1016 [Reorder]
Diagnoses
Cellulitis of right lower extremity [L03.115]
Medication comments: Took Kelfex in 2019 twice for cellulitis without reaction. Confirmed patient does not have hx of penicillin anaphylaxis
Status
Harwell, Heather L, Pharmacy Technician 05/05/21 1307 (Admin Instructions edited)
Modified from: cephalexin (Keflex) 500 MG capsule

Indications

Cellulitis of right lower extremity [L03.115 (ICD-10-CM)]

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Referral

Referral to Vascular Medicine (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 05/05/21 1436** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 05/05/21 1436
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/05/21 -
Class: Internal Referral
Quantity: 1
Discontinued by: Neighbor Jr., William E, MD 05/05/21 1448
Diagnoses
Right calf pain [M79.661]

Questionnaire

Question	Answer
Does the ordering provider want to track the referral?	No

Scheduling instructions
Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare This referral for consultation or procedure grants authorization to perform diagnostic or other services required. REASON FOR REFERRAL: CARDIOVASCULAR EVALUATION I am referring this 96 year old year old female for evaluation for right calf DVT Referral to a Specific Provider:No My clinical question is: does this patient have a new DVT. Follow-Up Plan: Please let me know what aspects of this patient's ongoing care that I can co-manage with you.

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Right calf pain	**Uwmc Nw Heart Institute** 1536 N 115 St, STE 200 SEATTLE WA 98133 Phone: 206-363-1004 Fax: 206-363-3548	Specialty Visit	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare This referral for consultation or procedure grants authorization to perform diagnostic or other services required.

REASON FOR REFERRAL:
CARDIOVASCULAR EVALUATION

I am referring this 96 year old year old female for evaluation for right calf DVT
Referral to a Specific Provider:No
My clinical question is: does this patient have a new DVT.
Follow-Up Plan: Please let me know what aspects of this patient's ongoing care that I can co-manage with you.

Indications

Right calf pain [M79.661 (ICD-10-CM)]

Flowsheets

Custom Formula Data

Row Name	05/05/21 1204
Temp (in Celsius) for APACHE IV	36.2

Vital Data

Row Name	05/05/21 1204
BP	**165/76** !
BP Cuff Size	Regular

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Flowsheets (continued)

BP Position	Sitting
Temp	36.2 °C
Temp src	Tympanic
Pulse	79
SpO2	97 %

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 5/5/2021 3:40 PM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today

See your updated medication list for details.

Pick up these medications at SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

cephalexin

Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
Phone: 206-842-0127

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right

Scheduled for 5/5/2021

What's Next

You currently have no upcoming appointments scheduled.

Your Test Results

Test results will appear in your MyChart account as soon as they are available. This means that you may see your results before your health care provider has reviewed them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their provider's office contacts them. Your provider will contact you to discuss significant results. If you have not heard from your provider within three days, or if you have an immediate concern, please contact your provider's office.

Today's Visit

You saw William E Neighbor, MD on Wednesday May 5, 2021. The following issues were addressed: Right calf pain and Cellulitis of right lower extremity.

Blood Pressure 165/76	Temperature (Tympanic) 97.2 °F
Pulse 79	Oxygen Saturation 97%

Done Today

CBC with Diff for Right calf pain
D-Dimer, Quant for Right calf pain

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Your Medication List as of May 5, 2021 5:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

	acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
	* **acetaminophen-codeine** 300-30 MG tablet Commonly known as: Tylenol with Codeine #3	See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
	* **acetaminophen-codeine** 300-15 MG tablet Commonly known as: Tylenol with Codeine #2	One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
	Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
	atorvastatin 20 MG tablet Commonly known as: Lipitor	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
	calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
CHANGE	**cephalexin** 500 MG capsule Commonly known as: Keflex Changed by: William E Neighbor, MD	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. What changed: **additional instructions**
	* **cholecalciferol** 25 MCG (1000 UT) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 Units) by mouth daily.
	* **cholecalciferol** 25 MCG (1000 UT) tablet Commonly known as: Vitamin D-3	2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
	MULTIPLE VITAMIN OR	Take by mouth.
	Narcan 4 MG/0.1ML nasal spray Generic drug: naloxone	Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
	pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
	timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

*** This list has 4 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Results

CBC with Diff

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Results (continued)

Component	Value	Standard Range & Units
WBC	6.86	4.3 - 10.0 10*3/uL
RBC	3.60	3.80 - 5.00 10*6/uL
Hemoglobin	10.5	11.5 - 15.5 g/dL
Hematocrit	33	36 - 45 %
MCV	92	81 - 98 fL
MCH	29.2	27.3 - 33.6 pg
MCHC	31.7	32.2 - 36.5 g/dL
Platelet Count	468	150 - 400 10*3/uL
RDW-CV	15.8	11.6 - 14.4 %
% Neutrophils	61	%
% Lymphocytes	23	%
% Monocytes	11	%
% Eosinophils	3	%
% Basophils	1	%
% Immature Granulocytes	1	%
Neutrophils	4.24	1.80 - 7.00 10*3/uL
Absolute Lymphocyte Count	1.56	1.00 - 4.80 10*3/uL
Monocytes	0.72	0.00 - 0.80 10*3/uL
Absolute Eosinophil Count	0.22	0.00 - 0.50 10*3/uL
Basophils	0.04	0.00 - 0.20 10*3/uL
Immature Granulocytes	0.08	0.00 - 0.05 10*3/uL
Nucleated RBC	0.00	0.00 10*3/uL
% Nucleated RBC	0	%

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

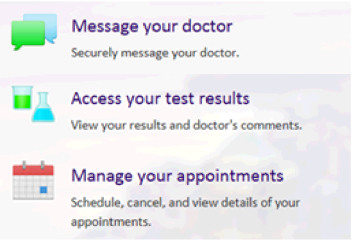
A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!



To Set Up Your Account:

Request an activation code at mychart.uwmedicine.org

Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

Messages

visit summary

From	To	Sent and Delivered
William E Neighbor Jr., MD Last Read in MyChart	Hoffman, Jeanne Leonie	5/5/2021 6:10 PM

Messages (continued)

5/21/2021 7:06 AM by Hoffman, Jeanne Leonie

Jeanne: Below is a summary of your visit.

Assessment and Plan:
1. Right calf pain
New calf pain and lower leg swelling in patient with hx of arterial and venous disease of lower extremities who has not been on anticoagulation due to bleeding risk. D Dimer is elevated. Oxygen level normal and no shortness of breath. Rule out new DVT.
Plan:
Today
- Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right; Future

2. Cellulitis of right lower extremity
Clear cellulitis of the right foot. She had infection of the same foot 2019 which responded to outpatient cephalexin.
Plan:
- cephalexin (Keflex) 500 MG capsule; Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. Dispense: 28 capsule; Refill: 0
- elevation and warm compresses
--Expect improvement without worsening in two days. If not follow up in local urgent care.

Chronic arterial and venous insufficiency
Strongly encourage son to make appointment for follow up at Northwest Wound Care clinic.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 5/5/2021 5:59 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 5/5/2021 3:40 PM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today
See your updated medication list for details.

Pick up these medications at SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110
cephalexin
Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
Phone: 206-842-0127

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right
Scheduled for 5/5/2021

What's Next

You currently have no upcoming appointments scheduled.

Your Test Results

Test results will appear in your MyChart account as soon as they are available. This means that you may see your results before your health care provider has reviewed them. Some results may be difficult to interpret or understand on your own. Sometimes results may show a serious disease. Many patients look up their results immediately while others may prefer to wait until their provider's office contacts them. Your provider will contact you to discuss significant results. If you have not heard from your provider within three days, or if you have an immediate concern, please contact your provider's office.

Today's Visit

You saw William E Neighbor, MD on Wednesday May 5, 2021. The following issues were addressed: Right calf pain and Cellulitis of right lower extremity.

Blood Pressure 165/76	Temperature (Tympanic) 97.2 °F
Pulse 79	Oxygen Saturation 97%

Done Today

CBC with Diff for Right calf pain
D-Dimer, Quant for Right calf pain

MyChart Sign-Up

View your After Visit Summary and more online at https://mychart.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 5/5/21 5:59 PM

Page 1 of 4 Epic

Your Medication List as of May 5, 2021 5:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

	acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
	* **acetaminophen-codeine** 300-30 MG tablet Commonly known as: Tylenol with Codeine #3	See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
	* **acetaminophen-codeine** 300-15 MG tablet Commonly known as: Tylenol with Codeine #2	One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
	Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
	atorvastatin 20 MG tablet Commonly known as: Lipitor	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
	calcium carbonate 500 MG chewable tablet Commonly known as: Tums	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
CHANGE	**cephalexin** 500 MG capsule Commonly known as: Keflex Changed by: William E Neighbor, MD	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. What changed: **additional instructions**
	* **cholecalciferol** 25 MCG (1000 UT) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 Units) by mouth daily.
	* **cholecalciferol** 25 MCG (1000 UT) tablet Commonly known as: Vitamin D-3	2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
	MULTIPLE VITAMIN OR	Take by mouth.
	Narcan 4 MG/0.1ML nasal spray Generic drug: naloxone	Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
	pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
	timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

*** This list has 4 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Results

CBC with Diff

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Results (continued)

Component	Value	Standard Range & Units
WBC	6.86	4.3 - 10.0 10*3/uL
RBC	3.60	3.80 - 5.00 10*6/uL
Hemoglobin	10.5	11.5 - 15.5 g/dL
Hematocrit	33	36 - 45 %
MCV	92	81 - 98 fL
MCH	29.2	27.3 - 33.6 pg
MCHC	31.7	32.2 - 36.5 g/dL
Platelet Count	468	150 - 400 10*3/uL
RDW-CV	15.8	11.6 - 14.4 %
% Neutrophils	61	%
% Lymphocytes	23	%
% Monocytes	11	%
% Eosinophils	3	%
% Basophils	1	%
% Immature Granulocytes	1	%
Neutrophils	4.24	1.80 - 7.00 10*3/uL
Absolute Lymphocyte Count	1.56	1.00 - 4.80 10*3/uL
Monocytes	0.72	0.00 - 0.80 10*3/uL
Absolute Eosinophil Count	0.22	0.00 - 0.50 10*3/uL
Basophils	0.04	0.00 - 0.20 10*3/uL
Immature Granulocytes	0.08	0.00 - 0.05 10*3/uL
Nucleated RBC	0.00	0.00 10*3/uL
% Nucleated RBC	0	%

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-280-1287 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

05/05/2021 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

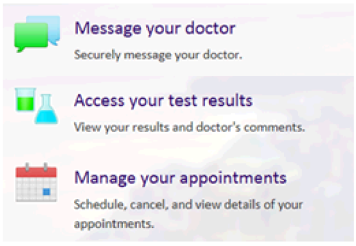
A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use MyChart to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for MyChart today. It's the best way to communicate with your care team!



To Set Up Your Account:

Request an activation code at mychart.uwmedicine.org

Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

05/05/2021 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- Right calf pain

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.

05/05/2021 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 6/19/2020
Quantity: 2 each
Ordered on: 6/19/2020
End date: 6/19/2021
Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Start date: 9/16/2020
Quantity: 45 tablet
Ordered on: 9/16/2020
End date: 10/13/2021
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Start date: 9/16/2020
Quantity: 90 tablet
Ordered on: 9/16/2020
End date: 10/13/2021
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Start date: 10/21/2020
Quantity: 30 tablet
Ordered on: 10/21/2020
End date: 10/13/2021
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Start date: 10/21/2020
Quantity: 10 mL
Ordered on: 10/21/2020
End date: 12/9/2021
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Start date: 5/28/2020
Entered on: 4/1/2021
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Start date: 5/28/2020
Entered on: 4/1/2021
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Start date: 5/5/2021
Quantity: 28 capsule
Ordered on: 5/5/2021
End date: 3/28/2023
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

05/05/2021 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Labs

D-Dimer, Quant (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 05/05/21 1235** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 05/05/21 1235
Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/05/21 -
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Puloka, Margaret E, Technologist 5/5/2021 12:38 PM
Diagnoses
Right calf pain [M79.661]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W1592651	Blood	—	05/05/21 1238

D-Dimer, Quant (Abnormal) Resulted: 05/05/21 1356, Result status: Final result

Ordering provider: Neighbor Jr., William E, MD 05/05/21 1238
Order status: Completed
Filed by: Uw Lab Results Interface, User 05/05/21 1357
Collected by: 05/05/21 1238
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 05/05/21 1829
Pearson, Terri Jeanne, CMA on 05/21/21 0953

Components

Component	Value	Reference Range	Flag	Lab
D_Dimer, Quant	1.43	0.00 - 0.59 ug{FEU}/mL	H	UWMC

Comment:
Quantitative D-Dimer levels less than 0.5 mcg/mL FEU can be used to exclude a diagnosis of pulmonary embolism or proximal DVT in the setting of low and moderate pretest probability. A negative result does not exclude the possibility of thrombosis, especially if pretest probability is high.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	02/13/20 0811 - 08/18/21 1029

Indications

Right calf pain [M79.661 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 5/5/2021 18:29

05/05/2021 - Pharmacy Visit in Rubenstein Pharmacy

Visit Information

Department

Name	Address	Phone	Fax
Rubenstein Pharmacy	105 Hall Health, Box 354410 Seattle WA 98195-0001	206-685-1021	206-685-9990

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

04/30/2021 - Patient Web Update in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

atorvastatin 20 MG tablet

04/30/2021 - Patient Web Update in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cephalexin (Keflex) 500 MG capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/28/2023
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/5/2021
Start date: 5/5/2021
End date: 3/28/2023
Quantity: 28 capsule
Refill: Partial refill of 24 capsules by 5/5/2022

Stopped in Visit

None

Messages

04/30/2021 - Patient Web Update in Husky Health Primary Care Clinic (continued)

Messages (continued)

RE: Appointment Request

From	To	Sent and Delivered
Jeanette R Abdon, PSS/PSR	Hoffman, Jeanne Leonie	4/30/2021 2:58 PM

Last Read in MyChart
4/30/2021 6:34 PM by Hoffman, Jeanne Leonie

Hello Jeane

Thank you for your ecare appointment request. I have scheduled you for the following:

Appointment Date: 5/5/2021
Appointment Time: 3:40 pm
Provider: Dr. Neighbor
Location: Hall Health Center

Please arrive 10-15 minutes prior to your appointment time for check-in. Please be prepared to show your photo ID and insurance information. As a reminder, appointments that are cancelled late or no showed may result in a fee.

We are asking that all patients entering the building to have a mask on. We are also requiring that any friends, family etc... wait outside (except for care givers or children) as we are limiting entry to our facility to patients only

Thank you
Hall Health Clinic

04/01/2021 - Orders Only in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Toshmurodova, Parizoda, CMA

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

04/01/2021 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA
Entered on: 4/1/2021
Start date: 5/28/2020
End date: 10/13/2021

Stopped in Visit

None

04/01/2021 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

04/01/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/19/2020
Start date: 6/19/2020 — End date: 6/19/2021
Quantity: 2 each — Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 45 tablet — Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 90 tablet — Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 10/13/2021
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 12/9/2021
Quantity: 10 mL — Refill: 6 refills by 10/21/2021

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions:
See Instructions, PRN as needed for pain, 0 Refills, Take 0.5 - 1 tablet twice daily as needed for pain, 05/28/20 12:51:43, Tablet
Entered by: Toshmurodova, Parizoda, CMA — Entered on: 4/1/2021
Start date: 5/28/2020 — End date: 10/13/2021

cholecalciferol 25 MCG (1000 UT) tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions:
2,000 units = 2 tab, PO, Daily, 60 tab, 0 Refills, 05/28/20 12:50:01
Entered by: Toshmurodova, Parizoda, CMA — Entered on: 4/1/2021
Start date: 5/28/2020 — End date: 10/13/2021

Stopped in Visit

None

Messages

04/01/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Healing Wounds

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/1/2021 11:38 AM

Please be advised that:
1). Right leg has healed.
2). Left leg is healing rapidly.

Expect total healing, by end of May or sooner.
General health and life outlook, has improved.
Living conditions, still an issue, causing extreme sadness and depression.
Do to isolation, loss of friendships and non existing social activities.
Housing is contribution to poor out look, do to Residents/Neighbors being mentally incompetent and one room is to small to support 2 adults with life ambitions being unattainable do to stigma of hopelessness.

Have a wonderful day.
See you soon for Physical check.

03/30/2021 - Appointment in Covid-19 Testing Site at UWMC - Northwest

Visit Information

Appointment Information

PREOP COVID-19 PCR **No Show**
3/30/2021 3:10 PM

Time	Provider	Department	Length
3:10 PM	UWMC NW MAIN C19 PATIENT TESTING	ZZUWMC NW COVID 19 TEST SITE	5 min

Enc Form Number: 42327157

Notes:
Walk Up. Patient may arrive earlier due to Ferry Schedule
UW School of Dentistry

History

Rescheduled:	3/27/2021 11:50 AM	By:	Yu, Constance, PSS/PSR	ES
Change Notes:	3/27/2021 11:50 AM	By:	Yu, Constance, PSS/PSR	ES
EOD Status:	4/3/2021 9:34 PM	By:	Uw Epaa, User	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

03/27/2021 - Orders Only in Covid-19 Testing Site at UWMC - Northwest

Reason for Visit

Visit diagnoses:

- (primary)
- Contact with and (suspected) exposure to covid-19
- Encounter for preprocedural laboratory examination

Visit Information

Provider Information

Encounter Provider

Hei, Thomas Kou, MD

Department

Name	Address	Phone	Fax
Covid-19 Testing Site at UWMC - Northwest	1530 N 115TH ST Seattle WA 98133-4211	206-520-8700	206-668-1131

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021

03/27/2021 - Orders Only in Covid-19 Testing Site at UWMC - Northwest (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Labs

COVID-19 PCR (Normal Status: in clinic/drive-thru site/Pre-Op) (Discontinued)

Electronically signed by: **Chacko, Niya K, RN on 03/27/21 1512**
Status: **Discontinued**
Ordering user: Chacko, Niya K, RN 03/27/21 1512
Ordering provider: Hei, Thomas Kou, MD
Authorized by: Hei, Thomas Kou, MD
Ordering mode: Standard
Frequency: Routine 03/27/21 -
Class: Clinic Collect
Quantity: 1
Discontinued by: Uw Lab Results Interface, User 05/26/21 0034 [Auto-canceled. Patient no show and/or specimen not received within 60 days.]

03/27/2021 - Orders Only in Covid-19 Testing Site at UWMC - Northwest (continued)

Labs (continued)

Diagnoses
Contact with and (suspected) exposure to covid-19 [Z20.822]
Encounter for preprocedural laboratory examination [Z01.812]

Questionnaire

Question	Answer
Specimen Type?	Nasopharyngeal Swab

Order comments: ** DO NOT send in Tube System **

Specimen Information

ID	Type	Source	Collected By
S1315569	Nasopharyngeal Swab	—	03/27/21 1512

Indications

Contact with and (suspected) exposure to covid-19 [Z20.822 (ICD-10-CM)]
Encounter for preprocedural laboratory examination [Z01.812 (ICD-10-CM)]

02/28/2021 - Immunization in Harborview Medical Center - COVID 19 Vaccine Clinic

Reason for Visit

Visit diagnosis: High priority for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccination

Visit Information

Department

Name	Address
Harborview Medical Center - COVID 19 Vaccine Clinic	319 TERRY AVE Seattle WA 98104

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

02/28/2021 - Immunization in Harborview Medical Center - COVID 19 Vaccine Clinic (continued)

Medication List (continued)

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 6/19/2020
Start date: 6/19/2020 | End date: 6/19/2021
Quantity: 2 each | Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD | Ordered on: 9/16/2020
Start date: 9/16/2020 | End date: 10/13/2021
Quantity: 45 tablet | Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 9/16/2020
Start date: 9/16/2020 | End date: 10/13/2021
Quantity: 90 tablet | Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 10/21/2020
Start date: 10/21/2020 | End date: 10/13/2021
Quantity: 30 tablet | Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD | Ordered on: 10/21/2020
Start date: 10/21/2020 | End date: 12/9/2021
Quantity: 10 mL | Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Immunizations Given

Immunization	Date
COVID-19 Pfizer mRNA monovalent 12 yrs and older	02/28/2021

Other Orders

Immunization/Injection

PFIZER SARS-COV-2 VACCINE 2ND DOSE APPT (Completed)

Electronically signed by: **Wilhelm, Amanda E, MSW on 02/11/21 1216** | Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Wilhelm, Amanda E, MSW 02/11/21 1216 | Authorized by: Dellit, Timothy Harold, MD
Ordering mode: Standard
Frequency: Routine 02/11/21 - | Class: Clinic Performed
Quantity: 1 | Instance released by: Quiambao, Rachel M 2/28/2021 9:46 AM

Questionnaire

Question	Answer

02/28/2021 - Immunization in Harborview Medical Center - COVID 19 Vaccine Clinic (continued)

Other Orders (continued)

How many days in advance is this patient being scheduled?	2/28/2021
What time is this patient being scheduled?	10:30 AM

COVID-19 vaccine Pfizer mRNA LNP-S PF 0.3 mL IM - 91300 (Completed)

Electronically signed by: **Van Buskirk, Sarah J on 02/28/21 1319** Status: **Completed**
Ordering user: Van Buskirk, Sarah J 02/28/21 1319 Authorized by: Dellit, Timothy Harold, MD
Ordering mode: Standard
Frequency: Routine 02/28/21 - Class: On Site
Quantity: 1
Diagnoses
High priority for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccination [Z23]

Indications

High priority for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccination [Z23 (ICD-10-CM)]

02/11/2021 - Immunization in Harborview Medical Center - COVID 19 Vaccine Clinic

Reason for Visit

Visit diagnosis: High priority for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccination

Visit Information

Department

Name	Address
Harborview Medical Center - COVID 19 Vaccine Clinic	319 TERRY AVE Seattle WA 98104

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

02/11/2021 - Immunization in Harborview Medical Center - COVID 19 Vaccine Clinic (continued)

Medication List (continued)

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Immunizations Given

Immunization	Date
COVID-19 Pfizer mRNA monovalent 12 yrs and older	02/11/2021

Other Orders

Immunization/Injection

COVID-19 vaccine Pfizer mRNA LNP-S PF 0.3 mL IM - 91300 (Completed)

Electronically signed by: **Wilhelm, Amanda E, MSW on 02/11/21 1216**
Status: **Completed**
Ordering user: Wilhelm, Amanda E, MSW 02/11/21 1216
Authorized by: Dellit, Timothy Harold, MD
Ordering mode: Standard
Frequency: Routine 02/11/21 -
Class: On Site
Quantity: 1
Diagnoses
High priority for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccination [Z23]

Indications

02/11/2021 - Immunization in Harborview Medical Center - COVID 19 Vaccine Clinic (continued)

Other Orders (continued)

High priority for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccination [Z23 (ICD-10-CM)]

PFIZER SARS-COV-2 VACCINE 2ND DOSE APPT (Completed)

Electronically signed by: **Wilhelm, Amanda E, MSW on 02/11/21 1216** Status: **Completed**
Ordering user: Wilhelm, Amanda E, MSW 02/11/21 1216 Authorized by: Dellit, Timothy Harold, MD
Ordering mode: Standard
Frequency: Routine 02/11/21 - Class: Clinic Performed
Quantity: 1

Questionnaire

Question	Answer
How many days in advance is this patient being scheduled?	2/28/2021
What time is this patient being scheduled?	10:30 AM

02/11/2021 - Immunization in Harborview Medical Center - COVID 19 Vaccine Clinic (continued)

Documents

Vaccine Information Statement - Scan on 2/21/2021 12:23 PM: covid vaccine document

Scan (below)

☐ EMPLOYEE
(Check here if employee was scheduled in Primas)

COVID-19 Vaccine Intake Documentation

Name (First Last) Hoffman, Jeanne DOB: 01/06/1925

Pre-Vaccination Screening Questions:

1. Are you feeling sick today?	Yes	No X	Don't know
2. Have you ever received a dose of COVID-19 vaccine?	Yes	No X	Don't know
If yes, which vaccine product? ☐ Pfizer ☐ Moderna ☐ Another product _____			
3. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or EpiPen® or for which you had to go to the hospital?	Yes	No X	Don't know
• Was the severe allergic reaction after receiving a COVID-19 vaccine?	Yes	No X	Don't know
• Was the severe allergic reaction after receiving another vaccine or another injectable medication?	Yes	No X	Don't know
4. Have you received passive antibody treatment (monoclonal antibodies or convalescent serum) as treatment for COVID-19?	Yes	No X	Don't know
5. Have you had another vaccine administered in the last 2 weeks?	Yes	No X	Don't know
6. Do you have a weakened immune system caused by something such as HIV infection or cancer, or do you take immunosuppressive drugs or therapies?	Yes	No	Don't know
7. Do you have a bleeding disorder or are you taking a blood thinner?	Yes	No	Don't know
8. Are you pregnant or breastfeeding?	Yes	No	Don't know

H0571976 BD:1/06/1925 96Y F
HOFFMAN
JEANNE
LEONIE
HMC COVID19 VACCINE CLINIC
DOS:2/11/21 HMC C19 VACCINE
Enc:1857579505 RES:41867537

UH3997 Ver. 9, REV JAN 25, 2021 **DO NOT SCAN OR UPLOAD TO THE MEDICAL RECORD**

02/11/2021 - Immunization in Harborview Medical Center - COVID 19 Vaccine Clinic (continued)

Documents (continued)

Vaccine Administration Information for Immunizer:

	FILL OUT THIS COLUMN
Administration date:	2/11/21
Administration time:	1000
Vaccine sending organization (Circle One):	HMC UWMC–ML UWMC–NW VMC
Vaccine administered by (**printed name and credentials**):	Suliana Proctor RN
Vaccinator Net ID:	860.005.176
Manufacturer (**circle one**):	Pfizer or Moderna
Patient age is compliant with vaccine requirements (**CHECK**):	Over 16 ☐ | Over 18 ☑
Dose number (**circle one**):	1 2
Vaccine administering site on the body (**circle one**):	RT arm or LT arm
Vaccine route of administration:	Intramuscular (IM)
Vaccine Lot number: Pfizer-BioNTech Covid-19 Vaccine Lot: EM9810 Exp: 6/30/2021 Date Administered: 2/11/21	

Vaccine code: 91300 (Pfizer)
Vaccine Description: Pfizer SARSCOV2 VAC 30MCG/0.3ML IM

Vaccine code: 91301 (Moderna)
Vaccine Description: Moderna SARSCOV2 VAC 100MCG/0.5ML IM

Forms Provided (**check box for fact sheet**):

- V-Safe Information Sheet
- Fact Sheet:
  - ☑ Pfizer: Fact Sheet for Recipients and Caregivers, Emergency Use Authorization (EUA) of Pfizer-BioNTech COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) in Individuals 16 Years of Age or Older (Form ID Z1002) **REV DEC 20**
  - ☐ Moderna: Fact Sheet for Recipients and Caregivers, Emergency Use Authorization (EUA) of the Moderna COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) in Individuals 18 Years of Age or Older (Form ID Z1005), **REV DEC 20**
- Vaccine Record Card

H0571976 BD:1/06/1925 96Y F
HOFFMAN
JEANNE
LEONIE
HMC COVID19 VACCINE CLINIC
DOS:2/11/21 HMC C19 VACCINE
Enc:1857579505 RES:41867537

V JAN 25, 2021 **DO NOT SCAN OR UPLOAD TO THE MEDICAL RECORD**

01/19/2021 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

01/19/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Messages

Vaccine

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	1/19/2021 4:21 PM

Scheduled:
Harborview, Feb. 11, 21 10:30am Moderna

Thank You
God Bless UW-HHC Medical Team.

01/19/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Leg is improving....

01/19/2021 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

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Entered on: 8/20/2019
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Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

01/19/2021 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

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Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

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Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Messages

covid vaccine

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	1/19/2021 2:41 PM

Last Read in MyChart
1/19/2021 3:29 PM by Hoffman, Jeanne Leonie

See instructions below for sign up for vaccine via E care
There may also be option through the Kitsap public health department.

Options for scheduling as per UWM communications are:

--My Chart (E care) Direct scheduling. Ignore, the section on “COVID vaccine information" at this time as it does not lead you to a scheduling option. Instead go to the menu option “schedule an appointment”. One of the appointment options will be “COVID vaccine.”

-- Open Scheduling via uwmedicine.org is being developed for those who do not have an E care account. The website will be: https://www.uwmedicine.org/coronavirus/vaccine

--Call or texting 844.520.8700. This goes to the UW Medicine Call Center. There is a call back option. This is working currently but inundated.

Another option for patients is to go to the state website. This will lead a patient thru questions to identify what “tier” they are in and may provide information on where and how to schedule an appointment.
FindYourPhaseWA.org
https://form.findyourphasewa.org/210118771253954

UWM plans on pushing out a message to its patients (including Hall Health) soon.

Additional informational resources for information on the vaccine include:

American Academy of Family Physicians COVID Vaccine FAQs
https://www.aafp.org/dam/AAFP/documents/patient_care/public_health/COVID19-Vaccine-FAQs.pdf

CDC: Your Health: Understanding the mRNA COVID vaccine
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html

CDC: COVID vaccine:
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

Updated WEN 1.19.2021

11/25/2020 - Telemedicine in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Musculoskeletal Problem
Visit diagnoses:

- Osteoarthritis, unspecified osteoarthritis type, unspecified site (primary)
- Essential hypertension

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service	Modifiers
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	VIA INTERACTIVE AUDIO AND VIDE

Log History

LOS History

Medication List

Medication List

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Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

11/25/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
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Informant: Patient Reported

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Start date: 10/23/2019
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Ordered on: 9/16/2020
Start date: 9/16/2020
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Discontinued by: Neighbor Jr., William E, MD
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Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
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timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Clinical Notes

Progress Notes

11/25/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Neighbor Jr., William E, MD at 11/25/2020 1020

Jeanne Leonie Hoffman is a 95 year old female here to discuss the following: No chief complaint on file.

Distant Site Telemedicine Encounter

I conducted this encounter from Hall Health via secure, live, face-to-face video conference with the patient. Jeanne was located at home with Son Louise. Prior to the interview, the risks and benefits of telemedicine were discussed with the patient and verbal consent was obtained.

The patient was last seen by me October 21.
--acute midline thoracic back pain for which spine films did not show an acute process.
--- Venous stasis and PVD ulcerations of the lower extremity for which she was to followup at the Northwest wound care center

She was seen at the Northwest wound care center on November 2. Was felt that overall they're is slow improvement. Wounds were treated. Plan was to continue to use silver alginate and autolytic debridement with light compression stockings for edema control.

Today:
--No further acute thoracic spine pain
--Avoiding overuse of codeine. Taking essentially one half of Tylenol with Codeine No 2 dosage daily. Has over a month of med remaining. Will contact me for refills
--Has adequate dressing supplies
--Drinking 2-4 cans of Ensure daily and Louise is trying to get her to eat more protein though appetitie continues to be low but not different than over the last year
--Follow up planned with Dentist
--They are working on changing apartments to one that is larger.

Review of Systems:
No fever, chiills, sweats reported
No abd pain
No change in stools or urination
Bathing normally

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

• Adult failure to thrive syndrome [R62.7]	10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.

Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Unspecified vitamin B deficiency [E53.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic [IMO0001] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.

11/25/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

- Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9] 10/10/2019
- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Fall [W19.XXXA] 09/03/2019
- Acute blood loss anaemia [D62] 08/11/2019
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019
- Chronic venous hypertension with ulcer, bilateral [IMO0001] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Venous ulcer of left leg (HCC) [I83.029, L97.929] 06/07/2018
- Normocytic anemia [D64.9] 06/07/2018
- Severe protein-calorie malnutrition (HCC) [E43] 06/07/2018
- Urge urinary incontinence [N39.41] 06/07/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323] 05/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223] 05/17/2018
- Chronic venous hypertension with ulcer and inflammation, left [I87.332, L97.929] 05/17/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

No outpatient medications have been marked as taking for the 11/25/20 encounter

(Appointment) with Neighbor Jr., William E, MD.

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No

Objective:

There were no vitals taken for this visit.
Estimated body mass index is 18.74 kg/m² as calculated from the following:
Height as of 10/21/20: 5' 5" (1.651 m).
Weight as of 10/5/20: 51.1 kg (112 lb 9.6 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter:
General: NAD
Telemed visit. Son Louise showed me ulcers of lower legs with camera. Difficult to determine if improved or not. Best done in person at NW Wound care.

Lab and other tests: none

Assessment and Plan:

1. Osteoarthritis, unspecified osteoarthritis type, unspecified site

Will continue to primarily use plain tylenol for pain control. May continue one half to one tablet daily of Tylenol with Codeine No 2 strength. Actually using less

Thoracic spine pain for which seen in mid October has resolved or returned to baseline.

2. Essential hypertension

No recent home readings. Louis will send me readings.

Other:
--Follow up with dental clinic
--Rescheduling NW Wound Care visit to later in December. Will judge safety of boarding bus and ferry. Consider home nurse visit.
--Continue dressing changes as instructed by NW Wound Care.
--Continue protein nutrition.

Duration of visit, review of records and documentation 25 minutes.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

11/25/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Electronically signed by Neighbor Jr., William E, MD at 11/25/2020 10:56 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 11/25/2020 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday November 25, 2020. The following issues were addressed: Osteoarthritis, unspecified osteoarthritis type, unspecified site and Essential hypertension.

What's Next

DEC 21 2020 Return Patient Appointment with Nilufer B Norsworthy, MD
Monday December 21 9:15 AM

UW Medical Center - Northwest Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List as of November 25, 2020 10:57 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet Commonly known as: Tylenol	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-15 MG tablet Commonly known as: Tylenol with Codeine #2	One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet Commonly known as: Lipitor	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet Commonly known as: Vitamin D-3	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
Narcan 4 MG/0.1ML nasal spray Generic drug: naloxone	Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
pentoxifylline ER 400 MG ER tablet Commonly known as: TRENtal	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution Commonly known as: Timoptic	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-780-6885 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

11/25/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use eCare (MyChart) to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

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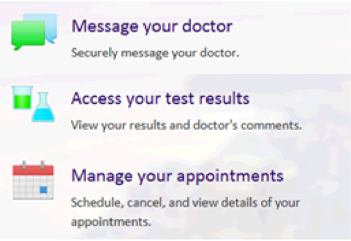

To Set Up Your Account:

Request an activation code at
Ecare.uwmedicine.org

Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

Messages

visit summary

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	11/25/2020 10:56 AM
Last Read in MyChart		

11/25/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Messages (continued)

5/21/2021 1:47 PM by Hoffman, Jeanne Leonie

Jeanne: Below is a summary of your visit.

Assessment and Plan:
1. Osteoarthritis, unspecified osteoarthritis type, unspecified site
Will continue to primarily use plain tylenol for pain control. May continue one half to one tablet daily of Tylenol with Codeine No 2 strength. Actually using less

Thoracic spine pain for which seen in mid October has resolved or returned to baseline.

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No recent home readings. **Louis will send me readings.**

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Duration of visit, review of records and documentation 25 minutes.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

11/25/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 11/25/2020 10:57 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 11/25/2020 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday November 25, 2020. The following issues were addressed: Osteoarthritis, unspecified osteoarthritis type, unspecified site and Essential hypertension.

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Monday December 21 9:15 AM

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11/25/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of November 25, 2020 10:57 AM

ⓘ If you have any questions, ask your nurse or doctor.

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11/25/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Documents (continued)

Thank you for your visit!

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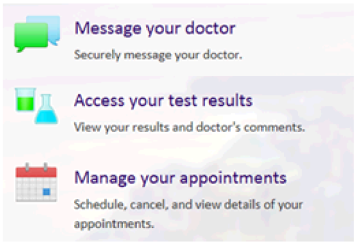

To Set Up Your Account:

Request an activation code at
Ecare.uwmedicine.org

Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

11/17/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021

11/17/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Quantity: 2 each
Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Messages

Telemed Appointment

From	To	Sent and Delivered
Jeanette R Abdon, PSS/PSR	Hoffman, Jeanne Leonie	11/17/2020 3:40 PM

Last Read in MyChart
7/20/2021 8:04 AM by Hoffman, Jeanne Leonie

Hello Jeane

I have scheduled you for the following:

Appointment Date: 11/25/2020
Appointment Time: 10:20 am
Provider: Dr. Neighbor

Please be prepared and login 15 minutes prior to your appointment time for check-in.

11/17/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

For your appointment you will be accessing it through eCare. You will see an alert and a button in eCare to "Begin Video Visit" which launches Zoom and connects the patient to the Epic meeting link

If clicking on "Begin Video Visit" does not work here is the link that you can copy and paste into your browser. It is long but it works.

https://applications.zoom.us/telehealth?org_id=ni0OxEC_ROadQrkxobmSaQ&data=Dn8Eif%2ByxHMPCYyYdWZYEaqPyZX33n1WvopcWZ4L91oR%2BOLhcEwpFx62Sf4CW993SoScRawICc0klJUg%2BL9ajIQ%2BbUGGwHGWC%2F9lt8Wssd8%3D

Your telemedicine visit will be billed to your insurance in the same manner as a regular in-person office visit. This means that your standard copay, coinsurance, and deductible will apply. Hall Health will charge no show/late cancellation fee if appointment is missed or appointment was not cancelled with 24 hours or more notice.

Please let us know if you have any questions or concerns.

Thank you,
Hall Health Clinic

11/02/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnoses:

- Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary)
- Non-pressure chronic ulcer of left calf with necrosis of muscle
- Chronic venous hypertension with ulcer and inflammation, left
- Atherosclerosis of native artery of left lower extremity with ulceration of calf
- Non-pressure chronic ulcer of right calf with fat layer exposed

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Norsworthy, Nilufer Bozdemir, MD	Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
UW Medicine Northwest Wound Care and Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 4 weeks (around 11/30/2020).

Level of Service

Level of Service
PROCEDURE VISIT ONLY NO LOS

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

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11/02/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Medication List (continued)

Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
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Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
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End date: 10/13/2021
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Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
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Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

Stopped in Visit

None

11/02/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Medication List (continued)

Clinical Notes

Progress Notes

Tamashiro, Kay, RN at 11/2/2020 0900

Denies changes with medications since last visit. No new allergies.

Electronically signed by Tamashiro, Kay, RN at 11/2/2020 12:50 PM

Null, Margaret K, RN at 11/2/2020 0900

Pt reportedly fell at home as she didn't have a hand rail to hold onto. The pt's son is fighting with the landlord about adding the necessary items to make the home safe for her.
Right calf and left calf: Clean with water, apply silver alginate cover with gauze and roll gauze secure with tape change every other day
Compressogrip socks on both legs every day.

Electronically signed by Null, Margaret K, RN at 11/2/2020 12:50 PM

Miller, Rebecca J, CMA at 11/2/2020 0900

Dressing applied per provider order.

Electronically signed by Miller, Rebecca J, CMA at 11/2/2020 9:39 AM

Norsworthy, Nilufer Bozdemir, MD at 11/2/2020 0900

PROGRESS NOTE
11/2/2020

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with multiple bilateral lower leg ulcers with mixed vascular disease is seen today for Follow Up Visit

INTERVAL HISTORY: she presented for follow up with her son Louis.she is not wearing her hearing aids today so the communication is not optimal especially with masks that everybody is wearing. She had a fall at home and has back and shoulder pains. She was seen at urgent care clinic and x-rays were negative of any fracture.
Ulcers have improved at both lower legs: they are smaller and especially the area at left ankle wound is covered with thick layer of stringy fibrinous slough in patches. she was changing dressings every 1-2 days, after taking shower with help of her son. There is no inflammation with ulcers. She reports no pain at rest. She denies any sob, chest pain or palpitations.
She is feeling good overall. She is now living in an apartment with her son Louis, regular access to showers, regular meals, taking supplemental protein.
She was admitted to hospital in June with AMS, with codeine overdose and CAP. The ulcers were dressed with honey/gauze by HHRN after discharge. Lately his son was covering the wounds with Vaseline gauze. She was picking on her wounds and skin frequently to keep them clean. Her last visit at our center was in November 2019. Since then she stayed home to be protected from COVID-19.

Brief History - This is a patient with DM2, CLI with extensive atherosclerotic disease and chronic leg edema with venous hypertension s/p GSV ablation in2018.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Negative for, fatigue, unexpected weight loss, unexpected weight gain, fever, . Does have, limb pain

Past medical history, social history, medications and family history were reviewed with the patient and changes were recorded.

Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• acetaminophen 500 MG Oral Tab, 1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition, Disp: , Rfl:
• acetaminophen-codeine 300-15 MG tablet, One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose., Disp: 30 tablet, Rfl: 0
• atorvastatin 20 MG tablet, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Calcium Carbonate 500 MG Oral Chew Tab, Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn., Disp: , Rfl:
• Cholecalciferol 1000 units Oral Tab, Take 2 tablets (2,000 Units) by mouth daily., Disp: , Rfl:
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• MULTIPLE VITAMIN OR, Take by mouth., Disp: , Rfl:
• naloxone (Narcan) 4 MG/0.1ML nasal spray, Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray., Disp: 2 each, Rfl: 0
• pentoxifylline ER 400 MG ER tablet, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 90 tablet, Rfl: 6
• timolol maleate 0.5 % ophthalmic solution, instill one drop in each eye twice daily. block tear duct for 1-2 min after use, Disp: 10 mL, Rfl: 6

EXAM:
Vital Signs: BP 110/70 | Pulse 60 | Temp 97.8 °F (36.6 °C) (Oral) | Resp 16 There is no height or weight on file to calculate BMI.

Edema:
Left Lower: 1+
Left Lower Extremity (LLE)
LLE Calf - Cm from the Medial Instep: 29 cm
Right Lower: 1+
Right Lower Extremity (RLE)
RLE Calf - Cm from the Medial Instep: 29 cm

Vascular:
Left Lower:
Pedal pulses **2+**
Right Lower:
pedal pulses **2+**

Wound Data:

Wound 10/05/20 #17 Left Lower Leg (Active)

Date First Assessed/Time First Assessed: 10/05/20 1107 Date Acquired: 10/05/17 Wound Number: #17 Left Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg...
Number of days: 28

Wound 10/05/20 #18 Right Lower Leg (Active)

Date First Assessed/Time First Assessed: 10/05/20 1108 Date Acquired: 10/05/17 Wound Number: #18 Right Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes
Number of days: 28

Wound 10/05/20 #17 Left Lower Leg (Active)

Thickness	Full thickness with exposed support structure	11/02/20 0843
Wound Length (cm)	19.5 cm	11/02/20 0843
Wound Width (cm)	9.3 cm	11/02/20 0843
Wound Depth (cm)	0.3 cm	11/02/20 0843
Wound Volume (cm^3)	54.4 cm^3	11/02/20 0843
Wound Healing %	56 cm	11/02/20 0843
Wound Surface Area (cm^2)	181.35 cm^2	11/02/20 0843
Exudate Amt	Small	11/02/20 0843
Exudate Type	Serosanguineous	11/02/20 0843
Foul Odor After Cleansing	No	11/02/20 0843
Granulation Amt	Small - 1-33%	11/02/20 0843
Necrosis	None Present	11/02/20 0843
Slough	Large - 67-100%	11/02/20 0843
Structure Exposed	Adipose	11/02/20 0843
Margin	Distinct, Outline Attached	11/02/20 0843
Tunneling	none	11/02/20 0843
Undermining	none	11/02/20 0843
Peri-wound Assessment	Hyperpigmented	11/02/20 0843
Temperature	No Abnormality	11/02/20 0843

Number of days: 28

Wound 10/05/20 #18 Right Lower Leg (Active)

Thickness	Full thickness with exposed support structure	11/02/20 0843
Wound Length (cm)	9 cm	11/02/20 0843
Wound Width (cm)	7.5 cm	11/02/20 0843
Wound Depth (cm)	0.2 cm	11/02/20 0843
Wound Volume (cm^3)	13.5 cm^3	11/02/20 0843
Wound Healing %	-90 cm	11/02/20 0843
Wound Surface Area (cm^2)	67.5 cm^2	11/02/20 0843

Clinical Notes (continued)

Exudate Amt	Small	11/02/20 0843
Exudate Type	Serosanguineous	11/02/20 0843
Foul Odor After Cleansing	No	11/02/20 0843
Granulation Amt	None Present	11/02/20 0843
Necrosis	None Present	11/02/20 0843
Slough	Large - 67-100%	11/02/20 0843
Structure Exposed	Adipose	11/02/20 0843
Margin	Distinct, Outline Attached	11/02/20 0843
Tunneling	none	11/02/20 0843
Undermining	none	11/02/20 0843
Peri-wound Assessment	Intact;Hyperpigmented	11/02/20 0843
Temperature	No Abnormality	11/02/20 0843

Number of days: 28

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
07/30/2019	6.5 (H)	4.0 - 6.0 %	Final
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 17 / Description: Wound bed and edges are covered with thick stringy slough,
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: fat layer exposed
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~50 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements:
: Improved: Length 19.5cm X Width 9.3cm X Depth: 0.4cm this is a cluster of ulcers, some areas are deep to fascia
Patient tolerated the procedure well.
The wound looked improved after the debridement

11/02/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Clinical Notes (continued)

ASSESSMENT:
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary encounter diagnosis)
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle
(I87.332, L97.929) Chronic venous hypertension with ulcer and inflammation, left
(I70.242) Atherosclerosis of native artery of left lower extremity with ulceration of calf (HCC)
(L97.212) Non-pressure chronic ulcer of right calf with fat layer exposed (HCC)
This is a 95 yo patient with left limb ulcers with DM2, mixed vascular disease, edema and anemia and protein calori malnutrition.. She has challenging lifestyle by living as an urban nomad along with her son, mostly sharing suboptimal living conditions. To my knowledge she has been in a single room apartment for the last year or so. She feels she has sufficient nutrition, eating a meal with animal protein daily. She is avoiding salty food in diet. She is elevating legs while resting during the day. Comparing the last visit after a long period of distant management due to COVID-19 outbreak, wounds have improved despite the challenges for wound healing, advanced age, comorbidity and social issues.
I debrided the ulcers at left side ankle as this one had large bioburden. For wounds we will use silver alginate to continue autolytic debridement. Continue light compression tubes or socks for edema control.
Patient education took place regarding the treatment progress and further measures to address the condition. The patient was given an opportunity to ask questions.
It was a pleasure to see Ms. Hoffman at my clinic. Please do not hesitate to call me for any questions or concerns.
Treatment plan recommended at this time includes the following:
Jeanne was seen today for follow up visit.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with necrosis of muscle
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Non-pressure chronic ulcer of left calf with necrosis of muscle
- NURSING COMMUNICATION

Chronic venous hypertension with ulcer and inflammation, left
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Atherosclerosis of native artery of left lower extremity with ulceration of calf (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Non-pressure chronic ulcer of right calf with fat layer exposed (HCC)
- NURSING COMMUNICATION

Patient Instructions
Right calf and left calf: Clean with water, apply silver alginate cover with gauze and roll gauze secure with tape

11/02/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Clinical Notes (continued)

change every other day
Compressogrip socks on both legs every day.

Return in about 4 weeks (around 11/30/2020).

Nilufer B Norsworthy, MD

Electronically signed by Norsworthy, Nilufer Bozdemir, MD at 11/2/2020 12:50 PM

Flowsheets

Vital Data

Row Name	11/02/20 0900
BP	110/70
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.6 °C
Temp src	Oral
Pulse	60
Pulse Regularity	Regular
Resp	16

Wound Assessment/Care

Row Name	11/02/20 0843
RLE Calf - Cm from the Medial Instep	29 cm
LLE Calf - Cm from the Medial Instep	29 cm
Wound Properties	Date First Assessed: 10/05/20 Time First Assessed: 1107 Date Acquired: 10/05/17 Wound Number: #17 Left Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/09/25 Final Assessment Time: 2200 Wound Outcome: Amputation
Thickness	Full thickness with exposed support structure
Wound Length (cm)	19.5 cm
Wound Width (cm)	9.3 cm
Wound Depth (cm)	0.3 cm
Wound Volume (cm^3)	54.4 cm^3
Wound Healing %	56 cm
Wound Surface Area (cm^2)	181.35 cm^2
Exudate Amt	Small

11/02/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Flowsheets (continued)

Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Hyperpigmented
Temperature	No Abnormality
Wound Properties	Date First Assessed: 10/05/20 Time First Assessed: 1108 Date Acquired: 10/05/17 Wound Number: #18 Right Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 01/10/25 Final Assessment Time: 1200 Wound Outcome: Healed
Thickness	Full thickness with exposed support structure
Wound Length (cm)	9 cm
Wound Width (cm)	7.5 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	13.5 cm^3
Wound Healing %	-90 cm
Wound Surface Area (cm^2)	67.5 cm^2
Exudate Amt	Small
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact;Hyperpigmented
Temperature	No Abnormality

Patient Instructions

Right calf and left calf: Clean with water, apply silver alginate cover with gauze and roll gauze secure with tape change every other day
Compressogrip socks on both legs every day.

Electronically signed by Null, Margaret K, RN at 11/2/2020 9:18 AM

11/02/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Patient Instructions (continued)

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
UNIVERSITY OF WASHINGTON MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
11/2/2020 9:00 AM UW Medical Center - Northwest Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Right calf and left calf: Clean with water, apply silver alginate cover with gauze and roll gauze secure with tape change every other day
Compressogrip socks on both legs every day.

Return in about 4 weeks
(around 11/30/2020).

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday November 2, 2020 for: Follow Up Visit.

Blood Pressure	Temperature (Oral)	Pulse	Respiration
110/70	97.8 °F	60	16

What's Next

NOV 13 2020 — Preop COVID-19 PCR
Friday November 13 8:35 AM
Harborview Flu & Covid-19 Clinic
319 Terry Ave
Seattle WA 98104
206-744-0400

NOV 25 2020 — Return Patient Appointment with William E Neighbor, MD
Wednesday November 25 10:20 AM (Arrive by 10:05 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List as of November 2, 2020 9:21 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-15 MG tablet	One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
Narcan 4 MG/0.1ML nasal spray Generic drug: naloxone	Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-780-6885 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

11/02/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

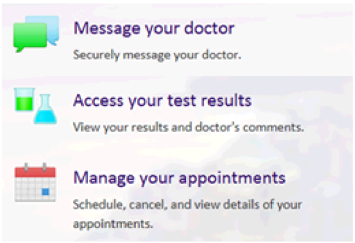
A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use eCare (MyChart) to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for eCare (MyChart) today. It's the best way to communicate with your care team!



To Set Up Your Account:

Request an activation code at
Ecare.uwmedicine.org

Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

11/02/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 11/2/2020 9:21 AM: After Visit Summary

Document (below)

UW Medicine
UNIVERSITY OF WASHINGTON MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
11/2/2020 9:00 AM UW Medical Center - Northwest Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Right calf and left calf: Clean with water, apply silver alginate cover with gauze and roll gauze secure with tape change every other day
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Return in about 4 weeks
(around 11/30/2020).

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11/02/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of November 2, 2020 9:21 AM

ⓘ If you have any questions, ask your nurse or doctor.

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atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
Narcan 4 MG/0.1ML nasal spray Generic drug: naloxone	Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
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11/02/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

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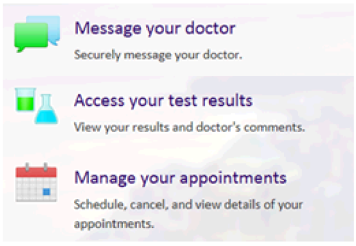


To Set Up Your Account:

Request an activation code at
Ecare.uwmedicine.org

Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

10/22/2020 - Patient E-mail in UW Medicine Northwest Wound Care and Hyperbaric Center

Visit Information

Provider Information

Encounter Provider

Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
UW Medicine Northwest Wound Care and Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

10/22/2020 - Patient E-mail in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Medication List (continued)

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Messages

Medical Treatment Recommenation

From	To	Sent
Hoffman, Jeanne Leonie	P Uwmc Nw Wound Care Rn Pool (supporting Nilufer Bozdemir Norsworthy, MD)	10/22/2020 10:24 AM

Dr. Norsworthy...

Concerning home treatment:

Jean is residing in a "very small one room accommodations", this one room housing restrict

10/22/2020 - Patient E-mail in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Messages (continued)

and obstructs viable wound treatment.

It is recommended that a ADA 2 bedroom housing have Treating Physicians Recommendation and Supported housing that is "medical necessity" for reasonable accommodations.

A Physician Letter, address to Patient and ATN: "Housing Resource Bainbridge

Sincerely
Louis Charles Hoffmann Alloin,
Caregiver, POA, Guardian, Physician-Patient Representative for
Jeanne Leonie Calliet Alloin Hoffman

10/21/2020 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Musculoskeletal Problem
Visit diagnoses:

- Acute midline thoracic back pain (primary)
- Venous ulcer of left leg
- Other chronic pain
- GLAUCOMA NOS

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

10/21/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Clinical Notes

10/21/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Progress Notes

Neighbor Jr., William E, MD at 10/21/2020 0940

Jeanne Leonie Hoffman is a 95 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Musculoskeletal Problem
  she fault yesterday morning and she needs xtray for check her bone

Two issues:

Fall
Yesterday tripped in apartment and fell against plaster wall. Slid down wall. Slow fall. No acute pain but now complains of worse back pain in lower T spine. No radiation of pain. No other pain.

Cough
In the last week intermittent cough often in the afternoon without fever, chills, sweats, runny nose, sore throat. No shortness of breath. Cough not productive.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Unspecified vitamin B deficiency [E53.9] 05/01/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic [IMO0001] 11/20/2006

Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9] 10/10/2019
- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Fall [W19.XXXA] 09/03/2019
- Acute blood loss anaemia [D62] 08/11/2019
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019
- Chronic venous hypertension with ulcer, bilateral [IMO0001] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019
- Atherosclerosis of native artery of both lower 09/24/2018

Clinical Notes (continued)

extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242]	
• Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909]	09/24/2018
• Vitamin D deficiency [E55.9]	07/09/2018
• Venous ulcer of left leg (HCC) [I83.029, L97.929]	06/07/2018
• Normocytic anemia [D64.9]	06/07/2018
• Severe protein-calorie malnutrition (HCC) [E43]	06/07/2018
• Urge urinary incontinence [N39.41]	06/07/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323]	05/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223]	05/17/2018
• Chronic venous hypertension with ulcer and inflammation, left [I87.332, L97.929]	05/17/2018
• Primary osteoarthritis of both hips [M16.0]	02/01/2017
• Thrombocytopenia (HCC) [D69.6]	11/02/2016
• Imbalance [R26.89]	11/02/2016
• History of recurrent deep vein thrombosis (DVT) [Z86.718]	06/02/2016
• Hip joint stiffness [M25.659]	01/06/2015
• Leg weakness, bilateral [R29.898]	01/06/2015
• Weakness of trunk musculature [M62.81]	01/06/2015
• Pseudophakia, both eyes [Z96.1]	11/08/2014
• Urine incontinence [R32]	08/27/2014

Uses pads

• Type 2 diabetes mellitus without complication (HCC) [E11.9]	03/27/2007

Year onset: Dx March 2007
Metformin discontinued 2011 as A1c in target range without it.
Diet and weight controlled.

Outpatient Medications Marked as Taking for the 10/21/20 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• acetaminophen-codeine 300-15 MG tablet	One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.	30 tablet	0
• atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Calcium Carbonate 500 MG Oral	Chew and swallow 2		

10/21/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Chew Tab	tablets by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.		
• MULTIPLE VITAMIN OR	Take by mouth.		
• naloxone (Narcan) 4 MG/0.1ML nasal spray	Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.	2 each	0
• pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use	10 mL	0

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 156/67 | Pulse 65 | Ht 5' 5" (1.651 m) | BMI 18.74 kg/m²
Estimated body mass index is 18.74 kg/m² as calculated from the following:
Height as of this encounter: 5' 5" (1.651 m).
Weight as of 10/5/20: 51.1 kg (112 lb 9.6 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 156/67	65	---	---	---	9:13 AM	10/21/2020

Last blood pressure recorded in this encounter: **(!) 156/67**
General: Complains of worse lower T spine pain
Chest: Clear throughout
Nose: Without congestion
MSK; Tender over T10-11 in midlline without ecchymoses. No rib tenderness. Upper extremities non tender to palpation and without change in ROM.

Clinical Notes (continued)

Lab and other tests: T spine X ray today

Assessment and Plan:

1. Acute midline thoracic back pain

No clear fracture seen. Osteoporotic. Question of T11 spine fracture. Formal radiology reading pending
Plan:
--Warm compresses
--Continue current pain medications
--Expect resolution over next week
--Final reading pending

2. Venous ulcer of left leg (HCC)

Recent visit to NW Wound Care appreciated.
Plan:
--Follow up in one month
--Refilled medication
- acetaminophen-codeine 300-15 MG tablet; One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose. Dispense: 30 tablet; Refill: 0

3. Other chronic pain

Refilled. She is using this for DJD pain particularly of spine and for leg pain related to above. Dose is reduced from earlier this year to one half to one tab daily.
- acetaminophen-codeine 300-15 MG tablet; One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose. Dispense: 30 tablet; Refill: 0

4. GLAUCOMA NOS

Refilled.
- timolol maleate 0.5 % ophthalmic solution; instill one drop in each eye twice daily. block tear duct for 1-2 min after use Dispense: 10 mL; Refill: 6

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 10/21/2020 1:26 PM

Imaging

Imaging

XR T SPINE 2 VW (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/21/20 0932** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/21/20 0932 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/21/20 - Class: Clinic Performed
Quantity: 1
Diagnoses
Acute midline thoracic back pain [M54.6]

10/21/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Imaging (continued)

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	slow fall yesterday in house. Now tender over T10-T11 in midline

Indications

Acute midline thoracic back pain [M54.6 (ICD-10-CM)]

XR T SPINE 2 VW Resulted: 10/22/20 1308, Result status: Final result

Order status: Completed
Filed by: Uw Radiology Results Interface, User 10/22/20 1310
Accession number: 13667062
Lab Technician: AJAY CHHABRA HALL HEALTH TECH
Resulted by: Haynor, David Robert, MD
Performed: 10/21/20 0932 - 10/21/20 0932
Resulting lab: UW RADIOLOGY

Narrative:
EXAMINATION:
XR T SPINE 2 VIEWS

CLINICAL INDICATION:
slow fall yesterday in house. Now tender over T10-T11 in midline

COMPARISON:
CT chest July 24, 2019

FINDINGS:
S-shaped curvature of the thoracolumbar spine is again demonstrated. Generalized osteopenia is present. There are mild anterior compression fractures of T11, T12, L1, L2. Comparison with the chest CT suggests some progression at the T11 level, although this appears more chronic than acute. Overall, sensitivity is somewhat limited because of osteopenia and spinal curvature.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5279 HAYNOR DAVID ROBERT MD, PHD
(206)991-4263
Acknowledged by: Neighbor Jr., William E, MD on 10/22/20 1314

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Acute midline thoracic back pain [M54.6 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
10/22/2020 1:14 PM PDT

Jeanne and Louis: The X ray of Jean's spine yesterday did not clearly demonstrate any new fractures or compressions from the slow fall in the apartment.

William E Neighbor, MD

Other Orders

Medications

10/21/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

acetaminophen-codeine 300-15 MG tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 10/21/20 1008** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 10/21/20 1008 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/21/20 - 10/13/21 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 10/13/21 1046
Diagnoses
Venous ulcer of left leg (HCC) [I83.029, L97.929]
Other chronic pain [G89.29]
Admin instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Reordered from: acetaminophen-codeine 300-15 MG tablet

Indications

Venous ulcer of left leg (HCC) [I83.029, L97.929 (ICD-10-CM)]
Other chronic pain [G89.29 (ICD-10-CM)]

timolol maleate 0.5 % ophthalmic solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 10/21/20 1008** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 10/21/20 1008 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/21/20 - 12/09/21 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 12/09/21 1200 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS
Admin instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Reordered from: timolol maleate 0.5 % ophthalmic solution

Indications

Unspecified glaucoma(365.9) [H40.9 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	10/21/20 0913
Height	5' 5" (1.651 m)
BP	**156/67** !
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Pulse	65
Pulse Regularity	Regular

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

10/21/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/21/2020 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Pick up these medications at SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

acetaminophen-codeine • timolol maleate

Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
Phone: 206-842-0127

What's Next

NOV 2 2020 — Return Patient Appointment with Nilufer B Norsworthy, MD
Monday November 2 9:00 AM

UW Medical Center - Northwest Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

NOV 25 2020 — Return Patient Appointment with William E Neighbor, MD
Wednesday November 25 10:20 AM (Arrive by 10:05 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday October 21, 2020. The following issues were addressed: Acute midline thoracic back pain, Venous ulcer of left leg, Other chronic pain, and GLAUCOMA NOS.

Blood Pressure 156/67	BMI 18.74
Height 5' 5"	Pulse 65

Done Today
XR T SPINE 2 VW for Acute midline thoracic back pain

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Pain Control and Opioid Safety Instructions

Today you were given a prescription for an opioid pain medicine. You have the right to refuse an opioid prescription for any reason. Simply tell your prescriber about this preference and it will be written in your medical record. You can change your mind about this at any time.

If you do fill your prescription remember that even strong pain medicines may not remove all pain. Please use non-drug methods such as heat, cold, or relaxation to help control your pain. Unless your doctor tells you otherwise, try taking acetaminophen (Tylenol) and ibuprofen (Advil, Motrin) to control your pain before you take opioid pain medicine. You do not need a prescription to buy acetaminophen and ibuprofen. Follow the dose instructions on the bottles.

Opioid medications may be prescribed by health care providers to treat moderate to severe pain, but can have side effects and serious health risks, such as tolerance, physical dependence, opioid use disorder, and overdose. Risks are greater when used with other medicines for sleep or anxiety, if you are over the age of 65, have a history of substance use, mental health condition, or are pregnant. Only take opioids if you have strong pain that does not lessen with other methods to control your pain. Never take more than the maximum dose as prescribed by your provider.

Safe use

- Do not operate a car or heavy machinery while using this medicine.
- Do not drink alcohol with this medicine.
- Side effects include drowsiness, nausea, constipation, and dry mouth.
- Opioids can be habit forming.
- Opioids can slow your breathing and heart rate. If they slow too much, it can cause death.

Naloxone for Opioid Overdose

Naloxone is a prescription medicine that temporarily reverses an opioid overdose. In the state of Washington, you can get naloxone from any pharmacy without a prescription. The cost may vary. For more information, visit **stopoverdose.org**

Safe storage

- Never share or sell your prescription opioids.
- Keep opioid medications locked or in a safe location.
- Keep out of reach of children and out of sight from others.
- Leave in the original bottle with the label attached.

Proper disposal

You are NOT required to use all of your opioid medication. To find your nearest take-back location for proper disposal of unused medications, please visit:

- takebackyourmeds.org,
- med-project.org, or
- doh.wa.gov/safemedreturn

If you cannot use a medication take-back program, flush the opioids down the toilet.

Your Medication List as of October 21, 2020 1:26 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-15 MG tablet	One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
Narcan 4 MG/0.1ML nasal spray Generic drug: naloxone	Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-780-6885 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/21/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

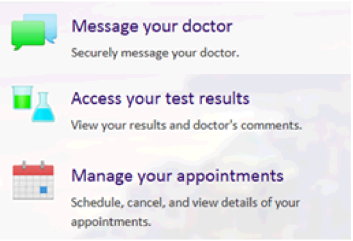
A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use eCare (MyChart) to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for eCare (MyChart) today. It's the best way to communicate with your care team!



To Set Up Your Account:

Request an activation code at Ecare.uwmedicine.org

Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

10/21/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 10/21/2020 1:26 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/21/2020 9:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Pick up these medications at SAFEWAY #27-1252
27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

acetaminophen-codeine • timolol maleate

Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
Phone: 206-842-0127

What's Next

NOV 2 2020 — Return Patient Appointment with Nilufer B Norsworthy, MD
Monday November 2 9:00 AM
UW Medical Center - Northwest Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

NOV 25 2020 — Return Patient Appointment with William E Neighbor, MD
Wednesday November 25 10:20 AM
(Arrive by 10:05 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday October 21, 2020. The following issues were addressed: Acute midline thoracic back pain, Venous ulcer of left leg, Other chronic pain, and GLAUCOMA NOS.

Blood Pressure 156/67
BMI 18.74
Height 5' 5"
Pulse 65

Done Today
XR T SPINE 2 VW for Acute midline thoracic back pain

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 10/21/20 1:26 PM

Page 1 of 4 Epic

Pain Control and Opioid Safety Instructions

Today you were given a prescription for an opioid pain medicine. You have the right to refuse an opioid prescription for any reason. Simply tell your prescriber about this preference and it will be written in your medical record. You can change your mind about this at any time.

If you do fill your prescription remember that even strong pain medicines may not remove all pain. Please use non-drug methods such as heat, cold, or relaxation to help control your pain. Unless your doctor tells you otherwise, try taking acetaminophen (Tylenol) and ibuprofen (Advil, Motrin) to control your pain before you take opioid pain medicine. You do not need a prescription to buy acetaminophen and ibuprofen. Follow the dose instructions on the bottles.

Opioid medications may be prescribed by health care providers to treat moderate to severe pain, but can have side effects and serious health risks, such as tolerance, physical dependence, opioid use disorder, and overdose. Risks are greater when used with other medicines for sleep or anxiety, if you are over the age of 65, have a history of substance use, mental health condition, or are pregnant. Only take opioids if you have strong pain that does not lessen with other methods to control your pain. Never take more than the maximum dose as prescribed by your provider.

Safe use

- Do not operate a car or heavy machinery while using this medicine.
- Do not drink alcohol with this medicine.
- Side effects include drowsiness, nausea, constipation, and dry mouth.
- Opioids can be habit forming.
- Opioids can slow your breathing and heart rate. If they slow too much, it can cause death.

Naloxone for Opioid Overdose

Naloxone is a prescription medicine that temporarily reverses an opioid overdose. In the state of Washington, you can get naloxone from any pharmacy without a prescription. The cost may vary. For more information, visit **stopoverdose.org**

Safe storage

- Never share or sell your prescription opioids.
- Keep opioid medications locked or in a safe location.
- Keep out of reach of children and out of sight from others.
- Leave in the original bottle with the label attached.

Proper disposal

You are NOT required to use all of your opioid medication. To find your nearest take-back location for proper disposal of unused medications, please visit:

- takebackyourmeds.org,
- med-project.org, or
- doh.wa.gov/safemedreturn

If you cannot use a medication take-back program, flush the opioids down the toilet.

Your Medication List as of October 21, 2020 1:26 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-15 MG tablet	One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
Narcan 4 MG/0.1ML nasal spray Generic drug: naloxone	Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-780-6885 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/21/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

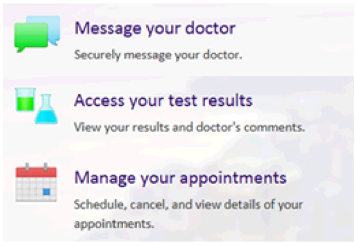
A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use eCare (MyChart) to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for eCare (MyChart) today. It's the best way to communicate with your care team!



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Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

10/21/2020 - Orders Only in Husky Health Radiology

Reason for Visit

Visit diagnoses:
- (primary)
- Acute midline thoracic back pain

Visit Information

Department

Name	Address	Phone	Fax
Husky Health Radiology	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-685-6052

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

10/21/2020 - Orders Only in Husky Health Radiology (continued)

Medication List (continued)

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/19/2020
Start date: 6/19/2020 — End date: 6/19/2021
Quantity: 2 each — Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 45 tablet — Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 90 tablet — Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 10/13/2021
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 12/9/2021
Quantity: 10 mL — Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 10/21/2020 0935

Jeanne and Louis: The X ray of Jean's spine yesterday did not clearly demonstrate any new fractures or compressions from the slow fall in the apartment.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 10/22/2020 1:14 PM

10/21/2020 - Orders Only in Husky Health Radiology (continued)

Clinical Notes (continued)

Imaging

Imaging

XR T SPINE 2 VW (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 10/21/20 0932** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Neighbor Jr., William E, MD 10/21/20 0932 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/21/20 - Class: General Imaging
Quantity: 1 Lab status: Final result
Instance released by: Uw Epaa, User 10/21/2020 9:32 AM
Diagnoses
Acute midline thoracic back pain [M54.6]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	slow fall yesterday in house. Now tender over T10-T11 in midline

Order comments: From Epic: Diagnosis:Acute midline thoracic back pain, Allergies:ADHESIVES, ASPIRIN, NITROFURANTOIN, NITROFURANTOIN, PENICILLINS, SULFA ANTIBIOTICS,

XR T SPINE 2 VW Resulted: 10/22/20 1308, Result status: Final result

Order status: Completed Resulted by: Haynor, David Robert, MD
Filed by: Uw Radiology Results Interface, User 10/22/20 1310 Performed: 10/21/20 0932 - 10/21/20 0932
Accession number: 13667062 Resulting lab: UW RADIOLOGY
Lab Technician: AJAY CHHABRA HALL HEALTH TECH
Narrative:
EXAMINATION:
XR T SPINE 2 VIEWS

CLINICAL INDICATION:
slow fall yesterday in house. Now tender over T10-T11 in midline

COMPARISON:
CT chest July 24, 2019

FINDINGS:
S-shaped curvature of the thoracolumbar spine is again demonstrated. Generalized osteopenia is present. There are mild anterior compression fractures of T11, T12, L1, L2. Comparison with the chest CT suggests some progression at the T11 level, although this appears more chronic than acute. Overall, sensitivity is somewhat limited because of osteopenia and spinal curvature.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5279 HAYNOR DAVID ROBERT MD, PHD
(206)991-4263
Acknowledged by: Neighbor Jr., William E, MD on 10/22/20 1314

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Acute midline thoracic back pain [M54.6 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD

10/21/2020 - Orders Only in Husky Health Radiology (continued)

Imaging (continued)

10/22/2020 1:14 PM PDT

Jeanne and Louis: The X ray of Jean's spine yesterday did not clearly demonstrate any new fractures or compressions from the slow fall in the apartment.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 10/22/2020 13:14

10/15/2020 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Medication Questions
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with

10/15/2020 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena, CMA at 10/15/2020 0929

Received a call from Donna, UW School of Dentisitry, stating that they will have Jeanne scheduled for the extraction and they need to talk to the provider re: her health Hx and any possible medication contraindications for this procedure. Donna's phone # to call back is 206-351-7624. Thank you,

Electronically signed by Mohova, Elena, CMA at 10/15/2020 9:32 AM

Neighbor Jr., William E, MD at 10/15/2020 1729

Called dental clinic.

10/15/2020 - Telephone in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

They are sending forms for me to complete for planned complete dental extraction and dentures.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 10/15/2020 5:29 PM

Mohova, Elena, CMA at 10/23/2020 1622

Received another VM message from Donna today, Friday 10/23 afternoon asking to speak with Dr. Neighbor to clarify the details abut medications (dosage, frequency, etc), that should be filled in the clearance form for the upcoming procedure. Please contact Donna at 206-351-7624

Electronically signed by Mohova, Elena, CMA at 10/23/2020 4:24 PM

Neighbor Jr., William E, MD at 11/3/2020 1501

Dental form completed and returned.
Patient is not on anticoagulants
She has not had a biphosphonate since Fosamax in 2010, ten years ago.
I have asked Dr. Norsworthy for his opinion regarding timing of extraction related to her nutrition and healing of her leg ulcers.
Will update dental clinic when receive his response.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 11/3/2020 3:08 PM

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center

Reason for Visit

Chief complaint: New Patient Consult
Visit diagnoses:

- Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary)
- Non-pressure chronic ulcer of left calf with necrosis of muscle
- Chronic venous hypertension with ulcer and inflammation, left
- Atherosclerosis of native artery of left lower extremity with ulceration of calf

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Norsworthy, Nilufer Bozdemir, MD	Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
UW Medicine Northwest Wound Care and Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 4 weeks (around 11/2/2020).

Level of Service

Level of Service	Modifiers
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	25 SIGNIFICANT, SPRTLY IDABLE EVAL & MGMT ON SAME DAY BY SAME PROV

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/23/2019
Start date: 10/23/2019 — End date: 5/5/2021
Quantity: 28 capsule — Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/19/2020
Start date: 6/19/2020 — End date: 6/19/2021
Quantity: 2 each — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/21/2020
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Kauffman, Mary Johanna Kelly, MD — Ordered on: 8/12/2020
Start date: 8/12/2020 — End date: 10/21/2020
Quantity: 10 mL — Refill: No refills remaining

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/21/2020
Reason for discontinuation: Reorder
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/21/2020
Quantity: 30 tablet — Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 45 tablet — Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 90 tablet — Refill: 6 refills by 9/16/2021

Stopped in Visit

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Medication List (continued)

None

Clinical Notes

Progress Notes

McKisson, Kimberly A, RN at 10/5/2020 1030

2% lidocaine applied to wounds.

Electronically signed by McKisson, Kimberly A, RN at 10/5/2020 10:14 PM

Null, Margaret K, RN at 10/5/2020 1030

Pt returns to the clinic after a long hiatus from our clinic. She has been receiving treatment at home with her son's help. She had avoided coming here due to the Covid concerns. She has wounds on the lower legs.

Electronically signed by Null, Margaret K, RN at 10/5/2020 10:14 PM

Norsworthy, Nilufer Bozdemir, MD at 10/5/2020 1030

PROGRESS NOTE
10/5/2020

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with multiple bilateral lower leg ulcers with mixed vascular disease is seen today for Follow Up Visit

INTERVAL HISTORY: Ulcers are larger at both lower legs. There is no inflammation with ulcers. She reports some increased pain at the right lower leg that occasionally keeps her awake. She denies any sob, chest pain or palpitations.
She is feeling good overall. She is now living in an apartment with her son Louis, regular access to showers, regular meals, taking supplemental protein.
She was admitted to hospital in June with AMS, with codeine overdose and CAP. The ulcers were dressed with honey/gauze by HHRN after discharge. Lately his son was covering the wounds with Vaseline gauze. She was picking on her wounds and skin frequently to keep them clean. Her last visit at our center was in November 2019. Since then she stayed home to be protected from COVID-19.

Brief History - This is a patient with DM2, CLI with extensive atherosclerotic disease and chronic leg edema with venous hypertension s/p GSV ablation in2018.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Negative for, fatigue, unexpected weight loss, unexpected weight gain, fever, . Does have, limb pain

Past medical history, social history, medications and family history were reviewed with the patient and changes were recorded.

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Clinical Notes (continued)

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• acetaminophen 500 MG Oral Tab, 1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition, Disp: , Rfl:
• acetaminophen-codeine 300-15 MG tablet, One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose., Disp: 30 tablet, Rfl: 0
• atorvastatin 20 MG tablet, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Calcium Carbonate 500 MG Oral Chew Tab, Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn., Disp: , Rfl:
• Cholecalciferol 1000 units Oral Tab, Take 2 tablets (2,000 Units) by mouth daily., Disp: , Rfl:
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• MULTIPLE VITAMIN OR, Take by mouth., Disp: , Rfl:
• naloxone (Narcan) 4 MG/0.1ML nasal spray, Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray., Disp: 2 each, Rfl: 0
• pentoxifylline ER 400 MG ER tablet, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 90 tablet, Rfl: 6
• timolol maleate 0.5 % ophthalmic solution, instill one drop in each eye twice daily. block tear duct for 1-2 min after use, Disp: 10 mL, Rfl: 0

EXAM:
Vital Signs: BP (!) 152/72 | Pulse 72 | Temp 97.6 °F (36.4 °C) (Oral) | Resp 16 | Ht 5' 5" (1.651 m) | Wt 112 lb 9.6 oz (51.1 kg) | BMI 18.74 kg/m² Body mass index is 18.74 kg/m².

Edema:
Left Lower: 1+
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 30 cm
LLE Calf - Cm from the Medial Instep: 29 cm
Right Lower: 1+
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 27 cm
RLE Calf - Cm from the Medial Instep: 29 cm

Vascular:
Left Lower:
Left Lower Extremity (LLE)
LLE Capillary Refill: Less than/equal to 3 seconds
LLE Color: Hyperpigmented
LLE Hair Growth: No
LLE Temperature: Warm
L Posterior Tibial Pulse: Absent
L Pedal Pulse: Doppler

Clinical Notes (continued)

L Foot Neuropathy Assessment: UTA
Right Lower:
Right Lower Extremity (RLE)
RLE Capillary Refill: Less than/equal to 3 seconds
RLE Color: Hyperpigmented
RLE Hair Growth: No
RLE Temperature: Warm
R Posterior Tibial Pulse: Doppler
R Pedal Pulse: Doppler
R Foot Neuropathy Assessment: UTA(UTA)

Wound Data:

Wound 10/05/20 #17 Left Lower Leg (Active)

Date First Assessed/Time First Assessed: 10/05/20 1107 Date Acquired: 10/05/17 Wound Number: #17 Left Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg...
Number of days: 0

Wound 10/05/20 #18 Right Lower Leg (Active)

Date First Assessed/Time First Assessed: 10/05/20 1108 Date Acquired: 10/05/17 Wound Number: #18 Right Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes
Number of days: 0

Wound 10/05/20 #17 Left Lower Leg (Active)

Thickness	Full thickness without exposed support structure	10/05/20 1105
Wound Length (cm)	22.5 cm	10/05/20 1105
Wound Width (cm)	18.5 cm	10/05/20 1105
Wound Depth (cm)	0.3 cm	10/05/20 1105
Wound Volume (cm^3)	124.88 cm^3	10/05/20 1105
Wound Surface Area (cm^2)	416.25 cm^2	10/05/20 1105
Exudate Amt	Large	10/05/20 1105
Exudate Type	Yellow	10/05/20 1105
Foul Odor After Cleansing	No	10/05/20 1105
Granulation Amt	Small - 1-33%	10/05/20 1105
Necrosis	None Present	10/05/20 1105
Slough	Large - 67-100%	10/05/20 1105
Structure Exposed	None Present	10/05/20 1105
Margin	Distinct, Outline Attached	10/05/20 1105
Tunneling	none	10/05/20 1105
Undermining	none	10/05/20 1105
Peri-wound Assessment	Hyperpigmented;Swelling	10/05/20 1105
Temperature	No Abnormality	10/05/20 1105

Number of days: 0

Wound 10/05/20 #18 Right Lower Leg (Active)

Thickness	Full thickness without exposed support structure	10/05/20 1105
Wound Length (cm)	9.5 cm	10/05/20 1105
Wound Width (cm)	7.5 cm	10/05/20 1105
Wound Depth (cm)	0.1 cm	10/05/20 1105

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Clinical Notes (continued)

Wound Volume (cm^3)	7.12 cm^3	10/05/20 1105
Wound Surface Area (cm^2)	71.25 cm^2	10/05/20 1105
Exudate Amt	Large	10/05/20 1105
Exudate Type	Yellow	10/05/20 1105
Foul Odor After Cleansing	No	10/05/20 1105
Granulation Amt	None Present	10/05/20 1105
Necrosis	None Present	10/05/20 1105
Slough	Large - 67-100%	10/05/20 1105
Structure Exposed	None Present	10/05/20 1105
Margin	Distinct, Outline Attached	10/05/20 1105
Tunneling	none	10/05/20 1105
Undermining	none	10/05/20 1105
Peri-wound Assessment	Hyperpigmented	10/05/20 1105
Temperature	No Abnormality	10/05/20 1105

Number of days: 0

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
07/30/2019	6.5 (H)	4.0 - 6.0 %	Final
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 17 / Description: Wound bed and edges are covered with thick stringy slough,
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: fat layer exposed
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~150 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements:
: Improved: Length 22.5cm X Width 18.5cm X Depth: 0.4cm this is a cluster of ulcers, some areas are deep to fascia
Patient tolerated the procedure well.

The wound looked improved after the debridement

ASSESSMENT:
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary encounter diagnosis)
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle
(I87.332, L97.929) Chronic venous hypertension with ulcer and inflammation, left
(I70.242) Atherosclerosis of native artery of left lower extremity with ulceration of calf (HCC)
This is a 95 yo patient with left limb ulcers with DM2, mixed vascular disease, edema and anemia and protein calori malnutrition.. She has challenging lifestyle by living as an urban nomad along with her son, mostly sharing suboptimal living conditions. To my knowledge she has been in a single room apartment for the last year or so. She feels she has sufficient nutrition, eating a meal with animal protein daily. She is avoiding salty food in diet. She is elevating legs while resting during the day. Although larger in size, wounds are fairly stable considering the challenges for wound healing, advanced age, comorbidity and social issues.
I debrided the ulcers at left side as they had higler level of bioburden. For wounds we will use silver alginate to continue autolytic debridement. Continue light compression tubes or socks for edema control.
Patient education took place regarding the treatment progress and further measures to address the condition. The patient was given an opportunity to ask questions.
It was a pleasure to see Ms. Hoffman at my clinic. Please do not hesitate to call me for any questions or concerns.
Treatment plan recommended at this time includes the following:
Jeanne was seen today for new patient consult.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with necrosis of muscle
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Non-pressure chronic ulcer of left calf with necrosis of muscle
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Chronic venous hypertension with ulcer and inflammation, left
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Atherosclerosis of native artery of left lower extremity with ulceration of calf (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Patient Instructions
Right calf and left calf: Clean with water, apply silver alginate cover with gauze and roll gauze secure with tape change every other day

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Clinical Notes (continued)

Compressogrip socks on both legs every day.

Return in about 4 weeks (around 11/2/2020).

Nilufer B Norsworthy, MD

Electronically signed by Norsworthy, Nilufer Bozdemir, MD at 10/5/2020 10:14 PM

Flowsheets

Risk Screenings

Row Name	10/05/20 1129
Illness/condition that changed the kind/amount of food I eat.	No
Eat fewer than two meals per day.	No
Eat few fruits and vegetables, or milk products.	No
Three or more drinks of beer, liquor, or wine almost every day.	No
Have tooth or mouth problems that make it hard for me to eat.	No
Don't always have enough money to buy the food I need.	No
Eat alone most of the time.	No
Take three or more prescribed or over-the-counter drugs a day.	Yes
Without wanting to, I have lost/gained 10 pounds in the last six months.	No
Not always physically able to shop, cook, and/or feed myself.	No
Nutrition Risk Score	1

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Flowsheets (continued)

Is patient at risk for suicide?	No
History of Falling	No
Secondary Diagnosis (that could contribute to falls)	No
Ambulatory Aids	Crutches/Walker/Cane
Intravenous Therapy/Heparin/ Saline Lock	No
Gait/Transferring	Normal/Bedrest/Wheelchair
Mental Status	Oriented to Own Ability
Total Morse Fall Risk SCORE:	15

Vital Data

Row Name	10/05/20 1056
Height	5' 5" (1.651 m)
BMI (Calculated)	18.78
Weight	51.1 kg (112 lb 9.6 oz)
Body Surface Area (Calculated)	1.53
BP	**152/72** !
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.4 °C
Temp src	Oral
Pulse	72
Pulse Regularity	Regular
Resp	16

Wound Assessment/Care

Row Name	10/05/20 1105
RLE Calf - Cm w/ Point of Measurement	27 cm
RLE Calf - Cm from the Medial Instep	29 cm
LLE Calf - Cm w/ Point of Measurement	30 cm
LLE Calf - Cm from the Medial Instep	29 cm
RLE Capillary Refill	Less than/equal to 3 seconds
RLE Color	Hyperpigmented
RLE Hair Growth	No
RLE Temperature	Warm
R Posterior Tibial	Doppler

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Flowsheets (continued)

Pulse	
R Dorsalis Pedis Pulse	Doppler
R Foot Neuropathy Assessment	UTA
LLE Capillary Refill	Less than/equal to 3 seconds
LLE Color	Hyperpigmented
LLE Hair Growth	No
LLE Temperature	Warm
L Posterior Tibial Pulse	Absent
L Dorsalis Pedis Pulse	Doppler
L Foot Neuropathy Assessment	UTA
Wound Properties	Date First Assessed: 10/05/20 Time First Assessed: 1107 Date Acquired: 10/05/17 Wound Number: #17 Left Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/09/25 Final Assessment Time: 2200 Wound Outcome: Amputation
Thickness	Full thickness without exposed support structure
Wound Length (cm)	22.5 cm
Wound Width (cm)	18.5 cm
Wound Depth (cm)	0.3 cm
Wound Volume (cm^3)	124.88 cm^3
Wound Surface Area (cm^2)	416.25 cm^2
Exudate Amt	Large
Exudate Type	Yellow
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Hyperpigmented;Swelling
Temperature	No Abnormality
Wound Properties	Date First Assessed: 10/05/20 Time First Assessed: 1108 Date Acquired: 10/05/17 Wound Number: #18 Right Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 01/10/25 Final Assessment Time: 1200 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Wound Length (cm)	9.5 cm
Wound Width (cm)	7.5 cm

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Flowsheets (continued)

Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	7.12 cm^3
Wound Surface Area (cm^2)	71.25 cm^2
Exudate Amt	Large
Exudate Type	Yellow
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Hyperpigmented
Temperature	No Abnormality

Patient Instructions

Right calf and left calf: Clean with water, apply silver alginate cover with gauze and roll gauze secure with tape change every other day
Compressogrip socks on both legs every day.

Electronically signed by Null, Margaret K, RN at 10/5/2020 12:03 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

After Visit Summary (continued)

UW Medicine
UNIVERSITY OF WASHINGTON MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
10/5/2020 10:30 AM UW Medical Center - Northwest Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Right calf and left calf: Clean with water, apply silver alginate cover with gauze and roll gauze secure with tape change every other day
Compressogrip socks on both legs every day.

Return in about 4 weeks
(around 11/2/2020).

What's Next

OCT 21 2020 Return Patient Appointment with William E Neighbor, MD
Wednesday October 21 9:40 AM
(Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way,
Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday October 5, 2020 for: New Patient Consult.

Blood Pressure 152/72	BMI 18.74
Weight 112 lb 9.6 oz	Height 5' 5"
Temperature (Oral) 97.6 °F	Pulse 72
Respiration 16	

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of October 5, 2020 12:04 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-15 MG tablet	One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
Narcan 4 MG/0.1ML nasal spray Generic drug: naloxone	Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-780-6885 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

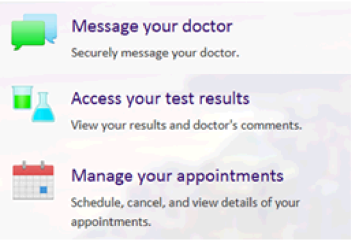
A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use eCare (MyChart) to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for eCare (MyChart) today. It's the best way to communicate with your care team!



To Set Up Your Account:

Request an activation code at Ecare.uwmedicine.org

Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

Letters

Referral by Norsworthy, Nilufer Bozdemir, MD on 10/5/2020

Status: Sent
Letter body:

October 5, 2020

William E Neighbor Jr., MD
1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410

RE: Jeane Leonie Hoffman
DOB: 1/6/1925

Dear Neighbor Jr., William E, MD:

Thank you for referring Jeane Hoffman to me for evaluation. Enclosed is a copy of my clinic note.

If you have questions please feel free to contact me at your convenience; I would be happy to review any concerns you have.

Sincerely,

Electronically signed by
Nilufer B Norsworthy, MD

CC: No Recipients

Visit Summary
PROGRESS NOTE
10/5/2020

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with multiple bilateral lower leg ulcers with mixed vascular disease is seen today for Follow Up Visit

INTERVAL HISTORY: Ulcers are larger at both lower legs. There is no inflammation with ulcers. She reports some increased pain at the right lower leg that occasionally keeps her awake. She denies any sob, chest pain or palpitations.
She is feeling good overall. She is now living in an apartment with her son Louis, regular access to showers, regular meals, taking supplemental protein.
She was admitted to hospital in June with AMS, with codeine overdose and CAP. The ulcers were dressed with honey/gauze by HHRN after discharge. Lately his son was covering the wounds with Vaseline gauze. She was picking on her wounds and skin frequently to keep them clean. Her last visit at our center was in November 2019. Since then she stayed home to be protected from COVID-19.

Brief History - This is a patient with DM2, CLI with extensive atherosclerotic disease and chronic leg edema with venous hypertension s/p GSV ablation in2018.

A 14-category ROS was reviewed with patient:

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Letters (continued)

CONSTITUTIONAL:Negative for, fatigue, unexpected weight loss, unexpected weight gain, fever, . Does have, limb pain

Past medical history, social history, medications and family history were reviewed with the patient and changes were recorded.

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• acetaminophen 500 MG Oral Tab, 1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition, Disp: , Rfl:
• acetaminophen-codeine 300-15 MG tablet, One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose., Disp: 30 tablet, Rfl: 0
• atorvastatin 20 MG tablet, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Calcium Carbonate 500 MG Oral Chew Tab, Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn., Disp: , Rfl:
• Cholecalciferol 1000 units Oral Tab, Take 2 tablets (2,000 Units) by mouth daily., Disp: , Rfl:
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• MULTIPLE VITAMIN OR, Take by mouth., Disp: , Rfl:
• naloxone (Narcan) 4 MG/0.1ML nasal spray, Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray., Disp: 2 each, Rfl: 0
• pentoxifylline ER 400 MG ER tablet, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 90 tablet, Rfl: 6
• timolol maleate 0.5 % ophthalmic solution, instill one drop in each eye twice daily. block tear duct for 1-2 min after use, Disp: 10 mL, Rfl: 0

EXAM:
Vital Signs: BP (!) 152/72 | Pulse 72 | Temp 97.6 °F (36.4 °C) (Oral) | Resp 16 | Ht 5' 5" (1.651 m) | Wt 112 lb 9.6 oz (51.1 kg) | BMI 18.74 kg/m² Body mass index is 18.74 kg/m².

Edema:
Left Lower: 1+
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 30 cm
LLE Calf - Cm from the Medial Instep: 29 cm
Right Lower: 1+
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 27 cm

RLE Calf - Cm from the Medial Instep: 29 cm

Vascular:
Left Lower:
Left Lower Extremity (LLE)
LLE Capillary Refill: Less than/equal to 3 seconds
LLE Color: Hyperpigmented
LLE Hair Growth: No
LLE Temperature: Warm
L Posterior Tibial Pulse: Absent
L Pedal Pulse: Doppler
L Foot Neuropathy Assessment: UTA
Right Lower:
Right Lower Extremity (RLE)
RLE Capillary Refill: Less than/equal to 3 seconds
RLE Color: Hyperpigmented
RLE Hair Growth: No
RLE Temperature: Warm
R Posterior Tibial Pulse: Doppler
R Pedal Pulse: Doppler
R Foot Neuropathy Assessment: UTA(UTA)

Wound Data:

Wound 10/05/20 #17 Left Lower Leg (Active)

Date First Assessed/Time First Assessed: 10/05/20 1107 Date Acquired: 10/05/17 Wound Number: #17 Left Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg...
Number of days: 0

Wound 10/05/20 #18 Right Lower Leg (Active)

Date First Assessed/Time First Assessed: 10/05/20 1108 Date Acquired: 10/05/17 Wound Number: #18 Right Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes
Number of days: 0

Wound 10/05/20 #17 Left Lower Leg (Active)

Thickness	Full thickness without exposed support structure	10/05/20 1105
Wound Length (cm)	22.5 cm	10/05/20 1105
Wound Width (cm)	18.5 cm	10/05/20 1105
Wound Depth (cm)	0.3 cm	10/05/20 1105
Wound Volume (cm^3)	124.88 cm^3	10/05/20 1105
Wound Surface Area (cm^2)	416.25 cm^2	10/05/20 1105
Exudate Amt	Large	10/05/20 1105
Exudate Type	Yellow	10/05/20 1105
Foul Odor After Cleansing	No	10/05/20 1105
Granulation Amt	Small - 1-33%	10/05/20 1105
Necrosis	None Present	10/05/20 1105
Slough	Large - 67-100%	10/05/20 1105
Structure Exposed	None Present	10/05/20 1105
Margin	Distinct, Outline Attached	10/05/20 1105
Tunneling	none	10/05/20 1105

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Letters (continued)

Undermining	none	10/05/20 1105
Peri-wound Assessment	Hyperpigmented;Swelling	10/05/20 1105
Temperature	No Abnormality	10/05/20 1105

Number of days: 0

Wound 10/05/20 #18 Right Lower Leg (Active)

Thickness	Full thickness without exposed support structure	10/05/20 1105
Wound Length (cm)	9.5 cm	10/05/20 1105
Wound Width (cm)	7.5 cm	10/05/20 1105
Wound Depth (cm)	0.1 cm	10/05/20 1105
Wound Volume (cm^3)	7.12 cm^3	10/05/20 1105
Wound Surface Area (cm^2)	71.25 cm^2	10/05/20 1105
Exudate Amt	Large	10/05/20 1105
Exudate Type	Yellow	10/05/20 1105
Foul Odor After Cleansing	No	10/05/20 1105
Granulation Amt	None Present	10/05/20 1105
Necrosis	None Present	10/05/20 1105
Slough	Large - 67-100%	10/05/20 1105
Structure Exposed	None Present	10/05/20 1105
Margin	Distinct, Outline Attached	10/05/20 1105
Tunneling	none	10/05/20 1105
Undermining	none	10/05/20 1105
Peri-wound Assessment	Hyperpigmented	10/05/20 1105
Temperature	No Abnormality	10/05/20 1105

Number of days: 0

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
07/30/2019	6.5 (H)	4.0 - 6.0 %	Final
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 17 / Description: Wound bed and edges are covered with thick stringy slough,
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:

-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: fat layer exposed
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~150 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements:
: Improved: Length 22.5cm X Width 18.5cm X Depth: 0.4cm this is a cluster of ulcers, some areas are deep to fascia
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT:
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary encounter diagnosis)
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle
(I87.332, L97.929) Chronic venous hypertension with ulcer and inflammation, left
(I70.242) Atherosclerosis of native artery of left lower extremity with ulceration of calf (HCC)
This is a 95 yo patient with left limb ulcers with DM2, mixed vascular disease, edema and anemia and protein calori malnutrition.. She has challenging lifestyle by living as an urban nomad along with her son, mostly sharing suboptimal living conditions. To my knowledge she has been in a single room apartment for the last year or so. She feels she has sufficient nutrition, eating a meal with animal protein daily. She is avoiding salty food in diet. She is elevating legs while resting during the day. Although larger in size, wounds are fairly stable considering the challenges for wound healing, advanced age, comorbidity and social issues. I debrided the ulcers at left side as they had higler level of bioburden. For wounds we will use silver alginate to continue autolytic debridement. Continue light compression tubes or socks for edema control.
Patient education took place regarding the treatment progress and further measures to address the condition. The patient was given an opportunity to ask questions.
It was a pleasure to see Ms. Hoffman at my clinic. Please do not hesitate to call me for any questions or concerns.
Treatment plan recommended at this time includes the following:
Jeanne was seen today for new patient consult.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with necrosis of muscle
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Non-pressure chronic ulcer of left calf with necrosis of muscle
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Chronic venous hypertension with ulcer and inflammation, left
- NURSING COMMUNICATION

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Letters (continued)

- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Atherosclerosis of native artery of left lower extremity with ulceration of calf (HCC)

- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Patient Instructions

Right calf and left calf: Clean with water, apply silver alginate cover with gauze and roll gauze secure with tape change every other day
Compressogrip socks on both legs every day.

Return in about 4 weeks (around 11/2/2020).

Nilufer B Norsworthy, MD

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents

Provider-Created Image - Scan on 10/5/2020 11:14 AM

Scan (below)



10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

Provider-Created Image - Scan on 10/5/2020 11:17 AM

Scan (below)



10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

Provider-Created Image - Scan on 10/5/2020 11:17 AM

Scan (below)



10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

Provider-Created Image - Scan on 10/5/2020 11:17 AM

Scan (below)



10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

Provider-Created Image - Scan on 10/5/2020 11:17 AM

Scan (below)



10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

Provider-Created Image - Scan on 10/5/2020 11:17 AM

Scan (below)



10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

After Visit Summary - Document on 10/5/2020 12:04 PM: After Visit Summary

Document (below)

UW Medicine
UNIVERSITY OF WASHINGTON MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
10/5/2020 10:30 AM UW Medical Center - Northwest Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Right calf and left calf: Clean with water, apply silver alginate cover with gauze and roll gauze secure with tape change every other day
Compressogrip socks on both legs every day.

Return in about 4 weeks
(around 11/2/2020).

What's Next

OCT 21 2020 Return Patient Appointment with William E Neighbor, MD
Wednesday October 21 9:40 AM
(Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday October 5, 2020 for: New Patient Consult.

Blood Pressure 152/72	BMI 18.74
Weight 112 lb 9.6 oz	Height 5' 5"
Temperature (Oral) 97.6 °F	Pulse 72
Respiration 16	

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of October 5, 2020 12:04 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-15 MG tablet	One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
Narcan 4 MG/0.1ML nasal spray Generic drug: naloxone	Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-780-6885 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

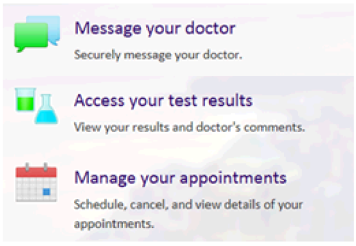
A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use eCare (MyChart) to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for eCare (MyChart) today. It's the best way to communicate with your care team!



To Set Up Your Account:

Request an activation code at Ecare.uwmedicine.org

Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

Clinical - Scan on 10/13/2020 2:22 PM

Scan (below)

U8170135 BD:1/06/1925 95Y F
HOFFMAN
JEANNE
LEONIE
UWMC NW WOUND CARE
DOS:10/05/20
NORSWORTHY, NILUFER*
Enc:1852343582 RES:40706463

UW Medicine

I hereby authorize **Dr NILUFER NORSWORTHY, MD** associates or assistants of his/her choice on staff at Northwest Hospital Wound Care Center to provide services for comprehensive wound care management.

Dr NILUFER NORSWORTHY, MD has fully explained to me the nature and purpose of the Northwest Hospital Wound Care Center's approach to wound treatment and healing. I have also been informed of expected benefits and potential complications (from known and unknown causes), as well as, discomforts and risks that may arise. Alternatives to the proposed treatment(s) including no treatment were presented to me. I have been given an opportunity to ask questions, and all my questions have been answered fully and satisfactorily.

I agree to any debridement and any tissue removed may be examined and retained by Northwest Hospital Wound Care Center and its authorized affiliate for medical, scientific or educational purposes and such tissues or parts may be disposed of in accordance with accustomed practice.

I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the wound care and/or other treatment.

I hereby consent that photographs, tape recordings, videotapes and/or movies may be taken of me and/or the named patient by Northwest Hospital Wound Care Center in connection with the medical and other services, which I/the patient am receiving at Northwest Hospital Wound Care Center. I further consent that a history of my/the patient's social and medical problems may be taken by Northwest Hospital Wound Care Center.

I understand that neither myself.the patient nor members of my.the patient's family will be identified by name in connection with any public use of this material.

I grant this consent as a voluntary contribution and I waive any and all rights I/the patient may have to royalties or other compensation in connection with any such use.

I confirm that I have read and fully understand the above and that all blank spaces have been completed prior to my signing. I have crossed out any paragraphs above, which do not pertain to me.

Patient/Relative or Guardian*: _____ (signature)
L Jeanne L Hoffman (print name)

Relationship, if signed by person other than patient _____

(If required) Interpreter _____ (signature)
_____ (print name)

Witness _____ Kim Mc 10/5/20
Signature (Print Name) Date

*The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is other wise incompetent to sign.

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to, the proposed wound care and/or other treatment have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

Wound Care Clinic

Box 358811
1560 N 115th Street, Suite 201
Seattle, WA 98133

206.668.1244p
206.668.1270f

Clinical

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

Questionnaire - Scan on 10/14/2020 10:11 AM: U3626

Scan (below)

Health History – Northwest Wound Care & Hyperbaric Center

Name: Last Hoffman First Jeanne MI Leonie Date: Oct 5, 2020

Birthdate: 1/6/1925 Gender: F E-Mail: mediconum@usa.com

REASON FOR VISIT: General / Wound Inspection Preferred Pharmacy:

Allergies:	Medication or Substance	Reaction
☑ No Allergies	eCare	None

Current Medications:	Label - Name	Dose	Frequency
OR	eCare		
☐ See Attached List			

Social History

Do you live alone? ☐ Yes ☒ No
☐ Single ☐ Married ☐ Domestic Partner (Spouse/Partner Name: Caregiver/Louis Albin) # Kids 0
Do you use tobacco products? ☐ Daily ☐ Some Days ☐ Quit ☐ Passive (around cigarette smoke) ☒ Never
Packs per Day _____ Years Smoked _____ Date Quit _____
Type(s) of Tobacco: ☐ Cigarettes ☐ Cigars ☐ E-Cigarettes ☐ Chew ☐ Snuff
Do you drink alcohol? ☐ Yes ☒ No ☐ Quit Date Quit _____
Drinks per Day _____ Drinks per Week _____ Type: ☐ Beer ☐ Wine ☐ Liquor
Do you use recreational drugs? ☒ Never ☐ Yes – Use per Week _____ ☒ No ☐ Quit Date Quit _____
Have you ever used intravenous (IV) drugs: ☐ Yes ☒ No
Types: ☐ Cocaine ☐ Marijuana ☐ Methamphetamines ☐ Stimulants ☐ Heroin
☐ Depressants ☐Hallucinogens (LSD, mushrooms) ☐ Opioids (vicodin, oxycodone)
Are you working? ☐ Yes What do you do? _____ ☒ No ☒ Retired ☒ Disabled

Please provide contact information (if applicable) :
Home Health Agency: UW HHC / Louis Albin Phone: eCare
Nursing Home/ Skilled Nursing Facility: _____ Phone: _____

Do you have any of the following?

Advanced Directive:	☑ Yes*	☐ No	Medical Power of Attorney:	☑ Yes	☐ No
Living Will:	☒ Yes	☐ No	Do Not Resucitate:	☒ Yes	☐ No

U8170135 BD:1/06/1925 95Y F
HOFFMAN
JEANNE
LEONIE
UWMC NW WOUND CARE
DOS:10/05/20 NORSWORTHY, NILUFER*
Enc:1852343582 RES:40706463

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Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
HHX WOUND CARE HYPERBARIC
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UH3626 REV SEP 18

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

Wound History

Wound Location: Left Leg
When did you first notice the wound? 30 years ago
Has it ever healed and then re-opened? ☐ Yes ☐ No
How did your wound start?

☐ Bite	☐ Chemical Burn	☐ Not Known	☐ Radiation Burn
☐ Blister	☐ Footwear	☐ Other Lesion	☐ Surgical
☐ Bruise	☐ Frostbite	☐ Pimple	☐ Thermal Burn
☐ Bump	☐ Gradually Appeared	☐ Pressure	☒ Trauma

How have you been treating your wound until now? Yes

Have you had any lab work done in the past month?	☒ Yes – If "Yes," ordering provider:		☐ No
Have you ever had a bacteria that resisted antibiotics?	☒ Yes – If "Yes" Date:		☐ No
Have you ever had a bone infection?	☐ Yes – If "Yes" Date:		☒ No
Have you had any tests for blood flow in your legs?	☒ Yes – If "Yes" Date:		☐ No
If yes, where was the test done?	UWMC / UW HMC	Ordering Provider:	UW HMC

Medical History

Please check box for those conditions you have now or have ever had.

☒ Abnormal ECG	☐ Cirrhosis	☒ Gastric Ulcer	☐ Pancreatitis
☐ Alcoholism	☐ Colon Cancer	☐ Groin Hernia	☐ Pulmonary Arterial Hypertension
☐ Anal Fissure	☐ Colon Polyps	☐ Hemangioma	
☐ Anesthesia Problems	☐ Coronary Atherosclerosis	☐ Hiatal Hernia	☐ Pulmonary Embolism
☐ Arrhythmia	☐ Deep Vein Thrombosis	☐ Liver Disease	☐ Pulmonary Hypertension
☐ Barrett's Esophagus	☐ Diabetes Mellitus	☐ Liver Mass	☐ TIA
☐ Breast Mass	☐ Diverticulitis	☐ Obesity	☐ Trauma
☐ Burns	☐ Emphysema	☐ Obstructive Sleep Apnea	☐ Vertical or Incisional Hernia
☐ Cancer (Type:_____)	☐ Fibrocystic Breast	☐ Pacemaker or Implanted Device	☐ Wound Dehiscence
☐ Cholelithiasis			☐ Wound Infection

☐ No Past Medical History	☐ Congestive Heart Failure	☐ Headache	☐ Musculoskeletal
☐ Allergic Rhinitis	☐ COPD	☐ Heart Murmur	☐ Myocardial Infarction
☐ Anemia	☐ Depression	☐ Hepatitis (Type:_____)	☐ Osteoporosis
☐ Anxiety	☐ Diabetes Type 1	☐ HIV	☐ PPD
☐ Arthritis	☐ Diabetes Type 2	☐ Hypertension	☐ Seizures
☐ Asthma	☐ GERD	☐ Insomnia	☐ Stroke
☐ Bleeding/Clotting Disorder	☐ Glaucoma	☐ Kidney Disease	☐ Substance Abuse
☐ Blood Transfusion	☐ GYN (Type:_____)	☐ Lipid/Cholesterol	☐ Thyroid Disease
☐ Gout	☐ Rheumatoid Arthritis	☐ Lung Disease	☐ Tuberculosis
		☐ Vasculitis	

☐ Other (Please list): _____

Surgical History

Please check box for any surgery you have had. Indicate Year (YYYY).

☐ No Past Surgical History	☐ CABG (____)	☐ Hernia Repair (____)	☐ Prostate (____)
☐ Adrenalectomy (____)	☐ Cholecystectomy (____)	☐ Hysterectomy (____)	☐ Small Bowel Resection (__)
☐ Anorectal Surgery (____)	☐ Colon Resection (____)	☐ Joint Replacement (__)	☐ Splenectomy (____)
☐ Anti-Reflux Surgery (____)	☐ Colonoscopy (____)	☐ Laparotomy (____)	☐ Thyroidectomy (____)
☐ Appendectomy (____)	☐ Cosmetic Surgery (____)	☐ Liver Resection (____)	☐ Tubal Ligation (____)
☐ Bariatric Surgery (____)	☐ Esophageal Myotomy (__)	☐ Pancreas Resection (____)	☐ Valve Replacement (____)
☐ Breast Surgery (____)	☐ Hemorrhoidectomy (____)		☐ Vascular Surgery (____)

☐ Other (Please list): _____

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UH3626 REV SEP 18

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

History of Hospitalizations (Include surgeries noted above).

If you required hospitalization for an illness other than the disease you are being seen for today, please describe below.

Month/Year	Illness	Month/Year	Illness
2019	Wound Care		

Family History – Check all that apply.

Relationship	First Name	Status (circle)	Alcohol/Drug Abuse	Aneurysm	Arthritis	Asthma	Birth Defects	Bleeding Disorder	Cancer	Clotting Disorder	Colitis	COPD	Deep Vein Thrombosis	Depression	Diabetes	Early Sudden Death	Hearing Loss	Heart Disease	Hernia	Hyperlipidemia	Hypertension	Kidney Disease	Learning Disability	Lipids	Mental Illness	Mental Retardation	Miscarriages	Obesity	Polyps	Stroke	Thyroid Disease	Vision Loss
Mother		alive deceased																													
Father		alive deceased																													
Sister		alive deceased																													
Brother		alive deceased																													
Other–Specify:		alive deceased																													
Other–Specify:		alive deceased																													

****Type of Cancer or Disease:**

Review of Systems (Current Symptoms) – Please check only if these are bothering you at this time

Gastrointestinal:
- ☒ Poor Appetite
- ☐ Stomach Pain
- ☐ Diarrhea
- ☐ Other (Please list):
- ☐ Nausea
- ☐ Constipation
- ☐ Abdominal Swelling
- ☐ Vomiting
- ☐ Vomiting Blood
- ☐ Trouble Swallowing
- ☐ Heartburn/Indigestion
- ☐ Black Tarry Stools
- ☐ Rectal Bleeding

Constitutional:
- ☐ Fevers
- ☐ Weight Gain
- ☐ Fatigue
- ☒ Weight Loss

Head/ Eyes:
- ☒ Cataracts
- ☒ Poor Vision
- ☒ Dry Eyes
- ☐ Color Blindness

Ears/ Nose/ Mouth/ Throat:
- ☒ Hearing Loss
- ☐ Heavy Snoring
- ☐ Chronic Sinus Congestion
- ☒ Bad Teeth

Respiratory (Lungs):
- ☐ Cough
- ☐ Shortness of Breath
- ☐ Asthma
- ☐ Emphysema (COPD)

Muscle/ Bones:
- ☐ Chronic Pain
- ☒ Muscle Weakness
- ☐ Bone Pain
- ☒ Muscle Wasting
- ☐ Muscle Cramping
- ☐ Joint Pain

Skin:
- ☒ Rash
- ☒ Itching
- ☐ Jaundice
- ☒ Psoriasis

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Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
HHX WOUND CARE HYPERBARIC
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U3626

UH3626 REV SEP 18

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

Review of Systems (Current Symptoms) – Please check only if these are bothering you at this time

Neurological:
- ☐ Headaches
- ☐ Confusion
- ☐ Neuropathy
- ☐ Seizures
- ☐ Tremor (shaking)

Vascular:
- ☐ Blood Clots
- ☑ Varicose Veins

Psychosocial:
- ☐ Anxiety / Nerves
- ☐ Depression
- ☑ Abusive Relationship
- ☑ Feeling Worthless
- ☐ Sexual Difficulties
- ☐ Want to Hurt Yourself
- ☐ Insomnia
- ☐ Want to Hurt Others
- ☐ Alcohol Use
- ☐ Drug Use

Endocrine:
- ☐ Hot Flashes
- ☐ Excessive Thirst
- ☐ Intolerance to Heat
- ☐ Intolerance to Cold

Blood/ Lymph:
- ☐ Swollen Lymph Nodes
- ☑ Easy Bruising
- ☑ Easy Bleeding

U8170135 BD:1/06/1925 95Y F
HOFFMAN
JEANNE
LEONIE
UWMC NW WOUND CARE
DOS:10/05/20 NORSWORTHY, NILUFER*
Enc:1852343582 RES:40706463

UW Medicine
Harborview Medical Center – [redacted]
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
HHX WOUND CARE HYPERBARIC
Page 4 of 4
U3626

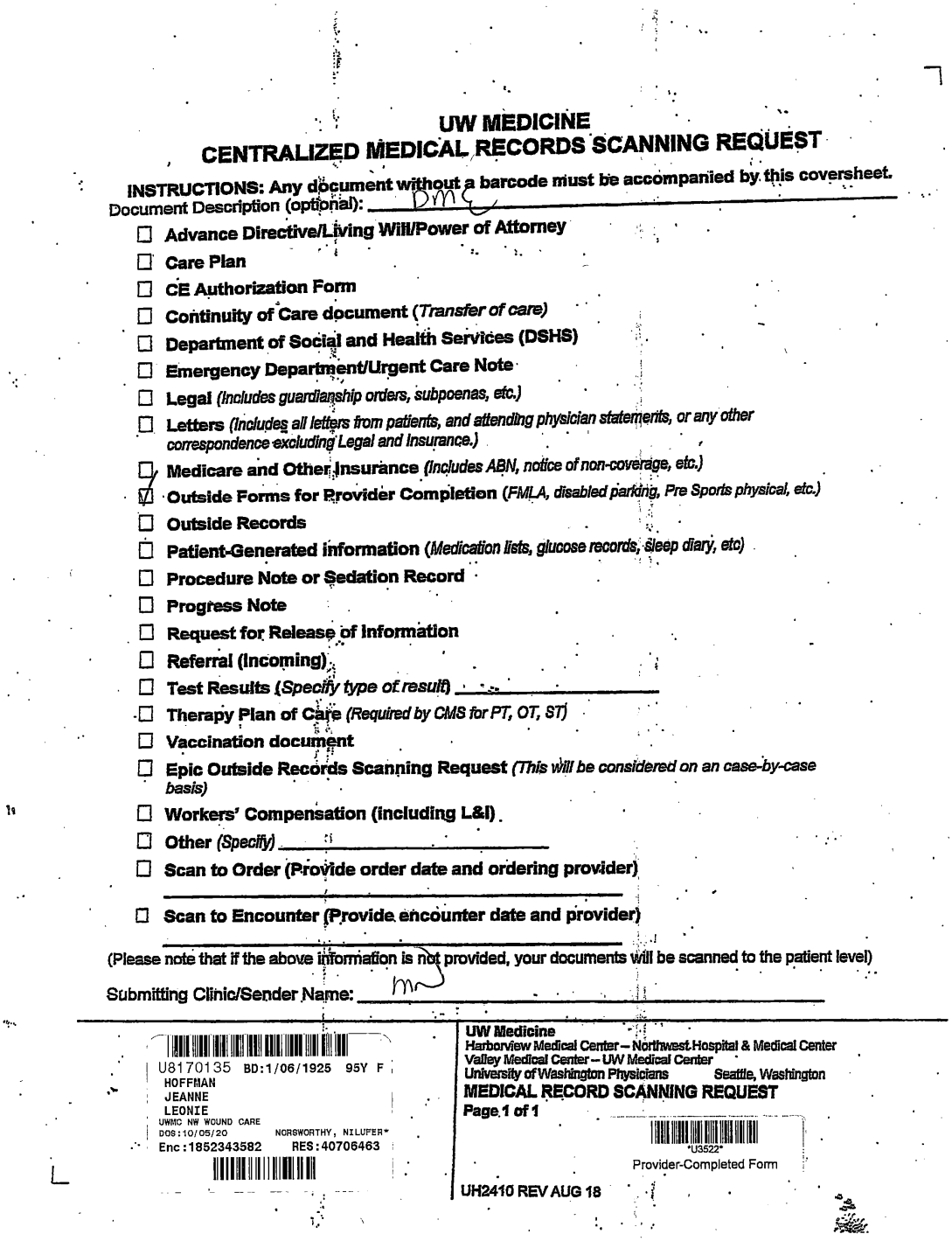
UH3626 REV SEP 18

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)

Provider-Completed Form - Scan on 10/16/2020 10:30 AM: U3522

Scan (below)



UW MEDICINE
CENTRALIZED MEDICAL RECORDS SCANNING REQUEST

INSTRUCTIONS: Any document without a barcode must be accompanied by this coversheet.
Document Description (optional): DMC

- ☐ **Advance Directive/Living Will/Power of Attorney**
- ☐ **Care Plan**
- ☐ **CE Authorization Form**
- ☐ **Continuity of Care document** (*Transfer of care*)
- ☐ **Department of Social and Health Services (DSHS)**
- ☐ **Emergency Department/Urgent Care Note**
- ☐ **Legal** (*Includes guardianship orders, subpoenas, etc.*)
- ☐ **Letters** (*Includes all letters from patients, and attending physician statements, or any other correspondence excluding Legal and Insurance.*)
- ☐ **Medicare and Other Insurance** (*Includes ABN, notice of non-coverage, etc.*)
- ☑ **Outside Forms for Provider Completion** (*FMLA, disabled parking, Pre Sports physical, etc.*)
- ☐ **Outside Records**
- ☐ **Patient-Generated information** (*Medication lists, glucose records, sleep diary, etc*)
- ☐ **Procedure Note or Sedation Record**
- ☐ **Progress Note**
- ☐ **Request for Release of Information**
- ☐ **Referral (Incoming)**
- ☐ **Test Results** (*Specify type of result*) _____
- ☐ **Therapy Plan of Care** (*Required by CMS for PT, OT, ST*)
- ☐ **Vaccination document**
- ☐ **Epic Outside Records Scanning Request** (*This will be considered on an case-by-case basis)*
- ☐ **Workers' Compensation (including L&I)**
- ☐ **Other** (*Specify*) _____
- ☐ **Scan to Order (Provide order date and ordering provider)** _____
- ☐ **Scan to Encounter (Provide encounter date and provider)** _____

(Please note that if the above information is not provided, your documents will be scanned to the patient level)

Submitting Clinic/Sender Name: mc

U8170135 BD:1/06/1925 95Y F
HOFFMAN
JEANNE
LEONIE
UWMC NW WOUND CARE
DOS:10/05/20 NORSWORTHY, NILUFER*
Enc:1852343582 RES:40706463

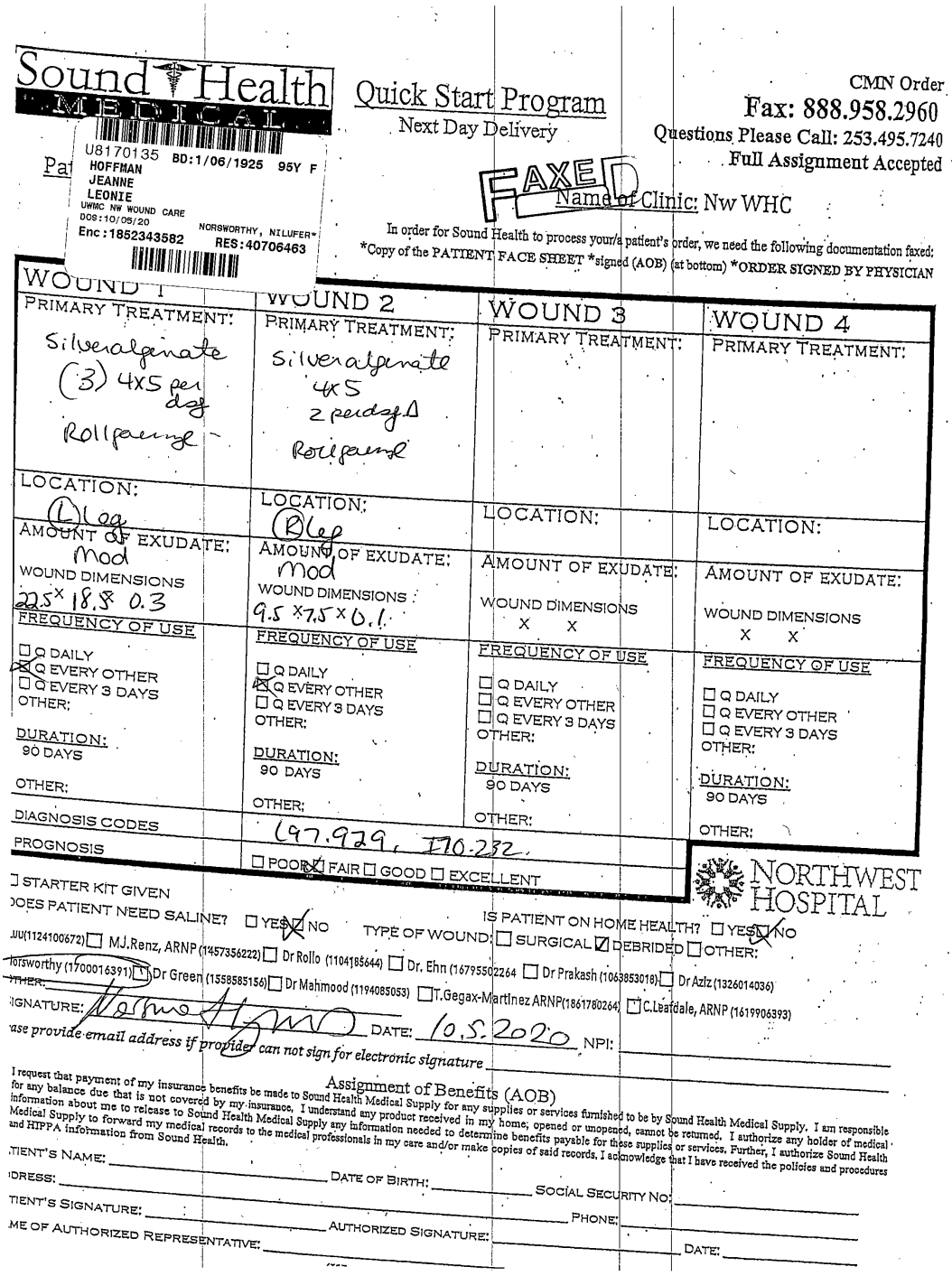
UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
MEDICAL RECORD SCANNING REQUEST
Page 1 of 1

U3522
Provider-Completed Form

UH2410 REV AUG 18

10/05/2020 - Office Visit in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Documents (continued)



Sound Health MEDICAL

Quick Start Program
Next Day Delivery

CMN Order
Fax: 888.958.2960
Questions Please Call: 253.495.7240
Full Assignment Accepted

U8170135 BD:1/06/1925 95Y F
HOFFMAN
JEANNE
LEONIE
UWMC NW WOUND CARE
DOS:10/05/20
NORSWORTHY, NILUFER*
Enc:1852343582 RES:40706463

FAXED

Name of Clinic: Nw WHC

In order for Sound Health to process your/a patient's order, we need the following documentation faxed:
*Copy of the PATIENT FACE SHEET *signed (AOB) (at bottom) *ORDER SIGNED BY PHYSICIAN

WOUND 1	WOUND 2	WOUND 3	WOUND 4
PRIMARY TREATMENT: Silveralginate (3) 4x5 per day Rollgauze	PRIMARY TREATMENT: Silveralginate 4x5 2 per day Δ Rollgauze	PRIMARY TREATMENT:	PRIMARY TREATMENT:
LOCATION: (L) Leg	LOCATION: (R) Leg	LOCATION:	LOCATION:
AMOUNT OF EXUDATE: Mod	AMOUNT OF EXUDATE: Mod	AMOUNT OF EXUDATE:	AMOUNT OF EXUDATE:
WOUND DIMENSIONS 22.5 x 18.8 0.3	WOUND DIMENSIONS 9.5 x 7.5 x 0.1	WOUND DIMENSIONS x x	WOUND DIMENSIONS x x
FREQUENCY OF USE ☐ Q DAILY ☒ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:	FREQUENCY OF USE ☐ Q DAILY ☒ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:	FREQUENCY OF USE ☐ Q DAILY ☐ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:	FREQUENCY OF USE ☐ Q DAILY ☐ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:
DURATION: 90 DAYS	DURATION: 90 DAYS	DURATION: 90 DAYS	DURATION: 90 DAYS
OTHER:	OTHER:	OTHER:	OTHER:
DIAGNOSIS CODES	L97.929, I70.232		
PROGNOSIS	☐ POOR ☒ FAIR ☐ GOOD ☐ EXCELLENT		

NORTHWEST HOSPITAL

☐ STARTER KIT GIVEN

DOES PATIENT NEED SALINE? ☐ YES ☒ NO

IS PATIENT ON HOME HEALTH? ☐ YES ☒ NO

TYPE OF WOUND: ☐ SURGICAL ☑ DEBRIDED ☐ OTHER:

UU(1124100672) ☐ MJ.Renz, ARNP (1457356222) ☐ Dr Rollo (1104185644) ☐ Dr. Ehn (1679550226 4) ☐ Dr Prakash (1063853018) ☐ Dr Aziz (1326014036)

Norsworthy (1700016391) ☐ Dr Green (1558585156) ☐ Dr Mahmood (1194085053) ☐ T.Gegax-Martinez ARNP(1861780264) ☐ C.Leafdale, ARNP (1619906393)

OTHER:

SIGNATURE: [signature] DATE: 10.5.2020 NPI:

ase provide email address if provider can not sign for electronic signature

Assignment of Benefits (AOB)

I request that payment of my insurance benefits be made to Sound Health Medical Supply for any supplies or services furnished to be by Sound Health Medical Supply. I am responsible for any balance due that is not covered by my insurance. I understand any product received in my home, opened or unopened, cannot be returned. I authorize any holder of medical information about me to release to Sound Health Medical Supply any information needed to determine benefits payable for these supplies or services. Further, I authorize Sound Health Medical Supply to forward my medical records to the medical professionals in my care and/or make copies of said records. I acknowledge that I have received the policies and procedures and HIPPA information from Sound Health.

TIENT'S NAME: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

DRESS: _____ PHONE: _____

TIENT'S SIGNATURE: _____ AUTHORIZED SIGNATURE: _____ DATE: _____

ME OF AUTHORIZED REPRESENTATIVE: _____

09/16/2020 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Medication Management, Derm Problem, Wound Check/Dressing Change, and RNGREATERTHAN60
Visit diagnoses:

- Venous ulcer of left leg (primary)
- Other chronic pain
- Hypercholesterolemia
- History of recurrent deep vein thrombosis (DVT)
- Vaccine counseling

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

09/16/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2020
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 8/12/2020
Start date: 8/12/2020
End date: 10/21/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2020
Reason for discontinuation: Reorder
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/21/2020
Quantity: 30 tablet
Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

Stopped in Visit

None

Clinical Notes

09/16/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Progress Notes

Neighbor Jr., William E, MD at 9/16/2020 1040

Jeanne Leonie Hoffman is a 95 year old female here to discuss the following: No chief complaint on file.

Jeanne Is in with her son Louis today. Her last visit was June 17, 2020 Following emergency room visit at Harborview in brief stay for community-acquired pneumonia without evidence of COVID19, resolved cellulitis of chronic lower extremity decubitus ulcers, hypersomnolence related to overuse of Tylenol with codeine. At this visit in mid June she was changed to lower dose Tylenol with codeine, namely, Tylenol #2. A Narcan prescription was sent to her pharmacy. Plan was she was to followup with the northwest wound care center which has not happened.

By way of followup today:
--There've been no further episodes of somnolence and she has decreased her use of Tylenol with codeine Relying more on simply set a medicine.
--Her son continues to dress the wounds. She's not had any fever chills or increased redness.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

• Adult failure to thrive syndrome [R62.7]	10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

• Unspecified vitamin B deficiency [E53.9]	05/01/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

• Sensorineural hearing loss, unspecified [H90.5]	11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

• DVT, recurrent, lower extremity, chronic (HCC) [I82.509]	11/20/2006

Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9] 10/10/2019
- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Fall [W19.XXXA] 09/03/2019
- Acute blood loss anaemia [D62] 08/11/2019
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019
- Chronic venous hypertension with ulcer, bilateral [I87.313, L97.919, L97.929] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019
- Atherosclerosis of native artery of both lower 09/24/2018

extremities with bilateral ulceration of calves [I70.232, I70.242]	
• Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909]	09/24/2018
• Vitamin D deficiency [E55.9]	07/09/2018
• Venous ulcer of left leg (HCC) [I83.029, L97.929]	06/07/2018
• Normocytic anemia [D64.9]	06/07/2018
• Severe protein-calorie malnutrition (HCC) [E43]	06/07/2018
• Urge urinary incontinence [N39.41]	06/07/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323]	05/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223]	05/17/2018
• Chronic venous hypertension with ulcer and inflammation, left [I87.332, L97.929]	05/17/2018
• Primary osteoarthritis of both hips [M16.0]	02/01/2017
• Thrombocytopenia (HCC) [D69.6]	11/02/2016
• Imbalance [R26.89]	11/02/2016
• History of recurrent deep vein thrombosis (DVT) [Z86.718]	06/02/2016
• Hip joint stiffness [M25.659]	01/06/2015
• Leg weakness, bilateral [R29.898]	01/06/2015
• Weakness of trunk musculature [M62.81]	01/06/2015
• Pseudophakia, both eyes [Z96.1]	11/08/2014
• Urine incontinence [R32]	08/27/2014
Uses pads	
• Type 2 diabetes mellitus without complication (HCC) [E11.9]	03/27/2007
Year onset: Dx March 2007 Metformin discontinued 2011 as A1c in target range without it. Diet and weight controlled.	

No outpatient medications have been marked as taking for the 9/16/20 encounter (Appointment) with Neighbor Jr., William E, MD.

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No

Objective:
There were no vitals taken for this visit.
Estimated body mass index is 18.89 kg/m² as calculated from the following:
Height as of 8/20/19: 5' 1" (1.549 m).
Weight as of 6/17/20: 45.4 kg (100 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter:
General: NAD
Difficulty with hearing as usual. There is no somnolence. She is alert and smiling.
Skin: Examination of the right lower leg today shows complete healing of malleolar ulcerations. The skin is somewhat dry. Examination of the left lower leg however shows quite extensive but superficial ulceration rather than the deep ulcerations she had had in the past. There is no redness or evidence of cellulitis currently.

Lab and other tests: none

Assessment and Plan:
1. Venous ulcer of left leg (HCC)
Extensive ulcerations but more superficial than in the past. No evidence of active infection.
Plan:
--Our nurse redress to wounds today on the left lower leg.
--Continue pain control with minimal use of Tylenol No2.
--Continue daily dressing changes
--Her son Louis called the Northwest Hospital wound care center during the visit and left a message. I emphasized the importance of followup at the wound care center.

2. Other chronic pain
She is doing well with lower dose of codeine and using it more sparingly now. She should rely primarily on regular Tylenol as discussed above. The pain medications are primarily for osteoarthritis.
- acetaminophen-codeine 300-15 MG tablet; One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose. Dispense: 30 tablet; Refill: 0

3. Hypercholesterolemia
She is due for refill of low-dose statin. In the last 2 years when she was taken off the statin her subsequent lipid values raised considerably and reduced when she was placed on a statin again. There is some evidence that statins may help to reduce the risk of recurrent venous thrombosis which is an issue for her.
- atorvastatin 20 MG tablet; Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction Dispense: 45 tablet; Refill: 3

4. History of recurrent deep vein thrombosis (DVT)
Refilled the rheostatic agent.
- pentoxifylline ER 400 MG ER tablet; Take 1 tablet (400 mg) by mouth 3 times a day. Dispense: 90 tablet; Refill: 6

5. Vaccine counseling
High-dose flu vaccine today

Letter for housing for two bedroom apartment written. Her son is her main care giver. Jeanne needs her own room.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 9/17/2020 5:42 PM

Anderson-Kloth, Carmen N, CMA at 9/16/2020 1040

Vaccine Screening Questions

Interpreter: No

1. Are you allergic to Latex? NO

2. Have you had a serious reaction or an allergic reaction to a vaccine? NO

3. Currently have a moderate or severe illness, including fever? NO

4. Ever had a seizure or any neurological problem associated with a vaccine? *(DTaP/TDaP/DTP pertinent)* NO

5. Is patient receiving any live vaccinations today? *(Varicella-Chickenpox, MMR-Measles/Mumps/Rubella, Zoster-Shingles, Flumist, Yellow Fever) NOTE: oral rotavirus is exempt* NO

If **YES** to any of the questions above – Do **NOT** give vaccine. Consult with RN or provider in clinic. (#5 can be YES if all Live vaccine questions are answered NO)

If **NO** to all questions above - Patient may receive vaccine.

6. Do you need to receive the Flu vaccine today? YES - Additional Flu Questions **Flu Vaccine Screening Questions:**

Ever had a serious allergic reaction to eggs? NO

Ever had Guillain-Barre syndrome associated with a vaccine? NO

Less than 6 months old? NO

If **YES** to any of the *Flu* questions above - NO Flu Vaccine to be given. Patient may consult provider as needed.

If **NO** to all questions above - Patient may receive Flu Shot (IM)

Is the patient requesting Flumist? NO

If between 6 months and 8 years of age, was flu vaccine received last year? N/A
If **NO** to above question:

- Children who are receiving influenza vaccine for the first time - administer 2 doses of the current influenza vaccine (separated by at least 4 weeks).

Influenza (high dose)

All patients are encouraged to wait 15 minutes before leaving after receiving any vaccine.

VIS given 9/16/2020 by Carmen N Anderson-Kloth, CMA

Was Jeanne Leonie Hoffman alert, oriented, and without adverse reaction after the vaccine was given y/n: YES.

Electronically signed by Anderson-Kloth, Carmen N, CMA at 9/17/2020 5:42 PM

Collins V, Marta, RN at 9/16/2020 1040

WOUND CARE NURSING NOTE:

SUBJECTIVE:
Jeanne Leonie Hoffman is a 95 year old female presents for wound care of multiple wound on her L lower leg on.
Tetanus vaccination status reviewed: last tetanus booster within 10 years.

OBJECTIVE:
Location: Multiple decubitis ulcers on the L lower extremity.
Measurements: Unable to measure because they are scattered all along the lower leg, one connecting to another.
Undermining/Tunneling: NO
Wound Bed: yellow eschar covering most of the areas of breakdown on her legs, what tissue is not effected is dusky and skin is flaky.
Wound Edges: Some are rolled others gradually deepen, none or more than there are also patchy areas where previous skin grafting has been attempted. There is fibrous tissue in some areas, no healthy looking granulation tissue though a few of the wounds have healed and are a light pink color w/some whitish slough that can be wiped off.
Exudate: minimal exudate though pt reports coupious serous fluid and some bleeding. There is a foul odor but hard to tell what is the wound and what is body odor.
Circulation: unable to palpate pulses due to swelling in the lower ext. Foot is warm to touch.
Periwound condition: dry skin, tight from swelling, patchy dusky colored areas

ASSESSMENT : Wound appearance delayed healing due to age, poor circulation and living situation.
PLAN:
The wound is cleansed, debrided of foreign material as much as possible, and dressed.
The patient is alerted to watch for any signs of infection (redness, pus, pain, increased swelling or fever) and call if such occurs.
Advised patient to keep dressing in place and return for recheck at the NW wound care clinic asap.
If appropriate keep area of wound elevated.
If using an ace wrap remove it at night.
Keep wound clean and dry.
Eat a diet high in protein particularly red meat if possible.

<u>If pt is assuming care at home:</u>
Home wound care instructions are provided.
Change drsg in 6 days.
Wash area or shower before drsg change, pat dry with gauze pad or clean towel.
Apply vasoline, abx ointment or medihoney as advised by RN

<u>Reviewed plan if problems develop:</u>
Monitor for signs of infection (fever, pus at wound site +/- increasing redness)
Apply direct pressure if bleeding occurs.

09/16/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

F/U on wound care at NWH don't remove drsgs for 607 days then soak lower ext to soften the eschar and remove whatever will come off easily. May bleed so don't be alarmed.
Patient's son voiced understanding and agreement with plan.
Marta Collins RN

Electronically signed by Collins V, Marta, RN at 9/17/2020 5:42 PM

Labs

WOUND CULTURE W/GRAM ORDER (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/16/20 1153** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 09/16/20 1153
Ordering mode: Standard
Frequency: Routine 09/16/20 -
Quantity: 1
Authorized by: Neighbor Jr., William E, MD
Class: Clinic Collect
Discontinued by: Neighbor Jr., William E, MD 09/16/20 1817 [Cancel, order changed]

Specimen Information

ID	Type	Source	Collected By
—	Wound	—	—

Immunizations Given

Immunization	Date
Influenza quadrivalent high-dose (Fluzone High-Dose)	09/16/2020

Other Orders

Immunization/Injection

influenza high-dose quadrivalent vaccine PF (adult greater than 65yrs) 0.7 mL IM - 90662 (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 09/16/20 1143** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 09/16/20 1143
Ordering mode: Standard
Frequency: Routine 09/16/20 -
Quantity: 1
Authorized by: Neighbor Jr., William E, MD
Class: On Site

Medications

acetaminophen-codeine 300-15 MG tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/16/20 1809** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 09/16/20 1809
Ordering mode: Standard
Frequency: Routine 09/16/20 - 10/21/20
Discontinued by: Neighbor Jr., William E, MD 10/21/20 1008 [Reorder]
Diagnoses
Venous ulcer of left leg (HCC) [I83.029, L97.929]
Other chronic pain [G89.29]
Admin instructions: One half to one tablet daily. Take additional acetaminophen during the
Authorized by: Neighbor Jr., William E, MD
Class: Normal

09/16/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

day up to 2500 mg in divided dose.
Reordered from: acetaminophen-codeine 300-15 MG tablet

Indications

Venous ulcer of left leg (HCC) [I83.029, L97.929 (ICD-10-CM)]
Other chronic pain [G89.29 (ICD-10-CM)]

atorvastatin 20 MG tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/16/20 1809** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 09/16/20 1809 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Daily 09/16/20 - 10/13/21 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 10/13/21 1100 [Reorder]
Diagnoses
Hypercholesterolemia [E78.00]
Admin instructions: For cholesterol reduction
Reordered from: atorvastatin 20 MG Oral Tablet

Indications

Hypercholesterolemia [E78.00 (ICD-10-CM)]

pentoxifylline ER 400 MG ER tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/16/20 1809** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 09/16/20 1809 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine TID 09/16/20 - 10/13/21 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 10/13/21 1100 [Reorder]
Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]
Reordered from: pentoxifylline ER 400 MG Oral Tab CR

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	09/16/20 1055	09/16/20 1047
Height	5' 5" (1.651 m)	—
Weight	—	49.9 kg (110 lb)
BP	—	**147/66** !
Pulse	—	67

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

09/16/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 9/16/2020 10:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Pick up these medications at SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

acetaminophen-codeine • atorvastatin • pentoxifylline ER

Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
Phone: 206-842-0127

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You saw William E Neighbor, MD on Wednesday September 16, 2020. The following issues were addressed:

- Open wound of right lower extremity, initial encounter
- Venous ulcer of left leg
- Other chronic pain
- Hypercholesterolemia
- History of recurrent deep vein thrombosis (DVT)

Blood Pressure 147/66	BMI 18.30
Weight 110 lb	Height 5' 5"
Pulse 67	

Done Today
WOUND CULTURE W/GRAM ORDER for Open wound of right lower extremity, initial encounter

Immunizations Given
Influenza quadrivalent high-dose

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Pain Control and Opioid Safety Instructions

Today you were given a prescription for an opioid pain medicine. You have the right to refuse an opioid prescription for any reason. Simply tell your prescriber about this preference and it will be written in your medical record. You can change your mind about this at any time.

If you do fill your prescription remember that even strong pain medicines may not remove all pain. Please use non-drug methods such as heat, cold, or relaxation to help control your pain. Unless your doctor tells you otherwise, try taking acetaminophen (Tylenol) and ibuprofen (Advil, Motrin) to control your pain before you take opioid pain medicine. You do not need a prescription to buy acetaminophen and ibuprofen. Follow the dose instructions on the bottles.

Opioid medications may be prescribed by health care providers to treat moderate to severe pain, but can have side effects and serious health risks, such as tolerance, physical dependence, opioid use disorder, and overdose. Risks are greater when used with other medicines for sleep or anxiety, if you are over the age of 65, have a history of substance use, mental health condition, or are pregnant. Only take opioids if you have strong pain that does not lessen with other methods to control your pain. Never take more than the maximum dose as prescribed by your provider.

Safe use

- Do not operate a car or heavy machinery while using this medicine.
- Do not drink alcohol with this medicine.
- Side effects include drowsiness, nausea, constipation, and dry mouth.
- Opioids can be habit forming.
- Opioids can slow your breathing and heart rate. If they slow too much, it can cause death.

Naloxone for Opioid Overdose

Naloxone is a prescription medicine that temporarily reverses an opioid overdose. In the state of Washington, you can get naloxone from any pharmacy without a prescription. The cost may vary. For more information, visit **stopoverdose.org**

Safe storage

- Never share or sell your prescription opioids.
- Keep opioid medications locked or in a safe location.
- Keep out of reach of children and out of sight from others.
- Leave in the original bottle with the label attached.

Proper disposal

You are NOT required to use all of your opioid medication. To find your nearest take-back location for proper disposal of unused medications, please visit:

- takebackyourmeds.org,
- med-project.org, or
- doh.wa.gov/safemedreturn

If you cannot use a medication take-back program, flush the opioids down the toilet.

Your Medication List as of September 16, 2020 6:09 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-15 MG tablet	One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
Narcan 4 MG/0.1ML nasal spray Generic drug: naloxone	Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) *Preferred* 206-000-0000 (Work) 206-780-6885 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/16/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

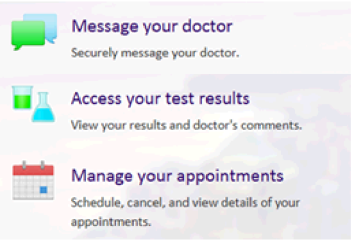
A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use eCare (MyChart) to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for eCare (MyChart) today. It's the best way to communicate with your care team!



To Set Up Your Account:

Request an activation code at Ecare.uwmedicine.org

Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

Letters

Letter by Neighbor Jr., William E, MD on 9/16/2020

Status: Sent
Letter body:

September 16, 2020

09/16/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Letters (continued)

Jeane L. Hoffman
321 High School Road NE
Ste D3 PMB 292
BAINBRIDGE ISLAND WA 98110

Attn: Resource Bainbridge

RE: Jeane Leonie Hoffman
DOB: 1/6/1925

To whom it may concern:

I am the primary care physician for the above individual who is 95 years of age and suffers from poor hearing, arthritis, and recurrent ulcerations of her lower legs. Her son Louis is her main care provider. Currently they live in a single bedroom apartment.

I recommend they be provided a two bedroom apartment. This would provide Jeanne her own room to facilitate better rest and privacy contributing to her overall well being while still affording her the continuing care provided by her son Louis.

Sincerely,

Electronically signed by
William E Neighbor, MD

CC: No Recipients

09/16/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 9/16/2020 6:09 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 9/16/2020 10:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Pick up these medications at SAFEWAY #27-1252
27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

acetaminophen-codeine • atorvastatin • pentoxifylline ER

Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
Phone: 206-842-0127

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You saw William E Neighbor, MD on Wednesday September 16, 2020. The following issues were addressed:

- Open wound of right lower extremity, initial encounter
- Venous ulcer of left leg
- Other chronic pain
- Hypercholesterolemia
- History of recurrent deep vein thrombosis (DVT)

Blood Pressure 147/66	BMI 18.30
Weight 110 lb	Height 5' 5"
Pulse 67	

Done Today
WOUND CULTURE W/GRAM ORDER
for Open wound of right lower extremity, initial encounter

Immunizations Given
Influenza quadrivalent high-dose

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

09/16/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Pain Control and Opioid Safety Instructions

Today you were given a prescription for an opioid pain medicine. You have the right to refuse an opioid prescription for any reason. Simply tell your prescriber about this preference and it will be written in your medical record. You can change your mind about this at any time.

If you do fill your prescription remember that even strong pain medicines may not remove all pain. Please use non-drug methods such as heat, cold, or relaxation to help control your pain. Unless your doctor tells you otherwise, try taking acetaminophen (Tylenol) and ibuprofen (Advil, Motrin) to control your pain before you take opioid pain medicine. You do not need a prescription to buy acetaminophen and ibuprofen. Follow the dose instructions on the bottles.

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Safe use

- Do not operate a car or heavy machinery while using this medicine.
- Do not drink alcohol with this medicine.
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- Opioids can be habit forming.
- Opioids can slow your breathing and heart rate. If they slow too much, it can cause death.

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Naloxone is a prescription medicine that temporarily reverses an opioid overdose. In the state of Washington, you can get naloxone from any pharmacy without a prescription. The cost may vary. For more information, visit **stopoverdose.org**

Safe storage

- Never share or sell your prescription opioids.
- Keep opioid medications locked or in a safe location.
- Keep out of reach of children and out of sight from others.
- Leave in the original bottle with the label attached.

Proper disposal

You are NOT required to use all of your opioid medication. To find your nearest take-back location for proper disposal of unused medications, please visit:

- takebackyourmeds.org,
- med-project.org, or
- doh.wa.gov/safemedreturn

If you cannot use a medication take-back program, flush the opioids down the toilet.

Your Medication List as of September 16, 2020 6:09 PM

ⓘ If you have any questions, ask your nurse or doctor.

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atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
Narcan 4 MG/0.1ML nasal spray Generic drug: naloxone	Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

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09/16/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Thank you for your visit!

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- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
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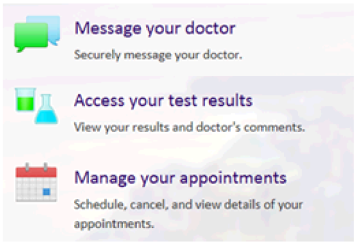

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Already have and activation code? Click on "set up your account".

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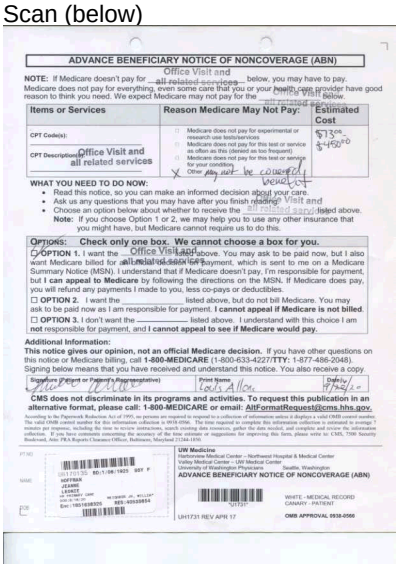
09/16/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Insurance Document - Scan on 9/18/2020 2:58 PM: OV 09/16/2020 Waiver

Scan (below)



ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for Office Visit and all related services below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the Office Visit and all related services below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost
CPT Code(s):	☐ Medicare does not pay for experimental or research use tests/services	$13.00
CPT Description: Office Visit and all related services	☐ Medicare does not pay for this test or service as often as this (denied as too frequent)	$450.00
	☐ Medicare does not pay for this test or service for your condition	
	Other: May not be covered / Denied	

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the Office Visit and all related services listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the Office Visit and all related services listed above. You may ask to be paid now, but I also want Medicare billed for all related services for payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I'm responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Representative)	Print Name	Date
[signature]	Louis Allen	9/16/20

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT NO
NAME
DOB

U8170135 BD:1/06/1925 SEX F
HOFFMAN
JEANNE
LEONIE
MEDICARE
Exp: 1903-01-08 SEX: 0953-0854

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

UH1731

WHITE – MEDICAL RECORD
CANARY – PATIENT

UH1731 REV APR 17

OMB APPROVAL 0938-0566

09/15/2020 - Orders Only in Harborview Flu & Covid-19 Clinic

Reason for Visit

Visit diagnosis: Acute upper respiratory infections of unspecified site

Visit Information

Department

Name	Address	Phone	Fax
Harborview Flu & Covid-19 Clinic	319 Terry Ave Seattle WA 98104	206-744-0400	206-744-8516

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

09/15/2020 - Orders Only in Harborview Flu & Covid-19 Clinic (continued)

Medication List (continued)

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 6/19/2020
Start date: 6/19/2020 | End date: 6/19/2021
Quantity: 2 each | Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 10/21/2020
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Kauffman, Mary Johanna Kelly, MD | Ordered on: 8/12/2020
Start date: 8/12/2020 | End date: 10/21/2020
Quantity: 10 mL | Refill: No refills remaining

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 10/21/2020
Reason for discontinuation: Reorder
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 9/16/2020
Start date: 9/16/2020 | End date: 10/21/2020
Quantity: 30 tablet | Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD | Ordered on: 9/16/2020
Start date: 9/16/2020 | End date: 10/13/2021
Quantity: 45 tablet | Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 9/16/2020
Start date: 9/16/2020 | End date: 10/13/2021
Quantity: 90 tablet | Refill: 6 refills by 9/16/2021

Stopped in Visit

None

Clinical Notes

Result Encounter Note

Chin, Kimberly Y, RN at 9/15/2020 0935

eCare message sent for negative COVID-19 result

Electronically signed by Chin, Kimberly Y, RN at 9/16/2020 8:10 AM

Labs

COVID-19 Coronavirus Qualitative PCR (Final result)

09/15/2020 - Orders Only in Harborview Flu & Covid-19 Clinic (continued)

Labs (continued)

Electronically signed by: **Oscadal, Maureen E, RN on 09/14/20 0931** Status: **Completed**
Ordering user: Oscadal, Maureen E, RN 09/14/20 0931 Authorized by: Ahrenholz, Nicole Chow, MD
Ordering mode: Standard
Frequency: Routine 09/14/20 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Acute upper respiratory infections of unspecified site [J06.9]

Questionnaire

Question	Answer
Specimen Type?	Nasopharyngeal Swab

Order comments: ** DO NOT send in Tube System **

Specimen Information

ID	Type	Source	Collected By
M1118552	Nasal swab	—	09/15/20 1129

COVID-19 Coronavirus Qualitative PCR Resulted: 09/15/20 2138, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 09/15/20 2138
Collected by: 09/15/20 1129 Resulting lab: UW MEDICINE VIROLOGY LAB, 1616 EASTLAKE

Components

Component	Value	Reference Range	Flag	Lab
COVID-19 Coronavirus Qual PCR Specimen Type	Nasopharyngeal Swab	—	—	UW VIROLOGY
COVID-19 Coronavirus Qual PCR Result	None detected	NDET	—	UW VIROLOGY
COVID-19 Coronavirus Qual PCR Interpretation	This is a negative result. Laboratory testing alone cannot rule out infection, particularly in the presence of clinical risk factors such as symptoms or exposure history.	—	—	UW VIROLOGY

Comment:
Performed using the Panther (H) SARS-CoV-2 Transcription Mediated Amplification (TMA) assay. Additional details available here: https://testguide.labmed.uw.edu/NCVQLT.
This test is not yet approved or cleared by the United States FDA. When there are no FDA-approved or cleared tests available, and other criteria are met, FDA can make tests available under an emergency access mechanism called an Emergency Use Authorization (EUA).
The EUA for this test is supported by the Secretary of Health and Human Service's (HHS's) declaration that circumstances exist to justify the emergency use of in vitro diagnostics for the detection and/or diagnosis of the virus that causes COVID-19.
This EUA will remain in effect (meaning this test can be used) for the duration of the COVID-19 declaration justifying emergency of IVDs, unless it is terminated or revoked by FDA (after which the test may no longer be used).

Testing Performed By

09/15/2020 - Orders Only in Harborview Flu & Covid-19 Clinic (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
33 - UW VIROLOGY	UW MEDICINE VIROLOGY LAB, 1616 EASTLAKE	Jerome, Keith Robert, MD	1616 EASTLAKE AVE STE 320 BOX 358115 SEATTLE WA 98102-3795	02/12/20 1531 - 08/18/21 1012

Indications

Acute upper respiratory infections of unspecified site [J06.9 (ICD-10-CM)]

Result Notes

Kimberly Y Chin, RN
9/16/2020 8:10 AM PDT
eCare message sent for negative COVID-19 result

08/10/2020 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

08/10/2020 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 9/16/2020
Quantity: 30 tablet
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2020
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordered on: 8/12/2020
Start date: 8/12/2020
End date: 10/21/2020
Quantity: 10 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 8/12/2020 1117

Refill request routed to provider.

timolol maleate 0.5 % ophthalmic solution

Last Prescribed: 4/3/20 10mL
Last Office Visit: 6/17/20
Next Office Visit: None scheduled

08/10/2020 - Refill in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Electronically signed by Pearson, Terri Jeanne, CMA at 8/12/2020 11:18 AM

Other Orders

Medications

timolol maleate 0.5 % ophthalmic solution (Discontinued)

Electronically signed by: **Kauffman, Mary Johanna Kelly, MD on 08/12/20 1723** Status: **Discontinued**
Ordering user: Kauffman, Mary Johanna Kelly, MD 08/12/20 1723 Authorized by: Kauffman, Mary Johanna Kelly, MD
Ordering mode: Standard
Frequency: 08/12/20 - 10/21/20 Class: Normal
Released by: Kauffman, Mary Johanna Kelly, MD 08/12/20 1723 Discontinued by: Neighbor Jr., William E, MD 10/21/20 1008 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS
Admin instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Reordered from: timolol maleate 0.5 % ophthalmic solution

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
08/12/20 1723	Neighbor Jr., William E, MD	Kauffman, Mary Johanna Kelly, MD	Kauffman, Mary Johanna Kelly, MD
08/10/20 1613	Neighbor Jr., William E, MD	Neighbor Jr., William E, MD	Uw Surescripts Incoming, User

Indications

Unspecified glaucoma(365.9) [H40.9 (ICD-10-CM)]

07/12/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

07/12/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
End date: 8/12/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 9/16/2020
Quantity: 30 tablet
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena, CMA at 7/13/2020 1256

Signed forms faxed back and scanned under the ecare message on 7/12/20

Electronically signed by Mohova, Elena, CMA at 7/13/2020 12:58 PM

Messages

07/12/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Med-supplies/Fax

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	7/12/2020 2:51 PM

Medical Supply warehouse sent a required authorization fax, last week.
med-Supplies ready for shipping upon your authorization.
Standing for med-supplies or further instructions.
Left message with Elena
KI7AGD
73

07/12/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

UWM Outside Records - Scan on 7/15/2020 9:10 AM: Quick Start Program

Scan (below)

From: Jasmine Howard Fax: 18889096863 To: 2066164683@rcfax.com Fax: (206) 616-4683 Page: 2 of 2 07/06/2020 12:30 PM

Sound Health MEDICAL

Quick Start Program
Next day Delivery

CMN Order
Fax: 888.958.2960
Questions? Call: 888.958.2960
Full Assignment Accepted

Patient Name: Jeanne Hoffman Clinic: Hall health

		Apply to Wound(s)			
Customer Service Rep: Jasmine	Qty	1	2	3	4
Item: Mepilex 4x4	48	☐	☐	☐	☐
Item: medihoney	1	☐	☐	☐	☐
Item: Conform	24	☐	☐	☐	☐
Item:					
Item:					
Item:					
Item:					

Diagnosis/ICD10 Code: L97.129 L97.323 L97.223 I87.313

Wound Location	Wound Size	Change Frequency	Drainage	Has Wound ever been Debrided?
L med calf	0.5x0.4x0.1	Daily	Mod	(Yes) No
L med ankle	6x5.4x0.1	Daily	Mod	(Yes) No
R med ankle	0.9x1.0x0.1	Daily	Mod	(Yes) No
L calf	3.5x1.9x0.2	Daily	Mod	(Yes) No

Duration: 90 Days Patient knows how to use product? (Yes) No Wound Is Surgical? Yes (No)

Prognosis: Poor (Fair) Good Excellent Patient Received a Starter Kit? (Yes) No

Physician Name: William Neighbor NPI: 1265518989 Fax: 206.616.4683 Phone: 206.616.9358

Signature: William Neighbor MD Date: 7.06.2020 Email for Digital Signature: NEIGHBOR@uw.edu

I request that payment of my insurance benefits be paid to Sound Health Medical Supply. I understand product received in my home opened or unopened cannot be returned. I authorize anyone with my medical information to release it to Sound Health Medical Supply any information needed to determine benefits payable for these supplies or services. Further, I authorize Sound Health Medical Supply to forward my medical records to the medical professionals in my care and/or makecopies of said records. I acknowledge that I have received the policies and procedures and HIPPA information from Sound Health.

Patient Signature: Date

07/12/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

From: Jasmine Howard Fax: 18889096863 To: 2066164683@rcfax.com Fax: (206) 616-4683 Page: 1 of 2 07/06/2020 12:30 PM

FAX

Date:	07/06/2020
Pages including cover sheet:	2

To:	2066164683@rcfax.com
Phone	
Fax Phone	*(206) 616-4683*

From:	Jasmine Howard
	Sound Health Medical
	2811 S 12th St
	Tacoma
	WA 98405
Phone	(888) 909-6863 * 25
Fax Phone	18889096863

NOTE:

ATT PLEASE SIGN THIS RX RENEWAL FOR J. HOFFMAN AND FAX BACK AT 866.213.4464 THANK YOU

07/12/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

P. 1

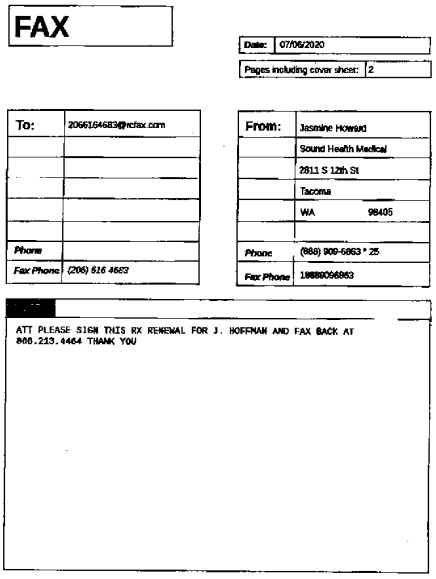
* * * Communication Result Report (Jul. 13. 2020 12:50PM) * * *

1)
2)

Date/Time: Jul. 13. 2020 12:49PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
2530	Memory TX	918662134464	P. 2	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size
E. 6) Destination does not support IP-Fax



FAX

Date: 07/06/2020

Pages including cover sheet: 2

To:	20661646834@mcfax.com
Phone	
Fax Phone	(206) 616 4662

From:	Jasmine Howard
	Sound Health Medical
	2811 S 12th St
	Tacoma
	WA 98405
Phone	(888) 909-5863 * 25
Fax Phone	19888096863

ATT PLEASE SIGN THIS RX RENEWAL FOR J. HOFFMAN AND FAX BACK AT 866.213.4464 THANK YOU

06/24/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Entered on: 6/7/2018
End date: 10/13/2021

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Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
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Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

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Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

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Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
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Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

06/24/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

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Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
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Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
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timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
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Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
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Ordered on: 6/19/2020
Start date: 6/19/2020
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Quantity: 30 tablet
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naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 6/24/2020 1308

eCare message routed to provider.

Electronically signed by Pearson, Terri Jeanne, CMA at 6/24/2020 1:09 PM

06/24/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages

Med-Imaging

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	6/24/2020 12:07 PM

Dear Dr. Neighbor...
I regret because of policy practices and discrimination Housing Kitsap and Housing Resource Bainbridge, have indifference toward my academic abilities and instruments/equipment.
Housing Resource Bainbridge has labeled my Camera/Photography Equipment as UNNECESSARY STUFF, being identifies as trash.
The current housing situation under Housing Resource Bainbridge does, not allow me to have functional operational camera equipment, As I could be subjected to eviction for having instrument...as STUFF.
I regret that I am unable to take medical photographs, until I can find reasonable accommodations, that will not restrict, limit, prevent or obstruct my abilities.
NOTE: I do have MICRO-DICOM Medical Imaging Capacity[

06/19/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

06/19/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
End date: 8/12/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 9/16/2020
Quantity: 30 tablet
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 6/19/2020 0921

eCare message routed to provider.

Electronically signed by Pearson, Terri Jeanne, CMA at 6/19/2020 9:21 AM

06/19/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages

NWH-Telemed-No Capacity

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	6/19/2020 7:07 AM

Made contact with NWH Reception Desk, was told NWH is not equip.

Wound JPG Being prepared

06/19/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

06/19/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
End date: 8/12/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 9/16/2020
Quantity: 30 tablet
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 6/19/2020 0918

eCare message routed to provider.

Electronically signed by Pearson, Terri Jeanne, CMA at 6/19/2020 9:21 AM

06/19/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages

Zoom Telemed Instructions

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	6/19/2020 7:13 AM

If possible, could a UW Student, provide NWH Wound Care, with Zoom Instructions and how patients with out Zoom Knowledge to be instructed?

06/18/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

06/18/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
End date: 8/12/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 9/16/2020
Quantity: 30 tablet
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 6/18/2020 0848

eCare message routed to provider.

Electronically signed by Pearson, Terri Jeanne, CMA at 6/18/2020 8:49 AM

06/18/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages

RE: NWH TeleMed

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	6/19/2020 11:44 AM

Last Read in MyChart
10/28/2020 10:16 AM by Hoffman, Jeanne Leonie

I don't believe that HMC has an outpatient wound care clinic. In general we have referred to NW.
William E Neighbor, MD

NWH TeleMed

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	6/18/2020 8:39 AM

Contact was made with NWH Wound Care Center Reception Desk.
Told that HWH does not have Telemed Capacity.
Only Out-Patient Visits are encouraged.

It might be best, to schedule wound care, at UW HarborView.

06/17/2020 - Telemedicine in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Hospital Follow-up
Visit diagnoses:

- Venous ulcer of left leg (primary)
- Other chronic pain
- History of pneumonia

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service	Modifiers
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	VIA INTERACTIVE AUDIO AND VIDE

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

06/17/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Medication List (continued)

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
End date: 8/12/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 9/16/2020
Quantity: 30 tablet
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

Stopped in Visit

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/19/2020
Reason for discontinuation: Dose adjustment

06/17/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 6/17/2020 1300

Jeanne Leonie Hoffman is a 95 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Hospital Follow-up
  using aspercreme on leg wound

Distant Site Telemedicine Encounter

I conducted this encounter from Hall Health via secure, live, face-to-face video conference with the patient. Jeanne was located at Bainbridge home with Son Louis with accompanies her to visits with her clear permission. Prior to the interview, the risks and benefits of telemedicine were discussed with the patient and verbal consent was obtained.

(I83.029, L97.929) Venous ulcer of left leg (HCC) (primary encounter diagnosis)
No recent followup at the Northwest wound care clinic. This is in part due to the public health clinic of Coorna virus 19. She was recently admitted to Harborview Medical Center for overnight stay for somnolence related to excess codeine and bilateral pulmonary infiltrates consistent with viral pneumonia with negative COVID19 PCR. These were given wound care supplies on discharge for the chronic lower extremity ulcerations.. This included Medihoney infused gauze. She was also discharged on doxycycline to cover both community-acquired pneumonia and cellulitis of the left lower extremity which has since resolved.

(G89.29) Other chronic pain
She is been on Tylenol up to 2500 mg daily with addition of one dose of acetaminophen 500 mg combined with codeine 30 mg once daily for pain control. Additionally recently topical lidocaine was added for dressing changes. However she occasionally takes an extra half tablet and on 2 occasions in the last 6 months she has become somnolent with the small addition. Her son reports that this was one of the reasons that he called in a car and they were transported to Harborview. Her son reports she was given Narcan in the emergency room so I don't see record of that. She had an overnight stay.

(Z87.01) History of pneumonia
During the Harborview admission was in some only identified bilateral pulmonary infiltrates. Viral testing for influenza and COVID19 was negative. She was began on azithromycin in the hospital and discharged on doxycycline. She completed the full course of doxycycline. There's been no recurrence of fever chills or night sweats. There's been no shortness of breath no cough no sputum production or chest discomfort

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

06/17/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Adult failure to thrive syndrome [R62.7] 10/19/2007
  Lives in subsidized housing on Bainbridge
  Bremerton APS at 1-888-833-4925
  Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
  Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
  7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Unspecified vitamin B deficiency [E53.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic (HCC) [I82.509] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.

Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: Yes/ 9/21/2016 POLST forms signed.
Scanned to record.
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

- Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9] 10/10/2019
- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Fall [W19.XXXA] 09/03/2019
- Acute blood loss anaemia [D62] 08/11/2019
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019
- Chronic venous hypertension with ulcer, bilateral [I87.313, L97.919, L97.929] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves [I70.232, I70.242] 09/24/2018
- Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Venous ulcer of left leg (HCC) [I83.029, L97.929] 06/07/2018
- Normocytic anemia [D64.9] 06/07/2018
- Severe protein-calorie malnutrition (HCC) [E43] 06/07/2018
- Urge urinary incontinence [N39.41] 06/07/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323] 05/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223] 05/17/2018
- Chronic venous hypertension with ulcer and inflammation, left [I87.332, L97.929] 05/17/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.

Diet and weight controlled.

Outpatient Medications Marked as Taking for the 6/17/20 encounter (Telemedicine) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• acetaminophen-codeine 300-30 MG tablet	Take 1 tablet by mouth daily as needed. For pain	30 tablet	0
• atorvastatin 20 MG Oral Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.		
• MULTIPLE VITAMIN OR	Take by mouth.		
• pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use	10 mL	0

Social history:

History

Sexual Activity	
• Sexual activity:	Not Currently

Social History

Tobacco Use	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
Substance Use Topics	
• Alcohol use:	No

Objective:

06/17/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

BP 107/59 Comment: pt reported | Pulse 86 | Wt 45.4 kg (100 lb) Comment: pt reported | BMI 18.89 kg/m²
Estimated body mass index is 18.89 kg/m² as calculated from the following:
Height as of 8/20/19: 5' 1" (1.549 m).
Weight as of this encounter: 45.4 kg (100 lb).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
107/59	86	---	---	---	1:00 PM	6/17/2020
	Comment:	pt reported				

Last blood pressure recorded in this encounter: 107/59
General: NAD. Smiles. Earring issues as usual though has hearing aids in place. Son Louis helps her understand the questions in the visit.
By their report:
BP 107/59 HR 86. 99.4. 100lbs.
Weight maintaining

Video visualization
Left lower leg. Ulceration on right shin and medial malleollus are deeper than previouslly seen.
Right lower leg appears healed on malleolar area.

Lab and other tests: HMC COVID PCR negative

Assessment and Plan:

1. Venous ulcer of left leg (HCC)
Continued slow healing of bilateral lower extremity ulcers with improvement in some areas but deepening of ulceration on left lower leg shin and medial malleolus without cellulitis visualized today on video visit. At the HMC discharge plan in late May, she was prescribed doxycycline to cover both CAP and cellulitis. The cellulitis is resolved.
Louis is now applying medihoney dressing which he was given at HMC discharge after over night stay for pneumonia and somnolence noted below.
Plan:
--Louis is to schedule visit at NWH wound clinic with Dr. Norsworthy. Importance of visit in next couple of weeks emphasized.
--For wound care supplies, Louis will have the local store on Bainbridge send me an authorization to sign.

2. Other chronic pain
She has been on one tylenol with codeine No 3 daily. However, she occasionally takes an additional one half but seems to be more sensitive to this now with two episodes of somnolence in the last 6 months according to Louis. The most recent episode is what precipitated the HMC ER visit and overnight stay. She was given narcan which resolved the somnolence. Louis does not currently have narcan at home. Though she takes acetaminophen up to 2500 mg daily she does not have sufficient pain relieve with this alone. She does have some topical lidocaine for dressing changes.
Plan:
--Reduce codeine to that in Tylenol NO 2.
--Narcan prescription sent to their pharmacy. Louis understand how to use this.

3. History of pneumonia
Resolved symptoms without recurrence. There was bilateral infiltrates at HMC May 27 suggesting viral rather than aspiration pneumonia. She responded to Azithro in hospital and was discharged on doxycycline. Now completely resolved without fever, chills, sweats, or cough or shortness of breath.

I will send a message to Dr. Norsworthy so that we might arrange to telephone conversation about arranging for their follow up.

06/17/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Summary sent to patient. Prescription sent in for lower dose codeine. Narcan prescription sent as well.
Follow up one month

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 6/19/2020 3:20 PM

Other Orders

Medications

acetaminophen-codeine 300-15 MG tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 06/19/20 1253** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 06/19/20 1253 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 06/19/20 - 09/16/20 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 09/16/20 1809 [Reorder]
Diagnoses
Venous ulcer of left leg (HCC) [I83.029, L97.929]
Other chronic pain [G89.29]
Admin instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.

Indications

Venous ulcer of left leg (HCC) [I83.029, L97.929 (ICD-10-CM)]
Other chronic pain [G89.29 (ICD-10-CM)]

naloxone (Narcan) 4 MG/0.1ML nasal spray (Expired)

Electronically signed by: **Neighbor Jr., William E, MD on 06/19/20 1254** Status: **Expired**
Ordering user: Neighbor Jr., William E, MD 06/19/20 1254 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 06/19/20 - 06/19/21 2359 Class: Normal
Diagnoses
Other chronic pain [G89.29]
Admin instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.

Indications

Other chronic pain [G89.29 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	06/17/20 1300
Weight	45.4 kg (100 lb)
BP	107/59
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Pulse	86

06/17/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Flowsheets (continued)

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 6/17/2020 1:00 PM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today

See your updated medication list for details.

Pick up these medications at SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

acetaminophen-codeine • Narcan

Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
Phone: 206-842-0127

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You saw William E Neighbor, MD on Wednesday June 17, 2020. The following issues were addressed: Venous ulcer of left leg, Other chronic pain, and History of pneumonia.

Blood Pressure	BMI
107/59	18.89
Weight	**Pulse**
100 lb	86

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 6/19/20 3:20 PM

Page 1 of 4 Epic

Pain Control and Opioid Safety Instructions

Today you were given a prescription for an opioid pain medicine. You have the right to refuse an opioid prescription for any reason. Simply tell your prescriber about this preference and it will be written in your medical record. You can change your mind about this at any time.

If you do fill your prescription remember that even strong pain medicines may not remove all pain. Please use non-drug methods such as heat, cold, or relaxation to help control your pain. Unless your doctor tells you otherwise, try taking acetaminophen (Tylenol) and ibuprofen (Advil, Motrin) to control your pain before you take opioid pain medicine. You do not need a prescription to buy acetaminophen and ibuprofen. Follow the dose instructions on the bottles.

Opioid medications may be prescribed by health care providers to treat moderate to severe pain, but can have side effects and serious health risks, such as tolerance, physical dependence, opioid use disorder, and overdose. Risks are greater when used with other medicines for sleep or anxiety, if you are over the age of 65, have a history of substance use, mental health condition, or are pregnant. Only take opioids if you have strong pain that does not lessen with other methods to control your pain. Never take more than the maximum dose as prescribed by your provider.

Safe use

- Do not operate a car or heavy machinery while using this medicine.
- Do not drink alcohol with this medicine.
- Side effects include drowsiness, nausea, constipation, and dry mouth.
- Opioids can be habit forming.
- Opioids can slow your breathing and heart rate. If they slow too much, it can cause death.

Naloxone for Opioid Overdose

Naloxone is a prescription medicine that temporarily reverses an opioid overdose. In the state of Washington, you can get naloxone from any pharmacy without a prescription. The cost may vary. For more information, visit **stopoverdose.org**

Safe storage

- Never share or sell your prescription opioids.
- Keep opioid medications locked or in a safe location.
- Keep out of reach of children and out of sight from others.
- Leave in the original bottle with the label attached.

Proper disposal

You are NOT required to use all of your opioid medication. To find your nearest take-back location for proper disposal of unused medications, please visit:

- takebackyourmeds.org,
- med-project.org, or
- doh.wa.gov/safemedreturn

If you cannot use a medication take-back program, flush the opioids down the toilet.

Your Medication List

Accurate as of June 17, 2020 11:59 PM.
If you have any questions, ask your nurse or doctor.

TAKE these medications

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
START **acetaminophen-codeine** 300-15 MG tablet Started by: William E Neighbor, MD	One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose. Replaces: **acetaminophen-codeine 300-30 MG tablet**
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
START **Narcan** 4 MG/0.1ML nasal spray Generic drug: naloxone Started by: William E Neighbor, MD	Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use

STOP taking these medications

STOP **acetaminophen-codeine** 300-30 MG tablet
Replaced by: **acetaminophen-codeine 300-15 MG tablet**
Stopped by: William E Neighbor, MD

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 206-000-0000 (Work) 360-649-5702 (Mobile)	jeanhoffman@usa.com

06/17/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Thank you for your visit!

Have some questions? Check out our answers to these frequently asked questions.

I got a referral. What do I do?

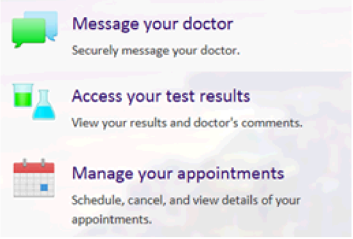
A referral from your primary care provider gives you written authorization for specialty care or other health services. It will take the specialty practice you were referred to between **48 to 72 hours** to contact you. They will first review your referral to ensure your next visit is appropriately scheduled. However, if you received a paper referral to see a specialist of your choosing, you may contact a specialist directly to schedule your visit.

How do I renew my prescription?

- **Start with your pharmacy first:** The fastest and easiest way to renew your prescription is to call your pharmacy. They can tell you if there are refills remaining and request a renewal.
- **Avoid making duplicate requests for refills:** If you called your pharmacy, don't send a duplicate renewal request to your provider unless told to do so by your pharmacy. Duplicate requests cause delays and confusion.
- **Use eCare (MyChart) to request refills, if appropriate:** If told to do so by your pharmacy, use MyChart to send a fast, secure prescription renewal request to your provider.

How do I talk to my care team and get test results?

Sign up for eCare (MyChart) today. It's the best way to communicate with your care team!



To Set Up Your Account:

Request an activation code at Ecare.uwmedicine.org

Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

Messages

visit summary

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	6/19/2020 12:55 PM
Last Read in MyChart		

06/17/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Messages (continued)

6/5/2024 6:11 AM by Hoffman, Jeanne Leonie

Jeanne: Below is a summary of your visit. Good to see you and your son Louis.

Assessment and Plan:

1. Venous ulcer of left leg (HCC)

Continued slow healing of bilateral lower extremity ulcers with improvement in some areas but deepening of ulceration on left lower leg shin and medial malleolus without cellulitis visualized today on video visit. At the HMC discharge plan in late May, she was prescribed doxycycline to cover both CAP and cellulitis. The cellulitis is resolved.

Louis is now applying medihoney dressing which he was given at HMC discharge after over night stay for pneumonia and somnolence noted below.

Plan:

--Louis is to schedule visit at NWH wound clinic with Dr. Norsworthy. Importance of visit in next couple of weeks emphasized.

--For wound care supplies, Louis will have the local store on Bainbridge send me an authorization to sign.

2. Other chronic pain

She has been on one tylenol with codeine No 3 daily. However, she occasionally takes an additional one half but seems to be more sensitive to this now with two episodes of somnolence in the last 6 months according to Louis. The most recent episode is what precipitated the HMC ER visit and overnight stay. She was given narcan which resolved the somnolence. Louis does not currently have narcan at home. Though she takes acetaminophen up to 2500 mg daily she does not have sufficient pain relieve with this alone. She does have some topical lidocaine for dressing changes.

Plan:

--Reduce codeine to that in Tylenol NO 2.

--Narcan prescription sent to their pharmacy. Louis understand how to use this.

3. History of pneumonia

Resolved symptoms without recurrence. There was bilateral infiltrates at HMC May 27 suggesting viral rather than aspiration pneumonia. She responded to Azithro in hospital and was discharged on doxycycline. Now completely resolved without fever, chills, sweats, or cough or shortness of breath.

I will send a message to Dr. Norsworthy so that we might arrange to telephone conversation about arranging for their follow up.

Summary sent to patient. Prescription sent in for lower dose codeine. Narcan prescription sent as well.

Follow up one month

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

06/17/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 6/19/2020 3:20 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 6/17/2020 1:00 PM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today

See your updated medication list for details.

Pick up these medications at SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

acetaminophen-codeine • Narcan

Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
Phone: 206-842-0127

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You saw William E Neighbor, MD on Wednesday June 17, 2020. The following issues were addressed: Venous ulcer of left leg, Other chronic pain, and History of pneumonia.

Blood Pressure 107/59	BMI 18.89
Weight 100 lb	Pulse 86

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 6/19/20 3:20 PM

Page 1 of 4 Epic

06/17/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Documents (continued)

Pain Control and Opioid Safety Instructions

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If you do fill your prescription remember that even strong pain medicines may not remove all pain. Please use non-drug methods such as heat, cold, or relaxation to help control your pain. Unless your doctor tells you otherwise, try taking acetaminophen (Tylenol) and ibuprofen (Advil, Motrin) to control your pain before you take opioid pain medicine. You do not need a prescription to buy acetaminophen and ibuprofen. Follow the dose instructions on the bottles.

Opioid medications may be prescribed by health care providers to treat moderate to severe pain, but can have side effects and serious health risks, such as tolerance, physical dependence, opioid use disorder, and overdose. Risks are greater when used with other medicines for sleep or anxiety, if you are over the age of 65, have a history of substance use, mental health condition, or are pregnant. Only take opioids if you have strong pain that does not lessen with other methods to control your pain. Never take more than the maximum dose as prescribed by your provider.

Safe use

- Do not operate a car or heavy machinery while using this medicine.
- Do not drink alcohol with this medicine.
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- Opioids can slow your breathing and heart rate. If they slow too much, it can cause death.

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- Leave in the original bottle with the label attached.

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If you cannot use a medication take-back program, flush the opioids down the toilet.

06/17/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List

ⓘ **Accurate as of June 17, 2020 11:59 PM.**
If you have any questions, ask your nurse or doctor.

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Stopped by: William E Neighbor, MD

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06/17/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Documents (continued)

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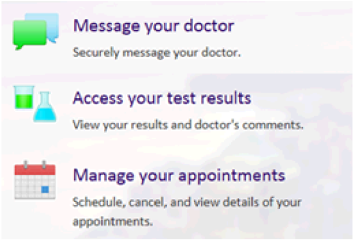


To Set Up Your Account:

Request an activation code at
Ecare.uwmedicine.org

Already have and activation code? Click on "set up your account".

How do I get billing and insurance info?

Please go to: www.uwmedicine.org/billing

06/17/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

06/17/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
End date: 8/12/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 9/16/2020
Quantity: 30 tablet
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

Stopped in Visit

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/19/2020
Reason for discontinuation: Dose adjustment

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 6/17/2020 1158

eCare message routed to provider.

Pt requested telemed visit. Visit change.

Electronically signed by Pearson, Terri Jeanne, CMA at 6/17/2020 11:59 AM

06/17/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Messages

RE: Confirm 1pm Video Telemed

From	To	Sent and Delivered
Terri Jeanne Pearson, CMA	Hoffman, Jeanne Leonie	6/17/2020 11:58 AM

Last Read in MyChart
6/5/2024 6:01 AM by Hoffman, Jeanne Leonie

Hi Louis,

Fantastic. We will be ready.

Sincerely,
Terri Pearson, CMA
206-685-1045

Confirm 1pm Video Telemed

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	6/17/2020 11:03 AM

This is to confirm webcam readiness for 1pm today June 17th live physician meeting.

06/13/2020 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Osteoarthritis, unspecified osteoarthritis type, unspecified site

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

06/13/2020 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
End date: 8/12/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/19/2020
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet by mouth daily as needed. For pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/15/2020
Start date: 6/15/2020
End date: 6/19/2020
Quantity: 30 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen Ray, CMA at 6/15/2020 1106

1-Name of Requested Medication: Acetaminophen-Codeine 300-30 mg
2-Date of Last Refill: 03/04/2020
3-Date of Last Office Visit: 05/06/2020
4-Next Office Visit (scheduled or Expected): none
Notes:

Electronically signed by Willis, Stephen Ray, CMA at 6/15/2020 11:07 AM

Other Orders

Medications

acetaminophen-codeine 300-30 MG tablet (Discontinued)

06/13/2020 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Electronically signed by: **Neighbor Jr., William E, MD on 06/15/20 1543** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 06/15/20 1543 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Daily PRN 06/15/20 - 06/19/20 Class: Normal
Released by: Neighbor Jr., William E, MD 06/15/20 1543 Discontinued by: Neighbor Jr., William E, MD 06/19/20 1251 [Dose adjustment]

Diagnoses
Osteoarthritis, unspecified osteoarthritis type, unspecified site [M19.90]
Admin instructions: For pain
Reordered from: acetaminophen-codeine 300-30 MG tablet

Indications

Osteoarthritis, unspecified osteoarthritis type, unspecified site [M19.90 (ICD-10-CM)]

Messages

refill tylenol with codeine done

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	6/15/2020 3:45 PM

Last Read in MyChart
Not Read

Jeanne:
I refilled the tylenol with codeine prescription.

We will see you soon on telemedicine. Remember to schedule at least a telemedicine visit for the sores on the legs with NW Wound Care.

William E Neighbor, MD

06/11/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

06/11/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
End date: 8/12/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 9/16/2020
Quantity: 30 tablet
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 6/11/2020 1537

eCare message routed to provider.

ecare msg to Louis asking if he would like phone visit changed to telemedicine.

Electronically signed by Pearson, Terri Jeanne, CMA at 6/11/2020 3:40 PM

06/11/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Messages

RE: Confirm 17th

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	6/12/2020 3:06 PM
Last Read in MyChart		
Not Read		

Louise:
A phone or telemedicine meeting is fine Telemedicine would be best. Also, have you been able to follow up at the NW wound care clinic. They may have a telemedicine option also. I suggest you call them. Jeanne needs continued would care that is best provided by them.

William E Neighbor, MD

RE: Confirm 17th

From	To	Sent and Delivered
Terri Jeanne Pearson, CMA	Hoffman, Jeanne Leonie	6/11/2020 3:39 PM
Last Read in MyChart		
Not Read		

Hi Louis,

Jeanne is scheduled for a phone visit on 6/17. Would you prefer telemedicine.

Let me know.

terri

Confirm 17th

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	6/11/2020 2:31 PM

This is to confirm June 17th 1PM Telemedicine Appointment.

Please Note:

Our capacity to interact with Hall Health Telemedicine Phone & Video Conference and home care has improved.

Now able to electronically & Manual record vitals by:

06/11/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

1). Aneroid Sphygmomanometer,
2). Electronic Blood Pressure, Pulse Monitor (Arm Type),
3). Genius 2 Tympanic Thermometer,
4). Hard Copy 110 pg Vital Blood Pressure Log,
5). Medical Computerize Program Record Keeping,
6). Weight scale.

Because at times, Mom takes overdose of Narcotic Prescriptions, therein recommendation of Harborview, will keep Narcan available.

Video Conference will include dual webcams and cammicroscope 600 to 1600 magnification

06/10/2020 - Appointment in Husky Health Primary Care Clinic

Visit Information

Appointment Information

RETURN **Canceled**
6/10/2020 10:00 AM

Time	Provider	Department	Length
10:00 AM	Neighbor Jr., William E, MD	HH PRIMARY CARE	40 min

Auto Confirm Status: Reminded

Notes:
ER F/U

History

Made On:	5/28/2020 11:40 AM	By:	Pearson, Terri Jeanne, CMA	ES
Canceled:	6/10/2020 3:18 PM	By:	Pearson, Terri Jeanne, CMA	ES
Cancel Rsn:	Clinic-Error/Scheduling			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

06/10/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Pearson, Terri Jeanne, CMA

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

06/10/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
End date: 8/12/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 9/16/2020
Quantity: 30 tablet
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

Stopped in Visit

None

Messages

Phone Appointment Scheduled

From	To	Sent and Delivered
Terri Jeanne Pearson, CMA	Hoffman, Jeanne Leonie	6/10/2020 3:40 PM

Last Read in MyChart
Not Read

Hi Louis,

Jeanne has a telephone appointment with Dr Neighbor on 6/17 at 1 pm. Be by your phone at 12:50. I'll call first for general intake. Dr Neighbor will call 2nd for the actual visit.

06/10/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

We are doing telemedicine and phone visits to keep our patients safe during Covid-19. Let me know if you have questions.

Best,
Terri Pearson, CMA
206-685-1045

05/28/2020 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: ER FOLLOW UP
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 5/28/2020 1144

HMC ED discharge called requesting an ER f/u.

She is currently scheduled on 6/10 for an in person visit.

Wound care rx has been faxed. Please advise if there is a problem.

Electronically signed by Pearson, Terri Jeanne, CMA at 5/28/2020 11:47 AM

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE

Visit Information

Admission Information

Arrival Date/Time:	05/27/2020 1739	Admit Date/Time:	05/27/2020 1746	IP Adm. Date/Time:	05/28/2020 0116
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Air - Oth Helicopter	Primary Service:	Medicine Hospitalist 4 Adult	Secondary Service:	N/A
Transfer Source:		Service Area:	HARBORVIEW MEDICAL CENTER	Unit:	4E MED GERI EYE
Admit Provider:	Brusati, Allison J, MD	Attending Provider:	Brusati, Allison J, MD	Referring Provider:	

Discharge Information

Date/Time: 05/28/2020 1547 Disposition: 01 Home/self Care Destination: Home
Provider: Brusati, Allison J, MD Unit: 4E MED GERI EYE

Infection Status as of 5/28/2020

Infection	Onset	Added	Added By	Resolved	Resolved By
None active					
Resolved					
MRSA		07/27/19 0913	User: Kamangu, Carole Wapa	11/27/23 1135	Hamilton, Anne K, RN
Confirmed with Dr. Bothelo pt doesn't haven an active MRSA infection. Ok to resolve. AH UWMC ML IP					
R/O COVID-19		05/28/20 0000	User: Louie, Grace, Coordinator	05/28/20 0422	Louie, Grace, Coordinator

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD Entered on: 8/20/2019
Start date: 8/5/2019 End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD Entered on: 8/20/2019
Start date: 8/5/2019 End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 45 tablet — Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/15/2020
Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/19/2020
Start date: 3/4/2020 — End date: 6/15/2020
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD — Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/3/2020
Start date: 4/3/2020 — End date: 8/12/2020
Quantity: 10 mL — Refill: No refills remaining

Stopped in Visit

None

ED Care Timeline

Patient Care Timeline (5/27/2020 17:39 to 5/28/2020 01:16)

5/27/2020	Event	Details	User
17:39	**Patient arrived in ED**		Bagstad, Cheryl Lynn
17:39:28	**Emergency encounter created**		Bagstad, Cheryl Lynn
17:39:47	**Arrival Complaint**	FEVER, CVA	
17:46	**Patient roomed in ED**	To room POOL BEDS	Bagstad, Cheryl Lynn

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

ED Care Timeline (continued)

17:47	**Specimens Collected**	Glucose POC, HMC - ID: **W78987** Type: **Whole blood**	
17:57	**Specimens Collected**	Lactate, Venous Whole Blood (To U/H Lab in 30 min.) - ID: **W78996** Type: **Whole blood**	
17:57:26	**Glucose POC, HMC Resulted**	**Abnormal Result** Collected: **5/27/2020 17:47** Last updated: **5/27/2020 17:57** Status: **Final result** Glucose (POC): **172 mg/dL** ^ [Ref Range: 62 - 125]	Uw Lab Results Interface, User
17:58	**Specimens Collected**	CBC with Differential - ID: **W78994** Type: **Whole blood** Prothrombin and PTT - ID: **W78994** Type: **Plasma** Salicylate - ID: **W78994** Type: **Serum** Comprehensive Metabolic Panel - ID: **W78994** Type: **Serum** Acetaminophen (Tylenol) - ID: **W78994** Type: **Serum** Troponin I - ID: **W78994** Type: **Serum**	
18:15:01	**Lactate, Venous Whole Blood (To U/H Lab in 30 min.) Resulted**	Collected: **5/27/2020 17:57** Last updated: **5/27/2020 18:15** Status: **Final result** L Lactate (Direct), Venous Whole Blood: **1.3 mmol/L** [Ref Range: 0.6 - 1.9]	Uw Lab Results Interface, User
18:15:37	**CBC with Differential Resulted**	**Abnormal Result** Collected: **5/27/2020 17:58** Last updated: **5/27/2020 18:15** Status: **Final result** WBC: **15.32 10*3/uL** ^ [Ref Range: 4.30 - 10.00] RBC: **3.60 10*6/uL** v [Ref Range: 3.80 - 5.00] Hemoglobin: **9.3 g/dL** v [Ref Range: 11.5 - 15.5] Hematocrit: **30 %** v [Ref Range: 36 - 45] MCV: **84 fL** [Ref Range: 81 - 98] MCH: **25.8 pg** v [Ref Range: 27.3 - 33.6] MCHC: **30.7 g/dL** v [Ref Range: 32.2 - 36.5] Platelet Count: **312 10*3/uL** [Ref Range: 150 - 400] RDW-CV: **17.1 %** ^ [Ref Range: 11.6 - 14.4] % Neutrophils: **85 %** % Lymphocytes: **8 %** % Monocytes: **6 %** % Eosinophils: **0 %** % Basophils: **0 %** % Immature Granulocytes: **1 %** Neutrophils: **12.96 10*3/uL** ^ [Ref Range: 1.80 - 7.00] Absolute Lymphocyte Count: **1.26 10*3/uL** [Ref Range: 1.00 - 4.80] Monocytes: **0.96 10*3/uL** ^ [Ref Range: 0.00 - 0.80] Absolute Eosinophil Count: **0.00 10*3/uL** [Ref Range: 0.00 - 0.50] Basophils: **0.04 10*3/uL** [Ref Range: 0.00 - 0.20] Immature Granulocytes: **0.10 10*3/uL** ^ [Ref Range: 0.00 - 0.05] Nucleated RBC: **0.00 10*3/uL** [Ref Range: 0.00] % Nucleated RBC: **0 %**	Uw Lab Results Interface, User
18:22:22	**Prothrombin and PTT Resulted**	Collected: **5/27/2020 17:58** Last updated: **5/27/2020 18:22** Status: **Final result** Prothrombin Time Patient: **14.0 s** [Ref Range: 10.7 - 15.6] Prothrombin INR: **1.1** [Ref Range: 0.8 - 1.3] Partial Thromboplastin Time: **32 s** [Ref Range: 22 - 35] Partial Thromboplastin X Mean: **To calculate the PTT X Mean divide PTT value by 29.**	Uw Lab Results Interface, User
18:30	**Specimens Collected**	Blood Culture, Peripheral - ID: **W79004** Type: **Blood**	
18:39:37	**Salicylate Resulted**	Collected: **5/27/2020 17:58** Last updated: **5/27/2020 18:39** Status: **Final result** Salicylate: **<3 mg/dL** [Ref Range: 0 - 30]	Uw Lab Results Interface, User
18:39:37	**Comprehensive Metabolic Panel Resulted**	**Abnormal Result** Collected: **5/27/2020 17:58** Last updated: **5/27/2020 18:39** Status: **Final result** Sodium: **138 meq/L** [Ref Range: 135 - 145] Potassium: **4.3 meq/L** [Ref Range: 3.6 - 5.2] Chloride: **102 meq/L** [Ref Range: 98 - 108] Carbon Dioxide, Total: **25 meq/L** [Ref Range: 22 - 32] Anion Gap: **11** [Ref Range: 4 - 12] Glucose: **161 mg/dL** ^ [Ref Range: 62 - 125] Urea Nitrogen: **15 mg/dL** [Ref Range: 8 - 21] Creatinine: **0.83 mg/dL** [Ref Range: 0.38 - 1.02] Protein (Total): **7.3 g/dL** [Ref Range: 6.0 - 8.2] Albumin: **3.6 g/dL** [Ref Range: 3.5 - 5.2] Bilirubin (Total): **0.4 mg/dL** [Ref Range: 0.2 - 1.3] Calcium: **9.1 mg/dL** [Ref Range: 8.9 - 10.2] AST (GOT): **14 U/L** [Ref Range: 9 - 38] Alkaline Phosphatase (Total): **65 U/L** [Ref Range: 49 - 199] ALT (GPT): **8 U/L** [Ref Range: 7 - 33] GFR, Calc, European American: **>60 mL/min/{1.73_m2}** [Ref Range: >59] GFR, Calc, African American: **>60 mL/min/{1.73_m2}** [Ref Range: >59] GFR, Information: **Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html**	Uw Lab Results Interface, User

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

ED Care Timeline (continued)

18:39:37	**Acetaminophen (Tylenol) Resulted**	Collected: **5/27/2020 17:58** Last updated: **5/27/2020 18:39** Status: **Final result** Acetaminophen (Tylenol): **<10 ug/mL** [Ref Range: 0 - 25]	Uw Lab Results Interface, User
18:43	**Specimens Collected**	Blood Culture, Peripheral - ID: **W79005** Type: **Blood**	
18:44:44	**Troponin I Resulted**	Collected: **5/27/2020 17:58** Last updated: **5/27/2020 18:44** Status: **Final result** Troponin_I: **<0.03 ng/mL** [Ref Range: <0.04] (A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG) Troponin_I Interpretation: **Normal**	Uw Lab Results Interface, User
18:50	**Specimens Collected**	COVID-19 Coronavirus Qualitative PCR - ID: **W79029** Type: **Nasal swab** COVID-19 Qualitative PCR Indication - ID: **W79029** Type: **ZZNasopharyngeal Swab** Influenza A, B and RSV, Rapid PCR - ID: **W79429** Type: **ZZNasopharyngeal Swab**	
18:56	**COVID-19 Qualitative PCR Indication Resulted**	Collected: **5/27/2020 18:50** Last updated: **5/27/2020 19:50** Status: **Final result** COVID-19 Qualitative PCR Indication: **Symptomatic**	Uw Lab Results Interface, User
19:30	**Specimens Collected**	Urinalysis with Reflex Culture - ID: **W78997** Type: **Urine** Standard Drug Screen, URN - ID: **W78997** Type: **Urine**	
19:51:14	**Influenza A, B and RSV, Rapid PCR Resulted**	Collected: **5/27/2020 18:50** Last updated: **5/27/2020 19:51** Status: **Final result** Rapid Flu/RSV PCR Specimen: **Nasopharyngeal Swab** Rapid Influenza A PCR Result: **Negative** [Ref Range: NRN] Rapid Influenza B PCR Result: **Negative** [Ref Range: NRN] Rapid RSV PCR Result: **Negative** [Ref Range: NRN]	Uw Lab Results Interface, User

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

ED Care Timeline (continued)

20:03:53	**Standard Drug Screen, URN Resulted (Edited)**	Collected: **5/27/2020 19:30** Last updated: **5/27/2020 21:53** Status: **Edited Result - FINAL** Amphet/Methamphetamine Qual,URN: **Negative** [Ref Range: NRN] Barbiturate (Qual), URN: **Negative** [Ref Range: NRN] Benzodiazepines (Qual), URN: **Negative** [Ref Range: NRN] Cocaine (Qual), URN: **Negative** [Ref Range: NRN] Alcohol (Ethyl), URN: **Negative mg/dL** [Ref Range: NRN] (Quantitative testing for ethanol is by enzymatic method. Ethanol cutoff limit: 10 mg/dL) Methadone (Qual), URN: **Negative** [Ref Range: NRN] Opiates (Qual), URN: **Negative** [Ref Range: NRN] Phencyclidine (Qual), URN: **Negative** [Ref Range: NRN] Cannabinoids (Qual), URN: **Negative** [Ref Range: NRN] Tricyclic Antidepressants, URN: **Negative** [Ref Range: NRN] Acetaminophen Qualitative, URN: **Negative** [Ref Range: NRN] Drug Screen Test Info, URN: **SEE NOTES** (These results are presumptive and have not been confirmed as positive by an alternate method. Results are for medical management only, and should not be used for legal purposes nor for workplace or pre-employment testing. Qualitative immunochemical testing for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, methadone, opiates, phencyclidine (PCP), cannabinoids, and tricyclic antidepressants. Positive results indicate immunoreactivity greater than or equal to these calibrators: d-methamphetamine 500 ng/mL, secobarbital 200 ng/mL, lormetazepam 200 ng/mL, benzoylecgonine 150 ng/mL, methadone 150 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortetrahydrocannabinoic acid 50 ng/mL, nortriptyline 1000 ng/mL and acetaminophen 5 mcg/mL. Quantitative testing for ethanol is by an enzymatic method. Results less than 10 mg/dL are reported as negative. This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine. It has not been cleared or approved by the US Food and Drug Administration. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.)	Uw Lab Results Interface, User
20:11:46	**Urinalysis with Reflex Culture Resulted**	**Abnormal Result** Collected: **5/27/2020 19:30** Last updated: **5/27/2020 20:11** Status: **Final result** Color, URN: **Yellow** Clarity, URN: **Clear** Specific Gravity, URN: **>1.040 g/mL** ^ [Ref Range: 1.006 - 1.027] pH, URN: **6.0** [Ref Range: 5.0 - 8.0] Protein (Alb Semiquant), URN: **Trace mg/dL** ! [Ref Range: NRN] Glucose Qual, URN: **Negative mg/dL** [Ref Range: NRN] Ketones, URN: **Negative mg/dL** [Ref Range: NRN] Bilirubin (Qual), URN: **Negative** [Ref Range: NRN] Occult Blood, URN: **Negative** [Ref Range: NRN] Nitrite, URN: **Negative** [Ref Range: NRN] Leukocyte Esterase, URN: **Negative** [Ref Range: NRN] Urobilinogen, URN: **0.1-1.9 {Ehrlich'U}** [Ref Range: URONML] Comments for Macroscopic, URN: **None** Collection Method: **Information not provided** WBC, URN: **0-5(NEG) /[HPF]** [Ref Range: Z5NEG] RBC, URN: **0-2(NEG) /[HPF]** [Ref Range: Z2NEG] Bacteria, URN: **Not Seen** [Ref Range: NOSEEN] Epith Cells_Squamous, URN: **>5(PRESENT) /[LPF]** ! [Ref Range: LT6] Epith Cells_Renal/Trans,URN: **<3(NEG) /[HPF]** [Ref Range: LESS3] Comments For Microscopic, URN: **None** [Ref Range: NONE] Mucus, URN: **Present /[LPF]** ! [Ref Range: NOSEEN] 1st Extra Urine Gray Top: **Additional collection tube**	Uw Lab Results Interface, User
23:55:20	**Bed Requested**	Requested: ED	Daniel, Jennifer

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

ED Care Timeline (continued)

23:55:20	**Bed Request Ready to Plan**	Ready to Plan: ED	Daniel, Jennifer

5/28/2020	Event	Details	User
00:00:44	**Isolation Status Added**		Louie, Grace
00:22:14	**Bed Assigned**	Assigned: 4E - E417-/E417-02	Louie, Grace
00:22:14	**Hospital bed ready**	Bed Ready: 4E - E417-/E417-02	Louie, Grace
01:16	**Patient admitted**	To department H 4E	Gibson, Sarah M, RN
01:16:47	**Charting Complete**		Brusati, Allison J, MD

Labs

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/27/20 1747** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/27/20 1747
Ordering provider: Clinic Pcp, Unassigned Or
Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: Routine Once 05/27/20 1800 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 5/27/2020 5:57 PM
Order comments: Ordered by an unspecified provider

Specimen Information

ID	Type	Source	Collected By
W78987	Whole blood	—	05/27/20 1747

Glucose POC, HMC (Abnormal) Resulted: 05/27/20 1757, Result status: Final result

Ordering provider: Clinic Pcp, Unassigned Or 05/27/20 1747
Order status: Completed
Filed by: Uw Lab Results Interface, User 05/27/20 1757
Collected by: 05/27/20 1747
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	172	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Lactate, Venous Whole Blood (To U/H Lab in 30 min.) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/27/20 1757** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/27/20 1757
Ordering provider: Marolf, Marissa Dee, MD
Authorized by: Marolf, Marissa Dee, MD
Ordering mode: Standard
Frequency: STAT Once 05/27/20 1800 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 5/27/2020 6:15 PM

Specimen Information

ID	Type	Source	Collected By
W78996	Whole blood	—	05/27/20 1757

Lactate, Venous Whole Blood (To U/H Lab in 30 min.) Resulted: 05/27/20 1815, Result status: Final result

Ordering provider: Marolf, Marissa Dee, MD 05/27/20 1757
Order status: Completed
Filed by: Uw Lab Results Interface, User 05/27/20 1815
Collected by: 05/27/20 1757

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

Labs (continued)

Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
L Lactate (Direct), Venous Whole Blood	1.3	0.6 - 1.9 mmol/L	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	02/12/20 1534 - 07/08/21 1106

CBC with Differential (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/27/20 1758** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/27/20 1758
Ordering provider: Marolf, Marissa Dee, MD
Authorized by: Marolf, Marissa Dee, MD
Ordering mode: Standard
Frequency: STAT Once 05/27/20 1800 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 5/27/2020 6:15 PM

Specimen Information

ID	Type	Source	Collected By
W78994	Whole blood	—	05/27/20 1758

CBC with Differential (Abnormal) Resulted: 05/27/20 1815, Result status: Final result

Ordering provider: Marolf, Marissa Dee, MD 05/27/20 1758
Order status: Completed
Filed by: Uw Lab Results Interface, User 05/27/20 1815
Collected by: 05/27/20 1758
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
WBC	15.32	4.30 - 10.00 10*3/uL	H	HMC
RBC	3.60	3.80 - 5.00 10*6/uL	L	HMC
Hemoglobin	9.3	11.5 - 15.5 g/dL	L	HMC
Hematocrit	30	36 - 45 %	L	HMC
MCV	84	81 - 98 fL	—	HMC
MCH	25.8	27.3 - 33.6 pg	L	HMC
MCHC	30.7	32.2 - 36.5 g/dL	L	HMC
Platelet Count	312	150 - 400 10*3/uL	—	HMC
RDW-CV	17.1	11.6 - 14.4 %	H	HMC
% Neutrophils	85	%	—	HMC
% Lymphocytes	8	%	—	HMC
% Monocytes	6	%	—	HMC
% Eosinophils	0	%	—	HMC
% Basophils	0	%	—	HMC
% Immature Granulocytes	1	%	—	HMC
Neutrophils	12.96	1.80 - 7.00 10*3/uL	H	HMC
Absolute Lymphocyte Count	1.26	1.00 - 4.80 10*3/uL	—	HMC
Monocytes	0.96	0.00 - 0.80 10*3/uL	H	HMC
Absolute Eosinophil Count	0.00	0.00 - 0.50 10*3/uL	—	HMC

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

Labs (continued)

Basophils	0.04	0.00 - 0.20 10*3/uL	—	HMC
Immature Granulocytes	0.10	0.00 - 0.05 10*3/uL	H^	HMC
Nucleated RBC	0.00	0.00 10*3/uL	—	HMC
% Nucleated RBC	0	%	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	02/12/20 1534 - 07/08/21 1106

Prothrombin and PTT (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/27/20 1758** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/27/20 1758
Authorized by: Marolf, Marissa Dee, MD
Frequency: STAT Once 05/27/20 1800 - 1 occurrence
Lab status: Final result
Ordering provider: Marolf, Marissa Dee, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 5/27/2020 6:22 PM

Specimen Information

ID	Type	Source	Collected By
W78994	Plasma	—	05/27/20 1758

Prothrombin and PTT Resulted: 05/27/20 1822, Result status: Final result

Ordering provider: Marolf, Marissa Dee, MD 05/27/20 1758
Filed by: Uw Lab Results Interface, User 05/27/20 1822
Resulting lab: HARBORVIEW MEDICAL CENTER LABS
Order status: Completed
Collected by: 05/27/20 1758

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	14.0	10.7 - 15.6 s	—	HMC
Prothrombin INR	1.1	0.8 - 1.3	—	HMC
Partial Thromboplastin Time	32	22 - 35 s	—	HMC
Partial Thromboplastin X Mean	To calculate the PTT X Mean divide PTT value by 29.	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	02/12/20 1534 - 07/08/21 1106

Salicylate (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/27/20 1758** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/27/20 1758
Authorized by: Marolf, Marissa Dee, MD
Frequency: STAT Once 05/27/20 1800 - 1 occurrence
Lab status: Final result
Ordering provider: Marolf, Marissa Dee, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 5/27/2020 6:39 PM

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

Labs (continued)

Specimen Information

ID	Type	Source	Collected By
W78994	Serum	—	05/27/20 1758

Salicylate Resulted: 05/27/20 1839, Result status: Final result

Ordering provider: Marolf, Marissa Dee, MD 05/27/20 1758
Filed by: Uw Lab Results Interface, User 05/27/20 1839
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Order status: Completed
Collected by: 05/27/20 1758

Components

Component	Value	Reference Range	Flag	Lab
Salicylate	<3	0 - 30 mg/dL	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	02/12/20 1534 - 07/08/21 1106

Comprehensive Metabolic Panel (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/27/20 1758** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/27/20 1758
Authorized by: Marolf, Marissa Dee, MD
Frequency: STAT Once 05/27/20 1800 - 1 occurrence
Lab status: Final result

Ordering provider: Marolf, Marissa Dee, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 5/27/2020 6:39 PM

Specimen Information

ID	Type	Source	Collected By
W78994	Serum	—	05/27/20 1758

Comprehensive Metabolic Panel (Abnormal) Resulted: 05/27/20 1839, Result status: Final result

Ordering provider: Marolf, Marissa Dee, MD 05/27/20 1758
Filed by: Uw Lab Results Interface, User 05/27/20 1839
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Order status: Completed
Collected by: 05/27/20 1758

Components

Component	Value	Reference Range	Flag	Lab
Sodium	138	135 - 145 meq/L	—	HMC
Potassium	4.3	3.6 - 5.2 meq/L	—	HMC
Chloride	102	98 - 108 meq/L	—	HMC
Carbon Dioxide, Total	25	22 - 32 meq/L	—	HMC
Anion Gap	11	4 - 12	—	HMC
Glucose	161	62 - 125 mg/dL	H^	HMC
Urea Nitrogen	15	8 - 21 mg/dL	—	HMC
Creatinine	0.83	0.38 - 1.02 mg/dL	—	HMC
Protein (Total)	7.3	6.0 - 8.2 g/dL	—	HMC
Albumin	3.6	3.5 - 5.2 g/dL	—	HMC
Bilirubin (Total)	0.4	0.2 - 1.3 mg/dL	—	HMC
Calcium	9.1	8.9 - 10.2 mg/dL	—	HMC
AST (GOT)	14	9 - 38 U/L	—	HMC
Alkaline Phosphatase (Total)	65	49 - 199 U/L	—	HMC
ALT (GPT)	8	7 - 33 U/L	—	HMC
GFR, Calc, European American	>60	>59 mL/min/{1.73_m2}	—	HMC
GFR, Calc, African American	>60	>59	—	HMC

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

Labs (continued)

		mL/min/{1.73_m2}		
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	02/12/20 1534 - 07/08/21 1106

Acetaminophen (Tylenol) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/27/20 1758** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/27/20 1758 Ordering provider: Marolf, Marissa Dee, MD
Authorized by: Marolf, Marissa Dee, MD Ordering mode: Standard
Frequency: STAT Once 05/27/20 1800 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 5/27/2020 6:39 PM

Specimen Information

ID	Type	Source	Collected By
W78994	Serum	—	05/27/20 1758

Acetaminophen (Tylenol) Resulted: 05/27/20 1839, Result status: Final result

Ordering provider: Marolf, Marissa Dee, MD 05/27/20 1758 Order status: Completed
Filed by: Uw Lab Results Interface, User 05/27/20 1839 Collected by: 05/27/20 1758
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Acetaminophen (Tylenol)	<10	0 - 25 ug/mL	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	02/12/20 1534 - 07/08/21 1106

Troponin I (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/27/20 1758** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/27/20 1758 Ordering provider: Marolf, Marissa Dee, MD

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

Labs (continued)

Authorized by: Marolf, Marissa Dee, MD
Frequency: STAT Once 05/27/20 1800 - 1 occurrence
Lab status: Final result
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 5/27/2020 6:44 PM

Specimen Information

ID	Type	Source	Collected By
W78994	Serum	—	05/27/20 1758

Troponin I Resulted: 05/27/20 1844, Result status: Final result

Ordering provider: Marolf, Marissa Dee, MD 05/27/20 1758
Filed by: Uw Lab Results Interface, User 05/27/20 1844
Resulting lab: HARBORVIEW MEDICAL CENTER LABS
Order status: Completed
Collected by: 05/27/20 1758

Components

Component	Value	Reference Range	Flag	Lab
Troponin_I Comment: A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG	<0.03	<0.04 ng/mL	—	HMC
Troponin_I Interpretation	Normal	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	02/12/20 1534 - 07/08/21 1106

Blood Culture, Peripheral (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/27/20 1830** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/27/20 1830
Authorized by: Marolf, Marissa Dee, MD
Frequency: Routine Once 05/27/20 1830 - 1 occurrence
Lab status: Final result
Ordering provider: Marolf, Marissa Dee, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 5/28/2020 1:56 PM

Specimen Information

ID	Type	Source	Collected By
W79004	Blood	—	05/27/20 1830

Comment: Antecubital Vein, Right

Blood Culture, Peripheral Resulted: 06/02/20 1503, Result status: Final result

Ordering provider: Marolf, Marissa Dee, MD 05/27/20 1830
Filed by: Uw Lab Results Interface, User 06/02/20 1503
Resulting lab: HARBORVIEW MEDICAL CENTER LABS
Order status: Completed
Collected by: 05/27/20 1830

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Aerobic and anaerobic bottles	—	—	HMC
Culture Result: Aerobic Broth: Staphylococcus, coagulase negative - Please call the Harborview Microbiology Lab (206-744-5858) within 3 days of the issuance of this report if additional testing	--	—	—	HMC

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

Labs (continued)

(identification and/or susceptibility) is required for patient management. Report issued on: 05/29/2020				
Culture Result: Anaerobic Broth: No growth 5 days	--	—	—	HMC
Culture Result: Telephoned with read back to: ANDREW W AT 4E 1624 5/28/20	--	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	02/12/20 1534 - 07/08/21 1106

Blood Culture, Peripheral (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/27/20 1843** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/27/20 1843 Ordering provider: Marolf, Marissa Dee, MD
Authorized by: Marolf, Marissa Dee, MD Ordering mode: Standard
Frequency: Routine Once 05/27/20 1845 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 5/28/2020 1:56 PM

Specimen Information

ID	Type	Source	Collected By
W79005	Blood	—	05/27/20 1843
Comment: Right wrist			

Blood Culture, Peripheral Resulted: 06/01/20 1213, Result status: Final result

Ordering provider: Marolf, Marissa Dee, MD 05/27/20 1843 Order status: Completed
Filed by: Uw Lab Results Interface, User 06/01/20 1213 Collected by: 05/27/20 1843
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Aerobic and anaerobic bottles	—	—	HMC
Culture	No growth 5 days	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	02/12/20 1534 - 07/08/21 1106

COVID-19 Coronavirus Qualitative PCR (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/27/20 1850** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/27/20 1850 Ordering provider: Marolf, Marissa Dee, MD
Authorized by: Marolf, Marissa Dee, MD Ordering mode: Standard

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

Labs (continued)

Frequency: STAT Once 05/27/20 1900 - 1 occurrence
Lab status: Final result
Quantity: 1
Instance released by: (auto-released) 5/27/2020 7:50 PM

Specimen Information

ID	Type	Source	Collected By
W79029	Nasal swab	—	05/27/20 1850

COVID-19 Coronavirus Qualitative PCR

Resulted: 05/28/20 0212, Result status: Final result

Ordering provider: Marolf, Marissa Dee, MD 05/27/20 1850
Filed by: Uw Lab Results Interface, User 05/28/20 0212
Resulting lab: UW MEDICINE VIROLOGY LAB, 1616 EASTLAKE
Order status: Completed
Collected by: 05/27/20 1850

Components

Component	Value	Reference Range	Flag	Lab
COVID-19 Coronavirus Qual PCR Specimen Type	Swab	—	—	HMC
COVID-19 Coronavirus Qual PCR Result	None detected.	NDET	—	UW VIROLOGY
COVID-19 Coronavirus Qual PCR Interpretation	Testing performed using the Hologic SARS-CoV-2 Real-time RT-PCR assay. See https://testguide.labmed.uw.edu/NCVQLT for details.	—	—	UW VIROLOGY

Comment:
This test is not yet approved or cleared by the United States FDA. When there are no FDA-approved or cleared tests available, and other criteria are met, FDA can make tests available under an emergency access mechanism called an Emergency Use Authorization (EUA).
The EUA for this test is supported by the Secretary of Health and Human Service's (HHS's) declaration that circumstances exist to justify the emergency use of in vitro diagnostics for the detection and/or diagnosis of the virus that causes COVID-19.
This EUA will remain in effect (meaning this test can be used) for the duration of the COVID-19 declaration justifying emergency of IVDs, unless it is terminated or revoked by FDA (after which the test may no longer be used).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	02/12/20 1534 - 07/08/21 1106
33 - UW VIROLOGY	UW MEDICINE VIROLOGY LAB, 1616 EASTLAKE	Jerome, Keith Robert, MD	1616 EASTLAKE AVE STE 320 BOX 358115 SEATTLE WA 98102-3795	02/12/20 1531 - 08/18/21 1012

COVID-19 Qualitative PCR Indication (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/27/20 1850**
Status: **Completed**

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

Labs (continued)

Ordering user: Uw Lab Results Interface, User 05/27/20 1850
Authorized by: Marolf, Marissa Dee, MD
Frequency: STAT Once 05/27/20 1900 - 1 occurrence
Lab status: Final result

Ordering provider: Marolf, Marissa Dee, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 5/27/2020 7:50 PM

Specimen Information

ID	Type	Source	Collected By
W79029	ZZNasopharyngeal Swab	—	05/27/20 1850

COVID-19 Qualitative PCR Indication Resulted: 05/27/20 1856, Result status: Final result

Ordering provider: Marolf, Marissa Dee, MD 05/27/20 1850
Filed by: Uw Lab Results Interface, User 05/27/20 1950
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Order status: Completed
Collected by: 05/27/20 1850

Components

Component	Value	Reference Range	Flag	Lab
COVID-19 Qualitative PCR Indication	Symptomatic	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	02/12/20 1534 - 07/08/21 1106

Influenza A, B and RSV, Rapid PCR (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/27/20 1850** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/27/20 1850
Authorized by: Marolf, Marissa Dee, MD
Frequency: Routine Once 05/27/20 1900 - 1 occurrence
Lab status: Final result

Ordering provider: Marolf, Marissa Dee, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 5/27/2020 7:51 PM

Specimen Information

ID	Type	Source	Collected By
W79429	ZZNasopharyngeal Swab	—	05/27/20 1850

Influenza A, B and RSV, Rapid PCR Resulted: 05/27/20 1951, Result status: Final result

Ordering provider: Marolf, Marissa Dee, MD 05/27/20 1850
Filed by: Uw Lab Results Interface, User 05/27/20 1951
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Order status: Completed
Collected by: 05/27/20 1850

Components

Component	Value	Reference Range	Flag	Lab
Rapid Flu/RSV PCR Specimen	Nasopharyngeal Swab	—	—	HMC
Rapid Influenza A PCR Result	Negative	NRN	—	HMC
Rapid Influenza B PCR Result	Negative	NRN	—	HMC
Rapid RSV PCR Result	Negative	NRN	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47	02/12/20 1534 - 07/08/21 1106

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

Labs (continued)

LABS — SEATTLE WA 98104-2420

Urinalysis with Reflex Culture (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/27/20 1930** — Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/27/20 1930
Ordering provider: Marolf, Marissa Dee, MD
Authorized by: Marolf, Marissa Dee, MD
Ordering mode: Standard
Frequency: STAT Once 05/27/20 1930 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 5/27/2020 7:40 PM

Specimen Information

ID	Type	Source	Collected By
W78997	Urine	—	05/27/20 1930

Urinalysis with Reflex Culture (Abnormal)

Resulted: 05/27/20 2011, Result status: Final result

Ordering provider: Marolf, Marissa Dee, MD 05/27/20 1930
Order status: Completed
Filed by: Uw Lab Results Interface, User 05/27/20 2011
Collected by: 05/27/20 1930
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	HMC
Clarity, URN	Clear	—	—	HMC
Specific Gravity, URN	>1.040	1.006 - 1.027 g/mL	H	HMC
pH, URN	6.0	5.0 - 8.0	—	HMC
Protein (Alb Semiquant), URN	Trace	NRN mg/dL	A	HMC
Glucose Qual, URN	Negative	NRN mg/dL	—	HMC
Ketones, URN	Negative	NRN mg/dL	—	HMC
Bilirubin (Qual), URN	Negative	NRN	—	HMC
Occult Blood, URN	Negative	NRN	—	HMC
Nitrite, URN	Negative	NRN	—	HMC
Leukocyte Esterase, URN	Negative	NRN	—	HMC
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}	—	HMC
Comments for Macroscopic, URN	None	—	—	HMC
Collection Method	Information not provided	—	—	HMC
WBC, URN	0-5(NEG)	Z5NEG /[HPF]	—	HMC
RBC, URN	0-2(NEG)	Z2NEG /[HPF]	—	HMC
Bacteria, URN	Not Seen	NOSEEN	—	HMC
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /[LPF]	A	HMC
Epith Cells_Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	HMC
Comments For Microscopic, URN	None	NONE	—	HMC
Mucus, URN	Present	NOSEEN /[LPF]	A	HMC
1st Extra Urine Gray Top	Additional collection tube	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	02/12/20 1534 - 07/08/21 1106

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

Labs (continued)

Standard Drug Screen, URN (Edited Result - FINAL)

Electronically signed by: **Uw Lab Results Interface, User on 05/27/20 1930** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/27/20 1930
Ordering provider: Marolf, Marissa Dee, MD
Authorized by: Marolf, Marissa Dee, MD
Ordering mode: Standard
Frequency: STAT Once 05/27/20 1930 - 1 occurrence
Quantity: 1
Lab status: Edited Result - FINAL
Instance released by: (auto-released) 5/27/2020 8:04 PM

Specimen Information

ID	Type	Source	Collected By
W78997	Urine	—	05/27/20 1930

Resulted: 05/27/20 2003, Result status: Edited Result - FINAL

Standard Drug Screen, URN

Ordering provider: Marolf, Marissa Dee, MD 05/27/20 1930
Order status: Completed
Filed by: Uw Lab Results Interface, User 05/27/20 2153
Collected by: 05/27/20 1930
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Amphet/Methamphetamine Qual,URN	Negative	NRN	—	HMC
Barbiturate (Qual), URN	Negative	NRN	—	HMC
Benzodiazepines (Qual), URN	Negative	NRN	—	HMC
Cocaine (Qual), URN	Negative	NRN	—	HMC
Alcohol (Ethyl), URN	Negative	NRN mg/dL	—	HMC
Comment: Quantitative testing for ethanol is by enzymatic method. Ethanol cutoff limit: 10 mg/dL				
Methadone (Qual), URN	Negative	NRN	—	HMC
Opiates (Qual), URN	Negative	NRN	—	HMC
Phencyclidine (Qual), URN	Negative	NRN	—	HMC
Cannabinoids (Qual), URN	Negative	NRN	—	HMC
Tricyclic Antidepressants, URN	Negative	NRN	—	HMC
Acetaminophen Qualitative, URN	Negative	NRN	—	HMC
Drug Screen Test Info, URN	SEE NOTES	—	—	HMC

Comment:
These results are presumptive and have not been confirmed as positive by an alternate method.

Results are for medical management only, and should not be used for legal purposes nor for workplace or pre-employment testing.

Qualitative immunochemical testing for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, methadone, opiates, phencyclidine (PCP), cannabinoids, and tricyclic antidepressants.
Positive results indicate immunoreactivity greater than or equal to these calibrators: d-methamphetamine 500 ng/mL, secobarbital 200 ng/mL, lormetazepam 200 ng/mL, benzoylecgonine 150 ng/mL, methadone 150 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortetrahydrocannabinoic acid 50 ng/mL, nortriptyline 1000 ng/mL and acetaminophen 5 mcg/mL.

Quantitative testing for ethanol is by an enzymatic method. Results less than 10 mg/dL are reported as negative.

This test was developed and its performance characteristics determined by the
University of Washington Department of Laboratory Medicine. It has not been cleared or approved by the US Food and Drug Administration.
This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as

05/27/2020 - ED to Hosp-Admission (Discharged) in 4E MED GERI EYE (continued)

Labs (continued)

investigational or for research.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	02/12/20 1534 - 07/08/21 1106

Care Plan

Active

Problem: Patient/Family Stated Goals

Dates: Start: 02/03/25
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Shift

Dates: Start: 02/03/25
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Admission

Dates: Start: 02/03/25
Disciplines: Interdisciplinary

05/27/2020 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Marolf, Marissa Dee, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

XR CHEST 1 VW (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 05/27/20 1803** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 05/27/20 1803
Authorized by: Marolf, Marissa Dee, MD
Ordering mode: Standard
Frequency: Routine 05/27/20 1803 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result
Order comments: From ORCA:

XR CHEST 1 VW Resulted: 05/27/20 1912, Result status: Final result

Order status: Completed
Resulted by:
Support, Service
Medverd, Jonathan Russell, MD
Filed by: Uw Radiology Results Interface, User 05/27/20 1913
Performed: 05/27/20 1803 - 05/27/20 1803
Accession number: 13291495
Resulting lab: UW RADIOLOGY
Lab Technician: KAREN GRAY CT TECH
Narrative:
RADIOGRAPH OF THE CHEST, 1 VIEW

CLINICAL INDICATION:
fever

COMPARISONS:
8/1/2019

FINDINGS AND IMPRESSION:
There is new patchy opacification within the bilateral mid and lower lungs and increased prominence of the interstitium which may represent mild superimposed edema. Findings are concerning for multifocal pneumonia in setting of fever including atypical/viral pneumonia.

No effusion or pneumothorax.

Heart size is normal and unchanged.

No acute osseous abnormality. The right AC joint is not visualized. Mild left AC joint and shoulder osteoarthritis. Soft tissues are normal.
ATTENDING RADIOLOGIST AND PAGER NUMBER
3763 MEDVERD JONATHAN RUSSELL MD

05/27/2020 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

05/27/2020 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Badulak, Jenelle Holst, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

CTA NECK ANGIO (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 05/27/20 1743** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 05/27/20 1743
Authorized by: Badulak, Jenelle Holst, MD
Ordering mode: Standard
Frequency: 05/27/20 1743 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result

CTA NECK ANGIO

Resulted: 05/27/20 2308, Result status: Final result

Order status: Completed
Resulted by:
Support, Service
Jarvik, Jeffrey Gil, MD
Filed by: Uw Radiology Results Interface, User 05/27/20 2309
Performed: 05/27/20 1743 - 05/27/20 1743
Accession number: 13291467
Resulting lab: UW RADIOLOGY
Lab Technician: KIMBERLY A. NELSON
Narrative:
EXAMINATION:
CTA NECK ANGIO

CLINICAL INDICATION:
Stroke Code

TECHNIQUE:
CTA Head and Neck Stroke (N-48)
1. Non-contrast head: MDCT scanning was obtained through the head without contrast.
2. CTA Head/Neck: MDCT was obtained from the aortic arch to the vertex during bolus infusion of contrast. Slab 3D-MIP reformatted images of extracranial and intracranial vessels were obtained in multiple planes.
3. Post-contrast head: MDCT was obtained through the head after contrast injection.
Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure.

CONTRAST:
Omnipaque 350 mg-ml 80 ml 05/27/2020 06:08 PM INTRAVENOUS

COMPARISON:
CT head without contrast 7/24/2019

FINDINGS:

Imaging (continued)

NON-CONTRAST HEAD CT:
MASS EFFECT & VENTRICLES: No midline shift shift. The lateral ventricles are symmetric. Incidentally noted is a septum cavum pellucidum. Prominence of the ventricular system and extra-axial spaces is commensurate with mild cerebral volume loss. Basal cisterns are patent. No downward herniation.
BRAIN: No acute infarct, hemorrhage or mass lesion is seen. Mild periventricular and deep subcortical white matter hypodensities likely representing small vessel ischemic changes. Bilateral basal ganglia mineralization. Similar left parietoccipital calcification.
VASCULAR: Moderate calcification of bilateral cavernous carotids and intracranial segments of the vertebral arteries.
EXTRA-AXIAL: No abnormal extra-axial fluid collections or masses.
EXTRA-CRANIAL: Skull and facial bones are normal. Sinuses and mastoids are clear. Bilateral lens replacement. Orbits are otherwise normal.

POST-CONTRAST HEAD CT:
ENHANCEMENT: Normal intracranial enhancement.

HEAD CTA:
ARTERIES: Normal intracranial arteries. No aneurysm, AVM, stenosis or occlusion.
VARIANTS: Circle of Willis is normally developed. No other vascular anatomic variants.
VEINS: Dural sinuses and deep venous structures are normal.

NECK CTA:
AORTIC ARCH: Common origin of the brachiocephalic and left common carotid arteries from the arch, a normal variant anatomy.
CAROTIDS: Common carotid vessels are normal. Mild calcified plaque at the carotid bulbs/origins of the bilateral ICAs without significant stenosis. Additional calcified plaque within the bilateral carotid canals, cavernous carotids and supraclinoid ICAs. Fusiform aneurysmal dilation of the right supraclinoid ICA to the circle of Willis measuring up to 0.6 cm. Internal carotid artery origins show no stenosis. Cervical ICA's are normal.
VERTEBRALS: Focal calcifications at the origins of the bilateral vertebral arteries without significant stenosis. There is flattening of the left vertebral artery within the V3 segment (12/132), although the more distal segments are well perfused. Right cervical segments are normal. Right vertebral artery is dominant.

ATTENDING RADIOLOGIST AND PAGER NUMBER
2953 JARVIK JEFFREY GIL MD
(206)680-1153
Impression:
IMPRESSION:
1. Head CT
- No acute infarct, hemorrhage or mass effect.
- Mild cerebral volume loss and sequela of chronic ischemic microvascular disease.
2. CTA head
- No high-grade stenosis or occlusion.
- Fusiform aneurysmal dilation of the right supraclinoid ICA measuring up to 0.6 cm.
3. CTA of the neck vessels
- No high-grade stenosis, dissection or occlusion.
- Mild calcified plaque in the bilateral carotid bulbs without significant ICA stenosis.

Internal carotid artery origin stenosis by NASCET criteria: No significant stenosis by NASCET criteria.

This is a preliminary report by Dr. Aaron Daub (PGY-5). A final report will be available by 10:00 AM on the following morning, or after 3 PM on weekends and holidays. Unless a final report appears below, an attending Radiologist has

05/27/2020 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

not yet reviewed the images.

ATTENDING FINAL REPORT

I agree with the preliminary report with the following comment(s) (Cat 2):
There is a 5 mm smooth, non-spiculated nodular density in the right medial lung (series 12, images 1 through 3).

IMPRESSION:
See impression above.

PULMONARY NODULE MANAGEMENT RECOMMENDATIONS:

Pulmonary nodules are a common incidental finding on CT If there is prior imaging such as a chest radiograph or CT available at another facility, this should be compared to assess for stability.

Solitary non-calcified pulmonary nodule less than 6mm. In patients with a low risk of malignancy, no follow-up imaging is recommended for this nodule (less than1% risk of malignancy). In patients at higher risk, an optional low-dose CT of the chest in 12 months is recommended. Risk factors include current smoking, recently quit smoking, morphology (e.g. spiculated margins).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

05/27/2020 - Orders Only in UW Medicine ECG

Visit Information

Provider Information

Encounter Provider

Clinic, Unassigned Muse

Department

Name	Address	Phone
UW Medicine ECG	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98195	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Procedures

EKG 12-LEAD (Final result)

Specimen Information

ID	Type	Source	Collected By
477184	—	—	05/27/20 1820

EKG 12-LEAD Resulted: 05/28/20 1455, Result status: Final result

Order status: Completed
Filed by: Uw Muse Results Interface, User 05/28/20 1455
Resulting lab: UWM EKG

Resulted by: Huang, Gary Sijia, MD
Collected by: 05/27/20 1820

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	89	BPM	—	79
Atrial Rate	89	BPM	—	79
P-R Interval	186	ms	—	79
QRS Duration	126	ms	—	79
Q-T Interval	394	ms	—	79
QTC Calculation	479	ms	—	79
P Axis	51	degrees	—	79
R Axis	21	degrees	—	79
T Axis	34	degrees	—	79
Diagnosis	--	—	—	79

Result:
Normal sinus rhythm
Right bundle branch block
Abnormal ECG
When compared with ECG of 07-DEC-2012 01:19,
Right bundle branch block is now present
Confirmed by HUANG, MD, GARY (3019) on 5/28/2020 2:55:17 PM

View Image (below)

05/27/2020 - Orders Only in UW Medicine ECG (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:H0571976 27-MAY-2020 18:20:58 HARBORVIEW MEDICAL CENTER-1EH-12 ROUTINE RECORD

06-JAN-1925 (95 yr)
Female Caucasian

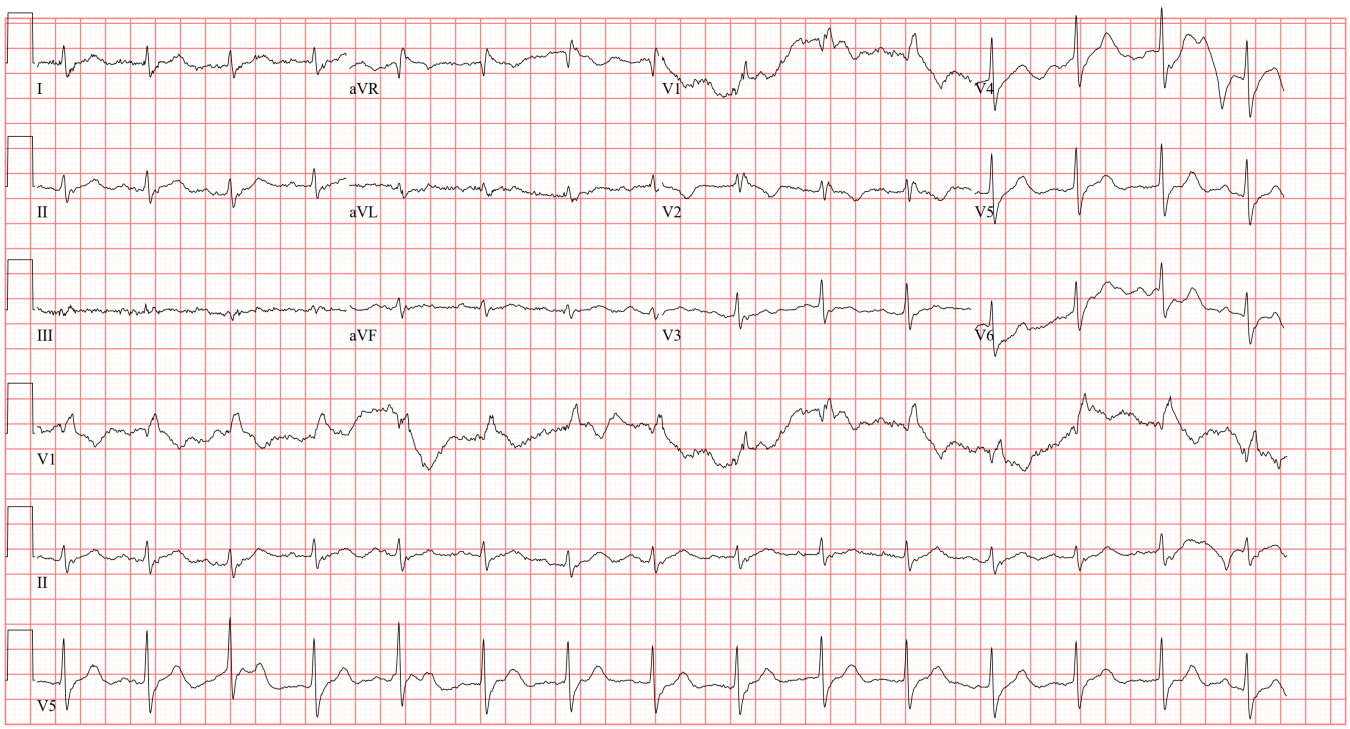
Room:
Loc:376

Vent. rate	89	BPM
PR interval	186	ms
QRS duration	126	ms
QT/QTc	394/479	ms
P-R-T axes	51 21	34

Normal sinus rhythm
Right bundle branch block
Abnormal ECG
When compared with ECG of 07-DEC-2012 01:19,
Right bundle branch block is now present
Confirmed by HUANG, MD, GARY (3019) on 5/28/2020 2:55:17 PM

Technician: FC
Test ind:R/O CVA

Confirmed By: GARY HUANG, MD



25mm/s 10mm/mV 40Hz 9.0.9 12SL 241 HD CID: 11 EID:3019 EDT: 14:55 28-MAY-2020 ORDER:

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by Huang, Gary Sijia, MD on 5/28/20 at 1455 PDT

05/08/2020 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Care Coordination
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020

05/08/2020 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/23/2019
Start date: 10/23/2019 — End date: 5/5/2021
Quantity: 28 capsule — Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/15/2020
Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/19/2020
Start date: 3/4/2020 — End date: 6/15/2020
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD — Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/3/2020
Start date: 4/3/2020 — End date: 8/12/2020
Quantity: 10 mL — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 5/8/2020 1615

Wound care rx faxed to Sound Health Medical. Confirmation received form sent to scan.

Electronically signed by Pearson, Terri Jeanne, CMA at 5/8/2020 4:21 PM

05/08/2020 - Telephone in Husky Health Primary Care Clinic (continued)

Documents

Clinical - Scan on 5/11/2020 9:23 AM: Wound Care Rx

Scan (below)

Sound Health MEDICAL

Quick Start Program
Next day Delivery

CMN Order
Fax: 888.958.2960
Questions? Call: 888.958.2960
Full Assignment Accepted

Patient Name: Jeanne Hoffman Clinic: Hall health

Customer Service Rep: Jasmine	Qty	Apply to Wound(s) 1	2	3	4
Item: Xeroform 5x9	60	☐	☐	☐	☐
Item: Vasline gauze	60	☐	☐	☐	☐
Item: Conform	24	☐	☐	☐	☐
Item: Medipore tape 2in	2	☐	☐	☐	☐
Item:					
Item:					
Item:					

Diagnosis/ICD10 Code: L97.129 L97.323 L97.223 I87.313

Wound Location	Wound Size	Change Frequency	Drainage	Has Wound ever been Debrided?
L med calf	0.5x0.4x0.1	Daily	Mod	Yes No
L med ankle	6x5.4x0.1	Daily	Mod	Yes No
R med ankle	0.9x1.0x0.1	Daily	Mod	Yes No
L calf	3.5x1.9x0.2	Daily	Mod	Yes No

Duration: 90 Days Patient knows how to use product? Yes No Wound Is Surgical? Yes No

Prognosis: Poor Fair Good Excellent Patient Received a Starter Kit? Yes No

Physician Name: William Neighbor NPI: 1265518989 Fax: 206.616.4683 Phone: 206.616.9358

Signature: William Neighbor Date: 5.7.2020 Email for Digital Signature:

I request that payment of my insurance benefits be paid to Sound Health Medical Supply. I understand product received in my home opened or unopened cannot be returned. I authorize anyone with my medical information to release it to Sound Health Medical Supply any information needed to determine benefits payable for these supplies or services. Further, I authorize Sound Health Medical Supply to forward my medical records to the medical professionals in my care and/or make copies of said records. I acknowledge that I have received the policies and procedures and HIPPA information from Sound Health.

Patient Signature: Date

05/06/2020 - Telemedicine in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Non-pressure chronic ulcer of left calf with necrosis of muscle (primary)
- Rib pain on left side
- Essential hypertension
- Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service	Modifiers
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	VIA INTERACTIVE AUDIO AND VIDE

Log History

LOS History

Medication List

Medication List

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Active at the End of Visit

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Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

05/06/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Medication List (continued)

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 45 tablet — Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/23/2019
Start date: 10/23/2019 — End date: 5/5/2021
Quantity: 28 capsule — Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/15/2020
Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/19/2020
Start date: 3/4/2020 — End date: 6/15/2020
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD — Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/3/2020
Start date: 4/3/2020 — End date: 8/12/2020
Quantity: 10 mL — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 5/6/2020 1120

Jeanne Leonie Hoffman is a 95 year old female here to discuss the following:

Chief Complaint

Clinical Notes (continued)

Patient presents with

- Follow-Up

Distant Site Telemedicine Encounter

I conducted this encounter from Hall Health via secure, live, face-to-face video conference with the patient. Jeanne was located at her apartment on Bainbridge with Son Louis present. Prior to the interview, the risks and benefits of telemedicine were discussed with the patient and verbal consent was obtained.
Both audio and video connections were used.

Problem: Non pressure venous stasis ulceration
Son Louis reports the left leg is markedly improved but right lower leg has persistent skin breakdown which he believes in somewhat improved. No fever, chills, or local redness. Dressing changes daily Does need additional dressing supplies. No recent visit to NW Wound Care clinic.

Problem: Right rib area pain
Jean reports 2 weeks of pain over the right posterior ribs. Does not recall a fall. No pain with deep inspiration. No cough.

Problem: Hypertension
As at least visit in February not on meds. No home readings but does have a cuff in storage.

Problem: Osteoarthritis
Taking plain tylenol twice daily and Tylenol with codeine once to twice daily. Seems to be working well.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Unspecified vitamin B deficiency [E53.9] 05/01/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12

deficiency

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic (HCC) [I82.509] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed.
  Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9] 10/10/2019
- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019

05/06/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Fall [W19.XXXA] 09/03/2019
- Acute blood loss anaemia [D62] 08/11/2019
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019
- Chronic venous hypertension with ulcer, bilateral [I87.313, L97.919, L97.929] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves [I70.232, I70.242] 09/24/2018
- Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Venous ulcer of left leg (HCC) [I83.029, L97.929] 06/07/2018
- Normocytic anemia [D64.9] 06/07/2018
- Severe protein-calorie malnutrition (HCC) [E43] 06/07/2018
- Urge urinary incontinence [N39.41] 06/07/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323] 05/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223] 05/17/2018
- Chronic venous hypertension with ulcer and inflammation, left [I87.332, L97.929] 05/17/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Outpatient Medications Marked as Taking for the 5/6/20 encounter (Telemedicine) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		

05/06/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

• acetaminophen-codeine 300-30 MG tablet	Take 1 tablet by mouth daily as needed (pain).	30 tablet	0
• atorvastatin 20 MG Oral Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.		
• MULTIPLE VITAMIN OR	Take by mouth.		
• pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use	10 mL	0

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No

Objective:

There were no vitals taken for this visit.
Estimated body mass index is 21.16 kg/m² as calculated from the following:
Height as of 8/20/19: 5' 1" (1.549 m).
Weight as of 11/25/19: 50.8 kg (112 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter:
General: NAD. Very hard of hearing. Son present for telemedicine visit
Mood: Positive particularly when talking about drying fruit, canning, and making jams in her kitchen

05/06/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Right lower leg: Skin appeared in tact on the video
Left lower leg: Persistent ulcerations on medial ankle that appear similar in size to prior visits though not measured today. There appeared to be some exudate on edges but pink mid portion. No cellulitis. There was also a similar ulceration of the mid pretibial area. No edema.
Back: Was able to see her back in the area of the left lower ribs. No skin changes. Louis, her son, did not feel a protuberance of the rib or mass.

Lab and other tests: none

Assessment and Plan:
1. Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
Appear improved on the right but persistent on the left without cellulitis. No recent visit to NW Wound Care due to COVID19 pandemic.
Plan:
--Refill dressing supplies through Nate at NW wound care clinic as planned by son Louis.
--Arrange for possible NW wound care telemedicine visit

2. Left rib pain.
2 week hx of left posterior rib pain. Unclear cause. Could be some mild trauma she does not recall.
Plan:
--Warm compresses over the area for 20 minutes twice daily and expect resolution. Otherwise would need in person evaluation which would best be done, in view of the COVID19 pandemic, at a local urgent care where they have been seen before.

3. Essential hypertension
No blood pressure reading today. Son Louis will find their bp cuff and check it.

4. Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
On stable low dose of tylenol with codeine Uses 1 to two tablets in divided doses. Does not report need for refill. Based on refill history not overusing as was an issue a year ago when she and her son were homeless.

Other:
No recent falls
Currently seeing dentist on Bainbridge Island.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 5/6/2020 4:37 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

05/06/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 5/6/2020 11:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday May 6, 2020. The following issues were addressed: Non-pressure chronic ulcer of left calf with necrosis of muscle; Rib pain on left side; Essential hypertension; and Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status.

What's Next

You currently have no upcoming appointments scheduled.

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/ .

05/06/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of May 6, 2020 4:37 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG tablet	Take 1 tablet by mouth daily as needed (pain).
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

05/06/2020 - Telemedicine in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 5/6/2020 4:37 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 5/6/2020 11:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday May 6, 2020. The following issues were addressed: Non-pressure chronic ulcer of left calf with necrosis of muscle; Rib pain on left side; Essential hypertension; and Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status.

What's Next

You currently have no upcoming appointments scheduled.

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/ .

Your Medication List as of May 6, 2020 4:37 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG tablet	Take 1 tablet by mouth daily as needed (pain).
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

05/06/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Mohova, Elena, CMA

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

05/06/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
End date: 8/12/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 9/16/2020
Quantity: 30 tablet
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021
Quantity: 2 each
Refill: No refills remaining

Stopped in Visit

None

Messages

zoom link

From	To	Sent and Delivered
Elena A Mohova, CMA	Hoffman, Jeanne Leonie	5/6/2020 10:47 AM

Last Read in MyChart
Not Read

Dear Jeanne,

Thank you for scheduling a telemedicine visit with Dr. Neighbor

Your telemedicine visit has been scheduled for Wednesday, May 6, 2020 at 11:20 am

05/06/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

The Zoom link for your telemedicine visit is

https://applications.zoom.us/telehealth?org_id=ni0OxEC_ROadQrkxobmSaQ&data=Dn8Eif%2ByxHMPCYyYdWZYEaqPyZX33n1WvopcWZ4L91rG%2FOaQLge%2F0VL0ByE93rtlVWiHB39mKiXh5fsEGzknoIJCTnXSihPmF3TffFPrsoI%3D

Please be ready to attend your visit at the scheduled time and date.

Click this link below to view instructions for using ZOOM (if you are using a mobile device you will need to copy and paste this link into a browser).

http://www.uwmedicine.org/patient-resources/job-aidzoom-patient-instructions.pdf

Please review these instructions before your visit so you are prepared to access ZOOM on the day of your appointment.

Additionally, your telemedicine visit will be billed to your insurance in the same manner as a regular in-person office visit. This means that your standard copay, coinsurance, and deductible will apply.

Please let us know if you have any questions or concerns at 206-616-9358

Sincerely,

Hall Health Center

04/28/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 45 tablet — Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019

04/28/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/23/2019
Start date: 10/23/2019 — End date: 5/5/2021
Quantity: 28 capsule — Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/15/2020
Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/19/2020
Start date: 3/4/2020 — End date: 6/15/2020
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD — Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/3/2020
Start date: 4/3/2020 — End date: 8/12/2020
Quantity: 10 mL — Refill: No refills remaining

Stopped in Visit

None

Messages

zoom link

From	To	Sent and Delivered
Marlene Anna Aiello-Sugiyama	Hoffman, Jeanne Leonie	4/28/2020 3:34 PM

Last Read in MyChart
5/6/2020 10:52 AM by Hoffman, Jeanne Leonie

Hello Jeane,

Your appointment with Dr. Neighbor on Wednesday, 05/06 from 10:00-10:40 am has been scheduled.
You will access your appointment through eCare. You will see an alert and a button in eCare to "Begin Video Visit" which launches Zoom and connects the patient to the Epic meeting link

If clicking on "Begin Video Visit" does not work here is the link that you can copy and paste into your browser. It is long but it works.

ttps://applications.zoom.us/telehealth?org_id=ni0OxEC_ROadQrkxobmSaQ&data=Dn8Eif%2ByxHMPCYyYdWZYEaqPyZX33n1WvopcWZ4L91rG%2FOaQLge%2F0VL0ByE93rtlVWiHB39mKiXh5fsEGzknoIJCTnXSihPmF3

04/28/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

TffFPrsoI%3D

Thank you,

Hall Health Center

04/27/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

04/27/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/15/2020
Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/19/2020
Start date: 3/4/2020
End date: 6/15/2020
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
End date: 8/12/2020
Quantity: 10 mL
Refill: No refills remaining

Stopped in Visit

None

Messages

Communications Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/27/2020 5:56 PM

Please update Medical records:
Your call is just as important to me, as it is to you.
Have a nice day and hope to hear from you soon.

Louis Charles Hoffmann Alloin
321 High School Road NE
STE D3 PMB 292
Bainbridge Island, WA 98110

Mobile: 360-649-5702 Pending
Desk Ph: 206-780-6885

04/27/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Email: louisalloin@usa.com

Video Meetings: Zoom, Webex, EzTalk, SamePage and TrueConf, with Video eMail Capacity

UHF Radio: PSRG: KI7AGD/General Class/Freq 146.960
IRLP Node #: 7774
Echolink #: 447770 (44-PSR-0)
Allstar #: 24

04/27/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

04/27/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/15/2020
Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/19/2020
Start date: 3/4/2020
End date: 6/15/2020
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
End date: 8/12/2020
Quantity: 10 mL
Refill: No refills remaining

Stopped in Visit

None

Messages

Covid-19 Lab Report

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/27/2020 5:47 PM

Both of us are Negitive, good health practices and a excellent PMC Medical Team

04/27/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Document on 4/27/2020 5:47 PM: Neg-Covid

Document (below)

Patient Information

Patient Name	Sex	DOB
Hoffman, Jeanne L (1002127482)	Female	1/6/1925

Order Information

Date and Time	Ordering Department
4/23/2020 4:20 PM	CHI Franciscan Urgent Care - Bainbridge Island

COVID19 (UW)

Electronically signed by: **Steven C Cohen, MD on 04/23/20 1620** Status: **Completed**
Ordering user: Steven C Cohen, MD 04/23/20 1620

Result Notes for COVID19 (UW)

Notes recorded by Rebekah White, MA on 4/25/2020 at 10:16 AM PDT
Attempted to reach patient, no answer, left detailed VM with NEGATIVE test results Electronically signed by Rebekah White, MA on 4/25/2020 at 10:16 AM.

Results

COVID19 (UW) (Order 210295517)

Result Notes for COVID19 (UW)

Notes recorded by Rebekah White, MA on 4/25/2020 at 10:16 AM PDT
Attempted to reach patient, no answer, left detailed VM with NEGATIVE test results Electronically signed by Rebekah White, MA on 4/25/2020 at 10:16 AM.

COVID19 (UW)

Order: 210295517
Status: Final result
Visible to patient: No (Not Released)
Next appt: None
Dx: Screening examination for infectious ...

Specimen Information: Pharynx: Nasopharyngeal

	Ref Range & Units	2d ago
COVID-19 QUAL PCR	None Detected	None Detected

Comment: See scanned report for SARS-CoV-2(COVID19) from the University of Washington testing laboratory for additional interpretation and methodology comments.

Resulting Agency UNVWA

Narrative Performed by: UNVWA

(EV) = Testing performed by UW Medicine Virology Lab located at 1616 Eastlake Ave E Suite 320, Seattle, WA 98102
(UW) = Testing performed by UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195

04/27/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Specimen Collected: 04/23/20 16:25 | Last Resulted: 04/24/20 12:41 | Lab Flowsheet Order Details View Encounter Lab and Collection Details Routing Result History

Scans on Order 210295517

Scan on 4/24/2020 12:41 PM by Ashley Chidester V, CLT: UW COVID-19 REPORT

Encounter

View Encounter

Result Information

Flag:	Status: Final result (Collected: 4/23/2020 16:25)	Provider Status:
Normal		Reviewed

Additional Information

Specimen ID	Bill Type	Client ID
20X-114X00097		

Specimen Date Taken	Specimen Time Taken	Specimen Received Date	Specimen Received Time	Result Date	Result Time	Resulting Tech
Apr 23, 2020	4:25 PM	Apr 23, 2020	6:35 PM	Apr 24, 2020	12:41 PM	

Routing History

Priority	Sent On	From	To	Message Type
↑	4/25/2020 10:16 AM	Rebekah White, MA	Rebekah White, MA	Result Notes
↑	4/24/2020 6:53 PM	Shannon D Gates, MD	P Bainbridge Uc Nurse Pool	Results
↑	4/24/2020 12:41 PM	Background User Lab	P Bainbridge Urgent Care	Results

Smartlink Info

COVID19 (UW) (Order #210295517) on 4/23/20

04/27/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Information

Patient Name	Sex	DOB
Hoffman, Louis (1002296660)	Male	11/26/1948

Order Information

Date and Time	Ordering Department
4/23/2020 4:23 PM	CHI Franciscan Urgent Care - Bainbridge Island

COVID19 (UW)

Electronically signed by: **Mallorie Burrows, MA on 04/23/20 1623** Status: **Completed**
Ordering user: Mallorie Burrows, MA 04/23/20 1623
Cosigning events
Electronically cosigned by Steven C Cohen, MD 04/23/20 1628 for Ordering

Result Notes for COVID19 (UW)

Notes recorded by Rebekah White, MA on 4/25/2020 at 10:18 AM PDT
Patient notified verbally of NEGATIVE results Electronically signed by Rebekah White, MA on 4/25/2020 at 10:18 AM.

Results

COVID19 (UW) (Order 271821293)

Result Notes for COVID19 (UW)

Notes recorded by Rebekah White, MA on 4/25/2020 at 10:18 AM PDT
Patient notified verbally of NEGATIVE results Electronically signed by Rebekah White, MA on 4/25/2020 at 10:18 AM.

COVID19 (UW)

Order: 271821293
Status: Final result
Visible to patient: No (Not Released)
Next appt: None
Dx: Screening examination for infectious ...

Specimen Information: Pharynx; Nasopharyngeal

	Ref Range & Units	2d ago
COVID-19 QUAL PCR	None Detected	None Detected

Comment: See scanned report for SARS-CoV-2(COVID19) from the University of Washington testing laboratory for additional interpretation and methodology comments.

Resulting Agency UNVWA

Narrative Performed by: UNVWA

(EV) - Testing performed by UW Medicine Virology Lab located at 1616 Eastlake Ave E Suite 320, Seattle, WA 98102

04/27/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

(UW) - Testing performed by UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195

Specimen Collected:	Last Resulted: 04/24/20	Lab Flowsheet Order Details View Encounter Lab and Collection Details Routing Result History
04/23/20 16:24	09:30	

Scans on Order 271821293

Scan on 4/24/2020 9:30 AM by Ashley Chidester V, CLT: UW COVID-19 REPORT

Encounter

View Encounter

Result Information

Flag:	Status: Final result (Collected: 4/23/2020 16:24)	Provider Status:
Normal		Open

Additional Information

Specimen ID	Bill Type	Client ID
20X-114X00098		

Specimen Date Taken	Specimen Time Taken	Specimen Received Date	Specimen Received Time	Result Date	Result Time	Resulting Tech
Apr 23, 2020	4:24 PM	Apr 23, 2020	6:33 PM	Apr 24, 2020	9:30 AM	

Routing History

Priority	Sent On	From	To	Message Type
	4/25/2020 10:18 AM	Rebekah White, MA	Rebekah White, MA	Result Notes
	4/24/2020 6:53 PM	Shannon D Gates, MD	P Bainbridge Uc Nurse Pool	Results
	4/24/2020 9:30 AM	Background User Lab	P Bainbridge Urgent Care	Results

Smartlink Info

COVID19 (UW) (Order #271821293) on 4/23/20

04/26/2020 - Orders Only in Harborview Flu & Covid-19 Clinic

Reason for Visit

Visit diagnosis: Upper respiratory tract infection, unspecified type

Visit Information

Department

Name	Address	Phone	Fax
Harborview Flu & Covid-19 Clinic	319 Terry Ave Seattle WA 98104	206-744-0400	206-744-8516

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

04/26/2020 - Orders Only in Harborview Flu & Covid-19 Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/15/2020
Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/19/2020
Start date: 3/4/2020
End date: 6/15/2020
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
End date: 8/12/2020
Quantity: 10 mL
Refill: No refills remaining

Stopped in Visit

None

Labs

COVID-19 Coronavirus Qualitative PCR (Discontinued)

Electronically signed by: **Oscadal, Maureen E, RN on 04/26/20 1000**
Status: **Discontinued**
Ordering user: Oscadal, Maureen E, RN 04/26/20 1000
Authorized by: Ahrenholz, Nicole Chow, MD
Ordering mode: Standard
Frequency: Routine 04/26/20 -
Class: Normal
Quantity: 1
Discontinued by: Uw Lab Results Interface, User 06/25/20 0031 [Auto-canceled. Patient no show and/or specimen not received within 60 days.]

Diagnoses
Upper respiratory tract infection, unspecified type [J06.9]

Questionnaire

Question	Answer
Specimen Type?	Nasopharyngeal Swab

Order comments: ** DO NOT send in Tube System **

Specimen Information

ID	Type	Source	Collected By
X17734	—	—	04/26/20 1000

Indications

Upper respiratory tract infection, unspecified type [J06.9 (ICD-10-CM)]

04/26/2020 - Orders Only in Harborview Flu & Covid-19 Clinic (continued)

Labs (continued)

04/22/2020 - Orders Only in Harborview Oral Maxillofacial Surgery Clinic

Reason for Visit

Visit diagnosis: Pre-op testing

Visit Information

Provider Information

Encounter Provider

Rahbar, Saman, DDS

Department

Name	Address	Phone	Fax
Harborview Oral Maxillofacial Surgery Clinic	325 9TH Ave Seattle WA 98104	206-744-3189	206-744-2810

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019

04/22/2020 - Orders Only in Harborview Oral Maxillofacial Surgery Clinic (continued)

Medication List (continued)

Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/15/2020
Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/19/2020
Start date: 3/4/2020
End date: 6/15/2020
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
End date: 8/12/2020
Quantity: 10 mL
Refill: No refills remaining

Stopped in Visit

None

Labs

COVID-19 Coronavirus Qualitative PCR (Discontinued)

Electronically signed by: **Rahbar, Saman, DDS on 04/22/20 1602**
Status: **Discontinued**
Ordering user: Rahbar, Saman, DDS 04/22/20 1602
Authorized by: O'Connor, Ryan Timothy, DDS
Ordering mode: Standard
Frequency: STAT 04/22/20 -
Class: Normal
Quantity: 1
Discontinued by: Uw Lab Results Interface, User 06/21/20 0033 [Auto-canceled. Patient no show and/or specimen not received within 60 days.]

Diagnoses
Pre-op testing [Z01.818]
Order comments: ** DO NOT send in Tube System **

Specimen Information

ID	Type	Source	Collected By
W17479	—	—	04/22/20 1602

Indications

Pre-op testing [Z01.818 (ICD-10-CM)]

04/22/2020 - Orders Only in Harborview Oral Maxillofacial Surgery Clinic (continued)

Labs (continued)

04/06/2020 - Appointment in UW Medicine Northwest Wound Care and Hyperbaric Center

Visit Information

Appointment Information

NEW
4/6/2020 10:00 AM

No Show

Time	Provider	Department	Length
10:00 AM	Norsworthy, Nilufer Bozdemir, MD	UWMC NW WOUND CARE	30 min

Notes:
REREG

History

Made On:	3/17/2020 9:25 AM	By:	Carroll, Linda, PSS/PSR	ES
EOD Status:	4/10/2020 9:35 PM	By:	Uw Epaa, User	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

04/03/2020 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

04/03/2020 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/15/2020
Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/19/2020
Start date: 3/4/2020
End date: 6/15/2020
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Kauffman, Mary Johanna Kelly, MD
Discontinued on: 8/12/2020
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/3/2020
Start date: 4/3/2020
End date: 8/12/2020
Quantity: 10 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Toshmurodova, Parizoda, CMA at 4/3/2020 1258

Last office visit:2/19/2020
Last refill:1/13/2020
Next app:4/29/2020

Electronically signed by Toshmurodova, Parizoda, CMA at 4/3/2020 1:01 PM

Other Orders

Medications

timolol maleate 0.5 % ophthalmic solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 04/03/20 1740**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 04/03/20 1740
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 04/03/20 - 08/12/20
Class: Normal
Released by: Neighbor Jr., William E, MD 04/03/20 1740
Discontinued by: Kauffman, Mary Johanna Kelly, MD 08/12/20

04/03/2020 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

1723

Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS
Admin instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY block tear duct 1-2 min after use
Reordered from: timolol maleate 0.5 % ophthalmic solution

Indications

Unspecified glaucoma(365.9) [H40.9 (ICD-10-CM)]

03/06/2020 - Patient Web Update in UW Medicine Northwest Wound Care and Hyperbaric Center

Visit Information

Provider Information

Encounter Provider

Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
UW Medicine Northwest Wound Care and Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

03/06/2020 - Patient Web Update in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/3/2020
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2020
Start date: 1/13/2020
End date: 4/3/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/15/2020
Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/19/2020
Start date: 3/4/2020
End date: 6/15/2020
Quantity: 30 tablet
Refill: No refills remaining

Stopped in Visit

None

Messages

RE: Appointment Request

From	To	Sent and Delivered
Linda Carroll, PSS/PSR	Hoffman, Jeanne Leonie	3/6/2020 10:09 AM

Last Read in MyChart
4/26/2020 10:05 PM by Hoffman, Jeanne Leonie

Please give us a call at 206-668-1244 to set up appointment at the Wound Care Center. We do not schedule appts w/o talking with the patient or family first even if they have been in our program before. Our phone hours are M-F 8-4:30pm

02/20/2020 - Telephone in UW Medicine Northwest Wound Care and Hyperbaric Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020

02/20/2020 - Telephone in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/3/2020
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2020
Start date: 1/13/2020
End date: 4/3/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/15/2020
Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/19/2020
Start date: 3/4/2020
End date: 6/15/2020
Quantity: 30 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Kalskett, Haley Elizabeth at 2/20/2020 1337

Called to try and set up an appointment for the pt but was sent directly to voicemail. Will try again before the end of the month to get her back on our books. We will discharge her if we don't hear back per Margi.

Electronically signed by Kalskett, Haley Elizabeth at 2/20/2020 1:39 PM

02/20/2020 - Patient Web Update in UW Medicine Northwest Wound Care and Hyperbaric Center

Visit Information

Provider Information

Encounter Provider

Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
UW Medicine Northwest Wound Care and Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Medication List

Medication List

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Entered on: 6/7/2018
End date: 10/13/2021

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Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
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1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

02/20/2020 - Patient Web Update in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/3/2020
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2020
Start date: 1/13/2020
End date: 4/3/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/15/2020
Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/19/2020
Start date: 3/4/2020
End date: 6/15/2020
Quantity: 30 tablet
Refill: No refills remaining

Stopped in Visit

None

Messages

RE: Appointment Request

From	To	Sent and Delivered
Haley Elizabeth Kalskett	Hoffman, Jeanne Leonie	2/20/2020 1:40 PM

Last Read in MyChart
4/26/2020 10:06 PM by Hoffman, Jeanne Leonie

Please call the clinic @ 206-668-1244 to set up an appointment. I call and left a vm to set up an appointment.

02/19/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

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Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

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Discontinued on: 6/12/2024
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Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

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Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
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Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

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Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

02/19/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/3/2020
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2020
Start date: 1/13/2020
End date: 4/3/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/15/2020
Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/19/2020
Start date: 3/4/2020
End date: 6/15/2020
Quantity: 30 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 2/19/2020 1644

eCare message routed to provider.

Electronically signed by Pearson, Terri Jeanne, CMA at 2/19/2020 4:44 PM

Messages

RE: 500mg Acetaminophen

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	2/19/2020 6:33 PM

Last Read in MyChart
Not Read

02/19/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Louis:
I sent the message below to you in the summary of Jeanne's visit today. (went to Jeanne's e care). Her plain tylenol should be limited to 5 tabs of 500 mg daily. That totals 2500 mg. The Tylenol with codeine contains a relatively low dose of 300 mg. If she takes one tablet daily a total 2800 mg. Maximum dose is 3000 mg in 24 hours. If needed we can slightly increase the dose of codeine, but very carefully.

"Restart Tylenol with Codeine. She can take a half tablet twice daily. 2 prescriptions were written one to cover the next 15 days and one to be filled after that in early March for 30 days. She may continue to supplement with plain Tylenol but should limit the dose to a total of 5 tablets of 500 mg daily. This would provide a total dose of plain Tylenol of 2500 mg which when combined with the 300 mg in the Tylenol with Codeine totals to 2800 mg which is close to the maximum for her age (3000 mg)"

William E Neighbor, MD

500mg Acetaminophen

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	2/19/2020 4:33 PM

Directions: Do not take more than directed
Warning: Do not take more than 6 Caplets over 24 hours,
Recommended: Take 2 caplets every 6 hours

More than 4,000mg in 24 hour, severe liver damage could occur.

I, Louis will discuss this with Jeanne, to ensure she complies.
She has stated to me that she has taken 8+ at time, but not daily, generally between 0-8, 8+ meaning severe pain.

Please advise or provide recommendations for combination of 500mg Acetaminophen and Acetaminophen 300mg-Codeine 30mg

02/19/2020 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Wound Check/Dressing Change
Visit diagnoses:

- Essential hypertension (primary)
- Osteoarthritis, unspecified osteoarthritis type, unspecified site
- Venous stasis ulcer of other part of lower leg limited to breakdown of skin, unspecified laterality, unspecified whether varicose veins present

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN

Log History

LOS History

Medication List

Medication List

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Active at the End of Visit

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Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
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acetaminophen 500 MG Oral Tab

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Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

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Start date: 8/5/2019 — End date: 1/9/2025

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Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

02/19/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

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Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/19/2020
Start date: 3/4/2020
End date: 6/15/2020
Quantity: 30 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 2/19/2020 1020

Jeanne Leonie Hoffman is a 95 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Wound Check/Dressing Change
  leg fu

Jeanne Is brought in by her son Louis from Bainbridge Island. They were over 20 minutes late for a 40 minute visit. This has been a recurrent issue. The main reason for the visit today was coordination of care with the Northwest Hospital wound care clinic where they have not yet followed up. Jean also needed a refill on Tylenol with Codeine which she uses approximately once daily and has been a stable dose for control of osteoarthritic pain. She did state that she's taking Tylenol 500 mg. It appears that she is taking over 3000 mg daily. She has not had the Tylenol with Codeine recently.

Review of Systems:
No fever chills or night sweats reported. No nausea or vomiting or abdominal pain.

Problem List
Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Unspecified vitamin B deficiency [E53.9] 05/01/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic (HCC) [I82.509] 11/20/2006

Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

02/19/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9] 10/10/2019
- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Fracture of humeral head, closed [S42.293A] 09/20/2019
- Fall [W19.XXXA] 09/03/2019
- Closed displaced fracture of left pubis with routine healing [S32.502D] 08/11/2019
- Acute blood loss anaemia [D62] 08/11/2019
- Closed fracture of multiple ribs of left side with routine healing [S22.42XD] 08/11/2019
- Hemopneumothorax [J94.2] 08/11/2019
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019
- Chronic venous hypertension with ulcer, bilateral [I87.313, L97.919, L97.929] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019

02/19/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Suspected elder abuse [T76.91XA] 01/11/2019
  Island Crest Terrace
  Pastor Dave OConnell 314.853.2695

  NW Justice Project Samthan Adam 206.707.0838
  APS Levon Gibson 360.473.2167

- Housing lack [Z59.0] 09/26/2018
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves [I70.232, I70.242] 09/24/2018
- Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Venous ulcer of left leg (HCC) [I83.029, L97.929] 06/07/2018
- Homeless [Z59.0] 06/07/2018
- Normocytic anemia [D64.9] 06/07/2018
- Severe protein-calorie malnutrition (HCC) [E43] 06/07/2018
- Urge urinary incontinence [N39.41] 06/07/2018
- Cellulitis of left leg [L03.116] 05/31/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323] 05/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223] 05/17/2018
- Chronic venous hypertension with ulcer and inflammation, left [I87.332, L97.929] 05/17/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Outpatient Medications Marked as Taking for the 2/19/20 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• atorvastatin 20 MG Oral Tablet	Take 0.5 tablets (10 mg) by mouth daily.	45 tablet	3

	For cholesterol reduction
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.
• MULTIPLE VITAMIN OR	Take by mouth.

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 167/77 | Pulse 63 | Temp 94.5 °F (34.7 °C)
Estimated body mass index is 21.16 kg/m² as calculated from the following:
Height as of 8/20/19: 5' 1" (1.549 m).
Weight as of 11/25/19: 50.8 kg (112 lb).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 189/86	70	---	---	---	11:03 AM	2/19/2020
(!) 167/77	63	---	---	---	11:17 AM	2/19/2020

Last blood pressure recorded in this encounter: **(!) 167/77**
General: No acute distress
Wound dressing left lower extremity in place. It is changed at home by her son every one to 2 days. There is no redness to suggest cellulitis today. No debridement was performed.

Wt Readings from Last 20 Encounters:

11/25/19	50.8 kg (112 lb)
09/23/19	48.1 kg (106 lb)
08/20/19	50.4 kg (111 lb 1.6 oz)
03/28/19	51.7 kg (114 lb)
02/28/19	50.3 kg (111 lb)
01/31/19	46.3 kg (102 lb)
10/08/18	50.8 kg (112 lb)
09/26/18	51.1 kg (112 lb 9.6 oz)
09/24/18	51.3 kg (113 lb)
08/14/18	53.2 kg (117 lb 4 oz)
07/25/18	52.1 kg (114 lb 12 oz)
07/06/18	50.2 kg (110 lb 12 oz)
06/22/18	50.5 kg (111 lb 6 oz)

Clinical Notes (continued)

06/19/18	49.9 kg (110 lb)
06/07/18	50 kg (110 lb 2 oz)
05/31/18	50.8 kg (112 lb)
05/17/18	49.6 kg (109 lb 6.4 oz)
02/28/18	54.1 kg (119 lb 3.2 oz)
01/03/18	53.8 kg (118 lb 9.6 oz)
09/20/17	52.3 kg (115 lb 6.4 oz)

Lab and other tests: none

Assessment and Plan:

1. Essential hypertension

Elevated blood pressure. She is not currently on antihypertensive agents. She had been on losartan 25 mg one tablet daily I believe this was discontinued during hospitalization and the last one to 2 years after which her blood pressure seemed to be reasonably controlled. Then they have been during a time when her weight was less. In the distant past she was also on hydrochlorothiazide 25 mg daily. Her blood pressure at her visit in January was 165/83 and in October was 156/66. She is currently asymptomatic

Plan:

--followup in one month for repeat blood pressure and consideration of restarting losartan at a low dose. Goal blood pressure would be closer to 150 systolic.

2. Osteoarthritis, unspecified osteoarthritis type, unspecified site

Poor pain control without use of Tylenol with Codeine. She is overusing plain Tylenol which is a concern.

Plan:

-Restart Tylenol with Codeine. She can take a half tablet twice daily. 2 prescriptions were written one to cover the next 15 days and one to be filled after that in early March for 30 days. She may continue to supplement with plain Tylenol but should limit the dose to a total of 5 tablets of 500 mg daily. This would provide a total dose of plain Tylenol of 2500 mg which when combined with the 300 mg in the Tylenol with Codeine totals to 2800 mg which is close to the maximum for her age (3000 mg)

3. Venous stasis ulcer of other part of lower leg limited to breakdown of skin, unspecified laterality, unspecified whether varicose veins present (HCC)

We discussed the fact that they have not followed up with Dr. Norsworthy at the Northwest Hospital wound care facility. Our clinic is not adequately staffed with nurses to provide regular wound care. Louis contacted Northwest Hospital via E care after the visit and left a note indicating he is dedicated to moving ahead with getting the appointment.

I enjoy caring for Jeanne. I emphasized to Louis that they do need to be on time for their appointments.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 2/19/2020 6:29 PM

Other Orders

Medications

02/19/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

acetaminophen-codeine 300-30 MG tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/19/20 1141** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/19/20 1141 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
PRN Comment: pain
Frequency: Routine Daily PRN 02/19/20 - 02/19/20 Class: Print
Discontinued by: Neighbor Jr., William E, MD 02/19/20 1151 [Reorder]
Diagnoses
Osteoarthritis, unspecified osteoarthritis type, unspecified site [M19.90]
Medication comments: Patient needs to be seen before prescription runs out
Reordered from: acetaminophen-codeine 300-30 MG tablet

Indications

Osteoarthritis, unspecified osteoarthritis type, unspecified site [M19.90 (ICD-10-CM)]

acetaminophen-codeine 300-30 MG tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/19/20 1151** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/19/20 1151 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
PRN Comment: pain
Frequency: Routine Daily PRN 03/04/20 - 06/15/20 Class: Print
Discontinued by: Neighbor Jr., William E, MD 06/15/20 1543
Diagnoses
Osteoarthritis, unspecified osteoarthritis type, unspecified site [M19.90]
Medication comments: Patient needs to be seen before prescription runs out
Reordered from: acetaminophen-codeine 300-30 MG tablet

Indications

Osteoarthritis, unspecified osteoarthritis type, unspecified site [M19.90 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	02/19/20 1117	02/19/20 1103
BP	**167/77** !	**189/86** !
Temp	—	34.7 °C
Pulse	63	70

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

02/19/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 2/19/2020 10:20 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today

See your updated medication list for details.

Pick up these medications from any pharmacy with your printed prescription

acetaminophen-codeine

What's Next

MAR 18 2020 — Return Patient Appointment with William E Neighbor, MD
Wednesday March 18 10:20 AM
(Arrive by 10:05 AM)

Hall Health Primary Care Center
4060 NE Stevens Way,
Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday February 19, 2020. The following issues were addressed: Essential hypertension; Osteoarthritis, unspecified osteoarthritis type, unspecified site; and Venous stasis ulcer of other part of lower leg limited to breakdown of skin, unspecified laterality, unspecified whether varicose veins present.

Blood Pressure	Temperature
167/77	94.5 °F

Pulse
63

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/ .

Jeane L. Hoffman (MRN: U8170135) • Printed at 2/19/20 6:30 PM

Page 1 of 2 Epic

02/19/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of February 19, 2020 6:30 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
CHANGE **acetaminophen-codeine** 300-30 MG tablet Changed by : William E Neighbor, MD	Take 1 tablet by mouth daily as needed (pain). What changed : • **reasons to take this** • **These instructions start on March 4, 2020. If you are unsure what to do until then, ask your doctor or other care provider.** Start taking on : March 4, 2020
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

02/19/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 2/19/2020 6:30 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 2/19/2020 10:20 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today

See your updated medication list for details.

Pick up these medications from any pharmacy with your printed prescription

acetaminophen-codeine

What's Next

MAR 18 2020 Return Patient Appointment with William E Neighbor, MD
Wednesday March 18 10:20 AM
(Arrive by 10:05 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday February 19, 2020. The following issues were addressed: Essential hypertension; Osteoarthritis, unspecified osteoarthritis type, unspecified site; and Venous stasis ulcer of other part of lower leg limited to breakdown of skin, unspecified laterality, unspecified whether varicose veins present.

Blood Pressure 167/77

Temperature 94.5 °F

Pulse 63

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/ .

Jeane L. Hoffman (MRN: U8170135) • Printed at 2/19/20 6:30 PM

Page 1 of 2 Epic

02/19/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of February 19, 2020 6:30 PM

ⓘ If you have any questions, ask your nurse or doctor.

	acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
CHANGE	**acetaminophen-codeine** 300-30 MG tablet Changed by : William E Neighbor, MD	Take 1 tablet by mouth daily as needed (pain). What changed : • **reasons to take this** • **These instructions start on March 4, 2020. If you are unsure what to do until then, ask your doctor or other care provider.** Start taking on : March 4, 2020
	Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
	atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
	calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
	cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
	MULTIPLE VITAMIN OR	Take by mouth.
	pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
	timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

02/19/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

02/19/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/3/2020
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2020
Start date: 1/13/2020
End date: 4/3/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/15/2020
Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/19/2020
Start date: 3/4/2020
End date: 6/15/2020
Quantity: 30 tablet
Refill: No refills remaining

Stopped in Visit

None

Messages

visit summary

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	2/19/2020 6:29 PM

Last Read in MyChart
6/5/2024 6:08 AM by Hoffman, Jeanne Leonie

Jeanne: Below is a summary of your visit.

Assessment and Plan:
1. Essential hypertension
Elevated blood pressure. She is not currently on antihypertensive agents. She had been on losartan 25 mg one tablet daily I believe this was discontinued during hospitalization and the last one to 2 years after which her blood pressure seemed to be reasonably controlled. Then they have been during a time when her weight was less. In the distant past she was also on hydrochlorothiazide 25 mg daily. Her blood pressure at her visit in January was 165/83 and in October was 156/66. She is currently asymptomatic
Plan:
--followup in one month for repeat blood pressure and consideration of restarting losartan at a low dose. Goal blood pressure would be closer to 150 systolic.

02/19/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

2. Osteoarthritis, unspecified osteoarthritis type, unspecified site
Poor pain control without use of Tylenol with Codeine. She is overusing plain Tylenol which is a concern.
Plan:
-Restart Tylenol with Codeine. She can take a half tablet twice daily. 2 prescriptions were written one to cover the next 15 days and one to be filled after that in early March for 30 days. She may continue to supplement with plain Tylenol but should limit the dose to a total of 5 tablets of 500 mg daily. This would provide a total dose of plain Tylenol of 2500 mg which when combined with the 300 mg in the Tylenol with Codeine totals to 2800 mg which is close to the maximum for her age (3000 mg)

3. Venous stasis ulcer of other part of lower leg limited to breakdown of skin, unspecified laterality, unspecified whether varicose veins present (HCC)
We discussed the fact that they have not followed up with Dr. Norsworthy at the Northwest Hospital wound care facility. Our clinic is not adequately staffed with nurses to provide regular wound care. Louis contacted Northwest Hospital via E care after the visit and left a note indicating he is dedicated to moving ahead with getting the appointment.

I enjoy caring for Jeanne. I emphasized to Louis that they do need to be on time for their appointments.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

02/06/2020 - Telephone in UW Medicine Northwest Wound Care and Hyperbaric Center

Reason for Visit

Chief complaint: Care Coordination
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020

02/06/2020 - Telephone in UW Medicine Northwest Wound Care and Hyperbaric Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/23/2019
Start date: 10/23/2019 — End date: 5/5/2021
Quantity: 28 capsule — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/3/2020
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/13/2020
Start date: 1/13/2020 — End date: 4/3/2020
Quantity: 10 mL — Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/15/2020
Instructions: Take 1 tablet by mouth daily as needed (pain).
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/19/2020
Start date: 3/4/2020 — End date: 6/15/2020
Quantity: 30 tablet — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Null, Margaret K, RN at 2/6/2020 0821

Hi Dr Neighbor, The Wound Care Center has not seen Jeanne since 11/25/2019. We have not been able to get a hold of her to schedule an appt. I am planning on discharging her but wanted your input before doing so. I want to make sure someone is keeping an eye on her wounds. Please let me know if you are ok with this. Thank you. Margi Null, RN

Electronically signed by Null, Margaret K, RN at 2/6/2020 8:25 AM

Null, Margaret K, RN at 2/7/2020 0816

Thank you

Electronically signed by Null, Margaret K, RN at 2/7/2020 8:16 AM

01/22/2020 - Appointment in UWMC Vascular Diag Serv

Visit Information

Appointment Information

LOWER EXT VENOUS PROC-U VASC **Completed**
1/22/2020 12:30 PM

Time	Provider	Department	Length
12:30 PM	VASTECH 4	ZZUWMC VASCULAR DIAG SERV	60 min

Referrals: 9865546 (Closed)
Referral Provider: NEIGHBOR JR, WILLIAM E
Enc Form Number: 38663383
Arrival Time: 12:26 PM

Notes:
ADD ON, Hall Health, Neighbor, pgr # 206-986-3554, cell 206-697-1376

History

Made On:	1/22/2020 10:31 AM	By:	Divelbiss, Lindsey G, PSS/PSR	ES
Checked In:	1/22/2020 12:26 PM	By:	Trolli, Helena Persephone, Coordinator	ES
Changed:	1/22/2020 12:38 PM	By:	Trolli, Helena Persephone, Coordinator	ES
EOD Status:	1/26/2020 9:35 PM	By:	Uw Epaa, User	ES

Changes
1/22/2020 12:38 PM
Change reason: Adding/ Removing Provider

Old Appointment:	New Appointment:
Visit Type: LOWER EXT VENOUS PROC-U VASC	Visit Type: LOWER EXT VENOUS PROC-U VASC
Provider: **VASTECH 6**	Provider: **VASTECH 4**
Dept: ZZUWMC VASCULAR DIAG SERV [220430]	Dept: ZZUWMC VASCULAR DIAG SERV [220430]
Date: 1/22/2020	Date: 1/22/2020
Time: **2:00 PM**	Time: **12:30 PM**
Length: 60	Length: 60

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024

01/22/2020 - Appointment in UWMC Vascular Diag Serv (continued)

Medication List (continued)

Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 45 tablet — Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/23/2019
Start date: 10/23/2019 — End date: 5/5/2021
Quantity: 28 capsule — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/3/2020
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/13/2020
Start date: 1/13/2020 — End date: 4/3/2020
Quantity: 10 mL — Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/19/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth daily as needed.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/21/2020
Start date: 1/21/2020 — End date: 2/19/2020
Quantity: 10 tablet — Refill: No refills remaining

01/22/2020 - Appointment in UWMC Vascular Diag Serv (continued)

Medication List (continued)

Stopped in Visit

None

01/22/2020 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Leg Pain and Follow-Up
Visit diagnoses:

- Pain in both lower extremities (primary)
- History of DVT (deep vein thrombosis)
- Venous ulcer of left leg

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN

Medication List

Medication List

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End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
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Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

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Reason for discontinuation: Discontinued by patient
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Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.

01/22/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/3/2020
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2020
Start date: 1/13/2020
End date: 4/3/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/19/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth daily as needed.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/21/2020
Start date: 1/21/2020
End date: 2/19/2020
Quantity: 10 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 1/22/2020 1000

Jeanne Leonie Hoffman is a 95 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Leg Pain

  spasms, sharp pain in both legs;

- Follow-Up
  f/u on wound care

Jeanne comes in with her son Louis today For followup but then somewhat delayed because of IT snowy weather which has now subsided. Today Jeanne reports that she's been having some tenderness behind each calf and in the lower portion of the left medial upper leg. It is unclear for how long this has been present.

Regarding her lower extremity wounds she comes in for dressing changes today. She has not been to the Northwest Hospital wound care clinic for several months. Her son has been doing the dressing changes and her new living situation. I do plan on making a followup visit to Northwest Hospital wound care

There is a history of recurrent DVT in the distant past for which she was on Coumadin for many years. However in the last 2 years this has been discontinued because of compliance issues and risk of falls.

Review of Systems:
She has not had any fever chills or night sweats.

Problem List
Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Unspecified vitamin B deficiency [E53.9] 05/01/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic (HCC) [I82.509] 11/20/2006

Recurrent DVT and phlebitis since 1982

Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9] 10/10/2019
- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Fracture of humeral head, closed [S42.293A] 09/20/2019
- Fall [W19.XXXA] 09/03/2019
- Closed displaced fracture of left pubis with routine healing [S32.502D] 08/11/2019
- Acute blood loss anaemia [D62] 08/11/2019
- Closed fracture of multiple ribs of left side with routine healing [S22.42XD] 08/11/2019
- Hemopneumothorax [J94.2] 08/11/2019
- Non-pressure chronic ulcer of right ankle with necrosis 05/26/2019

01/22/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

of muscle (HCC) [L97.313]
- Chronic venous hypertension with ulcer, bilateral [I87.313, L97.919, L97.929] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019
- Suspected elder abuse [T76.91XA] 01/11/2019
  Island Crest Terrace
  Pastor Dave OConnell 314.853.2695

  NW Justice Project Samthan Adam 206.707.0838
  APS Levon Gibson 360.473.2167

- Housing lack [Z59.0] 09/26/2018
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves [I70.232, I70.242] 09/24/2018
- Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Venous ulcer of left leg (HCC) [I83.029, L97.929] 06/07/2018
- Homeless [Z59.0] 06/07/2018
- Normocytic anemia [D64.9] 06/07/2018
- Severe protein-calorie malnutrition (HCC) [E43] 06/07/2018
- Urge urinary incontinence [N39.41] 06/07/2018
- Cellulitis of left leg [L03.116] 05/31/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323] 05/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223] 05/17/2018
- Chronic venous hypertension with ulcer and inflammation, left [I87.332, L97.929] 05/17/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Outpatient Medications Marked as Taking for the 1/22/20 encounter

01/22/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

(Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen-codeine 300-30 MG tablet	Take 1 tablet by mouth daily as needed.	10 tablet	0
• atorvastatin 20 MG Oral Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn .		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.		
• pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use	10 mL	0

Social history:

History

Sexual Activity	
• Sexual activity:	Not Currently

Social History

Tobacco Use	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
Substance Use Topics	
• Alcohol use:	No

Objective:

BP (!) 165/83 | Pulse 70

Estimated body mass index is 21.16 kg/m² as calculated from the following:
Height as of 8/20/19: 5' 1" (1.549 m).
Weight as of 11/25/19: 50.8 kg (112 lb).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 165/83	70	---	---	---	9:40 AM	1/22/2020

Last blood pressure recorded in this encounter: **(!) 165/83**
General: NAD
Extremities: Right leg healing fairly well though with some continued breakdown postero-medially. Left leg shows more involvement. She does have tenderness in each calf without edema or venous engorgement. In the left upper leg distally and medially above the knee joint she has tow 1 cm areas of nodularity and tenderness. The mass are mobile and seem venous.

Wt Readings from Last 20 Encounters:

11/25/19	50.8 kg (112 lb)
09/23/19	48.1 kg (106 lb)
08/20/19	50.4 kg (111 lb 1.6 oz)
03/28/19	51.7 kg (114 lb)
02/28/19	50.3 kg (111 lb)
01/31/19	46.3 kg (102 lb)
10/08/18	50.8 kg (112 lb)
09/26/18	51.1 kg (112 lb 9.6 oz)
09/24/18	51.3 kg (113 lb)
08/14/18	53.2 kg (117 lb 4 oz)
07/25/18	52.1 kg (114 lb 12 oz)
07/06/18	50.2 kg (110 lb 12 oz)
06/22/18	50.5 kg (111 lb 6 oz)
06/19/18	49.9 kg (110 lb)
06/07/18	50 kg (110 lb 2 oz)
05/31/18	50.8 kg (112 lb)
05/17/18	49.6 kg (109 lb 6.4 oz)
02/28/18	54.1 kg (119 lb 3.2 oz)
01/03/18	53.8 kg (118 lb 9.6 oz)
09/20/17	52.3 kg (115 lb 6.4 oz)

Lab and other tests: none

Assessment and Plan:
1. Pain in both lower extremities
Bilateral calf pain and left inner upper leg tenders in patient with hx of recurrent DVT in distant past for which she is no longer on coumadin due to fall and bleeding risk. Need to exclude recurrence of clot. D dimer would be difficult to interpret in view of venous stasis ulcerations of lower legs.
- REFERRAL TO VASCULAR LAB

2. History of DVT (deep vein thrombosis)
- REFERRAL TO VASCULAR LAB

3. Venous ulcer of left leg (HCC)
Right leg healing fairly well though with some continued breakdown postero-medially. Left leg shows more involvement. Last visit to NWH Wound Care was in November. No recent visit due to transportation issue. Redressed today. Encourage wound clinic follow up. See me in one month.

Other:
She has been on a low dose of Tylenol with codeine for chronic osteoarthritic pain and pain from venous stasis ulcerations that has not been managed well with Tylenol alone. We have not used topical lidocaine or nonsteroidal anti-inflammatory medications recently due to not wanting her to apply these 2 the wounds themselves.

William E Neighbor, MD

Clinical Professor
Department of Family Medicine
University of Washington

Orders Only on 01/22/20

1. US LOWER EXTREMITY BILAT VENOUS DPLX

Narrative
D. E. STRANDNESS, JR. VASCULAR LABORATORY
University of Washington Medical Center
1959 NE Pacific Street
Seattle, WA 98195
206-598-4449

Accredited by the Intersocietal Accreditation Commission - Vascular Testing

EXAMINATION:
LOWER EXTREMITY VENOUS DUPLEX (BILATERAL)
Venous duplex examination performed using B-mode, color flow, and Doppler spectral waveform assessment.

INDICATION:
This is a 95 year-old woman with a history of DVT. The patient presents with a palpable lump in the medial left distal thigh-knee area.

PREVIOUS EXAMINATIONS:
11/2/2016 (Left external iliac vein is chronically occluded with collaterals noted)

EQUIPMENT:
GE Logic 9

FINDINGS:

LOWER EXTREMITY VENOUS DUPLEX

RIGHT DEEP SYSTEM
Common Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Deep Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Main Femoral Vein Prox: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Mid: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Dist: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Popliteal Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Posterior Tibial Vein: Not evaluated due to wound wraps.
Peroneal Vein: Not evaluated due to wound wraps.

Gastrocnemius Veins: Not evaluated due to wound wraps.
Soleal Veins: Not evaluated due to wound wraps.

RIGHT SUPERFICIAL VENOUS SYSTEM
Great Saphenous Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes at the saphenofemoral junction.

LEFT DEEP SYSTEM
Common Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Deep Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Main Femoral Vein Prox: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
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Peroneal Vein: Not evaluated due to wound wraps.

Gastrocnemius Veins: Not evaluated due to wound wraps.
Soleal Veins: Not evaluated due to wound wraps.

LEFT SUPERFICIAL VENOUS SYSTEM
Great Saphenous Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes at the saphenofemoral junction.

Shannon Wear,BS,RVT
Vascular Technologist

Karina Newhall
Vascular Fellow

FINAL PHYSICIAN INTERPRETATION

1. RIGHT LOWER EXTREMITY VENOUS
- No deep vein thrombosis in the right lower extremity, where evaluated.
- The deep veins in the right calf were not evaluated due to wounds and bandages.
- No superficial vein thrombosis in the right lower extremity, where evaluated.

2. LEFT LOWER EXTREMITY VENOUS
- No deep vein thrombosis in the left lower extremity, where evaluated.
- The deep veins in the left calf were not evaluated due to wounds and

01/22/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

bandages.
- No superficial vein thrombosis in the left lower extremity, where evaluated.
- In the area of the palpable lump in the left medial knee area there is a non-vascularized, mixed echogenicity, solid-appearing structure located about 2 cm below the skin surface and measuring 1.9 x 1.2 cm.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5611 ZIERLER ROBERT EUGENE MD
(206)997-6672

Communicated to patient and son via e care.

Electronically signed by Neighbor Jr., William E, MD at 1/28/2020 4:34 PM

Watridge, Penelope A, RN at 1/22/2020 1000

TRIAGE WOUND CARE/DRESSING CHANGE

SUBJECTIVE:
Jeanne Leonie Hoffman is a 95 year old female presents for wound care of bilateral lower leg ulcers.
Wound hx: please see Dr. Neighbor's charting. Chronic ulceration.

OBJECTIVE: Draining. Many open areas have a covering of slough and hardened skin surrounding them.

ASSESSMENT: wound care/ dressing change for healing wound.

PLAN: Wound was cleansed by placing each foot, one at a time in basin of warm water. Lower legs were then drenched with the water. Areas of slough were soaked, attempted to remove as much of the hardened skin as well as slough, as tolerated.
Both legs patted dry with clean towels.
Honey dressings cut to size and placed on open wounds.
Gauze bandage held honey in place then elastic bandage covered lower legs.

As per verbal order from Dr. Neighbor, Acetaminophen 1000mg orally given as Jeane was in pain after the procedure.

Advised patient to keep dressing in place and return for recheck in 2 days.

Reviewed self care instructions: Monitor for signs of infection (fever, pus at wound site +/- increasing redness).

Patient voiced understanding and agreement with plan.
Penelope A Watridge, RN

Electronically signed by Watridge, Penelope A, RN at 1/28/2020 4:34 PM

Other Orders

Other

01/22/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

ZEBRA LABELS (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 01/22/20 1018** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 01/22/20 1018 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 01/22/20 - Class: Normal
Quantity: 1

Questionnaire

Question	Answer
How many Zebra labels should print?	2

Referral

REFERRAL TO VASCULAR LAB (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 01/22/20 1018** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 01/22/20 1018 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 01/22/20 - Class: Internal Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Pain in both lower extremities [M79.604, M79.605]
History of DVT (deep vein thrombosis) [Z86.718]

Questionnaire

Question	Answer
Do you want to track this referral?	No

Scheduling instructions
Referral to: UWMC: Vascular Diagnostic Services (DEP 220430) 206-598-4449

----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: Procedure. To perform a procedure not done by the referring provider. Study desired: Venous: Venous Duplex for DVT or Venous Obstruction Lower Extremity; Side: Bilateral Allergies: Review of patient's allergies indicates: -- Adhesives -- Aspirin -- Other -- Nitrofurantoin -- Other -- Confusion, loss of appetitie, nausea, abdominal pain -- Nitrofurantoin -- Other -- confusion -- Penicillins -- Rash -- Sulfa Antibiotics -- Rash Vital Signs: BP (!) 165/83 | Pulse 70 BMI: There is no height or weight on file to calculate BMI. Brief clinical history: 95 year old female with Vascular Clinical Indication(s): LE Pain and left upper leg medial tender nodules like vascular.

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Pain in both lower extremities History of DVT (deep vein thrombosis)	**Zzuwmc Vascular Diag Serv** 1959 NE Pacific St, Box 356021 Seattle WA 98195 Phone: 206-598-4449 Specialty: Vascular Med	Procedures	Urgent

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare

Referral for: Procedure. To perform a procedure not done by the referring provider.

Study desired: Venous: Venous Duplex for DVT or Venous Obstruction Lower Extremity; Side: Bilateral

Allergies: Review of patient's allergies indicates:
-- Adhesives
-- Aspirin -- Other
-- Nitrofurantoin -- Other
-- Confusion, loss of appetitie, nausea, abdominal

01/22/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

pain
-- Nitrofurantoin -- Other
-- confusion
-- Penicillins -- Rash
-- Sulfa Antibiotics -- Rash

Vital Signs: BP (!) 165/83 | Pulse 70
BMI: There is no height or weight on file to calculate BMI.

Brief clinical history: 95 year old female with Vascular Clinical Indication(s): LE Pain and left upper leg medial tender nodules like vascular.

Indications

Pain in both lower extremities [M79.604, M79.605 (ICD-10-CM)]
History of DVT (deep vein thrombosis) [Z86.718 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	01/22/20 0940
BP	**165/83** !
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp src	Oral
Pulse	70

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

01/22/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 1/22/2020 10:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

REFERRAL TO VASCULAR LAB
Scheduled for 1/22/2020

Today's Visit

You saw William E Neighbor, MD on Wednesday January 22, 2020. The following issues were addressed: Pain in both lower extremities, History of DVT (deep vein thrombosis), and Venous ulcer of left leg.

Blood Pressure	Pulse
165/83	70

Done Today
ZEBRA LABELS

What's Next

FEB 19 2020 Return Patient Appointment with William E Neighbor, MD
Wednesday February 19 10:20 AM (Arrive by 10:05 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List as of January 22, 2020 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG tablet	Take 1 tablet by mouth daily as needed.
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

01/22/2020 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 1/28/2020 4:34 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 1/22/2020 10:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

REFERRAL TO VASCULAR LAB
Scheduled for 1/22/2020

Today's Visit

You saw William E Neighbor, MD on Wednesday January 22, 2020. The following issues were addressed: Pain in both lower extremities, History of DVT (deep vein thrombosis), and Venous ulcer of left leg.

Blood Pressure	Pulse
165/83	70

Done Today
ZEBRA LABELS

What's Next

FEB 19 2020 Return Patient Appointment with William E Neighbor, MD
Wednesday February 19 10:20 AM (Arrive by 10:05 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 1/28/20 4:34 PM Page 1 of 2 Epic

Your Medication List as of January 22, 2020 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
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timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

01/22/2020 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

01/22/2020 - Orders Only in UW Medicine Radiology (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/3/2020
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2020
Start date: 1/13/2020
End date: 4/3/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/19/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth daily as needed.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/21/2020
Start date: 1/21/2020
End date: 2/19/2020
Quantity: 10 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Result Encounter Note

Neighbor Jr., William E, MD at 1/22/2020 1338

Jeanne and Louis:
The vascular ultrasound of Jeanne's legs did not show any evidence of clots. The area in the left lower thigh near the knee where there is tenderness, there is a small nodule. I would advise warm compresses on this area and expect healing over the next week. The area should be re examined if symptoms do not resolve.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 1/23/2020 1:42 PM

Imaging

Imaging

01/22/2020 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

US LOWER EXTREMITY BILAT VENOUS DPLX (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 01/22/20 1056** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 01/22/20 1056
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 01/22/20 1056 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result

US LOWER EXTREMITY BILAT VENOUS DPLX

Resulted: 01/23/20 1026, Result status: Final result

Order status: Completed
Resulted by: Zierler, Robert Eugene, MD
Filed by: Uw Radiology Results Interface, User 01/23/20 1028
Performed: 01/22/20 1056 - 01/22/20 1056
Accession number: 13030062
Resulting lab: UW RADIOLOGY
Lab Technician: SHANNON WEAR VD TECH
Narrative:

D. E. STRANDNESS, JR. VASCULAR LABORATORY
University of Washington Medical Center
1959 NE Pacific Street
Seattle, WA 98195
206-598-4449

Accredited by the Intersocietal Accreditation Commission - Vascular Testing

EXAMINATION:
LOWER EXTREMITY VENOUS DUPLEX (BILATERAL)
Venous duplex examination performed using B-mode, color flow, and Doppler spectral waveform assessment.

INDICATION:
This is a 95 year-old woman with a history of DVT. The patient presents with a palpable lump in the medial left distal thigh-knee area.

PREVIOUS EXAMINATIONS:
11/2/2016 (Left external iliac vein is chronically occluded with collaterals noted)

EQUIPMENT:
GE Logic 9

FINDINGS:

LOWER EXTREMITY VENOUS DUPLEX

RIGHT DEEP SYSTEM
Common Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Deep Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Main Femoral Vein Prox: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Mid: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Dist: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Popliteal Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Posterior Tibial Vein: Not evaluated due to wound wraps.
Peroneal Vein: Not evaluated due to wound wraps.

Gastrocnemius Veins: Not evaluated due to wound wraps.
Soleal Veins: Not evaluated due to wound wraps.

RIGHT SUPERFICIAL VENOUS SYSTEM

01/22/2020 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

Great Saphenous Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes at the saphenofemoral junction.

LEFT DEEP SYSTEM
Common Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Deep Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Main Femoral Vein Prox: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Mid: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Dist: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Popliteal Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Posterior Tibial Vein: Not evaluated due to wound wraps.
Peroneal Vein: Not evaluated due to wound wraps.

Gastrocnemius Veins: Not evaluated due to wound wraps.
Soleal Veins: Not evaluated due to wound wraps.

LEFT SUPERFICIAL VENOUS SYSTEM
Great Saphenous Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes at the saphenofemoral junction.

Shannon Wear,BS,RVT
Vascular Technologist

Karina Newhall
Vascular Fellow

FINAL PHYSICIAN INTERPRETATION

1. RIGHT LOWER EXTREMITY VENOUS
- No deep vein thrombosis in the right lower extremity, where evaluated.
- The deep veins in the right calf were not evaluated due to wounds and bandages.
- No superficial vein thrombosis in the right lower extremity, where evaluated.

2. LEFT LOWER EXTREMITY VENOUS
- No deep vein thrombosis in the left lower extremity, where evaluated.
- The deep veins in the left calf were not evaluated due to wounds and bandages.
- No superficial vein thrombosis in the left lower extremity, where evaluated.
- In the area of the palpable lump in the left medial knee area there is a non-vascularized, mixed echogenicity, solid-appearing structure located about 2 cm below the skin surface and measuring 1.9 x 1.2 cm.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5611 ZIERLER ROBERT EUGENE MD
(206)997-6672
Acknowledged by: Neighbor Jr., William E, MD on 01/23/20 1342

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

01/22/2020 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

Result Notes

William E Neighbor Jr., MD
1/23/2020 1:42 PM PST

Jeanne and Louis:
The vascular ultrasound of Jeanne's legs did not show any evidence of clots. The area in the left lower thigh near the knee where there is tenderness, there is a small nodule. I would advise warm compresses on this area and expect healing over the next week. The area should be re examined if symptoms do not resolve.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 1/23/2020 13:42
Neighbor Jr., William E, MD on 1/22/2020 17:20

01/21/2020 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Osteoarthritis, unspecified osteoarthritis type, unspecified site

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

01/21/2020 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/23/2019
Start date: 10/23/2019 — End date: 5/5/2021
Quantity: 28 capsule — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/3/2020
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/13/2020
Start date: 1/13/2020 — End date: 4/3/2020
Quantity: 10 mL — Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/19/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth daily as needed.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/21/2020
Start date: 1/21/2020 — End date: 2/19/2020
Quantity: 10 tablet — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena, CMA at 1/21/2020 1719

Received a call from Louis, Jeane's son, asking for sending a Rx for codeine for Jeane to Safeway Pharmacy in Bainbridge Island. He also asked if there is any possibility for walk-in visit tomorrow, Wednesday, for wound triage and possibly wound care for Jeane. Louis left a phone number of the person that we can call back and left a message for him either they can come tomorrow to be seen in the clinic for walk-in or not. Contact ph # 314-853-2695, person's name is Dave, he can call Louis or a message can be left on this phone for Louis an Jeane. Please advise

Electronically signed by Mohova, Elena, CMA at 1/21/2020 5:24 PM

Neighbor Jr., William E, MD at 1/21/2020 1828

Message sent indicated I cannot see Jeanne tomorrow, but she should go to urgent care on Bainbridge if there are concerns. I did send in a limited prescription for tylenol with codeine which she has used once daily as needed for diffuse osteoarthritic pain not remedied with tylenol alone.
She has been on coumadin in the past which limited use of NSAIDs. However, given age, would limit NSAID use

01/21/2020 - Telephone in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

anyway.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 1/21/2020 6:30 PM

Other Orders

Medications

acetaminophen-codeine 300-30 MG tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 01/21/20 1827** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 01/21/20 1827 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Daily PRN 01/21/20 - 02/19/20 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 02/19/20 1141 [Reorder]
Diagnoses
Osteoarthritis, unspecified osteoarthritis type, unspecified site [M19.90]
Medication comments: Patient needs to be seen before prescription runs out
Reordered from: ACETAMINOPHEN-CODEINE 300-30 MG tablet

Indications

Osteoarthritis, unspecified osteoarthritis type, unspecified site [M19.90 (ICD-10-CM)]

Messages

follow up

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	1/21/2020 6:30 PM

Last Read in MyChart
6/5/2024 6:05 AM by Hoffman, Jeanne Leonie

Louis:
--I will not be able to see your mother Jeanne tomorrow. If she needs a wound check, I advise that she be seen in urgent care on Bainbridge. Please do call so I can see her next week.
--I printed a prescription for the tylenol with codeine for a limited prescription until the next appointment with me.

William E Neighbor, MD

01/16/2020 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

01/16/2020 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/3/2020
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2020
Start date: 1/13/2020
End date: 4/3/2020
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/19/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth daily as needed.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/21/2020
Start date: 1/21/2020
End date: 2/19/2020
Quantity: 10 tablet
Refill: No refills remaining

Stopped in Visit

None

Messages

missed appointment

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	1/16/2020 6:15 PM

Last Read in MyChart
1/22/2020 6:59 PM by Hoffman, Jeanne Leonie

You missed your appointment due to the weather.
Please contact me or reschedule.

William E Neighbor, MD

01/15/2020 - No Show in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: No Show
Visit diagnosis: NO SHOW

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR NO CHARGE FOR LEVEL OF SERVICE

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

01/15/2020 - No Show in Husky Health Primary Care Clinic (continued)

Medication List (continued)

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

ACETAMINOPHEN-CODEINE 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/21/2020
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/12/2019
Start date: 11/12/2019
End date: 1/21/2020
Quantity: 15 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/3/2020
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2020
Start date: 1/13/2020
End date: 4/3/2020
Quantity: 10 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 1/15/2020 1020

Ms. Hoffman did not cancel and was not present for a scheduled appointment today.
Disposition: e care message sent to reschedule.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 1/16/2020 6:15 PM

01/15/2020 - No Show in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 1/15/2020 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday January 15, 2020. The following issue was addressed: NO SHOW.

What's Next

You currently have no upcoming appointments scheduled.

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

01/15/2020 - No Show in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of January 15, 2020 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG tablet	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

01/15/2020 - Clinical Documentation Only in Husky Health Primary Care Clinic

Visit Information

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/23/2019
Start date: 10/23/2019 — End date: 5/5/2021
Quantity: 28 capsule — Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/19/2020
Start date: 6/19/2020 — End date: 6/19/2021

01/15/2020 - Clinical Documentation Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Quantity: 2 each
Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

Stopped in Visit

None

01/15/2020 - Clinical Documentation Only in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 1/16/2020 6:15 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 1/15/2020 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday January 15, 2020. The following issue was addressed: NO SHOW.

What's Next

You currently have no upcoming appointments scheduled.

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List as of January 15, 2020 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG tablet	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	instill one drop in each eye twice daily. block tear duct for 1-2 min after use

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

01/11/2020 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

pentoxifylline ER 400 MG Oral Tab CR

01/11/2020 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

ACETAMINOPHEN-CODEINE 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/21/2020
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/12/2019
Start date: 11/12/2019
End date: 1/21/2020
Quantity: 15 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/3/2020
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2020
Start date: 1/13/2020
End date: 4/3/2020
Quantity: 10 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen Ray, CMA at 1/13/2020 1505

1-Name of Requested Medication: Timolol Maleate op 005% sol
2-Date of Last Refill: 09/04/19
3-Date of Last Office Visit: 10/23/19
4-Next Office Visit (scheduled or Expected): 01/15/2020
Notes:

Electronically signed by Willis, Stephen Ray, CMA at 1/13/2020 3:05 PM

Other Orders

Medications

timolol maleate 0.5 % ophthalmic solution (Discontinued)

01/11/2020 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Electronically signed by: **Neighbor Jr., William E, MD on 01/13/20 1645** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 01/13/20 1645 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 01/13/20 - 04/03/20 Class: E-RX
Released by: Neighbor Jr., William E, MD 01/13/20 1645 Discontinued by: Neighbor Jr., William E, MD 04/03/20 1740
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS
Admin instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Reordered from: timolol 0.5 % Ophthalmic Solution

Indications

Unspecified glaucoma(365.9) [H40.9 (ICD-10-CM)]

01/02/2020 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Osteoarthritis, unspecified osteoarthritis type, unspecified site

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

01/02/2020 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 1/13/2020
Quantity: 10 mL
Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

ACETAMINOPHEN-CODEINE 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/21/2020
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/12/2019
Start date: 11/12/2019
End date: 1/21/2020
Quantity: 15 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen Ray, CMA at 1/3/2020 0937

1-Name of Requested Medication: Acetaminophen/Codeine 300-30 mg
2-Date of Last Refill: 11/12/19
3-Date of Last Office Visit: 10/23/19
4-Next Office Visit (scheduled or Expected): none
Notes:

Electronically signed by Willis, Stephen Ray, CMA at 1/3/2020 9:38 AM

Other Orders

Medications

ACETAMINOPHEN-CODEINE 300-30 MG tablet [Pharmacy Med Name: Acetaminophen/Codeine 300-30 Mg Tab Mall] (Cancel Pend)

01/02/2020 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Electronically signed by: **Neighbor Jr., William E, MD on 01/15/20 0854** Status: **Cancel Pend**
Ordering user: Neighbor Jr., William E, MD 01/15/20 0854 Authorized by: Neighbor Jr., William E, MD
Frequency: 01/15/20 - Until Discontinued Class: E-RX
Pended by: Uw Surescripts Incoming, User 01/02/20 1645 Discontinued by: Discharge Provider, Automatic 03/14/25 1742
Reordered from: ACETAMINOPHEN-CODEINE 300-30 MG tablet

Messages

must be seen

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	1/15/2020 8:53 AM

Last Read in MyChart
1/22/2020 6:58 PM by Hoffman, Jeanne Leonie

We did not refill your tylenol with codeine prescription in early January as I was not in clinic and you must be seen.

William E Neighbor, MD

12/26/2019 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Osteoarthritis, unspecified osteoarthritis type, unspecified site

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

12/26/2019 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 1/13/2020
Quantity: 10 mL
Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

ACETAMINOPHEN-CODEINE 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/21/2020
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/12/2019
Start date: 11/12/2019
End date: 1/21/2020
Quantity: 15 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena, CMA at 12/27/2019 0955

Received request to refill:

1-Name of requested medication: acetaminophen-codeine
2-Date last refilled: 11/12//19
3-Date of last office visit: 10/23/2019
4-Next office visit: n/a

Please advise, pharmacy on file.

Electronically signed by Mohova, Elena, CMA at 12/27/2019 9:59 AM

12/26/2019 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders

Medications

ACETAMINOPHEN-CODEINE 300-30 MG tablet [Pharmacy Med Name: Acetaminophen/Codeine 300-30 Mg Tab Mall] (Cancel Pend)

Electronically signed by: **Vinopal, Evelyn S, MD on 12/30/19 1301** Status: **Cancel Pend**
Ordering user: Vinopal, Evelyn S, MD 12/30/19 1301 Authorized by: Vinopal, Evelyn S, MD
Frequency: 12/30/19 - Until Discontinued Class: E-RX
Pended by: Uw Surescripts Incoming, User 12/26/19 1951 Discontinued by: Discharge Provider, Automatic 03/14/25 1742
Reordered from: ACETAMINOPHEN-CODEINE 300-30 MG tablet

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
12/30/19 1301	Neighbor Jr., William E, MD	Vinopal, Evelyn S, MD	Vinopal, Evelyn S, MD
12/26/19 1951	Neighbor Jr., William E, MD	Neighbor Jr., William E, MD	Uw Surescripts Incoming, User

12/19/2019 - Appointment in Harborview Medical Center Outpatient Physical Therapy Clinic

Visit Information

Appointment Information

RETURN
12/19/2019 9:45 AM

No Show

Time	Provider	Department	Length
9:45 AM	Cosley, Kristina M, PT	ZZHMC PT-OUTPATIENT CLINIC	45 min

Referrals: 9409302 (Closed)
Referral Provider: PHELAN, ELIZABETH ANNE

History

Made On:	11/7/2019 10:37 AM	By:	Smith Jr., George Lewis, PSS/PSR	ES
EOD Status:	12/23/2019 9:33 PM	By:	Uw Epaa, User	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

12/05/2019 - Appointment in Harborview Medical Center Outpatient Physical Therapy Clinic

Visit Information

Appointment Information

RETURN
12/5/2019 9:00 AM

No Show

Time	Provider	Department	Length
9:00 AM	Cosley, Kristina M, PT	ZZHMC PT-OUTPATIENT CLINIC	45 min

Referrals: 9409302 (Closed)
Referral Provider: PHELAN, ELIZABETH ANNE

History

Made On:	11/7/2019 10:37 AM	By:	Smith Jr., George Lewis, PSS/PSR	ES
EOD Status:	12/9/2019 9:33 PM	By:	Uw Epaa, User	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

12/03/2019 - Appointment in Harborview Falls Clinic

Visit Information

Appointment Information

RETURN
12/3/2019 10:40 AM

Canceled

Time	Provider	Department	Length
10:40 AM	Phelan, Elizabeth Anne, MD	ZZHMC FALLS CLINIC	40 min

Enc Form Number: 37852937

Notes:
3 mos f/u

History

Made On:	10/16/2019 1:53 PM	By:	Watanabe, Dung K	ES
Canceled:	12/3/2019 9:40 AM	By:	Stoller, Matthew F	ES
Cancel Rsn:	Patient-Unable to keep appointment (VM 12/3/19 9:18am: Caller stated, "Unable to get there today. Too many appointments.")			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Wound Care
Visit diagnoses:

- Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary)
- Leg edema, right
- Non-pressure chronic ulcer of left calf with necrosis of muscle
- Chronic venous hypertension with ulcer and inflammation, left
- Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Norsworthy, Nilufer Bozdemir, MD	Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 6 weeks (around 1/6/2020).

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 25 MINUTES

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 45 tablet — Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 1/13/2020
Quantity: 10 mL — Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/23/2019
Start date: 10/23/2019 — End date: 5/5/2021
Quantity: 28 capsule — Refill: No refills remaining

ACETAMINOPHEN-CODEINE 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/21/2020
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/12/2019
Start date: 11/12/2019 — End date: 1/21/2020
Quantity: 15 tablet — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Lee, Shelley, RN at 11/25/2019 1015

Wound Center Orders for Topical Lidocaine Wound Application:

Apply 2% topical gel or 4% topical liquid lidocaine to open wound prior to surgical debridement and assessment, not to exceed 10 ml.

Wound/Ulcer: #9,10,12,13,14,15,16
Anesthetic: lidocaine 4% topical solution

Electronically signed by Lee, Shelley, RN at 11/26/2019 8:12 AM

Null, Margaret K, RN at 11/25/2019 1015

All wounds are stable. She continues to use Xeroform on all the wounds.
Left lateral ankle, left medial ankle, right medial ankle, right pretib,:left pretib: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Electronically signed by Null, Margaret K, RN at 11/26/2019 8:12 AM

Norsworthy, Nilufer Bozdemir, MD at 11/25/2019 1015

PROGRESS NOTE
11/25/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with multiple bilateral lower leg ulcers with mixed vascular disease is seen today for Follow Up Visit

INTERVAL HISTORY: Both side lower leg ulcers are smaller, there are skin islands at wound beds. There is no inflammation with ulcers. She reports some increased pain at the right lower leg that intermittently keeps her awake. She was diagnosed with cellulitis about a month ago by Dr. Neighbor MD at the right calf and given a 10 days course of antibiotic. After that the redness around the calf resolved but the disproportional swelling has been persistent according to the son and the patient. She has tenderness with tight palpation of the right calf (Homan's sign positive on exam). She denies any sob, chest pain or palpitations.
She is feeling good overall. She is now living in an apartment with her son Louis, regular access to showers, regular meals, taking supplemental protein. She gained about 10lbs over one month
This is a patient with DM2, CLI with extensive atherosclerotic disease and chronic leg edema with venous hypertension. She was in hospital after two falls, hemopneumothorax and also fractured ribs and ramus pubis bone in early July. After a long hospital stay she was discharged to SNF where she rest well, legs were elevated and with better nutritional support. She actually gained some weight. She was recently discharged home to her son's (Louis) care.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever . Does have intense itch at both lower limbs and intermittent limb pain at right calf as above. She walked with a walker.

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• acetaminophen 500 MG Oral Tab, 1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition, Disp: , Rfl:
• ACETAMINOPHEN-CODEINE 300-30 MG tablet, TAKE ONE TABLET BY MOUTH DAILY AS NEEDED , Disp: 15 tablet, Rfl: 0
• atorvastatin 20 MG Oral Tablet, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Calcium Carbonate 500 MG Oral Chew Tab, Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn., Disp: , Rfl:
• Cholecalciferol 1000 units Oral Tab, Take 2 tablets (2,000 Units) by mouth daily., Disp: , Rfl:
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• MULTIPLE VITAMIN OR, Take by mouth., Disp: , Rfl:
• pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 90 tablet, Rfl: 6
• timolol 0.5 % Ophthalmic Solution, One drop in each eye twice daily. Block tear duct for 1-2 minutes after use., Disp: 10 mL, Rfl: 0

EXAM:
Vital Signs: BP (!) 148/76 | Pulse 62 | Temp 96.4 °F (35.8 °C) (Oral) | Resp 16 | Wt 112 lb (50.8 kg) | BMI 21.16 kg/m² Body mass index is 21.16 kg/m².

Edema:
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 29 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 33 cm
RLE Calf - Cm from the Medial Instep: 32 cm

Vascular: pedal pulses are diminished
Left Lower:

Right Lower:

Wound Data:
Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 320

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 320

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Date First Assessed/Time First Assessed: 04/25/19 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiolog...
Number of days: 215

Wound 04/25/19 #13 Left lat Calf (Active)

Date First Assessed/Time First Assessed: 04/25/19 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg U...
Number of days: 215

Wound 04/25/19 #14 Left lat Ankle (Active)

Date First Assessed/Time First Assessed: 04/25/19 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg ...
Number of days: 215

Wound 10/21/19 #15 Right medial calf culster (Active)

Date First Assessed/Time First Assessed: 10/21/19 1047 Date Acquired: 10/07/19 Wound Number: #15 Right medial calf culster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered ...
Number of days: 36

Wound 10/21/19 #16 Right Lateral Pretib/calf Cluster (Active)

Date First Assessed/Time First Assessed: 10/21/19 1050 Date Acquired: 10/07/19 Wound Number: #16 Right Lateral Pretib/calf Cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Cl...
Number of days: 36

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	11/25/2019 10:45 AM
Wound Length (cm)	4 cm	11/25/2019 10:45 AM
Wound Width (cm)	0.4 cm	11/25/2019 10:45 AM
Wound Depth (cm)	0.1 cm	11/25/2019 10:45 AM
Wound Volume (cm^3)	0.16 cm^3	11/25/2019 10:45 AM
Wound Healing %	98 cm	11/25/2019 10:45 AM
Wound Surface Area (cm^2)	1.6 cm^2	11/25/2019 10:45 AM
Exudate Amt	Scant	11/25/2019 10:45 AM
Exudate Type	Serosanguineous	11/25/2019 10:45 AM
Foul Odor After Cleansing	No	11/25/2019 10:45 AM
Granulation Amt	Small - 1-33%	11/25/2019 10:45 AM

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Necrosis	None Present	11/25/2019 10:45 AM
Slough	Medium - 34-66%	11/25/2019 10:45 AM
Structure Exposed	None Present	11/25/2019 10:45 AM
Margin	Distinct, Outline Attached	11/25/2019 10:45 AM
Tunneling	none	11/25/2019 10:45 AM
Undermining	none	11/25/2019 10:45 AM
Peri-wound Assessment	Intact	11/25/2019 10:45 AM
Temperature	No Abnormality	11/25/2019 10:45 AM

Number of days: 320

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	11/25/2019 10:45 AM
Wound Length (cm)	5.2 cm	11/25/2019 10:45 AM
Wound Width (cm)	4.2 cm	11/25/2019 10:45 AM
Wound Depth (cm)	0.1 cm	11/25/2019 10:45 AM
Wound Volume (cm^3)	2.18 cm^3	11/25/2019 10:45 AM
Wound Healing %	3 cm	11/25/2019 10:45 AM
Wound Surface Area (cm^2)	21.84 cm^2	11/25/2019 10:45 AM
Exudate Amt	Scant	11/25/2019 10:45 AM
Exudate Type	Serosanguineous	11/25/2019 10:45 AM
Foul Odor After Cleansing	No	11/25/2019 10:45 AM
Granulation Amt	Small - 1-33%	11/25/2019 10:45 AM
Necrosis	None Present	11/25/2019 10:45 AM
Slough	Medium - 34-66%	11/25/2019 10:45 AM
Structure Exposed	None Present	11/25/2019 10:45 AM
Margin	Distinct, Outline Attached	11/25/2019 10:45 AM
Tunneling	none	11/25/2019 10:45 AM
Undermining	none	11/25/2019 10:45 AM
Peri-wound Assessment	Intact	11/25/2019 10:45 AM
Temperature	No Abnormality	11/25/2019 10:45 AM

Number of days: 320

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Thickness	Full thickness without exposed support structure	11/25/2019 10:45 AM
Wound Length (cm)	1.2 cm	11/25/2019 10:45 AM
Wound Width (cm)	1.4 cm	11/25/2019 10:45 AM
Wound Depth (cm)	0.1 cm	11/25/2019 10:45 AM
Wound Volume (cm^3)	0.17 cm^3	11/25/2019 10:45 AM
Wound Healing %	87 cm	11/25/2019 10:45 AM
Wound Surface Area (cm^2)	1.68 cm^2	11/25/2019 10:45 AM
Exudate Amt	Scant	11/25/2019 10:45 AM
Exudate Type	Serosanguineous	11/25/2019 10:45 AM
Foul Odor After Cleansing	No	11/25/2019 10:45 AM
Granulation Amt	Small - 1-33%	11/25/2019 10:45 AM
Necrosis	None Present	11/25/2019 10:45 AM
Slough	Medium - 34-66%	11/25/2019 10:45 AM
Structure Exposed	None Present	11/25/2019 10:45 AM
Margin	Distinct, Outline Attached	11/25/2019 10:45 AM
Tunneling	none	11/25/2019 10:45 AM
Undermining	none	11/25/2019 10:45 AM
Peri-wound Assessment	Intact	11/25/2019 10:45 AM

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Temperature	No Abnormality	11/25/2019 10:45 AM
Number of days: 215		

Wound 04/25/19 #13 Left lat Calf (Active)

Thickness	Full thickness without exposed support structure	11/25/2019 10:45 AM
Wound Length (cm)	4.6 cm	11/25/2019 10:45 AM
Wound Width (cm)	3.1 cm	11/25/2019 10:45 AM
Wound Depth (cm)	0.2 cm	11/25/2019 10:45 AM
Wound Volume (cm^3)	2.85 cm^3	11/25/2019 10:45 AM
Wound Healing %	-36 cm	11/25/2019 10:45 AM
Wound Surface Area (cm^2)	14.26 cm^2	11/25/2019 10:45 AM
Exudate Amt	Scant	11/25/2019 10:45 AM
Exudate Type	Serosanguineous	11/25/2019 10:45 AM
Granulation Amt	Small - 1-33%	11/25/2019 10:45 AM
Necrosis	None Present	11/25/2019 10:45 AM
Slough	Medium - 34-66%	11/25/2019 10:45 AM
Structure Exposed	None Present	11/25/2019 10:45 AM
Margin	Distinct, Outline Attached	11/25/2019 10:45 AM
Tunneling	none	11/25/2019 10:45 AM
Undermining	none	11/25/2019 10:45 AM
Peri-wound Assessment	Intact	11/25/2019 10:45 AM
Temperature	No Abnormality	11/25/2019 10:45 AM
Number of days: 215		

Wound 04/25/19 #14 Left lat Ankle (Active)

Thickness	Full thickness without exposed support structure	11/25/2019 10:45 AM
Wound Length (cm)	7.2 cm	11/25/2019 10:45 AM
Wound Width (cm)	1.3 cm	11/25/2019 10:45 AM
Wound Depth (cm)	0.1 cm	11/25/2019 10:45 AM
Wound Volume (cm^3)	0.94 cm^3	11/25/2019 10:45 AM
Wound Healing %	41 cm	11/25/2019 10:45 AM
Wound Surface Area (cm^2)	9.36 cm^2	11/25/2019 10:45 AM
Exudate Amt	Scant	11/25/2019 10:45 AM
Exudate Type	Serosanguineous	11/25/2019 10:45 AM
Foul Odor After Cleansing	No	11/25/2019 10:45 AM
Granulation Amt	Small - 1-33%	11/25/2019 10:45 AM
Necrosis	None Present	11/25/2019 10:45 AM
Slough	Medium - 34-66%	11/25/2019 10:45 AM
Structure Exposed	None Present	11/25/2019 10:45 AM
Margin	Distinct, Outline Attached	11/25/2019 10:45 AM
Tunneling	none	11/25/2019 10:45 AM
Undermining	none	11/25/2019 10:45 AM
Peri-wound Assessment	Intact	11/25/2019 10:45 AM
Temperature	No Abnormality	11/25/2019 10:45 AM
Number of days: 215		

Wound 10/21/19 #15 Right medial calf culster (Active)

Thickness	Full thickness without exposed support structure	11/25/2019 10:45 AM
Wound Length (cm)	6.2 cm	11/25/2019 10:45 AM
Wound Width (cm)	5.4 cm	11/25/2019 10:45 AM

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Wound Depth (cm)	0.1 cm	11/25/2019 10:45 AM
Wound Volume (cm^3)	3.35 cm^3	11/25/2019 10:45 AM
Wound Healing %	-37 cm	11/25/2019 10:45 AM
Wound Surface Area (cm^2)	33.48 cm^2	11/25/2019 10:45 AM
Exudate Amt	Scant	11/25/2019 10:45 AM
Exudate Type	Serosanguineous	11/25/2019 10:45 AM
Foul Odor After Cleansing	No	11/25/2019 10:45 AM
Granulation Amt	Medium - 34-66%	11/25/2019 10:45 AM
Necrosis	None Present	11/25/2019 10:45 AM
Slough	Small - 1-33%	11/25/2019 10:45 AM
Structure Exposed	None Present	11/25/2019 10:45 AM
Margin	Distinct, Outline Attached	11/25/2019 10:45 AM
Tunneling	none	11/25/2019 10:45 AM
Undermining	none	11/25/2019 10:45 AM
Peri-wound Assessment	Intact	11/25/2019 10:45 AM
Temperature	No Abnormality	11/25/2019 10:45 AM

Number of days: 36

Wound 10/21/19 #16 Right Lateral Pretib/calf Cluster (Active)

Thickness	Full thickness without exposed support structure	11/25/2019 10:45 AM
Wound Length (cm)	5.7 cm	11/25/2019 10:45 AM
Wound Width (cm)	4.3 cm	11/25/2019 10:45 AM
Wound Depth (cm)	0.1 cm	11/25/2019 10:45 AM
Wound Volume (cm^3)	2.45 cm^3	11/25/2019 10:45 AM
Wound Healing %	59 cm	11/25/2019 10:45 AM
Wound Surface Area (cm^2)	24.51 cm^2	11/25/2019 10:45 AM
Exudate Amt	Scant	11/25/2019 10:45 AM
Exudate Type	Serosanguineous	11/25/2019 10:45 AM
Foul Odor After Cleansing	No	11/25/2019 10:45 AM
Granulation Amt	Small - 1-33%	11/25/2019 10:45 AM
Necrosis	None Present	11/25/2019 10:45 AM
Slough	Medium - 34-66%	11/25/2019 10:45 AM
Structure Exposed	None Present	11/25/2019 10:45 AM
Margin	Distinct, Outline Attached	11/25/2019 10:45 AM
Tunneling	none	11/25/2019 10:45 AM
Undermining	none	11/25/2019 10:45 AM
Peri-wound Assessment	Intact	11/25/2019 10:45 AM
Temperature	No Abnormality	11/25/2019 10:45 AM

Number of days: 36

LABS:
No results found for: CBC
Hemoglobin A1C

Date	Value	Ref Range	Status
07/30/2019	6.5 (H)	4.0 - 6.0 %	Final
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final

No components found for: BMP
Erythrocyte Sedimentation Rate

Clinical Notes (continued)

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

ASSESSMENT: This is a patient with advanced age, venous hypertension and limb ischemia with atherosclerotic disease and DM2 has been treated at our center for extensive bilateral lower limb ulcers. With improved living situations and nutritional support along with advanced wound care dressing infection control and intermittent debridement her ulcers have much improved. Today she has another problem with disproportionally larger right calf with positive Homan's sign suspicious for DVT. She has this swelling persistent for the last one month. I strongly recommended an urgent DVT screening. Louis -the son, has his birthday party scheduled this afternoon and absolutely did not want to delay his returning home and refused the test despite I explained the risks of having a DVT at lower limbs. For the note she is no longer on anticoagulant mediation except intermittent aspirin. She has appointment with Dr Neighbor MD next week. At this point as the swelling has been present for one month I will request Dr. Neighbor's re-evaluation and DVT screening if edema still present.
Strongly urged her and her son to seek medical attention if any sob, chest pain or palpitations.
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary encounter diagnosis)
(R60.0) Leg edema, right
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle
(I87.332, L97.929) Chronic venous hypertension with ulcer and inflammation, left
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf

PLAN: continue current wound care regiment. See immediate medical attention if any sob, chest pain or palpitations.
Patient education took place regarding the treatment progress and further measures to address the condition. The patient was given an opportunity to ask questions.
It was a pleasure to see Ms. Hoffman at my clinic. Please do not hesitate to call me for any questions or concerns.
Treatment plan recommended at this time includes the following:
Jeanne was seen today for wound care.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with necrosis of muscle
- NURSING COMMUNICATION

Leg edema, right
- NURSING COMMUNICATION

Non-pressure chronic ulcer of left calf with necrosis of muscle
- NURSING COMMUNICATION

Chronic venous hypertension with ulcer and inflammation, left
- NURSING COMMUNICATION

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- NURSING COMMUNICATION

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Patient Instructions
Left lateral ankle, left medial ankle, right medial ankle, right pretib,:left pretib: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Return in about 6 weeks (around 1/6/2020).

Nilufer B Norsworthy, MD

Electronically signed by Norsworthy, Nilufer Bozdemir, MD at 11/26/2019 8:12 AM

Flowsheets

Vital Data

Row Name	11/25/19 1101	11/25/19 1039
Weight	—	50.8 kg (112 lb)
BP	**148/76** !	—
BP Cuff Size	Regular	—
BP Site	Left Arm	—
BP Position	Sitting	—
Temp	35.8 °C	—
Temp src	Oral	—
Pulse	62	—
Pulse Regularity	Regular	—
Resp	16	—
Pain Level	FOUR/TEN	—

Wound Assessment/Care

Row Name	11/25/19 1045
RLE Calf - Cm w/ Point of Measurement	33 cm
RLE Calf - Cm from the Medial Instep	32 cm
LLE Calf - Cm w/ Point of Measurement	29 cm
LLE Calf - Cm from the Medial Instep	32 cm
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

	without exposed support structure
Wound Length (cm)	4 cm
Wound Width (cm)	0.4 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	0.16 cm^3
Wound Healing %	98 cm
Wound Surface Area (cm^2)	1.6 cm^2
Exudate Amt	Scant
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Medium - 34-66%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	5.2 cm
Wound Width (cm)	4.2 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	2.18 cm^3
Wound Healing %	3 cm
Wound Surface Area (cm^2)	21.84 cm^2
Exudate Amt	Scant
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Medium - 34-66%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	1.2 cm
Wound Width (cm)	1.4 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	0.17 cm^3
Wound Healing %	87 cm
Wound Surface Area (cm^2)	1.68 cm^2
Exudate Amt	Scant
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Medium - 34-66%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	4.6 cm
Wound Width (cm)	3.1 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	2.85 cm^3
Wound Healing %	-36 cm
Wound Surface Area (cm^2)	14.26 cm^2
Exudate Amt	Scant
Exudate Type	Serosanguineous
Granulation Amt	Small - 1-33%

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Necrosis	None Present
Slough	Medium - 34-66%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	7.2 cm
Wound Width (cm)	1.3 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	0.94 cm^3
Wound Healing %	41 cm
Wound Surface Area (cm^2)	9.36 cm^2
Exudate Amt	Scant
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Medium - 34-66%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 10/21/19 Time First Assessed: 1047 Date Acquired: 10/07/19 Wound Number: #15 Right medial calf culster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	6.2 cm
Wound Width (cm)	5.4 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	3.35 cm^3

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Wound Healing %	-37 cm
Wound Surface Area (cm^2)	33.48 cm^2
Exudate Amt	Scant
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Medium - 34-66%
Necrosis	None Present
Slough	Small - 1-33%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 10/21/19 Time First Assessed: 1050 Date Acquired: 10/07/19 Wound Number: #16 Right Lateral Pretib/calf Cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	5.7 cm
Wound Width (cm)	4.3 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	2.45 cm^3
Wound Healing %	59 cm
Wound Surface Area (cm^2)	24.51 cm^2
Exudate Amt	Scant
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Medium - 34-66%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality

Patient Instructions

Left lateral ankle, left medial ankle, right medial ankle, right pretib,:left pretib: Clean with water, apply xeroform gauze

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Patient Instructions (continued)

onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Electronically signed by Null, Margaret K, RN at 11/25/2019 11:08 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
11/25/2019 10:15 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left lateral ankle, left medial ankle, right medial ankle, right pretib,:left pretib: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

What's Next

DEC 3 2019	Return Patient Appointment with Elizabeth A Phelan, MD Tuesday December 3 10:40 AM (Arrive by 10:25 AM)	Harborview Falls Clinic 325 9TH Ave Box 359945 Seattle WA 98104 206-744-4191
DEC 5 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday December 5 9:00 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
DEC 19 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday December 19 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday November 25, 2019 for: Wound Care.

Blood Pressure 148/76	BMI 21.16
Weight 112 lb	Temperature (Oral) 96.4 °F
Pulse 62	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 11/25/19 11:08 AM

Page 1 of 2 Epic

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of November 25, 2019 11:08 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG tablet	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Letters

Referral by Norsworthy, Nilufer Bozdemir, MD on 11/26/2019

Status: Sent
Letter body:

November 26, 2019

William E Neighbor Jr., MD
1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410

RE: Jeane Leonie Hoffman
DOB: 1/6/1925

Dear William E Neighbor Jr., MD:

Thank you for referring Jeane Hoffman to me for evaluation. Enclosed is a copy of my clinic note.

If you have questions please feel free to contact me at your convenience; I would be happy to review any concerns you have.

Sincerely,

Electronically signed by
Nilufer B Norsworthy, MD

CC: No Recipients

Visit Summary
PROGRESS NOTE
11/25/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with multiple bilateral lower leg ulcers with mixed vascular disease is seen today for Follow Up Visit

INTERVAL HISTORY: Both side lower leg ulcers are smaller, there are skin islands at wound beds. There is no inflammation with ulcers. She reports some increased pain at the right lower leg that intermittently keeps her awake. She was diagnosed with cellulitis about a month ago by Dr. Neighbor MD at the right calf and given a 10 days course of antibiotic. After that the redness around the calf resolved but the disproportional swelling has been persistent according to the son and the patient. She has tenderness with tight palpation of the right calf (Homan's sign positive on exam). She denies any sob, chest pain or palpitations.
She is feeling good overall. She is now living in an apartment with her son Louis, regular access to showers, regular meals, taking supplemental protein. She gained about 10lbs over one month
This is a patient with DM2, CLI with extensive atherosclerotic disease and chronic leg edema with venous hypertension. She was in hospital after two falls, hemopneumothorax and also fractured ribs and ramus pubis bone in early July. After a long hospital stay she was discharged to SNF where she rest well, legs were elevated and with better nutritional support. She actually gained some weight. She was recently discharged home to her son's (Louis) care.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever . Does have intense itch at both lower limbs and intermittent limb pain at right calf as above. She walked with a walker.

Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• acetaminophen 500 MG Oral Tab, 1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition, Disp: , Rfl:
• ACETAMINOPHEN-CODEINE 300-30 MG tablet, TAKE ONE TABLET BY MOUTH DAILY AS NEEDED , Disp: 15 tablet, Rfl: 0
• atorvastatin 20 MG Oral Tablet, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Calcium Carbonate 500 MG Oral Chew Tab, Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn., Disp: , Rfl:
• Cholecalciferol 1000 units Oral Tab, Take 2 tablets (2,000 Units) by mouth daily., Disp: , Rfl:
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• MULTIPLE VITAMIN OR, Take by mouth., Disp: , Rfl:
• pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 90 tablet, Rfl: 6
• timolol 0.5 % Ophthalmic Solution, One drop in each eye twice daily. Block tear duct for 1-2 minutes after use., Disp: 10 mL, Rfl: 0

EXAM:
Vital Signs: BP (!) 148/76 | Pulse 62 | Temp 96.4 °F (35.8 °C) (Oral) | Resp 16 | Wt 112 lb (50.8 kg) | BMI 21.16 kg/m² Body mass index is 21.16 kg/m².

Edema:
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 29 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 33 cm
RLE Calf - Cm from the Medial Instep: 32 cm

Vascular: pedal pulses are diminished
Left Lower:

Right Lower:

Wound Data:

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 320

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 320

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Date First Assessed/Time First Assessed: 04/25/19 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiolog...
Number of days: 215

Wound 04/25/19 #13 Left lat Calf (Active)

Date First Assessed/Time First Assessed: 04/25/19 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg U...
Number of days: 215

Wound 04/25/19 #14 Left lat Ankle (Active)

Date First Assessed/Time First Assessed: 04/25/19 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg ...
Number of days: 215

Wound 10/21/19 #15 Right medial calf culster (Active)

Date First Assessed/Time First Assessed: 10/21/19 1047 Date Acquired: 10/07/19 Wound Number: #15 Right medial calf culster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered ...
Number of days: 36

Wound 10/21/19 #16 Right Lateral Pretib/calf Cluster (Active)

Date First Assessed/Time First Assessed: 10/21/19 1050 Date Acquired: 10/07/19 Wound Number: #16 Right Lateral Pretib/calf Cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Cl...
Number of days: 36

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	11/25/2019 10:45 AM
Wound Length (cm)	4 cm	11/25/2019 10:45 AM
Wound Width (cm)	0.4 cm	11/25/2019 10:45 AM

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Wound Depth (cm)	0.1 cm	11/25/2019 10:45 AM
Wound Volume (cm^3)	0.16 cm^3	11/25/2019 10:45 AM
Wound Healing %	98 cm	11/25/2019 10:45 AM
Wound Surface Area (cm^2)	1.6 cm^2	11/25/2019 10:45 AM
Exudate Amt	Scant	11/25/2019 10:45 AM
Exudate Type	Serosanguineous	11/25/2019 10:45 AM
Foul Odor After Cleansing	No	11/25/2019 10:45 AM
Granulation Amt	Small - 1-33%	11/25/2019 10:45 AM
Necrosis	None Present	11/25/2019 10:45 AM
Slough	Medium - 34-66%	11/25/2019 10:45 AM
Structure Exposed	None Present	11/25/2019 10:45 AM
Margin	Distinct, Outline Attached	11/25/2019 10:45 AM
Tunneling	none	11/25/2019 10:45 AM
Undermining	none	11/25/2019 10:45 AM
Peri-wound Assessment	Intact	11/25/2019 10:45 AM
Temperature	No Abnormality	11/25/2019 10:45 AM

Number of days: 320

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	11/25/2019 10:45 AM
Wound Length (cm)	5.2 cm	11/25/2019 10:45 AM
Wound Width (cm)	4.2 cm	11/25/2019 10:45 AM
Wound Depth (cm)	0.1 cm	11/25/2019 10:45 AM
Wound Volume (cm^3)	2.18 cm^3	11/25/2019 10:45 AM
Wound Healing %	3 cm	11/25/2019 10:45 AM
Wound Surface Area (cm^2)	21.84 cm^2	11/25/2019 10:45 AM
Exudate Amt	Scant	11/25/2019 10:45 AM
Exudate Type	Serosanguineous	11/25/2019 10:45 AM
Foul Odor After Cleansing	No	11/25/2019 10:45 AM
Granulation Amt	Small - 1-33%	11/25/2019 10:45 AM
Necrosis	None Present	11/25/2019 10:45 AM
Slough	Medium - 34-66%	11/25/2019 10:45 AM
Structure Exposed	None Present	11/25/2019 10:45 AM
Margin	Distinct, Outline Attached	11/25/2019 10:45 AM
Tunneling	none	11/25/2019 10:45 AM
Undermining	none	11/25/2019 10:45 AM
Peri-wound Assessment	Intact	11/25/2019 10:45 AM
Temperature	No Abnormality	11/25/2019 10:45 AM

Number of days: 320

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Thickness	Full thickness without exposed support structure	11/25/2019 10:45 AM
Wound Length (cm)	1.2 cm	11/25/2019 10:45 AM
Wound Width (cm)	1.4 cm	11/25/2019 10:45 AM
Wound Depth (cm)	0.1 cm	11/25/2019 10:45 AM
Wound Volume (cm^3)	0.17 cm^3	11/25/2019 10:45 AM
Wound Healing %	87 cm	11/25/2019 10:45 AM
Wound Surface Area (cm^2)	1.68 cm^2	11/25/2019 10:45 AM
Exudate Amt	Scant	11/25/2019 10:45 AM
Exudate Type	Serosanguineous	11/25/2019 10:45 AM
Foul Odor After Cleansing	No	11/25/2019 10:45 AM

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Granulation Amt	Small - 1-33%	11/25/2019 10:45 AM
Necrosis	None Present	11/25/2019 10:45 AM
Slough	Medium - 34-66%	11/25/2019 10:45 AM
Structure Exposed	None Present	11/25/2019 10:45 AM
Margin	Distinct, Outline Attached	11/25/2019 10:45 AM
Tunneling	none	11/25/2019 10:45 AM
Undermining	none	11/25/2019 10:45 AM
Peri-wound Assessment	Intact	11/25/2019 10:45 AM
Temperature	No Abnormality	11/25/2019 10:45 AM

Number of days: 215

Wound 04/25/19 #13 Left lat Calf (Active)

Thickness	Full thickness without exposed support structure	11/25/2019 10:45 AM
Wound Length (cm)	4.6 cm	11/25/2019 10:45 AM
Wound Width (cm)	3.1 cm	11/25/2019 10:45 AM
Wound Depth (cm)	0.2 cm	11/25/2019 10:45 AM
Wound Volume (cm^3)	2.85 cm^3	11/25/2019 10:45 AM
Wound Healing %	-36 cm	11/25/2019 10:45 AM
Wound Surface Area (cm^2)	14.26 cm^2	11/25/2019 10:45 AM
Exudate Amt	Scant	11/25/2019 10:45 AM
Exudate Type	Serosanguineous	11/25/2019 10:45 AM
Granulation Amt	Small - 1-33%	11/25/2019 10:45 AM
Necrosis	None Present	11/25/2019 10:45 AM
Slough	Medium - 34-66%	11/25/2019 10:45 AM
Structure Exposed	None Present	11/25/2019 10:45 AM
Margin	Distinct, Outline Attached	11/25/2019 10:45 AM
Tunneling	none	11/25/2019 10:45 AM
Undermining	none	11/25/2019 10:45 AM
Peri-wound Assessment	Intact	11/25/2019 10:45 AM
Temperature	No Abnormality	11/25/2019 10:45 AM

Number of days: 215

Wound 04/25/19 #14 Left lat Ankle (Active)

Thickness	Full thickness without exposed support structure	11/25/2019 10:45 AM
Wound Length (cm)	7.2 cm	11/25/2019 10:45 AM
Wound Width (cm)	1.3 cm	11/25/2019 10:45 AM
Wound Depth (cm)	0.1 cm	11/25/2019 10:45 AM
Wound Volume (cm^3)	0.94 cm^3	11/25/2019 10:45 AM
Wound Healing %	41 cm	11/25/2019 10:45 AM
Wound Surface Area (cm^2)	9.36 cm^2	11/25/2019 10:45 AM
Exudate Amt	Scant	11/25/2019 10:45 AM
Exudate Type	Serosanguineous	11/25/2019 10:45 AM
Foul Odor After Cleansing	No	11/25/2019 10:45 AM
Granulation Amt	Small - 1-33%	11/25/2019 10:45 AM
Necrosis	None Present	11/25/2019 10:45 AM
Slough	Medium - 34-66%	11/25/2019 10:45 AM
Structure Exposed	None Present	11/25/2019 10:45 AM
Margin	Distinct, Outline Attached	11/25/2019 10:45 AM
Tunneling	none	11/25/2019 10:45 AM
Undermining	none	11/25/2019 10:45 AM
Peri-wound Assessment	Intact	11/25/2019 10:45 AM

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Temperature	No Abnormality	11/25/2019 10:45 AM

Number of days: 215

Wound 10/21/19 #15 Right medial calf culster (Active)

Thickness	Full thickness without exposed support structure	11/25/2019 10:45 AM
Wound Length (cm)	6.2 cm	11/25/2019 10:45 AM
Wound Width (cm)	5.4 cm	11/25/2019 10:45 AM
Wound Depth (cm)	0.1 cm	11/25/2019 10:45 AM
Wound Volume (cm^3)	3.35 cm^3	11/25/2019 10:45 AM
Wound Healing %	-37 cm	11/25/2019 10:45 AM
Wound Surface Area (cm^2)	33.48 cm^2	11/25/2019 10:45 AM
Exudate Amt	Scant	11/25/2019 10:45 AM
Exudate Type	Serosanguineous	11/25/2019 10:45 AM
Foul Odor After Cleansing	No	11/25/2019 10:45 AM
Granulation Amt	Medium - 34-66%	11/25/2019 10:45 AM
Necrosis	None Present	11/25/2019 10:45 AM
Slough	Small - 1-33%	11/25/2019 10:45 AM
Structure Exposed	None Present	11/25/2019 10:45 AM
Margin	Distinct, Outline Attached	11/25/2019 10:45 AM
Tunneling	none	11/25/2019 10:45 AM
Undermining	none	11/25/2019 10:45 AM
Peri-wound Assessment	Intact	11/25/2019 10:45 AM
Temperature	No Abnormality	11/25/2019 10:45 AM

Number of days: 36

Wound 10/21/19 #16 Right Lateral Pretib/calf Cluster (Active)

Thickness	Full thickness without exposed support structure	11/25/2019 10:45 AM
Wound Length (cm)	5.7 cm	11/25/2019 10:45 AM
Wound Width (cm)	4.3 cm	11/25/2019 10:45 AM
Wound Depth (cm)	0.1 cm	11/25/2019 10:45 AM
Wound Volume (cm^3)	2.45 cm^3	11/25/2019 10:45 AM
Wound Healing %	59 cm	11/25/2019 10:45 AM
Wound Surface Area (cm^2)	24.51 cm^2	11/25/2019 10:45 AM
Exudate Amt	Scant	11/25/2019 10:45 AM
Exudate Type	Serosanguineous	11/25/2019 10:45 AM
Foul Odor After Cleansing	No	11/25/2019 10:45 AM
Granulation Amt	Small - 1-33%	11/25/2019 10:45 AM
Necrosis	None Present	11/25/2019 10:45 AM
Slough	Medium - 34-66%	11/25/2019 10:45 AM
Structure Exposed	None Present	11/25/2019 10:45 AM
Margin	Distinct, Outline Attached	11/25/2019 10:45 AM
Tunneling	none	11/25/2019 10:45 AM
Undermining	none	11/25/2019 10:45 AM
Peri-wound Assessment	Intact	11/25/2019 10:45 AM
Temperature	No Abnormality	11/25/2019 10:45 AM

Number of days: 36

LABS:
No results found for: CBC

Letters (continued)

Hemoglobin A1C

Date	Value	Ref Range	Status
07/30/2019	6.5 (H)	4.0 - 6.0 %	Final
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

ASSESSMENT: This is a patient with advanced age, venous hypertension and limb ischemia with atherosclerotic disease and DM2 has been treated at our center for extensive bilateral lower limb ulcers. With improved living situations and nutritional support along with advanced wound care dressing infection control and intermittent debridement her ulcers have much improved. Today she has another problem with disproportionally larger right calf with positive Homan's sign suspicious for DVT. She has this swelling persistent for the last one month. I strongly recommended an urgent DVT screening. Louis -the son, has his birthday party scheduled this afternoon and absolutely did not want to delay his returning home and refused the test despite I explained the risks of having a DVT at lower limbs. For the note she is no longer on anticoagulant mediation except intermittent aspirin. She has appointment with Dr Neighbor MD next week. At this point as the swelling has been present for one month I will request Dr. Neighbor's re-evaluation and DVT screening if edema still present.
Strongly urged her and her son to seek medical attention if any sob, chest pain or palpitations.
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary encounter diagnosis)
(R60.0) Leg edema, right
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle
(I87.332, L97.929) Chronic venous hypertension with ulcer and inflammation, left
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf

PLAN: continue current wound care regiment. See immediate medical attention if any sob, chest pain or palpitations.
Patient education took place regarding the treatment progress and further measures to address the condition. The patient was given an opportunity to ask questions.
It was a pleasure to see Ms. Hoffman at my clinic. Please do not hesitate to call me for any questions or concerns.
Treatment plan recommended at this time includes the following:
Jeanne was seen today for wound care.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with necrosis of muscle

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

- NURSING COMMUNICATION

Leg edema, right
- NURSING COMMUNICATION

Non-pressure chronic ulcer of left calf with necrosis of muscle
- NURSING COMMUNICATION

Chronic venous hypertension with ulcer and inflammation, left
- NURSING COMMUNICATION

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- NURSING COMMUNICATION

Patient Instructions
Left lateral ankle, left medial ankle, right medial ankle, right pretib,:left pretib: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Return in about 6 weeks (around 1/6/2020).

Nilufer B Norsworthy, MD

11/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 11/25/2019 11:08 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
11/25/2019 10:15 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left lateral ankle, left medial ankle, right medial ankle, right pretib,:left pretib: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

What's Next

DEC 3 2019 — Return Patient Appointment with Elizabeth A Phelan, MD
Tuesday December 3 10:40 AM (Arrive by 10:25 AM)
Harborview Falls Clinic
325 9TH Ave
Box 359945
Seattle WA 98104
206-744-4191

DEC 5 2019 — Return Patient Appointment with Kristina M Cosley, PT
Thursday December 5 9:00 AM
Harborview Medical Center Outpatient Physical Therapy Clinic
908 Jefferson ST
Seattle WA 98104
206-744-1675

DEC 19 2019 — Return Patient Appointment with Kristina M Cosley, PT
Thursday December 19 9:45 AM
Harborview Medical Center Outpatient Physical Therapy Clinic
908 Jefferson ST
Seattle WA 98104
206-744-1675

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday November 25, 2019 for: Wound Care.

Blood Pressure 148/76	BMI 21.16
Weight 112 lb	Temperature (Oral) 96.4 °F
Pulse 62	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List as of November 25, 2019 11:08 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG tablet	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

11/18/2019 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN **Canceled**
11/18/2019 10:00 AM

Time	Provider	Department	Length
10:00 AM	Norsworthy, Nilufer Bozdemir, MD	ZZNWH WOUND CARE	15 min

History

Made On:	10/21/2019 11:15 AM	By:	Carroll, Linda, PSS/PSR	ES
Canceled:	11/18/2019 10:10 AM	By:	Carroll, Linda, PSS/PSR	ES
Cancel Rsn:	Patient-Unable to keep appointment			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

11/12/2019 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Other
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020

11/12/2019 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 1/13/2020
Quantity: 10 mL — Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/23/2019
Start date: 10/23/2019 — End date: 5/5/2021
Quantity: 28 capsule — Refill: No refills remaining

ACETAMINOPHEN-CODEINE 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/21/2020
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/12/2019
Start date: 11/12/2019 — End date: 1/21/2020
Quantity: 15 tablet — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 11/12/2019 1634

Tylenol 3 rx faxed to Safeway. Confirmation received.

Electronically signed by Pearson, Terri Jeanne, CMA at 11/12/2019 4:35 PM

11/12/2019 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Refill Request and Refill Request
Visit diagnoses:

- (primary)
- Osteoarthritis, unspecified osteoarthritis type, unspecified site

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

11/12/2019 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 1/13/2020
Quantity: 10 mL — Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/23/2019
Start date: 10/23/2019 — End date: 5/5/2021
Quantity: 28 capsule — Refill: No refills remaining

ACETAMINOPHEN-CODEINE 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/21/2020
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/12/2019
Start date: 11/12/2019 — End date: 1/21/2020
Quantity: 15 tablet — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 11/13/2019 0928

rx faxed to Safeway on 11/12/19. Pt notified via ecare

Electronically signed by Pearson, Terri Jeanne, CMA at 11/13/2019 9:28 AM

Other Orders

Medications

ACETAMINOPHEN-CODEINE 300-30 MG tablet [Pharmacy Med Name: Acetaminophen/Codeine 300-30 Mg Tab Mall] (Pending)

Electronically signed by: **Pearson, Terri Jeanne, CMA on 11/13/19 0928** — Status: **Pending**
Ordering user: Pearson, Terri Jeanne, CMA 11/13/19 0928 — Authorized by: Terry, Anne Catherine, ARNP
Frequency: 11/13/19 - Until Discontinued — Class: E-RX
Diagnoses
Osteoarthritis, unspecified osteoarthritis type, unspecified site [M19.90]
Reordered from: ACETAMINOPHEN-CODEINE 300-30 MG tablet

11/12/2019 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Indications

Osteoarthritis, unspecified osteoarthritis type, unspecified site [M19.90 (ICD-10-CM)]

Messages

refill faxed yesterday

From	To	Sent and Delivered
Terri Jeanne Pearson, CMA	Hoffman, Jeanne Leonie	11/13/2019 9:29 AM
Last Read in MyChart		
Not Read		

Hi Jeanne,

Your medication refill was faxed to Safeway yesterday.

Thanks,
Terri Pearson, CMA

11/09/2019 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Osteoarthritis, unspecified osteoarthritis type, unspecified site

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

11/09/2019 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 1/13/2020
Quantity: 10 mL — Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/23/2019
Start date: 10/23/2019 — End date: 5/5/2021
Quantity: 28 capsule — Refill: No refills remaining

ACETAMINOPHEN-CODEINE 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/21/2020
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/12/2019
Start date: 11/12/2019 — End date: 1/21/2020
Quantity: 15 tablet — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mercado, Mila N, CMA at 11/12/2019 1055

1. Name of requested medication: tylenol with codeine
2. Date last refilled: 9/26/19
3. Date of last office visit: 10/23/19
4. Next office visit (scheduled or expected): na

Electronically signed by Mercado, Mila N, CMA at 11/12/2019 10:58 AM

Other Orders

Medications

ACETAMINOPHEN-CODEINE 300-30 MG tablet (Discontinued)

11/09/2019 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Electronically signed by: **Neighbor Jr., William E, MD on 11/12/19 1119** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 11/12/19 1119 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 11/12/19 - 01/21/20 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 01/21/20 1827 [Reorder]
Diagnoses
Osteoarthritis, unspecified osteoarthritis type, unspecified site [M19.90]
Medication comments: Patient needs to be seen before prescription runs out
Reordered from: ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet

Indications

Osteoarthritis, unspecified osteoarthritis type, unspecified site [M19.90 (ICD-10-CM)]

Messages

refill

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	11/12/2019 11:20 AM

Last Read in MyChart
Not Read

I refilled the tylenol with codeine for 15 days. You do need to be seen again before that time runs out.

William E Neighbor, MD

11/07/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic

Reason for Visit

Chief complaint: Physical Therapy
Visit diagnoses:

- Imbalance (primary)
- Leg weakness, bilateral
- Fall, subsequent encounter

Visit Information

Provider Information

Encounter Provider	Referring Provider
Cosley, Kristina M, PT	Phelan, Elizabeth Anne, MD

Department

Name	Address	Phone	Fax
Harborview Medical Center Outpatient Physical Therapy Clinic	908 Jefferson ST Seattle WA 98104	206-744-1675	206-744-1664

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

11/07/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 1/13/2020
Quantity: 10 mL
Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/12/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Authorized by: Terry, Anne Catherine, ARNP
Ordered on: 9/26/2019
Start date: 9/26/2019
End date: 11/9/2019
Quantity: 30 tablet
Refill: No refills remaining

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Cosley, Kristina M, PT at 11/7/2019 0945

PHYSICAL THERAPY PLAN OF CARE REVIEW

Certification From*: 11/07/19 Certification To*: 01/06/20
Date of Symptom Onset*: 07/23/19
Start of Care Date*: 09/03/19

VISITS FROM SOC: 7

INTERPRETER STATUS (Not needed, Telephonic, In Person):not needed

Referring Provider: Phelan, E
Attending Physician: Phelan, E
Falls Doctor: Phelan, E
PCP: Neighbor Jr., William E, MD
Diagnosis: (R26.89) Imbalance (primary encounter diagnosis)

(R29.898) Leg weakness, bilateral

(W19.XXXD) Fall, subsequent encounter

PRECAUTIONS: Fall risk

Mechanism of Injury: falls
Was previously living at home with her son, with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who was hospitalized at Harborview Medical Center from 7/25/2019 until 8/5/2019 with pelvic fx, right RF and hemo-pneumothorax secondary to GLF. Was then at SNF at Kline Galland for PT/OT

Pertinent Medical/Surgical History/Current Medications that may affect progress in PT:

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer and inflammation, left (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency

11/07/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Diabetic ulcer of lower extremity (HCC)
- Housing lack
- Suspected elder abuse
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer, bilateral (HCC)
- Bilateral leg edema
- Closed displaced fracture of left pubis with routine healing
- Acute blood loss anaemia
- Closed fracture of multiple ribs of left side with routine healing
- Hemopneumothorax
- Fall

SUBJECTIVE:
Time In: 1009 late arrival

Patient's Statement: **I can do some standing without the walker - my legs hurt from my wounds. I have not done a lot of my exercises because I have been canning food that I do not want to waste; I start at 8:30 in the morning and go all day.**

OBJECTIVE MEASURES / IMPAIRMENTS / ACTIVITY LIMITATIONS:
Pain: 5-20/10 legs from wounds
Gait speed 10 meters in 17.43 seconds with 4 wheeled walker = 0.57 meters per second

TREATMENT & EDUCATION:

Intervention: 97530 Therapeutic activities for 26 minutes

Plan of care review per above, goals section, current level of function section. Progress and goal status reviewed with patient/family. Physical Therapy recommendations and needs for further Physical Therapy were also discussed with patient/family.

Home Exercise Program
From falls clinic:
Home Safety Checklist
CDC 4 points to prevent falls
How to get up from floor

From Physical Therapy:
Balance exercises at least 2 times per week: 5 reps each

Partial squats with 4 wheeled walker/chair
Weight shifts/opposite heel lifts with 4 wheeled walker/chair 10 second hold
Seated gastroc belt stretch 60 second holds x 2 twice daily
National Institute on Aging dvd
8 points limits of stability walker/chair
Stepping in all directions holding support

verbal instructions and demonstrations were provided for the above exercises
a handout was provided describing the exercises in written and picture format

ASSESSMENT (Progress and need for continued skilled intervention):
Patient returns to Physical Therapy for visit number: 7

Patient demonstrates the following response to treatment and functional improvements since initiating Physical Therapy evaluation and treatment: Jeane has not made significant changes toward her fall prevention Physical Therapy goals just yet. She continues to be limited by the pain in her bilateral legs reported to be due to her wounds. She does demonstrate excellent effort and motivation during Physical Therapy appointments but does state she has not been doing her home exercises at the recommended frequency. We plan to have her continue Physical Therapy to learn the full pre-tai chi balance/fall prevention exercise program and we can give her additional time to advance her functional status due to her leg pain.

Patient would benefit from progression to program to reach Physical Therapy goals.

Outcomes Score: CareConnections: Functional Index Score 41/50

PLAN:
Plan for next visit:
Review program
Progression:
turning steps
Self balance challenges

Therapy Treatment Plan (*Frequency/Duration/Other Follow up*): Patient will be seen for 2 visits per month until plan of care reviewed.

To improve impairments and reach functional goals the following interventions will be performed: Patient Education, Therapeutic Exercise (97110), Therapeutic Activities (97530), Neuromuscular Re-education (97112) and Gait Training (97116)

TREATMENT GOALS
Anticipated Discharge Date 3/2/20

LONG TERM GOALS (Functional Goals)	To be met by Discharge	Current Level of Function / Participation Restrictions 11/7/2019
Patient's risk of future falls and risk for falls will be reduced, as demonstrated by:		

11/07/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

5 time sit to stand in 15 seconds for independence in sit to stand transitional movement without the use of arms for rising to stand		11/7/2019 Patient currently performs 0 chair sit to stands UE support
TUG of no more than 22 seconds with assistive device for adequate balance to perform sit to stand, walking and turning below fall risk cut off		11/7/2019 Patient currently completes the TUG in 50.06 seconds with 4 wheeled walker
Single leg stance time of 6.5 seconds to allow weight shift for safe stepping up on curb or stair climbing		11/7/2019 Patient currently performs single leg stance for 0 seconds
Gait Speed of 1 meters per second to to cross street safely		11/7/2019 Patient's current gait speed is 0.57 with 4 wheeled walker assistive device
Functional reach of 7.4 inches for adequate balance to get dressed independently		9/3/19 Patient's current functional reach test is 7 inches
Number of falls is reduced to 0 in 3 consecutive months to decrease risk of injury from falls.		11/7/2019 Patient currently reports last fall was 7/23/19 with fractures/injury
Patient reports 2-3 x week x 6 month participation in home based or community based balance training program with moderate challenge to demonstrate sustainability required to decrease fall risk		11/7/2019 Patient currently reports some participation in lower extremity strengthening and balance home exercise program.

Short Term Goals	To be met by	MET or UNMET / Date
Patient will demonstrate ability to properly weight shift to right/left lower extremity to progress toward single leg balance in future to reduce fall risk	10/3/19	10/10/2019 met
Patient will shift weight to 8 points limits of stability using ankle strategy to reduce loss of balance/falls during static standing activities	10/3/19	10/10/2019 met
Patient and son will verbalize understanding that current modified 4 wheeled walker is not safe for being pushed on	9/3/2019 met	9/3/19 met - as of 10/10/2019, they will be getting a wheelchair for safe transport

11/07/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

or for walking as it has been adjusted by son		
Patient will be able to use momentum to assist with powering up for sit to stand to decrease need to use bilateral upper extremity support to stand	10/3/19	10/10/2019 met for proper mechanics with bilateral upper extremity support
Patient will be able to step in all directions and turn without loss of balance to reduce fall risk during dynamic stepping daily activities in home/community	11/9/19 Extended to 12/7/19	11/7/2019 in progress
Patient will be able to take appropriate recovery steps forward, lateral, backward to be able to catch self in case of loss of balance to avoid a fall	12/7/19	

Patient assisted in establishing goals and Patient agrees with plan.

Pain will be addressed at the next plan of care review, and intermittently during daily visits as deemed appropriate by the provider. The focus of daily visits will be on function.

Patient's learning needs, abilities, preferences and readiness per Initial POC were considered in this session. Learning verified by teach back.

Kristina M Cosley, PT
6NJB Outpatient Physical and Hand Therapy Clinic
Harborview Medical Center
Phone: (206) 744- 1675 FAX: (206) 744-1664

Electronically signed by Cosley, Kristina M, PT at 12/13/2019 8:37 AM

Other Orders

Plan of Care

Plan of Care (Internal Provider) (Discontinued)

Electronically signed by: **Cosley, Kristina M, PT on 11/07/19 1202** Status: **Discontinued**

11/07/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Other Orders (continued)

Ordering user: Cosley, Kristina M, PT 11/07/19 1202
Authorized by: Phelan, Elizabeth Anne, MD
Ordering mode: Standard
Cosigning events
Electronically cosigned by Phelan, Elizabeth Anne, MD 11/07/19 1935 for Ordering
Frequency: Routine 11/07/19 -
Class: Normal
Quantity: 1
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Imbalance [R26.89]
Leg weakness, bilateral [R29.898]
Fall, subsequent encounter [W19.XXXD]

Indications

Imbalance [R26.89 (ICD-10-CM)]
Leg weakness, bilateral [R29.898 (ICD-10-CM)]
Fall, subsequent encounter [W19.XXXD (ICD-10-CM)]

Flowsheets

Evaluation

Row Name	11/07/19 1157
Certification From*	11/07/19
Certification To*	01/06/20
Date of Symptom Onset*	07/23/19
Start of Care Date*	09/03/19

PT/OT Charges

Row Name	11/07/19 1202
Treatment Start Time	1009
Total Treatment Minutes	26 min
Total Timed Code Minutes	26 min
THERAPEUTIC ACTIVITIES 97530 - Minutes	26

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

11/07/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976
11/7/2019 9:45 AM Harborview Medical Center Outpatient Physical Therapy Clinic 206-744-1675

Today's Visit

You saw Kristina M Cosley, PT on Thursday November 7, 2019. The following issues were addressed: Imbalance; Leg weakness, bilateral; and Fall, subsequent encounter.

Done Today
Plan of Care (Internal Provider)

What's Next

DEC 19 2019 Return Patient Appointment with Kristina M Cosley, PT
Thursday December 19 9:45 AM
Harborview Medical Center Outpatient Physical Therapy Clinic
908 Jefferson ST
Seattle WA 98104
206-744-1675

JAN 13 2020 Return Patient Appointment with Nilufer B Norsworthy, MD
Monday January 13 10:15 AM
Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List as of November 7, 2019 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG tablet	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

11/07/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents

After Visit Summary - Document on 12/13/2019 8:38 AM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976
11/7/2019 9:45 AM Harborview Medical Center Outpatient Physical Therapy Clinic 206-744-1675

Today's Visit

You saw Kristina M Cosley, PT on Thursday November 7, 2019. The following issues were addressed: Imbalance; Leg weakness, bilateral; and Fall, subsequent encounter.

Done Today
Plan of Care (Internal Provider)

What's Next

DEC 19 2019 Return Patient Appointment with Kristina M Cosley, PT
Thursday December 19 9:45 AM
Harborview Medical Center Outpatient Physical Therapy Clinic
908 Jefferson ST
Seattle WA 98104
206-744-1675

JAN 13 2020 Return Patient Appointment with Nilufer B Norsworthy, MD
Monday January 13 10:15 AM
Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

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Jeane L. Hoffman (MRN: H0571976) • Printed at 12/13/19 8:38 AM Page 1 of 2 Epic

11/07/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents (continued)

Your Medication List as of November 7, 2019 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
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cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/24/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic

Reason for Visit

Chief complaint: Physical Therapy
Visit diagnoses:

- Imbalance (primary)
- Leg weakness, bilateral
- Fall, subsequent encounter

Visit Information

Provider Information

Encounter Provider	Referring Provider
Cosley, Kristina M, PT	Phelan, Elizabeth Anne, MD

Department

Name	Address	Phone	Fax
Harborview Medical Center Outpatient Physical Therapy Clinic	908 Jefferson ST Seattle WA 98104	206-744-1675	206-744-1664

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

10/24/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 1/13/2020
Quantity: 10 mL
Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/12/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Authorized by: Terry, Anne Catherine, ARNP
Ordered on: 9/26/2019
Start date: 9/26/2019
End date: 11/9/2019
Quantity: 30 tablet
Refill: No refills remaining

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Cosley, Kristina M, PT at 10/24/2019 0830

PHYSICAL THERAPY TREATMENT NOTE

Certification From*: 09/03/19
Certification To*: 11/02/19

Date of Symptom Onset*: 07/23/19

Start of Care Date*: 09/03/19

VISITS FROM SOC: 6
INTERPRETER STATUS (Not needed, Telephonic, In Person):not needed
Referring Provider: Phelan, E
Attending Physician: Phelan, E
Falls Doctor: Phelan, E
PCP: Neighbor Jr., William E, MD
Diagnosis: (R26.89) Imbalance (primary encounter diagnosis)

(R29.898) Leg weakness, bilateral

(W19.XXXD) Fall, subsequent encounter

PRECAUTIONS: Fall risk

Mechanism of Injury: falls
Was previously living at home with her son, with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who was hospitalized at Harborview Medical Center from 7/25/2019 until 8/5/2019 with pelvic fx, right RF and hemo-pneumothorax secondary to GLF. Was then at SNF at Kline Galland for PT/OT

Pertinent Medical/Surgical History/Current Medications that may affect progress in PT:

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer and inflammation, left (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia

- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Diabetic ulcer of lower extremity (HCC)
- Housing lack
- Suspected elder abuse
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer, bilateral (HCC)
- Bilateral leg edema
- Closed displaced fracture of left pubis with routine healing
- Acute blood loss anaemia
- Closed fracture of multiple ribs of left side with routine healing
- Hemopneumothorax
- Fall

SUBJECTIVE:
Patient's Statement: I was sitting on my 4 wheeled walker on the bus yesterday and it went around a corner really fast and I fell; I hit my head a little; denies nausea/vomiting; denies loss of conciousness states she was a little dizzy for short period afterward. Went to church and sat for 2 hours and it was really hard to stand afterward- too long sitting. I did walk from the car to the church. Did see doctor yesterday after fall on bus.

Time in: 0834

OBJECTIVE MEASURES/IMPAIRMENTS:
10/10/2019:
Gait speed 10 meter walk in 14.67 seconds with 4 wheeled walker
Bilateral shoulder flexion AROM = 140 without pain right shoulder

9/26/19:
Able to reach behind in seated to push with right upper extremity to stand
Able to perform AAROM flexion when instructed for right shoulder
Stood 20 minutes consecutive before sitting to rest, then got back up to do more therapy exercises
Min assist to CGA for sit to/from stand

TREATMENT/SKILLED INTERVENTION & EDUCATION:
Intervention 1: 97112 Neuromuscular re-education for 30 minutes

Review program: Verbal/tactile/demo cues provided; use of mirror for further feedback/training
Weight shifts/opposite heel lifts with 4 wheeled walker/chair 10 second hold; holding support (used // bars today)
Limits of stability 8 points walker/chair (used // bars today)
Mechanics for sit to/from stand

Progression: Verbal/tactile/demo cues provided; use of mirror for further feedback/training
Stepping in 6 directions and turning with 4 wheeled walker and in // bars

HOME EXERCISE PROGRAM (HEP):
From falls clinic:

Home Safety Checklist
CDC 4 points to prevent falls
How to get up from floor

From Physical Therapy:
Balance exercises at least 2 times per week: 5 reps each
Partial squats with 4 wheeled walker/chair
Weight shifts/opposite heel lifts with 4 wheeled walker/chair 10 second hold
Seated gastroc belt stretch 60 second holds x 2 twice daily
National Institute on Aging dvd
8 points limits of stability walker/chair
Stepping in all directions holding support

verbal instructions and demonstrations were provided for the above exercises
a handout was provided describing the exercises in written and picture format

Assessment / Patient Response to Therapy:
Current Status in Physical Therapy/response to intervention above: I continue to review with patient/family that they would benefit from a transport wheelchair as patient has now fallen twice during this course of Physical Therapy when using the 4 wheeled walker like a wheelchair which it is not intended for.

Patient will benefit from progression to program to reach Physical Therapy goals. Jeane did well with progression to dynamic balance stepping in all directions; may need 2 upper extremity support for backward stepping (can use 4 wheeled walker for this) otherwise she plans to use the bar she has at home for support.

Plan for next visit:
Review program
Progression:
turning steps
Self balance challenges

TREATMENT GOALS
Anticipated Discharge Date 3/2/20

LONG TERM GOALS (Functional Goals) **Patient's risk of future falls and risk for falls will be reduced, as demonstrated by:**	**To be met by Discharge**	**Current Level of Function / Participation Restrictions 9/3/2019**
5 time sit to stand in 15 seconds for independence in sit to stand transitional movement without the use of arms for rising to stand		Patient currently performs 0 chair sit to stands UE support
TUG of no more than 22 seconds with assistive device for adequate balance to perform sit to stand, walking and turning below fall risk cut off		Patient currently completes the TUG in 39.27 seconds with 4 wheeled walker
Single leg stance time of 6.5 seconds to allow weight shift for safe stepping up on curb or stair climbing		Patient currently performs single leg stance for 0 seconds

10/24/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

Gait Speed of 1 meters per second to to cross street safely		Patient's current gait speed is 0.63 with 4 wheeled walker assistive device
Functional reach of 7.4 inches for adequate balance to get dressed independently		Patient's current functional reach test is 7 inches
Number of falls is reduced to 0 in 3 consecutive months to decrease risk of injury from falls.		Patient currently reports last fall was 7/23/19 with fractures/injury
Patient reports 2-3 x week x 6 month participation in home based or community based balance training program with moderate challenge to demonstrate sustainability required to decrease fall risk		Patient currently reports some participation in lower extremity strengthening home exercise program.

Short Term Goals	To be met by	MET or UNMET / Date
Patient will demonstrate ability to properly weight shift to right/left lower extremity to progress toward single leg balance in future to reduce fall risk	10/3/19	10/10/2019 met
Patient will shift weight to 8 points limits of stability using ankle strategy to reduce loss of balance/falls during static standing activities	10/3/19	10/10/2019 met
Patient and son will verbalize understanding that current modified 4 wheeled walker is not safe for being pushed on or for walking as it has been adjusted by son	9/3/2019 met	9/3/19 met - as of 10/10/2019, they will be getting a wheelchair for safe transport
Patient will be able to use momentum to assist with powering up for sit to stand to decrease need to use bilateral upper extremity support to stand	10/3/19	10/10/2019 met for proper mechanics with bilateral upper extremity support
Patient will be able to step in all directions and turn without loss of balance to reduce fall risk during dynamic stepping daily activities in home/community	11/9/19	
Patient will be able to take appropriate recovery steps	12/9/19	

10/24/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

forward, lateral, backward to be able to catch self in case of loss of balance to avoid a fall		

PLAN:
Continue per treatment plan of care.
Pain will be addressed at the next plan of care review, and intermittently during daily visits as deemed appropriate by the provider. The focus of daily visits will be on function

Patient's learning needs, abilities, preferences and readiness per Initial POC were considered in this session.
Learning verified by teach back.

Kristina M Cosley, PT
6NJB Outpatient Physical and Hand Therapy Clinic
Harborview Medical Center
Phone: (206) 744- 1675 FAX: (206) 744-1664

Electronically signed by Cosley, Kristina M, PT at 10/24/2019 9:11 AM

Flowsheets

PT/OT Charges

Row Name	10/24/19 0910
Treatment Start Time	0834
Total Treatment Minutes	30 min
Total Timed Code Minutes	30 min
NEUROMUSC REED 1 OR >1 AREAS 97112 - Minutes	30

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

10/24/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976
10/24/2019 8:30 AM Harborview Medical Center Outpatient Physical Therapy Clinic 206-744-1675

Today's Visit

You saw Kristina M Cosley, PT on Thursday October 24, 2019. The following issues were addressed: Imbalance; Leg weakness, bilateral; and Fall, subsequent encounter.

What's Next

NOV 7 2019 — Return with Kristina M Cosley, PT
Thursday November 7 9:45 AM
Harborview Medical Center Outpatient Physical Therapy Clinic
908 Jefferson ST
Seattle WA 98104
206-744-1675

NOV 18 2019 — Return Patient Appointment with Nilufer B Norsworthy, MD
Monday November 18 10:00 AM
Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

DEC 3 2019 — Return Patient Appointment with Elizabeth A Phelan, MD
Tuesday December 3 10:40 AM (Arrive by 10:25 AM)
Harborview Falls Clinic
325 9TH Ave
Box 359945
Seattle WA 98104
206-744-4191

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

10/24/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

After Visit Summary (continued)

Your Medication List as of October 24, 2019 9:11 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG Tablet	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cephalexin 500 MG Capsule Commonly known as: KEFLEX	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/24/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents

After Visit Summary - Document on 10/24/2019 9:11 AM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976
10/24/2019 8:30 AM Harborview Medical Center Outpatient Physical Therapy Clinic 206-744-1675

Today's Visit

You saw Kristina M Cosley, PT on Thursday October 24, 2019. The following issues were addressed: Imbalance; Leg weakness, bilateral; and Fall, subsequent encounter.

What's Next

NOV 7 2019	Return with Kristina M Cosley, PT Thursday November 7 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
NOV 18 2019	Return Patient Appointment with Nilufer B Norsworthy, MD Monday November 18 10:00 AM	Northwest Hospital Wound Care & Hyperbaric Center 1560 N 115TH STREET, STE 201 SEATTLE WA 98133-8414 206-668-1244
DEC 3 2019	Return Patient Appointment with Elizabeth A Phelan, MD Tuesday December 3 10:40 AM (Arrive by 10:25 AM)	Harborview Falls Clinic 325 9TH Ave Box 359945 Seattle WA 98104 206-744-4191

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

10/24/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents (continued)

Your Medication List as of October 24, 2019 9:11 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG Tablet	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
cephalexin 500 MG Capsule Commonly known as: KEFLEX	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/23/2019 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Cellulitis of right lower extremity (primary)
- Vaccine counseling

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 15 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019

10/23/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

End date: 3/8/2025 Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/4/2019
Start date: 9/4/2019 End date: 9/16/2020
Quantity: 45 tablet Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/4/2019
Start date: 9/4/2019 End date: 1/13/2020
Quantity: 10 mL Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/4/2019
Start date: 9/4/2019 End date: 9/16/2020
Quantity: 90 tablet Refill: 6 refills by 9/3/2020

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD Ordered on: 10/23/2019
Start date: 10/23/2019 End date: 5/5/2021
Quantity: 28 capsule Refill: No refills remaining

ACETAMINOPHEN-CODEINE 300-30 MG tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/21/2020
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED
Authorized by: Neighbor Jr., William E, MD Ordered on: 11/12/2019
Start date: 11/12/2019 End date: 1/21/2020
Quantity: 15 tablet Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 10/23/2019 1020

Jeanne Leonie Hoffman is a 94 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  wound care etc

Jeanne is brought in by her son today because of redness of right lower leg without fever chills or sweats or drainage that his be present for about 3-4 days and worsening.

She is receiving would care from LE venous ulcer disease at NWH Wound Care Center. Her son is doing wound dressing changes at home in their new apartment. He would appreciate our nurses doing dressing change today.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Unspecified vitamin B deficiency [E53.9] 05/01/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic (HCC) [I82.509] 11/20/2006

Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006

10/23/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9] 10/10/2019
- Primary open angle glaucoma (POAG) of both eyes [H40.1130] 10/10/2019
- Fracture of humeral head, closed [S42.293A] 09/20/2019
- Fall [W19.XXXA] 09/03/2019
- Closed displaced fracture of left pubis with routine healing [S32.502D] 08/11/2019
- Acute blood loss anaemia [D62] 08/11/2019
- Closed fracture of multiple ribs of left side with routine healing [S22.42XD] 08/11/2019
- Hemopneumothorax [J94.2] 08/11/2019
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019
- Chronic venous hypertension with ulcer, bilateral [I87.313, L97.919, L97.929] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019
- Suspected elder abuse [T76.91XA] 01/11/2019
  Island Crest Terrace
  Pastor Dave OConnell 314.853.2695

  NW Justice Project Samthan Adam 206.707.0838
  APS Levon Gibson 360.473.2167

• Housing lack [Z59.0]	09/26/2018
• Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves [I70.232, I70.242]	09/24/2018
• Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909]	09/24/2018
• Vitamin D deficiency [E55.9]	07/09/2018
• Venous ulcer of left leg (HCC) [I83.029, L97.929]	06/07/2018
• Homeless [Z59.0]	06/07/2018
• Normocytic anemia [D64.9]	06/07/2018
• Severe protein-calorie malnutrition (HCC) [E43]	06/07/2018
• Urge urinary incontinence [N39.41]	06/07/2018
• Cellulitis of left leg [L03.116]	05/31/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323]	05/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223]	05/17/2018
• Chronic venous hypertension with ulcer and inflammation, left [I87.332, L97.929]	05/17/2018
• Primary osteoarthritis of both hips [M16.0]	02/01/2017
• Thrombocytopenia (HCC) [D69.6]	11/02/2016
• Imbalance [R26.89]	11/02/2016
• History of recurrent deep vein thrombosis (DVT) [Z86.718]	06/02/2016
• Hip joint stiffness [M25.659]	01/06/2015
• Leg weakness, bilateral [R29.898]	01/06/2015
• Weakness of trunk musculature [M62.81]	01/06/2015
• Pseudophakia, both eyes [Z96.1]	11/08/2014
• Urine incontinence [R32] Uses pads	08/27/2014
• Type 2 diabetes mellitus without complication (HCC) [E11.9] Year onset: Dx March 2007 Metformin discontinued 2011 as A1c in target range without it. Diet and weight controlled.	03/27/2007

Outpatient Medications Marked as Taking for the 10/23/19 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• [DISCONTINUED] ACETAMINOPHEN-CODEINE	TAKE ONE TABLET BY MOUTH DAILY	30 tablet	0

300-30 MG Oral Tablet	AS NEEDED ARTHRITIC PAIN AS NEEDED		
• atorvastatin 20 MG Oral Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn .		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.		
• MULTIPLE VITAMIN OR	Take by mouth.		
• pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol 0.5 % Ophthalmic Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.	10 mL	0

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 156/66 | Pulse 59 | LMP (Exact Date)
Estimated body mass index is 21.16 kg/m² as calculated from the following:
Height as of 8/20/19: 5' 1" (1.549 m).
Weight as of 11/25/19: 50.8 kg (112 lb).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 176/82	66	---	---	---	11:06 AM	10/23/2019
(!) 156/66	59	---	---	---	11:08 AM	10/23/2019

10/23/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Last blood pressure recorded in this encounter: **(!) 156/66**
General: NAD
Alert and interactive.
Right shoulder shows FROM following dx of non displaced greater tuberosity fracture in mid September for which he followed up with ortho and has been seeing PT.
Right lower extremity shows 5 inch diameter area of erythema and induration without drainage. No other erythema of note.

Lab and other tests: none

Assessment and Plan:
(L03.115) Cellulitis of right lower extremity (primary encounter diagnosis)
Patient with chronic venous stasis disease with ulceration of both lower extremities which improved markedly last summer during hospital stay for traumatic rib fracture at HMC. She has now developed area of redness and induration right lower leg mid portion consistent with cellutlitis. She has been afebrile.
Plan:
Treat as out patient with elevation and antibiotic Keflex for 7 days and expect marked improvement in two days. If not recheck

(Z71.89) Vaccine counseling
High dose flu vaccine today

Other:
Seen by nurse separately for dressing change.
Continue follow up at Northwest wound care clinic.
She is continuing to participate in physical therapy for balance and right shoulder non displaced greater tuberosity fracture dx 9.19.2019. Today she has FROM of right shoulder.

See me in 1 month.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 11/26/2019 2:19 PM

Pearson, Terri Jeanne, CMA at 10/23/2019 1020

Vaccine Screening Questions

Interpreter: No

1. Are you allergic to Latex? NO

2. Have you had a serious reaction or an allergic reaction to a vaccine? NO

3. Currently have a moderate or severe illness, including fever? NO

10/23/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

4. Ever had a seizure or any neurological problem associated with a vaccine? *(DTaP/TDaP/DTP pertinent)* NO

5. Is patient receiving any live vaccinations today? *(Varicella-Chickenpox, MMR-Measles/Mumps/Rubella, Zoster-Shingles, Flumist, Yellow Fever) NOTE: oral rotavirus is exempt* NO

If **YES** to any of the questions above – Do **NOT** give vaccine. Consult with RN or provider in clinic. (#5 can be YES if all Live vaccine questions are answered NO)

If **NO** to all questions above - Patient may receive vaccine.

6. Do you need to receive the Flu vaccine today? YES - Additional Flu Questions **Flu Vaccine Screening Questions:**

Ever had a serious allergic reaction to eggs? NO

Ever had Guillain-Barre syndrome associated with a vaccine? NO

Less than 6 months old? NO

If **YES** to any of the *Flu* questions above - NO Flu Vaccine to be given. Patient may consult provider as needed.

If **NO** to all questions above - Patient may receive Flu Shot (IM)

Is the patient requesting Flumist? NO

If between 6 months and 8 years of age, was flu vaccine received last year? N/A
If **NO** to above question:
- Children who are receiving influenza vaccine for the first time - administer 2 doses of the current influenza vaccine (separated by at least 4 weeks).

Influenza (high dose)

All patients are encouraged to wait 15 minutes before leaving after receiving any vaccine.

VIS given 10/23/2019 by Terri J Pearson, CMA

Was Jeanne Leonie Hoffman alert, oriented, and without adverse reaction after the vaccine was given y/n: YES.

Electronically signed by Pearson, Terri Jeanne, CMA at 11/23/2019 1:19 AM

Neighbor Jr., William E, MD at 10/23/2019 1020

xx

10/23/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Electronically signed by Neighbor Jr., William E, MD at 11/26/2019 2:20 PM

Watridge, Penelope A, RN at 10/23/2019 1020

TRIAGE WOUND CARE/DRESSING CHANGE

SUBJECTIVE:
Jeanne Leonie Hoffman is a 94 year old female presents for wound care of bilateral lower leg chronic wounds.
Wound hx:as per patient's son, she has had ulcerative lags for 3 years. Please see previous charting about them.

OBJECTIVE: erythematous, draining

ASSESSMENT: wound care/ dressing change for healing wound.

PLAN: Wound was cleansed with normal saline and clean, warm water. Her feet were placed in a large plastic bin and water poured from knee down to foot, one leg at a time.
Legs were patted dry with clean towel, lots of dead, flaky skin came off in the water and on the towel. Carefully dried between toes.
Vaseline impregnated gauze applied, AB gauze pads placed and bandaged with Coban.
Patient tolerated procedure well.

Advised patient to keep dressing in place and return for recheck in 2 days, as per the son's instructions from the wound clinic.

Advised pt to call and make an appointment with a provider if no improvement after 2-3 days of self –care or sooner if developing signs of infection.

Patient voiced understanding and agreement with plan.
Penelope A Watridge, RN

Electronically signed by Watridge, Penelope A, RN at 11/23/2019 1:19 AM

Immunizations Given

Immunization	Date
Influenza trivalent high-dose (Fluzone High-Dose)	10/23/2019

Other Orders

Immunization/Injection

influenza high dose vaccine trivalent PF (adult greater than 65yrs) 0.5 mL IM - 90662 (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/23/19 1130** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/23/19 1130 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/23/19 - Class: On Site
Quantity: 1

Medications

10/23/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

cephalexin (KEFLEX) 500 MG Oral Capsule (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 10/23/19 1130** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 10/23/19 1130 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine QID 10/23/19 - 7 days Class: Normal
Discontinued by: Neighbor Jr., William E, MD 05/05/21 1255 [Reorder]
Diagnoses
Cellulitis of right lower extremity [L03.115]
Admin instructions: For 7 days.

Indications

Cellulitis of right lower extremity [L03.115 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	10/23/19 1108	10/23/19 1106
BP	**156/66** !	**176/82** !
BP Cuff Size	Small	Small
BP Site	Left Arm	Right Arm
BP Position	Sitting	Sitting
Pulse	59	66

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/23/2019 10:20 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today
See your updated medication list for details.

Pick up these medications from any pharmacy with your printed prescription
cephalexin

What's Next

DEC 3 2019	Return Patient Appointment with Elizabeth A Phelan, MD Tuesday December 3 10:40 AM (Arrive by 10:25 AM)	Harborview Falls Clinic 325 9TH Ave Box 359945 Seattle WA 98104 206-744-4191
DEC 5 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday December 5 9:00 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
DEC 19 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday December 19 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
JAN 13 2020	Return Patient Appointment with Nilufer B Norsworthy, MD Monday January 13 10:15 AM	Northwest Hospital Wound Care & Hyperbaric Center 1560 N 115TH STREET, STE 201 SEATTLE WA 98133-8414 206-668-1244

Today's Visit

You saw William E Neighbor, MD on Wednesday October 23, 2019. The following issues were addressed: Cellulitis of right lower extremity and Vaccine counseling.

Blood Pressure 156/66

Pulse 59

Immunizations Given
influenza high dose vaccine trivalent PF

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List as of October 23, 2019 11:59 PM

If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG tablet	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
START **cephalexin** 500 MG capsule Commonly known as: KEFLEX	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol maleate 0.5 % ophthalmic solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/23/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 11/26/2019 2:20 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 10/23/2019 10:20 AM Hall Health Primary Care Center 206-685-1011

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cephalexin

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Blood Pressure 156/66
Pulse 59

Immunizations Given
influenza high dose vaccine trivalent PF

eCare Sign-Up

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Your Medication List as of October 23, 2019 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

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	acetaminophen-codeine 300-30 MG tablet	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
	Acidophilus 0.5 MG tablet	Take 1 tablet by mouth 2 times a day.
	atorvastatin 20 MG tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
	calcium carbonate 500 MG chewable tablet	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
START	**cephalexin** 500 MG capsule Commonly known as: KEFLEX	Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
	cholecalciferol 25 MCG (1000 UT) tablet	Take 2 tablets (2,000 Units) by mouth daily.
	MULTIPLE VITAMIN OR	Take by mouth.
	pentoxifylline ER 400 MG ER tablet	Take 1 tablet (400 mg) by mouth 3 times a day.
	timolol maleate 0.5 % ophthalmic solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnoses:

- Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary)
- Non-pressure chronic ulcer of left calf with necrosis of muscle
- Chronic venous hypertension with ulcer and inflammation, left
- Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- Diabetic ulcer of lower extremity

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Norsworthy, Nilufer Bozdemir, MD	Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 4 weeks (around 11/18/2019).

Level of Service

Level of Service
PROCEDURE VISIT ONLY NO LOS

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 1/13/2020
Quantity: 10 mL
Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/12/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Authorized by: Terry, Anne Catherine, ARNP
Ordered on: 9/26/2019
Start date: 9/26/2019
End date: 11/9/2019
Quantity: 30 tablet
Refill: No refills remaining

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Warner, Desiree E at 10/21/2019 1030

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Patient denies any changes to allergies or medications since last visit.

Wound Center Orders for Topical Lidocaine Wound Application:

Apply 2% topical gel or 4% topical liquid lidocaine to open wound prior to surgical debridement and assessment, not to exceed 10 ml.

Wound/Ulcer: #9, 10, 12, 13, 14, 15, 16
Anesthetic: lidocaine 2% topical gel

New Wounds:
#15 Right medial calf cluster, picture taken.
#16 Right Lateral Pretib/calf cluster, picture taken.

Electronically signed by Warner, Desiree E at 10/24/2019 7:43 AM

Null, Margaret K, RN at 10/21/2019 1030

Pt has 2 new wounds on the right leg. She is stable using the xeroform gauze. She will see us monthly.

Left lateral ankle, left medial ankle, right medial ankle, right pretib,:left pretib: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Electronically signed by Null, Margaret K, RN at 10/24/2019 7:43 AM

Norsworthy, Nilufer Bozdemir, MD at 10/21/2019 1030

PROGRESS NOTE
10/21/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with multiple bilateral lower leg ulcers with mixed vascular disease is seen today for Follow Up Visit

INTERVAL HISTORY: Both side lower leg ulcers are smaller, there are skin islands at wound beds. There is no inflammation with ulcers. Her leg pain is less bothersome. She is feeling good overall.
She is now living in an apartment with her son Louis, regular access to showers, regular meals, taking supplemental protein.
This is a patient with DM2, CLI with extensive atherosclerotic disease and chronic leg edema with venous hypertension. She was in hospital after two falls, hemopneumothorax and also fractured ribs and ramus pubis bone in early July. After a long hospital stay she was discharged to SNF where she rest well, legs were elevated and with better nutritional support. She actually gained some weight. She was recently discharged home to her son's (Louis) care.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever . Does have intense itch at both lower limbs and intermittent limb pain, mostly with ambulation. She walked with a walker.

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• acetaminophen 500 MG Oral Tab, 1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition, Disp: , Rfl:
• ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet, TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED , Disp: 30 tablet, Rfl: 0
• atorvastatin 20 MG Oral Tablet, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Calcium Carbonate 500 MG Oral Chew Tab, Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn., Disp: , Rfl:
• cephalexin (KEFLEX) 500 MG Oral Capsule, Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days., Disp: 28 capsule, Rfl: 0
• Cholecalciferol 1000 units Oral Tab, Take 2 tablets (2,000 Units) by mouth daily., Disp: , Rfl:
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• MULTIPLE VITAMIN OR, Take by mouth., Disp: , Rfl:
• pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 90 tablet, Rfl: 6
• timolol 0.5 % Ophthalmic Solution, One drop in each eye twice daily. Block tear duct for 1-2 minutes after use., Disp: 10 mL, Rfl: 0

EXAM:
Vital Signs: BP 115/60 | Pulse 60 | Temp 97.5 °F (36.4 °C) (Oral) | Resp 14 There is no height or weight on file to calculate BMI.

Edema: trace edema at ankles
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 30 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 33.3 cm
RLE Calf - Cm from the Medial Instep: 32 cm

Vascular: pedal pulses are diminished.
Left Lower:

Right Lower:

Wound Data:

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 287

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 287

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Date First Assessed/Time First Assessed: 04/25/19 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiolog...
Number of days: 182

Wound 04/25/19 #13 Left lat Calf (Active)

Date First Assessed/Time First Assessed: 04/25/19 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg U...
Number of days: 182

Wound 04/25/19 #14 Left lat Ankle (Active)

Date First Assessed/Time First Assessed: 04/25/19 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg ...
Number of days: 182

Wound 10/21/19 #15 Right medial calf culster (Active)

Date First Assessed/Time First Assessed: 10/21/19 1047 Date Acquired: 10/07/19 Wound Number: #15 Right medial calf culster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered ...
Number of days: 3

Wound 10/21/19 #16 Right Lateral Pretib/calf Cluster (Active)

Date First Assessed/Time First Assessed: 10/21/19 1050 Date Acquired: 10/07/19 Wound Number: #16 Right Lateral Pretib/calf Cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Cl...
Number of days: 3

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	10/21/2019 10:35 AM
Wound Length (cm)	4 cm	10/21/2019 10:35 AM
Wound Width (cm)	0.9 cm	10/21/2019 10:35 AM
Wound Depth (cm)	0.1 cm	10/21/2019 10:35 AM
Wound Volume (cm^3)	0.36 cm^3	10/21/2019 10:35 AM
Wound Healing %	96 cm	10/21/2019 10:35 AM
Wound Surface Area (cm^2)	3.6 cm^2	10/21/2019 10:35 AM
Exudate Amt	Moderate	10/21/2019 10:35 AM
Exudate Type	Serosanguineous	10/21/2019 10:35 AM

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Foul Odor After Cleansing	No	10/21/2019 10:35 AM
Granulation Amt	None Present	10/21/2019 10:35 AM
Necrosis	None Present	10/21/2019 10:35 AM
Slough	Large - 67-100%	10/21/2019 10:35 AM
Structure Exposed	UTA	10/21/2019 10:35 AM
Margin	Distinct, Outline Attached	10/21/2019 10:35 AM
Tunneling	UTA	10/21/2019 10:35 AM
Undermining	UTA	10/21/2019 10:35 AM
Peri-wound Assessment	Maceration	10/21/2019 10:35 AM
Temperature	No Abnormality	10/21/2019 10:35 AM

Number of days: 287

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	10/21/2019 10:35 AM
Wound Length (cm)	5.9 cm	10/21/2019 10:35 AM
Wound Width (cm)	4.5 cm	10/21/2019 10:35 AM
Wound Depth (cm)	0.2 cm	10/21/2019 10:35 AM
Wound Volume (cm^3)	5.31 cm^3	10/21/2019 10:35 AM
Wound Healing %	-136 cm	10/21/2019 10:35 AM
Wound Surface Area (cm^2)	26.55 cm^2	10/21/2019 10:35 AM
Exudate Amt	Moderate	10/21/2019 10:35 AM
Exudate Type	Serosanguineous	10/21/2019 10:35 AM
Foul Odor After Cleansing	No	10/21/2019 10:35 AM
Granulation Amt	None Present	10/21/2019 10:35 AM
Necrosis	None Present	10/21/2019 10:35 AM
Slough	Large - 67-100%	10/21/2019 10:35 AM
Structure Exposed	UTA	10/21/2019 10:35 AM
Margin	Distinct, Outline Attached	10/21/2019 10:35 AM
Tunneling	UTA	10/21/2019 10:35 AM
Undermining	UTA	10/21/2019 10:35 AM
Peri-wound Assessment	Maceration	10/21/2019 10:35 AM
Temperature	No Abnormality	10/21/2019 10:35 AM

Number of days: 287

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Thickness	Full thickness without exposed support structure	10/21/2019 10:35 AM
Wound Length (cm)	1.5 cm	10/21/2019 10:35 AM
Wound Width (cm)	2.2 cm	10/21/2019 10:35 AM
Wound Depth (cm)	0.2 cm	10/21/2019 10:35 AM
Wound Volume (cm^3)	0.66 cm^3	10/21/2019 10:35 AM
Wound Healing %	49 cm	10/21/2019 10:35 AM
Wound Surface Area (cm^2)	3.3 cm^2	10/21/2019 10:35 AM
Exudate Amt	Moderate	10/21/2019 10:35 AM
Exudate Type	Serosanguineous	10/21/2019 10:35 AM
Foul Odor After Cleansing	No	10/21/2019 10:35 AM
Granulation Amt	None Present	10/21/2019 10:35 AM
Necrosis	None Present	10/21/2019 10:35 AM
Slough	Large - 67-100%	10/21/2019 10:35 AM
Structure Exposed	UTA	10/21/2019 10:35 AM
Margin	Distinct, Outline Attached	10/21/2019 10:35 AM
Tunneling	UTA	10/21/2019 10:35 AM

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Undermining	UTA	10/21/2019 10:35 AM
Peri-wound Assessment	Maceration	10/21/2019 10:35 AM
Temperature	No Abnormality	10/21/2019 10:35 AM

Number of days: 182

Wound 04/25/19 #13 Left lat Calf (Active)

Thickness	Full thickness without exposed support structure	10/21/2019 10:35 AM
Wound Length (cm)	8.4 cm	10/21/2019 10:35 AM
Wound Width (cm)	7.5 cm	10/21/2019 10:35 AM
Wound Depth (cm)	0.2 cm	10/21/2019 10:35 AM
Wound Volume (cm^3)	12.6 cm^3	10/21/2019 10:35 AM
Wound Healing %	-500 cm	10/21/2019 10:35 AM
Wound Surface Area (cm^2)	63 cm^2	10/21/2019 10:35 AM
Exudate Amt	Moderate	10/21/2019 10:35 AM
Exudate Type	Serosanguineous	10/21/2019 10:35 AM
Foul Odor After Cleansing	No	10/21/2019 10:35 AM
Granulation Amt	Small - 1-33%	10/21/2019 10:35 AM
Necrosis	None Present	10/21/2019 10:35 AM
Slough	Large - 67-100%	10/21/2019 10:35 AM
Structure Exposed	Adipose	10/21/2019 10:35 AM
Margin	Distinct, Outline Attached	10/21/2019 10:35 AM
Tunneling	none	10/21/2019 10:35 AM
Undermining	none	10/21/2019 10:35 AM
Peri-wound Assessment	Maceration	10/21/2019 10:35 AM
Temperature	No Abnormality	10/21/2019 10:35 AM

Number of days: 182

Wound 04/25/19 #14 Left lat Ankle (Active)

Thickness	Full thickness without exposed support structure	10/21/2019 10:35 AM
Wound Length (cm)	4.5 cm	10/21/2019 10:35 AM
Wound Width (cm)	1.9 cm	10/21/2019 10:35 AM
Wound Depth (cm)	0.1 cm	10/21/2019 10:35 AM
Wound Volume (cm^3)	0.86 cm^3	10/21/2019 10:35 AM
Wound Healing %	46 cm	10/21/2019 10:35 AM
Wound Surface Area (cm^2)	8.55 cm^2	10/21/2019 10:35 AM
Exudate Amt	Moderate	10/21/2019 10:35 AM
Exudate Type	Serosanguineous	10/21/2019 10:35 AM
Foul Odor After Cleansing	No	10/21/2019 10:35 AM
Granulation Amt	None Present	10/21/2019 10:35 AM
Necrosis	None Present	10/21/2019 10:35 AM
Slough	Large - 67-100%	10/21/2019 10:35 AM
Structure Exposed	UTA	10/21/2019 10:35 AM
Margin	Distinct, Outline Attached	10/21/2019 10:35 AM
Tunneling	UTA	10/21/2019 10:35 AM
Undermining	UTA	10/21/2019 10:35 AM
Peri-wound Assessment	Maceration	10/21/2019 10:35 AM
Temperature	No Abnormality	10/21/2019 10:35 AM

Number of days: 182

Wound 10/21/19 #15 Right medial calf culster (Active)

Thickness	Full thickness without exposed	10/21/2019 10:35 AM

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

	support structure	
Wound Length (cm)	5 cm	10/21/2019 10:35 AM
Wound Width (cm)	4.9 cm	10/21/2019 10:35 AM
Wound Depth (cm)	0.1 cm	10/21/2019 10:35 AM
Wound Volume (cm^3)	2.45 cm^3	10/21/2019 10:35 AM
Wound Surface Area (cm^2)	24.5 cm^2	10/21/2019 10:35 AM
Exudate Amt	Moderate	10/21/2019 10:35 AM
Exudate Type	Serosanguineous	10/21/2019 10:35 AM
Foul Odor After Cleansing	No	10/21/2019 10:35 AM
Granulation Amt	Small - 1-33%	10/21/2019 10:35 AM
Necrosis	None Present	10/21/2019 10:35 AM
Slough	Large - 67-100%	10/21/2019 10:35 AM
Structure Exposed	UTA	10/21/2019 10:35 AM
Margin	Distinct, Outline Attached	10/21/2019 10:35 AM
Tunneling	none	10/21/2019 10:35 AM
Undermining	none	10/21/2019 10:35 AM
Peri-wound Assessment	Maceration	10/21/2019 10:35 AM
Temperature	No Abnormality	10/21/2019 10:35 AM

Number of days: 3

Wound 10/21/19 #16 Right Lateral Pretib/calf Cluster (Active)

Thickness	Full thickness without exposed support structure	10/21/2019 10:35 AM
Wound Length (cm)	6 cm	10/21/2019 10:35 AM
Wound Width (cm)	10 cm	10/21/2019 10:35 AM
Wound Depth (cm)	0.1 cm	10/21/2019 10:35 AM
Wound Volume (cm^3)	6 cm^3	10/21/2019 10:35 AM
Wound Surface Area (cm^2)	60 cm^2	10/21/2019 10:35 AM
Exudate Amt	Moderate	10/21/2019 10:35 AM
Exudate Type	Serosanguineous	10/21/2019 10:35 AM
Foul Odor After Cleansing	No	10/21/2019 10:35 AM
Granulation Amt	None Present	10/21/2019 10:35 AM
Necrosis	None Present	10/21/2019 10:35 AM
Slough	Large - 67-100%	10/21/2019 10:35 AM
Structure Exposed	UTA	10/21/2019 10:35 AM
Margin	Distinct, Outline Attached	10/21/2019 10:35 AM
Tunneling	UTA	10/21/2019 10:35 AM
Undermining	UTA	10/21/2019 10:35 AM
Peri-wound Assessment	Maceration	10/21/2019 10:35 AM
Temperature	No Abnormality	10/21/2019 10:35 AM

Number of days: 3

LABS:
No results found for: CBC
Hemoglobin A1C

Date	Value	Ref Range	Status
07/30/2019	6.5 (H)	4.0 - 6.0 %	Final
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final

No components found for: BMP
Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 10 / Description: wound bed and edges are covered with heavy bioburden with mild inflammation at edges
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: fat layer exposed
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~27 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements: Improved: Length 6cm X Width 4.6cm X Depth: 0.3cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT: This is a patient with advanced age, venous hypertension and limb ischemia with atherosclerotic disease and DM2 has been treated at our center for extensive bilateral lower limb ulcers. With improved living situations and nutritional support along with advanced wound care dressing infection control and intermittent debridement her ulcers have much improved.
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary encounter diagnosis)
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle
(I87.332, L97.929) Chronic venous hypertension with ulcer and inflammation, left
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
(E11.622, L97.909) Diabetic ulcer of lower extremity (HCC)

PLAN: We will continue current management.
Patient education took place regarding the treatment progress and further measures to address the condition. The patient was given an opportunity to ask questions.
It was a pleasure to see Ms. Hoffman at my clinic. Please do not hesitate to call me for any questions or concerns.
Treatment plan recommended at this time includes the following:
Jeanne was seen today for follow up visit.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with necrosis of muscle
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Non-pressure chronic ulcer of left calf with necrosis of muscle

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Chronic venous hypertension with ulcer and inflammation, left

- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf

- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Diabetic ulcer of lower extremity (HCC)

- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Patient Instructions

Left lateral ankle, left medial ankle, right medial ankle, right pretib,:left pretib: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Return in about 4 weeks (around 11/18/2019).

Nilufer B Norsworthy, MD

Electronically signed by Norsworthy, Nilufer Bozdemir, MD at 10/24/2019 7:43 AM

Flowsheets

Vital Data

Row Name	10/21/19 1037
BP	115/60
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Temp	36.4 °C
Temp src	Oral
Pulse	60
Pulse Regularity	Regular

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Resp	14
Pain Level	zero/ten

Wound Assessment/Care

Row Name	10/21/19 1035
Edema Assessment	Right Lower Extremity (RLE);Left Lower Extremity (LLE)
RLE Calf - Cm w/ Point of Measurement	33.3 cm
RLE Calf - Cm from the Medial Instep	32 cm
LLE Calf - Cm w/ Point of Measurement	30 cm
LLE Calf - Cm from the Medial Instep	32 cm
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	4 cm
Wound Width (cm)	0.9 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	0.36 cm^3
Wound Healing %	96 cm
Wound Surface Area (cm^2)	3.6 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Unable to Assess
Margin	Distinct, Outline Attached
Tunneling	UTA
Undermining	UTA
Peri-wound Assessment	Maceration
Temperature	No Abnormality
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Thickness	Full thickness without exposed support structure
Wound Length (cm)	5.9 cm
Wound Width (cm)	4.5 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	5.31 cm^3
Wound Healing %	-136 cm
Wound Surface Area (cm^2)	26.55 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Unable to Assess
Margin	Distinct, Outline Attached
Tunneling	UTA
Undermining	UTA
Peri-wound Assessment	Maceration
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	1.5 cm
Wound Width (cm)	2.2 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	0.66 cm^3
Wound Healing %	49 cm
Wound Surface Area (cm^2)	3.3 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Unable to Assess
Margin	Distinct, Outline Attached

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Tunneling	UTA
Undermining	UTA
Peri-wound Assessment	Maceration
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	8.4 cm
Wound Width (cm)	7.5 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	12.6 cm^3
Wound Healing %	-500 cm
Wound Surface Area (cm^2)	63 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Maceration
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	4.5 cm
Wound Width (cm)	1.9 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	0.86 cm^3
Wound Healing %	46 cm
Wound Surface Area (cm^2)	8.55 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Unable to Assess
Margin	Distinct, Outline Attached
Tunneling	UTA
Undermining	UTA
Peri-wound Assessment	Maceration
Temperature	No Abnormality
Wound Properties	Date First Assessed: 10/21/19 Time First Assessed: 1047 Date Acquired: 10/07/19 Wound Number: #15 Right medial calf culster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	5 cm
Wound Width (cm)	4.9 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	2.45 cm^3
Wound Surface Area (cm^2)	24.5 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Unable to Assess
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Maceration
Temperature	No Abnormality
Wound Properties	Date First Assessed: 10/21/19 Time First Assessed: 1050 Date Acquired: 10/07/19 Wound Number: #16 Right Lateral Pretib/calf Cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	6 cm
Wound Width (cm)	10 cm
Wound Depth (cm)	0.1 cm
Wound Volume	6 cm^3

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

(cm^3)	
Wound Surface Area (cm^2)	60 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Unable to Assess
Margin	Distinct, Outline Attached
Tunneling	UTA
Undermining	UTA
Peri-wound Assessment	Maceration
Temperature	No Abnormality

Patient Instructions

Left lateral ankle, left medial ankle, right medial ankle, right pretib,:left pretib: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Electronically signed by Null, Margaret K, RN at 10/21/2019 11:06 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
10/21/2019 10:30 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left lateral ankle, left medial ankle, right medial ankle, right pretib,:left pretib: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday October 21, 2019 for: Follow Up Visit.

Blood Pressure	Temperature (Oral)	Pulse	Respiration
115/60	97.5 °F	60	14

What's Next

OCT 23 2019 — Return Patient Appointment with William E Neighbor, MD
Wednesday October 23 10:20 AM (Arrive by 10:05 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

OCT 24 2019 — Return with Kristina M Cosley, PT
Thursday October 24 8:30 AM
Harborview Medical Center Outpatient Physical Therapy Clinic
908 Jefferson ST
Seattle WA 98104
206-744-1675

NOV 7 2019 — Return with Kristina M Cosley, PT
Thursday November 7 9:45 AM
Harborview Medical Center Outpatient Physical Therapy Clinic
908 Jefferson ST
Seattle WA 98104
206-744-1675

DEC 3 2019 — Return Patient Appointment with Elizabeth A Phelan, MD
Tuesday December 3 10:40 AM (Arrive by 10:25 AM)
Harborview Falls Clinic
325 9TH Ave
Box 359945
Seattle WA 98104
206-744-4191

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of October 21, 2019 11:06 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG Tablet	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Letters

Referral by Norsworthy, Nilufer Bozdemir, MD on 10/24/2019

Status: Sent
Letter body:

October 24, 2019

William E Neighbor Jr., MD
1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410

RE: Jeane Leonie Hoffman
DOB: 1/6/1925

Dear William E Neighbor Jr., MD:

Thank you for referring Jeane Hoffman to me for evaluation. Enclosed is a copy of my clinic note.

If you have questions please feel free to contact me at your convenience; I would be happy to review any concerns you have.

Sincerely,

Electronically signed by
Nilufer B Norsworthy, MD

CC: No Recipients

Visit Summary
Patient denies any changes to allergies or medications since last visit.

Wound Center Orders for Topical Lidocaine Wound Application:

Apply 2% topical gel or 4% topical liquid lidocaine to open wound prior to surgical debridement and assessment, not to exceed 10 ml.

Wound/Ulcer: #9, 10, 12, 13, 14, 15, 16
Anesthetic: lidocaine 2% topical gel

New Wounds:
#15 Right medial calf cluster, picture taken.
#16 Right Lateral Pretib/calf cluster, picture taken.

PROGRESS NOTE
10/21/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with multiple bilateral lower leg ulcers with mixed vascular disease is seen today for Follow Up Visit

INTERVAL HISTORY: Both side lower leg ulcers are smaller, there are skin islands at wound beds. There is no inflammation with ulcers. Her leg pain is less bothersome. She is feeling good overall. She is now living in an apartment with her son Louis, regular access to showers, regular meals, taking supplemental protein.
This is a patient with DM2, CLI with extensive atherosclerotic disease and chronic leg edema with venous hypertension. She was in hospital after two falls, hemopneumothorax and also fractured ribs and ramus pubis bone in early July. After a long hospital stay she was discharged to SNF where she rest well, legs were elevated and with better nutritional support. She actually gained some weight. She was recently discharged home to her son's (Louis) care.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever . Does have intense itch at both lower limbs and intermittent limb pain, mostly with ambulation. She walked with a walker.

Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• acetaminophen 500 MG Oral Tab, 1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition, Disp: , Rfl:
• ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet, TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED , Disp: 30 tablet, Rfl: 0
• atorvastatin 20 MG Oral Tablet, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Calcium Carbonate 500 MG Oral Chew Tab, Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn., Disp: , Rfl:
• cephalexin (KEFLEX) 500 MG Oral Capsule, Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days., Disp: 28 capsule, Rfl: 0
• Cholecalciferol 1000 units Oral Tab, Take 2 tablets (2,000 Units) by mouth daily., Disp: , Rfl:
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• MULTIPLE VITAMIN OR, Take by mouth., Disp: , Rfl:
• pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 90 tablet, Rfl: 6
• timolol 0.5 % Ophthalmic Solution, One drop in each eye twice daily. Block tear duct for 1-2 minutes after use., Disp: 10 mL, Rfl: 0

EXAM:
Vital Signs: BP 115/60 | Pulse 60 | Temp 97.5 °F (36.4 °C) (Oral) | Resp 14 There is no height or weight on file to calculate BMI.

Edema: trace edema at ankles

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 30 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 33.3 cm
RLE Calf - Cm from the Medial Instep: 32 cm

Vascular: pedal pulses are diminished.
Left Lower:

Right Lower:

Wound Data:

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 287

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 287

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)
Date First Assessed/Time First Assessed: 04/25/19 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiolog...
Number of days: 182

Wound 04/25/19 #13 Left lat Calf (Active)
Date First Assessed/Time First Assessed: 04/25/19 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg U...
Number of days: 182

Wound 04/25/19 #14 Left lat Ankle (Active)
Date First Assessed/Time First Assessed: 04/25/19 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg ...
Number of days: 182

Wound 10/21/19 #15 Right medial calf culster (Active)
Date First Assessed/Time First Assessed: 10/21/19 1047 Date Acquired: 10/07/19 Wound Number: #15 Right medial calf culster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered ...
Number of days: 3

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Wound 10/21/19 #16 Right Lateral Pretib/calf Cluster (Active)

Date First Assessed/Time First Assessed: 10/21/19 1050 Date Acquired: 10/07/19 Wound Number: #16 Right Lateral Pretib/calf Cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Cl...
Number of days: 3

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	10/21/2019 10:35 AM
Wound Length (cm)	4 cm	10/21/2019 10:35 AM
Wound Width (cm)	0.9 cm	10/21/2019 10:35 AM
Wound Depth (cm)	0.1 cm	10/21/2019 10:35 AM
Wound Volume (cm^3)	0.36 cm^3	10/21/2019 10:35 AM
Wound Healing %	96 cm	10/21/2019 10:35 AM
Wound Surface Area (cm^2)	3.6 cm^2	10/21/2019 10:35 AM
Exudate Amt	Moderate	10/21/2019 10:35 AM
Exudate Type	Serosanguineous	10/21/2019 10:35 AM
Foul Odor After Cleansing	No	10/21/2019 10:35 AM
Granulation Amt	None Present	10/21/2019 10:35 AM
Necrosis	None Present	10/21/2019 10:35 AM
Slough	Large - 67-100%	10/21/2019 10:35 AM
Structure Exposed	UTA	10/21/2019 10:35 AM
Margin	Distinct, Outline Attached	10/21/2019 10:35 AM
Tunneling	UTA	10/21/2019 10:35 AM
Undermining	UTA	10/21/2019 10:35 AM
Peri-wound Assessment	Maceration	10/21/2019 10:35 AM
Temperature	No Abnormality	10/21/2019 10:35 AM

Number of days: 287

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	10/21/2019 10:35 AM
Wound Length (cm)	5.9 cm	10/21/2019 10:35 AM
Wound Width (cm)	4.5 cm	10/21/2019 10:35 AM
Wound Depth (cm)	0.2 cm	10/21/2019 10:35 AM
Wound Volume (cm^3)	5.31 cm^3	10/21/2019 10:35 AM
Wound Healing %	-136 cm	10/21/2019 10:35 AM
Wound Surface Area (cm^2)	26.55 cm^2	10/21/2019 10:35 AM
Exudate Amt	Moderate	10/21/2019 10:35 AM
Exudate Type	Serosanguineous	10/21/2019 10:35 AM
Foul Odor After Cleansing	No	10/21/2019 10:35 AM
Granulation Amt	None Present	10/21/2019 10:35 AM
Necrosis	None Present	10/21/2019 10:35 AM
Slough	Large - 67-100%	10/21/2019 10:35 AM
Structure Exposed	UTA	10/21/2019 10:35 AM
Margin	Distinct, Outline Attached	10/21/2019 10:35 AM
Tunneling	UTA	10/21/2019 10:35 AM
Undermining	UTA	10/21/2019 10:35 AM
Peri-wound Assessment	Maceration	10/21/2019 10:35 AM
Temperature	No Abnormality	10/21/2019 10:35 AM

Number of days: 287

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Thickness	Full thickness without exposed support structure	10/21/2019 10:35 AM
Wound Length (cm)	1.5 cm	10/21/2019 10:35 AM
Wound Width (cm)	2.2 cm	10/21/2019 10:35 AM
Wound Depth (cm)	0.2 cm	10/21/2019 10:35 AM
Wound Volume (cm^3)	0.66 cm^3	10/21/2019 10:35 AM
Wound Healing %	49 cm	10/21/2019 10:35 AM
Wound Surface Area (cm^2)	3.3 cm^2	10/21/2019 10:35 AM
Exudate Amt	Moderate	10/21/2019 10:35 AM
Exudate Type	Serosanguineous	10/21/2019 10:35 AM
Foul Odor After Cleansing	No	10/21/2019 10:35 AM
Granulation Amt	None Present	10/21/2019 10:35 AM
Necrosis	None Present	10/21/2019 10:35 AM
Slough	Large - 67-100%	10/21/2019 10:35 AM
Structure Exposed	UTA	10/21/2019 10:35 AM
Margin	Distinct, Outline Attached	10/21/2019 10:35 AM
Tunneling	UTA	10/21/2019 10:35 AM
Undermining	UTA	10/21/2019 10:35 AM
Peri-wound Assessment	Maceration	10/21/2019 10:35 AM
Temperature	No Abnormality	10/21/2019 10:35 AM

Number of days: 182

Wound 04/25/19 #13 Left lat Calf (Active)

Thickness	Full thickness without exposed support structure	10/21/2019 10:35 AM
Wound Length (cm)	8.4 cm	10/21/2019 10:35 AM
Wound Width (cm)	7.5 cm	10/21/2019 10:35 AM
Wound Depth (cm)	0.2 cm	10/21/2019 10:35 AM
Wound Volume (cm^3)	12.6 cm^3	10/21/2019 10:35 AM
Wound Healing %	-500 cm	10/21/2019 10:35 AM
Wound Surface Area (cm^2)	63 cm^2	10/21/2019 10:35 AM
Exudate Amt	Moderate	10/21/2019 10:35 AM
Exudate Type	Serosanguineous	10/21/2019 10:35 AM
Foul Odor After Cleansing	No	10/21/2019 10:35 AM
Granulation Amt	Small - 1-33%	10/21/2019 10:35 AM
Necrosis	None Present	10/21/2019 10:35 AM
Slough	Large - 67-100%	10/21/2019 10:35 AM
Structure Exposed	Adipose	10/21/2019 10:35 AM
Margin	Distinct, Outline Attached	10/21/2019 10:35 AM
Tunneling	none	10/21/2019 10:35 AM
Undermining	none	10/21/2019 10:35 AM
Peri-wound Assessment	Maceration	10/21/2019 10:35 AM
Temperature	No Abnormality	10/21/2019 10:35 AM

Number of days: 182

Wound 04/25/19 #14 Left lat Ankle (Active)

Thickness	Full thickness without exposed support structure	10/21/2019 10:35 AM
Wound Length (cm)	4.5 cm	10/21/2019 10:35 AM
Wound Width (cm)	1.9 cm	10/21/2019 10:35 AM
Wound Depth (cm)	0.1 cm	10/21/2019 10:35 AM
Wound Volume (cm^3)	0.86 cm^3	10/21/2019 10:35 AM
Wound Healing %	46 cm	10/21/2019 10:35 AM

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Wound Surface Area (cm^2)	8.55 cm^2	10/21/2019 10:35 AM
Exudate Amt	Moderate	10/21/2019 10:35 AM
Exudate Type	Serosanguineous	10/21/2019 10:35 AM
Foul Odor After Cleansing	No	10/21/2019 10:35 AM
Granulation Amt	None Present	10/21/2019 10:35 AM
Necrosis	None Present	10/21/2019 10:35 AM
Slough	Large - 67-100%	10/21/2019 10:35 AM
Structure Exposed	UTA	10/21/2019 10:35 AM
Margin	Distinct, Outline Attached	10/21/2019 10:35 AM
Tunneling	UTA	10/21/2019 10:35 AM
Undermining	UTA	10/21/2019 10:35 AM
Peri-wound Assessment	Maceration	10/21/2019 10:35 AM
Temperature	No Abnormality	10/21/2019 10:35 AM

Number of days: 182

Wound 10/21/19 #15 Right medial calf culster (Active)

Thickness	Full thickness without exposed support structure	10/21/2019 10:35 AM
Wound Length (cm)	5 cm	10/21/2019 10:35 AM
Wound Width (cm)	4.9 cm	10/21/2019 10:35 AM
Wound Depth (cm)	0.1 cm	10/21/2019 10:35 AM
Wound Volume (cm^3)	2.45 cm^3	10/21/2019 10:35 AM
Wound Surface Area (cm^2)	24.5 cm^2	10/21/2019 10:35 AM
Exudate Amt	Moderate	10/21/2019 10:35 AM
Exudate Type	Serosanguineous	10/21/2019 10:35 AM
Foul Odor After Cleansing	No	10/21/2019 10:35 AM
Granulation Amt	Small - 1-33%	10/21/2019 10:35 AM
Necrosis	None Present	10/21/2019 10:35 AM
Slough	Large - 67-100%	10/21/2019 10:35 AM
Structure Exposed	UTA	10/21/2019 10:35 AM
Margin	Distinct, Outline Attached	10/21/2019 10:35 AM
Tunneling	none	10/21/2019 10:35 AM
Undermining	none	10/21/2019 10:35 AM
Peri-wound Assessment	Maceration	10/21/2019 10:35 AM
Temperature	No Abnormality	10/21/2019 10:35 AM

Number of days: 3

Wound 10/21/19 #16 Right Lateral Pretib/calf Cluster (Active)

Thickness	Full thickness without exposed support structure	10/21/2019 10:35 AM
Wound Length (cm)	6 cm	10/21/2019 10:35 AM
Wound Width (cm)	10 cm	10/21/2019 10:35 AM
Wound Depth (cm)	0.1 cm	10/21/2019 10:35 AM
Wound Volume (cm^3)	6 cm^3	10/21/2019 10:35 AM
Wound Surface Area (cm^2)	60 cm^2	10/21/2019 10:35 AM
Exudate Amt	Moderate	10/21/2019 10:35 AM
Exudate Type	Serosanguineous	10/21/2019 10:35 AM
Foul Odor After Cleansing	No	10/21/2019 10:35 AM
Granulation Amt	None Present	10/21/2019 10:35 AM
Necrosis	None Present	10/21/2019 10:35 AM
Slough	Large - 67-100%	10/21/2019 10:35 AM
Structure Exposed	UTA	10/21/2019 10:35 AM
Margin	Distinct, Outline Attached	10/21/2019 10:35 AM

Tunneling	UTA	10/21/2019 10:35 AM
Undermining	UTA	10/21/2019 10:35 AM
Peri-wound Assessment	Maceration	10/21/2019 10:35 AM
Temperature	No Abnormality	10/21/2019 10:35 AM

Number of days: 3

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
07/30/2019	6.5 (H)	4.0 - 6.0 %	Final
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 10 / Description: wound bed and edges are covered with heavy bioburden with mild inflammation at edges
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: fat layer exposed
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~27 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements: Improved:
Length 6cm X Width 4.6cm X Depth: 0.3cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT: This is a patient with advanced age, venous hypertension and limb ischemia with atherosclerotic disease and DM2 has been treated at our center for extensive bilateral lower limb ulcers. With improved living situations and nutritional support along with advanced wound care dressing infection control and intermittent debridement her ulcers have much improved.
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary encounter diagnosis)
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

(I87.332, L97.929) Chronic venous hypertension with ulcer and inflammation, left
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
(E11.622, L97.909) Diabetic ulcer of lower extremity (HCC)

PLAN: We will continue current management.
Patient education took place regarding the treatment progress and further measures to address the condition. The patient was given an opportunity to ask questions.
It was a pleasure to see Ms. Hoffman at my clinic. Please do not hesitate to call me for any questions or concerns.
Treatment plan recommended at this time includes the following:
Jeanne was seen today for follow up visit.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with necrosis of muscle
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Non-pressure chronic ulcer of left calf with necrosis of muscle
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Chronic venous hypertension with ulcer and inflammation, left
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Diabetic ulcer of lower extremity (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Patient Instructions
Left lateral ankle, left medial ankle, right medial ankle, right pretib,:left pretib: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Return in about 4 weeks (around 11/18/2019).

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Nilufer B Norsworthy, MD

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 10/21/2019 11:06 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
10/21/2019 10:30 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left lateral ankle, left medial ankle, right medial ankle, right pretib,:left pretib: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday October 21, 2019 for: Follow Up Visit.

Blood Pressure	Temperature (Oral)	Pulse	Respiration
115/60	97.5 °F	60	14

What's Next

OCT 23 2019	Return Patient Appointment with William E Neighbor, MD Wednesday October 23 10:20 AM (Arrive by 10:05 AM)	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011
OCT 24 2019	Return with Kristina M Cosley, PT Thursday October 24 8:30 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
NOV 7 2019	Return with Kristina M Cosley, PT Thursday November 7 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
DEC 3 2019	Return Patient Appointment with Elizabeth A Phelan, MD Tuesday December 3 10:40 AM (Arrive by 10:25 AM)	Harborview Falls Clinic 325 9TH Ave Box 359945 Seattle WA 98104 206-744-4191

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List as of October 21, 2019 11:06 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG Tablet	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Clinical - Scan on 10/22/2019 10:58 AM: IMG_0542.JPG

Scan (below)



10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Clinical - Scan on 10/22/2019 10:59 AM: IMG_0543.JPG

Scan (below)



10/21/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Clinical - Scan on 10/22/2019 10:59 AM: IMG_0544.JPG

Scan (below)



10/11/2019 - Office Visit in Sports Medicine Center at Harborview

Reason for Visit

Chief complaints: New Patient Consult and Shoulder Pain
Visit diagnosis: Closed displaced fracture of greater tuberosity of right humerus, initial encounter

Visit Information

Provider Information

Encounter Provider	Authorizing Provider	Referring Provider
Loveless, Melinda Susanne, MD	Loveless, Melinda Susanne, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Sports Medicine Center at Harborview	908 Jefferson St 5th Floor Seattle WA 98104	206-744-0401	206-744-9838

Level of Service

Level of Service
OFFICE OUTPATIENT NEW 30 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Medication List (continued)

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 45 tablet — Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 1/13/2020
Quantity: 10 mL — Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/12/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Authorized by: Terry, Anne Catherine, ARNP — Ordered on: 9/26/2019
Start date: 9/26/2019 — End date: 11/9/2019
Quantity: 30 tablet — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Loveless, Melinda Susanne, MD at 10/11/2019 1020

UW MEDICINE SPORTS & SPINE

REASON FOR VISIT/CONSULTATION:
New Patient Consult and Shoulder Pain (right)

HISTORY OF PRESENT ILLNESS:
Ms. Hoffman is a 94 year old right-hand dominant female referred by Dr. William Neighbor Jr. for the evaluation of right shoulder pain. The patient reports onset of pain after falling in early September. X-rays done a week or so after the injury demonstrated minimally displaced greater tuberosity fracture. She was referred for physical therapy and has been doing some exercises. She reports that there is really no pain at the shoulder at this time, and she feels she has full function and range of motion. No radiating pain down the arm.
She is here with her son today, and his main objective for the visit was to have someone to help convince her to do

regular exercises. It seems the 2 of them disagree of it on her performance of her exercises.

PAST MEDICAL HISTORY:

Past Medical History:

Diagnosis	Date
• Allergic rhinitis, cause unspecified	11/20/2006
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• Closed fracture of unspecified intracapsular section of neck of femur *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• Diabetes mellitus (HCC)	
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006
• Esophageal reflux	11/20/2006
• Impaired fasting glucose	3/22/2007
• Other convulsions *Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence*	11/20/2006
• PAD (peripheral artery disease) (HCC)	
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Ulcer of left lower extremity, limited to breakdown of skin *Chronic, Multiple sites of lower leg and ankle, with MSSA*	
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012

PAST SURGICAL HISTORY:

Past Surgical History:

Procedure	Laterality	Date
• TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

ALLERGIES:

Review of patient's allergies indicates:

Allergies

Allergen	Reactions

- Adhesives
- Aspirin — Other
- Nitrofurantoin — Other
  Confusion, loss of appetitie, nausea, abdominal pain
- Nitrofurantoin — Other
  confusion
- Penicillins — Rash
- Sulfa Antibiotics — Rash

MEDICATIONS:

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED	30 tablet	0
• atorvastatin 20 MG Oral Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn .		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.		
• MULTIPLE VITAMIN OR	Take by mouth.		
• pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol 0.5 % Ophthalmic Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.	10 mL	0

No current facility-administered medications for this visit.

FAMILY HISTORY:

Family History

Problem (# of Occurrences)	Relation (Name,Age of Onset)
No Known Problems (2)	**Mother**, **Father**

SOCIAL HISTORY:
Lives with son

REVIEW OF SYSTEMS:
Except for those mentioned in the HPI and any positives noted below, complete review of systems is negative.
+ falls, poor balance, leg pain

PHYSICAL EXAMINATION:
VITAL SIGNS: BP 124/44 | Pulse 68 .
Physical Exam
Constitutional: She is oriented to person, place, and time and well-developed, well-nourished, and in no distress.
HENT:
Head: Normocephalic and atraumatic.
Eyes: Conjunctivae and EOM are normal.
Pulmonary/Chest: Effort normal.
Neurological: She is alert and oriented to person, place, and time.
Skin: Skin is warm and dry. No rash noted. No erythema.
Psychiatric: Mood and affect normal.
MSK: Full symmetric range of motion of both shoulders without significant pain. Nontender to palpation around the right shoulder including the greater tuberosity. She has good strength of her right rotator cuff.

DIAGNOSTIC STUDIES:
I personally reviewed the following images with the patient.
X-rays right shoulder 9/19/19: Minimally displaced right greater tuberosity fracture

IMPRESSION:
1. Right shoulder pain, now resolved
2. Right greater tuberosity fracture

PLAN:
I discussed with the patient and her son the above exam and imaging findings as well as impression. As her symptoms are resolved at this time, recommend continuing with physical therapy exercises. Discussed with her the importance of regular exercise to try to prevent falls going forward.
Follow-up as needed.

Melinda S Loveless, MD
UW Sports and Spine Physicians
Clinical Assistant Professor
Rehabilitation Medicine

Electronically signed by Loveless, Melinda Susanne, MD at 10/11/2019 2:09 PM

10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Clinical Notes (continued)

Flowsheets

Vital Data

Row Name	10/11/19 1022
Weight	—
BP	124/44
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	68
Pain Level	zero/ten
Location of pain	Shoulder

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976

10/11/2019 10:20 AM Sports Medicine Center at Harborview 206-744-0401

Today's Visit

You saw Melinda S Loveless, MD on Friday October 11, 2019. The following issue was addressed: Closed displaced fracture of greater tuberosity of right humerus, initial encounter.

Blood Pressure	Pulse
124/44	68

What's Next

OCT 21 2019	Return Patient Appointment with Nilufer B Norsworthy, MD Monday October 21 10:30 AM	Northwest Hospital Wound Care & Hyperbaric Center 1560 N 115TH STREET, STE 201 SEATTLE WA 98133-8414 206-668-1244
OCT 23 2019	Return Patient Appointment with William E Neighbor, MD Wednesday October 23 10:20 AM (Arrive by 10:05 AM)	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011
OCT 24 2019	Return with Kristina M Cosley, PT Thursday October 24 8:30 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
NOV 7 2019	Return with Kristina M Cosley, PT Thursday November 7 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List as of October 11, 2019 2:09 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG Tablet	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Documents

After Visit Summary - Document on 10/11/2019 2:09 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976

10/11/2019 10:20 AM Sports Medicine Center at Harborview 206-744-0401

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Jeane L. Hoffman (MRN: H0571976) • Printed at 10/11/19 2:09 PM Page 1 of 2 Epic

Your Medication List as of October 11, 2019 2:09 PM

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timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Documents (continued)

Questionnaire - Scan on 10/16/2019 12:52 PM: U2731

Scan (below)

UW Sports Medicine Center
Personal Health History
(To be completed by patient)

10 / 11 / 19
MO / DA / YEAR
Today's Date

Allore Hoffman — Last Name
Jeanne Leo — First Name
Leonie — Middle Name

1 / 6 / 25
MO / DA / YEAR
Date of Birth

Hall Health Dr. Neighbor — Referral Source
(360) 649-5702 — Telephone Number

Dominant Hand: ☒ R ☐ L Age: 94.10 Sex: ☐ M ☒ F

ONSET:
When did your most recent episode of pain begin? 9 / 23 / 19
MO / DA / YEAR

How did the current episode of pain occur? *(check all that apply)*

- ☐ Gradual onset
- ☒ Fall
- ☐ Direct blow
- ☐ Reaching
- ☒ Twisting
- ☐ Bending
- ☐ Lifting
- ☐ Pushing
- ☐ Pulling
- ☐ Don't know
- ☒ Other: Sink Hole /

Was your injury the result of one of the following?

- ☒ Vehicle accident Walker chair
- ☐ Recreational accident
- ☐ On-the-job injury
- ☐ Non-work-related accident
- ☐ No known cause

If your injury was work-related, what is your L&I or Workers' Compensation claim number? Medicar AB etc
Please briefly describe the onset of your pain and the events that preceded the onset:

Ferry forced Pedestrians to Alaska Construction Area to Access Bus on 1st, 2nd & 3rd Ave Heading to Harborview. In th Sink Hole, Resting Shoulder & Rim, other Pedestrians Saw the incident & providing Aid to lift walker chair out of Sink Hole, no incidents reported at that time. Next day Shoulder arm movement Pain/discomfort. No Broken/fracture observed in Hall Health X rays

Do you find this injury was your employer's or another person's fault? Yes ☒ No ☐

Washington State Ferry & Alaska Way Construction & Seattle Dept of Transportation

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HOFFMAN
JEANNE
LEONIE
HMC SPORTS MEDICINE CENTER
DOS:10/11/19 LOVELESS, MELINDA S*
Enc:1841352375 RES:37786768

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PERSONAL HEALTH HISTORY SPORTS
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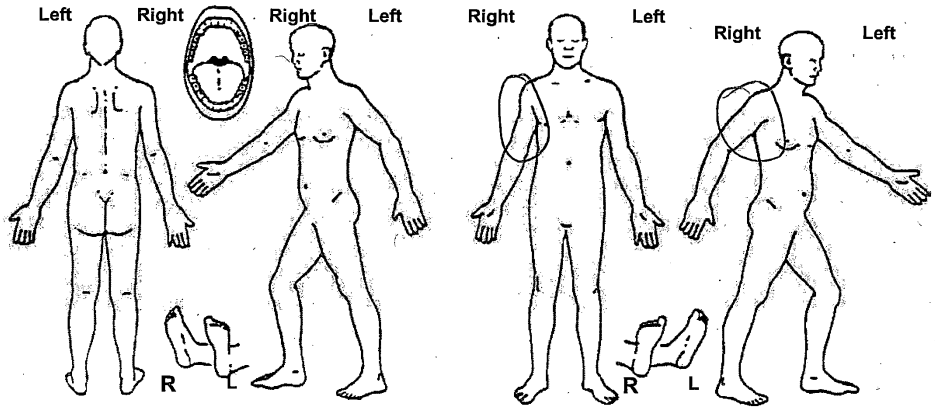
10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Documents (continued)

CURRENT STATUS:
Using any or all of the symbols from the box on the right, mark the areas on the drawings below where you now feel your typical pain. Include all affected areas.

SYMBOLS:
Ache: >>>>> **Pins & Needles** oooooo
Numbness: = = = = **Stabbing:** //////////



Do you have back or leg pain? ☒ No ☐ Yes **If yes, please answer the following 3 questions:**
1. Which is worse, your back pain or your leg pain? ☒ back pain ☐ leg pain ☐ about equal
2. Do you often have just back pain without leg pain? ☒ Yes ☐ No
3. Do you often have just leg pain without back pain? ☒ Yes ☐ No

Do you have neck or arm pain? ☐ No ☒ Yes **If yes, please answer the following 3 questions:**
1. Which is worse, your neck pain or your arm pain? ☐ neck pain ☒ arm pain ☐ about equal
2. Do you often have just neck pain without arm pain? ☐ Yes ☒ No
3. Do you often have just arm pain without neck pain? ☒ Yes ☐ No

In the last week, how many days did you have your usual pain? Circle one number:
0 1 2 3 4 5 6 7

In the last week, during an average day, how much of the time were you in pain because of your back/neck/joint problems? Check one box:
☐ Less than 1 hour per day ☐ Between 1 and 4 hours per day ☒ Between 4 and 8 hours per day
☒ Almost any time I was awake ☐ Almost 24 hours per day and night

Check the worst and best times for your pain:

WORST	**BEST**
☒ First awakening	☐ First awakening
☒ Morning	☐ Morning
☐ Afternoon	☒ Afternoon
☐ Evening	☒ Evening
☐ Night time	☐ Night time

If you have **NIGHT** pain, does it:
☒ Prevent you from falling asleep?
☒ Awaken you at night?
☐ Hurt worse when lying down at night than during the day?

What do each of the following activities do to your pain?

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10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Documents (continued)

	No Change	Relieves Pain	Increases Pain	After how long of that activity?
Sitting				
Walking				
Standing				
Lying down				
Bending forward				
Bending backward				
Lifting				
Coughing/sneezing				
Changing positions				

What do you do to relieve your pain?
1) _____ 3) _____
2) _____ 4) _____

PAIN INTENSITY (Please circle one number for each question.)	No Pain										Pain as bad as could be
How intense is your pain right now?	0	1	2	3	4	5	6	7	8	9	10
In the PAST WEEK, how intense was your WORST pain?	0	1	2	3	4	5	6	7	8	9	10
In the PAST WEEK, how would you rate your LEAST pain?	0	1	2	3	4	5	6	7	8	9	10
In the PAST WEEK, how would you rate your AVERAGE pain?	0	1	2	3	4	5	6	7	8	9	10

How would you describe your **overall** severity of pain **over the past few months**?
___ Minimal pain
___ Mild, but can live with it
___ Moderate; I am having difficulty dealing with it
___ Severe, it is ruining my quality of life

PROGRESSION:
How is your current back/neck/joint pain, compared to when this pain episode first started?
___ Much improved__X__Somewhat improved_____No change_____A little worse_____Much worse_____N/A

How is your current leg/arm pain, compared to when this pain episode started?
___ Much improved__X__Somewhat improved_____No change_____A little worse_____Much worse_____N/A

How much change do you expect in your pain 6 months from now?
___ Worse_____No change_____Somewhat improved__X__Much improved_____Total relief

H0571976 BD:1/06/1925 94Y F
HOFFMAN
JEANNE
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10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Documents (continued)

CURRENT FUNCTION:
When your back / neck / joint hurts, you may find it difficult to do some of the things you normally do. This list contains some sentences that people have used to describe themselves when they have back / neck / joint pain. When you read them, you may find that some stand out because they describe you **TODAY**. As you read the list, think of yourself **TODAY**. When you read a sentence that describes you **TODAY**, put an "**X**" next to it. If the sentence does not describe you, then leave the space blank and go on to the next one. Remember, only "**X**" the sentence if you are sure that it describes you **TODAY**.

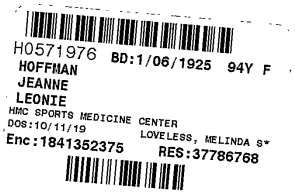
___ 1) I stay at home most of the time because of my back / neck / joint.
___ 2) I change position frequently to try and get my back / neck / joint comfortable.
___ 3) I walk more slowly than usual because of my back / neck / joint.
___ 4) Because of my back / neck / joint, I am not doing any of the jobs that I usually do around the house.
___ 5) Because of my back / neck / joint, I use a handrail to get up stairs.
___ 6) Because of my back / neck / joint, I lie down to rest more often.
___ 7) Because of my back / neck / joint, I have to hold on to something to get out of an easy chair.
___ 8) Because of my back / neck / joint, I try to get other people to do things for me.
___ 9) I get dressed more slowly than usual because of my back / neck / joint.
___ 10) I only stand for short periods of time because of my back / neck / joint.
___ 11) Because of my back / neck / joint, I try not to bend or kneel down.
___ 12) I find it difficult to get out of a chair because of my back / neck / joint.
___ 13) My back / neck / joint is painful almost all the time.
___ 14) I find it difficult to turn over in bed because of my back / neck / joint pain.
___ 15) My appetite is not very good because of my back / neck / joint pain.
___ 16) I have trouble putting on my socks (or stockings) because of the pain in my back / neck / joint.
___ 17) I only walk short distances because of my back / neck / joint.
___ 18) I sleep less well because of my back / neck / joint.
___ 19) Because of my back / neck / joint pain, I get dressed with help from someone else.
___ 20) I sit down for most of the day because of my back / neck / joint.
___ 21) I avoid heavy jobs around the house because of my back / neck / joint.
___ 22) Because of my back / neck / joint pain, I am more irritable and bad tempered with people than usual.
___ 23) Because of my back / neck / joint, I go up stairs more slowly than usual.
___ 24) I stay in bed most of the time because of my back / neck / joint.

What are some of your **usual** recreational activities that you participated in the **YEAR BEFORE** your current problem?
Place an "X" in front of those you currently cannot perform:

(___) _____ (___) _____
(___) _____ (___) _____
(___) _____ (___) _____

How often do you have to stop your activities and sit down or lie down to control your pain?

___ Never
___ Occasionally
___ Approximately once per day
___ Several times per day
___ I spend almost all day lying or sitting to control my pain



10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Documents (continued)

DIAGNOSTIC TESTS:
Which of the following diagnostic tests have been done on your **back/neck**? Please indicate date for "yes" answers.

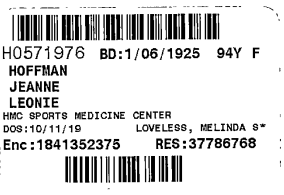
Workup	No	Yes	Approximate Date	Workup	No	Yes	Approximate Date
Regular x-rays	___	___	_____	Bone scan	___	___	_____
MRI scan	___	___	_____	Discogram	___	___	_____
CT scan	___	___	_____	EMG / SSEP	___	___	_____
Myelogram	___	___	_____	Bone density	___	___	_____
Other _____	___	___	_____				

TREATMENTS:
Please list the physicians, chiropractors, osteopaths and/or physical therapists you have seen within the **LAST YEAR** for your back / neck / joint pain, along with the approximate dates.

Provider Name	Type of Provider	Address	Approximate Dates

Put an "**X**" next to each treatment you have had for your back / neck / joint pain in the past or currently. For each treatment you have had, circle **Yes** or **No** in each column.

	Treatment	Currently Using?		Effect of Treatment: Helped?		Made symptoms worse?	
___	Home exercise program	Yes	No	Yes	No	Yes	No
___	Bed rest	Yes	No	Yes	No	Yes	No
___	Hot packs / ice	Yes	No	Yes	No	Yes	No
___	TENS unit for home use	Yes	No	Yes	No	Yes	No
___	Back brace	Yes	No	Yes	No	Yes	No
___	Physical therapy	Yes	No	Yes	No	Yes	No
___	Massage	Yes	No	Yes	No	Yes	No
___	Chiropractic treatment	Yes	No	Yes	No	Yes	No
___	Osteopathic manipulation	Yes	No	Yes	No	Yes	No
___	Acupuncture	Yes	No	Yes	No	Yes	No
___	Epidural injections	Yes	No	Yes	No	Yes	No
___	Facet injections	Yes	No	Yes	No	Yes	No
___	Local (trigger point) injections	Yes	No	Yes	No	Yes	No
___	Joint injections	Yes	No	Yes	No	Yes	No
___	Other _____	Yes	No	Yes	No	Yes	No



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UH2731 REV NOV 18

10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Documents (continued)

Have you ever received care from a mental health professional?____Yes_____No

If yes, briefly explain: _____

Are you receiving mental health care for your current pain problem?____Yes_____No

If yes, briefly explain: _____

PREVIOUS BACK/NECK/JOINT HISTORY:

Have you had **any** previous back/neck/joint symptoms (other than the current problem) severe enough to seek professional help?____Yes_____No_____Just those mentioned above

If yes, how long ago and briefly explain: _____

_____

Were any of these previous episodes the result of a job injury or motor vehicle accident?____Yes_____No

If yes, please explain: _____

_____

Please list approximate dates off work for more than two weeks due to these **previous** injuries: _____

_____

Were you compensated for any of the above injuries via disability coverage (e.g., workers' compensation) or a legal settlement?____Yes_____No

If yes, please explain: _____

_____

Including this current episode, about how many episodes of back/neck/joint pain have you had within the last two years that have been severe enough to see a physician? _____

If you have had **surgery** on your back/neck (including chymopapain), please fill in the following for each operation:

Date	Type of Surgery & Surgeon	Pain After Surgery: *Worse*	*Same*	*Better*	*(MD Use Only)*
_____	_____	____	____	____	_____
_____	_____	____	____	____	_____
_____	_____	____	____	____	_____
_____	_____	____	____	____	_____

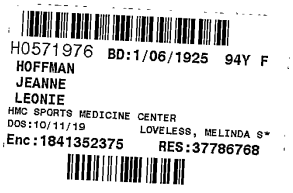
SLEEP:

Have you had any of these sleep problems at least half the days of the past month?

- Trouble falling asleep when you first go to bed ____Yes_____No
- Waking up during the night and not easily going back to sleep ____Yes_____No
- Waking up in the morning earlier than planned or desired ____Yes_____No
- Feeling unsatisfied or not rested by your night's sleep ____Yes_____No
- Feeling excessively sleepy during the day (does not include regular naps) ____Yes_____No

How many hours per night do you sleep currently, on average? _____

Did your sleep problems exist prior to your current pain problem?_____Yes_____No_____No sleep problems now



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10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Documents (continued)

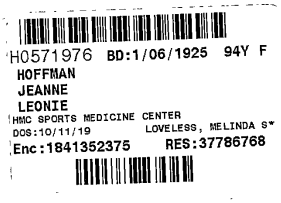
GENERAL HEALTH HISTORY:
Who is your primary care physician?

Name:_____Phone: (____) _____

Address:_____

When was your last complete checkup? _____

1.	Have you ever had a **heart attack**?	☐ No	☐ Yes
2.	Have you ever been treated for **heart failure** (the doctor may have told you that you had fluid in your lungs or that your heart was not pumping well)?	☐ No	☐ Yes
3.	Have you had an operation to unclog or **bypass the arteries in your legs**?	☐ No	☐ Yes
4.	Have you had a **stroke**, cerebrovascular accident, blood clot or bleeding in the brain, or transient ischemic attack (TIA)?	☐ No	☐ Yes
4a.	Do you have difficulty moving an arm or leg as a result of a stroke or cerebrovascular accident?	☐ No	☐ Yes
5.	Do you have **asthma**? **If yes**, do you take medications for your asthma? ___ No___Yes, only with asthma flare-ups____Yes, regularly	☐ No	☐ Yes
6.	Do you have **emphysema,** chronic **bronchitis**, or chronic obstructive lung disease? **If yes**, do you take medications for it? ___ No Yes, only with flare-ups___Yes, regularly	☐ No	☐ Yes
7.	Do you have stomach **ulcers** or peptic ulcer disease?	☐ No	☐ Yes
8.	Do you have **diabetes** (high blood sugar)?	☐ No	☐ Yes
9.	Has the **diabetes caused problems** with your kidneys, eyes, or skin?	☐ No	☐ Yes
10.	Have you ever had problems with your **kidneys** (high creatinine, dialysis, transplant)?	☐ No	☐ Yes
11.	Do you have **rheumatoid arthritis** or **lupus**? **If yes**, do you take medications regularly for it?____No____Yes	☐ No	☐ Yes
12.	Do you have **Alzheimer's disease** or another form of dementia?	☐ No	☐ Yes
13.	Do you have **hepatitis**, **cirrhosis**, or serious **liver** damage?	☐ No	☐ Yes
14.	Do you have **leukemia** or polycythemia vera?	☐ No	☐ Yes
15.	Do you have **lymphoma**?	☐ No	☐ Yes
16.	Do you have **cancer**, other than skin cancer, leukemia, or lymphoma?	☐ No	☐ Yes
17.	Do you have **AIDS/HIV**?	☐ No	☐ Yes
18.	Have you ever had problems with **bleeding** or **blood clots**?	☐ No	☐ Yes
19.	Do you have any chronic **persistent/bothersome** pain in any other parts of your body?	☐ No	☐ Yes
20.	Do you have any other **bone/joint** problems?	☐ No	☐ Yes



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10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Documents (continued)

Do you have any other current medical or pain problems?_____No ____Yes If yes, please list:

1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

Please list any **non**-back / neck / joint surgeries you have had and the approximate date of each one:

1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

REVIEW OF SYSTEMS:

Please put an X next to any of the symptoms you have had during the **past year**:

___ Unexplained fevers
___ Night sweats
___ Chills
___ Unintended weight loss of 10 lb. or more
___ Loss of appetite
___ Excessive fatigue
___ Problem with depression
___ Unusual stress at work life
___ Easy bruising
___ Excessive bleeding
___ Any lumps in neck, armpits or groin
___ Chest pain or tightness
___ Persistent or unusual cough
___ Trouble breathing with exercise
___ Trouble breathing lying flat
___ Coughing up blood
___ Swollen ankles
___ Stomach pain
___ Nausea/vomiting
___ Change in bowel habits
___ Excessive constipation
___ Persistent diarrhea
___ Dark black stools
___ Blood in stools
___ Pain or burning when urinating
___ Difficulty urinating (starting or stopping)
___ Blood in urine
___ Need to urinate more at night
___ Need to urinate more often
___ Urinary urgency
___ Loss of bladder control or accidents
___ Problems with sexual function
___ Loss of sensation around the groin or buttocks
___ Generalized morning stiffness
___ Persistent eye redness
___ Muscle tenderness
___ Dry eyes or mouth
___ Skin rashes
___ Joint pain or swelling. List joints: _____
___ Anemia
___ Loss of balance
___ Dizziness
___ Gait disturbance

Please explain any symptoms marked: _____

_____

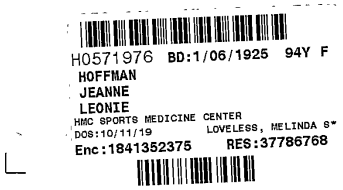
_____

_____

WOMEN ONLY (please put an "**X**" next to any of the following that apply):

___ Vaginal bleeding other than at the time of your menstrual period
___ Pap smear within the last 2 years
___ Currently having painful menstrual periods that interfere with usual work or activities
___ Back pain increases with menstrual periods
___ Pregnant or possibly pregnant
___ Perform monthly breast self-exam
___ Mammogram within the last 2 years
___ Take over 1000 mg of calcium daily

Date of last pelvic exam: _____
Pap smear normal?_____Yes_____No



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10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Documents (continued)

MEDICATIONS:

List all medications (prescription and non-prescription) that you are currently taking. Put a "*" (star) next to the ones you are taking for your back / neck / joint.

Medication	Dosage/Frequency	How long have you been taking this?	Reason for taking:

ALLERGIES:

Please list allergies to medications or other allergies.

Name of Medication	Reaction

Other Allergies (e.g., food, pollen, latex)	Reaction

If more space is needed, please list on a separate sheet.

FAMILY HISTORY:

		Living?	Age or age at death	Present health or cause of death
Father		___ Yes____No		
Mother		___ Yes____No		
Brothers	#Living	____		
	#Deceased	____		
Sisters	#Living	____		
	#Deceased	____		
Children	#Living	____		
	#Deceased	____		

Significant medical conditions in other family members: _____

H0571976 BD:1/06/1925 94Y F
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JEANNE
LEONIE
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DOS:10/11/19 LOVELESS, MELINDA S*
Enc:1841352375 RES:37786768

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10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Documents (continued)

SOCIAL HISTORY:
Habits:
Have you ever smoked?____No_____Yes Age began: ____ *Check all that apply:* Cigarettes Cigars Pipe
During the time you smoke(d), indicate the average number of cigarettes smoked daily:
___ less than 1 pack per day_____1 pack per day_____1 to 2 packs per day_____more than 2 packs per day
If you've quit smoking, at what age? _____

How often do you have a drink containing alcohol?

___ Never____Monthly or less_____2-4 times a month_____2-3 times a week_____4 or more times a week

How many drinks containing alcohol do you have on a typical day when you are drinking?

____ 1 or 2 ____3 or 4 ____5 or 6 ____7 to 9 ____10 or more

How often do you have six or more drinks on one occasion?

___ Never_____Less than monthly_____Monthly ___Weekly_____Daily or almost daily

Have you ever used alcohol to control your pain?_____Yes_____No

Mood: (Check one box on each line.)

How much time during the **past four weeks...**	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Have you been very nervous?	☐	☐	☐	☐	☐
Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐
Have you felt calm and peaceful?	☐	☐	☐	☐	☐
Have you been happy?	☐	☐	☐	☐	☐

Over the **last two weeks**, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	☐	☐	☐	☐
Feeling down, depressed, or hopeless	☐	☐	☐	☐

Education: How much have you completed?

☐ Less than high school ☐ Graduated from high school/GED ☐ Vocational School
☐ Some college ☐ Graduated from college ☐ Post graduate degree

Marital status: What is your current **marital status**?

☐ Never married ☐ Living with significant other ☐ Married
☐ Separated ☐ Divorced ☐ Widowed

Stress: Have you had a stress or change in a significant relationship within the past 12 months?____No____Yes
If yes, explain briefly: _____

Have you ever considered yourself a victim of physical, emotional, or sexual abuse?____No ___Yes
Language: Are you fluent in English?_____Yes _____No Other language: _____


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10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Documents (continued)

OCCUPATIONAL HISTORY:
Employer: _____ Date of Hire: _____ Usual occupation: _____

Briefly describe your job: _____

How physically demanding is your job?
___ Very heavy (frequently lifting > 50 pounds)
___ Heavy (frequently lifting 25-50 pounds)
___ Moderate (frequently lifting 10-25 pounds)
___Light (frequently lifting < 10 pounds)
___Sedentary (essentially no lifting)

Work status at the **time of onset of this episode** of back / neck / joint pain:
___ Permanent disability (pension, SSDI)
___ Regular: full time
___ Regular: part time
___ Working, modified job (e.g., light duty)
___ Temporary disability (e.g., workers' compensation)
___Retired
___Not currently in workforce/homemaker/student
___On public assistance
___Unemployed, looking for work

Work status **today**:
___ Permanent disability (pension, SSDI)
___ Regular: full time
___ Regular: part time
___ Working, modified job (e.g., light duty)
___ Temporary disability (e.g., workers' compensation)
___Retired
___Not currently in workforce/Homemaker/Student
___On public assistance
___Unemployed, looking for work

How satisfied are you with your job?
___ Very satisfied ___Satisfied ___Dissatisfied ___It is the worst job I've ever had ____N/A

If your back / neck / joint got completely better during the next few weeks, do you think your employer would let you return to the job you had before this episode of back / neck / joint pain?
___ Yes ___Probably ___Doubt it ___Definitely not ___N/A

Is your employer able and willing to offer you job accommodations (e.g., light duty, part-time work, flexible schedule, special equipment) if needed to allow you to work? _____Yes _____No _____N/A

How certain are you that you will be working in 6 months? (Circle one)

0	1	2	3	4	5	6	7	8	9	10	N/A
Not at all certain										Extremely certain	Work not relevant

Are you planning to apply for Social Security Disability (SSDI) or other disability (e.g., workers' compensation)?
____ Yes_____No

Has your employer treated you fairly?____Yes_____No_____N/A
If no, please explain: _____

Has anyone in your family been on disability coverage?____Yes_____No
If yes, what is their relationship to you? _____

____Yes_____No Is a lawyer helping you with a claim or lawsuit related to your current pain or other symptoms?
If yes, explain briefly:_____
_____

_____

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10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Documents (continued)

DEMOGRAPHICS:

What is your **race**?

☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African-American
☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian ☐ Other/Unknown _____
☐ More than one race

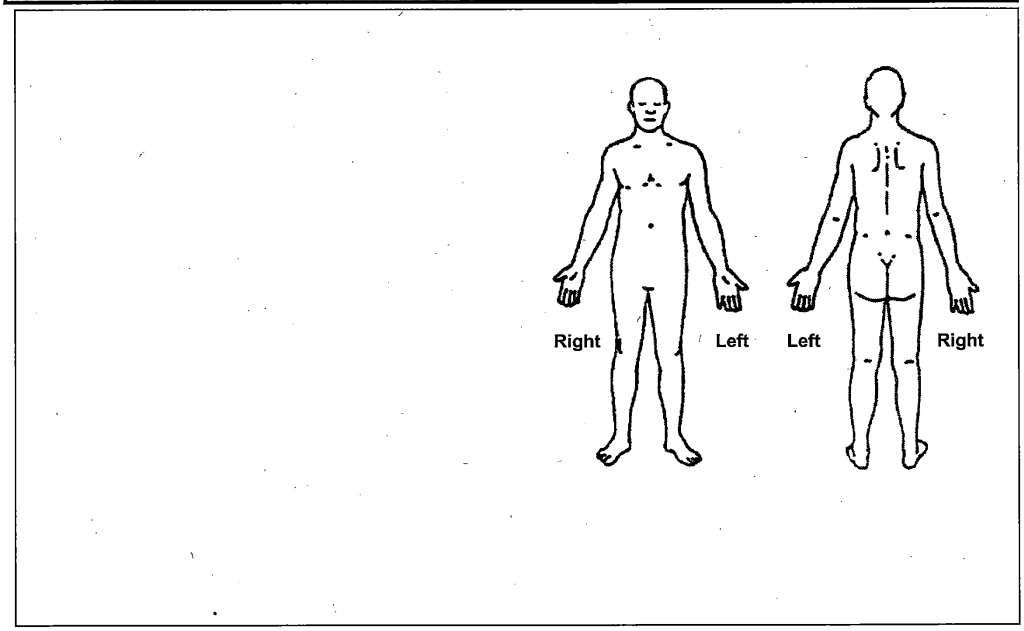
What is your **ethnicity**?

☐ Hispanic/Latino ☐ Not Hispanic/Latino

Please sign and date this form:

PATIENT SIGNATURE	PRINT NAME			DATE	
PHYSICIAN SIGNATURE	PRINT NAME	PAGER	UPIN/NPI	DATE	TIME

MD USE ONLY



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10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Documents (continued)

Clinical - Scan on 10/16/2019 12:52 PM: H1656

Scan (below)

1020

(5)

CLINIC NURSING ASSESSMENT

CLINIC JSP

BP 134,44 **PULSE** 68 **RESP** **TEMP** **WT**

TOBACCO USE:

☒ NEVER ☐ FORMER ☐ CURRENT IF CURRENT, ARE YOU INTERESTED IN QUITTING? ☐ YES ☐ NO

ALLERGIES (MEDICATION AND OTHERS; e.g. LATEX):

adhesives, ASA, Nitrofurantoin, NSAIDs, Sulfa

CHIEF COMPLAINT:

R/ Shoulder pt

PAIN SCREEN:

Is pain part of the reason you came to clinic? ☒ YES ☐ NO

If **YES**

- Location: Where is your worst pain? _____
- Intensity: What number would you give your pain right now? ____

No Pain = 0 1 2 3 4 5 6 7 8 9 10 = The most pain you can imagine

Use other assessment tool if needed: Oucher, FLACC, Descriptive Scale _____

CLINIC SPECIFIC ASSESSMENTS:

Hard copy Rx if Rx given

NURSE / MEDICAL ASSISTANT SIGNATURE	PRINT NAME	DATE	TIME
	Vongel	10/11/19	

PT.NO H0571976 BD:1/06/1925 94Y F
NAME HOFFMAN JEANNE LEONIE
HMC SPORTS MEDICINE CENTER
DOS:10/11/19 LOVELESS, MELINDA S*
Enc:1841352375 RES:37786768
DOB

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Seattle, Washington
CLINIC NURSING ASSESSMENT

H1656

WHITE – MEDICAL RECORD

HMC1656 REV JUN 12

10/11/2019 - Office Visit in Sports Medicine Center at Harborview (continued)

Documents (continued)

CLINIC SPECIFIC ASSESSMENTS: (continued)

PT.NO

NAME

Place EPIC Label Within Box

DOB

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CLINIC NURSING ASSESSMENT

H1656

HMC1656 REV JUN 12 (BACK)

10/10/2019 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic

Reason for Visit

Chief complaint: Eye Exam
Visit diagnoses:

- Type 2 diabetes mellitus without complication, without long-term current use of insulin (primary)
- Primary open angle glaucoma of both eyes, unspecified glaucoma stage
- Pseudophakia, both eyes

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Leung, Hoi Yee, OD	Leung, Hoi Yee, OD

Department

Name	Address	Phone	Fax
Harborview Medical Center Eyes on James Optometry Clinic	908 Jefferson ST Seattle WA 98104	206-897-4774	206-897-4939

Follow-up and Dispositions

- Return if symptoms worsen or fail to improve.

Level of Service

Level of Service
OPHTH MEDICAL XM&EVAL INTERMEDIATE NEW PT

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

10/10/2019 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Medication List (continued)

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 1/13/2020
Quantity: 10 mL
Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/12/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Authorized by: Terry, Anne Catherine, ARNP
Ordered on: 9/26/2019
Start date: 9/26/2019
End date: 11/9/2019
Quantity: 30 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Leung, Hoi Yee, OD at 10/10/2019 1130

Chief Complaint

Patient presents with

- Eye Exam

  Pt c/o decreased near vision "everything is fainter". DV seems okay. Seeing another eye doctor in Seattle (name?) that is managing her glaucoma, and using one glaucoma medication BID OU. Pt denes of discomfort, flashes or floaters. Hx to T2DM, last hgba1c 6.5 07/30/2019, current not on any BS medication. Very light sensitive, has been wearing tinted glasses for many years but current pair is not tinted.

All history obtained by interpreter today? NO

History of present illness/ Past relevant history:
Patient presents as **Established patient** to HMC/UWNC Optometry.
Patient reports no eye pain
Pt is wearing glass prescription. Pt is not wearing contact lenses.

Past Ocular Hx:
Hx Ocular disorders: Glacuoma
Hx Ocular surgeries: None
Ocular Meds: Timolol BID OU

Family Ocular History:
family history includes No Known Problems in her father and mother.

Review of System: Reviewed with patient today, system is negative except for those mentioned below

Past Medical History:

Diagnosis	Date
• Allergic rhinitis, cause unspecified	11/20/2006
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• Closed fracture of unspecified intracapsular section of neck of femur *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• Diabetes mellitus (HCC)	
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006
• Esophageal reflux	11/20/2006
• Impaired fasting glucose	3/22/2007
• Other convulsions *Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence*	11/20/2006
• PAD (peripheral artery disease) (HCC)	
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Ulcer of left lower extremity, limited to breakdown of skin *Chronic, Multiple sites of lower leg and ankle, with MSSA*	
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace*	12/13/2012

10/10/2019 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Clinical Notes (continued)

placed. Follow up imaging in 6 months showed healed

PHYSICAL EXAM

She is oriented x 3
Psychiatric: Her mood is happy with affect that is calm
Constitutional: Appears healthy
Head: Atraumatic **Neurologic**: Face is symmetric **Skin:** No facial rashes
ENT: External ears and nose are normal in appearance.
Respiratory: Normal respiratory effort
Eyes: See Eye Exam &/or encounter notes

Assessment and Plans:
See AVS for additional overview/instructions

1. Type 2 diabetes mellitus without complication, without long-term current use of insulin
Normal to the extent seen. Dilated but unable to get posterior fundus view due to pt light sensitivty, Dr. Toop had similar difficulty in 2014. Pt has outside eye care with "glaucoma doctor at Seattle" although unable to provide me with the name of provider, would defer to her current glaucoma doctor.

2. Primary open angle glaucoma of both eyes, unspecified glaucoma stage
Continue CPM timolol BID OU, f/u with her glaucoma provider.

3. Pseudophakia, both eyes
New spectacle Rx finalized. Specified Bifocal to be tinted due to light sensitivity, and suggested Reading glasses instead of bifocal to help with reading. Encourage to sign for for financial assistance at HMC, and educated regarding our Gift of Sight program.

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Our phone lines are open 7:00am to 8:00pm Monday through Saturdays and 9:00am to 5:30pm on Sundays.

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Electronically signed by Leung, Hoi Yee, OD at 10/10/2019 2:12 PM

Ophthalmology

Base Eye Exam

Visual Acuity (Snellen - Linear)

Right	Left

10/10/2019 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Ophthalmology (continued)

Dist cc	20/50	20/60

Correction: Glasses

Tonometry (Tonopen, 11:13 AM)

	Right	Left
Pressure	19	17

Pupils

	Right	Left
Pupils	PERRL, No APD	PERRL, No APD

Visual Fields

Left	Right
	Full
	

Extraocular Movement

	Right	Left
	Full	Full

Neuro/Psych

Oriented x3: Yes
Mood/Affect: Normal

Dilation

Both eyes: 1.0% Mydriacyl, 2, 2.5% Phenylephrine @ 1:10 PM

Slit Lamp and Fundus Exam

External Exam

	Right	Left
External	Normal	Normal

Slit Lamp Exam

	Right	Left
Lids/Lashes	Normal	Normal
Conjunctiva/Sclera	White and quiet	White and quiet
Cornea	Clear	Clear
Anterior Chamber	Deep and quiet	Deep and quiet
Iris	Normal, no neovascularization	Normal, no neovascularization
Lens	**Centered posterior chamber intraocular lens**	**Centered posterior chamber intraocular lens**
Vitreous	**no view**	**no view**

Fundus Exam

	Right	Left
Disc	**no view**	**no view**
C/D Ratio	no view	no view

10/10/2019 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Ophthalmology (continued)

Macula	**no view**	**no view**
Vessels	**no view**	**no view**
Periphery	**No view**	**No view**

No posterior view. Pt is extremely light sensitive and cannot open eyes due to the light.

Refraction

Wearing Rx

	Right	Left
Sphere	+2.75	+2.00
Cylinder	-2.50	-1.75
Axis	086	055
Add	+2.75	+2.75

Type: bifocal

Manifest Refraction

	Right	Left
Sphere	+2.75	+1.50
Cylinder	-2.50	-1.50
Axis	090	075
Dist VA	20/40	20/40
Add	+3.00	+3.00

Final Rx

	Right	Left
Sphere	+2.75	+1.50
Cylinder	-2.50	-1.50
Axis	090	075
Dist VA	20/40	20/40
Add	+3.00	+3.00

Type: bifocal
Expiration Date: 10/10/2021

Final Rx #2

	Right	Left
Sphere	+5.75	+4.50
Cylinder	-2.50	-1.50
Axis	090	075
Dist VA	20/40	20/40

Type: reading
Expiration Date: 10/10/2021

Final Rx Comments

Tinted

Patient Instructions

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10/10/2019 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Patient Instructions (continued)

vision during this period. Please use caution during this period.
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Please contact call center 206-744-2020 and **press 8** to speak to **Triage nurse**.
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Electronically signed by Leung, Hoi Yee, OD at 10/10/2019 1:16 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

10/10/2019 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

After Visit Summary (continued)

AFTER VISIT SUMMARY

eyes on james

Jeane L. Hoffman MRN: H0571976
10/10/2019 11:30 AM Harborview Medical Center Eyes on James Optometry Clinic 206-897-4774

Instructions from Hoi Yee Leung, OD

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Return if symptoms worsen or fail to improve.

Today's Visit

You saw Hoi Yee Leung, OD on Thursday October 10, 2019. The following issues were addressed: Type 2 diabetes mellitus without complication, without long-term current use of insulin; Primary open angle glaucoma of both eyes, unspecified glaucoma stage; and Pseudophakia, both eyes.

What's Next

OCT 11 2019	New Patient Appointment with Melinda S Loveless, MD Friday October 11 10:20 AM (Arrive by 10:05 AM)	Sports Medicine Center at Harborview 908 Jefferson ST SEATTLE WA 98104 206-744-0401
OCT 21 2019	Return Patient Appointment with Nilufer B Norsworthy, MD Monday October 21 10:30 AM	Northwest Hospital Wound Care & Hyperbaric Center 1560 N 115TH STREET, STE 201 SEATTLE WA 98133-8414 206-668-1244
OCT 23 2019	Return Patient Appointment with William E Neighbor, MD Wednesday October 23 10:20 AM (Arrive by 10:05 AM)	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011

10/10/2019 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

After Visit Summary (continued)

What's Next (continued)

OCT 24 2019	Return with Kristina M Cosley, PT Thursday October 24 8:30 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
NOV 7 2019	Return with Kristina M Cosley, PT Thursday November 7 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List as of October 10, 2019 2:12 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG Tablet	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
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MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/10/2019 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Documents

After Visit Summary - Document on 10/10/2019 2:12 PM: After Visit Summary

Document (below)

AFTER VISIT SUMMARY

eyes on james

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10/10/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic

Reason for Visit

Chief complaint: Physical Therapy
Visit diagnoses:

- Imbalance (primary)
- Leg weakness, bilateral
- Fall, subsequent encounter

Visit Information

Provider Information

Encounter Provider	Referring Provider
Cosley, Kristina M, PT	Phelan, Elizabeth Anne, MD

Department

Name	Address	Phone	Fax
Harborview Medical Center Outpatient Physical Therapy Clinic	908 Jefferson ST Seattle WA 98104	206-744-1675	206-744-1664

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

10/10/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 1/13/2020
Quantity: 10 mL
Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/12/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Authorized by: Terry, Anne Catherine, ARNP
Ordered on: 9/26/2019
Start date: 9/26/2019
End date: 11/9/2019
Quantity: 30 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Cosley, Kristina M, PT at 10/10/2019 0945

PHYSICAL THERAPY PROGRESS NOTE

Certification From*: 09/03/19
Certification To*: 11/02/19

Date of Symptom Onset*: 07/23/19

Start of Care Date*: 09/03/19

VISITS FROM SOC: 5
INTERPRETER STATUS (Not needed, Telephonic, In Person):not needed
Referring Provider: Phelan, E
Attending Physician: Phelan, E
Falls Doctor: Phelan, E
PCP: Neighbor Jr., William E, MD

Diagnosis: (R26.89) Imbalance (primary encounter diagnosis)

(R29.898) Leg weakness, bilateral

(W19.XXXD) Fall, subsequent encounter

PRECAUTIONS: Fall risk

Mechanism of Injury: falls
Was previously living at home with her son, with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who was hospitalized at Harborview Medical Center from 7/25/2019 until 8/5/2019 with pelvic fx, right RF and hemo-pneumothorax secondary to GLF. Was then at SNF at Kline Galland for PT/OT

Pertinent Medical/Surgical History/Current Medications that may affect progress in PT:

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer and inflammation, left (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Diabetic ulcer of lower extremity (HCC)
- Housing lack

- Suspected elder abuse
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer, bilateral (HCC)
- Bilateral leg edema
- Closed displaced fracture of left pubis with routine healing
- Acute blood loss anaemia
- Closed fracture of multiple ribs of left side with routine healing
- Hemopneumothorax
- Fall

SUBJECTIVE:
Patient's Statement: I can walk - walks back to gym with 4 wheeled walker with SBA for safety. Reports compliance with home program

Time in: 0945

OBJECTIVE MEASURES/IMPAIRMENTS:
10/10/2019:
Gait speed 10 meter walk in 14.67 seconds with 4 wheeled walker
Bilateral shoulder flexion AROM = 140 without pain right shoulder

9/26/19:
Able to reach behind in seated to push with right upper extremity to stand
Able to perform AAROM flexion when instructed for right shoulder
Stood 20 minutes consecutive before sitting to rest, then got back up to do more therapy exercises
Min assist to CGA for sit to/from stand

TREATMENT/SKILLED INTERVENTION & EDUCATION:
Intervention 1: 97110 Therapeutic exercise for 20 minutes

Review program: Verbal/tactile/demo cues provided; use of mirror for further feedback/training: Walker/chair for support
-National Institute on Aging program holding support: Standing hip flex/abd/ext AROM, knee flex, ankle Plantarflexion
-after completion of the above exercises, patient had significant posterior lean requiring mod assist to sit down in chair behind her safely

Progression: Verbal/tactile/demo cues provided; use of mirror for further feedback/training
Focus on powering up with chair stands from raised seat

Review recent Progression for her to get started on shoulder exercises:
AAROM right shoulder elevation (they have not yet established Physical Therapy for her shoulder near their home as ordered by ortho) - progress to AROM shoulder flexion

*Intervention 2***:** 97112 Neuromuscular re-education for 25 minutes

Review of short term goals per objective and goals section

Review program: Verbal/tactile/demo cues provided; use of mirror for further feedback/training
Weight shifts/opposite heel lifts with 4 wheeled walker/chair 10 second hold; holding support
Limits of stability 8 points walker/chair

10/10/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

Mechanics for sit to/from stand

Discussed progress with son; son brought osteoporosis book and anatomy and exercise books - discussed appreciation for the books but, again how we do not want to overload Jeane with exercises and we have more to add for balance/fall prevention.
Discussed with son safety and importance of using 4 wheeled walker at all times or holding bars they have placed in home at all times when up and walking; son in agreement

HOME EXERCISE PROGRAM (HEP):
From falls clinic:
Home Safety Checklist
CDC 4 points to prevent falls
How to get up from floor

From Physical Therapy:
Balance exercises at least 2 times per week: 5 reps each
Partial squats with 4 wheeled walker/chair
Weight shifts/opposite heel lifts with 4 wheeled walker/chair 10 second hold
Seated gastroc belt stretch 60 second holds x 2 twice daily
National Institute on Aging dvd
8 points limits of stability walker/chair

verbal instructions and demonstrations were provided for the above exercises
a handout was provided describing the exercises in written and picture format

Assessment / Patient Response to Therapy:
Current Status in Physical Therapy/response to intervention above: Jeane demonstrates increased independence and knowledge of current home program. Today, she ambulated farther than I have seen yet using her 4 wheeled walker. Her right shoulder flexion active range of motion is now equal to her left and she has no right shoulder pain. She was encouraged to continue using her right upper extremity with daily activities. She is making good progress toward goals for gait and static balance; will benefit from continued Physical Therapy focusing on dynamic balance, recovery steps and progressing toward long term goals.

Patient will benefit from progression to program to reach Physical Therapy goals.

Plan for next visit:
Review program
Progression:
Stepping in 6 directions and turning

TREATMENT GOALS
Anticipated Discharge Date 3/2/20

LONG TERM GOALS (Functional Goals) Patient's risk of future falls and risk for falls will be reduced, as demonstrated by:	To be met by Discharge	Current Level of Function / Participation Restrictions 9/3/2019
5 time sit to stand in 15 seconds for		Patient currently

10/10/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

independence in sit to stand transitional movement without the use of arms for rising to stand		performs 0 chair sit to stands UE support
TUG of no more than 22 seconds with assistive device for adequate balance to perform sit to stand, walking and turning below fall risk cut off		Patient currently completes the TUG in 39.27 seconds with 4 wheeled walker
Single leg stance time of 6.5 seconds to allow weight shift for safe stepping up on curb or stair climbing		Patient currently performs single leg stance for 0 seconds
Gait Speed of 1 meters per second to to cross street safely		Patient's current gait speed is 0.63 with 4 wheeled walker assistive device
Functional reach of 7.4 inches for adequate balance to get dressed independently		Patient's current functional reach test is 7 inches
Number of falls is reduced to 0 in 3 consecutive months to decrease risk of injury from falls.		Patient currently reports last fall was 7/23/19 with fractures/injury
Patient reports 2-3 x week x 6 month participation in home based or community based balance training program with moderate challenge to demonstrate sustainability required to decrease fall risk		Patient currently reports some participation in lower extremity strengthening home exercise program.

Short Term Goals	To be met by	MET or UNMET / Date
Patient will demonstrate ability to properly weight shift to right/left lower extremity to progress toward single leg balance in future to reduce fall risk	10/3/19	10/10/2019 met
Patient will shift weight to 8 points limits of stability using ankle strategy to reduce loss of balance/falls during static standing activities	10/3/19	10/10/2019 met
Patient and son will verbalize understanding that current modified 4 wheeled walker is not safe for being pushed on or for walking as it has been adjusted by son	9/3/2019 met	9/3/19 met - as of 10/10/2019, they will be getting a wheelchair for safe transport
Patient will be able to use momentum to assist with powering up for sit to stand to decrease need to use	10/3/19	10/10/2019 met for proper mechanics with bilateral upper extremity support

10/10/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

bilateral upper extremity support to stand		
Patient will be able to step in all directions and turn without loss of balance to reduce fall risk during dynamic stepping daily activities in home/community	11/9/19	
Patient will be able to take appropriate recovery steps forward, lateral, backward to be able to catch self in case of loss of balance to avoid a fall	12/9/19	

PLAN:
Continue per treatment plan of care.
Pain will be addressed at the next plan of care review, and intermittently during daily visits as deemed appropriate by the provider. The focus of daily visits will be on function

Patient's learning needs, abilities, preferences and readiness per Initial POC were considered in this session. Learning verified by teach back.

Kristina M Cosley, PT
6NJB Outpatient Physical and Hand Therapy Clinic
Harborview Medical Center
Phone: (206) 744- 1675 FAX: (206) 744-1664

Electronically signed by Cosley, Kristina M, PT at 10/10/2019 10:43 AM

Flowsheets

PT/OT Charges

Row Name	10/10/19 1042
Treatment Start Time	0945
Total Treatment Minutes	45 min
Total Timed Code Minutes	45 min
THERAPEUTIC EXERCISE 1 OR >1 AREAS 97110 - Minutes	20
NEUROMUSC REED 1 OR >1 AREAS 97112 -	25

10/10/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Flowsheets (continued)

Minutes

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976

10/10/2019 9:45 AM Harborview Medical Center Outpatient Physical Therapy Clinic 206-744-1675

Today's Visit

You saw Kristina M Cosley, PT on Thursday October 10, 2019. The following issues were addressed: Imbalance; Leg weakness, bilateral; and Fall, subsequent encounter.

What's Next

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OCT 21 2019	Return Patient Appointment with Nilufer B Norsworthy, MD Monday October 21 10:30 AM	Northwest Hospital Wound Care & Hyperbaric Center 1560 N 115TH STREET, STE 201 SEATTLE WA 98133-8414 206-668-1244
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OCT 24 2019	Return with Kristina M Cosley, PT Thursday October 24 8:30 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
NOV 7 2019	Return with Kristina M Cosley, PT Thursday November 7 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675

eCare Sign-Up

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Jeane L. Hoffman (MRN: H0571976) • Printed at 10/10/19 10:43 AM Page 1 of 2 Epic

Your Medication List as of October 10, 2019 10:43 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
acetaminophen-codeine 300-30 MG Tablet	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/10/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents

After Visit Summary - Document on 10/10/2019 10:43 AM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976
10/10/2019 9:45 AM Harborview Medical Center Outpatient Physical Therapy Clinic 206-744-1675

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timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

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Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/26/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic

Reason for Visit

Chief complaint: Physical Therapy
Visit diagnoses:

- Imbalance (primary)
- Leg weakness, bilateral
- Fall, subsequent encounter

Visit Information

Provider Information

Encounter Provider	Referring Provider
Cosley, Kristina M, PT	Phelan, Elizabeth Anne, MD

Department

Name	Address	Phone	Fax
Harborview Medical Center Outpatient Physical Therapy Clinic	908 Jefferson ST Seattle WA 98104	206-744-1675	206-744-1664

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

09/26/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 1/13/2020
Quantity: 10 mL
Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

Stopped in Visit

None

Clinical Notes

Progress Notes

Cosley, Kristina M, PT at 9/26/2019 1030

PHYSICAL THERAPY TREATMENT NOTE

Certification From*: 09/03/19
Certification To*: 11/02/19

Date of Symptom Onset*: 07/23/19

Start of Care Date*: 09/03/19

VISITS FROM SOC: 4
INTERPRETER STATUS (Not needed, Telephonic, In Person):not needed
Referring Provider: Phelan, E
Attending Physician: Phelan, E
Falls Doctor: Phelan, E
PCP: Neighbor Jr., William E, MD
Diagnosis: (R26.89) Imbalance (primary encounter diagnosis)

(R29.898) Leg weakness, bilateral

(W19.XXXD) Fall, subsequent encounter

09/26/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

PRECAUTIONS: Fall risk

Mechanism of Injury: falls
Was previously living at home with her son, with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who was hospitalized at Harborview Medical Center from 7/25/2019 until 8/5/2019 with pelvic fx, right RF and hemo-pneumothorax secondary to GLF. Was then at SNF at Kline Galland for PT/OT

Pertinent Medical/Surgical History/Current Medications that may affect progress in PT:

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer and inflammation, left (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Diabetic ulcer of lower extremity (HCC)
- Housing lack
- Suspected elder abuse
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer, bilateral (HCC)
- Bilateral leg edema
- Closed displaced fracture of left pubis with routine healing
- Acute blood loss anaemia
- Closed fracture of multiple ribs of left side with routine healing

- Hemopneumothorax
- Fall

SUBJECTIVE:
Patient's Statement: I do all of my exercises - a little bit here and a little bit there; I don't sit still. I don't hurry because I will pass out. I allow time in the morning so I do not have to hurry. Per son, she walked onto ferry this morning and off ferry this morning. She states that her wounds in her legs are sometimes dry and sometimes weeping; goes to regular wound care. "let's not talk about my shoulder" states she is trying to move her shoulder. I almost fell backwards but I caught myself.

Check in on her visit with doctor for shoulder assessment - right shoulder: Per MD note 9/19/19:
Assessment and Plan:
1. Acute pain of right shoulder
(S42.291A) Closed fracture of head of right humerus, initial encounter
X ray without fracture though she has an area at the humeral head that may be calcific tendonitis vs fracture.
The exam shows diffuse shoulder pain without bruising but some weakness suggestive of rotator cuff tear.
Plan:
--Warm compresses at this time
--Referral to PT at Swedish on Bainbridge as she will need to be seen there frequently focusing on range of motion to prevent a frozen shoulder
--Referral to Orthopedics. She has metal in her hip preventing an MRI. May need CT arthrogram.
Physical Therapy referral info per 9/19/19 referral:
94 year old female with recent fall and injury of right shoulder one week ago. X ray negative. Concern for tendon injury and prevention of frozen shoulder. Referred for PT to begin soon and arranging Ortho shoulder appointment .
Precautions: None

Time in: 1030

OBJECTIVE MEASURES/IMPAIRMENTS:
Able to reach behind in seated to push with right upper extremity to stand
Able to perform AAROM flexion when instructed for right shoulder
Stood 20 minutes consecutive before sitting to rest, then got back up to do more therapy exercises
Min assist to CGA for sit to/from stand

TREATMENT/SKILLED INTERVENTION & EDUCATION:
Intervention 1: 97110 Therapeutic exercise for 20 minutes

Review program: Verbal/tactile/demo cues provided; use of mirror for further feedback/training: Walker/chair for support
-Partial squats with 4 wheeled walker/chair; holding support
-Standing holding support (progression) gastroc belt stretch 60 second holds - some increase in leg symptoms - can continue belt stretch at home as needed
-National Institute on Aging program holding support: Standing hip flex/abd/ext AROM, knee flex, ankle Plantarflexion

Progression:
AAROM right shoulder elevation (they have not yet established Physical Therapy for her shoulder near their home as ordered by ortho)

Intervention 2: **97112 Neuro Re-Ed for 20 minutes**

Review program: Verbal/tactile/demo cues provided; use of mirror for further feedback/training
Weight shifts/opposite heel lifts with 4 wheeled walker/chair 10 second hold; holding support

Progression: Verbal/tactile/demo cues provided; use of mirror for further feedback/training
Limits of stability 8 points walker/chair

Discussed patient's progress with endurance and knowledge of her current HEP with her son. Also instructed son on her new exercise 8 points limits of stability so he may assist at home as needed

Patient's learning needs, abilities, preferences and readiness per Initial POC were considered in this session. Learning verified by teach back.

HOME EXERCISE PROGRAM (HEP):
From falls clinic:
Home Safety Checklist
CDC 4 points to prevent falls
How to get up from floor

From Physical Therapy:
Balance exercises at least 2 times per week: 5 reps each
Partial squats with 4 wheeled walker/chair
Weight shifts/opposite heel lifts with 4 wheeled walker/chair 10 second hold
Seated gastroc belt stretch 60 second holds x 2 twice daily
National Institute on Aging dvd
8 points limits of stability walker/chair

verbal instructions and demonstrations were provided for the above exercises
a handout was provided describing the exercises in written and picture format

Assessment / Patient Response to Therapy:
Current Status in Physical Therapy Jeane seems familiar with current home program and able to perform today with cueing. Her son is still not sure what frequency she is doing her home program but she assures me that she is doing it throughout the day. Today, she increased her walking on/off the ferry. During course of her visit today, when we were talking about her son helping her to be compliant with her home exercise program, she mentioned that her son can be "domineering". I asked her if she needed my help and she stated that she did not need help; I offered her my support and also support of social work at any time if she needed help or had concerns. She denied any need for help at this time.

Response to Physical Therapy intervention above Standing endurance improved and right upper extremity use improved since last visit. She demonstrated good understanding of progression to further static balance exercises. I gave basic instruction on active assisted range of motion for her right shoulder elevation which she was able to perform in comfortable range of motion.

Patient will benefit from progression to program to reach Physical Therapy goals.

Plan for next visit:
Review program
Progression:

09/26/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

Stepping in 6 directions and turning

PLAN:
Continue per treatment plan of care.
Pain will be addressed at the next plan of care review, and intermittently during daily visits as deemed appropriate by the provider. The focus of daily visits will be on function

Patient's learning needs, abilities, preferences and readiness per Initial POC were considered in this session. Learning verified by teach back.

Kristina M Cosley, PT
6NJB Outpatient Physical and Hand Therapy Clinic
Harborview Medical Center
Phone: (206) 744- 1675 FAX: (206) 744-1664

Electronically signed by Cosley, Kristina M, PT at 9/26/2019 12:39 PM

Flowsheets

PT/OT Charges

Row Name	09/26/19 1226
Treatment Start Time	1030
Total Treatment Minutes	40 min
Total Timed Code Minutes	40 min
THERAPEUTIC EXERCISE 1 OR >1 AREAS 97110 - Minutes	20
NEUROMUSC REED 1 OR >1 AREAS 97112 - Minutes	20

After Visit Summary

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After Visit Summary (below)

09/26/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976

9/26/2019 10:30 AM Harborview Medical Center Outpatient Physical Therapy Clinic 206-744-1675

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Your Medication List as of September 26, 2019 12:39 PM

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09/26/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents

After Visit Summary - Document on 9/26/2019 12:39 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

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09/26/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents (continued)

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timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

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321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

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White	Not Hispanic or Latino	English	English

09/25/2019 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: Osteoarthritis, unspecified osteoarthritis type, unspecified site

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020

09/25/2019 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 1/13/2020
Quantity: 10 mL — Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/12/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Authorized by: Terry, Anne Catherine, ARNP — Ordered on: 9/26/2019
Start date: 9/26/2019 — End date: 11/9/2019
Quantity: 30 tablet — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen Ray, CMA at 9/26/2019 0834

1-Name of Requested Medication: Acetaminophen/Codeine 500-30 mg
2-Date of Last Refill: 08/20/19
3-Date of Last Office Visit: 09/19/19
4-Next Office Visit (scheduled or Expected): none
Notes:

Electronically signed by Willis, Stephen Ray, CMA at 9/26/2019 8:35 AM

Other Orders

Medications

ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet (Discontinued)

Electronically signed by: **Terry, Anne Catherine, ARNP on 09/26/19 1443** — Status: **Discontinued**
Ordering user: Terry, Anne Catherine, ARNP 09/26/19 1443 — Authorized by: Terry, Anne Catherine, ARNP
Ordering mode: Standard
Frequency: 09/26/19 - 11/09/19 — Class: Normal
Discontinued by: Neighbor Jr., William E, MD 11/12/19 1119 [Reorder]
Diagnoses
Osteoarthritis, unspecified osteoarthritis type, unspecified site [M19.90]

Indications

Osteoarthritis, unspecified osteoarthritis type, unspecified site [M19.90 (ICD-10-CM)]

09/25/2019 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

09/24/2019 - Blood Pressure Management (BLOOD PRESSURE MANAGEMENT): records until 4/29/2025

Episode Info

Type: BLOOD PRESSURE MANAGEMENT Noted date: 9/24/2019
Comments: Episode created 09/24/19 1049 PDT

Associated Visits

- 09/23/2019 - Telephone in Husky Health Primary Care Clinic

09/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnoses:

- Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary)
- Non-pressure chronic ulcer of left calf with necrosis of muscle
- Venous hypertension, chronic, with ulcer, bilateral
- Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Norsworthy, Nilufer Bozdemir, MD	Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 4 weeks (around 10/21/2019).

Level of Service

Level of Service
PROCEDURE VISIT ONLY NO LOS

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019

09/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Start date: 8/20/2019 End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA Entered on: 9/4/2019
End date: 3/8/2025 Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/4/2019
Start date: 9/4/2019 End date: 9/16/2020
Quantity: 45 tablet Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/4/2019
Start date: 9/4/2019 End date: 1/13/2020
Quantity: 10 mL Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/4/2019
Start date: 9/4/2019 End date: 9/16/2020
Quantity: 90 tablet Refill: 6 refills by 9/3/2020

ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/12/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Authorized by: Terry, Anne Catherine, ARNP Ordered on: 9/26/2019
Start date: 9/26/2019 End date: 11/9/2019
Quantity: 30 tablet Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Null, Margaret K, RN at 9/23/2019 1100

Pt has been in the hospital and rehab unit since her last visit here. All her wounds are looking better. Pt's son attributes this to the xeroform gauze. We told him it is due to the overall care environment. Pt is now back home with her son in an apartment. She will come here every few months and as needed.

Left lateral ankle, left medial ankle, right medial ankle, right pretib,: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Electronically signed by Null, Margaret K, RN at 9/26/2019 3:59 PM

Norsworthy, Nilufer Bozdemir, MD at 9/23/2019 1100

PROGRESS NOTE
9/23/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with multiple bilateral lower leg ulcers with mixed vascular disease is seen today for Follow Up Visit

INTERVAL HISTORY: Both side lower leg ulcers are smaller, there are skin islands at wound beds. There is no inflammation with ulcers.
She was in hospital after two falls, hemopneumothorax and also fractured ribs and ramus pubis bone in early July. After a long hospital stay she was discharged to SNF where she rest well, legs were elevated and with better nutritional support. She actually gained some weight. She was recently discharged home to her son's (Louis) care. This is a patient with DM2, CLI with extensive atherosclerotic disease and chronic leg edema with venous hypertension is here with her son Louise, whom she lives with. She is now living in an apartment. Louis is talking about loosing meal support while she was in hospital and trying to improve the quality and amount of food at apartment. She continues to be on pentoxifylline for chronic venous insufficiency with leg ulcers.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever, . Does have intense itch at both lower limbs and intermittent limb pain, mostly with ambulation. She walked with a walker.

Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• acetaminophen 500 MG Oral Tab, 1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition, Disp: , Rfl:
• ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet, TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED , Disp: 30 tablet, Rfl: 0
• atorvastatin 20 MG Oral Tablet, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Calcium Carbonate 500 MG Oral Chew Tab, Chew and swallow 2 tablets by mouth 3 times a day as needed for

indigestion/heartburn., Disp: , Rfl:
- Cholecalciferol 1000 units Oral Tab, Take 2 tablets (2,000 Units) by mouth daily., Disp: , Rfl:
- Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
- MULTIPLE VITAMIN OR, Take by mouth., Disp: , Rfl:
- pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 90 tablet, Rfl: 6
- timolol 0.5 % Ophthalmic Solution, One drop in each eye twice daily. Block tear duct for 1-2 minutes after use., Disp: 10 mL, Rfl: 0

EXAM:
Vital Signs: BP 118/60 | Pulse 60 | Temp 97.4 °F (36.3 °C) (Oral) | Resp 16 | Wt 106 lb (48.1 kg) | BMI 20.03 kg/m²
Body mass index is 20.03 kg/m².

Edema: trace
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 34.7 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 32.3 cm
RLE Calf - Cm from the Medial Instep: 32 cm

Vascular: pedal pulses are diminished.
Left Lower:

Right Lower:

Wound Data:
Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 259

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 259

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)
Date First Assessed/Time First Assessed: 04/25/19 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiolog...
Number of days: 154

Wound 04/25/19 #13 Left lat Calf (Active)
Date First Assessed/Time First Assessed: 04/25/19 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg U...
Number of days: 154

09/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Wound 04/25/19 #14 Left lat Ankle (Active)

Date First Assessed/Time First Assessed: 04/25/19 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg ...
Number of days: 154

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	9/23/2019 11:02 AM
Wound Length (cm)	0.5 cm	9/23/2019 11:02 AM
Wound Width (cm)	0.4 cm	9/23/2019 11:02 AM
Wound Depth (cm)	0.1 cm	9/23/2019 11:02 AM
Wound Volume (cm^3)	0.02 cm^3	9/23/2019 11:02 AM
Wound Healing %	100 cm	9/23/2019 11:02 AM
Wound Surface Area (cm^2)	0.2 cm^2	9/23/2019 11:02 AM
Exudate Amt	Scant	9/23/2019 11:02 AM
Exudate Type	Serous	9/23/2019 11:02 AM
Foul Odor After Cleansing	No	9/23/2019 11:02 AM
Granulation Amt	Large - 67-100%	9/23/2019 11:02 AM
Necrosis	None Present	9/23/2019 11:02 AM
Slough	None Present	9/23/2019 11:02 AM
Structure Exposed	None Present	9/23/2019 11:02 AM
Margin	Distinct, Outline Attached	9/23/2019 11:02 AM
Tunneling	none	9/23/2019 11:02 AM
Undermining	none	9/23/2019 11:02 AM
Peri-wound Assessment	Intact	9/23/2019 11:02 AM
Temperature	No Abnormality	9/23/2019 11:02 AM

Number of days: 259

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	9/23/2019 11:02 AM
Wound Length (cm)	6 cm	9/23/2019 11:02 AM
Wound Width (cm)	5.4 cm	9/23/2019 11:02 AM
Wound Depth (cm)	0.1 cm	9/23/2019 11:02 AM
Wound Volume (cm^3)	3.24 cm^3	9/23/2019 11:02 AM
Wound Healing %	-44 cm	9/23/2019 11:02 AM
Wound Surface Area (cm^2)	32.4 cm^2	9/23/2019 11:02 AM
Exudate Amt	Small	9/23/2019 11:02 AM
Exudate Type	Serosanguineous	9/23/2019 11:02 AM
Foul Odor After Cleansing	No	9/23/2019 11:02 AM
Granulation Amt	Medium - 34-66%	9/23/2019 11:02 AM
Necrosis	None Present	9/23/2019 11:02 AM
Slough	Medium - 34-66%	9/23/2019 11:02 AM
Structure Exposed	None Present	9/23/2019 11:02 AM
Margin	Distinct, Outline Attached	9/23/2019 11:02 AM
Tunneling	none	9/23/2019 11:02 AM
Undermining	none	9/23/2019 11:02 AM
Peri-wound Assessment	Intact	9/23/2019 11:02 AM
Temperature	No Abnormality	9/23/2019 11:02 AM

Number of days: 259

09/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Thickness	Full thickness without exposed support structure	9/23/2019 11:02 AM
Wound Length (cm)	0.9 cm	9/23/2019 11:02 AM
Wound Width (cm)	1 cm	9/23/2019 11:02 AM
Wound Depth (cm)	0.1 cm	9/23/2019 11:02 AM
Wound Volume (cm^3)	0.09 cm^3	9/23/2019 11:02 AM
Wound Healing %	93 cm	9/23/2019 11:02 AM
Wound Surface Area (cm^2)	0.9 cm^2	9/23/2019 11:02 AM
Exudate Amt	Scant	9/23/2019 11:02 AM
Exudate Type	Serosanguineous	9/23/2019 11:02 AM
Foul Odor After Cleansing	No	9/23/2019 11:02 AM
Granulation Amt	Large - 67-100%	9/23/2019 11:02 AM
Necrosis	None Present	9/23/2019 11:02 AM
Slough	Small - 1-33%	9/23/2019 11:02 AM
Structure Exposed	None Present	9/23/2019 11:02 AM
Margin	Distinct, Outline Attached	9/23/2019 11:02 AM
Tunneling	none	9/23/2019 11:02 AM
Undermining	none	9/23/2019 11:02 AM
Peri-wound Assessment	Intact	9/23/2019 11:02 AM
Temperature	No Abnormality	9/23/2019 11:02 AM

Number of days: 154

Wound 04/25/19 #13 Left lat Calf (Active)

Thickness	Full thickness without exposed support structure	9/23/2019 11:02 AM
Wound Length (cm)	3.5 cm	9/23/2019 11:02 AM
Wound Width (cm)	1.9 cm	9/23/2019 11:02 AM
Wound Depth (cm)	0.2 cm	9/23/2019 11:02 AM
Wound Volume (cm^3)	1.33 cm^3	9/23/2019 11:02 AM
Wound Healing %	37 cm	9/23/2019 11:02 AM
Wound Surface Area (cm^2)	6.65 cm^2	9/23/2019 11:02 AM
Exudate Amt	Small	9/23/2019 11:02 AM
Exudate Type	Serosanguineous	9/23/2019 11:02 AM
Foul Odor After Cleansing	No	9/23/2019 11:02 AM
Granulation Amt	Small - 1-33%	9/23/2019 11:02 AM
Necrosis	None Present	9/23/2019 11:02 AM
Slough	Medium - 34-66%	9/23/2019 11:02 AM
Structure Exposed	None Present	9/23/2019 11:02 AM
Margin	Distinct, Outline Attached	9/23/2019 11:02 AM
Tunneling	none	9/23/2019 11:02 AM
Undermining	none	9/23/2019 11:02 AM
Peri-wound Assessment	Intact	9/23/2019 11:02 AM
Temperature	No Abnormality	9/23/2019 11:02 AM

Number of days: 154

Wound 04/25/19 #14 Left lat Ankle (Active)

Thickness	Full thickness without exposed support structure	9/23/2019 11:02 AM
Wound Length (cm)	4.5 cm	9/23/2019 11:02 AM
Wound Width (cm)	2.5 cm	9/23/2019 11:02 AM
Wound Surface Area (cm^2)	11.25 cm^2	9/23/2019 11:02 AM
Exudate Amt	Small	9/23/2019 11:02 AM

Clinical Notes (continued)

Exudate Type	Serosanguineous	9/23/2019 11:02 AM
Foul Odor After Cleansing	No	9/23/2019 11:02 AM
Granulation Amt	Medium - 34-66%	9/23/2019 11:02 AM
Necrosis	None Present	9/23/2019 11:02 AM
Slough	Medium - 34-66%	9/23/2019 11:02 AM
Structure Exposed	None Present	9/23/2019 11:02 AM
Margin	Distinct, Outline Attached	9/23/2019 11:02 AM
Tunneling	none	9/23/2019 11:02 AM
Undermining	none	9/23/2019 11:02 AM
Peri-wound Assessment	Intact	9/23/2019 11:02 AM
Temperature	No Abnormality	9/23/2019 11:02 AM

Number of days: 154

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
07/30/2019	6.5 (H)	4.0 - 6.0 %	Final
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 10 and 14 / Description: wound bed and edges are covered with stringy fibrinous slough.
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: necrosis of muscle
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~45 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements
#10: Improved: Length 6cm X Width 5.5cm X Depth: 0.3cm
#14: Improved: Length 4.6cm X Width 2.65cm X Depth: 0.3cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT: This is a patient with advanced age, venous hypertension and limb ischemia with atherosclerotic disease and DM2 has been treated at our center for extensive bilateral lower limb ulcers. With improved living situations while in hospital and also with advanced wound care dressings and infection control and treatment of infection her ulcers have much improved.
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary encounter diagnosis)
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle
(I87.313, L97.919, L97.929) Venous hypertension, chronic, with ulcer, bilateral
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf

PLAN: We will continue current management.

Patient education took place regarding the treatment progress and further measures to address the condition. The patient was given an opportunity to ask questions.
Treatment plan recommended at this time includes the following:
Jeanne was seen today for follow up visit.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with necrosis of muscle
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Non-pressure chronic ulcer of left calf with necrosis of muscle
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Venous hypertension, chronic, with ulcer, bilateral
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Patient Instructions
Left lateral ankle, left medial ankle, right medial ankle, right pretib,: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Return in about 4 weeks (around 10/21/2019).

09/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Nilufer B Norsworthy, MD

Electronically signed by Norsworthy, Nilufer Bozdemir, MD at 9/26/2019 3:59 PM

Flowsheets

Vital Data

Row Name	09/23/19 1109
Weight	48.1 kg (106 lb)
BP	118/60
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Temp	36.3 °C
Temp src	Oral
Pulse	60
Pulse Regularity	Regular
Resp	16
Average Pain Intensity in Past Month	zero/ten
Daily Activity Interference From Pain in Past Month	zero/ten
Pain Level	zero/ten

Wound Assessment/Care

Row Name	09/23/19 1102
RLE Calf - Cm w/ Point of Measurement	32.3 cm
RLE Calf - Cm from the Medial Instep	32 cm
LLE Calf - Cm w/ Point of Measurement	34.7 cm
LLE Calf - Cm from the Medial Instep	32 cm
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	0.5 cm
Wound Width (cm)	0.4 cm

09/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	0.02 cm^3
Wound Healing %	100 cm
Wound Surface Area (cm^2)	0.2 cm^2
Exudate Amt	Scant
Exudate Type	Serous
Foul Odor After Cleansing	No
Granulation Amt	Large - 67-100%
Necrosis	None Present
Slough	None Present
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	6 cm
Wound Width (cm)	5.4 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	3.24 cm^3
Wound Healing %	-44 cm
Wound Surface Area (cm^2)	32.4 cm^2
Exudate Amt	Small
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Medium - 34-66%
Necrosis	None Present
Slough	Medium - 34-66%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No

09/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

	Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	0.9 cm
Wound Width (cm)	1 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	0.09 cm^3
Wound Healing %	93 cm
Wound Surface Area (cm^2)	0.9 cm^2
Exudate Amt	Scant
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Large - 67-100%
Necrosis	None Present
Slough	Small - 1-33%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	3.5 cm
Wound Width (cm)	1.9 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	1.33 cm^3
Wound Healing %	37 cm
Wound Surface Area (cm^2)	6.65 cm^2
Exudate Amt	Small
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Medium - 34-66%
Structure Exposed	None Present

09/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	4.5 cm
Wound Width (cm)	2.5 cm
Wound Surface Area (cm^2)	11.25 cm^2
Exudate Amt	Small
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Medium - 34-66%
Necrosis	None Present
Slough	Medium - 34-66%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality

Patient Instructions

Left lateral ankle, left medial ankle, right medial ankle, right pretib,: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Electronically signed by Null, Margaret K, RN at 9/23/2019 11:35 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
9/23/2019 11:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left lateral ankle, left medial ankle, right medial ankle, right pretib,: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Return in about 4 weeks
(around 10/21/2019).

What's Next

SEP 26 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday September 26 10:30 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
OCT 10 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday October 10 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
OCT 11 2019	New Patient Appointment with Hoi Yee Leung, OD Friday October 11 2:30 PM (Arrive by 2:15 PM)	Harborview Medical Center Eyes on James Optometry Clinic 908 Jefferson ST Seattle WA 98104 206-897-4774
OCT 23 2019	Return Patient Appointment with William E Neighbor, MD Wednesday October 23 10:20 AM (Arrive by 10:05 AM)	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday September 23, 2019 for: Follow Up Visit.

Blood Pressure 118/60	BMI 20.03
Weight 106 lb	Temperature (Oral) 97.4 °F
Pulse 60	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

09/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of September 23, 2019 11:36 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Letters

Referral by Norsworthy, Nilufer Bozdemir, MD on 9/26/2019

Status: Sent
Letter body:

September 26, 2019

William E Neighbor Jr., MD
1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410

RE: Jeane Leonie Hoffman
DOB: 1/6/1925

Dear William E Neighbor Jr., MD:

Thank you for referring Jeane Hoffman to me for evaluation. Enclosed is a copy of my clinic note.

If you have questions please feel free to contact me at your convenience; I would be happy to review any concerns you have.

Sincerely,

Electronically signed by
Nilufer B Norsworthy, MD

CC: No Recipients

Visit Summary
PROGRESS NOTE
9/23/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with multiple bilateral lower leg ulcers with mixed vascular disease is seen today for Follow Up Visit

INTERVAL HISTORY: Both side lower leg ulcers are smaller, there are skin islands at wound beds. There is no inflammation with ulcers.
She was in hospital after two falls, hemopneumothorax and also fractured ribs and ramus pubis bone in early July. After a long hospital stay she was discharged to SNF where she rest well, legs were elevated and with better nutritional support. She actually gained some weight. She was recently discharged home to her son's (Louis) care. This is a patient with DM2, CLI with extensive atherosclerotic disease and chronic leg edema with venous hypertension is here with her son Louise, whom she lives with. She is now living in an apartment. Louis is talking about loosing meal support while she was in hospital and trying to improve the quality and amount of food at apartment. She continues to be on pentoxifylline for chronic venous insufficiency with leg ulcers.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever, . Does have intense itch at both lower limbs and intermittent limb pain, mostly with ambulation. She walked with a walker.

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• acetaminophen 500 MG Oral Tab, 1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition, Disp: , Rfl:
• ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet, TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED , Disp: 30 tablet, Rfl: 0
• atorvastatin 20 MG Oral Tablet, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Calcium Carbonate 500 MG Oral Chew Tab, Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn., Disp: , Rfl:
• Cholecalciferol 1000 units Oral Tab, Take 2 tablets (2,000 Units) by mouth daily., Disp: , Rfl:
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• MULTIPLE VITAMIN OR, Take by mouth., Disp: , Rfl:
• pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 90 tablet, Rfl: 6
• timolol 0.5 % Ophthalmic Solution, One drop in each eye twice daily. Block tear duct for 1-2 minutes after use., Disp: 10 mL, Rfl: 0

EXAM:
Vital Signs: BP 118/60 | Pulse 60 | Temp 97.4 °F (36.3 °C) (Oral) | Resp 16 | Wt 106 lb (48.1 kg) | BMI 20.03 kg/m² Body mass index is 20.03 kg/m².

Edema: trace
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 34.7 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 32.3 cm
RLE Calf - Cm from the Medial Instep: 32 cm

Vascular: pedal pulses are diminished.
Left Lower:

Right Lower:

Wound Data:

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 259

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 259

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Date First Assessed/Time First Assessed: 04/25/19 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiolog...
Number of days: 154

Wound 04/25/19 #13 Left lat Calf (Active)

Date First Assessed/Time First Assessed: 04/25/19 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg U...
Number of days: 154

Wound 04/25/19 #14 Left lat Ankle (Active)

Date First Assessed/Time First Assessed: 04/25/19 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg ...
Number of days: 154

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	9/23/2019 11:02 AM
Wound Length (cm)	0.5 cm	9/23/2019 11:02 AM
Wound Width (cm)	0.4 cm	9/23/2019 11:02 AM
Wound Depth (cm)	0.1 cm	9/23/2019 11:02 AM
Wound Volume (cm^3)	0.02 cm^3	9/23/2019 11:02 AM
Wound Healing %	100 cm	9/23/2019 11:02 AM
Wound Surface Area (cm^2)	0.2 cm^2	9/23/2019 11:02 AM
Exudate Amt	Scant	9/23/2019 11:02 AM
Exudate Type	Serous	9/23/2019 11:02 AM
Foul Odor After Cleansing	No	9/23/2019 11:02 AM
Granulation Amt	Large - 67-100%	9/23/2019 11:02 AM
Necrosis	None Present	9/23/2019 11:02 AM
Slough	None Present	9/23/2019 11:02 AM
Structure Exposed	None Present	9/23/2019 11:02 AM
Margin	Distinct, Outline Attached	9/23/2019 11:02 AM

09/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Tunneling	none	9/23/2019 11:02 AM
Undermining	none	9/23/2019 11:02 AM
Peri-wound Assessment	Intact	9/23/2019 11:02 AM
Temperature	No Abnormality	9/23/2019 11:02 AM

Number of days: 259

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	9/23/2019 11:02 AM
Wound Length (cm)	6 cm	9/23/2019 11:02 AM
Wound Width (cm)	5.4 cm	9/23/2019 11:02 AM
Wound Depth (cm)	0.1 cm	9/23/2019 11:02 AM
Wound Volume (cm^3)	3.24 cm^3	9/23/2019 11:02 AM
Wound Healing %	-44 cm	9/23/2019 11:02 AM
Wound Surface Area (cm^2)	32.4 cm^2	9/23/2019 11:02 AM
Exudate Amt	Small	9/23/2019 11:02 AM
Exudate Type	Serosanguineous	9/23/2019 11:02 AM
Foul Odor After Cleansing	No	9/23/2019 11:02 AM
Granulation Amt	Medium - 34-66%	9/23/2019 11:02 AM
Necrosis	None Present	9/23/2019 11:02 AM
Slough	Medium - 34-66%	9/23/2019 11:02 AM
Structure Exposed	None Present	9/23/2019 11:02 AM
Margin	Distinct, Outline Attached	9/23/2019 11:02 AM
Tunneling	none	9/23/2019 11:02 AM
Undermining	none	9/23/2019 11:02 AM
Peri-wound Assessment	Intact	9/23/2019 11:02 AM
Temperature	No Abnormality	9/23/2019 11:02 AM

Number of days: 259

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Thickness	Full thickness without exposed support structure	9/23/2019 11:02 AM
Wound Length (cm)	0.9 cm	9/23/2019 11:02 AM
Wound Width (cm)	1 cm	9/23/2019 11:02 AM
Wound Depth (cm)	0.1 cm	9/23/2019 11:02 AM
Wound Volume (cm^3)	0.09 cm^3	9/23/2019 11:02 AM
Wound Healing %	93 cm	9/23/2019 11:02 AM
Wound Surface Area (cm^2)	0.9 cm^2	9/23/2019 11:02 AM
Exudate Amt	Scant	9/23/2019 11:02 AM
Exudate Type	Serosanguineous	9/23/2019 11:02 AM
Foul Odor After Cleansing	No	9/23/2019 11:02 AM
Granulation Amt	Large - 67-100%	9/23/2019 11:02 AM
Necrosis	None Present	9/23/2019 11:02 AM
Slough	Small - 1-33%	9/23/2019 11:02 AM
Structure Exposed	None Present	9/23/2019 11:02 AM
Margin	Distinct, Outline Attached	9/23/2019 11:02 AM
Tunneling	none	9/23/2019 11:02 AM
Undermining	none	9/23/2019 11:02 AM
Peri-wound Assessment	Intact	9/23/2019 11:02 AM
Temperature	No Abnormality	9/23/2019 11:02 AM

Number of days: 154

Wound 04/25/19 #13 Left lat Calf (Active)

09/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Thickness	Full thickness without exposed support structure	9/23/2019 11:02 AM
Wound Length (cm)	3.5 cm	9/23/2019 11:02 AM
Wound Width (cm)	1.9 cm	9/23/2019 11:02 AM
Wound Depth (cm)	0.2 cm	9/23/2019 11:02 AM
Wound Volume (cm^3)	1.33 cm^3	9/23/2019 11:02 AM
Wound Healing %	37 cm	9/23/2019 11:02 AM
Wound Surface Area (cm^2)	6.65 cm^2	9/23/2019 11:02 AM
Exudate Amt	Small	9/23/2019 11:02 AM
Exudate Type	Serosanguineous	9/23/2019 11:02 AM
Foul Odor After Cleansing	No	9/23/2019 11:02 AM
Granulation Amt	Small - 1-33%	9/23/2019 11:02 AM
Necrosis	None Present	9/23/2019 11:02 AM
Slough	Medium - 34-66%	9/23/2019 11:02 AM
Structure Exposed	None Present	9/23/2019 11:02 AM
Margin	Distinct, Outline Attached	9/23/2019 11:02 AM
Tunneling	none	9/23/2019 11:02 AM
Undermining	none	9/23/2019 11:02 AM
Peri-wound Assessment	Intact	9/23/2019 11:02 AM
Temperature	No Abnormality	9/23/2019 11:02 AM

Number of days: 154

Wound 04/25/19 #14 Left lat Ankle (Active)

Thickness	Full thickness without exposed support structure	9/23/2019 11:02 AM
Wound Length (cm)	4.5 cm	9/23/2019 11:02 AM
Wound Width (cm)	2.5 cm	9/23/2019 11:02 AM
Wound Surface Area (cm^2)	11.25 cm^2	9/23/2019 11:02 AM
Exudate Amt	Small	9/23/2019 11:02 AM
Exudate Type	Serosanguineous	9/23/2019 11:02 AM
Foul Odor After Cleansing	No	9/23/2019 11:02 AM
Granulation Amt	Medium - 34-66%	9/23/2019 11:02 AM
Necrosis	None Present	9/23/2019 11:02 AM
Slough	Medium - 34-66%	9/23/2019 11:02 AM
Structure Exposed	None Present	9/23/2019 11:02 AM
Margin	Distinct, Outline Attached	9/23/2019 11:02 AM
Tunneling	none	9/23/2019 11:02 AM
Undermining	none	9/23/2019 11:02 AM
Peri-wound Assessment	Intact	9/23/2019 11:02 AM
Temperature	No Abnormality	9/23/2019 11:02 AM

Number of days: 154

LABS:
No results found for: CBC
Hemoglobin A1C

Date	Value	Ref Range	Status
07/30/2019	6.5 (H)	4.0 - 6.0 %	Final
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final

No components found for: BMP
Erythrocyte Sedimentation Rate

Letters (continued)

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 10 and 14 / Description: wound bed and edges are covered with stringy fibrinous slough.
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: necrosis of muscle
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~45 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements
#10: Improved: Length 6cm X Width 5.5cm X Depth: 0.3cm
#14: Improved: Length 4.6cm X Width 2.65cm X Depth: 0.3cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT: This is a patient with advanced age, venous hypertension and limb ischemia with atherosclerotic disease and DM2 has been treated at our center for extensive bilateral lower limb ulcers. With improved living situations while in hospital and also with advanced wound care dressings and infection control and treatment of infection her ulcers have much improved.
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary encounter diagnosis)
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle
(I87.313, L97.919, L97.929) Venous hypertension, chronic, with ulcer, bilateral
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf

PLAN: We will continue current management.

Patient education took place regarding the treatment progress and further measures to address the condition. The patient was given an opportunity to ask questions.
Treatment plan recommended at this time includes the following:
Jeanne was seen today for follow up visit.

Diagnoses and all orders for this visit:

09/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Non-pressure chronic ulcer of left ankle with necrosis of muscle
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Non-pressure chronic ulcer of left calf with necrosis of muscle
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Venous hypertension, chronic, with ulcer, bilateral
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Patient Instructions
Left lateral ankle, left medial ankle, right medial ankle, right pretib,: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Return in about 4 weeks (around 10/21/2019).

Nilufer B Norsworthy, MD

09/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 9/23/2019 11:36 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
9/23/2019 11:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left lateral ankle, left medial ankle, right medial ankle, right pretib,: Clean with water, apply xeroform gauze onto the wounds, cover with gauze or ABD pad. Secure with kling and tape. Change every other day.

Return in about 4 weeks
(around 10/21/2019).

What's Next

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OCT 11 2019	New Patient Appointment with Hoi Yee Leung, OD Friday October 11 2:30 PM (Arrive by 2:15 PM)	Harborview Medical Center Eyes on James Optometry Clinic 908 Jefferson ST Seattle WA 98104 206-897-4774
OCT 23 2019	Return Patient Appointment with William E Neighbor, MD Wednesday October 23 10:20 AM (Arrive by 10:05 AM)	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday September 23, 2019 for: Follow Up Visit.

Blood Pressure 118/60	BMI 20.03
Weight 106 lb	Temperature (Oral) 97.4 °F
Pulse 60	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 9/23/19 11:36 AM

Page 1 of 2 Epic

09/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of September 23, 2019 11:36 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/23/2019 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Status Check-in, Care Coordination, Follow-Up , and RN60
Visit diagnosis: Chronic right shoulder pain

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020

09/23/2019 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 1/13/2020
Quantity: 10 mL — Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/12/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Authorized by: Terry, Anne Catherine, ARNP — Ordered on: 9/26/2019
Start date: 9/26/2019 — End date: 11/9/2019
Quantity: 30 tablet — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Collins V, Marta, RN at 9/23/2019 1045

Per Dr Neighbors request:
"Jean was seen Thursday after a fall 11 days before hand. She has a small non displaced fracture of the humeral head that at this point does not require immobilization though a sling could provide comfort. The pain issue is that she needs to get into PT. She and son live on Bainbridge. There is PT locally which would be best.
Please make sure they are moving ahead with PT on Bainbridge."

Called and LM for Louis to CB and let us know if they were able to connect with PT on Bainbridge? I offered to help with calls or faxing order, etc if needed.
Marta Collins RN

Electronically signed by Collins V, Marta, RN at 9/23/2019 10:54 AM

Collins V, Marta, RN at 9/24/2019 1353

Talked to Louis yesterday afternoon, he said he had not f/u yet on the PT for his Mom and would appreciate any help in getting the process started. The PT clinic close to home is he stated was either affiliated with Swedish or located in the Swedish office complex. I made a couple of calls and found the Kitsap PT office is located w/i that office complex and they do take medicare. Louis was concerned that with his Mom getting PT at HMC for a previous hip problem that they would not authorize for PT at the same time. I brought this up with the person I talked to at the PT clinic and they clarified that the problem wouldn't be getting PT from 2 locations or for 2 separate problems, they money comes from the same pool and there is only so much allocated each year and once it is gone it is gone until the next calender year.

09/23/2019 - Telephone in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

She suggested that since the therapy is is for a shoulder issue we might be better served authorizing OT instead of PT as that comes from a separate pool of money and the tx is essentially the same. There clinic also has OT so the same location would work.
I called Louis today and LM with all of this information as well as the contact information for the clinic I will forward this message to Anne T who is covering for Dr Neighbor to ask if she will change the referral from PT to OT and I will provide the fax and contact info for our referral coordinator.
Marta Collins RN

Electronically signed by Collins V, Marta, RN at 9/24/2019 2:08 PM

Collins V, Marta, RN at 9/24/2019 1418

Louis called back, I reviewed what I researched and he is now saying he thinks it would be better for Jeane to stay at HMC for all of her therapy. They have an appt on Thursday so he asked if we could wait on the referral until he talks to the therapists at harborview to see if they can offer the same kind of OT that they would be getting in Bainbridge. He will call to let us know on Friday if we don't hear from him we can call him back because this is another delay in tx. He was very adament that getting her out of the area they are living is beneficial for mulitple reasons which he explained very carefully to me. I expressed some reservation as it is a long trip in to HMC weekly or biweekly and wouldn't she be more fatigued than if she was getting therapy a block from home. He persisted in his assertion that the care is better, the social aspect is better, the food is better and giving her some place to go and something to do is beneficial.
Marta Collins RN

Electronically signed by Collins V, Marta, RN at 9/24/2019 2:26 PM

Terry, Anne Catherine, ARNP at 9/30/2019 1456

New general referral to OT for chronic right shoulder pain placed now.

Electronically signed by Terry, Anne Catherine, ARNP at 9/30/2019 2:56 PM

Lo, Edith Y, RN at 9/30/2019 1541

TC to son Louis requesting update on patient's PT situation. No answer, LVM and requested return call to clinic at 206-616-2368.

Electronically signed by Lo, Edith Y, RN at 9/30/2019 3:42 PM

Lo, Edith Y, RN at 10/2/2019 1615

TC to son Louis attempt #2 requesting status update on PT. No answer, LVM and requested return call to clinic at 206-616-2368.

Electronically signed by Lo, Edith Y, RN at 10/2/2019 4:18 PM

09/23/2019 - Telephone in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Collins V, Marta, RN at 10/9/2019 0854

Attempted to reach pts son again but phone went directly to message this time? Left another VM asking the status of the referral for OT?
Marta Collins RN

Electronically signed by Collins V, Marta, RN at 10/9/2019 9:02 AM

Collins V, Marta, RN at 10/9/2019 0856

I realized after checking her encounterto see if she has a f/u scheduled with Dr Neighbor (she does, 10/23) that she has an appt scheduled for her shoulder at HMC Sports Medicine Center on 10/11. I wouldn't have guessed that is where they would see her but I am glad that something is finally arranged. I will forward to ATerry NP and Dr Neighbor and close this encounter now that I see she has a scheduled appt.
Marta Collins RN

Electronically signed by Collins V, Marta, RN at 10/9/2019 9:02 AM

Other Orders

Referral

REFERRAL TO OCCUPATIONAL THERAPY (Discontinued)

Electronically signed by: **Terry, Anne Catherine, ARNP on 09/30/19 1456** Status: **Discontinued**
Ordering user: Terry, Anne Catherine, ARNP 09/30/19 1456 Authorized by: Terry, Anne Catherine, ARNP
Ordering mode: Standard
Frequency: Routine 09/30/19 - Class: Internal Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Chronic right shoulder pain [M25.511, G89.29]

Questionnaire

Question	Answer
Do you want to track this referral?	No

Scheduling instructions
Referral to: Non-UW Medicine Occupational Therapy: Patient Preference (POS 103798)

----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: OT. Transfer of Care. To assume on-going management of some aspect of the patient's care. Is this the patient's first post-operative therapy visit?: NO 94 year old female with chronic right shoulder pain . Precautions: None Please evaluate and treat, including: Services as deemed appropriate by the therapist. Treatment frequency: 1-3 times per week for 6-8 weeks Physician recheck date: In 8 weeks COLLINS, MARTA V A copy of the patient's chart notes available upon request.

Referral Details

Referred By	Referred To	Type	Priority

09/23/2019 - Telephone in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Terry, Anne Catherine, ARNP 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Chronic right shoulder pain Reason: Specialty Services Required	**PATIENT PREFERENCE** Specialty: Occupational Therapist Med	Physical/ Occ/ Speech Therapy	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare
Referral for: OT. Transfer of Care. To assume on-going management of some aspect of the patient's care.
Is this the patient's first post-operative therapy visit?: NO

94 year old female with chronic right shoulder pain .
Precautions: None

Please evaluate and treat, including: Services as deemed appropriate by the therapist.

Treatment frequency: 1-3 times per week for 6-8 weeks
Physician recheck date: In 8 weeks

COLLINS, MARTA V

A copy of the patient's chart notes available upon request.

Indications

Chronic right shoulder pain [M25.511, G89.29 (ICD-10-CM)]

09/19/2019 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Shoulder Injury
Visit diagnoses:

- Acute pain of right shoulder (primary)
- Adult failure to thrive syndrome
- Venous ulcer of left leg
- Closed fracture of multiple ribs of left side with routine healing
- Closed fracture of head of right humerus, initial encounter

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 25 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

09/19/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 1/13/2020
Quantity: 10 mL
Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 9/19/2019 1300

Jeanne Leonie Hoffman is a 94 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Shoulder Injury
  right. fell in a hole 11 days ago

11 days ago when being accompanied by her son with her wheeled walker and getting off the Bainbridge area in Seattle where there is construction and disruption of the sidewalk and fell into a shallow depression in the dirt with Jean falling onto her right side. They did not seek medical attention. Since then she has complained of right shoulder pain and has had difficulties moving the shoulder. There's been no radiation of pain into the lower arm and no numbness in the arm or weakness in the hand or forearm.

Of note she was hospitalized this summer for her fracture with hemothorax and pelvic fracture.

She has been taking Tylenol for discomfort.

She was seen for physical therapy at Harborview today for balance issues and recovery from her injuries this summer.

She was instructed to seek care today for evaluation.

Review of Systems:
She has not had any fever chills or night sweats.
She is wearing her hearing aids today which improves communication.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Unspecified vitamin B deficiency [E53.9] 05/01/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic (HCC) [I82.509] 11/20/2006

Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006

LS spine. Bilateral talonavicular arthritis since 1994.

09/19/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Fall [W19.XXXA] 09/03/2019
- Closed displaced fracture of left pubis with routine healing [S32.502D] 08/11/2019
- Acute blood loss anaemia [D62] 08/11/2019
- Closed fracture of multiple ribs of left side with routine healing [S22.42XD] 08/11/2019
- Hemopneumothorax [J94.2] 08/11/2019
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019
- Chronic venous hypertension with ulcer, bilateral (HCC) [I87.313, L97.919, L97.929] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019
- Suspected elder abuse [T76.91XA] 01/11/2019
  Island Crest Terrace
  Pastor Dave OConnell 314.853.2695

  NW Justice Project Samthan Adam 206.707.0838
  APS Levon Gibson 360.473.2167

- Housing lack [Z59.0] 09/26/2018
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Diabetic ulcer of lower extremity (HCC) [E11.622, 09/24/2018

09/19/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

L97.909]

- Vitamin D deficiency [E55.9] 07/09/2018
- Venous ulcer of left leg (HCC) [I83.029, L97.929] 06/07/2018
- Homeless [Z59.0] 06/07/2018
- Normocytic anemia [D64.9] 06/07/2018
- Severe protein-calorie malnutrition (HCC) [E43] 06/07/2018
- Urge urinary incontinence [N39.41] 06/07/2018
- Cellulitis of left leg [L03.116] 05/31/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323] 05/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223] 05/17/2018
- Chronic venous hypertension with ulcer and inflammation, left (HCC) [I87.332, L97.929] 05/17/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014

  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007

  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Outpatient Medications Marked as Taking for the 9/19/19 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• atorvastatin 20 MG Oral Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		

09/19/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.		
• MULTIPLE VITAMIN OR	Take by mouth.		
• pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	6
• timolol 0.5 % Ophthalmic Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.	10 mL	0

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 146/67 | Pulse 67

Estimated body mass index is 20.99 kg/m² as calculated from the following:
Height as of 8/20/19: 5' 1" (1.549 m).
Weight as of 8/20/19: 50.4 kg (111 lb 1.6 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 146/67	67	---	---	---	1:29 PM	9/19/2019

Last blood pressure recorded in this encounter: **(!) 146/67**
General: Complaining of right shoulder pain
Neck: Full range of motion without tenderness
Right shoulder: Tender without bruising over the lateral aspect of the upper humerus near the shoulder joint. There is no swelling. Palpation of the clavicle and acromion processes without tenderness. There is no step-off.
Motion is limited because of discomfort. Internal and external rotation are weak because of discomfort but resistance is present. There is also resistance to abduction though it is quite painful. Passive range of motion limited due to discomfort.

Lab and other tests: Shoulder X ray shows abnormality humeral head laterally which could be small fracture versus calcific tendonitis.

Assessment and Plan:

1. Acute pain of right shoulder
(S42.291A) Closed fracture of head of right humerus, initial encounter
X ray without fracture though she has an area at the humeral head that may be calcific tendonitis vs fracture. The exam shows diffuse shoulder pain without bruising but some weakness suggestive of rotator cuff tear.
Plan:
--Warm compresses at this time
--Referral to PT at Swedish on Bainbridge as she will need to be seen there frequently focusing on range of motion to

Clinical Notes (continued)

prevent a frozen shoulder
--Referral to Orthopedics. She has metal in her hip preventing an MRI. May need CT arthrogram.

2. Adult failure to thrive syndrome
Nutrition reported improving. Will weigh today

3. Venous ulcer of left leg (HCC)
No examined today. Has visit early next week at Northwest to reestablish care after hospitalization this summer.
Wound care instructions from HMC are available and also scanned as attachment to my last clinic note.

4. Closed fracture of multiple ribs of left side with routine healing
Next step was bone density study which has not yet been scheduled.
UWMC Radiology 206-598-7200

Other:
Follow up her in one month, sooner as needed
Has eye appointment for next week

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 9/20/2019 5:23 PM

Imaging

Imaging

XR SHOULDER 2+ VW RIGHT (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 09/19/19 1225** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 09/19/19 1225 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/19/19 - Class: General Imaging
Quantity: 1
Diagnoses
Acute pain of right shoulder [M25.511]

Questionnaire

Question	Answer
Relevant signs, symptoms, or diagnosis and clinical question to be answered:	Fell a couple of days ago. Now right shoulder pain in 94 year old with osteoporosis and hx of fx

Indications

Acute pain of right shoulder [M25.511 (ICD-10-CM)]

XR SHOULDER 2+ VW RIGHT Resulted: 09/19/19 1419, Result status: Final result

Order status: Completed
Filed by: Uw Radiology Results Interface, User 09/19/19 1421
Accession number: 12713056
Lab Technician: AJAY CHHABRA HALL HEALTH TECH
Resulted by: Mulcahy, Hyojeong, MD
Performed: 09/19/19 1225 - 09/19/19 1225
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:

09/19/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Imaging (continued)

XR SHOULDER MIN 2 VIEWS RIGHT, XR HUMERUS MIN 2 VIEWS RIGHT

CLINICAL INDICATION:
Fell a couple of days ago. Now right shoulder pain in 94 year old with osteoporosis and hx of fx

COMPARISON:
No prior images are currently available for comparison.

FINDINGS:
Bones are osteopenic.
There is mild osteoarthritis at acromioclavicular and glenohumeral joints.
Calcification at the acromiohumeral interval is in keeping with calcific rotator cuff tendinosis.

A minimally displaced fracture is noted at the greater tuberosity.
ATTENDING RADIOLOGIST AND PAGER NUMBER
368450 MULCAHY HYOJEONG MD
(206)680-354
Acknowledged by: Neighbor Jr., William E, MD on 09/20/19 1547

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Acute pain of right shoulder [M25.511 (ICD-10-CM)]

XR HUMERUS 2+ VW RIGHT (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 09/19/19 1225** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 09/19/19 1225 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/19/19 - Class: General Imaging
Quantity: 1
Diagnoses
Acute pain of right shoulder [M25.511]

Questionnaire

Question	Answer
Relevant signs, symptoms, or diagnosis and clinical question to be answered:	right shoulder and upper arm pain after fall a couple of days ago in 94 year old with osteoporsis and hx of fx

Indications

Acute pain of right shoulder [M25.511 (ICD-10-CM)]

XR HUMERUS 2+ VW RIGHT Resulted: 09/19/19 1419, Result status: Final result

Order status: Completed Resulted by: Mulcahy, Hyojeong, MD
Filed by: Uw Radiology Results Interface, User 09/19/19 1421 Performed: 09/19/19 1226 - 09/19/19 1226
Accession number: 12713057 Resulting lab: UW RADIOLOGY
Lab Technician: AJAY CHHABRA HALL HEALTH TECH
Narrative:
EXAMINATION:
XR SHOULDER MIN 2 VIEWS RIGHT, XR HUMERUS MIN 2 VIEWS RIGHT

CLINICAL INDICATION:
Fell a couple of days ago. Now right shoulder pain in 94 year old with osteoporosis and hx of fx

09/19/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Imaging (continued)

COMPARISON:
No prior images are currently available for comparison.

FINDINGS:
Bones are osteopenic.
There is mild osteoarthritis at acromioclavicular and glenohumeral joints.
Calcification at the acromiohumeral interval is in keeping with calcific rotator cuff tendinosis.

A minimally displaced fracture is noted at the greater tuberosity.
ATTENDING RADIOLOGIST AND PAGER NUMBER
368450 MULCAHY HYOJEONG MD
(206)680-354
Acknowledged by: Neighbor Jr., William E, MD on 09/20/19 1541

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Acute pain of right shoulder [M25.511 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
9/20/2019 3:41 PM PDT

Jeanne:
The area on her right shoulder x-ray that I thought was consistent with tendon calcification, the radiologist felt was a small nondisplaced fracture. Usually this is treated with a sling for support for a few days before beginning active range of motion. Your injury was over a week ago. At this time a sling might be used for comfort but the most important thing is to begin physical therapy for range of motion. I encouraged you to schedule an appointment with the physical therapist on Bainbridge for which I wrote a referral.

William E Neighbor, MD

Other Orders

Referral

REFERRAL TO PHYSICAL THERAPY (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/19/19 1412** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 09/19/19 1412 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/19/19 - Class: Internal Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Acute pain of right shoulder [M25.511]

Questionnaire

Question	Answer
Do you want to track this referral?	No

Scheduling instructions
Referral to: Non-UW Medicine Physical Therapy: Patient Preference (POS 103798) : Son to call with contact information for PT in

09/19/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Swedish building near where they live on Bainbridge

----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: PT. Transfer of Care. To assume on-going management of some aspect of the patient's care. Is this the patient's first post-operative therapy visit?: NO 94 year old female with recent fall and injury of right shoulder one week ago. X ray negative. Concern for tendon injury and prevention of frozen shoulder. Referred for PT to begin soon and arranging Ortho shoulder appointment . Precautions: None Please evaluate and treat, including: Services as deemed appropriate by the therapist. Treatment frequency: As deemed appropriate by theTherapist Physician recheck date: Will follow up in one month NEIGHBOR JR, WILLIAM E A copy of the patient's chart notes available upon request.

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Acute pain of right shoulder Reason: Specialty Services Required	**PATIENT PREFERENCE** Specialty: Physical Therapy Med	Physical/ Occ/ Speech Therapy	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: PT. Transfer of Care. To assume on-going management of some aspect of the patient's care. Is this the patient's first post-operative therapy visit?: NO

94 year old female with recent fall and injury of right shoulder one week ago. X ray negative. Concern for tendon injury and prevention of frozen shoulder. Referred for PT to begin soon and arranging Ortho shoulder appointment . Precautions: None

Please evaluate and treat, including: Services as deemed appropriate by the therapist.

Treatment frequency: As deemed appropriate by theTherapist
Physician recheck date: Will follow up in one month

NEIGHBOR JR, WILLIAM E

A copy of the patient's chart notes available upon request.

Indications

Acute pain of right shoulder [M25.511 (ICD-10-CM)]

REFERRAL TO ORTHOPEDICS (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/19/19 1412** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 09/19/19 1412 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/19/19 - Class: Internal Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742
[System automatic cancellation for deceased patient]

Diagnoses
Acute pain of right shoulder [M25.511]

Questionnaire

Question	Answer
Do you want to track this referral?	No

Scheduling instructions
Referral to: Centralized Sports, Spine and Ortho (DEP 230001) 206-520-5000

----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee

09/19/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: Consultation. To give an opinion or answer a clinical question. Provider preference: None. Question for the consultant: Does patient need additional shoulder imaging. She has metal in hip which prevents MR. Clinical info, : Fall one week ago. Now shoulder pain without fracture. Concern for tendon injury and desire to avoid frozen shoulder. PT initiated. Referral to ortho for consideration of additional imaging. Is this a Workmen's Compensation case? NO Patient will hand carry: no material Contact info for referring clinician: William E Neighbor, MD Appointments: 206-616-2495 Hall Health After Hours: 722-2500 Fax: 206-616-4683 Medical Assistant: 206-685-1045

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Acute pain of right shoulder	**Zzhmc Sports Medicine Center** 908 Jefferson St 5th Floor SEATTLE WA 98104 Phone: 206-744-0401 Fax: 206-744-9838 Specialty: Orthopedics Med	Specialty Visit	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: Consultation. To give an opinion or answer a clinical question.
Provider preference: None.
Question for the consultant: Does patient need additional shoulder imaging. She has metal in hip which prevents MR. Clinical info, : Fall one week ago. Now shoulder pain without fracture. Concern for tendon injury and desire to avoid frozen shoulder. PT initiated. Referral to ortho for consideration of additional imaging.
Is this a Workmen's Compensation case? NO
Patient will hand carry: no material
Contact info for referring clinician:
William E Neighbor, MD
Appointments: 206-616-2495
Hall Health After Hours: 722-2500
Fax: 206-616-4683
Medical Assistant: 206-685-1045

Indications

Acute pain of right shoulder [M25.511 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	09/19/19 1329
BP	**146/67** !
BP Cuff Size	Small
BP Site	Left Arm
BP Position	Sitting
Pulse	67

Patient Instructions

Assessment and Plan:
1. Acute pain of right shoulder
X ray without fracture, but exam shows diffuse shoulder pain without bruising but some weakness suggestive of rotator cuff tear.
Plan:

09/19/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Patient Instructions (continued)

--Warm compresses at this time
--Referral to PT at Swedish on Bainbridge as she will need to be seen there frequently focusing on range of motion to prevent a frozen shoulder
--Referral to Orthopedics. She has metal in her hip preventing an MRI. May need CT arthrogram.

2. Adult failure to thrive syndrome
Nutrition reported improving. Will weigh today

3. Venous ulcer of left leg (HCC)
No examined today. Has visit early next week at Northwest to reestablish care after hospitalization this summer. Wound care instructions from HMC are available and also scanned as attachment to my last clinic note.

4. Closed fracture of multiple ribs of left side with routine healing
Next step was bone density study which has not yet been scheduled.

Other:
Follow up her in one month, sooner as needed
Has eye appointment for next week

William E Neighbor, MD
Clinical Professor
Department of Family Medicine

Referrals printed out for son.

Son to call our referral coordinator to specify the name, address and contact information for PT on Bainbridge island: Hall Health referral coordinator at 206-616-7596

Electronically signed by Neighbor Jr., William E, MD at 9/19/2019 2:14 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 9/19/2019 1:00 PM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your personalized instructions can be found at the end of this document.

Referrals placed today

REFERRAL TO PHYSICAL THERAPY
Referral to: Non-UW Medicine Physical Therapy: Patient Preference (POS 103798) : Son to call with contact information for PT in Swedish building near where they live on Bainbridge

----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.

REFERRAL TO ORTHOPEDICS
Where: CENTRALIZED SPORTS, SPINE AND ORTHO
Address: UW Medicine, Box 359940, Seattle, WA 98195-9940
Seattle WA 98104
Phone: 206-520-5000
Referral to: Centralized Sports, Spine and Ortho (DEP 230001) 206-520-5000

----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.

What's Next

SEP 23 2019 — Return Patient Appointment with Nilufer B Norsworthy, MD
Monday September 23 11:00 AM
Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

SEP 26 2019 — Return Patient Appointment with Kristina M Cosley, PT
Thursday September 26 10:30 AM
Harborview Medical Center Outpatient Physical Therapy Clinic
908 Jefferson ST
Seattle WA 98104
206-744-1675

Today's Visit

You saw William E Neighbor, MD on Thursday September 19, 2019. The following issues were addressed: Acute pain of right shoulder, Adult failure to thrive syndrome, Venous ulcer of left leg, and Closed fracture of multiple ribs of left side with routine healing.

Blood Pressure 146/67
Pulse 67

Done Today

XR SHOULDER 2+ VW RIGHT for Acute pain of right shoulder
XR HUMERUS 2+ VW RIGHT for Acute pain of right shoulder

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

09/19/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

What's Next (continued)

OCT 10 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday October 10 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
OCT 11 2019	New Patient Appointment with Hoi Yee Leung, OD Friday October 11 2:30 PM (Arrive by 2:15 PM)	Harborview Medical Center Eyes on James Optometry Clinic 908 Jefferson ST Seattle WA 98104 206-897-4774
OCT 23 2019	Return Patient Appointment with William E Neighbor, MD Wednesday October 23 10:20 AM (Arrive by 10:05 AM)	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011

09/19/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of September 19, 2019 2:14 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Instructions from William E Neighbor, MD

Assessment and Plan:

1. Acute pain of right shoulder

X ray without fracture, but exam shows diffuse shoulder pain without bruising but some weakness suggestive of rotator cuff tear.

Plan:

--Warm compresses at this time

--Referral to PT at Swedish on Bainbridge as she will need to be seen there frequently focusing on range of motion to prevent a frozen shoulder

--Referral to Orthopedics. She has metal in her hip preventing an MRI. May need CT arthrogram.

2. Adult failure to thrive syndrome

Nutrition reported improving. Will weigh today

3. Venous ulcer of left leg (HCC)

No examined today. Has visit early next week at Northwest to reestablish care after hospitalization this summer.
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Next step was bone density study which has not yet been scheduled.

Other:
Follow up her in one month, sooner as needed
Has eye appointment for next week

William E Neighbor, MD
Clinical Professor
Department of Family Medicine

Referrals printed out for son.

Son to call our referral coordinator to specify the name, address and contact information for PT on Bainbridge island:
Hall Health referral coordinator at 206-616-7596

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/19/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 9/19/2019 2:14 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 9/19/2019 1:00 PM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your personalized instructions can be found at the end of this document.

Referrals placed today

REFERRAL TO PHYSICAL THERAPY
Referral to: Non-UW Medicine Physical Therapy: Patient Preference (POS 103798) : Son to call with contact information for PT in Swedish building near where they live on Bainbridge

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Seattle WA 98104
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What's Next

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Monday September 23 11:00 AM
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908 Jefferson ST
Seattle WA 98104
206-744-1675

Today's Visit

You saw William E Neighbor, MD on Thursday September 19, 2019. The following issues were addressed: Acute pain of right shoulder, Adult failure to thrive syndrome, Venous ulcer of left leg, and Closed fracture of multiple ribs of left side with routine healing.

Blood Pressure 146/67
Pulse 67

Done Today

XR SHOULDER 2+ VW RIGHT for Acute pain of right shoulder
XR HUMERUS 2+ VW RIGHT for Acute pain of right shoulder

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 9/19/19 2:14 PM

Page 1 of 4 Epic

09/19/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

What's Next (continued)

OCT 10 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday October 10 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
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OCT 23 2019	Return Patient Appointment with William E Neighbor, MD Wednesday October 23 10:20 AM (Arrive by 10:05 AM)	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011

09/19/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of September 19, 2019 2:14 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

09/19/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Instructions from William E Neighbor, MD

Assessment and Plan:
1. Acute pain of right shoulder
X ray without fracture, but exam shows diffuse shoulder pain without bruising but some weakness suggestive of rotator cuff tear.
Plan:
--Warm compresses at this time
--Referral to PT at Swedish on Bainbridge as she will need to be seen there frequently focusing on range of motion to prevent a frozen shoulder
--Referral to Orthopedics. She has metal in her hip preventing an MRI. May need CT arthrogram.

2. Adult failure to thrive syndrome
Nutrition reported improving. Will weigh today

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No examined today. Has visit early next week at Northwest to reestablish care after hospitalization this summer.
Wound care instructions from HMC are available and also scanned as attachment to my last clinic note.

4. Closed fracture of multiple ribs of left side with routine healing
Next step was bone density study which has not yet been scheduled.

Other:
Follow up her in one month, sooner as needed
Has eye appointment for next week

William E Neighbor, MD
Clinical Professor
Department of Family Medicine

Referrals printed out for son.

Son to call our referral coordinator to specify the name, address and contact information for PT on Bainbridge island:
Hall Health referral coordinator at 206-616-7596

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/19/2019 - Orders Only in Husky Health Radiology

Reason for Visit

Visit diagnoses:
- (primary)
- Acute pain of right shoulder

Visit Information

Department

Name	Address	Phone	Fax
Husky Health Radiology	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-685-6052

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 45 tablet — Refill: 3 refills by 9/3/2020

09/19/2019 - Orders Only in Husky Health Radiology (continued)

Medication List (continued)

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 1/13/2020
Quantity: 10 mL — Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

Stopped in Visit

None

Clinical Notes

Result Encounter Note

Neighbor Jr., William E, MD at 9/19/2019 1235

Jeanne:
The area on her right shoulder x-ray that I thought was consistent with tendon calcification, the radiologist felt was a small nondisplaced fracture. Usually this is treated with a sling for support for a few days before beginning active range of motion. Your injury was over a week ago. At this time a sling might be used for comfort but the most important thing is to begin physical therapy for range of motion. I encouraged you to schedule an appointment with the physical therapist on Bainbridge for which I wrote a referral.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 9/20/2019 3:41 PM

Imaging

Imaging

XR HUMERUS 2+ VW RIGHT (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 09/19/19 1225** — Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Neighbor Jr., William E, MD 09/19/19 1225 — Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/19/19 - — Class: General Imaging
Quantity: 1 — Lab status: Final result
Instance released by: Uw Epaa, User 9/19/2019 12:25 PM
Diagnoses
Acute pain of right shoulder [M25.511]

Questionnaire

Question	Answer
Relevant signs, symptoms, or diagnosis and clinical question	right shoulder and upper arm pain after fall a couple of days

09/19/2019 - Orders Only in Husky Health Radiology (continued)

Imaging (continued)

to be answered: ago in 94 year old with osteoporsis and hx of fx

Order comments: From Epic: Diagnosis:Acute pain of right shoulder, Allergies:ADHESIVES, ASPIRIN, NITROFURANTOIN, NITROFURANTOIN, PENICILLINS, SULFA ANTIBIOTICS,

XR HUMERUS 2+ VW RIGHT Resulted: 09/19/19 1419, Result status: Final result

Order status: Completed
Filed by: Uw Radiology Results Interface, User 09/19/19 1421
Accession number: 12713057
Lab Technician: AJAY CHHABRA HALL HEALTH TECH
Resulted by: Mulcahy, Hyojeong, MD
Performed: 09/19/19 1226 - 09/19/19 1226
Resulting lab: UW RADIOLOGY

Narrative:
EXAMINATION:
XR SHOULDER MIN 2 VIEWS RIGHT, XR HUMERUS MIN 2 VIEWS RIGHT

CLINICAL INDICATION:
Fell a couple of days ago. Now right shoulder pain in 94 year old with osteoporosis and hx of fx

COMPARISON:
No prior images are currently available for comparison.

FINDINGS:
Bones are osteopenic.
There is mild osteoarthritis at acromioclavicular and glenohumeral joints.
Calcification at the acromiohumeral interval is in keeping with calcific rotator cuff tendinosis.

A minimally displaced fracture is noted at the greater tuberosity.
ATTENDING RADIOLOGIST AND PAGER NUMBER
368450 MULCAHY HYOJEONG MD
(206)680-354
Acknowledged by: Neighbor Jr., William E, MD on 09/20/19 1541

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Acute pain of right shoulder [M25.511 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
9/20/2019 3:41 PM PDT

Jeanne:
The area on her right shoulder x-ray that I thought was consistent with tendon calcification, the radiologist felt was a small nondisplaced fracture. Usually this is treated with a sling for support for a few days before beginning active range of motion. Your injury was over a week ago. At this time a sling might be used for comfort but the most important thing is to begin physical therapy for range of motion. I encouraged you to schedule an appointment with the physical therapist on Bainbridge for which I wrote a referral.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 9/20/2019 15:41

09/19/2019 - Orders Only in Husky Health Radiology (continued)

Imaging (continued)

09/19/2019 - Orders Only in Husky Health Radiology

Reason for Visit

Visit diagnoses:
- (primary)
- Acute pain of right shoulder

Visit Information

Department

Name	Address	Phone	Fax
Husky Health Radiology	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-685-6052

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 45 tablet — Refill: 3 refills by 9/3/2020

09/19/2019 - Orders Only in Husky Health Radiology (continued)

Medication List (continued)

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 1/13/2020
Quantity: 10 mL — Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2019
Start date: 9/4/2019 — End date: 9/16/2020
Quantity: 90 tablet — Refill: 6 refills by 9/3/2020

Stopped in Visit

None

Imaging

Imaging

XR SHOULDER 2+ VW RIGHT (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 09/19/19 1225** — Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Neighbor Jr., William E, MD 09/19/19 1225 — Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/19/19 - — Class: General Imaging
Quantity: 1 — Lab status: Final result
Instance released by: Uw Epaa, User 9/19/2019 12:25 PM
Diagnoses
Acute pain of right shoulder [M25.511]

Questionnaire

Question	Answer
Relevant signs, symptoms, or diagnosis and clinical question to be answered:	Fell a couple of days ago. Now right shoulder pain in 94 year old with osteoporosis and hx of fx

Order comments: From Epic: Diagnosis:Acute pain of right shoulder, Allergies:ADHESIVES, ASPIRIN, NITROFURANTOIN, NITROFURANTOIN, PENICILLINS, SULFA ANTIBIOTICS,

XR SHOULDER 2+ VW RIGHT — Resulted: 09/19/19 1419, Result status: Final result

Order status: Completed — Resulted by: Mulcahy, Hyojeong, MD
Filed by: Uw Radiology Results Interface, User 09/19/19 1421 — Performed: 09/19/19 1225 - 09/19/19 1225
Accession number: 12713056 — Resulting lab: UW RADIOLOGY
Lab Technician: AJAY CHHABRA HALL HEALTH TECH
Narrative:
EXAMINATION:
XR SHOULDER MIN 2 VIEWS RIGHT, XR HUMERUS MIN 2 VIEWS RIGHT

CLINICAL INDICATION:
Fell a couple of days ago. Now right shoulder pain in 94 year old with osteoporosis and hx of fx

COMPARISON:
No prior images are currently available for comparison.

FINDINGS:
Bones are osteopenic.
There is mild osteoarthritis at acromioclavicular and glenohumeral joints.

09/19/2019 - Orders Only in Husky Health Radiology (continued)

Imaging (continued)

Calcification at the acromiohumeral interval is in keeping with calcific rotator cuff tendinosis.

A minimally displaced fracture is noted at the greater tuberosity.
ATTENDING RADIOLOGIST AND PAGER NUMBER
368450 MULCAHY HYOJEONG MD
(206)680-354
Acknowledged by: Neighbor Jr., William E, MD on 09/20/19 1547

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Acute pain of right shoulder [M25.511 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 9/20/2019 15:47

09/19/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic

Reason for Visit

Chief complaint: Physical Therapy
Visit diagnoses:

- Imbalance (primary)
- Leg weakness, bilateral
- Fall, subsequent encounter

Visit Information

Provider Information

Encounter Provider	Referring Provider
Cosley, Kristina M, PT	Phelan, Elizabeth Anne, MD

Department

Name	Address	Phone	Fax
Harborview Medical Center Outpatient Physical Therapy Clinic	908 Jefferson ST Seattle WA 98104	206-744-1675	206-744-1664

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

09/19/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 1/13/2020
Quantity: 10 mL
Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

Stopped in Visit

None

Clinical Notes

Progress Notes

Cosley, Kristina M, PT at 9/19/2019 0945

PHYSICAL THERAPY TREATMENT NOTE

Certification From*: 09/03/19
Certification To*: 11/02/19

Date of Symptom Onset*: 07/23/19

Start of Care Date*: 09/03/19

VISITS FROM SOC: 3
INTERPRETER STATUS (Not needed, Telephonic, In Person):not needed
Referring Provider: Phelan, E
Attending Physician: Phelan, E
Falls Doctor: Phelan, E
PCP: Neighbor Jr., William E, MD
Diagnosis: (R26.89) Imbalance (primary encounter diagnosis)

(R29.898) Leg weakness, bilateral

(W19.XXXD) Fall, subsequent encounter

09/19/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

PRECAUTIONS: Fall risk

Mechanism of Injury: falls
Was previously living at home with her son, with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who was hospitalized at Harborview Medical Center from 7/25/2019 until 8/5/2019 with pelvic fx, right RF and hemo-pneumothorax secondary to GLF. Was then at SNF at Kline Galland for PT/OT

Pertinent Medical/Surgical History/Current Medications that may affect progress in PT:

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer and inflammation, left (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Diabetic ulcer of lower extremity (HCC)
- Housing lack
- Suspected elder abuse
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer, bilateral (HCC)
- Bilateral leg edema
- Closed displaced fracture of left pubis with routine healing
- Acute blood loss anaemia
- Closed fracture of multiple ribs of left side with routine healing

- Hemopneumothorax
- Fall

SUBJECTIVE:
Patient's Statement: I think I really hurt my shoulder last week - having right shoulder pani 5-10/10 constant. My son wants me to do my exercises a certain way and that does not work for me. Son reports she has not been tracking her exercises on the tracking form and so he does not know if she is doing them. When asked, patient reports that she feels safe at home

Time in: 1006 - late arrival

OBJECTIVE MEASURES/IMPAIRMENTS:
Able to perform sit to stand, standing in 4 wheeled walker today with CGA/SBA

TREATMENT/SKILLED INTERVENTION & EDUCATION:
Intervention 1: 97110 Therapeutic exercise for 34 minutes

Review program: Verbal/tactile/demo cues provided; use of mirror for further feedback/training
-Partial squats with 4 wheeled walker/chair; holding support
-Weight shifts/opposite heel lifts with 4 wheeled walker/chair 10 second hold; holding support
-Seated gastroc belt stretch 60 second holds x 2 twice daily (verbal review) - reports compliance
-National Institute on Aging program: Standing hip flex/abd/ext AROM, knee flex, ankle Plantarflexion

Discussed with patient and with patient/son, the patient's needs as she verbalized to me around home exercise
-we clarified that her son does not expect her to do the same exercises that he does
-we discussed that her son encourages her to perform exercise (1 at a time) throughout the day to stay active and get her program done; Jeane can do this method or do her program all at once - both options are suitable
-we discussed resting and rest is important; just like rest is important, getting up every hour to stand/walk is also important
-I advised her son to not overload her with exercise suggestions and exercise materials as this may be counterproductive
-I emphasized that we are helping her to be her best self and I want to help her with an exercise program that works best for her; continuing to individualize her program

Patient's learning needs, abilities, preferences and readiness per Initial POC were considered in this session. Learning verified by teach back.

HOME EXERCISE PROGRAM (HEP):
From falls clinic:
Home Safety Checklist
CDC 4 points to prevent falls
How to get up from floor

From Physical Therapy:
Balance exercises at least 2 times per week: 5 reps each
Partial squats with 4 wheeled walker/chair

09/19/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

Weight shifts/opposite heel lifts with 4 wheeled walker/chair 10 second hold
Seated gastroc belt stretch 60 second holds x 2 twice daily
National Institute on Aging dvd

verbal instructions and demonstrations were provided for the above exercises
a handout was provided describing the exercises in written and picture format

Assessment / Patient Response to Therapy:
Current Status in Physical Therapy she and her son are not fully understanding each other around how much exercise and what type of exercise is expected of Jeane. I spent time discussing individually with Jeane and with jeane and her son my Physical Therapy expectations for exercise and how we can best support Jeane with individualized care.

Response to Physical Therapy intervention above Jeane was able to stand and transfer today without physical assist. She demonstrated good motivation and endurance performing above exercises without a rest break seated. She would benefit from having her right shoulder examined by a doctor as it is tender to very light touch and in constant pain since last week; son agreed to take her to have it looked at.

Patient will benefit from progression to program to reach Physical Therapy goals.

Plan for next visit:
Check in on her visit with doctor for shoulder assessment - right shoulder
Review:
National Institute on Aging program as needed
Partial squats with 4 wheeled walker/chair
Weight shifts/opposite heel lifts with 4 wheeled walker/chair 10 second hold
Seated gastroc belt stretch 60 second holds x 2 twice daily
Progression:
Limits of stability 8 points

PLAN:
Continue per treatment plan of care.
Pain will be addressed at the next plan of care review, and intermittently during daily visits as deemed appropriate by the provider. The focus of daily visits will be on function

Patient's learning needs, abilities, preferences and readiness per Initial POC were considered in this session. Learning verified by teach back.

Kristina M Cosley, PT
6NJB Outpatient Physical and Hand Therapy Clinic
Harborview Medical Center
Phone: (206) 744- 1675 FAX: (206) 744-1664

Electronically signed by Cosley, Kristina M, PT at 9/19/2019 11:36 AM

Flowsheets

PT/OT Charges

09/19/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Flowsheets (continued)

Row Name	09/19/19 1136
Treatment Start Time	1006
Total Treatment Minutes	34 min
Total Timed Code Minutes	34 min
THERAPEUTIC EXERCISE 1 OR >1 AREAS 97110 - Minutes	34

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

09/19/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976
9/19/2019 9:45 AM Harborview Medical Center Outpatient Physical Therapy Clinic 206-744-1675

Today's Visit

You saw Kristina M Cosley, PT on Thursday September 19, 2019. The following issues were addressed: Imbalance; Leg weakness, bilateral; and Fall, subsequent encounter.

What's Next

SEP 23 2019	Return Patient Appointment with Nilufer B Norsworthy, MD Monday September 23 11:00 AM	Northwest Hospital Wound Care & Hyperbaric Center 1560 N 115TH STREET, STE 201 SEATTLE WA 98133-8414 206-668-1244
SEP 26 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday September 26 10:30 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
OCT 10 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday October 10 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
OCT 11 2019	New Patient Appointment with Hoi Yee Leung, OD Friday October 11 2:30 PM (Arrive by 2:15 PM)	Harborview Medical Center Eyes on James Optometry Clinic 908 Jefferson ST Seattle WA 98104 206-897-4774

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List as of September 19, 2019 11:36 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/19/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents

After Visit Summary - Document on 9/19/2019 11:36 AM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976
9/19/2019 9:45 AM Harborview Medical Center Outpatient Physical Therapy Clinic 206-744-1675

Today's Visit

You saw Kristina M Cosley, PT on Thursday September 19, 2019. The following issues were addressed: Imbalance; Leg weakness, bilateral; and Fall, subsequent encounter.

What's Next

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OCT 10 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday October 10 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
OCT 11 2019	New Patient Appointment with Hoi Yee Leung, OD Friday October 11 2:30 PM (Arrive by 2:15 PM)	Harborview Medical Center Eyes on James Optometry Clinic 908 Jefferson ST Seattle WA 98104 206-897-4774

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

09/19/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents (continued)

Your Medication List as of September 19, 2019 11:36 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/18/2019 - Telephone in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020

09/18/2019 - Telephone in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 1/13/2020
Quantity: 10 mL
Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Kalskett, Haley Elizabeth at 9/18/2019 0947

Called and left POA a vm to call back to set up an appointment with us. The last time we saw the patient was back on 7/15/2019.

Electronically signed by Kalskett, Haley Elizabeth at 9/18/2019 9:48 AM

09/12/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic

Reason for Visit

Chief complaint: Physical Therapy
Visit diagnoses:

- Imbalance (primary)
- Leg weakness, bilateral
- Fall, subsequent encounter

Visit Information

Provider Information

Encounter Provider	Referring Provider
Cosley, Kristina M, PT	Phelan, Elizabeth Anne, MD

Department

Name	Address	Phone	Fax
Harborview Medical Center Outpatient Physical Therapy Clinic	908 Jefferson ST Seattle WA 98104	206-744-1675	206-744-1664

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

09/12/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 1/13/2020
Quantity: 10 mL
Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

Stopped in Visit

None

Clinical Notes

Progress Notes

Cosley, Kristina M, PT at 9/12/2019 0830

PHYSICAL THERAPY TREATMENT NOTE

Certification From*: 09/03/19
Certification To*: 11/02/19

Date of Symptom Onset*: 07/23/19

Start of Care Date*: 09/03/19

VISITS FROM SOC: 2
INTERPRETER STATUS (Not needed, Telephonic, In Person):not needed
Referring Provider: Phelan, E
Attending Physician: Phelan, E
Falls Doctor: Phelan, E
PCP: Neighbor Jr., William E, MD
Diagnosis: (R26.89) Imbalance (primary encounter diagnosis)

(R29.898) Leg weakness, bilateral

(W19.XXXD) Fall, subsequent encounter

09/12/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

PRECAUTIONS: Fall risk

Mechanism of Injury: falls
Was previously living at home with her son, with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who was hospitalized at Harborview Medical Center from 7/25/2019 until 8/5/2019 with pelvic fx, right RF and hemo-pneumothorax secondary to GLF. Was then at SNF at Kline Galland for PT/OT

Pertinent Medical/Surgical History/Current Medications that may affect progress in PT:

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer and inflammation, left (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Diabetic ulcer of lower extremity (HCC)
- Housing lack
- Suspected elder abuse
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer, bilateral (HCC)
- Bilateral leg edema
- Closed displaced fracture of left pubis with routine healing
- Acute blood loss anaemia
- Closed fracture of multiple ribs of left side with routine healing

- Hemopneumothorax
- Fall

SUBJECTIVE:
Patient's Statement: fell in sink hole at construction site getting off ferry just now; was being pushed in her 4 wheeled walker by her son but remained sitting in the 4 wheeled walker - did not hit head; denies injury; son denies injury.

Time in: 0830

OBJECTIVE MEASURES/IMPAIRMENTS:
Unable to stand without external support today; was holding eyes closed and stating that she felt like she had experienced some "trauma" with the fall earlier this morning (fall while she remained upright in her 4 wheeled walker sitting)

TREATMENT/SKILLED INTERVENTION & EDUCATION:
Intervention 1: 97110 Therapeutic exercise for 37 minutes

Review program: Verbal/tactile/demo cues provided; use of mirror for further feedback/training
Partial squats with 4 wheeled walker/chair: Verbal review - patient reports compliance
Weight shifts/opposite heel lifts with 4 wheeled walker/chair 10 second hold: UNABLE TODAY
Seated gastroc belt stretch 60 second holds x 2 twice daily

Progression: Verbal/tactile/demo cues provided; use of mirror for further feedback/training: patient watched the dvd exercises many of which she has already been given by her SNF Physical Therapy and has in paper format:
-National lnstitute on Aging program and issue dvd

Discussed ways to help motivate Jeane's participation in home exercises - son does not believe that Jeane is compliant at home as recommended.
-encouraged Jeane to tell me at next visit why exercise is good for her
-discussed with patient's son that trying to give her too many exercises may be counterproductive
-recommended patient only do exercises with son present for safety
-discussed that we will continue to provide support and encouragement for self care/home exercise at each Physical Therapy visit.
-great job with sitting and canning - staying active and doing something she enjoys - discussed that she still needs to be sure she is doing all the types of important exercises including lower extremity strength and balance

Patient's learning needs, abilities, preferences and readiness per Initial POC were considered in this session. Learning verified by teach back.

HOME EXERCISE PROGRAM (HEP):
From falls clinic:
Home Safety Checklist
CDC 4 points to prevent falls
How to get up from floor

From Physical Therapy:
Balance exercises at least 2 times per week: 5 reps each

Partial squats with 4 wheeled walker/chair
Weight shifts/opposite heel lifts with 4 wheeled walker/chair 10 second hold
Seated gastroc belt stretch 60 second holds x 2 twice daily

verbal instructions and demonstrations were provided for the above exercises
a handout was provided describing the exercises in written and picture format

Assessment / Patient Response to Therapy:
Current Status in Physical Therapy Son is questioning her compliance with home program and notes she can have decreased motivation. She does enjoy canning but has been encouraged to practice the recommended exercises for lower extremity strength and balance. She did not feel well enough to stand today for exercise due to "falling in a sink hole" this morning when being pushed by her son in her 4 wheeled walker - she remained upright in the 4 wheeled walker per my understanding and they both deny physical trauma.

Response to Physical Therapy intervention above She and son are agreeable to try the National Institute on Aging dvd program for home exercise; goal is to increase compliance and motivation as well as improve endurance/strength/balance. She is familiar with many of the exercises from previous Physical Therapy home program. We will continue to work on balance and strength to reduce fall risk as patient tolerates and continue providing encouragement for home compliance and motivation. She was unable to stand without min/mod assist by Physical Therapy today attributing it to the "trauma" of her fall earlier this am .

Patient will benefit from progression to program to reach Physical Therapy goals.

Plan for next visit:
Review National Institute on Aging program
Resume program
Partial squats with 4 wheeled walker/chair
Weight shifts/opposite heel lifts with 4 wheeled walker/chair 10 second hold
Seated gastroc belt stretch 60 second holds x 2 twice daily
Progression:
Limits of stability 8 points

PLAN:
Continue per treatment plan of care.
Pain will be addressed at the next plan of care review, and intermittently during daily visits as deemed appropriate by the provider. The focus of daily visits will be on function

Patient’s learning needs, abilities, preferences and readiness per Initial POC were considered in this session.
Learning verified by teach back.

Kristina M Cosley, PT
6NJB Outpatient Physical and Hand Therapy Clinic
Harborview Medical Center
Phone: (206) 744- 1675 FAX: (206) 744-1664

Electronically signed by Cosley, Kristina M, PT at 9/12/2019 1:14 PM

09/12/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

Flowsheets

PT/OT Charges

Row Name	09/12/19 1303
Treatment Start Time	0830
Total Treatment Minutes	37 min
Total Timed Code Minutes	37 min
THERAPEUTIC EXERCISE 1 OR >1 AREAS 97110 - Minutes	37

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

09/12/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976
9/12/2019 8:30 AM Harborview Medical Center Outpatient Physical Therapy Clinic 206-744-1675

Today's Visit

You saw Kristina M Cosley, PT on Thursday September 12, 2019. The following issues were addressed: Imbalance; Leg weakness, bilateral; and Fall, subsequent encounter.

What's Next

SEP 19 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday September 19 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
SEP 26 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday September 26 10:30 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
OCT 10 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday October 10 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
OCT 11 2019	New Patient Appointment with Hoi Yee Leung, OD Friday October 11 2:30 PM (Arrive by 2:15 PM)	Harborview Medical Center Eyes on James Optometry Clinic 908 Jefferson ST Seattle WA 98104 206-897-4774

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

09/12/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

After Visit Summary (continued)

Your Medication List as of 9/12/19 1:14 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/12/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents

After Visit Summary - Document on 9/12/2019 1:14 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976
9/12/2019 8:30 AM Harborview Medical Center Outpatient Physical Therapy Clinic 206-744-1675

Today's Visit

You saw Kristina M Cosley, PT on Thursday September 12, 2019. The following issues were addressed: Imbalance; Leg weakness, bilateral; and Fall, subsequent encounter.

What's Next

SEP 19 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday September 19 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
SEP 26 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday September 26 10:30 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
OCT 10 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday October 10 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
OCT 11 2019	New Patient Appointment with Hoi Yee Leung, OD Friday October 11 2:30 PM (Arrive by 2:15 PM)	Harborview Medical Center Eyes on James Optometry Clinic 908 Jefferson ST Seattle WA 98104 206-897-4774

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Jeane L. Hoffman (MRN: H0571976) • Printed at 9/12/19 1:14 PM Page 1 of 2 Epic

09/12/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents (continued)

Your Medication List as of 9/12/19 1:14 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/04/2019 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Hospital Follow-up, Wound Check/Dressing Change, and RNGREATERTHAN60
Visit diagnoses:

- Venous stasis ulcer of other part of lower leg limited to breakdown of skin, unspecified laterality, unspecified whether varicose veins present (primary)
- Hypercholesterolemia
- GLAUCOMA NOS
- History of recurrent deep vein thrombosis (DVT)
- Essential hypertension, benign
- Closed fracture of multiple ribs of left side with routine healing
- Vitamin D deficiency
- Normocytic anemia

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 25 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 1/13/2020
Quantity: 10 mL
Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 9/4/2019 1120

Jeanne Leonie Hoffman is a 94 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Hospital Follow-up
- Wound Check
  lower legs

Jeanne is in with her son Louis. Jeanne is status post fall with rib fracture and hemopneumothorax at the end of July along with pubic ramus fracture requiring prolonged hospital stay at HMC and subsequent nursing home care at Kline Galland. She is now back at their apartment on Bainbridge. While at the nursing home she had UTI which was treated and resolved. She is amubulating with her walker with much less pain than in the past. Her son is taking her to PT at HMC and arranging for PT closer to where they live on Bainbridge (Swedish in a block away). She has had no further falls. She is wearing her hearing aids consistently. Louis is arranging an eye clinic appointment.

Louis has been performing wound dressing changes for Jeanne's lower legs. He brings her in today to review meds and for dressing change and planning.

Regarding medications, she is taking acetmenophen when needed but no longer taking tylenol with codeine. She was on a course of oxycodone in the hospital and still has a few pills left over but is not taking those. She has been off coumadin since near the beginning of the year due to concerns about risk of falls outweighing benefits. She has not had recurrent DVT. However, it appears she has not recently been taking Pentoxyfyline which she had been on for years. A refill is needed.

One issue to be resolved is whether to obtain bone density study or simply start biphosphonate therapy (she was on in the distant past but this was discontinued). Geriatric medicine consultation note at HMC suggests repeat bone density and then consideration for bisphosphonate therapy.

Review of Systems:
No fever, chills, sweats
Appetite is good
No shortness of breath
No abdominal pain or nausea
Denies current constipation
Denies dysuria, change in urine color or odor.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

• Adult failure to thrive syndrome [R62.7]	10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

• Unspecified vitamin B deficiency [E53.9]	05/01/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

• Sensorineural hearing loss, unspecified [H90.5]	11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- DVT, recurrent, lower extremity, chronic (HCC) [I82.509] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Fall [W19.XXXA] 09/03/2019
- Closed displaced fracture of left pubis with routine healing [S32.502D] 08/11/2019
- Acute blood loss anaemia [D62] 08/11/2019
- Closed fracture of multiple ribs of left side with routine healing [S22.42XD] 08/11/2019
- Hemopneumothorax [J94.2] 08/11/2019
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Chronic venous hypertension with ulcer, bilateral (HCC) [I87.313, L97.919, L97.929] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019
- Suspected elder abuse [T76.91XA] 01/11/2019
- Housing lack [Z59.0] 09/26/2018
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Venous ulcer of left leg (HCC) [I83.029, L97.929] 06/07/2018
- Homeless [Z59.0] 06/07/2018
- Normocytic anemia [D64.9] 06/07/2018
- Severe protein-calorie malnutrition (HCC) [E43] 06/07/2018
- Urge urinary incontinence [N39.41] 06/07/2018
- Cellulitis of left leg [L03.116] 05/31/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323] 05/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223] 05/17/2018
- Chronic venous hypertension with ulcer and inflammation, left (HCC) [I87.332, L97.929] 05/17/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Outpatient Medications Marked as Taking for the 9/4/19 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• Atorvastatin Calcium 20 MG Oral	Take 0.5 tablets (10	45 tablet	3

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Tab	mg) by mouth daily. For cholesterol reduction		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• MULTIPLE VITAMIN OR	Take by mouth.		
• Timolol Maleate 0.5 % Ophthalmic Solution	Instill one drop in each eye twice daily	10 mL	0

Social history:

History

Sexual Activity

- Sexual activity: Not Currently

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No

Objective:

BP (!) 143/65 | Pulse 62 | Temp 97.4 °F (36.3 °C) (Oral)
Estimated body mass index is 20.99 kg/m² as calculated from the following:
Height as of 8/20/19: 5' 1" (1.549 m).
Weight as of 8/20/19: 50.4 kg (111 lb 1.6 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
(!) 143/65	62	---	---	---	10:55 AM	9/4/2019

Last blood pressure recorded in this encounter: **(!) 143/65**
General: NAD

Wt Readings from Last 8 Encounters:

08/20/19	50.4 kg (111 lb 1.6 oz)
03/28/19	51.7 kg (114 lb)
02/28/19	50.3 kg (111 lb)
01/31/19	46.3 kg (102 lb)
10/08/18	50.8 kg (112 lb)
09/26/18	51.1 kg (112 lb 9.6 oz)
09/24/18	51.3 kg (113 lb)
08/14/18	53.2 kg (117 lb 4 oz)

Nutritional status much improved.

Psych: Orientation intact. Has hearing aids though still cannot hear that well, but interactive and smiling today. Clothing clean and appears less disheveled than in recent visits
Chest Clear
Cor: HR reg
Abd: soft and non tender
Extremities: Dressing removed. Multiple more superficial stasis ulcers than seen in the past. My impression and nurse who has seen her before is that there is marked improvement.

Lab and other tests: Labs from hospital stay reviewed

Assessment and Plan:
(I83.008, L97.801) Venous stasis ulcer of other part of lower leg limited to breakdown of skin, unspecified laterality, unspecified whether varicose veins present (HCC) (primary encounter diagnosis)
(E78.00) Hypercholesterolemia
(H40.9) GLAUCOMA NOS
(Z86.718) History of recurrent deep vein thrombosis (DVT)
(I10) Essential hypertension, benign
(S22.42XD) Closed fracture of multiple ribs of left side with routine healing
(E55.9) Vitamin D deficiency
(D64.9) Normocytic anemia

Plan:
Non prescription medications:
Acetaminophen 500 mg two three times daily for pain. Max 3000 mg daily
Calcium carbonate (Tums) 500 mg as needed for heart burn
Vitamin D 1000 IU daily
Miralax 17 gram once daily as needed for constipation
Multiple vitamin once daily

Prescription medications
Atorvastatin 20 mg one half tablet daily for cholesterol
Timolol eye drop 0.5% 1 ondrop each eye twice daily for gluacoma. Block tear duct for 1-2 minutes
Pentoxifylline 400 mg three times daily

Past prescription medications not to be used at this time:
--Oxycodone or Tylenol with codeine should not be used at this time
--Warfarin (Coumadin) 4 mg once daily not to be used at this time due to risk with falls
--Losartan 25 mg one half tablet daily to be held. Would restart if blood pressure goes above 160

Care:
--Nutrition. Explore option of Meals on Wheels. Important for wound healing to have excellent nutrition
--Sleep. Doing well
--Ambulation. She is using the walking and continuing PT. This can be moved to Swedish which is near where they live.
--Hearing: Continue daily use of hearing aids which is important for falls prevention
--Vision. Schedule visit with eye care as planned
--Bones. I will review the notes from Harborview. I believe the next step is a bone density scan versus start osteoporosis treatment.
--Pain: She is doing well now. Tylenol should be the mainstay and avoid narcotic use
--Wound care. Son has wound care instructions and supplies from nursing home and HMC. He understands the wound care procedure and has observed again today when nurses changed dressings. To his knowledge there is not wound care available in the VM or Swedish clinics on Bainbridge and within the UW system the wound care clinic is at Northwest where they have been before., At this time, I would advise follow up at Northwest where Jeanne has been seen in the past.
Copy of wound care instructions form UW Medicine Post Acute Care Service dated August 29 is scanned to record.

Note: Reviewed Geriatrics note from HMC. Recommendation was bone density study then consider biphosphonates. BMD ordered.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 9/5/2019 5:10 PM

Lo, Edith Y, RN at 9/4/2019 1120

Wound Care Visit - Completed w/ Lee Ling C. RN

S:
Jeanne Leonie Hoffman who is 94 year old presents today for nursing home discharge and wound f/u with Dr. Neighbor.
History of wound: Extensive bilateral lower limb ulcers, hx of bilateral limb ischemia and chronic vascular insufficiency, underlying DM2, complex psychosocial hx.
Pain: Pt reports no pain at this visit. Some itching.
Home treatment: Son is doing wound care at home QOD. Washing with NS or soap/water, applying Amlactin, and covering with xeroform, ABD pad, kerlix, and ace wrap.

O:
Location: Bilateral lower extremities.
Wound bed: Minimal amounts of yellow slough. Pink granulation tissue noted.
Exudate: Minimal amounts of exudate note.
Periwound condition: Mildly erythematous w/ dry, scaling skin.
TDAP status: 9/20/17

A:
Wound Healing Status: Healing steadily, condition much improved from last visit on 7/10/19.
Presence of signs of infection or over-colonization? None at this time.

P:
Legs cleansed extensively w/ NS soaked sterile gauze in attempts to remove yellow slough and dead skin as much as possible.Pt tolerated cleaning well and with no difficulty.
Primary dressing and topical: Covered with vaseline impregnated gauze and ABD pads over affected surface area on lower extremities. ABD pads secured w/ Ace wrap and paper tape.
Debridement Type: Gentle removal of superficial slough and dead skin with sterile gauze and NS. No sharp debridement performed this visit.

Patient's Home Care Instructions:
- Wash hands before and after wound care with soap and water for at least 15 seconds
- Keep dressing dry and clean
- Son will continue home care and dressing changes as he has been doing QOD
- Monitor and report increased redness, drainage, warmth, pain, or fevers (greater than 100.5F)
- Encouraged to increase protein and fluid intake and elevate extremity

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Pt agrees to plan and verbalizes understanding. No further questions at this time.To call clinic with any further concerns

Electronically signed by Lo, Edith Y, RN at 9/5/2019 5:10 PM

Imaging

Imaging

DEXA, AXIAL SKELETON (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/05/19 1708** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 09/05/19 1708 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/05/19 - Class: Roosevelt Imaging
Quantity: 1 Discontinued by: Uw User, Batch Scheduler 09/06/20 0133 [Order Expired]

Diagnoses
Closed fracture of multiple ribs of left side with routine healing [S22.42XD]
Vitamin D deficiency [E55.9]

Questionnaire

Question	Answer
Clinical question to be answered and anatomic area of interest:	Degree of bone demineralization in patient with known osteoprosis who was on older biphosphonates in distant past
Signs, symptoms, relevant diagnosis and/or relevant medical/surgical history:	Recent fall with rib and pubic ramus fracture
Scheduling Request:	Call Patient - Routine
Do you want to track this referral?	No

Scheduling instructions
Preferred imaging location: UWMC UWMC Roosevelt Dexa (DEP 2207415) 206-598-6211

Indications

Closed fracture of multiple ribs of left side with routine healing [S22.42XD (ICD-10-CM)]
Vitamin D deficiency [E55.9 (ICD-10-CM)]

Other Orders

Medications

atorvastatin 20 MG Oral Tablet (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/04/19 1247** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 09/04/19 1247 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Daily 09/04/19 - 09/16/20 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 09/16/20 1809 [Reorder]
Diagnoses
Hypercholesterolemia [E78.00]
Admin instructions: For cholesterol reduction
Reordered from: Atorvastatin Calcium 20 MG Oral Tab

Indications

Hypercholesterolemia [E78.00 (ICD-10-CM)]

timolol 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/04/19 1247** Status: **Discontinued**

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Ordering user: Neighbor Jr., William E, MD 09/04/19 1247 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/04/19 - 01/13/20 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 01/13/20 1645
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS
Admin instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Reordered from: Timolol Maleate 0.5 % Ophthalmic Solution

Indications

Unspecified glaucoma(365.9) [H40.9 (ICD-10-CM)]

pentoxifylline ER 400 MG Oral Tab CR (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/04/19 1247** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 09/04/19 1247 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine TID 09/04/19 - 09/16/20 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 09/16/20 1809 [Reorder]
Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]
Reordered from: Pentoxifylline ER 400 MG Oral Tab CR

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	09/04/19 1055
BP	**143/65** !
BP Cuff Size	Small
BP Site	Left Arm
BP Position	Sitting
Temp	36.3 °C
Temp src	Oral
Pulse	62

Patient Instructions

Assessment and Plan:

Plan:
Non prescription medications:
Acetaminophen 500 mg two three times daily for pain. Max 3000 mg daily
Calcium carbonate (Tums) 500 mg as needed for heart burn
Vitamin D 1000 IU daily
Miralax 17 gram once daily as needed for constipation
Multiple vitamin once daily

Prescription medications
Atorvastatin 20 mg one half tablet daily for cholesterol
Timolol eye drop 0.5% 1 ondrop each eye twice daily for gluacoma. Block tear duct for 1-2 minutes
Pentoxifylline 400 mg three times daily

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Patient Instructions (continued)

Past prescription medications not to be used at this time:
--Oxycodone or Tylenol with codeine should not be used at this time
--Warfarin (Coumadin) 4 mg once daily not to be used at this time due to risk with falls
--Losartan 25 mg one half tablet daily to be held. Would restart if blood pressure goes above 160

Care:
--Nutrition. Explore option of Meals on Wheels. Important for wound healing to have excellent nutrition
--Sleep. Doing well
--Ambulation. She is using the walking and continuing PT. This can be moved to Swedish which is near where they live.
--Hearing: Continue daily use of hearing aids which is important for falls prevention
--Vision. Schedule visit with eye care as planned
--Bones. I will review the notes from Harborview. I believe the next step is a bone density scan versus start osteoporosis treatment.
--Pain: She is doing well now. Tylenol should be the mainstay and avoid narcotic use

Electronically signed by Neighbor Jr., William E, MD at 9/4/2019 12:51 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 9/4/2019 11:20 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your personalized instructions can be found at the end of this document.

Your medications have changed today

See your updated medication list for details.

Pick up these medications at SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

atorvastatin • pentoxifylline ER • timolol

Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
Phone: 206-842-0127

What's Next

SEP 12 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday September 12 8:30 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
SEP 19 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday September 19 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
SEP 26 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday September 26 10:30 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
OCT 10 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday October 10 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675

Today's Visit

You saw William E Neighbor, MD on Wednesday September 4, 2019. The following issues were addressed: Hypercholesterolemia, GLAUCOMA NOS, and History of recurrent deep vein thrombosis (DVT).

Blood Pressure 143/65	Temperature (Oral) 97.4 °F
Pulse 62	

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of 9/4/19 12:51 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
CHANGE **timolol** 0.5 % Solution Changed by: William E Neighbor, MD	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use. What changed: **See the new instructions.**

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Instructions from William E Neighbor, MD

Assessment and Plan:

Plan:
Non prescription medications:
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Vitamin D 1000 IU daily
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Multiple vitamin once daily

Prescription medications
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Care:
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Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 206-000-0000 (Work) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Messages

Bone density study

From	To	Sent and Delivered
William E Neighbor Jr., MD Last Read in MyChart	Hoffman, Jeanne Leonie	9/5/2019 5:09 PM

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Messages (continued)

6/5/2024 6:05 AM by Hoffman, Jeanne Leonie

After your visit I reviewed the Geriatrics note from Harborview. Looks like the next step is actually to obtain the bone density study then refer to the osteoporosis clinic. I have ordered the bone density study to be done at Roosevelt.

William E Neighbor, MD

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 9/4/2019 12:51 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 9/4/2019 11:20 AM Hall Health Primary Care Center 206-685-1011

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Temperature (Oral)	97.4 °F
Pulse	62

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Jeane L. Hoffman (MRN: U8170135) • Printed at 9/4/19 12:51 PM

Page 1 of 3 Epic

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of 9/4/19 12:51 PM

ⓘ If you have any questions, ask your nurse or doctor.

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Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
MULTIPLE VITAMIN OR	Take by mouth.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
CHANGE **timolol** 0.5 % Solution Changed by: William E Neighbor, MD	One drop in each eye twice daily. Block tear duct for 1-2 minutes after use. What changed: **See the new instructions.**

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Instructions from William E Neighbor, MD

Assessment and Plan:

Plan:
Non prescription medications:
Acetaminophen 500 mg two three times daily for pain. Max 3000 mg daily
Calcium carbonate (Tums) 500 mg as needed for heart burn
Vitamin D 1000 IU daily
Miralax 17 gram once daily as needed for constipation
Multiple vitamin once daily

Prescription medications
Atorvastatin 20 mg one half tablet daily for cholesterol
Timolol eye drop 0.5% 1 ondrop each eye twice daily for gluacoma. Block tear duct for 1-2 minutes
Pentoxifylline 400 mg three times daily

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Care:
--Nutrition. Explore option of Meals on Wheels. Important for wound healing to have excellent nutrition
--Sleep. Doing well
--Ambulation. She is using the walking and continuing PT. This can be moved to Swedish which is near where they live.
--Hearing: Continue daily use of hearing aids which is important for falls prevention
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Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Clinical - Scan on 9/10/2019 11:53 AM: Woundcare

Scan (below)

UW Medicine Post-Acute Care Services

Patient: Jeanne Hoffman
DOB: 01/06/1925
Sex: Female
Allergies: Aspirin, Nitrofurantoin, Penicillin, Sulfanilamide, adhesive bandage

Medications

1. Acetaminophen Tablet 500 MG Give 2 tablet by mouth three times a day for Pain NTE 3gm per daily
2. Atorvastatin Calcium Tablet 10 MG Give 1 tablet by mouth at bedtime for HLD
3. Calcium Carbonate Tablet Chewable 500 MG Give 2 tablet by mouth every 8 hours as needed for Indigestion\/Heartburn
4. Cholecalciferol Tablet 1000 UNIT Give 1 tablet by mouth one time a day for Supplement
5. MiraLax Powder Give 17 gram by mouth one time a day for Constipation
6. MVI with Minerals 1 po daily as dietary supplement Give 1 tablet by mouth one time a day for dietary supplement
7. Timolol Maleate Solution 0.5 % Instill 1 drop in both eyes two times a day for Dry Eyes Tilt head back and pull the lower eyelid downward away from the eye. Make sure the drop makes a full contact with conjunctival sac. Wait 5mins for the next drop. Press tear duct for 1-2 mins after.

Dispense 2 weeks of the above medications unless otherwise indicated

Wound treatment:

BLE Treatment: Cleanse area with soap and water or NS. Gently remove loose/dried exudate as able. Apply no-sting barrier to peri-wound skin and allow 30+sec to dry to protect skin from drainage. Cover wounds with Xeroform, cover with gauze or ABD pads and secure with Kerlix and tape. Change daily and PRN.

Right lower leg: Cleanse wound w/ ns or wound spray, pat dry. Apply Amlactin to intact skin of LE wound dressing. Apply Xeroform, cover wound w/ ABD, Secure drg w/ Kerlix, then Ace Wrap. Change dressing QOD and as needed for soiling, saturation or accidental removal.

Left lower leg: Cleanse wound w/ ns or wound spray, pat dry. Apply Amlactin to intact skin of LE wound dressing. Apply Xeroform, cover wound w/ ABD, Secure drg w/ Kerlix, then Ace Wrap. Change dressing QOD and as needed for soiling, saturation or accidental removal.

Dispense 1 week of wound care supplies

Danna Lei, ARNP
Thursday, August 29, 2019
NPI: 1689915787
DEA: MD2896693

09/04/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

09/04/2019 - Orders Only in Harborview Falls Clinic

Reason for Visit

Visit diagnoses:

- Balance problem (primary)
- Osteoporosis without current pathological fracture, unspecified osteoporosis type
- Difficulty walking

Visit Information

Provider Information

Encounter Provider

Phelan, Elizabeth Anne, MD

Department

Name	Address	Phone	Fax
Harborview Falls Clinic	325 9TH Ave Box 359945 Seattle WA 98104	206-744-4191	206-744-8527

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

atorvastatin 20 MG Oral Tablet

09/04/2019 - Orders Only in Harborview Falls Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 45 tablet
Refill: 3 refills by 9/3/2020

timolol 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2020
Instructions: One drop in each eye twice daily. Block tear duct for 1-2 minutes after use.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 1/13/2020
Quantity: 10 mL
Refill: No refills remaining

pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2020
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2019
Start date: 9/4/2019
End date: 9/16/2020
Quantity: 90 tablet
Refill: 6 refills by 9/3/2020

ACETAMINOPHEN-CODEINE 300-30 MG Oral Tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/12/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN AS NEEDED
Authorized by: Terry, Anne Catherine, ARNP
Ordered on: 9/26/2019
Start date: 9/26/2019
End date: 11/9/2019
Quantity: 30 tablet
Refill: No refills remaining

Stopped in Visit

None

Other Orders

Referral

REFERRAL TO PHYSICAL THERAPY (Discontinued)

Electronically signed by: **Phelan, Elizabeth Anne, MD on 09/04/19 0909**
Status: **Discontinued**
Ordering user: Phelan, Elizabeth Anne, MD 09/04/19 0909
Authorized by: Phelan, Elizabeth Anne, MD
Ordering mode: Standard
Frequency: Routine 09/04/19 -
Class: Internal Referral
Quantity: 1
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Balance problem [R26.89]
Osteoporosis without current pathological fracture, unspecified osteoporosis type [M81.0]
Difficulty walking [R26.2]

Questionnaire

Question	Answer
Do you want to track this referral?	No

Scheduling instructions
Referral to: HMC: Physical Therapy Outpatient Clinic (DEP 21174) 206-520-5000

----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay

09/04/2019 - Orders Only in Harborview Falls Clinic (continued)

Other Orders (continued)

for.
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: fall prevention exercise training. Transfer of Care. To assume on-going management of some aspect of the patient's care. Is this the patient's first post-operative therapy visit?: NO 94 year old female with repeated falls, osteoporosis, and recent SNF stay for subacute rehab after fall with fractures. Needs outpatient PT to regain community-level mobility and prevent falls. Precautions: assistive device dependent Please evaluate and treat, including: Services as deemed appropriate by the therapist. Treatment frequency: 1-4 times per month for 6 months Physician recheck date: 3-4 months PHELAN, ELIZABETH ANNE A copy of the patient's chart notes available upon request.

Referral Details

Referred By		Referred To	Type	Priority
Phelan, Elizabeth Anne, MD 325 9th Ave Mailstop 359755 SEATTLE WA 98104 Phone: 206-744-4191 Fax: 206-744-8527	Diagnoses: Balance problem Osteoporosis without current pathological fracture, unspecified osteoporosis type Difficulty walking	**Zzhmc Pt-Outpatient Clinic** 908 Jefferson ST Seattle WA 98104 Phone: 206-744-1675 Fax: 206-744-1664 Specialty: Physical Therapy Med	Physical/ Occ/ Speech Therapy	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: fall prevention exercise training. Transfer of Care. To assume on-going management of some aspect of the patient's care.
Is this the patient's first post-operative therapy visit?: NO

94 year old female with repeated falls, osteoporosis, and recent SNF stay for subacute rehab after fall with fractures. Needs outpatient PT to regain community-level mobility and prevent falls.
Precautions: assistive device dependent

Please evaluate and treat, including: Services as deemed appropriate by the therapist.

Treatment frequency: 1-4 times per month for 6 months
Physician recheck date: 3-4 months

PHELAN, ELIZABETH ANNE

A copy of the patient's chart notes available upon request.

Indications

Balance problem [R26.89 (ICD-10-CM)]
Osteoporosis without current pathological fracture, unspecified osteoporosis type [M81.0 (ICD-10-CM)]
Difficulty walking [R26.2 (ICD-10-CM)]

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic

Reason for Visit

Chief complaint: Physical Therapy
Visit diagnoses:

- Imbalance (primary)
- Leg weakness, bilateral
- Fall, subsequent encounter

Visit Information

Provider Information

Encounter Provider	Referring Provider
Cosley, Kristina M, PT	Phelan, Elizabeth Anne, MD

Department

Name	Address	Phone	Fax
Harborview Medical Center Outpatient Physical Therapy Clinic	908 Jefferson ST Seattle WA 98104	206-744-1675	206-744-1664

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Medication List (continued)

Start date: 8/5/2019 End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD Entered on: 8/20/2019
Start date: 8/5/2019 End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD Entered on: 8/20/2019
Start date: 8/20/2019 End date: 3/8/2025

Stopped in Visit

None

Clinical Notes

Progress Notes

Cosley, Kristina M, PT at 9/3/2019 1100

PHYSICAL THERAPY INITIAL PLAN OF CARE

Certification From*: 09/03/19
Certification To*: 11/02/19

Date of Symptom Onset*: 07/23/19

Start of Care Date*: 09/03/19

VISITS FROM SOC: 1

INTERPRETER STATUS (Not needed, Telephonic, In Person):not needed
Referring Provider: Phelan, E
Attending Physician: Phelan, E
Falls Doctor: Phelan, E
PCP: Neighbor Jr., William E, MD
Diagnosis: (R26.89) Imbalance (primary encounter diagnosis)

(R29.898) Leg weakness, bilateral

(W19.XXXD) Fall, subsequent encounter

PRECAUTIONS: Fall risk

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

Mechanism of Injury: falls
Was previously living at home with her son, with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who was hospitalized at Harborview Medical Center from 7/25/2019 until 8/5/2019 with pelvic fx, right RF and hemo-pneumothorax secondary to GLF. Was then at SNF at Kline Galland for PT/OT

Pertinent Medical/Surgical History/Current Medications that may affect progress in PT:

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer and inflammation, left (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Diabetic ulcer of lower extremity (HCC)
- Housing lack
- Suspected elder abuse
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer, bilateral (HCC)
- Bilateral leg edema
- Closed displaced fracture of left pubis with routine healing
- Acute blood loss anaemia
- Closed fracture of multiple ribs of left side with routine healing
- Hemopneumothorax
- Fall

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

Past Medical History:

Diagnosis	Date
• Allergic rhinitis, cause unspecified	11/20/2006
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• Closed fracture of unspecified intracapsular section of neck of femur (HCC) *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006
• Esophageal reflux	11/20/2006
• Impaired fasting glucose	3/22/2007
• Other convulsions (HCC) *Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence*	11/20/2006
• PAD (peripheral artery disease) (HCC)	
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Ulcer of left lower extremity, limited to breakdown of skin (HCC) *Chronic, Multiple sites of lower leg and ankle, with MSSA*	
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012

Past Surgical History:

Procedure	Laterality	Date
• TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Previous Therapy: at SNF Physical Therapy/OT

Prior Level of Function: Before onset of the current condition, the patient was able to walk with improved endurance, cook more independently

Home Environment: with son in apartment, ADA apartment; now has a hand rail in hallways, on cabinets, on walls, in bathroom, shower chair, hand holds on both sides of toilet

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

SUBJECTIVE:
Time In: 1058

Patient's Statement: I don't have any pain, just some soreness. Arrives with son, Louis, today for her appointment who is her primary caregiver and willing to help her with all of her exercises

Last Fall: symptoms/prior falls/location/activity/time of day: 7/23/19:
Location: kitchen at home. Was hold onto the wall, then holding onto the fridge, fell back when the door of fridge opened and caused her to lose her balance.
Time of day: daytime
Type of footwear: sneaker
Wearing glasses, if applicable: yes
Wearing hearing aid, if applicable: yes
Using assistive device: no
No symptoms prior to fall

Patient's Goals for PT: Work on balance

Ambulation Device : Patient ambulates with modified 4 wheeled walker which they use at times as a wheelchair (counseled) - state they will only use it temporarily in community and front wheeled walker at home.

Obstacles in home (pets, rugs, cords): none

Footwear: Outside: sneakers **Inside:** sneakers
Eyeglasses: bifocals
Exercise: before fall just walking, after fall SNF for Physical Therapy /OT
Noc: 2-3 times
Fluid: not enough/not much

OBJECTIVE MEASURES / IMPAIRMENTS:
Pain: 0/10 just a little bit sore

Fall Risk Screen:
TUG: 39.27 seconds (>13.5 sec indicates fall risk) **with 4 wheeled walker**

Gait levels: forward flexed over 4 wheeled walker - holds walker far forward; 4 wheeled walker is not appropriate due to modifications made by patient's son (counseled son)

Posture: Forward head, forward flexed over 4 wheeled walker - holds walker far forward

ROM:
Ankle DF PROM w/knee EXT: Less than neutral bilateral

Neuro Scan:
Motor Score: Key muscles tested from L2 - S2 are within normal limits
Light touch Sensation:Sensation to light touch from L2 - S2 is intact and tested through bandages due to bilateral LE ulcers

Special Tests:

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

Gait Speed: 10 meter walk: 10 meters in 15.94 seconds = 0.63 meters/second with 4 wheeled walker

Sit to stand support: unable without upper extremity assist

5 times sit to stand: (>15 seconds indicates fall risk): Unable

30 Second Sit-Stand: 0 repetition(s).
A score of less than 8 unassisted stands is predictive of falls

FICSIT-4: (<10 seconds indicates fall risk)
10 Second Standing Balance: eyes open
Narrow Base - 10 seconds
Semi Tandem - 10 seconds eyes open. Patient chose right foot forward
Tandem - 0; + LOB
Single Leg - 0 seconds R/L + LOB

Functional Reach:(<6 inches indicates high fall risk) (>10 inches indicates low fall risk)
Trial 1 7 inches Trial 2 7 inches
Average 7 inches with one hand on 4 wheeled walker

Modified CTSIB:
Firm surface 30 seconds: 30 EO and 0 EC. Patient with mod sway EO and + LOB EC
Foam surface not tested

4-item Modified DGI: 5/12 (<10 indicates fall risk)

Four square Step: Not tested due to reliance on 4 wheeled walker for mobility

TREATMENT & EDUCATION
Primary Learner: Patient and Family
Topics Taught: role of physical therapy, education on diagnosis and prognosis, purpose of interventions, initial HEP instructions, physical therapy goals and use of assistive device
Challenges Impacting this Teaching: Hearing deficit
Desire and Motivation to Learn: Engaging with education, ask questions
Preferred Learning Style: demonstration, written and verbal
Post Education Response: Demonstrates tasks with help and States understanding

Evaluation Code: 97163 for 40 minutes.
Clinical Presentation for Selection of Evaluation Code: Unstable
Clinical Decision Making Complexity for Selection of Eval Code:High

Intervention: 97110 Therapeutic exercise for 15 minutes

Trial chair stands: Still too challenging even with bilateral upper extremity support
Partial squats with 4 wheeled walker/chair
Weight shifts/opposite heel lifts with 4 wheeled walker/chair 10 second hold
Seated gastroc belt stretch 60 second holds x 2 twice daily

Home Exercise Program

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

From falls clinic:
Home Safety Checklist
CDC 4 points to prevent falls
How to get up from floor

From Physical Therapy:
Balance exercises at least 2 times per week: 5 reps each
Partial squats with 4 wheeled walker/chair
Weight shifts/opposite heel lifts with 4 wheeled walker/chair 10 second hold
Seated gastroc belt stretch 60 second holds x 2 twice daily

verbal instructions and demonstrations were provided for the above exercises
a handout was provided describing the exercises in written and picture format

ASSESSMENT:
Patient presents to Physical Therapy with her son; lives with her son. She was discharged from her skilled nursing facility on 8/30/19 where she was receiving rehab after a ground level fall on 7/23/19 with hospitalization for pelvic and right rib fractures as well as pneumothorax.
Fall risk testing today shows Age > 65 years, History of Falls, Feelings of Unsteadiness, Need for Assist in Home with ADLS, Use of Assistive Device, + Timed up and Go, + Single leg balance test, Static Balance impairment, Dynamic Balance impairment, Gait Deviations, Reduced Gait Speed and Decreased Functional LE strength all indicative of patient's **high fall risk.**

PT is necessary to instruct patient in a evidenced based structured, progressive home based exercise program that specifically targets patient's balance deficits, lower extremity and postural weakness, gait deficits and use of assistive aides to decrease patient's fall risk. This program will include a systematic progression of moderate static and dynamic balance challenge with a plan for 2-3 x week long term participation in home based or community based exercise program to support longer intervention required to benefit fall risk reduction.

Pain is not focus of intervention,but may decrease pain with postural strength and improved mobility.

Factors/barriers that may delay or affect course of care include: pertinent past medical history as listed above including bilateral lower extremity ulcers, fall with injury (mult fractures), diabetes, urge urinary incontinence, osteoporosis, osteoarthritis lumbar spine and hips, chronic leg ulcers , Age and Comorbidities, complications, impairment, the following cultural factors: none, and factors which determine high fall risk per above.

Rehabilitation potential is: Fair

Outcomes Score: CareConnections: Functional Index Score 35/50

FALL RISK: high fall risk based on screening

PLAN:
Therapy Treatment Plan (*Frequency/Duration/Other Follow up*): Patient will be seen for 1 visit per week until plan of care reviewed.

Plan for next visit:
Review program
Progression:

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

National lnstitute on Aging program and issue dvd
Limits of stability 8 points

To improve impairments and reach functional goals the following interventions will be performed: Patient Education, Therapeutic Exercise (97110), Therapeutic Activities (97530), Neuromuscular Re-education (97112) and Gait Training (97116)

TREATMENT GOALS
Anticipated Discharge Date 3/2/20

LONG TERM GOALS (Functional Goals) **Patient's risk of future falls and risk for falls will be reduced, as demonstrated by:**	**To be met by Discharge**	**Current Level of Function / Participation Restrictions 9/3/2019**
5 time sit to stand in 15 seconds for independence in sit to stand transitional movement without the use of arms for rising to stand		Patient currently performs 0 chair sit to stands UE support
TUG of no more than 22 seconds with assistive device for adequate balance to perform sit to stand, walking and turning below fall risk cut off		Patient currently completes the TUG in 39.27 seconds with 4 wheeled walker
Single leg stance time of 6.5 seconds to allow weight shift for safe stepping up on curb or stair climbing		Patient currently performs single leg stance for 0 seconds
Gait Speed of 1 meters per second to to cross street safely		Patient's current gait speed is 0.63 with 4 wheeled walker assistive device
Functional reach of 7.4 inches for adequate balance to get dressed independently		Patient's current functional reach test is 7 inches
Number of falls is reduced to 0 in 3 consecutive months to decrease risk of injury from falls.		Patient currently reports last fall was 7/23/19 with fractures/injury
Patient reports 2-3 x week x 6 month participation in home based or community based balance training program with moderate challenge to demonstrate sustainability required to decrease fall risk		Patient currently reports some participation in lower extremity strengthening home exercise program.

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Clinical Notes (continued)

Short Term Goals	To be met by	MET or UNMET / Date
Patient will demonstrate ability to properly weight shift to right/left lower extremity to progress toward single leg balance in future to reduce fall risk	10/3/19	
Patient will shift weight to 8 points limits of stability using ankle strategy to reduce loss of balance/falls during static standing activities	10/3/19	
Patient and son will verbalize understanding that current modified 4 wheeled walker is not safe for being pushed on or for walking as it has been adjusted by son	9/3/2019 met	
Patient will be able to use momentum to assist with powering up for sit to stand to decrease need to use bilateral upper extremity support to stand	10/3/19	

These goals were discussed and patient and family agree with plan

Pain will be addressed at the next plan of care review, and intermittently during daily visits as deemed appropriate by the provider. The focus of daily visits will be on function.

Kristina M Cosley, PT
6NJB Outpatient Physical and Hand Therapy Clinic
Harborview Medical Center
Phone: (206) 744- 1675 FAX: (206) 744-1664

Electronically signed by Cosley, Kristina M, PT at 9/3/2019 12:50 PM

Other Orders

Plan of Care

Plan of Care (Internal Provider) (Discontinued)

Electronically signed by: **Cosley, Kristina M, PT on 09/03/19 1250** Status: **Discontinued**
Ordering user: Cosley, Kristina M, PT 09/03/19 1250 Authorized by: Phelan, Elizabeth Anne, MD
Ordering mode: Standard

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Other Orders (continued)

Cosigning events
Electronically cosigned by Phelan, Elizabeth Anne, MD 09/04/19 0910 for Ordering
Frequency: Routine 09/03/19 -
Quantity: 1
Class: Normal
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Imbalance [R26.89]
Leg weakness, bilateral [R29.898]
Fall, subsequent encounter [W19.XXXD]

Indications

Imbalance [R26.89 (ICD-10-CM)]
Leg weakness, bilateral [R29.898 (ICD-10-CM)]
Fall, subsequent encounter [W19.XXXD (ICD-10-CM)]

Flowsheets

Evaluation

Row Name	09/03/19 1103
Certification From*	09/03/19
Certification To*	11/02/19
Date of Symptom Onset*	07/23/19
Start of Care Date*	09/03/19
Have you fallen in the past year?	Yes
Do you worry about falling?	No
Do you feel unsteady when standing or walking?	Yes

PT/OT Charges

Row Name	09/03/19 1249
Treatment Start Time	1058
Total Treatment Minutes	55 min
Total Timed Code Minutes	15 min
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 97163	1 Procedure
THERAPEUTIC EXERCISE 1 OR >1 AREAS 97110 - Minutes	15

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

After Visit Summary (continued)

After Visit Summary (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976

9/3/2019 11:00 AM Harborview Medical Center Outpatient Physical Therapy Clinic 206-744-1675

Today's Visit

You saw Kristina M Cosley, PT on Tuesday September 3, 2019. The following issues were addressed: Imbalance; Leg weakness, bilateral; and Fall, subsequent encounter.

Done Today
Plan of Care (Internal Provider)

What's Next

SEP 4 2019	Return Patient Appointment with William E Neighbor, MD Wednesday September 4 11:20 AM (Arrive by 11:05 AM)	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011
SEP 12 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday September 12 8:30 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
SEP 19 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday September 19 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
SEP 26 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday September 26 10:30 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
OCT 10 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday October 10 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: H0571976) • Printed at 9/3/19 12:50 PM Page 1 of 2 Epic

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

After Visit Summary (continued)

Your Medication List as of 9/3/19 12:50 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	Instill one drop in each eye twice daily

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 206-000-0000 (Work) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents

After Visit Summary - Document on 9/3/2019 12:50 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976
9/3/2019 11:00 AM Harborview Medical Center Outpatient Physical Therapy Clinic 206-744-1675

Today's Visit

You saw Kristina M Cosley, PT on Tuesday September 3, 2019. The following issues were addressed: Imbalance; Leg weakness, bilateral; and Fall, subsequent encounter.

Done Today
Plan of Care (Internal Provider)

What's Next

SEP 4 2019	Return Patient Appointment with William E Neighbor, MD Wednesday September 4 11:20 AM (Arrive by 11:05 AM)	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011
SEP 12 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday September 12 8:30 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
SEP 19 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday September 19 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
SEP 26 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday September 26 10:30 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675
OCT 10 2019	Return Patient Appointment with Kristina M Cosley, PT Thursday October 10 9:45 AM	Harborview Medical Center Outpatient Physical Therapy Clinic 908 Jefferson ST Seattle WA 98104 206-744-1675

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: H0571976) • Printed at 9/3/19 12:50 PM Page 1 of 2 Epic

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents (continued)

Your Medication List as of 9/3/19 12:50 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	Instill one drop in each eye twice daily

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 206-000-0000 (Work) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents (continued)

Questionnaire - Scan on 9/13/2019 5:42 PM: H2124

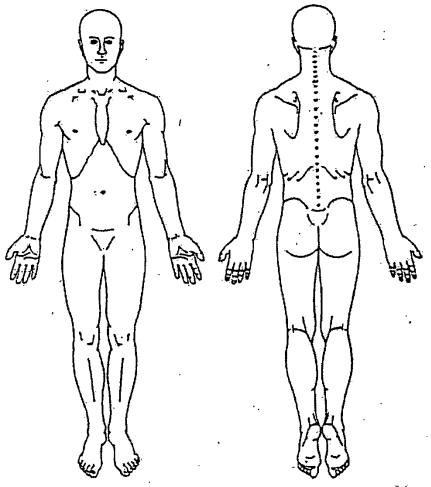
Scan (below)

HARBORVIEW OUTPATIENT PHYSICAL THERAPY QUESTIONNAIRE

HISTORY OF CURRENT CONDITION

1. For what injury/problem were you referred to PT?

2. Please mark areas of pain or abnormal sensation:



3. **When** did symptoms begin? (specific date)__/__/__
   Have you had a similar problem in the past? ☐ Yes ☐ No

4. **How** did this problem start?

5. Onset: ☐ Sudden ☐ Gradual

6. Since onset, symptoms are:
   ☐ Better ☐ Worse ☐ Not changing

7. What makes symptoms **worse**?

   What makes them **better**?

8. Nature of pain/symptoms
   ☐ Sharp ☐ Throbbing ☐ Tingling
   ☐ Dull ☐ Constant ☐ Numbness
   ☐ Aching ☐ Periodic ☐ Other: _____

9. As the day progresses, symptoms:
   ☐ Increase ☐ Decrease ☒ Stay the same
   Symptoms are worst in the:
   ☐ Morning ☒ Afternoon ☐ Night

10. What previous care have you sought for this condition?
    ☒ PT ☐ Chiropractic ☐ Massage ☐ Other
    Was it helpful? ☒ Yes ☐ No

GOALS FOR TREATMENT

11. What activities are you limited from doing because of your current symptoms?
    - walking with out support device
    -

12. Do you believe that PT will be able to help in achieving these goals? ☒ Yes ☐ No

13. Are you willing/able to participate in a home exercise program? ☐ Yes ☐ No

FALLS/OTHER

1. Have you fallen in the past 12 months? ☒ Yes ☐ No
   If yes, please describe: Landlord Demand 36" walk in home, was crossing 36" Grabed Refer Door it opened
2. Are you worried about falling? ☐ Yes ☒ No

3. Do you have problems with your balance or feel unsteady on your feet? ☒ Yes ☐ No

4. Are you allergic to: ☐ Latex ☐ Beeswax
   If yes, list reaction: _____

WORK HISTORY

1. Occupation: Fromer Nanny/Caning Food
   ☐ Employed full-time ☒ Work at home Canning Food
   ☐ Employed part-time ☐ Student
   ☐ Unemployed ☒ Retired
   ☐ Seeking employment ☒ Disability

2. Physical activities at work:
   ☐ Sitting ☐ Computer use
   ☐ Standing ☐ Heavy equipment operation
   ☐ Phone use ☐ Driving
   ☐ Repetitive lifting ☐ Other _____
   ☐ Heavy lifting

SIGNATURE

Patient Signature X Jeanne L Hoffman

PT.NO
H0571976 BD:1/06/1925 94Y F
NAME HOFFMAN
JEANNE
LEONIE
HMC PT-OUTPATIENT CLINIC
DOS:9/03/19 COSLEY, KRISTINA M
Enc:1840311908 RES:37347935
DOB

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
OUTPATIENT PHYSICAL THERAPY QUESTIONNAIRE

H2124

WHITE – MEDICAL RECORD

HMC2124 REV SEP 15

09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic (continued)

Documents (continued)

Consent Form - Scan on 9/13/2019 5:42 PM: H2778

Scan (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

PARTICIPATION AGREEMENT
6NJB Physical and Hand Therapy Clinic

In order to provide the best service for you and all our clients, we ask that you read and agree to the following:

- Please call 24-hours in advance if you are unable to make your appointment at **206-744-1675.**
  - Leave a message if no one is available to take your call.
- Please call if you will be 15 or more minutes late as the appointment may need to be rescheduled.
- Repeated cancellations or no-shows are disruptive to the optimal delivery of care and may indicate a lack of commitment to your health and wellness. We may discontinue your care if you miss more than one appointment without contacting us or if you repeatedly cancel your appointments.
- Therapists are usually on time for scheduled appointments. If your therapist is running late, we will alert you and do everything possible to make sure you are seen in a timely manner.
- Please silence or set your phone to vibrate while you are waiting in the lobby or seeing your provider.

You and your therapist will regularly assess and review your goals for treatment, your progress, and need for continuing therapy. Your therapy program can be designed to work within the limits of your insurance coverage. The primary reasons therapy is discontinued include:

- Therapy goals have been met
- Continuing progress can be achieved outside of the therapy program
- Patient participation is not sufficient to make significant progress.

Please wear or bring comfortable clothing or shorts if you have a physical therapy appointment.

Thank you for partnering with us to provide the best possible care and service for all our clients.

I have read, understand and agree with the statements above.

Jeanne L Hoffman 9/3/2019
Patient Signature Date

PT.NO H0571976 BD:1/06/1925 94Y F
NAME HOFFMAN JEANNE LEONIE
HMC PT-OUTPATIENT CLINIC
DOS:9/03/19 COSLEY, KRISTINA M
Enc:1840311908 RES:37347935
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

REHAB THERAPY PARTICIPATION AGREEMENT

H2778 WHITE - MEDICAL RECORD

HMC2778 REV SEP 13

09/03/2019 - HMC PT Falls (Therapy)

Episode Info

Type: Therapy Noted date: 9/3/2019 Resolved date: 11/6/2020

Associated Visits

- 09/03/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic
- 09/12/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic
- 09/19/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic
- 09/26/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic
- 10/10/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic
- 10/24/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic
- 11/07/2019 - Rehab Therapy in Harborview Medical Center Outpatient Physical Therapy Clinic

08/29/2019 - Outside Care Encounter in POST-ACUTE CARE SVC

Reason for Visit

Chief complaint: Care Management
Visit diagnoses:

- Closed displaced fracture of left pubis with routine healing (primary)
- Imbalance
- Impaired mobility
- Leg weakness, bilateral
- Bilateral leg edema
- Venous ulcer of left leg
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Anemia, unspecified type
- Severe protein-calorie malnutrition

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Lei, Danna, ARNP	Lei, Danna, ARNP

Department

Name	Address	Phone	Fax
POST-ACUTE CARE SVC	325 9TH Ave Box 359753 Seattle WA 98104	206-744-5415	206-744-3270

Follow-up and Dispositions

Level of Service

Level of Service
NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

08/29/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

Stopped in Visit

None

Clinical Notes

Progress Notes

Lei, Danna, ARNP at 8/29/2019 0927

University of Washington Post Acute Care Service Discharge Summary

Skilled Nursing Facility (SNF):
Caroline Kline Galland Skilled Nursing Facility
7500 Seward Park Ave S
Seattle WA 98118
Tel: (206) 725-8800
Fax:
[ ]1st Fl Nursing Station: 1-206-388-0738
[ ]2nd Fl Nursing Station: 206-760-1725

Date of Admission to SNF: 8/5/2019

Date of Expected Discharge from SNF: 8/30/2019

08/29/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Date of Encounter: 8/29/2019

PCP: William E Neighbor, MD
1959 Ne Pacific St Mailstop 354410
Seattle, WA 98195-4410

Consultants during SNF stay:
Physical therapy, Occupational therapy, Speech language therapy, wound care

Problem List:

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer and inflammation, left (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Diabetic ulcer of lower extremity (HCC)
- Housing lack
- Suspected elder abuse
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer, bilateral (HCC)
- Bilateral leg edema
- Closed displaced fracture of left pubis with routine healing
- Acute blood loss anaemia

- Closed fracture of multiple ribs of left side with routine healing
- Hemopneumothorax

Reason for admission to SNF: brief summary of hospitalization leading to admission to SNF
94 year old femalepreviously living at home with her son with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who was hospitalized at Harborview Medical Center from 7/25/2019 until 8/5/2019 with pelvic fx, right RF and hemo-pneumothorax secondary to GLF

She is now at Kline Galland SNF for STR with PT/OT and wound care

Summary of Care at SNF:
(S32.502D) Closed displaced fracture of left pubis with routine healing (primary encounter diagnosis)
(Z74.09) Impaired mobility and activities of daily living
(R26.89) Imbalance
(R29.898) Leg weakness, bilateral
Plan: progressing, mostly SBA assist for most ADLs
- ongoing rehab needed for strength and endurance
- pain well controlled with tylenol; PRN oxycodone Q12 has not been used since 8/9 ==> D/C

(R60.0) Bilateral leg edema
(I83.029, L97.929) Venous ulcer of left leg (HCC) - resolved
Plan: wounds are slow to heal, continue with daily dressing change
- continue to elevate legs. History of recurrent DVT/chronic DVT in legs, was on warfarin now D/C'ed
- continue of ASA
- maybe helpful to get ABI so she can have more compression; she has had many venous duplex studies

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Plan: diet controlled, was on metformin which was D/C'ed in 2011

(D64.9) Anemia, unspecified type
(E43) Severe protein-calorie malnutrition (HCC)
Plan: Great PO intake while at SNF, has gained a little wt. Rec monitor CBC PRN

Treated briefly for UTI:
poor PO intake -> IVF with D5W 1L at 75ml via peripheral IV line
- Cipro 250 mg every 12 hours ×3 days now complete. She is allergic to nitrofurantoin, sulfa and penicillin antibiotics

Physical Exam
Constitutional: She is well-developed, well-nourished, and in no distress.
HENT:
Head: Atraumatic.
Eyes: Conjunctivae are normal.
Cardiovascular: Normal rate.
Pulmonary/Chest: Effort normal.
Abdominal: Soft.
Neurological: She is alert.
Skin: Skin is warm.
Psychiatric: Mood and affect normal.
Vitals reviewed.
BP: 130/56 mmHg 8/29/2019 04:00
Temp:97.2 °F 8/29/2019 04:00
Pulse: 68 bpm 8/29/2019 04:00

08/29/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Weight: 106 Lbs 8/22/2019 06:59
Resp: 20 Breaths/min 8/29/2019 04:00

Pertinent Labs/Imaging: SNF laboratory tests NOT done through UW system. Pertinent results highlighted if any, otherwise please contact the facility if needed.

Resident Information	Report Information	Clinic Information
Resident: Hoffman, Jeanne Leonie (9550)	**Collection Date:** 08/24/2019 00:00	**Status:** Completed
Admit Date: 08/05/2019	**Received Date:** 08/24/2019 00:00	**Flag:** ⚠
Admitting Provider:	**Reported Date:** 08/24/2019 14:07	**Reporting Lab:** LabCorp
Attending Provider:	**Ord. Provider:** Lei, Danna	**Order #:** C3846041560
Copy to List:	**Source Key:** adef7eea354c023a	**Category:** Chemistry,Hematology,Unknown Category

Order Notes

Result for: HOFFMAN, JEANNE (DOB 1/6/1925, F)

CBC/Diff Ambiguous Default
Performed at: 01 Clinical Information: ROOM 230

	Result	Unit	Ref. Range	Flag	Status
WBC	7.3	x10E3/uL	3.4-10.8		Final
RBC	3.03	x10E6/uL	3.77-5.28	L	Final
Hemoglobin	9.0	g/dL	11.1-15.9	L	Final
Hematocrit	28.7	%	34.0-46.6	L	Final
MCV	95	fL	79-97		Final
MCH	29.7	pg	26.6-33.0		Final
MCHC	31.4	g/dL	31.5-35.7	L	Final
RDW	15.3	%	12.3-15.4		Final
Platelets	307	x10E3/uL	150-450		Final
Neutrophils	70	%	Not Estab.		Final
Lymphs	20	%	Not Estab.		Final
Monocytes	7	%	Not Estab.		Final
Eos	3	%	Not Estab.		Final
Basos	0	%	Not Estab.		Final
Neutrophils (Absolute)	5.1	x10E3/uL	1.4-7.0		Final
Lymphs (Absolute)	1.4	x10E3/uL	0.7-3.1		Final
Monocytes(Absolute)	0.5	x10E3/uL	0.1-0.9		Final
Eos (Absolute)	0.3	x10E3/uL	0.0-0.4		Final
Baso (Absolute)	0.0	x10E3/uL	0.0-0.2		Final
Immature Granulocytes	0	%	Not Estab.		Final
Immature Grans (Abs)	0.0	x10E3/uL	0.0-0.1		Final

Comp. Metabolic Panel (14)
Performed at: 01

Glucose	202	mg/dL	65-99	H	Final
BUN	22	mg/dL	10-36		Final
Creatinine	0.73	mg/dL	0.57-1.00		Final
eGFR If NonAfrican Am	71	mL/min/1.73	>59		Final
eGFR If Africn Am	82	mL/min/1.73	>59		Final
BUN/Creatinine Ratio	30		12-28	H	Final
Sodium	141	mmol/L	134-144		Final

08/29/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Hoffman, Jeanne Leonie (9550) **Order #:** C3846041560 **SourceKey:** adef7eea354c023a

	Result	Unit	Ref. Range	Flag	Status
Sodium	141	mmol/L	134-144		Final
Potassium	4.7	mmol/L	3.5-5.2		Final
Chloride	104	mmol/L	96-106		Final
Carbon Dioxide, Total	22	mmol/L	20-29		Final
Calcium	8.9	mg/dL	8.7-10.3		Final
Protein, Total	6.3	g/dL	6.0-8.5		Final
Albumin	3.2	g/dL	3.2-4.6		Final
Globulin, Total	3.1	g/dL	1.5-4.5		Final
A/G Ratio	1.0		1.2-2.2	L	Final
Bilirubin, Total	0.2	mg/dL	0.0-1.2		Final
Alkaline Phosphatase	102	IU/L	39-117		Final
AST (SGOT)	28	IU/L	0-40		Final
ALT (SGPT)	19	IU/L	0-32		Final

MEDICATIONS at time of SNF Discharge:

1. Acetaminophen Tablet 500 MG Give 2 tablet by mouth three times a day for Pain NTE 3gm per daily
2. Atorvastatin Calcium Tablet 10 MG Give 1 tablet by mouth at bedtime for HLD
3. Calcium Carbonate Tablet Chewable 500 MG Give 2 tablet by mouth every 8 hours as needed for Indigestion\/Heartburn
4. Cholecalciferol Tablet 1000 UNIT Give 1 tablet by mouth one time a day for Supplement
5. MiraLax Powder Give 17 gram by mouth one time a day for Constipation
6. MVI with Minerals 1 po daily as dietary supplement Give 1 tablet by mouth one time a day for dietary supplement
7. Timolol Maleate Solution 0.5 % Instill 1 drop in both eyes two times a day for Dry Eyes Tilt head back and pull the lower eyelid downward away from the eye. Make sure
the drop makes a full contact with conjunctival sac. Wait 5mins for the next
drop. Press tear duct for 1-2 mins after.

Wound treatment:

BLE Treatment: Cleanse area with soap and water or NS. Gently remove loose/dried exudate as able. Apply no-sting barrier to peri-wound skin and allow 30+sec to dry to protect skin from drainage. Cover wounds with Xeroform, cover with gauze or ABD pads and secure with Kerlix and tape. Change daily and PRN.

Right lower leg: Cleanse wound w/ ns or wound spray, pat dry. Apply Amlactin to intact skin of LE wound dressing. Apply Xeroform, cover wound w/ ABD, Secure drg w/ Kerlix, then Ace Wrap. Change dressing QOD and as needed for soiling, saturation or accidental removal.

Left lower leg: Cleanse wound w/ ns or wound spray, pat dry. Apply Amlactin to intact skin of LE wound dressing. Apply Xeroform, cover wound w/ ABD, Secure drg w/ Kerlix, then Ace Wrap. Change dressing QOD and as needed for soiling, saturation or accidental removal.

Follow-up appointments:
Future Appointments

Date	Time	Provider	Department	Center
9/3/2019	11:00 AM	Cosley, Kristina M, PT	HPTOut	HMC PT

Follow-up Issues: needs PCP follow up
- ongoing wound care management

Special instructions:

08/29/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Weight bearing status: Weight bearing as tolerated
Diet: regular; regular; thin

Orders:
DME: as recommended by SNF rehab team
Home Health ordered: Yes; Disciplines requested if applicable**:** nursing, physical therapy, occupational therapy, speech therapy, social work
POSLT: DNR and Full treatment
Disposition: community dwelling, private home
831 Wallace Way NE, Bainbridge Island, WA, 98110 (Note this is new home address for patient)

I saw the patient and spent greater than 30 minutes.

Danna Lei, ARNP

Please contact the University of Washington Post-Acute Care Service at 206-744-5415 or page the provider or the Post-Acute Care Service on-call provider through Harborview Medical Center at 206-744-3000.

Electronically signed by Lei, Danna, ARNP at 8/29/2019 2:08 PM

Patient Instructions

Caroline Kline Galland Skilled Nursing Facility
7500 Seward Park Ave S
Seattle WA 98118
Tel: (206) 725-8800
Fax:
[ ]1st Fl Nursing Station: 1-206-388-0738
[ ]2nd Fl Nursing Station: 206-760-1725

Orders to SNF:

HH services through: Kindred: PT, OT, ST, RN (wound care) and SW

Electronically signed by Lei, Danna, ARNP at 8/29/2019 9:37 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/29/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976 — 8/29/2019 — POST-ACUTE CARE SVC 206-744-5415

Instructions from Danna Lei, ARNP

Caroline Kline Galland Skilled Nursing Facility
7500 Seward Park Ave S
Seattle WA 98118
Tel: (206) 725-8800
Fax:
[ ]1st Fl Nursing Station: 1-206-388-0738
[ ]2nd Fl Nursing Station: 206-760-1725

Orders to SNF:

HH services through: Kindred: PT, OT, ST, RN (wound care) and SW

What's Next

SEP 3 2019 — New Patient Appointment with Kristina M Cosley, PT
Tuesday September 3 11:00 AM
(Arrive by 10:45 AM)

Harborview Medical Center Outpatient Physical Therapy Clinic
908 Jefferson ST
Seattle WA 98104
206-744-1675

Today's Visit

You saw Danna Lei, ARNP on Thursday August 29, 2019. The following issues were addressed:

- Closed displaced fracture of left pubis with routine healing
- Imbalance
- Impaired mobility and activities of daily living
- Leg weakness, bilateral
- Bilateral leg edema
- Venous ulcer of left leg
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Anemia, unspecified type
- Severe protein-calorie malnutrition

eCare Sign-Up

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08/29/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary (continued)

Your Medication List as of 8/29/19 2:08 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	Instill one drop in each eye twice daily

Patient Demographics

Address (Temporary)
7500 SEWARD PARK AVE
SEATTLE WA 98118

Contact Numbers (Temporary)
206-725-8800

E-mail Address
jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

08/29/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents

After Visit Summary - Document on 8/29/2019 2:08 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976

8/29/2019 POST-ACUTE CARE SVC 206-744-5415

Instructions from Danna Lei, ARNP

Caroline Kline Galland Skilled Nursing Facility
7500 Seward Park Ave S
Seattle WA 98118
Tel: (206) 725-8800
Fax:
[ ]1st Fl Nursing Station: 1-206-388-0738
[ ]2nd Fl Nursing Station: 206-760-1725

Orders to SNF:

HH services through: Kindred: PT, OT, ST, RN (wound care) and SW

What's Next

SEP 3 2019 New Patient Appointment with Kristina M Cosley, PT
Tuesday September 3 11:00 AM
(Arrive by 10:45 AM)

Harborview Medical Center Outpatient Physical Therapy Clinic
908 Jefferson ST
Seattle WA 98104
206-744-1675

Today's Visit

You saw Danna Lei, ARNP on Thursday August 29, 2019. The following issues were addressed:

- Closed displaced fracture of left pubis with routine healing
- Imbalance
- Impaired mobility and activities of daily living
- Leg weakness, bilateral
- Bilateral leg edema
- Venous ulcer of left leg
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Anemia, unspecified type
- Severe protein-calorie malnutrition

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: H0571976) • Printed at 8/29/19 2:08 PM

Page 1 of 2 Epic

08/29/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents (continued)

Your Medication List as of 8/29/19 2:08 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
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pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	Instill one drop in each eye twice daily

Patient Demographics

Address (Temporary)
7500 SEWARD PARK AVE
SEATTLE WA 98118

Contact Numbers (Temporary)
206-725-8800

E-mail Address
jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

08/23/2019 - Outside Care Encounter in POST-ACUTE CARE SVC

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Abnormal urinalysis (primary)
- Drowsiness

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Lei, Danna, ARNP	Lei, Danna, ARNP

Department

Name	Address	Phone	Fax
POST-ACUTE CARE SVC	325 9TH Ave Box 359753 Seattle WA 98104	206-744-5415	206-744-3270

Level of Service

Level of Service
SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

acetaminophen 500 MG Oral Tab

08/23/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Medication List (continued)

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

Stopped in Visit

None

Clinical Notes

Progress Notes

Lei, Danna, ARNP at 8/23/2019 0935

UW Medicine Post Acute Care Service

Place of Service
Skilled Nursing Facility:
Caroline Kline Galland Skilled Nursing Facility
7500 Seward Park Ave S
Seattle WA 98118
Tel: (206) 725-8800
Fax:
[ ]1st Fl Nursing Station: 1-206-388-0738
[ ]2nd Fl Nursing Station: 206-760-1725

Name: Jeanne Leonie Hoffman
DOB: 1/6/1925
LANGUAGE: English

Chief complaint: Follow-Up

HPI: 94 year old femalepreviously living at home with her son with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who was hospitalized at Harborview Medical Center from 7/25/2019 until 8/5/2019 with pelvic fx, right RF and hemo-pneumothorax secondary to GLF

She is now at Kline Galland SNF for STR with PT/OT

08/23/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Interval Hx: Patient is seen today for change in functional status. Her UA results are as below; she received 1 g IM Rocephin last evening based on the results. She is noted by family and staff to have acute change in mental status and functional status. She has been in bed for the last 24 hours, limited by mouth intake. Patient is seen today with her son at bedside who relates that this is how she presents when she has a UTI. Relates that her recurrent UTIs are associated with her ongoing issues with urinary incontinence.

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer and inflammation, left (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Diabetic ulcer of lower extremity (HCC)
- Housing lack
- Suspected elder abuse
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer, bilateral (HCC)
- Bilateral leg edema
- Closed displaced fracture of left pubis with routine healing
- Acute blood loss anaemia
- Closed fracture of multiple ribs of left side with routine healing
- Hemopneumothorax

MEDICATIONS

08/23/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

This patient's medications have been reviewed in the chart and reconciled.
There may have been changes in the medications that are not reflected in this note.
For the most accurate medication list, please call skilled nursing facility and ask for the most recent medication administration record (MAR) to be sent.
Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Review of Systems
Unable to perform ROS: Mental status change

Most recent vitals from SNF chart:
BP: 136/72 mmHg 8/23/2019 10:22
Temp:98 °F 8/23/2019 10:22
Pulse: 76 bpm 8/23/2019 10:22
Weight: 106 Lbs 8/22/2019 06:59
Resp: 20 Breaths/min 8/23/2019 10:22
Pain: 5 8/23/2019 14:01

Physical Exam
Constitutional: She is well-developed, well-nourished, and in no distress.
HENT:
Head: Atraumatic.
Eyes: Conjunctivae are normal.
Cardiovascular: Normal rate.
Pulmonary/Chest: Effort normal.
Abdominal: Soft. Bowel sounds are normal.
Lymphadenopathy:
She has no cervical adenopathy.
Neurological:
Somnolent, opens eyes to her name but then goes quickly back to sleep
Skin: Skin is warm and dry.
Psychiatric: Affect normal.
Vitals reviewed.

DIAGNOSTICS: Reviewed in Care Everywhere/ SNF chart

08/23/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Kline Galland Home East 2B

LabCorp — Patient Report

Specimen ID: 233-129-3770-0
Control ID: C4N46041560

Acct #: 46041560 Phone: (206) 805-2377 Rte: 00

HOFFMAN, JEANNE

Kline Galland Home East 2B
7500 Seward Park Ave S
Seattle WA 98118

Patient Details
DOB: 01/06/1925
Age(y/m/d): 094/07/15
Gender: F SSN:
Patient ID: ROOM 230

Specimen Details
Date collected: 08/21/2019 0000 Local
Date received: 08/22/2019
Date entered: 08/22/2019
Date reported: 08/22/2019 0735 ET

Physician Details
Ordering: D LEI
Referring:
ID:
NPI: 1689915787

Ordered Items
UA/M w/rflx Culture, Comp

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
UA/M w/rflx Culture, Comp					
Urinalysis Gross Exam					01
Specific Gravity	1.025			1.005 - 1.030	01
pH	5.5			5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	**Trace**	**Abnormal**		Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen,Semi-Qn	0.2		mg/dL	0.2 - 1.0	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					
	See below:				01
Microscopic was indicated and was performed.					
WBC	0-5		/hpf	0 - 5	01
RBC	0-2		/hpf	0 - 2	01
Epithelial Cells (non renal)	0-10		/hpf	0 - 10	01
Mucus Threads	Present			Not Estab.	01
Bacteria	None seen			None seen/Few	01
Urinalysis Reflex					01
This specimen has reflexed to a Urine Culture.					
Urine Culture,Comprehensive					
Will	Follow				01

ASSESSMENT / PLAN:
(R82.90) Abnormal urinalysis (primary encounter diagnosis)
(R40.0) Somnolence
Plan: poor PO intake -> IVF with D5W 1L at 75ml via peripheral IV line
- Start on Cipro 250 mg every 12 hours ×3 days. She is allergic to nitrofurantoin, sulfa and penicillin antibiotics
-Patient has been placed on alert at skilled nursing facility for ongoing mental status change. Consider escalation to inpatient care
- She has orders for PVR every shift ×24 hours however there is no documented bladder scan as of yet.

Electronically signed by Lei, Danna, ARNP at 8/23/2019 2:39 PM

08/23/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976 8/23/2019 POST-ACUTE CARE SVC 206-744-5415

Today's Visit

You saw Danna Lei, ARNP on Friday August 23, 2019. The following issues were addressed: Abnormal urinalysis and Somnolence.

What's Next

SEP 3 2019 New Patient Appointment with Kristina M Cosley, PT
Tuesday September 3 11:00 AM (Arrive by 10:45 AM)

Harborview Medical Center Outpatient Physical Therapy Clinic
908 Jefferson ST
Seattle WA 98104
206-744-1675

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: H0571976) • Printed at 8/23/19 2:39 PM Page 1 of 2 Epic

08/23/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary (continued)

Your Medication List as of 8/23/19 2:39 PM

ⓘ If you have any questions, ask your nurse or doctor.

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Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	Instill one drop in each eye twice daily

Patient Demographics

Address (Temporary)
7500 SEWARD PARK AVE
SEATTLE WA 98118

Contact Numbers (Temporary)
206-725-8800

E-mail Address
jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

08/23/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents

After Visit Summary - Document on 8/23/2019 2:39 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976 8/23/2019 POST-ACUTE CARE SVC 206-744-5415

Today's Visit

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Jeane L. Hoffman (MRN: H0571976) • Printed at 8/23/19 2:39 PM Page 1 of 2 Epic

08/23/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents (continued)

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SEATTLE WA 98118

Contact Numbers (Temporary)
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E-mail Address
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Basic Demographic Information

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White	Not Hispanic or Latino	English	English

08/22/2019 - Nurse Triage in UW Medicine Transfer Center

Reason for Visit

Chief complaint: Medical Advice
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Disposition

Call PCP Now

Patient/Caregiver understands and will follow disposition? **Yes**

Questionnaires

CCL QUESTIONNAIRE

Select Clinic	**HMC LTC Nursing Home Visits** Entered by Peterson, Ann E, RN Entered on 8/22/2019 8:22 PM
Who is provider?	**Kline Galland** Entered by Peterson, Ann E, RN Entered on 8/22/2019 8:22 PM
Is this a contact center triage call?	**No** Entered by Peterson, Ann E, RN Entered on 8/22/2019 8:22 PM

Care Advice

Patient/Caregiver understands and will follow care advice?: **Yes**

Given By	Given At	Modified
Ann P	8/22/2019 8:25 PM	Yes

CALL PCP NOW: You need to discuss this with your doctor. I'll page him now. If you haven't heard from the on-call doctor within 30 minutes, call again.

Warm Transfer Roma C To Caller.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019

Medication List (continued)

Quantity: 270 tablet | Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD | Entered on: 6/7/2018
End date: 10/13/2021

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD | Entered on: 9/26/2018
Start date: 9/26/2018 | End date: 9/4/2019
Quantity: 45 tablet

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD | Ordered on: 4/16/2019
Start date: 4/16/2019 | End date: 9/4/2019
Quantity: 10 mL | Refill: No refills remaining

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP | Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD | Entered on: 8/20/2019
Start date: 8/5/2019 | End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician | Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD | Entered on: 8/20/2019
Start date: 8/5/2019 | End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD | Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD | Entered on: 8/20/2019
Start date: 8/20/2019 | End date: 3/8/2025

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Peterson, Ann E, RN at 8/22/2019 1941

Regarding: KLINE GALLAND: critical lab results
----- Message from Bethany Helm sent at 8/22/2019 7:39 PM PDT -----
KLINE GALLAND: critical lab results

Electronically signed by Peterson, Ann E, RN at 8/22/2019 7:41 PM

Peterson, Ann E, RN at 8/22/2019 2005

STAT LAB ordered Donna Lee, ARNP
Venous Dopler con

Electronically signed by Peterson, Ann E, RN at 8/22/2019 8:07 PM

Peterson, Ann E, RN at 8/22/2019 2011

Kline Galland callling:
Stat Doppler study today @ 1500. Ordered by Donna Lee, ARNP
Requesting to speak with provider/Paged Roma Cambronero @ 2017.

Electronically signed by Peterson, Ann E, RN at 8/22/2019 8:25 PM

Peterson, Ann E, RN at 8/22/2019 2024

Reason for Disposition

• [1] Caller requests to speak ONLY to PCP AND [2] URGENT question

Protocols used: PCP CALL - NO TRIAGE-ADULT-AH

Electronically signed by Peterson, Ann E, RN at 8/22/2019 8:25 PM

Reyes-Cambronero, Roma, DNP at 8/23/2019 0739

Doppler negative of acute DVT. Routing to facility primary provider.

Electronically signed by Reyes-Cambronero, Roma, DNP at 8/23/2019 7:40 AM

08/21/2019 - Nurse Triage in UW Medicine Transfer Center

Reason for Visit

Chief complaint: Long Term Care Patient
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Disposition

Call PCP Now

Patient/Caregiver understands and will follow disposition? **Yes**

Questionnaires

CCL QUESTIONNAIRE

Select Clinic	**HMC LTC Nursing Home Visits** Entered by Kirse, Teresa D, RN Entered on 8/21/2019 9:06 PM
Is this a contact center triage call?	**No** Entered by Kirse, Teresa D, RN Entered on 8/21/2019 9:06 PM

Care Advice

Patient/Caregiver understands and will follow care advice?: **Yes**

Given By	Given At	Modified
Teresa K	8/21/2019 9:10 PM	No

CALL PCP NOW: You need to discuss this with your doctor. I'll page him now. If you haven't heard from the on-call doctor within 30 minutes, call again.

Teresa K	8/21/2019 9:10 PM	No

CARE ADVICE given per PCP Call - No Triage (Adult) guideline.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021

Medication List (continued)

Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/16/2019
Start date: 4/16/2019 — End date: 9/4/2019
Quantity: 10 mL — Refill: No refills remaining

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Kirse, Teresa D, RN at 8/21/2019 2100

Regarding: LTC nurse Sawzia Kline Galland second floor wants to talk to oncall doc about labs
----- Message from Candance N Marshall sent at 8/21/2019 8:45 PM PDT -----
LTC nurse Sawzia Kline Galland second floor wants to talk to oncall doc about labs

Electronically signed by Kirse, Teresa D, RN at 8/21/2019 9:00 PM

Clinical Notes (continued)

Kirse, Teresa D, RN at 8/21/2019 2106

Nurse reports pt has not been feeling well, chills, temp 99.4. Stat labs done but UA. Labs back but UA pending. Nurse reports concern about bilateral wounds on pts lower legs that are more red now. Concerned about cellulitis. Requested to speak with on call.

Danna Lei paged and call forwarded to the facility

Reason for Disposition

• [1] Follow-up call from patient regarding patient's clinical status AND [2] information urgent

Protocols used: PCP CALL - NO TRIAGE-ADULT-AH

Electronically signed by Kirse, Teresa D, RN at 8/21/2019 9:11 PM

Lei, Danna, ARNP at 8/22/2019 0724

Labs reviewed in EMR of Kline - WBC not elevated. Afebrile. No tachycardia. Skin is intact, knee is feeling warm with erythema. Rn asked to continue to monitor, she has drawn a boarder around the area of erythema. Page me back if area increases

Electronically signed by Lei, Danna, ARNP at 8/22/2019 7:26 AM

08/21/2019 - Outside Care Encounter in POST-ACUTE CARE SVC

Reason for Visit

Chief complaints: Follow-Up and Tremor
Visit diagnoses:

- Closed displaced fracture of left pubis with routine healing (primary)
- Imbalance
- Impaired mobility
- Leg weakness, bilateral
- Bilateral leg edema
- Venous ulcer of left leg
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Anemia, unspecified type
- Severe protein-calorie malnutrition
- Tremor

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Lei, Danna, ARNP	Lei, Danna, ARNP

Department

Name	Address	Phone	Fax
POST-ACUTE CARE SVC	325 9TH Ave Box 359753 Seattle WA 98104	206-744-5415	206-744-3270

Level of Service

Level of Service
SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 35 MIN

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

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Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
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Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

08/21/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
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End date: 9/4/2019
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Refill: No refills remaining

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Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

Stopped in Visit

None

Clinical Notes

Progress Notes

Lei, Danna, ARNP at 8/21/2019 1344

UW Medicine Post Acute Care Service

Place of Service
Skilled Nursing Facility:
Caroline Kline Galland Skilled Nursing Facility
7500 Seward Park Ave S
Seattle WA 98118
Tel: (206) 725-8800
Fax:
[ ]1st Fl Nursing Station: 1-206-388-0738
[ ]2nd Fl Nursing Station: 206-760-1725

Name: Jeanne Leonie Hoffman
DOB: 1/6/1925
LANGUAGE: English

Chief complaint: Follow-Up and Tremor

HPI: 94 year old femalepreviously living at home with her son with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who was hospitalized at Harborview Medical Center from 7/25/2019 until 8/5/2019 with pelvic fx, right RF and hemo-pneumothorax secondary to GLF

She is now at Kline Galland SNF for STR with PT/OT

Interval Hx: patient is seen today for post acute care follow up at Kline
- Pelvic fx: relates some "stiffness" today. Is SBA for most ADLs per rehab team and nursing
- BLE venous insufficiency, chronic leg ulcers: wounds are healed. Trace edema
- nursing relates that patient had episode of tremors "all over" last night. She was warmed with warming blankets, initially also required some O2 for comfort and it has resolved. Pt denies dysuria, fever or recurrent tremors however she relates feeling tried today

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer and inflammation, left (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Diabetic ulcer of lower extremity (HCC)
- Housing lack
- Suspected elder abuse

- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer, bilateral (HCC)
- Bilateral leg edema
- Closed displaced fracture of left pubis with routine healing
- Acute blood loss anaemia
- Closed fracture of multiple ribs of left side with routine healing
- Hemopneumothorax

MEDICATIONS

1. Acetaminophen Tablet 500 MG Give 2 tablet by mouth three times a day for Pain NTE 4gm\/daily
2. Atorvastatin Calcium Tablet 10 MG Give 1 tablet by mouth at bedtime for HLD
3. Calcium Carbonate Tablet Chewable 500 MG Give 2 tablet by mouth every 8 hours as needed for Indigestion\/Heartburn
4. Cholecalciferol Tablet 1000 UNIT Give 1 tablet by mouth one time a day for Supplement
5. Dulcolax 10 mg. suppository PR Q 3 days PRN no BM Insert 1 suppository rectally as needed for KGH Bowel Protocol 3 days for no BM
6. Glucagon Emergency Kit 1 MG Inject 1 mg subcutaneously as needed for Low Blood Sugar Inject 1 syringe (1mg) as directed for blood sugar <70 in emergency situations if the pt is unable to take oral sugar (such as juice or glucose tablets).
7. MiraLax Powder Give 17 gram by mouth one time a day for Constipation
8. MVI with Minerals 1 po daily as dietary supplement Give 1 tablet by mouth one time a day for dietary supplement
9. Ondansetron HCl Tablet 4 MG Give 1 tablet by mouth every 8 hours as needed for N\/V
10. oxyCODONE HCl Tablet 5 MG Give 0.5 tablet by mouth every 12 hours as needed for Pain To be given before wound care
11. Senna 8.6 mg; 1 tabs PO QHS\/PRN constipation; Hold for loose stool Give 1 tablet by mouth as needed for KGH Protocol
12. Timolol Maleate Solution 0.5 % Instill 1 drop in both eyes two times a day for Dry Eyes Tilt head back and pull the lower eyelid downward away from the eye. Make sure
the drop makes a full contact with conjunctival sac. Wait 5mins for the next
drop. Press tear duct for 1-2 mins after.

This patient's medications have been reviewed in the chart and reconciled.
There may have been changes in the medications that are not reflected in this note.
For the most accurate medication list, please call skilled nursing facility and ask for the most recent medication administration record (MAR) to be sent.
Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Review of Systems
Constitutional: Positive for malaise/fatigue. Negative for chills, diaphoresis and fever.
Eyes: Negative.

08/21/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Respiratory: Negative.
Cardiovascular: Positive for leg swelling. Negative for chest pain, palpitations, orthopnea and claudication.
Gastrointestinal: Negative for abdominal pain.
Genitourinary: Negative.
Musculoskeletal: Negative.
Neurological: Negative. Negative for dizziness.
Psychiatric/Behavioral: The patient does not have insomnia.
All other systems reviewed and are negative.

Most recent vitals from SNF chart:
BP: 125/60 mmHg 8/21/2019 13:08
Temp:98.4 °F 8/21/2019 13:08
Pulse: 70 bpm 8/21/2019 13:08
Weight: 107.4 Lbs 8/15/2019 09:49
Resp: 18 Breaths/min 8/21/2019 13:08
Pain: 0 8/21/2019 13:24

Physical Exam
Constitutional:
Elderly female in bed
HENT:
Head: Atraumatic.
Eyes: Conjunctivae are normal.
Neck: Normal range of motion.
Cardiovascular: Normal rate and regular rhythm.
Pulmonary/Chest: Effort normal and breath sounds normal.
Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.
Neurological: She is alert.
Skin: Skin is warm and dry.
Psychiatric: Mood and affect normal.
Nursing note and vitals reviewed.

DIAGNOSTICS: Reviewed in Care Everywhere/ SNF chart

08/21/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Resident Information	Report Information	Clinic Information
Resident: Hoffman, Jeanne Leonie (9550)	**Collection Date:** 08/06/2019 00:00	**Status:** Completed
Admit Date: 08/05/2019	**Received Date:** 08/06/2019 00:00	**Flag:** ⚠
Admitting Provider:	**Reported Date:** 08/06/2019 20:06	**Reporting Lab:** LabCorp
Attending Provider:	**Ord. Provider:** Lei, Danna	**Order #:** B3146041560
Copy to List:	**Source Key:** 7e6915a553a70935	**Category:** Chemistry,Hematology

Order Notes

Result for: HOFFMAN, JEANNE (DOB 1/6/1925, F)

Comp. Metabolic Panel (14)
Performed at: 01 Clinical Information: ROOM 230

	Result	Unit	Ref. Range	Flag	Status
Glucose	123	mg/dL	65-99	H	Final
BUN	26	mg/dL	10-36		Final
Creatinine	0.71	mg/dL	0.57-1.00		Final
eGFR If NonAfrican Am	73	mL/min/1.73	>59		Final
eGFR If Africn Am	84	mL/min/1.73	>59		Final
BUN/Creatinine Ratio	37		12-28	H	Final
Sodium	142	mmol/L	134-144		Final
Potassium	4.3	mmol/L	3.5-5.2		Final
Chloride	108	mmol/L	96-106	H	Final
Carbon Dioxide, Total	22	mmol/L	20-29		Final
Calcium	8.6	mg/dL	8.7-10.3	L	Final
Protein, Total	5.8	g/dL	6.0-8.5	L	Final
Albumin	3.0	g/dL	3.2-4.6	L	Final
Globulin, Total	2.8	g/dL	1.5-4.5		Final
A/G Ratio	1.1		1.2-2.2	L	Final
Bilirubin, Total	<0.2	mg/dL	0.0-1.2		Final
Alkaline Phosphatase	119	IU/L	39-117	H	Final
AST (SGOT)	23	IU/L	0-40		Final
ALT (SGPT)	17	IU/L	0-32		Final

CBC, Platelet, No Differential
Performed at: 01

WBC	6.7	x10E3/uL	3.4-10.8		Final
RBC	2.76	x10E6/uL	3.77-5.28	L	Final
Hemoglobin	8.0	g/dL	11.1-15.9	L	Final
Hematocrit	25.8	%	34.0-46.6	L	Final
MCV	94	fL	79-97		Final
MCH	29.0	pg	26.6-33.0		Final
MCHC	31.0	g/dL	31.5-35.7	L	Final
RDW	16.9	%	12.3-15.4	H	Final
Platelets	507	x10E3/uL	150-450	H	Final

ASSESSMENT / PLAN:
(S32.502D) Closed displaced fracture of left pubis with routine healing (primary encounter diagnosis)
(Z74.09) Impaired mobility and activities of daily living
(R26.89) Imbalance
(R29.898) Leg weakness, bilateral
Plan: progressing, mostly SBA assist for most ADLs
- ongoing rehab needed for strength and endurance
- pain well controlled with tylenol; PRN oxycodone Q12 has not been used since 8/9 ==> D/C

(R60.0) Bilateral leg edema
(I83.029, L97.929) Venous ulcer of left leg (HCC) - resolved
Plan: wounds are slow to heal, continue with daily dressing change
- continue to elevate legs. History of recurrent DVT/chronic DVT in legs, was on warfarin now D/C'ed
- continue of ASA
- maybe helpful to get ABI so she can have more compression; she has had many venous duplex studies

08/21/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Plan: diet controlled, was on metformin which was D/C'ed in 2011

(D64.9) Anemia, unspecified type
(E43) Severe protein-calorie malnutrition (HCC)
Plan: recheck CBC and CMP

(R25.1) Tremor
Plan: resolved but given anemia and malnourishment - recheck CBC and CMP

Post visit addendum:

Was called back to pt room as nursing reports repeat in tremors, pt is alert but feeling "bad and not myself" Continues to denie dysuria, relates "I have pooped and peed today" Denies SOB or chest pain
- temp = 99.6F
- PT reports change in function as she was weak and did not want to participate today which she is usually "up for anything"
If UA shows UTI = would start ceftriaxone 1 gram IM x 1 tonight then start bactrim DS

Plan: change CBC and CMP to STAT order. Given history of UTI - UA STAT with reflex C&S as indicated- results will likely come back to after hours
- pt is to remain on alert monitoring per nursing; call provider with acute changes

Electronically signed by Lei, Danna, ARNP at 8/21/2019 3:08 PM

Patient Instructions

Orders for SNF:

Caroline Kline Galland Skilled Nursing Facility
7500 Seward Park Ave S
Seattle WA 98118
Tel: (206) 725-8800
Fax:
[ ]1st Fl Nursing Station: 1-206-388-0738
[ ]2nd Fl Nursing Station: 206-760-1725

(D64.9) Anemia, unspecified type
(E43) Severe protein-calorie malnutrition (HCC)
Plan: **recheck CBC and CMP on 8/22/2019**
(R25.1) Tremor
Plan: resolved but given anemia and malnourishment - recheck CBC and CMP

Electronically signed by Lei, Danna, ARNP at 8/21/2019 1:49 PM

08/21/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976 8/21/2019 POST-ACUTE CARE SVC 206-744-5415

Instructions from Danna Lei, ARNP

Orders for SNF:

Caroline Kline Galland Skilled Nursing Facility
7500 Seward Park Ave S
Seattle WA 98118
Tel: (206) 725-8800
Fax:
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What's Next

SEP 3 2019 New Patient Appointment with Kristina M Cosley, PT
Tuesday September 3 11:00 AM
(Arrive by 10:45 AM)

Harborview Medical Center Outpatient Physical Therapy Clinic
908 Jefferson ST
Seattle WA 98104
206-744-1675

Today's Visit

You saw Danna Lei, ARNP on Wednesday August 21, 2019. The following issues were addressed:

- Closed displaced fracture of left pubis with routine healing
- Imbalance
- Impaired mobility and activities of daily living
- Leg weakness, bilateral
- Bilateral leg edema
- Venous ulcer of left leg
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Anemia, unspecified type
- Severe protein-calorie malnutrition
- Tremor

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

08/21/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary (continued)

Your Medication List as of 8/21/19 3:08 PM

ⓘ If you have any questions, ask your nurse or doctor.

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Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
Cholecalciferol 1000 units Tablet	Take 2 tablets (2,000 Units) by mouth daily.
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	Instill one drop in each eye twice daily

Patient Demographics

Address (Temporary)
7500 SEWARD PARK AVE
SEATTLE WA 98118

Contact Numbers (Temporary)
206-725-8800

E-mail Address
jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

08/21/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents

After Visit Summary - Document on 8/21/2019 3:08 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976 — 8/21/2019 — POST-ACUTE CARE SVC 206-744-5415

Instructions from Danna Lei, ARNP

Orders for SNF:

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- Tremor

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Jeane L. Hoffman (MRN: H0571976) • Printed at 8/21/19 3:08 PM

Page 1 of 2 Epic

08/21/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents (continued)

Your Medication List as of 8/21/19 3:08 PM

ⓘ If you have any questions, ask your nurse or doctor.

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timolol 0.5 % Solution	Instill one drop in each eye twice daily

Patient Demographics

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7500 SEWARD PARK AVE
SEATTLE WA 98118

Contact Numbers (Temporary)
206-725-8800

E-mail Address
jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

08/20/2019 - Nurse Triage in UW Medicine Transfer Center

Reason for Visit

Chief complaint: Long Term Care Patient
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Disposition

Home Care: Information or Advice Only Call

Questionnaires

CCL QUESTIONNAIRE

Select Clinic — **HMC LTC Nursing Home Visits**

Entered by Haynie, Lila J, RN
Entered on 8/20/2019 8:13 PM

Care Advice

Given By	Given At	Modified
Lila J Haynie	8/20/2019 8:19 PM	No

CALL BACK IF:
* You have more questions.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

Stopped in Visit

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated

Clinical Notes

Telephone Encounter

Haynie, Lila J, RN at 8/20/2019 1959

Regarding: LTC KLEIN GALLAND EAST 2B- REPORTING THAT PT IS COMPLAINING OF BEING COLD, SHIVERING, BUT VITALS OKA
----- Message from Briana Micaela Kennedy sent at 8/20/2019 7:58 PM PDT -----
LTC KLEIN GALLAND EAST 2B- REPORTING THAT PT IS COMPLAINING OF BEING COLD, SHIVERING, BUT VITALS OKAY

Electronically signed by Haynie, Lila J, RN at 8/20/2019 7:59 PM

Haynie, Lila J, RN at 8/20/2019 2013

Clinical Notes (continued)

Balinish tells me pt was complained of feeling cold and shivering. Sat was 74% on RA. Place on 2 L NC and gave some blankets. VS stable T 99.1 126/74 hr74 rr 18-20.BS 268 at 1830 today after dinner. Pt has now stopped shivering. Sat is 99-100%. Advised to call back if needed. Balinish agrees she doesn't need to speak to MD now.

Reason for Disposition

• General information question, no triage required and triager able to answer question

Protocols used: INFORMATION ONLY CALL-ADULT-AH

Electronically signed by Haynie, Lila J, RN at 8/20/2019 8:19 PM

08/20/2019 - Office Visit in Harborview Senior Care Clinic

Reason for Visit

Chief complaint: Osteoporosis
Visit diagnosis: Osteoporosis, unspecified

Visit Information

Provider Information

Encounter Provider	Authorizing Provider	Referring Provider
Crawford, Carol A, PharmD	Phelan, Elizabeth Anne, MD	Phelan, Elizabeth Anne, MD

Department

Name	Address	Phone	Fax
Harborview Senior Care Clinic	325 9TH Ave Seattle WA 98104	206-744-4191	206-744-8527

Level of Service

Level of Service	Modifiers
OFFICE OUTPATIENT NEW 10 MINUTES	SIGNED NOTE ONLY

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/16/2019
Start date: 4/16/2019 — End date: 9/4/2019
Quantity: 10 mL — Refill: No refills remaining

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024

Medication List (continued)

Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

Stopped in Visit

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated

Clinical Notes

Progress Notes

Crawford, Carol A, PharmD at 8/20/2019 1030

Osteoporosis review

94 year old pt referred for review/assessment of osteoporosis tx. Pt seen in conjunction with Falls Clinic provider.
Of note, pt was homeless at one time
Last DEXA: not documented
FRAX score: not documented
Hx of fx: pelvic fx 2008 and recently 2/2 to fall. Currently at Kline Galland for rehab
Past Medications used: alendronate for approx 5 years (started 2008 finishing 2013?) Only see medication prescribed 2008-2010-- not listed in provider note in 2012 on .
Labs: SCr: 0.71 Aug 2019 Tot D: 19 in July 2019 Ca: 8.5
Taking Ca/D supplements: son confirms D3 at 2000iu daily, Ca 1g TID (but for heart burn)

Current medications with osteoporosis risk: CBZ
Current meds with fall risk: none

Recommendations:
No DEXA but second pelvic fx (2008 and 8/2019) suggest quite poor BMD. Had a prescribed course of bisphosphonate in past (2008-13)? Only see prescribing per chart note from 2008-2010. Suspecting low compliance given living situation.
Total D on low side but son confirms D3 supplementation.

08/20/2019 - Office Visit in Harborview Senior Care Clinic (continued)

Clinical Notes (continued)

-- Would either start 5 yr course of denosumab 60mg q 6 months or could also consider 2 years of zoledronic acid 5mg yearly (as long as fxs not considered atypical 2/2 bisphosphonate use) given questionable history of use.
-- either option to be started with ortho clearance (typically 3 months s/p hip fx)

Forwarded to falls provider for review.

C Crawford PharmD BCGP

Electronically signed by Crawford, Carol A, PharmD at 8/20/2019 2:41 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/20/2019 - Office Visit in Harborview Senior Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976 8/20/2019 10:30 AM Harborview Senior Care Clinic 206-744-4191

Instructions from Carol A Crawford, PharmD

Your medications have changed today

See your updated medication list for details.

Today's Visit

You saw Carol A Crawford, PharmD on Tuesday August 20, 2019. The following issue was addressed: Osteoporosis, unspecified.

What's Next

SEP 3 2019 New Patient Appointment with Kristina M Cosley, PT
Tuesday September 3 11:00 AM (Arrive by 10:45 AM)

Harborview Medical Center Outpatient Physical Therapy Clinic
908 Jefferson ST
Seattle WA 98104
206-744-1675

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List

ⓘ **Accurate as of 8/20/19 2:41 PM.**
If you have any questions, ask your nurse or doctor.

TAKE these medications

acetaminophen 500 MG Tablet	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Acidophilus 0.5 MG Tablet	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tablet	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Tablet Chewable	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
CHANGE **Cholecalciferol** 1000 units Tablet Changed by: Elizabeth A Phelan, MD	Take 2 tablets (2,000 Units) by mouth daily. What changed: **how much to take**
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	Instill one drop in each eye twice daily

STOP taking these medications

STOP **acetaminophen-codeine** 300-30 MG Tablet
Stopped by: Elizabeth A Phelan, MD

STOP **losartan** 25 MG Tablet
Stopped by: Elizabeth A Phelan, MD

Patient Demographics

Address (Temporary)
7500 SEWARD PARK AVE
SEATTLE WA 98118

Contact Numbers (Temporary)
206-725-8800

E-mail Address
jeanhoffman@usa.com

08/20/2019 - Office Visit in Harborview Senior Care Clinic (continued)

After Visit Summary (continued)

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

08/20/2019 - Office Visit in Harborview Senior Care Clinic (continued)

Documents

After Visit Summary - Document on 8/20/2019 2:41 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976 8/20/2019 10:30 AM Harborview Senior Care Clinic 206-744-4191

Instructions from Carol A Crawford, PharmD

Your medications have changed today

See your updated medication list for details.

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Seattle WA 98104
206-744-1675

eCare Sign-Up

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Jeane L. Hoffman (MRN: H0571976) • Printed at 8/20/19 2:41 PM Page 1 of 3 Epic

Your Medication List

ⓘ **Accurate as of 8/20/19 2:41 PM.**
If you have any questions, ask your nurse or doctor.

TAKE these medications

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STOP taking these medications

STOP **acetaminophen-codeine** 300-30 MG Tablet
Stopped by: Elizabeth A Phelan, MD

STOP **losartan** 25 MG Tablet
Stopped by: Elizabeth A Phelan, MD

Patient Demographics

Address (Temporary)
7500 SEWARD PARK AVE
SEATTLE WA 98118

Contact Numbers (Temporary)
206-725-8800

E-mail Address
jeanhoffman@usa.com

08/20/2019 - Office Visit in Harborview Senior Care Clinic (continued)

Documents (continued)

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

08/20/2019 - Office Visit in Harborview Falls Clinic

Reason for Visit

Chief complaint: Fall
Visit diagnoses:

- Repeated falls (primary)
- Weakness of both lower extremities
- Balance problem
- Osteoporosis with current pathological fracture with routine healing, unspecified osteoporosis type, subsequent encounter
- Glaucoma, unspecified glaucoma type, unspecified laterality
- Hypovitaminosis D
- Dependent on walker for ambulation
- Sensorineural hearing loss (SNHL), unspecified laterality

Visit Information

Provider Information

Encounter Provider	Authorizing Provider	Referring Provider
Phelan, Elizabeth Anne, MD	Phelan, Elizabeth Anne, MD	Connor, Kathleen M, PA-C

Department

Name	Address	Phone	Fax
Harborview Falls Clinic	325 9TH Ave Box 359945 Seattle WA 98104	206-744-4191	206-744-8527

Follow-up and Dispositions

- Return in about 3 months (around 11/20/2019).

Level of Service

Level of Service
OFFICE OUTPATIENT NEW 60 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

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Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

acetaminophen 500 MG Oral Tab

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Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
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Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

Stopped in Visit

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated

Clinical Notes

Progress Notes

Sansted, Zoe Judith Mildred, MD at 8/20/2019 0800

FALL PREVENTION CLINIC
OUTPATIENT CONSULTATION – INITIAL

Patient Name/DOB: Jeanne Leonie Hoffman 1/6/1925
Medical Record Number: H0571976
Date of Service: 8/20/2019

Clinic PCP: Neighbor Jr., William E, MD

IDENTIFICATION AND REASON FOR VISIT:
This is a 94 year old community dwelling female with h/o the below problem list, referred for comprehensive fall risk assessment by Neighbor Jr., William E, MD. She is accompanied to this appointment by her son.

CHIEF COMPLAINT:
GLF with h/o falls and known osteoporosis

PROBLEM LIST
Patient Active Problem List
Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer and inflammation, left (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Diabetic ulcer of lower extremity (HCC)
- Housing lack
- Suspected elder abuse
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer, bilateral (HCC)
- Bilateral leg edema
- Closed displaced fracture of left pubis with routine healing
- Acute blood loss anaemia
- Closed fracture of multiple ribs of left side with routine healing
- Hemopneumothorax

- Osteoporosis. Began fosamax Spring 2008. Continued for five years, then stopped.

MEDICATIONS

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn .		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.		
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	Instill one drop in each eye twice daily	10 mL	0

No current facility-administered medications for this visit.

ALLERGIES:

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

HISTORY OF THE PRESENT ILLNESS

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Clinical Notes (continued)

Jeanne Leonie Hoffman is an 94 year old female who presents for evaluation of recurrent falls.

Was previously living at home with her son, with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who was hospitalized at Harborview Medical Center from 7/25/2019 until 8/5/2019 with pelvic fx, right RF and hemo-pneumothorax secondary to GLF. Was then at SNF at Kline Galland for PT/OT.

Assistive device (walker or cane) use: yes, walker. Both 2 wheeled and 4 wheeled
Indoors: previously no
Outdoors: yes

Description of most recent fall:
Location: kitchen at home. Was hold onto the wall, then holding onto the fridge, fell back when the door of fridge opened and caused her to lose her balance.
Time of day: daytime
Type of footwear: sneaker
Wearing glasses, if applicable: yes
Wearing hearing aid, if applicable: yes
Using assistive device: no
Able to get up without assistance: no
Recalls hitting the ground or lower level: yes
Acute symptoms prior to fall: no
Sleeping med taken within 8 hours prior to fall: no
Alcohol consumed within 8 hours prior to fall: no
Tripping hazards in area of fall: no
Fell on stairs: no
Injury with fall: yes
Injury type, if yes, describe: rib fx, pelvic fx, hemopneumothorax

Modifiable fall risk factors:
Strength and balance exercise 2-3x/week: before the fall just walking, now at SNF doing PT
Vitamin D supplementation: yes
Vision:
Last complete eye exam (date): more than two years ago
Vision changes since last eye exam: yes
Wears bifocals: yes
Hearing:
x Wears a hearing aid
Foot numbness/tingling: no
Foot pain: yes
Other pain: yes
Location(s): ribs sore, pressure in hip; tightness in low back
Quality: see above
Severity (1-10 scale): mild
Interferes with daily activities: no
Footwear:
Indoors: sneakers
Outdoors: sneakers
Nocturia: yes
CNS-active medications: was previously taking codeine sometimes for pain
OTC medications: tylenol
Pets: no
Postural dizziness: no

Daily fluid intake: not enough, not much
Sleep quality: so-so
Urinary incontinence: yes
Vertigo sensation with falls: no
Home/environment:
  Slippery surfaces: no
  Steps to enter: no
  Steps indoors: no
  Staircases without railings: no
  Obstacles in pathways: no
  Poor lighting/illumination: currently not good lighting but setting it up now
  Frequently used objects in hard to reach places: no
  Adaptive equipment: has bars in shower. Has handrailings on cabinets and in hallways.
  Other: none
Behavioral risk factors:
  Inconsistent or incorrect assistive device use: yes
  Hurrying: no
  Climbing up stools or ladders: no
  Other: none

FAMILY HISTORY

Family History

Problem (# of Occurrences)	Relation (Name,Age of Onset)
No Known Problems (2)	**Mother**, **Father**

Family History

Problem (# of Occurrences)	Relation (Name,Age of Onset)
No Known Problems (2)	**Mother**, **Father**

SOCIAL HISTORY

Social History

Socioeconomic History

- Marital status: Widowed
  - Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity:
  - Worry: Not on file
  - Inability: Not on file
- Transportation needs:
  - Medical: Not on file
  - Non-medical: Not on file

Tobacco Use

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Clinical Notes (continued)

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Lifestyle

- Physical activity:
  - Days per week: Not on file
  - Minutes per session: Not on file
- Stress: Not on file

Relationships

- Social connections:
  - Talks on phone: Not on file
  - Gets together: Not on file
  - Attends religious service: Not on file
  - Active member of club or organization: Not on file
  - Attends meetings of clubs or organizations: Not on file
  - Relationship status: Not on file
- Intimate partner violence:
  - Fear of current or ex partner: Not on file
  - Emotionally abused: Not on file
  - Physically abused: Not on file
  - Forced sexual activity: Not on file

Other Topics | Concern

- Not on file

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

Spring 2018
Homeless living with son in tent on Bainbridge
Pastor Dave O'Connell 314.853.2695
APS Levonne Gibson 360.473.2167
NW Justice Project Samantha Adams 206.707.0838

FUNCTIONAL STATUS
IADLs: Independent in all except doesn't use telephone.
ADLs: Independent except has incontinence and needs an assistive device for walking.

SELF-RATING OF HEALTH
Good

HEALTH LITERACY SCREEN
As per clinic intake form

REVIEW OF SYSTEMS
Review of Systems
Constitutional: Negative for chills, fever and unexpected weight change.
Respiratory: Negative for shortness of breath.
Cardiovascular: Positive for leg swelling. Negative for chest pain.
Gastrointestinal: Negative for constipation and diarrhea.
Genitourinary:
Urinary incontinence
Musculoskeletal: Positive for arthralgias.
Skin: Positive for wound.
Neurological: Negative for dizziness, light-headedness and numbness.
Psychiatric/Behavioral:
Mood: fine!

PHYSICAL EXAM
BP 115/65 | Pulse 98 | Temp 99.5 °F (37.5 °C) (Temporal) | Ht 5' 1" (1.549 m) | Wt 111 lb 1.6 oz (50.4 kg) | SpO2 100% Comment: RA | BMI 20.99 kg/m²
Standing BP 115/65, Lying 114/58
Standing pulse 98, Lying pulse 55
Eyes: Distance visual acuity: OS 20/ 50 , OD 20/ 50, OU 20/ 50
Physical Exam
Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.
Thin and frail
HENT:
Head: Normocephalic and atraumatic.
Right Ear: External ear normal.
Left Ear: External ear normal.
Nose: Nose normal.
Eyes: Conjunctivae and EOM are normal. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.
Neck: Neck supple.
Cardiovascular: Normal rate.
Pulmonary/Chest: Effort normal. No respiratory distress. She has no wheezes.
Abdominal: She exhibits no distension.
Musculoskeletal:
Bilateral lower extremities have good strength at hips, knees, and ankles. No deformity. She does have nonpitting edema bilaterally to shins
Neurological: She is alert and oriented to person, place, and time.
Hearing difficulty
Skin: Skin is warm and dry.
Many wounds on bilateral lower extremities, which are under a wrap today. She has chronic venous stasis dermatitis.

Psychiatric: She has a normal mood and affect. Her behavior is normal. Thought content normal.
Cognitively intact

Strength:
Sit to Stand: Unable to arise from the chair without using arms to push up and remain fully upright for 3 seconds
Five Times Sit to Stand (FTSS) time: Not tested. Able to stand by pushing up on chair with just left arm. Does not push on walker.
Timed Up and Go: not done.
With walker was able to walk steadily at a reasonably fast pace but was having pain in lower back. Initially had some difficulty lifting her R leg but this abated with more walking.
Assistive device used for gait speed assessment: yes, front-wheeled walker
Gait quality:
x reduced stride length
x reduced step height
x used assistive device
Gait with speed changes:
x changes speed substantially and smoothly without imbalance or path deviation
x used assistive device
Tone/abnormal movements: normal tone, no abnormal movements
Sensation: normal
Proprioception: not done
DTRs: not done
Psych: Normal affect. Falls Efficacy Scale International (short form): 11 /28 (7-8 = low concern; 9-13 = moderate concern; 14-28 = high concern about falling while performing daily activities).

DATA
Labs:

Urea Nitrogen (mg/dL)

Date	Value
08/04/2019	25 (H)

Calcium (mg/dL)

Date	Value
08/04/2019	8.5 (L)

Thyroid Stimulating Hormone (uIU/mL)

Date	Value
02/24/2016	2.113

TSH with Reflexive Free T4 (u[IU]/mL)

Date	Value
09/28/2017	1.964

HCT 25 (8/4/2019)
Creatinine from SNF: 0.71
B12 523 (1/2019)
25 (OH) vit D 19.2 (7/2019)

DEXA: none in system; per chart review has h/o L3 vertebral fx and had
T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra.

Clinical Notes (continued)

ASSESSMENT AND RECOMMENDATIONS

This is a 94 year old community dwelling female with osteoporosis, recent fall with rib and hip fractures and modifiable fall risk factors, the recommendations for which are as below:

Modifiable Fall Risk Factors

Gait, strength and balance abnormalities:
x Referral to outpt PT placed; to begin therapy at time of SNF d/c
x Assistive device use discussed and recommendations provided
x Patient counseled about impaired balance as a contributor to falls and the importance of a balance exercise routine to prevent falls

Home safety risks: Son is in the process of optimizing their home for safety (adding grab bars, railings)
x CDC home safety checklist provided
x Encouraged reduction in environmental hazards as they are doing

Vision risks:
x Handout on vision and falls provided
x Patient counseled about vision issues as a contributor to falls
x Encouraged to schedule an appointment every 1-2 years with an ophthalmologist for routine eye exams

Medication risks: Narcotics increase injury risk
x Brochure on medications and falls provided
x Patient counseled about medications as a contributor to falls
x Recommend stopping narcotics and using scheduled tylenol and non-pharm modalities (e.g., heating pad, Deep Blue Rub) for musculoskeletal pain

Fall-Related Injury Risk Reduction

We discussed the following with regard to reducing the risk of fall-related injuries:

Fracture prevention: known osteoporosis; per son she drinks milk regularly
x Importance of adequate daily calcium (1,200 mg elemental) and vitamin D (>700 IU) discussed
x Wrote order for SNF to increase cholecalciferol dose to 2,000 IU (patient's outpatient dose) from 1,000 IU daily
x Consult requested of pharmacy to counsel on osteoporosis Rx options
x Consider dietician consult to address low body weight

Modification of risky behaviors:
x Reviewed behavior modifications to maximize safety when ambulating: use walker indoors at all times

FOLLOW-UP: In Fall Prevention Clinic in ~3 months to review progress with initial treatment recommendations and troubleshoot any barriers to adherence.

COMPLEXITY OF MEDICAL DECISION-MAKING: High

Electronically signed by Phelan, Elizabeth Anne, MD at 8/20/2019 5:37 PM

Phelan, Elizabeth Anne, MD at 8/20/2019 0800

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Clinical Notes (continued)

I saw and evaluated the patient and agree with Dr. Sansted's note.

Electronically signed by Phelan, Elizabeth Anne, MD at 8/20/2019 5:37 PM

Other Orders

Referral

REFERRAL TO PHARMACY (Discontinued)

Electronically signed by: **Phelan, Elizabeth Anne, MD on 08/20/19 1737** Status: **Discontinued**
Ordering user: Phelan, Elizabeth Anne, MD 08/20/19 1737 Authorized by: Phelan, Elizabeth Anne, MD
Ordering mode: Standard
Frequency: Routine 08/20/19 - Class: Internal Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Osteoporosis with current pathological fracture with routine healing, unspecified osteoporosis type, subsequent encounter [M80.00XD]

Questionnaire

Question	Answer
Do you want to track this referral?	No

Scheduling instructions
Refer to: UWM Clinical Pharmacist - Within your clinic, please update number of authorized visits on the referral to 99
Order comments: =Do not use this referral for the UW Medicine Anticoagulation Clinic. Please use "Referral to Anticoag Clinic" order= Referral to Clinical Pharmacist / Specialty Pharmacy: This referral authorizes UW Medicine Pharmacist(s), in accordance with the Collaborative Drug Therapy Agreement approved by the medical staff leadership to perform medication management services including a comprehensive medication review and education, assessment, prescribing, monitoring, and/or modification of a patient's medication regimen as necessary. This authorization also includes ordering laboratory tests as necessary. Reasons for referral: Osteoporosis, with h/o bisphosphonate use for 5 years, and recent fractures Other comments: Please recommend pharmacologic treatment options and counsel patient Start of service date defaults to today Duration of referral is one year, maximum 99 visits.

Referral Details

Referred By		Referred To	Type	Priority
Phelan, Elizabeth Anne, MD 325 9th Ave Mailstop 359755 SEATTLE WA 98104 Phone: 206-744-4191 Fax: 206-744-8527	Diagnoses: Osteoporosis with current pathological fracture with routine healing, unspecified osteoporosis type, subsequent encounter	**Crawford, Carol A, PharmD** HMC Pharmacy Box 359860 Seattle WA Phone: 206-731-3219 Fax: 206-731-2072 Specialty: Pharmacy	Pharmacy	Routine

Comment: =Do not use this referral for the UW Medicine Anticoagulation Clinic. Please use "Referral to Anticoag Clinic" order=

Referral to Clinical Pharmacist / Specialty Pharmacy:

This referral authorizes UW Medicine Pharmacist(s), in accordance with the Collaborative Drug Therapy Agreement approved by the medical staff leadership to perform medication management services including a comprehensive medication review and education, assessment, prescribing, monitoring, and/or modification of a patient's medication regimen as necessary. This authorization also includes ordering laboratory tests as necessary.

Reasons for referral: Osteoporosis, with h/o bisphosphonate use for 5 years, and recent fractures

Other comments: Please recommend pharmacologic treatment options and counsel patient

Start of service date defaults to today

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Other Orders (continued)

Duration of referral is one year, maximum 99 visits.

Indications

Osteoporosis with current pathological fracture with routine healing, unspecified osteoporosis type, subsequent encounter [M80.00XD (ICD-10-CM)]

Flowsheets

Screening

Row Name	08/20/19 0828
Have you fallen in the past year?	Yes
Do you worry about falling?	No
Do you feel unsteady when standing or walking?	Yes
Feels safe at home	Yes

Vital Data

Row Name	08/20/19 0831	08/20/19 0829
Height	—	5' 1" (1.549 m)
BMI (Calculated)	—	21.04
Weight	—	50.4 kg (111 lb 1.6 oz)
Body Surface Area (Calculated)	—	1.47
BP	115/65	114/58
BP Cuff Size	Regular	Regular
BP Site	Left Arm	Left Arm
BP Position	Standing	Supine
Temp	—	37.5 °C
Temp src	—	Temporal
Pulse	98	55
SpO2	—	100 %

Patient Instructions

Treatment Recommendations to Reduce Falls and Fall Injuries

You were seen in the Fall Prevention Clinic today.

Your treatment plan is as follows:

- **You were taken off of all narcotic medications. Please do not take any codeine when you get home.**
- **You were taken off blood pressure medicine losartan because you don't need it anymore.**
- **You were referred to PT at Harborview after you leave the rehab facility**
- **See the eye doctor to get updated glasses**
- **Increase vitamin D to 2000 IU daily**

[x] Do your strength and balance exercise at least 3 times per week
[x] See the physical therapist to learn exercises to prevent falls

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Patient Instructions (continued)

[x] See the physical therapist for gait training with a walking aid
(cane, walker, trekking pole)
[ ] Join a community based, group exercise program
[x] Have you vision checked
[x] Go through the home safety checklist and make changes as recommended
[ ] Obtain a Lifeline device
[ ] Manage your blood pressure drop
Do first clenches and ankle pumps, rise slowly, do not walk if dizzy,
eat small frequent meals, drink 6-8, 8 ounce glasses of water daily
[x] Make changes to medications as follows: stop narcotic pain medicines. Stop blood pressure medicines.

[x] Wear shoes that fit well, provide support, and have a non-skid sole, even indoors
[x] Use your cane/walker at all times
[x] Take a total of 2000 IU daily of vitamin D

[x] Get your bone density checked with the DEXA scan
[x] Avoid risky behaviors: always use your walker

[x] Other: Talk to you primary doctor about starting an osteoporosis medicine

Electronically signed by Sansted, Zoe Judith Mildred, MD at 8/20/2019 9:45 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976 8/20/2019 8:00 AM Harborview Falls Clinic 206-744-4191

Instructions from Elizabeth A Phelan, MD

Your personalized instructions can be found at the end of this document.

Your medications have changed today

See your updated medication list for details.

Today's Visit

You saw Elizabeth A Phelan, MD on Tuesday August 20, 2019 for: Fall.

Blood Pressure 115/65	BMI 20.99	Weight 111 lb 1.6 oz	Height 5' 1"
Temperature (Temporal) 99.5 °F	Pulse 98	Oxygen Saturation 100%	

What's Next

You currently have no upcoming appointments scheduled.

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List

ⓘ **Accurate as of 8/20/19 9:45 AM.**
If you have any questions, ask your nurse or doctor.

TAKE these medications

acetaminophen 500 MG Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
CHANGE **Cholecalciferol** 1000 units Tab Changed by: Elizabeth A Phelan, MD	Take 2 tablets (2,000 Units) by mouth daily. What changed: **how much to take**
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	Instill one drop in each eye twice daily

STOP taking these medications

STOP **acetaminophen-codeine** 300-30 MG Tab
Stopped by: Elizabeth A Phelan, MD

STOP **losartan** 25 MG Tab
Stopped by: Elizabeth A Phelan, MD

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

After Visit Summary (continued)

Instructions from Elizabeth A Phelan, MD

Treatment Recommendations to Reduce Falls and Fall Injuries

You were seen in the Fall Prevention Clinic today.
Your treatment plan is as follows:

- **You were taken off of all narcotic medications. Please do not take any codeine when you get home.**
- **You were taken off blood pressure medicine losartan because you don't need it anymore.**
- **You were referred to PT at Harborview after you leave the rehab facility**
- **See the eye doctor to get updated glasses**
- **Increase vitamin D to 2000 IU daily**

[x] Do your strength and balance exercise at least 3 times per week
[x] See the physical therapist to learn exercises to prevent falls
[x] See the physical therapist for gait training with a walking aid
(cane, walker, trekking pole)
[ ] Join a community based, group exercise program
[x] Have you vision checked
[x] Go through the home safety checklist and make changes as recommended
[ ] Obtain a Lifeline device
[ ] Manage your blood pressure drop
Do first clenches and ankle pumps, rise slowly, do not walk if dizzy,
eat small frequent meals, drink 6-8, 8 ounce glasses of water daily
[x] Make changes to medications as follows: stop narcotic pain medicines. Stop blood pressure medicines.

[x] Wear shoes that fit well, provide support, and have a non-skid sole, even indoors
[x] Use your cane/walker at all times
[x] Take a total of 2000 IU daily of vitamin D

[x] Get your bone density checked with the DEXA scan
[x] Avoid risky behaviors: always use your walker

[x] Other: Talk to you primary doctor about starting an osteoporosis medicine

Patient Demographics

Address (Temporary)	Contact Numbers (Temporary)	E-mail Address
7500 SEWARD PARK AVE SEATTLE WA 98118	206-725-8800	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Letters

Referral by Phelan, Elizabeth Anne, MD on 8/20/2019

Status: Sent
Letter body:
August 20, 2019

Letters (continued)

William E Neighbor Jr., MD
1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410

RE: Jeane Leonie Hoffman
DOB: 1/6/1925

Dear William E Neighbor Jr., MD:

I had the pleasure of seeing Jeane Hoffman for fall risk assessment today. Enclosed is a copy of my clinic note.

If you have questions please feel free to contact me at your convenience; I would be happy to review any concerns you have.

Sincerely,

Electronically signed by
Elizabeth A Phelan, MD

CC: No Recipients

Visit Summary

Reason for Visit

Fall	on 7/22019

Diagnoses

	Codes	Comments
Repeated falls - Primary	ICD-10-CM: R29.6 ICD-9-CM: 781.99	
Weakness of both lower extremities	ICD-10-CM: R29.898 ICD-9-CM: 729.89	
Balance problem	ICD-10-CM: R26.89 ICD-9-CM: 781.99	
Osteoporosis with current pathological fracture with routine healing, unspecified osteoporosis type, subsequent encounter	ICD-10-CM: M80.00XD ICD-9-CM: V54.29, 733.00	
Glaucoma, unspecified glaucoma type, unspecified laterality	ICD-10-CM: H40.9 ICD-9-CM: 365.9	
Hypovitaminosis D	ICD-10-CM: E55.9 ICD-9-CM: 268.9	

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Letters (continued)

Dependent on walker for ambulation	ICD-10-CM: Z99.89 ICD-9-CM: V46.8
Sensorineural hearing loss (SNHL), unspecified laterality	ICD-10-CM: H90.5 ICD-9-CM: 389.10

Vital Signs - Last Recorded Most recent update: 8/20/2019 8:31 AM

BP	Pulse	Temp	Ht	Wt
115/65	98	99.5 °F (37.5 °C) (Temporal)	5' 1" (1.549 m)	111 lb 1.6 oz (50.4 kg)

SpO2	BMI	OB Status
100%	20.99 kg/m²	Postmenopausal

FALL PREVENTION CLINIC
OUTPATIENT CONSULTATION – INITIAL

Patient Name/DOB: Jeanne Leonie Hoffman 1/6/1925
Medical Record Number: H0571976
Date of Service: 8/20/2019

Clinic PCP: Neighbor Jr., William E, MD

IDENTIFICATION AND REASON FOR VISIT:
This is a 94 year old community dwelling female with h/o the below problem list, referred for comprehensive fall risk assessment by Neighbor Jr., William E, MD. She is accompanied to this appointment by her son.

CHIEF COMPLAINT:
GLF with h/o falls and known osteoporosis

PROBLEM LIST
Patient Active Problem List
Diagnosis
- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral

- Weakness of trunk musculature
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer and inflammation, left (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Diabetic ulcer of lower extremity (HCC)
- Housing lack
- Suspected elder abuse
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer, bilateral (HCC)
- Bilateral leg edema
- Closed displaced fracture of left pubis with routine healing
- Acute blood loss anaemia
- Closed fracture of multiple ribs of left side with routine healing
- Hemopneumothorax

- Osteoporosis. Began fosamax Spring 2008. Continued for five years, then stopped.

MEDICATIONS

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• acetaminophen 500 MG Oral Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition		
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Calcium Carbonate 500 MG Oral Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn .		
• Cholecalciferol 1000 units Oral Tab	Take 2 tablets (2,000 Units) by mouth daily.		
• Lactobacillus (ACIDOPHILUS)	Take 1 tablet by		

0.5 MG Oral Tab	mouth 2 times a day.		
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	Instill one drop in each eye twice daily	10 mL	0

No current facility-administered medications for this visit.

ALLERGIES:
Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

HISTORY OF THE PRESENT ILLNESS
Jeanne Leonie Hoffman is an 94 year old female who presents for evaluation of recurrent falls.

Was previously living at home with her son, with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who was hospitalized at Harborview Medical Center from 7/25/2019 until 8/5/2019 with pelvic fx, right RF and hemo-pneumothorax secondary to GLF. Was then at SNF at Kline Galland for PT/OT.

Assistive device (walker or cane) use: yes, walker. Both 2 wheeled and 4 wheeled
Indoors: previously no
Outdoors: yes

Description of most recent fall:
Location: kitchen at home. Was hold onto the wall, then holding onto the fridge, fell back when the door of fridge opened and caused her to lose her balance.
Time of day: daytime
Type of footwear: sneaker
Wearing glasses, if applicable: yes
Wearing hearing aid, if applicable: yes
Using assistive device: no
Able to get up without assistance: no
Recalls hitting the ground or lower level: yes
Acute symptoms prior to fall: no
Sleeping med taken within 8 hours prior to fall: no
Alcohol consumed within 8 hours prior to fall: no
Tripping hazards in area of fall: no
Fell on stairs: no

Letters (continued)

Injury with fall: yes
Injury type, if yes, describe: rib fx, pelvic fx, hemopneumothorax

Modifiable fall risk factors:
Strength and balance exercise 2-3x/week: before the fall just walking, now at SNF doing PT
Vitamin D supplementation: yes
Vision:
  Last complete eye exam (date): more than two years ago
  Vision changes since last eye exam: yes
  Wears bifocals: yes
Hearing:
  x Wears a hearing aid
Foot numbness/tingling: no
Foot pain: yes
Other pain: yes
  Location(s): ribs sore, pressure in hip; tightness in low back
  Quality: see above
  Severity (1-10 scale): mild
  Interferes with daily activities: no
Footwear:
  Indoors: sneakers
  Outdoors: sneakers
Nocturia: yes
CNS-active medications: was previously taking codeine sometimes for pain
OTC medications: tylenol
Pets: no
Postural dizziness: no
Daily fluid intake: not enough, not much
Sleep quality: so-so
Urinary incontinence: yes
Vertigo sensation with falls: no
Home/environment:
  Slippery surfaces: no
  Steps to enter: no
  Steps indoors: no
  Staircases without railings: no
  Obstacles in pathways: no
  Poor lighting/illumination: currently not good lighting but setting it up now
  Frequently used objects in hard to reach places: no
  Adaptive equipment: has bars in shower. Has handrailings on cabinets and in hallways.
  Other: none
Behavioral risk factors:
  Inconsistent or incorrect assistive device use: yes
  Hurrying: no
  Climbing up stools or ladders: no
  Other: none

FAMILY HISTORY

Family History

Problem (# of Occurrences)	Relation (Name,Age of Onset)
No Known Problems (2)	**Mother**, **Father**

Family History

Problem (# of Occurrences)	Relation (Name,Age of Onset)
No Known Problems (2)	**Mother**, **Father**

SOCIAL HISTORY

Social History

Socioeconomic History

- Marital status: Widowed
  - Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity:
  - Worry: Not on file
  - Inability: Not on file
- Transportation needs:
  - Medical: Not on file
  - Non-medical: Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Lifestyle

- Physical activity:
  - Days per week: Not on file
  - Minutes per session: Not on file
- Stress: Not on file

Relationships

- Social connections:
  - Talks on phone: Not on file
  - Gets together: Not on file
  - Attends religious service: Not on file
  - Active member of club or organization: Not on file
  - Attends meetings of clubs or organizations: Not on file
  - Relationship status: Not on file
- Intimate partner violence:
  - Fear of current or ex partner: Not on file
  - Emotionally abused: Not on file
  - Physically abused: Not on file
  - Forced sexual activity: Not on file

Other Topics Concern

- Not on file

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

Spring 2018
Homeless living with son in tent on Bainbridge
Pastor Dave O'Connell 314.853.2695
APS Levonne Gibson 360.473.2167
NW Justice Project Samantha Adams 206.707.0838

FUNCTIONAL STATUS
IADLs: Independent in all except doesn't use telephone.
ADLs: Independent except has incontinence and needs an assistive device for walking.

SELF-RATING OF HEALTH
Good

HEALTH LITERACY SCREEN
As per clinic intake form

REVIEW OF SYSTEMS
Review of Systems
Constitutional: Negative for chills, fever and unexpected weight change.
Respiratory: Negative for shortness of breath.
Cardiovascular: Positive for leg swelling. Negative for chest pain.
Gastrointestinal: Negative for constipation and diarrhea.
Genitourinary:
Urinary incontinence
Musculoskeletal: Positive for arthralgias.
Skin: Positive for wound.
Neurological: Negative for dizziness, light-headedness and numbness.
Psychiatric/Behavioral:
Mood: fine!

PHYSICAL EXAM
BP 115/65 | Pulse 98 | Temp 99.5 °F (37.5 °C) (Temporal) | Ht 5' 1" (1.549 m) | Wt 111 lb 1.6 oz (50.4 kg) | SpO2 100% Comment: RA | BMI 20.99 kg/m²

Standing BP 115/65, Lying 114/58
Standing pulse 98, Lying pulse 55
Eyes: Distance visual acuity: OS 20/ 50 , OD 20/ 50, OU 20/ 50
Physical Exam
Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.
Thin and frail
HENT:
Head: Normocephalic and atraumatic.
Right Ear: External ear normal.
Left Ear: External ear normal.
Nose: Nose normal.
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Neck: Neck supple.
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Pulmonary/Chest: Effort normal. No respiratory distress. She has no wheezes.
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Bilateral lower extremities have good strength at hips, knees, and ankles. No deformity. She does have nonpitting edema bilaterally to shins
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Skin: Skin is warm and dry.
Many wounds on bilateral lower extremities, which are under a wrap today. She has chronic venous stasis dermatitis.
Psychiatric: She has a normal mood and affect. Her behavior is normal. Thought content normal.
Cognitively intact

Strength:
Sit to Stand: Unable to arise from the chair without using arms to push up and remain fully upright for 3 seconds
Five Times Sit to Stand (FTSS) time: Not tested. Able to stand by pushing up on chair with just left arm. Does not push on walker.
Timed Up and Go: not done.
With walker was able to walk steadily at a reasonably fast pace but was having pain in lower back. Initially had some difficulty lifting her R leg but this abated with more walking.
Assistive device used for gait speed assessment: yes, front-wheeled walker
Gait quality:
x reduced stride length
x reduced step height
x used assistive device
Gait with speed changes:
x changes speed substantially and smoothly without imbalance or path deviation
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Psych: Normal affect. Falls Efficacy Scale International (short form): 11 /28 (7-8 = low concern; 9-13 = moderate concern; 14-28 = high concern about falling while performing daily activities).

DATA

Labs:

Urea Nitrogen (mg/dL)

Date	Value
08/04/2019	25 (H)

Calcium (mg/dL)

Date	Value
08/04/2019	8.5 (L)

Thyroid Stimulating Hormone (uIU/mL)

Date	Value
02/24/2016	2.113

TSH with Reflexive Free T4 (u[IU]/mL)

Date	Value
09/28/2017	1.964

HCT 25 (8/4/2019)
Creatinine from SNF: 0.71
B12 523 (1/2019)
25 (OH) vit D 19.2 (7/2019)

DEXA: none in system; per chart review has h/o L3 vertebral fx and had T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra.

ASSESSMENT AND RECOMMENDATIONS

This is a 94 year old community dwelling female with osteoporosis, recent fall with rib and hip fractures and modifiable fall risk factors, the recommendations for which are as below:

Modifiable Fall Risk Factors

Gait, strength and balance abnormalities:
x Referral to outpt PT placed; to begin therapy at time of SNF d/c
x Assistive device use discussed and recommendations provided
x Patient counseled about impaired balance as a contributor to falls and the importance of a balance exercise routine to prevent falls

Home safety risks: Son is in the process of optimizing their home for safety (adding grab bars, railings)
x CDC home safety checklist provided
x Encouraged reduction in environmental hazards as they are doing

Vision risks:
x Handout on vision and falls provided
x Patient counseled about vision issues as a contributor to falls
x Encouraged to schedule an appointment every 1-2 years with an ophthalmologist for routine eye exams

Medication risks: Narcotics increase injury risk
x Brochure on medications and falls provided
x Patient counseled about medications as a contributor to falls

Letters (continued)

x Recommend stopping narcotics and using scheduled tylenol and non-pharm modalities (e.g., heating pad, Deep Blue Rub) for musculoskeletal pain

Fall-Related Injury Risk Reduction

We discussed the following with regard to reducing the risk of fall-related injuries:

Fracture prevention: known osteoporosis; per son she drinks milk regularly
x Importance of adequate daily calcium (1,200 mg elemental) and vitamin D (>700 IU) discussed
x Wrote order for SNF to increase cholecalciferol dose to 2,000 IU (patient's outpatient dose) from 1,000 IU daily
x Consult requested of pharmacy to counsel on osteoporosis Rx options
x Consider dietician consult to address low body weight

Modification of risky behaviors:
x Reviewed behavior modifications to maximize safety when ambulating: use walker indoors at all times

FOLLOW-UP: In Fall Prevention Clinic in ~3 months to review progress with initial treatment recommendations and troubleshoot any barriers to adherence.

COMPLEXITY OF MEDICAL DECISION-MAKING: High

I saw and evaluated the patient and agree with Dr. Sansted's note.

Problem List Date Reviewed: **7/15/2019**

	Codes	Priority	Class	Noted - Resolved
Osteoporosis, unspecified	ICD-10-CM: M81.0 ICD-9-CM: 733.00	High		3/4/2008 - Present

Overview Addendum 10/22/2014 10:40 AM by Neighbor Jr., William E
T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

Adult failure to thrive syndrome	ICD-10-CM: R62.7 ICD-9-CM: 783.7	High		10/19/2007 - Present

Overview Addendum 7/30/2014 5:20 PM by Neighbor Jr., William E
Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

Unspecified vitamin B deficiency	ICD-10-CM: E53.9 ICD-9-CM: 266.9	High		5/1/2007 - Present

Overview Addendum 5/1/2007 12:00 AM by Neighbor, William E
Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Letters (continued)

Type 2 diabetes mellitus without complication (HCC)	ICD-10-CM: E11.9 ICD-9-CM: 250.00	High	3/27/2007 - Present

Overview Addendum 7/30/2014 5:22 PM by Neighbor Jr., William E

Year onset: Dx March 2007
Metformin discontinued 2011 as A1c in target range without it.
Diet and weight controlled.

Sensorineural hearing loss, unspecified	ICD-10-CM: H90.5 ICD-9-CM: 389.10	High	11/20/2006 - Present

Overview Addendum 6/3/2008 12:00 AM by Neighbor, William E

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

DVT, recurrent, lower extremity, chronic (HCC)	ICD-10-CM: I82.509 ICD-9-CM: 453.50	High	11/20/2006 - Present

Overview Addendum 3/9/2010 1:15 PM by Neighbor Jr., William E

Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

Other and unspecified hyperlipidemia	ICD-10-CM: E78.5 ICD-9-CM: 272.4	High	11/20/2006 - Present

Overview Addendum 9/20/2017 12:12 PM by Neighbor Jr., William E, MD

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

Generalized osteoarthrosis, unspecified site	ICD-10-CM: M15.9 ICD-9-CM: 715.00	High	11/20/2006 - Present

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E

LS spine. Bilateral talonavicular arthritis since 1994.

Essential hypertension, benign	ICD-10-CM: I10 ICD-9-CM: 401.1	High	11/20/2006 - Present
Unspecified glaucoma(365.9)	ICD-10-CM: H40.9 ICD-9-CM: 365.9	High	11/20/2006 - Present

Overview Signed 4/1/2014 11:56 AM by Neighbor Jr., William E

4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
William E Neighbor JR, MD

Routine general medical examination at a health care facility	ICD-10-CM: Z00.00 ICD-9-CM: V70.0	High	11/20/2006 - Present

Overview Addendum 9/21/2016 3:09 PM by Neighbor Jr., William E, MD

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Letters (continued)

Td/Tdap (q 10 yr): See immmunizations
Pneumococcal (65 yoa and high risk x1): See imms
Blood pressure: Dx hypertension
Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies.
Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

Closed displaced fracture of left pubis with routine healing	ICD-10-CM: S32.502D ICD-9-CM: V54.19	8/11/2019 - Present
Acute blood loss anaemia	ICD-10-CM: D62 ICD-9-CM: 285.1	8/11/2019 - Present
Closed fracture of multiple ribs of left side with routine healing	ICD-10-CM: S22.42XD ICD-9-CM: V54.19	8/11/2019 - Present
Hemopneumothorax	ICD-10-CM: J94.2 ICD-9-CM: 511.89	8/11/2019 - Present
Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	ICD-10-CM: L97.313 ICD-9-CM: 707.13	5/26/2019 - Present
Chronic venous hypertension with ulcer, bilateral (HCC)	ICD-10-CM: I87.313, L97.919, L97.929 ICD-9-CM: 459.31	5/26/2019 - Present
Bilateral leg edema	ICD-10-CM: R60.0 ICD-9-CM: 782.3	5/26/2019 - Present
Suspected elder abuse	ICD-10-CM: T76.91XA ICD-9-CM: V71.81	1/11/2019 - Present
Housing lack	ICD-10-CM: Z59.0 ICD-9-CM: V60.0	9/26/2018 - Present
Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)	ICD-10-CM: I70.232, I70.242 ICD-9-CM: 440.23, 707.12	9/24/2018 - Present
Diabetic ulcer of lower extremity (HCC)	ICD-10-CM: E11.622, L97.909 ICD-9-CM: 250.80, 707.10	9/24/2018 - Present
Vitamin D deficiency	ICD-10-CM: E55.9 ICD-9-CM: 268.9	7/9/2018 - Present
Venous ulcer of left leg (HCC)	ICD-10-CM: I83.029, L97.929 ICD-9-CM: 454.0	6/7/2018 - Present
Homeless	ICD-10-CM: Z59.0 ICD-9-CM: V60.0	6/7/2018 - Present
Normocytic anemia	ICD-10-CM: D64.9 ICD-9-CM: 285.9	6/7/2018 - Present

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Letters (continued)

Severe protein-calorie malnutrition (HCC)	ICD-10-CM: E43 ICD-9-CM: 262		6/7/2018 - Present
Urge urinary incontinence	ICD-10-CM: N39.41 ICD-9-CM: 788.31		6/7/2018 - Present
Cellulitis of left leg	ICD-10-CM: L03.116 ICD-9-CM: 682.6		5/31/2018 - Present
Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	ICD-10-CM: L97.323 ICD-9-CM: 707.13		5/17/2018 - Present
Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	ICD-10-CM: L97.223 ICD-9-CM: 707.12		5/17/2018 - Present
Chronic venous hypertension with ulcer and inflammation, left (HCC)	ICD-10-CM: I87.332, L97.929 ICD-9-CM: 459.33		5/17/2018 - Present
Primary osteoarthritis of both hips	ICD-10-CM: M16.0 ICD-9-CM: 715.15		2/1/2017 - Present
Thrombocytopenia (HCC)	ICD-10-CM: D69.6 ICD-9-CM: 287.5		11/2/2016 - Present
Imbalance	ICD-10-CM: R26.89 ICD-9-CM: 781.2		11/2/2016 - Present
History of recurrent deep vein thrombosis (DVT)	ICD-10-CM: Z86.718 ICD-9-CM: V12.51		6/2/2016 - Present
Hip joint stiffness	ICD-10-CM: M25.659 ICD-9-CM: 719.55		1/6/2015 - Present
Leg weakness, bilateral	ICD-10-CM: R29.898 ICD-9-CM: 729.89		1/6/2015 - Present
Weakness of trunk musculature	ICD-10-CM: M62.81 ICD-9-CM: 728.87		1/6/2015 - Present
Pseudophakia, both eyes	ICD-10-CM: Z96.1 ICD-9-CM: V43.1		11/8/2014 - Present
Urine incontinence	ICD-10-CM: R32 ICD-9-CM: 788.30		8/27/2014 - Present

Overview Signed 8/27/2014 6:18 PM by Neighbor Jr., William E

Uses pads

Osteoarthritis of lumbar spine	ICD-10-CM: M47.816 ICD-9-CM: 721.3		8/30/2013 - Present
RESOLVED: Long term current use of anticoagulant therapy	ICD-10-CM: Z79.01 ICD-9-CM: V58.61	High	1/8/2008 - 8/16/2019

Overview Addendum 9/20/2017 12:09 PM by Neighbor Jr., William E, MD

Reason for anticoagulation: Recurrent dvts
Duration of anticoagulation: life
INR goal: 2.-3 (lower end of this range desired because of age)

RESOLVED: Essential and other specified forms of tremor	ICD-10-CM: G25.0, G25.2 ICD-9-CM: 333.1	High	8/17/2007 - 7/30/2014

Overview Addendum 7/30/2014 5:22 PM by Neighbor Jr., William E

Noted by Melanie Parker. Consider Parkinson's disease med trial.
7/30/2014 not a complaint

RESOLVED: Closed fracture of unspecified intracapsular section of neck of femur (HCC)	ICD-10-CM: S72.019A ICD-9-CM: 820.00	High	5/1/2007 - 9/20/2017

Overview Addendum 10/10/2007 12:00 AM by Neighbor, William E

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Letters (continued)

Pinned April 2007.
Post op hematocrit 25
Has walker with wheels for use outside of home. Uses cane in home.

RESOLVED: Other convulsions	ICD-10-CM: R56.9 ICD-9-CM: 780.39	High	11/20/2006 - 9/20/2017

Overview Addendum 7/30/2014 5:21 PM by Neighbor Jr., William E

Petit Mal since 1975
Carbamazepine level 7.6 on Feb 2007
Discontinued based on ER neuro consult in early 2013
No recurrence

RESOLVED: Esophageal reflux	ICD-10-CM: K21.9 ICD-9-CM: 530.81	High	11/20/2006 - 9/20/2017
RESOLVED: Leiomyoma of uterus, unspecified	ICD-10-CM: D25.9 ICD-9-CM: 218.9	High	11/20/2006 - 7/30/2014

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E

S/P hysterectomy with BSO in 1991

RESOLVED: Carpal tunnel syndrome	ICD-10-CM: G56.00 ICD-9-CM: 354.0	High	11/20/2006 - 4/17/2013

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E

Carpal tunnel release right wrist in 1989

RESOLVED: Unspecified cataract	ICD-10-CM: H26.9 ICD-9-CM: 366.9	High	11/20/2006 - 11/8/2014

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E

Extraction left eye in 1989

RESOLVED: Allergic rhinitis, cause unspecified	ICD-10-CM: J30.9 ICD-9-CM: 477.9	High	11/20/2006 - 9/20/2017
RESOLVED: Other physical therapy	ICD-10-CM: IMO0001 ICD-9-CM: V57.1		1/22/2015 - 8/16/2019
RESOLVED: Vertebral fracture	ICD-10-CM: IMO0002 ICD-9-CM: 805.8		12/13/2012 - 9/20/2017

Overview Addendum 10/22/2014 10:41 AM by Neighbor Jr., William E

Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed

RESOLVED: Thyroid nodule, uninodular	ICD-10-CM: E04.1 ICD-9-CM: 241.0		12/13/2012 - 9/20/2017

Overview Addendum 5/23/2013 3:28 PM by Neighbor Jr., William E

CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

RESOLVED: Disturbance of skin sensation	ICD-10-CM: R20.9 ICD-9-CM: 782.0		6/3/2008 - 4/17/2013

Overview Addendum 6/3/2008 12:00 AM by Neighbor, William E

6/3/2008 labs ordered. Return in one month for exm.

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Letters (continued)

Reviewed by Cao, Sang T, CMA at 8:28 AM

Allergies as of 8/20/2019

	Severity	Noted	Reaction Type	Reactions
Adhesives	**Not Specified**	10/21/2010		
Aspirin	**Not Specified**	01/06/2012	Allergy	Other
Nitrofurantoin	**Not Specified**	07/25/2008		Other
Confusion, loss of appetitie, nausea, abdominal pain				
Nitrofurantoin	**Not Specified**	09/02/2016		Other
confusion				
Penicillins	**Not Specified**	08/12/2003		Rash
Sulfa Antibiotics	**Not Specified**	08/12/2003		Rash

Current Medications

	Disp	Refills	Start	End
acetaminophen 500 MG Oral Tab (Taking)			8/5/2019	
Sig: 1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition				
Class: Historical				
Atorvastatin Calcium 20 MG Oral Tab	45 tablet	3	9/26/2018	
Sig - Route: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction - Oral				
Class: Historical				
Calcium Carbonate 500 MG Oral Chew Tab (Taking)			8/5/2019	
Sig - Route: Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn. - Oral				
Class: Historical				
Cholecalciferol 1000 units Oral Tab (Taking)			8/20/2019	
Sig - Route: Take 2 tablets (2,000 Units) by mouth daily. - Oral				
Class: Historical				
Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab				
Sig - Route: Take 1 tablet by mouth 2 times a day. - Oral				
Class: Historical				
Pentoxifylline ER 400 MG Oral Tab CR	270 tablet	3	12/20/2017	
Sig - Route: Take 1 tablet (400 mg) by mouth 3 times a day. - Oral				
Class: E-RX				
Number of times this order has been changed since signing: **1**				
Order Audit Trail				
Timolol Maleate 0.5 % Ophthalmic Solution	10 mL	0	4/16/2019	
Sig: Instill one drop in each eye twice daily				
Class: E-RX				
Number of times this order has been changed since signing: **1**				
Order Audit Trail				

Medical as of 8/20/2019

Past Medical History

Letters (continued)

Diagnosis	Date	Comments	Source
Allergic rhinitis, cause unspecified [J30.9]	11/20/2006	—	Provider
Carpal tunnel syndrome [G56.00]	11/20/2006	Carpal tunnel release right wrist in 1989	Provider
Closed fracture of unspecified intracapsular section of neck of femur (HCC) [S72.019A]	5/1/2007	Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	Provider
DIAPHRAGMATIC HERNIA [K44.9]	11/20/2006	CT of abdomen in 2006	Provider
Esophageal reflux [K21.9]	11/20/2006	—	Provider
Impaired fasting glucose [R73.01]	3/22/2007	—	Provider
Other convulsions (HCC) [R56.9]	11/20/2006	Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence	Provider
PAD (peripheral artery disease) (HCC) [I73.9]	—	—	Provider
Thyroid nodule, uninodular [E04.1]	12/13/2012	CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	Provider
Ulcer of left lower extremity, limited to breakdown of skin (HCC) [L97.921]	—	Chronic, Multiple sites of lower leg and ankle, with MSSA	Provider
Vertebral fracture [IMO0002]	12/13/2012	Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	Provider

Surgical as of 8/20/2019

Past Surgical History

Procedure	Laterality	Date	Comments	Source
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY [58150]	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
NO PRIOR SURGERIES [100]	08/20/2019	—	Provider

Social History

Tobacco History

Smoking Status
Never Smoker
Smokeless Tobacco Use
Never Used

Alcohol History

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Letters (continued)

Alcohol Use Status
No

Drug Use
Drug Use Status
No

Sexual Activity
Sexually Active
Not Currently

Activities of Daily Living
Not Asked

Family as of 8/20/2019

Problem	Relation	Name	Age of Onset	Comments	Source
No Known Problems	Mother	—	—	—	Provider
No Known Problems	Father	—	—	—	Provider

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Documents

After Visit Summary - Document on 8/20/2019 9:45 AM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976 | 8/20/2019 8:00 AM | Harborview Falls Clinic 206-744-4191

Instructions from Elizabeth A Phelan, MD

Your personalized instructions can be found at the end of this document.

Your medications have changed today
See your updated medication list for details.

Today's Visit

You saw Elizabeth A Phelan, MD on Tuesday August 20, 2019 for: Fall.

Blood Pressure 115/65	BMI 20.99	Weight 111 lb 1.6 oz	Height 5' 1"
Temperature (Temporal) 99.5 °F	Pulse 98	Oxygen Saturation 100%	

What's Next

You currently have no upcoming appointments scheduled.

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List

ⓘ **Accurate as of 8/20/19 9:45 AM.**
If you have any questions, ask your nurse or doctor.

TAKE these medications

acetaminophen 500 MG Tab	1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Calcium Carbonate 500 MG Chew Tab	Chew and swallow 2 tablets by mouth 3 times a day as needed for indigestion/heartburn.
CHANGE **Cholecalciferol** 1000 units Tab Changed by: Elizabeth A Phelan, MD	Take 2 tablets (2,000 Units) by mouth daily. What changed: **how much to take**
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	Instill one drop in each eye twice daily

STOP taking these medications

STOP **acetaminophen-codeine** 300-30 MG Tab
Stopped by: Elizabeth A Phelan, MD

STOP **losartan** 25 MG Tab
Stopped by: Elizabeth A Phelan, MD

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Documents (continued)

Instructions from Elizabeth A Phelan, MD

Treatment Recommendations to Reduce Falls and Fall Injuries

You were seen in the Fall Prevention Clinic today.
Your treatment plan is as follows:

- **You were taken off of all narcotic medications. Please do not take any codeine when you get home.**
- **You were taken off blood pressure medicine losartan because you don't need it anymore.**
- **You were referred to PT at Harborview after you leave the rehab facility**
- **See the eye doctor to get updated glasses**
- **Increase vitamin D to 2000 IU daily**

[x] Do your strength and balance exercise at least 3 times per week
[x] See the physical therapist to learn exercises to prevent falls
[x] See the physical therapist for gait training with a walking aid
(cane, walker, trekking pole)
[ ] Join a community based, group exercise program
[x] Have you vision checked
[x] Go through the home safety checklist and make changes as recommended
[ ] Obtain a Lifeline device
[ ] Manage your blood pressure drop
Do first clenches and ankle pumps, rise slowly, do not walk if dizzy,
eat small frequent meals, drink 6-8, 8 ounce glasses of water daily
[x] Make changes to medications as follows: stop narcotic pain medicines. Stop blood pressure medicines.

[x] Wear shoes that fit well, provide support, and have a non-skid sole, even indoors
[x] Use your cane/walker at all times
[x] Take a total of 2000 IU daily of vitamin D

[x] Get your bone density checked with the DEXA scan
[x] Avoid risky behaviors: always use your walker

[x] Other: Talk to you primary doctor about starting an osteoporosis medicine

Patient Demographics

Address (Temporary)	Contact Numbers (Temporary)	E-mail Address
7500 SEWARD PARK AVE SEATTLE WA 98118	206-725-8800	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Documents (continued)

Provider-Completed Form - Document on 8/21/2019 11:34 AM: Kline Galland Home Consult Report - Copy

Document (below)

Kline Galland Home — **Consultation Report**

ATTENDING PHYSICIAN _____ CONSULTANT'S NAME Dr. Elizabeth Phelan

TYPE OF CONSULTATION AMC Falls Clinic

REASON FOR REQUEST Falls

FINDINGS: Recent fall, inadequate use of assistive devices. Good strength.

IMPRESSIONS: Doing well at SNF w/ PT. Supportive son and safe home environment. Osteoporosis.

RECOMMENDATIONS (Orders):
- Please put in referral to Harborview Fall Prevention Physical Therapy program, we will schedule appointment
- Increase vitamin D to 2000 IU daily

Consultant's Signature _____ Date: 8/20/19

PHYSICIAN	ADMISSION NO.	ROOM & BED NO.

9550 Rm. 230
HOFFMAN, JEANNE
DOB: 01/06/1925 **Female**
Dr. SVPF/Danna Lei, ARNP

- Facility Copy CANARY - Consultant Physician's Copy (Rev. 04/09)

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Documents (continued)

Questionnaire - Scan on 8/30/2019 12:29 PM: H2785

Scan (below)

Short Falls Efficacy Scale- International (Short FES-I)

We would like to ask some questions about how concerned you are about the possibility of falling. Please reply thinking about how you usually do the activity. If you currently don't do the activity, please answer to show whether you think you would be concerned about falling IF you did the activity.
For each of the following activities, please tick the box which is closest to your own opinion to show how concerned you are that you might fall if you did this activity.

		Not at all concerned 1	*Somewhat concerned* 2	*Fairly concerned* 3	*Very concerned* 4
1	Getting dressed or undressed	1 ☑	2 ☐	3 ☐	4 ☐
2	Taking a bath or shower	1 ☑	2 ☐	3 ☐	4 ☐
3	Getting in or out of a chair	1 ☐	2 ☐	3 ☑	4 ☐
4	Going up or down stairs	1 ☐	2 ☐	3 ☑	4 ☐
5	Reaching for something above your head or on the ground	1 ☑	2 ☐	3 ☐	4 ☐
6	Walking up or down a slope	1 ☑	2 ☐	3 ☐	4 ☐
7	Going out to a social event *(e.g. religious service, family gathering or club meeting)*	1 ☑	2 ☐	3 ☐	4 ☐

SIGNATURE	DATE

Adapted from the Prevention of Falls Network Europe, Falls Efficacy Scale International Kempen GIJM, Yardley L., Haastregt JCM van, Zijlstra GAR, Beyer N, Hauer K, Todd C.
SCORING: Low Concern: 7-8; Moderate Concern: 9-13; High Concern: 14-28

PT.NO
H0571976 BD:1/06/1925 94Y F
NAME
HOFFMAN
JEANNE
LEONIE
HMC FALLS CLINIC
DOS:8/20/19
PHELAN, ELIZABETH A*
Enc:1839949031 RES:37343325
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

FALLS CLINIC SHORT FES-I

H2785

WHITE - MEDICAL RECORD

HMC2785 REV JAN 14

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Documents (continued)

Questionnaire - Scan on 8/30/2019 12:29 PM: H2319

Scan (below)

HMC FALL PREVENTION CLINIC HEALTH HISTORY QUESTIONNAIRE

The following is part of your medical record and will remain confidential.

IDENTIFICATION DATA *(PLEASE PRINT)* Today's date 8 / 20 / 2019

Name ~~Louis C Allain Hoffman~~ Jeanne Leonie Carlisle Allain Hoffman

Address 321 High School Rd, NE, STE D3 PMB 292
Mailing or P O Box

Bainbridge Island WA 98110
City State Zip code

Phones Home _____ Work _____ Other Mobile: 360-649-5702

Gender ☐ Male ☒ Female Age 94 Date of Birth 1 / 6 / 1925
MONTH DAY YEAR

Alternative Contact Name Louis Allain Relationship Son Phone 360-649-5702

Which of the following best describes your residence *(check one)*: ☐ Single family house
☒ ~~Condo~~ or apartment ☐ Live with other in their home, condo, or apartment
☐ Retirement facility ☐ Board and care / residential care facility
☐ Nursing home ☐ Other – specify: _____

Live with *(check one)*: ☒ Spouse ☐ Parents ☒ Relatives ☐ Friends
☐ Alone ☒ Other: Son / ~~Friend~~ Caregiver, POA, Guardian

What community support services do you use? ☐ Meals on Wheels ☐ ElderHealth NW
☐ In-home care *(COPES)* ☐ Senior Info & Assistance ☐ Access transportation
☒ Other: Helpline Bainbridge Island

Which one or more of the following would you say is your race? Mark all that apply.
☒ White ☐ Asian
☐ Black or African American ☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander ☐ Other _____
☐ Hispanic

PT.NO H0571976 BD:1/06/1925 94Y F
NAME HOFFMAN JEANNE LEONIE
HMC FALLS CLINIC DOS:8/20/19 PHELAN, ELIZABETH A
DOB Enc:1839949031 RES:37343325

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FALL PREVENTION CLINIC HEALTH HISTORY
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H2319 WHITE – MEDICAL RECORD
HMC2319 REV DEC 13 PMM Item # 80281

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Documents (continued)

HMC FALL PREVENTION CLINIC HEALTH HISTORY QUESTIONNAIRE

The following is part of your medical record and will remain confidential.

FAMILY HISTORY — Has any BLOOD RELATIVE had any of the following?

Yes	No		Yes	No	
☐	☑	Anemia or low blood	☑	☐	Heart attacks
☑	☐	Arthritis	☐	☐	High blood pressure *(hypertension)*
☐	☑	Asthma	☐	☐	Seizures, fits, epilepsy
☐	☑	Cancer - of what? _____	☑	☐	Stroke
☐	☑	Dementia *(such as Alzheimer's Disease)*	☐	☐	High blood sugar *(diabetes mellitus)*
☑	☐	Depression	☐	☐	Thyroid gland trouble *(goiter)*
☑	☐	Easy bleeding	☐	☐	Tuberculosis *(TB)*
☑	☐	Fractures your mother had after age 50 *(osteoporosis)*	☐	☐	Other: _____
☐	☑	Glaucoma			
☐	☑	Hay fever, pollen allergies, eczema			

YOUR HEALTH HISTORY — Have YOU had any of the following?

Yes	No		Yes	No	
☐	☑	Anemia or low blood	☐	☑	Kidney stones
☐	☑	Asthma	☐	☑	Liver disease, yellow jaundice, or hepatitis
☑	☐	Bladder infections, frequent			
☐	☑	Blood clots	☑	☐	Brittle bones *(osteoporosis)*
☐	☑	Cancer - of what? _____	☐	☑	Parkinson's Disease
☑	☐	Depression	☐	☑	Pneumonia
☑	☐	Estrogen therapy If yes, ☐ currently?	☑	☑	Rheumatoid arthritis
☑	☐	Falls, balance issues	☐	☑	Rheumatic fever
☑	☐	Fractures of ☑ hip ☑ spine ☑ Since age 45? How many? 2	☐	☑	Seizures, fits, epilepsy
			☐	☑	Stroke
☐	☑	Gout	☐	☑	High blood sugar *(diabetes mellitus)*
☑	☐	Hearing difficulty needing hearing aid(s)	☐	☑	Thyroid gland trouble *(goiter)*
☐	☑	Heart failure	☐	☑	Tuberculosis *(TB)*
☐	☑	Heart beat irregular *(arrhythmia)*	☑	☐	Vision problems - cataracts, glaucoma, macular degeneration
☐	☑	Heart murmur			
☐	☑	Hernia	☐	☑	Uncontrolled bleeding
☐	☑	High blood pressure *(hypertension)*	☐	☑	Venereal disease *(VD)*

PT.NO

NAME

DOB

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FALL PREVENTION CLINIC HEALTH HISTORY
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WHITE – MEDICAL RECORD

HMC2319 REV DEC 13 PMM Item # 80281

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Documents (continued)

HMC FALL PREVENTION CLINIC HEALTH HISTORY QUESTIONNAIRE

The following is part of your medical record and will remain confidential.

Do you have allergies *(rash, hives, throat swelling, collapse)* to any medications?

☑ YES ☐ NO Penicillin

If yes, please list the name of the medication(s), and the type of reaction(s) you have had:

Penicillin

HEALTH HABITS

Do you drink alcohol, including beer, wine, or other alcohol *(vodka, whiskey, or gin)*? ☐ Yes ☑ No

☐ Daily ☐ Almost daily *(4 to 6 times a week)* ☐ 1 to 3 times a week

☐ Less than 1 time a week ☑ Never

If you drink alcohol, what kind? none

Has anyone ever been concerned about your drinking?

☑ No ☐ Yes

Have you ever smoked cigarettes?

☑ No ☐ Yes -> If YES, are you now smoking?

☑ No if not currently smoking:
How many years ago did you quit? NO years
For how many years did you smoke? NO
How much did you smoke NO packs per day

☐ Yes if you are still smoking:
How many years have you smoked? NO years
How much do you smoke NO packs per day

How many meals do you generally eat each day? 3 meals

How many glasses of water do you drink each day? Not to many Coffee/Juice

PT.NO

NAME

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08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Documents (continued)

HMC FALL PREVENTION CLINIC HEALTH HISTORY QUESTIONNAIRE

The following is part of your medical record and will remain confidential.

SYMPTOMS Check the box if any of the following apply to you NOW.

NOW	HEAD, EYES, EARS, NOSE, THROAT
☐	Cataracts
☐	Dizziness
☐	Severe headaches
☐	Double vision
☐	Poor eyesight
☐	Glaucoma
☑	Hearing trouble
☐	Sinus problems
☐	Teeth trouble
☐	Sore mouth

NOW	LUNGS
☐	Daily cough
☐	Daily coughing of phlegm
☐	Coughing blood
☐	Persistent wheezing
☐	Shortness of breath
☐	Chest pain when breathing

SYMPTOMS Check the box if any of the following apply to you NOW.

NOW	HEART
☐	Chest pain when walking
☐	Heart palpitation *(fluttering, skipping, going fast)*
☐	Leg vein trouble
☐	Leg pain when walking
☐	Ankle swelling

NOW	STOMACH, INTESTINAL
☐	Trouble swallowing
☐	Frequent or severe nausea
☐	Frequent or severe heartburn
☐	Frequent indigestion
☐	Frequent or severe stomach pain
☐	Frequent or severe vomiting
☐	Vomiting blood
☐	Yellow jaundice
☐	Bowel habit change
☐	Prolonged or frequent diarrhea *(bowel movements)*

PT.NO

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HMC2319 REV DEC 13 PMM Item # 80281

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Documents (continued)

HMC FALL PREVENTION CLINIC HEALTH HISTORY QUESTIONNAIRE

The following is part of your medical record and will remain confidential.

SYMPTOMS Check the box if any of the following apply to you NOW or in the PAST.

NOW	STOMACH, INTESTINAL *(continued)*
☐	Constipation
☐	Blood in bowel movements
☐	Black bowel movements
☐	Hemorrhoids (piles)
☐	Trouble controlling bowels *(incontinence of bowels)*

NOW	URINARY
☑	Frequent urination
☐	Painful urination
☐	Bloody urine
☐	Trouble starting urine
☑	Urinate more than 2 times a night
☐	Trouble holding urine *(incontinence of urine)*

NOW	BONES, JOINTS, MUSCLES
☐	Back pain
☐	Neck pain
☐	Joint stiffness
☐	Joint pain
☐	Joint swelling
☐	Severe lack of strength
☐	Unsteadiness or balance problems when walking
☐	Fear of falling

NOW	NERVOUS SYSTEM
☑	Lack of energy
☑	Fainting spells *(black outs)*
☐	Tremor *(shaking, trembling)*
☐	Memory problems
☐	Paralysis
☐	Numbness *(body parts "go to sleep")*
☐	Nervousness
☐	Difficulty concentrating
☑	Depression *(feeling blue)*
☐	Crying spells
☑	Feelings of worthlessness
☐	Trouble getting along with people

PT.NO

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08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Documents (continued)

HMC FALL PREVENTION CLINIC HEALTH HISTORY QUESTIONNAIRE

The following is part of your medical record and will remain confidential.

SYMPTOMS Check the box if any of the following apply to you NOW or in the PAST.

NOW	GENERAL
☐	Unexplained weight loss or gain
☐	Loss of appetite

NOW	SKIN
☐	Rashes
☐	Lumps
☐	Itching
☐	Dryness
☐	Color changes
☐	Changes in hair or nails

NOW	ENDOCRINE
☐	Excessive Sweating
☐	Excessive Thirst
☐	Excessive Hunger
☐	Large Urine Volumes

SYMPTOMS Check the box if any of the following apply to you NOW or in the PAST.

NOW	HEME/LYMPH
☐	Fatigue
☐	Night Sweats
☐	Sore Throat
☐	Chills
☐	Fever
☐	Abdominal Discomfort
☐	Swollen Glands

NOW	ALLERGIC
☐	Hoarseness
☐	Excessive Eye Watering/Tearing
☐	Nasal Congestion/Stuffiness
☐	Excessive Nasal Discharge

PT.NO

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HMC2319 REV DEC 13 PMM Item # 80281

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Documents (continued)

HMC FALL PREVENTION CLINIC HEALTH HISTORY QUESTIONNAIRE

The following is part of your medical record and will remain confidential.

Physical Activity

These questions ask about exercise or physical activities that you did in the past 7 days.

Instructions:
If you did this activity in the past 7 days:

1. Mark the YES box
2. Think about how many sessions per week you did the activity, and write your response in the space provided.
3. Think about how many minutes per session you did the activity on average and write your response in the space provided.

The first row provides an example of how to complete this.

Activity Name	Did you do this activity in the past 7 days	Number of sessions in the past 7 days	Average minutes per session in the past 7 days
Example: Bicycle outdoors or on a stationary indoor bike	☒ Yes → ☐ No	2 sessions	25
1.Walking for exercise *(such as outdoor on a treadmill, indoor at a mall)*	☒ Yes → ☐ No	Shopping _____ sessions	
2. Swimming laps in a pool	☐ Yes → ☒ No	_____ sessions	
4. Bicycle outdoors or on a stationary indoor bike	☒ Yes → ☐ No	Just started _____ sessions	
4.Strength training *(such as lifting weights, sit-to-stand exercises)*	☒ Yes → ☐ No	Just started _____ sessions	
5. Stretching	☒ Yes → ☐ No	Just started _____ sessions	

PT.NO

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08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Documents (continued)

HMC FALL PREVENTION CLINIC HEALTH HISTORY QUESTIONNAIRE

The following is part of your medical record and will remain confidential.

6. Balance Exercises *(such as Tai Chi, practice standing on one leg, ballroom dancing)*	☒ Yes → ☐ No	Just starting _____ sessions	
7. Other activity Please describe: Walking	☒ Yes → ☐ No	Daily _____ sessions	
8. Other activity Please describe: _____	☐ Yes → ☐ No	_____ sessions	

In general, would you say that your health is:

☐ Excellent ☐ Very Good ☒ Good ☐ Fair ☐ Poor

How confident are you in completing medical forms by yourself?

☐ Extremely ☐ Quite a bit ☐ Somewhat ☐ A little bit ☒ Not at all

Over the last two weeks, how often have you been bothered by the following problems:

Little interest or pleasure in doing things

☐ Not at all ☐ Several days ☐ More than half the days ☒ Nearly every day

Feeling down, depressed, or hopeless

☐ Not at all ☐ Several days ☐ More than half the days ☒ Nearly every day

PT.NO

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08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Documents (continued)

HMC FALL PREVENTION CLINIC HEALTH HISTORY QUESTIONNAIRE

The following is part of your medical record and will remain confidential.

Do you have a health problem these questions have missed? ☐ Yes ☐ No

If yes, please list:

Signature of Patient or Patient's Legally Authorized Representative	Print Name	Date
Jeanne Charles Hoffman Allen	Leonie Charles Hoffman Allen	8/20/19

PT.NO

NAME

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FALL PREVENTION CLINIC HEALTH HISTORY
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WHITE – MEDICAL RECORD

HMC2319 REV DEC 13 PMM Item # 80281

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Documents (continued)

Progress Note Document - Scan on 8/30/2019 12:29 PM: H2148

Scan (below)

Activities of Daily Living - Physical

Directions: complete in black ink only - colors do not scan well. Each entry should note month/day/year; time; problem number

1. Can you eat?
(2) Without help (able to feed yourself completely)
1 With some help (need help with cutting, etc.)
0 Are you completely unable to feed yourself?
- not answered

2. Can you dress and undress yourself?
(2) Without help (able to pick out clothes, dress and undress yourself)
1 With some help
0 Are you completely unable to dress and undress yourself?
- not answered

3. Can you take care of your own appearance (for example, combing your hair and (for men) shaving)?
(2) Without help
1 With some help
0 Are you completely unable to maintain your appearance yourself?
- not answered

4. Can you walk?
2 Without any help (except from a cane)
1 With some help from a person, or with the use of a walker, or crutches, etc.
(0) Are you dependent on someone else to help you?
- not answered

5. Can you get in and out of bed?
(2) Without any help or aids
1 With some help (either from a person or with the aid of some device)
0 Are you dependent on someone else to lift you?
- not answered

6. Can you take a bath or shower?
(2) Without help
1 With some help (need help getting in and out of the tub, or need special attachments on the tub)
0 Are you completely unable to bath yourself?
- not answered

7. Do you ever have trouble getting to the bathroom on time?
(2) No
1 Have a catheter or colostomy
0 Yes
- not answered

If YES, how often do you wet or soil yourself (either day or night)?
1 once or twice a week
(0) three times a week or more
- not answered

8. Is there someone who helps you with such things as shopping, housework, bathing, dressing, and getting around?
(1) Yes — If YES, ask a) who is your major helper Son/CaregiverLiveIn, POA Guardian
2 No — b) who else helps you?
- not answered

Name Relationship

TOTAL SCORE [ ] Comments:

CLINICIAN NAME WRITTEN	SIGNATURE	TITLE	PHONE	DATE AND TIME

©Copyright: **Physical Activities of Daily Living** - adapted from Duke University Center for the Study of Aging and Human Development, *Multidimensional Functional Assessment*; The OARS Methodology, Durham NC: Duke University 1978 (OARS Multidimensional Functional Assessment Questionnaire

PT.NO
NAME
DOB

H0571976 BD:1/06/1925 94Y F
HOFFMAN
JEANNE
LEONIE
HMC FALLS CLINIC
DOS:8/20/19 PHELAN, ELIZABETH A*
Enc:183994903l RES:37343325

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ADL INSTRUMENTAL & PHYSICAL

H2148

HMC2148 REV JUN 07 (BACK) PMM Item #80163

08/20/2019 - Office Visit in Harborview Falls Clinic (continued)

Documents (continued)

Activities of Daily Living - Instrumental

Directions: complete in black ink only - colors do not scan well. Each entry should note month/day/year; time; problem number.

TELEPHONE USE	☐ 1	Operates telephone on own initiative – looks up and dials number, etc.
	☐ 2	Dials a few memorized numbers
	☐ 3	Answers telephone but does not dial
	☑ 4	Does not use the telephone at all
SHOPPING	☐ 1	Shops alone and returns home independently with purchases
	☑ 2	Needs to be accompanied on shopping trips
	☐ 3	Completely unable to shop
FOOD PREPARATION	☑ 1	Plans, prepares, and serves adequate meals independently
	☐ 2	Prepares adequate meals if supplied with ingredients
	☐ 3	Heats and served prepared meals, but does not maintain adequate diet
	☐ 4	Needs to have meals prepared and served
HOUSEKEEPING	☑ 1	Maintains house alone or with occasional assistance (e.g., heavy work-domestic help)
	☐ 2	Performs light daily tasks such as dish washing, bed making
	☐ 3	Performs light daily tasks, but cannot maintain acceptable level of cleanliness
	☐ 4	Needs help with all home maintenance tasks
	☐ 5	Does not participate in any housekeeping tasks
LAUNDRY	☑ 1	Does personal laundry completely
	☐ 2	Launders small items – rinses socks, stockings, etc
	☐ 3	All laundry is done by others
PUBLIC TRANSPORTATION	☑ 1	Travels independently on public transportation
	☐ 2	Travels on public transportation on certain routes only
	☐ 3	Use of public transportation is limited to taxi cabs
	☐ 4	Travels only when accompanied by other
	☐ 5	Cannot travel on public transportation
MEDICATION	☑ 1	Is responsible for taking medications in correct dose and on time
	☐ 2	Takes responsibility if medication is prepared in advance in separate doses
	☐ 3	Is not capable of dispensing own medication
FINANCES	☑ 1	Manages financial matters independently (budgets, writes checks, pays rent and bills, goes to the bank), collects and keeps track of income
	☐ 2	Manages day-to-day purchases, but needs help with banking, major purchases, etc.
	☐ 3	Incapable of handling money

TOTAL SCORE [ ]

Comments:

CLINICIAN NAME WRITTEN SIGNATURE	TITLE	PHONE	DATE AND TIME

©Copyright: **Instrumental Activities of Daily Living** - adapted from Lawton & Brody, *Assessment of older people: self-maintaining and instrumental activities of daily living* (1968).

PT.NO

NAME

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ADL INSTRUMENTAL & PHYSICAL

H2148

HMC2148 REV JUN 07 PMM Item #80163

08/16/2019 - Outside Care Encounter in POST-ACUTE CARE SVC

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Closed displaced fracture of left pubis with routine healing (primary)
- Impaired mobility
- Imbalance
- Leg weakness, bilateral
- Bilateral leg edema
- Venous stasis
- Type 2 diabetes mellitus without complication, without long-term current use of insulin

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Lei, Danna, ARNP	Lei, Danna, ARNP

Department

Name	Address	Phone	Fax
POST-ACUTE CARE SVC	325 9TH Ave Box 359753 Seattle WA 98104	206-744-5415	206-744-3270

Level of Service

Level of Service
SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction

08/16/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Medication List (continued)

Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/22/2019
Start date: 5/22/2019
End date: 8/20/2019
Quantity: 60 tablet
Refill: No refills remaining

Stopped in Visit

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated

Clinical Notes

Progress Notes

Lei, Danna, ARNP at 8/16/2019 1346

UW Medicine Post Acute Care Service

Place of Service
Skilled Nursing Facility:
Caroline Kline Galland Skilled Nursing Facility
7500 Seward Park Ave S
Seattle WA 98118
Tel: (206) 725-8800
Fax:
[ ]1st Fl Nursing Station: 1-206-388-0738
[ ]2nd Fl Nursing Station: 206-760-1725

Name: Jeanne Leonie Hoffman
DOB: 1/6/1925
LANGUAGE: English

Chief complaint: Follow-Up (post acute care visit)

HPI: 94 year old femalepreviously living at home with her son with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who was hospitalized at Harborview Medical Center from 7/25/2019 until 8/5/2019 with pelvic fx, right RF and hemo-pneumothorax secondary to GLF

08/16/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

She is now at Kline Galland SNF for STR with PT/OT

Interval Hx: patient is seen today for post acute care follow up at Kline
- Pelvic fx: she denies any issues, "feels great... And the food is really good too!" Denies pain
- BLE venous insufficiency, chronic leg ulcers:

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Adult failure to thrive syndrome
- Long term current use of anticoagulant therapy
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- Other physical therapy
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer and inflammation, left (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Diabetic ulcer of lower extremity (HCC)
- Housing lack
- Suspected elder abuse
- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- Chronic venous hypertension with ulcer, bilateral (HCC)
- Bilateral leg edema
- Closed displaced fracture of left pubis with routine healing
- Acute blood loss anaemia
- Closed fracture of multiple ribs of left side with routine healing
- Hemopneumothorax

MEDICATIONS

1. Acetaminophen Tablet 500 MG Give 2 tablet by mouth three times a day for Pain NTE 4gm\/daily
2. Atorvastatin Calcium Tablet 10 MG Give 1 tablet by mouth at bedtime for HLD
3. Calcium Carbonate Tablet Chewable 500 MG Give 2 tablet by mouth every 8 hours as needed for Indigestion\/Heartburn
4. Cholecalciferol Tablet 1000 UNIT Give 1 tablet by mouth one time a day for Supplement
5. Dulcolax 10 mg. suppository PR Q 3 days PRN no BM Insert 1 suppository rectally as needed for KGH Bowel Protocol 3 days for no BM
6. Glucagon Emergency Kit 1 MG Inject 1 mg subcutaneously as needed for Low Blood Sugar Inject 1 syringe (1mg) as directed for blood sugar <70 in emergency situations if the pt is unable to take oral sugar (such as juice or glucose tablets).
7. MiraLax Powder Give 17 gram by mouth one time a day for Constipation
8. MVI with Minerals 1 po daily as dietary supplement Give 1 tablet by mouth one time a day for dietary supplement
9. Ondansetron HCl Tablet 4 MG Give 1 tablet by mouth every 8 hours as needed for N\/V
10. oxyCODONE HCl Tablet 5 MG Give 0.5 tablet by mouth every 12 hours as needed for Pain To be given before wound care
11. Senna 8.6 mg; 1 tabs PO QHS\/PRN constipation; Hold for loose stool Give 1 tablet by mouth as needed for KGH Protocol
12. Timolol Maleate Solution 0.5 % Instill 1 drop in both eyes two times a day for Dry Eyes Tilt head back and pull the lower eyelid downward away from the eye. Make sure
    the drop makes a full contact with conjunctival sac. Wait 5mins for the next
    drop. Press tear duct for 1-2 mins after.

This patient's medications have been reviewed in the chart and reconciled.
There may have been changes in the medications that are not reflected in this note.
For the most accurate medication list, please call skilled nursing facility and ask for the most recent medication administration record (MAR) to be sent.
Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Review of Systems
Constitutional: Negative.
Eyes: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative for abdominal pain.
Genitourinary: Negative.
Musculoskeletal: Negative.
Skin:
Venous statis ulcers
Neurological: Negative. Negative for dizziness.

Psychiatric/Behavioral: The patient does not have insomnia.
All other systems reviewed and are negative.

Most recent vitals from SNF chart:
BP: 111/56 mmHg 8/16/2019 11:50
Temp:98.3 °F 8/16/2019 11:50
Pulse: 62 bpm 8/16/2019 11:50
Weight: 107.4 Lbs 8/15/2019 09:49
Resp: 20 Breaths/min 8/16/2019 11:50
BS: 130 mg/dL 8/12/2019 07:41
Pain: 2 8/16/2019 13:32

Physical Exam
Constitutional: She is well-developed, well-nourished, and in no distress.
HENT:
Head: Atraumatic.
Eyes: Conjunctivae are normal.
Neck: Normal range of motion.
Cardiovascular: Normal rate.
Pulmonary/Chest: Effort normal.
Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no tenderness.
Neurological: She is alert.
Skin: Skin is warm and dry.
RLE wound bed is pink with small amount of serosanguineous drainage noted.
LLE with 20% slough and wound bed is pink with some slough; moderate amount of serosanguineous drainage noted
Psychiatric: Mood and affect normal.
Vitals reviewed.

DIAGNOSTICS: Reviewed in Care Everywhere/ SNF chart

ASSESSMENT / PLAN:
(S32.502D) Closed displaced fracture of left pubis with routine healing (primary encounter diagnosis)
(Z74.09) Impaired mobility and activities of daily living
(R26.89) Imbalance
(R29.898) Leg weakness, bilateral
Plan: progressing, mostly SBA assist for most ADLs
- ongoing rehab needed for strength and endurance
- pain well controlled with PRN oxycodone Q12, consider D/C at next visit

(R60.0) Bilateral leg edema
(I87.8) Venous stasis
Plan: wounds are slow to heal, continue with daily dressing change
- continue to elevate legs. History of recurrent DVT/chronic DVT in legs, was on warfarin now D/C'ed
- continue of ASA
- maybe helpful to get ABI so she can have more compression
- her son has declined to have United Wound Care follow while at Kline

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Plan: diet controlled, was on metformin which was D/C'ed in 2011

08/16/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Electronically signed by Lei, Danna, ARNP at 8/16/2019 9:42 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/16/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976

8/16/2019 POST-ACUTE CARE SVC 206-744-5415

Instructions from Danna Lei, ARNP

Your medications have changed today

See your updated medication list for details.

Today's Visit

You saw Danna Lei, ARNP on Friday August 16, 2019. The following issues were addressed:

- Closed displaced fracture of left pubis with routine healing
- Impaired mobility and activities of daily living
- Imbalance
- Leg weakness, bilateral
- Bilateral leg edema
- Venous stasis
- Type 2 diabetes mellitus without complication, without long-term current use of insulin

What's Next

AUG 20 2019 New Patient Appointment with Elizabeth A Phelan, MD
Tuesday August 20 8:00 AM (Arrive by 7:45 AM)

Harborview Falls Clinic
325 9TH Ave
Box 359945
Seattle WA 98104
206-744-4191

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List

ⓘ **Accurate as of 8/16/19 9:42 PM.**
If you have any questions, ask your nurse or doctor.

TAKE these medications

acetaminophen-codeine 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
losartan 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	Instill one drop in each eye twice daily

STOP taking these medications

STOP **warfarin** 4 MG Tab

Patient Demographics

Address (Temporary)
7500 SEWARD PARK AVE
SEATTLE WA 98118

Contact Numbers (Temporary)
206-725-8800

E-mail Address
jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

08/16/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents

After Visit Summary - Document on 8/16/2019 9:42 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976 — 8/16/2019 — POST-ACUTE CARE SVC 206-744-5415

Instructions from Danna Lei, ARNP

Your medications have changed today
See your updated medication list for details.

Today's Visit

You saw Danna Lei, ARNP on Friday August 16, 2019. The following issues were addressed:

- Closed displaced fracture of left pubis with routine healing
- Impaired mobility and activities of daily living
- Imbalance
- Leg weakness, bilateral
- Bilateral leg edema
- Venous stasis
- Type 2 diabetes mellitus without complication, without long-term current use of insulin

What's Next

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Your Medication List

ⓘ **Accurate as of 8/16/19 9:42 PM.**
If you have any questions, ask your nurse or doctor.

TAKE these medications

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pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
timolol 0.5 % Solution	Instill one drop in each eye twice daily

STOP taking these medications



warfarin 4 MG Tab

Patient Demographics

Address (Temporary)
7500 SEWARD PARK AVE
SEATTLE WA 98118

Contact Numbers (Temporary)
206-725-8800

E-mail Address
jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

08/12/2019 - Appointment in Harborview Medical Center Orthopaedic Trauma Clinic

Visit Information

Appointment Information

DISCHARGE **No Show**
8/12/2019 1:00 PM

Time	Provider	Department	Length
1:00 PM	Kleweno, Conor Patrick, MD	ZZHMC ORTHOPEDICS-TRAUMA CLINIC	30 min

Referrals: 9314392 (Closed)
Referral Provider: CONNOR, KATHLEEN M

Notes:
(Pelvis I/O) 7/24/19 non op
R LC pelvic fx
1 week f/u
RESEARCH ELIGIBLE - No SMFA

History

Made On:	8/9/2019 10:59 AM	By:	Willard, Matthew E	ES
Change Notes:	8/9/2019 4:18 PM	By:	Tualla-Nakamura, Gina P, RN	ES
Change Notes:	8/12/2019 9:13 AM	By:	Mata-Diaz, Sandra, Research Coordinator	ES
EOD Status:	8/16/2019 9:33 PM	By:	Uw Epaa, User	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

08/09/2019 - Orders Only in Harborview Medical Center Orthopaedic Trauma Clinic

Reason for Visit

Visit diagnosis: Closed fracture of other part of pelvis with routine healing, subsequent encounter

Visit Information

Provider Information

Encounter Provider

Tualla-Damo, Gina P, RN

Department

Name	Address	Phone	Fax
Harborview Medical Center Orthopaedic Trauma Clinic	325 9TH Ave Seattle WA 98104	206-744-3462	206-744-8849

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Timolol Maleate 0.5 % Ophthalmic Solution

08/09/2019 - Orders Only in Harborview Medical Center Orthopaedic Trauma Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/22/2019
Start date: 5/22/2019
End date: 8/20/2019
Quantity: 60 tablet
Refill: No refills remaining

Stopped in Visit

None

Imaging

Imaging

XR PELVIS 3+ VW (Discontinued)

Electronically signed by: **Elliott, Iain S, MD on 08/12/19 0901**
Status: **Discontinued**
Ordering user: Elliott, Iain S, MD 08/12/19 0901
Authorized by: Elliott, Iain S, MD
Ordering mode: Standard
Frequency: Routine 08/12/19 -
Class: UWMC Imaging
Quantity: 1
Released by: Elliott, Iain S, MD 08/12/19 0901
Discontinued by: Uw User, Batch Scheduler 08/10/20 0132 [Order Expired]
Diagnoses
Closed fracture of other part of pelvis with routine healing, subsequent encounter [S32.89XD]

Questionnaire

Question	Answer
Relevant signs, symptoms, or diagnosis and clinical question to be answered:	right lateral compression pelvic fracture doi: 7/24/19. gtd
Scheduling Request:	Call Patient - Routine

Scheduling instructions
HMC Radiology
Order comments: Pelvic Ring AP/Inlet/Outlet

Indications

Closed fracture of other part of pelvis with routine healing, subsequent encounter [S32.89XD (ICD-10-CM)]

08/06/2019 - Nurse Triage in UW Medicine Transfer Center

Reason for Visit

Chief complaint: Results
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Disposition

Call PCP Now

Patient/Caregiver understands and will follow disposition? **Yes**

Questionnaires

CCL QUESTIONNAIRE

Select Clinic	**HMC LTC Nursing Home Visits** Entered by Oyetuga, Carlene Del, RN Entered on 8/6/2019 6:05 PM
Is this a contact center triage call?	**No** Entered by Oyetuga, Carlene Del, RN Entered on 8/6/2019 6:05 PM

Care Advice

Patient/Caregiver understands and will follow care advice?: **Yes**

Given By	Given At	Modified
Carlene D Oyetuga	8/6/2019 6:06 PM	No

CALL PCP NOW: You need to discuss this with your doctor. I'll page him now. If you haven't heard from the on-call doctor within 30 minutes, call again.

Carlene D Oyetuga	8/6/2019 6:06 PM	No

CARE ADVICE given per PCP Call - No Triage (Adult) guideline.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021

Medication List (continued)

Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP — Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/16/2019
Start date: 2/16/2019 — End date: 8/16/2019
Quantity: 30 tablet — Refill: 2 refills by 2/16/2020

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/16/2019
Start date: 4/16/2019 — End date: 9/4/2019
Quantity: 10 mL — Refill: No refills remaining

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/22/2019
Start date: 5/22/2019 — End date: 8/20/2019
Quantity: 60 tablet — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Oyetuga, Carlene Del, RN at 8/6/2019 1754

Regarding: Kline Galland Flr E2B: results of CBC, CMP
----- Message from Charlotte Bourdeau sent at 8/6/2019 5:53 PM PDT -----
Kline Galland Flr E2B: results of CBC, CMP

Electronically signed by Oyetuga, Carlene Del, RN at 8/6/2019 5:54 PM

Oyetuga, Carlene Del, RN at 8/6/2019 1759

Admit today;right rib fx, hemo/pneumothorax s/p fall
Initial lab results
Gluc 123
Bun/cr ratio 37
Cl 108
Ca 8.6
Prot 5.8
Alb 3.0
AG ratio 1.1
Alk phos 119
RBC 2.76
Hgb 8.0
Hct 25.8
Plt 507

97% RA
118/56 - 76 - 18
97.6

Paged Dr. VonPreyss 1804
Returned call and connected with nurse.

Reason for Disposition

• Lab or radiology calling with CRITICAL test results

Protocols used: PCP CALL - NO TRIAGE-ADULT-AH

Electronically signed by Oyetuga, Carlene Del, RN at 8/6/2019 6:11 PM

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC

Reason for Visit

Chief complaint: Hospital Follow-up
Visit diagnoses:

- Closed displaced fracture of left pubis with routine healing (primary)
- Severe protein-calorie malnutrition
- Venous ulcer of left leg
- History of recurrent deep vein thrombosis (DVT)
- Acute blood loss anaemia
- Vitamin D deficiency
- Closed fracture of multiple ribs of left side with routine healing
- Hemopneumothorax

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
von Preyss, Sabine Maria, MD	von Preyss, Sabine Maria, MD

Department

Name	Address	Phone	Fax
POST-ACUTE CARE SVC	325 9TH Ave Box 359753 Seattle WA 98104	206-744-5415	206-744-3270

Level of Service

Level of Service
INITIAL NURSING FACILITY CARE/DAY 45 MINUTES

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Clinical Notes

Progress Notes

von Preyss, Sabine Maria, MD at 8/5/2019 1611

I don't have much pain

UW Post-Acute Care Service
Sabine von Preyss-Friedman, MD, CMD
Pager (206) 314-2720

Nursing Home Visit at:
Caroline Kline Galland Skilled Nursing Facility
7500 Seward Park Ave S
Seattle WA 98118
Tel: (206) 725-8800

Date of service: 8/5/2019
4:11 PM

Date of SNF admission 8/5/2019

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

PCP: Neighbor Jr., William E, MD

Reason for visit: **Admission History and Physical**

Chief Complaint: I don't have much pain

History of Present Illness:
94 year old femalepreviously living at home with her son with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who was hospitalized at Harborview Medical Center from 7/25/2019 until 8/5/2019 with pelvic fx, right RF and hemo-pneumothorax secondary to GLF .

She has had falls in the past. She reports poor balance despite PT and uses a walker when she is outside of the house. She also has chronic leg wounds from venous stasis, which have been making it more difficult for her to walk. She has a history of DVTs in the past, but per outpatient notes has been off warfarin recently and her PCP decided not to restart anticoagulation at a recent prior visit.

Patient was admitted to have wish initially struggled with pain management, however her pain control improved. For Her fracture of the Right inferior pubic ramus fracture the patient was treated nonoperatively and continued withWBAT BLE w/ PT/OT

Patient states at this juncture her pain is well controlled, she has some discomfort in her left lower pelvis but it's not severe and intolerable. She has some discomfort but only upon deep inspiration on her right chest wall, she is using her incentive spirometer and points out to me how far she can go. She does not have any shortness of breath or cough.

She described in detail how she fell, she did not use an assistive device and seems to be "furniture cruising "at home

Is aware that overall she is quite weak and unsteady and will need therapy. We discussed also the important role of nutrition and good by mouth intake

PAST MEDICAL HISTORY:
HTN
HLD
Osteoporosis with prior spinal fracture
DVTs
Home Medications
1. atorvastatin (Lipitor 40 mg oral tablet) Dose: 40 mg PO Daily
2. losartan 25 mg oral tablet Dose: 12.5 mg PO Daily
3. pentoxifylline 400 mg oral tablet, exten Dose: 400 mg PO TID
4. timolol ophthalmic (timolol maleate 0.5% Dose: 1 drop(s) EYE-Both BID
5. warfarin 5 mg oral tablet Dose: 5 mg PO QMTuWFSa
6. warfarin 2.5 mg oral tablet Dose: 2.5 mg PO QThSu
7. acetaminophen-codeine (Tylenol with Code Dose: 1 tab PO Daily PRN Pain

Per discharge summary by by Connor PA-C, Kathleen M on Aug-05-2019
DISCHARGE DIAGNOSES:
Discharge Diagnoses
Hemothorax
right inferior pubic ramus fracture
Chronic venous stasis

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

#Fracture of ribs 8, 9 with hemopneumothorax
Small R apical pneumothorax, stable on repeat CXR (7/29)
- repeat CXR 8/1- stable
-pain control
-PT/OT

#Hyperglycemia
Hx of A1C range 6.2-9.2 spring 2019
-low dose SSI

 # Falls
- Referral to falls clinic at DC
- Discus DEXA and Bisphosphonates with PCP after fractures healed

#Recurrent DVTs on warfarin - per outpt PCP notes pt was no longer taking warfarin, it remains held
#HTN - holding home Losartan BPs stable
#HLD - continue Atorvastatin
#Chronic BLE wounds - wound care recs in DC instructions

DISCHARGE DIAGNOSES:
Discharge Diagnoses
. .

#Fracture of ribs 8, 9 with hemopneumothorax
Small R apical pneumothorax, stable on repeat CXR (7/29)
- repeat CXR 8/1- stable
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#HTN - holding home Losartan BPs stable
#HLD - continue Atorvastatin
#Chronic BLE wounds - wound care recs in DC instructions

ROS:
CONSTITUTIONAL Denies fever/chills/malaise , appetite marginal
HEENMT No sore throat , mouth discomfort, difficulties swallowing
CARDIOVASCULAR Denies CP, palpitations, and orthopnea, edema
RESPIRATORY Denies SOB, Cough,wheezing, sputum production
GI Denies diarrhea or constipation , nausea, vomiting, abdominal pain
GENITOURINARY no dysuria, urgency or frequency
NEURO Denies Headache, new onset weakness or paraesthesias

MUSCULOSKELETAL as above
SKIN Sequelae of chronic venous insufficiency, LLE venous stasis ulcer
PSYCHIATRIC Denies depressed Mood , a/v hallucinations
HEME: Negative _no abnormal bleeding or bruising

PMH/Problem List:

Patient Active Problem List

Diagnosis	Date Noted
• Osteoporosis, unspecified [M81.0] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped	03/04/2008
• Long term current use of anticoagulant therapy [Z79.01] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3 (lower end of this range desired because of age)	01/08/2008
• Adult failure to thrive syndrome [R62.7] Lives in subsidized housing on Bainbridge Bremerton APS at 1-888-833-4925 Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved. Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait 7/30/2014 stable. Doing well. Son now legally can live with her for support.	10/19/2007
• Unspecified vitamin B deficiency [E53.9] Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency	05/01/2007
• Type 2 diabetes mellitus without complication (HCC) [E11.9] Year onset: Dx March 2007 Metformin discontinued 2011 as A1c in target range without it. Diet and weight controlled.	03/27/2007
• Sensorineural hearing loss, unspecified [H90.5] Has bilateral hearing aids. 6/3/2008 hearing worse. Ears clean. Advise follow with audiology.	11/20/2006
• DVT, recurrent, lower extremity, chronic (HCC) [I82.509]	11/20/2006

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019
- Chronic venous hypertension with ulcer, bilateral (HCC) [I87.313, L97.919, L97.929] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019
- Suspected elder abuse [T76.91XA] 01/11/2019
- Housing lack [Z59.0] 09/26/2018
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909] 09/24/2018

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

• Vitamin D deficiency [E55.9]	07/09/2018
• Venous ulcer of left leg (HCC) [I83.029, L97.929]	06/07/2018
• Homeless [Z59.0]	06/07/2018
• Normocytic anemia [D64.9]	06/07/2018
• Severe protein-calorie malnutrition (HCC) [E43]	06/07/2018
• Urge urinary incontinence [N39.41]	06/07/2018
• Cellulitis of left leg [L03.116]	05/31/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323]	05/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223]	05/17/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC) [I87.332, L97.929]	05/17/2018
• Primary osteoarthritis of both hips [M16.0]	02/01/2017
• Thrombocytopenia (HCC) [D69.6]	11/02/2016
• Imbalance [R26.89]	11/02/2016
• History of recurrent deep vein thrombosis (DVT) [Z86.718]	06/02/2016
• Other physical therapy [IMO0001]	01/22/2015
• Hip joint stiffness [M25.659]	01/06/2015
• Leg weakness, bilateral [R29.898]	01/06/2015
• Weakness of trunk musculature [M62.81]	01/06/2015
• Pseudophakia, both eyes [Z96.1]	11/08/2014
• Urine incontinence [R32] Uses pads	08/27/2014
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013

ALLERGIES: Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin *Confusion, loss of appetitie, nausea, abdominal pain*	Other
• Nitrofurantoin *confusion*	Other
• Penicillins	Rash
• Sulfa Antibiotics	Rash

FAMILY HISTORY:
Mother died in her 90s of unknown cause

SOCIAL HISTORY:
Living environment: Lives with her son Louis
Family/caregiver support: son
Hobbies/work: worked as a nanny. Now enjoys canning, taking long train rides
Habits (Tobacco, Any alcohol use, Use of any other substances): denies any tobacco, alcohol, or other drugs
DPOA: Louis

Medication orders reviewed in MAR

For most accurate up to date list call facility for actual med list may not match meds listed on Epic

Prescriptions

Prescribed

GlucaGen HypoKit 1 mg injection: See Instructions, 1 mg do not give more than 1 mg intravenously, 2 mg, 0 Refill(s)

Glucagon Emergency Kit for Low Blood Sugar 1 mg injection: 1 mg, Subcutaneous, Once, Inject one syringe (1mg) as directed for blood sugar < 70 in emergency situations if the patient is unable to take oral sugar (such as juice or glucose tablests)., 1 kit, 0 Refill(s)

MiraLax oral powder for reconstitution: 17 g, PO, Daily, Dissolve in water or juice, 255 g, 0 Refill(s)

Multiple Vitamins with Minerals oral tablet: 1 tab, PO, Daily, 3 tab, 0 Refill(s)

acetaminophen 500 mg oral tablet: 1,000 mg, 2 tab, PO, TID, 48 tab, 0 Refill(s)

atorvastatin 10 mg oral tablet: 10 mg, 1 tab, PO, QPM, 3 tab, 0 Refill(s)

calcium carbonate 500 mg (200 mg elemental calcium) oral tablet, chewable: 1,000 mg, 2 tab, Chew, TID, PRN: Indigestion/Heartburn, 45 tab, 0 Refill(s)

cholecalciferol 1000 intl units oral tablet: 1,000 units, 1 tab, PO, Daily, 3 tab, 0 Refill(s)

glucose 50% intravenous solution: 12.5 g, 25 mL, IV, On Call, PRN: Blood Glucose Abnormal, 75 mL, 0 Refill(s)

glucose 50% intravenous solution: 25 g, 50 mL, IV, On Call, PRN: Blood Glucose Abnormal, 75 mL, 0 Refill(s)

insulin lispro 100 units/mL injectable solution: LOW Correction-Premeal, Subcutaneous, TID Before Meals, << Sliding Scale Comments >> Blood sugar = Dose 151-199 = 1 unit (2 units if no nutritional insulin given) 200-249 = 2 units 250-299 = 3 units 300-349 = 4 units >349 = recheck blood sugar once now, then give 5 units. << Sliding Scale Comments >>, 3 mL, 0 Refill(s)

ondansetron 4 mg oral tablet: 4 mg, 1 tab, PO, Q8 Hours, PRN: Nausea/Vomiting, 12 tab, 0 Refill(s)

oxyCODONE 5 mg oral tablet: 2.5-5 mg, PO, BID, PRN: Wound Care, 6 tab, 0 Refill(s)

senna 8.6 mg oral tablet: 17.2 mg, 2 tab, PO, BID, 4 tab, 0 Refill(s)

timolol maleate 0.5% ophthalmic solution: 1 drop(s), EYE-Both, BID, 5 mL, 0 Refill(s)

Physical Exam:

130/60, 97.7, P72, RR 20
CONSTITUTIONAL/GENERAL APPEARANCE**:** Delightful, alert, spry cachectic nonagenerian in NAD
MENTAL STATUS/PSYCH: Alert and oriented , no dysthymic mood, no a/v hallucinations
NEURO:alert speech clear and fluent, moving all extremities,No tremor, Normal tone, motor nonfocal
HEENTNormal external eyes / ears, MMM, dentition wnl,
NECK thyroid not enlarged or tender palpable,
RESPIRATORY: No respiratory distress, even and unlabored , breathing comfortably, speaking in full sentences, Clear to ausculation bilaterally , no crackles or wheezes, rhonchi
CARDIOVASCULAR irregular, S1 S2 Normal no murmurs, no pitting leg edema, no JVD
ABDOMEN/GI: non-tender, non-distended, , no masses_ normal BT
GENITOURINARY: no CVAT , no suprapubic tenderness, bladder not palpable,
MUSCULOSKELETAL: No acute joint swelling or deformity
BACK -kyphotic
EXTREMITIES: adequately perfused, no swelling cyanosis, splints
SKIN: _ dry wnl temp and color, no rash ulcer on areas examined, scattered UE bruising

Labs/Imaging Reviewed in Chart :

(Labs done at facility, not available in Epic System)

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

	8/4/2019 0600
COMMON CHEMISTRIES	
Sodium	142
Potassium	4.2
Chloride	108
Carbon Dioxide, Total	24
Anion Gap	10
Glucose	129 ▲
Glucose (POC) ▲	
Urea Nitrogen	25 ▲
Creatinine	0.71
GFR, Calc, Europea...	>60
GFR, Calc, African...	>60
GFR, Information	Calculated GFR ...
Calcium	8.5 ▼
CBC	
WBC	7.10
RBC	2.60 ▼
Hemoglobin	7.7 ▼
Hematocrit	25 ▼
MCV	96
MCH	29.6
MCHC	30.8 ▼
Platelet Count	454 ▲
RDW-CV	17.9 ▲

Assessment/Plan:

(S32.502D) Closed displaced fracture of left pubis with routine healing (primary encounter diagnosis)
Plan: due to osteoporosis
w/ WBAT BLE w/ PT/OT
Tylenol 1 gm TID for pain control
Oxycodone as needed, we discussed minimizing this medication and weaning it within 2 weeks

PMP check:

					SABINE	
ACETAMINOPHEN-COD #3 TABLET	05/22/2019	05/22/2019	60 unspecified	60	NEIGHBOR, WILLIAM	S
ACETAMINOPHEN-COD #3 TABLET	02/03/2019	11/30/2018	60 unspecified	60	NEIGHBOR, WILLIAM	S
ACETAMINOPHEN-COD #3 TABLET	11/30/2018	11/30/2018	60 unspecified	60	NEIGHBOR, WILLIAM	S
HYDROCODONE-ACETAMIN 5-325 MG	09/19/2018	09/19/2018	20 unspecified	2	ABBOTT KLAFTER, JESSE	S
HYDROCODONE-ACETAMIN 5-325 MG	08/24/2018	08/24/2018	60 unspecified	4	TOURAY, IBRAHIMA	M P

(E43) Severe protein-calorie malnutrition (HCC)

Plan: HS with med pass dietary consult
(I83.029, L97.929) Venous ulcer of left leg (HCC)
Plan:elevation and local wound care, wound consult

(Z86.718) History of recurrent deep vein thrombosis (DVT)
Plan: due to falls no further anticoagulation

(D62) Acute blood loss anaemia
Plan: recheck CBC, presumed s/p pelvic fracture, nc, nc

(E55.9) Vitamin D deficiency
Plan: Cont Vit D
(S22.42XD) Closed fracture of multiple ribs of left side with routine healing
Plan: cont incentive spirometer

(J94.2) Hemopneumothorax
Plan: Due to rib fracture, this is largely resolving

Follow-up:
In 8 days
HMC Orthopedic Green Team Clinic
HMC
1 West Clinic
(206) 744-3462
Comment: Follow up for pelvic fracture, with Dr. Kleweno F/u XRs AP/inlet/outlet 8/13/19 Ortho pelvis clinic

1 to 2 weeks
HMC Fall Clinic
HMC
3 West Clinic
(206) 744-4191
Comment: Post-hospitalization follow-up appointment. Clinic will contact you with time and date of appointment.

William Neighbor
Attending, Hall Health Primary Care
Box 354410
Seattle, WA
206 543-8606

HMC Fall Clinic
HMC
3 West Clinic
(206) 744-4191

Only if needed
HMC Surgery I
Maleng Building
7th Floor
(206) 744-3241
.

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Code Status:

DPOA or Next of Kin:
Louis Hoffman
Home: (360) 649-5702
Son Emergency Contact # 1
POA - Care
POA - Financial

[x] I discussed the updates to the plan of care as outlined above with staff. I engaged in direct coordination of care which included records review, documentation updates, medication reconciliation, and coordination and counseling of care with members of the care team. Follow-up will continue with UW Medicine & other consultation services as appropriate.

Electronically authenticated
Sabine von Preyss-Friedman, MD, FACP, CMD
Associate Clinical Professor of Medicine
Sabine@uw.edu
Pager (206) 314-2720

Dictated using speech recognition technology Note: This document may contain errors inherent to this technology. If you find any errors that might affect patient care, please contact me as soon as possible.

Electronically signed by von Preyss, Sabine Maria, MD at 8/11/2019 6:27 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976

8/5/2019 POST-ACUTE CARE SVC 206-744-5415

What's Next

AUG 12 2019 — Discharge appointment with Conor P Kleweno, MD
Monday August 12 1:00 PM (Arrive by 12:45 PM)
Harborview Medical Center Orthopaedic Trauma Clinic
325 9TH Ave
Seattle WA 98104
206-744-3462

AUG 20 2019 — New Patient Appointment with Elizabeth A Phelan, MD
Tuesday August 20 8:00 AM (Arrive by 7:45 AM)
Harborview Falls Clinic
325 9TH Ave
Box 359945
Seattle WA 98104
206-744-4191

Your Medication List

Notice
This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Patient Demographics

Address (Temporary)	Contact Numbers (Temporary)	E-mail Address
7500 SEWARD PARK AVE SEATTLE WA 98118	206-725-8800	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Today's Visit

You saw Sabine M Von Preyss, MD on Monday August 5, 2019. The following issues were addressed:

- Closed displaced fracture of left pubis with routine healing
- Severe protein-calorie malnutrition
- Venous ulcer of left leg
- History of recurrent deep vein thrombosis (DVT)
- Acute blood loss anaemia
- Vitamin D deficiency
- Closed fracture of multiple ribs of left side with routine healing
- Hemopneumothorax

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Letters

Referral by von Preyss, Sabine Maria, MD on 8/11/2019

Status: Sent
Letter body:

August 11, 2019

William E Neighbor Jr., MD
1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410

RE: Jeane Leonie Hoffman
DOB: 1/6/1925

Dear William E Neighbor Jr., MD:

I recently had the pleasure of seeing our shared patient on 8/5/2019. Enclosed is a copy of my clinic note.

If you have questions please feel free to contact me at your convenience; I would be happy to review any concerns you have.

Sincerely,

Electronically signed by
Sabine M Von Preyss, MD

CC: No Recipients

Visit Summary

Reason for Visit

Diagnoses

	Codes	Comments
Closed displaced fracture of left pubis with routine healing - Primary	ICD-10-CM: S32.502D ICD-9-CM: V54.19	
Severe protein-calorie malnutrition (HCC)	ICD-10-CM: E43 ICD-9-CM: 262	
Venous ulcer of left leg (HCC)	ICD-10-CM: I83.029, L97.929 ICD-9-CM: 454.0	
History of recurrent deep vein thrombosis (DVT)	ICD-10-CM: Z86.718 ICD-9-CM: V12.51	
Acute blood loss anaemia	ICD-10-CM: D62 ICD-9-CM: 285.1	
Vitamin D deficiency	ICD-10-CM: E55.9 ICD-9-CM: 268.9	
Closed fracture of multiple ribs of left side with routine healing	ICD-10-CM: S22.42XD ICD-9-CM: V54.19	
Hemopneumothorax	ICD-10-CM: J94.2 ICD-9-CM: 511.89	

Vital Signs - Last Recorded
OB Status
Postmenopausal

I don't have much pain

UW Post-Acute Care Service

Sabine von Preyss-Friedman, MD, CMD
Pager (206) 314-2720

Nursing Home Visit at:
Caroline Kline Galland Skilled Nursing Facility
7500 Seward Park Ave S
Seattle WA 98118
Tel: (206) 725-8800

Date of service: 8/5/2019
4:11 PM

Date of SNF admission 8/5/2019

PCP: Neighbor Jr., William E, MD

Reason for visit: **Admission History and Physical**

Chief Complaint: I don't have much pain

History of Present Illness:
94 year old femalepreviously living at home with her son with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who was hospitalized at Harborview Medical Center from 7/25/2019 until 8/5/2019 with pelvic fx, right RF and hemo-pneumothorax secondary to GLF .

She has had falls in the past. She reports poor balance despite PT and uses a walker when she is outside of the house. She also has chronic leg wounds from venous stasis, which have been making it more difficult for her to walk. She has a history of DVTs in the past, but per outpatient notes has been off warfarin recently and her PCP decided not to restart anticoagulation at a recent prior visit.

Patient was admitted to have wish initially struggled with pain management, however her pain control improved. For Her fracture of the Right inferior pubic ramus fracture the patient was treated nonoperatively and continued withWBAT BLE w/ PT/OT

Patient states at this juncture her pain is well controlled, she has some discomfort in her left lower pelvis but it's not severe and intolerable. She has some discomfort but only upon deep inspiration on her right chest wall, she is using her incentive spirometer and points out to me how far she can go. She does not have any shortness of breath or cough.

She described in detail how she fell, she did not use an assistive device and seems to be "furniture cruising "at home

Is aware that overall she is quite weak and unsteady and will need therapy. We discussed also the important role of nutrition and good by mouth intake

PAST MEDICAL HISTORY:
HTN
HLD
Osteoporosis with prior spinal fracture
DVTs
Home Medications
1. atorvastatin (Lipitor 40 mg oral tablet) Dose: 40 mg PO Daily
2. losartan 25 mg oral tablet Dose: 12.5 mg PO Daily
3. pentoxifylline 400 mg oral tablet, exten Dose: 400 mg PO TID
4. timolol ophthalmic (timolol maleate 0.5% Dose: 1 drop(s) EYE-Both BID
5. warfarin 5 mg oral tablet Dose: 5 mg PO QMTuWFSa
6. warfarin 2.5 mg oral tablet Dose: 2.5 mg PO QThSu
7. acetaminophen-codeine (Tylenol with Code Dose: 1 tab PO Daily PRN Pain

Per discharge summary by by Connor PA-C, Kathleen M on Aug-05-2019
DISCHARGE DIAGNOSES:
Discharge Diagnoses
Hemothorax
right inferior pubic ramus fracture
Chronic venous stasis

#Fracture of ribs 8, 9 with hemopneumothorax
Small R apical pneumothorax, stable on repeat CXR (7/29)
- repeat CXR 8/1- stable
-pain control
-PT/OT

#Hyperglycemia
Hx of A1C range 6.2-9.2 spring 2019
-low dose SSI

 # Falls
- Referral to falls clinic at DC
- Discus DEXA and Bisphosphonates with PCP after fractures healed

#Recurrent DVTs on warfarin - per outpt PCP notes pt was no longer taking warfarin, it remains held
#HTN - holding home Losartan BPs stable
#HLD - continue Atorvastatin
#Chronic BLE wounds - wound care recs in DC instructions

DISCHARGE DIAGNOSES:
Discharge Diagnoses
. .

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Small R apical pneumothorax, stable on repeat CXR (7/29)
- repeat CXR 8/1- stable
-pain control
-PT/OT

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Hx of A1C range 6.2-9.2 spring 2019
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#Recurrent DVTs on warfarin - per outpt PCP notes pt was no longer taking warfarin, it remains held
#HTN - holding home Losartan BPs stable
#HLD - continue Atorvastatin
#Chronic BLE wounds - wound care recs in DC instructions

ROS:
CONSTITUTIONAL Denies fever/chills/malaise , appetite marginal
HEENMT No sore throat , mouth discomfort, difficulties swallowing
CARDIOVASCULAR Denies CP, palpitations, and orthopnea, edema
RESPIRATORY Denies SOB, Cough,wheezing, sputum production
GI Denies diarrhea or constipation , nausea, vomiting, abdominal pain
GENITOURINARY no dysuria, urgency or frequency
NEURO Denies Headache, new onset weakness or paraesthesias
MUSCULOSKELETAL as above
SKIN Sequelae of chronic venous insufficiency, LLE venous stasis ulcer
PSYCHIATRIC Denies depressed Mood , a/v hallucinations
HEME: Negative _no abnormal bleeding or bruising

PMH/Problem List:
Patient Active Problem List

Diagnosis	Date Noted
• Osteoporosis, unspecified [M81.0] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped	03/04/2008
• Long term current use of anticoagulant therapy [Z79.01] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3 (lower end of this range desired because of age)	01/08/2008

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Letters (continued)

- Adult failure to thrive syndrome [R62.7] 10/19/2007
  Lives in subsidized housing on Bainbridge
  Bremerton APS at 1-888-833-4925
  Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
  Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
  7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Unspecified vitamin B deficiency [E53.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic (HCC) [I82.509] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Letters (continued)

Blood pressure: Dx hypertension
Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001.
Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019
- Chronic venous hypertension with ulcer, bilateral (HCC) [I87.313, L97.919, L97.929] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019
- Suspected elder abuse [T76.91XA] 01/11/2019
- Housing lack [Z59.0] 09/26/2018
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Venous ulcer of left leg (HCC) [I83.029, L97.929] 06/07/2018
- Homeless [Z59.0] 06/07/2018
- Normocytic anemia [D64.9] 06/07/2018
- Severe protein-calorie malnutrition (HCC) [E43] 06/07/2018
- Urge urinary incontinence [N39.41] 06/07/2018
- Cellulitis of left leg [L03.116] 05/31/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323] 05/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223] 05/17/2018
- Chronic venous hypertension with ulcer and inflammation, left (HCC) [I87.332, L97.929] 05/17/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Other physical therapy [IMO0001] 01/22/2015
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014

Uses pads

- Osteoarthritis of lumbar spine [M47.816] 08/30/2013

ALLERGIES: Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

FAMILY HISTORY:
Mother died in her 90s of unknown cause

SOCIAL HISTORY:
Living environment: Lives with her son Louis
Family/caregiver support: son
Hobbies/work: worked as a nanny. Now enjoys canning, taking long train rides
Habits (Tobacco, Any alcohol use, Use of any other substances): denies any tobacco, alcohol, or other drugs
DPOA: Louis

Medication orders reviewed in MAR
For most accurate up to date list call facility for actual med list may not match meds listed on Epic

Prescriptions

Prescribed

GlucaGen HypoKit 1 mg injection: See Instructions, 1 mg do not give more than 1 mg intravenously, 2 mg, 0 Refill(s)
Glucagon Emergency Kit for Low Blood Sugar 1 mg injection: 1 mg, Subcutaneous, Once, Inject one syringe (1mg) as directed for blood sugar < 70 in emergency situations if the patient is unable to take oral sugar (such as juice or glucose tablests)., 1 kit, 0 Refill(s)
MiraLax oral powder for reconstitution: 17 g, PO, Daily, Dissolve in water or juice, 255 g, 0 Refill(s)
Multiple Vitamins with Minerals oral tablet: 1 tab, PO, Daily, 3 tab, 0 Refill(s)
acetaminophen 500 mg oral tablet: 1,000 mg, 2 tab, PO, TID, 48 tab, 0 Refill(s)
atorvastatin 10 mg oral tablet: 10 mg, 1 tab, PO, QPM, 3 tab, 0 Refill(s)
calcium carbonate 500 mg (200 mg elemental calcium) oral tablet, chewable: 1,000 mg, 2 tab, Chew, TID, PRN: Indigestion/Heartburn, 45 tab, 0 Refill(s)
cholecalciferol 1000 intl units oral tablet: 1,000 units, 1 tab, PO, Daily, 3 tab, 0 Refill(s)
glucose 50% intravenous solution: 12.5 g, 25 mL, IV, On Call, PRN: Blood Glucose Abnormal, 75 mL, 0 Refill(s)
glucose 50% intravenous solution: 25 g, 50 mL, IV, On Call, PRN: Blood Glucose

Abnormal, 75 mL, 0 Refill(s)
insulin lispro 100 units/mL injectable solution: LOW Correction-Premeal, Subcutaneous, TID Before Meals, << Sliding Scale Comments >> Blood sugar = Dose 151-199 = 1 unit (2 units if no nutritional insulin given) 200-249 = 2 units 250-299 = 3 units 300-349 = 4 units >349 = recheck blood sugar once now, then give 5 units. << Sliding Scale Comments >>, 3 mL, 0 Refill(s)
ondansetron 4 mg oral tablet: 4 mg, 1 tab, PO, Q8 Hours, PRN: Nausea/Vomiting, 12 tab, 0 Refill(s)
oxyCODONE 5 mg oral tablet: 2.5-5 mg, PO, BID, PRN: Wound Care, 6 tab, 0 Refill(s)
senna 8.6 mg oral tablet: 17.2 mg, 2 tab, PO, BID, 4 tab, 0 Refill(s)
timolol maleate 0.5% ophthalmic solution: 1 drop(s), EYE-Both, BID, 5 mL, 0 Refill(s)

Physical Exam:
130/60, 97.7, P72, RR 20
CONSTITUTIONAL/GENERAL APPEARANCE**:** Delightful, alert, spry cachectic nonagenerian in NAD
MENTAL STATUS/PSYCH: Alert and oriented , no dysthymic mood, no a/v hallucinations
NEURO:alert speech clear and fluent, moving all extremities,No tremor, Normal tone, motor nonfocal
HEENTNormal external eyes / ears, MMM, dentition wnl,
NECK thyroid not enlarged or tender palpable,
RESPIRATORY: No respiratory distress, even and unlabored , breathing comfortably, speaking in full sentences, Clear to ausculation bilaterally , no crackles or wheezes, rhonchi
CARDIOVASCULAR irregular, S1 S2 Normal no murmurs, no pitting leg edema, no JVD
ABDOMEN/GI: non-tender, non-distended, , no masses_ normal BT
GENITOURINARY: no CVAT , no suprapubic tenderness, bladder not palpable,
MUSCULOSKELETAL: No acute joint swelling or deformity
BACK -kyphotic
EXTREMITIES: adequately perfused, no swelling cyanosis, splints
SKIN: _ dry wnl temp and color, no rash ulcer on areas examined, scattered UE bruising

Labs/Imaging Reviewed in Chart :
(Labs done at facility, not available in Epic System)

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Letters (continued)

	8/4/2019 0600
COMMON CHEMISTRIES	
Sodium	142
Potassium	4.2
Chloride	108
Carbon Dioxide, Total	24
Anion Gap	10
Glucose	129 ▲
Glucose (POC) ▲	
Urea Nitrogen	25 ▲
Creatinine	0.71
GFR, Calc, Europea...	>60
GFR, Calc, African...	>60
GFR, Information	Calculated GFR ...
Calcium	8.5 ▼
CBC	
WBC	7.10
RBC	2.60 ▼
Hemoglobin	7.7 ▼
Hematocrit	25 ▼
MCV	96
MCH	29.6
MCHC	30.8 ▼
Platelet Count	454 ▲
RDW-CV	17.9 ▲

Assessment/Plan:

(S32.502D) Closed displaced fracture of left pubis with routine healing (primary encounter diagnosis)
Plan: due to osteoporosis
w/ WBAT BLE w/ PT/OT
Tylenol 1 gm TID for pain control
Oxycodone as needed, we discussed minimizing this medication and weaning it within 2 weeks

PMP check:

					SABINE	
ACETAMINOPHEN-COD #3 TABLET	05/22/2019	05/22/2019	60 unspecified	60	NEIGHBOR, WILLIAM	S
ACETAMINOPHEN-COD #3 TABLET	02/03/2019	11/30/2018	60 unspecified	60	NEIGHBOR, WILLIAM	S
ACETAMINOPHEN-COD #3 TABLET	11/30/2018	11/30/2018	60 unspecified	60	NEIGHBOR, WILLIAM	S
HYDROCODONE-ACETAMIN 5-325 MG	09/19/2018	09/19/2018	20 unspecified	2	ABBOTT KLAFTER, JESSE	S
HYDROCODONE-ACETAMIN 5-325 MG	08/24/2018	08/24/2018	60 unspecified	4	TOURAY, IBRAHIMA	M F

(E43) Severe protein-calorie malnutrition (HCC)
Plan: HS with med pass dietary consult
(I83.029, L97.929) Venous ulcer of left leg (HCC)
Plan:elevation and local wound care, wound consult

(Z86.718) History of recurrent deep vein thrombosis (DVT)
Plan: due to falls no further anticoagulation

(D62) Acute blood loss anaemia
Plan: recheck CBC, presumed s/p pelvic fracture, nc, nc

(E55.9) Vitamin D deficiency
Plan: Cont Vit D
(S22.42XD) Closed fracture of multiple ribs of left side with routine healing
Plan: cont incentive spirometer

(J94.2) Hemopneumothorax
Plan: Due to rib fracture, this is largely resolving

Follow-up:

In 8 days
HMC Orthopedic Green Team Clinic
HMC
1 West Clinic
(206) 744-3462
Comment: Follow up for pelvic fracture, with Dr. Kleweno F/u XRs AP/inlet/outlet 8/13/19 Ortho pelvis clinic

1 to 2 weeks
HMC Fall Clinic
HMC
3 West Clinic
(206) 744-4191
Comment: Post-hospitalization follow-up appointment. Clinic will contact you with time and date of appointment.

William Neighbor
Attending, Hall Health Primary Care
Box 354410
Seattle, WA
206 543-8606

HMC Fall Clinic
HMC
3 West Clinic
(206) 744-4191

Only if needed
HMC Surgery I
Maleng Building

7th Floor
(206) 744-3241
.

Code Status:

DPOA or Next of Kin:
Louis Hoffman
Home: (360) 649-5702
Son Emergency Contact # 1
POA - Care
POA - Financial

[x] I discussed the updates to the plan of care as outlined above with staff. I engaged in direct coordination of care which included records review, documentation updates, medication reconciliation, and coordination and counseling of care with members of the care team. Follow-up will continue with UW Medicine & other consultation services as appropriate.

Electronically authenticated
Sabine von Preyss-Friedman, MD, FACP, CMD
Associate Clinical Professor of Medicine
Sabine@uw.edu
Pager (206) 314-2720

Dictated using speech recognition technology Note: This document may contain errors inherent to this technology. If you find any errors that might affect patient care, please contact me as soon as possible.

Problem List Date Reviewed: **7/15/2019**

	Codes	Priority	Class	Noted - Resolved
Osteoporosis, unspecified	ICD-10-CM: M81.0 ICD-9-CM: 733.00	High		3/4/2008 - Present

Overview Addendum 10/22/2014 10:40 AM by Neighbor Jr., William E

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

Long term current use of anticoagulant therapy	ICD-10-CM: Z79.01 ICD-9-CM: V58.61	High		1/8/2008 - Present

Overview Addendum 9/20/2017 12:09 PM by Neighbor Jr., William E, MD

Reason for anticoagulation: Recurrent dvts
Duration of anticoagulation: life
INR goal: 2.-3 (lower end of this range desired because of age)

Adult failure to thrive syndrome	ICD-10-CM: R62.7 ICD-9-CM: 783.7	High		10/19/2007 - Present

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Letters (continued)

Overview Addendum 7/30/2014 5:20 PM by Neighbor Jr., William E
Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

Unspecified vitamin B deficiency	ICD-10-CM: E53.9 ICD-9-CM: 266.9	High	5/1/2007 - Present

Overview Addendum 5/1/2007 12:00 AM by Neighbor, William E
Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

Type 2 diabetes mellitus without complication (HCC)	ICD-10-CM: E11.9 ICD-9-CM: 250.00	High	3/27/2007 - Present

Overview Addendum 7/30/2014 5:22 PM by Neighbor Jr., William E
Year onset: Dx March 2007
Metformin discontinued 2011 as A1c in target range without it.
Diet and weight controlled.

Sensorineural hearing loss, unspecified	ICD-10-CM: H90.5 ICD-9-CM: 389.10	High	11/20/2006 - Present

Overview Addendum 6/3/2008 12:00 AM by Neighbor, William E
Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

DVT, recurrent, lower extremity, chronic (HCC)	ICD-10-CM: I82.509 ICD-9-CM: 453.50	High	11/20/2006 - Present

Overview Addendum 3/9/2010 1:15 PM by Neighbor Jr., William E
Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

Other and unspecified hyperlipidemia	ICD-10-CM: E78.5 ICD-9-CM: 272.4	High	11/20/2006 - Present

Overview Addendum 9/20/2017 12:12 PM by Neighbor Jr., William E, MD
On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

Generalized osteoarthrosis, unspecified site	ICD-10-CM: M15.9 ICD-9-CM: 715.00	High	11/20/2006 - Present

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E
LS spine. Bilateral talonavicular arthritis since 1994.

Essential hypertension, benign	ICD-10-CM: I10 ICD-9-CM: 401.1	High	11/20/2006 - Present
Unspecified glaucoma(365.9)	ICD-10-CM: H40.9 ICD-9-CM: 365.9	High	11/20/2006 - Present

Overview Signed 4/1/2014 11:56 AM by Neighbor Jr., William E

Letters (continued)

4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
William E Neighbor JR, MD

Routine general medical examination at a health care facility	ICD-10-CM: Z00.00 ICD-9-CM: V70.0	High	11/20/2006 - Present

Overview Addendum 9/21/2016 3:09 PM by Neighbor Jr., William E, MD

Td/Tdap (q 10 yr): See immmunizations
Pneumococcal (65 yoa and high risk x1): See imms
Blood pressure: Dx hypertension
Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

Closed displaced fracture of left pubis with routine healing	ICD-10-CM: S32.502D ICD-9-CM: V54.19	8/11/2019 - Present
Acute blood loss anaemia	ICD-10-CM: D62 ICD-9-CM: 285.1	8/11/2019 - Present
Closed fracture of multiple ribs of left side with routine healing	ICD-10-CM: S22.42XD ICD-9-CM: V54.19	8/11/2019 - Present
Hemopneumothorax	ICD-10-CM: J94.2 ICD-9-CM: 511.89	8/11/2019 - Present
Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	ICD-10-CM: L97.313 ICD-9-CM: 707.13	5/26/2019 - Present
Chronic venous hypertension with ulcer, bilateral (HCC)	ICD-10-CM: I87.313, L97.919, L97.929 ICD-9-CM: 459.31	5/26/2019 - Present
Bilateral leg edema	ICD-10-CM: R60.0 ICD-9-CM: 782.3	5/26/2019 - Present
Suspected elder abuse	ICD-10-CM: T76.91XA ICD-9-CM: V71.81	1/11/2019 - Present
Housing lack	ICD-10-CM: Z59.0 ICD-9-CM: V60.0	9/26/2018 - Present
Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)	ICD-10-CM: I70.232, I70.242 ICD-9-CM: 440.23, 707.12	9/24/2018 - Present
Diabetic ulcer of lower extremity (HCC)	ICD-10-CM: E11.622, L97.909 ICD-9-CM: 250.80, 707.10	9/24/2018 - Present

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Letters (continued)

Vitamin D deficiency	ICD-10-CM: E55.9 ICD-9-CM: 268.9		7/9/2018 - Present
Venous ulcer of left leg (HCC)	ICD-10-CM: I83.029, L97.929 ICD-9-CM: 454.0		6/7/2018 - Present
Homeless	ICD-10-CM: Z59.0 ICD-9-CM: V60.0		6/7/2018 - Present
Normocytic anemia	ICD-10-CM: D64.9 ICD-9-CM: 285.9		6/7/2018 - Present
Severe protein-calorie malnutrition (HCC)	ICD-10-CM: E43 ICD-9-CM: 262		6/7/2018 - Present
Urge urinary incontinence	ICD-10-CM: N39.41 ICD-9-CM: 788.31		6/7/2018 - Present
Cellulitis of left leg	ICD-10-CM: L03.116 ICD-9-CM: 682.6		5/31/2018 - Present
Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	ICD-10-CM: L97.323 ICD-9-CM: 707.13		5/17/2018 - Present
Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	ICD-10-CM: L97.223 ICD-9-CM: 707.12		5/17/2018 - Present
Chronic venous hypertension with ulcer and inflammation, left (HCC)	ICD-10-CM: I87.332, L97.929 ICD-9-CM: 459.33		5/17/2018 - Present
Primary osteoarthritis of both hips	ICD-10-CM: M16.0 ICD-9-CM: 715.15		2/1/2017 - Present
Thrombocytopenia (HCC)	ICD-10-CM: D69.6 ICD-9-CM: 287.5		11/2/2016 - Present
Imbalance	ICD-10-CM: R26.89 ICD-9-CM: 781.2		11/2/2016 - Present
History of recurrent deep vein thrombosis (DVT)	ICD-10-CM: Z86.718 ICD-9-CM: V12.51		6/2/2016 - Present
Other physical therapy	ICD-10-CM: IMO0001 ICD-9-CM: V57.1		1/22/2015 - Present
Hip joint stiffness	ICD-10-CM: M25.659 ICD-9-CM: 719.55		1/6/2015 - Present
Leg weakness, bilateral	ICD-10-CM: R29.898 ICD-9-CM: 729.89		1/6/2015 - Present
Weakness of trunk musculature	ICD-10-CM: M62.81 ICD-9-CM: 728.87		1/6/2015 - Present
Pseudophakia, both eyes	ICD-10-CM: Z96.1 ICD-9-CM: V43.1		11/8/2014 - Present
Urine incontinence	ICD-10-CM: R32 ICD-9-CM: 788.30		8/27/2014 - Present

Overview Signed 8/27/2014 6:18 PM by Neighbor Jr., William E
Uses pads

Osteoarthritis of lumbar spine	ICD-10-CM: M47.816 ICD-9-CM: 721.3		8/30/2013 - Present
RESOLVED: Essential and other specified forms of tremor	ICD-10-CM: G25.0, G25.2 ICD-9-CM: 333.1	High	8/17/2007 - 7/30/2014

Overview Addendum 7/30/2014 5:22 PM by Neighbor Jr., William E

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Letters (continued)

Noted by Melanie Parker. Consider Parkinson's disease med trial.
7/30/2014 not a complaint

RESOLVED: Closed fracture of unspecified intracapsular section of neck of femur (HCC)	ICD-10-CM: S72.019A ICD-9-CM: 820.00	High	5/1/2007 - 9/20/2017

Overview Addendum 10/10/2007 12:00 AM by Neighbor, William E

Pinned April 2007.
Post op hematocrit 25
Has walker with wheels for use outside of home. Uses cane in home.

RESOLVED: Other convulsions	ICD-10-CM: R56.9 ICD-9-CM: 780.39	High	11/20/2006 - 9/20/2017

Overview Addendum 7/30/2014 5:21 PM by Neighbor Jr., William E

Petit Mal since 1975
Carbamazepine level 7.6 on Feb 2007
Discontinued based on ER neuro consult in early 2013
No recurrence

RESOLVED: Esophageal reflux	ICD-10-CM: K21.9 ICD-9-CM: 530.81	High	11/20/2006 - 9/20/2017
RESOLVED: Leiomyoma of uterus, unspecified	ICD-10-CM: D25.9 ICD-9-CM: 218.9	High	11/20/2006 - 7/30/2014

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E

S/P hysterectomy with BSO in 1991

RESOLVED: Carpal tunnel syndrome	ICD-10-CM: G56.00 ICD-9-CM: 354.0	High	11/20/2006 - 4/17/2013

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E

Carpal tunnel release right wrist in 1989

RESOLVED: Unspecified cataract	ICD-10-CM: H26.9 ICD-9-CM: 366.9	High	11/20/2006 - 11/8/2014

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E

Extraction left eye in 1989

RESOLVED: Allergic rhinitis, cause unspecified	ICD-10-CM: J30.9 ICD-9-CM: 477.9	High	11/20/2006 - 9/20/2017
RESOLVED: Vertebral fracture	ICD-10-CM: IMO0002 ICD-9-CM: 805.8		12/13/2012 - 9/20/2017

Overview Addendum 10/22/2014 10:41 AM by Neighbor Jr., William E

Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed

RESOLVED: Thyroid nodule, uninodular	ICD-10-CM: E04.1 ICD-9-CM: 241.0		12/13/2012 - 9/20/2017

Overview Addendum 5/23/2013 3:28 PM by Neighbor Jr., William E

CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

Letters (continued)

RESOLVED: Disturbance of skin sensation	ICD-10-CM: R20.9 ICD-9-CM: 782.0	6/3/2008 - 4/17/2013

Overview Addendum 6/3/2008 12:00 AM by Neighbor, William E

6/3/2008 labs ordered. Return in one month for exm.

Allergies as of 8/5/2019

Reviewed by Norsworthy, Nilufer Bozdemir, MD on 7/15/2019

	Severity	Noted	Reaction Type	Reactions
Adhesives	**Not Specified**	10/21/2010		
Aspirin	**Not Specified**	01/06/2012	Allergy	Other
Nitrofurantoin	**Not Specified**	07/25/2008		Other
Confusion, loss of appetitie, nausea, abdominal pain				
Nitrofurantoin	**Not Specified**	09/02/2016		Other
confusion				
Penicillins	**Not Specified**	08/12/2003		Rash
Sulfa Antibiotics	**Not Specified**	08/12/2003		Rash

Current Medications

	Disp	Refills	Start	End
acetaminophen-codeine 300-30 MG Oral Tab	60 tablet	0	5/22/2019	
Sig: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.				
Number of times this order has been changed since signing: **1**				
Order Audit Trail				
Atorvastatin Calcium 20 MG Oral Tab	45 tablet	3	9/26/2018	
Sig - Route: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction - Oral				
Class: Historical				
Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab				
Sig - Route: Take 1 tablet by mouth 2 times a day. - Oral				
Class: Historical				
Losartan Potassium 25 MG Oral Tab	45 tablet	2	9/26/2018	
Sig: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY				
Class: Historical				
Pentoxifylline ER 400 MG Oral Tab CR	270 tablet	3	12/20/2017	
Sig - Route: Take 1 tablet (400 mg) by mouth 3 times a day. - Oral				
Class: E-RX				
Number of times this order has been changed since signing: **1**				
Order Audit Trail				
Timolol Maleate 0.5 % Ophthalmic Solution	10 mL	0	4/16/2019	
Sig: Instill one drop in each eye twice daily				
Class: E-RX				
Number of times this order has been changed since signing: **1**				
Order Audit Trail				
Warfarin Sodium 4 MG Oral Tab	30 tablet	2	2/16/2019	
Sig - Route: Take 1 tablet (4 mg) by mouth daily. - Oral				
Class: E-RX				
Number of times this order has been changed since signing: **1**				

Order Audit Trail

Medical as of 8/5/2019

Past Medical History

Diagnosis	Date	Comments	Source
Allergic rhinitis, cause unspecified [J30.9]	11/20/2006	—	Provider
Carpal tunnel syndrome [G56.00]	11/20/2006	Carpal tunnel release right wrist in 1989	Provider
Closed fracture of unspecified intracapsular section of neck of femur (HCC) [S72.019A]	5/1/2007	Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	Provider
DIAPHRAGMATIC HERNIA [K44.9]	11/20/2006	CT of abdomen in 2006	Provider
Esophageal reflux [K21.9]	11/20/2006	—	Provider
Impaired fasting glucose [R73.01]	3/22/2007	—	Provider
Other convulsions (HCC) [R56.9]	11/20/2006	Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence	Provider
PAD (peripheral artery disease) (HCC) [I73.9]	—	—	Provider
Thyroid nodule, uninodular [E04.1]	12/13/2012	CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	Provider
Ulcer of left lower extremity, limited to breakdown of skin (HCC) [L97.921]	—	Chronic, Multiple sites of lower leg and ankle, with MSSA	Provider
Vertebral fracture [IMO0002]	12/13/2012	Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	Provider

Surgical as of 8/5/2019

None

Social History

Tobacco History

Smoking Status
Never Smoker
Smokeless Tobacco Use
Never Used

Alcohol History

Alcohol Use Status
No

Drug Use

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Letters (continued)

Drug Use Status
No

Sexual Activity
Sexually Active
Never

Activities of Daily Living
Not Asked

Family as of 8/5/2019
None

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents

After Visit Summary - Document on 8/11/2019 6:27 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: H0571976 — 8/5/2019 — POST-ACUTE CARE SVC 206-744-5415

What's Next

AUG 12 2019 — Discharge appointment with Conor P Kleweno, MD
Monday August 12 1:00 PM (Arrive by 12:45 PM)
Harborview Medical Center Orthopaedic Trauma Clinic
325 9TH Ave
Seattle WA 98104
206-744-3462

AUG 20 2019 — New Patient Appointment with Elizabeth A Phelan, MD
Tuesday August 20 8:00 AM (Arrive by 7:45 AM)
Harborview Falls Clinic
325 9TH Ave
Box 359945
Seattle WA 98104
206-744-4191

Your Medication List

Notice
This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Patient Demographics

Address (Temporary)	Contact Numbers (Temporary)	E-mail Address
7500 SEWARD PARK AVE SEATTLE WA 98118	206-725-8800	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Today's Visit

You saw Sabine M Von Preyss, MD on Monday August 5, 2019. The following issues were addressed:

- Closed displaced fracture of left pubis with routine healing
- Severe protein-calorie malnutrition
- Venous ulcer of left leg
- History of recurrent deep vein thrombosis (DVT)
- Acute blood loss anaemia
- Vitamin D deficiency
- Closed fracture of multiple ribs of left side with routine healing
- Hemopneumothorax

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: H0571976) • Printed at 8/11/19 6:27 PM — Page 1 of 1 Epic

08/05/2019 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents (continued)

08/05/2019 - Telephone in Harborview Medical Center Orthopaedic Trauma Clinic

Reason for Visit

Chief complaint: Hospital Follow-up
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Clinical Notes

Telephone Encounter

Vang, Kaohle, CNT CTR Rep at 8/5/2019 1255

Inpatient Discharge Follow-up Appointment Needed

CCR: Please add to telephone encounter if patient calls regarding this appointment. The clinic will be contacting the patient directly to schedule.

Subject: Appointment Request
Reason for Request: R LC pelvic fracture

Discharge Date: 08/05/19
Discharge To: Skilled Nursing

Request Appointment With: Ortho Green
Requested Date: 8 days
Requested Time: SNF Pt

Action Needed: No appt, clinic to schedule

Forwarding to the clinic for review and scheduling. Please send responses to the P HMC CCCAT SCHEDULING LIASION [10396] pool.

Electronically signed by Vang, Kaohle, CNT CTR Rep at 8/5/2019 12:55 PM

Lee, Yoon Kyung, CNT CTR Rep at 8/7/2019 0742

Good morning,

I am following up on a discharge appointment request sent by our team on 8/5/19. Is there any update?

Please review and schedule this patient.

Thank you.

08/05/2019 - Telephone in Harborview Medical Center Orthopaedic Trauma Clinic (continued)

Clinical Notes (continued)

Electronically signed by Lee, Yoon Kyung, CNT CTR Rep at 8/7/2019 7:43 AM

Willard, Matthew E at 8/8/2019 1228

Spoke to facility - delivered message and faxed appt reminder as requested.

Electronically signed by Willard, Matthew E at 8/8/2019 12:29 PM

08/05/2019 - Letter (Out) in Harborview Falls Clinic

Visit Information

Provider Information

Encounter Provider

Connor, Kathleen M, PA-C

Department

Name	Address	Phone	Fax
Harborview Falls Clinic	325 9TH Ave Box 359945 Seattle WA 98104	206-744-4191	206-744-8527

Letters

Referral by Phu, Phuong Q on 8/5/2019

Status: Sent
Letter body:

August 5, 2019

Jeane L. Hoffman
321 High School Road NE
Ste D3 PMB 292
Bainbridge Island, WA 98110

RE: Jeane Leonie Hoffman
DOB: 1/6/1925

Dear Jeane L. Hoffman:

The **Fall Prevention Clinic** at Harborview Medical Center received a notification from our inpatient team that you have recently been discharged. Your discharge instructions stated that you should follow up with our clinic in a specific time frame. We are sending this letter to clarify the situation.

The Fall Prevention Clinic is a consultative service. We encourage all patients that have been hospitalized to follow up with their primary care provider shortly after discharge. Often times the inpatient team will submit a referral to us, but we recommend that your primary care provider submit a referral to the Falls Clinic if they feel that you would benefit from our services. This is because some insurance policies require a referral from primary care.

In addition to this, patients should be healed from any injuries that were sustained and should be returned to their baseline ambulatory status prior to seeing our clinic. This way we can offer the most comprehensive evaluation to assist you with any fall related concerns. Since you will be discharging to a Skilled Nursing Facility, they will provide rehabilitative therapies to help you reach baseline status. Please call our clinic to schedule an appointment *after* you have completed your therapies.

Our clinic typically schedules out two to four months for new patient appointments. If your PCP believes that we can be of assistance, they may fax a referral and any relevant medical information to us at 206-744-8527. If you would like to proceed with scheduling or wish to check on the status of available appointments, we may be reached at 206-744-4191.

Sincerely,

HMC Fall Prevention Clinic
Ph. 206-744-4191

08/05/2019 - Letter (Out) in Harborview Falls Clinic (continued)

Letters (continued)

CC: Kathleen M Connor, PA-C

08/01/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Alley, Michael Dee, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

XR CHEST 1 VW (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 08/01/19 1218** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 08/01/19 1218
Authorized by: Alley, Michael Dee, MD
Ordering mode: Standard
Frequency: Routine 08/01/19 1218 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result
Order comments: From ORCA:

XR CHEST 1 VW Resulted: 08/01/19 1334, Result status: Final result

Order status: Completed
Resulted by: Stern, Eric James, MD
Filed by: Uw Radiology Results Interface, User 08/01/19 1335
Performed: 08/01/19 1218 - 08/01/19 1218
Accession number: 12582129
Resulting lab: UW RADIOLOGY
Lab Technician: JENNIFER A NGUYEN
Narrative:

EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
pnx

COMPARISON:
July 29, 2019 and prior

FINDINGS AND IMPRESSION:

Hiatal hernia. Bibasilar atelectasis. Senescent changes in the cardiomediastinal contour and skeleton no pneumothorax.
ATTENDING RADIOLOGIST AND PAGER NUMBER
0758 STERN ERIC JAMES MD
(206)680-5013

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

08/01/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

07/30/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Nhan, Derek Tang, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

XR PELVIS 3+ VW (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/30/19 0103** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/30/19 0103
Authorized by: Nhan, Derek Tang, MD
Ordering mode: Standard
Frequency: Routine 07/30/19 0103 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result
Order comments: From ORCA:

XR PELVIS 3+ VW Resulted: 07/30/19 1439, Result status: Final result

Order status: Completed
Resulted by: Chew, Felix Sze-Kway, MD
Filed by: Uw Radiology Results Interface, User 07/30/19 1441
Performed: 07/30/19 0103 - 07/30/19 0103
Accession number: 12574043
Resulting lab: UW RADIOLOGY
Lab Technician: PAUL G. SMITH
Narrative:

EXAMINATION:
XR PELVIS MIN 3 VIEWS

CLINICAL INDICATION:
please obtain inlet/outlet views after pt starts to mobilize

COMPARISON:
CT chest abdomen pelvis dated July 24, 2019

FINDINGS AND IMPRESSION:
Redemonstration of minimally displaced right inferior pubic ramus fracture. No change in alignment. No new fractures identified. Diffuse osteopenia.

Unchanged position of dynamic hip screw and lateral plate and screw fixation from remote proximal femoral fracture deformity.
ATTENDING RADIOLOGIST AND PAGER NUMBER
326330 CHEW FELIX SZE-KWAY MD
(206)559-7501

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

07/30/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

07/29/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Glann, Judith K, ARNP

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

XR CHEST 1 VW (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/28/19 1957** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/28/19 1957
Authorized by: Glann, Judith K, ARNP
Ordering mode: Standard
Frequency: Routine 07/28/19 1957 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result
Order comments: From ORCA:

XR CHEST 1 VW Resulted: 07/29/19 1249, Result status: Final result

Order status: Completed
Resulted by: Reddy, Gautham Putta, MD
Filed by: Uw Radiology Results Interface, User 07/29/19 1250
Performed: 07/29/19 0503 - 07/29/19 0523
Accession number: 12570211
Resulting lab: UW RADIOLOGY
Lab Technician: LINDSEY DAVIS TECH
Narrative:

EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
reeval right apical pneumothorax

COMPARISONS:
July 28

FINDINGS AND IMPRESSION:
Lines and tubes are unchanged.

Heart size is normal.

Lungs: Persistent bilateral basilar opacities, likely atelectasis or aspiration.

Pleural spaces: No pleural effusions. No pneumothorax.
ATTENDING RADIOLOGIST AND PAGER NUMBER
384960 REDDY GAUTHAM PUTTA MD
(206)540-6593

Testing Performed By

07/29/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

07/28/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Glann, Judith K, ARNP

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

XR CHEST 1 VW (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/27/19 1915** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/27/19 1915
Authorized by: Glann, Judith K, ARNP
Ordering mode: Standard
Frequency: Routine 07/27/19 1915 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result
Order comments: From ORCA:

XR CHEST 1 VW Resulted: 07/28/19 0956, Result status: Final result

Order status: Completed
Resulted by: Cham, Matthew D, MD
Filed by: Uw Radiology Results Interface, User 07/28/19 0958
Performed: 07/28/19 0419 - 07/28/19 0434
Accession number: 12569520
Resulting lab: UW RADIOLOGY
Lab Technician: LINDSEY DAVIS TECH
Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
Reeval for pneumothorax

COMPARISONS:
7/27/2019 at 4:40 PM and other priors.

FINDINGS AND IMPRESSION:

Heart size is normal. Large hiatal hernia again noted.

Lungs: Persistent bibasilar opacities, likely atelectasis or aspiration.

Pleural spaces: No pleural effusions. No definite pneumothorax. Probable skinfold artifact overlying the right lung apex.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5217938 CHAM MATTHEW D MD
(206)314-2945

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

07/28/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

07/27/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Glann, Judith K, ARNP

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

XR CHEST 1 VW (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/26/19 1541** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/26/19 1541 Authorized by: Glann, Judith K, ARNP
Ordering mode: Standard
Frequency: Routine 07/26/19 1541 - Class: UWMC Imaging
Quantity: 1 Lab status: Final result
Order comments: From ORCA:

XR CHEST 1 VW Resulted: 07/27/19 1215, Result status: Final result

Order status: Completed Resulted by: Cham, Matthew D, MD
Filed by: Uw Radiology Results Interface, User 07/27/19 1216 Performed: 07/27/19 0513 - 07/27/19 0528
Accession number: 12568039 Resulting lab: UW RADIOLOGY
Lab Technician: DEANNA MARIE BREIVIK HMC TECHNOLOGIST
Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
reeval chest tube on water seal

COMPARISONS:
7/26/2019 and other priors

FINDINGS AND IMPRESSION:
Right chest tube again noted.

Heart size is normal. Large hiatal hernia again noted.

Lungs: No focal opacities.

Pleural spaces: No pleural effusions. No pneumothorax.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5217938 CHAM MATTHEW D MD
(206)314-2945

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

07/27/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

07/27/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Glann, Judith K, ARNP

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

XR CHEST 1 VW (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/27/19 1213** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/27/19 1213
Authorized by: Glann, Judith K, ARNP
Ordering mode: Standard
Frequency: Routine 07/27/19 1213 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result
Order comments: From ORCA:

XR CHEST 1 VW Resulted: 07/27/19 1755, Result status: Final result

Order status: Completed
Resulted by: Cham, Matthew D, MD
Filed by: Uw Radiology Results Interface, User 07/27/19 1757
Performed: 07/27/19 1213 - 07/27/19 1213
Accession number: 12569252
Resulting lab: UW RADIOLOGY
Lab Technician: CHASE GORMLEY HM TECH
Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
eval for pneumothorax post CT removal

COMPARISONS:
7/27/2019 at 5:30 AM and other priors.

FINDINGS AND IMPRESSION:
Right chest tube has been removed.

Heart size is normal. Large hiatal hernia again noted.

Lungs: New bibasilar opacities, likely atelectasis or aspiration.

Pleural spaces: No pleural effusions. No pneumothorax.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5217938 CHAM MATTHEW D MD
(206)314-2945

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

07/27/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

07/26/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Glann, Judith K, ARNP

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

XR CHEST 1 VW (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/26/19 0609** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/26/19 0609 Authorized by: Glann, Judith K, ARNP
Ordering mode: Standard
Frequency: Routine 07/26/19 0609 - Class: UWMC Imaging
Quantity: 1 Lab status: Final result
Order comments: From ORCA:

XR CHEST 1 VW Resulted: 07/26/19 1210, Result status: Final result

Order status: Completed Resulted by: Pipavath, Sudhakar Naik Jadav, MD
Filed by: Uw Radiology Results Interface, User 07/26/19 1211 Performed: 07/26/19 0609 - 07/26/19 0609
Accession number: 12565826 Resulting lab: UW RADIOLOGY
Lab Technician: ANASTASIA S SHERMAN HM LEAD TECH
Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
reeval pneumothora

COMPARISONS:
July 25, 2019

FINDINGS AND IMPRESSION:
Right apical thoracostomy tube is unchanged in position. No evidence of pneumothorax.

Increased bibasilar atelectasis.

Stable cardiomediastinal contours.

No other substantial cardiopulmonary changes.
ATTENDING RADIOLOGIST AND PAGER NUMBER
294200 PIPAVATH SUDHAKAR NAIK JADAV MBBS
(206)986-3664

Testing Performed By

07/26/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

07/26/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Glann, Judith K, ARNP

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

XR CHEST 1 VW (Edited Result - FINAL)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/26/19 0947** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/26/19 0947
Authorized by: Glann, Judith K, ARNP
Ordering mode: Standard
Frequency: Routine 07/26/19 0947 -
Class: UWMC Imaging
Quantity: 1
Lab status: Edited Result - FINAL
Order comments: From ORCA:

Resulted: 07/26/19 1532, Result status: Edited Result - FINAL

XR CHEST 1 VW

Order status: Completed
Resulted by: Pipavath, Sudhakar Naik Jadav, MD
Filed by: Uw Radiology Results Interface, User 07/26/19 1533
Performed: 07/26/19 0947 - 07/26/19 0947
Accession number: 12566446
Resulting lab: UW RADIOLOGY
Lab Technician: LESLIE ADAMS HM TECH
Addenda signed by Pipavath, Sudhakar Naik Jadav, MD on 07/26/19 1533
Addendum Begins

The right apical pneumothorax is trace or minimal in size.

Addendum Ends
Addenda signed by Pipavath, Sudhakar Naik Jadav, MD on 07/26/19 1533
Addendum Begins

The right apical pneumothorax is trace or minimal in size.

Addendum Ends
Narrative:

EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
reeval CT to water seal

COMPARISONS:
July 26, 2019 at 06:24 chest radiograph

FINDINGS AND IMPRESSION:
Right thoracostomy tube is unchanged in position. New right apical pneumothorax.

07/26/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

No other substantial cardiopulmonary changes.
ATTENDING RADIOLOGIST AND PAGER NUMBER
294200 PIPAVATH SUDHAKAR NAIK JADAV MBBS
(206)986-3664

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

07/25/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Rosen, Joshua, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

XR CHEST 1 VW (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/25/19 0128** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/25/19 0128 Authorized by: Rosen, Joshua, MD
Ordering mode: Standard
Frequency: Routine 07/25/19 0128 - Class: UWMC Imaging
Quantity: 1 Lab status: Final result
Order comments: From ORCA:

XR CHEST 1 VW Resulted: 07/25/19 1730, Result status: Final result

Order status: Completed Resulted by: Cham, Matthew D, MD
Filed by: Uw Radiology Results Interface, User 07/25/19 1731 Performed: 07/25/19 0128 - 07/25/19 0128
Accession number: 12561957 Resulting lab: UW RADIOLOGY
Lab Technician: PAUL G. SMITH
Narrative:
RADIOGRAPH OF THE CHEST, 1 VIEW

CLINICAL INDICATION:
chest tube in place

COMPARISONS:
7/24/2019 and other priors

FINDINGS AND IMPRESSION:
Right chest tube in place.

Cardiac and mediastinal contours are normal.

Mild bibasal atelectasis persists. Questionable small right pleural effusion.
There is no pneumothorax.

No acute bone or soft tissue abnormality.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5217938 CHAM MATTHEW D MD
(206)314-2945

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

07/25/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS

Visit Information

Admission Information

Arrival Date/Time:	07/24/2019 1824	Admit Date/Time:	07/24/2019 1827	IP Adm. Date/Time:	07/24/2019 2324
Admission Type:	Trauma	Point of Origin:	Transfer From A Hospital	Admit Category:	
Means of Arrival:	Ambulance - Seattle	Primary Service:	Surgery I	Secondary Service:	N/A
Transfer Source:		Service Area:	HARBORVIEW MEDICAL CENTER	Unit:	6EH ORTHOPEDICS
Admit Provider:	Khandelwal, Nita, MD	Attending Provider:	Khandelwal, Nita, MD	Referring Provider:	

Discharge Information

Date/Time: 08/05/2019 1510 Disposition: 03 Snf-skilled Nursing Facility Destination: Other
Provider: O'Keefe, Grant Edward, MD Unit: 6EH ORTHOPEDICS

Infection Status as of 8/5/2019

Infection	Onset	Added	Added By	Resolved	Resolved By
None active					
Resolved					
MRSA		07/27/19 0913	User: Kamangu, Carole Wapa	11/27/23 1135	Hamilton, Anne K, RN

Confirmed with Dr. Bothelo pt doesn't haven an active MRSA infection. Ok to resolve. AH UWMC ML IP

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/20/2017
Start date: 12/20/2017 End date: 9/4/2019
Quantity: 270 tablet Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD Entered on: 9/26/2018
Start date: 9/26/2018 End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Medication List (continued)

Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/22/2019
Start date: 5/22/2019
End date: 8/20/2019
Quantity: 60 tablet
Refill: No refills remaining

Stopped in Visit

None

ED Care Timeline

Patient Care Timeline (7/24/2019 18:24 to 7/24/2019 23:24:03)

7/24/2019	Event	Details	User
18:24	**Patient arrived in ED**		Wilhelmi, Leilani L
18:24:33	**Emergency encounter created**		Wilhelmi, Leilani L
18:25:13	**Arrival Complaint**	GLF/PELVIC FX/BACK INJURY	
18:27	**Patient roomed in ED**	To room POOL BEDS	Taylor, Dominique E
19:29:55	**Bed Requested**	Requested: ED	Low, Michele M
19:29:55	**Bed Request Ready to Plan**	Ready to Plan: ED	Low, Michele M
19:50	**Specimens Collected**	CBC - ID: **W79318** Type: **Whole blood** Alcohol (Ethyl) - ID: **W79318** Type: **Serum**	

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

ED Care Timeline (continued)

20:09:33	**CBC Resulted**	**Abnormal Result** Collected: **7/24/2019 19:50** Last updated: **7/24/2019 20:09** Status: **Final result** WBC: **7.01 10*3/uL** [Ref Range: 4.30 - 10.00] RBC: **3.32 10*6/uL** ⌄ [Ref Range: 3.80 - 5.00] Hemoglobin: **9.6 g/dL** ⌄ [Ref Range: 11.5 - 15.5] Hematocrit: **31 %** ⌄ [Ref Range: 36 - 45] MCV: **94 fL** [Ref Range: 81 - 98] MCH: **28.9 pg** [Ref Range: 27.3 - 33.6] MCHC: **30.9 g/dL** ⌄ [Ref Range: 32.2 - 36.5] Platelet Count: **>82 10*3/uL** ⌄ [Ref Range: 150 - 400] (Count not accurate due to platelet clumping, true platelet count may be higher, recommend repeating platelet count.) RDW-CV: **17.3 %** ⌃ [Ref Range: 11.6 - 14.4]	Uw Lab Results Interface, User
20:19:53	**Alcohol (Ethyl) Resulted**	Collected: **7/24/2019 19:50** Last updated: **7/24/2019 20:20** Status: **Final result** Alcohol (Ethyl): **Negative mg/dL** [Ref Range: NRN]	Uw Lab Results Interface, User
21:26	**Specimens Collected**	Standard Drug Screen, URN - ID: **W79319** Type: **Urine**	
21:27	**Specimens Collected**	Urinalysis Complete - ID: **W79698** Type: **Urine**	
21:44:44	**Urinalysis Complete Resulted**	**Abnormal Result** Collected: **7/24/2019 21:27** Last updated: **7/24/2019 21:44** Status: **Final result** Color, URN: **Yellow** Clarity, URN: **Clear** Specific Gravity, URN: **1.033 g/mL** ⌃ [Ref Range: 1.006 - 1.027] pH, URN: **< or =5.0** [Ref Range: 5.0 - 8.0] Protein (Alb Semiquant), URN: **Trace mg/dL** ! [Ref Range: NRN] Glucose Qual, URN: **Negative mg/dL** [Ref Range: NRN] Ketones, URN: **Negative mg/dL** [Ref Range: NRN] Bilirubin (Qual), URN: **Negative** [Ref Range: NRN] Occult Blood, URN: **Negative** [Ref Range: NRN] Nitrite, URN: **Negative** [Ref Range: NRN] Leukocyte Esterase, URN: **Negative** [Ref Range: NRN] Urobilinogen, URN: **0.1-1.9 {Ehrlich'U}** [Ref Range: URONML] Comments for Macroscopic, URN: **None** WBC, URN: **0-5(NEG) /[HPF]** [Ref Range: Z5NEG] RBC, URN: **0-2(NEG) /[HPF]** [Ref Range: Z2NEG] Bacteria, URN: **Not Seen** [Ref Range: NOSEEN] Epith Cells_Squamous, URN: **>5(PRESENT) /[LPF]** ! [Ref Range: LT6] Epith Cells_Renal/Trans,URN: **<3(NEG) /[HPF]** [Ref Range: LESS3] Comments For Microscopic, URN: **None** [Ref Range: NONE] Mucus, URN: **Present /[LPF]** ! [Ref Range: NOSEEN]	Uw Lab Results Interface, User

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

ED Care Timeline (continued)

21:56:26	**Standard Drug Screen, URN Resulted (Edited)**	**Abnormal Result** Collected: **7/24/2019 21:26** Last updated: **7/24/2019 22:02** Status: **Edited Result - FINAL** Amphet/Methamphetamine Qual,URN: **Negative** [Ref Range: NRN] Barbiturate (Qual), URN: **Negative** [Ref Range: NRN] Benzodiazepines (Qual), URN: **Negative** [Ref Range: NRN] Cocaine (Qual), URN: **Negative** [Ref Range: NRN] Alcohol (Ethyl), URN: **Negative mg/dL** [Ref Range: NRN] (Quantitative testing for ethanol is by enzymatic method. Ethanol cutoff limit: 10 mg/dL) Methadone (Qual), URN: **Negative** [Ref Range: NRN] Opiates (Qual), URN: **Positive** ! [Ref Range: NRN] Phencyclidine (Qual), URN: **Negative** [Ref Range: NRN] Cannabinoids (Qual), URN: **Negative** [Ref Range: NRN] Tricyclic Antidepressants, URN: **Negative** [Ref Range: NRN] Acetaminophen Qualitative, URN: **Positive** ! [Ref Range: NRN] Drug Screen Test Info, URN: **SEE NOTES** (These results are presumptive and have not been confirmed as positive by an alternate method. Results are for medical management only, and should not be used for legal purposes nor for workplace or pre-employment testing. Qualitative immunochemical testing for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, methadone, opiates, phencyclidine (PCP), cannabinoids, and tricyclic antidepressants. Positive results indicate immunoreactivity greater than or equal to these calibrators: d-methamphetamine 500 ng/mL, secobarbital 200 ng/mL, lormetazepam 200 ng/mL, benzoylecgonine 150 ng/mL, methadone 150 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortetrahydrocannabinoic acid 50 ng/mL, nortriptyline 1000 ng/mL and acetaminophen 5 mcg/mL. Quantitative testing for ethanol is by an enzymatic method. Results less than 10 mg/dL are reported as negative. This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine. It has not been cleared or approved by the US Food and Drug Administration. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.)	Uw Lab Results Interface, User
22:28:31	**Bed Request Ready to Plan**	Ready to Plan: 2WB - WB267/WB267-1	Hernandez, Carolyn M
22:28:38	**Bed Assigned**	Assigned: 2WB - WB267/WB267-1	Hernandez, Carolyn M
22:28:38	**Hospital bed ready**	Bed Ready: 2WB - WB267/WB267-1	Hernandez, Carolyn M
23:24:03	**Patient admitted**	To department H 2WB	Wee, Kerri Ann
23:24:05	**Charting Complete**		Khandelwal, Nita, MD

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2)

CBC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/24/19 1950** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/24/19 1950
Ordering provider: Alley, Michael Dee, MD
Authorized by: Alley, Michael Dee, MD
Ordering mode: Standard
Frequency: STAT Once 07/24/19 2000 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/24/2019 8:02 PM

Specimen Information

ID	Type	Source	Collected By
W79318	Whole blood	—	07/24/19 1950

CBC (Abnormal) Resulted: 07/24/19 2009, Result status: Final result

Ordering provider: Alley, Michael Dee, MD 07/24/19 1950
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/24/19 2009
Collected by: 07/24/19 1950
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.01	4.30 - 10.00 10*3/uL	—	HMC
RBC	3.32	3.80 - 5.00 10*6/uL	L	HMC
Hemoglobin	9.6	11.5 - 15.5 g/dL	L	HMC
Hematocrit	31	36 - 45 %	L	HMC
MCV	94	81 - 98 fL	—	HMC
MCH	28.9	27.3 - 33.6 pg	—	HMC
MCHC	30.9	32.2 - 36.5 g/dL	L	HMC
Platelet Count	>82	150 - 400 10*3/uL	L	HMC
Comment: Count not accurate due to platelet clumping, true platelet count may be higher, recommend repeating platelet count.				
RDW-CV	17.3	11.6 - 14.4 %	H	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Alcohol (Ethyl) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/24/19 1950** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/24/19 1950
Ordering provider: Alley, Michael Dee, MD
Authorized by: Alley, Michael Dee, MD
Ordering mode: Standard
Frequency: STAT Once 07/24/19 2000 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/24/2019 8:20 PM

Specimen Information

ID	Type	Source	Collected By
W79318	Serum	—	07/24/19 1950

Alcohol (Ethyl) Resulted: 07/24/19 2019, Result status: Final result

Ordering provider: Alley, Michael Dee, MD 07/24/19 1950
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/24/19 2020
Collected by: 07/24/19 1950
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Alcohol (Ethyl)	Negative	NRN mg/dL	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Standard Drug Screen, URN (Edited Result - FINAL)

Electronically signed by: **Uw Lab Results Interface, User on 07/24/19 2126** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/24/19 2126 Ordering provider: Alley, Michael Dee, MD
Authorized by: Alley, Michael Dee, MD Ordering mode: Standard
Frequency: STAT Once 07/24/19 2130 - 1 occurrence Quantity: 1
Lab status: Edited Result - FINAL Instance released by: (auto-released) 7/24/2019 9:56 PM

Specimen Information

ID	Type	Source	Collected By
W79319	Urine	—	07/24/19 2126

Resulted: 07/24/19 2156, Result status: Edited Result - FINAL

Standard Drug Screen, URN (Abnormal)

Ordering provider: Alley, Michael Dee, MD 07/24/19 2126 Order status: Completed
Filed by: Uw Lab Results Interface, User 07/24/19 2202 Collected by: 07/24/19 2126
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Amphet/Methamphetamine Qual,URN	Negative	NRN	—	HMC
Barbiturate (Qual), URN	Negative	NRN	—	HMC
Benzodiazepines (Qual), URN	Negative	NRN	—	HMC
Cocaine (Qual), URN	Negative	NRN	—	HMC
Alcohol (Ethyl), URN	Negative	NRN mg/dL	—	HMC
Comment: Quantitative testing for ethanol is by enzymatic method. Ethanol cutoff limit: 10 mg/dL				
Methadone (Qual), URN	Negative	NRN	—	HMC
Opiates (Qual), URN	Positive	NRN	**A** !	HMC
Phencyclidine (Qual), URN	Negative	NRN	—	HMC
Cannabinoids (Qual), URN	Negative	NRN	—	HMC
Tricyclic Antidepressants, URN	Negative	NRN	—	HMC
Acetaminophen Qualitative, URN	Positive	NRN	**A** !	HMC
Drug Screen Test Info, URN	SEE NOTES	—	—	HMC

Comment:
These results are presumptive and have not been confirmed as positive by an alternate method.

Results are for medical management only, and should not be used for legal purposes nor for workplace or pre-employment testing.

Qualitative immunochemical testing for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, methadone, opiates, phencyclidine (PCP), cannabinoids, and tricyclic antidepressants.
Positive results indicate immunoreactivity greater than or equal to these calibrators: d-methamphetamine 500 ng/mL, secobarbital 200 ng/mL, lormetazepam

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

200 ng/mL, benzoylecgonine 150 ng/mL, methadone 150 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortetrahydrocannabinoic acid 50 ng/mL, nortriptyline 1000 ng/mL and acetaminophen 5 mcg/mL.

Quantitative testing for ethanol is by an enzymatic method. Results less than 10 mg/dL are reported as negative.

This test was developed and its performance characteristics determined by the
University of Washington Department of Laboratory Medicine. It has not been cleared or approved by the US Food and Drug Administration.
This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Urinalysis Complete (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/24/19 2127** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/24/19 2127
Ordering provider: Higgins, Alexander Christopher, DO
Authorized by: Higgins, Alexander Christopher, DO
Ordering mode: Standard
Frequency: STAT Once 07/24/19 2130 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/24/2019 9:44 PM

Specimen Information

ID	Type	Source	Collected By
W79698	Urine	—	07/24/19 2127

Urinalysis Complete (Abnormal) Resulted: 07/24/19 2144, Result status: Final result

Ordering provider: Higgins, Alexander Christopher, DO 07/24/19 2127
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/24/19 2144
Collected by: 07/24/19 2127
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	HMC
Clarity, URN	Clear	—	—	HMC
Specific Gravity, URN	1.033	1.006 - 1.027 g/mL	H^	HMC
pH, URN	< or =5.0	5.0 - 8.0	—	HMC
Protein (Alb Semiquant), URN	Trace	NRN mg/dL	A !	HMC
Glucose Qual, URN	Negative	NRN mg/dL	—	HMC
Ketones, URN	Negative	NRN mg/dL	—	HMC
Bilirubin (Qual), URN	Negative	NRN	—	HMC
Occult Blood, URN	Negative	NRN	—	HMC
Nitrite, URN	Negative	NRN	—	HMC
Leukocyte Esterase, URN	Negative	NRN	—	HMC
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}	—	HMC
Comments for Macroscopic, URN	None	—	—	HMC

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

WBC, URN	0-5(NEG)	Z5NEG /[HPF]	—	HMC
RBC, URN	0-2(NEG)	Z2NEG /[HPF]	—	HMC
Bacteria, URN	Not Seen	NOSEEN	—	HMC
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /[LPF]	A !	HMC
Epith Cells Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	HMC
Comments For Microscopic, URN	None	NONE	—	HMC
Mucus, URN	Present	NOSEEN /[LPF]	A !	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

VRE Screening Culture (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/24/19 2345** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/24/19 2345
Ordering provider: Khandelwal, Nita, MD
Authorized by: Khandelwal, Nita, MD
Ordering mode: Standard
Frequency: Routine Once 07/24/19 2345 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/26/2019 4:01 PM

Specimen Information

ID	Type	Source	Collected By
W80313	Rectal Swab	—	07/24/19 2345

VRE Screening Culture

Resulted: 07/26/19 1601, Result status: Final result

Ordering provider: Khandelwal, Nita, MD 07/24/19 2345
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/26/19 1601
Collected by: 07/24/19 2345
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Surveillance culture performed at the request of Infection Control	—	—	HMC
Culture	No Vancomycin resistant Enterococcus species isolated	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

MRSA Screening Culture (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/24/19 2345** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/24/19 2345
Ordering provider: Khandelwal, Nita, MD
Authorized by: Khandelwal, Nita, MD
Ordering mode: Standard
Frequency: Routine Once 07/24/19 2345 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/26/2019 5:30 PM

Specimen Information

ID	Type	Source	Collected By
W80315	Wound	—	07/24/19 2345

Comment: Right~Ankle~Swab

MRSA Screening Culture Resulted: 07/26/19 1730, Result status: Final result

Ordering provider: Khandelwal, Nita, MD 07/24/19 2345
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/26/19 2221
Collected by: 07/24/19 2345
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Surveillance culture performed at the request of Infection Control	—	—	HMC
Culture	--	—	—	UWMC

Result:
Methicillin Resistant Staphylococcus aureus isolated
- For inpatients, isolate using contact precautions per institutional policy. Contact Infection Control if you have any questions.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

MRSA Screening Culture (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/24/19 2345** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/24/19 2345
Ordering provider: Khandelwal, Nita, MD
Authorized by: Khandelwal, Nita, MD
Ordering mode: Standard
Frequency: Routine Once 07/24/19 2345 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/26/2019 5:33 PM

Specimen Information

ID	Type	Source	Collected By
W80314	Wound	—	07/24/19 2345

Comment: Left~Ankle~Swab

MRSA Screening Culture Resulted: 07/26/19 1733, Result status: Final result

Ordering provider: Khandelwal, Nita, MD 07/24/19 2345
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/26/19 2222
Collected by: 07/24/19 2345
Resulting lab: UW MEDICAL CENTER LABS

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Surveillance culture performed at the request of Infection Control	—	—	HMC
Culture	--	—	—	UWMC

Result:
Methicillin Resistant Staphylococcus aureus isolated
- For inpatients, isolate using contact precautions per institutional policy. Contact Infection Control if you have any questions.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

MRSA Screening Culture (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/24/19 2345** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/24/19 2345
Ordering provider: Khandelwal, Nita, MD
Authorized by: Khandelwal, Nita, MD
Ordering mode: Standard
Frequency: Routine Once 07/24/19 2345 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/26/2019 5:34 PM

Specimen Information

ID	Type	Source	Collected By
W80312	Oral	—	07/24/19 2345

MRSA Screening Culture

Resulted: 07/26/19 1734, Result status: Final result

Ordering provider: Khandelwal, Nita, MD 07/24/19 2345
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/26/19 2222
Collected by: 07/24/19 2345
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Surveillance culture performed at the request of Infection Control	—	—	HMC
Culture	--	—	—	UWMC

Result:
Methicillin Resistant Staphylococcus aureus isolated
- For inpatients, isolate using contact precautions per institutional policy. Contact Infection Control if you have any questions.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL	Wener, Mark	LAB MED #357110	06/12/15 1029 - 02/13/20 0811

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

	CENTER LABS	Howard, MD	1959 NE PACIFIC ST. SEATTLE WA 98195-0001	
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

MRSA Screening Culture (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/24/19 2345** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/24/19 2345
Ordering provider: Khandelwal, Nita, MD
Authorized by: Khandelwal, Nita, MD
Ordering mode: Standard
Frequency: Routine Once 07/24/19 2345 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/26/2019 5:34 PM

Specimen Information

ID	Type	Source	Collected By
W80311	Nasal Surveillance Swab	—	07/24/19 2345

MRSA Screening Culture Resulted: 07/26/19 1734, Result status: Final result

Ordering provider: Khandelwal, Nita, MD 07/24/19 2345
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/26/19 2222
Collected by: 07/24/19 2345
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Surveillance culture performed at the request of Infection Control	—	—	HMC
Culture	--	—	—	UWMC

Result:
Methicillin Resistant Staphylococcus aureus isolated
- For inpatients, isolate using contact precautions per institutional policy. Contact Infection Control if you have any questions.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

CBC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/25/19 0335** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/25/19 0335
Ordering provider: Rosen, Joshua, MD
Authorized by: Rosen, Joshua, MD
Ordering mode: Standard
Frequency: Routine Once 07/25/19 0345 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/25/2019 3:44 AM

Specimen Information

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

ID	Type	Source	Collected By
H88740	Whole blood	—	07/25/19 0335

CBC (Abnormal) Resulted: 07/25/19 0344, Result status: Final result

Ordering provider: Rosen, Joshua, MD 07/25/19 0335
Filed by: Uw Lab Results Interface, User 07/25/19 0344
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Order status: Completed
Collected by: 07/25/19 0335

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.29	4.30 - 10.00 10*3/uL	—	HMC
RBC	2.91	3.80 - 5.00 10*6/uL	L	HMC
Hemoglobin	8.5	11.5 - 15.5 g/dL	L	HMC
Hematocrit	27	36 - 45 %	L	HMC
MCV	94	81 - 98 fL	—	HMC
MCH	29.2	27.3 - 33.6 pg	—	HMC
MCHC	31.0	32.2 - 36.5 g/dL	L	HMC
Platelet Count	307	150 - 400 10*3/uL	—	HMC
RDW-CV	17.2	11.6 - 14.4 %	H	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Basic Metabolic Panel (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/25/19 0335** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/25/19 0335
Authorized by: Rosen, Joshua, MD
Frequency: Routine Once 07/25/19 0345 - 1 occurrence
Lab status: Final result

Ordering provider: Rosen, Joshua, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 7/25/2019 4:00 AM

Specimen Information

ID	Type	Source	Collected By
H88740	Serum	—	07/25/19 0335

Basic Metabolic Panel (Abnormal) Resulted: 07/25/19 0400, Result status: Final result

Ordering provider: Rosen, Joshua, MD 07/25/19 0335
Filed by: Uw Lab Results Interface, User 07/25/19 0400
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Order status: Completed
Collected by: 07/25/19 0335

Components

Component	Value	Reference Range	Flag	Lab
Sodium	139	135 - 145 meq/L	—	HMC
Potassium	4.1	3.6 - 5.2 meq/L	—	HMC
Chloride	108	98 - 108 meq/L	—	HMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	HMC
Anion Gap	8	4 - 12	—	HMC
Glucose	136	62 - 125 mg/dL	H	HMC
Urea Nitrogen	11	8 - 21 mg/dL	—	HMC
Creatinine	0.65	0.38 - 1.02 mg/dL	—	HMC
Calcium	7.8	8.9 - 10.2 mg/dL	L	HMC

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

GFR, Calc, European American	>60	>59 mL/min/{1.73 m2}	—	HMC
GFR, Calc, African American	>60	>59 mL/min/{1.73 m2}	—	HMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Magnesium (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/25/19 0335** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/25/19 0335
Ordering provider: Rosen, Joshua, MD
Authorized by: Rosen, Joshua, MD
Ordering mode: Standard
Frequency: Routine Once 07/25/19 0345 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/25/2019 4:00 AM

Specimen Information

ID	Type	Source	Collected By
H88740	Serum	—	07/25/19 0335

Magnesium Resulted: 07/25/19 0400, Result status: Final result

Ordering provider: Rosen, Joshua, MD 07/25/19 0335
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/25/19 0400
Collected by: 07/25/19 0335
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.8	1.8 - 2.4 mg/dL	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Phosphate (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/25/19 0335** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/25/19 0335
Ordering provider: Rosen, Joshua, MD
Authorized by: Rosen, Joshua, MD
Ordering mode: Standard
Frequency: Routine Once 07/25/19 0345 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/25/2019 4:00 AM

Specimen Information

ID	Type	Source	Collected By
H88740	Serum	—	07/25/19 0335

Phosphate Resulted: 07/25/19 0400, Result status: Final result

Ordering provider: Rosen, Joshua, MD 07/25/19 0335
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/25/19 0400
Collected by: 07/25/19 0335
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.8	2.5 - 4.5 mg/dL	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Vitamin D (25 Hydroxy) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/25/19 0335** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/25/19 0335
Ordering provider: Rosen, Joshua, MD
Authorized by: Rosen, Joshua, MD
Ordering mode: Standard
Frequency: Routine Once 07/25/19 0345 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/30/2019 11:19 AM

Specimen Information

ID	Type	Source	Collected By
H88740	Serum	—	07/25/19 0335

Vitamin D (25 Hydroxy) (Abnormal) Resulted: 07/30/19 1118, Result status: Final result

Ordering provider: Rosen, Joshua, MD 07/25/19 0335
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/30/19 1119
Collected by: 07/25/19 0335
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Vitamin D2 (25_Hydroxy)	<1.0	ng/mL	—	HMC
Vitamin D3 (25_Hydroxy)	19.2	ng/mL	—	HMC
Vit D (25_Hydroxy) Total	19.2	20.1 - 50.0 ng/mL	L	HMC
Vit D (25_Hydroxy) Interp	Deficient: 8.0-20.0 ng/mL	—	—	HMC

Comment: For more information see http://tests.labmed.washington.edu/VITDG2

Testing Performed By

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

CBC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/26/19 0225** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/26/19 0225 Ordering provider: Rosen, Joshua, MD
Authorized by: Rosen, Joshua, MD Ordering mode: Standard
Frequency: Routine Once 07/26/19 0230 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 7/26/2019 2:38 AM

Specimen Information

ID	Type	Source	Collected By
F35269	Whole blood	—	07/26/19 0225

CBC (Abnormal) Resulted: 07/26/19 0238, Result status: Final result

Ordering provider: Rosen, Joshua, MD 07/26/19 0225 Order status: Completed
Filed by: Uw Lab Results Interface, User 07/26/19 0238 Collected by: 07/26/19 0225
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.10	4.30 - 10.00 10*3/uL	—	HMC
RBC	2.90	3.80 - 5.00 10*6/uL	L	HMC
Hemoglobin	8.5	11.5 - 15.5 g/dL	L	HMC
Hematocrit	27	36 - 45 %	L	HMC
MCV	95	81 - 98 fL	—	HMC
MCH	29.3	27.3 - 33.6 pg	—	HMC
MCHC	31.0	32.2 - 36.5 g/dL	L	HMC
Platelet Count	296	150 - 400 10*3/uL	—	HMC
RDW-CV	17.1	11.6 - 14.4 %	H	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Basic Metabolic Panel (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/26/19 0225** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/26/19 0225 Ordering provider: Rosen, Joshua, MD
Authorized by: Rosen, Joshua, MD Ordering mode: Standard
Frequency: Routine Once 07/26/19 0230 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 7/26/2019 2:56 AM

Specimen Information

ID	Type	Source	Collected By
F35269	Serum	—	07/26/19 0225

Basic Metabolic Panel (Abnormal) Resulted: 07/26/19 0255, Result status: Final result

Ordering provider: Rosen, Joshua, MD 07/26/19 0225 Order status: Completed

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Filed by: Uw Lab Results Interface, User 07/26/19 0256
Collected by: 07/26/19 0225
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Sodium	138	135 - 145 meq/L	—	HMC
Potassium	3.9	3.6 - 5.2 meq/L	—	HMC
Chloride	107	98 - 108 meq/L	—	HMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	HMC
Anion Gap	8	4 - 12	—	HMC
Glucose	137	62 - 125 mg/dL	H	HMC
Urea Nitrogen	33	8 - 21 mg/dL	H	HMC
Creatinine	0.77	0.38 - 1.02 mg/dL	—	HMC
Calcium	7.7	8.9 - 10.2 mg/dL	L	HMC
GFR, Calc, European American	>60	>59 mL/min/{1.73 m2}	—	HMC
GFR, Calc, African American	>60	>59 mL/min/{1.73 m2}	—	HMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Magnesium (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/26/19 0225**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/26/19 0225
Ordering provider: Rosen, Joshua, MD
Authorized by: Rosen, Joshua, MD
Ordering mode: Standard
Frequency: Routine Once 07/26/19 0230 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/26/2019 2:56 AM

Specimen Information

ID	Type	Source	Collected By
F35269	Serum	—	07/26/19 0225

Magnesium
Resulted: 07/26/19 0255, Result status: Final result

Ordering provider: Rosen, Joshua, MD 07/26/19 0225
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/26/19 0256
Collected by: 07/26/19 0225
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.0	1.8 - 2.4 mg/dL	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Phosphate (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/26/19 0225** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/26/19 0225
Ordering provider: Rosen, Joshua, MD
Authorized by: Rosen, Joshua, MD
Ordering mode: Standard
Frequency: Routine Once 07/26/19 0230 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/26/2019 2:56 AM

Specimen Information

ID	Type	Source	Collected By
F35269	Serum	—	07/26/19 0225

Phosphate Resulted: 07/26/19 0255, Result status: Final result

Ordering provider: Rosen, Joshua, MD 07/26/19 0225
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/26/19 0256
Collected by: 07/26/19 0225
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	4.5	2.5 - 4.5 mg/dL	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Basic Metabolic Panel (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/27/19 0645** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/27/19 0645
Ordering provider: Glann, Judith K, ARNP
Authorized by: Glann, Judith K, ARNP
Ordering mode: Standard
Frequency: Routine Once 07/27/19 0645 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/27/2019 7:17 AM

Specimen Information

ID	Type	Source	Collected By
F42827	Serum	—	07/27/19 0645

Basic Metabolic Panel (Abnormal) Resulted: 07/27/19 0717, Result status: Final result

Ordering provider: Glann, Judith K, ARNP 07/27/19 0645
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/27/19 0717
Collected by: 07/27/19 0645
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	HMC
Potassium	4.2	3.6 - 5.2 meq/L	—	HMC
Chloride	110	98 - 108 meq/L	H	HMC
Carbon Dioxide, Total	25	22 - 32 meq/L	—	HMC
Anion Gap	6	4 - 12	—	HMC
Glucose	160	62 - 125 mg/dL	H	HMC
Urea Nitrogen	34	8 - 21 mg/dL	H	HMC
Creatinine	0.89	0.38 - 1.02 mg/dL	—	HMC
Calcium	8.1	8.9 - 10.2 mg/dL	L	HMC
GFR, Calc, European American	59	>59 mL/min/{1.73 m2}	L	HMC
GFR, Calc, African American	>60	>59 mL/min/{1.73 m2}	—	HMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

CBC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/28/19 0330** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/28/19 0330
Ordering provider: Smiley, Nicholas R, DDS
Authorized by: Smiley, Nicholas R, DDS
Ordering mode: Standard
Frequency: Routine Once 07/28/19 0330 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/28/2019 3:44 AM

Specimen Information

ID	Type	Source	Collected By
X45502	Whole blood	—	07/28/19 0330

CBC (Abnormal) Resulted: 07/28/19 0343, Result status: Final result

Ordering provider: Smiley, Nicholas R, DDS 07/28/19 0330
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/28/19 0344
Collected by: 07/28/19 0330
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

WBC	5.97	4.30 - 10.00 10*3/uL	—	HMC
RBC	2.79	3.80 - 5.00 10*6/uL	L	HMC
Hemoglobin	8.1	11.5 - 15.5 g/dL	L	HMC
Hematocrit	27	36 - 45 %	L	HMC
MCV	96	81 - 98 fL	—	HMC
MCH	29.0	27.3 - 33.6 pg	—	HMC
MCHC	30.2	32.2 - 36.5 g/dL	L	HMC
Platelet Count	338	150 - 400 10*3/uL	—	HMC
RDW-CV	17.2	11.6 - 14.4 %	H	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Basic Metabolic Panel (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/28/19 0330** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/28/19 0330 Ordering provider: Smiley, Nicholas R, DDS
Authorized by: Smiley, Nicholas R, DDS Ordering mode: Standard
Frequency: Routine Once 07/28/19 0330 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 7/28/2019 4:03 AM

Specimen Information

ID	Type	Source	Collected By
X44563	Serum	—	07/28/19 0330

Basic Metabolic Panel (Abnormal) Resulted: 07/28/19 0403, Result status: Final result

Ordering provider: Smiley, Nicholas R, DDS 07/28/19 0330 Order status: Completed
Filed by: Uw Lab Results Interface, User 07/28/19 0403 Collected by: 07/28/19 0330
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Sodium	139	135 - 145 meq/L	—	HMC
Potassium	4.6	3.6 - 5.2 meq/L	—	HMC
Chloride	108	98 - 108 meq/L	—	HMC
Carbon Dioxide, Total	25	22 - 32 meq/L	—	HMC
Anion Gap	6	4 - 12	—	HMC
Glucose	188	62 - 125 mg/dL	H	HMC
Urea Nitrogen	32	8 - 21 mg/dL	H	HMC
Creatinine	0.70	0.38 - 1.02 mg/dL	—	HMC
Calcium	8.0	8.9 - 10.2 mg/dL	L	HMC
GFR, Calc, European American	>60	>59 mL/min/{1.73_m2}	—	HMC
GFR, Calc, African American	>60	>59 mL/min/{1.73_m2}	—	HMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with	—	—	HMC

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/28/19 0813** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/28/19 0813
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 07/28/19 0815 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/28/2019 8:25 AM

Specimen Information

ID	Type	Source	Collected By
X46367	Whole blood	—	07/28/19 0813

Glucose POC, HMC (Abnormal) Resulted: 07/28/19 0824, Result status: Final result

Ordering provider: Maier V, Ronald, MD 07/28/19 0813
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/28/19 0825
Collected by: 07/28/19 0813
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	160	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/28/19 1207** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/28/19 1207
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 07/28/19 1215 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/28/2019 12:09 PM

Specimen Information

ID	Type	Source	Collected By
X47218	Whole blood	—	07/28/19 1207

Glucose POC, HMC Resulted: 07/28/19 1209, Result status: Final result

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Ordering provider: Maier V, Ronald, MD 07/28/19 1207
Filed by: Uw Lab Results Interface, User 07/28/19 1209
Resulting lab: UW LABORATORY MEDICINE

Order status: Completed
Collected by: 07/28/19 1207

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	117	62 - 125 mg/dL	—	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/28/19 1700**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/28/19 1700
Authorized by: Maier V, Ronald, MD
Frequency: Routine Once 07/28/19 1700 - 1 occurrence
Lab status: Final result

Ordering provider: Maier V, Ronald, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 7/28/2019 5:02 PM

Specimen Information

ID	Type	Source	Collected By
X48198	Whole blood	—	07/28/19 1700

Glucose POC, HMC (Abnormal)
Resulted: 07/28/19 1701, Result status: Final result

Ordering provider: Maier V, Ronald, MD 07/28/19 1700
Filed by: Uw Lab Results Interface, User 07/28/19 1702
Resulting lab: UW LABORATORY MEDICINE

Order status: Completed
Collected by: 07/28/19 1700

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	167	62 - 125 mg/dL	**H**	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/28/19 2029**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/28/19 2029
Authorized by: Maier V, Ronald, MD
Frequency: Routine Once 07/28/19 2030 - 1 occurrence
Lab status: Final result

Ordering provider: Maier V, Ronald, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 7/28/2019 8:30 PM

Specimen Information

ID	Type	Source	Collected By
X48874	Whole blood	—	07/28/19 2029

Glucose POC, HMC (Abnormal)
Resulted: 07/28/19 2030, Result status: Final result

Ordering provider: Maier V, Ronald, MD 07/28/19 2029
Filed by: Uw Lab Results Interface, User 07/28/19 2030

Order status: Completed
Collected by: 07/28/19 2029

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	201	62 - 125 mg/dL	H	UW
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/29/19 0822** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/29/19 0822 Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD Ordering mode: Standard
Frequency: Routine Once 07/29/19 0830 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 7/29/2019 8:23 AM

Specimen Information

ID	Type	Source	Collected By
M16008	Whole blood	—	07/29/19 0822

Glucose POC, HMC (Abnormal) Resulted: 07/29/19 0823, Result status: Final result

Ordering provider: Maier V, Ronald, MD 07/29/19 0822 Order status: Completed
Filed by: Uw Lab Results Interface, User 07/29/19 0823 Collected by: 07/29/19 0822
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	158	62 - 125 mg/dL	H	UW
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/29/19 1236** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/29/19 1236 Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD Ordering mode: Standard
Frequency: Routine Once 07/29/19 1245 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 7/29/2019 12:37 PM

Specimen Information

ID	Type	Source	Collected By
M19351	Whole blood	—	07/29/19 1236

Glucose POC, HMC (Abnormal) Resulted: 07/29/19 1237, Result status: Final result

Ordering provider: Maier V, Ronald, MD 07/29/19 1236 Order status: Completed
Filed by: Uw Lab Results Interface, User 07/29/19 1237 Collected by: 07/29/19 1236
Resulting lab: UW LABORATORY MEDICINE

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	147	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/29/19 1705** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/29/19 1705
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 07/29/19 1715 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/29/2019 5:06 PM

Specimen Information

ID	Type	Source	Collected By
M22381	Whole blood	—	07/29/19 1705

Glucose POC, HMC Resulted: 07/29/19 1706, Result status: Final result

Ordering provider: Maier V, Ronald, MD 07/29/19 1705
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/29/19 1706
Collected by: 07/29/19 1705
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	117	62 - 125 mg/dL	—	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/30/19 0620** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/30/19 0620
Ordering provider: Smiley, Nicholas R, DDS
Authorized by: Smiley, Nicholas R, DDS
Ordering mode: Standard
Frequency: Routine Once 07/30/19 0630 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/30/2019 7:01 AM

Specimen Information

ID	Type	Source	Collected By
T85007	Serum	—	07/30/19 0620

Basic Metabolic Panel (Abnormal) Resulted: 07/30/19 0701, Result status: Final result

Ordering provider: Smiley, Nicholas R, DDS 07/30/19 0620
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/30/19 0701
Collected by: 07/30/19 0620
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Component	Value	Reference Range	Flag	Lab
Sodium	139	135 - 145 meq/L	—	HMC
Potassium	4.6	3.6 - 5.2 meq/L	—	HMC
Chloride	107	98 - 108 meq/L	—	HMC
Carbon Dioxide, Total	25	22 - 32 meq/L	—	HMC
Anion Gap	7	4 - 12	—	HMC
Glucose	207	62 - 125 mg/dL	H	HMC
Urea Nitrogen	30	8 - 21 mg/dL	H	HMC
Creatinine	0.71	0.38 - 1.02 mg/dL	—	HMC
Calcium	8.5	8.9 - 10.2 mg/dL	L	HMC
GFR, Calc, European American	>60	>59 mL/min/{1.73_m2}	—	HMC
GFR, Calc, African American	>60	>59 mL/min/{1.73_m2}	—	HMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Hemoglobin A1c (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/30/19 0620** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/30/19 0620
Ordering provider: Smiley, Nicholas R, DDS
Authorized by: Smiley, Nicholas R, DDS
Ordering mode: Standard
Frequency: Routine Once 07/30/19 0630 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/30/2019 11:12 AM

Specimen Information

ID	Type	Source	Collected By
T85007	Whole blood	—	07/30/19 0620

Hemoglobin A1c (Abnormal) Resulted: 07/30/19 1112, Result status: Final result

Ordering provider: Smiley, Nicholas R, DDS 07/30/19 0620
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/30/19 1112
Collected by: 07/30/19 0620
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.5	4.0 - 6.0 %	H	UWMC

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/30/19 0906** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/30/19 0906
Authorized by: Maier V, Ronald, MD
Frequency: Routine Once 07/30/19 0915 - 1 occurrence
Lab status: Final result
Ordering provider: Maier V, Ronald, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 7/30/2019 9:07 AM

Specimen Information

ID	Type	Source	Collected By
T88078	Whole blood	—	07/30/19 0906

Glucose POC, HMC (Abnormal) Resulted: 07/30/19 0907, Result status: Final result

Ordering provider: Maier V, Ronald, MD 07/30/19 0906
Filed by: Uw Lab Results Interface, User 07/30/19 0907
Resulting lab: UW LABORATORY MEDICINE
Order status: Completed
Collected by: 07/30/19 0906

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	142	62 - 125 mg/dL	**H**	UW
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/30/19 1246** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/30/19 1246
Authorized by: Maier V, Ronald, MD
Frequency: Routine Once 07/30/19 1300 - 1 occurrence
Lab status: Final result
Ordering provider: Maier V, Ronald, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 7/30/2019 12:47 PM

Specimen Information

ID	Type	Source	Collected By
T90901	Whole blood	—	07/30/19 1246

Glucose POC, HMC (Abnormal) Resulted: 07/30/19 1247, Result status: Final result

Ordering provider: Maier V, Ronald, MD 07/30/19 1246
Filed by: Uw Lab Results Interface, User 07/30/19 1247
Resulting lab: UW LABORATORY MEDICINE
Order status: Completed
Collected by: 07/30/19 1246

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	134	62 - 125 mg/dL	**H**	UW
Comment: Fingerstick				

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/30/19 1831** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/30/19 1831
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 07/30/19 1845 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/30/2019 6:33 PM

Specimen Information

ID	Type	Source	Collected By
T94039	Whole blood	—	07/30/19 1831

Glucose POC, HMC (Abnormal) Resulted: 07/30/19 1833, Result status: Final result

Ordering provider: Maier V, Ronald, MD 07/30/19 1831
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/30/19 1833
Collected by: 07/30/19 1831
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	250	62 - 125 mg/dL	**H**	UW
Comment: Post food intake				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/30/19 2031** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/30/19 2031
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 07/30/19 2045 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/31/2019 7:31 AM

Specimen Information

ID	Type	Source	Collected By
T10437	Whole blood	—	07/30/19 2031

Glucose POC, HMC (Abnormal) Resulted: 07/31/19 0731, Result status: Final result

Ordering provider: Maier V, Ronald, MD 07/30/19 2031
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/31/19 0731
Collected by: 07/30/19 2031
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	242	62 - 125 mg/dL	**H**	UW

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

CBC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/31/19 0723** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/31/19 0723
Authorized by: Smiley, Nicholas R, DDS
Frequency: Routine Once 07/31/19 0730 - 1 occurrence
Lab status: Final result
Ordering provider: Smiley, Nicholas R, DDS
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 7/31/2019 7:55 AM

Specimen Information

ID	Type	Source	Collected By
W81843	Whole blood	—	5257 07/31/19 0723

CBC (Abnormal) Resulted: 07/31/19 0755, Result status: Final result

Ordering provider: Smiley, Nicholas R, DDS 07/31/19 0723
Filed by: Uw Lab Results Interface, User 07/31/19 0755
Resulting lab: HARBORVIEW MEDICAL CENTER LABS
Order status: Completed
Collected by: 5257 07/31/19 0723

Components

Component	Value	Reference Range	Flag	Lab
WBC	9.88	4.30 - 10.00 10*3/uL	—	HMC
RBC	2.61	3.80 - 5.00 10*6/uL	L	HMC
Hemoglobin	7.6	11.5 - 15.5 g/dL	L	HMC
Hematocrit	25	36 - 45 %	L	HMC
MCV	95	81 - 98 fL	—	HMC
MCH	29.1	27.3 - 33.6 pg	—	HMC
MCHC	30.6	32.2 - 36.5 g/dL	L	HMC
Platelet Count	403	150 - 400 10*3/uL	H	HMC
RDW-CV	17.3	11.6 - 14.4 %	H	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Basic Metabolic Panel (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/31/19 0723** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/31/19 0723
Authorized by: Smiley, Nicholas R, DDS
Frequency: Routine Once 07/31/19 0730 - 1 occurrence
Lab status: Final result
Ordering provider: Smiley, Nicholas R, DDS
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 7/31/2019 8:12 AM

Specimen Information

ID	Type	Source	Collected By
W81843	Serum	—	5257 07/31/19 0723

Basic Metabolic Panel (Abnormal) Resulted: 07/31/19 0812, Result status: Final result

Ordering provider: Smiley, Nicholas R, DDS 07/31/19 0723
Order status: Completed

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Filed by: Uw Lab Results Interface, User 07/31/19 0812
Collected by: 5257 07/31/19 0723
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	HMC
Potassium	4.8	3.6 - 5.2 meq/L	—	HMC
Chloride	108	98 - 108 meq/L	—	HMC
Carbon Dioxide, Total	28	22 - 32 meq/L	—	HMC
Anion Gap	6	4 - 12	—	HMC
Glucose	153	62 - 125 mg/dL	H	HMC
Urea Nitrogen	27	8 - 21 mg/dL	H	HMC
Creatinine	0.72	0.38 - 1.02 mg/dL	—	HMC
Calcium	8.5	8.9 - 10.2 mg/dL	L	HMC
GFR, Calc, European American	>60	>59 mL/min/{1.73 m2}	—	HMC
GFR, Calc, African American	>60	>59 mL/min/{1.73 m2}	—	HMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/31/19 0759**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/31/19 0759
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 07/31/19 0800 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/31/2019 8:01 AM

Specimen Information

ID	Type	Source	Collected By
W83765	Whole blood	—	07/31/19 0759

Glucose POC, HMC (Abnormal)
Resulted: 07/31/19 0801, Result status: Final result

Ordering provider: Maier V, Ronald, MD 07/31/19 0759
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/31/19 0801
Collected by: 07/31/19 0759
Resulting lab: UW LABORATORY MEDICINE

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	143	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/31/19 1223** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/31/19 1223
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 07/31/19 1230 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/31/2019 12:25 PM

Specimen Information

ID	Type	Source	Collected By
W86993	Whole blood	—	07/31/19 1223

Glucose POC, HMC (Abnormal) Resulted: 07/31/19 1225, Result status: Final result

Ordering provider: Maier V, Ronald, MD 07/31/19 1223
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/31/19 1225
Collected by: 07/31/19 1223
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	159	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/31/19 1638** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/31/19 1638
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 07/31/19 1645 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/31/2019 4:40 PM

Specimen Information

ID	Type	Source	Collected By
W89721	Whole blood	—	07/31/19 1638

Glucose POC, HMC Resulted: 07/31/19 1639, Result status: Final result

Ordering provider: Maier V, Ronald, MD 07/31/19 1638
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/31/19 1640
Collected by: 07/31/19 1638
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	121	62 - 125 mg/dL	—	UW

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 1 of 2) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/31/19 2052** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/31/19 2052
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 07/31/19 2100 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/31/2019 8:53 PM

Specimen Information

ID	Type	Source	Collected By
W91142	Whole blood	—	07/31/19 2052

Glucose POC, HMC (Abnormal) Resulted: 07/31/19 2053, Result status: Final result

Ordering provider: Maier V, Ronald, MD 07/31/19 2052
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/31/19 2053
Collected by: 07/31/19 2052
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	210	62 - 125 mg/dL	H	UW
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 2 of 2)

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/01/19 0837** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/01/19 0837
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 08/01/19 0845 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 8/1/2019 8:38 AM

Specimen Information

ID	Type	Source	Collected By
H17384	Whole blood	—	08/01/19 0837

Glucose POC, HMC (Abnormal) Resulted: 08/01/19 0838, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/01/19 0837
Order status: Completed
Filed by: Uw Lab Results Interface, User 08/01/19 0838
Collected by: 08/01/19 0837
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	147	62 - 125 mg/dL	H	UW
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/01/19 1333** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/01/19 1333
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 08/01/19 1345 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 8/1/2019 1:35 PM

Specimen Information

ID	Type	Source	Collected By
H21206	Whole blood	—	08/01/19 1333

Glucose POC, HMC (Abnormal) Resulted: 08/01/19 1335, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/01/19 1333
Order status: Completed
Filed by: Uw Lab Results Interface, User 08/01/19 1335
Collected by: 08/01/19 1333
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	144	62 - 125 mg/dL	H	UW
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 2 of 2) (continued)

Electronically signed by: **Uw Lab Results Interface, User on 08/01/19 1734** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/01/19 1734 Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD Ordering mode: Standard
Frequency: Routine Once 08/01/19 1745 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 8/1/2019 5:35 PM

Specimen Information

ID	Type	Source	Collected By
H23480	Whole blood	—	08/01/19 1734

Glucose POC, HMC (Abnormal) Resulted: 08/01/19 1735, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/01/19 1734 Order status: Completed
Filed by: Uw Lab Results Interface, User 08/01/19 1735 Collected by: 08/01/19 1734
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	153	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/01/19 2144** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/01/19 2144 Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD Ordering mode: Standard
Frequency: Routine Once 08/01/19 2145 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 8/1/2019 9:45 PM

Specimen Information

ID	Type	Source	Collected By
H24685	Whole blood	—	08/01/19 2144

Glucose POC, HMC (Abnormal) Resulted: 08/01/19 2145, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/01/19 2144 Order status: Completed
Filed by: Uw Lab Results Interface, User 08/01/19 2145 Collected by: 08/01/19 2144
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	207	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

CBC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/02/19 0606** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/02/19 0606 Ordering provider: Smiley, Nicholas R, DDS

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 2 of 2) (continued)

Authorized by: Smiley, Nicholas R, DDS
Frequency: Routine Once 08/02/19 0615 - 1 occurrence
Lab status: Final result
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 8/2/2019 7:00 AM

Specimen Information

ID	Type	Source	Collected By
F46218	Whole blood	—	5514 08/02/19 0606

CBC (Abnormal) Resulted: 08/02/19 0700, Result status: Final result

Ordering provider: Smiley, Nicholas R, DDS 08/02/19 0606
Filed by: Uw Lab Results Interface, User 08/02/19 0700
Resulting lab: HARBORVIEW MEDICAL CENTER LABS
Order status: Completed
Collected by: 5514 08/02/19 0606

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.80	4.30 - 10.00 10*3/uL	—	HMC
RBC	2.75	3.80 - 5.00 10*6/uL	L	HMC
Hemoglobin	8.0	11.5 - 15.5 g/dL	L	HMC
Hematocrit	27	36 - 45 %	L	HMC
MCV	97	81 - 98 fL	—	HMC
MCH	29.1	27.3 - 33.6 pg	—	HMC
MCHC	30.0	32.2 - 36.5 g/dL	L	HMC
Platelet Count	433	150 - 400 10*3/uL	H	HMC
RDW-CV	17.9	11.6 - 14.4 %	H	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Basic Metabolic Panel (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/02/19 0606**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/02/19 0606
Ordering provider: Smiley, Nicholas R, DDS
Authorized by: Smiley, Nicholas R, DDS
Ordering mode: Standard
Frequency: Routine Once 08/02/19 0615 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 8/2/2019 7:15 AM

Specimen Information

ID	Type	Source	Collected By
F46218	Serum	—	5514 08/02/19 0606

Basic Metabolic Panel (Abnormal) Resulted: 08/02/19 0715, Result status: Final result

Ordering provider: Smiley, Nicholas R, DDS 08/02/19 0606
Filed by: Uw Lab Results Interface, User 08/02/19 0715
Resulting lab: HARBORVIEW MEDICAL CENTER LABS
Order status: Completed
Collected by: 5514 08/02/19 0606

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	HMC
Potassium	4.8	3.6 - 5.2 meq/L	—	HMC
Chloride	108	98 - 108 meq/L	—	HMC
Carbon Dioxide, Total	27	22 - 32 meq/L	—	HMC
Anion Gap	6	4 - 12	—	HMC

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 2 of 2) (continued)

Glucose	139	62 - 125 mg/dL	H	HMC
Urea Nitrogen	27	8 - 21 mg/dL	H	HMC
Creatinine	0.75	0.38 - 1.02 mg/dL	—	HMC
Calcium	8.5	8.9 - 10.2 mg/dL	L	HMC
GFR, Calc, European American	>60	>59 mL/min/{1.73_m2}	—	HMC
GFR, Calc, African American	>60	>59 mL/min/{1.73_m2}	—	HMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/02/19 0830** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/02/19 0830
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 08/02/19 0830 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 8/2/2019 8:33 AM

Specimen Information

ID	Type	Source	Collected By
F49191	Whole blood	—	08/02/19 0830

Glucose POC, HMC (Abnormal) Resulted: 08/02/19 0832, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/02/19 0830
Order status: Completed
Filed by: Uw Lab Results Interface, User 08/02/19 0833
Collected by: 08/02/19 0830
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	154	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 2 of 2) (continued)

6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/02/19 0909** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/02/19 0909
Authorized by: Maier V, Ronald, MD
Frequency: Routine Once 08/02/19 0915 - 1 occurrence
Lab status: Final result
Ordering provider: Maier V, Ronald, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 8/2/2019 9:11 AM

Specimen Information

ID	Type	Source	Collected By
F49673	Whole blood	—	08/02/19 0909

Glucose POC, HMC (Abnormal) Resulted: 08/02/19 0911, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/02/19 0909
Filed by: Uw Lab Results Interface, User 08/02/19 0911
Resulting lab: UW LABORATORY MEDICINE
Order status: Completed
Collected by: 08/02/19 0909

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	168	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/02/19 1131** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/02/19 1131
Authorized by: Maier V, Ronald, MD
Frequency: Routine Once 08/02/19 1145 - 1 occurrence
Lab status: Final result
Ordering provider: Maier V, Ronald, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 8/2/2019 11:32 AM

Specimen Information

ID	Type	Source	Collected By
F51473	Whole blood	—	08/02/19 1131

Glucose POC, HMC (Abnormal) Resulted: 08/02/19 1132, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/02/19 1131
Filed by: Uw Lab Results Interface, User 08/02/19 1132
Resulting lab: UW LABORATORY MEDICINE
Order status: Completed
Collected by: 08/02/19 1131

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	214	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 2 of 2) (continued)

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/02/19 1311** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/02/19 1311
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 08/02/19 1315 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 8/2/2019 1:12 PM

Specimen Information

ID	Type	Source	Collected By
F52663	Whole blood	—	08/02/19 1311

Glucose POC, HMC (Abnormal) Resulted: 08/02/19 1312, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/02/19 1311
Order status: Completed
Filed by: Uw Lab Results Interface, User 08/02/19 1312
Collected by: 08/02/19 1311
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	134	62 - 125 mg/dL	H	UW
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/02/19 1649** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/02/19 1649
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 08/02/19 1700 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 8/2/2019 4:50 PM

Specimen Information

ID	Type	Source	Collected By
F54635	Whole blood	—	08/02/19 1649

Glucose POC, HMC (Abnormal) Resulted: 08/02/19 1650, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/02/19 1649
Order status: Completed
Filed by: Uw Lab Results Interface, User 08/02/19 1650
Collected by: 08/02/19 1649
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	203	62 - 125 mg/dL	H	UW
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 2 of 2) (continued)

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/02/19 2043** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/02/19 2043
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 08/02/19 2045 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 8/2/2019 8:45 PM

Specimen Information

ID	Type	Source	Collected By
F55871	Whole blood	—	08/02/19 2043

Glucose POC, HMC (Abnormal) Resulted: 08/02/19 2045, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/02/19 2043
Order status: Completed
Filed by: Uw Lab Results Interface, User 08/02/19 2045
Collected by: 08/02/19 2043
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	186	62 - 125 mg/dL	H	UW
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/03/19 0817** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/03/19 0817
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 08/03/19 0830 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 8/3/2019 8:18 AM

Specimen Information

ID	Type	Source	Collected By
S51462	Whole blood	—	08/03/19 0817

Glucose POC, HMC (Abnormal) Resulted: 08/03/19 0818, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/03/19 0817
Order status: Completed
Filed by: Uw Lab Results Interface, User 08/03/19 0818
Collected by: 08/03/19 0817
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	135	62 - 125 mg/dL	H	UW
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 2 of 2) (continued)

Electronically signed by: **Uw Lab Results Interface, User on 08/03/19 1206** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/03/19 1206 Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD Ordering mode: Standard
Frequency: Routine Once 08/03/19 1215 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 8/3/2019 12:08 PM

Specimen Information

ID	Type	Source	Collected By
S52654	Whole blood	—	08/03/19 1206

Glucose POC, HMC (Abnormal) Resulted: 08/03/19 1207, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/03/19 1206 Order status: Completed
Filed by: Uw Lab Results Interface, User 08/03/19 1208 Collected by: 08/03/19 1206
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	180	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/03/19 1702** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/03/19 1702 Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD Ordering mode: Standard
Frequency: Routine Once 08/03/19 1715 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 8/3/2019 5:04 PM

Specimen Information

ID	Type	Source	Collected By
S53665	Whole blood	—	08/03/19 1702

Glucose POC, HMC (Abnormal) Resulted: 08/03/19 1704, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/03/19 1702 Order status: Completed
Filed by: Uw Lab Results Interface, User 08/03/19 1704 Collected by: 08/03/19 1702
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	127	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/03/19 2038** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/03/19 2038 Ordering provider: Maier V, Ronald, MD

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 2 of 2) (continued)

Authorized by: Maier V, Ronald, MD
Frequency: Routine Once 08/03/19 2045 - 1 occurrence
Lab status: Final result
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 8/3/2019 8:41 PM

Specimen Information

ID	Type	Source	Collected By
S54322	Whole blood	—	08/03/19 2038

Glucose POC, HMC (Abnormal) Resulted: 08/03/19 2040, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/03/19 2038
Filed by: Uw Lab Results Interface, User 08/03/19 2041
Resulting lab: UW LABORATORY MEDICINE
Order status: Completed
Collected by: 08/03/19 2038

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	169	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

CBC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/04/19 0600**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/04/19 0600
Authorized by: Smiley, Nicholas R, DDS
Frequency: Routine Once 08/04/19 0600 - 1 occurrence
Lab status: Final result
Ordering provider: Smiley, Nicholas R, DDS
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 8/4/2019 6:35 AM

Specimen Information

ID	Type	Source	Collected By
X50033	Whole blood	—	5514 08/04/19 0600

CBC (Abnormal) Resulted: 08/04/19 0635, Result status: Final result

Ordering provider: Smiley, Nicholas R, DDS 08/04/19 0600
Filed by: Uw Lab Results Interface, User 08/04/19 0635
Resulting lab: HARBORVIEW MEDICAL CENTER LABS
Order status: Completed
Collected by: 5514 08/04/19 0600

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.10	4.30 - 10.00 10*3/uL	—	HMC
RBC	2.60	3.80 - 5.00 10*6/uL	L	HMC
Hemoglobin	7.7	11.5 - 15.5 g/dL	L	HMC
Hematocrit	25	36 - 45 %	L	HMC
MCV	96	81 - 98 fL	—	HMC
MCH	29.6	27.3 - 33.6 pg	—	HMC
MCHC	30.8	32.2 - 36.5 g/dL	L	HMC
Platelet Count	454	150 - 400 10*3/uL	H	HMC
RDW-CV	17.9	11.6 - 14.4 %	H	HMC

Testing Performed By

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 2 of 2) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Basic Metabolic Panel (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/04/19 0600** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/04/19 0600 Ordering provider: Smiley, Nicholas R, DDS
Authorized by: Smiley, Nicholas R, DDS Ordering mode: Standard
Frequency: Routine Once 08/04/19 0600 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 8/4/2019 6:54 AM

Specimen Information

ID	Type	Source	Collected By
X50033	Serum	—	5514 08/04/19 0600

Basic Metabolic Panel (Abnormal) Resulted: 08/04/19 0654, Result status: Final result

Ordering provider: Smiley, Nicholas R, DDS 08/04/19 0600 Order status: Completed
Filed by: Uw Lab Results Interface, User 08/04/19 0654 Collected by: 5514 08/04/19 0600
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	HMC
Potassium	4.2	3.6 - 5.2 meq/L	—	HMC
Chloride	108	98 - 108 meq/L	—	HMC
Carbon Dioxide, Total	24	22 - 32 meq/L	—	HMC
Anion Gap	10	4 - 12	—	HMC
Glucose	129	62 - 125 mg/dL	H	HMC
Urea Nitrogen	25	8 - 21 mg/dL	H	HMC
Creatinine	0.71	0.38 - 1.02 mg/dL	—	HMC
Calcium	8.5	8.9 - 10.2 mg/dL	L	HMC
GFR, Calc, European American	>60	>59 mL/min/{1.73_m2}	—	HMC
GFR, Calc, African American	>60	>59 mL/min/{1.73_m2}	—	HMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47	06/12/15 1023 - 02/12/20 1534

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 2 of 2) (continued)

LABS	SEATTLE WA 98104-2420

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/04/19 0913** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/04/19 0913
Authorized by: Maier V, Ronald, MD
Frequency: Routine Once 08/04/19 0915 - 1 occurrence
Lab status: Final result
Ordering provider: Maier V, Ronald, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 8/4/2019 9:15 AM

Specimen Information

ID	Type	Source	Collected By
X52163	Whole blood	—	08/04/19 0913

Glucose POC, HMC (Abnormal) Resulted: 08/04/19 0915, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/04/19 0913
Filed by: Uw Lab Results Interface, User 08/04/19 0915
Resulting lab: UW LABORATORY MEDICINE
Order status: Completed
Collected by: 08/04/19 0913

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	208	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/04/19 1310** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/04/19 1310
Authorized by: Maier V, Ronald, MD
Frequency: Routine Once 08/04/19 1315 - 1 occurrence
Lab status: Final result
Ordering provider: Maier V, Ronald, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 8/4/2019 1:11 PM

Specimen Information

ID	Type	Source	Collected By
X53037	Whole blood	—	08/04/19 1310

Glucose POC, HMC (Abnormal) Resulted: 08/04/19 1311, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/04/19 1310
Filed by: Uw Lab Results Interface, User 08/04/19 1311
Resulting lab: UW LABORATORY MEDICINE
Order status: Completed
Collected by: 08/04/19 1310

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	235	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 2 of 2) (continued)

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/04/19 1618** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/04/19 1618
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 08/04/19 1630 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 8/4/2019 4:19 PM

Specimen Information

ID	Type	Source	Collected By
X53568	Whole blood	—	08/04/19 1618

Glucose POC, HMC Resulted: 08/04/19 1619, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/04/19 1618
Order status: Completed
Filed by: Uw Lab Results Interface, User 08/04/19 1619
Collected by: 08/04/19 1618
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	120	62 - 125 mg/dL	—	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/04/19 2018** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/04/19 2018
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 08/04/19 2030 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 8/4/2019 8:20 PM

Specimen Information

ID	Type	Source	Collected By
X54385	Whole blood	—	08/04/19 2018

Glucose POC, HMC (Abnormal) Resulted: 08/04/19 2020, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/04/19 2018
Order status: Completed
Filed by: Uw Lab Results Interface, User 08/04/19 2020
Collected by: 08/04/19 2018
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	127	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

07/24/2019 - ED to Hosp-Admission (Discharged) in 6EH ORTHOPEDICS (continued)

Labs (group 2 of 2) (continued)

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/05/19 0800** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/05/19 0800
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 08/05/19 0800 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 8/5/2019 8:05 AM

Specimen Information

ID	Type	Source	Collected By
M27927	Whole blood	—	08/05/19 0800

Glucose POC, HMC (Abnormal) Resulted: 08/05/19 0805, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/05/19 0800
Order status: Completed
Filed by: Uw Lab Results Interface, User 08/05/19 0805
Collected by: 08/05/19 0800
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	142	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Glucose POC, HMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/05/19 1201** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/05/19 1201
Ordering provider: Maier V, Ronald, MD
Authorized by: Maier V, Ronald, MD
Ordering mode: Standard
Frequency: Routine Once 08/05/19 1215 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 8/5/2019 12:11 PM

Specimen Information

ID	Type	Source	Collected By
M31128	Whole blood	—	08/05/19 1201

Glucose POC, HMC Resulted: 08/05/19 1211, Result status: Final result

Ordering provider: Maier V, Ronald, MD 08/05/19 1201
Order status: Completed
Filed by: Uw Lab Results Interface, User 08/05/19 1211
Collected by: 08/05/19 1201
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	117	62 - 125 mg/dL	—	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

07/24/2019 - ED in U Emergency Department

Visit Information

Admission Information

Arrival Date/Time:	07/24/2019 1125	Admit Date/Time:	07/24/2019 1131	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Medic - Seattle (Als)	Primary Service:	Emergency Dept	Secondary Service:	N/A
Transfer Source:		Service Area:	UW MEDICINE	Unit:	U Emergency Department
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: 07/24/2019 1805 | Disposition: 02 Transfer To Hospital | Destination: Hmc
Provider: — | Unit: U Emergency Department

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 9/4/2019
Quantity: 270 tablet | Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD | Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD | Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD | Entered on: 9/26/2018
Start date: 9/26/2018 | End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD | Entered on: 9/26/2018
Start date: 9/26/2018 | End date: 9/4/2019
Quantity: 45 tablet

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP | Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 2/16/2019

07/24/2019 - ED in U Emergency Department (continued)

Medication List (continued)

Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/22/2019
Start date: 5/22/2019
End date: 8/20/2019
Quantity: 60 tablet
Refill: No refills remaining

Stopped in Visit

None

ED Care Timeline

Patient Care Timeline (7/24/2019 11:25 to 7/24/2019 18:05)

7/24/2019	Event	Details	User
11:25	**Patient arrived in ED**		Doud, Paul
11:25:10	**Emergency encounter created**		Doud, Paul
11:26:01	**Arrival Complaint**	GLF/BACK PAIN	
11:31	**Patient roomed in ED**	To room UWMC ED	Doud, Paul
11:55	**Specimens Collected**	Prothrombin and PTT - ID: **W74857** Type: **Plasma** Comprehensive Metabolic Panel - ID: **W74857** Type: **Serum** CBC with Differential - ID: **W74857** Type: **Whole blood**	
12:26:48	**Prothrombin and PTT Resulted**	**Abnormal Result** Collected: **7/24/2019 11:55** Last updated: **7/24/2019 12:26** Status: **Final result** Prothrombin Time Patient: **16.6 s** ^ [Ref Range: 10.7 - 15.6] Prothrombin INR: **1.3** [Ref Range: 0.8 - 1.3] Partial Thromboplastin Time: **36 s** ^ [Ref Range: 22 - 35] (Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.) Partial Thromboplastin X Mean: **To calculate the PTT X Mean divide PTT value by 29.**	Uw Lab Results Interface, User

07/24/2019 - ED in U Emergency Department (continued)

ED Care Timeline (continued)

12:37:50	**Comprehensive Metabolic Panel Resulted**	**Abnormal Result** Collected: **7/24/2019 11:55** Last updated: **7/24/2019 12:37** Status: **Final result** Sodium: **142 meq/L** [Ref Range: 135 - 145] Potassium: **4.2 meq/L** [Ref Range: 3.6 - 5.2] Chloride: **107 meq/L** [Ref Range: 98 - 108] Carbon Dioxide, Total: **28 meq/L** [Ref Range: 22 - 32] Anion Gap: **7** [Ref Range: 4 - 12] Glucose: **183 mg/dL** ^ [Ref Range: 62 - 125] Urea Nitrogen: **13 mg/dL** [Ref Range: 8 - 21] Creatinine: **0.70 mg/dL** [Ref Range: 0.38 - 1.02] Protein (Total): **6.6 g/dL** [Ref Range: 6.0 - 8.2] Albumin: **3.1 g/dL** v [Ref Range: 3.5 - 5.2] Bilirubin (Total): **0.4 mg/dL** [Ref Range: 0.2 - 1.3] Calcium: **8.6 mg/dL** v [Ref Range: 8.9 - 10.2] AST (GOT): **13 U/L** [Ref Range: 9 - 38] Alkaline Phosphatase (Total): **67 U/L** [Ref Range: 49 - 199] ALT (GPT): **12 U/L** [Ref Range: 7 - 33] GFR, Calc, European American: **>60 mL/min/{1.73_m2}** [Ref Range: >59] GFR, Calc, African American: **>60 mL/min/{1.73_m2}** [Ref Range: >59] GFR, Information: **Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html**	Uw Lab Results Interface, User
12:39:06	**CBC with Differential Resulted**	**Abnormal Result** Collected: **7/24/2019 11:55** Last updated: **7/24/2019 12:39** Status: **Final result** WBC: **6.41 10*3/uL** [Ref Range: 4.3 - 10.0] RBC: **3.51 10*6/uL** v [Ref Range: 3.80 - 5.00] Hemoglobin: **10.2 g/dL** v [Ref Range: 11.5 - 15.5] Hematocrit: **34 %** v [Ref Range: 36 - 45] MCV: **98 fL** [Ref Range: 81 - 98] MCH: **29.1 pg** [Ref Range: 27.3 - 33.6] MCHC: **29.7 g/dL** v [Ref Range: 32.2 - 36.5] Platelet Count: **333 10*3/uL** [Ref Range: 150 - 400] RDW-CV: **17.5 %** ^ [Ref Range: 11.6 - 14.4] % Neutrophils: **72 %** % Lymphocytes: **17 %** % Monocytes: **8 %** % Eosinophils: **1 %** % Basophils: **1 %** % Immature Granulocytes: **1 %** Neutrophils: **4.69 10*3/uL** [Ref Range: 1.80 - 7.00] Absolute Lymphocyte Count: **1.06 10*3/uL** [Ref Range: 1.00 - 4.80] Monocytes: **0.53 10*3/uL** [Ref Range: 0.00 - 0.80] Absolute Eosinophil Count: **0.06 10*3/uL** [Ref Range: 0.00 - 0.50] Basophils: **0.03 10*3/uL** [Ref Range: 0.00 - 0.20] Immature Granulocytes: **0.04 10*3/uL** [Ref Range: 0.00 - 0.05] Nucleated RBC: **0.00 10*3/uL** [Ref Range: 0.00] % Nucleated RBC: **0 %**	Uw Lab Results Interface, User
18:05	**Patient discharged**		Nobleza, Raimol P

Labs

Prothrombin and PTT (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/24/19 1155** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/24/19 1155
Ordering provider: Nemanich, Antonia Justine, MD
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: STAT Once 07/24/19 1200 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/24/2019 12:26 PM

Specimen Information

ID	Type	Source	Collected By
W74857	Plasma	—	07/24/19 1155

Prothrombin and PTT (Abnormal) Resulted: 07/24/19 1226, Result status: Final result

Ordering provider: Nemanich, Antonia Justine, MD 07/24/19 1155
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/24/19 1226
Collected by: 07/24/19 1155
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	16.6	10.7 - 15.6 s	H ^	UWMC
Prothrombin INR	1.3	0.8 - 1.3	—	UWMC
Partial Thromboplastin Time	36	22 - 35 s	H ^	UWMC

Comment:
Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.

07/24/2019 - ED in U Emergency Department (continued)

Labs (continued)

Partial Thromboplastin X Mean	To calculate the PTT X Mean divide PTT value by 29.	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Comprehensive Metabolic Panel (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/24/19 1155** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/24/19 1155
Ordering provider: Nemanich, Antonia Justine, MD
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: STAT Once 07/24/19 1200 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/24/2019 12:37 PM

Specimen Information

ID	Type	Source	Collected By
W74857	Serum	—	07/24/19 1155

Comprehensive Metabolic Panel (Abnormal) Resulted: 07/24/19 1237, Result status: Final result

Ordering provider: Nemanich, Antonia Justine, MD 07/24/19 1155
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/24/19 1237
Collected by: 07/24/19 1155
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	107	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	28	22 - 32 meq/L	—	UWMC
Anion Gap	7	4 - 12	—	UWMC
Glucose	183	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	13	8 - 21 mg/dL	—	UWMC
Creatinine	0.70	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total)	6.6	6.0 - 8.2 g/dL	—	UWMC
Albumin	3.1	3.5 - 5.2 g/dL	L	UWMC
Bilirubin (Total)	0.4	0.2 - 1.3 mg/dL	—	UWMC
Calcium	8.6	8.9 - 10.2 mg/dL	L	UWMC
AST (GOT)	13	9 - 38 U/L	—	UWMC
Alkaline Phosphatase (Total)	67	49 - 199 U/L	—	UWMC
ALT (GPT)	12	7 - 33 U/L	—	UWMC
GFR, Calc, European American	>60	>59 mL/min/{1.73_m2}	—	UWMC
GFR, Calc, African American	>60	>59 mL/min/{1.73_m2}	—	UWMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation.	—	—	UWMC

07/24/2019 - ED in U Emergency Department (continued)

Labs (continued)

Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

CBC with Differential (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/24/19 1155** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/24/19 1155
Ordering provider: Nemanich, Antonia Justine, MD
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: STAT Once 07/24/19 1200 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/24/2019 12:39 PM

Specimen Information

ID	Type	Source	Collected By
W74857	Whole blood	—	07/24/19 1155

CBC with Differential (Abnormal) Resulted: 07/24/19 1239, Result status: Final result

Ordering provider: Nemanich, Antonia Justine, MD 07/24/19 1155
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/24/19 1239
Collected by: 07/24/19 1155
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.41	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.51	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.2	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	34	36 - 45 %	L	UWMC
MCV	98	81 - 98 fL	—	UWMC
MCH	29.1	27.3 - 33.6 pg	—	UWMC
MCHC	29.7	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	333	150 - 400 10*3/uL	—	UWMC
RDW-CV	17.5	11.6 - 14.4 %	H	UWMC
% Neutrophils	72	%	—	UWMC
% Lymphocytes	17	%	—	UWMC
% Monocytes	8	%	—	UWMC
% Eosinophils	1	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	1	%	—	UWMC
Neutrophils	4.69	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.06	1.00 - 4.80	—	UWMC

07/24/2019 - ED in U Emergency Department (continued)

Labs (continued)

		10*3/uL		
Monocytes	0.53	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.06	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.03	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.04	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

07/24/2019 - ED in U Emergency Department (continued)

Documents

Consent Form - Scan on 7/25/2019 9:19 PM: U0173

Scan (below)

SPECIAL CONSENT FOR PROCEDURAL TREATMENT 7/25/2019 5:55:25 PM
(DIAGNOSTIC & SURGICAL PROCEDURES & OTHER INVASIVE PROCEDURES)

The law in Washington gives you the right and the responsibility to make decisions about your health care. Health care professionals can give you information and advice. You or your legal representative must be part of the decision-making. This consent form:
- Proves that you had a part in making decisions about your health care.
- Shows that you gave permission for the treatment recommended by your health care professionals.

The words "I", "my", etc., in this form mean the patient, no matter whether the patient or the patient's representative is signing the form. The term "health care professional" may mean the attending physician, but in addition may mean a different doctor (including a resident), nurse practitioner, registered nurse, or physician's assistant, who orders, performs all or part of, or is involved in explaining the procedure.

I give permission to my health care professional(s) who are listed on the back of this form as the performing provider(s), to do the procedure(s) listed on the back of this form, with anesthesia and/or sedation if that is needed. Anesthesia or sedation medicine will be given by the health care professional, anesthesiologist, or other trained health care staff who work under appropriate supervision.

I understand that the attending physician may need to perform other urgent procedures due to an emergency that may occur while I am sedated or otherwise not able to give consent. The attending physician or designee will talk with my legally authorized representative if possible.

I understand that the attending physician may choose assistants, including other health care professionals and residents *(physicians who have finished medical school, but are getting more training)*, to be part of the team performing my procedure. The assistants may suture; harvest grafts; dissect, remove or alter tissue; implant devices; or do other tasks that the attending physician has deemed appropriate. If known, the attending physician has discussed with me whether there will be assistants and whom s/he expects the assistants to be. I understand that during the procedure, the attending physician may need to choose different assistants or have them do different tasks. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be there, doing things like providing consultation or running checks on the equipment.

I understand the attending physician may participate in care involving overlapping procedures or oversee other urgent medical responsibilities and may not be present in the room at all times. During this time, the skilled team of assistants may perform portions of my procedure which the attending physician has determined they are proficient to perform. If an overlap is anticipated or planned, I will be notified prior to surgery. The attending physician will be present for the key and critical portions of the procedure, and either he/she or a designated attending physician will be available to the procedure team at all times.

The hospital or health care professional will dispose of any removed tissues or parts.

I understand what procedure(s) will be done. I have been told about the risks and benefits. I have been told about other treatment choices and about their risks and benefits, including not having the procedure. I have been told about what results to expect, which includes information about the chances for the expected results. I know that results cannot be guaranteed. I have been told about potential problems that may occur during recuperation.

I understand that there are risks for all kinds of surgery and for "invasive procedures" *(procedures where a blood vessel, body cavity, or other internal tissue is entered with a needle, tube, or similar device)*. These risks, which can be serious, include bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I have received this added detailed information and/or patient information materials about the procedure(s):

_____

Print added information or title of information materials

I understand whether I will receive either anesthesia or sedation medicine, or both. I have been told about my choices for anesthesia and sedation and about their risks and benefits. I have been told about side effects of the medicine(s) and problems they may cause with recovery.

I understand that anesthesia and sedation medicines used for procedures involve risks. These risks can be serious.

Continued on Reverse

PT.NO
U8170135 BD:1/6/1925 94YF
NAME HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839507366 RES:
DOB

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
UW Medical Center - University of Washington Physicians
Seattle, Washington

SPECIAL CONSENT FOR PROCEDURAL TREATMENT

U0173

UH0173 REV APR 17

07/24/2019 - ED in U Emergency Department (continued)

Documents (continued)

They may include damage to vital organs such as the brain, heart, lungs, liver, and kidneys. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I understand that the anesthesia equipment may damage my teeth or cause other dental damage.

I understand that nerve damage may occur from how anesthesia equipment is placed or how my body must be positioned during a procedure.

I understand that I am free to refuse consent to any proposed procedure.

BLOOD: I have been told whether I am having a procedure where blood or blood components *(products)* may need to be used *(also known as transfused)*. **If I am having this kind of procedure**, I have been told about side effects, risks and other choices about transfusion, including **not** getting a transfusion.

I give permission to receive blood and/or blood components if the health care team decides it is needed. I understand that use of blood and blood components involves risks. The risks may include reactions, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as hepatitis and HIV/AIDS. I know that the blood bank screens donors and matches blood for transfusions to help lower risks.

OR *(Please initial)*
_____ **I refuse** ***(or partially refuse)*** **permission for blood and blood components.** *(You will be asked to sign another form, Form UH2063)*.

☐ **Interpreter** ***(Print Name)***_____

Giving Consent

By signing below, I confirm that I have read the sections above and that I have had 1) each item explained to me; 2) a chance to ask questions; and 3) all of my questions answered.

FULL NAME OF PROCEDURE(S)	Chest tube, Right-sided
Health Care Professional(s) Performing Procedure	Antonia Nemanich, MD

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
Jane Allen	Louis Allen	7/24/19	1945

IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

☐ **1.** Court-appointed Guardian ☐ **2.** Durable Healthcare Power of Attorney ☐ **3.** Spouse/registered domestic partner
☐ **4.** Adult Child(ren) ☐ **5.** Parent(s) ☐ **6.** Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

☐ **1.** Guardian/legal custodian ☐ **2.** Court-authorized person for child in out-of-home placement ☐ **3.** Parent(s)
☐ **4.** Holder of signed authorization from parent(s) ☐ **5.** Adult representing self to be a relative responsible for the minor's health

WITNESS SIGNATURE *(WITNESS OPTIONAL UNLESS TELEPHONE CONSENT)*	PRINT NAME	☐ TELEPHONE MONITORED CONSENT *(No patient signature)*

HEALTH CARE PROFESSIONAL'S STATEMENT

I explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments *(including non-treatment)* and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented.

If only the patient has signed this form, in my clinical opinion, the patient is capable of making his/her own health care decisions. If in my clinical opinion, the *(adult)* patient has questionable ability to make his/her own health care decisions, I discussed the above with the patient and with the patient's legally authorized representative.

HEALTH CARE PROFESSIONAL SIGNATURE	PRINT NAME & TITLE	NPI *(IF APPLICABLE)*	DATE	TIME
	Antonia Nemanich, MD		7/24/19	1430

PT.NO
NAME
DOB

U8170135 BD:1/6/1925 94YF
HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839507366 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
UW Medical Center - University of Washington Physicians
Seattle, Washington

SPECIAL CONSENT FOR PROCEDURAL TREATMENT

U0173

UH0173 REV APR 17 BACK

07/24/2019 - ED in U Emergency Department (continued)

Documents (continued)

SPECIAL CONSENT FOR PROCEDURAL TREATMENT 7/24/2019 5:55:25 PM

(DIAGNOSTIC & SURGICAL PROCEDURES & OTHER INVASIVE PROCEDURES)

The law in Washington gives you the right and the responsibility to make decisions about your health care. Health care professionals can give you information and advice. You or your legal representative must be part of the decision-making. This consent form:
- Proves that you had a part in making decisions about your health care.
- Shows that you gave permission for the treatment recommended by your health care professionals.

The words "I", "my", etc., in this form mean the patient, no matter whether the patient or the patient's representative is signing the form. The term "health care professional" may mean the attending physician, but in addition may mean a different doctor (including a resident), nurse practitioner, registered nurse, or physician's assistant, who orders, performs all or part of, or is involved in explaining the procedure.

I give permission to my health care professional(s) who are listed on the back of this form as the performing provider(s), to do the procedure(s) listed on the back of this form, with anesthesia and/or sedation if that is needed. Anesthesia or sedation medicine will be given by the health care professional, anesthesiologist, or other trained health care staff who work under appropriate supervision.

I understand that the attending physician may need to perform other urgent procedures due to an emergency that may occur while I am sedated or otherwise not able to give consent. The attending physician or designee will talk with my legally authorized representative if possible.

I understand that the attending physician may choose assistants, including other health care professionals and residents *(physicians who have finished medical school, but are getting more training)*, to be part of the team performing my procedure. The assistants may suture; harvest grafts; dissect, remove or alter tissue; implant devices; or do other tasks that the attending physician has deemed appropriate. If known, the attending physician has discussed with me whether there will be assistants and whom s/he expects the assistants to be. I understand that during the procedure, the attending physician may need to choose different assistants or have them do different tasks. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be there, doing things like providing consultation or running checks on the equipment.

I understand the attending physician may participate in care involving overlapping procedures or oversee other urgent medical responsibilities and may not be present in the room at all times. During this time, the skilled team of assistants may perform portions of my procedure which the attending physician has determined they are proficient to perform. If an overlap is anticipated or planned, I will be notified prior to surgery. The attending physician will be present for the key and critical portions of the procedure, and either he/she or a designated attending physician will be available to the procedure team at all times.

The hospital or health care professional will dispose of any removed tissues or parts.

I understand what procedure(s) will be done. I have been told about the risks and benefits. I have been told about other treatment choices and about their risks and benefits, including not having the procedure. I have been told about what results to expect, which includes information about the chances for the expected results. I know that results cannot be guaranteed. I have been told about potential problems that may occur during recuperation.

I understand that there are risks for all kinds of surgery and for "invasive procedures" *(procedures where a blood vessel, body cavity, or other internal tissue is entered with a needle, tube, or similar device)*. These risks, which can be serious, include bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I have received this added detailed information and/or patient information materials about the procedure(s):

_____

Print added information or title of information materials

I understand whether I will receive either anesthesia or sedation medicine, or both. I have been told about my choices for anesthesia and sedation and about their risks and benefits. I have been told about side effects of the medicine(s) and problems they may cause with recovery.

I understand that anesthesia and sedation medicines used for procedures involve risks. These risks can be serious.

Continued on Reverse

PT.NO
NAME
DOB

U8170135 BD:1/6/1925 94YF
HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839507366 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
UW Medical Center - University of Washington Physicians
Seattle, Washington

SPECIAL CONSENT FOR PROCEDURAL TREATMENT

U0173

UH0173 REV APR 17

07/24/2019 - ED in U Emergency Department (continued)

Documents (continued)

They may include damage to vital organs such as the brain, heart, lungs, liver, and kidneys. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I understand that the anesthesia equipment may damage my teeth or cause other dental damage.

I understand that nerve damage may occur from how anesthesia equipment is placed or how my body must be positioned during a procedure.

I understand that I am free to refuse consent to any proposed procedure.

BLOOD: I have been told whether I am having a procedure where blood or blood components *(products)* may need to be used *(also known as transfused)*. **If I am having this kind of procedure**, I have been told about side effects, risks and other choices about transfusion, including **not** getting a transfusion.

I give permission to receive blood and/or blood components if the health care team decides it is needed. I understand that use of blood and blood components involves risks. The risks may include reactions, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as hepatitis and HIV/AIDS. I know that the blood bank screens donors and matches blood for transfusions to help lower risks.

OR *(Please initial)*

_____ **I refuse** ***(or partially refuse)*** **permission for blood and blood components.** *(You will be asked to sign another form, Form UH2063).*

☐ **Interpreter** ***(Print Name)***_____

Giving Consent

By signing below, I confirm that I have read the sections above and that I have had 1) each item explained to me; 2) a chance to ask questions; and 3) all of my questions answered.

FULL NAME OF PROCEDURE(S)	Procedural Sedation
Health Care Professional(s) Performing Procedure	Marie Vrablik, MD

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	**PRINT NAME**	**DATE**	**TIME**
Louis Allion	Louis Allion	7/24/19	14:45

IF SIGNED BY PERSON OTHER THAN THE PATIENT, CHECK RELATIONSHIP TO PATIENT:

☐ **1.** Court-appointed Guardian ☐ **2.** Durable Healthcare Power of Attorney ☐ **3.** Spouse/registered domestic partner
☐ **4.** Adult Child(ren) ☐ **5.** Parent(s) ☐ **6.** Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

☐ **1.** Guardian/legal custodian ☐ **2.** Court-authorized person for child in out-of-home placement ☐ **3.** Parent(s)
☐ **4.** Holder of signed authorization from parent(s) ☐ **5.** Adult representing self to be a relative responsible for the minor's health

WITNESS SIGNATURE *(WITNESS OPTIONAL UNLESS TELEPHONE CONSENT)*	PRINT NAME	☐TELEPHONE MONITORED CONSENT *(No patient signature)*

HEALTH CARE PROFESSIONAL'S STATEMENT

I explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments *(including non-treatment)* and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented.

If only the patient has signed this form, in my clinical opinion, the patient is capable of making his/her own health care decisions. If in my clinical opinion, the *(adult)* patient has questionable ability to make his/her own health care decisions, I discussed the above with the patient and with the patient's legally authorized representative.

HEALTH CARE PROFESSIONAL SIGNATURE	PRINT NAME & TITLE	NPI *(IF APPLICABLE)*	DATE	TIME
[signature]	Antonia Nemanich		7/24/19	14:30

PT.NO
NAME
DOB

U8170135 BD:1/6/1925 94YF
HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839507366 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
UW Medical Center - University of Washington Physicians
Seattle, Washington

SPECIAL CONSENT FOR PROCEDURAL TREATMENT

U0173

UH0173 REV APR 17 BACK

07/24/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Nemanich, Antonia Justine, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

CT CHEST ABDOMEN AND PELVIS W CONTRAST (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/24/19 1156** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/24/19 1156 Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: Routine 07/24/19 1156 - Class: UWMC Imaging
Quantity: 1 Lab status: Final result
Order comments: From ORCA:

CT CHEST ABDOMEN AND PELVIS W CONTRAST Resulted: 07/24/19 1617, Result status: Final result

Order status: Completed Resulted by: O'Regan, Jeremiah P, MD
Filed by: Uw Radiology Results Interface, User 07/24/19 1619 Performed: 07/24/19 1156 - 07/24/19 1156
Accession number: 12560199 Resulting lab: UW RADIOLOGY
Lab Technician: BRIAN MCKINNEY TECHNOLOGIST, CT
Narrative:

EXAMINATION:
CT CHEST ABDOMEN AND PELVIS W CONTRAST

CLINICAL INDICATION:
GLF. Additional history: 94-year-old female patient with a ground level fall yesterday presented with the back, right side and right hip pain.

TECHNIQUE:
CTB A15 CT Chest Abdomen Pelvis with IV contrast.
Contiguous axial sections were obtained through the chest, abdomen and pelvis with IV contrast only. Multiplanar reformatted images were performed.
Automated exposure control and statistical iterative reconstruction techniques substantially lowered patient radiation dose.

CONTRAST:
Omnipaque 350 mg-ml 88@2.2 ml 07/24/2019 02:03 PM INTRAVENOUS

COMPARISON:
None.

FINDINGS:
CHEST:
Thyroid: Unremarkable.
Thoracic lymph nodes: No lymphadenopathy by size criteria.
Mediastinum and esophagus: Moderate sliding hiatus hernia.

07/24/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

Heart and vasculature: Moderate to severe coronary artery disease.
Atherosclerotic changes of the aorta. Aortic wall calcifications.
Lungs: Unremarkable.
Pleura: Right sided hydropneumothorax with no mediastinal shift. Trace left pleural effusion.
Chest wall: Slightly displaced fracture right posterior eighth and ninth rib. No fracture is noted involving right seventh rib at the costovertebral junction.

ABDOMEN:
Liver: Unremarkable.
Gallbladder: Distended with no opaque stones
Bile ducts: Prominent CBD measuring 9 mm (601/54) with associated mild intrahepatic biliary radical dilatation. CBD seen) distally towards the pancreas with no obvious lesions in the periampullary region.
Spleen: Unremarkable.
Pancreas: Unremarkable.
Adrenals: Unremarkable.
Kidneys and Ureters: Bilateral renal cortical hypodense lesions, the small lesions are too small to characterize while the larger lesions are likely cysts.

Abdominal Lymph Nodes and Retroperitoneum: No lymphadenopathy by size criteria.
Vasculature: Moderate aortobiiliac atherosclerotic disease with no aneurysmal dilatation of the aorta.
Bowel: Unremarkable.
Peritoneum and Abdominal Wall: Mild ascites. No abdominal collections. No pneumoperitoneum.

PELVIS:
Pelvic Viscera: Unremarkable.
Bladder: Unremarkable.

BONES:
-Two fracture lines involving the right inferior pubic ramus (3/213-216).
-Severe spondylo-degenerative changes of the spine with scoliotic deformity and mild wedging of L2 and T11 vertebral bodies, age indeterminate.
-Osteopenia. Right hip arthroplasty.

ATTENDING RADIOLOGIST AND PAGER NUMBER
234240 O'REGAN JEREMIAH P MD

Impression:
IMPRESSION:
1. Multiple right-sided rib fractures with right-sided hydropneumothorax.
2. Fracture right inferior pubic ramus. L2 and T11 vertebral body age-indeterminate wedge fracture.
3. Prominent CBD with mild intra-hepatic biliary radicle dilatation. Recommend correlation with liver function tests and further evaluation with MRCP if clinically indicated.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

07/24/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Nemanich, Antonia Justine, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

CT HEAD W/O CONTRAST (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/24/19 1156** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/24/19 1156
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: Routine 07/24/19 1156 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result
Order comments: From ORCA:

CT HEAD W/O CONTRAST

Resulted: 07/24/19 1757, Result status: Final result

Order status: Completed
Resulted by: Fink III, James Russell, MD
Filed by: Uw Radiology Results Interface, User 07/24/19 1757
Performed: 07/24/19 1156 - 07/24/19 1156
Accession number: 12560198
Resulting lab: UW RADIOLOGY
Lab Technician: BRIAN MCKINNEY TECHNOLOGIST, CT
Narrative:

EXAMINATION:
CT HEAD WO CONT

CLINICAL INDICATION:
GLF, x

TECHNIQUE:
CT Head Routine wo contrast (N-1)
Contiguous axial sections were obtained through the head without contrast.
Patient age specific scan parameters were used for radiation exposure.

COMPARISON:
CT head 3/29/2018.

FINDINGS:
Field-of-view does not contain the anterior mandible.

MASS EFFECT & VENTRICLES: No midline shift. The lateral ventricles are symmetric. The ventricles, sulci and cisterns are normal.
BRAIN: Mild to moderate cerebral volume loss. Few unchanged scattered parenchymal calcifications. Unchanged mild to moderate periventricular white matter hypoattenuation. No acute infarct, hemorrhage or mass lesion is seen.
VASCULAR: Severe vascular calcifications involving of the common carotids and cavernous ICAs.
EXTRA-AXIAL: Extra-axial spaces are normal.
EXTRA-CRANIAL: Skull and facial bones are normal. Sinuses and mastoids are

07/24/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

clear. Orbits are normal.

ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
Impression:
IMPRESSION:
No acute intracranial hemorrhage, infarct, or masses.

Similar cerebral volume loss and periventricular white matter hypoattenuation consistent with chronic microvascular ischemia.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

07/24/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Nemanich, Antonia Justine, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

CT C SPINE W/O CONTRAST (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/24/19 1156** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/24/19 1156
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: Routine 07/24/19 1156 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result
Order comments: From ORCA:

CT C SPINE W/O CONTRAST Resulted: 07/24/19 1757, Result status: Final result

Order status: Completed
Resulted by: Fink III, James Russell, MD
Filed by: Uw Radiology Results Interface, User 07/24/19 1757
Performed: 07/24/19 1156 - 07/24/19 1156
Accession number: 12560200
Resulting lab: UW RADIOLOGY
Lab Technician: BRIAN MCKINNEY TECHNOLOGIST, CT
Narrative:

EXAMINATION:
CT C SPINE WO CONT

CLINICAL INDICATION:
GLF, x

TECHNIQUE:
Cervical Spine wo contrast: routine (N-53)
MDCT scanning was obtained through the cervical spine without contrast.
Coronal and sagittal reformatted images were performed.
Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure.

Inferior Extent: T4

COMPARISON:
C-spine CT 12/7/2012

FINDINGS:
ALIGNMENT: Normal alignment.
VERTEBRAE: Vertebral body height and density are normal. No fractures or destructive lesions.
HARDWARE: No hardware present.
DISCS: Normal disc height
SOFT TISSUES: Prevertebral, interspinous, and posterior soft tissues are normal. Multiple tiny hypodense thyroid nodules.

07/24/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

AXIAL DISCS AND FORAMINA:
Similar posterior subluxation of the right atlantoaxial articulation (602/91).
Moderate degenerative changes of the cervical spine including multilevel disc height loss, mild facet arthropathy, and fusion of the C4-5 posterior elements. Diffuse osteopenia.

C2-3: No central or foraminal stenosis.
C3-4: No central or foraminal stenosis.
C4-5: No central or foraminal stenosis.
C5-6: No central or foraminal stenosis.
C6-7: No central or foraminal stenosis.
C7-T1: No central or foraminal stenosis.

Right small-to-moderate pneumothorax.

ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
Impression:
IMPRESSION:
1. No acute fractures of the cervical spine. Stable degenerative changes. Diffuse osteopenia.

2. Right small to moderate pneumothorax.

The above findings were communicated to Antonia Nemanich M.D. by Thomas Eggert M.D. PGY-3 at 7/24/2019 2:04 PM.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

07/24/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Vrablik, Marie Clougherty, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

XR CHEST 1 VW (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/24/19 1625** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/24/19 1625
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: Routine 07/24/19 1625 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result
Order comments: From ORCA:

XR CHEST 1 VW

Resulted: 07/24/19 1651, Result status: Final result

Order status: Completed
Resulted by: Pipavath, Sudhakar Naik Jadav, MD
Filed by: Uw Radiology Results Interface, User 07/24/19 1652
Performed: 07/24/19 1625 - 07/24/19 1625
Accession number: 12561481
Resulting lab: UW RADIOLOGY
Lab Technician: XINGTAO LEE RAD TECH
Narrative:

EXAMINATION:
XR CHEST 1VIEW

CLINICAL INDICATION:
confirm chest tube placement

FINDINGS AND IMPRESSION:
Compared to chest CT done earlier today at 1326 hours, there is persistent right subpulmonic/anterior pneumothorax. There is associated small pleural effusion.
Right chest tube is in an expected position.
Heart size is unchanged.
There are bilateral basilar consolidations, which could represent either atelectasis, aspiration or pneumonia.

ATTENDING RADIOLOGIST AND PAGER NUMBER
294200 PIPAVATH SUDHAKAR NAIK JADAV MBBS
(206)986-3664

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

07/24/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

07/24/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Nemanich, Antonia Justine, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

CT T SPINE W/O CONTRAST (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/24/19 1156** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/24/19 1156
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: Routine 07/24/19 1156 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result
Order comments: From ORCA:

CT T SPINE W/O CONTRAST Resulted: 07/24/19 1757, Result status: Final result

Order status: Completed
Resulted by: Fink III, James Russell, MD
Filed by: Uw Radiology Results Interface, User 07/24/19 1757
Performed: 07/24/19 1156 - 07/24/19 1156
Accession number: 12560201
Resulting lab: UW RADIOLOGY
Lab Technician: BRIAN MCKINNEY TECHNOLOGIST, CT
Narrative:
EXAMINATION:
CT T SPINE WO CONT, CT L SPINE WO CONT

CLINICAL INDICATION:
GLF, x

TECHNIQUE:
CT thoracic spine without contrast: routine (N-65) MDCT scanning was obtained through the thoracic spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560201), CT Lumbar Spine without contrast: routine (N-65) MDCT scanning was obtained through the lumbar spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560202)

Superior Extent: T1
Inferior Extent: Sacrum

COMPARISON:
MRI thoracic spine 9/17/2018, radiographically lumbar spine 10/22/2014, and other priors

FINDINGS:
ALIGNMENT: Minimal anterolisthesis of L5 on S1. Left convex scoliosis of the

07/24/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

lumbar spine with a Cobb angle of approximately 21 degrees.
VERTEBRAE/BONES: Again seen are chronic compression fractures of T12-L3. Cortical irregularity at the posterior aspect of the L1 vertebral body with correlate on MRI dated 9/17/18. Consider repeat MRI if pain persists in this region. No acute vertebral fractures. Diffuse osteopenia.

Partially visualized multiple rib fractures, some of which are chronic:
-Chronic fracture deformities of the right 10-12th posterior ribs.
-Acute mildly displaced fractures of the right posterior 8th and 9th ribs.

Partially visualized right femoral head/neck instrumental fixation.

Minimally displaced right sacral zone 1 fracture (604B/74 and 305B/166) with intra-articular extension into the SI joint.

HARDWARE: No spinal hardware present.
CORD: Visualized throracic cord and conus medularis are normal size.
SOFT TISSUES: Please refer to same day CT chest abdomen and pelvis for extraspinal findings. Paravertebral, interspinous, and posterior soft tissues are normal.

LEVELS: No central stenosis. Mild bony right neural foramen narrowing at L5-S1. ABNORMAL LEVELS: Partial bony fusion of T3-T4. Severe disc space narrowing at L4-L5.

ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
Impression:
IMPRESSION:
No acute thoracolumbar spinal fractures or malalignment. Again seen are chronic compression fractures of T12-L3, with posterior cortical irregularity at L1. If patient's back pain persists, consider repeat MRI for further evaluation.

Minimally displaced right sacral zone 1 fracture with intra-articular extension into the SI joint.

Acute displaced fractures of the right posterior eighth and ninth ribs. Chronic fracture deformities of the right 10th-12th posterior ribs. Please refer to same day chest, abdomen, and pelvis CT for further description of rib fractures.

Moderate to severe multilevel degenerative changes of the thoracolumbar spine as detailed above.

The above findings were communicated to Nemanich by Moran at 7/24/2019 3:23 PM.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

07/24/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Nemanich, Antonia Justine, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

CT L SPINE W/O CONTRAST (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/24/19 1156** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/24/19 1156
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: Routine 07/24/19 1156 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result
Order comments: From ORCA:

CT L SPINE W/O CONTRAST Resulted: 07/24/19 1757, Result status: Final result

Order status: Completed
Resulted by: Fink III, James Russell, MD
Filed by: Uw Radiology Results Interface, User 07/24/19 1757
Performed: 07/24/19 1156 - 07/24/19 1156
Accession number: 12560202
Resulting lab: UW RADIOLOGY
Lab Technician: BRIAN MCKINNEY TECHNOLOGIST, CT
Narrative:
EXAMINATION:
CT T SPINE WO CONT, CT L SPINE WO CONT

CLINICAL INDICATION:
GLF, x

TECHNIQUE:
CT thoracic spine without contrast: routine (N-65) MDCT scanning was obtained through the thoracic spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560201), CT Lumbar Spine without contrast: routine (N-65) MDCT scanning was obtained through the lumbar spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560202)

Superior Extent: T1
Inferior Extent: Sacrum

COMPARISON:
MRI thoracic spine 9/17/2018, radiographically lumbar spine 10/22/2014, and other priors

FINDINGS:
ALIGNMENT: Minimal anterolisthesis of L5 on S1. Left convex scoliosis of the

07/24/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

lumbar spine with a Cobb angle of approximately 21 degrees.
VERTEBRAE/BONES: Again seen are chronic compression fractures of T12-L3. Cortical irregularity at the posterior aspect of the L1 vertebral body with correlate on MRI dated 9/17/18. Consider repeat MRI if pain persists in this region. No acute vertebral fractures. Diffuse osteopenia.

Partially visualized multiple rib fractures, some of which are chronic:
-Chronic fracture deformities of the right 10-12th posterior ribs.
-Acute mildly displaced fractures of the right posterior 8th and 9th ribs.

Partially visualized right femoral head/neck instrumental fixation.

Minimally displaced right sacral zone 1 fracture (604B/74 and 305B/166) with intra-articular extension into the SI joint.

HARDWARE: No spinal hardware present.
CORD: Visualized throracic cord and conus medularis are normal size.
SOFT TISSUES: Please refer to same day CT chest abdomen and pelvis for extraspinal findings. Paravertebral, interspinous, and posterior soft tissues are normal.

LEVELS: No central stenosis. Mild bony right neural foramen narrowing at L5-S1. ABNORMAL LEVELS: Partial bony fusion of T3-T4. Severe disc space narrowing at L4-L5.

ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
Impression:
IMPRESSION:
No acute thoracolumbar spinal fractures or malalignment. Again seen are chronic compression fractures of T12-L3, with posterior cortical irregularity at L1. If patient's back pain persists, consider repeat MRI for further evaluation.

Minimally displaced right sacral zone 1 fracture with intra-articular extension into the SI joint.

Acute displaced fractures of the right posterior eighth and ninth ribs. Chronic fracture deformities of the right 10th-12th posterior ribs. Please refer to same day chest, abdomen, and pelvis CT for further description of rib fractures.

Moderate to severe multilevel degenerative changes of the thoracolumbar spine as detailed above.

The above findings were communicated to Nemanich by Moran at 7/24/2019 3:23 PM.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

07/24/2019 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Trivedi, Amit Raj, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

XR CHEST 1 VW (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/24/19 1832** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/24/19 1832 Authorized by: Trivedi, Amit Raj, MD
Ordering mode: Standard
Frequency: 07/24/19 1832 - Class: UWMC Imaging
Quantity: 1 Lab status: Final result

XR CHEST 1 VW Resulted: 07/24/19 1857, Result status: Final result

Order status: Completed
Filed by: Uw Radiology Results Interface, User 07/24/19 1859
Accession number: 12561778
Lab Technician: RENEE JACKSON
Resulted by: Gross, Joel Alan, MD
Performed: 07/24/19 1832 - 07/24/19 1832
Resulting lab: UW RADIOLOGY

Narrative:
RADIOGRAPH OF THE CHEST, 1 VIEW

CLINICAL INDICATION:
Chest tube placement

COMPARISONS:
July 24, 2019

FINDINGS AND IMPRESSION:
Right thoracostomy tube present. There may be persistent small right pneumothorax. There is a small persistent right pleural effusion.

Heart size is unchanged.

Unchanged bibasilar consolidations.
ATTENDING RADIOLOGIST AND PAGER NUMBER
268330 GROSS JOEL ALAN MD
(206)991-9135

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

07/24/2019 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

07/23/2019 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Fall
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

07/23/2019 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/22/2019
Start date: 5/22/2019
End date: 8/20/2019
Quantity: 60 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena, CMA at 7/23/2019 1601

Louis called in behalf of patient, stating that pt fell two times in the apartments. First time she fell and hit her L side, she is very sore in L shoulder blade, no bruising, she is sitting on the couch. Second time she fell against the wall cabinet and hit her shoulder. He asked if she needs to be taken to the clinic for the observation. He asked Dr. Neighbor to call him if possible.

Electronically signed by Mohova, Elena, CMA at 7/23/2019 4:06 PM

Neighbor Jr., William E, MD at 7/23/2019 1812

Spoke with son Louis. The fall was a slot slide against a wall and a cabinet without head injury. She has been able to walk after the injury and does not seem to be in pain. Her son is watching her. He will take her to urgent care or ER this evening if she does not continue to improve. They live on Bainbridge.

William E Neighbor, MD
Appointments: 206-616-2495
Hall Health After Hours: 722-2500
Fax: 206-616-4683
Medical Assistant: 206-685-1045

Electronically signed by Neighbor Jr., William E, MD at 7/23/2019 6:13 PM

Messages

fall

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	7/23/2019 6:06 PM

Last Read in MyChart
6/5/2024 6:06 AM by Hoffman, Jeanne Leonie

07/23/2019 - Telephone in Husky Health Primary Care Clinic (continued)

Messages (continued)

Jeanne and Louis. I called Louis' phone. My recommendation is that Jeanne be evaluated this evening in urgent care or an ER on Bainbridge.

William E Neighbor, MD

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnoses:

- Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary)
- Non-pressure chronic ulcer of left calf with necrosis of muscle
- Venous hypertension, chronic, with ulcer, bilateral
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves
- Diabetic ulcer of lower extremity

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Norsworthy, Nilufer Bozdemir, MD	Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 1 month (around 8/12/2019).

Level of Service

Level of Service
PROCEDURE VISIT ONLY NO LOS

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP — Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/16/2019
Start date: 2/16/2019 — End date: 8/16/2019
Quantity: 30 tablet — Refill: 2 refills by 2/16/2020

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/16/2019
Start date: 4/16/2019 — End date: 9/4/2019
Quantity: 10 mL — Refill: No refills remaining

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/22/2019
Start date: 5/22/2019 — End date: 8/20/2019
Quantity: 60 tablet — Refill: No refills remaining

Cephalexin 500 MG Oral Cap

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 5 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/10/2019
Start date: 7/10/2019 — End date: 7/15/2019
Quantity: 20 capsule — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Warner, Desiree E at 7/15/2019 1000

Patient denies any changes to allergies or medications since last visit.

Wound Center Orders for Topical Lidocaine Wound Application:

Apply 2% topical gel or 4% topical liquid lidocaine to open wound prior to surgical debridement and assessment, not to exceed 10 ml.

Wound/Ulcer: #9, 10, 12, 13, 14
Anesthetic: lidocaine 4% topical solution

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Electronically signed by Warner, Desiree E at 7/15/2019 3:25 PM

Null, Margaret K, RN at 7/15/2019 1000

Pt's wounds are stable but chronic. She had a thick layer of slough over them. Pt is now living in an apartment.

Left and right calf and ankle wounds:
Cleanse with water and pat dry,
Apply Silver Alginate, ABD, Wrap Gauze,
Apply Zinc paste to the periwound excoriation,
Tubi-grip- apply in the morning and remove at night.
Change dressing every other day

Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest, evaluate legs
Avoid salt in your foods
Elevate legs as much as possible

Electronically signed by Null, Margaret K, RN at 7/15/2019 3:25 PM

Norsworthy, Nilufer Bozdemir, MD at 7/15/2019 1000

PROGRESS NOTE
7/15/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with multiple bilateral lower leg ulcers with mixed vascular disease is seen today for Follow Up Visit

INTERVAL HISTORY: This is a patient with DM2, CLI with extensive atherosclerotic disease and chronic leg edema with venous hypertension is here with her son Louise, whom she lives with. She is now living in an apartment, has a chair to rest and elevate legs, has better organized meals with every day meat included.
Both side lower leg ulcers are smaller, there are skin islands at wound beds. There is no inflammation with ulcers. She was seen at Dr. Neighbor Jr, MD (her PCP) office on 7/10. There was some inflammation at the right calf and given cephalexin 500mg 4 times daily for 5 days. The inflammation has subsided quickly according to son.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever, . Does have intense itch at both lower limbs and intermittent limb pain, mostly with ambulation. She walked with a walker.

Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Confusion, loss of appetitie, nausea, abdominal pain
- Nitrofurantoin — Other
  confusion
- Penicillins — Rash
- Sulfa Antibiotics — Rash

Current Outpatient Medications:
- acetaminophen-codeine 300-30 MG Oral Tab, TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED., Disp: 60 tablet, Rfl: 0
- Atorvastatin Calcium 20 MG Oral Tab, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
- Cephalexin 500 MG Oral Cap, Take 1 capsule (500 mg) by mouth 4 times a day for 5 days., Disp: 20 capsule, Rfl: 0
- Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
- Losartan Potassium 25 MG Oral Tab, TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY, Disp: 45 tablet, Rfl: 2
- Pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 270 tablet, Rfl: 3
- Timolol Maleate 0.5 % Ophthalmic Solution, Instill one drop in each eye twice daily, Disp: 10 mL, Rfl: 0
- Warfarin Sodium 4 MG Oral Tab, Take 1 tablet (4 mg) by mouth daily., Disp: 30 tablet, Rfl: 2

EXAM:
Vital Signs: BP 120/60 | Pulse 75 | Temp 97.9 °F (36.6 °C) (Oral) | Resp 16 There is no height or weight on file to calculate BMI.

Edema: 1+
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 30.2 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 32 cm
RLE Calf - Cm from the Medial Instep: 32 cm

Vascular: pedal pulses are diminished
Left Lower:

Right Lower:

Wound Data:
Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 186

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 186

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Date First Assessed/Time First Assessed: 04/25/19 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiolog...
Number of days: 81

Wound 04/25/19 #13 Left lat Calf (Active)

Date First Assessed/Time First Assessed: 04/25/19 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg U...
Number of days: 81

Wound 04/25/19 #14 Left lat Ankle (Active)

Date First Assessed/Time First Assessed: 04/25/19 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg ...
Number of days: 81

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	7/15/2019 10:28 AM
Wound Length (cm)	8 cm	7/15/2019 10:28 AM
Wound Width (cm)	3.5 cm	7/15/2019 10:28 AM
Wound Depth (cm)	0.1 cm	7/15/2019 10:28 AM
Wound Volume (cm^3)	2.8 cm^3	7/15/2019 10:28 AM
Wound Healing %	69 cm	7/15/2019 10:28 AM
Wound Surface Area (cm^2)	28 cm^2	7/15/2019 10:28 AM
Exudate Amt	Moderate	7/15/2019 10:28 AM
Exudate Type	Serosanguineous	7/15/2019 10:28 AM
Foul Odor After Cleansing	No	7/15/2019 10:28 AM
Granulation Amt	Small - 1-33%	7/15/2019 10:28 AM
Necrosis	None Present	7/15/2019 10:28 AM
Slough	Large - 67-100%	7/15/2019 10:28 AM
Structure Exposed	Adipose	7/15/2019 10:28 AM
Margin	Distinct, Outline Attached	7/15/2019 10:28 AM
Tunneling	none	7/15/2019 10:28 AM
Undermining	none	7/15/2019 10:28 AM
Peri-wound Assessment	Maceration	7/15/2019 10:28 AM
Temperature	No Abnormality	7/15/2019 10:28 AM

Number of days: 186

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	7/15/2019 10:28 AM
Wound Length (cm)	6.8 cm	7/15/2019 10:28 AM
Wound Width (cm)	5 cm	7/15/2019 10:28 AM
Wound Depth (cm)	0.2 cm	7/15/2019 10:28 AM
Wound Volume (cm^3)	6.8 cm^3	7/15/2019 10:28 AM
Wound Healing %	-202 cm	7/15/2019 10:28 AM
Wound Surface Area (cm^2)	34 cm^2	7/15/2019 10:28 AM
Exudate Amt	Moderate	7/15/2019 10:28 AM
Exudate Type	Serosanguineous	7/15/2019 10:28 AM
Foul Odor After Cleansing	No	7/15/2019 10:28 AM

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Granulation Amt	Small - 1-33%	7/15/2019 10:28 AM
Necrosis	None Present	7/15/2019 10:28 AM
Slough	Large - 67-100%	7/15/2019 10:28 AM
Structure Exposed	Adipose	7/15/2019 10:28 AM
Margin	Distinct, Outline Attached	7/15/2019 10:28 AM
Tunneling	none	7/15/2019 10:28 AM
Undermining	none	7/15/2019 10:28 AM
Peri-wound Assessment	Maceration	7/15/2019 10:28 AM
Temperature	No Abnormality	7/15/2019 10:28 AM

Number of days: 186

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Thickness	Full thickness without exposed support structure	7/15/2019 10:28 AM
Wound Length (cm)	2.5 cm	7/15/2019 10:28 AM
Wound Width (cm)	3 cm	7/15/2019 10:28 AM
Wound Depth (cm)	0.2 cm	7/15/2019 10:28 AM
Wound Volume (cm^3)	1.5 cm^3	7/15/2019 10:28 AM
Wound Healing %	-15 cm	7/15/2019 10:28 AM
Wound Surface Area (cm^2)	7.5 cm^2	7/15/2019 10:28 AM
Exudate Amt	Small	7/15/2019 10:28 AM
Exudate Type	Yellow	7/15/2019 10:28 AM
Foul Odor After Cleansing	No	7/15/2019 10:28 AM
Granulation Amt	None Present	7/15/2019 10:28 AM
Necrosis	None Present	7/15/2019 10:28 AM
Slough	Large - 67-100%	7/15/2019 10:28 AM
Structure Exposed	Adipose	7/15/2019 10:28 AM
Margin	Distinct, Outline Attached	7/15/2019 10:28 AM
Tunneling	none	7/15/2019 10:28 AM
Undermining	none	7/15/2019 10:28 AM
Peri-wound Assessment	Maceration	7/15/2019 10:28 AM
Temperature	No Abnormality	7/15/2019 10:28 AM

Number of days: 81

Wound 04/25/19 #13 Left lat Calf (Active)

Thickness	Full thickness without exposed support structure	7/15/2019 10:28 AM
Wound Length (cm)	5.5 cm	7/15/2019 10:28 AM
Wound Width (cm)	8.5 cm	7/15/2019 10:28 AM
Wound Depth (cm)	0.2 cm	7/15/2019 10:28 AM
Wound Volume (cm^3)	9.35 cm^3	7/15/2019 10:28 AM
Wound Healing %	-345 cm	7/15/2019 10:28 AM
Wound Surface Area (cm^2)	46.75 cm^2	7/15/2019 10:28 AM
Exudate Amt	Moderate	7/15/2019 10:28 AM
Exudate Type	Serosanguineous	7/15/2019 10:28 AM
Foul Odor After Cleansing	No	7/15/2019 10:28 AM
Granulation Amt	Small - 1-33%	7/15/2019 10:28 AM
Necrosis	None Present	7/15/2019 10:28 AM
Slough	Medium - 34-66%	7/15/2019 10:28 AM
Structure Exposed	Adipose	7/15/2019 10:28 AM
Margin	Distinct, Outline Attached	7/15/2019 10:28 AM
Tunneling	none	7/15/2019 10:28 AM
Undermining	none	7/15/2019 10:28 AM

Clinical Notes (continued)

Peri-wound Assessment	Maceration	7/15/2019 10:28 AM
Temperature	No Abnormality	7/15/2019 10:28 AM

Number of days: 81

Wound 04/25/19 #14 Left lat Ankle (Active)

Thickness	Full thickness without exposed support structure	7/15/2019 10:28 AM
Wound Length (cm)	5 cm	7/15/2019 10:28 AM
Wound Width (cm)	5 cm	7/15/2019 10:28 AM
Wound Depth (cm)	0.3 cm	7/15/2019 10:28 AM
Wound Volume (cm^3)	7.5 cm^3	7/15/2019 10:28 AM
Wound Healing %	-369 cm	7/15/2019 10:28 AM
Wound Surface Area (cm^2)	25 cm^2	7/15/2019 10:28 AM
Exudate Amt	Moderate	7/15/2019 10:28 AM
Exudate Type	Serosanguineous	7/15/2019 10:28 AM
Foul Odor After Cleansing	No	7/15/2019 10:28 AM
Granulation Amt	Medium - 34-66%	7/15/2019 10:28 AM
Necrosis	None Present	7/15/2019 10:28 AM
Slough	Medium - 34-66%	7/15/2019 10:28 AM
Structure Exposed	Adipose	7/15/2019 10:28 AM
Margin	Distinct, Outline Attached	7/15/2019 10:28 AM
Tunneling	none	7/15/2019 10:28 AM
Undermining	none	7/15/2019 10:28 AM
Peri-wound Assessment	Maceration	7/15/2019 10:28 AM
Temperature	No Abnormality	7/15/2019 10:28 AM

Number of days: 81

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 10 and 13 / Description: wound beds are covered with extensive amount of stringy fibrinous slough

and edges are rolled-in
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: necrosis of muscle
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~80 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements
#10: Improved: Length 7cm X Width 5cm X Depth: 0.4cm
#13: : Improved: Length 5.5cm X Width 8.5cm X Depth: 0.5cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT/PLAN: This is a patient with advanced age, venous hypertension and limb ischemia with atherosclerotic disease and DM2 has been treated at our center for extensive bilateral lower limb ulcers. With improved living situations, advanced wound care dressings and infection control with intermittent debridement and treatment of infection her ulcers have much improved. We will continue current management.
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) (primary encounter diagnosis)
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
(I87.313, L97.919, L97.929) Venous hypertension, chronic, with ulcer, bilateral (HCC)
(I70.232, I70.242) Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
(E11.622, L97.909) Diabetic ulcer of lower extremity (HCC)
Jeanne was seen today for follow up visit.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Venous hypertension, chronic, with ulcer, bilateral (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Diabetic ulcer of lower extremity (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Patient Instructions
Left and right calf and ankle wounds:
Cleanse with water and pat dry,
Apply Silver Alginate, ABD, Wrap Gauze,
Apply Zinc paste to the periwound excoriation,
Tubi-grip- apply in the morning and remove at night.
Change dressing every other day

Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest, evaluate legs
Avoid salt in your foods
Elevate legs as much as possible

Return in about 1 month (around 8/12/2019).

Nilufer B Norsworthy, MD

Electronically signed by Norsworthy, Nilufer Bozdemir, MD at 7/15/2019 3:25 PM

Flowsheets

Vital Data

Row Name	07/15/19 1023
BP	120/60
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.6 °C
Temp src	Oral
Pulse	75
Pulse Regularity	Regular
Resp	16
Pain Level	zero/ten

Wound Assessment/Care

Row Name	07/15/19 1028
Edema	Right Lower

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Assessment	Extremity (RLE);Left Lower Extremity (LLE)
RLE Calf - Cm w/ Point of Measurement	32 cm
RLE Calf - Cm from the Medial Instep	32 cm
LLE Calf - Cm w/ Point of Measurement	30.2 cm
LLE Calf - Cm from the Medial Instep	32 cm
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	8 cm
Wound Width (cm)	3.5 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	2.8 cm^3
Wound Healing %	69 cm
Wound Surface Area (cm^2)	28 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Maceration
Temperature	No Abnormality
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	6.8 cm
Wound Width (cm)	5 cm
Wound Depth	0.2 cm

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

(cm)	
Wound Volume (cm^3)	6.8 cm^3
Wound Healing %	-202 cm
Wound Surface Area (cm^2)	34 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Maceration
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	2.5 cm
Wound Width (cm)	3 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	1.5 cm^3
Wound Healing %	-15 cm
Wound Surface Area (cm^2)	7.5 cm^2
Exudate Amt	Small
Exudate Type	Yellow
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Maceration
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome:

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

	Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	5.5 cm
Wound Width (cm)	8.5 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	9.35 cm^3
Wound Healing %	-345 cm
Wound Surface Area (cm^2)	46.75 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Medium - 34-66%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Maceration
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	5 cm
Wound Width (cm)	5 cm
Wound Depth (cm)	0.3 cm
Wound Volume (cm^3)	7.5 cm^3
Wound Healing %	-369 cm
Wound Surface Area (cm^2)	25 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Medium - 34-66%
Necrosis	None Present
Slough	Medium - 34-66%
Structure Exposed	Adipose
Margin	Distinct, Outline

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

	Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Maceration
Temperature	No Abnormality

Patient Instructions

Left and right calf and ankle wounds:
Cleanse with water and pat dry,
Apply Silver Alginate, ABD, Wrap Gauze,
Apply Zinc paste to the periwound excoriation,
Tubi-grip- apply in the morning and remove at night.
Change dressing every other day

Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest, evaluate legs
Avoid salt in your foods
Elevate legs as much as possible

Electronically signed by Null, Margaret K, RN at 7/15/2019 10:49 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
7/15/2019 10:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left and right calf and ankle wounds:
Cleanse with water and pat dry,
Apply Silver Alginate, ABD, Wrap Gauze,
Apply Zinc paste to the periwound excoriation,
Tubi-grip- apply in the morning and remove at night.
Change dressing every other day

Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest, evaluate legs
Avoid salt in your foods
Elevate legs as much as possible

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday July 15, 2019 for: Follow Up Visit.

Blood Pressure	Temperature (Oral)	Pulse	Respiration
120/60	97.9 °F	75	16

What's Next

AUG 7 2019 Return Patient Appointment with William E Neighbor, MD
Wednesday August 7 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of 7/15/19 10:49 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen-codeine 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Cephalexin 500 MG Cap	Take 1 capsule (500 mg) by mouth 4 times a day for 5 days.
losartan 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Instill one drop in each eye twice daily
warfarin 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

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

Phone
360-649-5702 (Home)
360-649-5702 (Mobile)

E-mail Address
jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Letters

Referral by Norsworthy, Nilufer Bozdemir, MD on 7/15/2019

Status: Sent
Letter body:

July 15, 2019

William E Neighbor Jr., MD
1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410

RE: Jeane Leonie Hoffman
DOB: 1/6/1925

Dear William E Neighbor Jr., MD:

Thank you for referring Jeane Hoffman to me for evaluation. Enclosed is a copy of my clinic note.

If you have questions please feel free to contact me at your convenience; I would be happy to review any concerns you have.

Sincerely,

Electronically signed by
Nilufer B Norsworthy, MD

CC: No Recipients

Visit Summary
Patient denies any changes to allergies or medications since last visit.

Wound Center Orders for Topical Lidocaine Wound Application:

Apply 2% topical gel or 4% topical liquid lidocaine to open wound prior to surgical debridement and assessment, not to exceed 10 ml.

Wound/Ulcer: #9, 10, 12, 13, 14
Anesthetic: lidocaine 4% topical solution

PROGRESS NOTE
7/15/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with multiple bilateral lower leg ulcers with mixed vascular disease is seen today for Follow Up Visit

INTERVAL HISTORY: This is a patient with DM2, CLI with extensive atherosclerotic disease and

chronic leg edema with venous hypertension is here with her son Louise, whom she lives with. She is now living in an apartment, has a chair to rest and elevate legs, has better organized meals with every day meat included.
Both side lower leg ulcers are smaller, there are skin islands at wound beds. There is no inflammation with ulcers.
She was seen at Dr. Neighbor Jr, MD (her PCP) office on 7/10. There was some inflammation at the right calf and given cephalexin 500mg 4 times daily for 5 days. The inflammation has subsided quickly according to son.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever, . Does have intense itch at both lower limbs and intermittent limb pain, mostly with ambulation. She walked with a walker.

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• acetaminophen-codeine 300-30 MG Oral Tab, TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED., Disp: 60 tablet, Rfl: 0
• Atorvastatin Calcium 20 MG Oral Tab, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Cephalexin 500 MG Oral Cap, Take 1 capsule (500 mg) by mouth 4 times a day for 5 days., Disp: 20 capsule, Rfl: 0
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• Losartan Potassium 25 MG Oral Tab, TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY, Disp: 45 tablet, Rfl: 2
• Pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 270 tablet, Rfl: 3
• Timolol Maleate 0.5 % Ophthalmic Solution, Instill one drop in each eye twice daily, Disp: 10 mL, Rfl: 0
• Warfarin Sodium 4 MG Oral Tab, Take 1 tablet (4 mg) by mouth daily., Disp: 30 tablet, Rfl: 2

EXAM:
Vital Signs: BP 120/60 | Pulse 75 | Temp 97.9 °F (36.6 °C) (Oral) | Resp 16 There is no height or weight on file to calculate BMI.

Edema: 1+
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 30.2 cm

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 32 cm
RLE Calf - Cm from the Medial Instep: 32 cm

Vascular: pedal pulses are diminished
Left Lower:

Right Lower:

Wound Data:

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 186

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 186

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Date First Assessed/Time First Assessed: 04/25/19 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiolog...
Number of days: 81

Wound 04/25/19 #13 Left lat Calf (Active)

Date First Assessed/Time First Assessed: 04/25/19 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg U...
Number of days: 81

Wound 04/25/19 #14 Left lat Ankle (Active)

Date First Assessed/Time First Assessed: 04/25/19 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg ...
Number of days: 81

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	7/15/2019 10:28 AM
Wound Length (cm)	8 cm	7/15/2019 10:28 AM
Wound Width (cm)	3.5 cm	7/15/2019 10:28 AM
Wound Depth (cm)	0.1 cm	7/15/2019 10:28 AM
Wound Volume (cm^3)	2.8 cm^3	7/15/2019 10:28 AM
Wound Healing %	69 cm	7/15/2019 10:28 AM
Wound Surface Area (cm^2)	28 cm^2	7/15/2019 10:28 AM

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Exudate Amt	Moderate	7/15/2019 10:28 AM
Exudate Type	Serosanguineous	7/15/2019 10:28 AM
Foul Odor After Cleansing	No	7/15/2019 10:28 AM
Granulation Amt	Small - 1-33%	7/15/2019 10:28 AM
Necrosis	None Present	7/15/2019 10:28 AM
Slough	Large - 67-100%	7/15/2019 10:28 AM
Structure Exposed	Adipose	7/15/2019 10:28 AM
Margin	Distinct, Outline Attached	7/15/2019 10:28 AM
Tunneling	none	7/15/2019 10:28 AM
Undermining	none	7/15/2019 10:28 AM
Peri-wound Assessment	Maceration	7/15/2019 10:28 AM
Temperature	No Abnormality	7/15/2019 10:28 AM

Number of days: 186

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	7/15/2019 10:28 AM
Wound Length (cm)	6.8 cm	7/15/2019 10:28 AM
Wound Width (cm)	5 cm	7/15/2019 10:28 AM
Wound Depth (cm)	0.2 cm	7/15/2019 10:28 AM
Wound Volume (cm^3)	6.8 cm^3	7/15/2019 10:28 AM
Wound Healing %	-202 cm	7/15/2019 10:28 AM
Wound Surface Area (cm^2)	34 cm^2	7/15/2019 10:28 AM
Exudate Amt	Moderate	7/15/2019 10:28 AM
Exudate Type	Serosanguineous	7/15/2019 10:28 AM
Foul Odor After Cleansing	No	7/15/2019 10:28 AM
Granulation Amt	Small - 1-33%	7/15/2019 10:28 AM
Necrosis	None Present	7/15/2019 10:28 AM
Slough	Large - 67-100%	7/15/2019 10:28 AM
Structure Exposed	Adipose	7/15/2019 10:28 AM
Margin	Distinct, Outline Attached	7/15/2019 10:28 AM
Tunneling	none	7/15/2019 10:28 AM
Undermining	none	7/15/2019 10:28 AM
Peri-wound Assessment	Maceration	7/15/2019 10:28 AM
Temperature	No Abnormality	7/15/2019 10:28 AM

Number of days: 186

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Thickness	Full thickness without exposed support structure	7/15/2019 10:28 AM
Wound Length (cm)	2.5 cm	7/15/2019 10:28 AM
Wound Width (cm)	3 cm	7/15/2019 10:28 AM
Wound Depth (cm)	0.2 cm	7/15/2019 10:28 AM
Wound Volume (cm^3)	1.5 cm^3	7/15/2019 10:28 AM
Wound Healing %	-15 cm	7/15/2019 10:28 AM
Wound Surface Area (cm^2)	7.5 cm^2	7/15/2019 10:28 AM
Exudate Amt	Small	7/15/2019 10:28 AM
Exudate Type	Yellow	7/15/2019 10:28 AM
Foul Odor After Cleansing	No	7/15/2019 10:28 AM
Granulation Amt	None Present	7/15/2019 10:28 AM
Necrosis	None Present	7/15/2019 10:28 AM
Slough	Large - 67-100%	7/15/2019 10:28 AM
Structure Exposed	Adipose	7/15/2019 10:28 AM

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Margin	Distinct, Outline Attached	7/15/2019 10:28 AM
Tunneling	none	7/15/2019 10:28 AM
Undermining	none	7/15/2019 10:28 AM
Peri-wound Assessment	Maceration	7/15/2019 10:28 AM
Temperature	No Abnormality	7/15/2019 10:28 AM

Number of days: 81

Wound 04/25/19 #13 Left lat Calf (Active)

Thickness	Full thickness without exposed support structure	7/15/2019 10:28 AM
Wound Length (cm)	5.5 cm	7/15/2019 10:28 AM
Wound Width (cm)	8.5 cm	7/15/2019 10:28 AM
Wound Depth (cm)	0.2 cm	7/15/2019 10:28 AM
Wound Volume (cm^3)	9.35 cm^3	7/15/2019 10:28 AM
Wound Healing %	-345 cm	7/15/2019 10:28 AM
Wound Surface Area (cm^2)	46.75 cm^2	7/15/2019 10:28 AM
Exudate Amt	Moderate	7/15/2019 10:28 AM
Exudate Type	Serosanguineous	7/15/2019 10:28 AM
Foul Odor After Cleansing	No	7/15/2019 10:28 AM
Granulation Amt	Small - 1-33%	7/15/2019 10:28 AM
Necrosis	None Present	7/15/2019 10:28 AM
Slough	Medium - 34-66%	7/15/2019 10:28 AM
Structure Exposed	Adipose	7/15/2019 10:28 AM
Margin	Distinct, Outline Attached	7/15/2019 10:28 AM
Tunneling	none	7/15/2019 10:28 AM
Undermining	none	7/15/2019 10:28 AM
Peri-wound Assessment	Maceration	7/15/2019 10:28 AM
Temperature	No Abnormality	7/15/2019 10:28 AM

Number of days: 81

Wound 04/25/19 #14 Left lat Ankle (Active)

Thickness	Full thickness without exposed support structure	7/15/2019 10:28 AM
Wound Length (cm)	5 cm	7/15/2019 10:28 AM
Wound Width (cm)	5 cm	7/15/2019 10:28 AM
Wound Depth (cm)	0.3 cm	7/15/2019 10:28 AM
Wound Volume (cm^3)	7.5 cm^3	7/15/2019 10:28 AM
Wound Healing %	-369 cm	7/15/2019 10:28 AM
Wound Surface Area (cm^2)	25 cm^2	7/15/2019 10:28 AM
Exudate Amt	Moderate	7/15/2019 10:28 AM
Exudate Type	Serosanguineous	7/15/2019 10:28 AM
Foul Odor After Cleansing	No	7/15/2019 10:28 AM
Granulation Amt	Medium - 34-66%	7/15/2019 10:28 AM
Necrosis	None Present	7/15/2019 10:28 AM
Slough	Medium - 34-66%	7/15/2019 10:28 AM
Structure Exposed	Adipose	7/15/2019 10:28 AM
Margin	Distinct, Outline Attached	7/15/2019 10:28 AM
Tunneling	none	7/15/2019 10:28 AM
Undermining	none	7/15/2019 10:28 AM
Peri-wound Assessment	Maceration	7/15/2019 10:28 AM
Temperature	No Abnormality	7/15/2019 10:28 AM

Number of days: 81

LABS:
No results found for: CBC
Hemoglobin A1C

Date	Value	Ref Range	Status
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	

No components found for: BMP
Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 10 and 13 / Description: wound beds are covered with extensive amount of stringy fibrinous slough and edges are rolled-in
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: necrosis of muscle
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~80 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements
#10: Improved: Length 7cm X Width 5cm X Depth: 0.4cm
#13: : Improved: Length 5.5cm X Width 8.5cm X Depth: 0.5cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT/PLAN: This is a patient with advanced age, venous hypertension and limb ischemia with atherosclerotic disease and DM2 has been treated at our center for extensive bilateral lower limb ulcers. With improved living situations, advanced wound care dressings and infection control with intermittent debridement and treatment of infection her ulcers have much improved. We will continue current management.
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) (primary encounter diagnosis)

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
(I87.313, L97.919, L97.929) Venous hypertension, chronic, with ulcer, bilateral (HCC)
(I70.232, I70.242) Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
(E11.622, L97.909) Diabetic ulcer of lower extremity (HCC)
Jeanne was seen today for follow up visit.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Venous hypertension, chronic, with ulcer, bilateral (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Diabetic ulcer of lower extremity (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Patient Instructions
Left and right calf and ankle wounds:
Cleanse with water and pat dry,
Apply Silver Alginate, ABD, Wrap Gauze,
Apply Zinc paste to the periwound excoriation,
Tubi-grip- apply in the morning and remove at night.
Change dressing every other day

Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest, evaluate legs
Avoid salt in your foods
Elevate legs as much as possible

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Return in about 1 month (around 8/12/2019).

Nilufer B Norsworthy, MD

07/15/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 7/15/2019 10:49 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
7/15/2019 10:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left and right calf and ankle wounds:
Cleanse with water and pat dry,
Apply Silver Alginate, ABD, Wrap Gauze,
Apply Zinc paste to the periwound excoriation,
Tubi-grip- apply in the morning and remove at night.
Change dressing every other day

Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest, evaluate legs
Avoid salt in your foods
Elevate legs as much as possible

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday July 15, 2019 for: Follow Up Visit.

Blood Pressure	Temperature (Oral)	Pulse	Respiration
120/60	97.9 °F	75	16

What's Next

AUG 7 2019 Return Patient Appointment with William E Neighbor, MD
Wednesday August 7 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Your Medication List as of 7/15/19 10:49 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen-codeine 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Cephalexin 500 MG Cap	Take 1 capsule (500 mg) by mouth 4 times a day for 5 days.
losartan 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Instill one drop in each eye twice daily
warfarin 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

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

Phone
360-649-5702 (Home)
360-649-5702 (Mobile)

E-mail Address
jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

07/10/2019 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Follow-Up , Wound Check/Dressing Change, and RNGREATERTHAN60
Visit diagnoses:

- Cellulitis of right lower extremity (primary)
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 25 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

07/10/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP — Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/16/2019
Start date: 2/16/2019 — End date: 8/16/2019
Quantity: 30 tablet — Refill: 2 refills by 2/16/2020

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/16/2019
Start date: 4/16/2019 — End date: 9/4/2019
Quantity: 10 mL — Refill: No refills remaining

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/22/2019
Start date: 5/22/2019 — End date: 8/20/2019
Quantity: 60 tablet — Refill: No refills remaining

Cephalexin 500 MG Oral Cap

Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 5 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/10/2019
Start date: 7/10/2019 — End date: 7/15/2019
Quantity: 20 capsule — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Lo, Edith Y, RN at 7/10/2019 1000

Pt presented to clinic w/ her son Louis for appointment w/ Dr. Neighbor. RN was notified by Terri P. MA for assistance. Per front desk, pt slipped and fell on her way in. Son denies that there was any fall on their way in. He states she was just needing to lean on the wall for support. Pt also denies any fall or injuryl today, although she does endorse losing her balance frequently and needing to grab on to things. Pt assessed and is oriented, stable, and not in any acute distress; she is having difficulty hearing today as she reports leaving her hearing aids at home. Dr. Neighbor notified.

Electronically signed by Lo, Edith Y, RN at 7/10/2019 2:48 PM

Lo, Edith Y, RN at 7/10/2019 1000

Wound Care Visit - Completed w/ Ruth S. RN

S:
Jeanne Leonie Hoffman who is 94 year old presents today for wound f/u with Dr. Neighbor and wound re-dressing.

Clinical Notes (continued)

History of wound: Extensive bilateral lower limb ulcers, hx of bilateral limb ischemia and chronic vascular insufficiency, underlying DM2, complex psychosocial hx
Pain: Moderate pain w/ touch. Wound care was initiated after topical Lidocaine gel applied on sterile gauze and left undisturbed on both extremities for >10 minutes.
Home treatment: Son is doing wound care at home using silver alginate, ABD, wrap gauze, and zinc paste. Tubi-grip on outside. Pt is also receiving wound care and seeing a provider about once a month at Northwest Hospital. Next appointment is in five days on 7/15/19.

O:
Location: Bilateral lower extremities.
Wound Bed: Large percentage of ulceration wound beds covered by yellow slough.
Wound Edges: Rolled.
Exudate: Large amount of exudate noted. Serosanguinous and serious drainage noted, odor present.
Periwound condition: Erythematous w/ dry, scaling skin.
TDAP status: 9/20/17
BP 133/54 | Pulse 74

A:
Wound Healing Status: Extensive bilateral ulcerations w/ yellow slough, w/ some increased swelling and erythema on R lower extremity
Presence of signs of infection or over-colonization? See above; cellulitis on R extremity noted, Cephalexin prescribed this visit by Dr. Neighbor

P:
Legs cleansed extensively w/ NS using sterile gauze in attempts to remove yellow slough and dead skin as much as possible.
Primary dressing and topical: Melgisorb AG on areas of ulceration and ABD pads over affected surface area on lower extremities. ABD pads secured w/ elastic wrap.
Debridement Type: Gentle removal of superficial slough and dead skin with sterile gauze and NS. No sharp debridement performed this visit.

Patient's Home Care Instructions:
- Wash hands before and after wound care with soap and water for at least 15 seconds
- Keep dressing dry and clean
- Son will continue home care and dressing changes as he has been doing
- Monitor and report increased redness, drainage, warmth, pain, or fevers (greater than 100.5F)
- Encouraged to increase protein and fluid intake
- Follow up: Wound care w/ NWH on 7/15/19, and Dr. Neighbor on 8/7/19

Pt agrees to plan and verbalizes understanding. No further questions at this time.To call clinic with any further concerns.

Electronically signed by Lo, Edith Y, RN at 7/11/2019 10:35 AM

Neighbor Jr., William E, MD at 7/10/2019 1000

Jeanne Leonie Hoffman is a 94 year old female here to discuss the following:
Chief Complaint
Patient presents with
- Follow-Up

- Wound Check/Dressing Change
- RNGREATERTHAN60

Jeanne comes in with her son Louise for regular visit. She has an appointment to the Northwest Hospital wound care center for next Monday. She and her son are no longer living in a tent but have housing on Bainbridge. They have moved in. They're still some issues regarding their furniture. They're working with her church.

Her son has been doing regular dressing changes which include zinc oxide. In the last few days they've noticed more redness and swelling particularly of the right lower leg. She has not had fever chills or night sweats. She has been taking Tylenol with Codeine perhaps at a higher dose than prescribed which is to be one per day.

When they arrived in clinic again felt somewhat weak and leaned against the wall. She did not fall based upon her son's observation. He was with her. She was assisted by the nurses. She did not eat much breakfast. She did not bring in her hearing aids today.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

• Long term current use of anticoagulant therapy [Z79.01]	01/08/2008

Reason for anticoagulation: Recurrent dvts
Duration of anticoagulation: life
INR goal: 2.-3 (lower end of this range desired because of age)

• Adult failure to thrive syndrome [R62.7]	10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

• Unspecified vitamin B deficiency [E53.9]	05/01/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

07/10/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic (HCC) [I82.509] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed.
  Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019
- Chronic venous hypertension with ulcer, bilateral (HCC) [I87.313, L97.919, L97.929] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019

07/10/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Suspected elder abuse [T76.91XA] 01/11/2019
- Housing lack [Z59.0] 09/26/2018
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Venous ulcer of left leg (HCC) [I83.029, L97.929] 06/07/2018
- Homeless [Z59.0] 06/07/2018
- Normocytic anemia [D64.9] 06/07/2018
- Severe protein-calorie malnutrition (HCC) [E43] 06/07/2018
- Urge urinary incontinence [N39.41] 06/07/2018
- Cellulitis of left leg [L03.116] 05/31/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323] 05/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223] 05/17/2018
- Chronic venous hypertension with ulcer and inflammation, left (HCC) [I87.332, L97.929] 05/17/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Other physical therapy [IMO0001] 01/22/2015
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Outpatient Medications Marked as Taking for the 7/10/19 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen-codeine 300-30 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.	60 tablet	0
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol	45 tablet	3

	reduction		
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.		
• Losartan Potassium 25 MG Oral Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	Instill one drop in each eye twice daily	10 mL	0
• Warfarin Sodium 4 MG Oral Tab	Take 1 tablet (4 mg) by mouth daily.	30 tablet	2

Social history:

History

Sexual Activity

- Sexual activity: Never

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No

Objective:

BP 133/54 | Pulse 74
Estimated body mass index is 20.85 kg/m² as calculated from the following:
Height as of 1/10/19: 5' 2" (1.575 m).
Weight as of 3/28/19: 51.7 kg (114 lb).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
133/54	74	---	---	---	9:36 AM	7/10/2019

Last blood pressure recorded in this encounter: 133/54
General: NAD
Difficulty hearing and she does not have her hearing aids today.
Examination of both lower extremities show extensive grade 1-2 skin loss on her lower extremities which is similar to in the past however today she has some diffuse redness superior to the upper wound margin on the right leg and some swelling and redness of the dorsum of the foot.

Lab and other tests:
Her INR one month ago was 1.0 reflecting that she has not been taking Coumadin.

Assessment and Plan:

(L03.115) Cellulitis of right lower extremity (primary encounter diagnosis)
Right lower extremity cellulitis on top of chronic vascular insufficiency. She does have a history of allergy to penicillin which has been a rash. Her son believes she is taking Keflex without difficulty. I do not see that we have prescribed

07/10/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Keflex for her in the past. However given the need for antibiotic coverage and lack of a severe allergic reaction to penicillin and think is safe to use a cephalosporin and so prescribed Keflex 500 mg 4 times daily for short course of 5 days. She has an appointment to the Northwest Hospital wound care center next Monday which is about 5 days from now. Discussed with her son the importance of discontinuing the Keflex should she develop a rash. And then contacting us.

The dressings were replaced by the nurse before she left the clinic.

(Z79.01) Long term current use of anticoagulant therapy
She is currently taking Coumadin. It looks like she has not been taking it since at least December of 2018. She has not had recurrent thrombophlebitis which was the initial reason for her being on Coumadin for many years. I am concerned about the safety of her taking Coumadin if it is not absolutely necessary given the unsteadiness of her gait though she usually uses a walker or wheelchair. We did not have time to discuss this and today but for the present we will not restart Coumadin.

She will followup in one month.
Next wound care appointment is next Monday.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 7/10/2019 2:48 PM

Other Orders

Medications

Cephalexin 500 MG Oral Cap (Expired)

Electronically signed by: **Neighbor Jr., William E, MD on 07/10/19 1028** Status: **Expired**
Ordering user: Neighbor Jr., William E, MD 07/10/19 1028 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine QID 07/10/19 - 5 days Class: E-RX
Diagnoses
Cellulitis of right lower extremity [L03.115]

Indications

Cellulitis of right lower extremity [L03.115 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	07/10/19 0936
BP	133/54
BP Cuff Size	Small
BP Site	Left Arm
BP Position	Sitting
Pulse	74

07/10/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Flowsheets (continued)

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 7/10/2019 10:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today
See your updated medication list for details.

Pick up these medications at SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110
Cephalexin
Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
Phone: 206-842-0127

Today's Visit

You saw William E Neighbor, MD on Wednesday July 10, 2019. The following issues were addressed: Cellulitis of right lower extremity and Long term current use of anticoagulant therapy.

Blood Pressure	Pulse
133/54	74

What's Next

JUL 15 2019 Return Patient Appointment with Nilufer B Norsworthy, MD
Monday July 15 10:00 AM

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

AUG 7 2019 Return Patient Appointment with William E Neighbor, MD
Wednesday August 7 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 7/11/19 10:35 AM Page 1 of 2 Epic

07/10/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of 7/10/19 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

	acetaminophen-codeine 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
	Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
	atorvastatin 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
START	**Cephalexin** 500 MG Cap	Take 1 capsule (500 mg) by mouth 4 times a day for 5 days.
	losartan 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
	pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
	Timolol Maleate 0.5 % Solution	Instill one drop in each eye twice daily
	warfarin 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

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

Phone
360-649-5702 (Home)
360-649-5702 (Mobile)

E-mail Address
jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

07/10/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 7/11/2019 10:35 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 7/10/2019 10:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today
See your updated medication list for details.

Pick up these medications at SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110
Cephalexin
Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
Phone: 206-842-0127

Today's Visit

You saw William E Neighbor, MD on Wednesday July 10, 2019. The following issues were addressed: Cellulitis of right lower extremity and Long term current use of anticoagulant therapy.

Blood Pressure 133/54
Pulse 74

What's Next

JUL 15 2019 Return Patient Appointment with Nilufer B Norsworthy, MD
Monday July 15 10:00 AM
Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

AUG 7 2019 Return Patient Appointment with William E Neighbor, MD
Wednesday August 7 10:00 AM (Arrive by 9:45 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 7/11/19 10:35 AM Page 1 of 2 Epic

07/10/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of 7/10/19 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen-codeine 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
START **Cephalexin** 500 MG Cap	Take 1 capsule (500 mg) by mouth 4 times a day for 5 days.
losartan 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Instill one drop in each eye twice daily
warfarin 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

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

Phone
360-649-5702 (Home)
360-649-5702 (Mobile)

E-mail Address
jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

07/08/2019 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN
7/8/2019 10:15 AM

Canceled

Time	Provider	Department	Length
10:15 AM	Norsworthy, Nilufer Bozdemir, MD	ZZNWH WOUND CARE	15 min

History

Made On:	6/10/2019 10:57 AM	By:	Kalskett, Haley Elizabeth	ES
Canceled:	7/8/2019 8:12 AM	By:	Carroll, Linda, PSS/PSR	ES
Cancel Rsn:	Patient-Unable to keep appointment			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

06/12/2019 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Physical
Visit diagnoses:

- Long term current use of anticoagulant therapy (primary)
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality
- Essential hypertension, benign
- Vitamin D deficiency

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 15 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

06/12/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP — Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/16/2019
Start date: 2/16/2019 — End date: 8/16/2019
Quantity: 30 tablet — Refill: 2 refills by 2/16/2020

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/16/2019
Start date: 4/16/2019 — End date: 9/4/2019
Quantity: 10 mL — Refill: No refills remaining

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/22/2019
Start date: 5/22/2019 — End date: 8/20/2019
Quantity: 60 tablet — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 6/12/2019 1020

Jeanne Leonie Hoffman is a 94 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Physical

Jeanne was not scheduled for a physical this morning but was brought in by her son for review of medications and for an INR blood test. He reports she is taking all of her medications. There are still living in a tent on Bainbridge Island. Adult Protective Services has been involved. They are moving into an apartment this week. They continued followup for Jeanne with Dr. Norsworthy at Northwest Hospital wound care.

She does have new hearing aids but forgot to put them on today.

Review of Systems:

She has not had any recent fever, chills, sweats.
No shortness of breath or chest discomfort
Appetite has been good. No abdominal pain.
No urinary complaints.

Problem List

Patient Active Problem List

06/12/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

- Long term current use of anticoagulant therapy [Z79.01] 01/08/2008

Reason for anticoagulation: Recurrent dvts
Duration of anticoagulation: life
INR goal: 2.-3 (lower end of this range desired because of age)

- Adult failure to thrive syndrome [R62.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

- Unspecified vitamin B deficiency [E53.9] 05/01/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic (HCC) [I82.509] 11/20/2006

Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006

LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006

06/12/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) [L97.313] 05/26/2019
- Chronic venous hypertension with ulcer, bilateral (HCC) [I87.313, L97.919, L97.929] 05/26/2019
- Bilateral leg edema [R60.0] 05/26/2019
- Suspected elder abuse [T76.91XA] 01/11/2019
- Housing lack [Z59.0] 09/26/2018
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC) [I70.232, I70.242] 09/24/2018
- Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Venous ulcer of left leg (HCC) [I83.029, L97.929] 06/07/2018
- Homeless [Z59.0] 06/07/2018
- Normocytic anemia [D64.9] 06/07/2018
- Severe protein-calorie malnutrition (HCC) [E43] 06/07/2018
- Urge urinary incontinence [N39.41] 06/07/2018
- Cellulitis of left leg [L03.116] 05/31/2018
- Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323] 05/17/2018
- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) [L97.223] 05/17/2018
- Chronic venous hypertension with ulcer and inflammation, left (HCC) [I87.332, L97.929] 05/17/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017

06/12/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Other physical therapy [IMO0001] 01/22/2015
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Outpatient Medications Marked as Taking for the 6/12/19 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• acetaminophen-codeine 300-30 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.	60 tablet	0
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.		
• Losartan Potassium 25 MG Oral Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	Instill one drop in each eye twice daily	10 mL	0
• Warfarin Sodium 4 MG Oral Tab	Take 1 tablet (4 mg) by mouth daily.	30 tablet	2

Social history:

History

Sexual Activity

- Sexual activity: Never

Social History

Tobacco Use

- Smoking status: Never Smoker

- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No

Objective:
There were no vitals taken for this visit.
Estimated body mass index is 20.85 kg/m² as calculated from the following:
Height as of 1/10/19: 5' 2" (1.575 m).
Weight as of 3/28/19: 51.7 kg (114 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter:
General: NAD

Wt Readings from Last 8 Encounters:

03/28/19	51.7 kg (114 lb)
02/28/19	50.3 kg (111 lb)
01/31/19	46.3 kg (102 lb)
10/08/18	50.8 kg (112 lb)
09/26/18	51.1 kg (112 lb 9.6 oz)
09/24/18	51.3 kg (113 lb)
08/14/18	53.2 kg (117 lb 4 oz)
07/25/18	52.1 kg (114 lb 12 oz)

Her weight today is the same as it was last March
Psych: Oriented and conversant as best as I can tell with her not having her hearing aids
Chest: Clear to auscultation
Cor: Heart rate regular. No murmur
Abd: nontender
Skin: Dressings on her legs are in place. She is followed at Northwest Hospital wound care

Lab and other tests: INR pending
Last INR in February 2019 was 1.0. Results of but communicated to her son and medication refilled. They were to follow up within one month.
Vitamin D, folate and vitamin B12 were normal in January of 2019. Vitamin D was 25.
Hemoglobin A1c at that time was 6.2
Comprehensive panel was essentially normal
CBC showed hemoglobin of 11.2. This is improved from September 2018

Lab Results

Component	Value	Date
HEMOGLOBIN	11.2	01/09/2019
HEMOGLOBIN	9.7	09/18/2018
HEMOGLOBIN	9.6	09/13/2018
HEMOGLOBIN	9.3	09/12/2018
HEMOGLOBIN	9.1	09/11/2018
HEMOGLOBIN	10.1	09/10/2018

Assessment and Plan:
1. Long term current use of anticoagulant therapy
Due for repeat INR

2. Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC)

06/12/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Due for repeat INR
Continue wound care at Northwest Hospital

3. Essential hypertension, benign
Blood pressure is well controlled. She is currently on a low dose of losartan 25 mg one half tablet daily. This could be discontinued in the future but would want to ensure adequate followup.

4. Vitamin D deficiency
Vitamin D level in the normal range but borderline in January. She is to continue vitamin D supplementation

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 6/13/2019 1:35 PM

Flowsheets

Vital Data

Row Name	06/12/19 1008
BP	**149/65** !
BP Cuff Size	Small
BP Site	Right Arm
BP Position	Sitting
Pulse	60

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

06/12/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 6/12/2019 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday June 12, 2019. The following issues were addressed: Long term current use of anticoagulant therapy; Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality; Essential hypertension, benign; and Vitamin D deficiency.

Blood Pressure	Pulse
149/65	60

What's Next

JUL 8 2019 — Return Patient Appointment with Nilufer B Norsworthy, MD
Monday July 8 10:15 AM

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

JUL 10 2019 — Return Patient Appointment with William E Neighbor, MD
Wednesday July 10 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

eCare Sign-Up

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06/12/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of 6/12/19 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen-codeine 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Instill one drop in each eye twice daily
warfarin 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE, Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

06/12/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 6/13/2019 1:35 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135 6/12/2019 10:20 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday June 12, 2019. The following issues were addressed: Long term current use of anticoagulant therapy; Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality; Essential hypertension, benign; and Vitamin D deficiency.

Blood Pressure	Pulse
149/65	60

What's Next

JUL 8 2019 — Return Patient Appointment with Nilufer B Norsworthy, MD
Monday July 8 10:15 AM

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

JUL 10 2019 — Return Patient Appointment with William E Neighbor, MD
Wednesday July 10 10:00 AM (Arrive by 9:45 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

06/12/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of 6/12/19 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen-codeine 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Instill one drop in each eye twice daily
warfarin 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE, Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

06/12/2019 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP — Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/16/2019
Start date: 2/16/2019 — End date: 8/16/2019
Quantity: 30 tablet — Refill: 2 refills by 2/16/2020

06/12/2019 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/22/2019
Start date: 5/22/2019
End date: 8/20/2019
Quantity: 60 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Result Encounter Note

Neighbor Jr., William E, MD at 6/12/2019 0946

Jeanne and son Louis:
Jeanne's INR remains 1.0 which means she is likely not taking Coumadin. You should double check that she is taking it.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 6/12/2019 4:21 PM

Labs

Prothrombin Time (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 04/26/19 0901**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/26/19 0901
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/26/19 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Pinilla, Marcela 6/12/2019 9:46 AM
Diagnoses
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality [I82.509]

Specimen Information

ID	Type	Source	Collected By
W84480	Plasma	—	5495 06/12/19 0945

Prothrombin Time
Resulted: 06/12/19 1200, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 06/12/19 1200
Collected by: 5495 06/12/19 0945
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 06/12/19 1621

06/12/2019 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	13.4	10.7 - 15.6 s	—	UWMC
Prothrombin INR	1.0	0.8 - 1.3	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
6/12/2019 4:21 PM PDT

Jeanne and son Louis:
Jeanne's INR remains 1.0 which means she is likely not taking Coumadin. You should double check that she is taking it.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 6/12/2019 16:21

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnoses:

- Diabetic ulcer of lower extremity (primary)
- Non-pressure chronic ulcer of left ankle with necrosis of muscle
- Non-pressure chronic ulcer of left calf with necrosis of muscle
- Venous hypertension, chronic, with ulcer, bilateral
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves
- Non-pressure chronic ulcer of right ankle with necrosis of muscle
- Homeless

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Norsworthy, Nilufer Bozdemir, MD	Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 1 month (around 7/8/2019) for routine follow-up.

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 15 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP — Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/16/2019
Start date: 2/16/2019 — End date: 8/16/2019
Quantity: 30 tablet — Refill: 2 refills by 2/16/2020

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/16/2019
Start date: 4/16/2019 — End date: 9/4/2019
Quantity: 10 mL — Refill: No refills remaining

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/22/2019
Start date: 5/22/2019 — End date: 8/20/2019
Quantity: 60 tablet — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Lee, Shelley, RN at 6/10/2019 1000

No change in medications reported
Wound Center Orders for Topical Lidocaine Wound Application:

Apply 2% topical gel or 4% topical liquid lidocaine to open wound prior to surgical debridement and assessment, not to exceed 10 ml.
Wound/Ulcer: #9,10,12,13,14
Anesthetic: lidocaine 4% topical solution

Electronically signed by Lee, Shelley, RN at 6/11/2019 11:25 AM

Warner, Desiree E at 6/10/2019 1000

Clinical Notes (continued)

Patient received supplies from sound health. Patient has UPS mail box so no address change for supplies.
Patients son states they are moving into an apartment next Monday.
Patients son states states is having at least 4 ensures a day.
Patients son states patient is eating meat every day.
Patient states she has about 4 meals a day.
Follow up in 4 weeks with Norsworthy.

Left and right calf and ankle wounds:
Cleanse with water and pat dry,
Apply Silver Alginate, ABD, Wrap Gauze,
Apply Zinc paste to the periwound excoriation,
Tubi-grip- apply in the morning and remove at night.
Change dressing every other day

Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest, evaluate legs
Avoid salt in your foods
Elevate legs as much as possible

If pain, redness, swelling, increases and fever please go to the ER or Urgent Care

Electronically signed by Warner, Desiree E at 6/11/2019 11:25 AM

Norsworthy, Nilufer Bozdemir, MD at 6/10/2019 1000

PROGRESS NOTE
6/10/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with extensive bilateral lower limb ulcers is seen today for Follow Up Visit

INTERVAL HISTORY: This is a 94 yo woman, living with his son in a tent, who has DM2, bilateral limb ischemia and venous hypertension with edema. Since the last visit wounds have not changed much: extensive, covered with slough, very tender but without any sign of infection. The son reports she has been eating at least 3 meals of meat or other protein, she has a comfortable bed she can rest during the day as well and they will have an apartment next week. She denies any fever, chills or leg pain as long as they are not being touched. She denies weight loss.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever, limb pain

Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other

Confusion, loss of appetitie, nausea, abdominal pain

• Nitrofurantoin *confusion*	Other
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• acetaminophen-codeine 300-30 MG Oral Tab, TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED., Disp: 60 tablet, Rfl: 0
• Atorvastatin Calcium 20 MG Oral Tab, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• Losartan Potassium 25 MG Oral Tab, TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY, Disp: 45 tablet, Rfl: 2
• Pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 270 tablet, Rfl: 3
• Timolol Maleate 0.5 % Ophthalmic Solution, Instill one drop in each eye twice daily, Disp: 10 mL, Rfl: 0
• Warfarin Sodium 4 MG Oral Tab, Take 1 tablet (4 mg) by mouth daily., Disp: 30 tablet, Rfl: 2

EXAM:
Vital Signs: BP 134/72 | Pulse 70 | Temp 96.8 °F (36 °C) (Oral) | Resp 12 There is no height or weight on file to calculate BMI.

Edema: 1+
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 28.4 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 29 cm
RLE Calf - Cm from the Medial Instep: 32 cm

Vascular: pedal pulses are not palpable.
Left Lower:

Right Lower:

Wound Data:
Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 152

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 152

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)
Date First Assessed/Time First Assessed: 04/25/19 1004 Date Acquired: 04/04/19 Wound

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiolog...
Number of days: 47

Wound 04/25/19 #13 Left lat Calf (Active)

Date First Assessed/Time First Assessed: 04/25/19 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg U...
Number of days: 47

Wound 04/25/19 #14 Left lat Ankle (Active)

Date First Assessed/Time First Assessed: 04/25/19 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg ...
Number of days: 47

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	6/10/2019 9:48 AM
Wound Length (cm)	9 cm	6/10/2019 9:48 AM
Wound Width (cm)	4 cm	6/10/2019 9:48 AM
Wound Depth (cm)	0.2 cm	6/10/2019 9:48 AM
Wound Volume (cm^3)	7.2 cm^3	6/10/2019 9:48 AM
Wound Healing %	20 cm	6/10/2019 9:48 AM
Wound Surface Area (cm^2)	36 cm^2	6/10/2019 9:48 AM
Exudate Amt	Large	6/10/2019 9:48 AM
Exudate Type	Serosanguineous;Serous	6/10/2019 9:48 AM
Foul Odor After Cleansing	No	6/10/2019 9:48 AM
Granulation Amt	None Present	6/10/2019 9:48 AM
Necrosis	None Present	6/10/2019 9:48 AM
Slough	Large - 67-100%	6/10/2019 9:48 AM
Structure Exposed	None Present	6/10/2019 9:48 AM
Margin	Distinct, Outline Attached	6/10/2019 9:48 AM
Tunneling	none	6/10/2019 9:48 AM
Undermining	none	6/10/2019 9:48 AM
Peri-wound Assessment	Intact	6/10/2019 9:48 AM
Temperature	No Abnormality	6/10/2019 9:48 AM

Number of days: 152

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	6/10/2019 9:48 AM
Wound Length (cm)	6 cm	6/10/2019 9:48 AM
Wound Width (cm)	6 cm	6/10/2019 9:48 AM
Wound Depth (cm)	0.3 cm	6/10/2019 9:48 AM
Wound Volume (cm^3)	10.8 cm^3	6/10/2019 9:48 AM
Wound Healing %	-380 cm	6/10/2019 9:48 AM
Wound Surface Area (cm^2)	36 cm^2	6/10/2019 9:48 AM
Exudate Amt	Large	6/10/2019 9:48 AM
Exudate Type	Serosanguineous	6/10/2019 9:48 AM
Foul Odor After Cleansing	No	6/10/2019 9:48 AM
Granulation Amt	None Present	6/10/2019 9:48 AM
Necrosis	None Present	6/10/2019 9:48 AM

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Slough	Large - 67-100%	6/10/2019 9:48 AM
Structure Exposed	None Present	6/10/2019 9:48 AM
Margin	Distinct, Outline Attached	6/10/2019 9:48 AM
Tunneling	none	6/10/2019 9:48 AM
Undermining	none	6/10/2019 9:48 AM
Peri-wound Assessment	Intact	6/10/2019 9:48 AM
Temperature	No Abnormality	6/10/2019 9:48 AM
Biologics - Manufacturer	10	6/10/2019 9:48 AM

Number of days: 152

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Thickness	Full thickness without exposed support structure	6/10/2019 9:48 AM
Wound Length (cm)	2 cm	6/10/2019 9:48 AM
Wound Width (cm)	2.5 cm	6/10/2019 9:48 AM
Wound Depth (cm)	0.5 cm	6/10/2019 9:48 AM
Wound Volume (cm^3)	2.5 cm^3	6/10/2019 9:48 AM
Wound Healing %	-92 cm	6/10/2019 9:48 AM
Wound Surface Area (cm^2)	5 cm^2	6/10/2019 9:48 AM
Exudate Amt	Moderate	6/10/2019 9:48 AM
Exudate Type	Serosanguineous	6/10/2019 9:48 AM
Foul Odor After Cleansing	No	6/10/2019 9:48 AM
Granulation Amt	None Present	6/10/2019 9:48 AM
Necrosis	None Present	6/10/2019 9:48 AM
Slough	Medium - 34-66%	6/10/2019 9:48 AM
Structure Exposed	None Present	6/10/2019 9:48 AM
Margin	Distinct, Outline Attached	6/10/2019 9:48 AM
Tunneling	none	6/10/2019 9:48 AM
Undermining	none	6/10/2019 9:48 AM
Peri-wound Assessment	Pink	6/10/2019 9:48 AM
Temperature	No Abnormality	6/10/2019 9:48 AM

Number of days: 47

Wound 04/25/19 #13 Left lat Calf (Active)

Thickness	Full thickness without exposed support structure	6/10/2019 9:48 AM
Wound Length (cm)	6 cm	6/10/2019 9:48 AM
Wound Width (cm)	7 cm	6/10/2019 9:48 AM
Wound Depth (cm)	0.2 cm	6/10/2019 9:48 AM
Wound Volume (cm^3)	8.4 cm^3	6/10/2019 9:48 AM
Wound Healing %	-300 cm	6/10/2019 9:48 AM
Wound Surface Area (cm^2)	42 cm^2	6/10/2019 9:48 AM
Exudate Amt	Large	6/10/2019 9:48 AM
Exudate Type	Serosanguineous	6/10/2019 9:48 AM
Foul Odor After Cleansing	No	6/10/2019 9:48 AM
Granulation Amt	Small - 1-33%	6/10/2019 9:48 AM
Necrosis	None Present	6/10/2019 9:48 AM
Slough	Large - 67-100%	6/10/2019 9:48 AM
Structure Exposed	None Present	6/10/2019 9:48 AM
Margin	Distinct, Outline Attached	6/10/2019 9:48 AM
Tunneling	none	6/10/2019 9:48 AM
Undermining	none	6/10/2019 9:48 AM
Peri-wound Assessment	Intact	6/10/2019 9:48 AM

Temperature	No Abnormality	6/10/2019	9:48 AM

Number of days: 47

Wound 04/25/19 #14 Left lat Ankle (Active)

Thickness	Full thickness without exposed support structure	6/10/2019	9:48 AM
Wound Length (cm)	5 cm	6/10/2019	9:48 AM
Wound Width (cm)	4.2 cm	6/10/2019	9:48 AM
Wound Depth (cm)	0.2 cm	6/10/2019	9:48 AM
Wound Volume (cm^3)	4.2 cm^3	6/10/2019	9:48 AM
Wound Healing %	-162 cm	6/10/2019	9:48 AM
Wound Surface Area (cm^2)	21 cm^2	6/10/2019	9:48 AM
Exudate Amt	Large	6/10/2019	9:48 AM
Exudate Type	Serosanguineous	6/10/2019	9:48 AM
Foul Odor After Cleansing	No	6/10/2019	9:48 AM
Granulation Amt	None Present	6/10/2019	9:48 AM
Necrosis	None Present	6/10/2019	9:48 AM
Slough	Large - 67-100%	6/10/2019	9:48 AM
Structure Exposed	None Present	6/10/2019	9:48 AM
Margin	Distinct, Outline Attached	6/10/2019	9:48 AM
Tunneling	none	6/10/2019	9:48 AM
Undermining	none	6/10/2019	9:48 AM
Peri-wound Assessment	Intact	6/10/2019	9:48 AM
Temperature	No Abnormality	6/10/2019	9:48 AM

Number of days: 47

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

XR TIBIA FIBULA 2 VW LEFT
EXAMINATION:
XR Tibia Fibula 2 Views Left

CLINICAL INDICATION:
worsening wound at left medial ankle

COMPARISON:
Radiographs of the left tibia and fibula dated August 17, 2017.

FINDINGS AND IMPRESSION:
The bones are diffusely demineralized.

No acute fracture or dislocation. No periostitis, focal osteopenia, or osseous erosion to suggest osteomyelitis.

There is soft tissue irregularity/ulceration along the medial distal calf. No definite soft tissue gas. No radiopaque foreign body. Vascular calcifications are present.
ATTENDING RADIOLOGIST AND PAGER NUMBER
505568 REHWALD CHRISTINE MARIE MD

ASSESSMENT/PLAN: This is a patient with extensive leg ulcers, poor living conditions, underlying DM2, limb ischemia and venous hypertension with poor nutritional intake due to the lifestyle. Currently wounds are stable. We made sure the son has enough wound care supply to carry on our instructions for wound dressing. Again emphasized the importance of her having high protein and calori intake with these wounds. We will follow up.
(E11.622, L97.909) Diabetic ulcer of lower extremity (HCC) (primary encounter diagnosis)
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
(I87.313, L97.919, L97.929) Venous hypertension, chronic, with ulcer, bilateral (HCC)
(I70.232, I70.242) Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
(L97.313) Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
(Z59.0) Homeless
Jeanne was seen today for follow up visit.

Diagnoses and all orders for this visit:

Diabetic ulcer of lower extremity (HCC)
- NURSING COMMUNICATION

Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- NURSING COMMUNICATION

Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- NURSING COMMUNICATION

Venous hypertension, chronic, with ulcer, bilateral (HCC)
- NURSING COMMUNICATION

Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- NURSING COMMUNICATION

Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- NURSING COMMUNICATION

Homeless
- NURSING COMMUNICATION

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Patient Instructions
Left and right calf and ankle wounds:
Cleanse with water and pat dry,
Apply Silver Alginate, ABD, Wrap Gauze,
Apply Zinc paste to the periwound excoriation,
Tubi-grip- apply in the morning and remove at night.
Change dressing every other day

Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest, evaluate legs
Avoid salt in your foods
Elevate legs as much as possible

If pain, redness, swelling, increases and fever please go to the ER or Urgent Care

Return in about 1 month (around 7/8/2019) for routine follow-up.

Nilufer B Norsworthy, MD

Electronically signed by Norsworthy, Nilufer Bozdemir, MD at 6/11/2019 11:25 AM

Flowsheets

Vital Data

Row Name	06/10/19 1001
BP	134/72
BP Site	Right Arm
BP Position	Sitting
Temp	36 °C
Temp src	Oral
Pulse	70
Pulse Regularity	Regular
Resp	12

Wound Assessment/Care

Row Name	06/10/19 0948
RLE Calf - Cm w/ Point of Measurement	29 cm
RLE Calf - Cm from the Medial Instep	32 cm
LLE Calf - Cm w/ Point of Measurement	28.4 cm
LLE Calf - Cm	32 cm

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

from the Medial Instep	
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	9 cm
Wound Width (cm)	4 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	7.2 cm^3
Wound Healing %	20 cm
Wound Surface Area (cm^2)	36 cm^2
Exudate Amt	Large
Exudate Type	Serosanguineous;Serous
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	6 cm
Wound Width (cm)	6 cm
Wound Depth (cm)	0.3 cm
Wound Volume (cm^3)	10.8 cm^3
Wound Healing %	-380 cm
Wound Surface Area (cm^2)	36 cm^2
Exudate Amt	Large
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Biologics - Manufacturer	10
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	2 cm
Wound Width (cm)	2.5 cm
Wound Depth (cm)	0.5 cm
Wound Volume (cm^3)	2.5 cm^3
Wound Healing %	-92 cm
Wound Surface Area (cm^2)	5 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Medium - 34-66%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Pink
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	6 cm
Wound Width (cm)	7 cm
Wound Depth	0.2 cm

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

(cm)	
Wound Volume (cm^3)	8.4 cm^3
Wound Healing %	-300 cm
Wound Surface Area (cm^2)	42 cm^2
Exudate Amt	Large
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	5 cm
Wound Width (cm)	4.2 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	4.2 cm^3
Wound Healing %	-162 cm
Wound Surface Area (cm^2)	21 cm^2
Exudate Amt	Large
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Patient Instructions

Left and right calf and ankle wounds:
Cleanse with water and pat dry,
Apply Silver Alginate, ABD, Wrap Gauze,
Apply Zinc paste to the periwound excoriation,
Tubi-grip- apply in the morning and remove at night.
Change dressing every other day

Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest, evaluate legs
Avoid salt in your foods
Elevate legs as much as possible

If pain, redness, swelling, increases and fever please go to the ER or Urgent Care

Electronically signed by Warner, Desiree E at 6/10/2019 10:36 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
6/10/2019 10:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left and right calf and ankle wounds:
Cleanse with water and pat dry,
Apply Silver Alginate, ABD, Wrap Gauze,
Apply Zinc paste to the periwound excoriation,
Tubi-grip- apply in the morning and remove at night.
Change dressing every other day

Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest, evaluate legs
Avoid salt in your foods
Elevate legs as much as possible

If pain, redness, swelling, increases and fever please go to the ER or Urgent Care

Return in about 3 weeks
(around 7/1/2019) for routine follow-up.

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday June 10, 2019 for: Follow Up Visit.

Blood Pressure	Temperature (Oral)	Pulse	Respiration
134/72	96.8 °F	70	12

What's Next

JUN 12 2019 Return Wellness Appointment with William E Neighbor, MD
Wednesday June 12 10:40 AM (Arrive by 10:25 AM)
Please contact your insurance company to verify your coverage for routine preventative care.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of 6/10/19 10:36 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen-codeine 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Instill one drop in each eye twice daily
warfarin 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE, Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Letters

Referral by Norsworthy, Nilufer Bozdemir, MD on 6/11/2019

Status: Sent
Letter body:

June 11, 2019

William E Neighbor Jr., MD
1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410

RE: Jeane Leonie Hoffman
DOB: 1/6/1925

Dear William E Neighbor Jr., MD:

Thank you for referring Jeane Hoffman to me for evaluation. Enclosed is a copy of my clinic note.

If you have questions please feel free to contact me at your convenience; I would be happy to review any concerns you have.

Sincerely,

Electronically signed by
Nilufer B Norsworthy, MD

CC: No Recipients

Visit Summary
Patient received supplies from sound health. Patient has UPS mail box so no address change for supplies.
Patients son states they are moving into an apartment next Monday.
Patients son states states is having at least 4 ensures a day.
Patients son states patient is eating meat every day.
Patient states she has about 4 meals a day.
Follow up in 4 weeks with Norsworthy.

Left and right calf and ankle wounds:
Cleanse with water and pat dry,
Apply Silver Alginate, ABD, Wrap Gauze,
Apply Zinc paste to the periwound excoriation,
Tubi-grip- apply in the morning and remove at night.
Change dressing every other day

Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest, evaluate legs
Avoid salt in your foods
Elevate legs as much as possible

If pain, redness, swelling, increases and fever please go to the ER or Urgent Care

PROGRESS NOTE
6/10/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with extensive bilateral lower limb ulcers is seen today for Follow Up Visit

INTERVAL HISTORY: This is a 94 yo woman, living with his son in a tent, who has DM2, bilateral limb ischemia and venous hypertension with edema. Since the last visit wounds have not changed much: extensive, covered with slough, very tender but without any sign of infection. The son reports she has been eating at least 3 meals of meat or other protein, she has a comfortable bed she can rest during the day as well and they will have an apartment next week. She denies any fever, chills or leg pain as long as they are not being touched. She denies weight loss.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever, limb pain

Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• acetaminophen-codeine 300-30 MG Oral Tab, TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED., Disp: 60 tablet, Rfl: 0
• Atorvastatin Calcium 20 MG Oral Tab, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• Losartan Potassium 25 MG Oral Tab, TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY, Disp: 45 tablet, Rfl: 2
• Pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 270 tablet, Rfl: 3
• Timolol Maleate 0.5 % Ophthalmic Solution, Instill one drop in each eye twice daily, Disp: 10 mL, Rfl: 0
• Warfarin Sodium 4 MG Oral Tab, Take 1 tablet (4 mg) by mouth daily., Disp: 30 tablet, Rfl: 2

EXAM:
Vital Signs: BP 134/72 | Pulse 70 | Temp 96.8 °F (36 °C) (Oral) | Resp 12 There is no height or weight on file to calculate BMI.

Edema: 1+
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 28.4 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 29 cm
RLE Calf - Cm from the Medial Instep: 32 cm

Vascular: pedal pulses are not palpable.
Left Lower:

Right Lower:

Wound Data:

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 152

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 152

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Date First Assessed/Time First Assessed: 04/25/19 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiolog...
Number of days: 47

Wound 04/25/19 #13 Left lat Calf (Active)

Date First Assessed/Time First Assessed: 04/25/19 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg U...
Number of days: 47

Wound 04/25/19 #14 Left lat Ankle (Active)

Date First Assessed/Time First Assessed: 04/25/19 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg ...
Number of days: 47

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	6/10/2019 9:48 AM
Wound Length (cm)	9 cm	6/10/2019 9:48 AM

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Wound Width (cm)	4 cm	6/10/2019 9:48 AM
Wound Depth (cm)	0.2 cm	6/10/2019 9:48 AM
Wound Volume (cm^3)	7.2 cm^3	6/10/2019 9:48 AM
Wound Healing %	20 cm	6/10/2019 9:48 AM
Wound Surface Area (cm^2)	36 cm^2	6/10/2019 9:48 AM
Exudate Amt	Large	6/10/2019 9:48 AM
Exudate Type	Serosanguineous;Serous	6/10/2019 9:48 AM
Foul Odor After Cleansing	No	6/10/2019 9:48 AM
Granulation Amt	None Present	6/10/2019 9:48 AM
Necrosis	None Present	6/10/2019 9:48 AM
Slough	Large - 67-100%	6/10/2019 9:48 AM
Structure Exposed	None Present	6/10/2019 9:48 AM
Margin	Distinct, Outline Attached	6/10/2019 9:48 AM
Tunneling	none	6/10/2019 9:48 AM
Undermining	none	6/10/2019 9:48 AM
Peri-wound Assessment	Intact	6/10/2019 9:48 AM
Temperature	No Abnormality	6/10/2019 9:48 AM

Number of days: 152

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	6/10/2019 9:48 AM
Wound Length (cm)	6 cm	6/10/2019 9:48 AM
Wound Width (cm)	6 cm	6/10/2019 9:48 AM
Wound Depth (cm)	0.3 cm	6/10/2019 9:48 AM
Wound Volume (cm^3)	10.8 cm^3	6/10/2019 9:48 AM
Wound Healing %	-380 cm	6/10/2019 9:48 AM
Wound Surface Area (cm^2)	36 cm^2	6/10/2019 9:48 AM
Exudate Amt	Large	6/10/2019 9:48 AM
Exudate Type	Serosanguineous	6/10/2019 9:48 AM
Foul Odor After Cleansing	No	6/10/2019 9:48 AM
Granulation Amt	None Present	6/10/2019 9:48 AM
Necrosis	None Present	6/10/2019 9:48 AM
Slough	Large - 67-100%	6/10/2019 9:48 AM
Structure Exposed	None Present	6/10/2019 9:48 AM
Margin	Distinct, Outline Attached	6/10/2019 9:48 AM
Tunneling	none	6/10/2019 9:48 AM
Undermining	none	6/10/2019 9:48 AM
Peri-wound Assessment	Intact	6/10/2019 9:48 AM
Temperature	No Abnormality	6/10/2019 9:48 AM
Biologics - Manufacturer	10	6/10/2019 9:48 AM

Number of days: 152

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Thickness	Full thickness without exposed support structure	6/10/2019 9:48 AM
Wound Length (cm)	2 cm	6/10/2019 9:48 AM
Wound Width (cm)	2.5 cm	6/10/2019 9:48 AM
Wound Depth (cm)	0.5 cm	6/10/2019 9:48 AM
Wound Volume (cm^3)	2.5 cm^3	6/10/2019 9:48 AM
Wound Healing %	-92 cm	6/10/2019 9:48 AM
Wound Surface Area (cm^2)	5 cm^2	6/10/2019 9:48 AM
Exudate Amt	Moderate	6/10/2019 9:48 AM

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Exudate Type	Serosanguineous	6/10/2019 9:48 AM
Foul Odor After Cleansing	No	6/10/2019 9:48 AM
Granulation Amt	None Present	6/10/2019 9:48 AM
Necrosis	None Present	6/10/2019 9:48 AM
Slough	Medium - 34-66%	6/10/2019 9:48 AM
Structure Exposed	None Present	6/10/2019 9:48 AM
Margin	Distinct, Outline Attached	6/10/2019 9:48 AM
Tunneling	none	6/10/2019 9:48 AM
Undermining	none	6/10/2019 9:48 AM
Peri-wound Assessment	Pink	6/10/2019 9:48 AM
Temperature	No Abnormality	6/10/2019 9:48 AM

Number of days: 47

Wound 04/25/19 #13 Left lat Calf (Active)

Thickness	Full thickness without exposed support structure	6/10/2019 9:48 AM
Wound Length (cm)	6 cm	6/10/2019 9:48 AM
Wound Width (cm)	7 cm	6/10/2019 9:48 AM
Wound Depth (cm)	0.2 cm	6/10/2019 9:48 AM
Wound Volume (cm^3)	8.4 cm^3	6/10/2019 9:48 AM
Wound Healing %	-300 cm	6/10/2019 9:48 AM
Wound Surface Area (cm^2)	42 cm^2	6/10/2019 9:48 AM
Exudate Amt	Large	6/10/2019 9:48 AM
Exudate Type	Serosanguineous	6/10/2019 9:48 AM
Foul Odor After Cleansing	No	6/10/2019 9:48 AM
Granulation Amt	Small - 1-33%	6/10/2019 9:48 AM
Necrosis	None Present	6/10/2019 9:48 AM
Slough	Large - 67-100%	6/10/2019 9:48 AM
Structure Exposed	None Present	6/10/2019 9:48 AM
Margin	Distinct, Outline Attached	6/10/2019 9:48 AM
Tunneling	none	6/10/2019 9:48 AM
Undermining	none	6/10/2019 9:48 AM
Peri-wound Assessment	Intact	6/10/2019 9:48 AM
Temperature	No Abnormality	6/10/2019 9:48 AM

Number of days: 47

Wound 04/25/19 #14 Left lat Ankle (Active)

Thickness	Full thickness without exposed support structure	6/10/2019 9:48 AM
Wound Length (cm)	5 cm	6/10/2019 9:48 AM
Wound Width (cm)	4.2 cm	6/10/2019 9:48 AM
Wound Depth (cm)	0.2 cm	6/10/2019 9:48 AM
Wound Volume (cm^3)	4.2 cm^3	6/10/2019 9:48 AM
Wound Healing %	-162 cm	6/10/2019 9:48 AM
Wound Surface Area (cm^2)	21 cm^2	6/10/2019 9:48 AM
Exudate Amt	Large	6/10/2019 9:48 AM
Exudate Type	Serosanguineous	6/10/2019 9:48 AM
Foul Odor After Cleansing	No	6/10/2019 9:48 AM
Granulation Amt	None Present	6/10/2019 9:48 AM
Necrosis	None Present	6/10/2019 9:48 AM
Slough	Large - 67-100%	6/10/2019 9:48 AM
Structure Exposed	None Present	6/10/2019 9:48 AM
Margin	Distinct, Outline Attached	6/10/2019 9:48 AM

Tunneling	none	6/10/2019 9:48 AM
Undermining	none	6/10/2019 9:48 AM
Peri-wound Assessment	Intact	6/10/2019 9:48 AM
Temperature	No Abnormality	6/10/2019 9:48 AM

Number of days: 47

LABS:
No results found for: CBC
Hemoglobin A1C

Date	Value	Ref Range	Status
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	

No components found for: BMP
Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

XR TIBIA FIBULA 2 VW LEFT
EXAMINATION:
XR Tibia Fibula 2 Views Left

CLINICAL INDICATION:
worsening wound at left medial ankle

COMPARISON:
Radiographs of the left tibia and fibula dated August 17, 2017.

FINDINGS AND IMPRESSION:
The bones are diffusely demineralized.

No acute fracture or dislocation. No periostitis, focal osteopenia, or osseous erosion to suggest osteomyelitis.

There is soft tissue irregularity/ulceration along the medial distal calf. No definite soft tissue gas. No radiopaque foreign body. Vascular calcifications are present.
ATTENDING RADIOLOGIST AND PAGER NUMBER
505568 REHWALD CHRISTINE MARIE MD

ASSESSMENT/PLAN: This is a patient with extensive leg ulcers, poor living conditions, underlying DM2, limb ischemia and venous hypertension with poor nutritional intake due to the lifestyle. Currently wounds are stable. We made sure the son has enough wound care supply to carry on our instructions for wound dressing. Again emphasized the importance of her having high protein and calori intake with these wounds. We will follow up.
(E11.622, L97.909) Diabetic ulcer of lower extremity (HCC) (primary encounter diagnosis)

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
(I87.313, L97.919, L97.929) Venous hypertension, chronic, with ulcer, bilateral (HCC)
(I70.232, I70.242) Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
(L97.313) Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
(Z59.0) Homeless
Jeanne was seen today for follow up visit.

Diagnoses and all orders for this visit:

Diabetic ulcer of lower extremity (HCC)
- NURSING COMMUNICATION

Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- NURSING COMMUNICATION

Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- NURSING COMMUNICATION

Venous hypertension, chronic, with ulcer, bilateral (HCC)
- NURSING COMMUNICATION

Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- NURSING COMMUNICATION

Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- NURSING COMMUNICATION

Homeless
- NURSING COMMUNICATION

Patient Instructions
Left and right calf and ankle wounds:
Cleanse with water and pat dry,
Apply Silver Alginate, ABD, Wrap Gauze,
Apply Zinc paste to the periwound excoriation,
Tubi-grip- apply in the morning and remove at night.
Change dressing every other day

Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest, evaluate legs
Avoid salt in your foods
Elevate legs as much as possible

If pain, redness, swelling, increases and fever please go to the ER or Urgent Care

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Return in about 1 month (around 7/8/2019) for routine follow-up.

Nilufer B Norsworthy, MD

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 6/10/2019 10:36 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
6/10/2019 10:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left and right calf and ankle wounds:
Cleanse with water and pat dry,
Apply Silver Alginate, ABD, Wrap Gauze,
Apply Zinc paste to the periwound excoriation,
Tubi-grip- apply in the morning and remove at night.
Change dressing every other day

Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest, evaluate legs
Avoid salt in your foods
Elevate legs as much as possible

If pain, redness, swelling, increases and fever please go to the ER or Urgent Care

Return in about 3 weeks
(around 7/1/2019) for routine follow-up.

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday June 10, 2019 for: Follow Up Visit.

Blood Pressure	Temperature (Oral)	Pulse	Respiration
134/72	96.8 °F	70	12

What's Next

JUN 12 2019 Return Wellness Appointment with William E Neighbor, MD
Wednesday June 12 10:40 AM (Arrive by 10:25 AM)
Please contact your insurance company to verify your coverage for routine preventative care.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

06/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of 6/10/19 10:36 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen-codeine 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Instill one drop in each eye twice daily
warfarin 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE, Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnoses:

- Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary)
- Non-pressure chronic ulcer of right ankle with necrosis of muscle
- Diabetic ulcer of lower extremity
- Chronic venous hypertension with ulcer, bilateral
- Bilateral leg edema

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Norsworthy, Nilufer Bozdemir, MD	Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 2 weeks (around 6/6/2019) for routine follow-up.

Level of Service

Level of Service
PROCEDURE VISIT ONLY NO LOS

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP — Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/16/2019
Start date: 2/16/2019 — End date: 8/16/2019
Quantity: 30 tablet — Refill: 2 refills by 2/16/2020

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/16/2019
Start date: 4/16/2019 — End date: 9/4/2019
Quantity: 10 mL — Refill: No refills remaining

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/22/2019
Start date: 5/22/2019 — End date: 8/20/2019
Quantity: 60 tablet — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Lee, Shelley, RN at 5/23/2019 1015

No change in medication reported
Wound Center Orders for Topical Lidocaine Wound Application:

Apply 2% topical gel or 4% topical liquid lidocaine to open wound prior to surgical debridement and assessment, not to exceed 10 ml.

Wound/Ulcer: #10,9,14,13,12
Anesthetic: lidocaine 4% topical solution

Electronically signed by Lee, Shelley, RN at 5/28/2019 10:07 PM

McKisson, Kimberly A, RN at 5/23/2019 1015

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Pt's wounds were much worse today, more edema erythema, sloughy wounds and pain. Slough debrided in clinic. Discussed patient eating more meats and being on bedrest. VS WNL. Sound Health ordered today. Antimicrobial topical dressing applied. Pt to go to ER if wounds get worse.F/U 2 weeks.

Calf and ankle wounds:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest
Avoid salt in your foods

Elevate legs as much as possible

Diapers can be used to absorb drainage.

If pain, redness, swelling, increases and fever ensues, please go to the ER or Urgent Care

Electronically signed by McKisson, Kimberly A, RN at 5/28/2019 10:07 PM

Norsworthy, Nilufer Bozdemir, MD at 5/23/2019 1015

PROGRESS NOTE
5/23/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with multiple bilateral lower limb ulcer is seen today for Follow Up Visit

INTERVAL HISTORY: This is a delightful patient presented with her son. Her wounds deteriorated and there are multiple new leg ulcer with pain and excessive slough. She reports she is loosing weight. Son reports she is not eating much. Their food is mostly fruit and vegetable with protein twice weekly. They continue to live in a tent. Son is not available for her during the day time. So she sits all day long legs are at dependent posture.
She has DM2 and mixed vascular disease with venous insufficiency and limb ischemia.
Mrs. Hoffman's case has a challenging sociopsychological and economical aspect: She is living with her son in a tent. Her living conditions and access to food is poor. HHRN declined to care for her as she has no address with unsafe and unkept environment. Her son has been carrying out the wound care, he run out of supply and did not reach us for refills. There is an open APS file for her. Her son is not allowing her to live at a place that she will has better food and care, openly using psychological pressure on her with economical concerns: "people goes to nursing facility for dying", "he would not visit her there if she chooses to go", "she will loose all family photos as he cannot afford to keep them in storage".

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever, . Does have, limb pain

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• acetaminophen-codeine 300-30 MG Oral Tab, TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED., Disp: 60 tablet, Rfl: 0
• Atorvastatin Calcium 20 MG Oral Tab, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• Losartan Potassium 25 MG Oral Tab, TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY, Disp: 45 tablet, Rfl: 2
• Pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 270 tablet, Rfl: 3
• Timolol Maleate 0.5 % Ophthalmic Solution, Instill one drop in each eye twice daily, Disp: 10 mL, Rfl: 0
• Warfarin Sodium 4 MG Oral Tab, Take 1 tablet (4 mg) by mouth daily., Disp: 30 tablet, Rfl: 2

EXAM:
Vital Signs: BP 138/70 | Pulse 64 | Temp 97.4 °F (36.3 °C) (Oral) | Resp 16 There is no height or weight on file to calculate BMI.

Edema: 2+
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 27.6 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:

Vascular: pedal pulses are not palpable.
Left Lower:

Right Lower:

Wound Data:
Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 138

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound

Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 138

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Date First Assessed/Time First Assessed: 04/25/19 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiolog...
Number of days: 33

Wound 04/25/19 #13 Left lat Calf (Active)

Date First Assessed/Time First Assessed: 04/25/19 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg U...
Number of days: 33

Wound 04/25/19 #14 Left lat Ankle (Active)

Date First Assessed/Time First Assessed: 04/25/19 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg ...
Number of days: 33

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	5/23/2019 9:05 AM
Wound Length (cm)	7 cm	5/23/2019 9:05 AM
Wound Width (cm)	6 cm	5/23/2019 9:05 AM
Wound Depth (cm)	0.5 cm	5/23/2019 9:05 AM
Wound Volume (cm^3)	21 cm^3	5/23/2019 9:05 AM
Wound Healing %	-134 cm	5/23/2019 9:05 AM
Wound Surface Area (cm^2)	42 cm^2	5/23/2019 9:05 AM
Exudate Amt	Large	5/23/2019 9:05 AM
Exudate Type	Serosanguineous;Yellow	5/23/2019 9:05 AM
Foul Odor After Cleansing	No	5/23/2019 9:05 AM
Granulation Amt	Small - 1-33%	5/23/2019 9:05 AM
Necrosis	None Present	5/23/2019 9:05 AM
Slough	Large - 67-100%	5/23/2019 9:05 AM
Structure Exposed	None Present	5/23/2019 9:05 AM
Margin	Distinct, Outline Attached	5/23/2019 9:05 AM
Tunneling	none	5/23/2019 9:05 AM
Undermining	none	5/23/2019 9:05 AM
Peri-wound Assessment	Intact	5/23/2019 9:05 AM
Temperature	No Abnormality	5/23/2019 9:05 AM

Number of days: 138

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	5/23/2019 9:05 AM
Wound Length (cm)	10 cm	5/23/2019 9:05 AM
Wound Width (cm)	5.5 cm	5/23/2019 9:05 AM
Wound Depth (cm)	0.3 cm	5/23/2019 9:05 AM
Wound Volume (cm^3)	16.5 cm^3	5/23/2019 9:05 AM
Wound Healing %	-633 cm	5/23/2019 9:05 AM

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Wound Surface Area (cm^2)	55 cm^2	5/23/2019 9:05 AM
Exudate Amt	Copious	5/23/2019 9:05 AM
Exudate Type	Serosanguineous;Yellow	5/23/2019 9:05 AM
Foul Odor After Cleansing	No	5/23/2019 9:05 AM
Granulation Amt	None Present	5/23/2019 9:05 AM
Necrosis	None Present	5/23/2019 9:05 AM
Slough	Large - 67-100%	5/23/2019 9:05 AM
Structure Exposed	None Present	5/23/2019 9:05 AM
Margin	Distinct, Outline Attached	5/23/2019 9:05 AM
Tunneling	none	5/23/2019 9:05 AM
Undermining	none	5/23/2019 9:05 AM
Peri-wound Assessment	Intact	5/23/2019 9:05 AM
Temperature	No Abnormality	5/23/2019 9:05 AM

Number of days: 138

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Thickness	Full thickness without exposed support structure	5/23/2019 9:05 AM
Wound Length (cm)	4.7 cm	5/23/2019 9:05 AM
Wound Width (cm)	1.7 cm	5/23/2019 9:05 AM
Wound Depth (cm)	0.4 cm	5/23/2019 9:05 AM
Wound Volume (cm^3)	3.2 cm^3	5/23/2019 9:05 AM
Wound Healing %	-146 cm	5/23/2019 9:05 AM
Wound Surface Area (cm^2)	7.99 cm^2	5/23/2019 9:05 AM
Exudate Amt	Large	5/23/2019 9:05 AM
Exudate Type	Serosanguineous;Yellow	5/23/2019 9:05 AM
Foul Odor After Cleansing	No	5/23/2019 9:05 AM
Granulation Amt	None Present	5/23/2019 9:05 AM
Necrosis	None Present	5/23/2019 9:05 AM
Slough	Large - 67-100%	5/23/2019 9:05 AM
Structure Exposed	None Present	5/23/2019 9:05 AM
Margin	Distinct, Outline Attached	5/23/2019 9:05 AM
Tunneling	none	5/23/2019 9:05 AM
Undermining	none	5/23/2019 9:05 AM
Peri-wound Assessment	Pink;Painful	5/23/2019 9:05 AM
Temperature	No Abnormality	5/23/2019 9:05 AM

Number of days: 33

Wound 04/25/19 #13 Left lat Calf (Active)

Thickness	Full thickness without exposed support structure	5/23/2019 9:05 AM
Wound Length (cm)	7.2 cm	5/23/2019 9:05 AM
Wound Width (cm)	7 cm	5/23/2019 9:05 AM
Wound Depth (cm)	0.3 cm	5/23/2019 9:05 AM
Wound Volume (cm^3)	15.12 cm^3	5/23/2019 9:05 AM
Wound Healing %	-620 cm	5/23/2019 9:05 AM
Wound Surface Area (cm^2)	50.4 cm^2	5/23/2019 9:05 AM
Exudate Amt	Large	5/23/2019 9:05 AM
Exudate Type	Yellow;Serosanguineous	5/23/2019 9:05 AM
Foul Odor After Cleansing	No	5/23/2019 9:05 AM
Granulation Amt	None Present	5/23/2019 9:05 AM
Necrosis	None Present	5/23/2019 9:05 AM
Slough	Large - 67-100%	5/23/2019 9:05 AM

Structure Exposed	None Present	5/23/2019 9:05 AM
Margin	Distinct, Outline Attached	5/23/2019 9:05 AM
Tunneling	none	5/23/2019 9:05 AM
Undermining	none	5/23/2019 9:05 AM
Peri-wound Assessment	Pink	5/23/2019 9:05 AM
Temperature	No Abnormality	5/23/2019 9:05 AM

Number of days: 33

Wound 04/25/19 #14 Left lat Ankle (Active)

Thickness	Full thickness without exposed support structure	5/23/2019 9:05 AM
Wound Length (cm)	6.5 cm	5/23/2019 9:05 AM
Wound Width (cm)	4.3 cm	5/23/2019 9:05 AM
Wound Depth (cm)	0.3 cm	5/23/2019 9:05 AM
Wound Volume (cm^3)	8.38 cm^3	5/23/2019 9:05 AM
Wound Healing %	-424 cm	5/23/2019 9:05 AM
Wound Surface Area (cm^2)	27.95 cm^2	5/23/2019 9:05 AM
Exudate Amt	Copious	5/23/2019 9:05 AM
Exudate Type	Serosanguineous;Yellow	5/23/2019 9:05 AM
Foul Odor After Cleansing	No	5/23/2019 9:05 AM
Granulation Amt	Small - 1-33%	5/23/2019 9:05 AM
Necrosis	None Present	5/23/2019 9:05 AM
Slough	Large - 67-100%	5/23/2019 9:05 AM
Structure Exposed	None Present	5/23/2019 9:05 AM
Margin	Distinct, Outline Attached	5/23/2019 9:05 AM
Tunneling	none	5/23/2019 9:05 AM
Undermining	none	5/23/2019 9:05 AM
Peri-wound Assessment	Intact	5/23/2019 9:05 AM
Temperature	No Abnormality	5/23/2019 9:05 AM

Number of days: 33

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

XR TIBIA FIBULA 2 VW LEFT
EXAMINATION:
XR Tibia Fibula 2 Views Left

CLINICAL INDICATION:
worsening wound at left medial ankle

COMPARISON:
Radiographs of the left tibia and fibula dated August 17, 2017.

FINDINGS AND IMPRESSION:
The bones are diffusely demineralized.

No acute fracture or dislocation. No periostitis, focal osteopenia, or osseous erosion to suggest osteomyelitis.

There is soft tissue irregularity/ulceration along the medial distal calf. No definite soft tissue gas. No radiopaque foreign body. Vascular calcifications are present.
ATTENDING RADIOLOGIST AND PAGER NUMBER
505568 REHWALD CHRISTINE MARIE MD

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 9 and 10 / Description: Wound bed and edges have large slough and necrotic tissue.
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: necrosis of muscle
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~100 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements
#9: Improved: Length 7cm X Width 6cm X Depth: 0.7cm
#10: Improved: Length 10cm X Width 5.6cm X Depth: 0.5cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT/PLAN: This is a 94 yo woman with DM2, both venous and arterial disease is here with her son for worsening leg ulcers. She is loosing weight. Her care is suboptimal with interrupted wound care at home, poor nutritional status, and poor living conditions. Currently there is no sign of infection or inflammation with ulcers. We will continue antimicrobial and absorbant dressings. We ordered more supply for her. She does need better environment, care and higher protein content in her diet. I strongly recommend her to be at an intermediate care facility. She is hesitant to disagree with her son on this change. I recommended her to discuss her options with Dr. Neighbor, MD (her PCP) as well.
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) (primary encounter diagnosis)
(L97.313) Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
(E11.622, L97.909) Diabetic ulcer of lower extremity (HCC)

(I87.313, L97.919, L97.929) Chronic venous hypertension with ulcer, bilateral (HCC)
(R60.0) Bilateral leg edema
Jeanne was seen today for follow up visit.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Diabetic ulcer of lower extremity (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Chronic venous hypertension with ulcer, bilateral (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Bilateral leg edema
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Other orders
- Cancel: DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Patient Instructions
Left and right calf and ankle wounds:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest
Avoid salt in your foods

Elevate legs as much as possible

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Diapers can be used to absorb drainage.

If pain, redness, swelling, increases and fever please go to the ER or Urgent Care

Return in about 2 weeks (around 6/6/2019) for routine follow-up.

Nilufer B Norsworthy, MD

Electronically signed by Norsworthy, Nilufer Bozdemir, MD at 5/28/2019 10:07 PM

Flowsheets

Vital Data

Row Name	05/23/19 0909
BP	138/70
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Temp	36.3 °C
Temp src	Oral
Pulse	64
Pulse Regularity	Regular
Resp	16

Wound Assessment/Care

Row Name	05/23/19 0905
LLE Calf - Cm w/ Point of Measurement	27.6 cm
LLE Calf - Cm from the Medial Instep	32 cm
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	7 cm
Wound Width (cm)	6 cm
Wound Depth (cm)	0.5 cm
Wound Volume (cm^3)	21 cm^3
Wound Healing %	-134 cm
Wound Surface	42 cm^2

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Area (cm^2)	
Exudate Amt	Large
Exudate Type	Serosanguineous;Yellow
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	10 cm
Wound Width (cm)	5.5 cm
Wound Depth (cm)	0.3 cm
Wound Volume (cm^3)	16.5 cm^3
Wound Healing %	-633 cm
Wound Surface Area (cm^2)	55 cm^2
Exudate Amt	Copious
Exudate Type	Serosanguineous;Yellow
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Wound Length (cm)	4.7 cm
Wound Width (cm)	1.7 cm
Wound Depth (cm)	0.4 cm
Wound Volume (cm^3)	3.2 cm^3
Wound Healing %	-146 cm
Wound Surface Area (cm^2)	7.99 cm^2
Exudate Amt	Large
Exudate Type	Serosanguineous;Yellow
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Pink;Painful
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	7.2 cm
Wound Width (cm)	7 cm
Wound Depth (cm)	0.3 cm
Wound Volume (cm^3)	15.12 cm^3
Wound Healing %	-620 cm
Wound Surface Area (cm^2)	50.4 cm^2
Exudate Amt	Large
Exudate Type	Yellow;Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Undermining	none
Peri-wound Assessment	Pink
Temperature	No Abnormality
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	6.5 cm
Wound Width (cm)	4.3 cm
Wound Depth (cm)	0.3 cm
Wound Volume (cm^3)	8.38 cm^3
Wound Healing %	-424 cm
Wound Surface Area (cm^2)	27.95 cm^2
Exudate Amt	Copious
Exudate Type	Serosanguineous;Yellow
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality

Patient Instructions

Left and right calf and ankle wounds:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest
Avoid salt in your foods

Elevate legs as much as possible

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Patient Instructions (continued)

Diapers can be used to absorb drainage.

If pain, redness, swelling, increases and fever please go to the ER or Urgent Care

Electronically signed by McKisson, Kimberly A, RN at 5/23/2019 9:53 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
5/23/2019 10:15 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Calf and ankle wounds:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest
Avoid salt in your foods

Elevate legs as much as possible

Diapers can be used to absorb drainage.

If pain, redness, swelling, fever please go to the ER or Urgent Care

Return in about 2 weeks
(around 6/6/2019) for routine follow-up.

Today's Visit

You saw Nilufer B Norsworthy, MD on Thursday May 23, 2019 for: Follow Up Visit.

Blood Pressure	Temperature (Oral)	Pulse	Respiration
138/70	97.4 °F	64	16

What's Next

JUN 12 2019 Return Wellness Appointment with William E Neighbor, MD
Wednesday June 12 10:40 AM (Arrive by 10:25 AM)
Please contact your insurance company to verify your coverage for routine preventative care.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of 5/23/19 9:48 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen-codeine 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Instill one drop in each eye twice daily
warfarin 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE, Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Letters

Referral by Norsworthy, Nilufer Bozdemir, MD on 5/28/2019

Status: Sent
Letter body:

May 28, 2019

William E Neighbor Jr., MD
1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410

RE: Jeane Leonie Hoffman
DOB: 1/6/1925

Dear William E Neighbor Jr., MD:

Thank you for referring Jeane Hoffman to me for evaluation. Enclosed is a copy of my clinic note.

If you have questions please feel free to contact me at your convenience; I would be happy to review any concerns you have.

Sincerely,

Electronically signed by
Nilufer B Norsworthy, MD

CC: No Recipients

Visit Summary

Reason for Visit

Follow Up Visit

Diagnoses

	Codes	Comments
Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) - Primary	ICD-10-CM: L97.323 ICD-9-CM: 707.13	
Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	ICD-10-CM: L97.313 ICD-9-CM: 707.13	
Diabetic ulcer of lower extremity (HCC)	ICD-10-CM: E11.622, L97.909 ICD-9-CM: 250.80, 707.10	
Chronic venous hypertension with ulcer, bilateral (HCC)	ICD-10-CM: I87.313, L97.919, L97.929 ICD-9-CM: 459.31	
Bilateral leg edema	ICD-10-CM: R60.0 ICD-9-CM: 782.3	

Vital Signs - Last Recorded

BP	Pulse	Temp	Resp	OB Status
138/70	64	97.4 °F (36.3 °C) (Oral)	16	Postmenopausal

PROGRESS NOTE
5/23/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with multiple bilateral lower limb ulcer is seen today for Follow Up Visit

INTERVAL HISTORY: This is a delightful patient presented with her son. Her wounds deteriorated and there are multiple new leg ulcer with pain and excessive slough. She reports she is loosing weight. Son reports she is not eating much. Their food is mostly fruit and vegetable with protein twice weekly. They continue to live in a tent. Son is not available for her during the day time. So she sits all day long legs are at dependent posture.
She has DM2 and mixed vascular disease with venous insufficiency and limb ischemia.
Mrs. Hoffman's case has a challenging sociopsychological and economical aspect: She is living with her son in a tent. Her living conditions and access to food is poor. HHRN declined to care for her as she has no address with unsafe and unkept environment. Her son has been carrying out the wound care, he run out of supply and did not reach us for refills. There is an open APS file for her. Her son is not allowing her to live at a place that she will has better food and care, openly using psychological pressure on her with economical concerns: "people goes to nursing facility for dying", "he would not visit her there if she chooses to go", "she will loose all family photos as he cannot afford to keep them in storage".

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever, . Does have, limb pain

Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• acetaminophen-codeine 300-30 MG Oral Tab, TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED., Disp: 60 tablet, Rfl: 0
• Atorvastatin Calcium 20 MG Oral Tab, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: ,

Rfl:
- Losartan Potassium 25 MG Oral Tab, TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY, Disp: 45 tablet, Rfl: 2
- Pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 270 tablet, Rfl: 3
- Timolol Maleate 0.5 % Ophthalmic Solution, Instill one drop in each eye twice daily, Disp: 10 mL, Rfl: 0
- Warfarin Sodium 4 MG Oral Tab, Take 1 tablet (4 mg) by mouth daily., Disp: 30 tablet, Rfl: 2

EXAM:
Vital Signs: BP 138/70 | Pulse 64 | Temp 97.4 °F (36.3 °C) (Oral) | Resp 16 There is no height or weight on file to calculate BMI.

Edema: 2+
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 27.6 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:

Vascular: pedal pulses are not palpable.
Left Lower:

Right Lower:

Wound Data:

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 138

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 138

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Date First Assessed/Time First Assessed: 04/25/19 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiolog...
Number of days: 33

Wound 04/25/19 #13 Left lat Calf (Active)

Date First Assessed/Time First Assessed: 04/25/19 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg U...
Number of days: 33

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Wound 04/25/19 #14 Left lat Ankle (Active)

Date First Assessed/Time First Assessed: 04/25/19 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg ...
Number of days: 33

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	5/23/2019 9:05 AM
Wound Length (cm)	7 cm	5/23/2019 9:05 AM
Wound Width (cm)	6 cm	5/23/2019 9:05 AM
Wound Depth (cm)	0.5 cm	5/23/2019 9:05 AM
Wound Volume (cm^3)	21 cm^3	5/23/2019 9:05 AM
Wound Healing %	-134 cm	5/23/2019 9:05 AM
Wound Surface Area (cm^2)	42 cm^2	5/23/2019 9:05 AM
Exudate Amt	Large	5/23/2019 9:05 AM
Exudate Type	Serosanguineous;Yellow	5/23/2019 9:05 AM
Foul Odor After Cleansing	No	5/23/2019 9:05 AM
Granulation Amt	Small - 1-33%	5/23/2019 9:05 AM
Necrosis	None Present	5/23/2019 9:05 AM
Slough	Large - 67-100%	5/23/2019 9:05 AM
Structure Exposed	None Present	5/23/2019 9:05 AM
Margin	Distinct, Outline Attached	5/23/2019 9:05 AM
Tunneling	none	5/23/2019 9:05 AM
Undermining	none	5/23/2019 9:05 AM
Peri-wound Assessment	Intact	5/23/2019 9:05 AM
Temperature	No Abnormality	5/23/2019 9:05 AM

Number of days: 138

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	5/23/2019 9:05 AM
Wound Length (cm)	10 cm	5/23/2019 9:05 AM
Wound Width (cm)	5.5 cm	5/23/2019 9:05 AM
Wound Depth (cm)	0.3 cm	5/23/2019 9:05 AM
Wound Volume (cm^3)	16.5 cm^3	5/23/2019 9:05 AM
Wound Healing %	-633 cm	5/23/2019 9:05 AM
Wound Surface Area (cm^2)	55 cm^2	5/23/2019 9:05 AM
Exudate Amt	Copious	5/23/2019 9:05 AM
Exudate Type	Serosanguineous;Yellow	5/23/2019 9:05 AM
Foul Odor After Cleansing	No	5/23/2019 9:05 AM
Granulation Amt	None Present	5/23/2019 9:05 AM
Necrosis	None Present	5/23/2019 9:05 AM
Slough	Large - 67-100%	5/23/2019 9:05 AM
Structure Exposed	None Present	5/23/2019 9:05 AM
Margin	Distinct, Outline Attached	5/23/2019 9:05 AM
Tunneling	none	5/23/2019 9:05 AM
Undermining	none	5/23/2019 9:05 AM
Peri-wound Assessment	Intact	5/23/2019 9:05 AM
Temperature	No Abnormality	5/23/2019 9:05 AM

Number of days: 138

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Thickness	Full thickness without exposed support structure	5/23/2019 9:05 AM
Wound Length (cm)	4.7 cm	5/23/2019 9:05 AM
Wound Width (cm)	1.7 cm	5/23/2019 9:05 AM
Wound Depth (cm)	0.4 cm	5/23/2019 9:05 AM
Wound Volume (cm^3)	3.2 cm^3	5/23/2019 9:05 AM
Wound Healing %	-146 cm	5/23/2019 9:05 AM
Wound Surface Area (cm^2)	7.99 cm^2	5/23/2019 9:05 AM
Exudate Amt	Large	5/23/2019 9:05 AM
Exudate Type	Serosanguineous;Yellow	5/23/2019 9:05 AM
Foul Odor After Cleansing	No	5/23/2019 9:05 AM
Granulation Amt	None Present	5/23/2019 9:05 AM
Necrosis	None Present	5/23/2019 9:05 AM
Slough	Large - 67-100%	5/23/2019 9:05 AM
Structure Exposed	None Present	5/23/2019 9:05 AM
Margin	Distinct, Outline Attached	5/23/2019 9:05 AM
Tunneling	none	5/23/2019 9:05 AM
Undermining	none	5/23/2019 9:05 AM
Peri-wound Assessment	Pink;Painful	5/23/2019 9:05 AM
Temperature	No Abnormality	5/23/2019 9:05 AM

Number of days: 33

Wound 04/25/19 #13 Left lat Calf (Active)

Thickness	Full thickness without exposed support structure	5/23/2019 9:05 AM
Wound Length (cm)	7.2 cm	5/23/2019 9:05 AM
Wound Width (cm)	7 cm	5/23/2019 9:05 AM
Wound Depth (cm)	0.3 cm	5/23/2019 9:05 AM
Wound Volume (cm^3)	15.12 cm^3	5/23/2019 9:05 AM
Wound Healing %	-620 cm	5/23/2019 9:05 AM
Wound Surface Area (cm^2)	50.4 cm^2	5/23/2019 9:05 AM
Exudate Amt	Large	5/23/2019 9:05 AM
Exudate Type	Yellow;Serosanguineous	5/23/2019 9:05 AM
Foul Odor After Cleansing	No	5/23/2019 9:05 AM
Granulation Amt	None Present	5/23/2019 9:05 AM
Necrosis	None Present	5/23/2019 9:05 AM
Slough	Large - 67-100%	5/23/2019 9:05 AM
Structure Exposed	None Present	5/23/2019 9:05 AM
Margin	Distinct, Outline Attached	5/23/2019 9:05 AM
Tunneling	none	5/23/2019 9:05 AM
Undermining	none	5/23/2019 9:05 AM
Peri-wound Assessment	Pink	5/23/2019 9:05 AM
Temperature	No Abnormality	5/23/2019 9:05 AM

Number of days: 33

Wound 04/25/19 #14 Left lat Ankle (Active)

Thickness	Full thickness without exposed support structure	5/23/2019 9:05 AM
Wound Length (cm)	6.5 cm	5/23/2019 9:05 AM
Wound Width (cm)	4.3 cm	5/23/2019 9:05 AM
Wound Depth (cm)	0.3 cm	5/23/2019 9:05 AM
Wound Volume (cm^3)	8.38 cm^3	5/23/2019 9:05 AM
Wound Healing %	-424 cm	5/23/2019 9:05 AM

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Wound Surface Area (cm^2)	27.95 cm^2	5/23/2019 9:05 AM
Exudate Amt	Copious	5/23/2019 9:05 AM
Exudate Type	Serosanguineous;Yellow	5/23/2019 9:05 AM
Foul Odor After Cleansing	No	5/23/2019 9:05 AM
Granulation Amt	Small - 1-33%	5/23/2019 9:05 AM
Necrosis	None Present	5/23/2019 9:05 AM
Slough	Large - 67-100%	5/23/2019 9:05 AM
Structure Exposed	None Present	5/23/2019 9:05 AM
Margin	Distinct, Outline Attached	5/23/2019 9:05 AM
Tunneling	none	5/23/2019 9:05 AM
Undermining	none	5/23/2019 9:05 AM
Peri-wound Assessment	Intact	5/23/2019 9:05 AM
Temperature	No Abnormality	5/23/2019 9:05 AM

Number of days: 33

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

XR TIBIA FIBULA 2 VW LEFT
EXAMINATION:
XR Tibia Fibula 2 Views Left

CLINICAL INDICATION:
worsening wound at left medial ankle

COMPARISON:
Radiographs of the left tibia and fibula dated August 17, 2017.

FINDINGS AND IMPRESSION:
The bones are diffusely demineralized.

No acute fracture or dislocation. No periostitis, focal osteopenia, or osseous erosion to suggest osteomyelitis.

There is soft tissue irregularity/ulceration along the medial distal calf. No definite soft tissue gas. No radiopaque foreign body. Vascular calcifications are present.
ATTENDING RADIOLOGIST AND PAGER NUMBER

505568 REHWALD CHRISTINE MARIE MD

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 9 and 10 / Description: Wound bed and edges have large slough and necrotic tissue.
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: necrosis of muscle
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~100 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements
#9: Improved: Length 7cm X Width 6cm X Depth: 0.7cm
#10: Improved: Length 10cm X Width 5.6cm X Depth: 0.5cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT/PLAN: This is a 94 yo woman with DM2, both venous and arterial disease is here with her son for worsening leg ulcers. She is loosing weight. Her care is suboptimal with interrupted wound care at home, poor nutritional status, and poor living conditions. Currently there is no sign of infection or inflammation with ulcers. We will continue antimicrobial and absorbant dressings. We ordered more supply for her. She does need better environment, care and higher protein content in her diet. I strongly recommend her to be at an intermediate care facility. She is hesitant to disagree with her son on this change. I recommended her to discuss her options with Dr. Neighbor, MD (her PCP) as well.
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) (primary encounter diagnosis)
(L97.313) Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
(E11.622, L97.909) Diabetic ulcer of lower extremity (HCC)
(I87.313, L97.919, L97.929) Chronic venous hypertension with ulcer, bilateral (HCC)
(R60.0) Bilateral leg edema
Jeanne was seen today for follow up visit.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- NURSING COMMUNICATION

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Diabetic ulcer of lower extremity (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Chronic venous hypertension with ulcer, bilateral (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Bilateral leg edema
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Other orders
- Cancel: DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Patient Instructions
Left and right calf and ankle wounds:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest
Avoid salt in your foods

Elevate legs as much as possible

Diapers can be used to absorb drainage.

If pain, redness, swelling, increases and fever please go to the ER or Urgent Care

Return in about 2 weeks (around 6/6/2019) for routine follow-up.

Nilufer B Norsworthy, MD

Problem List Date Reviewed: **5/28/2019**

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

	Codes	Priority	Class	Noted - Resolved
Osteoporosis, unspecified	ICD-10-CM: M81.0 ICD-9-CM: 733.00	High		3/4/2008 - Present

Overview Addendum 10/22/2014 10:40 AM by Neighbor Jr., William E

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

Long term current use of anticoagulant therapy	ICD-10-CM: Z79.01 ICD-9-CM: V58.61	High		1/8/2008 - Present

Overview Addendum 9/20/2017 12:09 PM by Neighbor Jr., William E, MD

Reason for anticoagulation: Recurrent dvts
Duration of anticoagulation: life
INR goal: 2.-3 (lower end of this range desired because of age)

Adult failure to thrive syndrome	ICD-10-CM: R62.7 ICD-9-CM: 783.7	High		10/19/2007 - Present

Overview Addendum 7/30/2014 5:20 PM by Neighbor Jr., William E

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

Unspecified vitamin B deficiency	ICD-10-CM: E53.9 ICD-9-CM: 266.9	High		5/1/2007 - Present

Overview Addendum 5/1/2007 12:00 AM by Neighbor, William E

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

Type 2 diabetes mellitus without complication (HCC)	ICD-10-CM: E11.9 ICD-9-CM: 250.00	High		3/27/2007 - Present

Overview Addendum 7/30/2014 5:22 PM by Neighbor Jr., William E

Year onset: Dx March 2007
Metformin discontinued 2011 as A1c in target range without it.
Diet and weight controlled.

Sensorineural hearing loss, unspecified	ICD-10-CM: H90.5 ICD-9-CM: 389.10	High		11/20/2006 - Present

Overview Addendum 6/3/2008 12:00 AM by Neighbor, William E

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

DVT, recurrent, lower extremity, chronic (HCC)	ICD-10-CM: I82.509 ICD-9-CM: 453.50	High		11/20/2006 - Present

Overview Addendum 3/9/2010 1:15 PM by Neighbor Jr., William E

Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

Other and unspecified hyperlipidemia	ICD-10-CM: E78.5 ICD-9-CM: 272.4	High	11/20/2006 - Present

Overview Addendum 9/20/2017 12:12 PM by Neighbor Jr., William E, MD
On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

Generalized osteoarthrosis, unspecified site	ICD-10-CM: M15.9 ICD-9-CM: 715.00	High	11/20/2006 - Present

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E
LS spine. Bilateral talonavicular arthritis since 1994.

Essential hypertension, benign	ICD-10-CM: I10 ICD-9-CM: 401.1	High	11/20/2006 - Present
Unspecified glaucoma(365.9)	ICD-10-CM: H40.9 ICD-9-CM: 365.9	High	11/20/2006 - Present

Overview Signed 4/1/2014 11:56 AM by Neighbor Jr., William E
4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
William E Neighbor JR, MD

Routine general medical examination at a health care facility	ICD-10-CM: Z00.00 ICD-9-CM: V70.0	High	11/20/2006 - Present

Overview Addendum 9/21/2016 3:09 PM by Neighbor Jr., William E, MD
Td/Tdap (q 10 yr): See immmunizations
Pneumococcal (65 yoa and high risk x1): See imms
Blood pressure: Dx hypertension
Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies.
Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	ICD-10-CM: L97.313 ICD-9-CM: 707.13	5/26/2019 - Present
Chronic venous hypertension with ulcer, bilateral (HCC)	ICD-10-CM: I87.313, L97.919, L97.929 ICD-9-CM: 459.31	5/26/2019 - Present
Bilateral leg edema	ICD-10-CM: R60.0 ICD-9-CM: 782.3	5/26/2019 - Present
Suspected elder abuse	ICD-10-CM: T76.91XA ICD-9-CM: V71.81	1/11/2019 - Present

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Housing lack	ICD-10-CM: Z59.0 ICD-9-CM: V60.0	9/26/2018 - Present
Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)	ICD-10-CM: I70.442 ICD-9-CM: 440.31, 707.12	9/24/2018 - Present
Diabetic ulcer of lower extremity (HCC)	ICD-10-CM: E11.622, L97.909 ICD-9-CM: 250.80, 707.10	9/24/2018 - Present
Vitamin D deficiency	ICD-10-CM: E55.9 ICD-9-CM: 268.9	7/9/2018 - Present
Venous ulcer of left leg (HCC)	ICD-10-CM: I83.029, L97.929 ICD-9-CM: 454.0	6/7/2018 - Present
Homeless	ICD-10-CM: Z59.0 ICD-9-CM: V60.0	6/7/2018 - Present
Normocytic anemia	ICD-10-CM: D64.9 ICD-9-CM: 285.9	6/7/2018 - Present
Severe protein-calorie malnutrition (HCC)	ICD-10-CM: E43 ICD-9-CM: 262	6/7/2018 - Present
Urge urinary incontinence	ICD-10-CM: N39.41 ICD-9-CM: 788.31	6/7/2018 - Present
Cellulitis of left leg	ICD-10-CM: L03.116 ICD-9-CM: 682.6	5/31/2018 - Present
Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	ICD-10-CM: L97.323 ICD-9-CM: 707.13	5/17/2018 - Present
Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	ICD-10-CM: L97.223 ICD-9-CM: 707.12	5/17/2018 - Present
Chronic venous hypertension with ulcer and inflammation, left (HCC)	ICD-10-CM: I87.332, L97.929 ICD-9-CM: 459.33	5/17/2018 - Present
Primary osteoarthritis of both hips	ICD-10-CM: M16.0 ICD-9-CM: 715.15	2/1/2017 - Present
Thrombocytopenia (HCC)	ICD-10-CM: D69.6 ICD-9-CM: 287.5	11/2/2016 - Present
Imbalance	ICD-10-CM: R26.89 ICD-9-CM: 781.2	11/2/2016 - Present
History of recurrent deep vein thrombosis (DVT)	ICD-10-CM: Z86.718 ICD-9-CM: V12.51	6/2/2016 - Present
Other physical therapy	ICD-10-CM: IMO0001 ICD-9-CM: V57.1	1/22/2015 - Present
Hip joint stiffness	ICD-10-CM: M25.659 ICD-9-CM: 719.55	1/6/2015 - Present
Leg weakness, bilateral	ICD-10-CM: R29.898 ICD-9-CM: 729.89	1/6/2015 - Present
Weakness of trunk musculature	ICD-10-CM: M62.81 ICD-9-CM: 728.87	1/6/2015 - Present
Pseudophakia, both eyes	ICD-10-CM: Z96.1 ICD-9-CM: V43.1	11/8/2014 - Present
Urine incontinence	ICD-10-CM: R32 ICD-9-CM: 788.30	8/27/2014 - Present

Overview Signed 8/27/2014 6:18 PM by Neighbor Jr., William E

Uses pads

Osteoarthritis of lumbar spine	ICD-10-CM: M47.816 ICD-9-CM: 721.3	8/30/2013 - Present

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

RESOLVED: Essential and other specified forms of tremor	ICD-10-CM: G25.0, G25.2 ICD-9-CM: 333.1	High	8/17/2007 - 7/30/2014

Overview Addendum 7/30/2014 5:22 PM by Neighbor Jr., William E

Noted by Melanie Parker. Consider Parkinson's disease med trial.
7/30/2014 not a complaint

RESOLVED: Closed fracture of unspecified intracapsular section of neck of femur (HCC)	ICD-10-CM: S72.019A ICD-9-CM: 820.00	High	5/1/2007 - 9/20/2017

Overview Addendum 10/10/2007 12:00 AM by Neighbor, William E

Pinned April 2007.
Post op hematocrit 25
Has walker with wheels for use outside of home. Uses cane in home.

RESOLVED: Other convulsions	ICD-10-CM: R56.9 ICD-9-CM: 780.39	High	11/20/2006 - 9/20/2017

Overview Addendum 7/30/2014 5:21 PM by Neighbor Jr., William E

Petit Mal since 1975
Carbamazepine level 7.6 on Feb 2007
Discontinued based on ER neuro consult in early 2013
No recurrence

RESOLVED: Esophageal reflux	ICD-10-CM: K21.9 ICD-9-CM: 530.81	High	11/20/2006 - 9/20/2017
RESOLVED: Leiomyoma of uterus, unspecified	ICD-10-CM: D25.9 ICD-9-CM: 218.9	High	11/20/2006 - 7/30/2014

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E

S/P hysterectomy with BSO in 1991

RESOLVED: Carpal tunnel syndrome	ICD-10-CM: G56.00 ICD-9-CM: 354.0	High	11/20/2006 - 4/17/2013

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E

Carpal tunnel release right wrist in 1989

RESOLVED: Unspecified cataract	ICD-10-CM: H26.9 ICD-9-CM: 366.9	High	11/20/2006 - 11/8/2014

Overview Addendum 11/20/2006 12:00 AM by Neighbor, William E

Extraction left eye in 1989

RESOLVED: Allergic rhinitis, cause unspecified	ICD-10-CM: J30.9 ICD-9-CM: 477.9	High	11/20/2006 - 9/20/2017
RESOLVED: Vertebral fracture	ICD-10-CM: IMO0002 ICD-9-CM: 805.8		12/13/2012 - 9/20/2017

Overview Addendum 10/22/2014 10:41 AM by Neighbor Jr., William E

Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed

RESOLVED: Thyroid nodule, uninodular	ICD-10-CM: E04.1 ICD-9-CM: 241.0		12/13/2012 - 9/20/2017

Overview Addendum 5/23/2013 3:28 PM by Neighbor Jr., William E

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

RESOLVED: Disturbance of skin sensation	ICD-10-CM: R20.9 ICD-9-CM: 782.0	6/3/2008 - 4/17/2013

Overview Addendum 6/3/2008 12:00 AM by Neighbor, William E

6/3/2008 labs ordered. Return in one month for exm.

Allergies as of 5/23/2019

Reviewed On: **4/25/2019** By: **Norsworthy, Nilufer Bozdemir, MD**

	Severity	Noted	Reaction Type	Reactions
Adhesives	**Not Specified**	10/21/2010		
Aspirin	**Not Specified**	01/06/2012	Allergy	Other
Nitrofurantoin	**Not Specified**	07/25/2008		Other
Confusion, loss of appetitie, nausea, abdominal pain				
Nitrofurantoin	**Not Specified**	09/02/2016		Other
confusion				
Penicillins	**Not Specified**	08/12/2003		Rash
Sulfa Antibiotics	**Not Specified**	08/12/2003		Rash

Current Medications

	Disp	Refills	Start	End
Acetaminophen-Codeine #3 300-30 MG Oral Tab (Discontinued)	60 tablet	1	11/29/2018	5/20/2019
Sig: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.				
Reason for Discontinue: **Reorder**				
Number of times this order has been changed since signing: **1**				
Order Audit Trail				
acetaminophen-codeine 300-30 MG Oral Tab	60 tablet	0	5/22/2019	
Sig: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.				
Number of times this order has been changed since signing: **1**				
Order Audit Trail				
Atorvastatin Calcium 20 MG Oral Tab	45 tablet	3	9/26/2018	
Sig - Route: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction - Oral				
Class: Historical				
Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab				
Sig - Route: Take 1 tablet by mouth 2 times a day. - Oral				
Class: Historical				
Losartan Potassium 25 MG Oral Tab	45 tablet	2	9/26/2018	
Sig: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY				
Class: Historical				
Pentoxifylline ER 400 MG Oral Tab CR	270 tablet	3	12/20/2017	
Sig - Route: Take 1 tablet (400 mg) by mouth 3 times a day. - Oral				
Class: E-RX				
Number of times this order has been changed since signing: **1**				
Order Audit Trail				

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Timolol Maleate 0.5 % Ophthalmic Solution	10 mL	0	4/16/2019

Sig: Instill one drop in each eye twice daily
Class: E-RX
Number of times this order has been changed since signing: **1**
Order Audit Trail

Warfarin Sodium 4 MG Oral Tab	30 tablet	2	2/16/2019

Sig - Route: Take 1 tablet (4 mg) by mouth daily. - Oral
Class: E-RX
Number of times this order has been changed since signing: **1**
Order Audit Trail

Medical as of 5/23/2019

Past Medical History

Diagnosis	Date	Comments	Source
Allergic rhinitis, cause unspecified [J30.9]	11/20/2006	—	Provider
Carpal tunnel syndrome [G56.00]	11/20/2006	Carpal tunnel release right wrist in 1989	Provider
Closed fracture of unspecified intracapsular section of neck of femur (HCC) [S72.019A]	5/1/2007	Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	Provider
DIAPHRAGMATIC HERNIA [K44.9]	11/20/2006	CT of abdomen in 2006	Provider
Esophageal reflux [K21.9]	11/20/2006	—	Provider
Impaired fasting glucose [R73.01]	3/22/2007	—	Provider
Other convulsions (HCC) [R56.9]	11/20/2006	Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence	Provider
PAD (peripheral artery disease) (HCC) [I73.9]	—	—	Provider
Thyroid nodule, uninodular [E04.1]	12/13/2012	CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	Provider
Ulcer of left lower extremity, limited to breakdown of skin (HCC) [L97.921]	—	Chronic, Multiple sites of lower leg and ankle, with MSSA	Provider
Vertebral fracture [IMO0002]	12/13/2012	Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	Provider

Surgical as of 5/23/2019

None

Social History

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Tobacco History
Smoking Status
Never Smoker
Smokeless Tobacco Use
Never Used

Alcohol History
Alcohol Use Status
No

Drug Use
Drug Use Status
No

Sexual Activity
Sexually Active
Never

Activities of Daily Living
Not Asked

Family as of 5/23/2019
None

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 5/23/2019 9:47 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
5/23/2019 10:15 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Calf and ankle wounds:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest
Avoid salt in your foods

Elevate legs as much as possible

Diapers can be used to absorb drainage.

Return in about 2 weeks
(around 6/6/2019) for routine follow-up.

Today's Visit

You saw Nilufer B Norsworthy, MD on Thursday May 23, 2019 for: Follow Up Visit.

Blood Pressure	Temperature (Oral)	Pulse	Respiration
138/70	97.4 °F	64	16

What's Next

JUN 12 2019 Return Wellness Appointment with William E Neighbor, MD
Wednesday June 12 10:40 AM (Arrive by 10:25 AM)
Please contact your insurance company to verify your coverage for routine preventative care.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of 5/23/19 9:47 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen-codeine 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Instill one drop in each eye twice daily
warfarin 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE, Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

After Visit Summary - Document on 5/23/2019 9:48 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
5/23/2019 10:15 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Calf and ankle wounds:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet (4 Ensures/Glucerna per day)
Please eat high protein, meat based diet
Please stay on bedrest
Avoid salt in your foods

Elevate legs as much as possible

Diapers can be used to absorb drainage.

If pain, redness, swelling, fever please go to the ER or Urgent Care

Return in about 2 weeks
(around 6/6/2019) for routine follow-up.

Today's Visit

You saw Nilufer B Norsworthy, MD on Thursday May 23, 2019 for: Follow Up Visit.

Blood Pressure	Temperature (Oral)	Pulse	Respiration
138/70	97.4 °F	64	16

What's Next

JUN 12 2019 Return Wellness Appointment with William E Neighbor, MD
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Seattle WA 98195-4410
206-685-1011

05/23/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of 5/23/19 9:48 AM

ⓘ If you have any questions, ask your nurse or doctor.

acetaminophen-codeine 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
atorvastatin 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Instill one drop in each eye twice daily
warfarin 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE, Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

05/22/2019 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

05/22/2019 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/22/2019
Start date: 5/22/2019
End date: 8/20/2019
Quantity: 60 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena, CMA at 5/22/2019 1649

Received a call from Louis, patient's son, asking to refill a pain relief meds that Safeway cannot release to the pt. Refill request sent on 5/20/19, but it has not been refilled/approved. Please advise

Electronically signed by Mohova, Elena, CMA at 5/22/2019 4:52 PM

Neighbor Jr., William E, MD at 5/23/2019 1511

5/23/2019
Medication was refilled.
Son has scheduled appointment for Mrs. Hoffmann in early June.
Report is that they are now making headway on getting housing and expect to have this in place soon.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 5/23/2019 3:12 PM

05/20/2019 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GENERAL OSTEOARTHROSIS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019

05/20/2019 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

acetaminophen-codeine 300-30 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/22/2019
Start date: 5/22/2019
End date: 8/20/2019
Quantity: 60 tablet
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 5/20/2019 1147

Refill request routed to provider.

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Last Prescribed: 11/29/18 #60 with 1 refill
Last Office Visit: 1/9/19
Next Office Visit: none scheduled

Electronically signed by Pearson, Terri Jeanne, CMA at 5/20/2019 11:48 AM

Neighbor Jr., William E, MD at 5/22/2019 1705

Refill request for Tylenol with codeine. Stable dose but has not visited since January.
Refill approved.
Must be seen in clinic before the next refill.

Electronically signed by Neighbor Jr., William E, MD at 5/22/2019 5:08 PM

Other Orders

Medications

acetaminophen-codeine 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 05/22/19 1707**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 05/22/19 1707
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/22/19 - 08/20/19
Class: Normal
Released by: Neighbor Jr., William E, MD 05/22/19 1707
Discontinued by: Sansted, Zoe Judith Mildred, MD 08/20/19 0937 [Therapy completed/no longer indicated]

05/20/2019 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Diagnoses
Generalized osteoarthrosis, unspecified site [M15.9] - GENERAL OSTEOARTHROSIS
Admin instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Reordered from: Acetaminophen-Codeine #3 300-30 MG Oral Tab

Indications

Generalized osteoarthrosis, unspecified site [M15.9 (ICD-10-CM)]

Messages

refill for Tylenol and codeine

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/22/2019 5:08 PM

Last Read in MyChart
5/22/2019 5:47 PM by Hoffman, Jeanne Leonie

I refilled the Tylenol and codeine prescription. I have not seen yousince January. Please schedule a visit.

05/01/2019 - Telephone in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Care Coordination
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018
Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

05/01/2019 - Telephone in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

McKisson, Kimberly A, RN at 5/1/2019 1307

Pt's son called today to say patients left foot has been very swollen with erythema over the last few days. Son reports patient is unable to walk on it because it is so painful. I advised son to take his mom to Urgent care or ER.

Electronically signed by McKisson, Kimberly A, RN at 5/1/2019 1:17 PM

04/25/2019 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Lab Test
Visit diagnosis: Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018
Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

04/25/2019 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 4/25/2019 1058

Louis called and LM on VM asking for an INR order. The call came in at 9:34, when they were at NWH.

I called pt and LMTCB to find out if they are still at NWH.

Electronically signed by Pearson, Terri Jeanne, CMA at 4/25/2019 11:03 AM

Neighbor Jr., William E, MD at 4/26/2019 0901

New standing order placed for INR.
William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 4/26/2019 9:02 AM

Labs

Prothrombin Time (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 04/26/19 0901**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 04/26/19 0901
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/26/19 -
Class: Normal
Quantity: 1
Discontinued by: Uw User, Batch Scheduler 04/27/20 0130 [Order Expired]

Diagnoses
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality [I82.509]

Indications

Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Prothrombin Time
Resulted: 06/12/19 1200, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 06/12/19 1200
Collected by: 5495 06/12/19 0945
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 06/12/19 1621

04/25/2019 - Telephone in Husky Health Primary Care Clinic (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	13.4	10.7 - 15.6 s	—	UWMC
Prothrombin INR	1.0	0.8 - 1.3	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
6/12/2019 4:21 PM PDT

Jeanne and son Louis:
Jeanne's INR remains 1.0 which means she is likely not taking Coumadin. You should double check that she is taking it.

William E Neighbor, MD

04/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnoses:

- Non-pressure chronic ulcer of right ankle with necrosis of muscle (primary)
- Non-pressure chronic ulcer of left calf with necrosis of muscle
- Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- Chronic venous hypertension with ulcer and inflammation, left

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Norsworthy, Nilufer Bozdemir, MD	Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 1 month (around 5/23/2019) for routine follow-up.

Level of Service

Level of Service
PROCEDURE VISIT ONLY NO LOS

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder

04/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/29/2018
Start date: 11/29/2018 — End date: 5/20/2019
Quantity: 60 tablet — Refill: 1 refill remaining

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP — Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/16/2019
Start date: 2/16/2019 — End date: 8/16/2019
Quantity: 30 tablet — Refill: 2 refills by 2/16/2020

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/16/2019
Start date: 4/16/2019 — End date: 9/4/2019
Quantity: 10 mL — Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

McKisson, Kimberly A, RN at 4/25/2019 1000

Wounds are much worse today. Counted 3 new wounds today. Wounds debrided. Patient eating a lot of sweets and not much protein. She is not elevating either. Son reports they ran out of supply's and that's why her wounds are worse. Dressings ordered from SH today. F/U 1 week.

Calf and ankle wounds:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet 2-4 Ensures per day would be helpful
Avoid salt in your foods

Elevate legs as much as possible

Diapers can be used to absorb drainage.

Electronically signed by McKisson, Kimberly A, RN at 4/25/2019 3:15 PM

Norsworthy, Nilufer Bozdemir, MD at 4/25/2019 1000

PROGRESS NOTE
4/25/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with bilateral lower leg ulcers with mixed vascular disease is seen today for No chief complaint on file.

INTERVAL HISTORY: Jeane returned to clinic with her son. Her leg ulcers are worse, extensive in size. There is a new ulcer at the right medial ankle. Ulcers are covered with stringy fibrinous slough. There is increased edema at ankles. There is no sign of infection.
This is a 94 yo woman currently living in a tent with her son. She sits across from a stove all day long legs are dangling. She has poor appetite and loosing weight: over the last 6 months she lost about 20lbs. She usually cooks the food for both and lately she was not cooking much due to fatigue and again poor appetite.When she eats she likes to eat cookies.
They run out of dressing material last month and left dressing in place for longer periods until everything truly soaks up. With that the older wound actually has some better wound bed as the autolytic debridement dissolve the thick fibrinous slough. But other wound edges are macerated. She denies any fever or chills. Except the dressing changes she denies pain withulcers.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:She has fatigue, weight loss. Denies fever, has intermittent limb pain at both lower legs.

Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• Acetaminophen-Codeine #3 300-30 MG Oral Tab, TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED., Disp: 60 tablet, Rfl: 1
• Atorvastatin Calcium 20 MG Oral Tab, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• Losartan Potassium 25 MG Oral Tab, TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY, Disp: 45 tablet, Rfl: 2

- Pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 270 tablet, Rfl: 3
- Timolol Maleate 0.5 % Ophthalmic Solution, Instill one drop in each eye twice daily, Disp: 10 mL, Rfl: 0
- Warfarin Sodium 4 MG Oral Tab, Take 1 tablet (4 mg) by mouth daily., Disp: 30 tablet, Rfl: 2

EXAM:
Vital Signs: BP (!) 140/80 | Pulse 80 | Temp 97 °F (36.1 °C) (Oral) | Resp 16 There is no height or weight on file to calculate BMI.

Edema: 1+
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 30 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 30 cm
RLE Calf - Cm from the Medial Instep: 32 cm

Vascular: pedal pulses are not palpable.
Left Lower:

Right Lower:

Wound Data:
Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 105

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 105

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)
Date First Assessed/Time First Assessed: 04/25/19 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiolog...
Number of days: 0

Wound 04/25/19 #13 Left lat Calf (Active)
Date First Assessed/Time First Assessed: 04/25/19 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg U...
Number of days: 0

Wound 04/25/19 #14 Left lat Ankle (Active)
Date First Assessed/Time First Assessed: 04/25/19 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No

Clinical Notes (continued)

Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg ...
Number of days: 0

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	4/25/2019 10:06 AM
Wound Length (cm)	10.6 cm	4/25/2019 10:06 AM
Wound Width (cm)	4.5 cm	4/25/2019 10:06 AM
Wound Depth (cm)	0.2 cm	4/25/2019 10:06 AM
Wound Volume (cm^3)	9.54 cm^3	4/25/2019 10:06 AM
Wound Healing %	-6 cm	4/25/2019 10:06 AM
Wound Surface Area (cm^2)	47.7 cm^2	4/25/2019 10:06 AM
Exudate Amt	Copious	4/25/2019 10:06 AM
Exudate Type	Serosanguineous	4/25/2019 10:06 AM
Foul Odor After Cleansing	No	4/25/2019 10:06 AM
Granulation Amt	Small - 1-33%	4/25/2019 10:06 AM
Necrosis	None Present	4/25/2019 10:06 AM
Slough	Large - 67-100%	4/25/2019 10:06 AM
Structure Exposed	Adipose	4/25/2019 10:06 AM
Margin	Distinct, Outline Attached	4/25/2019 10:06 AM
Tunneling	none	4/25/2019 10:06 AM
Undermining	none	4/25/2019 10:06 AM
Peri-wound Assessment	Swelling;Maceration;Painful;Pink	4/25/2019 10:06 AM
Temperature	Cool/Cold	4/25/2019 10:06 AM

Number of days: 105

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	4/25/2019 10:06 AM
Wound Length (cm)	5.6 cm	4/25/2019 10:06 AM
Wound Width (cm)	5 cm	4/25/2019 10:06 AM
Wound Depth (cm)	0.3 cm	4/25/2019 10:06 AM
Wound Volume (cm^3)	8.4 cm^3	4/25/2019 10:06 AM
Wound Healing %	-273 cm	4/25/2019 10:06 AM
Wound Surface Area (cm^2)	28 cm^2	4/25/2019 10:06 AM
Exudate Amt	Copious	4/25/2019 10:06 AM
Exudate Type	Serosanguineous	4/25/2019 10:06 AM
Foul Odor After Cleansing	No	4/25/2019 10:06 AM
Granulation Amt	None Present	4/25/2019 10:06 AM
Necrosis	None Present	4/25/2019 10:06 AM
Slough	Large - 67-100%	4/25/2019 10:06 AM
Structure Exposed	None Present	4/25/2019 10:06 AM
Margin	Distinct, Outline Attached	4/25/2019 10:06 AM
Tunneling	none	4/25/2019 10:06 AM
Undermining	none	4/25/2019 10:06 AM
Peri-wound Assessment	Swelling;Painful;Maceration;Pink	4/25/2019 10:06 AM
Temperature	Cool/Cold	4/25/2019 10:06 AM

Number of days: 105

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Thickness	Full thickness without exposed	4/25/2019 10:06 AM

04/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

	support structure	
Wound Length (cm)	5.4 cm	4/25/2019 10:06 AM
Wound Width (cm)	2.4 cm	4/25/2019 10:06 AM
Wound Depth (cm)	0.1 cm	4/25/2019 10:06 AM
Wound Volume (cm^3)	1.3 cm^3	4/25/2019 10:06 AM
Wound Surface Area (cm^2)	12.96 cm^2	4/25/2019 10:06 AM
Exudate Amt	Moderate	4/25/2019 10:06 AM
Exudate Type	Serosanguineous	4/25/2019 10:06 AM
Foul Odor After Cleansing	No	4/25/2019 10:06 AM
Granulation Amt	Small - 1-33%	4/25/2019 10:06 AM
Necrosis	None Present	4/25/2019 10:06 AM
Slough	Large - 67-100%	4/25/2019 10:06 AM
Structure Exposed	None Present	4/25/2019 10:06 AM
Margin	Distinct, Outline Attached	4/25/2019 10:06 AM
Tunneling	none	4/25/2019 10:06 AM
Undermining	none	4/25/2019 10:06 AM
Peri-wound Assessment	Maceration	4/25/2019 10:06 AM

Number of days: 0

Wound 04/25/19 #13 Left lat Calf (Active)

Thickness	Full thickness without exposed support structure	4/25/2019 10:06 AM
Wound Length (cm)	3 cm	4/25/2019 10:06 AM
Wound Width (cm)	3.5 cm	4/25/2019 10:06 AM
Wound Depth (cm)	0.2 cm	4/25/2019 10:06 AM
Wound Volume (cm^3)	2.1 cm^3	4/25/2019 10:06 AM
Wound Surface Area (cm^2)	10.5 cm^2	4/25/2019 10:06 AM
Exudate Amt	Large	4/25/2019 10:06 AM
Exudate Type	Serosanguineous	4/25/2019 10:06 AM
Foul Odor After Cleansing	No	4/25/2019 10:06 AM
Granulation Amt	Small - 1-33%	4/25/2019 10:06 AM
Necrosis	Medium - 34-66%	4/25/2019 10:06 AM
Slough	Large - 67-100%	4/25/2019 10:06 AM
Structure Exposed	Adipose	4/25/2019 10:06 AM
Margin	Distinct, Outline Attached	4/25/2019 10:06 AM
Tunneling	none	4/25/2019 10:06 AM
Undermining	none	4/25/2019 10:06 AM
Peri-wound Assessment	Excoriated;Maceration;Painful	4/25/2019 10:06 AM
Temperature	Cool/Cold	4/25/2019 10:06 AM

Number of days: 0

Wound 04/25/19 #14 Left lat Ankle (Active)

Thickness	Full thickness without exposed support structure	4/25/2019 10:06 AM
Wound Length (cm)	3.2 cm	4/25/2019 10:06 AM
Wound Width (cm)	2.5 cm	4/25/2019 10:06 AM
Wound Depth (cm)	0.2 cm	4/25/2019 10:06 AM
Wound Volume (cm^3)	1.6 cm^3	4/25/2019 10:06 AM
Wound Surface Area (cm^2)	8 cm^2	4/25/2019 10:06 AM
Exudate Amt	Large	4/25/2019 10:06 AM
Exudate Type	Serosanguineous	4/25/2019 10:06 AM
Foul Odor After Cleansing	No	4/25/2019 10:06 AM
Granulation Amt	Small - 1-33%	4/25/2019 10:06 AM

Necrosis	None Present	4/25/2019 10:06 AM
Slough	Medium - 34-66%	4/25/2019 10:06 AM
Structure Exposed	Adipose	4/25/2019 10:06 AM
Margin	Distinct, Outline Attached	4/25/2019 10:06 AM
Tunneling	none	4/25/2019 10:06 AM
Undermining	none	4/25/2019 10:06 AM
Peri-wound Assessment	Maceration;Swelling;Pink;Painful	4/25/2019 10:06 AM
Temperature	Cool/Cold	4/25/2019 10:06 AM

Number of days: 0

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 9, 10, 12 / Description: base is covered with slough edges are hypertrophic and some areas are detached. There is some necrotic changes at edges with wounds.
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: exudate, fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: necrosis of muscle
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~90 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements
#9: Improved: Length 10.6cm X Width 4.6cm X Depth: 0.4cm
#10: Improved: Length 5.7cm X Width 5cm X Depth: 0.4cm
#12: Improved: Length 5.5cm X Width 2.5cm X Depth: 0.3cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT/PLAN: this is a nonagenarian patient with mixed vascular disease, malnutrition, difficult lifestyle. She has large and worsening bilateral limb ulcers. At this point for the wound care standpoint the major barriers are her poor nutritional intake, poor edema control all due to her lifestyle, which is not going to be changing any time soon. I recommend to elevate the limbs at rest. Needs to increase her protein intake. Do not keep salty crackers and snacks at reach. We will follow up and continue current dressing. Supply will be shipped to her given address.
(L97.313) Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) (primary encounter diagnosis)
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)
(I87.332, L97.929) Chronic venous hypertension with ulcer and inflammation, left (HCC)
Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Chronic venous hypertension with ulcer and inflammation, left (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Patient Instructions
Calf and ankle wounds:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet 4 Ensures/Glucerna per day
Avoid salt in your foods

Elevate legs as much as possible

Diapers can be used to absorb drainage.

04/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Return in about 1 month (around 5/23/2019) for routine follow-up.

Nilufer B Norsworthy, MD

Electronically signed by Norsworthy, Nilufer Bozdemir, MD at 4/25/2019 2:30 PM

Flowsheets

Vital Data

Row Name	04/25/19 1009
BP	**140/80** !
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.1 °C
Temp src	Oral
Pulse	80
Pulse Regularity	Regular
Resp	16

Wound Assessment/Care

Row Name	04/25/19 1006
RLE Calf - Cm w/ Point of Measurement	30 cm
RLE Calf - Cm from the Medial Instep	32 cm
LLE Calf - Cm w/ Point of Measurement	30 cm
LLE Calf - Cm from the Medial Instep	32 cm
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	10.6 cm
Wound Width (cm)	4.5 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	9.54 cm^3
Wound Healing %	-6 cm

04/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Wound Surface Area (cm^2)	47.7 cm^2
Exudate Amt	Copious
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Swelling;Maceration ;Painful;Pink
Temperature	Cool/Cold
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	5.6 cm
Wound Width (cm)	5 cm
Wound Depth (cm)	0.3 cm
Wound Volume (cm^3)	8.4 cm^3
Wound Healing %	-273 cm
Wound Surface Area (cm^2)	28 cm^2
Exudate Amt	Copious
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Swelling;Painful;Maceration;Pink
Temperature	Cool/Cold
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length	5.4 cm

04/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

(cm)	
Wound Width (cm)	2.4 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	1.3 cm^3
Wound Surface Area (cm^2)	12.96 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Maceration
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Wound Image	—
Thickness	Full thickness without exposed support structure
Wound Length (cm)	3 cm
Wound Width (cm)	3.5 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	2.1 cm^3
Wound Surface Area (cm^2)	10.5 cm^2
Exudate Amt	Large
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	Medium - 34-66%
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Excoriated;Macerati on;Painful
Temperature	Cool/Cold
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome:

04/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

	Converged
Wound Image	—
Thickness	Full thickness without exposed support structure
Wound Length (cm)	3.2 cm
Wound Width (cm)	2.5 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	1.6 cm^3
Wound Surface Area (cm^2)	8 cm^2
Exudate Amt	Large
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Medium - 34-66%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Maceration;Swelling ;Pink;Painful
Temperature	Cool/Cold

Images for: [REMOVED] Wound 04/25/19 #13 Left lat Calf

Property Name	Property Values
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged

22408408

Scan on 4/26/2019 2:54 PM by Riaz, Tazneem, CMA: IMG_7725 (below)

04/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)



Images for: [REMOVED] Wound 04/25/19 #14 Left lat Ankle

Property Name	Property Values
Wound Properties	Date First Assessed: 04/25/19 Time First Assessed: 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged

22408326

Scan on 4/26/2019 2:52 PM by Riaz, Tazneem, CMA: IMG_7724 (below)

04/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)



Patient Instructions

Calf and ankle wounds:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet (4 Ensures/Glucerna per day)
Avoid salt in your foods

Elevate legs as much as possible

04/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Patient Instructions (continued)

Diapers can be used to absorb drainage.

Electronically signed by McKisson, Kimberly A, RN at 4/25/2019 3:15 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
4/25/2019 10:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left calf and ankle wounds:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet 4 Ensures/Glucerna per day
Avoid salt in your foods

Elevate legs as much as possible

Diapers can be used to absorb drainage.

Return in about 1 month
(around 5/23/2019) for routine follow-up.

Today's Visit

You saw Nilufer B Norsworthy, MD on Thursday April 25, 2019.

Blood Pressure	Temperature (Oral)	Pulse	Respiration
140/80	97 °F	80	16

What's Next

You currently have no upcoming appointments scheduled.

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

04/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of 4/25/19 10:49 AM

ⓘ If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Instill one drop in each eye twice daily
warfarin 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE, Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Letters

Referral by Norsworthy, Nilufer Bozdemir, MD on 4/25/2019

Status: Sent
Letter body:

April 25, 2019

William E Neighbor Jr., MD
1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410

RE: Jeane Leonie Hoffman
DOB: 1/6/1925

Dear William E Neighbor Jr., MD:

Thank you for referring Jeane Hoffman to me for evaluation. Enclosed is a copy of my clinic note.

If you have questions please feel free to contact me at your convenience; I would be happy to review any concerns you have.

Sincerely,

Electronically signed by
Nilufer B Norsworthy, MD

CC: No Recipients

Visit Summary
PROGRESS NOTE
4/25/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with bilateral lower leg ulcers with mixed vascular disease is seen today for No chief complaint on file.

INTERVAL HISTORY: Jeane returned to clinic with her son. Her leg ulcers are worse, extensive in size. There is a new ulcer at the right medial ankle. Ulcers are covered with stringy fibrinous slough. There is increased edema at ankles. There is no sign of infection.
This is a 94 yo woman currently living in a tent with her son. She sits across from a stove all day long legs are dangling. She has poor appetite and loosing weight: over the last 6 months she lost about 20lbs. She usually cooks the food for both and lately she was not cooking much due to fatigue and again poor appetite.When she eats she likes to eat cookies.
They run out of dressing material last month and left dressing in place for longer periods until everything truly soaks up. With that the older wound actually has some better wound bed as the autolytic debridement dissolve the thick fibrinous slough. But other wound edges are macerated.
She denies any fever or chills. Except the dressing changes she denies pain withulcers.

A 14-category ROS was reviewed with patient:

CONSTITUTIONAL:She has fatigue, weight loss. Denies fever, has intermittent limb pain at both lower legs.

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• Acetaminophen-Codeine #3 300-30 MG Oral Tab, TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED., Disp: 60 tablet, Rfl: 1
• Atorvastatin Calcium 20 MG Oral Tab, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• Losartan Potassium 25 MG Oral Tab, TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY, Disp: 45 tablet, Rfl: 2
• Pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 270 tablet, Rfl: 3
• Timolol Maleate 0.5 % Ophthalmic Solution, Instill one drop in each eye twice daily, Disp: 10 mL, Rfl: 0
• Warfarin Sodium 4 MG Oral Tab, Take 1 tablet (4 mg) by mouth daily., Disp: 30 tablet, Rfl: 2

EXAM:
Vital Signs: BP (!) 140/80 | Pulse 80 | Temp 97 °F (36.1 °C) (Oral) | Resp 16 There is no height or weight on file to calculate BMI.

Edema: 1+
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 30 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 30 cm
RLE Calf - Cm from the Medial Instep: 32 cm

Vascular: pedal pulses are not palpable.
Left Lower:

Right Lower:

04/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Wound Data:

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 105

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 105

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Date First Assessed/Time First Assessed: 04/25/19 1004 Date Acquired: 04/04/19 Wound Number: #12 Right Medial Ankle Cluster Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiolog...
Number of days: 0

Wound 04/25/19 #13 Left lat Calf (Active)

Date First Assessed/Time First Assessed: 04/25/19 1017 Date Acquired: 04/04/19 Wound Number: #13 Left lat Calf Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg U...
Number of days: 0

Wound 04/25/19 #14 Left lat Ankle (Active)

Date First Assessed/Time First Assessed: 04/25/19 1018 Date Acquired: 04/04/19 Wound Number: #14 Left lat Ankle Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg ...
Number of days: 0

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	4/25/2019 10:06 AM
Wound Length (cm)	10.6 cm	4/25/2019 10:06 AM
Wound Width (cm)	4.5 cm	4/25/2019 10:06 AM
Wound Depth (cm)	0.2 cm	4/25/2019 10:06 AM
Wound Volume (cm^3)	9.54 cm^3	4/25/2019 10:06 AM
Wound Healing %	-6 cm	4/25/2019 10:06 AM
Wound Surface Area (cm^2)	47.7 cm^2	4/25/2019 10:06 AM
Exudate Amt	Copious	4/25/2019 10:06 AM
Exudate Type	Serosanguineous	4/25/2019 10:06 AM
Foul Odor After Cleansing	No	4/25/2019 10:06 AM
Granulation Amt	Small - 1-33%	4/25/2019 10:06 AM
Necrosis	None Present	4/25/2019 10:06 AM
Slough	Large - 67-100%	4/25/2019 10:06 AM
Structure Exposed	Adipose	4/25/2019 10:06 AM
Margin	Distinct, Outline Attached	4/25/2019 10:06 AM
Tunneling	none	4/25/2019 10:06 AM
Undermining	none	4/25/2019 10:06 AM
Peri-wound Assessment	Swelling;Maceration;Painful;Pink	4/25/2019 10:06 AM
Temperature	Cool/Cold	4/25/2019 10:06 AM

04/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Number of days: 105

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	4/25/2019 10:06 AM
Wound Length (cm)	5.6 cm	4/25/2019 10:06 AM
Wound Width (cm)	5 cm	4/25/2019 10:06 AM
Wound Depth (cm)	0.3 cm	4/25/2019 10:06 AM
Wound Volume (cm^3)	8.4 cm^3	4/25/2019 10:06 AM
Wound Healing %	-273 cm	4/25/2019 10:06 AM
Wound Surface Area (cm^2)	28 cm^2	4/25/2019 10:06 AM
Exudate Amt	Copious	4/25/2019 10:06 AM
Exudate Type	Serosanguineous	4/25/2019 10:06 AM
Foul Odor After Cleansing	No	4/25/2019 10:06 AM
Granulation Amt	None Present	4/25/2019 10:06 AM
Necrosis	None Present	4/25/2019 10:06 AM
Slough	Large - 67-100%	4/25/2019 10:06 AM
Structure Exposed	None Present	4/25/2019 10:06 AM
Margin	Distinct, Outline Attached	4/25/2019 10:06 AM
Tunneling	none	4/25/2019 10:06 AM
Undermining	none	4/25/2019 10:06 AM
Peri-wound Assessment	Swelling;Painful;Maceration;Pink	4/25/2019 10:06 AM
Temperature	Cool/Cold	4/25/2019 10:06 AM

Number of days: 105

Wound 04/25/19 #12 Right Medial Ankle Cluster (Active)

Thickness	Full thickness without exposed support structure	4/25/2019 10:06 AM
Wound Length (cm)	5.4 cm	4/25/2019 10:06 AM
Wound Width (cm)	2.4 cm	4/25/2019 10:06 AM
Wound Depth (cm)	0.1 cm	4/25/2019 10:06 AM
Wound Volume (cm^3)	1.3 cm^3	4/25/2019 10:06 AM
Wound Surface Area (cm^2)	12.96 cm^2	4/25/2019 10:06 AM
Exudate Amt	Moderate	4/25/2019 10:06 AM
Exudate Type	Serosanguineous	4/25/2019 10:06 AM
Foul Odor After Cleansing	No	4/25/2019 10:06 AM
Granulation Amt	Small - 1-33%	4/25/2019 10:06 AM
Necrosis	None Present	4/25/2019 10:06 AM
Slough	Large - 67-100%	4/25/2019 10:06 AM
Structure Exposed	None Present	4/25/2019 10:06 AM
Margin	Distinct, Outline Attached	4/25/2019 10:06 AM
Tunneling	none	4/25/2019 10:06 AM
Undermining	none	4/25/2019 10:06 AM
Peri-wound Assessment	Maceration	4/25/2019 10:06 AM

Number of days: 0

Wound 04/25/19 #13 Left lat Calf (Active)

Thickness	Full thickness without exposed support structure	4/25/2019 10:06 AM
Wound Length (cm)	3 cm	4/25/2019 10:06 AM
Wound Width (cm)	3.5 cm	4/25/2019 10:06 AM
Wound Depth (cm)	0.2 cm	4/25/2019 10:06 AM

04/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Wound Volume (cm^3)	2.1 cm^3	4/25/2019 10:06 AM
Wound Surface Area (cm^2)	10.5 cm^2	4/25/2019 10:06 AM
Exudate Amt	Large	4/25/2019 10:06 AM
Exudate Type	Serosanguineous	4/25/2019 10:06 AM
Foul Odor After Cleansing	No	4/25/2019 10:06 AM
Granulation Amt	Small - 1-33%	4/25/2019 10:06 AM
Necrosis	Medium - 34-66%	4/25/2019 10:06 AM
Slough	Large - 67-100%	4/25/2019 10:06 AM
Structure Exposed	Adipose	4/25/2019 10:06 AM
Margin	Distinct, Outline Attached	4/25/2019 10:06 AM
Tunneling	none	4/25/2019 10:06 AM
Undermining	none	4/25/2019 10:06 AM
Peri-wound Assessment	Excoriated;Maceration;Painful	4/25/2019 10:06 AM
Temperature	Cool/Cold	4/25/2019 10:06 AM

Number of days: 0

Wound 04/25/19 #14 Left lat Ankle (Active)

Thickness	Full thickness without exposed support structure	4/25/2019 10:06 AM
Wound Length (cm)	3.2 cm	4/25/2019 10:06 AM
Wound Width (cm)	2.5 cm	4/25/2019 10:06 AM
Wound Depth (cm)	0.2 cm	4/25/2019 10:06 AM
Wound Volume (cm^3)	1.6 cm^3	4/25/2019 10:06 AM
Wound Surface Area (cm^2)	8 cm^2	4/25/2019 10:06 AM
Exudate Amt	Large	4/25/2019 10:06 AM
Exudate Type	Serosanguineous	4/25/2019 10:06 AM
Foul Odor After Cleansing	No	4/25/2019 10:06 AM
Granulation Amt	Small - 1-33%	4/25/2019 10:06 AM
Necrosis	None Present	4/25/2019 10:06 AM
Slough	Medium - 34-66%	4/25/2019 10:06 AM
Structure Exposed	Adipose	4/25/2019 10:06 AM
Margin	Distinct, Outline Attached	4/25/2019 10:06 AM
Tunneling	none	4/25/2019 10:06 AM
Undermining	none	4/25/2019 10:06 AM
Peri-wound Assessment	Maceration;Swelling;Pink;Painful	4/25/2019 10:06 AM
Temperature	Cool/Cold	4/25/2019 10:06 AM

Number of days: 0

LABS:

No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 9, 10, 12 / Description: base is covered with slough edges are hypertrophic and some areas are detached. There is some necrotic changes at edges with wounds.
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: exudate, fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: necrosis of muscle
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~90 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements
#9: Improved: Length 10.6cm X Width 4.6cm X Depth: 0.4cm
#10: Improved: Length 5.7cm X Width 5cm X Depth: 0.4cm
#12: Improved: Length 5.5cm X Width 2.5cm X Depth: 0.3cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT/PLAN: this is a nonagenarian patient with mixed vascular disease, malnutrition, difficult lifestyle. She has large and worsening bilateral limb ulcers. At this point for the wound care standpoint the major barriers are her poor nutritional intake, poor edema control all due to her lifestyle, which is not going to be changing any time soon. I recommend to elevate the limbs at rest. Needs to increase her protein intake. Do not keep salty crackers and snacks at reach. We will follow up and continue current dressing. Supply will be shipped to her given address.
(L97.313) Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC) (primary encounter diagnosis)
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)
(I87.332, L97.929) Chronic venous hypertension with ulcer and inflammation, left (HCC)
Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)

- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Chronic venous hypertension with ulcer and inflammation, left (HCC)

- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Patient Instructions
Calf and ankle wounds:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet 4 Ensures/Glucerna per day
Avoid salt in your foods

Elevate legs as much as possible

Diapers can be used to absorb drainage.

Return in about 1 month (around 5/23/2019) for routine follow-up.

Nilufer B Norsworthy, MD

04/25/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 4/25/2019 10:49 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
4/25/2019 10:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left calf and ankle wounds:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet 4 Ensures/Glucerna per day
Avoid salt in your foods

Elevate legs as much as possible

Diapers can be used to absorb drainage.

Return in about 1 month
(around 5/23/2019) for routine follow-up.

Today's Visit

You saw Nilufer B Norsworthy, MD on Thursday April 25, 2019.

Blood Pressure	Temperature (Oral)	Pulse	Respiration
140/80	97 °F	80	16

What's Next

You currently have no upcoming appointments scheduled.

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 4/25/19 10:49 AM Page 1 of 2 Epic

Your Medication List as of 4/25/19 10:49 AM

ⓘ If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Instill one drop in each eye twice daily
warfarin 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE, Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

04/25/2019 - Appointment in Northwest Hospital & Medical Center Laboratory

Visit Information

Appointment Information

OUTPATIENT **Completed**
4/25/2019 9:15 AM

Time	Provider	Department	Length
9:15 AM	NWH LAB	ZZNWH LAB	5 min

Referral Provider: NEIGHBOR JR, WILLIAM E
Arrival Time: 9:12 AM
Enc Form Number: 36350860

Notes:
LAB

History

Made On:	4/25/2019 9:11 AM	By:	Hannaman, Cheyenne	ES
Checked In:	4/25/2019 9:12 AM	By:	Hannaman, Cheyenne	ES
EOD Status:	4/29/2019 9:36 PM	By:	Uw Epaa, User	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019

04/25/2019 - Appointment in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018
Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

Stopped in Visit

None

04/12/2019 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/29/2018
Start date: 11/29/2018 — End date: 5/20/2019
Quantity: 60 tablet — Refill: 1 refill remaining

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP — Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/16/2019

04/12/2019 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/16/2019
Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 4/15/2019 0807

Refill request routed to provider.

Timolol Maleate 0.5 % Ophthalmic Solution

Last Prescribed: 12/8/17 5mL with 0 refills
Last Office Visit: 1/9/19
Next Office Visit: none scheduled

Electronically signed by Pearson, Terri Jeanne, CMA at 4/15/2019 8:08 AM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 04/16/19 1415**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 04/16/19 1415
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 04/16/19 - 09/04/19
Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 09/04/19 1247 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS
Admin instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.

Indications

Unspecified glaucoma(365.9) [H40.9 (ICD-10-CM)]

03/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnoses:

- Non-pressure chronic ulcer of left calf with necrosis of muscle (primary)
- Chronic venous hypertension with ulcer and inflammation, left
- Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- Non-pressure chronic ulcer of left ankle with necrosis of muscle
- Diabetic ulcer of lower extremity

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Norsworthy, Nilufer Bozdemir, MD	Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 1 month (around 4/25/2019).

Level of Service

Level of Service
PROCEDURE VISIT ONLY NO LOS

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/8/2017
Start date: 12/8/2017 — End date: 4/12/2019
Quantity: 5 mL — Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated

03/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/29/2018
Start date: 11/29/2018 — End date: 5/20/2019
Quantity: 60 tablet — Refill: 1 refill remaining

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP — Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/16/2019
Start date: 2/16/2019 — End date: 8/16/2019
Quantity: 30 tablet — Refill: 2 refills by 2/16/2020

Stopped in Visit

None

Clinical Notes

Progress Notes

Lee, Shelley, RN at 3/28/2019 1000

No change in medicine reported

Wound Center Orders for Topical Lidocaine Wound Application:

Apply 2% topical gel or 4% topical liquid lidocaine to open wound prior to surgical debridement and assessment, not to exceed 10 ml.

Wound/Ulcer: #9,10
Anesthetic: lidocaine 4% topical solution

Pt very unstable on feet with walker

Electronically signed by Lee, Shelley, RN at 3/28/2019 3:46 PM

03/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Miller, Rebecca J, CMA at 3/28/2019 1000

Dressing applied per provider order.

Electronically signed by Miller, Rebecca J, CMA at 3/28/2019 10:45 AM

Null, Margaret K, RN at 3/28/2019 1000

Pt's wounds looks worse due to excessive drainage. She is not changing frequently enough. She is also eating to much salty foods. We are goinng to increase her dressing change frequency. I am ordering more supplies.

Electronically signed by Null, Margaret K, RN at 3/28/2019 3:46 PM

Norsworthy, Nilufer Bozdemir, MD at 3/28/2019 1000

PROGRESS NOTE
3/28/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with left medial calf and ankle ulcers with DM2 and mixed vascular disease is seen today for Follow Up Visit

INTERVAL HISTORY: The ulcer has worsened with satellite ulcers, fibrotic base and larger surface area. Since last visit there are changes in her and her son's life: they continue to live together in a tent. Son is less available to change her dressings and also for preparing food. She ate cheese, chips and canned food like soup which all are high in salt content. She was having larger drainage. She denies any change in the pain level. Legs are more edematous. There is no sign of infection with the wounds.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever, limb pain

Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• Acetaminophen-Codeine #3 300-30 MG Oral Tab, TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED., Disp: 60 tablet, Rfl: 1

- Atorvastatin Calcium 20 MG Oral Tab, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
- Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
- Losartan Potassium 25 MG Oral Tab, TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY, Disp: 45 tablet, Rfl: 2
- Pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 270 tablet, Rfl: 3
- Timolol Maleate 0.5 % Ophthalmic Solution, INSTILL ONE DROP IN EACH EYE TWICE DAILY., Disp: 5 mL, Rfl: 0
- Warfarin Sodium 4 MG Oral Tab, Take 1 tablet (4 mg) by mouth daily., Disp: 30 tablet, Rfl: 2

EXAM:
Vital Signs: BP (!) 142/76 | Pulse 68 | Temp 97.2 °F (36.2 °C) (Oral) | Resp 16 | Wt 114 lb (51.7 kg) | BMI 20.85 kg/m² Body mass index is 20.85 kg/m².

Edema: 1+ non-pitting
Left Lower:

Right Lower:

Vascular: pedal pulses are diminished
Left Lower:

Right Lower:

Wound Data:
Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 77

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 77

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	3/28/2019 9:58 AM
Wound Length (cm)	10 cm	3/28/2019 9:58 AM
Wound Width (cm)	5 cm	3/28/2019 9:58 AM
Wound Depth (cm)	0.2 cm	3/28/2019 9:58 AM
Wound Volume (cm^3)	10 cm^3	3/28/2019 9:58 AM
Wound Healing %	-12 cm	3/28/2019 9:58 AM
Wound Surface Area (cm^2)	50 cm^2	3/28/2019 9:58 AM
Exudate Amt	Large	3/28/2019 9:58 AM
Exudate Type	Serosanguineous;Yellow	3/28/2019 9:58 AM
Foul Odor After Cleansing	No	3/28/2019 9:58 AM
Granulation Amt	None Present	3/28/2019 9:58 AM
Necrosis	None Present	3/28/2019 9:58 AM
Slough	Large - 67-100%	3/28/2019 9:58 AM

Clinical Notes (continued)

Structure Exposed	UTA	3/28/2019 9:58 AM
Margin	Distinct, Outline Attached	3/28/2019 9:58 AM
Tunneling	none	3/28/2019 9:58 AM
Undermining	none	3/28/2019 9:58 AM
Peri-wound Assessment	Intact	3/28/2019 9:58 AM
Temperature	No Abnormality	3/28/2019 9:58 AM

Number of days: 77

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	3/28/2019 9:58 AM
Wound Length (cm)	0.5 cm	3/28/2019 9:58 AM
Wound Width (cm)	0.6 cm	3/28/2019 9:58 AM
Wound Depth (cm)	0.1 cm	3/28/2019 9:58 AM
Wound Volume (cm^3)	0.03 cm^3	3/28/2019 9:58 AM
Wound Healing %	99 cm	3/28/2019 9:58 AM
Wound Surface Area (cm^2)	0.3 cm^2	3/28/2019 9:58 AM
Exudate Amt	Large	3/28/2019 9:58 AM
Exudate Type	Serosanguineous	3/28/2019 9:58 AM
Foul Odor After Cleansing	No	3/28/2019 9:58 AM
Granulation Amt	None Present	3/28/2019 9:58 AM
Necrosis	None Present	3/28/2019 9:58 AM
Slough	Large - 67-100%	3/28/2019 9:58 AM
Structure Exposed	None Present	3/28/2019 9:58 AM
Margin	Distinct, Outline Attached	3/28/2019 9:58 AM
Tunneling	none	3/28/2019 9:58 AM
Undermining	none	3/28/2019 9:58 AM
Peri-wound Assessment	Pink	3/28/2019 9:58 AM
Temperature	No Abnormality	3/28/2019 9:58 AM

Number of days: 77

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE

03/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 9 / Description: Wound bed and edges are covered with gray-brown fibrinous slough with no visible granulation tissue
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: fat layer exposed
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided -Total Square cm2 = ~50 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements: Improved: Length 10cm X Width 5cm X Depth: 0.4cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT/PLAN: This is a patient, 94 yo, with DM2, with limb ischemia and also chronic venous hypertension with dense edema at limbs is here with her son. She has difficult living conditions: lives in a tent with suboptimal food access. Lately she has been eating more than acceptable amount of salty food including chips, crackers and canned soup. The frequency of dressing change is also not optimal, stays wet with unchanged dressings long times as her son is the only help on dressing changes she has. She chooses this lifestyle over the intermediate care facilities that she can go to.
I strongly urged them to remove all the salty food choices from the reach of our patient. She should decrease salt in diet. Increase protein and calory intake. Dressings needs to be changed every other day. We will follow up.
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) (primary encounter diagnosis)
(I87.332, L97.929) Chronic venous hypertension with ulcer and inflammation, left (HCC)
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
(E11.622, L97.909) Diabetic ulcer of lower extremity (HCC)
Jeanne was seen today for follow up visit.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Chronic venous hypertension with ulcer and inflammation, left (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

03/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Diabetic ulcer of lower extremity (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Patient Instructions
Left Post Calf, Medial Calf, Medial Ankle:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet
Avoid salt in your foods

Return in about 1 month (around 4/25/2019).

Nilufer B Norsworthy, MD

Electronically signed by Norsworthy, Nilufer Bozdemir, MD at 3/28/2019 3:46 PM

Flowsheets

Vital Data

Row Name	03/28/19 1008	03/28/19 0956
Weight	—	51.7 kg (114 lb)
BP	**142/76** !	—
BP Cuff Size	Regular	—
BP Site	Right Arm	—
BP Position	Sitting	—
Temp	36.2 °C	—
Temp src	Oral	—
Pulse	68	—
Pulse Regularity	Regular	—
Resp	16	—
Pain Level	—	TWO/TEN

03/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Wound Assessment/Care

Row Name	03/28/19 0958
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	10 cm
Wound Width (cm)	5 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	10 cm^3
Wound Healing %	-12 cm
Wound Surface Area (cm^2)	50 cm^2
Exudate Amt	Large
Exudate Type	Serosanguineous;Yellow
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Unable to Assess
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	0.5 cm
Wound Width (cm)	0.6 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	0.03 cm^3
Wound Healing %	99 cm
Wound Surface Area (cm^2)	0.3 cm^2
Exudate Amt	Large
Exudate Type	Serosanguineous
Foul Odor After	No

03/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Cleansing	
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Tunneling	none
Undermining	none
Peri-wound Assessment	Pink
Temperature	No Abnormality
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0959 Date Acquired: 03/01/17 Wound Number: #11 Left post calf FT without Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Result of an Accident: No Recurrence: Yes Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 03/28/19 Final Assessment Time: 1342 Wound Outcome: Healed
Wound Image	—
Thickness	Full thickness without exposed support structure
Wound Length (cm)	0 cm
Wound Width (cm)	0 cm
Wound Depth (cm)	0 cm
Wound Volume (cm^3)	0 cm^3
Wound Healing %	100 cm
Wound Surface Area (cm^2)	0 cm^2
Exudate Amt	None
Foul Odor After Cleansing	No
Granulation Amt	Large - 67-100%
Necrosis	None Present
Slough	None Present
Structure Exposed	None Present
Margin	Flat and Intact
Peri-wound Assessment	Pink
Temperature	No Abnormality

Images for: [REMOVED] Wound 01/10/19 #11 Left post calf FT without Left

Property Name	Property Values
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0959 Date Acquired: 03/01/17 Wound Number: #11 Left post calf FT without Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Result of an Accident: No Recurrence: Yes Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 03/28/19 Final Assessment Time: 1342 Wound Outcome: Healed

22032105

Scan on 3/29/2019 2:51 PM by Riaz, Tazneem, CMA: IMG_7506 (below)

03/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)



Patient Instructions

Left Post Calf, Medial Calf, Medial Ankle:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet
Avoid salt in your foods

03/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Patient Instructions (continued)

Electronically signed by Null, Margaret K, RN at 3/28/2019 10:26 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
3/28/2019 10:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left Post Calf, Medial Calf, Medial Ankle:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet
Avoid salt in your foods

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You saw Nilufer B Norsworthy, MD on Thursday March 28, 2019 for: Follow Up Visit.

Blood Pressure 142/76	BMI 20.85
Weight 114 lb	Temperature (Oral) 97.2 °F
Pulse 68	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 3/28/19 10:26 AM

Page 1 of 2 Epic

03/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of 3/28/19 10:26 AM

ⓘ If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE, Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Letters

Referral by Norsworthy, Nilufer Bozdemir, MD on 3/28/2019

Status: Sent
Letter body:

March 28, 2019

William E Neighbor Jr., MD
1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410

RE: Jeane Leonie Hoffman
DOB: 1/6/1925

Dear William E Neighbor Jr., MD:

Thank you for referring Jeane Hoffman to me for evaluation. Enclosed is a copy of my clinic note.

If you have questions please feel free to contact me at your convenience; I would be happy to review any concerns you have.

Sincerely,

Electronically signed by
Nilufer B Norsworthy, MD

CC: No Recipients

Visit Summary
PROGRESS NOTE
3/28/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with left medial calf and ankle ulcers with DM2 and mixed vascular disease is seen today for Follow Up Visit

INTERVAL HISTORY: The ulcer has worsened with satellite ulcers, fibrotic base and larger surface area. Since last visit there are changes in her and her son's life: they continue to live together in a tent. Son is less available to change her dressings and also for preparing food. She ate cheese, chips and canned food like soup which all are high in salt content. She was having larger drainage. She denies any change in the pain level. Legs are more edematous. There is no sign of infection with the wounds.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever, limb pain

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• Acetaminophen-Codeine #3 300-30 MG Oral Tab, TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED., Disp: 60 tablet, Rfl: 1
• Atorvastatin Calcium 20 MG Oral Tab, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• Losartan Potassium 25 MG Oral Tab, TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY, Disp: 45 tablet, Rfl: 2
• Pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 270 tablet, Rfl: 3
• Timolol Maleate 0.5 % Ophthalmic Solution, INSTILL ONE DROP IN EACH EYE TWICE DAILY., Disp: 5 mL, Rfl: 0
• Warfarin Sodium 4 MG Oral Tab, Take 1 tablet (4 mg) by mouth daily., Disp: 30 tablet, Rfl: 2

EXAM:
Vital Signs: BP (!) 142/76 | Pulse 68 | Temp 97.2 °F (36.2 °C) (Oral) | Resp 16 | Wt 114 lb (51.7 kg) | BMI 20.85 kg/m² Body mass index is 20.85 kg/m².

Edema: 1+ non-pitting
Left Lower:

Right Lower:

Vascular: pedal pulses are diminished
Left Lower:

Right Lower:

Wound Data:
Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 77

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound

03/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 77

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	3/28/2019	9:58 AM
Wound Length (cm)	10 cm	3/28/2019	9:58 AM
Wound Width (cm)	5 cm	3/28/2019	9:58 AM
Wound Depth (cm)	0.2 cm	3/28/2019	9:58 AM
Wound Volume (cm^3)	10 cm^3	3/28/2019	9:58 AM
Wound Healing %	-12 cm	3/28/2019	9:58 AM
Wound Surface Area (cm^2)	50 cm^2	3/28/2019	9:58 AM
Exudate Amt	Large	3/28/2019	9:58 AM
Exudate Type	Serosanguineous;Yellow	3/28/2019	9:58 AM
Foul Odor After Cleansing	No	3/28/2019	9:58 AM
Granulation Amt	None Present	3/28/2019	9:58 AM
Necrosis	None Present	3/28/2019	9:58 AM
Slough	Large - 67-100%	3/28/2019	9:58 AM
Structure Exposed	UTA	3/28/2019	9:58 AM
Margin	Distinct, Outline Attached	3/28/2019	9:58 AM
Tunneling	none	3/28/2019	9:58 AM
Undermining	none	3/28/2019	9:58 AM
Peri-wound Assessment	Intact	3/28/2019	9:58 AM
Temperature	No Abnormality	3/28/2019	9:58 AM

Number of days: 77

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	3/28/2019	9:58 AM
Wound Length (cm)	0.5 cm	3/28/2019	9:58 AM
Wound Width (cm)	0.6 cm	3/28/2019	9:58 AM
Wound Depth (cm)	0.1 cm	3/28/2019	9:58 AM
Wound Volume (cm^3)	0.03 cm^3	3/28/2019	9:58 AM
Wound Healing %	99 cm	3/28/2019	9:58 AM
Wound Surface Area (cm^2)	0.3 cm^2	3/28/2019	9:58 AM
Exudate Amt	Large	3/28/2019	9:58 AM
Exudate Type	Serosanguineous	3/28/2019	9:58 AM
Foul Odor After Cleansing	No	3/28/2019	9:58 AM
Granulation Amt	None Present	3/28/2019	9:58 AM
Necrosis	None Present	3/28/2019	9:58 AM
Slough	Large - 67-100%	3/28/2019	9:58 AM
Structure Exposed	None Present	3/28/2019	9:58 AM
Margin	Distinct, Outline Attached	3/28/2019	9:58 AM
Tunneling	none	3/28/2019	9:58 AM
Undermining	none	3/28/2019	9:58 AM
Peri-wound Assessment	Pink	3/28/2019	9:58 AM
Temperature	No Abnormality	3/28/2019	9:58 AM

Number of days: 77

LABS:
No results found for: CBC

Letters (continued)

Hemoglobin A1C

Date	Value	Ref Range	Status
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 9 / Description: Wound bed and edges are covered with gray-brown fibrinous slough with no visible granulation tissue
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: fat layer exposed
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided -Total Square cm2 = ~50 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements: Improved:
Length 10cm X Width 5cm X Depth: 0.4cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT/PLAN: This is a patient, 94 yo, with DM2, with limb ischemia and also chronic venous hypertension with dense edema at limbs is here with her son. She has difficult living conditions: lives in a tent with suboptimal food access. Lately she has been eating more than acceptable amount of salty food including chips, crackers and canned soup. The frequency of dressing change is also not optimal, stays wet with unchanged dressings long times as her son is the only help on dressing changes she has. She chooses this lifestyle over the intermediate care facilities that she can go to.
I strongly urged them to remove all the salty food choices from the reach of our patient. She should decrease salt in diet. Increase protein and calory intake. Dressings needs to be changed every other day. We will follow up.
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) (primary encounter diagnosis)
(I87.332, L97.929) Chronic venous hypertension with ulcer and inflammation, left (HCC)

03/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)
(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
(E11.622, L97.909) Diabetic ulcer of lower extremity (HCC)
Jeanne was seen today for follow up visit.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Chronic venous hypertension with ulcer and inflammation, left (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Diabetic ulcer of lower extremity (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Patient Instructions
Left Post Calf, Medial Calf, Medial Ankle:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet
Avoid salt in your foods

Return in about 1 month (around 4/25/2019).

03/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Nilufer B Norsworthy, MD

03/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 3/28/2019 10:26 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
3/28/2019 10:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left Post Calf, Medial Calf, Medial Ankle:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Apply Zinc paste to the periwound excoriation.
Tubi-grip
Change dressing Every other day

Ordering from SH today
Maintain a high protein diet
Avoid salt in your foods

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You saw Nilufer B Norsworthy, MD on Thursday March 28, 2019 for: Follow Up Visit.

Blood Pressure 142/76	BMI 20.85
Weight 114 lb	Temperature (Oral) 97.2 °F
Pulse 68	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 3/28/19 10:26 AM

Page 1 of 2 Epic

03/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of 3/28/19 10:26 AM

ⓘ If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE, Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

03/28/2019 - Appointment in Northwest Hospital & Medical Center Laboratory

Visit Information

Appointment Information

OUTPATIENT **Completed**
3/28/2019 9:10 AM

Time	Provider	Department	Length
9:10 AM	NWH LAB	ZZNWH LAB	5 min

Referral Provider: NEIGHBOR JR, WILLIAM E
Arrival Time: 9:07 AM
Enc Form Number: 36109654

Notes:
Lab

History

Made On:	3/28/2019 9:07 AM	By:	Oliver, Kisha P, Coordinator	ES
Checked In:	3/28/2019 9:07 AM	By:	Oliver, Kisha P, Coordinator	ES
EOD Status:	4/1/2019 9:35 PM	By:	Uw Epaa, User	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019

03/28/2019 - Appointment in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018
Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Stopped in Visit

None

02/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnoses:

- Non-pressure chronic ulcer of left calf with necrosis of muscle (primary)
- Chronic venous hypertension with ulcer and inflammation, left
- Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- Diabetic ulcer of lower extremity

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Norsworthy, Nilufer Bozdemir, MD	Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 1 month (around 3/28/2019) for routine follow-up.

Level of Service

Level of Service
PROCEDURE VISIT ONLY NO LOS

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/8/2017
Start date: 12/8/2017 — End date: 4/12/2019
Quantity: 5 mL — Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY

02/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018
Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Stopped in Visit

None

Clinical Notes

Progress Notes

McKisson, Kimberly A, RN at 2/28/2019 1000

Wounds are stable, but slough covered. They were debrided today. Pt and son are still living on BI in tent with wood burning stove. She reports she has been staying warm in the cold weather. Ordering supplies from SH today.

Left Post Calf, Medial Calf, Medial Ankle:

Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Tubi-grip
Change dressing 2 times per week

Pt recently received dressings from SH

Electronically signed by McKisson, Kimberly A, RN at 2/28/2019 12:54 PM

Riaz, Tazneem, CMA at 2/28/2019 1000

Patient's dressing completed per physician's order.

Electronically signed by Riaz, Tazneem, CMA at 2/28/2019 12:54 PM

Norsworthy, Nilufer Bozdemir, MD at 2/28/2019 1000

PROGRESS NOTE
2/28/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with a left calf ulcer is seen today for Follow Up Visit

INTERVAL HISTORY: This is a patient with DM2, venous hypertension and atherosclerosis with DM2 is here with mixed vascular left calf ulcer. Since the last visit the wound has improved. Smaller. Wound bed has large slough but does not contain any necrotic tissue as it was the case in January. She has minimal pain with the wound. According to the son who is accompanying her she has better living conditions: has a large tent, stove in it. Has comfortable bed. She is eating meat at least two portions daily. She was not complaining of pain at the limb for a while. She is also taking daily walks without pain.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever, limb pain

Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Medications:
• Acetaminophen-Codeine #3 300-30 MG Oral Tab, TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED., Disp: 60 tablet, Rfl: 1
• Atorvastatin Calcium 20 MG Oral Tab, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• Losartan Potassium 25 MG Oral Tab, TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY, Disp: 45 tablet, Rfl: 2
• Pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 270 tablet, Rfl: 3
• Timolol Maleate 0.5 % Ophthalmic Solution, INSTILL ONE DROP IN EACH EYE TWICE DAILY., Disp: 5 mL, Rfl: 0
• Warfarin Sodium 4 MG Oral Tab, Take 1 tablet (4 mg) by mouth daily., Disp: 30 tablet, Rfl: 2

EXAM:

02/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Vital Signs: BP (!) 140/68 | Pulse 64 | Temp 97.7 °F (36.5 °C) (Oral) | Resp 16 | Wt 111 lb (50.3 kg) | BMI 20.30 kg/m² Body mass index is 20.3 kg/m².

Edema: trace ankle edema.
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 28 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:

Vascular: pedal pulses are diminished.
Left Lower:

Right Lower:

Wound Data:

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 49

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 49

Wound 01/10/19 #11 Left post calf FT without Left (Active)

Date First Assessed/Time First Assessed: 01/10/19 0959 Date Acquired: 03/01/17 Wound Number: #11 Left post calf FT without Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Result of an Accident: No Recurrenc...
Number of days: 49

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	2/28/2019 9:37 AM
Wound Length (cm)	8.6 cm	2/28/2019 9:37 AM
Wound Width (cm)	2.2 cm	2/28/2019 9:37 AM
Wound Depth (cm)	0.2 cm	2/28/2019 9:37 AM
Wound Volume (cm^3)	3.78 cm^3	2/28/2019 9:37 AM
Wound Healing %	58 cm	2/28/2019 9:37 AM
Wound Surface Area (cm^2)	18.92 cm^2	2/28/2019 9:37 AM
Exudate Amt	Moderate	2/28/2019 9:37 AM
Exudate Type	Serosanguineous	2/28/2019 9:37 AM
Foul Odor After Cleansing	No	2/28/2019 9:37 AM
Granulation Amt	None Present	2/28/2019 9:37 AM
Necrosis	Small - 1-33%	2/28/2019 9:37 AM
Slough	Large - 67-100%	2/28/2019 9:37 AM
Structure Exposed	None Present	2/28/2019 9:37 AM

02/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Margin	Distinct, Outline Attached	2/28/2019 9:37 AM
Peri-wound Assessment	Dry	2/28/2019 9:37 AM
Temperature	No Abnormality	2/28/2019 9:37 AM

Number of days: 49

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	2/28/2019 9:37 AM
Wound Length (cm)	1 cm	2/28/2019 9:37 AM
Wound Width (cm)	1.2 cm	2/28/2019 9:37 AM
Wound Depth (cm)	0.1 cm	2/28/2019 9:37 AM
Wound Volume (cm^3)	0.12 cm^3	2/28/2019 9:37 AM
Wound Healing %	95 cm	2/28/2019 9:37 AM
Wound Surface Area (cm^2)	1.2 cm^2	2/28/2019 9:37 AM
Exudate Amt	Small	2/28/2019 9:37 AM
Exudate Type	Serosanguineous	2/28/2019 9:37 AM
Foul Odor After Cleansing	No	2/28/2019 9:37 AM
Granulation Amt	Small - 1-33%	2/28/2019 9:37 AM
Necrosis	None Present	2/28/2019 9:37 AM
Slough	Small - 1-33%	2/28/2019 9:37 AM
Structure Exposed	None Present	2/28/2019 9:37 AM
Margin	Distinct, Outline Attached	2/28/2019 9:37 AM
Peri-wound Assessment	Dry	2/28/2019 9:37 AM
Temperature	No Abnormality	2/28/2019 9:37 AM

Number of days: 49

Wound 01/10/19 #11 Left post calf FT without Left (Active)

Thickness	Full thickness without exposed support structure	2/28/2019 9:37 AM
Wound Length (cm)	0.3 cm	2/28/2019 9:37 AM
Wound Width (cm)	0.4 cm	2/28/2019 9:37 AM
Wound Depth (cm)	0.1 cm	2/28/2019 9:37 AM
Wound Volume (cm^3)	0.01 cm^3	2/28/2019 9:37 AM
Wound Healing %	0 cm	2/28/2019 9:37 AM
Wound Surface Area (cm^2)	0.12 cm^2	2/28/2019 9:37 AM
Exudate Amt	Small	2/28/2019 9:37 AM
Exudate Type	Serosanguineous	2/28/2019 9:37 AM
Foul Odor After Cleansing	No	2/28/2019 9:37 AM
Granulation Amt	Small - 1-33%	2/28/2019 9:37 AM
Necrosis	None Present	2/28/2019 9:37 AM
Slough	Small - 1-33%	2/28/2019 9:37 AM
Structure Exposed	None Present	2/28/2019 9:37 AM
Margin	Distinct, Outline Attached	2/28/2019 9:37 AM
Peri-wound Assessment	Dry	2/28/2019 9:37 AM
Temperature	No Abnormality	2/28/2019 9:37 AM

Number of days: 49

LABS:
No results found for: CBC
Hemoglobin A1C

Clinical Notes (continued)

Date	Value	Ref Range	Status
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 9 / Description: Wound bed is covered with stringy fibrinous slough, edges are rolled in
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: necrosis of muscle
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~20 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements: Improved: Length 9cm X Width 2.2cm X Depth: 0.4cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT/PLAN: This is a patient with mixed vascular limb ulcer at the presence of advanced age and DM2. With current management the wound healing is progressing although slow. Sounds like the living conditions are also better which should positively impact the healing. We will continue current care.
(L97.223) Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) (primary encounter diagnosis)
(I87.332, L97.929) Chronic venous hypertension with ulcer and inflammation, left (HCC)
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)
(E11.622, L97.909) Diabetic ulcer of lower extremity (HCC)
Jeanne was seen today for follow up visit.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Chronic venous hypertension with ulcer and inflammation, left (HCC)

02/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)

- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Diabetic ulcer of lower extremity (HCC)

- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Patient Instructions

Left Post Calf, Medial Calf, Medial Ankle:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Tubi-grip
Change dressing 2 times per week

Ordering from SH today
Maintain a high protein diet

Return in about 1 month (around 3/28/2019) for routine follow-up.

Nilufer B Norsworthy, MD

Electronically signed by Norsworthy, Nilufer Bozdemir, MD at 2/28/2019 12:54 PM

Flowsheets

Vital Data

Row Name	02/28/19 0948
Weight	50.3 kg (111 lb)
BP	**140/68** !
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Temp	36.5 °C
Temp src	Oral
Pulse	64
Pulse Regularity	Regular
Resp	16

Wound Assessment/Care

02/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Row Name	02/28/19 0937
LLE Calf - Cm w/ Point of Measurement	28 cm
LLE Calf - Cm from the Medial Instep	32 cm
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	8.6 cm
Wound Width (cm)	2.2 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	3.78 cm^3
Wound Healing %	58 cm
Wound Surface Area (cm^2)	18.92 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	Small - 1-33%
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Peri-wound Assessment	Dry
Temperature	No Abnormality
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Thickness	Full thickness without exposed support structure
Wound Length (cm)	1 cm
Wound Width (cm)	1.2 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	0.12 cm^3
Wound Healing %	95 cm
Wound Surface Area (cm^2)	1.2 cm^2
Exudate Amt	Small
Exudate Type	Serosanguineous
Foul Odor After	No

02/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Cleansing	
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Small - 1-33%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Peri-wound Assessment	Dry
Temperature	No Abnormality
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0959 Date Acquired: 03/01/17 Wound Number: #11 Left post calf FT without Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Result of an Accident: No Recurrence: Yes Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 03/28/19 Final Assessment Time: 1342 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Wound Length (cm)	0.3 cm
Wound Width (cm)	0.4 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	0.01 cm^3
Wound Healing %	0 cm
Wound Surface Area (cm^2)	0.12 cm^2
Exudate Amt	Small
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Small - 1-33%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Peri-wound Assessment	Dry
Temperature	No Abnormality

Patient Instructions

Left Post Calf, Medial Calf, Medial Ankle:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Tubi-grip
Change dressing 2 times per week

Ordering from SH today
Maintain a high protein diet

Electronically signed by McKisson, Kimberly A, RN at 2/28/2019 10:22 AM

02/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Patient Instructions (continued)

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
2/28/2019 10:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left Post Calf, Medial Calf, Medial Ankle:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Tubi-grip
Change dressing 2 times per week

Ordering from SH today
Maintain a high protein diet

Return in about 1 month
(around 3/28/2019) for routine follow-up.

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You saw Nilufer B Norsworthy, MD on Thursday February 28, 2019 for: Follow Up Visit.

Blood Pressure 140/68	BMI 20.30
Weight 111 lb	Temperature (Oral) 97.7 °F
Pulse 64	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 2/28/19 10:22 AM

Page 1 of 2 Epic

02/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of 2/28/19 10:22 AM

ⓘ If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE, Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

02/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 2/28/2019 10:22 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeane L. Hoffman MRN: U8170135
2/28/2019 10:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left Post Calf, Medial Calf, Medial Ankle:
Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Tubi-grip
Change dressing 2 times per week

Ordering from SH today
Maintain a high protein diet

Return in about 1 month
(around 3/28/2019) for routine follow-up.

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You saw Nilufer B Norsworthy, MD on Thursday February 28, 2019 for: Follow Up Visit.

Blood Pressure 140/68	BMI 20.30
Weight 111 lb	Temperature (Oral) 97.7 °F
Pulse 64	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/prod01/.

Jeane L. Hoffman (MRN: U8170135) • Printed at 2/28/19 10:22 AM

Page 1 of 2 Epic

02/28/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of 2/28/19 10:22 AM

ⓘ If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE, Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

02/28/2019 - Appointment in Northwest Hospital & Medical Center Laboratory

Visit Information

Appointment Information

OUTPATIENT **Completed**
2/28/2019 9:10 AM

Time	Provider	Department	Length
9:10 AM	NWH LAB	ZZNWH LAB	5 min

Referral Provider: NEIGHBOR JR, WILLIAM E
Arrival Time: 9:09 AM
Enc Form Number: 35863808

Notes:
lab

History

Made On:	2/28/2019 9:09 AM	By:	Tsai, Chung-Wen	ES
Checked In:	2/28/2019 9:09 AM	By:	Tsai, Chung-Wen	ES
EOD Status:	3/4/2019 9:35 PM	By:	Uw Epaa, User	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019

02/28/2019 - Appointment in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018
Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Stopped in Visit

None

02/28/2019 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- Long term current use of anticoagulant therapy
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/29/2018
Start date: 11/29/2018 — End date: 5/20/2019
Quantity: 60 tablet — Refill: 1 refill remaining

02/28/2019 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Stopped in Visit

None

Labs

Prothrombin Time (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/28/18 1046**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/28/18 1046
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/28/18 -
Class: Normal
Quantity: 1
Instance released by: Tchong, Katherine Lay, Technologist 2/28/2019 9:14 AM
Discontinued by: Uw Lab Results Interface, User 02/28/19 0944 [Canceled by Lab, see Result History.]
Diagnoses
Long term current use of anticoagulant therapy [Z79.01]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality [I82.509]

Specimen Information

ID	Type	Source	Collected By
H14086	Plasma	—	02/28/19 0914

Prothrombin Time
Resulted: 02/28/19 0929, Result status: Final result

Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 02/28/19 0944 [Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 02/28/19 0929
Collected by: 02/28/19 0914
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Data entry correction, see updated information	10.7 - 15.6 s	—	NWH
Prothrombin INR	Data entry correction, see updated information	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 03/18/19 1024

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

02/28/2019 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 3/18/2019 10:24

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/28/19 0922** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/28/19 0922 Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: Routine 02/28/19 0922 - Quantity: 1
Lab status: Final result
Order comments: Ordered by William E Neighbor Jr

Specimen Information

ID	Type	Source	Collected By
H14278	Plasma	—	5082 02/28/19 0922

Prothrombin Time (NWH) Resulted: 02/28/19 0941, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 02/28/19 0941
Collected by: 5082 02/28/19 0922 Resulting lab: NORTHWEST HOSPITAL LAB
Acknowledged by: Neighbor Jr., William E, MD on 03/18/19 1024

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	10.0	8.9 - 12.1 s	—	NWH
Prothrombin INR	1.0	0.8 - 1.3	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

All Reviewers List

Neighbor Jr., William E, MD on 3/18/2019 10:24

02/27/2019 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Long term current use of anticoagulant therapy

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018

02/27/2019 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 2/27/2019 1419

Refill refused. Pt has refills at Safeway. ecare message to pt letting her know.

Electronically signed by Pearson, Terri Jeanne, CMA at 2/27/2019 2:19 PM

Other Orders

Medications

Warfarin Sodium 4 MG Oral Tab (Cancel Pend)

Electronically signed by: **Pearson, Terri Jeanne, CMA on 02/27/19 1419**
Status: **Cancel Pend**
Ordering user: Pearson, Terri Jeanne, CMA 02/27/19 1419
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine Daily 02/27/19 - Until Discontinued
Class: E-RX
Pended by: Uw Mychart, Patient User 02/27/19 1326
Discontinued by: Discharge Provider, Automatic 03/14/25 1742

Messages

Your Medications

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	2/27/2019 2:23 PM

Last Read in MyChart
Not Read

Dear Jeanne,

We have processed your medication renewal request. The following medication renewals have been denied:

- Warfarin Sodium 4 MG Oral Tab

02/27/2019 - Refill in Husky Health Primary Care Clinic (continued)

Messages (continued)

If you have any questions about your prescription, please call or send a message to your provider.

Thank you for using UW Medicine eCare.

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	2/27/2019 1:26 PM

Jeanne Leonie Hoffman would like a refill of the following medications:

Warfarin Sodium 4 MG Oral Tab [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

02/27/2019 - Patient E-mail in Husky Health Same Day Clinic

Visit Information

Provider Information

Encounter Provider

Pearson, Terri Jeanne, CMA

Department

Name	Address	Phone	Fax
Husky Health Same Day Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/8/2017
Start date: 12/8/2017 — End date: 4/12/2019
Quantity: 5 mL — Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/29/2018

02/27/2019 - Patient E-mail in Husky Health Same Day Clinic (continued)

Medication List (continued)

Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Stopped in Visit

None

Messages

Refills at Safeway

From	To	Sent and Delivered
Terri Jeanne Pearson, CMA	Hoffman, Jeanne Leonie	2/27/2019 2:23 PM

Last Read in MyChart
Not Read

Hi Louis and Jeanne,

The warfarin was fill on 2/16/19 with 2 refills. Contact Safeway if you need more medication. Let me know if you have questions.

Thanks,
Terri

02/14/2019 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Long term current use of anticoagulant therapy

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018

02/14/2019 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 2/14/2019 1351

Fax from Safeway. Pt requests a large quantity. Pt request routed to provider.

Warfarin Sodium 4 MG Oral Tab

Last Prescribed: 2/7/19 #10 with 0 refills
Last Office Visit: 1/9/19
Next Office Visit: none scheduled

Electronically signed by Pearson, Terri Jeanne, CMA at 2/14/2019 1:54 PM

Other Orders

Medications

Warfarin Sodium 4 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/16/19 0929**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/16/19 0929
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Daily 02/16/19 - 08/16/19
Class: E-RX
Released by: Neighbor Jr., William E, MD 02/16/19 0929
Discontinued by: Lei, Danna, ARNP 08/16/19 2134 [Therapy completed/no longer indicated]
Diagnoses
Long term current use of anticoagulant therapy [Z79.01]
Reordered from: Warfarin Sodium 4 MG Oral Tab

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

02/14/2019 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN
2/14/2019 10:00 AM

Canceled

Time	Provider	Department	Length
10:00 AM	Norsworthy, Nilufer Bozdemir, MD	ZZNWH WOUND CARE	15 min

History

Made On:	1/31/2019 10:24 AM	By:	Carroll, Linda, PSS/PSR	ES
Canceled:	2/14/2019 8:28 AM	By:	Kalskett, Haley Elizabeth	ES
Cancel Rsn:	Patient-Unable to keep appointment			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

02/11/2019 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018
Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

02/11/2019 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E, MD at 2/11/2019 1613

Spoke with son Louise Friday, Feb 8, 2019
He reports Jean is eating better now.
Reports dressing changes daily and wound improving. Follow up at NW wound care.
They have been in a motel supported by their Church and will be there over the next 3-4 days.

William E Neighbor, MD

2/11/2019
4:44 PM
Spoke with Pastor Dave O'Connell
314.853.2695
Church has put Jeanne and Louis up in hotel end of last week and this week during the cold weather

I put a call into Levonne Gibson at APS 360.473.2167 and will follow up with him tomorrow.
Provided my cell phone number.

William E Neighbor, MD

2/14/2019
Returned call to Glenda Melbuy (?spelling) at APS
Phone 360.890.2425
Her message on my phone yesterday indicated the case is open and being investigated
I communicated some concerns that have been expressed to be about reason for difficulties in finding living situation on Bainbridge and some of the care giver burn out that Louise, her son, may be experiencing that his compromising some of the attention he is able to give her.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 2/14/2019 1:47 PM

02/11/2019 - Telephone in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Messages

summary of telephone call

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	2/11/2019 4:16 PM

Last Read in MyChart
2/27/2019 1:27 PM by Hoffman, Jeanne Leonie

Jeanne and Louise:
I wanted to summarize my telephone call from last Friday, 2.8.2019.
--Jean is now eating better
--She is taking her medications
--The Church is helping with temporary housing during the cold weather

The main issue continues to be housing. It is essential that Jean get into adequate housing.

William E Neighbor, MD

01/31/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnoses:

- Non-pressure chronic ulcer of left calf with fat layer exposed (primary)
- Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- Chronic venous hypertension with ulcer and inflammation, left

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Norsworthy, Nilufer Bozdemir, MD	Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 2 weeks (around 2/14/2019) for routine follow-up.

Level of Service

Level of Service
PROCEDURE VISIT ONLY NO LOS

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018

01/31/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Start date: 9/26/2018 End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD Entered on: 9/26/2018
Start date: 9/26/2018 End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD Entered on: 9/26/2018
Start date: 9/26/2018 End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD Ordered on: 11/29/2018
Start date: 11/29/2018 End date: 5/20/2019
Quantity: 60 tablet Refill: 1 refill remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

McKisson, Kimberly A, RN at 1/31/2019 1000

Some wounds were healed today. Overall, wounds have improved with less inflammation. Pt is losing wt currently, reports she eats 5 meals per day which her son reportedly cooks. She lives in a shelter with her son. There is a new small superficial ulcer on her left lateral ankle which measures 0.6 x 0.2 x 0.1 cm. It was covered in slough with inflammation of the peri-woud. Covered with silver alginate today, will continue to monitor.F/U 2 weeks.

Left Post Calf, Medial Calf, Medial Ankle:

Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Tubi-grip
Change dressing 2 times per week

Pt recently received dressings from SH

Electronically signed by McKisson, Kimberly A, RN at 1/31/2019 3:13 PM

01/31/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Miller, Rebecca J, CMA at 1/31/2019 1000

Dressing applied per provider order.

Electronically signed by Miller, Rebecca J, CMA at 1/31/2019 10:22 AM

Norsworthy, Nilufer Bozdemir, MD at 1/31/2019 1000

PROGRESS NOTE
1/31/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with a lef calf ulcer with mixed vascular disease is seen today for Follow Up Visit

INTERVAL HISTORY: This is a patient with limb ischemia and venous reflux disease is here alone. Her calf ulcer seems improved, smaller and covered with stringy fibrinous slough. At the last visit there was large necrotic tissue that was removed with excisional debridement. Her dressing has been changed by her son. She reports loosing weight. She says she is cooking for herself most of the time. She is currently living in a tent with her son. Last time were concerned with her social status and possible elder abuse situation. Called APS. She denies any visit or action on this subject. Denies any physical or emotional abuse at this point.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever, limb pain

Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Prescriptions:
• Acetaminophen-Codeine #3 300-30 MG Oral Tab, TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED., Disp: 60 tablet, Rfl: 1
• Atorvastatin Calcium 20 MG Oral Tab, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• Losartan Potassium 25 MG Oral Tab, TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY, Disp: 45 tablet, Rfl: 2
• Pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 270 tablet, Rfl: 3
• Timolol Maleate 0.5 % Ophthalmic Solution, INSTILL ONE DROP IN EACH EYE TWICE DAILY., Disp: 5 mL, Rfl: 0
• Warfarin Sodium 4 MG Oral Tab, Take 1 tablet (4 mg) by mouth daily., Disp: , Rfl:

01/31/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

EXAM:
Vital Signs: BP 130/62 | Pulse 72 | Temp 97.9 °F (36.6 °C) (Oral) | Resp 16 | Wt 102 lb (46.3 kg) | BMI 18.66 kg/m²
Body mass index is 18.66 kg/m².

Edema:
Left Lower:

Right Lower:

Vascular:
Left Lower:

Right Lower:

Wound Data:

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 21

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 21

Wound 01/10/19 #11 Left post calf FT without Left (Active)

Date First Assessed/Time First Assessed: 01/10/19 0959 Date Acquired: 03/01/17 Wound Number: #11 Left post calf FT without Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Result of an Accident: No Recurrenc...
Number of days: 21

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Wound Length (cm)	8.3 cm	1/31/2019 9:40 AM
Wound Width (cm)	4.9 cm	1/31/2019 9:40 AM
Wound Depth (cm)	0.1 cm	1/31/2019 9:40 AM
Wound Volume (cm^3)	4.07 cm^3	1/31/2019 9:40 AM
Wound Healing %	55 cm	1/31/2019 9:40 AM
Wound Surface Area (cm^2)	40.67 cm^2	1/31/2019 9:40 AM
Exudate Amt	Moderate	1/31/2019 9:40 AM
Exudate Type	Yellow	1/31/2019 9:40 AM
Foul Odor After Cleansing	No	1/31/2019 9:40 AM
Granulation Amt	Small - 1-33%	1/31/2019 9:40 AM
Necrosis	None Present	1/31/2019 9:40 AM
Slough	Large - 67-100%	1/31/2019 9:40 AM
Structure Exposed	None Present	1/31/2019 9:40 AM
Margin	Distinct, Outline Attached	1/31/2019 9:40 AM
Peri-wound Assessment	Edema;Excoriated	1/31/2019 9:40 AM
Temperature	No Abnormality	1/31/2019 9:40 AM

01/31/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Number of days: 21

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Wound Length (cm)	0.8 cm	1/31/2019 9:40 AM
Wound Width (cm)	0.7 cm	1/31/2019 9:40 AM
Wound Depth (cm)	0.2 cm	1/31/2019 9:40 AM
Wound Volume (cm^3)	0.11 cm^3	1/31/2019 9:40 AM
Wound Healing %	95 cm	1/31/2019 9:40 AM
Wound Surface Area (cm^2)	0.56 cm^2	1/31/2019 9:40 AM
Exudate Amt	Moderate	1/31/2019 9:40 AM
Exudate Type	Yellow	1/31/2019 9:40 AM
Foul Odor After Cleansing	No	1/31/2019 9:40 AM
Granulation Amt	None Present	1/31/2019 9:40 AM
Necrosis	None Present	1/31/2019 9:40 AM
Slough	Large - 67-100%	1/31/2019 9:40 AM
Structure Exposed	None Present	1/31/2019 9:40 AM
Margin	Distinct, Outline Attached	1/31/2019 9:40 AM
Peri-wound Assessment	Edema	1/31/2019 9:40 AM
Temperature	No Abnormality	1/31/2019 9:40 AM

Number of days: 21

Wound 01/10/19 #11 Left post calf FT without Left (Active)

Thickness	Full thickness without exposed support structure	1/31/2019 9:40 AM
Wound Length (cm)	0.8 cm	1/31/2019 9:40 AM
Wound Width (cm)	0.9 cm	1/31/2019 9:40 AM
Wound Depth (cm)	0.1 cm	1/31/2019 9:40 AM
Wound Volume (cm^3)	0.07 cm^3	1/31/2019 9:40 AM
Wound Healing %	-600 cm	1/31/2019 9:40 AM
Wound Surface Area (cm^2)	0.72 cm^2	1/31/2019 9:40 AM
Exudate Amt	Small	1/31/2019 9:40 AM
Exudate Type	Yellow	1/31/2019 9:40 AM
Foul Odor After Cleansing	No	1/31/2019 9:40 AM
Granulation Amt	Small - 1-33%	1/31/2019 9:40 AM
Necrosis	None Present	1/31/2019 9:40 AM
Slough	Large - 67-100%	1/31/2019 9:40 AM
Structure Exposed	None Present	1/31/2019 9:40 AM
Margin	Distinct, Outline Attached	1/31/2019 9:40 AM
Peri-wound Assessment	Edema	1/31/2019 9:40 AM
Temperature	No Abnormality	1/31/2019 9:40 AM

Number of days: 21

Burn Data:

Ulcer Data:

LABS:

Clinical Notes (continued)

No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

Diagnostics: tibial and fibular xray from 1/7/2019 was negative for any sign of OM.

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 9 / Description: wound bed is covered with slough. Edges are sharp and rolled-in.
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: fat layer exposed
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~42 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements: Improved: Length 8.4cm X Width 5cm X Depth: 0.3cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT/PLAN: This is a patient with mixed vascular disease and challenging lifestyle with urban nomadism. She is loosing weight with decreased food intake. She prefers to be living with her son rather than at a rehabilitation or other intermediate care facility. At this point we are treating her with moist wound care and very light compression. The wound is slowly improving. We will continue current care. Will follow up.
(L97.222) Non-pressure chronic ulcer of left calf with fat layer exposed (HCC) (primary encounter diagnosis)
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)
(I87.332, L97.929) Chronic venous hypertension with ulcer and inflammation, left (HCC)
Jeanne was seen today for follow up visit.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)

Clinical Notes (continued)

- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)

- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Chronic venous hypertension with ulcer and inflammation, left (HCC)

- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
- DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM

Patient Instructions

Left Post Calf, Medial Calf, Medial Ankle:

Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Tubi-grip
Change dressing 2 times per week

Pt recently received dressings from SH

Return in about 2 weeks (around 2/14/2019) for routine follow-up.

Nilufer B Norsworthy, MD

Electronically signed by Norsworthy, Nilufer Bozdemir, MD at 1/31/2019 3:13 PM

Flowsheets

Custom Formula Data

Row Name	01/31/19 0933
Pct Wt Change	0 %

Vital Data

Row Name	01/31/19 0933
Weight	46.3 kg (102 lb)
BP	130/62
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting

01/31/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Temp	36.6 °C
Temp src	Oral
Pulse	72
Pulse Regularity	Regular
Resp	16

Wound Assessment/Care

Row Name	01/31/19 0940
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #6 Left Lateral Calf F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0948 Wound Outcome: Healed
Wound Length (cm)	0 cm
Wound Width (cm)	0 cm
Wound Depth (cm)	0 cm
Wound Volume (cm^3)	0 cm^3
Wound Healing %	100 cm
Wound Surface Area (cm^2)	0 cm^2
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #7 Left Med Mall F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0955 Wound Outcome: Healed
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #5 Left Post Calf F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0956 Wound Outcome: Healed
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged
Wound Length (cm)	8.3 cm
Wound Width (cm)	4.9 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	4.07 cm^3
Wound Healing %	55 cm
Wound Surface Area (cm^2)	40.67 cm^2
Exudate Amt	Moderate
Exudate Type	Yellow
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Peri-wound	Edema;Excoriated

01/31/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Assessment	
Temperature	No Abnormality
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Wound Length (cm)	0.8 cm
Wound Width (cm)	0.7 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	0.11 cm^3
Wound Healing %	95 cm
Wound Surface Area (cm^2)	0.56 cm^2
Exudate Amt	Moderate
Exudate Type	Yellow
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Peri-wound Assessment	Edema
Temperature	No Abnormality
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0959 Date Acquired: 03/01/17 Wound Number: #11 Left post calf FT without Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Result of an Accident: No Recurrence: Yes Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 03/28/19 Final Assessment Time: 1342 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Wound Length (cm)	0.8 cm
Wound Width (cm)	0.9 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	0.07 cm^3
Wound Healing %	-600 cm
Wound Surface Area (cm^2)	0.72 cm^2
Exudate Amt	Small
Exudate Type	Yellow
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline

01/31/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

	Attached
Peri-wound Assessment	Edema
Temperature	No Abnormality

Patient Instructions

Left Post Calf, Medial Calf, Medial Ankle:

Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Tubi-grip
Change dressing 2 times per week

Pt recently received dressings from SH

Electronically signed by McKisson, Kimberly A, RN at 1/31/2019 2:45 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

01/31/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
1/31/2019 10:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left Post Calf, Medial Calf, Medial Ankle:

Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Tubi-grip
Change dressing 2 times per week

Return in about 2 weeks
(around 2/14/2019) for routine follow-up.

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You saw Nilufer B Norsworthy, MD on Thursday January 31, 2019 for: Follow Up Visit.

Blood Pressure 130/62	BMI 18.66
Weight 102 lb	Temperature (Oral) 97.9 °F
Pulse 72	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

01/31/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of 1/31/19 10:12 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

01/31/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 1/31/2019 10:12 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
1/31/2019 10:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left Post Calf, Medial Calf, Medial Ankle:

Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Tubi-grip
Change dressing 2 times per week

Return in about 2 weeks
(around 2/14/2019) for routine follow-up.

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You saw Nilufer B Norsworthy, MD on Thursday January 31, 2019 for: Follow Up Visit.

Blood Pressure 130/62	BMI 18.66
Weight 102 lb	Temperature (Oral) 97.9 °F
Pulse 72	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 1/31/19 10:12 AM

Page 1 of 2 Epic

01/31/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of 1/31/19 10:12 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

01/31/2019 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- Long term current use of anticoagulant therapy
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/8/2017
Start date: 12/8/2017 — End date: 4/12/2019
Quantity: 5 mL — Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

01/31/2019 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018
Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/28/18 1046**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/28/18 1046
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/28/18 -
Class: Normal
Quantity: 1
Instance released by: Salas, Claudia, Technologist 1/31/2019 10:51 AM
Discontinued by: Uw Lab Results Interface, User 01/31/19 1139 [Canceled by Lab, see Result History.]
Diagnoses
Long term current use of anticoagulant therapy [Z79.01]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality [I82.509]

Specimen Information

ID	Type	Source	Collected By
H53023	Plasma	—	01/31/19 1052

PROTHROMBIN TIME

Resulted: 01/31/19 1132, Result status: Final result

Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 01/31/19 1139 [Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 01/31/19 1133
Collected by: 01/31/19 1052
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Duplicate request	10.7 - 15.6 s	—	NWH
Prothrombin INR	Duplicate request	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 02/11/19 1608

Testing Performed By

01/31/2019 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
2/11/2019 4:08 PM PST

Jeanne and Louise: Jeanne's INR is 1.0 which means she has not been taking Warfarin.
William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 2/11/2019 16:08

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/31/19 1100** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/31/19 1100 Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: Routine 01/31/19 1100 - Quantity: 1
Lab status: Final result
Order comments: Ordered by William E Neighbor Jr

Specimen Information

ID	Type	Source	Collected By
H53171	Plasma	—	4542 01/31/19 1057

Prothrombin Time (NWH) Resulted: 01/31/19 1145, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 01/31/19 1145
Collected by: 4542 01/31/19 1057 Resulting lab: NORTHWEST HOSPITAL LAB
Acknowledged by: Neighbor Jr., William E, MD on 02/11/19 1608

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	10.0	8.9 - 12.1 s	—	NWH
Prothrombin INR	1.0	0.8 - 1.3	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Result Notes

William E Neighbor Jr., MD
2/11/2019 4:08 PM PST

Jeanne and Louise: Jeanne's INR is 1.0 which means she has not been taking Warfarin.
William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 2/11/2019 16:08

01/31/2019 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

01/24/2019 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN **Canceled**
1/24/2019 10:00 AM

Time	Provider	Department	Length
10:00 AM	Norsworthy, Nilufer Bozdemir, MD	ZZNWH WOUND CARE	15 min

Enc Form Number: 35522011

History

Rescheduled:	1/17/2019 8:35 AM	By:	Kalskett, Haley Elizabeth	ES
Canceled:	1/24/2019 8:11 AM	By:	Kalskett, Haley Elizabeth	ES
Cancel Rsn:	Patient-Unable to keep appointment			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

01/17/2019 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN **Canceled**
1/17/2019 9:45 AM

Time	Provider	Department	Length
9:45 AM	Norsworthy, Nilufer Bozdemir, MD	ZZNWH WOUND CARE	15 min

History

Made On:	1/10/2019 10:55 AM	By:	Carroll, Linda, PSS/PSR	ES
Canceled:	1/17/2019 8:35 AM	By:	Kalskett, Haley Elizabeth	ES
Cancel Rsn:	Patient-Unable to keep appointment			

Medication List

Medication List

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Active at the End of Visit

None

Stopped in Visit

None

01/10/2019 - Telephone in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Care Coordination
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

01/10/2019 - Telephone in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018
Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

McKisson, Kimberly A, RN at 1/10/2019 1556

Placed a report to Kitsap County Hotline Services (800-562-6078) today regarding Pt care. Left a message that Pt is 94 Y/O with open ulcers and son is caring/living with her. They have been homeless and are currently staying in a shelter on Bainbridge Island. Pt is often cold and tired. Son defends her nutritional intake. Son has interfered with Pt being in safe environments, and pulled her from SNIF's more than once stating they are taking her retirement money. We will continue to F/U with Pt. Incident # 129802.

Electronically signed by McKisson, Kimberly A, RN at 1/10/2019 4:40 PM

01/10/2019 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Consultation
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

01/10/2019 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018
Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 1/10/2019 1456

Dr Norsworthy from NW Hospital Wound Care called and left a message on VM asking for a call.

It was unclear, but it sounded like she has possible abuse concerns involving her son.

Electronically signed by Pearson, Terri Jeanne, CMA at 1/10/2019 3:00 PM

01/10/2019 - Orders Only in NWH Radiology

Reason for Visit

Visit diagnoses:
- (primary)
- Non-pressure chronic ulcer of left ankle with necrosis of muscle

Visit Information

Provider Information

Referring Provider

Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
NWH Radiology	1550 N 115th St Seattle WA 98133	206-668-2778	206-668-1632

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

01/10/2019 - Orders Only in NWH Radiology (continued)

Medication List (continued)

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018
Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Lamont, Danna, ARNP
Discontinued on: 8/16/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: Take 1 tablet (4 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2019
Start date: 2/16/2019
End date: 8/16/2019
Quantity: 30 tablet
Refill: 2 refills by 2/16/2020

Stopped in Visit

None

Imaging

Imaging

XR TIBIA FIBULA 2 VW LEFT (Final result)

Electronically signed by: **Norsworthy, Nilufer Bozdemir, MD on 01/10/19 1048**
Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Norsworthy, Nilufer Bozdemir, MD 01/10/19 1048
Authorized by: Norsworthy, Nilufer Bozdemir, MD
Ordering mode: Standard
Frequency: Routine 01/10/19 -
Class: NWH Imaging
Quantity: 1
Lab status: Final result
Instance released by: Davenport, Eliza B, PSS/PSR 1/10/2019 11:07 AM
Diagnoses
Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323]

Questionnaire

Question	Answer
Relevant signs, symptoms, or diagnosis and clinical question to be answered:	worsening wound at left medial ankle

Scheduling instructions
Preferred imaging location: NWH Radiology - Campus (DEP 260456) 206-668-2778
Order comments: From Epic: Diagnosis:Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC), Allergies:ADHESIVES, ASPIRIN, NITROFURANTOIN, NITROFURANTOIN, PENICILLINS, SULFA ANTIBIOTICS,

XR TIBIA FIBULA 2 VW LEFT
Resulted: 01/10/19 1617, Result status: Final result

Order status: Completed
Resulted by: Rehwald, Christine Marie, MD
Filed by: Uw Radiology Results Interface, User 01/10/19 1618
Performed: 01/10/19 1106 - 01/10/19 1106
Accession number: 12052156
Resulting lab: UW RADIOLOGY
Lab Technician: JESSICA GREER RAD TECH
Narrative:
EXAMINATION:
XR Tibia Fibula 2 Views Left

CLINICAL INDICATION:
worsening wound at left medial ankle

COMPARISON:
Radiographs of the left tibia and fibula dated August 17, 2017.

FINDINGS AND IMPRESSION:

01/10/2019 - Orders Only in NWH Radiology (continued)

Imaging (continued)

The bones are diffusely demineralized.

No acute fracture or dislocation. No periostitis, focal osteopenia, or osseous erosion to suggest osteomyelitis.

There is soft tissue irregularity/ulceration along the medial distal calf. No definite soft tissue gas. No radiopaque foreign body. Vascular calcifications are present.
ATTENDING RADIOLOGIST AND PAGER NUMBER
505568 REHWALD CHRISTINE MARIE MD

Acknowledged by: Norsworthy, Nilufer Bozdemir, MD on 01/10/19 2016

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323 (ICD-10-CM)]

All Reviewers List

Norsworthy, Nilufer Bozdemir, MD on 1/10/2019 20:16

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: New Patient Consult
Visit diagnoses:

- Non-pressure chronic ulcer of left ankle with necrosis of muscle (primary)
- Venous ulcer of left leg
- Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- Adult failure to thrive syndrome
- Suspected elder abuse, initial encounter

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Norsworthy, Nilufer Bozdemir, MD	Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 1 week (around 1/17/2019) for routine follow-up.

Level of Service

Level of Service	Modifiers
OFFICE OUTPATIENT VISIT 40 MINUTES	25 SIGNIFICANT, SPRTLY IDABLE EVAL & MGMT ON SAME DAY BY SAME PROV

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018
Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

McKisson, Kimberly A, RN at 1/10/2019 1030

94 y/o woman with mixed vascular disease of the left leg and three subsequent ulcers. The left medial calf ulcer being the worst going to muscle, with black green necrotic looking edges. Wound was debrided in clinic. Pt had been coming here last fall, and just stopped. She is homeless and lives with her son in a shelter on Bainbridge Island.
Pts son has removed her from nursing home care on several occasions because he claims they are taking her retirement money. There is concern for Pts nutrition status, warmth and overall care. Pt seems coherent, but has tremendous difficulty hearing, which puts her at a disadvantage. APS to be notified of this encounter.

Electronically signed by McKisson, Kimberly A, RN at 1/11/2019 11:21 AM

Norsworthy, Nilufer Bozdemir, MD at 1/10/2019 1030

WOUND CARE AND HYPERBARIC MEDICINE CENTER NEW PATIENT VISIT

1/10/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with worsening leg ulcers due to mixed vascular disease and poor care and living situation seen today for New Patient Consult

HPI: This is a 94 yo white woman presented with her son Lewis today. She has long standing leg lower leg ulcers with CLI due to diffuse atherosclerotic disease and leg edema with recurrent DVTs and reflux in deep and superficial system. Cannot tolerate compression. s/ Last visit with me was on 10/8/2018. The son Lewis requested less frequent visits as they were living in a homeless shelter in BainBridge Island and commute was too much for her with the promise that the HHRN was regularly visiting her 2x per week. Since last visit I understand that the HHRN did not visit her. Lewis carried on dressings the same way we instructed. I received a call from Harrison Hospital where she was admitted with altered mental status and dehydration and was later diagnosed with medication overdose and adult failure to thrive. APS got involved. Patient was transferred to a skilled nursing facility but Lewis did not think the place was good for her and took her out. Currently she is living at a shelter. When we ask the patient while Lewis is not in the room she reported she is alone most of the time in the shelter. There is not enough food. She has been loosing weight.
The ankle ulcer at the left side has been bothering her more than usual lately. The wound looks completely necrotic tissue with black/green color with inflammation at edges. There is no ascending cellulitis. She denies any fever or chills. She is pretty coherent with good memory and judgement. Denies any recent changes in mental status, malaise. She has severe leg pain with ulcers and ischemia that is not changed at baseline. Dr. Neighbor has been treating the pain with tylenol #3.
She continues to be on coumadin due to recurrent DVTs.

A 14-category ROS was reviewed with patient:
She has fatigue. Denies fever or chills. She has seizure disorder.

Past Medical History:

Diagnosis	Date
• Allergic rhinitis, cause unspecified	11/20/2006
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• Closed fracture of unspecified intracapsular section of neck of femur (HCC) *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006
• Esophageal reflux	11/20/2006
• Impaired fasting glucose	3/22/2007
• Other convulsions (HCC) *Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence*	11/20/2006
• PAD (peripheral artery disease) (HCC)	
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Ulcer of left lower extremity, limited to breakdown of skin (HCC) *Chronic, Multiple sites of lower leg and ankle, with MSSA*	
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012

No past surgical history on file.
Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 300-30 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.	60 tablet	1
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.		
• Losartan Potassium 25 MG Oral Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.	5 mL	0
• Warfarin Sodium 4 MG Oral Tab	Take 1 tablet (4 mg) by mouth daily.		

No current facility-administered medications for this visit.

Social History

Social History	
• Marital status:	Widowed
Spouse name:	N/A
• Number of children:	N/A
• Years of education:	N/A

Social History Main Topics	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used

- Alcohol use No
- Drug use: No
- Sexual activity: No

Other Topics | Concern

- Not on file

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

EXAM:
Vital Signs: BP 128/60 | Pulse 72 | Temp 97.5 °F (36.4 °C) (Oral) | Resp 16 | Ht 5' 2" (1.575 m) | BMI 20.49 kg/m²
Body mass index is 20.49 kg/m².
General: no distress, cooperative, malnourished, pale, alert and oriented x 3, frail and ill looking
Skin: Skin color, texture, turgor normal. No rashes or concerning lesions, lower leg skin is thin and atrophic. Ulcers as below at the left lower leg.
Head: Normocephalic. No masses, lesions, tenderness or abnormalities
Lungs: clear to auscultation
Heart: normal rate, regular rhythm
Abd: exam deferred
Neurological exam reveals Alert and oriented x 3. Speech normal, Muscle tone and strength normal and symmetric, Reflexes normal and symmetric and Sensation grossly normal

Edema: 1+ pitting bilateral
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 29.2 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 29.3 cm
RLE Calf - Cm from the Medial Instep: 32 cm

Vascular: pedal pulses are weakly palpable.
Left Lower:
Left Lower Extremity (LLE)
LLE Capillary Refill: Less than/equal to 3 seconds
LLE Color: Hyperpigmented
LLE Hair Growth: No
LLE Temperature: Warm
L Posterior Tibial Pulse: Doppler

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

L Pedal Pulse: Doppler
Right Lower:
Right Lower Extremity (RLE)
RLE Capillary Refill: Less than/equal to 3 seconds
RLE Color: Hyperpigmented
RLE Hair Growth: No
RLE Temperature: Warm
R Posterior Tibial Pulse: Doppler
R Pedal Pulse: Doppler

Wound Data:

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 1

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 1

Wound 01/10/19 #11 Left post calf FT without Left (Active)

Date First Assessed/Time First Assessed: 01/10/19 0959 Date Acquired: 03/01/17 Wound Number: #11 Left post calf FT without Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Result of an Accident: No Recurrenc...
Number of days: 1

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	1/10/2019	9:38 AM
Wound Length (cm)	8 cm	1/10/2019	9:38 AM
Wound Width (cm)	5.6 cm	1/10/2019	9:38 AM
Wound Depth (cm)	0.2 cm	1/10/2019	9:38 AM
Wound Volume (cm^3)	8.96 cm^3	1/10/2019	9:38 AM
Wound Surface Area (cm^2)	44.8 cm^2	1/10/2019	9:38 AM
Exudate Amt	Moderate	1/10/2019	9:38 AM
Exudate Type	Serosanguineous;Tan;Green	1/10/2019	9:38 AM
Foul Odor After Cleansing	No	1/10/2019	9:38 AM
Granulation Amt	None Present	1/10/2019	9:38 AM
Necrosis	None Present	1/10/2019	9:38 AM
Slough	Large - 67-100%	1/10/2019	9:38 AM
Structure Exposed	None Present	1/10/2019	9:38 AM
Margin	Distinct, Outline Attached	1/10/2019	9:38 AM
Peri-wound Assessment	Intact	1/10/2019	9:38 AM
Temperature	No Abnormality	1/10/2019	9:38 AM

Number of days: 1

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	1/10/2019	9:38 AM
Wound Length (cm)	4.5 cm	1/10/2019	9:38 AM

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Wound Width (cm)	5 cm	1/10/2019 9:38 AM
Wound Depth (cm)	0.1 cm	1/10/2019 9:38 AM
Wound Volume (cm^3)	2.25 cm^3	1/10/2019 9:38 AM
Wound Surface Area (cm^2)	22.5 cm^2	1/10/2019 9:38 AM
Exudate Amt	Small	1/10/2019 9:38 AM
Exudate Type	Serosanguineous	1/10/2019 9:38 AM
Foul Odor After Cleansing	No	1/10/2019 9:38 AM
Granulation Amt	Large - 67-100%	1/10/2019 9:38 AM
Necrosis	None Present	1/10/2019 9:38 AM
Slough	Small - 1-33%	1/10/2019 9:38 AM
Structure Exposed	None Present	1/10/2019 9:38 AM
Margin	Distinct, Outline Attached	1/10/2019 9:38 AM
Peri-wound Assessment	Intact	1/10/2019 9:38 AM
Temperature	No Abnormality	1/10/2019 9:38 AM

Number of days: 1

Wound 01/10/19 #11 Left post calf FT without Left (Active)

Thickness	Full thickness without exposed support structure	1/10/2019 9:38 AM
Wound Length (cm)	0.3 cm	1/10/2019 9:38 AM
Wound Width (cm)	0.3 cm	1/10/2019 9:38 AM
Wound Depth (cm)	0.1 cm	1/10/2019 9:38 AM
Wound Volume (cm^3)	0.01 cm^3	1/10/2019 9:38 AM
Wound Surface Area (cm^2)	0.09 cm^2	1/10/2019 9:38 AM
Exudate Amt	Small	1/10/2019 9:38 AM
Exudate Type	Serosanguineous	1/10/2019 9:38 AM
Foul Odor After Cleansing	No	1/10/2019 9:38 AM
Granulation Amt	Small - 1-33%	1/10/2019 9:38 AM
Necrosis	None Present	1/10/2019 9:38 AM
Slough	None Present	1/10/2019 9:38 AM
Structure Exposed	None Present	1/10/2019 9:38 AM
Margin	Distinct, Outline Attached	1/10/2019 9:38 AM
Peri-wound Assessment	Intact	1/10/2019 9:38 AM
Temperature	No Abnormality	1/10/2019 9:38 AM

Number of days: 1

Burn Data:

Ulcer Data:

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final

12/24/2013	6.2 (H)	4.0 - 6.0 %

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

Diagnostics:
LEA Study (9/8/2018): DBIs 0.23/0.23 which were lower than the assessment in in Feb 2018 (DBIs were ~0.4), with diffuse calcification and stenosis of bilateral femoral and tibial arteries and monophasic inflow to foot and ankle bilateral .
LEV Study (2/2/2018) both deep and superficial venous valvular reflux.

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 10 / Description: wound bed is covered with black/green necrotic tissue with malodor and excessive drainage. There is ~2cm inflammation at edges.
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue, muscle
Tissue and/or Material Removed: fibrin/slough, ligament, muscle, non-viable, skin, subcutaneous, viable and fascia
Severity: necrosis of muscle
Instruments Used: curette, scissors and forceps
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~24 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements: Improved: Length 4.6cm X Width 5.2cm X Depth: 0.6cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT/PLAN: This is a 94 yo patient with worsening left lower leg ulcers due to: poor wound care, poor nutritional intake and status, difficult living conditions and self care. The ankle ulcer is deep to bone after removing the necrotic tissue. The x-ray of tibia/fibula did not show any sign of bone infection at the wound location.
With the current living situation, lack of care, scarce food intake I am afraid the prognosis of these leg ulcers are poor and they constitute significant risk for life-threatening infection and pain.
I tried to discuss the need for higher level of care for Mrs. Hoffman with the son Lewis. Although available for her he is resistant to allow her to go to a skill nursing care facility. His reasoning is irrational by claiming that they are after her social security money, elderly left alone with poor hygiene, etc in that facility. To my understanding her other son tried to interfere but could not. Lewis says he is also after her money and he is "white supremacist" "a very bad guy". Mrs Hoffman stays quiet to all these claims and pressure to stay in current living situations with Lewis.
At this point I am reporting this case to APS for further investigation and for help to move her to a better care conditions. I also called Dr. Neighbor to report about my visit with Mrs Hoffman. We recommended the below

Clinical Notes (continued)

dressings and will try to get HHRN visits form monitoring and dressing changes in between visits.

(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) (primary encounter diagnosis)
(I83.029, L97.929) Venous ulcer of left leg (HCC)
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)
Jeanne was seen today for new patient consult.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- XR TIBIA FIBULA 2 VW LEFT; Future

Venous ulcer of left leg (HCC)

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)

Other orders
- NURSING COMMUNICATION

Patient Instructions
Left Post Calf, Medial Calf, Medial Ankle:

Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Tubi-grip
Change dressing 2 times per week

X-Ray Today

Return in about 1 week (around 1/17/2019) for routine follow-up.

Excluding the time spent performing the procedure, I spent 50 minutes face-to-face with the patient, of which more than 50% was spent counseling and coordinating care regarding adult failure to thrive and suspected elder abuse.

Nilufer B Norsworthy, MD

Electronically signed by Norsworthy, Nilufer Bozdemir, MD at 1/11/2019 11:21 AM

Imaging

Imaging

XR TIBIA FIBULA 2 VW LEFT (Completed)

Electronically signed by: **Norsworthy, Nilufer Bozdemir, MD on 01/10/19 1048** Status: **Completed**

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Imaging (continued)

Ordering user: Norsworthy, Nilufer Bozdemir, MD 01/10/19 1048
Authorized by: Norsworthy, Nilufer Bozdemir, MD
Ordering mode: Standard
Frequency: Routine 01/10/19 -
Class: NWH Imaging
Quantity: 1
Diagnoses
Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323]

Questionnaire

Question	Answer
Relevant signs, symptoms, or diagnosis and clinical question to be answered:	worsening wound at left medial ankle

Scheduling instructions
Preferred imaging location: NWH Radiology - Campus (DEP 260456) 206-668-2778

Indications

Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323 (ICD-10-CM)]

XR TIBIA FIBULA 2 VW LEFT
Resulted: 01/10/19 1617, Result status: Final result

Order status: Completed
Resulted by: Rehwald, Christine Marie, MD
Filed by: Uw Radiology Results Interface, User 01/10/19 1618
Performed: 01/10/19 1106 - 01/10/19 1106
Accession number: 12052156
Resulting lab: UW RADIOLOGY
Lab Technician: JESSICA GREER RAD TECH
Narrative:
EXAMINATION:
XR Tibia Fibula 2 Views Left

CLINICAL INDICATION:
worsening wound at left medial ankle

COMPARISON:
Radiographs of the left tibia and fibula dated August 17, 2017.

FINDINGS AND IMPRESSION:
The bones are diffusely demineralized.

No acute fracture or dislocation. No periostitis, focal osteopenia, or osseous erosion to suggest osteomyelitis.

There is soft tissue irregularity/ulceration along the medial distal calf. No definite soft tissue gas. No radiopaque foreign body. Vascular calcifications are present.
ATTENDING RADIOLOGIST AND PAGER NUMBER
505568 REHWALD CHRISTINE MARIE MD

Acknowledged by: Norsworthy, Nilufer Bozdemir, MD on 01/10/19 2016

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) [L97.323 (ICD-10-CM)]

Flowsheets

Pain Assessment

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Row Name	01/10/19 0900
Pain Assessment	0-10
Pain Score	1
Pain Location	Leg
Pain Frequency	Intermittent

Risk Screenings

Row Name	01/10/19 0943
Illness/condition that changed the kind/amount of food I eat.	No
Eat fewer than two meals per day.	Yes
Eat few fruits and vegetables, or milk products.	Yes
Three or more drinks of beer, liquor, or wine almost every day.	No
Have tooth or mouth problems that make it hard for me to eat.	Yes
Don't always have enough money to buy the food I need.	No
Eat alone most of the time.	No
Take three or more prescribed or over-the-counter drugs a day.	Yes
Without wanting to, I have lost/gained 10 pounds in the last six months.	Yes
Not always physically able to shop, cook, and/or feed myself.	Yes
Nutrition Risk Score	12
Is patient at risk for suicide?	No
History of Falling	No
Secondary Diagnosis (that could contribute to falls)	No
Ambulatory Aids	Crutches/Walker/Cane
Intravenous Therapy/Heparin/ Saline Lock	No

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Gait/Transferring	Weak
Mental Status	Oriented to Own Ability
Total Morse Fall Risk SCORE:	25

Vital Data

Row Name	01/10/19 0929
Height	5' 2" (1.575 m)
BP	128/60
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Temp	36.4 °C
Temp src	Oral
Pulse	72
Pulse Regularity	Regular
Resp	16
Pain Level	TWO/TEN
Location of pain	Leg

Wound Assessment/Care

Row Name	01/10/19 0938
RLE Calf - Cm w/ Point of Measurement	29.3 cm
RLE Calf - Cm from the Medial Instep	32 cm
LLE Calf - Cm w/ Point of Measurement	29.2 cm
LLE Calf - Cm from the Medial Instep	32 cm
RLE Capillary Refill	Less than/equal to 3 seconds
RLE Color	Hyperpigmented
RLE Hair Growth	No
RLE Temperature	Warm
R Posterior Tibial Pulse	Doppler
R Dorsalis Pedis Pulse	Doppler
LLE Capillary Refill	Less than/equal to 3 seconds
LLE Color	Hyperpigmented
LLE Hair Growth	No
LLE Temperature	Warm
L Posterior Tibial Pulse	Doppler
L Dorsalis Pedis Pulse	Doppler
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Wound Image	—
Thickness	Full thickness without exposed support structure
Wound Length (cm)	8 cm
Wound Width (cm)	5.6 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	8.96 cm^3
Wound Surface Area (cm^2)	44.8 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous;Tan;Green
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged
Wound Image	—
Thickness	Full thickness without exposed support structure
Wound Length (cm)	4.5 cm
Wound Width (cm)	5 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	2.25 cm^3
Wound Surface Area (cm^2)	22.5 cm^2
Exudate Amt	Small
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Large - 67-100%
Necrosis	None Present
Slough	Small - 1-33%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Peri-wound Assessment	Intact
Temperature	No Abnormality

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0959 Date Acquired: 03/01/17 Wound Number: #11 Left post calf FT without Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Result of an Accident: No Recurrence: Yes Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 03/28/19 Final Assessment Time: 1342 Wound Outcome: Healed
Wound Image	—
Thickness	Full thickness without exposed support structure
Wound Length (cm)	0.3 cm
Wound Width (cm)	0.3 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	0.01 cm^3
Wound Surface Area (cm^2)	0.09 cm^2
Exudate Amt	Small
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	None Present
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Peri-wound Assessment	Intact
Temperature	No Abnormality

Images for: [REMOVED] Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial

Property Name	Property Values
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 10/05/20 Wound Outcome: Converged

21032418

Scan on 1/11/2019 3:15 PM by Riaz, Tazneem, CMA: IMG_6966 (below)

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)



Images for: [REMOVED] Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial

Property Name	Property Values
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 10/05/20 Wound Outcome: Converged

21032431

Scan on 1/11/2019 3:16 PM by Riaz, Tazneem, CMA: IMG_6967 (below)

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)



Images for: [REMOVED] Wound 01/10/19 #11 Left post calf FT without Left

Property Name	Property Values
Wound Properties	Date First Assessed: 01/10/19 Time First Assessed: 0959 Date Acquired: 03/01/17 Wound Number: #11 Left post calf FT without Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Result of an Accident: No Recurrence: Yes Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 03/28/19 Final Assessment Time: 1342 Wound Outcome: Healed

21032439

Scan on 1/11/2019 3:16 PM by Riaz, Tazneem, CMA: IMG_6969 (below)

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)



Patient Instructions

Left Post Calf, Medial Calf, Medial Ankle:

Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Tubi-grip
Change dressing 2 times per week

X-Ray Today

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Patient Instructions (continued)

Electronically signed by McKisson, Kimberly A, RN at 1/10/2019 4:44 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
1/10/2019 10:30 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left Post Calf, Medial Calf, Medial Ankle:

Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Tubi-grip
Change dressing 2 times per week

X-Ray

XR TIBIA FIBULA 2 VW LEFT
Preferred imaging location: NWH Radiology - Campus (DEP 260456) 206-668-2778

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You saw Nilufer B Norsworthy, MD on Thursday January 10, 2019. The following issues were addressed: Non-pressure chronic ulcer of left ankle with necrosis of muscle, Venous ulcer of left leg, and Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf.

Blood Pressure 128/60	BMI 20.49
Height 5' 2"	Temperature (Oral) 97.5 °F
Pulse 72	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 1/10/19 10:49 AM

Page 1 of 2 Epic

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of 1/10/19 10:49 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
282 Knechtel Way NE BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Letters

Referral by Norsworthy, Nilufer Bozdemir, MD on 1/11/2019

Status: Sent
Letter body:

January 11, 2019

William E Neighbor Jr., MD
1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

Dear William E Neighbor Jr., MD:

Thank you for referring Jeanne Hoffman to me for evaluation. Enclosed is a copy of my clinic note.

If you have questions please feel free to contact me at your convenience; I would be happy to review any concerns you have.

Sincerely,

Electronically signed by
Nilufer B Norsworthy, MD

CC: No Recipients

Visit Summary
WOUND CARE AND HYPERBARIC MEDICINE CENTER NEW PATIENT VISIT
1/10/2019

ID/CC:
Jeanne Leonie Hoffman is a 94 year old female with worsening leg ulcers due to mixed vascular disease and poor care and living situation seen today for New Patient Consult

HPI: This is a 94 yo white woman presented with her son Lewis today. She has long standing leg lower leg ulcers with CLI due to diffuse atherosclerotic disease and leg edema with recurrent DVTs and reflux in deep and superficial system. Cannot tolerate compression. s/ Last visit with me was on 10/8/2018. The son Lewis requested less frequent visits as they were living in a homeless shelter in BainBridge Island and commute was too much for her with the promise that the HHRN was regularly visiting her 2x per week. Since last visit I understand that the HHRN did not visit her. Lewis carried on dressings the same way we instructed. I received a call from Harrison Hospital where she was admitted with altered mental status and dehydration and was later diagnosed with medication overdose and adult failure to thrive. APS got involved. Patient was transferred to a skilled nursing facility but Lewis did not think the place was good for her and took her out. Currently she is living at a shelter. When we ask the patient while Lewis is not in the room she reported she is alone most of the time in the shelter. There is not enough food. She has been loosing weight.
The ankle ulcer at the left side has been bothering her more than usual lately. The wound looks

completely necrotic tissue with black/green color with inflammation at edges. There is no ascending cellulitis. She denies any fever or chills. She is pretty coherent with good memory and judgement. Denies any recent changes in mental status, malaise. She has severe leg pain with ulcers and ischemia that is not changed at baseline. Dr. Neighbor has been treating the pain with tylenol #3. She continues to be on coumadin due to recurrent DVTs.

A 14-category ROS was reviewed with patient:
She has fatigue. Denies fever or chills. She has seizure disorder.

Past Medical History:

Diagnosis	Date
• Allergic rhinitis, cause unspecified	11/20/2006
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• Closed fracture of unspecified intracapsular section of neck of femur (HCC) *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006
• Esophageal reflux	11/20/2006
• Impaired fasting glucose	3/22/2007
• Other convulsions (HCC) *Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence*	11/20/2006
• PAD (peripheral artery disease) (HCC)	
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Ulcer of left lower extremity, limited to breakdown of skin (HCC) *Chronic, Multiple sites of lower leg and ankle, with MSSA*	
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012

No past surgical history on file.
Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin *Confusion, loss of appetitie, nausea, abdominal pain*	Other
• Nitrofurantoin *confusion*	Other
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 300-30 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR	60 tablet	1

	ARTHRITIC PAIN AS NEEDED.		
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.		
• Losartan Potassium 25 MG Oral Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.	5 mL	0
• Warfarin Sodium 4 MG Oral Tab	Take 1 tablet (4 mg) by mouth daily.		

No current facility-administered medications for this visit.

Social History

Social History

- Marital status: Widowed
  - Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Social History Main Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol use No
- Drug use: No
- Sexual activity: No

Other Topics	Concern
• Not on file	

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

EXAM:
Vital Signs: BP 128/60 | Pulse 72 | Temp 97.5 °F (36.4 °C) (Oral) | Resp 16 | Ht 5' 2" (1.575 m) | BMI 20.49 kg/m² Body mass index is 20.49 kg/m².
General: no distress, cooperative, malnourished, pale, alert and oriented x 3, frail and ill looking
Skin: Skin color, texture, turgor normal. No rashes or concerning lesions, lower leg skin is thin and atrophic. Ulcers as below at the left lower leg.
Head: Normocephalic. No masses, lesions, tenderness or abnormalities
Lungs: clear to auscultation
Heart: normal rate, regular rhythm
Abd: exam deferred
Neurological exam reveals Alert and oriented x 3. Speech normal, Muscle tone and strength normal and symmetric, Reflexes normal and symmetric and Sensation grossly normal

Edema: 1+ pitting bilateral
Left Lower:
Left Lower Extremity (LLE)
LLE Calf - Cm w/ Point of Measurement: 29.2 cm
LLE Calf - Cm from the Medial Instep: 32 cm
Right Lower:
Right Lower Extremity (RLE)
RLE Calf - Cm w/ Point of Measurement: 29.3 cm
RLE Calf - Cm from the Medial Instep: 32 cm

Vascular: pedal pulses are weakly palpable.
Left Lower:
Left Lower Extremity (LLE)
LLE Capillary Refill: Less than/equal to 3 seconds
LLE Color: Hyperpigmented
LLE Hair Growth: No
LLE Temperature: Warm
L Posterior Tibial Pulse: Doppler
L Pedal Pulse: Doppler
Right Lower:
Right Lower Extremity (RLE)
RLE Capillary Refill: Less than/equal to 3 seconds
RLE Color: Hyperpigmented
RLE Hair Growth: No
RLE Temperature: Warm
R Posterior Tibial Pulse: Doppler
R Pedal Pulse: Doppler

Wound Data:
Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)
Date First Assessed/Time First Assessed: 01/10/19 0934 Date Acquired: 03/01/17 Wound Number: #9 Left medial calf, FT w/o, cluster Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: ...
Number of days: 1

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Date First Assessed/Time First Assessed: 01/10/19 0937 Date Acquired: 03/01/17 Wound Number: #10 Left medial ankle, FT w/o Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial...
Number of days: 1

Wound 01/10/19 #11 Left post calf FT without Left (Active)

Date First Assessed/Time First Assessed: 01/10/19 0959 Date Acquired: 03/01/17 Wound Number: #11 Left post calf FT without Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Result of an Accident: No Recurrenc...
Number of days: 1

Wound 01/10/19 #9 Left medial calf, FT w/o, cluster Left Calf Medial (Active)

Thickness	Full thickness without exposed support structure	1/10/2019	9:38 AM
Wound Length (cm)	8 cm	1/10/2019	9:38 AM
Wound Width (cm)	5.6 cm	1/10/2019	9:38 AM
Wound Depth (cm)	0.2 cm	1/10/2019	9:38 AM
Wound Volume (cm^3)	8.96 cm^3	1/10/2019	9:38 AM
Wound Surface Area (cm^2)	44.8 cm^2	1/10/2019	9:38 AM
Exudate Amt	Moderate	1/10/2019	9:38 AM
Exudate Type	Serosanguineous;Tan;Green	1/10/2019	9:38 AM
Foul Odor After Cleansing	No	1/10/2019	9:38 AM
Granulation Amt	None Present	1/10/2019	9:38 AM
Necrosis	None Present	1/10/2019	9:38 AM
Slough	Large - 67-100%	1/10/2019	9:38 AM
Structure Exposed	None Present	1/10/2019	9:38 AM
Margin	Distinct, Outline Attached	1/10/2019	9:38 AM
Peri-wound Assessment	Intact	1/10/2019	9:38 AM
Temperature	No Abnormality	1/10/2019	9:38 AM

Number of days: 1

Wound 01/10/19 #10 Left medial ankle, FT w/o Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	1/10/2019	9:38 AM
Wound Length (cm)	4.5 cm	1/10/2019	9:38 AM
Wound Width (cm)	5 cm	1/10/2019	9:38 AM
Wound Depth (cm)	0.1 cm	1/10/2019	9:38 AM
Wound Volume (cm^3)	2.25 cm^3	1/10/2019	9:38 AM
Wound Surface Area (cm^2)	22.5 cm^2	1/10/2019	9:38 AM
Exudate Amt	Small	1/10/2019	9:38 AM
Exudate Type	Serosanguineous	1/10/2019	9:38 AM
Foul Odor After Cleansing	No	1/10/2019	9:38 AM
Granulation Amt	Large - 67-100%	1/10/2019	9:38 AM
Necrosis	None Present	1/10/2019	9:38 AM
Slough	Small - 1-33%	1/10/2019	9:38 AM
Structure Exposed	None Present	1/10/2019	9:38 AM
Margin	Distinct, Outline Attached	1/10/2019	9:38 AM
Peri-wound Assessment	Intact	1/10/2019	9:38 AM
Temperature	No Abnormality	1/10/2019	9:38 AM

Number of days: 1

Wound 01/10/19 #11 Left post calf FT without Left (Active)

Thickness	Full thickness without exposed	1/10/2019	9:38 AM

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

	support structure	
Wound Length (cm)	0.3 cm	1/10/2019 9:38 AM
Wound Width (cm)	0.3 cm	1/10/2019 9:38 AM
Wound Depth (cm)	0.1 cm	1/10/2019 9:38 AM
Wound Volume (cm^3)	0.01 cm^3	1/10/2019 9:38 AM
Wound Surface Area (cm^2)	0.09 cm^2	1/10/2019 9:38 AM
Exudate Amt	Small	1/10/2019 9:38 AM
Exudate Type	Serosanguineous	1/10/2019 9:38 AM
Foul Odor After Cleansing	No	1/10/2019 9:38 AM
Granulation Amt	Small - 1-33%	1/10/2019 9:38 AM
Necrosis	None Present	1/10/2019 9:38 AM
Slough	None Present	1/10/2019 9:38 AM
Structure Exposed	None Present	1/10/2019 9:38 AM
Margin	Distinct, Outline Attached	1/10/2019 9:38 AM
Peri-wound Assessment	Intact	1/10/2019 9:38 AM
Temperature	No Abnormality	1/10/2019 9:38 AM

Number of days: 1

Burn Data:

Ulcer Data:

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
01/09/2019	6.2 (H)	4.0 - 6.0 %	Final
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

Diagnostics:
LEA Study (9/8/2018): DBIs 0.23/0.23 which were lower than the assessment in in Feb 2018 (DBIs were ~0.4), with diffuse calcification and stenosis of bilateral femoral and tibial arteries and monophasic inflow to foot and ankle bilateral .
LEV Study (2/2/2018) both deep and superficial venous valvular reflux.

PROCEDURE
A preprocedure time out was performed confirming the patient's identity, procedure to be performed, and site. A verbal consent was obtained.
Wound/Ulcer: # 10 / Description: wound bed is covered with black/green necrotic tissue with malodor and excessive drainage. There is ~2cm inflammation at edges.
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue, muscle
Tissue and/or Material Removed: fibrin/slough, ligament, muscle, non-viable, skin, subcutaneous, viable and fascia
Severity: necrosis of muscle
Instruments Used: curette, scissors and forceps
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~24 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements: Improved:
Length 4.6cm X Width 5.2cm X Depth: 0.6cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT/PLAN: This is a 94 yo patient with worsening left lower leg ulcers due to: poor wound care, poor nutritional intake and status, difficult living conditions and self care. The ankle ulcer is deep to bone after removing the necrotic tissue. The x-ray of tibia/fibula did not show any sign of bone infection at the wound location.
With the current living situation, lack of care, scarce food intake I am afraid the prognosis of these leg ulcers are poor and they constitute significant risk for life-threatening infection and pain.
I tried to discuss the need for higher level of care for Mrs. Hoffman with the son Lewis. Although available for her he is resistant to allow her to go to a skill nursing care facility. His reasoning is irrational by claiming that they are after her social security money, elderly left alone with poor hygiene, etc in that facility. To my understanding her other son tried to interfere but could not. Lewis says he is also after her money and he is "white supremacist" "a very bad guy". Mrs Hoffman stays quiet to all these claims and pressure to stay in current living situations with Lewis.
At this point I am reporting this case to APS for further investigation and for help to move her to a better care conditions. I also called Dr. Neighbor to report about my visit with Mrs Hoffman. We recommended the below dressings and will try to get HHRN visits form monitoring and dressing changes in between visits.

(L97.323) Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC) (primary encounter diagnosis)
(I83.029, L97.929) Venous ulcer of left leg (HCC)
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)
Jeanne was seen today for new patient consult.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)
- XR TIBIA FIBULA 2 VW LEFT; Future

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Venous ulcer of left leg (HCC)

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)

Other orders

- NURSING COMMUNICATION

Patient Instructions

Left Post Calf, Medial Calf, Medial Ankle:

Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Tubi-grip
Change dressing 2 times per week

X-Ray Today

Return in about 1 week (around 1/17/2019) for routine follow-up.

Excluding the time spent performing the procedure, I spent 50 minutes face-to-face with the patient, of which more than 50% was spent counseling and coordinating care regarding adult failure to thrive and suspected elder abuse.

Nilufer B Norsworthy, MD

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 1/10/2019 10:49 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
1/10/2019 10:30 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Left Post Calf, Medial Calf, Medial Ankle:

Cleanse with water and pat dry
Apply Silver Alginate, ABD, Wrap Gauze
Tubi-grip
Change dressing 2 times per week

X-Ray

XR TIBIA FIBULA 2 VW LEFT
Preferred imaging location: NWH Radiology - Campus (DEP 260456) 206-668-2778

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You saw Nilufer B Norsworthy, MD on Thursday January 10, 2019. The following issues were addressed: Non-pressure chronic ulcer of left ankle with necrosis of muscle, Venous ulcer of left leg, and Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf.

Blood Pressure 128/60	BMI 20.49
Height 5' 2"	Temperature (Oral) 97.5 °F
Pulse 72	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 1/10/19 10:49 AM

Page 1 of 2 Epic

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of 1/10/19 10:49 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
282 Knechtel Way NE BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Clinical - Scan on 1/16/2019 4:57 PM: U3626

Scan (below)

Health History – Northwest Wound Care & Hyperbaric Center

Name: Last Hoffman First Jeanne MI Leonie Date: 1/10/19

Birthdate: 1/6/25 Gender: F E-Mail: louisalloin@usa.com

REASON FOR VISIT: Wound Care Preferred Pharmacy: Safeway Bainbridge Is

Allergies:	Medication or Substance	Reaction
☑ No Allergies	See UW eCare	

Current Medications:	Label - Name	Dose	Frequency
OR	See eCare UW		
☐ See Attached List	See eCare below		

Social History

Do you live alone? ☐ Yes ☒ No
☐ Single ☐ Married ☐ Domestic Partner (Spouse/Partner Name: widow) # Kids
Do you use tobacco products? ☐ Daily ☐ Some Days ☐ Quit ☐ Passive (around cigarette smoke) ☒ Never
Packs per Day Years Smoked Date Quit
Type(s) of Tobacco: ☐ Cigarettes ☐ Cigars ☐ E-Cigarettes ☐ Chew ☐ Snuff
Do you drink alcohol? ☐ Yes ☒ No ☐ Quit Date Quit
Drinks per Day Drinks per Week Type: ☐ Beer ☐ Wine ☐ Liquor
Do you use recreational drugs? ☒ Never ☐ Yes – Use per Week ☐ No ☐ Quit Date Quit
Have you ever used intravenous (IV) drugs: ☐ Yes ☐ No
Types: ☐ Cocaine ☐ Marijuana ☐ Methamphetamines ☐ Stimulants ☐ Heroin
☐ Depressants ☐ Hallucinogens (LSD, mushrooms) ☐ Opioids (vicodin, oxycodone)
Are you working? ☐ Yes What do you do? No ☒ No ☒ Retired ☒ Disabled

Please provide contact information (if applicable) :
Home Health Agency: Louis Alloin GareGiver Phone: 360-699-5702
Nursing Home/ Skilled Nursing Facility: — No — Phone:

Do you have any of the following?

Advanced Directive:	☒ Yes*	☐ No	Medical Power of Attorney:	☒ Yes	☐ No
Living Will:	☒ Yes	☐ No	Do Not Resucitate:	☐ Yes	☒ No

U8170135 BD:1/06/1925 94Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:1/10/19 NORSWORTHY, NILUFER*
Enc:1833334267 RES:35455476

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
HHX WOUND CARE HYPERBARIC
Page 1 of 4
U3626

UH3626 REV SEP 18

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Wound History

Wound Location: Left Leg/Ankle
When did you first notice the wound? 1975
Has it ever healed and then re-opened? ☒ Yes ☐ No
How did your wound start?

☐ Bite	☐ Chemical Burn	☐ Not Known	☐ Radiation Burn
☐ Blister	☐ Footwear	☐ Other Lesion	☐ Surgical
☐ Bruise	☐ Frostbite	☐ Pimple	☐ Thermal Burn
☐ Bump	☐ Gradually Appeared	☐ Pressure	☒ Trauma

How have you been treating your wound until now? Yes UWMC

Have you had any lab work done in the past month? ☒ Yes – If "Yes," ordering provider: eCare ☐ No
Have you ever had a bacteria that resisted antibiotics? ☐ Yes – If "Yes" Date: eCare ☐ No
Have you ever had a bone infection? ☐ Yes – If "Yes" Date: eCare ☐ No
Have you had any tests for blood flow in your legs? ☐ Yes – If "Yes" Date: eCare ☐ No
If yes, where was the test done? eCare Ordering Provider:

Medical History — Please check box for those conditions you have now or have ever had.

☐ Abnormal ECG	☐ Cirrhosis	☐ Gastric Ulcer	☐ Pancreatitis
☐ Alcoholism	☐ Colon Cancer	☐ Groin Hernia	☐ Pulmonary Arterial Hypertension
☐ Anal Fissure	☐ Colon Polyps	☐ Hemangioma	☐ Pulmonary Embolism
☐ Anesthesia Problems	☐ Coronary Atherosclerosis	☐ Hiatal Hernia	☐ Pulmonary Hypertension
☐ Arrhythmia	☐ Deep Vein Thrombosis	☐ Liver Disease	☐ TIA
☐ Barrett's Esophagus	☐ Diabetes Mellitus	☐ Liver Mass	☒ Trauma
☐ Breast Mass	☐ Diverticulitis	☐ Obesity	☐ Vertical or Incisional Hernia
☐ Burns	☐ Emphysema	☐ Obstructive Sleep Apnea	☐ Wound Dehiscence
☐ Cancer (Type:_____)	☐ Fibrocystic Breast	☐ Pacemaker or Implanted Device	☐ Wound Infection
☐ Cholelithiasis			

☒ No Past Medical History	☐ Congestive Heart Failure	☐ Headache	☐ Musculoskeletal
☐ Allergic Rhinitis	☐ COPD	☐ Heart Murmur	☐ Myocardial Infarction
☐ Anemia	☐ Depression	☐ Hepatitis (Type:_____)	☐ Osteoporosis
☐ Anxiety	☐ Diabetes Type 1	☐ HIV	☐ PPD
☐ Arthritis	☐ Diabetes Type 2	☐ Hypertension	☐ Seizures
☐ Asthma	☐ GERD	☐ Insomnia	☐ Stroke
☐ Bleeding/Clotting Disorder	☐ Glaucoma	☐ Kidney Disease	☐ Substance Abuse
☐ Blood Transfusion	☐ GYN (Type:_____)	☐ Lipid/Cholesterol	☐ Thyroid Disease
☐ Gout	☐ Rheumatoid Arthritis	☐ Lung Disease	☐ Tuberculosis
		☐ Vasculitis	

☐ Other (Please list):

Surgical History — Please check box for any surgery you have had. Indicate Year (YYYY).

☐ No Past Surgical History	☐ CABG (____)	☐ Hernia Repair (____)	☐ Prostate (____)
☐ Adrenalectomy (____)	☐ Cholecystectomy (____)	☐ Hysterectomy (____)	☐ Small Bowel Resection (__)
☐ Anorectal Surgery (____)	☐ Colon Resection (____)	☐ Joint Replacement (__)	☐ Splenectomy (____)
☐ Anti-Reflux Surgery (____)	☐ Colonoscopy (____)	☐ Laparotomy (____)	☐ Thyroidectomy (____)
☐ Appendectomy (____)	☐ Cosmetic Surgery (____)	☐ Liver Resection (____)	☐ Tubal Ligation (____)
☐ Bariatric Surgery (____)	☐ Esophageal Myotomy (__)	☐ Pancreas Resection (____)	☐ Valve Replacement (____)
☐ Breast Surgery (____)	☐ Hemorrhoidectomy (____)		☐ Vascular Surgery (____)

☐ Other (Please list):

U8170135 BD:1/06/1925 94Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:1/10/19 NORSWORTHY, NILUFER*
Enc:1833334267 RES:35455476

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
HHX WOUND CARE HYPERBARIC
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UH3626 REV SEP 18

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

History of Hospitalizations (Include surgeries noted above).

If you required hospitalization for an illness other than the disease you are being seen for today, please describe below.

Month/Year	Illness	Month/Year	Illness

Family History – Check all that apply.

Relationship	First Name	Status (circle)	Alcohol/Drug Abuse	Aneurysm	Arthritis	Asthma	Birth Defects	Bleeding Disorder	Cancer	Clotting Disorder	Colitis	COPD	Deep Vein Thrombosis	Depression	Diabetes	Early Sudden Death	Hearing Loss	Heart Disease	Hernia	Hyperlipidemia	Hypertension	Kidney Disease	Learning Disability	Lipids	Mental Illness	Mental Retardation	Miscarriages	Obesity	Polyps	Stroke	Thyroid Disease	Vision Loss
Mother		alive deceased																													
Father		alive deceased																													
Sister		alive deceased																													
Brother		alive deceased																													
Other–Specify:		alive deceased																													
Other–Specify:		alive deceased																													

**Type of Cancer or Disease:

Review of Systems (Current Symptoms) – Please check only if these are bothering you at this time

Gastrointestinal:
- ☑ Poor Appetite
- ☐ Stomach Pain
- ☑ Diarrhea
- ☐ Other (Please list):
- ☐ Nausea
- ☒ Constipation
- ☐ Abdominal Swelling
- ☐ Vomiting
- ☐ Vomiting Blood
- ☐ Trouble Swallowing
- ☐ Heartburn/Indigestion
- ☐ Black Tarry Stools
- ☐ Rectal Bleeding

Constitutional:
- ☐ Fevers
- ☐ Weight Gain
- ☑ Fatigue
- ☑ Weight Loss

Head/ Eyes:
- ☐ Cataracts
- ☑ Poor Vision
- ☑ Dry Eyes
- ☐ Color Blindness

Ears/ Nose/ Mouth/ Throat:
- ☑ Hearing Loss
- ☐ Heavy Snoring
- ☐ Chronic Sinus Congestion
- ☑ Bad Teeth

Respiratory (Lungs):
- ☐ Cough
- ☐ Shortness of Breath
- ☐ Asthma
- ☐ Emphysema (COPD)

Muscle/ Bones:
- ☐ Chronic Pain
- ☑ Muscle Weakness
- ☑ Bone Pain
- ☑ Muscle Wasting
- ☑ Muscle Cramping
- ☑ Joint Pain

Skin:
- ☐ Rash
- ☐ Itching
- ☐ Jaundice
- ☑ Psoriasis

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UH3626 REV SEP 18

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Review of Systems (Current Symptoms) – Please check only if these are bothering you at this time

Neurological:
- ☐ Headaches
- ☒ Seizures
- ☒ Confusion
- ☒ Tremor (shaking)
- ☐ Neuropathy

Vascular:
- ☐ Blood Clots
- ☒ Varicose Veins

Psychosocial:
- ☒ Anxiety / Nerves
- ☒ Abusive Relationship
- ☐ Sexual Difficulties
- ☐ Insomnia
- ☐ Alcohol Use
- ☒ Depression
- ☒ Feeling Worthless
- ☐ Want to Hurt Yourself
- ☐ Want to Hurt Others
- ☐ Drug Use

Endocrine:
- ☐ Hot Flashes
- ☒ Intolerance to Heat
- ☐ Excessive Thirst
- ☒ Intolerance to Cold

Blood/ Lymph:
- ☐ Swollen Lymph Nodes
- ☒ Easy Bruising
- ☒ Easy Bleeding

PLACE PATIENT LABEL HERE

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HHX WOUND CARE HYPERBARIC
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UH3626 REV SEP 18

01/10/2019 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Consent Form - Scan on 1/16/2019 4:58 PM

Scan (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

U8170135 BD:1/06/1925 94Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:1/10/19 NORSWORTHY, NILUFER*
Enc:1833334267 RES:35455476

I hereby authorize **Dr NILUFER NORSWORTHY, MD** associates or assistants of his/her choice on staff at Northwest Hospital Wound Care Center to provide services for comprehensive wound care management.

Dr NILUFER NORSWORTHY, MD has fully explained to me the nature and purpose of the Northwest Hospital Wound Care Center's approach to wound treatment and healing. I have also been informed of expected benefits and potential complications (from known and unknown causes), as well as, discomforts and risks that may arise. Alternatives to the proposed treatment(s) including no treatment were presented to me. I have been given an opportunity to ask questions, and all my questions have been answered fully and satisfactorily.

I agree to any debridement and any tissue removed may be examined and retained by Northwest Hospital Wound Care Center and its authorized affiliate for medical, scientific or educational purposes and such tissues or parts may be disposed of in accordance with accustomed practice.

I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the wound care and/or other treatment.

I hereby consent that photographs, tape recordings, videotapes and/or movies may be taken of me and/or the named patient by Northwest Hospital Wound Care Center in connection with the medical and other services, which I/the patient am receiving at Northwest Hospital Wound Care Center. I further consent that a history of my/the patient's social and medical problems may be taken by Northwest Hospital Wound Care Center.

I understand that neither myself.the patient nor members of my.the patient's family will be identified by name in connection with any public use of this material.

I grant this consent as a voluntary contribution and I waive any and all rights I/the patient may have to royalties or other compensation in connection with any such use.

I confirm that I have read and fully understand the above and that all blank spaces have been completed prior to my signing. I have crossed out any paragraphs above, which do not pertain to me.

Patient/Relative or Guardian*: X Jeanne Allen
(signature)
X
(print name)
Relationship, if signed by person other than patient X Jeanne Allen
(If required) Interpreter
(signature)
(print name)
Witness Irenee Signature (Print Name) Date 1/10/19

*The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is other wise incompetent to sign.

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to, the proposed wound care and/or other treatment have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

Consent

Wound Care & Hyperbaric Center

1560 N 115th St MS-W201 Seattle, WA 98133 206.668.1244 Fax 206.668.1270 www.nwhospital.org

01/09/2019 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Lab Test and Refill Request
Visit diagnoses:

- Long term current use of anticoagulant therapy (primary)
- Sensorineural hearing loss, unspecified
- Essential hypertension, benign
- Housing lack
- Vitamin D deficiency
- Homeless
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Unspecified vitamin B deficiency
- Abnormal weight loss

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR NO CHARGE FOR LEVEL OF SERVICE

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/29/2018
Start date: 11/29/2018 — End date: 5/20/2019
Quantity: 60 tablet — Refill: 1 refill remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 1/9/2019 1000

Jeanne Leonie Hoffman is a 94 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Lab Test
  INR
- Refill Request
  tylenol 3. can't be refilled until 1/17/19. discuss daily dosage

In for update. Her son Louise brings her in.
Louise is uncertain what meds need refilling at this time. He will let me know.

Awaiting housing decision.
Getting some support from their church on Bainbridge.

Review of Systems:
Louise has not noted any fever, chills sweats in his mother

She is eating
Urination seems to be without problem.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Osteoarthritis of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

• Long term current use of anticoagulant therapy [Z79.01]	01/08/2008

Reason for anticoagulation: Recurrent dvts
Duration of anticoagulation: life
INR goal: 2.-3 (lower end of this range desired because of age)

• Adult failure to thrive syndrome [R62.7]	10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
7/30/2014 stable. Doing well. Son now legally can live with her for support.

• Unspecified vitamin B deficiency [E53.9]	05/01/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

• Sensorineural hearing loss, unspecified [H90.5]	11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

• DVT, recurrent, lower extremity, chronic (HCC) [I82.509]	11/20/2006

Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

• Other and unspecified hyperlipidemia [E78.5]	11/20/2006

On lipitor. Tried discontinuing but LDL cholesterol markedly

increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed.
  Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Housing lack [Z59.0] 09/26/2018
- Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC) [I70.442] 09/24/2018
- Diabetic ulcer of lower extremity (HCC) [E11.622, L97.909] 09/24/2018
- Vitamin D deficiency [E55.9] 07/09/2018
- Venous ulcer of left leg (HCC) [I83.029, L97.929] 06/07/2018
- Homeless [Z59.0] 06/07/2018
- Normocytic anemia [D64.9] 06/07/2018
- Severe protein-calorie malnutrition (HCC) [E43] 06/07/2018
- Urge urinary incontinence [N39.41] 06/07/2018
- Cellulitis of left leg [L03.116] 05/31/2018
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC) [L97.322] 05/17/2018
- Non-pressure chronic ulcer of left calf with fat layer exposed (HCC) [L97.222] 05/17/2018
- Chronic venous hypertension with ulcer and inflammation, left (HCC) [I87.332, L97.929] 05/17/2018
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Thrombocytopenia (HCC) [D69.6] 11/02/2016

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Other physical therapy [IMO0001] 01/22/2015
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Outpatient Prescriptions Marked as Taking for the 1/9/19 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 300-30 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.	60 tablet	1
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.		
• Losartan Potassium 25 MG Oral Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.	5 mL	0
• Warfarin Sodium 4 MG Oral Tab	Take 1 tablet (4 mg) by mouth daily.		

Social history:

History

Sexual Activity	
• Sexual activity:	No

Social History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol use No

Objective:

BP 134/70 | Pulse 67
Estimated body mass index is 20.49 kg/m² as calculated from the following:
Height as of 6/19/18: 5' 2" (1.575 m).
Weight as of 10/8/18: 50.8 kg (112 lb).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
134/70	67	---	---	---	10:08 AM	1/9/2019

Wt Readings from Last 8 Encounters:

01/31/19	46.3 kg (102 lb)
10/08/18	50.8 kg (112 lb)
09/26/18	51.1 kg (112 lb 9.6 oz)
09/24/18	51.3 kg (113 lb)
08/14/18	53.2 kg (117 lb 4 oz)
07/25/18	52.1 kg (114 lb 12 oz)
07/06/18	50.2 kg (110 lb 12 oz)
06/22/18	50.5 kg (111 lb 6 oz)

Last blood pressure recorded in this encounter: 134/70
Jeanne is without hearing aid today which makes communication difficult

Lab and other tests: pending

Assessment and Plan:

(Z79.01) Long term current use of anticoagulant therapy (primary encounter diagnosis)
It is unclear if she has been taking anticogulation. INR ordered.

(H90.5) Sensorineural hearing loss, unspecified
She is wearing her hearing aids. Seems to function satisfactorily when worn.

(I10) Essential hypertension, benign
Blood pressure well controlled and not overly controlled. Due for labs
Plan: CBC with Differential, Comprehensive Metabolic
Panel, Hemoglobin A1c

(Z59.0) Housing lack
In with son. Still living in tent. Awaiting housing decision. Support is coming from local church this winter. APS has been involved in the past.

(E55.9) Vitamin D deficiency
Due for recheck.
Also check Vitamin B12
Plan: Vitamin D (25 Hydroxy)

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Due for A1c. Has been controlled in the past

(E53.9) Unspecified vitamin B deficiency
Due for vitamin b12

(R63.4) Weight loss
She has lost about 10 lbs since she was last seen.
Need to increase caloric intake. Would like her to see nutritionist but main issue is to resolve housing issue.

Office Visit on 01/09/19

1. Prothrombin Time

Result	Value	Ref Range
Prothrombin Time Patient	13.3	10.7 - 15.6 s
Prothrombin INR	1.0	0.8 - 1.3

2. CBC with Differential

Result	Value	Ref Range
WBC	5.57	4.3 - 10.0 10*3/uL
RBC	4.06	3.80 - 5.00 10*6/uL
Hemoglobin	11.2 (L)	11.5 - 15.5 g/dL
Hematocrit	37	36 - 45 %
MCV	91	81 - 98 fL
MCH	27.6	27.3 - 33.6 pg
MCHC	30.2 (L)	32.2 - 36.5 g/dL
Platelet Count	212	150 - 400 10*3/uL
RDW-CV	16.0 (H)	11.6 - 14.4 %
% Neutrophils	73	%
% Lymphocytes	20	%
% Monocytes	5	%
% Eosinophils	1	%
% Basophils	1	%
% Immature Granulocytes	0	%
Neutrophils	4.06	1.80 - 7.00 10*3/uL
Absolute Lymphocyte Count	1.10	1.00 - 4.80 10*3/uL
Monocytes	0.30	0.00 - 0.80 10*3/uL
Absolute Eosinophil Count	0.06	0.00 - 0.50 10*3/uL
Basophils	0.03	0.00 - 0.20 10*3/uL
Immature Granulocytes	0.02	0.00 - 0.05 10*3/uL
Nucleated RBC	0.00	0.00 10*3/uL
% Nucleated RBC	0	%

3. Comprehensive Metabolic Panel

Result	Value	Ref Range
Sodium	147 (H)	135 - 145 meq/L
Potassium	3.7	3.6 - 5.2 meq/L
Chloride	113 (H)	98 - 108 meq/L
Carbon Dioxide, Total	25	22 - 32 meq/L
Anion Gap	9	4 - 12
Glucose	142 (H)	62 - 125 mg/dL
Urea Nitrogen	16	8 - 21 mg/dL
Creatinine	0.71	0.38 - 1.02 mg/dL
Protein (Total)	7.0	6.0 - 8.2 g/dL
Albumin	3.9	3.5 - 5.2 g/dL

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Bilirubin (Total)	0.3	0.2 - 1.3 mg/dL
Calcium	9.3	8.9 - 10.2 mg/dL
AST (GOT)	15	9 - 38 U/L
Alkaline Phosphatase (Total)	66	49 - 199 U/L
ALT (GPT)	9	7 - 33 U/L
GFR, Calc, European American	>60	>59 mL/min/[1.73_m2]
GFR, Calc, African American	>60	>59 mL/min/[1.73_m2]
GFR, Information		

Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

4. Hemoglobin A1c

Result	Value	Ref Range
Hemoglobin A1C	6.2 (H)	4.0 - 6.0 %

5. Vitamin D (25 Hydroxy)

Result	Value	Ref Range
Vitamin D2 (25_Hydroxy)	<1.0	ng/mL
Vitamin D3 (25_Hydroxy)	25.2	ng/mL
Vit D (25_Hydroxy) Total	25.2	20.1 - 50.0 ng/mL
Vit D (25_Hydroxy) Interp	Normal: 20.1-50.0 ng/mL	

6. FOLATE & VITAMIN B12

Result	Value	Ref Range
Folate, SRM	19.3	>5.8 ng/mL
Vitamin B12 (Cobalamin)	523	180 - 914 pg/mL

Labs done not fasting

Unremarkable except INR 1.0 indicating not taking medication. Son contacted.

Hearing aides
Wound care NW
Living situation Island Crest hopefully
Back pain and med
Not taking meds

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 2/11/2019 4:12 PM

Labs

Prothrombin Time (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 01/09/19 1057** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 01/09/19 1057 Authorized by: Neighbor Jr., William E, MD

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Ordering mode: Standard
Frequency: Routine 01/09/19 -
Quantity: 1
Diagnoses
Long term current use of anticoagulant therapy [Z79.01]

Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W75518	Plasma	—	5264 01/09/19 1057

Prothrombin Time Resulted: 01/09/19 1216, Result status: Final result

Order status: Completed
Collected by: 5264 01/09/19 1057
Acknowledged by: Neighbor Jr., William E, MD on 01/31/19 1600

Filed by: Uw Lab Results Interface, User 01/09/19 1216
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	13.3	10.7 - 15.6 s	—	UWMC
Prothrombin INR	1.0	0.8 - 1.3	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 1/31/2019 16:00

CBC with Differential (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 01/09/19 1057** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 01/09/19 1057
Ordering mode: Standard
Frequency: Routine 01/09/19 -
Quantity: 1
Diagnoses
Essential hypertension, benign [I10]
Housing lack [Z59.0]

Authorized by: Neighbor Jr., William E, MD

Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W75518	Whole blood	—	5264 01/09/19 1057

CBC with Differential (Abnormal) Resulted: 01/09/19 2042, Result status: Final result

Order status: Completed
Collected by: 5264 01/09/19 1057
Acknowledged by
Pearson, Terri Jeanne, CMA on 01/10/19 1114
Neighbor Jr., William E, MD on 01/31/19 1600

Filed by: Uw Lab Results Interface, User 01/09/19 2042
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.57	4.3 - 10.0 10*3/uL	—	UWMC

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

RBC	4.06	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	11.2	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	37	36 - 45 %	—	UWMC
MCV	91	81 - 98 fL	—	UWMC
MCH	27.6	27.3 - 33.6 pg	—	UWMC
MCHC	30.2	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	212	150 - 400 10*3/uL	—	UWMC
RDW-CV	16.0	11.6 - 14.4 %	H	UWMC
% Neutrophils	73	%	—	UWMC
% Lymphocytes	20	%	—	UWMC
% Monocytes	5	%	—	UWMC
% Eosinophils	1	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	0	%	—	UWMC
Neutrophils	4.06	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.10	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.30	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.06	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.03	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.02	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Essential hypertension, benign [I10 (ICD-10-CM)]
Housing lack [Z59.0 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 1/31/2019 16:00

Comprehensive Metabolic Panel (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 01/09/19 1057** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 01/09/19 1057 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 01/09/19 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Essential hypertension, benign [I10]
Housing lack [Z59.0]

Specimen Information

ID	Type	Source	Collected By
W75518	Serum	—	5264 01/09/19 1057

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Comprehensive Metabolic Panel (Abnormal) Resulted: 01/09/19 2108, Result status: Final result

Order status: Completed
Collected by: 5264 01/09/19 1057
Acknowledged by
Pearson, Terri Jeanne, CMA on 01/10/19 1114
Neighbor Jr., William E, MD on 01/31/19 1600

Filed by: Uw Lab Results Interface, User 01/09/19 2109
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Sodium	147	135 - 145 meq/L	H	UWMC
Potassium	3.7	3.6 - 5.2 meq/L	—	UWMC
Chloride	113	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	25	22 - 32 meq/L	—	UWMC
Anion Gap	9	4 - 12	—	UWMC
Glucose	142	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	16	8 - 21 mg/dL	—	UWMC
Creatinine	0.71	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total)	7.0	6.0 - 8.2 g/dL	—	UWMC
Albumin	3.9	3.5 - 5.2 g/dL	—	UWMC
Bilirubin (Total)	0.3	0.2 - 1.3 mg/dL	—	UWMC
Calcium	9.3	8.9 - 10.2 mg/dL	—	UWMC
AST (GOT)	15	9 - 38 U/L	—	UWMC
Alkaline Phosphatase (Total)	66	49 - 199 U/L	—	UWMC
ALT (GPT)	9	7 - 33 U/L	—	UWMC
GFR, Calc, European American	>60	>59 mL/min/{1.73_m2}	—	UWMC
GFR, Calc, African American	>60	>59 mL/min/{1.73_m2}	—	UWMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Essential hypertension, benign [I10 (ICD-10-CM)]
Housing lack [Z59.0 (ICD-10-CM)]

All Reviewers List

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Neighbor Jr., William E, MD on 1/31/2019 16:00

Hemoglobin A1c (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 01/09/19 1057** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 01/09/19 1057 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 01/09/19 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Essential hypertension, benign [I10]
Housing lack [Z59.0]

Specimen Information

ID	Type	Source	Collected By
W75518	Whole blood	—	5264 01/09/19 1057

Hemoglobin A1c (Abnormal) Resulted: 01/10/19 1208, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 01/10/19 1208
Collected by: 5264 01/09/19 1057 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Pearson, Terri Jeanne, CMA on 01/11/19 1058
Neighbor Jr., William E, MD on 01/31/19 1600

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.2	4.0 - 6.0 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Essential hypertension, benign [I10 (ICD-10-CM)]
Housing lack [Z59.0 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 1/31/2019 16:00

Vitamin D (25 Hydroxy) (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 01/09/19 1057** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 01/09/19 1057 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 01/09/19 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Vitamin D deficiency [E55.9]
Scheduling instructions
Vitamin D (25-Hydroxy) is not covered with routine preventative visits. It is only indicated and covered with the following diagnoses: osteoporosis, hypocalcemia or hypercalcemia, chronic kidney disease stage III or greater, hypercalcuria, hyper viataminosis D, parathyroid disorders, malabsorption states, obstructive jaundice, osteomalacia, rickets, and vitamin D deficiency related to the above diagnoses. Medicare patients who do not have an above condition but desire testing must sign an ABN and agree to pay.

Specimen Information

ID	Type	Source	Collected By

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

W75518	Serum	—	5264 01/09/19 1057

Vitamin D (25 Hydroxy) Resulted: 01/11/19 0854, Result status: Final result

Order status: Completed
Collected by: 5264 01/09/19 1057
Acknowledged by: Neighbor Jr., William E, MD on 01/31/19 1600

Filed by: Uw Lab Results Interface, User 01/11/19 0855
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Vitamin D2 (25 Hydroxy)	<1.0	ng/mL	—	HMC
Vitamin D3 (25 Hydroxy)	25.2	ng/mL	—	HMC
Vit D (25_Hydroxy) Total	25.2	20.1 - 50.0 ng/mL	—	HMC
Vit D (25_Hydroxy) Interp	Normal: 20.1-50.0 ng/mL	—	—	HMC

Comment:
For more information see
http://web.labmed.washington.edu/tests/chemistry/VITDG2.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Indications

Vitamin D deficiency [E55.9 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 1/31/2019 16:00

FOLATE & VITAMIN B12 (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 01/09/19 1057** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 01/09/19 1057
Ordering mode: Standard
Frequency: Routine 01/09/19 -
Quantity: 1
Diagnoses
Housing lack [Z59.0]

Authorized by: Neighbor Jr., William E, MD
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W75518	Serum	—	5264 01/09/19 1057

FOLATE & VITAMIN B12 Resulted: 01/09/19 2125, Result status: Final result

Order status: Completed
Collected by: 5264 01/09/19 1057
Acknowledged by: Neighbor Jr., William E, MD on 01/31/19 1600

Filed by: Uw Lab Results Interface, User 01/09/19 2125
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Folate, SRM	19.3	>5.8 ng/mL	—	UWMC
Comment: Reference range >5.8 ng/mL Folate deficiency <4.0 ng/mL				
Vitamin B12 (Cobalamin)	523	180 - 914 pg/mL	—	UWMC
Comment:				

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Normal: 180-914 pg/mL
Indeterminate: 145-179 pg/mL
Deficient: <145 pg/mL

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Housing lack [Z59.0 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 1/31/2019 16:00

Flowsheets

Vital Data

Row Name	01/09/19 1008
BP	134/70
BP Cuff Size	Small
BP Site	Right Arm
BP Position	Sitting
Pulse	67

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 1/9/2019 10:00 AM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday January 9, 2019. The following issues were addressed:

- Long term current use of anticoagulant therapy
- Sensorineural hearing loss, unspecified
- Essential hypertension, benign
- Housing lack
- Vitamin D deficiency
- Homeless
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Unspecified vitamin B deficiency
- Weight loss

Blood Pressure	Pulse
134/70	67

Done Today

Prothrombin Time for Long term current use of anticoagulant therapy
CBC with Differential for Essential hypertension, benign; Housing lack
Comprehensive Metabolic Panel for Essential hypertension, benign; Housing lack
Hemoglobin A1c for Essential hypertension, benign; Housing lack
Vitamin D (25 Hydroxy) for Vitamin D deficiency
FOLATE & VITAMIN B12 for Housing lack

What's Next

FEB 14 2019 Return Patient Appointment with Nilufer B Norsworthy, MD
Thursday February 14 10:00 AM

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/.

Your Medication List as of 1/9/19 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Your Results

PROTHROMBIN TIME
Collected on 1/9/2019
Resulted on 1/9/2019
Authorized by
William E Neighbor, MD
Resulting Agency:
UW MEDICAL CENTER LABS
LAB MED #357110 1959 NE
PACIFIC ST.
SEATTLE WA 98195-0001
Specimen: Plasma

Prothrombin Time Patient
13.3 s
Reference Range
10.7 - 15.6

Prothrombin INR
1.0
Reference Range
0.8 - 1.3

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Results (continued)

CBC, DIFF
Collected on 1/9/2019
Resulted on 1/9/2019
Authorized by
William E Neighbor, MD
Resulting Agency:
UW MEDICAL CENTER LABS
LAB MED #357110 1959 NE
PACIFIC ST.
SEATTLE WA 98195-0001
Specimen: Whole blood

WBC 5.57 10*3/uL Reference Range 4.3 - 10.0	**RBC** 4.06 10*6/uL Reference Range 3.80 - 5.00	▼ **Hemoglobin** 11.2 g/dL Reference Range 11.5 - 15.5
Hematocrit 37 % Reference Range 36 - 45	**MCV** 91 fL Reference Range 81 - 98	**MCH** 27.6 pg Reference Range 27.3 - 33.6
▼ **MCHC** 30.2 g/dL Reference Range 32.2 - 36.5	**Platelet Count** 212 10*3/uL Reference Range 150 - 400	▲ **RDW-CV** 16.0 % Reference Range 11.6 - 14.4
% Neutrophils 73 %	**% Lymphocytes** 20 %	**% Monocytes** 5 %
% Eosinophils 1 %	**% Basophils** 1 %	**% Immature Granulocytes** 0 %
Neutrophils 4.06 10*3/uL Reference Range 1.80 - 7.00	**Absolute Lymphocyte Count** 1.10 10*3/uL Reference Range 1.00 - 4.80	**Monocytes** 0.30 10*3/uL Reference Range 0.00 - 0.80
Absolute Eosinophil Count 0.06 10*3/uL Reference Range 0.00 - 0.50	**Basophils** 0.03 10*3/uL Reference Range 0.00 - 0.20	**Immature Granulocytes** 0.02 10*3/uL Reference Range 0.00 - 0.05
Nucleated RBC 0.00 10*3/uL Reference Range 0.00	**% Nucleated RBC** 0 %	

Your Results (continued)

COMPREHENSIVE METABOLIC PANEL
Collected on 1/9/2019
Resulted on 1/9/2019
Authorized by
William E Neighbor, MD
Resulting Agency:
UW MEDICAL CENTER LABS LAB MED #357110 1959 NE PACIFIC ST.
SEATTLE WA 98195-0001
Specimen: Serum

Sodium ▲
147 meq/L
Reference Range 135 - 145

Potassium
3.7 meq/L
Reference Range 3.6 - 5.2

Chloride ▲
113 meq/L
Reference Range 98 - 108

Carbon Dioxide, Total
25 meq/L
Reference Range 22 - 32

Anion Gap
9
Reference Range 4 - 12

Glucose ▲
142 mg/dL
Reference Range 62 - 125

Urea Nitrogen
16 mg/dL
Reference Range 8 - 21

Creatinine
0.71 mg/dL
Reference Range 0.38 - 1.02

Protein (Total)
7.0 g/dL
Reference Range 6.0 - 8.2

Albumin
3.9 g/dL
Reference Range 3.5 - 5.2

Bilirubin (Total)
0.3 mg/dL
Reference Range 0.2 - 1.3

Calcium
9.3 mg/dL
Reference Range 8.9 - 10.2

AST (GOT)
15 U/L
Reference Range 9 - 38

Alkaline Phosphatase (Total)
66 U/L
Reference Range 49 - 199

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Results (continued)

ALT (GPT)
9 U/L
Reference Range 7 - 33

GFR, Calc, European American
>60 mL/min/{1.73_m2}
Reference Range >59

GFR, Calc, African American
>60 mL/min/{1.73_m2}
Reference Range >59

GFR, Information
Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

HEMOGLOBIN A1C, HPLC
Collected on 1/9/2019
Resulted on 1/10/2019
Authorized by
William E Neighbor, MD
Resulting Agency:
UW MEDICAL CENTER LABS
LAB MED #357110 1959 NE PACIFIC ST.
SEATTLE WA 98195-0001
Specimen: Whole blood

Hemoglobin A1C
6.2 %
Reference Range
4.0 - 6.0

VITAMIN D (25 HYDROXY)
Collected on 1/9/2019
Resulted on 1/11/2019
Authorized by
William E Neighbor, MD
Resulting Agency:
HARBORVIEW MEDICAL CENTER LABS
325 9TH AVE #359743 RM GWH-47
SEATTLE WA 98104-2420
Specimen: Serum

Vitamin D2 (25_Hydroxy)
<1.0 ng/mL

Vitamin D3 (25_Hydroxy)
25.2 ng/mL

Vit D (25_Hydroxy) Total
25.2 ng/mL
Reference Range 20.1 - 50.0

Vit D (25_Hydroxy) Interp
Normal: 20.1-50.0 ng/mL
Comment: For more information see http://web.labmed.washington.edu/tests/chemistry/VITDG2.

Your Results (continued)

FOLATE & VITAMIN B12
Collected on 1/9/2019
Resulted on 1/9/2019
Authorized by
William E Neighbor, MD
Resulting Agency:
UW MEDICAL CENTER LABS
LAB MED #357110 1959 NE
PACIFIC ST.
SEATTLE WA 98195-0001
Specimen: Serum

Folate, SRM
19.3 ng/mL
Reference Range >5.8
Comment: Reference range >5.8 ng/mL Folate deficiency <4.0 ng/mL

Vitamin B12 (Cobalamin)
523 pg/mL
Reference Range 180 - 914
Comment: Normal: 180-914 pg/mL
Indeterminate: 145-179 pg/mL
Deficient: <145 pg/mL

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE, Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 2/11/2019 4:12 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 1/9/2019 10:00 AM Hall Health Primary Care Center 206-685-1011

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- Housing lack
- Vitamin D deficiency
- Homeless
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Unspecified vitamin B deficiency
- Weight loss

Blood Pressure	Pulse
134/70	67

Done Today

Prothrombin Time for Long term current use of anticoagulant therapy
CBC with Differential for Essential hypertension, benign; Housing lack
Comprehensive Metabolic Panel for Essential hypertension, benign; Housing lack
Hemoglobin A1c for Essential hypertension, benign; Housing lack
Vitamin D (25 Hydroxy) for Vitamin D deficiency
FOLATE & VITAMIN B12 for Housing lack

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eCare Sign-Up

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01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of 1/9/19 11:59 PM

ⓘ If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Your Results

PROTHROMBIN TIME
Collected on 1/9/2019
Resulted on 1/9/2019
Authorized by
William E Neighbor, MD
Resulting Agency:
UW MEDICAL CENTER LABS
LAB MED #357110 1959 NE
PACIFIC ST.
SEATTLE WA 98195-0001
Specimen: Plasma

Prothrombin Time Patient
13.3 s
Reference Range
10.7 - 15.6

Prothrombin INR
1.0
Reference Range
0.8 - 1.3

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Results (continued)

CBC, DIFF
Collected on 1/9/2019
Resulted on 1/9/2019
Authorized by
William E Neighbor, MD
Resulting Agency:
UW MEDICAL CENTER LABS
LAB MED #357110 1959 NE
PACIFIC ST.
SEATTLE WA 98195-0001
Specimen: Whole blood

WBC 5.57 10*3/uL Reference Range 4.3 - 10.0	**RBC** 4.06 10*6/uL Reference Range 3.80 - 5.00	**Hemoglobin** ↓ 11.2 g/dL Reference Range 11.5 - 15.5
Hematocrit 37 % Reference Range 36 - 45	**MCV** 91 fL Reference Range 81 - 98	**MCH** 27.6 pg Reference Range 27.3 - 33.6
MCHC ↓ 30.2 g/dL Reference Range 32.2 - 36.5	**Platelet Count** 212 10*3/uL Reference Range 150 - 400	**RDW-CV** ↑ 16.0 % Reference Range 11.6 - 14.4
% Neutrophils 73 %	**% Lymphocytes** 20 %	**% Monocytes** 5 %
% Eosinophils 1 %	**% Basophils** 1 %	**% Immature Granulocytes** 0 %
Neutrophils 4.06 10*3/uL Reference Range 1.80 - 7.00	**Absolute Lymphocyte Count** 1.10 10*3/uL Reference Range 1.00 - 4.80	**Monocytes** 0.30 10*3/uL Reference Range 0.00 - 0.80
Absolute Eosinophil Count 0.06 10*3/uL Reference Range 0.00 - 0.50	**Basophils** 0.03 10*3/uL Reference Range 0.00 - 0.20	**Immature Granulocytes** 0.02 10*3/uL Reference Range 0.00 - 0.05
Nucleated RBC 0.00 10*3/uL Reference Range 0.00	**% Nucleated RBC** 0 %	

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Results (continued)

COMPREHENSIVE METABOLIC PANEL
Collected on 1/9/2019
Resulted on 1/9/2019
Authorized by
William E Neighbor, MD
Resulting Agency:
UW MEDICAL CENTER LABS LAB MED #357110 1959 NE PACIFIC ST.
SEATTLE WA 98195-0001
Specimen: Serum

▲ Sodium	147 meq/L Reference Range 135 - 145
Potassium	3.7 meq/L Reference Range 3.6 - 5.2
▲ Chloride	113 meq/L Reference Range 98 - 108
Carbon Dioxide, Total	25 meq/L Reference Range 22 - 32
Anion Gap	9 Reference Range 4 - 12
▲ Glucose	142 mg/dL Reference Range 62 - 125
Urea Nitrogen	16 mg/dL Reference Range 8 - 21
Creatinine	0.71 mg/dL Reference Range 0.38 - 1.02
Protein (Total)	7.0 g/dL Reference Range 6.0 - 8.2
Albumin	3.9 g/dL Reference Range 3.5 - 5.2
Bilirubin (Total)	0.3 mg/dL Reference Range 0.2 - 1.3
Calcium	9.3 mg/dL Reference Range 8.9 - 10.2
AST (GOT)	15 U/L Reference Range 9 - 38
Alkaline Phosphatase (Total)	66 U/L Reference Range 49 - 199

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Results (continued)

	ALT (GPT) 9 U/L Reference Range 7 - 33
	GFR, Calc, European American >60 mL/min/{1.73_m2} Reference Range >59
	GFR, Calc, African American >60 mL/min/{1.73_m2} Reference Range >59
	GFR, Information Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
HEMOGLOBIN A1C, HPLC Collected on 1/9/2019 Resulted on 1/10/2019 Authorized by William E Neighbor, MD Resulting Agency: UW MEDICAL CENTER LABS LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001 Specimen: Whole blood	**Hemoglobin A1C** 6.2 % Reference Range 4.0 - 6.0
VITAMIN D (25 HYDROXY) Collected on 1/9/2019 Resulted on 1/11/2019 Authorized by William E Neighbor, MD Resulting Agency: HARBORVIEW MEDICAL CENTER LABS 325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420 Specimen: Serum	**Vitamin D2 (25_Hydroxy)** <1.0 ng/mL
	Vitamin D3 (25_Hydroxy) 25.2 ng/mL
	Vit D (25_Hydroxy) Total 25.2 ng/mL Reference Range 20.1 - 50.0
	Vit D (25_Hydroxy) Interp Normal: 20.1-50.0 ng/mL Comment: For more information see http://web.labmed.washington.edu/tests/chemistry/VITDG2.

01/09/2019 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Results (continued)

FOLATE & VITAMIN B12
Collected on 1/9/2019
Resulted on 1/9/2019
Authorized by
William E Neighbor, MD
Resulting Agency:
UW MEDICAL CENTER LABS
LAB MED #357110 1959 NE
PACIFIC ST.
SEATTLE WA 98195-0001
Specimen: Serum

Folate, SRM
19.3 ng/mL
Reference Range >5.8
Comment: Reference range >5.8 ng/mL Folate deficiency <4.0 ng/mL

Vitamin B12 (Cobalamin)
523 pg/mL
Reference Range 180 - 914
Comment: Normal: 180-914 pg/mL
Indeterminate: 145-179 pg/mL
Deficient: <145 pg/mL

Patient Demographics

Address	Phone	E-mail Address
321 High School Road NE, Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

11/28/2018 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GENERAL OSTEOARTHROSIS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/8/2017
Start date: 12/8/2017 — End date: 4/12/2019
Quantity: 5 mL — Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019

11/28/2018 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/29/2018
Start date: 11/29/2018 — End date: 5/20/2019
Quantity: 60 tablet — Refill: 1 refill remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 11/28/2018 1528

Refill request routed to provider.

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Last Prescribed: 12/20/17 #60 with 2 refills
Last Office Visit: 10/17/18
Next Office Visit: None scheduled

Electronically signed by Pearson, Terri Jeanne, CMA at 11/28/2018 3:29 PM

Pearson, Terri Jeanne, CMA at 11/29/2018 1703

Called Safeway and LM on VM with Rx. No one could take my call. Will follow up tomorrow.

Electronically signed by Pearson, Terri Jeanne, CMA at 11/29/2018 5:04 PM

Pearson, Terri Jeanne, CMA at 11/30/2018 1025

Called Safeway. They never received the phone message from yesterday. Med called in on 11/30/18

Electronically signed by Pearson, Terri Jeanne, CMA at 11/30/2018 10:25 AM

Other Orders

Medications

Acetaminophen-Codeine #3 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 11/29/18 1630** — Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 11/29/18 1630 — Authorized by: Neighbor Jr., William E, MD

11/28/2018 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Ordering mode: Standard
Frequency: 11/29/18 - 05/20/19 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 05/22/19 1707 [Reorder]
Diagnoses
Generalized osteoarthrosis, unspecified site [M15.9] - GENERAL OSTEOARTHROSIS

Indications

Generalized osteoarthrosis, unspecified site [M15.9 (ICD-10-CM)]

Messages

refill of codeine

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	11/29/2018 4:31 PM

Last Read in MyChart
Not Read

I signed a refill prescription for your tylenol with codeine. I believe this will need to be picked up but I will see if it can be called to your Bainbridge pharmacy.

William E Neighbor, MD

11/26/2018 - Abstract in Hall Health Health Data Service

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Health Data Service	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

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Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
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Start date: 12/20/2017 — End date: 9/4/2019
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Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
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End date: 10/13/2021

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Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
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Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 8/20/2019
Quantity: 45 tablet

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Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Medication List (continued)

Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018
Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Stopped in Visit

None

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents

UWM Outside Records - Scan on 11/26/2018 3:35 PM: rehab and swedish records

Scan (below)

Keiro Northwest Rehabilitation and Care Center
1601 East Yesler Way Seattle, WA 98122
Tel: 206-323-7100
Fax: 206-325-1502

PATIENT DISCHARGE NOTICE FROM KEIRO NORTHWEST

TO: Dr. William Neighbor FAX/PHONE: 206-543-0857 / 685-1011

FROM: Wendy H. Li, RN 206-726-6507 DATE: 11/19/18

Patient: Hoffman, Jeanne (DOB: 1-6-1925)

Discharge Date: 11-12-2018

Disposition: Home (Tent)
Address: 305 High School Rd. NW
Bainbridge Island, WA 98110
Phone: 360-649-5707

Fax following items to PCP:

U8170135

- ✓ Copy of signed discharge medication list
- ✓ Home Sweet Home packet
- ✓ Copy of current POLST on file
- ✓ Hospital H&P and/or discharge summary
- — Facility H&P by attending MD/ARNP
- ✓ Facility attending MD/ARNP's last notes
- ✓ Nursing admit note
- — Specialist consult's last notes
- — Most recent lab, x-ray, EKG, etc.
- ✓ One week of Vital Signs
- ✓ Last 5 days of nursing notes
- ✓ Immunization record – PPD
- ✓ Coumadin record (if applicable)
- ✓ Therapy note (last 3 sessions)/progress report or discharge summary PT & OT

**If you would like any additional information, please contact us and ask for the social worker for this patient. Thank you.

Nov. 19. 2018 11:22AM KEIRO 2nd FLOOR CENTRAL No. 9252 P. 1

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

KEIRO Northwest

1601 E Yesler Way Seattle, WA 98122
Tel: 206-323-7100 Fax: 206-325-1502

DISCHARGE PRESCRIPTION & INSTRUCTIONS

Patient: Jeanne Hoffman DOB: 1/6/1925 Physician: Dr. Michael Dorney
Phone: _425-922-4087 Discharge To: Home Address: _305 High School Rd. NW, Bainbridge Island, WA 98110_
Allergy: Asprin, Nitrofurantoin, Penicillin, Sulfa Antibiotics

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY
Coumadin Tablet 5 MG (Warfarin Sodium)	5 mg	Give 1 tablet by mouth in the afternoon	10
Vitamin C Tablet 250 MG (Ascorbic Acid)	250 mg	Give 1 tablet by mouth in the morning for supplement	30
Ferrous Gluconate Tablet 324 (38 Fe) MG	324 mg	Give 1 tablet by mouth in the morning related to ANEMIA, UNSPECIFIED	30
Vitamin D Tablet 2000 UNIT (Cholecalciferol)	2000 units	Give 1 tablet by mouth two times a day for supplement	60
Losartan Potassium Tablet	12.5 mg	Give 12.5 mg by mouth in the morning for HTN	30
Atorvastatin Calcium Tablet 10 MG	10 mg	Give 1 tablet by mouth at bedtime related to ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	30
Timolol Hemihydrate Solution 0.5 %	0.5%	Instill 1 drop in both eyes two times a day for glaucoma	1 bottle

☐ Fill as written ☑ Substitution allowed

Signature

Date: 11-12-2018
Physician/Healthcare Provider Name: Michael Dorney, MD
DEA #: BD2893534 MD/HCPLicense Number: 1104828813
Phone Number: (425) 922-4087 Fax Number: (509) 465-9058

BLUE BACKGROUND. SECURE

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

RESIDENT: HOFFMAN, JEANNE

KEIRO Northwest
1601 E. Yesler Way Seattle WA 98122
Tel: (206) 323-7100 • Fax: (206) 325-1502

HOME SWEET HOME PACKET

FOR

MRS. JEANNE HOFFMAN

Discharge date: 11-12-2018

Discharge Home

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

RESIDENT: HOFFMAN, JEANNE

Medication List and Schedule

Allergies: Aspirin, Nitrofurantoin, Penicillin, Sulfa Antibiotics

Self-Medication: ____ Succeeded __X__ Will require assistance from other

TIME	MEDICATION	DIRECTIONS	DIAGNOSIS
5:00 PM	Coumadin Tablet 5 MG (Warfarin Sodium)	Give 1 tablet by mouth in the afternoon	LONG TERM (CURRENT) USE OF ANTICOAGULANTS
8:00 AM	Vitamin C Tablet 250 MG (Ascorbic Acid)	Give 1 tablet by mouth in the morning for supplement	supplement
8:00 AM	Ferrous Gluconate Tablet 324 (38 Fe) MG	Give 1 tablet by mouth in the morning	anemia
8:00 AM 8:00 PM	Vitamin D Tablet 2000 UNIT (Cholecalciferol)	Give 1 tablet by mouth two times a day for supplement	supplement
8:00 AM	Losartan Potassium Tablet	Give 12.5 mg by mouth in the morning	hypertension
8:00 PM	Atorvastatin Calcium Tablet 10 MG	Give 1 tablet by mouth at bedtime	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY

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No. 9252 P. 4
KEIRO 2nd FLOOR CENTRAL
Nov. 19. 2018 11:23AM

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

RESIDENT: HOFFMAN, JEANNE

9:00 AM 6:00 PM	Timolol Hemihydrate Solution 0.5 %	Instill 1 drop in both eyes two times a day	ARTERY WITHOUT ANGINA PECTORIS glaucoma

No. 9252 P. 5

KEIRO 2nd FLOOR CENTRAL

Nov. 19. 2018 11:23AM

3

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

RESIDENT: HOFFMAN, JEANNE

PRIMARY DIAGNOSIS FOR ADMISSION WAS: Sepsis, Altered Mental Status, Cellulitis

SPECIAL TREATMENTS: ***LEFT MEDIAL LOWER LEG: 1) Cleanse area w/ NS or Wound Spray and allow to dry 2) Apply a generous amount of silver antimicrobial gel to wound bed 3) Cover wound bed w/ Alginate 4) Secure w/ Kerlix wrap Change 3x/week and PRN***

LEFT MEDIAL ANKLE WOUND CARE: 1) Soak area w/ warm wash cloths for 10min 2) Gently remove flakey skin 3) Apply A&D ointment to moisten legs 4) Apply Xeroform to area 5) Cover with kerlix wrap Change 3x/week and PRN

PRECAUTIONS/LIMITATIONS/PARAMETERS:

SPECIAL DIET OR RESTRICTIONS: ***Dysphagia Mechanical Soft texture, Thin consistency***

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

RESIDENT: HOFFMAN, JEANNE

PATIENT/FAMILY TEACHING: Check PT/INR on 11/21/2018 for Coumadin
Management. Dressing changes to wounds.

EQUIPMENT YOU ARE LEAVING KEIRO WITH:
EQUIPMENT THAT BELONGS TO KEIRO THAT IS RENTED TO YOU: None
EQUIPMENT THAT HAS BEEN ORDERED FOR YOU & WILL BE DELIVERED: None

LAST BOWEL MOVEMENT: 11-12-2018 Vital signs taken on 11-12-2018 6:13 AM
LAST SET OF VITAL SIGNS: T: 98.2 **HR:** 70 **RESP:** 18 **BP:** 112/58 **WT:** 142 lbs (11-6-2018)
(IF APPLICABLE) BLOOD GLUCOSE: 172 **O2 SAT:** 98.0% 11-1-2018

ANSWERED ALL PATIENT/FAMILY QUESTIONS: ✓ **YES** ____ **NO**

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

RESIDENT: HOFFMAN, JEANNE

Things you should do to keep you healthy:

1/ VISIT your primary care doctor as scheduled, or as s/he asks of you.
2/ KEEP ALL APPOINTMENTS with Doctors and Specialists
3/ TAKE medication(s) as prescribed
4/ AFTER discharge, all your care needs will be addressed by your Primary Care Physician

YOUR PRIMARY DOCTOR	Dr. William Neighbor 206-685-1011 Fax 206-543-0857
SPECIALISTS	None this admit
PHARMACY	Safeway – Bainbridge Island 206-842-0127 Fax 206-780-0731
YOUR HOME HEALTH CARE (therapy at home)	None. Son will do your dressing change to the wounds on your left leg and ankle. It is also possible for a direct return admit to Keiro NW for another short stay soon after discharge if criteria is met. Please check with Home Health or Physician.
YOUR DURABLE MEDICAL EQUIPMENT PROVIDER (i.e. W/C, FWW, COMMODE, SHOWER CHAIR)	You already have a Four Wheeled Walker and Bedside commode
YOUR MEDICAL EQUIPMENT PROVIDER (i.e. OXYGEN, TUBE FEEDING SUPPLIES)	None

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

RESIDENT: HOFFMAN, JEANNE

YOUR NEXT APPOINTMENTS

Date/time	WITH WHO? Specialty	ADDRESS	Transportation (who will take you)
Your son is trying to make an appointment for 11-21-2018	Dr. William Neighbor Primary Care	Hall Health Center – UW 4060 E Stevens Way Seattle, WA 98195 206-685-1011	Son

- **After discharge, the patient will be followed by their Primary Care Physician (PCP)**
- **Please take all included documents with you when you go to your doctor's appointments. Your doctor will want to know about your health history and all medications that you are taking.**

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No. 9252 P. 10
KEIRO 2nd FLOOR CENTRAL
Nov. 19. 2018 11:24AM

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

HOFFMAN, JEANNE L.
RM#219A MR#4374
DR. DORNEY, MICHAEL

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

Physician Orders for Life-Sustaining Treatment (POLST)

Last Name - First Name - Middle Name or Initial

Date of Birth Last 4 #SSN (optional)

FIRST follow these orders, **THEN** contact physician, nurse practitioner or PA-C. The POLST is a set of medical orders intended to guide medical treatment based on a person's current medical condition and goals. Any section not completed implies full treatment for that section. Completing a POLST form is always voluntary. Everyone shall be treated with dignity and respect.

Medical Conditions/Patient Goals:

Agency Info/Sticker

A Check One

CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.

☐ **Attempt Resuscitation/CPR** When not in cardiopulmonary arrest, go to part B.

☑ **Do Not Attempt Resuscitation/DNAR (Allow Natural Death)**
Choosing DNAR will include appropriate comfort measures.

B Check One

MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.

☐ **FULL TREATMENT - primary goal of prolonging life by all medically effective means.**
Includes care described below. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. **Transfer** *to hospital if indicated. Includes intensive care.*

☐ **SELECTIVE TREATMENT - goal of treating medical conditions while avoiding burdensome measures.**
Includes care described below. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not intubate. May use less invasive airway support (e.g. CPAP, BiPAP). **Transfer** *to hospital if indicated. Avoid intensive care if possible.*

☑ **COMFORT-FOCUSED TREATMENT - primary goal of maximizing comfort.**
Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no hospital transfer:** *EMS consider contacting medical control to determine if transport is indicated to provide adequate comfort.*

Additional Orders: (e.g. dialysis, etc.) _____

C **SIGNATURES:** The signatures below verify that these orders are consistent with the patient's medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.

Discussed with:
☐ Patient ☐ Parent of Minor
☐ Guardian with Health Care Authority
☐ Spouse/Other as authorized by RCW 7.70.065
☐ Health Care Agent (DPOAHC)

PRINT — Physician/ARNP/PA-C Name: Dawkins, M. | Phone Number

X Physician/ARNP/PA-C Signature *(mandatory)* | Date *(mandatory)*: 10/26

PRINT — Patient or Legal Surrogate Name | Phone Number

X Patient or Legal Surrogate Signature *(mandatory)*: Jeanne L Hoffman | Date *(mandatory)*

Person has: ☐ Health Care Directive (living will) ☐ Durable Power of Attorney for Health Care

Encourage all advance care planning documents to accompany POLST

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Revised 8/2017

Photocopies and faxes of signed POLST forms are legal and valid. May make copies for records.
For more information on POLST visit www.wsma.org/polst.

WASHINGTON | WSMA Washington State Medical Association Physician Driven, Patient Focused | Washington State Department of Health

Nov. 19. 2018 11:24AM Meme-KEIRO 2nd FLOOR CENTRAL No. 9252 P. 11

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

HOFFMAN, JEANNE L.
RM#219A MR#4374
DR. DORNEY, MICHAEL

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

Patient and Additional Contact Information (if any)

Patient Name (last, first, middle)	Date of Birth	Phone Number
Name of Guardian, Surrogate or other Contact Person	Relationship	Phone Number

D NON-EMERGENCY MEDICAL TREATMENT PREFERENCES

ANTIBIOTICS:

- [x] Use antibiotics for prolongation of life.
- [ ] Do not use antibiotics except when needed for symptom management.

MEDICALLY ASSISTED NUTRITION:
Always offer food and liquids by mouth if feasible.

- [x] No medically assisted nutrition by tube.
- [ ] Trial period of medically assisted nutrition by tube. (Goal: _____)
- [ ] Long-term medically assisted nutrition by tube.

ADDITIONAL ORDERS: (e.g. dialysis, blood products, implanted cardiac devices, etc. Attach additional orders if necessary.)

X Physician/ARNP/PA-C Signature	Date 31 Oct 18
X Patient or Legal Surrogate Signature Jeanne L Hoffman	Date

DIRECTIONS FOR HEALTH CARE PROFESSIONALS

NOTE: A person with capacity may always consent to or refuse medical care or interventions, regardless of information represented on any document, including this one.

Completing POLST

- Completing a POLST form is always voluntary.
- Treatment choices documented on this form should be the result of shared decision-making by an individual or their surrogate and medical provider based on the person's preferences and medical condition.
- POLST must be signed by a physician/ARNP/PA-C and patient, or their surrogate, to be valid. Verbal orders are acceptable with follow-up signature by physician/ARNP/PA-C in accordance with facility/community policy.

Using POLST

Any incomplete section of POLST implies full treatment for that section.

This POLST is valid in all care settings including hospitals until replaced by new physician's orders.

The POLST is a set of medical orders. The most recent POLST replaces all previous orders.

The POLST does not replace an advance directive. An advance directive is encouraged for all competent adults regardless of their health status. An advance directive allows a person to document in detail his/her future health care instructions and/or name a surrogate decision maker to speak on his/her behalf. When available, all documents should be reviewed to ensure consistency, and the forms updated appropriately to resolve any conflicts.

SECTIONS A AND B:

- No defibrillator should be used on a person who has chosen "Do Not Attempt Resuscitation."
- When comfort cannot be achieved in the current setting, the person should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- An IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort-Focused Treatment."
- Treatment of dehydration is a measure which may prolong life. A person who desires IV fluids should indicate "Selective" or "Full Treatment."

SECTION D:

- Oral fluids and nutrition must always be offered if medically feasible.

Reviewing POLST

This POLST should be reviewed periodically whenever:
(1) The person is transferred from one care setting or care level to another, or
(2) There is a substantial change in the person's health status, or
(3) The person's treatment preferences change.

To void this form, draw line through "Physician Orders" and write "VOID" in large letters. Any changes require a new POLST.

Review of this POLST Form

Review Date	Reviewer	Location of Review	Review Outcome
			☐ No Change ☐ Form Voided ☐ New form completed
			☐ No Change ☐ Form Voided ☐ New form completed

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Photocopies and faxes of signed POLST forms are legal and valid. May make copies for records. OVER ▶

For more information on POLST

KEIRO 2nd FLOOR CENTRAL 206 NOV. 19. 2018 11:24AM NO. 9252 P. 12

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Horn, Mark Allan (MR # 1000772909) Printed 10/30/18 2:01 PM

Peripheral Line - Adult 10/28/18 2355 Right;Forearm 22ga;1"	10/28/18	2355	Right;Forearm	1	Size: 22ga;1"

Anesthetic: Buffered Lidocaine 1%
Attempts: x1 limited access
Description: Non-winged

DC Summary Notes (4 Days)

Notes from 10/26/18 through 10/30/18

Discharge Summaries by Vernon, Miwa, MD at 10/29/18 1449

Version 1 of 1

Author: Vernon, Miwa, MD
Filed: 10/29/18 1502
Editor: Vernon, Miwa, MD (Physician)
Service: (none)
Date of Service: 10/29/18 1449
Author Type: Physician
Status: Shared

Swedish Hospital Medicine Discharge Summary

Patient: Mark Allan Horn **Date of Birth: 1/28/1960**

Admission Date: 10/22/2018 **Discharge Date**: 10/29/2018

Primary Care Provider: Magnuson, Chad R, MD

Consultations:
GI

Principal Diagnosis:
Fall
Nausea, vomiting and epigastric pain

Secondary Diagnoses:
Hematemesis likely due to Mallory Weise tear
Acute encephaopathy
HTN
Constipation
QT prolongation
Tobacco use
Chronic incomplete quadriplegia 2/2 neck epidural abscess in 2011
IV drug abuse on chronic methadone treatment
Anxiety
{QM_MCC&CC:14839}

Body mass index is 26.34 kg/m².

Outpatient Followup Issues (including pending test results):
- f/u biopsy results(stomac and duodenal) and H.pylori.

Brief Reason for Admission:
Per HPI,
Mark Allan Horn is a 58 y.o. man with COPD, chronic opiates on methadone, benzo dependence, neurogenic bladder, UTIs, and chronic incomplete quadriplegia secondary to cervical epidural abscess in 2011 just admitted overnight for fevers, n/v, leukocytosis, and small volume

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

hematemesis on 10/21. On admission he received IVF, IV PPI, and was able to keep down liquids without further vomiting. He declined further w/u for possible infection, declined repeat CBC, blood cultures. He was noted to have negative u/a, CXR, and respiratory viral panel, with CT abd/pelvis without e/o cause of infection He wanted to return home and was discharged via HopeLink with PCP f/u.

Returns to ED about 4 hours after discharge after falling out of his wheelchair around 2130, unclear if LOC. Pt isn't sure what happened. He thinks he was having another fever with worsening of his baseline tremor (comes/goes but is normal for him) and fell out of his chair. He thinks he hit the front of his head on something with some mild pain there, and has some new pain in his neck after fall with h/o C2-C5 fusion. No new weakness in arms/legs. States that since leaving the hospital took 2 zofran for persistent nausea, no further hematemesis, has some mild diffuse abdominal pain that he attributes to not eating in 3 days. Also notes a bit of worsening dry cough. No sore throat, body aches, new low back pain. He denies pressure sores on his backside or increased spasticity. Here is afebrile, BP initially 200/90 on repeat 160-170/90's, HR 100's. WBC 17.8 with elevated polys, CRP 3.6, procal and lactate wnl, urine dip without LE or nitrite, CT C spine non con negative for malalignment or fracture. Received morphine.

Hospital Course:

 # Nausea, vomiting and epigastric pain
 # Hematemesis likely due to Mallory Weise tear
Pt continued to have intermittent nausea and vomiting with small amount of hematemesis with stable Hb and VS. He developed epigastric pain on 10/26, which was once improved with supportive care, but recurred again with increased severity. Pt was unable to tolerate po intake. Pt underwent EGD 10/29 which showed MWT with no signs of active bleeding at GE junction, streaky antral etyrhema s/p biopsy and severe patch duodenal bulb erosions and erythema s/p biopsy. ***

 # Fall 10/22
pt explained that he was trying to reach out a cell phone charger or a cord and fell forward. Hit forehead. Denied prodrome. CT cerbical spine unremarkable. PT/OT recommend SNF.

 # Confusion after fall
Pt reported visual change and difficult talking. Pt was unable to follow instruction to keep arm straight to keep PIV patent. Head CT w/o contrast 10/23 negative for acute change. Seems now back to baseline.

 # HTN
BP up 200/98 on admission, could have some autonomic dysreflexia with h/o quadreparesis? Not on home BP meds. BP got better after starting BP meds.

 # Constipation: last bm 10/28. Pt is on methadone. Started on scheduled miralax and senna. Monitor. Adjust laxative dose prn.

Goals of Care: ***

Discharge Medications:

Current Discharge Medication List

START taking these medications

	Details
alum-mag hydroxide-SIMeth 200-200-20 mg/5 mL Oral Suspension	Take 30 mL by mouth every four hours as needed. *Start date:* 10/27/2018
amLODIPine (AKA NORVASC) 5 mg Oral Tablet	Take 1 Tab by mouth every day. *Start date:* 10/28/2018

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Horn, Mark Allan (MR # 1000772909) Printed 10/30/18 2:01 PM

lisinopril (AKA PRINIVIL) 5 mg Oral Tablet	Take 1 Tab by mouth every day. *Start date:* 10/27/2018
nicotine (AKA NICODERM CQ) 7 mg/24 hr TD Patch 24HR	Apply 1 Patch to a clean dry area every day. *Start date:* 10/27/2018
oxyCODONE, Immediate release, (AKA ROXICODONE) 5 mg Oral Tablet	Take 1 Tab by mouth every six hours as needed for Pain. *Start date:* 10/27/2018
pantoprazole (AKA PROTONIX) 40 mg Oral Tablet, Delayed Release (E.C.)	Take 1 Tab by mouth every twelve hours. *Start date:* 10/27/2018
senna (AKA SENOKOT) 8.6 mg Oral Tablet	Take 1 Tab by mouth daily at bedtime. *Start date:* 10/27/2018

CONTINUE these medications which have CHANGED

	Details
polyethylene glycol (AKA MIRALAX) 17 gram/dose Oral Powder	Take 17 g by mouth every day. *Start date:* 10/27/2018

CONTINUE these medications which have NOT CHANGED

	Details
acetaminophen (TYLENOL) 325 mg Oral Tablet	Take 2 Tabs by mouth every four to six hours as needed for Pain or Fever.
promethazine (AKA PHENERGAN) 25 mg Oral Tablet	Take 1 Tab by mouth every six hours as needed. for nausea and vomiting
Tizanidine 4 mg Oral Capsule	Take 1 Cap by mouth twice a day.
tamsulosin (AKA FLOMAX) 0.4 mg Oral Capsule	Take 1 Cap by mouth daily at bedtime.
FLUoxetine (AKA PROZAC) 20 mg Oral Capsule	Take 1 Cap by mouth every day.
triamcinolone acetonide (AKA KENALOG) 0.1 % Top Cream	Apply 1 application to affected area three times a day as needed (rash or itch).
METHADONE HCL (METHADONE ORAL)	Take 153 mg by mouth every day. Evergreen Treatment services

Medications Discontinued:
***

Significant Test Results and Procedures:
***

Ho[illegible]ark [illegible]R # 1000772909) No. 9252 P. 16 KEIRO 2nd FLOOR CENTRAL Nov. 19. 2018 11:25AM

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Condition on discharge:
{SHM DISCHARGE CONDITION:21044}.
Last Weight: 78.6 kg (173 lb 3.2 oz). Admission Wt:78.6 kg (173 lb 3.2 oz)
Exam significant for ***

Patient Discharge Instructions:
Please refer to After Visit Summary or SNF Discharge Orders

Discharge Coordination:
Disposition: {SHM Dispo DC Plan:18910}.
Time spent on discharge coordination: *** minutes

Discharge summary was started by
Miwa Vernon, MD
Swedish Hospital Medicine
Office Phone Number: 206-215-2520

Discharge summary was completed by
Miwa Vernon, MD***
Swedish Hospital Medicine
Office Phone Number: 206-215-2520

CC:
Magnuson, Chad R, MD
Phone number 206-320-3364
Fax number 206-320-5869

Discharge Summaries signed by Sharda, Rohit, MD at 10/29/18 1117 Version 1 of 1

Author: Sharda, Rohit, MD | Service: (none) | Author Type: Physician
Filed: 10/29/18 1117 | Date of Service: 10/29/18 1117 | Status: Signed
Editor: Sharda, Rohit, MD (Physician)

First Hill - Swedish Endoscopy Center

Patient Name: Mark Allan Horn Procedure Date: 10/29/2018 10:24 AM
MRN: 1000772909 Date of Birth: 1/28/1960
Note Status: Finalized Attending MD: ROHIT SHARDA , MD

Procedure Type: Upper GI endoscopy
Indications: Suspected upper gastrointestinal bleeding
Impression:
- M-W tear with no signs of active bleeding at GE junction.
- Streaky antral erythema. Biopsies taken from antrum and body to check for H. Pylori.
- Severe, patchy duodenal bulb erosions and erythema. Biopsied.
- Distal duodenum normal.

Recommendation:
- Source of bleeding likely M-W tear.
- F/u pathology.
- Continue po PPI qam for 4 weeks.
- Advance diet as tolerated.

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

- Minimize retching.
- No NSAIDs.
- Return patient to hospital ward for ongoing care.

Findings:
A medium non-bleeding Mallory-Weiss tear with no stigmata of recent bleeding was found.
Striped moderately erythematous mucosa without bleeding was found in the gastric antrum.
Patchy severely erythematous mucosa without active bleeding and with no stigmata of bleeding was found in the duodenal bulb. Biopsies were taken with a cold forceps for histology.

Medicines: See the Anesthesia note for documentation of the administered medications
Complications: No immediate complications.
Estimated Blood Loss:
Estimated blood loss: none.
Procedure:
Pre-Anesthesia Assessment:
- Prior to the procedure, a History and Physical was performed, and patient medications, allergies and sensitivities were reviewed. The patient's tolerance of previous anesthesia was reviewed.
- The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained.
- Patient identification and proposed procedure were verified prior to the procedure by the physician. The procedure was verified in the endoscopy suite.
- Pre-procedure physical examination revealed no contraindications to sedation.
- ASA Grade Assessment: II - A patient with mild systemic disease.
- Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives.
- Sedation was administered by an anesthesia professional. Deep sedation was attained.
- Prior Anticoagulants: The patient has taken no previous anticoagulant or antiplatelet agents.
After obtaining informed consent, the endoscope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The Endoscope was introduced through the mouth, and advanced to the fourth part of duodenum. The upper GI endoscopy was accomplished without difficulty. The patient tolerated the procedure well.
Number of Addenda: 0

ROHIT SHARDA, MD
10/29/2018 11:17:00 AM
This report has been signed electronically.

No. 9252 P. 18
KEIRO 2nd FLOOR CENTRAL
Nov. 19. 2018 11:25AM

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Progress Notes

Page 1 of 4

Date: Nov 19, 2018
Time: 10:39:55 PT
User: HUTCHINSON, ALDENA

KNW Rehab
Progress Notes

Facility #

Page # 1

Resident Name: JEANNE HOFFMAN (4374) **Location:** - **Admission Date:** 10/26/2018
Medical Record #: 4374 **Gender:** F **Date of Birth:** 1/6/1925
Physician: DORNEY, MICHAEL **Pharmacy:** MERCURY PHARMACY
Allergies: Aspirin, Nitrofurantoin, Penicillins, Sulfa Antibiotics
Diagnoses: ALTERED MENTAL STATUS, UNSPECIFIED, ADULT FAILURE TO THRIVE, NEED FOR ASSISTANCE WITH PERSONAL CARE, MUSCLE WEAKNESS (GENERALIZED), DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED, SEPSIS, UNSPECIFIED ORGANISM, ANEMIA, UNSPECIFIED, ESSENTIAL (PRIMARY) HYPERTENSION, UNSPECIFIED ATRIAL FIBRILLATION, LONG TERM (CURRENT) USE OF ANTICOAGULANTS, PERIPHERAL VASCULAR DISEASE, UNSPECIFIED, TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS, ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS, ENCOUNTER FOR CHANGE OR REMOVAL OF NONSURGICAL WOUND DRESSING, THROMBOCYTOPENIA, UNSPECIFIED, CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE, STAGE UNSPECIFIED, CELLULITIS OF LEFT LOWER LIMB

Effective Date: 11/14/2018 08:32
Type: DISCHARGE SUMMARY

Correction to D/c date: 11/12/2018

Author: DORNEY, MICHAEL - MEDICAL DIRECTOR [e-SIGNED]

Late Entry
Effective Date: 11/12/2018 20:47
Type: DISCHARGE SUMMARY

Note Text: DISCHARGE SUMMARY

Date of admission: 10/26/2018
Date of discharge: 11/10/2018

DISCHARGE DIAGNOSIS:
1. LLE Cellulits
2. LLE Venous stasis ulcerations
3. Hx DVT/PE on chronic anticoagulation
4. Atrial Fibrillation
5. Homelessness
6. Epilepsy
7. CAD
8. HTN

Wound care: LLE wounds dressing change QOD

Disposition: Home with home health and family

Follow-up:
PCP: 11/21

Diet: ADA/2g Na

Activity: As tolerated / fall precautions

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Progress Notes — Page 2 of 4

Date: Nov 19, 2018
Time: 10:39:55 PT
User: HUTCHINSON, ALDENA

KNW Rehab
Progress Notes

Facility #
Page # 2

Resident Name: JEANNE HOFFMAN (4374) **Location:** - **Admission Date:** 10/26/2018

Labs/xray results, follow up: none

Medications: per discharge medication list

Risk for re-admission to hospital: Moderate
Complexity: Moderate

I personally spent over 45 minutes managing this patient's discharge. This included, but not limited to, final examination of the patient, face-to-face discharge instructions and discussion of facility stay, medication review, coordination of continuation of care, and documentation of discharge.

Michael E Dorney, MD
Internal Medicine

Author: DORNEY, MICHAEL - MEDICAL DIRECTOR [e-SIGNED]

Effective Date: 10/31/2018 14:49
Type: MD PROGRESS NOTES

Note Text: CC: Pt c/o leg cramps; f/u A1C and anemia
VS Reviewed and Stable
Subj: PT has had intractable leg pain and cramping since last night. No f/c, n/v. States this occ. Has happened in the past.

Obj: VSS, afebrile.
HEENT: ncat/non-icteric
Skin: no rash, no erythema
Wound: LLE venous stasis ulceration without change
LAN: None
Resp: cta bilat, no wheeze, crackles or rhonchi
CV: RRR, nl S1 S2, no m/r/g heard, No JVD
AB: Obese, Soft, NT, no organomegaly or mass. Normal BS's. No fluid wave
GU: NE
Ext: PT with dorsal foot edema 1+. Rigid LE's with toe pointing R. lifting leg from thigh, leg is rigid bilat.
When asked to bend knee bilat, pt can do so with minimal effort and feet suddenly relax.
Obvious venous stasis changes to LLE with venous ulceration as described. No palpable cords or asymmetric swelling. No lymphangitis or edema characteristic of cellulitis.
Neuro: Awake, Alert; Conversant and answers questions. CN 2-12 appear intact, VA not tested. Motor power 5/5 bilat LE's.
Gait/Station not tested.
Labs: none
A/P:
1. Bilat LE cramping: Likely secondary to anxiety. Will give Ativan 0.5 mg po now and observe response. Check BMP tonight to ensure K is normal.
2. Anemia: Iron Deficiency—Fe= 32 with 9% saturation. Pt now on Ferrous gluconate and Vit C. B12 wnl
3. Diabetes: BG 171 this am, with A1C 6.8%, will order diabetic diet for her and track Accu checks.
35 minutes spent on this visit with >50% in counseling pt.

Author: DORNEY, MICHAEL - MEDICAL DIRECTOR [e-SIGNED]

Effective Date: 10/26/2018 14:35
Type: MD Admission Note

https://v02 .2.pc?252&No.: 9252&P.: 20 are.com/care/reports/pn.jsp?KEIRO 2nd FLOOR CENTRAL ESOL Nov. 19. 2018 11:25AM 11/19/2018

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Progress Notes — Page 3 of 4

Date: Nov 19, 2018
Time: 10:39:55 PT
User: HUTCHINSON, ALDENA

KNW Rehab
Progress Notes

Facility #
Page # 3

Resident Name: JEANNE HOFFMAN (4374) **Location:** - **Admission Date:** 10/26/2018

Note Text: HISTORY AND PHYSICAL
Patient name: HOFFMAN, JEANNE (4374)
DOB: 1/6/1925
PCP: Dr Neighbors
DOS: 10/26/2018

CC: Altered mental status

HPI: 93 yo female admitted to Harrison Hospital on 10/19 with a change in mental status, found to have a LLE cellulitis and dehydration. She was treated with IVF and abx, and her mental status and condition improved. Her urinary tox screen was + for opioids on admission, and the patient was evidently taking Tyl # 3's. She was also found to have malnutrition and a BMI of 17.8, and started on supplements in addition to a pureed diet with thin liquids per the ST recommendation in the hospital.
She is currently living in a tent with her son.
Patient denies chest pain, shortness of breath, nausea, vomiting, diarrhea, light headedness, fever/chills, general malaise, rash.

For further details, refer to the Hospital D/C summary and H & P, Progress notes.

PAST MEDICAL HISTORY:
Type 2 DM "diet controlled"
CAD
HLD
HTN
PVD
Chronic anticoagulation
Chronic venous stasis disease LE's
LLE ulcerations
Anemia unspecified
Hx R ankle fx s/p MVA
Atrial fibrillation
DVT/PE

PAST SURGICAL HISTORY:
R ankle ORIF

SOCIAL HISTORY
Homeless, living in a "luxury" tent on Bainbridge. Has a two sons, on son is estranged (possibly has protection order on this son—stated "he's not supposed to see us for 2 years").

FAMILY HISTORY
+ for blood clotting "on my mother's side"

ALLERGIES: ASA/ PCN/ Sulfa/ Nitrofurantoin

REVIEW OF SYSTEMS: 14 point ROS performed and negative apart from that noted in HPI, A/P and PE.

PHYSICAL EXAM:
Vitals reviewed and stable
CON: NAD

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Progress Notes

Page 4 of 4

Date: Nov 19, 2018
Time: 10:39:55 PT
User: HUTCHINSON, ALDENA

KNW Rehab
Progress Notes

Facility #

Page # 4

Resident Name: JEANNE HOFFMAN (4374) **Location: -** **Admission Date:** 10/26/2018

EYES: PERRLA, EOMI, Pink Conjunctiva, anicteric sclera
NECK: Supple, No Masses, no tracheal deviation
H/ENT: NI Hearing, Ext Ears/Nose, Ext Aud Cnl clr, NI Lip/Tongue/Gums,
RESP: NI Effort, CTAB, no wheezing, no crackles
CV: S1/ S2, RRR, no murmurs, no Gallop, no Rub, No Carotid Bruits, NI DP/PT, no Edema
GI: Soft, NI BS, NT/ND, No Mass, No Herniation
GU: not assessed
M/S: strength 5/5 in all extremities, spontaneous and purposeful movements
EXTREM: no clubbing, no cyanosis, 1+ pitting edema bilat dorsal feet, with woody edema of LLE and venous stasis changes of skin LLE. Venous ulcerations LLE: Ankle 1.2 x 1.5 cm with 0.5 cm depth; L medial LE: 6.5 x 4cm with 0.2 cm depth; L shin: 0.5 cm. No erythema or exudate.
Pulses non-palpable bilat DP/PT. Feet cool with 3 s cap refill.
SKIN: no rash
NEURO: NI CN 2-12, + HOH, NI DTR bilat UE's, not cooperative with LE testing, NI Sensation . Gait/Station not tested.
PSYCH: A & O x name place only, Speech/language fluent. Mood/Affect wnl.

ASSESSMENT AND PLAN:
1. LLE cellulitis: resolved. Site of entry is venous ulcerations. Will obtain wound care consultation. Pt will need occlusive wrap of LLE. Continue Levofloxacin as prescribed but add Florastor.
2. DVT/PE: continue current warfarin with INR 2.0=3.0. Test today. Unclear if she has genetic clotting disorder, but clearly disrupted venous drainage of LLE.
3. HTN: BP currently 118/70. Continue current Carvedilol/Metoprolol and Losartan. Not clear why she is on 2 B-blockers. Can tailor this if BP is too low. Will check BID for now and adjust accordingly.
4. CAD: no complaints of angina or SOB.
5. Epilepsy: continue Dilantin and check level.
6. Code Status: DNR

Case discussed with nurse and patient
Past medical records reviewed
Medications/labs/Xrays reviewed
>50%time of 60 minute visit spent coordinating patient's rehab goals, weakness/debility, and medical issues.

Michael E Dorney, MD
Internal Medicine
Author: DORNEY, MICHAEL - MEDICAL DIRECTOR [e-SIGNED]

https://www.12.pointclickcare.com/care/reports/pn.jsp?ESOL...ESOLs...EMA... 11/19/2018

Printed on 4/30/25 9:38 AM

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11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Progress Notes

Page 1 of 1

Date: Nov 19, 2018
Time: 10:42:00 PT
User: HUTCHINSON, ALDENA

KNW Rehab
Progress Notes

Facility #

Page # 1

Resident Name: JEANNE HOFFMAN (4374) **Location:** - **Admission Date:** 10/26/2018
Medical Record #: 4374 **Gender:** F **Date of Birth:** 1/6/1925
Physician: DORNEY, MICHAEL **Pharmacy:** MERCURY PHARMACY
Allergies: Aspirin, Nitrofurantoin, Penicillins, Sulfa Antibiotics
Diagnoses: ALTERED MENTAL STATUS, UNSPECIFIED, ADULT FAILURE TO THRIVE, NEED FOR ASSISTANCE WITH PERSONAL CARE, MUSCLE WEAKNESS (GENERALIZED), DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED, SEPSIS, UNSPECIFIED ORGANISM, ANEMIA, UNSPECIFIED, ESSENTIAL (PRIMARY) HYPERTENSION, UNSPECIFIED ATRIAL FIBRILLATION, LONG TERM (CURRENT) USE OF ANTICOAGULANTS, PERIPHERAL VASCULAR DISEASE, UNSPECIFIED, TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS, ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS, ENCOUNTER FOR CHANGE OR REMOVAL OF NONSURGICAL WOUND DRESSING, THROMBOCYTOPENIA, UNSPECIFIED, CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE, STAGE UNSPECIFIED, CELLULITIS OF LEFT LOWER LIMB

Effective Date: 10/26/2018 13:33
Type: Admission Summary

Note Text: This is 93yrs old female admitted from Harrison medical center to room 219A at 1215 via AMR. Dx-Cellulitis for left lower extremity, hx of HTN, DVT, DM, Failure to thrive, A-fib, PVD. Resident alertness, able to simple task. Able to ambulated with FWW unsteady gait, need one person limited assisted or SBA. Skin check done with 2LN, noted left lower extremity cellulitis, venous ulcer -see TAR. Referral made to United wound healing team upon admission. PT/OT and ST treats and eval In Kelro. Current diet dysphasia mechanical soft with thin. Consumed 75% of meal, no swallowing deficit noted. Continence of B/B with assisted, unsteady gait with FWW. All medication verified by Dr. Dorney and faxed to pharmacy. Admit VS)lying 97/45, 63, 20, 99.f 99%o2sat/RA. sitting vs)106/51, 65, standing vs)120/57, 84 Wt 79.2lbs. Initialed 72hrs LN chart, resident in bed for nap after lunch, lower bed, call light within reach, will cont. monitor.

Author: CHEON, MIMI - Licensed Practical Nurse [e-SIGNED]

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Facility #: —
Date: Nov 19, 2018
Time: 10:56:17 PT

KNW Rehab
Weights and Vitals Summary

Facility Code: 03
User: HUTCHINSON, ALDENA

Resident: HOFFMAN, JEANNE L (4374) Vital: Blood Pressure, Pulse, Respiration, Temperature, Weight
Effective Date Range: 11/07/2018 - 11/12/2018

Date	Value	Warnings
Blood Pressure Summary		
11/12/2018 06:13	112/56 mmHg	
11/11/2018 16:05	112/64 mmHg	
11/11/2018 07:32	104/60 mmHg (Lying r/arm)	
11/10/2018 06:47	117/60 mmHg (Lying r/arm)	
11/09/2018 10:00	102/48 mmHg	
11/08/2018 07:22	113/60 mmHg (Sitting l/arm)	
11/07/2018 14:49	121/67 mmHg	
11/07/2018 07:20	110/51 mmHg (Lying r/arm)	
Pulse Summary		
11/12/2018 06:13	70 bpm (Regular)	
11/11/2018 16:05	66 bpm (Regular)	
11/11/2018 07:32	67 bpm (Regular)	
11/10/2018 06:47	76 bpm (Regular)	
11/09/2018 10:00	64 bpm (Regular)	
11/08/2018 07:22	69 bpm (Regular)	
11/07/2018 14:49	77 bpm (Regular)	
11/07/2018 07:20	60 bpm (Regular)	
Respiration Summary		
11/12/2018 06:13	18 Breaths/min	
11/11/2018 16:05	18 Breaths/min	
11/09/2018 10:00	18 Breaths/min	
Temperature Summary		
11/12/2018 06:13	98.7 °F (Tympanic)	
11/11/2018 16:05	99.8 °F (Tympanic)	
11/09/2018 10:00	99.4 °F (Tympanic)	

Only vitals with data are displayed

Page 1 of 1

Nov. 19. 2018 11:26AM KEIRO 2nd FLOOR CENTRAL No. 9252 P. 24

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Progress Notes

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Date: Nov 19, 2018
Time: 10:43:09 PT
User: HUTCHINSON, ALDENA

KNW Rehab
Progress Notes

Facility #

Page # 1

Resident Name: JEANNE HOFFMAN (4374) **Location:** - **Admission Date:** 10/26/2018
Medical Record #: 4374 **Gender:** F **Date of Birth:** 1/6/1925
Physician: DORNEY, MICHAEL **Pharmacy:** MERCURY PHARMACY
Allergies: Aspirin, Nitrofurantoin, Penicillins, Sulfa Antibiotics
Diagnoses: ALTERED MENTAL STATUS, UNSPECIFIED, ADULT FAILURE TO THRIVE, NEED FOR ASSISTANCE WITH PERSONAL CARE, MUSCLE WEAKNESS (GENERALIZED), DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED, SEPSIS, UNSPECIFIED ORGANISM, ANEMIA, UNSPECIFIED, ESSENTIAL (PRIMARY) HYPERTENSION, UNSPECIFIED ATRIAL FIBRILLATION, LONG TERM (CURRENT) USE OF ANTICOAGULANTS, PERIPHERAL VASCULAR DISEASE, UNSPECIFIED, TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS, ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS, ENCOUNTER FOR CHANGE OR REMOVAL OF NONSURGICAL WOUND DRESSING, THROMBOCYTOPENIA, UNSPECIFIED, CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE, STAGE UNSPECIFIED, CELLULITIS OF LEFT LOWER LIMB

Effective Date: 11/12/2018 21:33
Type: Orders - Administration Note

Atorvastatin Calcium Tablet 10 MG Give 1 tablet by mouth at bedtime related to ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS (I25.10) discharged.

Author: BELETE, YOSEF - LPN [e-SIGNED]

Late Entry
Effective Date: 11/12/2018 20:47
Type: DISCHARGE SUMMARY

Note Text: DISCHARGE SUMMARY

Date of admission: 10/26/2018
Date of discharge: 11/10/2018

DISCHARGE DIAGNOSIS:
1. LLE Cellulits
2. LLE Venous stasis ulcerations
3. Hx DVT/PE on chronic anticoagulation
4. Atrial Fibrillation
5. Homelessness
6. Epilepsy
7. CAD
8. HTN

Wound care: LLE wounds dressing change QOD

Disposition: Home with home health and family

Follow-up:
PCP: 11/21

Diet: ADA/2g Na

Activity: As tolerated / fall precautions

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11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Progress Notes — Page 2 of 5

Date: Nov 19, 2018
Time: 10:43:09 PT
User: HUTCHINSON, ALDENA

KNW Rehab Progress Notes

Facility #
Page # 2

Resident Name: JEANNE HOFFMAN (4374) **Location:** - **Admission Date:** 10/26/2018

Labs/xray results, follow up: none

Medications: per discharge medication list

Risk for re-admission to hospital: Moderate
Complexity: Moderate

I personally spent over 45 minutes managing this patient's discharge. This included, but not limited to, final examination of the patient, face-to-face discharge instructions and discussion of facility stay, medication review, coordination of continuation of care, and documentation of discharge.

Michael E Dorney, MD
Internal Medicine

Author: DORNEY, MICHAEL - MEDICAL DIRECTOR [e-SIGNED]

Effective Date: 11/12/2018 17:16
Type: Orders - Administration Note

Vitamin D Tablet 2000 UNIT Give 1 tablet by mouth two times a day for supplement discharged.

Author: BELETE, YOSEF - LPN [e-SIGNED]

Effective Date: 11/12/2018 17:15
Type: Orders - Administration Note

Timolol Hemihydrate Solution 0.5 % Instill 1 drop in both eyes two times a day for glaucoma discharged.

Author: BELETE, YOSEF - LPN [e-SIGNED]

Effective Date: 11/12/2018 17:14
Type: Orders - Administration Note

Florastor Capsule 250 MG Give 250 mg by mouth two times a day related to ANEMIA, UNSPECIFIED (D64.9) discharged.

Author: BELETE, YOSEF - LPN [e-SIGNED]

Effective Date: 11/12/2018 16:30
Type: Orders - Administration Note

Complete Pain Assessment in progress note every shift until pain is stable then monitor quarterly discharged.

Author: BELETE, YOSEF - LPN [e-SIGNED]

Effective Date: 11/12/2018 14:26
Type: NURSING PROGRESS NOTE

Ms. Hoffman discharged at 1145 on Nov. 12, 2018. She was with her family member. She ambulated with her walker. VS baseline. No new skin issue. all routine meds were administered. No complain of pain.

Author: SAITO, NATSUKO - Registered Nurse [e-SIGNED]

Effective Date: 11/12/2018 13:44
Type: Orders - Administration Note

Coumadin Tablet 5 MG Give 1 tablet by mouth in the afternoon related to LONG TERM (CURRENT) USE OF ANTICOAGULANTS (Z79.01) until 11/13/2018 23:59 INR=2.3 Ms. Hoffman was discharged.

https://www12.pointclickcare.com/care/reports/pn.jsp?ESOL... 11/19/2018

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Progress Notes

Date: Nov 19, 2018
Time: 10:43:09 PT
User: HUTCHINSON, ALDENA

KNW Rehab
Progress Notes

Facility #

Resident Name: JEANNE HOFFMAN (4374) **Location:** - **Admission Date:** 10/26/2018

Author: SAITO, NATSUKO - Registered Nurse [e-SIGNED]

Effective Date: 11/12/2018 11:57
Type: Discharge Planning

Note Text: Resident discharged this morning, around 11:50 AM, as anticipated. Son is escorting her home via bus and ferry. Son reports he has all the supplies and the cream for the wound change. Has meds at home, but signed d/c med list being faxed to pharmacy resident uses. Son is trying to obtain an appointment with PCP for 11/21st.

Author: LI, WENDY - Social Worker [e-SIGNED]

Effective Date: 11/11/2018 21:26
Type: Orders - Administration Note

Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 6 hours as needed for pain or fever of 101.5 or higher (NTE 3 gm/24hrs from all sources) Follow-up Pain Scale was: 0PRN Administration was: Effective

Author: BELETE, YOSEF - LPN [e-SIGNED]

Effective Date: 11/11/2018 19:12
Type: Orders - Administration Note

Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 6 hours as needed for pain or fever of 101.5 or higher (NTE 3 gm/24hrs from all sources) 650 mg of Tylenol given for left leg pain.

Author: BELETE, YOSEF - LPN [e-SIGNED]

Effective Date: 11/11/2018 07:34
Type: Orders - Administration Note

Note Text: HumaLOG Solution 100 UNIT/ML Inject as per sliding scale: if 81 - 159 = 0 units; 160 - 200 = 2 units; 201 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 11 units; 401 - 450 = 14units; 451 - 500 = 17 units, subcutaneously every morning and at bedtime related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (E11.9) If blood sugar is below 39 give glucagon 1 mg, repeat accucheck in 10min and call provider. unresponsive Call 911 if blood sugar is greater than 500,call provider. BG=154

Author: GUNJO, HEWAN M - Registered Nurse [e-SIGNED]

Effective Date: 11/10/2018 13:27
Type: Orders - Administration Note

Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 6 hours as needed for pain or fever of 101.5 or higher (NTE 3 gm/24hrs from all sources) PRN Administration was: EffectiveFollow-up Pain Scale was: 0

Author: GUNJO, HEWAN M - Registered Nurse [e-SIGNED]

Effective Date: 11/10/2018 09:16
Type: Orders - Administration Note

Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 6 hours as needed for pain or fever of 101.5 or higher (NTE 3 gm/24hrs from all sources)

Author: GUNJO, HEWAN M - Registered Nurse [e-SIGNED]

Effective Date: 11/9/2018 13:10
Type: Discharge Planning

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Progress Notes

Date: Nov 19, 2018
Time: 10:43:09 PT
User: HUTCHINSON, ALDENA

KNW Rehab
Progress Notes

Facility #

Resident Name: JEANNE HOFFMAN (4374) **Location:** - **Admission Date:** 10/26/2018

Note Text: Disposition goal is home with son which at this time is what son calls it a Hobbit House which is a tent set-up like an apartment unit. They are waiting to move into a unit in an apartment building which may be available late December 2018 or early January 2019. Given the current Medicaid payor situation where both resident's and the son's income is needed to secure the apartment when it comes available discharge may occur on 11-12-2018 when son comes to visit again. They are getting the tent ready tomorrow, which was planned even prior to Medicaid payor situation. Unfortunately, resident had only 2 days of skilled Medicare days left from her last spell of illness as she did not have the 60-day break between spell of illness. Son is able to manage the wound care for resident.

Author: LI, WENDY - Social Worker [e-SIGNED]

Effective Date: 11/8/2018 22:25
Type: NURSING PROGRESS NOTE

New order to discontinue blood sugar checks to 2 times a day from 4 times a day is noted. Resident's blood sugar was 202mg/dl. 4 units of insulin is administered.

Author: BELETE, YOSEF - LPN [e-SIGNED]

Effective Date: 11/8/2018 21:35
Type: Orders - Administration Note

Note Text: HumaLOG Solution 100 UNIT/ML Inject as per sliding scale: if 81 - 159 = 0; 160 - 200 = 2units; 201 - 250 = 4 units; 251 - 300 = 6units; 301 - 350 = 8 units; 351 - 400 = 11 units; 401 - 450 = 14 units; 451 - 500 = 17 units, subcutaneously before meals and at bedtime for DM if BS Below 39, Give glucagon 1mg, repeat accucheck 10mins, call provider if unresponsive, call 911If BS Greater than 500, call provider no coverage is needed.

Author: BELETE, YOSEF - LPN [e-SIGNED]

Effective Date: 11/8/2018 14:44
Type: INTERDISCIPLINARY NOTE

Tylenol #3 discontinued per MD recommendation for non-use.

Author: MACALE, STEPHANIE - RCM [e-SIGNED]

Effective Date: 11/8/2018 13:43
Type: Orders - Administration Note

Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 6 hours as needed for pain or fever of 101.5 or higher (NTE 3 gm/24hrs from all sources) PRN Administration was: EffectiveFollow-up Pain Scale was: 0

Author: GUNJO, HEWAN M - Registered Nurse [e-SIGNED]

Effective Date: 11/8/2018 11:17
Type: Orders - Administration Note

Note Text: HumaLOG Solution 100 UNIT/ML Inject as per sliding scale: if 81 - 159 = 0; 160 - 200 = 2units; 201 - 250 = 4 units; 251 - 300 = 6units; 301 - 350 = 8 units; 351 - 400 = 11 units; 401 - 450 = 14 units; 451 - 500 = 17 units, subcutaneously before meals and at bedtime for DM if BS Below 39, Give glucagon 1mg, repeat accucheck 10mins, call provider if unresponsive, call 911If BS Greater than 500, call provider BG=100

Author: GUNJO, HEWAN M - Registered Nurse [e-SIGNED]

Effective Date: 11/8/2018 10:02
Type: Orders - Administration Note

Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 6 hours as needed for pain or fever of 101.5 or higher (NTE 3 gm/24hrs from all sources)

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11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Progress Notes

Date: Nov 19, 2018
Time: 10:43:09 PT
User: HUTCHINSON, ALDENA

KNW Rehab
Progress Notes

Facility #

Page # 5

Resident Name: JEANNE HOFFMAN (4374) **Location:** - **Admission Date:** 10/26/2018

Author: GUNJO, HEWAN M - Registered Nurse [e-SIGNED]

Effective Date: 11/8/2018 06:58
Type: Orders - Administration Note

Note Text: HumaLOG Solution 100 UNIT/ML Inject as per sliding scale: if 81 - 159 = 0; 160 - 200 = 2units; 201 - 250 = 4 units; 251 - 300 = 6units; 301 - 350 = 8 units; 351 - 400 = 11 units; 401 - 450 = 14 units; 451 - 500 = 17 units, subcutaneously before meals and at bedtime for DM if BS Below 39, Give glucagon 1mg, repeat accucheck 10mins, call provider if unresponsive, call 911If BS Greater than 500, call provider BG=143

Author: GUNJO, HEWAN M - Registered Nurse [e-SIGNED]

Effective Date: 11/7/2018 14:50
Type: NURSING ALERT CHARTING

Note Text: RES. alert able to makes needs known, C/O of legs bilateral, given ASAP 650 MG at 11:36am, effective around 1400,well attended with PT &OT , ate each meals in the dinning room, ate 100% of breakfast, drunk 480CC&100% of lunch , drunk480cc,, to day INR=2.3,notified to DR. Dorney, received order, continue the same dose of 5 mg Coumadin, fax to pharmacy and recheck on 11/14/18, in the morning BG=118,at noon BG=114, no noted hypo/hyperglycemic, pt. on bed in this time , Cal light within reach, will continue to monitor.

Author: GUNJO, HEWAN M - Registered Nurse [e-SIGNED]

Effective Date: 11/7/2018 13:58
Type: Orders - Administration Note

Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 6 hours as needed for pain or fever of 101.5 or higher (NTE 3 gm/24hrs from all sources) PRN Administration was: EffectiveFollow-up Pain Scale was: 1

Author: GUNJO, HEWAN M - Registered Nurse [e-SIGNED]

Effective Date: 11/7/2018 11:36
Type: Orders - Administration Note

Acetaminophen Tablet 325 MG Give 2 tablet by mouth every 6 hours as needed for pain or fever of 101.5 or higher (NTE 3 gm/24hrs from all sources)

Author: GUNJO, HEWAN M - Registered Nurse [e-SIGNED]

Effective Date: 11/7/2018 11:33
Type: Orders - Administration Note

Note Text: HumaLOG Solution 100 UNIT/ML Inject as per sliding scale: if 81 - 159 = 0; 160 - 200 = 2units; 201 - 250 = 4 units; 251 - 300 = 6units; 301 - 350 = 8 units; 351 - 400 = 11 units; 401 - 450 = 14 units; 451 - 500 = 17 units, subcutaneously before meals and at bedtime for DM if BS Below 39, Give glucagon 1mg, repeat accucheck 10mins, call provider if unresponsive, call 911If BS Greater than 500, call provider BS=114

Author: GUNJO, HEWAN M - Registered Nurse [e-SIGNED]

Effective Date: 11/7/2018 07:41
Type: Orders - Administration Note

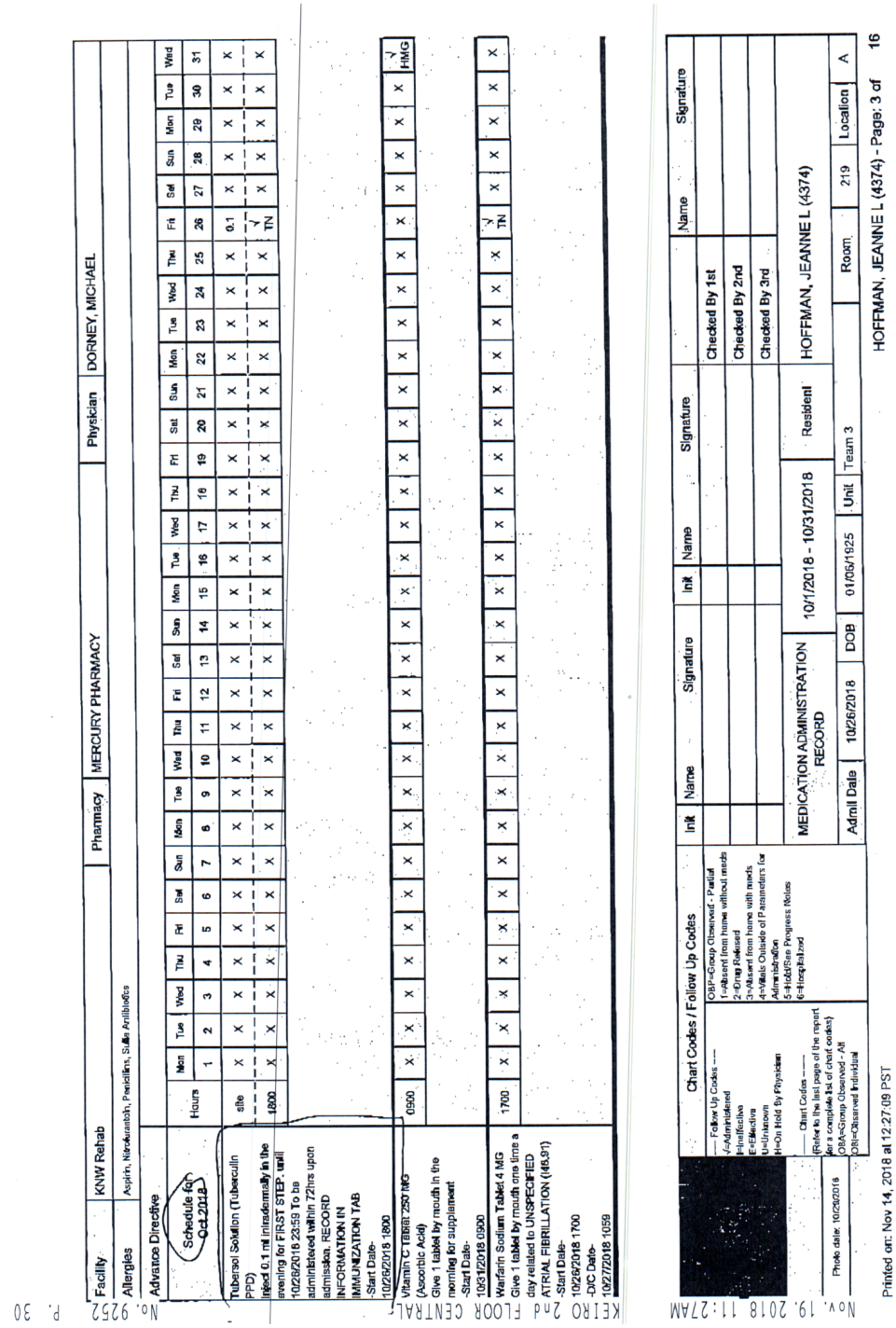
Note Text: HumaLOG Solution 100 UNIT/ML Inject as per sliding scale: if 81 - 159 = 0; 160 - 200 = 2units; 201 - 250 = 4 units; 251 - 300 = 6units; 301 - 350 = 8 units; 351 - 400 = 11 units; 401 - 450 = 14 units; 451 - 500 = 17 units, subcutaneously before meals and at bedtime for DM if BS Below 39, Give glucagon 1mg, repeat accucheck 10mins, call provider if unresponsive, call 911If BS Greater than 500, call provider BG=118

Author: GUNJO, HEWAN M - Registered Nurse [e-SIGNED]

Nov. 19. 2018 11:27AM KEIRO 2nd FLOOR CENTRAL No. 9252 P. 29

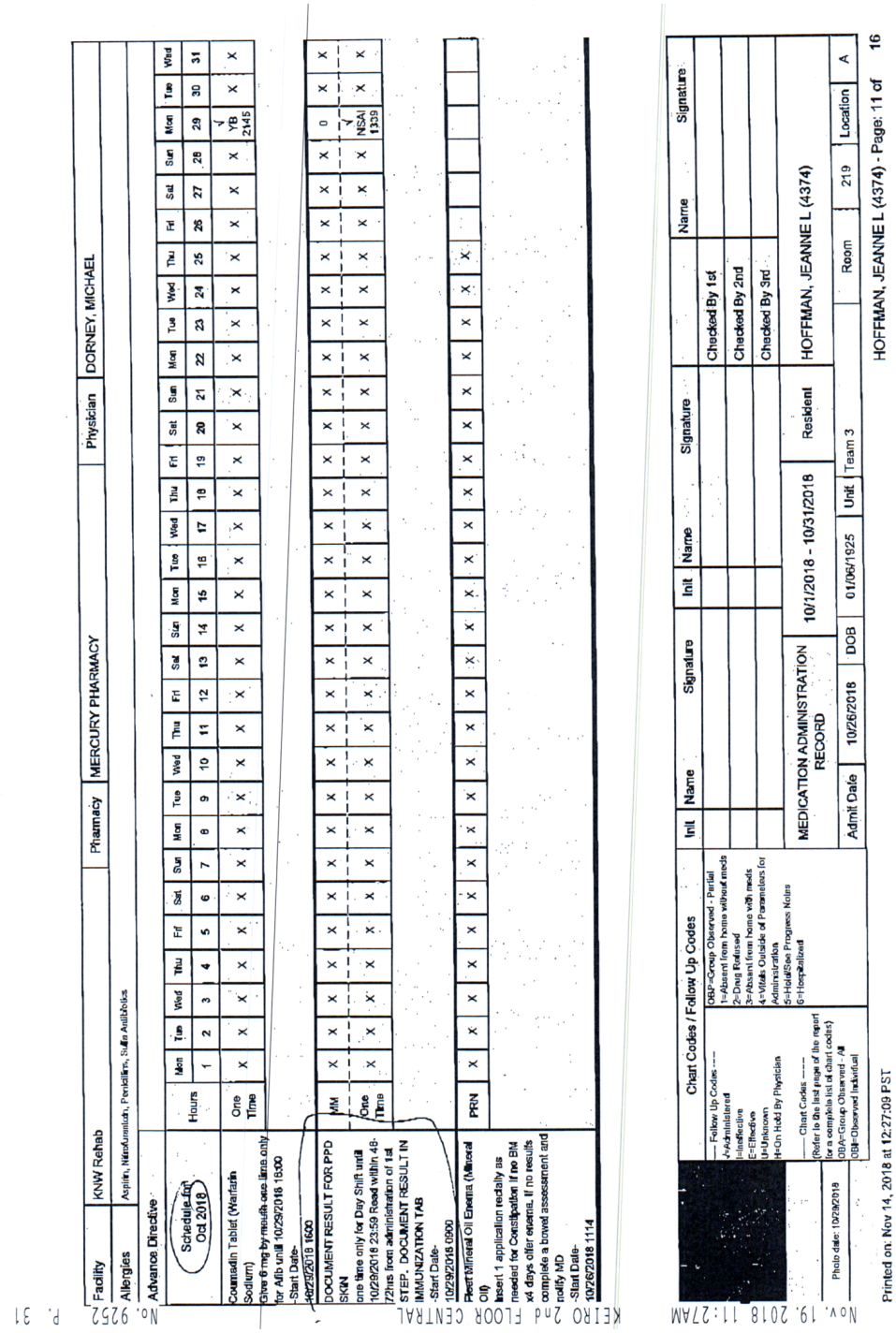
11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)



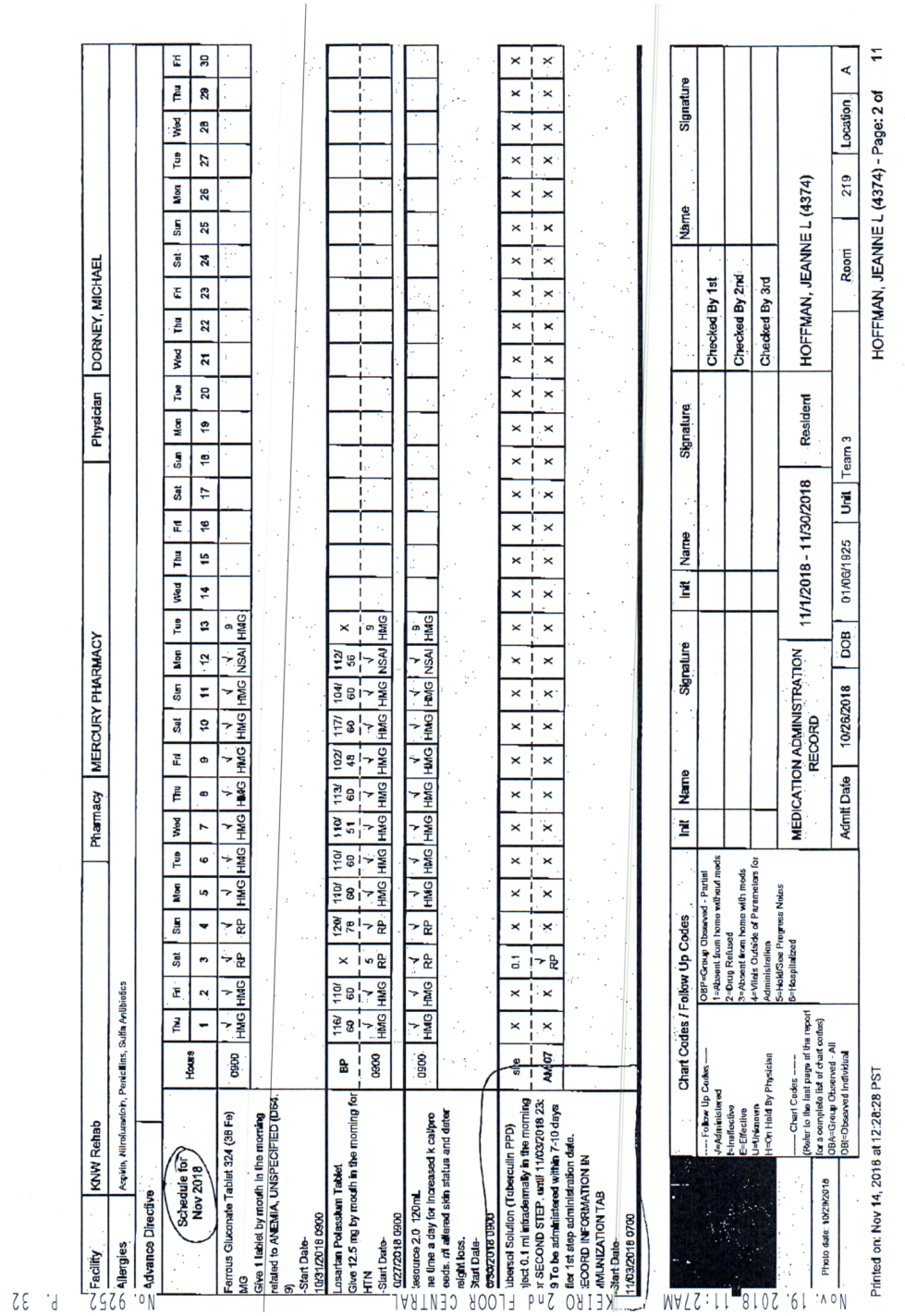
11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)



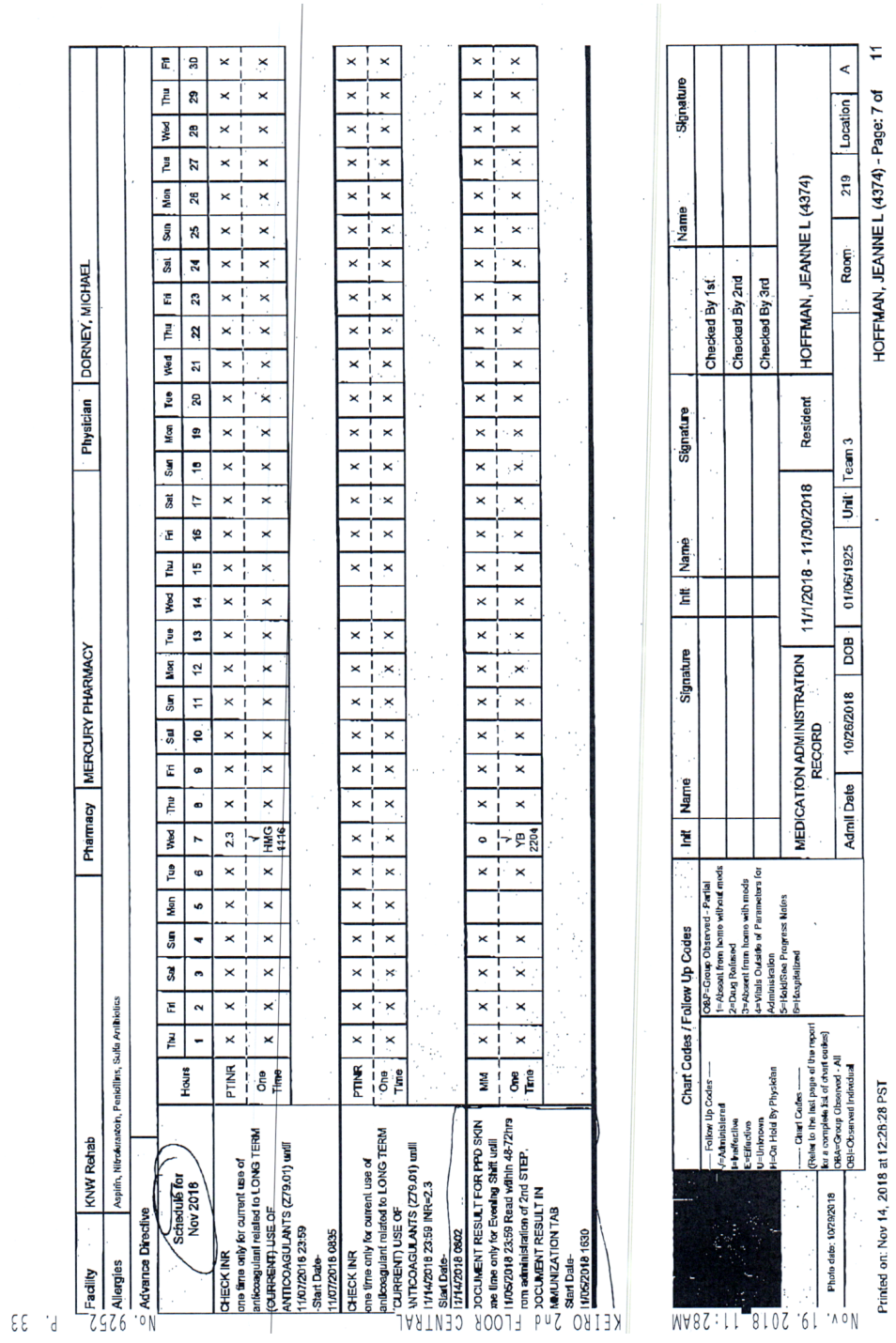
11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)



11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)



11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Physical Therapy
PT Discharge Summary

Provider: Keiro Northwest
NPI: 1356339667

Dates of Service: 10/28/2018 - 11/10/2018
Physical Therapy

Identification Information

Patient: HOFFMAN, JEANNE L **DOB:** 1/6/1925
Payer: Medicare Part B
MRN: 4374

D/C Destination: Home
D/C Reason: Patient and/or RSP Declines Further Tx

Patient was seen for 4 day(s) during the 11/5/2018 - 11/10/2018 progress period.

Skilled Service	11/05	11/06	11/07	11/10
97110 - Therapeutic exercise	31	12	20	
97116 - Gait training therap	36	18	25	
97112 - Neuromuscular reeduc		23		
97530 - Therapeutic activiti		18	15	46

Objective Progress/Functional Comparison with Goals

Short-Term Goals

STG #1.1 - Discontinue on 11/10/2018

Patient to improve 6-minute walk test distance by the minimal clinically important difference (MCID) of 164 ft to 1000 feet for improved exercise capacity and activity tolerance.

	Baseline (10/28/2018)	Previous (11/4/2018)	Discharge (11/10/2018)
6 Minute Walk test	375	760	0

Comments:

STG #2.1 - Discontinue on 11/10/2018

Patient will safely perform functional transfers with Modified Independence with No AD without physical assistance , 0% Verbal Cues , 0% Visual Cues and 0% Tactile Cues for safety awareness and push up from arms of chair with good safety awareness in order to return to prior level of functional abilities.

	Baseline (10/28/2018)	Previous (11/4/2018)	Discharge (11/10/2018)
Visual Cues	0%	Occasional	0%
Verbal Cues	Occasional	Occasional	0%
Tactile Cues	0%	Occasional	0%
Transfers	SBA - requires close sup for majority of task for safety, may include set up but no physical contact; 1 or more cues for majority of task	Supervision; performs majority of task & set up, w/therapist in room/area available for cueing as requested by patient; no physical assist required	Supervision; performs majority of task & set up, w/therapist in room/area available for cueing as requested by patient; no physical assist required
Number of Person Assist - Transfers	1-person assist	1-person assist	1-person assist
AD During Transfers	4-WW	4-WW	No AD

Comments:

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11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Physical Therapy
PT Discharge Summary

Provider: Keiro Northwest
NPI: 1356339667

Dates of Service: 10/28/2018 - 11/10/2018
Physical Therapy

Identification Information

Patient: HOFFMAN, JEANNE L **DOB:** 1/6/1925
Payer: Medicare Part B
MRN: 4374

D/C Destination: Home
D/C Reason: Patient and/or RSP Declines Further Tx

STG #3.1 - Discontinue on 11/10/2018

Patient will safely ambulate on level surfaces Unlimited Distances using 4-WW with Modified Independence 0% Verbal Cues , 0% Visual Cues and 0% Tactile Cues for safety awareness with good safety awareness and with recognition of safety hazards in order To return to prior living and supervision levels and To increase independence with all functional ambulation.

	Baseline (10/28/2018)	Previous (11/4/2018)	Discharge (11/10/2018)
AD Level Surfaces - Gait Level	Four Wheeled Walker	Four Wheeled Walker	Four Wheeled Walker
Distance Level Surfaces - Gait	350 feet	Unlimited Distances	Unlimited Distances
Verbal Cues	Occasional	5%	0%
Gait - Level	SBA - requires close sup for majority of task for safety, may include set up but no physical contact; 1 or more cues for majority of task	SBA - requires close sup for majority of task for safety, may include set up but no physical contact; 1 or more cues for majority of task	Supervision; performs majority of task & set up, w/therapist in room/area available for cueing as requested by patient; no physical assist required
Visual Cues	0%	5%	0%
Tactile Cues	0%	5%	0%
Comments:	1,000 ft.		

Long-Term Goals

LTG #1.0 - Discontinue on 11/10/2018

Patient to improve 6-minute walk test distance by the minimal clinically important difference (MCID) of 164 ft to 750 feet for improved exercise capacity and activity tolerance.

	Baseline (10/28/2018)	Previous (10/28/2018)	Discharge (11/10/2018)
6 Minute Walk test	375	760	0
Comments:			

LTG #2.0 - Discontinue on 11/10/2018

Patient will safely perform functional transfers with Modified Independence with 4-WW without physical assistance, 0% Verbal Cues, 0% Visual Cues and 0% Tactile Cues for safety awareness and push up from arms of chair with good safety awareness in order to return to prior level of functional abilities.

	Baseline (10/28/2018)	Previous (10/28/2018)	Discharge (11/10/2018)
Transfers	SBA - requires close sup for majority of task for safety, may include set up but no physical contact; 1 or more cues for majority of task	SBA - requires close sup for majority of task for safety, may include set up but no physical contact; 1 or more cues for majority of task	Supervision; performs majority of task & set up, w/therapist in room/area available for cueing as requested by patient; no physical assist required
Visual Cues	0%	0%	0%
Tactile Cues	0%	0%	0%
Verbal Cues	Occasional	Occasional	0%
AD During Transfers	4-WW	4-WW	4-WW
Number of Person Assist - Transfers	1-person assist	1-person assist	1-person assist
Comments:			

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KEIRO 2nd FLOOR CENTRAL
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11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Physical Therapy
PT Discharge Summary

Provider: Kairo Northwest
NPI: 1356339667

Dates of Service: 10/28/2018 - 11/10/2018
Physical Therapy

Identification Information

Patient: HOFFMAN, JEANNE L **DOB:** 1/6/1925
Payer: Medicare Part B
MRN: 4374

D/C Destination: Home
D/C Reason: Patient and/or RSP Declines Further Tx

LTG #3.0 - Discontinue on 11/10/2018

Patient will safely ambulate Unlimited Distances using 4-WW on level and uneven surfaces with Modified Independence with good safety awareness in order To increase independence with all functional ambulation and To increase independence within community.

	Baseline (10/28/2018)	Previous (10/28/2018)	Discharge (11/10/2018)
LOA	SBA	SBA	Supervised (A)
Distance in Feet	350 feet	350 feet	Unlimited Distances
Comments:			

Summary Since Last Progress Report

Skill Pt and Caregiver Training: Patient was seen for transfers and gait training.

Patient Response Progress & Response to Tx: Patient was progressing nicely towards all goals, and then patient decided to d/c home on 11/12.

Discharge Status and Recommendations

Location DC Location = Patient discharged to home w/support/(A) from others.

Prognosis Prognosis to Maintain CLOF = Good with strong family support

Functional Outcomes Bed Mobility = Independent - 0% Assist and no cues, supervision or AD required; Number of Person Assist - Bed Mobility = without physical assistance; Transfers = Supervision; performs majority of task & set up, w/therapist in room/area available for cueing as requested by patient; no physical assist required; Number of Person Assist - Transfers = 1-person assist; Assistive Device During Transfers = No AD; Gait - Level = Supervision; performs majority of task & set up, w/therapist in room/area available for cueing as requested by patient; no physical assist required; Distance Level Surfaces - Gait = Unlimited Distances; AD Level Surfaces - Gait Level = Four Wheeled Walker

Follow-Up Recs: None needed.

Supervision/Assist: TBD

Recommended Assistive Device = 4-WW

Exercise Program: None given since patient chose to d/c the morning of 11/12

Objective Tests / Measures

SPPB Was SPPB Administered? = No; Clinical Reason = Other (Patient chose to dc home 11/12 the morning.)

Six-Minute Walk Was Six-Minute Walk Test Administered? = No; Clinical Reason = Other (Patient chose to d/c home morning of 11/12)

Original Signature: Electronically signed by Timothy C Slinger, PT 11/12/2018 08:14:51 PM EST
Date

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11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Physical Therapy
PT Discharge Summary

Provider: Kelro Northwest
NPI: 1356339667

Dates of Service: 10/28/2018 - 11/10/2018
Physical Therapy

Identification Information

Patient: HOFFMAN, JEANNE L **DOB:** 1/6/1925
Payer: Medicare Part B
MRN: 4374

D/C Destination: Home
D/C Reason: Patient and/or RSP Declines Further Tx

Tests/Measures and Outcomes

CARE Items Mobility Assessment Score Raw(Normalized): 48.00 (89) Out Of 54 (100)
Result Interpretation: Patient Age = 93.

Basic Mobility	
Lying to Sitting on Side of Bed	Independent (6/6)
Sit to Lying	Independent (6/6)
Rolling Left & Right	Independent (6/6)
Sit to Stand	Setup/Cleanup Assistance (5/6)
Chair or Bed to Chair Transfer	Setup/Cleanup Assistance (5/6)
Toilet Transfer	Setup/Cleanup Assistance (5/6)
Locomotion | Walking	
Walking Distance (ft.)	>/= 150 feet
Walking - Level of Assistance	Setup/Cleanup Assistance (5/6)
Locomotion | Wheeling	
Wheeling Distance (ft.)	Not Applicable
Wheeling - Level of Assistance	Not Applicable
Additional Mobility	
Picking Up Objects	Not Applicable
Car Transfer	Not Applicable
Walking 50 ft. with 2 Turns	Setup/Cleanup Assistance (5/6)
Walking 10 ft. on Uneven Surfaces	Setup/Cleanup Assistance (5/6)
Taking 1 Step or Curb	Not Applicable
Taking 4 Steps with or without Rail	Not Applicable
Taking 12 Steps with or without Rail	Not Applicable

Score Raw(Normalized): 48.00 (89) Out Of 54 (100)

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11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Physical Therapy
PT Discharge Summary

Provider: Kelro Northwest
NPI: 1356339867

Dates of Service: 10/28/2018 - 11/10/2018
Physical Therapy

Identification Information

Patient: HOFFMAN, JEANNE L **DOB:** 1/6/1925
Payer: Medicare Part B
MRN: 4374

D/C Destination: Home
D/C Reason: Patient and/or RSP Declines Further Tx

Functional Limitations (G-Codes) Addendum

Site Of Service: Kelro Northwest

Patient Name	MRN	SOC	Payer Plan	Disc.	Report Range
HOFFMAN, JEANNEL	4374	10/28/2018	Medicare Part B (Noridian)	PT	10/28/2018 - 11/10/2018

Date	G-Code Status	Category	G-Code	Severity Modifier	ILR(%)	Clinical Reasoning	Provider
Outset - Evaluation - 10/28/2018						E-Signed by: Timothy Slinger on 11/07/2018	
10/28/2018	Current Status	Mobility: Walking & Moving Around	G8978	CI	1% < 20%	SPPB 1/12	Slinger, Timothy PT
10/28/2018	Projected Status	Mobility: Walking & Moving Around	G8979	CH	0% (No Restriction)		
Interval - 11/6/2018						E-Signed by: Timothy Slinger on 11/07/2018	
11/6/2018	Current Status	Mobility: Walking & Moving Around	G8978	CI	1% < 20%	R hip pain 2/10	Slinger, Timothy PT
11/6/2018	Projected Status	Mobility: Walking & Moving Around	G8979	CH	0% (No Restriction)		
End - Discharge - 11/10/2018						E-Signed by: Timothy Slinger on 11/12/2018	
11/10/2018	Current Status	Mobility: Walking & Moving Around	G8980	CI	1% < 20%	Pain 0/10	Slinger, Timothy PT
11/10/2018	Projected Status	Mobility: Walking & Moving Around	G8979	CH	0% (No Restriction)		

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No. 9252 P. 38
KELRO 2nd FLOOR CENTRAL
Nov. 19. 2018 11:28AM

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Occupational Therapy
OT Discharge Summary

Provider: Keiro Northwest
NPI: 1356339667

Dates of Service: 10/29/2018 - 11/9/2018
Occupational Therapy

Identification Information

Patient: HOFFMAN, JEANNE L **DOB:** 1/6/1925
Payer: Medicare Part B
MRN: 4374

D/C Destination: Home
D/C Reason: Discharged per Physician or Case Manager

Patient was seen for 1 day(s) during the 11/9/2018-11/9/2018 progress period.

Skilled Service	11/09
97530 - Therapeutic activitl	18

Objective Progress/Functional Comparison with Goals

Short-Term Goals

STG #1.0 - Met on 11/08/2018

Patient will safely donn/doff slacks with Modified Independence for safety awareness to facilitate increased participation with functional daily living activities.

	Baseline (10/29/2018)	Previous (11/8/2018)	Discharge (11/9/2018)
Slacks / Skirt	MinA - 25% hands on assist required	Modified Independent - 0% Assist but uses AD or requires increased time to perform majority of task; no cues or supervision needed	Met on 11/08/2018

Comments:

STG #2.0 - Met on 11/08/2018

Pt will be mod I for managing socks over distal LEs with use of AE

	Baseline (10/29/2018)	Previous (11/8/2018)	Discharge (11/9/2018)
	dependent		Met on 11/08/2018

Comments:

STG #3.0 - Met on 11/09/2018

Patient will perform functional mobility during ADLs using least restrictive AD with Modified Independence in order to be able to return to prior level of living.

	Baseline (10/29/2018)	Previous (11/8/2018)	Discharge (11/9/2018)
Functional Mobility During ADLs	CGA - hands on assist required; 1 or more cues for majority of task	Supervision: performs majority of task & set up, w/therapist in room/area available for cueing as requested by patient; no physical assist required	Modified Independent - 0% Assist but uses AD or requires increased time to perform majority of task; no cues or supervision needed

Comments:

STG #4.0 - Met on 11/09/2018

Pt will demonstrate understanding of energy conservation techniques with use of hand out.

	Baseline (10/29/2018)	Previous (11/8/2018)	Discharge (11/9/2018)
	no training at this time	fair understanding.	Pt demonstrates ability to initiate rest breaks with 4WW as needed.

Comments:

Page 1 of 4

No. 9252 P. 39 KEIRO 2nd FLOOR CENTRAL Nov. 19. 2018 11:29AM

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Occupational Therapy
OT Discharge Summary

Provider: Keiro Northwest
NPI: 1356339667

Dates of Service: 10/29/2018 - 11/9/2018
Occupational Therapy

Identification Information

Patient: HOFFMAN, JEANNE L **DOB:** 1/6/1925
Payer: Medicare Part B
MRN: 4374

D/C Destination: Home
D/C Reason: Discharged per Physician or Case Manager

STG #5.0 - Discontinue on 11/09/2018

Pt will demonstrate ability to complete safe floor transfers with mod I in order to safely return to prior environment where pt's bed was on the ground level.

	Baseline (11/8/2018)	Previous (11/8/2018)	Discharge (11/9/2018)
	not yet assessed	not yet assessed	Unable to assess prior to d/c

Comments:

Long-Term Goals

LTG #1.0 - Met on 11/09/2018

Patient will safely perform ADLs, IADLs and functional mobility during daily living tasks with Modified Independence and safe functional mobility using AE and/or AD as needed/trained.

	Baseline (10/29/2018)	Previous (10/29/2018)	Discharge (11/9/2018)
LOA	Min (A)	Min (A)	Mi

Comments:

Summary Since Last Progress Report

Skill Pt and Caregiver Training: Instructed patient and primary caregivers in use of adaptive equipment and safe transfer techniques in order to facilitate improved functional abilities with carryover demonstrated 75% of therapeutic opportunities, requiring the need for further instruction for implementation of instructions/techniques.

Patient Response Progress & Response to Tx: Patient has met LT/ST goals.

Discharge Status and Recommendations

Location DC Location = Patient discharged to home w/support/(A) from others.

Prognosis Prognosis to Maintain CLOF = Excellent

Functional Outcomes Hygiene / Grooming = Modified Independent - 0% Assist but uses AD or requires increased time to perform majority of task; no cues or supervision needed; Bathing = Modified Independent - 0% Assist but uses AD or requires increased time to perform majority of task; no cues or supervision needed; Toileting = Modified Independent - 0% Assist but uses AD or requires increased time to perform majority of task; no cues or supervision needed; UB Dressing = Modified Independent - 0% Assist but uses AD or requires increased time to perform majority of task; no cues or supervision needed; LB Dressing = Modified Independent - 0% Assist but uses AD or requires increased time to perform majority of task; no cues or supervision needed; Functional Mobility During ADLs = Modified Independent - 0% Assist but uses AD or requires increased time to perform majority of task; no cues or supervision needed; Problem Solving = Supervision

Follow-Up Recs: home health services.

Supervision/Assist: CG assist with IADLs.

Recommended Adaptive Equipment = Grab bars

Exercise Program: handouts provided and educated family/caregivers on exercise program to follow at discharge.

Objective Tests/Measures

Tests/Measures Was SLUMS Administered? = No

Clinical Reason = Other (unplanned d/c; no d/c visit completed)

Was Grip Test Administered? = No

Clinical Reason = Other (unplanned d/c; no d/c visit completed)

Was Self Efficacy with Daily Activities Admin? = No

Clinical Reason = Other (unplanned d/c; no d/c visit completed)

Page 2 of 4

Nov. 19. 2018 11:29AM KEIRO 2nd FLOOR CENTRAL No. 9252 P. 40

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Occupational Therapy
OT Discharge Summary

Provider: Kelro Northwest
NPI: 1356339667

Dates of Service: 10/29/2018 - 11/9/2018
Occupational Therapy

Identification Information

Patient: HOFFMAN, JEANNE L
Payer: Medicare Part B
MRN: 4374

DOB: 1/6/1925

D/C Destination: Home
D/C Reason: Discharged per Physician or Case Manager

Original Signature: Electronically signed by Emily J Roll, OT 11/12/2018 04:25:56 PM EST
Date

Page 3 of 4

Nov. 19. 2018 11:29AM KEIRO 2nd FLOOR CENTRAL No. 9252 P. 41

11/26/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Occupational Therapy
OT Discharge Summary

Provider: Keiro Northwest
NPI: 1356339667

Dates of Service: 10/29/2018 - 11/9/2018
Occupational Therapy

Identification Information

Patient: HOFFMAN, JEANNE L **DOB:** 1/6/1925
Payer: Medicare Part B
MRN: 4374

D/C Destination: Home
D/C Reason: Discharged per Physician or Case Manager

Tests/Measures and Outcomes

CARE Items Self-Care Assessment Score Raw(Normalized): 48.00 (100) Out Of 48 (100)
Result Interpretation: Patient Age = 93.

Self Care	
Eating	Independent (6/6)
Oral Hygiene	Independent (6/6)
Toilet Hygiene	Independent (6/6)
Dressing UB	Independent (6/6)
Dressing LB	Independent (6/6)
Washing UB	Independent (6/6)
Showering/Bathing Self	Independent (6/6)
Putting On & Removing Footwear	Independent (6/6)

Score Raw(Normalized): 48.00 (100) Out Of 48 (100)

Functional Limitations (G-Codes) Addendum

Site Of Service: Keiro Northwest

Patient Name	MRN	SOC	Payer Plan	Disc.	Report Range
HOFFMAN, JEANNEL	4374	10/29/2018	Medicare Part B (Noridian)	OT	10/29/2018 - 11/9/2018

Date	G-Code Status	Category	G-Code	Severity Modifier	ILR(%)	Clinical Reasoning	Provider
Outset - Evaluation - 10/29/2018							E-Signed by: Emily Roll on 11/08/2018
10/29/2018	Current Status	Self Care	G8987	CJ	20% < 40%	pt requires min A for self cares	Roll, Emily OT
10/29/2018	Projected Status	Self Care	G8988	CI	1% < 20%	with therapy pt has potential to progress to PLOF, mod I with self cares	

Page 4 of 4

No. 9252 P. 42 KEIRO 2nd FLOOR CENTRAL Nov. 19. 2018 11:29AM

10/29/2018 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN **Canceled**
10/29/2018 10:00 AM

Time	Provider	Department	Length
10:00 AM	Norsworthy, Nilufer Bozdemir, MD	ZZNWH WOUND CARE	15 min

Enc Form Number: 34779307

History

Rescheduled:	10/22/2018 9:27 AM	By:	Carroll, Linda, PSS/PSR	ES
Canceled:	10/29/2018 7:33 AM	By:	Kalskett, Haley Elizabeth	ES
Cancel Rsn:	Patient-Unable to keep appointment			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

10/22/2018 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN
10/22/2018 9:30 AM

Canceled

Time	Provider	Department	Length
9:30 AM	Norsworthy, Nilufer Bozdemir, MD	ZZNWH WOUND CARE	15 min

History

Made On:	10/8/2018 11:07 AM	By:	Kalskett, Haley Elizabeth	ES
Canceled:	10/22/2018 9:27 AM	By:	Carroll, Linda, PSS/PSR	ES
Cancel Rsn:	Patient-Admitted/Hospitalized (Admitted into Harrison Hospital)			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019

10/22/2018 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Stopped in Visit

None

10/19/2018 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Leg Pain
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

10/19/2018 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 10/19/2018 1728

Louis called and LM on VM. Pt has pain in her left leg. He stated she isn't eating.

I called Louis. He stated he will call 911 and get Jeanne to the ER to be evaluated. He stated he will do this right away.

Electronically signed by Pearson, Terri Jeanne, CMA at 10/19/2018 5:33 PM

10/17/2018 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Care Coordination, Lab Test, and RN45
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Collins V, Marta, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018

10/17/2018 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 9/26/2018 End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD Entered on: 9/26/2018
Start date: 9/26/2018 End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD Entered on: 9/26/2018
Start date: 9/26/2018 End date: 9/4/2019
Quantity: 45 tablet

Nitrofurantoin Monohyd Macro (MACROBID) 100 MG Oral Cap

Instructions: Take 1 capsule (100 mg) by mouth 2 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD Ordered on: 10/16/2018
Start date: 10/16/2018 End date: 10/23/2018
Quantity: 14 capsule Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Collins V, Marta, RN at 10/17/2018 1400

Assisted pt to the BR, she is a two person transfer in the bathroom due to limited mobility and WC access. Was able to get a sample but it wasn't possible to get a CC mid-stream sample due to pts immobility.
Pt came in with a walker but the trip was so exhausting she was no longer able to weight bear at the time she was to be discharged. Assisted in obtaining a cab voucher for pt and her son to get the ferry w/o taking any busses, OK'd by Dr Neighbor. We accompanied her to a taxi and assisted with the transfer to the cab.
Marta Collins RN

Electronically signed by Collins V, Marta, RN at 10/17/2018 2:41 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

10/17/2018 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 10/17/2018 2:00 PM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Marta Collins, RN on Wednesday October 17, 2018 for: Care Coordination; Lab Test; and RN45.

What's Next

Upcoming Appointments

OCT 22 2018 — Return Patient Appointment with Nilufer B Norsworthy, MD
Monday October 22 9:30 AM

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

OCT 24 2018 — Return Patient Appointment with William E Neighbor, MD
Wednesday October 24 10:40 AM (Arrive by 10:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Medications You Will Be Given

OCT 17 2018 — Acetaminophen
Next due Wednesday October 17
Expected: One time (1 dose remaining)

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

10/17/2018 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of 10/17/18 2:41 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Nitrofurantoin Monohyd Macro 100 MG Cap Commonly known as: MACROBID	Take 1 capsule (100 mg) by mouth 2 times a day for 7 days.
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
282 Knechtel Way NE BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/17/2018 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 10/17/2018 2:41 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 10/17/2018 2:00 PM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw Marta Collins, RN on Wednesday October 17, 2018 for: Care Coordination; Lab Test; and RN45.

What's Next

Upcoming Appointments

OCT 22 2018 Return Patient Appointment with Nilufer B Norsworthy, MD
Monday October 22 9:30 AM

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

OCT 24 2018 Return Patient Appointment with William E Neighbor, MD
Wednesday October 24 10:40 AM (Arrive by 10:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Medications You Will Be Given

OCT 17 2018 Acetaminophen
Next due Wednesday October 17
Expected: One time (1 dose remaining)

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

10/17/2018 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of 10/17/18 2:41 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Nitrofurantoin Monohyd Macro 100 MG Cap Commonly known as: MACROBID	Take 1 capsule (100 mg) by mouth 2 times a day for 7 days.
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
282 Knechtel Way NE BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/17/2018 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Hip Pain
Visit diagnoses:

- Pain in joint of right hip (primary)
- Bladder infection

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 10 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

10/17/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Nitrofurantoin Monohyd Macro (MACROBID) 100 MG Oral Cap

Instructions: Take 1 capsule (100 mg) by mouth 2 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2018
Start date: 10/16/2018
End date: 10/23/2018
Quantity: 14 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 10/17/2018 1200

Jeanne Leonie Hoffman is a 93 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Hip Pain

History:

Jeanne came in with her son today for lab INR and UA as ordered yesterday. She took one dose of nitrofurantoin yesterday and one this morning for urinary tract infection symptoms similar to what she experienced in 2016. Her son brought her in for UA without scheduled visit.

While sitting in chair in waiting room, Jeanne developed right thigh and hip pain was was excruciating. She had had no fall.

Soc hx:
She and her son are still living in a tent on Bainbridge.

Review of Systems:
No fever, chills, sweats. No nausea or vomiting.

Medications
No outpatient prescriptions have been marked as taking for the 10/17/18 encounter (Office Visit) with Neighbor Jr., William E, MD.

Current Facility-Administered Medications for the 10/17/18 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Dose
• acetaminophen 325 mg tablet	650 mg	Oral	Once	Neighbor Jr., William E, MD		

Objective:
There were no vitals taken for this visit.
Estimated body mass index is 20.49 kg/m² as calculated from the following:
Height as of 6/19/18: 5' 2" (1.575 m).
Weight as of 10/8/18: 50.8 kg (112 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter:
General: Distress due to right hip and thigh pain
Exam showed spasm of the anterolateral thigh muscles that was eventually relieve by warm compresses and acetaminophen.
After relieve of pain she was able to ambulate as normal for her with walker. Int and ext rotation of hip without pain.

Lab and other tests: INR pending. Blood was drawn before I saw her.

Orders Only on 10/17/18
1. Urinalysis with Reflex Culture

Result	Value	Ref Range
Color, URN	Yellow	
Clarity, URN	Cloudy	
Specific Gravity, URN	1.013	1.002 - 1.027 g/mL
pH, URN	5.5	5.0 - 8.0
Protein (Alb Semiquant), URN	100 (2+) (A)	NRN mg/dL
Glucose Qual, URN	Negative	NRN mg/dL
Ketones, URN	15 (1+) (A)	NRN mg/dL
Bilirubin (Qual), URN	Positive (A)	NRN
Occult Blood, URN	Negative	NRN
Nitrite, URN	Negative	NRN
Leukocyte Esterase, URN	Positive (A)	NRN
Urobilinogen, URN	0.1-1.9	URONML [Ehrlich'U]
Comments for Macroscopic, URN	None	
Collection Method	Urine	
WBC, URN	>1000(4+) (A)	Z5NEG /[HPF]
RBC, URN	0-2(NEG)	Z2NEG /[HPF]
Bacteria, URN	Present (A)	NOSEEN
Epith Cells_Squamous, URN	>5(PRESENT) (A)	LT6 /[LPF]
Epith Cells_Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]
Comments For Microscopic, URN	None	NONE

10/17/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Mucus, URN	Present (A)	NOSEEN /[LPF]
1st Extra Urine Gray Top	Additional collection tube	

Culture pending.

Assessment and Plan:
(M25.551) Pain of right hip joint (primary encounter diagnosis)
Due to acute spasm without hx to suggest fracture and with return to normal ambulation.
Expect continued resolution. She did have a similar episode one to two years ago for which she was seen here.

(N30.00) Acute cystitis without hematuria
UA cw acute UTI. Culture pending. She has taken two doses of nitrofurantoin prior to the UA today and culture. Her son understands that should she worsen she is to go to local ER. Goal is to assure no resistant organism given recent hospital stays though the last was one month ago for wound care.

Other: Continues follow up at NW wound care for left lower leg ulcers.
Placement continues to be an issue as she refuses to live anywhere without her son.
INR pending.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 10/17/2018 4:31 PM

Medication Administrations

acetaminophen 325 mg tablet [86256004]

Ordering Provider: Neighbor Jr., William E, MD
Ordered On: 10/17/18 1259
Ordered Dose (Remaining/Total): 650 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 10/17/18 1300 - 10/17/18 1245
Route: Oral
Ordered Rate/Order Duration: — / —

Question	Answer	Comment
Who is administering this medication?:	MA/RN	—

Timestamps	Action	Dose	Route	Other Information
Due 10/17/18 1300 Scheduled: 10/17/18 1259	Due	—	—	—
Performed 10/17/18 1245 Documented: 10/17/18 1631	Given	650 mg	Oral	Performed by: Neighbor Jr., William E, MD

Other Orders

Medications

acetaminophen 325 mg tablet (Completed)

10/17/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Electronically signed by: **Neighbor Jr., William E, MD on 10/17/18 1259** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/17/18 1259 Ordering provider: Neighbor Jr., William E, MD
Authorized by: Neighbor Jr., William E, MD Ordering mode: Standard
Frequency: Once 10/17/18 1300 - 1 occurrence Class: On Site
Diagnoses
Pain of right hip joint [M25.551]

Questionnaire

Question	Answer
Who is administering this medication?	MA/RN

Indications

Pain of right hip joint [M25.551 (ICD-10-CM)]

Flowsheets

Vitals Data

Row Name	10/17/18 1245
Pain Level	TEN/TEN
Location of pain	Leg

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

10/17/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 10/17/2018 12:00 PM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday October 17, 2018. The following issues were addressed: Pain of right hip joint and Acute cystitis without hematuria.

Medications Given

Acetaminophen last given at 12:45 PM for Pain of right hip joint

What's Next

OCT 22 2018
Return Patient Appointment with Nilufer B Norsworthy, MD
Monday October 22 9:30 AM

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

OCT 24 2018
Return Patient Appointment with William E Neighbor, MD
Wednesday October 24 10:40 AM (Arrive by 10:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

10/17/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of 10/17/18 4:31 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Nitrofurantoin Monohyd Macro 100 MG Cap Commonly known as: MACROBID	Take 1 capsule (100 mg) by mouth 2 times a day for 7 days.
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
282 Knechtel Way NE BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/17/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 10/17/2018 4:31 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 10/17/2018 12:00 PM Hall Health Primary Care Center 206-685-1011

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Seattle WA 98195-4410
206-685-1011

eCare Sign-Up

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Jeanne L. Hoffman (MRN: U8170135) • Printed at 10/17/18 4:31 PM Page 1 of 2 Epic

10/17/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of 10/17/18 4:31 PM

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Address	Phone	E-mail Address
282 Knechtel Way NE BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/17/2018 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- Dysuria
- Long term current use of anticoagulant therapy
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

10/17/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/22/2019
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONCE DIALY FOR ARTHRITIC PAIN AS NEEDED.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/29/2018
Start date: 11/29/2018
End date: 5/20/2019
Quantity: 60 tablet
Refill: 1 refill remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 10/17/2018 1216

INR in range.
UA cw UTI. Culture pending. Patient is on macrobid to which bacteria in 2016 was sensitive at the time of her last UTI.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 10/18/2018 3:19 PM

Labs

Urinalysis with Reflex Culture (Edited Result - FINAL)

Electronically signed by: **Neighbor Jr., William E, MD on 10/16/18 1532**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/16/18 1532
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/16/18 -
Class: Normal
Quantity: 1
Lab status: Edited Result - FINAL
Instance released by: Puloka, Margaret E, Technologist 10/17/2018 12:16 PM
Diagnoses
Dysuria [R30.0]

Specimen Information

ID	Type	Source	Collected By
W21563	Urine	—	10/17/18 1216

Urinalysis with Reflex Culture (Abnormal)

Resulted: 10/17/18 1542, Result status: Edited Result - FINAL

Order status: Completed
Filed by: Uw Lab Results Interface, User 10/17/18 2032

10/17/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Collected by: 10/17/18 1216
Resulting lab: UW MEDICINE HALL HEALTH LAB
Acknowledged by
Neighbor Jr., William E, MD on 10/18/18 1519
Kerby, Kalena L, CMA on 10/18/18 1723
Mohova, Elena, CMA on 10/30/18 1648

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	HALLH
Clarity, URN	Cloudy	—	—	HALLH
Specific Gravity, URN	1.013	1.002 - 1.027 g/mL	—	HALLH
pH, URN	5.5	5.0 - 8.0	—	HALLH
Protein (Alb Semiquant), URN	100 (2+)	NRN mg/dL	A !	HALLH
Glucose Qual, URN	Negative	NRN mg/dL	—	HALLH
Ketones, URN	15 (1+)	NRN mg/dL	A !	HALLH
Bilirubin (Qual), URN	Positive	NRN	A !	HALLH
Occult Blood, URN	Negative	NRN	—	HALLH
Nitrite, URN	Negative	NRN	—	HALLH
Leukocyte Esterase, URN	Positive	NRN	A !	HALLH
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}	—	HALLH
Comments for Macroscopic, URN	None	—	—	HALLH
Collection Method	Urine	—	—	HALLH
WBC, URN	>1000(4+)	Z5NEG /[HPF]	A !	HALLH
RBC, URN	0-2(NEG)	Z2NEG /[HPF]	—	HALLH
Bacteria, URN	Present	NOSEEN	A !	HALLH
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /[LPF]	A !	HALLH
Epith Cells Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	HALLH
Comments For Microscopic, URN	None	NONE	—	HALLH
Mucus, URN	Present	NOSEEN /[LPF]	A !	HALLH
1st Extra Urine Gray Top	Additional collection tube	—	—	HALLH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
34 - HALLH	UW MEDICINE HALL HEALTH LAB	Chou, David, MD	4000 STEVENS WAY #354410 RM 112 SEATTLE WA 98116-3406	06/12/15 1021 - 02/12/20 1533

Indications

Dysuria [R30.0 (ICD-10-CM)]

Result Notes

Older Notes

Notes recorded by Neighbor Jr., William E, MD on 10/22/2018 at 11:51 AM PDT
Urine culture grew E coli sensitive to nitrofurantoin which she was treated with.
William E Neighbor, MD

Notes recorded by Neighbor Jr., William E, MD on 10/18/2018 at 3:19 PM PDT
INR in range.

10/17/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

UA cw UTI. Culture pending. Patient is on macrobid to which bacteria in 2016 was sensitive at the time of her last UTI.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 10/22/2018 11:51
Neighbor Jr., William E, MD on 10/19/2018 17:39
Neighbor Jr., William E, MD on 10/18/2018 15:19
Neighbor Jr., William E, MD on 10/17/2018 16:38

REFLEX CULTURE FOR UA (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 10/17/18 1216** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 10/17/18 1216 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/17/18 1216 - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W21563	Urine	—	10/17/18 1216

REFLEX CULTURE FOR UA Resulted: 10/17/18 2031, Result status: Final result

Order status: Completed
Collected by: 10/17/18 1216
Acknowledged by
Neighbor Jr., William E, MD on 10/18/18 1519
Kerby, Kalena L, CMA on 10/18/18 1723
Mohova, Elena, CMA on 10/30/18 1648

Filed by: Uw Lab Results Interface, User 10/17/18 2032
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Reflex Culture for UA	Order Processed	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Result Notes

Older Notes

Notes recorded by Neighbor Jr., William E, MD on 10/18/2018 at 3:19 PM PDT
INR in range.
UA cw UTI. Culture pending. Patient is on macrobid to which bacteria in 2016 was sensitive at the time of her last UTI.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 10/22/2018 11:51
Neighbor Jr., William E, MD on 10/19/2018 17:39
Neighbor Jr., William E, MD on 10/18/2018 15:19

10/17/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/28/18 1046** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/28/18 1046 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/28/18 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Puloka, Margaret E, Technologist 10/17/2018 12:20 PM
Diagnoses
Long term current use of anticoagulant therapy [Z79.01]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality [I82.509]

Specimen Information

ID	Type	Source	Collected By
W21596	Plasma	—	3355 10/17/18 1219

PROTHROMBIN TIME (Abnormal) Resulted: 10/17/18 2023, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 10/17/18 2023
Collected by: 3355 10/17/18 1219 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 10/18/18 1519
Kerby, Kalena L, CMA on 10/18/18 1723
Mohova, Elena, CMA on 10/30/18 1648

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	22.7	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.0	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

Older Notes

Notes recorded by Neighbor Jr., William E, MD on 10/18/2018 at 3:19 PM PDT
INR in range.
UA cw UTI. Culture pending. Patient is on macrobid to which bacteria in 2016 was sensitive at the time of her last UTI.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 10/22/2018 11:51
Neighbor Jr., William E, MD on 10/19/2018 17:39
Neighbor Jr., William E, MD on 10/18/2018 15:19

URINE C/S (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 10/17/18 2027** Status: **Completed**

10/17/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Ordering user: Uw Lab Results Interface, User 10/17/18 2027
Ordering mode: Standard
Frequency: Routine 10/17/18 2027 -
Lab status: Final result
Authorized by: Neighbor Jr., William E, MD
Quantity: 1

Specimen Information

ID	Type	Source	Collected By
W25802	Urine	—	10/17/18 2027

Comment: Gray top tube

URINE C/S

Resulted: 10/20/18 0935, Result status: Final result

Order status: Completed
Collected by: 10/17/18 2027
Acknowledged by
Neighbor Jr., William E, MD on 10/22/18 1151
Mohova, Elena, CMA on 10/30/18 1648
Filed by: Uw Lab Results Interface, User 10/20/18 0935
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	UWMC
Culture Result: 30000 Col/mL Escherichia coli	--	—	—	UWMC
Culture Result: 50000 Col/mL Mixed flora (>= 3 colony types)	--	—	—	UWMC
Culture	Providers, see link for important guidelines regarding the interpretation of susceptibility reports: http://tests.labmed.washington.edu/abx	—	—	UWMC

Sensitivities

Organism	Antibiotic	Sensitivity	Method
Escherichia coli	Ampicillin	>16 Resistant	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ampicillin/sulbactam	16 Intermediate.	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Aztreonam	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefazolin	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefepime	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefotetan	<=16 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftazidime	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftriaxone	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ciprofloxacin	<=0.06 Susceptible	MICROTITER MIC

10/17/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

			(MCG/ML)-SELECT
Escherichia coli	Doxycycline	8 Intermediate.	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ertapenem	<=0.12 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Gentamicin	>8 Resistant	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Levofloxacin	<=0.5 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Meropenem	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Moxifloxacin	<=0.25 -	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Nitrofurantoin	<=32 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Piperacillin/tazobactam	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Tobramycin	<=4 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Trimeth_Sulfamethoxazole	>4 Resistant	MICROTITER MIC (MCG/ML)-SELECT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Result Notes

Older Notes

Notes recorded by Neighbor Jr., William E, MD on 10/18/2018 at 3:19 PM PDT
INR in range.
UA cw UTI. Culture pending. Patient is on macrobid to which bacteria in 2016 was sensitive at the time of her last UTI.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 10/22/2018 11:51
Neighbor Jr., William E, MD on 10/19/2018 17:39
Neighbor Jr., William E, MD on 10/18/2018 15:19

10/16/2018 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Urine Problem
Visit diagnosis: Dysuria

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

10/16/2018 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Nitrofurantoin Monohyd Macro (MACROBID) 100 MG Oral Cap

Instructions: Take 1 capsule (100 mg) by mouth 2 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2018
Start date: 10/16/2018
End date: 10/23/2018
Quantity: 14 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena, CMA at 10/16/2018 1511

Pt's son call today in behalf of Jeanne stating that she got a bladder infection. He said that they are planning to come to Hall Health tomorrow (Wed, 10/17) morning to get a urinalysis lab test for Jeanne. He also asked for the medication for bladder infection (the one that she usually takes for this) to be sent to Safeway pharmacy at Bainbridge Island. Please advise if pt needs to see you before getting her lab test.

Electronically signed by Mohova, Elena, CMA at 10/16/2018 3:21 PM

Neighbor Jr., William E, MD at 10/16/2018 1538

Called her son.
She has had mild symptoms without fever or chills.
Sent prescription for nitrofurantoin to which she responded in Aug 2016.
If they do come in, I have ordered a UA with reflex culture.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 10/16/2018 3:39 PM

Labs

Urinalysis with Reflex Culture (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 10/16/18 1532**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 10/16/18 1532
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard

10/16/2018 - Telephone in Husky Health Primary Care Clinic (continued)

Labs (continued)

Frequency: Routine 10/16/18 -
Quantity: 1
Diagnoses
Dysuria [R30.0]

Class: Normal

Indications

Dysuria [R30.0 (ICD-10-CM)]

Urinalysis with Reflex Culture (Abnormal)

Resulted: 10/17/18 1542, Result status: Edited Result - FINAL

Order status: Completed
Collected by: 10/17/18 1216
Acknowledged by
Neighbor Jr., William E, MD on 10/18/18 1519
Kerby, Kalena L, CMA on 10/18/18 1723
Mohova, Elena, CMA on 10/30/18 1648

Filed by: Uw Lab Results Interface, User 10/17/18 2032
Resulting lab: UW MEDICINE HALL HEALTH LAB

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	HALLH
Clarity, URN	Cloudy	—	—	HALLH
Specific Gravity, URN	1.013	1.002 - 1.027 g/mL	—	HALLH
pH, URN	5.5	5.0 - 8.0	—	HALLH
Protein (Alb Semiquant), URN	100 (2+)	NRN mg/dL	A !	HALLH
Glucose Qual, URN	Negative	NRN mg/dL	—	HALLH
Ketones, URN	15 (1+)	NRN mg/dL	A !	HALLH
Bilirubin (Qual), URN	Positive	NRN	A !	HALLH
Occult Blood, URN	Negative	NRN	—	HALLH
Nitrite, URN	Negative	NRN	—	HALLH
Leukocyte Esterase, URN	Positive	NRN	A !	HALLH
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}	—	HALLH
Comments for Macroscopic, URN	None	—	—	HALLH
Collection Method	Urine	—	—	HALLH
WBC, URN	>1000(4+)	Z5NEG /[HPF]	A !	HALLH
RBC, URN	0-2(NEG)	Z2NEG /[HPF]	—	HALLH
Bacteria, URN	Present	NOSEEN	A !	HALLH
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /[LPF]	A !	HALLH
Epith Cells Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	HALLH
Comments For Microscopic, URN	None	NONE	—	HALLH
Mucus, URN	Present	NOSEEN /[LPF]	A !	HALLH
1st Extra Urine Gray Top	Additional collection tube	—	—	HALLH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
34 - HALLH	UW MEDICINE HALL HEALTH LAB	Chou, David, MD	4000 STEVENS WAY #354410 RM 112 SEATTLE WA 98116-3406	06/12/15 1021 - 02/12/20 1533

Indications

Dysuria [R30.0 (ICD-10-CM)]

10/16/2018 - Telephone in Husky Health Primary Care Clinic (continued)

Labs (continued)

Result Notes

Older Notes

Notes recorded by Neighbor Jr., William E, MD on 10/22/2018 at 11:51 AM PDT
Urine culture grew E coli sensitive to nitrofurantoin which she was treated with.
William E Neighbor, MD

Notes recorded by Neighbor Jr., William E, MD on 10/18/2018 at 3:19 PM PDT
INR in range.
UA cw UTI. Culture pending. Patient is on macrobid to which bacteria in 2016 was sensitive at the time of her last UTI.

William E Neighbor, MD

Other Orders

Medications

Nitrofurantoin Monohyd Macro (MACROBID) 100 MG Oral Cap (Expired)

Electronically signed by: **Neighbor Jr., William E, MD on 10/16/18 1532** Status: **Expired**
Ordering user: Neighbor Jr., William E, MD 10/16/18 1532 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine BID 10/16/18 - 7 days Class: E-RX
Diagnoses
Dysuria [R30.0]

Indications

Dysuria [R30.0 (ICD-10-CM)]

Messages

prescription for bladder infection

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	10/16/2018 3:34 PM

Last Read in MyChart
Not Read

Jeanne:
I understand you are having some burning with urination or other changes indicating a bladder infection. You last were treated in Aug 2016 at which time the culture showed that all antibiotics would work. You were treated with nitrofurantoin (Macrobid) twice daily for 5-7 days. I wrote the same prescription today and sent it to your Safeway pharmacy.

You can come in tomorrow for a urinalysis, but as long as you are not having fever or chills and otherwise feeling well, I do not think that is essential. However, if you choose to come in I have ordered a urine test with culture.

William E Neighbor, MD

10/16/2018 - Telephone in Husky Health Primary Care Clinic (continued)

Messages (continued)

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Wound Care
Visit diagnoses:

- Non-pressure chronic ulcer of left ankle with fat layer exposed (primary)
- Non-pressure chronic ulcer of left calf with fat layer exposed
- Chronic venous hypertension with ulcer and inflammation, left
- Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Norsworthy, Nilufer Bozdemir, MD	Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 2 weeks (around 10/22/2018) for routine follow-up.

Level of Service

Level of Service
PROCEDURE VISIT ONLY NO LOS

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Stopped in Visit

None

Clinical Notes

Progress Notes

McKisson, Kimberly A, RN at 10/8/2018 1015

Wounds are stable today. There is some new skin formed. Dressings were soaked today. Increase dressing changes to 3 times per week. Slough was debrided today.

Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

Cleanse wounds with water and pat dry
Apply Silver Alginate, ABD Pad, Wrap gauze,
And tape to secure
Change dressing 3 x per week
Apply Zinc Oxide to excoriated skin
Tubi-Grip Daily

Elevate leg as much as possible

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Try to eat high calorie, high protein food sources
Supplementation with Boost between meals
Please don't use pools and/or public water facilities
Showers are fine

Electronically signed by McKisson, Kimberly A, RN at 10/10/2018 7:48 AM

Norsworthy, Nilufer Bozdemir, MD at 10/8/2018 1015

PROGRESS NOTE
10/8/2018

ID/CC:
Jeanne Leonie Hoffman is a 93 year old female with a multiple left lower leg ulcers with mixed vascular disease is seen today for Wound Care

INTERVAL HISTORY: ulcers have actually much improved. There is large drainage as she is on her feet long hours. There is no sign of infection. Calf ulcer has heavy bioburden and sharp edges.
She has pain with ulcers but this does not seem to be effecting her day time activities or her sleep. She was on her feet helped carrying cut wood during weekend.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever, . Does have, limb pain

Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Prescriptions:
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab, one po once daily for arthritic pain as needed (Patient taking differently: 1 tablet every 4 hours as needed for pain. one po once daily for arthritic pain as needed), Disp: 60 tablet, Rfl: 2
• Atorvastatin Calcium 20 MG Oral Tab, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
• Losartan Potassium 25 MG Oral Tab, TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY, Disp: 45 tablet, Rfl: 2
• Pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 270 tablet, Rfl: 3
• Timolol Maleate 0.5 % Ophthalmic Solution, INSTILL ONE DROP IN EACH EYE TWICE DAILY., Disp: 5 mL, Rfl: 0

- Warfarin Sodium 4 MG Oral Tab, Take 1 tablet (4 mg) by mouth daily., Disp: , Rfl:

EXAM:
Vital Signs: BP 100/60 | Pulse 72 | Temp 98.3 °F (36.8 °C) (Oral) | Resp 16 | Wt 112 lb (50.8 kg) | BMI 20.49 kg/m²
Body mass index is 20.49 kg/m².

Edema:
Left Lower:

Right Lower:

Vascular:
Left Lower:

Right Lower:

Wound Data:

Wound 05/17/17 #6 Left Lateral Calf F/T W/O (Active)

Date First Assessed/Time First Assessed: 05/17/17 1410 Date Acquired: 03/01/17 Wound Number: #6 Left Lateral Calf F/T W/O Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: V...
Number of days: 509

Wound 05/17/17 #7 Left Med Mall F/T W/O (Active)

Date First Assessed/Time First Assessed: 05/17/17 1410 Date Acquired: 03/01/17 Wound Number: #7 Left Med Mall F/T W/O Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venou...
Number of days: 509

Wound 05/17/17 #5 Left Post Calf F/T W/O (Active)

Date First Assessed/Time First Assessed: 05/17/17 1410 Date Acquired: 03/01/17 Wound Number: #5 Left Post Calf F/T W/O Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Veno...
Number of days: 509

Wound 05/17/17 #6 Left Lateral Calf F/T W/O (Active)

Thickness	Full thickness without exposed support structure	10/8/2018 10:20 AM
Wound Length (cm)	0.7 cm	10/8/2018 10:20 AM
Wound Width (cm)	0.3 cm	10/8/2018 10:20 AM
Wound Depth (cm)	0.2 cm	10/8/2018 10:20 AM
Wound Volume (cm^3)	0.04 cm^3	10/8/2018 10:20 AM
Wound Healing %	98 cm	10/8/2018 10:20 AM
Wound Surface Area (cm^2)	0.21 cm^2	10/8/2018 10:20 AM
Exudate Amt	Moderate	10/8/2018 10:20 AM
Exudate Type	Yellow;Tan	10/8/2018 10:20 AM
Foul Odor After Cleansing	No	10/8/2018 10:20 AM
Granulation Amt	Small - 1-33%	10/8/2018 10:20 AM
Necrosis	None Present	10/8/2018 10:20 AM
Slough	Small - 1-33%	10/8/2018 10:20 AM

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Structure Exposed	Adipose	10/8/2018 10:20 AM
Margin	Distinct, Outline Attached	10/8/2018 10:20 AM
Peri-wound Assessment	Intact	10/8/2018 10:20 AM
Temperature	No Abnormality	10/8/2018 10:20 AM

Number of days: 509

Wound 05/17/17 #7 Left Med Mall F/T W/O (Active)

Thickness	Full thickness without exposed support structure	10/8/2018 10:20 AM
Wound Length (cm)	2 cm	10/8/2018 10:20 AM
Wound Width (cm)	0.7 cm	10/8/2018 10:20 AM
Wound Depth (cm)	0.1 cm	10/8/2018 10:20 AM
Wound Volume (cm^3)	0.14 cm^3	10/8/2018 10:20 AM
Wound Healing %	89 cm	10/8/2018 10:20 AM
Wound Surface Area (cm^2)	1.4 cm^2	10/8/2018 10:20 AM
Exudate Amt	Moderate	10/8/2018 10:20 AM
Exudate Type	Serosanguineous	10/8/2018 10:20 AM
Foul Odor After Cleansing	Yes	10/8/2018 10:20 AM
Granulation Amt	Small - 1-33%	10/8/2018 10:20 AM
Necrosis	Small - 1-33%	10/8/2018 10:20 AM
Slough	Large - 67-100%	10/8/2018 10:20 AM
Structure Exposed	Adipose	10/8/2018 10:20 AM
Margin	Distinct, Outline Attached	10/8/2018 10:20 AM
Peri-wound Assessment	Intact;Maceration;Denuded	10/8/2018 10:20 AM
Temperature	No Abnormality	10/8/2018 10:20 AM

Number of days: 509

Wound 05/17/17 #5 Left Post Calf F/T W/O (Active)

Thickness	Full thickness without exposed support structure	10/8/2018 10:20 AM
Wound Length (cm)	5.9 cm	10/8/2018 10:20 AM
Wound Width (cm)	3 cm	10/8/2018 10:20 AM
Wound Depth (cm)	0.1 cm	10/8/2018 10:20 AM
Wound Volume (cm^3)	1.77 cm^3	10/8/2018 10:20 AM
Wound Healing %	15 cm	10/8/2018 10:20 AM
Wound Surface Area (cm^2)	17.7 cm^2	10/8/2018 10:20 AM
Exudate Amt	Large	10/8/2018 10:20 AM
Exudate Type	Serosanguineous	10/8/2018 10:20 AM
Foul Odor After Cleansing	Yes	10/8/2018 10:20 AM
Granulation Amt	None Present	10/8/2018 10:20 AM
Necrosis	Small - 1-33%	10/8/2018 10:20 AM
Slough	Large - 67-100%	10/8/2018 10:20 AM
Structure Exposed	Adipose	10/8/2018 10:20 AM
Margin	Distinct, Outline Attached	10/8/2018 10:20 AM
Peri-wound Assessment	Intact;Maceration;Denuded	10/8/2018 10:20 AM
Temperature	No Abnormality	10/8/2018 10:20 AM

Number of days: 509

Burn Data:

Ulcer Data:

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	
12/12/2012	6.0	4.0 - 6.0 %	

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE
Wound/Ulcer: # 5 / Description: the wound has excessive dark gray bioburden at bed and abnormal edges.
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: fat layer exposed
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~18 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements: Improved: Length 6cm X Width 3cm X Depth: 0.3cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT/PLAN: The wounds which are effected by limb ischemia as well as venous hypertension and varicose veins with edema are actually improving well with current management. She continues to be pretty active. Drainage is large which I suspect due to be on her feet too long during day time. We will increase dressing change frequency.
(L97.322) Non-pressure chronic ulcer of left ankle with fat layer exposed (primary encounter diagnosis)
(L97.222) Non-pressure chronic ulcer of left calf with fat layer exposed
(I87.332, L97.929) Chronic venous hypertension with ulcer and inflammation, left
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Jeanne was seen today for wound care.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with fat layer exposed
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Non-pressure chronic ulcer of left calf with fat layer exposed
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Chronic venous hypertension with ulcer and inflammation, left
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Patient Instructions
Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

Cleanse wounds with water and pat dry
Apply Silver Alginate, ABD Pad, Wrap gauze,
And tape to secure
Change primary dressing 2 x per week, and exterior dressing 3 x per week
Apply Zinc Oxide to excoriated skin
Tubi-Grip Daily

Elevate leg as much as possible

Try to eat high calorie, high protein food sources
Supplementation with Boost between meals
Please don't use pools and/or public water facilities
Showers are fine

Sound Health Silver Alginate

Return in about 2 weeks (around 10/22/2018) for routine follow-up.

Total time of 25 minutes was spent face to face with the patient, of which >50% was spent counseling and coordinating the patient's care as outlined above.

Nilufer B Norsworthy, MD

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Electronically signed by Norsworthy, Nilufer Bozdemir, MD at 10/10/2018 7:48 AM

Flowsheets

Custom Formula Data

Row Name	10/08/18 1016
Pct Wt Change	0 %

Vital Data

Row Name	10/08/18 1016
Weight	50.8 kg (112 lb)
BP	100/60
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Temp	36.8 °C
Temp src	Oral
Pulse	72
Pulse Regularity	Regular
Resp	16
Pain Level	TWO/TEN
Location of pain	Leg

Wound Assessment/Care

Row Name	10/08/18 1020
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #6 Left Lateral Calf F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0948 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Wound Length (cm)	0.7 cm
Wound Width (cm)	0.3 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	0.04 cm^3
Wound Healing %	98 cm
Wound Surface Area (cm^2)	0.21 cm^2
Exudate Amt	Moderate
Exudate Type	Yellow;Tan
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Small - 1-33%
Structure Exposed	Adipose
Margin	Distinct, Outline

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

	Attached
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #7 Left Med Mall F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0955 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Wound Length (cm)	2 cm
Wound Width (cm)	0.7 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	0.14 cm^3
Wound Healing %	89 cm
Wound Surface Area (cm^2)	1.4 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous
Foul Odor After Cleansing	Yes
Granulation Amt	Small - 1-33%
Necrosis	Small - 1-33%
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Peri-wound Assessment	Intact;Maceration;D enuded
Temperature	No Abnormality
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #5 Left Post Calf F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0956 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Wound Length (cm)	5.9 cm
Wound Width (cm)	3 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	1.77 cm^3
Wound Healing %	15 cm
Wound Surface Area (cm^2)	17.7 cm^2
Exudate Amt	Large
Exudate Type	Serosanguineous
Foul Odor After Cleansing	Yes
Granulation Amt	None Present

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Necrosis	Small - 1-33%
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Peri-wound Assessment	Intact;Maceration;Denuded
Temperature	No Abnormality

Patient Instructions

Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

Cleanse wounds with water and pat dry
Apply Silver Alginate, ABD Pad, Wrap gauze,
And tape to secure
Change primary dressing 2 x per week, and exterior dressing 3 x per week
Apply Zinc Oxide to excoriated skin
Tubi-Grip Daily

Elevate leg as much as possible

Try to eat high calorie, high protein food sources
Supplementation with Boost between meals
Please don't use pools and/or public water facilities
Showers are fine

Sound Health Silver Alginate

Electronically signed by McKisson, Kimberly A, RN at 10/8/2018 10:48 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
10/8/2018 10:15 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

Cleanse wounds with water and pat dry
Apply Silver Alginate, ABD Pad, Wrap gauze,
And tape to secure
Change primary dressing 2 x per week, and exterior dressing 3 x per week
Apply Zinc Oxide to excoriated skin
Tubi-Grip Daily

Elevate leg as much as possible

Try to eat high calorie, high protein food sources
Supplementation with Boost between meals
Please don't use pools and/or public water facilities
Showers are fine

Sound Health Silver Alginate

Return in about 2 weeks
(around 10/22/2018) for routine follow-up.

What's Next

OCT 24 2018 Return Patient Appointment with William E Neighbor, MD
Wednesday October 24 10:40 AM
(Arrive by 10:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way,
Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday October 8, 2018 for: Wound Care.

Blood Pressure 100/60	BMI 20.49
Weight 112 lb	Temperature (Oral) 98.3 °F
Pulse 72	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of 10/8/18 10:51 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
282 Knechtel Way NE BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Letters

Referral by Norsworthy, Nilufer Bozdemir, MD on 10/10/2018

Status: Sent
Letter body:

October 10, 2018

William E Neighbor Jr., MD
1959 NE Pacific St
Mailstop 354410
Seattle WA 98195-4410

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

Dear William E Neighbor Jr., MD:

Thank you for referring Jeanne Hoffman to me for evaluation. Enclosed is a copy of my clinic note.

If you have questions please feel free to contact me at your convenience; I would be happy to review any concerns you have.

Sincerely,

Electronically signed by
Nilufer B Norsworthy, MD

CC: No Recipients

Visit Summary
PROGRESS NOTE
10/8/2018

ID/CC:
Jeanne Leonie Hoffman is a 93 year old female with a multiple left lower leg ulcers with mixed vascular disease is seen today for Wound Care

INTERVAL HISTORY: ulcers have actually much improved. There is large drainage as she is on her feet long hours. There is no sign of infection. Calf ulcer has heavy bioburden and sharp edges. She has pain with ulcers but this does not seem to be effecting her day time activities or her sleep. She was on her feet helped carrying cut wood during weekend.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, unexpected weight loss, unexpected weight gain, fever, . Does have, limb pain

Review of patient's allergies indicates:
Allergies

Allergen	Reactions

- Adhesives
- Aspirin — Other
- Nitrofurantoin — Other
  Confusion, loss of appetitie, nausea, abdominal pain
- Nitrofurantoin — Other
  confusion
- Penicillins — Rash
- Sulfa Antibiotics — Rash

Current Outpatient Prescriptions:
- Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab, one po once daily for arthritic pain as needed (Patient taking differently: 1 tablet every 4 hours as needed for pain. one po once daily for arthritic pain as needed), Disp: 60 tablet, Rfl: 2
- Atorvastatin Calcium 20 MG Oral Tab, Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction, Disp: 45 tablet, Rfl: 3
- Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:
- Losartan Potassium 25 MG Oral Tab, TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY, Disp: 45 tablet, Rfl: 2
- Pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 270 tablet, Rfl: 3
- Timolol Maleate 0.5 % Ophthalmic Solution, INSTILL ONE DROP IN EACH EYE TWICE DAILY., Disp: 5 mL, Rfl: 0
- Warfarin Sodium 4 MG Oral Tab, Take 1 tablet (4 mg) by mouth daily., Disp: , Rfl:

EXAM:
Vital Signs: BP 100/60 | Pulse 72 | Temp 98.3 °F (36.8 °C) (Oral) | Resp 16 | Wt 112 lb (50.8 kg) | BMI 20.49 kg/m² Body mass index is 20.49 kg/m².

Edema:
Left Lower:

Right Lower:

Vascular:
Left Lower:

Right Lower:

Wound Data:
Wound 05/17/17 #6 Left Lateral Calf F/T W/O (Active)
Date First Assessed/Time First Assessed: 05/17/17 1410 Date Acquired: 03/01/17 Wound Number: #6 Left Lateral Calf F/T W/O Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: V...
Number of days: 509

Wound 05/17/17 #7 Left Med Mall F/T W/O (Active)
Date First Assessed/Time First Assessed: 05/17/17 1410 Date Acquired: 03/01/17 Wound Number: #7 Left Med Mall F/T W/O Wounding Event: Gradually Appeared Result of an Accident:

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venou...
Number of days: 509

Wound 05/17/17 #5 Left Post Calf F/T W/O (Active)

Date First Assessed/Time First Assessed: 05/17/17 1410 Date Acquired: 03/01/17 Wound Number: #5 Left Post Calf F/T W/O Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Veno...
Number of days: 509

Wound 05/17/17 #6 Left Lateral Calf F/T W/O (Active)

Thickness	Full thickness without exposed support structure	10/8/2018 10:20 AM
Wound Length (cm)	0.7 cm	10/8/2018 10:20 AM
Wound Width (cm)	0.3 cm	10/8/2018 10:20 AM
Wound Depth (cm)	0.2 cm	10/8/2018 10:20 AM
Wound Volume (cm^3)	0.04 cm^3	10/8/2018 10:20 AM
Wound Healing %	98 cm	10/8/2018 10:20 AM
Wound Surface Area (cm^2)	0.21 cm^2	10/8/2018 10:20 AM
Exudate Amt	Moderate	10/8/2018 10:20 AM
Exudate Type	Yellow;Tan	10/8/2018 10:20 AM
Foul Odor After Cleansing	No	10/8/2018 10:20 AM
Granulation Amt	Small - 1-33%	10/8/2018 10:20 AM
Necrosis	None Present	10/8/2018 10:20 AM
Slough	Small - 1-33%	10/8/2018 10:20 AM
Structure Exposed	Adipose	10/8/2018 10:20 AM
Margin	Distinct, Outline Attached	10/8/2018 10:20 AM
Peri-wound Assessment	Intact	10/8/2018 10:20 AM
Temperature	No Abnormality	10/8/2018 10:20 AM

Number of days: 509

Wound 05/17/17 #7 Left Med Mall F/T W/O (Active)

Thickness	Full thickness without exposed support structure	10/8/2018 10:20 AM
Wound Length (cm)	2 cm	10/8/2018 10:20 AM
Wound Width (cm)	0.7 cm	10/8/2018 10:20 AM
Wound Depth (cm)	0.1 cm	10/8/2018 10:20 AM
Wound Volume (cm^3)	0.14 cm^3	10/8/2018 10:20 AM
Wound Healing %	89 cm	10/8/2018 10:20 AM
Wound Surface Area (cm^2)	1.4 cm^2	10/8/2018 10:20 AM
Exudate Amt	Moderate	10/8/2018 10:20 AM
Exudate Type	Serosanguineous	10/8/2018 10:20 AM
Foul Odor After Cleansing	Yes	10/8/2018 10:20 AM
Granulation Amt	Small - 1-33%	10/8/2018 10:20 AM
Necrosis	Small - 1-33%	10/8/2018 10:20 AM
Slough	Large - 67-100%	10/8/2018 10:20 AM
Structure Exposed	Adipose	10/8/2018 10:20 AM
Margin	Distinct, Outline Attached	10/8/2018 10:20 AM
Peri-wound Assessment	Intact;Maceration;Denuded	10/8/2018 10:20 AM
Temperature	No Abnormality	10/8/2018 10:20 AM

Number of days: 509

Wound 05/17/17 #5 Left Post Calf F/T W/O (Active)

Thickness	Full thickness without exposed	10/8/2018 10:20 AM

	support structure	
Wound Length (cm)	5.9 cm	10/8/2018 10:20 AM
Wound Width (cm)	3 cm	10/8/2018 10:20 AM
Wound Depth (cm)	0.1 cm	10/8/2018 10:20 AM
Wound Volume (cm^3)	1.77 cm^3	10/8/2018 10:20 AM
Wound Healing %	15 cm	10/8/2018 10:20 AM
Wound Surface Area (cm^2)	17.7 cm^2	10/8/2018 10:20 AM
Exudate Amt	Large	10/8/2018 10:20 AM
Exudate Type	Serosanguineous	10/8/2018 10:20 AM
Foul Odor After Cleansing	Yes	10/8/2018 10:20 AM
Granulation Amt	None Present	10/8/2018 10:20 AM
Necrosis	Small - 1-33%	10/8/2018 10:20 AM
Slough	Large - 67-100%	10/8/2018 10:20 AM
Structure Exposed	Adipose	10/8/2018 10:20 AM
Margin	Distinct, Outline Attached	10/8/2018 10:20 AM
Peri-wound Assessment	Intact;Maceration;Denuded	10/8/2018 10:20 AM
Temperature	No Abnormality	10/8/2018 10:20 AM

Number of days: 509

Burn Data:

Ulcer Data:

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	
12/12/2012	6.0	4.0 - 6.0 %	

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

PROCEDURE
Wound/Ulcer: # 5 / Description: the wound has excessive dark gray bioburden at bed and abnormal edges.
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: fat layer exposed
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~18 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements: Improved:
Length 6cm X Width 3cm X Depth: 0.3cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT/PLAN: The wounds which are effected by limb ischemia as well as venous hypertension and varicose veins with edema are actually improving well with current management. She continues to be pretty active. Drainage is large which I suspect due to be on her feet too long during day time. We will increase dressing change frequency.
(L97.322) Non-pressure chronic ulcer of left ankle with fat layer exposed (primary encounter diagnosis)
(L97.222) Non-pressure chronic ulcer of left calf with fat layer exposed
(I87.332, L97.929) Chronic venous hypertension with ulcer and inflammation, left
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
Jeanne was seen today for wound care.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left ankle with fat layer exposed
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Non-pressure chronic ulcer of left calf with fat layer exposed
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Chronic venous hypertension with ulcer and inflammation, left
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Patient Instructions
Wound Care for:
Left Lateral Calf

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

Left Medial Ankle
Left Post Calf

Cleanse wounds with water and pat dry
Apply Silver Alginate, ABD Pad, Wrap gauze,
And tape to secure
Change primary dressing 2 x per week, and exterior dressing 3 x per week
Apply Zinc Oxide to excoriated skin
Tubi-Grip Daily

Elevate leg as much as possible

Try to eat high calorie, high protein food sources
Supplementation with Boost between meals
Please don't use pools and/or public water facilities
Showers are fine

Sound Health Silver Alginate

Return in about 2 weeks (around 10/22/2018) for routine follow-up.

Total time of 25 minutes was spent face to face with the patient, of which >50% was spent counseling and coordinating the patient's care as outlined above.

Nilufer B Norsworthy, MD

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 10/8/2018 10:49 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
10/8/2018 10:15 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

Cleanse wounds with water and pat dry
Apply Silver Alginate, ABD Pad, Wrap gauze,
And tape to secure
Change primary dressing 2 x per week, and exterior dressing 3 x per week
Apply Zinc Oxide to excoriated skin
Tubi-Grip Daily

Elevate leg as much as possible

Try to eat high calorie, high protein food sources
Supplementation with Boost between meals
Please don't use pools and/or public water facilities
Showers are fine

Sound Health Silver Alginate

Return in about 2 weeks
(around 10/22/2018) for routine follow-up.

What's Next

OCT 24 2018 Return Patient Appointment with William E Neighbor, MD
Wednesday October 24 10:40 AM
(Arrive by 10:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday October 8, 2018 for: Wound Care.

Blood Pressure 100/60	BMI 20.49
Weight 112 lb	Temperature (Oral) 98.3 °F
Pulse 72	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 10/8/18 10:49 AM

Page 1 of 2 Epic

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of 10/8/18 10:49 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
282 Knechtel Way NE BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

After Visit Summary - Document on 10/8/2018 10:51 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
10/8/2018 10:15 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

Cleanse wounds with water and pat dry
Apply Silver Alginate, ABD Pad, Wrap gauze,
And tape to secure
Change primary dressing 2 x per week, and exterior dressing 3 x per week
Apply Zinc Oxide to excoriated skin
Tubi-Grip Daily

Elevate leg as much as possible

Try to eat high calorie, high protein food sources
Supplementation with Boost between meals
Please don't use pools and/or public water facilities
Showers are fine

Sound Health Silver Alginate

Return in about 2 weeks
(around 10/22/2018) for routine follow-up.

What's Next

OCT 24 2018 Return Patient Appointment with William E Neighbor, MD
Wednesday October 24 10:40 AM
(Arrive by 10:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday October 8, 2018 for: Wound Care.

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Weight 112 lb	Temperature (Oral) 98.3 °F
Pulse 72	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 10/8/18 10:51 AM

Page 1 of 2 Epic

10/08/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of 10/8/18 10:51 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

Address	Phone	E-mail Address
282 Knechtel Way NE BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/01/2018 - Clinical Support Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Nurse Visit
Visit diagnoses:

- Non-pressure chronic ulcer of left ankle with fat layer exposed (primary)
- Non-pressure chronic ulcer of left calf with fat layer exposed
- Venous ulcer of left leg
- Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- Chronic venous hypertension with ulcer and inflammation, left

Visit Information

Provider Information

Encounter Provider

Tamashiro, Kay, RN

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 7 days (around 10/8/2018) for routine follow-up.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

10/01/2018 - Clinical Support Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Stopped in Visit

None

Clinical Notes

Progress Notes

Leia, Faafetai, CMA at 10/1/2018 1030

Wounds appear to look better. Will continue with current treatment.

Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

Cleanse wounds with water and pat dry
Apply Silver Alginate, ABD Pad, Wrap gauze,
And tape to secure
Change dressing 2 x per week
Apply Zinc Oxide to excoriated skin
Tubi-Grip Daily

Elevate leg as much as possible

Try to eat high calorie, high protein food sources
Supplementation with Boost between meals
Please don't use pools and/or public water facilities
Showers are fine

10/01/2018 - Clinical Support Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Electronically signed by Leia, Faafetai, CMA at 10/1/2018 10:08 AM

Tamashiro, Kay, RN at 10/1/2018 1030

Wounds appear to look better. Will continue with current treatment.

Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

Cleanse wounds with water and pat dry
Apply Silver Alginate, ABD Pad, Wrap gauze,
And tape to secure
Change dressing 2 x per week
Apply Zinc Oxide to excoriated skin
Tubi-Grip Daily

Elevate leg as much as possible

Try to eat high calorie, high protein food sources
Supplementation with Boost between meals
Please don't use pools and/or public water facilities
Showers are fine

Electronically signed by Tamashiro, Kay, RN at 10/1/2018 10:08 AM

Flowsheets

Vital Data

Row Name	10/01/18 0951
BP	108/56
Temp	36.8 °C
Pulse	76
Pulse Regularity	Regular
Resp	16

Wound Assessment/Care

Row Name	10/01/18 0948
LLE Calf - Cm w/ Point of	28 cm

10/01/2018 - Clinical Support Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Measurement	
LLE Calf - Cm from the Medial Instep	32 cm
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #6 Left Lateral Calf F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0948 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Exudate Amt	Small
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Peri-wound Assessment	Dry;Hyperpigmented
Temperature	No Abnormality
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #7 Left Med Mall F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0955 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Exudate Amt	Small
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Medium - 34-66%
Necrosis	None Present
Slough	Small - 1-33%
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #5 Left Post Calf F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0956 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Exudate Amt	Small
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	None Present
Slough	Small - 1-33%
Structure	None Present

10/01/2018 - Clinical Support Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Exposed	
Margin	Distinct, Outline Attached
Peri-wound Assessment	Intact
Temperature	No Abnormality

Patient Instructions

Wounds appear to look better. Will continue with current treatment.

Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

Cleanse wounds with water and pat dry
Apply Silver Alginate, ABD Pad, Wrap gauze,
And tape to secure
Change dressing 2 x per week
Apply Zinc Oxide to excoriated skin
Tubi-Grip Daily

Elevate leg as much as possible

Try to eat high calorie, high protein food sources
Supplementation with Boost between meals
Please don't use pools and/or public water facilities
Showers are fine

Electronically signed by Tamashiro, Kay, RN at 10/1/2018 10:06 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

10/01/2018 - Clinical Support Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
10/1/2018 10:30 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions

Wounds appear to look better. Will continue with current treatment.

Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

Cleanse wounds with water and pat dry
Apply Silver Alginate, ABD Pad, Wrap gauze,
And tape to secure
Change dressing 2 x per week
Apply Zinc Oxide to excoriated skin
Tubi-Grip Daily

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Return in about 7 days
(around 10/8/2018) for routine follow-up.

What's Next

OCT 8 2018 — Return Patient Appointment with Nilufer B Norsworthy, MD
Monday October 8 10:15 AM
Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

OCT 24 2018 — Return Patient Appointment with William E Neighbor, MD
Wednesday October 24 10:40 AM (Arrive by 10:25 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You were seen on Monday October 1, 2018. The following issues were addressed:

- Non-pressure chronic ulcer of left ankle with fat layer exposed
- Non-pressure chronic ulcer of left calf with fat layer exposed
- Venous ulcer of left leg
- Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- Chronic venous hypertension with ulcer and inflammation, left

Blood Pressure	Temperature
108/56	98.3 °F
Pulse	**Respiration**
76	16

eCare Sign-Up

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10/01/2018 - Clinical Support Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of 10/1/18 10:06 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

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10/01/2018 - Clinical Support Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 10/1/2018 10:06 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
10/1/2018 10:30 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions

Wounds appear to look better. Will continue with current treatment.

Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

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108/56	98.3 °F
Pulse	**Respiration**
76	16

eCare Sign-Up

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Jeanne L. Hoffman (MRN: U8170135) • Printed at 10/1/18 10:06 AM

Page 1 of 2 Epic

10/01/2018 - Clinical Support Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of 10/1/18 10:06 AM

If you have any questions, ask your nurse or doctor.

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Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 4 MG Tab	Take 1 tablet (4 mg) by mouth daily.

Patient Demographics

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282 Knechtel Way NE BAINBRIDGE ISLAND WA 98110	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

10/01/2018 - Clinical Support Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Clinical - Scan on 10/8/2018 12:19 PM

Scan (below)

COMPLEX OR PALLIATIVE WOUND MANAGEMENT

	Complex Wound Management Criteria *(can only be assigned after 12 weeks of treatment)*
☐	Nutritional support is required, based on laboratory results and physical examination, and has been offered to patient (or healthcare surrogate), including tube feedings and total parenteral nutrition, and has been declined.
☐	Evaluation by a vascular surgeon has determined that the patient is not a revascularization candidate due to: _____
☐	Patient requires a surgical procedure in order to achieve wound healing: ☐ However, the surgeon has determined that the patient is not a surgical candidate due to medical status. ☐ However, the patient does not wish to undergo the recommended surgical procedure.
☐	Patient has remarkable or complex co–morbidities requiring medications or treatments that extend wound healing times. Examples: • Diabetes mellitus with chronic renal failure or end stage renal disease requiring dialysis • Advanced or poorly controlled rheumatoid arthritis • Diabetes mellitus and end stage chronic obstructive pulmonary disease • Active cancer with current chemo– or radiation therapy
☐	Patient is unable to adhere to an Advanced Wound Management plan. • *Agreement to Receive Wound Care* has been implemented. Patient demonstrates continued inability to adhere to an Advanced Wound Management Plan, the patient has been presented with the option of continuing the Advanced Plan or implementing the Complex Wound Management Plan. • Patient or healthcare surrogate must agree to Complex Wound Management Plan.
☑	The patient has limited personal or cognitive resources, or has no access to appropriate ongoing care providers, such that it is unreasonable to expect a level of compliance with prescribed Advanced Wound Management Plan treatments necessary to achieve desired healing outcomes. (Must be documented in physician progress notes.)
☐	The patient, the patient's family or care provider(s), or primary care physician has requested supportive care rather than Advanced Wound Management. (Must be documented in physician progress notes.)
	Palliative Wound Management Criteria *(can be assigned at any time)*
☐	Patient has a living will that specifies no extraordinary measures and Advanced Wound Management would expose the patient to those extraordinary interventions.
☐	Patient has a terminal condition and Advanced Wound Management would negatively impact the patient's quality of life.

From the Healogics Clinical Practice Guideline W.09.01–Palliative Wound Care

1. Palliative wound care is defined as care of wounds that are not expected to close (heal) due to irreversible wound or patient factors.
2. Patient status may change, thus allowing wounds which were previously considered un–healable to re–enter active therapy.
3. While the goal of palliative wound care may not be wound *closure*, there are several legitimate goals which will likely reduce overall health care costs and improve patient quality of life with a reasonable expenditure of health care resources.
4. Appropriate palliative wound care can be accomplished with visits no more frequent than every 30 days to maintain the wound status.
5. Palliative wound care is not expected to include advanced wound care technologies such as semi–synthetic human skin, HBO, growth factors, or other modalities directed at wound *closure*.
6. Dressing regimens for palliative wound care should be cost effective and chosen if possible to limit the work of caregivers.
7. Debridement may still be required to reduce the risk of infection by reducing devitalized tissue which can serve as a harbor for bacteria. In fact, non–healing wounds may continue to undergo necrosis and thus require periodic debridement to maintain a clean environment.
8. A palliative wound care plan should still employ modalities to control pain, unrelieved pressure, infection, uncontrolled metabolic derangement, and/or nutritional deficiency to prevent deterioration of the wound, development of new wounds, or deterioration in overall patient status.

Nurse Signature: Margaret R Date: 10/01/18 Time: 1600

Physician: [signature] Date: 10/01/18 Time: 1600

DOB: U8170135 BD:1/06/1925 93Y F
CSN:
ADM: HOFFMAN
CLASS JEANNE
SVC: LEONIE
NWH WOUND CARE
DOS:10/01/18 TAMASHIRO, KAY
Enc:1830396828 RES:34592651

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC COMPLEX OR PALLIATIVE WOUND MANAGEMENT

M–1468 (08/2014)/C326F File Under: Plan of Care
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Page 1 of 1

10/01/2018 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- Long term current use of anticoagulant therapy
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 2/14/2019

10/01/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 10/1/2018 1033

INR in target range which is low 2.0-3.0 range, ie, 2.0 to 2.5, given age.

Electronically signed by Neighbor Jr., William E, MD at 10/2/2018 1:23 PM

Labs

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 10/01/18 1010**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 10/01/18 1010
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 10/01/18 1010 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M27941	Plasma	—	10/01/18 1010

Prothrombin Time (NWH) (Abnormal)
Resulted: 10/01/18 1103, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 10/01/18 1103
Collected by: 10/01/18 1010
Resulting lab: NORTHWEST HOSPITAL LAB
Acknowledged by
Neighbor Jr., William E, MD on 10/02/18 1324
Kerby, Kalena L, CMA on 10/09/18 1644

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	20.3	8.9 - 12.1 s	H	NWH
Prothrombin INR	2.1	0.8 - 1.3	H	NWH

10/01/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Result Notes

Older Notes

Notes recorded by Neighbor Jr., William E, MD on 10/2/2018 at 1:23 PM PDT
INR in target range which is low 2.0-3.0 range, ie, 2.0 to 2.5, given age.

All Reviewers List

Neighbor Jr., William E, MD on 10/2/2018 13:24

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/28/18 1046** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/28/18 1046 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/28/18 - Class: Normal
Quantity: 1 Instance released by: Huse, Mark R 10/1/2018 10:33 AM
Discontinued by: Uw Lab Results Interface, User 10/01/18 1056 [Canceled by Lab, see Result History.]
Diagnoses
Long term current use of anticoagulant therapy [Z79.01]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality [I82.509]

Specimen Information

ID	Type	Source	Collected By
M27748	Plasma	—	10/01/18 1034

PROTHROMBIN TIME Resulted: 10/01/18 1054, Result status: Final result

Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 10/01/18 1056 [Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 10/01/18 1054
Collected by: 10/01/18 1034
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Wrong test ordered by practitioner	10.7 - 15.6 s	—	NWH
Prothrombin INR	Wrong test ordered by practitioner	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 10/02/18 1324

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

10/01/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

Older Notes

Notes recorded by Neighbor Jr., William E, MD on 10/2/2018 at 1:23 PM PDT
INR in target range which is low 2.0-3.0 range, ie, 2.0 to 2.5, given age.

All Reviewers List

Neighbor Jr., William E, MD on 10/2/2018 13:24

09/26/2018 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Physical, Immunization or Injection, Wound Care, and RN60
Visit diagnoses:

- Long term current use of anticoagulant therapy (primary)
- Vaccine counseling
- BENIGN HYPERTENSION
- HYPERLIPIDEMIA NEC/NOS
- Non-pressure chronic ulcer of left ankle with fat layer exposed
- Housing lack

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 25 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.

09/26/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD — Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 9/26/2018 0920

Jeanne Leonie Hoffman is a 93 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Physical
- Immunization or Injection
  would like flu shot

History:

She has been cared for at NWH Wound Care. Was recently at Parkridge but now released. Next follow up Oct 1 at NWH Wound Care. Needs dressing change today.
Son Louis with her.

She and her son are still living in a tent on Bainbridge. They have food and heat and light. Awaiting placement at Island Terrace. She has continued to assert that she does not want to live apart from her son Louis who is with her today. Their church is involved. Dave O'Connor is the pastor. Do not know if APS still involved.

Medications
Atorvastatin 20 mg one half tab daily

Losartan 25 one half tab daily
Tylenol with codeine one daily
Warfarin dose was changed to 4 mg daiily at Parkridge. She has been on this dose for 90 days. INR pending today.
Pentoxiflylline APO033 one tablet three times daiy

Also given Hydrocodone Acetaminophen 5-325 by Dr. Klafter. However, as she says, making her "loopy".

Review of Systems:
Needs dressing change today
No fever, chills, sweats.
No exacerbation of leg pain

Medications
Outpatient Prescriptions Marked as Taking for the 9/26/18 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed (Patient taking differently: 1 tablet every 4 hours as needed for pain. one po once daily for arthritic pain as needed)	60 tablet	2
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3

Objective:
BP 137/69 | Pulse 80 | Wt 51.1 kg (112 lb 9.6 oz) | BMI 20.59 kg/m²
Estimated body mass index is 20.59 kg/m² as calculated from the following:
Height as of 6/19/18: 5' 2" (1.575 m).
Weight as of this encounter: 51.1 kg (112 lb 9.6 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
137/69	80	---	---	---	9:40 AM	9/26/2018

Last blood pressure recorded in this encounter: 137/69
General: NAD
Psych: Oriented. Interactive. Appropriate.
Skin: Left lower leg shows scaling and areas of skin break down. Both son and patient state this is unchanged since last visit to NW or maybe improved.

Lab and other tests: INR pending

Assessment and Plan:
Flut shot
Dressing change
Follow up with church, island crest, and APS
INR pending

Clinical Notes (continued)

(Z79.01) Long term current use of anticoagulant therapy (primary encounter diagnosis)
INR pending. Currently on Warfarin 4 mg daily. Compliant without bleeding. Current dose is 28 mg weekly. Prior dose with 30 mg weekly. She has been on current dose for about 3 months.

(Z71.89) Vaccine counseling
Plan: influenza high dose vaccine trivalent PF (adult
greater than 65yrs) 0.5 mL IM - 90662

(I10) BENIGN HYPERTENSION
Confirmed she is taking low dose Losartan. Blood pressure in range.
Plan: Losartan Potassium 25 MG Oral Tab

(E78.5) HYPERLIPIDEMIA NEC/NOS
Confirmed taking atorvastatin 20 mg one half tablet daily.

(L97.322) Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
Wound as above. Nurse dressing change today.
Follow up at NWH wound care Oct 1.

Next visit with me in one month.

Housing issues;
I will contact Island crest, church pastor, and APS

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 9/26/2018 12:15 PM

Pearson, Terri Jeanne, CMA at 9/26/2018 0920

Vaccine Screening Questions

Interpreter: No

1. Are you allergic to Latex? NO

2. Have you had a serious reaction or an allergic reaction to a vaccine? NO

3. Currently have a moderate or severe illness, including fever? NO

4. Ever had a seizure or any neurological problem associated with a vaccine? *(DTaP/TDaP/DTP pertinent)* NO

5. Is patient receiving any live vaccinations today? *(Varicella-Chickenpox, MMR-Measles/Mumps/Rubella, Zoster-Shingles, Flumist, Yellow Fever) NOTE: oral rotavirus is exempt* NO

Clinical Notes (continued)

If **YES** to any of the questions above – Do **NOT** give vaccine. Consult with RN or provider in clinic. (#5 can be YES if all Live vaccine questions are answered NO)

If **NO** to all questions above - Patient may receive vaccine.

6. Do you need to receive the Flu vaccine today? YES - Additional Flu Questions **Flu Vaccine Screening Questions:**

Ever had a serious allergic reaction to eggs? NO

Ever had Guillain-Barre syndrome associated with a vaccine? NO

Less than 6 months old? NO

If **YES** to any of the *Flu* questions above - NO Flu Vaccine to be given. Patient may consult provider as needed.

If **NO** to all questions above - Patient may receive Flu Shot (IM)

If between 6 months and 8 years of age, was flu vaccine received last year? N/A
If **NO** to above question:

- Children who are receiving influenza vaccine for the first time - administer 2 doses of the current influenza vaccine (separated by at least 4 weeks).

All patients are encouraged to wait 15 minutes before leaving after receiving any vaccine.

VIS given 9/26/2018 by Terri J Pearson.

Electronically signed by Pearson, Terri Jeanne, CMA at 9/26/2018 12:15 PM

Collins V, Marta, RN at 9/26/2018 0920

TRIAGE WOUND CARE/DRESSING CHANGE

SUBJECTIVE:
Jeanne Leonie Hoffman is a 93 year old female presents for wound care of ulcers on L lower leg .
Wound hx: Pt is being seen by the wound care clinic at NW. She is here today to see Dr Neighbor for another issue and I was asked to do wound care.
Tetanus hx: 2017

OBJECTIVE: multiple erythematous, edematous, wounds, the two largest wounds are on the medial lower calf. One wound is 1cm X 2cm X 2-4 mm deep, the other one is 5cm X 4 cm X 1-2 mm deep. Both wounds are covered with eschar, the smaller wound below the ankle is the deepest. The lower leg is tightly edematous and serious fluid is leaking out wherever the leg is dependent mulitple layers of gauze and gauze wrap as well as the final wrap were completely saturated with this fluid, there was a malodorous smell but did not smell like an infected wound, nor did it look infected though the cap refill was slower than normal.

ASSESSMENT: slow healing wound

09/26/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

PLAN: Wound was cleansed with H2O and 4x4's, only the larger wound was tender.
Dr Neighbor in to evaluate and reported much as described in the notes from the wound care clinic.
Pt and her son report the open wounds seem to be a little smaller but the lower leg and foot look worse than previously. They have an appt with the WCC on 10/1.

Applied new dressing with melgisorb Ag, remaing leg was moisturized with either lotion or vasoline. I covered the lower leg with multiple layers of gauze and wrapped with gauze followed by an ace wrap.

Advised pt to keep leg elevated above the heart as much as possible.
Eat plenty of protein and stay active.

Reviewed self care instructions: Monitor for signs of infection (fever, pus at wound site +/- increasing redness).
Follow previous directions given by the WCC at NW.
Patient and her son voiced understanding and agreement with plan.
Marta Collins, RN

Electronically signed by Collins V, Marta, RN at 9/26/2018 12:15 PM

Immunizations Given

Immunization	Date
Influenza trivalent high-dose (Fluzone High-Dose)	09/26/2018

Other Orders

Immunization/Injection

influenza high dose vaccine trivalent PF (adult greater than 65yrs) 0.5 mL IM - 90662 (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 09/26/18 1009** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 09/26/18 1009 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/26/18 - Class: Pharmacy Stock
Quantity: 1
Diagnoses
Vaccine counseling [Z71.89]

Indications

Vaccine counseling [Z71.89 (ICD-10-CM)]

Flowsheets

Custom Formula Data

Row Name	09/26/18 0939
Pct Wt Change	0 %

Vital Data

Row Name	09/26/18 0940	09/26/18 0939
Weight	—	51.1 kg (112 lb 9.6

09/26/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Flowsheets (continued)

		oz)
BP	137/69	—
BP Cuff Size	Regular	—
BP Site	Right Arm	—
BP Position	Sitting	—
Pulse	80	—
Pulse Regularity	Regular	—

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

09/26/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 9/26/2018 9:20 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today

See your updated medication list for details.

What's Next

OCT 1 2018 — Clinical Support
Monday October 1 10:30 AM
Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

OCT 8 2018 — Return Patient Appointment with Nilufer B Norsworthy, MD
Monday October 8 10:15 AM
Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

OCT 24 2018 — Return Patient Appointment with William E Neighbor, MD
Wednesday October 24 10:40 AM (Arrive by 10:25 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday September 26, 2018. The following issues were addressed:

- Vaccine counseling
- BENIGN HYPERTENSION
- HYPERLIPIDEMIA NEC/NOS
- Long term current use of anticoagulant therapy
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
- Housing lack

Blood Pressure	BMI
137/69	20.59
Weight	**Pulse**
112 lb 9.6 oz	80

Immunizations Given
influenza high dose vaccine trivalent PF

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

09/26/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of 9/26/18 12:15 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
CHANGE **Warfarin Sodium** 4 MG Tab Changed by: William E Neighbor, MD	Take 1 tablet (4 mg) by mouth daily. What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**

Patient Demographics

Address
1250 NE 145th St
SHORELINE WA 98155

Contact Numbers
206-363-5856

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/26/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 9/26/2018 12:15 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 9/26/2018 9:20 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today
See your updated medication list for details.

What's Next

OCT 1 2018 — Clinical Support
Monday October 1 10:30 AM
Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

OCT 8 2018 — Return Patient Appointment with Nilufer B Norsworthy, MD
Monday October 8 10:15 AM
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1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

OCT 24 2018 — Return Patient Appointment with William E Neighbor, MD
Wednesday October 24 10:40 AM (Arrive by 10:25 AM)
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw William E Neighbor, MD on Wednesday September 26, 2018. The following issues were addressed:

- Vaccine counseling
- BENIGN HYPERTENSION
- HYPERLIPIDEMIA NEC/NOS
- Long term current use of anticoagulant therapy
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
- Housing lack

Blood Pressure 137/69	BMI 20.59
Weight 112 lb 9.6 oz	Pulse 80

Immunizations Given
influenza high dose vaccine trivalent PF

eCare Sign-Up

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Jeanne L. Hoffman (MRN: U8170135) • Printed at 9/26/18 12:15 PM

Page 1 of 2 Epic

09/26/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of 9/26/18 12:15 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
CHANGE **Warfarin Sodium** 4 MG Tab Changed by: William E Neighbor, MD	Take 1 tablet (4 mg) by mouth daily. What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**

Patient Demographics

Address
1250 NE 145th St
SHORELINE WA 98155

Contact Numbers
206-363-5856

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/26/2018 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- Long term current use of anticoagulant therapy
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 2/14/2019

09/26/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/28/18 1046**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/28/18 1046
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/28/18 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: de Guzman, Crisanto B, Technologist 9/26/2018 9:27 AM
Diagnoses
Long term current use of anticoagulant therapy [Z79.01]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality [I82.509]

Specimen Information

ID	Type	Source	Collected By
W71057	Plasma	—	5319 09/26/18 0927

PROTHROMBIN TIME (Abnormal)
Resulted: 09/26/18 1157, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 09/26/18 1158
Collected by: 5319 09/26/18 0927
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 09/26/18 1205
Kerby, Kalena L, CMA on 10/09/18 1645

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	28.0	10.7 - 15.6 s	H^	UWMC
Prothrombin INR	2.6	0.8 - 1.3	H^	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

09/26/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

Older Notes

Notes recorded by Neighbor Jr., William E, MD on 9/26/2018 at 12:05 PM PDT
INR in range on 4 mg daily. Continue this dose.

All Reviewers List

Neighbor Jr., William E, MD on 9/26/2018 12:05

09/25/2018 - Abstract in Hall Health Health Data Service

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Health Data Service	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018

09/25/2018 - Abstract in Hall Health Health Data Service (continued)

Medication List (continued)

Start date: 9/26/2018 End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD Entered on: 9/26/2018
Start date: 9/26/2018 End date: 9/4/2019
Quantity: 45 tablet

Stopped in Visit

None

09/25/2018 - Abstract in Hall Health Health Data Service (continued)

Documents

UWM Outside Records - Scan on 9/25/2018 3:37 PM: NWH Record 9/21/18

Scan (below)

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018-9/19/2018 I(A) MED Transition of Care NWHMC 9/21/2018
CUSTDM10\W0TA_ACAREY 9/21/2018 1:22:42 PM -07:00

UW Medicine/Northwest Hospital & Medical Center Transition of Care Letter 09/21/2018 00:44

Created on: September 21, 2018, 00:44:07 -0700 UTC

Patient	JEANNE LEONIE HOFFMAN	**Contact Information**	HOMELESS SEATTLE, WA 98133 Phone: 360-6495702 (Home) Phone: 206-0000000 (Work) Phone: 6495702 (Mobile) EMail: jeanhoffman@usa.com
Date of birth	January 06, 1925	**Sex**	Female
Race	White	**Ethnicity**	Not Hispanic or Latino
Preferred Language	eng		

Encounter	**Start:** September 10, 2018	**End:** September 19, 2018	
Facility/Entity	NWHMC	**Contact Information**	1550 North 115th Street Seattle, WA 98133 Phone: 2063640500 (Work)
Service Location	Internal Medicine	**Contact Information**	1550 North 115th Street Seattle,
Patient IDs	NWHMC MR#: U8170135 NWHMC Patient Account: 1830020513 NWHMC: Health Resources Northwest Locally-assigned Other Identifier(SMR): 0000665073 SSN: ###-##-4736	**Document Id**	1.3.6.1.4.1.39539.99.1.1.3.8.1.339231

Primary Care Physician	William Neighbor , MD	**Contact Information**	1959 NE Pacific St Seattle, WA 98195 Phone: 206-616-9358 (Work)
Admission Physician	Julie Cella , MD	**Contact Information**	Northwest Hospital and Medical Center Seattle, WA 98133 Phone: 206-668-1500 (Work)
Attending Physician	Jesse Abbott Klafter , MD	**Contact Information**	Inpatient Hospitalist Team Seattle, WA 98133 Phone: 206-668-1500 (Work)

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☑Select/Deselect All

☑Reason For Visit
☑Chief Complaint
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09/25/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

☑Hospital Discharge Instructions
☑Allergies, Adverse Reactions, Alerts
☑Medication

☑Reason For Visit

☑Chief Complaint

AMS

☑Social History

Smoking Status from 9/11/2018 1:16 AM:

- Tobacco Use? : Denies Ever Smoked

☑Functional Status

Functional Status from 9/11/2018 2:10 AM:

- Comm Barrier Hearing (list) : HOH - Left,HOH - Right,Uses Hearing Aid(s)
- Comm Barrier Sight (list) : Wears Glasses/ Contacts

☑Vital Signs

Measurements from 9/11/2018 1:16 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 52.6/ kg
- BMI : 20.5

Measurements from 9/11/2018 1:28 AM:

- BP : 173/75

Measurements from 9/11/2018 4:41 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 52.6/ kg
- BMI : 20.5

Measurements from 9/11/2018 4:43 AM:

- BP : 133/62

Measurements from 9/11/2018 9:07 AM:

- BP : 139/72

Measurements from 9/11/2018 12:50 PM:

- BP : 134/78

Measurements from 9/11/2018 8:47 PM:

- BP : 145/60

Measurements from 9/12/2018 12:15 AM:

- BP : 151/69

Measurements from 9/12/2018 5:01 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 52.6/ kg
- BMI : 20.5

Measurements from 9/12/2018 5:02 AM:

- BP : 145/70

Measurements from 9/12/2018 9:59 AM:

- BP : 139/65

Measurements from 9/12/2018 1:54 PM:

- BP : 135/68

Measurements from 9/12/2018 5:40 PM:

09/25/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

- BP : 116/60

Measurements from 9/12/2018 8:50 PM:

- BP : 111/53

Measurements from 9/13/2018 12:18 AM:

- BP : 129/62

Measurements from 9/13/2018 4:09 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 52.6/ kg
- BMI : 20.5

Measurements from 9/13/2018 4:41 AM:

- BP : 128/65

Measurements from 9/13/2018 9:16 AM:

- BP : 120/67

Measurements from 9/13/2018 1:16 PM:

- BP : 114/63

Measurements from 9/13/2018 5:29 PM:

- BP : 125/67

Measurements from 9/13/2018 9:25 PM:

- BP : 102/47

Measurements from 9/14/2018 1:51 AM:

- BP : 131/62

Measurements from 9/14/2018 5:25 AM:

- BP : 131/59

Measurements from 9/14/2018 6:50 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 51.7/ kg
- BMI : 20.2

Measurements from 9/14/2018 9:38 AM:

- BP : 128/65

Measurements from 9/14/2018 2:30 PM:

- BP : 124/60

Measurements from 9/14/2018 5:27 PM:

- BP : 118/59

Measurements from 9/14/2018 9:25 PM:

- BP : 122/60

Measurements from 9/15/2018 1:48 AM:

- BP : 127/59

Measurements from 9/15/2018 5:30 AM:

- BP : 125/66

Measurements from 9/15/2018 6:39 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 51.0/ kg
- BMI : 19.9

Measurements from 9/15/2018 1:46 PM:

- BP : 129/59

Measurements from 9/15/2018 9:14 PM:

- BP : 123/64

Measurements from 9/16/2018 1:25 AM:

- BP : 124/65

Measurements from 9/16/2018 5:00 AM:

09/25/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

- BP : 128/64

Measurements from 9/16/2018 6:59 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 51.7/ kg
- BMI : 20.2

Measurements from 9/16/2018 1:58 PM:

- BP : 136/59

Measurements from 9/16/2018 9:38 PM:

- BP : 127/61

Measurements from 9/17/2018 1:20 AM:

- BP : 114/55

Measurements from 9/17/2018 5:47 AM:

- BP : 126/65

Measurements from 9/17/2018 9:12 AM:

- BP : 121/60

Measurements from 9/17/2018 2:55 PM:

- BP : 124/88

Measurements from 9/17/2018 5:01 PM:

- BP : 111/62

Measurements from 9/17/2018 8:10 PM:

- BP : 143/69

Measurements from 9/17/2018 11:20 PM:

- BP : 130/68

Measurements from 9/18/2018 12:15 AM:

- BP : 121/70

Measurements from 9/18/2018 5:10 AM:

- BP : 146/58

Measurements from 9/18/2018 9:09 AM:

- BP : 122/62

Measurements from 9/18/2018 2:00 PM:

- BP : 120/58

Measurements from 9/18/2018 5:52 PM:

- BP : 112/60

Measurements from 9/18/2018 9:40 PM:

- BP : 119/63

Measurements from 9/19/2018 5:50 AM:

- BP : 148/70

Measurements from 9/19/2018 5:52 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 50.1/ kg
- BMI : 19.6

Measurements from 9/19/2018 8:58 AM:

- BP : 121/62

Results

Hematology from 9/10/2018 7:38 PM

WBC 6.24 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.69 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 10.1 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 32 % L *(36-45 %)*
MCV 87 fL *(81-98 fL)*

09/25/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

MCH 27.4 pg *(27.3-33.6 pg)*
MCHC 31.5 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 289 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.0 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 58 % (Reference Range: not available)

% Lymphocytes 26 % (Reference Range: not available)

% Monocytes 11 % (Reference Range: not available)

% Eosinophils 3 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 1 % (Reference Range: not available)

Neutrophils 3.66 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.65 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.67 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.19 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.04 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.03 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 9/11/2018 5:55 AM

WBC 5.56 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.25 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.1 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 30 % L *(36-45 %)*
MCV 91 fL *(81-98 fL)*
MCH 28.0 pg *(27.3-33.6 pg)*
MCHC 30.8 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 259 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.2 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 58 % (Reference Range: not available)

% Lymphocytes 26 % (Reference Range: not available)

% Monocytes 10 % (Reference Range: not available)

% Eosinophils 5 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 3.19 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.47 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.56 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.28 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.04 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 9/12/2018 3:56 AM

WBC 6.66 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.45 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.3 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 30 % L *(36-45 %)*
MCV 88 fL *(81-98 fL)*
MCH 27.0 pg L *(27.3-33.6 pg)*
MCHC 30.8 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 276 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.2 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 63 % (Reference Range: not available)

% Lymphocytes 22 % (Reference Range: not available)

% Monocytes 10 % (Reference Range: not available)

% Eosinophils 4 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 4.23 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.48 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.64 THOU/uL *(0.00-0.80 THOU/uL)*

09/25/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Eosinophils 0.25 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.04 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 9/13/2018 5:10 AM

WBC 6.44 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.53 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.6 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 31 % L *(36-45 %)*
MCV 88 fL *(81-98 fL)*
MCH 27.2 pg L *(27.3-33.6 pg)*
MCHC 31.0 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 281 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.2 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 63 % (Reference Range: not available)

% Lymphocytes 22 % (Reference Range: not available)

% Monocytes 10 % (Reference Range: not available)

% Eosinophils 4 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 4.03 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.41 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.67 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.28 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.03 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 9/18/2018 6:05 AM

WBC 7.25 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.51 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.7 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 31 % L *(36-45 %)*
MCV 89 fL *(81-98 fL)*
MCH 27.6 pg *(27.3-33.6 pg)*
MCHC 31.0 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 290 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.5 % H *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 68 % (Reference Range: not available)

% Lymphocytes 18 % (Reference Range: not available)

% Monocytes 9 % (Reference Range: not available)

% Eosinophils 4 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 4.95 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.32 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.63 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.28 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.04 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.03 THOU/uL *(0.00-0.05 THOU/uL)*

Chemistry from 9/10/2018 7:38 PM

Sodium 135 mEq/L *(135-145 mEq/L)*
Potassium 4.1 mEq/L *(3.6-5.2 mEq/L)*
Chloride 102 mEq/L *(98-108 mEq/L)*
Carbon Dioxide, Total 26 mEq/L *(22-32 mEq/L)*
Anion Gap 7 *(4-12)*
Glucose 131 mg/dL H *(62-125 mg/dL)*
Urea Nitrogen 26 mg/dL H *(8-21 mg/dL)*
Creatinine 0.91 mg/dL *(0.38-1.02 mg/dL)*
Protein (Total) 7.0 g/dL *(6.0-8.2 g/dL)*
Albumin 3.6 g/dL *(3.5-5.2 g/dL)*
Bilirubin (Total) 0.3 mg/dL *(0.2-1.3 mg/dL)*
AST (GOT) 14 U/L *(9-38 U/L)*
ALT (GPT) 9 U/L *(7-33 U/L)*
Alkaline Phosphatase (Total) 66 U/L *(49-199 U/L)*
eGFR, Calc, European American 58 mL/min/1.73_m2 L *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*

09/25/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Procalcitonin <0.05 ng/mL *(0-0.49 ng/mL)*
Procalcitonin Component (Reference Range: not available)
Sepsis diagnosis in adults:
PCT <0.5 ng/mL Low risk for progression to severe systemic bacterial infection. Repeat level in 6-24 hours if infection is strongly suspected.
PCT >=0.5 and <2.0 ng/mL Moderate risk for progression to severe sepsis.
PCT >=2 and <10 ng/mL High risk for progression to severe sepsis.
PCT >=10 ng/mL High likelihood of severe sepsis or septic shock.

PCT concentrations <0.5 ng/mL do not exclude an infection, on account of localized infections (without systemic signs) which can be associated with such low concentrations, or a systemic infection in its initial stages (<6 hours).
Furthermore, increased PCT can occur without infection.
PCT concentrations between 0.5 and 2.0 ng/mL should be interpreted taking into account the patient's history.
It is recommended to retest PCT within 6-24 hours if any concentrations of <2 ng/mL are obtained.
Calcium 8.9 mg/dL *(8.9-10.2 mg/dL)*

Chemistry from 9/11/2018 5:55 AM

Sodium 141 mEq/L *(135-145 mEq/L)*
Potassium 3.9 mEq/L *(3.6-5.2 mEq/L)*
Chloride 111 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 24 mEq/L *(22-32 mEq/L)*
Anion Gap 6 *(4-12)*
Glucose 112 mg/dL *(62-125 mg/dL)*
Urea Nitrogen 18 mg/dL *(8-21 mg/dL)*
Creatinine 0.75 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.4 mg/dL L *(8.9-10.2 mg/dL)*

Chemistry from 9/12/2018 3:56 AM

Sodium 140 mEq/L *(135-145 mEq/L)*
Potassium 4.2 mEq/L *(3.6-5.2 mEq/L)*
Chloride 107 mEq/L *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 8 *(4-12)*
Glucose 114 mg/dL *(62-125 mg/dL)*
Urea Nitrogen 20 mg/dL *(8-21 mg/dL)*
Creatinine 0.81 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.6 mg/dL L *(8.9-10.2 mg/dL)*

Chemistry from 9/13/2018 5:10 AM

Sodium 141 mEq/L *(135-145 mEq/L)*
Potassium 4.3 mEq/L *(3.6-5.2 mEq/L)*
Chloride 109 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 7 *(4-12)*
Glucose 117 mg/dL *(62-125 mg/dL)*
Urea Nitrogen 25 mg/dL H *(8-21 mg/dL)*
Creatinine 0.83 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.5 mg/dL L *(8.9-10.2 mg/dL)*

Chemistry from 9/18/2018 6:05 AM

09/25/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Sodium 142 mEq/L *(135-145 mEq/L)*
Potassium 3.9 mEq/L *(3.6-5.2 mEq/L)*
Chloride 109 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 8 *(4-12)*
Glucose 135 mg/dL H *(62-125 mg/dL)*
Urea Nitrogen 21 mg/dL *(8-21 mg/dL)*
Creatinine 0.76 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.8 mg/dL L *(8.9-10.2 mg/dL)*

Coagulation from 9/10/2018 7:38 PM

Prothrombin Time Patient (NWH) 17.4 s H *(8.9-12.1 s)*
Prothrombin INR 1.9 H *(0.8-1.3)*

Coagulation from 9/11/2018 5:55 AM

Prothrombin Time Patient (NWH) 19.6 s H *(8.9-12.1 s)*
Prothrombin INR 2.1 H *(0.8-1.3)*

Coagulation from 9/12/2018 3:56 AM

Prothrombin Time Patient (NWH) 28.6 s H *(8.9-12.1 s)*
Prothrombin INR 3.1 H *(0.8-1.3)*

Coagulation from 9/13/2018 5:10 AM

Prothrombin Time Patient (NWH) 28.0 s H *(8.9-12.1 s)*
Prothrombin INR 3.0 H *(0.8-1.3)*

Coagulation from 9/14/2018 10:10 AM

Prothrombin Time Patient (NWH) 21.1 s H *(8.9-12.1 s)*
Prothrombin INR 2.3 H *(0.8-1.3)*

Coagulation from 9/15/2018 5:45 AM

Prothrombin Time Patient (NWH) 20.5 s H *(8.9-12.1 s)*
Prothrombin INR 2.2 H *(0.8-1.3)*

Coagulation from 9/16/2018 5:35 AM

Prothrombin Time Patient (NWH) 23.0 s H *(8.9-12.1 s)*
Prothrombin INR 2.5 H *(0.8-1.3)*

Coagulation from 9/17/2018 5:40 AM

Prothrombin Time Patient (NWH) 35.2 s H *(8.9-12.1 s)*
Prothrombin INR 3.8 H *(0.8-1.3)*

Coagulation from 9/18/2018 6:05 AM

Prothrombin Time Patient (NWH) 30.6 s H *(8.9-12.1 s)*
Prothrombin INR 3.3 H *(0.8-1.3)*

Coagulation from 9/19/2018 6:10 AM

Prothrombin Time Patient (NWH) 21.4 s H *(8.9-12.1 s)*
Prothrombin INR 2.2 H *(0.8-1.3)*

Cardiac from 9/10/2018 7:38 PM

Troponin_I (Reference Range: not available)
<0.03
A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see
http://tests.labmed.washington.edu/TROPIG
B_Type Natriuretic Peptide 84 pg/mL *(-<101 pg/mL)*

Cardiac from 9/12/2018 3:56 AM

Troponin_I (Reference Range: not available)
<0.03
A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see
http://tests.labmed.washington.edu/TROPIG

Cardiac from 9/12/2018 11:40 AM

09/25/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Troponin_I (Reference Range: not available)
<0.03
A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see
http://tests.labmed.washington.edu/TROPIG

Drug Levels from 9/10/2018 7:38 PM

Alcohol (Ethyl) Negative mg/dL *(NRN mg/dL)*

Drug Levels from 9/10/2018 9:16 PM

Amphet/Metamphetamine Qual,URN Negative *(NRN)*
Barbiturate Qual, URN Negative *(NRN)*
Benzodiazepines Qual, URN Negative *(NRN)*
Cannabinoids Qual, URN Negative *(NRN)*
Cocaine Qual, URN Negative *(NRN)*
Opiates Qual, URN Positive A *(NRN)*
Methadone Qual, URN Negative *(NRN)*
Tricyclic Antidepressants, URN Negative *(NRN)*
Phencyclidine Qual, URN Negative *(NRN)*
Alcohol (Ethyl), URN (Reference Range: not available)
Negative
Quantitative testing for ethanol is by enzymatic method.
Ethanol cutoff limit: 10 mg/dL
Acetaminophen Qualitative, URN Positive A *(NRN)*
Drug Screen Test Info, URN (Reference Range: not available)
These results are presumptive and have not been confirmed as positive by an alternate method.

Results are for medical management only, and should not be used for legal purposes nor for workplace or pre-employment testing.

Qualitative immunochemical testing for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, methadone, opiates, phencyclidine (PCP), cannabinoids, and tricyclic antidepressants.
Positive results indicate immunoreactivity greater than or equal to these calibrators: d-methamphetamine 500 ng/mL, secobarbital 200 ng/mL, lormetazepam 200 ng/mL, benzoylecgonine 150 ng/mL, methadone 150 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortetrahydrocannabinoic acid 50 ng/mL, nortriptyline 1000 ng/mL and acetaminophen 5 mcg/mL.

Quantitative testing for ethanol is by an enzymatic method. Results less than 10 mg/dL are reported as negative.

This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. FDA.

Infectious Immunology from 9/11/2018 11:35 AM

C. difficile PCR Spec Desc Stool (Reference Range: not available)

C. difficile, Toxigenic by PCR Negative *(NRN)*

Urinalysis from 9/10/2018 9:16 PM

Collection Method Urine (Reference Range: not available)

Color, URN Yellow (Reference Range: not available)

Clarity, URN Clear (Reference Range: not available)

Specific Gravity, URN <1.006 g/mL L *(1.006-1.029 g/mL)*
pH, URN 5.5 *(5.0-8.0)*
Protein (Alb _ Semi_Quant),URN Negative mg/dL *(NRN mg/dL)*
Glucose Qual, URN Negative mg/dL *(NRN mg/dL)*
Ketones, URN Negative mg/dL *(NRN mg/dL)*
Bilirubin Qual, URN Negative *(NRN)*
Occult Blood, URN Negative *(NRN)*
Nitrite, URN Negative *(NRN)*
Leukocyte Esterase, URN Negative *(NRN)*
Urobilinogen, URN 0.1-1.9 EHRLICH UNITS *(URONML EHRLICH UNITS)*
Comments for Macroscopic, URN None (Reference Range: not available)

WBC, URN 0-5(NEG) /HPF *(Z5NEG /HPF)*
RBC, URN 0-2(NEG) /HPF *(Z2NEG /HPF)*

09/25/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Bacteria, URN Not Seen *(NOSEEN)*
Epith Cells_Squamous, URN >5(PRESENT) /LPF A *(LT6 /LPF)*
Epith Cells_Renal/Trans,URN <3(NEG) /HPF *(LESS3 /HPF)*
Comments for Microscopic, URN None *(NONE)*

Problems

Encounter Diagnosis
- Chronic Pain Status:Active.
- Fall Risk Status:Active.
- Mixed venous insufficiency/PAD left lower leg. Status:Active.

Additional Problems
- Acute Pain Status:Resolved.
- Acute Pain Status:Resolved.

Encounters

Encounter Diagnosis
- Chronic Pain Status:Active.
- Fall Risk Status:Active.
- Mixed venous insufficiency/PAD left lower leg. Status:Active.

Plan of Care

Treatment Plan from 9/17/2018 12:39 PM:

- Primary Care Provider : Neighbor Jr., William E, MD
- Follow Up Phone : 206-616-9358
- When : Within 7 days, call to schedule appointment.
- Additional Follow Up Appointment : Wound care clinic
- Follow Up Phone : 206 668-1244
- When : 9/20/2018 @ 11:15 AM [Thursday]
- Lab When : INR on Thursday.

Treatment Plan from 9/19/2018 11:54 AM:

- Primary Care Provider : Neighbor Jr., William E, MD
- Follow Up Phone : 206-616-9358
- When : Within 7 days, call to schedule appointment.
- Additional Follow Up Appointment : Wound care clinic
- Follow Up Phone : 206 668-1244
- When : 9/24/2018 @ 8:30 AM [Monday]
- Lab When : INR on Friday 9/21/2018
- Additional Referral : Kindred Home Health

Treatment Plan from 9/19/2018 11:58 AM:

- Primary Care Provider : Neighbor Jr., William E, MD
- Follow Up Phone : 206-616-9358
- When : Within 7 days, call to schedule appointment.
- Additional Follow Up Appointment : Wound care clinic
- Follow Up Phone : 206 668-1244
- When : 9/24/2018 @ 8:30 AM [Monday]
- Lab When : INR on Friday 9/21/2018
- Additional Referral : Kindred Home Health

Procedures

No relevant procedures performed.

Immunizations

No immunizations administered.

Hospital Course

Hospital Discharge Instructions

Detailed Instructions from 9/17/2018 12:39 PM:

Activity Instructions
- Activity : Fall precautions.

Diet Instructions
- Diet Instructions : Resume previous diet
- Fluid Intake : Drink 6-8 glasses per day

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Notify your provider if :

  Notify your Provider if you have any of the following signs or symptoms:

09/25/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

- Fever of 100.5 F or higher or chills
- Increased/ Excessive Bleeding
- Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it
- Frequency, burning, foul smelling or blood with urination or unable to urinate
- Persistent diarrhea or constipation
- Pain, redness and swelling in lower legs
- Pain unrelieved with medication and rest
- Unable to tolerate oral fluids or food
- Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
- Swelling unrelieved by elevation, rest or ice
- Severe leg/calf pain
- Chest pain
- Shortness of breath
- Fatigue
- Weight gain of more than 3 pounds in 3 days

Detailed Instructions from 9/19/2018 11:54 AM:

Activity Instructions
- Activity : Fall precautions.

Diet Instructions
- Diet Instructions : Resume previous diet
- Fluid Intake : Drink 6-8 glasses per day

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Notify your provider if :

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- Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
- Swelling unrelieved by elevation, rest or ice
- Severe leg/calf pain
- Chest pain
- Shortness of breath
- Fatigue
- Weight gain of more than 3 pounds in 3 days

Detailed Instructions from 9/19/2018 11:58 AM:

Activity Instructions
- Activity : Fall precautions.

Diet Instructions
- Diet Instructions : Resume previous diet
- Fluid Intake : Drink 6-8 glasses per day

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Notify your provider if :

Notify your Provider if you have any of the following signs or symptoms:

- Fever of 100.5 F or higher or chills
- Increased/ Excessive Bleeding
- Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it
- Frequency, burning, foul smelling or blood with urination or unable to urinate
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- Pain unrelieved with medication and rest
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- Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
- Swelling unrelieved by elevation, rest or ice
- Severe leg/calf pain
- Chest pain
- Shortness of breath
- Fatigue
- Weight gain of more than 3 pounds in 3 days

☑ Allergies, Adverse Reactions, Alerts

This section is representative of the current allergy information, at the time of the CCD generation. In the case of regeneration of the CCD, the allergy information may not reflect the state of known allergies at the time of the CCD's subject visit.

- nitrofurantoin causes CONFUSION, NAUSEA, ABD PAIN. Status:Active.
- aspirin causes Rash. Status:Active.
- adhesive tape causes Rash. Status:Active.
- Penicillins causes Rash. Status:Active.
- Sulfa (Sulfonamide Antibiotics) causes Rash. Status:Active.

09/25/2018 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

- No Latex Allergy.
- No IV Contrast Allergy.

Medication

It is the responsibility of the patient or patient representative to confirm the list of medications with either the patient's personal care provider or the patient's follow-up care provider to ensure the patient has an appropriate list of medications to take at home.

Preliminary list - medication reconciliation not completed.

Discharge medications

New medications

- acetaminophen 325 mg Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 2 tablet oral every six hours PRN MILD PAIN
  Additional Instructions: ONLY take if NOT taking nprco
- LIDOCAINE 4% PATCH (ASPERCREME LIDOCAINE PATCH) 1 PATCH = 1 PATCH Transdermal DAILY First Dose Now, Clinician Dir:SWITCH TO 4% PER HOSPITAL POLICY PATCH: 12 HOURS ON, 12 HOURS OFF. Buy over the counter.
  Directions: 1 each transdermal daily
  Additional Instructions: SWITCH TO 4% PER HOSPITAL POLICY PATCH: 12 HOURS ON, 12 HOURS OFF
- methocarbamol 500 mg Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1 tablet oral every six hours PRN Neck pain
- atorvastatin (Lipitor) 10 mg Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1 tablet oral daily

Continued medications

- cholecalciferol (vitamin D3) 1,000 unit Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1 tablet oral daily every morning
- timolol maleate 0.5 % Drops, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1 drop ophthalmic, both eyes daily every morning

Changed medications

- HYDROcodone-acetaminophen 5 mg-325 mg Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1-2 tablet oral every six hours PRN pain
- warfarin (Coumadin) 4 mg Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1 tablet oral daily every evening
  Additional Instructions: check INR on friday

Stopped medications

- cyanocobalamin (vitamin B-12) 1,000 mcg Tablet
  Directions: 1 tablet oral daily every morning
- pentoxifylline 400 mg Tablet Extended Release
  Directions: 1 tablet oral every eight hours
- lactulose 10 gram/15 mL Solution
  Directions: 30 mL oral twice a day PRN constipation
  Additional Instructions: if no BM in 3 days
- bisacodyl (Dulcolax (bisacodyl)) 10 mg Suppository
  Directions: 1 suppository per rectum daily PRN constipation
  Additional Instructions: if no BM in 4 days

Created by: CCDA Workflow on September 21, 2018

Confidential Report. Dispose of Appropriately!

09/24/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Wound Care
Visit diagnoses:

- Non-pressure chronic ulcer of left calf with fat layer exposed (primary)
- Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf
- Chronic venous hypertension with ulcer and inflammation, left
- Adult failure to thrive syndrome
- Diabetic ulcer of lower extremity

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Norsworthy, Nilufer Bozdemir, MD	Norsworthy, Nilufer Bozdemir, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 2 weeks (around 10/8/2018) for routine follow-up.

Level of Service

Level of Service	Modifiers
OFFICE OUTPATIENT VISIT 25 MINUTES	25 SIGNIFICANT, SPRTLY IDABLE EVAL & MGMT ON SAME DAY BY SAME PROV

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017

09/24/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

Clinical Notes

Progress Notes

McKisson, Kimberly A, RN at 9/24/2018 0830

Pts son reports pt is combative, losing weight, loss of appetite. They are currently staying in a Hobbit house on Bainbridge Island. Mary Jo has been taking care of her wound at Parkridge. Pt left Parkrigde on and was admitted to NWH until 9/18/18.

Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

Cleanse wounds with water and pat dry
Apply Silver Alginate, ABD Pad, Wrap gauze,
And tape to secure
Change dressing 2 x per week
Apply Zinc Oxide to excoriated skin
Tubi-Grip Daily

Elevate leg as much as possible

Try to eat high calorie, high protein food sources
Supplementation with Boost between meals
Please don't use pools and/or public water facilities
Showers are fine

Electronically signed by McKisson, Kimberly A, RN at 9/24/2018 11:10 AM

Norsworthy, Nilufer Bozdemir, MD at 9/24/2018 0830

PROGRESS NOTE
9/24/2018

ID/CC:
Jeanne Leonie Hoffman is a 93 year old female with multiple left ankle and calf ulcers with DM2 and mixed vascular disease and adult failure to thrive syndrome is seen today for Wound Care

INTERVAL HISTORY: The wounds are smaller in general but covered with heavy bioburden and slough. There is some skin eruption due to stasis dermatitis. There is no sign of cellulitis.
This is a new patient for me and records are reviewed. One of the main concern today is her ongoing weight loss and poor oral intake due to poor appetite. She was discharged from SNF, Parkridge on 9/11/2018 and returned to hospital in a day due to no oral intake and dehydration. She stayed in hospital for a week and did not want to return to SNF. Currently living in a tent in Bainbridge Island at a homeless community. According to the son he has not been eating but couple bites per day. For the last one week she is visibly fatigued and has disarticulate speech. According to her son she lost at least a size worth of weight with in last month.
She has known PAD with pain at ambulation and on pentoxifylline. Also severe reflux disease with remote history of DVTs.
She had
l. Ultrasound-guided left greater saphenous vein access.
2. Radiofrequency ablation of left greater saphenous vein.
3. Microphlebectomy of varicose veins with six separate stab incisions.
4. Debridement of the lateral ankle ulcer l.2 x 1 cm to fat layer exposed.
5. Debridement of the medial calf ulcer 2.5 x 3 cm to fat layer exposed.
6. Debridement of the medial ankle ulcer 3 x 2.5 cm to fat layer exposed.
7. All debridements were performed sharp excisional debridement.
On 7/26/2018 by Dr. Rollo, MD. She has been tolerating the compression wraps well with pressure 20/30mmHg.

A 14-category ROS was reviewed with patient:
CONSTITUTIONAL:Denies, fatigue, fever, . Does have, weight loss ~10lbs/month, limb pain

Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Current Outpatient Prescriptions:
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab, one po once daily for arthritic pain as needed (Patient taking differently: 1 tablet every 4 hours as needed for pain. one po once daily for arthritic pain as needed), Disp: 60 tablet, Rfl: 2
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab, Take 1 tablet by mouth 2 times a day., Disp: , Rfl:

09/24/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

- Pentoxifylline ER 400 MG Oral Tab CR, Take 1 tablet (400 mg) by mouth 3 times a day., Disp: 270 tablet, Rfl: 3
- Timolol Maleate 0.5 % Ophthalmic Solution, INSTILL ONE DROP IN EACH EYE TWICE DAILY., Disp: 5 mL, Rfl: 0
- Warfarin Sodium (COUMADIN) 5 MG Oral Tab, 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays (Patient taking differently: 1 TAB PO ONCE each evening except 0.5 tab on Thursdays and Sundays), Disp: 90 tablet, Rfl: 3

EXAM:
Vital Signs: BP 102/70 | Pulse 68 | Temp 98.5 °F (36.9 °C) | Resp 16 | Wt 113 lb (51.3 kg) | BMI 20.67 kg/m² Body mass index is 20.67 kg/m².

Edema:
Left Lower:

Right Lower:

Vascular:
Left Lower:

Right Lower:

Wound Data:

Wound 05/17/17 #1 Left Calf Lateral (Active)

Date First Assessed/Time First Assessed: 05/17/17 1410 Date Acquired: 03/01/17 Wound Number: #1 Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: Lateral Result of an Accident: No... Number of days: 495

Wound 05/17/17 #3 Left Ankle Medial (Active)

Date First Assessed/Time First Assessed: 05/17/17 1410 Date Acquired: 03/01/17 Wound Number: #3 Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Ankle Orientation: Medial Result of an Accident: No... Number of days: 495

Wound 05/17/17 #4 Left Calf Posterior (Active)

Date First Assessed/Time First Assessed: 05/17/17 1410 Date Acquired: 03/01/17 Wound Number: #4 Primary Wound Type: Venous Ulcer Wounding Event: Gradually Appeared Laterality: Left Location: Calf Orientation: Posterior Result of an Accident: ... Number of days: 495

Wound 05/17/17 #1 Left Calf Lateral (Active)

Thickness	Full thickness without exposed support structure	9/24/2018 9:14 AM
Wound Length (cm)	0.8 cm	9/24/2018 9:14 AM
Wound Width (cm)	0.2 cm	9/24/2018 9:14 AM
Wound Depth (cm)	0.1 cm	9/24/2018 9:14 AM
Wound Volume (cm^3)	0.02 cm^3	9/24/2018 9:14 AM
Wound Healing %	99 cm	9/24/2018 9:14 AM
Wound Surface Area (cm^2)	0.16 cm^2	9/24/2018 9:14 AM
Exudate Amt	Scant	9/24/2018 9:14 AM
Exudate Type	Serosanguineous	9/24/2018 9:14 AM

09/24/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Foul Odor After Cleansing	No	9/24/2018 9:14 AM
Granulation Amt	None Present	9/24/2018 9:14 AM
Necrosis	None Present	9/24/2018 9:14 AM
Slough	None Present	9/24/2018 9:14 AM
Structure Exposed	None Present	9/24/2018 9:14 AM
Margin	Distinct, Outline Attached	9/24/2018 9:14 AM
Peri-wound Assessment	Intact	9/24/2018 9:14 AM
Temperature	No Abnormality	9/24/2018 9:14 AM

Number of days: 495

Wound 05/17/17 #3 Left Ankle Medial (Active)

Thickness	Full thickness without exposed support structure	9/24/2018 9:14 AM
Wound Length (cm)	2.1 cm	9/24/2018 9:14 AM
Wound Width (cm)	0.8 cm	9/24/2018 9:14 AM
Wound Depth (cm)	0.2 cm	9/24/2018 9:14 AM
Wound Volume (cm^3)	0.34 cm^3	9/24/2018 9:14 AM
Wound Healing %	73 cm	9/24/2018 9:14 AM
Wound Surface Area (cm^2)	1.68 cm^2	9/24/2018 9:14 AM
Exudate Amt	Moderate	9/24/2018 9:14 AM
Exudate Type	Yellow	9/24/2018 9:14 AM
Foul Odor After Cleansing	No	9/24/2018 9:14 AM
Granulation Amt	Medium - 34-66%	9/24/2018 9:14 AM
Necrosis	None Present	9/24/2018 9:14 AM
Slough	Medium - 34-66%	9/24/2018 9:14 AM
Structure Exposed	Adipose	9/24/2018 9:14 AM
Margin	Distinct, Outline Attached	9/24/2018 9:14 AM
Peri-wound Assessment	Hyperpigmented	9/24/2018 9:14 AM
Temperature	No Abnormality	9/24/2018 9:14 AM

Number of days: 495

Wound 05/17/17 #4 Left Calf Posterior (Active)

Thickness	Full thickness without exposed support structure	9/24/2018 9:14 AM
Wound Length (cm)	5.2 cm	9/24/2018 9:14 AM
Wound Width (cm)	3 cm	9/24/2018 9:14 AM
Wound Depth (cm)	0.1 cm	9/24/2018 9:14 AM
Wound Volume (cm^3)	1.56 cm^3	9/24/2018 9:14 AM
Wound Healing %	25 cm	9/24/2018 9:14 AM
Wound Surface Area (cm^2)	15.6 cm^2	9/24/2018 9:14 AM
Exudate Amt	Moderate	9/24/2018 9:14 AM
Exudate Type	Serosanguineous	9/24/2018 9:14 AM
Foul Odor After Cleansing	No	9/24/2018 9:14 AM
Granulation Amt	Medium - 34-66%	9/24/2018 9:14 AM
Necrosis	None Present	9/24/2018 9:14 AM
Slough	Medium - 34-66%	9/24/2018 9:14 AM
Structure Exposed	Adipose	9/24/2018 9:14 AM
Margin	Distinct, Outline Attached	9/24/2018 9:14 AM
Peri-wound Assessment	Hyperpigmented	9/24/2018 9:14 AM
Temperature	No Abnormality	9/24/2018 9:14 AM

Number of days: 495

Burn Data:

Ulcer Data:

LABS:
No results found for: CBC

Hemoglobin A1C

Date	Value	Ref Range	Status
02/24/2016	6.2 (H)	4.0 - 6.0 %	Final
12/24/2013	6.2 (H)	4.0 - 6.0 %	
12/12/2012	6.0	4.0 - 6.0 %	

No components found for: BMP

Erythrocyte Sedimentation Rate

Date	Value	Ref Range	Status
05/31/2018	59 (H)	0 - 20 mm/h	Final

No components found for: HSCRP
No components found for: ALB
No results found for: TTHY

Diagnostics: last blood tests from 9/18/18 indicating normocytic anemia (9.6/31%) and Cre is down to 0.7 from 0.8

PROCEDURE
Wound/Ulcer: # 4 / Description: wound bed is covered with yellow stringy slough and black/green spots at the wound bed. Edges are rolled in.
Indication for Debridement: abnormal wound edge, abnormal wound base and slough, exudate
Anesthetic: lidocaine 4% topical solution
Type and Level of Debridement:
-Surgical/Excisional: : subcutaneous tissue
Tissue and/or Material Removed: fibrin/slough, non-viable, skin, subcutaneous and viable
Severity: fat layer exposed
Instruments Used: curette
Bleeding: small
Bleeding Controlled with: pressure
Actual Area Debrided
-Total Square cm2 = ~16 cm2
Character of Wound/Ulcer Post-Debridement and Post-Debridement Measurements: Improved: Length 5.2cm X Width 3.1cm X Depth: 0.3cm
Patient tolerated the procedure well.
The wound looked improved after the debridement

ASSESSMENT/PLAN: patient with left limb ulcers with DM2, mixed vascular disease, edema and anemia and protein calori malnutrition with adult failure to thrive. She has challenging lifestyle by living as urban nomad

providing suboptimal living conditions.
For adult failure to thrive recommend working closely with PCP. She should start taking protein/calori supplements as the poor nutrition is a critical barrier for healing.
For wounds we will use silver alginate to continue autolytic debridement. Continue compression wraps.
(L97.222) Non-pressure chronic ulcer of left calf with fat layer exposed (HCC) (primary encounter diagnosis)
(I70.442) Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)
(I87.332) Chronic venous hypertension with ulcer and inflammation, left (HCC)
(R62.7) Adult failure to thrive syndrome
(E11.622, L97.909) Diabetic ulcer of lower extremity (HCC)
Jeanne was seen today for wound care.

Diagnoses and all orders for this visit:

Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Chronic venous hypertension with ulcer and inflammation, left (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Adult failure to thrive syndrome
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Diabetic ulcer of lower extremity (HCC)
- NURSING COMMUNICATION
- DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<

Patient Instructions
Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

Cleanse wounds with water and pat dry
Apply Silver Alginate, ABD Pad, Wrap gauze,
And tape to secure
Change dressing 2 x per week
Apply Zinc Oxide to excoriated skin
Tubi-Grip Daily

Elevate leg as much as possible

Try to eat high calorie, high protein food sources
Supplementation with Boost between meals

09/24/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Please don't use pools and/or public water facilities
Showers are fine

Return in about 2 weeks (around 10/8/2018) for routine follow-up.

Total time of 40 minutes was spent face to face with the patient, of which >50% was spent counseling and coordinating the patient's care as outlined above.

Nilufer B Norsworthy, MD

Electronically signed by Norsworthy, Nilufer Bozdemir, MD at 9/24/2018 3:10 PM

Miller, Rebecca J, CMA at 9/24/2018 0830

Dressing applied per provider order.

Electronically signed by Miller, Rebecca J, CMA at 9/24/2018 10:54 AM

Flowsheets

Custom Formula Data

Row Name	09/24/18 0926
Pct Wt Change	0 %

Vital Data

Row Name	09/24/18 0926
Weight	51.3 kg (113 lb)
BP	102/70
Temp	36.9 °C
Pulse	68
Resp	16

Wound Assessment/Care

Row Name	09/24/18 0914
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #6 Left Lateral Calf F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0948 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Wound Length (cm)	0.8 cm
Wound Width (cm)	0.2 cm

09/24/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	0.02 cm^3
Wound Healing %	99 cm
Wound Surface Area (cm^2)	0.16 cm^2
Exudate Amt	Scant
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	None Present
Structure Exposed	None Present
Margin	Distinct, Outline Attached
Peri-wound Assessment	Intact
Temperature	No Abnormality
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1400 Date Acquired: 03/01/17 Wound Number: #2 Primary Wound Type: Venous Ulcer Laterality: Left Location: Ankle Orientation: Lateral Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 09/24/18 Final Assessment Time: 0918 Wound Outcome: Healed
Wound Image	—
Thickness	Full thickness without exposed support structure
Wound Length (cm)	0 cm
Wound Width (cm)	0 cm
Wound Depth (cm)	0 cm
Wound Volume (cm^3)	0 cm^3
Wound Healing %	100 cm
Wound Surface Area (cm^2)	0 cm^2
Exudate Amt	None
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #7 Left Med Mall F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0955 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Wound Length (cm)	2.1 cm
Wound Width (cm)	0.8 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	0.34 cm^3
Wound Healing %	73 cm
Wound Surface Area (cm^2)	1.68 cm^2

09/24/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Exudate Amt	Moderate
Exudate Type	Yellow
Foul Odor After Cleansing	No
Granulation Amt	Medium - 34-66%
Necrosis	None Present
Slough	Medium - 34-66%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Peri-wound Assessment	Hyperpigmented
Temperature	No Abnormality
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #5 Left Post Calf F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0956 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Wound Length (cm)	5.2 cm
Wound Width (cm)	3 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	1.56 cm^3
Wound Healing %	25 cm
Wound Surface Area (cm^2)	15.6 cm^2
Exudate Amt	Moderate
Exudate Type	Serosanguineous
Foul Odor After Cleansing	No
Granulation Amt	Medium - 34-66%
Necrosis	None Present
Slough	Medium - 34-66%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Peri-wound Assessment	Hyperpigmented
Temperature	No Abnormality

Images for: [REMOVED] Wound 05/17/17 #2 Left Ankle Lateral

Property Name	Property Values
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1400 Date Acquired: 03/01/17 Wound Number: #2 Primary Wound Type: Venous Ulcer Laterality: Left Location: Ankle Orientation: Lateral Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 09/24/18 Final Assessment Time: 0918 Wound Outcome: Healed

19631585

Scan on 9/25/2018 10:58 AM by Riaz, Tazneem, CMA: IMG_5984 (below)

09/24/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)



Patient Instructions

Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

Cleanse wounds with water and pat dry
Apply Silver Alginate, ABD Pad, Wrap gauze,
And tape to secure
Change dressing 2 x per week
Apply Zinc Oxide to excoriated skin
Tubi-Grip Daily

09/24/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Patient Instructions (continued)

Elevate leg as much as possible

Try to eat high calorie, high protein food sources
Supplementation with Boost between meals
Please don't use pools and/or public water facilities
Showers are fine

Electronically signed by McKisson, Kimberly A, RN at 9/24/2018 9:46 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

09/24/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
9/24/2018 8:30 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

Cleanse wounds with water and pat dry
Apply Silver Alginate, ABD Pad, Wrap gauze,
And tape to secure
Change dressing 2 x per week
Apply Zinc Oxide to excoriated skin
Tubi-Grip Daily

Elevate leg as much as possible

Try to eat high calorie, high protein food sources
Supplementation with Boost between meals
Please don't use pools and/or public water facilities
Showers are fine

Return in about 2 weeks
(around 10/8/2018) for routine follow-up.

What's Next

SEP 26 2018 Return Wellness Appointment with William E Neighbor, MD
Wednesday September 26 9:20 AM (Arrive by 9:05 AM)
Please contact your insurance company to verify your coverage for routine preventative care.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw Nilufer B Norsworthy, MD on Monday September 24, 2018. The following issues were addressed: Non-pressure chronic ulcer of left calf with fat layer exposed (HCC); Atherosclerosis of autologous vein bypass graft of left lower extremity with ulceration of calf (HCC); Chronic venous hypertension with ulcer and inflammation, left (HCC); and Adult failure to thrive syndrome.

Blood Pressure 102/70	BMI 20.67
Weight 113 lb	Temperature 98.5 °F
Pulse 68	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

09/24/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of 9/24/18 9:46 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays **According to our records, you may have been taking this medication differently.**

Patient Demographics

Address
1250 NE 145th St
SHORELINE WA 98155

Contact Numbers
206-363-5856

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/24/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 9/24/2018 9:46 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
9/24/2018 8:30 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

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And tape to secure
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Jeanne L. Hoffman (MRN: U8170135) • Printed at 9/24/18 9:46 AM

Page 1 of 2 Epic

09/24/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of 9/24/18 9:46 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
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Patient Demographics

Address
1250 NE 145th St
SHORELINE WA 98155

Contact Numbers
206-363-5856

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/24/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

After Visit Summary - Document on 9/24/2018 9:46 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
9/24/2018 8:30 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Nilufer B Norsworthy, MD

Wound Care for:
Left Lateral Calf
Left Medial Ankle
Left Post Calf

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And tape to secure
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Return in about 2 weeks
(around 10/8/2018) for routine follow-up.

What's Next

SEP 26 2018 Return Wellness Appointment with William E Neighbor, MD
Wednesday September 26 9:20 AM (Arrive by 9:05 AM)
Please contact your insurance company to verify your coverage for routine preventative care.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

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Blood Pressure 102/70	BMI 20.67
Weight 113 lb	Temperature 98.5 °F
Pulse 68	Respiration 16

eCare Sign-Up

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 9/24/18 9:46 AM

Page 1 of 2 Epic

09/24/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of 9/24/18 9:46 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
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Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays **According to our records, you may have been taking this medication differently.**

Patient Demographics

Address
1250 NE 145th St
SHORELINE WA 98155

Contact Numbers
206-363-5856

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

09/20/2018 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN
9/20/2018 11:15 AM

Canceled

Time	Provider	Department	Length
11:15 AM	Norsworthy, Nilufer Bozdemir, MD	ZZNWH WOUND CARE	15 min

Enc Form Number: 34470810

History

Rescheduled:	9/17/2018 10:19 AM	By:	Kalskett, Haley Elizabeth	ES
Canceled:	9/19/2018 11:32 AM	By:	Kalskett, Haley Elizabeth	ES
Cancel Rsn:	Patient-Unable to keep appointment			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

09/13/2018 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN
9/13/2018 9:30 AM

Canceled

Time	Provider	Department	Length
9:30 AM	Luu, Paul, MD	ZZNWH WOUND CARE	15 min

History

Made On:	9/7/2018 9:43 AM	By:	Byrd, Joseph J	ES
Canceled:	9/12/2018 2:59 PM	By:	Carroll, Linda, PSS/PSR	ES
Cancel Rsn:	Patient-Admitted/Hospitalized			

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

09/11/2018 - Abstract in UW Medical Center - Northwest Internal Medicine Consult Clinic

Visit Information

Provider Information

Encounter Provider
Ellingson, Sonja Marie, MD

Department

Name	Address	Phone	Fax
UW Medical Center - Northwest Internal Medicine Consult Clinic	1536 N. 115th St., Suite 300 Seattle WA 98133-8414	206-668-3075	206-668-5214

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL

Visit Information

Admission Information

Arrival Date/Time:	09/10/2018 1855	Admit Date/Time:	09/10/2018 1856	IP Adm. Date/Time:	09/12/2018 1241
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Aid - King Co (Bls)	Primary Service:	Internal Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	ZZNORTHWEST HOSPITAL AND MEDICAL CENTER	Unit:	NWH 4S SURGICAL
Admit Provider:	Cella, Julie Teresa, MD	Attending Provider:	Cella, Julie Teresa, MD	Referring Provider:	

Discharge Information

Date/Time: 09/19/2018 1330 | Disposition: 06 Home Health Care | Destination: Other
Provider: Abbott Klafter, Jesse, MD | Unit: NWH 4S SURGICAL

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 9/4/2019
Quantity: 270 tablet | Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 9/26/2018
Action: Patient taking differently | Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 11/28/2018
Action: Patient taking differently | Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/8/2017
Start date: 12/8/2017 | End date: 4/12/2019
Quantity: 5 mL | Refill: No refills remaining

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Medication List (continued)

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

Labs

Glucose, Finger Stick POC (Edited Result - FINAL)

Electronically signed by: **Uw Lab Results Interface, User on 09/10/18 1924**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/10/18 1924
Ordering provider: Clinic Pcp, Unassigned Or
Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: Routine Once 09/10/18 1930 - 1 occurrence
Quantity: 1
Lab status: Edited Result - FINAL
Instance released by: (auto-released) 9/10/2018 7:33 PM
Order comments: Ordered by an unspecified provider

Specimen Information

ID	Type	Source	Collected By
M83581	Whole blood	—	09/10/18 1924

Glucose, Finger Stick POC (Abnormal)

Resulted: 09/10/18 1932, Result status: Edited Result - FINAL

Ordering provider: Clinic Pcp, Unassigned Or 09/10/18 1924
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/12/18 2022
Collected by: 09/10/18 1924
Resulting lab: NWH POINT OF CARE

Components

Component	Value	Reference Range	Flag	Lab
Glucose, Finger Stick POC Comment: Fingerstick	131	62 - 125 mg/dL	H	NWPOC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - NWPOC	NWH POINT OF CARE	Del Moro, Julie J	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 1000 - 08/18/21 1018

CBC, DIFF (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/10/18 1938**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/10/18 1938
Ordering provider: Omura, Travis Allen, MD
Authorized by: Omura, Travis Allen, MD
Ordering mode: Standard
Frequency: STAT Once 09/10/18 1945 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/10/2018 7:47 PM

Specimen Information

ID	Type	Source	Collected By
M83542	—	—	5338 09/10/18 1938

CBC, DIFF (Abnormal)

Resulted: 09/10/18 1946, Result status: Final result

Ordering provider: Omura, Travis Allen, MD 09/10/18 1938
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/10/18 1947
Collected by: 5338 09/10/18 1938

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.24	4.3 - 10.0 10*3/uL	—	NWH
RBC	3.69	3.80 - 5.00 10*6/uL	L	NWH
Hemoglobin	10.1	11.5 - 15.5 g/dL	L	NWH
Hematocrit	32	36 - 45 %	L	NWH
MCV	87	81 - 98 fL	—	NWH
MCH	27.4	27.3 - 33.6 pg	—	NWH
MCHC	31.5	32.2 - 36.5 g/dL	L	NWH
Platelet Count	289	150 - 400 10*3/uL	—	NWH
RDW-CV	14.0	11.6 - 14.4 %	—	NWH
% Neutrophils	58	%	—	NWH
% Lymphocytes	26	%	—	NWH
% Monocytes	11	%	—	NWH
% Eosinophils	3	%	—	NWH
% Basophils	1	%	—	NWH
% Immature Granulocytes	1	%	—	NWH
Neutrophils	3.66	1.80 - 7.00 10*3/uL	—	NWH
Absolute Lymphocyte Count	1.65	1.00 - 4.80 10*3/uL	—	NWH
Monocytes	0.67	0.00 - 0.80 10*3/uL	—	NWH
Absolute Eosinophil Count	0.19	0.00 - 0.50 10*3/uL	—	NWH
Basophils	0.04	0.00 - 0.20 10*3/uL	—	NWH
Immature Granulocytes	0.03	0.00 - 0.05 10*3/uL	—	NWH
Nucleated RBC	0.00	0.00 10*3/uL	—	NWH
% Nucleated RBC	0	%	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

COMPREHENSIVE METABOLIC PANEL (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/10/18 1938** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/10/18 1938
Ordering provider: Omura, Travis Allen, MD
Authorized by: Omura, Travis Allen, MD
Ordering mode: Standard
Frequency: STAT Once 09/10/18 1945 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/10/2018 8:06 PM

Specimen Information

ID	Type	Source	Collected By
M83542	—	—	5338 09/10/18 1938

COMPREHENSIVE METABOLIC PANEL (Abnormal) Resulted: 09/10/18 2006, Result status: Final result

Ordering provider: Omura, Travis Allen, MD 09/10/18 1938
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/10/18 2006
Collected by: 5338 09/10/18 1938
Resulting lab: NORTHWEST HOSPITAL LAB

Components

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
Sodium	135	135 - 145 meq/L	—	NWH
Potassium	4.1	3.6 - 5.2 meq/L	—	NWH
Chloride	102	98 - 108 meq/L	—	NWH
Carbon Dioxide, Total	26	22 - 32 meq/L	—	NWH
Anion Gap	7	4 - 12	—	NWH
Glucose	131	62 - 125 mg/dL	H	NWH
Urea Nitrogen	26	8 - 21 mg/dL	H	NWH
Creatinine	0.91	0.38 - 1.02 mg/dL	—	NWH
Protein (Total)	7.0	6.0 - 8.2 g/dL	—	NWH
Albumin	3.6	3.5 - 5.2 g/dL	—	NWH
Bilirubin (Total)	0.3	0.2 - 1.3 mg/dL	—	NWH
Calcium	8.9	8.9 - 10.2 mg/dL	—	NWH
AST (GOT)	14	9 - 38 U/L	—	NWH
Alkaline Phosphatase (Total)	66	49 - 199 U/L	—	NWH
ALT (GPT)	9	7 - 33 U/L	—	NWH
GFR, Calc, European American	58	>59 mL/min/{1.73_m2}	L	NWH
GFR, Calc, African American	>60	>59 mL/min/{1.73_m2}	—	NWH
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

ALCOHOL (ETHYL) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/10/18 1938** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/10/18 1938
Ordering provider: Omura, Travis Allen, MD
Authorized by: Omura, Travis Allen, MD
Ordering mode: Standard
Frequency: STAT Once 09/10/18 1945 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/10/2018 8:06 PM

Specimen Information

ID	Type	Source	Collected By
M83542	—	—	5338 09/10/18 1938

ALCOHOL (ETHYL) Resulted: 09/10/18 2006, Result status: Final result

Ordering provider: Omura, Travis Allen, MD 09/10/18 1938
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/10/18 2006
Collected by: 5338 09/10/18 1938
Resulting lab: NORTHWEST HOSPITAL LAB

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Alcohol (Ethyl)	Negative	NRN mg/dL	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

TROPONIN_I (Edited Result - FINAL)

Electronically signed by: **Uw Lab Results Interface, User on 09/10/18 1938** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/10/18 1938
Ordering provider: Omura, Travis Allen, MD
Authorized by: Omura, Travis Allen, MD
Ordering mode: Standard
Frequency: STAT Once 09/10/18 1945 - 1 occurrence
Quantity: 1
Lab status: Edited Result - FINAL
Instance released by: (auto-released) 9/10/2018 9:14 PM

Specimen Information

ID	Type	Source	Collected By
M83542	Serum	—	5338 09/10/18 1938

Resulted: 09/10/18 2114, Result status: Edited Result - FINAL

TROPONIN_I

Ordering provider: Omura, Travis Allen, MD 09/10/18 1938
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/12/18 2023
Collected by: 5338 09/10/18 1938
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Troponin_I	<0.03	<0.04 ng/mL	—	NWH
Comment: A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG				
Troponin_I Interpretation	Normal	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/10/18 1938** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/10/18 1938
Ordering provider: Omura, Travis Allen, MD
Authorized by: Omura, Travis Allen, MD
Ordering mode: Standard
Frequency: STAT Once 09/10/18 1945 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/10/2018 9:22 PM

Specimen Information

ID	Type	Source	Collected By
M83542	—	—	5338 09/10/18 1938

Prothrombin Time (NWH) (Abnormal) Resulted: 09/10/18 2122, Result status: Final result

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Ordering provider: Omura, Travis Allen, MD 09/10/18 1938
Filed by: Uw Lab Results Interface, User 09/10/18 2122
Resulting lab: NORTHWEST HOSPITAL LAB

Order status: Completed
Collected by: 5338 09/10/18 1938

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	17.4	8.9 - 12.1 s	H	NWH
Prothrombin INR	1.9	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

B_TYPE NATRIURETIC PEPTIDE (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/10/18 1938**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/10/18 1938
Authorized by: Omura, Travis Allen, MD
Frequency: STAT Once 09/10/18 1945 - 1 occurrence
Lab status: Final result

Ordering provider: Omura, Travis Allen, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/10/2018 9:35 PM

Specimen Information

ID	Type	Source	Collected By
M83542	—	—	5338 09/10/18 1938

B_TYPE NATRIURETIC PEPTIDE

Resulted: 09/10/18 2135, Result status: Final result

Ordering provider: Omura, Travis Allen, MD 09/10/18 1938
Filed by: Uw Lab Results Interface, User 09/10/18 2135
Resulting lab: NORTHWEST HOSPITAL LAB

Order status: Completed
Collected by: 5338 09/10/18 1938

Components

Component	Value	Reference Range	Flag	Lab
B_Type Natriuretic Peptide	84	<101 pg/mL	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Procalcitonin (NWH) (Edited Result - FINAL)

Electronically signed by: **Uw Lab Results Interface, User on 09/10/18 1938**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/10/18 1938
Authorized by: Omura, Travis Allen, MD
Frequency: STAT Once 09/10/18 1945 - 1 occurrence
Lab status: Edited Result - FINAL

Ordering provider: Omura, Travis Allen, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/10/2018 10:51 PM

Specimen Information

ID	Type	Source	Collected By
M83542	Serum	—	5338 09/10/18 1938

Procalcitonin (NWH)

Resulted: 09/10/18 2251, Result status: Edited Result - FINAL

Ordering provider: Omura, Travis Allen, MD 09/10/18 1938
Filed by: Uw Lab Results Interface, User 09/12/18 2023

Order status: Completed
Collected by: 5338 09/10/18 1938

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Procalcitonin	<0.05	0 - 0.49 ng/mL	—	NWH
Procalcitonin Comment	Sepsis diagnosis in adults:	—	—	NWH

Comment:
PCT <0.5 ng/mL Low risk for progression to severe systemic bacterial infection. Repeat level in 6-24 hours if infection is strongly suspected.
PCT >=0.5 and <2.0 ng/mL Moderate risk for progression to severe sepsis.
PCT >=2 and <10 ng/mL High risk for progression to severe sepsis.
PCT >=10 ng/mL High likelihood of severe sepsis or septic shock.

PCT concentrations <0.5 ng/mL do not exclude an infection, on account of localized infections (without systemic signs) which can be associated with such low concentrations, or a systemic infection in its initial stages (<6 hours). Furthermore, increased PCT can occur without infection. PCT concentrations between 0.5 and 2.0 ng/mL should be interpreted taking into account the patient's history. It is recommended to retest PCT within 6-24 hours if any concentrations of <2 ng/mL are obtained.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

LAB ADD ON ORDER (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/10/18 2050** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/10/18 2050
Ordering provider: Dewees, Jonathan William, MD
Authorized by: Dewees, Jonathan William, MD
Ordering mode: Standard
Frequency: STAT Once 09/10/18 2100 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/10/2018 8:57 PM

Specimen Information

ID	Type	Source	Collected By
M83860	—	—	09/10/18 2050

LAB ADD ON ORDER

Resulted: 09/10/18 2100, Result status: Final result

Ordering provider: Dewees, Jonathan William, MD 09/10/18 2050
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/10/18 2100
Collected by: 09/10/18 2050
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	BNAP	—	—	NWH
Specimen Type/Description	Blood	—	—	NWH
Sample To Use	MOST RECENT	—	—	NWH
Test Request Status	Order Processed	—	—	NWH

Testing Performed By

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

LAB ADD ON ORDER (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/10/18 2051** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/10/18 2051
Ordering provider: Dewees, Jonathan William, MD
Authorized by: Dewees, Jonathan William, MD
Ordering mode: Standard
Frequency: STAT Once 09/10/18 2100 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/10/2018 8:58 PM

Specimen Information

ID	Type	Source	Collected By
M83861	—	—	09/10/18 2051

LAB ADD ON ORDER Resulted: 09/10/18 2100, Result status: Final result

Ordering provider: Dewees, Jonathan William, MD 09/10/18 2051
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/10/18 2100
Collected by: 09/10/18 2051
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	TROPIG	—	—	NWH
Specimen Type/Description	Blood	—	—	NWH
Sample To Use	MOST RECENT	—	—	NWH
Test Request Status	Order Processed	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

LAB ADD ON ORDER (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/10/18 2058** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/10/18 2058
Ordering provider: Dewees, Jonathan William, MD
Authorized by: Dewees, Jonathan William, MD
Ordering mode: Standard
Frequency: STAT Once 09/10/18 2100 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/10/2018 9:11 PM

Specimen Information

ID	Type	Source	Collected By
M83892	—	—	09/10/18 2058

LAB ADD ON ORDER Resulted: 09/10/18 2112, Result status: Final result

Ordering provider: Dewees, Jonathan William, MD 09/10/18 2058
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/10/18 2112
Collected by: 09/10/18 2058
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	PRONW	—	—	NWH
Specimen Type/Description	Blood	—	—	NWH

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Sample To Use	Information not provided	—	—	NWH
Test Request Status	Order Processed	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Urinalysis with Reflex Culture (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/10/18 2116** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/10/18 2116
Ordering provider: Omura, Travis Allen, MD
Authorized by: Omura, Travis Allen, MD
Ordering mode: Standard
Frequency: STAT Once 09/10/18 2130 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/10/2018 9:48 PM

Specimen Information

ID	Type	Source	Collected By
M83987	—	—	09/10/18 2116

Urinalysis with Reflex Culture (Abnormal) Resulted: 09/10/18 2149, Result status: Final result

Ordering provider: Omura, Travis Allen, MD 09/10/18 2116
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/10/18 2149
Collected by: 09/10/18 2116
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	NWH
Clarity, URN	Clear	—	—	NWH
Specific Gravity, URN	<1.006	1.006 - 1.029 g/mL	L	NWH
pH, URN	5.5	5.0 - 8.0	—	NWH
Protein (Alb Semiquant), URN	Negative	NRN mg/dL	—	NWH
Glucose Qual, URN	Negative	NRN mg/dL	—	NWH
Ketones, URN	Negative	NRN mg/dL	—	NWH
Bilirubin (Qual), URN	Negative	NRN	—	NWH
Occult Blood, URN	Negative	NRN	—	NWH
Nitrite, URN	Negative	NRN	—	NWH
Leukocyte Esterase, URN	Negative	NRN	—	NWH
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}	—	NWH
Comments for Macroscopic, URN	None	—	—	NWH
Collection Method	Urine	—	—	NWH
WBC, URN	0-5(NEG)	Z5NEG /[HPF]	—	NWH
RBC, URN	0-2(NEG)	Z2NEG /[HPF]	—	NWH
Bacteria, URN	Not Seen	NOSEEN	—	NWH
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /[LPF]	A	NWH
Epith Cells Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	NWH
Comments For Microscopic, URN	None	NONE	—	NWH
1st Extra Urine Gray Top	Additional collection tube	—	—	NWH

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

STANDARD DRUG SCREEN, URN (Edited Result - FINAL)

Electronically signed by: **Uw Lab Results Interface, User on 09/10/18 2116** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/10/18 2116
Ordering provider: Omura, Travis Allen, MD
Authorized by: Omura, Travis Allen, MD
Ordering mode: Standard
Frequency: STAT Once 09/10/18 2130 - 1 occurrence
Quantity: 1
Lab status: Edited Result - FINAL
Instance released by: (auto-released) 9/10/2018 9:51 PM

Specimen Information

ID	Type	Source	Collected By
M83987	Urine	—	09/10/18 2116

Resulted: 09/10/18 2151, Result status: Edited Result - FINAL

STANDARD DRUG SCREEN, URN (Abnormal)

Ordering provider: Omura, Travis Allen, MD 09/10/18 2116
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/12/18 2023
Collected by: 09/10/18 2116
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Amphet/Methamphetamine Qual,URN	Negative	NRN	—	NWH
Barbiturate (Qual), URN	Negative	NRN	—	NWH
Benzodiazepines (Qual), URN	Negative	NRN	—	NWH
Cocaine (Qual), URN	Negative	NRN	—	NWH
Alcohol (Ethyl), URN	Negative	NRN mg/dL	—	NWH
Comment: Quantitative testing for ethanol is by enzymatic method. Ethanol cutoff limit: 10 mg/dL				
Methadone (Qual), URN	Negative	NRN	—	NWH
Opiates (Qual), URN	Positive	NRN	A !	NWH
Phencyclidine (Qual), URN	Negative	NRN	—	NWH
Cannabinoids (Qual), URN	Negative	NRN	—	NWH
Tricyclic Antidepressants, URN	Negative	NRN	—	NWH
Acetaminophen Qualitative, URN	Positive	NRN	A !	NWH
Drug Screen Test Info, URN	SEE NOTES	—	—	NWH

Comment:
These results are presumptive and have not been confirmed as positive by an alternate method. Results are for medical management only, and should not be used for legal purposes nor for workplace or pre-employment testing.
Qualitative immunochemical testing for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, methadone, opiates, phencyclidine (PCP), cannabinoids, and tricyclic antidepressants. Positive results indicate immunoreactivity greater than or equal to these calibrators: d-methamphetamine 500 ng/mL, secobarbital 200 ng/mL, lormetazepam 200 ng/mL, benzoylecgonine 150 ng/mL, methadone 150 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortetrahydrocannabinoic acid 50 ng/mL, nortriptyline 1000 ng/mL and acetaminophen 5 mcg/mL. Quantitative testing for ethanol is by an enzymatic method. Results less than 10 mg/dL are reported as negative.
This test was developed and its performance characteristics determined by th
e
University of Washington Department of Laboratory Medicine in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. FDA.

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

LAB ADD ON ORDER (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/10/18 2215** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/10/18 2215
Ordering provider: Dewees, Jonathan William, MD
Authorized by: Dewees, Jonathan William, MD
Ordering mode: Standard
Frequency: STAT Once 09/10/18 2215 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/10/2018 10:23 PM

Specimen Information

ID	Type	Source	Collected By
M84199	—	—	09/10/18 2215

LAB ADD ON ORDER Resulted: 09/10/18 2223, Result status: Final result

Ordering provider: Dewees, Jonathan William, MD 09/10/18 2215
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/10/18 2223
Collected by: 09/10/18 2215
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	PROCNW	—	—	NWH
Specimen Type/Description	Blood	—	—	NWH
Sample To Use	Information not provided	—	—	NWH
Test Request Status	Order Processed	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

CBC, DIFF (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/11/18 0555** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/11/18 0555
Ordering provider: Cella, Julie Teresa, MD
Authorized by: Cella, Julie Teresa, MD
Ordering mode: Standard
Frequency: Routine Once 09/11/18 0600 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/11/2018 6:18 AM

Specimen Information

ID	Type	Source	Collected By
T62563	—	—	4574 09/11/18 0555

CBC, DIFF (Abnormal) Resulted: 09/11/18 0617, Result status: Final result

Ordering provider: Cella, Julie Teresa, MD 09/11/18 0555
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/11/18 0618
Collected by: 4574 09/11/18 0555
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

WBC	5.56	4.3 - 10.0 10*3/uL	—	NWH
RBC	3.25	3.80 - 5.00 10*6/uL	L	NWH
Hemoglobin	9.1	11.5 - 15.5 g/dL	L	NWH
Hematocrit	30	36 - 45 %	L	NWH
MCV	91	81 - 98 fL	—	NWH
MCH	28.0	27.3 - 33.6 pg	—	NWH
MCHC	30.8	32.2 - 36.5 g/dL	L	NWH
Platelet Count	259	150 - 400 10*3/uL	—	NWH
RDW-CV	14.2	11.6 - 14.4 %	—	NWH
% Neutrophils	58	%	—	NWH
% Lymphocytes	26	%	—	NWH
% Monocytes	10	%	—	NWH
% Eosinophils	5	%	—	NWH
% Basophils	1	%	—	NWH
% Immature Granulocytes	0	%	—	NWH
Neutrophils	3.19	1.80 - 7.00 10*3/uL	—	NWH
Absolute Lymphocyte Count	1.47	1.00 - 4.80 10*3/uL	—	NWH
Monocytes	0.56	0.00 - 0.80 10*3/uL	—	NWH
Absolute Eosinophil Count	0.28	0.00 - 0.50 10*3/uL	—	NWH
Basophils	0.04	0.00 - 0.20 10*3/uL	—	NWH
Immature Granulocytes	0.02	0.00 - 0.05 10*3/uL	—	NWH
Nucleated RBC	0.00	0.00 10*3/uL	—	NWH
% Nucleated RBC	0	%	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/11/18 0555** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/11/18 0555
Ordering provider: Cella, Julie Teresa, MD
Authorized by: Cella, Julie Teresa, MD
Ordering mode: Standard
Frequency: Routine Once 09/11/18 0600 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/11/2018 6:19 AM

Specimen Information

ID	Type	Source	Collected By
T62563	—	—	4574 09/11/18 0555

Prothrombin Time (NWH) (Abnormal) Resulted: 09/11/18 0619, Result status: Final result

Ordering provider: Cella, Julie Teresa, MD 09/11/18 0555
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/11/18 0619
Collected by: 4574 09/11/18 0555
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	19.6	8.9 - 12.1 s	H	NWH
Prothrombin INR	2.1	0.8 - 1.3	H	NWH

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/11/18 0555** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/11/18 0555
Authorized by: Cella, Julie Teresa, MD
Frequency: Routine Once 09/11/18 0600 - 1 occurrence
Lab status: Final result
Ordering provider: Cella, Julie Teresa, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/11/2018 6:37 AM

Specimen Information

ID	Type	Source	Collected By
T62563	—	—	4574 09/11/18 0555

BASIC METABOLIC PANEL (Abnormal) Resulted: 09/11/18 0637, Result status: Final result

Ordering provider: Cella, Julie Teresa, MD 09/11/18 0555
Filed by: Uw Lab Results Interface, User 09/11/18 0637
Resulting lab: NORTHWEST HOSPITAL LAB
Order status: Completed
Collected by: 4574 09/11/18 0555

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	NWH
Potassium	3.9	3.6 - 5.2 meq/L	—	NWH
Chloride	111	98 - 108 meq/L	H	NWH
Carbon Dioxide, Total	24	22 - 32 meq/L	—	NWH
Anion Gap	6	4 - 12	—	NWH
Glucose	112	62 - 125 mg/dL	—	NWH
Urea Nitrogen	18	8 - 21 mg/dL	—	NWH
Creatinine	0.75	0.38 - 1.02 mg/dL	—	NWH
Calcium	8.4	8.9 - 10.2 mg/dL	L	NWH
GFR, Calc, European American	>60	>59 mL/min/{1.73 m2}	—	NWH
GFR, Calc, African American	>60	>59 mL/min/{1.73 m2}	—	NWH
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

C. DIFFICILE, TOXIGENIC PCR (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/11/18 1135** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/11/18 1135
Authorized by: Cella, Julie Teresa, MD
Frequency: Timed Once 09/11/18 1145 - 1 occurrence
Lab status: Final result
Ordering provider: Cella, Julie Teresa, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/11/2018 12:34 PM

Specimen Information

ID	Type	Source	Collected By
T63085	—	—	09/11/18 1135

C. DIFFICILE, TOXIGENIC PCR Resulted: 09/11/18 1234, Result status: Final result

Ordering provider: Cella, Julie Teresa, MD 09/11/18 1135
Filed by: Uw Lab Results Interface, User 09/11/18 1234
Resulting lab: NORTHWEST HOSPITAL LAB
Order status: Completed
Collected by: 09/11/18 1135

Components

Component	Value	Reference Range	Flag	Lab
C. Difficile PCR Spec Desc	Stool	—	—	NWH
C. difficile Toxin Gene by PCR	Negative	NRN	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

CBC, DIFF (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/12/18 0356** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/12/18 0356
Authorized by: Cella, Julie Teresa, MD
Frequency: Routine Once 09/12/18 0400 - 1 occurrence
Lab status: Final result
Ordering provider: Cella, Julie Teresa, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/12/2018 4:26 AM

Specimen Information

ID	Type	Source	Collected By
W45542	—	—	4584 09/12/18 0356

CBC, DIFF (Abnormal) Resulted: 09/12/18 0426, Result status: Final result

Ordering provider: Cella, Julie Teresa, MD 09/12/18 0356
Filed by: Uw Lab Results Interface, User 09/12/18 0426
Resulting lab: NORTHWEST HOSPITAL LAB
Order status: Completed
Collected by: 4584 09/12/18 0356

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.66	4.3 - 10.0 10*3/uL	—	NWH
RBC	3.45	3.80 - 5.00 10*6/uL	L	NWH
Hemoglobin	9.3	11.5 - 15.5 g/dL	L	NWH
Hematocrit	30	36 - 45 %	L	NWH
MCV	88	81 - 98 fL	—	NWH
MCH	27.0	27.3 - 33.6 pg	L	NWH
MCHC	30.8	32.2 - 36.5 g/dL	L	NWH

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Platelet Count	276	150 - 400 10*3/uL	—	NWH
RDW-CV	14.2	11.6 - 14.4 %	—	NWH
% Neutrophils	63	%	—	NWH
% Lymphocytes	22	%	—	NWH
% Monocytes	10	%	—	NWH
% Eosinophils	4	%	—	NWH
% Basophils	1	%	—	NWH
% Immature Granulocytes	0	%	—	NWH
Neutrophils	4.23	1.80 - 7.00 10*3/uL	—	NWH
Absolute Lymphocyte Count	1.48	1.00 - 4.80 10*3/uL	—	NWH
Monocytes	0.64	0.00 - 0.80 10*3/uL	—	NWH
Absolute Eosinophil Count	0.25	0.00 - 0.50 10*3/uL	—	NWH
Basophils	0.04	0.00 - 0.20 10*3/uL	—	NWH
Immature Granulocytes	0.02	0.00 - 0.05 10*3/uL	—	NWH
Nucleated RBC	0.00	0.00 10*3/uL	—	NWH
% Nucleated RBC	0	%	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/12/18 0356** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/12/18 0356
Authorized by: Cella, Julie Teresa, MD
Frequency: Routine Once 09/12/18 0400 - 1 occurrence
Lab status: Final result
Ordering provider: Cella, Julie Teresa, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/12/2018 4:36 AM

Specimen Information

ID	Type	Source	Collected By
W45542	—	—	4584 09/12/18 0356

Prothrombin Time (NWH) (Abnormal) Resulted: 09/12/18 0435, Result status: Final result

Ordering provider: Cella, Julie Teresa, MD 09/12/18 0356
Filed by: Uw Lab Results Interface, User 09/12/18 0436
Resulting lab: NORTHWEST HOSPITAL LAB
Order status: Completed
Collected by: 4584 09/12/18 0356

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	28.6	8.9 - 12.1 s	H	NWH
Prothrombin INR	3.1	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

TROPONIN_I (Edited Result - FINAL)

Electronically signed by: **Uw Lab Results Interface, User on 09/12/18 0356** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/12/18 0356
Authorized by: Cella, Julie Teresa, MD
Frequency: Timed Once 09/12/18 0400 - 1 occurrence
Lab status: Edited Result - FINAL
Ordering provider: Cella, Julie Teresa, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/12/2018 4:41 AM

Specimen Information

ID	Type	Source	Collected By
W45534	Serum	—	4584 09/12/18 0356

Resulted: 09/12/18 0440, Result status: Edited Result - FINAL

TROPONIN_I

Ordering provider: Cella, Julie Teresa, MD 09/12/18 0356
Filed by: Uw Lab Results Interface, User 09/12/18 2032
Resulting lab: NORTHWEST HOSPITAL LAB
Order status: Completed
Collected by: 4584 09/12/18 0356

Components

Component	Value	Reference Range	Flag	Lab
Troponin_I	<0.03	<0.04 ng/mL	—	NWH
Comment: A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG				
Troponin_I Interpretation	Normal	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/12/18 0356** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/12/18 0356
Authorized by: Cella, Julie Teresa, MD
Frequency: Routine Once 09/12/18 0400 - 1 occurrence
Lab status: Final result
Ordering provider: Cella, Julie Teresa, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/12/2018 4:47 AM

Specimen Information

ID	Type	Source	Collected By
W45542	—	—	4584 09/12/18 0356

BASIC METABOLIC PANEL (Abnormal) Resulted: 09/12/18 0447, Result status: Final result

Ordering provider: Cella, Julie Teresa, MD 09/12/18 0356
Filed by: Uw Lab Results Interface, User 09/12/18 0447
Resulting lab: NORTHWEST HOSPITAL LAB
Order status: Completed
Collected by: 4584 09/12/18 0356

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	135 - 145 meq/L	—	NWH
Potassium	4.2	3.6 - 5.2 meq/L	—	NWH
Chloride	107	98 - 108 meq/L	—	NWH
Carbon Dioxide, Total	25	22 - 32 meq/L	—	NWH
Anion Gap	8	4 - 12	—	NWH
Glucose	114	62 - 125 mg/dL	—	NWH

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Urea Nitrogen	20	8 - 21 mg/dL	—	NWH
Creatinine	0.81	0.38 - 1.02 mg/dL	—	NWH
Calcium	8.6	8.9 - 10.2 mg/dL	L	NWH
GFR, Calc, European American	>60	>59 mL/min/{1.73_m2}	—	NWH
GFR, Calc, African American	>60	>59 mL/min/{1.73_m2}	—	NWH
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

TROPONIN_I (Edited Result - FINAL)

Electronically signed by: **Uw Lab Results Interface, User on 09/12/18 1140** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/12/18 1140
Authorized by: Cella, Julie Teresa, MD
Frequency: Timed Once 09/12/18 1145 - 1 occurrence
Lab status: Edited Result - FINAL
Ordering provider: Cella, Julie Teresa, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/12/2018 12:06 PM

Specimen Information

ID	Type	Source	Collected By
W45537	Serum	—	4542 09/12/18 1140

TROPONIN_I

Resulted: 09/12/18 1206, Result status: Edited Result - FINAL

Ordering provider: Cella, Julie Teresa, MD 09/12/18 1140
Filed by: Uw Lab Results Interface, User 09/12/18 2034
Resulting lab: NORTHWEST HOSPITAL LAB
Order status: Completed
Collected by: 4542 09/12/18 1140

Components

Component	Value	Reference Range	Flag	Lab
Troponin_I	<0.03	<0.04 ng/mL	—	NWH
Comment: A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG				
Troponin_I Interpretation	Normal	—	—	NWH

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

CBC, DIFF (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/13/18 0510** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/13/18 0510
Ordering provider: Cella, Julie Teresa, MD
Authorized by: Cella, Julie Teresa, MD
Ordering mode: Standard
Frequency: Routine Once 09/13/18 0515 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/13/2018 5:27 AM

Specimen Information

ID	Type	Source	Collected By
H68161	Whole blood	—	4584 09/13/18 0510

CBC, DIFF (Abnormal) Resulted: 09/13/18 0526, Result status: Final result

Ordering provider: Cella, Julie Teresa, MD 09/13/18 0510
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/13/18 0527
Collected by: 4584 09/13/18 0510
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.44	4.3 - 10.0 10*3/uL	—	NWH
RBC	3.53	3.80 - 5.00 10*6/uL	L	NWH
Hemoglobin	9.6	11.5 - 15.5 g/dL	L	NWH
Hematocrit	31	36 - 45 %	L	NWH
MCV	88	81 - 98 fL	—	NWH
MCH	27.2	27.3 - 33.6 pg	L	NWH
MCHC	31.0	32.2 - 36.5 g/dL	L	NWH
Platelet Count	281	150 - 400 10*3/uL	—	NWH
RDW-CV	14.2	11.6 - 14.4 %	—	NWH
% Neutrophils	63	%	—	NWH
% Lymphocytes	22	%	—	NWH
% Monocytes	10	%	—	NWH
% Eosinophils	4	%	—	NWH
% Basophils	1	%	—	NWH
% Immature Granulocytes	0	%	—	NWH
Neutrophils	4.03	1.80 - 7.00 10*3/uL	—	NWH
Absolute Lymphocyte Count	1.41	1.00 - 4.80 10*3/uL	—	NWH
Monocytes	0.67	0.00 - 0.80 10*3/uL	—	NWH
Absolute Eosinophil Count	0.28	0.00 - 0.50 10*3/uL	—	NWH
Basophils	0.03	0.00 - 0.20 10*3/uL	—	NWH
Immature Granulocytes	0.02	0.00 - 0.05 10*3/uL	—	NWH
Nucleated RBC	0.00	0.00 10*3/uL	—	NWH
% Nucleated RBC	0	%	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/13/18 0510** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/13/18 0510
Ordering provider: Cella, Julie Teresa, MD
Authorized by: Cella, Julie Teresa, MD
Ordering mode: Standard
Frequency: Routine Once 09/13/18 0515 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/13/2018 5:40 AM

Specimen Information

ID	Type	Source	Collected By
H68161	Plasma	—	4584 09/13/18 0510

Prothrombin Time (NWH) (Abnormal) Resulted: 09/13/18 0539, Result status: Final result

Ordering provider: Cella, Julie Teresa, MD 09/13/18 0510
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/13/18 0540
Collected by: 4584 09/13/18 0510
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	28.0	8.9 - 12.1 s	H	NWH
Prothrombin INR	3.0	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/13/18 0510** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/13/18 0510
Ordering provider: Cella, Julie Teresa, MD
Authorized by: Cella, Julie Teresa, MD
Ordering mode: Standard
Frequency: Routine Once 09/13/18 0515 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/13/2018 5:58 AM

Specimen Information

ID	Type	Source	Collected By
H68161	Serum	—	4584 09/13/18 0510

BASIC METABOLIC PANEL (Abnormal) Resulted: 09/13/18 0558, Result status: Final result

Ordering provider: Cella, Julie Teresa, MD 09/13/18 0510
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/13/18 0558
Collected by: 4584 09/13/18 0510
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	NWH
Potassium	4.3	3.6 - 5.2 meq/L	—	NWH
Chloride	109	98 - 108 meq/L	H	NWH
Carbon Dioxide, Total	25	22 - 32 meq/L	—	NWH
Anion Gap	7	4 - 12	—	NWH
Glucose	117	62 - 125 mg/dL	—	NWH
Urea Nitrogen	25	8 - 21 mg/dL	H	NWH
Creatinine	0.83	0.38 - 1.02 mg/dL	—	NWH

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Calcium	8.5	8.9 - 10.2 mg/dL	L	NWH
GFR, Calc, European American	>60	>59 mL/min/{1.73_m2}	—	NWH
GFR, Calc, African American	>60	>59 mL/min/{1.73_m2}	—	NWH
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/14/18 1010** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/14/18 1010
Ordering provider: Ellingson, Sonja Marie, MD
Authorized by: Ellingson, Sonja Marie, MD
Ordering mode: Standard
Frequency: Routine Once 09/14/18 1015 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/14/2018 10:36 AM

Specimen Information

ID	Type	Source	Collected By
F55350	Plasma	—	5083 09/14/18 1010

Prothrombin Time (NWH) (Abnormal) Resulted: 09/14/18 1036, Result status: Final result

Ordering provider: Ellingson, Sonja Marie, MD 09/14/18 1010
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/14/18 1036
Collected by: 5083 09/14/18 1010
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	21.1	8.9 - 12.1 s	H	NWH
Prothrombin INR	2.3	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Prothrombin Time (NWH) (Final result)

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Electronically signed by: **Uw Lab Results Interface, User on 09/15/18 0545** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/15/18 0545
Authorized by: Ellingson, Sonja Marie, MD
Frequency: Routine Once 09/15/18 0545 - 1 occurrence
Lab status: Final result
Ordering provider: Ellingson, Sonja Marie, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/15/2018 6:15 AM

Specimen Information

ID	Type	Source	Collected By
S85770	Plasma	—	4533 09/15/18 0545

Prothrombin Time (NWH) (Abnormal) Resulted: 09/15/18 0615, Result status: Final result

Ordering provider: Ellingson, Sonja Marie, MD 09/15/18 0545
Filed by: Uw Lab Results Interface, User 09/15/18 0615
Resulting lab: NORTHWEST HOSPITAL LAB
Order status: Completed
Collected by: 4533 09/15/18 0545

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	20.5	8.9 - 12.1 s	H	NWH
Prothrombin INR	2.2	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/16/18 0535** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/16/18 0535
Authorized by: Ellingson, Sonja Marie, MD
Frequency: Routine Once 09/16/18 0545 - 1 occurrence
Lab status: Final result
Ordering provider: Ellingson, Sonja Marie, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/16/2018 6:12 AM

Specimen Information

ID	Type	Source	Collected By
X39016	Plasma	—	5082 09/16/18 0535

Prothrombin Time (NWH) (Abnormal) Resulted: 09/16/18 0611, Result status: Final result

Ordering provider: Ellingson, Sonja Marie, MD 09/16/18 0535
Filed by: Uw Lab Results Interface, User 09/16/18 0612
Resulting lab: NORTHWEST HOSPITAL LAB
Order status: Completed
Collected by: 5082 09/16/18 0535

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	23.0	8.9 - 12.1 s	H	NWH
Prothrombin INR	2.5	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/17/18 0540** Status: **Completed**

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Ordering user: Uw Lab Results Interface, User 09/17/18 0540
Authorized by: Ellingson, Sonja Marie, MD
Frequency: Routine Once 09/17/18 0545 - 1 occurrence
Lab status: Final result

Ordering provider: Ellingson, Sonja Marie, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/17/2018 6:09 AM

Specimen Information

ID	Type	Source	Collected By
M86133	Plasma	—	4533 09/17/18 0540

Prothrombin Time (NWH) (Abnormal)

Resulted: 09/17/18 0609, Result status: Final result

Ordering provider: Ellingson, Sonja Marie, MD 09/17/18 0540
Filed by: Uw Lab Results Interface, User 09/17/18 0609
Resulting lab: NORTHWEST HOSPITAL LAB

Order status: Completed
Collected by: 4533 09/17/18 0540

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	35.2	8.9 - 12.1 s	H	NWH
Prothrombin INR	3.8	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

CBC, DIFF (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/18/18 0605**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/18/18 0605
Authorized by: Ellingson, Sonja Marie, MD
Frequency: Routine Once 09/18/18 0615 - 1 occurrence
Lab status: Final result

Ordering provider: Ellingson, Sonja Marie, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/18/2018 6:43 AM

Specimen Information

ID	Type	Source	Collected By
T73754	Whole blood	—	5081 09/18/18 0605

CBC, DIFF (Abnormal)

Resulted: 09/18/18 0643, Result status: Final result

Ordering provider: Ellingson, Sonja Marie, MD 09/18/18 0605
Filed by: Uw Lab Results Interface, User 09/18/18 0643
Resulting lab: NORTHWEST HOSPITAL LAB

Order status: Completed
Collected by: 5081 09/18/18 0605

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.25	4.3 - 10.0 10*3/uL	—	NWH
RBC	3.51	3.80 - 5.00 10*6/uL	L	NWH
Hemoglobin	9.7	11.5 - 15.5 g/dL	L	NWH
Hematocrit	31	36 - 45 %	L	NWH
MCV	89	81 - 98 fL	—	NWH
MCH	27.6	27.3 - 33.6 pg	—	NWH
MCHC	31.0	32.2 - 36.5 g/dL	L	NWH
Platelet Count	290	150 - 400 10*3/uL	—	NWH
RDW-CV	14.5	11.6 - 14.4 %	H	NWH
% Neutrophils	68	%	—	NWH
% Lymphocytes	18	%	—	NWH
% Monocytes	9	%	—	NWH
% Eosinophils	4	%	—	NWH

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

% Basophils	1	%	—	NWH
% Immature Granulocytes	0	%	—	NWH
Neutrophils	4.95	1.80 - 7.00 10*3/uL	—	NWH
Absolute Lymphocyte Count	1.32	1.00 - 4.80 10*3/uL	—	NWH
Monocytes	0.63	0.00 - 0.80 10*3/uL	—	NWH
Absolute Eosinophil Count	0.28	0.00 - 0.50 10*3/uL	—	NWH
Basophils	0.04	0.00 - 0.20 10*3/uL	—	NWH
Immature Granulocytes	0.03	0.00 - 0.05 10*3/uL	—	NWH
Nucleated RBC	0.00	0.00 10*3/uL	—	NWH
% Nucleated RBC	0	%	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/18/18 0605** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/18/18 0605
Ordering provider: Ellingson, Sonja Marie, MD
Authorized by: Ellingson, Sonja Marie, MD
Ordering mode: Standard
Frequency: Routine Once 09/18/18 0615 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/18/2018 6:52 AM

Specimen Information

ID	Type	Source	Collected By
T73754	Plasma	—	5081 09/18/18 0605

Prothrombin Time (NWH) (Abnormal) Resulted: 09/18/18 0652, Result status: Final result

Ordering provider: Ellingson, Sonja Marie, MD 09/18/18 0605
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/18/18 0652
Collected by: 5081 09/18/18 0605
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	30.6	8.9 - 12.1 s	H	NWH
Prothrombin INR	3.3	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/18/18 0605** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/18/18 0605
Ordering provider: Ellingson, Sonja Marie, MD
Authorized by: Ellingson, Sonja Marie, MD
Ordering mode: Standard
Frequency: Routine Once 09/18/18 0615 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/18/2018 7:16 AM

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Specimen Information

ID	Type	Source	Collected By
T73754	Serum	—	5081 09/18/18 0605

BASIC METABOLIC PANEL (Abnormal) Resulted: 09/18/18 0716, Result status: Final result

Ordering provider: Ellingson, Sonja Marie, MD 09/18/18 0605
Filed by: Uw Lab Results Interface, User 09/18/18 0716
Resulting lab: NORTHWEST HOSPITAL LAB

Order status: Completed
Collected by: 5081 09/18/18 0605

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	NWH
Potassium	3.9	3.6 - 5.2 meq/L	—	NWH
Chloride	109	98 - 108 meq/L	H	NWH
Carbon Dioxide, Total	25	22 - 32 meq/L	—	NWH
Anion Gap	8	4 - 12	—	NWH
Glucose	135	62 - 125 mg/dL	H	NWH
Urea Nitrogen	21	8 - 21 mg/dL	—	NWH
Creatinine	0.76	0.38 - 1.02 mg/dL	—	NWH
Calcium	8.8	8.9 - 10.2 mg/dL	L	NWH
GFR, Calc, European American	>60	>59 mL/min/{1.73 m2}	—	NWH
GFR, Calc, African American	>60	>59 mL/min/{1.73 m2}	—	NWH
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/19/18 0610** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/19/18 0610
Authorized by: Ellingson, Sonja Marie, MD
Frequency: Routine Once 09/19/18 0615 - 1 occurrence
Lab status: Final result

Ordering provider: Ellingson, Sonja Marie, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/19/2018 7:53 AM

Specimen Information

ID	Type	Source	Collected By
W57064	Plasma	—	5367 09/19/18 0610

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Prothrombin Time (NWH) (Abnormal) Resulted: 09/19/18 0752, Result status: Final result

Ordering provider: Ellingson, Sonja Marie, MD 09/19/18 0610
Filed by: Uw Lab Results Interface, User 09/19/18 0753
Resulting lab: NORTHWEST HOSPITAL LAB

Order status: Completed
Collected by: 5367 09/19/18 0610

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	21.4	8.9 - 12.1 s	H	NWH
Prothrombin INR	2.2	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Procedures

EKG 12-LEAD (Final result)

Specimen Information

ID	Type	Source	Collected By
141823	—	—	09/10/18 1925

EKG 12-LEAD Resulted: 09/11/18 1608, Result status: Final result

Ordering provider: Clinic, Unassigned Muse 09/10/18 1925
Resulted by: Pungoti, Chetan, MD
Collected by: 09/10/18 1925

Order status: Completed
Filed by: Uw Muse Results Interface, User 09/11/18 1608
Resulting lab: UWM EKG

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	66	BPM	—	79
Atrial Rate	66	BPM	—	79
P-R Interval	204	ms	—	79
QRS Duration	122	ms	—	79
Q-T Interval	436	ms	—	79
QTC Calculation	457	ms	—	79
P Axis	53	degrees	—	79
R Axis	-9	degrees	—	79
T Axis	37	degrees	—	79
Diagnosis	--	—	—	79

Result:
Normal sinus rhythm
Right bundle branch block
Abnormal ECG
When compared with ECG of 26-JUL-2018 09:39,
Nonspecific T wave abnormality now evident in Anterior leads
Confirmed by Pungoti, Chetan (5012) on 9/11/2018 4:08:27 PM

View Image (below)

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 10-SEP-2018 19:25:48 NORTHWEST HOSPITAL-EMD ROUTINE RECORD

06-JAN-1925 (93 yr)
Female Caucasian

Room:2
Loc:1

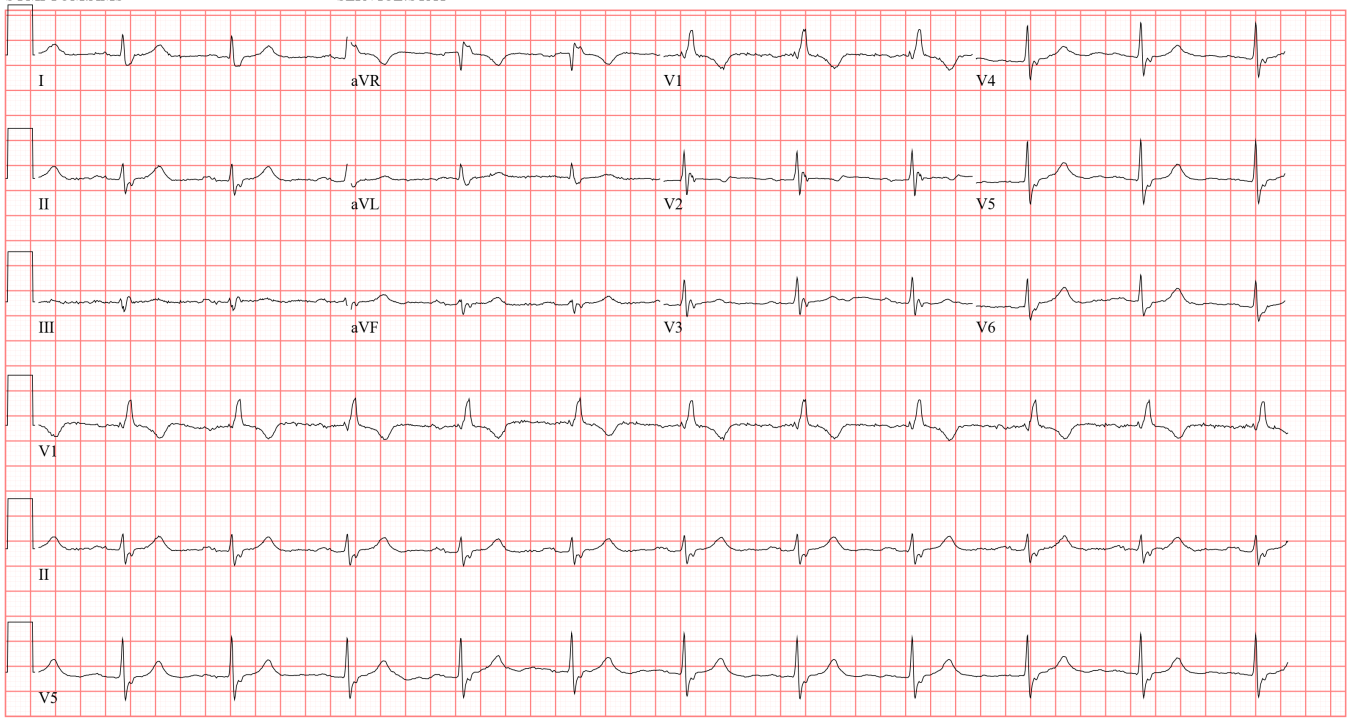
Vent. rate	66	BPM
PR interval	204	ms
QRS duration	122	ms
QT/QTc	436/457	ms
P-R-T axes	53 -9	37

Normal sinus rhythm
Right bundle branch block
Abnormal ECG
When compared with ECG of 26-JUL-2018 09:39,
Nonspecific T wave abnormality now evident in Anterior leads
Confirmed by Pungoti, Chetan (5012) on 9/11/2018 4:08:27 PM

Technician: AM
Test ind:

Referred by: ER DOC Confirmed By: Chetan Pungoti

SYMPTOM:AMS SERVICE:STAT



25mm/s 10mm/mV 150Hz 8.0 SP2 12SL 241 CID: 94

EID:5012 EDT: 16:08 11-SEP-2018 ORDER: 20594650 ACCOUNT: 1830020513

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by Pungoti, Chetan, MD on 9/11/18 at 1608 PDT

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Documents

Important Message From Medicare - Scan on 9/18/2018 6:47 PM

Scan (below)

[redacted]

Patient Name:
Patient ID Number:
Physician: Ellingson

Department of Health & Human Services
Centers for Medicare & Medicaid Services
OMB Approval No. 0938–0692

An Important Message From Medicare About Your Rights

As A Hospital Inpatient, You Have The Right To:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:

Name of QIO
Livanta, LLC

Telephone Number of QIO
1–877–588–1123

Your Medicare Discharge Rights

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
  - ❑ **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
  - ❑ If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call: Care Management Department at 206–668–1304.

Please sign and date here to show you received this notice and understand your rights. 1340

Signature of Patient or Representative | Date/Time 9/18/18

Form CMS–R–193 (Exp. 03/31/2020)

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1830020513 MRN:U8170135
ADM: 09/10/2018
CLASS: ED
SVC: ED

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

MEDICARE IMPORTANT MESSAGE

M–1195 (07/2017) File Under: Admitting Financial

Page 1 of 2

[redacted]

09/10/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Documents (continued)

Steps To Appeal Your Discharge

- **Step1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
  - ❑ Here is the contact information for the QIO:

    Name of QIO (in bold)
    Livanta, LLC

    Telephone Number of QIO
    1–877–588–1123
  - ❑ You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
  - ❑ Ask the hospital if you need help contacting the QIO.
  - ❑ The name of this hospital is : Northwest Hospital & Medical Center.

Hospital Name	Provider ID Number
Acute NPI: **Geropsych NPI:**	**1700861580** **1497766067**

- **Step 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **Step 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **Step 4**: The QIO will review your medical records and other important information about your case.
- **Step 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - ❑ If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - ❑ If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

If You Miss The Deadline To Appeal, You Have Other Appeal Rights:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
  - ❑ If you have Original Medicare: Call the QIO listed above.
  - ❑ If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1–800–MEDICARE (1–800–633–4227), or TTY: 1–877–486–2048. CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call: 1–800–MEDICARE or email: AltFormatRequest@cms.hhs.gov.

Additional Information:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938–0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4–26–05, Baltimore, Maryland 21244–1850.

09/03/2018 - Telephone in POST-ACUTE CARE SVC

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Warfarin Sodium 4 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/16/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (4 mg) by mouth daily.
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 2/14/2019

Losartan Potassium 25 MG Oral Tab

Discontinued by: Taylor, Zoe Judith Mildred, MD
Discontinued on: 8/20/2019
Reason for discontinuation: Therapy completed/no longer indicated
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 8/20/2019
Quantity: 45 tablet

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder

09/03/2018 - Telephone in POST-ACUTE CARE SVC (continued)

Medication List (continued)

Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD
Entered on: 9/26/2018
Start date: 9/26/2018
End date: 9/4/2019
Quantity: 45 tablet

Nitrofurantoin Monohyd Macro (MACROBID) 100 MG Oral Cap

Instructions: Take 1 capsule (100 mg) by mouth 2 times a day for 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2018
Start date: 10/16/2018
End date: 10/23/2018
Quantity: 14 capsule
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Azen, Jennifer Lynn, MD at 9/3/2018 2141

INR called in, no change in dose indicated.

Electronically signed by Azen, Jennifer Lynn, MD at 9/3/2018 9:42 PM

08/22/2018 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

08/22/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Messages

RE: Estrogen Test Request

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	8/25/2018 12:08 PM

Bill.....

Wanted your opinion and justifications.

Thank You.

RE: Estrogen Test Request

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	8/22/2018 12:45 PM

Last Read in MyChart
8/25/2018 12:05 PM by Hoffman, Jeanne Leonie

I do not quite understand the request for an estrogen blood level. Her levels are going to be in the post-menopausal range. There is not evidence in her age group that estrogen supplementation is beneficial on mood, memory or other health. There is risk including blood clots and interaction with coumadin.
If there is a health care provider who is requesting this, please have them contact my medical assistant so I can contact them. Otherwise, I would not order the test.
Medical Assistant at 206-616-9358

William E Neighbor, MD

Estrogen Test Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	8/22/2018 5:08 AM

Bill.....

Wounds seem to be healing, after surgery.

However, Estrogen test, to determine level, would provide better recovery opportunity, including improving other aspects toward mental and body maintenance.

08/22/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

It would not harm, having test results, then discuss a slow increase to min-level.

Age should not be obstacle to improving healthy outlook.

Louis visits: MWF Mornings

Weds would bandage change.

Physical Therapy, has improved: Balance, weigh lifting training/cycling and less reliance on Walker/Cane.

Estrogen maintenance should improve and compliment therapy and mental outlook.

Please schedule Estrogen blood test at Park Ridge Rehab Center.

08/14/2018 - Outside Care Encounter in POST-ACUTE CARE SVC

Reason for Visit

Chief complaint: LTC F/U
Visit diagnoses:

- Peripheral vascular disease, unspecified (primary)
- Venous ulcer of left leg
- Severe protein-calorie malnutrition
- Vitamin D deficiency
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality
- Essential hypertension, benign
- Generalized osteoarthrosis, unspecified site
- Unspecified glaucoma(365.9)
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Unspecified vitamin B deficiency
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Touray, Ibrahima, ARNP	Touray, Ibrahima, ARNP

Department

Name	Address	Phone	Fax
POST-ACUTE CARE SVC	325 9TH Ave Box 359753 Seattle WA 98104	206-744-5415	206-744-3270

Follow-up and Dispositions

- Return in about 1 month (around 9/14/2018).

Level of Service

Level of Service
SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

08/14/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

Clinical Notes

Progress Notes

Touray, Ibrahima, ARNP at 8/14/2018 2359

University of Washington Post-Acute Care Service

Skilled Nursing Facility:
Park Ridge Care Center (PRCC)
1250 NE 145th St.
Shoreline, WA 98155
Phone: (206) 363-5856
Fax: (206) 365-0568

Patient seen today for: SNF f/u visit

History:
93 year old female with history of severe peripheral vascular disease of both venous and arterial, recurrent DVTs, chronic anticoagulation (coumadin), DM II, OA of both hips, homelessness, admitted at Park Ridge Care Center on 6/4/18 from NWH where she was hospitalized from 5/31/18 to 6/4/18 for worsening stasis ulcers on her left lower extremity and cellulitis.

She as previously followed by the NW wound clinic for her venous stasis multiple ulcers of LLE. During her follow up appointment at the clinic there was concern for worsening cellulitis, hence admitted for further workup. She was started on Cefazolin empirically. Wound culture later grew MSSA and Pseudomonas. She will continue to be closely followed by the wound clinic team at NW.

On hospital admission her INR was 4.9. coumadin was subsequently held for few days and then gradually restarted.

She also received some IV fluid for dehydration.

Hx Interval:
SNF follow up visit with Jeanne today as she continues to be at Park Ridge Care Center for rehabilitation and wound care management. She has been doing well physically, participating in therapy sessions and ambulates using a walker with minimal assistance. For ling distances she is still wheelchair dependent. Her leg wounds gradually improving with wound dressing by the SNF RN and followed by NW wound NP weekly. She states her "leg pain is more of aching/itching but seems to be less as the wound heals". Appetite/intake improving with improving weight as well (117 lbs today), continues to be on nutritional supplement Prostat to facilitate wound healing in addition to her protein cal malnutrition. Her INR today was 2.7 on 6 mg Coumadin, no s/s of active bleeding per nursing staff.

She reports no new concerns today.

ROS:
Leg pain with activity, Norco has been effective
Denies fever, chills, sob, n/v, chest pain, headache, diarrhea or constipation.
Rest of the ROS reviewed and were negative except for as above

PMH:
Patient Active Problem List
Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Long term current use of anticoagulant therapy
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- Other physical therapy
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
- Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)
- Peripheral vascular disease, unspecified (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency

SH:
Social History

Social History Narrative

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

Habits: denies tobacco, ETOH or drug use
Prior living situation: homeless now
Widowed. She has two sons. She had been living with her son in subsidized housing and apparently the landlord was affected by her son's behavior, as well as her other son's bullying, and eventually evicted them (per SW note the son reports they left "willingly").
Social Support: family
POLST: Full code, Antibiotics ok, Long term medically assisted nutrition by tube
DPOA: Louis (son) 360-649-5702

MEDICATIONS:
Please review the facility Medication Administration Record (MAR) for the most up to date and accurate medication list. Please call the facility to have latest medication administration record faxed.

ALLERGY:
Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Physical Exam:
Pulse 78 | Temp 97.5 °F (36.4 °C) (Tympanic) | Resp 18 | Wt 117 lb 4 oz (53.2 kg) | BMI 21.45 kg/m²
Wt Readings from Last 3 Encounters:
08/14/18 117 lb 4 oz (53.2 kg)
07/25/18 114 lb 12 oz (52.1 kg)
07/06/18 110 lb 12 oz (50.2 kg)

GEN: appears older than stated age, accompanied by self. Appears thin, adequately hydrated, and groomed. Alert and responding appropriately and in no acute distress.
PSYCH: alert and oriented x 3, interactive, speech w/o dysarthria, full affect, focused content, logical process, no hallucinations or psychomotor agitation. Hard of hearing, hearing in left ear.
HEENT: NCAT, moist mucous membranes. Poor dentition. Oropharynx clear. EOMI and PERRLA. Corrective lenses
CV: RRR, NL S1 and S2, G 1/6 murmurs, no r/g, no JVD.

08/14/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

PULM: normal, unlabored, and regular respiratory effort, CTA B/L.
ABD: normal BT all quadrants, non-tender, non-distended, no masses
MSK: kyphotic, changes in hands consistent w/ OA. MAE
EXT: no c/c/. LLE wrapped with dressing.
NEURO: no focal deficits, Normal tone, motor symmetry
SKIN: dry wnl temp and color, no apparent rash

SITE: L lateral calf
ASSESSMENT DATE/TIME: 8/13/2018 8:58 AM



SITE: L posterior calf
ASSESSMENT DATE/TIME: 8/13/2018 9:01 AM



SITE: L lateral foot
ASSESSMENT DATE/TIME: 8/13/2018 8:57 AM



SITE: L medial ankle
ASSESSMENT DATE/TIME: 8/13/2018 8:59 AM



Labs: nursing home labs not done through UW system, please check with the facility.

A/P:
(I73.9) Peripheral vascular disease, unspecified (HCC) (primary encounter diagnosis)
(I83.029) Venous ulcer of left leg (HCC) (I73.9)
Plan: - followed by vascular clinic, s/p venous ablation procedure 7/26/18
- f/u with NW wound NP at SNF weekly and at the clinic as needed
- continue wound care as ordered
- continue supportive care with ADLs
- continue Pentoxifylline 400 mg po q 8 hrs
- Norco 5-325 mg, 2 tabs po prn q 6 hrs for pain

(Z86.718) History of recurrent deep vein thrombosis (DVT)
(Z79.01) Long term current use of anticoagulant therapy
Plan: - continue chronic anticoagulation with Coumadin, current dose 6 mg po daily
- INR has been at therapeutic, 2.7 today

08/14/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

- INR goal is 2 - 3
- continue to check INR twice a week

(G31.84) Mild cognitive impairment
Plan: - stable without behaviors or resistive to care
- continue supportive care
- monitor for mood/behavioral changes

(I10) Essential hypertension
Plan: - stable, BP remains at goal with SBP generally below 130
- continue to monitor without meds

(E78.5) Other and unspecified hyperlipidemia
Plan: - no longer on statin

(M16.0) Primary osteoarthritis of both hips
(M47.816) Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
(M62.81) Weakness of trunk musculature
(R29.898) Leg weakness, bilateral
Plan: - PT and OT as scheduled
- supportive care with ADLs
- Norco 5-325 mg, 2 tabs po prn q 6 hrs for pain

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Plan: - diet controlled

(H40.9) Unspecified glaucoma(365.9)
Plan: - stable, continue home regimen
- Timolol 0.5% 1 drop both eyes daily

(E43) Severe protein-calorie malnutrition (HCC)
Plan: - followed by SNF dietician
- continue Prostat 30 cc po daily
- will continue to monitor weight

(E53.9) Unspecified vitamin B deficiency
Plan: - Vitamin B_{12} 1000 mcg po daily

(E55.9) Vitamin D deficiency
Plan: - recent Vit D 25-OH was 24.3 on 6/8/18
- completed 6 weeks course of high dose Vit D
- continue Vitamin D_3 1000 units po daily

Ibrahima Touray, ARNP

Please contact the University of Washington Post Acute Care Service at 206-744-5415 or page the provider or the on-call provider through Harborview Medical Center at 206-744-3000.

Electronically signed by Touray, Ibrahima, ARNP at 8/15/2018 12:46 PM

08/14/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Flowsheets

Custom Formula Data

Row Name	08/14/18 1209
Pct Wt Change	0 %

Vital Data

Row Name	08/14/18 1209
Weight	53.2 kg (117 lb 4 oz)
BP Cuff Size	Regular
BP Position	Sitting
Temp	36.4 °C
Temp src	Tympanic
Pulse	78
Resp	18

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/14/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: H0571976

8/14/2018 POST-ACUTE CARE SVC 206-744-5415

Instructions from Ibrahima Touray, ARNP

Return in about 1 month
(around 9/14/2018).

What's Next

You currently have no upcoming appointments scheduled.

eCare Sign-Up

eCare is a faster way to communicate with your care team between visits through messages and viewing test results, records, appointments, and visit summaries all online or from the app on your mobile device.

Go to ecare.uwmedicine.org, click "Sign Up Now" and enter in your personal activation code: Activation code not generated
Current eCare Status: Active

If you have any trouble signing in, please call the eCare Help Desk: 206-520-UWMD (8963)
Monday - Saturday: 7:00 a.m. to 7:00 p.m.

Today's Visit

You saw Ibrahima Touray, ARNP on Tuesday August 14, 2018. The following issues were addressed:

- Peripheral vascular disease, unspecified (HCC)
- Venous ulcer of left leg (HCC)
- Severe protein-calorie malnutrition (HCC)
- Vitamin D deficiency
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC)
- Essential hypertension, benign
- Generalized osteoarthrosis, unspecified site
- Unspecified glaucoma(365.9)
- Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
- Unspecified vitamin B deficiency
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status

BMI 21.45	Weight 117 lb 4 oz
Temperature (Tympanic) 97.5 °F	Pulse 78
Respiration 18	

08/14/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary (continued)

Your Medication List as of 8/14/18 11:59 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays **According to our records, you may have been taking this medication differently.**

Patient Demographics

Address
1250 NE 145th St
SHORELINE WA 98155

Contact Numbers
206-363-5856

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

08/14/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents

After Visit Summary - Document on 8/15/2018 12:46 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: H0571976

8/14/2018 POST-ACUTE CARE SVC 206-744-5415

Instructions from Ibrahima Touray, ARNP

Return in about 1 month
(around 9/14/2018).

What's Next

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- Vitamin D deficiency
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC)
- Essential hypertension, benign
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- Unspecified glaucoma(365.9)
- Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
- Unspecified vitamin B deficiency
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status

BMI 21.45	Weight 117 lb 4 oz
Temperature (Tympanic) 97.5 °F	Pulse 78
Respiration 18	

Jeanne L. Hoffman (MRN: H0571976) • Printed at 8/15/18 12:46 PM

Page 1 of 2 Epic

08/14/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents (continued)

Your Medication List as of 8/14/18 11:59 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays **According to our records, you may have been taking this medication differently.**

Patient Demographics

Address
1250 NE 145th St
SHORELINE WA 98155

Contact Numbers
206-363-5856

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

08/07/2018 - Appointment in UW Medicine Vascular Center at NWH

Visit Information

Appointment Information

POST-OP **No Show**
8/7/2018 10:45 AM

Time	Provider	Department	Length
10:45 AM	Rollo, Johnathon Curtis, MD	ZZNWH VASCULAR CENTER	15 min

Auto Confirm Status: Reminded

Notes:
post op 7/26 STAB phlebectomy, RFA

History

Made On:	7/23/2018 3:38 PM	By:	Ferguson, Kimberley A, Coordinator	ES
Reassigned:	7/27/2018 10:59 AM	By:	Cabe, Katherine Michelle	ES
EOD Status:	8/11/2018 9:36 PM	By:	Uw Epaa, User	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

07/26/2018 - Admission (Discharged) in NWH PACU

Visit Information

Admission Information

Arrival Date/Time:		Admit Date/Time:	07/26/2018 0839	IP Adm. Date/Time:	
Admission Type:	Elective	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:		Primary Service:	General Surgery	Secondary Service:	N/A
Transfer Source:		Service Area:	ZZNORTHWEST HOSPITAL AND MEDICAL CENTER	Unit:	NWH PACU
Admit Provider:	Rollo, Johnathon Curtis, MD	Attending Provider:	Rollo, Johnathon Curtis, MD	Referring Provider:	

Discharge Information

Date/Time: 07/26/2018 1515 | Disposition: 01 Home/self Care | Destination: Home
Provider: Rollo, Johnathon Curtis, MD | Unit: NWH PACU

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 9/4/2019
Quantity: 270 tablet | Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 9/26/2018
Action: Patient taking differently | Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 11/28/2018
Action: Patient taking differently | Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/8/2017
Start date: 12/8/2017 | End date: 4/12/2019
Quantity: 5 mL | Refill: No refills remaining

07/26/2018 - Admission (Discharged) in NWH PACU (continued)

Medication List (continued)

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

Labs

Protime, POC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/26/18 0935**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/26/18 0935
Ordering provider: Rollo, Johnathon Curtis, MD
Authorized by: Rollo, Johnathon Curtis, MD
Ordering mode: Standard
Frequency: Routine Once 07/26/18 0945 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/26/2018 9:40 AM

Specimen Information

ID	Type	Source	Collected By
H76300	Whole blood	—	07/26/18 0935

Protime, POC
Resulted: 07/26/18 0940, Result status: Final result

Ordering provider: Rollo, Johnathon Curtis, MD 07/26/18 0935
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/26/18 0940
Collected by: 07/26/18 0935
Resulting lab: NWH POINT OF CARE

Components

Component	Value	Reference Range	Flag	Lab
INR Non-dosing, POC	1.2	0.7 - 1.3	—	NWPOC
Comment: LIP Notified				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - NWPOC	NWH POINT OF CARE	Del Moro, Julie J	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 1000 - 08/18/21 1018

Glucose, POC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/26/18 0937**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/26/18 0937
Ordering provider: Rollo, Johnathon Curtis, MD
Authorized by: Rollo, Johnathon Curtis, MD
Ordering mode: Standard
Frequency: Routine Once 07/26/18 0945 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 7/26/2018 9:39 AM

Specimen Information

ID	Type	Source	Collected By
H76274	Whole blood	—	07/26/18 0937

Glucose, POC
Resulted: 07/26/18 0938, Result status: Final result

Ordering provider: Rollo, Johnathon Curtis, MD 07/26/18 0937
Order status: Completed
Filed by: Uw Lab Results Interface, User 07/26/18 0939
Collected by: 07/26/18 0937
Resulting lab: NWH POINT OF CARE

07/26/2018 - Admission (Discharged) in NWH PACU (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	124	62 - 125 mg/dL	—	NWPOC
Comment: LIP Notified				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - NWPOC	NWH POINT OF CARE	Del Moro, Julie J	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 1000 - 08/18/21 1018

HCT, POC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/26/18 0937** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/26/18 0937 Ordering provider: Rollo, Johnathon Curtis, MD
Authorized by: Rollo, Johnathon Curtis, MD Ordering mode: Standard
Frequency: Routine Once 07/26/18 0945 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 7/26/2018 9:39 AM

Specimen Information

ID	Type	Source	Collected By
H76277	Whole blood	—	07/26/18 0937

HCT, POC (Abnormal) Resulted: 07/26/18 0938, Result status: Final result

Ordering provider: Rollo, Johnathon Curtis, MD 07/26/18 0937 Order status: Completed
Filed by: Uw Lab Results Interface, User 07/26/18 0939 Collected by: 07/26/18 0937
Resulting lab: NWH POINT OF CARE

Components

Component	Value	Reference Range	Flag	Lab
HCT, POC	30	36 - 46 %	L	NWPOC
Comment: LIP Notified				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - NWPOC	NWH POINT OF CARE	Del Moro, Julie J	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 1000 - 08/18/21 1018

HGB, POC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/26/18 0937** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/26/18 0937 Ordering provider: Rollo, Johnathon Curtis, MD
Authorized by: Rollo, Johnathon Curtis, MD Ordering mode: Standard
Frequency: Routine Once 07/26/18 0945 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 7/26/2018 9:39 AM

Specimen Information

ID	Type	Source	Collected By
H76281	Whole blood	—	07/26/18 0937

HGB, POC (Abnormal) Resulted: 07/26/18 0939, Result status: Final result

Ordering provider: Rollo, Johnathon Curtis, MD 07/26/18 0937 Order status: Completed
Filed by: Uw Lab Results Interface, User 07/26/18 0939 Collected by: 07/26/18 0937
Resulting lab: NWH POINT OF CARE

Components

07/26/2018 - Admission (Discharged) in NWH PACU (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
HGB, POC	10.2	11.5 - 15.5 g/dL	L	NWPOC
Comment: LIP Notified				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - NWPOC	NWH POINT OF CARE	Del Moro, Julie J	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 1000 - 08/18/21 1018

Procedures

EKG 12-LEAD (Final result)

Specimen Information

ID	Type	Source	Collected By
138466	—	—	07/26/18 0939

EKG 12-LEAD Resulted: 07/26/18 1102, Result status: Final result

Ordering provider: Clinic, Unassigned Muse 07/26/18 0939
Resulted by: Pungoti, Chetan, MD
Collected by: 07/26/18 0939

Order status: Completed
Filed by: Uw Muse Results Interface, User 07/26/18 1102
Resulting lab: UWM EKG

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	65	BPM	—	79
Atrial Rate	65	BPM	—	79
P-R Interval	198	ms	—	79
QRS Duration	122	ms	—	79
Q-T Interval	428	ms	—	79
QTC Calculation	445	ms	—	79
P Axis	62	degrees	—	79
R Axis	18	degrees	—	79
T Axis	38	degrees	—	79
Diagnosis	--	—	—	79

Result:
Normal sinus rhythm
Right bundle branch block
Abnormal ECG
When compared with ECG of 29-MAR-2018 13:46,
No significant change was found
Confirmed by Pungoti, Chetan (5012) on 7/26/2018 11:02:06 AM

View Image (below)

07/26/2018 - Admission (Discharged) in NWH PACU (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 26-JUL-2018 09:39:38 NORTHWEST HOSPITAL-PSA ROUTINE RECORD

06-JAN-1925 (93 yr)
Female Caucasian

Room:PSA
Loc:5

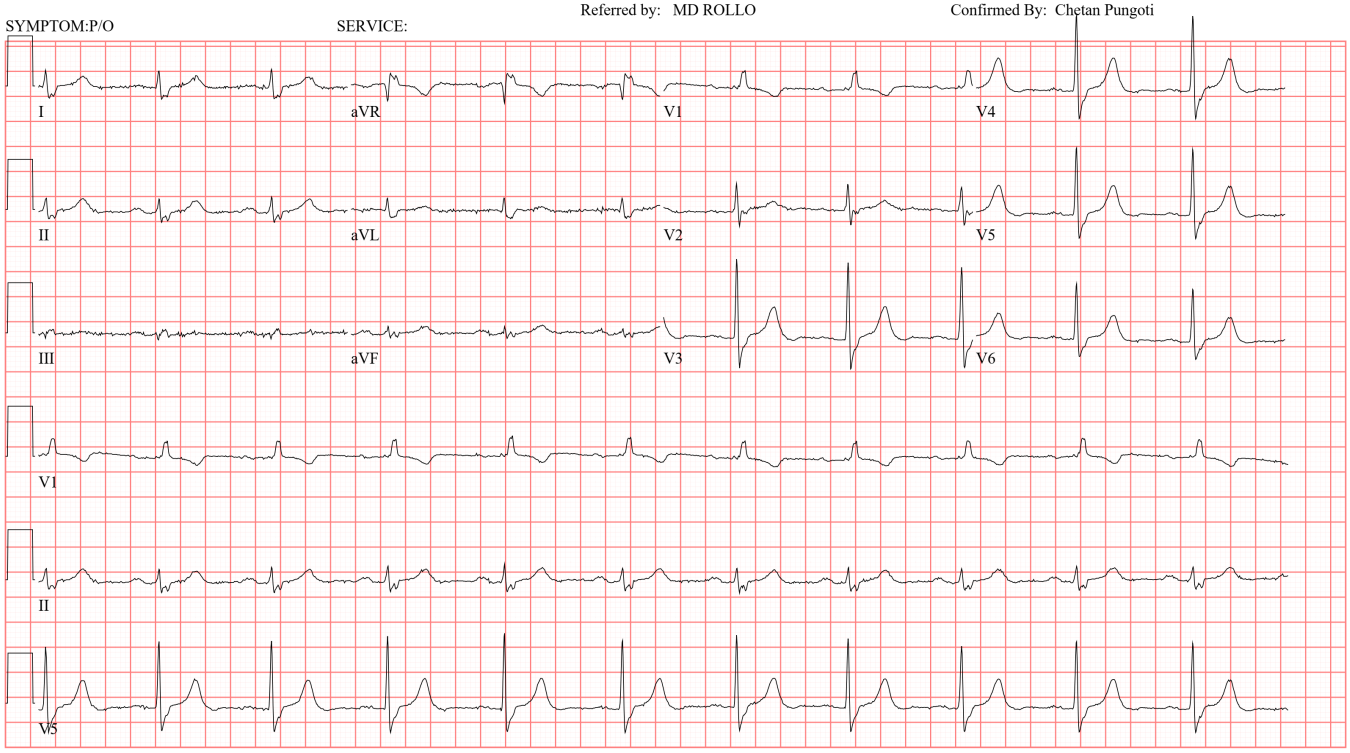
Vent. rate	65	BPM
PR interval	198	ms
QRS duration	122	ms
QT/QTc	428/445	ms
P-R-T axes	62 18	38

Normal sinus rhythm
Right bundle branch block
Abnormal ECG
When compared with ECG of 29-MAR-2018 13:46,
No significant change was found
Confirmed by Pungoti, Chetan (5012) on 7/26/2018 11:02:06 AM

Technician:JIM LAM
Test ind:

Referred by: MD ROLLO
Confirmed By: Chetan Pungoti

SYMPTOM:P/O
SERVICE:



25mm/s 10mm/mV 150Hz 8.0 SP2 12SL 241 CID: 91

EID:5012 EDT: 11:02 26-JUL-2018 ORDER: 20358253 ACCOUNT: 1828465398

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by Pungoti, Chetan, MD on 7/26/18 at 1102 PDT

07/25/2018 - Outside Care Encounter in POST-ACUTE CARE SVC

Reason for Visit

Chief complaint: LTC F/U
Visit diagnoses:

- Peripheral vascular disease, unspecified (primary)
- Venous ulcer of left leg
- Non-pressure chronic ulcer of left calf with fat layer exposed
- Non-pressure chronic ulcer of left ankle with fat layer exposed
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality
- Long term current use of anticoagulant therapy
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Severe protein-calorie malnutrition
- Vitamin D deficiency
- Sensorineural hearing loss, unspecified
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Unspecified vitamin B deficiency
- Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
- Generalized osteoarthrosis, unspecified site
- Osteoporosis, unspecified
- Primary osteoarthritis of both hips
- History of recurrent deep vein thrombosis (DVT)
- Leg weakness, bilateral

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Touray, Ibrahima, ARNP	Touray, Ibrahima, ARNP

Department

Name	Address	Phone	Fax
POST-ACUTE CARE SVC	325 9TH Ave Box 359753 Seattle WA 98104	206-744-5415	206-744-3270

Level of Service

Level of Service
SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

07/25/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

Clinical Notes

Progress Notes

Touray, Ibrahima, ARNP at 7/25/2018 2359

University of Washington Post-Acute Care Service

Skilled Nursing Facility:
Park Ridge Care Center (PRCC)
1250 NE 145th St.
Shoreline, WA 98155
Phone: (206) 363-5856
Fax: (206) 365-0568

Patient seen today for: SNF f/u visit

History:
93 year old female with history of severe peripheral vascular disease of both venous and arterial, recurrent DVTs, chronic anticoagulation (coumadin), DM II, OA of both hips, homelessness, admitted at Park Ridge Care Center on 6/4/18 from NWH where she was hospitalized from 5/31/18 to 6/4/18 for worsening stasis ulcers on her left lower extremity and cellulitis.

She as previously followed by the NW wound clinic for her venous stasis multiple ulcers of LLE. During her follow up appointment at the clinic there was concern for worsening cellulitis, hence admitted for further workup. She was started on Cefazolin empirically. Wound culture later grew MSSA and Pseudomonas. She will continue to be closely followed by the wound clinic team at NW.

On hospital admission her INR was 4.9. coumadin was subsequently held for few days and then gradually restarted. She also received some IV fluid for dehydration.

Hx Interval:
I'm following up with Jeanne today for a routine SNF visit as she continues to be at Park ridge for rehabilitation and wound care. Now she is more active and ambulating more with a walker inside the facility. Her leg wound is still there with routine dressing change by the wound nurse. She stated it hurts sometimes but she thinks the pain has decreased since SNF admission. She is taking Norco pain management as needed. She is scheduled to have surgery tomorrow at NWH, venous ablation procedure.

Her INR has been stable for the past month, maintained on 5 mg Coumadin daily for DVT management, no sign and symptoms of bleeding. Appetite remains fair, weight has been gradually increasing since SNF admission, current weight is 114.5 pounds. She remains continent of bowel and bladder.

She has no new concerns today.

ROS:
Leg pain with activity
Denies fever, chills, sob, n/v, chest pain, headache, diarrhea or constipation.
Rest of the ROS reviewed and were negative except for as above

PMH:
Patient Active Problem List
Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Long term current use of anticoagulant therapy
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- Other physical therapy
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
- Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)
- Peripheral vascular disease, unspecified (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless

- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency

SH:
Social History

Social History Narrative

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

Habits: denies tobacco, ETOH or drug use
Prior living situation: homeless now
Widowed. She has two sons. She had been living with her son in subsidized housing and apparently the landlord was affected by her son's behavior, as well as her other son's bullying, and eventually evicted them (per SW note the son reports they left "willingly").
Social Support: family
POLST: Full code, Antibiotics ok, Long term medically assisted nutrition by tube
DPOA: Louis (son) 360-649-5702

MEDICATIONS:
Please review the facility Medication Administration Record (MAR) for the most up to date and accurate medication list. Please call the facility to have latest medication administration record faxed.

ALLERGY:
Review of patient's allergies indicates:
Allergies

Allergen	Reactions
Adhesives	
Aspirin	Other
Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
Nitrofurantoin	Other
confusion	
Penicillins	Rash
Sulfa Antibiotics	Rash

Physical Exam:
BP 128/64 | Pulse 64 | Temp 98.8 °F (37.1 °C) (Tympanic) | Resp 18 | Wt 114 lb 12 oz (52.1 kg) | BMI 20.99 kg/m²
Wt Readings from Last 3 Encounters:
07/25/18 114 lb 12 oz (52.1 kg)
07/06/18 110 lb 12 oz (50.2 kg)
06/22/18 111 lb 6 oz (50.5 kg)

GEN: appears older than stated age, accompanied by self. Appears thin, adequately hydrated, and groomed. Alert and responding appropriately and in no acute distress.

07/25/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

PSYCH: alert and oriented x 3, interactive, speech w/o dysarthria, full affect, focused content, logical process, no hallucinations or psychomotor agitation. Hard of hearing, hearing in left ear.
HEENT: NCAT, moist mucous membranes. Poor dentition. Oropharynx clear. EOMI and PERRLA. Corrective lenses
CV: RRR, NL S1 and S2, G 1/6 murmurs, no r/g, no JVD.
PULM: normal, unlabored, and regular respiratory effort, CTA B/L.
ABD: normal BT all quadrants, non-tender, non-distended, no masses
MSK: kyphotic, changes in hands consistent w/ OA. MAE
EXT: no c/c/. LLE wrapped with dressing.
NEURO: no focal deficits, Normal tone, motor symmetry
SKIN: dry wnl temp and color, no apparent rash
Labs: nursing home labs not done through UW system, please check with the facility.

A/P:
(I73.9) Peripheral vascular disease, unspecified (HCC) (primary encounter diagnosis)
(I83.029) Venous ulcer of left leg (HCC) (I73.9)
Plan: - followed by vascular clinic, planned venous ablation procedure tomorrow
- f/u with NW wound NP at SNF weekly and at the clinic as needed
- continue wound care as ordered
- continue supportive care with ADLs
- continue Pentoxifylline 400 mg po q 8 hrs
- Norco 5-325 mg, 2 tabs po prn q 6 hrs for pain

(Z86.718) History of recurrent deep vein thrombosis (DVT)
(Z79.01) Long term current use of anticoagulant therapy
Plan: - continue chronic anticoagulation with Coumadin, current dose 5 mg po daily
- INR has been at therapeutic for the past month
- INR goal is 2 - 3
- continue to check INR twice a week

(G31.84) Mild cognitive impairment
Plan: - stable without behaviors or resistive to care
- continue supportive care
- monitor for mood/behavioral changes

(I10) Essential hypertension
Plan: - stable, BP remains at goal without meds
- continue to monitor

(E78.5) Other and unspecified hyperlipidemia
Plan: - no longer on statin

(M16.0) Primary osteoarthritis of both hips
(M47.816) Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
(M62.81) Weakness of trunk musculature
(R29.898) Leg weakness, bilateral
Plan: - PT and OT as scheduled
- supportive care with ADLs
- Norco 5-325 mg, 2 tabs po prn q 6 hrs for pain

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Plan: - diet controlled

(H40.9) Unspecified glaucoma(365.9)

07/25/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Plan: - stable, continue home regimen
- Timolol 0.5% 1 drop both eyes daily

(E43) Severe protein-calorie malnutrition (HCC)
Plan: - weight is gradually trending up. Appetite has been somewhat fairly good.
- will continue to monitor
- followed by SNF dietician
- Prostat 30 cc po daily

(E53.9) Unspecified vitamin B deficiency
Plan: - Vitamin B_{12} 1000 mcg po daily

(E55.9) Vitamin D deficiency
Plan: - recent Vit D 25-OH was 24.3 on 6/8/18
- continue Vitamin D_3 50,000 units po week x 6 weeks (thru 7/28/18)
- continue Vitamin D_3 1000 units po daily

Ibrahima Touray, ARNP

Please contact the University of Washington Post Acute Care Service at 206-744-5415 or page the provider or the on-call provider through Harborview Medical Center at 206-744-3000.

Electronically signed by Touray, Ibrahima, ARNP at 7/26/2018 1:59 PM

Flowsheets

Custom Formula Data

Row Name	07/25/18 1321
Pct Wt Change	0 %

Vital Data

Row Name	07/25/18 1321
Weight	52.1 kg (114 lb 12 oz)
BP	128/64
Temp	37.1 °C
Temp src	Tympanic
Pulse	64
Resp	18

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

07/25/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: H0571976

7/25/2018 POST-ACUTE CARE SVC 206-744-5415

What's Next

AUG 7 2018 Post-op with Johnathon C Rollo, MD
Tuesday August 7 10:45 AM (Arrive by 10:30 AM)

NWH Surgical Services and Hernia Center
1560 N. 115th Suite 102
Seattle WA 98133-9733
206-668-1070

eCare Sign-Up

eCare is a faster way to communicate with your care team between visits through messages and viewing test results, records, appointments, and visit summaries all online or from the app on your mobile device.

Go to ecare.uwmedicine.org, click "Sign Up Now" and enter in your personal activation code: Activation code not generated
Current eCare Status: Active

If you have any trouble signing in, please call the eCare Help Desk: 206-520-UWMD (8963)
Monday - Saturday: 7:00 a.m. to 7:00 p.m.

Today's Visit

You saw Ibrahima Touray, ARNP on Wednesday July 25, 2018. The following issues were addressed:

- Peripheral vascular disease, unspecified (HCC)
- Venous ulcer of left leg (HCC)
- Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC)
- Long term current use of anticoagulant therapy
- Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
- Severe protein-calorie malnutrition (HCC)
- Vitamin D deficiency
- Sensorineural hearing loss, unspecified
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Unspecified vitamin B deficiency
- Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
- Generalized osteoarthrosis, unspecified site
- Osteoporosis, unspecified
- Primary osteoarthritis of both hips
- History of recurrent deep vein thrombosis (DVT)
- Leg weakness, bilateral

Blood Pressure 128/64	BMI 20.99
Weight 114 lb 12 oz	Temperature (Tympanic) 98.8 °F
Pulse 64	Respiration 18

07/25/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary (continued)

Your Medication List as of 7/25/18 11:59 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays **According to our records, you may have been taking this medication differently.**

Patient Demographics

Address
1250 NE 145th St
SHORELINE WA 98155

Contact Numbers
206-363-5856

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

07/25/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents

After Visit Summary - Document on 7/26/2018 1:59 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: H0571976

7/25/2018 POST-ACUTE CARE SVC 206-744-5415

What's Next

AUG 7 2018 Post-op with Johnathon C Rollo, MD
Tuesday August 7 10:45 AM (Arrive by 10:30 AM)

NWH Surgical Services and Hernia Center
1560 N. 115th Suite 102
Seattle WA 98133-9733
206-668-1070

Today's Visit

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- Long term current use of anticoagulant therapy
- Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
- Severe protein-calorie malnutrition (HCC)
- Vitamin D deficiency
- Sensorineural hearing loss, unspecified
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
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- Generalized osteoarthrosis, unspecified site
- Osteoporosis, unspecified
- Primary osteoarthritis of both hips
- History of recurrent deep vein thrombosis (DVT)
- Leg weakness, bilateral

Blood Pressure 128/64	BMI 20.99
Weight 114 lb 12 oz	Temperature (Tympanic) 98.8 °F
Pulse 64	Respiration 18

eCare Sign-Up

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Go to ecare.uwmedicine.org, click "Sign Up Now" and enter in your personal activation code: Activation code not generated
Current eCare Status: Active

If you have any trouble signing in, please call the eCare Help Desk: 206-520-UWMD (8963)
Monday - Saturday: 7:00 a.m. to 7:00 p.m.

Jeanne L. Hoffman (MRN: H0571976) • Printed at 7/26/18 1:59 PM

Page 1 of 2 Epic

07/25/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents (continued)

Your Medication List as of 7/25/18 11:59 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays **According to our records, you may have been taking this medication differently.**

Patient Demographics

Address
1250 NE 145th St
SHORELINE WA 98155

Contact Numbers
206-363-5856

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

07/24/2018 - Telephone in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Care Coordination
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

07/24/2018 - Telephone in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Clinical Notes

Telephone Encounter

Renz, Mary-Jo, ARNP at 7/24/2018 1630

I'm wondering if she has been scheduled for there venous ablation procedure yet. I am seeing her weekly at Parkridge Care Center where her 4 wounds are gradually healing with compression. Her son is not forthcoming with information so will need to know her surgery date when you know it.

Electronically signed by Renz, Mary-Jo, ARNP at 7/24/2018 4:34 PM

07/13/2018 - Telephone in UW Medicine Northwest Surgical Services and Hernia Center

Reason for Visit

Chief complaint: Other
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

07/13/2018 - Telephone in UW Medicine Northwest Surgical Services and Hernia Center (continued)

Medication List (continued)

Clinical Notes

Telephone Encounter

Niland, Su K at 7/13/2018 1347

12:25 Pt's son Louis LM regarding scheduling with Dr Rollo asap. He stated Pt has a limited time in the re hab. He didn't leave a phone number saying he prefers email. louisalloin@USA.com. He is listed as Pt's POA in reg..

Electronically signed by Niland, Su K at 7/13/2018 1:50 PM

Ferguson, Kimberley A at 7/16/2018 0915

Hi,

I have scheduled Jeanne on 7/26 at Northwest Hospital. She will need to arrive at 9am at the North Totem Pole entrance. She is to have nothing to eat or drink after midnight and needs to shower the night before and morning of surgery with an antibacterial soap. She will need a ride home after surgery. Also, the pre-admit nurses will need to speak to someone to do an assessment prior to surgery.

Thanks,

Kimberley Ferguson
Clinic Supervisor
Vascular/ Endovascular Services

Electronically signed by Ferguson, Kimberley A at 7/16/2018 9:15 AM

Ferguson, Kimberley A at 7/23/2018 1535

Left another message asking the patient to please confirm they will be present for the surgery.

Electronically signed by Ferguson, Kimberley A at 7/23/2018 3:36 PM

Ferguson, Kimberley A at 7/23/2018 1547

I contacted the nursing home she is at. I found out by accident. They will hold her coumadin today. They did not know she was scheduled for surgery. Please let me know that this okay to proceed.

Electronically signed by Ferguson, Kimberley A at 7/23/2018 3:48 PM

07/06/2018 - Outside Care Encounter in POST-ACUTE CARE SVC

Reason for Visit

Chief complaint: Leg Pain
Visit diagnoses:

- Leg pain, bilateral (primary)
- History of recurrent deep vein thrombosis (DVT)
- Peripheral vascular disease, unspecified
- Non-pressure chronic ulcer of left calf with fat layer exposed
- Non-pressure chronic ulcer of left ankle with fat layer exposed
- Venous ulcer of left leg
- Normocytic anemia
- Severe protein-calorie malnutrition
- Vitamin D deficiency
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Unspecified vitamin B deficiency
- Long term current use of anticoagulant therapy
- Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
- Thrombocytopenia
- Primary osteoarthritis of both hips

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Touray, Ibrahima, ARNP	Touray, Ibrahima, ARNP

Department

Name	Address	Phone	Fax
POST-ACUTE CARE SVC	325 9TH Ave Box 359753 Seattle WA 98104	206-744-5415	206-744-3270

Follow-up and Dispositions

- Return in about 1 month (around 8/6/2018).

Level of Service

Level of Service
SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017

07/06/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Medication List (continued)

Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

Clinical Notes

Progress Notes

Touray, Ibrahima, ARNP at 7/6/2018 2359

University of Washington Post-Acute Care Service

Skilled Nursing Facility:
Park Ridge Care Center (PRCC)
1250 NE 145th St.
Shoreline, WA 98155
Phone: (206) 363-5856
Fax: (206) 365-0568

Patient seen today for: Leg pain, SNF f/u visit

History:
93 year old female with history of severe peripheral vascular disease of both venous and arterial, recurrent DVTs, chronic anticoagulation (coumadin), DM II, OA of both hips, homelessness, admitted at Park Ridge Care Center on 6/4/18 from NWH where she was hospitalized from 5/31/18 to 6/4/18 for worsening stasis ulcers on her left lower extremity and cellulitis.

She as previously followed by the NW wound clinic for her venous stasis multiple ulcers of LLE. During her follow up

appointment at the clinic there was concern for worsening cellulitis, hence admitted for further workup. She was started on Cefazolin empirically. Wound culture later grew MSSA and Pseudomonas. She will continue to be closely followed by the wound clinic team at NW.

On hospital admission her INR was 4.9. coumadin was subsequently held for few days and then gradually restarted. She also received some IV fluid for dehydration.

Hx Interval:
Jeanne is complaining of leg pain, more like cramps to the calf, more on the right leg than the left. She has no wounds on the right leg. She has stasis ulcer wounds on the left leg which is wrapped with dressing. She states that the cramp-like pain comes and goes, worse in the morning after long rest in bed. She has history of chronic/recurrent DVTs and is currently on chronic anticoagulation coumadin with therapeutic INR for the past month. Pain could also be related to her poor vascular circulation. Her electrolytes are stable and no active clot noted on RLE by duplex.

She is otherwise walking on both legs with one person assist using a walker. Per nursing notes her wounds are gradually healing with current treatment plan. She has no sign of active infection. Appetite fairly stable, remains continent of bowel and bladder. She remains calm and cooperative with care and treatments.

ROS:
Denies fever, chills, sob, n/v, chest pain, headache, diarrhea or constipation.
Rest of the ROS reviewed and were negative except for as above

PMH:
Patient Active Problem List
Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Long term current use of anticoagulant therapy
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- Other physical therapy
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
- Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)
- Peripheral vascular disease, unspecified (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless

- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency

SH:
Social History

Social History Narrative

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

Habits: denies tobacco, ETOH or drug use
Prior living situation: homeless now
Widowed. She has two sons. She had been living with her son in subsidized housing and apparently the landlord was affected by her son's behavior, as well as her other son's bullying, and eventually evicted them (per SW note the son reports they left "willingly").
Social Support: family
POLST: Full code, Antibiotics ok, Long term medically assisted nutrition by tube
DPOA: Louis (son) 360-649-5702

MEDICATIONS:
Please review the facility Medication Administration Record (MAR) for the most up to date and accurate medication list. Please call the facility to have latest medication administration record faxed.

ALLERGY:
Review of patient's allergies indicates:
Allergies

Allergen	Reactions
Adhesives	
Aspirin	Other
Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
Nitrofurantoin	Other
confusion	
Penicillins	Rash
Sulfa Antibiotics	Rash

Physical Exam:
BP 124/68 | Pulse 70 | Temp 97.2 °F (36.2 °C) (Tympanic) | Resp 18 | Wt 110 lb 12 oz (50.2 kg) | BMI 20.26 kg/m²
Wt Readings from Last 3 Encounters:
07/06/18 110 lb 12 oz (50.2 kg)
06/22/18 111 lb 6 oz (50.5 kg)
06/19/18 110 lb (49.9 kg)

GEN: appears older than stated age, accompanied by self. Appears thin, adequately hydrated, and groomed. Alert and responding appropriately and in no acute distress.

07/06/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

PSYCH: alert and oriented x 3, interactive, speech w/o dysarthria, full affect, focused content, logical process, no hallucinations or psychomotor agitation. Hard of hearing, hearing in left ear.
HEENT: NCAT, moist mucous membranes. Poor dentition. Oropharynx clear. EOMI and PERRLA. Corrective lenses
CV: RRR, NL S1 and S2, G 1/6 murmurs, no r/g, no JVD.
PULM: normal, unlabored, and regular respiratory effort, CTA B/L.
ABD: normal BT all quadrants, non-tender, non-distended, no masses
MSK: kyphotic, changes in hands consistent w/ OA. MAE
EXT: no c/c/. LLE in xeroform wrap. RLE calf tenderness with deep palpation
NEURO: no focal deficits, Normal tone, motor symmetry
SKIN: dry wnl temp and color, no apparent rash
Labs: nursing home labs not done through UW system, please check with the facility.
- CBC, CMP unremarkable
- INR at goal
- RLE duplex free of active clot

A/P:
(M79.604, M79.605) Leg pain, bilateral (primary encounter diagnosis)
Peripheral vascular disease, unspecified (HCC)
(I83.029) Venous ulcer of left leg (HCC) (I73.9)
Plan:
- pain likely related to her poor circulation
- Norco 5-325 mg tab, 1 - 2 tabs po prn q 4 hrs for pain
- continue wound care as ordered
- she will followed by vascular clinic
- f/u with NW wound NP at SNF weekly and at the clinic as needed
- continue supportive care with ADLs
- continue Pentoxifylline 400 mg po q 8 hrs

(Z86.718) History of recurrent deep vein thrombosis (DVT)
(Z79.01) Long term current use of anticoagulant therapy
Plan:
- continue chronic anticoagulation with Coumadin
- INR has been at therapeutic
- INR goal is 2 - 3
- continue to check INR twice a week

(G31.84) Mild cognitive impairment
Plan:
- stable without behaviors or resistive to care
- continue supportive care
- monitor for mood/behavioral changes

(I10) Essential hypertension
Plan:
- stable, no longer on meds
- continue to monitor

(D64.9) Normocytic anemia
Plan:
- stable

(E78.5) Other and unspecified hyperlipidemia
Plan:
- no longer on statin

(M16.0) Primary osteoarthritis of both hips
(M47.816) Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
(M62.81) Weakness of trunk musculature
(R29.898) Leg weakness, bilateral

07/06/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Plan: - PT and OT as scheduled
- supportive care with ADLs
- Norco 5-325 mg tab, 1 - 2 tabs po prn q 4 hrs for pain

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Plan: - diet controlled

(H40.9) Unspecified glaucoma(365.9)
Plan: - stable, continue home regimen
- Timolol 0.5% 1 drop both eyes BID

(E43) Severe protein-calorie malnutrition (HCC)
Plan: - weight is gradually trending up. Appetite has been somewhat fairly good.
- will continue to monitor
- followed by dietician
- Prostat 30 cc po daily

(E53.9) Unspecified vitamin B deficiency
Plan: - Vitamin B_{12} 1000 mcg po daily

(E55.9) Vitamin D deficiency
Plan: - recent Vit D 25-OH was 24.3 on 6/8/18
- Vitamin D_3 50,000 units po week x 6 weeks (thru 7/28/18)
- continue Vitamin D_3 1000 units po daily

Ibrahima Touray, ARNP

Please contact the University of Washington Post Acute Care Service at 206-744-5415 or page the provider or the on-call provider through Harborview Medical Center at 206-744-3000.

Electronically signed by Touray, Ibrahima, ARNP at 7/10/2018 11:56 AM

Flowsheets

Custom Formula Data

Row Name	07/06/18 1120
Pct Wt Change	0 %

Vital Data

Row Name	07/06/18 1120
Weight	50.2 kg (110 lb 12 oz)
BP	124/68
BP Cuff Size	Regular
BP Position	Sitting
Temp	36.2 °C
Temp src	Tympanic
Pulse	70
Pulse Regularity	Regular

07/06/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Flowsheets (continued)

Resp	18

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: H0571976 7/6/2018 POST-ACUTE CARE SVC 206-744-5415

Instructions from Ibrahima Touray, ARNP

Return in about 1 month
(around 8/6/2018).

What's Next

You currently have no upcoming appointments scheduled.

eCare Sign-Up

eCare is a faster way to communicate with your care team between visits through messages and viewing test results, records, appointments, and visit summaries all online or from the app on your mobile device.

Go to ecare.uwmedicine.org, click "Sign Up Now" and enter in your personal activation code: Activation code not generated
Current eCare Status: Active

If you have any trouble signing in, please call the eCare Help Desk: 206-520-UWMD (8963)
Monday - Saturday: 7:00 a.m. to 7:00 p.m.

Today's Visit

You saw Ibrahima Touray, ARNP on Friday July 6, 2018. The following issues were addressed:

- Leg pain, bilateral
- History of recurrent deep vein thrombosis (DVT)
- Peripheral vascular disease, unspecified (HCC)
- Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
- Venous ulcer of left leg (HCC)
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Vitamin D deficiency
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
- Unspecified vitamin B deficiency
- Long term current use of anticoagulant therapy
- Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
- Thrombocytopenia (HCC)
- Primary osteoarthritis of both hips

Blood Pressure 124/68	BMI 20.26
Weight 110 lb 12 oz	Temperature (Tympanic) 97.2 °F
Pulse 70	Respiration 18

Jeanne L. Hoffman (MRN: H0571976) • Printed at 7/10/18 11:56 AM

Page 1 of 2 Epic

07/06/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary (continued)

Your Medication List as of 7/6/18 11:59 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays **According to our records, you may have been taking this medication differently.**

Patient Demographics

Address
1250 NE 145th St
SHORELINE WA 98155

Contact Numbers
206-363-5856

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

07/06/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents

After Visit Summary - Document on 7/10/2018 11:56 AM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: H0571976

7/6/2018 POST-ACUTE CARE SVC 206-744-5415

Instructions from Ibrahima Touray, ARNP

Return in about 1 month
(around 8/6/2018).

What's Next

You currently have no upcoming appointments scheduled.

eCare Sign-Up

eCare is a faster way to communicate with your care team between visits through messages and viewing test results, records, appointments, and visit summaries all online or from the app on your mobile device.

Go to ecare.uwmedicine.org, click "Sign Up Now" and enter in your personal activation code: Activation code not generated
Current eCare Status: Active

If you have any trouble signing in, please call the eCare Help Desk: 206-520-UWMD (8963)
Monday - Saturday: 7:00 a.m. to 7:00 p.m.

Today's Visit

You saw Ibrahima Touray, ARNP on Friday July 6, 2018. The following issues were addressed:

- Leg pain, bilateral
- History of recurrent deep vein thrombosis (DVT)
- Peripheral vascular disease, unspecified (HCC)
- Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
- Venous ulcer of left leg (HCC)
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Vitamin D deficiency
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
- Unspecified vitamin B deficiency
- Long term current use of anticoagulant therapy
- Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
- Thrombocytopenia (HCC)
- Primary osteoarthritis of both hips

Blood Pressure 124/68	BMI 20.26
Weight 110 lb 12 oz	Temperature (Tympanic) 97.2 °F
Pulse 70	Respiration 18

Jeanne L. Hoffman (MRN: H0571976) • Printed at 7/10/18 11:56 AM

Page 1 of 2 Epic

07/06/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents (continued)

Your Medication List as of 7/6/18 11:59 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays **According to our records, you may have been taking this medication differently.**

Patient Demographics

Address
1250 NE 145th St
SHORELINE WA 98155

Contact Numbers
206-363-5856

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

06/27/2018 - Telephone in UW Medicine Northwest Surgical Services and Hernia Center

Reason for Visit

Chief complaint: Surgery
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

06/27/2018 - Telephone in UW Medicine Northwest Surgical Services and Hernia Center (continued)

Medication List (continued)

Clinical Notes

Telephone Encounter

Murillo, Hortensia at 6/27/2018 1115

They are calling to schedule surgery? I did explain to him Kim will be back next week IF the orders were ready

Electronically signed by Murillo, Hortensia at 6/27/2018 11:16 AM

Hoang, John T, CNT CTR Rep at 7/3/2018 0955

VM option was not available at 206-668-1808

Patient son, Louis called to discuss scheduling surgery as patient wounds are not healing and is concern with patient symptoms with Johnathon C Rollo, MD.

Louis mentioned as he has been having issues with his phone, if possible; please reach him by e-mail.

E-Mail: louisalloin@usa.com

Electronically signed by Hoang, John T, CNT CTR Rep at 7/3/2018 10:00 AM

Ferguson, Kimberley A at 7/3/2018 1538

These should go to the Medical assistant. Not surgery coordinator

Electronically signed by Ferguson, Kimberley A at 7/3/2018 3:38 PM

Fraga, David at 7/3/2018 1541

Son of patient Louis called to schedule procedure. Please call.

Electronically signed by Fraga, David at 7/3/2018 3:42 PM

Torres Cordoba, Mitzy, CMA at 7/5/2018 0827

Called patients son to follow-up on patients care. I will triage patients symptoms, and forward to Dr. Rollo, If Dr. Rollo would like to proceed with surgery, he will give his surgery scheduler an order sheet to coordinate surgery for the patient.

LVMTCB

Electronically signed by Torres Cordoba, Mitzy, CMA at 7/5/2018 8:33 AM

Fraga, David at 7/6/2018 1050

06/27/2018 - Telephone in UW Medicine Northwest Surgical Services and Hernia Center (continued)

Clinical Notes (continued)

Spouse of patient called stating they have been trying to schedule procedure. Please call spouse at 360-649-5702.

Electronically signed by Fraga, David at 7/6/2018 10:51 AM

Ferguson, Kimberley A at 7/6/2018 1056

Returned call to patient spouse advising him that I do not have orders for surgery and I will request them from the doctor when I see him on Tuesday.

Electronically signed by Ferguson, Kimberley A at 7/6/2018 10:57 AM

Ferguson, Kimberley A at 7/10/2018 1114

Patient spouse called in again and would like to schedule surgery. Please provide orders.

Electronically signed by Ferguson, Kimberley A at 7/10/2018 11:14 AM

06/22/2018 - Outside Care Encounter in POST-ACUTE CARE SVC

Reason for Visit

Chief complaint: LTC F/U
Visit diagnoses:

- Venous ulcer of left leg (primary)
- Cellulitis of left leg
- Peripheral vascular disease, unspecified
- Primary osteoarthritis of both hips
- Weakness of trunk musculature
- Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
- Leg weakness, bilateral
- Essential hypertension, benign
- History of recurrent deep vein thrombosis (DVT)
- Long term current use of anticoagulant therapy
- Type 2 diabetes mellitus without complication, without long-term current use of insulin
- Unspecified vitamin B deficiency
- Severe protein-calorie malnutrition
- Other and unspecified hyperlipidemia
- Unspecified glaucoma(365.9)
- Vitamin D deficiency

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Touray, Ibrahima, ARNP	Touray, Ibrahima, ARNP

Department

Name	Address	Phone	Fax
POST-ACUTE CARE SVC	325 9TH Ave Box 359753 Seattle WA 98104	206-744-5415	206-744-3270

Level of Service

Level of Service
SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

06/22/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

Clinical Notes

Progress Notes

Touray, Ibrahima, ARNP at 6/22/2018 2359

University of Washington Post-Acute Care Service

Skilled Nursing Facility:
Park Ridge Care Center (PRCC)
1250 NE 145th St.
Shoreline, WA 98155
Phone: (206) 363-5856
Fax: (206) 365-0568

Patient seen today for: SNF f/u visit

History:
93 year old female with history of severe peripheral vascular disease of both venous and arterial, recurrent DVTs, chronic anticoagulation (coumadin), DM II, OA of both hips, homelessness, admitted at Park Ridge Care Center on 6/4/18 from NWH where she was hospitalized from 5/31/18 to 6/4/18 for worsening stasis ulcers on her left lower extremity and cellulitis.

She as previously followed by the NW wound clinic for her venous stasis multiple ulcers of LLE. During her follow up appointment at the clinic there was concern for worsening cellulitis, hence admitted for further workup. She was started on Cefazolin empirically. Wound culture later grew MSSA and Pseudomonas. She will continue to be closely followed by the wound clinic team at NW.

On admission her INR was 4.9. coumadin was subsequently held for few days and then gradually restarted. She also

received some IV fluid for dehydration.

Hx Interval:
Today, she states that she is doing much better and think she is gradually improving. She is not complaining of any worsening pain to the legs. She states current pain level is 4/10 and is actually better than last week. She is getting Norco as needed with good effects. She is was seen by NW wound clinic three days ago and her left leg wounds were debrided. She is participating in therapy sessions, requires one person assist with ADLs, ambulates with FWW with assist. Appetite is good consuming 75 to 100% of her meals. She remains calm and cooperative with care and treatments.

ROS:
Denies fever, chills, sob, n/v, chest pain, headache, diarrhea or constipation.
Rest of the ROS reviewed and were negative except for as above

PMH:
Patient Active Problem List
Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Long term current use of anticoagulant therapy
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- Other physical therapy
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
- Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)
- Peripheral vascular disease, unspecified (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence

SH:
Social History

Social History Narrative

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

Habits: denies tobacco, ETOH or drug use
Prior living situation: homeless now
Widowed. She has two sons. She had been living with her son in subsidized housing and apparently the landlord was affected by her son's behavior, as well as her other son's bullying, and eventually evicted them (per SW note the son reports they left "willingly").
Social Support: family
POLST: Full code, Antibiotics ok, Long term medically assisted nutrition by tube
DPOA: Louis (son) 360-649-5702

MEDICATIONS:
Please review the facility Medication Administration Record (MAR) for the most up to date and accurate medication list. Please call the facility to have latest medication administration record faxed.

ALLERGY:
Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Physical Exam:
BP 124/62 | Pulse 69 | Temp 98.6 °F (37 °C) | Resp 18 | Wt 111 lb 6 oz (50.5 kg) | BMI 20.37 kg/m²
Wt Readings from Last 3 Encounters:
06/22/18 111 lb 6 oz (50.5 kg)
06/19/18 110 lb (49.9 kg)
06/07/18 110 lb 2 oz (50 kg)

GEN: appears older than stated age, accompanied by self. Appears thin, adequately hydrated, and groomed. Alert and responding appropriately and in no acute distress.
PSYCH: alert and oriented x 3, interactive, speech w/o dysarthria, full affect, focused content, logical process, no hallucinations or psychomotor agitation. Hard of hearing, hearing in left ear. Mild facial droop
HEENT: NCAT, moist mucous membranes. Poor dentition. Oropharynx clear. EOMI and PERRLA. Corrective lenses
CV: RRR, NL S1 and S2, G 1/6 murmurs, no r/g, no JVD.
PULM: normal, unlabored, and regular respiratory effort, CTA B/L.
ABD: normal BT all quadrants, non-tender, non-distended, no masses
MSK: kyphotic, changes in hands consistent w/ OA. MAE
EXT: no c/c/. LLE in xeroform wrap
NEURO: no focal deficits, Normal tone, motor symmetry

06/22/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

SKIN: dry wnl temp and color, no apparent rash
Labs: nursing home labs not done through UW system, please check with the facility.

A/P:
(I83.029) Venous ulcer of left leg (HCC) (primary encounter diagnosis)
Plan: - continue wound care as ordered
- f/u with NW wound NP at SNF weekly and at the clinic as needed
- Norco 5-325 mg tab, 1 - 2 tabs po prn q 4 hrs for pain

(I73.9) Peripheral vascular disease, unspecified (HCC)
Plan: - continue supportive care
- continue Pentoxifylline 400 mg po q 8 hrs

(L03.116) Cellulitis of left leg
Plan: - completed ABO and resolved

(Z86.718) History of recurrent deep vein thrombosis (DVT)
(Z79.01) Long term current use of anticoagulant therapy
Plan: - continue chronic anticoagulation with Coumadin
- INR goal is 2 - 3
- INR yesterday = 3.1 on 5.5 mg, dose reduced the dose to 4.5 mg
- continue to check INR twice a week

(G31.84) Mild cognitive impairment
Plan: - continue supportive care
- monitor for mood/behavioral changes

(I10) Essential hypertension
Plan: - stable, since her ARB (Losartan) was stopped couple of weeks ago due to hyperkalemia
- continue to monitor

(E87.5) Hyperkalemia
Plan: - stable since her ARB was stopped couple of weeks ago

(D64.9) Normocytic anemia
Plan: - stable

(E78.5) Other and unspecified hyperlipidemia
Plan: - no longer on statin

(M16.0) Primary osteoarthritis of both hips
(M47.816) Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
(M62.81) Weakness of trunk musculature
(R29.898) Leg weakness, bilateral
Plan: - PT and OT as scheduled
- supportive care with ADLs
- Norco 5-325 mg tab, 1 - 2 tabs po prn q 4 hrs for pain

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Plan: - diet controlled

(H40.9) Unspecified glaucoma(365.9)
Plan: - stable, continue home regimen

06/22/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

- Timolol 0.5% 1 drop both eyes BID

(E43) Severe protein-calorie malnutrition (HCC)
Plan: - weight is gradually trending up. Appetite has been good.
- will continue to monitor
- followed by dietician

(E53.9) Unspecified vitamin B deficiency
Plan: - Vitamin B_{12} 1000 mcg po daily

(E55.9) Vitamin D deficiency
Plan: - recent Vit D 25-OH was 24.3 on 6/8/18
- Vitamin D_3 50,000 units po week x 6 weeks (thru 7/28/18)
- continue Vitamin D_3 1000 units po daily

Ibrahima Touray, ARNP

Please contact the University of Washington Post Acute Care Service at 206-744-5415 or page the provider or the on-call provider through Harborview Medical Center at 206-744-3000.

Electronically signed by Touray, Ibrahima, ARNP at 7/9/2018 4:00 PM

Flowsheets

Custom Formula Data

Row Name	06/22/18 1416
Pct Wt Change	0 %

Vital Data

Row Name	06/22/18 1416
Weight	50.5 kg (111 lb 6 oz)
BP	124/62
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Temp	37 °C
Pulse	69
Resp	18

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

06/22/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: H0571976

6/22/2018 POST-ACUTE CARE SVC 206-744-5415

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You saw Ibrahima Touray, ARNP on Friday June 22, 2018. The following issues were addressed:

- Venous ulcer of left leg (HCC)
- Cellulitis of left leg
- Peripheral vascular disease, unspecified (HCC)
- Primary osteoarthritis of both hips
- Weakness of trunk musculature
- Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
- Leg weakness, bilateral
- Essential hypertension, benign
- History of recurrent deep vein thrombosis (DVT)
- Long term current use of anticoagulant therapy
- Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
- Unspecified vitamin B deficiency
- Severe protein-calorie malnutrition (HCC)
- Other and unspecified hyperlipidemia
- Unspecified glaucoma(365.9)
- Vitamin D deficiency

Blood Pressure 124/62	BMI 20.37
Weight 111 lb 6 oz	Temperature 98.6 °F
Pulse 69	Respiration 18

eCare Sign-Up

eCare is a faster way to communicate with your care team between visits through messages and viewing test results, records, appointments, and visit summaries all online or from the app on your mobile device.

Go to ecare.uwmedicine.org, click "Sign Up Now" and enter in your personal activation code: Activation code not generated
Current eCare Status: Active

If you have any trouble signing in, please call the eCare Help Desk: 206-520-UWMD (8963)
Monday - Saturday: 7:00 a.m. to 7:00 p.m.

06/22/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary (continued)

Your Medication List as of 6/22/18 11:59 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays **According to our records, you may have been taking this medication differently.**

Patient Demographics

Address
1250 NE 145th St
SHORELINE WA 98155

Contact Numbers
206-363-5856

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

06/22/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents

After Visit Summary - Document on 7/9/2018 4:00 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: H0571976

6/22/2018 POST-ACUTE CARE SVC 206-744-5415

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You saw Ibrahima Touray, ARNP on Friday June 22, 2018. The following issues were addressed:

- Venous ulcer of left leg (HCC)
- Cellulitis of left leg
- Peripheral vascular disease, unspecified (HCC)
- Primary osteoarthritis of both hips
- Weakness of trunk musculature
- Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
- Leg weakness, bilateral
- Essential hypertension, benign
- History of recurrent deep vein thrombosis (DVT)
- Long term current use of anticoagulant therapy
- Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
- Unspecified vitamin B deficiency
- Severe protein-calorie malnutrition (HCC)
- Other and unspecified hyperlipidemia
- Unspecified glaucoma(365.9)
- Vitamin D deficiency

Blood Pressure 124/62	BMI 20.37
Weight 111 lb 6 oz	Temperature 98.6 °F
Pulse 69	Respiration 18

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Current eCare Status: Active

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Monday - Saturday: 7:00 a.m. to 7:00 p.m.

Jeanne L. Hoffman (MRN: H0571976) • Printed at 7/9/18 4:00 PM

Page 1 of 2 Epic

06/22/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents (continued)

Your Medication List as of 6/22/18 11:59 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays **According to our records, you may have been taking this medication differently.**

Patient Demographics

Address
1250 NE 145th St
SHORELINE WA 98155

Contact Numbers
206-363-5856

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

06/19/2018 - Office Visit in UW Medicine Northwest Surgical Services and Hernia Center

Reason for Visit

Chief complaint: ER FOLLOW UP
Visit diagnosis: Venous ulcer of left leg

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Rollo, Johnathon Curtis, MD	Rollo, Johnathon Curtis, MD

Department

Name	Address	Phone	Fax
UW Medicine Northwest Surgical Services and Hernia Center	1560 N. 115th Street, Suite 102 Seattle WA 98133-9733	206-668-1070	206-668-1410

Level of Service

Level of Service	Modifiers
OFFICE OUTPATIENT NEW 45 MINUTES	GC

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019

06/19/2018 - Office Visit in UW Medicine Northwest Surgical Services and Hernia Center (continued)

Medication List (continued)

Quantity: 5 mL | Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD | Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

Clinical Notes

Progress Notes

Ohlsson, Anna, MD at 6/19/2018 1530

UW Vascular Surgery at Northwest Hospital

Provider: John Rollo, MD
Visit Date: 6/19/2018
CHIEF COMPLAINT: ER FOLLOW UP (Insufficient flow)

REFERRING PROVIDER:
Dr. No ref. provider found

HPI:
Jeanne Leonie Hoffman is a 93 year old female with chronic left leg wounds who was recently hospitalized for LLE cellulitis. She has completed her antibiotics and follows up regarding her venous and arterial disease. Ms. Hoffman has had recurrent left leg ulcers over several years s/p skin grafting in the past. Over the past year, she has had recurrence and worsening of her leg ulcers with a new ulcer on her posterior calf. She states she is having her leg wrapped twice a week and has been having some debridements. She continues to live out of a tent with her son. She has had intermittent severe swelling bilaterally, worse in her left leg, which has improved with ace wrapping.

REVIEW OF SYSTEMS:
A complete review of systems was completed and is negative unless stated in the HPI.

PHYSICAL EXAM:
BP 146/66 | Pulse 62 | Ht 5' 2" (1.575 m) | Wt 110 lb (49.9 kg) | BMI 20.12 kg/m²
Constitutional: Well-developed and well-nourished female, in no obvious distress.
Mental Status: She is awake, alert, and oriented with intact memory, language, and fund of knowledge.
Neurological: normal
Musculoskeletal / Motor: normal. intact no deficits 5/5 strength
HEENT: Normal
Chest: Normal
Cardiovascular: Cardiac examination is normal with regular rate and rhythm.
Abdomen: The abdomen is benign.
Skin RLE: No ulcers or lesions.
RLE Pulse exam: Palpable femoral and DP pulse
Skin LLE: 3 venous ulcers along the distal lower leg, ~5cm x3cm wide on posterior calf, 2x2cm on medial ankle, and 1x1cm on lateral ankle

LLE Pulse exam: palpable DP pulse and femoral pulse

IMAGING RESULTS / LAB RESULTS:

Venous duplex demonstrating bilateral GSV reflux
Arterial duplex: Right ABI 1.45, TBI 0.49 and Left TBI 0.35. The right popliteal artery is 20-49% stenosis with distal occlusion of PT. Three vessel runoff bilaterally. Left SFA and popliteal stenosis of 20-49%.

CURRENT MEDICATIONS:

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed (Patient taking differently: 1 tablet every 4 hours as needed for pain. one po once daily for arthritic pain as needed)	60 tablet	2
• Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab	Take 1 tablet by mouth 2 times a day.		
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.	5 mL	0
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays (Patient taking differently: 1 TAB PO ONCE each evening except 0.5 tab on Thursdays and Sundays)	90 tablet	3

No current facility-administered medications for this visit.

ALLERGIES:

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin *Confusion, loss of appetitie, nausea, abdominal pain*	Other
• Nitrofurantoin *confusion*	Other
• Penicillins	Rash

- Sulfa Antibiotics — Rash

PAST SURGICAL HISTORY:

No past surgical history on file.

PAST MEDICAL HISTORY:

Past Medical History:

Diagnosis	Date
• Allergic rhinitis, cause unspecified	11/20/2006
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• Closed fracture of unspecified intracapsular section of neck of femur (HCC) *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006
• Esophageal reflux	11/20/2006
• Impaired fasting glucose	3/22/2007
• Other convulsions (HCC) *Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence*	11/20/2006
• PAD (peripheral artery disease) (HCC)	
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Ulcer of left lower extremity, limited to breakdown of skin (HCC) *Chronic, Multiple sites of lower leg and ankle, with MSSA*	
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012

FAMILY HISTORY:

Denies any history of bleeding or clotting disorders

SOCIAL HISTORY:

Social History

Social History

• Marital status:	Widowed
Spouse name:	N/A
• Number of children:	N/A
• Years of education:	N/A

Occupational History

- Not on file.

Social History Main Topics

• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol use	No
• Drug use:	No

- Sexual activity: No

Other Topics	Concern

- Not on file

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

I personally reviewed and confirmed the ROS, past medical history, past surgical history, family history and social history in the record with the patient today.

IMPRESSION / ASSESSMENT:

		ICD-10-CM	ICD-9-CM	
1.	**Venous ulcer of left leg (HCC)**	**I83.029**	**454.0**	**REFERRAL TO WOUND CARE**

Jeanne Leonie Hoffman is a 93 year old female with chronic left leg wounds who was recently hospitalized for LLE cellulitis who presents for follow up of her venous ulcers. Ms. Hoffman's ulcers are in an area where she has notable venous reflux on her duplex which is suggestive that it is playing a significant role in her nonhealing wounds. We recommend proceeding with RFA and possible microphlebectomies to help improve her venous disease and help heal her ulcers. Additionally we believe she would benefit from weekly visits for debridement at the wound care clinic and will refer her there. We discussed the risks and benefits of RFA and microphlebectomies including bleeding, DVT, and need for repeat intervention in the future. She understands and agrees with the plan.

-LLE RFA and microphlebectomies
-refer to wound care for weekly debridements and compression wraps

I saw and evaluated the patient with the resident on the date of service and agree with the note as written above. Assessment: LLE venous insufficiency and severe non-healing venous stasis ulcers. Plan: RFA and phlebectomy

The risks benefits and alternatives of endovenous saphenous vein ablation, sclerotherapy and micro-phlebectomy were discussed at length with the patient and She agrees to proceed with the operation. The risks discussed include bleeding, nerve damage, numbness, pain, failure, bruising, recurrent varicose veins, permanent staining, DVT and pulmonary embolism. All questions and concerns were addressed.

John Rollo MD
UW Vascular Surgery

06/19/2018 - Office Visit in UW Medicine Northwest Surgical Services and Hernia Center (continued)

Clinical Notes (continued)

Prior EMR records reviewed as available and clinically relevant. All questions answered. Follow up instructions were discussed with the patient. The patient fully understands and is in agreement with the plan.

Electronically signed by Rollo, Johnathon Curtis, MD at 6/20/2018 11:24 AM

Other Orders

Referral

REFERRAL TO WOUND CARE (Discontinued)

Electronically signed by: **Ohlsson, Anna, MD on 06/20/18 0812**
Status: **Discontinued**
Ordering user: Ohlsson, Anna, MD 06/20/18 0812
Authorized by: Rollo, Johnathon Curtis, MD
Ordering mode: Standard
Frequency: Routine 06/20/18 -
Class: Internal Referral
Quantity: 1
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Venous ulcer of left leg (HCC) [I83.029]

Questionnaire

Question	Answer
Do you want to track this referral?	No

Scheduling instructions
Referral to: NWH Wound Care (DEP 260122) 206-668-1244

----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare REASON FOR REFERRAL: 93 year old female with chronic left leg venous insufficiency and non healing wounds. Please eval for weekly debridements.

Referral Details

Referred By		Referred To	Type	Priority
Rollo, Johnathon Curtis, MD	Diagnoses: Venous ulcer of left leg (HCC)	**Zznwh Wound Care** 1560 N 115TH STREET, STE 201 SEATTLE WA 98133-8414 Phone: 206-668-1244 Fax: 206-668-1270 Specialty: Wound Ostomy	Specialty Visit	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare REASON FOR REFERRAL: 93 year old female with chronic left leg venous insufficiency and non healing wounds. Please eval for weekly debridements.

Indications

Venous ulcer of left leg (HCC) [I83.029 (ICD-10-CM)]

Flowsheets

Custom Formula Data

06/19/2018 - Office Visit in UW Medicine Northwest Surgical Services and Hernia Center (continued)

Flowsheets (continued)

Row Name	06/19/18 1407
Pct Wt Change	0 %

Vital Data

Row Name	06/19/18 1407
Height	5' 2" (1.575 m)
BMI (Calculated)	20.16
Weight	49.9 kg (110 lb)
Body Surface Area (Calculated)	1.48
BP	146/66
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	62

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

06/19/2018 - Office Visit in UW Medicine Northwest Surgical Services and Hernia Center (continued)

After Visit Summary (continued)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135

6/19/2018 3:30 PM NWH Surgical Services and Hernia Center 206-668-1070

Instructions from Johnathon C Rollo, MD

REFERRAL TO WOUND CARE
Referral to: NWH Wound Care (DEP 260122) 206-668-1244

----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.

What's Next

JUN 29 2018 Return Patient Appointment with Johnathon C Rollo, MD
Friday June 29 10:15 AM

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

Today's Visit

You saw Johnathon C Rollo, MD on Tuesday June 19, 2018. The following issue was addressed: Venous ulcer of left leg (HCC).

Blood Pressure 146/66	BMI 20.12
Weight 110 lb	Height 5' 2"
Pulse 62	

eCare Sign-Up

eCare is a faster way to communicate with your care team between visits through messages and viewing test results, records, appointments, and visit summaries all online or from the app on your mobile device.

Go to ecare.uwmedicine.org, click "Sign Up Now" and enter in your personal activation code: Activation code not generated
Current eCare Status: Active

If you have any trouble signing in, please call the eCare Help Desk:
206-520-UWMD (8963)
Monday - Saturday: 7:00 a.m. to 7:00 p.m.

06/19/2018 - Office Visit in UW Medicine Northwest Surgical Services and Hernia Center (continued)

After Visit Summary (continued)

Your Medication List as of 6/19/18 11:59 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays **According to our records, you may have been taking this medication differently.**

Patient Demographics

Address
1250 NE 145th St
SHORELINE WA 98155

Contact Numbers
206-363-5856

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

06/19/2018 - Office Visit in UW Medicine Northwest Surgical Services and Hernia Center (continued)

Documents

After Visit Summary - Document on 6/20/2018 8:52 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135

6/19/2018 3:30 PM NWH Surgical Services and Hernia Center 206-668-1070

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Jeanne L. Hoffman (MRN: U8170135) • Printed at 6/20/18 8:52 AM

Page 1 of 2 Epic

06/19/2018 - Office Visit in UW Medicine Northwest Surgical Services and Hernia Center (continued)

Documents (continued)

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SHORELINE WA 98155

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206-363-5856

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06/07/2018 - Outside Care Encounter in POST-ACUTE CARE SVC

Reason for Visit

Chief complaint: Hospital Follow-up
Visit diagnoses:

- Venous ulcer of left leg (primary)
- Peripheral vascular disease, unspecified
- History of recurrent deep vein thrombosis (DVT)
- Long term current use of anticoagulant therapy
- Mild cognitive impairment
- Homeless
- Hyperkalemia
- Essential hypertension
- Normocytic anemia
- Dyslipidaemia
- Severe protein-calorie malnutrition

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Ong, Thuan Duc, MD	Ong, Thuan Duc, MD

Department

Name	Address	Phone	Fax
POST-ACUTE CARE SVC	325 9TH Ave Box 359753 Seattle WA 98104	206-744-5415	206-744-3270

Follow-up and Dispositions

Level of Service

Level of Service
INITIAL NURSING FACILITY CARE/DAY 45 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder

06/07/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Medication List (continued)

Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018

Clinical Notes

Progress Notes

Ong, Thuan Duc, MD at 6/7/2018 2025

University of Washington Post Acute Care Service

Skilled Nursing Facility (SNF):
Park Ridge Care Center (PRCC)
1250 NE 145th St.
Shoreline, WA 98155
Phone: (206) 363-5856
Fax: (206) 365-0568

ADMIT HISTORY AND PHYSICAL

Date of Admission to SNF: 6/4/18

Date of Encounter: 6/7/2018

Reason for admission to PRCC: s/p hospitalization for worsening stasis ulcers, now admitted to SNF for rehab and wound care.

Primary care provider: Neighbor Jr., William E, MD

Interval History:
ID/CC: 93 year old female with with severe peripheral vascular disease both venous and arterial who came in with worsening stasis ulcers on her left lower extremity and cellulitis admitted to NWH from 5/31/18 to 6/4/18.

Her son, Louis, is present for this visit,

Venous stasis ulcers: LLE, multiple, has known PVD as well, using Xeroform with leg wraps but not pressure wraps. She appreciates the care she is receiving here.

Homelessness: pt and son were forced out of their apartment and have been living in a tent for several weeks. When asked what here plans are when her wounds heal up, she states "I am going back to my tent".

Low grade fever: noted last night, 99F, normalized today, stat labs drawn one day prior and noted K+ elevated to 5.6, and H/H went from 11.7/35.5 to 9.8/30 in a single day. Her prior H/H appear to be in the range of 9/30. She denies any localizing sx.

Comprehensive functional assessment:
ADLS: independent prior Hygiene, Dressing, Feeding, Transferring, Toileting, Ambulation
IADLS: requires assistance w/Telephone, Shopping, Food, Housekeeping, Laundry, Transport, Meds, Finances
Memory: no concerns
Swallow: no concerns
Falls/Balance: no recent falls
Assistive devices: walks w/ 4WW
Incontinence: positive for urge UI
Mood: "good"

ROS:
Complete ROS is negative, except for hard of hearing

PMH/Problem List:
Patient Active Problem List

Diagnosis	Date Noted
• Osteoporosis, unspecified T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped	03/04/2008
• Long term current use of anticoagulant therapy	01/08/2008

06/07/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Reason for anticoagulation: Recurrent dvts
Duration of anticoagulation: life
INR goal: 2.-3 (lower end of this range desired because of age)

- Unspecified vitamin B deficiency 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type 2 diabetes mellitus without complication (HCC) 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

- Sensorineural hearing loss, unspecified 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic (HCC) 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign 11/20/2006
- Unspecified glaucoma(365.9) 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.

Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: Yes/ 9/21/2016 POLST forms signed.
Scanned to record.
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

• Venous ulcer of left leg (HCC)	06/07/2018
• Homeless	06/07/2018
• Normocytic anemia	06/07/2018
• Cellulitis of left leg	05/31/2018
• Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)	05/17/2018
• Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)	05/17/2018
• Peripheral vascular disease, unspecified (HCC)	05/17/2018
• Primary osteoarthritis of both hips	02/01/2017
• Thrombocytopenia (HCC)	11/02/2016
• Imbalance	11/02/2016
• History of recurrent deep vein thrombosis (DVT)	06/02/2016
• Other physical therapy	01/22/2015
• Hip joint stiffness	01/06/2015
• Leg weakness, bilateral	01/06/2015
• Weakness of trunk musculature	01/06/2015
• Pseudophakia, both eyes	11/08/2014
• Urine incontinence Uses pads	08/27/2014
• Osteoarthritis of lumbar spine	08/30/2013

ALLERGIES: Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin *Confusion, loss of appetitie, nausea, abdominal pain*	Other
• Nitrofurantoin *confusion*	Other
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Medication orders reviewed in MAR: X
Current nursing home medications reviewed on the medical record.
Please review the facility Medication Administration Record (MAR) for the most up to date and accurate medication list.
To obtain current medication list please call the facility and ask for medication administration record to be faxed.

Family History:
Parents died of old age

Social History:
Habits: NONE
Prior living situation: homeless now
Widowed. She has two sons. She had been living with her son in subsidized housing and apparently the landlord was affected by her son's behavior, as well as her other son's bullying, and eventually evicted them a couple of months ago (per SW note the son reports they left "willingly".
Social Support: son, Louis, 360-649-5702
POLST completed, in summary - FULL
DPOA: son, Louis

Physical Exam:
BP 118/55 | Pulse 70 | Temp 98.1 °F (36.7 °C) | Resp 20 | Wt 110 lb 2 oz (50 kg) | BMI 20.81 kg/m²
Wt Readings from Last 3 Encounters:
06/07/18 110 lb 2 oz (50 kg)
05/31/18 112 lb (50.8 kg)
05/17/18 109 lb 6.4 oz (49.6 kg)

GEN: appears older stated age, accompanied by son . Appears nourished, adequately hydrated, and groomed. Alert and responding appropriately and in no acute distress, HOH
PSYCH: alert and oriented x3, interactive, speech w/o dysarthria, full affect, focused content, logical process, no hallucinations or psychomotor agitation
HEENT: NCAT, NL external ears, hearing aid in L ear, Poor dentition, moist mucous membranes, oropharynx clear. EOMI and anicteric, corrective lens, R facial droop
CV: RRR, NL S1 and S2, G 1/6 sys murmurs, no r/g, no JVD.
PULM: normal, unlabored, and regular respiratory effort, CTA B/L.
ABD: normal BT all quadrants, non-tender, non-distended, no masses
MSK: kyphotic, changes in hands consistent w/ OA.
EXT: no c/c, LLE in Xeroform wrap, 1+ edema,
NEURO: MAE, no tremors, no focal deficits, normal tone, motor symmetry. AD8=2
SKIN: dry wnl temp and color, no apparent rash

Labs/Imaging: Reviewed in chart:

Upcoming Appointments:
Future Appointments

Date	Time	Provider	Department	Center
6/19/2018	3:30 PM	Rollo, Johnathon Curtis, MD	NWSSH	NWH SSHC

Assessment/Plan:
(I83.029) Venous ulcer of left leg (HCC) (primary encounter diagnosis)
Plan: wound care

(I73.9) Peripheral vascular disease, unspecified (HCC)
Plan: supportive care, cont w/ pentoxifylline

(Z86.718) History of recurrent deep vein thrombosis (DVT)
Plan: appears to be recurrent

(Z79.01) Long term current use of anticoagulant therapy

06/07/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Clinical Notes (continued)

Plan: INR 2.1 now, LMWH stopped, cont w/ coumadin

(G31.84) Mild cognitive impairment
Plan: AD8 score was a 2, will have SLP assess

(Z59.0) Homeless
Plan: see below.

(E87.5) Hyperkalemia
Plan: odd, that it would change over the span of a day, she reports she has had this issue previously
-Kayexlate 15g x1
-stop ARB

(I10) Essential hypertension
Plan: SBP in the 110s, ok to liberalize, stop ARB

(D64.9) Normocytic anemia
Plan: stable

(E78.5) Dyslipidaemia
Plan: stop statin

POLST: FULL

Disposition: she has the capacity to elect to move out w/ her son at any time, though would benefit from a roof over her head. SNF SW working on establishing housing.

The patient's risk is moderate.
Problem category: is new, Moderate problem.
The medical decision making is High.

Thuan D Ong, MD

Please contact the University of Washington Post-Acute Care Service at 206-744-5415 or page the provider or the on-call provider through Harborview Medical Center at 206-744-3000.

Electronically signed by Ong, Thuan Duc, MD at 6/7/2018 8:52 PM

Flowsheets

Custom Formula Data

Row Name	06/07/18 0826
Pct Wt Change	0 %

Vital Data

06/07/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Flowsheets (continued)

Row Name	06/07/18 0826
Weight	50 kg (110 lb 2 oz)
BP	118/55
Temp	36.7 °C
Pulse	70
Pulse Regularity	Regular
Resp	20

After Visit Summary

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After Visit Summary (below)

06/07/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary (continued)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: H0571976

6/7/2018 POST-ACUTE CARE SVC 206-744-5415

Instructions from Thuan D Ong, MD

Your medications have changed today

See your updated medication list for details.

What's Next

JUN 19 2018 — ED Follow-up with Johnathon C Rollo, MD
Tuesday June 19 3:30 PM (Arrive by 3:15 PM)

NWH Surgical Services and Hernia Center
1560 N. 115th Suite 102
Seattle WA 98133-9733
206-668-1070

Today's Visit

You saw Thuan D Ong, MD on Thursday June 7, 2018. The following issues were addressed:

- Venous ulcer of left leg (HCC)
- Peripheral vascular disease, unspecified (HCC)
- History of recurrent deep vein thrombosis (DVT)
- Long term current use of anticoagulant therapy
- Mild cognitive impairment
- Homeless
- Hyperkalemia
- Essential hypertension
- Normocytic anemia
- Dyslipidaemia
- Severe protein-calorie malnutrition (HCC)

Blood Pressure 118/55	BMI 20.81
Weight 110 lb 2 oz	Temperature 98.1 °F
Pulse 70	Respiration 20

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Jeanne L. Hoffman (MRN: H0571976) • Printed at 6/7/18 8:52 PM

Page 1 of 3 Epic

Your Medication List

Accurate as of 6/7/18 8:52 PM.
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TAKE these medications

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Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays **According to our records, you may have been taking this medication differently.**

STOP taking these medications

STOP **Atorvastatin Calcium** 20 MG Tab

STOP **Doxycycline Hyclate** 100 MG Tab

STOP **LEVOFLOXACIN OR**

STOP **Losartan Potassium** 25 MG Tab

STOP **OTHER MEDS (SEE COMMENTS)**

06/07/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

After Visit Summary (continued)

Patient Demographics

Address
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SHORELINE WA 98155

Contact Numbers
206-363-5856

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06/07/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents

After Visit Summary - Document on 6/7/2018 8:52 PM: After Visit Summary

Document (below)

UW Medicine
HARBORVIEW MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: H0571976

6/7/2018 POST-ACUTE CARE SVC 206-744-5415

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Seattle WA 98133-9733
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Blood Pressure 118/55	BMI 20.81
Weight 110 lb 2 oz	Temperature 98.1 °F
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Jeanne L. Hoffman (MRN: H0571976) • Printed at 6/7/18 8:52 PM

Page 1 of 3 Epic

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Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed **According to our records, you may have been taking this medication differently.**
Acidophilus 0.5 MG Tab	Take 1 tablet by mouth 2 times a day.
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays **According to our records, you may have been taking this medication differently.**

STOP taking these medications

STOP **Atorvastatin Calcium** 20 MG Tab

STOP **Doxycycline Hyclate** 100 MG Tab

STOP **LEVOFLOXACIN OR**

STOP **Losartan Potassium** 25 MG Tab

STOP **OTHER MEDS (SEE COMMENTS)**

06/07/2018 - Outside Care Encounter in POST-ACUTE CARE SVC (continued)

Documents (continued)

Patient Demographics

Address
1250 NE 145th St
SHORELINE WA 98155

Contact Numbers
206-363-5856

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

06/06/2018 - Nurse Triage in UW Medicine Transfer Center

Reason for Visit

Chief complaint: Results
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Disposition

Call PCP Now

Patient/Caregiver understands and will follow disposition? **Yes**

Questionnaires

CCL QUESTIONNAIRE

Select Clinic	**HMC LTC Nursing Home Visits** Entered by Kirse, Teresa D, RN Entered on 6/7/2018 12:01 AM
Who is provider?	**Neighbor Jr., William E, MD** Entered by Kirse, Teresa D, RN Entered on 6/7/2018 12:01 AM
Is this a contact center triage call?	**No** Entered by Kirse, Teresa D, RN Entered on 6/7/2018 12:01 AM

Care Advice

Patient/Caregiver understands and will follow care advice?: **Yes**

Given By	Given At	Modified
Teresa K	6/7/2018 12:01 AM	No

CALL PCP NOW: You need to discuss this with your doctor. I'll page him now. If you haven't heard from the on-call doctor within 30 minutes, call again.

Teresa K	6/7/2018 12:01 AM	No

CARE ADVICE given per PCP Call - No Triage (Adult) guideline.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Medication List (continued)

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 100 mg by mouth 2 times a day.
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

Stopped in Visit

Medication List (continued)

None

Clinical Notes

Telephone Encounter

Kirse, Teresa D, RN at 6/6/2018 2354

Regarding: Park Ridge / Nurse Wing 5 / elevated temp
----- Message from Ibrahim Ismail sent at 6/6/2018 11:52 PM PDT -----
Park Ridge / Nurse Wing 5 / elevated temp

Electronically signed by Kirse, Teresa D, RN at 6/6/2018 11:54 PM

Kirse, Teresa D, RN at 6/6/2018 2354

During evening, temp was 100.5, labs done.
Temp 99.9 now, gave tylenol.

Lab results, abnormals, needs to speak with doctor.

23:57 Dr Olson paged

00:00 Dr Olson transferred to the facility.

Reason for Disposition

• [1] Follow-up call from patient regarding patient's clinical status AND [2] information urgent

Protocols used: PCP CALL - NO TRIAGE-ADULT-AH

Electronically signed by Kirse, Teresa D, RN at 6/7/2018 12:01 AM

05/31/2018 - Admission (Discharged) in NWH MED SURG EXTENDED

Visit Information

Admission Information

Arrival Date/Time:		Admit Date/Time:	05/31/2018 1058	IP Adm. Date/Time:	05/31/2018 1058
Admission Type:	Urgent	Point of Origin:	Clinic Or Physician's Office	Admit Category:	
Means of Arrival:		Primary Service:	Plastic Surgery	Secondary Service:	N/A
Transfer Source:		Service Area:	ZZNORTHWEST HOSPITAL AND MEDICAL CENTER	Unit:	NWH MED SURG EXTENDED
Admit Provider:	Luu, Paul, MD	Attending Provider:	Luu, Paul, MD	Referring Provider:	

Discharge Information

Date/Time: 06/04/2018 1550 | Disposition: 03 Snf-skilled Nursing Facility | Destination: Park Ridge Care Center
Provider: Luu, Paul, MD | Unit: NWH MED SURG EXTENDED

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD | Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD | Entered on: 2/21/2014
Start date: 2/21/2014 | End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 9/4/2019
Quantity: 270 tablet | Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD | Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 6/7/2018
Quantity: 45 tablet | Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 9/26/2018
Action: Patient taking differently | Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed

05/31/2018 - Admission (Discharged) in NWH MED SURG EXTENDED (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 12/20/2017
Action: Patient taking differently
Refill: 2 refills remaining
Ordered on: 12/20/2017
End date: 11/28/2018
Quantity: 60 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Start date: 12/8/2017
Quantity: 45 tablet
Discontinued on: 6/7/2018
Ordered on: 12/8/2017
End date: 6/7/2018
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Start date: 12/8/2017
Quantity: 5 mL
Discontinued on: 4/16/2019
Ordered on: 12/8/2017
End date: 4/12/2019
Refill: No refills remaining

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Instructions: Take 100 mg by mouth 2 times a day.
Entered by: Wilcox, Monica, PSS/PSR
End date: 6/7/2018
Discontinued on: 6/7/2018
Entered on: 4/30/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Entered by: Wilcox, Monica, PSS/PSR
End date: 6/7/2018
Discontinued on: 6/7/2018
Entered on: 4/30/2018

Stopped in Visit

None

Labs

CBC, DIFF (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/31/18 1315**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/31/18 1315
Authorized by: Luu, Paul, MD
Frequency: Routine Once 05/31/18 1315 - 1 occurrence
Lab status: Final result
Ordering provider: Luu, Paul, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 5/31/2018 1:29 PM

Specimen Information

ID	Type	Source	Collected By
H73656	Whole blood	—	5303 05/31/18 1315

CBC, DIFF (Abnormal)

Resulted: 05/31/18 1329, Result status: Final result

Ordering provider: Luu, Paul, MD 05/31/18 1315
Filed by: Uw Lab Results Interface, User 05/31/18 1329
Resulting lab: NORTHWEST HOSPITAL LAB
Order status: Completed
Collected by: 5303 05/31/18 1315

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.42	4.3 - 10.0 10*3/uL	—	NWH
RBC	3.64	3.80 - 5.00 10*6/uL	L	NWH

05/31/2018 - Admission (Discharged) in NWH MED SURG EXTENDED (continued)

Labs (continued)

Hemoglobin	10.9	11.5 - 15.5 g/dL	L	NWH
Hematocrit	35	36 - 45 %	L	NWH
MCV	97	81 - 98 fL	—	NWH
MCH	29.9	27.3 - 33.6 pg	—	NWH
MCHC	30.9	32.2 - 36.5 g/dL	L	NWH
Platelet Count	213	150 - 400 10*3/uL	—	NWH
RDW-CV	14.6	11.6 - 14.4 %	H	NWH
% Neutrophils	66	%	—	NWH
% Lymphocytes	22	%	—	NWH
% Monocytes	9	%	—	NWH
% Eosinophils	2	%	—	NWH
% Basophils	1	%	—	NWH
% Immature Granulocytes	0	%	—	NWH
Neutrophils	3.55	1.80 - 7.00 10*3/uL	—	NWH
Absolute Lymphocyte Count	1.21	1.00 - 4.80 10*3/uL	—	NWH
Monocytes	0.50	0.00 - 0.80 10*3/uL	—	NWH
Absolute Eosinophil Count	0.10	0.00 - 0.50 10*3/uL	—	NWH
Basophils	0.04	0.00 - 0.20 10*3/uL	—	NWH
Immature Granulocytes	0.02	0.00 - 0.05 10*3/uL	—	NWH
Nucleated RBC	0.00	0.00 10*3/uL	—	NWH
% Nucleated RBC	0	%	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/31/18 1315** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/31/18 1315
Ordering provider: Luu, Paul, MD
Authorized by: Luu, Paul, MD
Ordering mode: Standard
Frequency: Routine Once 05/31/18 1315 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 5/31/2018 1:40 PM

Specimen Information

ID	Type	Source	Collected By
H73656	Plasma	—	5303 05/31/18 1315

Prothrombin Time (NWH) (Abnormal) Resulted: 05/31/18 1340, Result status: Final result

Ordering provider: Luu, Paul, MD 05/31/18 1315
Order status: Completed
Filed by: Uw Lab Results Interface, User 05/31/18 1340
Collected by: 5303 05/31/18 1315
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	45.7	8.9 - 12.1 s	H	NWH
Prothrombin INR	4.9	0.8 - 1.3	H	NWH

05/31/2018 - Admission (Discharged) in NWH MED SURG EXTENDED (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

COMPREHENSIVE METABOLIC PANEL (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/31/18 1315** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/31/18 1315
Ordering provider: Luu, Paul, MD
Authorized by: Luu, Paul, MD
Ordering mode: Standard
Frequency: Routine Once 05/31/18 1315 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 5/31/2018 1:53 PM

Specimen Information

ID	Type	Source	Collected By
H73656	Serum	—	5303 05/31/18 1315

COMPREHENSIVE METABOLIC PANEL (Abnormal)

Resulted: 05/31/18 1352, Result status: Final result

Ordering provider: Luu, Paul, MD 05/31/18 1315
Order status: Completed
Filed by: Uw Lab Results Interface, User 05/31/18 1353
Collected by: 5303 05/31/18 1315
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 meq/L	—	NWH
Potassium	4.0	3.6 - 5.2 meq/L	—	NWH
Chloride	111	98 - 108 meq/L	H	NWH
Carbon Dioxide, Total	25	22 - 32 meq/L	—	NWH
Anion Gap	9	4 - 12	—	NWH
Glucose	158	62 - 125 mg/dL	H	NWH
Urea Nitrogen	13	8 - 21 mg/dL	—	NWH
Creatinine	0.76	0.38 - 1.02 mg/dL	—	NWH
Protein (Total)	6.7	6.0 - 8.2 g/dL	—	NWH
Albumin	3.6	3.5 - 5.2 g/dL	—	NWH
Bilirubin (Total)	0.4	0.2 - 1.3 mg/dL	—	NWH
Calcium	9.1	8.9 - 10.2 mg/dL	—	NWH
AST (GOT)	44	9 - 38 U/L	H	NWH
Alkaline Phosphatase (Total)	112	49 - 199 U/L	—	NWH
ALT (GPT)	35	7 - 33 U/L	H	NWH
GFR, Calc, European American	>60	>59 mL/min/{1.73 m2}	—	NWH
GFR, Calc, African American	>60	>59 mL/min/{1.73 m2}	—	NWH
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	NWH

05/31/2018 - Admission (Discharged) in NWH MED SURG EXTENDED (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

CRP, HIGH SENSITIVITY (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/31/18 1315** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/31/18 1315
Ordering provider: Luu, Paul, MD
Authorized by: Luu, Paul, MD
Ordering mode: Standard
Frequency: Routine Once 05/31/18 1315 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 5/31/2018 1:53 PM

Specimen Information

ID	Type	Source	Collected By
H73656	Serum	—	5303 05/31/18 1315

CRP, HIGH SENSITIVITY Resulted: 05/31/18 1352, Result status: Final result

Ordering provider: Luu, Paul, MD 05/31/18 1315
Order status: Completed
Filed by: Uw Lab Results Interface, User 05/31/18 1353
Collected by: 5303 05/31/18 1315
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
C_Reactive Protein	4.3	0.0 - 10.0 mg/L	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

SED RATE (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/31/18 1315** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/31/18 1315
Ordering provider: Luu, Paul, MD
Authorized by: Luu, Paul, MD
Ordering mode: Standard
Frequency: Routine Once 05/31/18 1315 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 5/31/2018 2:06 PM

Specimen Information

ID	Type	Source	Collected By
H73656	Whole blood	—	5303 05/31/18 1315

SED RATE (Abnormal) Resulted: 05/31/18 1408, Result status: Final result

Ordering provider: Luu, Paul, MD 05/31/18 1315
Order status: Completed
Filed by: Uw Lab Results Interface, User 05/31/18 1408
Collected by: 5303 05/31/18 1315
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Erythrocyte Sedimentation Rate	59	0 - 20 mm/h	**H** ^	NWH

Testing Performed By

05/31/2018 - Admission (Discharged) in NWH MED SURG EXTENDED (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

CBC, DIFF (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 06/01/18 0550** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 06/01/18 0550
Ordering provider: Luu, Paul, MD
Authorized by: Luu, Paul, MD
Ordering mode: Standard
Frequency: Routine Once 06/01/18 0600 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 6/1/2018 6:20 AM

Specimen Information

ID	Type	Source	Collected By
F65151	Whole blood	—	4880 06/01/18 0550

CBC, DIFF (Abnormal) Resulted: 06/01/18 0620, Result status: Final result

Ordering provider: Luu, Paul, MD 06/01/18 0550
Order status: Completed
Filed by: Uw Lab Results Interface, User 06/01/18 0620
Collected by: 4880 06/01/18 0550
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
WBC	4.52	4.3 - 10.0 10*3/uL	—	NWH
RBC	3.05	3.80 - 5.00 10*6/uL	L	NWH
Hemoglobin	9.2	11.5 - 15.5 g/dL	L	NWH
Hematocrit	29	36 - 45 %	L	NWH
MCV	96	81 - 98 fL	—	NWH
MCH	30.2	27.3 - 33.6 pg	—	NWH
MCHC	31.3	32.2 - 36.5 g/dL	L	NWH
Platelet Count	191	150 - 400 10*3/uL	—	NWH
RDW-CV	14.8	11.6 - 14.4 %	H	NWH
% Neutrophils	55	%	—	NWH
% Lymphocytes	29	%	—	NWH
% Monocytes	13	%	—	NWH
% Eosinophils	3	%	—	NWH
% Basophils	0	%	—	NWH
% Immature Granulocytes	0	%	—	NWH
Neutrophils	2.48	1.80 - 7.00 10*3/uL	—	NWH
Absolute Lymphocyte Count	1.29	1.00 - 4.80 10*3/uL	—	NWH
Monocytes	0.60	0.00 - 0.80 10*3/uL	—	NWH
Absolute Eosinophil Count	0.12	0.00 - 0.50 10*3/uL	—	NWH
Basophils	0.01	0.00 - 0.20 10*3/uL	—	NWH
Immature Granulocytes	0.02	0.00 - 0.05 10*3/uL	—	NWH
Nucleated RBC	0.00	0.00 10*3/uL	—	NWH
% Nucleated RBC	0	%	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

05/31/2018 - Admission (Discharged) in NWH MED SURG EXTENDED (continued)

Labs (continued)

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 06/01/18 0550** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 06/01/18 0550
Authorized by: Luu, Paul, MD
Frequency: Routine Once 06/01/18 0600 - 1 occurrence
Lab status: Final result
Ordering provider: Luu, Paul, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 6/1/2018 6:22 AM

Specimen Information

ID	Type	Source	Collected By
F65151	Plasma	—	4880 06/01/18 0550

Prothrombin Time (NWH) (Abnormal) Resulted: 06/01/18 0621, Result status: Final result

Ordering provider: Luu, Paul, MD 06/01/18 0550
Filed by: Uw Lab Results Interface, User 06/01/18 0622
Resulting lab: NORTHWEST HOSPITAL LAB
Order status: Completed
Collected by: 4880 06/01/18 0550

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	30.8	8.9 - 12.1 s	H	NWH
Prothrombin INR	3.4	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 06/01/18 0550** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 06/01/18 0550
Authorized by: Luu, Paul, MD
Frequency: Routine Once 06/01/18 0600 - 1 occurrence
Lab status: Final result
Ordering provider: Luu, Paul, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 6/1/2018 6:45 AM

Specimen Information

ID	Type	Source	Collected By
F65151	Serum	—	4880 06/01/18 0550

BASIC METABOLIC PANEL (Abnormal) Resulted: 06/01/18 0645, Result status: Final result

Ordering provider: Luu, Paul, MD 06/01/18 0550
Filed by: Uw Lab Results Interface, User 06/01/18 0645
Resulting lab: NORTHWEST HOSPITAL LAB
Order status: Completed
Collected by: 4880 06/01/18 0550

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	135 - 145 meq/L	—	NWH
Potassium	4.0	3.6 - 5.2 meq/L	—	NWH
Chloride	112	98 - 108 meq/L	H	NWH
Carbon Dioxide, Total	25	22 - 32 meq/L	—	NWH
Anion Gap	6	4 - 12	—	NWH
Glucose	132	62 - 125 mg/dL	H	NWH
Urea Nitrogen	12	8 - 21 mg/dL	—	NWH
Creatinine	0.66	0.38 - 1.02 mg/dL	—	NWH
Calcium	8.3	8.9 - 10.2 mg/dL	L	NWH
GFR, Calc, European American	>60	>59	—	NWH

05/31/2018 - Admission (Discharged) in NWH MED SURG EXTENDED (continued)

Labs (continued)

		mL/min/{1.73_m2}		
GFR, Calc, African American	>60	>59 mL/min/{1.73_m2}	—	NWH
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 06/02/18 0626** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 06/02/18 0626 Ordering provider: Luu, Paul, MD
Authorized by: Luu, Paul, MD Ordering mode: Standard
Frequency: Routine Once 06/02/18 0630 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 6/2/2018 6:55 AM

Specimen Information

ID	Type	Source	Collected By
S72949	Plasma	—	4880 06/02/18 0626

Prothrombin Time (NWH) (Abnormal) Resulted: 06/02/18 0655, Result status: Final result

Ordering provider: Luu, Paul, MD 06/02/18 0626 Order status: Completed
Filed by: Uw Lab Results Interface, User 06/02/18 0655 Collected by: 4880 06/02/18 0626
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	16.1	8.9 - 12.1 s	H	NWH
Comment: Significant change in lab value, correlated with supporting data for quality assurance purposes.				
Prothrombin INR	1.7	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

05/31/2018 - Admission (Discharged) in NWH MED SURG EXTENDED (continued)

Labs (continued)

C. DIFFICILE, TOXIGENIC PCR (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 06/02/18 1530** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 06/02/18 1530
Ordering provider: Plotkin, Elizabeth Ann, MD
Authorized by: Plotkin, Elizabeth Ann, MD
Ordering mode: Standard
Frequency: Timed Once 06/02/18 1530 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 6/2/2018 4:53 PM

Specimen Information

ID	Type	Source	Collected By
S76108	Specimen	—	06/02/18 1530

C. DIFFICILE, TOXIGENIC PCR Resulted: 06/02/18 1653, Result status: Final result

Ordering provider: Plotkin, Elizabeth Ann, MD 06/02/18 1530
Order status: Completed
Filed by: Uw Lab Results Interface, User 06/02/18 1653
Collected by: 06/02/18 1530
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
C. Difficile PCR Spec Desc	Stool	—	—	NWH
C. difficile Toxin Gene by PCR	Negative	NRN	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

STOOL C/S AND ENTERIC BATTERY (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 06/02/18 1530** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 06/02/18 1530
Ordering provider: Plotkin, Elizabeth Ann, MD
Authorized by: Plotkin, Elizabeth Ann, MD
Ordering mode: Standard
Frequency: Timed Once 06/02/18 1530 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 6/3/2018 10:47 AM

Specimen Information

ID	Type	Source	Collected By
S76109	Stool	—	06/02/18 1530

STOOL C/S AND ENTERIC BATTERY Resulted: 06/07/18 1256, Result status: Final result

Ordering provider: Plotkin, Elizabeth Ann, MD 06/02/18 1530
Order status: Completed
Filed by: Uw Lab Results Interface, User 06/07/18 1256
Collected by: 06/02/18 1530
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	NWH
SHIGA TOXINS Result: Unable to perform Shiga toxins 1 and 2 testing: Specimen was improperly preserved for testing.	--	—	—	NWH
Culture	No Salmonella, No Shigella, No E. coli O157, No Yersinia enterocolitica, No	—	—	NWH

05/31/2018 - Admission (Discharged) in NWH MED SURG EXTENDED (continued)

Labs (continued)

	Aeromonas, No Plesiomonas, and No Vibrio isolated.			
Culture	No Campylobacter species isolated	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

CBC, DIFF (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 06/03/18 0528** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 06/03/18 0528
Ordering provider: Luu, Paul, MD
Authorized by: Luu, Paul, MD
Ordering mode: Standard
Frequency: Routine Once 06/03/18 0530 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 6/3/2018 5:54 AM

Specimen Information

ID	Type	Source	Collected By
X39052	Whole blood	—	4571 06/03/18 0528

CBC, DIFF (Abnormal) Resulted: 06/03/18 0554, Result status: Final result

Ordering provider: Luu, Paul, MD 06/03/18 0528
Order status: Completed
Filed by: Uw Lab Results Interface, User 06/03/18 0554
Collected by: 4571 06/03/18 0528
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
WBC	4.13	4.3 - 10.0 10*3/uL	L	NWH
RBC	3.43	3.80 - 5.00 10*6/uL	L	NWH
Hemoglobin	10.3	11.5 - 15.5 g/dL	L	NWH
Hematocrit	33	36 - 45 %	L	NWH
MCV	97	81 - 98 fL	—	NWH
MCH	30.0	27.3 - 33.6 pg	—	NWH
MCHC	30.9	32.2 - 36.5 g/dL	L	NWH
Platelet Count	213	150 - 400 10*3/uL	—	NWH
RDW-CV	14.8	11.6 - 14.4 %	H	NWH
% Neutrophils	65	%	—	NWH
% Lymphocytes	23	%	—	NWH
% Monocytes	10	%	—	NWH
% Eosinophils	2	%	—	NWH
% Basophils	0	%	—	NWH
% Immature Granulocytes	0	%	—	NWH
Neutrophils	2.64	1.80 - 7.00 10*3/uL	—	NWH
Absolute Lymphocyte Count	0.94	1.00 - 4.80 10*3/uL	L	NWH
Monocytes	0.43	0.00 - 0.80 10*3/uL	—	NWH
Absolute Eosinophil Count	0.10	0.00 - 0.50	—	NWH

05/31/2018 - Admission (Discharged) in NWH MED SURG EXTENDED (continued)

Labs (continued)

		10*3/uL		
Basophils	0.01	0.00 - 0.20 10*3/uL	—	NWH
Immature Granulocytes	0.01	0.00 - 0.05 10*3/uL	—	NWH
Nucleated RBC	0.00	0.00 10*3/uL	—	NWH
% Nucleated RBC	0	%	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 06/03/18 0528** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 06/03/18 0528
Ordering provider: Luu, Paul, MD
Authorized by: Luu, Paul, MD
Ordering mode: Standard
Frequency: Routine Once 06/03/18 0530 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 6/3/2018 6:04 AM

Specimen Information

ID	Type	Source	Collected By
X39052	Plasma	—	4571 06/03/18 0528

Prothrombin Time (NWH) (Abnormal) Resulted: 06/03/18 0604, Result status: Final result

Ordering provider: Luu, Paul, MD 06/03/18 0528
Order status: Completed
Filed by: Uw Lab Results Interface, User 06/03/18 0604
Collected by: 4571 06/03/18 0528
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	12.2	8.9 - 12.1 s	H	NWH
Prothrombin INR	1.3	0.8 - 1.3	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

COMPREHENSIVE METABOLIC PANEL (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 06/03/18 0528** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 06/03/18 0528
Ordering provider: Luu, Paul, MD
Authorized by: Luu, Paul, MD
Ordering mode: Standard
Frequency: Routine Once 06/03/18 0530 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 6/3/2018 6:15 AM

Specimen Information

ID	Type	Source	Collected By
X39052	Serum	—	4571 06/03/18 0528

COMPREHENSIVE METABOLIC PANEL (Abnormal) Resulted: 06/03/18 0614, Result status: Final result

Ordering provider: Luu, Paul, MD 06/03/18 0528
Order status: Completed
Filed by: Uw Lab Results Interface, User 06/03/18 0615
Collected by: 4571 06/03/18 0528
Resulting lab: NORTHWEST HOSPITAL LAB

05/31/2018 - Admission (Discharged) in NWH MED SURG EXTENDED (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 meq/L	—	NWH
Potassium	3.7	3.6 - 5.2 meq/L	—	NWH
Chloride	112	98 - 108 meq/L	H	NWH
Carbon Dioxide, Total	25	22 - 32 meq/L	—	NWH
Anion Gap	8	4 - 12	—	NWH
Glucose	143	62 - 125 mg/dL	H	NWH
Urea Nitrogen	12	8 - 21 mg/dL	—	NWH
Creatinine	0.80	0.38 - 1.02 mg/dL	—	NWH
Protein (Total)	6.1	6.0 - 8.2 g/dL	—	NWH
Albumin	3.2	3.5 - 5.2 g/dL	L	NWH
Bilirubin (Total)	0.3	0.2 - 1.3 mg/dL	—	NWH
Calcium	8.5	8.9 - 10.2 mg/dL	L	NWH
AST (GOT)	43	9 - 38 U/L	H	NWH
Alkaline Phosphatase (Total)	81	49 - 199 U/L	—	NWH
ALT (GPT)	26	7 - 33 U/L	—	NWH
GFR, Calc, European American	>60	>59 mL/min/{1.73_m2}	—	NWH
GFR, Calc, African American	>60	>59 mL/min/{1.73_m2}	—	NWH
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

CBC, DIFF (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 06/04/18 0520** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 06/04/18 0520 Ordering provider: Luu, Paul, MD
Authorized by: Luu, Paul, MD Ordering mode: Standard
Frequency: Routine Once 06/04/18 0530 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 6/4/2018 5:46 AM

Specimen Information

ID	Type	Source	Collected By
M88060	Whole blood	—	5081 06/04/18 0520

CBC, DIFF (Abnormal) Resulted: 06/04/18 0546, Result status: Final result

Ordering provider: Luu, Paul, MD 06/04/18 0520 Order status: Completed

05/31/2018 - Admission (Discharged) in NWH MED SURG EXTENDED (continued)

Labs (continued)

Filed by: Uw Lab Results Interface, User 06/04/18 0546
Resulting lab: NORTHWEST HOSPITAL LAB

Collected by: 5081 06/04/18 0520

Components

Component	Value	Reference Range	Flag	Lab
WBC	4.22	4.3 - 10.0 10*3/uL	L	NWH
RBC	3.25	3.80 - 5.00 10*6/uL	L	NWH
Hemoglobin	9.9	11.5 - 15.5 g/dL	L	NWH
Hematocrit	32	36 - 45 %	L	NWH
MCV	98	81 - 98 fL	—	NWH
MCH	30.5	27.3 - 33.6 pg	—	NWH
MCHC	31.0	32.2 - 36.5 g/dL	L	NWH
Platelet Count	203	150 - 400 10*3/uL	—	NWH
RDW-CV	15.0	11.6 - 14.4 %	H	NWH
% Neutrophils	49	%	—	NWH
% Lymphocytes	32	%	—	NWH
% Monocytes	15	%	—	NWH
% Eosinophils	3	%	—	NWH
% Basophils	1	%	—	NWH
% Immature Granulocytes	0	%	—	NWH
Neutrophils	2.05	1.80 - 7.00 10*3/uL	—	NWH
Absolute Lymphocyte Count	1.36	1.00 - 4.80 10*3/uL	—	NWH
Monocytes	0.65	0.00 - 0.80 10*3/uL	—	NWH
Absolute Eosinophil Count	0.12	0.00 - 0.50 10*3/uL	—	NWH
Basophils	0.03	0.00 - 0.20 10*3/uL	—	NWH
Immature Granulocytes	0.01	0.00 - 0.05 10*3/uL	—	NWH
Nucleated RBC	0.00	0.00 10*3/uL	—	NWH
% Nucleated RBC	0	%	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 06/04/18 0520**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 06/04/18 0520
Ordering provider: Luu, Paul, MD
Authorized by: Luu, Paul, MD
Ordering mode: Standard
Frequency: Routine Once 06/04/18 0530 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 6/4/2018 5:48 AM

Specimen Information

ID	Type	Source	Collected By
M88060	Plasma	—	5081 06/04/18 0520

Prothrombin Time (NWH) (Abnormal)
Resulted: 06/04/18 0548, Result status: Final result

Ordering provider: Luu, Paul, MD 06/04/18 0520
Order status: Completed
Filed by: Uw Lab Results Interface, User 06/04/18 0548
Collected by: 5081 06/04/18 0520
Resulting lab: NORTHWEST HOSPITAL LAB

05/31/2018 - Admission (Discharged) in NWH MED SURG EXTENDED (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	13.4	8.9 - 12.1 s	H	NWH
Prothrombin INR	1.4	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

05/31/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaints: Follow Up Visit and Wound Care
Visit diagnoses:

- Non-pressure chronic ulcer of left calf with fat layer exposed (primary)
- Non-pressure chronic ulcer of left ankle with fat layer exposed
- Cellulitis of left leg

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Luu, Paul, MD	Ehni, William Frederick, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 2 weeks (around 6/14/2018).

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 40 MINUTES

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 6/7/2018
Quantity: 45 tablet — Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays

05/31/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 12/20/2017
Action: Patient taking differently
Refill: 3 refills remaining
Ordered on: 12/20/2017
End date: 9/26/2018
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Start date: 12/20/2017
Action: Patient taking differently
Refill: 2 refills remaining
Discontinued on: 11/29/2018
Ordered on: 12/20/2017
End date: 11/28/2018
Quantity: 60 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Start date: 12/8/2017
Quantity: 45 tablet
Discontinued on: 6/7/2018
Ordered on: 12/8/2017
End date: 6/7/2018
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Start date: 12/8/2017
Quantity: 5 mL
Discontinued on: 4/16/2019
Ordered on: 12/8/2017
End date: 4/12/2019
Refill: No refills remaining

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Instructions: Take 100 mg by mouth 2 times a day.
Entered by: Wilcox, Monica, PSS/PSR
End date: 6/7/2018
Discontinued on: 6/7/2018
Entered on: 4/30/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Entered by: Wilcox, Monica, PSS/PSR
End date: 6/7/2018
Discontinued on: 6/7/2018
Entered on: 4/30/2018

Stopped in Visit

None

Clinical Notes

Progress Notes

Luu, Paul, MD at 5/31/2018 0930

Chief Complain: @REASONFORVISIT@
She complains of significant pain over the left calf and ankle. She is still homeless. Per son, she is not elevating her left leg.

Visiting diagnosis: **1. Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)**
- NURSING COMMUNICATION
- WOUND CULTURE W/GRAM ORDER

Clinical Notes (continued)

2. Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
- NURSING COMMUNICATION
- WOUND CULTURE W/GRAM ORDER

3. Cellulitis of left leg
- WOUND CULTURE W/GRAM ORDER

Exam: Left calf is red with multiple petechiae circumferentially. Skin of calf and ankle is excoriated or macerated. All four wounds (two over calf and two over ankle) are covered with fibrin but no foul odor. The left calf and ankle are warm to touch. No sign of ischemia of foot and toe. Foot and toes are warm to touch with brisk capillary refill. Calf has pain with at rest during exam without touching.

No short of breath, no chest pain. (She is crying during examination)

Lab: None

Final diagnosis: Left calf and ankle cellulitis. Uncontrollable pain of left lower extremity

Treatment plan: Direct admit to Northwest hospital for treatment of cellulitis. Consult in-patient team to rule out coumadin drug reaction, DVT, etc.

Follow up: Direct admit to hospital from wound care center.

Paul Luu, MD

Electronically signed by Luu, Paul, MD at 5/31/2018 12:28 PM

Null, Margaret K, RN at 5/31/2018 0930

Pt presented today with worsening left calf and ankle wounds. She has copious drainage causing excoriation on the entire calf. She reports pain of 10-20 and appears to be in pain. Her son reports he thinks the increased drainage is related to her coumadin. We are concerned she may have cellulitis that is uncontrolled. Her son states he is unable to get her to comply with leg elevation at home. She is still homeless and is living in a tent with her son. Dr.Luu and I discussed with the pt and her son our recommendation to be hospitalized and eventually transfer to Rehab facility. They both agreed with the plan. Dr.Luu will admit today. We coordinated with the admitting dept to find a placement for her. Pt taken to admitting via escort and wheelchair.

Electronically signed by Null, Margaret K, RN at 5/31/2018 1:40 PM

Labs

WOUND CULTURE W/GRAM ORDER (Final result)

Electronically signed by: **Null, Margaret K, RN on 05/31/18 1032** Status: **Completed**
Ordering user: Null, Margaret K, RN 05/31/18 1032 Authorized by: Luu, Paul, MD
Ordering mode: Standard
Cosigning events
Electronically cosigned by Luu, Paul, MD 05/31/18 1228 for Ordering
Frequency: Routine 05/31/18 - Class: Normal

05/31/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Labs (continued)

Quantity: 1
Lab status: Final result
Released by: Uw Lab Results Interface, User 05/31/18 1032
Diagnoses
Non-pressure chronic ulcer of left calf with fat layer exposed (HCC) [L97.222]
Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC) [L97.322]
Cellulitis of left leg [L03.116]
Order comments: Left lateral calf wound, Swab culture

Specimen Information

ID	Type	Source	Collected By
H72227	Wound	—	05/31/18 1032

Comment: Left~LATERAL CALF

WOUND CULTURE W/GRAM ORDER
Resulted: 06/01/18 1117, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 06/01/18 1117
Collected by: 05/31/18 1032
Resulting lab: NORTHWEST HOSPITAL LAB
Acknowledged by
Tamashiro, Kay, RN on 06/01/18 1503
Null, Margaret K, RN on 06/04/18 0853
Luu, Paul, MD on 06/06/18 1552

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Cancel. Microbiology tracking only.	—	—	NWH
Microbiology Comment	ESWAB RECEIVED	—	—	NWH
Microbiology Comment	Cancel. Microbiology tracking only.	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Indications

Non-pressure chronic ulcer of left calf with fat layer exposed (HCC) [L97.222 (ICD-10-CM)]
Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC) [L97.322 (ICD-10-CM)]
Cellulitis of left leg [L03.116 (ICD-10-CM)]

All Reviewers List

Luu, Paul, MD on 6/6/2018 15:52

WOUND C/S W/GRAM (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/31/18 1032**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/31/18 1032
Authorized by: Luu, Paul, MD
Ordering mode: Standard
Frequency: Routine 05/31/18 1032 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H72227	Wound	—	05/31/18 1032

Comment: Left~lateral~Calf

WOUND C/S W/GRAM
Resulted: 06/04/18 1008, Result status: Final result

05/31/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Labs (continued)

Order status: Completed
Collected by: 05/31/18 1032
Acknowledged by
Null, Margaret K, RN on 06/05/18 1530
Luu, Paul, MD on 06/06/18 1552

Filed by: Uw Lab Results Interface, User 06/04/18 1008
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	NWH
Gram Smear	No polymorphonuclear cells seen	—	—	NWH
Gram Smear Result: 3+ Gram Positive Cocci	--	—	—	NWH
Culture Result: 4+ Staphylococcus aureus, coagulase positive : methicillin-susceptible (MSSA)	--	—	—	NWH
Culture Result: 3+ Pseudomonas aeruginosa	--	—	—	NWH
Culture Result: 3+ Diphtheroids	--	—	—	NWH

Sensitivities

Organism	Antibiotic	Sensitivity	Method
Staphylococcus aureus, coagulase positive	Cefazolin	<=4 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Clindamycin	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Levofloxacin	<=0.5 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Oxacillin	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Penicillin	<=0.03 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Rifampin	<=1 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Tetracycline	<=2 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Trimeth_Sulfamethoxazole	<=0.5/9.5 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Vancomycin	1 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Pseudomonas aeruginosa	Amikacin	<=4 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Pseudomonas aeruginosa	Aztreonam	<=4 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Pseudomonas aeruginosa	Cefepime	<=2 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Pseudomonas aeruginosa	Ciprofloxacin	<=1 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Pseudomonas aeruginosa	Gentamicin	2 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN

05/31/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Labs (continued)

Pseudomonas aeruginosa	Imipenem	2 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Pseudomonas aeruginosa	Levofloxacin	<=1 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Pseudomonas aeruginosa	Piperacillin/tazobactam	<=8 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Pseudomonas aeruginosa	Tobramycin	<=1 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

All Reviewers List

Luu, Paul, MD on 6/6/2018 15:52

Flowsheets

Custom Formula Data

Row Name	05/31/18 0940
Pct Wt Change	0 %

Pain Assessment

Row Name	05/31/18 0945
Pain Assessment	0-10
Pain Score	10
Pain Type	Acute pain
Pain Location	Leg
Pain Orientation	Left
Pain Radiating Towards	leg
Pain Descriptors	Burning
Pain Frequency	Constant/continuous
Pain Onset	Ongoing
Clinical Progression	Rapidly worsening
Patient's Stated Pain Goal	No pain
Pain Intervention(s)	Medication (See MAR)

Vital Data

Row Name	05/31/18 0940
Weight	50.8 kg (112 lb)
BP	140/62
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.5 °C
Temp src	Oral
Pulse	88

05/31/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Pulse Regularity	Regular
Resp	16

Wound Assessment/Care

Row Name	05/31/18 0934
LLE Calf - Cm w/ Point of Measurement	29.5 cm
LLE Calf - Cm from the Medial Instep	32 cm
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #6 Left Lateral Calf F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0948 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Wound Length (cm)	6.4 cm
Wound Width (cm)	3.5 cm
Wound Depth (cm)	0.3 cm
Wound Volume (cm^3)	6.72 cm^3
Wound Healing %	-217 cm
Wound Surface Area (cm^2)	22.4 cm^2
Exudate Amt	Copious
Exudate Type	Yellow
Foul Odor After Cleansing	No
Necrosis	Medium - 34-66%
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Peri-wound Assessment	Excoriated;Hyperpigmented
Temperature	No Abnormality
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1400 Date Acquired: 03/01/17 Wound Number: #2 Primary Wound Type: Venous Ulcer Laterality: Left Location: Ankle Orientation: Lateral Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 09/24/18 Final Assessment Time: 0918 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Wound Length (cm)	1.4 cm
Wound Width (cm)	1.4 cm
Wound Depth (cm)	0.3 cm
Wound Volume (cm^3)	0.59 cm^3
Wound Healing %	-5 cm

05/31/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Wound Surface Area (cm^2)	1.96 cm^2
Exudate Amt	Copious
Exudate Type	Yellow
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Necrosis	Medium - 34-66%
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Peri-wound Assessment	Excoriated;Hyperpig mented
Temperature	No Abnormality
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #7 Left Med Mall F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0955 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Wound Length (cm)	3.8 cm
Wound Width (cm)	4.2 cm
Wound Depth (cm)	0.2 cm
Wound Volume (cm^3)	3.19 cm^3
Wound Healing %	-155 cm
Wound Surface Area (cm^2)	15.96 cm^2
Exudate Amt	Copious
Exudate Type	Yellow
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Peri-wound Assessment	Excoriated;Hyperpig mented
Temperature	No Abnormality
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #5 Left Post Calf F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0956 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Wound Length (cm)	6.8 cm
Wound Width (cm)	3.4 cm
Wound Depth	0.2 cm

05/31/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

(cm)	
Wound Volume (cm^3)	4.62 cm^3
Wound Healing %	-121 cm
Wound Surface Area (cm^2)	23.12 cm^2
Exudate Amt	Copious
Exudate Type	Yellow
Foul Odor After Cleansing	No
Granulation Amt	None Present
Necrosis	None Present
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Peri-wound Assessment	Excoriated;Hyperpigmented
Temperature	No Abnormality

Patient Instructions

Left lateral calf
Left lateral ankle
Left medial ankle
Left post calf
Clean all the above wounds with water
Apply silver alginate
Cover with abd
Secure with kling
Change daily

Electronically signed by Null, Margaret K, RN at 5/31/2018 10:05 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

05/31/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
5/31/2018 9:30 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Paul Luu, MD

Left lateral calf
Left lateral ankle
Left medial ankle
Left post calf
Clean all the above wounds with water
Apply silver alginate
Cover with abd
Secure with kling
Change daily

What's Next

JUN 6 2018 Return Patient Appointment with William E Neighbor, MD
Wednesday June 6 9:40 AM (Arrive by 9:25 AM)

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw Paul Luu, MD on Thursday May 31, 2018. The following issues were addressed: Non-pressure chronic ulcer of left calf with fat layer exposed (HCC) and Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC).

Blood Pressure 140/62	BMI 21.16
Weight 112 lb	Temperature (Oral) 97.7 °F
Pulse 88	Respiration 16

eCare Sign-Up

eCare is a faster way to communicate with your care team between visits through messages and viewing test results, records, appointments, and visit summaries all online or from the app on your mobile device.

Go to ecare.uwmedicine.org, click "Sign Up Now" and enter in your personal activation code: Activation code not generated
Current eCare Status: Active

If you have any trouble signing in, please call the eCare Help Desk:
206-520-UWMD (8963)
Monday - Saturday: 7:00 a.m. to 7:00 p.m.

Your Medication List as of 5/31/18 10:05 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Doxycycline Hyclate 100 MG Tab	Take 100 mg by mouth 2 times a day.
LEVOFLOXACIN OR	
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays

Patient Demographics

Address	Phone	E-mail Address
homeless SEATTLE WA 98133	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

05/31/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 5/31/2018 10:05 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
5/31/2018 9:30 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Paul Luu, MD

Left lateral calf
Left lateral ankle
Left medial ankle
Left post calf
Clean all the above wounds with water
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What's Next

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206-520-UWMD (8963)
Monday - Saturday: 7:00 a.m. to 7:00 p.m.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 5/31/18 10:05 AM

Page 1 of 2 Epic

05/31/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of 5/31/18 10:05 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Doxycycline Hyclate 100 MG Tab	Take 100 mg by mouth 2 times a day.
LEVOFLOXACIN OR	
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays

Patient Demographics

Address	Phone	E-mail Address
homeless SEATTLE WA 98133	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

05/31/2018 - Admission (Canceled) in NWH EMERGENCY DEPT

Visit Information

Admission Information

Arrival Date/Time:	Admit Date/Time:		IP Adm. Date/Time:	
Admission Type:	Point of Origin:		Admit Category:	
Means of Arrival:	Primary Service:		Secondary Service:	N/A
Transfer Source:	Service Area:	ZZNORTHWEST HOSPITAL AND MEDICAL CENTER	Unit:	NWH EMERGENCY DEPT
Admit Provider:	Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: —	Disposition: —	Destination: —
Provider: —	Unit: —	

Medication List

Medication List

Cannot display discharge medications because the patient has not yet been admitted.

05/17/2018 - Orders Only in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017

05/17/2018 - Orders Only in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 100 mg by mouth 2 times a day.
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

Stopped in Visit

None

Labs

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/17/18 1053**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/17/18 1053
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/17/18 1053 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H49255	Plasma	—	4542 05/17/18 1053

Prothrombin Time (NWH) (Abnormal)
Resulted: 05/17/18 1117, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 05/17/18 1117
Collected by: 4542 05/17/18 1053
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	17.0	8.9 - 12.1 s	H	NWH
Prothrombin INR	1.7	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

05/17/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaints: Follow Up Visit and Wound Care
Visit diagnoses:

- Non-pressure chronic ulcer of left ankle with fat layer exposed (primary)
- Non-pressure chronic ulcer of left calf with fat layer exposed
- Peripheral vascular disease, unspecified

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Luu, Paul, MD	Luu, Paul, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Follow-up and Dispositions

- Return in about 2 weeks (around 5/31/2018).

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 15 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 6/7/2018
Quantity: 45 tablet — Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/26/2018

05/17/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 100 mg by mouth 2 times a day.
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

Stopped in Visit

None

Clinical Notes

Progress Notes

Leia, Faafetai, CMA at 5/17/2018 1000

Per provider order dressing applied.
Faafetai Leia, MA

Electronically signed by Leia, Faafetai, CMA at 5/17/2018 10:54 AM

Luu, Paul, MD at 5/17/2018 1000

05/17/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Clinical Notes (continued)

Chief Complain: Multiple open wounds over left leg

Visiting diagnosis: **1. Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)**
- NURSING COMMUNICATION

2. Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)
- NURSING COMMUNICATION

3. Peripheral vascular disease, unspecified (HCC)
- NURSING COMMUNICATION

Exam: All four wounds (two on calf and two on ankle of left leg) are covered with significant of fibrin. After debridement, both calf wounds bled well, ankle wounds have mild bleeding. All wounds have healthy base with red granulation tissues. No foul odor no celllulitis.

Lab: none

Final diagnosis: Multiple ulcers of left lower extremity

Treatment plan: Using a sharp curette, all four wounds were debrided including subcutaneous tissue, until positive bleeding. Total wound area (all four wounds) prior debridement was 37.34 cm^2. The post debridement of all four wounds is the same (37.34 cm^2). The wound bed depth of all four wounds is approximately 0.2 cm.
The son will continue to do dressing change daily or at least 3x/week with Medihoney.
She is still homeless at the present!

Follow up: Return in about 2 weeks (around 5/31/2018).

Paul Luu, MD

Addendum: The total area of debrided wound was 37.34 cm^2.

Paul Luu,M.D.

Electronically signed by Luu, Paul, MD at 5/17/2018 3:48 PM

Null, Margaret K, RN at 5/17/2018 1000

All wounds debrided today by Dr. Luu. No signs of infection. Pt continues to be homeless with her son. Appears well cared for.

Electronically signed by Null, Margaret K, RN at 5/17/2018 2:32 PM

Flowsheets

Custom Formula Data

Row Name	05/17/18 0942
Pct Wt Change	0 %

05/17/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Vital Data

Row Name	05/17/18 0944	05/17/18 0942
Weight	—	49.6 kg (109 lb 6.4 oz)
BP	—	130/62
BP Cuff Size	—	Regular
BP Site	—	Right Arm
BP Position	—	Sitting
Temp	—	36.8 °C
Temp src	—	Oral
Pulse	—	64
Pulse Regularity	—	Regular
Resp	—	16
Pain Level	TEN/TEN	—

Wound Assessment/Care

Row Name	05/17/18 0944
LLE Calf - Cm w/ Point of Measurement	29.5 cm
LLE Calf - Cm from the Medial Instep	32 cm
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #6 Left Lateral Calf F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0948 Wound Outcome: Healed
Thickness	Full thickness with exposed support structure
Wound Length (cm)	5.3 cm
Wound Width (cm)	4 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	2.12 cm^3
Wound Surface Area (cm^2)	21.2 cm^2
Exudate Amt	Large
Exudate Type	Serous;Serosanguineous;Yellow
Foul Odor After Cleansing	No
Granulation Amt	None Present
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Peri-wound Assessment	Hyperpigmented;Intact
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1400 Date Acquired: 03/01/17 Wound Number: #2 Primary Wound Type: Venous Ulcer Laterality: Left Location: Ankle Orientation: Lateral Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 09/24/18 Final Assessment Time: 0918 Wound Outcome: Healed

05/17/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Thickness	Full thickness without exposed support structure
Wound Length (cm)	1.7 cm
Wound Width (cm)	1.1 cm
Wound Depth (cm)	0.3 cm
Wound Volume (cm^3)	0.56 cm^3
Wound Surface Area (cm^2)	1.87 cm^2
Exudate Amt	Large
Exudate Type	Serosanguineous;Yellow
Foul Odor After Cleansing	No
Granulation Amt	None Present
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Peri-wound Assessment	Pink;Pale
Temperature	No Abnormality
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #7 Left Med Mall F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0955 Wound Outcome: Healed
Thickness	Full thickness without exposed support structure
Wound Length (cm)	2.9 cm
Wound Width (cm)	4.3 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	1.25 cm^3
Wound Surface Area (cm^2)	12.47 cm^2
Exudate Amt	Large
Exudate Type	Serosanguineous;Yellow;Serous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Peri-wound Assessment	Hemosiderin staining
Temperature	No Abnormality
Wound Properties	Date First Assessed: 05/17/17 Time First Assessed: 1410 Date Acquired: 03/01/17 Wound Number: #5 Left Post Calf F/T W/O Primary Wound Type: — Wounding Event: Gradually Appeared Laterality: — Location: — Orientation: — Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: No Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/31/19 Final Assessment Time: 0956 Wound Outcome: Healed

05/17/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Flowsheets (continued)

Thickness	Full thickness without exposed support structure
Wound Length (cm)	5.8 cm
Wound Width (cm)	3.6 cm
Wound Depth (cm)	0.1 cm
Wound Volume (cm^3)	2.09 cm^3
Wound Surface Area (cm^2)	20.88 cm^2
Exudate Amt	Large
Exudate Type	Serosanguineous;Yellow;Serous
Foul Odor After Cleansing	No
Granulation Amt	Small - 1-33%
Slough	Large - 67-100%
Structure Exposed	Adipose
Margin	Distinct, Outline Attached
Peri-wound Assessment	Hyperpigmented;Hemosiderin staining
Temperature	No Abnormality

Patient Instructions

Left Lat Calf #1
Left lat Ankle #2
Left Med ankle #3
Left post calf #4
Clean all wounds with water or wipes, apply medihoney, cover with vaseline Gauze, cover with dry gauze, kling, change 3 times a week

Electronically signed by Null, Margaret K, RN at 5/17/2018 10:19 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

05/17/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
5/17/2018 10:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Paul Luu, MD

Left Lat Calf #1
Left lat Ankle #2
Left Med ankle #3
Left post calf #4
Clean all wounds with water or wipes, apply medihoney, cover with vaseline Gauze, cover with dry gauze, kling, change 3 times a week

Return in about 2 weeks
(around 5/31/2018).

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You saw Paul Luu, MD on Thursday May 17, 2018. The following issues were addressed: Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC); Non-pressure chronic ulcer of left calf with fat layer exposed (HCC); and Peripheral vascular disease, unspecified (HCC).

Blood Pressure 130/62	BMI 20.67
Weight 109 lb 6.4 oz	Temperature (Oral) 98.2 °F
Pulse 64	Respiration 16

eCare Sign-Up

eCare is a faster way to communicate with your care team between visits through messages and viewing test results, records, appointments, and visit summaries all online or from the app on your mobile device.

Go to ecare.uwmedicine.org, click "Sign Up Now" and enter in your personal activation code: Activation code not generated
Current eCare Status: Active

If you have any trouble signing in, please call the eCare Help Desk:
206-520-UWMD (8963)
Monday - Saturday: 7:00 a.m. to 7:00 p.m.

Your Medication List as of 5/17/18 10:20 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Doxycycline Hyclate 100 MG Tab	Take 100 mg by mouth 2 times a day.
LEVOFLOXACIN OR	
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays

Patient Demographics

Address	Phone	E-mail Address
homeless SEATTLE WA 98133	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

05/17/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 5/17/2018 10:20 AM: After Visit Summary

Document (below)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
5/17/2018 10:00 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Instructions from Paul Luu, MD

Left Lat Calf #1
Left lat Ankle #2
Left Med ankle #3
Left post calf #4
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Go to ecare.uwmedicine.org, click "Sign Up Now" and enter in your personal activation code: Activation code not generated
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206-520-UWMD (8963)
Monday - Saturday: 7:00 a.m. to 7:00 p.m.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 5/17/18 10:20 AM

Page 1 of 2 Epic

05/17/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of 5/17/18 10:20 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Doxycycline Hyclate 100 MG Tab	Take 100 mg by mouth 2 times a day.
LEVOFLOXACIN OR	
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays

Patient Demographics

Address	Phone	E-mail Address
homeless SEATTLE WA 98133	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

05/17/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Clinical - Scan on 5/31/2018 5:03 PM: Left leg reference

Scan (below)



05/17/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Clinical - Scan on 5/31/2018 5:03 PM: left leg reference

Scan (below)



05/17/2018 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Clinical - Scan on 5/31/2018 5:04 PM: left leg reference

Scan (below)



05/17/2018 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- Long term current use of anticoagulant therapy
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.

05/17/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/28/18 1046**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/28/18 1046
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/28/18 -
Class: Normal
Quantity: 1
Instance released by: Boyko, Alina A 5/17/2018 10:45 AM
Discontinued by: Uw Lab Results Interface, User 05/17/18 1102 [Canceled by Lab, see Result History.]
Diagnoses
Long term current use of anticoagulant therapy [Z79.01]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality [I82.509]

Specimen Information

ID	Type	Source	Collected By
H49236	Plasma	—	05/17/18 1045

PROTHROMBIN TIME
Resulted: 05/17/18 1059, Result status: Final result

Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 05/17/18 1102 [Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 05/17/18 1059
Collected by: 05/17/18 1045
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Data entry correction, see updated information	10.7 - 15.6 s	—	NWH
Prothrombin INR	Data entry correction, see updated information	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 05/17/18 1529

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 5/17/2018 15:29

05/17/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

05/05/2018 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017

05/05/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 100 mg by mouth 2 times a day.
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 5/7/2018 0837

ecare message routed to provider.

Electronically signed by Pearson, Terri Jeanne, CMA at 5/7/2018 8:37 AM

Messages

Vegies

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/5/2018 3:22 PM

Bill....

You are correct, will start/resume eating raw vegies tonight.
Also, as advised on dosage

05/03/2018 - Telephone in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Care Coordination
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

05/03/2018 - Telephone in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 100 mg by mouth 2 times a day.
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Null, Margaret K, RN at 5/3/2018 1504

Dr. Neighbor called to report he saw her in his office. He reports the wounds had a darker edge to them. No signs of infection. She has some petechiae on her foot. He may order a venous doppler. I will reach out to the family and try to get her in within 1-2 weeks.

Electronically signed by Null, Margaret K, RN at 5/3/2018 3:18 PM

05/03/2018 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RN30
Visit diagnoses:

- Skin ulcer, limited to breakdown of skin (primary)
- Venous insufficiency

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 25 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 6/7/2018
Quantity: 45 tablet — Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/26/2018
Action: Patient taking differently — Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/29/2018

05/03/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 100 mg by mouth 2 times a day.
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

Stopped in Visit

None

Clinical Notes

Progress Notes

Silue, Ruth Ann, RN at 5/3/2018 1400

Wound care done per orders from NW wound clinic: wounds were cleansed with normal saline; applied Medihoney foam; covered with vaseline guaze and wrapped with plain guaze. Used elastic mesh to cover the dressing and keep in place.
Ruth Silue, RN

Electronically signed by Silue, Ruth Ann, RN at 5/3/2018 4:17 PM

Neighbor Jr., William E, MD at 5/3/2018 1400

Jeanne Leonie Hoffman is a 93 year old female here to discuss the following:
Chief Complaint

Clinical Notes (continued)

Patient presents with
- Wound Check/Dressing Change
- RN30

History:
Brought in by her son this afternoon as they happened to be at UW dentistry. Jeanne is without her hearing aids as new ones are to arrive next week. She is continuing to receive wound care a NW wound care. She was seen for debridement last week and has follow up in three weeks.

In the last couple of days she has noted some black discoloration around the edges of one wound that was debrided and some pinpoint red spots of foot.

She has had no fever or chills.

She continues to be homeless and living with her son in tent on Bainbridge. They have had a court hearing recently and hope to have housing soon. Adult protective services involved as documented in prior encounter.

New dressing supplies were ordered for them by NW wound care but are only coming today and tomorrow.

Review of Systems:
No fever, chills, sweats, or discharge other than serous fluid.

Medications
No outpatient prescriptions have been marked as taking for the 5/3/18 encounter (Office Visit) with Neighbor Jr., William E, MD.

Objective:
BP 122/78 | Pulse 76 | Temp 97.7 °F (36.5 °C) (Oral)
Estimated body mass index is 22.52 kg/m² as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 2/28/18: 54.1 kg (119 lb 3.2 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
122/78	76	---	---	---	1:50 PM	5/3/2018

Last blood pressure recorded in this encounter: 122/78
General: Complaining of pain in the areas of the wound but no throbbing pain in the food
MSK and skin: Left lower leg shows three areas of skin breakdown: Left anterior lateral leg measuring 9 cm in legnth by 4 cm in width with 1-2 mm of blackened skin edge and red fleshing somewhat bloody tissue exposed in wound. There is some serous fluid but no other discharge. There is no surrounding induration, redness, or tenderness to suggest infection. Dorsolateral left foot shows much smaller area of skin breakdown that is 3 cm by 1.5 cm. Posterior lower leg area that is 4 cm x 2 cm with similar appearance. Foot is warm with good capillary refill. There are a few petechia in the forefoot dorsum. No increased warm over skin of lower leg in any area.

Patient is afebrile.

Lab and other tests: none

Assessment and Plan:
(L98.491) Skin ulcer, limited to breakdown of skin (HCC) (primary encounter diagnosis)

05/03/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

(I87.2) Venous insufficiency

Three skin ulcerations that are larger than when I last saw her several weeks ago. She is receiving continuing care at NW Wound Care by Dr. Liu and nurse Margie. I spoke with Margie by phone at telephone 206-668-1244. Jeanne was seen there one week ago. Confirmed that extensive debridement completed which accounts for the beefy red appearance of the wounds. Her follow up is not for three weeks but they will move the appointment up to next week. They will call Louis her son who is with her today. I do not believe there is cellulitis present today.

Plan:
--Wound was redressed following the instructions that Margie had given to Jeanne and Louis. Medihoney with Vaseline gauze applied to each wound, topped with 4x4 and the then held in place with gauze wrap.
--Re dress the wound on their own with the wound supplies which they have on order and some of which have arrived.
--INR pending today. If adequate then doubt clot, but if not adequate then would be concerned petechiae could be indication of DVT or SVT clot.
--Instructed to watch for signs of infection.
--I do feel that Jeanne would benefit from short term stay in continuing care facility but she has been resistant to this. She should follow up here or at Northwest within the next week.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 5/3/2018 4:17 PM

Flowsheets

Vital Data

Row Name	05/03/18 1358	05/03/18 1350
BP	—	122/78
BP Cuff Size	—	Regular
BP Site	—	Left Arm
BP Position	—	Sitting
Temp	36.5 °C	—
Temp src	Oral	—
Pulse	—	76

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

05/03/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 5/3/2018 2:00 PM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Thursday May 3, 2018. The following issues were addressed: Skin ulcer, limited to breakdown of skin (HCC) and Venous insufficiency.

Blood Pressure	Temperature (Oral)	Pulse
122/78	97.7 °F	76

What's Next

MAY 17 2018 Return-Established with Paul Luu, MD
Thursday May 17 10:00 AM (Arrive by 9:45 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare Sign-Up

eCare is a faster way to communicate with your care team between visits through messages and viewing test results, records, appointments, and visit summaries all online or from the app on your mobile device.

Go to ecare.uwmedicine.org, click "Sign Up Now" and enter in your personal activation code: Activation code not generated
Current eCare Status: Active

If you have any trouble signing in, please call the eCare Help Desk:
206-520-UWMD (8963)
Monday - Saturday: 7:00 a.m. to 7:00 p.m.

05/03/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of 5/3/18 4:17 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Doxycycline Hyclate 100 MG Tab	Take 100 mg by mouth 2 times a day.
LEVOFLOXACIN OR	
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays

Patient Demographics

Address	Phone	E-mail Address
homeless SEATTLE WA 98133	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

05/03/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 5/3/2018 4:17 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 5/3/2018 2:00 PM Hall Health Primary Care Center 206-685-1011

Today's Visit

You saw William E Neighbor, MD on Thursday May 3, 2018. The following issues were addressed: Skin ulcer, limited to breakdown of skin (HCC) and Venous insufficiency.

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What's Next

MAY 17 2018 Return-Established with Paul Luu, MD
Thursday May 17 10:00 AM (Arrive by 9:45 AM)

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Current eCare Status: Active

If you have any trouble signing in, please call the eCare Help Desk:
206-520-UWMD (8963)
Monday - Saturday: 7:00 a.m. to 7:00 p.m.

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Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
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Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
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Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays

Patient Demographics

Address	Phone	E-mail Address
homeless SEATTLE WA 98133	360-649-5702 (Home) 360-649-5702 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

05/03/2018 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- Long term current use of anticoagulant therapy
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.

05/03/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/28/18 1046**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/28/18 1046
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/28/18 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Puloka, Margaret E, Technologist 5/3/2018 12:48 PM
Diagnoses
Long term current use of anticoagulant therapy [Z79.01]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality [I82.509]

Specimen Information

ID	Type	Source	Collected By
H27915	Plasma	—	3355 05/03/18 1248

PROTHROMBIN TIME (Abnormal)
Resulted: 05/03/18 1731, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 05/03/18 1731
Collected by: 3355 05/03/18 1248
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 05/03/18 1911
Pearson, Terri Jeanne, CMA on 05/08/18 1543

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	44.1	10.7 - 15.6 s	H	UWMC
Prothrombin INR	4.6	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

Older Notes

Notes recorded by Neighbor Jr., William E, MD on 5/3/2018 at 7:11 PM PDT
Jeanne and Louis
Jeannes INR is higher than it was two weeks ago being 4.6. This may account from some of the bleeding for the leg ulcerations. It argues against any risk of blood clot.

Her usual dose of coumadin is: 5 mg once each evening except a half tab on Thursdays and Sundays. I know that you stated you are compliant with taking the medicine as directed. I believe that given your living situation you may be eating less green leafy

05/03/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

vegetables, broccoli, etc which are sources of vitamin K that balances against the coumadin. So, without eating those vegetables, you need less coumadin.

We first need to correct the INR by having you not take coumadin this evening and tomorrow evening.

Then I would change your prescribed dose to 5 mg once each evening except a hafl tablet on Sundays, Tuesday, and Thursday.

All Reviewers List

Neighbor Jr., William E, MD on 5/3/2018 19:11

05/02/2018 - Telephone in Northwest Hospital Wound Care & Hyperbaric Center

Reason for Visit

Chief complaint: Care Management
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

05/02/2018 - Telephone in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 100 mg by mouth 2 times a day.
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Null, Margaret K, RN at 5/2/2018 1622

DSHS Worker called to follow up on patients wound care management. She saw the patient at her tent home earlier this week with the son present. She wanted to check if the patient was receiving adequate care for her wounds. I assured her that the son is doing a good job with her dressing change. She is coming in regularly for her visits to Dr Luu. The wounds are stable. Pt is not ready to go into higher care.

Electronically signed by Null, Margaret K, RN at 5/2/2018 4:39 PM

04/30/2018 - Abstract in UWMC Epic Administration

Visit Information

Provider Information

Encounter Provider

Luu, Paul, MD

Department

Name	Address	Phone
UWMC Epic Administration	UWMC-R, Epic Admin, Box 354700 Seattle WA 98105	206-598-5515

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 6/7/2018
Quantity: 45 tablet — Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/26/2018
Action: Patient taking differently — Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 11/28/2018
Action: Patient taking differently — Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY

04/30/2018 - Abstract in UWMC Epic Administration (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 100 mg by mouth 2 times a day.
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

Stopped in Visit

None

04/26/2018 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN
4/26/2018 9:00 AM

Completed

Time	Provider	Department	Length
9:00 AM	Luu, Paul, MD	ZZNWH WOUND CARE	15 min

Referrals: 6843616 (Closed)
Referral Provider: NEIGHBOR JR, WILLIAM E
Enc Form Number: 33282145
Arrival Time: 8:35 AM

History

Made On:	4/19/2018 9:50 AM	By:	Carroll, Linda, PSS/PSR	ES
Checked In:	4/26/2018 8:35 AM	By:	Carroll, Linda, PSS/PSR	ES
Remove Arr.:	4/26/2018 11:15 AM	By:	Carroll, Linda, PSS/PSR	ES
Checked Out:	4/26/2018 11:15 AM	By:	Carroll, Linda, PSS/PSR	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet

04/26/2018 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

04/19/2018 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- Long term current use of anticoagulant therapy
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.

04/19/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 4/19/2018 1129

INR 3.4. Goal is closer to 2 given age.
Plan is to hold dose this evening, half dose tomorrow then usual dose, but to contact me early next week for plan. Phone message and E care message sent but was not able to speak with her son Louis in person by phone .

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 4/19/2018 6:50 PM

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/28/18 1046**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/28/18 1046
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/28/18 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Puloka, Margaret E, Technologist 4/19/2018 11:29 AM
Diagnoses
Long term current use of anticoagulant therapy [Z79.01]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality [I82.509]

Specimen Information

ID	Type	Source	Collected By
H84816	Plasma	—	3355 04/19/18 1128

PROTHROMBIN TIME (Abnormal)
Resulted: 04/19/18 1550, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 04/19/18 1550
Collected by: 3355 04/19/18 1128
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 04/19/18 1850
Pearson, Terri Jeanne, CMA on 04/20/18 0814

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	34.9	10.7 - 15.6 s	H	UWMC
Prothrombin INR	3.4	0.8 - 1.3	H	UWMC

04/19/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

Older Notes

Notes recorded by Neighbor Jr., William E, MD on 4/19/2018 at 6:50 PM PDT
INR 3.4. Goal is closer to 2 given age.
Plan is to hold dose this evening, half dose tomorrow then usual dose, but to contact me early next week for plan. Phone message and E care message sent but was not able to speak with her son Louis in person by phone .

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 4/19/2018 18:50

04/19/2018 - Letter (Out) in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Letters

Letter by Neighbor Jr., William E, MD on 4/19/2018

Status: Sent
Letter body:

April 19, 2018

To: Bainbridge Muncipal Court

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

To whom it may concern:

I am the primary care provider for Jeanne Hoffman whom I have seen for over 20 years at the University of Washington Medical Center. Jeanne, who is now 93 years of age, has multiple medical issues including slow to heal ulcers of her left lower leg, pain from osteoarthritis, marked hearing impairment, and vein issues in her lower extremities. These require office visits every one to two months. She has received excellent support from her son Louis who has lived with her providing emotional support and care at home as a devoted son.

I understand Jeanne was evicted from her apartment for various reasons. I agree with Dr. Luu that it would be optimal Jeanne live in an apartment independently with her son Louis as primary care giver. Jeanne is a fiercely independent individual who has lived all of her life on Bainbridge Island. I do not think that she would do well without her son for support or in a senor care environment at this time.

Sincerely,

William E. Neighbor, Jr. MD
Clinical Professor
Department of Family Medicine
Hall Health Center

04/17/2018 - Patient E-mail in UW MED MYCHART DEPARTMENT

Visit Information

Department

Name	Address
UW MED MYCHART DEPARTMENT	UW MEDICINE IT SERVICES 325 9TH AVE, BOX 359968 Seattle WA 98104-2420

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

04/17/2018 - Patient E-mail in UW MED MYCHART DEPARTMENT (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 100 mg by mouth 2 times a day.
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

Stopped in Visit

None

Messages

RE: Hyperbaric Oxygen Therapy for Wound Healing

From	To	Sent and Delivered
Rosanne Asplin	Hoffman, Jeanne Leonie	4/17/2018 10:02 AM

Last Read in MyChart
5/5/2018 3:22 PM by Hoffman, Jeanne Leonie

Hello,

We received your eCare message for Dr. Luu at the NWH Wound Care clinic. We are sorry but that specialty clinic does not use eCare and therefore we are unable to forward your message to them. Please contact them directly so that they may assist you by calling 206-368-1244.

Thank you for using UW Medicine eCare,
Your eCare Support Team

Hyperbaric Oxygen Therapy for Wound Healing

From	To	Sent
Hoffman, Jeanne Leonie	P Mychart Error Pool (supporting Paul Luu, MD)	4/16/2018 12:59 PM

This type of therapy has a proven wound healing.
Jean could benefit from this treatment.

04/17/2018 - Patient E-mail in UW MED MYCHART DEPARTMENT (continued)

Messages (continued)

Please Consult with Bill Neighbor, Hall Health

04/16/2018 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017

04/16/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 100 mg by mouth 2 times a day.
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

Stopped in Visit

None

Messages

Hearing Test Scheduled

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/16/2018 1:03 PM

Jean's hearing aids need repair.
Thus, a hearing test has been schedule for April 16th @ 1pm.
Evaluation for repair or replacement.

04/16/2018 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
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Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017

04/16/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 100 mg by mouth 2 times a day.
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

Stopped in Visit

None

Messages

Hyperbaric Oxygen Therapy for Wound Healing

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/16/2018 12:56 PM

Would this wound therapy be availed for Jean?
This type of therapy has proven results.
Please consult with Paul Luu. HWH Would Care

04/12/2018 - Orders Only in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
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End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017

04/12/2018 - Orders Only in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Labs

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 04/12/18 0913**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 04/12/18 0913
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/12/18 0913 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H72249	Plasma	—	5283 04/12/18 0913

Prothrombin Time (NWH) (Abnormal)
Resulted: 04/12/18 0935, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 04/12/18 0935
Collected by: 5283 04/12/18 0913
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	25.0	8.9 - 12.1 s	H	NWH
Prothrombin INR	2.5	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

04/09/2018 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017

04/09/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 100 mg by mouth 2 times a day.
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E, MD at 4/9/2018 1706

Update on Jeanne situation and son Louis:
--Paperwork filed with Adult Protective Services last week
--I arranged a motel room for them on Bainbridge Island when I found that they were now living in a tent. The motel room is one they are familiar with at the Quality Inn on Bainbridge. They have been there Friday, Sat, Sun, and will be there tonight. I have a call into her son Louis is see if it needs extension. His cell is 360-649-5702
--On Friday, at Louis request I spoke with their church Pastor Dave O'Connell cell 314-853-2695. His church is small with no building so they have not been able to help Jeanne and Louis as much as they would like.
--Today, 4/9/2018, I spoke with Levon Gibson at Washington State DSHS Adult Protective Services. 360-473-2167 to follow up on the housing situation, their current motel accommodations, next steps.
--I called Louis this latter afternoon and left a message for him to return my call so can determine if temporary accommodations need to be extent for Jeanne which I expect they do.
--Also put another call to Pastor O'Connell.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 4/9/2018 5:13 PM

04/09/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages

Homeless Health Care

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/9/2018 7:48 AM

Thank You for the the assistance on Friday Evening.
It was well received.

Louis for Jean:

Jean is doing better with rest.
NWH wound bandages, were hastily applied, once changed, provided relief from irritation.

Island Situation....

Douglas Hoffman, Ron Peltier and Julies Combs Hate group are causing our homelessness. It over my participation in 1970's Stonewall Movement and my publicly coming out as a Gay Man.
I have provided you the facts, over the years of health care.

Dave O'Connell, is not providing necessary support, Rather going along with those advocating hatred, to divide Jean's only care-giving family member (Me).

Jean homelessness encampment has all the amenities of Apt-2 and it is her wishes to stand-by me, as a resolution toward island relocation to AD-West Reality/Island Terrace 2 bedroom.

Today...Monday April 9, 2018 at 10am will file a protection order against Douglas Hoffman April 1, 2018 Attack/other attacks. This will be our 3rd attempt for protection. Douglas is no long part of family, will never be accepted, do to his overt hatred of LGBTQ Americans.

Jean and I will lose all our household belongs, by May 15th. This means ALL including records.....we will be in the same position as WWII 1930 Jews.

Jean does not want to be placed in Wyatt House (Death House) or be banished from Island. The issues, must be resolved on the Island, where it legally started.....moving or running away, will not stop the hatred....it must be stopped here and now.

BIPD Chief Hamner, has been advised, as well as Judaical Misconduct Commission, WSP and other agencies.

Please STAND WITH US.....

Cell is now taking call..... it was on "Do Not Disturb".
Public becoming more aware.

04/09/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

STOP HATRED...NOW

04/04/2018 - Letter (Out) in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Letters

Letter by Neighbor Jr., William E, MD on 4/4/2018

Status: Sent
Letter body:

April 4, 2018

Levon Gibson
Depart of Social and Health Services
4710 Auto Center Blvd W18-7
Bremerton WA 98312

Fax 360-475-6655

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

Dear Mr Levon Gibson:

In response to your request for medical information on the above individual dated 4.4.2018

1. Date of last appointment: 2.28.2018

2. Current list of diagnoses and medications:
History recurrent DVTS of lower extremity
Peripheral vascular disease with ulceration of left lower leg
Generalized oseoarthritis
Hypertension
Long term anticoagulation
Type 2 diabetes diet controlled
Imbalance
Hearing impairment requiring hearing aids

Medications:

Outpatient Medications Prior to Visit

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	60 tablet	2
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3

04/04/2018 - Letter (Out) in Husky Health Primary Care Clinic (continued)

Letters (continued)

• Losartan Potassium 25 MG Oral Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.	5 mL	0
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays	90 tablet	3

No facility-administered medications prior to visit.

3. Does the above individual have a functional, mental, or physical inability to care for herself? Yes, physical. Due to her arthritis and hearing impairment, she has difficulty caring for herself. In the past she has been assisted by her son Louis Hoffman.

4. Has the above individual been compliant with medical treatments and medications? Yes, but this has required the assistance of her son in remember to take medications.

5. Do you have any concerns regarding the above individual's ability to care for herself? Yes. Bathing and dressing are difficult because of arthritis and balance issues.

6. Do you have any concerns about the care being provided to the vulnerable adult by any individual. No. Her son Louis Hoffman has gotten along with her well and has been very supportive.

7. Has the above individual had any cognitive screening, ger-psych evaluation or competency evaluation. None recently.

8. Does the patient have any limitations in their ability to make decision and understand the impact consequences of those decisions. No. Mrs. Hoffman is very bright with minimal cognitive impairment based on extensive conversations with her in the office.

Sincerely,

Electronically signed by
William E Neighbor, MD

CC: No Recipients

04/02/2018 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Medical Records
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

04/02/2018 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 4/2/2018 1429

Levonne Gibson from Adult Protective Services called and LM asking for a call back. They would like pt's records.

Left message and asked he call me.

Electronically signed by Pearson, Terri Jeanne, CMA at 4/2/2018 2:33 PM

Pearson, Terri Jeanne, CMA at 4/3/2018 1121

Called Levonne again and LM on VM letting him know I'll call at 1:15 when I'm back at my desk.

Electronically signed by Pearson, Terri Jeanne, CMA at 4/3/2018 11:24 AM

Pearson, Terri Jeanne, CMA at 4/3/2018 1411

Levonne from APS called and left another message on VM. He will call back 4:30 today or tomorrow.

Electronically signed by Pearson, Terri Jeanne, CMA at 4/3/2018 2:12 PM

Pearson, Terri Jeanne, CMA at 4/4/2018 1404

Spoke with Levonne. Questions will need to be answered by Dr Neighbor. Levonne is faxing the med records request and the questions.

Electronically signed by Pearson, Terri Jeanne, CMA at 4/4/2018 2:06 PM

Pearson, Terri Jeanne, CMA at 4/5/2018 1302

Questions faxed to Levon.

04/02/2018 - Telephone in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Electronically signed by Pearson, Terri Jeanne, CMA at 4/5/2018 1:02 PM

03/29/2018 - Admission (Discharged) in NWH EMERGENCY DEPT

Visit Information

Admission Information

Arrival Date/Time:	03/29/2018 1327	Admit Date/Time:	03/29/2018 1328	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Bus	Primary Service:	Emergency Dept	Secondary Service:	N/A
Transfer Source:		Service Area:	ZZNORTHWEST HOSPITAL AND MEDICAL CENTER	Unit:	NWH EMERGENCY DEPT
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: 03/29/2018 1640 | Disposition: 01 Home/self Care | Destination: Home
Provider: — | Unit: NWH EMERGENCY DEPT

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD | Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD | Entered on: 2/21/2014
Start date: 2/21/2014 | End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 9/4/2019
Quantity: 270 tablet | Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD | Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 6/7/2018
Quantity: 45 tablet | Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 9/26/2018
Action: Patient taking differently | Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed

03/29/2018 - Admission (Discharged) in NWH EMERGENCY DEPT (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 12/20/2017
Action: Patient taking differently
Refill: 2 refills remaining

Ordered on: 12/20/2017
End date: 11/28/2018
Quantity: 60 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Start date: 12/8/2017
Quantity: 45 tablet

Discontinued on: 6/7/2018
Ordered on: 12/8/2017
End date: 6/7/2018
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Start date: 12/8/2017
Quantity: 5 mL

Discontinued on: 4/16/2019
Ordered on: 12/8/2017
End date: 4/12/2019
Refill: No refills remaining

Stopped in Visit

None

Labs

CBC, DIFF (Edited Result - FINAL)

Electronically signed by: **Uw Lab Results Interface, User on 03/29/18 1400**
Ordering user: Uw Lab Results Interface, User 03/29/18 1400
Authorized by: Ou, Stephen Se-Liung, MD
Frequency: STAT Once 03/29/18 1400 - 1 occurrence
Lab status: Edited Result - FINAL

Status: **Completed**
Ordering provider: Ou, Stephen Se-Liung, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 3/29/2018 2:13 PM

Specimen Information

ID	Type	Source	Collected By
H52849	Whole blood	—	4728 03/29/18 1400

Resulted: 03/29/18 1413, Result status: Edited Result - FINAL

CBC, DIFF (Abnormal)

Ordering provider: Ou, Stephen Se-Liung, MD 03/29/18 1400
Filed by: Uw Lab Results Interface, User 03/29/18 1413
Resulting lab: NORTHWEST HOSPITAL LAB

Order status: Completed
Collected by: 4728 03/29/18 1400

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.67	4.3 - 10.0 10*3/uL	—	NWH
RBC	3.59	3.80 - 5.00 10*6/uL	L	NWH
Hemoglobin	11.0	11.5 - 15.5 g/dL	L	NWH
Hematocrit	35	36 - 45 %	L	NWH
MCV	98	81 - 98 fL	—	NWH
MCH	30.6	27.3 - 33.6 pg	—	NWH
MCHC	31.3	32.2 - 36.5 g/dL	L	NWH
Platelet Count	219	150 - 400 10*3/uL	—	NWH
RDW-CV	14.2	11.6 - 14.4 %	—	NWH
% Neutrophils	63	%	—	NWH
% Lymphocytes	25	%	—	NWH
% Monocytes	9	%	—	NWH

03/29/2018 - Admission (Discharged) in NWH EMERGENCY DEPT (continued)

Labs (continued)

% Eosinophils	2	%	—	NWH
% Basophils	1	%	—	NWH
% Immature Granulocytes	0	%	—	NWH
Neutrophils	4.24	1.80 - 7.00 10*3/uL	—	NWH
Absolute Lymphocyte Count	1.64	1.00 - 4.80 10*3/uL	—	NWH
Monocytes	0.59	0.00 - 0.80 10*3/uL	—	NWH
Absolute Eosinophil Count	0.14	0.00 - 0.50 10*3/uL	—	NWH
Basophils	0.04	0.00 - 0.20 10*3/uL	—	NWH
Immature Granulocytes	0.02	0.00 - 0.05 10*3/uL	—	NWH
Nucleated RBC	0.00	0.00 10*3/uL	—	NWH
% Nucleated RBC	0	%	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

COMPREHENSIVE METABOLIC PANEL (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 03/29/18 1400** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 03/29/18 1400
Ordering provider: Ou, Stephen Se-Liung, MD
Authorized by: Ou, Stephen Se-Liung, MD
Ordering mode: Standard
Frequency: STAT Once 03/29/18 1400 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 3/29/2018 2:36 PM

Specimen Information

ID	Type	Source	Collected By
H52849	Serum	—	4728 03/29/18 1400

COMPREHENSIVE METABOLIC PANEL (Abnormal) Resulted: 03/29/18 1436, Result status: Final result

Ordering provider: Ou, Stephen Se-Liung, MD 03/29/18 1400
Order status: Completed
Filed by: Uw Lab Results Interface, User 03/29/18 1436
Collected by: 4728 03/29/18 1400
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	NWH
Potassium	4.2	3.6 - 5.2 meq/L	—	NWH
Chloride	107	98 - 108 meq/L	—	NWH
Carbon Dioxide, Total	24	22 - 32 meq/L	—	NWH
Anion Gap	11	4 - 12	—	NWH
Glucose	153	62 - 125 mg/dL	H^	NWH
Urea Nitrogen	23	8 - 21 mg/dL	H^	NWH
Creatinine	0.88	0.38 - 1.02 mg/dL	—	NWH
Protein (Total)	7.3	6.0 - 8.2 g/dL	—	NWH
Albumin	4.0	3.5 - 5.2 g/dL	—	NWH
Bilirubin (Total)	0.4	0.2 - 1.3 mg/dL	—	NWH
Calcium	9.1	8.9 - 10.2 mg/dL	—	NWH
AST (GOT)	14	9 - 38 U/L	—	NWH
Alkaline Phosphatase (Total)	55	49 - 199 U/L	—	NWH
ALT (GPT)	9	7 - 33 U/L	—	NWH
GFR, Calc, European American	60	>59	—	NWH

03/29/2018 - Admission (Discharged) in NWH EMERGENCY DEPT (continued)

Labs (continued)

		mL/min/{1.73_m2}		
GFR, Calc, African American	>60	>59 mL/min/{1.73_m2}	—	NWH
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

TROPONIN_I (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 03/29/18 1400** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 03/29/18 1400
Authorized by: Ou, Stephen Se-Liung, MD
Frequency: STAT Once 03/29/18 1400 - 1 occurrence
Lab status: Final result
Ordering provider: Ou, Stephen Se-Liung, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 3/29/2018 2:39 PM

Specimen Information

ID	Type	Source	Collected By
H52849	Serum	—	4728 03/29/18 1400

TROPONIN_I Resulted: 03/29/18 1439, Result status: Final result

Ordering provider: Ou, Stephen Se-Liung, MD 03/29/18 1400
Filed by: Uw Lab Results Interface, User 03/29/18 1439
Resulting lab: NORTHWEST HOSPITAL LAB
Order status: Completed
Collected by: 4728 03/29/18 1400

Components

Component	Value	Reference Range	Flag	Lab
Troponin_I	<0.03	<0.04 ng/mL	—	NWH
Comment: A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG				
Troponin_I Interpretation	Normal	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

03/29/2018 - Admission (Discharged) in NWH EMERGENCY DEPT (continued)

Labs (continued)

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 03/29/18 1400** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 03/29/18 1400
Ordering provider: Ou, Stephen Se-Liung, MD
Authorized by: Ou, Stephen Se-Liung, MD
Ordering mode: Standard
Frequency: STAT Once 03/29/18 1400 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 3/29/2018 3:41 PM

Specimen Information

ID	Type	Source	Collected By
H52849	Plasma	—	4728 03/29/18 1400

Prothrombin Time (NWH) (Abnormal) Resulted: 03/29/18 1541, Result status: Final result

Ordering provider: Ou, Stephen Se-Liung, MD 03/29/18 1400
Order status: Completed
Filed by: Uw Lab Results Interface, User 03/29/18 1541
Collected by: 4728 03/29/18 1400
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	17.9	8.9 - 12.1 s	H	NWH
Prothrombin INR	1.8	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Glucose, Finger Stick POC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 03/29/18 1404** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 03/29/18 1404
Ordering provider: Clinic Pcp, Unassigned Or
Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: Routine Once 03/29/18 1415 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 3/30/2018 11:59 AM
Order comments: Ordered by an unspecified provider

Specimen Information

ID	Type	Source	Collected By
H57071	Whole blood	—	03/29/18 1404

Glucose, Finger Stick POC (Abnormal) Resulted: 03/30/18 1159, Result status: Final result

Ordering provider: Clinic Pcp, Unassigned Or 03/29/18 1404
Order status: Completed
Filed by: Uw Lab Results Interface, User 03/30/18 1159
Collected by: 03/29/18 1404
Resulting lab: NWH POINT OF CARE

Components

Component	Value	Reference Range	Flag	Lab
Glucose, Finger Stick POC	153	62 - 125 mg/dL	H	NWPOC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - NWPOC	NWH POINT OF CARE	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0955 - 07/23/18 1000

03/29/2018 - Admission (Discharged) in NWH EMERGENCY DEPT (continued)

Labs (continued)

LAB ADD ON ORDER (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 03/29/18 1525** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 03/29/18 1525 Ordering provider: Ciccarelli, Anne Eve, MD
Authorized by: Ciccarelli, Anne Eve, MD Ordering mode: Standard
Frequency: STAT Once 03/29/18 1530 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 3/29/2018 3:32 PM

Specimen Information

ID	Type	Source	Collected By
H53949	Specimen	—	03/29/18 1525

LAB ADD ON ORDER

Resulted: 03/29/18 1533, Result status: Final result

Ordering provider: Ciccarelli, Anne Eve, MD 03/29/18 1525 Order status: Completed
Filed by: Uw Lab Results Interface, User 03/29/18 1533 Collected by: 03/29/18 1525
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	PRONW	—	—	NWH
Specimen Type/Description	Information not provided	—	—	NWH
Sample To Use	Information not provided	—	—	NWH
Test Request Status	Order Processed	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

03/29/2018 - Orders Only in UW Medicine ECG

Visit Information

Provider Information

Encounter Provider

Clinic, Unassigned Muse

Department

Name	Address	Phone
UW Medicine ECG	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98195	206-520-5000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/26/2018
Action: Patient taking differently — Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 11/28/2018
Action: Patient taking differently — Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/8/2017
Start date: 12/8/2017 — End date: 4/12/2019
Quantity: 5 mL — Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

03/29/2018 - Orders Only in UW Medicine ECG (continued)

Medication List (continued)

None

Procedures

EKG 12-LEAD (Preliminary result)

Specimen Information

ID	Type	Source	Collected By
129577	—	—	03/29/18 1346

Resulted: 03/29/18 1354, Result status: Preliminary result

EKG 12-LEAD

Order status: Completed
Collected by: 03/29/18 1346

Filed by: Uw Muse Results Interface, User 03/29/18 1354
Resulting lab: UWM EKG

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	71	BPM	—	79
Atrial Rate	71	BPM	—	79
P-R Interval	188	ms	—	79
QRS Duration	122	ms	—	79
Q-T Interval	426	ms	—	79
QTC Calculation	462	ms	—	79
P Axis	36	degrees	—	79
R Axis	-31	degrees	—	79
T Axis	8	degrees	—	79
Diagnosis	--	—	—	79

Result:
Normal sinus rhythm
Left axis deviation
Right bundle branch block
Abnormal ECG
No previous ECGs available

View Image (below)

03/29/2018 - Orders Only in UW Medicine ECG (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 29-MAR-2018 13:46:29 NORTHWEST HOSPITAL-EMD ROUTINE RECORD

06-JAN-1925 (93 yr)
Female Caucasian

Room:G
Loc:1

Vent. rate	71	BPM
PR interval	188	ms
QRS duration	122	ms
QT/QTc	426/462	ms
P-R-T axes	36 -31	8

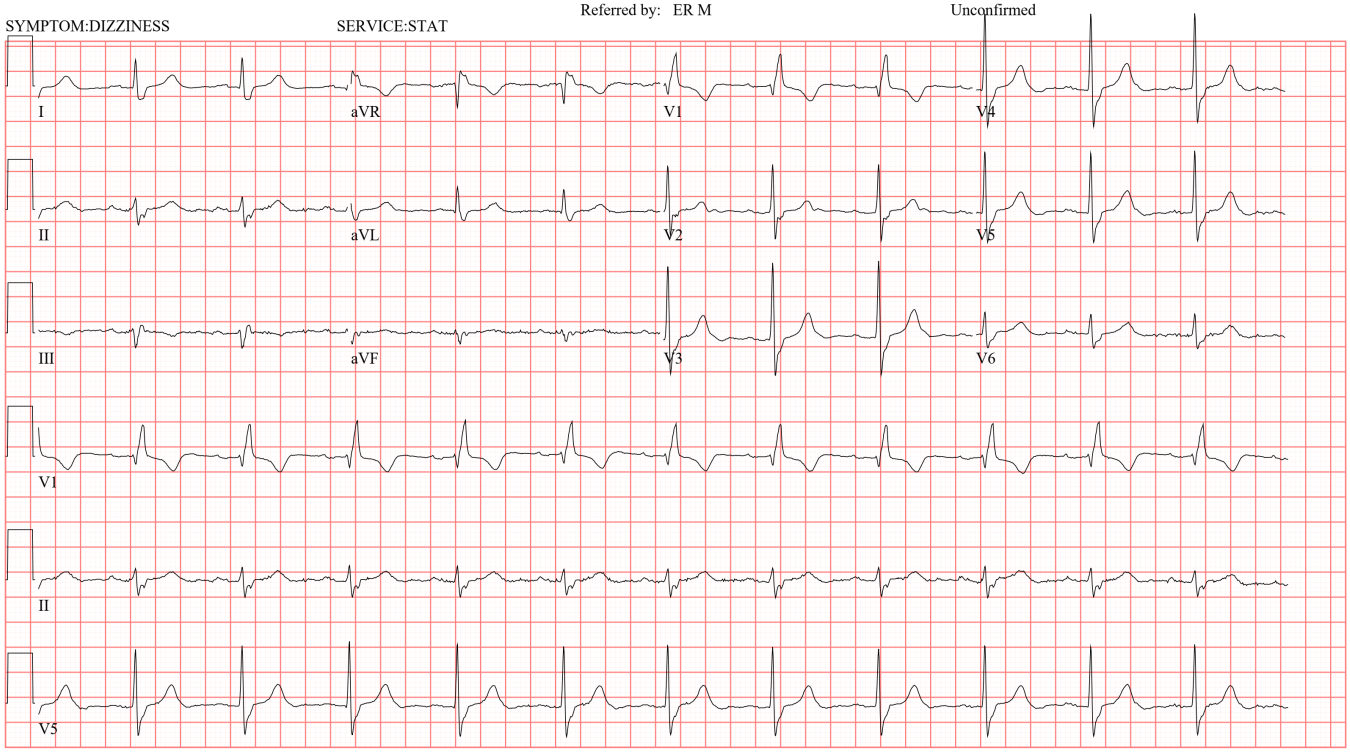
Normal sinus rhythm
Left axis deviation
Right bundle branch block
Abnormal ECG
No previous ECGs available

Technician:Kristina Rubashenkova
Test ind:

Referred by: ER M

Unconfirmed

SYMPTOM:DIZZINESS SERVICE:STAT



25mm/s 10mm/mV 150Hz 8.0 SP2 12SL 241 CID: 95

EID:9877 EDT: 13:54 29-MAR-2018 ORDER: 19727696 ACCOUNT: 1825412981

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

03/29/2018 - Orders Only in UW Medicine ECG

Visit Information

Provider Information

Encounter Provider

Clinic, Unassigned Muse

Department

Name	Address	Phone
UW Medicine ECG	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98195	206-520-5000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/26/2018
Action: Patient taking differently — Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 11/28/2018
Action: Patient taking differently — Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/8/2017
Start date: 12/8/2017 — End date: 4/12/2019
Quantity: 5 mL — Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

03/29/2018 - Orders Only in UW Medicine ECG (continued)

Medication List (continued)

None

Procedures

EKG 12-LEAD (Final result)

Specimen Information

ID	Type	Source	Collected By
129577	—	—	03/29/18 1346

EKG 12-LEAD Resulted: 03/30/18 1526, Result status: Final result

Order status: Completed
Filed by: Uw Muse Results Interface, User 03/30/18 1526
Resulting lab: UWM EKG

Resulted by: Pungoti, Chetan, MD
Collected by: 03/29/18 1346

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	71	BPM	—	79
Atrial Rate	71	BPM	—	79
P-R Interval	188	ms	—	79
QRS Duration	122	ms	—	79
Q-T Interval	426	ms	—	79
QTC Calculation	462	ms	—	79
P Axis	36	degrees	—	79
R Axis	-31	degrees	—	79
T Axis	8	degrees	—	79
Diagnosis	--	—	—	79

Result:
Normal sinus rhythm
Left axis deviation
Right bundle branch block
Abnormal ECG
No previous ECGs available
Confirmed by Pungoti, Chetan (5012) on 3/30/2018 3:26:05 PM

View Image (below)

03/29/2018 - Orders Only in UW Medicine ECG (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 29-MAR-2018 13:46:29 NORTHWEST HOSPITAL-EMD ROUTINE RECORD

06-JAN-1925 (93 yr)
Female Caucasian

Room:G
Loc:1

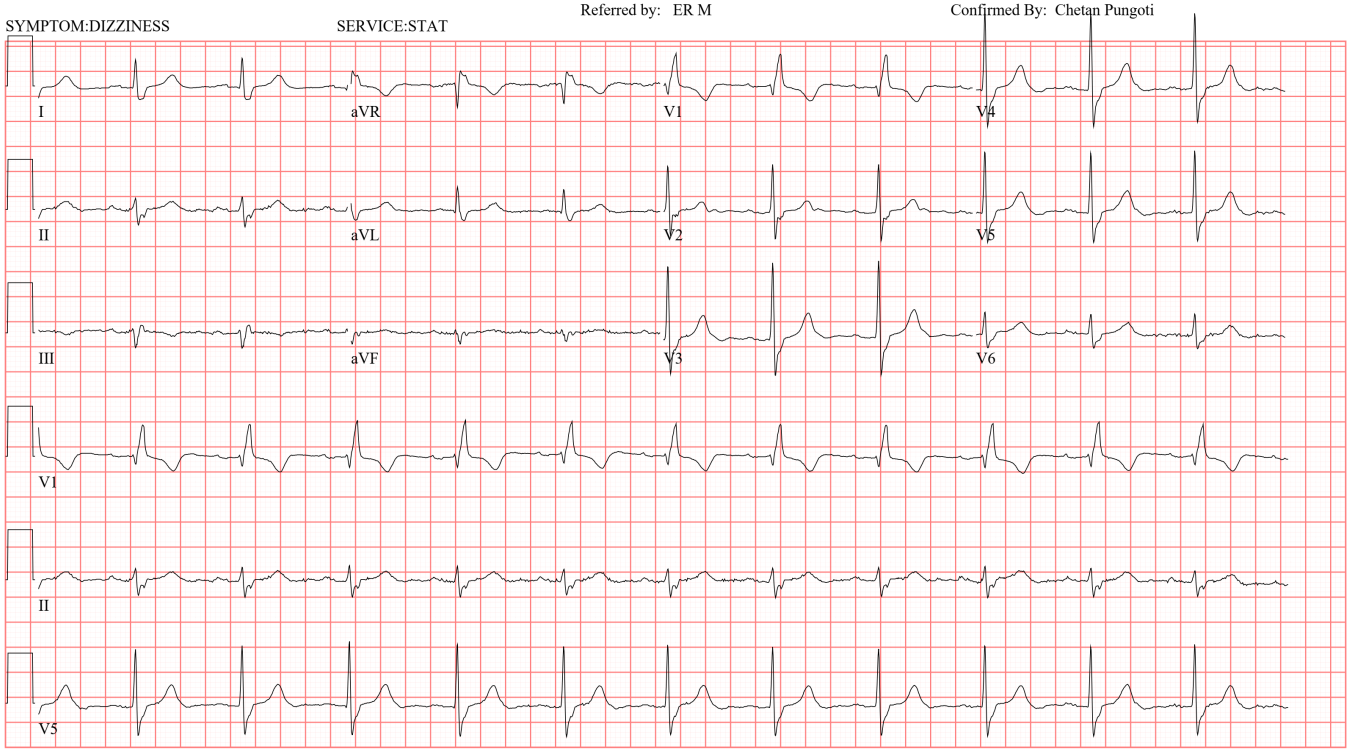
Vent. rate	71	BPM
PR interval	188	ms
QRS duration	122	ms
QT/QTc	426/462	ms
P-R-T axes	36 -31	8

Normal sinus rhythm
Left axis deviation
Right bundle branch block
Abnormal ECG
No previous ECGs available
Confirmed by Pungoti, Chetan (5012) on 3/30/2018 3:26:05 PM

Technician:Kristina Rubashenkova
Test ind:

Referred by: ER M
Confirmed By: Chetan Pungoti

SYMPTOM:DIZZINESS SERVICE:STAT



25mm/s 10mm/mV 150Hz 8.0 SP2 12SL 241 CID: 95

EID:5012 EDT: 15:26 30-MAR-2018 ORDER: 19727696 ACCOUNT: 1825412981

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by Pungoti, Chetan, MD on 3/30/18 at 1526 PDT

03/27/2018 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 6/7/2018
Quantity: 45 tablet — Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/26/2018
Action: Patient taking differently — Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 11/28/2018
Action: Patient taking differently — Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/8/2017

03/27/2018 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 3/27/2018 1658

Refill requested too soon. ecare message to pt asking she call Safeway for refill.

Electronically signed by Pearson, Terri Jeanne, CMA at 3/27/2018 5:00 PM

Other Orders

Medications

Warfarin Sodium (COUMADIN) 5 MG Oral Tab (Cancel Pend)

Electronically signed by: **Uw Mychart, Patient User on 03/27/18 1613**
Status: **Cancel Pend**
Ordering user: Uw Mychart, Patient User 03/27/18 1613
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 03/27/18 - Until Discontinued
Class: E-RX
Pended by: Uw Mychart, Patient User 03/27/18 1613
Discontinued by: Pearson, Terri Jeanne, CMA 03/27/18 1659
Admin instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Medication comments: Dose change 8/21/2017

Messages

Your Medications

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	3/27/2018 5:00 PM

Last Read in MyChart
Not Read

Dear Jeanne,

We have processed your medication renewal request. The following medication renewals have been denied:

03/27/2018 - Refill in Husky Health Primary Care Clinic (continued)

Messages (continued)

- Warfarin Sodium (COUMADIN) 5 MG Oral Tab

If you have any questions about your prescription, please call or send a message to your provider.

Thank you for using UW Medicine eCare.

Call Safeway for a refill

From	To	Sent and Delivered
Terri Jeanne Pearson, CMA	Hoffman, Jeanne Leonie	3/27/2018 4:59 PM
Last Read in MyChart		
Not Read		

Hi,

There are plenty of refills at Safeway. Give them a call and they will set you up.

Thanks,
Terri

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	3/27/2018 4:13 PM

Jeanne L. Hoffman would like a refill of the following medications:

Warfarin Sodium (COUMADIN) 5 MG Oral Tab [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

03/27/2018 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017

03/27/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 3/27/2018 1648

ecare message routed to provider.

Electronically signed by Pearson, Terri Jeanne, CMA at 3/27/2018 4:49 PM

Messages

Homeless Struggle

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	3/27/2018 4:42 PM

Bill....

Trying to find a domestic violence shelter....so far only problems.

If all fails.....will put Jean in Harbor View Mental ward for 72 hour observation.

03/27/2018 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GENERAL OSTEOARTHROSIS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 6/7/2018
Quantity: 45 tablet — Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/26/2018
Action: Patient taking differently — Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 11/28/2018
Action: Patient taking differently — Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/8/2017

03/27/2018 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/8/2017
Quantity: 45 tablet
End date: 6/7/2018
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 3/28/2018 0811

Refill request routed to provider.

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Last Prescribed: 12/20/17 #60 with 3 refills
Last Office Visit: 2/28/18
Next Office Visit: None scheduled

Electronically signed by Pearson, Terri Jeanne, CMA at 3/28/2018 8:13 AM

Neighbor Jr., William E, MD at 4/2/2018 1151

Refilled Dec 20 for one daily, 60 tabs with two refills, so she is not yet due for a refill. The 60 tabs was due to a train trip.

I called the pharmacy and confirmed that they do have refills remaining.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 4/2/2018 11:56 AM

Other Orders

Medications

Acetaminophen-Codeine #3 300-30 MG Oral Tab [Pharmacy Med Name: ACETAMIN/COD 300-30 TAB MALL] (Pending)

Electronically signed by: **Neighbor Jr., William E, MD on 04/02/18 1156**
Status: **Pending**
Ordering user: Neighbor Jr., William E, MD 04/02/18 1156
Authorized by: Neighbor Jr., William E, MD
Frequency: 04/02/18 - Until Discontinued
Class: E-RX

03/27/2018 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Diagnoses
Generalized osteoarthrosis, unspecified site [M15.9] - GENERAL OSTEOARTHROSIS

Indications

Generalized osteoarthrosis, unspecified site [M15.9 (ICD-10-CM)]

Messages

refills remaining

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/2/2018 11:51 AM

Last Read in MyChart
5/14/2018 12:19 PM by Hoffman, Jeanne Leonie

The Tylenol with Codeine was refilled Dec 20 for 60 tabs due to your train trip. There were two additional refills on that prescription so you do not yet need a new prescription. Just go to your pharmacy.

William E Neighbor, MD

03/15/2018 - Orders Only in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017

03/15/2018 - Orders Only in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Labs

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 03/15/18 1055**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 03/15/18 1055
Authorized by: Lazar, Daniel Anthony, MD
Ordering mode: Standard
Frequency: Routine 03/15/18 1055 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H27641	Plasma	—	5082 03/15/18 1117

Prothrombin Time (NWH) (Abnormal)
Resulted: 03/15/18 1215, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 03/15/18 1216
Collected by: 5082 03/15/18 1117
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	27.7	8.9 - 12.1 s	H	NWH
Prothrombin INR	2.5	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

03/15/2018 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- Long term current use of anticoagulant therapy
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.

03/15/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/28/18 1046**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/28/18 1046
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/28/18 -
Class: Normal
Quantity: 1
Instance released by: Tefera, Aylech Tadesse, Technologist 3/15/2018 10:50 AM
Discontinued by: Uw Lab Results Interface, User 04/12/18 0916 [Canceled by Lab, see Result History.]
Diagnoses
Long term current use of anticoagulant therapy [Z79.01]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality [I82.509]

Specimen Information

ID	Type	Source	Collected By
H27554	Plasma	—	04/12/18 0907

PROTHROMBIN TIME
Resulted: 04/12/18 0914, Result status: Final result

Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 04/12/18 0916 [Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 04/12/18 0914
Collected by: 04/12/18 0907
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Data entry correction, see updated information	10.7 - 15.6 s	—	NWH
Prothrombin INR	Data entry correction, see updated information	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 04/12/18 1225

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

All Reviewers List

03/15/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Neighbor Jr., William E, MD on 4/12/2018 12:25

02/28/2018 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Long term current use of anticoagulant therapy (primary)
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality
- Unspecified vitamin B deficiency
- Skin ulcer, limited to breakdown of skin

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 15 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 6/7/2018
Quantity: 45 tablet — Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/26/2018
Action: Patient taking differently — Quantity: 90 tablet
Refill: 3 refills remaining

02/28/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 2/28/2018 1000

Jeanne Leonie Hoffman is a 93 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  left leg wounds

History:

Jeanne comes in for INR. She continues wound care at Northwest Hospital for left lower leg ulcerations. Next appointment is tomorrow. She's had no fever, chills, night sweats. She has some diffuse tenderness in the leg but this has not changed.

Medications

Outpatient Prescriptions Marked as Taking for the 2/28/18 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	60 tablet	2

• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Losartan Potassium 25 MG Oral Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.	5 mL	0
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays	90 tablet	3

Objective:
BP 164/81 | Pulse 69 | Temp 97.7 °F (36.5 °C) (Oral) | Wt 54.1 kg (119 lb 3.2 oz) | BMI 22.52 kg/m²
Estimated body mass index is 22.52 kg/m² as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of this encounter: 54.1 kg (119 lb 3.2 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
164/81	69	---	---	---	11:27 AM	2/28/2018

Last blood pressure recorded in this encounter: 164/81
General: NAD
Left lower leg shows at least 2 ulcerations
On the lateral aspect there is a 4.5 x 2.5 ulceration through the skin but with healthy friable tissue and no exudate.
Medially over the medial malleolus there is a more superficial 3.5 x 2 cm ulceration again with fairly healthy appearing tissue.
There is slight redness throughout the lower extremity, but I do not know if this is different than what is present at other visits at Northwest Hospital.

Lab and other tests: pending

Assessment and Plan:
1. Long term current use of anticoagulant therapy
Stable dose. Last INR though was subtherapeutic but had just returned from a trip so may have had some compliance issues. Repeat INR today. Goal low 2-3 range.
- PROTHROMBIN TIME; Standing

2. Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC)
Same as agove
- PROTHROMBIN TIME; Standing

3. Unspecified vitamin B deficiency

02/28/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Last two MMAs have been normal. No need for refill of vitamin B12 prescription dose vitamin

4. Skin ulcer, limited to breakdown of skin (HCC)
Wound care visit tomorrow at NW. Redress today. Slight redness but not clear signs of infection. As her continuity care for the ulcer is at NW and appointment tomorrow, she should be fine until then.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Orders Only on 02/28/18
1. PROTHROMBIN TIME

Result	Value	Ref Range
Prothrombin Time Patient	22.4 (H)	10.7 - 15.6 s
Prothrombin INR	2.0 (H)	0.8 - 1.3

Reported to patient, In tx range. Repeat 2-4 weeks given recent sub tx value of 1.7 in January.

Electronically signed by Neighbor Jr., William E, MD at 2/28/2018 6:35 PM

Lewis, Elizabeth, RN at 2/28/2018 1000

Redressed wound per Dr. Neighbor until returns to wound care tomorrow. Applied oil emulsion gauze, secondary non-adherent pads and secured with gauze wrap.

Beth Lewis, RN

Electronically signed by Lewis, Elizabeth, RN at 2/28/2018 6:35 PM

Labs

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/28/18 1046** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/28/18 1046 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/28/18 - Class: Normal
Quantity: 1 Discontinued by: Uw User, Batch Scheduler 03/01/19 0135 [Order Expired]

Diagnoses
Long term current use of anticoagulant therapy [Z79.01]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality [I82.509]

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 02/28/18 1155, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 02/28/18 1155
Collected by: 3355 02/28/18 1046 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by

02/28/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Neighbor Jr., William E, MD on 02/28/18 1710
Pearson, Terri Jeanne, CMA on 03/01/18 1142

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	22.4	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.0	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E, MD on 2/28/2018 at 5:10 PM PST
INR 2.0. Repeat in 2-4 weeks.

William E Neighbor, MD

PROTHROMBIN TIME Resulted: 04/12/18 0914, Result status: Final result

Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 04/12/18 0916 [Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 04/12/18 0914
Collected by: 04/12/18 0907
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Data entry correction, see updated information	10.7 - 15.6 s	—	NWH
Prothrombin INR	Data entry correction, see updated information	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 04/12/18 1225

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

02/28/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 04/19/18 1550, Result status: Final result

Order status: Completed
Collected by: 3355 04/19/18 1128
Acknowledged by
Neighbor Jr., William E, MD on 04/19/18 1850
Pearson, Terri Jeanne, CMA on 04/20/18 0814

Filed by: Uw Lab Results Interface, User 04/19/18 1550
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	34.9	10.7 - 15.6 s	H	UWMC
Prothrombin INR	3.4	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

Older Notes

Notes recorded by Neighbor Jr., William E, MD on 4/19/2018 at 6:50 PM PDT
INR 3.4. Goal is closer to 2 given age.
Plan is to hold dose this evening, half dose tomorrow then usual dose, but to contact me early next week for plan. Phone message and E care message sent but was not able to speak with her son Louis in person by phone .

William E Neighbor, MD

PROTHROMBIN TIME (Abnormal) Resulted: 05/03/18 1731, Result status: Final result

Order status: Completed
Collected by: 3355 05/03/18 1248
Acknowledged by
Neighbor Jr., William E, MD on 05/03/18 1911
Pearson, Terri Jeanne, CMA on 05/08/18 1543

Filed by: Uw Lab Results Interface, User 05/03/18 1731
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	44.1	10.7 - 15.6 s	H	UWMC
Prothrombin INR	4.6	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

02/28/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

Older Notes

Notes recorded by Neighbor Jr., William E, MD on 5/3/2018 at 7:11 PM PDT
Jeanne and Louis
Jeannes INR is higher than it was two weeks ago being 4.6. This may account from some of the bleeding for the leg ulcerations. It argues against any risk of blood clot.

Her usual dose of coumadin is: 5 mg once each evening except a half tab on Thursdays and Sundays. I know that you stated you are compliant with taking the medicine as directed. I believe that given your living situation you may be eating less green leafy vegetables, broccoli, etc which are sources of vitamin K that balances against the coumadin. So, without eating those vegetables, you need less coumadin.

We first need to correct the INR by having you not take coumadin this evening and tomorrow evening.

Then I would change your prescribed dose to 5 mg once each evening except a hafl tablet on Sundays, Tuesday, and Thursday.

PROTHROMBIN TIME — Resulted: 05/17/18 1059, Result status: Final result

Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 05/17/18 1102 [Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 05/17/18 1059
Collected by: 05/17/18 1045
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Data entry correction, see updated information	10.7 - 15.6 s	—	NWH
Prothrombin INR	Data entry correction, see updated information	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 05/17/18 1529

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal) — Resulted: 09/26/18 1157, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 09/26/18 1158
Collected by: 5319 09/26/18 0927
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 09/26/18 1205
Kerby, Kalena L, CMA on 10/09/18 1645

02/28/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	28.0	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.6	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

Older Notes

Notes recorded by Neighbor Jr., William E, MD on 9/26/2018 at 12:05 PM PDT
INR in range on 4 mg daily. Continue this dose.

PROTHROMBIN TIME Resulted: 10/01/18 1054, Result status: Final result

Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 10/01/18 1056 [Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 10/01/18 1054
Collected by: 10/01/18 1034
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Wrong test ordered by practitioner	10.7 - 15.6 s	—	NWH
Prothrombin INR	Wrong test ordered by practitioner	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 10/02/18 1324

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

Older Notes

Notes recorded by Neighbor Jr., William E, MD on 10/2/2018 at 1:23 PM PDT
INR in target range which is low 2.0-3.0 range, ie, 2.0 to 2.5, given age.

02/28/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

PROTHROMBIN TIME (Abnormal) Resulted: 10/17/18 2023, Result status: Final result

Order status: Completed
Collected by: 3355 10/17/18 1219
Acknowledged by
Neighbor Jr., William E, MD on 10/18/18 1519
Kerby, Kalena L, CMA on 10/18/18 1723
Mohova, Elena, CMA on 10/30/18 1648

Filed by: Uw Lab Results Interface, User 10/17/18 2023
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	22.7	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.0	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

Older Notes

Notes recorded by Neighbor Jr., William E, MD on 10/18/2018 at 3:19 PM PDT
INR in range.
UA cw UTI. Culture pending. Patient is on macrobid to which bacteria in 2016 was sensitive at the time of her last UTI.

William E Neighbor, MD

PROTHROMBIN TIME Resulted: 01/31/19 1132, Result status: Final result

Order status: Canceled

Discontinued by: Uw Lab Results Interface, User 01/31/19 1139
[Canceled by Lab, see Result History.]

Filed by: Uw Lab Results Interface, User 01/31/19 1133
Resulting lab: NORTHWEST HOSPITAL LAB

Collected by: 01/31/19 1052

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Duplicate request	10.7 - 15.6 s	—	NWH
Prothrombin INR	Duplicate request	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 02/11/19 1608

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

02/28/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

William E Neighbor Jr., MD
2/11/2019 4:08 PM PST

Jeanne and Louise: Jeanne's INR is 1.0 which means she has not been taking Warfarin.
William E Neighbor, MD

Prothrombin Time Resulted: 02/28/19 0929, Result status: Final result

Order status: Canceled

Discontinued by: Uw Lab Results Interface, User 02/28/19 0944 [Canceled by Lab, see Result History.]

Filed by: Uw Lab Results Interface, User 02/28/19 0929
Resulting lab: NORTHWEST HOSPITAL LAB

Collected by: 02/28/19 0914

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Data entry correction, see updated information	10.7 - 15.6 s	—	NWH
Prothrombin INR	Data entry correction, see updated information	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 03/18/19 1024

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Bryan, Andrew Bevan Brody, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	07/23/18 0958 - 01/27/22 1455

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Flowsheets

Custom Formula Data

Row Name	02/28/18 1127
Pct Wt Change	0 %

Vital Data

Row Name	02/28/18 1127
Weight	54.1 kg (119 lb 3.2 oz)

02/28/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Flowsheets (continued)

BP	164/81
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Temp	36.5 °C
Temp src	Oral
Pulse	69
Pulse Regularity	Regular

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

02/28/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 2/28/2018 10:00 AM Hall Health Primary Care Center 206-685-1011



Instructions from William E Neighbor, MD

Labs ordered today
PROTHROMBIN TIME
19 remaining until 2/28/2019

What's Next

MAR 1 2018 Return-Established with Paul Luu, MD
Thursday March 1 10:00 AM (Arrive by 9:45 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

Today's Visit

You saw William E Neighbor, MD on Wednesday February 28, 2018. The following issues were addressed: Long term current use of anticoagulant therapy; Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC); Unspecified vitamin B deficiency; and Skin ulcer, limited to breakdown of skin (HCC).

Blood Pressure 164/81	BMI 22.52
Weight 119 lb 3.2 oz	Temperature (Oral) 97.7 °F
Pulse 69	

eCare

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 2/28/18 6:35 PM

Page 1 of 2 Epic

02/28/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of 2/28/18 6:35 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays

Patient Demographics

Address	Phone	E-mail Address
245 HIGH SCHOOL RD NW UNIT 2 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) 206-393-8938 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

02/28/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 2/28/2018 6:35 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 2/28/2018 10:00 AM Hall Health Primary Care Center 206-685-1011



Instructions from William E Neighbor, MD

Labs ordered today
PROTHROMBIN TIME
19 remaining until 2/28/2019

What's Next

MAR 1 2018 Return-Established with Paul Luu, MD
Thursday March 1 10:00 AM (Arrive by 9:45 AM)

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Weight 119 lb 3.2 oz	Temperature (Oral) 97.7 °F
Pulse 69	

eCare

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 2/28/18 6:35 PM

Page 1 of 2 Epic

02/28/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of 2/28/18 6:35 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays

Patient Demographics

Address	Phone	E-mail Address
245 HIGH SCHOOL RD NW UNIT 2 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) 206-393-8938 (Mobile)	jeanhoffman@usa.com

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

02/28/2018 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- Long term current use of anticoagulant therapy
- Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet

02/28/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Doxycycline Hyclate 100 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 100 mg by mouth 2 times a day.
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

LEVOFLOXACIN OR

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Entered by: Wilcox, Monica, PSS/PSR
Entered on: 4/30/2018
End date: 6/7/2018

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/28/18 1046**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/28/18 1046
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/28/18 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Puloka, Margaret E, Technologist 2/28/2018 10:46 AM
Diagnoses
Long term current use of anticoagulant therapy [Z79.01]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality [I82.509]

Specimen Information

ID	Type	Source	Collected By
W77032	Plasma	—	3355 02/28/18 1046

PROTHROMBIN TIME (Abnormal)

Resulted: 02/28/18 1155, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 02/28/18 1155
Collected by: 3355 02/28/18 1046
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 02/28/18 1710
Pearson, Terri Jeanne, CMA on 03/01/18 1142

Components

Component	Value	Reference Range	Flag	Lab

02/28/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Prothrombin Time Patient	22.4	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.0	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
Chronic recurrent deep vein thrombosis (DVT) of lower extremity, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E, MD on 2/28/2018 at 5:10 PM PST
INR 2.0. Repeat in 2-4 weeks.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 2/28/2018 17:10

02/14/2018 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017

02/14/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E, MD at 2/15/2018 0827

Not sure what I am to do with this note Louis, the son, sent under his mother's e care account.

Will ask him to schedule a visit.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 2/15/2018 8:32 AM

Messages

Caregiver Endorsement

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	2/14/2018 3:36 PM

Ms Doran and Presiding Judge and Tina Robinson... condensed

Housing Kitsap Administration and staff has offer to further have Jean Alloin/aka Hoffman abuse by resident abuse, who have deep political hatred ideals toward LGBTQ Americans and as such want Jean Alloin/aka Hoffman and Louis Alloin to be involve in Hereon Addict Camaraderie, which Defendant refused. Thereby are subjected to malicious hatred civil prosecution, for refusing Eileen Clyde to access our home for Hereon Socialization and Jerry Andrew Araneda Criminal Behavior was sanctioned by Housing Kitsap, in which Julie Combs refused to provide investigating BIPD with information as to alleged report or complaint file by Gary Ramsey, as eye witness. Whereas, Julie Combs wanton behavior of hatred was to obstruct justice.

02/14/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Mr Alloin, did contact various geriatric home care organization, but quickly discovered that personnel were untrained and that many were violent opposed to LGBTQ Americans.

No such organizations, submitted potential caregiver resume, to a background check.

Jean Alloin, is an active 93 year old, who has medical issues, requiring 24 hour care.

Housing Kitsap proposal, was to allow Douglas Hoffman as caregiver or other LGBTQ hate individuals.

Jean Alloin UWMC Physicians were opposed to Housing Kitsap plan to allow individuals with hatred to care for Jean
and fact that Julie Combs wanted Rhododendron Residents who participated in hate scheme to have open and uncontrolled access to Jean Alloin/aka Hoffman apartment to further degrade her beloved son Louis Alloin, which the hate cell have disdain for.

It was imperative that Jean Alloin/aka Hoffman have 24 hour care, to which her son Louis is full trained to provide care. This include providing security for Jean Alloin/aka Hoffman safety. As it is alleged that Julie Combs made contact with Douglas Hoffman make contact with Jean Alloin/aka Hoffman which did occur on about December 1, 2017. In which it is alleged that Douglas Hoffman make contact with Julie Combs to further hate objectives.

Louis Alloin, as Family Caregiver for over 40+ years, can not leave Jean Alloin/aka Hoffman with individuals who are known to be abusive, intolerant, during proceeding of moving out

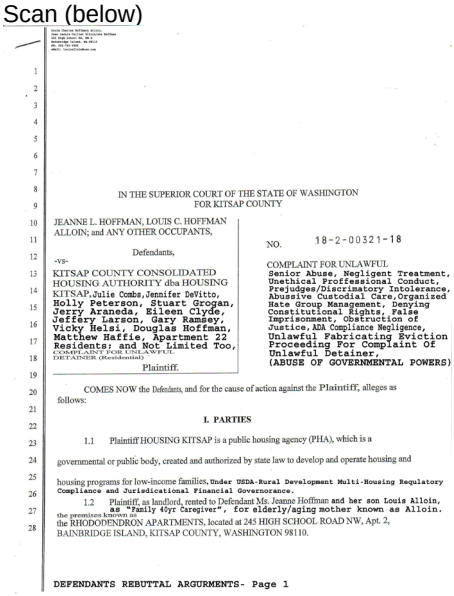
Jean Alloin/aka Hoffman does not wish to reside under Housing Kitsap, her health, well being or security interest are not being meet by Housing Kitsap and her life under such barbarous organization is as risk.

02/14/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Scan on 2/14/2018 3:36 PM: legal-1-700

Scan (below)



IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR KITSAP COUNTY

JEANNE L. HOFFMAN, LOUIS C. HOFFMAN ALLOIN; and ANY OTHER OCCUPANTS,

Defendants,

-vs-

KITSAP COUNTY CONSOLIDATED HOUSING AUTHORITY dba HOUSING KITSAP, Julie Combs, Jennifer DeWitto, Holly Peterson, Stuart Grogan, Jerry Araneda, Eileen Clyde, Jeffery Larson, Gary Ramsey, Vicky Helsi, Douglas Hoffman, Matthew Haffie, Apartment 22 Residents; and Not Limited Too,

Plaintiff.

NO. 18-2-00321-18

COMPLAINT FOR UNLAWFUL Senior Abuse, Negligent Treatment, Unethical Proffessional Conduct, Prejudges/Discrimatory Intolerance, Abussive Custodial Care, Organized Hate Group Management, Denying Constitutional Rights, False Imprisonment, Obstruction of Justice, ADA Compliance Negligence, Unlawful Fabricating Eviction Proceeding For Complaint Of Unlawful Detainer, (ABUSE OF GOVERNMENTAL POWERS)

COMPLAINT FOR UNLAWFUL DETAINER (Residential)

COMES NOW the Defendants, and for the cause of action against the Plaintiff, alleges as follows:

I. PARTIES

1.1 Plaintiff HOUSING KITSAP is a public housing agency (PHA), which is a governmental or public body, created and authorized by state law to develop and operate housing and housing programs for low-income families, **Under USDA-Rural Development Multi-Housing Regulatory Compliance and Jurisdicational Financial Governorance.**

1.2 Plaintiff, as landlord, rented to Defendant Ms. Jeanne Hoffman **and her son Louis Alloin, as "Family 40yr Caregiver", for elderly/aging mother known as Alloin.** the premises known as the RHODODENDRON APARTMENTS, located at 245 HIGH SCHOOL ROAD NW, Apt. 2, BAINBRIDGE ISLAND, KITSAP COUNTY, WASHINGTON 98110.

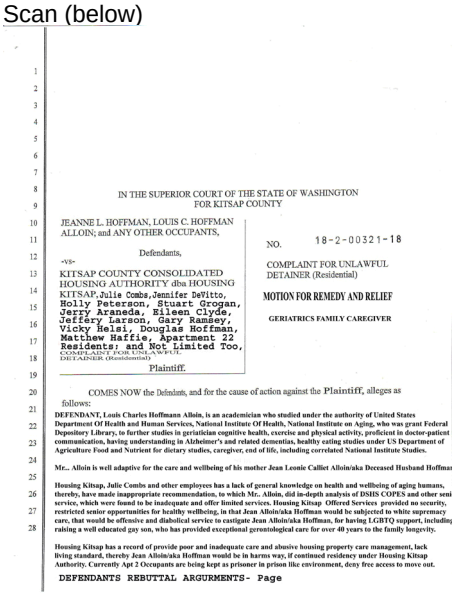
DEFENDANTS REBUTTAL ARGURMENTS- Page 1

02/14/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 2/14/2018 3:36 PM: geriatic-700

Scan (below)



IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR KITSAP COUNTY

JEANNE L. HOFFMAN, LOUIS C. HOFFMAN ALLOIN; and ANY OTHER OCCUPANTS,

Defendants,

-vs-

KITSAP COUNTY CONSOLIDATED HOUSING AUTHORITY dba HOUSING KITSAP, Julie Combs, Jennifer DeVitto, Holly Peterson, Stuart Grogan, Jerry Araneda, Eileen Clyde, Jeffery Larson, Gary Ramsey, Vicky Helsi, Douglas Hoffman, Matthew Haffie, Apartment 22 Residents; and Not Limited Too,

COMPLAINT FOR UNLAWFUL DETAINER (Residential)

Plaintiff.

NO. 18-2-00321-18

COMPLAINT FOR UNLAWFUL DETAINER (Residential)

MOTION FOR REMEDY AND RELIEF

GERIATRICS FAMILY CAREGIVER

COMES NOW the Defendants, and for the cause of action against the Plaintiff, alleges as follows:

DEFENDANT, Louis Charles Hoffmann Alloin, is an academician who studied under the authority of United States Department Of Health and Human Services, National Institute Of Health, National Institute on Aging, who was grant Federal Depository Library, to further studies in geriatician cognitive health, exercise and physical activity, proficient in doctor-patient communication, having understanding in Alzheimer's and related dementias, healthy eating studies under US Department of Agriculture Food and Nutrient for dietary studies, caregiver, end of life, including correlated National Institute Studies.

Mr.. Alloin is well adaptive for the care and wellbeing of his mother Jean Leonie Calliet Alloin/aka Deceased Husband Hoffma

Housing Kitsap, Julie Combs and other employees has a lack of general knowledge on health and wellbeing of aging humans, thereby, have made inappropriate recommendation, to which Mr.. Alloin, did in-depth analysis of DSHS COPES and other seni service, which were found to be inadequate and offer limited services. Housing Kitsap Offered Services provided no security, restricted senior opportunities for healthy wellbeing, in that Jean Alloin/aka Hoffman would be subjected to white supremacy care, that would be offensive and diabolical service to castigate Jean Alloin/aka Hoffman, for having LGBTQ support, including raising a well educated gay son, who has provided exceptional gerontological care for over 40 years to the family longevity.

Housing Kitsap has a record of provide poor and inadequate care and abusive housing property care management, lack living standard, thereby Jean Alloin/aka Hoffman would be in harms way, if continued residency under Housing Kitsap Authority. Currently Apt 2 Occupants are being kept as prisoner in prison like environment, deny free access to move out.

DEFENDANTS REBUTTAL ARGUMENTS- Page

02/14/2018 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017

02/14/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Messages

endorsement & question Contact

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	2/14/2018 3:40 PM

This is a civil prosecutor representing Housing Kitsap and Hereon Addicts
Call me if you require dialog PH: 206-780-6885
Cell:
Email: louisalloin@usa.com
PSRG: KI7AGD Freq 146.960 9:am
IRLP Node #: 7774
Echolink #: 447770 (44-PSR-0)
Allstar #: 24

Elizabeth Doran
Kitsap County Prosecuting Attorney's Office
614 Division St. MS 35A
Port Orchard, WA 98366
Office: 360-337-4992
Direct Line: 360-337-4981
Fax: 360-337-7083

02/05/2018 - Abstract in UW Med Health Information Management

Visit Information

Provider Information

Encounter Provider

Gegax-Martinez, Teresa Lynn, ARNP

Department

Name	Address
UW Med Health Information Management	WA 98195

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

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Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

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Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 6/7/2018
Quantity: 45 tablet — Refill: 3 refills remaining

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Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/26/2018
Action: Patient taking differently — Quantity: 90 tablet
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Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 11/28/2018
Action: Patient taking differently — Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY

02/05/2018 - Abstract in UW Med Health Information Management (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Other Orders

Referral

REFERRAL TO VASCULAR LAB (Final result)

Ordering date: 02/02/18 1008
Authorized by: Gegax-Martinez, Teresa Lynn, ARNP
Ordering mode: Standard
Frequency: Routine 02/05/18 -
Class: Historical
Quantity: 1
Lab status: Final result
Order comments: This order was created through External Result Entry

Diagnostic Imaging - Scan on 2/2/2018 12:00 AM by Acosta, Rebecca: Lower extremity venous reflux exam; 2018/02/02; Pacific Vascular/Terence, MD (below)

02/05/2018 - Abstract in UW Med Health Information Management (continued)

Other Orders (continued)

02-04-2018 11:53 AM Pacific Vascular Inc → Northwest eHIM 1

PACIFIC VASCULAR

IAC ACCREDITED FACILITY — IAC INTERSOCIETAL ACCREDITATION COMMISSION — VASCULAR TESTING

Confidential Fax / Mailer Cover Sheet

To: Northwest eHIM
NW

Fax: 12065203251
Phone:

,

From: Pacific Vascular, Inc..

Fax:
Phone:

Date Faxed: 02-04-2018 11:53 AM

Number of pages including cover: 4

Subject: Final Report

~ New ~
Free Pacific Vascular Physician Web Portal providing access to Vascular Ultrasound Images and Reports!

- ✓ *Available 24/7/365 - with Internet access from your PC, laptop or mobile device*
- ✓ *Ability to view, print and download reports and images*
- ✓ *HIPAA Compliant*

To Request Portal Access

Phone: 425-486-8868 option 2
Email: e-HIM@pacificvascular.com
Website: www.pacificvascular.com/physician-portal/

In our efforts to be environmentally conscious, **the patient final report will only be faxed to you (not mailed).** If you want to also receive your referred patient final reports by mail, please call Pacific Vascular's Medical Records department at 425-486-8868 (Press 2).

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Pacific Vascular, Inc. • 11714 North Creek Parkway N, Suite 100 • Bothell, WA 98011 •
425-486-8868 • 1-800-282-6516 (in WA) • FAX: 425-486-8976

PAGE 1/4 * RCVD AT 2/4/2018 11:53:32 AM [Pacific Standard Time] * SVR:EPIC-RF-P2/8 * DNIS:3251 * CSID:Pacific Vascular Inc * DURATION (mm-ss):02-38

02/05/2018 - Abstract in UW Med Health Information Management (continued)

Other Orders (continued)

02-04-2018 11:53 AM | Pacific Vascular Inc | → Northwest eHIM | 2

PACIFIC VASCULAR

Lower Extremity Venous Reflux Exam

UW Medicine NORTHWEST HOSPITAL & MEDICAL CENTER CARDIAC & VASCULAR IMAGING CENTER

Patient Name:	**JEANNE L HOFFMAN**	Date of Exam:	**02/02/2018 03:08 PM**
PVI #:	**10114841-50197618-40226773**	DOB, Age, Gender:	**1/6/1925 93 Female**
MRN / Acct#:	**U8170135-1823773755**	Patient Type:	**Inpatient**
Referring Clinician:	**TERESA L. GEGAX MARTINEZ, ARNP**	Exam Location:	**Northwest Hospital Medical Center**
Cc:		Technologist:	**Julie T. Harrold, RVT**

NON UW EPIC ORDER

Clinical Indication:
Patient is referred for chronic venous ulcers of the left lower extremity. Patient reports of over a year history of painful non-healing ulcers on her left calf and foot. At the time of the exam there is erythema noted throughout the left calf. Patient reports of prior bilateral lower extremity vein stripping years ago. Risk factors include: history of deep vein thrombosis, pregnancies (2) and limb trauma/surgery.

Interpretation:

Side	Vein	Maximum Reflux (sec)	Maximum Diameter (mm)
Right	Great saphenous		0
	Small saphenous		0
Left	Great saphenous	2.5	8
	Small saphenous	0.21	2.1

Technically challenging and limited exam due to tenderness in the left calf.
Right Lower Extremity:
Superficial venous reflux/valvular incompetence (0.5 seconds or greater):
**Superficial tributary D and superficial tributary E
Deep venous reflux/valvular incompetence:
**Common femoral vein distal and femoral vein mid
Great saphenous vein is not positively identified
Small saphenous vein is not positively identified
The remainder of the veins are patent and without evidence of thrombosis
Left Lower Extremity:
Common femoral vein proximal to distal: chronic non-occlusive deep venous fibrotic changes
Femoral vein proximal to mid: chronic non-occlusive deep venous fibrotic changes
Superficial venous reflux/valvular incompetence (0.5 seconds or greater):
**Great saphenous at saphenofemoral junction, below the saphenofemoral junction, mid thigh, and distal thigh
**Great saphenous proximal calf
Patient could not tolerate compressions in the calf, unable to evaluate for reflux in the mid to distal great saphenous vein and small saphenous vein
**Superficial tributary D
Deep venous reflux/valvular incompetence:
**Common femoral vein distal, femoral vein mid, and popliteal vein mid
The remainder of the veins are patent and without evidence of thrombosis

Summary/Conclusion: There are findings on this exam that may correlate with the referring indication:
1. **There is evidence of deep venous valvular insufficiency in the bilateral common femoral, main femoral and left popliteal veins.**
2. **There is also evidence of superficial venous valvular insufficiency in the left great saphenous and bilateral tributary veins as detailed on the accompanying table.**

Terence M. Quigley, MD, RPVI
Vascular Surgery

ACCREDITED FACILITY IAC INTERSOCIETAL ACCREDITATION COMMISSION VASCULAR TESTING

Please see next page for detailed ultrasound findings and diagram

Pacific Vascular, Inc. 11714 North Creek Pkwy NSuite 100 Bothell WA 1-800-282-6516 (in WA) Fax:425-486-8976 PAGE 1 OF 3
Account: 1823773755 Detail: 40226773 Study: Lower Extremity Venous Reflux Exam

PAGE 2/4 * RCVD AT 2/4/2018 11:53:32 AM [Pacific Standard Time] * SVR:EPIC-RF-P2/8 * DNIS:3251 * CSID:Pacific Vascular Inc * DURATION (mm-ss):02-38

02/05/2018 - Abstract in UW Med Health Information Management (continued)

Other Orders (continued)

02-04-2018 11:53 AM | Pacific Vascular Inc | → Northwest eHIM | 3

PACIFIC VASCULAR

Lower Extremity Venous Reflux Exam

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
CARDIAC & VASCULAR IMAGING CENTER

Patient Name:	**JEANNE L HOFFMAN**	Date of Exam:	**02/02/2018 03:08 PM**
PVI #	**10114841-50197618-40226773**	DOB, Age, Gender:	**1/6/1925 93 Female**

Electronically signed on 2018-02-03 11:47:24 AM

PAGE 3/4 * RCVD AT 2/4/2018 11:53:32 AM [Pacific Standard Time] * SVR:EPIC-RF-P2/8 * DNIS:3251 * CSID:Pacific Vascular Inc * DURATION (mm-ss):02-38

02/05/2018 - Abstract in UW Med Health Information Management (continued)

Other Orders (continued)

02-04-2018 11:53 AM | Pacific Vascular Inc | → Northwest eHIM | 4

PACIFIC VASCULAR

Lower Extremity Venous Reflux Exam

UW Medicine NORTHWEST HOSPITAL & MEDICAL CENTER CARDIAC & VASCULAR IMAGING CENTER

Patient Name:	**JEANNE L HOFFMAN**	Date of Exam:	**02/02/2018 03:08 PM**
PVI #	**10114841-50197618-40226773**	DOB, Age, Gender:	**1/6/1925 93 Female**

Study Findings: All veins examined by duplex ultrasound (bilateral, femoral, popliteal and calf veins, and great and small saphenous veins) display B-mode images (full compressibility with no intraluminal echoes), normal luminal color filling, and spectral Doppler waveforms, velocities, and valve closure times that are within normal limits unless otherwise noted.

Perforator System

(cm) to floor	Diam (mm)	VCT (sec)	Reflux	
16	2.1			Perf (1)
				Perf (2)
				Perf (3)

Deep Venous System

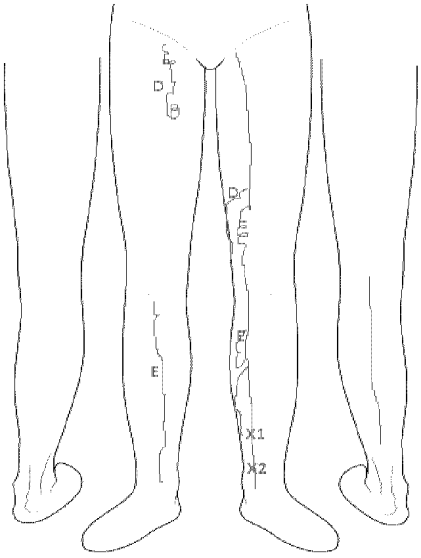
VCT (sec)	Reflux		Reflux	VCT (sec)
2.96	Yes	CFV (Below SFJ)	Yes	1.29
3.65	Yes	Femoral V (Mid Thigh)	Yes	1.17
0	No	Pop V (mid)	Yes	1.89

Perforator System

Reflux	VCT (sec)	Diam (mm)	(cm) to floor
Perf (1)		3.8	23
Perf (2)		2.6	15
Perf (3)			

Superficial Venous System

Diam (mm)	VCT (sec)	Reflux	
			GSV at SFJ
			GSV below SFJ
			GSV-MT
			GSV-DT
			GSV-PC
			GSV-MC
			GSV-DC
			SSV-TE
			SSV-P
			SSV-M
			SSV-D



Superficial Venous System

Reflux		VCT (sec)	Diam (mm)
GSV at SFJ	Yes	2.12	8
GSV below SFJ	Yes	2.5	5.6
GSV-MT	Yes	2.3	4.6
GSV-DT	Yes	0.82	4.9
GSV-PC	Yes	0.68	2.7
GSV-MC			2.1
GSV-DC			2.6
SSV-TE			
SSV-P	No	0.21	1.7
SSV-M			2.1
SSV-D			

Superficial Tributaries

Diam (mm)	VCT (sec)	Reflux	
			AAGSV (A)
			PAGSV (B)
			ISV (C)
3.7	1.07	Yes	Other (D)
2.1	1.16	Yes	Other (E)
			Other (F)
			Other (G)

Superficial Tributaries

Reflux		VCT (sec)	Diam (mm)
AAGSV (A)			
PAGSV (B)			
ISV (C)			
Other (D)	Yes	1.5	4.7
Other (E)			2.5
Other (F)			
Other (G)			

Pacific Vascular, Inc. 11714 North Creek Pkwy NSuite 100 Bothell WA 1-800-282-6516 (in WA) Fax:425-4868976 PAGE3 OF 3

PAGE 4/4 * RCVD AT 2/4/2018 11:53:32 AM [Pacific Standard Time] * SVR:EPIC-RF-P2/8 * DNIS:3251 * CSID:Pacific Vascular Inc * DURATION (mm-ss):02-38

REFERRAL TO VASCULAR LAB Resulted: 02/02/18, Result status: Final result

Order status: Completed Filed by: Acosta, Rebecca 02/05/18 1009
Resulting lab: OUTSIDE REFERENCE LAB. SEE RESULT.
Acknowledged by: Gegax-Martinez, Teresa Lynn, ARNP on 05/29/18 0748

02/05/2018 - Abstract in UW Med Health Information Management (continued)

Other Orders (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - REFLAB	OUTSIDE REFERENCE LAB. SEE RESULT.	SEE RESULT	SEE RESULT	11/02/15 0856 - 07/23/18 1005

All Reviewers List

Gegax-Martinez, Teresa Lynn, ARNP on 5/29/2018 07:48

REFERRAL TO VASCULAR LAB (Final result)

Ordering date: 02/02/18 1236
Ordering mode: Standard
Frequency: Routine 02/05/18 -
Quantity: 1
Order comments: This order was created through External Result Entry

Authorized by: Gegax-Martinez, Teresa Lynn, ARNP
Class: Historical
Lab status: Final result

Diagnostic Imaging - Scan on 2/2/2018 12:00 AM by Choi, Kui-Suk: Lower Extremity Arterial Exam; 2018/02/02; Pacific Vascular/ Rollo, MD (below)

02/05/2018 - Abstract in UW Med Health Information Management (continued)

Other Orders (continued)

02-05-2018 10:04 AM | Pacific Vascular Inc | → Northwest eHIM | 1

PACIFIC VASCULAR

IAC ACCREDITED FACILITY — IAC INTERSOCIETAL ACCREDITATION COMMISSION — VASCULAR TESTING

Confidential Fax / Mailer Cover Sheet

To: Northwest eHIM
NW

Fax: 12065203251
Phone:

,

From: Pacific Vascular, Inc..

Fax:
Phone:

Date Faxed: 02-05-2018 10:03 AM

Number of pages including cover: 3

Subject: Final Report

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PAGE 1/3 * RCVD AT 2/5/2018 10:04:07 AM [Pacific Standard Time] * SVR:EPIC-RF-P3/19 * DNIS:3251 * CSID:Pacific Vascular Inc * DURATION (mm-ss):02-29

02/05/2018 - Abstract in UW Med Health Information Management (continued)

Other Orders (continued)

02-05-2018 10:04 AM | Pacific Vascular Inc | → Northwest eHIM | 2

PACIFIC VASCULAR

Lower Extremity Arterial Exam

Aortoiliac and Lower Extremity Duplex and Physiologic Testing

UW Medicine NORTHWEST HOSPITAL & MEDICAL CENTER CARDIAC & VASCULAR IMAGING CENTER

Patient Name:	**JEANNE L HOFFMAN**	Date of Exam:	**02/02/2018 01:57 PM**
PVI #:	**10114841-50197620-40226776**	DOB, Age, Gender:	**1/6/1925 93 Female**
MRN / Acct#:	**U8170135-1823773755**	Patient Type:	**Inpatient**
Referring Clinician:	**TERESA L. GEGAX MARTINEZ, ARNP**	Exam Location:	**Northwest Hospital Medical Center**
Cc:		Technologist:	**Julie T. Harrold, RVT**

NON UW EPIC ORDER

Clinical Indication:
Patient is referred for non-healing venous leg ulcers. Patient has three ulcers on her left distal calf and foot which she has had for over a year. The leg is tender to the touch with erythema noted throughout the calf.

Interpretation: Ankle brachial indices: Right - [1.54], Left - [n/a], Digit brachial indices: Right - [0.49], Left - [0.35]

Technically challenging and limited exam due to left leg tenderness.

Abdominal Aorta:
Limited visualization of the abdominal aorta due to overlying bowel gas

Right Lower Extremity:
Ankle/brachial indices are felt to be unreliable secondary to medial calcification.
Based on waveform analysis there is: mild arterial insufficiency at rest
Common iliac artery: non-visualized due to overlying bowel gas
Diffuse calcification throughout the femoral and popliteal arteries
Popliteal artery distal and tibioperoneal trunk artery: 20-49% stenosis
Posterior tibial artery distal: suspected occlusion; heavy calcification noting retrograde flow in the mid segment
Anterior tibial artery mid: 20-49% stenosis
Three vessel runoff
Digit brachial index is abnormal suggestive of small vessel disease
No other significant abnormalities identified

Left Lower Extremity:
Ankle brachial indices were not obtained due to patient inability to tolerate blood pressure cuffs
Based on waveform analysis there is moderate arterial insufficiency at rest
Common iliac artery: non-visualized due to overlying bowel gas
Diffuse calcification throughout the femoral and popliteal arteries
Superficial femoral artery proximal: 20-49% stenosis and 20-49% stenosis
Superficial femoral artery mid: stenosis and 20-49% stenosis
Superficial femoral artery distal: 20-49% stenosis
Posterior tibial artery: heavy calcification throughout the distal segment, unable to rule out areas of segmental occlusion
Anterior tibial artery proximal: 20-49% stenosis
Digit brachial index is abnormal suggestive of small vessel disease
Three vessel runoff
No other significant abnormalities identified

Summary/Conclusion: Unreliable ABI due to medial calcifications. Mild right lower extremity arterial insufficiency at rest. Moderate left lower extremity arterial insufficiency at rest. Multifocal low grade stenosis throughout the left lower extremity.

Johnathon C. Rollo, MD, RPVI
Vascular Surgery
Electronically signed on 2018-02-04 03:59:23 PM

ACCREDITED FACILITY IAC INTERSOCIETAL ACCREDITATION COMMISSION VASCULAR TESTING

Please see next page for detailed ultrasound findings and diagram.

Pacific Vascular, Inc. 11714 North Creek Pkwy N Suite 100 Bothell WA 1-800-282-6516 (in WA) Fax:425-486-8976 PAGE 1 OF 2
Account: 1823773755 Detail: 40226776 Study: Lower Extremity Arterial Exam

PAGE 2/3 * RCVD AT 2/5/2018 10:04:07 AM [Pacific Standard Time] * SVR:EPIC-RF-P3/19 * DNIS:3251 * CSID:Pacific Vascular Inc * DURATION (mm-ss):02-29

02/05/2018 - Abstract in UW Med Health Information Management (continued)

Other Orders (continued)

02-05-2018 10:04 AM | Pacific Vascular Inc | → Northwest eHIM | 3

PACIFIC VASCULAR

Lower Extremity Arterial Exam

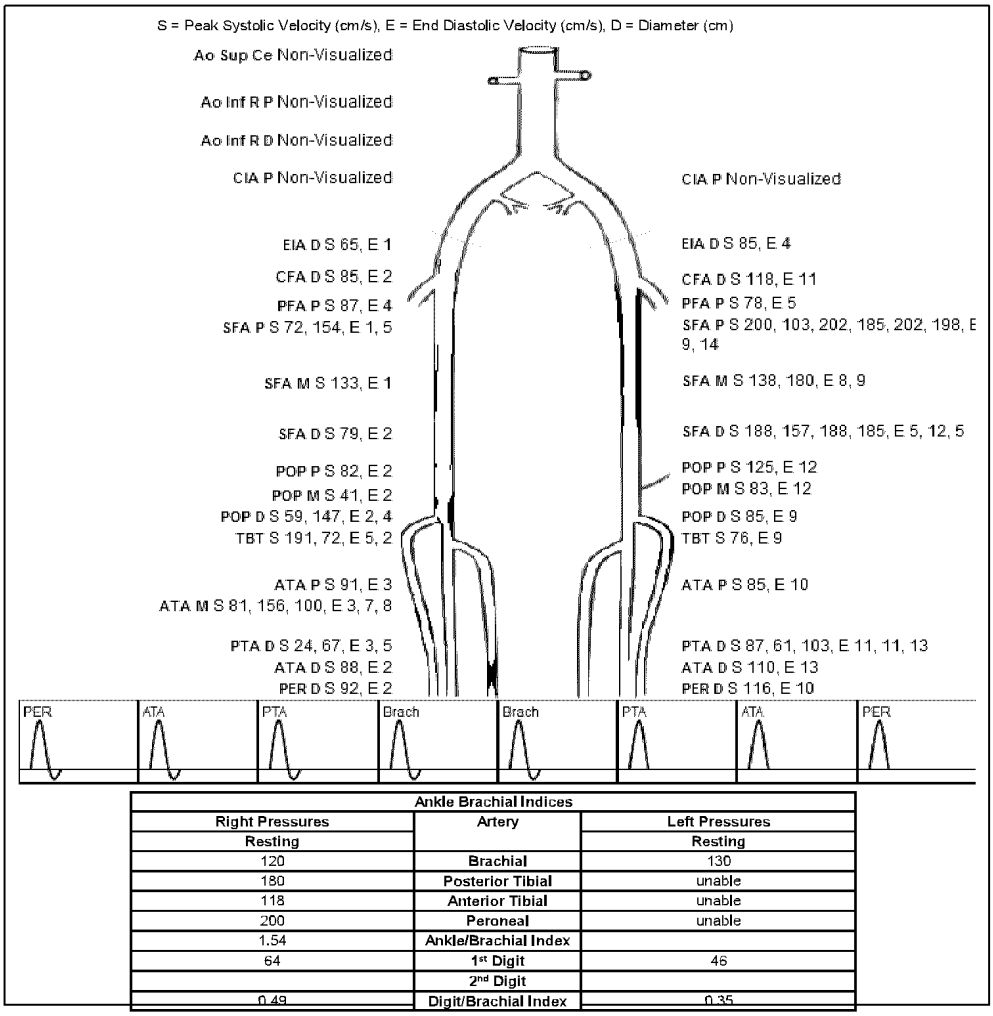
Aortoiliac and Lower Extremity Duplex and Physiologic Testing

UW Medicine NORTHWEST HOSPITAL & MEDICAL CENTER CARDIAC & VASCULAR IMAGING CENTER

Patient Name:	**JEANNE L HOFFMAN**	Date of Exam:	**02/02/2018 01:57 PM**
PVI #	**10114841-50197620-40226776**	DOB, Age, Gender:	**1/6/1925 93 Female**

Study Findings: All vessels examined by duplex scanning (Aorta, bilateral iliacs, femorals, popliteal, and tibioperoneal arteries) display B-mode images, color flow, and spectral Doppler waveforms, velocities and direction that are within normal limits unless otherwise noted. Physiologic studies (Continuous Wave Doppler and pressures) are documented below.

S = Peak Systolic Velocity (cm/s), E = End Diastolic Velocity (cm/s), D = Diameter (cm)



Ankle Brachial Indices		
Right Pressures	**Artery**	**Left Pressures**
Resting		**Resting**
120	**Brachial**	130
180	**Posterior Tibial**	unable
118	**Anterior Tibial**	unable
200	**Peroneal**	unable
1.54	**Ankle/Brachial Index**	
64	**1st Digit**	46
	2nd Digit	
0.49	**Digit/Brachial Index**	0.35

Pacific Vascular, Inc. 11714 North Creek Pkwy NSuite 100 Bothell WA- 1-800-282-6516 (in WA) Fax:425-486-8976 PAGE 2 OF 2

PAGE 3/3 * RCVD AT 2/5/2018 10:04:07 AM [Pacific Standard Time] * SVR:EPIC-RF-P3/19 * DNIS:3251 * CSID:Pacific Vascular Inc * DURATION (mm-ss):02-29

REFERRAL TO VASCULAR LAB Resulted: 02/02/18, Result status: Final result

Order status: Completed Filed by: Choi, Kui-Suk 02/05/18 1236
Resulting lab: OUTSIDE REFERENCE LAB. SEE RESULT.
Acknowledged by: Gegax-Martinez, Teresa Lynn, ARNP on 05/29/18 0748

02/05/2018 - Abstract in UW Med Health Information Management (continued)

Other Orders (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - REFLAB	OUTSIDE REFERENCE LAB. SEE RESULT.	SEE RESULT	SEE RESULT	11/02/15 0856 - 07/23/18 1005

All Reviewers List

Gegax-Martinez, Teresa Lynn, ARNP on 5/29/2018 07:48

02/01/2018 - Admission (Discharged) in NWH 4S SURGICAL

Visit Information

Admission Information

Arrival Date/Time:	02/01/2018 1217	Admit Date/Time:	02/01/2018 1219	IP Adm. Date/Time:	02/01/2018 1517
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Bus	Primary Service:	Internal Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	ZZNORTHWEST HOSPITAL AND MEDICAL CENTER	Unit:	NWH 4S SURGICAL
Admit Provider:	Macnab, Amie Elizabeth, MD	Attending Provider:	Macnab, Amie Elizabeth, MD	Referring Provider:	

Discharge Information

Date/Time: 02/04/2018 0845 | Disposition: 06 Home Health Care | Destination: Other
Provider: Macnab, Amie Elizabeth, MD | Unit: NWH 4S SURGICAL

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD | Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD | Entered on: 2/21/2014
Start date: 2/21/2014 | End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 9/4/2019
Quantity: 270 tablet | Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD | Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 6/7/2018
Quantity: 45 tablet | Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/20/2017
Start date: 12/20/2017 | End date: 9/26/2018
Action: Patient taking differently | Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 11/29/2018
Reason for discontinuation: Reorder

02/01/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Medication List (continued)

Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Labs

CBC, DIFF (Edited Result - FINAL)

Electronically signed by: **Uw Lab Results Interface, User on 02/01/18 1315**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/01/18 1315
Ordering provider: Springston, Mastafa Mohamed, MD
Authorized by: Springston, Mastafa Mohamed, MD
Ordering mode: Standard
Frequency: STAT Once 02/01/18 1315 - 1 occurrence
Quantity: 1
Lab status: Edited Result - FINAL
Instance released by: (auto-released) 2/1/2018 1:21 PM

Specimen Information

ID	Type	Source	Collected By
H41441	Whole blood	—	4880 02/01/18 1315

Resulted: 02/01/18 1321, Result status: Edited Result - FINAL

CBC, DIFF (Abnormal)

Ordering provider: Springston, Mastafa Mohamed, MD 02/01/18 1315
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/01/18 1321
Collected by: 4880 02/01/18 1315
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.76	4.3 - 10.0 10*3/uL	—	NWH
RBC	3.55	3.80 - 5.00 10*6/uL	L	NWH
Hemoglobin	10.9	11.5 - 15.5 g/dL	L	NWH
Hematocrit	35	36 - 45 %	L	NWH
MCV	97	81 - 98 fL	—	NWH
MCH	30.7	27.3 - 33.6 pg	—	NWH
MCHC	31.6	32.2 - 36.5 g/dL	L	NWH
Platelet Count	201	150 - 400 10*3/uL	—	NWH
RDW-CV	13.7	11.6 - 14.4 %	—	NWH
% Neutrophils	64	%	—	NWH

02/01/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

% Lymphocytes	23	%	—	NWH
% Monocytes	8	%	—	NWH
% Eosinophils	4	%	—	NWH
% Basophils	1	%	—	NWH
% Immature Granulocytes	0	%	—	NWH
Neutrophils	4.27	1.80 - 7.00 10*3/uL	—	NWH
Absolute Lymphocyte Count	1.55	1.00 - 4.80 10*3/uL	—	NWH
Monocytes	0.57	0.00 - 0.80 10*3/uL	—	NWH
Absolute Eosinophil Count	0.30	0.00 - 0.50 10*3/uL	—	NWH
Basophils	0.05	0.00 - 0.20 10*3/uL	—	NWH
Immature Granulocytes	0.02	0.00 - 0.05 10*3/uL	—	NWH
Nucleated RBC	0.00	0.00 10*3/uL	—	NWH
% Nucleated RBC	0	%	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

COMPREHENSIVE METABOLIC PANEL (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/01/18 1315** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/01/18 1315
Ordering provider: Springston, Mastafa Mohamed, MD
Authorized by: Springston, Mastafa Mohamed, MD
Ordering mode: Standard
Frequency: STAT Once 02/01/18 1315 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/1/2018 1:45 PM

Specimen Information

ID	Type	Source	Collected By
H41441	Serum	—	4880 02/01/18 1315

COMPREHENSIVE METABOLIC PANEL (Abnormal) Resulted: 02/01/18 1344, Result status: Final result

Ordering provider: Springston, Mastafa Mohamed, MD 02/01/18 1315
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/01/18 1345
Collected by: 4880 02/01/18 1315
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	135 - 145 meq/L	—	NWH
Potassium	4.2	3.6 - 5.2 meq/L	—	NWH
Chloride	108	98 - 108 meq/L	—	NWH
Carbon Dioxide, Total	26	22 - 32 meq/L	—	NWH
Anion Gap	9	4 - 12	—	NWH
Glucose	117	62 - 125 mg/dL	—	NWH
Urea Nitrogen	24	8 - 21 mg/dL	H	NWH
Creatinine	1.08	0.38 - 1.02 mg/dL	H	NWH
Protein (Total)	7.0	6.0 - 8.2 g/dL	—	NWH
Albumin	3.9	3.5 - 5.2 g/dL	—	NWH
Bilirubin (Total)	0.4	0.2 - 1.3 mg/dL	—	NWH
Calcium	9.1	8.9 - 10.2 mg/dL	—	NWH
AST (GOT)	15	9 - 38 U/L	—	NWH

02/01/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Alkaline Phosphatase (Total)	55	49 - 199 U/L	—	NWH
ALT (GPT)	10	7 - 33 U/L	—	NWH
GFR, Calc, European American	47	>59 mL/min/{1.73_m2}	L	NWH
GFR, Calc, African American	57	>59 mL/min/{1.73_m2}	L	NWH
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

CRP, HIGH SENSITIVITY (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/01/18 1315** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/01/18 1315 Ordering provider: Springston, Mastafa Mohamed, MD
Authorized by: Springston, Mastafa Mohamed, MD Ordering mode: Standard
Frequency: STAT Once 02/01/18 1315 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 2/1/2018 1:45 PM

Specimen Information

ID	Type	Source	Collected By
H41441	Serum	—	4880 02/01/18 1315

CRP, HIGH SENSITIVITY Resulted: 02/01/18 1344, Result status: Final result

Ordering provider: Springston, Mastafa Mohamed, MD 02/01/18 1315 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/01/18 1345 Collected by: 4880 02/01/18 1315
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
C_Reactive Protein	1.9	0.0 - 10.0 mg/L	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Prothrombin Time (NWH) (Final result)

02/01/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Electronically signed by: **Uw Lab Results Interface, User on 02/01/18 1315** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/01/18 1315
Ordering provider: Springston, Mastafa Mohamed, MD
Authorized by: Springston, Mastafa Mohamed, MD
Ordering mode: Standard
Frequency: STAT Once 02/01/18 1315 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/1/2018 2:41 PM

Specimen Information

ID	Type	Source	Collected By
H41441	Plasma	—	4880 02/01/18 1315

Prothrombin Time (NWH) (Abnormal) Resulted: 02/01/18 1441, Result status: Final result

Ordering provider: Springston, Mastafa Mohamed, MD 02/01/18 1315
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/01/18 1441
Collected by: 4880 02/01/18 1315
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	30.3	8.9 - 12.1 s	H	NWH
Prothrombin INR	3.0	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

LAB ADD ON ORDER (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/01/18 1415** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/01/18 1415
Ordering provider: Springston, Mastafa Mohamed, MD
Authorized by: Springston, Mastafa Mohamed, MD
Ordering mode: Standard
Frequency: STAT Once 02/01/18 1415 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/1/2018 2:22 PM

Specimen Information

ID	Type	Source	Collected By
H42329	Specimen	—	02/01/18 1415

LAB ADD ON ORDER Resulted: 02/01/18 1426, Result status: Final result

Ordering provider: Springston, Mastafa Mohamed, MD 02/01/18 1415
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/01/18 1426
Collected by: 02/01/18 1415
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	PRONW	—	—	NWH
Specimen Type/Description	Blood	—	—	NWH
Sample To Use	Information not provided	—	—	NWH
Test Request Status	Order Processed	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST	Baird, Geoffrey	1550 N. 115th St, A-200	09/21/15 0950 - 07/23/18 0958

02/01/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

HOSPITAL LAB Stuart, MD SEATTLE WA 98133

CBC, DIFF (Edited Result - FINAL)

Electronically signed by: **Uw Lab Results Interface, User on 02/02/18 0515** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/02/18 0515
Ordering provider: Macnab, Amie Elizabeth, MD
Authorized by: Macnab, Amie Elizabeth, MD
Ordering mode: Standard
Frequency: Routine Once 02/02/18 0515 - 1 occurrence
Quantity: 1
Lab status: Edited Result - FINAL
Instance released by: (auto-released) 2/2/2018 5:41 AM

Specimen Information

ID	Type	Source	Collected By
F51070	Whole blood	—	4566 02/02/18 0515

Resulted: 02/02/18 0541, Result status: Edited Result - FINAL

CBC, DIFF (Abnormal)

Ordering provider: Macnab, Amie Elizabeth, MD 02/02/18 0515
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/02/18 0541
Collected by: 4566 02/02/18 0515
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.17	4.3 - 10.0 10*3/uL	—	NWH
RBC	3.11	3.80 - 5.00 10*6/uL	L	NWH
Hemoglobin	9.6	11.5 - 15.5 g/dL	L	NWH
Hematocrit	30	36 - 45 %	L	NWH
MCV	96	81 - 98 fL	—	NWH
MCH	30.9	27.3 - 33.6 pg	—	NWH
MCHC	32.1	32.2 - 36.5 g/dL	L	NWH
Platelet Count	194	150 - 400 10*3/uL	—	NWH
RDW-CV	13.9	11.6 - 14.4 %	—	NWH
% Neutrophils	63	%	—	NWH
% Lymphocytes	21	%	—	NWH
% Monocytes	11	%	—	NWH
% Eosinophils	4	%	—	NWH
% Basophils	1	%	—	NWH
% Immature Granulocytes	0	%	—	NWH
Neutrophils	3.87	1.80 - 7.00 10*3/uL	—	NWH
Absolute Lymphocyte Count	1.28	1.00 - 4.80 10*3/uL	—	NWH
Monocytes	0.69	0.00 - 0.80 10*3/uL	—	NWH
Absolute Eosinophil Count	0.27	0.00 - 0.50 10*3/uL	—	NWH
Basophils	0.05	0.00 - 0.20 10*3/uL	—	NWH
Immature Granulocytes	0.01	0.00 - 0.05 10*3/uL	—	NWH
Nucleated RBC	0.00	0.00 10*3/uL	—	NWH
% Nucleated RBC	0	%	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

02/01/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/02/18 0515** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/02/18 0515
Ordering provider: Macnab, Amie Elizabeth, MD
Authorized by: Macnab, Amie Elizabeth, MD
Ordering mode: Standard
Frequency: Routine Once 02/02/18 0515 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/2/2018 5:47 AM

Specimen Information

ID	Type	Source	Collected By
F51070	Plasma	—	4566 02/02/18 0515

Prothrombin Time (NWH) (Abnormal) Resulted: 02/02/18 0547, Result status: Final result

Ordering provider: Macnab, Amie Elizabeth, MD 02/02/18 0515
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/02/18 0547
Collected by: 4566 02/02/18 0515
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	27.4	8.9 - 12.1 s	H	NWH
Prothrombin INR	2.7	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/02/18 0515** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/02/18 0515
Ordering provider: Macnab, Amie Elizabeth, MD
Authorized by: Macnab, Amie Elizabeth, MD
Ordering mode: Standard
Frequency: Routine Once 02/02/18 0515 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/2/2018 6:16 AM

Specimen Information

ID	Type	Source	Collected By
F51070	Serum	—	4566 02/02/18 0515

BASIC METABOLIC PANEL (Abnormal) Resulted: 02/02/18 0616, Result status: Final result

Ordering provider: Macnab, Amie Elizabeth, MD 02/02/18 0515
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/02/18 0616
Collected by: 4566 02/02/18 0515
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 meq/L	—	NWH
Potassium	4.0	3.6 - 5.2 meq/L	—	NWH
Chloride	113	98 - 108 meq/L	H	NWH
Carbon Dioxide, Total	23	22 - 32 meq/L	—	NWH
Anion Gap	9	4 - 12	—	NWH
Glucose	104	62 - 125 mg/dL	—	NWH
Urea Nitrogen	19	8 - 21 mg/dL	—	NWH
Creatinine	0.96	0.38 - 1.02 mg/dL	—	NWH
Calcium	8.6	8.9 - 10.2 mg/dL	L	NWH
GFR, Calc, European American	54	>59 mL/min/{1.73_m2}	L	NWH

02/01/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

GFR, Calc, African American	>60	>59 mL/min/{1.73 m2}	—	NWH
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/03/18 0508** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/03/18 0508
Ordering provider: Macnab, Amie Elizabeth, MD
Authorized by: Macnab, Amie Elizabeth, MD
Ordering mode: Standard
Frequency: Routine Once 02/03/18 0515 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/3/2018 5:34 AM

Specimen Information

ID	Type	Source	Collected By
S52472	Plasma	—	4524 02/03/18 0508

Prothrombin Time (NWH) (Abnormal) Resulted: 02/03/18 0533, Result status: Final result

Ordering provider: Macnab, Amie Elizabeth, MD 02/03/18 0508
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/03/18 0534
Collected by: 4524 02/03/18 0508
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	22.7	8.9 - 12.1 s	H	NWH
Prothrombin INR	2.3	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/04/18 0510** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/04/18 0510
Ordering provider: Macnab, Amie Elizabeth, MD
Authorized by: Macnab, Amie Elizabeth, MD
Ordering mode: Standard

02/01/2018 - Admission (Discharged) in NWH 4S SURGICAL (continued)

Labs (continued)

Frequency: Routine Once 02/04/18 0515 - 1 occurrence
Lab status: Final result
Quantity: 1
Instance released by: (auto-released) 2/4/2018 5:54 AM

Specimen Information

ID	Type	Source	Collected By
X30109	Plasma	—	5082 02/04/18 0510

Prothrombin Time (NWH) (Abnormal)
Resulted: 02/04/18 0554, Result status: Final result

Ordering provider: Macnab, Amie Elizabeth, MD 02/04/18 0510
Filed by: Uw Lab Results Interface, User 02/04/18 0554
Resulting lab: NORTHWEST HOSPITAL LAB
Order status: Completed
Collected by: 5082 02/04/18 0510

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	17.2	8.9 - 12.1 s	H	NWH
Prothrombin INR	1.7	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

02/01/2018 - Orders Only in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017

02/01/2018 - Orders Only in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Labs

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/01/18 1020**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/01/18 1020
Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: Remote Lab 02/01/18 1020 -
Quantity: 1
Lab status: Final result
Order comments: Ordered by William E. Neighbor Jr 006267

Specimen Information

ID	Type	Source	Collected By
H39275	Plasma	—	4565 02/01/18 1020

Prothrombin Time (NWH) (Abnormal)
Resulted: 02/01/18 1043, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 02/01/18 1044
Collected by: 4565 02/01/18 1020
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	32.2	8.9 - 12.1 s	H	NWH
Prothrombin INR	3.2	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

02/01/2018 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Labs

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 - Class: Normal
Quantity: 1 Instance released by: Huse, Mark R 2/1/2018 10:07 AM
Discontinued by: Uw Lab Results Interface, User 02/01/18 1040 [Canceled by Lab, see Result History.]
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
H39151	Plasma	—	02/01/18 1027

PROTHROMBIN TIME

Resulted: 02/01/18 1030, Result status: Final result

Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 02/01/18 1040 [Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 02/01/18 1030
Collected by: 02/01/18 1027
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Duplicate request	10.7 - 15.6 s	—	NWH
Prothrombin INR	Duplicate request	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 02/21/18 0820

Testing Performed By

02/01/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 2/21/2018 08:20

01/25/2018 - Orders Only in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017

01/25/2018 - Orders Only in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Labs

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/25/18 1150**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/25/18 1150
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 01/25/18 1150 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H28869	Plasma	—	4565 01/25/18 1150

Prothrombin Time (NWH) (Abnormal)
Resulted: 01/25/18 1228, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 01/25/18 1229
Collected by: 4565 01/25/18 1150
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	27.5	8.9 - 12.1 s	H	NWH
Prothrombin INR	2.7	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

01/25/2018 - Appointment in Northwest Hospital Cardiac & Vascular Imaging McMurray

Visit Information

Appointment Information

LOWER EXTREMITY ARTERIAL **No Show**
1/25/2018 9:00 AM

Time	Provider	Department	Length
9:00 AM	NWH OP TREAD RM 1	ZZNWH CARDIAC AND VASCULAR IMAGING-MCMURRAY	120 min

Referrals: 7532124 (Closed)
Referral Provider: LUU, PAUL
Auto Confirm Status: Reminded

Notes:
***LM to r/s missed appt - 1/26/18ss
LEA bilat per Dr Paul Luu L97.322/ sched by Margie, she is faxing order now.

History

Made On:	1/11/2018 10:43 AM	By:	Warren, Lorissa D	ES
Change Notes:	1/11/2018 10:44 AM	By:	Warren, Lorissa D	ES
Change Notes:	1/11/2018 10:44 AM	By:	Warren, Lorissa D	ES
Change Notes:	1/26/2018 9:24 AM	By:	Schmidt, Sheila T, PSS/PSR	ES
EOD Status:	1/29/2018 9:36 PM	By:	Uw Epaa, User	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

01/25/2018 - Clinical Documentation Only in Northwest Hospital Cardiac & Vascular Imaging McMurray

Visit Information

Department

Name	Address	Phone	Fax
Northwest Hospital Cardiac & Vascular Imaging McMurray	1536 N 115th St, Suite 200 Seattle WA 98133-8400	206-418-7050	206-363-3548

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/19/2020
Start date: 6/19/2020
End date: 6/19/2021

01/25/2018 - Clinical Documentation Only in Northwest Hospital Cardiac & Vascular Imaging McMurray (continued)

Medication List (continued)

Quantity: 2 each
Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 45 tablet
Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2020
Start date: 9/16/2020
End date: 10/13/2021
Quantity: 90 tablet
Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 10/13/2021
Quantity: 30 tablet
Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2020
Start date: 10/21/2020
End date: 12/9/2021
Quantity: 10 mL
Refill: 6 refills by 10/21/2021

Stopped in Visit

None

01/25/2018 - Clinical Documentation Only in Northwest Hospital Cardiac & Vascular Imaging McMurray (continued)

Documents

Imaging Order - Scan on 1/12/2018 8:06 AM: Order Vascular; 2018/01/11; NWH Wound Care

Scan (below)

U8170135

Vascular Ultrasound Laboratory Referral Form

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
CARDIAC & VASCULAR IMAGING CENTER

UW Medicine - Northwest Hospital and Medical Center
Cardiac and Vascular Imaging Center
McMurray Medical Building
1536 N 115th St, Suite 200 • Seattle, WA
Scheduling: 206-418-7050 • Fax: 206-363-3548
Address Details on Reverse Side

Ultrasound services provided by PACIFIC VASCULAR

TO BE COMPLETED BY REFERRING PROVIDER

Fax this page to 206-363-3548 • Please return this form to patient after faxing
Attach patient demographics & insurance page to faxed order (Required)

☐ STAT/Urge
1/25
Appt Date

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:1/11/18 LOU, PAUL
Enc:1822554870 RES:32373858

Patient Name

Patient Phone

I97.322
ICD-10 Code (Required)

Paul Lou
Referring Provider Name

2066681244 2066681270
Referring Provider Phone # Fax #

*Referring Provider Signature (Required)

TEST(S) ORDERED – PLEASE CHECK APPROPRIATE BOX(ES)

CEREBROVASCULAR EVALUATIONS:
- ☐ Carotid/Vertebral Duplex + Transcranial Doppler (TCD) - *Complete*
- ☐ Carotid/Vertebral Duplex + TCD prn* - *Conditional*
  (*prn = >50% pre-cerebral stenosis; TIA/CVA symptoms)
- ☐ Carotid/Vertebral Duplex Only - *Abbreviated*
- ☐ Transcranial Doppler Only (TCD)
- ☐ TCD Emboli Monitoring Study
  Specify: ☐ Anterior circulation ☐ Posterior circulation
- ☐ Temporal Arteritis Duplex
- ☐ Head Turn Study
- ☐ TCD Right to Left Bubble Study (PFO) – IV access needed

ARTERIAL EVALUATIONS:
- ☒ Lower Extremity ✳
  Physiologic Testing (ABI's and/or DBI's, treadmill)
  Duplex: Aortoiliac & femoropopliteal prn
  (prn=Abnormal ABI; treadmill not performed)
  If applicable: ☐ Bypass Graft ☐ Stent Specify location: _____
- ☐ Upper Extremity
- ☐ Pseudoaneurysm Evaluation
  Specify: ☐ Right ☐ Left
- ☐ Thoracic Outlet
- ☐ Radial Artery Mapping
- ☐ Raynaud's Phenomenon
  Specify: ☐ Hands ☐ Feet

ABDOMINAL VASCULAR DUPLEX EVALUATIONS: ✳
- ☐ Abdominal Aortic Aneurysm
  Specify Indication:
  ☐ Follow-up/Known ☐ Endograft ☐ Symptomatic ☐ Other
  ☐ Medicare Screening (Age 65-75 + family hx AAA &/or male smoker)
- ☐ Renal Artery ☐ Celiac/Mesenteric Arteries
- ☐ Hepato-Portal ☐ Renal/Liver Transplant
- ☐ Aorta/Iliac Arteries ☐ Inferior Vena Cava/Iliac Veins

VENOUS EVALUATIONS:

Assessment for Venous Thrombosis (DVT)
- ☐ Lower Extremity + Iliocaval, Bilateral - *Complete*
- ☐ Lower Extremity - *Conditional* ☐ Bilateral ☐ Right ☐ Left
  (Conditional = bilateral & iliocaval duplex only if DVT or acute SVT in symptomatic leg, abnormal waveforms in CFV, DVT risk factors, or clinical concern for PE)
- ☐ Lower Extremity Only - *Abbreviated* ☐ Bilateral ☐ Right ☐ Left
- ☐ Upper Extremity Duplex ☐ Bilateral ☐ Right ☐ Left

Specialized Venous Evaluations
- ☐ Lower Extremity Reflux - To test for venous insufficiency
  Specify: ☐ Right ☐ Left
- ☐ Pelvic Congestion Syndrome ✳ **(NEW EXAM)**
  (Duplex of the Iliocaval, Ovarian and Uterine Veins)
- ☐ Post-Ablation Lower Extremity Duplex Specify: ☐ Right ☐ Left
- ☐ Vein Mapping Duplex Specify: ☐ Right ☐ Left ☐ Upper ☐ Lower

DIALYSIS VASCULAR ACCESS SITE EVALUATIONS:
- ☐ Dialysis Access Site Evaluation
- ☐ Pre-op Dialysis Access Site
  Specify: ☐ Right ☐ Left

Other Request/Info: _____

✳ *No Food or Drink 8 hours prior to Test (Fasting) for Lower Extremity Arterial & All Abdominal Vascular Exams (exception for diabetics)*

Revised 10/23/20

INFORMATION FOR PATIENT AND LABORATORY LOCATION DETAILS ON REVERSE SIDE

P. 001/001 FAX No. N/11/2018/THU 12:18 PM

01/25/2018 - Clinical Documentation Only in Northwest Hospital Cardiac & Vascular Imaging McMurray (continued)

Documents (continued)

01/11/2018 - Orders Only in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017

01/11/2018 - Orders Only in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Labs

TISSUE C/S W/GRAM (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/11/18 1040**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/11/18 1040
Authorized by: Luu, Paul, MD
Ordering mode: Standard
Frequency: Routine 01/11/18 1040 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H10011	Tissue	—	01/11/18 1040

Comment: Left~lateral~Calf

TISSUE C/S W/GRAM

Resulted: 01/14/18 1151, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 01/14/18 1151
Collected by: 01/11/18 1040
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Includes Anaerobic screen	—	—	NWH
Gram Smear	No polymorphonuclear cells or organisms seen	—	—	NWH
Culture	--	—	—	NWH

Result:
3+
Enterobacter cloacae
: This bacterial species is known to produce a chromosomal AmpC inducible beta-lactamase. Penicillin or third-generation cephalosporin monotherapy for serious infections may result in the emergence of high-level resistance.
:
Multi-Drug Resistant Organism
- For inpatients, isolate using contact precautions per institutional policy. Contact Infection Control if you have any questions.

Culture	--	—	—	NWH

Result:
2+
Staphylococcus aureus, coagulase positive

Sensitivities

01/11/2018 - Orders Only in Northwest Hospital & Medical Center Laboratory (continued)

Labs (continued)

Organism	Antibiotic	Sensitivity	Method
Enterobacter cloacae	Amoxicillin/clavulanic acid	16/8 Resistant	MICROTITER MIC (MCG/ML)-MICROSCAN
Enterobacter cloacae	Ampicillin	<=8 Resistant	MICROTITER MIC (MCG/ML)-MICROSCAN
Enterobacter cloacae	Ampicillin/sulbactam	>16/8 Resistant	MICROTITER MIC (MCG/ML)-MICROSCAN
Enterobacter cloacae	Cefazolin	>16 Resistant	MICROTITER MIC (MCG/ML)-MICROSCAN
Enterobacter cloacae	Ceftriaxone	<=1 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Enterobacter cloacae	Ciprofloxacin	<=1 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Enterobacter cloacae	Gentamicin	<=4 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Enterobacter cloacae	Levofloxacin	<=2 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Enterobacter cloacae	Piperacillin/tazobactam	<=16 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Enterobacter cloacae	Tetracycline	<=4 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Enterobacter cloacae	Trimeth_Sulfamethoxazole	<=2/38 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Cefazolin	<=4 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Clindamycin	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Levofloxacin	<=0.5 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Oxacillin	0.5 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Penicillin	>8 Resistant	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Rifampin	<=1 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Tetracycline	<=2 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Trimeth_Sulfamethoxazole	<=0.5/9.5 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN
Staphylococcus aureus, coagulase positive	Vancomycin	1 Susceptible	MICROTITER MIC (MCG/ML)-MICROSCAN

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/11/18 1118** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/11/18 1118 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 01/11/18 1118 - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H76312	Plasma	—	5150 01/11/18 1118

01/11/2018 - Orders Only in Northwest Hospital & Medical Center Laboratory (continued)

Labs (continued)

Prothrombin Time (NWH) (Abnormal)

Resulted: 01/11/18 1215, Result status: Final result

Order status: Completed
Collected by: 5150 01/11/18 1118

Filed by: Uw Lab Results Interface, User 01/11/18 1215
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	17.1	8.9 - 12.1 s	H	NWH
Prothrombin INR	1.7	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

01/04/2018 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN
1/4/2018 10:00 AM

Canceled

Time	Provider	Department	Length
10:00 AM	Luu, Paul, MD	ZZNWH WOUND CARE	15 min

Referrals: 6843616 (Closed)
Referral Provider: NEIGHBOR JR, WILLIAM E

History

Made On:	12/21/2017 10:55 AM	By:	Svenkerud, Shawna	ES
Canceled:	1/4/2018 9:52 AM	By:	Carroll, Linda, PSS/PSR	ES
Cancel Rsn:	Patient-Unable to keep appointment			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

01/03/2018 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Check/Dressing Change and RN20
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Collins V, Marta, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

01/03/2018 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Collins V, Marta, RN at 1/3/2018 1140

Dr Neighbor asked if I could redress 3 leg wounds on Jeanne's lower L leg. I offered her son the option of having me clean and dress the wound but he states they have a pretty strict regimen that the wound care clinic has given him. He did say they use medihoney so I applied medihoney lightly to her wounds and put a telfa and gauze wrap around her leg. He will do a full drsg change later this afternoon or evening.
Marta Collins RN

Electronically signed by Collins V, Marta, RN at 1/3/2018 12:59 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

01/03/2018 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 1/3/2018 11:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from Marta Collins, RN

Your medications have changed today
See your updated medication list for details.

Today's Visit

You saw Marta Collins, RN on Wednesday January 3, 2018 for: Wound Check/Dressing Change and RN20.

What's Next

JAN 4 2018 Return-Established with Paul Luu, MD
Thursday January 4 10:00 AM (Arrive by 9:45 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

01/03/2018 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of 1/3/18 12:59 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed
CHANGE **Atorvastatin Calcium** 20 MG Tab Changed by: William E Neighbor, MD	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
CHANGE **Pentoxifylline ER** 400 MG Tab CR Changed by: William E Neighbor, MD	Take 1 tablet (400 mg) by mouth 3 times a day. What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

01/03/2018 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 1/3/2018 12:59 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 1/3/2018 11:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from Marta Collins, RN

Your medications have changed today
See your updated medication list for details.

Today's Visit

You saw Marta Collins, RN on Wednesday January 3, 2018 for: Wound Check/Dressing Change and RN20.

What's Next

JAN 4 2018 Return-Established with Paul Luu, MD
Thursday January 4 10:00 AM (Arrive by 9:45 AM)

Northwest Hospital Wound Care & Hyperbaric Center
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SEATTLE WA 98133-8414
206-668-1244

eCare

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Jeanne L. Hoffman (MRN: U8170135) • Printed at 1/3/18 12:59 PM Page 1 of 2 Epic

01/03/2018 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of 1/3/18 12:59 PM

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Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

01/03/2018 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Physical and Allergic Reaction
Visit diagnoses:

- Long term current use of anticoagulant therapy (primary)
- History of recurrent deep vein thrombosis (DVT)
- Skin ulcer, limited to breakdown of skin
- Essential hypertension, benign

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 15 MINUTES

Log History

LOS History

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 6/7/2018
Quantity: 45 tablet — Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/26/2018
Action: Patient taking differently — Quantity: 90 tablet

01/03/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
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Ordered on: 12/8/2017
Start date: 12/8/2017
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Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 1/3/2018 1040

Jeanne Leonie Hoffman is a 92 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Physical
  wound on left leg
- Allergic Reaction
  discuss coumadin dc for skin graft

History:

Jean and her son Louise return after at least a month of train travel in the US. During the visit Jean expressed great enjoyment in that trip and was able to recall details. She was bright as usual.

She is here for two issues:
--she is on stable dose of Coumadin and due for repeat INR. Two weeks ago after they had returned from their trip, her INR was sub tx (goal is low end of 2-3 range). A corrective dose of coumadin was given and they are following up today for a repeat test.
--She is see NWH wound care clinic for chronic ulcerations of left lower leg. She may need a skin graft. She has appointment for follow up there next week. If a skin graft is needed, then will need to plan for her anticoagulation.

Review of Systems:
No bleeding
No acute swelling of lower legs
No shortness of breath

Medications
Outpatient Prescriptions Marked as Taking for the 1/3/18 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	60 tablet	2
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Losartan Potassium 25 MG Oral Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays	90 tablet	3

Objective:
BP 144/68 | Pulse 65 | Temp 97.7 °F (36.5 °C) (Oral) | Wt 53.8 kg (118 lb 9.6 oz) | BMI 22.41 kg/m²
Estimated body mass index is 22.41 kg/m² as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of this encounter: 53.8 kg (118 lb 9.6 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
144/68	65	---	---	---	10:32 AM	1/3/2018

Last blood pressure recorded in this encounter: 144/68
General: NAD
Skin: See photos of left lower leg taken medial and lateral views. There is some lymphatic oozing which she and her son say have been present for a couple of months without change. The areas of ulceration are larger than I had seen before, but she and Louis say this has been stable for 1-2 months.

Lab and other tests: INR pending.

Assessment and Plan:

01/03/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

1. Long term current use of anticoagulant therapy
INR pending

2. History of recurrent deep vein thrombosis (DVT)
No clinical evidence of recurrence

3. Skin ulcer, limited to breakdown of skin (HCC)
Managed at NW hospital wound clinic. Photos taken today. I will call Dr. Lu there to discuss management plans. If a graft is required, she could stop coumadin 5 days before the procedure and then restart after the procedure. I do not think she needs bridging she has not had a DVT for many many years. Injections would be difficult for the family for bridging. One of the newer oral anticoagulants might be used. I will review.

4. Essential hypertension, benign
Well controlled.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 1/4/2018 6:43 PM

Collins V, Marta, RN at 1/3/2018 1040

Dr Neighbor asked if I could redress 3 leg wounds on Jeanne's lower L leg. I offered her son the option of having me clean and dress the wound but he states they have a pretty strict regimen that the wound care clinic has given him. He did say they use medihoney so I applied medihoney lightly to her wounds and put a telfa and gauze wrap around her leg. He will do a full drsg change later this afternoon or evening.
Marta Collins RN

Electronically signed by Collins V, Marta, RN at 1/4/2018 6:43 PM

Other Orders

Other

ZEBRA LABELS (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 01/03/18 1132** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 01/03/18 1132 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 01/03/18 - Class: Normal
Quantity: 1

Questionnaire

Question	Answer
How many Zebra labels should print?	2

01/03/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Flowsheets

Custom Formula Data

Row Name	01/03/18 1032
Pct Wt Change	0 %

Vital Data

Row Name	01/03/18 1032
Weight	53.8 kg (118 lb 9.6 oz)
BP	144/68
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.5 °C
Temp src	Oral
Pulse	65
Pulse Regularity	Regular

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

01/03/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 1/3/2018 10:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today

See your updated medication list for details.

What's Next

JAN 11 2018 Return-Established with Paul Luu, MD
Thursday January 11 10:00 AM
(Arrive by 9:45 AM)

Northwest Hospital
Wound Care &
Hyperbaric Center
1560 N 115TH STREET,
STE 201
SEATTLE WA
98133-8414
206-668-1244

Today's Visit

You saw William E Neighbor, MD on Wednesday January 3, 2018. The following issues were addressed: Long term current use of anticoagulant therapy; History of recurrent deep vein thrombosis (DVT); Skin ulcer, limited to breakdown of skin (HCC); and Essential hypertension, benign.

Blood Pressure 144/68	BMI 22.41
Weight 118 lb 9.6 oz	Temperature (Oral) 97.7 °F
Pulse 65	

Done Today
ZEBRA LABELS

eCare

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

01/03/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of 1/3/18 11:59 PM

If you have any questions, ask your nurse or doctor.

	Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed
CHANGE	**Atorvastatin Calcium** 20 MG Tab Changed by: William E Neighbor, MD	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**
	Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
	OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
CHANGE	**Pentoxifylline ER** 400 MG Tab CR Changed by: William E Neighbor, MD	Take 1 tablet (400 mg) by mouth 3 times a day. What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**
	Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
	Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

01/03/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

Clinical - Scan on 1/3/2018 11:51 AM: JH-L lower leg 2-20180103-HH-PCS-NEIGHBOR 002.JPG

Scan (below)



01/03/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Clinical - Scan on 1/3/2018 11:51 AM: JH-L lower leg 3-20180103-HH-PCS-NEIGHBOR 003.JPG

Scan (below)



01/03/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Clinical - Scan on 1/3/2018 11:51 AM: JH-L lower leg 1-20180103-HH-PCS-NEIGHBOR

Scan (below)



01/03/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 1/4/2018 6:44 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 1/3/2018 10:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Your medications have changed today
See your updated medication list for details.

What's Next

JAN 11 2018 Return-Established with Paul Luu, MD
Thursday January 11 10:00 AM
(Arrive by 9:45 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

Today's Visit

You saw William E Neighbor, MD on Wednesday January 3, 2018. The following issues were addressed: Long term current use of anticoagulant therapy; History of recurrent deep vein thrombosis (DVT); Skin ulcer, limited to breakdown of skin (HCC); and Essential hypertension, benign.

Blood Pressure 144/68
BMI 22.41
Weight 118 lb 9.6 oz
Temperature (Oral) 97.7 °F
Pulse 65

Done Today
ZEBRA LABELS

eCare

View your After Visit Summary and more online at https://ecare.uwmedicine.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 1/4/18 6:44 PM

Page 1 of 2 Epic

01/03/2018 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of 1/3/18 11:59 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed
CHANGE **Atorvastatin Calcium** 20 MG Tab Changed by: William E Neighbor, MD	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
CHANGE **Pentoxifylline ER** 400 MG Tab CR Changed by: William E Neighbor, MD	Take 1 tablet (400 mg) by mouth 3 times a day. What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Warfarin Sodium 5 MG Tab Commonly known as: COUMADIN	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

01/03/2018 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet

01/03/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 1/3/2018 1010

INR subtherapeutic. Dose has been coumadin 5 mg one daily except a half on Thursday and Sunday. This regimen in general has resulted in tx INRs. However patient has been traveling and also moving apartments so may have missed some doses. Will have take a full tablet tonight, Thursday and extra half dose tomorrow then resume usual regimen. Repeat INR in 7 days.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 1/4/2018 2:58 PM

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Ruiz Rivera, Jesus Orlando, Technologist 1/3/2018 10:10 AM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
W53948	Plasma	—	5094 01/03/18 1010

PROTHROMBIN TIME (Abnormal)
Resulted: 01/03/18 1221, Result status: Final result

01/03/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Order status: Completed
Collected by: 5094 01/03/18 1010
Acknowledged by
Neighbor Jr., William E, MD on 01/04/18 1459
Mercado, Mila N, CMA on 01/23/18 1126

Filed by: Uw Lab Results Interface, User 01/03/18 1221
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	17.8	10.7 - 15.6 s	H	UWMC
Prothrombin INR	1.5	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E, MD on 1/4/2018 at 2:58 PM PST
INR subtherapeutic. Dose has been coumadin 5 mg one daily except a half on Thursday and Sunday. This regimen in general has resulted in tx INRs. However patient has been traveling and also moving apartments so may have missed some doses. Will have take a full tablet tonight, Thursday and extra half dose tomorrow then resume usual regimen. Repeat INR in 7 days.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 1/11/2018 13:58
Neighbor Jr., William E, MD on 1/4/2018 14:59

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 -
Class: Normal
Quantity: 1
Instance released by: Ruiz Rivera, Jesus Orlando, Technologist 1/3/2018 10:10 AM
Discontinued by: Uw Lab Results Interface, User 01/11/18 1201 [Canceled by Lab, see Result History.]
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
W53949	Plasma	—	01/11/18 1108

PROTHROMBIN TIME
Resulted: 01/11/18 1201, Result status: Final result

Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 01/11/18 1201 [Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 01/11/18 1201
Collected by: 01/11/18 1108

01/03/2018 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Data entry correction, see updated information	10.7 - 15.6 s	—	NWH
Prothrombin INR	Data entry correction, see updated information	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 01/11/18 1358

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 1/11/2018 13:58

01/01/2018 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017

01/01/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Messages

RE: Jean's Reference Letter

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	1/2/2018 10:38 AM

Last Read in MyChart
1/14/2018 5:49 PM by Hoffman, Jeanne Leonie

Regarding appointments, tomorrow. You are both scheduled for 40 minutes for "physicals". Is that what is needed. I have other patients needing to be seen so if the appointments should actually be a regular 20 minute appointment for one or both of you, let me know.

William E Neighbor, MD

Jean's Reference Letter

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	1/1/2018 10:36 AM

Bill.....

Jean is also the target of hatred and senior abuse by Housing Kitsap.
If we fail, we will both be condemned to life of homelessness, as Kitsap Housing is blocking attempts to secure affordable housing by using EVICTION Threat and refusal to provide positive rental history.

Not one American has questioned Housing Kitsap motives.

Please be advised, that Housing Kitsap is protecting a Heroin House(apt5)...ie people who are using Heroin, who attacked use/harass us. Thus, providing false documents to Kitsap Procescutor Ms Doran, then using fear to residents, who want to help us.

01/01/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

See you on 1-3-2018 Member Jean will be 93 on 6th. I will bring a Birthday Cake

01/01/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Document on 1/1/2018 10:36 AM: brennan Reference

Document (below)

December 29, 2017

To whom It may concern,

I have had the pleasure of knowing Louis Alloin and his mother Jean for the past two years. I am employed at the Bainbridge Island Safeway where they shop and look forward to seeing their smiling faces each day. Many of my co-workers in the store know them and think very highly of them. They are upstanding citizens in Bainbridge Island in my opinion. Louis and his mother love traveling and have told me of their trips on trains and have encouraged my husband and I to book a trip and travel along with them some time. I would not hesitate to be in their company.

It is absolutely ridiculous to me to hear they are being denied housing due to some adverse report nonsense. Nothing could be further from the truth. They are some of the most honest, caring, articulate people a person could know.

Sincerely,
Brennan Devine
Personnel Coordinator Bookkeeper
Bainbridge Island Safeway

01/01/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Document on 1/1/2018 10:36 AM: linraryletter

Document (below)

March 7, 2017

Louis Allion has been a regular volunteer at the Bainbridge Island branch of Kitsap Regional Library for the past six months. During that time he has been instrumental in helping with the maintenance of the grounds and working with library patrons who are homeless in our community.

A passionate train lover, Louis has also worked with me to develop a March display at the Library on trains. It has been popular with library patrons and we are restocking books regularly.

Louis has been a pleasure to work with and has been a great help as a volunteer.



Rebecca Judd
Manager
Bainbridge Island Branch of Kitsap Regional Library

01/01/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Document on 1/1/2018 10:36 AM: kc-reference

Document (below)

mail.com

Reference letter/Send To

From: louisalloin@usa.com
To: "K-C Jones" <caseycalsf@gmail.com>
Date: Mar 17, 2017 4:48:20 PM

Send to:
patersonh@housingkitsap.org,
divittoj@housingkitsap.org,
combsj@housingkitsap.org,
grogans@housingkitsap.org,
joan.atkinson@wdc.usda.gov,
mary.traxler@wa.usda.gov,
mhamner@bainbridgewa.gov,

March 17, 2017

To Whom It May Concern:

I have known Louis Alloin since 1981 and have the upmost respect for him and love for Jean, his mother. Louis lived with me for several years in the 80's and I found him to be honest, industrious and talented with computers and railroad management. The fact that Louis happens to be Gay has no negative effect on his character.

Louis is not a trouble-maker. I believe he would run away from a troublesome situation, then stand his ground to protect himself and his family. He is also extremely protective of Jean, his mother. The trips he plan each year have contributed greatly to her health and well-bring since they encourage her to remain active. I envy her energy and spunk.

I understand that there is a plot to try and evict Louis and Jean because of some petty and childish politics of a few apparently senile neighbors and the viciousness of someone named Julie Combs. I am told that they are combining their disagreements with anti LGBTQ issues. Please correct me if I am wrong, but I believe the U.S. Supreme Court has declared people who are categorized as LGBTQ (Lesbian, Gay, Bisexual, Trans-sexual, Queer) to be equal with non LGBTQ people in the eyes of the law. Even Pope Francis has declared them to be equal in the eyes of God.

No matter what your opinion, acceptance by the Law and the Lord should be good enough for the both of us.

01/01/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Louis has been Gay since age 6. Sadly he has been victimized through both physical and emotional aggression causing him to be ultra-sensitive to these issues, which in turn causes a distorted reaction by Louis. But defending one's rights should not be just cause for eviction. On the contrary, Louis is an asset to his community, a hard worker and brilliant innovator in the transportation industry.

If you require any additional information or have any specific questions, please feel free to contact me at 510-528-7425 … I'm home most of the time.

Sincerely,

Kenneth C. Jones

1629-A 6th Street

Berkeley, CA 94710

01/01/2018 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017

01/01/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2018
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 1/3/2018
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 1/3/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Stopped in Visit

None

Messages

92yr

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	1/1/2018 10:50 AM

Attached are a few images of WILD WEST RIDERS WESTERN ODYSSEY ADVENTURE

01/01/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Scan on 1/1/2018 10:50 AM: jean-rancho

Scan (below)

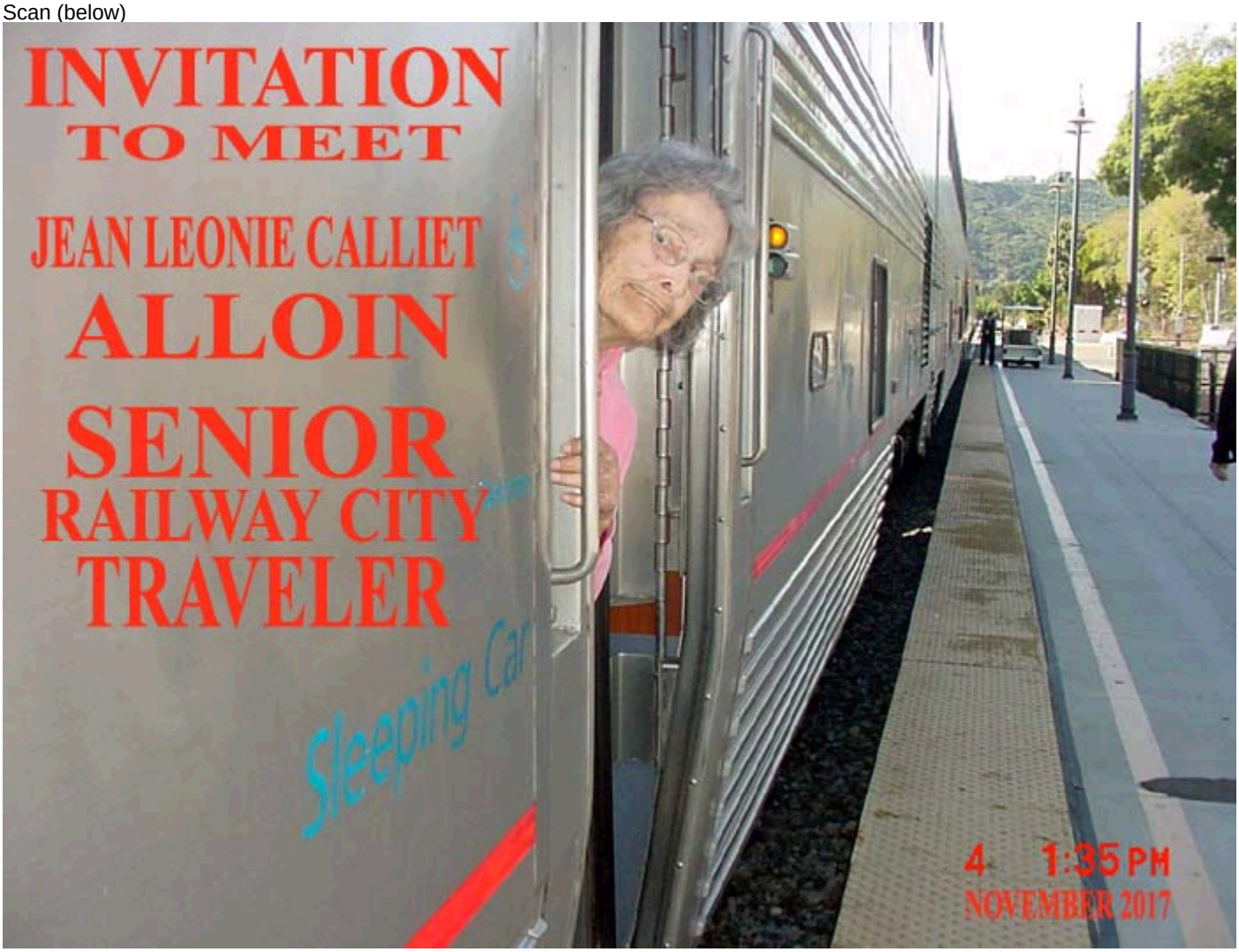


01/01/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 1/1/2018 10:50 AM: jean-invite

Scan (below)



01/01/2018 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 1/1/2018 10:50 AM: jean-dodge

Scan (below)



12/21/2017 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Medication Management
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

12/21/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 12/21/2017 1602

VM message received from Margy, the RN at NW Hospital Wound Care Center who works with Dr Luu.
Pt to have skin graft on L leg wound sometime in January. Margy would like to discuss DC'ing Coumadin 5 days prior to the surgery.

Please call in the next 14 days.

Electronically signed by Pearson, Terri Jeanne, CMA at 12/21/2017 4:06 PM

12/21/2017 - Orders Only in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider
Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 6/7/2018
Quantity: 45 tablet — Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/26/2018
Action: Patient taking differently — Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 11/28/2018
Action: Patient taking differently — Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/8/2017

12/21/2017 - Orders Only in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2018
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 1/3/2018
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 1/3/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Stopped in Visit

None

Labs

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 12/21/17 1108**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 12/21/17 1108
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 12/21/17 1108 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H42702	Plasma	—	5081 12/21/17 1108

Prothrombin Time (NWH)
Resulted: 12/21/17 1229, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 12/21/17 1229
Collected by: 5081 12/21/17 1108
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	9.7	8.9 - 12.1 s	—	NWH
Prothrombin INR	0.9	0.8 - 1.3	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

12/21/2017 - Orders Only in Northwest Hospital & Medical Center Laboratory (continued)

Labs (continued)

12/21/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN **Completed**
12/21/2017 10:30 AM

Time	Provider	Department	Length
10:30 AM	Luu, Paul, MD	ZZNWH WOUND CARE	15 min

Arrival Time: 9:58 AM Enc Form Number: 32230073

History

Made On:	12/7/2017 10:47 AM	By:	Carroll, Linda, PSS/PSR	ES
Checked In:	12/21/2017 9:58 AM	By:	Svenkerud, Shawna	ES
Remove Arr.:	12/21/2017 10:55 AM	By:	Svenkerud, Shawna	ES
Checked Out:	12/21/2017 10:55 AM	By:	Svenkerud, Shawna	ES

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD Entered on: 2/21/2014
Start date: 2/21/2014 End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/20/2017
Start date: 12/20/2017 End date: 9/4/2019
Quantity: 270 tablet Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/20/2017
Start date: 12/20/2017 End date: 6/7/2018
Quantity: 45 tablet Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/20/2017
Start date: 12/20/2017 End date: 9/26/2018
Action: Patient taking differently Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

12/21/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2018
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 1/3/2018
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 1/3/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Stopped in Visit

None

12/21/2017 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet

12/21/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Refill: 2 refills remaining

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 12/21/2017 1102

INR 1.8. Goal due to age is in the lower end of the 2-3 range. Will have her take extra 2.5 mg this week and repeat in 10 days. As she would ordinarily take a half tab of 5 mg today, will have her take a full tab instead.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 12/21/2017 11:51 AM

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Tassaw, Fissaha Gebremariam, Technologist 12/21/2017 11:02 AM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
H42506	Plasma	—	12/21/17 1103

PROTHROMBIN TIME
Resulted: 12/21/17 1113, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 12/21/17 1114
Collected by: 12/21/17 1103
Resulting lab: NORTHWEST HOSPITAL LAB

12/21/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Acknowledged by: Neighbor Jr., William E, MD on 12/21/17 1151

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Data entry correction, see updated information	10.7 - 15.6 s	—	NWH
Prothrombin INR	Data entry correction, see updated information	0.8 - 1.3	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E, MD on 12/21/2017 at 11:51 AM PST
INR 1.8. Goal due to age is in the lower end of the 2-3 range. Will have her take extra 2.5 mg this week and repeat in 10 days. As she would ordinarily take a half tab of 5 mg today, will have her take a full tab instead.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 12/21/2017 11:51

12/20/2017 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- History of recurrent deep vein thrombosis (DVT)
- HYPERLIPIDEMIA NEC/NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/8/2017
Start date: 12/8/2017 — End date: 6/7/2018
Quantity: 45 tablet — Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/8/2017
Start date: 12/8/2017 — End date: 4/12/2019
Quantity: 5 mL — Refill: No refills remaining

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2018
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 1/3/2018
Quantity: 270 tablet — Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 1/3/2018
Quantity: 45 tablet — Refill: 3 refills remaining

Stopped in Visit

None

12/20/2017 - Refill in Husky Health Primary Care Clinic (continued)

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 12/20/2017 1135

2 refill requests:
Last Office Visit: 9/20/17
Next Office Visit: 1/3/18

Atorvastatin Calcium 20 MG Oral Tab
Last prescribed: 12/7/16

Pentoxifylline ER 400 MG Oral Tab CR
Last prescribed: 9/21/16

Electronically signed by Pearson, Terri Jeanne, CMA at 12/20/2017 11:46 AM

Pearson, Terri Jeanne, CMA at 12/21/2017 1015

Tylenol #3 rx faxed to Safeway.

Electronically signed by Pearson, Terri Jeanne, CMA at 12/21/2017 10:18 AM

Other Orders

Medications

Pentoxifylline ER 400 MG Oral Tab CR (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 12/20/17 1432** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 12/20/17 1432 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine TID 12/20/17 - 01/03/18 Class: E-RX
Released by: Neighbor Jr., William E, MD 12/20/17 1432 Discontinued by: Neighbor Jr., William E, MD 01/03/18 1113
Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

Atorvastatin Calcium 20 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 12/20/17 1432** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 12/20/17 1432 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Daily 12/20/17 - 01/03/18 Class: E-RX
Released by: Neighbor Jr., William E, MD 12/20/17 1432 Discontinued by: Neighbor Jr., William E, MD 01/03/18 1112
Diagnoses
Other and unspecified hyperlipidemia [E78.5] - HYPERLIPIDEMIA NEC/NOS
Admin instructions: For cholesterol reduction

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

12/20/2017 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Messages

Your Medications

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	12/21/2017 10:18 AM
Last Read in MyChart		
Not Read		

Dear Jeanne,

Your provider has approved the following medication(s) and has submitted your medication order to the pharmacy you requested:

- Pentoxifylline ER 400 MG Oral Tab CR
- Atorvastatin Calcium 20 MG Oral Tab

Please call your pharmacy to find out when it will be ready for you to pick up.

If you have any questions about your prescription, please call or send a message to your provider.

Thank you for using UW Medicine eCare.

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	12/20/2017 10:14 AM

Jeanne L. Hoffman would like a refill of the following medications:

Pentoxifylline ER 400 MG Oral Tab CR [William E Neighbor, MD]

Atorvastatin Calcium 20 MG Oral Tab [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

12/07/2017 - Orders Only in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2017
Start date: 11/30/2017
End date: 12/8/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

12/07/2017 - Orders Only in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Labs

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 12/07/17 1108** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 12/07/17 1108 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 12/07/17 1108 - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H19675	Plasma	—	5082 12/07/17 1108

Prothrombin Time (NWH) (Abnormal) Resulted: 12/07/17 1126, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 12/07/17 1126
Collected by: 5082 12/07/17 1108 Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	18.1	8.9 - 12.1 s	H	NWH
Prothrombin INR	1.8	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

12/03/2017 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- History of recurrent deep vein thrombosis (DVT)
- HYPERLIPIDEMIA NEC/NOS
- BENIGN HYPERTENSION
- AFTERCARE LONG TERM ANTICOAG USE
- GENERAL OSTEOARTHROSIS
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/4/2019
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2018
Reason for discontinuation: Dose adjustment
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 9/26/2018
Action: Patient taking differently
Quantity: 90 tablet
Refill: 3 refills remaining

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/29/2018
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 11/28/2018
Action: Patient taking differently
Quantity: 60 tablet
Refill: 2 refills remaining

12/03/2017 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 6/7/2018
Quantity: 45 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/16/2019
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/8/2017
Start date: 12/8/2017
End date: 4/12/2019
Quantity: 5 mL
Refill: No refills remaining

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2018
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 1/3/2018
Quantity: 270 tablet
Refill: 3 refills remaining

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2018
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2017
Start date: 12/20/2017
End date: 1/3/2018
Quantity: 45 tablet
Refill: 3 refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Pearson, Terri Jeanne, CMA at 12/4/2017 0910

Ecare med refill request routed.

Last Office Visit: 9/20/17
Next Office Visit: 1/3/18

Pentoxifylline ER 400 MG Oral Tab CR [William E Neighbor, MD]

Atorvastatin Calcium 20 MG Oral Tab [William E Neighbor, MD]

Losartan Potassium 25 MG Oral Tab [William E Neighbor, MD]

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab [William E Neighbor, MD]

Timolol Maleate 0.5 % Ophthalmic Solution [William E Neighbor, MD]

12/03/2017 - Refill in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

Electronically signed by Pearson, Terri Jeanne, CMA at 12/4/2017 9:14 AM

Neighbor Jr., William E, MD at 12/8/2017 1400

Refills done

Electronically signed by Neighbor Jr., William E, MD at 12/8/2017 2:02 PM

Other Orders

Medications

Losartan Potassium 25 MG Oral Tab (Cancel Pend)

Electronically signed by: **Neighbor Jr., William E, MD on 12/08/17 1357** Status: **Cancel Pend**
Ordering user: Neighbor Jr., William E, MD 12/08/17 1357 Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 12/08/17 - Until Discontinued Class: E-RX
Pended by: Neighbor Jr., William E, MD 12/08/17 1357 Discontinued by: Neighbor Jr., William E, MD 12/08/17 1359

Timolol Maleate 0.5 % Ophthalmic Solution (Cancel Pend)

Electronically signed by: **Neighbor Jr., William E, MD on 12/08/17 1357** Status: **Cancel Pend**
Ordering user: Neighbor Jr., William E, MD 12/08/17 1357 Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 12/08/17 - Until Discontinued Class: E-RX
Pended by: Neighbor Jr., William E, MD 12/08/17 1357 Discontinued by: Neighbor Jr., William E, MD 12/08/17 1359

Losartan Potassium 25 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 12/08/17 1400** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 12/08/17 1400 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 12/08/17 - 06/07/18 Class: E-RX
Discontinued by: Ong, Thuan Duc, MD 06/07/18 2028
Diagnoses
Essential hypertension, benign [I10] - BENIGN HYPERTENSION
Admin instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Reordered from: Losartan Potassium 25 MG Oral Tab

Indications

Essential hypertension, benign [I10 (ICD-10-CM)]

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 12/08/17 1400** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 12/08/17 1400 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 12/08/17 - 04/12/19 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 04/16/19 1415 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS
Admin instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Reordered from: Timolol Maleate 0.5 % Ophthalmic Solution

Indications

Unspecified glaucoma(365.9) [H40.9 (ICD-10-CM)]

12/03/2017 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Pentoxifylline ER 400 MG Oral Tab CR (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 12/20/17 1433** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 12/20/17 1433 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine TID 12/20/17 - 09/04/19 Class: E-RX
Released by: Neighbor Jr., William E, MD 12/20/17 1433 Discontinued by: Neighbor Jr., William E, MD 09/04/19 1247 [Reorder]

Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

Atorvastatin Calcium 20 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 12/20/17 1433** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 12/20/17 1433 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Daily 12/20/17 - 06/07/18 Class: E-RX
Released by: Neighbor Jr., William E, MD 12/20/17 1433 Discontinued by: Ong, Thuan Duc, MD 06/07/18 2028

Diagnoses
Other and unspecified hyperlipidemia [E78.5] - HYPERLIPIDEMIA NEC/NOS
Admin instructions: For cholesterol reduction

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

Warfarin Sodium (COUMADIN) 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 12/20/17 1433** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 12/20/17 1433 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 12/20/17 - 09/26/18 Class: E-RX
Released by: Neighbor Jr., William E, MD 12/20/17 1433 Discontinued by: Neighbor Jr., William E, MD 09/26/18 1045 [Dose adjustment]

Diagnoses
Long term (current) use of anticoagulants [Z79.01] - AFTERCARE LONG TERM ANTICOAG USE
Admin instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Medication comments: Dose change 8/21/2017

Indications

Long term (current) use of anticoagulants [Z79.01 (ICD-10-CM)]

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 12/20/17 1433** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 12/20/17 1433 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 12/20/17 - 11/28/18 Class: Normal
Released by: Neighbor Jr., William E, MD 12/20/17 1433 Discontinued by: Neighbor Jr., William E, MD 11/29/18 1630 [Reorder]

Diagnoses
Generalized osteoarthrosis, unspecified site [M15.9] - GENERAL OSTEOARTHROSIS
Admin instructions: one po once daily for arthritic pain as needed
Medication comments: Change number dispensed due to travel plans. Gone for 6 weeks.

Indications

Generalized osteoarthrosis, unspecified site [M15.9 (ICD-10-CM)]

12/03/2017 - Refill in Husky Health Primary Care Clinic (continued)

Messages

RE: Medication Renewal Request

From	To	Sent and Delivered
Terri Jeanne Pearson, CMA	Hoffman, Jeanne Leonie	12/21/2017 10:40 AM
Last Read in MyChart		
Not Read		

HI Jeanne,

Your medications have been refilled. Safeway will likely notify you when they are ready. If they don't give them a call. Let me know if you have any questions.
Terri

Your Medications

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	12/20/2017 2:33 PM
Last Read in MyChart		
Not Read		

Dear Jeanne,

Your provider has approved the following medication(s) and has submitted your medication order to the pharmacy you requested:

- Pentoxifylline ER 400 MG Oral Tab CR
- Atorvastatin Calcium 20 MG Oral Tab
- Warfarin Sodium (COUMADIN) 5 MG Oral Tab
- Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Please call your pharmacy to find out when it will be ready for you to pick up.

If you have any questions about your prescription, please call or send a message to your provider.

Thank you for using UW Medicine eCare.

RE: Medication Renewal Request

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	12/8/2017 2:01 PM
Last Read in MyChart		
Not Read		

Jean: I completed all your refills. Please make a visit this month.

12/03/2017 - Refill in Husky Health Primary Care Clinic (continued)

Messages (continued)

William E Neighbor, MD

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	12/3/2017 10:26 AM

Jeanne L. Hoffman would like a refill of the following medications:

Pentoxifylline ER 400 MG Oral Tab CR [William E Neighbor, MD]

Atorvastatin Calcium 20 MG Oral Tab [William E Neighbor, MD]

Losartan Potassium 25 MG Oral Tab [William E Neighbor, MD]

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab [William E Neighbor, MD]

Timolol Maleate 0.5 % Ophthalmic Solution [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

11/30/2017 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 8/21/2017
Start date: 8/21/2017 — End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/20/2017

11/30/2017 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2017
Start date: 11/30/2017
End date: 12/8/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Martinez, Ricardo C, CMA at 11/30/2017 1413

Refill for medication: Timolol Maleate 0.5% Opthalmic Solution

Last refilled date: 8/21/2017

Last office visit: 9/20/2017

Future office visit: 1/3/2018

Electronically signed by Martinez, Ricardo C, CMA at 11/30/2017 2:15 PM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 11/30/17 1456**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 11/30/17 1456
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 11/30/17 - 12/08/17
Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 12/08/17 1400 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS

Indications

Unspecified glaucoma(365.9) [H40.9 (ICD-10-CM)]

11/12/2017 - Patient E-mail in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- History of recurrent deep vein thrombosis (DVT)

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

11/12/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Martinez, Ricardo C, CMA at 11/13/2017 0911

Refill for medication: Pentoxifylline ER 400 MG Oral Tab CR

Last refilled date: 9/21/2016 x 3

Last office visit: 9/20/2017

Future office visit: None

Electronically signed by Martinez, Ricardo C, CMA at 11/13/2017 9:14 AM

Other Orders

Medications

Pentoxifylline ER 400 MG Oral Tab CR (Cancel Pend)

Electronically signed by: **Neighbor Jr., William E, MD on 12/20/17 1435**
Status: **Cancel Pend**
Ordering user: Neighbor Jr., William E, MD 12/20/17 1435
Authorized by: Neighbor Jr., William E, MD
Frequency: Routine TID 12/20/17 - Until Discontinued
Class: E-RX
Pended by: Neighbor Jr., William E, MD 12/20/17 1434
Discontinued by: Discharge Provider, Automatic 03/14/25 1742
Reordered from: Pentoxifylline ER 400 MG Oral Tab CR

Messages

11/12/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

RE: Pentoxifylline ER 400 MG Tab CR

From	To	Sent and Delivered
Ricardo C Martinez, CMA	Hoffman, Jeanne Leonie	11/13/2017 9:11 AM

Last Read in MyChart
12/3/2017 10:29 AM by Hoffman, Jeanne Leonie

Hi Jeanne,

I need the name of the pharmacy, address, and phone number to send your prescription.

Thank you,
Rcike, CMA

Pentoxifylline ER 400 MG Tab CR

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	11/12/2017 10:45 AM

From: Chemult, Oregon Dawson House Lodge RM: 1 PH: 1-888-281-8375 or 1-541-365-2232

Pentoxifylline ER 400 MG Tab CR is empty, requiring refill (If Necessary).
Refill can be made in Ruby, ND November 17th.
QUESTION: Can such medication be without for next 5 day. What would be the risks to beware of? or conditions to be aware or other such patient care for next 5 days?

11/12/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Scan on 11/12/2017 10:45 AM: gallup-visit

Scan (below)



11/12/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 11/12/2017 10:45 AM: t-4-dinner

Scan (below)



11/12/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 11/12/2017 10:45 AM: jean-chemult

Scan (below)



10/05/2017 - Orders Only in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017

10/05/2017 - Orders Only in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Labs

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 10/05/17 1214**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 10/05/17 1214
Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 10/05/17 1214 -
Quantity: 1
Lab status: Final result
Order comments: Ordered by William E. Neighbor Jr 006267

Specimen Information

ID	Type	Source	Collected By
H63024	Plasma	—	5082 10/05/17 1214

Prothrombin Time (NWH) (Abnormal)
Resulted: 10/05/17 1243, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 10/05/17 1243
Collected by: 5082 10/05/17 1214
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	21.6	8.9 - 12.1 s	H	NWH
Prothrombin INR	2.2	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

10/02/2017 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Other
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

10/02/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Martinez, Ricardo C, CMA at 10/2/2017 1413

Jeanne was hospitalized over the weekend per Atty Samantha Adams tel.206.707.0838 wants to talk to Dr. Neighbor. I spoke to Samantha and let her know that Dr. Neighbor still on vacation until 10/16/17. She's okay to wait for Dr. Neighbor to call her back.

Electronically signed by Martinez, Ricardo C, CMA at 10/2/2017 2:26 PM

Neighbor Jr., William E, MD at 10/19/2017 1506

10/19/2017
I returned from leave yesterday. I called the NW Justice Project attorney Samantha Adams today. As I understand, Housing Kitsap says that Louis, her son, can not live with her as a care giver. Jean has a right to a caregiver, but not any caregiver she choose but one approved by Housing Kitsap. Jean can file for COPES. Jean was not willing to live separately from her son so both may face eviction when they return from their train trip vacation. There does not appear to be anything that can be done at this time. When they do return, if Jean wishes to speak with Samantha, she may. This is obviously a difficult situation.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 10/19/2017 3:11 PM

09/28/2017 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Nemanich, Antonia Justine, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

XR CHEST 2 VW (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 09/27/17 2339** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 09/27/17 2339
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: Routine 09/27/17 2339 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result
Order comments: From ORCA:

XR CHEST 2 VW Resulted: 09/28/17 1135, Result status: Final result

Order status: Completed
Resulted by:
Uw, Physicians
Godwin II, J David, MD
Filed by: Uw Radiology Results Interface, User 09/28/17 1136
Performed: 09/28/17 0009 - 09/28/17 0035
Accession number: 10970033
Resulting lab: UW RADIOLOGY
Lab Technician: KRIS WALTON TECHNOLOGIST
Narrative:
RADIOGRAPHS OF THE CHEST, 2 VIEWS

CLINICAL INDICATION:
AMS, concern for infection

COMPARISONS:
2/22/2013

FINDINGS AND IMPRESSION:
Heart size is normal. Hiatal hernia.

Scarring in the right lung base. Questionable findings of underlying obstructive lung disease. Otherwise the lungs are clear.

No pneumothorax or pleural effusion.

Wedging in the lower thoracic spine.
ATTENDING RADIOLOGIST AND PAGER NUMBER
007259 Godwin II J David MD
(206)344-9980

09/28/2017 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

09/28/2017 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Nemanich, Antonia Justine, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Imaging

Imaging

CT HEAD W/O CONTRAST (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 09/27/17 2341** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 09/27/17 2341
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: Routine 09/27/17 2341 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result
Order comments: From ORCA:

CT HEAD W/O CONTRAST Resulted: 09/28/17 1207, Result status: Final result

Order status: Completed
Resulted by:
Uw, Physicians
Maravilla, Kenneth Richard, MD
Filed by: Uw Radiology Results Interface, User 09/28/17 1209
Performed: 09/28/17 0029 - 09/28/17 0029
Accession number: 10970034
Resulting lab: UW RADIOLOGY
Lab Technician: ARIESSUNNA BROWN
Narrative:

EXAMINATION:
CT HEAD WO CONT

CLINICAL INDICATION:
Altered mental status, visual hallucinations

TECHNIQUE:
CT Head Routine wo contrast (N-1)
Contiguous axial sections were obtained through the head without contrast.
Patient age specific scan parameters were used for radiation exposure

COMPARISON:
7/15/2015

FINDINGS:
MASS EFFECT & VENTRICLES: No shift. The lateral ventricles are symmetric. The ventricles, sulci and cisterns are normal.
BRAIN: Moderate global parenchymal volume loss. Unchanged calcification of bilateral basal ganglia and focal calcification the left posterior periventricular white matter. Scattered foci of hypodensities in the periventricular and subcortical white matter, likely chronic microvascular ischemic disease. No acute large infarct or intraparenchymal hemorrhage.
VASCULAR: Atherosclerosis of the cavernous carotids and vertebral arteries
EXTRA-AXIAL: Extra-axial spaces are normal.

09/28/2017 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

EXTRA-CRANIAL: Bilateral lens replacements. Scalp is normal. Sinuses are clear. Mastoids are clear

ATTENDING RADIOLOGIST AND PAGER NUMBER
007470 Maravilla Kenneth R MD
(206)994-3872
Impression:
IMPRESSION:

No acute infarct, hemorrhage or mass effect.

Preliminary results and a final report will be available for review by 10am the following morning Monday through Friday or after 3pm Saturday/Sunday and holidays.

Unless a final report appears below, an attending Radiologist has not reviewed the images.

*****

ATTENDING FINAL REPORT

I agree with the preliminary report (Cat 1).

IMPRESSION:

1. No acute intracranial abnormalities identified.

2. Chronic microvascular ischemic changes. Mild cerebral volume loss.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

09/27/2017 - Admission (Discharged) in 6NE MED FAMMED

Visit Information

Admission Information

Arrival Date/Time:	09/27/2017 2239	Admit Date/Time:	09/27/2017 2243	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Ambulance - King Co	Primary Service:	Family Med Ctr	Secondary Service:	N/A
Transfer Source:		Service Area:	UW MEDICINE	Unit:	6NE MED FAMMED
Admit Provider:	Wilson, Megan Lohr, MD	Attending Provider:	Wilson, Megan Lohr, MD	Referring Provider:	

Discharge Information

Date/Time: 09/29/2017 1029 | Disposition: 01 Home/self Care | Destination: Home
Provider: Wilson, Megan Lohr, MD | Unit: 6NE MED FAMMED

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD | Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD | Entered on: 2/21/2014
Start date: 2/21/2014 | End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 9/21/2016
Start date: 9/21/2016 | End date: 12/20/2017
Quantity: 270 tablet | Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD | Ordered on: 12/7/2016
Start date: 12/7/2016 | End date: 12/20/2017
Quantity: 45 tablet | Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD | Ordered on: 4/17/2017
Start date: 4/17/2017 | End date: 12/8/2017
Quantity: 45 tablet | Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.

09/27/2017 - Admission (Discharged) in 6NE MED FAMMED (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 8/21/2017
Quantity: 5 mL
Ordered on: 8/21/2017
End date: 11/30/2017
Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Start date: 8/21/2017
Quantity: 90 tablet
Discontinued on: 12/20/2017
Entered on: 8/21/2017
End date: 12/3/2017

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Start date: 9/20/2017
Quantity: 60 tablet
Discontinued on: 12/20/2017
Ordered on: 9/20/2017
End date: 12/3/2017
Refill: 2 refills remaining

Stopped in Visit

None

Labs

GLUCOSE POC, UWMC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/27/17 2251**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/27/17 2251
Authorized by: Clinic Pcp, Unassigned Or
Frequency: STAT Once 09/27/17 2300 - 1 occurrence
Lab status: Final result
Order comments: Ordered by an unspecified provider
Ordering provider: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/27/2017 11:58 PM

Specimen Information

ID	Type	Source	Collected By
W42723	Whole blood	—	09/27/17 2251

GLUCOSE POC, UWMC
Resulted: 09/27/17 2357, Result status: Final result

Ordering provider: Clinic Pcp, Unassigned Or 09/27/17 2251
Filed by: Uw Lab Results Interface, User 09/27/17 2358
Resulting lab: UW LABORATORY MEDICINE
Order status: Completed
Collected by: 09/27/17 2251

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	117	62 - 125 mg/dL	—	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

LAB ADD ON ORDER (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/27/17 2337**
Status: **Completed**

09/27/2017 - Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (continued)

Ordering user: Uw Lab Results Interface, User 09/27/17 2337
Authorized by: Ruter, Shane Jay Tosihiro, MD
Frequency: STAT Once 09/27/17 2345 - 1 occurrence
Lab status: Final result
Ordering provider: Ruter, Shane Jay Tosihiro, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/28/2017 1:33 AM

Specimen Information

ID	Type	Source	Collected By
W42743	Specimen	—	09/27/17 2337

LAB ADD ON ORDER Resulted: 09/28/17 0137, Result status: Final result

Ordering provider: Ruter, Shane Jay Tosihiro, MD 09/27/17 2337
Filed by: Uw Lab Results Interface, User 09/28/17 0137
Resulting lab: UW MEDICAL CENTER LABS
Order status: Completed
Collected by: 09/27/17 2337

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	blood alcohol	—	—	UWMC
Specimen Type/Description	Blood	—	—	UWMC
Sample To Use	Most Recent Sample	—	—	UWMC
Test Request Status	Order Processed	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

CBC, DIFF (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/28/17 0011** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/28/17 0011
Authorized by: Nemanich, Antonia Justine, MD
Frequency: STAT Once 09/28/17 0015 - 1 occurrence
Lab status: Final result
Ordering provider: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 9/28/2017 12:28 AM

Specimen Information

ID	Type	Source	Collected By
W42663	Whole blood	—	09/28/17 0011

CBC, DIFF (Abnormal) Resulted: 09/28/17 0028, Result status: Final result

Ordering provider: Nemanich, Antonia Justine, MD 09/28/17 0011
Filed by: Uw Lab Results Interface, User 09/28/17 0028
Resulting lab: UW MEDICAL CENTER LABS
Order status: Completed
Collected by: 09/28/17 0011

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.54	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.66	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	11.5	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	35	36 - 45 %	L	UWMC
MCV	96	81 - 98 fL	—	UWMC
MCH	31.4	27.3 - 33.6 pg	—	UWMC
MCHC	32.7	32.2 - 36.5 g/dL	—	UWMC

09/27/2017 - Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (continued)

Platelet Count	241	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.9	11.6 - 14.4 %	—	UWMC
% Neutrophils	55	%	—	UWMC
% Lymphocytes	30	%	—	UWMC
% Monocytes	10	%	—	UWMC
% Eosinophils	4	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	0	%	—	UWMC
Neutrophils	3.61	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.99	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.66	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.23	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.04	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.01	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

PROTHROMBIN & PTT (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/28/17 0011** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/28/17 0011
Ordering provider: Nemanich, Antonia Justine, MD
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: STAT Once 09/28/17 0015 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/28/2017 12:39 AM

Specimen Information

ID	Type	Source	Collected By
W42663	Plasma	—	09/28/17 0011

PROTHROMBIN & PTT (Abnormal) Resulted: 09/28/17 0038, Result status: Final result

Ordering provider: Nemanich, Antonia Justine, MD 09/28/17 0011
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/28/17 0039
Collected by: 09/28/17 0011
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	21.2	10.7 - 15.6 s	H	UWMC
Prothrombin INR	1.9	0.8 - 1.3	H	UWMC
Partial Thromboplastin Time	30	22 - 35 s	—	UWMC
Comment: Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.				
Partial Thromboplastin X Mean	To calculate	—	—	UWMC

09/27/2017 - Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (continued)

the PTT X Mean divide PTT value by 29.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

COMPREHENSIVE METABOLIC PANEL (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/28/17 0011** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/28/17 0011
Ordering provider: Nemanich, Antonia Justine, MD
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: STAT Once 09/28/17 0015 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/28/2017 12:55 AM

Specimen Information

ID	Type	Source	Collected By
W42663	Serum	—	09/28/17 0011

COMPREHENSIVE METABOLIC PANEL (Abnormal) Resulted: 09/28/17 0055, Result status: Final result

Ordering provider: Nemanich, Antonia Justine, MD 09/28/17 0011
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/28/17 0055
Collected by: 09/28/17 0011
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	109	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	24	22 - 32 meq/L	—	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	128	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	20	8 - 21 mg/dL	—	UWMC
Creatinine	0.97	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total)	7.1	6.0 - 8.2 g/dL	—	UWMC
Albumin	4.0	3.5 - 5.2 g/dL	—	UWMC
Bilirubin (Total)	0.3	0.2 - 1.3 mg/dL	—	UWMC
Calcium	9.6	8.9 - 10.2 mg/dL	—	UWMC
AST (GOT)	22	9 - 38 U/L	—	UWMC
Alkaline Phosphatase (Total)	51	49 - 199 U/L	—	UWMC
ALT (GPT)	12	7 - 33 U/L	—	UWMC
GFR, Calc, European American	54	>59 mL/min/{1.73 m2}	L	UWMC
GFR, Calc, African American	>60	>59 mL/min/{1.73 m2}	—	UWMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with	—	—	UWMC

09/27/2017 - Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (continued)

changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

TSH with Reflexive Free T4 (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/28/17 0011** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/28/17 0011
Ordering provider: Nemanich, Antonia Justine, MD
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: STAT Once 09/28/17 0015 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/28/2017 1:22 AM

Specimen Information

ID	Type	Source	Collected By
W42663	Serum	—	09/28/17 0011

TSH with Reflexive Free T4 Resulted: 09/28/17 0122, Result status: Final result

Ordering provider: Nemanich, Antonia Justine, MD 09/28/17 0011
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/28/17 0122
Collected by: 09/28/17 0011
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
TSH with Reflexive Free T4	1.964	0.400 - 5.000 u[IU]/mL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

ALCOHOL (ETHYL) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/28/17 0011** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/28/17 0011
Ordering provider: Nemanich, Antonia Justine, MD
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: STAT Once 09/28/17 0015 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/28/2017 2:20 AM

Specimen Information

ID	Type	Source	Collected By

09/27/2017 - Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (continued)

W42663	Serum	—	09/28/17 0011

ALCOHOL (ETHYL) Resulted: 09/28/17 0220, Result status: Final result

Ordering provider: Nemanich, Antonia Justine, MD 09/28/17 0011
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/28/17 0220
Collected by: 09/28/17 0011
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Alcohol (Ethyl)	Negative	NRN mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

ACETAMINOPHEN (TYLENOL) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/28/17 0011**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/28/17 0011
Ordering provider: Nemanich, Antonia Justine, MD
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: STAT Once 09/28/17 0015 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/28/2017 3:38 AM

Specimen Information

ID	Type	Source	Collected By
W42663	Serum	—	09/28/17 0011

ACETAMINOPHEN (TYLENOL) Resulted: 09/28/17 0338, Result status: Final result

Ordering provider: Nemanich, Antonia Justine, MD 09/28/17 0011
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/28/17 0338
Collected by: 09/28/17 0011
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Acetaminophen (Tylenol)	<10	0 - 25 ug/mL	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

SALICYLATE (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/28/17 0011**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/28/17 0011
Ordering provider: Nemanich, Antonia Justine, MD
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: STAT Once 09/28/17 0015 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/28/2017 3:40 AM

09/27/2017 - Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (continued)

Specimen Information

ID	Type	Source	Collected By
W42663	Serum	—	09/28/17 0011

SALICYLATE Resulted: 09/28/17 0340, Result status: Final result

Ordering provider: Nemanich, Antonia Justine, MD 09/28/17 0011
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/28/17 0340
Collected by: 09/28/17 0011
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Salicylate	<3	0 - 30 mg/dL	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Urinalysis with Reflex Culture (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/28/17 0012**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/28/17 0012
Ordering provider: Nemanich, Antonia Justine, MD
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: STAT Once 09/28/17 0015 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/28/2017 12:25 AM

Specimen Information

ID	Type	Source	Collected By
W42664	Urine	—	09/28/17 0012

Urinalysis with Reflex Culture (Abnormal) Resulted: 09/28/17 0046, Result status: Final result

Ordering provider: Nemanich, Antonia Justine, MD 09/28/17 0012
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/28/17 0046
Collected by: 09/28/17 0012
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	UWMC
Clarity, URN	Clear	—	—	UWMC
Specific Gravity, URN	1.014	1.002 - 1.027 g/mL	—	UWMC
pH, URN	< or =5.0	5.0 - 8.0	—	UWMC
Protein (Alb Semiquant), URN	Negative	NRN mg/dL	—	UWMC
Glucose Qual, URN	Negative	NRN mg/dL	—	UWMC
Ketones, URN	Negative	NRN mg/dL	—	UWMC
Bilirubin (Qual), URN	Negative	NRN	—	UWMC
Occult Blood, URN	Negative	NRN	—	UWMC
Nitrite, URN	Negative	NRN	—	UWMC
Leukocyte Esterase, URN	Negative	NRN	—	UWMC
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}	—	UWMC
Comments for Macroscopic, URN	None	—	—	UWMC
WBC, URN	0-5(NEG)	Z5NEG /[HPF]	—	UWMC

09/27/2017 - Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (continued)

RBC, URN	0-2(NEG)	Z2NEG /[HPF]	—	UWMC
Bacteria, URN	Not Seen	NOSEEN	—	UWMC
Epith Cells Squamous, URN	0-5(NEG)	LT6 /[LPF]	—	UWMC
Epith Cells_Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	UWMC
Comments For Microscopic, URN	None	NONE	—	UWMC
Cast_Hyaline, URN	1-5(1+)	NOSEEN /[LPF]	A !	UWMC
1st Extra Urine Gray Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

EMERGENCY DRUG SCREEN, URINE (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/28/17 0012** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/28/17 0012
Ordering provider: Clinic Pcp, Unassigned Or
Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT Once 09/28/17 0015 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/28/2017 12:48 AM
Order comments: Ordered by Antonia J. Nemanich 509613

Specimen Information

ID	Type	Source	Collected By
H47262	Urine	—	09/28/17 0012

EMERGENCY DRUG SCREEN, URINE (Abnormal) Resulted: 09/28/17 0048, Result status: Final result

Ordering provider: Clinic Pcp, Unassigned Or 09/28/17 0012
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/28/17 0048
Collected by: 09/28/17 0012
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Opiates Qual, Urine	Positive	NRN	A !	UWMC
Cocaine Qual, Urine	Negative	NRN	—	UWMC
Phencyclidine Qual, Urine	Negative	NRN	—	UWMC
Benzodiazepines Qual, Urine	Negative	NRN	—	UWMC
Barbiturate Qual, Urine	Negative	NRN	—	UWMC
Methadone Qual, Urine	Negative	NRN	—	UWMC
Tricyclic Antidepressants, Urine	Negative	NRN	—	UWMC
Amphetamine Qual, Urine	Negative	NRN	—	UWMC
Acetaminophen Qual, URN	Urine acetaminophen unavailable at present. Please order serum acetaminophen if indicated.	—	—	UWMC
Drug Screen Test Info, URN	—	—	—	UWMC

Comment:
These results are presumptive and have not been confirmed as positive by an alternate method. Results are for medical management only, and should

09/27/2017 - Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (continued)

not be used for legal purposes nor for workplace or pre-employment testing.
Positive results indicate immunoreactivity greater than or equal to that of: d-amphetamine 1000 ng/mL, d-methamphetamine 1000 ng/mL, secobarbital 300 ng/mL, oxazepam 300 ng/mL, benzoylecogonine 300 ng/mL, methadone 300 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortriptyline 1000 ng/mL.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

OPIOID CONFIRMATION, URINE (Edited Result - FINAL)

Electronically signed by: **Uw Lab Results Interface, User on 09/28/17 0012** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/28/17 0012
Ordering provider: Clinic Pcp, Unassigned Or
Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT Once 09/28/17 0015 - 1 occurrence
Quantity: 1
Lab status: Edited Result - FINAL
Instance released by: (auto-released) 9/28/2017 8:06 AM
Order comments: Ordered by Antonia J. Nemanich 509613

Specimen Information

ID	Type	Source	Collected By
H47262	Urine	—	09/28/17 0012

Resulted: 10/05/17 1044, Result status: Edited Result - FINAL

OPIOID CONFIRMATION, URINE (Abnormal)

Ordering provider: Clinic Pcp, Unassigned Or 09/28/17 0012
Order status: Completed
Filed by: Uw Lab Results Interface, User 10/05/17 1045
Collected by: 09/28/17 0012
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Opioid Confirm Interp, URN	(NOTE)	—	—	UWMC
Comment: Consistent with hydrocodone use. These results and the patient's chart were reviewed and interpreted by Geoffrey Baird, MD, PhD.				
Hydromorphone Quant, URN	Negative	NRN ng/mL	—	UWMC
Hydrocodone Quant, URN	29	NRN ng/mL	A !	UWMC
Norhydrocodone Quant, URN	63	NRN ng/mL	A !	UWMC
6-Monoacetyl Morphine Quant, URN	Negative	NRN ng/mL	—	UWMC
Normeperidine Quant, URN	Negative	NRN ng/mL	—	UWMC
Meperidine Quant, URN	Negative	NRN ng/mL	—	UWMC
Methadone Quant, URN	Negative	NRN ng/mL	—	UWMC
EDDP Quant, URN	Negative	NRN ng/mL	—	UWMC
Oxymorphone Quant, URN	Negative	NRN ng/mL	—	UWMC
Oxycodone Quant, URN	Negative	NRN ng/mL	—	UWMC
Propoxyphene Quant, URN	Negative	NRN ng/mL	—	UWMC
Buprenorphine Quant, URN	Negative	NRN ng/mL	—	UWMC
Morphine Quant, URN	Negative	NRN ng/mL	—	UWMC
Codeine Quant, URN	Negative	NRN ng/mL	—	UWMC
Norfentanyl Quant, URN	Negative	NRN ng/mL	—	UWMC
Fentanyl Quant, URN	Negative	NRN ng/mL	—	UWMC
Morphine_3_Glucuronide QL, URN	Interfering Substance.	NRN	A !	UWMC

Comment: CORRECTED ON 10/04 AT 1438: PREVIOUSLY REPORTED AS Positive

09/27/2017 - Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (continued)

Morphine_6_Glucuronide QL, URN	Negative	NRN	—	UWMC
Hydromorphone Gluc. Qual, URN	Positive	NRN	A !	UWMC
Oxymorphone Gluc. Qual, URN	Negative	NRN	—	UWMC
Codeine_6_Glucuronide QL, URN	Interfering Substance.	NRN	A !	UWMC
Norbuprenorphine Gluc. QL,URN	Negative	NRN	—	UWMC
Tramadol Qual, URN	Negative	NRN	—	UWMC
Drug Screen Test Info, Urine	--	—	—	UWMC

Comment:
This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. FDA.

Result:
Results for quantitative testing less than 10 ng/mL (except fentanyl 0.25 ng/mL and 6-monoacetyl morphine 5 ng/mL) and results for qualitative testing less than 50 ng/mL (except ethyl glucuronide 500 ng/mL) are reported as negative.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

LAB ADD ON ORDER (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/28/17 0105** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/28/17 0105
Ordering provider: Nemanich, Antonia Justine, MD
Authorized by: Nemanich, Antonia Justine, MD
Ordering mode: Standard
Frequency: STAT Once 09/28/17 0115 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/28/2017 1:17 AM

Specimen Information

ID	Type	Source	Collected By
H47373	Specimen	—	09/28/17 0105

LAB ADD ON ORDER

Resulted: 09/28/17 0121, Result status: Final result

Ordering provider: Nemanich, Antonia Justine, MD 09/28/17 0105
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/28/17 0121
Collected by: 09/28/17 0105
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	acetaminophen and salicylate levels	—	—	UWMC
Specimen Type/Description	Blood	—	—	UWMC
Sample To Use	Most Recent Sample	—	—	UWMC
Test Request Status	Order Processed	—	—	UWMC

Testing Performed By

09/27/2017 - Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

R/O MRSA (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/28/17 0640** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/28/17 0640 Ordering provider: Hyde, Nicola Meridith, MD
Authorized by: Hyde, Nicola Meridith, MD Ordering mode: Standard
Frequency: STAT Once 09/28/17 0645 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 9/29/2017 11:12 AM

Specimen Information

ID	Type	Source	Collected By
H48201	Throat	—	09/28/17 0640

R/O MRSA Resulted: 09/29/17 1112, Result status: Final result

Ordering provider: Hyde, Nicola Meridith, MD 09/28/17 0640 Order status: Completed
Filed by: Uw Lab Results Interface, User 09/29/17 1112 Collected by: 09/28/17 0640
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Surveillance culture performed at the request of Infection Control	—	—	UWMC
Culture	No Methicillin Resistant Staphylococcus aureus isolated	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

R/O MRSA (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/28/17 0640** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/28/17 0640 Ordering provider: Hyde, Nicola Meridith, MD
Authorized by: Hyde, Nicola Meridith, MD Ordering mode: Standard
Frequency: STAT Once 09/28/17 0645 - 1 occurrence Quantity: 1
Lab status: Final result Instance released by: (auto-released) 9/29/2017 11:12 AM

Specimen Information

ID	Type	Source	Collected By
H48196	Nares	—	09/28/17 0640

R/O MRSA Resulted: 09/29/17 1112, Result status: Final result

Ordering provider: Hyde, Nicola Meridith, MD 09/28/17 0640 Order status: Completed
Filed by: Uw Lab Results Interface, User 09/29/17 1112 Collected by: 09/28/17 0640

09/27/2017 - Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (continued)

Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Surveillance culture performed at the request of Infection Control	—	—	UWMC
Culture	No Methicillin Resistant Staphylococcus aureus isolated	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

LAB ADD ON ORDER (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/28/17 0744** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/28/17 0744
Ordering provider: Li, Eric Guang Zhe, MD
Authorized by: Li, Eric Guang Zhe, MD
Ordering mode: Standard
Frequency: STAT Once 09/28/17 0745 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/28/2017 7:48 AM

Specimen Information

ID	Type	Source	Collected By
H48562	Specimen	—	09/28/17 0744

LAB ADD ON ORDER

Resulted: 09/28/17 0813, Result status: Final result

Ordering provider: Li, Eric Guang Zhe, MD 09/28/17 0744
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/28/17 0814
Collected by: 09/28/17 0744
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	comprehensive urine tox	—	—	UWMC
Specimen Type/Description	Urine	—	—	UWMC
Sample To Use	Most Recent Sample	—	—	UWMC
Test Request Status	Order Processed	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

09/27/2017 - Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (continued)

PROTHROMBIN TIME (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/28/17 1033** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/28/17 1033
Ordering provider: Hyde, Nicola Meridith, MD
Authorized by: Hyde, Nicola Meridith, MD
Ordering mode: Standard
Frequency: STAT Once 09/28/17 1045 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/28/2017 11:42 AM

Specimen Information

ID	Type	Source	Collected By
H48110	Plasma	—	09/28/17 1033

PROTHROMBIN TIME (Abnormal) Resulted: 09/28/17 1142, Result status: Final result

Ordering provider: Hyde, Nicola Meridith, MD 09/28/17 1033
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/28/17 1142
Collected by: 09/28/17 1033
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	20.5	10.7 - 15.6 s	H	UWMC
Prothrombin INR	1.8	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

PROTHROMBIN TIME (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/29/17 0643** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/29/17 0643
Ordering provider: Kappel, Justin Daniel, MD
Authorized by: Kappel, Justin Daniel, MD
Ordering mode: Standard
Frequency: STAT Once 09/29/17 0645 - 1 occurrence
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 9/29/2017 7:23 AM

Specimen Information

ID	Type	Source	Collected By
F80168	Plasma	—	09/29/17 0643

PROTHROMBIN TIME (Abnormal) Resulted: 09/29/17 0723, Result status: Final result

Ordering provider: Kappel, Justin Daniel, MD 09/29/17 0643
Order status: Completed
Filed by: Uw Lab Results Interface, User 09/29/17 0723
Collected by: 09/29/17 0643
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	18.6	10.7 - 15.6 s	H	UWMC
Prothrombin INR	1.6	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST.	06/12/15 1029 - 02/13/20 0811

09/27/2017 - Admission (Discharged) in 6NE MED FAMMED (continued)

Labs (continued)

SEATTLE WA 98195-0001

09/20/2017 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Physical
Visit diagnoses:

- Vaccine counseling (primary)
- GENERAL OSTEOARTHROSIS

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 15 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/30/2017

09/20/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/21/2017
Start date: 8/21/2017 — End date: 11/30/2017
Quantity: 5 mL — Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 8/21/2017
Start date: 8/21/2017 — End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/20/2017
Start date: 9/20/2017 — End date: 12/3/2017
Quantity: 60 tablet — Refill: 2 refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 9/20/2017 1100

Jeanne Leonie Hoffman is a 92 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Physical

  Patient is here today for physical exam.

History:

Arrived one hour late for appointment. Focus was on med and lab review and generating a lettered need for planned train tip with her son in November.

Jeanne continues to be seen at NW wound care for slow healing left lower leg ulceration.

She is now taking coumadin 5 mg one tab daily except one half on two days of week rather than just one and is due for INR. She has been on a stable dose for about 3 weeks. She has had no clotting symptoms and no bleeding.

Medications

Outpatient Prescriptions Marked as Taking for the 9/20/17 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	60 tablet	2

09/20/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Losartan Potassium 25 MG Oral Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	0
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays	90 tablet	3

Objective:
BP 134/64 | Pulse 62 | Temp 97.9 °F (36.6 °C) (Oral) | Wt 52.3 kg (115 lb 6.4 oz) | BMI 21.80 kg/m²
Estimated body mass index is 21.8 kg/m² as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of this encounter: 52.3 kg (115 lb 6.4 oz).

Orthostatic Vitals

BP	Pulse	Position	Site	Cuff Size	Time	Date
134/64	62	---	---	---	11:40 AM	9/20/2017

Last blood pressure recorded in this encounter: 134/64
General: NAD
No other exam

Lab and other tests: pending

Assessment and Plan:
(Z71.89) Vaccine counseling (primary encounter diagnosis)
Flu vaccine today
Plan: influenza high dose vaccine trivalent PF (adult greater than 65yrs) 0.5 mL IM - 90662, Tdap vacc (adult) 0.5 mL IM - 90715

(M15.9) GENERAL OSTEOARTHROSIS
Refilled codeine tabs for 60 days as they will be on the train trip for more than a month. She continues to use just one daily though occasionally needs extra tab for wound debridement at NW wound care.
Plan: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

09/20/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

INR pending today.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 9/20/2017 4:39 PM

Dy, Jessica A, CMA at 9/20/2017 1100

HH Vaccine Screening Questions
(MAs -if yes to any question, consult w/ provider before administering vaccine)

1. Is the patient sick today? NO

2. Is the patient < 18 yrs of age? NO (if yes, parent/guardian must be present to give consent)

3. Does the patient have allergies to foods (including eggs), latex, or any known vaccine component? No

4. Is the patient pregnant or planning to become pregnant in the next month? No

5. Is Influenza vaccine being given today? Yes : Additional influenza questions
Has the patient ever had Guillain-Barre syndrome? NO (if yes, consult with provider)

RN giving Influenza vaccine? No

6. Has the patient received any vaccinations in the past 4 weeks? NO

7. Are any live vaccines being given today? No

Vaccine(s) being given today: Influenza (high dose) and TdaP

Has patient or guardian given consent and received the corresponding VIS statements? YES

VFC vaccines given? NO (if yes, list Native American/Alaskan Native;Medicaid;Uninsured;Private/Commercial Insurance;Insured[admin fee not covered])

Adolescents are encouraged to wait 15 minutes before leavingnafter receiving any vaccine.
Jessica A Dy

Electronically signed by Dy, Jessica A, CMA at 9/20/2017 4:39 PM

Immunizations Given

09/20/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Immunizations Given (continued)

Immunization	Date
Influenza trivalent high-dose (Fluzone High-Dose)	09/20/2017
Tdap	09/20/2017

Other Orders

Immunization/Injection

influenza high dose vaccine trivalent PF (adult greater than 65yrs) 0.5 mL IM - 90662 (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 09/20/17 1157** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 09/20/17 1157 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/20/17 - Class: On Site
Quantity: 1
Diagnoses
Vaccine counseling [Z71.89]

Indications

Vaccine counseling [Z71.89 (ICD-10-CM)]

Tdap vacc (adult) 0.5 mL IM - 90715 (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 09/20/17 1157** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 09/20/17 1157 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/20/17 - Class: On Site
Quantity: 1
Diagnoses
Vaccine counseling [Z71.89]

Indications

Vaccine counseling [Z71.89 (ICD-10-CM)]

Medications

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/20/17 1155** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 09/20/17 1155 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/20/17 - 12/03/17 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 12/20/17 1433 [Reorder]
Diagnoses
Generalized osteoarthrosis, unspecified site [M15.9] - GENERAL OSTEOARTHROSIS
Admin instructions: one po once daily for arthritic pain as needed
Medication comments: Change number dispensed due to travel plans. Gone for 6 weeks.
Reordered from: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Indications

Generalized osteoarthrosis, unspecified site [M15.9 (ICD-10-CM)]

Flowsheets

Custom Formula Data

Row Name	09/20/17 1140
Pct Wt Change	0 %

Vital Data

Row Name	09/20/17 1140

09/20/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Flowsheets (continued)

Weight	52.3 kg (115 lb 6.4 oz)
BP	134/64
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.6 °C
Temp src	Oral
Pulse	62
Pulse Regularity	Regular

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

09/20/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 9/20/2017 11:00 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Pick up these medications from any pharmacy with your printed prescription
Acetaminophen-Codeine #3

What's Next

SEP 21 2017 Return-Established with Paul Luu, MD
Thursday September 21 10:15 AM
(Arrive by 10:00 AM)

Northwest Hospital
Wound Care &
Hyperbaric Center
1560 N 115TH STREET,
STE 201
SEATTLE WA
98133-8414
206-668-1244

Today's Visit

You saw William E Neighbor, MD on Wednesday September 20, 2017. The following issues were addressed: Generalized osteoarthrosis, unspecified site and Vaccine counseling.

Blood Pressure 134/64	BMI 21.80
Weight 115 lb 6.4 oz	Temperature (Oral) 97.9 °F
Pulse 62	

Immunizations Given
influenza high dose vaccine trivalent PF and Tdap vaccine

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

09/20/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of 9/20/17 4:39 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Place 1 drop in each EYE 2 times a day.

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

Letters

Letter by Neighbor Jr., William E, MD on 9/20/2017

Status: Sent
Letter body:

September 20, 2017

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND WA 98110

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

To whom it may concern:

For the purposes of her travel with her son, below is a list of the above individual's medications and problems.

Outpatient Medications Prior to Visit

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	30 tablet	3
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Losartan Potassium 25 MG Oral Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	0
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays	90 tablet	3

No facility-administered medications prior to visit.

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [M47.816]	08/30/2013
• Osteoporosis, unspecified [M81.0]	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continued for five years, then stopped

09/20/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Letters (continued)

- Long term current use of anticoagulant therapy [Z79.01] 01/08/2008
  Reason for anticoagulation: Recurrent dvts
  Duration of anticoagulation: life
  INR goal: 2.-3 (lower end of this range desired because of age)

- Unspecified vitamin B deficiency [E53.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic (HCC) [I82.509] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no

Sexual practice/contraception: Not active
Advanced directives: Yes/ 9/21/2016 POLST forms signed.
Scanned to record.
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

- Skin ulcer (HCC) [L98.499] 03/23/2017
  Left lower leg. Began early 2017. Followed at Northwest wound care center.

- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Other physical therapy [IMO0001] 01/22/2015
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [M62.81] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

William E Neighbor, MD
Hall Health
University of Washington
Seattle Washington 98195
Medical Assistant at 206-616-9358

Sincerely,

Electronically signed by
William E Neighbor, MD

CC: No Recipients

09/20/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 9/20/2017 4:39 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 | 9/20/2017 11:00 AM | Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor, MD

Pick up these medications from any pharmacy with your printed prescription
Acetaminophen-Codeine #3

What's Next

SEP 21 2017 — Return-Established with Paul Luu, MD
Thursday September 21 10:15 AM
(Arrive by 10:00 AM)

Northwest Hospital
Wound Care &
Hyperbaric Center
1560 N 115TH STREET,
STE 201
SEATTLE WA
98133-8414
206-668-1244

Today's Visit

You saw William E Neighbor, MD on Wednesday September 20, 2017. The following issues were addressed: Generalized osteoarthrosis, unspecified site and Vaccine counseling.

Blood Pressure 134/64	BMI 21.80
Weight 115 lb 6.4 oz	Temperature (Oral) 97.9 °F
Pulse 62	

Immunizations Given
influenza high dose vaccine trivalent PF and Tdap vaccine

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 9/20/17 4:39 PM

Page 1 of 2 Epic

09/20/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of 9/20/17 4:39 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Place 1 drop in each EYE 2 times a day.

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

09/07/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017

09/07/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Start date: 8/21/2017 End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD Ordered on: 8/30/2017
Start date: 8/30/2017 End date: 9/20/2017
Quantity: 30 tablet Refill: 3 refills remaining

Stopped in Visit

None

Labs

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 09/07/17 1059** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 09/07/17 1059 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 09/07/17 1059 - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H16581	Plasma	—	4937 09/07/17 1059

Prothrombin Time (NWH) (Abnormal) Resulted: 09/07/17 1208, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 09/07/17 1209
Collected by: 4937 09/07/17 1059 Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	14.1	8.9 - 12.1 s	H	NWH
Prothrombin INR	1.4	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

09/07/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

After Visit Summary (continued)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135

9/7/2017 10:45 AM Northwest Hospital & Medical Center Laboratory 206-668-1344

Today's Visit

You were seen on Thursday September 7, 2017.

Done Today
PROTHROMBIN TIME (NWH)

What's Next

SEP 20 2017
Return Wellness Exam with William E Neighbor Jr., MD
Wednesday September 20 11:00 AM (Arrive by 10:45 AM)
Please contact your insurance company to verify your coverage for routine preventative care.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

SEP 21 2017
Return-Established with Paul Luu, MD
Thursday September 21 10:15 AM (Arrive by 10:00 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

Your Medication List as of 9/7/17 12:09 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Place 1 drop in each EYE 2 times a day.

Your Results

PROTHROMBIN TIME (NWH)
Collected on 9/7/2017
Resulted on 9/7/2017
Resulting Agency:
NORTHWEST HOSPITAL LAB
1550 N. 115th St, A-200
SEATTLE WA 98133
Specimen: Plasma

Prothrombin Time Patient, NWH
14.1 s
Reference Range
8.9 - 12.1

Prothrombin INR
1.4
Reference Range
0.8 - 1.3

Information on File

jeanhoffman@usa.com
206-780-6885 (Home Phone)
206-393-8938 (Mobile)
245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

09/07/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Documents

After Visit Summary - Document on 9/7/2017 12:09 PM: After Visit Summary

Document (below)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135

9/7/2017 10:45 AM Northwest Hospital & Medical Center Laboratory 206-668-1344

Today's Visit

You were seen on Thursday September 7, 2017.

Done Today
PROTHROMBIN TIME (NWH)

What's Next

SEP 20 2017 — Return Wellness Exam with William E Neighbor Jr., MD
Wednesday September 20 11:00 AM (Arrive by 10:45 AM)
Please contact your insurance company to verify your coverage for routine preventative care.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

SEP 21 2017 — Return-Established with Paul Luu, MD
Thursday September 21 10:15 AM (Arrive by 10:00 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 9/7/17 12:09 PM

Page 1 of 2 Epic

09/07/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Documents (continued)

Your Medication List as of 9/7/17 12:09 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3	one po once daily for arthritic pain as needed
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Place 1 drop in each EYE 2 times a day.

Your Results

PROTHROMBIN TIME (NWH)
Collected on 9/7/2017
Resulted on 9/7/2017
Resulting Agency:
NORTHWEST HOSPITAL LAB
1550 N. 115th St, A-200
SEATTLE WA 98133
Specimen: Plasma

Prothrombin Time Patient, NWH
14.1 s
Reference Range
8.9 - 12.1

Prothrombin INR
1.4
Reference Range
0.8 - 1.3

Information on File

jeanhoffman@usa.com
206-780-6885 (Home Phone)
206-393-8938 (Mobile)
245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

09/07/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN
9/7/2017 10:30 AM

Completed

Time	Provider	Department	Length
10:30 AM	Luu, Paul, MD	ZZNWH WOUND CARE	15 min

Referrals: 6843616 (Closed)
Referral Provider: NEIGHBOR JR, WILLIAM E
Enc Form Number: 31372948
Arrival Time: 9:36 AM

History

Made On:	8/24/2017 10:51 AM	By:	Carroll, Linda, PSS/PSR	ES
Checked In:	9/7/2017 9:36 AM	By:	Carroll, Linda, PSS/PSR	ES
Remove Arr.:	9/7/2017 10:19 AM	By:	Svenkerud, Shawna	ES
Checked Out:	9/7/2017 10:19 AM	By:	Svenkerud, Shawna	ES

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017

09/07/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Quantity: 45 tablet Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD Ordered on: 8/21/2017
Start date: 8/21/2017 End date: 11/30/2017
Quantity: 5 mL Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD Entered on: 8/21/2017
Start date: 8/21/2017 End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD Ordered on: 8/30/2017
Start date: 8/30/2017 End date: 9/20/2017
Quantity: 30 tablet Refill: 3 refills remaining

Stopped in Visit

None

09/07/2017 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP IN EACH EYE TWICE DAILY.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2017
Start date: 11/30/2017
End date: 12/8/2017
Quantity: 5 mL
Refill: No refills remaining

09/07/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 9/7/2017 1042

INR 2.1 in desired range. Continue current dose which is coumadin 5 mg one daily except one half on two days of the week.
William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 9/20/2017 5:38 PM

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Tefera, Aylech Tadesse, Technologist 9/7/2017 10:42 AM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
H16509	Plasma	—	1870 09/20/17 1244

PROTHROMBIN TIME (Abnormal) Resulted: 09/20/17 1519, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 09/20/17 1519
Collected by: 1870 09/20/17 1244 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 09/20/17 1738
Martinez, Ricardo C, CMA on 09/26/17 1439

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	23.0	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.1	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

09/07/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E, MD on 9/20/2017 at 5:38 PM PDT
INR 2.1 in desired range. Continue current dose which is coumadin 5 mg one daily except one half on two days of the week.
William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 9/20/2017 17:38

08/30/2017 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Long term current use of anticoagulant therapy (primary)
- GENERAL OSTEOARTHROSIS
- DVT, recurrent, lower extremity, chronic, unspecified laterality

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 15 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

08/30/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2017
Start date: 8/30/2017
End date: 9/20/2017
Quantity: 30 tablet
Refill: 3 refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 8/30/2017 1040

Jeanne Leonie Hoffman is a 92 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  Patient is here today for follow up.

In for refill of low dose codeine and importantly for INR review. Last INR one week ago at NW was 2.4 after holding dose as per telephone encounter. Aim is INR close to but above 2.0 given age. She is presently taking coumadin one tab daily except a half tab on Thursday and Sunday.
No bleeding or clotting issues

Needs refill on tylenol with codeine which she takes half to one per day. She has been on stable dose. Has needed a bit more on days when she sees wound care for procedure but cuts back other days. Son reports that one tab twice daily results in her being a bit "whoozy." No falls.

Other:
--Wound care at NW. Report from son is that wound is beginning to improve.

Social: Planning 48 day train trip around the country which Jeanne states she is looking forward to. They have appt for Sept 20 for letters regarding meds and hx, refills, etc in prep for that visit.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [M47.816]	08/30/2013
• Vertebral fracture [IMO0002] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	12/13/2012
• Thyroid nodule, uninodular [E04.1] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	12/13/2012
• Osteoporosis, unspecified [M81.0] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped	03/04/2008
• Long term current use of anticoagulant therapy [Z79.01] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3	01/08/2008
• Closed fracture of unspecified intracapsular section of neck of femur (HCC) [S72.019A] Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	05/01/2007
• Unspecified vitamin B deficiency [E53.9] Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency	05/01/2007
• Other convulsions [R56.9] Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence	11/20/2006
• Esophageal reflux [K21.9]	11/20/2006
• Sensorineural hearing loss, unspecified [H90.5]	11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic (HCC) [I82.509] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- Allergic rhinitis, cause unspecified [J30.9] 11/20/2006
- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Skin ulcer (HCC) [L98.499] 03/23/2017
- Primary osteoarthritis of both hips [M16.0] 02/01/2017
- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- Imbalance [R26.89] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Other physical therapy [IMO0001] 01/22/2015

- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [M62.81] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Outpatient Prescriptions Marked as Taking for the 8/30/17 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Losartan Potassium 25 MG Oral Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	0
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays	90 tablet	3

Social history:

History

Sexual Activity

- Sexual activity: No

Social History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol use No

Objective:

There were no vitals taken for this visit.

08/30/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Estimated body mass index is 22.75 kg/m² as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 5/3/17: 54.6 kg (120 lb 6.4 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter:
General: NAD
Psych: Affect appropriate. Smiiling.

Lab and other tests: INR pending

Assessment and Plan:
1. GENERAL OSTEOARTHROSIS
Stable dose of codeine. Refilled.
- Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab; one po once daily for arthritic pain as needed Dispense: 30 tablet; Refill: 3

2. Long term current use of anticoagulant therapy
INR pending. If in target range which is close to but above 2.0 will adjust prescription so that she continues to take a half tab on Thursday and Sunday.

3. DVT, recurrent, lower extremity, chronic, unspecified laterality (HCC)
No recurrence.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 8/30/2017 11:35 AM

Other Orders

Medications

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 08/30/17 1058** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 08/30/17 1058 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 08/30/17 - 09/20/17 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 09/20/17 1155 [Reorder]
Diagnoses
Generalized osteoarthrosis, unspecified site [M15.9] - GENERAL OSTEOARTHROSIS
Admin instructions: one po once daily for arthritic pain as needed
Reordered from: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Indications

Generalized osteoarthrosis, unspecified site [M15.9 (ICD-10-CM)]

Flowsheets

Vital Data

08/30/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Flowsheets (continued)

Row Name	08/30/17 1044
BP	142/62
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.3 °C
Temp src	Oral
Pulse	50
Pulse Regularity	Regular

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/30/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 8/30/2017 10:40 AM Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor Jr., MD

Your medications have changed
See your updated medication list for details.

Pick up these medications from any pharmacy with your printed prescription
Acetaminophen-Codeine #3

What's Next

SEP 7 2017 — Return-Established with Paul Luu, MD
Thursday September 7 10:30 AM
(Arrive by 10:15 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

SEP 20 2017 — Return Wellness Exam with William E Neighbor Jr., MD
Wednesday September 20 11:00 AM
(Arrive by 10:45 AM)
Please contact your insurance company to verify your coverage for routine preventative care.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw William E Neighbor Jr., MD on Wednesday August 30, 2017. The following issues were addressed: Generalized osteoarthrosis, unspecified site; Long term current use of anticoagulant therapy; and DVT, recurrent, lower extremity, chronic, unspecified laterality (HCC).

Blood Pressure	Temperature (Oral)
142/62	97.4 °F

Pulse
50

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

08/30/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Medication List as of 8/30/17 11:35 AM

If you have any questions, ask your nurse or doctor.

CHANGE **Acetaminophen-Codeine #3** 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3 Changed by: William E Neighbor Jr., MD	one po once daily for arthritic pain as needed What changed: • **how much to take** • **how to take this** • **when to take this** • **reasons to take this** • **additional instructions**
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Place 1 drop in each EYE 2 times a day.

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

08/30/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 8/30/2017 11:35 AM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 | 8/30/2017 10:40 AM | Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor Jr., MD

Your medications have changed
See your updated medication list for details.

Pick up these medications from any pharmacy with your printed prescription
Acetaminophen-Codeine #3

What's Next

SEP 7 2017
Return-Established with Paul Luu, MD
Thursday September 7 10:30 AM
(Arrive by 10:15 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

SEP 20 2017
Return Wellness Exam with William E Neighbor Jr., MD
Wednesday September 20 11:00 AM
(Arrive by 10:45 AM)
Please contact your insurance company to verify your coverage for routine preventative care.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

You saw William E Neighbor Jr., MD on Wednesday August 30, 2017. The following issues were addressed: Generalized osteoarthrosis, unspecified site; Long term current use of anticoagulant therapy; and DVT, recurrent, lower extremity, chronic, unspecified laterality (HCC).

Blood Pressure	Temperature (Oral)
142/62	97.4 °F

Pulse
50

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 8/30/17 11:35 AM

Page 1 of 2 Epic

08/30/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Medication List as of 8/30/17 11:35 AM

If you have any questions, ask your nurse or doctor.

CHANGE **Acetaminophen-Codeine #3** 300-30 MG Tab Commonly known as: TYLENOL WITH CODEINE #3 Changed by: William E Neighbor Jr., MD	one po once daily for arthritic pain as needed What changed: • **how much to take** • **how to take this** • **when to take this** • **reasons to take this** • **additional instructions**
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Place 1 drop in each EYE 2 times a day.

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

08/30/2017 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GENERAL OSTEOARTHROSIS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/21/2017
Start date: 8/21/2017 — End date: 11/30/2017
Quantity: 5 mL — Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 8/21/2017

08/30/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 8/21/2017 End date: 12/3/2017
Quantity: 90 tablet

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E, MD at 8/30/2017 1038

Son in for his own care. Asked for refill for mom, but then told me she was in waiting room. I will see her today and cancel appt for next week.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 8/30/2017 10:39 AM

Other Orders

Medications

Acetaminophen-Codeine #3 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 08/30/17 1037** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 08/30/17 1037 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
PRN reasons: pain
Frequency: Routine q6h PRN 08/30/17 - 08/30/17 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 08/30/17 1038 [Erroneous order-Prescription destroyed]
Diagnoses
Generalized osteoarthrosis, unspecified site [M15.9] - GENERAL OSTEOARTHROSIS
Reordered from: Acetaminophen-Codeine #3 300-30 MG Oral Tab

Indications

Generalized osteoarthrosis, unspecified site [M15.9 (ICD-10-CM)]

08/30/2017 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

08/30/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Karmelich, Karen A 8/30/2017 9:39 AM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
W62446	Plasma	—	923 08/30/17 0939

PROTHROMBIN TIME (Abnormal)
Resulted: 08/30/17 1228, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 08/30/17 1228
Collected by: 923 08/30/17 0939
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 08/31/17 1615
Kerby, Kalena L, CMA on 09/08/17 1725

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	20.0	10.7 - 15.6 s	H	UWMC
Prothrombin INR	1.8	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

08/30/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E, MD on 8/31/2017 at 4:15 PM PDT
INR 1.8. This may reflect that last week she was instructed to skip a dose. As her INRs of late having been running at the upper end of the 2.0-3.0 range, I would stay with the new dose of coumadin 1 tab daily except half on Thursday and Sunday. Repeat INR in one week.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E, MD on 8/31/2017 16:15

08/24/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider
Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/6/2017
Start date: 7/6/2017 — End date: 8/30/2017
Quantity: 30 tablet — Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/21/2017

08/24/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Stopped in Visit

None

Labs

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/24/17 1126**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/24/17 1126
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 08/24/17 1126 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H64634	Plasma	—	5084 08/24/17 1126

Prothrombin Time (NWH) (Abnormal)
Resulted: 08/24/17 1202, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 08/24/17 1203
Collected by: 5084 08/24/17 1126
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	24.3	8.9 - 12.1 s	H	NWH
Prothrombin INR	2.4	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/24/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

After Visit Summary (continued)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135

8/24/2017 11:15 AM Northwest Hospital & Medical Center Laboratory 206-668-1344

Today's Visit

You were seen on Thursday August 24, 2017.

Done Today
PROTHROMBIN TIME (NWH)

What's Next

SEP 7 2017 — Return-Established with Paul Luu, MD
Thursday September 7 10:30 AM (Arrive by 10:15 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

SEP 20 2017 — Return Wellness Exam with William E Neighbor Jr., MD
Wednesday September 20 11:00 AM (Arrive by 10:45 AM)
Please contact your insurance company to verify your coverage for routine preventative care.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

Your Medication List as of 8/24/17 12:03 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	Take 1 tablet by mouth every 6 hours as needed for pain.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Place 1 drop in each EYE 2 times a day.

Your Results

PROTHROMBIN TIME (NWH)
Collected on 8/24/2017
Resulted on 8/24/2017
Resulting Agency:
NORTHWEST HOSPITAL LAB
1550 N. 115th St, A-200
SEATTLE WA 98133
Specimen: Plasma

Prothrombin Time Patient, NWH
24.3 s
Reference Range
8.9 - 12.1

Prothrombin INR
2.4
Reference Range
0.8 - 1.3

Information on File

jeanhoffman@usa.com
206-780-6885 (Home Phone)
206-393-8938 (Mobile)
245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

08/24/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Documents

After Visit Summary - Document on 8/24/2017 12:03 PM: After Visit Summary

Document (below)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135

8/24/2017 11:15 AM Northwest Hospital & Medical Center Laboratory 206-668-1344

Today's Visit

You were seen on Thursday August 24, 2017.

Done Today
PROTHROMBIN TIME (NWH)

What's Next

SEP 7 2017 — Return-Established with Paul Luu, MD
Thursday September 7 10:30 AM (Arrive by 10:15 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

SEP 20 2017 — Return Wellness Exam with William E Neighbor Jr., MD
Wednesday September 20 11:00 AM (Arrive by 10:45 AM)
Please contact your insurance company to verify your coverage for routine preventative care.

Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

eCare

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Jeanne L. Hoffman (MRN: U8170135) • Printed at 8/24/17 12:03 PM

Page 1 of 2 Epic

08/24/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Documents (continued)

Your Medication List as of 8/24/17 12:03 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	Take 1 tablet by mouth every 6 hours as needed for pain.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	Place 1 drop in each EYE 2 times a day.

Your Results

PROTHROMBIN TIME (NWH)
Collected on 8/24/2017
Resulted on 8/24/2017
Resulting Agency:
NORTHWEST HOSPITAL LAB
1550 N. 115th St, A-200
SEATTLE WA 98133
Specimen: Plasma

Prothrombin Time Patient, NWH
24.3 s
Reference Range
8.9 - 12.1

Prothrombin INR
2.4
Reference Range
0.8 - 1.3

Information on File

jeanhoffman@usa.com
206-780-6885 (Home Phone)
206-393-8938 (Mobile)
245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

08/24/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN
8/24/2017 10:45 AM

Completed

Time	Provider	Department	Length
10:45 AM	Luu, Paul, MD	ZZNWH WOUND CARE	15 min

Referrals: 6843616 (Closed)
Referral Provider: NEIGHBOR JR, WILLIAM E
Enc Form Number: 31274648
Arrival Time: 10:08 AM

History

Made On:	8/17/2017 11:00 AM	By:	Svenkerud, Shawna	ES
Checked In:	8/24/2017 10:08 AM	By:	Carroll, Linda, PSS/PSR	ES
Remove Arr.:	8/24/2017 10:51 AM	By:	Carroll, Linda, PSS/PSR	ES
Checked Out:	8/24/2017 10:51 AM	By:	Carroll, Linda, PSS/PSR	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017

08/24/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Quantity: 45 tablet Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD Ordered on: 7/6/2017
Start date: 7/6/2017 End date: 8/30/2017
Quantity: 30 tablet Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD Ordered on: 8/21/2017
Start date: 8/21/2017 End date: 11/30/2017
Quantity: 5 mL Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD Entered on: 8/21/2017
Start date: 8/21/2017 End date: 12/3/2017
Quantity: 90 tablet

Stopped in Visit

None

08/21/2017 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Results
Visit diagnoses:
- (primary)
- AFTERCARE LONG TERM ANTICOAG USE

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/6/2017
Start date: 7/6/2017 — End date: 8/30/2017
Quantity: 30 tablet — Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/21/2017

08/21/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E, MD at 8/21/2017 1507

See e care message.
Jeanne has had no clotting issues or bleeding.
She continues weekly follow up at NW Wound Care.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 8/21/2017 3:07 PM

Messages

Elevated INR. Coumadin dose adjustment.

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	8/21/2017 3:05 PM

Last Read in MyChart
8/22/2017 8:54 AM by Hoffman, Jeanne Leonie

Louis: Jeanne's INR has been elevated well above the target on the last three blood tests. The number has been in the high 3's. The target is closer to 2. I spoke with you by phone this afternoon to better understand why this is Jeanne has been taking the coumadin as directed: One tablet daily and a half tablet on Sundays. She is not on any new medications. Her diet has changed in that she may be eating fewer green leafy vegetables which contain vitamin K that counteracts some of the effect of coumadin.

The plan at this time is:
--She should not take any Coumadin tonight, Monday. This is to allow the INR to correct.
--Her new dose of Coumadin will be one tablet daily except one half tablet on Thursday (including this Thursday) and Sundays.

08/21/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Messages (continued)

--Please schedule a follow up visit with me for 1-2 weeks from now.
--Have an INR done at Northwest at the wound care appointment there this Thursday, Aug 24.

Thank you.

William E Neighbor, MD

08/17/2017 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/6/2017

08/17/2017 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Martinez, Ricardo C, CMA at 8/17/2017 1619

Refill for medication: Timolol Maleate 0.5% Opthalmic Solution

Last refilled date: 7/10/2017

Last office visit: 5/10/2017

Future office visit: None

Electronically signed by Martinez, Ricardo C, CMA at 8/17/2017 4:21 PM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 08/21/17 1318**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 08/21/17 1318
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine BID 08/21/17 - 11/30/17
Class: E-RX
Released by: Neighbor Jr., William E, MD 08/21/17 1318
Discontinued by: Neighbor Jr., William E, MD 11/30/17 1456 [Reorder]

Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS
Reordered from: Timolol Maleate 0.5 % Ophthalmic Solution

Indications

Unspecified glaucoma [H40.9 (ICD-10-CM)]

08/17/2017 - Appointment in Radiology

Visit Information

Appointment Information

OUTPATIENT
8/17/2017 12:45 PM

Completed

Time	Provider	Department	Length
12:45 PM	NWH RAD ROOM	ZZNWH RADIOLOGY - CAMPUS	15 min

Referral Provider: LUU, PAUL
Enc Form Number: 31223332

Arrival Time: 11:10 AM

History

Made On:	8/17/2017 11:10 AM	By:	Myers-Moen, Linda	ES
Checked In:	8/17/2017 11:10 AM	By:	Myers-Moen, Linda	ES
EOD Status:	8/21/2017 9:36 PM	By:	Uw Epaa, User	ES

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

08/17/2017 - Appointment in Radiology (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2017
Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

08/17/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider
Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/6/2017

08/17/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Labs

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/17/17 1143**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/17/17 1143
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 08/17/17 1143 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H54150	Plasma	—	5084 08/17/17 1143

Prothrombin Time (NWH) (Abnormal)
Resulted: 08/17/17 1254, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 08/17/17 1254
Collected by: 5084 08/17/17 1143
Resulting lab: NORTHWEST HOSPITAL LAB
Acknowledged by: Neighbor Jr., William E, MD on 08/21/17 1507

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	39.0	8.9 - 12.1 s	H	NWH
Prothrombin INR	3.8	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

All Reviewers List

Neighbor Jr., William E, MD on 8/21/2017 15:07

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/17/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

After Visit Summary (continued)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135

8/17/2017 11:10 AM Northwest Hospital & Medical Center Laboratory 206-668-1344

Today's Visit

You were seen on Thursday August 17, 2017.

Done Today
PROTHROMBIN TIME (NWH)

What's Next

AUG 24 2017 Return-Established with Paul Luu, MD
Thursday August 24 10:45 AM (Arrive by 10:30 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

08/17/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

After Visit Summary (continued)

Your Medication List as of 8/17/17 12:34 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	Take 1 tablet by mouth every 6 hours as needed for pain.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY

Your Results

PROTHROMBIN TIME (NWH) - PENDING
Collected on 8/17/2017

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

08/17/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Documents

After Visit Summary - Document on 8/17/2017 12:34 PM: After Visit Summary

Document (below)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
8/17/2017 11:10 AM Northwest Hospital & Medical Center Laboratory 206-668-1344

Today's Visit

You were seen on Thursday August 17, 2017.

Done Today
PROTHROMBIN TIME (NWH)

What's Next

AUG 24 2017 Return-Established with Paul Luu, MD
Thursday August 24 10:45 AM (Arrive by 10:30 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 8/17/17 12:34 PM Page 1 of 2 Epic

08/17/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Documents (continued)

Your Medication List as of 8/17/17 12:34 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	Take 1 tablet by mouth every 6 hours as needed for pain.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY

Your Results

PROTHROMBIN TIME (NWH) - PENDING
Collected on 8/17/2017

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

08/17/2017 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Provider Information

Encounter Provider

Luu, Paul, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2017

08/17/2017 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Labs

Glucose, Finger Stick POC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/17/17 1116**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/17/17 1116
Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 08/17/17 1116 -
Quantity: 1
Lab status: Final result
Order comments: Ordered by an unspecified provider

Specimen Information

ID	Type	Source	Collected By
H53254	Whole blood	—	08/17/17 1116

Glucose, Finger Stick POC
Resulted: 08/17/17 1122, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 08/17/17 1123
Collected by: 08/17/17 1116
Resulting lab: NWH POINT OF CARE

Components

Component	Value	Reference Range	Flag	Lab
Glucose, Finger Stick POC	108	62 - 125 mg/dL	—	NWPOC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - NWPOC	NWH POINT OF CARE	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0955 - 07/23/18 1000

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/17/2017 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
8/17/2017 10:15 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Today's Visit

You saw Paul Luu, MD on Thursday August 17, 2017.

Done Today
GLUCOSE, FINGER STICK POC

What's Next

AUG 24 2017 Return-Established with Paul Luu, MD
Thursday August 24 10:45 AM (Arrive by 10:30 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare

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08/17/2017 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Medication List as of 8/17/17 11:23 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	Take 1 tablet by mouth every 6 hours as needed for pain.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY

Your Results

GLUCOSE, FINGER STICK POC
Collected on 8/17/2017
Resulted on 8/17/2017
Resulting Agency:
NWH POINT OF CARE
1550 N. 115th St, A-200
SEATTLE WA 98133
Specimen: Whole blood

Glucose, Finger Stick POC
108 mg/dL
Reference Range
62 - 125

Information on File

jeanhoffman@usa.com
206-780-6885 (Home Phone)
206-393-8938 (Mobile)
245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

08/17/2017 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 8/17/2017 11:23 AM: After Visit Summary

Document (below)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
8/17/2017 10:15 AM Northwest Hospital Wound Care & Hyperbaric Center 206-668-1244

Today's Visit

You saw Paul Luu, MD on Thursday August 17, 2017.

Done Today
GLUCOSE, FINGER STICK POC

What's Next

AUG 24 2017 Return-Established with Paul Luu, MD
Thursday August 24 10:45 AM (Arrive by 10:30 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare

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Jeanne L. Hoffman (MRN: U8170135) • Printed at 8/17/17 11:23 AM Page 1 of 2 Epic

08/17/2017 - Office Visit in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Medication List as of 8/17/17 11:23 AM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	Take 1 tablet by mouth every 6 hours as needed for pain.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY

Your Results

GLUCOSE, FINGER STICK POC
Collected on 8/17/2017
Resulted on 8/17/2017
Resulting Agency:
NWH POINT OF CARE
1550 N. 115th St, A-200
SEATTLE WA 98133
Specimen: Whole blood

Glucose, Finger Stick POC
108 mg/dL
Reference Range
62 - 125

Information on File

jeanhoffman@usa.com
206-780-6885 (Home Phone)
206-393-8938 (Mobile)
245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

08/17/2017 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

08/17/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 -
Class: Normal
Quantity: 1
Instance released by: Thygesen, Karalynne Joy, Technologist 8/17/2017 11:33 AM
Discontinued by: Uw Lab Results Interface, User 08/17/17 1247 [Canceled by Lab, see Result History.]
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
H53441	Plasma	—	5084 08/17/17 1143

PROTHROMBIN TIME

Resulted: 08/17/17 1238, Result status: Final result
Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 08/17/17 1247 [Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 08/17/17 1238
Collected by: 5084 08/17/17 1143
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Duplicate request	10.7 - 15.6 s	—	NWH
Prothrombin INR	Duplicate request	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 08/21/17 1428

Testing Performed By

08/17/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 8/21/2017 14:28

08/17/2017 - Orders Only in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Provider Information

Encounter Provider

Luu, Paul, MD

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2017

08/17/2017 - Orders Only in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Stopped in Visit

None

Autopsy Lab Result

PATHOLOGY, SURGICAL (Final result)

Electronically signed by: **Uw Path Results Interface, User on 08/18/17 1637**
Status: **Completed**
Ordering user: Uw Path Results Interface, User 08/18/17 1637
Authorized by: Luu, Paul, MD
Ordering mode: Standard
Frequency: STAT 08/18/17 1637 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
A	—	Other	08/17/17 1030

PATHOLOGY, SURGICAL
Resulted: 08/18/17 1636, Result status: Final result

Order status: Completed
Filed by: Interface, Uw Incoming Pathology Results - Ap Case Conversions 03/17/21 2202
Collected by: 08/17/17 1030
Resulting lab: UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY
CLIA number: 50D0661462

Components

Component	Value	Reference Range	Flag	Lab
Not Reported	--	—	—	UWMC Pathology

Result:

FINAL DIAGNOSIS:

A) Left lat calf, procedure not specified:
- Granulation tissue associated with fibrin, necroinflammatory debris, and underlying fibrous stroma with focal dystrophic calcifications, consistent with sampling of a chronic ulcer bed.
- Negative for neoplasm.
- Multiple levels examined.

COMMENT:
If there is clinical suspicion of a more significant lesion or process, additional sampling is recommended if clinically indicated.
A Von Kossa stain highlights focal calcium deposits with appropriately staining controls, supporting the above diagnosis.

Component	Value	Reference Range	Flag	Lab
Case Report	--	—	—	UWMC Pathology

Result:

FINAL DIAGNOSIS:

A) Left lat calf, procedure not specified:
- Granulation tissue associated with fibrin, necroinflammatory debris, and underlying fibrous stroma with focal dystrophic calcifications, consistent with sampling of a chronic ulcer bed.
- Negative for neoplasm.
- Multiple levels examined.

COMMENT:
If there is clinical suspicion of a more significant lesion or process, additional sampling is recommended if clinically indicated.
A Von Kossa stain highlights focal calcium deposits with appropriately staining controls, supporting the above diagnosis.

08/17/2017 - Orders Only in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Autopsy Lab Result (continued)

CLINICAL DATA:
Left lateral calf ulcer present x 6 months. Calcified tissue present. 40-year history of wounds on this calf. Rule out malignancy. ICD 10 L97.322, L97.222.

GROSS DESCRIPTION:
A) Received in formalin labeled "Hoffman, Jeanne Leonie; A. left lateral calf" is a 0.8 x 0.4 x 0.3 cm shave of slightly ragged tan possible skin. The resection margin is inked blue. It is bisected and submitted entirely in A1. (CXH/pwt)

Oname Burlingame MD, PhD
Pathologist
Electronically signed 08/18/2017
In compliance with CMS regulations, the pathologist's signature on this report indicates that the case has been personally reviewed, and the diagnosis made or confirmed by, the Attending Pathologist. Microscopic examination was used to arrive at the diagnosis unless indicated otherwise. Testing Location: Northwest Hospital and Medical Center, 1550 N 115th, , Seattle, WA 98133 Ph: 206-668-1779 Fax: 206-668-1163.

Not Reported	Luu MD, Paul (Interface) - Plastic Reconstructive Surgery - SEATTLE, WA 98118 USA	—	—	UWMC Pathology
Not Reported	--	—	—	UWMC Pathology

Result:
Archive Material - Robins, Sarah - (sarahr11) - 01/25/2018
Block(s) sent to RMS

Req Data Info - System, automated - (zzzSysAuto) - 10/27/2020

Type of Case:	UWMC
Accessioned At:	UWMC
Order Station #:	850 Misc
Include Mol Test Inst in Rpt?:	Y

Not Reported		--	—	—	UWMC Pathology

Result:

Slide Label	Location	Status	Last_scanned	Intended_for	
A1-1 Level 1	UWMC Slide Room		Delivered	Nov 18 2018 1:20PM	Records Management Services
A1-2 Level 2	UWMC Slide Room		Delivered	Nov 18 2018 1:20PM	Records Management Services
A1-3 Level 3	UWMC Slide Room		Delivered	Nov 18 2018 1:20PM	Records Management Services
A1-4 Von Kossa	UWMC Slide Room		Delivered	Nov 18 2018 1:20PM	Records Management Services

08/17/2017 - Orders Only in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Autopsy Lab Result (continued)

A1-5 L-1 Recut Services	UWMC Slide Room	Delivered	Nov 18 2018 1:20PM	Records Management
A1-6 L-2 Recut Services	UWMC Slide Room	Delivered	Nov 18 2018 1:20PM	Records Management
A1-7 L-3 Recut Services	UWMC Slide Room	Delivered	Nov 18 2018 1:20PM	Records Management

Slide location information is current as of March 17, 2021.

Reviewed by

Luu, Paul, MD on 05/03/18 1014

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
95 - UWMC Pathology	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY	Charles E. Alpers, MD	1959 NE Pacific St. Room BB220 Seattle WA 98195	Create - 08/13/19 1434

All Reviewers List

Luu, Paul, MD on 5/3/2018 10:14

08/10/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2017

08/10/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Labs

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/10/17 1136**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/10/17 1136
Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 08/10/17 1136 -
Quantity: 1
Lab status: Final result
Order comments: Ordered by William E. Neighbor Jr 006267

Specimen Information

ID	Type	Source	Collected By
H42551	Plasma	—	08/10/17 1136

Prothrombin Time (NWH) (Abnormal)
Resulted: 08/10/17 1235, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 08/10/17 1235
Collected by: 08/10/17 1136
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	39.8	8.9 - 12.1 s	H	NWH
Prothrombin INR	3.9	0.8 - 1.3	H	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/10/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

After Visit Summary (continued)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135

8/10/2017 11:20 AM Northwest Hospital & Medical Center Laboratory 206-668-1344

Today's Visit

You were seen on Thursday August 10, 2017.

Done Today
PROTHROMBIN TIME (NWH)

What's Next

AUG 17 2017 Return-Established with Paul Luu, MD
Thursday August 17 10:15 AM (Arrive by 10:00 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

Your Medication List as of 8/10/17 12:35 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	Take 1 tablet by mouth every 6 hours as needed for pain.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY

Your Results

PROTHROMBIN TIME (NWH)
Collected on 8/10/2017
Resulted on 8/10/2017
Resulting Agency:
NORTHWEST HOSPITAL LAB
1550 N. 115th St, A-200
SEATTLE WA 98133
Specimen: Plasma

Prothrombin Time Patient, NWH
39.8 s
Reference Range
8.9 - 12.1

Prothrombin INR
3.9
Reference Range
0.8 - 1.3

Information on File

jeanhoffman@usa.com
206-780-6885 (Home Phone)
206-393-8938 (Mobile)
245 HIGH SCHOOL ROAD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

08/10/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Documents

After Visit Summary - Document on 8/10/2017 12:35 PM: After Visit Summary

Document (below)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
8/10/2017 11:20 AM Northwest Hospital & Medical Center Laboratory 206-668-1344

Today's Visit

You were seen on Thursday August 10, 2017.

Done Today
PROTHROMBIN TIME (NWH)

What's Next

AUG 17 2017 Return-Established with Paul Luu, MD
Thursday August 17 10:15 AM (Arrive by 10:00 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 8/10/17 12:35 PM Page 1 of 2 Epic

08/10/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Documents (continued)

Your Medication List as of 8/10/17 12:35 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	Take 1 tablet by mouth every 6 hours as needed for pain.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY

Your Results

PROTHROMBIN TIME (NWH)
Collected on 8/10/2017
Resulted on 8/10/2017
Resulting Agency:
NORTHWEST HOSPITAL LAB
1550 N. 115th St, A-200
SEATTLE WA 98133
Specimen: Plasma

Prothrombin Time Patient, NWH
39.8 s
Reference Range
8.9 - 12.1

Prothrombin INR
3.9
Reference Range
0.8 - 1.3

Information on File

jeanhoffman@usa.com
206-780-6885 (Home Phone)
206-393-8938 (Mobile)
245 HIGH SCHOOL ROAD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

08/10/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN
8/10/2017 10:15 AM

Completed

Time	Provider	Department	Length
10:15 AM	Luu, Paul, MD	ZZNWH WOUND CARE	15 min

Referrals: 6843616 (Closed)
Referral Provider: NEIGHBOR JR, WILLIAM E
Enc Form Number: 31167624

Arrival Time: 10:11 AM

History

Made On:	8/3/2017 12:08 PM	By:	Svenkerud, Shawna	ES
Checked In:	8/10/2017 10:11 AM	By:	Carroll, Linda, PSS/PSR	ES
Remove Arr.:	8/10/2017 11:06 AM	By:	Martinez, Belinda	ES
Checked Out:	8/10/2017 11:06 AM	By:	Martinez, Belinda	ES

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017

08/10/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2017
Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

08/10/2017 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/21/2017
Start date: 8/21/2017 — End date: 11/30/2017
Quantity: 5 mL — Refill: No refills remaining

08/10/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 -
Class: Normal
Quantity: 1
Instance released by: Thygesen, Karalynne Joy, Technologist 8/10/2017 11:36 AM
Discontinued by: Uw Lab Results Interface, User 08/10/17 1226 [Canceled by Lab, see Result History.]
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
H42000	Plasma	—	08/10/17 1136

PROTHROMBIN TIME
Resulted: 08/10/17 1222, Result status: Final result

Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 08/10/17 1226 [Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 08/10/17 1222
Collected by: 08/10/17 1136
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient Comment: SEE H42551	Test added to previous lab request.	10.7 - 15.6 s	—	NWH
Prothrombin INR Comment: SEE H42551	Test added to previous lab request.	0.8 - 1.3	—	NWH

Reviewed by

08/10/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Neighbor Jr., William E, MD on 08/15/17 1534

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 8/15/2017 15:34

08/07/2017 - Abstract in Hall Health Health Data Service

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Health Data Service	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/6/2017

08/07/2017 - Abstract in Hall Health Health Data Service (continued)

Medication List (continued)

Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

08/07/2017 - Abstract in Hall Health Health Data Service (continued)

Documents

UWM Outside Records - Scan on 8/7/2017 3:11 PM: 7/27/2017 NW WOUND REPORT

Scan (below)



Date: 7/17/2017

Dr. William E. Neighbor
Hall Health Center
4060 East Stevens Way
BOX 354410
Seattle, WA 98195-0001

This is an 8-week summary for Jeanne Leonie Hoffman. The Northwest Hospital Wound Care and Hyperbaric Center's healthcare team includes physicians trained in wound management and hyperbaric medicine. The Center uses the latest healing technologies as well as traditional treatments.

Patient Name: Jeanne Leonie Hoffman
DOB: 1/26/1925
Insurance: Medicare, Medicaid
Wound Type: Venous Leg Ulcer
Wound Location: Left, Lateral Calf, Left, Lateral Malleolus, Left, Medial Malleolus
Procedure CPT Codes: Evaluation & Management, Debridement Sub Q
Diagnosis Codes: I87.032, L97.222
Treating Provider: Prema K. Raghu, MD

The patient's initial wound measurements were: Please see attached

The current wound measurements are: Please see attached

Wound treatments utilized were: Water, Medihoney, Gauze, Wrap Gauze, Santyl, Vaseline Gauze, Dry Gauze, Kling, Silversorb Gel

Thank you for allowing us to partner with you in the treatment of your patient. If you have additional questions please feel free to call us at: 206-368-1244

Wound Care & Hyperbaric Center

1560 N 115th St MS-W201 Seattle, WA 98133 206.368.1244 Fax 206.368.1270 www.nwhospital.org

08/07/2017 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Hoffman, Jeanne, Leonie (U8170135) Progress Report

Patient Information

Patient Name:	Hoffman, Jeanne	Date of Birth:	1/6/1925
Wound Care Physician:	Raghu, Prema K.	Days in treatment:	69
Admission Date:	5/17/2017		

Wound 1 Information — **Open**

Wound Type:	Venous Leg Ulcer	Duration (pre-Treatment):	77
Wound Location:	Left,Lateral Calf	Days in Treatment:	69
Change in Area:	-134%	Change in Volume:	-56%

Initial Assessment (5/17/2017)

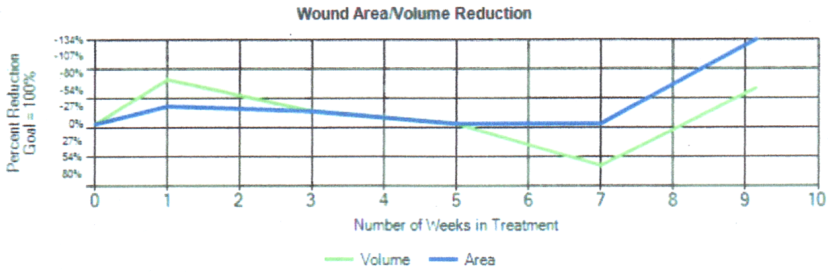
Length:	2.5 cm
Width:	2 cm
Depth:	0.3 cm
Area:	3.927 cm²
Volume:	1.178 cm³

Most Recent Assessment (7/20/2017)

Length:	4.5 cm
Width:	2.6 cm
Depth:	0.2 cm
Area:	9.189 cm²
Volume:	1.838 cm³

First Assessment Photo





08/07/2017 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Wound 2 Information **Open**

Wound Type:	Venous Leg Ulcer	Duration (pre-Treatment):	77
Wound Location:	Left,Lateral Malleolus	Days in Treatment:	69
Change in Area:	-22.2%	Change in Volume:	18.4%

Initial Assessment (5/17/2017)		Most Recent Assessment (7/20/2017)	
Length:	2 cm	Length:	2.2 cm
Width:	0.9 cm	Width:	1 cm
Depth:	0.3 cm	Depth:	0.2 cm
Area:	1.414 cm^2	Area:	1.728 cm^2
Volume:	0.424 cm^3	Volume:	0.346 cm^3

First Assessment Photo



08/07/2017 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Hoffman, Jeanne, Leonie (U8170135) Progress Report

Wound 3 Information **Open**

Wound Type: Venous Leg Ulcer
Wound Location: Left,Medial Malleolus
Change in Area: -438.6%

Duration (pre-Treatment): 77
Days in Treatment: 69
Change in Volume: -258.9%

Initial Assessment (5/17/2017)

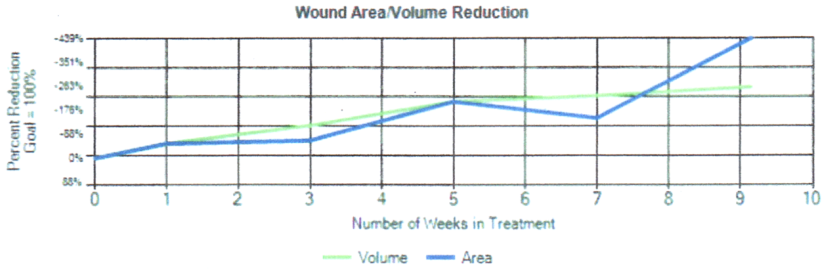
Length:	0.7 cm
Width:	1.4 cm
Depth:	0.3 cm
Area:	0.77 cm²
Volume:	0.231 cm³

Most Recent Assessment (7/20/2017)

Length:	2.4 cm
Width:	2.2 cm
Depth:	0.2 cm
Area:	4.147 cm²
Volume:	0.829 cm³

First Assessment Photo





08/03/2017 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Triage, RN15, and RN30
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

08/03/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2017
Start date: 8/30/2017
End date: 9/20/2017
Quantity: 30 tablet
Refill: 3 refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Brighton, Marcelle, RN at 8/3/2017 1530

Calls placed to both pt and her son. No answer but messages left with both patient and son. Instructed to hold Coumadin tonight and then resume usual schedule tomorrow. Repeat INR blood test in 7-10 days. Will try again prior to closing if call is not returned.

Marcy Brighton, RN

Electronically signed by Brighton, Marcelle, RN at 8/3/2017 4:45 PM

Brighton, Marcelle, RN at 8/3/2017 1635

Second call placed to pt son. No answer. Left message restating medication change.

Marcy Brighton, RN

Electronically signed by Brighton, Marcelle, RN at 8/3/2017 4:46 PM

Walker, Courtney M, RN at 8/4/2017 0921

Phone call to Jeanne's son, Louis, to verify if he or Jeanne received the message to not take the coumadin medication on 8/3/17 and then resume normal medication schedule and have INR blood test in 7-10 days. Louis reports that they just got home from Northwest Hospital and neither received the message about skipping 8/3's dose of Coumadin and that she did take the medication last night. RN informed Louis that I will re-route this back to Dr. Neighbor for further instruction.

Louis shares ongoing frustration with treating Jeanne's foot ulceration, feeling like healing has been stagnant and her pain poorly controlled which makes wound care difficult. They have a plan for wound care moving forward and he feels better about that but still exhausted with the ongoing treatment without improvement.

08/03/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Reports some frustration about some lack of communication between Hall Health and Northwest Hospital over the pain medication refill and then having to wait for the refill.

Routing note to Dr. Neighbor for further instruction.

C.Walker, RN

Electronically signed by Walker, Courtney M, RN at 8/4/2017 9:57 AM

Walker, Courtney M, RN at 8/4/2017 1546

Verified with Dr. Neighbor that tonight's dose of Coumadin should be skipped then resume Coumadine medication tomorrow and have INR blood test drawn in 7-10 days. Left VM with home phone (Jeanne's) and cell (Louis). Will call back before end of day and check in on Monday if unable to reach.

C.Walker, RN

Electronically signed by Walker, Courtney M, RN at 8/4/2017 3:52 PM

Messages

Coumadine and INR

From	To	Sent and Delivered
Courtney M Walker, RN	Hoffman, Jeanne Leonie	8/4/2017 3:52 PM
Last Read in MyChart		
Not Read		

Hi Jeanne and Louis,

This is Courtney. One of the nurses at Hall Health. I wanted to verify that you received the voicemail with instructions regarding the coumadin medication. Dr. Neighbor would like Jeanne to skip tonight's dose, Friday 8/4, then resume taking the medication as she usually does. In 7-10 days after the skipped dose, she should have an INR blood test. If she skips tonight's dose, 7 days would be Sat 8/12 and 10 days would be Mon 8/14. Please call or eCare message to let us know you've received this message.

Thank you and take good care,
Courtney, RN
Hall Health Triage 206-221-2517

08/03/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2017

08/03/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Labs

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/03/17 1241**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/03/17 1241
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 08/03/17 1241 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H30913	Plasma	—	5071 08/03/17 1241

Prothrombin Time (NWH) (Abnormal)
Resulted: 08/03/17 1317, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 08/03/17 1317
Collected by: 5071 08/03/17 1241
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	51.3	8.9 - 12.1 s	H	UW
Prothrombin INR	4.9	0.8 - 1.3	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

08/03/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

After Visit Summary (continued)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135

8/3/2017 12:25 PM Northwest Hospital & Medical Center Laboratory 206-668-1344

Today's Visit

You were seen on Thursday August 3, 2017.

Done Today
PROTHROMBIN TIME (NWH)

What's Next

AUG 10 2017 Return-Established with Paul Luu, MD
Thursday August 10 10:15 AM (Arrive by 10:00 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

08/03/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

After Visit Summary (continued)

Your Medication List as of 8/3/17 1:17 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	Take 1 tablet by mouth every 6 hours as needed for pain.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY

Your Results

PROTHROMBIN TIME (NWH)
Collected on 8/3/2017
Resulted on 8/3/2017
Resulting Agency:
UW LABORATORY MEDICINE
1959 NE Pacific Street
Seattle WA 98195
206-598-3118
Specimen: Plasma

Prothrombin Time Patient, NWH
51.3 s
Reference Range
8.9 - 12.1

Prothrombin INR
4.9
Reference Range
0.8 - 1.3

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL ROAD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

08/03/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Documents

After Visit Summary - Document on 8/3/2017 1:17 PM: After Visit Summary

Document (below)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135

8/3/2017 12:25 PM Northwest Hospital & Medical Center Laboratory 206-668-1344

Today's Visit

You were seen on Thursday August 3, 2017.

Done Today
PROTHROMBIN TIME (NWH)

What's Next

AUG 10 2017 Return-Established with Paul Luu, MD
Thursday August 10 10:15 AM (Arrive by 10:00 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 8/3/17 1:17 PM

Page 1 of 2 Epic

08/03/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Documents (continued)

Your Medication List as of 8/3/17 1:17 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	Take 1 tablet by mouth every 6 hours as needed for pain.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY

Your Results

PROTHROMBIN TIME (NWH)
Collected on 8/3/2017
Resulted on 8/3/2017
Resulting Agency:
UW LABORATORY MEDICINE
1959 NE Pacific Street
Seattle WA 98195
206-598-3118
Specimen: Plasma

Prothrombin Time Patient, NWH
51.3 s
Reference Range
8.9 - 12.1

Prothrombin INR
4.9
Reference Range
0.8 - 1.3

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL ROAD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

08/03/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN
8/3/2017 11:00 AM

Completed

Time	Provider	Department	Length
11:00 AM	Luu, Paul, MD	ZZNWH WOUND CARE	15 min

Referrals: 6843616 (Closed)
Referral Provider: NEIGHBOR JR, WILLIAM E
Enc Form Number: 31113207
Arrival Time: 10:08 AM

History

Rescheduled:	7/27/2017 10:51 AM	By:	Carroll, Linda, PSS/PSR	ES
Checked In:	8/3/2017 10:08 AM	By:	Carroll, Linda, PSS/PSR	ES
Remove Arr.:	8/3/2017 12:08 PM	By:	Svenkerud, Shawna	ES
Checked Out:	8/3/2017 12:08 PM	By:	Svenkerud, Shawna	ES

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017

08/03/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2017
Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

07/24/2017 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GENERAL OSTEOARTHROSIS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/6/2017

07/24/2017 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Martinez, Ricardo C, CMA at 7/24/2017 1417

Duplicate request.

Electronically signed by Martinez, Ricardo C, CMA at 7/24/2017 2:17 PM

Other Orders

Medications

Acetaminophen-Codeine #3 300-30 MG Oral Tab (Cancel Pend)

Electronically signed by: **Uw Mychart, Patient User on 07/24/17 1110**
Status: **Cancel Pend**
Ordering user: Uw Mychart, Patient User 07/24/17 1110
Authorized by: Neighbor Jr., William E, MD
PRN reasons: pain
Frequency: Routine q6h PRN 07/24/17 - Until Discontinued
Class: E-RX
Pended by: Uw Mychart, Patient User 07/24/17 1110
Discontinued by: Martinez, Ricardo C, CMA 07/24/17 1334

Messages

Your Medications

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	7/28/2017 8:17 AM

Last Read in MyChart
Not Read

Dear Jeanne,

We have processed your medication renewal request. The following medication renewals have been denied:

- Acetaminophen-Codeine #3 300-30 MG Oral Tab

07/24/2017 - Refill in Husky Health Primary Care Clinic (continued)

Messages (continued)

If you have any questions about your prescription, please call or send a message to your provider.

Thank you for using UW Medicine eCare.

RE: Medication Renewal Request

From	To	Sent and Delivered
Ricardo C Martinez, CMA	Hoffman, Jeanne Leonie	7/24/2017 2:16 PM
Last Read in MyChart		
Not Read		

Hi Jeanne,

Good day! Dr. Neighbor is not in the clinic today but he'll be here tomorrow. Please let me know if you have any questions.

Thank you,
Rickie, CMA

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	7/24/2017 11:10 AM

Jeanne L. Hoffman would like a refill of the following medications:
Acetaminophen-Codeine #3 300-30 MG Oral Tab [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

Comment:
NEED REFILL ASAP.....CHECK WITH NWHNeed be for SF-Funeral DP-27th

07/24/2017 - Patient E-mail in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- GENERAL OSTEOARTHROSIS

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

07/24/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2017
Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Martinez, Ricardo C, CMA at 7/24/2017 1333

Refill for medication: Acetaminophen-Codeine #3

Last refilled date: 7/6/2017

Last office visit: 5/10/2017

Future office visit: None

Electronically signed by Martinez, Ricardo C, CMA at 7/24/2017 1:35 PM

Neighbor Jr., William E, MD at 7/25/2017 1715

Not due yet for refill until early August

Electronically signed by Neighbor Jr., William E, MD at 7/25/2017 5:15 PM

Other Orders

Medications

Acetaminophen-Codeine #3 300-30 MG Oral Tab (Cancel Pend)

Electronically signed by: **Neighbor Jr., William E, MD on 07/25/17 1715**
Status: **Cancel Pend**

07/24/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Ordering user: Neighbor Jr., William E, MD 07/25/17 1715
Authorized by: Neighbor Jr., William E, MD
PRN reasons: pain
Frequency: Routine q6h PRN 07/25/17 - Until Discontinued
Class: E-RX
Pended by: Martinez, Ricardo C, CMA 07/24/17 1335
Discontinued by: Discharge Provider, Automatic 03/14/25 1742
Reordered from: Acetaminophen-Codeine #3 300-30 MG Oral Tab

Messages

RE: Health Information Update

From	To	Sent and Delivered
Ricardo C Martinez, CMA	Hoffman, Jeanne Leonie	7/26/2017 9:21 AM
Last Read in MyChart		
Not Read		

Hi Jeanne,

According to Dr. Neighbor your refill request for Acataminophen-Codeine #3 is too early and not due until early August.
Please let me know if you have any questions.

Thank you,
Rickie, CMA

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	7/24/2017 11:07 AM

Jean is leaving for San Francisco, to attend Funeral Services of Louis's Husband Kenneth Charles Jones.
SEA DP 27th AR SEA August 1, 2017.

NEED PAIN MEDIATION REFILL.....ASAP .....PLEASE CHECK NWH 206-368-1244

NWH Appointment rescheduled for August 3, 2017

PLEASE TAKE NOTICE:
Jacques Louis Alloin, passed away on July 17, 2018 at Harbor House - Liberty Shores in Poulsbo, Washington. He was born on March 12, 1928 and was 89 years of age. Arrangements are pending through Cook Family Funeral Home.

07/24/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

07/21/2017 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GENERAL OSTEOARTHROSIS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/6/2017

07/21/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Martinez, Ricardo C, CMA at 7/21/2017 1157

Refill for medication: Tylenol/Codeine #3 TAB

Last refilled date: 7/6/2017

Last office visit: 5/10/2017

Future office visit: None

Electronically signed by Martinez, Ricardo C, CMA at 7/21/2017 11:59 AM

Other Orders

Medications

Acetaminophen-Codeine #3 300-30 MG Oral Tab (Cancel Pend)

Electronically signed by: **Neighbor Jr., William E, MD on 07/21/17 1206**
Status: **Cancel Pend**
Ordering user: Neighbor Jr., William E, MD 07/21/17 1206
Authorized by: Neighbor Jr., William E, MD
PRN reasons: pain
Frequency: Routine q6h PRN 07/21/17 - Until Discontinued
Class: E-RX
Pended by: Neighbor Jr., William E, MD 07/21/17 1206
Discontinued by: Martinez, Ricardo C, CMA 07/24/17 1334
Reordered from: Acetaminophen-Codeine #3 300-30 MG Oral Tab

Messages

RE:tylenol with codeine refill

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	7/25/2017 5:07 PM

Last Read in MyChart

07/21/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Messages (continued)

Not Read

Jeanne: Please see prior message. I refilled this medication on July 6 for 30 days. If you are needing to use it more frequently, I need to understand the reason.

William E Neighbor, MD

RE:tylenol with codeine refill

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	7/21/2017 5:39 PM

NWH-performed topic surgery, as part of wound care. Removing calcified material.
It was perceived that Jean had prescription for pain relief, through your care.
NWH should have checked eCare prescriptions records or provide a new prescription...knowing management issues exist between your office.

However, it is now understood, that eCare and health communication between NWH and Hall Health does not exist for patient care.

tylenol with codeine refill

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	7/21/2017 12:08 PM

Last Read in MyChart
7/21/2017 5:19 PM by Hoffman, Jeanne Leonie

Jeanne: I received a request for refill of your Tylenol with Codeine. This was last written on July 6 for one month so the next refill would not be due until August 6. Let me know if you are needing to use the medication more frequently and the reasons for this and when you will run out. If you are needing to use it more frequently, I would like to see you the discuss this.

William E Neighbor, MD

07/20/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2017

07/20/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Labs

TISSUE C/S W/GRAM (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/20/17 1130**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/20/17 1130
Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 07/20/17 1130 -
Quantity: 1
Lab status: Final result
Order comments: Ordered by Paul Luu 504111

Specimen Information

ID	Type	Source	Collected By
H11221	Tissue	—	07/20/17 1130

Comment: LT LAT.CALF

TISSUE C/S W/GRAM
Resulted: 07/23/17 1323, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 07/24/17 1031
Collected by: 07/20/17 1130
Resulting lab: NORTHWEST HOSPITAL LAB
Acknowledged by
Castillo, Ryan Andrew on 07/24/17 1539
Luu, Paul, MD on 05/03/18 1014

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	NWH
Gram Smear	No polymorphonuclear cells or organisms seen	—	—	NWH
Culture Result: 3+ Mixed Enteric gram negative rod	--	—	—	NWH
Culture Result: 3+ Mixed gram positive flora including Presumptive Enterococcus	--	—	—	NWH
Culture	No further workup	—	—	NWH

07/20/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/20/17 1235** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/20/17 1235 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 07/20/17 1235 - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H78674	Plasma	—	4880 07/20/17 1242

Prothrombin Time (NWH) (Abnormal) Resulted: 07/20/17 1320, Result status: Final result

Order status: Completed
Collected by: 4880 07/20/17 1242
Acknowledged by: Neighbor Jr., William E, MD on 07/20/17 1431
Filed by: Uw Lab Results Interface, User 07/20/17 1320
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	23.0	8.9 - 12.1 s	H	UW
Prothrombin INR	2.4	0.8 - 1.3	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

All Reviewers List

Neighbor Jr., William E, MD on 7/20/2017 14:31

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

07/20/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

After Visit Summary (continued)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135

7/20/2017 12:15 PM Northwest Hospital & Medical Center Laboratory 206-668-1344

Today's Visit

You were seen on Thursday July 20, 2017.

Done Today
PROTHROMBIN TIME (NWH)

What's Next

JUL 27 2017 Return-Established with Paul Luu, MD
Thursday July 27 11:15 AM (Arrive by 11:00 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

07/20/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

After Visit Summary (continued)

Your Medication List as of 7/20/17 12:36 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	Take 1 tablet by mouth every 6 hours as needed for pain.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY

Your Results

PROTHROMBIN TIME (NWH) - PENDING
Collected on 7/20/2017

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL ROAD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

07/20/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Documents

After Visit Summary - Document on 7/20/2017 12:36 PM: After Visit Summary

Document (below)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135
7/20/2017 12:15 PM Northwest Hospital & Medical Center Laboratory 206-668-1344

Today's Visit

You were seen on Thursday July 20, 2017.

Done Today
PROTHROMBIN TIME (NWH)

What's Next

JUL 27 2017 Return-Established with Paul Luu, MD
Thursday July 27 11:15 AM (Arrive by 11:00 AM)

Northwest Hospital Wound Care & Hyperbaric Center
1560 N 115TH STREET, STE 201
SEATTLE WA 98133-8414
206-668-1244

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed at 7/20/17 12:36 PM Page 1 of 2 Epic

07/20/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Documents (continued)

Your Medication List as of 7/20/17 12:36 PM

If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	Take 1 tablet by mouth every 6 hours as needed for pain.
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY

Your Results

PROTHROMBIN TIME (NWH) - PENDING
Collected on 7/20/2017

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL ROAD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Ethnicity: Not Hispanic or Latino
Race: White

07/20/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN **Completed**
7/20/2017 11:00 AM

Time	Provider	Department	Length
11:00 AM	Luu, Paul, MD	ZZNWH WOUND CARE	30 min

Referrals: 6843616 (Closed)
Referral Provider: NEIGHBOR JR, WILLIAM E
Enc Form Number: 31005174
Arrival Time: 10:17 AM

Notes:
Consult

History

Made On:	7/5/2017 10:54 AM	By:	Carroll, Linda, PSS/PSR	ES
Checked In:	7/20/2017 10:17 AM	By:	Svenkerud, Shawna	ES
Remove Arr.:	7/20/2017 11:51 AM	By:	Carroll, Linda, PSS/PSR	ES
Checked Out:	7/20/2017 11:51 AM	By:	Carroll, Linda, PSS/PSR	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays

07/20/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2017
Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

07/20/2017 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

07/20/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 7/20/2017 1234

INR 4.9 . E care message sent to hold part of dose tonight. Surprised at the jump as recent values have been in the target range of 2-3 and toward the lower end of that range which is desirable because of her age. Vascular appointment does not yet appear to have happened.

Current warfarin dose is 5 mg daily except half tablet on Sundays.
Will have her hold dose this evening and then resume regular schedule and recheck INR in 7 days.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 8/3/2017 2:05 PM

Labs

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 -
Class: Normal
Quantity: 1
Instance released by: Dayrit, Julius Yanga, Technologist 7/20/2017 12:34 PM
Discontinued by: Uw Lab Results Interface, User 08/03/17 1350 [Canceled by Lab, see Result History.]
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By

07/20/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

H78665	Plasma	—	08/03/17 1309

PROTHROMBIN TIME Resulted: 08/03/17 1311, Result status: Final result

Order status: Canceled

Discontinued by: Uw Lab Results Interface, User 08/03/17 1350 [Canceled by Lab, see Result History.]

Filed by: Uw Lab Results Interface, User 08/03/17 1312

Collected by: 08/03/17 1309

Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Data entry correction, see updated information	10.7 - 15.6 s	—	UW
Prothrombin INR	Data entry correction, see updated information	0.8 - 1.3	—	UW

Reviewed by

Neighbor Jr., William E, MD on 08/03/17 1406

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 8/3/2017 14:06

07/09/2017 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/6/2017

07/09/2017 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Martinez, Ricardo C, CMA at 7/10/2017 0812

Refill for medication: Timolol Maleate 0.5% Opthalmic Soln

Last refilled date: 5/23/2017

Last office visit: None

Future office visit: 5/10/2017

Electronically signed by Martinez, Ricardo C, CMA at 7/10/2017 8:14 AM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 07/10/17 1251**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 07/10/17 1251
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 07/10/17 - 08/17/17
Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 08/21/17 1318 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS

Indications

Unspecified glaucoma [H40.9 (ICD-10-CM)]

07/06/2017 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GENERAL OSTEOARTHROSIS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/23/2017

07/06/2017 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 5/23/2017 End date: 7/9/2017
Quantity: 5 mL Refill: No refills remaining

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD Ordered on: 7/6/2017
Start date: 7/6/2017 End date: 8/30/2017
Quantity: 30 tablet Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Martinez, Ricardo C, CMA at 7/6/2017 1428

Refill for medication: Acetaminophen-Codeine #3 300-30 mg oral tab

Last refilled date: 6/1/2017 x 2

Last office visit: 5/3/2017

Future office visit: None

Electronically signed by Martinez, Ricardo C, CMA at 7/6/2017 2:31 PM

Neighbor Jr., William E, MD at 7/6/2017 1601

Received request for refill. Usually done at her visit. Will see if we can send this to her pharmacy.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 7/6/2017 4:01 PM

Other Orders

Medications

Acetaminophen-Codeine #3 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 07/06/17 1601** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 07/06/17 1601 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard

07/06/2017 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

PRN reasons: pain
Frequency: Routine q6h PRN 07/06/17 - 08/30/17
Released by: Neighbor Jr., William E, MD 07/06/17 1601
Class: Normal
Discontinued by: Neighbor Jr., William E, MD 08/30/17 1037 [Reorder]

Diagnoses
Generalized osteoarthrosis, unspecified site [M15.9] - GENERAL OSTEOARTHROSIS

Indications

Generalized osteoarthrosis, unspecified site [M15.9 (ICD-10-CM)]

Messages

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	7/6/2017 1:54 PM

Jeanne L. Hoffman would like a refill of the following medications:
Acetaminophen-Codeine #3 300-30 MG Oral Tab [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

Comment:

07/06/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2017

07/06/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Messages

RE: Health Information Update

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	7/6/2017 4:05 PM

Last Read in MyChart
7/10/2017 11:45 AM by Hoffman, Jeanne Leonie

Let us do this when she comes in for her next visit which should be soon.

William E Neighbor, MD

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	7/6/2017 2:05 PM

Need a prescription for walker, DSHS refusing medical credit, without doctors prescription for medical device. Cost 170.00-

Please Note: Louis Husband of 20 yrs/friend for 40+ yrs died June 9, 2017. Louis is devastated/memorial at end of month. visit: www.atdlines.com/kcjonesSF.htm for celebration of life.

07/06/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Scan on 7/6/2017 2:05 PM: jean-navy

Scan (below)



07/06/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 7/6/2017 2:05 PM: jean-flag

Scan (below)



07/06/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 7/6/2017 2:05 PM: jean-bipd-chief

Scan (below)



07/05/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN
7/5/2017 10:45 AM

Completed

Time	Provider	Department	Length
10:45 AM	Raghu, Prema Kumari, MD	ZZNWH WOUND CARE	15 min

Referrals: 6843616 (Closed)
Referral Provider: NEIGHBOR JR, WILLIAM E
Enc Form Number: 30882704
Arrival Time: 10:06 AM

History

Made On:	6/21/2017 10:39 AM	By:	Svenkerud, Shawna	ES
Checked In:	7/5/2017 10:06 AM	By:	Svenkerud, Shawna	ES
Remove Arr.:	7/5/2017 10:54 AM	By:	Carroll, Linda, PSS/PSR	ES
Checked Out:	7/5/2017 10:54 AM	By:	Carroll, Linda, PSS/PSR	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017

07/05/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/23/2017
Start date: 5/23/2017
End date: 7/9/2017
Quantity: 5 mL
Refill: No refills remaining

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/1/2017
Start date: 6/1/2017
End date: 7/6/2017
Quantity: 30 tablet
Refill: 2 refills remaining

Stopped in Visit

None

07/05/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory

Visit Information

Provider Information

Referring Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Northwest Hospital & Medical Center Laboratory	1550 N 115th St, 2nd Floor Seattle WA 98133	206-668-2778	206-668-1345

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/23/2017

07/05/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Medication List (continued)

Start date: 5/23/2017
End date: 7/9/2017
Quantity: 5 mL
Refill: No refills remaining

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/1/2017
Start date: 6/1/2017
End date: 7/6/2017
Quantity: 30 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Labs

Prothrombin Time (NWH) (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/05/17 1111**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/05/17 1111
Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 07/05/17 1111 -
Quantity: 1
Lab status: Final result
Order comments: Ordered by William E. Neighbor Jr 006267

Specimen Information

ID	Type	Source	Collected By
W44737	Plasma	—	4584 07/05/17 1118

Prothrombin Time (NWH) (Abnormal)
Resulted: 07/05/17 1229, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 07/05/17 1229
Collected by: 4584 07/05/17 1118
Resulting lab: UW LABORATORY MEDICINE
Acknowledged by: Neighbor Jr., William E, MD on 07/05/17 1527

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient, NWH	19.1	8.9 - 12.1 s	H	UW
Prothrombin INR	2.0	0.8 - 1.3	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135

7/5/2017 10:20 AM Northwest Hospital & Medical Center Laboratory 206-668-1344

What's Next

JUL 20 2017 Return-Established with Paul Luu, MD
Thursday July 20 11:00 AM

NWH WOUND CARE CLINIC
1560 N 115TH STREET, STE 201
SEATTLE WA
98133-8414
206-668-1244

Today's Visit

Done Today:
PROTHROMBIN TIME (NWH)

Your Updated Medication List

Accurate as of 7/5/17 11:12 AM
If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab
TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN

Atorvastatin Calcium 20 MG Tab
Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction

COUMADIN 5 MG Tab
Generic drug: Warfarin Sodium
1 TAB PO ONCE each evening except one half tab on Sundays

Losartan Potassium 25 MG Tab
TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY

OTHER MEDS (SEE COMMENTS)
Vitamin B12 500 mcg once daily over the counter

Pentoxifylline ER 400 MG Tab CR
Take 1 tablet (400 mg) by mouth 3 times a day.

Timolol Maleate 0.5 % Solution
INSTILL ONE DROP INTO BOTH EYES TWICE DAILY

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

07/05/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

After Visit Summary (continued)

Your Results

PROTHROMBIN TIME (NWH) - PENDING
Collected on 7/5/2017

Information on File

jeanhoffman@usa.com
206-780-6885 (Home Phone)
206-393-8938 (Mobile)
245 HIGH SCHOOL ROAD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Sex: Female
Ethnicity: Not Hispanic or Latino
Race: White

07/05/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Documents

After Visit Summary - Document on 7/5/2017 11:12 AM: After Visit Summary

Document (below)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135

7/5/2017 10:20 AM Northwest Hospital & Medical Center Laboratory 206-668-1344

What's Next

JUL 20 2017 Return-Established with Paul Luu, MD
Thursday July 20 11:00 AM

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1560 N 115TH STREET, STE 201
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206-668-1244

Today's Visit

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Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction

COUMADIN 5 MG Tab
Generic drug: Warfarin Sodium
1 TAB PO ONCE each evening except one half tab on Sundays

Losartan Potassium 25 MG Tab
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OTHER MEDS (SEE COMMENTS)
Vitamin B12 500 mcg once daily over the counter

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Take 1 tablet (400 mg) by mouth 3 times a day.

Timolol Maleate 0.5 % Solution
INSTILL ONE DROP INTO BOTH EYES TWICE DAILY

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Jeanne L. Hoffman (MRN: U8170135) • Printed at 7/5/17 11:12 AM

Page 1 of 2 Epic

07/05/2017 - Office Visit in Northwest Hospital & Medical Center Laboratory (continued)

Documents (continued)

Your Results

PROTHROMBIN TIME (NWH) - PENDING
Collected on 7/5/2017

Information on File

jeanhoffman@usa.com
206-780-6885 (Home Phone)
206-393-8938 (Mobile)
245 HIGH SCHOOL ROAD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Sex: Female
Ethnicity: Not Hispanic or Latino
Race: White

07/05/2017 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

07/05/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 -
Class: Normal
Quantity: 1
Instance released by: Nguyen, An Ngoc, Technologist 7/5/2017 11:08 AM
Discontinued by: Uw Lab Results Interface, User 07/05/17 1230 [Canceled by Lab, see Result History.]
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
W44700	Plasma	—	07/05/17 1109

PROTHROMBIN TIME
Resulted: 07/05/17 1204, Result status: Final result

Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 07/05/17 1230 [Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 07/05/17 1204
Collected by: 07/05/17 1109
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient Comment: SEE W44737	Duplicate request	10.7 - 15.6 s	—	UW
Prothrombin INR Comment: SEE W44737	Duplicate request	0.8 - 1.3	—	UW

Reviewed by

Neighbor Jr., William E, MD on 07/05/17 1527

07/05/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 7/5/2017 15:27

06/06/2017 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GENERAL OSTEOARTHROSIS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/23/2017

06/06/2017 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 5/23/2017
End date: 7/9/2017
Quantity: 5 mL
Refill: No refills remaining

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/1/2017
Start date: 6/1/2017
End date: 7/6/2017
Quantity: 30 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Martinez, Ricardo C, CMA at 6/7/2017 1020

Safeway Pharmacy said that last rx ordered was on November 2016.

Refill for medication: Acetamin/Cod 300-30 tab

Last refilled date: 6/1/2017 x 2

Last office visit: 5/10/2017

Future office visit: None

Electronically signed by Martinez, Ricardo C, CMA at 6/7/2017 10:49 AM

Other Orders

Medications

Acetaminophen-Codeine #3 300-30 MG Oral Tab [Pharmacy Med Name: ACETAMIN/COD 300-30 TAB MALL] (Cancel Pend)

Electronically signed by: **Neighbor Jr., William E, MD on 06/07/17 1057**
Status: **Cancel Pend**
Ordering user: Neighbor Jr., William E, MD 06/07/17 1057
Authorized by: Neighbor Jr., William E, MD
Frequency: 06/07/17 - Until Discontinued
Class: E-RX
Pended by: Martinez, Ricardo C, CMA 06/07/17 1049
Discontinued by: Discharge Provider, Automatic 03/14/25 1742

06/02/2017 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GENERAL OSTEOARTHROSIS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/23/2017

06/02/2017 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 5/23/2017
End date: 7/9/2017
Quantity: 5 mL
Refill: No refills remaining

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/1/2017
Start date: 6/1/2017
End date: 7/6/2017
Quantity: 30 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Other Orders

Medications

Acetaminophen-Codeine #3 300-30 MG Oral Tab [Pharmacy Med Name: ACETAMIN/COD 300-30 TAB MALL] (Pending)

Electronically signed by: **Martinez, Ricardo C, CMA on 06/02/17 1524**
Status: **Pending**
Ordering user: Martinez, Ricardo C, CMA 06/02/17 1524
Authorized by: Neighbor Jr., William E, MD
Frequency: 06/02/17 - Until Discontinued
Class: E-RX
Diagnoses
Generalized osteoarthrosis, unspecified site [M15.9] - GENERAL OSTEOARTHROSIS

Indications

Generalized osteoarthrosis, unspecified site [M15.9 (ICD-10-CM)]

06/02/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/23/2017

06/02/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 5/23/2017
End date: 7/9/2017
Quantity: 5 mL
Refill: No refills remaining

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/1/2017
Start date: 6/1/2017
End date: 7/6/2017
Quantity: 30 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Messages

Referral Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	6/2/2017 11:14 AM

On May 26 2017 referral/appointment was made with Physician D. Maritin @9:15am. However, Wound Care Issues, made appointment impossible.

Need to reschedule. PHONE ?

Unable to find in ecare charts, D. Martin nor appointment, or referral letter.

06/01/2017 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GENERAL OSTEOARTHROSIS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/23/2017

06/01/2017 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 5/23/2017
End date: 7/9/2017
Quantity: 5 mL
Refill: No refills remaining

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/1/2017
Start date: 6/1/2017
End date: 7/6/2017
Quantity: 30 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Opkepklo, Kyle at 6/1/2017 1148

Requested medication: **Acetamin/Cod**
Last refilled: **11/28/2016 with 3 refills**
Last office visit: **5/10/2017**
Next office visit: **6/7/2017**
Pharmacy: **Safeway #27**

Electronically signed by Opkepklo, Kyle at 6/1/2017 11:50 AM

Neighbor Jr., William E, MD at 6/1/2017 1718

Stable dose. Tolerated well. Refilled.

Electronically signed by Neighbor Jr., William E, MD at 6/1/2017 5:19 PM

Other Orders

Medications

Acetaminophen-Codeine #3 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 06/01/17 1718**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 06/01/17 1718
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 06/01/17 - 07/06/17
Class: Normal
Released by: Neighbor Jr., William E, MD 06/01/17 1718
Discontinued by: Neighbor Jr., William E, MD 07/06/17 1601 [Reorder]

Diagnoses
Generalized osteoarthrosis, unspecified site [M15.9] - GENERAL OSTEOARTHROSIS

Indications

Generalized osteoarthrosis, unspecified site [M15.9 (ICD-10-CM)]

06/01/2017 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

05/24/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Appointment Information

RETURN
5/24/2017 10:45 AM

Completed

Time	Provider	Department	Length
10:45 AM	Raghu, Prema Kumari, MD	ZZNWH WOUND CARE	15 min

Referrals: 6843616 (Closed)
Referral Provider: NEIGHBOR JR, WILLIAM E
Enc Form Number: 30575140
Arrival Time: 10:14 AM

History

Made On:	5/17/2017 3:30 PM	By:	Carroll, Linda, PSS/PSR	ES
Checked In:	5/24/2017 10:14 AM	By:	Svenkerud, Shawna	ES
Remove Arr.:	5/24/2017 11:45 AM	By:	Carroll, Linda, PSS/PSR	ES
Checked Out:	5/24/2017 11:45 AM	By:	Carroll, Linda, PSS/PSR	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017

05/24/2017 - Appointment in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Medication List (continued)

Quantity: 45 tablet Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD Entered on: 4/7/2017
Start date: 4/7/2017 End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/17/2017
Start date: 4/17/2017 End date: 12/8/2017
Quantity: 45 tablet Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 5/23/2017
Start date: 5/23/2017 End date: 7/9/2017
Quantity: 5 mL Refill: No refills remaining

Stopped in Visit

None

05/24/2017 - Letter (Out) in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 — 5/24/2017 — NWH WOUND CARE CLINIC 206-368-1244

What's Next

MAY 24 2017	Return-Established with Prema Kumari Raghu, MD Wednesday May 24 10:45 AM	NWH WOUND CARE CLINIC 1560 N 115TH STREET, STE 201 SEATTLE WA 98133-8414 206-368-1244
MAY 26 2017	Registration Friday May 26 9:15 AM SCCA 1st Floor	SCCA Finance 825 Eastlake Avenue E, Box 358081 Seattle WA 98109 206-288-1377
MAY 26 2017	new patient appointment with Kathryn Renee-Smith Russell, ARNP; Daniel Benjamin Martin, MD Friday May 26 9:45 AM Please arrive 15 minutes before the start of your appointment.	SCCA Heme/Hem Malignancies A 825 Eastlake Ave E Box 358081 SEATTLE WA 98109 206-288-7400
JUN 7 2017	Return-Established with William E Neighbor Jr., MD Wednesday June 7 10:40 AM	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011

Today's Visit

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed by Shawna Svenkerud at 5/24/17 10:14 AM

Page 1 of 2 Epic

05/24/2017 - Letter (Out) in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

Your Updated Medication List

Accurate as of 5/24/17 10:14 AM
If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP INTO BOTH EYES TWICE DAILY

To Do List

Wednesday May 24, 2017 10:45 AM	Appointment with Raghu, Prema Kumari at NWH WOUND CARE CLINIC (206-368-1244)
Friday May 26, 2017 9:15 AM	Appointment with SCCA PATIENT REGISTRAR at SCCA Finance (206-288-1377)
Friday May 26, 2017 9:45 AM	Appointment with Martin, Daniel Benjamin; Russell, Kathryn Renee-Smith; SCCA HEM/HEMMALIG EXAM ROOM at SCCA Heme/Hem Malignancies A (206-288-7400)
Friday May 26, 2017 9:45 AM	Appointment with Martin, Daniel Benjamin; Russell, Kathryn Renee-Smith; SCCA HEM/HEMMALIG EXAM ROOM at SCCA Heme/Hem Malignancies A (206-288-7400)
Wednesday June 07, 2017 10:40 AM	Appointment with Neighbor Jr., William E at Hall Health Primary Care Center (206-685-1011)
Wednesday June 07, 2017 10:40 AM	Appointment with Neighbor Jr., William E at Hall Health Primary Care Center (206-685-1011)

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-000-0000 (Work Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL ROAD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Sex: Female
Ethnicity: Not Hispanic or Latino
Race: White

Letters

Letter by Svenkerud, Shawna on 5/24/2017

Status: Sent by batch
Letter body:

Ms. Hoffman,

05/24/2017 - Letter (Out) in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

After a careful review of the medical information and benefit coverage, MEDICARE approved your referral. See below for additional details. If you have questions regarding this referral, please contact William E Neighbor, MD.

You must be actively enrolled in MEDICARE for coverage of the authorized service. If you have additional questions regarding your coverage, please contact MEDICARE directly. The phone number to the patient customer service is usually listed on the back side of your health insurance card.

If you do not already have an appointment, please call 206-368-1244 to make an appointment with NWH WOUND CARE CLINIC.

Information for Referral #: 6843616

Diagnoses:
L98.491 (ICD-10-CM) - 707.9 (ICD-9-CM) - Skin ulcer, limited to breakdown of skin (HCC)

Procedures:
10090053 - REFERRAL TO WOUND CARE
Authorization #: None

Referring Provider Information	**Referring To Information**
William E Neighbor, MD	NWH WOUND CARE CLINIC
206-685-1011	206-368-1244
Referral Start Date: 05/10/2017	**Referral End Date**: 05/10/2018

Thanks
UW Medicine

05/24/2017 - Letter (Out) in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 5/24/2017 10:14 AM: After Visit Summary

Document (below)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 — 5/24/2017 — NWH WOUND CARE CLINIC 206-368-1244

What's Next

MAY 24 2017	Return-Established with Prema Kumari Raghu, MD Wednesday May 24 10:45 AM	NWH WOUND CARE CLINIC 1560 N 115TH STREET, STE 201 SEATTLE WA 98133-8414 206-368-1244
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JUN 7 2017	Return-Established with William E Neighbor Jr., MD Wednesday June 7 10:40 AM	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011

Today's Visit

eCare

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Jeanne L. Hoffman (MRN: U8170135) • Printed by Shawna Svenkerud at 5/24/17 10:14 AM

Page 1 of 2 Epic

05/24/2017 - Letter (Out) in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Updated Medication List

Accurate as of 5/24/17 10:14 AM
If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Solution	INSTILL ONE DROP INTO BOTH EYES TWICE DAILY

To Do List

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Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
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206-393-8938 (Mobile)

245 HIGH SCHOOL ROAD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Sex: Female
Ethnicity: Not Hispanic or Latino
Race: White

05/24/2017 - Letter (Out) in Northwest Hospital Wound Care & Hyperbaric Center

Visit Information

Department

Name	Address	Phone	Fax
Northwest Hospital Wound Care & Hyperbaric Center	1560 N 115TH STREET, STE 201 Seattle WA 98133-8414	206-668-1244	206-668-1270

After Visit Summary

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After Visit Summary (below)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 5/24/2017 NWH WOUND CARE CLINIC 206-368-1244

What's Next

MAY 26 2017 — Registration
Friday May 26 9:15 AM
SCCA 1st Floor
SCCA Finance
825 Eastlake Avenue E, Box 358081
Seattle WA 98109
206-288-1377

MAY 26 2017 — new patient appointment with Kathryn Renee-Smith Russell, ARNP; Daniel Benjamin Martin, MD
Friday May 26 9:45 AM
Please arrive 15 minutes before the start of your appointment.
SCCA Heme/Hem Malignancies A
825 Eastlake Ave E Box 358081
SEATTLE WA 98109
206-288-7400

JUN 7 2017 — Return-Established with William E Neighbor Jr., MD
Wednesday June 7 10:40 AM
Hall Health Primary Care Center
4060 NE Stevens Way, Box 354410
Seattle WA 98195-4410
206-685-1011

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Jeanne L. Hoffman (MRN: U8170135) • Printed by Shawna Svenkerud at 5/24/17 10:14 AM

Page 1 of 2 Epic

05/24/2017 - Letter (Out) in Northwest Hospital Wound Care & Hyperbaric Center (continued)

After Visit Summary (continued)

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Preferred language: English
Date of birth: 1/6/1925
Sex: Female
Ethnicity: Not Hispanic or Latino
Race: White

Letters

Letter by Svenkerud, Shawna on 5/24/2017

Status: Sent by batch
Letter body:

Ms. Hoffman,

05/24/2017 - Letter (Out) in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Letters (continued)

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Information for Referral #: 6843616

Diagnoses:
L98.491 (ICD-10-CM) - 707.9 (ICD-9-CM) - Skin ulcer, limited to breakdown of skin (HCC)

Procedures:
10090053 - REFERRAL TO WOUND CARE
Authorization #: None

Referring Provider Information	**Referring To Information**
William E Neighbor, MD	NWH WOUND CARE CLINIC
206-685-1011	206-368-1244
Referral Start Date: 05/10/2017	**Referral End Date**: 05/10/2018

Thanks
UW Medicine

05/24/2017 - Letter (Out) in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents

After Visit Summary - Document on 5/24/2017 10:14 AM: After Visit Summary

Document (below)

UW Medicine

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 — 5/24/2017 — NWH WOUND CARE CLINIC 206-368-1244

What's Next

MAY 26 2017 — Registration
Friday May 26 9:15 AM
SCCA 1st Floor

SCCA Finance
825 Eastlake Avenue E,
Box 358081
Seattle WA 98109
206-288-1377

MAY 26 2017 — new patient appointment with Kathryn Renee-Smith Russell, ARNP; Daniel Benjamin Martin, MD
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SCCA Heme/Hem Malignancies A
825 Eastlake Ave E Box 358081
SEATTLE WA 98109
206-288-7400

JUN 7 2017 — Return-Established with William E Neighbor Jr., MD
Wednesday June 7 10:40 AM

Hall Health Primary Care Center
4060 NE Stevens Way,
Box 354410
Seattle WA 98195-4410
206-685-1011

Today's Visit

eCare

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05/24/2017 - Letter (Out) in Northwest Hospital Wound Care & Hyperbaric Center (continued)

Documents (continued)

Your Updated Medication List

Accurate as of 5/24/17 10:14 AM
If you have any questions, ask your nurse or doctor.

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COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
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Wednesday June 07, 2017 10:40 AM	Appointment with Neighbor Jr., William E at Hall Health Primary Care Center (206-685-1011)

Information on File

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206-000-0000 (Work Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL ROAD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Sex: Female
Ethnicity: Not Hispanic or Latino
Race: White

05/23/2017 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017

05/23/2017 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/17/2017 End date: 12/8/2017
Quantity: 45 tablet Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 5/23/2017
Start date: 5/23/2017 End date: 7/9/2017
Quantity: 5 mL Refill: No refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Martinez, Ricardo C, CMA at 5/23/2017 1355

Refill for medication: Timolol Maleate 0.5% Opthalmic Soln.

Last refilled date: 1/18/2017

Last office visit: 5/10/2017

Future office visit: 6/7/2017

Electronically signed by Martinez, Ricardo C, CMA at 5/23/2017 1:59 PM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 05/23/17 1652** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 05/23/17 1652 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 05/23/17 - 07/09/17 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 07/10/17 1251 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS

Indications

Unspecified glaucoma [H40.9 (ICD-10-CM)]

After Visit Summary

05/23/2017 - Refill in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 — 5/23/2017 — Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor Jr., MD

Your medications have changed

See your updated medication list for details.

Pick up these medications at SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

Timolol Maleate

Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
Phone: 206-842-0127

What's Next

MAY 24 2017	Return-Established with Prema Kumari Raghu, MD Wednesday May 24 10:45 AM	NWH WOUND CARE CLINIC 1560 N 115TH STREET, STE 201 SEATTLE WA 98133-8414 206-368-1244
MAY 26 2017	Registration Friday May 26 9:15 AM SCCA 1st Floor	SCCA Finance 825 Eastlake Avenue E, Box 358081 Seattle WA 98109 206-288-1377
MAY 26 2017	new patient appointment with Kathryn Renee-Smith Russell, ARNP; Daniel Benjamin Martin, MD Friday May 26 9:45 AM Please arrive 15 minutes before the start of your appointment.	SCCA Heme/Hem Malignancies A 825 Eastlake Ave E Box 358081 SEATTLE WA 98109 206-288-7400
JUN 7 2017	Return-Established with William E Neighbor Jr., MD Wednesday June 7 10:40 AM	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011

Today's Visit

You saw William E Neighbor Jr., MD on Tuesday May 23, 2017. The following issue was addressed: Unspecified glaucoma.

eCare

View your After Visit Summary and more online at https://ecare.uwpn.org/mychartprod01/.

Jeanne L. Hoffman (MRN: U8170135) • Printed by William E Neighbor Jr., MD at 5/23/17 5:37 PM — Page 1 of 2 Epic

05/23/2017 - Refill in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Your Updated Medication List

Accurate as of 5/23/17 5:37 PM
If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
CHANGE **Timolol Maleate** 0.5 % Solution	INSTILL ONE DROP INTO BOTH EYES TWICE DAILY What changed: **See the new instructions.**

To Do List

Wednesday May 24, 2017 10:45 AM	Appointment with Raghu, Prema Kumari at NWH WOUND CARE CLINIC (206-368-1244)
Friday May 26, 2017 9:15 AM	Appointment with SCCA PATIENT REGISTRAR at SCCA Finance (206-288-1377)
Friday May 26, 2017 9:45 AM	Appointment with Martin, Daniel Benjamin; Russell, Kathryn Renee-Smith; SCCA HEM/HEMMALIG EXAM ROOM at SCCA Heme/Hem Malignancies A (206-288-7400)
Friday May 26, 2017 9:45 AM	Appointment with Martin, Daniel Benjamin; Russell, Kathryn Renee-Smith; SCCA HEM/HEMMALIG EXAM ROOM at SCCA Heme/Hem Malignancies A (206-288-7400)
Wednesday June 07, 2017 10:40 AM	Appointment with Neighbor Jr., William E at Hall Health Primary Care Center (206-685-1011)
Wednesday June 07, 2017 10:40 AM	Appointment with Neighbor Jr., William E at Hall Health Primary Care Center (206-685-1011)

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-000-0000 (Work Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL ROAD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Sex: Female
Ethnicity: Not Hispanic or Latino
Race: White

Messages

Housing kitsap forms

From	To	Sent and Delivered
William E Neighbor Jr., MD Last Read in MyChart	Hoffman, Jeanne Leonie	5/23/2017 5:37 PM

05/23/2017 - Refill in Husky Health Primary Care Clinic (continued)

Messages (continued)

Not Read

Jeanne Leonie Hoffman:
We just received the Housing Kitsap forms today May 23. I completed the the necessary verifications and Ricke will fax to Housing Kitsap on Wednesday. If you need it faxed elsewhere as well, let us know the name and fax number.

William E Neighbor, MD

05/23/2017 - Refill in Husky Health Primary Care Clinic (continued)

Documents

After Visit Summary - Document on 5/23/2017 4:52 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 5/23/2017 Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor Jr., MD

Your medications have changed
See your updated medication list for details.

Pick up these medications at SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110
Timolol Maleate
Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
Phone: 206-842-0127

What's Next

MAY 24 2017	Return-Established with Prema Kumari Raghu, MD Wednesday May 24 10:45 AM	NWH WOUND CARE CLINIC 1560 N 115TH STREET, STE 201 SEATTLE WA 98133-8414 206-368-1244
MAY 26 2017	Registration Friday May 26 9:15 AM SCCA 1st Floor	SCCA Finance 825 Eastlake Avenue E, Box 358081 Seattle WA 98109 206-288-1377
MAY 26 2017	new patient appointment with Kathryn Renee-Smith Russell, ARNP; Daniel Benjamin Martin, MD Friday May 26 9:45 AM Please arrive 15 minutes before the start of your appointment.	SCCA Heme/Hem Malignancies A 825 Eastlake Ave E Box 358081 SEATTLE WA 98109 206-288-7400
JUN 7 2017	Return-Established with William E Neighbor Jr., MD Wednesday June 7 10:40 AM	Hall Health Primary Care Center 4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410 206-685-1011

Today's Visit

You saw William E Neighbor Jr., MD on Tuesday May 23, 2017. The following issue was addressed: Unspecified glaucoma.

eCare

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Jeanne L. Hoffman (MRN: U8170135) • Printed by William E Neighbor Jr., MD at 5/23/17 4:52 PM Page 1 of 2 Epic

05/23/2017 - Refill in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Updated Medication List

Accurate as of 5/23/17 4:52 PM
If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
CHANGE **Timolol Maleate** 0.5 % Solution	INSTILL ONE DROP INTO BOTH EYES TWICE DAILY What changed: **See the new instructions.**

To Do List

Wednesday May 24, 2017 10:45 AM	Appointment with Raghu, Prema Kumari at NWH WOUND CARE CLINIC (206-368-1244)
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Friday May 26, 2017 9:45 AM	Appointment with Martin, Daniel Benjamin; Russell, Kathryn Renee-Smith; SCCA HEM/HEMMALIG EXAM ROOM at SCCA Heme/Hem Malignancies A (206-288-7400)
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Wednesday June 07, 2017 10:40 AM	Appointment with Neighbor Jr., William E at Hall Health Primary Care Center (206-685-1011)

Information on File

jeanhoffman@usa.com

206-780-6885 (Home Phone)
206-000-0000 (Work Phone)
206-393-8938 (Mobile)

245 HIGH SCHOOL ROAD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Sex: Female
Ethnicity: Not Hispanic or Latino
Race: White

05/23/2017 - Refill in Husky Health Primary Care Clinic (continued)

Documents (continued)

After Visit Summary - Document on 5/23/2017 5:37 PM: After Visit Summary

Document (below)

UW Medicine
HALL HEALTH CENTER
An affiliation of UW Neighborhood Clinics.

AFTER VISIT SUMMARY

Jeanne L. Hoffman MRN: U8170135 | 5/23/2017 | Hall Health Primary Care Center 206-685-1011

Instructions from William E Neighbor Jr., MD

Your medications have changed
See your updated medication list for details.

Pick up these medications at SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110
Timolol Maleate
Address: 253 HIGH SCHOOL ROAD N.E., BAINBRIDGE ISLAND WA 98110
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What's Next

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Today's Visit

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Jeanne L. Hoffman (MRN: U8170135) • Printed by William E Neighbor Jr., MD at 5/23/17 5:37 PM

Page 1 of 2 Epic

05/23/2017 - Refill in Husky Health Primary Care Clinic (continued)

Documents (continued)

Your Updated Medication List

Accurate as of 5/23/17 5:37 PM
If you have any questions, ask your nurse or doctor.

Acetaminophen-Codeine #3 300-30 MG Tab	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Atorvastatin Calcium 20 MG Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
COUMADIN 5 MG Tab Generic drug: Warfarin Sodium	1 TAB PO ONCE each evening except one half tab on Sundays
Losartan Potassium 25 MG Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
OTHER MEDS (SEE COMMENTS)	Vitamin B12 500 mcg once daily over the counter
Pentoxifylline ER 400 MG Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
CHANGE **Timolol Maleate** 0.5 % Solution	INSTILL ONE DROP INTO BOTH EYES TWICE DAILY What changed: **See the new instructions.**

To Do List

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Information on File

jeanhoffman@usa.com

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206-393-8938 (Mobile)

245 HIGH SCHOOL ROAD NW
UNIT 2
BAINBRIDGE ISLAND Washington 98110

Preferred language: English
Date of birth: 1/6/1925
Sex: Female
Ethnicity: Not Hispanic or Latino
Race: White

05/22/2017 - Telephone in Husky Health Primary Care Clinic

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder

05/22/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Start date: 9/20/2017
Quantity: 60 tablet
Ordered on: 9/20/2017
End date: 12/3/2017
Refill: 2 refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena, CMA at 5/22/2017 1408

Louis Hoffman called for Jeanne Hoffman asking if the information for Jeanne recertification has been sent. If so, he needs a confirmation to provide it to his attorney. He also stated that he changed the dressing on Jeanne's wound on Friday and going to change it today. He will send new pictures of the wound later.

Electronically signed by Mohova, Elena, CMA at 5/22/2017 2:11 PM

05/22/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/23/2017

05/22/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 5/23/2017
End date: 7/9/2017
Quantity: 5 mL
Refill: No refills remaining

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/1/2017
Start date: 6/1/2017
End date: 7/6/2017
Quantity: 30 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Messages

RE: Results Question

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/23/2017 5:13 PM

Last Read in MyChart
Not Read

When is the appointment for follow up at Northwest. I am happy to see Jeanne for follow up in our clinic but will defer to Northwest. Is there a person I can call there who has been involved in her care so I can confirm a follow up plan with them. I have not received any notes from them.

William E Neighbor, MD

Results Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/22/2017 8:55 PM

3 Images/redress

05/22/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Document on 5/22/2017 8:55 PM: jean-52217

Document (below)



05/22/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)



05/22/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)



05/22/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/23/2017

05/22/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 5/23/2017
End date: 7/9/2017
Quantity: 5 mL
Refill: No refills remaining

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/1/2017
Start date: 6/1/2017
End date: 7/6/2017
Quantity: 30 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Letters

Letter by Neighbor Jr., William E, MD on 5/26/2017

Status: Sent
Letter body:

May 26, 2017

Housing Kitsap
Rhododendron Apartments
235 High School Road
Bainbridge Island WA 98110

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

June 30, 2016

Rhododendron Apartments
235 High School Road NW
Bainbridge Island WA 98110

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

Dear Rhododendron Apartments:

Below is a list of all Over the Counter medical items recommended for treatment of a medical condition for the above patient

Acetaminophen 500 mg, one pill twice daily
Vitamin D Strength 400 IU/ Calcium 600mg, one on even number days
Vitamin D-3 :Strength 2000 IU, one on odd numbered days
Vitamin B-complex: 500 mcg, once daily
Urinary Incontinence Pads, use as needed; average 54 pads per week

05/22/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Letters (continued)

Hearing aide batteries
Walker maintenance
Wound care supplies for lower extremity ulcers
Compression stockings

I have asked the family to provide the out of pocket expenses as I do not have access to this information.

Sincerely,

Sincerely,

Electronically signed by
William E Neighbor, MD

CC: No Recipients

Letter by Neighbor Jr., William E, MD on 5/26/2017

Status: Sent
Letter body:

May 26, 2017

Housing Kitsap
Rhododendrom Apartments
235 High School Road
Bainbridge Island WA 98110

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

Dear Housing Kitsap:

Below is a list of all Over the Counter medical items recommended for treatment of a medical condition for the above patient

Acetaminophen 500 mg, one pill twice daily
Vitamin D Strength 400 IU/ Calcium 600mg, one on even number days
Vitamin D-3 :Strength 2000 IU, one on odd numbered days
Vitamin B-complex: 500 mcg, once daily
Urinary Incontinence Pads, use as needed; average 54 pads per week
Hearing aide batteries
Walker maintenance
Wound care supplies for lower extremity ulcers
Compression stockings

I have asked the family to provide the out of pocket expenses as I do not have access to this information.

Sincerely,

05/22/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Letters (continued)

Electronically signed by
William E Neighbor, MD

CC: No Recipients

Messages

RE: Results Question

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	6/2/2017 8:45 AM

Purchases are submitted to DSHS and Housing Kitsap, upon medical necessity, verified by physician.

RE: Results Question

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/26/2017 11:10 AM
Last Read in MyChart		
6/2/2017 8:42 AM by Hoffman, Jeanne Leonie		

Thanks for confirming those things. I will update the information and send in. One item you did not respond to is what was the total out of pocket expenses for these items from April 1 2016 to March 30, 2017. I don't know why they want me to provide that information as I do not have access to that nor could I confirm its veracity, only you could do that.

William E Neighbor, MD

RE: Results Question

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	5/26/2017 8:59 AM

Bill...

HK is requiring a yearly update of over-counter and medical supplies. Last years is not acceptable

Do not forget Compression Socks and Wound Care and Walker Maintenance.

This also includes: "Reasonable Accommodations", such as Wheelchairs/Walker Ramp, Security Screen door, storage for medical bulk purchase of medical supplies, walker security storage/security(in Home Mobility/without having walker /medical supplies/devices blocking

05/22/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

ways or creating clutter/dangerous obstacles/etc aging requirement for independent living)

Confirm that she is still taking/using:
Acetaminophen (Tylenol) 500 mg twice daily
Taking Vitamin D and Calcium. YES, taking two forms of Vitamin D as listed above.
Average urinary incontinence pad use, 54 pads per week.

RE: Results Question

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/25/2017 1:53 PM
Last Read in MyChart		
5/26/2017 8:35 AM by Hoffman, Jeanne Leonie		

They also want a more specific listing of over the counter medications that you are paying for.

I had listed Vitamin B12 already.

Last year I listed:
Acetaminophen 500 mg, one pill twice daily
Vitamin D Strength 400 IU/ Calcium 600mg, one on even number days
Vitamin D-3 :Strength 2000 IU, one on odd numbered days
Vitamin B-complex: 500 mcg, once daily
Urinary Incontinence Pads, use as needed; average 54 pads per week
Hearing aide batteries

I need to confirm that she is still taking/using:
Acetaminophen (Tylenol) 500 mg twice daily
How she is taking Vitamin D and Calcium. Is she still taking two forms of Vitamin D as listed above.
What is the average urinary incontinence pad use, still 54 pads per week?

William E Neighbor, MD

out of pocket expenses

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/25/2017 1:48 PM
Last Read in MyChart		
Not Read		

Jeanne:
Housing Kitsap is asking that I state the dollar amount of your out of pocket expenses of non prescription medicines, dental, eye glasses, hearing aids and batteries, walker related

05/22/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

expenses. Don't recall needing to do this in the past. Looks like all they need is a total. Can you send me that. Thanks.

William E Neighbor, MD

Results Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/22/2017 8:57 PM

2 images

05/22/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Document on 5/22/2017 8:57 PM: jean-52217a

Document (below)



05/22/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

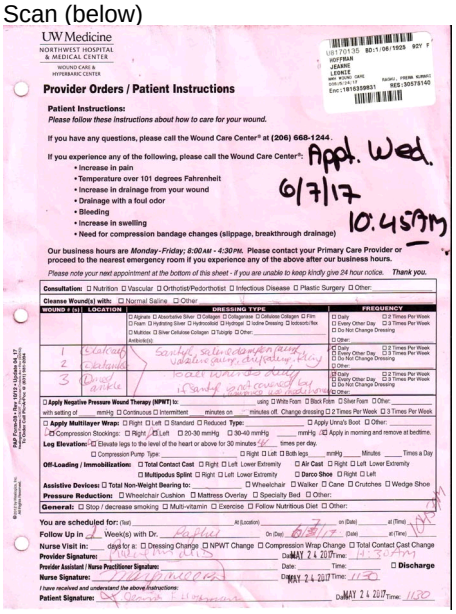


05/22/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 5/26/2017 8:59 AM: nwh-wdc-1

Scan (below)



UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
MRN: WOUND CARE
DOB:1/6/1925
Enc:1816359831 RADIO: PRESS SUMMIT
RES:30578140

Provider Orders / Patient Instructions

Patient Instructions:
Please follow these instructions about how to care for your wound.

If you have any questions, please call the Wound Care Center® at (206) 668-1244.

If you experience any of the following, please call the Wound Care Center®:
- Increase in pain
- Temperature over 101 degrees Fahrenheit
- Increase in drainage from your wound
- Drainage with a foul odor
- Bleeding
- Increase in swelling
- Need for compression bandage changes (slippage, breakthrough drainage)

Appt. Wed. 6/7/17 10:45AM

Our business hours are *Monday-Friday; 8:00 AM - 4:30 PM.* Please contact your Primary Care Provider or proceed to the nearest emergency room if you experience any of the above after our business hours.

Please note your next appointment at the bottom of this sheet - if you are unable to keep kindly give 24 hour notice. ***Thank you.***

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other:

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbtive Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodoxorb/Iflex ☐ Multiflex ☐ Silver Cellulose Collagen ☐ Tubgrip ☐ Other: Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
1	Sacrum	Sanityl, saline dampen gauze, valvulene gauze, dry gauze, kling	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
2	Sacrum		
3	Dried ankle	Sanityl and covered by [illegible]	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.
Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes 4 times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ Total Non-Weight Bearing to: _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Tue) _____ at (Location) _____ on (Date) _____ at (Time) _____

Follow Up in 2 Week(s) with Dr. Kaplan On (Day) 6/7/17 (Date) _____ at (Time) _____

Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change

Provider Signature: [illegible] Date: MAY 24 2017 Time: 11:30AM

Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**

Nurse Signature: [illegible] Date: MAY 24 2017 Time: 1130

I have received and understand the above instructions:

Patient Signature: [illegible] Date: MAY 24 2017 Time: 1130

Printed on 4/30/25 9:39 AM

Page 6648

05/19/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/23/2017

05/19/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 5/23/2017
End date: 7/9/2017
Quantity: 5 mL
Refill: No refills remaining

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/1/2017
Start date: 6/1/2017
End date: 7/6/2017
Quantity: 30 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/19/2017 1:07 PM

3 additional wound images

05/19/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Document on 5/19/2017 1:07 PM: jean-wound-3

Document (below)



05/19/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)



05/19/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)



05/19/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

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Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

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Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
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Quantity: 45 tablet — Refill: 3

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Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

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Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

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Reason for discontinuation: Reorder
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Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/23/2017

05/19/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 5/23/2017
End date: 7/9/2017
Quantity: 5 mL
Refill: No refills remaining

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
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Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/1/2017
Start date: 6/1/2017
End date: 7/6/2017
Quantity: 30 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Messages

RE: Medical Advice

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/23/2017 5:09 PM

Last Read in MyChart
Not Read

Louis: When is Jeanne's appointment at Northwest. She needs to be following up there.

William E Neighbor, MD

RE: Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	5/22/2017 7:31 PM

NWH Home Proceedures

RE: Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	5/22/2017 6:42 PM

Same procedures you performed. No new proceedures, nor new treatment.
Will be changing dressing tonight & Images

Weds 24th NWH 10:am

05/19/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

RE: Medical Advice

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/19/2017 3:21 PM

Last Read in MyChart
5/22/2017 7:21 PM by Hoffman, Jeanne Leonie

Thank you for sending the photos. When is the next appointment at Northwest Wound Care and what home wound care instructions did they provide?

William E Neighbor, MD

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/19/2017 1:02 PM

4 wound images

05/19/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Document on 5/19/2017 1:02 PM: jean-wound-4

Document (below)



05/19/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)



05/19/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)



05/19/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

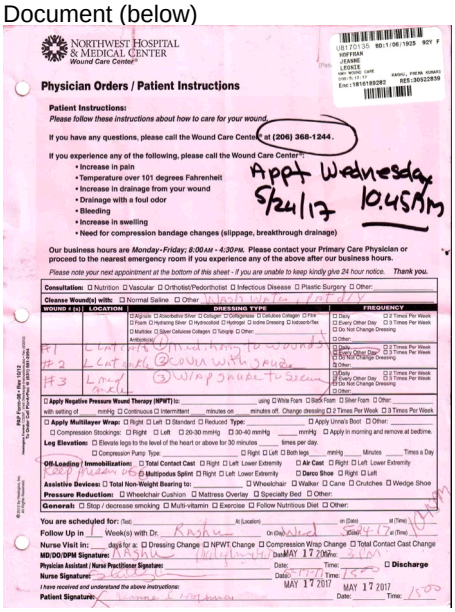


05/19/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Document on 5/22/2017 7:31 PM: nwh-proced-1

Document (below)



NORTHWEST HOSPITAL & MEDICAL CENTER
Wound Care Center

U8170135 80:1/06/1925 92Y F
HOFFMAN JEANNE LEONIE
RES:30922850
Enc:180189282

Physician Orders / Patient Instructions

Patient Instructions:
Please follow these instructions about how to care for your wound.

If you have any questions, please call the Wound Care Center at **(206) 368-1244.**

If you experience any of the following, please call the Wound Care Center:
- Increase in pain
- Temperature over 101 degrees Fahrenheit
- Increase in drainage from your wound
- Drainage with a foul odor
- Bleeding
- Increase in swelling
- Need for compression bandage changes (slippage, breakthrough drainage)

Appt Wednesday 5/24/17 10:45AM

Our business hours are *Monday-Friday; 8:00AM - 4:30PM.* **Please contact your Primary Care Physician or proceed to the nearest emergency room if you experience any of the above after our business hours.**

Please note your next appointment at the bottom of this sheet - If you are unable to keep kindly give 24 hour notice. ***Thank you.***

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other:

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other Wound Wash / Daily

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
#1	L Calf	Wound Wash to wound bed	
#2	L Calf	@ Cover with Gauze	
#3	L Leg	@ Wrap gauze to stem for edema	

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other:
with setting of mmHg ☐ Continuous ☐ Intermittent minutes on minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** ☐ Apply Unna's Boot ☐ Other:
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg mmHg ☐ Apply in morning and remove at bedtime.

Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes times per day.
☐ Compression Pump Type: ☐ Right ☐ Left ☐ Both legs mmHg Minutes Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ **Total Non-Weight Bearing to:** ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

Generalh: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) at (Location) on (Date) at (Time)
Follow Up in 1 Week(s) with Dr. Rasha on (Day) Wed 5/24/17 at (Time) 10:45AM
Nurse Visit in: days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change
MD/DO/DPM Signature: Date: MAY 17 2017 Time:
Physician Assistant / Nurse Practitioner Signature: Date: Time: ☐ **Discharge**
Nurse Signature: Date: MAY 17 2017 Time:
I have received and understand the above instructions:
Patient Signature: Date: MAY 17 2017 Time:

05/18/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
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Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

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Reason for discontinuation: Reorder
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Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/23/2017

05/18/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 5/23/2017 End date: 7/9/2017
Quantity: 5 mL Refill: No refills remaining

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 7/6/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD Ordered on: 6/1/2017
Start date: 6/1/2017 End date: 7/6/2017
Quantity: 30 tablet Refill: 2 refills remaining

Stopped in Visit

None

Messages

RE: Medical Advice

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/18/2017 6:29 PM

Last Read in MyChart
5/22/2017 6:36 PM by Hoffman, Jeanne Leonie

You should call the wound care center to report this so they can give you instruction. I would continue care there. They are very good and we were not achieving the improvement we had hoped for with routine ambulatory care management.

William E Neighbor, MD

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/18/2017 12:25 PM

Louis for Jean:

Bill...

NWH Wound Care Dressing, was not done properly....It unraveled. (Possibly thinking that Jean does not walk/motorist)

It maybe best that we "continue" coming to Hall Health for treatment/w UWMC as referral treatment..

Have med-supplies for re-dressing at home.

05/18/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

05/17/2017 - Appointment in Husky Health Primary Care Clinic

Visit Information

Appointment Information

RETURN
5/17/2017 10:20 AM

Canceled

Time	Provider	Department	Length
10:20 AM	Neighbor Jr., William E, MD	HH PRIMARY CARE	20 min

Notes:
wound check

History

Made On:	5/3/2017 12:39 PM	By:	Dy, Jessica Abella, CMA	ES
Canceled:	5/15/2017 9:55 AM	By:	Uw Mychart, Patient User	Pt Web
Cancel Rsn:	Other - Please Explain Below (Transfer to NWH-Wound Care)			

Messages

Appointment canceled

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Front Desk Pool	5/15/2017 9:55 AM

Appointment canceled for HOFFMAN,JEANNE LEONIE (U8170135)
Visit Type: RETURN-ESTABLISHED
Date Time Length Provider Department
5/17/2017 10:20 AM 20 mins. Neighbor Jr., William E, MD HH PRIMARY CARE

Reason for Cancellation: Other - Please Explain Below

Patient Comments: Transfer to NWH-Wound Care

05/16/2017 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Results
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

05/16/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E, MD at 9/15/2017 1541

See E care message.
William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 9/15/2017 3:41 PM

Messages

NW wound care & culture results

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	5/18/2017 8:37 AM

I ave asked Louis to Respond.

Appointment at NWH Examination o wound was non analytic, rather a wound inspection, "Therahoney" light application and cleaning bandages.

Bandage wrap was irritating on wound (insufficient therahoney as lubricant between gauge pad/sticking/bounding to wound), causing walking difficulty.

Possibly staring out as minor infection of bacteria, then being contaminated by other unknown bacteria pathogen source.
This could of happen when Jean handled the "therahoney strips" with out protective gloves or unwashed hands.

However, Jean did take a shower and reported that wound was lightly washed, before wound therahoney reapplication.

05/16/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Messages (continued)

Have not seen NH-eCare Summary/may not be posted

wound culture results

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/16/2017 11:52 AM

Last Read in MyChart
5/18/2017 8:06 AM by Hoffman, Jeanne Leonie

Jeanne:
Your wound culture is growing mixed bacteria rather than a single bacteria so it is unclear if this represents an infection or contamination. I wanted to double check that you have an appointment at Northwest tomorrow for wound care.

William E Neighbor, MD

05/14/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/18/2017
Start date: 1/18/2017 — End date: 5/23/2017
Quantity: 5 mL — Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017

05/14/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/7/2017 End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/17/2017
Start date: 4/17/2017 End date: 12/8/2017
Quantity: 45 tablet Refill: 2

Stopped in Visit

None

Messages

Results Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/14/2017 11:24 AM

Attacked Wound Images

05/14/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Document on 5/14/2017 11:24 AM: jean-wd-care

Document (below)



05/14/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)



05/14/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)



05/14/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)



05/14/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 5/14/2017 11:24 AM: jean-wd-care-1

Scan (below)



05/14/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/18/2017
Start date: 1/18/2017 — End date: 5/23/2017
Quantity: 5 mL — Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017

05/14/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Stopped in Visit

None

Messages

RE: Health Information Update

From	To	Sent and Delivered
Mila N Mercado, CMA	Hoffman, Jeanne Leonie	5/15/2017 8:34 AM

Last Read in MyChart
5/15/2017 9:55 AM by Hoffman, Jeanne Leonie

Thank you, Jeanne. Happy Mother's Day too.

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/14/2017 10:05 AM

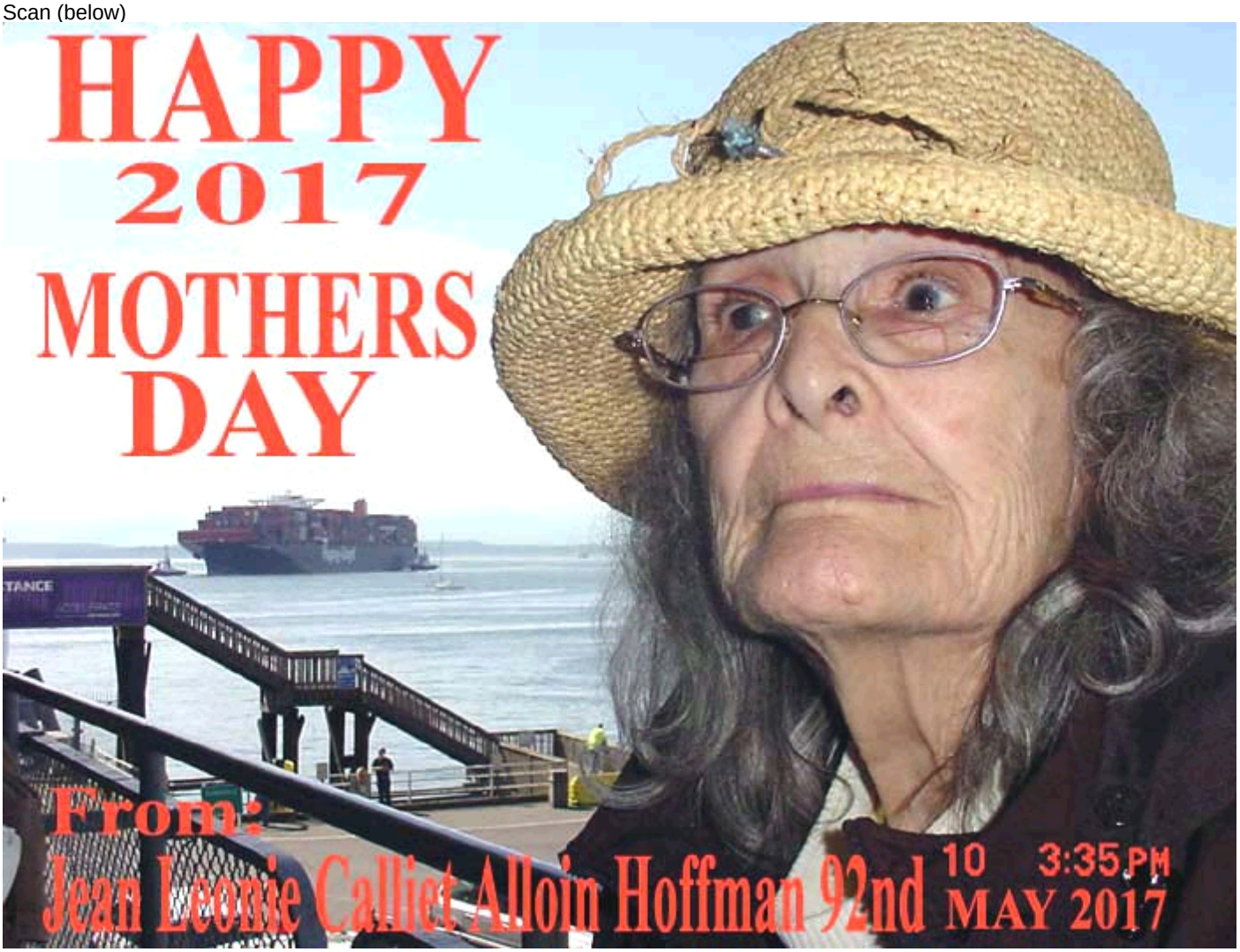
appy Mothers Day to Medical Team

05/14/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Scan on 5/14/2017 10:05 AM: jean-92nd-1

Scan (below)



05/14/2017 - Patient E-mail in Husky Health Physical Therapy

Visit Information

Provider Information

Encounter Provider

Hanna, Sarah J, PT

Department

Name	Address	Phone	Fax
Husky Health Physical Therapy	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/23/2017

05/14/2017 - Patient E-mail in Husky Health Physical Therapy (continued)

Medication List (continued)

Start date: 5/23/2017
End date: 7/9/2017
Quantity: 5 mL
Refill: No refills remaining

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/1/2017
Start date: 6/1/2017
End date: 7/6/2017
Quantity: 30 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Sports Med Clinical Staff Pool (supporting Sarah J Hanna, PT)	5/14/2017 11:26 AM

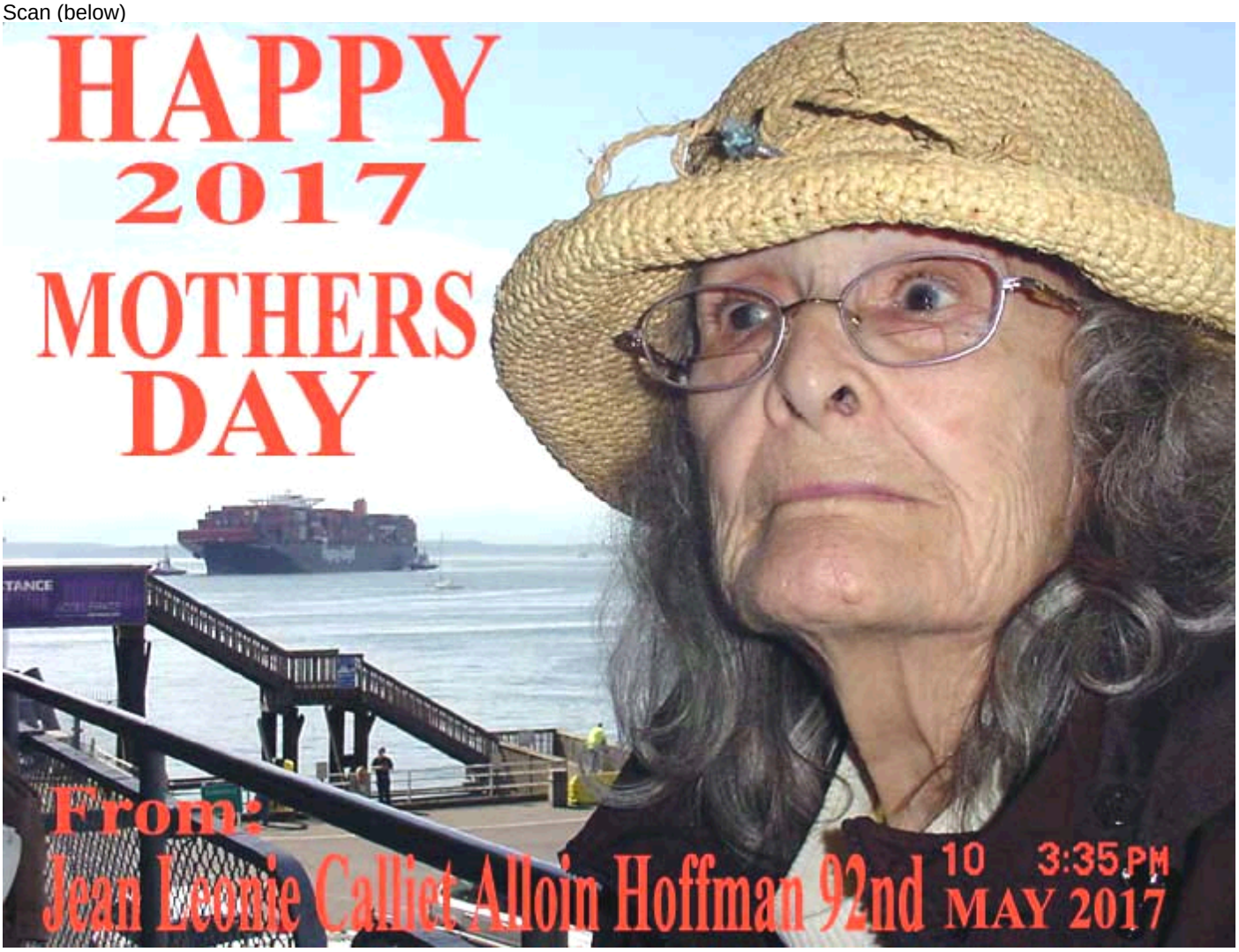
Happy Mothers Day

05/14/2017 - Patient E-mail in Husky Health Physical Therapy (continued)

Documents

Patient Entered Attachment - Scan on 5/14/2017 11:26 AM: jean-92nd-1

Scan (below)



05/12/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/23/2017

05/12/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 5/23/2017 End date: 7/9/2017
Quantity: 5 mL Refill: No refills remaining

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 7/6/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD Ordered on: 6/1/2017
Start date: 6/1/2017 End date: 7/6/2017
Quantity: 30 tablet Refill: 2 refills remaining

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/12/2017 2:39 PM

For Housing Kitsap Medical Deductions and medical cost budgets, for rent adjustments.

Over counter purchases and medical device prescriptions should include:

Hearing aids
Hearing aid batteries
Walker/walking aids including canes & walker
Walker repairs/replacement parts, such as: Brakes/components, wheels, bearing, safety lights/etc
Wound Care/devices/etc
Eye Care
Vision eye ware and exams
Dental Care Items: bridges, tooth paste , brushes.

Advised if further if discussion is required,

Prepared by Louis on behalf of Jean .

05/10/2017 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Appointment
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
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End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

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Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

05/10/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Martinez, Ricardo C, CMA at 5/10/2017 1141

Jeanne scheduled to see the NWH wound care on 5/17/17 at 1:45 pm.

Electronically signed by Martinez, Ricardo C, CMA at 5/10/2017 11:43 AM

05/10/2017 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Wound Care
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Dmyterko, Minami, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

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Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
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Discontinued on: 12/20/2017
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Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

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Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

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Discontinued by: Neighbor Jr., William E, MD
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Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

05/10/2017 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Stopped in Visit

None

Clinical Notes

Progress Notes

Dmyterko, Minami, RN at 5/10/2017 1252

See Nurse Note in Dr. Neighbor's Encounter

Electronically signed by Dmyterko, Minami, RN at 5/10/2017 12:52 PM

05/10/2017 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Follow-Up and RN60
Visit diagnoses:

- Skin ulcer, limited to breakdown of skin (primary)
- Long term current use of anticoagulant therapy
- DVT, recurrent, lower extremity, chronic, unspecified laterality
- Left wrist pain

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 15 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

05/10/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Stopped in Visit

None

Clinical Notes

Progress Notes

Dmyterko, Minami, RN at 5/10/2017 1231

Wound Care Visit (Joint Visit with Dr. Neighbor)
S:
Jeanne Leonie Hoffmanwho is 92 year old presents today for wound care.
History of wound: chronic venous ulcers, DVT, grafting more than 20 years ago.
ER 4/25/17 for cellulitis of LLE venous ulcers. Completed Keflex and doxycycline PO on 5/3/17. Xray of R tibia and ankle and CBC/CRP/BMP all normal.
Pain: L upper lateral leg wound is very sensitive.
Home treatment: elevation
Other: Son is the primary caregiver of Mrs. Hoffman, pt performs ADLs independently. Ambulates with walker. Son helps with home dressing change.

O:
Location: LLE
Duration: Feb 2017, 3 months
Measurements:
#1) 2.3 x 1.2 x 0.2 (lower lateral ankle), oval shape
#2) 2.1 x 2.1 x depth unable to measure due to slough (lateral mid leg), circular shape
#3) 0.7 x 0.7 x 0.2cm due to slough (medial ankle), round
Undermining/Tunneling: none

Wound Bed: slough 90-100%, subcutaneous ossification in Wound #2.
Wound Edges: diffused wound edges, slightly rounded and thickened
Exudate: moderate serous drainage, mild odor
Circulation: intact, pulse palpated in DP
Periwound condition: hemosiderin, continues to have pink hue in the lower 3/4 of the leg, 11cm below the bottom of the patella, edema 1+ knee down.

Ambulates with walker slowly
Hx. Peripheral neuropathy

Vascular Study: 3/15/17
Rt ABI (rt dors ped A BP / max brach A BP) 0.98
Rt TBI (rt toe BP / max brach A BP) 0.70
Lt ABI dors ped (lt dors ped A BP / max brach A BP) 1.09
Lt TBI (lt toe BP / max brach A BP) 0.68

A: **Cellulitis**
Wound Healing Status: No significant change since last visit.
Presence of signs of infection or over-colonization? Yes - suspect unresolved infection
No s/s of osteomylitis noted in ER Xray on 4/25/17
Etiology of Wound: venous ulcers
Extent of Tissue Injury: full
Barriers/Risk Factors: warfarin, venous insufficiency, mild arterial insufficiency, impaired mobility, psychosocial, elevated BP, DM II (last a1c 6.2 in Feb 2016); scarring from previous grafting; peripheral neuropathy; pain; subcutaneous ossification; lives in Bainbridge (takes a long time to commute and has difficulty making frequent office visits)

No improvement noted with Viscopaste. Excessive moisture is trapped under Viscopaste.

P:
Cleansed with NS
Use of skin barrier - Y
Vaseline to dry skin on periwound.
Primary dressing and topical: Acticoat/silver dressing (Silver alginate unavailable)
Secondary dressing - ABD pad
Secured with roll gauze and stockinet to provide ventilation
Debridement Type: Premedicated with lidocaine 2% gel for 20-30 min. Conservative sharp debridement of slough performed. Tolerated the debridement in Wound #1 and #3, but it was too painful in Wound #2. Procedure terminated when pt exhibited discomfort.

wound culture done
Pt tolerated the procedure well? See above
Viscopaste DCed due to excessive moisture. Pt need more frequent dressing change.
Medihoney alginate DCed due to no improvement
Referral to NW Wound Care Clinic.
Photos updated.

Instructed pt and son to 1) wash hands before and after wound care, 2) clean with NS,

Clinical Notes (continued)

3) apply a small piece of silver dressings directly to the wounds, 4) cover with ABD pad, 5) wrap with roll gauze, 4) continue elevation.

Patient and son verbalize understanding and agreement.

Electronically signed by Dmyterko, Minami, RN at 5/10/2017 2:45 PM

Neighbor Jr., William E, MD at 5/10/2017 1335

Jeanne Leonie Hoffman is a 92 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  Patient is here today for left leg ulcers follow up.
- RN60

Jeanne is in today for two issues:

Left lower extremity ulcers
Though she and son were contacted to come in late last week or earlier this week they did not check their messages. She has been having less pain in the leg. Son has been changing dressings.

Left wrist pain
She states that she has noted swellling and pain in the left wrist but denies injury or fall. She did recently clean her oven.

Medications

Outpatient Prescriptions Marked as Taking for the 5/10/17 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 300-30 MG Oral Tab	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN	30 tablet	3
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Losartan Potassium 25 MG Oral Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY	45 tablet	2
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic	Place 1 drop in each EYE	5 mL	0

Solution	2 times a day.		
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening except one half tab on Sundays	90 tablet	3

Social history:

History

Sexual Activity

- Sexual Activity: No

Social History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: No

Objective:

BP 121/54 mmHg | Pulse 59 | Temp(Src) 97.4 °F (36.3 °C) (Oral)
Estimated body mass index is 22.76 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 5/3/17: 54.613 kg (120 lb 6.4 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 121/54
General: NAD
Skin: See nurse note. Wound dorsum of left foot and anterolateral lower leg not healing
MSK: Left wrist mild swelling dorsum without focal tenderness. Flexion 10 degrees less than opposite wrist and also 5 degrees of limitation internal and external angulation

Lab and other tests: X ray pending.

Assessment and Plan:

(L98.491) Skin ulcer, limited to breakdown of skin (HCC) (primary encounter diagnosis)
Lack of progressive improvement.
Wound culture today but no clear evidence of cellulitis requiring antibiotics to be restarted today
See nurse note
Referral to NW hospital wound care which is most convenient for them.

(Z79.01) Long term current use of anticoagulant therapy
Continues on anticoag. Last INR 4.27 was 2.5. Plan repeat end of May. Goal is close to 2 (rather than 3.0).
Pending vascular surgery review and visit to determine if needs to continue. Last seen there nearly ten years ago.

(I82.509) DVT, recurrent, lower extremity, chronic, unspecified laterality (HCC)
No recurrence.

(M25.532) Left wrist pain
Left wrist dorsal swelling without bruising. Unclear if she injured it. The limited ROM may be old. X ray obtained.

05/10/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 5/10/2017 2:45 PM

Neighbor Jr., William E, MD at 5/16/2017 1156

Quick Note:

Mixed flora. Has wound care appointment at Northwest this week.

_____

Electronically signed by Neighbor Jr., William E, MD at 5/16/2017 11:56 AM

Labs

WOUND CULTURE W/GRAM ORDER (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 05/10/17 1234** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 05/10/17 1234 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/10/17 - Class: Clinic Collect
Quantity: 1 Lab status: Final result
Diagnoses
Skin ulcer, limited to breakdown of skin (HCC) [L98.491]

Specimen Information

ID	Type	Source	Collected By
W28250	Wound	—	05/10/17 1234

Comment: Site not given~eSwab

WOUND CULTURE W/GRAM ORDER Resulted: 05/10/17 1657, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 05/10/17 2246
Collected by: 05/10/17 1234 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 05/11/17 0825
Mercado, Mila N, CMA on 05/12/17 1259

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	UWMC
Microbiology Comment	Cancel. Microbiology tracking only.	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL	Wener, Mark	LAB MED #357110	06/12/15 1029 - 02/13/20 0811

05/10/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

CENTER LABS	Howard, MD	1959 NE PACIFIC ST. SEATTLE WA 98195- 0001

Indications

Skin ulcer, limited to breakdown of skin (HCC) [L98.491 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 5/16/2017 11:56
Neighbor Jr., William E, MD on 5/11/2017 08:25

WOUND C/S W/GRAM (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 05/10/17 1234** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 05/10/17 1234 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 05/10/17 1234 - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W28250	Wound	—	05/10/17 1234

Comment: Site not given~eSwab

WOUND C/S W/GRAM Resulted: 05/13/17 1046, Result status: Final result

Order status: Completed
Collected by: 05/10/17 1234
Acknowledged by
Neighbor Jr., William E, MD on 05/16/17 1156
Mercado, Mila N, CMA on 05/17/17 0957

Filed by: Uw Lab Results Interface, User 05/13/17 1046
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	UWMC
Gram Smear Result: Occasional Polymorphonuclear cells	--	—	—	UWMC
Gram Smear Result: 1+ Gram Positive Cocci	--	—	—	UWMC
Gram Smear Result: 1+ Gram Negative Rods	--	—	—	UWMC
Culture Result: 4+ Lactose fermenting gram negative rods Two colony types	--	—	—	UWMC
Culture Result: 4+ Presumptive Enteric gram negative rod colony type No.3	--	—	—	UWMC
Culture Result: 3+ Viridans streptococci	--	—	—	UWMC

05/10/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

All Reviewers List

Neighbor Jr., William E, MD on 5/16/2017 11:56
Neighbor Jr., William E, MD on 5/11/2017 08:25
Neighbor Jr., William E, MD on 5/10/2017 17:37

Imaging

Imaging

XR WRIST 3+ VW LEFT (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 05/10/17 1230** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 05/10/17 1230 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/10/17 - Class: General Imaging
Quantity: 1 Lab status: Final result
Diagnoses
Left wrist pain [M25.532]

Questionnaire

Question	Answer
Relevant signs, symptoms, or diagnosis and clinical question to be answered:	left wrist pain and swelling. No hx of fall
Navicular view needed?	No

Order comments: From Epic: Diagnosis:Pain in left wrist, Allergies:PENICILLINS, SULFA ANTIBIOTICS, NITROFURANTOIN, ADHESIVES, ASPIRIN, NITROFURANTOIN,

XR WRIST 3+ VW LEFT Resulted: 05/10/17 1309, Result status: Final result

Order status: Completed Resulted by: Mulcahy, Hyojeong, MD
Filed by: Uw Radiology Results Interface, User 05/10/17 1310 Performed: 05/10/17 1230 - 05/10/17 1230
Accession number: 10662305 Resulting lab: UW RADIOLOGY
Lab Technician: AJAY CHHABRA HALL HEALTH TECH
Narrative:
EXAMINATION:
XR WRIST MIN 3 VIEWS LEFT

CLINICAL INDICATION:
left wrist pain and swelling. No hx of fall

COMPARISON:
3.29.2011

FINDINGS:
Collapsed and sclerotic lunate is as before. There are some ossicles in the scapholunate interval probably secondary to avascular necrosis of the lunate.

There is moderate osteoarthritis at the radiocarpal joint. There is moderate osteoarthritis at the first CMC, and triscaphe joints. Dorsal tilt of the lunate is in keeping with dorsal intercalated segmental instability. There is no acute fracture. There is extensive arterial vascular calcification.

05/10/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Imaging (continued)

Advanced arthritis is present in the in the included IP joints of the hand.
ATTENDING RADIOLOGIST AND PAGER NUMBER
368450 Mulcahy Hyojeong MD
(206)680-354
Acknowledged by: Neighbor Jr., William E, MD on 05/10/17 1708

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Left wrist pain [M25.532 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 5/10/2017 17:08

Other Orders

Other

ZEBRA LABELS (Completed)

Electronically signed by: **Martinez, Ricardo C, CMA on 05/10/17 1210** Status: **Completed**
Ordering user: Martinez, Ricardo C, CMA 05/10/17 1210 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/10/17 - Class: Normal
Quantity: 1

Questionnaire

Question	Answer
How many Zebra labels should print?	2

Referral

REFERRAL TO WOUND CARE (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 05/10/17 1112** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 05/10/17 1112 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/10/17 - Class: Internal Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742
[System automatic cancellation for deceased patient]

Diagnoses
Skin ulcer, limited to breakdown of skin (HCC) [L98.491]
Scheduling instructions
Referral to: NWH Wound Care (DEP 260122) 206-368-1244

----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare REASON FOR REFERRAL: 92 year old female with long hx of LE venous statsis and hx of thrombosis in distant past for which she has been on warfarin. In the last several months she has developed skin breakdown initially left foot dorsum and now left lower leg anterior lateral that have not improved with office based wound care by our wound care nurse. See clinic notes in Epic. Referred to NW wound care center. She and her son live on Bainbridge but find NW most convenient transportation wise and have been seen at NW in other specialities in the past. William E Neighbor, MD

05/10/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Skin ulcer, limited to breakdown of skin (HCC)	**Zznwh Wound Care** 1560 N 115TH STREET, STE 201 SEATTLE WA 98133-8414 Phone: 206-668-1244 Fax: 206-668-1270 Specialty: Wound Ostomy	Specialty Visit	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare
REASON FOR REFERRAL: 92 year old female with long hx of LE venous statsis and hx of thrombosis in distant past for which she has been on warfarin. In the last several months she has developed skin breakdown initially left foot dorsum and now left lower leg anterior lateral that have not improved with office based wound care by our wound care nurse. See clinic notes in Epic. Referred to NW wound care center. She and her son live on Bainbridge but find NW most convenient transportation wise and have been seen at NW in other specialities in the past.

William E Neighbor, MD

Indications

Skin ulcer, limited to breakdown of skin (HCC) [L98.491 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	05/10/17 1046
BP	121/54
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Temp	36.3 °C
Temp src	Oral
Pulse	59
Pulse Regularity	Regular

Messages

RE:visit summary

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	5/11/2017 8:19 AM

Subject: Skin Ulcer. Home Wound Care of 5-6-17

While Louis was scrubbing up and implement sterilization.
Jean began removing wound bandages with non sterilized implements.
While Louis putting on sterilized latex groves, Jean open therahoney strips, with unclean hands and cutting strip with non sterilized implements.

Louis did not have another sterilized therahoney pack, thus had to use contaminated therahoney strips.

Messages (continued)

This may have had impact on non healing improvement of ulcer areas, causing further infection.

Next wound care inspection 5-13-17, cleaning/Nanocrystals "Acticoat" applied and clean bandage application.
Written By Louis

visit summary

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/10/2017 2:45 PM

Last Read in MyChart
5/11/2017 7:48 AM by Hoffman, Jeanne Leonie

Jeanne: Below is a summary of your visit.

Assessment and Plan:
(L98.491) Skin ulcer, limited to breakdown of skin (HCC) (primary encounter diagnosis)
Lack of progressive improvement.
Wound culture today but no clear evidence of cellulitis requiring antibiotics to be restarted today
See nurse note
Referral to NW hospital wound care which is most convenient for them.

(Z79.01) Long term current use of anticoagulant therapy
Continues on anticoag. Last INR 4.27 was 2.5. Plan repeat end of May. Goal is close to 2 (rather than 3.0).
Pending vascular surgery review and visit to determine if needs to continue. Last seen there nearly ten years ago.

(I82.509) DVT, recurrent, lower extremity, chronic, unspecified laterality (HCC)
No recurrence.

(M25.532) Left wrist pain
Left wrist dorsal swelling without bruising. Unclear if she injured it. The limited ROM may be old. X ray obtained.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

05/10/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Messages (continued)

05/10/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

Clinical - Scan on 5/10/2017 1:07 PM: jh-llulcer-20170510-hhpcn-neighbor-01.jpg.JPG

Scan (below)



05/10/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Clinical - Scan on 5/10/2017 1:08 PM: jh-llulcer-20170510-hhpcn-neighbor-02.jpg.JPG

Scan (below)



05/10/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

05/05/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Dmyterko, Minami, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/18/2017
Start date: 1/18/2017 — End date: 5/23/2017
Quantity: 5 mL — Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017

05/05/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Dmyterko, Minami, RN at 5/9/2017 0959

I was not able to reach pt last week by phone or email.
TC with Louis, son today. Louis changed dressings yesterday. Reports the L upper lateral leg wound is slightly red around the wound, but the lower lateral leg and ankle wounds are getting smaller. Denies fever or increased pain. When I suggested increasing visit frequency to Tue/Fri, son stated it is too late to come in from Bainbridge on ferry and bus today and he does not think clinic visit is indicated today because the wounds are not worsening.
Son wishes to keep the appointment for tomorrow.

P: Will see pt and son tomorrow at 10:20am.

Electronically signed by Dmyterko, Minami, RN at 5/9/2017 10:04 AM

Messages

Wound care follow up

From	To	Sent and Delivered
Minami Dmyterko, RN	Hoffman, Jeanne Leonie	5/5/2017 1:25 PM
Last Read in MyChart		
Not Read		

Hello Mrs. Hoffman and Louis,

This is Minami (nurse). I just tried to reach you on the phone. How is your left leg?. It has been 48 hours since you finished your antibiotics, so I want to make sure your wound is not getting worse. Do you have increased pain, swelling, drainage, fever, or redness? If so, please call us immediately. Until your wound shows significant improvement, I think we should see you in our clinic twice a week and monitor it closely. I understand your long commute, but I strongly recommend that we reschedule your appointment to Tuesday and Friday Dr. Neighbor and myself next week. Please let us know.

05/05/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

Contact:

Hall Health Appointment desk: 206-616-2495

Hall Health consulting nurse: 206-221-2517 (8am-5pm on Mon, Wed - Fri. 9am-5pm on Tue)

After hours consulting nurse: 206-744-2500 (after 5pm, weekend and holiday)

Regards,
Minami

05/03/2017 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Wound Care
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Dmyterko, Minami, RN

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

05/03/2017 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Stopped in Visit

None

Clinical Notes

Progress Notes

Dmyterko, Minami, RN at 5/3/2017 1437

Joint Wound Care Visit performed with Dr. Neighbor.
See Nurse Note in Dr. Neighbor's Encounter.

Electronically signed by Dmyterko, Minami, RN at 5/3/2017 2:38 PM

05/03/2017 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Follow-Up and RN60
Visit diagnosis: Skin ulcer, limited to breakdown of skin

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 5 MINUTES

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/23/2017

05/03/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/18/2017
Start date: 1/18/2017 — End date: 5/23/2017
Quantity: 5 mL — Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Stopped in Visit

None

Clinical Notes

Progress Notes

Dmyterko, Minami, RN at 5/3/2017 1422

Wound Care Visit (Joint Visit with Dr. Neighbor)
S:
Jeanne Leonie Hoffmanwho is 92 year old presents today for wound care.
History of wound: chronic venous ulcers, DVT, grafting more than 20 years ago.
ER 4/25/17 for cellulitis of LLE venous ulcers. Completed Keflex and doxycycline PO this morning.
Xray of R tibia and ankle and CBC/CRP/BMP all normal.

Pain: Slightly better than last week, but still wakes up multiple times at night due to "biting" pain in her leg.

Home treatment: elevation

Other: Son is the primary caregiver of Mrs. Hoffman, pt performs ADLs independently. Ambulates with walker.

O:
Location: LLE
Duration: Feb 2017, 3 months
Measurements:
#1) 2 x 1.5 x depth unable to measure due to slough (lower lateral ankle), irregular shape

#2) 2.1 x 1.8 x depth unable to measure due to slough (lateral mid leg), irregular shape
#3) 0.7 x 0.7 x depth unable to measure due to slough (medial ankle), round
Undermining/Tunneling: none
Wound Bed: slough 90-100%, subcutaneous ossification in Wound #2.
Wound Edges: diffused wound edges, slightly rounded and thickened
Exudate: small serous drainage, mild odor
Circulation: intact, pulse palpated in DP
Periwound condition: hemosiderin, continues to have pink hue in the lower 3/4 of the leg.

Ambulates with walker slowly
Hx. Peripheral neuropathy

Vascular Study: 3/15/17
Rt ABI (rt dors ped A BP / max brach A BP) 0.98
Rt TBI (rt toe BP / max brach A BP) 0.70
Lt ABI dors ped (lt dors ped A BP / max brach A BP) 1.09
Lt TBI (lt toe BP / max brach A BP) 0.68

A: **Cellulitis**
Wound Healing Status: No significant change since last visit.

Presence of signs of infection or over-colonization? Yes

No s/s of osteomylitis noted in ER Xray on 4/25/17

Etiology of Wound: venous ulcers
Extent of Tissue Injury: full
Barriers/Risk Factors: warfarin, venous insufficiency, mild arterial insufficiency, impaired mobility, psychosocial, elevated BP, DM II (last a1c 6.2 in Feb 2016); scarring from previous grafting; peripheral neuropathy; pain; subcutaneous ossification; lives in Bainbridge (takes a long time to commute and has difficulty making frequent office visits)

No improvement noted with Viscopaste. Excessive moisture is trapped under Viscopaste.

P:
Cleansed with NS
Use of skin barrier - Y
Primary dressing and topical: Medihoney alginate
Secondary dressing - ABD pad
Secured with roll gauze and stockinet to provide ventilation
Debridement Type: Premedicated with lidocaine 2% gel for 20-30 min. Conservative sharp debridement of slough performed. Tolerated the debridement in Wound #1 and #3, but it was too painful in Wound #2. Procedure terminated when pt exhibited discomfort.

Pt tolerated the procedure well? See above
Viscopaste DCed due to excessive moisture. Pt need more frequent dressing change.

Instructed pt and son to 1) wash hands before and after wound care, 2) clean with NS,

05/03/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

3) apply a small piece of medihoney alginate to wound bed, 4) cover with ABD pad, 5) wrap with roll gauze, 4) continue elevation.

RTC on Wednesday next week to see Dr. Neighbor and nurse. Sooner if pain increases or s/s infection become worse. **Will consider wound culture at the next visit.**

Patient and son verbalize understanding and agreement.

Electronically signed by Dmyterko, Minami, RN at 5/3/2017 5:48 PM

Neighbor Jr., William E, MD at 5/3/2017 1745

Briefly saw the patient with the nurse. See nurse note.
Debridement completed by nurse.
Jeanne just completed seven day course of kelfex plus doxycycline this morning. Cellulitis appear resolved.
Would like 2 day follow up and at that visit may arrange for transfer of care for wound to NW Wound Care. They live on Bainbridge. The nearest wound care facility there would be at Harrison in Bremerton which may be more difficult for them to get to.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 5/3/2017 5:48 PM

Other Orders

Other

ZEBRA LABELS (Completed)

Electronically signed by: **Dy, Jessica A, CMA on 05/03/17 1212** Status: **Completed**
Ordering user: Dy, Jessica A, CMA 05/03/17 1212 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/03/17 - Class: Normal
Quantity: 1

Questionnaire

Question	Answer
How many Zebra labels should print?	2

Flowsheets

Vital Data

Row Name	05/03/17 1104
Weight	54.6 kg (120 lb 6.4

05/03/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Flowsheets (continued)

	oz)
BP	117/60
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Temp	36.5 °C
Temp src	Oral
Pulse	58
Pulse Regularity	Regular

Messages

Follow up visit Friday or at latest Monday

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/4/2017 5:34 PM

Last Read in MyChart
Not Read

Louise
Re: Jean's next appointment
I believe that at your visit on Wednesday, a visit was scheduled for a one week follow up on Jean's leg. I conferred with Minami after your visit. We think that is a bit long to wait. Could you come in tomorrow morning or early afternoon. I could see her in the morning or up until 2 pm in the afternoon. Monday would be possible, but we would really prefer tomorrow Friday as we want to make sure that infection does not recur.

I also think it likely that Jean will need to be referred to a wound care specialty center. There is one at Northwest Hospital in Seattle. In the Bainbridge area, the nearest is Harrison Memorial in Bremerton. Which would be easiest for you to get to transportation-wise.

Bill
William E Neighbor, MD

04/28/2017 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Care and RN60
Visit diagnosis: Cellulitis of left lower extremity

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Dmyterko, Minami, RN	Jacokes, Mark Warner, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 5 MINUTES

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

04/28/2017 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Stopped in Visit

None

Clinical Notes

Progress Notes

Dmyterko, Minami, RN at 4/28/2017 1157

Wound Care Visit

S:
Jeanne Leonie Hoffmanwho is 92 year old presents today for wound care.
History of wound: chronic venous ulcers, DVT, grafting more than 20 years ago.
ER 4/25/17 for cellulitis of LLE venous ulcers - Keflex and doxycycline PO started.
Xray of R tibia and ankle and CBC/CRP/BMP all normal.

Pain: "It's been very touchy." hypersensitive to touch of LLE, increased since 3 days ago; took acetaminophen 2 tabs and codeine 1 tab this morning
Home treatment: Louis (son) helping with dressing change. Elevation.
Other: Son is the primary caregiver of Mrs. Hoffman, pt performs ADLs independently. Ambulates with walker.

O:
Location: LLE
Duration: Feb 2017, 2.5 months
Measurements:
1) 1.7 x 1 x depth unable to measure due to slough (lower lateral ankle), irregular shape

04/28/2017 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

2) 2.1 x 1.8 x depth unable to measure due to slough (lateral mid leg), irregular shape
3) 0.7 x 0.7 x depth unable to measure due to slough (medial ankle), round
Undermining/Tunneling: none
Wound Bed: slough 90-100%
Wound Edges: diffused wound edges, slightly rounded and thickened
Exudate: small serous drainage, no odor
Circulation: intact, pulse palpated in DP
Periwound condition: hemosiderin, faint erythema knee down has diminished since 4/25/17
Ambulates with walker slowly
INR 2.5 on 4/27/17

Vascular Study: 3/15/17
Rt ABI (rt dors ped A BP / max brach A BP) 0.98
Rt TBI (rt toe BP / max brach A BP) 0.70

Lt ABI dors ped (lt dors ped A BP / max brach A BP) 1.09
Lt TBI (lt toe BP / max brach A BP) 0.68

A: **Cellulitis**
Wound Healing Status: Improving (reduced exudate, erythema, and wound size) However, pain on anterior leg has increased. Tolerating antibiotics.

Presence of signs of infection or over-colonization? Yes, on Keflex and doxycycline sine 4/25/17

No s/s of osteomylitis noted in ER Xray onb 4/25/17

Etiology of Wound: venous ulcers
Extent of Tissue Injury: full
Barriers/Risk Factors: warfarin, venous insufficiency, mild arterial insufficiency, impaired mobility, psychosocial, elevated BP, DM II (last a1c 6.2 in Feb 2016); scarring from previous grafting; pain

P:
Cleansed with NS
Use of skin barrier - Y
Primary dressing and topical: Medihoney alginate
Debridement Type: conservative sharp debridement of slough; unable to tolerated due to pain
Pt tolerated the procedure well? Y

Keep dressings clean and dry until the next appt.

RTC on Wednesday next week to see Dr. Neighbor and nurse. Sooner if pain increases or s/s infection become worse.

Continue and complete antibiotics. Eat yogurt.

Patient and son verbalize understanding and agreement.

04/28/2017 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Electronically signed by Dmyterko, Minami, RN at 4/28/2017 12:40 PM

Flowsheets

Vital Data

Row Name	04/28/17 1156
Temp	36.3 °C
Temp src	Oral

04/28/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/18/2017
Start date: 1/18/2017 — End date: 5/23/2017
Quantity: 5 mL — Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017

04/28/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/7/2017 End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/17/2017
Start date: 4/17/2017 End date: 12/8/2017
Quantity: 45 tablet Refill: 2

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/28/2017 7:47 AM

Sam and Bill...

REF: Housing Kitsap Senior Abuse and Hatred.

I (Jean) Have asked Louis To respond.

I (Jean) an living in fear, that Housing Kitsap is abusing me(Jean) and My son, using my son Louis against me (jean).
The residents under Housing Kitsap falsified complaint, My son did none of the thing reported, my son does not have behavior problems.

My (Jean) and my Son Louis Constitutional Rights, civil Rights, free speech to communicate with government and elected official is being denied to me, as if we are mentally ill or doing wrong by terrorize government officials , which is not true.

Both my Son Louis and I Jean) raised an issue publicly and of which we are being punished, terrorized, oppressed and living in fear of further hatred attacks under Housing Kitsap Authority to control and prevent free speech and participation in our government.

04/27/2017 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

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Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

04/27/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Karmelich, Karen A 4/27/2017 10:36 AM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
H15123	Plasma	—	923 04/27/17 1036

PROTHROMBIN TIME (Abnormal)
Resulted: 04/27/17 1308, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 04/27/17 1308
Collected by: 923 04/27/17 1036
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 04/27/17 1406
Mercado, Mila N, CMA on 05/12/17 1301

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	26.6	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.5	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

04/27/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 4/27/2017 14:06

04/25/2017 - Admission (Discharged) in U Emergency Department

Visit Information

Admission Information

Arrival Date/Time:	04/25/2017 1218	Admit Date/Time:	04/25/2017 1232	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Car Or Automobile	Primary Service:	Emergency Dept	Secondary Service:	N/A
Transfer Source:		Service Area:	UW MEDICINE	Unit:	U Emergency Department
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: 04/25/2017 1507	Disposition: 01 Home/self Care	Destination: Home
Provider: —	Unit: U Emergency Department	

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

None

Stopped in Visit

None

04/25/2017 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis: Cellulitis of left lower extremity

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/18/2017
Start date: 1/18/2017 — End date: 5/23/2017
Quantity: 5 mL — Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

04/25/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Martinez, Ricardo C, CMA at 4/25/2017 1443

Jeanne is going to be discharge from the ER soon today. Antibiotics was prescribed and need to follow up with the wound care nurse on Thursday morning at 11:20 a.m.

Electronically signed by Martinez, Ricardo C, CMA at 4/25/2017 2:59 PM

Labs

CBC, DIFF (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 04/25/17 1134**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/25/17 1134
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 04/25/17 -
Class: Normal
Quantity: 1
Lab status: Final result
Diagnoses
Cellulitis of left lower extremity [L03.116]

Specimen Information

ID	Type	Source	Collected By
T73571	Whole blood	—	3699 04/25/17 1141

CBC, DIFF (Abnormal)
Resulted: 04/25/17 1255, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 04/25/17 1255
Collected by: 3699 04/25/17 1141
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 04/25/17 1448
Martinez, Ricardo C, CMA on 04/26/17 1108

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.76	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.95	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	12.1	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	38	36 - 45 %	—	UWMC
MCV	97	81 - 98 fL	—	UWMC

04/25/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Labs (continued)

MCH	30.6	27.3 - 33.6 pg	—	UWMC
MCHC	31.8	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	223	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.2	11.6 - 14.4 %	—	UWMC
% Neutrophils	62	%	—	UWMC
% Lymphocytes	25	%	—	UWMC
% Monocytes	9	%	—	UWMC
% Eosinophils	3	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	0	%	—	UWMC
Neutrophils	4.24	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.66	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.60	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.19	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.06	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.01	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 4/25/2017 14:48

CRP, HIGH SENSITIVITY (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 04/25/17 1134** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/25/17 1134 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 04/25/17 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Cellulitis of left lower extremity [L03.116]

Specimen Information

ID	Type	Source	Collected By
T73571	Serum	—	3699 04/25/17 1141

CRP, HIGH SENSITIVITY Resulted: 04/25/17 1321, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 04/25/17 1321
Collected by: 3699 04/25/17 1141 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 04/25/17 1448

Components

04/25/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
C_Reactive Protein	1.6	0.0 - 10.0 mg/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 4/25/2017 14:48

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 04/25/17 1134** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/25/17 1134 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 04/25/17 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Cellulitis of left lower extremity [L03.116]

Specimen Information

ID	Type	Source	Collected By
T73571	Serum	—	3699 04/25/17 1141

BASIC METABOLIC PANEL Resulted: 04/25/17 1321, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 04/25/17 1321
Collected by: 3699 04/25/17 1141 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 04/25/17 1448

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC
Potassium	4.4	3.6 - 5.2 meq/L	—	UWMC
Chloride	107	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	26	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	122	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	16	8 - 21 mg/dL	—	UWMC
Creatinine	0.95	0.38 - 1.02 mg/dL	—	UWMC
Calcium	9.6	8.9 - 10.2 mg/dL	—	UWMC
GFR, Calc, European American	55	mL/min/{1.73 m2}	—	UWMC
GFR, Calc, African American	>60	mL/min/{1.73 m2}	—	UWMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function.	—	—	UWMC

04/25/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Labs (continued)

See http://depts.washington.edu/labweb/test/bclim/cGFR.html

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 4/25/2017 14:48

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 04/25/17 1134** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/25/17 1134 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 04/25/17 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Cellulitis of left lower extremity [L03.116]

Specimen Information

ID	Type	Source	Collected By
T73571	Plasma	—	3699 04/25/17 1141

PROTHROMBIN TIME (Abnormal) Resulted: 04/25/17 1302, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 04/25/17 1302
Collected by: 3699 04/25/17 1141 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 04/25/17 1448
Martinez, Ricardo C, CMA on 04/26/17 1108

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	24.5	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.3	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Cellulitis of left lower extremity [L03.116 (ICD-10-CM)]

04/25/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Labs (continued)

All Reviewers List

Neighbor Jr., William E, MD on 4/25/2017 14:48

Messages

re: follow up with wound care nurse

From	To	Sent and Delivered
Ricardo C Martinez, CMA	Hoffman, Jeanne Leonie	4/25/2017 3:37 PM

Last Read in MyChart
6/2/2017 10:50 AM by Hoffman, Jeanne Leonie

Hi Jeanne,

I just want to let you know that our wound care nurse Minami is not available this coming Thursday but she'll be in the clinic this Friday. I'll make you an appointment for both days.

04/25/2017 - Clinical Support Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Wound Care and RN45
Visit diagnosis: Wound of left leg, subsequent encounter

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Dmyterko, Minami, RN	Carle, Mariann, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 5 MINUTES

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

04/25/2017 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Stopped in Visit

None

Clinical Notes

Progress Notes

Dmyterko, Minami, RN at 4/25/2017 1122

Wound Care Visit

S:
Jeanne Leonie Hoffmanwho is 92 year old presents today for wound care.
History of wound: chronic venous ulcers, DVT, grafting more than 20 years ago
Pain: "biting" sensation upon movement of ankle"
Increased pain last week in LLE - codeine; 0/10 at rest, 10/10 with touch
Home treatment: applying lotion to legs
Other: transportation provided by son, son is the primary caregiver of Mrs. Hoffman, pt performs ADLs independently

O:
Location: LLE
Duration: Feb 2017, 2.5 months
Measurements: 1) 3 x 4 x depth unable to measure due to slough (lower lateral ankle), 2) 2 x 3 x depth unable to measure due to slough (lateral mid leg), 0.7 x 0.7 x depth unable to measure due to slough (medial ankle) in cm
Undermining/Tunneling: none
Wound Bed: slough 100%
Wound Edges: attached, diffused wound edges, slightly rounded and thickened

04/25/2017 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Exudate: moderate purulent drainage, malodorous
Circulation: warm
Periwound condition: hemosiderin, faint erythema knee down
Ambulates with walker slowly

3/15/17
Rt ABI (rt dors ped A BP / max brach A BP) 0.98
Rt TBI (rt toe BP / max brach A BP) 0.70

Lt ABI dors ped (lt dors ped A BP / max brach A BP) 1.09
Lt TBI (lt toe BP / max brach A BP) 0.68

A: Cellulitis
Wound Healing Status: worse, wounds larger, increased erythema and sensitivity
Presence of signs of infection or over-colonization? Infected
Etiology of Wound: venous ulcers
Extent of Tissue Injury: full
Barriers/Risk Factors: warfarin, venous insufficiency, mild arterial insufficiency, impaired mobility, psychosocial, support, IADLs, elevated BP, DM II (last a1c 6.2 in Feb 2016); scarring from previous grafting

P:
Cleansed with diluted hibiclens, rinsed with NS
Use of skin barrier - Y
Primary dressing and topical: covered with Mepilex Border (temporary dressings until seen by ER)
Debridement Type: conservative sharp debridement of slough; unable to tolerated due to pain
Pt tolerated the procedure well? Y
Informed Dr. William Neighbor about cellulitis. Dr. Neighbor briefly assessed the wounds.
Called Taxi to transport pt to UWMC ER. Pt likely need IV antibiotics for cellulitis of LLE.
Patient and son verbalize understanding and agreement.

Electronically signed by Dmyterko, Minami, RN at 4/25/2017 12:08 PM

Flowsheets

Vital Data

Row Name	04/25/17 1122
Temp	36.3 °C
Temp src	Oral

04/25/2017 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Flowsheets (continued)

Patient Instructions

Wound Care Visit

S:
Jeanne Leonie Hoffmanwho is 92 year old presents today for wound care.
History of wound: chronic venous ulcers, DVT, grafting more than 20 years ago
Pain: "biting" sensation upon movement of ankle"
Increased pain last week in LLE - codeine; 0/10 at rest, 10/10 with touch
Home treatment: applying lotion to legs
Other: transportation provided by son, son involved in care of Mrs. Hoffman, performs ADLs independently

O:
Location: LLE
Duration: Feb 2017, 2.5 months
Measurements: 1) 3 x 4 x depth unable to measure due to slough (lower lateral ankle), 2) 2 x 3 x depth unable to measure due to slough (lateral mid leg), 0.7 x 0.7 x depth unable to measure due to slough (medial ankle) in cm
Undermining/Tunneling: none
Wound Bed: slough 100%
Wound Edges: attached, diffused wound edges, slightly rounded and thickened
Exudate: moderate purulent drainage, malodorous
Circulation: warm
Periwound condition: hemosiderin, faint erythema knee down
Ambulates with walker slowly

3/15/17
Rt ABI (rt dors ped A BP / max brach A BP) 0.98
Rt TBI (rt toe BP / max brach A BP) 0.70

Lt ABI dors ped (lt dors ped A BP / max brach A BP) 1.09
Lt TBI (lt toe BP / max brach A BP) 0.68

A: Cellulitis
Wound Healing Status: worse, wounds larger, increased erythema and sensitivity
Presence of signs of infection or over-colonization? Infected
Etiology of Wound: venous ulcers
Extent of Tissue Injury: full
Barriers/Risk Factors: warfarin, venous insufficiency, mild arterial insufficiency, impaired mobility, psychosocial, support, IADLs, elevated BP, DM II (last a1c 6.2 in Feb 2016); scarring from previous grafting

P:
Cleansed with diluted hibiclens, rinsed with NS
Use of skin barrier - Y
Primary dressing and topical: covered with Mepilex Border (temporary dressings until seen by ER)
Debridement Type: conservative sharp debridement of slough; unable to tolerated due

04/25/2017 - Clinical Support Visit in Husky Health Primary Care Clinic (continued)

Patient Instructions (continued)

to pain
Pt tolerated the procedure well? Y
Informed Dr. William Neighbor.
Called Taxi to transport pt to UWMC ER. Pt likely need IV antibiotics for cellulitis of LLE.
Patient and son verbalize understanding and agreement.

Electronically signed by Dmyterko, Minami, RN at 4/25/2017 11:51 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

Jeanne Leonie Hoffman
4/25/2017 10:40 AM Clinical Support Visit

Description: **Female DOB: 1/6/1925**
Provider: **Minami Dmyterko, RN**
Department: **Hh Primary Care**

Future Appointments	Provider	Department	Dept Phone
5/3/2017 11:00 AM	**Neighbor Jr., William E, MD**	Hall Health Primary Care Center	206-685-1011
5/26/2017 9:15 AM SCCA 1st Floor	**SCCA PATIENT REGISTRAR**	SCCA Finance	206-288-1377
5/26/2017 9:45 AM	**Martin, Daniel Benjamin, MD; Russell, Kathryn Renee-Smith, ARNP; SCCA HEM/HEMMALIG EXAM ROOM**	SCCA Heme/Hem Malignancies A	206-288-7400

Please arrive 15 minutes before the start of your appointment.

Pick Up These Prescriptions At Your Pharmacy

None

Instructions

Wound Care Visit

S:
Jeanne Leonie Hoffmanwho is 92 year old presents today for wound care.
History of wound: chronic venous ulcers, DVT, grafting more than 20 years ago
Pain: "biting" sensation upon movement of ankle"
Increased pain last week in LLE - codeine; 0/10 at rest, 10/10 with touch
Home treatment: applying lotion to legs
Other: transportation provided by son, son involved in care of Mrs. Hoffman, performs ADLs independently

O:
Location: LLE

Duration: Feb 2017, 2.5 months
Measurements: 1) 3 x 4 x depth unable to measure due to slough (lower lateral ankle), 2) 2 x 3 x depth unable to measure due to slough (lateral mid leg), 0.7 x 0.7 x depth unable to measure due to slough (medial ankle) in cm
Undermining/Tunneling: none
Wound Bed: slough 100%
Wound Edges: attached, diffused wound edges, slightly rounded and thickened
Exudate: moderate purulent drainage, malodorous
Circulation: warm
Periwound condition: hemosiderin, faint erythema knee down
Ambulates with walker slowly

3/15/17
Rt ABI (rt dors ped A BP / max brach A BP) 0.98
Rt TBI (rt toe BP / max brach A BP) 0.70

Lt ABI dors ped (lt dors ped A BP / max brach A BP) 1.09
Lt TBI (lt toe BP / max brach A BP) 0.68

A: Cellulitis
Wound Healing Status: worse, wounds larger, increased erythema and sensitivity
Presence of signs of infection or over-colonization? Infected
Etiology of Wound: venous ulcers
Extent of Tissue Injury: full
Barriers/Risk Factors: warfarin, venous insufficiency, mild arterial insufficiency, impaired mobility, psychosocial, support, IADLs, elevated BP, DM II (last a1c 6.2 in Feb 2016); scarring from previous grafting

P:
Cleansed with diluted hibiclens, rinsed with NS
Use of skin barrier - Y
Primary dressing and topical: covered with Mepilex Border (temporary dressings until seen by ER)
Debridement Type: conservative sharp debridement of slough; unable to tolerated due to pain
Pt tolerated the procedure well? Y
Informed Dr. William Neighbor.
Called Taxi to transport pt to UWMC ER. Pt likely need IV antibiotics for cellulitis of LLE.
Patient and son verbalize understanding and agreement.

Your Current Medications Are

Acetaminophen-Codeine #3 300-30 MG Oral Tab	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Oral Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY

Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.
Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter
Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening except one half tab on Sundays

Reason for Visit

Wound Care

RN45

Reason for Visit History

Vital Signs Measured This Visit - Last Recorded

Temp(Src)	OB Status	Smoking Status
97.4 °F (36.3 °C) (Oral)	Postmenopausal	Never Smoker

Problem List as of 4/25/2017

Other convulsions
Esophageal reflux
Sensorineural hearing loss, unspecified
DVT, recurrent, lower extremity, chronic (HCC)
Other and unspecified hyperlipidemia
Allergic rhinitis, cause unspecified
Generalized osteoarthrosis, unspecified site
Essential hypertension, benign
Unspecified glaucoma
Routine general medical examination at a health care facility
Type 2 diabetes mellitus without complication (HCC)
Closed fracture of unspecified intracapsular section of neck of femur (HCC)
Unspecified vitamin B deficiency
Long term current use of anticoagulant therapy
Osteoporosis, unspecified
Vertebral fracture
Thyroid nodule, uninodular
DJD (degenerative joint disease) of lumbar spine
Urine incontinence
Pseudophakia, both eyes
Hip joint stiffness
Leg weakness, bilateral
Weakness of trunk musculature
Other physical therapy
History of recurrent deep vein thrombosis (DVT)
Thrombocytopenia (HCC)
Imbalance
Primary osteoarthritis of both hips

Skin ulcer (HCC)

Allergies as of 4/25/2017 11:51 AM

Allergen	Noted	Reaction Type	Reactions
Adhesives	10/21/2010		
Aspirin	01/06/2012	Allergy	Other
Nitrofurantoin Confusion, loss of appetitie, nausea, abdominal pain	07/25/2008		Other
Nitrofurantoin confusion	09/02/2016		Other
Penicillins	08/12/2003		Rash
Sulfa Antibiotics	08/12/2003		Rash

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

04/25/2017 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Bender, Patrick D, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/21/2017
Start date: 8/21/2017 — End date: 11/30/2017
Quantity: 5 mL — Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder

04/25/2017 - Orders Only in UW Medicine Radiology (continued)

Medication List (continued)

Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 8/21/2017
Start date: 8/21/2017 — End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/20/2017
Start date: 9/20/2017 — End date: 12/3/2017
Quantity: 60 tablet — Refill: 2 refills remaining

Stopped in Visit

None

Imaging

Imaging

XR TIBIA FIBULA 2 VW LEFT (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 04/25/17 1315** — Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 04/25/17 1315 — Authorized by: Bender, Patrick D, MD
Ordering mode: Standard
Frequency: Routine 04/25/17 1315 - — Class: UWMC Imaging
Quantity: 1 — Lab status: Final result
Order comments: From ORCA:

XR TIBIA FIBULA 2 VW LEFT — Resulted: 04/25/17 1410, Result status: Final result

Order status: Completed — Resulted by: Porrino Jr., Jack Anthony, MD
Filed by: Uw Radiology Results Interface, User 04/25/17 1411 — Performed: 04/25/17 1315 - 04/25/17 1315
Accession number: 10628909 — Resulting lab: UW RADIOLOGY
Lab Technician: MOLLY RAY TECHNOLOGIST, X-RAY
Narrative:
EXAMINATION:
XR TIBIA FIBULA 2 VIEWS LEFT

CLINICAL INDICATION:
eval for osteo

COMPARISON:
No prior images are currently available for comparison.

FINDINGS and IMPRESSION:
Generalized osteopenia is present. Nonspecific soft tissue calcification.
Vascular calcification.

No acute fracture or dislocation is evident. No specific radiographic evidence of osteomyelitis.
ATTENDING RADIOLOGIST AND PAGER NUMBER
413550 Porrino Jr Jack MD
(206)314-3821

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

04/25/2017 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

04/25/2017 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Bender, Patrick D, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder

04/25/2017 - Orders Only in UW Medicine Radiology (continued)

Medication List (continued)

Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 8/21/2017
Start date: 8/21/2017 — End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/20/2017
Start date: 9/20/2017 — End date: 12/3/2017
Quantity: 60 tablet — Refill: 2 refills remaining

Stopped in Visit

None

Imaging

Imaging

XR ANKLE 3+ VW LEFT (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 04/25/17 1315** — Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 04/25/17 1315 — Authorized by: Bender, Patrick D, MD
Ordering mode: Standard
Frequency: Routine 04/25/17 1315 - — Class: UWMC Imaging
Quantity: 1 — Lab status: Final result
Order comments: From ORCA:

XR ANKLE 3+ VW LEFT — Resulted: 04/25/17 1411, Result status: Final result

Order status: Completed — Resulted by: Porrino Jr., Jack Anthony, MD
Filed by: Uw Radiology Results Interface, User 04/25/17 1412 — Performed: 04/25/17 1315 - 04/25/17 1315
Accession number: 10628908 — Resulting lab: UW RADIOLOGY
Lab Technician: MOLLY RAY TECHNOLOGIST, X-RAY
Narrative:
RADIOGRAPHS OF THE ANKLE, THREE VIEWS, LEFT

CLINICAL INDICATION:
eval for osteo

COMPARISON:
None.

FINDINGS AND IMPRESSION:
Generalized osteopenia is present. Nonspecific soft tissue calcification. Vascular calcification. Soft tissue swelling about the lateral aspect of the ankle.

No acute fracture or dislocation is evident. No specific radiographic evidence of osteomyelitis.

Advanced degenerative change talonavicular joint.
ATTENDING RADIOLOGIST AND PAGER NUMBER
413550 Porrino Jr Jack MD
(206)314-3821

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

04/25/2017 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

04/19/2017 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Follow-Up and RN60
Visit diagnoses:

- Skin ulcer, limited to breakdown of skin (primary)
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 10 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/23/2017

04/19/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/18/2017
Start date: 1/18/2017 — End date: 5/23/2017
Quantity: 5 mL — Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017
Start date: 4/7/2017 — End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Stopped in Visit

None

Clinical Notes

Progress Notes

Dmyterko, Minami, RN at 4/19/2017 1221

Wound Care Visit

S:
Jeanne Leonie Hoffmanwho is 92 year old presents today for wound care.
History of wound: chronic venous ulcers, DVT, grafting more than 20 years ago
Pain: "biting" sensation upon movement of ankle"
Increased pain last night in LLE - codeine and NSAIDs
Home treatment: applying lotion to legs
Other: transportation provided by son, performs ADLs independently

O:
Location: LLE
Duration: Feb 2017, 2 months
Measurements: 1) 2 x 0.9 x 0.3 (lower lateral ankle), 2) 1.9 x 2.8 x depth unable to measure due to slough (lateral mid leg), 0.5 x 0.8 x depth unable to measure due to slough (medial ankle) in cm
Undermining/Tunneling: none
Wound Bed: slough 95%, non-granulating tissue 5%
Wound Edges: attached, diffused wound edges, slightly rounded and thickened
Exudate: moderate serous drainage, no odor
Circulation: warm
Periwound condition: hemosiderin, less dry today

04/19/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Ambulates with walker slowly

3.15.17
Rt ABI (rt dors ped A BP / max brach A BP) 0.98
Rt TBI (rt toe BP / max brach A BP) 0.70

Lt ABI dors ped (lt dors ped A BP / max brach A BP) 1.09
Lt TBI (lt toe BP / max brach A BP) 0.68

A:
Wound Healing Status: wounds slightly larger
Presence of signs of infection or over-colonization? Probable colonization
Etiology of Wound: venous ulcers
Extent of Tissue Injury: full
Barriers/Risk Factors: warfarin, venous insufficiency, mild arterial insufficiency, impaired mobility, psychosocial, support, IADLs, elevated BP, DM II (last a1c 6.2 in Feb 2016)

P:
Cleansed with NS
Use of skin barrier - Y
Primary dressing and topical: Iodosorb
Secondary dressing: Mepilex foam, Viscopaste
Secured with Coban
Debridement Type: conservative sharp debridement of slough
Pt tolerated the procedure well? Y

Patient's Home Care Instructions: see AVS
RTC in 7 days

Electronically signed by Dmyterko, Minami, RN at 4/20/2017 7:44 PM

Neighbor Jr., William E, MD at 4/20/2017 1942

Patient briefly seen by me. Superficial ulcer slowly enlarging. Plan is unna boot as documented by nurse. Reminded Jeanne that she is due for an INR. The goal is above but close to 2. She has not yet heard from vascular surgery regarding an appointment.

Orders Only on 04/19/17
1. PROTHROMBIN TIME

Result	Value	Ref Range
Prothrombin Time Patient	25.1 (H)	10.7 - 15.6 s
Prothrombin INR	2.3 (H)	0.8 - 1.3

INR in desired range of above but close to two. Repeat in one month.

04/19/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 4/20/2017 7:44 PM

Other Orders

Other

ZEBRA LABELS (Completed)

Electronically signed by: **Martinez, Ricardo C, CMA on 04/19/17 1132** Status: **Completed**
Ordering user: Martinez, Ricardo C, CMA 04/19/17 1132 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/19/17 - Class: Normal
Quantity: 1

Questionnaire

Question	Answer
How many Zebra labels should print?	2

Flowsheets

Vital Data

Row Name	04/19/17 1111
BP	162/70
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.3 °C
Temp src	Oral
Pulse	56
Pulse Regularity	Regular

Patient Instructions

- Keep Unna boot clean and dry. Cover Unna boot with a plastic bag when taking a shower.

- If your L toes become purple, cold, or painful (signs of compromised circulation), remove Unna boot by cutting with scissors.

- Walk frequently and exercise your calf muscles.

- Monitor for signs and symptoms of infection (increased pain, fevers, warmth) and call the clinic.

04/19/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Patient Instructions (continued)

- See you next Tuesday.

Contact:

Hall Health Appointment desk: 206-616-2495

Hall Health consulting nurse: 206-221-2517 (8am-5pm on Mon, Wed - Fri. 9am-5pm on Tue)

After hours consulting nurse: 206-744-2500 (after 5pm, weekend and holiday)

Electronically signed by Dmyterko, Minami, RN at 4/19/2017 12:17 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

Jeanne Leonie Hoffman
4/19/2017 11:20 AM Office Visit

Description: **Female DOB: 1/6/1925**
Provider: **William E Neighbor, MD**
Department: **Hh Primary Care**

To-Do List

Future Appointments	Provider	Department	Dept Phone
4/25/2017 10:40 AM	**HH TRIAGE PC**	Hall Health Primary Care Center	206-685-1011
4/26/2017 11:40 AM	**Neighbor Jr., William E, MD**	Hall Health Primary Care Center	206-685-1011
5/3/2017 11:00 AM	**Neighbor Jr., William E, MD**	Hall Health Primary Care Center	206-685-1011

Standing Orders	Interval	Expires
Referral for Nursing Care (Nurse Order - HH)		4/18/2018

Pick Up These Prescriptions At Your Pharmacy

None

We Ordered the Following Tests, Referrals, and Immunizations

ZEBRA LABELS

Instructions

- Keep Unna boot clean and dry. Cover Unna boot with a plastic bag when taking a shower.

- If your L toes become purple, cold, or painful (signs of compromised circulation), remove Unna boot by cutting with scissors.

- Walk frequently and exercise your calf muscles.

- Monitor for signs and symptoms of infection (increased pain, fevers, warmth) and call the clinic.

- See you next Tuesday.

Contact:

Hall Health Appointment desk: 206-616-2495

Hall Health consulting nurse: 206-221-2517 (8am-5pm on Mon, Wed - Fri. 9am-5pm on Tue)

After hours consulting nurse: 206-744-2500 (after 5pm, weekend and holiday)

Problems and Diagnoses Covered Today

Skin ulcer, limited to breakdown of skin (HCC) - Primary	
Long term current use of anticoagulant therapy	

Your Current Medications Are

Acetaminophen-Codeine #3 300-30 MG Oral Tab	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Oral Tab	TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.
Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter

Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening except one half tab on Sundays

Reason for Visit

Follow-Up	cc: left foot ulcer follow up.

RN45
Reason for Visit History

Vital Signs Measured This Visit - Last Recorded

BP	Pulse	Temp(Src)	OB Status	Smoking Status
162/70 mmHg	56	97.4 °F (36.3 °C) (Oral)	Postmenopausal	Never Smoker

Problem List as of 4/19/2017

Other convulsions
Esophageal reflux
Sensorineural hearing loss, unspecified
DVT, recurrent, lower extremity, chronic (HCC)
Other and unspecified hyperlipidemia
Allergic rhinitis, cause unspecified
Generalized osteoarthrosis, unspecified site
Essential hypertension, benign
Unspecified glaucoma
Routine general medical examination at a health care facility
Type 2 diabetes mellitus without complication (HCC)
Closed fracture of unspecified intracapsular section of neck of femur (HCC)
Unspecified vitamin B deficiency
Long term current use of anticoagulant therapy
Osteoporosis, unspecified
Vertebral fracture
Thyroid nodule, uninodular
DJD (degenerative joint disease) of lumbar spine
Urine incontinence
Pseudophakia, both eyes
Hip joint stiffness
Leg weakness, bilateral
Weakness of trunk musculature
Other physical therapy
History of recurrent deep vein thrombosis (DVT)
Thrombocytopenia (HCC)
Imbalance
Primary osteoarthritis of both hips
Skin ulcer (HCC)

Allergies as of 4/19/2017 12:17 PM

Allergen	Noted	Reaction Type	Reactions
Adhesives	10/21/2010		
Aspirin	01/06/2012	Allergy	Other

04/19/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

After Visit Summary (continued)

Allergen	Noted	Reaction Type	Reactions
Nitrofurantoin Confusion, loss of appetitie, nausea, abdominal pain	07/25/2008		Other
Nitrofurantoin confusion	09/02/2016		Other
Penicillins	08/12/2003		Rash
Sulfa Antibiotics	08/12/2003		Rash

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

04/19/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

Clinical - Scan on 4/19/2017 12:09 PM: ll ulcers-20170419-hh-pcn-neighbor-01.jpg.JPG

Scan (below)



04/19/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Clinical - Scan on 4/19/2017 12:10 PM: ll ulcers-20170419-hh-pcn-neighbor-02.jpg.JPG

Scan (below)



04/19/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Clinical - Scan on 4/19/2017 12:11 PM: ll ulcers-20170419-hh-pcn-neighbor-03.jpg.JPG

Scan (below)



04/19/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Clinical - Scan on 4/19/2017 12:12 PM: ll ulcers-20170419-hh-pcn-neighbor-04.jpg.JPG

Scan (below)



04/19/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

04/19/2017 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

04/19/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 4/19/2017 1739

Quick Note:

INR in current goal range which is 2.0 to 2.5, low end of the typical 2-3.

William E Neighbor, MD

_____

Electronically signed by Neighbor Jr., William E, MD at 4/19/2017 5:39 PM

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Reyes, Mildred A, Technologist 4/19/2017 11:00 AM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
W62755	Plasma	—	1679 04/19/17 1100

PROTHROMBIN TIME (Abnormal)
Resulted: 04/19/17 1357, Result status: Final result

04/19/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Order status: Completed
Collected by: 1679 04/19/17 1100
Acknowledged by
Neighbor Jr., William E, MD on 04/19/17 1739
Martinez, Ricardo C, CMA on 04/24/17 1448

Filed by: Uw Lab Results Interface, User 04/19/17 1357
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	25.1	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.3	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 4/19/2017 17:39

04/16/2017 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- BENIGN HYPERTENSION

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/18/2017
Start date: 1/18/2017 — End date: 5/23/2017
Quantity: 5 mL — Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017

04/16/2017 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/7/2017 End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/17/2017
Start date: 4/17/2017 End date: 12/8/2017
Quantity: 45 tablet Refill: 2

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Martinez, Ricardo C, CMA at 4/17/2017 0837

Refill for medication: Losartan 25 mg Tab

Last refilled date: 3/31/2016 x 3

Last office visit: 4/12/2017

Future office visit: 4/19/2017

Electronically signed by Martinez, Ricardo C, CMA at 4/17/2017 8:38 AM

Other Orders

Medications

Losartan Potassium 25 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 04/17/17 0854** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 04/17/17 0854 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 04/17/17 - 12/08/17 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 12/08/17 1400 [Reorder]
Diagnoses
Essential hypertension, benign [I10] - BENIGN HYPERTENSION

Indications

Essential hypertension, benign [I10 (ICD-10-CM)]

04/12/2017 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Follow-Up , RN60, and Wound Care
Visit diagnoses:

- Skin ulcer, limited to breakdown of skin (primary)
- Long term current use of anticoagulant therapy
- History of recurrent deep vein thrombosis (DVT)

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 25 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

04/12/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Stopped in Visit

None

Clinical Notes

Progress Notes

Dmyterko, Minami, RN at 4/12/2017 1236

Wound Care Visit

S:
Jeanne Leonie Hoffmanwho is 92 year old presents today for wound care.
History of wound: mixed venous/arterial, DVT of LLE, grafting
Pain: "biting" sensation upon movement of ankle
Home treatment: pt has been changing dressings PRN independently.
Other:

O:
Location: LLE
Duration: Feb 2017
Measurements: 1) 2.5 x1.7x 0.3 cm lower lateral ankle, 2) 1x1x0.1cm lateral mid leg, 0.3 x 0.3x0.1 medial ankle in length x width x depth
Undermining/Tunneling: none
Wound Bed: slough 60%, non-granulating tissue 40%
Wound Edges: attached, diffused wound edges
Exudate: moderate serous drainage, no odor
Circulation: warm
Periwound condition: dry, cracked, scar tissues from previous ulcers and surgery
BP 145/62 mmHg | Pulse 57 | Temp(Src) 98 °F (36.7 °C) (Oral)

Clinical Notes (continued)

A:
Wound Healing Status: no significant change
Presence of signs of infection or over-colonization? none
Etiology of Wound: mixed venous arterial
Extent of Tissue Injury: partial
Barriers/Risk Factors: warfarin, venous insufficiency, arterial insufficiency, impaired mobility, psychosocial, support, IADLs

P:
Cleansed with NS
Use of skin barrier - Y
Primary dressing and topical: medihoney alginate
Secondary dressing: Mepilex border
Debridement Type: conservative sharp debridement
Pt tolerated the procedure well? Y
Other: will order viscopaste for next visit

Patient's Home Care Instructions: see AVS

Electronically signed by Dmyterko, Minami, RN at 4/12/2017 6:58 PM

Neighbor Jr., William E, MD at 4/12/2017 1340

Jeanne Leonie Hoffman is a 92 year old female here to discuss the following:
Chief Complaint
Patient presents with
- Follow-Up
  cc: Follow up right leg ulcers.
- RN60
- Wound Care

History:
Jeanne is in with her son today for follow up wound care with our nurse and to review plans with me.

She reports to me that her housing situation which involves conflict with their neighbors and potentially loosing her son Louis as a live in care provider which is a role she values are a problem for her. I did speak with NW Justice yesterday.

Louis reports that they followed the instructions for use of medihoney in alginate.

No fever, chills, nightsweats

Medications
Outpatient Prescriptions Marked as Taking for the 4/12/17 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 300-30 MG Oral Tab	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN	30 tablet	3

Clinical Notes (continued)

• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	0
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening except one half tab on Sundays	90 tablet	3

Objective:
BP 145/62 mmHg | Pulse 57 | Temp(Src) 98 °F (36.7 °C) (Oral)
Estimated body mass index is 23.67 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 3/8/17: 56.79 kg (125 lb 3.2 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 145/62
General: NAD
Skin:
Left foot dorsolateral superficial ulceration perhaps slightly larger.
One area on inner aspect of lower leg shows scab but no ulcer.
Some dryness of skin

Lab and other tests: INR 2.1

Assessment and Plan:
(L98.491) Skin ulcer, limited to breakdown of skin (HCC) (primary encounter diagnosis)
See nurse note. Plan is return next week for placement of Unna boot which nurse will order. Otherwise see nurse note.

(Z79.01) Long term current use of anticoagulant therapy
INR today was 2.1. Current dose of warfarin is now 5 mg daily except one half tab on Sundays. Repeat in two weeks. Goal is to keep INR close to 2; it had been running a bit higher

(Z86.718) History of recurrent deep vein thrombosis (DVT)
As noted at last visit, it has been ten years since she saw vascular surgery. Follow up visit ordered and referral completed with question of whether to continue anticoagulation and, if so, whether to continue warfarin or move to newer mediation that does not require monthly blood work. She has done well with warfarin. I suspect the newer medications will be beyond what she can afford. So the basic question is whether to continue anticoagulation at all.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 4/12/2017 6:58 PM

04/12/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Flowsheets

Vital Data

Row Name	04/12/17 1110
BP	145/62
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.7 °C
Temp src	Oral
Pulse	57
Pulse Regularity	Regular

Patient Instructions

The underlying cause of your wounds on the legs is due to alteration in your circulation to your legs. Mild compression and exercise will improve your circulation.

- Elevate your leg when sitting or lying to reduce swelling. If elevation causes pain, lower legs immediately.

- Foot (e.g., up and down) exercise and walking as tolerated twice a day.

- Wear compression stockings every day as tolerated. Be careful not to dislodge the dressings.

- Wash your hands before and after caring for your wounds.

- Keep dressings clean and dry. If the outer dressings get saturated, change the dressings (extra dressings supply provided today.)

- Honey can be left in the wounds for about 1 week.

- Apply moisturizer to your legs 2 times a day.

- The best time to take a shower is morning before your appointment or the day before your next appointment. Then, cover the wounds with gauze for temporary protection.

- Monitor for signs and symptoms of infection (e.g., increased redness, yellow, green, thick drainage, increased pain, fevers, warmth)

04/12/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Patient Instructions (continued)

- Follow up next week

Electronically signed by Dmyterko, Minami, RN at 4/12/2017 12:29 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

Jeanne Leonie Hoffman
4/12/2017 11:20 AM Office Visit

Description: **Female DOB: 1/6/1925**
Provider: **William E Neighbor, MD**
Department: **Hh Primary Care**

Future Appointments	Provider	Department	Dept Phone
4/19/2017 11:20 AM	**Neighbor Jr., William E, MD**	Hall Health Primary Care Center	206-685-1011
5/3/2017 11:00 AM	**Neighbor Jr., William E, MD**	Hall Health Primary Care Center	206-685-1011

Pick Up These Prescriptions At Your Pharmacy

None

Instructions

The underlying cause of your wounds on the legs is due to alteration in your circulation to your legs. Mild compression and exercise will improve your circulation.

- Elevate your leg when sitting or lying to reduce swelling. If elevation causes pain, lower legs immediately.

- Foot (e.g., up and down) exercise and walking as tolerated twice a day.

- Wear compression stockings every day as tolerated. Be careful not to dislodge the dressings.

- Wash your hands before and after caring for your wounds.

- Keep dressings clean and dry. If the outer dressings get saturated, change the dressings (extra dressings supply provided today.)

- Honey can be left in the wounds for about 1 week.

- Apply moisturizer to your legs 2 times a day.

- The best time to take a shower is morning before your appointment or the day before your next appointment. Then, cover the wounds with gauze for temporary protection.

- Monitor for signs and symptoms of infection (e.g., increased redness, yellow, green, thick drainage, increased pain, fevers, warmth)

- Follow up next week

Your Current Medications Are

Acetaminophen-Codeine #3 300-30 MG Oral Tab	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Oral Tab	One half tablet daily
Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.
Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter
Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening except one half tab on Sundays

Reason for Visit

Follow-Up	cc: Follow up right leg ulcers.

RN45
Reason for Visit History

Vital Signs Measured This Visit - Last Recorded

BP	Pulse	Temp(Src)	OB Status	Smoking Status
145/62 mmHg	57	98 °F (36.7 °C) (Oral)	Postmenopausal	Never Smoker

Problem List as of 4/12/2017

Other convulsions
Esophageal reflux
Sensorineural hearing loss, unspecified
DVT, recurrent, lower extremity, chronic (HCC)
Other and unspecified hyperlipidemia
Allergic rhinitis, cause unspecified
Generalized osteoarthrosis, unspecified site
Essential hypertension, benign
Unspecified glaucoma
Routine general medical examination at a health care facility
Type 2 diabetes mellitus without complication (HCC)
Closed fracture of unspecified intracapsular section of neck of femur (HCC)
Unspecified vitamin B deficiency
Long term current use of anticoagulant therapy

Osteoporosis, unspecified
Vertebral fracture
Thyroid nodule, uninodular
DJD (degenerative joint disease) of lumbar spine
Urine incontinence
Pseudophakia, both eyes
Hip joint stiffness
Leg weakness, bilateral
Weakness of trunk musculature
Other physical therapy
History of recurrent deep vein thrombosis (DVT)
Thrombocytopenia (HCC)
Imbalance
Primary osteoarthritis of both hips
Skin ulcer (HCC)

Allergies as of 4/12/2017 12:29 PM

Allergen	Noted	Reaction Type	Reactions
Adhesives	10/21/2010		
Aspirin	01/06/2012	Allergy	Other
Nitrofurantoin Confusion, loss of appetitie, nausea, abdominal pain	07/25/2008		Other
Nitrofurantoin confusion	09/02/2016		Other
Penicillins	08/12/2003		Rash
Sulfa Antibiotics	08/12/2003		Rash

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Messages

visit summary

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/12/2017 1:45 PM

Last Read in MyChart
4/26/2017 8:12 AM by Hoffman, Jeanne Leonie

Jeanne: Below is a summary of your visit.

Assessment and Plan:
(L98.491) Skin ulcer, limited to breakdown of skin (HCC) (primary encounter diagnosis)
See nurse note. Plan is return next week for placement of Unna boot which nurse will order.
Otherwise see nurse note.

(Z79.01) Long term current use of anticoagulant therapy
INR today was 2.1. Current dose of warfarin is now 5 mg daily except one half tab on Sundays. Repeat in two weeks. Goal is to keep INR close to 2; it had been running a bit higher

(Z86.718) History of recurrent deep vein thrombosis (DVT)
As noted at last visit, it has been ten years since she saw vascular surgery. Follow up visit ordered and referral completed with question of whether to continue anticoagulation and, if so, whether to continue warfarin or move to newer mediation that does not require monthly blood work. She has done well with warfarin. I suspect the newer medications will be beyond what she can afford. So the basic question is whether to continue anticoagulation at all.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

04/12/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

Business Documents - Scan on 4/18/2017 12:43 PM: Agreement to Pay for Healthcare Services; 2017/04/12

Scan (below)

U8170135

Washington State Health Care Authority

Agreement to Pay for Healthcare Services

WAC 182-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) that the Health Care Authority (HCA) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications

Client - A recipient of Medicaid or other healthcare benefits through the HCA or a managed care organization (MCO) that contracts with the HCA.

Provider - An institution, agency, business, or person that provides healthcare services to HCA clients and has a signed agreement with the HCA or authorization from an MCO.

This Agreement and WAC 182-502-0160 apply to billing a client for covered and noncovered services as described in WAC 182-501-0050 through WAC 182-501-0070. Providers may not bill any HCA client (including those enrolled with an MCO that contracts with the HCA) for services which the HCA or an MCO that contracts with the HCA may have paid until the provider has completed all requirements for obtaining authorization.

Client's printed name	Client's ID number
Hoffman, Jeanne Leonie	**100675002WA**
Provider's printed name	Provider number
William Neighbor, MD	**1265518989**

Directions:

- Both the provider and the client must fully complete this form **before** an HCA client receives any service for which this Agreement is required.
- You must complete this form no more than 90 calendar days before the date of the service. If the service is not provided within 90 calendar days, the provider and client must complete and sign a new form.
- **The provider and the client must complete this form only *after* they exhaust all applicable HCA or HCA-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 182-501-0160 or the administrative hearing process, if the client chooses to pursue these processes.**
- Limited English proficient (LEP) clients must be able to understand this form in their primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. Both the client and the provider must sign a translated form.

Fully complete the table on back of this form. If needed, attach another sheet for additional services. The client, provider, and interpreter (if applicable) must sign and date each additional page.

Important Note from HCA:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 182-502-0160 or does not satisfy HCA conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 182-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. Give a copy of this completed, signed agreement to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://hrsa.dshs.wa.gov/mpforms.shtml.

Page 1 of 2

HCA 13-879 (9/15)

04/12/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Specific service(s) or item(s) to be provided and anticipated date of service	CPT/CDT/ hcpc code (billing code)	Amount to be paid by client	Reason why the client is agreeing to be billed (check the one that applies for each service)	Covered treatment alternatives offered but not chosen by client	Date(s) etr/nfj requested/denied or waived, or prior authorization (pa) requested/denied, if applicable	
office visit and all related services		**$200 - $500**	☒ Noncovered service, ETR denied ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR requested or waived PA request	ETR denial (attach HCA notice) PA denial (attach HCA notice)
			☐ Noncovered service, ETR denied ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR requested or waived PA request	ETR denial (attach hca notice) PA denial (attach HCA notice)
			☐ Noncovered service, ETR denied ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR requested or waived PA request	ETR denial (attach HCA notice) PA denial (attach HCA notice)

- I understand that HCA or an MCO that contracts with HCA will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) HCA does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after an HCA or HCA-contracted MCO denial of a request for a noncovered service; or 2) ask for a hearing to appeal an HCA or HCA-contracted MCO denial of a requested service.
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by the HCA or an HCA-contracted MCO, and I still choose to get the specified service(s) above.
- I understand that HCA does not cover services ordered by, prescribed by, or are a result of a referral from a healthcare provider who is not contracted with HCA as described in Chapter 182-502 WAC.
- ***I agree to pay the provider directly for the specific service(s) listed above.***
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which HCA or an HCA-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form.
- I understand that I can call HCA at 1-800-562-3022 to receive additional information about my rights or services covered by HCA under fee-for-service or managed care.

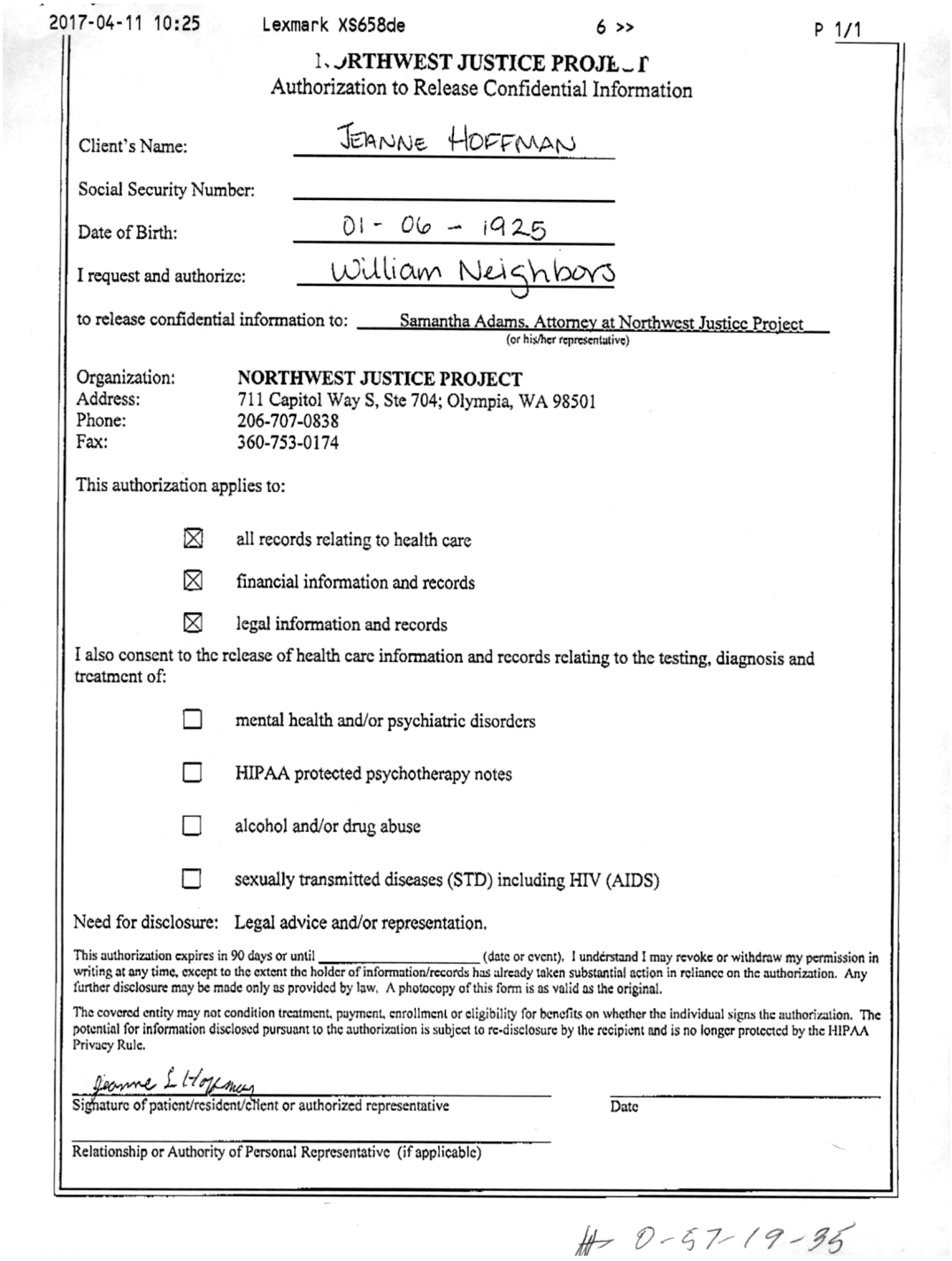
I AFFIRM: I understand and agree with this form's content, including the bullet points above.	Client's or client's legal representative's signature	Date 4/12/17
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 182-502-0160.	Provider of service(s) signature	Date 4/12/17
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	Interpreter's printed name and signature	Date

04/12/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

UWM Outside Records - Scan on 4/18/2017 1:55 PM: request; 2017/04/12; Northwest Justice Project

Scan (below)



2017-04-11 10:25 Lexmark XS658de 6 >> P 1/1

NORTHWEST JUSTICE PROJECT
Authorization to Release Confidential Information

Client's Name: JEANNE HOFFMAN

Social Security Number:

Date of Birth: 01-06-1925

I request and authorize: William Neighbors

to release confidential information to: Samantha Adams, Attorney at Northwest Justice Project
(or his/her representative)

Organization: NORTHWEST JUSTICE PROJECT
Address: 711 Capitol Way S, Ste 704; Olympia, WA 98501
Phone: 206-707-0838
Fax: 360-753-0174

This authorization applies to:

☒ all records relating to health care

☒ financial information and records

☒ legal information and records

I also consent to the release of health care information and records relating to the testing, diagnosis and treatment of:

☐ mental health and/or psychiatric disorders

☐ HIPAA protected psychotherapy notes

☐ alcohol and/or drug abuse

☐ sexually transmitted diseases (STD) including HIV (AIDS)

Need for disclosure: Legal advice and/or representation.

This authorization expires in 90 days or until _____ (date or event). I understand I may revoke or withdraw my permission in writing at any time, except to the extent the holder of information/records has already taken substantial action in reliance on the authorization. Any further disclosure may be made only as provided by law. A photocopy of this form is as valid as the original.

The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization. The potential for information disclosed pursuant to the authorization is subject to re-disclosure by the recipient and is no longer protected by the HIPAA Privacy Rule.

Jeanne L Hoffman
Signature of patient/resident/client or authorized representative

Date

Relationship or Authority of Personal Representative (if applicable)

0-57-19-95

04/12/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

04/12/2017 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:
- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

04/12/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Reyes, Mildred A, Technologist 4/12/2017 10:43 AM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
W51210	Plasma	—	1679 04/12/17 1043

PROTHROMBIN TIME (Abnormal)
Resulted: 04/12/17 1128, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 04/12/17 1128
Collected by: 1679 04/12/17 1043
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 04/12/17 1735
Kerby, Kalena L, CMA on 04/14/17 1718
Mercado, Mila N, CMA on 05/03/17 1209

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	22.8	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.1	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-	06/12/15 1029 - 02/13/20 0811

04/12/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

0001

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 4/12/2017 17:35

04/11/2017 - Medical Records in UW Medicine Montlake Surgical Specialty Center, Vascular Surgery

Visit Information

Provider Information

Encounter Provider

Whitehead, Sarah Dawn, ARNP

Department

Name	Address	Phone	Fax
UW Medicine Montlake Surgical Specialty Center, Vascular Surgery	1959 NE Pacific Street, Box 356165 Seattle WA 98195	206-598-4477	206-598-6608

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017

04/11/2017 - Medical Records in UW Medicine Montlake Surgical Specialty Center, Vascular Surgery (continued)

Medication List (continued)

Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Stopped in Visit

None

04/11/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/18/2017
Start date: 1/18/2017 — End date: 5/23/2017
Quantity: 5 mL — Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017

04/11/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/7/2017 End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/17/2017
Start date: 4/17/2017 End date: 12/8/2017
Quantity: 45 tablet Refill: 2

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/11/2017 8:14 AM

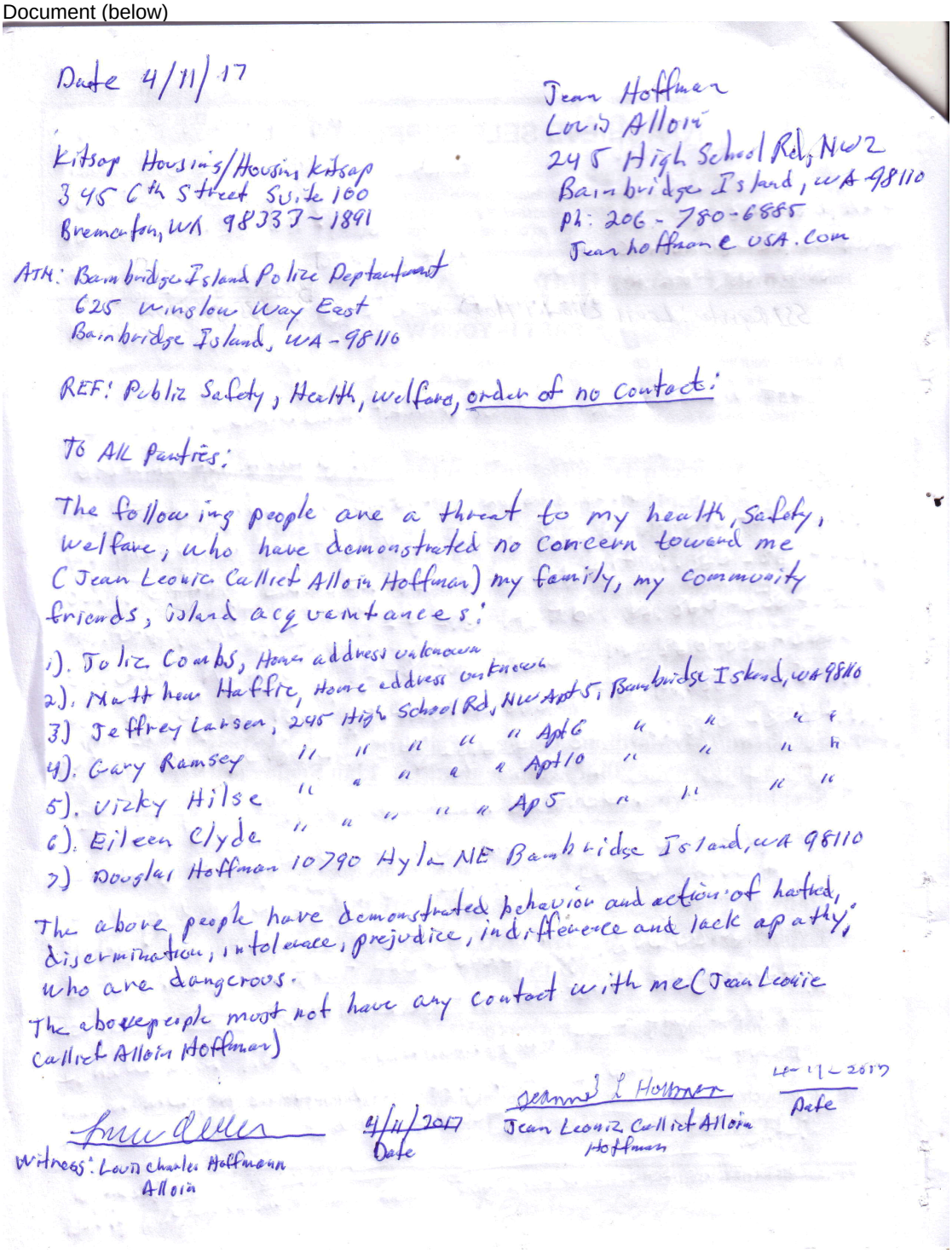
See atachments

04/11/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Document on 4/11/2017 8:14 AM: no-conact

Document (below)



Date 4/11/17

Jean Hoffman
Louis Alloin
245 High School Rd, NW2
Bainbridge Island, WA 98110
ph: 206-780-6885
Jeanhoffmane USA.com

Kitsap Housing/Housing kitsap
345 6th Street Suite 160
Bremerton, WA 98337-1891

ATH: Bainbridge Island Police Deptartment
625 winslow Way East
Bainbridge Island, WA-98110

REF: Public Safety, Health, welfare, order of no contact:

To All Parties:

The following people are a threat to my health, Safety, welfare, who have demonstrated no concern toward me (Jean Leonie Callict Alloin Hoffman) my family, my community friends, island acquentances:

1). Toliz Combs, Home address unknown
2). Matthew Haffie, Home address unknown
3) Jeffrey Larsen, 245 High School Rd, NW Apt 5, Bainbridge Island, WA 98110
4). Gary Ramsey " " " " Apt 6 " " " "
5). Vicky Hilse " " " " Apt 10 " " " "
6). Eileen Clyde " " " " Ap 5 " " " "
7) Douglas Hoffman 10790 Hyla NE Bainbridge Island, WA 98110

The above people have demonstrated behavior and action of hatred, discrimination, intolerace, prejudice, indifference and lack apathy, who are dangerous.
The abovepeople must not have any contact with me(Jean Leonie Callict Alloin Hoffman)

Witness: Louis Charles Hoffmann Alloin — 4/11/2017 Date

Jeanne L Hoffman — Jean Leonie Callict Alloin Hoffman — 4-11-2017 Date

04/11/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Document on 4/11/2017 8:14 AM: statements

Document (below)

Date: 4/6/2017 6:34pm

Bainbridge Island Police Department
625 Winslow Way East
Baibridge Is, WA-98110
ATN: Officer Dale Johnson #814
Ph: 206-780-4684
REF: Rhododendron Apt 5 attack Nov. 1, 2016

Jean Hoffman
Louis Allain
245 High School Rd, NW2
Bainbridge Is, WA 98110
Ph: 206-780-6885

I, Jean Leonie Callist Allain Hoffman have read the statements made by:

1). Julie Combs December 2, 2016 8:12pm ph: 206-842-8144
2) Matthew Haffie November 3, 2016 ph: 206-842-8144
3). Jeffrey Larsen 12-2-16 Apt 5 ph: 360-362-2093
4). Gary Ramsey 11-4-16 Apt 6 ph: 360-536-5882
5). Gary Ramsey 12-8-16 Apt 6 ph: 360-536-5882
6). Vicky Hilse 10-20-2016 Apt 10 ph: 360-954-2714
7). Eileen Clyde 11-4/2016 Apt 5 ph: 360-824-1971

It is false, misleading and untrue.
I, Jean Hoffman am the victim, I was attack by Eileen Clyde as she blocked my path to leave my home.
It now appear that the above people are using Bainbridge Island Police Dept to further attack me.
I have been living in fear and fear that they will harm me physical and mentally. As I can not trust the Bainbridge Island Polic Dept

Witness: Louis Charles Hoffman Allain
Date: 4/6/17

Jeanne L Hoffman
Jean Leonie Callist Allain Hoffman
Date: 4-6-2017

04/11/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Document on 4/11/2017 8:14 AM: contacts

Document (below)

mail.com

No Contact/Not illegal

From: " Jean Hoffman" <jeanhoffman@usa.com>
To: "Samantha Adams" <sama@nwjustice.org>, djohnson@bainbridgewa.gov
Date: Apr 10, 2017 9:08:09 AM

Sam....

I (Jean) has asked my son Louis to respond, as to request for October 31, 2016 No contact with Eileen Clyde:

Eileen Clyde was asked, in a respectful, polite, non threatening guise an without euphemisms that Jean Hoffman and
Louis Alloin, did not want to engage in contact with Eilleen Clyde.

Reason and Justification: Eileen Clyde was seen (Since moving into Rhododendron Apt 5) under the influence of drugs, alcohol, or chemicals, exhibiting behavior toward us that was offensive, including unsteady walking/weaving and speech that was difficult to understand, walking around Apt Complex with wine glass, Apt 5 smelling/Oder coming for Apt 5, discharging bio fluids at our door step, make unreasonable demands that she wanted our plants and blocking leaving our Apt 2/not limited too.

It is not illegal, to ask a person to not have contact, do to their behavior or under influence of a controlled substance.

Jean and Louis just anted to not have contact when Eileen was exhibiting behavior that was not in good mannerism and that we wanted not conflicts.

This statement is trues and correct to My (Jean Hoofman) best of knowledge under oath of perjury.

lcha
Just email me for a "Phone Contact", as your call is just as important to me, as it is to you. Have a nice day and hope to hear from you soon.
Island Hometown for 110 Years
Jean Leonie Calliet Alloin Hoffman
245 High school Road, NW
Bainbridge, Island, WA-98110
206-780-6885
Email: jeanhoffman@usa.com
Email: jeanalloin@usa.com
Travel Web Page: http://www.atdlines.com/senior.htm

Thank You

> **Sent:** Tuesday, March 28, 2017 at 2:54 PM
> **From:** "Samantha Adams" <sama@nwjustice.org>
> **To:** "'jeanhoffman@usa.com'" <jeanhoffman@usa.com>
> **Subject:** Northwest Justice Project trying to reach you
>
> Ms. Hoffman:

04/11/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

I am trying to reach you. Please contact me at: **206-707-0838**.

~ Sam

Samantha L. Adams | Staff Attorney

Northwest Justice Project |711 Capitol Way S., Ste. 704| Olympia, WA 98501

sama@nwjustice.org | P: 206-707-0838| F: 360.753.0174

Please consider the environment before printing.

This email may contain privileged and/or confidential information. If you received this email in error please notify me by return email and delete this message. Disclosure, copying, distribution or other use of this message without permission is prohibited.

04/11/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Release of Information - Scan on 4/12/2017 12:15 PM: ROI paper send to HIM

Scan (below)

2017-04-11 10:25 Lexmark XS658de 6 >> P 1/1

NORTHWEST JUSTICE PROJECT
Authorization to Release Confidential Information

Client's Name: JEANNE HOFFMAN

Social Security Number: _____

Date of Birth: 01 - 06 - 1925

I request and authorize: William Neighbors

to release confidential information to: Samantha Adams, Attorney at Northwest Justice Project
(or his/her representative)

Organization: **NORTHWEST JUSTICE PROJECT**
Address: 711 Capitol Way S, Ste 704; Olympia, WA 98501
Phone: 206-707-0838
Fax: 360-753-0174

This authorization applies to:

☒ all records relating to health care

☒ financial information and records

☒ legal information and records

I also consent to the release of health care information and records relating to the testing, diagnosis and treatment of:

☐ mental health and/or psychiatric disorders

☐ HIPAA protected psychotherapy notes

☐ alcohol and/or drug abuse

☐ sexually transmitted diseases (STD) including HIV (AIDS)

Need for disclosure: Legal advice and/or representation.

This authorization expires in 90 days or until _____ (date or event). I understand I may revoke or withdraw my permission in writing at any time, except to the extent the holder of information/records has already taken substantial action in reliance on the authorization. Any further disclosure may be made only as provided by law. A photocopy of this form is as valid as the original.

The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization. The potential for information disclosed pursuant to the authorization is subject to re-disclosure by the recipient and is no longer protected by the HIPAA Privacy Rule.

Jeanne L Hoffman
Signature of patient/resident/client or authorized representative — Date

Relationship or Authority of Personal Representative (if applicable)

04/11/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

04/10/2017 - Telephone in Husky Health Primary Care Clinic

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder

04/10/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Start date: 9/20/2017
Quantity: 60 tablet
Ordered on: 9/20/2017
End date: 12/3/2017
Refill: 2 refills remaining

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena, CMA at 4/10/2017 1631

Received a call from Samantha Adams, staff attorney, who is working with Jean Hoffman on her case regarding housing. She would like to discuss with Dr. Neighbor some questions regarding in home care for Jean Hoffman. Please call her at 206-707-0838.

Electronically signed by Mohova, Elena, CMA at 4/10/2017 4:33 PM

Neighbor Jr., William E, MD at 4/11/2017 1040

4/11/2017 10:40 AM
Spoke with Attorney Samantha Adams at Northwest Justice Project. Authorizatioin for release of confidential information signed by Jean was faxed to me and is being scanned into her record.

Care giver tenancy agreement which allows her son Louis to reside with her as a caregiver is likely being terminated due to Louis' interactions with other occupants of their apartment building.

Attorney is trying to determine services that Jean needs and what she will loose if Louis is required to move out. I communicated the following:
--Louise has been a strong support for Jean. There interactions have always been positive. When I see Jean separately from Louis she continues to speak positively of their relationship.
--Louis helps remind her of medications, assure that she is taking her medications including warfarin which needs to be overseen carefully. He also helps with apartment cleaning and laundry as well as food preparation.
--Louis also seems to provide important emotional support to Jean. Jean has expressed to me that she is upset by the way they are treated at the apartment.

I understand that if Louis were to get into some treatment program for mental health/possible PTSDT, that step could be viewed positively.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 4/11/2017 10:50 AM

04/08/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/18/2017

04/08/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/8/2017 9:27 AM

Sam will be contacting you.

Sam...

I (Jean) has directed my son Louis to provide a copy of rent checks and to provide image documentation that clear prove, that I(Jean) and my son (Louis) are the targeted victim. as the BIO-FLUIDS are from Apt 5, who are harassing me (Jean) and no respect for my family. I (Jean) am in very serious danger form these people who are harassing me and being protected by Housing Kitsap.

lcha

04/08/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Scan on 4/8/2017 9:27 AM: fuild-1

Scan (below)



04/08/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 4/8/2017 9:27 AM: fuild-1a

Scan (below)



04/08/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 4/8/2017 9:27 AM: fuild-2a

Scan (below)



04/08/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017

04/08/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/7/2017 End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/17/2017
Start date: 4/17/2017 End date: 12/8/2017
Quantity: 45 tablet Refill: 2

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/8/2017 7:05 PM

Sam and Officer Dale Johnson #814

See Attachment

I (Jean) am no longer safe on Bainbridge Island, as a lawful plea for 911 help, is being used to harm me (Jean) and my son Louis.
To live where I (jean) have to fear the police department, that the police allows and encourage a victim plea for help to be used to further the fear, that at any moment I will be attacked and not protect by law.

I (Jean) am total ashamed of the despicable conduct of Dale Johnson to be used as a tool to evict me (Jean) 92 yrsold from my home, that my son Louis was protecting me from people who have no respect for my health, safety, welfare and dignity. Who are using the Bainbridge Island Police Dept. to further there abuse toward me (Jean).

CC: William Neigbor, MD

lcha

04/08/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

04/08/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Document on 4/8/2017 7:05 PM: statements

Document (below)

Date: 4/6/2017 6:34pm

Bainbridge Island Police Department
625 Winslow Way East
Baibridge Is, WA-98110
ATN: Officer Dale Johnson #814
Ph: 206-780-4684
REF: Rhododendron Apt 5 attack Nov. 1, 2016

Jean Hoffman
Louis Allain
245 High School Rd, NW2
Bainbridge Is, WA 98110
Ph: 206-780-6885

I, Jean Leonie Callier Allain Hoffman have read the statements made by:

1). Julie Combs December 2, 2016 8:12pm ph: 206-842-8144
2) Matthew Haffie November 3, 2016 ph: 206-842-8144
3). Jeffrey Larsen 12-2-16 Apt 5 ph: 360-362-2093
4). Gary Ramsey 11-4-16 Apt 6 ph: 360-536-5882
5). Gary Ramsey 12-8-16 Apt 6 ph: 360-536-5882
6). Vicky Hilse 10-20-2016 Apt 10 ph: 360-954-2714
7). Eileen Clyde 11-4/2016 Apt 5 ph: 360-824-1971

It is false, misleading and untrue.
I, Jean Hoffman am the victim, I was attack by Eileen Clyde as she blocked my path to leave my home.
It now appear that the above people are using Bainbridge Island Police Dept to further attack me.
I have been living in fear and fear that they will harm me physical and mentally. As I can not trust the Bainbridge Island Polic Dept

Witness: Louis Charles Hoffman Allain
Date: 4/6/17

Jeanne L Hoffman
Jean Leonie Callier Allain Hoffman
Date: 4-8-2017

04/08/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

04/07/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017

04/07/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/7/2017 End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/17/2017
Start date: 4/17/2017 End date: 12/8/2017
Quantity: 45 tablet Refill: 2

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/7/2017 4:50 PM

Sam .....

Jean has asked me (Louis) to respond to you, as to our meeting at BI Library.

Jean want to ensure, that you understand, that her son Louis is focused on protecting his mother's constitutional rights, safety, health, welfare, dignity as a senior citizen and to preserve what is left of her family, by mutual efforts.

Louis, her son, is the only family member she has left. To represent her (Jean) in this case must include the preservation of family integrity.

Louis is not the monster, but the targeted victim of Housing Kitsap Scheme. In which I (Jean) am the real victim. having my family torn apart from me, do to prejudice, hatred, discrimination and intolerance.

Housing Kitsap's evil scheme has greatly hurt's me, as a mother, as a citizen, as an American.

To be faced with eviction, became I and my son, participated in Constitutional Rights of free speech. In contacting Federal, State, Local Agencies, elected officials, including senators, that to whistle blowing and voice opposition opinions and participation in governmental affairs, that I)Jean) must be dehumanized and face ostracized from society and deprivation of family for legally and constitutionally speaking out.

Mu son Louis, has more supporting evidence of Housing Kitsap abusing my Jean) family.

Sam....My son Louis and I (Jean) were blamed for following.

04/07/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

04/07/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Scan on 4/7/2017 4:50 PM: do-do-1

Scan (below)



04/07/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 4/7/2017 4:50 PM: garbag1a

Scan (below)



04/07/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 4/7/2017 4:50 PM: garbag1b

Scan (below)



04/06/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/18/2017
Start date: 1/18/2017 — End date: 5/23/2017
Quantity: 5 mL — Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 4/7/2017

04/06/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 4/7/2017 End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/17/2017
Start date: 4/17/2017 End date: 12/8/2017
Quantity: 45 tablet Refill: 2

Stopped in Visit

None

Messages

RE: Results Question

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	4/8/2017 9:37 AM

Sam will be contacting.

Yes I (Louis) will be more declarative, in representing Jean's Communication/Dictation

My (Louis) Apology for sloppy professionalism

lcha < = This is a recongize secretarial mark

RE: Results Question

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/6/2017 1:03 PM

Last Read in MyChart
4/8/2017 9:29 AM by Hoffman, Jeanne Leonie

I understand this, but in any communication it should be clear who is writing it and who one is speaking for.

William E Neighbor, MD

Results Question

04/06/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/6/2017 9:51 AM

Bill ...

Attached is document to resolve any concerns or issue of possible conflict, as how communications are make.
Pleas enter in to medical records.

lcha

04/06/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Document on 4/6/2017 9:51 AM: reprent-jean

Document (below)

William E. Neighbor, Jr.
M.D.
Chief of Clinical Services
Clinical Associate Professor
Department of Family Medicine

Box 354410
Seattle, WA 98195-4410

APPT 206.616.2495 FAX 206.616.4683
MEDICAL ASSISTANT 206.616.9358
CONSULTING NURSE 206.221.2517

www.hallhealthcenter.org

Jean Leonie Callict Alloin
Hoffman
245 High School Rd, NW 2
Bainbridge Is, WASH. 98110
206-780-6885
Cell 206-393-

Dear William E Neighbor, Jr. MD

This is to inform you that I, Jean Leonie Callict Alloin Hoffman has given permission and authorization for my Son, Louis charles Hoffmann Alloin to represent my feeling, Political views, living determination, to write document on my behalf, speak for me on issues that represent my best interest before Courts, meeting with other, medical personnel, legal representation. I have given permission for Louis, to write and speak that best represent my wishes, my deliberations my feeling to be expressed, in best way that express my determination on issues that affect my health, Welfare, best interests, my political free speech and feeling on issues before me. Wheather by USpostal Correspondance, electronic Mail under my authorized account or by electronic Signature or express electronic Signature of email. That protect my Constitoal Rights and Civil Rights, as American Citizen. This statement is made of free will, in good faith, to prevent quibbling, that may under mine my Capacity and integrity to express myself effectively. this date 4-6-2017

Witness: Louis charles Hoffmann Alloin
Date: 4/6/17

Jean Leonie Callict Alloin Hoffman
* Jeanne L Hoffman

04/06/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

04/05/2017 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Results and RN15
Visit diagnoses:

- Long term current use of anticoagulant therapy (primary)
- DVT, recurrent, lower extremity, chronic, unspecified laterality
- Skin ulcer, limited to breakdown of skin
- AFTERCARE LONG TERM ANTICOAG USE

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 15 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

04/05/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Stopped in Visit

None

Clinical Notes

Progress Notes

Dmyterko, Minami, RN at 4/5/2017 1213

Applied Medihoney Foam to L lower leg ulcers.
Secured with roll gauze and stockinet.
P:
Instructed to stop using Medihoney Gel as wounds are too moist.
Change dressing every 3 days.
Office visit in 1 week

Electronically signed by Dmyterko, Minami, RN at 4/7/2017 6:10 PM

Neighbor Jr., William E, MD at 4/7/2017 1751

Jeanne Leonie Hoffman is a 92 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Results

  Patient is here today to f/u PTT and INR resullts.

- RN15

History:
Anticoagulation
Jeanne returns for follow up on anticoagulation. She has had no bleeding or unexpected lower extremity swelling. She continues to wear elastic stockings with low level of compression. She has been complaint with her medication per her son's report who is with her as usual.

Left foot ulcer
She has been apply medihoney and non adhering bandage each day.
She did have vascular studies done as reported below.

Medications
Outpatient Prescriptions Marked as Taking for the 4/5/17 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 300-30 MG Oral Tab	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN	30 tablet	3
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	0
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	3

Objective:
BP 130/56 mmHg | Pulse 58 | Temp(Src) 98 °F (36.7 °C) (Oral)
Estimated body mass index is 23.67 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 3/8/17: 56.79 kg (125 lb 3.2 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 130/56
General: NAD
Left foot dorsum/lateral wound as described in nurse note and photo taken today. Wound is somewhat moits

Lab and other tests: INR 2.9
Vascular study March 15, 2017
Impression
=========

1. The resting ankle/brachial indices may not be reliable due to medial calcification resulting in non-compressible tibial

Clinical Notes (continued)

arteries and artificially high measured ankle
pressures. The values obtained are borderline normal on the right 0.98 and normal on the left at 1.09 (previously right 1.17 and left 1.01 on 3/3/2010).
2. Distal tibial artery flow waveforms are normally multiphasic to strongly monophasic bilaterally.
3. The toe/brachial indices are normal on the right at 0.70 and borderline abnormal on the left at 0.68 (normal toe brachial index is 0.70 or greater).
4. The great toe volume pulse waveforms are normally pulsatile bilaterally

Assessment and Plan:
(Z79.01) Long term current use of anticoagulant therapy (primary encounter diagnosis)
Her recent INRs have been closer to 3 rather than the goal of closer to 2. Plan is to reduce coumadin dose.
Current dose is 5 mg once daily.
New dose 5 mg once daily except one half tablet on Sundays. Recheck INR in two weeks.

(I82.509) DVT, recurrent, lower extremity, chronic, unspecified laterality (HCC)
No recurrence for many years. Last evaluation was in 2006, ten years ago, in vascular surgery at which time it was felt due to the degree of venous disease particularly on the left that she should remain on anticoagulation though to keep her INR closer to 2. She is now 92 years old. I think her need for anticoagulation should be reassessed so am referring her back to vascular surgery.

(L98.491) Skin ulcer, limited to breakdown of skin (HCC)
Vascular studies above show borderline toe/brachial index on left, normal on right. Given this it may be best to avoid unna boot. As per nurse note, the wound is somewhat wet today so will switch to medihoney alginate which may be provide a bit drying effect. Recheck in one week.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 4/7/2017 6:10 PM

Other Orders

Other

ZEBRA LABELS (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 04/05/17 1128** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 04/05/17 1128 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/05/17 - Class: Normal
Quantity: 1

Questionnaire

Question	Answer
How many Zebra labels should print?	2

Referral

REFERRAL TO VASCULAR SURGERY (Discontinued)

04/05/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Electronically signed by: **Neighbor Jr., William E, MD on 04/07/17 1810** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 04/07/17 1810 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/07/17 - Class: Internal Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Long term current use of anticoagulant therapy [Z79.01]
DVT, recurrent, lower extremity, chronic, unspecified laterality [I82.509]
Scheduling instructions
Referral to: UWMC: Vascular Surgery (DEP 220052) 206-598-4477

----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: This referral for consultation or procedure grants authorization to perform diagnostic or other services required. REASON FOR REFERRAL: 92 year old female who has been seen by Dr. Zerler intermittently in the past but not for ten years. At last evaluation in 2006, it was advised to continue her on anticoagulation (coumadin) keeping her INR closer to 2 than 3. She has had no bleeding or clotting incidents over ten years, but she is now 92. The question is whether she should remain on anticoagulation at all or switch to newer anticoagulant. William E Neighbor, MD

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Long term current use of anticoagulant therapy DVT, recurrent, lower extremity, chronic, unspecified laterality Reason: Registration	**Zzscca Heme/Hem Malignancies A** 825 Eastlake Ave E Box 358081 SEATTLE WA 98109 Phone: 206-606-7400 Specialty: SCCA Hem/Onc	Surgical Consultation	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: This referral for consultation or procedure grants authorization to perform diagnostic or other services required.
REASON FOR REFERRAL: 92 year old female who has been seen by Dr. Zerler intermittently in the past but not for ten years. At last evaluation in 2006, it was advised to continue her on anticoagulation (coumadin) keeping her INR closer to 2 than 3. She has had no bleeding or clotting incidents over ten years, but she is now 92. The question is whether she should remain on anticoagulation at all or switch to newer anticoagulant.

William E Neighbor, MD

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]
DVT, recurrent, lower extremity, chronic, unspecified laterality [I82.509 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	04/05/17 1112
BP	130/56
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.7 °C
Temp src	Oral
Pulse	58
Pulse Regularity	Regular

04/05/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Flowsheets (continued)

Messages

RE:follow up from your visit this week

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	4/8/2017 9:24 AM

confirmed

follow up from your visit this week

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/7/2017 6:06 PM

Last Read in MyChart
4/8/2017 9:23 AM by Hoffman, Jeanne Leonie

Jeanne: I have reviewed your labs and vascular studies done in mid March. I recommend the following:
--Your INR has been running a bit high being close to 3. We want to closer to 2. I want you to continue coumadin 5 mg daily except on Sundays take a half tablet. Have your blood test repeated in 10-14 days.
--You have not seen Dr. Zerler for ten years. I am referring you back to him to determine if at your current age you should continue on anticoagulation.
--I want you to follow up with me next week on Wednesday so that the nurse Manami can again look at your wound.

William E Neighbor, MD

Appointment scheduled from eCare

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Front Desk Pool	2/27/2017 7:38 AM

Appointment For: HOFFMAN,JEANNE LEONIE (U8170135)
Visit Type: ECARE OFFICE VISIT (211)

4/5/2017 10:40 AM 20 mins. Neighbor Jr., William E, MD HH PRIMARY CARE

Patient Comments:
Routine Office Visit
checkup/blood test

04/05/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Messages (continued)

04/05/2017 - Rehab Therapy in Husky Health Physical Therapy

Reason for Visit

Chief complaint: Physical Therapy
Visit diagnoses:

- Left hip pain (primary)
- Imbalance

Visit Information

Provider Information

Encounter Provider	Referring Provider
Hanna, Sarah J, PT	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Physical Therapy	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 4/7/2017
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

04/05/2017 - Rehab Therapy in Husky Health Physical Therapy (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Hanna, Sarah J, PT at 4/5/2017 1337

S: Patient reports right hip pain > left. Patient reports left ankle pain and points out oozing ulcer left lateral foot.
O: I personally treated Patient in physical therapy x 15 minutes
Findings: limitation of active hip motion 10 degrees in flexion and extension 0 degrees. Patient ambulates with walking and stiff lower extremities secondary to pain. Inability to plantarflexion or dorsiflexion left ankle secondary to pain, 8/10.
Treatment included therapeutic exercise:
Practice of sit to stand difficult secondary to ankle pain
Ambulation of stairs side-ways while holding onto railings

A: Patient presents with limitation of hip and ankle mobility secondary to pain and weakness 3+/5 hip extension, 4/5 hip flexion.
P: Patient to use home exercise program and return to physical therapy in 4 weeks for progression of care.

Electronically signed by Hanna, Sarah J, PT at 4/5/2017 1:40 PM

Flowsheets

OT/PT G-CODES

Row Name	04/05/17 1336
Current Status	At least 60 percent but less than 80 percent impaired, limited or restricted
Goal Status	At least 40 percent

04/05/2017 - Rehab Therapy in Husky Health Physical Therapy (continued)

Flowsheets (continued)

	but less than 60 percent impaired, limited or restricted
Discharge Status	At least 20 percent but less than 40 percent impaired, limited or restricted

PT/OT Charges

Row Name	04/05/17 1336
Treatment Start Time	1000
Total Treatment Minutes	15 min
Total Timed Code Minutes	15 min
THERAPEUTIC EXERCISE 1 OR >1 AREAS 97110 - Minutes	15

04/05/2017 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

04/05/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Karmelich, Karen A 4/5/2017 9:29 AM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
W39135	Plasma	—	923 04/05/17 0930

PROTHROMBIN TIME (Abnormal)
Resulted: 04/05/17 1144, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 04/05/17 1144
Collected by: 923 04/05/17 0930
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Martinez, Ricardo C, CMA on 04/05/17 1515
Neighbor Jr., William E, MD on 04/10/17 1631
Mercado, Mila N, CMA on 05/03/17 1209

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	29.8	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.9	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-	06/12/15 1029 - 02/13/20 0811

04/05/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

0001

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 4/10/2017 16:31

04/05/2017 - left hip pain (Therapy)

Episode Info

Type: Therapy Noted date: 4/5/2017 Resolved date: 4/5/2018

Associated Visits

- 04/05/2017 - Rehab Therapy in Husky Health Physical Therapy
- 01/04/2017 - Rehab Therapy in Husky Health Physical Therapy

04/03/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016

04/03/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/7/2016
Quantity: 45 tablet
End date: 12/20/2017
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	4/3/2017 4:27 PM

Ms. Hoffman:

I am an attorney at Northwest Justice Project. I was transferred your housing voucher case for investigation. Attached is a release to allow me to meet with Housing Kitsap to review your file and find out about the issues of your case. If you would like me to help you, please sign the release and return to me via email (or regular mail, as soon as possible).

I have scheduled a meeting with the case manager at Housing Kitsap for Thursday, April 6 at 2 pm. I will need to have the release before that meeting.

You and I have a meeting scheduled for the following day on Friday, April 7 at 11 am. I have reserved a conference room at the Bainbridge Island Library for that time. At that meeting, you and I will discuss the information I obtain from the housing authority and your rights and options. In the meantime, please contact me if you are served with any court paperwork or notices pertaining to your housing voucher and your apartment.

I look forward to meeting with you next week.

Take care,
Sam

Samantha L. Adams | Staff Attorney
Northwest Justice Project |711 Capitol Way S., Ste. 704| Olympia, WA 98501
sama@nwjustice.org | P: 206.707.0838| F: 360.753.0174

04/03/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

03/23/2017 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Skin ulcer, limited to breakdown of skin (primary)
- Upper respiratory tract infection, unspecified type

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 15 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 3/23/2017 1204

Jeanne Leonie Hoffman is a 92 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  poss bacteria infection; ears blocked; coughing

History:

Resolving URI

Her son who was also seen today brought Jeanne in because he is concerned that she may have a bacterial infection following a URI several weeks ago. She has intermittent nasal congestion and cough by his report, though Jean states that she has felt fine. She does feel cold intermittently this Spring but the weather has been colder than usual and she states she has felt cold all winter long. There has been no nigh sweats.

Left foot ulceration

Although they came in for the URI symptoms described above, I also wanted to follow up on the foot superficial ulcer. She has been wearing her elastic stockings but no dressing on it.

Medications

Outpatient Prescriptions Marked as Taking for the 3/23/17 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 300-30 MG	TAKE ONE TABLET BY	30 tablet	3

Oral Tab	MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN		
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	0
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	3

Objective:
BP 164/64 mmHg | Pulse 67 | Temp(Src) 97.9 °F (36.6 °C) (Oral)
Estimated body mass index is 23.67 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 3/8/17: 56.79 kg (125 lb 3.2 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 164/64
General: NAD
Eyes: Conjunctiva: clear.
ENT: External ears and canals not examined; Tympanic membranes: Not examined; Nose not congested; Sinuses non tender; Oropharynx clear. Tonsil and peritonsilar tissue: nl.
Neck supple. Anterior cervical nodes neg. Posterior cervical nodes neg. Occipital nodes: neg.
Lungs: Auscultation: clear. Percussion not done.
Skin: Left foot dorsum laterally over instep 1.5 cm x 0.5 cm superficial skin breakdown without surround erythema or tenderness with some exudaate. No other skin breakdown on left leg or foot.

Procedure: Medihoney applied with non adherent dressing.

Lab and other tests: Vascular study March 15, 2017
Impression
=========

1. The resting ankle/brachial indices may not be reliable due to medial calcification resulting in non-compressible tibial arteries and artificially high measured ankle
pressures. The values obtained are borderline normal on the right 0.98 and normal on the left at 1.09 (previously right 1.17 and left 1.01 on 3/3/2010).
2. Distal tibial artery flow waveforms are normally multiphasic to strongly monophasic bilaterally.
3. The toe/brachial indices are normal on the right at 0.70 and borderline abnormal on the left at 0.68 (normal toe brachial index is 0.70 or greater).
4. The great toe volume pulse waveforms are normally pulsatile bilaterally.

Assessment and Plan:
(L98.491) Skin ulcer, limited to breakdown of skin (HCC) (primary encounter diagnosis)

03/23/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Superficial non infect skin ulceration. Vascular studies show borderline left toe-brachial index. Instructions for daily dressing with medihoney and non adherent dressing. Supplies given. Follow up in one week for re-evaluation. Will consult with nursing here regarding whether unna boot needed or safe particularly given vascular studies.

(J06.9) Upper respiratory tract infection, unspecified type
No bacterial infection. Actually seems completely resolved.

Next visit one week.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 3/23/2017 12:13 PM

Flowsheets

Vital Data

Row Name	03/23/17 1114
BP	164/64
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.6 °C
Temp src	Oral
Pulse	67

03/23/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

Business Documents - Scan on 4/5/2017 9:29 AM: Agreement to Pay for Healthcare Services; 2017/03/24

Scan (below)

Washington State Health Care Authority

Agreement to Pay for Healthcare Services

U 8170135

WAC 182-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) that the Health Care Authority (HCA) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications

Client - A recipient of Medicaid or other healthcare benefits through the HCA or a managed care organization (MCO) that contracts with the HCA.
Provider - An institution, agency, business, or person that provides healthcare services to HCA clients and has a signed agreement with the HCA or authorization from an MCO.

This Agreement and WAC 182-502-0160 apply to billing a client for covered and noncovered services as described in WAC 182-501-0050 through WAC 182-501-0070. Providers may not bill any HCA client (including those enrolled with an MCO that contracts with the HCA) for services which the HCA or an MCO that contracts with the HCA may have paid until the provider has completed all requirements for obtaining authorization.

Client's printed name Jeanne Hoffman	Client's ID number 100675002WA
Provider's printed name Melissa Sutton	Provider number 1154610420

Directions:

- Both the provider and the client must fully complete this form **before** an HCA client receives any service for which this Agreement is required.
- You must complete this form no more than 90 calendar days before the date of the service. If the service is not provided within 90 calendar days, the provider and client must complete and sign a new form.
- **The provider and the client must complete this form only *after* they exhaust all applicable HCA or HCA-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 182-501-0160 or the administrative hearing process, if the client chooses to pursue these processes.**
- Limited English proficient (LEP) clients must be able to understand this form in their primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. Both the client and the provider must sign a translated form.

Fully complete the table on back of this form. If needed, attach another sheet for additional services. The client, provider, and interpreter (if applicable) must sign and date each additional page.

Important Note from HCA:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 182-502-0160 or does not satisfy HCA conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 182-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. Give a copy of this completed, signed agreement to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://hrsa.dshs.wa.gov/mpforms.shtml.

Page 1 of 2

HCA 13-879 (9/15)

03/23/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

Specific service(s) or item(s) to be provided and anticipated date of service	CPT/CDT/ hcpc code (billing code)	Amount to be paid by client	Reason why the client is agreeing to be billed (check the one that applies for each service)	Covered treatment alternatives offered but not chosen by client	Date(s) etr/nfj requested/denied or waived, or prior authorization (pa) requested/denied, if applicable	
Office Visit and all related services		$50-450	☒ Noncovered service, ETR denied ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR requested or waived PA request	ETR denial (attach HCA notice) PA denial (attach HCA notice)
			☐ Noncovered service, ETR denied ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR requested or waived PA request	ETR denial (attach hca notice) PA denial (attach HCA notice)
			☐ Noncovered service, ETR denied ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR requested or waived PA request	ETR denial (attach HCA notice) PA denial (attach HCA notice)

- I understand that HCA or an MCO that contracts with HCA will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) HCA does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after an HCA or HCA-contracted MCO denial of a request for a noncovered service; or 2) ask for a hearing to appeal an HCA or HCA-contracted MCO denial of a requested service.
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by the HCA or an HCA-contracted MCO, and I still choose to get the specified service(s) above.
- I understand that HCA does not cover services ordered by, prescribed by, or are a result of a referral from a healthcare provider who is not contracted with HCA as described in Chapter 182-502 WAC.
- ***I agree to pay the provider directly for the specific service(s) listed above.***
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which HCA or an HCA-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form.
- I understand that I can call HCA at 1-800-562-3022 to receive additional information about my rights or services covered by HCA under fee-for-service or managed care.

I AFFIRM: I understand and agree with this form's content, including the bullet points above.	Client's or client's legal representative's signature Louise Hillow Hoffman	Date 3/23/17
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 182-502-0160.	Provider of service(s) signature	Date 3/27/17
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	Interpreter's printed name and signature	Date

03/15/2017 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/21/2017
Start date: 8/21/2017 — End date: 11/30/2017
Quantity: 5 mL — Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder

03/15/2017 - Orders Only in UW Medicine Radiology (continued)

Medication List (continued)

Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Imaging

Imaging

US UPPER OR LOWER EXT MLTPL (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 03/14/17 1537**
Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 03/14/17 1537
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 03/14/17 1537 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result

US UPPER OR LOWER EXT MLTPL
Resulted: 03/15/17 1103, Result status: Final result

Order status: Completed
Resulted by: Zierler, Robert Eugene, MD
Filed by: Uw Radiology Results Interface, User 03/15/17 1103
Performed: 03/14/17 1537 - 03/15/17 1007
Accession number: 10538726
Resulting lab: UW RADIOLOGY
Lab Technician: SHANNON WEAR VD TECH
Narrative:
Indication
========

This is a 92 year old woman with a history of deep vein thrombosis. The patient presents with left lower extremity wounds. We are asked to evaluate lower extremity arterial
perfusion prior to starting compression wraps.

History
======

General History
Other: Previous Examinations: 3/3/2010.

Method
======

Ankle/Brachial Index
Toe/Brachial Index.

Pressure Lower
============

Rt brachial A syst BP 132 mmHg
Rt dors pedis A BP 130 mmHg
Rt toe BP 92 mmHg

03/15/2017 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

Rt ABI (rt dors ped A BP / max brach A BP) 0.98
Rt TBI (rt toe BP / max brach A BP) 0.70
Lt brachial A syst BP 130 mmHg
Lt dors pedis A BP 144 mmHg
Lt toe BP 90 mmHg
Lt ABI dors ped (lt dors ped A BP / max brach A BP) 1.09
Lt TBI (lt toe BP / max brach A BP) 0.68
Other: Prior ABI from 3/3/2010: Right 1.17, Left 1.01

Doppler flow waveforms were recorded:
Right posterior tibial artery was not insonated.
Right anterior tibial artery has biphasic Doppler flow waveforms.
Left posterior tibial artery has resistive monophasic Doppler flow waveforms.
(incompressible)
Left anterior tibial artery has biphasic Doppler flow waveforms.

Right great toe has normal photoplethysmographic (PPG) volume pulse waveforms.
Left great toe has normal photoplethysmographic (PPG) volume pulse waveforms.

Impression
=========

1. The resting ankle/brachial indices may not be reliable due to medial calcification resulting in non-compressible tibial arteries and artificially high measured ankle
pressures. The values obtained are borderline normal on the right 0.98 and normal on the left at 1.09 (previously right 1.17 and left 1.01 on 3/3/2010).
2. Distal tibial artery flow waveforms are normally multiphasic to strongly monophasic bilaterally.
3. The toe/brachial indices are normal on the right at 0.70 and borderline abnormal on the left at 0.68 (normal toe brachial index is 0.70 or greater).
4. The great toe volume pulse waveforms are normally pulsatile bilaterally.

Shannon Wear,BS,RVT
Vascular Sonographer .
ATTENDING RADIOLOGIST AND PAGER NUMBER
005611 Zierler Robert Eugene MD
(206)997-6672
Acknowledged by: Neighbor Jr., William E, MD on 03/15/17 1212

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

All Reviewers List

Neighbor Jr., William E, MD on 3/15/2017 12:12

03/15/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

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Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016

03/15/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Messages

RE: Health Information Update

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	3/16/2017 1:35 PM

Last Read in MyChart
4/3/2017 4:21 PM by Hoffman, Jeanne Leonie

I am scheduled to be in clinic all day that day so with relatively short notice I will not be able to attend.

William E Neighbor, MD

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	3/15/2017 7:32 PM

Will will discuss leg requirement on next visit..

I hope you can attend the March 22, 2017 meeting with Hosing Kitsap at Rhododendron Apartment, Community Center.
This is very important to have our Doctor present and able to speak on out behave, concerning our health and future health need for a good standard of living.

Please advise me

03/13/2017 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Other
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 4/7/2017
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

03/13/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Weldu, Abeba F, CMA at 3/13/2017 1620

Liz ~ from vulnerable adult service called and left a VM for a call back, stating she needs help assessing an investigation that was reported of Vulnerable adult abuse. Her phone number is 360-473-2169. Please advise

Electronically signed by Weldu, Abeba F, CMA at 3/13/2017 4:27 PM

Neighbor Jr., William E, MD at 3/15/2017 1214

Have tried on several occassions to reach Liz Grile at Adult protective services before and after this message.

3/15/2017 12:14 PM
Left message again for her. Gave cell phone number.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 3/15/2017 12:15 PM

Neighbor Jr., William E, MD at 3/16/2017 1352

3/16/2017
Spoke with Liz Grile at Adult Protective Services 360-473-2169. She reported she was investigating complaints at the apartment where Jean lives with her son and concerns about Jean being vulnerable to abuse.
I reported that I have not found any evidence of dementia in Jean and that when I have spoke with her alone at her visits she has reported that she is able to perform ADLS and finds her son Louis supportive and helpful. My observation of their interactions when Louis and Jeanne are present in a room together is their interaction is appropriate and supportive of one another.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 3/16/2017 1:56 PM

03/13/2017 - Telephone in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

03/09/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/18/2017

03/09/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	3/9/2017 1:39 PM

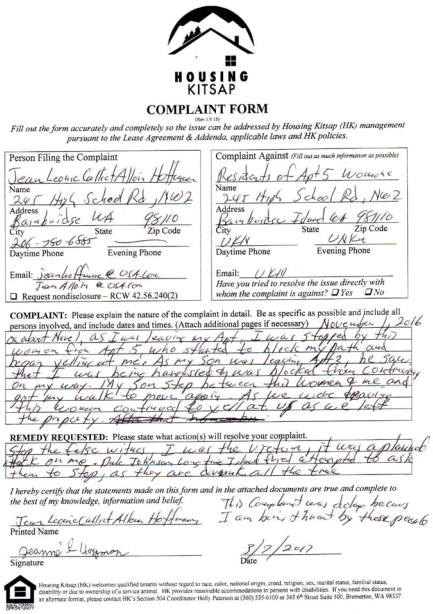
Both Louis and I are not eating health meals.
Do to Housing Kitsap threats and senior abuse.
Oppression. repression and mental/physical fatigue.
Living in fear of future abuse.

03/09/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Scan on 3/9/2017 1:39 PM: attack-1a

Scan (below)



HOUSING KITSAP

COMPLAINT FORM

Fill out the form accurately and completely so the issue can be addressed by Housing Kitsap (HK) management pursuant to the Lease Agreement & Addenda, applicable laws and HK policies.

Person Filing the Complaint
Name: Jean Leonie Collett Allen Hoffman
Address: 245 Hyde School Rd, NE#2
City: Bainbridge State: WA Zip Code: 98110
Daytime Phone: 206 780 6955 Evening Phone:
Email: JeanieHoffman@USA.com
Jean Allen @ USA.com
☐ Request nondisclosure – RCW 42.56.240(2)

Complaint Against (Fill out as much information as possible)
Name: Residents of Apt 5 Woman
Address: 245 Hyde School Rd, NE#2
City: Bainbridge Island State: WA Zip Code: 98110
Daytime Phone: UKN Evening Phone: UKN
Email: UKN
Have you tried to resolve the issue directly with whom the complaint is against? ☐Yes ☐No

COMPLAINT: Please explain the nature of the complaint in detail. Be as specific as possible and include all persons involved, and include dates and times. (Attach additional pages if necessary) November 4, 2016
about Noon, as I was leaving my Apt., I was stopped by the woman from Apt 5, who started to block my path and began yelling at me. As my son was leaving Apt 2, he stated that I was being harassed & was blocked from continuing on my way. My son stepped between this woman & me and got my walk to move again. As we were leaving this woman continued to yell at us as we left the property. [illegible]

REMEDY REQUESTED: Please state what action(s) will resolve your complaint.
Stop the false writes. I was the victim, it was appalling that on me. Dale Tolpson Long time Island Hyde & Hooped to ask them to stop, as they are drunk all the time

I hereby certify that the statements made on this form and in the attached documents are true and complete to the best of my knowledge, information and belief.

This Complaint was done because I am born of threat by these people

Jean Leonie Collett Allen Hoffman
Printed Name

Jeanie L Hoffman
Signature

3/7/2017
Date

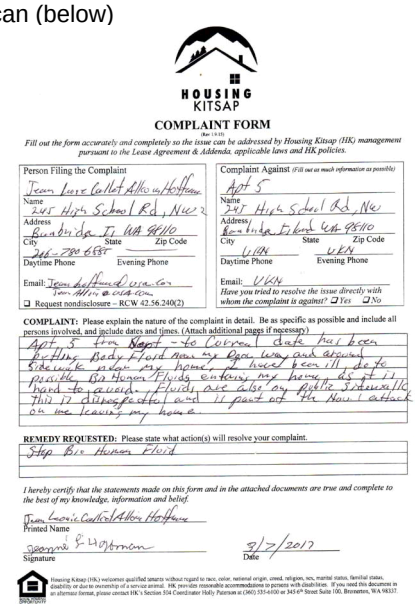
Housing Kitsap (HK) welcomes qualified tenants without regard to race, color, national origin, creed, religion, sex, marital status, familial status, disability or due to ownership of a service animal. HK provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please contact HK's Section 504 Coordinator Holly Paterson at (360) 535-6103 or 345 6th Street Suite 600, Bremerton, WA 98337.

03/09/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 3/9/2017 1:39 PM: attack-1b

Scan (below)



HOUSING KITSAP

COMPLAINT FORM

(Rev 1-9-15)

Fill out the form accurately and completely so the issue can be addressed by Housing Kitsap (HK) management pursuant to the Lease Agreement & Addenda, applicable laws and HK policies.

Person Filing the Complaint	Complaint Against *(Fill out as much information as possible)*
Name: Jean Lucie Collet Allen Hoffman	Name: Apt 5
Address: 245 High School Rd, NW 2	Address: 245 High School Rd, NW
City: Bainbridge Is State: WA 98110	City: Bainbridge Island State: WA 98110
Daytime Phone: 206-780-6887 Evening Phone:	Daytime Phone: UKN Evening Phone: UKN
Email: Jean.hoffman@usa.com Jean.Allen@usa.com	Email: UKN
☐ Request nondisclosure – RCW 42.56.240(2)	*Have you tried to resolve the issue directly with whom the complaint is against?* ☐ Yes ☐ No

COMPLAINT: Please explain the nature of the complaint in detail. Be as specific as possible and include all persons involved, and include dates and times. (Attach additional pages if necessary)

Apt 5 from Nept - to Correct date has been putting Body Fluid near my Open way and around Sidewalk near my home, I have been ill, do to possible Bio Human Fluids entering my home, as it is hard to avoid. Fluids are also on public Sidewalk, this is disrespectful and is part of the Nov 1 attack on me leaving my home.

REMEDY REQUESTED: Please state what action(s) will resolve your complaint.

Stop Bio Human Fluid

I hereby certify that the statements made on this form and in the attached documents are true and complete to the best of my knowledge, information and belief.

Jean Lucie Collet Allen Hoffman
Printed Name

Jeanne L Hoffman
Signature

3/7/2017
Date

Housing Kitsap (HK) welcomes qualified tenants without regard to race, color, national origin, creed, religion, sex, marital status, familial status, disability or due to ownership of a service animal. HK provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please contact HK's Section 504 Coordinator Holly Paterson at (360) 535-6100 or 345 6th Street Suite 100, Bremerton, WA 98337.

03/08/2017 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Follow-Up and RN30
Visit diagnoses:

- Skin ulcer, limited to breakdown of skin (primary)
- Primary osteoarthritis of both hips

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 25 MINUTES

Log History

LOS History

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

03/08/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Dmyterko, Minami, RN at 3/8/2017 1325

Assessed wound on L ankle per Dr. Neighbor's request.

O: Wound edges rolled in.
Noted beige and pink non-granulated tissues.
No drainage noted. Pt reports occasional green drainage.
Pt cannot feel touch to the area
Periwound - no periwound erythema, swelling, induration, warmth, or fluctuant.
Noted multiple scars and discoloration and old grafting sites on bilateral ankles and feet. Hemosiderin on BLE.
Pt reports she first noted it in Nov 2016.
2+ non-pitting edema in BLE
Intermittent "biting" pain
Wears compression stockings, which appear to be loose.
Barriers: warfarin (INR 2.8), hx recurrent DVT and phlebitis in BLE, HTN, peripheral neuropathy

A: Probable chronic mix venous/arterial wound on LLE
Senescent wound - need debridement

P: Cleansed the wound with NS, covered with Mepilex border.
Instructed to remove it develop reactions to the dressings. Change after shower.
Instructed to perform ankle exercise, wear current compression stockings, and elevate LE to decrease swelling.
Pt will likely need ABI and appropriate compression as well as debridement (if tolerated) for senescent wound.

03/08/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Discussed above with Dr. Neighbor.

Electronically signed by Dmyterko, Minami, RN at 3/10/2017 5:20 PM

Neighbor Jr., William E, MD at 3/10/2017 1711

Jeanne Leonie Hoffman is a 92 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  Patient is here today c/o of both feet soreness and wounds. Follow up on DVT, anticoagulation therapy, and osteoarthritis of both hips.
- RN30

History:

Superficial skin breakdown
She reports that in November she first became concerned that her skin of left foot dorsum may break down. She did not mention this at her last visit. Today she reports for several weeks she has had slowly progressive skin breakdown left foot dorsum.

Hip arthritis
She is continuing PT and seems to have some improvement. Less times when she has acute hip pain. No falls.

ROS:

No fever, chills, sweats.

Medications

Outpatient Prescriptions Marked as Taking for the 3/8/17 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 300-30 MG Oral Tab	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN	30 tablet	3
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	0
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	3

Objective:

03/08/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

BP 160/69 mmHg | Pulse 66 | Temp(Src) 97.5 °F (36.4 °C) (Oral) | Wt 56.79 kg (125 lb 3.2 oz)
Estimated body mass index is 23.67 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of this encounter: 56.79 kg (125 lb 3.2 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 160/69
General: NAD
Skin:
Left foot lateral dorsum shows superficial skin break down with some edema pulling edges apart. There is small amount of exudate. No erythema.

Lab and other tests: INR 2.8

Assessment and Plan:
1. Skin ulcer, limited to breakdown of skin (HCC)
Primary reason for visit today is superficial skin breakdown and some edema left ankle instep laterally. This was dressed as described by nurse note today. Ideally she would have wound care on Bainbridge Island, but the closest wound care center is Bremerton to which they do not have transportation. We will first obtain vascular ABI to determine safety of using Unna boot which she had a good response to albiet 20 years ago. Also may be able to arrange for a visit nurse on Bainbridge.

- REFERRAL TO VASCULAR LAB

2. Primary osteoarthritis of both hips
She is continuing PT and seem to experience less problems with recurrent acute hip pain. She has had no falls.

3/10/2017

Other: Received call from Liz Grile. Adult Protective Services, 360-473-2169. Have returned call twice and left message. Left my cell phone number.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 3/10/2017 5:20 PM

Other Orders

Referral

REFERRAL TO VASCULAR LAB (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 03/08/17 1319** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 03/08/17 1319 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 03/08/17 - Class: Internal Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742
[System automatic cancellation for deceased patient]

Diagnoses
Skin ulcer, limited to breakdown of skin (HCC) [L98.491]

03/08/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Scheduling instructions
Referral to: UWMC: Vascular Diagnostic Services (DEP 220430) 206-598-4449

----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: Procedure. To perform a procedure not done by the referring provider. Study desired: Peripheral Arterial: Ankle-Brachial Index - For a treadmill exercise test, please order "Exercise Test Vascular Diagnostic Evaluation" Allergies: Review of patient's allergies indicates: -- Adhesives -- Aspirin -- Other -- Nitrofurantoin -- Other -- Confusion, loss of appetitie, nausea, abdominal pain -- Nitrofurantoin -- Other -- confusion -- Penicillins -- Rash -- Sulfa Antibiotics -- Rash Vital Signs: BP 160/69 mmHg | Pulse 66 | Temp(Src) 97.5 °F (36.4 °C) (Oral) | Wt 56.79 kg (125 lb 3.2 oz) BMI: Body mass index is 23.67 kg/(m^2). Brief clinical history: 92 year old female with Vascular Clinical Indication(s): history of recurrent DVT now with skin breakdown and edema for which some compression would be beneficial. Want to first assure adequate ABI..

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Skin ulcer, limited to breakdown of skin (HCC) 92 year old female with Vascular Clinical Indication(s): history of recurrent DVT now with skin breakdown and edema for which some compression would be beneficial. Want to first assure adequate ABI.. Peripheral Arterial: Ankle-Brachial Index	**Zzuwmc Vascular Diag Serv** 1959 NE Pacific St, Box 356021 Seattle WA 98195 Phone: 206-598-4449 Specialty: Vascular Med	Specialty Visit	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare

Referral for: Procedure. To perform a procedure not done by the referring provider.

Study desired: Peripheral Arterial: Ankle-Brachial Index - For a treadmill exercise test, please order "Exercise Test Vascular Diagnostic Evaluation"

Allergies: Review of patient's allergies indicates:
-- Adhesives
-- Aspirin -- Other
-- Nitrofurantoin -- Other
-- Confusion, loss of appetitie, nausea, abdominal pain
-- Nitrofurantoin -- Other
-- confusion
-- Penicillins -- Rash
-- Sulfa Antibiotics -- Rash

Vital Signs: BP 160/69 mmHg | Pulse 66 | Temp(Src) 97.5 °F (36.4 °C) (Oral) | Wt 56.79 kg (125 lb 3.2 oz)
BMI: Body mass index is 23.67 kg/(m^2).

Brief clinical history: 92 year old female with Vascular Clinical Indication(s): history of recurrent DVT now with skin breakdown and edema for which some compression would be beneficial. Want to first assure adequate ABI..

Indications

Skin ulcer, limited to breakdown of skin (HCC) [L98.491 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	03/08/17 1058
Weight	56.8 kg (125 lb 3.2

03/08/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Flowsheets (continued)

	oz)
BP	160/69
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Temp	36.4 °C
Temp src	Oral
Pulse	66
Pulse Regularity	Regular

03/08/2017 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
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Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
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Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
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End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
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Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

03/08/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Reyes, Mildred A, Technologist 3/8/2017 9:58 AM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
W65892	Plasma	—	1679 03/08/17 0957

PROTHROMBIN TIME (Abnormal)
Resulted: 03/08/17 1133, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 03/08/17 1133
Collected by: 1679 03/08/17 0957
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 03/08/17 1340
Martinez, Ricardo C, CMA on 03/15/17 1144
Mohova, Elena, CMA on 03/17/17 0845

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	28.7	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.8	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-	06/12/15 1029 - 02/13/20 0811

03/08/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

0001

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 3/8/2017 13:40

03/01/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016

03/01/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/7/2016
Quantity: 45 tablet

End date: 12/20/2017
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Start date: 1/18/2017
Quantity: 5 mL

Discontinued on: 5/23/2017

Ordered on: 1/18/2017
End date: 5/23/2017
Refill: 0

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	3/1/2017 7:15 PM

Sent: Wednesday, March 01, 2017 at 7:01 PM
From: louisalloin@usa.com
To: bryan.hooper@wdc.usda.gov, bsias@bainbridgewa.gov, cgarrido@co.kitsap.wa.us, ed.duval@wdc.usda.gov, ewolfe@co.kitsap.wa.us, gkoon@bainbridgewa.gov, grogans@housingkitsap.org, haffiem@housingkitsap.org, "Luciano Marano" < lmarano@bainbridgereview.com>, mary.traxler@wa.usda.gov, mhamner@bainbridgewa.gov, "Owens, Linda" < Linda.Owens@leg.wa.gov>, rgelder@co.kitsap.wa.us, rich.davis@wdc.usda.gov, sara@gsjoneslaw.com, tony.hernandez@wdc.usda.gov
Subject: Senior Abuse

Sent: Wednesday, March 01, 2017 at 6:51 PM
From: " Jean Hoffman" < jeanhoffman@usa.com>
To: drew.hansen@leg.wa.gov, christine.rolfes@leg.wa.gov, sherry.appleton@leg.wa.gov, "Kirkwood, William - RD, Olympia, WA" < william.kirkwood@wa.usda.gov>, joan.atkinson@wdc.usda.gov, "Holly Paterson" < PatersonH@HousingKitsap.org>, KCCHA-Council < vtollefson@bainbridgewa.gov>, USDA-Becki < becki.southworth@wa.usda.gov>, USDA-Gayle < gayle.hoskison@wa.usda.gov>, USDA-Melanie < Melanie.Drecksel@wa.usda.gov>, NEWS1 < editor@bainbridgereview.com>, NEWS4 < newstip@kirotv.com>, "Julie Combs" < combsj@housingkitsap.org>, djohnson@bainbridgewa.gov
Subject: Senior Abuse
Dear Senator Rolfes, Representatives Appleton and Hansen,

03/01/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Messages (continued)

I am 92 years old, born on Bainbridge Island (120 yrs of Island Family) and live with my 68 year old son, who provide mutual care, as we are both physical disabled and live on limited income. in a USDA-RD Multi Housing Program for past 20 years

I am being abused by:
Jule Combs,
Jennifer Divitto, 360-535-6171
Holly Paterson 360-535-6115
Stuart Grogan, 360-535-6142

Who acting together to falsify documents against me, to mentally abuse me, by try to divide my family and blaming my son, who has not done anything wrong, but help me.

The above people, encouraged residents to hate me, so I live in fear daily.

I need help, other wise I will be force to homelessness till death. As the above people are planning to trash all my belongings.

CC Jesse
Just email me for a "Phone Contact", as your call is just as important to me, as it is to you.
Have a nice day and hope to hear from you soon.
Island Hometown for 110 Years
Jean Leonie Calliet Alloin Hoffman
245 High school Road, NW
Bainbridge, Island, WA-98110
206-780-6885
Email: jeanhoffman@usa.com
Email: jeanalloin@usa.com

02/27/2017 - Patient Web Update in UW MED MYCHART DEPARTMENT

Visit Information

Department

Name	Address
UW MED MYCHART DEPARTMENT	UW MEDICINE IT SERVICES 325 9TH AVE, BOX 359968 Seattle WA 98104-2420

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 4/7/2017
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

02/27/2017 - Patient Web Update in UW MED MYCHART DEPARTMENT (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Messages

RE: Appointment Request

From	To	Sent and Delivered
Kimberly L Jarosik, PSS/PSR	Hoffman, Jeanne Leonie	2/27/2017 9:49 AM

Last Read in MyChart
4/3/2017 4:24 PM by Hoffman, Jeanne Leonie

Hello Jeanne,

I have you scheduled to see Sarah Hanna on April 5th at 8:45 am. Check in time for your scheduled appointment is at 8:30 am.

Thank you,

Kim

Appointment Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Front Desk Pool (supporting Sarah J Hanna, PT)	2/27/2017 7:41 AM

Appointment Request From: Jeanne Leonie Hoffman

With Provider: Sarah J Hanna, PT [Hall Health Physical Therapy]

Would Accept With:Any member of the provider's team

Preferred Date Range: From 4/5/2017 To 4/5/2017

Preferred Times: Wednesday Morning

Reason for visit: Routine Office Visit

02/27/2017 - Patient Web Update in UW MED MYCHART DEPARTMENT (continued)

Messages (continued)

Comments:

02/06/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016

02/06/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	2/6/2017 8:14 PM

What can be done to improve or treatment therapy for::

Severe left hip osteoarthritis, manifested as axial joint space loss and bulky marginal osteophyte formation. Enthesophytosis about the iliac crests and ischial tuberosities is also demonstrated and unchanged.

Hip replacement an option?

02/01/2017 - Orders Only in Husky Health Primary Care Clinic

Reason for Visit

Visit diagnoses:

- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

02/01/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/01/17 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Reyes, Mildred A, Technologist 2/1/2017 1:26 PM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
W11824	Plasma	—	02/01/17 1325

PROTHROMBIN TIME (Abnormal)
Resulted: 02/01/17 1456, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 02/01/17 1456
Collected by: 02/01/17 1325
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 02/01/17 1958
Mohova, Elena, CMA on 02/03/17 1148

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	28.9	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.9	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

02/01/2017 - Orders Only in Husky Health Primary Care Clinic (continued)

Labs (continued)

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 2/1/2017 19:58

02/01/2017 - Rehab Therapy in Husky Health Physical Therapy

Reason for Visit

Chief complaint: Physical Therapy
Visit diagnoses:

- Left hip pain (primary)
- Imbalance

Visit Information

Provider Information

Encounter Provider	Referring Provider
Hanna, Sarah J, PT	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Physical Therapy	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 4/7/2017
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

02/01/2017 - Rehab Therapy in Husky Health Physical Therapy (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Hanna, Sarah J, PT at 2/1/2017 1308

S: Patient reports compliance with home program. Patient reports hip pain right > left and ulcers on left upper ankle region. Patient reports ulcers on upper ankle region make it difficult for her to rise up on toes.
O: I personally treated Patient in physical therapy x 45 minutes
Treatment included:
therapeutic exercises
instruction and practice in side stepping around walking while holding onto walker
instruction and practice in toe raises while holding onto walker
Practice of march step, ankle dorsiflexion, plantarflexion in sitting and standing at walker
Practice of bridge
Manual resisted hip abduction, adduction, internal rotation and external rotation
Discussion of plan of care

A: Patient presents with limitation of right hip motion during ambulation with walker. Patient drags right foot and lifts slightly to accomplish step.
P: Patient to use home exercise program and return to physical therapy in 1 month for progression of care.

Electronically signed by Hanna, Sarah J, PT at 2/1/2017 1:15 PM

02/01/2017 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- DVT, recurrent, lower extremity, chronic, bilateral (primary)
- Long term current use of anticoagulant therapy
- Primary osteoarthritis of both hips

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 15 MINUTES

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 4/7/2017
Quantity: 90 tablet
Refill: 3

02/01/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 2/1/2017 1929

Jeanne Leonie Hoffman is a 92 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up

  Patient is here for blood test particularly Coumadin.

History:

Jeanne comes in today for 2 problems

Anticoagulation
She has been on a stable dose of medications. There's been no bleeding and no recurrent lower extremity swelling or pain in calves. She is due for INR which he did not have before her visit.

Osteoarthritis of hips
See last clinic note. She continues to have episodes of severe pain in either hip and some popping. She has had radiographs which show hardware is in place. She was seen by physical therapy today. She is interested in possible referral to orthopedics. She has had no falls.

Medications

Outpatient Prescriptions Marked as Taking for the 2/1/17 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 300-30 MG Oral Tab	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN	30 tablet	3
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	0
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	3

Objective:
BP 149/58 mmHg | Pulse 62 | Wt 57.516 kg (126 lb 12.8 oz)
Estimated body mass index is 23.97 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of this encounter: 57.516 kg (126 lb 12.8 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 149/58
General: NAD
No other exam today as late for appointment

Lab and other tests: none

Assessment and Plan:
(I82.503) DVT, recurrent, lower extremity, chronic, bilateral (HCC) (primary encounter diagnosis)
No recurrence.. Stable dose of medication. INR due today.

(Z79.01) Long term current use of anticoagulant therapy
As above.

(M16.0) Primary osteoarthritis of both hips
We'll confer with physical therapy who saw her today. Likely will refer to orthopedics clinic.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 2/1/2017 7:32 PM

02/01/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Labs

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 02/01/17 1308** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 02/01/17 1308
Ordering mode: Standard
Frequency: Routine 02/01/17 -
Quantity: 1
Authorized by: Neighbor Jr., William E, MD
Class: Normal
Discontinued by: Uw User, Batch Scheduler 02/02/18 0136 [Order Expired]

Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Long term current use of anticoagulant therapy [Z79.01]

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 02/01/17 1456, Result status: Final result

Order status: Completed
Collected by: 02/01/17 1325
Acknowledged by
Neighbor Jr., William E, MD on 02/01/17 1958
Mohova, Elena, CMA on 02/03/17 1148
Filed by: Uw Lab Results Interface, User 02/01/17 1456
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	28.9	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.9	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 03/08/17 1133, Result status: Final result

Order status: Completed
Collected by: 1679 03/08/17 0957
Acknowledged by
Neighbor Jr., William E, MD on 03/08/17 1340
Martinez, Ricardo C, CMA on 03/15/17 1144
Mohova, Elena, CMA on 03/17/17 0845
Filed by: Uw Lab Results Interface, User 03/08/17 1133
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	28.7	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.8	0.8 - 1.3	H	UWMC

02/01/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 04/05/17 1144, Result status: Final result

Order status: Completed
Collected by: 923 04/05/17 0930
Acknowledged by
Martinez, Ricardo C, CMA on 04/05/17 1515
Neighbor Jr., William E, MD on 04/10/17 1631
Mercado, Mila N, CMA on 05/03/17 1209

Filed by: Uw Lab Results Interface, User 04/05/17 1144
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	29.8	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.9	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 04/12/17 1128, Result status: Final result

Order status: Completed
Collected by: 1679 04/12/17 1043
Acknowledged by
Neighbor Jr., William E, MD on 04/12/17 1735
Kerby, Kalena L, CMA on 04/14/17 1718
Mercado, Mila N, CMA on 05/03/17 1209

Filed by: Uw Lab Results Interface, User 04/12/17 1128
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	22.8	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.1	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-	06/12/15 1029 - 02/13/20 0811

02/01/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

0001

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 04/19/17 1357, Result status: Final result

Order status: Completed
Collected by: 1679 04/19/17 1100
Acknowledged by
Neighbor Jr., William E, MD on 04/19/17 1739
Martinez, Ricardo C, CMA on 04/24/17 1448

Filed by: Uw Lab Results Interface, User 04/19/17 1357
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	25.1	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.3	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 04/27/17 1308, Result status: Final result

Order status: Completed
Collected by: 923 04/27/17 1036
Acknowledged by
Neighbor Jr., William E, MD on 04/27/17 1406
Mercado, Mila N, CMA on 05/12/17 1301

Filed by: Uw Lab Results Interface, User 04/27/17 1308
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	26.6	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.5	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

PROTHROMBIN TIME Resulted: 07/05/17 1204, Result status: Final result

Order status: Canceled

Discontinued by: Uw Lab Results Interface, User 07/05/17 1230

02/01/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

[Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 07/05/17 1204 Collected by: 07/05/17 1109
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient Comment: SEE W44737	Duplicate request	10.7 - 15.6 s	—	UW
Prothrombin INR Comment: SEE W44737	Duplicate request	0.8 - 1.3	—	UW

Reviewed by

Neighbor Jr., William E, MD on 07/05/17 1527

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

PROTHROMBIN TIME Resulted: 08/03/17 1311, Result status: Final result

Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 08/03/17 1350
[Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 08/03/17 1312 Collected by: 08/03/17 1309
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Data entry correction, see updated information	10.7 - 15.6 s	—	UW
Prothrombin INR	Data entry correction, see updated information	0.8 - 1.3	—	UW

Reviewed by

Neighbor Jr., William E, MD on 08/03/17 1406

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

PROTHROMBIN TIME Resulted: 08/10/17 1222, Result status: Final result

02/01/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Order status: Canceled

Discontinued by: Uw Lab Results Interface, User 08/10/17 1226 [Canceled by Lab, see Result History.]

Filed by: Uw Lab Results Interface, User 08/10/17 1222
Resulting lab: NORTHWEST HOSPITAL LAB

Collected by: 08/10/17 1136

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient Comment: SEE H42551	Test added to previous lab request.	10.7 - 15.6 s	—	NWH
Prothrombin INR Comment: SEE H42551	Test added to previous lab request.	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 08/15/17 1534

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

PROTHROMBIN TIME

Resulted: 08/17/17 1238, Result status: Final result

Order status: Canceled

Discontinued by: Uw Lab Results Interface, User 08/17/17 1247 [Canceled by Lab, see Result History.]

Filed by: Uw Lab Results Interface, User 08/17/17 1238
Resulting lab: NORTHWEST HOSPITAL LAB

Collected by: 5084 08/17/17 1143

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Duplicate request	10.7 - 15.6 s	—	NWH
Prothrombin INR	Duplicate request	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 08/21/17 1428

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal)

Resulted: 08/30/17 1228, Result status: Final result

02/01/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Order status: Completed
Collected by: 923 08/30/17 0939
Acknowledged by
Neighbor Jr., William E, MD on 08/31/17 1615
Kerby, Kalena L, CMA on 09/08/17 1725

Filed by: Uw Lab Results Interface, User 08/30/17 1228
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	20.0	10.7 - 15.6 s	H	UWMC
Prothrombin INR	1.8	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E, MD on 8/31/2017 at 4:15 PM PDT
INR 1.8. This may reflect that last week she was instructed to skip a dose. As her INRs of late having been running at the upper end of the 2.0-3.0 range, I would stay with the new dose of coumadin 1 tab daily except half on Thursday and Sunday. Repeat INR in one week.

William E Neighbor, MD

PROTHROMBIN TIME (Abnormal)

Resulted: 09/20/17 1519, Result status: Final result

Order status: Completed
Collected by: 1870 09/20/17 1244
Acknowledged by
Neighbor Jr., William E, MD on 09/20/17 1738
Martinez, Ricardo C, CMA on 09/26/17 1439

Filed by: Uw Lab Results Interface, User 09/20/17 1519
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	23.0	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.1	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

02/01/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E, MD on 9/20/2017 at 5:38 PM PDT
INR 2.1 in desired range. Continue current dose which is coumadin 5 mg one daily except one half on two days of the week.
William E Neighbor, MD

PROTHROMBIN TIME Resulted: 12/21/17 1113, Result status: Final result

Order status: Completed
Collected by: 12/21/17 1103
Acknowledged by: Neighbor Jr., William E, MD on 12/21/17 1151

Filed by: Uw Lab Results Interface, User 12/21/17 1114
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Data entry correction, see updated information	10.7 - 15.6 s	—	NWH
Prothrombin INR	Data entry correction, see updated information	0.8 - 1.3	—	NWH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E, MD on 12/21/2017 at 11:51 AM PST
INR 1.8. Goal due to age is in the lower end of the 2-3 range. Will have her take extra 2.5 mg this week and repeat in 10 days. As she would ordinarily take a half tab of 5 mg today, will have her take a full tab instead.

William E Neighbor, MD

PROTHROMBIN TIME (Abnormal) Resulted: 01/03/18 1221, Result status: Final result

Order status: Completed
Collected by: 5094 01/03/18 1010
Acknowledged by
Neighbor Jr., William E, MD on 01/04/18 1459
Mercado, Mila N, CMA on 01/23/18 1126

Filed by: Uw Lab Results Interface, User 01/03/18 1221
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	17.8	10.7 - 15.6 s	H	UWMC
Prothrombin INR	1.5	0.8 - 1.3	H	UWMC

02/01/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E, MD on 1/4/2018 at 2:58 PM PST
INR subtherapeutic. Dose has been coumadin 5 mg one daily except a half on Thursday and Sunday. This regimen in general has resulted in tx INRs. However patient has been traveling and also moving apartments so may have missed some doses. Will have take a full tablet tonight, Thursday and extra half dose tomorrow then resume usual regimen. Repeat INR in 7 days.

William E Neighbor, MD

PROTHROMBIN TIME Resulted: 01/11/18 1201, Result status: Final result

Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 01/11/18 1201 [Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 01/11/18 1201
Collected by: 01/11/18 1108
Resulting lab: NORTHWEST HOSPITAL LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Data entry correction, see updated information	10.7 - 15.6 s	—	NWH
Prothrombin INR	Data entry correction, see updated information	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 01/11/18 1358

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

PROTHROMBIN TIME Resulted: 02/01/18 1030, Result status: Final result

Order status: Canceled
Discontinued by: Uw Lab Results Interface, User 02/01/18 1040 [Canceled by Lab, see Result History.]
Filed by: Uw Lab Results Interface, User 02/01/18 1030
Collected by: 02/01/18 1027
Resulting lab: NORTHWEST HOSPITAL LAB

02/01/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	Duplicate request	10.7 - 15.6 s	—	NWH
Prothrombin INR	Duplicate request	0.8 - 1.3	—	NWH

Reviewed by

Neighbor Jr., William E, MD on 02/21/18 0820

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
47 - NWH	NORTHWEST HOSPITAL LAB	Baird, Geoffrey Stuart, MD	1550 N. 115th St, A-200 SEATTLE WA 98133	09/21/15 0950 - 07/23/18 0958

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	02/01/17 1057
Weight	57.5 kg (126 lb 12.8 oz)
BP	149/58
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	62
Pulse Regularity	Regular

01/18/2017 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016

01/18/2017 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 01/18/17 1821**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 01/18/17 1821
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine BID 01/18/17 - 05/23/17
Class: E-RX
Released by: Neighbor Jr., William E, MD 01/18/17 1821
Discontinued by: Neighbor Jr., William E, MD 05/23/17 1652 [Reorder]

Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS

Indications

Unspecified glaucoma [H40.9 (ICD-10-CM)]

Messages

Your Medications

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	1/18/2017 6:21 PM

Last Read in MyChart
Not Read

Dear Jeanne,

Your provider has approved the following medication(s) and has submitted your medication order to the pharmacy you requested:

- Timolol Maleate 0.5 % Ophthalmic Solution

Please call your pharmacy to find out when it will be ready for you to pick up.

If you have any questions about your prescription, please call or send a message to your provider.

01/18/2017 - Refill in Husky Health Primary Care Clinic (continued)

Messages (continued)

Thank you for using UW Medicine eCare.

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	1/18/2017 3:31 PM

Original authorizing provider: William E Neighbor, MD

Jeanne Leonie Hoffman would like a refill of the following medications:
Timolol Maleate 0.5 % Ophthalmic Solution [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

Comment:

01/16/2017 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016

01/16/2017 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/7/2016
Quantity: 45 tablet
End date: 12/20/2017
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/18/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 1/18/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 01/18/17 1340**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 01/18/17 1340
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine BID 01/18/17 - 01/18/17
Class: E-RX
Released by: Neighbor Jr., William E, MD 01/18/17 1340
Discontinued by: Neighbor Jr., William E, MD 01/18/17 1821 [Reorder]

Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS

Indications

Unspecified glaucoma [H40.9 (ICD-10-CM)]

Messages

Your Medications

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	1/19/2017 10:07 AM

Last Read in MyChart
4/3/2017 4:24 PM by Hoffman, Jeanne Leonie

Dear Jeanne,

Your provider has approved the following medication(s) and has submitted your medication order to the pharmacy you requested:

- Timolol Maleate 0.5 % Ophthalmic Solution

Please call your pharmacy to find out when it will be ready for you to pick up.

If you have any questions about your prescription, please call or send a message to your provider.

01/16/2017 - Refill in Husky Health Primary Care Clinic (continued)

Messages (continued)

Thank you for using UW Medicine eCare.

RE: Medication Renewal Request

From	To	Sent and Delivered
Ricardo C Martinez, CMA	Hoffman, Jeanne Leonie	1/17/2017 9:57 AM
Last Read in MyChart		
2/6/2017 8:14 PM by Hoffman, Jeanne Leonie		

Hi Jeanne!

We need to find out if you already run out with this medication because we just refilled this on 12/27/16.

Rickie, CMA

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	1/16/2017 5:04 PM

Original authorizing provider: William E Neighbor, MD

Jeanne Leonie Hoffman would like a refill of the following medications:
Timolol Maleate 0.5 % Ophthalmic Solution [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

Comment:

01/16/2017 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016

01/16/2017 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/7/2016 End date: 12/20/2017
Quantity: 45 tablet Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/18/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/27/2016
Start date: 12/27/2016 End date: 1/17/2017
Quantity: 5 mL Refill: 0

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	1/16/2017 5:11 PM

Louis sent SSA 545-BK Work While Disabled Form to Seattle SSA Office.
Louis need medical report for SSA-545 and for co-occupancy lease application for Housing Kitsap.

Louis and I have no friend, that can provide referrals.

Louis's X-Husband, has throat cancer at 79yrs,, will ask him for referral

01/14/2017 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016

01/14/2017 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/7/2016 End date: 12/20/2017
Quantity: 45 tablet Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/18/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/27/2016
Start date: 12/27/2016 End date: 1/17/2017
Quantity: 5 mL Refill: 0

Stopped in Visit

None

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution [Pharmacy Med Name: TIMOLOL 0.5% OPHTH SOL AKOR] (Pending)

Electronically signed by: **Martinez, Ricardo C, CMA on 01/17/17 0950** Status: **Pending**
Ordering user: Martinez, Ricardo C, CMA 01/17/17 0950 Authorized by: Neighbor Jr., William E, MD
Frequency: 01/17/17 - Until Discontinued Class: E-RX
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS

Indications

Unspecified glaucoma [H40.9 (ICD-10-CM)]

01/04/2017 - Rehab Therapy in Husky Health Physical Therapy

Reason for Visit

Chief complaint: Physical Therapy
Visit diagnoses:

- Left hip pain (primary)
- Imbalance

Visit Information

Provider Information

Encounter Provider	Referring Provider
Hanna, Sarah J, PT	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Physical Therapy	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

01/04/2017 - Rehab Therapy in Husky Health Physical Therapy (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/18/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2016
Start date: 12/27/2016
End date: 1/17/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Hanna, Sarah J, PT at 1/10/2017 1017

Physical Therapy Evaluation

Duration: 45 minutes
Today's date: 1/10/2017
Onset date: Insidious
Referring Provider: William E Neighbor Jr. Referring provider NPI: 1265518989

Treatment/Therapy diagnosis: Left hip pain; imbalance

Order/Reason for referral: Decreased ability to walk with walker secondary to left hip pain with movement

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

Subjective: Patient reports increased left hip pain where patient winces with each movement of left hip while walking with walker. Patient reports difficulty walking to the laundry room secondary to left hip pain. Patient reports difficulty turning over in bed secondary to left hip pain. Patient describes left hip pain today as, "it's a bad day."

Objective:

01/04/2017 - Rehab Therapy in Husky Health Physical Therapy (continued)

Clinical Notes (continued)

Observation: Patient ambulates slowly with wheeled walker secondary to left hip pain. Patient appears in significant pain with any forward ambulation. Patient appears to drag left foot in order to avoid left hip flexion.
I**mpairments**:

Range of motion: left hip flexion 10 degrees and painful, left hip extension 0 degrees, left hip abduction 5 degrees, left hip adduction 10 degrees; passive left hip internal rotation and external rotation are extremely painful.

Muscle Strength: Toe raises 4/5 bilateral, left hip extension in bridge 4+/5, left hip flexion painful, left hip abduction 4/5 in available range, left hip adduction 4/5 in available range; left hip internal rotation/external rotation not tested secondary to pain

Sensation: Intact for lower extremities with light touch test over clothing; not tested: feet

Reflexes: deferred

Special tests: Not tested secondary to pain

Interventions/Treatment provided: Therapeutic exercise for x 25 minutes: instruction and practice in sit-to-stand and stand to sit progression, instruction and practice in toe raises with walker, instruction and practice in bridge with gluteal recruitment, instruction and practice in use of light theraband for bilateral hip abduction in available range; review of previous home exercise program and omit non-weight bearing exercises at this time secondary to left hip pain.

Assessment: Patient presents with left hip pain today interfering with patient ability to ambulate with walking. Patient appears to drag left foot in order to avoid left hip flexion. Patient will benefit from skilled physical therapy services in order to reach the following goals:

Functional goals:

Short term functional goals: 7 weeks

1. Improve left hip flexion to 20 degrees and pain free
2. Patient able to ambulate with walker and equal hip flexion
3. Patient able to ambulate to laundry room with walker

Long term functional goals/Outcome: 14 weeks

1. Patient able to turn in bed independently
2. Patient able to improve hip abduction/adduction strength to 4+/5
3. Patient to demonstrate compliance with home exercise program, independently

Plan of care: Plan to see Patient in physical therapy 1-2x/month x 10-16 weeks. Plan to administer manual care, modalities as needed, and progression of therapeutic exercise program in order to reach the above set goals.

The plan outlined above was formulated, reviewed, and agreed upon with the patient.
I certify the need for these services furnished under this plan of treatment and while under my care.

Sarah Hanna, MPT

Electronically signed by Hanna, Sarah J, PT at 5/2/2017 9:15 AM

Flowsheets

OT/PT G-CODES

Row Name	01/11/17 10:13:07
Current Status	At least 80 percent but less than 100

01/04/2017 - Rehab Therapy in Husky Health Physical Therapy (continued)

Flowsheets (continued)

	percent impaired, limited or restricted
Goal Status	At least 40 percent but less than 60 percent impaired, limited or restricted
Discharge Status	At least 40 percent but less than 60 percent impaired, limited or restricted

01/04/2017 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Pain in joint of right hip (primary)
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE OUTPATIENT VISIT 15 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017

01/04/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/18/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2016
Start date: 12/27/2016
End date: 1/17/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 1/4/2017 1327

Jeanne Leonie Hoffman is a 91 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up

Jeanne came in today for monthly anticoagulation visit. She has been taking her medication regularly. She's had no bleeding and no unexpected weight swelling. No unexpected shortness of breath.

Her medications were reviewed. She has sufficient refills.

Her son commented that she was limping today. She denied any falls or injuries. During the visit when she went from a sitting to standing position she developed right lateral hip pain which was rated a 10 out of 10. This subsided after sitting. She found flexing her hip helped to relieve the discomfort. However when using her walker to exit from the clinical area she was limping and having right hip pain.

She has not started the physical therapy which was prescribed in early November. At that time she also reported an episode of right lateral hip pain. She states today that she's had perhaps one additional episode since that time.

Review of Systems:
She denies any fever chills or night sweats.

Social hx;
She and her son Louis who lives with her as care provider are having disputes with their apartment manager and Housing Kitsap. Jean enjoys living where she is and doing some gardening. She enjoys having her son with her for conversation and support. She is quite alert for her age which is 91 soon to be 92 in two days.

Medications
Outpatient Prescriptions Marked as Taking for the 1/4/17 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 300-30 MG Oral Tab	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN	30 tablet	3
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	45 tablet	3
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	0
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	3

Social history:
History

Sexual Activity	
• Sexual Activity:	Not on file

Social History

Substance Use Topics	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol Use:	No

Objective:
BP 146/73 mmHg | Pulse 60 | Temp(Src) 97.6 °F (36.4 °C) (Oral)
Estimated body mass index is 22.31 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 11/2/16: 53.524 kg (118 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 146/73
General: Initially no acute distress. When had the pain developed she was quite uncomfortable. This improved by the time she went to radiology.
MSK: Her exam was limited because it was too painful for Jeanne to get onto the exam room and reclining. Examination in the sitting position showed some tenderness over the greater trochanter and discomfort on both

Clinical Notes (continued)

internal and external rotation.

Lab and other tests: Hip X ray right shows intact pin. Femur itself intact. She does have substantial arthritis of the joint fossa. Not changed from prior exam in August. No acute process

Assessment and Plan:
1. Pain of right hip joint
DJD of Right hip with pin in place due to prior fracture in distant past. She doe fairly well in general but intermittent episodes every 2-3 months in the half of 2016 with acute hip pain. This may be due to loose body in the hip joint or may be ligamentous. She does need PT which was ordered in November but not yet pursued.
Plan:
--PT today
--Continue low dose codeine for pain along with acetaminophen
--Consider ortho referral

2. Long term current use of anticoagulant therapy
INR pending today

Other: MMA to evaluate B12 status pending.

Regarding living situation, see above. I will provide whatever reports are appropriate and requested.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 1/4/2017 1:52 PM

Imaging

Imaging

X-RAY PELVIS AP SUPINE (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 01/04/17 1233** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 01/04/17 1233 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 01/04/17 - Class: General Imaging
Quantity: 1 Lab status: Final result
Diagnoses
Pain of right hip joint [M25.551]

Questionnaire

Question	Answer
Relevant signs, symptoms, or diagnosis and clinical question to be answered:	right hip pain

Order comments: From Epic: Diagnosis:Pain in right hip, Allergies:PENICILLINS, SULFA ANTIBIOTICS, NITROFURANTOIN, ADHESIVES, ASPIRIN, NITROFURANTOIN,

X-RAY PELVIS AP SUPINE Resulted: 01/04/17 1555, Result status: Final result

Order status: Completed Resulted by: Ha, Alice Soojung, MD
Filed by: Uw Radiology Results Interface, User 01/04/17 1557 Performed: 01/04/17 1234 - 01/04/17 1234
Accession number: 10392193 Resulting lab: UW RADIOLOGY
Lab Technician: AJAY CHHABRA HALL HEALTH TECH

Imaging (continued)

Narrative:
EXAMINATION:
XR PELVIS SUPINE

CLINICAL INDICATION:
right hip pain

COMPARISON:
8/24/2016

FINDINGS AND IMPRESSION:
Please see dedicated radiographs of the right hip for further details.

Severe left hip osteoarthritis, manifested as axial joint space loss and bulky marginal osteophyte formation. Enthesophytosis about the iliac crests and ischial tuberosities is also demonstrated and unchanged.

No acute fracture detected. Remote fracture deformity of the superior right pubic ramus.
ATTENDING RADIOLOGIST AND PAGER NUMBER
401310 Ha Alice Soojung MD
(206)559-70
Acknowledged by: Neighbor Jr., William E, MD on 01/04/17 1713

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Pain of right hip joint [M25.551 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 1/4/2017 17:13

X-RAY HIP UNILAT AP SUPINE (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 01/04/17 1233** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 01/04/17 1233 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 01/04/17 - Class: General Imaging
Quantity: 1 Lab status: Final result
Diagnoses
Pain of right hip joint [M25.551]

Questionnaire

Question	Answer
Relevant signs, symptoms, or diagnosis and clinical question to be answered:	episodic severe sharp right lateral hip pain
Which side?	RIGHT

Order comments: From Epic: Comments:Which side?->RIGHT, Diagnosis:Pain in right hip, Allergies:PENICILLINS, SULFA ANTIBIOTICS, NITROFURANTOIN, ADHESIVES, ASPIRIN, NITROFURANTOIN,

X-RAY HIP UNILAT AP SUPINE Resulted: 01/04/17 1555, Result status: Final result

Order status: Completed Resulted by: Ha, Alice Soojung, MD
Filed by: Uw Radiology Results Interface, User 01/04/17 1557 Performed: 01/04/17 1234 - 01/04/17 1234
Accession number: 10392195 Resulting lab: UW RADIOLOGY
Lab Technician: AJAY CHHABRA HALL HEALTH TECH
Narrative:
EXAMINATION:

01/04/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Imaging (continued)

XR HIP UNILAT AP SUPINE

CLINICAL INDICATION:
episodic severe sharp right lateral hip pain

COMPARISON:
8/24/2016

FINDINGS AND IMPRESSION:
A single frog-leg view of the right hip is provided and interpreted with the pelvic AP radiograph acquired concurrently.

Redemonstrated dynamic hip screw and lateral plate and screw fixation of a remote proximal femoral fracture deformity. This is in unchanged alignment as compared to 8/24/2016. No evidence of hardware complication.

No acute fracture detected. Severe osteoarthritis manifested as axial joint space loss, marginal osteophyte and subchondral cyst formation. Alignment is normal.

Vascular calcifications.
ATTENDING RADIOLOGIST AND PAGER NUMBER
401310 Ha Alice Soojung MD
(206)559-70
Acknowledged by: Neighbor Jr., William E, MD on 01/04/17 1713

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Pain of right hip joint [M25.551 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 1/4/2017 17:13

Flowsheets

Vital Data

Row Name	01/04/17 1120
BP	146/73
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.4 °C
Temp src	Oral
Pulse	60

Messages

Appointment scheduled from eCare

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Front Desk Pool	12/1/2016 1:54 PM

01/04/2017 - Office Visit in Husky Health Primary Care Clinic (continued)

Messages (continued)

Appointment For: HOFFMAN,JEANNE LEONIE (U8170135)
Visit Type: ECARE OFFICE VISIT (211)

1/4/2017 11:40 AM 20 mins. Neighbor Jr., William E, MD HH PRIMARY CARE

Patient Comments:
Routine Office Visit
Bainbridge Island, Country Club, Port Blakely Home
Delivery was successful....It's a Girl...at 92 on
1-6-2017...very independent and reaching Jar of
Sumucker Jelly!

12/29/2016 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016

12/29/2016 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/7/2016 End date: 12/20/2017
Quantity: 45 tablet Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/18/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/27/2016
Start date: 12/27/2016 End date: 1/17/2017
Quantity: 5 mL Refill: 0

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	12/29/2016 8:58 PM

Bainbridge Island Police Department, and Mary Traxler,

Jean Hoffman and I, Louis Alloin, have discused Mary Traxlers Letter.

We are no longer safe on Bainbridge Island, do to Housing Kitsap promoting motivated hatred and domestic violence against us.

On/about January 1-5, 2017 Jean and Louis, will leave Apt 2, to seek a safe domestic violence shelter.

Apt 2 will be secured and locked down.

Jean and I are very disappointed, that we are no longer accepted.

12/26/2016 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

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Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

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Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
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Acetaminophen-Codeine #3 300-30 MG Oral Tab

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Reason for discontinuation: Reorder
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Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

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Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016

12/26/2016 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/7/2016 End date: 12/20/2017
Quantity: 45 tablet Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/18/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/27/2016
Start date: 12/27/2016 End date: 1/17/2017
Quantity: 5 mL Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mercado, Mila N, CMA at 12/27/2016 1017

1. Name of requested medication: timolol maleate
2. Date last refilled: 11/17/16
3. Date of last office visit: 12/7/16
4. Next office visit (scheduled or expected): na

Electronically signed by Mercado, Mila N, CMA at 12/27/2016 10:18 AM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 12/27/16 1441** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 12/27/16 1441 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 12/27/16 - 01/17/17 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 01/18/17 1340 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS

Indications

Unspecified glaucoma [H40.9 (ICD-10-CM)]

12/14/2016 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

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Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

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Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
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Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
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Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016

12/14/2016 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/18/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/27/2016
Start date: 12/27/2016
End date: 1/17/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	12/14/2016 11:36 AM

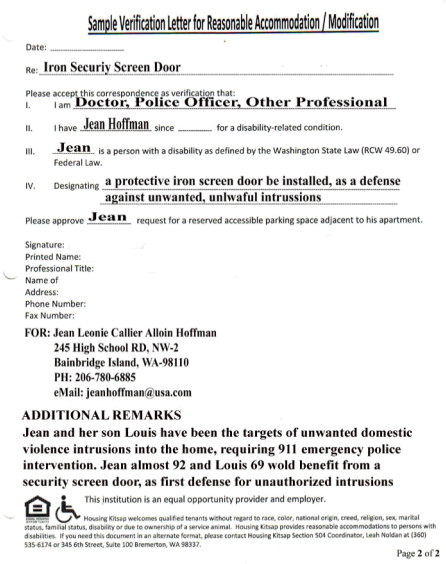
Domestic Violence iron screen door install.
Letter of necessity

12/14/2016 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Document on 12/14/2016 11:36 AM: sample-jean

Document (below)



Sample Verification Letter for Reasonable Accommodation / Modification

Date: .....

Re: Iron Securiy Screen Door

Please accept this correspondence as verification that:

I. I am Doctor, Police Officer, Other Professional

II. I have Jean Hoffman since ..... for a disability-related condition.

III. Jean is a person with a disability as defined by the Washington State Law (RCW 49.60) or Federal Law.

IV. Designating a protective iron screen door be installed, as a defense against unwanted, unlwaful intrussions

Please approve Jean request for a reserved accessible parking space adjacent to his apartment.

Signature:
Printed Name:
Professional Title:
Name of
Address:
Phone Number:
Fax Number:

FOR: Jean Leonie Callier Alloin Hoffman
245 High School RD, NW-2
Bainbridge Island, WA-98110
PH: 206-780-6885
eMail: jeanhoffman@usa.com

ADDITIONAL REMARKS
Jean and her son Louis have been the targets of unwanted domestic violence intrusions into the home, requiring 911 emergency police intervention. Jean almost 92 and Louis 69 wold benefit from a security screen door, as first defense for unauthorized intrusions

This institution is an equal opportunity provider and employer.

Housing Kitsap welcomes qualified tenants without regard to race, color, national origin, creed, religion, sex, marital status, familial status, disability or due to ownership of a service animal. Housing Kitsap provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please contact Housing Kitsap Section 504 Coordinator, Leah Noldan at (360) 535-6174 or 345 6th Street, Suite 100 Bremerton, WA 98337.

Page 2 of 2

12/11/2016 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
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Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016
Start date: 11/28/2016 — End date: 6/1/2017
Quantity: 30 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016

12/11/2016 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 12/7/2016 End date: 12/20/2017
Quantity: 45 tablet Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/18/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/27/2016
Start date: 12/27/2016 End date: 1/17/2017
Quantity: 5 mL Refill: 0

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	12/11/2016 9:19 AM

HOUSING INCORRECT ADA ASSESSMENT
Promoted By: Julie Combs, Jennifer and Holly Paterson/other employees
(FOIA Filed Document) Dwelling Units Common Spaces: Remodel common spaces to provide accessibility to accessible units. (Common storage 1st floor building 225: do not provide accessible units storage where storage units are across from each other. Storage depth would require a 60 inches turning space inside the storage locker. Door not 32 inches clear opening. Proposed Capital Needs Assessment the owner (Housing Kitsap) will remove all storage units because the accessible storage unit required by law does not exist.

CORRECT ADA ASSESSMENT 28 CFR SECTION 35.151 REGULATIONS
Louis Alloin and Jean Hoffman Governmental Affairs Research Fact Findings

(Rhododendron Apartments 225 (1st floor) Complex has Wheelchair Accessible Laundry Room Facility Closets)

ADA 225.2 Storage: Where storage is provided in accessible space, at least one of each type shall comply with 811

Rhododendron Apartments 225/245 Each Floor has Laundry Room Facilities, 4 Closets (Each of 4 Laundry Room Facility) provide *accessible closets, measuring 36 inch Depth By 35 inch wall to wall width and 32 inch clear door clearance. Accessible Space Clearance Area between closets and wash machines is over 60 inch rotation capacity and interior Laundry Room Facility movement ability.

*(Wheelchair can move in/out of closet for self services reach range shelving or access from door side of closet reach range usability from accessible space, as required by disable

resident closet use requirements in closet configuration of stored content utilization.)

ADA 103 Equivalent Facilitation: Nothing in these (ADA Application and Administration) requirements prevents the use of design, products, or technologies as alternatives to those (ADA Application and Administration) prescribed, provide they results in substantially equivalent or greater accessibility and usability.
308 Reach Range: It is permissible to install additional storage outside the reach range.

ADA 2010 and 1991 Standard should be read broadly to apply to all types of closet storage shelves, racks, hook or fittings to allow above/below reach range and for the disabled to utilize space efficiently as possible.

12/11/2016 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Scan on 12/11/2016 9:19 AM: bill-jean

Scan (below)



12/07/2016 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- HYPERLIPIDEMIA NEC/NOS (primary)
- Unspecified vitamin B deficiency
- History of recurrent deep vein thrombosis (DVT)
- Long term current use of anticoagulant therapy
- Living accommodation issues

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

12/07/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/27/2016
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/17/2016
Start date: 11/17/2016
End date: 12/26/2016
Quantity: 5 mL
Refill: 0

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 12/7/2016 0846

Jeanne Leonie Hoffman is a 91 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up

Jeanne Was last seen in early November prior to a train trip with her son.

At her last visit she was having pain which has since resolved her return to baseline. She never started PT on Bainbridge Island

She has been compliant with her medications. She's had no nosebleeds or gum bleeding. She continues to wear her compression stockings and has not noted any unexpected swelling.

Her son is present with her today. There's been some recent conflicts with neighbors in her apartment or drink and smoke. There is a conflict resolution scheduled for tomorrow and perhaps next Thursday. Jean has been upset by the behavior of the neighbors, but feels safe. Her son is her main care provider and lives with her. Jean was visited by a social worker who apparently felt it was safe for she continued to be in her living situation. Jeanne passed memory test administered by the social worker. She does not want to move into an assisted living situation

Medications

Outpatient Prescriptions Marked as Taking for the 12/7/16 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 300-30 MG Oral Tab	TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN	30 tablet	3
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	15 tablet	3
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	0
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	3

Social history:

History

Sexual Activity

- Sexual Activity: Not on file

Social History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: No

Objective:

BP 145/66 mmHg | Pulse 54 | Temp(Src) 98.7 °F (37.1 °C) (Oral)
Estimated body mass index is 22.31 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 11/2/16: 53.524 kg (118 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 145/66
General: NAD
Psych: Affect is positive. She's quite interactive today. Her hearing aids are working well.

Lab and other tests: INR 3.1

Assessment and Plan:

1. HYPERLIPIDEMIA NEC/NOS

I had earlier this year had her stop her statin but her LDL cholesterol be increased. She has been placed back on half of her previous dose which she is tolerating well.
- Atorvastatin Calcium 20 MG Oral Tab; Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction Dispense:

12/07/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

45 tablet; Refill: 3

2. Unspecified vitamin B deficiency
Her mean cell volume for her blood cells were slightly increased at her last blood draw. She is periodically shown evidence of vitamin B12 deficiency. She is on vitamin B12 replacement. Plan is to repeat her blood test.
- METHYLMALONIC ACID

3. History of recurrent deep vein thrombosis (DVT)
No recent recurrence. She continues to wear compression stockings

4. Long term current use of anticoagulant therapy
Her INR today was 3.1. I would not make any change in her current Coumadin dose is simply repeat in one month.

5. Living accommodation issues
Discussed as described above with Jean and her son. They're currently in the apartment she has been in for 20 years and probably will continue to be able to live there. They will contact me if you need my assistance.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 12/7/2016 6:10 PM

Labs

METHYLMALONIC ACID (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 12/07/16 1135** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 12/07/16 1135 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 12/07/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Unspecified vitamin B deficiency [E53.9]

Specimen Information

ID	Type	Source	Collected By
W61477	Serum	—	1679 01/04/17 1100

METHYLMALONIC ACID Resulted: 01/06/17 0845, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 01/06/17 0846
Collected by: 1679 01/04/17 1100 Resulting lab: HARBORVIEW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 01/06/17 0847

Components

Component	Value	Reference Range	Flag	Lab
Methylmalonic Acid	0.23	<0.30 umol/L	—	HMC

Comment:
Reference range comments for Methylmalonic Acid: Normal <0.30 umol/L
Indeterminate 0.30-0.40 umol/L Elevated >0.40 umol/L

12/07/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Indications

Unspecified vitamin B deficiency [E53.9 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 1/6/2017 08:47

Other Orders

Medications

Atorvastatin Calcium 20 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 12/07/16 1135** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 12/07/16 1135 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Daily 12/07/16 - 12/20/17 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 12/20/17 1432 [Reorder]
Diagnoses
Other and unspecified hyperlipidemia [E78.5] - HYPERLIPIDEMIA NEC/NOS
Admin instructions: For cholesterol reduction
Reordered from: Atorvastatin Calcium 20 MG Oral Tab

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	12/07/16 1104
BP	145/66
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	37.1 °C
Temp src	Oral
Pulse	54

Messages

visit summary

From: William E Neighbor Jr., MD
To: Hoffman, Jeanne Leonie
Sent and Delivered: 12/7/2016 6:10 PM
Last Read in MyChart
12/15/2016 1:26 PM by Hoffman, Jeanne Leonie

Jeanne: Below is a summary of your visit.

Assessment and Plan:
1. HYPERLIPIDEMIA NEC/NOS
I had earlier this year had her stop her statin but her LDL cholesterol be increased. She has been placed back on half of her previous dose which she is tolerating well.
- Atorvastatin Calcium 20 MG Oral Tab; Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction Dispense: 45 tablet; Refill: 3

2. Unspecified vitamin B deficiency
Her mean cell volume for her blood cells were slightly increased at her last blood draw. She is periodically shown evidence of vitamin B12 deficiency. She is on vitamin B12 replacement. Plan is to repeat her blood test.
- METHYLMALONIC ACID

3. History of recurrent deep vein thrombosis (DVT)
No recent recurrence. She continues to wear compression stockings

4. Long term current use of anticoagulant therapy
Her INR today was 3.1. I would not make any change in her current Coumadin dose is simply repeat in one month.

5. Living accommodation issues
Discussed as described above with Jean and her son. They're currently in the apartment she has been in for 20 years and probably will continue to be able to live there. They will contact me if you need my assistance.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

12/04/2016 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/7/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/7/2016
Quantity: 15 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/27/2016
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/17/2016

12/04/2016 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 11/17/2016 End date: 12/26/2016
Quantity: 5 mL Refill: 0

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD Ordered on: 11/28/2016
Start date: 11/28/2016 End date: 6/1/2017
Quantity: 30 tablet Refill: 3

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	12/4/2016 7:53 AM

Need to get emergency domestic violence shelter... by December 31m 2915 or ASAP.
Please schedule Social Worker to meet with Louis and I on 12/7 appointment at Hall Health.

Louis and I are prepared for homeless street camping, till mediation resolution and permanent relocation housing in Seattle Area.

Home: 206-780-6885
Moble: 206-393-8938

7-9M 7-9PM

12/04/2016 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/7/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
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Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/27/2016
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/17/2016

12/04/2016 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 11/17/2016 End date: 12/26/2016
Quantity: 5 mL Refill: 0

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD Ordered on: 11/28/2016
Start date: 11/28/2016 End date: 6/1/2017
Quantity: 30 tablet Refill: 3

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	12/4/2016 9:28 AM

Sent: Sunday, December 04, 2016 at 8:28 AM
From: " Jean Hoffman" < jeanhoffman@usa.com>
To: divittoj@housingkitsap.org, Council < council@bainbridgewa.gov>, FAMILY-Louis < louisalloin@usa.com>, KCCHA-Council < vtollefson@bainbridgewa.gov>
Subject: Request for Co-ocupancy
To Housing Kitsap,

I, Jean Leonie Calliet Alloin Hoffman is a request for:
Co-Occupancy Lease Agreement, staring January 1, 2017, at the Rhododendron Apartment #2.

Louis Chales Hoffmann Alloin is my elder son, with good upstanding character, a lawful American Citizen, well educated with extensive academic interest and excellent community leadership.

My Son has been with me for over 40 years and has provided great family participation with me for past 20 years at Rhododendron Apartment #2. He has my best interest as a family son and providing the best friendship anyone can ask for, during my elder years.

My son, has exceptional National Institute of Health knowledge on geriatrics's/elderly requirements and needs.

11/28/2016 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GENERAL OSTEOARTHROSIS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/7/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/7/2016
Quantity: 15 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/27/2016
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/17/2016

11/28/2016 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 11/17/2016 End date: 12/26/2016
Quantity: 5 mL Refill: 0

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD Ordered on: 11/28/2016
Start date: 11/28/2016 End date: 6/1/2017
Quantity: 30 tablet Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mercado, Mila N, CMA at 11/28/2016 1349

1. Name of requested medication: acetaminophen w/ codeine
2. Date last refilled: 7/29/16 x3
3. Date of last office visit: 11/2/16
4. Next office visit (scheduled or expected): na

Electronically signed by Mercado, Mila N, CMA at 11/28/2016 1:50 PM

Other Orders

Medications

Acetaminophen-Codeine #3 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 11/28/16 1605** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 11/28/16 1605 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 11/28/16 - 06/01/17 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 06/01/17 1718 [Reorder]
Diagnoses
Generalized osteoarthrosis, unspecified site [M15.9] - GENERAL OSTEOARTHROSIS

Indications

Generalized osteoarthrosis, unspecified site [M15.9 (ICD-10-CM)]

11/17/2016 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/29/2016
Start date: 4/29/2016 — End date: 11/28/2016
Quantity: 20 tablet — Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/28/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/29/2016
Start date: 7/29/2016 — End date: 11/28/2016
Quantity: 30 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/7/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/7/2016

11/17/2016 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Quantity: 15 tablet Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/21/2016
Start date: 9/21/2016 End date: 4/7/2017
Quantity: 90 tablet Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/27/2016
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 11/17/2016
Start date: 11/17/2016 End date: 12/26/2016
Quantity: 5 mL Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Opkepklo, Kyle at 11/17/2016 1042

Name of requested medication: **Timolol Maleate 0.5% Ophthalmic Solution**
Date last refilled: **7/18/2016 with 1 refill**
Date of last office visit: **11/2/2016**
Next office visit: **12/7/2016**
Pharmacy: **Safeway #27**

Electronically signed by Opkepklo, Kyle at 11/17/2016 10:49 AM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 11/17/16 1403** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 11/17/16 1403 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 11/17/16 - 12/26/16 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 12/27/16 1441 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS

Indications

Unspecified glaucoma [H40.9 (ICD-10-CM)]

11/17/2016 - Refill in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

11/16/2016 - Patient E-mail in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 4/7/2017
Quantity: 90 tablet — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/27/2016
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/17/2016
Start date: 11/17/2016 — End date: 12/26/2016
Quantity: 5 mL — Refill: 0

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/28/2016

11/16/2016 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	11/16/2016 7:50 AM

Bill ...

Had a great time in Columbus, WI
It allowed me to get move exercise and gave me a new prospect on life.
Better mental out look. Need to do more.
See the Itinerary Picture

http://www.atdlines.com/s-tour16.htm#Tour-2016-Photos (Music Enhancement)

Lots of Historical Home, "Museum In Motion"

11/16/2016 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents

Patient Entered Attachment - Scan on 11/16/2016 7:50 AM: carriage

Scan (below)



11/16/2016 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 11/16/2016 7:50 AM: java-team

Scan (below)



11/16/2016 - Patient E-mail in Husky Health Primary Care Clinic (continued)

Documents (continued)

Patient Entered Attachment - Scan on 11/16/2016 7:50 AM: jean-1

Scan (below)



11/02/2016 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- DVT, recurrent, lower extremity, chronic, bilateral (primary)
- Long term current use of anticoagulant therapy
- Left hip pain
- Thrombocytopenia
- History of UTI
- Imbalance

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/17/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/18/2016
Start date: 7/18/2016
End date: 11/17/2016
Quantity: 5 mL
Refill: 1

11/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 11/28/2016
Quantity: 30 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/7/2016
Quantity: 15 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 4/7/2017
Quantity: 90 tablet
Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 11/2/2016 1047

Jeanne Leonie Hoffman is a 91 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up

Jeanne is in for her monthly visit. She did not have her INR done prior to the visit. She's been compliant with her medications. However in the last few weeks she's noted some recurrent swelling of the left lower leg without pain but concerning for her for a recurrent clot.

Additionally she is noted left hip pain in the upper anteroposterior thigh without radiation and without history of injury. She had right hip pain in August and September which is less of an issue at the present time. She's been taking half of one of her Tylenol with codeine tablets twice daily. Additionally she sometimes takes additional Tylenol.

She has been feeling well otherwise. She is planning on a train trip with her son Louis next Monday. She needs a letter listing her medications and medical diagnoses as she has required in the past when traveling.

She reports that her urine has been clear and she said no discomfort with urination.

Review of Systems:
She denies any fever, chills, night sweats. There's been no shortness of breath or chest pain. No nausea or vomiting. No change in her bowel movements.

Medications
Outpatient Prescriptions Marked as Taking for the 11/2/16 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	30 tablet	3
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	20 tablet	0
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	15 tablet	3
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	3

Social history:
History

Sexual Activity	
• Sexual Activity:	Not on file

Social History

Substance Use Topics	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol Use:	No

Objective:
BP 160/80 mmHg | Pulse 69 | Temp(Src) 97.8 °F (36.6 °C) (Oral)
Estimated body mass index is 22.53 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 9/21/16: 54.069 kg (119 lb 3.2 oz).
Extended Vitals not filed for this encounter.

Clinical Notes (continued)

Last blood pressure recorded in this encounter: 160/80
General: NAD
Hips: Internal and external rotation of both hips is without discomfort. There is no tenderness over the left greater trochanter or the upper thigh muscles.
She has compression stockings in place on both lower legs. She does have some calf tenderness on the left. There is mild edema worse on the left.

Lab and other tests: pending

Assessment and Plan:

1. DVT, recurrent, lower extremity, chronic, bilateral (HCC)
She is due for INR. Vascular ultrasound ordered to be done today. We need to get the study done urgently given a pair of leaving next Monday for drain drip. Additionally they live on Bainbridge Island which is 1+ and one area right taking it difficult for her to get into town. She has declined getting medical care on the island.
- PROTHROMBIN TIME
- REFERRAL TO VASCULAR LAB

2. Long term current use of anticoagulant therapy
INR pending

3. Left hip pain
X-ray in August showed mild to moderate DJD of the left hip. We'll check sedimentation rate to exclude the possibility of polymyalgia rheumatica. I would advise up some physical therapy which her son would like her to have done here at Hall health. Will also ask that PT focus on improving balance if possibe.
- SED RATE

4. Thrombocytopenia (HCC)
Noted blood work in September. Due for repeat. Previously platelet count had been normal.
- CBC, DIFF

5. History of UTI
Was treated for bladder infection in late August. Due for repeat urinalysis.
- BASIC METABOLIC PANEL
- Urinalysis with Reflex Culture

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 11/2/2016 12:51 PM

Labs

CBC, DIFF (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 11/02/16 1107** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 11/02/16 1107 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 11/02/16 - Class: Normal

11/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Quantity: 1
Lab status: Final result

Diagnoses
Thrombocytopenia [D69.6]

Specimen Information

ID	Type	Source	Collected By
W74637	Whole blood	—	11/02/16 1118

CBC, DIFF (Abnormal)

Resulted: 11/02/16 1243, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 11/02/16 1243
Collected by: 11/02/16 1118
Resulting lab: UW MEDICAL CENTER LABS

Acknowledged by
Neighbor Jr., William E, MD on 11/03/16 1616
Opkepklo, Kyle on 11/04/16 1119
Mohova, Elena, CMA on 12/15/16 1639

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.71	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.77	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	11.9	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	38	36 - 45 %	—	UWMC
MCV	100	81 - 98 fL	H	UWMC
MCH	31.6	27.3 - 33.6 pg	—	UWMC
MCHC	31.7	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	212	150 - 400 10*3/uL	—	UWMC
RDW-CV	14.2	11.6 - 14.4 %	—	UWMC
% Neutrophils	58	%	—	UWMC
% Lymphocytes	30	%	—	UWMC
% Monocytes	7	%	—	UWMC
% Eosinophils	4	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	0	%	—	UWMC
Neutrophils	3.36	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.72	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.39	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.20	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.03	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.01	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Thrombocytopenia (HCC) [D69.6 (ICD-10-CM)]

11/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

All Reviewers List

Neighbor Jr., William E, MD on 12/7/2016 12:24
Neighbor Jr., William E, MD on 11/3/2016 16:16

SED RATE (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 11/02/16 1107** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 11/02/16 1107 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 11/02/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Left hip pain [M25.552]

Specimen Information

ID	Type	Source	Collected By
W74637	Whole blood	—	11/02/16 1118

SED RATE (Abnormal) Resulted: 11/02/16 1324, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 11/02/16 1324
Collected by: 11/02/16 1118 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 11/03/16 1616
Opkepklo, Kyle on 11/04/16 1119
Mohova, Elena, CMA on 12/15/16 1639

Components

Component	Value	Reference Range	Flag	Lab
Erythrocyte Sedimentation Rate	28	0 - 20 mm/h	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Left hip pain [M25.552 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 12/7/2016 12:24
Neighbor Jr., William E, MD on 11/3/2016 16:16

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 11/02/16 1107** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 11/02/16 1107 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 11/02/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
History of UTI [Z87.440]

Specimen Information

ID	Type	Source	Collected By
W74637	Serum	—	11/02/16 1118

11/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

BASIC METABOLIC PANEL (Abnormal) Resulted: 11/02/16 1254, Result status: Final result

Order status: Completed
Collected by: 11/02/16 1118
Acknowledged by
Neighbor Jr., William E, MD on 11/03/16 1616
Opkepklo, Kyle on 11/04/16 1119
Mohova, Elena, CMA on 12/15/16 1639

Filed by: Uw Lab Results Interface, User 11/02/16 1254
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Sodium	146	135 - 145 meq/L	H	UWMC
Potassium	4.0	3.6 - 5.2 meq/L	—	UWMC
Chloride	109	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	29	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	131	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	21	8 - 21 mg/dL	—	UWMC
Creatinine	0.84	0.38 - 1.02 mg/dL	—	UWMC
Calcium	9.8	8.9 - 10.2 mg/dL	—	UWMC
GFR, Calc, European American	>60	>59 mL/min	—	UWMC
GFR, Calc, African American	>60	>59 mL/min	—	UWMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

History of UTI [Z87.440 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 12/7/2016 12:24
Neighbor Jr., William E, MD on 11/3/2016 16:16

Urinalysis with Reflex Culture (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 11/02/16 1107** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 11/02/16 1107 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard

11/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Frequency: Routine 11/02/16 -
Quantity: 1
Diagnoses
History of UTI [Z87.440]

Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W74642	Urine	—	11/02/16 1118

Urinalysis with Reflex Culture

Resulted: 11/02/16 1154, Result status: Final result

Order status: Completed
Collected by: 11/02/16 1118
Acknowledged by: Neighbor Jr., William E, MD on 11/03/16 1616

Filed by: Uw Lab Results Interface, User 11/02/16 1155
Resulting lab: UW MEDICINE HALL HEALTH LAB

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	HALLH
Clarity, URN	Clear	—	—	HALLH
Specific Gravity, URN	1.021	1.002 - 1.027 g/mL	—	HALLH
pH, URN	< or =5.0	5.0 - 8.0	—	HALLH
Protein (Alb Semiquant), URN	Negative	NRN mg/dL	—	HALLH
Glucose Qual, URN	Negative	NRN mg/dL	—	HALLH
Ketones, URN	Negative	NRN mg/dL	—	HALLH
Bilirubin (Qual), URN	Negative	NRN	—	HALLH
Occult Blood, URN	Negative	NRN	—	HALLH
Nitrite, URN	Negative	NRN	—	HALLH
Leukocyte Esterase, URN	Negative	NRN	—	HALLH
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}	—	HALLH
Comments for Macroscopic, URN	None	—	—	HALLH
WBC, URN	0-5(NEG)	Z5NEG /[HPF]	—	HALLH
RBC, URN	0-2(NEG)	Z2NEG /[HPF]	—	HALLH
Bacteria, URN	Not Seen	NOSEEN	—	HALLH
Epith Cells Squamous, URN	0-5(NEG)	LT6 /[LPF]	—	HALLH
Epith Cells Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	HALLH
Comments For Microscopic, URN	None	NONE	—	HALLH
1st Extra Urine Gray Top	Additional collection tube	—	—	HALLH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
34 - HALLH	UW MEDICINE HALL HEALTH LAB	Chou, David, MD	4000 STEVENS WAY #354410 RM 112 SEATTLE WA 98116-3406	06/12/15 1021 - 02/12/20 1533

Indications

History of UTI [Z87.440 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 12/7/2016 12:24
Neighbor Jr., William E, MD on 11/3/2016 16:16

PROTHROMBIN TIME (Final result)

11/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Electronically signed by: **Neighbor Jr., William E, MD on 11/02/16 1107** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 11/02/16 1107 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 11/02/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]

Specimen Information

ID	Type	Source	Collected By
W74637	Plasma	—	11/02/16 1118

PROTHROMBIN TIME (Abnormal) Resulted: 11/02/16 1251, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 11/02/16 1251
Collected by: 11/02/16 1118 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 11/03/16 1616
Opkepklo, Kyle on 11/04/16 1119
Mohova, Elena, CMA on 12/15/16 1639

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	27.1	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.6	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 12/7/2016 12:24
Neighbor Jr., William E, MD on 11/3/2016 16:16

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 11/02/16 1248** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 11/02/16 1248 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 11/02/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
W75889	Plasma	—	923 12/07/16 0945

PROTHROMBIN TIME (Abnormal) Resulted: 12/07/16 1148, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 12/07/16 1148
Collected by: 923 12/07/16 0945 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 12/07/16 1224

11/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Mohova, Elena, CMA on 12/15/16 1639

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	30.6	10.7 - 15.6 s	H	UWMC
Prothrombin INR	3.1	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 12/7/2016 12:24

Other Orders

Referral

REFERRAL TO VASCULAR LAB (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 11/02/16 1107** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 11/02/16 1107 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Today 11/02/16 - Class: Internal Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]
Scheduling instructions
Referral to: UWMC: Vascular Diagnostic Services (DEP 220430) 206-598-4449

----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: Procedure. To perform a procedure not done by the referring provider. Study desired: Venous: Venous Duplex for DVT or Venous Obstruction Lower Extremity; Side: Left Allergies: Review of patient's allergies indicates: -- Adhesives -- Aspirin -- Other -- Nitrofurantoin -- Other -- Confusion, loss of appetitie, nausea, abdominal pain -- Nitrofurantoin -- Other -- confusion -- Penicillins -- Rash -- Sulfa Antibiotics -- Rash Vital Signs: BP 160/80 mmHg | Pulse 69 | Temp(Src) 97.8 °F (36.6 °C) (Oral) BMI: There is no weight on file to calculate BMI. Brief clinical history: 91 year old female with Vascular Clinical Indication(s): LE Swelling and history of DVT on chronic anticoag. Recent left leg swelling which is a change for her. .

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: DVT, recurrent, lower extremity, chronic, bilateral	**Zzuwmc Vascular Diag Serv** 1959 NE Pacific St, Box 356021 Seattle WA 98195 Phone: 206-598-4449 Specialty: Vascular Med	Specialty Visit	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare

11/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Referral for: Procedure. To perform a procedure not done by the referring provider.

Study desired: Venous: Venous Duplex for DVT or Venous Obstruction Lower Extremity; Side: Left

Allergies: Review of patient's allergies indicates:
-- Adhesives
-- Aspirin -- Other
-- Nitrofurantoin -- Other
-- Confusion, loss of appetitie, nausea, abdominal pain
-- Nitrofurantoin -- Other
-- confusion
-- Penicillins -- Rash
-- Sulfa Antibiotics -- Rash

Vital Signs: BP 160/80 mmHg | Pulse 69 | Temp(Src) 97.8 °F (36.6 °C) (Oral)
BMI: There is no weight on file to calculate BMI.

Brief clinical history: 91 year old female with Vascular Clinical Indication(s): LE Swelling and history of DVT on chronic anticoag. Recent left leg swelling which is a change for her. .

Indications

DVT, recurrent, lower extremity, chronic, bilateral [I82.503 (ICD-10-CM)]

REFERRAL TO PHYSICAL THERAPY (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 11/02/16 1251** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 11/02/16 1251 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 11/02/16 - Class: Internal Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Left hip pain [M25.552]
Imbalance [R26.89]
Scheduling instructions
Referral to: Hall Health (DEP 5046) 206-685-1011 (restricted to UW students and referrals from HHC providers)

----Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: PT. Transfer of Care. To assume on-going management of some aspect of the patient's care. Is this the patient's first post-operative therapy visit?: NO 91 year old female with recurrent bilateral hip pain now mostly on left due to DJD. She also has balance issues for which she uses a walker. She is quite headstrong but very pleasant and alert 91 year old. Would like review of exercises for her hips and some balance training as appropriate for her age. Precautions: None Please evaluate and treat, including: Services as deemed appropriate by the therapist. Treatment frequency: As deemed appropriate by theTherapist Physician recheck date: She sees me monthly for anticoagulation NEIGHBOR JR, WILLIAM E A copy of the patient's chart notes available upon request.

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Left hip pain Imbalance	**Hh Physical Therapy** 4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410 Phone: 206-685-1011 Fax: 206-616-4683 Specialty: Physical Therapy Med	Physical Therapy	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: PT. Transfer of Care. To assume on-going management of some aspect of the patient's care.

11/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Is this the patient's first post-operative therapy visit?: NO

91 year old female with recurrent bilateral hip pain now mostly on left due to DJD. She also has balance issues for which she uses a walker. She is quite headstrong but very pleasant and alert 91 year old. Would like review of exercises for her hips and some balance training as appropriate for her age.
Precautions: None

Please evaluate and treat, including: Services as deemed appropriate by the therapist.

Treatment frequency: As deemed appropriate by theTherapist
Physician recheck date: She sees me monthly for anticoagulation

NEIGHBOR JR, WILLIAM E

A copy of the patient's chart notes available upon request.

Indications

Left hip pain [M25.552 (ICD-10-CM)]
Imbalance [R26.89 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	11/02/16 1040
Weight	53.5 kg (118 lb)
BP	160/80
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.6 °C
Temp src	Oral
Pulse	69

Letters

Letter by Neighbor Jr., William E, MD on 11/2/2016

Status: Sent
Letter body:

November 2, 2016

Jeanne Leonie Hoffman

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

Dear Jeanne Leonie Hoffman:

You asked for a list of your medications and diagnoses. These are listed below:

Patient Active Problem List

Diagnosis	Date Noted

11/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Letters (continued)

- DJD (degenerative joint disease) of lumbar spine [M47.816] 08/30/2013
- Vertebral fracture [IMO0002] 12/13/2012
  Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed

- Thyroid nodule, uninodular [E04.1] 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
  5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- Osteoporosis, unspecified [M81.0] 03/04/2008
  T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
  Began fosamax spring 2008. Continued for five years, then stopped

- Long term current use of anticoagulant therapy [Z79.01] 01/08/2008
  Reason for anticoagulation: Recurrent dvts
  Duration of anticoagulation: life
  INR goal: 2.-3

- Closed fracture of unspecified intracapsular section of neck of femur (HCC) [S72.019A] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- Unspecified vitamin B deficiency [E53.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Other convulsions [R56.9] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

- Esophageal reflux [K21.9] 11/20/2006
- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

11/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Letters (continued)

- DVT, recurrent, lower extremity, chronic (HCC) [I82.509] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- Allergic rhinitis, cause unspecified [J30.9] 11/20/2006
- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed.
  Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Thrombocytopenia (HCC) [D69.6] 11/02/2016
- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Other physical therapy [IMO0001] 01/22/2015
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [M62.81] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) 03/27/2007 [E11.9]
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Outpatient Prescriptions Prior to Visit

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	30 tablet	3
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	20 tablet	0
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	15 tablet	3
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	3

No facility-administered medications prior to visit.

Sincerely,

Electronically signed by
William E Neighbor, MD

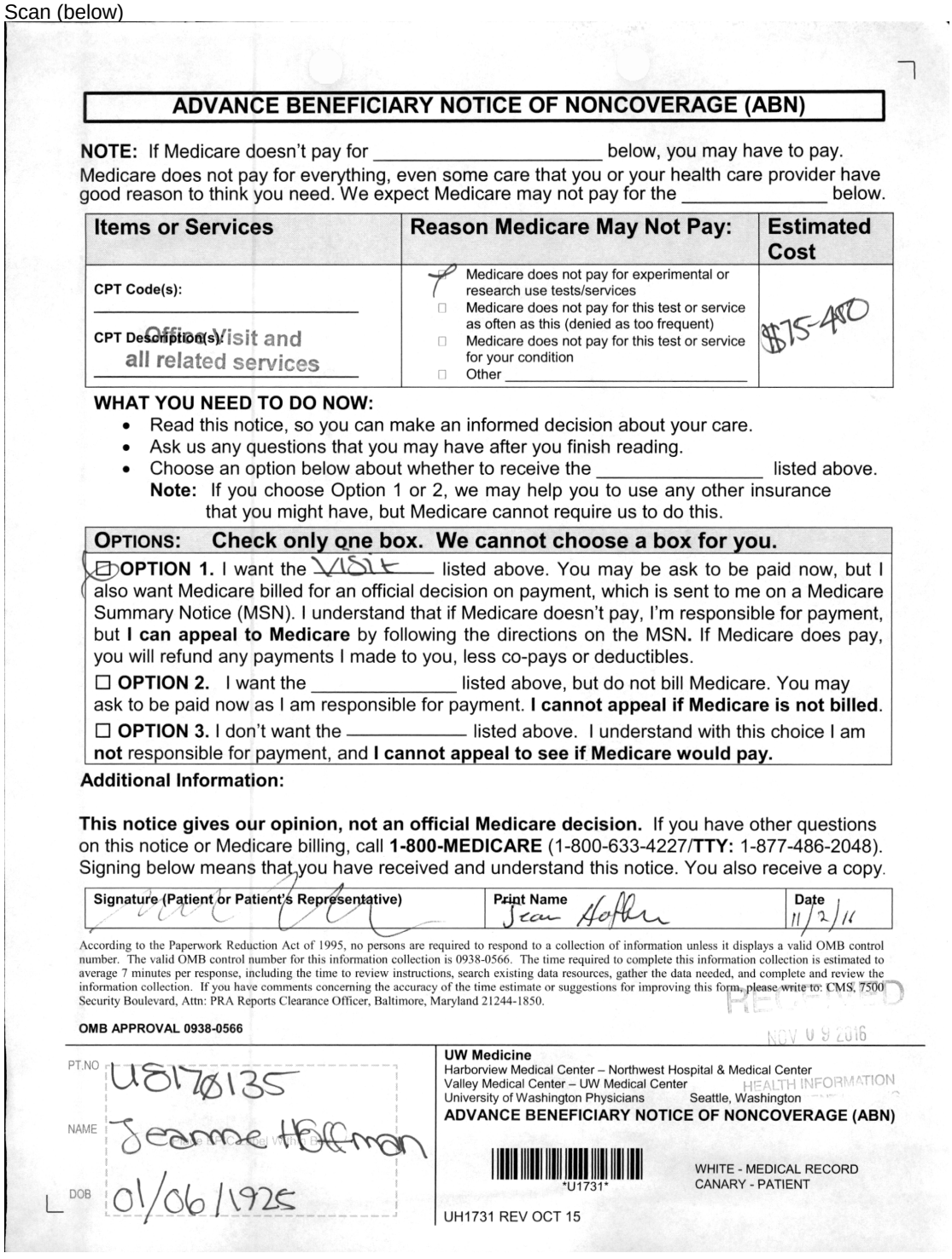
CC: No Recipients

11/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

Business Documents - Scan on 11/10/2016 10:40 AM: Advance Beneficiary Notice of Noncoverage (ABN); 2016/11/02; Hall Health

Scan (below)



ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost
CPT Code(s): _____ CPT Description(s): Office Visit and all related services	☐ Medicare does not pay for experimental or research use tests/services ☐ Medicare does not pay for this test or service as often as this (denied as too frequent) ☐ Medicare does not pay for this test or service for your condition ☐ Other _____	$75-480

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

☑ **OPTION 1.** I want the VISIT listed above. You may be ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I'm responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Representative)	Print Name Jean Hoffman	Date 11/2/16

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

RECEIVED NOV 09 2016 HEALTH INFORMATION

OMB APPROVAL 0938-0566

PT.NO U8170135
NAME Jeanne Hoffman
DOB 01/06/1925

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE - MEDICAL RECORD
CANARY - PATIENT

UH1731 REV OCT 15

11/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

11/02/2016 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

11/02/2016 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/10/15 1400**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/10/15 1400
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/10/15 -
Class: Normal
Quantity: 1
Instance released by: Karmelich, Karen A 11/2/2016 10:04 AM
Discontinued by: Uw Lab Results Interface, User 01/01/17 0043 [Auto-canceled. Patient no show and/or specimen not received within 60 days.]
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]

Specimen Information

ID	Type	Source	Collected By
W73846	—	—	11/02/16 1004

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

11/02/2016 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/21/2017
Start date: 8/21/2017 — End date: 11/30/2017
Quantity: 5 mL — Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder

11/02/2016 - Orders Only in UW Medicine Radiology (continued)

Medication List (continued)

Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/20/2017
Start date: 9/20/2017
End date: 12/3/2017
Quantity: 60 tablet
Refill: 2 refills remaining

Stopped in Visit

None

Imaging

Imaging

US LOWER EXTREMITY VENOUS DPLX LEFT (Edited Result - FINAL)

Electronically signed by: **Uw Radiology Orders Interface, User on 11/02/16 1141**
Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 11/02/16 1141
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 11/02/16 1141 -
Class: On Site
Quantity: 1
Lab status: Edited Result - FINAL
Resulted: 11/03/16 1050, Result status: Edited Result - FINAL

US LOWER EXTREMITY VENOUS DPLX LEFT

Order status: Completed
Resulted by: Zierler, Robert Eugene, MD
Filed by: Uw Radiology Results Interface, User 11/03/16 1638
Performed: 11/02/16 1141 - 11/02/16 1141
Accession number: 10267707
Resulting lab: UW RADIOLOGY
Lab Technician: LONNIE N PATTERSON VASC SONOGRAPHER
Narrative:

Indication
========

This is a 91 year old woman with a history of deep vein thrombosis dating back over 35 years. The patient presents with chronic left lower extremity swelling. The swelling has possibly changed recently, but she is unsure if the swelling is any different than usual.

History
======

General History
Other: Previous Examinations: 4-13-2007

Method
======

IVC, Common and External Iliac Vein Duplex
Lower Extremity Venous.

Abdominal Veins
==========

Inferior vena cava prox details: spontaneous, phasic flow, complete color Doppler filling visualized.

11/02/2016 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

Inferior vena cava mid details: not visualized
Inferior vena cava distal details: not visualized

Lower Extremities
==========

Rt CIV: not visualized
Rt EIV: spontaneous, phasic flow, complete color fill
Lt CIV: not visualized
Lt EIV: INCOMPRESSIBLE CHRONIC, Doppler silent
Lt CFV: PARTIAL COMPRESSION CHRONIC, partial color fill, continuous flow
Lt DFV: complete compression, spontaneous, complete color fill
Lt prox femoral V: PARTIAL COMPRESSION CHRONIC, spontaneous, continuous flow, complete color fill
Lt mid femoral V: PARTIAL COMPRESSION CHRONIC, continuous flow, spontaneous, complete color fill
Lt distal femoral V: PARTIAL COMPRESSION CHRONIC, spontaneous, continuous flow, complete color fill
Lt popliteal V fossa: complete compression, spontaneous, phasic flow, complete color fill
Lt post tibial V: complete compression, complete color fill with augmentation
Lt peroneal V: complete compression, complete color fill with augmentation
Lt GSV: complete compression at the saphenofemoral junction, spontaneous, phasic flow, complete color fill
Lt SSV: complete compression at the saphenopopliteal junction
Other: Complete vein wall compression is noted on B-mode image in the bilateral gastrocnemius and soleal vein branches unless noted above otherwise.

Impression
==========

No definite change in the left lower extremity venous findings compared to the examination done on 4-13-2007.

1. The proximal inferior vena cava is patent.
- The bilateral common iliac veins are not visualized.
- The right external iliac vein is patent.
- The left external iliac vein appears chronically occluded with collateral vessels noted.

2. LEFT
- No acute deep vein thrombosis in the left lower extremity.
- The left femoral vein is patent with chronic wall thickening again noted.
- No superficial vein thrombosis in the left lower extremity, where evaluated.

Lonnie Patterson BS, RVT
Vascular Sonographer .
ATTENDING RADIOLOGIST AND PAGER NUMBER
005611 Zierler Robert Eugene MD
(206)997-6672
Acknowledged by: Neighbor Jr., William E, MD on 11/03/16 1744

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

All Reviewers List

Neighbor Jr., William E, MD on 11/3/2016 17:44
Neighbor Jr., William E, MD on 11/3/2016 14:16
Neighbor Jr., William E, MD on 11/2/2016 17:40

11/02/2016 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

11/02/2016 - Orders Only in UW Medicine Radiology

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone
UW Medicine Radiology	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98105	206-520-5000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/21/2016
Start date: 9/21/2016 — End date: 12/20/2017
Quantity: 270 tablet — Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2016
Start date: 12/7/2016 — End date: 12/20/2017
Quantity: 45 tablet — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2017
Start date: 4/17/2017 — End date: 12/8/2017
Quantity: 45 tablet — Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/21/2017
Start date: 8/21/2017 — End date: 11/30/2017
Quantity: 5 mL — Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder

11/02/2016 - Orders Only in UW Medicine Radiology (continued)

Medication List (continued)

Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD — Entered on: 8/21/2017
Start date: 8/21/2017 — End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/20/2017
Start date: 9/20/2017 — End date: 12/3/2017
Quantity: 60 tablet — Refill: 2 refills remaining

Stopped in Visit

None

Imaging

Imaging

US AORTA ILIAC ART/VEIN LMTD (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 11/02/16 1308** — Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 11/02/16 1308 — Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: 11/02/16 1308 - — Class: UWMC Imaging
Quantity: 1 — Lab status: Final result

US AORTA ILIAC ART/VEIN LMTD — Resulted: 11/03/16 1638, Result status: Final result

Order status: Completed — Resulted by: Zierler, Robert Eugene, MD
Filed by: Uw Radiology Results Interface, User 11/03/16 1638 — Performed: 11/02/16 1308 - 11/02/16 1308
Accession number: 10268031 — Resulting lab: UW RADIOLOGY
Lab Technician: LONNIE N PATTERSON VASC SONOGRAPHER
Narrative:

Indication
========

This is a 91 year old woman with a history of deep vein thrombosis dating back over 35 years. The patient presents with chronic left lower extremity swelling. The swelling has possibly changed recently, but she is unsure if the swelling is any different than usual.

History
======

General History
Other: Previous Examinations: 4-13-2007

Method
======

IVC, Common and External Iliac Vein Duplex
Lower Extremity Venous.

Abdominal Veins
==========

Inferior vena cava prox details: spontaneous, phasic flow, complete color Doppler filling visualized.

11/02/2016 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

Inferior vena cava mid details: not visualized
Inferior vena cava distal details: not visualized

Lower Extremities
==========

Rt CIV: not visualized
Rt EIV: spontaneous, phasic flow, complete color fill
Lt CIV: not visualized
Lt EIV: INCOMPRESSIBLE CHRONIC, Doppler silent
Lt CFV: PARTIAL COMPRESSION CHRONIC, partial color fill, continuous flow
Lt DFV: complete compression, spontaneous, complete color fill
Lt prox femoral V: PARTIAL COMPRESSION CHRONIC, spontaneous, continuous flow, complete color fill
Lt mid femoral V: PARTIAL COMPRESSION CHRONIC, continuous flow, spontaneous, complete color fill
Lt distal femoral V: PARTIAL COMPRESSION CHRONIC, spontaneous, continuous flow, complete color fill
Lt popliteal V fossa: complete compression, spontaneous, phasic flow, complete color fill
Lt post tibial V: complete compression, complete color fill with augmentation
Lt peroneal V: complete compression, complete color fill with augmentation
Lt GSV: complete compression at the saphenofemoral junction, spontaneous, phasic flow, complete color fill
Lt SSV: complete compression at the saphenopopliteal junction
Other: Complete vein wall compression is noted on B-mode image in the bilateral gastrocnemius and soleal vein branches unless noted above otherwise.

Impression
==========

No definite change in the left lower extremity venous findings compared to the examination done on 4-13-2007.

1. The proximal inferior vena cava is patent.
- The bilateral common iliac veins are not visualized.
- The right external iliac vein is patent.
- The left external iliac vein appears chronically occluded with collateral vessels noted.

2. LEFT
- No acute deep vein thrombosis in the left lower extremity.
- The left femoral vein is patent with chronic wall thickening again noted.
- No superficial vein thrombosis in the left lower extremity, where evaluated.

Lonnie Patterson BS, RVT
Vascular Sonographer .
ATTENDING RADIOLOGIST AND PAGER NUMBER
005611 Zierler Robert Eugene MD
(206)997-6672
Acknowledged by: Neighbor Jr., William E, MD on 11/03/16 1744

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

All Reviewers List

Neighbor Jr., William E, MD on 11/3/2016 17:44

11/02/2016 - Orders Only in UW Medicine Radiology (continued)

Imaging (continued)

09/28/2016 - Refill in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- History of recurrent deep vein thrombosis (DVT)

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/17/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/18/2016
Start date: 7/18/2016
End date: 11/17/2016
Quantity: 5 mL
Refill: 1

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 11/28/2016
Quantity: 30 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017

09/28/2016 - Refill in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Quantity: 270 tablet Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/7/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/21/2016
Start date: 9/21/2016 End date: 12/7/2016
Quantity: 15 tablet Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/21/2016
Start date: 9/21/2016 End date: 4/7/2017
Quantity: 90 tablet Refill: 3

Stopped in Visit

None

Other Orders

Medications

Pentoxifylline ER 400 MG Oral Tab CR (Cancel Pend)

Electronically signed by: **Mercado, Mila N, CMA on 09/28/16 1150** Status: **Cancel Pend**
Ordering user: Mercado, Mila N, CMA 09/28/16 1150 Authorized by: Neighbor Jr., William E, MD
Frequency: Routine TID 09/28/16 - Until Discontinued Class: E-RX
Pended by: Mercado, Mila N, CMA 09/28/16 1150 Discontinued by: Mercado, Mila N, CMA 09/28/16 1153

Messages

RE: Medication Renewal Request

From	To	Sent and Delivered
Mila N Mercado, CMA	Hoffman, Jeanne Leonie	9/28/2016 11:55 AM

Last Read in MyChart
11/4/2016 7:36 AM by Hoffman, Jeanne Leonie

Hi Jeanne,

Please call your pharmacy as this medication was refilled by Dr Neighbor on Sep 21 and was sent to your pharmacy.

Thank you.
Mila, MA

Medication Renewal Request

From	To	Sent

09/28/2016 - Refill in Husky Health Primary Care Clinic (continued)

Messages (continued)

Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	9/28/2016 11:42 AM

Original authorizing provider: William E Neighbor, MD

Jeanne Leonie Hoffman would like a refill of the following medications:
Pentoxifylline ER 400 MG Oral Tab CR [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 - BAINBRIDGE ISLAND, WA - 253 HIGH SCHOOL ROAD N.E.

Comment:

09/21/2016 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Hip pain, right (primary)
- History of recurrent deep vein thrombosis (DVT)
- HYPERLIPIDEMIA NEC/NOS
- AFTERCARE LONG TERM ANTICOAG USE
- Vaccine counseling
- Thrombocytopenia

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/29/2016
Start date: 4/29/2016 — End date: 11/28/2016
Quantity: 20 tablet — Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/17/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/18/2016
Start date: 7/18/2016 — End date: 11/17/2016
Quantity: 5 mL — Refill: 1

09/21/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 11/28/2016
Quantity: 30 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/7/2016
Quantity: 15 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 4/7/2017
Quantity: 90 tablet
Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 9/21/2016 1053

Jeanne Leonie Hoffman is a 91 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up

Jeanne is in for routine follow up after treatment of bladder infection a month ago and for her monthly INR. She was also seen last month for right hip pain with x rays at that time showing hardware in place from prior hip replacement. She reports now that earlier this week after flexing her hip twice to stretch it when she stood up she felt that her hip went out of joint. It was very painful. She put pressure over her hip and felt something pop back into place after which she felt fine. She has had no recurrence and otherwise feels that the pain for which she was seen last month has improved.

Medications

Outpatient Prescriptions Marked as Taking for the 9/21/16 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	30 tablet	3
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	15 tablet	3
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	0
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	0

Social history:

History

Sexual Activity	
• Sexual Activity:	Not on file

Social History

Substance Use Topics	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol Use:	No

Objective:

BP 109/64 mmHg | Pulse 73 | Wt 54.069 kg (119 lb 3.2 oz)
Estimated body mass index is 22.53 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of this encounter: 54.069 kg (119 lb 3.2 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 109/64
General: NAD
HIP EXAM: SIDE EXAMINED: right

STANDING
Gait: Analgic but baseline. Inspection posteriorily: nl. Tredenlenberg: unable to do due to balance issues long standing.
RANGE OF MOTION
LS Spine
No midline pain
Hip
Flexion (nl 100 deg): full with mild pain. Extension (nl 30 deg): unable to get into position to check due to general muscle pain

Internal rotation (nl 45 deg): 30 with mild pain. External rotation (nl 45 deg): 30 with mild pain
Adduction (nl 20 deg): Full. Abduction (nl 40 deg): Limited but symmetrical
STRENGTH
Flexion: 4/5. Extension: 4/5.
Abduction: 4/5. Adduction: 4/5.
Internal rotation: 4/5. External rotation: 4/5 All are symmetrcial
PALPATION
Greater trocanter: non tender. Adductor insertion: non tender. ASIS: Non tender. Ischial tuberosity: Not examined
SENSATION: intact

Lab and other tests: none

Assessment and Plan:
(M25.551) Hip pain, right (primary encounter diagnosis)
S/P right hip replacement in distant past with recent hip pain last visit in August and x rays negative at that time showing no hardware loosening. Recent acute episode of hip pain which she believes as above was due to hip coming out of socket. It is more likely ligamentous. She may need PT in the future but is not interested at this time. Plan is observation and contact us if this should recur. See me in just over 1 month.

(Z86.718) History of recurrent deep vein thrombosis (DVT)
INR pending. Refilled med
Plan: Pentoxifylline ER 400 MG Oral Tab CR

(E78.5) HYPERLIPIDEMIA NEC/NOS
Her LDL dramatically increased when off of statin as a trial. She is low dose of atorvastatin at this time and tolerating.
Plan: Atorvastatin Calcium 20 MG Oral Tab

(Z79.01) AFTERCARE LONG TERM ANTICOAG USE
INR pending. Refilled med.
Plan: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

(Z71.89) Vaccine counseling
Due for influenza vaccine. Other vaccines current.
Plan: influenza high dose vaccine trivalent PF (adult greater than 65yrs) 0.5 mL IM - 90662

(D69.6) Thrombocytopenia (HCC)
Blood work done last month showed platelets 139K whereas usual is in normal range. Recheck.
Plan: CBC, DIFF

Weight decrease. Her appetite has been decreased. Will check weight at next visit.

POLST forms completed. Original to son who cares for her and copy to chart.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

09/21/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Electronically signed by Neighbor Jr., William E, MD at 9/21/2016 3:09 PM

Dy, Jessica A, CMA at 9/21/2016 1129

HH Vaccine Screening Questions
(MAs -if yes to any question, consult w/ provider before administering vaccine)

1. Is the patient sick today? NO

2. Is the patient < 18 yrs of age? NO (if yes, parent/guardian must be present to give consent)

3. Does the patient have allergies to foods (including eggs), latex, or any known vaccine component? No

4. Is the patient pregnant or planning to become pregnant in the next month? No

5. Is Influenza vaccine being given today? No
RN giving Influenza vaccine? No

6. Has the patient received any vaccinations in the past 4 weeks? NO

7. Are any live vaccines being given today? No

Vaccine(s) being given today: Influenza (high dose)

Has patient or guardian given consent and received the corresponding VIS statements? YES

VFC vaccines given? NO (if yes, list Native American/Alaskan Native;Medicaid;Uninsured;Private/Commercial Insurance;Insured[admin fee not covered])

Adolescents are encouraged to wait 15 minutes before leavingnafter receiving any vaccine.
Jessica A Dy

Electronically signed by Dy, Jessica A, CMA at 9/21/2016 3:09 PM

Labs

CBC, DIFF (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/21/16 1113** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 09/21/16 1113 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/21/16 - Class: Normal
Quantity: 1 Discontinued by: Uw User, Batch Scheduler 10/27/16 0158 [Order Expired]

Diagnoses
Thrombocytopenia [D69.6]

Indications

09/21/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Thrombocytopenia (HCC) [D69.6 (ICD-10-CM)]

Immunizations Given

Immunization	Date
Influenza trivalent high-dose (Fluzone High-Dose)	09/21/2016

Other Orders

Immunization/Injection

influenza high dose vaccine trivalent PF (adult greater than 65yrs) 0.5 mL IM - 90662 (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 09/21/16 1113** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 09/21/16 1113 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/21/16 - Class: On Site
Quantity: 1
Diagnoses
Vaccine counseling [Z71.89]

Indications

Vaccine counseling [Z71.89 (ICD-10-CM)]

Medications

Pentoxifylline ER 400 MG Oral Tab CR (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/21/16 1110** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 09/21/16 1110 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine TID 09/21/16 - 12/20/17 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 12/20/17 1432 [Reorder]
Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]
Reordered from: Pentoxifylline ER 400 MG Oral Tab CR

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

Atorvastatin Calcium 20 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/21/16 1110** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 09/21/16 1110 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Daily 09/21/16 - 12/07/16 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 12/07/16 1135 [Reorder]
Diagnoses
Other and unspecified hyperlipidemia [E78.5] - HYPERLIPIDEMIA NEC/NOS
Admin instructions: For cholesterol reduction
Reordered from: Atorvastatin Calcium 20 MG Oral Tab

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

Warfarin Sodium (COUMADIN) 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/21/16 1110** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 09/21/16 1110 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/21/16 - 04/07/17 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 04/07/17 1810 [Reorder]
Diagnoses

09/21/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Other Orders (continued)

Long term (current) use of anticoagulants [Z79.01] - AFTERCARE LONG TERM ANTICOAG USE
Admin instructions: 1 TAB PO ONCE each evening
Medication comments: Due to extended train trip planned, needs 60 days.
Reordered from: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Indications

Long term (current) use of anticoagulants [Z79.01 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	09/21/16 1035
Weight	54.1 kg (119 lb 3.2 oz)
BP	109/64
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	73
Pulse Regularity	Regular

09/21/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

Business Documents - Scan on 10/3/2016 1:36 AM: Advance Beneficiary Notice of Noncoverage; 2016/09/21; HH

Scan (below)

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost
CPT Code(s): Office Visit and all related services CPT Description(s):	☐ Medicare does not pay for experimental or research use tests/services ☐ Medicare does not pay for this test or service as often as this (denied as too frequent) ☒ Medicare does not pay for this test or service for your condition ☐ Other _____	$200 $500

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.
  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the _____ listed above. You may be ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I'm responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Representative)	Print Name	Date
	Jeanne Hoffman	9/21/16

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

OMB APPROVAL 0938-0566

PT.NO 48170135
NAME Jeanne Hoffman
Place EMC Label Within Box
DOB 1/6/1925

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE - MEDICAL RECORD
CANARY - PATIENT

UH1731 REV OCT 15

RECEIVED
SEP 29 2016
HEALTH INFORMATION MANAGEMENT

09/21/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

09/06/2016 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Medication Reaction
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/2/2016
Start date: 6/2/2016
End date: 9/21/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/17/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/18/2016
Start date: 7/18/2016
End date: 11/17/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 9/21/2016
Quantity: 15 tablet
Refill: 3

09/06/2016 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 11/28/2016
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2016
Start date: 8/30/2016
End date: 9/21/2016
Quantity: 90 tablet
Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena, CMA at 9/6/2016 1624

Her son, Louis, called stated that Jeanne has reaction to medication (possible to antibiotics she is taking now). Shaking, weak, diarrhea, urgency going to the bathroom, lack of appetite. Asked to call back ASAP to find out if she needs to stop taking antibiotics and get your advise.
Contact number is 206-780-6885. Other phone numbers in file.

Electronically signed by Mohova, Elena, CMA at 9/6/2016 4:27 PM

Neighbor Jr., William E, MD at 9/6/2016 1634

9/6/2016 4:34 PM
This is old message. I called and confirmed with son Louis that this is old message and that Jeanne is actually back to normal after I saw her last week.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 9/6/2016 4:35 PM

09/02/2016 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

09/02/2016 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/20/2017
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2017
Start date: 8/30/2017
End date: 9/20/2017
Quantity: 30 tablet
Refill: 3 refills remaining

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/10/15 1400**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/10/15 1400
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/10/15 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Berg, Kristin Anne, Technologist 9/2/2016 1:37 PM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]

Specimen Information

ID	Type	Source	Collected By
F76983	Plasma	—	09/02/16 1337

PROTHROMBIN TIME (Abnormal)
Resulted: 09/02/16 1532, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 09/02/16 1532
Collected by: 09/02/16 1337
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Kerby, Kalena L, CMA on 09/02/16 1705
Neighbor Jr., William E, MD on 09/02/16 1743
Mohova, Elena, CMA on 09/07/16 0838

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	27.8	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.7	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

09/02/2016 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 9/2/2016 17:43

09/02/2016 - Office Visit in Husky Health Primary Care Clinic

Reason for Visit

Chief complaint: Loss of Appetite
Visit diagnoses:

- Confusion (primary)
- Bladder infection

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/29/2016
Start date: 4/29/2016 — End date: 11/28/2016
Quantity: 20 tablet — Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/2/2016
Start date: 6/2/2016 — End date: 9/21/2016
Quantity: 270 tablet — Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/17/2016
Reason for discontinuation: Reorder

09/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/18/2016
Start date: 7/18/2016 — End date: 11/17/2016
Quantity: 5 mL — Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/29/2016
Start date: 7/29/2016 — End date: 9/21/2016
Quantity: 15 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/28/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/29/2016
Start date: 7/29/2016 — End date: 11/28/2016
Quantity: 30 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/30/2016
Start date: 8/30/2016 — End date: 9/21/2016
Quantity: 90 tablet — Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 9/2/2016 1359

Jeanne Leonie Hoffman is a 91 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Loss of Appetite
  x3days

Follow up UTI and new confusion and chills.
Jeanne is in with her son. They were not able to start the antibiotic until Monday. She has two more pills from 5 day course remaining. She did well until yesterday evening when she seemed confused and also had chills feeling cold. She did not have headache, cough, shortness of breath, nausea, vomiting, abdominal pain. She has had watery diarrhea for 1-2 days. No skin rash. Her appetite has been decreased

Last dose of nitrofurantoin was last evening. Held today.

Medications

Outpatient Prescriptions Marked as Taking for the 9/2/16 encounter (Office Visit) with

Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	20 tablet	0
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	15 tablet	3
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	0
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	0

Social history:

History

Sexual Activity	
• Sexual Activity:	Not on file

Social History

Substance Use Topics	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol Use:	No

Objective:
BP 97/65 mmHg | Pulse 83 | Temp(Src) 98.5 °F (36.9 °C) (Oral)
Estimated body mass index is 23.90 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 1/6/16: 57.335 kg (126 lb 6.4 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 97/65
General: VItal signs above. Oriented x4. Date, time, year, purpose.
Back: Left CVAT and midline but in area where she has had mid thoracic pain in the past.
Chest clear
Abd: Benign without tenderness or guarding

Lab and other tests:
CBC, UA pending

Assessment and Plan:
1. Confusion
In 2008, nitrofurantoin caused confusion. However it has been used subsequently in 2011 and 2012 without problems. Suspect recent confusion due to nitrofurantoin. Plan is to stop nitrofurantoin. Check labs to rule out

electrolyte disturbance or infection as cause of confusion noted at home. She has not taken nitrofurantoin today and son does note near resolution of confusion.

2. Acute cystitis without hematuria
She has allergies to pencillins and sulfonamides both of which cause rash. The urine culture done earlier this week grew 60K colonies of E coli pansensitive.. She was treated for cystitis in Sept 2015 and Feb 2016 with cipro, but recent FDA warnings have cautioned against using fluoroquinolones for uncomplicated infections due to risk of neuropathy and tendinopathy. Review of her medication record in Epic does not show that she has ever taken cephalosporin.

Suspect she has taken sufficient course of nitrofurantoin to treat infection.

Repeat UA and also CBC pending.

Office Visit on 09/02/16
1. CBC, DIFF

Result	Value	Ref Range
WBC	6.12	4.3 - 10.0 10*3/uL
RBC	3.89	3.80 - 5.00 10*6/uL
Hemoglobin	12.2	11.5 - 15.5 g/dL
Hematocrit	38	36 - 45 %
MCV	97	81 - 98 fL
MCH	31.4	27.3 - 33.6 pg
MCHC	32.3	32.2 - 36.5 g/dL
Platelet Count	139 (L)	150 - 400 10*3/uL
RDW-CV	12.6	11.6 - 14.4 %
% Neutrophils		%
% Lymphocytes		%
% Monocytes		%
% Eosinophils		%
% Basophils		%
% Immature Granulocytes		%
Neutrophils		1.80 - 7.00 10*3/uL
Absolute Lymphocyte Count		1.00 - 4.80 10*3/uL
Monocytes		0.00 - 0.80 10*3/uL
Absolute Eosinophil Count		0.00 - 0.50 10*3/uL
Basophils		0.00 - 0.20 10*3/uL
Immature Granulocytes		0.00 - 0.05 10*3/uL

2. Urinalysis Complete, URN

Result	Value	Ref Range
Color, URN	Yellow	
Clarity, URN	Clear	
Specific Gravity, URN	1.016	1.002 - 1.027 g/mL
pH, URN	< or =5.0	5.0 - 8.0
Protein (Alb Semiquant), URN	100 (2+) (A)	NRN mg/dL
Glucose Qual, URN	Negative	NRN mg/dL
Ketones, URN	Negative	NRN mg/dL
Bilirubin (Qual), URN	Negative	NRN
Occult Blood, URN	Negative	NRN
Nitrite, URN	Negative	NRN
Leukocyte Esterase, URN	Trace (A)	NRN
Urobilinogen, URN	0.1-1.9	URONML [Ehrlich'U]
Comments for Macroscopic, URN	None	

09/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

WBC, URN	6-20(1+) (A)	Z5NEG /[HPF]
RBC, URN	0-2(NEG)	Z2NEG /[HPF]
Bacteria, URN	Present (A)	NOSEEN
Epith Cells_Squamous, URN	>5(PRESENT) (A)	LT6 /[LPF]
Epith Cells_Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]
Comments For Microscopic, URN	None	NONE
Mucus, URN	Present (A)	NOSEEN /[LPF]

Orders Only on 09/02/16

3. PROTHROMBIN TIME

Result	Value	Ref Range
Prothrombin Time Patient	27.8 (H)	10.7 - 15.6 s
Prothrombin INR	2.7 (H)	0.8 - 1.3

Would not expect UA to have improved substantially by this time.
CMP pending

Discharged to home.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

9/2/2016 3:55 PM
BMp shows mildly low potassium and minimally elevated creatinine and BUN compared to baseline. Advised hydration. Understand to contact us if she does not continue to improve.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 9/2/2016 4:00 PM

Labs

CBC, DIFF (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 09/02/16 1408** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 09/02/16 1408 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 09/02/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Confusion [R41.0]

Specimen Information

ID	Type	Source	Collected By
F77254	Whole blood	—	09/02/16 1408

CBC, DIFF (Abnormal) Resulted: 09/02/16 1552, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 09/02/16 1553
Collected by: 09/02/16 1408 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Kerby, Kalena L, CMA on 09/02/16 1705

09/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Neighbor Jr., William E, MD on 09/02/16 1743
Mohova, Elena, CMA on 09/07/16 0838

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.12	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.89	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	12.2	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	38	36 - 45 %	—	UWMC
MCV	97	81 - 98 fL	—	UWMC
MCH	31.4	27.3 - 33.6 pg	—	UWMC
MCHC	32.3	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	139	150 - 400 10*3/uL	L	UWMC
RDW-CV	12.6	11.6 - 14.4 %	—	UWMC
% Neutrophils	77	%	—	UWMC
% Lymphocytes	12	%	—	UWMC
% Monocytes	7	%	—	UWMC
% Eosinophils	4	%	—	UWMC
% Basophils	0	%	—	UWMC
% Immature Granulocytes	0	%	—	UWMC
Neutrophils	4.71	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	0.73	1.00 - 4.80 10*3/uL	L	UWMC
Monocytes	0.43	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.24	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.00	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.00	0.00 - 0.05 10*3/uL	—	UWMC
RBC Morphology	See CBC - no additional findings	—	—	UWMC
Platelet Morphology	See CBC - no additional findings	—	—	UWMC
WBC Morphology	See CBC - no additional findings	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Confusion [R41.0 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 9/2/2016 17:43

BASIC METABOLIC PANEL (Final result)

09/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Electronically signed by: **Neighbor Jr., William E, MD on 09/02/16 1408** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 09/02/16 1408 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 09/02/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Confusion [R41.0]

Specimen Information

ID	Type	Source	Collected By
F77254	Serum	—	09/02/16 1408

BASIC METABOLIC PANEL (Abnormal) Resulted: 09/02/16 1552, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 09/02/16 1552
Collected by: 09/02/16 1408 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Kerby, Kalena L, CMA on 09/02/16 1705
Neighbor Jr., William E, MD on 09/02/16 1743
Mohova, Elena, CMA on 09/07/16 0838

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 meq/L	—	UWMC
Potassium	3.5	3.6 - 5.2 meq/L	L	UWMC
Chloride	109	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	UWMC
Anion Gap	13	4 - 12	H	UWMC
Glucose	142	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	24	8 - 21 mg/dL	H	UWMC
Creatinine	1.03	0.38 - 1.02 mg/dL	H	UWMC
Calcium	8.9	8.9 - 10.2 mg/dL	—	UWMC
GFR, Calc, European American	50	>59 mL/min	L	UWMC
GFR, Calc, African American	>60	>59 mL/min	—	UWMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

09/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

Confusion [R41.0 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 9/2/2016 17:43

Urinalysis Complete, URN (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 09/02/16 1409** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 09/02/16 1409 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 09/02/16 - Class: Clinic Collect
Quantity: 1 Lab status: Final result
Diagnoses
Confusion [R41.0]

Specimen Information

ID	Type	Source	Collected By
F77262	Urine	—	09/02/16 1409

Urinalysis Complete, URN (Abnormal) Resulted: 09/02/16 1528, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 09/02/16 1528
Collected by: 09/02/16 1409 Resulting lab: UW MEDICINE HALL HEALTH LAB
Acknowledged by
Kerby, Kalena L, CMA on 09/02/16 1705
Neighbor Jr., William E, MD on 09/02/16 1743
Mohova, Elena, CMA on 09/07/16 0838

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	HALLH
Clarity, URN	Clear	—	—	HALLH
Specific Gravity, URN	1.016	1.002 - 1.027 g/mL	—	HALLH
pH, URN	< or =5.0	5.0 - 8.0	—	HALLH
Protein (Alb Semiquant), URN	100 (2+)	NRN mg/dL	A !	HALLH
Glucose Qual, URN	Negative	NRN mg/dL	—	HALLH
Ketones, URN	Negative	NRN mg/dL	—	HALLH
Bilirubin (Qual), URN	Negative	NRN	—	HALLH
Occult Blood, URN	Negative	NRN	—	HALLH
Nitrite, URN	Negative	NRN	—	HALLH
Leukocyte Esterase, URN	Trace	NRN	A !	HALLH
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}	—	HALLH
Comments for Macroscopic, URN	None	—	—	HALLH
WBC, URN	6-20(1+)	Z5NEG /[HPF]	A !	HALLH
RBC, URN	0-2(NEG)	Z2NEG /[HPF]	—	HALLH
Bacteria, URN	Present	NOSEEN	A !	HALLH
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /[LPF]	A !	HALLH
Epith Cells_Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	HALLH
Comments For Microscopic, URN	None	NONE	—	HALLH
Mucus, URN	Present	NOSEEN /[LPF]	A !	HALLH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
34 - HALLH	UW MEDICINE HALL HEALTH LAB	Chou, David, MD	4000 STEVENS WAY #354410	06/12/15 1021 - 02/12/20 1533

09/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Labs (continued)

RM 112
SEATTLE WA 98116-3406

Indications

Confusion [R41.0 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 9/2/2016 17:43

Other Orders

Other

ZEBRA LABELS (Completed)

Electronically signed by: **Dy, Jessica A, CMA on 09/02/16 1406** Status: **Completed**
Ordering user: Dy, Jessica A, CMA 09/02/16 1406 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 09/02/16 - Class: Normal
Quantity: 1

Questionnaire

Question	Answer
How many Zebra labels should print?	2

Flowsheets

Vital Data

Row Name	09/02/16 1349
BP	97/65
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.9 °C
Temp src	Oral
Pulse	83
Pulse Regularity	Regular

Messages

visit summary

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	9/2/2016 4:00 PM

Last Read in MyChart
9/23/2016 8:22 AM by Hoffman, Jeanne Leonie

Jeanne:
To summarize your visit today:
--I think the confusion you experienced yesterday and perhaps the day before was related to the nitrofurantoin antibiotic. You had experienced this once before (8 year ago) but had not experienced it when used since then. You should not expect recurrence of this now that you have stopped the medication.
--You should expect that your urine will continue to clear up. If chills as happened yesterday

09/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Messages (continued)

or the urine changes color again or other symptoms occur, do not hesitate to call our on call nures: Hall Health after hours: 722-2500. I happened to be the doctor who is on call.

William E Neighbor, MD

09/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents

Business Documents - Scan on 9/13/2016 9:37 AM: HALL HEALTH NOTICE & BENEFICIARY AGREEMENT TO PAY; 2016/09/02

Scan (below)

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost
CPT Code(s): _____ CPT Description(s): Office Visit and all related services	☒ Medicare does not pay for experimental or research use tests/services ☐ Medicare does not pay for this test or service as often as this (denied as too frequent) ☐ Medicare does not pay for this test or service for your condition ☐ Other _____	$100-450

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

☒ **OPTION 1.** I want the Visit listed above. You may be ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I'm responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Representative)	Print Name	Date
[signature]	Jean Hoffman	9/2/16

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

OMB APPROVAL 0938-0566

PT.NO U8170135
NAME Hoffman, Jeanne
DOB 01/06/1925

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE - MEDICAL RECORD
CANARY - PATIENT

UH1731 REV OCT 15

09/02/2016 - Office Visit in Husky Health Primary Care Clinic (continued)

Documents (continued)

09/01/2016 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: Medication Reaction, Chills, Triage, and RN15
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/2/2016
Start date: 6/2/2016
End date: 9/21/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/17/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/18/2016
Start date: 7/18/2016
End date: 11/17/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 9/21/2016
Quantity: 15 tablet
Refill: 3

09/01/2016 - Telephone in Husky Health Primary Care Clinic (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 11/28/2016
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2016
Start date: 8/30/2016
End date: 9/21/2016
Quantity: 90 tablet
Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Opkepklo, Kyle at 9/1/2016 1709

Louis called in for the patient saying that she has been having a negative reaction to the recent antibiotics she was presribed. She has been feeling weak, shaking, diarrhea, poor appetite & chills. Louis advised her to stop taking the antibiotic & stated that she has two left of it. He stated that the best number to reach them is at (206) 780-6885.

Electronically signed by Opkepklo, Kyle at 9/1/2016 5:15 PM

Walker, Courtney M, RN at 9/2/2016 0814

RN following up with Louis regarding Jeanne. Louis states "the medication didn't go well with her, she started having diarrhea, then didn't want to drink or eat anything." He was able to make a spread of options and she "nibbled" on some food. He instructed Jeanne to not take the medication last night and see if she got better. He was concerned about the diarrhea, states "she just wasn't herself, shivering, cold, stayed under her blanket, very lethargic" and wasn't getting up to make her coffee or take part in her normal day routine. Reports that he thinks she is a little more like herself today vs last night, her current temperature is 97F. Unsure if she had a temperature during her shivering/cold episodes, hadn't yet taken her temperature. Louis reports that she started the antibiotics on Monday 8/27, he picked up her warfarin prescription the same day as the antibiotics, so there was a delay in initiation after they were written for.

C.Walker, RN

Electronically signed by Walker, Courtney M, RN at 9/2/2016 8:35 AM

Walker, Courtney M, RN at 9/2/2016 0951

09/01/2016 - Telephone in Husky Health Primary Care Clinic (continued)

Clinical Notes (continued)

Calling patient to schedule appointment with Dr. Neighbor. Dr. Neighbor is in office, not seeing patients but okayed to put patient on his schedule. Initially, patient was going to come in at 3pm, calling patient requesting they come in as soon as they can. LVMCB.

C.Walker, RN

Electronically signed by Walker, Courtney M, RN at 9/2/2016 9:54 AM

Walker, Courtney M, RN at 9/2/2016 1259

LVMCB, requested patient to call back to see if we can see Jeanne sooner then 3pm, but regardless, would like to see her in the clinic today. Have scheduled patient for 3pm but if the patient calls back, please schedule sooner.

C.Walker, RN

Electronically signed by Walker, Courtney M, RN at 9/2/2016 1:04 PM

Walker, Courtney M, RN at 9/2/2016 1619

Patient seen in clinic by Dr. Neighbor.

No further action needed.

C.Walker, RN

Electronically signed by Walker, Courtney M, RN at 9/2/2016 4:19 PM

08/30/2016 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: AFTERCARE LONG TERM ANTICOAG USE

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/2/2016
Start date: 6/2/2016
End date: 9/21/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/17/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/18/2016
Start date: 7/18/2016
End date: 11/17/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 9/21/2016
Quantity: 15 tablet
Refill: 3

08/30/2016 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 11/28/2016
Quantity: 30 tablet
Refill: 3

Nitrofurantoin Monohyd Macro (MACROBID) 100 MG Oral Cap

Instructions: Take 1 capsule (100 mg) by mouth 2 times a day for 5 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/26/2016
Start date: 8/26/2016
End date: 8/31/2016
Quantity: 10 capsule
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2016
Start date: 8/30/2016
End date: 9/21/2016
Quantity: 90 tablet
Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E, MD at 8/30/2016 1256

Refilled. Stable dose.
Compliant with monthly INR.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 8/30/2016 12:56 PM

Other Orders

Medications

Warfarin Sodium (COUMADIN) 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 08/30/16 1255**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 08/30/16 1255
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 08/30/16 - 09/21/16
Class: E-RX
Released by: Neighbor Jr., William E, MD 08/30/16 1255
Discontinued by: Neighbor Jr., William E, MD 09/21/16 1110 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [Z79.01] - AFTERCARE LONG TERM ANTICOAG USE
Admin instructions: 1 TAB PO ONCE each evening

08/30/2016 - Telephone in Hall Health Primary Care Center (continued)

Other Orders (continued)

Medication comments: Due to extended train trip planned, needs 60 days.
Reordered from: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Indications

Long term (current) use of anticoagulants [Z79.01 (ICD-10-CM)]

08/27/2016 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/29/2016
Start date: 4/29/2016 — End date: 11/28/2016
Quantity: 20 tablet — Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/2/2016
Start date: 6/2/2016 — End date: 9/21/2016
Quantity: 270 tablet — Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/17/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/18/2016
Start date: 7/18/2016 — End date: 11/17/2016
Quantity: 5 mL — Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/29/2016
Start date: 7/29/2016 — End date: 9/21/2016

08/27/2016 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 15 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/28/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/29/2016
Start date: 7/29/2016 — End date: 11/28/2016
Quantity: 30 tablet — Refill: 3

Nitrofurantoin Monohyd Macro (MACROBID) 100 MG Oral Cap

Instructions: Take 1 capsule (100 mg) by mouth 2 times a day for 5 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/26/2016
Start date: 8/26/2016 — End date: 8/31/2016
Quantity: 10 capsule — Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/30/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/29/2016
Start date: 8/29/2016 — End date: 8/30/2016
Quantity: 90 tablet — Refill: 0

Stopped in Visit

None

Other Orders

Medications

Warfarin Sodium (COUMADIN) 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 08/29/16 1328** — Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 08/29/16 1328 — Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 08/29/16 - 08/30/16 — Class: E-RX
Released by: Neighbor Jr., William E, MD 08/29/16 1328 — Discontinued by: Neighbor Jr., William E, MD 08/30/16 1255 [Reorder]

Diagnoses
Long term (current) use of anticoagulants [Z79.01] - AFTERCARE LONG TERM ANTICOAG USE
Admin instructions: 1 TAB PO ONCE each evening
Medication comments: Due to extended train trip planned, needs 60 days.

Indications

Long term (current) use of anticoagulants [Z79.01 (ICD-10-CM)]

Messages

Your Medications

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	8/29/2016 1:38 PM

Last Read in MyChart
8/29/2016 6:00 PM by Hoffman, Jeanne Leonie

08/27/2016 - Refill in Hall Health Primary Care Center (continued)

Messages (continued)

Dear Jeanne,

Your provider has approved the following medication(s) and has submitted your medication order to the pharmacy you requested:

- Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Please call your pharmacy to find out when it will be ready for you to pick up.

If you have any questions about your prescription, please call or send a message to your provider.

Thank you for using UW Medicine eCare.

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	8/27/2016 12:36 PM

Original authorizing provider: William E Neighbor, MD

Jeanne Leonie Hoffman would like a refill of the following medications:
Warfarin Sodium (COUMADIN) 5 MG Oral Tab [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

Comment:

08/25/2016 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/29/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/27/2016
Start date: 5/27/2016
End date: 8/29/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/2/2016
Start date: 6/2/2016
End date: 9/21/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/17/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/18/2016
Start date: 7/18/2016
End date: 11/17/2016

08/25/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 5 mL Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD Ordered on: 7/29/2016
Start date: 7/29/2016 End date: 9/21/2016
Quantity: 15 tablet Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/28/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD Ordered on: 7/29/2016
Start date: 7/29/2016 End date: 11/28/2016
Quantity: 30 tablet Refill: 3

Stopped in Visit

None

Messages

Results Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	8/25/2016 9:18 PM

I am doing some of the exercises that Louis has suggested.

Using wall to stand up straight.
Raising bending legs, while laying down and wiggling joints...very slowly.

Preparing vegetables for canning
Making jelly
This is great exercise, keeping busy

08/24/2016 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- Other and unspecified hyperlipidemia
- DVT, recurrent, lower extremity, chronic, bilateral

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2017
Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

08/24/2016 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/21/2017
Start date: 8/21/2017
End date: 11/30/2017
Quantity: 5 mL
Refill: No refills remaining

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Thursdays and Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 8/21/2017
Start date: 8/21/2017
End date: 12/3/2017
Quantity: 90 tablet

Stopped in Visit

None

Labs

LIPID PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 07/20/16 1347**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 07/20/16 1347
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 07/20/16 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Karmelich, Karen A 8/24/2016 11:17 AM
Diagnoses
Other and unspecified hyperlipidemia [E78.5]

Specimen Information

ID	Type	Source	Collected By
W35997	Serum	—	08/24/16 1117

LIPID PANEL
Resulted: 08/24/16 1346, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 08/24/16 1347
Collected by: 08/24/16 1117
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 08/24/16 1733

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	155	<200 mg/dL	—	UWMC
Triglyceride	89	<150 mg/dL	—	UWMC
HDL Cholesterol	46	>39 mg/dL	—	UWMC
Cholesterol (LDL)	91	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	109	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	3.4	—	—	UWMC
Lipid Panel, Additional Info.	(NOTE)	—	—	UWMC

Comment:
For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here:
http://web.labmed.washington.edu/tests/chemistry/LIPID

08/24/2016 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 8/24/2016 17:33

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/10/15 1400** Status: **Completed**
Ordering user: Neighbor Jr., William E 11/10/15 1400 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/10/15 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Karmelich, Karen A 8/24/2016 11:17 AM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]

Specimen Information

ID	Type	Source	Collected By
W35997	Plasma	—	08/24/16 1117

PROTHROMBIN TIME (Abnormal) Resulted: 08/24/16 1232, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 08/24/16 1234
Collected by: 08/24/16 1117 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Kerby, Kalena L, CMA on 08/24/16 1721
Neighbor Jr., William E, MD on 08/24/16 1733

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	26.8	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.6	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 8/24/2016 17:33

08/24/2016 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Pain in joint of right hip (primary)
- Mixed incontinence
- Inflammation of bladder

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/29/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/27/2016
Start date: 5/27/2016
End date: 8/29/2016
Quantity: 90 tablet
Refill: 0

08/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/2/2016
Start date: 6/2/2016
End date: 9/21/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/17/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/18/2016
Start date: 7/18/2016
End date: 11/17/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 9/21/2016
Quantity: 15 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 11/28/2016
Quantity: 30 tablet
Refill: 3

Nitrofurantoin Monohyd Macro (MACROBID) 100 MG Oral Cap

Instructions: Take 1 capsule (100 mg) by mouth 2 times a day for 5 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/26/2016
Start date: 8/26/2016
End date: 8/31/2016
Quantity: 10 capsule
Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 8/24/2016 1105

Jeanne Leonie Hoffman is a 91 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  labs

Hip pain

Clinical Notes (continued)

Right hip pain x 1 week when while walking she noted a "crack." No falls. She is status post right hip hardware placement several years ago. No leg swelling.

Change in color of urine
In last week she has noted change in color of urine without fever, chills, sweats, change in frequency, dyuria. Prior hx of UTI.

Medications

Outpatient Prescriptions Marked as Taking for the 8/24/16 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction	15 tablet	3
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	0
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	0

Social history:

History

Sexual Activity

- Sexual Activity: Not on file

Social History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: No

Objective:

BP 137/72 mmHg | Pulse 72
Estimated body mass index is 23.90 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 1/6/16: 57.335 kg (126 lb 6.4 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 137/72
General: NAD. Much improved communication with new hearing aids.
Hip: Right. Decreased flexion by 10% and pain on internal but not external rotation. No trocanteric pain. No bruising.

08/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Lab and other tests: pending

Assessment and Plan:
1. Arthralgia of right hip
Right hip pain x 1 week when while walking she noted a "crack." Since then she has had right hip pain. Pain on internal rotation, not external rotation today. X ray pending.

2. Mixed incontinence
Some change in color of urine. No fever, chills, dysuria. Will check UA as she has had infections in the past.
- Urinalysis with Reflex Culture

Other:
--She did not have INR before visit so will do so and will have lipid panel with it as she restarted statin after marked rise in LDL during trial off statin.
--She has amazing new hearing aids which allowed good communication today. Her spirits were improved.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

8/26/2016
Urine culture grew 60K colonies of E Coli.
Prescription for macrobid bid x 5 days sent. E care message sent to patient. Her son checks her messages.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 8/26/2016 10:32 AM

Labs

Urinalysis with Reflex Culture (Edited Result - FINAL)

Electronically signed by: **Neighbor Jr., William E, MD on 08/24/16 1111** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 08/24/16 1111 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 08/24/16 - Class: Normal
Quantity: 1 Lab status: Edited Result - FINAL
Diagnoses
Mixed incontinence [N39.46]

Specimen Information

ID	Type	Source	Collected By
W35918	Urine	—	08/24/16 1111

Resulted: 08/24/16 1202, Result status: Edited Result - FINAL

Urinalysis with Reflex Culture (Abnormal)

Order status: Completed Filed by: Uw Lab Results Interface, User 08/24/16 2032
Collected by: 08/24/16 1111 Resulting lab: UW MEDICINE HALL HEALTH LAB

08/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Acknowledged by
Neighbor Jr., William E, MD on 08/29/16 1330
Kerby, Kalena L, CMA on 08/29/16 1707

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	HALLH
Clarity, URN	Clear	—	—	HALLH
Specific Gravity, URN	1.013	1.002 - 1.027 g/mL	—	HALLH
pH, URN	5.5	5.0 - 8.0	—	HALLH
Protein (Alb Semiquant), URN	Negative	NRN mg/dL	—	HALLH
Glucose Qual, URN	Negative	NRN mg/dL	—	HALLH
Ketones, URN	5 (TR)	NRN mg/dL	A !	HALLH
Bilirubin (Qual), URN	Negative	NRN	—	HALLH
Occult Blood, URN	Trace	NRN	A !	HALLH
Nitrite, URN	Positive	NRN	A !	HALLH
Leukocyte Esterase, URN	Positive	NRN	A !	HALLH
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}	—	HALLH
Comments for Macroscopic, URN	None	—	—	HALLH
WBC, URN	6-20(1+)	Z5NEG /[HPF]	A !	HALLH
RBC, URN	3-8(1+)	Z2NEG /[HPF]	A !	HALLH
Bacteria, URN	Present	NOSEEN	A !	HALLH
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /[LPF]	A !	HALLH
Epith Cells Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	HALLH
Comments For Microscopic, URN	None	NONE	—	HALLH
1st Extra Urine Gray Top	Additional collection tube	—	—	HALLH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
34 - HALLH	UW MEDICINE HALL HEALTH LAB	Chou, David, MD	4000 STEVENS WAY #354410 RM 112 SEATTLE WA 98116-3406	06/12/15 1021 - 02/12/20 1533

Indications

Mixed incontinence [N39.46 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 8/29/2016 13:30

REFLEX CULTURE FOR UA (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/24/16 1111** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/24/16 1111 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 08/24/16 1111 - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W35918	Urine	—	08/24/16 1111

08/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

REFLEX CULTURE FOR UA Resulted: 08/24/16 2032, Result status: Final result

Order status: Completed
Collected by: 08/24/16 1111
Acknowledged by
Neighbor Jr., William E, MD on 08/29/16 1330
Kerby, Kalena L, CMA on 08/29/16 1707

Filed by: Uw Lab Results Interface, User 08/24/16 2032
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Reflex Culture for UA	Order Processed	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

All Reviewers List

Neighbor Jr., William E, MD on 8/29/2016 13:30

URINE C/S (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 08/24/16 1111** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 08/24/16 1111
Ordering mode: Standard
Frequency: STAT 08/24/16 1111 -
Lab status: Final result
Order comments: Ordered by an unspecified provider

Authorized by: Clinic Pcp, Unassigned Or
Quantity: 1

Specimen Information

ID	Type	Source	Collected By
W40596	Urine	—	08/24/16 1111

Comment: Gray top tube

URINE C/S Resulted: 08/26/16 0911, Result status: Final result

Order status: Completed
Collected by: 08/24/16 1111
Acknowledged by
Neighbor Jr., William E, MD on 08/29/16 1330
Kerby, Kalena L, CMA on 08/29/16 1707

Filed by: Uw Lab Results Interface, User 08/26/16 0911
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Reflexed from urinalysis.	—	—	UWMC
Colony Count Result: 60000 Col/mL	--	—	—	UWMC
Culture Result: 3+ Escherichia coli	--	—	—	UWMC
Culture	Comment:	—	—	UWMC

08/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

See link for important guidelines regarding the interpretation of susceptibility reports: http://tests.labmed.washington.edu/abx

Sensitivities

Organism	Antibiotic	Sensitivity	Method
Escherichia coli	Ampicillin	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ampicillin/sulbactam	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Aztreonam	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefazolin	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefepime	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefotetan	<=16 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftazidime	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftriaxone	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ciprofloxacin	<=0.06 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Doxycycline	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ertapenem	<=0.12 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Gentamicin	<=4 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Levofloxacin	<=0.5 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Meropenem	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Moxifloxacin	<=0.25 -	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Nitrofurantoin	<=32 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Piperacillin/tazobactam	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Trimeth_Sulfamethoxazole	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

All Reviewers List

08/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Neighbor Jr., William E, MD on 8/29/2016 13:30

Imaging

Imaging

XR PELVIS 1 OR 2 VIEWS W 1 VIEW HIP RIGHT (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 08/24/16 1111** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 08/24/16 1111 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 08/24/16 - Class: General Imaging
Quantity: 1 Discontinued by: Uw Radiology Orders Interface, User 08/24/16 1240 [Cancelled by UWMC Department of Radiology]

Diagnoses
Arthralgia of right hip [M25.551]

Questionnaire

Question	Answer
Reason for Exam	right hip pain x 1 week. Prior hip replacement.
Fall risk	Yes

Order comments: From Epic:

Indications

Arthralgia of right hip [M25.551 (ICD-10-CM)]

XR PELVIS 1 OR 2 VIEWS W 1 VIEW HIP RIGHT (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 08/24/16 1111** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 08/24/16 1111 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 08/24/16 1111 - Class: General Imaging
Quantity: 1 Lab status: Final result
Diagnoses
Arthralgia of right hip [M25.551]
Order comments: From Epic:

XR PELVIS 1 OR 2 VIEWS W 1 VIEW HIP RIGHT Resulted: 08/24/16 1544, Result status: Final result

Order status: Completed Resulted by: Richardson, Michael Lewellyn, MD
Filed by: Uw Radiology Results Interface, User 08/24/16 1545 Performed: 08/24/16 1111 - 08/24/16 1111
Accession number: 10118240 Resulting lab: UW RADIOLOGY
Lab Technician: SARAH BROWN RTSTUDENT
Narrative:
EXAMINATION:
XR PELVIS 2 W 1 VIEW HIP RIGHT

CLINICAL INDICATION:
right hip pain x 1 week. Prior hip replacement.

COMPARISON: 10/22/14

FINDINGS:

Right hip: Healed proximal femoral fracture, bridged by dynamic hip screw and plate. No complications are noted.

Left hip: Mild to moderate left hip osteoarthritis is noted.

Pelvis: No significant osseous or soft tissue abnormalities are noted.
ATTENDING RADIOLOGIST AND PAGER NUMBER
006581 Richardson Michael L MD
(206)991-5169
Acknowledged by: Neighbor Jr., William E, MD on 08/24/16 1731

08/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Imaging (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Arthralgia of right hip [M25.551 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 8/24/2016 17:31

Other Orders

Medications

Nitrofurantoin Monohyd Macro (MACROBID) 100 MG Oral Cap (Expired)

Electronically signed by: **Neighbor Jr., William E, MD on 08/26/16 1031** Status: **Expired**
Ordering user: Neighbor Jr., William E, MD 08/26/16 1031 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine BID 08/26/16 - 5 days Class: E-RX
Diagnoses
Cystitis [N30.90]

Indications

Cystitis [N30.90 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	08/24/16 1055
BP	137/72
Pulse	72

Patient Instructions

Plan today:

--urine and culture if indicated
--x ray right hip
--blood INR and lipid panel

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 8/24/2016 11:12 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

Jeanne Leonie Hoffman
8/24/2016 10:40 AM Office Visit

Description: **Female DOB: 1/6/1925**
Provider: **William E Neighbor, MD**
Department: **Hh Pct (331)**

Pick Up These Prescriptions At Your Pharmacy

None

We Ordered the Following Tests, Referrals, and Immunizations

Urinalysis with Reflex Culture

XR PELVIS 1 OR 2 VIEWS W 1 VIEW HIP RIGHT

Instructions

Plan today:

--urine and culture if indicated
--x ray right hip
--blood INR and lipid panel

William E Neighbor, MD

Problems and Diagnoses Covered Today

Arthralgia of right hip - Primary

Mixed incontinence

Your Current Medications Are

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed
Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed
Atorvastatin Calcium 20 MG Oral Tab	Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Oral Tab	One half tablet daily
Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.
Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter
Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening

Reason for Visit

Follow-Up labs

Reason for Visit History

Vital Signs Measured This Visit - Last Recorded

BP	Pulse	OB Status	Smoking Status
137/72 mmHg	72	Postmenopausal	Never Smoker

Results

Problem List as of 8/24/2016

- **Other convulsions**
- **Esophageal reflux**
- **Sensorineural hearing loss, unspecified**
- **DVT, recurrent, lower extremity, chronic (HCC)**
- **Other and unspecified hyperlipidemia**
- **Allergic rhinitis, cause unspecified**
- **Generalized osteoarthrosis, unspecified site**
- **Essential hypertension, benign**
- **Unspecified glaucoma**
- **Routine general medical examination at a health care facility**
- **Type 2 diabetes mellitus without complication (HCC)**
- **Closed fracture of unspecified intracapsular section of neck of femur**
- **Unspecified vitamin B deficiency**
- **Long term current use of anticoagulant therapy**
- **Osteoporosis, unspecified**
- **Vertebral fracture**
- **Thyroid nodule, uninodular**
- **DJD (degenerative joint disease) of lumbar spine**
- **Urine incontinence**
- **Pseudophakia, both eyes**
- **Hip joint stiffness**
- **Leg weakness, bilateral**
- **Weakness of trunk musculature**
- **Other physical therapy**
- **History of recurrent deep vein thrombosis (DVT)**

Allergies as of 8/24/2016 11:12 AM

Allergen	Noted	Reaction Type	Reactions
Adhesives	10/21/2010		
Aspirin	01/06/2012	Allergy	Other
Nitrofurantoin	07/25/2008		Other
Confusion, loss of appetitie, nausea, abdominal pain			
Penicillins	08/12/2003		Rash
Sulfa Antibiotics	08/12/2003		Rash

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

08/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

After Visit Summary (continued)

Department

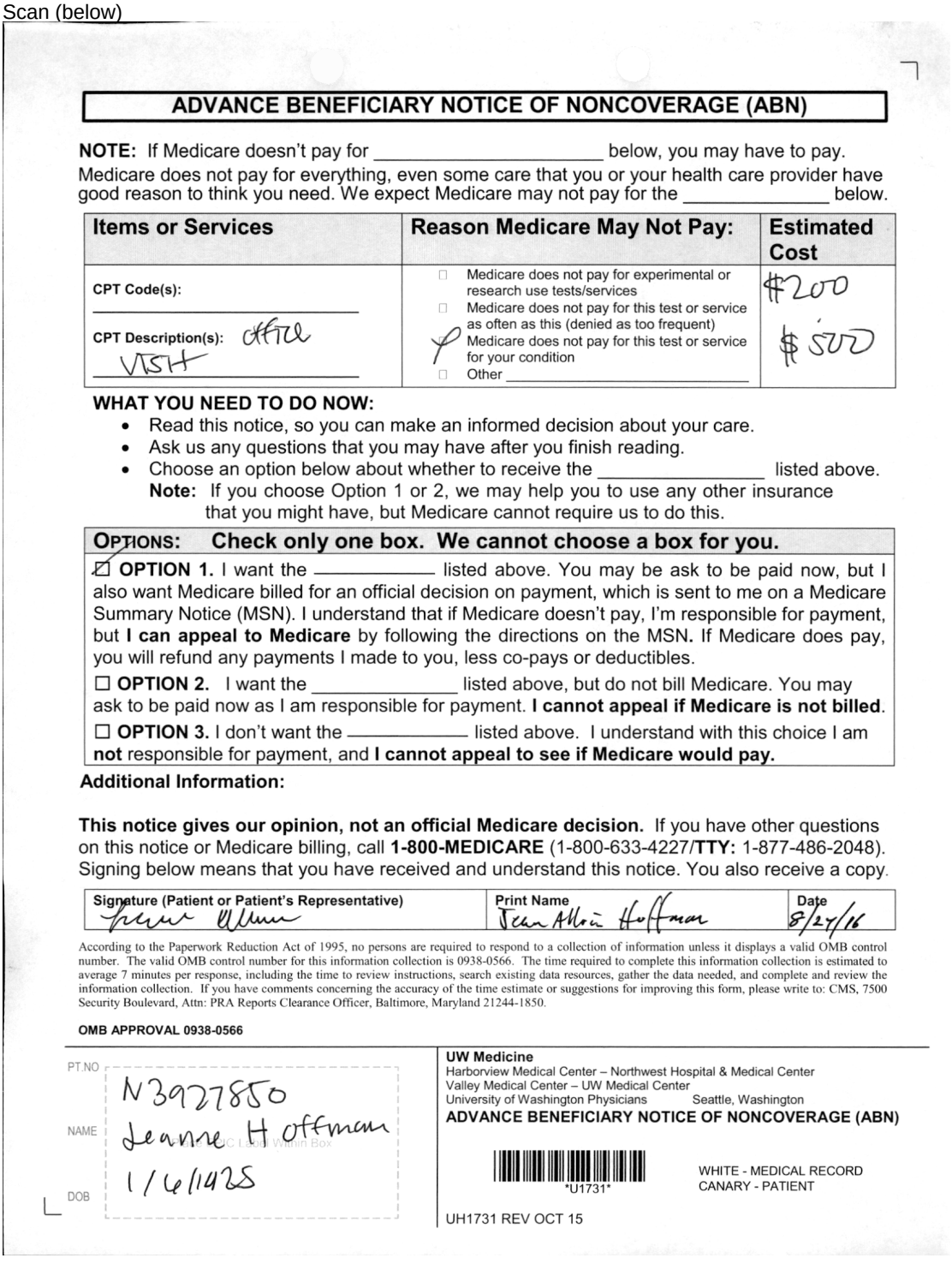
Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

08/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Documents

Business Documents - Scan on 8/31/2016 3:06 PM: Advance Beneficiary Notice of Noncoverage; 2016/08/24; Hall Health

Scan (below)



ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost
CPT Code(s): _____ CPT Description(s): office visit	☐ Medicare does not pay for experimental or research use tests/services ☐ Medicare does not pay for this test or service as often as this (denied as too frequent) ✓ Medicare does not pay for this test or service for your condition ☐ Other _____	$200 $500

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.
  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

☑ **OPTION 1.** I want the _____ listed above. You may be ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I'm responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Representative)	Print Name	Date
Jeanne Hoffman	Jeanne Alice Hoffman	8/24/16

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

OMB APPROVAL 0938-0566

PT.NO N3927850
NAME Jeanne H Hoffman
DOB 1/6/1925

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE - MEDICAL RECORD
CANARY - PATIENT

UH1731 REV OCT 15

08/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

08/24/2016 - OP Visit in UWMC Radiology Pacific

Visit Information

Department

Name	Address	Phone
UWMC Radiology Pacific	1959 NE Pacific St, Box 357115 Seattle WA 98185	206-598-6200

Medication List

Medication List

This visit has been closed. A record of the med list at the time of the visit is not available.

07/29/2016 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- GENERAL OSTEOARTHROSIS (primary)
- HYPERLIPIDEMIA NEC/NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/29/2016
Start date: 4/29/2016 — End date: 11/28/2016
Quantity: 20 tablet — Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/29/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/27/2016
Start date: 5/27/2016 — End date: 8/29/2016
Quantity: 90 tablet — Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/2/2016
Start date: 6/2/2016 — End date: 9/21/2016
Quantity: 270 tablet — Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/17/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/18/2016
Start date: 7/18/2016 — End date: 11/17/2016

07/29/2016 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 5 mL Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD Ordered on: 7/29/2016
Start date: 7/29/2016 End date: 9/21/2016
Quantity: 15 tablet Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/28/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD Ordered on: 7/29/2016
Start date: 7/29/2016 End date: 11/28/2016
Quantity: 30 tablet Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mercado, Mila N, CMA at 7/29/2016 1038

1. Name of requested medication: atorvastatin, acetaminophen/codeine
2. Date last refilled: atorvastatin x2 3/31/15, acetaminophen w/ codeine, 4/29/16
3. Date of last office visit: 7/20/16
4. Next office visit (scheduled or expected): na

Safeway pharmacy also faxed a request for tylenol w/ codeine.

Electronically signed by Mercado, Mila N, CMA at 7/29/2016 10:42 AM

Neighbor Jr., William E, MD at 7/29/2016 1356

Meds reviewed.
Currently taking atorvastatin 20 mg one half tab daily with plans to recheck lipids. She had been off the statin for a trial, but lipids increased quite a bit so restarted but trying lower dose to get by with the lowest dose needed.

Tylenol with codeine. Last filled in April. Acetaminophen alone has not been effective. Avoid NSAIDs due to being on coumadin, age, and renal function as previously documented. Stable low does of codeine without side effect.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 7/29/2016 1:59 PM

07/29/2016 - Refill in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Other Orders

Medications

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab (Cancel Pend)

Electronically signed by: **Mercado, Mila N, CMA on 07/29/16 1042** Status: **Cancel Pend**
Ordering user: Mercado, Mila N, CMA 07/29/16 1042 Authorized by: Neighbor Jr., William E, MD
Frequency: Routine 07/29/16 - Until Discontinued Class: E-RX
Pended by: Mercado, Mila N, CMA 07/29/16 1042 Discontinued by: Neighbor Jr., William E, MD 07/29/16 1356
Admin instructions: one po once daily for arthritic pain as needed
Medication comments: Taking 40 day train trip returning Sept 10 so needs additional 20 tabs
Reordered from: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 07/29/16 1359** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 07/29/16 1359 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 07/29/16 - 11/28/16 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 11/28/16 1605 [Reorder]
Diagnoses
Generalized osteoarthrosis, unspecified site [M15.9] - GENERAL OSTEOARTHROSIS
Admin instructions: one po once daily for arthritic pain as needed
Reordered from: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Indications

Generalized osteoarthrosis, unspecified site [M15.9 (ICD-10-CM)]

Atorvastatin Calcium 20 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 07/29/16 1400** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 07/29/16 1400 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Daily 07/29/16 - 09/21/16 Class: E-RX
Released by: Neighbor Jr., William E, MD 07/29/16 1400 Discontinued by: Neighbor Jr., William E, MD 09/21/16 1110 [Reorder]
Diagnoses
Other and unspecified hyperlipidemia [E78.5] - HYPERLIPIDEMIA NEC/NOS
Admin instructions: For cholesterol reduction
Reordered from: Atorvastatin Calcium 20 MG Oral Tab

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

Messages

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	7/29/2016 10:20 AM

Original authorizing provider: William E Neighbor, MD

Jeanne Leonie Hoffman would like a refill of the following medications:
Atorvastatin Calcium 20 MG Oral Tab [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E.

07/29/2016 - Refill in Hall Health Primary Care Center (continued)

Messages (continued)

BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

Comment:

07/20/2016 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

07/20/2016 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/30/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth every 6 hours as needed for pain.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2017
Start date: 7/6/2017
End date: 8/30/2017
Quantity: 30 tablet
Refill: No refills remaining

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/10/2017
Start date: 7/10/2017
End date: 8/17/2017
Quantity: 5 mL
Refill: No refills remaining

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/10/15 1400**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/10/15 1400
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/10/15 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Roberts, Ruth E, Technologist 7/20/2016 11:49 AM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]

Specimen Information

ID	Type	Source	Collected By
W54201	Plasma	—	07/20/16 1148

PROTHROMBIN TIME (Abnormal)
Resulted: 07/20/16 1325, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 07/20/16 1325
Collected by: 07/20/16 1148
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Figueroa, Junny, CMA on 07/20/16 1337
Neighbor Jr., William E, MD on 07/20/16 1819

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	23.2	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.1	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

07/20/2016 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 7/20/2016 18:19

07/20/2016 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnoses:

- DVT, recurrent, lower extremity, chronic, bilateral (primary)
- Other and unspecified hyperlipidemia

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/29/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 7/29/2016
Quantity: 30 tablet — Refill: 2

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/29/2016
Start date: 4/29/2016 — End date: 11/28/2016
Quantity: 20 tablet — Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

07/20/2016 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/29/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/27/2016
Start date: 5/27/2016
End date: 8/29/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/2/2016
Start date: 6/2/2016
End date: 9/21/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/17/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/18/2016
Start date: 7/18/2016
End date: 11/17/2016
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 7/20/2016 1341

Jeanne Leonie Hoffman is a 91 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow Up Visit
  lab

Anticoagulation
On stable dose of medication. Did not have INR before her visit. Does not report any bleeding. Her lites are stable without swelling.

Leg cramps
She states that she is now noted a direct relationship for standing too long on her legs during the day preparing jam and canning and leg cramps in the evening.

Hyperlipidemia
Her LDL cholesterol off medications was markedly elevated. She restarted atorvastatin at one half tablet daily.

Medications

Outpatient Prescriptions Marked as Taking for the 7/20/16 encounter (Office Visit) with Neighbor Jr., William E, MD

07/20/2016 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	20 tablet	0
• Atorvastatin Calcium 20 MG Oral Tab	Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction	30 tablet	2
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	0
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	0

Social history:

History

Sexual Activity

- Sexual Activity: Not on file

Social History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: No

Objective:

BP 130/62 mmHg | Pulse 66
Estimated body mass index is 23.90 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 1/6/16: 57.335 kg (126 lb 6.4 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 130/62
General: NAD

LDL 179 6/22/2016
LDL 73 5/4/2016
LDL 93 2/24/2016
LDL 93 1/6/2016
LDL 59 12/24/2013
LDL 86 7/20/2012

Lab and other tests: Last labs were reviewed. Basic metabolic panel and magnesium did not show cause for leg cramps

Assessment and Plan:

07/20/2016 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

1. DVT, recurrent, lower extremity, chronic, bilateral (HCC)
She did not have an INR before her visit. She will do so now. She is on a stable dose of Coumadin.

2. Other and unspecified hyperlipidemia
Her LDL cholesterol markedly increased when she discontinued atorvastatin. She is now on atorvastatin 20 mg one half tablet daily. Plan is lipid panel in one month at which time she will have been back on atorvastatin for about 6 weeks.

Other:
Advanced directives. Her son had sent me her financial will rather than health care directives. They do not have written health care directives at this time. POLST forms given for them to bring to next visit.

Next visit in one month.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 7/21/2016 10:33 AM

Labs

LIPID PANEL (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 07/20/16 1347** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 07/20/16 1347 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 07/20/16 - Class: Normal
Quantity: 1
Diagnoses
Other and unspecified hyperlipidemia [E78.5]

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

LIPID PANEL Resulted: 08/24/16 1346, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 08/24/16 1347
Collected by: 08/24/16 1117 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 08/24/16 1733

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	155	<200 mg/dL	—	UWMC
Triglyceride	89	<150 mg/dL	—	UWMC
HDL Cholesterol	46	>39 mg/dL	—	UWMC
Cholesterol (LDL)	91	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	109	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	3.4	—	—	UWMC
Lipid Panel, Additional Info.	(NOTE)	—	—	UWMC

Comment:
For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here:

07/20/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

http://web.labmed.washington.edu/tests/chemistry/LIPID

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	07/20/16 1056
BP	130/62
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	66
Pulse Regularity	Regular

07/18/2016 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 7/29/2016
Quantity: 30 tablet
Refill: 2

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/29/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/27/2016
Start date: 5/27/2016
End date: 8/29/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/2/2016
Start date: 6/2/2016
End date: 9/21/2016
Quantity: 270 tablet
Refill: 0

07/18/2016 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/17/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/18/2016
Start date: 7/18/2016
End date: 11/17/2016
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Figueroa, Junny, CMA at 7/18/2016 0851

1-Name of requested medicationTimolol Maleate 0.5 % Ophthalmic Solution
2-Date last refilled: 5/11/16
3-Date of last office visit: 6/22/16
4-Next office visit (scheduled or expected): 7/20/16

Electronically signed by Figueroa, Junny, CMA at 7/18/2016 8:52 AM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 07/18/16 1159**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 07/18/16 1159
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine BID 07/18/16 - 11/17/16
Class: E-RX
Released by: Neighbor Jr., William E, MD 07/18/16 1159
Discontinued by: Neighbor Jr., William E, MD 11/17/16 1403 [Reorder]

Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS
Reordered from: Timolol Maleate 0.5 % Ophthalmic Solution

Indications

Unspecified glaucoma [H40.9 (ICD-10-CM)]

07/04/2016 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/29/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 7/29/2016
Quantity: 30 tablet — Refill: 2

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/29/2016
Start date: 4/29/2016 — End date: 11/28/2016
Quantity: 20 tablet — Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/18/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/11/2016
Start date: 5/11/2016 — End date: 7/18/2016
Quantity: 5 mL — Refill: 1

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/29/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/27/2016
Start date: 5/27/2016 — End date: 8/29/2016

07/04/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/2/2016
Start date: 6/2/2016
End date: 9/21/2016
Quantity: 270 tablet
Refill: 0

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	7/4/2016 3:21 PM

Jean with 4th Naval Honor Guard
Health Experience

07/04/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents

Patient Entered Attachment - Scan on 7/4/2016 3:21 PM: jean-navy-1

Scan (below)



06/24/2016 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/29/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 7/29/2016
Quantity: 30 tablet — Refill: 2

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/29/2016
Start date: 4/29/2016 — End date: 11/28/2016
Quantity: 20 tablet — Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/18/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/11/2016
Start date: 5/11/2016 — End date: 7/18/2016
Quantity: 5 mL — Refill: 1

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/29/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/27/2016
Start date: 5/27/2016 — End date: 8/29/2016

06/24/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 90 tablet Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD Ordered on: 6/2/2016
Start date: 6/2/2016 End date: 9/21/2016
Quantity: 270 tablet Refill: 0

Stopped in Visit

None

Letters

Letter by Neighbor Jr., William E, MD on 6/30/2016

Status: Sent
Letter body:

June 30, 2016

Rhododendron Apartments
235 High School Road NW
Bainbridge Island WA 98110

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

Dear Rhododendron Apartments:

Below is a list of all Over the Counter medical items recommended for treatment of a medical condition:

Acetaminophen 500 mg, one pill twice daily
Vitamin D Strength 400 IU/ Calcium 600mg, one on even number days
Vitamin D-3 :Strength 2000 IU, one on odd numbered days
Vitamin B-complex: 500 mcg, once daily
Urinary Incontinence Pads, use as needed; average 54 pads per week
Hearing aide batteries

Sincerely,

Electronically signed by
William E Neighbor, MD

CC: No Recipients

Messages

RE: Medication Question

06/24/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	6/30/2016 12:39 PM
Last Read in MyChart		
Not Read		

Thank you for this information. I am using it to complete the required information for Housing Kitsap for Jeanne.

William E Neighbor, MD

RE: Medication Question

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	6/28/2016 1:39 PM

Response 1: Taking acetaminophen 500 mg .... twice daily.
Response 2: Vitamin D Strength 400 IU combined with Calcium 600mg ..... once daily.
Response 2a: Vitamin D-3 :Strength 2000 IU ..... once daily.(interchange every other day with Response 2)
Response 3: Vitamin B-complex: (500 mcg ?) ..... once daily.
Response 4: Incontinence Pads..... average 54 pads per week
Response 5: Hearing aides and batteries See notation

Note 1: This is a housing authority, to itemize what expense are incurred for health products over the counter/out of pocket expenses. Since Jeans Medical Insurance is covering medical devises (hearing Aids), as such batteries are requires to make medical devise work and function as proscribe by UW Hearng Center.

Note 2: Any Medical Aid, Devise, Medication, can be listed for Housing Authority, review and consideration.
Expenses incurred for maintaining health are deducted from rent, under USDA-RD Authority

RE: Medication Question

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	6/27/2016 11:47 AM
Last Read in MyChart		
6/28/2016 1:10 PM by Hoffman, Jeanne Leonie		

Jeanne

Thank you for this information. I need the following additional information in order to complete the form:
Vitamin D: Strength (eg. 2000 IU) and how often it is taken (presumably once daily)

06/24/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

Vitamin B: I had written a prescription for 500 mcg once daily. Is that the dose being taken as an over the counter medication
Incontinence Pads. How many does she use in a day on average
What "prescribed health care aide" do you use?
The form did not indicate that hearing aides and batteries needed to be listed.

Finally, just to clarify, she is taking acetaminophen 500 mg twice daily. Correct?

William E Neighbor, MD

Medication Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	6/24/2016 2:02 PM

Jean is taking 500mg Acetaminophen as directed.

The Letter from Hosing Kitsap:
Should include all over-counter medications, as in: Vitamins D & B, Acetaminophen
As well as, Incontinent PADS and any proscribed health aide, for the year.
Including hearing aids and batteries.

Necessary to sustain health and safe healthy standard of human self dignity and disease prevention/etc.

If you have any question call or email
Luis

06/24/2016 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/29/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 7/29/2016
Quantity: 30 tablet — Refill: 2

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/29/2016
Start date: 4/29/2016 — End date: 11/28/2016
Quantity: 20 tablet — Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/29/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/27/2016
Start date: 5/27/2016 — End date: 8/29/2016
Quantity: 90 tablet — Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/2/2016
Start date: 6/2/2016 — End date: 9/21/2016

06/24/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/17/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/18/2016
Start date: 7/18/2016
End date: 11/17/2016
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	6/24/2016 1:46 PM

Bill ...

It was discovered that Jean was adding tremendous amount of cheese and other fatty with her meals, during the period on no Atorvastatin .
Which increased her cholesterol level.
During July reinstated Atorvastatin, cheese and other fatty foods will again be reduced or removed from diet..

Louis

06/23/2016 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

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Discontinued on: 6/7/2018
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Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 7/29/2016
Quantity: 30 tablet
Refill: 2

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/18/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/11/2016
Start date: 5/11/2016
End date: 7/18/2016
Quantity: 5 mL
Refill: 1

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/29/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/27/2016
Start date: 5/27/2016
End date: 8/29/2016

06/23/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 90 tablet | Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 6/2/2016
Start date: 6/2/2016 | End date: 9/21/2016
Quantity: 270 tablet | Refill: 0

Stopped in Visit

None

Messages

RE: Medication Question

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	6/28/2016 1:41 PM

Confirmed and Concur

RE: Medication Question

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	6/27/2016 11:54 AM

Last Read in MyChart
6/28/2016 1:39 PM by Hoffman, Jeanne Leonie

Thank you for the added information about Jean over-eating cheese and other things prior to her blood test which was unusual for her. In the interest of keeping meds to to lowest level that is needed, based on this additional information, I suggest she take atorvastatin 10 mg once daily and have a repeat blood test in 2 months (which can be combined with one of her monthly blood test.

William E Neighbor, MD

Medication Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	6/23/2016 10:02 AM

Begin at 10 mg once daily Atorvastatin 6/23/16 9:50am.
Will increase in 4 days or as directed

06/23/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

06/22/2016 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- HYPERLIPIDEMIA NEC/NOS

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

06/22/2016 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/10/2017
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO BOTH EYES TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/23/2017
Start date: 5/23/2017 — End date: 7/9/2017
Quantity: 5 mL — Refill: No refills remaining

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/6/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/1/2017
Start date: 6/1/2017 — End date: 7/6/2017
Quantity: 30 tablet — Refill: 2 refills remaining

Stopped in Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016

Labs

LIPID PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 05/05/16 1425** — Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 05/05/16 1425 — Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/05/16 - — Class: Normal
Quantity: 1 — Lab status: Final result
Instance released by: Roberts, Ruth E, Technologist 6/22/2016 12:13 PM
Diagnoses
Other and unspecified hyperlipidemia [E78.5] - HYPERLIPIDEMIA NEC/NOS

Specimen Information

ID	Type	Source	Collected By
W11283	Serum	—	06/22/16 1134

LIPID PANEL (Abnormal) — Resulted: 06/22/16 1616, Result status: Final result

Order status: Completed — Filed by: Uw Lab Results Interface, User 06/22/16 1617
Collected by: 06/22/16 1134 — Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Figueroa, Junny, CMA on 06/22/16 1625
Neighbor Jr., William E, MD on 06/22/16 1636

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	258	<200 mg/dL	H	UWMC
Triglyceride	163	<150 mg/dL	H	UWMC
HDL Cholesterol	46	>39 mg/dL	—	UWMC
Cholesterol (LDL)	179	<130 mg/dL	H	UWMC
Non-HDL Cholesterol	212	0 - 159 mg/dL	H	UWMC
Cholesterol/HDL Ratio	5.6	—	—	UWMC
Lipid Panel, Additional Info.	(NOTE)	—	—	UWMC

Comment:
For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here:

06/22/2016 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

http://web.labmed.washington.edu/tests/chemistry/LIPID

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 6/22/2016 16:36

06/22/2016 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnoses:

- Muscle cramp (primary)
- DVT, recurrent, lower extremity, chronic, unspecified laterality
- Long term current use of anticoagulant therapy
- Imbalance

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/29/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 7/29/2016
Quantity: 30 tablet — Refill: 2

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/29/2016
Start date: 4/29/2016 — End date: 11/28/2016
Quantity: 20 tablet — Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

06/22/2016 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/18/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/11/2016
Start date: 5/11/2016 — End date: 7/18/2016
Quantity: 5 mL — Refill: 1

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/29/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/27/2016
Start date: 5/27/2016 — End date: 8/29/2016
Quantity: 90 tablet — Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/2/2016
Start date: 6/2/2016 — End date: 9/21/2016
Quantity: 270 tablet — Refill: 0

Stopped in Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 6/22/2016 1103

Jeanne Leonie Hoffman is a 91 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow Up Visit
  lab

Leg cramps
In the last year she has experienced periodic leg cramps in either thigh or either calf. She often notices this when sitting with her legs extended and lifted up resting on a bench. She has not experienced leg cramps at night. She does not note any relationship to specific physical acuity.

Anticoagulation
She is in for her monthly INR. She is on a stable dose of medication. Reports no problems with leg swelling or pain other than as noted and no bleeding nose or gums.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine	08/30/2013

06/22/2016 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

[M47.816]

- Vertebral fracture [IMO0002] 12/13/2012
  Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed

- Thyroid nodule, uninodular [E04.1] 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
  5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- Osteoporosis, unspecified [M81.0] 03/04/2008
  T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
  Began fosamax spring 2008. Continued for five years, then stopped

- Long term current use of anticoagulant therapy [Z79.01] 01/08/2008
  Reason for anticoagulation: Recurrent dvts
  Duration of anticoagulation: life
  INR goal: 2.-3

- Closed fracture of unspecified intracapsular section of neck of femur [S72.019A] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- Unspecified vitamin B deficiency [E53.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Other convulsions [R56.9] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

- Esophageal reflux [K21.9] 11/20/2006
- Sensorineural hearing loss, unspecified [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic (HCC) 11/20/2006

06/22/2016 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

[I82.509]
Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- Other and unspecified hyperlipidemia [E78.5] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- Allergic rhinitis, cause unspecified [J30.9] 11/20/2006
- Generalized osteoarthrosis, unspecified site [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- Essential hypertension, benign [I10] 11/20/2006
- Unspecified glaucoma [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- History of recurrent deep vein thrombosis (DVT) [Z86.718] 06/02/2016
- Other physical therapy [IMO0001] 01/22/2015
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [M62.81] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication (HCC) [E11.9] 03/27/2007

Year onset: Dx March 2007
Metformin discontinued 2011 as A1c in target range without it.
Diet and weight controlled.

Outpatient Prescriptions Marked as Taking for the 6/22/16 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	20 tablet	0
• Atorvastatin Calcium 20 MG Oral Tab	Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction	30 tablet	2
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	0
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	0

Social history:

History

Sexual Activity

- Sexual Activity: Not on file

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: No

Objective:

BP 137/61 mmHg | Pulse 65
Estimated body mass index is 23.90 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 1/6/16: 57.335 kg (126 lb 6.4 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 137/61
General: NAD
Legs: No tenderness. No swelling
She uses a walker for ambulation because of difficulties with balance which is stable.

Lab and other tests: Pending

Assessment and Plan:
1. Muscle cramp
One-year history of periodic leg cramps during the day but not at night. Will check basic metabolic panel and magnesium level. Otherwise advise adequate water intake during the day and stretching exercises.
- BASIC METABOLIC PANEL
- MAGNESIUM

2. DVT, recurrent, lower extremity, chronic, unspecified laterality (HCC)
No recurrence. Due for INR
- PROTHROMBIN TIME

3. Long term current use of anticoagulant therapy
Due for INR
- PROTHROMBIN TIME

4. Imbalance
She lives on Bainbridge Island. Due to some changes in their community, according to her son, she is needing to walk in the streets rather than on a sidewalk. Certainly for safety she should be on a sidewalk. I wrote a letter indicating this.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

6/22/2016 3:40 PM
Noted after visit that chart contains prescription for acetminophen 500 mg two in AM, two in mid day and three before bed which when combined with the 300 mg of acetminophen in codeine is beyond what would be advised for her age. I would prefer max of 2000 mg.

I have written to her clarifying instructions for acetaminophen use.

6/22/2016 4:37 PM
Lipid panel showed LDL elevated to 179 off atorvastatin. Plan is to restart atorvastatin at 10 mg dose for one week then return to historical dose of 20 mg daily. Patient written.

Note: Check orthostatics at next visit.

6/27/2016
Review status of living will for health care directives at next visit. Her son Louis sent me her regular will not her health care directives.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 6/27/2016 11:57 AM

06/22/2016 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Labs

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 06/22/16 1117** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 06/22/16 1117 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 06/22/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Muscle cramp [R25.2]

Specimen Information

ID	Type	Source	Collected By
W10494	Serum	—	06/22/16 1133

BASIC METABOLIC PANEL (Abnormal) Resulted: 06/22/16 1612, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 06/22/16 1612
Collected by: 06/22/16 1133 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Figueroa, Junny, CMA on 06/22/16 1625
Neighbor Jr., William E, MD on 06/22/16 1634

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	4.5	3.6 - 5.2 meq/L	—	UWMC
Chloride	107	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	26	22 - 32 meq/L	—	UWMC
Anion Gap	9	4 - 12	—	UWMC
Glucose	110	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	26	8 - 21 mg/dL	H	UWMC
Creatinine	0.98	0.38 - 1.02 mg/dL	—	UWMC
Calcium	9.9	8.9 - 10.2 mg/dL	—	UWMC
GFR, Calc, European American	53	>59 mL/min	L	UWMC
GFR, Calc, African American	>60	>59 mL/min	—	UWMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

06/22/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Indications

Muscle cramp [R25.2 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 6/22/2016 16:34

MAGNESIUM (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 06/22/16 1117** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 06/22/16 1117 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 06/22/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Muscle cramp [R25.2]

Specimen Information

ID	Type	Source	Collected By
W10494	Serum	—	06/22/16 1133

MAGNESIUM Resulted: 06/22/16 1612, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 06/22/16 1612
Collected by: 06/22/16 1133 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 06/22/16 1634

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.1	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Muscle cramp [R25.2 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 6/22/2016 16:34

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 06/22/16 1117** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 06/22/16 1117 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 06/22/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
DVT, recurrent, lower extremity, chronic, unspecified laterality [I82.509]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
W10494	Plasma	—	06/22/16 1133

06/22/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

PROTHROMBIN TIME (Abnormal) Resulted: 06/22/16 1604, Result status: Final result

Order status: Completed
Collected by: 06/22/16 1133
Acknowledged by
Figueroa, Junny, CMA on 06/22/16 1625
Neighbor Jr., William E, MD on 06/22/16 1634

Filed by: Uw Lab Results Interface, User 06/22/16 1605
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	22.6	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.1	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 6/22/2016 16:34

Flowsheets

Vital Data

Row Name	06/22/16 1055
BP	137/61
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	65
Pulse Regularity	Regular

Letters

Letter by Neighbor Jr., William E, MD on 6/22/2016

Status: Sent
Letter body:

June 22, 2016

Bainbridge Island Helpline House

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

06/22/2016 - Office Visit in Hall Health Primary Care Center (continued)

Letters (continued)

To whom it may concern:

I am the primary care physician for the above individual who is 91 years of age. She ambulates using a walker. She benefits greatly from walking on a regular basis. When walking she does need to be on a side walk rather than on a street for safety.

Sincerely,

Electronically signed by
William E Neighbor, MD

CC: No Recipients

Messages

tylenol (acetaminophen dose)

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	6/22/2016 3:45 PM

Last Read in MyChart
6/24/2016 2:05 PM by Hoffman, Jeanne Leonie

Jeanne:
After your visit I received a form to sign attesting to your need for over the counter medications, that being Tylenol (acetaminophen). I then saw that your med list included acetaminophen 500 mg two in morning, two a noon, and three in the evening for a total dose of 3500 mg. In addition you are taking 300 mg in combination with codeine which you take once daily. This total dose of acetaminophen is too high. The maximum dose for your age should be close to 2000 mg. Perhaps you have not been taking the dose that is listed in your chart.

You should take 500 mg 3-4 times a day but not more.

Let me know if you have questions.

William E Neighbor, MD

06/22/2016 - Office Visit in Hall Health Primary Care Center (continued)

Documents

Business Documents - Scan on 7/1/2016 7:01 AM: AGREEMENT TO PAY FOR HEALTHCARE SERVICES; 2016/06/22; HALL HEALTH

Scan (below)

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost
CPT Code(s): _____ CPT Description(s): Office Visit and all related services _____	☐ Medicare does not pay for experimental or research use tests/services ☐ Medicare does not pay for this test or service as often as this (denied as too frequent) ☐ Medicare does not pay for this test or service for your condition ☐ Other _____	$100-450

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.
  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the V1817 listed above. You may be ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I'm responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Representative)	Print Name	Date
[signature]	Jean Hoffman	6/22/16

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

OMB APPROVAL 0938-0566

PT.NO N3927850
NAME Jeanne Hoffman Place EPIC Label Within Box
DOB 1/6/1925

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE - MEDICAL RECORD
CANARY - PATIENT

UH1731 REV OCT 15

06/22/2016 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

06/22/2016 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/29/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 7/29/2016
Quantity: 30 tablet — Refill: 2

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/29/2016
Start date: 4/29/2016 — End date: 11/28/2016
Quantity: 20 tablet — Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/18/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/11/2016
Start date: 5/11/2016 — End date: 7/18/2016
Quantity: 5 mL — Refill: 1

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/29/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/27/2016
Start date: 5/27/2016 — End date: 8/29/2016

06/22/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 90 tablet | Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD | Ordered on: 6/2/2016
Start date: 6/2/2016 | End date: 9/21/2016
Quantity: 270 tablet | Refill: 0

Stopped in Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD | Discontinued on: 6/22/2016

Messages

RE: Health Information Update

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	6/30/2016 12:52 PM

Last Read in MyChart
Not Read

I am happy to discuss your invitation to Essex, which I cannot accept, in person at your next visit.

William E Neighbor, MD

RE: Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	6/28/2016 2:26 PM

OOPS ....had some discussion already, as to terminal in ability to maintain self-supporting daily life.
Jeans expectation is to expire at home or pass doing daily activities.
I will provide, if necessary home bed-side care/similar to my Grandmother's end of life care.
Hospices is not considered at this time.
An Amendment should be added.

Note: Haves required "Family Mediation" as referral from Bainbridge Island Police Dept, in order to end family hostility and build a better family unity.

Be advised, that Jack Louis Calliet Alloin (Jeans Brother) is in the n-stage of life, unable to care for himself.
Since the family fell apart over the last 40 years ago, over homophobia, family members have

06/22/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

avoid contact with Jean.
Deep inside Jean, she is gravely hurt, that she is denied interaction with grand and great grand children and nephews.
Because she supports LGBQT Community & Civil Rights, including giving birth to a gay son.
It is very hard on Jean, to be rejected by family members and scorned and dehumanized by family.
Jean's, pioneering spirit, as you have seen, hides the shame of not being allowed to talk about her bio-family.
This including, not being accepted in the social community, as Jean, has no friends, no one to share conversation.
Being isolated from society.

Remember, even you have reject human interactions with to her, hiding her feeling in fear of total rejection.
Are you understanding what ESSEX was about and what rejection is?
Having to make up the excuse, so a part of Jean can be happy.

Humans in Distress

RE: Health Information Update

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	6/27/2016 11:58 AM

Last Read in MyChart
6/28/2016 1:41 PM by Hoffman, Jeanne Leonie

What I need is her health care directives for how she wants to be cared for at the end of life.
We can discuss more at the next visit which would be better than E care.

William E Neighbor, MD

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	6/22/2016 6:52 PM

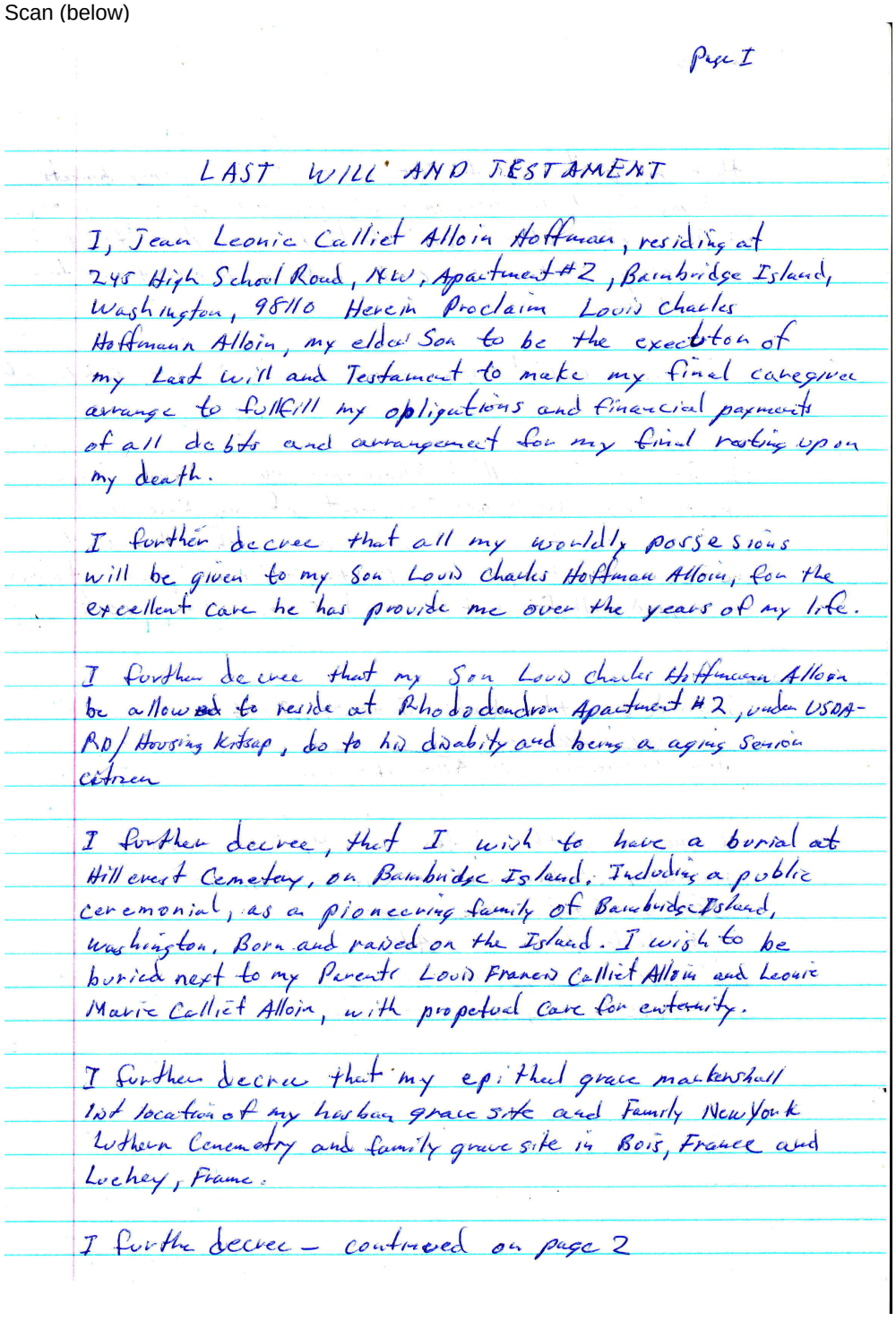
As request My Will as of June 4, 2016. It may be amended as time dictates.

06/22/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents

Patient Entered Attachment - Scan on 6/22/2016 6:52 PM: will-pg1

Scan (below)



Page I

LAST WILL AND TESTAMENT

I, Jean Leonie Calliet Alloin Hoffman, residing at 245 High School Road, NW, Apartment #2, Bainbridge Island, Washington, 98110 Herein Proclaim Louis Charles Hoffmann Alloin, my eldest Son to be the executor of my Last will and Testament to make my final caregiver arrange to fulfill my obligations and financial payments of all debts and arrangement for my final resting upon my death.

I further decree that all my worldly possessions will be given to my Son Louis Charles Hoffman Alloin, for the excellent care he has provide me over the years of my life.

I further decree that my Son Louis Charles Hoffmann Alloin be allowed to reside at Rhododendron Apartment #2, under USDA-RD/ Housing kitsap, do to his disabity and being a aging Senior citizen

I further decree, that I wish to have a burial at Hillcrest Cemetery, on Bainbridge Island. Including a public ceremonial, as a pioneering family of Bainbridge Island, Washington. Born and raised on the Island. I wish to be buried next to my Parents Louis Francis Calliet Alloin and Leonie Marie Calliet Alloin, with propetual care for eternity.

I further decree that my epithet grace marker shall list location of my husban grave site and family New York Lutheran Cemetary and family grave site in Bois, France and Luchey, France.

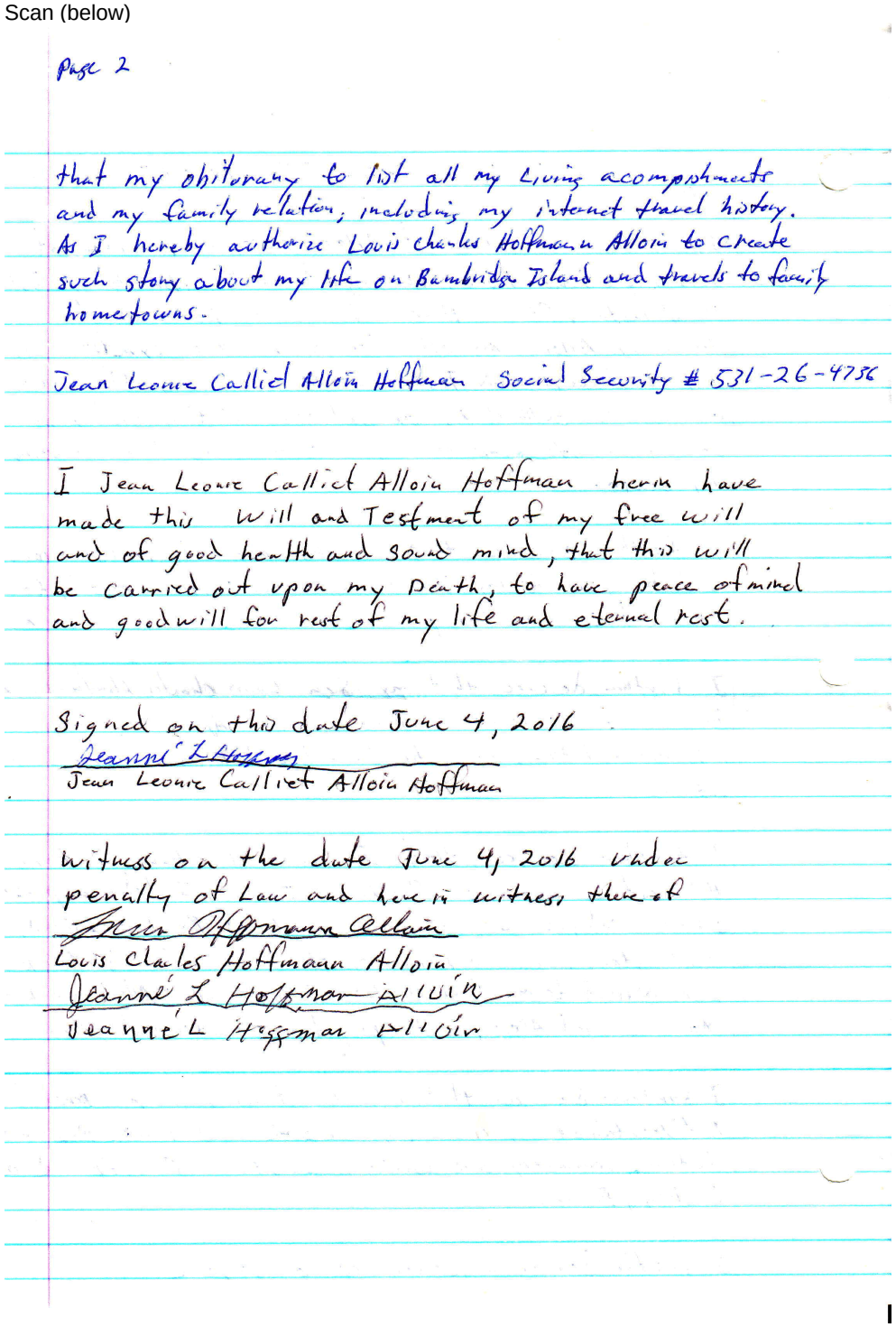
I further decree – continued on page 2

06/22/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents (continued)

Patient Entered Attachment - Scan on 6/22/2016 6:52 PM: will-pg2

Scan (below)



Page 2

that my obituary to list all my Living accomplishments and my family relation, including my internet travel history. As I hereby authorize Louis charles Hoffmann Alloin to create such story about my life on Bambridge Island and travels to family hometowns.

Jean Leonie Callict Alloin Hoffman Social Security # 531-26-4756

I Jean Leonie Callict Alloin Hoffman herein have made this will and Testment of my free will and of good health and sound mind, that this will be carried out upon my Death, to have peace of mind and goodwill for rest of my life and eternal rest.

Signed on this date June 4, 2016
Jeanne L Hoffman
Jean Leonie Callict Alloin Hoffman

witness on the date June 4, 2016 under penalty of Law and here is witness there of
Louis Charles Hoffmann Alloin
Jeanne L Hoffman Alloin
Jeanne L Hoffman Alloin

06/22/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents (continued)

Patient Entered Attachment - Scan on 6/22/2016 6:52 PM: jean-91.6a

Scan (below)



06/02/2016 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: History of recurrent deep vein thrombosis (DVT)

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 7/29/2016
Quantity: 30 tablet
Refill: 2

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/18/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/11/2016
Start date: 5/11/2016
End date: 7/18/2016
Quantity: 5 mL
Refill: 1

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

06/02/2016 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/29/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/27/2016
Start date: 5/27/2016
End date: 8/29/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/2/2016
Start date: 6/2/2016
End date: 9/21/2016
Quantity: 270 tablet
Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Figueroa, Junny, CMA at 6/2/2016 1158

1-Name of requested medication: Pentoxifylline ER 400 MG Oral Tab CR
2-Date last refilled: 7/29/15
3-Date of last office visit: 5/4/16
4-Next office visit (scheduled or expected):6/22/16

Electronically signed by Figueroa, Junny, CMA at 6/2/2016 11:59 AM

Other Orders

Medications

Pentoxifylline ER 400 MG Oral Tab CR (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 06/02/16 1236**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 06/02/16 1236
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine TID 06/02/16 - 09/21/16
Class: E-RX
Released by: Neighbor Jr., William E, MD 06/02/16 1236
Discontinued by: Neighbor Jr., William E, MD 09/21/16 1110 [Reorder]

Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

Messages

Your Medications

From	To	Sent and Delivered

06/02/2016 - Refill in Hall Health Primary Care Center (continued)

Messages (continued)

Uw Mychart, Patient User	Hoffman, Jeanne Leonie	6/2/2016 3:31 PM

Last Read in MyChart
6/24/2016 2:06 PM by Hoffman, Jeanne Leonie

Dear Jeanne,

Your provider has approved the following medication(s) and has submitted your medication order to the pharmacy you requested:

- Pentoxifylline ER 400 MG Oral Tab CR

Please call your pharmacy to find out when it will be ready for you to pick up.

If you have any questions about your prescription, please call or send a message to your provider.

Thank you for using UW Medicine eCare.

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	6/2/2016 11:17 AM

Original authorizing provider: William E Neighbor, MD

Jeanne Leonie Hoffman would like a refill of the following medications:
Pentoxifylline ER 400 MG Oral Tab CR [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

Comment:
ASAP

05/27/2016 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: AFTERCARE LONG TERM ANTICOAG USE

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 7/29/2016
Quantity: 30 tablet
Refill: 2

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

05/27/2016 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/18/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/11/2016
Start date: 5/11/2016
End date: 7/18/2016
Quantity: 5 mL
Refill: 1

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/29/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/27/2016
Start date: 5/27/2016
End date: 8/29/2016
Quantity: 90 tablet
Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Figueroa, Junny, CMA at 5/27/2016 1026

1-Name of requested medication: Warfarin Sodium (COUMADIN) 5 MG Oral Tab
2-Date last refilled: 1/6/16
3-Date of last office visit: 5/4/16
4-Next office visit (scheduled or expected): NONE

Electronically signed by Figueroa, Junny, CMA at 5/27/2016 10:28 AM

Other Orders

Medications

Warfarin Sodium (COUMADIN) 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 05/27/16 1541**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 05/27/16 1541
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/27/16 - 08/29/16
Class: E-RX
Released by: Neighbor Jr., William E, MD 05/27/16 1541
Discontinued by: Neighbor Jr., William E, MD 08/29/16 1328 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [Z79.01] - AFTERCARE LONG TERM ANTICOAG USE
Admin instructions: 1 TAB PO ONCE each evening
Medication comments: Due to extended train trip planned, needs 60 days.
Reordered from: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Indications

Long term (current) use of anticoagulants [Z79.01 (ICD-10-CM)]

Messages

05/27/2016 - Refill in Hall Health Primary Care Center (continued)

Messages (continued)

Your Medications

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	5/27/2016 3:51 PM

Last Read in MyChart
6/24/2016 2:06 PM by Hoffman, Jeanne Leonie

Dear Jeanne,

Your provider has approved the following medication(s) and has submitted your medication order to the pharmacy you requested:

- Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Please call your pharmacy to find out when it will be ready for you to pick up.

If you have any questions about your prescription, please call or send a message to your provider.

Thank you for using UW Medicine eCare.

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/27/2016 8:24 AM

Original authorizing provider: William E Neighbor, MD

Jeanne Leonie Hoffman would like a refill of the following medications:
Warfarin Sodium (COUMADIN) 5 MG Oral Tab [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

Comment:

05/10/2016 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 7/29/2016
Quantity: 30 tablet
Refill: 2

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

05/10/2016 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/18/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/11/2016
Start date: 5/11/2016
End date: 7/18/2016
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Figueroa, Junny, CMA at 5/10/2016 1022

1-Name of requested medication:Timolol Maleate 0.5 % Ophthalmic Solution
2-Date last refilled: 3/7/16
3-Date of last office visit: 5/4/16
4-Next office visit (scheduled or expected): 6/22/16

Electronically signed by Figueroa, Junny, CMA at 5/10/2016 10:24 AM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 05/11/16 0911**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 05/11/16 0911
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine BID 05/11/16 - 07/18/16
Class: E-RX
Released by: Neighbor Jr., William E, MD 05/11/16 0911
Discontinued by: Neighbor Jr., William E, MD 07/18/16 1159 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS
Reordered from: Timolol Maleate 0.5 % Ophthalmic Solution

Indications

Unspecified glaucoma [H40.9 (ICD-10-CM)]

05/04/2016 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnoses:

- DVT, recurrent, lower extremity, chronic, unspecified laterality (primary)
- BENIGN HYPERTENSION
- HYPERLIPIDEMIA NEC/NOS
- Long term current use of anticoagulant therapy

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/11/2016

05/04/2016 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/7/2016
Start date: 3/7/2016 — End date: 5/10/2016
Quantity: 5 mL — Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/29/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 7/29/2016
Quantity: 30 tablet — Refill: 2

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/31/2016
Start date: 3/31/2016 — End date: 4/16/2017
Quantity: 45 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/29/2016
Start date: 4/29/2016 — End date: 11/28/2016
Quantity: 20 tablet — Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 5/4/2016 1102

Jeanne Leonie Hoffman is a 91 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow Up Visit
  labs

She comes in today for followup. She did not have time to have an INR done prior to the visit. She's been on a stable dose of Coumadin. She's had no recent swelling of her legs. She continues to use the below-the-knee stockings.

She is requesting a 90 day refill on her atorvastatin rather than 30 day period

Her son is present with her today.

Problem List

Patient Active Problem List

Diagnosis	Date Noted

05/04/2016 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- DJD (degenerative joint disease) of lumbar spine [M47.816] 08/30/2013
- Vertebral fracture [IMO0002] 12/13/2012
  Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed

- Thyroid nodule, uninodular [E04.1] 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
  5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- Osteoporosis, unspecified [M81.0] 03/04/2008
  T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
  Began fosamax spring 2008. Continued for five years, then stopped

- Long term current use of anticoagulant therapy [Z79.01] 01/08/2008
  Reason for anticoagulation: Recurrent dvts
  Duration of anticoagulation: life
  INR goal: 2.-3

- FX FEMUR INTRCAPS NOS-CLOSE [S72.019A] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [E53.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Other convulsions [R56.9] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

- ESOPHAGEAL REFLUX [K21.9] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic [I82.509] 11/20/2006

Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [E78.5] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- ALLERGIC RHINITIS NOS [J30.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Other physical therapy [IMO0001] 01/22/2015
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [M62.81] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Outpatient Prescriptions Marked as Taking for the 5/4/16 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Atorvastatin Calcium 20 MG Oral Tab	Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction	30 tablet	2
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	0
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	0

Social history:

History

Sexual Activity	
• Sexual Activity:	Not on file

History

Substance Use Topics	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol Use:	No

Objective:
BP 116/72 mmHg | Pulse 76
Estimated body mass index is 23.90 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 1/6/16: 57.335 kg (126 lb 6.4 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 116/72
General: NAD
Mild redness of the face noted at her last visit which may have been due to rubbing is resolved.

Lab and other tests: Her urinalysis at her last visit was unremarkable.

Assessment and Plan:
1. BENIGN HYPERTENSION
Blood pressure averages 150/80. A bit lower today. Plan is to continue low dose diuretic and repeat blood pressure in one month.

2. HYPERLIPIDEMIA NEC/NOS
Has been on statins since 2004. LDL well controlled. In interim diet has changed. Will stop atorvastatin and check

05/04/2016 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

lipids in 4-6 weeks.
- LIPID PANEL; Future

3. DVT, recurrent, lower extremity, chronic, unspecified laterality
No recurrence. Due for protime.
- PROTHROMBIN TIME

4. Long term current use of anticoagulant therapy
Due for protime. Complaint with medication.
- PROTHROMBIN TIME

Other:
-Follow up with audiology.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

5/5/2016
Lipid panel had been future ordered for after she stopped statin, but was done with her INR yesterday. LDL was in desired range. Next step is to stop medication and check lipids in 6 weeks as part of the desirable level may be due to substantial dietary changes.
William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 5/5/2016 2:26 PM

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 05/04/16 1108** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 05/04/16 1108 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/04/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
DVT, recurrent, lower extremity, chronic, unspecified laterality [I82.509]
Long term current use of anticoagulant therapy [Z79.01]

Specimen Information

ID	Type	Source	Collected By
W74406	Plasma	—	05/04/16 1108

PROTHROMBIN TIME (Abnormal) Resulted: 05/04/16 1248, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 05/04/16 1248
Collected by: 05/04/16 1108 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 05/04/16 1453
Figueroa, Junny, CMA on 05/05/16 0854

Components

Component	Value	Reference Range	Flag	Lab

05/04/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Prothrombin Time Patient	34.1	10.7 - 15.6 s	H	UWMC
Prothrombin INR	3.5	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, unspecified laterality (HCC) [I82.509 (ICD-10-CM)]
Long term current use of anticoagulant therapy [Z79.01 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 5/4/2016 14:53

LIPID PANEL (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 05/04/16 1108** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 05/04/16 1108 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/04/16 - Class: Normal
Quantity: 1 Released by: Neighbor Jr., William E, MD 05/04/16 1108
Diagnoses
Other and unspecified hyperlipidemia [E78.5] - HYPERLIPIDEMIA NEC/NOS

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

LIPID PANEL Resulted: 05/04/16 1548, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 05/04/16 1548
Collected by: 05/04/16 1120 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 05/05/16 1426

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	144	<200 mg/dL	—	UWMC
Triglyceride	119	<150 mg/dL	—	UWMC
HDL Cholesterol	47	>39 mg/dL	—	UWMC
Cholesterol (LDL)	73	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	97	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	3.1	—	—	UWMC
Lipid Panel, Additional Info.	(NOTE)	—	—	UWMC

Comment:
For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://web.labmed.washington.edu/tests/chemistry/LIPID

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-	06/12/15 1029 - 02/13/20 0811

05/04/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

0001

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

LIPID PANEL (Completed)

Electronically signed by: **Neighbor Jr., William E, MD on 05/05/16 1425** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 05/05/16 1425 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/05/16 - Class: Normal
Quantity: 1
Diagnoses
Other and unspecified hyperlipidemia [E78.5] - HYPERLIPIDEMIA NEC/NOS

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

LIPID PANEL (Abnormal)

Resulted: 06/22/16 1616, Result status: Final result

Order status: Completed
Collected by: 06/22/16 1134
Acknowledged by
Figueroa, Junny, CMA on 06/22/16 1625
Neighbor Jr., William E, MD on 06/22/16 1636

Filed by: Uw Lab Results Interface, User 06/22/16 1617
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	258	<200 mg/dL	H	UWMC
Triglyceride	163	<150 mg/dL	H	UWMC
HDL Cholesterol	46	>39 mg/dL	—	UWMC
Cholesterol (LDL)	179	<130 mg/dL	H	UWMC
Non-HDL Cholesterol	212	0 - 159 mg/dL	H	UWMC
Cholesterol/HDL Ratio	5.6	—	—	UWMC
Lipid Panel, Additional Info.	(NOTE)	—	—	UWMC

Comment:
For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://web.labmed.washington.edu/tests/chemistry/LIPID

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	05/04/16 1050
BP	116/72

05/04/2016 - Office Visit in Hall Health Primary Care Center (continued)

Flowsheets (continued)

BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	76
Pulse Regularity	Regular

Patient Instructions

Assessment and Plan:
1. BENIGN HYPERTENSION
Blood pressure averages 150/80. A bit lower today. Plan is to continue low dose diuretic and repeat blood pressure in one month.

2. HYPERLIPIDEMIA NEC/NOS
Has been on statins since 2004. LDL well controlled. In interim diet has changed. Will stop atorvastatin and check lipids in 4-6 weeks.
- LIPID PANEL; Future

3. DVT, recurrent, lower extremity, chronic, unspecified laterality
No recurrence. Due for protime.
- PROTHROMBIN TIME

4. Long term current use of anticoagulant therapy
Due for protime. Complaint with medication.
- PROTHROMBIN TIME

Other:
-Follow up with audiology.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E, MD at 5/4/2016 11:10 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

Jeanne Leonie Hoffman
5/4/2016 10:40 AM Office Visit

Description: **Female DOB: 1/6/1925**
Provider: **William E Neighbor, MD**
Department: **Hh Pct (331)**

To-Do List

Future Orders	Please complete on or after:	Expires
LIPID PANEL	6/4/2016	6/4/2017

Pick Up These Prescriptions At Your Pharmacy

None

We Ordered the Following Tests, Referrals, and Immunizations

PROTHROMBIN TIME

Instructions

Assessment and Plan:

1. BENIGN HYPERTENSION

Blood pressure averages 150/80. A bit lower today. Plan is to continue low dose diuretic and repeat blood pressure in one month.

2. HYPERLIPIDEMIA NEC/NOS

Has been on statins since 2004. LDL well controlled. In interim diet has changed. Will stop atorvastatin and check lipids in 4-6 weeks.
- LIPID PANEL; Future

3. DVT, recurrent, lower extremity, chronic, unspecified laterality

No recurrence. Due for protime.
- PROTHROMBIN TIME

4. Long term current use of anticoagulant therapy

Due for protime. Complaint with medication.
- PROTHROMBIN TIME

Other:
-Follow up with audiology.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Problems and Diagnoses Covered Today

DVT, recurrent, lower extremity, chronic, unspecified laterality - Primary
BENIGN HYPERTENSION
HYPERLIPIDEMIA NEC/NOS
Long term current use of anticoagulant therapy

Your Current Medications Are

Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed
Atorvastatin Calcium 20 MG Oral Tab	Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Losartan Potassium 25 MG Oral Tab	One half tablet daily
Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Ophthalmic	Place 1 drop in each EYE 2 times a day.

Solution	
Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter
Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening

Reason for Visit

Follow Up Visit labs

Reason for Visit History

Vital Signs Measured This Visit - Last Recorded

BP	Pulse	OB Status	Smoking Status
116/72 mmHg	76	Postmenopausal	Never Smoker

Problem List as of 5/4/2016

Other convulsions
ESOPHAGEAL REFLUX
SENSORNEUR HEAR LOSS NOS
DVT, recurrent, lower extremity, chronic
HYPERLIPIDEMIA NEC/NOS
ALLERGIC RHINITIS NOS
GENERAL OSTEOARTHROSIS
BENIGN HYPERTENSION
Unspecified glaucoma(365.9)
Routine general medical examination at a health care facility
Type 2 diabetes mellitus without complication
FX FEMUR INTRCAPS NOS-CLOSE
VITAMIN B DEFICIENCY NOS
Long term current use of anticoagulant therapy
Osteoporosis, unspecified
Vertebral fracture
Thyroid nodule, uninodular
DJD (degenerative joint disease) of lumbar spine
Urine incontinence
Pseudophakia, both eyes
Hip joint stiffness
Leg weakness, bilateral
Weakness of trunk musculature
Other physical therapy

Allergies as of 5/4/2016 11:11 AM

Allergen	Noted	Reaction Type	Reactions
Adhesives	10/21/2010		
Aspirin	01/06/2012	Allergy	Other
Nitrofurantoin	07/25/2008		Other
Confusion, loss of appetitie, nausea, abdominal pain			
Penicillins	08/12/2003		Rash

05/04/2016 - Office Visit in Hall Health Primary Care Center (continued)

After Visit Summary (continued)

Allergen	Noted	Reaction Type	Reactions
Sulfa Antibiotics	08/12/2003		Rash

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White	Not Hispanic or Latino	English	English

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

05/04/2016 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- HYPERLIPIDEMIA NEC/NOS

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

05/04/2016 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/21/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening except one half tab on Sundays
Entered by: Neighbor Jr., William E, MD
Entered on: 4/7/2017
Start date: 4/7/2017
End date: 8/21/2017
Quantity: 90 tablet

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/8/2017
Reason for discontinuation: Reorder
Instructions: TAKE 1/2 TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2017
Start date: 4/17/2017
End date: 12/8/2017
Quantity: 45 tablet
Refill: 2

Stopped in Visit

None

Labs

LIPID PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 05/04/16 1108**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 05/04/16 1108
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 05/04/16 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Reyes, Mildred A, Technologist 5/4/2016 11:22 AM
Diagnoses
Other and unspecified hyperlipidemia [E78.5] - HYPERLIPIDEMIA NEC/NOS

Specimen Information

ID	Type	Source	Collected By
W74596	Serum	—	05/04/16 1120

LIPID PANEL
Resulted: 05/04/16 1548, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 05/04/16 1548
Collected by: 05/04/16 1120
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 05/05/16 1426

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	144	<200 mg/dL	—	UWMC
Triglyceride	119	<150 mg/dL	—	UWMC
HDL Cholesterol	47	>39 mg/dL	—	UWMC
Cholesterol (LDL)	73	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	97	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	3.1	—	—	UWMC
Lipid Panel, Additional Info.	(NOTE)	—	—	UWMC

Comment:
For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here:
http://web.labmed.washington.edu/tests/chemistry/LIPID

05/04/2016 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 5/5/2016 14:26

04/28/2016 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: GENERAL OSTEOARTHROSIS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/11/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/7/2016
Start date: 3/7/2016
End date: 5/10/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 7/29/2016
Quantity: 30 tablet
Refill: 2

Losartan Potassium 25 MG Oral Tab

04/28/2016 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Figueroa, Junny, CMA at 4/28/2016 1608

1-Name of requested medication:Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab
2-Date last refilled: 1/6/16
3-Date of last office visit: 3/30/16
4-Next office visit (scheduled or expected):5/4/16

Electronically signed by Figueroa, Junny, CMA at 4/28/2016 4:09 PM

Neighbor Jr., William E, MD at 4/29/2016 1551

Reviewed. Last prescription in January. Appropriate use.
Refilled.
William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 4/29/2016 3:52 PM

Other Orders

Medications

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 04/29/16 1551**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 04/29/16 1551
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 04/29/16 - 11/28/16
Class: Normal
Released by: Neighbor Jr., William E, MD 04/29/16 1551
Discontinued by: Neighbor Jr., William E, MD 11/28/16 1604
Diagnoses
Generalized osteoarthrosis, unspecified site [M15.9] - GENERAL OSTEOARTHROSIS

04/28/2016 - Refill in Hall Health Primary Care Center (continued)

Other Orders (continued)

Admin instructions: one po once daily for arthritic pain as needed
Medication comments: Taking 40 day train trip returning Sept 10 so needs additional 20 tabs
Reordered from: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Indications

Generalized osteoarthrosis, unspecified site [M15.9 (ICD-10-CM)]

03/31/2016 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: BENIGN HYPERTENSION

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

03/31/2016 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/11/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/7/2016
Start date: 3/7/2016
End date: 5/10/2016
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Figueroa, Junny, CMA at 3/31/2016 1432

1-Name of requested medication: Losartan Potassium 25 MG Oral Tab
2-Date last refilled: 7/29/15 3x
3-Date of last office visit:3/30/16
4-Next office visit (scheduled or expected): 5/4/16

Electronically signed by Figueroa, Junny, CMA at 3/31/2016 2:33 PM

Other Orders

Medications

Losartan Potassium 25 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 03/31/16 1555**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 03/31/16 1555
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 03/31/16 - 04/16/17
Class: E-RX
Released by: Neighbor Jr., William E, MD 03/31/16 1555
Discontinued by: Neighbor Jr., William E, MD 04/17/17 0854 [Reorder]

Diagnoses
Essential hypertension, benign [I10] - BENIGN HYPERTENSION
Admin instructions: One half tablet daily
Reordered from: Losartan Potassium 25 MG Oral Tab

Indications

Essential hypertension, benign [I10 (ICD-10-CM)]

Messages

03/31/2016 - Refill in Hall Health Primary Care Center (continued)

Messages (continued)

RE: Medication Renewal Request

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	3/31/2016 3:55 PM
Last Read in MyChart		
Not Read		

Refill sent.

William E Neighbor, MD

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	3/31/2016 2:13 PM

Original authorizing provider: William E Neighbor, MD

Jeanne Leonie Hoffman would like a refill of the following medications:
Losartan Potassium 25 MG Oral Tab [William E Neighbor, MD]
Atorvastatin Calcium 20 MG Oral Tab [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

Comment:

03/31/2016 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: HYPERLIPIDEMIA NEC/NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/11/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/7/2016
Start date: 3/7/2016
End date: 5/10/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

03/31/2016 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 7/29/2016
Quantity: 30 tablet
Refill: 2

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Figueroa, Junny, CMA at 3/31/2016 0950

1-Name of requested medication: Atorvastatin Calcium 20 MG Oral Tab
2-Date last refilled: 12/18/15 2x
3-Date of last office visit: 3/30/16
4-Next office visit (scheduled or expected): 5/4/16

Electronically signed by Figueroa, Junny, CMA at 3/31/2016 9:51 AM

Other Orders

Medications

Atorvastatin Calcium 20 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 03/31/16 1556**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 03/31/16 1556
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine Daily 03/31/16 - 07/29/16
Class: E-RX
Released by: Neighbor Jr., William E, MD 03/31/16 1556
Discontinued by: Neighbor Jr., William E, MD 07/29/16 1400 [Reorder]
Diagnoses
Other and unspecified hyperlipidemia [E78.5] - HYPERLIPIDEMIA NEC/NOS
Admin instructions: For cholesterol reduction
Reordered from: Atorvastatin Calcium 20 MG Oral Tab

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

03/30/2016 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 4/7/2017
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

03/30/2016 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2016
Start date: 12/7/2016
End date: 12/20/2017
Quantity: 45 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/23/2017
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/18/2017
Start date: 1/18/2017
End date: 5/23/2017
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/10/15 1400**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/10/15 1400
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/10/15 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Reyes, Mildred A, Technologist 3/30/2016 10:56 AM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]

Specimen Information

ID	Type	Source	Collected By
W21379	Plasma	—	03/30/16 1056

PROTHROMBIN TIME (Abnormal)
Resulted: 03/30/16 1223, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 03/30/16 1224
Collected by: 03/30/16 1056
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Beck, Karen L on 03/30/16 1429
Neighbor Jr., William E, MD on 03/30/16 1658

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	29.2	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.9	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

03/30/2016 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 3/30/2016 16:58

03/30/2016 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnoses:

- History of UTI (primary)
- Skin rash
- DVT, recurrent, lower extremity, chronic, bilateral

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder

03/30/2016 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/18/2015
Start date: 12/18/2015 — End date: 3/31/2016
Quantity: 30 tablet — Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/6/2016
Start date: 1/6/2016 — End date: 5/27/2016
Quantity: 90 tablet — Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/6/2016
Start date: 1/6/2016 — End date: 4/28/2016
Quantity: 20 tablet — Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/11/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/7/2016
Start date: 3/7/2016 — End date: 5/10/2016
Quantity: 5 mL — Refill: 1

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 3/30/2016 1109

Jeanne Leonie Hoffman is a 91 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow Up Visit
  lab work

Anticoagulation

Stable dose of Coumadin. Compliant. INR pending at time of visit.

Skin rash

3 day history of dry slightly red rash over the midportion of her forehead and upper nose.. She reports she began using a hair cream that she had not used before.

Followup UTI

She completed the course of antibiotics one month ago. She has felt energetic and improved. She's had no fever, chills, night sweats. No dysuria. Urine has been clear.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [M47.816]	08/30/2013
• Vertebral fracture [IMO0002]	12/13/2012
Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	
• Thyroid nodule, uninodular [E04.1]	12/13/2012
CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	
• Osteoporosis, unspecified [M81.0]	03/04/2008
T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped	
• Long term current use of anticoagulant therapy [Z79.01]	01/08/2008
Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3	
• FX FEMUR INTRCAPS NOS-CLOSE [S72.019A]	05/01/2007
Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	
• VITAMIN B DEFICIENCY NOS [E53.9]	05/01/2007
Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency	
• Other convulsions [R56.9]	11/20/2006
Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence	

03/30/2016 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- ESOPHAGEAL REFLUX [K21.9] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic [I82.509] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [E78.5] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- ALLERGIC RHINITIS NOS [J30.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Other physical therapy [IMO0001] 01/22/2015
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [M62.81] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

- Type 2 diabetes mellitus without complication [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

Outpatient Prescriptions Marked as Taking for the 3/30/16 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	20 tablet	0
• Atorvastatin Calcium 20 MG Oral Tab	Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction	30 tablet	2
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	0
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	0

Social history:

History

Sexual Activity	
• Sexual Activity:	Not on file

History

Substance Use Topics	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol Use:	No

Objective:
BP 159/78 mmHg | Pulse 69
Estimated body mass index is 23.90 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 1/6/16: 57.335 kg (126 lb 6.4 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 159/78
General: NAD
Skin: Dry confluent mildly erythematous rash over the glabellar area therefore had an upper nose. No involvement of the nasolabial folds. No involvement of the periorbital areas

03/30/2016 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Lab and other tests: Labs from last visit reviewed

Assessment and Plan:
1. History of UTI
Completed treatment for UTI one month ago. Repeat urinalysis ordered today. She is currently asymptomatic.
- URINALYSIS WORKUP

2. Skin rash
Nonspecific skin inflammation dryness. Advise lubricating lotion and topical hydrocortisone 1/2-1% applied over the next 10 days then discontinued. She should avoid using the hair cream which he thinks may have caused this rash.

3. DVT, recurrent, lower extremity, chronic, bilateral
INR is pending today. Recheck in one month.

Other:
Her labs were reviewed. Vitamin D level was borderline low. Advise vitamin D 1000 2000 units daily particularly during the winter months but probably all year round given that she does have not been out in the sun very much.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

3/30/2016 5:41 PM
INR was 2.9.
Urinalysis showed trace leukocyte esterase however microscopic examination showed vaginal contamination and no white blood cells. I believe her urinary tract infection is resolved.

Electronically signed by Neighbor Jr., William E, MD at 3/30/2016 5:42 PM

Labs

URINALYSIS WORKUP (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 03/30/16 1113** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 03/30/16 1113 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 03/30/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
History of UTI [Z87.440]

Specimen Information

ID	Type	Source	Collected By
W21575	Urine	—	03/30/16 1113

URINALYSIS WORKUP (Abnormal) Resulted: 03/30/16 1231, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 03/30/16 1231
Collected by: 03/30/16 1113 Resulting lab: UW MEDICINE HALL HEALTH LAB
Acknowledged by
Beck, Karen L on 03/30/16 1429

03/30/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Neighbor Jr., William E, MD on 03/30/16 1657

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	HALLH
Clarity, URN	Cloudy	—	—	HALLH
Specific Gravity, URN	1.021	1.002 - 1.027 g/mL	—	HALLH
pH, URN	< or =5.0	5.0 - 8.0	—	HALLH
Protein (Alb Semiquant), URN	Negative	NRN mg/dL	—	HALLH
Glucose Qual, URN	Negative	NRN mg/dL	—	HALLH
Ketones, URN	Negative	NRN mg/dL	—	HALLH
Bilirubin (Qual), URN	Negative	NRN	—	HALLH
Occult Blood, URN	Negative	NRN	—	HALLH
Nitrite, URN	Negative	NRN	—	HALLH
Leukocyte Esterase, URN	Trace	NRN	A !	HALLH
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}	—	HALLH
Comments for Macroscopic, URN	None	—	—	HALLH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
34 - HALLH	UW MEDICINE HALL HEALTH LAB	Chou, David, MD	4000 STEVENS WAY #354410 RM 112 SEATTLE WA 98116-3406	06/12/15 1021 - 02/12/20 1533

Indications

History of UTI [Z87.440 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 3/30/2016 16:57

URINALYSIS MICROSCOPIC (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 03/30/16 1113** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 03/30/16 1113 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 03/30/16 1113 - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W21575	Urine	—	03/30/16 1113

URINALYSIS MICROSCOPIC (Abnormal) Resulted: 03/30/16 1231, Result status: Final result

Order status: Completed
Collected by: 03/30/16 1113
Acknowledged by
Beck, Karen L on 03/30/16 1429
Neighbor Jr., William E, MD on 03/30/16 1657

Filed by: Uw Lab Results Interface, User 03/30/16 1232
Resulting lab: UW MEDICINE HALL HEALTH LAB

Components

Component	Value	Reference Range	Flag	Lab
WBC, URN	0-5(NEG)	Z5NEG /[HPF]	—	HALLH
RBC, URN	0-2(NEG)	Z2NEG /[HPF]	—	HALLH

03/30/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Bacteria, URN	Present	NOSEEN	A !	HALLH
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /[LPF]	A !	HALLH
Epith Cells Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	HALLH
Comments For Microscopic, URN	None	NONE	—	HALLH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
34 - HALLH	UW MEDICINE HALL HEALTH LAB	Chou, David, MD	4000 STEVENS WAY #354410 RM 112 SEATTLE WA 98116-3406	06/12/15 1021 - 02/12/20 1533

All Reviewers List

Neighbor Jr., William E, MD on 3/30/2016 16:57

Other Orders

Other

ZEBRA LABELS (Completed)

Electronically signed by: **Figueroa, Junny, CMA on 03/30/16 1127** Status: **Completed**
Ordering user: Figueroa, Junny, CMA 03/30/16 1127 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 03/30/16 - Class: Normal
Quantity: 1

Questionnaire

Question	Answer
How many Zebra labels should print?	2

Flowsheets

Vital Data

Row Name	03/30/16 1059
BP	159/78
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	69
Pulse Regularity	Regular

Messages

summary of visit

From: William E Neighbor Jr., MD
To: Hoffman, Jeanne Leonie
Sent and Delivered: 3/30/2016 5:41 PM
Last Read in MyChart: Not Read

Jeanne: Below is a summary of your visit.

Assessment and Plan:
1. History of UTI
Completed treatment for UTI one month ago. Repeat urinalysis ordered today. She is currently asymptomatic.
- URINALYSIS WORKUP

2. Skin rash
Nonspecific skin inflammation dryness. Advise lubricating lotion and topical hydrocortisone 1/2-1% applied over the next 10 days then discontinued. She should avoid using the hair cream which he thinks may have caused this rash.

3. DVT, recurrent, lower extremity, chronic, bilateral
INR is pending today. Recheck in one month.

Other:
Her labs were reviewed. Vitamin D level was borderline low. Advise vitamin D 1000 2000 units daily particularly during the winter months but probably all year round given that she does have not been out in the sun very much.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

03/07/2016 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

03/07/2016 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/11/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/7/2016
Start date: 3/7/2016
End date: 5/10/2016
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Figueroa, Junny, CMA at 3/7/2016 0904

1-Name of requested medication: Timolol Maleate 0.5 % Ophthalmic Solution
2-Date last refilled:12/18/15
3-Date of last office visit: 2/24/16
4-Next office visit (scheduled or expected): 3/30/16

Electronically signed by Figueroa, Junny, CMA at 3/7/2016 9:05 AM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 03/07/16 1318**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 03/07/16 1318
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine BID 03/07/16 - 05/10/16
Class: E-RX
Released by: Neighbor Jr., William E, MD 03/07/16 1318
Discontinued by: Neighbor Jr., William E, MD 05/11/16 0911 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS
Reordered from: Timolol Maleate 0.5 % Ophthalmic Solution

Indications

Unspecified glaucoma [H40.9 (ICD-10-CM)]

Messages

Your Medications

03/07/2016 - Refill in Hall Health Primary Care Center (continued)

Messages (continued)

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	3/10/2016 10:18 AM
Last Read in MyChart		
Not Read		

Dear Jeanne,

Your provider has approved the following medication(s) and has submitted your medication order to the pharmacy you requested:

- Timolol Maleate 0.5 % Ophthalmic Solution

Please call your pharmacy to find out when it will be ready for you to pick up.

If you have any questions about your prescription, please call or send a message to your provider.

Thank you for using UW Medicine eCare.

eye drop prescription submitted.

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	3/7/2016 1:19 PM
Last Read in MyChart		
3/8/2016 9:52 AM by Hoffman, Jeanne Leonie		

Your eye drop prescription was submitted.

William E Neighbor, MD

02/26/2016 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

02/26/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Ciprofloxacin HCl 250 MG Oral Tab

Instructions: Take 1 tablet (250 mg) by mouth every 12 hours for 5 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/25/2016
Start date: 2/25/2016
End date: 3/1/2016
Quantity: 10 tablet
Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Phillips, Katherine C, RN at 2/26/2016 1720

RN spoke to Louis to confirm receipt of eCare message. He states he received eCare message and understands about ABX RX and about changes to Coumadin dose while on ABX. Will have Jeanne check warfarin dose on Wednesday. Jeanne feeling well, was up and about today running errands with him.

K. Phillips, NR

Electronically signed by Phillips, Katherine C, RN at 2/26/2016 5:21 PM

Messages

RE: Medical Advice

From	To	Sent and Delivered
Katherine C Phillips, RN	Hoffman, Jeanne Leonie	2/26/2016 8:52 AM

Last Read in MyChart
Not Read

Hi Louis,

02/26/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

My name is Kate and I'm one of the nurses here at Hall Health. I'm glad to see that you were able to access the lab results. Dr. Neighbor sent another message with further instructions about Jeanne's warfarin tablets. I'm not sure you were able to view that, so I've included the body of that message here:

"I sent in a prescription to your Bainbridge pharmacy for ciprofloxacin 250 mg twice daily for five days for a bladder infection. This antibiotic worked well when you had an infection in September 2015. Because it can result in an increase your protime, I would reduce your dose of coumadin slightly. You currently take one 5 mg tab of warfarin daily. I would like you to reduce the dose on Saturday to one half tablet. I would like you to get an INR done on Wednesday of next week."

I will forward your message to Dr. Neighbor, but I wanted to be sure you saw these instructions in addition to the information about the antibiotics.

Take care,

Kate, RN

If you need further assistance please call:

After hours consulting nurse: 206-744-2500

Hall Health consulting nurse: 206-221-2517

Appointment desk: 206-616-2495

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	2/26/2016 8:39 AM

After reviewing test results, particular to reoccurring infection.
I discussed this with Jean, that a better hygiene program, must be introduced to daily cleaning upon soiled incontinence pad use and cleaning under garments with ammonia rinse wash. Including better bathing habits, that concentrate on washing with shower wan spry in infected area.

Louis

02/25/2016 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaints: Results, RN10, and Triage
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

02/25/2016 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Ciprofloxacin HCl 250 MG Oral Tab

Instructions: Take 1 tablet (250 mg) by mouth every 12 hours for 5 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/25/2016
Start date: 2/25/2016
End date: 3/1/2016
Quantity: 10 tablet
Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Phillips, Katherine C, RN at 2/25/2016 1525

RN call to patient to inform of recent lab results at Dr. Neighbor's request
Left message informing of new RX for ABX to treat UTI, and encouraged to refer to Dr. Neighbor's eCare message for dosing specifics. Did not leave details given request for email contact as preferred.
Encouraged to call back with questions or concerns.
K. Phillips, RN

Electronically signed by Phillips, Katherine C, RN at 2/25/2016 3:27 PM

Phillips, Katherine C, RN at 2/26/2016 1042

See eCare message 2/26.

Electronically signed by Phillips, Katherine C, RN at 2/26/2016 10:42 AM

02/24/2016 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Medication Management
Visit diagnoses:

- Fatigue, unspecified type (primary)
- VITAMIN B DEFICIENCY NOS
- Type 2 diabetes mellitus without complication
- Mixed incontinence
- BENIGN HYPERTENSION
- Vitamin D deficiency
- Bladder infection

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

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Active at the End of Visit

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Entered by: Neighbor Jr., William E, MD
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Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
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Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

02/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Ciprofloxacin HCl 250 MG Oral Tab

Instructions: Take 1 tablet (250 mg) by mouth every 12 hours for 5 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/25/2016
Start date: 2/25/2016
End date: 3/1/2016
Quantity: 10 tablet
Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 2/24/2016 1059

Jeanne Leonie Hoffman is a 91 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Medication Management
  medication managment/ lab work/ poss shots

Jeanne comes in with her son for monthly visit for anticoagulation review. She has an appointment for a change in her

hearing aids coming up. She reports that she feels like something is not quite right. She denies any fever or chills. Her appetite has been good according to her son. She's had no nausea or vomiting or complaints of chest pain, cough, abdominal pain, diarrhea, or other change in bowel movements. She denies any change in urinary frequency, urine color, or any dysuria. There's been no incontinence. She reports being compliant with her medications are overseen by her son. He confirms this.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [M47.816]	08/30/2013
• Vertebral fracture [IMO0002] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	12/13/2012
• Thyroid nodule, uninodular [E04.1] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	12/13/2012
• Osteoporosis, unspecified [M81.0] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped	03/04/2008
• Long term current use of anticoagulant therapy [Z79.01] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3	01/08/2008
• FX FEMUR INTRCAPS NOS-CLOSE [S72.019A] Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	05/01/2007
• VITAMIN B DEFICIENCY NOS [E53.9] Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency	05/01/2007
• Type II or unspecified type diabetes mellitus without	03/27/2007

mention of complication, not stated as uncontrolled [E11.9]
Year onset: Dx March 2007
Metformin discontinued 2011 as A1c in target range without it.
Diet and weight controlled.

- Other convulsions [R56.9] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

- ESOPHAGEAL REFLUX [K21.9] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic [I82.509] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [E78.5] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- ALLERGIC RHINITIS NOS [J30.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no

Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

- Other physical therapy [IMO0001] 01/22/2015
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [M62.81] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

Outpatient Prescriptions Marked as Taking for the 2/24/16 encounter (Office Visit) with Neighbor Jr., William E, MD

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	20 tablet	0
• Atorvastatin Calcium 20 MG Oral Tab	Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction	30 tablet	2
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	0
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	0

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Social history:

History

Sexual Activity

- Sexual Activity: Not on file

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: No

Objective:

BP 153/70 mmHg | Pulse 59
Estimated body mass index is 23.90 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 1/6/16: 57.335 kg (126 lb 6.4 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 153/70
General: NAD
Appears well.
Chest; Clear
Cor: Regular pulse. No murmur
Abd: Soften and non tender in sitting position
Extr: Without swelling

Lab and other tests: pending

Assessment and Plan:

1. Fatigue, unspecified type

No specific cancer on history or physical examination pointing to a cause for her subjective sense that something is "wrong". Labs have been ordered.
- CBC, DIFF
- THYROID STIMULATING HORMONE
- CRP, HIGH SENSITIVITY
- Urinalysis with Reflex Culture
- FERRITIN

2. VITAMIN B DEFICIENCY NOS

She continues to take vitamin B12. She is due for followup testing.
- METHYLMALONIC ACID

3. Type 2 diabetes mellitus without complication

Diet controlled. Due for A1c and lipid panel. Depending upon results may be able to reduce or discontinue lipid-lowering agent and then followup with repeat lipid panel.
- LIPID PANEL
- HEMOGLOBIN A1C, HPLC

4. Mixed incontinence

She denies any incontinence currently.

5. BENIGN HYPERTENSION

02/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Blood pressure reasonably controlled for age in clinic. Due for a basic metabolic panel.
- BASIC METABOLIC PANEL

6. Vitamin D deficiency
She's had vitamin D deficiency in the past. Because of chronic issues with balance though she's had no recent falls we'll recheck vitamin D level.
- VITAMIN D (25 HYDROXY)

I will contact her with test results. Next visit with me in one month.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

2/25/2016 1:57 PM
Urinalysis reveals microscopic pyuria and bacteriuria and urine culture is growing Escherichia coli. Sensitivities pending. Last Escherichia coli urinary tract infection was in September of 2000 T. The Escherichia coli at that time was pansensitive. She was prescribed ciprofloxacin at that time. She tolerated this well. She has prior sensitivity to nitrofurantoin. She is instructed to reduce warfarin by one half tablet on Saturday.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 2/25/2016 2:07 PM

Labs

Urinalysis with Reflex Culture (Edited Result - FINAL)

Electronically signed by: **Neighbor Jr., William E, MD on 02/24/16 1112** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/24/16 1112 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/24/16 - Class: Normal
Quantity: 1 Lab status: Edited Result - FINAL
Diagnoses
Fatigue, unspecified type [R53.83]

Specimen Information

ID	Type	Source	Collected By
W43741	Urine	—	02/24/16 1112

Resulted: 02/24/16 1310, Result status: Edited Result - FINAL

Urinalysis with Reflex Culture (Abnormal)

Order status: Completed Filed by: Uw Lab Results Interface, User 02/24/16 1626
Collected by: 02/24/16 1112 Resulting lab: UW MEDICINE HALL HEALTH LAB
Acknowledged by
Figueroa, Junny, CMA on 02/25/16 1104
Beck, Karen L on 02/25/16 1314
Neighbor Jr., William E, MD on 02/25/16 1347

Components

Component	Value	Reference Range	Flag	Lab

02/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Color, URN	Yellow	—	—	HALLH
Clarity, URN	Cloudy	—	—	HALLH
Specific Gravity, URN	1.017	1.002 - 1.027 g/mL	—	HALLH
pH, URN	< or =5.0	5.0 - 8.0	—	HALLH
Protein (Alb Semiquant), URN	Negative	NRN mg/dL	—	HALLH
Glucose Qual, URN	Negative	NRN mg/dL	—	HALLH
Ketones, URN	Negative	NRN mg/dL	—	HALLH
Bilirubin (Qual), URN	Negative	NRN	—	HALLH
Occult Blood, URN	Negative	NRN	—	HALLH
Nitrite, URN	Positive	NRN	A !	HALLH
Leukocyte Esterase, URN	Positive	NRN	A !	HALLH
Urobilinogen, URN	0.1-1.9	URONML EHRLICH UNITS	—	HALLH
Comments for Macroscopic, URN	None	—	—	HALLH
WBC, URN	21-50(2+)	Z5NEG /HPF	A !	HALLH
RBC, URN	0-2(NEG)	Z2NEG /HPF	—	HALLH
Bacteria, URN	Present	NOSEEN	A !	HALLH
Epith Cells Squamous, URN	0-5(NEG)	LT6 /LPF	—	HALLH
Epith Cells Renal/Trans,URN	<3(NEG)	LESS3 /HPF	—	HALLH
Comments For Microscopic, URN	None	NONE	—	HALLH
1st Extra Urine Gray Top	Additional collection tube	—	—	HALLH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
34 - HALLH	UW MEDICINE HALL HEALTH LAB	Chou, David, MD	4000 STEVENS WAY #354410 RM 112 SEATTLE WA 98116-3406	06/12/15 1021 - 02/12/20 1533

Indications

Fatigue, unspecified type [R53.83 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 3/1/2016 13:28
Neighbor Jr., William E, MD on 2/25/2016 13:47

REFLEX CULTURE FOR UA (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/24/16 1112** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/24/16 1112 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 02/24/16 1112 - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W43741	Urine	—	02/24/16 1112

REFLEX CULTURE FOR UA Resulted: 02/24/16 1626, Result status: Final result

Order status: Completed
Collected by: 02/24/16 1112
Acknowledged by
Figueroa, Junny, CMA on 02/25/16 1104
Beck, Karen L on 02/25/16 1314
Filed by: Uw Lab Results Interface, User 02/24/16 1626
Resulting lab: UW MEDICAL CENTER LABS

02/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Neighbor Jr., William E, MD on 02/25/16 1347

Components

Component	Value	Reference Range	Flag	Lab
Reflex Culture for UA	Order Processed	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

All Reviewers List

Neighbor Jr., William E, MD on 3/1/2016 13:28
Neighbor Jr., William E, MD on 2/25/2016 13:47

URINE C&S (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/24/16 1112** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/24/16 1112 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: STAT 02/24/16 1112 - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W46721	Urine	—	02/24/16 1112

URINE C&S Resulted: 02/26/16 0917, Result status: Final result

Order status: Completed
Collected by: 02/24/16 1112
Acknowledged by
Beck, Karen L on 02/26/16 0944
Figueroa, Junny, CMA on 02/26/16 1006
Neighbor Jr., William E, MD on 03/01/16 1328

Filed by: Uw Lab Results Interface, User 02/26/16 0918
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	UWMC
Colony Count	>100,000 Col/mL	—	—	UWMC
Culture Result: 4+ Escherichia coli	--	—	—	UWMC
Culture	Comment: See link for important guidelines regarding the interpretation of susceptibility reports: http://tests.labmed.washington.edu/abx	—	—	UWMC

02/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Sensitivities

Organism	Antibiotic	Sensitivity	Method
Escherichia coli	Ampicillin	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ampicillin/sulbactam	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Aztreonam	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefazolin	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefepime	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefotetan	<=16 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftazidime	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftriaxone	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ciprofloxacin	<=0.06 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Doxycycline	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ertapenem	<=0.12 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Gentamicin	<=4 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Levofloxacin	<=0.5 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Meropenem	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Moxifloxacin	<=0.25 -	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Nitrofurantoin	<=32 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Piperacillin/tazobactam	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Trimeth_Sulfamethoxazole	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

All Reviewers List

Neighbor Jr., William E, MD on 3/1/2016 13:28
Neighbor Jr., William E, MD on 2/25/2016 13:47

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/24/16 1112** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/24/16 1112 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/24/16 - Class: Normal
Quantity: 1 Lab status: Final result

02/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Diagnoses
Essential hypertension, benign [I10] - BENIGN HYPERTENSION

Specimen Information

ID	Type	Source	Collected By
W43736	Serum	—	02/24/16 1207

BASIC METABOLIC PANEL (Abnormal) Resulted: 02/24/16 1657, Result status: Final result

Order status: Completed
Collected by: 02/24/16 1207
Acknowledged by
Figueroa, Junny, CMA on 02/25/16 1104
Beck, Karen L on 02/25/16 1314
Neighbor Jr., William E, MD on 02/25/16 1347

Filed by: Uw Lab Results Interface, User 02/24/16 1657
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	135 - 145 mEq/L	—	UWMC
Potassium	4.1	3.6 - 5.2 mEq/L	—	UWMC
Chloride	109	98 - 108 mEq/L	H	UWMC
Carbon Dioxide, Total	26	22 - 32 mEq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	117	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	19	8 - 21 mg/dL	—	UWMC
Creatinine	0.84	0.38 - 1.02 mg/dL	—	UWMC
Calcium	9.4	8.9 - 10.2 mg/dL	—	UWMC
GFR, Calc, European American	>60	>59 mL/min	—	UWMC
GFR, Calc, African American	>60	>59 mL/min	—	UWMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Essential hypertension, benign [I10 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 3/1/2016 13:28
Neighbor Jr., William E, MD on 2/25/2016 13:47

02/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

CBC, DIFF (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/24/16 1112** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/24/16 1112 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/24/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Fatigue, unspecified type [R53.83]

Specimen Information

ID	Type	Source	Collected By
W43736	Whole blood	—	02/24/16 1207

CBC, DIFF (Abnormal)

Resulted: 02/24/16 1339, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 02/24/16 1340
Collected by: 02/24/16 1207 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Figueroa, Junny, CMA on 02/24/16 1453
Beck, Karen L on 02/25/16 1314
Neighbor Jr., William E, MD on 02/25/16 1347

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.81	4.3 - 10.0 THOU/uL	—	UWMC
RBC	3.71	3.80 - 5.00 mil/uL	L	UWMC
Hemoglobin	11.5	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	36	36 - 45 %	—	UWMC
MCV	98	81 - 98 fL	—	UWMC
MCH	31.0	27.3 - 33.6 pg	—	UWMC
MCHC	31.6	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	207	150 - 400 THOU/uL	—	UWMC
RDW-CV	14.0	11.6 - 14.4 %	—	UWMC
% Neutrophils	62	%	—	UWMC
% Lymphocytes	30	%	—	UWMC
% Monocytes	4	%	—	UWMC
% Eosinophils	3	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	0	%	—	UWMC
Neutrophils	3.64	1.80 - 7.00 THOU/uL	—	UWMC
Absolute Lymphocyte Count	1.74	1.00 - 4.80 THOU/uL	—	UWMC
Monocytes	0.21	0.00 - 0.80 THOU/uL	—	UWMC
Absolute Eosinophil Count	0.18	0.00 - 0.50 THOU/uL	—	UWMC
Basophils	0.03	0.00 - 0.20 THOU/uL	—	UWMC
Immature Granulocytes	0.01	0.00 - 0.05 THOU/uL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST.	06/12/15 1029 - 02/13/20 0811

02/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

SEATTLE WA 98195-0001

Indications

Fatigue, unspecified type [R53.83 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 3/1/2016 13:28
Neighbor Jr., William E, MD on 2/25/2016 13:47

LIPID PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/24/16 1112** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/24/16 1112 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/24/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Type 2 diabetes mellitus without complication (HCC) [E11.9]

Specimen Information

ID	Type	Source	Collected By
W43736	Serum	—	02/24/16 1207

LIPID PANEL Resulted: 02/24/16 1657, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 02/24/16 1657
Collected by: 02/24/16 1207 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 02/25/16 1347

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	175	<200 mg/dL	—	UWMC
Triglyceride	133	<150 mg/dL	—	UWMC
HDL Cholesterol	55	>39 mg/dL	—	UWMC
Cholesterol (LDL)	93	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	120	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	3.2	—	—	UWMC
Lipid Panel, Additional Info.	(NOTE)	—	—	UWMC

Comment:
For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://web.labmed.washington.edu/tests/chemistry/LIPID

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Type 2 diabetes mellitus without complication (HCC) [E11.9 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 3/1/2016 13:28

02/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Neighbor Jr., William E, MD on 2/25/2016 13:47

METHYLMALONIC ACID (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/24/16 1112** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/24/16 1112 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/24/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Unspecified vitamin B deficiency [E53.9] - VITAMIN B DEFICIENCY NOS

Specimen Information

ID	Type	Source	Collected By
W43736	Serum	—	02/24/16 1207

METHYLMALONIC ACID Resulted: 02/26/16 0833, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 02/26/16 0835
Collected by: 02/24/16 1207 Resulting lab: HARBORVIEW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 03/01/16 1328

Components

Component	Value	Reference Range	Flag	Lab
Methylmalonic Acid	0.20	<0.30 mcmol/L	—	HMC

Comment:
Reference range comments for Methylmalonic Acid: Normal <0.30 umol/L
Indeterminate 0.30-0.40 umol/L Elevated >0.40 umol/L

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Indications

Unspecified vitamin B deficiency [E53.9 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 3/1/2016 13:28

THYROID STIMULATING HORMONE (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/24/16 1112** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/24/16 1112 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/24/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Fatigue, unspecified type [R53.83]

Specimen Information

ID	Type	Source	Collected By
W43736	Serum	—	02/24/16 1207

THYROID STIMULATING HORMONE Resulted: 02/24/16 1730, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 02/24/16 1730

02/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Collected by: 02/24/16 1207
Acknowledged by: Neighbor Jr., William E, MD on 02/25/16 1347

Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Thyroid Stimulating Hormone	2.113	0.400 - 5.000 uIU/mL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Fatigue, unspecified type [R53.83 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 3/1/2016 13:28
Neighbor Jr., William E, MD on 2/25/2016 13:47

HEMOGLOBIN A1C, HPLC (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/24/16 1112**
Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/24/16 1112
Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/24/16 -
Class: Normal
Quantity: 1
Lab status: Final result
Diagnoses
Type 2 diabetes mellitus without complication (HCC) [E11.9]

Specimen Information

ID	Type	Source	Collected By
W43736	Whole blood	—	02/24/16 1207

HEMOGLOBIN A1C, HPLC (Abnormal)
Resulted: 02/25/16 1047, Result status: Final result

Order status: Completed
Collected by: 02/24/16 1207
Acknowledged by
Figueroa, Junny, CMA on 02/25/16 1104
Beck, Karen L on 02/25/16 1314
Neighbor Jr., William E, MD on 02/25/16 1347

Filed by: Uw Lab Results Interface, User 02/25/16 1047
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.2	4.0 - 6.0 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

02/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Indications

Type 2 diabetes mellitus without complication (HCC) [E11.9 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 3/1/2016 13:28
Neighbor Jr., William E, MD on 2/25/2016 13:47

CRP, HIGH SENSITIVITY (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/24/16 1112** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/24/16 1112 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/24/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Fatigue, unspecified type [R53.83]

Specimen Information

ID	Type	Source	Collected By
W43736	Serum	—	02/24/16 1207

CRP, HIGH SENSITIVITY Resulted: 02/24/16 1657, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 02/24/16 1657
Collected by: 02/24/16 1207 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 02/25/16 1347

Components

Component	Value	Reference Range	Flag	Lab
C_Reactive Protein	0.8	0.0 - 10.0 mg/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Fatigue, unspecified type [R53.83 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 3/1/2016 13:28
Neighbor Jr., William E, MD on 2/25/2016 13:47

VITAMIN D (25 HYDROXY) (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/24/16 1112** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/24/16 1112 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 02/24/16 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Vitamin D deficiency [E55.9]
Scheduling instructions
Vitamin D (25-Hydroxy) is not covered with routine preventative visits. It is only indicated and covered with the following diagnoses: osteoporosis, hypocalcemia or hypercalcemia, chronic kidney disease stage III or greater, hypercalcuria, hyper viataminosis D, parathyroid disorders, malabsorption states, obstructive jaundice, osteomalacia, rickets, and vitamin D deficiency related to the above

02/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

diagnoses. Medicare patients who do not have an above condition but desire testing must sign an ABN and agree to pay.

Specimen Information

ID	Type	Source	Collected By
W43736	Serum	—	02/24/16 1207

VITAMIN D (25 HYDROXY) Resulted: 02/26/16 0852, Result status: Final result

Order status: Completed
Collected by: 02/24/16 1207
Acknowledged by: Neighbor Jr., William E, MD on 03/01/16 1328

Filed by: Uw Lab Results Interface, User 02/26/16 0853
Resulting lab: HARBORVIEW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Vitamin D2 (25_Hydroxy)	<1.0	ng/mL	—	HMC
Vitamin D3 (25_Hydroxy)	20.7	ng/mL	—	HMC
Vit D (25_Hydroxy) Total	20.7	20.1 - 50.0 ng/mL	—	HMC
Vit D (25_Hydroxy) Interp	Normal: 20.1-50.0 ng/mL	—	—	HMC

Comment:
For more information see
http://web.labmed.washington.edu/tests/chemistry/VITDG2.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LABS	Coombs, Robert W, MD	325 9TH AVE #359743 RM GWH-47 SEATTLE WA 98104-2420	06/12/15 1023 - 02/12/20 1534

Indications

Vitamin D deficiency [E55.9 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 3/1/2016 13:28

FERRITIN (Final result)

Electronically signed by: **Neighbor Jr., William E, MD on 02/24/16 1116** Status: **Completed**
Ordering user: Neighbor Jr., William E, MD 02/24/16 1116
Ordering mode: Standard
Frequency: Routine 02/24/16 -
Quantity: 1
Diagnoses
Fatigue, unspecified type [R53.83]

Authorized by: Neighbor Jr., William E, MD
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W43736	Serum	—	02/24/16 1207

FERRITIN Resulted: 02/24/16 1730, Result status: Final result

Order status: Completed
Collected by: 02/24/16 1207
Acknowledged by: Neighbor Jr., William E, MD on 02/25/16 1347

Filed by: Uw Lab Results Interface, User 02/24/16 1730
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab

02/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Ferritin	24	10 - 180 ng/mL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Fatigue, unspecified type [R53.83 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 3/1/2016 13:28
Neighbor Jr., William E, MD on 2/25/2016 13:47

Other Orders

Medications

Ciprofloxacin HCl 250 MG Oral Tab (Expired)

Electronically signed by: **Neighbor Jr., William E, MD on 02/25/16 1404** Status: **Expired**
Ordering user: Neighbor Jr., William E, MD 02/25/16 1404 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine q12h 02/25/16 - 5 days Class: E-RX
Diagnoses
Acute cystitis without hematuria [N30.00]

Indications

Acute cystitis without hematuria [N30.00 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	02/24/16 1050
BP	153/70
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	59
Pulse Regularity	Regular

Messages

antibiotic treatment for bladder infection

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	2/25/2016 2:06 PM

Last Read in MyChart
Not Read

I sent in a prescription to your Bainbridge pharmacy for ciprofloxacin 250 mg twice daily for

02/24/2016 - Office Visit in Hall Health Primary Care Center (continued)

Messages (continued)

five days for a bladder infection. This antibiotic worked well when you had an infection in September 2015. Because it can result in an increase your protime, I would reduce your dose of coumadin slightly. You currently take one 5 mg tab of warfarin daily. I would like you to reduce the dose on Saturday to one half tablet. I would like you to get an INR done on Wednesday of next week.

William E Neighbor, MD

01/06/2016 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- GENERAL OSTEOARTHROSIS

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E, MD	Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL II

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder

01/06/2016 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/18/2015
Start date: 12/18/2015 — End date: 3/7/2016
Quantity: 5 mL — Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/18/2015
Start date: 12/18/2015 — End date: 3/31/2016
Quantity: 30 tablet — Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/6/2016
Start date: 1/6/2016 — End date: 5/27/2016
Quantity: 90 tablet — Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/6/2016
Start date: 1/6/2016 — End date: 4/28/2016
Quantity: 20 tablet — Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E, MD at 1/6/2016 1139

Jeanne Leonie Hoffman is a 91 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up

Jeanne he is in with her son Louis today. She has decreased her losartan to one half tab of 25 mg tablet daily. She continues otherwise on her same medications. She has an INR and lipid panel pending today. Today is her 91st birthday. She has no specific complaints.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [M47.816]	08/30/2013
• Vertebral fracture [IMO0002]	12/13/2012

Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up

imaging in 6 months showed healed

- Thyroid nodule, uninodular [E04.1] 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
  5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- Osteoporosis, unspecified [M81.0] 03/04/2008
  T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
  Began fosamax spring 2008. Continued for five years, then stopped

- Long term current use of anticoagulant therapy [Z79.01] 01/08/2008
  Reason for anticoagulation: Recurrent dvts
  Duration of anticoagulation: life
  INR goal: 2.-3

- FX FEMUR INTRCAPS NOS-CLOSE [S72.019A] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [E53.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

- Other convulsions [R56.9] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

- ESOPHAGEAL REFLUX [K21.9] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [H90.5] 11/20/2006

Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic [I82.509] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [E78.5] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- ALLERGIC RHINITIS NOS [J30.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Other physical therapy [IMO0001] 01/22/2015
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [M62.81] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

No outpatient prescriptions have been marked as taking for the 1/6/16 encounter (Office Visit) with Neighbor Jr., William E, MD.

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome	11/20/2006
Carpal tunnel release right wrist in 1989	
• DIAPHRAGMATIC HERNIA	11/20/2006
CT of abdomen in 2006	

No past surgical history on file.

No family history on file.

Social history:

History

Sexual Activity	
• Sexual Activity:	Not on file

History

Substance Use Topics	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol Use:	No

Objective:
BP 167/70 mmHg | Pulse 60 | Wt 57.335 kg (126 lb 6.4 oz)
Estimated body mass index is 23.9 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of this encounter: 57.335 kg (126 lb 6.4 oz).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 167/70
General: NAD
Her affect was positive.

Lab and other tests: pending

Assessment and Plan:
1. AFTERCARE LONG TERM ANTICOAG USE
INR pending at time of visit
- Warfarin Sodium (COUMADIN) 5 MG Oral Tab; 1 TAB PO ONCE each evening Dispense: 90 tablet; Refill: 0

2. GENERAL OSTEOARTHROSIS
Stable low dose of Tylenol with codeine. Needs refill.
- Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab; one po once daily for arthritic pain as needed Dispense: 20 tablet; Refill: 0

01/06/2016 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Other:
Blood pressure was elevated today. This was not re-measured. It will be rechecked at her next visit. We had small birthday party for her today.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Orders Only on 01/06/16

1. PROTHROMBIN TIME

Result	Value	Ref Range
Prothrombin Time Patient	24.2 (H)	10.7 - 15.6 s
Prothrombin INR	2.3 (H)	0.8 - 1.3

2. LIPID PANEL

Result	Value	Ref Range
Cholesterol (Total)	168	<200 mg/dL
Triglyceride	88	<150 mg/dL
Cholesterol (HDL)	57	>39 mg/dL
Cholesterol (LDL)	93	<130 mg/dL
Non-HDL Cholesterol	111	0 - 159 mg/dL
Cholesterol/HDL Ratio	2.9	
Lipid Panel, Additional Info.	(NOTE)	

Patient was written for the results. INR is in the target range. No change in Coumadin dose. LDL is well controlled with a favorable HDL cholesterol. Consider decrease in atorvastatin dose to 10 mg daily.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E, MD at 1/11/2016 11:56 AM

Labs

Urinalysis Complete, URN (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 01/06/16 1151** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 01/06/16 1151 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 01/06/16 - Class: Clinic Collect
Quantity: 1 Discontinued by: Neighbor Jr., William E, MD 01/06/16 1152

Other Orders

Medications

Warfarin Sodium (COUMADIN) 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 01/06/16 1227** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 01/06/16 1227 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 01/06/16 - 05/27/16 Class: E-RX

01/06/2016 - Office Visit in Hall Health Primary Care Center (continued)

Other Orders (continued)

Discontinued by: Neighbor Jr., William E, MD 05/27/16 1541 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [Z79.01] - AFTERCARE LONG TERM ANTICOAG USE
Admin instructions: 1 TAB PO ONCE each evening
Medication comments: Due to extended train trip planned, needs 60 days.
Reordered from: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Indications

Long term (current) use of anticoagulants [Z79.01 (ICD-10-CM)]

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 01/06/16 1227** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 01/06/16 1227 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 01/06/16 - 04/28/16 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 04/29/16 1551 [Reorder]
Diagnoses
Generalized osteoarthrosis, unspecified site [M15.9] - GENERAL OSTEOARTHROSIS
Admin instructions: one po once daily for arthritic pain as needed
Medication comments: Taking 40 day train trip returning Sept 10 so needs additional 20 tabs
Reordered from: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Indications

Generalized osteoarthrosis, unspecified site [M15.9 (ICD-10-CM)]

Other

ZEBRA LABELS (Discontinued)

Electronically signed by: **Neighbor Jr., William E, MD on 01/06/16 1151** Status: **Discontinued**
Ordering user: Neighbor Jr., William E, MD 01/06/16 1151 Authorized by: Neighbor Jr., William E, MD
Ordering mode: Standard
Frequency: Routine 01/06/16 - Class: Normal
Quantity: 1 Discontinued by: Neighbor Jr., William E, MD 01/06/16 1153

Questionnaire

Question	Answer
How many Zebra labels should print?	2

Flowsheets

Vital Data

Row Name	01/06/16 1122
Weight	57.3 kg (126 lb 6.4 oz)
BP	167/70
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	60

01/06/2016 - Office Visit in Hall Health Primary Care Center (continued)

Documents

Clinical - Scan on 2/9/2016 2:09 PM: AUDIOGRAMS; 2016/01/16; UWMC

Scan (below)

PP-28 Attachment A
Rev. 7/29/2014

UW Medicine

CONFIDENTIAL

UW Speech and Hearing Clinic

4131-15th Ave. NE Box 354875

Seattle, WA 98105

FACSIMILE COVER SHEET

TO: UWMC FROM: JORDAN LEGROS

ORGANIZATION: otolaryngology/audiology PHONE: 206-543-5440

PHONE: FAX: 206-616-1185

FAX: 598-6611 EMAIL: jlegros @uw.edu

DATE: 1/26/16 PAGES: 2
(including this cover sheet)

COMMENTS: audiograms

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is STRICTLY prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is NOT sufficient for this purpose.

01/06/2016 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

206-616-1185 08:25:30 a.m. 01-26-2016 2 /2

UW Speech and Hearing Clinic

Patient Authorization to Disclose, Release and/or Obtain Protected Health Information

Patient Name: Jean Hoffman Date of Birth: 1-6-25 Telephone #:

Purpose of Disclosure:
☐ Attorney ☐ Insurance ☒ Provider ☐ Personal ☐ Other *(specify)*

INFORMATION TO BE RELEASED FROM:
☐ UW Speech & Hearing Clinic
☐ Harborview Medical Center & Clinics
☒ UW Medical Center & Clinics
☐ Northwest Hospital and Medical Center & Clinics
☐ Valley Medical Center & Clinics
☐ Hall Health Primary Care Center
☐ UW Neighborhood Clinics
OR:
_____ *(Org/Person)*
_____ *(Address)*
_____ *(City, ST, Zip)*
_____ *(Phone/Fax)*

INFORMATION TO BE RELEASED TO:
_____ *(Org/Person)*
_____ *(Address)*
_____ *(City, ST, Zip)*
OR: _____ *(Phone/Fax)*
☒ UW Speech & Hearing Clinic
☐ Harborview Medical Center & Clinics
☐ UW Medical Center & Clinics
☐ Northwest Hospital and Medical Center & Clinics
☐ Valley Medical Center & Clinics
☐ Hall Health Primary Care Center
☐ UW Neighborhood Clinics

If requesting a copy of your own records, how would you like to receive the information? ☐ Paper ☐ CD

Type of Information *(check appropriate box):*
☐ **Summary of Visit/Chart notes from date:** _____ **to date:** _____
☐ **All Medical Records from date:** _____ **to date:** _____
☐ **All Medical Records**
☐ **Images** *(specify type – radiology, endoscopy, e.g.)* _____
☐ **Other** *(specify type – discharge summary, operative reports, lab reports, billings, e.g.)* Audiograms
☐ **I authorize VERBAL COMMUNICATION about my medical history and care.**
OR:
☐ **I authorize VERBAL COMMUNICATION ONLY about my medical history and care.** *(Checking this box means no physical records will be sent.)*

Patient Authorization: I understand that my records may contain information regarding the diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, drug and/or alcohol abuse, mental illness or psychiatric condition.

I give my specific authorization for this information to be released: Yes___ No___

This authorization is valid until _____ *(date)* **OR** when the following event occurs: _____
(State when UW Medicine is no longer authorized to disclose my information based on this authorization. If no date or event is listed above, this authorization is valid for three years from the date on which it is signed.)

Note: Authorizations to disclose your information to an employer or financial institution can only be effective for a maximum of one-year from the date signed by you.

By signing this page, I acknowledge that I have read and agreed to the terms on both sides of this form.

Signature *(Patient Or Person Authorized To Give Authorization)*	Date
If Signed by Person Other Than Patient, Provide Reason, Relationship to Patient, Description of Their Authority	

UH0626 REV JUN14

University of Washington Speech & Hearing Clinic
4131 15th Avenue NE, Seattle, WA 98105-6299 (206) 543-5440 fax: (206) 616-1185
Clinic website: shclinic.washington.edu Email address: shclinic@u.washington.edu

01/06/2016 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral
- HYPERLIPIDEMIA NEC/NOS

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/7/2016
Quantity: 15 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 4/7/2017
Quantity: 90 tablet
Refill: 3

01/06/2016 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/27/2016
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/17/2016
Start date: 11/17/2016
End date: 12/26/2016
Quantity: 5 mL
Refill: 0

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/10/15 1400**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/10/15 1400
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/10/15 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Karmelich, Karen A 1/6/2016 11:01 AM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]

Specimen Information

ID	Type	Source	Collected By
W48898	Plasma	—	01/06/16 1101

PROTHROMBIN TIME (Abnormal)
Resulted: 01/06/16 1229, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 01/06/16 1229
Collected by: 01/06/16 1101
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E, MD on 01/07/16 1725
Figueroa, Junny, CMA on 01/08/16 1444

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	24.2	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.3	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

01/06/2016 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 1/7/2016 17:25

LIPID PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E on 12/18/15 1616** Status: **Completed**
Ordering user: Neighbor Jr., William E 12/18/15 1616 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/18/15 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Karmelich, Karen A 1/6/2016 11:28 AM
Diagnoses
Other and unspecified hyperlipidemia [E78.5] - HYPERLIPIDEMIA NEC/NOS

Specimen Information

ID	Type	Source	Collected By
W49188	Serum	—	01/06/16 1128

LIPID PANEL Resulted: 01/06/16 1518, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 01/06/16 1518
Collected by: 01/06/16 1128 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 01/07/16 1725

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	168	<200 mg/dL	—	UWMC
Triglyceride	88	<150 mg/dL	—	UWMC
HDL Cholesterol	57	>39 mg/dL	—	UWMC
Cholesterol (LDL)	93	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	111	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	2.9	—	—	UWMC
Lipid Panel, Additional Info.	(NOTE)	—	—	UWMC

Comment:
For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://web.labmed.washington.edu/tests/chemistry/LIPID

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E, MD on 1/7/2016 17:25

01/05/2016 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

01/05/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	1/5/2016 2:41 PM

This is the 3 person from the UW that has been involved in hatred. Appears that UW is supporting them.

Question: How many people at Hall Health are radical extremist?
How dangerous is Hall Health or UWMC or UW as a whole.?

Mike Keough UW ALUMNI Radical Hate Person
Mike Keough
mikekeough@icloud.com

Lady -

You're nuts...and always have been. Please remove me from the onslaught of email you send about your ridiculous, self serving family train trip bullshit with that gay, child abusing convict you call a son.

He even tried serving up drugs to me as a teenager in our home at Thanksgiving. You two deserve each other. Since he's never been able to sustain employment, no doubt he keeps Doug away from you to protect you paying for everything! Since he was never rehabilitated, he should still be behind bars!

From what I understand, that gay bastard doesn't even let your own son see you anymore!! And you're going to lecture my dad??? You're crazier than a rat in a tin shithouse!

As it relates to your sister..my mother, you two idiots couldn't even bother to come to see her on her death bed...but can beetle around the country on trains!!!

You're not worth the keystrokes to comment further. Hope the next time I hear about you is in an obituary...soon! Society will be better off. No more email from you...PERIOD!

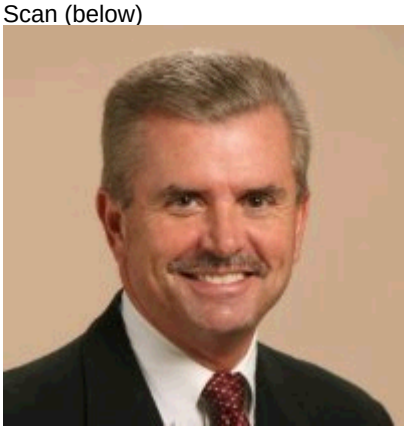
1275 W 1600 N St #100, Orem, UT 84057
jive.com
(801) 717-1536
Mike Keough
Executive Director, Business Development at Jive Communications
United States Executive Office
Current Executive Director, Business Development at Jive Communications
Past Chief Executive Officer at Kemesa, Senior Vice-President, Business Development at Waterford Research Institute, Chief Executive...
Education University of Washington, University of Washington, Roosevelt High School, Roosevelt High School

01/05/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents

Patient Entered Attachment - Scan on 1/5/2016 2:41 PM: keough

Scan (below)



01/05/2016 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E, MD

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

01/05/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	1/5/2016 12:49 PM

I need a prescription for all my medical needs.
Speed Down

I am getting Hate emails

Lady -

You're nuts...and always have been. Please remove me from the onslaught of email you send about your ridiculous, self serving family train trip bullshit with that gay, child abusing convict you call a son.

He even tried serving up drugs to me as a teenager in our home at Thanksgiving. You two deserve each other. Since he's never been able to sustain employment, no doubt he keeps Doug away from you to protect you paying for everything! Since he was never rehabilitated, he should still be behind bars!

From what I understand, that gay bastard doesn't even let your own son see you anymore!! And you're going to lecture my dad??? You're crazier than a rat in a tin shithouse!

01/05/2016 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

As it relates to your sister..my mother, you two idiots couldn't even bother to come to see her on her death bed...but can beetle around the country on trains!!!

You're not worth the keystrokes to comment further. Hope the next time I hear about you is in an obituary...soon! Society will be better off. No more email from you...PERIOD!

Mike Keough

Sent from my iPad

12/18/2015 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- HYPERLIPIDEMIA NEC/NOS (primary)
- GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 1/6/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2015
Start date: 9/16/2015
End date: 1/6/2016
Quantity: 20 tablet
Refill: 0

12/18/2015 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena at 12/18/2015 1526

Received request to refill:

1-Name of requested medication: atorvastatin
2-Date last refilled: 12/24/14

1-Name of requested medication: timolol
2-Date last refilled: 9/17/2015

1-Name of requested medication: lipitor / Comments: I couldn't reorder this med and pull it out from the list of meds history
2-Date last refilled: 3/23/09
3-Date of last office visit: 12/2/2015
4-Next office visit: 01/06/2016

Please advise, pharmacy on file.

Electronically signed by Mohova, Elena at 12/18/2015 3:32 PM

Neighbor Jr., William E at 12/18/2015 1617

In refilling atorvastatin, note that last LDL in 2014 was about 60. I think we can reduce dose in half to 20 mg and recheck lipids at next INR blood draw. Communicated to her via E care.

12/18/2015 - Refill in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 12/18/2015 4:20 PM

Labs

LIPID PANEL (Completed)

Electronically signed by: **Neighbor Jr., William E on 12/18/15 1616** Status: **Completed**
Ordering user: Neighbor Jr., William E 12/18/15 1616 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/18/15 - Class: Normal
Quantity: 1
Diagnoses
Other and unspecified hyperlipidemia [E78.5] - HYPERLIPIDEMIA NEC/NOS

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

LIPID PANEL Resulted: 01/06/16 1518, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 01/06/16 1518
Collected by: 01/06/16 1128 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by: Neighbor Jr., William E, MD on 01/07/16 1725

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	168	<200 mg/dL	—	UWMC
Triglyceride	88	<150 mg/dL	—	UWMC
HDL Cholesterol	57	>39 mg/dL	—	UWMC
Cholesterol (LDL)	93	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	111	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	2.9	—	—	UWMC
Lipid Panel, Additional Info.	(NOTE)	—	—	UWMC

Comment:
For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://web.labmed.washington.edu/tests/chemistry/LIPID

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

Other Orders

Medications

12/18/2015 - Refill in Hall Health Primary Care Center (continued)

Other Orders (continued)

Atorvastatin Calcium 40 MG Oral Tab (Cancel Pend)

Electronically signed by: **Mohova, Elena on 12/18/15 1532** Status: **Cancel Pend**
Ordering user: Mohova, Elena 12/18/15 1532 Authorized by: Neighbor Jr., William E
Frequency: Routine Daily 12/18/15 - Until Discontinued Class: E-RX
Pended by: Mohova, Elena 12/18/15 1532 Discontinued by: Neighbor Jr., William E 12/18/15 1614
Reordered from: Atorvastatin Calcium 40 MG Oral Tab

Atorvastatin Calcium 20 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 12/18/15 1616** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 12/18/15 1616 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine Daily 12/18/15 - 03/31/16 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 03/31/16 1556 [Reorder]
Diagnoses
Other and unspecified hyperlipidemia [E78.5] - HYPERLIPIDEMIA NEC/NOS
Admin instructions: For cholesterol reduction

Indications

Other and unspecified hyperlipidemia [E78.5 (ICD-10-CM)]

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 12/18/15 1621** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 12/18/15 1621 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine BID 12/18/15 - 03/07/16 Class: E-RX
Released by: Neighbor Jr., William E 12/18/15 1621 Discontinued by: Neighbor Jr., William E, MD 03/07/16 1318 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [H40.9] - GLAUCOMA NOS
Reordered from: Timolol Maleate 0.5 % Ophthalmic Solution

Indications

Unspecified glaucoma [H40.9 (ICD-10-CM)]

Messages

refills. Reduced atorvastatin dose

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	12/18/2015 4:20 PM

Last Read in MyChart
Not Read

In refilling your cholesterol medication, I noted that your last blood test in 2014 showed that perhaps we can reduce the dose of atorvastatin (Lipitor). I have reduced this from 40 mg to 20 mg. At your next blood test in January, I have asked that a lipid panel be done. If you are not yet out of your 40 mg tabs, you should start take just a half tab daily now.

William E Neighbor, MD

12/02/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/7/2016
Quantity: 15 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 4/7/2017
Quantity: 90 tablet
Refill: 3

12/02/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/27/2016
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/17/2016
Start date: 11/17/2016
End date: 12/26/2016
Quantity: 5 mL
Refill: 0

Acetaminophen-Codeine #3 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/1/2017
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIC PAIN
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/28/2016
Start date: 11/28/2016
End date: 6/1/2017
Quantity: 30 tablet
Refill: 3

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/10/15 1400**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/10/15 1400
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/10/15 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Karmelich, Karen A 12/2/2015 10:08 AM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]

Specimen Information

ID	Type	Source	Collected By
W74171	Plasma	—	12/02/15 1008

PROTHROMBIN TIME (Abnormal)
Resulted: 12/02/15 1228, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 12/02/15 1229
Collected by: 12/02/15 1008
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E on 12/02/15 1740
Mohova, Elena on 12/04/15 1020

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	26.1	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.6	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

12/02/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E on 12/2/2015 17:40

12/02/2015 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Ear Problem
Visit diagnosis: Ankle swelling, unspecified laterality

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL II

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 12/18/2015
Quantity: 90 tablet — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/29/2015
Start date: 7/29/2015 — End date: 3/31/2016
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/29/2015
Start date: 7/29/2015 — End date: 1/6/2016

12/02/2015 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 90 tablet — Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/29/2015
Start date: 7/29/2015 — End date: 6/2/2016
Quantity: 270 tablet — Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2015
Start date: 9/16/2015 — End date: 1/6/2016
Quantity: 20 tablet — Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/18/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/17/2015
Start date: 9/17/2015 — End date: 12/18/2015
Quantity: 5 mL — Refill: 1

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 12/2/2015 1106

Jeanne Leonie Hoffman is a 90 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Ear Problem
  hearing problem

Jean came in a bit late after INR at Roosevlet which is pending. She has had some swelling of both feet, more on left. This as best as I can determine occurs mid day and is resolved by laying down. It has been happening for several weeks. She has been on regular dose of coumadin.

Review of Systems:
No shortness of breath, chest pain.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [M47.816]	08/30/2013

12/02/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- Vertebral fracture [IMO0002] 12/13/2012
  Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed

- Thyroid nodule, uninodular [E04.1] 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
  5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- Osteoporosis, unspecified [M81.0] 03/04/2008
  T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
  Began fosamax spring 2008. Continued for five years, then stopped

- Long term current use of anticoagulant therapy [Z79.01] 01/08/2008
  Reason for anticoagulation: Recurrent dvts
  Duration of anticoagulation: life
  INR goal: 2.-3

- FX FEMUR INTRCAPS NOS-CLOSE [S72.019A] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [E53.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [E11.9] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

- Other convulsions [R56.9] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

12/02/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- ESOPHAGEAL REFLUX [K21.9] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic [I82.509] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [E78.5] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- ALLERGIC RHINITIS NOS [J30.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Other physical therapy [Z76.89] 01/22/2015
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015
- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

Outpatient Prescriptions Marked as Taking for the 12/2/15 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	20 tablet	0
• Atorvastatin Calcium 40 MG Oral Tab	Take 1 tablet (40 mg) by mouth daily.	90 tablet	3
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	0
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	0

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome	11/20/2006
Carpal tunnel release right wrist in 1989	
• DIAPHRAGMATIC HERNIA	11/20/2006
CT of abdomen in 2006	

No past surgical history on file.

No family history on file.

Social history:

History

Sexual Activity	
• Sexual Activity:	Not on file

History

Substance Use Topics	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol Use:	No

Objective:

12/02/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

BP 115/70 mmHg | Pulse 62 | Temp(Src) 98.5 °F (36.9 °C) (Oral) | Wt 54.432 kg (120 lb)
Estimated body mass index is 22.69 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of this encounter: 54.432 kg (120 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 115/70
General: NAD. Hearing impaired. Son present
Chest clear
Extr: With elastic stockings removed. Skin intact. There is one small scab on left lateral pretibial area that is healing with out infection. Feet normal without skin disruption. At 11 am there is no swelling noted. She has mild tenderness over lateral upper portion of lower leg but no calf tenderness.

Lab and other tests: INR pending. BMP was normal in July.

Assessment and Plan:
1. Ankle swelling, unspecified laterality
No evidence of source for her perception of ankle swelling. As it is bilateral unlikely due to recurrent DVT. Additionally, INRs have been in therapeutic range. Her renal function has been fine and no evidence of cardiac disease. There is no evidence of infection. I do advise continued use of compression stockings and some lotion to keep skin soft. Follow up in one month.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 12/2/2015 11:42 AM

Flowsheets

Vital Data

Row Name	12/02/15 1051
Weight	54.4 kg (120 lb)
BP	115/70
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.9 °C
Temp src	Oral
Pulse	62
Pulse Regularity	Regular

11/18/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DVT, recurrent, lower extremity, chronic, bilateral

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 11/28/2016
Quantity: 30 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2017
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/20/2017
Quantity: 270 tablet
Refill: 3

11/18/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 12/7/2016
Quantity: 15 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/7/2017
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/21/2016
Start date: 9/21/2016
End date: 4/7/2017
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/27/2016
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/17/2016
Start date: 11/17/2016
End date: 12/26/2016
Quantity: 5 mL
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/10/15 1400**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/10/15 1400
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/10/15 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Williams, Christina Lavern, Technologist 11/18/2015 12:01 PM
Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]

Specimen Information

ID	Type	Source	Collected By
W56841	Plasma	—	11/18/15 1159

PROTHROMBIN TIME (Abnormal)
Resulted: 11/18/15 1320, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 11/18/15 1320
Collected by: 11/18/15 1159
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E on 11/18/15 1720
Mohova, Elena on 11/20/15 1627

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	26.6	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.6	0.8 - 1.3	H	UWMC

11/18/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

All Reviewers List

Neighbor Jr., William E on 11/18/2015 17:20

11/18/2015 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Vaccine counseling (primary)
- Long term current use of anticoagulant therapy
- DVT, recurrent, lower extremity, chronic, bilateral

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

11/18/2015 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 1/6/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2015
Start date: 9/16/2015
End date: 1/6/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/17/2015
Start date: 9/17/2015
End date: 12/18/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 11/18/2015 1055

Jeanne Leonie Hoffman is a 90 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  for blood works

Anticoagulation
Stable dose of coumadin. No bleeding or unexpected bruising. Last INR 2 weeks ago. Did not see me.

Hearing
Son speaks of a phone number they need to call of a UW subsidiary or something to due with hearing aids. I did not find a note in ENT of this.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [M47.816]	08/30/2013
• Vertebral fracture [IMO0002] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	12/13/2012
• Thyroid nodule, uninodular [E04.1] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	12/13/2012
• Osteoporosis, unspecified [M81.0] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped	03/04/2008
• Long term (current) use of anticoagulants [Z79.01] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3	01/08/2008
• FX FEMUR INTRCAPS NOS-CLOSE [S72.019A] Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	05/01/2007
• VITAMIN B DEFICIENCY NOS [E53.9] Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency	05/01/2007
• Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [E11.9] Year onset: Dx March 2007 Metformin discontinued 2011 as A1c in target range without it. Diet and weight controlled.	03/27/2007
• Other convulsions [R56.9] Petit Mal since 1975	11/20/2006

11/18/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Carbamazepine level 7.6 on Feb 2007
Discontinued based on ER neuro consult in early 2013
No recurrence

- ESOPHAGEAL REFLUX [K21.9] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [H90.5] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DVT, recurrent, lower extremity, chronic [I82.509] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [E78.5] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- ALLERGIC RHINITIS NOS [J30.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [M15.9] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [I10] 11/20/2006
- Unspecified glaucoma(365.9) [H40.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [Z00.00] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Other physical therapy [Z76.89] 01/22/2015
- Hip joint stiffness [M25.659] 01/06/2015
- Leg weakness, bilateral [R29.898] 01/06/2015

- Weakness of trunk musculature [M62.81] 01/06/2015
- Pseudophakia, both eyes [Z96.1] 11/08/2014
- Urine incontinence [R32] 08/27/2014
  Uses pads

Outpatient Prescriptions Marked as Taking for the 11/18/15 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Atorvastatin Calcium 40 MG Oral Tab	Take 1 tablet (40 mg) by mouth daily.	90 tablet	3
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	0

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Social history:

History

Sexual Activity	
• Sexual Activity:	Not on file

History

Substance Use Topics	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol Use:	No

Objective:

BP 158/68 mmHg | Pulse 58 | Temp(Src) 97.4 °F (36.3 °C) (Oral) | Wt 58.06 kg (128 lb)

11/18/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Estimated body mass index is 24.2 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of this encounter: 58.06 kg (128 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 158/68
General: NAD
none

Lab and other tests: INR 2.9

Assessment and Plan:
1. Vaccine counseling
Flu vaccine today. Needs Shingles vaccine but as part of Medicare D needs to be done at pharmacy.
- influenza vaccine quadrivalent PF (adult) 0.5 mL IM - 90686

Anticoag. INR stable. Recheck in on month

Addnedum: She nearly fainted after the flu vaccine. Had not eaten breakfast. Given some juice and laid down. Recovered fully and ambulated with son out of clinic. Vitals were stable.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 11/18/2015 1:36 PM

Acosta, Lilian at 11/18/2015 1132

HH Vaccine Screening Questions
(MAs -if yes to any question, consult w/ provider before administering vaccine)

1. Is the patient sick today? NO

2. Is the patient < 18 yrs of age? NO (if yes, parent/guardian must be present to give consent)

3. Does the patient have allergies to foods (including eggs), latex, or any known vaccine component? No

4. Is the patient pregnant or planning to become pregnant in the next month? No

5. Is Influenza vaccine being given today? Yes : Additional influenza questions
Has the patient ever had Guillain-Barre syndrome? NO (if yes, consult with provider)

RN giving Influenza vaccine? No

11/18/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

6. Has the patient received any vaccinations in the past 4 weeks? NO

7. Are any live vaccines being given today? No

Vaccine(s) being given today: Influenza (preservative free, > 36 mos)

Has patient or guardian given consent and received the corresponding VIS statements? YES

VFC vaccines given? NO

(if yes, list Native American/Alaskan Native;Medicaid;Uninsured;Private/Commercial Insurance;Insured[admin fee not covered])

Adolescents are encouraged to wait 15 minutes before leavingnafter receiving any vaccine.
Lilian Acosta, MA

Electronically signed by Acosta, Lilian at 11/18/2015 1:36 PM

Immunizations Given

Immunization	Date
Influenza quadrivalent PF	11/18/2015

Other Orders

Immunization/Injection

influenza vaccine quadrivalent PF (adult) 0.5 mL IM - 90686 (Completed)

Electronically signed by: **Neighbor Jr., William E on 11/18/15 1119** Status: **Completed**
Ordering user: Neighbor Jr., William E 11/18/15 1119 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/18/15 - Class: On Site
Quantity: 1
Diagnoses
Vaccine counseling [Z71.89]

Indications

Vaccine counseling [Z71.89 (ICD-10-CM)]

Flowsheets

Vital Data

Row Name	11/18/15 1049
Weight	58.1 kg (128 lb)
BP	158/68
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.3 °C

11/18/2015 - Office Visit in Hall Health Primary Care Center (continued)

Flowsheets (continued)

Temp src	Oral
Pulse	58

11/10/2015 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Lab Test
Visit diagnosis: DVT, recurrent, lower extremity, chronic, bilateral

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 1/6/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

11/10/2015 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2015
Start date: 9/16/2015
End date: 1/6/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/17/2015
Start date: 9/17/2015
End date: 12/18/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E at 11/10/2015 1400

Reordered standing order for INR

Electronically signed by Neighbor Jr., William E at 11/10/2015 2:01 PM

Labs

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/10/15 1400**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/10/15 1400
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/10/15 -
Class: Normal
Quantity: 1
Discontinued by: Uw User, Batch Scheduler 11/11/16 0136 [Order Expired]

Diagnoses
DVT, recurrent, lower extremity, chronic, bilateral [I82.503]

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal)
Resulted: 11/18/15 1320, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 11/18/15 1320
Collected by: 11/18/15 1159
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E on 11/18/15 1720
Mohova, Elena on 11/20/15 1627

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	26.6	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.6	0.8 - 1.3	H	UWMC

11/10/2015 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 12/02/15 1228, Result status: Final result

Order status: Completed
Collected by: 12/02/15 1008
Acknowledged by
Neighbor Jr., William E on 12/02/15 1740
Mohova, Elena on 12/04/15 1020

Filed by: Uw Lab Results Interface, User 12/02/15 1229
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	26.1	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.6	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 01/06/16 1229, Result status: Final result

Order status: Completed
Collected by: 01/06/16 1101
Acknowledged by
Neighbor Jr., William E, MD on 01/07/16 1725
Figueroa, Junny, CMA on 01/08/16 1444

Filed by: Uw Lab Results Interface, User 01/06/16 1229
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	24.2	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.3	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

11/10/2015 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 03/30/16 1223, Result status: Final result

Order status: Completed
Collected by: 03/30/16 1056
Acknowledged by
Beck, Karen L on 03/30/16 1429
Neighbor Jr., William E, MD on 03/30/16 1658

Filed by: Uw Lab Results Interface, User 03/30/16 1224
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	29.2	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.9	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 07/20/16 1325, Result status: Final result

Order status: Completed
Collected by: 07/20/16 1148
Acknowledged by
Figueroa, Junny, CMA on 07/20/16 1337
Neighbor Jr., William E, MD on 07/20/16 1819

Filed by: Uw Lab Results Interface, User 07/20/16 1325
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	23.2	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.1	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 08/24/16 1232, Result status: Final result

Order status: Completed
Collected by: 08/24/16 1117
Acknowledged by
Kerby, Kalena L, CMA on 08/24/16 1721
Neighbor Jr., William E, MD on 08/24/16 1733

Filed by: Uw Lab Results Interface, User 08/24/16 1234
Resulting lab: UW MEDICAL CENTER LABS

11/10/2015 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	26.8	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.6	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 09/02/16 1532, Result status: Final result

Order status: Completed
Collected by: 09/02/16 1337
Acknowledged by
Kerby, Kalena L, CMA on 09/02/16 1705
Neighbor Jr., William E, MD on 09/02/16 1743
Mohova, Elena, CMA on 09/07/16 0838

Filed by: Uw Lab Results Interface, User 09/02/16 1532
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	27.8	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.7	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

Indications

DVT, recurrent, lower extremity, chronic, bilateral (HCC) [I82.503 (ICD-10-CM)]

11/10/2015 - Orders Only in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 1/6/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

11/10/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2015
Start date: 9/16/2015
End date: 1/6/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/17/2015
Start date: 9/17/2015
End date: 12/18/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 11/10/15 1047**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 11/10/15 1047
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: STAT 11/10/15 1047 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T33537	Plasma	—	11/10/15 1047

PROTHROMBIN TIME (Abnormal)
Resulted: 11/10/15 1244, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 11/10/15 1311
Collected by: 11/10/15 1047
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E on 11/10/15 1357
Kerby, Kalena L on 11/12/15 1703
Mercado, Mila N on 11/20/15 0928

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	28.7	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.9	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

All Reviewers List

11/10/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Kerby, Kalena L on 11/12/2015 17:03
Neighbor Jr., William E on 11/10/2015 13:57

PROTHROMBIN TIME (In process)

Electronically signed by: **Uw Lab Results Interface, User on 11/10/15 1047** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 11/10/15 1047 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: STAT 11/10/15 1047 - Quantity: 1
Lab status: In process

Specimen Information

ID	Type	Source	Collected By
T33537	—	—	11/10/15 1047

11/10/2015 - Orders Only in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 1/6/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

11/10/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2015
Start date: 9/16/2015
End date: 1/6/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/17/2015
Start date: 9/17/2015
End date: 12/18/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Labs

PROTHROMBIN TIME (In process)

Electronically signed by: **Uw Lab Results Interface, User on 11/10/15 1047**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 11/10/15 1047
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: STAT 11/10/15 1047 -
Quantity: 1
Lab status: In process

Specimen Information

ID	Type	Source	Collected By
T33537	—	—	11/10/15 1047

11/10/2015 - Orders Only in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 1/6/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

11/10/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2015
Start date: 9/16/2015
End date: 1/6/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/17/2015
Start date: 9/17/2015
End date: 12/18/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Labs

PROTHROMBIN TIME (In process)

Electronically signed by: **Uw Lab Results Interface, User on 11/10/15 1047**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 11/10/15 1047
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: STAT 11/10/15 1047 -
Quantity: 1
Lab status: In process

Specimen Information

ID	Type	Source	Collected By
T33537	—	—	11/10/15 1047

10/15/2015 - Health Maintenance Letter

Messages

Health Reminders

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	10/15/2015 3:51 AM
Last Read in MyChart		
Not Read		

Hello Jeanne,

At UW Medicine, we want to help you stay as healthy as possible. This is why we're letting you know that your UW Medicine medical record shows you're due for preventive care. You may be due for this care, or you may have had it done elsewhere and our medical record does not include that information.

Click epichttp://healthmaint[here] to go to the Preventive Care page to view additional information, make an appointment, or send a message to your provider to update your records.

09/28/2015 - Office Visit in UW Medicine Montlake Otology Clinic

Reason for Visit

Chief complaint: Hearing Problem
Visit diagnosis: SENSORNEUR HEAR LOSS NOS

Visit Information

Provider Information

Encounter Provider	Authorizing Provider	Referring Provider
Duckert, Larry G	Duckert, Larry G	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UW Medicine Montlake Otology Clinic	1959 NE Pacific Street, Box 356161 Seattle WA 98195	206-598-4022	206-598-6611

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening

09/28/2015 - Office Visit in UW Medicine Montlake Otology Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 7/29/2015
Quantity: 90 tablet
Ordered on: 7/29/2015
End date: 1/6/2016
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Start date: 7/29/2015
Quantity: 270 tablet
Discontinued on: 6/2/2016
Ordered on: 7/29/2015
End date: 6/2/2016
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Start date: 9/16/2015
Quantity: 20 tablet
Discontinued on: 1/6/2016
Ordered on: 9/16/2015
End date: 1/6/2016
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Start date: 9/17/2015
Quantity: 5 mL
Discontinued on: 12/18/2015
Ordered on: 9/17/2015
End date: 12/18/2015
Refill: 1

Stopped in Visit

None

Clinical Notes

Progress Notes

Duckert, Larry G at 9/28/2015 0000

HOFFMAN, JEANNE LEONIE U8170135 09/28/2015

OTOLARYNGOLOGY CLINIC

Jeanne is a 90-year-old lady with a long-standing sensorineural hearing loss which has been slowly deteriorating. Both ears have been aided in the past successfully. More recently, somehow she lost the aids she was using and borrowed her brother's aids which were reprogrammed at Costco. They are ill-fitting, but do help her nonetheless. She has tried other instruments in the community. She is well aware that if fit properly, she can benefit significantly from amplification. There is the problem, however, of limited financial resources.

Today, we retested her. Her sensorineural thresholds have increased bilaterally. Nonetheless, the ears remain aidable.

We discussed treatment alternatives, discussed both with her and her son. With Kevin Kimmely's help, I

09/28/2015 - Office Visit in UW Medicine Montlake Otology Clinic (continued)

Clinical Notes (continued)

was reminded of a program available at Speech and Hearing Clinic. This information was provided to her, and our hope is that, with their assistance, she may be fit with appropriate instruments.

Electronically signed by Duckert, Larry G at 10/1/2015 12:47 PM

Duckert, Larry G at 9/28/2015 1640

This note was dictated by Larry Duckert M.D., Ph.D. CSN 1798064556

Greater than 50% of this 15 minute encounter was devoted to face to face counseling which provided validation of the symptoms, a review of the diagnostic alternatives, rational for additional testing, discussion of prognosis, explanation of treatment and rehabilitation options for hearing rehabilitation

DATA REVIEWED AND PROCEDURES:
Audiogram
Tympanogram

Electronically signed by Duckert, Larry G at 9/29/2015 4:02 PM

Flowsheets

Vital Data

Row Name	09/28/15 1504
BP	157/77
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	82
Pulse Regularity	Regular
Pain Level	zero/ten

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

Jeanne Leonie Hoffman
9/28/2015 3:15 PM Office Visit

Description: **Female DOB: 1/6/1925**
Provider: **Larry G Duckert, MD**
Department: **Uwmc Otology And Audiology**

Pick Up These Prescriptions At Your Pharmacy

None

Problems and Diagnoses Covered Today

SENSORNEUR HEAR LOSS NOS - Primary

Your Current Medications Are

Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed
Atorvastatin Calcium 40 MG Oral Tab	Take 1 tablet (40 mg) by mouth daily.
Losartan Potassium 25 MG Oral Tab	One half tablet daily
Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.
Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter
Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening

Reason for Visit

Hearing Problem HL
Reason for Visit History

Vital Signs Measured This Visit - Last Recorded

BP	Pulse	OB Status	Smoking Status
157/77 mmHg	82	Postmenopausal	Never Smoker

Problem List as of 9/28/2015

Other convulsions
Unspecified glaucoma(365.9)
Routine general medical examination at a health care facility
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
Long term (current) use of anticoagulants
Osteoporosis, unspecified
Vertebral fracture
Thyroid nodule, uninodular
DJD (degenerative joint disease) of lumbar spine
Urine incontinence
Pseudophakia, both eyes
Hip joint stiffness
Leg weakness, bilateral
Weakness of trunk musculature
Other physical therapy

Allergies as of 9/29/2015 7:27 AM

Allergen	Noted	Reaction Type	Reactions
Adhesives	10/21/2010		

09/28/2015 - Office Visit in UW Medicine Montlake Otology Clinic (continued)

After Visit Summary (continued)

Allergen	Noted	Reaction Type	Reactions
Aspirin	01/06/2012	Allergy	Other
Nitrofurantoin	07/25/2008		Other
Confusion, loss of appetitie, nausea, abdominal pain			
Penicillins	08/12/2003		Rash
Sulfa Antibiotics	08/12/2003		Rash

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White Caucasian	Not-Hispanic or Latino	English	English

Department

Name	Address	Phone	Fax
UWMC Otology And Audiology	1959 NE Pacific Street, Box 356161 Seattle WA 98195	206-598-4022	206-598-6611

09/28/2015 - Office Visit in UW Medicine Montlake Otology Clinic (continued)

Documents

Clinical - Scan on 10/5/2015 2:28 PM: patient health history-otolaryngology 2015/09/28 UWMC Dr L Duckert

Scan (below)

PATIENT HEALTH HISTORY – OTOLARYNGOLOGY

REASON FOR YOUR VISIT
What medical issues bring you to our clinic today?
See Hall Health Center/UW
eCare

RECENT STUDIES
Do you have x-rays, lab work or test results ☐ Yes ☐ No
If yes, who ordered the study and where was it performed?
See Hall Health Center/UW
eCare

PRIMARY CARE PHYSICIAN (PCP)
Do you currently have a PCP? ☐ Yes ☐ No
When did you last see this Physician? _____
Please provide the physician's name, address & phone:
See Hall Health Center/UW
eCare

REFERRING PHYSICIAN
Were you referred to our clinic by another physician?
☐ Yes ☐ No
Please provide name, address & phone:
See Hall Health Center/UW
eCare

DO YOU HAVE A PREFERRED LEARNING STYLE:
☐ Yes ☐ No
If yes, what is it? See Hall Health Center
Do you feel safe in your current living situation?
☐ Yes ☐ No
Have you fallen in the last year? ☐ Yes ☐ No
Are you concerned you could have a fall? ☐ Yes ☐ No

PAST MEDICAL HISTORY
Allergies: ☐ NONE ☐ See attached list ☐ Listed below
Do you have a latex or tape allergy? ☐ Yes ☐ No

Allergy	Reaction
See Hall Health Center/UW	
eCare	

Medications: ☐ NONE ☐ See attached list ☐ Listed below
Do you take antibiotics when you go to the dentist? ☐ Yes ☐ No
Have you ever taken steroid medications? ☐ Yes ☐ No
Have you used aspirin within the last 2 weeks? ☐ Yes ☐ No

Medication	Dose	How Often Taken
See Hall Health Center/UW		
eCare		

Past Surgeries:
Have you ever had anesthesia problems? ☐ Yes ☐ No
Family history of anesthesia problems? ☐ Yes ☐ No
List type of surgery, body part and date:
See Hall Health Center
eCare

INJURY
☐ NONE ☐ Burn(s) ☐ Foreign Body_____
☐ Head Injury or Concussion ☐ Noise exposure
☐ Traumatic Injury_____
Date of Injury or **Date Symptoms began:**
See Hall Health Center/UW eCare
Place of Injury:
☐ Home / School ☐ Auto ☐ Work ☐ Other:

Please turn over and complete next page

PT.NO. U8170135 BD:1/06/1925 90Y F
NAME HOFFMAN JEANNE LEONIE
UWMC OTOLOGY AND AUDIOLOGY
DOS:9/28/15 DUCKERT, LARRY G
Enc:1798064556 RES:26048099
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
PATIENT HEALTH HISTORY – OTOLARYNGOLOGY
PAGE 1 OF 4
U1639
UH1639 REV DEC 12

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OCT 02 2015
WHITE MEDICAL RECORD
HEALTH INFORMATION MANAGEMENT

09/28/2015 - Office Visit in UW Medicine Montlake Otology Clinic (continued)

Documents (continued)

PATIENT HEALTH HISTORY – OTOLARYNGOLOGY (continued)

PERSONAL / FAMILY HISTORY:

Check all that apply to you and your family members

See Hall Health Center/UW

Illnesses:	PERSONAL HISTORY You	FAMILY HISTORY Family	Which family member(s)
NONE (Unknown	☐	☐	
Cancer (type)	☐	☐	
Diabetes	☐	☐	
Heart Disease	☐	☐	
Stroke	☐	☐	
Lung Disease (Pneumonia)	☐	☐	
Liver Disease	☐	☐	
Thyroid Disease	☐	☐	
Organ Transplant	☐	☐	
Facial or jaw fracture(s)	☐	☐	
Other:	☐	☐	

SOCIAL HISTORY See Hall Health Center/UW

Smoking: ☐ Never ☐ No, quit after_____years ☐ Yes

If yes, # of years smoking:_____ # per day_____

e Care

Alcohol: ☐ Rarely ☐ No, quit after_____years ☐ Yes

If yes, ☐ Beer ☐ Wine ☐ Other *How many drinks per week?_____*

Do you use marijuana? ☐ No ☐ Yes

Do you use other recreational drugs? ☐ No ☐ Yes: _____

Please complete next page

PT.NO U8170135 BD:1/06/1925 90Y F
NAME HOFFMAN JEANNE LEONIE
UWMC OTOLOGY AND AUDIOLOGY
DOB:9/28/15 DUCKERT, LARRY G
Enc:1798064556 RES:26048099
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PATIENT HEALTH HISTORY – OTOLARYNGOLOGY
PAGE 2 OF 4
U1639
WHITE - MEDICAL RECORD
UH1639 REV DEC 12

09/28/2015 - Office Visit in UW Medicine Montlake Otology Clinic (continued)

Documents (continued)

REVIEW OF SYSTEMS *Please review and check "no" or "yes" box*

	Any **current** problems with your health?		Comments – Additional information
General	*Recent Weight gain / loss*	☐ Yes ☐ No	Current Height: ____ Weight: ____ lbs
	Fatigue / Trouble sleeping	☐ Yes ☐ No	
	Fever / Chills / Night sweats	☐ Yes ☐ No	
Eye	*Wear glasses / contacts*	☐ Yes ☐ No	
	Double vision / Vision changes	☐ Yes ☐ No	
Ear / Nose / Mouth / Throat	*Hearing Loss / Hearing Aid*	☐ Yes ☐ No	See Hall Health Center Dr. William E. Neighbor Otology Had Ref
	Ear / Throat problems	☐ Yes ☐ No	
	Ringing in ears	☐ Yes ☐ No	
	Facial pain / Nasal congestion	☐ Yes ☐ No	
	Drainage from ears / nose	☐ Yes ☐ No	
	Nose bleeds / Sinus problems	☐ Yes ☐ No	
	Difficulty swallowing	☐ Yes ☐ No	
	Hoarseness / Throat pain	☐ Yes ☐ No	
	Dental problems / Dentures	☐ Yes ☐ No	
	Snoring / Sleep Apnea	☐ Yes ☐ No	
Heart	*Chest pain / Heart problems*	☐ Yes ☐ No	
	High Blood Pressure	☐ Yes ☐ No	
Lung	*Shortness of breath (day or night)*	☐ Yes ☐ No	
	Recent cold or cough	☐ Yes ☐ No	
Stomach	*Nausea / Vomiting*	☐ Yes ☐ No	
	Heartburn / Indigestion	☐ Yes ☐ No	
	Hepatitis ☐ A ☐ B or ☐ C	☐ Yes ☐ No	
Muscles / Bones	*Jaw pain*	☐ Yes ☐ No	
	Joint pain / Stiffness	☐ Yes ☐ No	
	Fracture / Sprain / Strain	☐ Yes ☐ No	
Urinary Tract	*Urinary problems*	☐ Yes ☐ No	
Skin	*Masses / Bumps / Lumps*	☐ Yes ☐ No	
	Rashes / Lesions	☐ Yes ☐ No	
Neurology	*Dizziness or loss of balance*	☐ Yes ☐ No	
	Headaches / Seizures	☐ Yes ☐ No	
	Numbness / Tingling / Weakness	☐ Yes ☐ No	
Mental Health	*Anxiety / Depression*	☐ Yes ☐ No	
	Other concerns	☐ Yes ☐ No	
Endocrine	*Heat / Cold intolerance*	☐ Yes ☐ No	
	Increased thirst	☐ Yes ☐ No	
Blood / Lymph	*Bleeding problems / Anemia*	☐ Yes ☐ No	
	Swollen or enlarged glands	☐ Yes ☐ No	
Immunological	*Hay fever / Allergies*	☐ Yes ☐ No	
	HIV / Aids	☐ Yes ☐ No	

All Record Held under UW - eCare

Please turn over and complete next page

PT NO U8170135 BD:1/06/1925 90Y F
NAME HOFFMAN JEANNE LEONIE
UWMC OTOLOGY AND AUDIOLOGY DUCKERT, LARRY G
DOS:9/28/15 RES:26048099
Enc:1798064556
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

PATIENT HEALTH HISTORY – OTOLARYNGOLOGY
PAGE 3 OF 4

U1639

WHITE - MEDICAL RECORD

UH1639 REV DEC 12

09/28/2015 - Office Visit in UW Medicine Montlake Otology Clinic (continued)

Documents (continued)

Below, please write in any other information you'd like to give us related to your visit: ☐ None

Refer To: Hall Health Center
eCare
All Records held under UW - eCare
Dr. William E Neighbor JR
206-616-9358

PATIENT SIGNATURE	PRINT NAME	DATE
	Jean Hoffman	9/28/15

PHYSICIAN/ARNP/PA SIGNATURE	PRINT NAME	PAGER	NPI	DATE	TIME

PT NO
NAME
Place EPIC Label Within Box
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
PATIENT HEALTH HISTORY – OTOLARYNGOLOGY
PAGE 4 OF 4
U1639
WHITE - MEDICAL RECORD
UH1639 REV DEC 12

09/28/2015 - Office Visit in UW Medicine Montlake Otology Clinic (continued)

Documents (continued)

Clinical - Scan on 10/5/2015 2:36 PM: patient self-assessment of pain 2015/09/28 UWMC Dr L Duckert

Scan (below)

Patient Self-Assessment of Pain

To be completed by the patient at the initial visit and at follow-up visits when past pain has been reported.

Are you having pain related to your visit today? See Hall Health Center/UW

☐ Yes ☐ No If No, please return this form to the Medical Assistant or front desk.

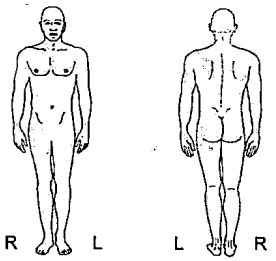
Do you want to talk to your health care provider about your pain today?

☐ Yes ☐ No If No, please return this form to the Medical Assistant or front desk.

If you've answered "Yes" to both questions above, please complete questions #1-6 below

1. **How long have you had this pain?**_____

2. **Where is your pain?** On the diagram, shade the areas where you feel pain. Put an X on the area that hurts most.



3. Below is a scale of numbers you may use to **describe how bad your pain is:**

0 1 2 3 4 5 6 7 8 9 10
No Pain — Worst Pain Imaginable

My AVERAGE pain over the past 24 hrs

My WORST pain over the past 24 hrs

See Hall Health Center/UW

4. **Circle a word(s) that describes your pain.**

Aching	Sharp
Burning	Shock-like
Dull	Stabbing
Heavy	Tender
Radiating	Other_____

5. **Circle how often you have pain.**

Continuous

Intermittent

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HEALTH INFORMATION MANAGEMENT

6. **What are you doing to decrease your pain?**_____

Signature *(Patient or Authorized Person)*	Date	Relationship, if not patient
[signature]	9/28	Son/POA/GAL

Thank you for your responses. Please return this form to the Medical Assistant or Front Desk.
This form is to be placed in the medical record.

☐ Patient Unable to Complete

REVIEWED BY MD - SIGNATURE	DATE	TIME

PT.NO U8170135 BD:1/06/1925 90Y F
NAME HOFFMAN JEANNE LEONIE
UWMC OTOLOGY AND AUDIOLOGY
DOS:9/28/15 DUCKERT, LARRY G
Enc:1798064556 RES:26048099
DOB

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
PATIENT SELF-ASSESSMENT OF PAIN

U1690

UH1690 REV APR 11

09/28/2015 - Office Visit in UW Medicine Montlake Otology Clinic (continued)

Documents (continued)

DATE AND HOUR	PROB. NO.	NOTES
		See Hall Health Center/UW
		eCare
		All Medical Records Held
		under UW - eCare

PT.NO

NAME

DOB

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

PATIENT SELF-ASSESSMENT OF PAIN

U1690

UH1690 REV APR 11 CK

09/28/2015 - Office Visit in UW Medicine Montlake Otology Clinic (continued)

Documents (continued)

Clinical - Scan on 10/5/2015 2:49 PM: UWMC otology/audiology history 2015/09/28 Olson, Larayne MD

Scan (below)

UWMC OTOLOGY/AUDIOLOGY HISTORY

DATE 9/28/15

Do you have a hearing problem now? ☐ No ☐ Yes

If yes, please rate how bad your hearing problem is on the scale below:

☐ Not Very Bad ☐ Fairly Bad ☐ Moderately Bad ☐ Very Bad ☐ Extremely Bad

Do you wear a hearing aid? ☐ No ☐ Yes Dr. William E Neighbors 206-616-9358

If yes, which ear? ☐ Left ☐ Right ☐ Both

HEARING INVENTORY

Please check the box that best describes your hearing in these situations on a scale from "Never" to "Always". If you currently use a hearing aid, please answer the questions the way you hear **without** a hearing aid.

See Hall Health Center/UW eCare

	Never	Rarely	Some-times	Very Often	Always
Do you have difficulty hearing when someone speaks in a whisper?	☐	☐	☐	☐	☐
Does a hearing problem cause you difficulty when listening to TV or radio?	☐	☐	☐	☐	☐
Does a hearing problem cause you difficulty when attending a party?	☐	☐	☐	☐	☐
Does a hearing problem cause you to feel frustrated when talking to members of your family?	☐	☐	☐	☐	☐
Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	☐	☐	☐	☐	☐

Do you have a history of the following:

Noise Exposure?	☐ No	☐ Yes	
If "Yes", which type?	☐ Occupational	☐ Recreational	☐ Military
Hereditary Hearing Loss?	☐ No	☐ Yes	
Draining Ears?	☐ No	☐ Yes	How Long? _____
Painful Ears?	☐ No	☐ Yes	How Long? _____
Ringing in the Ears?	☐ No	☐ Yes	How Long? _____
Dizziness or Vertigo?	☐ No	☐ Yes	How Long? _____
Loss of Balance?	☐ No	☐ Yes	How Long? _____
Ear Surgery?	☐ No	☐ Yes	Which Ear? _____ Date: _____
Ear Drum Perforation?	☐ No	☐ Yes	Which Ear? _____ Date: _____
TMJ Disturbance?	☐ No	☐ Yes	Date: _____
Head Injury or Concussion?	☐ No	☐ Yes	Date: _____

SIGNATURE (PATIENT OR PATIENT'S REPRESENTATIVE)	RELATIONSHIP (IF NOT PATIENT)	DATE
	Son / POA / GAL	9/28/15

PT.NO
NAME
DOB

U8170135 BD:1/06/1925 90Y F
HOFFMAN
JEANNE
LEONIE
UWMC OTOLOGY AND AUDIOLOGY
DOS:9/28/15 DUCKERT, LARRY G
Enc:1798064556 RES:26048099

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

UWMC OTOLOGY/AUDIOLOGY HISTORY

U2426

UH2426 REV MAY 07

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HEALTH INFORMATION MANAGEMENT

09/28/2015 - Office Visit in UW Medicine Montlake Otology Clinic (continued)

Documents (continued)

09/28/2015 - Office Visit in UW Medicine Montlake Audiology

Reason for Visit

Chief complaint: Hearing Loss
Visit diagnoses:

- Impairment of auditory discrimination, bilateral [H93.293] (primary)
- Sensorineural hearing loss, bilateral

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Kiemele, Kevin L	Kiemele, Kevin L

Department

Name	Address	Phone	Fax
UW Medicine Montlake Audiology	1959 NE Pacific Street, Box 356161 Seattle WA 98195	206-598-4022	206-598-6611

Level of Service

Level of Service
PROCEDURE VISIT ONLY NO LOS

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening

09/28/2015 - Office Visit in UW Medicine Montlake Audiology (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 7/29/2015
Quantity: 90 tablet
Ordered on: 7/29/2015
End date: 1/6/2016
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Start date: 7/29/2015
Quantity: 270 tablet
Discontinued on: 6/2/2016
Ordered on: 7/29/2015
End date: 6/2/2016
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Start date: 9/16/2015
Quantity: 20 tablet
Discontinued on: 1/6/2016
Ordered on: 9/16/2015
End date: 1/6/2016
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Start date: 9/17/2015
Quantity: 5 mL
Discontinued on: 12/18/2015
Ordered on: 9/17/2015
End date: 12/18/2015
Refill: 1

Stopped in Visit

None

Clinical Notes

Progress Notes

Kiemele, Kevin L at 10/4/2015 1154

Audiology Note - Interdisciplinary Otology/Audiology clinic

Patient referred by Larry Duckert, MD, PhD, and seen in conjunction with otology visit. Further details can be viewed in the otology attending notes.

Subjective:
Patient referred for audiologic/otologic evaluation due to long history of hearing loss with concern for significant progression since last seen at UWMC.

Pt w/ known bilateral SNHL returns for evaluation to determine degree of progression since last UWMC audiogram in 2008; currently wearing brother's BTE h/aids, reprogrammed at Costco for her.

Objective/Assessment: Audiogram and tympanogram performed. See results in Media tab in EpicCare.

Today: AU w/ severe to profound SNHL across frequencies, AD > AS for pure tones, but similar PB max across ears; minimal change w/ binaural speech presentation compared to monaural. Significant progression of HL compared to '08 audio (PTA then 58 dB AD, 50 dB AS).

09/28/2015 - Office Visit in UW Medicine Montlake Audiology (continued)

Clinical Notes (continued)

Tymps: DNT

Plan:
Patient to be seen by otology immediately following this visit.
Recommend HAE post medical clearance; may qualify for SPHSC h/aid program; contact information for SPHSC clinic and Audiology program provided for patient and/or her son to contact re: hearing aid evaluation and new hearing aids.

Electronically signed by Kiemele, Kevin L at 10/4/2015 11:59 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

Jeanne Leonie Hoffman
9/28/2015 3:15 PM Appointment

Description: **Female DOB: 1/6/1925**
Provider: **Kevin L Kiemele, MS**
Department: **Uwmc Rehab Audiology Svc**

Pick Up These Prescriptions At Your Pharmacy

None

Your Current Medications Are

Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed
Atorvastatin Calcium 40 MG Oral Tab	Take 1 tablet (40 mg) by mouth daily.
Losartan Potassium 25 MG Oral Tab	One half tablet daily
Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.
Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter
Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening

Reason for Visit

Reason for Visit History

Vital Signs Measured This Visit - Last Recorded

OB Status	Smoking Status
Postmenopausal	Never Smoker

Problem List as of 9/28/2015

- **Other convulsions**
- **Unspecified glaucoma(365.9)**
- **Routine general medical examination at a health care facility**
- **Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled**
- **Long term (current) use of anticoagulants**
- **Osteoporosis, unspecified**
- **Vertebral fracture**
- **Thyroid nodule, uninodular**
- **DJD (degenerative joint disease) of lumbar spine**
- **Urine incontinence**
- **Pseudophakia, both eyes**
- **Hip joint stiffness**
- **Leg weakness, bilateral**
- **Weakness of trunk musculature**
- **Other physical therapy**

Allergies as of 9/29/2015 7:42 AM

Allergen	Noted	Reaction Type	Reactions
Adhesives	10/21/2010		
Aspirin	01/06/2012	Allergy	Other
Nitrofurantoin	07/25/2008		Other
Confusion, loss of appetitie, nausea, abdominal pain			
Penicillins	08/12/2003		Rash
Sulfa Antibiotics	08/12/2003		Rash

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White Caucasian	Not-Hispanic or Latino	English	English

Department

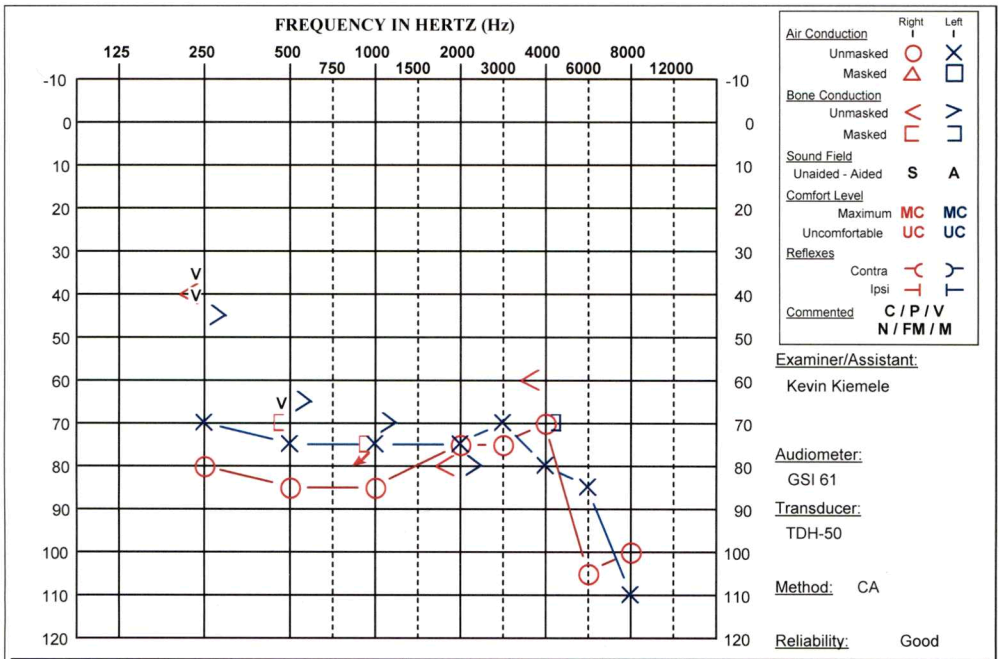
Name	Address	Phone	Fax
UWMC Rehab Audiology Services	1959 NE Pacific Street, Box 356161 Seattle WA 98195	206-598-4022	206-598-6611

09/28/2015 - Office Visit in UW Medicine Montlake Audiology (continued)

Documents

Clinical - Scan on 10/5/2015 2:44 PM: audiologic evaluation 2015/09/28 UWMC Dr K Kiemele

Scan (below)



MONAURAL			SOUNDFIELD	
RIGHT	LEFT		UNAIDED	AIDED
Pure Tone Average (PTA)	[See key below]			
Air 82 dBHL [3a] Bone >80 dBHL [3a]	Air 75 dBHL [3a] Bone 72 dBHL [3a]			
Speech Reception Threshold			SndFld UNAIDED	SndFld AIDED, BILAT
Air 75 dB	Air 70 dB		SndFld AIDED, RIGHT	SndFld AIDED, LEFT
Word Recognition		BINAURAL R/L	SndFld AIDED, RIGHT	SndFld AIDED, LEFT
68% at 100 dB 68% at 105 dB	64% at 90 dB 52% at 100 dB	64% at 105/ 90 dB 64% at 105/ 95 dB		

Pt w/ known bilateral SNHL returns for evaluation to determine degree of progression since last UWMC audiogram in 2008; currently wearing brother's BTE h/aids, reprogrammed at Costco for her.
Today: AU w/ severe to profound SNHL across frequencies, AD > AS for pure tones, but similar PB max across ears; minimal change w/ binaural speech presentation compared to monaural. Significant progression of HL compared to '08 audio (PTA then 58 dB AD, 50 dB AS).
Rec: HAE post medical clearance; may qualify for SPHSC h/aid program. V = vibrotactile response.

PTA codes: 2a-500/1000, 2b-500/2000, 2c-1000/2000, 3a-500/1000/2000 4a-500/1000/2000/3000. *- masked values

EXAMINER SIGNATURE

Date 09/28/2015

Patie
Ident
NAM U8170135 BD:1/06/1925 90Y F
HOFFMAN
JEANNE
LEONIE
D.O.
UWMC REHAB AUDIOLOGY SVC
DOS:9/28/15 KIEMELE, KEVIN L
Enc:1798327071 RES:26119598

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON
AUDIOLOGIC EVALUATION

Testing Location: UWMC HMC ESC

RECEIVED
OCT 02 2015
HEALTH INFORMATION MANAGEMENT

09/21/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/2/2016
Start date: 6/2/2016
End date: 9/21/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/17/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/18/2016
Start date: 7/18/2016
End date: 11/17/2016
Quantity: 5 mL
Refill: 1

09/21/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 9/21/2016
Quantity: 15 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 11/28/2016
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2016
Start date: 8/30/2016
End date: 9/21/2016
Quantity: 90 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Valley, Jan K, Technologist 9/21/2015 10:29 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
M52738	Plasma	—	09/21/15 1048

PROTHROMBIN TIME (Abnormal)
Resulted: 09/21/15 1240, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 09/21/15 1240
Collected by: 09/21/15 1048
Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Neighbor Jr., William E on 09/21/15 1708
Dy, Jessica A on 09/22/15 1237
Mohova, Elena on 10/01/15 1307

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	25.1	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.4	0.8 - 1.3	H	UWMC

09/21/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Mohova, Elena on 10/1/2015 13:07
Dy, Jessica A on 9/22/2015 12:37
Neighbor Jr., William E on 9/21/2015 17:08

09/17/2015 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 1/6/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

09/17/2015 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2015
Start date: 9/16/2015
End date: 1/6/2016
Quantity: 20 tablet
Refill: 0

Ciprofloxacin HCl 250 MG Oral Tab

Instructions: Take 1 tablet (250 mg) by mouth 2 times a day for 3 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2015
Start date: 9/16/2015
End date: 9/19/2015
Quantity: 6 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/17/2015
Start date: 9/17/2015
End date: 12/18/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena at 9/17/2015 1415

Received request to refill:

1-Name of requested medication: timolol
2-Date last refilled: 7/21/15
3-Date of last office visit: 9/16/15
4-Next office visit: n/a

Please advise, pharmacy on file.

Electronically signed by Mohova, Elena at 9/17/2015 2:17 PM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 09/17/15 1539**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 09/17/15 1539
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine BID 09/17/15 - 12/18/15
Class: E-RX
Released by: Neighbor Jr., William E 09/17/15 1539
Discontinued by: Neighbor Jr., William E 12/18/15 1621 [Reorder]
Diagnoses

09/17/2015 - Refill in Hall Health Primary Care Center (continued)

Other Orders (continued)

Unspecified glaucoma(365.9) [365.9 (ICD-9-CM)] - GLAUCOMA NOS
Reordered from: Timolol Maleate 0.5 % Ophthalmic Solution

Indications

Unspecified glaucoma [365.9 (ICD-9-CM)]

Messages

refill done

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	9/17/2015 3:39 PM

Last Read in MyChart
Not Read

Your eye drop refill was sent in.

William E Neighbor, MD

09/16/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/2/2016
Start date: 6/2/2016
End date: 9/21/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/17/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/18/2016
Start date: 7/18/2016
End date: 11/17/2016
Quantity: 5 mL
Refill: 1

09/16/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 9/21/2016
Quantity: 15 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2016
Start date: 7/29/2016
End date: 11/28/2016
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2016
Start date: 8/30/2016
End date: 9/21/2016
Quantity: 90 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 9/16/2015 10:33 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W46712	Specimen	—	09/16/15 1039

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 09/16/15 1112, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 09/16/15 1112
Collected by: 09/16/15 1039
Resulting lab: UW MEDICINE ROOSEVELT CLINIC LAB
Acknowledged by
Neighbor Jr., William E on 09/16/15 1705
Dy, Jessica A on 09/17/15 1543
Mohova, Elena on 09/18/15 1147

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.0	0.8 - 1.3	H	RSVLT

09/16/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW MEDICINE ROOSEVELT CLINIC LAB	Chou, David, MD	4245 ROOSEVELT WAY NE RM 160 BOX 354710 SEATTLE WA 98105-6008	06/12/15 1026 - 02/13/20 0822

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Mohova, Elena on 9/18/2015 11:47
Dy, Jessica A on 9/17/2015 15:43
Neighbor Jr., William E on 9/16/2015 17:05

09/16/2015 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaints: Urine Problem and Hearing Problem
Visit diagnoses:

- Dysuria (primary)
- GENERAL OSTEOARTHROSIS
- SENSORNEUR HEAR LOSS NOS

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/17/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/21/2015
Start date: 7/21/2015
End date: 9/17/2015
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder

09/16/2015 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/29/2015
Start date: 7/29/2015 — End date: 3/31/2016
Quantity: 45 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/29/2015
Start date: 7/29/2015 — End date: 1/6/2016
Quantity: 90 tablet — Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/29/2015
Start date: 7/29/2015 — End date: 6/2/2016
Quantity: 270 tablet — Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2015
Start date: 9/16/2015 — End date: 1/6/2016
Quantity: 20 tablet — Refill: 0

Ciprofloxacin HCl 250 MG Oral Tab

Instructions: Take 1 tablet (250 mg) by mouth 2 times a day for 3 days.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2015
Start date: 9/16/2015 — End date: 9/19/2015
Quantity: 6 tablet — Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 9/16/2015 1150

Jeanne Leonie Hoffman is a 90 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Urine Problem
  poss bladder infe x 1 month
- Hearing Problem
  getting worse

Hearing

Last visit with audiology appears to have been in 2008. Her son who is present today states her hearing is worsening

which is frustrating for him and others in communicating with her.

Anticoag
Stable dose of coumadin. Denies bleeding or unexpected brusing.

Dysuria
She states she has burning when urinates and perhaps increased frequency. This has improved over the last few days when she has drank cranberry juice. When asked how long she has had symptoms, she states it began before their train trip--which lasted 3-4 weeks--but was worse earlier this week. She denies fever, chills, nausea, vomiting, blood in urine.

ROS:
She states that since returning from her trip she has swelling in her knees but only when she awakens at night. She has also had some knee discomfort

Problem List
Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	12/13/2012
• Thyroid nodule, uninodular [241.0] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	12/13/2012
• Osteoporosis, unspecified [733.00] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped	03/04/2008
• Long term (current) use of anticoagulants [V58.61] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3	01/08/2008
• FX FEMUR INTRCAPS NOS-CLOSE [820.00] Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	05/01/2007

09/16/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- Unspecified glaucoma(365.9) [365.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old

Colorectal cancer screening: Sig to 30 cm in May 2001.
Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

• Other physical therapy [V57.1]	01/22/2015
• Hip joint stiffness [719.55]	01/06/2015
• Leg weakness, bilateral [729.89]	01/06/2015
• Weakness of trunk musculature [728.87]	01/06/2015
• Pseudophakia, both eyes [V43.1]	11/08/2014
• Urine incontinence [788.30]	08/27/2014

Uses pads

Outpatient Prescriptions Marked as Taking for the 9/16/15 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	20 tablet	0
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	270 tablet	0
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	90 tablet	0

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome	11/20/2006
Carpal tunnel release right wrist in 1989	
• DIAPHRAGMATIC HERNIA	11/20/2006
CT of abdomen in 2006	

No past surgical history on file.

No family history on file.

Social history:

History

Sexual Activity

- Sexual Activity: Not on file

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: No

Objective:

BP 170/72 mmHg | Pulse 66 | Temp(Src) 97.8 °F (36.6 °C) (Oral)
Estimated body mass index is 24.20 kg/(m^2) as calculated from the following:
Height as of 7/29/15: 5' 1" (1.549 m).
Weight as of 7/29/15: 58.06 kg (128 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 170/72
General: NAD.
ENT: With hearing aids removed, TM clear bilaterally.
MSK: Knees show age related DJD soft tissue swelling but no acute effussion and no tenderness. No increased warmth. Gait normal for her.

Lab and other tests: INR 3.0
UA and culture pending.

Assessment and Plan:

(788.1) Dysuria (primary encounter diagnosis)
Dysuria for at least one month worse this week, improved with cranberry juice. No hx of frequently recurring UTIs and no generalized symptoms. Plan is to cover her with Cipro 250 mg bid x 3 while await culture. I did not make a change in her coumadin given the short course of antibiotics. She however is to have a repeat INR next Monday or Tuesday. Her son who was present said he would bring her to the Roosevelt clinic for this.
Plan: Urinalysis Complete, URN, CULTURE:BACT-URINE W/GRAM STN, Ciprofloxacin HCl 250 MG Oral Tab

(715.00) GENERAL OSTEOARTHROSIS
For her back she uses codeine tabs sparingly. As before would not use non steroidals due to being on Coumadin and acetaminophen alone has not been sufficient. She is a on low and stable dose which has been helpful to her mobility. Refilled today.
Plan: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

(389.10) SENSORNEUR HEAR LOSS NOS
Chronic. Has hearing aids. No wax today. Plan is refer back to audiology whom she may not have seen for about seven years to see if any change in her hearing aids is needed.
Plan: REFERRAL TO AUDIOLOGY

09/16/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 9/16/2015 3:11 PM

Labs

Urinalysis Complete, URN (Final result)

Electronically signed by: **Neighbor Jr., William E on 09/16/15 1159** Status: **Completed**
Ordering user: Neighbor Jr., William E 09/16/15 1159 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 09/16/15 - Class: Clinic Collect
Quantity: 1 Lab status: Final result
Diagnoses
Dysuria [788.1 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W47700	Urine	—	09/16/15 1159

Urinalysis Complete, URN (Abnormal) Resulted: 09/16/15 1244, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 09/16/15 1244
Collected by: 09/16/15 1159 Resulting lab: UW MEDICINE HALL HEALTH LAB
Acknowledged by
Neighbor Jr., William E on 09/16/15 1705
Mohova, Elena on 09/18/15 1147

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	HALLH
Clarity, URN	Clear	—	—	HALLH
Specific Gravity, URN	1.012	1.002 - 1.027 g/mL	—	HALLH
pH, URN	< or =5.0	5.0 - 8.0	—	HALLH
Protein (Alb Semiquant), URN	Negative	NRN mg/dL	—	HALLH
Glucose Qual, URN	Negative	NRN mg/dL	—	HALLH
Ketones, URN	Negative	NRN mg/dL	—	HALLH
Bilirubin (Qual), URN	Negative	NRN	—	HALLH
Occult Blood, URN	Negative	NRN	—	HALLH
Nitrite, URN	Negative	NRN	—	HALLH
Leukocyte Esterase, URN	Positive	NRN	A !	HALLH
Urobilinogen, URN	0.1-1.9	URONML EHRLICH UNITS	—	HALLH
Comments for Macroscopic, URN	None	—	—	HALLH
WBC, URN	21-50(2+)	Z5NEG /HPF	A !	HALLH
RBC, URN	0-2(NEG)	Z2NEG /HPF	—	HALLH
Bacteria, URN	Present	NOSEEN	A !	HALLH

09/16/2015 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Epith Cells Squamous, URN	0-5(NEG)	LT6 /LPF	—	HALLH
Epith Cells Renal/Trans,URN	<3(NEG)	LESS3 /HPF	—	HALLH
Comments For Microscopic, URN	None	NONE	—	HALLH

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
34 - HALLH	UW MEDICINE HALL HEALTH LAB	Chou, David, MD	4000 STEVENS WAY #354410 RM 112 SEATTLE WA 98116-3406	06/12/15 1021 - 02/12/20 1533

Indications

Dysuria [788.1 (ICD-9-CM)]

All Reviewers List

Mohova, Elena on 10/1/2015 13:07
Neighbor Jr., William E on 9/18/2015 12:57
Neighbor Jr., William E on 9/16/2015 17:05

CULTURE:BACT-URINE W/GRAM STN (Final result)

Electronically signed by: **Neighbor Jr., William E on 09/16/15 1159** Status: **Completed**
Ordering user: Neighbor Jr., William E 09/16/15 1159 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 09/16/15 - Class: Clinic Collect
Quantity: 1 Lab status: Final result
Diagnoses
Dysuria [788.1 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W47702	Urine	—	09/16/15 1159

CULTURE:BACT-URINE W/GRAM STN Resulted: 09/18/15 0943, Result status: Final result

Order status: Completed Filed by: Uw Lab Results Interface, User 09/18/15 0943
Collected by: 09/16/15 1159 Resulting lab: UW MEDICAL CENTER LABS
Acknowledged by
Mohova, Elena on 09/18/15 1147
Neighbor Jr., William E on 09/18/15 1257

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	UWMC
Direct Exam	No polymorphonuclear cells or organisms seen	—	—	UWMC
Colony Count Result: 25000 Col/mL	--	—	—	UWMC
Culture Result: 3+ Escherichia coli	--	—	—	UWMC
Culture	--	—	—	UWMC

09/16/2015 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Result:
2+
Mixed gram positive flora
:
at least 3 different colony types

Sensitivities

Organism	Antibiotic	Sensitivity	Method
Escherichia coli	Ampicillin	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ampicillin/sulbactam	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Aztreonam	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefazolin	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefepime	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefotetan	<=16 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftazidime	<=0.5 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftriaxone	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ciprofloxacin	<=0.06 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Doxycycline	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ertapenem	<=0.12 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Gentamicin	<=4 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Levofloxacin	<=0.5 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Meropenem	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Moxifloxacin	<=0.25 -	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Nitrofurantoin	<=32 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Piperacillin/tazobactam	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Trimeth_Sulfamethoxazole	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Dysuria [788.1 (ICD-9-CM)]

All Reviewers List

Mohova, Elena on 10/1/2015 13:07
Neighbor Jr., William E on 9/18/2015 12:57

09/16/2015 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Other Orders

Medications

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 09/16/15 1159** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 09/16/15 1159 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 09/16/15 - 01/06/16 Class: Normal
Discontinued by: Neighbor Jr., William E, MD 01/06/16 1227 [Reorder]
Diagnoses
Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)] - GENERAL OSTEOARTHROSIS
Admin instructions: one po once daily for arthritic pain as needed
Medication comments: Taking 40 day train trip returning Sept 10 so needs additional 20 tabs
Reordered from: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Indications

Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)]

Ciprofloxacin HCl 250 MG Oral Tab (Expired)

Electronically signed by: **Neighbor Jr., William E on 09/16/15 1159** Status: **Expired**
Ordering user: Neighbor Jr., William E 09/16/15 1159 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine BID 09/16/15 - 3 days Class: E-RX
Diagnoses
Dysuria [788.1 (ICD-9-CM)]

Indications

Dysuria [788.1 (ICD-9-CM)]

Other

ZEBRA LABELS (Completed)

Electronically signed by: **Kassa, Azeb on 09/16/15 1132** Status: **Completed**
Ordering user: Kassa, Azeb 09/16/15 1132 Authorized by: Murphy, Britt Marie
Ordering mode: Standard
Frequency: Routine 09/16/15 - Class: Normal
Quantity: 1

Questionnaire

Question	Answer
How many Zebra labels should print?	2

ZEBRA LABELS (Completed)

Electronically signed by: **Kassa, Azeb on 09/16/15 1134** Status: **Completed**
Ordering user: Kassa, Azeb 09/16/15 1134 Authorized by: Murphy, Britt Marie
Ordering mode: Standard
Frequency: Routine 09/16/15 - Class: Normal
Quantity: 1

Questionnaire

Question	Answer
How many Zebra labels should print?	2

Referral

REFERRAL TO AUDIOLOGY (Discontinued)

09/16/2015 - Office Visit in Hall Health Primary Care Center (continued)

Other Orders (continued)

Electronically signed by: **Neighbor Jr., William E on 09/16/15 1159** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 09/16/15 1159 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 09/16/15 - Class: Internal Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Sensorineural hearing loss, unspecified [389.10 (ICD-9-CM)] - SENSORNEUR HEAR LOSS NOS
Scheduling instructions
Referral to: UWMC: Rehab Audiology Services (DEP 220013) 206-598-4022
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: Procedure or ancillary service not done by the referring provider. Clinical history: 90 year old female with severe hearing impairment despite hearing aids. Looks like last audiology visit was 2008 at UWM. Needs re eval to determine what would be best hearing aid set up for her. William E Neighbor, MD

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Sensorineural hearing loss, unspecified	**Uwmc Otology Clinic** 1959 NE Pacific Street, Box 356161 Seattle WA 98195 Phone: 206-598-4022 Fax: 206-598-6611 Specialty: Audiology Med	Audiology	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: Procedure or ancillary service not done by the referring provider.
Clinical history: 90 year old female with severe hearing impairment despite hearing aids. Looks like last audiology visit was 2008 at UWM. Needs re eval to determine what would be best hearing aid set up for her.
William E Neighbor, MD

Indications

Sensorineural hearing loss, unspecified [389.10 (ICD-9-CM)]

Flowsheets

Vital Data

Row Name	09/16/15 1131
BP	170/72
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.6 °C
Temp src	Oral
Pulse	66

09/15/2015 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Jarosik, Kimberly L

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 1/6/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

09/15/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2015
Start date: 9/16/2015
End date: 1/6/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/17/2015
Start date: 9/17/2015
End date: 12/18/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Messages

Appointment for 09/16/2015

From	To	Sent and Delivered
Kimberly L Jarosik, PSS/PSR	Hoffman, Jeanne Leonie	9/15/2015 12:18 PM

Last Read in MyChart
Not Read

Hello Jeanne,

Unfortunately Dr Neighbor will not be in tomorrow to see you for your medical appointment as he has been called away from his clinic that day. Please call us at 206-616-2495 to reschedule.

Thank you,

Kim

09/14/2015 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/17/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/21/2015
Start date: 7/21/2015
End date: 9/17/2015
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 9/16/2015
Quantity: 20 tablet
Refill: 0

09/14/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 1/6/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	9/14/2015 2:58 PM

I have returned and enjoyed my family reunions, along with "The Empire Journey".

View Hightlights:

http://www.atdlines.com/s-tour15.htm#Tour-2015-Photos

See you om Wed. the 16th

09/08/2015 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 1/6/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

09/08/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/16/2015
Start date: 9/16/2015
End date: 1/6/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/17/2015
Start date: 9/17/2015
End date: 12/18/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Messages

RE: Health Information Update

From	To	Sent and Delivered
Elena A Mohova, CMA	Hoffman, Jeanne Leonie	9/8/2015 1:34 PM

Last Read in MyChart
Not Read

Hello Jeanne,

You have already scheduled appointment with Dr. Neighbor on next Wednesday September 16, 2015 at 10:00 am and at 10:40 am for your son Louise.
If you have questions, please call me at 206-616-9358 or send e-care message for Dr. Neighbor.

Thank you,
Elena Mohova, CMA
Hall Health Primary Care Center

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	9/8/2015 7:24 AM

I am feeling good and happy.
My sister passed away 8-26-15 Newburg, OR
I expected it, she was in ill health for many years ....gas guzzlers and money, which was her

09/08/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

down fall.
I will be back home late afternoon on 9-9-15.

I will need a health check up. So please schedule appointment on your schedules.

Jean

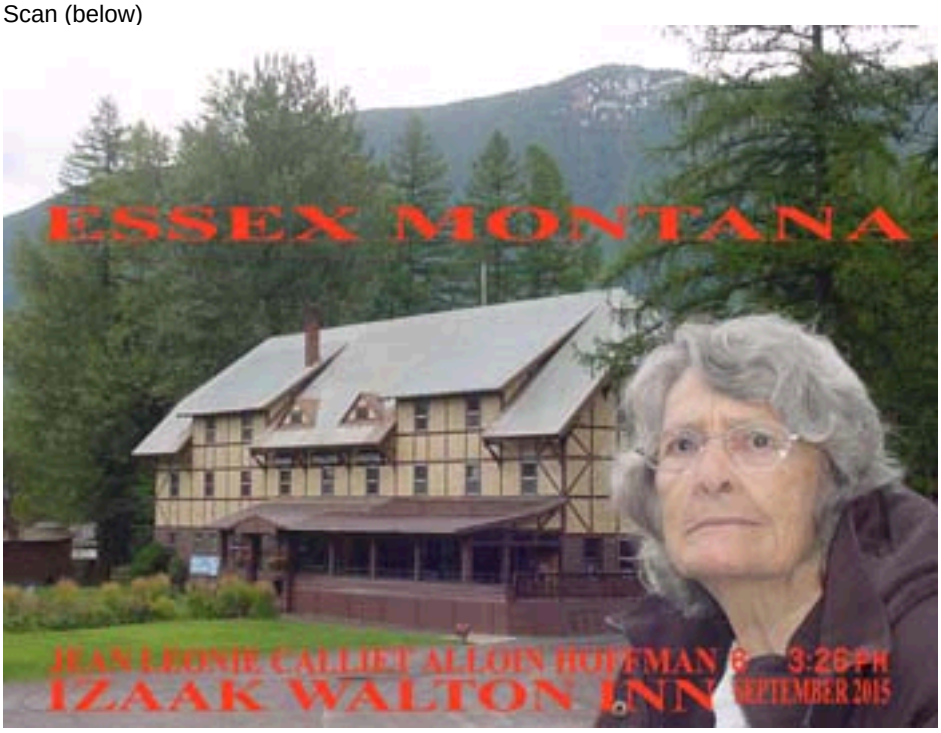
lcha

09/08/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents

Patient Entered Attachment - Scan on 9/8/2015 7:24 AM: iw-jean-1a

Scan (below)



07/29/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

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Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/17/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/21/2015
Start date: 7/21/2015
End date: 9/17/2015
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

07/29/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/16/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 9/16/2015
Quantity: 20 tablet
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 1/6/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 7/29/2015 8:46 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W54907	Specimen	—	07/29/15 0847

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 07/29/15 0937, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 07/29/15 0945
Collected by: 07/29/15 0847
Resulting lab: UW MEDICINE ROOSEVELT CLINIC LAB
Acknowledged by
Neighbor Jr., William E on 07/29/15 1130
Mohova, Elena on 08/04/15 0935
Acosta, Lilian on 08/26/15 1030

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.9	0.8 - 1.3	H	RSVLT

Testing Performed By

07/29/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW MEDICINE ROOSEVELT CLINIC LAB	Chou, David, MD	4245 ROOSEVELT WAY NE RM 160 BOX 354710 SEATTLE WA 98105-6008	06/12/15 1026 - 02/13/20 0822

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Acosta, Lilian on 8/26/2015 10:33
Mohova, Elena on 8/4/2015 09:35
Neighbor Jr., William E on 7/29/2015 11:30

07/29/2015 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Annual Exam
Visit diagnoses:

- BENIGN HYPERTENSION (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC
- GENERAL OSTEOARTHROSIS

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/17/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/21/2015
Start date: 7/21/2015
End date: 9/17/2015
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016

07/29/2015 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/29/2015
Start date: 7/29/2015 — End date: 3/31/2016
Quantity: 45 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/16/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/29/2015
Start date: 7/29/2015 — End date: 9/16/2015
Quantity: 20 tablet — Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/6/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/29/2015
Start date: 7/29/2015 — End date: 1/6/2016
Quantity: 90 tablet — Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/29/2015
Start date: 7/29/2015 — End date: 6/2/2016
Quantity: 270 tablet — Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 7/29/2015 1035

Jeanne Leonie Hoffman is a 90 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Annual Exam
  routine

Anticoagulation for prevention of recurrent DVT

She comes in for INR. She has been on stable dose of coumadin of 5 mg daily. She reports to bleeding or unexpected bruising. She has had no edema. She is leaving with son in two days for 6 week trip by train across Canada.

Hypertension

She is taking her meds. No interval readings.

Recent syncopal episode and knee MCL strain

07/29/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Seen in ER for syncopal episode related to wearing heavy coat in hot weather. Episode observed by son and very transient. There has been no recurrence. In the ER head CT was negative. She did sustain strain the MCL of right knee but reports this has resolved.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	12/13/2012
• Thyroid nodule, uninodular [241.0] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	12/13/2012
• Osteoporosis, unspecified [733.00] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped	03/04/2008
• Long term (current) use of anticoagulants [V58.61] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3	01/08/2008
• FX FEMUR INTRCAPS NOS-CLOSE [820.00] Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	05/01/2007
• VITAMIN B DEFICIENCY NOS [266.9] Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency	05/01/2007
• Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] Year onset: Dx March 2007	03/27/2007

Metformin discontinued 2011 as A1c in target range without it.
Diet and weight controlled.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- Unspecified glaucoma(365.9) [365.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .

Advise Vit D 800 IU daily.

- Other physical therapy [V57.1] 01/22/2015
- Hip joint stiffness [719.55] 01/06/2015
- Leg weakness, bilateral [729.89] 01/06/2015
- Weakness of trunk musculature [728.87] 01/06/2015
- Pseudophakia, both eyes [V43.1] 11/08/2014
- Urine incontinence [788.30] 08/27/2014
  Uses pads

Outpatient Prescriptions Marked as Taking for the 7/29/15 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	20 tablet	0
• Atorvastatin Calcium 40 MG Oral Tab	Take 1 tablet (40 mg) by mouth daily.	90 tablet	3
• Losartan Potassium 25 MG Oral Tab	One half tablet daily	45 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	5
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	60 tablet	3

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome	11/20/2006
Carpal tunnel release right wrist in 1989	
• DIAPHRAGMATIC HERNIA	11/20/2006
CT of abdomen in 2006	

No past surgical history on file.

No family history on file.

Social history:

History

Sexual Activity	
• Sexual Activity:	Not on file

Clinical Notes (continued)

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: No

Objective:

BP 144/65 mmHg | Pulse 55 | Temp(Src) 98.3 °F (36.8 °C) (Oral) | Ht 5' 1" (1.549 m) | Wt 58.06 kg (128 lb) | BMI 24.20 kg/m2

Estimated body mass index is 24.2 kg/(m^2) as calculated from the following:
Height as of this encounter: 5' 1" (1.549 m).
Weight as of this encounter: 58.06 kg (128 lb).

Extended Vitals not filed for this encounter.

Last blood pressure recorded in this encounter: 144/65

General: NAD

Right knee non tender medially.

Lab and other tests:

Orders Only on 07/29/15

1. PROTHROMBIN TIME (RAPID INR)

Result	Value	Ref Range
Prothrombin INR	2.9 (H)	0.8 - 1.3

Assessment and Plan:

(401.1) BENIGN HYPERTENSION (primary encounter diagnosis)
Blood pressure in reasonable range for age. Refill meds for her trip.
Plan: Losartan Potassium 25 MG Oral Tab

(V58.61) AFTERCARE LONG TERM ANTICOAG USE
INR in Tx range and stable. Refilled meds for trip. INR when returns.
Plan: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence.for many years.
Plan: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

(715.00) GENERAL OSTEOARTHROSIS
Back pain secondary to compression fracture and diffuse DJD. She benefits from a single table of codeine daily without side effects. Would avoid NSAIDs given her use of coumadin.
Plan: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE
#3) 300-30 MG Oral Tab

Note: During her train trip Louis, her son, states their itinerary will be at www.atdline.com/s-tour-15.ntm. OBA Itinerary. Depart Aug 1, return sept 10.

07/29/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 7/31/2015 6:48 PM

Other Orders

Medications

Losartan Potassium 25 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/29/15 1021** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/29/15 1021 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/29/15 - 03/31/16 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 03/31/16 1555 [Reorder]
Diagnoses
Essential hypertension, benign [401.1 (ICD-9-CM)] - BENIGN HYPERTENSION
Admin instructions: One half tablet daily
Reordered from: Losartan Potassium 25 MG Oral Tab

Indications

Essential hypertension, benign [401.1 (ICD-9-CM)]

Warfarin Sodium (COUMADIN) 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/29/15 1021** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/29/15 1021 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/29/15 - 07/29/15 Class: E-RX
Discontinued by: Neighbor Jr., William E 07/29/15 1544 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC
Admin instructions: 1 TAB PO ONCE each evening
Medication comments: Due to extended train trip planned, needs 60 days.
Reordered from: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/29/15 1021** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/29/15 1021 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/29/15 - 09/16/15 Class: Normal
Discontinued by: Neighbor Jr., William E 09/16/15 1159 [Reorder]
Diagnoses
Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)] - GENERAL OSTEOARTHROSIS
Admin instructions: one po once daily for arthritic pain as needed
Medication comments: Taking 40 day train trip returning Sept 10 so needs additional 20 tabs

07/29/2015 - Office Visit in Hall Health Primary Care Center (continued)

Other Orders (continued)

Reordered from: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Indications

Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)]

Warfarin Sodium (COUMADIN) 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/29/15 1544** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/29/15 1544 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/29/15 - 01/06/16 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 01/06/16 1227 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC
Admin instructions: 1 TAB PO ONCE each evening
Medication comments: Due to extended train trip planned, needs 60 days.
Reordered from: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Pentoxifylline ER 400 MG Oral Tab CR (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/29/15 1544** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/29/15 1544 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine TID 07/29/15 - 06/02/16 Class: E-RX
Discontinued by: Neighbor Jr., William E, MD 06/02/16 1236 [Reorder]
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC
Reordered from: Pentoxifylline ER 400 MG Oral Tab CR

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Flowsheets

Vital Data

Row Name	07/29/15 1029	07/29/15 0949
Height	—	5' 1" (1.549 m)
BMI (Calculated)	—	24.24
Weight	—	58.1 kg (128 lb)
BP	144/65	158/72
BP Cuff Size	Regular	Regular
BP Site	Left Arm	Left Arm
BP Position	Sitting	Sitting
Temp	—	36.8 °C
Temp src	—	Oral
Pulse	55	—

Letters

Letter by Neighbor Jr., William E on 7/29/2015

Status: Sent
Letter body:

07/29/2015 - Office Visit in Hall Health Primary Care Center (continued)

Letters (continued)

July 29, 2015

Via Rail
Montreal, Quebec, Canada

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925
MRN: N3927850

Via Rail:

I am the personal care physician for Jean Hoffman. Mrs. Hoffman is a delightful, strong minded individual for whom I have been privileged to care for well over for nearly 30 years.

Mrs. Hoffman lives with her son Louis Hoffman who assists her with taking six prescribed medications, some personal hygiene including use of compression stockings for recurrent leg clots, accommodations for her hearing impairment that is only partially corrected with hearing aids, and helping to assure safe ambulation and use of her walker. Additionally, she easily becomes lost and needs assistance with directions. Mrs. Hoffman will require this same personal assistance during her rail trip. She will greatly benefit from having her son Louis Hoffman travel with her.

Please contact me if you have any questions.

Best regards,

Sincerely,

Electronically signed by
William E Neighbor, MD

CC: No Recipients

Letter by Neighbor Jr., William E on 7/29/2015

Status: Sent
Letter body:

July 29, 2015

Jeanne Leonie Hoffman

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925
MRN: N3927850

Dear Jeanne Leonie Hoffman:

I saw you today, 7/29/2015. Below is a list of your heath issues and medications. I saw you today for an update on your medications and your anticoagulation.

07/29/2015 - Office Visit in Hall Health Primary Care Center (continued)

Letters (continued)

Outpatient Prescriptions Prior to Visit

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	30 tablet	3
• Atorvastatin Calcium 40 MG Oral Tab	Take 1 tablet (40 mg) by mouth daily.	90 tablet	3
• Losartan Potassium 25 MG Oral Tab	Take 1 tablet (25 mg) by mouth daily.	90 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	5
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	30 tablet	6

No facility-administered medications prior to visit.

Patient Active Problem List

Diagnosis

- Other convulsions
- ESOPHAGEAL REFLUX
- SENSORNEUR HEAR LOSS NOS
- DEEP VENOUS PHLEBITIS-LEG NEC
- HYPERLIPIDEMIA NEC/NOS
- ALLERGIC RHINITIS NOS
- GENERAL OSTEOARTHROSIS
- BENIGN HYPERTENSION
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- FX FEMUR INTRCAPS NOS-CLOSE
- VITAMIN B DEFICIENCY NOS
- Long term (current) use of anticoagulants
- Osteoporosis, unspecified
- Vertebral fracture
- Thyroid nodule, uninodular
- DJD (degenerative joint disease) of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- Other physical therapy

07/29/2015 - Office Visit in Hall Health Primary Care Center (continued)

Letters (continued)

Sincerely,

Electronically signed by
William E Neighbor, MD

CC: No Recipients

07/27/2015 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- AFTERCARE LONG TERM ANTICOAG USE (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC
- GENERAL OSTEOARTHROSIS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2015
Start date: 7/6/2015
End date: 7/29/2015
Quantity: 90 tablet
Refill: 5

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/17/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/21/2015
Start date: 7/21/2015
End date: 9/17/2015

07/27/2015 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 5 mL Refill: 1

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/28/2015
Start date: 7/28/2015
End date: 7/29/2015
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/28/2015
Start date: 7/28/2015
End date: 7/29/2015
Quantity: 30 tablet
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena at 7/27/2015 1105

Received request to refill:

1-Name of requested medication: acetaminophen/codeine
2-Date last refilled: 12/24/14
3-Date of last office visit: 4/1/15
4-Next office visit: 7/29/15

1-Name of requested medication: coumadin
2-Date last refilled: 2/11/15 30 tabs with 6 refills
3-Date of last office visit: 4/1/15
4-Next office visit: 7/29/15
Comments: For Coumadin, patient requesting #40 due to travel 8/1-9/10/2015.

Please advise, pharmacy on file.

Electronically signed by Mohova, Elena at 7/27/2015 11:42 AM

Mohova, Elena at 7/27/2015 1143

Received refill request from pharmacy on Pentoxifylline 400 mg. Medication was prescribed 7/6/15 90 tablets supply with 5 refills. Pharmacy called and confirmed that patient still has enough refills for the requested medication.

07/27/2015 - Refill in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Electronically signed by Mohova, Elena at 7/27/2015 11:47 AM

Other Orders

Medications

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/28/15 1138** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/28/15 1138 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/28/15 - 07/29/15 Class: Normal
Released by: Neighbor Jr., William E 07/28/15 1138 Discontinued by: Neighbor Jr., William E 07/29/15 1021 [Reorder]
Diagnoses
Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)] - GENERAL OSTEOARTHROSIS
Admin instructions: one po once daily for arthritic pain as needed
Reordered from: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Indications

Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)]

Warfarin Sodium (COUMADIN) 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/28/15 1138** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/28/15 1138 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/28/15 - 07/29/15 Class: E-RX
Released by: Neighbor Jr., William E 07/28/15 1138 Discontinued by: Neighbor Jr., William E 07/29/15 1021 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC
Admin instructions: 1 TAB PO ONCE each evening
Reordered from: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

07/20/2015 - Refill in Hall Health Family Health

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015
Quantity: 30 tablet
Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

07/20/2015 - Refill in Hall Health Family Health (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2015
Start date: 7/6/2015
End date: 7/29/2015
Quantity: 90 tablet
Refill: 5

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/17/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/21/2015
Start date: 7/21/2015
End date: 9/17/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena at 7/20/2015 1114

Received request to refill:

1-Name of requested medication: timolol
2-Date last refilled: 5/12/15
3-Date of last office visit: 4/01/15
4-Next office visit: 7/29/15

Please advise, pharmacy on file.

Electronically signed by Mohova, Elena at 7/20/2015 11:15 AM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/21/15 1818**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/21/15 1818
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine BID 07/21/15 - 09/17/15
Class: E-RX
Released by: Neighbor Jr., William E 07/21/15 1818
Discontinued by: Neighbor Jr., William E 09/17/15 1539 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [365.9 (ICD-9-CM)] - GLAUCOMA NOS
Reordered from: Timolol Maleate 0.5 % Ophthalmic Solution

Indications

Unspecified glaucoma [365.9 (ICD-9-CM)]

07/20/2015 - Refill in Hall Health Family Health (continued)

Other Orders (continued)

Messages

refill done

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	7/21/2015 6:19 PM
Last Read in MyChart		
Not Read		

Your eye drops were refilled. Remember to put pressure over your tear duct while instilling the drops so they stay in your eye.
William E. Neighbor, Jr. MD
Clinical Professor
Department of Family Medicine
Hall Health Center

07/15/2015 - Admission (Discharged) in U Emergency Department

Visit Information

Admission Information

Arrival Date/Time:	07/15/2015 0907	Admit Date/Time:	07/15/2015 0926	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Car Or Automobile	Primary Service:	Emergency Dept	Secondary Service:	N/A
Transfer Source:		Service Area:	UW MEDICINE	Unit:	U Emergency Department
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: 07/15/2015 1325	Disposition: 01 Home/self Care	Destination: —
Provider: —	Unit: U Emergency Department	

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

None

Stopped in Visit

None

07/15/2015 - Orders Only in U Emergency Department

Visit Information

Provider Information

Encounter Provider

Erskine, Teresa Myers

Department

Name	Address	Phone
U Emergency Department	1959 NE Pacific St, Box 356123 Seattle WA 98195	206-598-2000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015

07/15/2015 - Orders Only in U Emergency Department (continued)

Medication List (continued)

Quantity: 30 tablet — Refill: 6

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/21/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/12/2015
Start date: 5/12/2015 — End date: 7/20/2015
Quantity: 5 mL — Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/6/2015
Start date: 7/6/2015 — End date: 7/29/2015
Quantity: 90 tablet — Refill: 5

Stopped in Visit

None

Labs

1ST EXTRA RED TOP (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/15/15 0955** — Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/15/15 0955 — Authorized by: Erskine, Teresa Myers
Ordering mode: Standard
Frequency: STAT 07/15/15 0955 - — Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W37388	Serum	—	07/15/15 0955

1ST EXTRA RED TOP — Resulted: 07/15/15 1003, Result status: Final result

Order status: Completed — Filed by: Uw Lab Results Interface, User 07/15/15 1003
Collected by: 07/15/15 0955 — Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Red Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

07/15/2015 - Orders Only in U Emergency Department

Visit Information

Provider Information

Encounter Provider

Erskine, Teresa Myers

Department

Name	Address	Phone
U Emergency Department	1959 NE Pacific St, Box 356123 Seattle WA 98195	206-598-2000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015

07/15/2015 - Orders Only in U Emergency Department (continued)

Medication List (continued)

Quantity: 30 tablet — Refill: 6

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/21/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/12/2015
Start date: 5/12/2015 — End date: 7/20/2015
Quantity: 5 mL — Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/6/2015
Start date: 7/6/2015 — End date: 7/29/2015
Quantity: 90 tablet — Refill: 5

Stopped in Visit

None

Labs

CBC, DIFF (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/15/15 0955** — Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/15/15 0955 — Authorized by: Erskine, Teresa Myers
Ordering mode: Standard
Frequency: STAT 07/15/15 0955 - — Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W37388	Whole blood	—	07/15/15 0955

CBC, DIFF (Abnormal) — Resulted: 07/15/15 1009, Result status: Final result

Order status: Completed — Filed by: Uw Lab Results Interface, User 07/15/15 1009
Collected by: 07/15/15 0955 — Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.45	4.3 - 10.0 THOU/uL	—	UWMC
RBC	3.62	3.80 - 5.00 mil/uL	L	UWMC
Hemoglobin	11.0	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	35	36 - 45 %	L	UWMC
MCV	97	81 - 98 fL	—	UWMC
MCH	30.4	27.3 - 33.6 pg	—	UWMC
MCHC	31.3	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	192	150 - 400 THOU/uL	—	UWMC
RDW-CV	14.0	11.6 - 14.4 %	—	UWMC
% Neutrophils	58	%	—	UWMC
% Lymphocytes	31	%	—	UWMC
% Monocytes	7	%	—	UWMC
% Eosinophils	3	%	—	UWMC
% Basophils	1	%	—	UWMC

07/15/2015 - Orders Only in U Emergency Department (continued)

Labs (continued)

% Immature Granulocytes	0	%	—	UWMC
Neutrophils	3.15	1.80 - 7.00 THOU/uL	—	UWMC
Absolute Lymphocyte Count	1.69	1.00 - 4.80 THOU/uL	—	UWMC
Monocytes	0.40	0.00 - 0.80 THOU/uL	—	UWMC
Absolute Eosinophil Count	0.17	0.00 - 0.50 THOU/uL	—	UWMC
Basophils	0.03	0.00 - 0.20 THOU/uL	—	UWMC
Immature Granulocytes	0.01	0.00 - 0.05 THOU/uL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

07/15/2015 - Orders Only in U Emergency Department

Visit Information

Provider Information

Encounter Provider

Erskine, Teresa Myers

Department

Name	Address	Phone
U Emergency Department	1959 NE Pacific St, Box 356123 Seattle WA 98195	206-598-2000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015

07/15/2015 - Orders Only in U Emergency Department (continued)

Medication List (continued)

Quantity: 30 tablet — Refill: 6

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/21/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/12/2015
Start date: 5/12/2015 — End date: 7/20/2015
Quantity: 5 mL — Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/6/2015
Start date: 7/6/2015 — End date: 7/29/2015
Quantity: 90 tablet — Refill: 5

Stopped in Visit

None

Labs

PROTHROMBIN & PTT (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/15/15 0955** — Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/15/15 0955 — Authorized by: Erskine, Teresa Myers
Ordering mode: Standard
Frequency: STAT 07/15/15 0955 - — Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W37388	Plasma	—	07/15/15 0955

PROTHROMBIN & PTT (Abnormal) — Resulted: 07/15/15 1025, Result status: Final result

Order status: Completed — Filed by: Uw Lab Results Interface, User 07/15/15 1026
Collected by: 07/15/15 0955 — Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	28.6	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.9	0.8 - 1.3	H	UWMC
Partial Thromboplastin Time Comment: Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.	35	22 - 35 s	—	UWMC
Partial Thromboplastin X Mean	To calculate the PTT X Mean divide PTT value by 29.	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

07/15/2015 - Orders Only in U Emergency Department (continued)

Labs (continued)

6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

07/15/2015 - Orders Only in U Emergency Department

Visit Information

Provider Information

Encounter Provider

Erskine, Teresa Myers

Department

Name	Address	Phone
U Emergency Department	1959 NE Pacific St, Box 356123 Seattle WA 98195	206-598-2000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015

07/15/2015 - Orders Only in U Emergency Department (continued)

Medication List (continued)

Quantity: 30 tablet — Refill: 6

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/21/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/12/2015
Start date: 5/12/2015 — End date: 7/20/2015
Quantity: 5 mL — Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/6/2015
Start date: 7/6/2015 — End date: 7/29/2015
Quantity: 90 tablet — Refill: 5

Stopped in Visit

None

Labs

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 07/15/15 0955** — Status: **Completed**
Ordering user: Uw Lab Results Interface, User 07/15/15 0955 — Authorized by: Erskine, Teresa Myers
Ordering mode: Standard
Frequency: STAT 07/15/15 0955 - — Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W37388	Serum	—	07/15/15 0955

BASIC METABOLIC PANEL (Abnormal) — Resulted: 07/15/15 1032, Result status: Final result

Order status: Completed — Filed by: Uw Lab Results Interface, User 07/15/15 1032
Collected by: 07/15/15 0955 — Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 mEq/L	—	UWMC
Potassium	4.1	3.6 - 5.2 mEq/L	—	UWMC
Chloride	111	98 - 108 mEq/L	H	UWMC
Carbon Dioxide, Total	22	22 - 32 mEq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	116	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	17	8 - 21 mg/dL	—	UWMC
Creatinine	0.85	0.38 - 1.02 mg/dL	—	UWMC
Calcium	9.1	8.9 - 10.2 mg/dL	—	UWMC
GFR, Calc, European American	>60	>59 mL/min	—	UWMC
GFR, Calc, African American	>60	>59 mL/min	—	UWMC
GFR, Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate	—	—	UWMC

07/15/2015 - Orders Only in U Emergency Department (continued)

Labs (continued)

with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

07/06/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 7/29/2016
Quantity: 30 tablet
Refill: 2

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/17/2017
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/31/2016
Start date: 3/31/2016
End date: 4/16/2017
Quantity: 45 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/28/2016
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2016
Start date: 4/29/2016
End date: 11/28/2016
Quantity: 20 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/18/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/11/2016
Start date: 5/11/2016
End date: 7/18/2016
Quantity: 5 mL
Refill: 1

07/06/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/29/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/27/2016
Start date: 5/27/2016
End date: 8/29/2016
Quantity: 90 tablet
Refill: 0

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/21/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/2/2016
Start date: 6/2/2016
End date: 9/21/2016
Quantity: 270 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Avila, Bianca Celeste, Technologist 7/6/2015 1:02 PM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
M25564	Specimen	—	07/06/15 1302

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 07/06/15 1411, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 07/06/15 1411
Collected by: 07/06/15 1302
Resulting lab: UW LABORATORY MEDICINE
Acknowledged by
Neighbor Jr., William E on 07/06/15 1611
Mohova, Elena on 07/09/15 0841

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.1	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW MEDICINE ROOSEVELT CLINIC LAB	Chou, David, MD	4245 ROOSEVELT WAY NE RM 160 BOX 354710 SEATTLE WA 98105-6008	06/12/15 1026 - 02/13/20 0822

07/06/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Mohova, Elena on 7/9/2015 08:42
Neighbor Jr., William E on 7/6/2015 16:11

07/06/2015 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015
Quantity: 30 tablet
Refill: 6

Timolol Maleate 0.5 % Ophthalmic Solution

07/06/2015 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/21/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/12/2015
Start date: 5/12/2015
End date: 7/20/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2015
Start date: 7/6/2015
End date: 7/29/2015
Quantity: 90 tablet
Refill: 5

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mohova, Elena at 7/6/2015 1008

Received request to refill:

1-Name of requested medication: pentoxifyll
2-Date last refilled: 12/19/14
3-Date of last office visit: 04/01/15
4-Next office visit: n/a

Please advise, pharmacy on file.

Electronically signed by Mohova, Elena at 7/6/2015 10:10 AM

Other Orders

Medications

Pentoxifylline ER 400 MG Oral Tab CR (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/06/15 1057**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/06/15 1057
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine TID 07/06/15 - 07/29/15
Class: E-RX
Released by: Neighbor Jr., William E 07/06/15 1057
Discontinued by: Neighbor Jr., William E 07/29/15 1544 [Reorder]
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC
Reordered from: Pentoxifylline ER 400 MG Oral Tab CR

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

07/06/2015 - Refill in Hall Health Primary Care Center (continued)

Other Orders (continued)

07/06/2015 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015
Quantity: 30 tablet
Refill: 6

07/06/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/21/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/12/2015
Start date: 5/12/2015
End date: 7/20/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2015
Start date: 7/6/2015
End date: 7/29/2015
Quantity: 90 tablet
Refill: 5

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	7/6/2015 5:09 PM

Jean fainted to day at Ferry Board Ramp/Gang Blank.2:05pm
Injury: Very small abrasion at knee.
EMR Medic-1: Looked at Abrasion/Release/Blooding Stopped.
Possible Cause: Heat Exhaustion

Jean wore a "winter Insulated coat" today.
She refused to take it off, in direct sunlight. "Bus Heat" was over 100 degrees/with some venting.
During a walk from Bus to Ferry Terminal, heat was intense, doing fast pace walk.
5:PM a little stiffness in knee/good spirits/drinking fluids.

06/30/2015 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015
Quantity: 30 tablet
Refill: 6

06/30/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/21/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/12/2015
Start date: 5/12/2015
End date: 7/20/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/6/2015
Start date: 7/6/2015
End date: 7/29/2015
Quantity: 90 tablet
Refill: 5

Stopped in Visit

None

Messages

RE: Results Question

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	7/13/2015 2:22 PM

Last Read in MyChart
Not Read

Please call our appointment desk at : Hall Health Primary Care Center Appointments 206-616-2495. I have openings before July 25 including this week.

William E Neighbor Jr. MD

RE: Results Question\via rail

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	7/13/2015 7:50 AM

William,

need appointment before 7/25/15

Just mail it to Jean
245 High School Rd, NW-2
Bainbridge Island, WA 98110

06/30/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

It will be add to Via rain Confirmation and present at ticket desk in Montreal.

Please visit: For Itinerary

http://www.atdlines.com/s-tour15.htm

RE: Results Question

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	6/30/2015 4:51 PM

Last Read in MyChart
7/13/2015 7:44 AM by Hoffman, Jeanne Leonie

Below is the letter I drafted. I re read your e care messages but could not figure out where I am to send or address the letter. Do you want me to sign and send it to you or fax it to Via Rail (need fax number) or mail to Via rail (need address).

Via Rail

Re: Jean Hoffman Health Status
DOB 1/06/1925

I am the personal care physician for Jean Hoffman. Mrs. Hoffman is a delightful, strong minded individual for whom I have been privileged to care for well over for nearly 30 years.

Mrs. Hoffman lives with her son Louis Hoffman who assists her with taking six prescribed medications, some personal hygiene (including use of compression stockings for recurrent leg clots, accommodations for her hearing impairment that is only partially corrected with hearing aids, and helping to assure safe ambulation and use of her walker. Mrs. Hoffman will require this same personal assistance during her rail trip. She will greatly benefit from having her son Louis Hoffman travel with her.

Please contact me if you have any questions.

Best regards,

William E Neighbor Jr. MD

Results Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting	6/30/2015 7:46 AM

06/30/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

William E Neighbor Jr., MD)

The reason for a Via Rail Letter:

I need a strong detailed letter.
Reason ... Letter is to be presented in Montreal ticket agent.

I will not be able to have you write a letter or respond to guestion at ticket pickup time.
Thus, a strong documented letter on my elderly condition.

The last time I was on Via Rail i got lost, causing train to be late, as they searched the train and station for me.
I was found in the wrong car.

A good detailed letter with your short version ...Should do just fine.

06/25/2015 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015
Quantity: 30 tablet
Refill: 6

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/21/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/12/2015
Start date: 5/12/2015
End date: 7/20/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Messages

Referral Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	6/25/2015 12:21 PM

Need a Via Rail Letter, Confirming Jeans Health Status:

Companion needed:

Passengers who need assistance in attending to their personal needs (eating, medical care, personal hygiene) during their trip must travel with a companion capable of providing such assistance. The companion travels free in the same class of service.

"To be valid, the letter must describe exactly which of the following personal needs the traveller cannot attend to him/herself:

1).Eating
2). Personal hygiene
3). Medical care (administration of medication, supervision by a nurse, etc.)"

==========
VIA RAIL POLICY
Priority boarding and additional assistance

At many stations, passengers in Sleeper, Touring or Sleeper Touring class and Business class

can enjoy priority boarding. Please check beforehand if your departure station(s) have priority boarding.

Seniors with difficulty walking, passengers with young children, pregnant women and all passengers with reduced mobility may also board the train before other passengers at stations where this is possible.

If you qualify for any one of these categories, please mention this when you book your ticket. Then come to the station early and let station staff know what help you have requested.

Companion needed

Passengers who need assistance in attending to their personal needs (eating, medical care, personal hygiene) during their trip must travel with a companion capable of providing such assistance. The companion travels free in the same class of service.

Where necessary, the companion is expected to assist VIA personnel in boarding and disembarking the passenger and in helping the passenger move about while on board.

To take advantage of this privilege, the special needs traveller must present, for each trip, a valid card from a recognized association or institution for persons with disabilities, or a recent letter dated within the last 9 months (unless the letter states that the condition is permanent) and signed by a physician. Since the escort must be able to take the responsibilities related to such status, the companion must be at least 12 years old.

To be valid, the letter must describe exactly which of the following personal needs the traveller cannot attend to him/herself:

Eating
Personal hygiene
Medical care (administration of medication, supervision by a nurse, etc.)
Children: In cases where a child cannot travel alone, an escort is not allowed. Examples:

Child under the age of 8.
Child ages 8 to 11 on a trip where they are not entitled to travel alone according to our "unaccompanied children" - select to display the contents service (travelling in sleeper or overnight for example).
Visually-, hearing- or speech-impaired travellers

Messages (continued)

We recommend that our visually-impaired clients find out about the services available to them by contacting one of our sales agents by telephone at 1 888 842-7245 or from one of our ticket counters at the station nearest you.

If you are hearing- or speech-impaired, contact us via a teletypewriter (TTY) at 1 800 268-9503 (toll-free).

In most locations where we have personnel, our staff can escort you to the platform, assist you in boarding and disembarking from the train, and help with loading and unloading your baggage. You can even benefit from priority boarding five minutes before regular boarding commences.

Once on board, we will be pleased to give you information on our menus and services. If you like, we can notify you of any schedule changes as well as your arrival at the destination.

To benefit from these services, we suggest that you identify yourself to VIA personnel once you arrive at the station and as soon as you get on board. If you are speech-impaired, please bring written instructions to inform station and on-board personnel of your itineraries, connections and needs.

06/25/2015 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

06/25/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015
Quantity: 30 tablet
Refill: 6

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/21/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/12/2015
Start date: 5/12/2015
End date: 7/20/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Messages

Referral Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	6/25/2015 12:24 PM

Priority boarding and additional assistance Website :
http://www.viarail.ca/en/travel-info/special-needs/accessibility

05/20/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

05/20/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Avila, Bianca Celeste, Technologist 5/20/2015 10:23 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W37287	Serum	—	05/20/15 1025

PROTHROMBIN TIME (Abnormal)
Resulted: 05/20/15 1146, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 05/20/15 1146
Collected by: 05/20/15 1025
Resulting lab: UW LABORATORY MEDICINE
Acknowledged by
Neighbor Jr., William E on 05/20/15 1327
Voronchuk, Eleonora on 05/20/15 1631

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	25.0	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.4	0.8 - 1.3	H	UWMC

Testing Performed By

05/20/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Voronchuk, Eleonora on 5/20/2015 16:31
Neighbor Jr., William E on 5/20/2015 13:27

05/13/2015 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

05/13/2015 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015
Quantity: 30 tablet
Refill: 6

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/21/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/12/2015
Start date: 5/12/2015
End date: 7/20/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 5/13/2015 1028

Called the pharmacy and was told that patient has refills on both medications

Electronically signed by Voronchuk, Eleonora at 5/13/2015 10:29 AM

Messages

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/13/2015 8:45 AM

Original authorizing provider: William E Neighbor, MD

Jeanne Leonie Hoffman would like a refill of the following medications:
Losartan Potassium 25 MG Oral Tab [William E Neighbor, MD]
Pentoxifylline ER 400 MG Oral Tab CR [William E Neighbor, MD]
Atorvastatin Calcium 40 MG Oral Tab [William E Neighbor, MD]
Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

Comment:

05/13/2015 - Refill in Hall Health Primary Care Center (continued)

Messages (continued)

05/13/2015 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

05/13/2015 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015
Quantity: 30 tablet
Refill: 6

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/21/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/12/2015
Start date: 5/12/2015
End date: 7/20/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 5/13/2015 1029

Duplicate request

Electronically signed by Voronchuk, Eleonora at 5/13/2015 10:29 AM

Messages

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/13/2015 8:42 AM

Original authorizing provider: William E Neighbor, MD

Jeanne Leonie Hoffman would like a refill of the following medications:
Warfarin Sodium (COUMADIN) 5 MG Oral Tab [William E Neighbor, MD]
Timolol Maleate 0.5 % Ophthalmic Solution [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

Comment:

05/13/2015 - Refill in Hall Health Primary Care Center (continued)

Messages (continued)

05/11/2015 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

05/11/2015 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015
Quantity: 30 tablet
Refill: 6

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/21/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/12/2015
Start date: 5/12/2015
End date: 7/20/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 5/11/2015 1509

Received a request to refill:

1-Name of requested medication: Timolol
2-Date last refilled: 02/23/2015
3-Date of last office visit: 04/01/2015
4-Next office visit (scheduled or expected): n/a

Please advise, pharmacy on file

Electronically signed by Voronchuk, Eleonora at 5/11/2015 3:12 PM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 05/12/15 1649**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 05/12/15 1649
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine BID 05/12/15 - 07/20/15
Class: E-RX
Released by: Neighbor Jr., William E 05/12/15 1649
Discontinued by: Neighbor Jr., William E 07/21/15 1818 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [365.9 (ICD-9-CM)] - GLAUCOMA NOS
Medication comments: Needs eye clinic visit
Reordered from: Timolol Maleate 0.5 % Ophthalmic Solution

05/11/2015 - Refill in Hall Health Primary Care Center (continued)

Other Orders (continued)

Indications

Unspecified glaucoma(365.9) [365.9 (ICD-9-CM)]

Messages

refill done

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/12/2015 4:49 PM

Last Read in MyChart
6/30/2015 7:38 AM by Hoffman, Jeanne Leonie

Your refill for eye drops was sent in.

William E Neighbor Jr.

05/07/2015 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

05/07/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015
Quantity: 30 tablet
Refill: 6

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/12/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2015
Start date: 2/23/2015
End date: 5/11/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Messages

Health Information Update

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	5/7/2015 9:57 AM

Happy and doing well.
Planning a INR Test Soon

Looking foward to Oba Journey & Family Visit

05/07/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents

Patient Entered Attachment - Scan on 5/7/2015 9:57 AM: jean-90

Scan (below)



04/08/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

04/08/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Avila, Bianca Celeste, Technologist 4/8/2015 11:43 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W56121	Serum	—	04/08/15 1145

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 04/08/15 1222, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 04/08/15 1222
Collected by: 04/08/15 1145
Resulting lab: UW LABORATORY MEDICINE
Acknowledged by
Neighbor Jr., William E on 04/08/15 1300
Voronchuk, Eleonora on 04/10/15 1246

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.9	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

04/08/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Voronchuk, Eleonora on 4/10/2015 12:46
Neighbor Jr., William E on 4/8/2015 13:00

04/01/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

04/01/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Karmelich, Karen A 4/1/2015 12:29 PM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W47599	Serum	—	04/01/15 1230

PROTHROMBIN TIME (Abnormal)
Resulted: 04/01/15 1850, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 04/01/15 1850
Collected by: 04/01/15 1230
Resulting lab: UW LABORATORY MEDICINE
Acknowledged by
Voronchuk, Eleonora on 04/02/15 1414
Neighbor Jr., William E on 04/02/15 1828

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	25.6	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.5	0.8 - 1.3	H	UWMC

Testing Performed By

04/01/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 4/2/2015 18:29
Voronchuk, Eleonora on 4/2/2015 14:14

04/01/2015 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnosis: DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/25/2014
Start date: 8/25/2014 — End date: 7/29/2015
Quantity: 90 tablet — Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2014
Start date: 12/19/2014 — End date: 7/6/2015
Quantity: 90 tablet — Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 12/18/2015

04/01/2015 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 7/27/2015
Quantity: 30 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/11/2015
Start date: 2/11/2015 — End date: 7/27/2015
Quantity: 30 tablet — Refill: 6

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/12/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2015
Start date: 2/23/2015 — End date: 5/11/2015
Quantity: 5 mL — Refill: 1

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 4/1/2015 1827

Jeanne Leonie Hoffman is a 90 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow Up Visit

Venous stasis disease

Returns for follow up on small skin break down on left ankle She has been using gauze and uncertain ointment on the area. She stopped using triple antibiotic ointment, appropriately, and as instructed.

Anticoag

Due for INR

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013

04/01/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- Vertebral fracture [805.8] 12/13/2012
  Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed

- Thyroid nodule, uninodular [241.0] 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
  5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- Osteoporosis, unspecified [733.00] 03/04/2008
  T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
  Began fosamax spring 2008. Continued for five years, then stopped

- Long term (current) use of anticoagulants [V58.61] 01/08/2008
  Reason for anticoagulation: Recurrent dvts
  Duration of anticoagulation: life
  INR goal: 2.-3

- FX FEMUR INTRCAPS NOS-CLOSE [820.00] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

- ESOPHAGEAL REFLUX [530.81] 11/20/2006

04/01/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- Unspecified glaucoma(365.9) [365.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Other physical therapy [V57.1] 01/22/2015
- Hip joint stiffness [719.55] 01/06/2015
- Leg weakness, bilateral [729.89] 01/06/2015
- Weakness of trunk musculature [728.87] 01/06/2015
- Pseudophakia, both eyes [V43.1] 11/08/2014
- Urine incontinence [788.30] 08/27/2014
  Uses pads

Outpatient Prescriptions Marked as Taking for the 4/1/15 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	30 tablet	3
• Atorvastatin Calcium 40 MG Oral Tab	Take 1 tablet (40 mg) by mouth daily.	90 tablet	3
• Losartan Potassium 25 MG Oral Tab	Take 1 tablet (25 mg) by mouth daily.	90 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	5
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	30 tablet	6

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome	11/20/2006
Carpal tunnel release right wrist in 1989	
• DIAPHRAGMATIC HERNIA	11/20/2006
CT of abdomen in 2006	

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Td	06/07/2006
• influenza vaccine quadrivalent PF	12/24/2014
• influenza vaccine trivalent	09/20/2013
• pneumococcal (Pneumovax 23) polysaccharide vaccine	03/22/2010
• pneumococcal (Prevnar 13) conjugate vaccine	01/28/2015

Social history:

History

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

History

Sexual Activity

- Sexual Activity: Not on file

Tobacco and Alcohol Use:

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: No

Objective:

BP 132/65 | Pulse 58 | Temp(Src) 97.4 °F (36.3 °C) (Oral)
Estimated body mass index is 23.24 kg/(m^2) as calculated from the following:
Height as of 2/25/15: 5' 1.5" (1.562 m).
Weight as of 2/25/15: 56.7 kg (125 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 132/65
General: NAD
Extr: Left lower leg. No edema. Skin break down has healed. Still has some dry skin.

INR pending.

Assessment and Plan:

1. DEEP VENOUS PHLEBITIS-LEG NEC

Healed superficial skin breakdown. To prevent future breakdown need to remedy the dry skin. Reviewed with her using topical emollients and moisturizers. She no longer needs to wear gauze.

She is due for INR today.

See me in 1-2 months. As she and son are planing train trip for summer, they needed a letter stating her need for son to accompany her as her care provider.

04/01/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

William E Neighbor Jr.
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 4/1/2015 6:32 PM

Flowsheets

Vital Data

Row Name	04/01/15 1135
BP	132/65
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.3 °C
Temp src	Oral
Pulse	58
Pulse Regularity	Regular

Letters

Letter by Neighbor Jr., William E on 4/1/2015

Status: Sent
Letter body:

April 1, 2015

Jeanne Leonie Hoffman

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925
MRN: N3927850

To whom it may concern:

Jean will be taking Canadia Via Rail in August. Due to her age and difficulties with ambulation as well as hearing impairment, she needs to be accompanied by her son. Her son also administered her medications to her.

Sincerely,

Electronically signed by
William E Neighbor, MD

CC: No Recipients

04/01/2015 - Office Visit in Hall Health Primary Care Center (continued)

Letters (continued)

03/25/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

03/25/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/25/2015 10:32 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W37300	Serum	—	03/25/15 1034

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 03/25/15 1101, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 03/25/15 1101
Collected by: 03/25/15 1034
Resulting lab: UW LABORATORY MEDICINE
Acknowledged by
Neighbor Jr., William E on 03/25/15 1208
Voronchuk, Eleonora on 03/25/15 1505

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

03/25/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Voronchuk, Eleonora on 3/25/2015 15:08
Neighbor Jr., William E on 3/25/2015 12:09

03/23/2015 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

03/23/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015
Quantity: 30 tablet
Refill: 6

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/12/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2015
Start date: 2/23/2015
End date: 5/11/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Letters

Letter by Neighbor Jr., William E on 3/23/2015

Status: Sent
Letter body:

March 23, 2015

ATTN: Mary O' Conner, site manager
225 High School Rd NW,
Bainbridge Island, WA 98110

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

To whom it may concern:

I am the primary care physician for the above individual at University of Washington Medicine Hall Health on the UW campus.

She comes to the UW from Bainbridge Island via ferry and bus. She uses a walker and because of this needs a bus that has a lift. Because of her need for a walker and her marked hearing impairment, she does need her son Louis to accompany her to and from visist. Jean with the help of her son has good knowledge of how to use the transit service to get to and from our office.

Need for Pose Adult Pads.
Due to age associate urine incontinence, Jean needs to purchase Poise Pads of which she uses 3-4 Adult per day. The over the counter cost to her for these pads is $10.90 per week.

03/23/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Letters (continued)

Sincerely,

Electronically signed by
William E Neighbor, MD

CC: No Recipients

Messages

RE: Referral Question

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	3/23/2015 3:45 PM

Last Read in MyChart
4/21/2015 7:46 AM by Hoffman, Jeanne Leonie

We do not send patient information via E mail. I did send the requested information via US mail this afternoon.

William E Neighbor Jr.

Referral Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	3/23/2015 11:18 AM

Dear William,

The Rhododendron Apartments, requires a medical statement, concerning Jean's urinary track inconstancy, requiring purchase of "Poise Pads" .
They request a letter confirming the need to purchase such medical supplies, as this is important for her out of pocket cost and rental deductions.
At present the Pads are $10.90 per week, over the counter cost.

Please email oconnorm@kccha.org
225 High School Rd NW, Bainbridge Island, WA 98110
PH:(206) 842-8144
ATTN: Mary O' Conner, site manager

ASAP, so lease agreement can be finalized for 2015 Annual Rent Adjustment

See you on Wed. march 25th

03/23/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

02/25/2015 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Foot Pain
Visit diagnoses:

- DJD (degenerative joint disease) of lumbar spine (primary)
- Long term (current) use of anticoagulants
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment

02/25/2015 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 12/18/2015
Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 7/27/2015
Quantity: 30 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/11/2015
Start date: 2/11/2015 — End date: 7/27/2015
Quantity: 30 tablet — Refill: 6

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/12/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2015
Start date: 2/23/2015 — End date: 5/11/2015
Quantity: 5 mL — Refill: 1

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 2/25/2015 1146

Jeanne Leonie Hoffman is a 90 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Foot Pain
  left pain

(721.3) DJD (degenerative joint disease) of lumbar spine (primary encounter diagnosis)
PT is helping with back pain due to vertebral compression fractures.

(V58.61) Long term (current) use of anticoagulants
Taking coumadin 5 Mg once daily in the last week. No change in green leafy vegetables or teas.
No bleeding or bruising.

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC

02/25/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Returns to evaluate healing of superficial skin break down left leg. Wears compression stockings.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	12/13/2012
• Thyroid nodule, uninodular [241.0] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	12/13/2012
• Osteoporosis, unspecified [733.00] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped	03/04/2008
• Long term (current) use of anticoagulants [V58.61] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3	01/08/2008
• FX FEMUR INTRCAPS NOS-CLOSE [820.00] Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	05/01/2007
• VITAMIN B DEFICIENCY NOS [266.9] Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency	05/01/2007
• Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] Year onset: Dx March 2007 Metformin discontinued 2011 as A1c in target range without it. Diet and weight controlled.	03/27/2007

02/25/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- Unspecified glaucoma(365.9) [365.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Other physical therapy [V57.1] 01/22/2015

- Hip joint stiffness [719.55] 01/06/2015
- Leg weakness, bilateral [729.89] 01/06/2015
- Weakness of trunk musculature [728.87] 01/06/2015
- Pseudophakia, both eyes [V43.1] 11/08/2014
- Urine incontinence [788.30] 08/27/2014
  Uses pads

Outpatient Prescriptions Marked as Taking for the 2/25/15 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	30 tablet	3
• Atorvastatin Calcium 40 MG Oral Tab	Take 1 tablet (40 mg) by mouth daily.	90 tablet	3
• Losartan Potassium 25 MG Oral Tab	Take 1 tablet (25 mg) by mouth daily.	90 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	5
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		

No Facility-Administered Medications for the 2/25/15 encounter (Office Visit) with Neighbor Jr., William E.

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Td	06/07/2006
• influenza vaccine quadrivalent PF	12/24/2014
• influenza vaccine trivalent	09/20/2013

- pneumococcal (Pneumovax 23) polysaccharide vaccine 03/22/2010
- pneumococcal (Prevnar 13) conjugate vaccine 01/28/2015

Social history:
History

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

History
Sexual Activity

- Sexual Activity: Not on file

Tobacco and Alcohol Use:
History
Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: No

Objective:
BP 160/80 | Pulse 69 | Temp(Src) 97.8 °F (36.6 °C) (Oral) | Ht 5' 1.5" (1.562 m) | Wt 56.7 kg (125 lb) | BMI 23.24 kg/m2
Estimated body mass index is 23.24 kg/(m^2) as calculated from the following:
Height as of this encounter: 5' 1.5" (1.562 m).
Weight as of this encounter: 56.7 kg (125 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 160/80
General: NAD
Extr: Left lower leg. Superficial skin break down mid anterolateral leg nearly healed. Single superficial break down left lateral mid foot dorsum healling. Minimal serous exudate in banaide placed early this morning.

INR 3.2

Assessment and Plan:
(721.3) DJD (degenerative joint disease) of lumbar spine (primary encounter diagnosis)
Doing well with PT. Continue to do exercises as directed by PT

02/25/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

(V58.61) Long term (current) use of anticoagulants
INR 3.2. Stable compared to one week ago. Her INR had been below 2, unexplained. I corrected her with an extra half tab a couple of weeks ago and then was planning on having her continue an extra half tab once weekly on Fridays. However, INR has bumped up to 3.2. She should return to her usual dose of just one tab of coumadin (5 mg) daily. Over time this has proven the correct dose for her though there have been times when her INR has been unexplainably low or high. Sometimes this has been due to missing doses, sometimes probably related to diet changes, but often unexplained. Recheck in 3-4 weeks.

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
Superficial skin breakdown improving andr resolving. Would like her to use vaseline intensive care for skin moisturizing.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 2/25/2015 5:30 PM

Flowsheets

Vital Data

Row Name	02/25/15 1125
Height	5' 1.5" (1.562 m)
BMI (Calculated)	23.28
Weight	56.7 kg (125 lb)
BP	160/80
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.6 °C
Temp src	Oral
Pulse	69
Pulse Regularity	Regular
LMP Reason	Postmenopausal
Having Periods	No

Patient Instructions

Assessment and Plan:
(721.3) DJD (degenerative joint disease) of lumbar spine (primary encounter diagnosis)
Doing well with PT. Continue to do exercises as directed by PT

02/25/2015 - Office Visit in Hall Health Primary Care Center (continued)

Patient Instructions (continued)

(V58.61) Long term (current) use of anticoagulants
INR 3.2. Stable compared to one week ago. She should return to her usual dose of just one tab of coumadin (5 mg) daily. Recheck in 3-4 weeks.

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
Superficial skin breakdown improving andr resolving. Would like her to use vaseline intensive care for skin moisturizing.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 2/25/2015 11:49 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

Jeanne Leonie Hoffman
2/25/2015 10:40 AM Office Visit

Description: **Female DOB: 1/6/1925**
Provider: **William E Neighbor, MD**
Department: **Hh Pct (331)**

Pick Up These Prescriptions At Your Pharmacy

None

Instructions

Assessment and Plan:
(721.3) DJD (degenerative joint disease) of lumbar spine (primary encounter diagnosis)
Doing well with PT. Continue to do exercises as directed by PT

(V58.61) Long term (current) use of anticoagulants
INR 3.2. Stable compared to one week ago. She should return to her usual dose of just one tab of coumadin (5 mg) daily. Recheck in 3-4 weeks.

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
Superficial skin breakdown improving andr resolving. Would like her to use vaseline intensive care for skin moisturizing.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Problems and Diagnoses Covered Today

DJD (degenerative joint disease) of lumbar spine - Primary

Long term (current) use of anticoagulants

DEEP VENOUS PHLEBITIS-LEG NEC

Your Current Medications Are

Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed
Atorvastatin Calcium 40 MG Oral Tab	Take 1 tablet (40 mg) by mouth daily.
Losartan Potassium 25 MG Oral Tab	Take 1 tablet (25 mg) by mouth daily.
Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.
Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter
Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening

Reason for Visit

Foot Pain left pain

Reason for Visit History

Vital Signs Measured This Visit - Last Recorded - Last Recorded

BP	Pulse	Temp(Src)	Ht	Wt	BMI
160/80	69	97.8 °F (36.6 °C) (Oral)	5' 1.5" (1.562 m)	56.7 kg (125 lb)	23.24 kg/m2

OB Status	Smoking Status
Postmenopausal	Never Smoker

Problem List as of 2/25/2015

Other convulsions

ESOPHAGEAL REFLUX

SENSORNEUR HEAR LOSS NOS

DEEP VENOUS PHLEBITIS-LEG NEC

HYPERLIPIDEMIA NEC/NOS

ALLERGIC RHINITIS NOS

GENERAL OSTEOARTHROSIS

BENIGN HYPERTENSION

Unspecified glaucoma(365.9)

Routine general medical examination at a health care facility
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
FX FEMUR INTRCAPS NOS-CLOSE
VITAMIN B DEFICIENCY NOS
Long term (current) use of anticoagulants
Osteoporosis, unspecified
Vertebral fracture
Thyroid nodule, uninodular
DJD (degenerative joint disease) of lumbar spine
Urine incontinence
Pseudophakia, both eyes
Hip joint stiffness
Leg weakness, bilateral
Weakness of trunk musculature
Other physical therapy

Allergies as of 2/25/2015 11:49 AM

Allergen	Noted	Reaction Type	Reactions
Adhesives	10/21/2010		
Aspirin	01/06/2012	Allergy	Other
Nitrofurantoin Confusion, loss of appetitie, nausea, abdominal pain	07/25/2008		Other
Penicillins	08/12/2003		Rash
Sulfa Antibiotics	08/12/2003		Rash

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White Caucasian	Not Reported/Unknown	English	English

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

02/25/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

02/25/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 2/25/2015 10:19 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W71799	Serum	—	02/25/15 1020

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 02/25/15 1103, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 02/25/15 1103
Collected by: 02/25/15 1020
Resulting lab: UW LABORATORY MEDICINE
Acknowledged by
Voronchuk, Eleonora on 02/25/15 1615
Neighbor Jr., William E on 02/25/15 1800

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.2	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

02/25/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 2/25/2015 18:00
Voronchuk, Eleonora on 2/25/2015 16:15

02/23/2015 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

02/23/2015 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/11/2015
Start date: 2/11/2015
End date: 7/27/2015
Quantity: 30 tablet
Refill: 6

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/12/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2015
Start date: 2/23/2015
End date: 5/11/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 2/23/2015 1744

Received a request to refill Timolol, ophth sol 0.5%. Please advise, pharmacy on file

Electronically signed by Voronchuk, Eleonora at 2/23/2015 5:46 PM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 02/24/15 1808**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 02/24/15 1808
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine BID 02/23/15 - 05/11/15
Class: E-RX
Released by: Neighbor Jr., William E 02/24/15 1808
Discontinued by: Neighbor Jr., William E 05/12/15 1649 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [365.9 (ICD-9-CM)] - GLAUCOMA NOS
Medication comments: Needs eye clinic visit
Reordered from: Timolol Maleate 0.5 % Ophthalmic Solution

Indications

Unspecified glaucoma(365.9) [365.9 (ICD-9-CM)]

Messages

refill done

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	2/24/2015 6:08 PM

Last Read in MyChart
Not Read

02/23/2015 - Refill in Hall Health Primary Care Center (continued)

Messages (continued)

I submitted the refill for your eye drops

William E Neighbor, MD

02/17/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

02/17/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Avila, Bianca Celeste, Technologist 2/17/2015 10:16 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
T40503	Serum	—	02/17/15 1017

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 02/17/15 1054, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 02/17/15 1054
Collected by: 02/17/15 1017
Resulting lab: UW LABORATORY MEDICINE
Acknowledged by
Voronchuk, Eleonora on 02/17/15 1432
Neighbor Jr., William E on 02/17/15 1620

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.2	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

02/17/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 2/17/2015 16:25
Voronchuk, Eleonora on 2/17/2015 14:32

02/17/2015 - Office Visit in UW Medical Center Roosevelt Exercise Training Center

Reason for Visit

Chief complaint: Physical Therapy
Visit diagnoses:

- Other physical therapy (primary)
- Weakness of trunk musculature
- Hip joint stiffness, unspecified laterality

Visit Information

Provider Information

Encounter Provider	Authorizing Provider	Referring Provider
Caraig, Emmanuel B	Caraig, Emmanuel B	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UW Medical Center Roosevelt Exercise Training Center	4245 Roosevelt Way NE, Box 354745 Seattle WA 98105	206-598-2888	206-598-4484

Level of Service

Level of Service
PR NO CHARGE FOR LEVEL OF SERVICE

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder

02/17/2015 - Office Visit in UW Medical Center Roosevelt Exercise Training Center (continued)

Medication List (continued)

Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2014
Start date: 12/19/2014 — End date: 7/6/2015
Quantity: 90 tablet — Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 12/18/2015
Quantity: 90 tablet — Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 7/27/2015
Quantity: 30 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/11/2015
Start date: 2/11/2015 — End date: 7/27/2015
Quantity: 30 tablet — Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Caraig, Emmanuel B at 2/17/2015 1359

Physical Therapy Progress Note.

Time in: 11:30 AM
Duration: 30 minutes.
Today's date: 2/3/2015

Referring Provider: William E Neighbor Jr. Referring provider NPI: 1265518989
Treatment/Therapy diagnosis: degenerative joint disease of the lumbar spine, chronic history of spine fractures
The following patient identifiers were confirmed today: name and date of birth.

Subjective: She did better with communication today and the patient had her hearing aids. The patient is reporting 5/10 level of pain, on a 0-10 Numeric Pain Distress Scale.

Observation: She is able to ambulate from the waiting room into the clinic using a straight cane independently and did not want any assistance getting up out of a chair.

Interventions/Treatment provided: Therapeutic exercise for 30 minutes:

02/17/2015 - Office Visit in UW Medical Center Roosevelt Exercise Training Center (continued)

Clinical Notes (continued)

Knee to chest with assistance from the **ball and a pillow.**
Hip external rotation. 15 repetitions, 2 sets performed
Side-lying hip extension.15 repetitions, 2 sets performed
side-lying Knee flexion for quadricep muscle stretching.
Hamstring active assisted stretch.
Supine bridging.
Supine hip circles with the knee flexed to 90°, clockwise, 10 times; counterclockwise, 10 times.

Patient's response to therapy: Jeanne was able to perform all the exercises with the assistance from the physical therapist.

Education and instruction: verbal instructions and demonstrations were provided for the above exercises.

Progress towards goals:

IMPAIRMENTS	FUNCTIONAL DEFICITS	LONG TERM GOALS
1.weakness of the trunk and lower extremity muscles.	1.the patient is unable to walk for up and down one flight of stairs without assistance.	1. The patient will be able to walk up and down one flight of stairs using a railing for support by April 1, 2015.**- She is not able to walk up and down stairs yet. 1-22-2015.**
2. Lower extremity flexibility issues, including joint mobility dysfunction, on both hips and knees, tissue extensibility dysfunction of the lower extremity muscles.	2. The patient is able to address her flexibility issues because of limited knowledge of proper exercise parameters and techniques.	2. The patient will be able to perform assisted exercises for regaining flexibility around both hips, both knees by February 20, 2015. **-She is working on the home program with her son. 1-22-2015.**

Any changes in impairment: She did have improved ability to walk a longer distance.

Functional impairment remaining requiring continued skilled services: Jeanne is working on the above exercise program in order to reach the goals of walking up and down stairs and increasing her range of motion to be able to

02/17/2015 - Office Visit in UW Medical Center Roosevelt Exercise Training Center (continued)

Clinical Notes (continued)

increase her endurance.

Any changes in the plan of care: Continue 4 more sessions of physical therapy to assist her son with exercises to assist the patient with range of motion and stretching for the lower extremities and trunk. Continue to work on flexibility exercises for the lower extremities with her son's assistance. We again do not expect the patient to be independent with exercise program, given that she cannot hear very well, nor does she seem to remember or understand the purpose of the exercises.

Emmanuel B Caraig, PT

This note was generated in part using voice recognition software. Although every effort is made to edit the content, transcription errors may occur.

Electronically signed by Caraig, Emmanuel B at 2/17/2015 2:01 PM

02/11/2015 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Other
Visit diagnoses:

- DEEP VENOUS PHLEBITIS-LEG NEC (primary)
- AFTERCARE LONG TERM ANTICOAG USE

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.

02/11/2015 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 12/19/2014
Quantity: 90 tablet
Ordered on: 12/19/2014
End date: 7/6/2015
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Start date: 12/24/2014
Quantity: 90 tablet
Discontinued on: 12/18/2015
Ordered on: 12/24/2014
End date: 12/18/2015
Refill: 3

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Start date: 12/24/2014
Quantity: 30 tablet
Discontinued on: 7/28/2015
Ordered on: 12/24/2014
End date: 7/27/2015
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Start date: 2/11/2015
Quantity: 30 tablet
Discontinued on: 7/28/2015
Ordered on: 2/11/2015
End date: 7/27/2015
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 2/11/2015 1222

Jeanne Leonie Hoffman is a 90 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Other

  leg examinatiom; general office visit

(V58.61) AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
Returns for INR today.

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
Returns for follow up of skin break down left lower leg. Has been dressing daily.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine	08/30/2013

[721.3]

- Vertebral fracture [805.8] 12/13/2012
  Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed

- Thyroid nodule, uninodular [241.0] 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
  5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- Osteoporosis, unspecified [733.00] 03/04/2008
  T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
  Began fosamax spring 2008. Continued for five years, then stopped

- Long term (current) use of anticoagulants [V58.61] 01/08/2008
  Reason for anticoagulation: Recurrent dvts
  Duration of anticoagulation: life
  INR goal: 2.-3

- FX FEMUR INTRCAPS NOS-CLOSE [820.00] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

02/11/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- Unspecified glaucoma(365.9) [365.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Other physical therapy [V57.1] 01/22/2015
- Hip joint stiffness [719.55] 01/06/2015
- Leg weakness, bilateral [729.89] 01/06/2015
- Weakness of trunk musculature [728.87] 01/06/2015
- Pseudophakia, both eyes [V43.1] 11/08/2014
- Urine incontinence [788.30] 08/27/2014
  Uses pads

Outpatient Prescriptions Marked as Taking for the 2/11/15 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	30 tablet	3
• Atorvastatin Calcium 40 MG Oral Tab	Take 1 tablet (40 mg) by mouth daily.	90 tablet	3
• Losartan Potassium 25 MG Oral Tab	Take 1 tablet (25 mg) by mouth daily.	90 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	5
• Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	30 tablet	6

No Facility-Administered Medications for the 2/11/15 encounter (Office Visit) with Neighbor Jr., William E.

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Td	06/07/2006
• influenza vaccine quadrivalent PF	12/24/2014
• influenza vaccine trivalent	09/20/2013
• pneumococcal (Pneumovax 23) polysaccharide vaccine	03/22/2010
• pneumococcal (Prevnar 13) conjugate vaccine	01/28/2015

Social history:
History

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

History
Sexual Activity

- Sexual Activity: Not on file

Tobacco and Alcohol Use:
History
Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: No

Review of Systems:
No fever, chills, sweats
No unexpected leg pain

Objective:
BP 166/75 | Pulse 60 | Temp(Src) 96.8 °F (36 °C) (Oral)
Estimated body mass index is 23.03 kg/(m^2) as calculated from the following:
Height as of 7/30/14: 5' 1.02" (1.55 m).
Weight as of 7/30/14: 55.339 kg (122 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 166/75
General: NAD. Son present today
Left leg: Two small superfiicial areas of skin breakdown on dorsal lateral left foot without infection and one area on anterolateral lower leg which is very superficial. Redness on shin area present two weeks ago healed.

INR 1.8 today

Assessment and Plan:
(V58.61) AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
Inadequate anticoagulation. See instructions for change in dose. Refill provided. See me in two weeks.

02/11/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Plan: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
Superficial skin breakdown. Will be slow to heal but see no signs that it will not. Redressed today with gauze. The redness on the shin for which she used HC cream has resolved so she can stop using that cream. May use small amount of triple antibiotic ointment if she likes.
Plan: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 2/11/2015 12:27 PM

Other Orders

Medications

Warfarin Sodium (COUMADIN) 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 02/11/15 1147** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 02/11/15 1147 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 02/11/15 - 07/27/15 Class: E-RX
Discontinued by: Neighbor Jr., William E 07/28/15 1138 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC
Admin instructions: 1 TAB PO ONCE each evening
Reordered from: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Flowsheets

Vital Data

Row Name	02/11/15 1122
BP	166/75
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36 °C
Temp src	Oral

02/11/2015 - Office Visit in Hall Health Primary Care Center (continued)

Flowsheets (continued)

Pulse	60

Patient Instructions

INR is lower than desired. Goal is 2-3.
Currently taking Warfarin (Coumadin) 5 mg once daily
This week take an extra half tablet tonight, Wednesday, and extra half on Friday night.
Next week take extra half tablet on Wednesday
Then see me the following Wednesday Feb 25 as is already scheduled.

Electronically signed by Neighbor Jr., William E at 2/11/2015 11:43 AM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

Jeanne Leonie Hoffman
2/11/2015 11:00 AM Office Visit

Description: **Female DOB: 1/6/1925**
Provider: **William E Neighbor, MD**
Department: **Hh Pct (331)**

Future Appointments	Provider	Department	Dept Phone
2/17/2015 11:30 AM	**Caraig, Emmanuel B**	UWMC Exercise Training Center Physical Therapy	206-598-2888
2/25/2015 10:40 AM	**Neighbor Jr., William E**	Hall Health Primary Care Center	206-685-1011

Pick Up These Prescriptions At Your Pharmacy

None

Instructions

INR is lower than desired. Goal is 2-3.
Currently taking Warfarin (Coumadin) 5 mg once daily
This week take an extra half tablet tonight, Wednesday, and extra half on Friday night.
Next week take extra half tablet on Wednesday
Then see me the following Wednesday Feb 25 as is already scheduled.

Your Current Medications Are

Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed
Atorvastatin Calcium 40 MG Oral Tab	Take 1 tablet (40 mg) by mouth daily.

02/11/2015 - Office Visit in Hall Health Primary Care Center (continued)

After Visit Summary (continued)

Losartan Potassium 25 MG Oral Tab	Take 1 tablet (25 mg) by mouth daily.
Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.
Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter
Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening

Reason for Visit

Other leg examinatiom; general office visit
Reason for Visit History

Vital Signs Measured This Visit - Last Recorded - Last Recorded

BP	Pulse	Temp(Src)	OB Status	Smoking Status
166/75	60	96.8 °F (36 °C) (Oral)	Postmenopausal	Never Smoker

Problem List as of 2/11/2015

- Other convulsions
- ESOPHAGEAL REFLUX
- SENSORNEUR HEAR LOSS NOS
- DEEP VENOUS PHLEBITIS-LEG NEC
- HYPERLIPIDEMIA NEC/NOS
- ALLERGIC RHINITIS NOS
- GENERAL OSTEOARTHROSIS
- BENIGN HYPERTENSION
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- FX FEMUR INTRCAPS NOS-CLOSE
- VITAMIN B DEFICIENCY NOS
- Long term (current) use of anticoagulants
- Osteoporosis, unspecified
- Vertebral fracture
- Thyroid nodule, uninodular
- DJD (degenerative joint disease) of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- Other physical therapy

Allergies as of 2/11/2015 11:43 AM

02/11/2015 - Office Visit in Hall Health Primary Care Center (continued)

After Visit Summary (continued)

Allergen	Noted	Reaction Type	Reactions
Adhesives	10/21/2010		
Aspirin	01/06/2012	Allergy	Other
Nitrofurantoin Confusion, loss of appetitie, nausea, abdominal pain	07/25/2008		Other
Penicillins	08/12/2003		Rash
Sulfa Antibiotics	08/12/2003		Rash

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White Caucasian	Not Reported/Unknown	English	English

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

02/11/2015 - Office Visit in Hall Health Primary Care Center (continued)

Documents

ABN Waiver - Scan on 2/20/2015 10:07 AM: ABN

Scan (below)

HARBORVIEW MEDICAL CENTER
UW Medicine
325 9th Ave Seattle WA
98104-2499
206-744-3000

UNIVERSITY OF WASHINGTON MEDICAL CENTER
UW Medicine
1959 NE Pacific Seattle WA
98195-6151
206-598-3300

UW Physicians
UW Medicine
POB 50095 Seattle WA
98145-5095
206-543-6420

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

***NOTE*: If Medicare doesn't pay for _____ below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Code _____ Description: office visit	**Check reason code (see back)** A ☐ B ☒ C ☐ D ☐	$75 - $450

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Options 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: **Check only one box. We cannot choose a box for you.**

☒ **OPTION 1**. I want the _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2**. I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3**. I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/**TTY**: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Authorized Representative)	Print Name	Date:
[signature]	Jean L Hoffman	2/11/2015

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT.NO N3927850
NAME Jeanne Hoffman
Place EPIC Label Within Box
DOB 1/6/1925

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE – MEDICAL RECORD
CANARY - PATIENT

UH1731 REV SEP 10 **OMB APPROVAL NO. 0938-0566**

02/11/2015 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

02/11/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

02/11/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 2/11/2015 10:21 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W53607	Serum	—	02/11/15 1022

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 02/11/15 1112, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 02/11/15 1112
Collected by: 02/11/15 1022
Resulting lab: UW LABORATORY MEDICINE
Acknowledged by
Voronchuk, Eleonora on 02/11/15 1203
Neighbor Jr., William E on 02/11/15 1840

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.8	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

02/11/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 2/11/2015 18:40
Voronchuk, Eleonora on 2/11/2015 15:49

02/03/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

02/03/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Instance released by: Welch, Kristi Leann, Technologist 2/3/2015 10:13 AM
Discontinued by: Uw Lab Results Interface, User 02/03/15 1016 [Data entry correction, see updated information]
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
T22185	—	—	02/03/15 1015

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 2/3/2015 10:15 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

02/03/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

ID	Type	Source	Collected By
T22185	Serum	—	02/03/15 1015

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 02/03/15 1037, Result status: Final result

Order status: Completed
Collected by: 02/03/15 1015
Acknowledged by
Neighbor Jr., William E on 02/03/15 1546
Voronchuk, Eleonora on 02/04/15 1319

Filed by: Uw Lab Results Interface, User 02/03/15 1037
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Voronchuk, Eleonora on 2/4/2015 13:19
Neighbor Jr., William E on 2/3/2015 15:48

02/03/2015 - Office Visit in UW Medical Center Roosevelt Exercise Training Center

Reason for Visit

Chief complaint: Physical Therapy
Visit diagnoses:

- Other physical therapy (primary)
- Weakness of trunk musculature
- Spine fracture
- Osteoporosis, unspecified

Visit Information

Provider Information

Encounter Provider	Authorizing Provider	Referring Provider
Caraig, Emmanuel B	Caraig, Emmanuel B	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UW Medical Center Roosevelt Exercise Training Center	4245 Roosevelt Way NE, Box 354745 Seattle WA 98105	206-598-2888	206-598-4484

Level of Service

Level of Service
PR NO CHARGE FOR LEVEL OF SERVICE

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015

02/03/2015 - Office Visit in UW Medical Center Roosevelt Exercise Training Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2014
Start date: 12/19/2014 — End date: 7/6/2015
Quantity: 90 tablet — Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 12/18/2015
Quantity: 90 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/11/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 2/11/2015
Quantity: 30 tablet — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 7/27/2015
Quantity: 30 tablet — Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Caraig, Emmanuel B at 2/3/2015 2017

Physical Therapy Progress Note.

Time in: 11:30 AM
Duration: 30 minutes.
Today's date: 2/3/2015

Referring Provider: William E Neighbor Jr. Referring provider NPI: 1265518989
Treatment/Therapy diagnosis: degenerative joint disease of the lumbar spine, chronic history of spine fractures
The following patient identifiers were confirmed today: name and date of birth.

Subjective: She did better with communication today if I looked right at her and was really close to her ears she could understand simple commands. The patient is reporting 5/10 level of pain, on a 0-10 Numeric Pain Distress Scale. After the treatment she did have a better time with hip mobility.

Observation: She is able to ambulate from the waiting room into the clinic using a 4 wheeled walker independently and did not want any assistance getting up out of a chair.

Interventions/Treatment provided: Therapeutic exercise for 30 minutes:

Continued assisting her son with supine lower extremity stretching including;

Knee to chest with assistance from the **ball and a pillow.**
Hip external rotation.
Side-lying hip extension.
Knee flexion for quadricep muscle stretching.
Hamstring active assisted stretch.
Sidelying hip abduction. Supine bridging.

Patient's response to therapy: Jeanne was able to with the assistance of her son perform all of the above exercises.

Education and instruction: verbal instructions and demonstrations were provided for the above exercises. The patient's son was present to assist her with the exercises. She forgot her hearing aid at home.

Progress towards goals:

IMPAIRMENTS	FUNCTIONAL DEFICITS	LONG TERM GOALS
1.weakness of the trunk and lower extremity muscles.	1.the patient is unable to walk for up and down one flight of stairs without assistance.	1. The patient will be able to walk up and down one flight of stairs using a railing for support by April 1, 2015.**- She is not able to walk up and down stairs yet. 1-22-2015.**
2. Lower extremity flexibility issues, including joint mobility dysfunction, on both hips and knees, tissue extensibility dysfunction of the lower extremity muscles.	2. The patient is able to address her flexibility issues because of limited knowledge of proper exercise parameters and techniques.	2. The patient will be able to perform assisted exercises for regaining flexibility around both hips, both knees by February 20, 2015. **-She is working on the home program with her son. 1-22-2015.**

02/03/2015 - Office Visit in UW Medical Center Roosevelt Exercise Training Center (continued)

Clinical Notes (continued)

Any changes in impairment: She did have improved ability to walk a longer distance.

Functional impairment remaining requiring continued skilled services: Jeanne is working on the above exercise program in order to reach the goals of walking up and down stairs and increasing her range of motion to be able to increase her endurance.

Any changes in the plan of care: Continue 5 more sessions of physical therapy to assist her son with exercises to assist the patient with range of motion and stretching for the lower extremities and trunk. Continue to work on flexibility exercises for the lower extremities with her son's assistance. We again do not expect the patient to be independent with exercise program, given that she cannot hear very well, nor does she seem to understand the purpose of the exercises.

This patient will be seen for 6 therapy sessions within 12 weeks.
The patient And her son will perform the instructed home program 2 times per day.
The therapy will include therapeutic exercise, therapeutic activities and self-care home management training
This patient will recheck with the referring provider in 12 weeks.

Emmanuel B Caraig, PT

This note was generated in part using voice recognition software. Although every effort is made to edit the content, transcription errors may occur.

Electronically signed by Caraig, Emmanuel B at 2/3/2015 8:22 PM

01/28/2015 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Wound Check
Visit diagnoses:

- Venous insufficiency of leg (primary)
- Vaccine counseling
- DEEP VENOUS PHLEBITIS-LEG NEC
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015

01/28/2015 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2014
Start date: 12/19/2014 — End date: 7/6/2015
Quantity: 90 tablet — Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 12/18/2015
Quantity: 90 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/11/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 2/11/2015
Quantity: 30 tablet — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 7/27/2015
Quantity: 30 tablet — Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 1/28/2015 1217

Jeanne Leonie Hoffman is a 90 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Wound Check

(459.81) Venous insufficiency of leg (primary encounter diagnosis)
Skin break down left lateral ankle in the last week with three areas than weep serous fluid. No redness no swelling. She though has in the last day had an area of redness over the shin with itching. For treatment she has been using dry dressing with paper tape. She denies swelling of leg. Denies fever, chills, sweats. Activity: She has been walking a lot on her feetl

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
(V58.61) Long term (current) use of anticoagulants
In for INR. Her INR had been low. She thinks was because missed a dose. I had her increase the dose. No

bleeding. In for INR today.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	12/13/2012
• Thyroid nodule, uninodular [241.0] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	12/13/2012
• Osteoporosis, unspecified [733.00] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped	03/04/2008
• Long term (current) use of anticoagulants [V58.61] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3	01/08/2008
• FX FEMUR INTRCAPS NOS-CLOSE [820.00] Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	05/01/2007
• VITAMIN B DEFICIENCY NOS [266.9] Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency	05/01/2007
• Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] Year onset: Dx March 2007 Metformin discontinued 2011 as A1c in target range without it. Diet and weight controlled.	03/27/2007

01/28/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- Unspecified glaucoma(365.9) [365.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Other physical therapy [V57.1] 01/22/2015

• Hip joint stiffness [719.55]	01/06/2015
• Leg weakness, bilateral [729.89]	01/06/2015
• Weakness of trunk musculature [728.87]	01/06/2015
• Pseudophakia, both eyes [V43.1]	11/08/2014
• Urine incontinence [788.30]	08/27/2014
Uses pads	

Outpatient Prescriptions Marked as Taking for the 1/28/15 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	30 tablet	3
• Atorvastatin Calcium 40 MG Oral Tab	Take 1 tablet (40 mg) by mouth daily.	90 tablet	3
• Losartan Potassium 25 MG Oral Tab	Take 1 tablet (25 mg) by mouth daily.	90 tablet	3
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	30 tablet	6

No Facility-Administered Medications for the 1/28/15 encounter (Office Visit) with Neighbor Jr., William E.

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome	11/20/2006
Carpal tunnel release right wrist in 1989	
• DIAPHRAGMATIC HERNIA	11/20/2006
CT of abdomen in 2006	

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Td	06/07/2006
• influenza vaccine quadrivalent PF	12/24/2014
• influenza vaccine trivalent	09/20/2013
• pneumococcal (Pneumovax 23) polysaccharide vaccine	03/22/2010

Pended	Date(s) Pended
• pneumococcal (Prevnar 13) conjugate vaccine	01/28/2015

Social history:

History

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

History

Sexual Activity

- Sexual Activity: Not on file

Tobacco and Alcohol Use:

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Review of Systems:

Objective:

BP 171/75 | Pulse 66 | Temp(Src) 98.1 °F (36.7 °C)
Estimated body mass index is 23.03 kg/(m^2) as calculated from the following:
Height as of 7/30/14: 5' 1.02" (1.55 m).
Weight as of 7/30/14: 55.339 kg (122 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 171/75
General: NAD. Has hearing aids in today so can hear me.
Left lower leg. No swelling. She has on lateral aspect of left foot below ankle three small 3 mm areas of skin break down which are superficial without redness. In the pretibial area there is some redness without skin breakdown. No edema. Capillary refill fine.

Assessment and Plan:

(459.81) Venous insufficiency of leg (primary encounter diagnosis)
Two small superficial areas of skin breakdown on left foot lateral aspect just below ankle. Area of redness over shin.

01/28/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Plan is to use triple antibiotic ointment with bandaid over the area just below the ankle. For the area on the shin advise hydrocortisone cream or benadryl cream to help with the itching. She may also use topical emollient to help with skin driness which her son says is an issue. Her INR is now in the therapeutic range. I did tell her to rest and raise foot for 30 minutes several times a day. See me in 1 week or sooner if does not improve.

(V65.49) Vaccine counseling
Due of pneumonia booster shot today.
Plan: pneumococcal (Prevnar 13) conjugate vacc
(adult) 0.5 mL IM - 90670

(451.19) DEEP VENOUS PHLEBITIS-LEG NE
(V58.61) Long term (current) use of anticoagulants
INR 2.8 today in the therapeutic range. She usually keeps INR in that range with one tab of coumadin (warfarin) daily. Will stay with that.

She should see me in one week if skin not improving. Otherwise as needed but definitely in one month.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 1/28/2015 3:43 PM

Mercado, Mila N at 1/28/2015 1229

HH Vaccine Screening Questions
(MAs -if yes to any question, consult w/ provider before administering vaccine)

1. Is the patient sick today? NO

2. Is the patient < 18 yrs of age? NO (if yes, parent/guardian must be present to give consent)

3. Does the patient have allergies to foods (including eggs), latex, or any known vaccine component? No

4. Is the patient pregnant or planning to become pregnant in the next month? N/A

5. Is Influenza vaccine being given today? No
RN giving Influenza vaccine? No

6. Has the patient received any vaccinations in the past 4 weeks? NO

7. Are any live vaccines being given today? No

Vaccine(s) being given today: Pneumococcal conjugate (Prevnar - 13)

01/28/2015 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Has patient or guardian given consent and received the corresponding VIS statements? YES

VFC vaccines given? NO (if yes, list Native American/Alaskan Native;Medicaid;Uninsured;Private/Commercial Insurance;Insured[admin fee not covered])

Adolescents are encouraged to wait 15 minutes before leavingnafter receiving any vaccine.
Mila N Mercado

Electronically signed by Mercado, Mila N at 1/28/2015 3:43 PM

Immunizations Given

Immunization	Date
Pneumococcal conjugate PCV13 (Prevnar 13)	01/28/2015

Other Orders

Immunization/Injection

pneumococcal (Prevnar 13) conjugate vacc (adult) 0.5 mL IM - 90670 (Completed)

Electronically signed by: **Neighbor Jr., William E on 01/28/15 1222** Status: **Completed**
Ordering user: Neighbor Jr., William E 01/28/15 1222 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 01/28/15 - Class: On Site
Quantity: 1
Diagnoses
Vaccine counseling [V65.49 (ICD-9-CM)]

Indications

Vaccine counseling [V65.49 (ICD-9-CM)]

Flowsheets

Vital Data

Row Name	01/28/15 1135
BP	171/75
Temp	36.7 °C
Pulse	66
LMP Reason	Postmenopausal
Having Periods	No

Patient Instructions

Assessment and Plan:

(459.81) Venous insufficiency of leg (primary encounter diagnosis)
Two small superficial areas of skin breakdown on left foot lateral aspect just below ankle. Area of redness over shin. Plan is to use triple antibiotic ointment with bandaid over the area just below the ankle. For the area on the shin advise hydrocortisone cream or benadryl cream to help with the itching. Her INR is now in the therapeutic range.

(V65.49) Vaccine counseling

01/28/2015 - Office Visit in Hall Health Primary Care Center (continued)

Patient Instructions (continued)

Due of pneumonia booster shot today.
Plan: pneumococcal (Prevnar 13) conjugate vacc
(adult) 0.5 mL IM - 90670

(451.19) DEEP VENOUS PHLEBITIS-LEG NE
(V58.61) Long term (current) use of anticoagulants
INR 2.8 today in the therapeutic range. She usually keeps INR in that range with one tab of coumadin (warfarin) daily. Will stay with that.

She should see me in one week if skin not improving. Otherwise as needed but definitely in one month.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 1/28/2015 12:25 PM

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

Jeanne Leonie Hoffman
1/28/2015 11:40 AM Office Visit

Description: **Female DOB: 1/6/1925**
Provider: **William E Neighbor, MD**
Department: **Hh Pct (331)**

Future Appointments	Provider	Department	Dept Phone
2/3/2015 11:30 AM	**Caraig, Emmanuel B**	UWMC Exercise Training Center Physical Therapy	206-598-2888
2/10/2015 11:00 AM	**Caraig, Emmanuel B**	UWMC Exercise Training Center Physical Therapy	206-598-2888
2/17/2015 11:30 AM	**Caraig, Emmanuel B**	UWMC Exercise Training Center Physical Therapy	206-598-2888
2/25/2015 10:40 AM	**Neighbor Jr., William E**	Hall Health Primary Care Center	206-685-1011

Pick Up These Prescriptions At Your Pharmacy

None

We Ordered the Following Tests, Referrals, and Immunizations

pneumococcal (Prevnar 13) conjugate vacc (adult) 0.5 mL IM - 90670

Instructions

Assessment and Plan:
(459.81) Venous insufficiency of leg (primary encounter diagnosis)
Two small superficial areas of skin breakdown on left foot lateral aspect just below ankle. Area of redness over shin. Plan is to use triple antibiotic ointment with bandaid over the area just below the ankle. For the area on the shin advise hydrocortisone cream or benadryl cream to help with the itching. Her INR is now in the therapeutic range.

(V65.49) Vaccine counseling
Due of pneumonia booster shot today.
Plan: pneumococcal (Prevnar 13) conjugate vacc
(adult) 0.5 mL IM - 90670

(451.19) DEEP VENOUS PHLEBITIS-LEG NE
(V58.61) Long term (current) use of anticoagulants
INR 2.8 today in the therapeutic range. She usually keeps INR in that range with one tab of coumadin (warfarin) daily. Will stay with that.

She should see me in one week if skin not improving. Otherwise as needed but definitely in one month.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Problems and Diagnoses Covered Today

Venous insufficiency of leg	- Primary
Vaccine counseling	
DEEP VENOUS PHLEBITIS-LEG NEC	
Long term (current) use of anticoagulants	

Your Current Medications Are

Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed
Atorvastatin Calcium 40 MG Oral Tab	Take 1 tablet (40 mg) by mouth daily.
Losartan Potassium 25 MG Oral Tab	Take 1 tablet (25 mg) by mouth daily.
Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.
Timolol Maleate 0.5 % Ophthalmic Solution	Place 1 drop in each EYE 2 times a day.
Unclassified (OTHER MEDS, SEE	Vitamin B12 500 mcg once daily over the counter

COMMENTS,)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab 1 TAB PO ONCE each evening

Reason for Visit

Wound Check
Reason for Visit History

Vital Signs Measured This Visit - Last Recorded - Last Recorded

BP	Pulse	Temp(Src)	OB Status	Smoking Status
171/75	66	98.1 °F (36.7 °C)	Postmenopausal	Never Smoker

Problem List as of 1/28/2015

- Other convulsions
- ESOPHAGEAL REFLUX
- SENSORNEUR HEAR LOSS NOS
- DEEP VENOUS PHLEBITIS-LEG NEC
- HYPERLIPIDEMIA NEC/NOS
- ALLERGIC RHINITIS NOS
- GENERAL OSTEOARTHROSIS
- BENIGN HYPERTENSION
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- FX FEMUR INTRCAPS NOS-CLOSE
- VITAMIN B DEFICIENCY NOS
- Long term (current) use of anticoagulants
- Osteoporosis, unspecified
- Vertebral fracture
- Thyroid nodule, uninodular
- DJD (degenerative joint disease) of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- Other physical therapy

Allergies as of 1/28/2015 12:25 PM

Allergen	Noted	Reaction Type	Reactions
Adhesives	10/21/2010		
Aspirin	01/06/2012	Allergy	Other
Nitrofurantoin Confusion, loss of appetitie, nausea, abdominal pain	07/25/2008		Other
Penicillins	08/12/2003		Rash
Sulfa Antibiotics	08/12/2003		Rash

01/28/2015 - Office Visit in Hall Health Primary Care Center (continued)

After Visit Summary (continued)

Basic Demographic Information

Race	Ethnicity	Preferred Language	Language for Written Material
White Caucasian	Not Reported/Unknown	English	English

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

01/28/2015 - Telephone in UW Medical Center Roosevelt Exercise Training Center

Reason for Visit

Chief complaint: Other
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

01/28/2015 - Telephone in UW Medical Center Roosevelt Exercise Training Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/11/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 2/11/2015
Quantity: 30 tablet
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Beeks, Carie Marie at 1/28/2015 1056

CONFIRMED PHONE NUMBER:
Telephone Information:
Home Phone 206-780-6885
Work Phone 206-000-0000
Mobile 206-000-0000

CALLERS FIRST AND LAST NAME: Jeanne Leonie Hoffman
FACILITY NAME: na TITLE: na
CALLERS RELATIONSHIP:Self
RETURN CALL: General message OK

SUBJECT: General Message
REASON FOR REQUEST: Patient called and apologized for missing her appointment yesterday - she is VERY sorry

MESSAGE: Please see the above message, thank you

Electronically signed by Beeks, Carie Marie at 1/28/2015 10:57 AM

01/28/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

01/28/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Karmelich, Karen A 1/28/2015 10:42 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W36630	Serum	—	01/28/15 1042

PROTHROMBIN TIME (Abnormal)
Resulted: 01/28/15 1135, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 01/28/15 1135
Collected by: 01/28/15 1042
Resulting lab: UW LABORATORY MEDICINE
Acknowledged by
Neighbor Jr., William E on 01/28/15 1237
Voronchuk, Eleonora on 01/28/15 1530

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	29.4	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.8	0.8 - 1.3	H	UWMC

Testing Performed By

01/28/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Voronchuk, Eleonora on 1/28/2015 15:31
Neighbor Jr., William E on 1/28/2015 12:37

01/27/2015 - No Show in UW Medical Center Roosevelt Exercise Training Center

Reason for Visit

Chief complaint: No Show
Visit diagnosis: NO SHOW

Visit Information

Provider Information

Encounter Provider	Authorizing Provider	Referring Provider
Caraig, Emmanuel B	Caraig, Emmanuel B	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UW Medical Center Roosevelt Exercise Training Center	4245 Roosevelt Way NE, Box 354745 Seattle WA 98105	206-598-2888	206-598-4484

Level of Service

Level of Service
NO SHOW. NO CHARGE

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015

01/27/2015 - No Show in UW Medical Center Roosevelt Exercise Training Center (continued)

Medication List (continued)

Quantity: 90 tablet — Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 12/18/2015
Quantity: 90 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/11/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 2/11/2015
Quantity: 30 tablet — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 7/27/2015
Quantity: 30 tablet — Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Caraig, Emmanuel B at 1/27/2015 2002

This patient failed a scheduled appointment today.
Disposition: Unable to contact patient via phone.

Electronically signed by Caraig, Emmanuel B at 1/27/2015 8:02 PM

01/27/2015 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

01/27/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/11/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 2/11/2015
Quantity: 30 tablet
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	1/27/2015 6:22 PM

Yes, I will be in Seattle at your office on 1-28-2015 at around 10am

01/27/2015 - Patient E-mail in UW Medical Center Roosevelt Exercise Training Center

Visit Information

Provider Information

Encounter Provider

Caraig, Emmanuel B

Department

Name	Address	Phone	Fax
UW Medical Center Roosevelt Exercise Training Center	4245 Roosevelt Way NE, Box 354745 Seattle WA 98105	206-598-2888	206-598-4484

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

01/27/2015 - Patient E-mail in UW Medical Center Roosevelt Exercise Training Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/11/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 2/11/2015
Quantity: 30 tablet
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Uwmc Roosevelt Etc Support Staff Pool (supporting Emmanuel B Caraig, PT)	1/27/2015 6:20 PM

Dear Emmanuel,

I am so sorry, that i missed my appointment for 1-27-2015, I had marked the calendar for 1-28-2015.
It was my mistake.

I will be at Hall Heath on 1-28-2015.

01/23/2015 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

01/23/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/11/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 2/11/2015
Quantity: 30 tablet
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 1/23/2015 0822

Duplicate message

Electronically signed by Voronchuk, Eleonora at 1/23/2015 8:23 AM

Messages

Medication Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	1/23/2015 6:07 AM

Yes, Action Being Taken.

01/23/2015 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

01/23/2015 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/11/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 2/11/2015
Quantity: 30 tablet
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Stopped in Visit

None

Messages

RE: Medical Advice

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	1/26/2015 2:29 PM

Last Read in MyChart
1/27/2015 6:11 PM by Hoffman, Jeanne Leonie

Please come in if this does not heal quickly or worsens.

William E Neighbor, MD

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	1/23/2015 6:09 AM

I have a sore on my foot/appears to be ulcer like.
Keeping wound clean and bandaged.

01/22/2015 - Office Visit in UW Medical Center Roosevelt Exercise Training Center

Reason for Visit

Chief complaint: Physical Therapy
Visit diagnoses:

- Weakness of trunk musculature (primary)
- Hip joint stiffness, unspecified laterality
- Spine fracture
- Other physical therapy

Visit Information

Provider Information

Encounter Provider	Authorizing Provider	Referring Provider
Wilson, Marni L	Wilson, Marni L	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UW Medical Center Roosevelt Exercise Training Center	4245 Roosevelt Way NE, Box 354745 Seattle WA 98105	206-598-2888	206-598-4484

Level of Service

Level of Service
PR NO CHARGE FOR LEVEL OF SERVICE

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015

01/22/2015 - Office Visit in UW Medical Center Roosevelt Exercise Training Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2014
Start date: 12/19/2014 — End date: 7/6/2015
Quantity: 90 tablet — Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 12/18/2015
Quantity: 90 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/11/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 2/11/2015
Quantity: 30 tablet — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 7/27/2015
Quantity: 30 tablet — Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Wilson, Marni L at 1/22/2015 1314

Physical Therapy Progress Note.

Time in: 1:15 p.m.
Duration: 30 minutes.
Today's date: 1/22/2015.
Onset date: 12/24/2015.
Referring Provider: William E Neighbor Jr. Referring provider NPI: 1265518989
Treatment/Therapy diagnosis: degenerative joint disease of the lumbar spine, chronic history of spine fractures
The following patient identifiers were confirmed today: name and date of birth.

Subjective: She did better with communication today if I looked right at her and was really close to her ears she could understand simple commands. The patient is reporting 5/10 level of pain, on a 0-10 Numeric Pain Distress Scale. After the treatment she did have a better time with hip mobility.

Observation: She is able to ambulate from the waiting room into the clinic using a 4 wheeled walker independently and did not want any assistance getting up out of a chair.

Interventions/Treatment provided: Therapeutic exercise for 30 minutes:

Continued assisting her son with supine lower extremity stretching including;

Knee to chest with assistance from the **ball and a pillow.**
Hip external rotation.
Side-lying hip extension.
Knee flexion for quadricep muscle stretching.
Hamstring active assisted stretch.
They are doing this home program together at least one time a day.

Patient's response to therapy: Jeanne was able to with the assistance of her son perform all of the above exercises. She did need cueing to release tension in her hips and to go with the movement versus resist it. We talked about not using the word relax as she finds resistance to it. Stating that she has never been able to relax and then she tenses up even more.

Education and instruction: verbal instructions and demonstrations were provided for the above exercises. The patient's son was present to assist her with the exercises.

Progress towards goals:

IMPAIRMENTS	FUNCTIONAL DEFICITS	LONG TERM GOALS
1.weakness of the trunk and lower extremity muscles.	1.the patient is unable to walk for up and down one flight of stairs without assistance.	1. The patient will be able to walk up and down one flight of stairs using a railing for support by April 1, 2015.**-She is not able to walk up and down stairs yet. 1-22-2015.**
2. Lower extremity flexibility issues, including joint mobility dysfunction, on both hips and knees, tissue extensibility dysfunction of the lower extremity muscles.	2. The patient is able to address her flexibility issues because of limited knowledge of proper exercise parameters and techniques.	2. The patient will be able to perform assisted exercises for regaining flexibility around both hips, both knees by February 20, 2015. **- She is working on the home program with her son. 1-22-2015.**

Any changes in impairment: She did have improved ability to walk a longer distance.

Functional impairment remaining requiring continued skilled services: Jeanne is working on the above exercise program in order to reach the goals of walking up and down stairs and increasing her range of motion to be able to increase her endurance.

Any changes in the plan of care: Continue 5 more sessions of physical therapy to assist her son with exercises to assist the patient with range of motion and stretching for the lower extremities and trunk. Continue to work on flexibility exercises for the lower extremities with her son's assistance. We again do not expect the patient to be independent

01/22/2015 - Office Visit in UW Medical Center Roosevelt Exercise Training Center (continued)

Clinical Notes (continued)

with exercise program, given that she cannot hear very well, nor does she seem to understand the purpose of the exercises.

This patient will be seen for 6 therapy sessions within 12 weeks.
The patient And her son will perform the instructed home program 2 times per day.
The therapy will include therapeutic exercise, therapeutic activities and self-care home management training
This patient will recheck with the referring provider in 12 weeks.

Marni L Wilson, P.T.A.

Electronically signed by Wilson, Marni L at 1/22/2015 7:08 PM

01/22/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

01/22/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Maytak V, Lina 1/22/2015 8:53 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
H45870	Serum	—	01/22/15 0855

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 01/22/15 0932, Result status: Final result

Order status: Completed
Filed by: Uw Lab Results Interface, User 01/22/15 0932
Collected by: 01/22/15 0855
Resulting lab: UW LABORATORY MEDICINE
Acknowledged by
Voronchuk, Eleonora on 01/22/15 1137
Neighbor Jr., William E on 01/22/15 1404

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.7	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

01/22/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 1/22/2015 at 4:46 PM
INR below range on two occassions. Patient written to take extra half tab this evening and tomorrow evening then see me in one week for INR.

William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E on 1/22/2015 16:51
Voronchuk, Eleonora on 1/22/2015 11:38

01/06/2015 - Office Visit in UW Medical Center Roosevelt Exercise Training Center

Reason for Visit

Chief complaint: Physical Therapy
Visit diagnoses:

- Other physical therapy (primary)
- Spine fracture
- Weakness of trunk musculature
- Hip joint stiffness, unspecified laterality

Visit Information

Provider Information

Encounter Provider	Authorizing Provider	Referring Provider
Caraig, Emmanuel B	Caraig, Emmanuel B	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UW Medical Center Roosevelt Exercise Training Center	4245 Roosevelt Way NE, Box 354745 Seattle WA 98105	206-598-2888	206-598-4484

Level of Service

Level of Service
PR NO CHARGE FOR LEVEL OF SERVICE

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015

01/06/2015 - Office Visit in UW Medical Center Roosevelt Exercise Training Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2014
Start date: 12/19/2014 — End date: 7/6/2015
Quantity: 90 tablet — Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 12/18/2015
Quantity: 90 tablet — Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/11/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 2/11/2015
Quantity: 30 tablet — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/24/2014
Start date: 12/24/2014 — End date: 7/27/2015
Quantity: 30 tablet — Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Caraig, Emmanuel B at 1/6/2015 1423

Physical Therapy Evaluation

This note serves as a CMS evaluation form that requires the referring provider to certify the need for therapy services furnished under this Plan of Treatment. The signing provider is certifying the plan of care.

Certification: From 1/6/2015 through 4/3/2050
Report Date: From: 1/6/2015 through 2/5/2015

Time in:12:00 PM Duration: 60 minutes
Today's date: 1/6/2015
Onset date: 12/24/2015
Referring Provider: William E Neighbor Jr. Referring provider NPI: 1265518989

Treatment/Therapy diagnosis: degenerative joint disease of the lumbar spine, chronic history of spine fractures
The following patient identifiers were confirmed today: name and date of birth.

01/06/2015 - Office Visit in UW Medical Center Roosevelt Exercise Training Center (continued)

Clinical Notes (continued)

Order: evaluate and treat, would benefit from core strengthening, and postural exercises.,
Initial assessment:
Reason for referral: patient is a 90-year-old female coming in to physical therapy for postural exercises and core strengthening, with a long-standing history of compression fractures of the spine, left-sided hip fracture with ORIF on the left side and femoral fracture on the right side. The patient also recalls of ankle fracture on the right side from several years ago. The patient is coming in with a history of deconditioning and weakness of the trunk muscles. The patient also presents with tissue extensibility dysfunction of the lower extremity, joint mobility, dysfunction of both hips and knees from DJD.

The patient is hard of hearing and does not have a properly working hearing aid. Even when her son tries to speak directly into her ear, the patient does not appear to hear questions or instructions. She is able to follow instructions provided to her with hand gestures. The patient is also on chronic Coumadin for thrombophlebitis.

At this time, the patient will benefit from followup with physical therapy providing her son with exercise , instruction on lower extremity flexibility using active assisted joint range of motion exercises, active assistive stretching exercises for the hamstrings, hip rotators, quadriceps, ankle, plantar flexors and dorsiflexors. The patient will also benefit from some basic core strengthening exercises, although instructions for this will be especially challenging since the patient isn't able to hear any verbal instructions provided to her. The main focus for the next few sessions as for her son to get instructions on proper exercises for range of motion and flexibility, So that follow-through on home exercise program can be consistent

Subjective: the patient reports that she cannot hear questions or instructions even when I spoke in a loud voice directly to either ear.

The patient's son , answered some questions for the patient. The patient is reporting 5/10 level of pain, on a 0-10 Numeric Pain Distress Scale.

IMPAIRMENTS	FUNCTIONAL DEFICITS	LONG TERM GOALS
1.weakness of the trunk and lower extremity muscles	1.the patient is unable to walk for up and down one flight of stairs without assistance	1.the patient will be able to walk up and down one flight of stairs using a railing for support by April 1, 2015
2. Lower extremity flexibility issues, , including joint mobility dysfunction, on both hips and knees, tissue extensibility dysfunction of the lower extremity muscles	2. The patient is able to address her flexibility issues because of limited knowledge of proper exercise parameters and techniques	2.the patient will be able to perform assisted exercises for regaining flexibility around both hips, both knees by February 20, 2015

Barriers to learning: hearing and cognitive

Preferred Learning style: demonstration, written, verbal and her son will need to be present for exercise instruction as the patient is not anticipated to become independent with her home exercises

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome	11/20/2006

Carpal tunnel release right wrist in 1989

- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006

No past surgical history on file.

Previous interventions: none

Fall Risk: The patient has a moderate risk for falls and this note will be forwarded to the referring physician.

Prior Level of Function: Before the onset of the current condition, the patient was able to walk with a cane at a community level. The patient was able to walk up and down one flight of stairs.
Level of function at start of care: Currently, the patient is unable to walk with a cane, and is dependent on a 4 wheeled walker. She is able to walk up and down stairs independently. She is a

FUNCTIONAL REPORTING

MOBILITY: Walking and moving around
Current Status: G8978: Based on Care connections cautioned on intake form, the patient has a severity code of CK, with an impairment rating of percent. The patient presents with difficulty ambulating stairs and on indoor and community level. She is unable to perform exercises for range of motion consistently
Goal: G8979: CJ

Cultural Practices that Influence Care: the patient is dependent on her son for transportation and assistance for home activities. Her reports that the patient had been verbally abused by her other son who used to stay with her.

Objective:
Observation: she is able to ambulate from the waiting room into the clinic using a 4 wheeled walker independently.
Impairments:

Range of motion:

	Right	Left
Hip flexion	Active:105 ° Passive: 110 °	Active:105 ° Passive: 110 °
Hip extension	Active:-5 ° Passive: zero °	Active:-5 ° Passive: zero °
Hip external rotation	Active:20 ° Passive: 30 °	Active:20 ° Passive: 30 °
Hip Internal rotation	not tested	Not tested
Straight Leg Raise	Active:35 ° Passive: 45 °	Active:35 ° Passive: 45 °
Prone knee flexion	Active:75 ° Passive: 80 °	Active75 ° Passive: 80 °

It is difficult to determine whether the patient completely understands the purpose of the range of motion exercises

Muscle Strength: 3+/5 hip abduction, hip flexion, quadriceps. 3-/5 hip extension, hamstrings

Special tests: chair sit to stand: Within 30 seconds: 5 repetitions with the patient using both hands, transfers from supine to side-lying: The patient has a difficult time with the maneuver, , but it is unclear whether she understands the instructions.

Interventions/Treatment provided: Therapeutic exercise for 15 minutes and Physical Therapy evaluation for 30 minutes. Therapeutic exercise: This included teaching the patient's son, was present during the treatment session

01/06/2015 - Office Visit in UW Medical Center Roosevelt Exercise Training Center (continued)

Clinical Notes (continued)

today to assist the patient with supine lower extremity stretching, this includes knee to chest, hip external rotation, side-lying hip extension, knee flexion for quadricep muscle stretching. Hamstring active assisted stretch

Home exercise instruction: verbal instructions and demonstrations were provided for the above exercises
The patient's son was present to assist with patient education
the patient's son was able to return demonstrate the exercises accurately after instructions
The patient's son was able to communicate understanding of the instructions and precautions.

Plan of care: the patient will followup with 6sessions of physical therapy to assist her son with exercises to assist the patient with range of motion and stretching for the lower extremities and trunk. The patient has compression fractures of the trunk eye and not anticipating extensive improvement in her posture is given This. I anticipated the patient will benefit from flexibility exercises for the lower extremities, if her son can perform this with her at home on a consistent basis. I do not expect the patient to be independent with exercise program, given that she cannot hear very well, nor does she seem to understand the purpose of the exercises
This patient will be seen for 6 therapy sessions within12weeks.
The patient And her son will perform the instructed home program 2 times per day.
The therapy will include therapeutic exercise, therapeutic activities and self-care home management training
This patient will recheck with the referring provider in 12 weeks.

ASSESSMENT: Rehabilitation potential is: Fair
These goals were discussed and the patient's son actively participated in developing them. The patient's family/caregiver assisted in the development of these goals.
This patient will be seen by a physical therapist or a physical therapist assistant following this plan of care.

Emmanuel B Caraig, PT

This note was generated in part using voice recognition software. Although every effort is made to edit the content, transcription errors may occur.

Electronically signed by Caraig, Emmanuel B at 1/6/2015 2:54 PM

Other Orders

Other

PT PLAN OF CARE (Completed)

Electronically signed by: **Caraig, Emmanuel B on 01/06/15 1453** Status: **Completed**
Ordering user: Caraig, Emmanuel B 01/06/15 1453 Authorized by: Caraig, Emmanuel B
Ordering mode: Standard
Cosigning events
Electronically cosigned by Neighbor Jr., William E 01/14/15 1700 for Ordering
Frequency: Routine 01/06/15 - Class: Normal
Quantity: 1
Diagnoses
Other physical therapy [V57.1 (ICD-9-CM)]
Vertebral fracture [805.8 (ICD-9-CM)]
Weakness of trunk musculature [728.87 (ICD-9-CM)]

01/06/2015 - Office Visit in UW Medical Center Roosevelt Exercise Training Center (continued)

Other Orders (continued)

Hip joint stiffness, unspecified laterality [719.55 (ICD-9-CM)]

Indications

Other physical therapy [V57.1 (ICD-9-CM)]
Vertebral fracture [805.8 (ICD-9-CM)]
Weakness of trunk musculature [728.87 (ICD-9-CM)]
Hip joint stiffness, unspecified laterality [719.55 (ICD-9-CM)]

01/06/2015 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

01/06/2015 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Avila, Bianca Celeste, Technologist 1/6/2015 10:12 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
T58261	Serum	—	01/06/15 1013

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 01/06/15 1052, Result status: Final result

Order status: Completed
Filed on: 01/06/15 1052
Collected by: 01/06/15 1013
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.9	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 01/09/15 1709
Voronchuk, Eleonora on 01/07/15 1010

Testing Performed By

01/06/2015 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 1/9/2015 17:09
Voronchuk, Eleonora on 1/7/2015 10:10

12/24/2014 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Results
Visit diagnoses:

- AFTERCARE LONG TERM ANTICOAG USE (primary)
- HYPERLIPIDEMIA NEC/NOS
- DEEP VENOUS PHLEBITIS-LEG NEC
- DJD (degenerative joint disease) of lumbar spine
- Vaccine counseling

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

12/24/2014 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/18/2015
Reason for discontinuation: Dose adjustment
Instructions: Take 1 tablet (40 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 12/18/2015
Quantity: 90 tablet
Refill: 3

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/11/2015
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 2/11/2015
Quantity: 30 tablet
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/28/2015
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/24/2014
Start date: 12/24/2014
End date: 7/27/2015
Quantity: 30 tablet
Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 12/24/2014 1314

Jeanne Leonie Hoffman is a 89 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Results
  abnormal labs

(V58.61) AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
Stable dose of coumadin. In for INR.

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
Wearing compression stockings.

(721.3) DJD (degenerative joint disease) of lumbar spine
Continues to need codeine several times weekly for back pain related to old compression fracture.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	12/13/2012
• Thyroid nodule, uninodular [241.0] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	12/13/2012
• Osteoporosis, unspecified [733.00] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped	03/04/2008
• Long term (current) use of anticoagulants [V58.61] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3	01/08/2008
• FX FEMUR INTRCAPS NOS-CLOSE [820.00] Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	05/01/2007
• VITAMIN B DEFICIENCY NOS [266.9] Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency	05/01/2007
• Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] Year onset: Dx March 2007 Metformin discontinued 2011 as A1c in target range without it. Diet and weight controlled.	03/27/2007

12/24/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- Unspecified glaucoma(365.9) [365.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

- Pseudophakia, both eyes [V43.1] 11/08/2014

- Urine incontinence [788.30] 08/27/2014
  Uses pads

Outpatient Prescriptions Marked as Taking for the 12/24/14 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain as needed	30 tablet	3
• Atorvastatin Calcium 40 MG Oral Tab	Take 1 tablet (40 mg) by mouth daily.	90 tablet	3
• Losartan Potassium 25 MG Oral Tab	Take 1 tablet (25 mg) by mouth daily.	90 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	Take 1 tablet (400 mg) by mouth 3 times a day.	90 tablet	5
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	30 tablet	6

No Facility-Administered Medications for the 12/24/14 encounter (Office Visit) with Neighbor Jr., William E.

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Td	06/07/2006
• influenza vaccine trivalent	09/20/2013
• pneumococcal (Pneumovax 23) polysaccharide vaccine	03/22/2010
Pended	**Date(s) Pended**
• influenza vaccine quadrivalent PF	12/24/2014

Social history:
History

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

History
Sexual Activity

- Sexually Active: Not on file

Tobacco and Alcohol Use:
History
Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Review of Systems:

Objective:
BP 155/72 | Pulse 59 | Temp(Src) 97.8 °F (36.6 °C)
Estimated body mass index is 23.03 kg/(m^2) as calculated from the following:
Height as of 7/30/14: 5' 1.02" (1.55 m).
Weight as of 7/30/14: 55.339 kg (122 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 155/72
General: NAD
Difficult understanding what I am saying as she did not bring in hearing aids. Son present.

Assessment and Plan:
1. HYPERLIPIDEMIA NEC/NOS
Continue lipid medication
- Atorvastatin Calcium 40 MG Oral Tab; Take 1 tablet (40 mg) by mouth daily. Dispense: 90 tablet; Refill: 3

2. AFTERCARE LONG TERM ANTICOAG USE

Clinical Notes (continued)

INR in desired range. Continue same dose.
- Warfarin Sodium (COUMADIN) 5 MG Oral Tab; 1 TAB PO ONCE each evening Dispense: 30 tablet; Refill: 6

3. DEEP VENOUS PHLEBITIS-LEG NEC
As above
- Warfarin Sodium (COUMADIN) 5 MG Oral Tab; 1 TAB PO ONCE each evening Dispense: 30 tablet; Refill: 6

4. DJD (degenerative joint disease) of lumbar spine
She is taking Tylenol with Codeine just one half to one daily when needed. We want to avoid NSAIDs because of GI bleed risk in this patient who is on coumadin. I would be concerned about risk of falls with Tramadol. She does take acetaminophen as the main stay but several times weekly needs the codeine for the back pain related to old compression fractures. I completed a referral to PT at Roosevelt today.
- Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab; one po once daily for arthritic pain as needed Dispense: 30 tablet; Refill: 3
- REFERRAL TO PHYSICAL THERAPY

5. Vaccine counseling
Flu vaccine given.
- influenza vaccine quadrivalent PF (adult) 0.5 mL IM - 90686

She did not have hearing aids today, but son was with her.

William E Neighbor, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 12/24/2014 2:32 PM

Greig, Elaine M at 12/24/2014 1424

HH Vaccine Screening Questions
(MAs -if yes to any question, consult w/ provider before administering vaccine)

1. Is the patient sick today? NO

2. Is the patient < 18 yrs of age? NO (if yes, parent/guardian must be present to give consent)

3. Does the patient have allergies to foods (including eggs), latex, or any known vaccine component? No

4. Is the patient pregnant or planning to become pregnant in the next month? No

5. Is Influenza vaccine being given today? Yes : Additional influenza questions
Has the patient ever had Guillain-Barre syndrome? NO (if yes, consult with provider)

RN giving Influenza vaccine? Yes: RN Flu questions
Is the patient going to get Flu Mist? No

12/24/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Is the patient older than 6 mos and less than 36 mos of age? NO (Use PF 0.25 VFC vaccine only)

Is the patient older than 6 mos and less than 9 yrs old? NO (Make sure that the child has had or will be set up to have 2 doses at least 4 weeks apart of an H1N1-containing vaccine within one flu season)

Is the patient a candidate for high-dose flu, intradermal flu, or PF(pregnant only)? NO

6. Has the patient received any vaccinations in the past 4 weeks? NO

7. Are any live vaccines being given today? No

Vaccine(s) being given today: Influenza (preservative free, > 36 mos)

Has patient or guardian given consent and received the corresponding VIS statements? YES

VFC vaccines given? NO (if yes, list Native American/Alaskan Native;Medicaid;Uninsured;Private/Commercial Insurance;Insured[admin fee not covered])

Adolescents are encouraged to wait 15 minutes before leavingnafter receiving any vaccine.
Elaine M Greig

Electronically signed by Greig, Elaine M at 12/24/2014 2:32 PM

Immunizations Given

Immunization	Date
Influenza quadrivalent PF	12/24/2014

Other Orders

Immunization/Injection

influenza vaccine quadrivalent PF (adult) 0.5 mL IM - 90686 (Completed)

Electronically signed by: **Neighbor Jr., William E on 12/24/14 1322** Status: **Completed**
Ordering user: Neighbor Jr., William E 12/24/14 1322 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/24/14 - Class: On Site
Quantity: 1
Diagnoses
Vaccine counseling [V65.49 (ICD-9-CM)]

Indications

Vaccine counseling [V65.49 (ICD-9-CM)]

Medications

Atorvastatin Calcium 40 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 12/24/14 1320** Status: **Discontinued**

12/24/2014 - Office Visit in Hall Health Primary Care Center (continued)

Other Orders (continued)

Ordering user: Neighbor Jr., William E 12/24/14 1320 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine Daily 12/24/14 - 12/18/15 Class: E-RX
Discontinued by: Neighbor Jr., William E 12/18/15 1617 [Dose adjustment]
Diagnoses
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)] - HYPERLIPIDEMIA NEC/NOS
Reordered from: Atorvastatin Calcium 40 MG Oral Tab

Indications

Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

Warfarin Sodium (COUMADIN) 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 12/24/14 1320** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 12/24/14 1320 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/24/14 - 02/11/15 Class: E-RX
Discontinued by: Neighbor Jr., William E 02/11/15 1147 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC
Admin instructions: 1 TAB PO ONCE each evening
Reordered from: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 12/24/14 1320** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 12/24/14 1320 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/24/14 - 07/27/15 Class: Normal
Discontinued by: Neighbor Jr., William E 07/28/15 1138 [Reorder]
Diagnoses
DJD (degenerative joint disease) of lumbar spine [721.3 (ICD-9-CM)]
Admin instructions: one po once daily for arthritic pain as needed
Reordered from: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Indications

DJD (degenerative joint disease) of lumbar spine [721.3 (ICD-9-CM)]

Referral

REFERRAL TO PHYSICAL THERAPY (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 12/24/14 1329** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 12/24/14 1329 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/24/14 - Class: Internal Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
DJD (degenerative joint disease) of lumbar spine [721.3 (ICD-9-CM)]
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: PT for back pain. Transfer of Care. To assume on-going management of some aspect of the patient's care. Therapist: Roosevelt Exercise Training Center - PT/OT/Massage (Hand), (206) 598-2888 Is this the patient's first post-operative therapy visit?: NO PHYSICAL/OCCUPATIONAL THERAPY PRESCRIPTION 89 year old female with compression fracture mid spine from a few years ago with recent further loss of disk height and associated worsening back pain. Would benefit from core strenthening and posture improvement. . Precautions: None Please evaluate and treat, including: Therapy services requested: As deemed appropriate by the Therapist Treatment frequency: As deemed appropriate by theTherapist Physician recheck date: 3 months (Please fax written progress reports prior to follow-up). NEIGHBOR JR, WILLIAM E A copy of the patient's chart notes available

12/24/2014 - Office Visit in Hall Health Primary Care Center (continued)

Other Orders (continued)

upon request.

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: DJD (degenerative joint disease) of lumbar spine	**Uwmc Etc Phys Therapy Roosevelt** 4245 Roosevelt Way NE, Box 354745 Seattle WA 98105 Phone: 206-598-2888 Fax: 206-598-4484 Specialty: UWMC ETC Physical Therapy	Physical Therapy	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare
Referral for: PT for back pain. Transfer of Care. To assume on-going management of some aspect of the patient's care.
Therapist: Roosevelt Exercise Training Center - PT/OT/Massage (Hand), (206) 598-2888
Is this the patient's first post-operative therapy visit?: NO

PHYSICAL/OCCUPATIONAL THERAPY PRESCRIPTION

89 year old female with compression fracture mid spine from a few years ago with recent further loss of disk height and associated worsening back pain. Would benefit from core strenthening and posture improvement.
.
Precautions: None

Please evaluate and treat, including: Therapy services requested: As deemed appropriate by the Therapist

Treatment frequency: As deemed appropriate by theTherapist
Physician recheck date: 3 months
(Please fax written progress reports prior to follow-up).

NEIGHBOR JR, WILLIAM E

A copy of the patient's chart notes available upon request.

Indications

DJD (degenerative joint disease) of lumbar spine [721.3 (ICD-9-CM)]

Flowsheets

Vital Data

Row Name	12/24/14 1303
BP	155/72
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.6 °C
Pulse	59

12/24/2014 - Office Visit in Hall Health Primary Care Center (continued)

Documents

ABN Waiver - Scan on 2/2/2015 10:26 AM: ABN

Scan (below)

HARBORVIEW MEDICAL CENTER
UW Medicine
325 9th Ave Seattle WA
98104-2499
206-744-3000

UNIVERSITY OF WASHINGTON MEDICAL CENTER
UW Medicine
1959 NE Pacific Seattle WA
98195-6151
206-598-3300

UW Physicians
UW Medicine
POB 50095 Seattle WA
98145-5095
206-543-6420

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

***NOTE*: If Medicare doesn't pay for** Office Visit **below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Code _____ Description: Office Visit & all related SVC	**Check reason code (see back)** A ☐ B ☒ C ☐ D ☐	$300-500

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Options 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: Check only one box. We cannot choose a box for you.

☒ **OPTION 1**. I want the Visit listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2**. I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3**. I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/**TTY**: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Authorized Representative)	Print Name	Date:
X	X Louis Allocca for Jean Hoffman	12/24/14

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT.NO N3927850
NAME Hoffman, Jeanne
DOB 01/06/1925

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE – MEDICAL RECORD
CANARY - PATIENT

UH1731 REV SEP 10 **OMB APPROVAL NO. 0938-0566**

12/24/2014 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

Other - Scan on 2/10/2015 2:00 PM: DSHS WAIVER

Scan (below)

Washington State Health Care Authority

Agreement to Pay for Healthcare Services

N3927850

WAC 182-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) that the Health Care Authority (HCA) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications.

Client - A recipient of Medicaid or other healthcare benefits through the HCA or a managed care organization (MCO) that contracts with the HCA.
Provider - An institution, agency, business, or person that provides healthcare services to HCA clients and has a signed agreement with the HCA or authorization from an MCO.

This Agreement and WAC 182-502-0160 apply to billing a client for covered and noncovered services as described in WAC 182-501-0050 through WAC 182-501-0070. Providers may not bill any HCA client (including those enrolled with an MCO that contracts with the HCA) for services which the HCA or an MCO that contracts with the HCA may have paid until the provider has completed all requirements for obtaining authorization.

CLIENT'S PRINTED NAME	CLIENT'S ID NUMBER
Hoffman, Jeanne	100675002WA
PROVIDER'S PRINTED NAME	PROVIDER NUMBER
Neighbor, WILLIAM	1265518989

Directions:

- Both the provider and the client must fully complete this form **before** an HCA client receives any service for which this Agreement is required.
- You must complete this form no more than 90 calendar days before the date of the service. If the service is not provided within 90 calendar days, the provider and client must complete and sign a new form.
- The provider and the client must complete this form only **after** they exhaust all applicable HCA or HCA-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 182-501-0160 or the administrative hearing process, if the client chooses to pursue these processes.
- Limited English proficient (LEP) clients must be able to understand this form in their primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. Both the client and the provider must sign a translated form.

Fully complete the table on back of this form. If needed, attach another sheet for additional services. The client, provider, and interpreter (if applicable) must sign and date each additional page.

Important Note from HCA:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 182-502-0160 or does not satisfy HCA conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 182-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. Give a copy of this completed, signed agreement to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://hrsa.dshs.wa.gov/mpforms.shtml.

AGREEMENT TO PAY FOR HEALTHCARE SERVICES
HCA 13-879 (8/12)

Page 1 of 2

12/24/2014 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

SPECIFIC SERVICE(S) OR ITEM(S) TO BE PROVIDED AND ANTICIPATED DATE OF SERVICE	CPT/CDT/ HCPC CODE (BILLING CODE)	AMOUNT TO BE PAID BY CLIENT	REASON WHY THE CLIENT IS AGREEING TO BE BILLED (CHECK THE ONE THAT APPLIES FOR EACH SERVICE)	COVERED TREATMENT ALTERNATIVES OFFERED BUT NOT CHOSEN BY CLIENT	DATE(S) ETR/NFJ REQUESTED/DENIED OR WAIVED, OR PRIOR AUTHORIZATION (PA) REQUESTED/DENIED, IF APPLICABLE	
Office Visit & all related	99214 90686 G0008	$86- 2108	☒ Noncovered service ☐ Noncovered service, ETR waived ☐ Non-formulary drug, NFJ waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH HCA NOTICE) PA DENIAL (ATTACH HCA NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Non-formulary drug, NFJ waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH HCA NOTICE) PA DENIAL (ATTACH HCA NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Non-formulary drug, NFJ waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH HCA NOTICE) PA DENIAL (ATTACH HCA NOTICE)

- I understand that HCA or an MCO that contracts with HCA will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) HCA does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after an HCA or HCA-contracted MCO denial of a request for a noncovered service; 2) submit a Non-Formulary Justification (NFJ) with the help of my prescriber fro a non-formulary medication; or 3) ask for a hearing to appeal an HCA or HCA-contracted MCO denial of a requested service.
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by the HCA or an HCA-contracted MCO, and I still choose to get the specified service(s) above.
- I understand that HCA does not cover services ordered by, prescribed by, or are a result of a referral from a healthcare provider who is not contracted with HCA as described in Chapter 182-502 WAC.
- ***I agree to pay the provider directly for the specific service(s) listed above.***
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which HCA or an HCA-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form.
- I understand that I can call HCA at 1-800-562-3022 to receive additional information about my rights or services covered by HCA under fee-for-service or managed care.

I AFFIRM: I understand and agree with this form's content, including the bullet points above.	CLIENT'S OR CLIENT'S LEGAL REPRESENTATIVE'S SIGNATURE X for Jean Hoffman	DATE X 12/24/14
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 182-502-0160.	PROVIDER OF SERVICE(S) SIGNATURE William Leigh	DATE 12/24/14
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	INTERPRETER'S PRINTED NAME AND SIGNATURE	DATE

12/24/2014 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

12/24/2014 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Milan, Editha T, Technologist 12/24/2014 11:54 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W67331	Serum	—	12/24/14 1155

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 12/24/14 1221, Result status: Final result

Order status: Completed
Filed on: 12/24/14 1221
Collected by: 12/24/14 1155
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 12/24/14 1547
Greig, Elaine M on 12/24/14 1348

Testing Performed By

12/24/2014 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 12/24/2014 15:47
Greig, Elaine M on 12/24/2014 13:48

12/18/2014 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/25/2014
Start date: 6/25/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

12/18/2014 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/6/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2014
Start date: 12/19/2014
End date: 7/6/2015
Quantity: 90 tablet
Refill: 5

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 12/19/2014 0844

Please advise,pharmacy on file

Electronically signed by Voronchuk, Eleonora at 12/19/2014 8:44 AM

Other Orders

Medications

Pentoxifylline ER 400 MG Oral Tab CR (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 12/19/14 1154**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 12/19/14 1154
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine TID 12/19/14 - 07/06/15
Class: E-RX
Released by: Neighbor Jr., William E 12/19/14 1154
Discontinued by: Neighbor Jr., William E 07/06/15 1057 [Reorder]
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Messages

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting William E Neighbor Jr., MD)	12/18/2014 6:03 PM

12/18/2014 - Refill in Hall Health Primary Care Center (continued)

Messages (continued)

Original authorizing provider: William E Neighbor, MD

Jeanne Leonie Hoffman would like a refill of the following medications:
Pentoxifylline ER 400 MG Oral Tab CR [William E Neighbor, MD]

Preferred pharmacy: SAFEWAY #27-1252 27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

Comment:
One day supply left

12/17/2014 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

12/17/2014 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 12/17/2014 10:12 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W58150	Serum	—	12/17/14 1018

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 12/17/14 1037, Result status: Final result

Order status: Completed
Filed on: 12/17/14 1037
Collected by: 12/17/14 1018
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.5	0.8 - 1.3	H	RSVLT

Reviewed by

Voronchuk, Eleonora on 12/17/14 1643
Neighbor Jr., William E on 12/17/14 1219

Testing Performed By

12/17/2014 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Voronchuk, Eleonora on 12/17/2014 16:43
Neighbor Jr., William E on 12/17/2014 12:19

11/19/2014 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

11/19/2014 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 11/19/2014 10:14 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W23608	Serum	—	11/19/14 1015

PROTHROMBIN TIME (Abnormal)
Resulted: 11/19/14 1209, Result status: Final result

Order status: Completed
Filed on: 11/19/14 1209
Collected by: 11/19/14 1015
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	26.2	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.5	0.8 - 1.3	H	UWMC

Reviewed by

Neighbor Jr., William E on 11/19/14 1752
Voronchuk, Eleonora on 11/19/14 1627

11/19/2014 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 11/19/2014 17:52
Voronchuk, Eleonora on 11/19/2014 16:27

11/18/2014 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/20/2014
Start date: 5/19/2014
End date: 12/19/2014
Quantity: 90 Tab
Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/25/2014
Start date: 6/25/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

11/18/2014 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 11/18/2014 1147

Received a request to refill Timolol 0.5% ophthalmic solution. Please advise, pharmacy on file

Electronically signed by Voronchuk, Eleonora at 11/18/2014 12:01 PM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/18/14 1719**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/18/14 1719
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine BID 11/18/14 - 02/23/15
Class: E-RX
Released by: Neighbor Jr., William E 11/18/14 1719
Discontinued by: Neighbor Jr., William E 02/24/15 1808 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [365.9 (ICD-9-CM)] - GLAUCOMA NOS
Medication comments: Needs eye clinic visit
Reordered from: Timolol Maleate 0.5 % Ophthalmic Solution

Indications

Unspecified glaucoma(365.9) [365.9 (ICD-9-CM)]

11/07/2014 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic

Reason for Visit

Chief complaints: New Patient, Eye Exam, Blurred Vision, and Hearing Problem
Visit diagnoses:

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled (primary)
- Pseudophakia, both eyes

Visit Information

Provider Information

Encounter Provider	Authorizing Provider	Referring Provider
Toop, James	Toop, James	Referred, Self

Department

Name	Address	Phone	Fax
Harborview Medical Center Eyes on James Optometry Clinic	908 Jefferson ST Seattle WA 98104	206-897-4774	206-897-4939

Level of Service

Level of Service
EYE EXAM & TREATMENT

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
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Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/20/2014
Start date: 5/19/2014
End date: 12/19/2014
Quantity: 90 Tab
Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening

11/07/2014 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 6/25/2014
Quantity: 30 Tab
Ordered on: 6/25/2014
End date: 12/24/2014
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

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Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Start date: 7/9/2014
Quantity: 30 Tab
Discontinued on: 12/24/2014
Ordered on: 7/9/2014
End date: 12/24/2014
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Start date: 7/30/2014
Quantity: 5 mL
Discontinued on: 11/18/2014
Ordered on: 7/30/2014
End date: 11/18/2014
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Start date: 8/25/2014
Quantity: 90 tablet
Discontinued on: 7/29/2015
Ordered on: 8/25/2014
End date: 7/29/2015
Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Fajarillo, Amor D at 11/7/2014 1053

ROS:
Is pain part of the reason you came to clinic today? No
Wears glasses: YES. Date of last prescription: ?
Wears contact lenses:NO
Eye symptoms: blurred vision
Review of systems is negative except for fracture lumbar, epilepsy at one time, pre-diabetes and psychiatric disorder - domestic violence family
The past medical, family and social history in the history section of the EMR has been confirmed with the patient: Yes

Electronically signed by Fajarillo, Amor D at 11/8/2014 10:53 AM

Toop, James at 11/8/2014 1050

11/07/2014 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Clinical Notes (continued)

Hx: Vision blurry without glasses
Review of systems positive for diabetes
A: Pseudophakia
Diabetes without visible diabetic retinopathy
P: New Rx given for glasses
Return to clinic yearly

Electronically signed by Toop, James at 11/8/2014 10:53 AM

Imaging

Ophthalmology

DETERMINATION REFRACTIVE STATE (Final result)

Electronically signed by: **Toop, James on 11/08/14 1052** Status: **Completed**
Ordering user: Toop, James 11/08/14 1052 Authorized by: Toop, James
Ordering mode: Standard
Frequency: Today 11/08/14 - Class: Clinic Performed
Quantity: 1 Lab status: Final result
Diagnoses
Pseudophakia, both eyes [V43.1 (ICD-9-CM)]
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Questionnaire

Question	Answer
Which side?	Bilateral
Resulted without an attending physician's interpretation?	No

DETERMINATION REFRACTIVE STATE Resulted: 11/08/14, Result status: Final result

Order status: Completed Filed on: 11/08/14 1052
Resulting lab: UW LABORATORY MEDICINE
Impression:
Bilateral pseudophakia

Reviewed by

Toop, James on 11/11/14 1014

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

Indications

Pseudophakia, both eyes [V43.1 (ICD-9-CM)]
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Toop, James on 11/11/2014 10:14

11/07/2014 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Ophthalmology

Base Eye Exam

Visual Acuity (Snellen - Linear)

	Right	Left
Dist cc	20/40 -2+2	20/50 +2
Dist ph cc	20/30-1	20/30
Near cc	J2	J2

Correction: Glasses

Tonometry (Tonopen, 11:17 AM)

	Right	Left
Pressure	17	14

Flourescein Sodium 0.25% drops placed in both eyes by Amor Fajarillo at 11:17 AM

Pupils

	Right	Left
Pupils	PERRL, No APD	PERRL, No APD
Dark	4	4
Light	2	2
React	3	3

Visual Fields

Cannot do

Extraocular Movement

	Right	Left
	Full	Full

Neuro/Psych

Oriented x3: Yes
Mood/Affect: Normal

Dilation

Both eyes: 1.0% Mydriacyl @ 11:07 AM

Slit Lamp and Fundus Exam

External Exam

	Right	Left
External	Normal	Normal

Slit Lamp Exam

	Right	Left
Lids/Lashes	Normal	Normal
Conjunctiva/Sclera	White and quiet	White and quiet
Cornea	Clear	Clear
Anterior Chamber	Deep and quiet	Deep and quiet
Iris	Normal, no neovascularization	Normal, no neovascularization
Lens	**Centered posterior chamber intraocular lens**	**Centered posterior chamber intraocular lens**
Vitreous	**Poor view**	**Poor view**

11/07/2014 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Ophthalmology (continued)

Fundus Exam

	Right	Left
Disc	**Cannot see**	**Cannot see**
Macula	**Cannot see detail**	**Cannot see detail**
Vessels	**Very poor view**	**Very poor view**
Periphery	**No view**	**No view**

Poor view in both eyes; patient cannot hold eyes open for any light in eyes

Refraction

Wearing Rx

	Right	Left
Sphere	+2.50	+2.25
Cylinder	-1.75	-1.50
Axis	103	059
Add	+2.75	+2.75

Age: 2005
Type: Bifocal

Manifest Refraction

	Right	Left
Sphere	+2.50	+2.75
Cylinder	-2.00	-1.75
Axis	097	067
Dist VA	20/30	20/30

Final Rx

	Right	Left
Sphere	+2.50	+2.50
Cylinder	-2.00	-1.75
Axis	099	064
Add	+2.75	+2.75

Expiration Date: 11/7/2016

Patient Instructions

Thank you for coming in today.
During today's visit we reviewed only your ophthalmology (eye-related) medications.
Please follow up with your primary care provider for any questions regarding other medications.

If your eyes were dilated during today's visit, the average dilation will last 4 to 6 hours and may impact your overall vision during this period. Please use caution during this period.

If you need to schedule or change a follow up appointment, please call 206-744-2020.
Our phone lines are open 7:00am to 8:00pm Monday through Saturdays and 9:00am to 5:30pm on Sundays.

Electronically signed by Fajarillo, Amor D at 11/7/2014 10:45 AM

11/07/2014 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Patient Instructions (continued)

11/07/2014 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Documents

Clinical - Scan on 11/20/2014 3:53 PM: Ophthal Pt Hist/Health Questionnaire

Scan (below)

FOR NEW PATIENT APPOINTMENTS

University of Washington Medical Center
Eye Center
Seattle, Washington
Patient History/General Health Questionnaire

Patient Name Jeanne L. Hoffman Date 11/7/14

At your initial visit, it can be valuable for your care to have a summary letter or copies of your ophthalmologist's office records, and any other relevant photographs or tests (for example: fluorescein angiogram, visual fields, CT/MRI scans, or contact lens information) or other medical records. We suggest that these records be brought in-person rather than mailed to ensure that they are present at your examination. Having this information will help to make your eye evaluation as thorough and complete as possible. Please contact your ophthalmologist's office directly for this purpose.

In order to carry out your first appointment as efficiently as possible, please fill out this form as completely as you can at home and **BRING THIS FORM WITH YOU TO YOUR APPOINTMENT**. Also, if you wear glasses, be sure to bring them.

Referring Ophthalmologist or Provider (name, address, and phone number)
Same As

General M.D./Primary Care Provider (name, address, and phone number)
Dr. William Neighbors, Hall Health Center UW

Other doctors you wish us to include (name, address, and phone number)

REVIEW OF SYSTEMS

Do you have a main concern or question about your eyes that you would like to discuss today? If yes, please explain: Need Possible Updated Eye Care

(Please turn page over)

PT NO H0571976 BD:1/06/1925 89Y F
NAME HOFFMAN JEANNE LEONTE
HMC OPTOMETRY DOS:11/07/14 Enc:1785907689 TOOP, JAMES RES:24012140
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington
OPHTHAL PT HIST/HEALTH QUESTIONNAIRE
PAGE 1 OF 4
U1144
UH1144 REV OCT 07

PROGRESS – BLUE

11/07/2014 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Documents (continued)

REVIEW OF SYSTEMS (continued)

Do you currently wear glasses? ☑ Yes ☐ No

Do you currently wear contact lenses? ☐ Yes ☑ No

If YES, how long have you had the current prescription?_____

Do you have pain concerns related to your visit today? ☐ Yes ☑ No

Do you **currently** have any problems in the following areas? If YES, provide further details:

General Symptoms	No	Yes	Explanation of Problem
Fever	☑	☐	
Weight loss	☑	☐	
Other	☑	☐	
Eyes			
Blurred vision	☑	☐	
Distorted vision	☑ ?	☐	
Floaters	☐	☐	
Flashes of light	☐	☑ ?	
Loss of vision	☐	☐ ?	
Double vision (crossed eyes)	☐	☐	
Difficulty with night vision	☐	☐	
Glare/light sensitivity	☐	☐	
Mucous discharge	☐	☐	
Redness	☐	☐	
Sandy or gritty feeling	☐	☐	
Dryness	☐	☐	
Itching	☐	☐	
Excess tearing/watering	☐	☐	
Eye pain or soreness	☐	☐	
Chronic lid infection (styes)	☐	☐	
"Tired eyes"	☐	☐	
Ears, nose, mouth, throat, sinus			
Hearing Difficulties	☑	☑	
Hearing Aid	☑	☑	
Cardiovascular (heart/blood vessels)	☐	☑	
High blood pressure	☐	☑	

(Please go to next page)

PT NO H0571976 BD:1/06/1925 89Y F
NAME HOFFMAN JEANNE LEONIE
HMC OPTOMETRY DOS:11/07/14
Enc:1785907689 TOOP, JAMES RES:24012140
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington
OPHTHAL PT HIST/HEALTH QUESTIONNAIRE
PAGE 2 OF 4
U1144
UH1144 REV OCT 07

PROGRESS – BLUE

11/07/2014 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Documents (continued)

	No	Yes	Explanation of Problem
Respiratory (lungs, breathing)	☒	☐	
Gastrointestinal (stomach/intestines)	☒	☐	
Genitourinary (genitals/kidney/bladder)	☒	☐	
Musculoskeletal (muscle/bone/arthritis)	☐	☒	Fractured Lumbar Compression
Integumentary (skin and/or breast)	☒	☐	
Neurological (stroke, epilepsy, etc.)	☐	☒	At one time
Endocrine (thyroid, etc.)	☒	☐	
Diabetes	☐	☒	Pre Diabetes
Hematologic (blood, lymph nodes)	☐	☐	
Past blood transfusion	☒	☐	
Allergic/Immunologic	☒	☐	
Seasonal allergies	☒	☐	
Psychiatric (depression, bipolar)	☐	☒	Domestic Violence Family

PAST MEDICAL HISTORY

List any past serious illnesses and/or injuries and approximate date Accident Injury to L'y & Back

List any surgeries you have had and approximate date Hip Repair

FAMILY HISTORY

Please indicate whether your relatives are known to have:

Eye Disease	No	Yes	Relationship to Patient
Blindness	☐	☐	
Cataract	☐	☒	Mother
Glaucoma	☐	☒	Mother
Macular degeneration	☐	☒	
Retinal detachment	☐	☐	
Other Unknown			

(Please turn page over)

PT NO
NAME H0571976 BD:1/06/1925 89Y F
HOFFMAN
JEANNE
LEONIE
DOB HMC OPTOMETRY TOOP, JAMES
DOS:11/07/14 RES:24012140
Enc:1785907689

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington
OPHTHAL PT HIST/HEALTH QUESTIONNAIRE
PAGE 3 OF 4
U1144
UH1144 REV OCT 07

PROGRESS – BLUE

11/07/2014 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Documents (continued)

SOCIAL and FUNCTIONAL

What is your occupation? Retired Housewife ☑ Retired

Do you drive? ☑ No ☐ Yes

~~Do you have visual difficulty when driving~~? ☐ No ☐ Yes

Have you fallen in the past year? ☑ No ☐ Yes

If yes, why did you fall?_____

Are you concerned that you could fall? ☐ No ☐ Yes

Do you have any personal, religious or cultural values or beliefs we should consider when planning your care?

☑ No ☐ Yes

If yes, please explain:_____

How do you prefer to learn? Please list your preferences: By watching, told How to do/one on one do not read Books, Magazines

No Preferences: ☑

Do you drink alcohol? ☑ No ☐ Yes

If Yes, how much/how often?_____

Do you smoke? ☑ No ☐ Yes

If Yes, how much/how often?_____

Do you feel safe in your current living situation? ☐ No ☑ Yes

****

FOR PHYSICIAN USE ONLY:

☐ **History reviewed** ☐ **No changes** ☐ **Additions as noted above**

PHYSICIAN SIGNATURE	PRINT NAME	PAGER	NPI/UPIN	DATE	TIME

PT.NO H0571976 BD:1/06/1925 89Y F
HOFFMAN
JEANNE
LEONIE
NAM HMC OPTOMETRY
DOS:11/07/14 TOOP, JAMES
Enc:1785907689 RES:24012140
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington
OPHTHAL PT HIST/HEALTH QUESTIONNAIRE
PAGE 4 OF 4
U1144
UH1144 REV OCT 07

PROGRESS – BLUE

11/07/2014 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Documents (continued)

Clinical - Scan on 11/20/2014 8:21 PM: Notice & Beneficiary Agreement to Pay

Scan (below)

NOTICE & BENEFICIARY AGREEMENT TO PAY

Based on this Insurance Program Medicare these service(s), procedure(s), and/or item(s) are not covered: DM, routine vision care, refraction or contact lens fitting

The Insurance Program will not pay based on one or more of the following reason codes:

- ☐ Purpose is for "investigative or research use only"
- ☐ Exceeds covered limit within a specified period
- ☐ Not medically necessary
- ☒ Other: may or may not be covered based on insurance benefits
- ☐ Your diagnosis
- ☐ No diagnosis
- ☐ Not approved by the FDA
- ☐ Not a covered benefit

Does the Insurance Program require a cost estimate prior to service(s) being rendered:

☐ Yes Total Cost Estimate $_____ ☐ No

If you disagree with your insurance's decision and wish to request a review, you should contact the third party payor directly at:

Insurance ID#

Address:

Phone:

Requests for a review in your case should be made immediately and within 30 days from the day of this notice receipt. If the payor disagrees with UW Medicine and provides a written determination that your care is covered, you will be refunded any amounts collected except for payments of the deductible, coinsurance, or any convenience services on items not normally covered. If the payor agrees with UW Medicine, you will be responsible for payment of all non-covered services provided during this stay.

☒ I understand that my signature below does not indicate that I agree with the notice, only that I have been informed. In addition, all my questions were answered to my satisfaction.
☒ I choose to receive and agree to pay for these specific service(s)/procedure(s)/item(s).

Signature of Patient/Guardian/Representative — Date: 11/7/14 — Time

Witness and Title: Lois Allen, Dean of Albany — Date: 11/7/14 — Comment if patient refuses to sign

Jeanne L Hoffman

Providers: Document your steps to assure the patient understands this form; interpret and/or translate, as needed:

PT.NO
H0571976 BD:1/06/1925 89Y F
NA HOFFMAN
JEANNE
LEONIE
HMC OPTOMETRY
DOS:11/07/14 TOOP, JAMES
DOE Enc:1785907689 RES:24012140

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

NOTICE & BENEFICIARY AGREEMENT TO PAY

RECEIVED
NOV 13 2014
HEALTH INFORMATION MANAGEMENT

U2918

WHITE – MEDICAL RECORD
CANARY – PATIENT

UH2918 REV NOV 10

11/07/2014 - Office Visit in Harborview Medical Center Eyes on James Optometry Clinic (continued)

Documents (continued)

11/07/2014 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Voronchuk, Eleonora

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

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Discontinued on: 6/22/2016
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Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
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Entered on: 2/21/2014
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Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
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Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

11/07/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
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Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

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Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Messages

appointment

From	To	Sent and Delivered
Eleonora Voronchuk, CMA	Hoffman, Jeanne Leonie	11/7/2014 10:08 AM

Last Read in MyChart
11/21/2014 8:01 AM by Hoffman, Jeanne Leonie

Good morning Jeanne,

You scheduled an appointment with Dr.Neighbor to be seen on 11/19/14. Unfortunately his schedule was changed and he will be unable to see you at this time. Please re-schedule your appointment. You may do it on-line or call our front desk at 206-616-2495.

Eleonora Voronchuk,CMA
Hall Health Primary Care Center
BOX 354410
Seattle,WA 98195-4410

11/05/2014 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Coagulation Disorder
Visit diagnosis: DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/20/2014
Start date: 5/19/2014
End date: 12/19/2014
Quantity: 90 Tab
Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/25/2014
Start date: 6/25/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

11/05/2014 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/18/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/30/2014
Start date: 7/30/2014
End date: 11/18/2014
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E at 11/5/2014 1314

Needs additional INR standing order

Electronically signed by Neighbor Jr., William E at 11/5/2014 1:18 PM

Labs

PROTHROMBIN TIME (RAPID INR) (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Discontinued by: Uw User, Batch Scheduler 11/06/15 0135 [Order Expired]

Diagnoses
Phlebitis and thrombophlebitis of deep vessels of lower extremities, unspecified laterality (HCC) [451.19 (ICD-9-CM)]

Indications

Phlebitis and thrombophlebitis of deep vessels of lower extremities, unspecified laterality (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 12/17/14 1037, Result status: Final result

Order status: Completed
Filed on: 12/17/14 1037
Collected by: 12/17/14 1018
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.5	0.8 - 1.3	H	RSVLT

Reviewed by

11/05/2014 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Voronchuk, Eleonora on 12/17/14 1643
Neighbor Jr., William E on 12/17/14 1219

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 12/24/14 1221, Result status: Final result

Order status: Completed
Collected by: 12/24/14 1155
Filed on: 12/24/14 1221
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	**H**	RSVLT

Reviewed by

Neighbor Jr., William E on 12/24/14 1547
Greig, Elaine M on 12/24/14 1348

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 01/06/15 1052, Result status: Final result

Order status: Completed
Collected by: 01/06/15 1013
Filed on: 01/06/15 1052
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.9	0.8 - 1.3	**H**	RSVLT

Reviewed by

Neighbor Jr., William E on 01/09/15 1709
Voronchuk, Eleonora on 01/07/15 1010

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

11/05/2014 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

LAB

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 01/22/15 0932, Result status: Final result

Order status: Completed
Collected by: 01/22/15 0855
Acknowledged by
Voronchuk, Eleonora on 01/22/15 1137
Neighbor Jr., William E on 01/22/15 1404

Filed by: Uw Lab Results Interface, User 01/22/15 0932
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.7	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 1/22/2015 at 4:46 PM
INR below range on two occassions. Patient written to take extra half tab this evening and tomorrow evening then see me in one week for INR.

William E Neighbor, MD

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 02/03/15 1037, Result status: Final result

Order status: Completed
Collected by: 02/03/15 1015
Acknowledged by
Neighbor Jr., William E on 02/03/15 1546
Voronchuk, Eleonora on 02/04/15 1319

Filed by: Uw Lab Results Interface, User 02/03/15 1037
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

11/05/2014 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 02/11/15 1112, Result status: Final result

Order status: Completed
Collected by: 02/11/15 1022
Acknowledged by
Voronchuk, Eleonora on 02/11/15 1203
Neighbor Jr., William E on 02/11/15 1840

Filed by: Uw Lab Results Interface, User 02/11/15 1112
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.8	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 02/17/15 1054, Result status: Final result

Order status: Completed
Collected by: 02/17/15 1017
Acknowledged by
Voronchuk, Eleonora on 02/17/15 1432
Neighbor Jr., William E on 02/17/15 1620

Filed by: Uw Lab Results Interface, User 02/17/15 1054
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.2	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 02/25/15 1103, Result status: Final result

Order status: Completed
Collected by: 02/25/15 1020
Acknowledged by
Voronchuk, Eleonora on 02/25/15 1615
Neighbor Jr., William E on 02/25/15 1800

Filed by: Uw Lab Results Interface, User 02/25/15 1103
Resulting lab: UW LABORATORY MEDICINE

Components

11/05/2014 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.2	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 03/25/15 1101, Result status: Final result

Order status: Completed
Collected by: 03/25/15 1034
Acknowledged by
Neighbor Jr., William E on 03/25/15 1208
Voronchuk, Eleonora on 03/25/15 1505

Filed by: Uw Lab Results Interface, User 03/25/15 1101
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 04/08/15 1222, Result status: Final result

Order status: Completed
Collected by: 04/08/15 1145
Acknowledged by
Neighbor Jr., William E on 04/08/15 1300
Voronchuk, Eleonora on 04/10/15 1246

Filed by: Uw Lab Results Interface, User 04/08/15 1222
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.9	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

11/05/2014 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/06/15 1411, Result status: Final result

Order status: Completed
Collected by: 07/06/15 1302
Acknowledged by
Neighbor Jr., William E on 07/06/15 1611
Mohova, Elena on 07/09/15 0841

Filed by: Uw Lab Results Interface, User 07/06/15 1411
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.1	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW MEDICINE ROOSEVELT CLINIC LAB	Chou, David, MD	4245 ROOSEVELT WAY NE RM 160 BOX 354710 SEATTLE WA 98105-6008	06/12/15 1026 - 02/13/20 0822

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/29/15 0937, Result status: Final result

Order status: Completed
Collected by: 07/29/15 0847
Acknowledged by
Neighbor Jr., William E on 07/29/15 1130
Mohova, Elena on 08/04/15 0935
Acosta, Lilian on 08/26/15 1030

Filed by: Uw Lab Results Interface, User 07/29/15 0945
Resulting lab: UW MEDICINE ROOSEVELT CLINIC LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.9	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW MEDICINE ROOSEVELT CLINIC LAB	Chou, David, MD	4245 ROOSEVELT WAY NE RM 160 BOX 354710 SEATTLE WA 98105-6008	06/12/15 1026 - 02/13/20 0822

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/16/15 1112, Result status: Final result

Order status: Completed
Collected by: 09/16/15 1039
Acknowledged by

Filed by: Uw Lab Results Interface, User 09/16/15 1112
Resulting lab: UW MEDICINE ROOSEVELT CLINIC LAB

11/05/2014 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Neighbor Jr., William E on 09/16/15 1705
Dy, Jessica A on 09/17/15 1543
Mohova, Elena on 09/18/15 1147

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.0	0.8 - 1.3	H	RSVLT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW MEDICINE ROOSEVELT CLINIC LAB	Chou, David, MD	4245 ROOSEVELT WAY NE RM 160 BOX 354710 SEATTLE WA 98105-6008	06/12/15 1026 - 02/13/20 0822

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/05/14 1318 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 - Class: Normal
Quantity: 1 Discontinued by: Uw User, Batch Scheduler 11/06/15 0135 [Order Expired]

Diagnoses
Phlebitis and thrombophlebitis of deep vessels of lower extremities, unspecified laterality (HCC) [451.19 (ICD-9-CM)]

Indications

Phlebitis and thrombophlebitis of deep vessels of lower extremities, unspecified laterality (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 11/05/14 1741, Result status: Final result

Order status: Completed Filed on: 11/05/14 1741
Collected by: 11/05/14 1323 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	28.1	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.7	0.8 - 1.3	H	UWMC

Reviewed by

Voronchuk, Eleonora on 11/06/14 0840
Neighbor Jr., William E on 11/05/14 1853

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

11/05/2014 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

PROTHROMBIN TIME (Abnormal) Resulted: 11/19/14 1209, Result status: Final result

Order status: Completed
Collected by: 11/19/14 1015
Filed on: 11/19/14 1209
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	26.2	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.5	0.8 - 1.3	H	UWMC

Reviewed by

Neighbor Jr., William E on 11/19/14 1752
Voronchuk, Eleonora on 11/19/14 1627

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 01/28/15 1135, Result status: Final result

Order status: Completed
Collected by: 01/28/15 1042
Acknowledged by
Neighbor Jr., William E on 01/28/15 1237
Voronchuk, Eleonora on 01/28/15 1530
Filed by: Uw Lab Results Interface, User 01/28/15 1135
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	29.4	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.8	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 04/01/15 1850, Result status: Final result

Order status: Completed
Collected by: 04/01/15 1230
Acknowledged by
Filed by: Uw Lab Results Interface, User 04/01/15 1850
Resulting lab: UW LABORATORY MEDICINE

11/05/2014 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Voronchuk, Eleonora on 04/02/15 1414
Neighbor Jr., William E on 04/02/15 1828

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	25.6	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.5	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 05/20/15 1146, Result status: Final result

Order status: Completed
Collected by: 05/20/15 1025
Acknowledged by
Neighbor Jr., William E on 05/20/15 1327
Voronchuk, Eleonora on 05/20/15 1631

Filed by: Uw Lab Results Interface, User 05/20/15 1146
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	25.0	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.4	0.8 - 1.3	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (Abnormal) Resulted: 09/21/15 1240, Result status: Final result

Order status: Completed
Collected by: 09/21/15 1048
Acknowledged by
Neighbor Jr., William E on 09/21/15 1708
Dy, Jessica A on 09/22/15 1237
Mohova, Elena on 10/01/15 1307

Filed by: Uw Lab Results Interface, User 09/21/15 1240
Resulting lab: UW MEDICAL CENTER LABS

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	25.1	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.4	0.8 - 1.3	H	UWMC

11/05/2014 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER LABS	Wener, Mark Howard, MD	LAB MED #357110 1959 NE PACIFIC ST. SEATTLE WA 98195-0001	06/12/15 1029 - 02/13/20 0811

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

11/05/2014 - Orders Only in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/20/2014
Start date: 5/19/2014
End date: 12/19/2014
Quantity: 90 Tab
Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/25/2014
Start date: 6/25/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

11/05/2014 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/18/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/30/2014
Start date: 7/30/2014
End date: 11/18/2014
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Stopped in Visit

None

Labs

1ST EXTRA BLUE TOP (Final result)

Electronically signed by: **Uw Use Interface, User on 11/05/14 1018**
Status: **Completed**
Ordering user: Uw Use Interface, User 11/05/14 1018
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: STAT 11/05/14 1018 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T48047	Serum	—	11/05/14 1018

1ST EXTRA BLUE TOP
Resulted: 11/05/14 1033, Result status: Final result

Order status: Completed
Filed on: 11/05/14 1033
Collected by: 11/05/14 1018
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Blue Top	Additional collection tube	—	—	RSVLT

Reviewed by

Neighbor Jr., William E on 11/05/14 1857
Voronchuk, Eleonora on 11/05/14 1321

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

11/05/2014 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

All Reviewers List

Neighbor Jr., William E on 11/5/2014 18:57
Voronchuk, Eleonora on 11/5/2014 13:21

11/05/2014 - Orders Only in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/20/2014
Start date: 5/19/2014
End date: 12/19/2014
Quantity: 90 Tab
Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/25/2014
Start date: 6/25/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

11/05/2014 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/18/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/30/2014
Start date: 7/30/2014
End date: 11/18/2014
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Stopped in Visit

None

Labs

URINALYSIS MICROSCOPIC (Final result)

Electronically signed by: **Uw Use Interface, User on 11/05/14 1045**
Status: **Completed**
Ordering user: Uw Use Interface, User 11/05/14 1045
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: STAT 11/05/14 1045 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T48049	Serum	—	11/05/14 1045

URINALYSIS MICROSCOPIC (Abnormal)
Resulted: 11/05/14 1201, Result status: Final result

Order status: Completed
Filed on: 11/05/14 1201
Collected by: 11/05/14 1045
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
WBC, URN	0-5(NEG)	Z5NEG /HPF	—	RSVLT
RBC, URN	0-2(NEG)	Z2NEG /HPF	—	RSVLT
Bacteria, URN	Present	NOSEEN	A !	RSVLT
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /LPF	A !	RSVLT
Epith Cells Renal/Trans,URN	<3(NEG)	LESS3 /HPF	—	RSVLT
Comments For Microscopic, URN	None	NONE	—	RSVLT
Mucus, URN	Present	NOSEEN /LPF	A !	RSVLT

Reviewed by

Neighbor Jr., William E on 11/05/14 1854
Voronchuk, Eleonora on 11/05/14 1321

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

11/05/2014 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

All Reviewers List

Neighbor Jr., William E on 11/5/2014 18:54
Voronchuk, Eleonora on 11/5/2014 13:21

11/05/2014 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:
- (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

11/05/2014 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/05/14 1318**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/05/14 1318
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/05/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 11/5/2014 1:23 PM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W78752	Serum	—	11/05/14 1323

PROTHROMBIN TIME (Abnormal)
Resulted: 11/05/14 1741, Result status: Final result

Order status: Completed
Filed on: 11/05/14 1741
Collected by: 11/05/14 1323
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	28.1	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.7	0.8 - 1.3	H	UWMC

Reviewed by

Voronchuk, Eleonora on 11/06/14 0840
Neighbor Jr., William E on 11/05/14 1853

11/05/2014 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Voronchuk, Eleonora on 11/6/2014 08:40
Neighbor Jr., William E on 11/5/2014 18:53

Imaging

Imaging

MAMMOGRAM, SCREENING (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 10/27/14 1313** Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 10/27/14 1313 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: 10/27/14 1313 - Class: SCCA Imaging
Quantity: 1 Lab status: Final result
Order comments: pt

MAMMOGRAM, SCREENING Resulted: 11/05/14 1303, Result status: Final result

Order status: Completed Filed on: 11/05/14 1303
Performed: 11/05/14 1122 - 11/05/14 1134 Accession number: 8770166
Resulting lab: UW RADIOLOGY Lab Technician: LISAMARIE HEADLEY RII MAMMO TECH
Narrative:

Comparison
Comparison is made to images from 08/30/2013 (bilateral) and images from 08/24/2012 (bilateral) and images from 07/06/2011 (bilateral) and images from 06/15/2010 (bilateral) and images from 06/05/2009 (bilateral) and images from 06/03/2008 (bilateral) and images from 03/22/2007 (bilateral) and images from 01/11/2006 and images from 12/07/2004.

Findings
Bilateral Breast Findings:
There are scattered fibroglandular densities (25% - 50% fibroglandular). No significant masses, calcifications or other abnormalities are seen.

Impression

BILATERAL BREASTS
Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

OVERALL ASSESSMENT - CATEGORY 1 - NEGATIVE
ATTENDING RADIOLOGIST AND PAGER NUMBER
318690 Rahbar Habibollah MD
(206)540-6154
Examination:
A digital screening mammogram was performed and computer-aided detection was applied.
The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment).

11/05/2014 - Orders Only in Hall Health Primary Care Center (continued)

Imaging (continued)

Comparison
Comparison is made to images from 08/30/2013 (bilateral) and images from 08/24/2012 (bilateral) and images from 07/06/2011 (bilateral) and images from 06/15/2010 (bilateral) and images from 06/05/2009 (bilateral) and images from 06/03/2008 (bilateral) and images from 03/22/2007 (bilateral) and images from 01/11/2006 and images from 12/07/2004.

Findings
Bilateral Breast Findings:
There are scattered fibroglandular densities (25% - 50% fibroglandular). No significant masses, calcifications or other abnormalities are seen.

Impression
BILATERAL BREASTS
Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

OVERALL ASSESSMENT - CATEGORY 1 - NEGATIVE
ATTENDING RADIOLOGIST AND PAGER NUMBER
318690 Rahbar Habibollah MD
(206)540-6154
Examination:
A digital screening mammogram was performed and computer-aided detection was applied.
The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment).

Comparison
Comparison is made to images from 08/30/2013 (bilateral) and images from 08/24/2012 (bilateral) and images from 07/06/2011 (bilateral) and images from 06/15/2010 (bilateral) and images from 06/05/2009 (bilateral) and images from 06/03/2008 (bilateral) and images from 03/22/2007 (bilateral) and images from 01/11/2006 and images from 12/07/2004.

Findings
Bilateral Breast Findings:
There are scattered fibroglandular densities (25% - 50% fibroglandular). No significant masses, calcifications or other abnormalities are seen.

Impression
BILATERAL BREASTS
Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

OVERALL ASSESSMENT - CATEGORY 1 - NEGATIVE
ATTENDING RADIOLOGIST AND PAGER NUMBER
318690 Rahbar Habibollah MD
(206)540-6154

Reviewed by

Neighbor Jr., William E on 11/05/14 1324
Voronchuk, Eleonora on 11/05/14 1321

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

11/05/2014 - Orders Only in Hall Health Primary Care Center (continued)

Imaging (continued)

All Reviewers List

Neighbor Jr., William E on 11/5/2014 13:24
Voronchuk, Eleonora on 11/5/2014 13:21

10/30/2014 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/2/2014
Start date: 1/2/2014 — End date: 12/24/2014
Quantity: 90 Tab — Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/20/2014
Start date: 5/19/2014 — End date: 12/19/2014
Quantity: 90 Tab — Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/25/2014
Start date: 6/25/2014 — End date: 12/24/2014
Quantity: 30 Tab — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014

10/30/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Messages

Medication Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	10/30/2014 9:09 AM

Dear William,

Jean is not taking "SUPER B-COMPLEX-with Vitamin C & Folic Acid", based on your recommedation.

10/30/2014 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Medication Issue
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/20/2014
Start date: 5/19/2014
End date: 12/19/2014
Quantity: 90 Tab
Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/25/2014
Start date: 6/25/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014

10/30/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	10/30/2014 9:03 AM

Dear William,

As to pain Medical Request:

I have discuss this with Louis.

Jean is taking "ACETAMIN/COD 300-30MG TB QUA./OTY: 30
She is cutting them in half at times and taking a full TB for extreme pain.

She is also taking ACETAMINOPHEN-Extra Strength 500MG, taking them as needed for pain.

She is not taking another pain medication.

She has 9 TB left, with one refill available ("ACETAMIN/COD 300-30MG TB QUA")
She will get refill ASAP

10/24/2014 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Forms Completion
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/2/2014
Start date: 1/2/2014 — End date: 12/24/2014
Quantity: 90 Tab — Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/20/2014
Start date: 5/19/2014 — End date: 12/19/2014
Quantity: 90 Tab — Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/25/2014
Start date: 6/25/2014 — End date: 12/24/2014
Quantity: 30 Tab — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014

10/24/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/18/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/30/2014
Start date: 7/30/2014
End date: 11/18/2014
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Stopped in Visit

None

Messages

RE: Medical Advice

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	10/28/2014 5:51 PM

Last Read in MyChart
10/30/2014 8:50 AM by Hoffman, Jeanne Leonie

Please call and ask to speak with our billing office. 206-616-1881. Laura Donna should be able to help you.

William E Neighbor, MD

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	10/24/2014 1:05 PM

Dear William,

Need to get a copy of all Jeans UWMC Medical Expense for and between: 5-1-2014 to 10-31-2014.

DSHS/CSD has rejected UWMC submitted Medical Expense as incomplete.

10/24/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

Must have Medical Service totals and after insurance totals..ie what Jean is expected to pay.

If there is more then one accounting office for UWMC Billing Service for Jeans Medical Service, please list and provide contacts.

or

In alternative sent a request from your office for UWMC accounting offices for information where such services were provided by a difference UWMC approved medical services for Jean.

If returned, ASAP or returned to DSHS by 11-30-2014.

Jean will comply for additional medical Coverage and Dental Coverage will be available to Jean for current dental needs.

10/23/2014 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/2/2014
Start date: 1/2/2014 — End date: 12/24/2014
Quantity: 90 Tab — Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/20/2014
Start date: 5/19/2014 — End date: 12/19/2014
Quantity: 90 Tab — Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/25/2014
Start date: 6/25/2014 — End date: 12/24/2014
Quantity: 30 Tab — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014

10/23/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/18/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/30/2014
Start date: 7/30/2014
End date: 11/18/2014
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Stopped in Visit

None

Messages

RE: Medical Advice

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	10/28/2014 5:29 PM

Last Read in MyChart
10/30/2014 8:49 AM by Hoffman, Jeanne Leonie

I wrote you today with the final read on her x rays. This shows a recurrence of a compression fracture of her first lumbar vertebra. She should be taking tylenol plus as needed narcotic for the pain. I would like to see her to discuss pain management. She may benefit from some PT at this point. I ordered PT to be done at Roosevelt.

William E Neighbor, MD

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	10/23/2014 4:05 PM

Dear william.

REF: Physical Therapy
Representative: Louis

Jean is very positive about participating in PT to improve muscular fitness.
The past problems with PT, was that Jean was subjected "CRITICIZED", "RIDICULED", "ABUSIVE DEHUMANIZATION REMARKS" and "MADE FUN OF FOR TRY TO IMPROVE HER LIFE" by family members (such as Douglas's Family and Jack Alloin's Family).

Thus Jean has become very fearful to participate in PT Training.

Things have changed with blocking Douglas's and Jack's direct access to Jean.
Jean has made significant improvements over the past few years, with a decrease in major injuries.

Jean's outlook for PT is very good, so long as the approach is based on positive mind-set building to reinforce positive achievements. The Go Girl, you can do it! attitude to spark self achievement.

In other words, I (Louis) will be her friend in PT Training, if necessary to set a positive path of goals.

Currently Jean is very "DEPRESSED", with self esteem outlook, relying on pain and suffering for future life.

I believe that Jean's misery can be changed with positive and structured PT Program of self-help and training. To build self confidence "I can do"!

Jean has a lot of potential, she is a great artist, food preservation professional, seamstress, Bainbridge Island historian/etc..ie, that just need to be valued positively, to encourage personal growth.

10/22/2014 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Hearing Problem
Visit diagnoses:

- Back pain (primary)
- SENSORNEUR HEAR LOSS NOS
- DEEP VENOUS PHLEBITIS-LEG NEC
- BENIGN HYPERTENSION
- Long term (current) use of anticoagulants
- Urine incontinence
- Hip pain, right
- Anemia

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/20/2014
Start date: 5/19/2014
End date: 12/19/2014

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 90 Tab Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD Ordered on: 6/25/2014
Start date: 6/25/2014 End date: 12/24/2014
Quantity: 30 Tab Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD Ordered on: 7/9/2014
Start date: 7/9/2014 End date: 12/24/2014
Quantity: 30 Tab Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/18/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 7/30/2014
Start date: 7/30/2014 End date: 11/18/2014
Quantity: 5 mL Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD Ordered on: 8/25/2014
Start date: 8/25/2014 End date: 7/29/2015
Quantity: 90 tablet Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 10/22/2014 1030

Jeanne Leonie Hoffman is a 89 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Hearing Problem

(724.5) Back pain (primary encounter diagnosis)
Biggest issue today is low back pain and right hip pain that she has has required her to take more codeine pills than usual. She denies a fall. She has a hx of compression fracture of lower spine.

(389.10) SENSORNEUR HEAR LOSS NOS
Has not yet seen audiology. They are checking on coverage for hearing aids.

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
The compression stockings with zippers that she used in the past have worn out and she needs new ones but they have not been able to find one's with zipper.

(V58.61) Long term (current) use of anticoagulants
Complaint with warfarin.

(788.30) Urine incontinence
Stable. Uses incontinence pads.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8]	12/13/2012
Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed	
• Thyroid nodule, uninodular [241.0]	12/13/2012
CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	
• Osteoporosis, unspecified [733.00]	03/04/2008
T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped	
• Long term (current) use of anticoagulants [V58.61]	01/08/2008
Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3	
• FX FEMUR INTRCAPS NOS-CLOSE [820.00]	05/01/2007
Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	
• VITAMIN B DEFICIENCY NOS [266.9]	05/01/2007
Vitamin B12 217 in February 2007; however methylmalonic acid	

and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- Unspecified glaucoma(365.9) [365.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension

Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001.
Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

- Urine incontinence [788.30] 08/27/2014
  Uses pads

Outpatient Prescriptions Marked as Taking for the 10/22/14 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain	30 Tab	3
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Losartan Potassium 25 MG Oral Tab	Take 1 tablet (25 mg) by mouth daily.	90 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	5
• Timolol Maleate 0.5 % Ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	30 Tab	6

No Facility-Administered Medications for the 10/22/14 encounter (Office Visit) with Neighbor Jr., William E.

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA	11/20/2006

CT of abdomen in 2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Pneumococcal Polysaccharide	03/22/2010
• Td	06/07/2006
• influenza vaccine trivalent	09/20/2013

Social history:

History

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

History

Sexual Activity

- Sexually Active: Not on file

Tobacco and Alcohol Use:

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Review of Systems:

Objective:

BP 154/72 | Pulse 60 | Temp(Src) 97.7 °F (36.5 °C)
Estimated body mass index is 23.03 kg/(m^2) as calculated from the following:
Height as of 7/30/14: 5' 1.02" (1.55 m).

Weight as of 7/30/14: 55.339 kg (122 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 154/72
General: Having back and right hip pain. Difficult to communicate with because of hearing issues. Son present. She has tendernss over midline of lumbar spine. Hips shows normal internal and external rotation. No trochanter tenderness. Able to use walker safely.

Assessment and Plan:
(724.5) Back pain (primary encounter diagnosis)
Worsened low back pain in patient who has had compression fractures in the past related to Fall. Will obtain imaging of back and hips as much of the pain she localizes to the hip. Also check Crp and CK to rule out inflammatory joint disease (PMR) or myopathy due to statin. Arrange PT at Roosevelt. Although she states she has been taking several codeine per day, she has no other prescription other than what I prescribed such that she would not have enough to be doing this. I asked her son to check on what she is actually taking. It may be acetaminophen.

Plan: CBC, DIFF, CRP, HIGH SENSITIVITY, CREATINE
KINASE TOTAL ACTIVITY, X-RAY LUMBAR SPINE 4 VW

(389.10) SENSORNEUR HEAR LOSS NOS
She is to see audiology to see what other hearing aid options would work better for her.

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
Her stockings are worn out. The new ones she has do not have a zipper and they are having a hard time finding these. The zippered ones are the kind she can get one easily.

(401.1) BENIGN HYPERTENSION
Controlled.

(V58.61) Long term (current) use of anticoagulants
INR in Tx range. Continue current dose. Monthly INR.

(788.30) Urine incontinence
Although this is chronic would like to rule out interval UTI. Urine ordered. She uses incontinence pads.
Plan: URINALYSIS WORKUP, CULTURE:BACT-URINE W/GRAM
STN, URINALYSIS WORKUP, CULTURE:BACT-URINE
W/GRAM STN

(719.45) Hip pain, right
Plan: X-RAY FEMUR 2 VIEW RIGHT, X-RAY HIP UNILAT 2 VW
RIGHT

(285.9) Anemia
Due for MMA level which had been normal in the past. Check Ferritin given mildly low hct.
Plan: METHYLMALONIC ACID, FERRITIN

William E Neighbor, MD

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Clinical Professor
Department of Family Medicine
University of Washington

11/6/2014
Addendum:
X ray showed worsening of old compression fracture. Patient to follow up with me and will arrange PT for her. Ferritin was 35. MMA is pending.

Electronically signed by Neighbor Jr., William E at 11/6/2014 6:54 PM

Labs

CBC, DIFF (Final result)

Electronically signed by: **Neighbor Jr., William E on 10/22/14 1116** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/22/14 1116 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/22/14 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Back pain [724.5 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W60451	Serum	—	10/22/14 1131

CBC, DIFF (Abnormal) Resulted: 10/22/14 1357, Result status: Final result

Order status: Completed Filed on: 10/22/14 1357
Collected by: 10/22/14 1131 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
WBC	4.57	4.3 - 10.0 THOU/uL	—	UWMC
RBC	3.51	3.80 - 5.00 mil/uL	L	UWMC
Hemoglobin	11.3	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	35	36 - 45 %	L	UWMC
MCV	100	81 - 98 fL	H	UWMC
MCH	32.2	27.3 - 33.6 pg	—	UWMC
MCHC	32.2	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	190	150 - 400 THOU/uL	—	UWMC
RDW-CV	14.1	11.6 - 14.4 %	—	UWMC
% Neutrophils	52	%	—	UWMC
% Lymphocytes	34	%	—	UWMC
% Monocytes	9	%	—	UWMC
% Eosinophils	4	%	—	UWMC

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

% Basophils	1	%	—	UWMC
% Immature Granulocytes	0	%	—	UWMC
Neutrophils	2.45	1.80 - 7.00 THOU/uL	—	UWMC
Absolute Lymphocyte Count	1.53	1.00 - 4.80 THOU/uL	—	UWMC
Monocytes	0.39	0.00 - 0.80 THOU/uL	—	UWMC
Absolute Eosinophil Count	0.16	0.00 - 0.50 THOU/uL	—	UWMC
Basophils	0.03	0.00 - 0.20 THOU/uL	—	UWMC
Immature Granulocytes	0.01	0.00 - 0.05 THOU/uL	—	UWMC

Reviewed by

Neighbor Jr., William E on 11/19/14 1757
Voronchuk, Eleonora on 11/10/14 1523

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Back pain [724.5 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 11/19/2014 17:57
Voronchuk, Eleonora on 11/10/2014 15:23

CRP, HIGH SENSITIVITY (Final result)

Electronically signed by: **Neighbor Jr., William E on 10/22/14 1116** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/22/14 1116 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/22/14 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Back pain [724.5 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W60451	Serum	—	10/22/14 1131

CRP, HIGH SENSITIVITY Resulted: 10/22/14 1425, Result status: Final result

Order status: Completed Filed on: 10/22/14 1425
Collected by: 10/22/14 1131 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
C_Reactive Protein	0.5	0.0 - 10.0 mg/L	—	UWMC

Reviewed by

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Neighbor Jr., William E on 11/19/14 1757
Voronchuk, Eleonora on 11/10/14 1523

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Back pain [724.5 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 11/19/2014 17:57
Voronchuk, Eleonora on 11/10/2014 15:23

CREATINE KINASE TOTAL ACTIVITY (Final result)

Electronically signed by: **Neighbor Jr., William E on 10/22/14 1116** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/22/14 1116 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/22/14 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Back pain [724.5 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W60451	Serum	—	10/22/14 1131

CREATINE KINASE TOTAL ACTIVITY Resulted: 10/22/14 1425, Result status: Final result

Order status: Completed Filed on: 10/22/14 1425
Collected by: 10/22/14 1131 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Creatine Kinase Total Activity	42	30 - 231 U/L	—	UWMC

Reviewed by

Neighbor Jr., William E on 11/19/14 1757
Voronchuk, Eleonora on 11/10/14 1523

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Back pain [724.5 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 11/19/2014 17:57
Voronchuk, Eleonora on 11/10/2014 15:23

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

URINALYSIS WORKUP (Final result)

Electronically signed by: **Neighbor Jr., William E on 10/22/14 1116**
Status: **Completed**
Ordering user: Neighbor Jr., William E 10/22/14 1116
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/22/14 -
Class: Normal
Quantity: 1
Lab status: Final result
Diagnoses
Urine incontinence [788.30 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W60454	Serum	—	10/22/14 1131

URINALYSIS WORKUP (Abnormal)

Resulted: 10/22/14 1143, Result status: Final result

Order status: Completed
Filed on: 10/22/14 1143
Collected by: 10/22/14 1131
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Reorder requested, collection problem	—	—	HALLH
Clarity, URN	Reorder requested, collection problem	—	—	HALLH
Specific Gravity, URN	Reorder requested, collection problem	1.002 - 1.027 g/mL	—	HALLH
pH, URN	Reorder requested, collection problem	5.0 - 8.0	—	HALLH
Protein (Alb Semiquant), URN	Reorder requested, collection problem	NRN mg/dL	A !	HALLH
Glucose Qual, URN	Reorder requested, collection problem	NRN mg/dL	A !	HALLH
Ketones, URN	Reorder requested, collection problem	NRN mg/dL	A !	HALLH
Bilirubin (Qual), URN	Reorder requested, collection problem	NRN	A !	HALLH
Occult Blood, URN	Reorder requested, collection problem	NRN	A !	HALLH
Nitrite, URN	Reorder requested, collection problem	NRN	A !	HALLH
Leukocyte Esterase, URN	Reorder	NRN	A !	HALLH

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

	requested, collection problem			
Urobilinogen, URN	Reorder requested, collection problem	URONML EHRLICH UNITS	A !	HALLH
Comments for Macroscopic, URN	Reorder requested, collection problem	—	—	HALLH

Reviewed by

Neighbor Jr., William E on 11/19/14 1757
Voronchuk, Eleonora on 11/10/14 1523

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
34 - HALLH	UW HALL HEALTH ONSITE LAB	Unknown	Unknown	05/24/07 0928 - 06/04/15 1345

Indications

Urine incontinence [788.30 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 11/19/2014 17:57
Voronchuk, Eleonora on 11/10/2014 15:23

CULTURE:BACT-URINE W/GRAM STN (Final result)

Electronically signed by: **Neighbor Jr., William E on 10/22/14 1116** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/22/14 1116 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/22/14 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Urine incontinence [788.30 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W60455	Urine	—	10/22/14 1132

CULTURE:BACT-URINE W/GRAM STN Resulted: 10/22/14 1346, Result status: Final result

Order status: Completed Filed on: 10/22/14 1346
Collected by: 10/22/14 1132 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	UW
Direct Exam	Reorder requested, collection problem	—	—	UWMC
Colony Count	Reorder requested, collection	—	—	UWMC

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

	problem			
Culture	Reorder requested, collection problem	—	—	UWMC

Reviewed by

Neighbor Jr., William E on 11/19/14 1757
Voronchuk, Eleonora on 11/10/14 1523

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Urine incontinence [788.30 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 11/19/2014 17:57
Voronchuk, Eleonora on 11/10/2014 15:23

METHYLMALONIC ACID (Final result)

Electronically signed by: **Neighbor Jr., William E on 10/28/14 1656** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/28/14 1656 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/28/14 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Anemia [285.9 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T48047	Serum	—	11/05/14 1018

METHYLMALONIC ACID Resulted: 11/07/14 1343, Result status: Final result

Order status: Completed Filed on: 11/07/14 1343
Collected by: 11/05/14 1018 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Methylmalonic Acid	0.20	<0.30 mcmol/L	—	HMC

Comment:
Reference range comments for Methylmalonic Acid: Normal <0.30 umol/L Indeterminate 0.30-0.40 umol/L Elevated >0.40 umol/L

Reviewed by

Neighbor Jr., William E on 11/19/14 1757
Voronchuk, Eleonora on 11/10/14 1523

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

Indications

Anemia [285.9 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 11/19/2014 17:57
Voronchuk, Eleonora on 11/10/2014 15:23

FERRITIN (Final result)

Electronically signed by: **Neighbor Jr., William E on 10/28/14 1656** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/28/14 1656 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/28/14 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Anemia [285.9 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T48047	Serum	—	11/05/14 1018

FERRITIN Resulted: 11/05/14 1512, Result status: Final result

Order status: Completed Filed on: 11/05/14 1512
Collected by: 11/05/14 1018 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Ferritin	35	10 - 180 ng/mL	—	UWMC

Reviewed by

Neighbor Jr., William E on 11/19/14 1757
Voronchuk, Eleonora on 11/10/14 1523

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Anemia [285.9 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 11/19/2014 17:57
Voronchuk, Eleonora on 11/10/2014 15:23

URINALYSIS WORKUP (Final result)

Electronically signed by: **Neighbor Jr., William E on 10/28/14 1656** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/28/14 1656 Authorized by: Neighbor Jr., William E
Ordering mode: Standard

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Frequency: Routine 10/28/14 -
Quantity: 1
Diagnoses
Urine incontinence [788.30 (ICD-9-CM)]

Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T48049	Serum	—	11/05/14 1045

URINALYSIS WORKUP (Abnormal) Resulted: 11/05/14 1201, Result status: Final result

Order status: Completed
Collected by: 11/05/14 1045

Filed on: 11/05/14 1201
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	RSVLT
Clarity, URN	Clear	—	—	RSVLT
Specific Gravity, URN	1.024	1.002 - 1.027 g/mL	—	RSVLT
pH, URN	5.5	5.0 - 8.0	—	RSVLT
Protein (Alb Semiquant), URN	Negative	NRN mg/dL	—	RSVLT
Glucose Qual, URN	Negative	NRN mg/dL	—	RSVLT
Ketones, URN	Negative	NRN mg/dL	—	RSVLT
Bilirubin (Qual), URN	Negative	NRN	—	RSVLT
Occult Blood, URN	Negative	NRN	—	RSVLT
Nitrite, URN	Negative	NRN	—	RSVLT
Leukocyte Esterase, URN	Trace	NRN	A !	RSVLT
Urobilinogen, URN	0.1-1.9	URONML EHRLICH UNITS	—	RSVLT
Comments for Macroscopic, URN	None	—	—	RSVLT

Reviewed by

Neighbor Jr., William E on 11/19/14 1757
Voronchuk, Eleonora on 11/10/14 1523

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Urine incontinence [788.30 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 11/19/2014 17:57
Voronchuk, Eleonora on 11/10/2014 15:23

CULTURE:BACT-URINE W/GRAM STN (Final result)

Electronically signed by: **Neighbor Jr., William E on 10/28/14 1656** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/28/14 1656
Ordering mode: Standard
Frequency: Routine 10/28/14 -
Quantity: 1
Diagnoses

Authorized by: Neighbor Jr., William E

Class: Normal
Lab status: Final result

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Urine incontinence [788.30 (ICD-9-CM)]

Questionnaire

Question	Answer
Enter special requests.	none

Specimen Information

ID	Type	Source	Collected By
T48050	Urine	—	11/05/14 1045

CULTURE:BACT-URINE W/GRAM STN Resulted: 11/08/14 1102, Result status: Final result

Order status: Completed
Collected by: 11/05/14 1045
Filed on: 11/08/14 1102
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	none	—	—	UW
Direct Exam Result: RarePolymorphonuclear cells	--	—	—	UWMC
Direct Exam Result: 1+Gram Variable Rods	--	—	—	UWMC
Colony Count Result: 8000Col/mL	--	—	—	UW
Culture Result: 2+Proteus mirabilis	--	—	—	UW
Culture Result: 2+Escherichia coli	--	—	—	UW
Culture Result: 2+Gram positive flora	--	—	—	UW
Culture Result: Comment: See link for important guidelines regarding the interpretation of susceptibility reports: http://tests.labmed.washington.edu/abx	--	—	—	UW

Sensitivities

Organism	Antibiotic	Sensitivity	Method
Proteus mirabilis	Ampicillin	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Ampicillin/sulbactam	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Aztreonam	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Cefazolin	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Cefepime	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Cefotetan	<=16 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Ceftazidime	<=0.5 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Ceftriaxone	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Ciprofloxacin	>2 Resistant	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Doxycycline	>8 Resistant	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Ertapenem	<=0.12 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Gentamicin	<=4 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Levofloxacin	>4 Resistant	MICROTITER MIC

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

			(MCG/ML)-SELECT
Proteus mirabilis	Meropenem	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Moxifloxacin	>2 --	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Nitrofurantoin	>64 Resistant	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Piperacillin/tazobactam	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Proteus mirabilis	Trimeth_Sulfamethoxazole	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ampicillin	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ampicillin/sulbactam	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Aztreonam	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefazolin	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefepime	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefotetan	<=16 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftazidime	<=0.5 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftriaxone	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ciprofloxacin	<=0.06 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Doxycycline	2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ertapenem	<=0.12 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Gentamicin	<=4 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Levofloxacin	<=0.5 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Meropenem	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Moxifloxacin	<=0.25 -	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Nitrofurantoin	<=32 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Piperacillin/tazobactam	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Trimeth_Sulfamethoxazole	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT

Reviewed by

Neighbor Jr., William E on 11/19/14 1757
Voronchuk, Eleonora on 11/10/14 1523

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Indications

Urine incontinence [788.30 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 11/19/2014 17:57
Voronchuk, Eleonora on 11/10/2014 15:23

Imaging

Imaging

X-RAY LUMBAR SPINE 4 VW (Edited Result - FINAL)

Electronically signed by: **Neighbor Jr., William E on 10/22/14 1116** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/22/14 1116 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/22/14 - Class: General Imaging
Quantity: 1 Lab status: Edited Result - FINAL
Diagnoses
Back pain [724.5 (ICD-9-CM)]

Questionnaire

Question	Answer
Reason for Exam	low back pain
Fall risk	Yes

Order comments: From Epic:

Resulted: 10/22/14 1406, Result status: Edited Result - FINAL

X-RAY LUMBAR SPINE 4 VW

Order status: Completed Filed on: 11/10/14 1209
Performed: 10/22/14 1117 - 10/22/14 1117 Accession number: 8760605
Resulting lab: UW RADIOLOGY Lab Technician: AJAY CHHABRA HALL HEALTH TECH
Narrative:
Examination:
XR L SPINE MIN 4 VIEWS/FALLRISK

Indication:
low back pain

Comparison:
December 6, 2012

Findings:
Lumbar levoscoliosis is again noted. Old T12, L2, and L3 compression fractures
are seen. There has been slight interval worsening of L1 height loss
suggesting age indeterminate compression fracture. Alignment is unchanged.
Abdominal aortic calcification is seen. Right hip screw partially visualized.
ATTENDING RADIOLOGIST AND PAGER NUMBER
262280 Adduci Alexander M.D.

Reviewed by

Kerby, Kalena L on 11/10/14 1516
Neighbor Jr., William E on 11/10/14 1345

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Imaging (continued)

Voronchuk, Eleonora on 10/23/14 0947

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Back pain [724.5 (ICD-9-CM)]

All Reviewers List

Kerby, Kalena L on 11/10/2014 15:16
Neighbor Jr., William E on 11/10/2014 13:45
Voronchuk, Eleonora on 10/23/2014 09:47

X-RAY FEMUR 2 VIEW RIGHT (Edited Result - FINAL)

Electronically signed by: **Neighbor Jr., William E on 10/22/14 1116** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/22/14 1116 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/22/14 - Class: General Imaging
Quantity: 1 Lab status: Edited Result - FINAL
Diagnoses
Hip pain, right [719.45 (ICD-9-CM)]

Questionnaire

Question	Answer
Reason for Exam	right hip and thigh pain. Prior plate in femur by patient report
Fall risk	Yes

Order comments: From Epic:

Resulted: 10/23/14 0829, Result status: Edited Result - FINAL

X-RAY FEMUR 2 VIEW RIGHT

Order status: Completed Filed on: 11/10/14 1209
Performed: 10/22/14 1117 - 10/22/14 1117 Accession number: 8760606
Resulting lab: UW RADIOLOGY Lab Technician: AJAY CHHABRA HALL HEALTH TECH
Narrative:
EXAMINATION:
XR FEMUR 2 VIEW RIGHT/FALLRISK
RIGHT

Indication:
right hip and thigh pain. Prior plate in femur by patient report

Comparison:
December 6, 2012 pelvis radiographs

Findings:
Similar to December 2012, patient has undergone dynamic screw fixation
bridging an old intertrochanteric fracture. Hardware is intact, without
evidence of complications.
No femoral fracture.
Alignment is normal.
Arterial calcifications indicate atherosclerosis.
ATTENDING RADIOLOGIST AND PAGER NUMBER
006581 Richardson Michael L MD
(206)991-5169

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Imaging (continued)

EXAMINATION:
XR FEMUR 2 VIEW RIGHT/FALLRISK
RIGHT

Indication:
right hip and thigh pain. Prior plate in femur by patient report

Comparison:
December 6, 2012 pelvis radiographs

Findings:
Similar to December 2012, patient has undergone dynamic screw fixation
bridging an old intertrochanteric fracture. Hardware is intact, without
evidence of complications.
No femoral fracture.
Alignment is normal.
Arterial calcifications indicate atherosclerosis.
ATTENDING RADIOLOGIST AND PAGER NUMBER
006581 Richardson Michael L MD
(206)991-5169

Reviewed by

Kerby, Kalena L on 11/10/14 1516
Neighbor Jr., William E on 11/10/14 1345
Voronchuk, Eleonora on 10/23/14 0947

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Hip pain, right [719.45 (ICD-9-CM)]

All Reviewers List

Kerby, Kalena L on 11/10/2014 15:16
Neighbor Jr., William E on 11/10/2014 13:45
Voronchuk, Eleonora on 10/23/2014 09:47

X-RAY HIP UNILAT 2 VW RIGHT (Edited Result - FINAL)

Electronically signed by: **Neighbor Jr., William E on 10/22/14 1116** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/22/14 1116 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/22/14 - Class: General Imaging
Quantity: 1 Lab status: Edited Result - FINAL
Diagnoses
Hip pain, right [719.45 (ICD-9-CM)]

Questionnaire

Question	Answer
Reason for Exam	right hip pain
Fall risk	Yes

Order comments: From Epic:
X-RAY HIP UNILAT 2 VW RIGHT Resulted: 10/23/14 0829, Result status: Edited

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Imaging (continued)

Result - FINAL

Order status: Completed
Performed: 10/22/14 1117 - 10/22/14 1117
Resulting lab: UW RADIOLOGY
Filed on: 11/10/14 1209
Accession number: 8760607
Lab Technician: AJAY CHHABRA HALL HEALTH TECH

Narrative:
EXAMINATION:
XR HIP UNILAT 2 VIEWS RIGHT/FALLRISK
RIGHT

Indication:
right hip pain

Comparison:
Most recent December 6, 2012

Findings:
Similar to December 6, 2012, the patient is status post dynamic hip screw
replacement for treatment of intertrochanteric fracture.
Hardware is intact
common appears in similar position. No evidence of complications. As before,
there is mild bilateral hip joint osteoarthritis.
There is pronounced intervertebral disc space height loss of the visualized
lower lumbar vertebral bodies.
Arterial calcifications indicate atherosclerosis.
ATTENDING RADIOLOGIST AND PAGER NUMBER
006581 Richardson Michael L MD
(206)991-5169
EXAMINATION:
XR HIP UNILAT 2 VIEWS RIGHT/FALLRISK
RIGHT

Indication:
right hip pain

Comparison:
Most recent December 6, 2012

Findings:
Similar to December 6, 2012, the patient is status post dynamic hip screw
replacement for treatment of intertrochanteric fracture.
Hardware is intact
common appears in similar position. No evidence of complications. As before,
there is mild bilateral hip joint osteoarthritis.
There is pronounced intervertebral disc space height loss of the visualized
lower lumbar vertebral bodies.
Arterial calcifications indicate atherosclerosis.
ATTENDING RADIOLOGIST AND PAGER NUMBER
006581 Richardson Michael L MD
(206)991-5169

Reviewed by

Kerby, Kalena L on 11/10/14 1516
Neighbor Jr., William E on 11/10/14 1345

10/22/2014 - Office Visit in Hall Health Primary Care Center (continued)

Imaging (continued)

Voronchuk, Eleonora on 10/23/14 0947

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Hip pain, right [719.45 (ICD-9-CM)]

All Reviewers List

Kerby, Kalena L on 11/10/2014 15:16
Neighbor Jr., William E on 11/10/2014 13:45
Voronchuk, Eleonora on 10/23/2014 09:47

Flowsheets

Vital Data

Row Name	10/22/14 1024
BP	154/72
Temp	36.5 °C
Pulse	60

10/22/2014 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

10/22/2014 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/13 1812
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 10/22/2014 9:22 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W59370	Serum	—	10/22/14 0926

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 10/22/14 1007, Result status: Final result

Order status: Completed
Filed on: 10/22/14 1007
Collected by: 10/22/14 0926
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.9	0.8 - 1.3	H	RSVLT

Reviewed by

Voronchuk, Eleonora on 10/23/14 0947
Neighbor Jr., William E on 10/22/14 1229

10/22/2014 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Voronchuk, Eleonora on 10/23/2014 09:47
Neighbor Jr., William E on 10/22/2014 12:29

10/20/2014 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Medical Problem
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/2/2014
Start date: 1/2/2014 — End date: 12/24/2014
Quantity: 90 Tab — Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/20/2014
Start date: 5/19/2014 — End date: 12/19/2014
Quantity: 90 Tab — Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/25/2014
Start date: 6/25/2014 — End date: 12/24/2014
Quantity: 30 Tab — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014

10/20/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2015
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/18/2014
Start date: 11/18/2014
End date: 2/23/2015
Quantity: 5 mL
Refill: 1

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	10/20/2014 9:09 AM

Dear William,

Subject: Hearing Impaired

I am shouting and yelling at people.

My hearing aids are not functioning properly.
COSCO Aids are not supported by UWMC.

Unsupported Hearing Test, that provide no support for aging seniors on limited pension....provide's "no resolve" to hearing problems and issue, nor aid repair options.
Medical hearing has not been researched.

Let's find a solution

10/16/2014 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

10/16/2014 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/13 1812
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 10/16/2014 8:48 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
H72498	Serum	—	10/16/14 0854

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 10/16/14 1007, Result status: Final result

Order status: Completed
Filed on: 10/16/14 1007
Collected by: 10/16/14 0854
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.9	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 10/20/14 1453
Voronchuk, Eleonora on 10/17/14 0850
Vinopal, Evelyn S on 10/16/14 1011

10/16/2014 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 10/20/2014 14:53
Voronchuk, Eleonora on 10/17/2014 08:50
Vinopal, Evelyn S on 10/16/2014 10:11

10/16/2014 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Vinopal, Evelyn S

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/20/2014
Start date: 5/19/2014
End date: 12/19/2014
Quantity: 90 Tab
Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/25/2014
Start date: 6/25/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

10/16/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/18/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/30/2014
Start date: 7/30/2014
End date: 11/18/2014
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Stopped in Visit

None

Messages

anitcoagulation

From	To	Sent and Delivered
Evelyn S Vinopal, MD	Hoffman, Jeanne Leonie	10/16/2014 10:11 AM

Last Read in MyChart
10/20/2014 9:10 AM by Hoffman, Jeanne Leonie

Hi, I am covering for Dr. Neighbor and wanted to let you know that your anticoagulation level continues to be within the recommended range. Please make sure that you come in monthly since you are currently at the higher endo f anticoagulation at 2.9.
Sincerely,
Evelyn Vinopal,MD

10/13/2014 - Health Maintenance Letter

Messages

Health Reminders

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	10/13/2014 11:52 PM

Last Read in MyChart
10/20/2014 9:10 AM by Hoffman, Jeanne Leonie

Hello Jeanne,

At UW Medicine, we want to help you stay as healthy as possible. This is why we're letting you know that your UW Medicine medical record shows you're due for preventive care. You may be due for this care, or you may have had it done elsewhere and our medical record does not include that information.

Click epichttp://healthmaint[here] to go to the Preventive Care page to view additional information, make an appointment, or send a message to your provider to update your records.

10/13/2014 - Health Maintenance Letter

Messages

Health Reminders

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	10/13/2014 11:52 PM

Last Read in MyChart
10/27/2014 10:14 AM by Hoffman, Jeanne Leonie

Hello Jeanne,

At UW Medicine, we want to help you stay as healthy as possible. This is why we're letting you know that your UW Medicine medical record shows you're due for preventive care. You may be due for this care, or you may have had it done elsewhere and our medical record does not include that information.

Click epichttp://healthmaint[here] to go to the Preventive Care page to view additional information, make an appointment, or send a message to your provider to update your records.

10/06/2014 - Appointment in Harborview Medical Center Eyes on James Optometry Clinic

Visit Information

Appointment Information

NEW
10/6/2014 11:00 AM

Canceled

Time	Provider	Department	Length
11:00 AM	Hollenbeck, Tiffany J, OD	ZZHMC EYES ON JAMES	30 min

Referrals: 4411124 (Closed)
Referral Provider: SELF REFERRED
Auto Confirm Status: Unknown Calling Result

Notes:
dr ill lm / General Eye Exam

History

Made On:	8/29/2014 8:13 AM	By:	Winchester, Elizabeth	ES
Canceled:	10/6/2014 8:12 AM	By:	Fajarillo, Amor D, Technologist	ES
Cancel Rsn:	Provider-Illness/Medical Leave (Dr. Hollenbeck is out sick today. Left a message to call EOJ to reschedule appt/adf)			
Change Notes:	10/6/2014 8:20 AM	By:	Pearson, Ramona M, Coordinator	ES
Cancel Rsn:	Provider-Illness/Medical Leave (Dr. Hollenbeck is out sick today. Left a message to call EOJ to reschedule appt/adf)			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

10/02/2014 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis: Hearing loss, bilateral

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/2/2014
Start date: 1/2/2014 — End date: 12/24/2014
Quantity: 90 Tab — Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/20/2014
Start date: 5/19/2014 — End date: 12/19/2014
Quantity: 90 Tab — Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/25/2014
Start date: 6/25/2014 — End date: 12/24/2014
Quantity: 30 Tab — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014

10/02/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/18/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/30/2014
Start date: 7/30/2014
End date: 11/18/2014
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 10/3/2014 1003

E-care message sent stated that provider will be back in two weeks

Electronically signed by Voronchuk, Eleonora at 10/3/2014 10:06 AM

Other Orders

Referral

REFERRAL TO AUDIOLOGY (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 10/20/14 1527**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 10/20/14 1527
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/20/14 -
Class: Internal Referral
Quantity: 1
Discontinued by: Discharge Provider, Automatic 03/14/25 1742
[System automatic cancellation for deceased patient]

Diagnoses
Hearing loss, bilateral [389.9 (ICD-9-CM)]
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Referral for: Procedure or ancillary service not done by the referring provider. Clinical history: 89 year old female with chronic hearing loss who needs evaluation of her current hearing aides. I asked her to bring them to the appointment. Location: UWMC Audiology Services (206) 598-4022

Referral Details

Referred By	Referred To	Type	Priority

10/02/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Other Orders (continued)

Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Hearing loss, bilateral	**Uwmc Audiology** 1959 NE Pacific Street, Box 356161 Seattle WA 98195 Phone: 206-598-4022 Fax: 206-598-6611 Specialty: Audiology Med	Audiology	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare
Referral for: Procedure or ancillary service not done by the referring provider.
Clinical history: 89 year old female with chronic hearing loss who needs evaluation of her current hearing aides. I asked her to bring them to the appointment.

Location: UWMC Audiology Services (206) 598-4022

Indications

Hearing loss, bilateral [389.9 (ICD-9-CM)]

Messages

RE: Medical Advice

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	10/20/2014 3:27 PM

Last Read in MyChart
10/27/2014 10:13 AM by Hoffman, Jeanne Leonie

I have submitted a referral to UWMC audiology for a hearing aid check. Bring your current hearing aids to the appointment.

William E Neighbor JR, MD

follow-up

From	To	Sent and Delivered
Eleonora Voronchuk, CMA	Hoffman, Jeanne Leonie	10/3/2014 10:06 AM

Last Read in MyChart
Not Read

Hi Jeanne,

I just wanted to let you know that Dr.Neighbor is not in the clinic and will be back in two weeks.

Eleonora Voronchuk,CMA
Hall Health Primary Care Center
BOX 354410
Seattle,WA 98195-4410

10/02/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	10/2/2014 6:39 PM

Dear William,

Louis and I have returned.

My hearing is causing problems, as I am yelling and misunderstanding what is being said.

My "cosco" hearing aids have problems and may not be working properly.

Unable to test them. Cosco Membership is not current.

I need to fine a "UWMC" or other solution to restore my hearing.

I had a hearing test with "Miracle Ear Hearing Aid" on Lake City Way.

08/29/2014 - Patient E-mail in Hall Health Family Health

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Family Health	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/2/2014
Start date: 1/2/2014 — End date: 12/24/2014
Quantity: 90 Tab — Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/20/2014
Start date: 5/19/2014 — End date: 12/19/2014
Quantity: 90 Tab — Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/25/2014
Start date: 6/25/2014 — End date: 12/24/2014
Quantity: 30 Tab — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014

08/29/2014 - Patient E-mail in Hall Health Family Health (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/18/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/30/2014
Start date: 7/30/2014
End date: 11/18/2014
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Stopped in Visit

None

Messages

Referral Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	8/29/2014 2:58 PM

Confirmed HMC-Eye Institute Appointment: October 6, 2014 11:am

08/27/2014 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaints: Follow-Up and Refill Request
Visit diagnoses:

- DEEP VENOUS PHLEBITIS-LEG NEC (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- Urine incontinence

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
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Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/20/2014
Start date: 5/19/2014
End date: 12/19/2014
Quantity: 90 Tab
Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder

08/27/2014 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/25/2014
Start date: 6/25/2014 — End date: 12/24/2014
Quantity: 30 Tab — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2014
Start date: 7/9/2014 — End date: 12/24/2014
Quantity: 30 Tab — Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/18/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/30/2014
Start date: 7/30/2014 — End date: 11/18/2014
Quantity: 5 mL — Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/25/2014
Start date: 8/25/2014 — End date: 7/29/2015
Quantity: 90 tablet — Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 8/27/2014 0825

Jeanne Leonie Hoffman is a 89 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  Check-up
- Refill Request
  Losartan, Codeine, Warfarin

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
Jeanne has chronic venous stasis disease particularly of left lower leg for which she uses compression stockings. She ahs recently had some dryness, scaling and small areas of superficial sores that heal. There has been no change in mild swelling that is controlled with compression stockings.

(V58.61) AFTERCARE LONG TERM ANTICOAG USE
In for INR. Stable dose of coumadin.

(788.30) Urine incontinence
For many years she has used pose pads, about 3-4 per day. There has been no change. However, she is seeking coverage for these thru her monthly allowance and needs a lettere.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013	12/13/2012
• Thyroid nodule, uninodular [241.0] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	12/13/2012
• OSTEOPOROSIS NOS [733.00] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continue for five years, then stop	03/04/2008
• AFTERCARE LONG TERM ANTICOAG USE [V58.61] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3 She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.	01/08/2008
• FX FEMUR INTRCAPS NOS-CLOSE [820.00] Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	05/01/2007
• VITAMIN B DEFICIENCY NOS [266.9] Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency	05/01/2007
• Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00]	03/27/2007

08/27/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Year onset: Dx March 2007
Metformin discontinued 2011 as A1c in target range without it.
Diet and weight controlled.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- Unspecified glaucoma(365.9) [365.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.

Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

- Urine incontinence [788.30] 08/27/2014
  Uses pads

Outpatient Prescriptions Marked as Taking for the 8/27/14 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain	30 Tab	3
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Losartan Potassium 25 MG Oral Tab	Take 1 tablet (25 mg) by mouth daily.	90 tablet	3
• Pentoxifylline ER 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	5
• Timolol Maleate 0.5 % Ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	30 Tab	6

No Facility-Administered Medications for the 8/27/14 encounter (Office Visit) with Neighbor Jr., William E.

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Influenza (With Preservative)	09/20/2013
• Pneumococcal Polysaccharide	03/22/2010
• Td	06/07/2006

Social history:

History

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

History

Sexual Activity

- Sexually Active: Not on file

Tobacco and Alcohol Use:

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Objective:

BP 126/63 | Pulse 55 | Temp(Src) 97.5 °F (36.4 °C) (Oral)
Estimated body mass index is 23.03 kg/(m^2) as calculated from the following:
Height as of 7/30/14: 5' 1.02" (1.55 m).
Weight as of 7/30/14: 55.339 kg (122 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 126/63
General: NAD
Skin: With compression stocking removed, she has some skin dryness and one area of superficial skin break down and a second similar area that is healing. There is no redness or discharge. No edema. Good perfusions.

INR 2.0

08/27/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Assessment and Plan:
(451.19) DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
Skin dryness and superficial break down. Advise moisturizing lotion applied twice daily.

(V58.61) AFTERCARE LONG TERM ANTICOAG USE
INR 2.0. No change in dose particularly before their train trip. Recheck when return.

(788.30) Urine incontinence
Letter describing number of visits for various issues and need for pose pads written and given to her son who is with her today. As no change in pattern, did not obtain UA today. She did have evidence of UTI on UA in Feb 2013 so when she returns from train trip could repeat UA. Culture however was not done in 2013 and epithelial cells were present in the specimen.

Time-based visit (attending time): 30 minutes were spent by the attending in direct face to face contact with the patient over 50 percent of which was spent in advising and counseling the patient about above.

William E Neighbor JR, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 8/27/2014 6:27 PM

Flowsheets

Vital Data

Row Name	08/27/14 1035
BP	126/63
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.4 °C
Temp src	Oral
Pulse	55

Letters

Letter by Neighbor Jr., William E on 8/27/2014

Status: Sent
Letter body:
August 27, 2014

Jeanne Leonie Hoffman

08/27/2014 - Office Visit in Hall Health Primary Care Center (continued)

Letters (continued)

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925
MRN: N3927850

To whom it may concern:

I am the primary care physician for the above individual at University of Washington Medicine Hall Health on the UW campus.

Visits
Betweeen July 30, 2013 and July 30, 2014, Jean made 12 visits to my office.
Between April 2014 and August 2014, Jean made 5 visits including today.

Between July 30, 2013 and July 30, 2014, there were 13 visits for lab tests. 1 of these visits was not associate with a visit to me..
Between April 2014 and August 2014, 7 visits for lab tests

She comes to the UW from Bainbridge Island via ferry and bus. She uses a walker and because of this needs a bus that has a lift. Because of her need for a walker and her marked hearing impairment, she does need her son Louis to accompany her to and from visist. Jean with the help of her son has good knowledge of how to use the transit service to get to and from our office.

Need for Pose Adult Pads.
Due to age associate urine incontinence, Jean uses 3-4 Adult Pose Pads per day.

Sincerely,

Electronically signed by
William E Neighbor JR, MD

CC: No Recipients

Messages

summary of visit

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	8/27/2014 6:26 PM

Last Read in MyChart
8/29/2014 2:56 PM by Hoffman, Jeanne Leonie

Below is a summary of your visit:

Assessment and Plan:
(451.19) DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
Skin dryness and superficial break down. Advise moisturizing lotion applied twice daily.

(V58.61) AFTERCARE LONG TERM ANTICOAG USE
INR 2.0. No change in dose particularly before their train trip. Recheck when return.

(788.30) Urine incontinence
Letter describing number of visits for various issues and need for pose pads written and given to her son who is with her today. As no change in pattern, did not obtain UA today. She did have evidence of UTI on UA in Feb 2013 so when she returns from train trip could repeat UA. Culture however was not done in 2013 and epithelial cells were present in the specimen.

William E Neighbor JR, MD
Clinical Professor
Department of Family Medicine
University of Washington

08/27/2014 - Office Visit in Hall Health Primary Care Center (continued)

Documents

Other - Scan on 9/2/2014 2:07 PM: ABN

Scan (below)

HARBORVIEW MEDICAL CENTER
UW Medicine
325 9th Ave Seattle WA
98104-2499
206-744-3000

UNIVERSITY OF WASHINGTON MEDICAL CENTER
UW Medicine
1959 NE Pacific Seattle WA
98195-6151
206-598-3300

UW Physicians
UW Medicine
POB 50095 Seattle WA
98145-5095
206-543-6420

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

***NOTE*: If Medicare doesn't pay for** Visit **below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Code Office visit Description: + related ans	**Check reason code (see back)** A ☐ B ☒ C ☐ D ☐	257000 $

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Options 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: **Check only one box. We cannot choose a box for you.**

☒ **OPTION 1**. I want the Visit listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2**. I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3**. I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/**TTY**: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Authorized Representative)	Print Name	Date:
[signature]	Jeanne Hoffman	8/27/14

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT.NO N3927850
NAME Jeanne Hoffman
Place UP to Label Within Box
DOB 1/6/1925

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE – MEDICAL RECORD
CANARY - PATIENT

UH1731 REV SEP 10 **OMB APPROVAL NO. 0938-0566**

08/27/2014 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

08/27/2014 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

08/27/2014 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/13 1812
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 8/27/2014 9:22 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W59857	—	—	08/27/14 0923

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 08/27/14 1029, Result status: Final result

Order status: Completed
Filed on: 08/27/14 1029
Collected by: 08/27/14 0923
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 08/27/14 1448
Greig, Elaine M on 08/27/14 1138

08/27/2014 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 8/27/2014 14:48
Greig, Elaine M on 8/27/2014 11:38

08/25/2014 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: BENIGN HYPERTENSION

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/20/2014
Start date: 5/19/2014
End date: 12/19/2014
Quantity: 90 Tab
Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/25/2014
Start date: 6/25/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

08/25/2014 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/18/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/30/2014
Start date: 7/30/2014
End date: 11/18/2014
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/29/2015
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (25 mg) by mouth daily.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/25/2014
Start date: 8/25/2014
End date: 7/29/2015
Quantity: 90 tablet
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 8/25/2014 1449

Received a request to refill Losartan 25 mg. Please advise, patient has an appointment on 08/27/14

Electronically signed by Voronchuk, Eleonora at 8/25/2014 2:54 PM

Neighbor Jr., William E at 8/25/2014 1512

Earlier had tried reduction to one half tab daily, but at last visit she said she felt better on one tab daily. Felt cold when reduced to one half tab. Don't know why that might be. BP reasonable on 25 mg daily dose. Refilled. CMP showed normal electrolytes in February 2014.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 8/25/2014 3:13 PM

Other Orders

Medications

Losartan Potassium 25 MG Oral Tab (Cancel Pend)

Electronically signed by: **Voronchuk, Eleonora on 08/25/14 1454**
Status: **Cancel Pend**
Ordering user: Voronchuk, Eleonora 08/25/14 1454
Authorized by: Neighbor Jr., William E
Frequency: Routine 08/25/14 - Until Discontinued
Class: E-RX
Pended by: Voronchuk, Eleonora 08/25/14 1454
Discontinued by: Neighbor Jr., William E 08/25/14 1511

08/25/2014 - Refill in Hall Health Primary Care Center (continued)

Other Orders (continued)

Medication comments: Reduction in dose
Reordered from: Losartan Potassium 25 MG Oral Tab

Losartan Potassium 25 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 08/25/14 1512** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 08/25/14 1512 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine Daily 08/25/14 - 07/29/15 Class: E-RX
Discontinued by: Neighbor Jr., William E 07/29/15 1021 [Reorder]
Diagnoses
Essential hypertension, benign [401.1 (ICD-9-CM)] - BENIGN HYPERTENSION
Reordered from: Losartan Potassium 25 MG Oral Tab

Indications

Essential hypertension, benign [401.1 (ICD-9-CM)]

08/22/2014 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Letter from Physician's Office
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/2/2014
Start date: 1/2/2014 — End date: 12/24/2014
Quantity: 90 Tab — Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/20/2014
Start date: 5/19/2014 — End date: 12/19/2014
Quantity: 90 Tab — Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/25/2014
Start date: 6/25/2014 — End date: 12/24/2014
Quantity: 30 Tab — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014

08/22/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/18/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/30/2014
Start date: 7/30/2014
End date: 11/18/2014
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/25/2014
Reason for discontinuation: Reorder
Instructions: Take one half tab dailiy for blood pressure
Entered by: Neighbor Jr., William E, MD
Entered on: 7/30/2014
Start date: 7/30/2014
End date: 8/25/2014

Stopped in Visit

None

Messages

RE: Referral Question

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	8/25/2014 3:42 PM

Last Read in MyChart
8/29/2014 2:56 PM by Hoffman, Jeanne Leonie

This requires a visit to make sure we get the letter correct. Usually there is a form they send to you to bring to the doctor, but I can write a letter instead. Please schedule a visit for this Wednesday. She should have an INR done as her last one was 1.8. I had written about getting a repeat done before your next train trip.

William E Neighbor JR, MD

Referral Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	8/22/2014 1:41 PM

Dear Dill,

DSHS/EBT Program is requiring a Letter from You or Hall Health Center as to:

1). Number of visits since April to August, 2014

08/22/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

2). Number of Visit to Roosevelt Clinic for 'Blood INR Testing" Visits.
3). Medical need for "Pose Adult Pads", as to urine leaks or Prescription for such.
4). Knowledge of or Handicap/Wheelchair Service offer by Bus/Transits or use of transit to get to UWMC Medical Services.

This is to estimate the cost of Medical Transportation and Medical Supply needs & Cost.
The information is used to determine how much EBT/Food Stamp Funds Jean will be entitled too.

This is a Proof of Cost to get to and from UWMC Services, that is being revalued.

Jean current estimate was $160 per month, with out proof statement.

Louis for Jean

Will pick-up on August 28 Visit, as it will be mailed that day. so jean can continue with food program.

08/12/2014 - Orders Only in Hall Health Family Health

Reason for Visit

Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Family Health	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

08/12/2014 - Orders Only in Hall Health Family Health (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/13 1812
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Milan, Editha T, Technologist 8/12/2014 10:36 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
T17617	—	—	08/12/14 1036

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 08/12/14 1217, Result status: Final result

Order status: Completed
Filed on: 08/12/14 1217
Collected by: 08/12/14 1036
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.8	0.8 - 1.3	H	RSVLT

Reviewed by

Erhardt, Mark Allen on 08/22/14 1428
Neighbor Jr., William E on 08/13/14 1456

08/12/2014 - Orders Only in Hall Health Family Health (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Erhardt, Mark Allen on 8/22/2014 14:28
Neighbor Jr., William E on 8/13/2014 14:56

07/30/2014 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- DEEP VENOUS PHLEBITIS-LEG NEC (primary)
- GLAUCOMA NOS
- BENIGN HYPERTENSION
- AFTERCARE LONG TERM ANTICOAG USE

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/2/2014
Start date: 1/2/2014 — End date: 12/24/2014
Quantity: 90 Tab — Refill: 3

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/20/2014
Start date: 5/19/2014 — End date: 12/19/2014
Quantity: 90 Tab — Refill: 5

07/30/2014 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/25/2014
Start date: 6/25/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/18/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/30/2014
Start date: 7/30/2014
End date: 11/18/2014
Quantity: 5 mL
Refill: 1

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/25/2014
Reason for discontinuation: Reorder
Instructions: Take one half tab dailiy for blood pressure
Entered by: Neighbor Jr., William E, MD
Entered on: 7/30/2014
Start date: 7/30/2014
End date: 8/25/2014

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 7/30/2014 1118

Jeanne Leonie Hoffman is a 89 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
(V58.61) AFTERCARE LONG TERM ANTICOAG USE
No recurrent phlebitis. Using elastic stockings. Compliant with coumadin. NO bleeding. In for INR.

(365.9) GLAUCOMA NOS
Need refill on drops. No eye visit since 2006. No acute change, but needs follow up

(401.1) BENIGN HYPERTENSION
At last visit had reduced losartan to 25 mg one half tab daily. She has generally done this but some days she feels

"cold" when she takes the half tab so takes a full tab and feels "warm" again.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013	12/13/2012
• Thyroid nodule, uninodular [241.0] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	12/13/2012
• OSTEOPOROSIS NOS [733.00] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continue for five years, then stop	03/04/2008
• AFTERCARE LONG TERM ANTICOAG USE [V58.61] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3 She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.	01/08/2008
• ADULT FAILURE TO THRIVE [783.7] Lives in subsidized housing on Bainbridge Bremerton APS at 1-888-833-4925 Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved. Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait	10/19/2007
• TREMOR NEC [333.1] Noted by Melanie Parker. Consider Parkinson's disease med trial.	08/17/2007
• FX FEMUR INTRCAPS NOS-CLOSE [820.00] Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	05/01/2007

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- Unspecified glaucoma(365.9) [365.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006

Td/Tdap (q 10 yr): 2006
Pneumococcal (65 yoa and high risk x1): 2010
Blood pressure: Dx hypertension
Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001.
Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

Outpatient Prescriptions Marked as Taking for the 7/30/14 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain	30 Tab	3
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	1
• Pentoxifylline ER 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	5
• Timolol Maleate 0.5 % Ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	1
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	30 Tab	6

No Facility-Administered Medications for the 7/30/14 encounter (Office Visit) with Neighbor Jr., William E.

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Influenza (With Preservative)	09/20/2013
• Pneumococcal Polysaccharide	03/22/2010
• Td	06/07/2006

Social history:

History

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

History

Sexual Activity

- Sexually Active: Not on file

Tobacco and Alcohol Use:

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Review of Systems:

Constitutional: Denies weight gain.
Respiratory: Denies cough, shortness of breath.
Cardiovascular: Denies chest pain, palpitations, syncope, orthopnea, paroxysmal noctural dyspnea, lower extremity edema.

Objective:

07/30/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

BP 128/67 | Pulse 60 | Ht 5' 1.02" (1.55 m) | Wt 55.339 kg (122 lb) | BMI 23.03 kg/m2
Estimated body mass index is 23.03 kg/(m^2) as calculated from the following:
Height as of this encounter: 5' 1.02" (1.55 m).
Weight as of this encounter: 55.339 kg (122 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 128/67
General: NAD
Voice a bit hoarse from recent allergies.
Chest: Clear
Extr: No edema
Skin: Son had been concerned about "black head" on right cheek. I do not note any unusual mole or other blemish.

INR 2.8

Assessment and Plan:
(451.19) DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrence

(365.9) GLAUCOMA NOS
Refilled med. Due for eye referral.
Plan: Timolol Maleate 0.5 % Ophthalmic Solution,
REFERRAL TO EYE CARE

(401.1) BENIGN HYPERTENSION
Blood pressure adequately controlled on half dose of losartan. Would stay with this does in general. I am not sure of the occasional feeling of "coldness" when she just takes the half tab.

(V58.61) AFTERCARE LONG TERM ANTICOAG USE
INR in desired range.

Letter for train trip in September done.

Follow up plans: One month
William E Neighbor JR, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 7/30/2014 5:24 PM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/30/14 1125** Status: **Discontinued**

07/30/2014 - Office Visit in Hall Health Primary Care Center (continued)

Other Orders (continued)

Ordering user: Neighbor Jr., William E 07/30/14 1125
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/30/14 - 11/18/14
Class: E-RX
Discontinued by: Neighbor Jr., William E 11/18/14 1719 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [365.9 (ICD-9-CM)] - GLAUCOMA NOS
Medication comments: Needs eye clinic visit
Reordered from: Timolol Maleate 0.5 % Ophthalmic Solution

Indications

Unspecified glaucoma(365.9) [365.9 (ICD-9-CM)]

Referral

REFERRAL TO EYE CARE (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/30/14 1132**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/30/14 1132
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/30/14 -
Class: Internal Referral
Quantity: 1
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Diagnoses
Unspecified glaucoma(365.9) [365.9 (ICD-9-CM)] - GLAUCOMA NOS
Order comments: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Location: EYE INSTITUTE (HMC NJB) 206-744-2020 Specialty: glaucoma Referral for: This referral for consultation or procedure grants authorization to perform diagnostic or other services required. REASON FOR REFERRAL: 89 year old female with glaucoma on timolol drops but not follow up since 2006 URGENCY: Routine WHEN: in August

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Unspecified glaucoma(365.9)	**Zzhmc Eye Institute** 908 Jefferson ST Seattle WA 98104 Phone: 206-744-2020 Fax: 206-897-4320 Specialty: Ophthalmology Medicine	Vision Screening Services	Routine

Comment: Coverage for this visit--Payor: MEDICARE / Plan: MEDICARE PART A AND B / Product Type: Medicare Location: EYE INSTITUTE (HMC NJB) 206-744-2020
Specialty: glaucoma
Referral for: This referral for consultation or procedure grants authorization to perform diagnostic or other services required.
REASON FOR REFERRAL: 89 year old female with glaucoma on timolol drops but not follow up since 2006
URGENCY: Routine
WHEN: in August

Indications

Unspecified glaucoma(365.9) [365.9 (ICD-9-CM)]

Flowsheets

Vital Data

Row Name	07/30/14 1058
Height	5' 1.02" (1.55 m)
BMI (Calculated)	23.08
Weight	55.3 kg (122 lb)
BP	128/67
BP Cuff Size	Regular
BP Site	Left Arm

07/30/2014 - Office Visit in Hall Health Primary Care Center (continued)

Flowsheets (continued)

BP Position	Sitting
Pulse	60

Letters

Results by Neighbor Jr., William E on 7/30/2014

Status: Sent
Letter body:

July 30, 2014

Jeanne Leonie Hoffman
245 High School Rd Nw Unit 2
Bainbridge Island WA 98110

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925
MRN: N3927850

Dear Ms. Hoffman:

In preparation for your train trip in September, I have indicated below your health issues, medications, and immunizations records.

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8]	12/13/2012
Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013	
• Thyroid nodule, uninodular [241.0]	12/13/2012
CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	
• OSTEOPOROSIS NOS [733.00]	03/04/2008
T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continue for five years, then stop	
• AFTERCARE LONG TERM ANTICOAG USE [V58.61]	01/08/2008
Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3	

She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.

- FX FEMUR INTRCAPS NOS-CLOSE [820.00] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.
  Diet and weight controlled.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013
  No recurrence

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006

07/30/2014 - Office Visit in Hall Health Primary Care Center (continued)

Letters (continued)

LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- Unspecified glaucoma(365.9) [365.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

Current Outpatient Prescriptions

Medication	Sig
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY
• Losartan Potassium 25 MG Oral Tab	Take one half tab dailiy for blood pressure
• Pentoxifylline ER 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
• Timolol Maleate 0.5 % Ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening

No current facility-administered medications for this visit.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008,

07/30/2014 - Office Visit in Hall Health Primary Care Center (continued)

Letters (continued)

	10/07/2009, 10/15/2010, 10/21/2011
• Influenza (With Preservative)	09/20/2013
• Pneumococcal Polysaccharide	03/22/2010
• Td	06/07/2006

Sincerely,

Electronically signed by
William E Neighbor JR, MD

07/30/2014 - Office Visit in Hall Health Primary Care Center (continued)

Documents

Other - Scan on 8/6/2014 3:27 PM: PROCEDURE CONSENT

Scan (below)

Washington State Health Care Authority

Agreement to Pay for Healthcare Services

WAC 182-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) that the Health Care Authority (HCA) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications.

Client - A recipient of Medicaid or other healthcare benefits through the HCA or a managed care organization (MCO) that contracts with the HCA.
Provider - An institution, agency, business, or person that provides healthcare services to HCA clients and has a signed agreement with the HCA or authorization from an MCO.

This Agreement and WAC 182-502-0160 apply to billing a client for covered and noncovered services as described in WAC 182-501-0050 through WAC 182-501-0070. Providers may not bill any HCA client (including those enrolled with an MCO that contracts with the HCA) for services which the HCA or an MCO that contracts with the HCA may have paid until the provider has completed all requirements for obtaining authorization.

CLIENT'S PRINTED NAME	Jeanne Hoffman	CLIENT'S ID NUMBER	100675000 JHU
PROVIDER'S PRINTED NAME	Dr. William Dighiera	PROVIDER NUMBER	1760575 1878 95

Directions:

- Both the provider and the client must fully complete this form **before** an HCA client receives any service for which this Agreement is required.
- You must complete this form no more than 90 calendar days before the date of the service. If the service is not provided within 90 calendar days, the provider and client must complete and sign a new form.
- The provider and the client must complete this form only **after** they exhaust all applicable HCA or HCA-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 182-501-0160 or the administrative hearing process, if the client chooses to pursue these processes.
- Limited English proficient (LEP) clients must be able to understand this form in their primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. Both the client and the provider must sign a translated form.

Fully complete the table on back of this form. If needed, attach another sheet for additional services. The client, provider, and interpreter (if applicable) must sign and date each additional page.

Important Note from HCA:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 182-502-0160 or does not satisfy HCA conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 182-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. Give a copy of this completed, signed agreement to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://hrsa.dshs.wa.gov/mpforms.shtml.

07/30/2014 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

SPECIFIC SERVICE(S) OR ITEM(S) TO BE PROVIDED AND ANTICIPATED DATE OF SERVICE	CPT/CDT/ HCPC CODE (BILLING CODE)	AMOUNT TO BE PAID BY CLIENT	REASON WHY THE CLIENT IS AGREEING TO BE BILLED (CHECK THE ONE THAT APPLIES FOR EACH SERVICE)	COVERED TREATMENT ALTERNATIVES OFFERED BUT NOT CHOSEN BY CLIENT	DATE(S) ETR/NFJ REQUESTED/DENIED OR WAIVED, OR PRIOR AUTHORIZATION (PA) REQUESTED/DENIED, IF APPLICABLE	
office visit & related labs		84-404 $	☑ Noncovered service ☐ Noncovered service, ETR waived ☐ Non-formulary drug, NFJ waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH HCA NOTICE) PA DENIAL (ATTACH HCA NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Non-formulary drug, NFJ waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH HCA NOTICE) PA DENIAL (ATTACH HCA NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Non-formulary drug, NFJ waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH HCA NOTICE) PA DENIAL (ATTACH HCA NOTICE)

- I understand that HCA or an MCO that contracts with HCA will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) HCA does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after an HCA or HCA-contracted MCO denial of a request for a noncovered service; 2) submit a Non-Formulary Justification (NFJ) with the help of my prescriber fro a non-formulary medication; or 3) ask for a hearing to appeal an HCA or HCA-contracted MCO denial of a requested service.
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by the HCA or an HCA-contracted MCO, and I still choose to get the specified service(s) above.
- I understand that HCA does not cover services ordered by, prescribed by, or are a result of a referral from a healthcare provider who is not contracted with HCA as described in Chapter 182-502 WAC.
- ***I agree to pay the provider directly for the specific service(s) listed above.***
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which HCA or an HCA-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form.
- I understand that I can call HCA at 1-800-562-3022 to receive additional information about my rights or services covered by HCA under fee-for-service or managed care.

I AFFIRM: I understand and agree with this form's content, including the bullet points above.	CLIENT'S OR CLIENT'S LEGAL REPRESENTATIVE'S SIGNATURE	DATE 7-30-14
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 182-502-0160.	PROVIDER OF SERVICE(S) SIGNATURE	DATE 7/30/14
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	INTERPRETER'S PRINTED NAME AND SIGNATURE	DATE

07/30/2014 - Orders Only in Hall Health Family Health

Reason for Visit

Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Family Health	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

07/30/2014 - Orders Only in Hall Health Family Health (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/13 1812
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 7/30/2014 9:29 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W26115	—	—	07/30/14 0932

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 07/30/14 0953, Result status: Final result

Order status: Completed
Filed on: 07/30/14 0953
Collected by: 07/30/14 0932
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.8	0.8 - 1.3	H	RSVLT

Reviewed by

Erhardt, Mark Allen on 08/22/14 1428
Neighbor Jr., William E on 07/30/14 1524

07/30/2014 - Orders Only in Hall Health Family Health (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Erhardt, Mark Allen on 8/22/2014 14:28
Neighbor Jr., William E on 7/30/2014 15:24

07/09/2014 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: DJD (degenerative joint disease) of lumbar spine

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/4/2014
Start date: 2/4/2014
End date: 7/30/2014
Quantity: 90 Tab
Refill: 1

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/1/2014
Start date: 3/31/2014
End date: 7/30/2014
Quantity: 5 mL
Refill: 2

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/20/2014
Start date: 5/19/2014
End date: 12/19/2014
Quantity: 90 Tab
Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

07/09/2014 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/25/2014
Start date: 6/25/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2014
Start date: 7/9/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 7/9/2014 1508

Received a request to issue Rx for Acetamin/Cod 300-30. Please advise, pharmacy on file

Electronically signed by Voronchuk, Eleonora at 7/9/2014 3:10 PM

Neighbor Jr., William E at 7/9/2014 1641

Very low dose but is helpful for her.

Refilled.

Please call in.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 7/9/2014 4:42 PM

Voronchuk, Eleonora at 7/9/2014 1703

Rx called to the pharmacy

Electronically signed by Voronchuk, Eleonora at 7/9/2014 5:04 PM

07/09/2014 - Refill in Hall Health Primary Care Center (continued)

Other Orders

Medications

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/09/14 1641** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/09/14 1641 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/09/14 - 12/24/14 Class: Normal
Discontinued by: Neighbor Jr., William E 12/24/14 1320 [Reorder]
Diagnoses
DJD (degenerative joint disease) of lumbar spine [721.3 (ICD-9-CM)]
Reordered from: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Indications

DJD (degenerative joint disease) of lumbar spine [721.3 (ICD-9-CM)]

07/05/2014 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/11/2013
Start date: 12/11/2013 — End date: 7/9/2014
Quantity: 30 Tab — Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/2/2014
Start date: 1/2/2014 — End date: 12/24/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/4/2014
Start date: 2/4/2014 — End date: 7/30/2014
Quantity: 90 Tab — Refill: 1

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/30/2014

07/05/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/1/2014
Start date: 3/31/2014
End date: 7/30/2014
Quantity: 5 mL
Refill: 2

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/20/2014
Start date: 5/19/2014
End date: 12/19/2014
Quantity: 90 Tab
Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/25/2014
Start date: 6/25/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 6

Stopped in Visit

None

Messages

Results Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	7/5/2014 8:59 AM

Happy Holiday....

07/05/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents

Patient Entered Attachment - Scan on 7/5/2014 8:59 AM: 4th-2014

Scan (below)



07/01/2014 - Orders Only in Hall Health Family Health

Reason for Visit

Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Family Health	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

07/01/2014 - Orders Only in Hall Health Family Health (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/13 1812
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Avila, Bianca Celeste, Technologist 7/1/2014 11:30 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
T37161	—	—	07/01/14 1130

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 07/01/14 1221, Result status: Final result

Order status: Completed
Filed on: 07/01/14 1221
Collected by: 07/01/14 1130
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.8	0.8 - 1.3	H	RSVLT

Reviewed by

Erhardt, Mark Allen on 07/03/14 0749
Neighbor Jr., William E on 07/02/14 1412

07/01/2014 - Orders Only in Hall Health Family Health (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Erhardt, Mark Allen on 7/3/2014 07:49
Neighbor Jr., William E on 7/2/2014 14:12

06/26/2014 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Medication Management
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/11/2013
Start date: 12/11/2013 — End date: 7/9/2014
Quantity: 30 Tab — Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/2/2014
Start date: 1/2/2014 — End date: 12/24/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/4/2014
Start date: 2/4/2014 — End date: 7/30/2014
Quantity: 90 Tab — Refill: 1

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/30/2014

06/26/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/1/2014
Start date: 3/31/2014
End date: 7/30/2014
Quantity: 5 mL
Refill: 2

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/20/2014
Start date: 5/19/2014
End date: 12/19/2014
Quantity: 90 Tab
Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/25/2014
Start date: 6/25/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 6

Stopped in Visit

None

Messages

Medication Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	6/26/2014 5:08 PM

Confirmed 1/2 tab added, return to normal dose.

06/25/2014 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- AFTERCARE LONG TERM ANTICOAG USE (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC
- BENIGN HYPERTENSION
- Toe contusion, right, initial encounter

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/11/2013
Start date: 12/11/2013 — End date: 7/9/2014
Quantity: 30 Tab — Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/2/2014
Start date: 1/2/2014 — End date: 12/24/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/4/2014
Start date: 2/4/2014 — End date: 7/30/2014

06/25/2014 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 90 Tab Refill: 1

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD Entered on: 2/21/2014
Start date: 2/21/2014 End date: 6/7/2018

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/1/2014
Start date: 3/31/2014 End date: 7/30/2014
Quantity: 5 mL Refill: 2

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 5/20/2014
Start date: 5/19/2014 End date: 12/19/2014
Quantity: 90 Tab Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD Ordered on: 6/25/2014
Start date: 6/25/2014 End date: 12/24/2014
Quantity: 30 Tab Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 6/25/2014 1352

Jeanne Leonie Hoffman is a 89 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  per provider

(V58.61) AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
Wearing compression stockings. Taking coumadin as prescribed. No bleeding unexpected. Did not get INR done before visit.

(401.1) BENIGN HYPERTENSION
Confirmed taking losartan as prescribed.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013	12/13/2012
• Thyroid nodule, uninodular [241.0] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	12/13/2012
• OSTEOPOROSIS NOS [733.00] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continue for five years, then stop	03/04/2008
• AFTERCARE LONG TERM ANTICOAG USE [V58.61] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3 She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.	01/08/2008
• ADULT FAILURE TO THRIVE [783.7] Lives in subsidized housing on Bainbridge Bremerton APS at 1-888-833-4925 Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved. Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait	10/19/2007
• TREMOR NEC [333.1] Noted by Melanie Parker. Consider Parkinson's disease med trial.	08/17/2007
• FX FEMUR INTRCAPS NOS-CLOSE [820.00] Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	05/01/2007

06/25/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- Unspecified glaucoma(365.9) [365.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): 2006

Pneumococcal (65 yoa and high risk x1): 2010
Blood pressure: Dx hypertension
Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001.
Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

Outpatient Prescriptions Marked as Taking for the 6/25/14 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	1
• Pentoxifylline ER 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	5
• Timolol Maleate 0.5 % Ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	2
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	30 Tab	6

No Facility-Administered Medications for the 6/25/14 encounter (Office Visit) with Neighbor Jr., William E.

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Influenza (With Preservative)	09/20/2013
• Pneumococcal Polysaccharide	03/22/2010
• Td	06/07/2006

Social history:

History

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

History

Sexual Activity

- Sexually Active: Not on file

Tobacco and Alcohol Use:

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Review of Systems:
Constitutional: Denies weight gain.
Respiratory: Denies cough, shortness of breath.
Cardiovascular: Denies chest pain, palpitations, syncope, orthopnea, paroxysmal noctural dyspnea, lower extremity edema.

Studies reviewed
US carotids carotids May 2014 nl
CT had June 2012 lacunar infarcs internal capsule on right

Objective:
BP 127/74 | Pulse 64 | Temp(Src) 98.6 °F (37 °C) (Oral) | Wt 55.792 kg (123 lb) | BMI 19.26 kg/m2
Estimated body mass index is 19.26 kg/(m^2) as calculated from the following:
Height as of 2/27/07: 5' 7" (1.702 m).

06/25/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Weight as of this encounter: 55.792 kg (123 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 127/74
General: NAD
Right second toe shows small persistent bruising distal tuft. Tender at tuft. Less tender pip joint and no tenderness at base of toe. No subungual hematoma.

INR pending.

Assessment and Plan:
(V58.61) AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR to be done today. She did not get it done before visit. I will contact her tomorrow with results.

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence

(401.1) BENIGN HYPERTENSION
Some dizziness periodically which could be due to blood pressure over treatment. Her blood pressure is good today. Weight is down over time consistent with age. Suggest that we reduce losartan 25 mg to one half tablet daily. See me in one month.

Right second toe contusion.
Cannot rule out fracture of the tuft of the distal portion of the toe. The injury was a month ago. There is nothing we would do differently and she is tolerating the discomfort well. Expect gradual healing.

Has not been weight for some time. Gradual decline in weight consistent with age. Spoke with son who said living situation improved. He is her care provider at home.

Time-based symptom visit: 30 minutes were spent by the attending in direct face to face contact with the patient over 50 percent of which was spent in advising and counseling the patient about above.

William E Neighbor JR, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 6/25/2014 3:28 PM

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812** Status: **Completed**

06/25/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Ordering user: Neighbor Jr., William E 11/13/13 1812
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Quantity: 1
Instance released by: Karmelich, Karen A 6/25/2014 2:21 PM
Authorized by: Neighbor Jr., William E
Class: Normal
Lab status: Final result
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W56586	—	—	06/25/14 1421

PROTHROMBIN TIME (RAPID INR) Resulted: 06/25/14 1450, Result status: Final result

Order status: Completed
Collected by: 06/25/14 1421
Filed on: 06/25/14 1450
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	Duplicate request	0.8 - 1.3	—	HALLH

Reviewed by

Neighbor Jr., William E on 06/26/14 1408
Voronchuk, Eleonora on 06/26/14 0907
Greig, Elaine M on 06/25/14 1455

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
34 - HALLH	UW HALL HEALTH ONSITE LAB	Unknown	Unknown	05/24/07 0928 - 06/04/15 1345

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 6/26/2014 14:08
Voronchuk, Eleonora on 6/26/2014 09:07
Greig, Elaine M on 6/25/2014 14:55

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/25/14 1439** Status: **Completed**
Ordering user: Neighbor Jr., William E 06/25/14 1439
Ordering mode: Standard
Frequency: Routine 06/25/14 -
Quantity: 1
Authorized by: Neighbor Jr., William E
Class: Normal
Lab status: Final result
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W56586	—	—	06/25/14 1421

06/25/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

PROTHROMBIN TIME (Abnormal) Resulted: 06/25/14 1713, Result status: Final result

Order status: Completed
Collected by: 06/25/14 1421
Filed on: 06/25/14 1713
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	21.6	10.7 - 15.6 s	H	UWMC
Prothrombin INR	1.9	0.8 - 1.3	H	UWMC

Reviewed by

Neighbor Jr., William E on 06/26/14 1408
Voronchuk, Eleonora on 06/26/14 0907

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 6/26/2014 14:08
Voronchuk, Eleonora on 6/26/2014 09:07

Other Orders

Medications

Warfarin Sodium (COUMADIN) 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 06/25/14 1411** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 06/25/14 1411 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 06/25/14 - 12/24/14 Class: E-RX
Discontinued by: Neighbor Jr., William E 12/24/14 1320 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC
Reordered from: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Flowsheets

Vital Data

Row Name	06/25/14 1358	06/25/14 1338
Weight	55.8 kg (123 lb)	—
BP	—	127/74

06/25/2014 - Office Visit in Hall Health Primary Care Center (continued)

Flowsheets (continued)

BP Cuff Size	—	Regular
BP Site	—	Left Arm
BP Position	—	Sitting
Temp	—	37 °C
Temp src	—	Oral
Pulse	—	64

Patient Instructions

Assessment and Plan:

(V58.61) AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR to be done today. She did not get it done before visit. I will contact her tomorrow with results.

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence

(401.1) BENIGN HYPERTENSION
Some dizziness periodically which could be due to blood pressure over treatment. Her blood pressure is good today. Weight is down over time consistent with age. Suggest that we reduce losartan 25 mg to one half tablet daily. See me in one month.

Right second toe contusion.
Cannot rule out fracture of the tuft of the distal portion of the toe. The injury was a month ago. There is nothing we would do differently and she is tolerating the discomfort well. Expect gradual healing.

William E Neighbor JR, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 6/25/2014 2:11 PM

05/30/2014 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Results
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2013
Start date: 12/11/2013
End date: 7/9/2014
Quantity: 30 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/4/2014
Start date: 2/4/2014
End date: 7/30/2014
Quantity: 90 Tab
Refill: 1

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/1/2014
Start date: 3/31/2014
End date: 7/30/2014
Quantity: 5 mL
Refill: 2

Pentoxifylline ER 400 MG Oral Tab CR

05/30/2014 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/20/2014
Start date: 5/19/2014
End date: 12/19/2014
Quantity: 90 Tab
Refill: 5

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/25/2014
Start date: 6/25/2014
End date: 12/24/2014
Quantity: 30 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 7/3/2014 0816

done

Electronically signed by Voronchuk, Eleonora at 7/3/2014 8:17 AM

Messages

(no subject)

From	To	Sent and Delivered
Lili Lucille Church, MD	Hoffman, Jeanne Leonie	5/30/2014 6:52 AM

Last Read in MyChart
6/3/2014 8:25 AM by Hoffman, Jeanne Leonie

Hi Jeanne,
Your INR is 2.4, back in therapeutic range. I know your INR has jumped around a little, and sounds from our discussion yesterday that your diet has varied in regard to some of the foods that can change the INR. We discussed trying to keep your diet very similar day to day in regard to those foods.
I recommend that today you take 7.5 mg coumadin dose today (one and one half of the 5 mg tablets), then 5 mg every day after that.
Please recheck your INR in 1 week (same day as appointment with Dr. Neighbor).
Also make an appointment with Dr. Neighbor for in 1 week, to discuss the result.
Please call us if any concerns or questions.
Lili L Church, MD

05/30/2014 - Telephone in Hall Health Primary Care Center (continued)

Messages (continued)

05/29/2014 - Orders Only in Hall Health Family Health

Reason for Visit

Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Family Health	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

05/29/2014 - Orders Only in Hall Health Family Health (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/13 1812
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 5/29/2014 1:22 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
H41604	—	—	05/29/14 1323

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 05/29/14 1359, Result status: Final result

Order status: Completed
Filed on: 05/29/14 1359
Collected by: 05/29/14 1323
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Anderson-Kloth, Carmen N on 06/02/14 1601
Neighbor Jr., William E on 05/29/14 1717

05/29/2014 - Orders Only in Hall Health Family Health (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Anderson-Kloth, Carmen N on 6/2/2014 16:01
Neighbor Jr., William E on 5/29/2014 17:17

05/29/2014 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Lab Test
Visit diagnosis: AFTERCARE LONG TERM ANTICOAG USE

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Church, Lili L	Church, Lili L

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2013
Start date: 12/11/2013
End date: 7/9/2014
Quantity: 30 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

05/29/2014 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/4/2014
Start date: 2/4/2014 — End date: 7/30/2014
Quantity: 90 Tab — Refill: 1

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/1/2014
Start date: 3/31/2014 — End date: 7/30/2014
Quantity: 5 mL — Refill: 2

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/20/2014
Start date: 5/19/2014 — End date: 12/19/2014
Quantity: 90 Tab — Refill: 5

Stopped in Visit

None

Clinical Notes

Progress Notes

Church, Lili L at 5/29/2014 1138

Jeanne Leonie Hoffman is a 89 year old female very HOH

Chief Complaint

Patient presents with

- Lab Test

Is anticoagulated for recurrent LE DVTs since 1982. She notes her INRs vary a lot, with dose needing to be changed every 6 months or so. Gets INRs usually 1x/mo.

Dose last changed from 10 to 5 mg daily about 1 year ago, but after most recent INR last week was instructed to take 7.5mg one day, then resume 5 mg q d, all of which she has done.

Diet, including alternating green with back tea, hasn't changed per pt. Later pt's son Louis joined and noted lately diet, esp certain cruciferous veggies have varied quite a lot and recently increased several times weekly.

Pt denies any bleeding sxs eg gums, stool, easy brusing more than typical, new rashes. Doesn't have falls. She has no sxs of concern. Is HOH but shouting works.

05/29/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Pt notes tries to keep INR about 2.0. ProbList suggests 2-3.

INRs:
5/14/14 1.6
4/14/14 2.0

Lives at home, active in garden. Son lives with her and helps care for her, and her for him per pt!

Per LOV w/ Dr. Neighbor 5/14/14: " In Dec and Jan was about 2.4, then dropped to 2.2, then 2. Then 1.6 today" A/P then was: "Unclear cause. Complaint with medication and no changes diet. She does not take vitamins other than B12 and Vitamin D. This pattern of unexpected drop in INR has occurred with her before and seems to resolve with slight temporary change in med.
Plan is to take extra half tab of coumadin 5 mg tonight and Friday night. Continue regular daily 5 mg. Recheck in May 29"

Sees Dr. Neighbor about 1x/month, more frequent PRN when coumadin changing.

Reviewed her extensive hx: Allergies, Medications, Problem List, Past Medical History, Surgical History, Social Documentation

O: BP 118/68 | Pulse 63 | Temp(Src) 97.9 °F (36.6 °C)
Alert, NAD.
MS: In good spirits. With shouting, pt demonstrates logical thought process. Speech nl.

Labs: see HPI re INRs. No INR done yet today

Imp:
(V58.61) AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
Comment: Recent subtherapeutic INR, in context of INRs that have generally otherwise been stable, may be explained (or not) by recent diet variation. Disc'd w/ pt and son (who does the cooking), rationale for consistency with diet, and ok to have most foods as long as consistent. No sxs bleeding. Challenging interaction d/t pt's HOH, and son seeking support.
Plan:
Get rapid INR at Roos lab now
I will call son Louis w/ INR results and med plan: 206-855-0815. If unable to reach him, send ecare message to Jeanne. He has access to her eCAre, which pt today confirms is fine

This 25 minute visit spent greater than half on counseling.

Lili L Church, MD

Addendum: eCare message sent re: INR 2.4. Rec incr coumadin to 7.5 x 1 day, then 5 mg daily. In 1 wk check INR and RTC see Dr. Neighbor to disc result. -LC

Electronically signed by Church, Lili L at 5/30/2014 7:52 AM

Flowsheets

Vital Data

05/29/2014 - Office Visit in Hall Health Primary Care Center (continued)

Flowsheets (continued)

Row Name	05/29/14 1122
BP	118/68
Temp	36.6 °C
Pulse	63

Patient Instructions

You will get your rapid INR today at the Roosevelt Lab. I will call your son Louis later today with the result, and whether any medication adjustments are needed.

Hall Health Appointments: 206-616-2495
Consulting Nurses 8am-5pm 206-221-2517
After Hours Number: 206-744-2500
Dr. Church's Medical Assistant, Ella Voronchuk: 206-616-9358

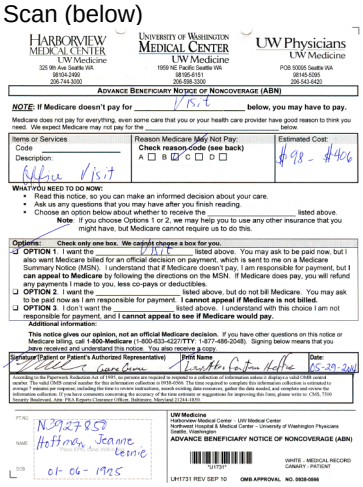
Electronically signed by Church, Lili L at 5/29/2014 11:52 AM

05/29/2014 - Office Visit in Hall Health Primary Care Center (continued)

Documents

Other - Scan on 5/30/2014 4:36 PM: abn

Scan (below)



HARBORVIEW MEDICAL CENTER
UW Medicine
325 9th Ave Seattle WA
98104-2499
206-744-3000

UNIVERSITY OF WASHINGTON MEDICAL CENTER
UW Medicine
1959 NE Pacific Seattle WA
98195-6151
206-598-3300

UW Physicians
UW Medicine
POB 90065 Seattle WA
98145-5065
206-543-6420

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for Visit **below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Code _____ Description: Routine Visit	Check reason code (see back) A ☐ B ☑ C ☐ D ☐	$98 - $406

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Options 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the Visit listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I **can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/**TTY**: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Authorized Representative)	Print Name	Date:
[signature]	Jeanne Leonie Hoffman	05-29-2014

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT NO: N3927850
NAME: Hoffman, Jeanne Leonie
DOB: 01-06-1925

UW Medicine
Harborview Medical Center · UW Medical Center
Northwest Hospital & Medical Center · University of Washington Physicians
Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

UH1731

WHITE - MEDICAL RECORD
CANARY - PATIENT

UH1731 REV SEP 10 OMB APPROVAL NO. 0938-0566

05/19/2014 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2013
Start date: 12/11/2013
End date: 7/9/2014
Quantity: 30 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/4/2014
Start date: 2/4/2014
End date: 7/30/2014
Quantity: 90 Tab
Refill: 1

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Timolol Maleate 0.5 % Ophthalmic Solution

05/19/2014 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/1/2014
Start date: 3/31/2014
End date: 7/30/2014
Quantity: 5 mL
Refill: 2

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/19/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/20/2014
Start date: 5/19/2014
End date: 12/19/2014
Quantity: 90 Tab
Refill: 5

Stopped in Visit

None

Other Orders

Medications

Pentoxifylline ER 400 MG Oral Tab CR (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 05/20/14 1247**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 05/20/14 1247
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/19/14 - 12/19/14
Class: E-RX
Released by: Neighbor Jr., William E 05/20/14 1247
Discontinued by: Neighbor Jr., William E 12/19/14 1154 [Reorder]
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC
Reordered from: Pentoxifylline ER 400 MG Oral Tab CR

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Messages

refill done

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/20/2014 12:47 PM

Last Read in MyChart
7/2/2014 7:46 AM by Hoffman, Jeanne Leonie

I sent in the refill for pentoxifyline.

William E Neighbor JR, MD

Medication Renewal Request

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool (supporting	5/19/2014 11:02 AM

05/19/2014 - Refill in Hall Health Primary Care Center (continued)

Messages (continued)

William E Neighbor Jr., MD)

Original authorizing provider: William E Neighbor JR, MD

Jeanne Leonie Hoffman would like a refill of the following medications:
Pentoxifylline ER 400 MG Oral Tab CR [William E Neighbor JR, MD]

Preferred pharmacy: SAFEWAY #27-1252 253 HIGH SCHOOL ROAD N.E. BAINBRIDGE ISLAND WA 206-842-0127 206-780-0731 98110

Comment:
Refills: 0 "ended"Please refill

05/16/2014 - Orders Only in Hall Health Family Health

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Family Health	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

05/16/2014 - Orders Only in Hall Health Family Health (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

05/15/2014 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow Up Visit
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2013
Start date: 10/29/2013
End date: 5/19/2014
Quantity: 90 Tab
Refill: 5

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2013
Start date: 12/11/2013
End date: 7/9/2014
Quantity: 30 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

05/15/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/4/2014
Start date: 2/4/2014
End date: 7/30/2014
Quantity: 90 Tab
Refill: 1

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/1/2014
Start date: 3/31/2014
End date: 7/30/2014
Quantity: 5 mL
Refill: 2

Stopped in Visit

None

Messages

RE: Results Question

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/16/2014 5:04 PM

Last Read in MyChart
Not Read

Louis: I would not go overboard. She should eat the food she enjoys eating and the main thing is general consistency. If any of the foods you listed below are new additions to her diet in reasonable amounts then they may account for the change. However, if she enjoys those, then we can adjust the coumadin dose rather than have her remove foods that she likes. Does this make sense.

William E Neighbor JR, MD

Results Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	5/15/2014 3:43 PM

POSSIBLE LINKS TO "K".

As diet includes the following from time to time.
Will cut frm diet

HERBS: Long used for medicinal purposes, herbs are packed with nutrients and vitamin K is no exception. Dried Basil, Dried Sage, and Dried Thyme all contain the most with 1715μg (2143% DV) per 100g serving, or up to 51μg (64% DV) per tablespoon. They are followed by Fresh Parsley (82% DV per tblsp), Dried Coriander, Dried Marjoram, Dried Oregano, and finally fresh basil with 10μg (13% DV) per tablespoon

BROCOLLI: Vitamin K is just another reason to eat everyone's favorite vegetable. Broccoli contains 141μg (176% DV) of vitamin K per 100g serving, that is 220μg (276% DV) per cup, and 52μg (65% DV) in an average spear, or piece, of brocolli.

PRUNES:High in fiber, zinc, and even iron, prunes are great health food. 100 grams will provide 60μg (74% DV) of vitamin K, or 104μg (129% DV) per cup, and 6μg (7% DV) in a single prune.

ASPARAGUS: 100 grams will provide 80μg (100% DV) of vitamin K, that is 144μg (180% DV) per cup, and 48μg (60% DV) in 4 spears.

05/14/2014 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Check Up
Visit diagnoses:

- DEEP VENOUS PHLEBITIS-LEG NEC (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- Nail breaking

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2013
Start date: 10/29/2013
End date: 5/19/2014
Quantity: 90 Tab
Refill: 5

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2013
Start date: 12/11/2013
End date: 7/9/2014
Quantity: 30 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

05/14/2014 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/2/2014
Start date: 1/2/2014 — End date: 12/24/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/4/2014
Start date: 2/4/2014 — End date: 7/30/2014
Quantity: 90 Tab — Refill: 1

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/1/2014
Start date: 3/31/2014 — End date: 7/30/2014
Quantity: 5 mL — Refill: 2

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 5/14/2014 1124

Jeanne Leonie Hoffman is a 89 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Check Up
  f/u per provider

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
(V58.61) AFTERCARE LONG TERM ANTICOAG USE
In for INR today. Compliant with med. No changes in diet. Drinks green tea alternating with black tea but this is not a change for her. No bleeding. NO LE pain or swelling. Wears compression stockings.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013

05/14/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- Vertebral fracture [805.8] 12/13/2012
  Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013

- Thyroid nodule, uninodular [241.0] 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
  5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- OSTEOPOROSIS NOS [733.00] 03/04/2008
  T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
  Began fosamax spring 2008. Continue for five years, then stop

- AFTERCARE LONG TERM ANTICOAG USE [V58.61] 01/08/2008
  Reason for anticoagulation: Recurrent dvts
  Duration of anticoagulation: life
  INR goal: 2.-3

  She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.

- ADULT FAILURE TO THRIVE [783.7] 10/19/2007
  Lives in subsidized housing on Bainbridge
  Bremerton APS at 1-888-833-4925
  Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
  Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait

- TREMOR NEC [333.1] 08/17/2007
  Noted by Melanie Parker. Consider Parkinson's disease med trial.

- FX FEMUR INTRCAPS NOS-CLOSE [820.00] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without 03/27/2007

mention of complication, not stated as uncontrolled
[250.00]
Year onset: Dx March 2007
Metformin discontinued 2011 as A1c in target range without it.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- Unspecified glaucoma(365.9) [365.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1): 2010
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.

Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

Outpatient Prescriptions Marked as Taking for the 5/14/14 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	1
• Pentoxifylline ER 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	5
• Timolol Maleate 0.5 % Ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	2
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	30 Tab	6

No Facility-Administered Medications for the 5/14/14 encounter (Office Visit) with Neighbor Jr., William E.

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Influenza (With Preservative)	09/20/2013
• Pneumococcal Polysaccharide	03/22/2010

• Td	06/07/2006

Social history:

History

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

History

Sexual Activity

• Sexually Active:	Not on file

Tobacco and Alcohol Use:

History

Substance Use Topics

• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol Use:	Not on file

Objective:

BP 147/83 | Pulse 62
Estimated body mass index is 20.04 kg/(m^2) as calculated from the following:
Height as of 2/27/07: 5' 7" (1.702 m).
Weight as of 11/7/12: 58.06 kg (128 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 147/83
General: NAD
Hard o hearing

INR 1.6. In Dec and Jan was about 2.4, then dropped to 2.2, then 2. Then 1.6 today

Assessment and Plan:

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
(V58.61) AFTERCARE LONG TERM ANTICOAG USE
Unclear cause. Complaint with medication and no changes diet. She does not take vitamins other than B12 and Vitamin D. This pattern of unexpected drop in INR has occurred with her before and seems to resolve with slight

05/14/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

temporary change in med.

Plan is to take extra half tab of coumadin 5 mg tonight and Friday night. Continue regular daily 5 mg. Recheck in May 29 When they will be at the U.

Other issues discussed were her hearing loss. She wants to pay off some other bills before getting new more expensive hearing aids.

She mentions her nails have been brittle. Will check iron level at next blood draw.

Spoke with son Louis to review above. Housing situation is improved and final plan is being worked out.

William E Neighbor JR, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 5/14/2014 2:36 PM

Labs

FERRITIN (Final result)

Electronically signed by: **Neighbor Jr., William E on 05/14/14 1435** Status: **Completed**
Ordering user: Neighbor Jr., William E 05/14/14 1435 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/14/14 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Nail breaking [703.8 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W75822	—	—	05/29/14 1305

FERRITIN Resulted: 05/29/14 1841, Result status: Final result

Order status: Completed Filed on: 05/29/14 1841
Collected by: 05/29/14 1305 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Ferritin	29	10 - 180 ng/mL	—	UWMC

Reviewed by

Neighbor Jr., William E on 05/30/14 1902
Voronchuk, Eleonora on 05/30/14 0935

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY	Unknown	1959 NE Pacific Street	03/10/10 1250 - Present

05/14/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

	MEDICINE		Seattle WA 98195	
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Nail breaking [703.8 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 5/30/2014 19:02
Voronchuk, Eleonora on 5/30/2014 09:35

Flowsheets

Vital Data

Row Name	05/14/14 1113
BP	147/83
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	62
Having Periods	No

Messages

summary of visit today

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/14/2014 2:36 PM

Last Read in MyChart
5/15/2014 3:22 PM by Hoffman, Jeanne Leonie

Below is a summary of your visit today

Assessment and Plan:
(451.19) DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
(V58.61) AFTERCARE LONG TERM ANTICOAG USE
Unclear cause. Complaint with medication and no changes diet. She does not take vitamins other than B12 and Vitamin D. This pattern of unexpected drop in INR has occurred with her before and seems to resolve with slight temporary change in med.

Plan is to take extra half tab of coumadin 5 mg tonight and Friday night. Continue regular daily 5 mg. Recheck in May 29 When they will be at the U.

Other issues discussed were her hearing loss. She wants to pay off some other bills before getting new more expensive hearing aids.

She mentions her nails have been brittle. Will check iron level at next blood draw.

Spoke with son Louis to review above. Housing situation is improved and final plan is being worked out.

05/14/2014 - Office Visit in Hall Health Primary Care Center (continued)

Messages (continued)

William E Neighbor JR, MD
Clinical Professor
Department of Family Medicine
University of Washington

05/14/2014 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Welch, Kristi L

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

05/14/2014 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/13 1812
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 5/14/2014 10:25 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W73911	—	—	05/14/14 1026

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 05/14/14 1054, Result status: Final result

Order status: Completed
Filed on: 05/14/14 1054
Collected by: 05/14/14 1026
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.6	0.8 - 1.3	H	RSVLT

Reviewed by

Voronchuk, Eleonora on 05/14/14 1203
Neighbor Jr., William E on 05/14/14 1123

05/14/2014 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Voronchuk, Eleonora on 5/14/2014 12:03
Neighbor Jr., William E on 5/14/2014 11:23

05/05/2014 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/30/2013
Start date: 8/30/2013 — End date: 6/25/2014
Quantity: 30 Tab — Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/1/2013
Start date: 10/29/2013 — End date: 5/19/2014
Quantity: 90 Tab — Refill: 5

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/11/2013
Start date: 12/11/2013 — End date: 7/9/2014
Quantity: 30 Tab — Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/2/2014
Start date: 1/2/2014 — End date: 12/24/2014
Quantity: 90 Tab — Refill: 3

05/05/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/4/2014
Start date: 2/4/2014
End date: 7/30/2014
Quantity: 90 Tab
Refill: 1

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/1/2014
Start date: 3/31/2014
End date: 7/30/2014
Quantity: 5 mL
Refill: 2

Stopped in Visit

None

Messages

RE: Medical Advice

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/5/2014 5:42 PM

Last Read in MyChart
Not Read

I don't quit understand the message. Are they going to send me a form to fill out--the usual; or do they want me to call them first. My experience is that if I call, all they say is that they are sending me a form on which to provide a report. Happy to call though if it is needed.

William E Neighbor JR, MD

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	5/5/2014 10:04 AM

Live-In Care Giver Application

Further Questions:
Housing Kitsap

05/05/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

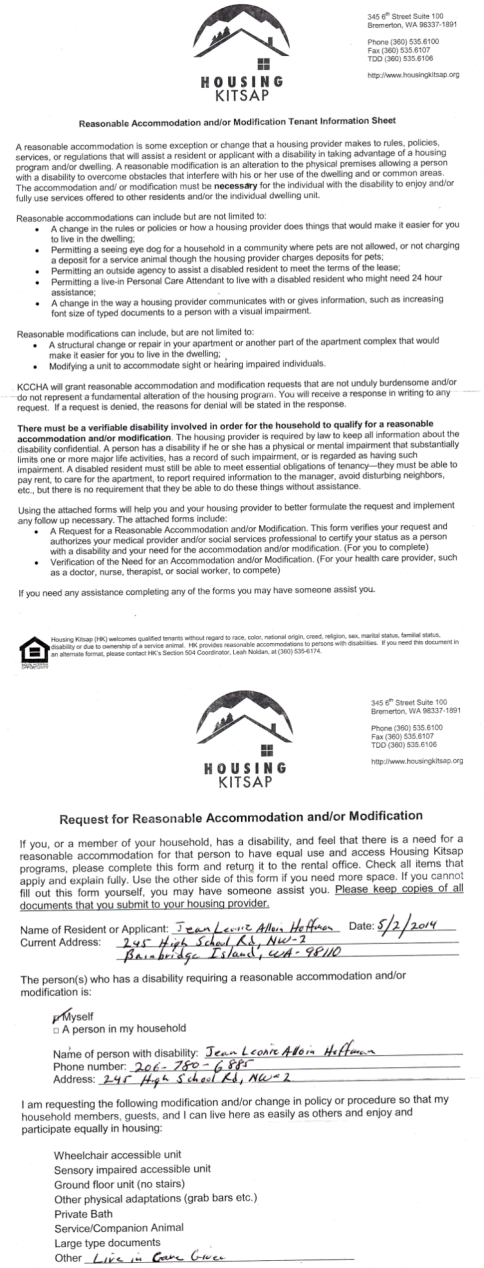
Leah Noldan, Assistant Housing manager
PH: 360-535-6174
FAX: 360-5356-6165
Emai: noldahl@housingkitsap.org

05/05/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents

Patient Entered Attachment - Document on 5/5/2014 10:04 AM: caregiver

Document (below)



HOUSING KITSAP

345 6th Street Suite 100
Bremerton, WA 98337-1891

Phone (360) 535.6100
Fax (360) 535.6107
TDD (360) 535.6106

http://www.housingkitsap.org

Reasonable Accommodation and/or Modification Tenant Information Sheet

A reasonable accommodation is some exception or change that a housing provider makes to rules, policies, services, or regulations that will assist a resident or applicant with a disability in taking advantage of a housing program and/or dwelling. A reasonable modification is an alteration to the physical premises allowing a person with a disability to overcome obstacles that interfere with his or her use of the dwelling and or common areas. The accommodation and/ or modification must be **necessary** for the individual with the disability to enjoy and/or fully use services offered to other residents and/or the individual dwelling unit.

Reasonable accommodations can include but are not limited to:

- A change in the rules or policies or how a housing provider does things that would make it easier for you to live in the dwelling;
- Permitting a seeing eye dog for a household in a community where pets are not allowed, or not charging a deposit for a service animal though the housing provider charges deposits for pets;
- Permitting an outside agency to assist a disabled resident to meet the terms of the lease;
- Permitting a live-in Personal Care Attendant to live with a disabled resident who might need 24 hour assistance;
- A change in the way a housing provider communicates with or gives information, such as increasing font size of typed documents to a person with a visual impairment.

Reasonable modifications can include, but are not limited to:

- A structural change or repair in your apartment or another part of the apartment complex that would make it easier for you to live in the dwelling;
- Modifying a unit to accommodate sight or hearing impaired individuals.

KCCHA will grant reasonable accommodation and modification requests that are not unduly burdensome and/or do not represent a fundamental alteration of the housing program. You will receive a response in writing to any request. If a request is denied, the reasons for denial will be stated in the response.

There must be a verifiable disability involved in order for the household to qualify for a reasonable accommodation and/or modification. The housing provider is required by law to keep all information about the disability confidential. A person has a disability if he or she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. A disabled resident must still be able to meet essential obligations of tenancy—they must be able to pay rent, to care for the apartment, to report required information to the manager, avoid disturbing neighbors, etc., but there is no requirement that they be able to do these things without assistance.

Using the attached forms will help you and your housing provider to better formulate the request and implement any follow up necessary. The attached forms include:

- A Request for a Reasonable Accommodation and/or Modification. This form verifies your request and authorizes your medical provider and/or social services professional to certify your status as a person with a disability and your need for the accommodation and/or modification. (For you to complete)
- Verification of the Need for an Accommodation and/or Modification. (For your health care provider, such as a doctor, nurse, therapist, or social worker, to compete)

If you need any assistance completing any of the forms you may have someone assist you.

Housing Kitsap (HK) welcomes qualified tenants without regard to race, color, national origin, creed, religion, sex, marital status, familial status, disability or due to ownership of a service animal. HK provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please contact HK's Section 504 Coordinator, Leah Noldan, at (360) 535-6174.

HOUSING KITSAP

345 6th Street Suite 100
Bremerton, WA 98337-1891

Phone (360) 535.6100
Fax (360) 535.6107
TDD (360) 535.6106

http://www.housingkitsap.org

Request for Reasonable Accommodation and/or Modification

If you, or a member of your household, has a disability, and feel that there is a need for a reasonable accommodation for that person to have equal use and access Housing Kitsap programs, please complete this form and return it to the rental office. Check all items that apply and explain fully. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to your housing provider.

Name of Resident or Applicant: Jean Leonie Allen Hoffman Date: 5/2/2014
Current Address: 245 High School Rd, NW-2
Bainbridge Islands, WA- 98110

The person(s) who has a disability requiring a reasonable accommodation and/or modification is:

☑ Myself
☐ A person in my household

Name of person with disability: Jean Leonie Allen Hoffman
Phone number: 206- 780- 6885
Address: 245 High School Rd, NW-2

I am requesting the following modification and/or change in policy or procedure so that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:

Wheelchair accessible unit
Sensory impaired accessible unit
Ground floor unit (no stairs)
Other physical adaptations (grab bars etc.)
Private Bath
Service/Companion Animal
Large type documents
Other Live in Care Giver

05/05/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents (continued)

I need this reasonable accommodation and/or modification because:
Senior Citizen 89.6 years, Physical Impairment Injuries, Aging Limitations, Hearing Impaired
SEE: Dr. Neighbors, Medical Evaluation

Please provide the name, telephone number and address of a medical or social service professional who can verify your need for reasonable accommodation/ modification:

Name: Dr. William E. Neighbors, Jr. MD
Telephone Number: 206-616-9358
Fax Number: 206-616-4683
Address: UW Medicine, Hall Health Primary Care Center, Box 354410
Seattle, WA 98195-4410

+ RELEASE OF INFORMATION +

I give my permission for Housing Kitsap to verify my need for reasonable accommodation with the medical/social service professional listed above.

Signature of disabled person: Jeanne L Hoffman
Printed Name: Jean Leonie Caillet Allen Hoffman
Date: 5/2/2014

Care Giver: Lorie Charles Hoffman Allen, Power of Attorney, Care Giver, Guardian, Son.
5/2/2014

05/05/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents (continued)

Other - Scan on 5/9/2014 2:05 PM: Kitsap Housing Form

Scan (below)

May. 6. 2014 4:01PM

345 6th Street Suite 100
Bremerton, WA 98337
(360) 535-6174
(360) 535-6165 FAX

Housing Kitsap

Fax

RECEIVED
MAY 07 2014
HALL HEALTH DATA SERVICES

To:	Dr. William E. Neighbor, Jr. MD	**From:**	Leah Noldan
Fax:	(206) 616-4683	**Pages:**	7 including coversheet
Phone:		**Date:**	5/6/2014
Re:	Jean Hoffman Reasonable Accommodation Verification	**cc:**	

☐ **Urgent** ☑ **For Review** ☐ **Please Comment** ☑ **Please Reply** ☐ **Please Recycle**

Please fax back to my attention-
Leah Noldan (360) 535-6165

Thank you for your prompt attention to this request. If you have any questions, please feel free to contact me at (360) 535-6174.

If I have additional questions, I may call you as well

Received Time May. 6. 2014 4:17PM No. 1952

Page 1

05/05/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents (continued)

May. 6. 2014 4:01PM No. 4147 P. 2

RECEIVED MAY 05 2014

HOUSING KITSAP

345 6th Street Suite 100
Bremerton, WA 98337-1891

Phone (360) 535.6100
Fax (360) 535.6107
TDD (360) 535.6106

http://www.housingkitsap.org

Request for Reasonable Accommodation and/or Modification

If you, or a member of your household, has a disability, and feel that there is a need for a reasonable accommodation for that person to have equal use and access Housing Kitsap programs, please complete this form and return it to the rental office. Check all items that apply and explain fully. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to your housing provider.

Name of Resident or Applicant: Jean Leonie Allen Hoffman Date: 5/2/2014
Current Address: 245 High School Rd, NW-2
Bainbridge Island, WA-98110

The person(s) who has a disability requiring a reasonable accommodation and/or modification is:

☑ Myself
☐ A person in my household

Name of person with disability: Jean Leonie Allen Hoffman
Phone number: 206-780-6885
Address: 245 High School Rd, NW-2

I am requesting the following modification and/or change in policy or procedure so that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:

Wheelchair accessible unit
Sensory impaired accessible unit
Ground floor unit (no stairs)
Other physical adaptations (grab bars etc.)
Private Bath
Service/Companion Animal
Large type documents
Other I live in Cave Grove

Received Time May. 6. 2014 4:17PM No. 1952

05/05/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents (continued)

May. 6. 2014 4:01PM

I need this reasonable accommodation and/or modification because:

Senior Citizen 89.6 years, physical Impairment Injuries, Aging limitation, Hearing Impaired

SEE: Dr. Neighbors, Medical Evaluation

Please provide the name, telephone number and address of a medical or social service professional who can verify your need for reasonable accommodation/ modification:

Name: Dr. William E. Neighbor, Jr. MD

Telephone Number: 206-616-9358

Fax Number: 206-616-4683

Address: UW Medicine, Hall Health Primary Care Center, Box 354410
Seattle, WA-98195-4410

+ **RELEASE OF INFORMATION** +

I give my permission for Housing Kitsap to verify my need for reasonable accommodation with the medical/social service professional listed above.

Signature of disabled person: Jeanne Leonie Hoffman

Printed Name: Jean Leonie Caillet Alloin Hoffman

Date: 5/2/2014

Care Giver: Louis Charles Hoffman Alloin, Power of Attorney, Care Giver, Guardian, Son.
5/2/2014

Received Time May. 6. 2014 4:17PM No. 1952

05/05/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents (continued)

HOUSING KITSAP

345 6th Street Suite 100
Bremerton, WA 98337-1891

Phone (360) 535.6100
Fax (360) 535.6107
TDD (360) 535.6106

http://www.housingkitsap.org

Verification of a Reasonable Accommodation For a Person with a Disability (REVISON 4.29.14)

To: Dr. William E. Neighbor, Jr. MD (206) 616-4683
(Name of professional or organization) (Address or Fax Number)

Re: Name of resident or applicant: Jean Hoffman
Address: 245 High School Rd NW #2, Bainbridge Island, WA 98110

The above resident or applicant has informed Housing Kitsap (HK) that he/she is disabled and, as an accommodation to his/her disability, has asked HK to make an exception to its rules or practices or to pay for a modification to his/her apartment. This person has listed you as someone who can help us understand the request better and to verify information so HK can respond to this request.

Please fill out this form. It poses three questions on the following pages. When you are done please return the form via fax (360) 535-6165, Attention: Leah Noldan.

NOTE: IF NECESSARY ACCOMMODATION IS FOR ☐ TRANSFER, ☐ ASHTMA, ☑ LIVE-IN AIDE AND/OR EXTRA BEDROOM, PLEASE ALSO COMPLETE THE ADDITIONAL RELATED QUESTIONNAIRE FORM.

DISABILITY DEFINITIONS

Washington State Law (RCW 49.60) Disability is defined as, the presence of a sensory, mental, or physical disability when a condition is medically cognizable or diagnosable, exists as a record or history, or is perceived to exist whether or not it exists in fact.

Federal Law—Disability is defined as, "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment." *Major life activity means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.*

This is not a request for medical records or detailed information about the disability. Please limit your remarks to describing functional limitation(s) and to confirming that the accommodation that is requested above is relevant to the client's need.

Please check only those that apply to the following:

1) How current is your knowledge of the household member's disability?
- ☒ I have met with this individual to discuss his/her disability **within the last six months**
- ☐ The last time I met with this individual to discuss his/her disability **was over six months ago**
- ☐ Other (please explain): _____

2) In my professional opinion and assessment:
- ☒ **The household member requesting the accommodation(s) HAS a disability** based on one or both of the legal definitions above
- ☐ **The household member requesting the accommodation(s) does NOT have a disability** *(proceed to last page, sign and return)*
- ☐ I do not have enough information or training to make this assessment

3) Please indicate in your professional opinion and assessment whether the accommodation/modification is **necessary** to allow this household member equal opportunity to use and enjoy the housing and/or facilities in question for reasons related to the disability you believe the person to have:

Received Time May. 6. 2014 4:17PM No. 1952

Housing Kitsap (HK) welcomes qualified [illegible] regard to race, color, national origin, creed, religion, sex, marital status, familial status, disability or due to ownership of a service animal. HK provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please

05/05/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents (continued)

May. 6. 2014 4:01PM

First Requested Accommodation/Modification: Have son Louis C. Hoffman as Live-In Aide

You must check only one:
- [x] Necessary
- [ ] Alternative/s available, ie, NOT Necessary
- [ ] Beneficial but NOT Necessary
- [ ] NOT Beneficial; NOT Necessary
- [ ] Lack enough information to say

Explain basis for your assessment/comments; describe any alternatives:
Osteoarthritis of Spine requiring use of walker & limited ambulation.
Marked hearing impairment partially corrected with hearing aides.

Second Requested Accommodation/Modification: N/A

You must check only one:
- [ ] Necessary
- [ ] Alternative/s available, ie, NOT Necessary
- [ ] Beneficial but NOT Necessary
- [ ] NOT Beneficial; NOT Necessary
- [ ] Lack enough information to say

Explain basis for your assessment/comments; describe any alternatives:

Failure to provide all the applicable information can result in the disapproval of the request.

NOTE: Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed $250,000 and/or imprisonment of not more than 5 years.

William Naughton MD
Signature of Medical/Social Service Professional

5/7/2014
Date signed

William Naughton MD
Printed Name and Title

206-616-9357
Contact Phone Number

Page 2 of 2

Received Time May. 6. 2014 4:17PM No. 1952

05/05/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents (continued)

HOUSING KITSAP

345 6th Street Suite 100
Bremerton, WA 98337-1891

Phone (360) 535.6100
Fax (360) 535.6107
TDD (360) 535.6106

http://www.housingkitsap.org

LIVE-IN AIDE AND / OR EXTRA BEDROOM QUESTIONNAIRE

(Request for More Information to Qualified Provider Regarding Reasonable Accommodation)

The household member listed below has applied for, or is a participant in, a housing program provided by Housing Kitsap. A Live-In Aide and / or extra bedroom has been requested for this household member and we must obtain verification that the Live-In Aide is essential to the care and well-being of the household member or that the extra bedroom is required.

Household Member Who Requests Accommodation: ***Jean Hoffman***
☑ ***Family member identified as the Live-In Aide:*** ***Louis Hoffman***

A) LIVE-IN AIDE REQUEST:

Live-In Aide means *a person who resides with one or more elderly persons, or near-elderly person, or persons with disabilities, and who 1) Is determined to be essential to the care and well-being of the persons; 2) Is not obligated for the support of the persons; and 3) Would not be living in the unit except to provide the necessary supportive services.*

1) **In reviewing the patient's file, it is your professional opinion that:**
   - a) ☒ **Live-In Aide is Necessary** to ensure the care and well-being of the household member**
   - b) ☐ **Live-In Aide is NOT Necessary as Alternative/s available, ie Daily In-Home Worker**
   - c) ☐ **Live-In Aide is Beneficial** but NOT Necessary
   - d) ☐ **Live-In Aide is NOT Beneficial** and NOT Necessary
   - e) ☐ Lack enough information to say

If you selected option b) – e) please skip to section B) Extra Bedroom Request.

**If you indicated a Live-In Aide is Necessary then using the checklist below, indicate the activities of daily living (ADLs) with which the person requesting a live-in aide requires assistance and with which the live-in aide would provide assistance.

☐ Walking	☐ Standing	☐ Sitting
☒ Cooking/food preparation	☐ Feeding him or herself	☐ Drinking
☒ Shopping	☒ Housecleaning	☒ Laundry
☐ Bathing	☐ Grooming	☐ Dressing (clothes)
☒ Taking medication	☐ Handling financial matters	☐ Decision-making
☐ Memory	☐ Lifting	☐ Reaching
☐ Transfer to from bed, chair/couch, bathtub and/or shower	☐ Application of wound dressings (changing/applying cloth or adhesive bandages, antiseptics, etc	☐ Other *(Please specify in non-technical term that simply describe the ADLs with which the client needs assistance)*

Other Explained:

Received Time to May. 6. 2014 4:17PM No. 1952

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05/05/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents (continued)

May. 6. 2014 4:01PM NO. 4147 P. 1

Live-In Aide / Extra Bedroom Questionnaire Continued from Page 1:

2) **Does the Household Member require a Live-In Aide on a temporary basis only?**
☐ Yes ☒ No ☐ Not Applicable
➢ If you indicated yes please provide an estimate of the duration of time (in months and/or years) during which the Live-In Aide must provide services that are essential to the care and well-being of the Household Member.

3) **If a family member is identified as the Live-In Aide, per your professional opinion and assessment that individual is qualified to perform the required duties.**
☒ Yes ☐ No ☐ Not Applicable

4) **A Daily In-Home Worker would not be an equal alternative accommodation because** ***(please explain)***

NEED FOR ASSISTANCE EVENINGS & NIGHTS

B) EXTRA BEDROOM REQUEST:

1) **In my professional opinion and assessment of the disabled Household Member's needs I certify that:**
a) ☒ Live-In Aide **DOES Require** an additional bedroom
b) ☐ Medical equipment or assistive device **DOES Require** an additional bedroom *(please describe equipment or device)*_____
c) ☐ Medical equipment or assistive device **could be used/stored in a place other than an additional bedroom**
d) ☐ **Other** reason additional bedroom is required_____
e) ☐ Lack enough information to say

Failure to provide all the applicable information can result in the disapproval of the request.

NOTE: Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed $250,000 and/or imprisonment of not more than 5 years.

William Neighbor MD
Signature of Medical/Social Service Professional

WILLIAM NEIGHBOR MD
Printed Name and Title

5/7/2014
Date signed

206 616 5358
Contact Phone Number

Page 2 of 2

Received Time May. 6. 2014 4:17PM No. 1952

05/05/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents (continued)

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http://www.housingkitsap.org

Request for Reasonable Accommodation and/or Modification

If you, or a member of your household, has a disability, and feel that there is a need for a reasonable accommodation for that person to have equal use and access Housing Kitsap programs, please complete this form and return it to the rental office. Check all items that apply and explain fully. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to your housing provider.

Name of Resident or Applicant: Jean Leonie Allain Hoffman Date: 5/2/2014
Current Address: 245 High School Rd, NW-2
Bainbridge Island, WA-98110

The person(s) who has a disability requiring a reasonable accommodation and/or modification is:

☑ Myself
☐ A person in my household

Name of person with disability: Jean Leonie Allain Hoffman
Phone number: 206-780-6885
Address: 245 High School Rd, NW-2

I am requesting the following modification and/or change in policy or procedure so that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:

Wheelchair accessible unit
Sensory impaired accessible unit
Ground floor unit (no stairs)
Other physical adaptations (grab bars etc.)
Private Bath
Service/Companion Animal
Large type documents
Other Live in Care Giver

05/05/2014 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents (continued)

I need this reasonable accommodation and/or modification because:

Senior Citizen 89.6 years, Physical Impairment Injuries, Aging limitation, Hearing Impaired

SEE: Dr. Neighbors, Medical Evaluation

Please provide the name, telephone number and address of a medical or social service professional who can verify your need for reasonable accommodation/ modification:

Name: Dr. William E. Neighbor, Jr. MD

Telephone Number: 206-616-9358

Fax Number: 206-616-4683

Address: UW Medicine, Hall Health Primary Care Center, Box 354410
Seattle, WA 98195-4410

+ RELEASE OF INFORMATION +

I give my permission for Housing Kitsap to verify my need for reasonable accommodation with the medical/social service professional listed above.

Signature of disabled person: Jeanne Leonie Hoffman

Printed Name: Jean Leonie Caitlet Allen Hoffman

Date: 5/2/2014

Care Giver: Louis Charles Hoffman Allen, Power of Attorney, Care Giver, Guardian, Son.
5/2/2014

04/14/2014 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

04/14/2014 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/13 1812
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 4/14/2014 11:03 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
M65765	—	—	04/14/14 1104

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 04/14/14 1153, Result status: Final result

Order status: Completed
Filed on: 04/14/14 1153
Collected by: 04/14/14 1104
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

Greig, Elaine M on 04/15/14 0917
Neighbor Jr., William E on 04/14/14 1708

04/14/2014 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Greig, Elaine M on 4/15/2014 09:17
Neighbor Jr., William E on 4/14/2014 17:08

03/31/2014 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: GLAUCOMA NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2013
Start date: 10/29/2013
End date: 5/19/2014
Quantity: 90 Tab
Refill: 5

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2013
Start date: 12/11/2013
End date: 7/9/2014
Quantity: 30 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/4/2014
Start date: 2/4/2014
End date: 7/30/2014
Quantity: 90 Tab
Refill: 1

03/31/2014 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/1/2014
Start date: 3/31/2014
End date: 7/30/2014
Quantity: 5 mL
Refill: 2

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 3/31/2014 1244

Please advise, pharmacy on file

Electronically signed by Voronchuk, Eleonora at 3/31/2014 12:44 PM

Neighbor Jr., William E at 4/1/2014 1156

Electronically signed by Neighbor Jr., William E at 4/1/2014 11:57 AM

Other Orders

Medications

Timolol Maleate 0.5 % Ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 04/01/14 1155**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 04/01/14 1155
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: 03/31/14 - 07/30/14
Class: E-RX
Released by: Neighbor Jr., William E 04/01/14 1155
Discontinued by: Neighbor Jr., William E 07/30/14 1125 [Reorder]
Diagnoses
Unspecified glaucoma(365.9) [365.9 (ICD-9-CM)] - GLAUCOMA NOS
Medication comments: Needs eye clinic visit

Indications

Unspecified glaucoma(365.9) [365.9 (ICD-9-CM)]

03/31/2014 - Refill in Hall Health Primary Care Center (continued)

Other Orders (continued)

Messages

refilled eye drops but need eye clinic visit

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/1/2014 11:57 AM

Last Read in MyChart
5/5/2014 10:06 AM by Hoffman, Jeanne Leonie

Jean: I refilled your eye drops for glaucoma. I do not see that you have been seen in the eye clinic for quite a while. You should schedule a visit.

William E Neighbor JR, MD

03/26/2014 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2013
Start date: 10/29/2013
End date: 5/19/2014
Quantity: 90 Tab
Refill: 5

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2013
Start date: 12/11/2013
End date: 7/9/2014
Quantity: 30 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

03/26/2014 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/4/2014
Start date: 2/4/2014
End date: 7/30/2014
Quantity: 90 Tab
Refill: 1

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Crites, Stacy R at 3/26/2014 1302

Received call from Julie Stone, Housing Board @ 206-842-1909, X 2#.
She is calling in concern for Jeanne and Louis Hoffman who are both patients of Dr. Neighbor.
This family has immediate housing concerns and they are currently facing imminent eviction.
She request Dr. Neighbor contact her for help arrange support for this family. Julie will be in her office today and tomorrow 11-4pm.
Stacy Crites, RN

Electronically signed by Crites, Stacy R at 3/26/2014 1:07 PM

Voronchuk, Eleonora at 3/26/2014 1652

Patient's son called and left a message stated that Jeanne needs to be placed in the safe house temporarily because she is experiences a lot or dangerous situation and hate and he think that her life is in danger. He also mentioned if UW has a place for both of them temporarily. They can be reached at 206-780-6885.

Electronically signed by Voronchuk, Eleonora at 3/26/2014 4:58 PM

Neighbor Jr., William E at 3/26/2014 1732

I spoke with Julie Stone at the Housing Board this afternoon 3/26/2014 . I plan on being present at the hearing on Monday on Bainbridge at the request of Jeanne's son Louis.

I also spoke with Louis Hoffman today. He has contacted the Northwest Justice project.

03/26/2014 - Telephone in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 3/26/2014 5:35 PM

03/21/2014 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- AFTERCARE LONG TERM ANTICOAG USE (primary)
- SENSORNEUR HEAR LOSS NOS
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2013
Start date: 10/29/2013
End date: 5/19/2014
Quantity: 90 Tab
Refill: 5

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

03/21/2014 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/11/2013
Start date: 12/11/2013 — End date: 7/9/2014
Quantity: 30 Tab — Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/2/2014
Start date: 1/2/2014 — End date: 12/24/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/4/2014
Start date: 2/4/2014 — End date: 7/30/2014
Quantity: 90 Tab — Refill: 1

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD — Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD — Entered on: 2/21/2014
Start date: 2/21/2014 — End date: 6/7/2018

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 4/7/2014 1851

Jeanne Leonie Hoffman is a 89 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  per provider

(V58.61) AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
No recurrent leg swelling. Wearing compression stockings daily. Taking Coumadin as prescribed. Denies bleeding or unexpected bruising.

(389.10) SENSORNEUR HEAR LOSS NOS
See last visit note. She stopped vitamin B12 for two weeks to see if this made any change in the "rumbling" noises she hears. It did not. She believes she needs new hearing aids, but does not want to have them checked out right now.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8]	12/13/2012

Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013

- Thyroid nodule, uninodular [241.0] 12/13/2012

CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- OSTEOPOROSIS NOS [733.00] 03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continue for five years, then stop

- AFTERCARE LONG TERM ANTICOAG USE [V58.61] 01/08/2008

Reason for anticoagulation: Recurrent dvts
Duration of anticoagulation: life
INR goal: 2.-3

She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.

- ADULT FAILURE TO THRIVE [783.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait

- TREMOR NEC [333.1] 08/17/2007

Noted by Melanie Parker. Consider Parkinson's disease med trial.

- FX FEMUR INTRCAPS NOS-CLOSE [820.00] 05/01/2007

Pinned April 2007.
Post op hematocrit 25
Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- Unspecified glaucoma(365.9) [365.9] 11/20/2006
  4/1/2014 refilled timolol but do not seen recent eye clinic visit.
  Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1): 2010

Blood pressure: Dx hypertension
Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001.
Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

Outpatient Prescriptions Marked as Taking for the 3/21/14 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	1
• Pentoxifylline ER 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	5
• [DISCONTINUED] Timolol Maleate 0.5 % ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	12
• Unclassified (OTHER MEDS, SEE COMMENTS,)	Vitamin B12 500 mcg once daily over the counter		
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	30 Tab	6

No Facility-Administered Medications for the 3/21/14 encounter (Office Visit) with Neighbor Jr., William E.

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Influenza (With Preservative)	09/20/2013
• Pneumococcal Polysaccharide	03/22/2010
• Td	06/07/2006

Social history:

History

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

History

Sexual Activity

• Sexually Active:	Not on file

Tobacco and Alcohol Use:

History

Substance Use Topics

• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol Use:	Not on file

Review of Systems:

No changes in steadiness of gait. Uses walker all the time.

Objective:

BP 132/68 | Pulse 66 | Temp(Src) 97.6 °F (36.4 °C) (Oral)
Estimated body mass index is 20.04 kg/(m^2) as calculated from the following:
Height as of 2/27/07: 5' 7" (1.702 m).
Weight as of 11/7/12: 58.06 kg (128 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 132/68
General: NAD
TM clear

INR 3.2

03/21/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Assessment and Plan:
(V58.61) AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
INR therapeutic. Continue current dose. REcheck one month. Continue wearing compression stockings. Report any unexpected bruising.

(389.10) SENSORNEUR HEAR LOSS NOS
Stable. She does not want to see audiology right now. As there was no change with stopping Vit B12, (would not have expected any) she should return to taking vitamin B12 as prescribed.

She is concerned because of a housing hearing coming up on Bainbridge in a few days after this visit. She asked me to talk with her son who is here for appointment further about this.

William E Neighbor JR, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 4/7/2014 7:00 PM

Flowsheets

Vital Data

Row Name	03/21/14 1122	03/21/14 1041
BP	132/68	—
BP Cuff Size	Regular	Regular
BP Site	Left Arm	Left Arm
BP Position	Sitting	Sitting
Temp	36.4 °C	—
Temp src	Oral	Oral
Pulse	66	—

03/21/2014 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

03/21/2014 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/13 1812
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/21/2014 10:28 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
F34555	—	—	03/21/14 1029

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 03/21/14 1142, Result status: Final result

Order status: Completed
Filed on: 03/21/14 1142
Collected by: 03/21/14 1029
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 03/21/14 1838
Greig, Elaine M on 03/21/14 1208

03/21/2014 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 3/21/2014 18:38
Greig, Elaine M on 3/21/2014 12:08

03/10/2014 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2013
Start date: 10/29/2013
End date: 5/19/2014
Quantity: 90 Tab
Refill: 5

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2013
Start date: 12/11/2013
End date: 7/9/2014
Quantity: 30 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

03/10/2014 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/4/2014
Start date: 2/4/2014
End date: 7/30/2014
Quantity: 90 Tab
Refill: 1

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mercado, Mila N at 3/10/2014 1406

Pt's son called saying that Jeanne is now being threatened with eviction and doesn't have a place to go to. He wants to know if you know a safe place where Jeanne can go and prefers the Seattle area. Their apartment manager is Heather Ladou.

Electronically signed by Mercado, Mila N at 3/10/2014 2:13 PM

Neighbor Jr., William E at 3/10/2014 1701

I have been trying to respond to a handwritten message someone left on my desk to call Debbie from Adult Care Center ph 360-473-2167 regarding this patient.
I would appreciate your calling her to set up an telephone meeting with me. Ken Gloria upstairs has my calendar if this cannot be accommodated during one of my clinic sessions.

Thanks.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 3/10/2014 5:04 PM

Voronchuk, Eleonora at 3/12/2014 1027

Called Debbie and left a msg to call me ASAP to set a phone meeting with Dr.Neighbor. Also provided my e-mail for better communication

Electronically signed by Voronchuk, Eleonora at 3/12/2014 10:28 AM

03/10/2014 - Telephone in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Voronchuk, Eleonora at 3/12/2014 1450

Debbie called and I set phone meeting for 03/14/14 at 10:20 am

Electronically signed by Voronchuk, Eleonora at 3/12/2014 2:52 PM

Neighbor Jr., William E at 3/14/2014 1054

Spoke with Debbie at Adult Protective Services (not Adult Care Center as I wrote below). Phone number was correct. She has visited the apartment. Some wiring has been fixed by the apt managers. She did not note moisture problems. An issue is the clutter related to computers that son Louise keeps. Seemed that relationship between mother and son was supportive. An issue is that if Jeanne wer to move out, her son would not be able to join her for legal reasons. No further action needed at this time.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 3/14/2014 10:57 AM

02/21/2014 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaints: Medication Management and Headache
Visit diagnoses:

- Ringing in the ears (primary)
- VITAMIN B DEFICIENCY NOS
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/12/2013
Start date: 3/12/2013 — End date: 3/31/2014
Quantity: 5 mL — Refill: 12

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/30/2013
Start date: 8/30/2013 — End date: 6/25/2014
Quantity: 30 Tab — Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/1/2013
Start date: 10/29/2013 — End date: 5/19/2014
Quantity: 90 Tab — Refill: 5

02/21/2014 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2013
Start date: 12/11/2013
End date: 7/9/2014
Quantity: 30 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/4/2014
Start date: 2/4/2014
End date: 7/30/2014
Quantity: 90 Tab
Refill: 1

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 2/21/2014 1120

Jeanne Leonie Hoffman is a 89 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Medication management
- Headache
  L) side

(388.30) Tinnitus (primary encounter diagnosis)
In last two weeks has noted pounding alternating with high pitched sound in left ear which occurs intermittently. She has not noted changing hearing. No ear pain. Hearing aids fitting properly and recently changed batteries. Although initially said had not experienced this before, later she say she has intermitently noted this, but it is more persistent in the last two weeks.

She denies recent URI, fever, chills, sinus symptoms. She has had no change in vision, speak, swallowing. She has

noted a buzzing sensation throughout her body which is apparently new, but no other paresthesias and no weakness. Balance has been similar to what it has been in the past. She uses a walker.

The only change in her meds has been addition of what she says is high potency vitamin B complex. I had tod her to take a vitamin B 12 and folate supplement because of a mildly elevated MMA. She did not bring the vitamins in today.

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
Stable dose of coumain one daily. No bleeding. No recurrence of leg swelling.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013	12/13/2012
• Thyroid nodule, uninodular [241.0] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	12/13/2012
• OSTEOPOROSIS NOS [733.00] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continue for five years, then stop	03/04/2008
• AFTERCARE LONG TERM ANTICOAG USE [V58.61] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3 She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.	01/08/2008
• ADULT FAILURE TO THRIVE [783.7] Lives in subsidized housing on Bainbridge Bremerton APS at 1-888-833-4925 Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved. Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait	10/19/2007

02/21/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- TREMOR NEC [333.1] 08/17/2007
  Noted by Melanie Parker. Consider Parkinson's disease med trial.

- FX FEMUR INTRCAPS NOS-CLOSE [820.00] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- GLAUCOMA NOS [365.9] 11/20/2006
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006

  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1): 2010
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

Outpatient Prescriptions Marked as Taking for the 2/21/14 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain	30 Tab	3
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	1
• Pentoxifylline ER 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	5
• Timolol Maleate 0.5 % ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	12
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	30 Tab	6

No Facility-Administered Medications for the 2/21/14 encounter (Office Visit) with Neighbor Jr., William E.

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Influenza (With Preservative)	09/20/2013
• Pneumococcal Polysaccharide	03/22/2010
• Td	06/07/2006

Social history:
History

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

History

Sexual Activity

- Sexually Active: Not on file

Tobacco and Alcohol Use:
History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Objective:
BP 180/74 | Pulse 61 | Temp(Src) 98.3 °F (36.8 °C)
Estimated body mass index is 20.04 kg/(m^2) as calculated from the following:
Height as of 2/27/07: 5' 7" (1.702 m).
Weight as of 11/7/12: 58.06 kg (128 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 180/74
General: NAD. Wearing hearing aids.
Ears; Externally normal. With aides removed, canals and TMS are clear bilaterally.

02/21/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Head: No tenderness of scalp.
CV: Carotids clear. Heart without murmur. Pulses sym and regular at wrists.
Neuro: Speech normal. RAM and FTN normal for age and sym. No pronator drift.
Gait with walkers normal for her.

Assessment and Plan:
(388.30) Tinnitus (primary encounter diagnosis)
Pounding sound in ear and high pitched sound on left side. Exam is normal. Carotid and vertebral US a year ago was normal. No recent falls or head injury. Only change in meds has been taking a high dose multiple vitmain. Advise hold that for two weeks and see if symptoms perchance resolves. Will check some basic labs.

(266.9) VITAMIN B DEFICIENCY NOS
As above. Hold on the high dose vit B complex for two weeks.
Plan: Unclassified (OTHER MEDS, SEE COMMENTS,)

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
INR due today.

There was a fire in her fuse box. This has been attended to. She was appreciative that we had aging and disabilities visit her. She does sleep on the couch but says she has always done so even when her mother was alive.

William E Neighbor JR, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 2/21/2014 11:44 AM

Labs

CBC, DIFF (Final result)

Electronically signed by: **Neighbor Jr., William E on 02/21/14 1123** Status: **Completed**
Ordering user: Neighbor Jr., William E 02/21/14 1123 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 02/21/14 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Tinnitus [388.30 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F74536	—	—	02/21/14 1130

CBC, DIFF (Abnormal) Resulted: 02/21/14 1658, Result status: Final result

Order status: Completed Filed on: 02/21/14 1658
Collected by: 02/21/14 1130 Resulting lab: UW LABORATORY MEDICINE

02/21/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.14	4.3 - 10.0 THOU/uL	—	UWMC
RBC	3.99	3.80 - 5.00 mil/uL	—	UWMC
Hemoglobin	12.4	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	39	36 - 45 %	—	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.1	27.3 - 33.6 pg	—	UWMC
MCHC	31.6	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	187	150 - 400 THOU/uL	—	UWMC
RDW-CV	13.1	11.6 - 14.4 %	—	UWMC
% Neutrophils	66	%	—	UWMC
% Lymphocytes	25	%	—	UWMC
% Monocytes	6	%	—	UWMC
% Eosinophils	3	%	—	UWMC
% Basophils	0	%	—	UWMC
% Immature Granulocytes	0	%	—	UWMC
Neutrophils	4.07	1.80 - 7.00 THOU/uL	—	UWMC
Absolute Lymphocyte Count	1.51	1.00 - 4.80 THOU/uL	—	UWMC
Monocytes	0.37	0.00 - 0.80 THOU/uL	—	UWMC
Absolute Eosinophil Count	0.16	0.00 - 0.50 THOU/uL	—	UWMC
Basophils	0.02	0.00 - 0.20 THOU/uL	—	UWMC
Immature Granulocytes	0.01	0.00 - 0.05 THOU/uL	—	UWMC

Reviewed by

Neighbor Jr., William E on 02/26/14 1809
Voronchuk, Eleonora on 02/24/14 0935
Greig, Elaine M on 02/21/14 1659

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Tinnitus [388.30 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 2/26/2014 18:09
Voronchuk, Eleonora on 2/24/2014 09:35
Greig, Elaine M on 2/21/2014 16:59

COMPREHENSIVE METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E on 02/21/14 1123** Status: **Completed**
Ordering user: Neighbor Jr., William E 02/21/14 1123 Authorized by: Neighbor Jr., William E

02/21/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Ordering mode: Standard
Frequency: Routine 02/21/14 -
Quantity: 1
Diagnoses
Tinnitus [388.30 (ICD-9-CM)]

Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F74536	—	—	02/21/14 1130

COMPREHENSIVE METABOLIC PANEL (Abnormal)

Resulted: 02/21/14 1737, Result status: Final result

Order status: Completed
Collected by: 02/21/14 1130

Filed on: 02/21/14 1737
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	136 - 145 mEq/L	—	UWMC
Potassium	4.5	3.7 - 5.2 mEq/L	—	UWMC
Chloride	111	98 - 108 mEq/L	H^	UWMC
Carbon Dioxide, Total	25	22 - 32 mEq/L	—	UWMC
Anion Gap	8	3 - 11	—	UWMC
Glucose	134	62 - 125 mg/dL	H^	UWMC
Urea Nitrogen	18	8 - 21 mg/dL	—	UWMC
Creatinine	0.83	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total)	7.2	6.0 - 8.2 g/dL	—	UWMC
Albumin	4.3	3.5 - 5.2 g/dL	—	UWMC
Bilirubin (Total)	0.9	0.2 - 1.3 mg/dL	—	UWMC
Calcium	9.7	8.9 - 10.2 mg/dL	—	UWMC
AST (GOT)	23	15 - 40 U/L	—	UWMC
Alkaline Phosphatase (Total)	49	49 - 199 U/L	—	UWMC
ALT (GPT)	21	6 - 40 U/L	—	UWMC
GFR, Calc, European American	>60	>59 mL/min	—	UWMC
GFR, Calc, African American	>60	>59 mL/min	—	UWMC
GFR, Information	--	—	—	UWMC

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Inaccurate with changing renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor Jr., William E on 02/26/14 1809
Voronchuk, Eleonora on 02/24/14 0935

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Tinnitus [388.30 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 2/26/2014 18:09
Voronchuk, Eleonora on 2/24/2014 09:35

CRP, HIGH SENSITIVITY (Final result)

02/21/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Electronically signed by: **Neighbor Jr., William E on 02/21/14 1123** Status: **Completed**
Ordering user: Neighbor Jr., William E 02/21/14 1123 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 02/21/14 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Tinnitus [388.30 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F74536	—	—	02/21/14 1130

CRP, HIGH SENSITIVITY Resulted: 02/21/14 1737, Result status: Final result

Order status: Completed Filed on: 02/21/14 1737
Collected by: 02/21/14 1130 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
C_Reactive Protein	0.2	0.0 - 10.0 mg/L	—	UWMC

Reviewed by

Neighbor Jr., William E on 02/26/14 1809
Voronchuk, Eleonora on 02/24/14 0935

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Tinnitus [388.30 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 2/26/2014 18:09
Voronchuk, Eleonora on 2/24/2014 09:35

SED RATE (Final result)

Electronically signed by: **Neighbor Jr., William E on 02/21/14 1123** Status: **Completed**
Ordering user: Neighbor Jr., William E 02/21/14 1123 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 02/21/14 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Tinnitus [388.30 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F74536	—	—	02/21/14 1130

SED RATE Resulted: 02/21/14 1749, Result status: Final result

Order status: Completed Filed on: 02/21/14 1749
Collected by: 02/21/14 1130 Resulting lab: UW LABORATORY MEDICINE

Components

02/21/2014 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
Erythrocyte Sedimentation Rate	18	0 - 20 mm/hr	—	UWMC

Reviewed by

Neighbor Jr., William E on 02/26/14 1809
Voronchuk, Eleonora on 02/24/14 0935

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Tinnitus [388.30 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 2/26/2014 18:09
Voronchuk, Eleonora on 2/24/2014 09:35

Flowsheets

Vital Data

Row Name	02/21/14 1050
BP	180/74
Temp	36.8 °C
Pulse	61

Patient Instructions

Assessment and Plan:

(388.30) Tinnitus (primary encounter diagnosis)
Pounding sound in ear and high pitched sound on left side. Exam is normal. Carotid and vertebral US a year ago was normal. No recent falls or head injury. Only change in meds has been taking a high dose multiple vitmain. Advise hold that for two weeks and see if symptoms perchance resolves. Will check some basic labs.

(266.9) VITAMIN B DEFICIENCY NOS
As above. Hold on the high dose vit B complex for two weeks.
Plan: Unclassified (OTHER MEDS, SEE COMMENTS,)

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
INR due today.

There was a fire in her fuse box. This has been attended to. She was appreciative that we had aging and disabilities visit her. She does sleep on the couch but says she has always done so even when her mother was alive.

William E Neighbor JR, MD
Clinical Professor

02/21/2014 - Office Visit in Hall Health Primary Care Center (continued)

Patient Instructions (continued)

Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 2/21/2014 11:23 AM

Messages

Appointment Reminder

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	2/19/2014 11:45 PM
Last Read in MyChart		
Not Read		

Please review your upcoming appointment. If you will be unable to attend, please contact your physician's office.

Appointment Information:

Dept: HALL HEALTH PRIMARY CARE CNTR
HALL HEALTH PRIMARY CARE CENTER
4060 E Stevens Circle
University Of Washington
Seattle WA 98195-4410
Provider: William E Neighbor JR, MD
Date: 2/21/14
Time: 10:40 AM

Please click epichttp://appointments[here] to view more details about your appointment.

02/07/2014 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaints: Care Coordination and RN45
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2013
Start date: 10/29/2013
End date: 5/19/2014
Quantity: 90 Tab
Refill: 5

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2013
Start date: 12/11/2013
End date: 7/9/2014
Quantity: 30 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

02/07/2014 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/4/2014
Start date: 2/4/2014
End date: 7/30/2014
Quantity: 90 Tab
Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Gillespie, Megan M at 2/7/2014 1453

Got a call from Julie Stone on 2/6/14 from Bainbridge Housing Resource Board. She meet with both Louis and Jeanne Hoffman on 1/23/14. Later that day, the Hoffmans met with their landlords. Julie states that the Hoffmans are food hoarders (they have canned a lot of their own food, and it is taking up a lot of floor space). Louis sleep on the floor, and Jeanne sleeps on the couch every night. There is mold growing inside the cabinets per Julie. There have been electrical outlets that have been broken and not working in their one bedroom unit. Louis is not on the lease, and seems to think that if he is added to the lease that it will affect their subsidized housing situation. The landlords came in and made a list of things that needed fixing: electrical outlets, shelves built for closets (to store canned items), bathtub needs fixing. Julie believes they need a 2 bedroom unit. She has contacted Kipsap Housing, but they do not have any 2 bedrooms available at this time. Also, to get COPES or DSHS to come in and help them with the ADLs, there needs to be more room for them to work. Louis needs to stop trying to fix things inside the unit because he is not on the lease. She wishes Dr. Neighbor to address this with Louis. She also thinks the carpet in the unit is a fall risk for Jeanne (and both of them) and recommends either pulling it out or replacing it.

Julie's number is 206-842-1909. Kipsap Housing's number is 360-535-6100.

I told her I would forward this information on to patient's PCP, Dr. Neighbor. Perhaps we could call Kipsap Housing and make an argument for finding them a 2 bedroom unit?

Megan Gillespie, RN

Electronically signed by Gillespie, Megan M at 2/7/2014 3:03 PM

02/04/2014 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: BENIGN HYPERTENSION

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2013
Start date: 10/29/2013
End date: 5/19/2014
Quantity: 90 Tab
Refill: 5

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2013
Start date: 12/11/2013
End date: 7/9/2014
Quantity: 30 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

02/04/2014 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/30/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/4/2014
Start date: 2/4/2014
End date: 7/30/2014
Quantity: 90 Tab
Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 2/4/2014 1326

Received a request to refill Losartan. Please advise, pharmacy on file

No components found with this name: sodium
No results found for this basename: potassium
No components found with this name: chloride
No components found with this name: carbon
BUN 18 12/24/2013
No components found with this name: creatinine
GLUCOSE 104 12/24/2013
GLUCOSE 108 2/22/2013
GLUCOSE 144 2/22/2013
GLUCOSE 203 12/10/2012
No components found with this name: calcium
IONGAP 6 12/24/2013

Electronically signed by Voronchuk, Eleonora at 2/4/2014 1:29 PM

Neighbor Jr., William E at 2/4/2014 1913

Labs current. Blood pressure averages 130-140/80. No dizziness reported at recent visits. Seen monthly for anticoag at Hall Health. Refill approved.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 2/4/2014 7:15 PM

02/04/2014 - Refill in Hall Health Primary Care Center (continued)

Other Orders

Medications

Losartan Potassium 25 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 02/04/14 1915** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 02/04/14 1915 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 02/04/14 - 07/30/14 Class: E-RX
Released by: Neighbor Jr., William E 02/04/14 1915 Discontinued by: Neighbor Jr., William E 07/30/14 1602 [Reorder]
Diagnoses
Essential hypertension, benign [401.1 (ICD-9-CM)] - BENIGN HYPERTENSION
Reordered from: Losartan Potassium 25 MG Oral Tab

Indications

Essential hypertension, benign [401.1 (ICD-9-CM)]

01/23/2014 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaints: Triage, Personal/undisclosed, and RN5
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2013
Start date: 10/29/2013
End date: 5/19/2014
Quantity: 90 Tab
Refill: 5

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2013
Start date: 12/11/2013
End date: 7/9/2014
Quantity: 30 Tab
Refill: 3

01/23/2014 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Gillespie, Megan M at 1/23/2014 1140

S: Was asked by Dr. Neighbor to follow up on some housing issues with this patient in her Bainbridge Island apartment. Apparently she told him there is water damage, and she is having to plug in her microwave in the bathroom because the outlets in the kitchen don't work. Tried calling the patient first to ascertain if there are any more issues that need fixing. Called her at 206-780-6885 two times, with no answer, and answering machine was not set up so could not leave a message.

First I called Helpline House (206-842-7624) and talked with Dianna. They deal mostly with Food Bank related issues. She suggested I call Housing Resources and talk with Julie Stone.

Then I called the patient's apartment complex (at Rhododendron Apartments), and spoke with the new site Manager, Heather (206-842-8144). We discussed briefly Jeanne's apartment. Heather states that Jeanne and Louis both live in the apartment (although Louis is the caregiver, and officially not her tenant). She states that there is so much stuff in her apartment, that it is blocking the wall heaters. They have 7-9 computers running, all off extension cords. They have space heaters pulled in, which are a fire hazard. She can't even walk into the apartment its so full. She sent Jeanne a letter yesterday, stating she has until Jan. 30, 2014 to remove all the extension cords. She had until Feb. 6, 2014 to get the apartment tidy. These were not eviction notices, Heather assures me. She wants to work collaboratively to help Jeanne be successful, but needs Jeanne's help. Jeanne won't let others into her apartment to help.

I then called Housing Resources Board on Bainbridge Island and spoke with Julie Stone (206-842-2041). They work on cases like this, to assist the tenant by enhancing independent living. She works Mon-Thursday of each week (today is Thursday). She will try calling Jeanne, and coordinate with Heather at Rhododendron Apartments, about what needs to be fixed or improved. She will call me back next week with an update. She states these issues can be tricky, and so she'd appreciate more information on the situation (ie. Does the patient want this? Etc)

I will cc this note to patient's PCP, Dr. Neighbor (who is not in today), and follow up appropriately.

Megan Gillespie, RN

Electronically signed by Gillespie, Megan M at 1/23/2014 12:10 PM

01/23/2014 - Telephone in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Gill, Margaret Lee at 1/27/2014 1559

Returned call from Heather Ladue, Manager of Rhododendron Apartments, who left a message today regarding Jeanne Hoffman.
Please see note below from Megan Gillespie for background hx.

Heather states she has an inspection scheduled for Jeanne's apartment for this Thursday, 1/30/14.
Heather states Jeanne's son Louis is angry about the inspection and has become belligerent with Heather so Heather has turned the inspection over to the Apartment owner.
Heather has contacted Housing Resources Board and Helpline House and both have stated that until Jeanne requests support or advocacy, they are unable to do anything.

Heather was calling us today to see if we have heard from Jeanne or if we might be able to find an advocate for her.
Heather states her goal is to not involve senior protective services unless absolutely necessary.

I told Heather I would pass the updated information on to Dr. Neighbor should he have any additional information to add.

Margaret Gill, RN

Electronically signed by Gill, Margaret Lee at 1/27/2014 4:22 PM

01/17/2014 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Results
Visit diagnoses:

- AFTERCARE LONG TERM ANTICOAG USE (primary)
- VITAMIN B DEFICIENCY NOS
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

01/17/2014 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/1/2013
Start date: 10/29/2013 — End date: 5/19/2014
Quantity: 90 Tab — Refill: 5

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/11/2013
Start date: 12/11/2013 — End date: 7/9/2014
Quantity: 30 Tab — Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/2/2014
Start date: 1/2/2014 — End date: 12/24/2014
Quantity: 90 Tab — Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 1/17/2014 0842

Jeanne Leonie Hoffman is a 89 year old female here to discuss the following: No chief complaint on file.

(V58.61) AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
Stable dose of med. Brought in all of her medications today which were reviewed.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8]	12/13/2012
Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013	
• Thyroid nodule, uninodular [241.0]	12/13/2012
CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.	

5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- OSTEOPOROSIS NOS [733.00] 03/04/2008
  T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
  Began fosamax spring 2008. Continue for five years, then stop

- AFTERCARE LONG TERM ANTICOAG USE [V58.61] 01/08/2008
  Reason for anticoagulation: Recurrent dvts
  Duration of anticoagulation: life
  INR goal: 2.-3

  She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.

- ADULT FAILURE TO THRIVE [783.7] 10/19/2007
  Lives in subsidized housing on Bainbridge
  Bremerton APS at 1-888-833-4925
  Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
  Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait

- TREMOR NEC [333.1] 08/17/2007
  Noted by Melanie Parker. Consider Parkinson's disease med trial.

- FX FEMUR INTRCAPS NOS-CLOSE [820.00] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975

Carbamazepine level 7.6 on Feb 2007
Discontinued based on ER neuro consult in early 2013

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- GLAUCOMA NOS [365.9] 11/20/2006
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1): 2010
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

No outpatient prescriptions have been marked as taking for the 1/17/14 encounter (Appointment) with Neighbor Jr., William E.

No Facility-Administered Medications for the 1/17/14 encounter (Appointment) with Neighbor Jr., William E.

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Influenza (With Preservative)	09/20/2013
• Pneumococcal Polysaccharide	03/22/2010
• Td	06/07/2006

Social history:

History

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

History

Sexual Activity

• Sexually Active:	Not on file

Tobacco and Alcohol Use:

01/17/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Objective:
There were no vitals taken for this visit.
Estimated body mass index is 20.04 kg/(m^2) as calculated from the following:
Height as of 2/27/07: 5' 7" (1.702 m).
Weight as of 11/7/12: 58.06 kg (128 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter:
General: NAD

INR 2.5

Assessment and Plan:
(V58.61) AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
Plan: INR is 2.5 which is excellent. Repeat in one month.

(266.9) VITAMIN B DEFICIENCY NOS
Plan: Vitamin B12 measures indicated slight deficiency. She should be taking a Vitamin B12 and folate supplement over the counter supplement once daily.

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
Plan: No recurrence. Doing well.

All of her medications were reviewed today. Correctly, she is no longer taking carbazipine which is correct.

Her apartment sounds like there is problems with water damage and electrical wiring. I am asking our nurse to call Aging and Disabilities services to see if a visit can be made.

Follow up plans: One month

Time-based symptom visit: 20 minutes were spent by the attending in direct face to face contact with the patient over 50 percent of which was spent in advising and counseling the patient about aboev.

William E Neighbor JR, MD
Clinical Professor
Department of Family Medicine
University of Washington

01/17/2014 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Electronically signed by Neighbor Jr., William E at 1/17/2014 6:42 PM

Flowsheets

Vital Data

Row Name	01/17/14 1131
BP	146/71
Temp	36.7 °C
Pulse	68

Patient Instructions

Assessment and Plan:

(V58.61) AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
Plan: INR is 2.5 which is excellent. Repeat in one month.

(266.9) VITAMIN B DEFICIENCY NOS
Plan: Vitamin B12 measures indicated slight deficiency. She should be taking a Vitamin B12 and folate supplement over the counter supplement once daily.

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
Plan: No recurrence. Doing well.

All of her medications were reviewed today. Correctly, she is no longer taking carbazipine.

Follow up plans: One month

William E Neighbor JR, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 1/17/2014 12:02 PM

Messages

Appointment Reminder

From	To	Sent and Delivered

01/17/2014 - Office Visit in Hall Health Primary Care Center (continued)

Messages (continued)

Uw Mychart, Patient User Last Read in MyChart Not Read	Hoffman, Jeanne Leonie	1/15/2014 11:45 PM

Please review your upcoming appointment. If you will be unable to attend, please contact your physician's office.

Appointment Information:

Dept: HALL HEALTH PRIMARY CARE CNTR
HALL HEALTH PRIMARY CARE CENTER
4060 E Stevens Circle
University Of Washington
Seattle WA 98195-4410
Provider: William E Neighbor JR, MD
Date: 1/17/14
Time: 11:20 AM

Please click epichttp://appointments[here] to view more details about your appointment.

01/17/2014 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

01/17/2014 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/13 1812
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 1/17/2014 10:21 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
F34460	—	—	01/17/14 1021

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 01/17/14 1106, Result status: Final result

Order status: Completed
Filed on: 01/17/14 1106
Collected by: 01/17/14 1021
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.5	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 01/17/14 1453
Voronchuk, Eleonora on 01/17/14 1353

01/17/2014 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 1/17/2014 14:53
Voronchuk, Eleonora on 1/17/2014 13:53

01/02/2014 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: HYPERLIPIDEMIA NEC/NOS

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2013
Start date: 10/29/2013
End date: 5/19/2014
Quantity: 90 Tab
Refill: 5

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2013
Start date: 12/11/2013
End date: 7/9/2014
Quantity: 30 Tab
Refill: 3

01/02/2014 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/24/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/2/2014
Start date: 1/2/2014
End date: 12/24/2014
Quantity: 90 Tab
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen Ray at 1/2/2014 1426

1-Name of requested medication: Atrovastatin 40 mg
2-Date last refilled: 01/28/13
3-Date of last office visit: 12/11/13
4-Next office visit (scheduled or expected): none
Notes:

Electronically signed by Willis, Stephen Ray at 1/2/2014 2:28 PM

Other Orders

Medications

Atorvastatin Calcium 40 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 01/02/14 1539**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 01/02/14 1539
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 01/02/14 - 12/24/14
Class: E-RX
Released by: Neighbor Jr., William E 01/02/14 1539
Discontinued by: Neighbor Jr., William E 12/24/14 1320 [Reorder]
Diagnoses
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)] - HYPERLIPIDEMIA NEC/NOS
Reordered from: Atorvastatin Calcium 40 MG Oral Tab

Indications

Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

12/24/2013 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

12/24/2013 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/13 1812
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Grittman, Sheryl R, Technologist 12/24/2013 10:17 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
T22740	—	—	12/24/13 1019

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 12/24/13 1035, Result status: Final result

Order status: Completed
Filed on: 12/24/13 1035
Collected by: 12/24/13 1019
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Voronchuk, Eleonora on 12/24/13 1300
Neighbor Jr., William E on 12/24/13 1130
Greig, Elaine M on 12/24/13 1126

12/24/2013 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Voronchuk, Eleonora on 12/24/2013 13:00
Neighbor Jr., William E on 12/24/2013 11:30
Greig, Elaine M on 12/24/2013 11:26

12/11/2013 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- AFTERCARE LONG TERM ANTICOAG USE (primary)
- DJD (degenerative joint disease) of lumbar spine
- VITAMIN B DEFICIENCY NOS
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- HYPERLIPIDEMIA NEC/NOS
- BENIGN HYPERTENSION
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013

12/11/2013 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Start date: 3/12/2013 End date: 3/31/2014
Quantity: 5 mL Refill: 12

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD Ordered on: 8/30/2013
Start date: 8/30/2013 End date: 6/25/2014
Quantity: 30 Tab Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 11/1/2013
Start date: 10/29/2013 End date: 5/19/2014
Quantity: 90 Tab Refill: 5

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 7/9/2014
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/11/2013
Start date: 12/11/2013 End date: 7/9/2014
Quantity: 30 Tab Refill: 3

Stopped in Visit

Ranitidine HCl 150 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/11/2013

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/11/2013

Clinical Notes

Progress Notes

Neighbor Jr., William E at 12/11/2013 1319

Jeanne Leonie Hoffman is a 88 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  medications, labs

(V58.61) AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
(721.3) DJD (degenerative joint disease) of lumbar spine
Jeanne returns today to followup on her anticoagulation. About 10 days ago her INR was elevated. She was instructed by E care message (could not be reached by phone) to hold one dose. However she did not do so. She is continued on Coumadin 5 mg daily. She reports no bruising or unexplained bleeding. She has not had any swelling in her lower extremities. She has had no fever or chills. Her appetite is good. Her stools have been normal. There's been no melena.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8]	12/13/2012

Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013

- Thyroid nodule, uninodular [241.0] 12/13/2012

CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- OSTEOPOROSIS NOS [733.00] 03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continue for five years, then stop

- AFTERCARE LONG TERM ANTICOAG USE [V58.61] 01/08/2008

Reason for anticoagulation: Recurrent dvts
Duration of anticoagulation: life
INR goal: 2.-3

She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.

- ADULT FAILURE TO THRIVE [783.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait

- TREMOR NEC [333.1] 08/17/2007

Noted by Melanie Parker. Consider Parkinson's disease med trial.

- FX FEMUR INTRCAPS NOS-CLOSE [820.00] 05/01/2007

Pinned April 2007.
Post op hematocrit 25
Has walker with wheels for use outside of home. Uses cane in

home.

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- GLAUCOMA NOS [365.9] 11/20/2006
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1): 2010
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia

Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001.
Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

Outpatient Prescriptions Marked as Taking for the 12/11/13 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab	one po once daily for arthritic pain	30 Tab	3
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Pentoxifylline ER 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	5
• Timolol Maleate 0.5 % ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	12
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	30 Tab	6

No Facility-Administered Medications for the 12/11/13 encounter (Office Visit) with Neighbor Jr., William E.

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome	11/20/2006
Carpal tunnel release right wrist in 1989	
• DIAPHRAGMATIC HERNIA	11/20/2006
CT of abdomen in 2006	

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Influenza (With Preservative)	09/20/2013
• Pneumococcal Polysaccharide	03/22/2010
• Td	06/07/2006

Social history:

History

Social History Narrative

Soc Hx.
1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.

6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.

William E Neighbor, MD

History

Sexual Activity

- Sexually Active: Not on file

Tobacco and Alcohol Use:

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Review of Systems:

Objective:

BP 140/57 | Pulse 58 | Temp(Src) 98.4 °F (36.9 °C)
Estimated body mass index is 20.04 kg/(m^2) as calculated from the following:
Height as of 2/27/07: 5' 7" (1.702 m).
Weight as of 11/7/12: 58.06 kg (128 lb).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 140/57
General: NAD. Uses walker
She has her compression stockings on. These are soaked open and there is no underlying swelling.

Her last labs for A1c, lipid, basic metabolic panel, and followup on prior diagnosis of vitamin B12 deficiency are over a year old.

Assessment and Plan:
(V58.61) AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR is 2.6 in target range. She did not make the change in her dose advised last week when her INR was above 3. That was simply to hold on dose. So the value today reflects taking coumadin 5 mg once daily. Will keep at that dose and repeat in one month.

(721.3) DJD (degenerative joint disease) of lumbar spine
She has benefitted from one tylenol with codeine daily without side effects. She had previously been given low dose of oxycodone for acute exacerbation but feels the one daily codeine is sufficient now. She is taking tylenol otherwise.
Plan: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE
#3) 300-30 MG Oral Tab

(266.9) VITAMIN B DEFICIENCY NOS
She is due for follow up MMA level. The last was a 1-2 year agos and was normal.
Plan: METHYLMALONIC ACID

(250.00) Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
Her A1c has been in the normal range without metformin. Recheck now.
Plan: HEMOGLOBIN A1C, HPLC

(272.4) HYPERLIPIDEMIA NEC/NOS
She is still taking statin. Will recheck labs
Plan: LIPID PANEL, THYROID STIMULATING HORMONE

(401.1) BENIGN HYPERTENSION
Controlled. Check bmp.
Plan: BASIC METABOLIC PANEL

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence

Follow up plans: One month. Bring in all her meds at that time. Have the above labs done along with INR prior to that visit.

William E Neighbor JR, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
For urgent problems, contact the Hall Health Triage Nurse line at 206-221-2517 (Mon-Fri, 8a-5p)
For non urgent problems, contact us through E care or by calling my medical assistant Ella Voronchuk at 206-616-

12/11/2013 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

9358
For after hours and weekend care, call the UWMC Community Care Line Nurse at 206-744-2500. This number is posted on the Hall Health website and on our regular daytime phone message line.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care your received today.

Electronically signed by Neighbor Jr., William E at 12/11/2013 3:38 PM

Labs

LIPID PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E on 12/11/13 1319** Status: **Completed**
Ordering user: Neighbor Jr., William E 12/11/13 1319 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/11/13 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)] - HYPERLIPIDEMIA NEC/NOS

Specimen Information

ID	Type	Source	Collected By
W44558	—	—	12/24/13 1018

LIPID PANEL Resulted: 12/24/13 1227, Result status: Final result

Order status: Completed Filed on: 12/24/13 1227
Collected by: 12/24/13 1018 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	137	<200 mg/dL	—	UWMC
Triglyceride	124	<150 mg/dL	—	UWMC
HDL Cholesterol	53	>40 mg/dL	—	UWMC
Cholesterol (LDL)	59	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	84	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	2.6	—	—	UWMC
Lipid Panel, Additional Info.	--	—	—	UWMC

Result: (NOTE)For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here:http://web.labmed.washington.edu/tests/chemistry/LIPID

Reviewed by

Neighbor Jr., William E on 12/30/13 1147
Voronchuk, Eleonora on 12/30/13 0826
Greig, Elaine M on 12/24/13 1252

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

12/11/2013 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

All Reviewers List

Neighbor Jr., William E on 12/30/2013 11:47
Voronchuk, Eleonora on 12/30/2013 08:26
Greig, Elaine M on 12/24/2013 12:52

THYROID STIMULATING HORMONE (Final result)

Electronically signed by: **Neighbor Jr., William E on 12/11/13 1319** Status: **Completed**
Ordering user: Neighbor Jr., William E 12/11/13 1319 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/11/13 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)] - HYPERLIPIDEMIA NEC/NOS

Specimen Information

ID	Type	Source	Collected By
W44558	—	—	12/24/13 1018

THYROID STIMULATING HORMONE Resulted: 12/24/13 1251, Result status: Final result

Order status: Completed Filed on: 12/24/13 1251
Collected by: 12/24/13 1018 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Thyroid Stimulating Hormone	2.951	0.400 - 5.000 uIU/mL	—	UWMC

Reviewed by

Neighbor Jr., William E on 12/30/13 1147
Voronchuk, Eleonora on 12/30/13 0826
Greig, Elaine M on 12/24/13 1252

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 12/30/2013 11:47
Voronchuk, Eleonora on 12/30/2013 08:26
Greig, Elaine M on 12/24/2013 12:52

METHYLMALONIC ACID (Final result)

Electronically signed by: **Neighbor Jr., William E on 12/11/13 1319** Status: **Completed**
Ordering user: Neighbor Jr., William E 12/11/13 1319 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/11/13 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses

12/11/2013 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Unspecified vitamin B deficiency [266.9 (ICD-9-CM)] - VITAMIN B DEFICIENCY NOS

Specimen Information

ID	Type	Source	Collected By
W44558	—	—	12/24/13 1018

METHYLMALONIC ACID (Abnormal) Resulted: 12/29/13 1430, Result status: Final result

Order status: Completed
Collected by: 12/24/13 1018
Filed on: 12/29/13 1430
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Methylmalonic Acid	0.31	<0.30 mcmol/L	H^	HMC
Methylmalonic Acid	Reference range comments for Methylmalonic Acid:	—	—	HMC
Methylmalonic Acid	Normal <0.30 umol/L	—	—	HMC
Methylmalonic Acid	Indeterminate 0.30-0.40 umol/L	—	—	HMC
Methylmalonic Acid	Elevated >0.40 umol/L	—	—	HMC

Reviewed by

Neighbor Jr., William E on 12/30/13 1147
Voronchuk, Eleonora on 12/30/13 0826

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

Indications

Unspecified vitamin B deficiency [266.9 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 12/30/2013 11:47
Voronchuk, Eleonora on 12/30/2013 08:26

HEMOGLOBIN A1C, HPLC (Final result)

Electronically signed by: **Neighbor Jr., William E on 12/11/13 1319** Status: **Completed**
Ordering user: Neighbor Jr., William E 12/11/13 1319
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/11/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W44558	—	—	12/24/13 1018

12/11/2013 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 12/24/13 1504, Result status: Final result

Order status: Completed
Collected by: 12/24/13 1018
Filed on: 12/24/13 1504
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.2	4.0 - 6.0 %	H	UWMC

Reviewed by

Neighbor Jr., William E on 12/30/13 1147
Voronchuk, Eleonora on 12/30/13 0826

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 12/30/2013 11:47
Voronchuk, Eleonora on 12/30/2013 08:26

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E on 12/11/13 1319** Status: **Completed**
Ordering user: Neighbor Jr., William E 12/11/13 1319
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/11/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Diagnoses
Essential hypertension, benign [401.1 (ICD-9-CM)] - BENIGN HYPERTENSION

Specimen Information

ID	Type	Source	Collected By
W44558	—	—	12/24/13 1018

BASIC METABOLIC PANEL Resulted: 12/24/13 1227, Result status: Final result

Order status: Completed
Collected by: 12/24/13 1018
Filed on: 12/24/13 1227
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	136 - 145 mEq/L	—	UWMC
Potassium	5.1	3.7 - 5.2 mEq/L	—	UWMC
Chloride	107	98 - 108 mEq/L	—	UWMC
Carbon Dioxide, Total	28	22 - 32 mEq/L	—	UWMC
Anion Gap	6	3 - 11	—	UWMC
Glucose	104	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	18	8 - 21 mg/dL	—	UWMC
Creatinine	0.73	0.38 - 1.02 mg/dL	—	UWMC

12/11/2013 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Calcium	9.1	8.9 - 10.2 mg/dL	—	UWMC
GFR, Calc, European American	>60	>59 mL/min	—	UWMC
GFR, Calc, African American	>60	>59 mL/min	—	UWMC
GFR, Information	--	—	—	UWMC

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Inaccurate with changing renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor Jr., William E on 12/30/13 1147
Voronchuk, Eleonora on 12/30/13 0826
Greig, Elaine M on 12/24/13 1252

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Essential hypertension, benign [401.1 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 12/30/2013 11:47
Voronchuk, Eleonora on 12/30/2013 08:26
Greig, Elaine M on 12/24/2013 12:52

Other Orders

Medications

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 12/11/13 1319** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 12/11/13 1319 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/11/13 - 07/09/14 Class: Normal
Discontinued by: Neighbor Jr., William E 07/09/14 1641 [Reorder]
Diagnoses
DJD (degenerative joint disease) of lumbar spine [721.3 (ICD-9-CM)]
Reordered from: Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG Oral Tab

Indications

DJD (degenerative joint disease) of lumbar spine [721.3 (ICD-9-CM)]

Flowsheets

Vital Data

Row Name	12/11/13 1242
BP	140/57
Temp	36.9 °C
Pulse	58

Patient Instructions

Assessment and Plan:
(V58.61) AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR is 2.6 in target range. She did not make the change in her dose advised last week when her INR was above 3. That was simply to hold on dose. So the value today reflects taking coumadin 5 mg once daily. Will keep at that dose and repeat in one month.

(721.3) DJD (degenerative joint disease) of lumbar spine
She has benefitted from one tylenol with codeine daily without side effects. She had previously been given low dose of oxycodone for acute exacerbation but feels the one daily codeine is sufficient now. She is taking tylenol otherwise.
Plan: Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE
#3) 300-30 MG Oral Tab

(266.9) VITAMIN B DEFICIENCY NOS
She is due for follow up MMA level. The last was a 1-2 year agos and was normal.
Plan: METHYLMALONIC ACID

(250.00) Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
Her A1c has been in the normal range without metformin. Recheck now.
Plan: HEMOGLOBIN A1C, HPLC

(272.4) HYPERLIPIDEMIA NEC/NOS
She is still taking statin. Will recheck labs
Plan: LIPID PANEL, THYROID STIMULATING HORMONE

(401.1) BENIGN HYPERTENSION
Controlled. Check bmp.
Plan: BASIC METABOLIC PANEL

(451.19) DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence

Follow up plans: One month. Bring in all her meds at that time. Have the above labs done along with INR prior to that visit.

William E Neighbor JR, MD
Clinical Professor
Department of Family Medicine
University of Washington

How to contact us:
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For non urgent problems, contact us through E care or by calling my medical assistant Ella Voronchuk at 206-616-9358
For after hours and weekend care, call the UWMC Community Care Line Nurse at 206-744-2500. This number is

12/11/2013 - Office Visit in Hall Health Primary Care Center (continued)

Patient Instructions (continued)

posted on the Hall Health website and on our regular daytime phone message line.
Thank you for choosing the Hall Health Center. We welcome any feedback about the care your received today.

Electronically signed by Neighbor Jr., William E at 12/11/2013 1:23 PM

Messages

Appointment Reminder

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	12/9/2013 11:45 PM
Last Read in MyChart		
Not Read		

Please review your upcoming appointment. If you will be unable to attend, please contact your physician's office.

Appointment Information:

Dept: HALL HEALTH PRIMARY CARE CNTR
HALL HEALTH PRIMARY CARE CENTER
4060 E Stevens Circle
University Of Washington
Seattle WA 98195-4410
Provider: William E Neighbor JR, MD
Date: 12/11/13
Time: 1:00 PM

Please click epichttp://appointments[here] to view more details about your appointment.

12/11/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents

Other - Scan on 12/17/2013 2:29 PM: ABN

Scan (below)

HARBORVIEW MEDICAL CENTER
UW Medicine
325 9th Ave Seattle WA
98104-2499
206-744-3000

UNIVERSITY OF WASHINGTON MEDICAL CENTER
UW Medicine
1959 NE Pacific Seattle WA
98195-6151
206-598-3300

UW Physicians
UW Medicine
POB 50095 Seattle WA
98145-5095
206-543-6420

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

***NOTE*: If Medicare doesn't pay for** Visit **below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Code _____ Description: Office Visit	**Check reason code (see back)** A ☐ B ☒ C ☐ D ☐	$108 - $406

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Options 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: Check only one box. We cannot choose a box for you.

☐ **OPTION 1**. I want the Visit listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2**. I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3**. I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Authorized Representative)	Print Name	Date:
[signature]	Jean Hoffman	12-11-2013

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT.NO N3927850
NAME Hoffman, Jean Leonie
Place EMR Label Within Box
DOB 01-06-1925

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

"U1731"

WHITE – MEDICAL RECORD
CANARY - PATIENT

UH1731 REV SEP 10 **OMB APPROVAL NO. 0938-0566**

12/11/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

12/11/2013 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

12/11/2013 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

Ranitidine HCl 150 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/13 1812
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 12/11/2013 10:28 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W43165	—	—	12/11/13 1029

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 12/11/13 1103, Result status: Final result

Order status: Completed
Filed on: 12/11/13 1103
Collected by: 12/11/13 1029
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

12/11/2013 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Reviewed by

Neighbor Jr., William E on 12/11/13 1202
Greig, Elaine M on 12/11/13 1127

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 12/11/2013 12:02
Greig, Elaine M on 12/11/2013 11:27

12/03/2013 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

12/03/2013 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/13 1812
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 12/3/2013 10:23 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
T69032	—	—	12/03/13 1025

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 12/03/13 1059, Result status: Final result

Order status: Completed
Filed on: 12/03/13 1059
Collected by: 12/03/13 1025
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.7	0.8 - 1.3	H	RSVLT

Reviewed by

Voronchuk, Eleonora on 12/03/13 1350
Neighbor Jr., William E on 12/03/13 1307

12/03/2013 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Voronchuk, Eleonora on 12/3/2013 13:50
Neighbor Jr., William E on 12/3/2013 13:07

11/13/2013 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Lab Test
Visit diagnoses:

- AFTERCARE LONG TERM ANTICOAG USE (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Ranitidine HCl 150 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013
Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/31/2013
Start date: 5/30/2013
End date: 12/11/2013
Quantity: 60 Tab
Refill: 6

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/24/2013
Start date: 7/24/2013
Quantity: 15 Tab
Refill: 0

11/13/2013 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2013
Start date: 10/29/2013
End date: 5/19/2014
Quantity: 90 Tab
Refill: 5

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Greig, Elaine M at 11/13/2013 1052

UW lab called stating patient is getting blood drawn and her order for the Prothrombin Time (Rapid INR) expired which she has extended, but they need another standing order. Please advise.

Electronically signed by Greig, Elaine M at 11/13/2013 10:53 AM

Labs

PROTHROMBIN TIME (RAPID INR) (Completed)

Electronically signed by: **Neighbor Jr., William E on 11/13/13 1812**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/13 1812
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/13 -
Class: Normal
Quantity: 1
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 12/03/13 1059, Result status: Final result

Order status: Completed
Filed on: 12/03/13 1059
Collected by: 12/03/13 1025
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.7	0.8 - 1.3		RSVLT

11/13/2013 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

H

Reviewed by

Voronchuk, Eleonora on 12/03/13 1350
Neighbor Jr., William E on 12/03/13 1307

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 12/11/13 1103, Result status: Final result

Order status: Completed
Collected by: 12/11/13 1029
Filed on: 12/11/13 1103
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 12/11/13 1202
Greig, Elaine M on 12/11/13 1127

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 12/24/13 1035, Result status: Final result

Order status: Completed
Collected by: 12/24/13 1019
Filed on: 12/24/13 1035
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Voronchuk, Eleonora on 12/24/13 1300
Neighbor Jr., William E on 12/24/13 1130
Greig, Elaine M on 12/24/13 1126

11/13/2013 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 01/17/14 1106, Result status: Final result

Order status: Completed
Collected by: 01/17/14 1021
Filed on: 01/17/14 1106
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.5	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 01/17/14 1453
Voronchuk, Eleonora on 01/17/14 1353

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 03/21/14 1142, Result status: Final result

Order status: Completed
Collected by: 03/21/14 1029
Filed on: 03/21/14 1142
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 03/21/14 1838
Greig, Elaine M on 03/21/14 1208

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

11/13/2013 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 04/14/14 1153, Result status: Final result

Order status: Completed
Collected by: 04/14/14 1104
Filed on: 04/14/14 1153
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

Greig, Elaine M on 04/15/14 0917
Neighbor Jr., William E on 04/14/14 1708

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 05/14/14 1054, Result status: Final result

Order status: Completed
Collected by: 05/14/14 1026
Filed on: 05/14/14 1054
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.6	0.8 - 1.3	H	RSVLT

Reviewed by

Voronchuk, Eleonora on 05/14/14 1203
Neighbor Jr., William E on 05/14/14 1123

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 05/29/14 1359, Result status: Final result

Order status: Completed
Filed on: 05/29/14 1359

11/13/2013 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Collected by: 05/29/14 1323 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Anderson-Kloth, Carmen N on 06/02/14 1601
Neighbor Jr., William E on 05/29/14 1717

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) Resulted: 06/25/14 1450, Result status: Final result

Order status: Completed Filed on: 06/25/14 1450
Collected by: 06/25/14 1421 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	Duplicate request	0.8 - 1.3	—	HALLH

Reviewed by

Neighbor Jr., William E on 06/26/14 1408
Voronchuk, Eleonora on 06/26/14 0907
Greig, Elaine M on 06/25/14 1455

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
34 - HALLH	UW HALL HEALTH ONSITE LAB	Unknown	Unknown	05/24/07 0928 - 06/04/15 1345

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/01/14 1221, Result status: Final result

Order status: Completed Filed on: 07/01/14 1221
Collected by: 07/01/14 1130 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.8	0.8 - 1.3	H	RSVLT

11/13/2013 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Reviewed by

Erhardt, Mark Allen on 07/03/14 0749
Neighbor Jr., William E on 07/02/14 1412

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/30/14 0953, Result status: Final result

Order status: Completed
Collected by: 07/30/14 0932
Filed on: 07/30/14 0953
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.8	0.8 - 1.3	**H**	RSVLT

Reviewed by

Erhardt, Mark Allen on 08/22/14 1428
Neighbor Jr., William E on 07/30/14 1524

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 08/12/14 1217, Result status: Final result

Order status: Completed
Collected by: 08/12/14 1036
Filed on: 08/12/14 1217
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.8	0.8 - 1.3	**H**	RSVLT

Reviewed by

Erhardt, Mark Allen on 08/22/14 1428
Neighbor Jr., William E on 08/13/14 1456

Testing Performed By

11/13/2013 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 08/27/14 1029, Result status: Final result

Order status: Completed
Collected by: 08/27/14 0923
Filed on: 08/27/14 1029
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 08/27/14 1448
Greig, Elaine M on 08/27/14 1138

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/16/14 1007, Result status: Final result

Order status: Completed
Collected by: 10/16/14 0854
Filed on: 10/16/14 1007
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.9	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 10/20/14 1453
Voronchuk, Eleonora on 10/17/14 0850
Vinopal, Evelyn S on 10/16/14 1011

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

11/13/2013 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/22/14 1007, Result status: Final result

Order status: Completed
Collected by: 10/22/14 0926
Filed on: 10/22/14 1007
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.9	0.8 - 1.3	H	RSVLT

Reviewed by

Voronchuk, Eleonora on 10/23/14 0947
Neighbor Jr., William E on 10/22/14 1229

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

11/13/2013 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

11/13/2013 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1945**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1945
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 11/13/2013 10:20 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W10180	—	—	11/13/13 1022

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 11/13/13 1054, Result status: Final result

Order status: Completed
Filed on: 11/13/13 1054
Collected by: 11/13/13 1022
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 11/13/13 1807
Greig, Elaine M on 11/13/13 1108

11/13/2013 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 11/13/2013 18:07
Greig, Elaine M on 11/13/2013 11:08

10/29/2013 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Medication Management
Visit diagnosis: DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Ranitidine HCl 150 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013
Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/31/2013
Start date: 5/30/2013
End date: 12/11/2013
Quantity: 60 Tab
Refill: 6

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/24/2013
Start date: 7/24/2013
Quantity: 15 Tab
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

10/29/2013 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/20/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2013
Start date: 10/29/2013
End date: 5/19/2014
Quantity: 90 Tab
Refill: 5

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 10/29/2013 1053

Received a request to refill Pentoxifyll 400 mg. Please advise, pharmacy on file

Electronically signed by Voronchuk, Eleonora at 10/29/2013 10:56 AM

Silue, Ruth Ann at 11/1/2013 1300

Son calling as the rx has not gone thru to the pharmacy; appears to be a problem with the fax. Advised we will call in the rx. Confirmed pharmacy is correct.

Electronically signed by Silue, Ruth Ann at 11/1/2013 1:03 PM

Other Orders

Medications

Pentoxifylline ER 400 MG Oral Tab CR (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/01/13 1638**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/01/13 1638
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/29/13 - 05/19/14
Class: E-RX
Released by: Neighbor Jr., William E 11/01/13 1638
Discontinued by: Neighbor Jr., William E 05/20/14 1247 [Reorder]
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC
Medication comments: CAN WE GET THIS ASAP, PLEASE? SHE IS OUT. THANKS.
Reordered from: Pentoxifylline CR 400 MG Oral Tab CR

Indications

10/29/2013 - Telephone in Hall Health Primary Care Center (continued)

Other Orders (continued)

Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Messages

refill done

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	11/1/2013 4:39 PM
Last Read in MyChart		
Not Read		

The reflll for pentoxifyll has been completed.
William E Neighbor JR, MD

09/20/2013 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- DEEP VENOUS PHLEBITIS-LEG NEC (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- Needs flu shot

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL II

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Pentoxifylline CR 400 MG Oral Tab CR

09/20/2013 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/10/2013
Start date: 5/10/2013 — End date: 10/29/2013
Quantity: 90 Tab — Refill: 5

Ranitidine HCl 150 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/11/2013
Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/31/2013
Start date: 5/30/2013 — End date: 12/11/2013
Quantity: 60 Tab — Refill: 6

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/11/2013
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/24/2013
Start date: 7/24/2013 — Quantity: 15 Tab
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/30/2013
Start date: 8/30/2013 — End date: 6/25/2014
Quantity: 30 Tab — Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 9/20/2013 1157

Jeanne Leonie Hoffman is a 88 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
Taking coumadin 5 mg once daily without missing dose. No bleeding. No LE swelling. Waring compression stockings. Leaving Monday for west coast train trip. First stop in Napa, Ca. Going with her son.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8]	12/13/2012

Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013

- Thyroid nodule, uninodular [241.0] 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
  5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- OSTEOPOROSIS NOS [733.00] 03/04/2008
  T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
  Began fosamax spring 2008. Continue for five years, then stop

- AFTERCARE LONG TERM ANTICOAG USE [V58.61] 01/08/2008
  Reason for anticoagulation: Recurrent dvts
  Duration of anticoagulation: life
  INR goal: 2.-3

  She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.

- ADULT FAILURE TO THRIVE [783.7] 10/19/2007
  Lives in subsidized housing on Bainbridge
  Bremerton APS at 1-888-833-4925
  Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
  Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait

- TREMOR NEC [333.1] 08/17/2007
  Noted by Melanie Parker. Consider Parkinson's disease med trial.

- FX FEMUR INTRCAPS NOS-CLOSE [820.00] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled 03/27/2007

[250.00]
Year onset: Dx March 2007
Metformin discontinued 2011 as A1c in target range without it.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- GLAUCOMA NOS [365.9] 11/20/2006
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1): 2010
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active

Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

Outpatient Prescriptions Marked as Taking for the 9/20/13 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Pentoxifylline CR 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	5
• Timolol Maleate 0.5 % ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	12
• Warfarin Sodium (COUMADIN) 5 MG Oral Tab	1 TAB PO ONCE each evening	30 Tab	6

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Pneumococcal Polysaccharide	03/22/2010
• Td	06/07/2006

Social history:

History

Social History Narrative

Soc Hx. 1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her

grandmother had the same problem.William E Neighbor, MD

History

Sexual Activity

- Sexually Active: Not on file

Tobacco and Alcohol Use:

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Objective:

BP 127/64 | Pulse 63 | Temp 98.7 °F (37.1 °C)
Estimated Body mass index is 20.05 kg/(m^2) as calculated from the following:
Height as of 2/27/07: 5' 7"(1.702 m).
Weight as of 11/7/12: 128 lb(58.06 kg).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 127/64
General: NAD
No other exam

PRORPD 1.7 9/20/2013
PRORPD 2.3 8/30/2013
PRORPD 2.6 7/31/2013
PRORPD 3.7 7/26/2013
PRORPD 6.9 7/24/2013
PRORPD Run in main coag lab, not a rapid protime result. 7/24/2013
PRORPD Telephoned with read back to: 7/24/2013
PRORPD DR WILLIAM NEIGHBOR @ 1041 7/24/13 7/24/2013
PRORPD 3.4 6/12/2013

Assessment and Plan:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
Compliant with taking coumadin 5 mg once daily. INR lately has been in therapeutic range except today is 1.7. She has not missed a dose. She is leaving for a month for a triain trip on west coast. Will increase coumadin to one tablet daily except a extra half tablet on Fridays. She should have a repeat INRi n 5 days. She believes she can get this done at a local lab as she did when she went on a train before. I explained this to her son. They will arrange to have INR in Napa and have result faxed to me.

William E Neighbor JR, MD
Clinical Professor
Department of Family Medicine
University of Washington

09/20/2013 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Electronically signed by Neighbor Jr., William E at 9/20/2013 12:16 PM

Voronchuk, Eleonora at 9/20/2013 1228

HH Vaccine Screening Questions
(MAs -if yes to any question, consult w/ provider before administering vaccine)

1. Is the patient sick today? NO

2. Is the patient < 18 yrs of age? NO (if yes, parent/guardian must be present to give consent)

3. Does the patient have allergies to foods (including eggs), latex, or any known vaccine component? No

4. Is the patient pregnant or planning to become pregnant in the next month? No

5. Is influenza vaccine being given today? Yes : Additional influenza questions
Has the patient ever had Guillain-Barre syndrome? NO (if yes, consult with provider)

RN giving vaccine? No

6. Has the patient received any vaccinations in the past 4 weeks? NO

7. Are any live vaccines being given today? No

Vaccine(s) being given today: Influenza injection (seasonal)

Has patient or guardian given consent and received the corresponding VIS statements? YES

VFC vaccines given? NO (if yes, list Native American/Alaskan Native;Medicaid;Uninsured;Private/Commercial Insurance;Insured[admin fee not covered])

Adolescents are encouraged to wait 15 minutes before leavingnafter receiving any vaccine.
Eleonora Voronchuk

Electronically signed by Voronchuk, Eleonora at 9/20/2013 12:31 PM

Other Orders

Immunization/Injection

Flu Vaccine (19 yrs & older) 0.5 mL IM [90658] (Active)

Electronically signed by: **Neighbor Jr., William E on 09/20/13 1201** Status: **Active**

09/20/2013 - Office Visit in Hall Health Primary Care Center (continued)

Other Orders (continued)

Ordering user: Neighbor Jr., William E 09/20/13 1201
Ordering mode: Standard
Frequency: Routine 09/20/13 -
Quantity: 1

Authorized by: Neighbor Jr., William E
Class: On Site
Instance released by: Voronchuk, Eleonora, CMA 9/20/2013 12:27 PM

Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Flowsheets

Vitals Data

Row Name	09/20/13 1137
BP	127/64
Temp	37.1 °C
Pulse	63

Patient Instructions

Assessment and Plan:
451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
Compliant with taking coumadin 5 mg once daily. INR lately has been in therapeutic range except today is 1.7. She has not missed a dose. She is leaving for a month for a triain trip on west coast. Will increase coumadin to one tablet daily except a extra half tablet on Fridays. She should have a repeat INRi n 5 days. She believes she can get this done at a local lab as she did when she went on a train before.

William E Neighbor JR, MD
Clinical Professor
Department of Family Medicine
University of Washington

Electronically signed by Neighbor Jr., William E at 9/20/2013 12:00 PM

Messages

Appointment Reminder

From: Uw Mychart, Patient User
To: Hoffman, Jeanne Leonie
Sent and Delivered: 9/18/2013 11:46 PM
Last Read in MyChart: Not Read

Please review your upcoming appointment. If you will be unable to attend, please contact your physician's office.

Appointment Information:

09/20/2013 - Office Visit in Hall Health Primary Care Center (continued)

Messages (continued)

Dept: HALL HEALTH PRIMARY CARE CNTR
HALL HEALTH PCT
4060 E Stevens Circle
University Of Washington
Seattle WA 98195-4410
Provider: William E Neighbor JR, MD
Date: 9/20/13
Time: 11:40 AM

Please click epichttp://appointments[here] to view more details about your appointment.

09/20/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents

Other - Scan on 9/25/2013 3:45 PM: ABN

Scan (below)

HARBORVIEW MEDICAL CENTER
UW Medicine
325 9th Ave Seattle WA
98104-2499
206-744-3000

UNIVERSITY OF WASHINGTON MEDICAL CENTER
UW Medicine
1959 NE Pacific Seattle WA
98195-6151
206-598-3300

UW Physicians
UW Medicine
POB 50095 Seattle WA
98145-5095
206-543-6420

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for VISIT **below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Code _____ Description: OFFICE VISIT	**Check reason code (see back)** A ☐ B ☒ C ☐ D ☐	$ 300 - 500

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Options 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: Check only one box. We cannot choose a box for you.

☑ **OPTION 1.** I want the VISIT listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I **can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Authorized Representative)	Print Name	Date:
X	X Jeanne L Hoffman	X 9/20/13

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT MD N3927850

NAME HOFFMAN, JEANNE LEONIE

DOB 1-6-1925

UW Medicine
Harborview Medical Center - UW Medical Center
Northwest Hospital & Medical Center - University of Washington Physicians
Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

"UH731"

WHITE MEDICAL RECORD
CANARY - PATIENT

UH1731 REV SEP 10 **OMB APPROVAL NO. 0938-0566**

09/20/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

09/20/2013 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

09/20/2013 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1945**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/30/11 1945
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Instance released by: Grittman, Sheryl R, Technologist 9/20/2013 10:17 AM
Discontinued by: Uw Use Interface, User 11/19/13 0033 [Auto-canceled. Patient no show and/or specimen not received within 60 days.]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F44323	—	—	09/20/13 1017

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1945**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1945
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Grittman, Sheryl R, Technologist 9/20/2013 10:17 AM

09/20/2013 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F44321	—	—	09/20/13 1020

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/20/13 1043, Result status: Final result

Order status: Completed
Collected by: 09/20/13 1020
Filed on: 09/20/13 1043
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 09/20/13 1054
Greig, Elaine M on 09/20/13 1043

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 9/20/2013 10:54
Greig, Elaine M on 9/20/2013 10:43

08/30/2013 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- AFTERCARE LONG TERM ANTICOAG USE (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC
- DJD (degenerative joint disease) of lumbar spine

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Pentoxifylline CR 400 MG Oral Tab CR

08/30/2013 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/10/2013
Start date: 5/10/2013
End date: 10/29/2013
Quantity: 90 Tab
Refill: 5

Ranitidine HCl 150 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013
Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/31/2013
Start date: 5/30/2013
End date: 12/11/2013
Quantity: 60 Tab
Refill: 6

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/24/2013
Start date: 7/24/2013
Quantity: 15 Tab
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 8/30/2013 1143

Jeanne Leonie Hoffman is a 88 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  mutiple issues

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
She is compliant with her current dose of Coumadin. She has had no bleeding or bruising.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
She's had no recurrent swelling of her lower legs or feet. She continues to use compression stockings as she has done for years.

721.3 DJD (degenerative joint disease) of lumbar spine
She continues to have some low back pain which is quite bothersome to her at times. The pain is isolated to her back. There is no radiation into the legs. She has notr had any physical therapy recently.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• DJD (degenerative joint disease) of lumbar spine [721.3]	08/30/2013
• Vertebral fracture [805.8]	12/13/2012

Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013

- Thyroid nodule, uninodular [241.0] 12/13/2012

CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- OSTEOPOROSIS NOS [733.00] 03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continue for five years, then stop

- AFTERCARE LONG TERM ANTICOAG USE [V58.61] 01/08/2008

Reason for anticoagulation: Recurrent dvts
Duration of anticoagulation: life
INR goal: 2.-3

She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.

- ADULT FAILURE TO THRIVE [783.7] 10/19/2007

Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait

- TREMOR NEC [333.1] 08/17/2007

Noted by Melanie Parker. Consider Parkinson's disease med trial.

- FX FEMUR INTRCAPS NOS-CLOSE [820.00] 05/01/2007

Pinned April 2007.
Post op hematocrit 25
Has walker with wheels for use outside of home. Uses cane in home.

08/30/2013 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- GLAUCOMA NOS [365.9] 11/20/2006
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1): 2010
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old

Colorectal cancer screening: Sig to 30 cm in May 2001.
Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

No outpatient prescriptions have been marked as taking for the 8/30/13 encounter (Office Visit) with Neighbor Jr., William E.

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Pneumococcal Polysaccharide	03/22/2010
• Td	06/07/2006

Social history:

History

Social History Narrative

Soc Hx. 1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.William E Neighbor, MD

History

Sexual Activity

- Sexually Active: Not on file

Tobacco and Alcohol Use:

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Objective:

BP 121/57 | Pulse 61 | Temp 97.8 °F (36.6 °C) (Oral)
Estimated Body mass index is 20.05 kg/(m^2) as calculated from the following:
Height as of 2/27/07: 5' 7"(1.702 m).
Weight as of 11/7/12: 128 lb(58.06 kg).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 121/57
General: Pain in back, hips, legs, chronic
Back: Paraspinal muscle tenderness along the lumbar spine without any midline tenderness. Strength in her lower extremities is intact. Reflexes are symmetrical. She uses a walker.

X-rays of the LS-spine done within last year showed no acute changes but showed chronic degenerative changes.

Assessment and Plan:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
Her INR is in therapeutic range today. She has been taking Coumadin 5 mg one each evening. We will continue with that dosage and she will return just before she leaves on a train trip at the end of September.
Plan: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
There's been no recurrence

721.3 DJD (degenerative joint disease) of lumbar spine
She continues to have a bit of low back pain related to wedge deformities of vertebrae and DJD in her lumbar spine. Her x-rays were within the last year. There's been no abrupt change. She has not had physical therapy recently so we'll try to arrange for physical therapy for her near where she lives on Bainbridge Island.
Plan: REFERRAL TO PHYSICAL THERAPY

William E Neighbor JR, MD

9/5/2013
Son sent message that Jean may have problems paying her bills. I responded that we will have them meet with our financial folks when she next comes in.

Electronically signed by Neighbor Jr., William E at 9/11/2013 1:34 PM

08/30/2013 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Other Orders

Medications

Warfarin Sodium (COUMADIN) 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 08/30/13 1137** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 08/30/13 1137 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 08/30/13 - 06/25/14 Class: E-RX
Discontinued by: Neighbor Jr., William E 06/25/14 1411 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC
Reordered from: Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Referral

REFERRAL TO PHYSICAL THERAPY (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 08/30/13 1143** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 08/30/13 1143 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 08/30/13 - Class: External Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Diagnoses
DJD (degenerative joint disease) of lumbar spine [721.3 (ICD-9-CM)]
Order comments: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare Referral for: Transfer of Care. To assume on-going management of some aspect of the patient's care. Therapist: Per patient preference Is this the patient's first post-operative therapy visit?: NO PHYSICAL/OCCUPATIONAL THERAPY PRESCRIPTION 88 year old female with DJD and lumbar disk compression in L2-5 with chronic pain. I think she would benefit from some physical therapy. She lives on Bainbridge. . Precautions: None Please evaluate and treat, including: Services as deemed appropriate by the therapist. Treatment frequency: As deemed appropriate by theTherapist Physician recheck date: 4 months (Please fax written progress reports prior to follow-up). NEIGHBOR JR, WILLIAM E A copy of the patient's chart notes available upon request.

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: DJD (degenerative joint disease) of lumbar spine	**OUTSIDE PROVIDER** Specialty: Physical Therapy Med	Physical Therapy	Routine

Comment: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare Referral for: Transfer of Care. To assume on-going management of some aspect of the patient's care.
Therapist: Per patient preference
Is this the patient's first post-operative therapy visit?: NO

PHYSICAL/OCCUPATIONAL THERAPY PRESCRIPTION

88 year old female with DJD and lumbar disk compression in L2-5 with chronic pain. I think she would benefit from some physical therapy. She lives on Bainbridge. .
Precautions: None

08/30/2013 - Office Visit in Hall Health Primary Care Center (continued)

Other Orders (continued)

Please evaluate and treat, including: Services as deemed appropriate by the therapist.

Treatment frequency: As deemed appropriate by theTherapist
Physician recheck date: 4 months
(Please fax written progress reports prior to follow-up).

NEIGHBOR JR, WILLIAM E

A copy of the patient's chart notes available upon request.

Indications

DJD (degenerative joint disease) of lumbar spine [721.3 (ICD-9-CM)]

Flowsheets

Vitals Data

Row Name	08/30/13 1113
BP	121/57
Temp	36.6 °C
Temp src	Oral
Pulse	61

Messages

Appointment Reminder

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	8/28/2013 11:45 PM

Last Read in MyChart
Not Read

Please review your upcoming appointment. If you will be unable to attend, please contact your physician's office.

Appointment Information:

Dept: HALL HEALTH PRIMARY CARE CNTR
HALL HEALTH PCT
4060 E Stevens Circle
University Of Washington
Seattle WA 98195-4410
Provider: William E Neighbor JR, MD
Date: 8/30/13
Time: 11:40 AM

Please click epichttp://appointments[here] to view more details about your appointment.

08/30/2013 - Office Visit in Hall Health Primary Care Center (continued)

Messages (continued)

08/30/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents

Other - Scan on 9/6/2013 11:14 AM: agreement to Pay for Healthcare Services

Scan (below)

Department of Social & Health Services
HRSA Health & Recovery Services Administration

Agreement to Pay for Healthcare Services

WAC 388-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) for which the Department of Social and Health Services (DSHS) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications.

1. **Client** - is a recipient of Medicaid or other healthcare benefits through the DSHS or a managed care organization (MCO) that contracts with DSHS; and
2. **Provider** - is an institution, agency, business, or person that furnishes healthcare services to DSHS clients and has a signed agreement with DSHS or authorization from an MCO.

This Agreement and WAC 388-502-0160 apply to billing a client for covered and noncovered services as described in WAC 388-501-0050 through WAC 388-501-0070. Providers may not bill any DSHS client (including those enrolled with an MCO that contracts with DSHS) for services which DSHS or an MCO that contracts with DSHS may have paid until the provider has completed all requirements for obtaining authorization.

CLIENT'S PRINTED NAME	CLIENT'S DSHS ID NUMBER
Hoffman, Jeanne Leonie	LOOL75002WA
PROVIDER'S PRINTED NAME	**PROVIDER NUMBER**
Neighbor, William	1226551899

This form:

- Must be fully completed by both the provider and the client **before** any service for which this Agreement is required is provided to a DSHS client.
- Must be completed no more than 90 calendar days before the service is provided. If the service is not provided within 90 calendar days, a new form must be completed and signed by both the provider and the client.
- Must be completed only **after** the provider and the client have exhausted all applicable DSHS or DSHS-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 388-501-0160 or the administrative hearing process as described in WAC 388-526-2610, if the client chooses to pursue these processes.
- Must be understandable to a limited English proficient (LEP) client in his or her primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. A translated form must be signed by both the client and the provider.

The table on back of this form must be fully completed. If needed, attach another sheet for additional services. Each additional page must be signed and dated by the client, provider, and interpreter (if applicable).

Important Note from DSHS:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 388-502-0160 or does not satisfy DSHS conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 388-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. A copy of this completed, signed agreement must also be given to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://www.dshs.wa.gov/msa/forms/eforms.html.

SEP 06 2013
HDS SCANNED

08/30/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

SPECIFIC SERVICE(S) OR ITEM(S) TO BE PROVIDED AND ANTICIPATED DATE OF SERVICE	CPT/CDT/ HCPC CODE (BILLING CODE)	AMOUNT TO BE PAID BY CLIENT	REASON WHY THE CLIENT IS AGREEING TO BE BILLED (CHECK THE ONE THAT APPLIES FOR EACH SERVICE)	COVERED TREATMENT ALTERNATIVES OFFERED BUT NOT CHOSEN BY CLIENT	DATE(S) ETR REQUESTED/DENIED OR WAIVED, OR PRIOR AUTHORIZATION (PA) REQUESTED/DENIED	
Office visit + all related services	99213	$60 - 406	☒ Noncovered service ☒ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH DSHS NOTICE)
					PA REQUEST	PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH DSHS NOTICE)
					PA REQUEST	PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH DSHS NOTICE)
					PA REQUEST	PA DENIAL (ATTACH DSHS NOTICE)

- I understand that DSHS or an MCO that contracts with DSHS will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) DSHS does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after a DSHS or DSHS-contracted MCO denial of a request for a noncovered service; or 2) ask for a hearing to appeal a DSHS or DSHS-contracted MCO denial of a requested service.
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by DSHS or DSHS-contracted MCO, and I still choose to get the specified service(s) above.
- ***I agree to pay the provider directly for the specific service(s) listed above.***
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which DSHS or a DSHS-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form.
- I understand that I can call DSHS at 1-800-562-3022 if I want to receive additional information about my rights or services covered by DSHS under fee-for-service or managed care.

I AFFIRM: I understand and agree with this form's content, including the bullet points above.	CLIENT'S OR CLIENT'S LEGAL REPRESENTATIVE'S SIGNATURE X [signature] LCHH	DATE X 8/30/13
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 388-502-0160.	PROVIDER OF SERVICE(S) SIGNATURE [signature]	DATE 8/30/13
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	INTERPRETER'S PRINTED NAME AND SIGNATURE	DATE

AGREEMENT TO PAY FOR HEALTHCARE SERVICES
DSHS 13-879 (05/2010)

Page 2 of 2

SEP 06 2013

HDS SCANNED

08/30/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

Other - Scan on 9/10/2013 11:50 AM: ABN

Scan (below)

HARBORVIEW MEDICAL CENTER
UW Medicine
325 9th Ave Seattle WA
98104-2499
206-744-3000

UNIVERSITY OF WASHINGTON MEDICAL CENTER
UW Medicine
1959 NE Pacific Seattle WA
98195-6151
206-598-3300

UW Physicians
UW Medicine
POB 50095 Seattle WA
98145-5095
206-543-6420

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

***NOTE*: If Medicare doesn't pay for** VISIT **below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Code _____ Description: Office visit + all related services	**Check reason code (see back)** A ☐ B ☒ C ☐ D ☐	72-1000

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Options 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: Check only one box. We cannot choose a box for you.

☒ **OPTION 1**. I want the VISIT listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2**. I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3**. I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Authorized Representative)	Print Name	Date:
[signature] LCHR	Jean A. Hoffman	8/30/13

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT.NO N 3927850
NAME Hoffman, Jeanne
DOB 1/6/25

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE – MEDICAL RECORD
CANARY - PATIENT

UH1731 REV SEP 10 **OMB APPROVAL NO. 0938-0566**

08/30/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

08/30/2013 - Appointment in UWMC R2 Mammo

Visit Information

Appointment Information

PROCEDURE **Completed**
8/30/2013 9:40 AM

Time	Provider	Department	Length
9:40 AM	U RAD MAMMO 1	ZZUWMC R2 MAMMO	20 min

Arrival Time: 9:25 AM Enc Form Number: 21334596

Notes:
screen, no symptoms/W. Neighbor/sched w/pt's son lewis//jo

History

Made On:	8/20/2013 11:31 AM	By:	Oblero, Jeffrey A	ES
Checked In:	8/30/2013 9:25 AM	By:	Hardy, Mary A	ES
Remove Arr.:	8/30/2013 9:59 AM	By:	Suleman, Sakar, Technologist	ES
EOD Status:	9/3/2013 11:04 PM	By:	Uw Epaa, User	ES

Messages

Appointment Reminder

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	8/28/2013 11:46 PM

Last Read in MyChart
Not Read

Please review your upcoming appointment. If you will be unable to attend, please contact your physician's office.

Appointment Information:

Dept: UWMC RADIOLOGY ROOSEVELT
UWMC R2 MAMMO
1959 Ne Pacific St
Seattle WA 98195-0001
Provider: UWMC Mammography 1
Date: 8/30/13
Time: 9:40 AM

Please click epichttp://appointments[here] to view more details about your appointment.

08/30/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

08/30/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 8/30/2013 9:18 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F19361	—	—	08/30/13 0919

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 08/30/13 0955, Result status: Final result

Order status: Completed
Filed on: 08/30/13 0955
Collected by: 08/30/13 0919
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 08/30/13 1152

Testing Performed By

08/30/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 8/30/2013 11:52

08/30/2013 - Orders Only in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/10/2013
Start date: 5/10/2013
End date: 10/29/2013
Quantity: 90 Tab
Refill: 5

Ranitidine HCl 150 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013
Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/31/2013
Start date: 5/30/2013
End date: 12/11/2013

08/30/2013 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 60 Tab
Refill: 6

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/24/2013
Start date: 7/24/2013
Quantity: 15 Tab
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/25/2014
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/30/2013
Start date: 8/30/2013
End date: 6/25/2014
Quantity: 30 Tab
Refill: 6

Stopped in Visit

None

Imaging

Imaging

MAMMOGRAM, SCREENING (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 08/20/13 1132**
Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 08/20/13 1132
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: 08/20/13 1132 -
Class: SCCA Imaging
Quantity: 1
Lab status: Final result
Order comments: SCHED W/PT'S SON LEWIS **PT USES A WALKER**

MAMMOGRAM, SCREENING
Resulted: 09/04/13 1522, Result status: Final result

Order status: Completed
Filed on: 09/04/13 1523
Accession number: 7965913
Resulting lab: UW RADIOLOGY
Lab Technician: SAKAR SULEMAN RII MAMMO TECH

Components

Component	Value	Reference Range	Flag	Lab
General Diagnostic Text	--	—	—	UW RAD

Result: Examination:A digital screening mammogram was performed and computer-aided detection was applied. The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment). ComparisonComparison is made to images from 08/24/2012 (bilateral) and images from 07/06/2011 (bilateral) and images from 06/15/2010 (bilateral) and images from 06/05/2009 (bilateral) and images from 06/03/2008 (bilateral) and images from 03/22/2007 (bilateral) and images from 01/11/2006 and images from 12/07/2004. FindingsBilateral Breast Findings: There are scattered fibroglandular densities (25% - 50% fibroglandular). No significant masses, calcifications or other abnormalities are seen. Positioning is limited by the patient's mobility constraints. ImpressionBILATERAL BREASTS Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months. OVERALL ASSESSMENT - CATEGORY 1 - NEGATIVE ATTENDING RADIOLOGIST AND PAGER NUMBER318690 Rahbar Habibollah MD(206)540-6154

Reviewed by

Neighbor Jr., William E on 09/05/13 1338
Weldu, Abeba F on 09/05/13 1326

08/30/2013 - Orders Only in Hall Health Primary Care Center (continued)

Imaging (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

All Reviewers List

Neighbor Jr., William E on 9/5/2013 13:38
Weldu, Abeba F on 9/5/2013 13:26

07/31/2013 - OP Visit in UWMC Lab Med HOV

Visit Information

Department

Name	Address	Phone	Fax
UWMC Lab Med HOV	1959 NE PACIFIC ST Seattle WA 98195	206-520-4600	206-520-4903

Medication List

Medication List

This visit has been closed. A record of the med list at the time of the visit is not available.

07/31/2013 - Appointment in Hall Health Primary Care Center

Visit Information

Appointment Information

FUTURE
7/31/2013 9:40 AM

No Show

Time	Provider	Department	Length
9:40 AM	Neighbor Jr., William E, MD	ZZHH PCT (331)	40 min

Notes:
Follow up/jm

History

Made On:	7/24/2013 11:18 AM	By:	Migliore, Jennifer, PSS/PSR	ES
EOD Status:	8/4/2013 11:00 PM	By:	Uw Epaa, User	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Messages

Appointment Reminder

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	7/29/2013 11:45 PM

Last Read in MyChart
Not Read

Please review your upcoming appointment. If you will be unable to attend, please contact your physician's office.

Appointment Information:

Dept: HALL HEALTH PRIMARY CARE CNTR
HALL HEALTH PCT
4060 E Stevens Circle
University Of Washington
Seattle WA 98116-3406

07/31/2013 - Appointment in Hall Health Primary Care Center (continued)

Messages (continued)

Provider: William E Neighbor JR, MD
Date: 7/31/13
Time: 9:40 AM

Please click epichttp://appointments[here] to view more details about your appointment.

07/31/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

07/31/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 7/31/2013 10:23 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W29271	—	—	07/31/13 1025

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 07/31/13 1102, Result status: Final result

Order status: Completed
Filed on: 07/31/13 1102
Collected by: 07/31/13 1025
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 07/31/13 1339

Testing Performed By

07/31/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 7/31/2013 13:39

07/26/2013 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- AFTERCARE LONG TERM ANTICOAG USE (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL II

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2013

07/26/2013 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/10/2013
Start date: 5/10/2013
End date: 10/29/2013
Quantity: 90 Tab
Refill: 5

Ranitidine HCl 150 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013
Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/31/2013
Start date: 5/30/2013
End date: 12/11/2013
Quantity: 60 Tab
Refill: 6

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/24/2013
Start date: 7/24/2013
Quantity: 15 Tab
Refill: 0

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/30/2013
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/31/2013
Start date: 7/31/2013
End date: 8/30/2013
Quantity: 30 Tab
Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 7/26/2013 1148

Jeanne Leonie Hoffman is a 88 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
Jeanne Comes in for a brief visit to followup on her INR. Please see the visit note from last Wednesday 2 days ago. She is not taking any Coumadin he did Wednesday night Thursday night.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
There's been no recurrence

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Vertebral fracture [805.8]	12/13/2012

Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013

- Thyroid nodule, uninodular [241.0] 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.
  5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- OSTEOPOROSIS NOS [733.00] 03/04/2008
  T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
  Began fosamax spring 2008. Continue for five years, then stop

- AFTERCARE LONG TERM ANTICOAG USE [V58.61] 01/08/2008
  Reason for anticoagulation: Recurrent dvts
  Duration of anticoagulation: life
  INR goal: 2.-3

  She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.

- ADULT FAILURE TO THRIVE [783.7] 10/19/2007
  Lives in subsidized housing on Bainbridge
  Bremerton APS at 1-888-833-4925
  Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
  Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait

- TREMOR NEC [333.1] 08/17/2007
  Noted by Melanie Parker. Consider Parkinson's disease med trial.

- FX FEMUR INTRCAPS NOS-CLOSE [820.00] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled 03/27/2007

[250.00]
Year onset: Dx March 2007
Metformin discontinued 2011 as A1c in target range without it.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- GLAUCOMA NOS [365.9] 11/20/2006
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1): 2010
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active

Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

Outpatient Prescriptions Marked as Taking for the 7/26/13 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Timolol Maleate 0.5 % ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	12
• Warfarin Sodium 10 MG Oral Tab	Take one half tab on Mon, Wed, Fri, Sat and Sun. Take a full tablet on the remaining three days of the week.		1

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Pneumococcal Polysaccharide	03/22/2010
• Td	06/07/2006

Social history:

History

Social History Narrative

Soc Hx. 1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her

grandmother had the same problem.William E Neighbor, MD

History

Sexual Activity

- Sexually Active: Not on file

Tobacco and Alcohol Use:

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Review of Systems:
She denies any bleeding or unexpected bruising

Objective:
BP 124/54 | Pulse 58 | Temp 97.7 °F (36.5 °C) (Oral)
Estimated Body mass index is 20.05 kg/(m^2) as calculated from the following:
Height as of 2/27/07: 5' 7"(1.702 m).
Weight as of 11/7/12: 128 lb(58.06 kg).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 124/54
General: NAD

INR 3.7

Assessment and Plan:
V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR today 3.7 after not taking any coumadin for the last two days. This is down from 6.9. She is scheduled for tooth extraction next Wednesday. Because this had to be canceled last Wednesday because of excess anticoagulation, we would like to avoid having canceled this coming Wednesday.

Plan:
Tonight, Friday, do not take any
Saturday begin taking 5 mg each evening and continue this. This is a half of the 10 mg tab she has.
Wednesday, Have an INR done before dental surgery.

Remember that when next due for a refill, contact me so I can switch you to 5 mg tabs.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence.

Follow up plans: INR next Wednesday prior to dental surgery

William E Neighbor JR, MD

7/31/2013

07/26/2013 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

INR 2.6 today.
Will continue 5 mg each evening as her new dose.

Electronically signed by Neighbor Jr., William E at 7/31/2013 1:30 PM

Glover, Edith M at 9/6/2013 1111

The Agreement to Pay for Healthcare Services was scanned into this encounter in ERROR, Edith Glover

Electronically signed by Glover, Edith M at 9/6/2013 11:12 AM

Other Orders

Medications

Warfarin Sodium (COUMADIN) 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/31/13 1334** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/31/13 1334 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/31/13 - 08/30/13 Class: E-RX
Discontinued by: Neighbor Jr., William E 08/30/13 1137 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Flowsheets

Vitals Data

Row Name	07/26/13 1126
BP	124/54
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.5 °C
Temp src	Oral
Pulse	58

Patient Instructions

Assessment and Plan:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR today 3.7 after not taking any coumadin for the last two days. This is down from 6.9. She is scheduled for tooth extraction next Wednesday.

07/26/2013 - Office Visit in Hall Health Primary Care Center (continued)

Patient Instructions (continued)

Plan:
Tonight, Friday, do not take any
Saturday begin taking 5 mg each evening and continue this. This is a half of the 10 mg tab she has.
Wednesday, Have an INR done before dental surgery.

Remember that when next due for a refill, contact me so I can switch you to 5 mg tabs.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 7/26/2013 11:53 AM

Messages

INR today July 31

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	7/31/2013 1:31 PM
Last Read in MyChart		
Not Read		

Jeanne: Your INR today 7/31/2013 was 2.6. That is in the target range. You should continue taking just 5 mg (one half a 10 mg tab) daily. I am submitting a prescription for 5 mg tabs to your pharmacy so it will be on file.
You should have a repeat INR and visit with me in one month.

Appointment Reminder

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	7/24/2013 11:45 PM
Last Read in MyChart		
Not Read		

Please review your upcoming appointment. If you will be unable to attend, please contact your physician's office.

Appointment Information:

Dept: HALL HEALTH PRIMARY CARE CNTR
HALL HEALTH PCT
4060 E Stevens Circle
University Of Washington
Seattle WA 98116-3406
Provider: William E Neighbor JR, MD

07/26/2013 - Office Visit in Hall Health Primary Care Center (continued)

Messages (continued)

Date: 7/26/13
Time: 11:40 AM

Please click epichttp://appointments[here] to view more details about your appointment.

07/26/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents

Other - Scan on 9/6/2013 11:05 AM: Agreement to Pay for Healthcare Services

Scan (below)

Department of Social & Health Services
HRSA Health & Recovery Services Administration

Agreement to Pay for Healthcare Services
WAC 388-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) for which the Department of Social and Health Services (DSHS) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications.

1. **Client** - is a recipient of Medicaid or other healthcare benefits through the DSHS or a managed care organization (MCO) that contracts with DSHS; and
2. **Provider** - is an institution, agency, business, or person that furnishes healthcare services to DSHS clients and has a signed agreement with DSHS or authorization from an MCO.

This Agreement and WAC 388-502-0160 apply to billing a client for covered and noncovered services as described in WAC 388-501-0050 through WAC 388-501-0070. Providers may not bill any DSHS client (including those enrolled with an MCO that contracts with DSHS) for services which DSHS or an MCO that contracts with DSHS may have paid until the provider has completed all requirements for obtaining authorization.

CLIENT'S PRINTED NAME	CLIENT'S DSHS ID NUMBER
Hoffman, Jeanne Leonie	10067500 2 MA
PROVIDER'S PRINTED NAME	PROVIDER NUMBER
Neighbor, William	1265518989

This form:

- Must be fully completed by both the provider and the client **before** any service for which this Agreement is required is provided to a DSHS client.
- Must be completed no more than 90 calendar days before the service is provided. If the service is not provided within 90 calendar days, a new form must be completed and signed by both the provider and the client.
- Must be completed only **after** the provider and the client have exhausted all applicable DSHS or DSHS-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 388-501-0160 or the administrative hearing process as described in WAC 388-526-2610, if the client chooses to pursue these processes.
- Must be understandable to a limited English proficient (LEP) client in his or her primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. A translated form must be signed by both the client and the provider.

The table on back of this form must be fully completed. If needed, attach another sheet for additional services. Each additional page must be signed and dated by the client, provider, and interpreter (if applicable).

Important Note from DSHS:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 388-502-0160 or does not satisfy DSHS conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 388-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. A copy of this completed, signed agreement must also be given to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://www.dshs.wa.gov/msa/forms/eforms.html.

AGREEMENT TO PAY FOR HEALTHCARE SERVICES
DSHS 13-879 (05/2010)

Page 1 of 2

07/26/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

SPECIFIC SERVICE(S) OR ITEM(S) TO BE PROVIDED AND ANTICIPATED DATE OF SERVICE	CPT/CDT/ HCPC CODE (BILLING CODE)	AMOUNT TO BE PAID BY CLIENT	REASON WHY THE CLIENT IS AGREEING TO BE BILLED (CHECK THE ONE THAT APPLIES FOR EACH SERVICE)	COVERED TREATMENT ALTERNATIVES OFFERED BUT NOT CHOSEN BY CLIENT	DATE(S) ETR REQUESTED/DENIED OR WAIVED, OR PRIOR AUTHORIZATION (PA) REQUESTED/DENIED	
Office visit + all related services	99213	$86 - 406	☒ Noncovered service ☒ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH DSHS NOTICE)
					PA REQUEST	PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH DSHS NOTICE)
					PA REQUEST	PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH DSHS NOTICE)
					PA REQUEST	PA DENIAL (ATTACH DSHS NOTICE)

- I understand that DSHS or an MCO that contracts with DSHS will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) DSHS does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after a DSHS or DSHS-contracted MCO denial of a request for a noncovered service; or 2) ask for a hearing to appeal a DSHS or DSHS-contracted MCO denial of a requested service.
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by DSHS or DSHS-contracted MCO, and I still choose to get the specified service(s) above.
- ***I agree to pay the provider directly for the specific service(s) listed above.***
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which DSHS or a DSHS-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form.
- I understand that I can call DSHS at 1-800-562-3022 if I want to receive additional information about my rights or services covered by DSHS under fee-for-service or managed care.

I AFFIRM: I understand and agree with this form's content, including the bullet points above.	CLIENT'S OR CLIENT'S LEGAL REPRESENTATIVE'S SIGNATURE X LCHH	DATE X 8/30/17
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 388-502-0160.	PROVIDER OF SERVICE(S) SIGNATURE	DATE 8/30/17
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	INTERPRETER'S PRINTED NAME AND SIGNATURE	DATE

AGREEMENT TO PAY FOR HEALTHCARE SERVICES
DSHS 13-879 (05/2010)

Page 2 of 2

07/26/2013 - OP Visit in UWMC Lab Med HOV

Visit Information

Department

Name	Address	Phone	Fax
UWMC Lab Med HOV	1959 NE PACIFIC ST Seattle WA 98195	206-520-4600	206-520-4903

Medication List

Medication List

This visit has been closed. A record of the med list at the time of the visit is not available.

07/26/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

07/26/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 7/26/2013 10:18 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F53289	—	—	07/26/13 1019

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 07/26/13 1038, Result status: Final result

Order status: Completed
Filed on: 07/26/13 1038
Collected by: 07/26/13 1019
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 07/26/13 1243

Testing Performed By

07/26/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 7/26/2013 12:43

07/24/2013 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- AFTERCARE LONG TERM ANTICOAG USE (primary)
- GENERAL OSTEOARTHROSIS
- BENIGN HYPERTENSION
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/12/2013
Start date: 3/12/2013 — End date: 3/31/2014

07/24/2013 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 5 mL Refill: 12

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 5/10/2013
Start date: 5/10/2013 End date: 10/29/2013
Quantity: 90 Tab Refill: 5

Ranitidine HCl 150 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/11/2013
Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 5/31/2013
Start date: 5/30/2013 End date: 12/11/2013
Quantity: 60 Tab Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 7/31/2013
Reason for discontinuation: Dose adjustment
Instructions: Take one half tab on Mon, Wed, Fri, Sat and Sun. Take a full tablet on the remaining three days of the week.
Entered by: Neighbor Jr., William E, MD Entered on: 6/12/2013
Start date: 6/12/2013 End date: 7/31/2013

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/11/2013
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD Ordered on: 7/24/2013
Start date: 7/24/2013 Quantity: 15 Tab
Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 7/24/2013 1052

Jeanne Leonie Hoffman is a 88 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
Jean has been taking Coumadin as listed in her medication list. She comes in today for an INR. She denies any bleeding of her nose, gums, rectal bleeding, or unexpected easy bruisability.

715.00 GENERAL OSTEOARTHROSIS
She has degenerative joint disease of her foot she usually takes Tylenol but occasionally needs oxycodone which she uses sparingly. We have tried to avoid nonsteroidal anti-inflammatory medications because of her being on anticoagulation.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Vertebral fracture [805.8] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013	12/13/2012
• Thyroid nodule, uninodular [241.0] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	12/13/2012
• OSTEOPOROSIS NOS [733.00] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continue for five years, then stop	03/04/2008
• AFTERCARE LONG TERM ANTICOAG USE [V58.61] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3 She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.	01/08/2008
• ADULT FAILURE TO THRIVE [783.7] Lives in subsidized housing on Bainbridge Bremerton APS at 1-888-833-4925 Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved. Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait	10/19/2007
• TREMOR NEC [333.1] Noted by Melanie Parker. Consider Parkinson's disease med trial.	08/17/2007
• FX FEMUR INTRCAPS NOS-CLOSE [820.00] Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	05/01/2007
• VITAMIN B DEFICIENCY NOS [266.9] Vitamin B12 217 in February 2007; however methylmalonic acid	05/01/2007

and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- GLAUCOMA NOS [365.9] 11/20/2006
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1): 2010
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme

x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

Outpatient Prescriptions Marked as Taking for the 7/24/13 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• OxyCODONE HCl 5 MG Oral Tab	One tablet every 6 hrs prn moderate-severe pain	15 Tab	0
• Pentoxifylline CR 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	5
• Ranitidine HCl 150 MG Oral Tab	TAKE ONE TABLET BY MOUTH TWICE DAILY	60 Tab	6
• Timolol Maleate 0.5 % ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	12
• Warfarin Sodium 10 MG Oral Tab	Take one half tab on Mon, Wed, Fri, Sat and Sun. Take a full tablet on the remaining three days of the week.		1

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011

- Pneumococcal Polysaccharide 03/22/2010
- Td 06/07/2006

Social history:

History

Social History Narrative

Soc Hx. 1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.William E Neighbor, MD

History

Sexual Activity

- Sexually Active: Not on file

Tobacco and Alcohol Use:

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Objective:

BP 148/69 | Pulse 63 | Temp 97.7 °F (36.5 °C)
Estimated Body mass index is 20.05 kg/(m^2) as calculated from the following:
Height as of 2/27/07: 5' 7"(1.702 m).
Weight as of 11/7/12: 128 lb(58.06 kg).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 148/69
General: NAD
Spine: Mild tenderness over the paraspinal muscles of the lower back. No midline tenderness. She is using a walker.

PRORPD 6.9 7/24/2013
PRORPD Run in main coag lab, not a rapid protime result. 7/24/2013
PRORPD Telephoned with read back to: 7/24/2013
PRORPD DR WILLIAM NEIGHBOR @ 1041 7/24/13 7/24/2013
PRORPD 3.4 6/12/2013
PRORPD 2.3 5/23/2013
PRORPD 5.1 5/15/2013
PRORPD Run in main coag lab, not a rapid protime result. 5/15/2013
PRORPD Telephoned with read back to: 5/15/2013
PRORPD Dr. W. Neighbor at 1330 05/15/13 5/15/2013
PRORPD 1.2 5/6/2013
PRORPD 7.8 5/3/2013
PRORPD Run in main coag lab, not a rapid protime result. 5/3/2013

07/24/2013 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Assessment and Plan:
V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR today is 6.9 without bleeding or unexpected bruising. This also happened last spring at which time we gave her vitamin K but she took a higher dose than desired which in turn resulted in an INR of 1.2 which was difficult to get into the therapeutic range again. Plan for coumadin now is:
--NO coumadin tonight, Wednesday, or tomorrow, Thursday night.
--Beginning Friday take Coumadin 5 mg once daily every day. Next time due for refill, I will write the prescription for 5 mg tabs. She is fine now with cutting the 10 mg tabs in half.
--Retest INR in one week.

715.00 GENERAL OSTEOARTHROSIS
Uses oxycodone sparingly for back pain. Last fill was in April. She uses tylenol. She should not take non steroidals because of being on coumadin. Refilled today.
Plan: OxyCODONE HCl 5 MG Oral Tab

401.1 BENIGN HYPERTENSION
Blood pressure a bit elevated today. However, safe level. She is to continue current dose of losartan of 25 mg daily. See me in 1 week and will re evaluate whether to increase losaratan or to restart HCTZ.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence.

Follow up plans: 1 week
Return sooner if: Call me if any bleeding

William E Neighbor JR, MD

Addendum: As her son who also lives with her on Bainbridge Island is being seen on Friday we will see Jean on that day. She is to have an INR done before the visit.

Electronically signed by Neighbor Jr., William E at 7/24/2013 6:06 PM

Other Orders

Medications

OxyCODONE HCl 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/24/13 1052** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/24/13 1052 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/24/13 - 12/11/13 Class: Normal
Discontinued by: Neighbor Jr., William E 12/11/13 1314
Diagnoses
Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)] - GENERAL OSTEOARTHROSIS
Reordered from: OxyCODONE HCl 5 MG Oral Tab

Indications

Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)]

07/24/2013 - Office Visit in Hall Health Primary Care Center (continued)

Other Orders (continued)

Flowsheets

Vitals Data

Row Name	07/24/13 1040	07/24/13 1026
BP	148/69	145/63
Temp	—	36.5 °C
Pulse	63	60

Patient Instructions

Assessment and Plan:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR today is 6.9 without bleeding or unexpected bruising. This also happened last spring at which time we gave her vitamin K but she took a higher dose than desired which in turn resulted in an INR of 1.2 which was difficult to get into the therapeutic range again. Plan for coumadin now is:
--NO coumadin tonight, Wednesday, or tomorrow, Thursday night.
--Beginning Friday take Coumadin 5 mg once daily every day. Next time due for refill, I will write the prescription for 5 mg tabs. She is fine now with cutting the 10 mg tabs in half.
--Retest INR in one week.

715.00 GENERAL OSTEOARTHROSIS
Uses oxycodone sparingly for back pain. Last fill was in April. She uses tylenol. She should not take non steroidals because of being on coumadin. Refilled today.
Plan: OxyCODONE HCl 5 MG Oral Tab

401.1 BENIGN HYPERTENSION
Blood pressure a bit elevated today. However, safe level. She is to continue current dose of losartan of 25 mg daily. See me in 1 week and will re evaluate whether to increase losaratan or to restart HCTZ.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence.

Follow up plans: 1 week
Return sooner if: Call me if any bleeding

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 7/24/2013 11:03 AM

Messages

Appointment Reminder

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	7/22/2013 11:45 PM

Last Read in MyChart
7/23/2013 12:18 PM by Hoffman, Jeanne Leonie

07/24/2013 - Office Visit in Hall Health Primary Care Center (continued)

Messages (continued)

Please review your upcoming appointment. If you will be unable to attend, please contact your physician's office.

Appointment Information:

Dept: HALL HEALTH PRIMARY CARE CNTR
HALL HEALTH PCT
4060 E Stevens Circle
University Of Washington
Seattle WA 98116-3406
Provider: William E Neighbor JR, MD
Date: 7/24/13
Time: 10:20 AM

Please click epichttp://appointments[here] to view more details about your appointment.

07/24/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents

Other - Scan on 7/25/2013 10:52 AM: ABN

Scan (below)

HARBORVIEW MEDICAL CENTER
UW Medicine
325 9th Ave Seattle WA
98104-2499
206-744-3000

UNIVERSITY OF WASHINGTON MEDICAL CENTER
UW Medicine
1959 NE Pacific Seattle WA
98195-6151
206-598-3300

UW Physicians
UW Medicine
POB 50095 Seattle WA
98145-5095
206-543-6420

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

***NOTE*: If Medicare doesn't pay for** VISIT **below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Code _____ Description: Office visit + all related services	**Check reason code (see back)** A ☐ B ☒ C ☐ D ☐	72-1000

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Options 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: Check only one box. We cannot choose a box for you.

☒ **OPTION 1**. I want the VISIT listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2**. I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3**. I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Authorized Representative)	Print Name	Date:
Jeanne L Hoffman	Hoffman, Jeanne L	7/24/13

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT NO N3927850
NAME Hoffman, Jeanne L
DOB 1/6/25

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE – MEDICAL RECORD
CANARY - PATIENT

UH1731 REV SEP 10 **OMB APPROVAL NO. 0938-0566**

07/24/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

07/24/2013 - OP Visit in UWMC Lab Med HOV

Visit Information

Department

Name	Address	Phone	Fax
UWMC Lab Med HOV	1959 NE PACIFIC ST Seattle WA 98195	206-520-4600	206-520-4903

Medication List

Medication List

This visit has been closed. A record of the med list at the time of the visit is not available.

07/24/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

07/24/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Edited)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Edited
Instance released by: Welch, Kristi Leann, Technologist 7/24/2013 9:26 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W21238	—	—	07/24/13 0927

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 07/24/13 1042, Result status: Edited

Order status: Completed
Filed on: 07/24/13 1042
Collected by: 07/24/13 0927
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	6.9	0.8 - 1.3	H	UWMC
Prothrombin INR	Run in main coag lab, not a rapid protime result.	—	—	UWMC
Prothrombin INR	Telephoned with read back to:	—	—	UWMC

07/24/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Prothrombin INR	DR WILLIAM NEIGHBOR @ 1041 7/24/13	—	—	UWMC

Reviewed by

Neighbor Jr., William E on 07/24/13 1346

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 7/24/2013 at 1:46 PM
See today's note.

All Reviewers List

Neighbor Jr., William E on 7/24/2013 13:46

07/23/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/24/2013
Reason for discontinuation: Reorder
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2013
Start date: 4/17/2013
Quantity: 15 Tab
Refill: 0

07/23/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/10/2013
Start date: 5/10/2013
End date: 10/29/2013
Quantity: 90 Tab
Refill: 5

Ranitidine HCl 150 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013
Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/31/2013
Start date: 5/30/2013
End date: 12/11/2013
Quantity: 60 Tab
Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/31/2013
Reason for discontinuation: Dose adjustment
Instructions: Take one half tab on Mon, Wed, Fri, Sat and Sun. Take a full tablet on the remaining three days of the week.
Entered by: Neighbor Jr., William E, MD
Entered on: 6/12/2013
Start date: 6/12/2013
End date: 7/31/2013

Stopped in Visit

None

Messages

Results Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	7/23/2013 12:22 PM

July 24 Roosevelt Clinic Blood Test 10:am
Connecting Bus to Hall Health Center

Confirmed July 24 10: 20am Appointment

06/12/2013 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- BENIGN HYPERTENSION (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- Thyroid nodule, uninodular
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

06/12/2013 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/24/2013
Reason for discontinuation: Reorder
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2013
Start date: 4/17/2013
Quantity: 15 Tab
Refill: 0

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/10/2013
Start date: 5/10/2013
End date: 10/29/2013
Quantity: 90 Tab
Refill: 5

Ranitidine HCl 150 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013
Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/31/2013
Start date: 5/30/2013
End date: 12/11/2013
Quantity: 60 Tab
Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/31/2013
Reason for discontinuation: Dose adjustment
Instructions: Take one half tab on Mon, Wed, Fri, Sat and Sun. Take a full tablet on the remaining three days of the week.
Entered by: Neighbor Jr., William E, MD
Entered on: 6/12/2013
Start date: 6/12/2013
End date: 7/31/2013

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 6/12/2013 1318

Jeanne Leonie Hoffman is a 88 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  per provider

401.1 BENIGN HYPERTENSION (primary encounter diagnosis)
She has now stopped hydrochlorothiazide and is taking losartan 25 mg daily. No dizziness with standing. No interval blood pressure measurements.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
She confirmed she is taking Coumadin as directed and her medication list

241.0 Thyroid nodule, uninodular

06/12/2013 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

She is in to review results of thyroid ultrasound

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Vertebral fracture [805.8] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013	12/13/2012
• Thyroid nodule, uninodular [241.0] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.	12/13/2012
• OSTEOPOROSIS NOS [733.00] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continue for five years, then stop	03/04/2008
• AFTERCARE LONG TERM ANTICOAG USE [V58.61] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3 She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.	01/08/2008
• ADULT FAILURE TO THRIVE [783.7] Lives in subsidized housing on Bainbridge Bremerton APS at 1-888-833-4925 Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved. Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait	10/19/2007
• TREMOR NEC [333.1] Noted by Melanie Parker. Consider Parkinson's disease med trial.	08/17/2007
• FX FEMUR INTRCAPS NOS-CLOSE [820.00] Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	05/01/2007

06/12/2013 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- GLAUCOMA NOS [365.9] 11/20/2006
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1): 2010
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old

Colorectal cancer screening: Sig to 30 cm in May 2001.
Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

Outpatient Prescriptions Marked as Taking for the 6/12/13 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• OxyCODONE HCl 5 MG Oral Tab	One tablet every 6 hrs prn moderate-severe pain	15 Tab	0
• Pentoxifylline CR 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	5
• Timolol Maleate 0.5 % ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	12
• Warfarin Sodium 10 MG Oral Tab	Take one half tab on Mon, Wed, Fri, and Sun. Take a full tablet on the remaining three days of the week.	20 Tab	1

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Pneumococcal Polysaccharide	03/22/2010

- Td 06/07/2006

Social history:

History

Social History Narrative

Soc Hx. 1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.William E Neighbor, MD

History

Sexual Activity

- Sexually Active: Not on file

Tobacco and Alcohol Use:

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Review of Systems:

ENT: She states her dentist to starting her on clindamycin for what she brings in a copy of the prescription. She is to take this for one week beginning today.
Pulm: She states that since her fall about 6 months ago she's had a cough productive of sometimes yellowish sputum without fever, chills, night sweats, shortness of breath. Cough is intermittent.

Objective:

BP 117/56 | Pulse 56 | Temp 97.7 °F (36.5 °C)
Estimated Body mass index is 20.05 kg/(m^2) as calculated from the following:
Height as of 2/27/07: 5' 7"(1.702 m).
Weight as of 11/7/12: 128 lb(58.06 kg).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 117/56
General:NAD
Chest is completely clear to auscultation and percussion and symmetrical

PRORPD 3.4 6/12/2013
PRORPD 2.3 5/23/2013
PRORPD 5.1 5/15/2013
PRORPD Run in main coag lab, not a rapid protime result. 5/15/2013
PRORPD Telephoned with read back to: 5/15/2013
PRORPD Dr. W. Neighbor at 1330 05/15/13 5/15/2013
PRORPD 1.2 5/6/2013
PRORPD 7.8 5/3/2013
PRORPD Run in main coag lab, not a rapid protime result. 5/3/2013
PRORPD 3.0 4/12/2013

06/12/2013 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Assessment and Plan:
401.1 BENIGN HYPERTENSION (primary encounter diagnosis)
She is no longer taking Hydrochlorothiazide. Blood pressure remains well controlled. She is now just on losartan 25 mg daily. She has no orthostatic symptoms. Will recheck in one month. Main be able to stop losartan.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 3.4 today. Plan is to further reduce coumadin to:
Coumadin 10 mg
M, W, F, S, Sun one half tab
T and Th full tab
Recheck in one week particularly given that her dentist is starting clindamycin for a week. At next refill may change her to 5 mg tabs if what she requires now is mostly 5 mg on most days of the week.

241.0 Thyroid nodule, uninodular
Thyroid ultrasound showed benign small cysts. No further follow up needed.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence. Remains on meds.

See me week of July 7.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 6/12/2013 1:30 PM

Flowsheets

Vitals Data

Row Name	06/12/13 1255	06/12/13 1253
BP	117/56	—
Temp	—	36.5 °C
Pulse	56	—

Patient Instructions

Assessment and Plan:
401.1 BENIGN HYPERTENSION (primary encounter diagnosis)
She is no longer taking Hydrochlorothiazide. Blood pressure remains well controlled. She is now just on losartan 25 mg daily. She has no orthostatic symptoms. Will recheck in one month. Main be able to stop losartan.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 3.4 today. Plan is to further reduce coumadin to:
Coumadin 10 mg
M, W, F, Sat, Sun one half tab
T and Th full tab
Recheck in one week particularly given that her dentist is starting clindamycin for a week. At next refill may change

06/12/2013 - Office Visit in Hall Health Primary Care Center (continued)

Patient Instructions (continued)

her to 5 mg tabs if what she requires now is mostly 5 mg on most days of the week.

241.0 Thyroid nodule, uninodular
Thyroid ultrasound showed benign small cysts. No further follow up needed.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence. Remains on meds.

See me week of July 7.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 6/12/2013 1:22 PM

Messages

Appointment Reminder

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	6/10/2013 11:45 PM

Last Read in MyChart
7/23/2013 12:18 PM by Hoffman, Jeanne Leonie

Please review your upcoming appointment. If you will be unable to attend, please contact your physician's office.

Appointment Information:

Dept: HALL HEALTH PRIMARY CARE CNTR
HALL HEALTH PCT
4060 E Stevens Circle
University Of Washington
Seattle WA 98116-3406
Provider: William E Neighbor JR, MD
Date: 6/12/13
Time: 1:00 PM

Please click epichttp://appointments[here] to view more details about your appointment.

06/12/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

06/12/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 6/12/2013 11:27 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W44375	—	—	06/12/13 1133

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 06/12/13 1151, Result status: Final result

Order status: Completed
Filed on: 06/12/13 1151
Collected by: 06/12/13 1133
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 06/12/13 1401

Testing Performed By

06/12/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 6/12/2013 14:01

06/03/2013 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/24/2013
Reason for discontinuation: Reorder
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2013
Start date: 4/17/2013
Quantity: 15 Tab
Refill: 0

Pentoxifylline CR 400 MG Oral Tab CR

06/03/2013 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/10/2013
Start date: 5/10/2013 — End date: 10/29/2013
Quantity: 90 Tab — Refill: 5

Ranitidine HCl 150 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/11/2013
Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/31/2013
Start date: 5/30/2013 — End date: 12/11/2013
Quantity: 60 Tab — Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Reason for discontinuation: Reorder
Instructions: Take one half tab on Mon, Wed, Fri, and Sun. Take a full tablet on the remaining three days of the week.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/3/2013
Start date: 6/3/2013 — End date: 6/12/2013
Quantity: 20 Tab — Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E at 6/3/2013 1501

Called her pharmacy. The prescription they have is for one tablet daily. However, it has been since April that Jeanne had this filled, so she is likely taking it as directed. At last visit, she was taking a half tab on Mon, Wed, Fri and full tab remaining days of the week. This was adjusted down to a half tab on Mon, Wed, Fri, Sun and a full tab on the remaining three days of the week. This was clarified with the pharmacy and new prescription sent.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 6/3/2013 3:03 PM

Other Orders

Medications

Warfarin Sodium 10 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 06/03/13 1503** — Status: **Discontinued**
Ordering user: Neighbor Jr., William E 06/03/13 1503 — Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: 06/03/13 - 06/12/13 — Class: E-RX
Released by: Neighbor Jr., William E 06/03/13 1503 — Discontinued by: Neighbor Jr., William E 06/12/13 1330 [Reorder]

06/03/2013 - Refill in Hall Health Primary Care Center (continued)

Other Orders (continued)

05/30/2013 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/24/2013
Reason for discontinuation: Reorder
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2013
Start date: 4/17/2013
Quantity: 15 Tab
Refill: 0

Pentoxifylline CR 400 MG Oral Tab CR

05/30/2013 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/10/2013
Start date: 5/10/2013
End date: 10/29/2013
Quantity: 90 Tab
Refill: 5

Ranitidine HCl 150 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013
Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/31/2013
Start date: 5/30/2013
End date: 12/11/2013
Quantity: 60 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 5/30/2013 1520

Please advise

Electronically signed by Voronchuk, Eleonora at 5/30/2013 3:20 PM

Other Orders

Medications

Ranitidine HCl 150 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 05/31/13 1123**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 05/31/13 1123
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: 05/30/13 - 12/11/13
Class: E-RX
Released by: Neighbor Jr., William E 05/31/13 1123
Discontinued by: Neighbor Jr., William E 12/11/13 1535

05/23/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

05/23/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Valley, Jan K, Technologist 5/23/2013 12:35 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H28907	—	—	05/23/13 1236

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 05/23/13 1406, Result status: Final result

Order status: Completed
Filed on: 05/23/13 1406
Collected by: 05/23/13 1236
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 05/23/13 1418

Testing Performed By

05/23/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 5/23/2013 14:18

05/22/2013 - Abstract in Hall Health Health Data Service

Reason for Visit

Chief complaint: Abstract
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Health Data Service	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/12/2013
Start date: 3/12/2013 — End date: 3/31/2014
Quantity: 5 mL — Refill: 12

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/24/2013

05/22/2013 - Abstract in Hall Health Health Data Service (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2013
Start date: 4/17/2013
Quantity: 15 Tab
Refill: 0

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/10/2013
Start date: 5/10/2013
End date: 10/29/2013
Quantity: 90 Tab
Refill: 5

Stopped in Visit

None

05/22/2013 - Abstract in Hall Health Health Data Service (continued)

Documents

Other - Scan on 5/22/2013 12:36 PM

Scan (below)

Return Address:

Jean Leonie Caillet Alloin Hoffman
245 High School Road, NW Apt 2
Bainbridge Island, WA - 98110

GENERAL POWER OF ATTORNEY (With Durable Provisions)

(please print last name first)

Reference # (If applicable): _____
Grantor(s) (Principal): (1) Jean Leonie Caillet Alloin Hoffman _____ Addl'. on pg ___
Grantee(s) (Attorney in Fact): (1) Louis Charles Hoffman Alloin (2) _____ Addl'. on pg ___
Legal Description (abbreviated): Power of Attorney _____ Add.legal is on page ___
Assessor's Property Tax Parcel /Account # N/A

KNOW ALL PERSONS BY THESE PRESENTS: That Jean Leonie Caillet Alloin-Hoffman

residing at 245 High School Road, NW Apt 2, City of Bainbridge Island
County of Kitsap, State of Washington, made, constituted and
appointed, and by these presents Jean make, constitute and appoint Louis Charles Hoffman Alloin

of the City of Bainbridge Island, County of Kitsap, State of Washington,
true and lawful attorney for and in name, place and stead and for
use and benefit to act as legal Representative in all matters pertaining to living Standards, aging welfare, banking and financial representative, medical welfare and medical representative, representative before any court of law, representative in will & Trust Proceedings, Bequests and representative to any government agency.

to ask, demand, sue for, recover, collect and receive all such sums of money, debts, dues, accounts, legacies, bequests, interests, dividends, annuities and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to Jean and have, use and take all lawful ways and means in name or otherwise for the recovery thereof, by attachments, arrests, distress or otherwise, and to compromise and agree for the same, and acquittances or other sufficient discharges for the same for Jean and in Alloin-Hoffman name, to make, seal and deliver, to bargain, contract, agree for, purchase, receive and take lands, tenements, hereditaments, and accept the seizin and possession of all lands, and all deeds and other assurances in the law therefor, and to lease, let, demise, bargain, sell, remise, release, convey, mortgage and hypothecate

General Power of Attorney (With Durable Provisions)
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05/22/2013 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

lands, tenements, and hereditaments, upon such terms and conditions, and under such covenants as Louis shall think fit. Also, to bargain and agree for, buy, sell, mortgage, hypothecate, and in any and every way and manner deal in and with goods, wares and merchandise, choses in action, and other property in possession or in action, and to make, do and transact all and every kind of business, of what nature and kind soever, and also for Jean and in Allain Hoffman name, and as Louis act and deed, to sign, seal, execute, deliver and acknowledge such deeds, leases and assignments of leases, covenants, indentures, agreements, mortgages, hypothecations, bottomries, charter parties, bills of lading, bills, bonds, notes, receipts, evidences of debt, releases and satisfaction of mortgage, judgments and other debts, and such other instruments in writing of whatever kind or nature, as may be necessary or proper in the premises.

GIVING AND GRANTING unto Louis Allain said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to the execution of the powers herein granted, as fully to all intents and purposes as ____ might or could do if personally present.

hereby ratifying and confirming all that Louis Allain said attorney ____.

shall lawfully do or cause to be done by virtue of these presents.

This power of attorney ☐ shall be revoked upon ☐ shall become effective upon ☐ shall not be affected by disability of the principal, and shall otherwise ☐ continue in full force and effect until revoked by subsequent writing ☐ become null and void after the 1 day of January 2025

(Optional) The said Jean Leonie Caillet Allain Hoffman further nominates Louis Charles Hoffman Allain as guardian of Jean Hoffman estate and person for consideration by the court if protective proceedings for Jean Hoffman estate or person are hereafter commenced

In Witness Whereof, ____ have hereunto set ____ hand ____ the ____ day of ____

Louis Charles Hoffman Allain

Jeanne L Hoffman

Signed and Delivered in the Presence of :

Louis Charles Hoffman Allain

Jeanne L Hoffman

STATE OF WASHINGTON,
County of KITSAP } ss. (INDIVIDUAL ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that Louis C Hoffmann Allain is the person who appeared before me, and said person acknowledged that He signed this instrument and acknowledged it to be His free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 4th day of March 2013

Theresa C Fitzpatrick

Print Name THERESA C FITZPATRICK

Notary Public in and for the State of WA

My appointment expires: 12/09/16

THERESA C. FITZPATRICK
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
DECEMBER 9, 2016

05/22/2013 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

Return Address:

Jean Leonie Caillet Allain Hoffman
245 High School Road, NW-2
Bainbridge Island, WA - 98110
ph: 206 - 855 - 0815

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Indexing information required by the Washington State Auditor's/Recorder's Office, RCW 36.18 and RCW 65.04) 1/97: (please print last name first)
Reference # (if applicable):
Grantor(s) (Principal): (1) (2) Addl'. on pg
Grantee(s) (Attorney in Fact) (1) (2) Addl'. on pg
Legal Description (abbreviated):
Addl'. legal is on page Assessor's Property Tax Parcel/Account#

1. **DESIGNATION OF ATTORNEY-IN-FACT AS HEALTH CARE AGENT**
I, Jeanette Leonie Caillet Allain Hoffman, 245 High School Road NW 2, Bainbridge Island Washington 98110 (insert name, and address), do hereby designate and appoint Louis Charles Hoffmann Allain, 245 High School Rd, NW 2 Bainbridge Island, Washington 98110. (insert name, address, and telephone of designated health care agent), as my attorney-in-fact (agent), to make health care decisions for me as authorized in this document. For the purposes of this document, "health care decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, non-treatment, as provided in Chapter 7.70 RCW, service, or procedure to maintain, diagnose, or treat an individual's physical condition.
2. **CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE**
By this document I intend to create a durable power of attorney for health care. This power of attorney shall not be affected by my disability or incompetence and shall continue in full force and effect until revoked or terminated as set forth in paragraph 9.
3. **GENERAL STATEMENT OF AUTHORITY GRANTED**
Subject to any limitations in this document, I hereby grant to my agent full power and authority to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my agent shall make health care decisions that are consistent with my desires as stated in this document or otherwise made known to my agent, including, but not limited to, my desires concerning obtaining or refusing or withdrawing life-prolonging care, treatment, services and procedures. Provided, however, my agent may not consent, without court approval, to any procedure referred to in R.C.W. 11.92.040(3) that requires court approval before a guardian may consent to such.
4. **STATEMENT OF DESIRES, SPECIAL PROVISIONS, AND LIMITATIONS**
In exercising the authority under this durable power of attorney for health care, my agent shall act consistently with my desires and is subject to the special provisions and limitations stated in any living will which I have executed.
5. **INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH**
Subject to any limitations in this document, my agent has the power and authority to do all of the following:
   a. Request, review, and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records.
   b. Execute on my behalf any releases or other documents that may be required in order to obtain this information.
   c. Consent to the disclosure of this information.
   d. Consent to the donation of any of my organs for medical purposes.

Durable Power Of Attorney for Health Care
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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER
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Page 1 of 2

05/22/2013 - Abstract in Hall Health Health Data Service (continued)

Documents (continued)

6. **SIGNING DOCUMENTS, WAIVERS AND RELEASES**
Where necessary to implement the health care decisions that my agent is authorized by this document to make, my agent has the power and authority to execute on my behalf all of the following:
a. Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice".
b. Any necessary waiver or release from liability required by a hospital or physician.
c. Any documents pursuant to the power of substitution in the premises, which I hereby, grant to my agent subject to my choice of alternates below.

7. **DESIGNATION OF ALTERNATE AGENTS**
If the person designated as my agent in paragraph 1 is not available or becomes ineligible to act as my agent to make a health care decision for me or loses the mental capacity to make health care decisions for me, or if I revoke that person's appointment or authority to act as my agent to make health care decisions for me, then I designate and appoint the following persons to serve as my agent to make health care decisions for me as authorized in this document, such persons to serve in the order listed below: None
a. First Alternate Agent: [redacted] (insert name, address and telephone number of first alternate agent)
b. Second Alternate Agent: None (insert name, address and telephone number of second alternate agent)

8. **PRIOR DESIGNATIONS REVOKED**
I revoke any prior durable power of attorney for health care.

9. **TERMINATION**
This power of attorney may be terminated by written notice, court approval of revocation, recording a notice with the County Auditor/Recorder, and shall be automatically revoked upon my death but only upon actual notice or knowledge of such by my agent.

10. **APPLICABLE LAW**
The laws of the State of Washington of the United States of America shall govern this power of attorney.

Dated: June 9, 2006 Jeanne L Hoffman

State of Washington,)
) ss. **INDIVIDUAL ACKNOWLEDGEMENT**
County of Kitsap)

I certify that I know or have satisfactory evidence that Jeanne Hoffman is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 9th of June 2006 Kelly Sumpter

Print Name Kelly Sumpter
Notary Public in and for the State of WA
My appointment expires 4/09/09

KELLY SUMPTER NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 4-09-09

Page 2 of 2

05/17/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/12/2013
Start date: 3/12/2013 — End date: 3/31/2014
Quantity: 5 mL — Refill: 12

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/24/2013

05/17/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2013
Start date: 4/17/2013
Quantity: 15 Tab
Refill: 0

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/10/2013
Start date: 5/10/2013
End date: 10/29/2013
Quantity: 90 Tab
Refill: 5

Ranitidine HCl 150 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013
Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/31/2013
Start date: 5/30/2013
End date: 12/11/2013
Quantity: 60 Tab
Refill: 6

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	5/17/2013 3:46 PM

William,

I can no longer help Jean.
I will "No Longer" repond to eCare.
I will no longer answer phone calls.
I will no longer help Jean to her appointments.

As Gale McKiernan is calling me abussive and mentally abusing jean for administrating Jean Email and Phone Communications.

Gale is supporting White Supremacy and hatred.

05/15/2013 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- DEEP VENOUS PHLEBITIS-LEG NEC (primary)
- BENIGN HYPERTENSION
- AFTERCARE LONG TERM ANTICOAG USE
- Thyroid nodule, uninodular

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
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Warfarin Sodium 10 MG Oral Tab

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Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
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Entered on: 1/3/2013
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Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014

05/15/2013 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/12/2013
Start date: 3/12/2013 — End date: 3/31/2014
Quantity: 5 mL — Refill: 12

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/24/2013
Reason for discontinuation: Reorder
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2013
Start date: 4/17/2013 — Quantity: 15 Tab
Refill: 0

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/10/2013
Start date: 5/10/2013 — End date: 10/29/2013
Quantity: 90 Tab — Refill: 5

Stopped in Visit

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment

Clinical Notes

Progress Notes

Neighbor Jr., William E at 5/15/2013 1335

Jeanne Leonie Hoffman is a 88 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
  several issues

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
Jean is in for follow up. She is taking coumadin as directed in med list. She has had no bleeding. As noted in telephone encounters, her INR last week become subtherapeutic after being too high when she took more vitamin K than advised. She followed the regimen noted in those telephone encounters for correcting her INR and moving it back to the therapeutic range.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Vertebral fracture [805.8]	12/13/2012
Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013	

05/15/2013 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- Thyroid nodule, uninodular [241.0] 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.

- OSTEOPOROSIS NOS [733.00] 03/04/2008
  T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
  Began fosamax spring 2008. Continue for five years, then stop

- AFTERCARE LONG TERM ANTICOAG USE [V58.61] 01/08/2008
  Reason for anticoagulation: Recurrent dvts
  Duration of anticoagulation: life
  INR goal: 2.-3

  She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.

- ADULT FAILURE TO THRIVE [783.7] 10/19/2007
  Lives in subsidized housing on Bainbridge
  Bremerton APS at 1-888-833-4925
  Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
  Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait

- TREMOR NEC [333.1] 08/17/2007
  Noted by Melanie Parker. Consider Parkinson's disease med trial.

- FX FEMUR INTRCAPS NOS-CLOSE [820.00] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.

- Other convulsions [780.39] 11/20/2006

05/15/2013 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Petit Mal since 1975
Carbamazepine level 7.6 on Feb 2007
Discontinued based on ER neuro consult in early 2013

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- GLAUCOMA NOS [365.9] 11/20/2006
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1): 2010
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

Outpatient Prescriptions Marked as Taking for the 5/15/13 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Hydrochlorothiazide 25 MG Oral Tab	take on half tab daily	15 Tab	6
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• OxyCODONE HCl 5 MG Oral Tab	One tablet every 6 hrs prn moderate-severe pain	15 Tab	0
• Pentoxifylline CR 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	5
• Timolol Maleate 0.5 % ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	12
• Warfarin Sodium 10 MG Oral Tab	Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week		

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Pneumococcal Polysaccharide	03/22/2010
• Td	06/07/2006

Social history:

History

Social History Narrative
Soc Hx. 1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first

clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.William E Neighbor, MD

History

Sexual Activity

- Sexually Active: Not on file

Tobacco and Alcohol Use:

History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Review of Systems:

No shortness of breath. No change in chronic leg swelling for which she uses elastic stockings.

Objective:

BP 106/48 | Pulse 58 | Temp 97.9 °F (36.6 °C)
Estimated Body mass index is 20.05 kg/(m^2) as calculated from the following:
Height as of 2/27/07: 5' 7"(1.702 m).
Weight as of 11/7/12: 128 lb(58.06 kg).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 106/48
General: NAD
Cognition: Excellent

PRORPD 5.1 5/15/2013
PRORPD Run in main coag lab, not a rapid protime result. 5/15/2013
PRORPD Telephoned with read back to: 5/15/2013
PRORPD Dr. W. Neighbor at 1330 05/15/13 5/15/2013
PRORPD 1.2 5/6/2013
PRORPD 7.8 5/3/2013
PRORPD Run in main coag lab, not a rapid protime result. 5/3/2013
PRORPD 3.0 4/12/2013
PRORPD 2.2 4/4/2013
PRORPD 5.3 3/29/2013
PRORPD Run in main coag lab, not a rapid protime result. 3/29/2013
PRORPD Telephoned with read back to: 3/29/2013
PRORPD STEPHEN AT 1446 3/29/2013

Assessment and Plan:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
See telephone encounters. Ultrasound last week was negative except for question of small distal clot. She has had no unexpected leg swelling. See INR below.

401.1 BENIGN HYPERTENSION
Blood pressure is doing very well and actually a bit low. I think we can discontinue hydrochlorothiazide at this time so that her only blood pressure medication would be losartan 25 mg daily. Follow up in one month.

05/15/2013 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 5.1 today. She has had no bleeding. Plan is:
Wednesday evening (today): No coumadin
Thursday: One half tab
Friday: One half tab
Saturday: Whole tab
Sunday: One half tab.
Thereafter: Coumadin 10 mg one half tab on Mon, Wed, Frid, Sunday and one on the remaining three days of the week.

241.0 Thyroid nodule, uninodular
She has not yet had her thyroid ultrasound which was ordered last visit. She should call Roosevelt radiology to schedule: UWMC Radiology 206-598-7200

See me in one month.

She reports that she is very happy with the care Louis her son is providing. The manager of her apartment has put in a new ramp with which she is pleased and has made repairs in the floor in the inside of her apartment. There is some electrical work being done right now in the kitchen. She did express that there is something not right with her other son Doug who will pound on her door. She thinks he is jealous of Louis.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 5/17/2013 1:11 PM

Flowsheets

Vitals Data

Row Name	05/15/13 1256	05/15/13 1253
BP	106/48	—
Temp	—	36.6 °C
Pulse	58	—

Patient Instructions

Assessment and Plan:
451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
See telephone encounters. Ultrasound last week was negative except for question of small distal clot. She has had no unexpected leg swelling. See INR below.

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V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 5.1 today. She has had no bleeding. Plan is:
Wednesday evening (today): No coumadin

05/15/2013 - Office Visit in Hall Health Primary Care Center (continued)

Patient Instructions (continued)

Thursday: One half tab
Friday: One half tab
Saturday: Whole tab
Sunday: One half tab.
Thereafter: Coumadin 10 mg one half tab on Mon, Wed, Frid, Sunday and one on the remaining three days of the week.

241.0 Thyroid nodule, uninodular
She has not yet had her thyroid ultrasound which was ordered last visit. She should call Roosevelt radiology to schedule: UWMC Radiology 206-598-7200

See me in one month.

Electronically signed by Neighbor Jr., William E at 5/15/2013 1:41 PM

Messages

Appointment Reminder

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	5/8/2013 11:47 PM

Last Read in MyChart
5/10/2013 12:00 PM by Hoffman, Jeanne Leonie

Please review your upcoming appointment. If you will be unable to attend, please contact your physician's office.

Appointment Information:

Dept: HALL HEALTH PRIMARY CARE CNTR
HALL HEALTH PCT
4060 E Stevens Circle
University Of Washington
Seattle WA 98116-3406
Provider: William E Neighbor JR, MD
Date: 5/15/13
Time: 1:00 PM

Please click epichttp://appointments[here] to view more details about your appointment.

05/15/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents

Other - Scan on 5/17/2013 1:56 PM: ABN

Scan (below)

HARBORVIEW MEDICAL CENTER
UW Medicine
325 9th Ave Seattle WA
98104-2499
206-744-3000

UNIVERSITY OF WASHINGTON MEDICAL CENTER
UW Medicine
1959 NE Pacific Seattle WA
98195-6151
206-598-3300

UW Physicians
UW Medicine
POB 50095 Seattle WA
98145-5095
206-543-6420

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for office visit and all related services **below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Code _____ Description: Office visit and all related services	**Check reason code (see back)** A ☐ B ☑ C ☐ D ☐	$41 to $284

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Options 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: **Check only one box. We cannot choose a box for you.**

☑ **OPTION 1.** I want the office visit and all related services listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Authorized Representative)	Print Name	Date:
X Jeanne' L Hoffman	X Jeanne' L Hoffman	5.15.13

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT NO: N 3927850
NAME: Hoffman, Jeanne
DOB: 1.6.1925

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

"U1731"

WHITE – MEDICAL RECORD
CANARY - PATIENT

UH1731 REV SEP 10 **OMB APPROVAL NO. 0938-0566**

05/15/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

05/15/2013 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Other
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/24/2013
Reason for discontinuation: Reorder
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2013
Start date: 4/17/2013
Quantity: 15 Tab
Refill: 0

Pentoxifylline CR 400 MG Oral Tab CR

05/15/2013 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/10/2013
Start date: 5/10/2013 — End date: 10/29/2013
Quantity: 90 Tab — Refill: 5

Stopped in Visit

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment

Clinical Notes

Telephone Encounter

Neighbor Jr., William E at 5/15/2013 1215

Received call from Gale at APS 360-c516-3319/w473-2160. She is following up with Jean and trying to determine what services she may need. I explained that our nurse had involved Kitsap county community services last fall when Jean had sustained a vertebral fracture. I will follow up with Jean when she visits this afternoon.
William E Neighbor JR, MD

5/16/2013
Spoke with Gale at APS again today after my visit with Jean yesterday. See that clinic note. Gale will be visiting Jean and son Louis tomorrow and reapproaching the idea of COPES services as well as evaluating further the relationship with the other son Doug.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 5/16/2013 3:49 PM

05/15/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/12/2013
Start date: 3/12/2013 — End date: 3/31/2014
Quantity: 5 mL — Refill: 12

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/24/2013

05/15/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2013
Start date: 4/17/2013
Quantity: 15 Tab
Refill: 0

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/10/2013
Start date: 5/10/2013
End date: 10/29/2013
Quantity: 90 Tab
Refill: 5

Ranitidine HCl 150 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2013
Instructions: TAKE ONE TABLET BY MOUTH TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/31/2013
Start date: 5/30/2013
End date: 12/11/2013
Quantity: 60 Tab
Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Reason for discontinuation: Reorder
Instructions: Take one half tab on Mon, Wed, Fri, and Sun. Take a full tablet on the remaining three days of the week.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/3/2013
Start date: 6/3/2013
End date: 6/12/2013
Quantity: 20 Tab
Refill: 1

Stopped in Visit

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment

Messages

Results Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	5/15/2013 8:34 AM

Dear Gale,

Yes, Friday at !0:am will be fine.

Please contact: William E. Neighbor, Jr MD/206-221.2517.

Please note: My Legal Name: Louis Alloin, My Full Legal Name: Louis Charles Hoffmann Alloin.

It appears that Douglas Hoffman has affected your agency.

We need to Stop Douglas and his wife Chris Ann Hill are confirmed White Supremacy. Douglas has also Attack KC Jone my ex-husband. They have also attack other Gay Citizens who have contact with Jean or me.

BE ADVISED: Douglas Has made statements, that he will be organizing Bainbridge Island White Supremacy Group and individual to attack Jean and I. Police are aware of Douglas White Supremacy Activities

Both Jean and I are disabled.

Note: Jean has hearing issues and will require assistance.

I am Power of Attorney for Jean and caregiver.

I will need to know, if you are involved in White Supremacy or have been involved in Anti-Gay Hate Activities, with in your personal life or career.

If you are involved in Hatred toward Gay Citizens. Please assign another non-bias interviewer.

I am being treated for injuries caused by White Supremacy citizens who have hatred.

NOTE: Douglas also has Anti-Family activities toward all Hoffmann Families Members.

NOTE: Douglas "Hoffman" name is not legal family name. Charles Hoffmann changed family name do to anti Jewish and German Hatred and Violence.

Louis Alloin

CC: Dr Neighbor

05/15/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

----- Original Message -----

From: McKiernan, Gale (DSHS/HCS)

Sent: 05/14/13 01:38 PM

To: louisalloin@usa.com

Subject: APS

Dear Mr. Louis Hoffman: I received your voice message regarding your concern about your brother. I would like to discuss this matter in person versus by phone. I would also like to interview you and your mother separately so I can ascertain what actually applies to you and what applies to your mother
Please advise if this meets your schedule. If not, I can reschedule.

Gale McKiernan, APS Supevisor

Department of Social and Health Services

Aging and Disability Services

Aging and Long-Term Supports Administration

Division of Home and Community Services

Adult Protective Services

05/15/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

4710 Auto Center Blvd

Bremerton, WA 98312

360.473.2160 work

360.475.6655 fax

Work schedule: M, T, Th, F – 6:30 a.m. to 4:30 p.m. W – 6:30 a.m. to 3:30 p.m.

05/15/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

05/15/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 5/15/2013 12:02 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W11358	—	—	05/15/13 1206

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 05/15/13 1339, Result status: Final result

Order status: Completed
Filed on: 05/15/13 1339
Collected by: 05/15/13 1206
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	5.1	0.8 - 1.3	H	UWMC
Prothrombin INR	Run in main coag lab, not a rapid protime result.	—	—	UWMC
Prothrombin INR	Telephoned	—	—	UWMC

05/15/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

	with read back to:			
Prothrombin INR	Dr. W. Neighbor at 1330 05/15/13	—	—	UWMC

Reviewed by

Neighbor Jr., William E on 05/15/13 1533

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 5/15/2013 15:33

05/13/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2012
Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/1/2014

05/13/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/24/2013
Reason for discontinuation: Reorder
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2013
Start date: 4/17/2013
Quantity: 15 Tab
Refill: 0

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/10/2013
Start date: 5/10/2013
End date: 10/29/2013
Quantity: 90 Tab
Refill: 5

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	5/13/2013 9:20 AM

William,

On Sturday, My Son Douglas, came to my Apt.
I was bug try to take a bat and was not prepared for visit.
Nor did Douglas, follow my request, that he email me or us postal-card-letter.

It was determined, not to answer door, nor let him in the apt.

Douglas began pound on the door, yelling obcenities, White supremacy hate statements of intolerance. Try to get other residents, to participate in the hate attack, by yelling and directing the rambling hate to other apt's.

He was walking in the flower garden, stomping braking plants.

Louis called Police, who ask him to leave. The avowed to organize Island Hate groups, to attack Jean and I .

Douglas is refusing to stop his anger, which is increasing. Refusing to stop his hatred, refusing

05/13/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

to promote family relations and positive, we-being communitications between families.

It was in Jean's and I best interests not to let him in the Apt, knowing that he will start promoting hatred and make Jean upset, which will cause health issues.

05/10/2013 - Refill in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

OxyCODONE HCl 5 MG Oral Tab

05/10/2013 - Refill in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/24/2013
Reason for discontinuation: Reorder
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2013
Start date: 4/17/2013
Quantity: 15 Tab
Refill: 0

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/10/2013
Start date: 5/10/2013
End date: 10/29/2013
Quantity: 90 Tab
Refill: 5

Stopped in Visit

None

Other Orders

Medications

Pentoxifylline CR 400 MG Oral Tab CR (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 05/10/13 1530**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 05/10/13 1530
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: 05/10/13 - 10/29/13
Class: E-RX
Released by: Neighbor Jr., William E 05/10/13 1530
Discontinued by: Neighbor Jr., William E 11/01/13 1638 [Reorder]
Medication comments: CAN WE GET THIS ASAP, PLEASE? SHE IS OUT. THANKS.

05/10/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2012
Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/1/2014

05/10/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/24/2013
Reason for discontinuation: Reorder
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2013
Start date: 4/17/2013
Quantity: 15 Tab
Refill: 0

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/10/2013
Start date: 5/10/2013
End date: 10/29/2013
Quantity: 90 Tab
Refill: 5

Stopped in Visit

None

Messages

Results Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	5/10/2013 12:00 PM

----- Original Message -----

From: Russell, Kathleen (DSHS/HCS)

Sent: 05/06/13 02:38 PM

To: louisalloin@usa.com

Subject: RE: Home Care Reply

"Russell, Kathleen (DSHS/HCS)" < RusseKJ@dshs.wa.gov>

Hello: Per your email. Your mother does not need personal care. You said she is getting it done, slow, but doing it. So…. She is not eligible for housekeeping tasks if there are no personal care needs. Thus she is no longer eligible for COPES in home care. I am happy to hear that she is doing better. Hope things are getting better for you as well. I will be closing

05/10/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

your mother’s case but you may re-apply as needed if you see personal care needs arise.
Kathy

05/08/2013 - Appointment in Hall Health Primary Care Center

Visit Information

Appointment Information

TODAY
5/8/2013 3:20 PM

Canceled

Time	Provider	Department	Length
3:20 PM	Neighbor Jr., William E, MD	ZZHH PCT (331)	20 min

Notes:
f/u per provider

History

Made On:	5/8/2013 11:30 AM	By:	Voronchuk, Eleonora, CMA	ES
Canceled:	5/8/2013 4:12 PM	By:	Voronchuk, Eleonora, CMA	ES
Cancel Rsn:	Clinic-Canceled/Rescheduled Appointment			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

05/08/2013 - Appointment in UWMC Vascular Diag Serv

Visit Information

Appointment Information

LOWER EXT VENOUS PROC-U VASC **Completed**
5/8/2013 1:30 PM

Time	Provider	Department	Length
1:30 PM	VASTECH 7	ZZUWMC VASCULAR DIAG SERV	60 min

Referrals: 3560565 (Closed)
Arrival Time: 1:12 PM
Enc Form Number: 20693805

Notes:
NEIGHBOR/HALLHEALTH/KC

History

Made On:	5/8/2013 1:11 PM	By:	Shibayama, Marlene Ikuye	ES
Checked In:	5/8/2013 1:12 PM	By:	Shibayama, Marlene Ikuye	ES
EOD Status:	5/12/2013 11:04 PM	By:	Uw Epaa, User	ES

Messages

Appointment Reminder

From	To	Sent and Delivered
Uw Mychart, Patient User	Hoffman, Jeanne Leonie	5/8/2013 11:45 PM

Last Read in MyChart
5/10/2013 12:00 PM by Hoffman, Jeanne Leonie

Please review your upcoming appointment. If you will be unable to attend, please contact your physician's office.

Appointment Information:

Dept: UWMC VASCULAR DIAGNOSTIC SERV
UWMC VASCULAR DIAG SERV
1959 Ne Pacific
Seattle WA 98195
206-548-4833
Provider: UWMC Vascular Dx Tech 7
Date: 5/08/13
Time: 1:30 PM

Please click epichttp://appointments[here] to view more details about your appointment.

05/06/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Visit diagnosis: Right leg pain

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2012
Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder

05/06/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/12/2013
Start date: 3/12/2013 — End date: 3/31/2014
Quantity: 5 mL — Refill: 12

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/24/2013
Reason for discontinuation: Reorder
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2013
Start date: 4/17/2013 — Quantity: 15 Tab
Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E at 5/6/2013 1629

INR now subtherapeutic. Because of bleeding and fall risk and supratherapeutic INR, patient prescribed Vit K. At local pharmacy only 5 mg tabs were available. Prescribed to take half of 5 mg tab (2.5 mg) but son called me Friday evening and she had taken a full 5 mg tab. She was told then to take coumadin 10 mg on Sunday rather than a half tab after holding coumadin for Friday and Saturday.

INR results:
PRORPD 1.2 5/6/2013
PRORPD 7.8 5/3/2013
PRORPD Run in main coag lab, not a rapid protime result. 5/3/2013
PRORPD 3.0 4/12/2013
PRORPD 2.2 4/4/2013
PRORPD 5.3 3/29/2013
PRORPD Run in main coag lab, not a rapid protime result. 3/29/2013
PRORPD Telephoned with read back to: 3/29/2013
PRORPD STEPHEN AT 1446 3/29/2013
PRORPD 2.0 3/8/2013

Recommendation for coumadin this week:
Monday: Full tab of 10 mg
Tuesday: Full tab of 10 mg
Wednesday: Half tab, 5 mg
Thurs: Full tab 10 mg
Friday: Half tab, 5 mg
Saturday: Full tab, 10 mg

05/06/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Then resume Coumadin 10 mg one half tab on Mon, Wed, Friday, and full tab remaining days of each week.

Retest INR in 2 weeks.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 5/6/2013 4:40 PM

Other Orders

Referral

REFERRAL TO VASCULAR LAB(doppler, renal, head, extremity, etc) (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 05/08/13 1212** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 05/08/13 1212 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/08/13 - Class: Internal Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Right leg pain [729.5 (ICD-9-CM)]
Order comments: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare Referral for: Procedure. To perform a procedure not done by the referring provider. Location: UWMC Vascular Diagnostic Service (206) 598-4449 Study desired: Venous: Venous Duplex Lower Extremity; Side: Right Allergies: Review of patient's allergies indicates: -- Adhesives -- Aspirin -- Other -- Nitrofurantoin -- Other -- Confusion, loss of appetitie, nausea, abdominal pain -- Penicillins -- Rash -- Sulfa Antibiotics -- Rash Vital Signs: There were no vitals taken for this visit. BMI: Estimated Body mass index is 20.05 kg/(m^2) as calculated from the following: Height as of 2/27/07: 5' 7"(1.702 m). Weight as of 11/7/12: 128 lb(58.06 kg). Beta Blocker: N/A Brief clinical history: 88 year old female with right leg pain. Hx recurrent thrombophlebitis and DVT in past. On chronic anticoag. Was supratherapeutic last week so given Vit K 2.5 mg (pharmcy did not have 1 mg) but patient ended up taking 5 mg. Subsequent INR 1.2 Have made adjustment to coumadin but given her symptoms which she described to her dentist while in dental clinic today would like her to have vascular duplex and then see me this afternoon. William E Neighbor JR, MD

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Right leg pain	**Zzuwmc Vascular Diag Serv** 1959 NE Pacific St, Box 356021 Seattle WA 98195 Phone: 206-598-4449 Specialty: Vascular Med	Ultrasound	Routine

Comment: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare

Referral for: Procedure. To perform a procedure not done by the referring provider.

Location: UWMC Vascular Diagnostic Service (206) 598-4449

Study desired: Venous: Venous Duplex Lower Extremity; Side: Right

Allergies: Review of patient's allergies indicates:
-- Adhesives
-- Aspirin -- Other
-- Nitrofurantoin -- Other
-- Confusion, loss of appetitie, nausea, abdominal pain
-- Penicillins -- Rash
-- Sulfa Antibiotics -- Rash

05/06/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Other Orders (continued)

Vital Signs: There were no vitals taken for this visit.
BMI: Estimated Body mass index is 20.05 kg/(m^2) as calculated from the following:
Height as of 2/27/07: 5' 7"(1.702 m).
Weight as of 11/7/12: 128 lb(58.06 kg).
Beta Blocker: N/A

Brief clinical history: 88 year old female with right leg pain. Hx recurrent thrombophlebitis and DVT in past. On chronic anticoag. Was supratherapeutic last week so given Vit K 2.5 mg (pharmcy did not have 1 mg) but patient ended up taking 5 mg. Subsequent INR 1.2 Have made adjustment to coumadin but given her symptoms which she described to her dentist while in dental clinic today would like her to have vascular duplex and then see me this afternoon.
William E Neighbor JR, MD

Indications

Right leg pain [729.5 (ICD-9-CM)]

Messages

RE:INR results Monday May 6 and recomendations

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	5/8/2013 5:38 PM

After Being Advised By Medical Staff.
See You on May 15, as Scheduled.
Jean is doing well, in good spirits, very talkative and resting.

----- Message -----
From: William E Neighbor JR, MD
Sent: 5/8/2013 12:13 PM PDT
To: Jeanne Leonie Hoffman
Subject: RE:INR results Monday May 6 and recomendations

5/8/2013
12:09 PM
I was called from dental clinic where Jean mentioned that she felt she had a clot in her right leg. Given that her INR was low, I think we should get a vascular ultrasound before she seems me this afternoon in order to expedite care. I have ordered this. I can be reached on cell 697-1376. AC 206.

William E Neighbor JR, MD

RE:INR results Monday May 6 and recomendations

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/8/2013 12:13 PM
Last Read in MyChart		

05/06/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

5/10/2013 12:00 PM by Hoffman, Jeanne Leonie

5/8/2013
12:09 PM
I was called from dental clinic where Jean mentioned that she felt she had a clot in her right leg. Given that her INR was low, I think we should get a vascular ultrasound before she seems me this afternoon in order to expedite care. I have ordered this. I can be reached on cell 697-1376. AC 206.

William E Neighbor JR, MD

RE:INR results Monday May 6 and recomendations

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/7/2013 11:09 AM

Last Read in MyChart
5/10/2013 12:01 PM by Hoffman, Jeanne Leonie

Thanks for letting me know you received this.

William E Neighbor JR, MD

RE:INR results Monday May 6 and recomendations

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	5/7/2013 9:25 AM

Confirmed.

----- Message -----
From: William E Neighbor JR, MD
Sent: 5/6/2013 4:40 PM PDT
To: Jeanne Leonie Hoffman
Subject: INR results Monday May 6 and recomendations

Jeanne: As written to you earlier today, your INR was 1.2. This is the effect of taking more than the prescribed amount of Vitamin K. Because your INR is below the desired level of 2-3, you are at risk for clot formation, so we need to temporarily increase your coumadin dose.

Regarding Coumadin, you should have taken a full tablet of 10 mg of Coumadin on Sunday, yesterday. My recommendations at this point are:

Recommendation for coumadin this week:

05/06/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

Monday: Full tab of 10 mg
Tuesday: Full tab of 10 mg
Wednesday: Half tab, 5 mg
Thurs: Full tab 10 mg
Friday: Half tab, 5 mg
Saturday: Full tab, 10 mg

Then resume Coumadin 10 mg one half tab on Mon, Wed, Friday, and full tab remaining days of each week.

Retest INR in 2 weeks.

Please page me at 986-3554 as before so I know you received this message.

William E Neighbor JR, MD

INR results Monday May 6 and recomendations

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/6/2013 4:40 PM

Last Read in MyChart
5/7/2013 9:23 AM by Hoffman, Jeanne Leonie

Jeanne: As written to you earlier today, your INR was 1.2. This is the effect of taking more than the prescribed amount of Vitamin K. Because your INR is below the desired level of 2-3, you are at risk for clot formation, so we need to temporarily increase your coumadin dose.

Regarding Coumadin, you should have taken a full tablet of 10 mg of Coumadin on Sunday, yesterday. My recommendations at this point are:

Recommendation for coumadin this week:
Monday: Full tab of 10 mg
Tuesday: Full tab of 10 mg
Wednesday: Half tab, 5 mg
Thurs: Full tab 10 mg
Friday: Half tab, 5 mg
Saturday: Full tab, 10 mg

Then resume Coumadin 10 mg one half tab on Mon, Wed, Friday, and full tab remaining days of each week.

Retest INR in 2 weeks.

Please page me at 986-3554 as before so I know you received this message.

05/06/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

William E Neighbor JR, MD

05/06/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

05/06/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 5/6/2013 10:25 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M16077	—	—	05/06/13 1025

PROTHROMBIN TIME (RAPID INR)
Resulted: 05/06/13 1116, Result status: Final result

Order status: Completed
Filed on: 05/06/13 1116
Collected by: 05/06/13 1025
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.2	0.8 - 1.3	—	RSVLT

Reviewed by

Neighbor Jr., William E on 05/06/13 1352

Testing Performed By

05/06/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 5/6/2013 13:52

05/03/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Results
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2012
Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014

05/03/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/12/2013
Start date: 3/12/2013 — End date: 3/31/2014
Quantity: 5 mL — Refill: 12

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/24/2013
Reason for discontinuation: Reorder
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/17/2013
Start date: 4/17/2013 — Quantity: 15 Tab
Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E at 5/3/2013 1707

INR critical
PRORPD 7.8 5/3/2013
PRORPD Run in main coag lab, not a rapid protime result. 5/3/2013
PRORPD 3.0 4/12/2013
PRORPD 2.2 4/4/2013
PRORPD 5.3 3/29/2013
PRORPD Run in main coag lab, not a rapid protime result. 3/29/2013
PRORPD Telephoned with read back to: 3/29/2013
PRORPD STEPHEN AT 1446 3/29/2013
PRORPD 2.0 3/8/2013
PRORPD 2.9 3/1/2013

Attempted to reach by phone, but as usual, no answer. They do check e mail. E mail sent.
At last visit clarified that she is to take coumadin 10 mg one half tab on MWF and one tab on remaining days of the week. At that time she appeared to be taking a full tablet daily.

Plan if not bleeding is hold two doses and recheck INR ideally on Sunday.
If any gum or nose bleeding or black stools, she is to hold coumadin, take Vitamin K 1 mg, and definitely recheck INR tomorrow or Sunday.
She may be able to have this done on Bainbridge as she has seen a provider there in the past.
I provided my cell phone number to them.

5/3/2013 5:59 PM

05/03/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

After message sent to patient I did hear back from her son Louis. She has had no signs of bleeding; however, because of her age and risk of falls plan is to reverse anticoagulation a bit. Usual pharmacy on Bainbridge does not carry vit K po. Rite Aid Bainbridge phone 842-4065 carries only Vit K 5 mg scored tabs. Prescription for Vit K 5 mg one half tab (2.5 mg) taken tonight x 1. I called back son and went over the following plan with him which I have e care messaged to him.

Vitamin K 5 mg take one half (2.5) mg tonight
Do not take warfarin (coumadin) tonight, Friday, or Saturday night
Take one half tab of coumadin on Sunday.
Have INR done Monday morning.

Note usual dose of coumadin should be 10 mg tab one half tab on M, W, F, full tab remaining four days of the week.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 5/3/2013 6:07 PM

Voronchuk, Eleonora at 5/6/2013 0809

Confirmed:
Will get Vitamin K 1 mg by mouth prescription Tonight if possible.
Will not take coumadin tonight Friday thru Saturday, or Sunday.
Re test Monday.

Louis for Jean

Jean is doing well, will check for problems

Electronically signed by Voronchuk, Eleonora at 5/6/2013 8:09 AM

Messages

RE: Mephyton/K 5mg

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/6/2013 10:33 AM
Last Read in MyChart		
Not Read		

As we discussed by phone Friday evening, because she took a higher amount of Vitamin K, she should have taken a full tab of coumadin 10 mg on Sunday. She should have an INR today, Monday. As I long as I can reach you later today, you can return home after the blood test; but I would be happy to see you for a special appointment. I have meetings from 11:30 to 1, but otherwise am available.

05/03/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

William E Neighbor JR, MD

Mephyton/K 5mg

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	5/3/2013 8:16 PM

Jean took 5mg...as she saw only one tab.
I did not have time to cut tab, before she eat it.

Now what...?

----- Message -----
From: William E Neighbor JR, MD
Sent: 5/3/2013 6:06 PM PDT
To: Jeanne Leonie Hoffman
Subject: Follow up after our phone call to document plan

Louis: As discussed by phone just now, the plan is as follows--re your mother Jeanne:
--Vitamin K 5 mg take one half (2.5) mg tonight. It is important that it just be half a tab. Do not take the other half--save it in a safe place for the future if it is needed.
--Do not take warfarin (coumadin) tonight, Friday, or Saturday night
--Take actually just a half tab of coumadin on Sunday.
--Have INR done Monday morning.

Note that her usual dose of Coumadin current is 10 mg one half tab on Mon, Wed, Fri, and a full tab on the remaining four days of the week. This Sunday she should just take a half tab and then have the blood test on Monday.

William E Neighbor JR, MD

Follow up after our phone call to document plan

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	5/3/2013 6:06 PM
Last Read in MyChart		
5/3/2013 8:20 PM by Hoffman, Jeanne Leonie		

Louis: As discussed by phone just now, the plan is as follows--re your mother Jeanne:
--Vitamin K 5 mg take one half (2.5) mg tonight. It is important that it just be half a tab. Do not take the other half--save it in a safe place for the future if it is needed.
--Do not take warfarin (coumadin) tonight, Friday, or Saturday night
--Take actually just a half tab of coumadin on Sunday.

Messages (continued)

--Have INR done Monday morning.

Note that her usual dose of Coumadin current is 10 mg one half tab on Mon, Wed, Fri, and a full tab on the remaining four days of the week. This Sunday she should just take a half tab and then have the blood test on Monday.

William E Neighbor JR, MD

RE:critically elevated anticoagulation test

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	5/3/2013 5:58 PM

Confirmed:
Will get Vitamin K 1 mg by mouth prescription Tonight if possible.
Will not take coumadin tonight Friday thru Saturday, or Sunday.
Re test Monday.

Louis for Jean

Jean is doing well, will check for problems

----- Message -----
From: William E Neighbor JR, MD
Sent: 5/3/2013 5:26 PM PDT
To: Jeanne Leonie Hoffman
Subject: critically elevated anticoagulation test

Jeanne: Your INR was 7.8 which is the highest it has been and it quite critical I would like your son to call my beeper at 986-3554 (enter your phone number, then hit the # sign to send the number to my beeper). I will call back If I don't call hospital paging at 598-6190 and ask them to page me.

What we do depends on if you have had any nose bleeding, gum bleeding, blood in your stool, or black stools.
If you do not, then simply do not take coumadin tonight, Friday, Saturday, or Sunday, and have your INR checked on Monday morning.
If you do have any signs of bleeding, you should also not take coumadin as above, but should also take Vitamin K 1 mg by mouth. I have sent a prescription to your pharmacy

critically elevated anticoagulation test

From	To	Sent and Delivered

05/03/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

William E Neighbor Jr., MD | Hoffman, Jeanne Leonie | 5/3/2013 5:26 PM
Last Read in MyChart
5/3/2013 5:29 PM by Hoffman, Jeanne Leonie

Jeanne: Your INR was 7.8 which is the highest it has been and it quite critical I would like your son to call my beeper at 986-3554 (enter your phone number, then hit the # sign to send the number to my beeper). I will call back If I don't call hospital paging at 598-6190 and ask them to page me.

What we do depends on if you have had any nose bleeding, gum bleeding, blood in your stool, or black stools.
If you do not, then simply do not take coumadin tonight, Friday, Saturday, or Sunday, and have your INR checked on Monday morning.
If you do have any signs of bleeding, you should also not take coumadin as above, but should also take Vitamin K 1 mg by mouth. I have sent a prescription to your pharmacy

05/03/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

05/03/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 5/3/2013 1:28 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F31015	—	—	05/03/13 1330

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 05/03/13 1627, Result status: Final result

Order status: Completed
Filed on: 05/03/13 1627
Collected by: 05/03/13 1330
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	7.8	0.8 - 1.3	H	UWMC
Prothrombin INR	Run in main coag lab, not a rapid protime result.	—	—	UWMC

Reviewed by

05/03/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Neighbor Jr., William E on 05/03/13 1808

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 5/3/2013 18:08

04/23/2013 - Orders Only in UW Medicine Montlake Rehabilitation Medicine Clinic

Visit Information

Provider Information

Encounter Provider

Hoffman, Jeanne Marie

Department

Name	Address	Phone	Fax
UW Medicine Montlake Rehabilitation Medicine Clinic	1959 NE Pacific Street, Box 356157 Seattle WA 98195	206-598-4295	206-598-2813

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

04/23/2013 - Orders Only in UW Medicine Montlake Rehabilitation Medicine Clinic (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Imaging

Imaging

US CAROTID DOPPLER (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 04/22/13 1417**
Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 04/22/13 1417
Authorized by: Hoffman, Jeanne Marie
Ordering mode: Standard
Frequency: 04/22/13 1417 -
Class: UWMC Imaging
Quantity: 1
Lab status: Final result

US CAROTID DOPPLER
Resulted: 04/23/13 1515, Result status: Final result

Order status: Completed
Filed on: 04/23/13 1515
Accession number: 7739337
Resulting lab: UW RADIOLOGY
Lab Technician: WATSON SMITH VASCULAR TECH

Components

Component	Value	Reference Range	Flag	Lab
General Diagnostic Text	--	—	—	UW RAD

Result: UNIVERSITY OF WASHINGTON MEDICAL CENTERD.E. Strandness, Jr. Vascular Laboratory Accredited by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) Exam:CAROTID ARTERY DUPLEX Indications & Symptoms:Vertigo This is an 88 year old woman who has experienced several recent episodes of vertigo. Comparison:None. Technique:EQUIPMENT: Philips iU-22 Ultrasound System Findings:CAROTID ARTERY DUPLEX ----------RIGHT--------LEFT Common Carotid Artery Proximal---- 105cm/s----- 94cm/s Common Carotid Artery Mid---------95cm/s-----108cm/s Common Carotid Artery Distal------89cm/s----- 103cm/s Plaque/Calcification----------N----------N Carotid Bulb Flow Separation------Y----------Y Internal Carotid Artery Proximal--45cm/s--77cm/s Internal Carotid Artery Mid-------87cm/s--94cm/s Internal Carotid Artery Distal----103cm/s--100cm/s Plaque/Calcification----------Y----------Y External Carotid Artery----------86cm/s-----88cm/s Plaque/Calcification----------N----------Y Vertebral Artery---------- 95cm/s----- 69cm/s Antegrade----------Y----------Y Subclavian Artery----------111cm/s----- 148cm/s Plaque/Calcification----------N----------N Brachial Blood Pressures----------138mmHg---134mmHg The diagnostic criteria used to interpret this carotid duplex examination include parameters that compare the site of stenosis to the normal distal internal carotid artery diameter, as described in the NASCET study.

Impression	--	—	—	UW RAD

Result: Impression:Vascular TechnologistWatson Smith BA RDMS-RVT FINAL PHYSICIAN INTERPRETATION 1. RIGHT -1-15% diameter reduction of the right internal carotid artery. -Common carotid artery is normal. -External carotid artery is normal. -Vertebral artery has normal, antegrade flow. -Subclavian artery is normal. 2. LEFT -1-15% diameter reduction of the left internal carotid artery. -Common carotid artery is normal. -External carotid artery is normal. -Vertebral

04/23/2013 - Orders Only in UW Medicine Montlake Rehabilitation Medicine Clinic (continued)

Imaging (continued)

artery has normal, antegrade flow. -Subclavian artery is normal.

General Diagnostic Text	--	—	—	UW RAD

Result: ATTENDING RADIOLOGIST AND PAGER NUMBER005611 Zierler Robert Eugene MD(206)997-6672

Reviewed by

Neighbor Jr., William E on 04/23/13 1643

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

All Reviewers List

Neighbor Jr., William E on 4/23/2013 16:43

04/17/2013 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Vertigo (primary)
- Thyroid nodule, uninodular
- DEEP VENOUS PHLEBITIS-LEG NEC
- AFTERCARE LONG TERM ANTICOAG USE
- GENERAL OSTEOARTHROSIS

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

04/17/2013 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

OxyCODONE HCl 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/24/2013
Reason for discontinuation: Reorder
Instructions: One tablet every 6 hrs prn moderate-severe pain
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/17/2013
Start date: 4/17/2013
Quantity: 15 Tab
Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 4/17/2013 1411

Jeanne Leonie Hoffman is a 88 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up

780.4 Vertigo (primary encounter diagnosis)
Jeanne reports that she was in her usual health until 2 weeks ago when while staring at a window she suddenly experienced a sense of the building spinning. She states the symptoms lasted for 5 minutes. She had no other symptoms, no change in hearing, and no double vision. The episode resolved spontaneously. She did not fall. 2 days later she had a similar but less severe and shorter episode. 2 days after that she had a similar shorter episode. She has not experienced any symptoms in the last 8-9 days. She denies any headache, double vision, paresthesias or paresthesias, difficulty swallowing, change in hearing, positional vertigo. Of note she had a CT scan of her head done earlier this year in the emergency room because of an episode of confusion which was felt to be due to psychosocial distress related to relationships between her 2 sons

.
241.0 Thyroid nodule, uninodular
A CT scan of her neck done in December 2012 at the time of lumbosacral spine fracture related to a fall showed incidental finding of small thyroid nodule. Recommendation was ultrasound followup. This has not been scheduled.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
She has had no recurrent swelling or other signs of thrombosis in her lower extremities

V58.61 AFTERCARE LONG TERM ANTICOAG USE
She tells me today that she is taking Coumadin 10 mg one tablet daily. This is rather than what is recorded on her med list has been a half tablet on Monday, Wednesday, Friday and a full tablet on the remaining days of the week. It is unclear why she has returned to taking one tablet daily. It may be that she has been confused related to changes over the last one to 2 months making short-term adjustments because of INR is out of range.

She comes in today alone though her son is in the waiting room. She did not want her son to know about the episode of vertigo.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Vertebral fracture [805.8] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013	12/13/2012
• Thyroid nodule, uninodular [241.0] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.	12/13/2012
• OSTEOPOROSIS NOS [733.00] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continue for five years, then stop	03/04/2008
• AFTERCARE LONG TERM ANTICOAG USE [V58.61] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3 She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.	01/08/2008
• ADULT FAILURE TO THRIVE [783.7] Lives in subsidized housing on Bainbridge Bremerton APS at 1-888-833-4925 Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved. Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is	10/19/2007

likely at least a 2 year wait

- TREMOR NEC [333.1] 08/17/2007
  Noted by Melanie Parker. Consider Parkinson's disease med trial.

- FX FEMUR INTRCAPS NOS-CLOSE [820.00] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.

- Other convulsions [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
  Discontinued based on ER neuro consult in early 2013

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006

LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- GLAUCOMA NOS [365.9] 11/20/2006
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006

  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1): 2010
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001.
  Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
  Advise Vit D 800 IU daily.

Outpatient Prescriptions Marked as Taking for the 4/17/13 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Hydrochlorothiazide 25 MG Oral Tab	take on half tab daily	15 Tab	6
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Pentoxifylline CR 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	6
• Timolol Maleate 0.5 % ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	12
• Warfarin Sodium 10 MG Oral Tab	Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week		

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006
• DIAPHRAGMATIC HERNIA *CT of abdomen in 2006*	11/20/2006

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Pneumococcal Polysaccharide	03/22/2010
• Td	06/07/2006

Social history:
History

Social History Narrative

Soc Hx. 1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.William E Neighbor, MD

History

Sexual Activity

- Sexually Active: Not on file

Tobacco and Alcohol Use:
History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Review of Systems:
She has had no recent upper expiratory symptoms.

Objective:
BP 140/72 | Pulse 74 | Temp 98.3 °F (36.8 °C)
Estimated Body mass index is 20.05 kg/(m^2) as calculated from the following:
Height as of 2/27/07: 5' 7"(1.702 m).
Weight as of 11/7/12: 128 lb(58.06 kg).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 140/72
General: talkative and in her usual state of health
Eyes: Conjunctiva: nl.
ENT: External ears and canals nl; Tympanic membranes: nl; Nose nl; Sinuses nl; Oropharynx clear. Neck supple. Anterior cervical nodes neg. Posterior cervical nodes neg. Occipital nodes: neg. Thyroid normal to palpation
Lungs: Auscultation: clear. Percussion not done.

04/17/2013 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Neuro: Mental status: oriented and stable. Cranial nerves II-XII neg. Sensation Upper Extremities nl; Lower extremities nl. Strength upper extremities nl; lower extremities nl. Reflexes: Triceps sym, biceps sym, brachioradialis sym, patellar sym, ankle sym. Babinski not done. Finger to nose testing symmetrical and normal for age. Rhomberg neg. Pronator drift neg. Tandem gait unsteady, but likley baseline due to her problems with hip arthritis and use of walker.
Eyes: Pupils equal nl, round nl, reactive nl, accomodation nl. Direct reflex nl. Consensual reflex nl. EOM full. Visual fields full. On fundoscopic exam, disks not examined. Had nl CT of head in Feb 2013,
Neck: Carotids no bruits.

Hallpike could not be performed because of patient's age related DJD and back pain related to fall in December.

Labs: INR reviewed.

PRORPD 3.0 4/12/2013
PRORPD 2.2 4/4/2013
PRORPD 5.3 3/29/2013
PRORPD Run in main coag lab, not a rapid protime result. 3/29/2013
PRORPD Telephoned with read back to: 3/29/2013
PRORPD STEPHEN AT 1446 3/29/2013
PRORPD 2.0 3/8/2013
PRORPD 2.9 3/1/2013
PRORPD 2.8 2/12/2013

Assessment and Plan:
780.4 Vertigo (primary encounter diagnosis)
3 episodes of vertigo occuring 2 weeks ago separated by two days. Longest was 5 minutes by her report. Occurred while looking out window. Neuro exam does not point to cause. She has no symptoms with positional change. INR has been most recently 3.0. Plan is vascular dopper of Vertbrobasilar and cartotid systems. She had normal CT of head done for other reasons earlier this year. Consider MR.

241.0 Thyroid nodule, uninodular
Incidental finding of thyroid nodule on CT of spine. TSH normal in last year. Thyroid ultrasound ordered.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 3.0. She is to be sure to take coumadin 10 mg tab one half on M, W, F, and full tab on the other days of the week. I reviewed this carefully with her. Repeat INR in two weeks.

Follow up plans: Two weeks
Return sooner if: Recurrent vertigo

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 4/18/2013 3:29 PM

04/17/2013 - Office Visit in Hall Health Primary Care Center (continued)

Imaging

Imaging

US EXAM OF HEAD AND NECK (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 04/17/13 1414** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 04/17/13 1414 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 04/17/13 - Class: UWMC Imaging
Quantity: 1 Discontinued by: Uw Radiology Orders Interface, User 05/23/13 1432 [Cancelled by UWMC Department of Radiology]

Questionnaire

Question	Answer
Reason for Exam	thyroid nodule noted incidentally on CT of cervical spine. Rec was follow up US. TSH normal.

Order comments: From Epic: Additional Clinical Info: NONE Referral for: Procedure or ancillary service not done by the referring provider. PATIENT INSTRUCTIONS: Please call the location phone number listed below to schedule your exam and obtain driving dir SEE EPIC

US THYROID (Final result)

Status: **Completed**

Order placed as a reflex to US EXAM OF HEAD AND NECK ordered on 04/17/13 at 1414
Ordering user: Uw Radiology Orders Interface, User 05/23/13 1257 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/23/13 1257 - Class: Roosevelt Imaging
Quantity: 1 Lab status: Final result
Diagnoses
Nontoxic uninodular goiter [241.0 (ICD-9-CM)]
Order comments: From Epic: Additional Clinical Info: NONE Referral for: Procedure or ancillary service not done by the referring provider. PATIENT INSTRUCTIONS: Please call the location phone number listed below to schedule your exam and obtain driving dir SEE EPIC

US THYROID Resulted: 05/23/13 1522, Result status: Final result

Order status: Completed Filed on: 05/23/13 1522
Accession number: 7730676 Resulting lab: UW RADIOLOGY
Lab Technician: 124985-VANETTA WATSON SONOGRAPHER

Components

Component	Value	Reference Range	Flag	Lab
General Diagnostic Text	--	—	—	UW RAD

Result: Indication======== Follow up thyroid nodules incidentally seen on CT cervical spine.. Method======= Thyroid ultrasound with image documentation. Satisfactory view. Thyroid======= no thyroid resection. RIGHTEchogenicity: homogeneousVascularity: normalSize: normalSize: L/W/H 4.6 cm x 1.7 cm x 1.3 cmVol.: 5.3 cmNodules: There are multiple subcentimeter well defined smoothmarginated nodules seen. Two are mixed solid and cystic inappearance and all 3 have no calcifications in them. LEFTEchogenicity: heterogeneousVascularity: increasedSize: normalSize: L/W/H 4.0 cm x 1.4 cm x 1.5 cmVol.: 4.4 cmNodules: There are multiple subcentimeterwell defined smooth marginatednodules seen, most are cystic in appearance and have nocalcifications Isthmus======= AP 0.1 cm. Impression========= Small subcentimeter bilateral thryoid nodules with no suspicious features..ATTENDING RADIOLOGIST AND PAGER NUMBER311170 Dighe Manjiri Kiran MD(206)541-3024

Reviewed by

Voronchuk, Eleonora on 05/23/13 1614
Neighbor Jr., William E on 05/23/13 1529

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

04/17/2013 - Office Visit in Hall Health Primary Care Center (continued)

Imaging (continued)

Indications

Nontoxic uninodular goiter [241.0 (ICD-9-CM)]

All Reviewers List

Voronchuk, Eleonora on 5/23/2013 16:14
Neighbor Jr., William E on 5/23/2013 15:29

Other Orders

Medications

OxyCODONE HCl 5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 04/17/13 1417** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 04/17/13 1417 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 04/17/13 - 07/24/13 Class: Normal
Discontinued by: Neighbor Jr., William E 07/24/13 1052 [Reorder]
Diagnoses
Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)] - GENERAL OSTEOARTHROSIS

Indications

Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)]

Referral

REFERRAL TO VASCULAR LAB(doppler, renal, head, extremity, etc) (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 04/17/13 1414** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 04/17/13 1414 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 04/17/13 - Class: Internal Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Vertigo [780.4 (ICD-9-CM)]
Order comments: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare Referral for: Procedure. To perform a procedure not done by the referring provider. Location: UWMC Vascular Diagnostic Service (206) 598-4449 Study desired: Cerebrovascular: Carotid/Vertebral Artery Duplex (UWMC, ESC and HMC TCD Lab Only); Allergies: Review of patient's allergies indicates: -- Adhesives -- Aspirin -- Other -- Nitrofurantoin -- Other -- Confusion, loss of appetitie, nausea, abdominal pain -- Penicillins -- Rash -- Sulfa Antibiotics -- Rash Height / Weight: (no height taken for this visit) / (no weight taken for this visit) Brief clinical history: 88 year old female with three episodes of fleeting vertigo when gazing out the window. CT scan done for other reasons earlier this year did not show any unexpected changes for age. She is on anticoagulation with INR being recently controlled. Neuro exam is normal. Plan is vascular evaluation and then MR .

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD 4060 E Stevens Way NE Box 354410 SEATTLE WA 98195 Phone: 206-685-1011 Fax: 206-616-4683	Diagnoses: Vertigo	**Zzuwmc Vascular Diag Serv** 1959 NE Pacific St, Box 356021 Seattle WA 98195 Phone: 206-598-4449 Specialty: Vascular Med	Office Visit	Routine

Comment: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare

Referral for: Procedure. To perform a procedure not done by the referring provider.

Location: UWMC Vascular Diagnostic Service (206) 598-4449

Study desired: Cerebrovascular: Carotid/Vertebral Artery Duplex (UWMC, ESC and HMC TCD Lab Only);

04/17/2013 - Office Visit in Hall Health Primary Care Center (continued)

Other Orders (continued)

Allergies: Review of patient's allergies indicates:
-- Adhesives
-- Aspirin -- Other
-- Nitrofurantoin -- Other
-- Confusion, loss of appetitie, nausea, abdominal pain
-- Penicillins -- Rash
-- Sulfa Antibiotics -- Rash

Height / Weight: (no height taken for this visit) / (no weight taken for this visit)

Brief clinical history: 88 year old female with three episodes of fleeting vertigo when gazing out the window. CT scan done for other reasons earlier this year did not show any unexpected changes for age. She is on anticoagulation with INR being recently controlled. Neuro exam is normal. Plan is vascular evaluation and then MR .

Indications

Vertigo [780.4 (ICD-9-CM)]

Flowsheets

Vitals Data

Row Name	04/17/13 1321
BP	140/72
Temp	36.8 °C
Pulse	74

Patient Instructions

Assessment and Plan:

780.4 Vertigo (primary encounter diagnosis)
3 episodes of vertigo occuring 2 weeks ago separated by two days. Longest was 5 minutes by her report. Occurred while looking out window. Neuro exam does not point to cause. She has no symptoms with positional change. INR has been most recently 3.0. Plan is vascular dopper of Vertbrobasilar and cartotid systems. She had normal CT of head done for other reasons earlier this year. Consider MR.

241.0 Thyroid nodule, uninodular
Incidental finding of thyroid nodule on CT of spine. TSH normal in last year. Thyroid ultrasound ordered.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 3.0. She is to be sure to take coumadin 10 mg tab one half on M, W, F, and full tab on the other days of the week. Repeat INR in two weeks.

Follow up plans: Two weeks
Return sooner if: Recurrent vertigo

William E Neighbor JR, MD

04/17/2013 - Office Visit in Hall Health Primary Care Center (continued)

Patient Instructions (continued)

Electronically signed by Neighbor Jr., William E at 4/17/2013 2:14 PM

04/17/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents

Other - Scan on 4/23/2013 1:05 PM: DSHS & ABN

Scan (below)

Agreement to Pay for Healthcare Services

WAC 388-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) for which the Department of Social and Health Services (DSHS) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications.

1. **Client** - is a recipient of Medicaid or other healthcare benefits through the DSHS or a managed care organization (MCO) that contracts with DSHS; and
2. **Provider** is an institution, agency, business, or person that furnishes healthcare services to DSHS clients and has a signed agreement with DSHS or authorization from an MCO

This Agreement and WAC 388-502-0160 apply to billing a client for covered and noncovered services as described in WAC 388-501-0050 through WAC 388-501-0070. Providers may not bill any DSHS client (including those enrolled with an MCO that contracts with DSHS) for services which DSHS or an MCO that contracts with DSHS may have paid until the provider has completed all requirements for obtaining authorization.

CLIENT'S PRINTED NAME	CLIENT'S DSHS ID NUMBER
Hoffman, Jeanne	107675002 WA
PROVIDER'S PRINTED NAME	PROVIDER NUMBER
William Neighbor	1265518989

This form:

- Must be fully completed by both the provider and the client **before** any service for which this Agreement is required is provided to a DSHS client
- Must be completed no more than 90 calendar days before the service is provided. If the service is not provided within 90 calendar days, a new form must be completed and signed by both the provider and the client
- Must be completed only **after** the provider and the client have exhausted all applicable DSHS or DSHS-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 388-501-0160 or the administrative hearing process as described in WAC 388-526-2610, if the client chooses to pursue these processes.
- Must be understandable to a limited English proficient (LEP) client in his or her primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. A translated form must be signed by both the client and the provider.

The table on back of this form must be fully completed. If needed, attach another sheet for additional services. Each additional page must be signed and dated by the client, provider, and interpreter (if applicable).

Important Note from DSHS:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 388-502-0160 or does not satisfy DSHS conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 388-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. A copy of this completed, signed agreement must also be given to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://www.dshs.wa.gov/msa/forms/eforms.html.

04/17/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

SPECIFIC SERVICE(S) OR ITEM(S) TO BE PROVIDED AND ANTICIPATED DATE OF SERVICE	CPT/CDT/ HCPC CODE (BILLING CODE)	AMOUNT TO BE PAID BY CLIENT	REASON WHY THE CLIENT IS AGREEING TO BE BILLED (CHECK THE ONE THAT APPLIES FOR EACH SERVICE)	COVERED TREATMENT ALTERNATIVES OFFERED BUT NOT CHOSEN BY CLIENT	DATE(S) ETR REQUESTED/DENIED OR WAIVED, OR PRIOR AUTHORIZATION (PA) REQUESTED/DENIED	
office visit and all related services	99214	$41 to $284	☑ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH DSHS NOTICE)
					PA REQUEST	PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH DSHS NOTICE)
					PA REQUEST	PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH DSHS NOTICE)
					PA REQUEST	PA DENIAL (ATTACH DSHS NOTICE)

- I understand that DSHS or an MCO that contracts with DSHS will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) DSHS does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after a DSHS or DSHS-contracted MCO denial of a request for a noncovered service; or 2) ask for a hearing to appeal a DSHS or DSHS-contracted MCO denial of a requested service.
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by DSHS or DSHS-contracted MCO, and I still choose to get the specified service(s) above.
- ***I agree to pay the provider directly for the specific service(s) listed above.***
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which DSHS or a DSHS-contracted MCO will not pay. This provider answered all my quest ons to my satisfaction and has given me a completed copy of this form.
- I understand that I can call DSHS at 1-800-562-3022 if I want to receive additional information about my rights or services covered by DSHS under fee-for-service or managed care.

I AFFIRM: I understand and agree with this form's content, including the bullet points above.	CLIENT'S OR CLIENT'S LEGAL REPRESENTATIVE'S SIGNATURE X Jeanne L Hoffman	DATE 4.17.13
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 388-502-0160.	PROVIDER OF SERVICE(S) SIGNATURE William Keogh	DATE 4/17/13
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	INTERPRETER'S PRINTED NAME AND SIGNATURE	DATE

AGREEMENT TO PAY FOR HEALTHCARE SERVICES
DSHS 13-879 (09/2010)

Page 2 of 2

04/17/2013 - Office Visit in Hall Health Primary Care Center (continued)

Documents (continued)

HARBORVIEW MEDICAL CENTER
UW Medicine
325 9th Ave Seattle WA
98104-2499
206-744-3000

UNIVERSITY OF WASHINGTON MEDICAL CENTER
UW Medicine
1959 NE Pacific Seattle WA
98195-6151
206-598-3300

UW Physicians
UW Medicine
POB 50095 Seattle WA
98145-5095
206-543-6420

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for office visit and all related services **below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Code _____ Description: office visit and all related services	**Check reason code (see back)** A ☐ B ☑ C ☐ D ☐	$341.50 $284

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Options 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: Check only one box. We cannot choose a box for you.

☑ **OPTION 1.** I want the office visit and all related services listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Authorized Representative)	Print Name	Date:
X Jeanne L Hoffman	X Jeanne L Hoffman	4.17.13

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT NO: N3927850

NAME: Hoffman, Jeanne

DOB: 1.6.1925

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

UI731

WHITE – MEDICAL RECORD
CANARY - PATIENT

UH1731 REV SEP 10 **OMB APPROVAL NO. 0938-0566**

04/12/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

04/12/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 4/12/2013 12:54 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F78495	—	—	04/12/13 1255

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 04/12/13 1320, Result status: Final result

Order status: Completed
Filed on: 04/12/13 1320
Collected by: 04/12/13 1255
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 04/12/13 1525

Testing Performed By

04/12/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 4/12/2013 15:25

04/04/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

04/04/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Grittman, Sheryl R, Technologist 4/4/2013 10:17 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H39408	—	—	04/04/13 1018

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 04/04/13 1113, Result status: Final result

Order status: Completed
Filed on: 04/04/13 1113
Collected by: 04/04/13 1018
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 04/04/13 1408

Testing Performed By

04/04/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 4/4/2013 14:08

03/30/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2012
Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014

03/30/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Stopped in Visit

None

Messages

RE: Medical Advice

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/2/2013 5:23 PM

Last Read in MyChart
4/18/2013 10:50 AM by Hoffman, Jeanne Leonie

I see that you will be over here on Thursday. I just wrote saying that Friday might be a better for the test as I could see you in my regular clinic on Friday morning after the INR> That would be best. Ordinarily I would try to fit you in specially on Thursday, but I have meetings from 8 am to mid afternoon and then some other things to take care of.

William E Neighbor JR, MD

RE: Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	4/2/2013 3:26 PM

Jim Everett, MA, LMHC
1-800-422-7114 Bremerton

Jean has signed document to allow you both to communicate on Douglas Hoffman Behavior and mal-treatment of his mother and Louis.

Once Doug starts attacking Jean, I try to get him to change his anger toward me. and try to get him to leave.

Jean has order new locks, so door is locked at all times.

Messages (continued)

However there was a problem on Island Bus, Jean hearing was poor and she did not understand what was going on.

Remeber this is young son, who has been mis-instructed/etc..

Jean is doing well, some depress over weeken.

Planning to go to Woodinville on thurday to get-away from Island.

She has hair cut planned for Wed. and Laundry away from Apt.

----- Message -----
From: William E Neighbor JR, MD
Sent: 4/1/2013 3:14 PM PDT
To: Jeanne Leonie Hoffman
Subject: RE: Medical Advice

Louis:

1. Please reply to separate message I sent to follow up on Jean's elevated INR.
2. Related to the present E care message, I know that Adult Protective Services has been contacted. I would like to speak with her case worker if that is ok. Please send me a name and number. Thank you.

William E Neighbor JR, MD

RE: Medical Advice

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/1/2013 3:14 PM

Last Read in MyChart
4/2/2013 3:14 PM by Hoffman, Jeanne Leonie

Louis:

1. Please reply to separate message I sent to follow up on Jean's elevated INR.
2. Related to the present E care message, I know that Adult Protective Services has been contacted. I would like to speak with her case worker if that is ok. Please send me a name and number. Thank you.

William E Neighbor JR, MD

03/30/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	3/30/2013 9:53 AM

Jean has refuse help.
Therefor am also obligated to accept her wishes.
I will terminate this e-care services, as to her request.

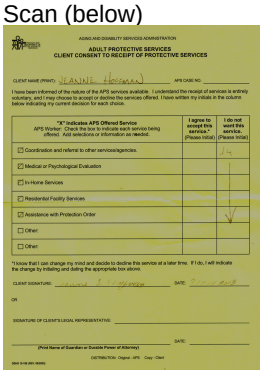
PS: the violence from Douglas Hoffman Continues

03/30/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents

Patient Entered Attachment - Scan on 3/30/2013 9:53 AM: jean-1ba.jpg

Scan (below)



AGING AND DISABILITY SERVICES ADMINISTRATION

ADULT PROTECTIVE SERVICES
CLIENT CONSENT TO RECEIPT OF PROTECTIVE SERVICES

CLIENT NAME (PRINT): JEANNE Hoffman APS CASE NO.

I have been informed of the nature of the APS services available. I understand the receipt of services is entirely voluntary, and I may choose to accept or decline the services offered. I have written my initials in the column below indicating my current decision for each choice.

"X" indicates APS Offered Service APS Worker: Check the box to indicate each service being offered. Add selections or information as needed.	I agree to accept this service.* (Please Initial)	I do not want this service. (Please Initial)
☑ Coordination and referral to other services/agencies.		JH
☑ Medical or Psychological Evaluation		
☐ In-Home Services		
☐ Residential Facility Services		
☑ Assistance with Protection Order		
☐ Other:		
☐ Other:		

*I know that I can change my mind and decide to decline this service at a later time. If I do, I will indicate the change by initiating and dating the appropriate box above.

CLIENT SIGNATURE: Jeanne Hoffman DATE: 3/30/2013

OR

SIGNATURE OF CLIENT'S LEGAL REPRESENTATIVE: _____

_____ DATE: _____
(Print Name of Guardian or Durable Power of Attorney)

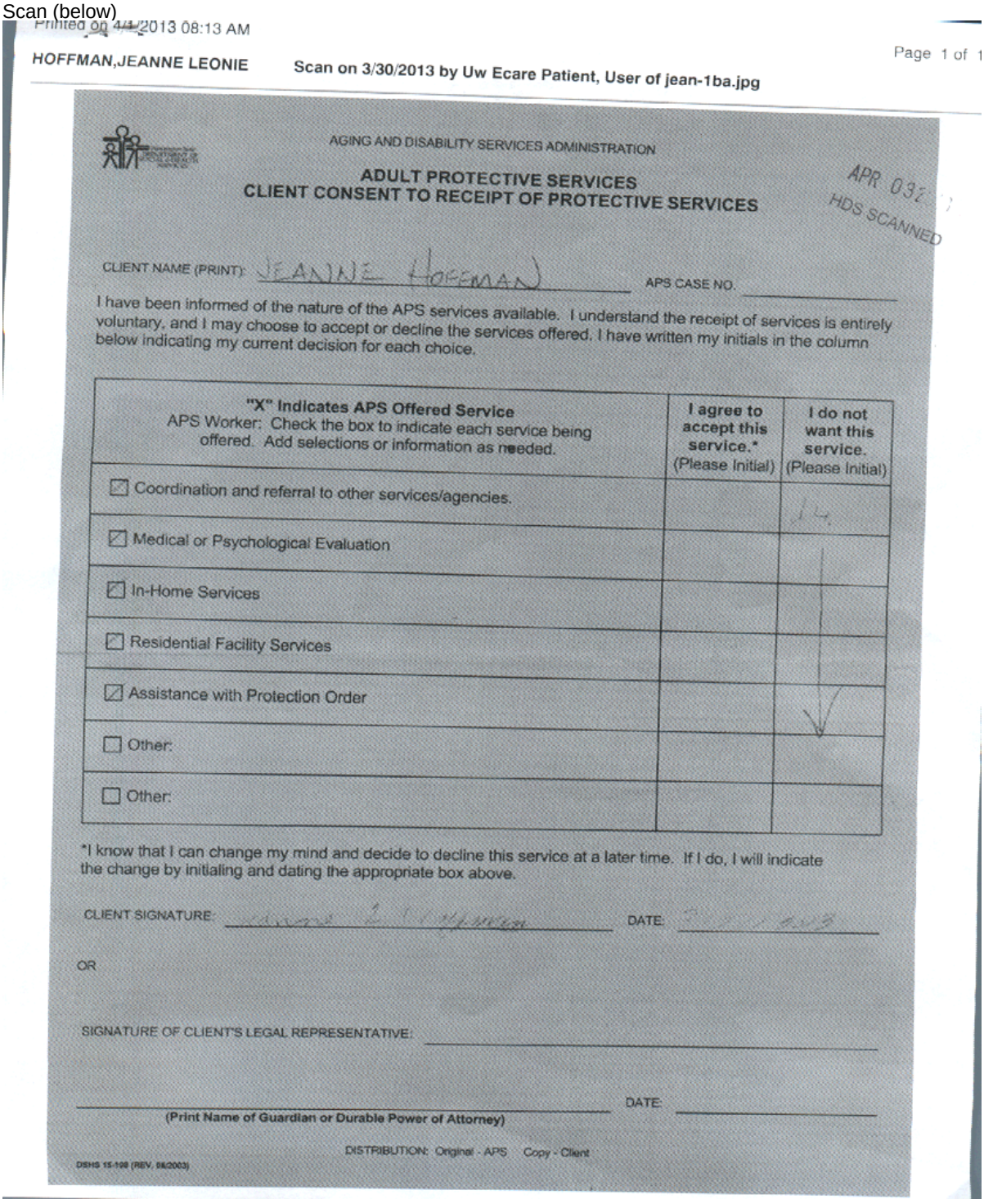
DISTRIBUTION: Original - APS Copy - Client

03/30/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents (continued)

Other - Scan on 4/3/2013 3:08 PM: APS Form

Scan (below)



Printed on 4/1/2013 08:13 AM

HOFFMAN,JEANNE LEONIE Scan on 3/30/2013 by Uw Ecare Patient, User of jean-1ba.jpg

Page 1 of 1

AGING AND DISABILITY SERVICES ADMINISTRATION

ADULT PROTECTIVE SERVICES
CLIENT CONSENT TO RECEIPT OF PROTECTIVE SERVICES

APR 03 2013
HDS SCANNED

CLIENT NAME (PRINT): JEANNE HOFFMAN APS CASE NO.

I have been informed of the nature of the APS services available. I understand the receipt of services is entirely voluntary, and I may choose to accept or decline the services offered. I have written my initials in the column below indicating my current decision for each choice.

"X" Indicates APS Offered Service APS Worker: Check the box to indicate each service being offered. Add selections or information as needed.	I agree to accept this service.* (Please Initial)	I do not want this service. (Please Initial)
☒ Coordination and referral to other services/agencies.		JH
☒ Medical or Psychological Evaluation		
☒ In-Home Services		
☒ Residential Facility Services		
☒ Assistance with Protection Order		
☐ Other:		
☐ Other:		

*I know that I can change my mind and decide to decline this service at a later time. If I do, I will indicate the change by initialing and dating the appropriate box above.

CLIENT SIGNATURE: [signature] DATE: 3/30/2013

OR

SIGNATURE OF CLIENT'S LEGAL REPRESENTATIVE:

(Print Name of Guardian or Durable Power of Attorney) DATE:

DISTRIBUTION: Original - APS Copy - Client

DSHS 15-168 (REV. 08/2003)

03/30/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Documents (continued)

03/29/2013 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Results
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

03/29/2013 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Willis, Stephen Ray at 3/29/2013 1449

rec call from Coag lab stating the the current INR for this pt is 5.3. Pls advise msg also sent to covering provider

Electronically signed by Willis, Stephen Ray at 3/29/2013 2:50 PM

Messages

RE:INR from last Friday

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/2/2013 5:20 PM

Last Read in MyChart
Not Read

Thank you for responding. I am glad you got the message to reduce the dose and will get a repeat TSH. Thinking about the timing, I think it would be best to get the test on Friday morning and then come over to see me so if it is elevated we can develop a plan in person. That would be safer. Please call for the appointment. I presently have openings on Friday morning.
Hall Health Primary Care Center Appointments 206-616-2495

William E Neighbor JR, MD

RE:INR from last Friday

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	4/2/2013 3:14 PM

Jean is decreasing dose.
will get a test on Thurday is planned.
Sorry for delay...problems on Island.

03/29/2013 - Telephone in Hall Health Primary Care Center (continued)

Messages (continued)

Jean went out for a walk on Sunday to visit her High School. She is class of 44

See you on 4-17

----- Message -----
From: William E Neighbor JR, MD
Sent: 4/1/2013 3:12 PM PDT
To: Jeanne Leonie Hoffman
Subject: INR from last Friday

Jeanne and Louis: Please confirm that you received this message about Jean's INR with the instructions for decreasing her dose. Because of the unpredicatability of Jean's INRs recently I again would recommend that you seek care on Bainbridge for this. Alternatively, you should have tests done on Wednesday or Friday mornings and then come over to see me so we can discuss changes in coumadin dose in person rather than via E care messaging.

William E Neighbor JR, MD

INR from last Friday

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	4/1/2013 3:12 PM

Last Read in MyChart
4/18/2013 9:51 AM by Hoffman, Jeanne Leonie

Jeanne and Louis: Please confirm that you received this message about Jean's INR with the instructions for decreasing her dose. Because of the unpredicatability of Jean's INRs recently I again would recommend that you seek care on Bainbridge for this. Alternatively, you should have tests done on Wednesday or Friday mornings and then come over to see me so we can discuss changes in coumadin dose in person rather than via E care messaging.

William E Neighbor JR, MD

INR lab results

From	To	Sent and Delivered
Stephen R Willis, CMA	Hoffman, Jeanne Leonie	3/29/2013 3:12 PM

Last Read in MyChart
3/30/2013 9:43 AM by Hoffman, Jeanne Leonie

Hi Jeanne,

Just got your INR results and they are 5.3.

03/29/2013 - Telephone in Hall Health Primary Care Center (continued)

Messages (continued)

I contacted Dr. Neighbor and he wants you to not take your coumadin this evening or on Saturday.
He would than like you to take 1/2 dose on Sunday and then a full dose on Monday and contact Dr. Neighbor.

Please respond to this so that I know that you got the message.

Thanks for using ECare,
Stephen Willis MA
206-616-2860

03/29/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

03/29/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/29/2013 11:01 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F61443	—	—	03/29/13 1102

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 03/29/13 1448, Result status: Final result

Order status: Completed
Filed on: 03/29/13 1448
Collected by: 03/29/13 1102
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	5.3	0.8 - 1.3	H	UWMC
Prothrombin INR	Run in main coag lab, not a rapid protime result.	—	—	UWMC
Prothrombin INR	Telephoned with read back to:	—	—	UWMC

03/29/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Prothrombin INR	STEPHEN AT 1446	—	—	UWMC

Reviewed by

Neighbor Jr., William E on 04/01/13 1651

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 4/1/2013 16:51

03/14/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

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Active at the End of Visit

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Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2012
Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014

03/14/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Stopped in Visit

None

Messages

RE: Medical Advice

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	3/14/2013 6:25 PM

Last Read in MyChart
4/18/2013 9:51 AM by Hoffman, Jeanne Leonie

What is the area code? For 780-6885?
William E Neighbor JR, MD

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	3/14/2013 1:01 PM

Phone: 780-6885

03/13/2013 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaints: Follow-Up and Immunization or Injection
Visit diagnoses:

- AFTERCARE LONG TERM ANTICOAG USE (primary)
- CONVULSIONS, OTHER
- BENIGN HYPERTENSION
- DEEP VENOUS PHLEBITIS-LEG NEC
- Family discord

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2012
Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

03/13/2013 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/12/2013
Start date: 3/12/2013 — End date: 3/31/2014
Quantity: 5 mL — Refill: 12

Stopped in Visit

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013

Clinical Notes

Progress Notes

Neighbor Jr., William E at 3/13/2013 1408

Jeanne Leonie Hoffman is a 88 year old female here to discuss the following:

Chief Complaint

Patient presents with

- Follow-Up
- Immunization or Injection
  Td 6/7/06

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
Her INRs have ranged between 3 and 2. Part of the variation is that Jean recently was taking just a half tab daily. Now beginning this week she decided to take a full tab daily.

780.39 CONVULSIONS, OTHER
When she was seen in the emergency department recently for nonresponsive episodes a neurologist consulted. It was felt that she was not having seizures and that rather the episodes were stress related in part related to conflict between her and the son who does not live with her. She subsequently discontinued Tegretol and has not noted any worsening. Adult Protective Services has been contacted by the son who lives with her.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
She's had no recurrence of symptoms of clots.

V61.9 Family discord
Her 2 sons had disagreements. One son Louis lives with her and she gets along well with him. The other son who does not live with her husband threatening. However she feels safe and apparently is encountered this kind of behavior from him before. Louis has contacted Adult Protective Services.

Problem List

Patient Active Problem List

Diagnosis	Date Noted
• Vertebral fracture [805.8] Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months, that is May 2013	12/13/2012
• Thyroid nodule, uninodular [241.0] CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.	12/13/2012
• SKIN SENSATION DISTURB [782.0] 6/3/2008 labs ordered. Return in one month for exm.	06/03/2008
• OSTEOPOROSIS NOS [733.00] T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continue for five years, then stop	03/04/2008
• AFTERCARE LONG TERM ANTICOAG USE [V58.61] Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3 She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.	01/08/2008
• ADULT FAILURE TO THRIVE [783.7] Lives in subsidized housing on Bainbridge Bremerton APS at 1-888-833-4925 Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved. Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait	10/19/2007
• TREMOR NEC [333.1] Noted by Melanie Parker. Consider Parkinson's disease med trial.	08/17/2007
• FX FEMUR INTRCAPS NOS-CLOSE [820.00]	05/01/2007

Pinned April 2007.
Post op hematocrit 25
Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00] 03/27/2007
  Year onset: Dx March 2007
  Metformin discontinued 2011 as A1c in target range without it.

- CONVULSIONS, OTHER [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CARPAL TUNNEL SYNDROME [354.0] 11/20/2006
  Carpal tunnel release right wrist in 1989

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- DIAPHRAGMATIC HERNIA [553.3] 11/20/2006

CT of abdomen in 2006

- GLAUCOMA NOS [365.9] 11/20/2006
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006

Td/Tdap (q 10 yr): 2006
Pneumococcal (65 yoa and high risk x1): 2010
Blood pressure: Dx hypertension
Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001.
Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 .
Advise Vit D 800 IU daily.

Outpatient Prescriptions Marked as Taking for the 3/13/13 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Hydrochlorothiazide 25 MG Oral Tab	take on half tab daily	15 Tab	6
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	3
• Pentoxifylline CR 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	6
• Timolol Maleate 0.5 % ophthalmic Solution	INSTILL ONE DROP INTO EACH EYE TWICE DAILY	5 mL	12
• Warfarin Sodium 10 MG Oral Tab	Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week		

Medical and Surgical History

Past Medical History

Diagnosis	Date
• Impaired fasting glucose	3/22/2007

No past surgical history on file.

No family history on file.

Immunization History

Administered	Date(s) Administered
• Influenza	12/12/2001, 01/29/2007, 10/11/2007, 10/15/2008, 10/07/2009, 10/15/2010, 10/21/2011
• Pneumococcal Polysaccharide	03/22/2010
• Td	06/07/2006

Social history:
History

Social History Narrative

Soc Hx. 1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.William E Neighbor, MD

History

Sexual Activity

- Sexually Active: Not on file

Tobacco and Alcohol Use:
History

Substance Use Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: Not on file

Objective:
BP 122/75 | Pulse 89 | Temp(Src) 97.8 °F (36.6 °C) (Oral)
Estimated Body mass index is 20.05 kg/(m^2) as calculated from the following:
Height as of 2/27/07: 5' 7"(1.702 m).
Weight as of 11/7/12: 128 lb(58.06 kg).
Extended Vitals not filed for this encounter.
Last blood pressure recorded in this encounter: 122/75
General: healthy, alert, no distress
Jeanne Seems in her usual positive good spirits. She seems to be taking the family stresses and stride.

Assessment and Plan:
V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
Her INRs have ranged between 3 and 2. Part of the variation is that Jean recently was taking just a half tab daily. Now beginning this week she decided to take a full tab daily. Her correct, most current dose, should actually be as written on the bottle: One half tab on M, W, F, and one the remaining days of the week. Though my initial advise after her last reading was to recheck in one month, I would revise this to have it rechecked in two weeks.

03/13/2013 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

780.39 CONVULSIONS, OTHER
ER Neurology note reviewed. She is no longer on tegretol which was for petit mal seizures dating from 1975. She is doing well.

401.1 BENIGN HYPERTENSION
Well controlled

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence

V61.9 Family discord
Louis agreed to my contacting aging and disability services to ask them to visit. He will send me their current phone number.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 3/19/2013 6:18 PM

Flowsheets

Vitals Data

Row Name	03/13/13 1324
BP	122/75
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.6 °C
Temp src	Oral
Pulse	89
Pulse Regularity	Regular

Patient Instructions

Assessment and Plan:
V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
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780.39 CONVULSIONS, OTHER
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401.1 BENIGN HYPERTENSION
Well controlled

451.19 DEEP VENOUS PHLEBITIS-LEG NEC

03/13/2013 - Office Visit in Hall Health Primary Care Center (continued)

Patient Instructions (continued)

No recurrence

V61.9 Family discord
Louis agreed to my contacting aging and disability services to ask them to visit. He will send me their current phone number.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 3/13/2013 2:12 PM

03/12/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

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Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014

03/12/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	3/12/2013 12:42 PM

I have give Louis $30. to purchase new Door Lock, as Douglas has a Key, that I want returned.

I asked Louis to disconnect Ph:206-855-0815.
My home is now quite and I am a little more security from Douglas violant anger.

Jean

03/12/2013 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2012
Start date: 12/19/2012
End date: 3/13/2013
Quantity: 20 Cap
Refill: 0

Warfarin Sodium 10 MG Oral Tab

03/12/2013 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/12/2013
Start date: 3/12/2013 — End date: 3/31/2014
Quantity: 5 mL — Refill: 12

Stopped in Visit

None

Other Orders

Medications

Timolol Maleate 0.5 % ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 03/12/13 1204** — Status: **Discontinued**
Ordering user: Neighbor Jr., William E 03/12/13 1204 — Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: 03/12/13 - 03/31/14 — Class: E-RX
Released by: Neighbor Jr., William E 03/12/13 1204 — Discontinued by: Neighbor Jr., William E 04/01/14 1155 [Reorder]

03/11/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013

03/11/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2012
Start date: 12/19/2012 — End date: 3/13/2013
Quantity: 20 Cap — Refill: 0

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	3/11/2013 7:31 PM

Dear William,

I went to court today RO against Douglas Frank Alloin Hoffman,

Louis Lost a Full RO to protect me. Douglas is try to have Louis Arrested for being Gay. Douglas is using the sex offender laws to have Louis Arrest.
Remember it was once a crime to be Gay, to support Gays or know Gay People in Washington. People Arrested for support Gay Rights were subject to Gay Sodemy Laws. It was not necessary to prove a sexual relation. The Court just required 3 or more people to testiy the Gay person was a Fag and off to the big house or worse to medical facility to be tortured and abused.

I am very depressed and so is Louis. Louis told me it could be any day now before he is arrested. Police and Courts anre conducting investigation to support arresting Louis.

03/11/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

Louis is Gay and being abuse, his love was threaten by Douglas. Then by the state...to end a loving relationship. Louis has been abuse by hate people all his life. His hip was injured in 1997 by hate gang. The DSHS refused to treat injury and UWMC followed to futher abuse Louis...Because he is Gay.

Douglas's hatred to Louis goes back to when Louis Came-out and told every he wanted to marry guy at age 6 on Douglas 5 Birthday Party.

Louis will be going to jail soon for 5 or more year for Been Gay and forced to be a sex offender. I will be forced to be abused by Douglas. I told Louis I just want to die now. My family was denied help. Douglas tried to hug me in Court... I Pushed him away and yelled....No one cared.

Louis is depressed too. After all his brother is trying to imprison Louis for Being Gay and I will be forced to be abused by Douglas.

I have kept silent to long.

Louis and I are both very sad, as Louis waits be be arrested.

As you know Louis wrote this letter. Louis has been my care-giver now for 30 years now.

I feel that you will continue to allow Douglas to abuse me and Louis.

See you on Wednesday.

03/08/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

03/08/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/8/2013 10:22 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F36937	—	—	03/08/13 1023

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 03/08/13 1046, Result status: Final result

Order status: Completed
Filed on: 03/08/13 1046
Collected by: 03/08/13 1023
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 03/08/13 1605

Testing Performed By

03/08/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 3/8/2013 16:05

03/06/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2012
Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014

03/06/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Timolol Maleate 0.5 % ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/1/2014
Reason for discontinuation: Reorder
Instructions: INSTILL ONE DROP INTO EACH EYE TWICE DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/12/2013
Start date: 3/12/2013
End date: 3/31/2014
Quantity: 5 mL
Refill: 12

Stopped in Visit

None

Messages

RE: Results Question

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	3/6/2013 5:06 PM

Last Read in MyChart
Not Read

I am glad to hear this. Will write with your iNR results.
Best regards,
William E Neighbor JR, MD

Results Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	3/6/2013 1:53 PM

I will be at Rosevl-Clinic on 3-8-13 for a follow-up IR-Test at 10:15am.

I am in good spirits and doing wel, since Louis enacted a "No Contact Order" against Douglas.
I feel great.

However, I am hoping that Douglas get some help to stop his anger and hatred.
I signed a General Power of Attorney for Louis to care for me.
Now Louis has two power of Attorney: one for medical and one for my general legal requirements to act on my behalf.

Jean

03/06/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

03/01/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

03/01/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/1/2013 12:45 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F30091	—	—	03/01/13 1246

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 03/01/13 1315, Result status: Final result

Order status: Completed
Filed on: 03/01/13 1315
Collected by: 03/01/13 1246
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.9	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 03/01/13 1520

Testing Performed By

03/01/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 3/1/2013 15:20

02/25/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013

02/25/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2012
Start date: 12/19/2012 — End date: 3/13/2013
Quantity: 20 Cap — Refill: 0

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	2/25/2013 4:47 PM

William,
Louis For Jean,

Today Jean & I went to court for protection.
I was granted a two week temporary order, pending a March 11, review.

Jean has refused protection.

I am unable to continue caring for Jean when she has no concern for her health & welfare.

02/22/2013 - Admission (Discharged) in U Emergency Department

Visit Information

Admission Information

Arrival Date/Time:	02/22/2013 1042	Admit Date/Time:	02/22/2013 1050	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Ambulance - King Co	Primary Service:	Emergency Dept	Secondary Service:	N/A
Transfer Source:		Service Area:	UW MEDICINE	Unit:	U Emergency Department
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: 02/23/2013 0513	Disposition: 01 Home/self Care	Destination: —
Provider: —	Unit: U Emergency Department	

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

None

Stopped in Visit

None

02/22/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

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Active at the End of Visit

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Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013

02/22/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2012
Start date: 12/19/2012 — End date: 3/13/2013
Quantity: 20 Cap — Refill: 0

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Mercado, Mila N at 2/25/2013 1003

Louis, Jeanne's son called also last Fri, lm that Jeanne is on her way to the hospital and in a coma state.

Electronically signed by Mercado, Mila N at 2/25/2013 10:06 AM

Mercado, Mila N at 2/25/2013 1019

Louis called again from last Fri while in UWMC ER. He said that Douglas attacked him on his way to the hospital. He talked about Doug intends to depressed Jeanne further and will cause her a major heart attack.

Electronically signed by Mercado, Mila N at 2/25/2013 10:22 AM

Messages

Medical Advice

02/22/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	2/22/2013 10:15 AM

William,

Jean was unreponsive this morming.
911 Called, she is on "Pending Status" for UWMC-ER.
Left on 9:35am BI Ferry.

Jean has been under extreme stress do to Douglas & Chris Hoffman violence behavior wanting her DEAD.

This type of treatment that Douglas is deeply involve in, is cuasing Jean to be depressed.

She wants her family to stop the hatred and she is trying to do it on her own.

I signed RO last night with BI Court, will be in court on Monday at 2:pm.

Each time Douglas & Chris attack her with hatred she has emergency medical issue.

William, We must protect her....Douglas is attempting to kill her with acts of hatred to cause medical issues.

I AM VERY CONCERNED.

DOUGLAS FAMILY MUST BE BLOCK FROM SEEING HER AT UWMC. THEY WILL CONTINUE WITH THE HATRED.

I am unable to call police (Long Distance) Please advise police 360-308-5400.

02/22/2013 - Orders Only in U Emergency Department

Visit Information

Provider Information

Encounter Provider

Schwitz, Scott David

Department

Name	Address	Phone
U Emergency Department	1959 NE Pacific St, Box 356123 Seattle WA 98195	206-598-2000

Medication List

Medication List

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Active at the End of Visit

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Discontinued on: 6/22/2016
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Entered on: 3/8/2010
End date: 6/22/2016

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Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2012
Start date: 12/19/2012
End date: 3/13/2013
Quantity: 20 Cap
Refill: 0

02/22/2013 - Orders Only in U Emergency Department (continued)

Medication List (continued)

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Stopped in Visit

None

Labs

1ST EXTRA RED TOP (Final result)

Electronically signed by: **Uw Use Interface, User on 02/22/13 1125**
Status: **Completed**
Ordering user: Uw Use Interface, User 02/22/13 1125
Authorized by: Schwitz, Scott David
Ordering mode: Standard
Frequency: Routine 02/22/13 1125 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F21693	—	—	02/22/13 1125

1ST EXTRA RED TOP

Resulted: 02/22/13 1137, Result status: Final result

Order status: Completed
Filed on: 02/22/13 1137
Collected by: 02/22/13 1125
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Red Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

02/22/2013 - Orders Only in U Emergency Department (continued)

Labs (continued)

CBC, DIFF (Final result)

Status: **Completed**

Order placed as a reflex to 1ST EXTRA RED TOP ordered on 02/22/13 at 1125
Ordering user: Uw Use Interface, User 02/22/13 1125
Authorized by: Schwitz, Scott David
Ordering mode: Standard
Frequency: STAT 02/22/13 1125 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F21693	—	—	02/22/13 1125

CBC, DIFF

Resulted: 02/22/13 1156, Result status: Final result

Order status: Completed
Filed on: 02/22/13 1156
Collected by: 02/22/13 1125
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
WBC	4.97	4.3 - 10.0 THOU/uL	—	UWMC
RBC	4.06	3.80 - 5.00 mil/uL	—	UWMC
Hemoglobin	13.0	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	39	36 - 45 %	—	UWMC
MCV	97	81 - 98 fL	—	UWMC
MCH	32.0	27.3 - 33.6 pg	—	UWMC
MCHC	33.0	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	202	150 - 400 THOU/uL	—	UWMC
RDW-CV	14.1	11.6 - 14.4 %	—	UWMC
% Neutrophils	59	34 - 71 %	—	UWMC
% Lymphocytes	31	19 - 53 %	—	UWMC
% Monocytes	5	5 - 13 %	—	UWMC
% Eosinophils	4	0 - 7 %	—	UWMC
% Basophils	1	0 - 1 %	—	UWMC
% Immature Granulocytes	0	0 - 1 %	—	UWMC
Neutrophils	2.95	1.80 - 7.00 THOU/uL	—	UWMC
Absolute Lymphocyte Count	1.53	1.00 - 4.80 THOU/uL	—	UWMC
Monocytes	0.24	0.00 - 0.80 THOU/uL	—	UWMC
Absolute Eosinophil Count	0.21	0.00 - 0.50 THOU/uL	—	UWMC
Basophils	0.04	0.00 - 0.20 THOU/uL	—	UWMC
Immature Granulocytes	0.00	0.00 - 0.05 THOU/uL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

02/22/2013 - Orders Only in U Emergency Department (continued)

Labs (continued)

CHEST PAIN REFLEXIVE TESTING (Final result)

Status: **Completed**

Order placed as a reflex to 1ST EXTRA RED TOP ordered on 02/22/13 at 1125
Ordering user: Uw Use Interface, User 02/22/13 1125
Authorized by: Schwitz, Scott David
Ordering mode: Standard
Frequency: STAT 02/22/13 1125 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F21693	—	—	02/22/13 1125

CHEST PAIN REFLEXIVE TESTING Resulted: 02/22/13 1157, Result status: Final result

Order status: Completed
Filed on: 02/22/13 1157
Collected by: 02/22/13 1125
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Troponin I	<0.01	0.00 - 0.39 ng/mL	—	UWMC
Troponin_I Interpretation	--	—	—	UWMC

Result: Troponin I of 0.40 ng/ml or greater: probablemyocardial infarction.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

COMPREHENSIVE METABOLIC PANEL (Final result)

Status: **Completed**

Order placed as a reflex to 1ST EXTRA RED TOP ordered on 02/22/13 at 1125
Ordering user: Uw Use Interface, User 02/22/13 1125
Authorized by: Schwitz, Scott David
Ordering mode: Standard
Frequency: STAT 02/22/13 1125 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F21693	—	—	02/22/13 1125

COMPREHENSIVE METABOLIC PANEL (Abnormal) Resulted: 02/22/13 1208, Result status: Final result

Order status: Completed
Filed on: 02/22/13 1208
Collected by: 02/22/13 1125
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	146	136 - 145 mEq/L	H^	UWMC
Potassium	3.8	3.7 - 5.2 mEq/L	—	UWMC
Chloride	112	98 - 108 mEq/L	H^	UWMC
Carbon Dioxide, Total	26	22 - 32 mEq/L	—	UWMC
Anion Gap	8	3 - 11	—	UWMC
Glucose	144	62 - 125 mg/dL	H^	UWMC
Urea Nitrogen	15	8 - 21 mg/dL	—	UWMC
Creatinine	0.82	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total)	7.0	6.0 - 8.2 g/dL	—	UWMC

02/22/2013 - Orders Only in U Emergency Department (continued)

Labs (continued)

Albumin	4.0	3.5 - 5.2 g/dL	—	UWMC
Bilirubin (Total)	0.9	0.2 - 1.3 mg/dL	—	UWMC
Calcium	9.1	8.9 - 10.2 mg/dL	—	UWMC
AST (GOT)	18	15 - 40 U/L	—	UWMC
Alkaline Phosphatase (Total)	51	49 - 199 U/L	—	UWMC
ALT (GPT)	16	6 - 40 U/L	—	UWMC
GFR, Calc, European American	>60	>59 mL/min	—	UWMC
GFR, Calc, African American	>60	>59 mL/min	—	UWMC
GFR, Information	--	—	—	UWMC

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

PROTHROMBIN & PTT (Final result)

Status: **Completed**

Order placed as a reflex to 1ST EXTRA RED TOP ordered on 02/22/13 at 1125
Ordering user: Uw Use Interface, User 02/22/13 1125
Authorized by: Schwitz, Scott David
Ordering mode: Standard
Frequency: STAT 02/22/13 1125 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F21693	—	—	02/22/13 1125

PROTHROMBIN & PTT (Abnormal)

Resulted: 02/22/13 1223, Result status: Final result

Order status: Completed
Filed on: 02/22/13 1223
Collected by: 02/22/13 1125
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	46.0	10.7 - 15.6 s	H	UWMC
Prothrombin INR	5.6	0.8 - 1.3	H	UWMC
Prothrombin INR	Telephoned with read back to:	—	—	UWMC
Prothrombin INR	RN HEIDI @1223	—	—	UWMC
Partial Thromboplastin Time	43	22 - 35 s	H	UWMC
Partial Thromboplastin Time	--	—	—	UWMC
Result: Therapeutic PTT range is 60-100 seconds for patients oncontinuous IV infusion of standard heparin.				
Partial Thromboplastin X Mean	To calculate the PTT X Mean divide PTT value by 29.	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

02/22/2013 - Orders Only in U Emergency Department (continued)

Labs (continued)

6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

SALICYLATE (Final result)

Status: **Completed**

Order placed as a reflex to 1ST EXTRA RED TOP ordered on 02/22/13 at 1125
Ordering user: Uw Use Interface, User 02/22/13 1125
Authorized by: Schwitz, Scott David
Ordering mode: Standard
Frequency: STAT 02/22/13 1125 -
Quantity: 1
Lab status: Final result
Order comments: ADDON PWER ER

Specimen Information

ID	Type	Source	Collected By
F21693	—	—	02/22/13 1125

SALICYLATE (Abnormal)

Resulted: 02/22/13 1541, Result status: Final result

Order status: Completed
Filed on: 02/22/13 1541
Collected by: 02/22/13 1125
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Salicylate	<4	5 - 30 mg/dL	L	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

ACETAMINOPHEN (TYLENOL) (Final result)

Status: **Completed**

Order placed as a reflex to 1ST EXTRA RED TOP ordered on 02/22/13 at 1125
Ordering user: Uw Use Interface, User 02/22/13 1125
Authorized by: Schwitz, Scott David
Ordering mode: Standard
Frequency: STAT 02/22/13 1125 -
Quantity: 1
Lab status: Final result
Order comments: ADDON PER ER

Specimen Information

ID	Type	Source	Collected By
F21693	—	—	02/22/13 1125

ACETAMINOPHEN (TYLENOL) (Abnormal)

Resulted: 02/22/13 1541, Result status: Final result

Order status: Completed
Filed on: 02/22/13 1541
Collected by: 02/22/13 1125
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Acetaminophen (Tylenol)	<10	10 - 25 mcg/mL	L	HMC

02/22/2013 - Orders Only in U Emergency Department (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

02/22/2013 - Orders Only in U Emergency Department

Visit Information

Provider Information

Encounter Provider

Schwitz, Scott David

Department

Name	Address	Phone
U Emergency Department	1959 NE Pacific St, Box 356123 Seattle WA 98195	206-598-2000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2012
Start date: 12/19/2012
End date: 3/13/2013
Quantity: 20 Cap
Refill: 0

02/22/2013 - Orders Only in U Emergency Department (continued)

Medication List (continued)

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Stopped in Visit

None

Labs

L LACTATE, VENOUS WB (TO U/H LAB WITHIN 30 MIN) (Final result)

Electronically signed by: **Uw Use Interface, User on 02/22/13 1125** — Status: **Completed**
Ordering user: Uw Use Interface, User 02/22/13 1125 — Authorized by: Schwitz, Scott David
Ordering mode: Standard
Frequency: STAT 02/22/13 1125 - — Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F21695	—	—	02/22/13 1125

L LACTATE, VENOUS WB (TO U/H LAB WITHIN 30 MIN) — Resulted: 02/22/13 1142, Result status: Final result

Order status: Completed — Filed on: 02/22/13 1142
Collected by: 02/22/13 1125 — Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
L Lactate (Direct), Venous Whole Blood	1.1	0.6 - 2.5 mmol/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

02/22/2013 - Orders Only in U Emergency Department (continued)

Labs (continued)

02/22/2013 - Orders Only in U Emergency Department

Visit Information

Provider Information

Encounter Provider

Schwitz, Scott David

Department

Name	Address	Phone
U Emergency Department	1959 NE Pacific St, Box 356123 Seattle WA 98195	206-598-2000

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2012
Start date: 12/19/2012
End date: 3/13/2013
Quantity: 20 Cap
Refill: 0

02/22/2013 - Orders Only in U Emergency Department (continued)

Medication List (continued)

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Stopped in Visit

None

Labs

UWMC COMPLETE URINALYSIS (Final result)

Electronically signed by: **Uw Use Interface, User on 02/22/13 1245**
Status: **Completed**
Ordering user: Uw Use Interface, User 02/22/13 1245
Authorized by: Schwitz, Scott David
Ordering mode: Standard
Frequency: STAT 02/22/13 1245 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F21700	—	—	02/22/13 1245

UWMC COMPLETE URINALYSIS (Abnormal)
Resulted: 02/22/13 1258, Result status: Final result

Order status: Completed
Filed on: 02/22/13 1258
Collected by: 02/22/13 1245
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	UWMC
Clarity, URN	Clear	—	—	UWMC
Specific Gravity, URN	1.019	1.002 - 1.027 g/mL	—	UWMC
pH, URN	< or =5.0	5.0 - 8.0	—	UWMC
Protein (Alb Semiquant), URN	Negative	NRN mg/dL	—	UWMC
Glucose Qual, URN	Negative	NRN mg/dL	—	UWMC
Ketones, URN	Negative	NRN mg/dL	—	UWMC
Bilirubin (Qual), URN	Negative	NRN	—	UWMC
Occult Blood, URN	Negative	NRN	—	UWMC
Nitrite, URN	Negative	NRN	—	UWMC
Leukocyte Esterase, URN	Trace	NRN	A !	UWMC

02/22/2013 - Orders Only in U Emergency Department (continued)

Labs (continued)

Urobilinogen, URN	0.1-1.9	URONML EHRLICH UNITS	—	UWMC
Comments for Macroscopic, URN	None	NONE	—	UWMC
WBC, URN	6-20(1+)	Z5NEG /HPF	A !	UWMC
RBC, URN	0-2(NEG)	Z2NEG /HPF	—	UWMC
Bacteria, URN	Not Seen	NOSEEN	—	UWMC
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /LPF	A !	UWMC
Epith Cells Renal/Trans,URN	<3(NEG)	LESS3 /HPF	—	UWMC
Comments For Microscopic, URN	None	NONE	—	UWMC
Mucus, URN	Present	NOSEEN /LPF	A !	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

02/22/2013 - Orders Only in U Emergency Department

Visit Information

Provider Information

Encounter Provider

Schwitz, Scott David

Department

Name	Address	Phone
U Emergency Department	1959 NE Pacific St, Box 356123 Seattle WA 98195	206-598-2000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2012
Start date: 12/19/2012
End date: 3/13/2013
Quantity: 20 Cap
Refill: 0

02/22/2013 - Orders Only in U Emergency Department (continued)

Medication List (continued)

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Stopped in Visit

None

Labs

LAB ADD ON ORDER, NON-MICRO (Final result)

Electronically signed by: **Uw Use Interface, User on 02/22/13 1417**
Status: **Completed**
Ordering user: Uw Use Interface, User 02/22/13 1417
Authorized by: Schwitz, Scott David
Ordering mode: Standard
Frequency: STAT 02/22/13 1417 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F22879	—	—	02/22/13 1417

LAB ADD ON ORDER, NON-MICRO
Resulted: 02/22/13 1426, Result status: Final result

Order status: Completed
Filed on: 02/22/13 1426
Collected by: 02/22/13 1417
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	salicylate, acetominophen	—	—	UWMC
Specimen Type/Description	Blood	—	—	UWMC
Sample To Use	Most Recent Sample	—	—	UWMC
Test Request Status	Order Processed	—	—	UWMC

Testing Performed By

02/22/2013 - Orders Only in U Emergency Department (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

02/22/2013 - Orders Only in U Emergency Department

Visit Information

Provider Information

Encounter Provider

Schwitz, Scott David

Department

Name	Address	Phone
U Emergency Department	1959 NE Pacific St, Box 356123 Seattle WA 98195	206-598-2000

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2012
Start date: 12/19/2012
End date: 3/13/2013
Quantity: 20 Cap
Refill: 0

02/22/2013 - Orders Only in U Emergency Department (continued)

Medication List (continued)

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Stopped in Visit

None

Labs

LAB ADD ON ORDER, NON-MICRO (Final result)

Electronically signed by: **Uw Use Interface, User on 02/22/13 1530**
Status: **Completed**
Ordering user: Uw Use Interface, User 02/22/13 1530
Authorized by: Schwitz, Scott David
Ordering mode: Standard
Frequency: STAT 02/22/13 1530 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F23339	—	—	02/22/13 1530

LAB ADD ON ORDER, NON-MICRO

Resulted: 02/22/13 1548, Result status: Final result

Order status: Completed
Filed on: 02/22/13 1548
Collected by: 02/22/13 1530
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	drug screen, standard, urine	—	—	UWMC
Specimen Type/Description	Urine	—	—	UWMC
Sample To Use	Most Recent Sample	—	—	UWMC
Test Request Status	Reorder requested, collection problem	—	—	UWMC
Test Request Status	NOTIFIED ER DR. SCOTT	—	—	UWMC

02/22/2013 - Orders Only in U Emergency Department (continued)

Labs (continued)

SCHWITZ
@1544

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

02/22/2013 - Orders Only in U Emergency Department

Visit Information

Provider Information

Encounter Provider

Schwitz, Scott David

Department

Name	Address	Phone
U Emergency Department	1959 NE Pacific St, Box 356123 Seattle WA 98195	206-598-2000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2012
Start date: 12/19/2012
End date: 3/13/2013
Quantity: 20 Cap
Refill: 0

02/22/2013 - Orders Only in U Emergency Department (continued)

Medication List (continued)

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Stopped in Visit

None

Labs

EMERGENCY DRUG SCREEN, URINE (Final result)

Electronically signed by: **Uw Use Interface, User on 02/22/13 1613**
Status: **Completed**
Ordering user: Uw Use Interface, User 02/22/13 1613
Authorized by: Schwitz, Scott David
Ordering mode: Standard
Frequency: STAT 02/22/13 1613 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F23587	—	—	02/22/13 1613

EMERGENCY DRUG SCREEN, URINE
Resulted: 02/22/13 1626, Result status: Final result

Order status: Completed
Filed on: 02/22/13 1626
Collected by: 02/22/13 1613
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Opiates Qual, Urine	Negative	NRN	—	UWMC
Cocaine Qual, Urine	Negative	NRN	—	UWMC
Phencyclidine Qual, Urine	Negative	NRN	—	UWMC
Benzodiazepines Qual, Urine	Negative	NRN	—	UWMC
Barbiturate Qual, Urine	Negative	NRN	—	UWMC
Methadone Qual, Urine	Negative	NRN	—	UWMC
Tricyclic Antidepressants, Urine	Negative	NRN	—	UWMC
Amphetamine Qual, Urine	Negative	NRN	—	UWMC
Acetaminophen Qual, URN	--	—	—	UWMC
Result: Urine acetaminophen unavailable at present. Pleaseorder serum acetaminophen if indicated.				
Drug Screen Test Info, URN	—	—	—	UWMC
Drug Screen Test Info, URN	--	—	—	UWMC

02/22/2013 - Orders Only in U Emergency Department (continued)

Labs (continued)

Result: Positive results are presumptive and have not beenconfirmed by an alternate method.				
Drug Screen Test Info, URN	—	—	—	UWMC
Drug Screen Test Info, URN	--	—	—	UWMC
Result: Results are for medical management only, and should notbe used for legal purposes nor for workplace orpre-employment testing.				
Drug Screen Test Info, URN	—	—	—	UWMC
Drug Screen Test Info, URN	--	—	—	UWMC
Result: Positive results indicate immunoreactivity greater thanor equal to that of: d-amphetamine 1000 ng/mL,d-methamphetamine 1000 ng/mL, secobarbital 300 ng/mL,oxazepam 300 ng/mL, benzoylecogonine 300 ng/mL,methadone 300 ng/mL, morphine 300 ng/mL, phencyclidine25 ng/mL, nortriptyline 1000 ng/mL.				
Drug Screen Test Info, URN	—	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

02/22/2013 - Orders Only in U Emergency Department

Visit Information

Provider Information

Encounter Provider

Clinic Pcp, Unassigned Or

Department

Name	Address	Phone
U Emergency Department	1959 NE Pacific St, Box 356123 Seattle WA 98195	206-598-2000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2012
Start date: 12/19/2012
End date: 3/13/2013
Quantity: 20 Cap
Refill: 0

02/22/2013 - Orders Only in U Emergency Department (continued)

Medication List (continued)

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Stopped in Visit

None

Labs

GLUCOSE POC, UWMC (Final result)

Electronically signed by: **Uw Use Interface, User on 02/22/13 1855**
Status: **Completed**
Ordering user: Uw Use Interface, User 02/22/13 1855
Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: Routine 02/22/13 1855 -
Quantity: 1
Lab status: Final result
Order comments: Ordered by an unspecified provider

Specimen Information

ID	Type	Source	Collected By
F24464	—	—	02/22/13 1855

GLUCOSE POC, UWMC
Resulted: 02/22/13 1857, Result status: Final result

Order status: Completed
Filed on: 02/22/13 1857
Collected by: 02/22/13 1855
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	108	62 - 125 mg/dL	—	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

02/20/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013

02/20/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2012
Start date: 12/19/2012 — End date: 3/13/2013
Quantity: 20 Cap — Refill: 0

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	2/20/2013 11:56 AM

When do you want to see Jean,

Please make appointment

02/19/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013

02/19/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2012
Start date: 12/19/2012 — End date: 3/13/2013
Quantity: 20 Cap — Refill: 0

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Stopped in Visit

None

Messages

RE: Results Question

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	2/27/2013 9:04 AM

A Temp-RO has been iss untill March 11, 2013 11:30am, Then FULL-RO maybe issued or dropped.

Jean is doing well, still depressed, however improving. She has not left apt., keeping indoor's and sitting all day long. She made dinner.

She will be going to cafe' on pre-arranged invitation to meet Douglas for a Lunch.
However, Douglas did not confirm a time or willingness to confirm calendar/Schedule.
I am concerned, as Douglas may continue to threaten her at Cafe'.

So Jean will go for a 12:-1:pm Luncheon

----- Message -----
From: William E Neighbor JR, MD

Messages (continued)

Sent: 2/19/2013 5:23 PM PST
To: Jeanne Leonie Hoffman
Subject: RE: Results Question

Louis:
I am concerned about this situation, as you are. It sounds like you have submitted a restraining order. I am contacting our mental health staff to determine who to speak with in the Department of Aging and Disability Services to see what they might be able to do to help.

William E Neighbor JR, MD

RE: Results Question

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	2/20/2013 11:55 AM

William,

Jean is very depressed this morning. There are problems and issues concerning restraining order.

1). Jean is in denial, possible in fear that if she cooperates with Police and her Doctor....She will lose further family and her sons' be imprisoned and denied visits/etc.

2). Jean is blaming herself and is in deep self talk whish that she was never born, never married, never had children.

3). She is mutter/whispering to herself, then responding to whispers out load.

I called Island Senior Center to see if she can visit to meet other seniors.
[Problem: Jack, her bother and Douglas/Chris use the center to deny existance of Jean]. I discovered this by talking to a senior who had knowledge of Family, inwhich, Jean and I were not known to him.

I will be talking to Sue, Facility director at 1:30pm, to see Jean will be safe to interact with other seniors. Remmber the Island has a large population of "White Supremist" in which Doug & Jack have conradeship.

Jean is feeling sad, that her birthday invitation to take Doug & I out to lunch has failed. She was attempting and hoping to see both her sons and other family member together for this special occasion.

She is planning to go to cafe on Wedesday 27th.

Messages (continued)

Jean's whole behavior/guise has changed. No longer happy moods and swings to deep water-eyed glares of deep thought.

"The Problem" now is that she has no interest in "restraining order" nor can I talk to her, that this court order wiil get Douglas help with his anger and stop the violence.

Thus the only option the court advised me, " that I issue the order on myself to Jean's Apt..

As I need to become "Jean's Legal Guardian", which will take time and Jean's cooperation.

What conversation we had, she fears losing her son's and her attempt failed.

If she see Douglas on Wedesday, we can expect more family violence.

Jean is refusing to get a blood test this week.

----- Message -----
From: William E Neighbor JR, MD
Sent: 2/19/2013 5:23 PM PST
To: Jeanne Leonie Hoffman
Subject: RE: Results Question

Louis:
I am concerned about this situation, as you are. It sounds like you have submitted a restraining order. I am contacting our mental health staff to determine who to speak with in the Department of Aging and Disability Services to see what they might be able to do to help.

William E Neighbor JR, MD

RE: Results Question

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	2/19/2013 5:23 PM

Last Read in MyChart
2/27/2013 8:50 AM by Hoffman, Jeanne Leonie

Louis:
I am concerned about this situation, as you are. It sounds like you have submitted a restraining order. I am contacting our mental health staff to determine who to speak with in the Department of Aging and Disability Services to see what they might be able to do to help.

William E Neighbor JR, MD

02/19/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

Results Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	2/19/2013 3:09 PM

William,
On thurday 14th Douglass Hoffman Attacked Jean and Louis.
Jean went into a deep depression on Sat & Sun.
She is blaming herself and want to die.

Today atuesday 19th douglas attacked me pushing me violently , I fell against walker. He began his hatred remarks and threating me with further violence.
Doug call police with itnent to harm Jean and Louis.

Police are helping to get restraining order.

Douglas intent is cause jean to have a heartattack by causing Jean to get overexcited.

Doulas has threaten to return on WEDESDAY.
I am concern for both our lives.

Louis for Jean

02/14/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013

02/14/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2012
Start date: 12/19/2012 — End date: 3/13/2013
Quantity: 20 Cap — Refill: 0

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Stopped in Visit

None

Messages

Results Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	2/14/2013 9:55 AM

William,

During week of high levels, it was discovered that Jean was "snacking" during sleep time hours. many cookies.

When cookies snacking was addressed and stopped,,,,levels when down quickly.

Only possiblity

02/12/2013 - OP Visit in UWMC Lab Med HOV

Visit Information

Department

Name	Address	Phone	Fax
UWMC Lab Med HOV	1959 NE PACIFIC ST Seattle WA 98195	206-520-4600	206-520-4903

Medication List

Medication List

This visit has been closed. A record of the med list at the time of the visit is not available.

02/12/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

02/12/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 2/12/2013 12:57 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T78003	—	—	02/12/13 1258

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 02/12/13 1326, Result status: Final result

Order status: Completed
Filed on: 02/12/13 1326
Collected by: 02/12/13 1258
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.8	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 02/12/13 1352

Testing Performed By

02/12/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 2/12/2013 13:52

02/04/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013

Medication List (continued)

Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2012
Start date: 12/19/2012 — End date: 3/13/2013
Quantity: 20 Cap — Refill: 0

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Stopped in Visit

None

Messages

RE: Results Question

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	2/8/2013 9:54 AM

CONFIRMED

----- Message -----
From: William E Neighbor JR, MD
Sent: 2/5/2013 3:06 PM PST
To: Jeanne Leonie Hoffman
Subject: RE: Results Question

The later date which would place the follow up 7 days after the first. Thanks for asking.

William E Neighbor JR, MD

02/04/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	2/5/2013 3:06 PM

Last Read in MyChart
2/8/2013 9:53 AM by Hoffman, Jeanne Leonie

The later date which would place the follow up 7 days after the first. Thanks for asking.

William E Neighbor JR, MD

Results Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	2/4/2013 4:50 PM

William,

Can schedule retest for Friday 8th/4days or Schedule for Monday 11th/7days.
Which do you prefer?

02/04/2013 - OP Visit in UWMC Lab Med HOV

Visit Information

Department

Name	Address	Phone	Fax
UWMC Lab Med HOV	1959 NE PACIFIC ST Seattle WA 98195	206-520-4600	206-520-4903

Medication List

Medication List

This visit has been closed. A record of the med list at the time of the visit is not available.

02/04/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

02/04/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 2/4/2013 12:03 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M51187	—	—	02/04/13 1205

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 02/04/13 1237, Result status: Final result

Order status: Completed
Filed on: 02/04/13 1237
Collected by: 02/04/13 1205
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 02/04/13 1344

Testing Performed By

02/04/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 2/4/2013 13:44

02/01/2013 - Patient E-mail in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2012
Start date: 12/19/2012
End date: 3/13/2013
Quantity: 20 Cap
Refill: 0

02/01/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E at 2/1/2013 1751

Contacted again re INR 5.5. Tried to reach by phone but no answer.
Lives with son who cares for her. Typical that they do not answer the phone.
William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 2/1/2013 5:53 PM

Messages

elevated INR

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	2/1/2013 5:53 PM

Last Read in MyChart
Not Read

Louise: Please see message sent yesterday and follow instructions for your Mom Jeanne regarding her INR which is too high. Please confirm that you received this message. Tried calling you again today, but no answer. I know you usually do not answer the phone. It is urgent that you follow the instructions. If you have any question, please call. If Jeanne is

02/01/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Messages (continued)

having any bleeding, this would be an emergency and you should seek care on the island. Thank you.

02/01/2013 - Patient E-mail in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013

02/01/2013 - Patient E-mail in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2012
Start date: 12/19/2012 — End date: 3/13/2013
Quantity: 20 Cap — Refill: 0

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Stopped in Visit

None

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	2/1/2013 10:22 AM

William
CONFIRMED,

Will have Check on MONDAY.

01/31/2013 - Telephone in UW Neighborhood Clinics Northgate

Reason for Visit

Chief complaint: Lab Draw
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2012
Start date: 12/19/2012
End date: 3/13/2013
Quantity: 20 Cap
Refill: 0

Warfarin Sodium 10 MG Oral Tab

01/31/2013 - Telephone in UW Neighborhood Clinics Northgate (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Worthington, Cathy N at 1/31/2013 1127

This patient came in without an appointment to have INR drawn. All orders are expired. I called Hall Health since the MA for Dr. Neighbor was not at her desk. I left a msg that the pt was here without and order. Patient's care giver decided to leave.

Electronically signed by Worthington, Cathy N at 1/31/2013 11:29 AM

Voronchuk, Eleonora at 1/31/2013 1133

Called the and talked to Cathy. She stated that patient already left and it was no future order on file. Please order PT test, patient will do it another day. Thank you.

Electronically signed by Voronchuk, Eleonora at 1/31/2013 11:36 AM

Neighbor Jr., William E at 1/31/2013 1718

Order expires today 1/31/2013. Order now extended for another year.
William E Neighbor JR, MD

PRORPD 5.5 1/31/2013
PRORPD 3.0 1/17/2013

01/31/2013 - Telephone in UW Neighborhood Clinics Northgate (continued)

Clinical Notes (continued)

PRORPD 3.7 1/3/2013
PRORPD 3.7 12/26/2012
PRORPD 2.4 11/16/2012
PRORPD 5.0 11/7/2012
PRORPD Telephoned with read back to: 11/7/2012
PRORPD DR. W. NEIGHBOR JR. AT 1207 11/07/12 11/7/2012

Sent e message to patient with instructions. Tried calling, but no answer.
5:20 PM
William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 1/31/2013 5:20 PM

01/31/2013 - Appointment in UW Neighborhood Clinics Northgate

Visit Information

Appointment Information

COURTESY LAB **Completed**
1/31/2013 11:15 AM

Time	Provider	Department	Length
11:15 AM	NORTHGATE LAB	ZZNORTHGATE FAMILY MED	15 min

Arrival Time: 11:12 AM Enc Form Number: 20127210

Notes:
Anticoag

History

Made On:	1/31/2013 11:12 AM	By:	Goetschius, Eyda F	ES
Checked In:	1/31/2013 11:12 AM	By:	Goetschius, Eyda F	ES
EOD Status:	2/4/2013 11:00 PM	By:	Uw Epaa, User	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

01/31/2013 - Appointment in UW Neighborhood Clinics Northgate (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2012
Start date: 12/19/2012 — End date: 3/13/2013
Quantity: 20 Cap — Refill: 0

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/28/2013
Start date: 1/28/2013 — End date: 1/2/2014
Quantity: 90 Tab — Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/30/2013
Start date: 1/29/2013 — End date: 2/4/2014
Quantity: 90 Tab — Refill: 3

Stopped in Visit

None

01/31/2013 - OP Visit in UWMC Lab Med HOV

Visit Information

Department

Name	Address	Phone	Fax
UWMC Lab Med HOV	1959 NE PACIFIC ST Seattle WA 98195	206-520-4600	206-520-4903

Medication List

Medication List

This visit has been closed. A record of the med list at the time of the visit is not available.

01/31/2013 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

01/31/2013 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Edited)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Edited
Instance released by: Harrell, Gerald Ray, Technologist 1/31/2013 12:04 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H36099	—	—	01/31/13 1206

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 02/01/13 1525, Result status: Edited

Order status: Completed
Filed on: 02/01/13 1525
Collected by: 01/31/13 1206
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	5.5	0.8 - 1.3	H	UWMC
Prothrombin INR	--	—	—	UWMC
Result: Result run in UWMC Coag Lab, not a rapid Protimeresult.				
Prothrombin INR	Telephoned with read back to:	—	—	UWMC
Prothrombin INR	Dr Neighbor @ 1525 2/1/13	—	—	UWMC

01/31/2013 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Reviewed by

Neighbor Jr., William E on 02/01/13 1534

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 2/1/2013 15:34

01/29/2013 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2012
Start date: 12/19/2012
End date: 3/13/2013
Quantity: 20 Cap
Refill: 0

Warfarin Sodium 10 MG Oral Tab

01/29/2013 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/4/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/30/2013
Start date: 1/29/2013
End date: 2/4/2014
Quantity: 90 Tab
Refill: 3

Stopped in Visit

None

Other Orders

Medications

Losartan Potassium 25 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 01/30/13 1301**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 01/30/13 1301
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: 01/29/13 - 02/04/14
Class: E-RX
Released by: Neighbor Jr., William E 01/30/13 1301
Discontinued by: Neighbor Jr., William E 02/04/14 1915 [Reorder]

01/28/2013 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/13/2012
Start date: 8/13/2012
End date: 1/29/2013
Quantity: 90 Tab
Refill: 1

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

01/28/2013 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2012
Start date: 12/19/2012
End date: 3/13/2013
Quantity: 20 Cap
Refill: 0

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/2/2014
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/28/2013
Start date: 1/28/2013
End date: 1/2/2014
Quantity: 90 Tab
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 1/28/2013 0913

Received a request to refill Atorvastatin 40 mg. Please advise, pharmacy on file

TOTAL 174 7/20/2012
LDL 86 7/20/2012
HDL 60 7/20/2012
TRIG 141 7/20/2012
CHOLRATIO 2.9 7/20/2012

Electronically signed by Voronchuk, Eleonora at 1/28/2013 9:15 AM

Neighbor Jr., William E at 1/28/2013 1531

Labs current. Refilled.
William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 1/28/2013 3:31 PM

Other Orders

01/28/2013 - Telephone in Hall Health Primary Care Center (continued)

Other Orders (continued)

Medications

Atorvastatin Calcium 40 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 01/28/13 1530** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 01/28/13 1530 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 01/28/13 - 01/02/14 Class: E-RX
Released by: Neighbor Jr., William E 01/28/13 1530 Discontinued by: Neighbor Jr., William E 01/02/14 1539 [Reorder]
Reordered from: Atorvastatin Calcium 40 MG Oral Tab

01/23/2013 - Orders Only in UWMC Radiology Pacific

Visit Information

Provider Information

Encounter Provider

Rapport II, Richard L

Department

Name	Address	Phone
UWMC Radiology Pacific	1959 NE Pacific St, Box 357115 Seattle WA 98185	206-598-6200

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016

01/23/2013 - Orders Only in UWMC Radiology Pacific (continued)

Medication List (continued)

Quantity: 30 tablet — Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/6/2016
Start date: 1/6/2016 — End date: 5/27/2016
Quantity: 90 tablet — Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/6/2016
Start date: 1/6/2016 — End date: 4/28/2016
Quantity: 20 tablet — Refill: 0

Stopped in Visit

None

Imaging

Imaging

X-RAY LUMBAR SPINE 2 VW (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 01/22/13 1219** — Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 01/22/13 1219 — Authorized by: Rapport II, Richard L
Ordering mode: Standard
Frequency: 01/22/13 1219 - — Class: General Imaging
Quantity: 1 — Lab status: Final result
Order comments: out of cast/collar brace

X-RAY LUMBAR SPINE 2 VW — Resulted: 01/24/13 1009, Result status: Final result

Order status: Completed — Filed on: 01/24/13 1009
Accession number: 7572928 — Resulting lab: UW RADIOLOGY
Lab Technician: YULIYA V. METZGER

Components

Component	Value	Reference Range	Flag	Lab
General Diagnostic Text	--	—	—	UW RAD

Result: HISTORY: multiple compression fractures EXAM: XR L SPINE 2-3 VIEWS COMPARISON: CT thoracic spine 12/7/12, CT lumbar spine 12/6/12. FINDINGS:As before, unchanged wedging deformities of T12, L2 and L3. Previously noted L1 superior endplate compression has increased settling with standing causing new focal kyphosis at L1 level; kyphosis angle measures 13 degrees approximately. Unchanged grade 1 anterolisthesis of L5 over S1 related to degenerative facet arthropathy. As before, left convex scoliosis centered at L2. Moderate to severe multilevel degenerative disk disease and facet arthropathy of the lumbar spine. Partially visualized right intramedullary femoral head screw. Large sliding hiatal hernia.ATTENDING RADIOLOGIST AND PAGER NUMBER336510 Fink III James Russell MD(206)540-1747

Reviewed by

Neighbor Jr., William E on 01/24/13 1222

Testing Performed By

01/23/2013 - Orders Only in UWMC Radiology Pacific (continued)

Imaging (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

All Reviewers List

Neighbor Jr., William E on 1/24/2013 12:22

01/10/2013 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Results
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/13/2012
Start date: 8/13/2012
End date: 1/29/2013
Quantity: 90 Tab
Refill: 1

Pentoxifylline CR 400 MG Oral Tab CR

01/10/2013 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2012
Start date: 12/19/2012 — End date: 3/13/2013
Quantity: 20 Cap — Refill: 0

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD — Entered on: 1/3/2013
Start date: 1/3/2013 — End date: 6/12/2013

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 1/10/2013 1227

UWMC lab called and stated that patient had INR done and resulted at 4.3. Result will be available in the computer soon.

Electronically signed by Voronchuk, Eleonora at 1/10/2013 12:30 PM

Messages

RE:INR elevated

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	1/11/2013 10:47 AM

Confirmed

Fri-NONE, Sat-1/2, Sun-10mg, Mon-1/2, Tues-10mg, Wed-1/2, Thur-10mg, Fri-1/2.....repeat

Blood Test 10 days

----- Message -----
From: William E Neighbor JR, MD
Sent: 1/10/2013 4:28 PM PST

01/10/2013 - Telephone in Hall Health Primary Care Center (continued)

Messages (continued)

To: Jeanne Leonie Hoffman
Subject: INR elevated

Your INR today was 4.3. Your current schedule of warfarin (coumadin) based on my last visit and subsequent e care messages with you should be: Warfarin 10 mg one tab daily except one-half on Mondays, Wednesday and Fridays.

At this time, we need to bring your INR down.
Tonight you would ordinarily take a full tablet. I would like you not to take any coumadin tonight. Tomorrow, Friday, take a half tablet. Take a full tablet on Saturday. Then on Sunday begin the following schedule:
One tab daily except one half tab on Sunday, Monday, Wednesday, and Friday. Repeat blood test in ten days.

Contact me if you have questions. Do confirm that you received this message.

William E Neighbor JR, MD

INR elevated

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	1/10/2013 4:28 PM

Last Read in MyChart
1/16/2013 12:59 PM by Hoffman, Jeanne Leonie

Your INR today was 4.3. Your current schedule of warfarin (coumadin) based on my last visit and subsequent e care messages with you should be: Warfarin 10 mg one tab daily except one-half on Mondays, Wednesday and Fridays.

At this time, we need to bring your INR down.
Tonight you would ordinarily take a full tablet. I would like you not to take any coumadin tonight. Tomorrow, Friday, take a half tablet. Take a full tablet on Saturday. Then on Sunday begin the following schedule:
One tab daily except one half tab on Sunday, Monday, Wednesday, and Friday. Repeat blood test in ten days.

Contact me if you have questions. Do confirm that you received this message.

William E Neighbor JR, MD

01/10/2013 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

01/10/2013 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1945**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1945
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 1/10/2013 10:29 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H80912	—	—	01/17/13 1027

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 01/17/13 1107, Result status: Final result

Order status: Completed
Filed on: 01/17/13 1107
Collected by: 01/17/13 1027
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 01/17/13 1538
Greig, Elaine M on 01/17/13 1116

01/10/2013 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 1/17/2013 15:38
Greig, Elaine M on 1/17/2013 11:16

01/10/2013 - Orders Only in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/13/2012
Start date: 8/13/2012
End date: 1/29/2013
Quantity: 90 Tab
Refill: 1

01/10/2013 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2012
Start date: 12/19/2012
End date: 3/13/2013
Quantity: 20 Cap
Refill: 0

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (In process)

Electronically signed by: **Uw Use Interface, User on 01/10/13 1032**
Status: **Completed**
Ordering user: Uw Use Interface, User 01/10/13 1032
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: STAT 01/10/13 1032 -
Quantity: 1
Lab status: In process

Specimen Information

ID	Type	Source	Collected By
H80944	—	—	01/10/13 1032

01/03/2013 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

01/03/2013 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/13/2012
Start date: 8/13/2012
End date: 1/29/2013
Quantity: 90 Tab
Refill: 1

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/19/2012
Start date: 12/19/2012
End date: 3/13/2013
Quantity: 20 Cap
Refill: 0

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/12/2013
Instructions: Take one half tab on Monday, Wednesday, Friday and a full tab on the remain days of the week
Entered by: Neighbor Jr., William E, MD
Entered on: 1/3/2013
Start date: 1/3/2013
End date: 6/12/2013

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1945**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1945
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 1/3/2013 10:25 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H72408	—	—	01/03/13 1027

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 01/03/13 1100, Result status: Final result

Order status: Completed
Filed on: 01/03/13 1100
Collected by: 01/03/13 1027
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.7	0.8 - 1.3	H	RSVLT

01/03/2013 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Reviewed by

Neighbor Jr., William E on 01/03/13 1216
Greig, Elaine M on 01/03/13 1116

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 1/3/2013 12:16
Greig, Elaine M on 1/3/2013 11:16

Messages

RE:INR 3.7

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	1/4/2013 9:04 AM

Last Read in MyChart
1/5/2013 8:16 PM by Hoffman, Jeanne Leonie

That is correct for wafarin (coumadin)dosage. Thank you.
William E Neighbor JR, MD

RE:INR 3.7

From	To	Sent
Hoffman, Jeanne Leonie	William E Neighbor Jr., MD	1/4/2013 8:41 AM

Confirmed.

Jean did not get home until 5:30 last night, she went shoping and had coffee a Tully's before taking 4:45pm Ferry.
Jean will start on,
Fri:(NO MED), Sat (1/2 Tab), Sun:(whole Tab), Mon:(1/2 Tab), Tue:(Whole Tab), Wed:(1/2Tab), Thur:(wholeTab), Fri:(1/2).

Retest on About Jan 10th or 14th.

Jean

Messages (continued)

lcha

----- Message -----
From: William E Neighbor JR, MD
Sent: 1/3/2013 12:14 PM PST
To: Jeanne Leonie Hoffman
Subject: INR 3.7

Your INR is 3.7 today. That is the same as it was last week. I had changed your warfarin (coumadin) dose to one tab daily except a half tab on Mondays and Fridays. I think we need to adjust it lower.

First we need to get the 3.7 down. So I advise not taking any coumadin this evening, take the usual half tab on Friday and then begin the following weekly regimen: Warfarin (Coumadin) 10 mg one half on Monday, Wednesday, and Friday (3 times a week) and a full tab on the other four days.

Retest your INR in 10 days. Contact me if you have any signs of bleeding from your gums or nose, or have black stools.

William E Neighbor JR, MD

INR 3.7

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	1/3/2013 12:14 PM

Last Read in MyChart
1/5/2013 8:16 PM by Hoffman, Jeanne Leonie

Your INR is 3.7 today. That is the same as it was last week. I had changed your warfarin (coumadin) dose to one tab daily except a half tab on Mondays and Fridays. I think we need to adjust it lower.

First we need to get the 3.7 down. So I advise not taking any coumadin this evening, take the usual half tab on Friday and then begin the following weekly regimen: Warfarin (Coumadin) 10 mg one half on Monday, Wednesday, and Friday (3 times a week) and a full tab on the other four days.

Retest your INR in 10 days. Contact me if you have any signs of bleeding from your gums or nose, or have black stools.

William E Neighbor JR, MD

01/03/2013 - Orders Only in Hall Health Primary Care Center (continued)

Messages (continued)

12/27/2012 - Patient Message in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Medical Questions
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Messages

RE: Medical Advice

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	12/27/2012 11:32 AM

Last Read in MyChart
12/29/2012 1:13 PM by Hoffman, Jeanne Leonie

Saw your mother yesterday. Thank you for coming in with her. I am glad you have an appointment with the local social worker for early January.
William E Neighbor JR, MD

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	12/27/2012 10:12 AM

Dear Russell,

January 11, 2013 at 2:pm
Location 245 High School Rd, NW 2
Bainbridge, WA-98110

Would be fine for appointment

To:Jeanne Leonie Hoffman
From:William E Neighbor JR, MD
Received:12/21/2012 2:34 PM PST
I am glad that the social worker will hopefully be setting up an appointment to visit with you both.
William E Neighbor JR, MD

REPLY: William, be advised that DSHS has been supporting white Supremcy group in Washington State. DSHS is responsible for my injuries, and my son's, as they have directed

hate groups and individuals to attact me and louis.

Note: DSHS has been involved supporting attacks on citizens who were Gay/Lesbians, by subjecting groups to hate and mal-treatment and directing hate group to attack.

Note: Currently, DSHS is operating facilities desgined to de-human people which hate/white supremcy groups support.

Note: As past contact with DSHS have lead to more attacts and more dehumanization.

Note: DSHS/HCS has knowledge of my and my son's situation for past 30 years and has done nothing to help us, as I refuse to accept White Supremcy.

Note: Kitsap County is known for supporting White Supremcy Groups (Ref: Southern Poverty Law Group)

William, DSHS had my son stock for 2 years, then raped and subjected to terrorizing attacts that have lead to my son's injuries.

Louis for Jean
==========

12/27/2012 - Patient Message in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Messages

RE: Scheduling Question

From	To	Sent and Delivered
Stephen R Willis, CMA	Hoffman, Jeanne Leonie	12/28/2012 9:32 AM

Last Read in MyChart
12/29/2012 1:10 PM by Hoffman, Jeanne Leonie

Hi Jeanne,

Dr. Neighbor is out of the office till January 2nd

Please contact the Front Desk and request an appointment on Friday the 4th, Dr. Neighbor has openings on that day. The phone # is 206-616-2495.

Thanks for using Ecare,
Stephen Willis MA
206-616-2860

Scheduling Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	12/27/2012 8:23 PM

When do you want to see me again.
Frontdesk did not had appointment untill 18th.

Please make appointment for Me and Louis.

12/26/2012 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- AFTERCARE LONG TERM ANTICOAG USE (primary)
- Dysuria
- DEEP VENOUS PHLEBITIS-LEG NEC

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013

12/26/2012 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/23/2012
Start date: 7/21/2012 — End date: 3/13/2013
Quantity: 90 Tab — Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/13/2012
Start date: 8/13/2012 — End date: 1/29/2013
Quantity: 90 Tab — Refill: 1

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/13/2012
Start date: 12/12/2012 — End date: 1/3/2013
Quantity: 30 Tab — Refill: 3

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2012
Start date: 12/19/2012 — End date: 3/13/2013
Quantity: 20 Cap — Refill: 0

Ciprofloxacin HCl 250 MG Oral Tab

Instructions: Take one twice daily for 5 days
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/26/2012
Start date: 12/26/2012 — End date: 12/29/2012
Quantity: 10 Tab — Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 12/26/2012 1216

Jeanne Leonie Hoffman is a 87 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR 3.7. Reviewed diet and other meds. She has been taking Vit D and Calcium supplement but over last three

Clinical Notes (continued)

months takes this in the morning rather than in the evening with Wafarin. She knows clearly what she is taking and this is confirmed by her son. There have not been any changes in diet such as decrease in green leafy vegetables or new meds.

788.1 Dysuria
She took one nitrofurantoin last week and felt dizzy. She did not taking any more. See last clinic note.

Patient Active Problem List

Diagnoses

- CONVULSIONS, OTHER
- ESOPHAGEAL REFLUX
- SENSORNEUR HEAR LOSS NOS
- DEEP VENOUS PHLEBITIS-LEG NEC
- UTERINE LEIOMYOMA NOS
- HYPERLIPIDEMIA NEC/NOS
- CARPAL TUNNEL SYNDROME
- CATARACT NOS
- ALLERGIC RHINITIS NOS
- GENERAL OSTEOARTHROSIS
- BENIGN HYPERTENSION
- DIAPHRAGMATIC HERNIA
- GLAUCOMA NOS
- ROUTINE MEDICAL EXAM
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- FX FEMUR INTRCAPS NOS-CLOSE
- VITAMIN B DEFICIENCY NOS
- TREMOR NEC
- ADULT FAILURE TO THRIVE
- AFTERCARE LONG TERM ANTICOAG USE
- OSTEOPOROSIS NOS
- SKIN SENSATION DISTURB
- Vertebral fracture
- Thyroid nodule, uninodular

Outpatient Prescriptions Marked as Taking for the 12/26/12 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	2
• CarBAMazepine 200 MG Oral Tab	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	6
• Hydrochlorothiazide 25 MG Oral Tab	take on half tab daily	15 Tab	6
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	1
• Pentoxifylline CR 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	6
• Timolol Maleate 0.5 % (DAILY) ophthalmic Solution	instill one drop into each eye twice daily	5 mL	prn
• Warfarin Sodium 10 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	30 Tab	3

OBJECTIVE:
BP 122/70 | Pulse 67
Last blood pressure recorded in this encounter: 122/70
General: healthy, alert, no distress
TLS brace in place
Extremities without evidence of recurrent clot

INR 3.7

PRORPD 3.7 12/26/2012
PRORPD 2.4 11/16/2012
PRORPD 5.0 11/7/2012
PRORPD Telephoned with read back to: 11/7/2012
PRORPD DR. W. NEIGHBOR JR. AT 1207 11/07/12 11/7/2012
PRORPD 2.5 9/26/2012
PRORPD 2.5 9/18/2012
PRORPD 2.3 8/24/2012

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR 3.7. Reviewed diet and other meds. She has been taking Vit D and Calcium supplement but over last three months takes this in the morning rather than in the evening with Wafarin. I am not able to identify any other changes that have resulted in INRs above the therapeutic range over the last several weeks.

In order to adjust the INR downward, her dose for the remainder of this week should be:
Wednesday evening, today, one half
Thursday evening, one half
Friday, full tab
Saturday, half tab
Sunday, full tab

Beginning Monday, her new weekly regimen will be
Warfarin 10 mg one tab daily except on-half on Mondays and Fridays

Repeat INR in 10 days

788.1 Dysuria
She did not tolerate nitrofurantoin this time even after one pill. I ordered UA but she could not go while in clinic. As she is allergic to Sulfa and Penicillins, will tx with Cipro for five days.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 12/26/2012 7:13 PM

12/26/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Labs

Urine Complete - Dip + micro (by lab) (Final result)

Electronically signed by: **Neighbor Jr., William E on 12/26/12 1222** Status: **Completed**
Ordering user: Neighbor Jr., William E 12/26/12 1222 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/26/12 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Dysuria [788.1 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W61810	—	—	01/10/13 1033

Urine Complete - Dip + micro (by lab) Resulted: 01/10/13 1059, Result status: Final result

Order status: Completed Filed on: 01/10/13 1059
Collected by: 01/10/13 1033 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	RSVLT
Clarity, URN	Clear	—	—	RSVLT
Specific Gravity, URN	1.015	1.002 - 1.027 g/mL	—	RSVLT
pH, URN	< or =5.0	5.0 - 8.0	—	RSVLT
Protein (Alb Semiquant), URN	Negative	NRN mg/dL	—	RSVLT
Glucose Qual, URN	Negative	NRN mg/dL	—	RSVLT
Ketones, URN	Negative	NRN mg/dL	—	RSVLT
Bilirubin (Qual), URN	Negative	NRN	—	RSVLT
Occult Blood, URN	Negative	NRN	—	RSVLT
Nitrite, URN	Negative	NRN	—	RSVLT
Leukocyte Esterase, URN	Negative	NRN	—	RSVLT
Urobilinogen, URN	0.1-1.9	URONML EHRLICH UNITS	—	RSVLT
Comments for Macroscopic, URN	None	NONE	—	RSVLT
WBC, URN	0-5(NEG)	Z5NEG /HPF	—	RSVLT
RBC, URN	0-2(NEG)	Z2NEG /HPF	—	RSVLT
Bacteria, URN	Not Seen	NOSEEN	—	RSVLT
Epith Cells Squamous, URN	0-5(NEG)	LT6 /LPF	—	RSVLT
Epith Cells Renal/Trans,URN	<3(NEG)	LESS3 /HPF	—	RSVLT
Comments For Microscopic, URN	None	NONE	—	RSVLT

Reviewed by

Neighbor Jr., William E on 01/10/13 1423
Greig, Elaine M on 01/10/13 1110

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

12/26/2012 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Indications

Dysuria [788.1 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 1/10/2013 14:23
Greig, Elaine M on 1/10/2013 11:10

Other Orders

Medications

Ciprofloxacin HCl 250 MG Oral Tab (Expired)

Electronically signed by: **Neighbor Jr., William E on 12/26/12 1434** Status: **Expired**
Ordering user: Neighbor Jr., William E 12/26/12 1434 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/26/12 - 12/29/12 2359 Class: E-RX
Diagnoses
Dysuria [788.1 (ICD-9-CM)]

Indications

Dysuria [788.1 (ICD-9-CM)]

Other

Specimen Labels (Zebra) (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 12/26/12 1222** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 12/26/12 1222 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/26/12 - Class: On-Site Printed
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Dysuria [788.1 (ICD-9-CM)]

Indications

Dysuria [788.1 (ICD-9-CM)]

Flowsheets

Vitals Data

Row Name	12/26/12 1152
BP	122/70
Pulse	67

Patient Instructions

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR 3.7. Reviewed diet and other meds. She has been taking Vit D and Calcium supplement but over last three months takes this in the morning rather than in the evening with Wafarin. I am not able to identify any other changes that have resulted in INRs above the therapeutic range over the last several weeks.

12/26/2012 - Office Visit in Hall Health Primary Care Center (continued)

Patient Instructions (continued)

In order to adjust the INR downward, her dose for the remainder of this week should be:
Wednesday evening, today, one half
Thursday evening, one half
Friday, full tab
Saturday, half tab
Sunday, full tab

Beginning Monday, her new weekly regimen will be
Warfarin 10 mg one tab daily except on-half on Mondays and Fridays

Repeat INR in 10 days

788.1 Dysuria
She did not tolerate nitrofurantoin this time even after one pill. Will obtain UA today. As she is allergic to Sulfa and Penicillins, will tx with Cipro.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 12/26/2012 2:34 PM

12/26/2012 - Orders Only in Hall Health Primary Care Center

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

12/26/2012 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1945**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1945
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 12/26/2012 10:22 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W61029	—	—	12/26/12 1025

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 12/26/12 1115, Result status: Final result

Order status: Completed
Filed on: 12/26/12 1115
Collected by: 12/26/12 1025
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 12/26/12 1344
Voronchuk, Eleonora on 12/26/12 1235

12/26/2012 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 12/26/2012 at 1:44 PM
Patient seen

All Reviewers List

Neighbor Jr., William E on 12/26/2012 13:44
Voronchuk, Eleonora on 12/26/2012 12:35

12/21/2012 - Patient Message in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Messages

RE: Referral Question

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	12/21/2012 2:34 PM

Last Read in MyChart
12/27/2012 9:42 AM by Hoffman, Jeanne Leonie

I am glad that the social worker will hopefully be setting up an appointment to visit with you both.
William E Neighbor JR, MD

Referral Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	12/21/2012 10:44 AM

----- Original Message -----

From: louisalloin@usa.com

Sent: 12/21/12 10:34 AM

To: RusseKJ@dshs.wa.gov, jeanhoffman@usa.com, louisalloin@usa.com

Subject: Interview date and time

Dear Russell,

Thank You, for using our contact policy. Jean get too many phone advetisers that interfer with privacy.

HISTORY:

1). I (son #1) am the power of attorney for Jean, Jean is my mother, I am also primary caregive and have jean best interest for past 30 years.

2). I am also crippled do to a white supremcy hate attack, that injured my hip and a dentist who was anti-gay, criminally gave me a bone infection, which has stopped all medical treatments & surgeries, untill infection has been suppressed.

3). Jean has been a victim of white supremcy hate attacks and attacks from Douglas (son #2) and Chris (wife) Hoffman Family, who have continued active white supremcy hatred toward Jean for over past 30 years and is expected to continue.

4). Douglas & Chris's white supremcy behavior is the leading cause of Jeans injuries and was instrumental in white supremcy attacks on me! This is do to Douglas & Chris support of those involved in white supremcy hatred.

APPOINTMENT SCHEDULING:

Since this is a Major Holiday Month. I suggest some time in mid-January.

As Jean has many medical appointment that we must schedule interview that does not conflict with UWMC, UW-Dental, Harborview and UW-Hall Health Clinic Appointments.

Also: Jean enjoys Seattle outings and family re-unions, which I make all escoted-travel arrangements.

Both Jean & I have William E Neighbor, Jr as primary health care provider at UW-Hall Health/ Ella-206-616-9358/clinic 206-616-2495 and ecare services.

MAJOR CONCERN:

Currently our major concern is to stop Douglas & Chris Family from interfering in Health-Care, Stop Hatred Actives that cause Jean's Injuries, Stop un-announce drop-in.

Jean and I Are not against family interaction (Positive and Benefical Family contacts & activities are encourages), it just needs to be organized visit, outting, re-unions, tea-dinner and that hate attacks are notthe intent of visits.

OTHER INFORMATION:

DSHS-Home & Community Services has mail both Jean & I information package's and applications, which I have reviewed and openned ecare dialog with William on DSHS-Issues & Concerns.

Let's open a email dialog on care issues, concerns, requirements, necessary support information required.
This will allow us to focus on care programs and services, so that Home Visit is productive and that necessary person involved in Jean's & my health care can be part of the overall interview objectives for a positive haetl care plan of action.

Looking forward to working with you

Louis for Jean Leonie Callet Alloin Hoffman(n)

CC: Hall Health

----- Original Message -----

From: Russell, Kathleen (DSHS/HCS)

Sent: 12/19/12 02:52 PM

To: louisalloin@usa.com

Subject: Assessment date and time

Mr. Hoffman: I am a social worker with the COPES program with DSHS. I was sent a referral per your request for in home care for your mother. I have tried to call your home but have not been able to leave a message or speak with you. I just received a call from Megan at Hall Health and she gave me your e-mail address. I would like to schedule an assessment date and time to do an assessment on your mother to see if she qualifies for our program. Please contact me as soon as possible so I can schedule a time to come to your home to do the assessment. My phone number is (360) 473-2191 or we can e-mail back and forth to take care of this.

Thanks…

12/21/2012 - Patient Message in Hall Health Primary Care Center (continued)

Messages (continued)

Kathy Russell, Social Worker III

Bremerton Home & Community Services

12/20/2012 - Patient Message in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Messages

Results Question

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	12/20/2012 4:30 PM

Patient Appointment Harborview ID: H0571976

Appointment Date & Time: January 23, 2013 @ 11am
Provider: H47 Neurosurgery Resident
Clinic Address 908 Jeferson Street, Seattle, Wa-98104
206-744-9300

12/20/2012 - Patient Message in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	12/20/2012 12:30 PM

Willian and UW Social Worker,

Please note that all DSHS Office Interviews or Home Care appointment should be scheduled for Seattle (Lenora Intake Office), any Social Security Appointment should be scheduled for 9th & Lenora or Chinatown Office.

Any appointments scheduled in Kitsap will be "cancel" do to NO BUS SERVICES and DANGER OF WHITE SUPREMCY according to Law Poverty Group that track hate groups andas kitsa is tolerant of the 16 operating hate group in Washington State. City of Seattle is intolerant of hate group and takes action
again them.

Louis for Jean

12/19/2012 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Urinary tract infection, site not specified (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC
- AFTERCARE LONG TERM ANTICOAG USE

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013

12/19/2012 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/23/2012
Start date: 7/21/2012 — End date: 3/13/2013
Quantity: 90 Tab — Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/13/2012
Start date: 8/13/2012 — End date: 1/29/2013
Quantity: 90 Tab — Refill: 1

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/13/2012
Start date: 12/12/2012 — End date: 1/3/2013
Quantity: 30 Tab — Refill: 3

Nitrofurantoin Macrocrystal 100 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/19/2012
Start date: 12/19/2012 — End date: 3/13/2013
Quantity: 20 Cap — Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 12/19/2012 1403

Jeanne Leonie Hoffman is a 87 year old female here to discuss the following:

599.0 Urinary tract infection, site not specified (primary encounter diagnosis)
2 day history of dysuria without fever, chills, abdominal pain, flank pain, hematuria in patient who has had bladder infection in past. In 2008 when given macrodantin she apparently had some confusion, but when treated in Jan 2012 with same med she tolerated it well.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
V58.61 AFTERCARE LONG TERM ANTICOAG USE

12/19/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

In for follow up INR. See last clinic note. INR was about 4.0 last week. She was given instructions to hold dose and return today for repeat.

OBJECTIVE:
There were no vitals taken for this visit.
Last blood pressure recorded in this encounter:
General: healthy, alert, no distress
Alert and interactive. Son Louis at visit today.

ASSESSMENT AND PLAN:

599.0 Urinary tract infection, site not specified (primary encounter diagnosis)
2 day history of dysuria without fever, chills, abdominal pain, flank pain, hematuria in patient who has had bladder infection in past. In 2008 when given macrodantin she apparently had some confusion, but when treated in Jan 2012 with same med she tolerated it well. Retreat with nitrofurantoin.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrent clost

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.1. She is taking coumadin 10 mg once daily. At her last visit when level was elevated, we had had her hold a dose. She is now back on her daily schedule. Plan is repeat in one week. If not in range, then make longer term change in her med regimen.

Nurse met with patient and her husband to review the arrangement that have been made for a social worker to visit their home with the goal of assessing long term care needs. Reviewed plans with Jeanne and son Louis.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 12/19/2012 5:38 PM

Other Orders

Medications

Nitrofurantoin Macrocrystal 100 MG Oral Cap (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 12/19/12 1232** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 12/19/12 1232 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/19/12 - 03/13/13 Class: E-RX
Discontinued by: Neighbor Jr., William E 03/13/13 1401

Patient Instructions

Confirm medications:

12/19/2012 - Office Visit in Hall Health Primary Care Center (continued)

Patient Instructions (continued)

Outpatient Prescriptions Marked as Taking for the 12/19/12 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	2
• CarBAMazepine 200 MG Oral Tab	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	6
• Hydrochlorothiazide 25 MG Oral Tab	take on half tab daily	15 Tab	6
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	1
• Pentoxifylline CR 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	6
• Timolol Maleate 0.5 % (DAILY) ophthalmic Solution	instill one drop into each eye twice daily	5 mL	prn
• Warfarin Sodium 10 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	30 Tab	3

Carbamazapine is Tegretol

Summary of visit:

ASSESSMENT AND PLAN:

599.0 Urinary tract infection, site not specified (primary encounter diagnosis)
2 day history of dysuria without fever, chills, abdominal pain, flank pain, hematuria in patient who has had bladder infection in past. In 2008 when given macrodantin she apparently had some confusion, but when treated in Jan 2012 with same med she tolerated it well. Retreat with nitrofurantoin.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrent clost

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.1. She is taking coumadin 10 mg once daily. At her last visit when level was elevated, we had had her hold a dose. She is now back on her daily schedule. Plan is repeat in one week. If not in range, then make longer term change in her med regimen.

Nurse met with patient and her husband to review the arrangement that have been made for a social worker to visit their home with the goal of assessing long term care needs. Reviewed plans with Jeanne and son Louis.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 12/19/2012 5:37 PM

Messages

after visit summary

12/19/2012 - Office Visit in Hall Health Primary Care Center (continued)

Messages (continued)

From	To	Sent and Delivered
William E Neighbor Jr., MD	Hoffman, Jeanne Leonie	12/19/2012 5:38 PM

Last Read in MyChart
12/27/2012 9:42 AM by Hoffman, Jeanne Leonie

You should be able to see your med list and after visit summary in E care for the visit today.
See you in one week for repeat INR.
Good to see you both today.
William E Neighbor JR, MD

12/19/2012 - Patient Message in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	12/19/2012 6:46 PM

William,

Thank You, for all the assistance,,,Today.
Louis will be doing all my ecare communication for me.

Please have Home Care Assistance Representative
email: jeanhoffman@usa.com
to setup phone appointment date and time for intervene and home visit appointment.

I perfer contact to be in Seattle or (206) area code.
Outside of Bainbridge Island or kitsap county is a (360) long distance charges.
Jean can not afford long distance charges.

Note: Douglas is attempting to interfer with home care.

Louis for Jean

12/19/2012 - Patient Message in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Messages

Medical Advice

From	To	Sent
Hoffman, Jeanne Leonie	P Hh Pct Clinical Staff Pool	12/19/2012 6:54 PM

For REF:

Bainbridge Island has:
Seattle Zip Code:98110 (Example: 98111 is 3rd Union Post Office).
Phone is 206 Area Code.
All Medical Emergency are take to Seattle Harborview.

12/19/2012 - Orders Only in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/13/2012
Start date: 8/13/2012
End date: 1/29/2013
Quantity: 90 Tab
Refill: 1

12/19/2012 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2012
Start date: 12/12/2012
End date: 1/3/2013
Quantity: 30 Tab
Refill: 3

Stopped in Visit

None

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Uw Use Interface, User on 12/19/12 1033**
Status: **Completed**
Ordering user: Uw Use Interface, User 12/19/12 1033
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/19/12 1033 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W53422	—	—	12/19/12 1033

PROTHROMBIN TIME (Abnormal)
Resulted: 12/19/12 1148, Result status: Final result

Order status: Completed
Filed on: 12/19/12 1148
Collected by: 12/19/12 1033
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	22.3	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.1	0.8 - 1.3	H	UWMC

Reviewed by

Neighbor Jr., William E on 12/19/12 1249
Greig, Elaine M on 12/19/12 1157

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Result Notes

12/19/2012 - Orders Only in Hall Health Primary Care Center (continued)

Labs (continued)

Older Notes

Notes Recorded by Neighbor Jr., William E on 12/19/2012 at 12:49 PM
See visit

All Reviewers List

Neighbor Jr., William E on 12/19/2012 12:49
Greig, Elaine M on 12/19/2012 11:57

12/13/2012 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Nurse Visit
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/13/2012
Start date: 8/13/2012
End date: 1/29/2013
Quantity: 90 Tab
Refill: 1

Pentoxifylline CR 400 MG Oral Tab CR

12/13/2012 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/13/2012
Start date: 12/12/2012
End date: 1/3/2013
Quantity: 30 Tab
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E at 12/13/2012 1540

HH Nurse. I would appreciate your calling visiting nurses to arrange a home visit for this patient who lives on Bainbridge Is with her son Louis. She is 87 year old alert female who recently sustained L3 fracture due to fall at home. She was admitted to HMC and discharged on Dec 7. She saw me yesterday. She is doing pretty well. I made some med adjustments as noted in her record. She would benefit from a home visit by visiting nurse to assess how she is doing and get a sense of how Louis her son is coping with caring for her. They may benefit from some care giver relieve/assistance at this time.

Thank you.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 12/13/2012 3:43 PM

Gillespie, Megan M at 12/14/2012 1623

Pt is an 87 year old complex patient on Medicare and is home after sustaining an L3 fracture. She has multiple medical needs (see problem list). She is a patient of Dr. William Neighbor. She is wearing a TLSO brace and living on Bainbridge Island with her son, Louis. She needs an assessment for fall risk, ADLs, toileting, transportation,meal help, and possibly much more. She may also need nursing services.

Started off calling, Kitsap Home Care (1-888-449-9048). They only provide non-medical help and don't accept Medicare; they charge $22.50/hour. The patient can not afford this care. They gave me other resources to call. For medical help (ie. Nursing Services) call Gentiva or Harrison Home Health. For Non-Medical help (ie. Meal prep, transportation, laundry, bathing, etc) call State Support Services at 1-800-442-7114. Discussed with Dr. Neighbor, who at this time felt she needed non-medical help/assessment.

Called Sate Support Services today and spoke with Chai. She took the patient's information an assigned her an ID #3181555. She will send paperwork to the patient's home to fill out. The RN at HH needs to follow up with the Region

12/13/2012 - Telephone in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

3 Intake Center: 1-800-786-3799. This RN called that number, and left a detailed message of our needs.

I will forward this information to the RN pool for follow-up on Monday, Dec. 17th, 2012. For further questions, please direct them to Dr. Neighbor, and document follow-up for her intake in her records.

Megan Gillespie, RN

Electronically signed by Gillespie, Megan M at 12/14/2012 4:35 PM

Crites, Stacy R at 12/17/2012 1447

Again called Region 3 Intake Center @ 1-800-786-3799. Reached VM.
Will await their call back to HH.
Stacy Crites,RN-Triage

Electronically signed by Crites, Stacy R at 12/17/2012 2:49 PM

Gillespie, Megan M at 12/19/2012 1011

Again this morning, called Region 3 Home and Community Services Intake Center at 1-800-786-3799. Tried dialing 0 to be connected to an actual person, but got the recording "sorry, no one is available to help you right now." Called again and left detailed vm with Region 3 Intake (gave them JH's address, phone number, my number, etc).

On their vm they say that someone should get back with us in 24-48 hours. We have left 3 voicemails and have not gotten a return call from this agency (vms were left on 12/12,12/17 and 12/19/12).

Megan Gillespie, RN

Electronically signed by Gillespie, Megan M at 12/19/2012 10:18 AM

Gillespie, Megan M at 12/20/2012 1157

On 12/19/12, this RN finally spoke with someone at Social Services office/ Region 3 Home and Community Services Center. Her name was Jamie (360-664-9131). She had already reviewed Jeanne's application, and assigned her to a Social Worker. The Social Worker's name is Kathy Russell (360-473-2191), and is based out of Bremerton, WA (but does home Intakes on Bainbridge Island, WA). Jeanne's client I.D.# is 3181555.

This nurse then spoke with Jeanne and her son, Louis. Louis said it is best for Kathy to contact him via e-mail (because they rarely pick up their telephone line). He gave me permission to give her his e-mail address.

This RN later spoke with Kathy Russell, the Social Worker. She will e-mail Louis to set up a time to talk either over the phone or at their house. She said that she had also spoke with Jeanne's other son, Douglas, about having a home intake done.

Jeanne was set up on e-care to help with this communication on 12/19/12. Her e-mail address was sent to us later in the day.

This RN called Kathy Russell again on 12/20/12, and left Jeanne's e-mail (so now she has both). Will wait to see if they talked, to set up a meeting time. My hope is they did.

Megan Gillespie, RN

12/13/2012 - Telephone in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Electronically signed by Gillespie, Megan M at 12/20/2012 2:26 PM

12/12/2012 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/13/2012
Start date: 8/13/2012
End date: 1/29/2013
Quantity: 90 Tab
Refill: 1

Pentoxifylline CR 400 MG Oral Tab CR

12/12/2012 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2012
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/16/2012
Start date: 11/16/2012 — End date: 12/13/2012
Quantity: 30 Tab — Refill: 3

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/13/2012
Start date: 12/12/2012 — End date: 1/3/2013
Quantity: 30 Tab — Refill: 3

Stopped in Visit

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2012

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 12/12/2012 1332

Received a request to refill Warfarin 10 mg. Please advise

Electronically signed by Voronchuk, Eleonora at 12/12/2012 1:33 PM

Yeung, Mei at 12/12/2012 1421

Received a request to refill Warfarin 10 mg Tabs. Last filled: Nov,12,2012. Pharmacy info is on file.

Electronically signed by Yeung, Mei at 12/12/2012 2:31 PM

Other Orders

Medications

Warfarin Sodium 10 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 12/13/12 1424** — Status: **Discontinued**
Ordering user: Neighbor Jr., William E 12/13/12 1424 — Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: 12/12/12 - 01/03/13 — Class: E-RX

12/12/2012 - Refill in Hall Health Primary Care Center (continued)

Other Orders (continued)

Released by: Neighbor Jr., William E 12/13/12 1424 Discontinued by: Neighbor Jr., William E 01/03/13 1215 [Reorder]

12/12/2012 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Spine fracture (primary)
- DIABETES UNCOMPL ADULT-TYPE II
- AFTERCARE LONG TERM ANTICOAG USE
- DEEP VENOUS PHLEBITIS-LEG NEC
- Thyroid nodule, uninodular

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

12/12/2012 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/23/2012
Start date: 7/21/2012 — End date: 3/13/2013
Quantity: 90 Tab — Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/13/2012
Start date: 8/13/2012 — End date: 1/29/2013
Quantity: 90 Tab — Refill: 1

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/13/2012
Start date: 12/12/2012 — End date: 1/3/2013
Quantity: 30 Tab — Refill: 3

Stopped in Visit

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2012

Clinical Notes

Progress Notes

Neighbor Jr., William E at 12/13/2012 1512

Jeanne Leonie Hoffman is a 87 year old female here to discuss the following:

805.8 Vertebral fracture (primary encounter diagnosis)
Early December sustained L3 compression fracture related to fall in her kitchen. Placed in TLSO brace and neurosurgery recommended follow up imaging in 6 months. Patient was admitted for elevated INR (see below). She was discharged from HMC on the following meds for compression fracture:
Oxycodone 5 mg q 4 hrs as needed. She is taking three per day according to son Louis who lives with and cares for her.
Methocarbamol 500 mg every 6 hours as needed for muscle spasm
docustate 250 mg daily for prevention of constipation.
With respect to pain she reports she is doing well. She is requiring three oxycodone per day. She has taken a muscle relaxant periodically but makes her "loopy".

250.00 DIABETES UNCOMPL ADULT-TYPE II
The discharge record from HMC indicates she is taking metformin. However, this was discontinued in 2011 under my care as her
A1cs were lower than currently recommended. Her follow up A1cs have been in the low 6 range.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
451.19 DEEP VENOUS PHLEBITIS-LEG NEC
She was admitted to HMC because of INR of 6. She was discharged on warfarin 10 mg M, W, F, Su; and 5 mg on T, Th, Sat. However as confirmed with her Bainbridge Is. Pharmacy and our records, she has always been taking 10 mg daily. There have been times when she temporarily needed less but the most frequent dose has been 10 mg. She and her son confirm today that since hospital discharge she has been taking 10 mg daily.

Patient Active Problem List

Diagnoses

- CONVULSIONS, OTHER
- ESOPHAGEAL REFLUX
- SENSORNEUR HEAR LOSS NOS
- DEEP VENOUS PHLEBITIS-LEG NEC
- UTERINE LEIOMYOMA NOS
- HYPERLIPIDEMIA NEC/NOS
- CARPAL TUNNEL SYNDROME
- CATARACT NOS
- ALLERGIC RHINITIS NOS
- GENERAL OSTEOARTHROSIS
- BENIGN HYPERTENSION
- DIAPHRAGMATIC HERNIA
- GLAUCOMA NOS
- ROUTINE MEDICAL EXAM
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- FX FEMUR INTRCAPS NOS-CLOSE
- VITAMIN B DEFICIENCY NOS
- TREMOR NEC
- ADULT FAILURE TO THRIVE
- AFTERCARE LONG TERM ANTICOAG USE
- OSTEOPOROSIS NOS
- SKIN SENSATION DISTURB

Current Outpatient Prescriptions

Medication	Sig
Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY
CarBAMazepine 200 MG Oral Tab	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Hydrochlorothiazide 25 MG Oral Tab	take on half tab daily
Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Pentoxifylline CR 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Timolol Maleate 0.5 % (DAILY) ophthalmic Solution	instill one drop into each eye twice daily
Warfarin Sodium 10 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY

Her discharge meds from HMC as noted above include docusate, methocarbamol and oxycodone and in addition

include ferrous sulfate 325 mg daily and metformin.

OBJECTIVE:
BP 128/77 | Pulse 73
Last blood pressure recorded in this encounter: 128/77
General: healthy, alert, no distress
Patient is slightly "loopy" but speaks in coherent sentences.

WBC 7.04 12/7/2012
RBC 4.01 12/7/2012
HEMOGLOBIN 12.9 12/7/2012
HEMATOCRIT 39 12/7/2012
MCV 98 12/7/2012
MCH 32.2 12/7/2012
MCHC 33.0 12/7/2012
PLATELET 304 12/7/2012
No results found for this basename: rbcm

SODIUM 140 12/7/2012
POTASSIUM 4.0 12/7/2012
CHLORIDE 104 12/7/2012
CARBON 25 12/7/2012
BUN 16 12/7/2012
CREATININE 0.82 12/7/2012
GLUCOSE 108 12/7/2012
CALCIUM 9.1 12/7/2012
IONGAP 11 12/7/2012

ASSESSMENT AND PLAN:

805.8 Vertebral fracture (primary encounter diagnosis)
Early December sustained L3 compression fracture related to fall in her kitchen. Placed in TLSO brace and neurosurgery recommended follow up imaging in 6 months. Patient was admitted for elevated INR (see below). She can continue to take oxycodone but would try to minimize the dose and try half tablets. She should certainly take docusate to prevent constipation. I would not advise taking iron as her hematocrit was normal on Dec 7, and the iron will exacerbate constipation. I do not advise taking methocarbamol at her age in combination with oxycodone. Will check Vit D level which had been in lower end of normal range in the past. She is on tegretol which as an antiseizure med can interfere with vitamin D absorption.
Plan: VITAMIN D (25 HYDROXY)

250.00 DIABETES UNCOMPL ADULT-TYPE II
Diet controlled. She does not need metformin and does not appear to be taking this presently. Will recheck A1c.
Plan: HEMOGLOBIN A1C, HPLC

V58.61 AFTERCARE LONG TERM ANTICOAG USE
451.19 DEEP VENOUS PHLEBITIS-LEG NEC

12/12/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

INR was 6.0 in hospital for unclear reasons. While she was discharged on the alternating 10 mg and 5 mg regimen listed above, based on conversation today it appears she has been taking 10 mg daily which is her usual dose. Recheck INR at this visit
Plan: PROTHROMBIN TIME

Other issues:
--Conflict between Louis and his brother Doug. This seems to be under control, but family would benefit from a home visit from social worker or from visiting nurse. I will first see if we can arrange visiting nurse visit.
--CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011.

William E Neighbor JR, MD

12/13/2012
Office Visit on 12/12/12
HEMOGLOBIN A1C, HPLC

Component	Value	Range
Hemoglobin A1C, HPLC	6.0	4.0 - 6.0 %

PROTHROMBIN TIME

Component	Value	Range
PRO TIME PATIENT	36.7 (*)	10.7 - 15.6 s
PROTHROMBIN INR	4.2 (*)	0.8 - 1.3

A1c in acceptable range without metformin which our records show she has not taken for over a year.

INR above target range. Spoke with son whom I had tried to reach last evening but there was no answer. Spoke with him today. There is no bruising or bleeding. Unfortunately, she had taken her coumadin dose this noon rather than in the evening. She is to not take coumadin tomorrow, Friday, take half dose on Saturday, and then resume regular dose. Recheck INR on Wednesday and see me then. This correction strategy has worked for her in the past.

Louis reported that they had picked up a prescription for Tizanidine (Xanaflex) that had been sent from HMC to her pharmacy as substitute for Methocarbamol. Based on what I saw yesterday, she does not need a muscle relaxant at this time. I am concerned that in combination with her age and being on oxycodone she will have another fall and it will make her "loopy". It may interfere with INR control.

Electronically signed by Neighbor Jr., William E at 12/13/2012 3:39 PM

Labs

HEMOGLOBIN A1C, HPLC (Final result)

Electronically signed by: **Neighbor Jr., William E on 12/12/12 1128** Status: **Completed**
Ordering user: Neighbor Jr., William E 12/12/12 1128 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/12/12 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)] - DIABETES UNCOMPL ADULT-TYPE II

Specimen Information

ID	Type	Source	Collected By
W45364	—	—	12/12/12 1127

12/12/2012 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

HEMOGLOBIN A1C, HPLC Resulted: 12/13/12 1333, Result status: Final result

Order status: Completed
Collected by: 12/12/12 1127
Filed on: 12/13/12 1333
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.0	4.0 - 6.0 %	—	UWMC

Reviewed by

Neighbor Jr., William E on 12/14/12 0900
Voronchuk, Eleonora on 12/14/12 0857

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled (HCC) [250.00 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 12/13/2012 at 2:22 PM
See chart addendum from yesterday for plan.
William E Neighbor JR, MD

All Reviewers List

Neighbor Jr., William E on 12/14/2012 09:00
Voronchuk, Eleonora on 12/14/2012 08:57

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 12/12/12 1128** Status: **Completed**
Ordering user: Neighbor Jr., William E 12/12/12 1128
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/12/12 -
Class: Normal
Quantity: 1
Lab status: Final result
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)] - AFTERCARE LONG TERM ANTICOAG USE
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)] - DEEP VENOUS PHLEBITIS-LEG NEC

Specimen Information

ID	Type	Source	Collected By
W45364	—	—	12/12/12 1127

PROTHROMBIN TIME (Abnormal) Resulted: 12/12/12 1456, Result status: Final result

Order status: Completed
Collected by: 12/12/12 1127
Filed on: 12/12/12 1456
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab

12/12/2012 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Prothrombin Time Patient	36.7	10.7 - 15.6 s	H	UWMC
Prothrombin INR	4.2	0.8 - 1.3	H	UWMC

Reviewed by

Neighbor Jr., William E on 12/14/12 0900
Voronchuk, Eleonora on 12/14/12 0857
Greig, Elaine M on 12/12/12 1616

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 12/13/2012 at 2:22 PM
See chart addendum from yesterday for plan.
William E Neighbor JR, MD

All Reviewers List

Neighbor Jr., William E on 12/14/2012 09:00
Voronchuk, Eleonora on 12/14/2012 08:57
Greig, Elaine M on 12/12/2012 16:16

VITAMIN D (25 HYDROXY) (Final result)

Electronically signed by: **Neighbor Jr., William E on 12/12/12 1128** Status: **Completed**
Ordering user: Neighbor Jr., William E 12/12/12 1128 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/12/12 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Vertebral fracture [805.8 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W45375	—	—	12/12/12 1129

VITAMIN D (25 HYDROXY) Resulted: 12/14/12 0830, Result status: Final result

Order status: Completed Filed on: 12/14/12 0830
Collected by: 12/12/12 1129 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Vitamin D2 (25_Hydroxy)	<1.0	ng/mL	—	HMC
Vitamin D3 (25_Hydroxy)	32.2	ng/mL	—	HMC
Vit D (25_Hydroxy) Total	32.2	20.1 - 50.0 ng/mL	—	HMC
Vit D (25_Hydroxy) Interp	Normal: 20.1-50.0	—	—	HMC

12/12/2012 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

	ng/mL			
Vit D (25_Hydroxy) Interp	--	—	—	HMC

Result: For more information seehttp://web.labmed.washington.edu/tests/chemistry/VITDG2.

Reviewed by

Neighbor Jr., William E on 12/14/12 0900
Voronchuk, Eleonora on 12/14/12 0857

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

Indications

Vertebral fracture [805.8 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 12/14/2012 09:00
Voronchuk, Eleonora on 12/14/2012 08:57

Flowsheets

Vitals Data

Row Name	12/12/12 1304
BP	128/77
Pulse	73

Letters

Letter by Neighbor Jr., William E on 12/14/2012

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

12/14/2012

Jeanne Leonie Hoffman
245 High School Rd Nw
Unit 2
Bainbridge Island WA 98110

Dear Mrs. Hoffman:

12/12/2012 - Office Visit in Hall Health Primary Care Center (continued)

Letters (continued)

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Office Visit on 12/12/12

HEMOGLOBIN A1C, HPLC

Component	Value	Range
Hemoglobin A1C, HPLC	6.0	4.0 - 6.0 %

PROTHROMBIN TIME

Component	Value	Range
PRO TIME PATIENT	36.7 (*)	10.7 - 15.6 s
PROTHROMBIN INR	4.2 (*)	0.8 - 1.3

VITAMIN D (25 HYDROXY)

Component	Value	Range
Vitamin D2 (25_Hydroxy)	<1.0	
Vitamin D3 (25_Hydroxy)	32.2	
Vit D (25_Hydroxy) Total	32.2	20.1 - 50.0 ng/mL
Vit D (25_Hydroxy) Interp	Normal: 20.1-50.0 ng/mL	

Vit D (25_Hydroxy) Interp Value: For more information see http://web.labmed.washington.edu/tests/chemistry/VITDG2

.

I called you about making adjustments to the warfarin (coumadin) to adjust your INR to the 2-3 range. I did want to report that your vitamin D level is excellent. That is good news.

Sincerely,

William E Neighbor JR, MD

12/12/2012 - Triage in Hall Health Family Health

Reason for Visit

Chief complaints: Follow-Up , Triage, and RN30
Visit diagnosis:

Visit Information

Department

Name	Address	Phone	Fax
Hall Health Family Health	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/15/2012
Start date: 5/14/2012
End date: 12/12/2012
Quantity: 30 Tab
Refill: 6

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

12/12/2012 - Triage in Hall Health Family Health (continued)

Medication List (continued)

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/13/2012
Start date: 8/13/2012 — End date: 1/29/2013
Quantity: 90 Tab — Refill: 1

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2012
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/16/2012
Start date: 11/16/2012 — End date: 12/13/2012
Quantity: 30 Tab — Refill: 3

Stopped in Visit

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2012

Clinical Notes

Progress Notes

Collins V, Marta at 12/12/2012 1445

Pt observed sitting alone in the waiting room with her neck hyperextended, deeply asleep. Her status was concerning to the other patients in the waiting room. I shook her gently until she awakened, it was then that her son came forward. Pt was unable to hear anything but learned from her son she was here for a 1:00 appointment with Dr Neighbor. It was approx 11:30 and I was concerned about the pt sitting for another hour and half. I requested they follow me and I assisted pt to a room with a comfortable bed and assisted her son to get her supine. She had been in the hospital for back surgery and was wearing a brace that did not fit well and I assisted him to get a repositioned. I let the RN and Dr Neighbor know where the pt was and told her son how to get assistance if needed.
30 minutes spent on the above activities and documentation of encounter.
Marta Collins RN

Electronically signed by Collins V, Marta at 12/12/2012 2:51 PM

12/10/2012 - Orders Only in HMC 3E - MEDICINE/TELEMETRY - 3EH

Visit Information

Provider Information

Encounter Provider
Yoon, Jeanie Christina

Department

Name
HMC 3E - MEDICINE/TELEMETRY - 3EH

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Uw Use Interface, User on 12/10/12 0630** Status: **Completed**
Ordering user: Uw Use Interface, User 12/10/12 0630 Authorized by: Yoon, Jeanie Christina
Ordering mode: Standard
Frequency: Routine 12/10/12 0630 - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M54755	—	—	12/10/12 0630

PROTHROMBIN TIME (Abnormal) Resulted: 12/10/12 0650, Result status: Final result

Order status: Completed Filed on: 12/10/12 0650
Collected by: 12/10/12 0630 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	23.1	10.7 - 15.6 s	H	HMC
Prothrombin INR	2.2	0.8 - 1.3	H	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

12/10/2012 - Orders Only in HMC 3E - MEDICINE/TELEMETRY - 3EH

Visit Information

Provider Information

Encounter Provider
James, Jocelyn Rose

Department

Name
HMC 3E - MEDICINE/TELEMETRY - 3EH

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

Labs

GLUCOSE POC, HMC (Final result)

Electronically signed by: **Uw Use Interface, User on 12/10/12 1647** Status: **Completed**
Ordering user: Uw Use Interface, User 12/10/12 1647 Authorized by: James, Jocelyn Rose
Ordering mode: Standard
Frequency: Routine 12/10/12 1647 - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M60368	—	—	12/10/12 1647

GLUCOSE POC, HMC (Abnormal) Resulted: 12/10/12 1649, Result status: Final result

Order status: Completed Filed on: 12/10/12 1649
Collected by: 12/10/12 1647 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	203	62 - 125 mg/dL	H	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

12/09/2012 - Orders Only in HMC 3E - MEDICINE/TELEMETRY - 3EH

Visit Information

Provider Information

Encounter Provider
Yoon, Jeanie Christina

Department

Name
HMC 3E - MEDICINE/TELEMETRY - 3EH

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Uw Use Interface, User on 12/09/12 0650** Status: **Completed**
Ordering user: Uw Use Interface, User 12/09/12 0650 Authorized by: Yoon, Jeanie Christina
Ordering mode: Standard
Frequency: Routine 12/09/12 0650 - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
X15894	—	—	12/09/12 0650

PROTHROMBIN TIME (Abnormal) Resulted: 12/09/12 0727, Result status: Final result

Order status: Completed Filed on: 12/09/12 0727
Collected by: 12/09/12 0650 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	26.5	10.7 - 15.6 s	H	HMC
Prothrombin INR	2.7	0.8 - 1.3	H	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

12/08/2012 - Orders Only in HMC 3E - MEDICINE/TELEMETRY - 3EH

Visit Information

Provider Information

Encounter Provider
Yoon, Jeanie Christina

Department

Name
HMC 3E - MEDICINE/TELEMETRY - 3EH

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

Labs

PROTHROMBIN TIME (Final result)

Electronically signed by: **Uw Use Interface, User on 12/08/12 0605** Status: **Completed**
Ordering user: Uw Use Interface, User 12/08/12 0605 Authorized by: Yoon, Jeanie Christina
Ordering mode: Standard
Frequency: Routine 12/08/12 0605 - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S13980	—	—	12/08/12 0605

PROTHROMBIN TIME (Abnormal) Resulted: 12/08/12 0803, Result status: Final result

Order status: Completed Filed on: 12/08/12 0803
Collected by: 12/08/12 0605 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	35.4	10.7 - 15.6 s	H	HMC
Prothrombin INR	4.0	0.8 - 1.3	H	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

12/07/2012 - Appointment in Hall Health Primary Care Center

Visit Information

Appointment Information

FUTURE
12/7/2012 10:40 AM

Canceled

Time	Provider	Department	Length
10:40 AM	Neighbor Jr., William E, MD	ZZHH PCT (331)	40 min

Notes:
F/U ae

History

Made On:	11/7/2012 3:15 PM	By:	Enemuo, Amber N, PSS/PSR	ES
Canceled:	12/7/2012 10:13 AM	By:	Enemuo, Amber N, PSS/PSR	ES
Cancel Rsn:	Clinic-Canceled/Rescheduled Appointment			

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

12/07/2012 - Admission (Discharged) in 3E MEDICINE

Visit Information

Admission Information

Arrival Date/Time:	12/06/2012 2347	Admit Date/Time:	12/07/2012 0001	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Transfer From A Hospital	Admit Category:	
Means of Arrival:	Ambulance - Seattle	Primary Service:	Med Hospitalist 1 Adult	Secondary Service:	N/A
Transfer Source:		Service Area:	HARBORVIEW MEDICAL CENTER	Unit:	3E MEDICINE
Admit Provider:	James, Jocelyn Rose	Attending Provider:	James, Jocelyn Rose	Referring Provider:	

Discharge Information

Date/Time: 12/10/2012 1721	Disposition: 01 Home/self Care	Destination: —
Provider: James, Jocelyn Rose	Unit: 3E MEDICINE	

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

None

Stopped in Visit

None

12/07/2012 - Orders Only in H EMERGENCY DEPARTMENT

Visit Information

Provider Information

Encounter Provider
Clinic Pcp, Unassigned Or

Department

Name	Address	Phone
H EMERGENCY DEPARTMENT	325 9TH Ave Box 359875 Seattle WA 98104	206-744-3074

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

Labs

CBC (HEMOGRAM) (Final result)

Electronically signed by: **Uw Use Interface, User on 12/07/12 0100** Status: **Completed**
Ordering user: Uw Use Interface, User 12/07/12 0100 Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 12/07/12 0100 - Quantity: 1
Lab status: Final result
Order comments: Ordered by Brandon H. Backlund

Specimen Information

ID	Type	Source	Collected By
F72028	—	—	12/07/12 0100

CBC (HEMOGRAM)

Resulted: 12/07/12 0125, Result status: Final result

Order status: Completed
Collected by: 12/07/12 0100
Filed on: 12/07/12 0125
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.04	4.30 - 10.00 THOU/uL	—	HMC
RBC	4.01	3.80 - 5.00 mil/uL	—	HMC
Hemoglobin	12.9	11.5 - 15.5 g/dL	—	HMC
Hematocrit	39	36 - 45 %	—	HMC
MCV	98	81 - 98 fL	—	HMC
MCH	32.2	27.3 - 33.6 pg	—	HMC
MCHC	33.0	32.2 - 36.5 g/dL	—	HMC
Platelet Count	304	150 - 400 THOU/uL	—	HMC
RDW-CV	13.1	11.6 - 14.4 %	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

12/07/2012 - Orders Only in H EMERGENCY DEPARTMENT (continued)

Labs (continued)

CHEST PAIN REFLEXIVE TESTING (Final result)

Status: **Completed**

Order placed as a reflex to CBC (HEMOGRAM) ordered on 12/07/12 at 0100
Ordering user: Uw Use Interface, User 12/07/12 0100
Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 12/07/12 0100 -
Quantity: 1
Lab status: Final result
Order comments: Ordered by Brandon H. Backlund

Specimen Information

ID	Type	Source	Collected By
F72028	—	—	12/07/12 0100

CHEST PAIN REFLEXIVE TESTING
Resulted: 12/07/12 0138, Result status: Final result

Order status: Completed
Filed on: 12/07/12 0138
Collected by: 12/07/12 0100
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Troponin I	0.01	0.00 - 0.39 ng/mL	—	HMC
Troponin_I Interpretation	--	—	—	HMC

Result: Troponin I of 0.40 ng/ml or greater: probablemyocardial infarction.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

PROTHROMBIN & PTT (Final result)

Status: **Completed**

Order placed as a reflex to CBC (HEMOGRAM) ordered on 12/07/12 at 0100
Ordering user: Uw Use Interface, User 12/07/12 0100
Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 12/07/12 0100 -
Quantity: 1
Lab status: Final result
Order comments: Ordered by Brandon H. Backlund

Specimen Information

ID	Type	Source	Collected By
F72028	—	—	12/07/12 0100

PROTHROMBIN & PTT (Abnormal)
Resulted: 12/07/12 0145, Result status: Final result

Order status: Completed
Filed on: 12/07/12 0145
Collected by: 12/07/12 0100
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	46.8	10.7 - 15.6 s	H	HMC
Prothrombin Time Patient	Telephoned with read back to:	—	—	HMC
Prothrombin Time Patient	FRANCO @ 0144	—	—	HMC
Prothrombin INR	5.7	0.8 - 1.3	H	HMC
Prothrombin INR	Telephoned	—	—	HMC

12/07/2012 - Orders Only in H EMERGENCY DEPARTMENT (continued)

Labs (continued)

	with read back to:			
Prothrombin INR	FRANCO @ 0144	—	—	HMC
Partial Thromboplastin Time	47	22 - 35 s	H	HMC
Partial Thromboplastin Time	--	—	—	HMC
Result: Therapeutic PTT range is 60-100 seconds for patients oncontinuous IV infusion of standard heparin.				
Partial Thromboplastin X Mean	To calculate the PTT X Mean divide PTT value by 29.	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

BASIC METABOLIC PANEL (Final result)

Status: **Completed**

Order placed as a reflex to CBC (HEMOGRAM) ordered on 12/07/12 at 0100
Ordering user: Uw Use Interface, User 12/07/12 0100
Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 12/07/12 0100 -
Quantity: 1
Lab status: Final result
Order comments: Ordered by Brandon H. Backlund

Specimen Information

ID	Type	Source	Collected By
F72028	—	—	12/07/12 0100

BASIC METABOLIC PANEL

Resulted: 12/07/12 0145, Result status: Final result

Order status: Completed
Filed on: 12/07/12 0145
Collected by: 12/07/12 0100
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	136 - 145 mEq/L	—	HMC
Potassium	4.0	3.7 - 5.2 mEq/L	—	HMC
Chloride	104	98 - 108 mEq/L	—	HMC
Carbon Dioxide, Total	25	22 - 32 mEq/L	—	HMC
Anion Gap	11	3 - 11	—	HMC
Glucose	108	62 - 125 mg/dL	—	HMC
Urea Nitrogen	16	8 - 21 mg/dL	—	HMC
Creatinine	0.82	0.38 - 1.02 mg/dL	—	HMC
Calcium	9.1	8.9 - 10.2 mg/dL	—	HMC
GFR, Calc, European American	>60	>59 mL/min	—	HMC
GFR, Calc, African American	>60	>59 mL/min	—	HMC
GFR, Information	--	—	—	HMC
Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html				

Testing Performed By

12/07/2012 - Orders Only in H EMERGENCY DEPARTMENT (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

12/07/2012 - Orders Only in HMC 3E - MEDICINE/TELEMETRY - 3EH

Visit Information

Provider Information

Encounter Provider
Thomas, Bernadette Ambrose

Department

Name
HMC 3E - MEDICINE/TELEMETRY - 3EH

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

Labs

PROTHROMBIN & PTT (Final result)

Electronically signed by: **Uw Use Interface, User on 12/07/12 0830** Status: **Completed**
Ordering user: Uw Use Interface, User 12/07/12 0830 Authorized by: Thomas, Bernadette Ambrose
Ordering mode: Standard
Frequency: Routine 12/07/12 0830 - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F72646	—	—	12/07/12 0830

PROTHROMBIN & PTT (Abnormal) Resulted: 12/07/12 0927, Result status: Final result

Order status: Completed Filed on: 12/07/12 0927
Collected by: 12/07/12 0830 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	43.1	10.7 - 15.6 s	H	HMC
Prothrombin INR	5.1	0.8 - 1.3	H	HMC
Prothrombin INR	Telephoned with read back to:	—	—	HMC
Prothrombin INR	SONG @ 0926	—	—	HMC
Partial Thromboplastin Time	49	22 - 35 s	H	HMC
Partial Thromboplastin Time	--	—	—	HMC
Result: Therapeutic PTT range is 60-100 seconds for patients oncontinuous IV infusion of standard heparin.				
Partial Thromboplastin X Mean	To calculate the PTT X Mean divide PTT value by 29.	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

12/07/2012 - Orders Only in HMC 3E - MEDICINE/TELEMETRY - 3EH (continued)

Labs (continued)

12/06/2012 - Admission (Discharged) in U Emergency Department

Visit Information

Admission Information

Arrival Date/Time:	12/06/2012 1014	Admit Date/Time:	12/06/2012 1020	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Ambulance - King Co	Primary Service:	Emergency Dept	Secondary Service:	N/A
Transfer Source:		Service Area:	UW MEDICINE	Unit:	U Emergency Department
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: 12/06/2012 2300	Disposition: 02 Transfer To Hospital	Destination: Hmc
Provider: —	Unit: U Emergency Department	

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

None

Stopped in Visit

None

12/06/2012 - Orders Only in U Emergency Department

Visit Information

Provider Information

Encounter Provider

Clinic Pcp, Unassigned Or

Department

Name	Address	Phone
U Emergency Department	1959 NE Pacific St, Box 356123 Seattle WA 98195	206-598-2000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/15/2012
Start date: 5/14/2012
End date: 12/12/2012
Quantity: 30 Tab
Refill: 6

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013

12/06/2012 - Orders Only in U Emergency Department (continued)

Medication List (continued)

Quantity: 90 Tab — Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/13/2012
Start date: 8/13/2012 — End date: 1/29/2013
Quantity: 90 Tab — Refill: 1

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2012
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/16/2012
Start date: 11/16/2012 — End date: 12/13/2012
Quantity: 30 Tab — Refill: 3

Stopped in Visit

None

Labs

PROTHROMBIN & PTT (Final result)

Electronically signed by: **Uw Use Interface, User on 12/06/12 1643** — Status: **Completed**
Ordering user: Uw Use Interface, User 12/06/12 1643 — Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 12/06/12 1643 - — Quantity: 1
Lab status: Final result
Order comments: Ordered by Teresa M. Erskine

Specimen Information

ID	Type	Source	Collected By
H41225	—	—	12/06/12 1643

PROTHROMBIN & PTT (Abnormal) — Resulted: 12/06/12 1750, Result status: Final result

Order status: Completed — Filed on: 12/06/12 1750
Collected by: 12/06/12 1643 — Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	49.5	10.7 - 15.6 s	H	UWMC
Prothrombin Time Patient	Telephoned with read back to:	—	—	UWMC
Prothrombin Time Patient	CEZZAN E 1750 12/6/2012	—	—	UWMC
Prothrombin INR	6.2	0.8 - 1.3	H	UWMC
Prothrombin INR	Telephoned	—	—	UWMC

12/06/2012 - Orders Only in U Emergency Department (continued)

Labs (continued)

	with read back to:			
Prothrombin INR	CEZZAN E 1750 12/6/2012	—	—	UWMC
Partial Thromboplastin Time	45	22 - 35 s	H	UWMC
Partial Thromboplastin Time	--	—	—	UWMC
Result: Therapeutic PTT range is 60-100 seconds for patients oncontinuous IV infusion of standard heparin.				
Partial Thromboplastin X Mean	To calculate the PTT X Mean divide PTT value by 29.	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

12/06/2012 - Orders Only in U Emergency Department

Visit Information

Provider Information

Encounter Provider

Clinic Pcp, Unassigned Or

Department

Name	Address	Phone
U Emergency Department	1959 NE Pacific St, Box 356123 Seattle WA 98195	206-598-2000

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/15/2012
Start date: 5/14/2012
End date: 12/12/2012
Quantity: 30 Tab
Refill: 6

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013

12/06/2012 - Orders Only in U Emergency Department (continued)

Medication List (continued)

Quantity: 90 Tab — Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/13/2012
Start date: 8/13/2012 — End date: 1/29/2013
Quantity: 90 Tab — Refill: 1

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2012
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/16/2012
Start date: 11/16/2012 — End date: 12/13/2012
Quantity: 30 Tab — Refill: 3

Stopped in Visit

None

Labs

GLUCOSE POC, UWMC (Final result)

Electronically signed by: **Uw Use Interface, User on 12/06/12 2324** — Status: **Completed**
Ordering user: Uw Use Interface, User 12/06/12 2324 — Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: Routine 12/06/12 2324 - — Quantity: 1
Lab status: Final result
Order comments: Ordered by an unspecified provider

Specimen Information

ID	Type	Source	Collected By
H42768	—	—	12/06/12 2324

GLUCOSE POC, UWMC — Resulted: 12/06/12 2326, Result status: Final result

Order status: Completed — Filed on: 12/06/12 2326
Collected by: 12/06/12 2324 — Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	106	62 - 125 mg/dL	—	UW

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

12/06/2012 - Orders Only in U Emergency Department (continued)

Labs (continued)

11/16/2012 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- AFTERCARE LONG TERM ANTICOAG USE (primary)
- DEEP VENOUS PHLEBITIS-LEG NEC
- GENERAL OSTEOARTHROSIS

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/15/2012
Start date: 5/14/2012
End date: 12/12/2012
Quantity: 30 Tab
Refill: 6

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013

11/16/2012 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2012
Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/23/2012
Start date: 7/21/2012 — End date: 3/13/2013
Quantity: 90 Tab — Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/13/2012
Start date: 8/13/2012 — End date: 1/29/2013
Quantity: 90 Tab — Refill: 1

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2012
Instructions: one po once daily for arthritic pain
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/16/2012
Start date: 11/16/2012 — End date: 12/13/2012
Quantity: 30 Tab — Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 11/16/2012 1745

Jeanne Leonie Hoffman is a 87 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
451.19 DEEP VENOUS PHLEBITIS-LEG NEC
After a reduction in dose, for two days, she is back to usual dose of coumadin. Reports no bleeding, easy bruising, and no leg swelling.

715.00 GENERAL OSTEOARTHROSIS
Documented Chronic back and hip pain due to DJD. Provider she has seen on Bainbridge has given her small dose

of codeine once daily which she has used appropriately and sparingly. She is no longer seeing him simply because she prefers to get out to Seattle and see us. I have seen her for many years.

Patient Active Problem List

Diagnoses

- CONVULSIONS, OTHER
- ESOPHAGEAL REFLUX
- SENSORNEUR HEAR LOSS NOS
- DEEP VENOUS PHLEBITIS-LEG NEC
- UTERINE LEIOMYOMA NOS
- HYPERLIPIDEMIA NEC/NOS
- CARPAL TUNNEL SYNDROME
- CATARACT NOS
- ALLERGIC RHINITIS NOS
- GENERAL OSTEOARTHROSIS
- BENIGN HYPERTENSION
- DIAPHRAGMATIC HERNIA
- GLAUCOMA NOS
- ROUTINE MEDICAL EXAM
- DIABETES UNCOMPL ADULT-TYPE II
- FX FEMUR INTRCAPS NOS-CLOSE
- VITAMIN B DEFICIENCY NOS
- TREMOR NEC
- ADULT FAILURE TO THRIVE
- AFTERCARE LONG TERM ANTICOAG USE
- OSTEOPOROSIS NOS
- SKIN SENSATION DISTURB

Outpatient Prescriptions Marked as Taking for the 11/16/12 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	2
• CarBAMazepine 200 MG Oral Tab	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	6
• Hydrochlorothiazide 25 MG Oral Tab	take on half tab daily	15 Tab	6
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	1
• Timolol Maleate 0.5 % (DAILY) ophthalmic Solution	instill one drop into each eye twice daily	5 mL	prn
• Warfarin Sodium 10 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	30 Tab	6

OBJECTIVE:
BP 148/54 | Pulse 54
Last blood pressure recorded in this encounter: 148/54
General: healthy, alert, no distress
Hips with some pain and limited motion on internal and external rotation bilaterally. She uses a walker but is slow in getting around. Nevertheless as usual she is determined.

11/16/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR now back to normal range. As in the past, there is no clear reason why her INR went above target. After a brief reduction is dose, she is now back to usual dose of coumadin as above. Recheck one month

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence

715.00 GENERAL OSTEOARTHROSIS
Chronic back and hip pain due to DJD. Provider she has seen on Bainbridge has given her small dose of codeine once daily which she has used appropriately and sparingly. I do not want to use NSAIDs in her given her age and anticoagulation. I think a low dose of codeine which she tolerates well is fine. She should continue tylenol as well.
Plan: Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3)
300-30 MG Oral Tab

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 11/20/2012 3:06 PM

Other Orders

Medications

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/16/12 1152** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/16/12 1152 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/16/12 - 12/13/12 Class: Normal
Discontinued by: Neighbor Jr., William E 12/13/12 1510
Diagnoses
Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)] - GENERAL OSTEOARTHROSIS

Indications

Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)]

Flowsheets

Vitals Data

Row Name	11/16/12 1138
BP	148/54
Pulse	54

11/16/2012 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

11/16/2012 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Valley, Jan K, Technologist 11/16/2012 10:33 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F52901	—	—	11/16/12 1034

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 11/16/12 1115, Result status: Final result

Order status: Completed
Filed on: 11/16/12 1115
Collected by: 11/16/12 1034
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 11/16/12 1212

Testing Performed By

11/16/2012 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 11/16/2012 12:12

11/07/2012 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Physical
Visit diagnoses:

- DEEP VENOUS PHLEBITIS-LEG NEC (primary)
- BENIGN HYPERTENSION
- AFTERCARE LONG TERM ANTICOAG USE
- Needs flu shot
- Need for prophylactic vaccination with combined diphtheria-tetanus-pertussis (DTP) vaccine
- Abnormal weight loss

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/15/2012
Start date: 5/14/2012
End date: 12/12/2012
Quantity: 30 Tab
Refill: 6

11/07/2012 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/13/2012
Start date: 8/13/2012
End date: 1/29/2013
Quantity: 90 Tab
Refill: 1

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 11/7/2012 1406

Jeanne Leonie Hoffman is a 87 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
In for INR review. No bleeding. No recurrent swelling in leg. Wearing compression stockings

V58.61 AFTERCARE LONG TERM ANTICOAG USE
Taking coumadin one daily as prescribed.

783.21 Loss of weight
Returned from month long travels with son. Did not eat as much as usually eats at home. Also problems with teeth for which she is seeing dentist.

Patient Active Problem List

11/07/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Diagnoses	Date Noted

- SKIN SENSATION DISTURB [782.0] 06/03/2008
  6/3/2008 labs ordered. Return in one month for exm.

- OSTEOPOROSIS NOS [733.00] 03/04/2008
  T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
  Began fosamax spring 2008. Continue for five years, then stop

- AFTERCARE LONG TERM ANTICOAG USE [V58.61] 01/08/2008
  Reason for anticoagulation: Recurrent dvts
  Duration of anticoagulation: life
  INR goal: 2.-3

  She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.

- ADULT FAILURE TO THRIVE [783.7] 10/19/2007
  Lives in subsidized housing on Bainbridge
  Bremerton APS at 1-888-833-4925
  Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
  Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait

- TREMOR NEC [333.1] 08/17/2007
  Noted by Melanie Parker. Consider Parkinson's disease med trial.

- FX FEMUR INTRCAPS NOS-CLOSE [820.00] 05/01/2007
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.

- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- DIABETES UNCOMPL ADULT-TYPE II [250.00] 03/27/2007
  Year onset: Dx March 2007
  Complications:

- CONVULSIONS, OTHER [780.39] 11/20/2006
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007

- ESOPHAGEAL REFLUX [530.81] 11/20/2006
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006

Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CARPAL TUNNEL SYNDROME [354.0] 11/20/2006
  Carpal tunnel release right wrist in 1989

- CATARACT NOS [366.9] 11/20/2006
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION [401.1] 11/20/2006
- DIAPHRAGMATIC HERNIA [553.3] 11/20/2006
  CT of abdomen in 2006

- GLAUCOMA NOS [365.9] 11/20/2006
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1): 2010
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

Outpatient Prescriptions Marked as Taking for the 11/7/12 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	2

11/07/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

• CarBAMazepine 200 MG Oral Tab	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	6
• Hydrochlorothiazide 25 MG Oral Tab	take on half tab daily	15 Tab	6
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	1
• Pentoxifylline CR 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	6
• Timolol Maleate 0.5 % (DAILY) ophthalmic Solution	instill one drop into each eye twice daily	5 mL	prn
• Warfarin Sodium 10 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	30 Tab	6

OBJECTIVE:
BP 162/74 | Pulse 62 | Temp 98.1 °F (36.7 °C) | Wt 58.06 kg (128 lb)
Last blood pressure recorded in this encounter: 162/74
General: healthy, alert, no distress
No other exam.

PRORPD 5.0 11/7/2012
PRORPD Telephoned with read back to: 11/7/2012
PRORPD DR. W. NEIGHBOR JR. AT 1207 11/07/12 11/7/2012
PRORPD 2.5 9/26/2012
PRORPD 2.5 9/18/2012
PRORPD 2.3 8/24/2012
PRORPD 2.3 7/20/2012
PRORPD 2.3 6/20/2012

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrence. No bleeding. INR is 5.0. She has already taken her coumadin dose today.
Advise:
1. Thursday, tomorrow, do not take coumadin
2. Friday, take half a tab of coumadin
3. Saturday return to regular coumadin schedule
4. Monday, return for INR.
In general I advise taking coumadin in the evening rather than morning so that when she comes in and we need to make dose adjustment we can make it that day.

401.1 BENIGN HYPERTENSION
Values here in 140-150 range. Would like a bit lower. She did not take hctz while on her trip and just recnelty restarted. Will review at next visit.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
As above

V04.81 Need for prophylactic vaccination and inoculation against influenza
Due for flu vaccine but wait until INR in desired range.
Plan: FLU VACC, 3 YRS & >, 0.5 ML / IM

11/07/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

V06.1 Need for prophylactic vaccination with combined diphtheria-tetanus-pertussis (DTP) vaccine
Due for Tdap but wait until INR in desired range.
Plan: TDAP VACC, >7 YRS, 0.5 ML/IM

783.21 Loss of weight
Lost weight on the month long trip because of change in food. Will recheck weight in one month. She does of dental issues for which she has dental extraction planned in 2-3 weeks.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 11/9/2012 5:25 PM

Other Orders

Immunization/Injection

Tdap VACCINE 19-64 year olds IM USE [90715] (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/07/12 1405** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/07/12 1405 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/07/12 - Class: Normal
Quantity: 1 Discontinued by: Epic, User Prod 01/17/13 1902 [Specimen Clotted]

Diagnoses
Need for prophylactic vaccination with combined diphtheria-tetanus-pertussis (DTP) vaccine [V06.1 (ICD-9-CM)]

Indications

Need for prophylactic vaccination with combined diphtheria-tetanus-pertussis (DTP) vaccine [V06.1 (ICD-9-CM)]

FLU VACCINE ADULT [90658] (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/07/12 1405** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/07/12 1405 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/07/12 - Class: Normal
Quantity: 1 Discontinued by: Epic, User Prod 01/17/13 1914 [Xpired CPT Code - IT USE ONLY]

Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Flowsheets

Vitals Data

Row Name	11/07/12 1331
BP	162/74
Temp	36.7 °C

11/07/2012 - Office Visit in Hall Health Primary Care Center (continued)

Flowsheets (continued)

Pulse	62
Weight	58.1 kg (128 lb)

Patient Instructions

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrence. No bleeding. INR is 5.0. She has already taken her coumadin dose today.
Advise:
1. Thursday, tomorrow, do not take coumadin
2. Friday, take half a tab of coumadin
3. Saturday return to regular coumadin schedule
4. Monday, return for INR.

In general I advise taking coumadin in the evening rather than morning so that when she comes in and we need to make dose adjustment we can make it that day.

401.1 BENIGN HYPERTENSION
Values here in 140-150 range. Would like a bit lower. She did not take hctz while on her trip and just recnelty restarted. Will review at next visit.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
As above

V04.81 Need for prophylactic vaccination and inoculation against influenza
Due for flu vaccine but wait until INR in desired range.
Plan: FLU VACC, 3 YRS & >, 0.5 ML / IM

V06.1 Need for prophylactic vaccination with combined diphtheria-tetanus-pertussis (DTP) vaccine
Due for Tdap but wait until INR in desired range.
Plan: TDAP VACC, >7 YRS, 0.5 ML/IM

783.21 Loss of weight
Lost weight on the month long trip because of change in food. Will recheck weight in one month. She does of dental issues for which she has dental extraction planned in 2-3 weeks.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 11/7/2012 2:10 PM

10/29/2012 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

10/29/2012 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Neighbor Jr., William E, MD (auto-released) 10/29/2012 1:00 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M77733	—	—	11/07/12 1043

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 11/07/12 1209, Result status: Final result

Order status: Completed
Filed on: 11/07/12 1209
Collected by: 11/07/12 1043
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	5.0	0.8 - 1.3	H	UWMC
Prothrombin INR	Telephoned with read back to:	—	—	UWMC
Prothrombin INR	DR. W. NEIGHBOR JR. AT 1207 11/07/12	—	—	UWMC

10/29/2012 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Reviewed by

Neighbor Jr., William E on 11/07/12 1416

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 11/7/2012 at 2:16 PM
Seen today. See office note.

All Reviewers List

Neighbor Jr., William E on 11/7/2012 14:16

09/26/2012 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaints: Follow-Up and Results
Visit diagnoses:

- DEEP VENOUS PHLEBITIS-LEG NEC (primary)
- AFTERCARE LONG TERM ANTICOAG USE
- Rib contusion

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/15/2012
Start date: 5/14/2012
End date: 12/12/2012
Quantity: 30 Tab
Refill: 6

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013

09/26/2012 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2012
Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/23/2012
Start date: 7/21/2012 — End date: 3/13/2013
Quantity: 90 Tab — Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/13/2012
Start date: 8/13/2012 — End date: 1/29/2013
Quantity: 90 Tab — Refill: 1

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/28/2012
Start date: 8/27/2012 — End date: 5/10/2013
Quantity: 90 Tab — Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 9/26/2012 1409

Jeanne Leonie Hoffman is a 87 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence. Continues coumadin.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
In for INR. No bleeding or unexpected bruising.

922.1 Rib contusion
Aug 20 fell onto right chest wall area while trying to get her self and walker up one step outside of her apartment to a landing. She needs to negotiate this each time she goes in or out. There is no ramp. She is asking for a letter to support the need for an accomodation that being a ramp. She still has some rib tenderness but no breathing difficulties.

Patient Active Problem List

Diagnoses

- CONVULSIONS, OTHER
- ESOPHAGEAL REFLUX
- SENSORNEUR HEAR LOSS NOS
- DEEP VENOUS PHLEBITIS-LEG NEC
- UTERINE LEIOMYOMA NOS
- HYPERLIPIDEMIA NEC/NOS
- CARPAL TUNNEL SYNDROME
- CATARACT NOS
- ALLERGIC RHINITIS NOS
- GENERAL OSTEOARTHROSIS
- BENIGN HYPERTENSION
- DIAPHRAGMATIC HERNIA
- GLAUCOMA NOS
- ROUTINE MEDICAL EXAM
- DIABETES UNCOMPL ADULT-TYPE II
- FX FEMUR INTRCAPS NOS-CLOSE
- VITAMIN B DEFICIENCY NOS
- TREMOR NEC
- ADULT FAILURE TO THRIVE
- AFTERCARE LONG TERM ANTICOAG USE
- OSTEOPOROSIS NOS
- SKIN SENSATION DISTURB

Outpatient Prescriptions Marked as Taking for the 9/26/12 encounter (Office Visit) with Neighbor Jr., William E

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	2
• CarBAMazepine 200 MG Oral Tab	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	6
• Hydrochlorothiazide 25 MG Oral Tab	take on half tab daily	15 Tab	6
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	1
• Pentoxifylline CR 400 MG Oral Tab CR	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	6
• Timolol Maleate 0.5 % (DAILY) ophthalmic Solution	instill one drop into each eye twice daily	5 mL	prn
• Warfarin Sodium 10 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	30 Tab	6

Soc hx. Excited about leaving for a month long train trip with her son to the midwest, then to Texas, SF, and up the coast.

OBJECTIVE:
BP 148/72 | Pulse 73 | Temp 98.3 °F (36.8 °C)
Last blood pressure recorded in this encounter: 148/72
General: healthy, alert, no distress
Chest clear.
Right chest later ribs tender without crepitance or ecchymoses (injury was Aug 20, one month ago).

09/26/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

PRORPD 2.5 9/26/2012
PRORPD 2.5 9/18/2012
PRORPD 2.3 8/24/2012
PRORPD 2.3 7/20/2012
PRORPD 2.3 6/20/2012
PRORPD 2.2 5/30/2012

A1C 5.9 7/20/2012
A1C 6.2 4/29/2008
A1C * 4/29/2008
GLUCOSE 116 7/20/2012
CREATININE 0.77 7/20/2012
MICROALBUMIN 14.7 3/29/2011
TOTAL 174 7/20/2012
LDL 86 7/20/2012
HDL 60 7/20/2012
TRIG 141 7/20/2012

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence. Wears stockings religiously.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR in tx range. FU one month. No dose change.

922.1 Rib contusion
Resolving. May have had fracture of ribs. Letter written supporting need for ramp.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 9/26/2012 2:15 PM

Flowsheets

Vitals Data

Row Name	09/26/12 1140
BP	148/72
Temp	36.8 °C
Pulse	73

Letters

Letter by Neighbor Jr., William E on 9/26/2012

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

09/26/2012 - Office Visit in Hall Health Primary Care Center (continued)

Letters (continued)

9/26/2012

Jeanne Leonie Hoffman
245 High School Rd Nw
Unit 2
Bainbridge Island WA 98110

To whom it may concern

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

I am the primary care provider for Jeanne Leonie Hoffman who is 87 year old. She has difficulties walking because of arthritis and a history of blood clots and requires use of a walker. On August 20 she fell while trying to get herself and her walker up a step at her apartment complex to get to a landing. She sustained a rib fracture due to this fall. Falls are a risk to her both because of her age and because of being on blood thinner medication.

I request that a ramp be placed so Jeanne may safely get herself and her walker up to the level of her apartment.

Sincerely,

William E Neighbor JR, MD

09/26/2012 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

09/26/2012 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 9/26/2012 10:19 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W27785	—	—	09/26/12 1022

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 09/26/12 1047, Result status: Final result

Order status: Completed
Filed on: 09/26/12 1047
Collected by: 09/26/12 1022
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.5	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 09/26/12 1234

Testing Performed By

09/26/2012 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 9/26/2012 12:34

09/03/2012 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

09/03/2012 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Neighbor Jr., William E, MD (auto-released) 9/3/2012 1:00 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M16315	—	—	09/18/12 1023

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 09/18/12 1130, Result status: Final result

Order status: Completed
Filed on: 09/18/12 1130
Collected by: 09/18/12 1023
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.5	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 09/18/12 1144

Testing Performed By

09/03/2012 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 9/18/2012 at 11:44 AM
In tx range on coumadin.
William E Neighbor JR, MD

All Reviewers List

Neighbor Jr., William E on 9/18/2012 11:44

08/27/2012 - Refill in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/15/2012
Start date: 5/14/2012
End date: 12/12/2012
Quantity: 30 Tab
Refill: 6

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Losartan Potassium 25 MG Oral Tab

08/27/2012 - Refill in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/13/2012
Start date: 8/13/2012
End date: 1/29/2013
Quantity: 90 Tab
Refill: 1

Pentoxifylline CR 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/10/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/28/2012
Start date: 8/27/2012
End date: 5/10/2013
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E at 8/28/2012 1437

SODIUM 138 7/20/2012
POTASSIUM 4.1 7/20/2012
CHLORIDE 105 7/20/2012
CARBON 28 7/20/2012
BUN 14 7/20/2012
CREATININE 0.77 7/20/2012
GLUCOSE 116 7/20/2012
CALCIUM 9.4 7/20/2012
IONGAP 5 7/20/2012

Electronically signed by Neighbor Jr., William E at 8/28/2012 2:37 PM

Other Orders

Medications

Pentoxifylline CR 400 MG Oral Tab CR (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 08/28/12 1437**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 08/28/12 1437
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: 08/27/12 - 05/10/13
Class: E-RX
Released by: Neighbor Jr., William E 08/28/12 1437
Discontinued by: Neighbor Jr., William E 05/10/13 1530 [Reorder]
Medication comments: PT IS OUT THANKS.

08/27/2012 - Letter (Out) in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Terry, Anne Catherine

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Letters

Results by Terry, Anne Catherine on 8/27/2012

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

Jeanne Leonie Hoffman
245 High School Rd Nw
Unit 2
Bainbridge Island WA 98110

8/27/2012

Dear Ms. Hoffman:

This letter is to inform you about the laboratory tests that were done at your last clinic visit.

Prothrombin time is 2.3.

(Goal range per Dr. Neighbor is from 2-3).

If you have any questions, please plan to discuss them at your next clinic visit, or call and leave a message with my medical assistant, Ella Voronchuk, MA -- 206-616-9358.

Sincerely,

Anne Terry, NP covering for Bill Neighbor, MD

NEW FEATURE!! - Would you like to get your lab results via the web instead of by mail? Schedule appointments on line? Order refills, message your care team, or review your health history? eCare is now available at Hall Health. To find out more, go to **www.hallhealthcenter.com** and click on the eCare icon. Sign up next time you are in the clinic!

08/24/2012 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaints: Follow-Up and Immunization or Injection
Visit diagnoses:

- DEEP VENOUS PHLEBITIS-LEG NEC (primary)
- CONVULSIONS, OTHER
- Acid reflux
- HYPERLIPIDEMIA NEC/NOS
- CATARACT NOS
- GENERAL OSTEOARTHROSIS
- BENIGN HYPERTENSION
- GLAUCOMA NOS
- DIABETES UNCOMPL ADULT-TYPE II
- OSTEOPOROSIS NOS

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Jacokes, Mark Warner	Jacokes, Mark Warner

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Follow-up and Dispositions

Discussed this visit

- Return in about 1 month (around 9/24/2012).

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013

08/24/2012 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Quantity: 5 mL — Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/4/2012
Start date: 3/20/2012 — End date: 1/28/2013
Quantity: 90 Tab — Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/15/2012
Start date: 5/14/2012 — End date: 12/12/2012
Quantity: 30 Tab — Refill: 6

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2012
Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/23/2012
Start date: 7/21/2012 — End date: 3/13/2013
Quantity: 90 Tab — Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/13/2012
Start date: 8/13/2012 — End date: 1/29/2013
Quantity: 90 Tab — Refill: 1

Stopped in Visit

None

Clinical Notes

Progress Notes

Jacokes, Mark Warner at 8/24/2012 1253

Jeanne Leonie Hoffman is a 87 year old female who is a patient of Dr. Neighbor. She came in today for her monthly INR for chronic anticoagulation for a prior DVT. She thought she was seeing Dr. Neighbor but he is out of the office and she did not get the message that was left for her and her son (who is also here for an appt) that the appointment needed to be rescheduled. She is doing well and has no new complaints. She is going on a several week trip around Oct. 1 and wanted to get refills on all of her meds to get here through that trip. I have reviewed all of her meds and Dr. Neighbor has refilled all of them in the past few months with several refills of each (#90 per refill except warfarin #30

but with multiple refills).

Patient Active Problem List

Diagnoses

- CONVULSIONS, OTHER
- ESOPHAGEAL REFLUX
- SENSORNEUR HEAR LOSS NOS
- DEEP VENOUS PHLEBITIS-LEG NEC
- UTERINE LEIOMYOMA NOS
- HYPERLIPIDEMIA NEC/NOS
- CARPAL TUNNEL SYNDROME
- CATARACT NOS
- ALLERGIC RHINITIS NOS
- GENERAL OSTEOARTHROSIS
- BENIGN HYPERTENSION
- DIAPHRAGMATIC HERNIA
- GLAUCOMA NOS
- ROUTINE MEDICAL EXAM
- DIABETES UNCOMPL ADULT-TYPE II
- FX FEMUR INTRCAPS NOS-CLOSE
- VITAMIN B DEFICIENCY NOS
- TREMOR NEC
- ADULT FAILURE TO THRIVE
- AFTERCARE LONG TERM ANTICOAG USE
- OSTEOPOROSIS NOS
- SKIN SENSATION DISTURB

Outpatient Prescriptions Marked as Taking for the 8/24/12 encounter (Office Visit) with Jacokes, Mark Warner

Medication	Sig	Dispense	Refill
• Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	2
• CarBAMazepine 200 MG Oral Tab	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY	90 Tab	6
• Hydrochlorothiazide 25 MG Oral Tab	take on half tab daily	15 Tab	6
• Losartan Potassium 25 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	90 Tab	1
• Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR	One tablet three times daily (Pentoxifylline)(Trental)	90 Tab	6
• Timolol Maleate 0.5 % (DAILY) ophthalmic Solution	instill one drop into each eye twice daily	5 mL	prn
• Warfarin Sodium 10 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	30 Tab	6

Objective:

Filed Vitals:

	08/24/12 1131
BP:	115/71
Pulse:	72

08/24/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Temp: 97.5 °F (36.4 °C)
TempSrc: Oral
NAD
Chest is clear, no wheezing or rales. Normal symmetric air entry throughout both lung fields. No chest wall deformities or tenderness.
S1 and S2 normal, no murmurs, clicks, gallops or rubs. Regular rate and rhythm. No edema or JVD.

INR today=2.3 (no change since 7/20/12)

ASSESSMENT:
1. Med refills: I advised her to contact her pharmacy directly to request refills or all medications. She does not need new prescription refills at present.

2. Anticoagulation: INR still in therapeutic range. Continue current warfarin dose, repeat in 1 month prior to her trip.

3. Hypercholesterolemia: Well controlled based on lipids 1 month ago.

4. HTN: Well controlled. BMP normal 7/20/12.

PLAN: See patient instructions and after visit summary (AVS).

Electronically signed by Jacokes, Mark Warner at 8/24/2012 1:03 PM

Flowsheets

Vitals Data

Row Name	08/24/12 1131
BP	115/71
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.4 °C
Temp src	Oral
Pulse	72
Having Periods	N

Patient Instructions

Your INR today is 2.3 which is good. You should continue the same dose of warfarin (coumadin) 10 mg once daily. You should have a repeat INR in 1 month before your trip.

All of your medications have refills for 90 tablets (except warfarin is 30 tablets). You can contact the pharmacy directly to request refills.

If you have questions or problems, contact me through the eCare messaging system or by calling my medical assistant Abby at 206-685-0793. If you have problems after regular office hours, you may call a consulting nurse at 206-744-2500.

08/24/2012 - Office Visit in Hall Health Primary Care Center (continued)

Patient Instructions (continued)

Mark Jacokes, M.D.
Hall Health Primary Care Center

Electronically signed by Jacokes, Mark Warner at 8/24/2012 12:10 PM

08/24/2012 - Orders Only in Hall Health Primary Care Center

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

08/24/2012 - Orders Only in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Imaging

Imaging

MAMMOGRAM, SCREENING (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 08/16/12 1216**
Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 08/16/12 1216
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: 08/16/12 1216 -
Class: Ext Imaging
Quantity: 1
Lab status: Final result
Order comments: PT CALLED

MAMMOGRAM, SCREENING
Resulted: 08/28/12 1624, Result status: Final result

Order status: Completed
Filed on: 08/28/12 1624
Accession number: 7286522
Resulting lab: UW RADIOLOGY
Lab Technician: LISAMARIE HEADLEY RII MAMMO TECH

Components

Component	Value	Reference Range	Flag	Lab
General Diagnostic Text	--	—	—	UW RAD

Result: Examination:A digital screening mammogram was performed and computer-aided detection was applied. The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment). ComparisonComparison is made to images from 07/06/2011 (bilateral) and images from 06/15/2010 (bilateral) and images from 06/05/2009 (bilateral) and images from 06/03/2008 (bilateral) and images from 03/22/2007 (bilateral) and images from 01/11/2006. FindingsBilateral Breast Findings: There are scattered fibroglandular densities (25% - 50% fibroglandular). No significant masses, calcifications or other abnormalities are seen. Positioning is limited by the patient's mobility constraints. ImpressionBILATERAL BREASTS Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months. OVERALL ASSESSMENT - CATEGORY 1 - NEGATIVE ATTENDING RADIOLOGIST AND PAGER NUMBER502192 Scheel John R MD

Reviewed by

Neighbor Jr., William E on 08/28/12 1802
Greig, Elaine M on 08/28/12 1701

08/24/2012 - Orders Only in Hall Health Primary Care Center (continued)

Imaging (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

All Reviewers List

Neighbor Jr., William E on 8/28/2012 18:02
Greig, Elaine M on 8/28/2012 17:01

08/21/2012 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/15/2012
Start date: 5/14/2012
End date: 12/12/2012
Quantity: 30 Tab
Refill: 6

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

08/21/2012 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/13/2012
Start date: 8/13/2012
End date: 1/29/2013
Quantity: 90 Tab
Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 8/21/2012 1450

Attempted to call with explanation why upcoming appointment needs to be reschedule. Phone line is constantly busy, e-care sent to her son. FYI

Electronically signed by Voronchuk, Eleonora at 8/21/2012 2:52 PM

08/14/2012 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Encounter Open in Error
Visit diagnosis: ENCOUNTER OPENED IN ERROR

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Level of Service

Level of Service

ENCOUNTER OPENED IN ERROR

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2012
Start date: 1/3/2012 — End date: 8/27/2012
Quantity: 90 Tab — Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/13/2012
Start date: 2/13/2012 — End date: 3/13/2013
Quantity: 5 mL — Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/4/2012
Start date: 3/20/2012 — End date: 1/28/2013
Quantity: 90 Tab — Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/15/2012
Start date: 5/14/2012 — End date: 12/12/2012
Quantity: 30 Tab — Refill: 6

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment

08/14/2012 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2012
Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/23/2012
Start date: 7/21/2012 — End date: 3/13/2013
Quantity: 90 Tab — Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/13/2012
Start date: 8/13/2012 — End date: 1/29/2013
Quantity: 90 Tab — Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E at 8/14/2012 0809

Calcium

Calcium, the most abundant mineral in the human body, has several important functions. More than 99% of total body calcium is stored in the bones and teeth where it functions to support their structure. Calcium is also needed for muscle contraction, blood vessel contraction and expansion, the secretion of hormones and enzymes, and sending messages through the nervous system.

Dietary Reference Intake (DRI) for Calcium

Infants	
0-6 mo	210 mg/day
7-12 mo	270 mg/day
Children/Adolescents	
1-3 yrs	500 mg/day
4-8 yrs	800 mg/day
9-18 yrs	1,300 mg/day
Adults	
19-50 yrs	1,000 mg/day
51+	1,200 mg/day
Pregnant and lactating women	Same as for other women of comparable age

Source: National Academy of Sciences, 2004

Sources of calcium

The best source of calcium is gained from eating foods high in calcium. Milk, yogurt and cheese are major contributors of calcium in the typical diet. The USDA's Food Guide Pyramid recommends that individuals two years and older eat 2-3 servings of dairy products per day.

Calcium supplements can also increase your calcium intake. The most common supplements include **calcium carbonate** and **calcium citrate** and are adequate to meet your needs. Calcium carbonate is best absorbed with food, while calcium citrate can be taken on an empty stomach.

Make sure you pay attention to the amount of actual calcium in the supplement, as that is the amount available to your body. Check the label for the percentage of RDA (recommended daily allowance) provided. If your RDA is 1,000 mg/day and the supplement provides 50% per dose, you can figure you are getting 500 mg of calcium. Naturally-occurring calcium sources such as oyster shell, bone meal, and dolomite may contain contaminants such as lead and are *not* recommended.

Newer sources of calcium supplements are the calcium-fortified flavored caramel-like chews. Antacids such as Tums are a good source of calcium; however, to get adequate amounts of actual calcium through antacids only, you may have to take large amounts which may affect the normal acidity of your stomach.

If you use any supplement, avoid amounts larger than the RDA, as they may be toxic to your body or may interfere with other nutrients. Remember also, that you only absorb 500 mg of calcium at one time, so divide your intake to get the maximum benefit.

Calcium absorption and Vitamin D

Dietary Reference Intake (DRI) for Vitamin D

Age Group	
Ages 9-18	200 IU's / day
Ages 19-49	400 IU's / day
Ages 50+	800-1,000 IU's / day

Vitamin D is central to promoting calcium absorption and helping to form and maintain bones. While osteoporosis is most often associated with inadequate calcium intake, a deficiency of vitamin D also contributes to osteoporosis by reducing the body's ability to absorb calcium.

Vitamin D is found in foods such as vitamin D-fortified milk, egg yolks, salmon, and tuna. It is also made in your body after exposure to ultraviolet (UV) rays from the sun.

Vitamin D is also found in calcium and multivitamin supplements. Be careful that you don't exceed 2,000 IU daily. Excessive doses can be toxic.

Calcium content of selected foods

These amounts are averages for each type of food. Different brands of the same food can vary in calcium content. Check package labels for actual amounts.

Food	Serving Size	Calcium (mg)
Dairy		
Yogurt, plain (whole milk)	8 oz container	245
Ricotta cheese, part skim	1/2 cup	335
Cheese (parmesan only)	1 tbsp	55
Milk, non-fat	1 cup	306
Milk, 2%	1 cup	285
Milk, whole	1 cup	276
Buttermilk	1 cup	284
Yogurt, fruit , low-fat	8 oz container	345
Mozzarella cheese, part skim	1 oz	207
Cheddar cheese	1 oz	204
American cheese	1 oz	162
Pudding, vanilla, ready-to-eat	4 oz container	99
Frozen yogurt, chocolate	1/2 cup	106
Ice cream, vanilla	1/2 cup	113
Meat, Fish, and Other Foods		
Fish, tuna salad	1 cup	35
Red salmon, canned, w/bones	3 oz	181
Halibut, cooked	1/2 fillet	95
Peas, green, frozen, cooked	1 cup	67
Refried beans, canned	1 cup	88
White beans, canned	1 cup	191

08/14/2012 - Telephone in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Tofu, firm	1/4 block	163
Chicken breast, roasted	1/2 breast	13
Ground beef 75% lean /25% fat	3 oz	26
Almonds	1 oz (24 nuts)	70
Fruits		
Figs, dried	2 figs	62
Orange juice, includes from concentrate	1 cup	25
Papaya, raw	1 medium	73
Orange, navel, raw	1 medium	52
Banana	1 medium	6
Rhubarb	1 cup	348
Vegetables		
Collards, cooked, boiled	1 cup	266
Spinach, cooked	1 cup	245
Potato, baked, with skin	1 medium	30
Kale, chopped	1 cup	94
Artichoke, boiled	1 medium	54
Broccoli, cooked	1 cup	62
Mushrooms, cooked	1 cup	9
Bread and cereals		
Ready-to-eat cereal w/ 2% milk	3/4 cup cereal,	253
Cheese pizza	1/2 cup 2% milk	113
Macaroni and cheese, canned	2 slices	88
	1 cup	

Source: USDA Nutrient Database, Release 18
Last updated: 08/09

This encounter was opened in error

Electronically signed by Neighbor Jr., William E at 8/14/2012 8:55 AM

08/13/2012 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/15/2012
Start date: 5/14/2012
End date: 12/12/2012
Quantity: 30 Tab
Refill: 6

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

08/13/2012 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/30/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/13/2012
Start date: 8/13/2012
End date: 1/29/2013
Quantity: 90 Tab
Refill: 1

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E at 8/13/2012 1409

SODIUM 138 7/20/2012
POTASSIUM 4.1 7/20/2012
CHLORIDE 105 7/20/2012
CARBON 28 7/20/2012
BUN 14 7/20/2012
CREATININE 0.77 7/20/2012
GLUCOSE 116 7/20/2012
CALCIUM 9.4 7/20/2012
IONGAP 5 7/20/2012

Refilled.
William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 8/13/2012 2:09 PM

Other Orders

Medications

Losartan Potassium 25 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 08/13/12 1409**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 08/13/12 1409
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: 08/13/12 - 01/29/13
Class: E-RX
Released by: Neighbor Jr., William E 08/13/12 1409
Discontinued by: Neighbor Jr., William E 01/30/13 1301 [Reorder]

08/13/2012 - Refill in Hall Health Primary Care Center (continued)

Other Orders (continued)

08/06/2012 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

08/06/2012 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Neighbor Jr., William E, MD (auto-released) 8/6/2012 1:02 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M58119	—	—	08/24/12 1024

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 08/24/12 1123, Result status: Final result

Order status: Completed
Filed on: 08/24/12 1123
Collected by: 08/24/12 1024
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 08/28/12 1432
Terry, Anne Catherine on 08/27/12 1537

Testing Performed By

08/06/2012 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 8/28/2012 14:32
Terry, Anne Catherine on 8/27/2012 15:37

08/03/2012 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: No Show
Visit diagnosis: NO SHOW

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR NO CHARGE FOR LEVEL OF SERVICE

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2012
Start date: 1/3/2012 — End date: 8/27/2012
Quantity: 90 Tab — Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/13/2012
Start date: 2/13/2012 — End date: 3/13/2013
Quantity: 5 mL — Refill: prn

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/13/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/9/2012
Start date: 3/9/2012 — End date: 8/13/2012
Quantity: 30 Tab — Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/4/2012

08/03/2012 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Start date: 3/20/2012 End date: 1/28/2013
Quantity: 90 Tab Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 5/15/2012
Start date: 5/14/2012 End date: 12/12/2012
Quantity: 30 Tab Refill: 6

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 7/9/2012
Start date: 7/9/2012 End date: 5/15/2013
Quantity: 15 Tab Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 7/23/2012
Start date: 7/21/2012 End date: 3/13/2013
Quantity: 90 Tab Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 8/3/2012 1713

This patient failed a scheduled appointment today.
Disposition: reviewed chart. Patient seen within last two weeks. Plan was follow up in one month rather than so soon.
Tried to call patient, but no answer and no message machine. She lives on Bainbridge with her son.
William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 8/3/2012 5:14 PM

07/21/2012 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/13/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 8/13/2012
Quantity: 30 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/15/2012
Start date: 5/14/2012
End date: 12/12/2012
Quantity: 30 Tab
Refill: 6

07/21/2012 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/9/2012
Start date: 7/9/2012
End date: 5/15/2013
Quantity: 15 Tab
Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/23/2012
Start date: 7/21/2012
End date: 3/13/2013
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 7/23/2012 1239

Rx done on 07/20/12, confirmed with pharmacy

Electronically signed by Voronchuk, Eleonora at 7/23/2012 12:40 PM

Other Orders

Medications

CarBAMazepine 200 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/23/12 1410**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/23/12 1410
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: 07/21/12 - 03/13/13
Class: E-RX
Released by: Neighbor Jr., William E 07/23/12 1410
Discontinued by: Neighbor Jr., William E 03/13/13 1401

07/20/2012 - Orders Only in UWMC Family Medicine

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/13/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 8/13/2012
Quantity: 30 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013

07/20/2012 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Quantity: 90 Tab — Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/15/2012
Start date: 5/14/2012 — End date: 12/12/2012
Quantity: 30 Tab — Refill: 6

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2012
Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

Stopped in Visit

None

Labs

HEMOGLOBIN A1C, HPLC (Final result)

Electronically signed by: **Uw Use Interface, User on 07/20/12 1040** — Status: **Completed**
Ordering user: Uw Use Interface, User 07/20/12 1040 — Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/20/12 1040 - — Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M28695	—	—	07/20/12 1040

HEMOGLOBIN A1C, HPLC — Resulted: 07/23/12 1109, Result status: Final result

Order status: Completed — Filed on: 07/23/12 1109
Collected by: 07/20/12 1040 — Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	5.9	4.0 - 6.0 %	—	HMC

Reviewed by

Neighbor Jr., William E on 07/23/12 1701

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

All Reviewers List

Neighbor Jr., William E on 7/23/2012 17:01

07/20/2012 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

BASIC METABOLIC PANEL (Final result)

Status: **Completed**

Order placed as a reflex to HEMOGLOBIN A1C, HPLC ordered on 07/20/12 at 1040
Ordering user: Uw Use Interface, User 07/20/12 1040
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/20/12 1040 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M28695	—	—	07/20/12 1040

BASIC METABOLIC PANEL

Resulted: 07/20/12 1203, Result status: Final result

Order status: Completed
Filed on: 07/20/12 1203
Collected by: 07/20/12 1040
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	138	136 - 145 mEq/L	—	RSVLT
Potassium	4.1	3.7 - 5.2 mEq/L	—	RSVLT
Chloride	105	98 - 108 mEq/L	—	RSVLT
Carbon Dioxide, Total	28	22 - 32 mEq/L	—	RSVLT
Anion Gap	5	3 - 11	—	RSVLT
Glucose	116	62 - 125 mg/dL	—	RSVLT
Urea Nitrogen	14	8 - 21 mg/dL	—	RSVLT
Creatinine	0.77	0.38 - 1.02 mg/dL	—	RSVLT
Calcium	9.4	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	>60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor Jr., William E on 07/23/12 1701

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

All Reviewers List

Neighbor Jr., William E on 7/23/2012 17:01

HEPATIC FUNCTION PANEL (Final result)

Status: **Completed**

Order placed as a reflex to HEMOGLOBIN A1C, HPLC ordered on 07/20/12 at 1040
Ordering user: Uw Use Interface, User 07/20/12 1040
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/20/12 1040 -
Quantity: 1
Lab status: Final result

Specimen Information

07/20/2012 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

ID	Type	Source	Collected By
M28695	—	—	07/20/12 1040

HEPATIC FUNCTION PANEL Resulted: 07/20/12 1415, Result status: Final result

Order status: Completed
Collected by: 07/20/12 1040
Filed on: 07/20/12 1415
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Albumin	3.7	3.5 - 5.2 g/dL	—	UWMC
Protein (Total)	6.3	6.0 - 8.2 g/dL	—	UWMC
Bilirubin (Total)	0.5	0.2 - 1.3 mg/dL	—	UWMC
Bilirubin (Direct)	0.1	0.0 - 0.3 mg/dL	—	UWMC
Alkaline Phosphatase (Total)	57	49 - 199 U/L	—	UWMC
AST (GOT)	26	15 - 40 U/L	—	UWMC
ALT (GPT)	28	6 - 40 U/L	—	UWMC

Reviewed by

Neighbor Jr., William E on 07/23/12 1701

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

All Reviewers List

Neighbor Jr., William E on 7/23/2012 17:01

LIPID PANEL (Final result)

Status: **Completed**

Order placed as a reflex to HEMOGLOBIN A1C, HPLC ordered on 07/20/12 at 1040
Ordering user: Uw Use Interface, User 07/20/12 1040
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/20/12 1040 -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M28695	—	—	07/20/12 1040

LIPID PANEL Resulted: 07/20/12 1415, Result status: Final result

Order status: Completed
Collected by: 07/20/12 1040
Filed on: 07/20/12 1415
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	174	<200 mg/dL	—	UWMC
Triglyceride	141	<150 mg/dL	—	UWMC
HDL Cholesterol	60	>40 mg/dL	—	UWMC
Cholesterol (LDL)	86	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	114	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	2.9	—	—	UWMC
Lipid Panel, Additional Info.	--	—	—	UWMC

07/20/2012 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Result: (NOTE)For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here:http://web.labmed.washington.edu/tests/chemistry/LIPID

Reviewed by

Neighbor Jr., William E on 07/23/12 1701

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

All Reviewers List

Neighbor Jr., William E on 7/23/2012 17:01

Letters

School by Neighbor Jr., William E on 7/23/2012

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

7/23/2012

RE: Jeanne Leonie Hoffman

Dear Mrs. Hoffman:

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 07/20/12

HEMOGLOBIN A1C, HPLC

Component	Value	Range
Hemoglobin A1C, HPLC	5.9	4.0 - 6.0 (%)

BASIC METABOLIC PANEL

Component	Value	Range
SODIUM	138	136 - 145 (mEq/L)
POTASSIUM	4.1	3.7 - 5.2 (mEq/L)
CHLORIDE	105	98 - 108 (mEq/L)
CARBON DIOXIDE	28	22 - 32 (mEq/L)
ION GAP	5	3 - 11

07/20/2012 - Orders Only in UWMC Family Medicine (continued)

Letters (continued)

GLUCOSE	116	62 - 125 (mg/dL)
UREA NITROGEN	14	8 - 21 (mg/dL)
CREATININE	0.77	0.38 - 1.02 (mg/dL)
CALCIUM	9.4	8.9 - 10.2 (mg/dL)
GFR, Calc, European American	>60	>59 (mL/min)
GFR, Calc, African American	>60	>59 (mL/min)

GFR, Information
Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

HEPATIC FUNCTION PANEL

Component	Value	Range
ALBUMIN	3.7	3.5 - 5.2 (g/dL)
PROTEIN (TOTAL)	6.3	6.0 - 8.2 (g/dL)
BILIRUBIN (TOTAL)	0.5	0.2 - 1.3 (mg/dL)
BILIRUBIN (DIRECT)	0.1	0.0 - 0.3 (mg/dL)
ALKALINE PHOSPHATASE (TOTAL)	57	49 - 199 (U/L)
AST (GOT)	26	15 - 40 (U/L)
ALT (GPT)	28	6 - 40 (U/L)

LIPID PANEL

Component	Value	Range
CHOLESTEROL (TOTAL)	174	<200 (mg/dL)
TRIGLYCERIDE	141	<150 (mg/dL)
CHOLESTEROL (HDL)	60	>40 (mg/dL)
CHOLESTEROL (LDL)	86	<130 (mg/dL)
Non-HDL Cholesterol	114	0 - 159 (mg/dL)
CHOLESTEROL/HDL RATIO	2.9	

Lipid Panel, Additional Info.
Value:
(NOTE)
For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://web.labmed.washington.edu/tests/chemistry/LIPID

Your blood tests all are excellent. I will see you in one month.

Sincerely,

William E Neighbor JR, MD

07/20/2012 - Orders Only in UWMC Family Medicine (continued)

Letters (continued)

07/20/2012 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants
- superficial thrombophlebitis
- Other convulsions

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/13/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 8/13/2012
Quantity: 30 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

07/20/2012 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/4/2012
Start date: 3/20/2012 — End date: 1/28/2013
Quantity: 90 Tab — Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/15/2012
Start date: 5/14/2012 — End date: 12/12/2012
Quantity: 30 Tab — Refill: 6

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2012
Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/23/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/20/2012
Start date: 7/20/2012 — End date: 7/21/2012
Quantity: 90 Tab — Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 7/20/2012 1147

Jeanne Leonie Hoffman is a 87 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
Patient reports she has been seeing provider on Bainbridge for the last couple of months. She states he has had her taking warfarin 10 mg daily except 15 mg on Mondays. She does not know what her INRs have run there. However, in the last two weeks she reduced back to 10 mg every day which has been her standard dose for many years.

451.9 superficial thrombophlebitis
She reports that earlier this week she had swelling and increased warm of the lower left leg for a couple of days which then resolved.

780.39 CONVULSIONS, OTHER
She is on stable dose of tegretol without seizures.

07/20/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Patient Active Problem List

Diagnoses

- CONVULSIONS, OTHER
- ESOPHAGEAL REFLUX
- SENSORNEUR HEAR LOSS NOS
- DEEP VENOUS PHLEBITIS-LEG NEC
- UTERINE LEIOMYOMA NOS
- HYPERLIPIDEMIA NEC/NOS
- CARPAL TUNNEL SYNDROME
- CATARACT NOS
- ALLERGIC RHINITIS NOS
- GENERAL OSTEOARTHROSIS
- BENIGN HYPERTENSION
- DIAPHRAGMATIC HERNIA
- GLAUCOMA NOS
- ROUTINE MEDICAL EXAM
- DIABETES UNCOMPL ADULT-TYPE II
- FX FEMUR INTRCAPS NOS-CLOSE
- VITAMIN B DEFICIENCY NOS
- TREMOR NEC
- ADULT FAILURE TO THRIVE
- AFTERCARE LONG TERM ANTICOAG USE
- OSTEOPOROSIS NOS
- SKIN SENSATION DISTURB

Current Outpatient Prescriptions

Medication	Sig
Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
Atorvastatin Calcium 40 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY
CarBAMazepine 200 MG Oral Tab	TAKE ONE TABLET BY MOUTH THREE TIMES DAILY
Hydrochlorothiazide 25 MG Oral Tab	take on half tab daily
Losartan Potassium 25 MG Oral Tab	1 TABLET DAILY
Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR	One tablet three times daily (Pentoxifylline)(Trental)
Timolol Maleate 0.5 % (DAILY) ophthalmic Solution	instill one drop into each eye twice daily
Warfarin Sodium 10 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY

REVIEW OF SYSTEMS:
Denies shortness of breath.

PRORPD	2.3	7/20/2012
PRORPD	2.3	6/20/2012
PRORPD	2.2	5/30/2012
PRORPD	2.6	3/9/2012
PRORPD	2.2	2/8/2012
PRORPD	2.0	1/6/2012

OBJECTIVE:
BP 147/71 | Pulse 60 | Temp 97.8 °F (36.6 °C)

07/20/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Last blood pressure recorded in this encounter: 147/71
General: healthy, alert, no distress
Left lower extremity examined without stocking does not show any increased warmth, redness, edema, tenderness

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
Waring stockings. INR in therapeutic range. Recheck one month.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
As above.

451.9 superficial thrombophlebitis
Earlier this week had episode of what sounds like superficial thrombophlebitis which has resolved. INR therapeutic. She apparently had been seeing a doctor on Bainbridge for a couple of months, Coumadin had been increased to 15 mg on Mondays rather than 10, but then she went back to ten which she has been onfor the last two weeks. INR is in the desired range. If she has another episode of thrombophlebitis will increase her dose. See me in one month.

780.39 CONVULSIONS, OTHER
She has had no seizures. Due for blood work.
Plan: CarBAMazepine 200 MG Oral Tab

Also has A1c and other previously order labs pending today. Will write her with the results.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 7/23/2012 5:35 PM

Other Orders

Medications

CarBAMazepine 200 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/20/12 1146** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/20/12 1146 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/20/12 - 07/21/12 Class: E-RX
Discontinued by: Neighbor Jr., William E 07/23/12 1410 [Reorder]
Diagnoses
Other convulsions [780.39 (ICD-9-CM)]
Reordered from: CarBAMazepine 200 MG Oral Tab

Indications

Other convulsions (HCC) [780.39 (ICD-9-CM)]

Flowsheets

Vitals Data

Row Name	07/20/12 1132

07/20/2012 - Office Visit in Hall Health Primary Care Center (continued)

Flowsheets (continued)

BP	147/71
Temp	36.6 °C
Pulse	60

Patient Instructions

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
Waring stockings. INR in therapeutic range. Recheck one month.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
As above.

451.9 superficial thrombophlebitis
Earlier this week had episode of what sounds like superficial thrombophlebitis which has resolved. INR therapeutic. She apparently had been seeing a doctor on Bainbridge for a couple of months, Coumadin had been increased to 15 mg on Mondays rather than 10, but then she went back to ten which she has been onfor the last two weeks. INR is in the desired range. If she has another episode of thrombophlebitis will increase her dose. See me in one month.

780.39 CONVULSIONS, OTHER
She has had no seizures. Due for blood work.
Plan: CarBAMazepine 200 MG Oral Tab

Also has A1c and other previously order labs pending today. Will write her with the results.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 7/20/2012 11:50 AM

07/09/2012 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Other convulsions
- Other and unspecified hyperlipidemia
- Essential hypertension, benign
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/13/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 8/13/2012
Quantity: 30 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder

07/09/2012 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/4/2012
Start date: 3/20/2012 — End date: 1/28/2013
Quantity: 90 Tab — Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/15/2012
Start date: 5/14/2012 — End date: 12/12/2012
Quantity: 30 Tab — Refill: 6

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2013
Reason for discontinuation: Dose adjustment
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 7/9/2012
Start date: 7/9/2012 — End date: 5/15/2013
Quantity: 15 Tab — Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 7/9/2012 1522

Received a request to refill HCTZ 25 mg. Please advise, pharmacy on file

Electronically signed by Voronchuk, Eleonora at 7/9/2012 3:29 PM

Neighbor Jr., William E at 7/9/2012 1710

SODIUM 138 10/21/2011
POTASSIUM 4.1 10/21/2011
CHLORIDE 105 10/21/2011
CARBON 25 10/21/2011
BUN 16 10/21/2011
CREATININE 0.67 10/21/2011
CREATININE **Note new reference range.** 10/21/2011
GLUCOSE 145 10/21/2011
CALCIUM 9.1 10/21/2011
IONGAP 8 10/21/2011

LDL 95 10/21/2011

A1C 6.5 10/21/2011
A1C 6.4 5/26/2011
A1C 6.3 5/27/2010

07/09/2012 - Telephone in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

A1C 6.4 9/29/2009
A1C 6.1 7/21/2008
A1C 6.2 4/29/2008
A1C * 4/29/2008
Value: Due to a significant change from previous results, the assay was repeated for quality assurance purposes.
A1C 6.4 3/11/2008
A1C 9.3 2/25/2008

Due for lab. Ordered to be done with next INR.
William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 7/9/2012 5:14 PM

Labs

BASIC METABOLIC PANEL (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/09/12 1714**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/09/12 1714
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/09/12 -
Class: Normal
Quantity: 1
Discontinued by: Uw Use Interface, User 09/07/12 0034 [Auto-canceled. Patient no show and/or specimen not received within 60 days.]

Specimen Information

ID	Type	Source	Collected By
M33379	—	—	07/09/12 1714

HEMOGLOBIN A1C, HPLC (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/09/12 1714**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/09/12 1714
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/09/12 -
Class: Normal
Quantity: 1
Discontinued by: Uw Use Interface, User 09/07/12 0034 [Auto-canceled. Patient no show and/or specimen not received within 60 days.]

Specimen Information

ID	Type	Source	Collected By
M33379	—	—	07/09/12 1714

LIPID PANEL (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/09/12 1714**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/09/12 1714
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/09/12 -
Class: Normal
Quantity: 1
Discontinued by: Uw Use Interface, User 09/07/12 0034 [Auto-canceled. Patient no show and/or specimen not received within 60 days.]

Specimen Information

ID	Type	Source	Collected By
M33379	—	—	07/09/12 1714

07/09/2012 - Telephone in Hall Health Primary Care Center (continued)

Labs (continued)

HEPATIC FUNCTION PANEL (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/09/12 1714**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/09/12 1714
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/09/12 -
Class: Normal
Quantity: 1
Discontinued by: Uw Use Interface, User 09/07/12 0034 [Auto-canceled. Patient no show and/or specimen not received within 60 days.]

Specimen Information

ID	Type	Source	Collected By
M33379	—	—	07/09/12 1714

Other Orders

Medications

Hydrochlorothiazide 25 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/09/12 1714**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/09/12 1714
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/09/12 - 05/15/13
Class: E-RX
Released by: Neighbor Jr., William E 07/09/12 1714
Discontinued by: Neighbor Jr., William E 05/15/13 1341 [Dose adjustment]

Diagnoses
Essential hypertension, benign [401.1 (ICD-9-CM)]
Reordered from: Hydrochlorothiazide 25 MG Oral Tab

Indications

Essential hypertension, benign [401.1 (ICD-9-CM)]

07/09/2012 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

07/09/2012 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Neighbor Jr., William E, MD (auto-released) 7/9/2012 1:00 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M28695	—	—	07/20/12 1040

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 07/20/12 1057, Result status: Final result

Order status: Completed
Filed on: 07/20/12 1057
Collected by: 07/20/12 1040
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 07/20/12 1121

Testing Performed By

07/09/2012 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 7/20/2012 11:21

06/20/2012 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaints: Follow-Up and Immunization or Injection
Visit diagnosis: Head injury, unspecified

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/30/2011
Start date: 11/30/2011 — End date: 7/20/2012
Quantity: 90 Tab — Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2012
Start date: 1/3/2012 — End date: 8/27/2012
Quantity: 90 Tab — Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/13/2012
Start date: 2/13/2012 — End date: 3/13/2013
Quantity: 5 mL — Refill: prn

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/13/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/9/2012

06/20/2012 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Start date: 3/9/2012
End date: 8/13/2012
Quantity: 30 Tab
Refill: 3

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2012
Reason for discontinuation: Reorder
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 7/9/2012
Quantity: 15 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/15/2012
Start date: 5/14/2012
End date: 12/12/2012
Quantity: 30 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 6/20/2012 1246

Jeanne Leonie Hoffman is a 87 year old female here to discuss the following:

959.01 HEAD INJURY UNSPECIFIED (primary encounter diagnosis)
Patient was in usual health until Monday when she climbed two to three steps up a step ladder to get food of a shelf in the kitchen. She lost balance, fell, hit head on cutting board and fell to floor. She believe she lost consciousness, but is not certain. She felt sore in right posterior head, neck, and upper extrremiities after fall. Fall was not observed.

Since the fall she has had pain in right occiput but denies neuro changes including confusion, dysarthria, double vision, dysphagia, weakness, numbness.

Importantly, she is on coumadin with therapeutic INRs. Reason for visit today originally was for INR.

Soc hx: Lives with son Lious who was not around at time of the fall.

OBJECTIVE:
BP 113/71 | Pulse 66 | Temp(Src) 97.2 °F (36.2 °C) (Oral)

06/20/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Last blood pressure recorded in this encounter: 113/71
General: healthy, alert, no distress
Neuro: Mental status: 0x4. Stubborn. No change noted by examiner who has known her for years. Speech pattern normal for her. Cranial nerves II-XII intact. Sensation Upper Extremities nl; Lower extremities nl. Strength upper extremities nl; lower extremities nl. Reflexes: Triceps sym one plus, biceps sym one plus, brachioradialis sym one plus, patellar sym 0, ankle sym 0. Babinski not tested. Finger to nose testing nl. Rhomberg nl. Pronator drift absent. Tandem gait not done. She is using wheeled walker as usual.
Eyes: Pupils equal nl, round nl, reactive nl, accomodation nl. Direct reflex nl. Consensual reflex nl. EOM full. Visual fields full. On fundoscopic exam, disks not done, retina not examined.
ENT: TM without blood. Scalp tender right occiput without ecchymoses. Neck tender over trapezius muscles..
MSK: Shoulders diffuse tenderness. Normal range of motion for age. Upper extremities no focal interness. Gait normal for her. Hip int and ext rotation normal.

PRORPD 2.3 6/20/2012
PRORPD 2.2 5/30/2012
PRORPD 2.6 3/9/2012
PRORPD 2.2 2/8/2012
PRORPD 2.0 1/6/2012
PRORPD 2.3 12/7/2011

ASSESSMENT AND PLAN:

959.01 HEAD INJURY UNSPECIFIED (primary encounter diagnosis)
Head injury due to fall from second or third step of ladder with good memory for event. However, patient believes she lost consciouness and given that she is on coumadin, despite non focal neuro exam, I would like her to have a head CT without contrast today to exclude intracranial bleed. She really does not have any signs of significant concussion which is reassurig
Plan: CT SCAN HEAD W/O CONTRAST
Son will transport her to Roosevelt for CT. They are to have radiologist page me before they leave as they live on Bainbridge.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 6/20/2012 12:54 PM

Imaging

Imaging

CT SCAN HEAD W/O CONTRAST (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/20/12 1221** Status: **Completed**
Ordering user: Neighbor Jr., William E 06/20/12 1221 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 06/20/12 - Class: Roosevelt Imaging
Quantity: 1 Lab status: Final result
Diagnoses
Head injury, unspecified [959.01 (ICD-9-CM)]

Questionnaire

Question	Answer
Reason for Exam	87 year old female who on Monday fell from 2 or 3 steps up a ladder hit her head on chopping block, believes she lost

06/20/2012 - Office Visit in Hall Health Primary Care Center (continued)

Imaging (continued)

	consciousness (unobserved). She is on coumadin. Now compalins of right occipital headache. ENT and Neuro exam un revealing.
Relevant chronic medical conditions	No relevant chronic medical conditions
Was a creatinine ordered today?	NO A CREATININE WAS NOT ORDERED TODAY
Last creatinine level (order today if result > 4 weeks ago)	CREATININE 0.67 10/21/2011

Order comments: Additional Clinical Info: none Referral for: Procedure or ancillary service not done by the referring provider. PATIENT INSTRUCTIONS: Please call the location phone number listed below to schedule your exam and obtain driving directions: P SEE EPIC

CT SCAN HEAD W/O CONTRAST (Abnormal) Resulted: 06/20/12 2022, Result status: Final result

Order status: Completed
Accession number: 7180649
Lab Technician: LAUREL MAHAR RR CT TECH

Filed on: 06/20/12 2023
Resulting lab: UW RADIOLOGY

Components

Component	Value	Reference Range	Flag	Lab
General Diagnostic Text	--	—	***CRITICAL***	UW RAD
Result: Examination:CT HEAD WO CONT Indication:CT head wo contrast, 87 year old female who on Monday fell from 2 or 3 steps up a ladder hit her head on chopping block, believes she lost consciousness (unobserved). She is on coumadin. Now compalins of right occipital headache. ENT and Neuro exam un revealing. Comparison:3/30/2007 Technique:Non-contrast axial 5 mm contiguous sections were obtained through the head. Patient age specific scan parameters were used for radiation exposure. Findings:Brain parenchyma: Multiple focal hypodensities within the basal ganglia and posterior limb of the right internal capsule likely represent lacunar infarcts and are similar in appearance to March 30, 2007.There is moderate diffuse cerebral volume loss and hypoattenuation within the subcortical white matter are non specific but consistent with microvascular ischemic change. Calcifications within the basal ganglia and posterior left parietal lobe white matter are similar compared to 2007. No acute infarct, hemorrhage or mass lesion. Ventricles, sulci and cisterns: Symmetric and midline. The basal cisterns are patent.Extra-axial: No extra-axial fluid collections.Sinuses, mastoids, bony structures: normal, no fractures				
Impression	--	—	***CRITICAL***	UW RAD
Result: Impression:No acute intracranial abnormality. No mass, acute infarct, or hemorrhage. Multiple small hypodensities within the basal ganglia and posterior limb of the right internal capsule likely represent prior lacunar infarcts. Critical Results CommunicationA critical finding was noted on 06/20/2012 3:36 PM.Findings were communicated by Dale, Jarrod Donald, MD to Neighbor, William E, MD on 06/20/2012 3:36 PM.				
General Diagnostic Text	--	—	***CRITICAL***	UW RAD
Result: ATTENDING RADIOLOGIST AND PAGER NUMBER336510 Fink III James Russell MD(206)540-1747				

Reviewed by

Neighbor Jr., William E on 06/21/12 1735
Voronchuk, Eleonora on 06/21/12 0913

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Head injury, unspecified [959.01 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 6/21/2012 17:35
Voronchuk, Eleonora on 6/21/2012 09:13

Flowsheets

06/20/2012 - Office Visit in Hall Health Primary Care Center (continued)

Flowsheets (continued)

Vitals Data

Row Name	06/20/12 1131
BP	113/71
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.2 °C
Temp src	Oral
Pulse	66
Having Periods	N
LMP Reason	Postmenopausal

Letters

Letter by Neighbor Jr., William E on 6/21/2012

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

6/21/2012

Jeanne Leonie Hoffman
245 High School Rd Nw
Unit 2
Bainbridge Island WA 98110

Dear Mrs. Hoffman:

I wanted to let you know that the CT of your head did not show any evidence of bleeding or injury. That is good news.

William E Neighbor JR, MD

06/11/2012 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

06/11/2012 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Neighbor Jr., William E, MD (auto-released) 6/11/2012 1:00 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M71865	—	—	06/20/12 1024

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 06/20/12 1059, Result status: Final result

Order status: Completed
Filed on: 06/20/12 1059
Collected by: 06/20/12 1024
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 06/20/12 1534

Testing Performed By

06/11/2012 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 6/20/2012 15:34

05/30/2012 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaints: Consultation and Immunization or Injection
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants
- Pain in joint, ankle and foot

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/13/2012

05/30/2012 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/9/2012
Start date: 3/9/2012 — End date: 8/13/2012
Quantity: 30 Tab — Refill: 3

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/9/2012
Reason for discontinuation: Reorder
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/9/2012
Start date: 3/9/2012 — End date: 7/9/2012
Quantity: 15 Tab — Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/4/2012
Start date: 3/20/2012 — End date: 1/28/2013
Quantity: 90 Tab — Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/15/2012
Start date: 5/14/2012 — End date: 12/12/2012
Quantity: 30 Tab — Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 5/30/2012 1401

Jeanne Leonie Hoffman is a 87 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE
451.19 DEEP VENOUS PHLEBITIS-LEG NEC
Somewhat past due for INR. Stable dose. No bleeding. No recurrent clot symptoms. No change in other medications.

719.47 JOINT PAIN-ANKLE
Jeanne reports that in late April to trip on uneven concrete side walk, fell on left side and sustained rib fracture for which she was seen by a friend's doctor on Bainbridge. Today she reports that her left heel, medial aspect, has been painful with walking. She is unclear how long this has been present and whether it is at all temporally related to the fall in late April. She does not recall other injuries. She has not experience swelling, or redness in the area.

05/30/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

OBJECTIVE:
BP 116/75 | Pulse 58 | Temp(Src) 97.1 °F (36.2 °C) (Oral)
Last blood pressure recorded in this encounter: 116/75
General: healthy, alert, no distress
Ankle and Foot
Side examined left
Leg: Swelling no; ecchymoses no. Old hemosiderin deposits; deformity no. Fibular head nl. Fibular shaft nl. Tibial shaft nl. Squeeze test nl.

Ankle: Swelling no; ecchymoses no; deformity no. Lateral malleous nl. Posterior lateral malleolus nl. Anterior Talo fibular ligament nl. Inferior Calcanofibular ligament: nl. Posterior Talofibular ligament: nlMedial Malleolus nl. Anterior deltoid ligament nl. Achilles tendon nl. Retrocalcaneal bursa: nl. Calcaneous lateral, medial and plantar surface: tender over medial aspect.

Midfoot: Swelling no; ecchymoses no; deformity no. Tenderness over: the cuboid no; navicular no, or lateral talar process no. Sinus tars swelling or tenderness: no. Peroneal tendon tenderness: no

Forefoot: Fifth metatarsal base nl. Metatarsals: nl. Axial loading nl. Phalanges: nl.

Plantar surface: Heel pad non tender. Mid foot : nl. Metatarsal heads nl. Arch: nl

ROM: Dorsiflexion to 45 degrees. Plantarflexion to 50 degrees. Passive Inversion: full. Passive Eversion full.

Strength: 5/5 strength with dorsiflexion, 5/5 strength with plantarflexion. Eversion 5/5

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.2. Recheck on month.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence.

719.47 JOINT PAIN-ANKLE
Right medial calcaneal pain of uncertain duration in patient who fell when tripped on uneven concrete in late April. X ray to rule out calcaneal fracture.
Plan: X-RAY FOOT 3+ VW LEFT

William E Neighbor JR, MD

Addendum: 5/31/2012 Foot X ray negative. Advised warm soaks and recheck if does not resolve. Consider CT scan if persists.

Electronically signed by Neighbor Jr., William E at 5/31/2012 1:39 PM

Imaging

05/30/2012 - Office Visit in Hall Health Primary Care Center (continued)

Imaging (continued)

Imaging

X-RAY FOOT 3+ VW LEFT (Final result)

Electronically signed by: **Neighbor Jr., William E on 05/30/12 1222** Status: **Completed**
Ordering user: Neighbor Jr., William E 05/30/12 1222 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/30/12 - Class: General Imaging
Quantity: 1 Lab status: Final result
Diagnoses
Pain in joint, ankle and foot [719.47 (ICD-9-CM)]

Questionnaire

Question	Answer
Reason for Exam	left heal pain medially for uncertain duration. Had fall in late April. Does not recall injuring foot.

Order comments: .

X-RAY FOOT 3+ VW LEFT Resulted: 05/30/12 1431, Result status: Final result

Order status: Completed Filed on: 05/30/12 1431
Accession number: 7141370 Resulting lab: UW RADIOLOGY
Lab Technician: JOHN EARP

Components

Component	Value	Reference Range	Flag	Lab
General Diagnostic Text	--	—	—	UW RAD

Result: EXAMINATION:XR FOOT 3 VIEWS LEFT LEFT Indication:left heal pain medially for uncertain duration. Had fall in late April. Does not recall injuring foot. Comparison:Ankle radiograph dated 12/16/2010 Findings:Normal alignment. No fractures or dislocations. There is midfoot osteoarthritis. There are vascular calcifications. ATTENDING RADIOLOGIST AND PAGER NUMBER326330 Chew Felix S. MD(206)559-7501

Reviewed by

Neighbor Jr., William E on 05/30/12 1703
Voronchuk, Eleonora on 05/30/12 1500

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Pain in joint, ankle and foot [719.47 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 5/30/2012 17:03
Voronchuk, Eleonora on 5/30/2012 15:00

Flowsheets

Vitals Data

Row Name	05/30/12 1203
BP	116/75
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting

05/30/2012 - Office Visit in Hall Health Primary Care Center (continued)

Flowsheets (continued)

Temp	36.2 °C
Temp src	Oral
Pulse	58

Letters

Letter by Neighbor Jr., William E on 5/30/2012

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

5/30/2012

Jeanne Leonie Hoffman
245 High School Rd Nw
Unit 2
Bainbridge Island WA 98110

Dear Mrs. Hoffman:

The x ray of your foot did not show any evidence of fracture. I advise soaking your foot in warm water for 30 minutes twice daily for a week. If after that you continue to have pain, I would consider a CT of your foot to exclude a stress fracture. I hope though that your foot pain resolves with the use of the warm soaks.

Best regards,

William E Neighbor JR, MD

05/14/2012 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/13/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 8/13/2012
Quantity: 30 Tab
Refill: 3

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2012
Reason for discontinuation: Reorder
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 7/9/2012
Quantity: 15 Tab
Refill: 3

05/14/2012 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/13/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/15/2012
Start date: 5/14/2012
End date: 12/12/2012
Quantity: 30 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 5/14/2012 0847

Received a request from the pharmacy to refill Warfarin 10 mg. Pharmacy on file, please advise

Electronically signed by Voronchuk, Eleonora at 5/14/2012 8:50 AM

Neighbor Jr., William E at 5/15/2012 1505

PRORPD 2.6 3/9/2012
PRORPD 2.2 2/8/2012
PRORPD 2.0 1/6/2012
PRORPD 2.3 12/7/2011
PRORPD 3.7 11/30/2011
PRORPD 2.6 10/27/2011

Letter send reminding her to come in for INR.
William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 5/15/2012 3:07 PM

Other Orders

Medications

Warfarin Sodium 10 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 05/15/12 1504**
Status: **Discontinued**

05/14/2012 - Telephone in Hall Health Primary Care Center (continued)

Other Orders (continued)

Ordering user: Neighbor Jr., William E 05/15/12 1504
Ordering mode: Standard
Frequency: Routine 05/14/12 - 12/12/12
Released by: Neighbor Jr., William E 05/15/12 1504
Reordered from: Warfarin Sodium 10 MG Oral Tab

Authorized by: Neighbor Jr., William E
Class: E-RX
Discontinued by: Neighbor Jr., William E 12/13/12 1424 [Reorder]

Letters

Letter by Neighbor Jr., William E on 5/15/2012

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

5/15/2012

Jeanne Leonie Hoffman
245 High School Rd Nw
Unit 2
Bainbridge Island WA 98110

Dear Mrs. Hoffman:

I refilled your medication today warfarin (coumadin).

On review of your record, I see that you are due for INR monthly. This is a reminder to have that blood test done.

I will report the results to you at your visit or by letter or phone within 2 weeks of the tests being done. Please call if you have not received your test results by 2 weeks after the tests.

Best regards,

William E Neighbor JR, MD

05/14/2012 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

05/14/2012 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Neighbor Jr., William E, MD (auto-released) 5/14/2012 1:00 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M46802	—	—	05/30/12 1048

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 05/30/12 1217, Result status: Final result

Order status: Completed
Filed on: 05/30/12 1217
Collected by: 05/30/12 1048
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Gamboa, Elizabeth L on 06/05/12 1209
Neighbor Jr., William E on 05/30/12 1658

Testing Performed By

05/14/2012 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

All Reviewers List

Gamboa, Elizabeth L on 6/5/2012 12:09
Neighbor Jr., William E on 5/30/2012 16:58

04/16/2012 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

04/16/2012 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Instance released by: Neighbor Jr., William E, MD (auto-released) 4/16/2012 1:00 AM
Discontinued by: Uw Use Interface, User 06/15/12 0034 [Auto-canceled. Patient no show and/or specimen not received within 60 days.]

Specimen Information

ID	Type	Source	Collected By
M20831	—	—	04/16/12 0100

04/13/2012 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: No Show
Visit diagnosis: NO SHOW

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR NO CHARGE FOR LEVEL OF SERVICE

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/9/2011
Start date: 11/9/2011 — End date: 5/14/2012
Quantity: 30 Tab — Refill: 5

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/30/2011
Start date: 11/30/2011 — End date: 7/20/2012
Quantity: 90 Tab — Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2012
Start date: 1/3/2012 — End date: 8/27/2012
Quantity: 90 Tab — Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/13/2012

04/13/2012 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/13/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 8/13/2012
Quantity: 30 Tab
Refill: 3

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2012
Reason for discontinuation: Reorder
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 7/9/2012
Quantity: 15 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 4/13/2012 1653

This patient failed a scheduled appointment today.
Disposition: Patient due for INR. Written. Does not answer her phone.

Electronically signed by Neighbor Jr., William E at 4/13/2012 4:54 PM

Letters

Letter by Neighbor Jr., William E on 4/13/2012

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

4/13/2012

Jeanne Leonie Hoffman

04/13/2012 - Office Visit in Hall Health Primary Care Center (continued)

Letters (continued)

245 High School Rd Nw
Unit 2
Bainbridge Island WA 98110

Dear Ms. Hoffman:

You missed your appointment today. Remember to come in for your monthly INR. I hope all is well.

Sincerely,

William E Neighbor JR, MD

04/04/2012 - Telephone in UW Neighborhood Clinics Northgate

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/13/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 8/13/2012
Quantity: 30 Tab
Refill: 3

04/04/2012 - Telephone in UW Neighborhood Clinics Northgate (continued)

Medication List (continued)

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2012
Reason for discontinuation: Reorder
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 7/9/2012
Quantity: 15 Tab
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Tran, Hien Thi at 4/4/2012 1247

Main reason for the call: Eric from Safeway pharmacy requesting to refill **Atorvastatin Calcium (LIPITOR) 40 MG OR TABS.** Stated that request has been sent since 03/20/12.
pls adv on request

Call back expected: YES

Daytime call back number: 206-842-0127; After 5: ; Saturday:

Okay to leave detailed VM or msg with someone at any of these numbers (if you are not available when the clinic staff calls back)?: N/A

Electronically signed by Tran, Hien Thi at 4/4/2012 12:48 PM

Gamboa, Elizabeth L at 4/4/2012 1253

Called pharmacy to let them know to contact Dr. Neighbor at hall Health Primary Care

Electronically signed by Gamboa, Elizabeth L at 4/4/2012 12:53 PM

03/20/2012 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/13/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 8/13/2012
Quantity: 30 Tab
Refill: 3

03/20/2012 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2012
Reason for discontinuation: Reorder
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 7/9/2012
Quantity: 15 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 4/4/2012 1305

Received a call from Safeway pharmacy, Bainbridge Island, stated that patient is out of Atorvastatin. Pharmacy information on file, please advise.

Electronically signed by Voronchuk, Eleonora at 4/4/2012 1:09 PM

Neighbor Jr., William E at 4/4/2012 1614

TOTAL 179 10/21/2011
LDL 95 10/21/2011
HDL 48 10/21/2011
TRIG 181 10/21/2011
CHOLRATIO 3.7 10/21/2011

Lab current.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 4/4/2012 4:14 PM

Other Orders

Medications

Atorvastatin Calcium 40 MG Oral Tab (Discontinued)

03/20/2012 - Refill in Hall Health Primary Care Center (continued)

Other Orders (continued)

Electronically signed by: **Neighbor Jr., William E on 04/04/12 1614** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 04/04/12 1614 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: 03/20/12 - 01/28/13 Class: E-RX
Released by: Neighbor Jr., William E 04/04/12 1614 Discontinued by: Neighbor Jr., William E 01/28/13 1530 [Reorder]

03/09/2012 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Lab Draw
Visit diagnoses:

- Essential hypertension, benign (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

03/09/2012 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2012
Start date: 1/3/2012 — End date: 8/27/2012
Quantity: 90 Tab — Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/13/2012
Start date: 2/13/2012 — End date: 3/13/2013
Quantity: 5 mL — Refill: prn

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/13/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/9/2012
Start date: 3/9/2012 — End date: 8/13/2012
Quantity: 30 Tab — Refill: 3

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/9/2012
Reason for discontinuation: Reorder
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/9/2012
Start date: 3/9/2012 — End date: 7/9/2012
Quantity: 15 Tab — Refill: 3

Stopped in Visit

Lisinopril 2.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/9/2012
Reason for discontinuation: Side effects/adverse reaction

Hydrochlorothiazide (MICROZIDE) 12.5 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/9/2012
Reason for discontinuation: Cost

Clinical Notes

Progress Notes

Neighbor Jr., William E at 3/9/2012 1819

Jeanne Leonie Hoffman is a 87 year old female here to discuss the following:

BENIGN HYPERTENSION (primary encounter diagnosis)
Patient stopped taking lisinopril because she found that when she was taking it she had more leg pain than when she did not take it. She has not had blood pressure measurements at home.

AFTERCARE LONG TERM ANTICOAG USE
DEEP VENOUS PHLEBITIS-LEG NEC
She has been on stable dose of coumadin. No recurrent clots. No bleeding.

03/09/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

OBJECTIVE:
BP 175/80 | Pulse 77 | Temp(Src) 97.8 °F (36.6 °C) (Oral)
Last blood pressure recorded in this encounter: 175/80
General: healthy, alert, no distress
Chest: Clear
Cor: RR
Extr: Elastic stockings in place without foot edema.

PRORPD 2.6 3/9/2012
PRORPD 2.2 2/8/2012
PRORPD 2.0 1/6/2012
PRORPD 2.3 12/7/2011
PRORPD 3.7 11/30/2011
PRORPD 2.6 10/27/2011

SODIUM 138 10/21/2011
POTASSIUM 4.1 10/21/2011
CHLORIDE 105 10/21/2011
CARBON 25 10/21/2011
BUN 16 10/21/2011
CREATININE 0.67 10/21/2011
CREATININE **Note new reference range.** 10/21/2011
GLUCOSE 145 10/21/2011
CALCIUM 9.1 10/21/2011
IONGAP 8 10/21/2011

ASSESSMENT AND PLAN:

BENIGN HYPERTENSION (primary encounter diagnosis)
Blood pressure inadequate controlled on HCTZ 12.5 mg alone without lisinopril. Lisinopril caused leg cramps in her. Her labs are current. Will change to losartan 25 mg daily. She also wanted HCTZ 25 mg tabs one half daily because her local pharmacy does not carry 12.5 mg HCTZ. I wrote prescriptions for this. She is to check her blood pressure at local pharmacy with goal of 140/80. If not achieve, she is to contact me or schedule visit. Otherwise recheck in one month.

AFTERCARE LONG TERM ANTICOAG USE
INR stable in target range. Recheck in one month.

DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 3/9/2012 6:23 PM

03/09/2012 - Office Visit in Hall Health Primary Care Center (continued)

Other Orders

Medications

Losartan Potassium 25 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 03/09/12 1145** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 03/09/12 1145 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/09/12 - 08/13/12 Class: E-RX
Discontinued by: Neighbor Jr., William E 08/13/12 1409 [Reorder]

Hydrochlorothiazide 25 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 03/09/12 1145** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 03/09/12 1145 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/09/12 - 07/09/12 Class: E-RX
Discontinued by: Neighbor Jr., William E 07/09/12 1714 [Reorder]

Flowsheets

Vitals Data

Row Name	03/09/12 1122
BP	175/80
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.6 °C
Temp src	Oral
Pulse	77

03/09/2012 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

03/09/2012 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

Lisinopril 2.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/9/2012
Reason for discontinuation: Side effects/adverse reaction

Hydrochlorothiazide (MICROZIDE) 12.5 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/9/2012
Reason for discontinuation: Cost

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/9/2012 10:18 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F25301	—	—	03/09/12 1019

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 03/09/12 1054, Result status: Final result

Order status: Completed
Filed on: 03/09/12 1054
Collected by: 03/09/12 1019
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

03/09/2012 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Reviewed by

Gamboa, Elizabeth L on 06/05/12 1232
Neighbor Jr., William E on 03/09/12 1635

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Gamboa, Elizabeth L on 6/5/2012 12:32
Neighbor Jr., William E on 3/9/2012 16:35

03/09/2012 - Consent Form in Hall Health Health Data Service

Visit Information

Admission Information

Arrival Date/Time:		Admit Date/Time:	03/09/2012	IP Adm. Date/Time:	
Admission Type:		Point of Origin:		Admit Category:	
Means of Arrival:		Primary Service:		Secondary Service:	N/A
Transfer Source:		Service Area:		Unit:	
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: —	Disposition: —	Destination: —
Provider: —	Unit: —	

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily

03/09/2012 - Consent Form in Hall Health Health Data Service (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 2/13/2012
Quantity: 5 mL
Ordered on: 2/13/2012
End date: 3/13/2013
Refill: prn

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD
Start date: 3/9/2012
Quantity: 30 Tab
Discontinued on: 8/13/2012
Ordered on: 3/9/2012
End date: 8/13/2012
Refill: 3

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Start date: 3/9/2012
Quantity: 15 Tab
Discontinued on: 7/9/2012
Ordered on: 3/9/2012
End date: 7/9/2012
Refill: 3

Stopped in Visit

Lisinopril 2.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Side effects/adverse reaction
Discontinued on: 3/9/2012

Hydrochlorothiazide (MICROZIDE) 12.5 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Cost
Discontinued on: 3/9/2012

03/09/2012 - Consent Form in Hall Health Health Data Service (continued)

Documents

Other - Scan on 3/13/2012 2:49 PM

Scan (below)

Washington State Department of Social & Health Services
HRSA Health & Recovery Services Administration

Agreement to Pay for Healthcare Services

WAC 388-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) for which the Department of Social and Health Services (DSHS) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications.

1. **Client** - is a recipient of Medicaid or other healthcare benefits through the DSHS or a managed care organization (MCO) that contracts with DSHS; and
2. **Provider** - is an institution, agency, business, or person that furnishes healthcare services to DSHS clients and has a signed agreement with DSHS or authorization from an MCO.

This Agreement and WAC 388-502-0160 apply to billing a client for covered and noncovered services as described in WAC 388-501-0050 through WAC 388-501-0070. Providers may not bill any DSHS client (including those enrolled with an MCO that contracts with DSHS) for services which DSHS or an MCO that contracts with DSHS may have paid until the provider has completed all requirements for obtaining authorization.

CLIENT'S PRINTED NAME	CLIENT'S DSHS ID NUMBER
Hoffman, Jeanne	100675002 WA
PROVIDER'S PRINTED NAME	PROVIDER NUMBER
Dr Neighbor	[redacted] 126551898

This form:

- Must be fully completed by both the provider and the client **before** any service for which this Agreement is required is provided to a DSHS client.
- Must be completed no more than 90 calendar days before the service is provided. If the service is not provided within 90 calendar days, a new form must be completed and signed by both the provider and the client.
- Must be completed only **after** the provider and the client have exhausted all applicable DSHS or DSHS-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 388-501-0160 or the administrative hearing process as described in WAC 388-526-2610, if the client chooses to pursue these processes.
- Must be understandable to a limited English proficient (LEP) client in his or her primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. A translated form must be signed by both the client and the provider.

The table on back of this form must be fully completed. If needed, attach another sheet for additional services. Each additional page must be signed and dated by the client, provider, and interpreter (if applicable).

Important Note from DSHS:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 388-502-0160 or does not satisfy DSHS conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 388-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. A copy of this completed, signed agreement must also be given to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://www.dshs.wa.gov/msa/forms/eforms.html.

AGREEMENT TO PAY FOR HEALTHCARE SERVICES
DSHS 13-879 (05/2010)

Page 1 of 2

03/09/2012 - Consent Form in Hall Health Health Data Service (continued)

Documents (continued)

SPECIFIC SERVICE(S) OR ITEM(S) TO BE PROVIDED AND ANTICIPATED DATE OF SERVICE	CPT/CDT/ HCPC CODE (BILLING CODE)	AMOUNT TO BE PAID BY CLIENT	REASON WHY THE CLIENT IS AGREEING TO BE BILLED (CHECK THE ONE THAT APPLIES FOR EACH SERVICE)	COVERED TREATMENT ALTERNATIVES OFFERED BUT NOT CHOSEN BY CLIENT	DATE(S) ETR REQUESTED/DENIED OR WAIVED, OR PRIOR AUTHORIZATION (PA) REQUESTED/DENIED	
Labwork	99214	$200	☒ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH DSHS NOTICE) PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH DSHS NOTICE) PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH DSHS NOTICE) PA DENIAL (ATTACH DSHS NOTICE)

- I understand that DSHS or an MCO that contracts with DSHS will not pay for the specific service(s) being requested for one of the following reasons, as *indicated in the above table: 1) DSHS does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is* covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after a DSHS or DSHS-contracted MCO denial of a request for a noncovered service; or 2) ask for a hearing to appeal a *DSHS or DSHS-contracted MCO denial of a requested service.*
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by DSHS or DSHS-contracted MCO, and I still choose to get the specified service(s) above.
- ***I agree to pay the provider directly for the specific service(s) listed above.***
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which DSHS or a DSHS-contracted MCO will not pay. This provider *answered all my questions to my satisfaction and has given me a completed copy of this form.*
- I understand that I can call DSHS at 1-800-562-3022 if I want to receive additional information about my rights or services covered by DSHS under fee-for-service or managed care.

I AFFIRM: I understand and agree with this form's content, including the bullet points above.	CLIENT'S OR CLIENT'S LEGAL REPRESENTATIVE'S SIGNATURE Jeanne L Hoffman	DATE 3/9/12
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 388-502-0160.	PROVIDER OF SERVICE(S) SIGNATURE [signature] MD	DATE 3/9/12
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	INTERPRETER'S PRINTED NAME AND SIGNATURE	DATE

AGREEMENT TO PAY FOR HEALTHCARE SERVICES
DSHS 13-879 (05/2010)

Page 2 of 2

02/13/2012 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Lisinopril 2.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/9/2012
Reason for discontinuation: Side effects/adverse reaction
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2012
Start date: 1/6/2012
End date: 3/9/2012
Quantity: 30 Tab
Refill: 6

02/13/2012 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Hydrochlorothiazide (MICROZIDE) 12.5 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/9/2012
Reason for discontinuation: Cost
Instructions: one tab daily for blood pressure
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2012
Start date: 1/6/2012
End date: 3/9/2012
Quantity: 90 Cap
Refill: 3

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Hammond, Davalyn Nicole at 2/13/2012 1136

Faxed refill request received from pharmacy 2/12/2012.
Patient was last seen in our office 2/8/2012.
Medication was last filled 2/10/2011.
Please advise.

Thank you.

Electronically signed by Hammond, Davalyn Nicole at 2/13/2012 11:37 AM

Other Orders

Medications

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 02/13/12 1215**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 02/13/12 1215
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 02/13/12 - 03/13/13
Class: E-RX
Released by: Neighbor Jr., William E 02/13/12 1215
Discontinued by: Neighbor Jr., William E 03/13/13 1402
Reordered from: Timolol Maleate 0.5 % (DAILY) OP SOLN

02/08/2012 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaints: Follow-Up and Immunization or Injection
Visit diagnoses:

- Essential hypertension, benign (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

CarBAMazepine 200 MG Oral Tab

02/08/2012 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Lisinopril 2.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/9/2012
Reason for discontinuation: Side effects/adverse reaction
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2012
Start date: 1/6/2012
End date: 3/9/2012
Quantity: 30 Tab
Refill: 6

Hydrochlorothiazide (MICROZIDE) 12.5 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/9/2012
Reason for discontinuation: Cost
Instructions: one tab daily for blood pressure
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2012
Start date: 1/6/2012
End date: 3/9/2012
Quantity: 90 Cap
Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 2/8/2012 1208

Jeanne Leonie Hoffman is a 87 year old female here to discuss the following:

BENIGN HYPERTENSION (primary encounter diagnosis)
Taking lisinopril which was started at last visit. No interval bp measurement.s

DEEP VENOUS PHLEBITIS-LEG NEC
No recurrent symptoms. Compliant with coumadin. No bleeding or brusing.

Leg pain
Complains of right anterior leg pain that began after starting lisinopril. She does not notice any bruising or swelling. Does not recall any injury.

OBJECTIVE:
BP 130/70 | Pulse 71 | Temp(Src) 97.9 °F (36.6 °C) (Oral)

02/08/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Last blood pressure recorded in this encounter: 130/70
General: healthy, alert, no distress
Extr: Right thigh without bruising or swelling. She is tender over the mediolaterall quads in the mid portion. Hip FROM including int and ext rotation without pain. Knee without tenderness or swelling.

PRORPD 2.2 2/8/2012
PRORPD 2.0 1/6/2012
PRORPD 2.3 12/7/2011
PRORPD 3.7 11/30/2011
PRORPD 2.6 10/27/2011
PRORPD 2.4 9/20/2011

ASSESSMENT AND PLAN:

BENIGN HYPERTENSION (primary encounter diagnosis)
BP improved. Recheck one month. Continue lisinopril and HCTZ at low doses.

DEEP VENOUS PHLEBITIS-LEG NEC
INR 2.2.

AFTERCARE LONG TERM ANTICOAG USE
INR 2.2.

Right thigh pain likely related to strain. No evidence of bleeding into muscle, or hip or knee acute changes. Pain is improving with self massage and I would expect it to continue to do so.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 2/8/2012 12:11 PM

Flowsheets

Vitals Data

Row Name	02/08/12 1147
BP	130/70
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.6 °C
Temp src	Oral
Pulse	71
Having Periods	N
LMP Reason	Postmenopausal

02/08/2012 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

02/08/2012 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 2/8/2012 10:24 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W25007	—	—	02/08/12 1025

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 02/08/12 1108, Result status: Final result

Order status: Completed
Filed on: 02/08/12 1108
Collected by: 02/08/12 1025
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Alotis, Nancy on 02/08/12 1419
Neighbor Jr., William E on 02/08/12 1127

Testing Performed By

02/08/2012 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Alotis, Nancy on 2/8/2012 14:19
Neighbor Jr., William E on 2/8/2012 11:27

02/08/2012 - Consent Form in Hall Health Health Data Service

Visit Information

Admission Information

Arrival Date/Time:		Admit Date/Time:	02/08/2012	IP Adm. Date/Time:	
Admission Type:		Point of Origin:		Admit Category:	
Means of Arrival:		Primary Service:		Secondary Service:	N/A
Transfer Source:		Service Area:		Unit:	
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: —	Disposition: —	Destination: —
Provider: —	Unit: —	

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Lisinopril 2.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/9/2012
Reason for discontinuation: Side effects/adverse reaction

02/08/2012 - Consent Form in Hall Health Health Data Service (continued)

Medication List (continued)

Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/6/2012
Start date: 1/6/2012 — End date: 3/9/2012
Quantity: 30 Tab — Refill: 6

Hydrochlorothiazide (MICROZIDE) 12.5 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/9/2012
Reason for discontinuation: Cost
Instructions: one tab daily for blood pressure
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/6/2012
Start date: 1/6/2012 — End date: 3/9/2012
Quantity: 90 Cap — Refill: 3

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/13/2012
Start date: 2/13/2012 — End date: 3/13/2013
Quantity: 5 mL — Refill: prn

Stopped in Visit

None

02/08/2012 - Consent Form in Hall Health Health Data Service (continued)

Documents

Other - Scan on 2/15/2012 1:49 PM: Agreement to Pay for Healthcare Services

Scan (below)

Department of Social & Health Services
MRSA Health & Recovery Services Administration

Agreement to Pay for Healthcare Services

WAC 388-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) for which the Department of Social and Health Services (DSHS) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications.

1. **Client** - is a recipient of Medicaid or other healthcare benefits through the DSHS or a managed care organization (MCO) that contracts with DSHS; and
2. **Provider** - is an institution, agency, business, or person that furnishes healthcare services to DSHS clients and has a signed agreement with DSHS or authorization from an MCO.

This Agreement and WAC 388-502-0160 apply to billing a client for covered and noncovered services as described in WAC 388-501-0050 through WAC 388-501-0070. Providers may not bill any DSHS client (including those enrolled with an MCO that contracts with DSHS) for services which DSHS or an MCO that contracts with DSHS may have paid until the provider has completed all requirements for obtaining authorization.

CLIENT'S PRINTED NAME	CLIENT'S DSHS ID NUMBER
JEANNE HOFFMAN	018A 3181555
PROVIDER'S PRINTED NAME	PROVIDER NUMBER
WILLIAM NEIGHBOR	1265518989

This form:

- Must be fully completed by both the provider and the client **before** any service for which this Agreement is required is provided to a DSHS client.
- Must be completed no more than 90 calendar days before the service is provided. If the service is not provided within 90 calendar days, a new form must be completed and signed by both the provider and the client.
- Must be completed only **after** the provider and the client have exhausted all applicable DSHS or DSHS-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 388-501-0160 or the administrative hearing process as described in WAC 388-526-2610, if the client chooses to pursue these processes.
- Must be understandable to a limited English proficient (LEP) client in his or her primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. A translated form must be signed by both the client and the provider.

The table on back of this form must be fully completed. If needed, attach another sheet for additional services. Each additional page must be signed and dated by the client, provider, and interpreter (if applicable).

Important Note from DSHS:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 388-502-0160 or does not satisfy DSHS conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 388-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. A copy of this completed, signed agreement must also be given to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://www.dshs.wa.gov/msa/forms/eforms.html.

02/08/2012 - Consent Form in Hall Health Health Data Service (continued)

Documents (continued)

SPECIFIC SERVICE(S) OR ITEM(S) TO BE PROVIDED AND ANTICIPATED DATE OF SERVICE	CPT/CDT/ HCPC CODE (BILLING CODE)	AMOUNT TO BE PAID BY CLIENT	REASON WHY THE CLIENT IS AGREEING TO BE BILLED (CHECK THE ONE THAT APPLIES FOR EACH SERVICE)	COVERED TREATMENT ALTERNATIVES OFFERED BUT NOT CHOSEN BY CLIENT	DATE(S) ETR REQUESTED/DENIED OR WAIVED, OR PRIOR AUTHORIZATION (PA) REQUESTED/DENIED	
OFF VISIT & ALL REL SVCS 3.8.2012	99211-99215	$41-284	☑ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH DSHS NOTICE) PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH DSHS NOTICE) PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH DSHS NOTICE) PA DENIAL (ATTACH DSHS NOTICE)

- I understand that DSHS or an MCO that contracts with DSHS will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) DSHS does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after a DSHS or DSHS-contracted MCO denial of a request for a noncovered service; or 2) ask for a hearing to appeal a DSHS or DSHS-contracted MCO denial of a requested service.
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by DSHS or DSHS-contracted MCO, and I still choose to get the specified service(s) above.
- ***I agree to pay the provider directly for the specific service(s) listed above.***
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which DSHS or a DSHS-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form.
- I understand that I can call DSHS at 1-800-562-3022 if I want to receive additional information about my rights or services covered by DSHS under fee-for-service or managed care.

I AFFIRM: I understand and agree with this form's content, including the bullet points above.	X CLIENT'S OR CLIENT'S LEGAL REPRESENTATIVE'S SIGNATURE Jeanne L Hoffman	DATE 2/8/2012
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 388-502-0160.	PROVIDER OF SERVICE(S) SIGNATURE William Neuffer MD	DATE 2/8/2012
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	INTERPRETER'S PRINTED NAME AND SIGNATURE	DATE

AGREEMENT TO PAY FOR HEALTHCARE SERVICES
DSHS 13-879 (05/2010)

Page 2 of 2

02/08/2012 - Consent Form in Hall Health Health Data Service

Visit Information

Admission Information

Arrival Date/Time:		Admit Date/Time:	02/08/2012	IP Adm. Date/Time:	
Admission Type:		Point of Origin:		Admit Category:	
Means of Arrival:		Primary Service:		Secondary Service:	N/A
Transfer Source:		Service Area:		Unit:	
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: —	Disposition: —	Destination: —
Provider: —	Unit: —	

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Lisinopril 2.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/9/2012
Reason for discontinuation: Side effects/adverse reaction

02/08/2012 - Consent Form in Hall Health Health Data Service (continued)

Medication List (continued)

Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/6/2012
Start date: 1/6/2012 — End date: 3/9/2012
Quantity: 30 Tab — Refill: 6

Hydrochlorothiazide (MICROZIDE) 12.5 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/9/2012
Reason for discontinuation: Cost
Instructions: one tab daily for blood pressure
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/6/2012
Start date: 1/6/2012 — End date: 3/9/2012
Quantity: 90 Cap — Refill: 3

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/13/2012
Start date: 2/13/2012 — End date: 3/13/2013
Quantity: 5 mL — Refill: prn

Stopped in Visit

None

02/08/2012 - Consent Form in Hall Health Health Data Service (continued)

Documents

Other - Scan on 2/15/2012 2:53 PM

Scan (below)

HARBORVIEW MEDICAL CENTER
UW Medicine
325 9th Ave Seattle WA
98104-2499
206-744-3000

UNIVERSITY OF WASHINGTON MEDICAL CENTER
UW Medicine
1959 NE Pacific Seattle WA
98195-6151
206-598-3300

UW Physicians
UW Medicine
POB 50095 Seattle WA
98145-5095
206-543-6420

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

***NOTE*: If Medicare doesn't pay for** OFF VISIT & ALL REL SVCS **below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Code 99211-99215 Description: OFF VISIT & ALL REL SVC	**Check reason code (see back)** A ☐ B ☑ C ☑ D ☐	$41 – $284 —

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading. & ALL REL SVCS
- Choose an option below about whether to receive the OFF VISIT _____ listed above.

Note: If you choose Options 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: **Check only one box. We cannot choose a box for you.**

☑ **OPTION 1**. I want the OFF VISIT & ALL REL SVC listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2**. I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3**. I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/**TTY**: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Authorized Representative)	Print Name	Date:
Jeanne L Hoffman	JEANNE HOFFMAN	2·8·2012

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT NO: N392 7850
NAME: HOFFMAN, JEANNE
DOB: 1·6·1925

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE – MEDICAL RECORD
CANARY - PATIENT

UH1731 REV SEP 10 **OMB APPROVAL NO. 0938-0566**

02/08/2012 - Consent Form in Hall Health Health Data Service (continued)

Documents (continued)

01/06/2012 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- Other and unspecified hyperlipidemia
- Essential hypertension, benign

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

01/06/2012 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Lisinopril 2.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/9/2012
Reason for discontinuation: Side effects/adverse reaction
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2012
Start date: 1/6/2012
End date: 3/9/2012
Quantity: 30 Tab
Refill: 6

Hydrochlorothiazide (MICROZIDE) 12.5 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/9/2012
Reason for discontinuation: Cost
Instructions: one tab daily for blood pressure
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2012
Start date: 1/6/2012
End date: 3/9/2012
Quantity: 90 Cap
Refill: 3

Stopped in Visit

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012

Nitrofurantoin Macrocrystal 50 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012

Clinical Notes

Progress Notes

Neighbor Jr., William E at 1/6/2012 1104

Jeanne Leonie Hoffman is a 87 year old female here to discuss the following:

DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No swelling. Using compression stockings

AFTERCARE LONG TERM ANTICOAG USE
Compliant with coumadin once daily.

DIABETES UNCOMPL ADULT-TYPE II
Diet controlled. Son does cooking.

BENIGN HYPERTENSION
Taking blood pressure meds. No home readings.

Patient Active Problem List

Diagnoses	Date Noted
• SKIN SENSATION DISTURB *Priority: High* 6/3/2008 labs ordered. Return in one month for exm.	06/03/2008
• OSTEOPOROSIS NOS *Priority: High* T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continue for five years, then stop	03/04/2008
• AFTERCARE LONG TERM ANTICOAG USE *Priority: High* Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3 She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.	01/08/2008
• ADULT FAILURE TO THRIVE *Priority: High* Lives in subsidized housing on Bainbridge Bremerton APS at 1-888-833-4925 Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved. Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait	10/19/2007
• TREMOR NEC *Priority: High* Noted by Melanie Parker. Consider Parkinson's disease med trial.	08/17/2007
• FX FEMUR INTRCAPS NOS-CLOSE *Priority: High* Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	05/01/2007
• VITAMIN B DEFICIENCY NOS *Priority: High* Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency	05/01/2007

01/06/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- DIABETES UNCOMPL ADULT-TYPE II 03/27/2007
  Priority: High
  Year onset: Dx March 2007
  Complications:

- CONVULSIONS, OTHER 11/20/2006
  Priority: High
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007

- ESOPHAGEAL REFLUX 11/20/2006
  Priority: High
- SENSORNEUR HEAR LOSS NOS 11/20/2006
  Priority: High
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC 11/20/2006
  Priority: High
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS 11/20/2006
  Priority: High
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS 11/20/2006
  Priority: High
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CARPAL TUNNEL SYNDROME 11/20/2006
  Priority: High
  Carpal tunnel release right wrist in 1989

- CATARACT NOS 11/20/2006
  Priority: High
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS 11/20/2006
  Priority: High
- GENERAL OSTEOARTHROSIS 11/20/2006
  Priority: High
  LS spine. Bilateral talonavicular arthritis since 1994.

- BENIGN HYPERTENSION 11/20/2006
  Priority: High
- DIAPHRAGMATIC HERNIA 11/20/2006
  Priority: High

CT of abdomen in 2006

- GLAUCOMA NOS 11/20/2006
  Priority: High
- ROUTINE MEDICAL EXAM 11/20/2006
  Priority: High
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1): 2010
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

Outpatient Prescriptions Prior to Visit

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Atorvastatin Calcium (LIPITOR) 40 MG OR TABS	1 po QD	90 Tab	3
• CarBAMazepine 200 MG Oral Tab	1 TABLET 3 TIMES DAILY	90 Tab	6
• Hydrochlorothiazide 25 MG OR TABS	Take 1/2 tablet by mouth every day	15 Tab	11
• Nitrofurantoin Macrocrystal 50 MG Oral Cap	1 CAPSULE EVERY 6 HOURS for three days	12 Cap	0
• Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR	One tablet three times daily (Pentoxifylline)(Trental)	90 Tab	6
• Timolol Maleate 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily	5 mL	prn
• Warfarin Sodium 10 MG Oral Tab	TAKE ONE TABLET BY MOUTH ONE TIME DAILY	30 Tab	5

REVIEW OF SYSTEMS:
Cardiovascular: Chest pain or pressure: no. Dyspnea on exertion: no. Palpitations: no. Syncope: no. Orthopnea: no. Paroxysmal nocturnal dyspnea: no. Extremity edema: no. Claudication: none. Hypertension: Yes, but no home readings. Blood clot:: No recurrence.

OBJECTIVE:
BP 145/79 | Pulse 60 | Temp 97.4 °F (36.3 °C)
Last blood pressure recorded in this encounter: 145/79
General: healthy, alert, no distress

Compression stockings in place

Labs:
Diabetes labs:
A1C 6.5 10/21/2011
A1C 6.2 4/29/2008
A1C * 4/29/2008
Value: Due to a significant change from previous results, the assay was repeated for quality assurance purposes.
(every 6 months)
GLUCOSE 145 10/21/2011 (periodic)
MICROALBUMIN 14.7 3/29/2011 (every 12 months)
CREATININE 0.67 10/21/2011
CREATININE **Note new reference range.** 10/21/2011 (every 12 months)
TOTAL 179 10/21/2011
LDL 95 10/21/2011 (every 12 months)
HDL 48 10/21/2011
TRIG 181 10/21/2011

A1C 6.5 10/21/2011
A1C 6.4 5/26/2011
A1C 6.3 5/27/2010
A1C 6.4 9/29/2009
A1C 6.1 7/21/2008
A1C 6.2 4/29/2008
A1C * 4/29/2008
Value: Due to a significant change from previous results, the assay was repeated for quality assurance purposes.
A1C 6.4 3/11/2008
A1C 9.3 2/25/2008

ASSESSMENT AND PLAN:

DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrence

AFTERCARE LONG TERM ANTICOAG USE
INR in desired range. Recheck in 1 month.

DIABETES UNCOMPL ADULT-TYPE II
Well controlled with A1c in target range. Labs current.

HYPERLIPIDEMIA NEC/NOS
Well controlled on statin. Lipids done in October in range.

BENIGN HYPERTENSION
Blood pressure has been trending upward and is now out of range.
Last BP recorded at encounter: 145/79
Will add low dose of lisinopril to improve control. Take one daily.
Continue to take Hydrochlorothiazide. I am switching her from HCTZ 25 mg one half daily to 12.5 mg tabs one full tab daily so she does not need to cut pills in half.
Plan: Lisinopril 2.5 MG Oral Tab, Hydrochlorothiazide
(MICROZIDE) 12.5 MG Oral Cap

01/06/2012 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 1/6/2012 11:43 AM

Other Orders

Medications

Lisinopril 2.5 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 01/06/12 1116** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 01/06/12 1116 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 01/06/12 - 03/09/12 Class: E-RX
Discontinued by: Neighbor Jr., William E 03/09/12 1137 [Side effects/adverse reaction]
Diagnoses
Essential hypertension, benign [401.1 (ICD-9-CM)]

Indications

BENIGN HYPERTENSION [401.1 (ICD-9-CM)]

Hydrochlorothiazide (MICROZIDE) 12.5 MG Oral Cap (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 01/06/12 1116** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 01/06/12 1116 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 01/06/12 - 03/09/12 Class: E-RX
Discontinued by: Neighbor Jr., William E 03/09/12 1144 [Cost]
Diagnoses
Essential hypertension, benign [401.1 (ICD-9-CM)]

Indications

BENIGN HYPERTENSION [401.1 (ICD-9-CM)]

Flowsheets

Vitals Data

Row Name	01/06/12 1053
BP	145/79
Temp	36.3 °C
Pulse	60

Patient Instructions

ASSESSMENT AND PLAN:

DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrence

01/06/2012 - Office Visit in Hall Health Primary Care Center (continued)

Patient Instructions (continued)

AFTERCARE LONG TERM ANTICOAG USE
INR in desired range. Recheck in 1 month.

DIABETES UNCOMPL ADULT-TYPE II
Well controlled with A1c in target range. Labs current.

HYPERLIPIDEMIA NEC/NOS
Well controlled on statin. Lipids done in October in range.

BENIGN HYPERTENSION
Blood pressure has been trending upward and is now out of range.
Last BP recorded at encounter: 145/79
Will add low dose of lisinopril to improve control. Take one daily.
Continue to take Hydrochlorothiazide. I am switching her from HCTZ 25 mg one half daily to 12.5 mg tabs one full tab daily so she does not need to cut pills in half.
Plan: Lisinopril 2.5 MG Oral Tab, Hydrochlorothiazide
(MICROZIDE) 12.5 MG Oral Cap

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 1/6/2012 11:19 AM

01/06/2012 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

01/06/2012 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012

Nitrofurantoin Macrocrystal 50 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 1/6/2012 9:27 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F42538	—	—	01/06/12 0928

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 01/06/12 1007, Result status: Final result

Order status: Completed
Filed on: 01/06/12 1007
Collected by: 01/06/12 0928
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

01/06/2012 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Neighbor Jr., William E on 01/06/12 1202
Staniford, Katrina on 01/06/12 1007

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 1/6/2012 12:02
Staniford, Katrina on 1/6/2012 10:07

01/06/2012 - Consent Form in Hall Health Health Data Service

Visit Information

Admission Information

Arrival Date/Time:		Admit Date/Time:	01/06/2012	IP Adm. Date/Time:	
Admission Type:		Point of Origin:		Admit Category:	
Means of Arrival:		Primary Service:		Secondary Service:	N/A
Transfer Source:		Service Area:		Unit:	
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: —	Disposition: —	Destination: —
Provider: —	Unit: —	

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder

01/06/2012 - Consent Form in Hall Health Health Data Service (continued)

Medication List (continued)

Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Lisinopril 2.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/9/2012
Reason for discontinuation: Side effects/adverse reaction
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2012
Start date: 1/6/2012
End date: 3/9/2012
Quantity: 30 Tab
Refill: 6

Hydrochlorothiazide (MICROZIDE) 12.5 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/9/2012
Reason for discontinuation: Cost
Instructions: one tab daily for blood pressure
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2012
Start date: 1/6/2012
End date: 3/9/2012
Quantity: 90 Cap
Refill: 3

Stopped in Visit

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012

Nitrofurantoin Macrocrystal 50 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012

01/06/2012 - Consent Form in Hall Health Health Data Service (continued)

Documents

Other - Scan on 1/9/2012 12:57 PM: ABN

Scan (below)

HARBORVIEW MEDICAL CENTER
UW Medicine
325 9th Ave Seattle WA
98104-2499
206-744-3000

UNIVERSITY OF WASHINGTON MEDICAL CENTER
UW Medicine
1959 NE Pacific Seattle WA
98195-6151
206-598-3300

UW Physicians
UW Medicine
POB 50095 Seattle WA
98145-5095
206-543-6420

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

***NOTE*: If Medicare doesn't pay for** MY Consultation **below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Code _____ Description: Consultation and related Services	**Check reason code (see back)** A ☐ B ☒ C ☐ D ☐	79.00 - 1000.00

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Options 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: Check only one box. We cannot choose a box for you.

☒ **OPTION 1.** I want the Consultation listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I **can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/**TTY**: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Authorized Representative)	Print Name	Date:
X [signature]	X Jeanne L Hoffman	1/6/12

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT NO N3927850
NAME Hoffman, Jeanne L
DOB 1/6/1925

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE – MEDICAL RECORD
CANARY - PATIENT

UH1731 REV SEP 10 **OMB APPROVAL NO. 0938-0566**

01/06/2012 - Consent Form in Hall Health Health Data Service (continued)

Documents (continued)

01/06/2012 - Consent Form in Hall Health Health Data Service

Visit Information

Admission Information

Arrival Date/Time:		Admit Date/Time:	01/06/2012	IP Adm. Date/Time:	
Admission Type:		Point of Origin:		Admit Category:	
Means of Arrival:		Primary Service:		Secondary Service:	N/A
Transfer Source:		Service Area:		Unit:	
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: —	Disposition: —	Destination: —
Provider: —	Unit: —	

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder

01/06/2012 - Consent Form in Hall Health Health Data Service (continued)

Medication List (continued)

Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/3/2012
Start date: 1/3/2012 — End date: 8/27/2012
Quantity: 90 Tab — Refill: 6

Lisinopril 2.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/9/2012
Reason for discontinuation: Side effects/adverse reaction
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/6/2012
Start date: 1/6/2012 — End date: 3/9/2012
Quantity: 30 Tab — Refill: 6

Hydrochlorothiazide (MICROZIDE) 12.5 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/9/2012
Reason for discontinuation: Cost
Instructions: one tab daily for blood pressure
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/6/2012
Start date: 1/6/2012 — End date: 3/9/2012
Quantity: 90 Cap — Refill: 3

Stopped in Visit

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/6/2012

Nitrofurantoin Macrocrystal 50 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/6/2012

01/06/2012 - Consent Form in Hall Health Health Data Service (continued)

Documents

Other - Scan on 1/9/2012 1:51 PM: Areement to Pay for Healthcare Services

Scan (below)

Washington State Department of Social & Health Services
HRSA Health & Recovery Services Administration

Agreement to Pay for Healthcare Services

WAC 388-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) for which the Department of Social and Health Services (DSHS) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications.

1. **Client** - is a recipient of Medicaid or other healthcare benefits through the DSHS or a managed care organization (MCO) that contracts with DSHS; and
2. **Provider** - is an institution, agency, business, or person that furnishes healthcare services to DSHS clients and has a signed agreement with DSHS or authorization from an MCO.

This Agreement and WAC 388-502-0160 apply to billing a client for covered and noncovered services as described in WAC 388-501-0050 through WAC 388-501-0070. Providers may not bill any DSHS client (including those enrolled with an MCO that contracts with DSHS) for services which DSHS or an MCO that contracts with DSHS may have paid until the provider has completed all requirements for obtaining authorization.

CLIENT'S PRINTED NAME	CLIENT'S DSHS ID NUMBER
Hoffman, Jeanne L	100675002 WA
PROVIDER'S PRINTED NAME	**PROVIDER NUMBER**
William Neighbor	126551889

This form:

- Must be fully completed by both the provider and the client **before** any service for which this Agreement is required is provided to a DSHS client.
- Must be completed no more than 90 calendar days before the service is provided. If the service is not provided within 90 calendar days, a new form must be completed and signed by both the provider and the client.
- Must be completed only **after** the provider and the client have exhausted all applicable DSHS or DSHS-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 388-501-0160 or the administrative hearing process as described in WAC 388-526-2610, if the client chooses to pursue these processes.
- Must be understandable to a limited English proficient (LEP) client in his or her primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. A translated form must be signed by both the client and the provider.

The table on back of this form must be fully completed. If needed, attach another sheet for additional services. Each additional page must be signed and dated by the client, provider, and interpreter (if applicable).

Important Note from DSHS:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 388-502-0160 or does not satisfy DSHS conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 388-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. A copy of this completed, signed agreement must also be given to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://www.dshs.wa.gov/msa/forms/eforms.html.

DATE

AGREEMENT TO PAY FOR HEALTHCARE SERVICES
DSHS 13-879 (05/2010)

01/06/2012 - Consent Form in Hall Health Health Data Service (continued)

Documents (continued)

SPECIFIC SERVICE(S) OR ITEM(S) TO BE PROVIDED AND ANTICIPATED DATE OF SERVICE	CPT/CDT/ HCPC CODE (BILLING CODE)	AMOUNT TO BE PAID BY CLIENT	REASON WHY THE CLIENT IS AGREEING TO BE BILLED (CHECK THE ONE THAT APPLIES FOR EACH SERVICE)	COVERED TREATMENT ALTERNATIVES OFFERED BUT NOT CHOSEN BY CLIENT	DATE(S) ETR REQUESTED/DENIED OR WAIVED, OR PRIOR AUTHORIZATION (PA) REQUESTED/DENIED	
Consultation and related Services		79.00 1000.00	☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH DSHS NOTICE) PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH DSHS NOTICE) PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH DSHS NOTICE) PA DENIAL (ATTACH DSHS NOTICE)

- I understand that DSHS or an MCO that contracts with DSHS will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) DSHS does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after a DSHS or DSHS-contracted MCO denial of a request for a noncovered service; or 2) ask for a hearing to appeal a DSHS or DSHS-contracted MCO denial of a requested service.
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by DSHS or DSHS-contracted MCO, and I still choose to get the specified service(s) above.
- ***I agree to pay the provider directly for the specific service(s) listed above.***
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which DSHS or a DSHS-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form.
- I understand that I can call DSHS at 1-800-562-3022 if I want to receive additional information about my rights or services covered by DSHS under fee-for-service or managed care.

I AFFIRM: I understand and agree with this form's content, including the bullet points above.	CLIENT'S OR CLIENT'S LEGAL REPRESENTATIVE'S SIGNATURE X Jeanne Hoffman	DATE X 1/6/2012
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 388-502-0160.	PROVIDER OF SERVICE(S) SIGNATURE William Hoffman MD	DATE 1/6/2012
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	INTERPRETER'S PRINTED NAME AND SIGNATURE	DATE

AGREEMENT TO PAY FOR HEALTHCARE SERVICES
DSHS 13-879 (05/2010)

ge 2 of 2

01/03/2012 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

Nitrofurantoin Macrocrystal 50 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: 1 CAPSULE EVERY 6 HOURS for three days
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 1/6/2012
Quantity: 12 Cap
Refill: 0

CarBAMazepine 200 MG Oral Tab

01/03/2012 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Hammond, Davalyn Nicole at 1/3/2012 1050

Faxed refill request received from pharmacy 1/2/2012.
Patient was last seen in our office 12/7/2011.
Medication was last filled 5/16/2011
Please advise.

Thank you.

Electronically signed by Hammond, Davalyn Nicole at 1/3/2012 10:50 AM

Other Orders

Medications

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 01/03/12 1555**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 01/03/12 1555
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 01/03/12 - 08/27/12
Class: E-RX
Released by: Neighbor Jr., William E 01/03/12 1555
Discontinued by: Neighbor Jr., William E 08/28/12 1437 [Reorder]
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Reordered from: Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

12/07/2011 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaints: Follow-Up and Immunization or Injection
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2012
Reason for discontinuation: Reorder

12/07/2011 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/16/2011
Start date: 5/16/2011 — End date: 1/3/2012
Quantity: 90 Tab — Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/9/2011
Start date: 11/9/2011 — End date: 5/14/2012
Quantity: 30 Tab — Refill: 5

Nitrofurantoin Macrocrystal 50 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/6/2012
Instructions: 1 CAPSULE EVERY 6 HOURS for three days
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/9/2011
Start date: 11/9/2011 — End date: 1/6/2012
Quantity: 12 Cap — Refill: 0

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/30/2011
Start date: 11/30/2011 — End date: 7/20/2012
Quantity: 90 Tab — Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 12/7/2011 1440

Jeanne Leonie Hoffman is a 86 year old female here to discuss the following:

DEEP VENOUS PHLEBITIS-LEG NEC
AFTERCARE LONG TERM ANTICOAG USE
See last visit. Followed instructions. Now back on one coumadin tab daily. No bleeding and easy bruising.

Current Outpatient Prescriptions

Medication	Sig
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
• Atorvastatin Calcium (LIPITOR) 40 MG OR TABS	1 po QD
• CarBAMazepine 200 MG Oral Tab	1 TABLET 3 TIMES DAILY
• Hydrochlorothiazide 25 MG OR TABS	Take 1/2 tablet by mouth every day
• Nitrofurantoin Macrocrystal 50 MG Oral Cap	1 CAPSULE EVERY 6 HOURS for three days

12/07/2011 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR — One tablet three times daily (Pentoxifylline)(Trental)
- Timolol Maleate 0.5 % (DAILY) OP SOLN — instill one drop into each eye twice daily
- Warfarin Sodium 10 MG Oral Tab — TAKE ONE TABLET BY MOUTH ONE TIME DAILY

OBJECTIVE:
BP 138/87 | Pulse 61 | Temp(Src) 98.1 °F (36.7 °C) (Oral)
Last blood pressure recorded in this encounter: 138/87
General: healthy, alert, no distress

PRORPD	2.3	12/7/2011
PRORPD	3.7	11/30/2011
PRORPD	2.6	10/27/2011
PRORPD	2.4	9/20/2011
PRORPD	2.4	9/15/2011
PRORPD	2.8	9/7/2011

ASSESSMENT AND PLAN:

DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence by hx

AFTERCARE LONG TERM ANTICOAG USE
INR in target range. Recheck in one month.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 12/7/2011 2:41 PM

Flowsheets

Vitals Data

Row Name	12/07/11 1201
BP	138/87
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.7 °C
Temp src	Oral
Pulse	61
Having Periods	N
LMP Reason	Postmenopausal

12/07/2011 - Office Visit in Hall Health Primary Care Center (continued)

Flowsheets (continued)

12/07/2011 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

12/07/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 12/7/2011 10:18 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W42540	—	—	12/07/11 1020

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 12/07/11 1103, Result status: Final result

Order status: Completed
Filed on: 12/07/11 1103
Collected by: 12/07/11 1020
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 12/07/11 1706
Gamboa, Elizabeth L on 12/07/11 1200

Testing Performed By

12/07/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 12/7/2011 at 5:06 PM
Seen in clinic 12/7/2011

All Reviewers List

Neighbor Jr., William E on 12/7/2011 17:06
Gamboa, Elizabeth L on 12/7/2011 12:00

12/07/2011 - Consent Form in Hall Health Health Data Service

Visit Information

Admission Information

Arrival Date/Time:		Admit Date/Time:	12/07/2011	IP Adm. Date/Time:	
Admission Type:		Point of Origin:		Admit Category:	
Means of Arrival:		Primary Service:		Secondary Service:	N/A
Transfer Source:		Service Area:		Unit:	
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: —	Disposition: —	Destination: —
Provider: —	Unit: —	

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/16/2011
Start date: 5/16/2011
End date: 1/3/2012
Quantity: 90 Tab
Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY

12/07/2011 - Consent Form in Hall Health Health Data Service (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 11/9/2011
Quantity: 30 Tab
Ordered on: 11/9/2011
End date: 5/14/2012
Refill: 5

Nitrofurantoin Macrocrystal 50 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Instructions: 1 CAPSULE EVERY 6 HOURS for three days
Authorized by: Neighbor Jr., William E, MD
Start date: 11/9/2011
Quantity: 12 Cap
Discontinued on: 1/6/2012
Ordered on: 11/9/2011
End date: 1/6/2012
Refill: 0

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Start date: 11/30/2011
Quantity: 90 Tab
Discontinued on: 7/20/2012
Ordered on: 11/30/2011
End date: 7/20/2012
Refill: 6

Stopped in Visit

None

12/07/2011 - Consent Form in Hall Health Health Data Service (continued)

Documents

Other - Scan on 12/9/2011 8:39 AM: ABN

Scan (below)

HARBORVIEW MEDICAL CENTER
UW Medicine
325 9th Ave Seattle WA
98104-2499
206-744-3000

UNIVERSITY OF WASHINGTON MEDICAL CENTER
UW Medicine
1959 NE Pacific Seattle WA
98195-6151
206-598-3300

UW Physicians
UW Medicine
POB 50095 Seattle WA
98145-5095
206-543-6420

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

***NOTE*: If Medicare doesn't pay for** Office Visit **below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Code _____ Description: office visit and related services	**Check reason code (see back)** A ☐ B ☑ C ☐ D ☐	72.00 - 1000.00

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Options 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: **Check only one box. We cannot choose a box for you.**

☑ **OPTION 1.** I want the office visit listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I **can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/**TTY**: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Authorized Representative)	Print Name	Date:
Jeanne L Hoffman	JLH	Dec 7 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT.NO N3927850
NAME Hoffman, Jeanne
DOB 1/6/1925

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE – MEDICAL RECORD
CANARY - PATIENT

UH1731 REV SEP 10 **OMB APPROVAL NO. 0938-0566**

12/07/2011 - Consent Form in Hall Health Health Data Service (continued)

Documents (continued)

12/07/2011 - Consent Form in Hall Health Health Data Service

Visit Information

Admission Information

Arrival Date/Time:		Admit Date/Time:	12/07/2011	IP Adm. Date/Time:	
Admission Type:		Point of Origin:		Admit Category:	
Means of Arrival:		Primary Service:		Secondary Service:	N/A
Transfer Source:		Service Area:		Unit:	
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: —	Disposition: —	Destination: —
Provider: —	Unit: —	

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/16/2011
Start date: 5/16/2011
End date: 1/3/2012
Quantity: 90 Tab
Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY

12/07/2011 - Consent Form in Hall Health Health Data Service (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 11/9/2011
Quantity: 30 Tab
Ordered on: 11/9/2011
End date: 5/14/2012
Refill: 5

Nitrofurantoin Macrocrystal 50 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Instructions: 1 CAPSULE EVERY 6 HOURS for three days
Authorized by: Neighbor Jr., William E, MD
Start date: 11/9/2011
Quantity: 12 Cap
Discontinued on: 1/6/2012
Ordered on: 11/9/2011
End date: 1/6/2012
Refill: 0

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Start date: 11/30/2011
Quantity: 90 Tab
Discontinued on: 7/20/2012
Ordered on: 11/30/2011
End date: 7/20/2012
Refill: 6

Stopped in Visit

None

12/07/2011 - Consent Form in Hall Health Health Data Service (continued)

Documents

Other - Scan on 12/9/2011 8:45 AM: ABN

Scan (below)

HARBORVIEW MEDICAL CENTER
UW Medicine
325 9th Ave Seattle WA
98104-2499
206-744-3000

UNIVERSITY OF WASHINGTON MEDICAL CENTER
UW Medicine
1959 NE Pacific Seattle WA
98195-6151
206-598-3300

UW Physicians
UW Medicine
POB 50095 Seattle WA
98145-5095
206-543-6420

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

***NOTE*: If Medicare doesn't pay for** Office Visit **below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Code _____ Description: Office visit and related services	**Check reason code (see back)** A ☐ B ☑ C ☐ D ☐	72.00 - 1000.00

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Options 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: **Check only one box. We cannot choose a box for you.**

☑ **OPTION 1.** I want the Office Visit listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I **can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/**TTY**: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Authorized Representative)	Print Name	Date:
Jeanne L Hoffman	JLH	Dec 7 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT NO: N3927850
NAME: Hoffman, Jeanne
DOB: 1/6/1925

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

"U1731"

WHITE – MEDICAL RECORD
CANARY - PATIENT

UH1731 REV SEP 10 **OMB APPROVAL NO. 0938-0566**

12/07/2011 - Consent Form in Hall Health Health Data Service (continued)

Documents (continued)

11/30/2011 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnosis: Long term (current) use of anticoagulants

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/16/2011
Start date: 5/16/2011
End date: 1/3/2012
Quantity: 90 Tab
Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

11/30/2011 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Nitrofurantoin Macrocrystal 50 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: 1 CAPSULE EVERY 6 HOURS for three days
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 1/6/2012
Quantity: 12 Cap
Refill: 0

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Kivett, Becky at 11/30/2011 1935

Roosevelt lab left message on my phone that this pt needs new INR orders. Please see future standing orders below. Please advise. Thanks.

Electronically signed by Kivett, Becky at 11/30/2011 7:39 PM

Neighbor Jr., William E at 11/30/2011 1945

Done. Thanks, Becky. Bill Neighbor

Electronically signed by Neighbor Jr., William E at 11/30/2011 7:46 PM

Labs

PROTHROMBIN TIME (RAPID INR) (Completed)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1946**
Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1946
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 -
Class: Normal
Quantity: 1
Released by: Neighbor Jr., William E 11/30/11 1946
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 12/07/11 1103, Result status: Final result

Order status: Completed
Filed on: 12/07/11 1103

11/30/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

Collected by: 12/07/11 1020 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 12/07/11 1706
Gamboa, Elizabeth L on 12/07/11 1200

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 12/7/2011 at 5:06 PM
Seen in clinic 12/7/2011

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 01/06/12 1007, Result status: Final result

Order status: Completed Filed on: 01/06/12 1007
Collected by: 01/06/12 0928 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 01/06/12 1202
Staniford, Katrina on 01/06/12 1007

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 02/08/12 1108, Result status: Final result

Order status: Completed Filed on: 02/08/12 1108
Collected by: 02/08/12 1025 Resulting lab: UW LABORATORY MEDICINE

11/30/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Alotis, Nancy on 02/08/12 1419
Neighbor Jr., William E on 02/08/12 1127

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 03/09/12 1054, Result status: Final result

Order status: Completed
Collected by: 03/09/12 1019
Filed on: 03/09/12 1054
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Reviewed by

Gamboa, Elizabeth L on 06/05/12 1232
Neighbor Jr., William E on 03/09/12 1635

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 05/30/12 1217, Result status: Final result

Order status: Completed
Collected by: 05/30/12 1048
Filed on: 05/30/12 1217
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Gamboa, Elizabeth L on 06/05/12 1209
Neighbor Jr., William E on 05/30/12 1658

11/30/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 06/20/12 1059, Result status: Final result

Order status: Completed
Collected by: 06/20/12 1024
Filed on: 06/20/12 1059
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 06/20/12 1534

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/20/12 1057, Result status: Final result

Order status: Completed
Collected by: 07/20/12 1040
Filed on: 07/20/12 1057
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 07/20/12 1121

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

11/30/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 08/24/12 1123, Result status: Final result

Order status: Completed
Collected by: 08/24/12 1024
Filed on: 08/24/12 1123
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 08/28/12 1432
Terry, Anne Catherine on 08/27/12 1537

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/18/12 1130, Result status: Final result

Order status: Completed
Collected by: 09/18/12 1023
Filed on: 09/18/12 1130
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.5	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 09/18/12 1144

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 9/18/2012 at 11:44 AM
In tx range on coumadin.
William E Neighbor JR, MD

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/26/12 1047, Result status: Final result

Order status: Completed
Filed on: 09/26/12 1047

11/30/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

Collected by: 09/26/12 1022 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.5	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 09/26/12 1234

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 11/07/12 1209, Result status: Final result

Order status: Completed Filed on: 11/07/12 1209
Collected by: 11/07/12 1043 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	5.0	0.8 - 1.3	H	UWMC
Prothrombin INR	Telephoned with read back to:	—	—	UWMC
Prothrombin INR	DR. W. NEIGHBOR JR. AT 1207 11/07/12	—	—	UWMC

Reviewed by

Neighbor Jr., William E on 11/07/12 1416

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 11/7/2012 at 2:16 PM
Seen today. See office note.

11/30/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 11/16/12 1115, Result status: Final result

Order status: Completed
Collected by: 11/16/12 1034
Filed on: 11/16/12 1115
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 11/16/12 1212

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 02/01/13 1525, Result status: Edited

Order status: Completed
Collected by: 01/31/13 1206
Filed on: 02/01/13 1525
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	5.5	0.8 - 1.3	H	UWMC
Prothrombin INR	--	—	—	UWMC
Result: Result run in UWMC Coag Lab, not a rapid Protimeresult.				
Prothrombin INR	Telephoned with read back to:	—	—	UWMC
Prothrombin INR	Dr Neighbor @ 1525 2/1/13	—	—	UWMC

Reviewed by

Neighbor Jr., William E on 02/01/13 1534

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 02/04/13 1237, Result status: Final result

Order status: Completed
Collected by: 02/04/13 1205
Filed on: 02/04/13 1237
Resulting lab: UW LABORATORY MEDICINE

11/30/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 02/04/13 1344

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 02/12/13 1326, Result status: Final result

Order status: Completed
Collected by: 02/12/13 1258
Filed on: 02/12/13 1326
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.8	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 02/12/13 1352

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 03/01/13 1315, Result status: Final result

Order status: Completed
Collected by: 03/01/13 1246
Filed on: 03/01/13 1315
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.9	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 03/01/13 1520

Testing Performed By

11/30/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 03/08/13 1046, Result status: Final result

Order status: Completed
Collected by: 03/08/13 1023

Filed on: 03/08/13 1046
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 03/08/13 1605

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 03/29/13 1448, Result status: Final result

Order status: Completed
Collected by: 03/29/13 1102

Filed on: 03/29/13 1448
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	5.3	0.8 - 1.3	H	UWMC
Prothrombin INR	Run in main coag lab, not a rapid protime result.	—	—	UWMC
Prothrombin INR	Telephoned with read back to:	—	—	UWMC
Prothrombin INR	STEPHEN AT 1446	—	—	UWMC

Reviewed by

Neighbor Jr., William E on 04/01/13 1651

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

11/30/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 04/04/13 1113, Result status: Final result

Order status: Completed
Collected by: 04/04/13 1018
Filed on: 04/04/13 1113
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 04/04/13 1408

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 04/12/13 1320, Result status: Final result

Order status: Completed
Collected by: 04/12/13 1255
Filed on: 04/12/13 1320
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 04/12/13 1525

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 05/03/13 1627, Result status: Final result

Order status: Completed
Collected by: 05/03/13 1330
Filed on: 05/03/13 1627
Resulting lab: UW LABORATORY MEDICINE

11/30/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	7.8	0.8 - 1.3	H	UWMC
Prothrombin INR	Run in main coag lab, not a rapid protime result.	—	—	UWMC

Reviewed by

Neighbor Jr., William E on 05/03/13 1808

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) Resulted: 05/06/13 1116, Result status: Final result

Order status: Completed
Collected by: 05/06/13 1025

Filed on: 05/06/13 1116
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.2	0.8 - 1.3	—	RSVLT

Reviewed by

Neighbor Jr., William E on 05/06/13 1352

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 05/15/13 1339, Result status: Final result

Order status: Completed
Collected by: 05/15/13 1206

Filed on: 05/15/13 1339
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	5.1	0.8 - 1.3	H	UWMC
Prothrombin INR	Run in main coag lab, not	—	—	UWMC

11/30/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

	a rapid protime result.			
Prothrombin INR	Telephoned with read back to:	—	—	UWMC
Prothrombin INR	Dr. W. Neighbor at 1330 05/15/13	—	—	UWMC

Reviewed by

Neighbor Jr., William E on 05/15/13 1533

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 05/23/13 1406, Result status: Final result

Order status: Completed
Collected by: 05/23/13 1236

Filed on: 05/23/13 1406
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 05/23/13 1418

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 06/12/13 1151, Result status: Final result

Order status: Completed
Collected by: 06/12/13 1133

Filed on: 06/12/13 1151
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.4	0.8 - 1.3	H	RSVLT

11/30/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

Reviewed by

Neighbor Jr., William E on 06/12/13 1401

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/24/13 1042, Result status: Edited

Order status: Completed
Collected by: 07/24/13 0927

Filed on: 07/24/13 1042
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	6.9	0.8 - 1.3	H	UWMC
Prothrombin INR	Run in main coag lab, not a rapid protime result.	—	—	UWMC
Prothrombin INR	Telephoned with read back to:	—	—	UWMC
Prothrombin INR	DR WILLIAM NEIGHBOR @ 1041 7/24/13	—	—	UWMC

Reviewed by

Neighbor Jr., William E on 07/24/13 1346

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 7/24/2013 at 1:46 PM
See today's note.

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/26/13 1038, Result status: Final result

Order status: Completed

Filed on: 07/26/13 1038

11/30/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

Collected by: 07/26/13 1019 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 07/26/13 1243

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/31/13 1102, Result status: Final result

Order status: Completed Filed on: 07/31/13 1102
Collected by: 07/31/13 1025 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 07/31/13 1339

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 08/30/13 0955, Result status: Final result

Order status: Completed Filed on: 08/30/13 0955
Collected by: 08/30/13 0919 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 08/30/13 1152

11/30/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

11/30/2011 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Acute cystitis
- Long term (current) use of anticoagulants
- Other convulsions

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

11/30/2011 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/16/2011
Start date: 5/16/2011 — End date: 1/3/2012
Quantity: 90 Tab — Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/9/2011
Start date: 11/9/2011 — End date: 5/14/2012
Quantity: 30 Tab — Refill: 5

Nitrofurantoin Macrocrystal 50 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/6/2012
Instructions: 1 CAPSULE EVERY 6 HOURS for three days
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/9/2011
Start date: 11/9/2011 — End date: 1/6/2012
Quantity: 12 Cap — Refill: 0

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 11/30/2011
Start date: 11/30/2011 — End date: 7/20/2012
Quantity: 90 Tab — Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 11/30/2011 1159

Jeanne Leonie Hoffman is a 86 year old female here to discuss the following:

DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrence. Continues to religiously use compression stockings.

ACUTE CYSTITIS
After last visit at which time she mentioned intermitent left flank pain, she developed dysuria. She called in for a prescription for antibiotic which resolved the symptoms within a few days. No hx of recurrent UTIs. Currently without symptoms.

AFTERCARE LONG TERM ANTICOAG USE
Stable dose of Coumadin. Son, who cooks for her, reports he gives her leafy vegetables, but this has not changed in frequency or amount. No change in vitamins or teas. Does not drink alcohol.

REVIEW OF SYSTEMS:

11/30/2011 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

No bleeding of gums, nose, or easy bruising.

OBJECTIVE:
BP 145/83 | Pulse 64 | Temp(Src) 97.4 °F (36.3 °C) (Oral)
Last blood pressure recorded in this encounter: 145/83
General: healthy, alert, no distress
No brusing

INR 3.4

PRORPD 3.7 11/30/2011
PRORPD 2.6 10/27/2011
PRORPD 2.4 9/20/2011
PRORPD 2.4 9/15/2011
PRORPD 2.8 9/7/2011
PRORPD 2.4 7/29/2011

ASSESSMENT AND PLAN:

DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrence

ACUTE CYSTITIS
Developed bladder infection that resolved with antibiotic she was prescribed. Will recheck UA today.

AFTERCARE LONG TERM ANTICOAG USE
Consistent in taking coumadin once daily. INR today high at 3.4. No bleeding. She is to take half a dose tonight and then resume daily dosing. Recheck in 7-10 days. She ordinarily has had INRs in the desired range of 2-3.

William E Neighbor JR, MD

Needed refill on Carbamazepine. Sent to pharmacy. CBC is current.
WBC 5.16 10/21/2011
RBC 4.11 10/21/2011
HEMOGLOBIN 12.8 10/21/2011
HEMATOCRIT 39 10/21/2011
MCV 94 10/21/2011
MCH 31.1 10/21/2011
MCHC 33.0 10/21/2011
PLATELET 240 10/21/2011
No results found for this basename: rbcm

SODIUM 138 10/21/2011
POTASSIUM 4.1 10/21/2011
CHLORIDE 105 10/21/2011
CARBON 25 10/21/2011
BUN 16 10/21/2011
CREATININE 0.67 10/21/2011
CREATININE **Note new reference range.** 10/21/2011
GLUCOSE 145 10/21/2011

11/30/2011 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

CALCIUM 9.1 10/21/2011
IONGAP 8 10/21/2011

LFTs were normal (alk phos slightly low) in April 2011.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 11/30/2011 7:12 PM

Neighbor Jr., William E at 11/30/2011 1912

Addended by: NEIGHBOR, WILLIAM E on: 11/30/2011 07:12 PM

Modules accepted: Orders

Electronically signed by Neighbor Jr., William E at 11/30/2011 7:12 PM

Neighbor Jr., William E at 11/30/2011 1945

Addended by: NEIGHBOR, WILLIAM E on: 11/30/2011 07:45 PM

Modules accepted: Orders

Electronically signed by Neighbor Jr., William E at 11/30/2011 7:45 PM

Labs

Urine Complete - Dip + micro (by lab) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1201** Status: **Completed**
Ordering user: Neighbor Jr., William E 11/30/11 1201 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Acute cystitis [595.0 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W36937	—	—	11/30/11 1201

Urine Complete - Dip + micro (by lab) (Abnormal) Resulted: 11/30/11 1245, Result status: Final result

Order status: Completed Filed on: 11/30/11 1245
Collected by: 11/30/11 1201 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	HALLH

11/30/2011 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Clarity, URN	Hazy	—	—	HALLH
Specific Gravity, URN	1.025	1.002 - 1.027 g/mL	—	HALLH
pH, URN	< or =5.0	5.0 - 8.0	—	HALLH
Protein (Alb Semiquant), URN	Negative	NRN mg/dL	—	HALLH
Glucose Qual, URN	Negative	NRN mg/dL	—	HALLH
Ketones, URN	Negative	NRN mg/dL	—	HALLH
Bilirubin (Qual), URN	Negative	NRN	—	HALLH
Occult Blood, URN	Negative	NRN	—	HALLH
Nitrite, URN	Negative	NRN	—	HALLH
Leukocyte Esterase, URN	Trace	NRN	A !	HALLH
Urobilinogen, URN	0.1-1.9	URONML EHRLICH UNITS	—	HALLH
Comments for Macroscopic, URN	None	NONE	—	HALLH
WBC, URN	0-5(NEG)	Z5NEG /HPF	—	HALLH
RBC, URN	0-2(NEG)	Z2NEG /HPF	—	HALLH
Bacteria, URN	Present	NOSEEN	A !	HALLH
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /LPF	A !	HALLH
Epith Cells_Renal/Trans,URN	<3(NEG)	LESS3 /HPF	—	HALLH
Comments For Microscopic, URN	None	NONE	—	HALLH

Reviewed by

Neighbor Jr., William E on 11/30/11 1614
Weldu, Abeba F on 11/30/11 1606
Greig, Elaine M on 11/30/11 1306

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
34 - HALLH	UW HALL HEALTH ONSITE LAB	Unknown	Unknown	05/24/07 0928 - 06/04/15 1345

Indications

ACUTE CYSTITIS [595.0 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 11/30/2011 at 4:14 PM
Seen in clinic

All Reviewers List

Neighbor Jr., William E on 11/30/2011 16:14
Weldu, Abeba F on 11/30/2011 16:06
Greig, Elaine M on 11/30/2011 13:06

PROTHROMBIN TIME (RAPID INR) (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1945** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/30/11 1945 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 - Class: Normal
Quantity: 1 Discontinued by: Uw User, Batch Scheduler 11/14/14 0130 [Order Expired]

11/30/2011 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 12/26/12 1115, Result status: Final result

Order status: Completed
Collected by: 12/26/12 1025
Filed on: 12/26/12 1115
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 12/26/12 1344
Voronchuk, Eleonora on 12/26/12 1235

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 12/26/2012 at 1:44 PM
Patient seen

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 01/03/13 1100, Result status: Final result

Order status: Completed
Collected by: 01/03/13 1027
Filed on: 01/03/13 1100
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 01/03/13 1216
Greig, Elaine M on 01/03/13 1116

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

11/30/2011 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

LAB

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 01/17/13 1107, Result status: Final result

Order status: Completed
Collected by: 01/17/13 1027
Filed on: 01/17/13 1107
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 01/17/13 1538
Greig, Elaine M on 01/17/13 1116

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Encounter for long-term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/20/13 1043, Result status: Final result

Order status: Completed
Collected by: 09/20/13 1020
Filed on: 09/20/13 1043
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 09/20/13 1054
Greig, Elaine M on 09/20/13 1043

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Indications

11/30/2011 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 11/13/13 1054, Result status: Final result

Order status: Completed
Collected by: 11/13/13 1022
Filed on: 11/13/13 1054
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 11/13/13 1807
Greig, Elaine M on 11/13/13 1108

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities (HCC) [451.19 (ICD-9-CM)]

Other Orders

Medications

CarBAMazepine 200 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/30/11 1908**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/30/11 1908
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/30/11 - 07/20/12
Class: E-RX
Discontinued by: Neighbor Jr., William E 07/20/12 1146 [Reorder]
Diagnoses
Other convulsions [780.39 (ICD-9-CM)]
Reordered from: CarBAMazepine 200 MG OR TABS

Indications

CONVULSIONS, OTHER (HCC) [780.39 (ICD-9-CM)]

Flowsheets

Vitals Data

Row Name	11/30/11 1132
BP	145/83
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.3 °C
Temp src	Oral
Pulse	64

11/30/2011 - Office Visit in Hall Health Primary Care Center (continued)

Flowsheets (continued)

Pulse Regularity	Regular

Patient Instructions

ASSESSMENT AND PLAN:

DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrence

ACUTE CYSTITIS
Developed bladder infection that resolved with antibiotic she was prescribed. Will recheck UA today.

AFTERCARE LONG TERM ANTICOAG USE
Consistent in taking coumadin once daily. INR today high at 3.4. No bleeding. She is to take half a dose tonight and then resume daily dosing. Recheck in 7-10 days. She ordinarily has had INRs in the desired range of 2-3.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 11/30/2011 12:01 PM

11/30/2011 - Consent Form in Hall Health Health Data Service

Visit Information

Admission Information

Arrival Date/Time:		Admit Date/Time:	11/30/2011	IP Adm. Date/Time:	
Admission Type:		Point of Origin:		Admit Category:	
Means of Arrival:		Primary Service:		Secondary Service:	N/A
Transfer Source:		Service Area:		Unit:	
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: —	Disposition: —	Destination: —
Provider: —	Unit: —	

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/16/2011
Start date: 5/16/2011
End date: 1/3/2012
Quantity: 90 Tab
Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY

11/30/2011 - Consent Form in Hall Health Health Data Service (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

Nitrofurantoin Macrocrystal 50 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: 1 CAPSULE EVERY 6 HOURS for three days
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 1/6/2012
Quantity: 12 Cap
Refill: 0

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

11/30/2011 - Consent Form in Hall Health Health Data Service (continued)

Documents

Other - Scan on 12/1/2011 5:01 PM

Scan (below)

Department of Social & Health Services
HRSA Health & Recovery Services Administration

Agreement to Pay for Healthcare Services

WAC 388-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) for which the Department of Social and Health Services (DSHS) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications.

1. **Client** - is a recipient of Medicaid or other healthcare benefits through the DSHS or a managed care organization (MCO) that contracts with DSHS; and
2. **Provider** - is an institution, agency, business, or person that furnishes healthcare services to DSHS clients and has a signed agreement with DSHS or authorization from an MCO.

This Agreement and WAC 388-502-0160 apply to billing a client for covered and noncovered services as described in WAC 388-501-0050 through WAC 388-501-0070. Providers may not bill any DSHS client (including those enrolled with an MCO that contracts with DSHS) for services which DSHS or an MCO that contracts with DSHS may have paid until the provider has completed all requirements for obtaining authorization.

CLIENT'S PRINTED NAME	CLIENT'S DSHS ID NUMBER
Hoffman, Jeanne	10067502WA
PROVIDER'S PRINTED NAME	**PROVIDER NUMBER**
WILLIAM NEIGHBOR	126951969

This form:

- Must be fully completed by both the provider and the client **before** any service for which this Agreement is required is provided to a DSHS client.
- Must be completed no more than 90 calendar days before the service is provided. If the service is not provided within 90 calendar days, a new form must be completed and signed by both the provider and the client.
- Must be completed only **after** the provider and the client have exhausted all applicable DSHS or DSHS-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 388-501-0160 or the administrative hearing process as described in WAC 388-526-2610, if the client chooses to pursue these processes.
- Must be understandable to a limited English proficient (LEP) client in his or her primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. A translated form must be signed by both the client and the provider.

The table on back of this form must be fully completed. If needed, attach another sheet for additional services. Each additional page must be signed and dated by the client, provider, and interpreter (if applicable).

Important Note from DSHS:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 388-502-0160 or does not satisfy DSHS conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 388-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. A copy of this completed, signed agreement must also be given to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://www.dshs.wa.gov/msa/forms/eforms.html.

AGREEMENT TO PAY FOR HEALTHCARE SERVICES
DSHS 13-879 (05/2010)

Page 1 of 2

11/30/2011 - Consent Form in Hall Health Health Data Service (continued)

Documents (continued)

SPECIFIC SERVICE(S) OR ITEM(S) TO BE PROVIDED AND ANTICIPATED DATE OF SERVICE	CPT/CDT/ HCPC CODE (BILLING CODE)	AMOUNT TO BE PAID BY CLIENT	REASON WHY THE CLIENT IS AGREEING TO BE BILLED (CHECK THE ONE THAT APPLIES FOR EACH SERVICE)	COVERED TREATMENT ALTERNATIVES OFFERED BUT NOT CHOSEN BY CLIENT	DATE(S) ETR REQUESTED/DENIED OR WAIVED, OR PRIOR AUTHORIZATION (PA) REQUESTED/DENIED	
office visit and all related services	99213	$41 to $284.	☒ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH DSHS NOTICE) PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH DSHS NOTICE) PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH DSHS NOTICE) PA DENIAL (ATTACH DSHS NOTICE)

- I understand that DSHS or an MCO that contracts with DSHS will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) DSHS does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after a DSHS or DSHS-contracted MCO denial of a request for a noncovered service; or 2) ask for a hearing to appeal a DSHS or DSHS-contracted MCO denial of a requested service.
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by DSHS or DSHS-contracted MCO, and I still choose to get the specified service(s) above.
- ***I agree to pay the provider directly for the specific service(s) listed above.***
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which DSHS or a DSHS-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form.
- I understand that I can call DSHS at 1-800-562-3022 if I want to receive additional information about my rights or services covered by DSHS under fee-for-service or managed care.

I AFFIRM: I understand and agree with this form's content, including the bullet points above.	CLIENT'S OR CLIENT'S LEGAL REPRESENTATIVE'S SIGNATURE X Jeanne L Hoffman	DATE X 11.30.11.
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 388-502-0160.	PROVIDER OF SERVICE(S) SIGNATURE William Neighbor MD	DATE 11/30/11
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	INTERPRETER'S PRINTED NAME AND SIGNATURE	DATE

AGREEMENT TO PAY FOR HEALTHCARE SERVICES
DSHS 13-879 (05/2010)

Page 2 of 2

11/30/2011 - Consent Form in Hall Health Health Data Service

Visit Information

Admission Information

Arrival Date/Time:		Admit Date/Time:	11/30/2011	IP Adm. Date/Time:	
Admission Type:		Point of Origin:		Admit Category:	
Means of Arrival:		Primary Service:		Secondary Service:	N/A
Transfer Source:		Service Area:		Unit:	
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: —	Disposition: —	Destination: —
Provider: —	Unit: —	

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/16/2011
Start date: 5/16/2011
End date: 1/3/2012
Quantity: 90 Tab
Refill: 6

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY

11/30/2011 - Consent Form in Hall Health Health Data Service (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 11/9/2011
Quantity: 30 Tab
Ordered on: 11/9/2011
End date: 5/14/2012
Refill: 5

Nitrofurantoin Macrocrystal 50 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Instructions: 1 CAPSULE EVERY 6 HOURS for three days
Authorized by: Neighbor Jr., William E, MD
Start date: 11/9/2011
Quantity: 12 Cap
Discontinued on: 1/6/2012
Ordered on: 11/9/2011
End date: 1/6/2012
Refill: 0

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Start date: 11/30/2011
Quantity: 90 Tab
Discontinued on: 7/20/2012
Ordered on: 11/30/2011
End date: 7/20/2012
Refill: 6

Stopped in Visit

None

11/30/2011 - Consent Form in Hall Health Health Data Service (continued)

Documents

Other - Scan on 12/2/2011 8:27 AM: ABN

Scan (below)

HARBORVIEW MEDICAL CENTER
UW Medicine
325 9th Ave Seattle WA
98104-2499
206-744-3000

UNIVERSITY OF WASHINGTON MEDICAL CENTER
UW Medicine
1959 NE Pacific Seattle WA
98195-6151
206-598-3300

UW Physicians
UW Medicine
POB 50095 Seattle WA
98145-5095
206-543-6420

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

***NOTE*: If Medicare doesn't pay for** office visit and all related services **below, you may have to pay.**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Code _____ Description: office visit and all related services	**Check reason code (see back)** A ☐ B ☒ C ☒ D ☐	$41 TO $284

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Options 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: **Check only one box. We cannot choose a box for you.**

☒ **OPTION 1**. I want the office visit and all related services listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2**. I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3**. I don't want the _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-Medicare** (1-800-633-4227/**TTY**: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature (Patient or Patient's Authorized Representative)	Print Name	Date:
X Jeanne L Hoffman	X Jeanne L Hoffman	X 11-30-11

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PT.NO N 3927850
NAME Hoffman, Jeanne
DOB 1-6-1925

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

U1731

WHITE – MEDICAL RECORD
CANARY - PATIENT

UH1731 REV SEP 10 **OMB APPROVAL NO. 0938-0566**

11/30/2011 - Consent Form in Hall Health Health Data Service (continued)

Documents (continued)

11/09/2011 - Refill in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/15/2011
Start date: 4/15/2011
End date: 11/30/2011
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/16/2011
Start date: 5/16/2011
End date: 1/3/2012
Quantity: 90 Tab
Refill: 6

11/09/2011 - Refill in Hall Health Primary Care Center (continued)

Medication List (continued)

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

Nitrofurantoin Macrocrystal 50 MG Oral Cap

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: 1 CAPSULE EVERY 6 HOURS for three days
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 1/6/2012
Quantity: 12 Cap
Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 11/9/2011 1256

The pharmacy is requesting refills on the attached medication and/or supply, please advise.

The patient was last seen in clinic on 10/21/11
The medication was last prescribed on 4/11/11
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 11/9/2011 12:57 PM

Other Orders

Medications

Warfarin Sodium 10 MG Oral Tab (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/09/11 1449**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/09/11 1449
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: 11/09/11 - 05/14/12
Class: E-RX
Released by: Neighbor Jr., William E 11/09/11 1449
Discontinued by: Neighbor Jr., William E 05/15/12 1504 [Reorder]

Nitrofurantoin Macrocrystal 50 MG Oral Cap (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/09/11 1449**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/09/11 1449
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/09/11 - 01/06/12
Class: E-RX
Released by: Neighbor Jr., William E 11/09/11 1449
Discontinued by: Neighbor Jr., William E 01/06/12 1112

10/28/2011 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Other
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/9/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/11/2011
Start date: 4/11/2011
End date: 11/9/2011
Quantity: 30 Tab
Refill: 6

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/15/2011
Start date: 4/15/2011
End date: 11/30/2011
Quantity: 90 Tab
Refill: 6

10/28/2011 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/16/2011
Start date: 5/16/2011
End date: 1/3/2012
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E at 10/28/2011 1332

Patient came in today because she believes she was called and asked to bring in her meds for review. No one here had called her. I did review her meds and the list is accurate.

She also had an INR done which was :
PRORPD 2.6 10/27/2011
PRORPD 2.4 9/20/2011
PRORPD 2.4 9/15/2011
PRORPD 2.8 9/7/2011
PRORPD 2.4 7/29/2011
PRORPD 2.4 7/6/2011
This is stable and she will continue current dose.

She reported that she has continued to have intermittent sharp left lower quadrant abdominal pain that occurs often after eating, not during sleep, and not during activity There is no radiation or other associated symptoms. Her bowel movements have been normal in frequency and appearance. No change in urination or urine.
Abdomen : Contour nl; Bowel tones nl; Tenderness none; Guarding no; Rebound tenderness no; Liver nl; Murphy's sign neg; Spleen nl; Psoas sign: Not done
Skin: Jaundice none
WBC 5.16 10/21/2011
RBC 4.11 10/21/2011
HEMOGLOBIN 12.8 10/21/2011
HEMATOCRIT 39 10/21/2011
MCV 94 10/21/2011
MCH 31.1 10/21/2011
MCHC 33.0 10/21/2011
PLATELET 240 10/21/2011
No results found for this basename: rbcm
She could not produce a urine.
A/P: Recurrent 2-3 week hx of LLQ sharp abd pain occurring often after eating and not at other times with no other symptoms. CBC was normal last week. Normal exam. No urinary symptoms but would be well to obtain UA if possible. Differential includes: Diverticulitis. Though CBC was normal this continues to be a possibililty. Renal colic though pattern and severity is not typical. Ovarian torsion though episodes are quite brief. Other ovarian pathology possible. Best option for further evaluation would be a CT scan, but patient declined this a prefers to wait to see if it resolves.

10/28/2011 - Telephone in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Electronically signed by Neighbor Jr., William E at 10/28/2011 1:40 PM

10/27/2011 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

10/27/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 10/27/2011 12:23 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H72112	—	—	10/27/11 1224

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 10/27/11 1332, Result status: Final result

Order status: Completed
Filed on: 10/27/11 1332
Collected by: 10/27/11 1224
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 10/27/11 1924
Staniford, Katrina on 10/27/11 1610

Testing Performed By

10/27/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 10/27/2011 at 7:24 PM
See TE of this date
William E Neighbor JR, MD

All Reviewers List

Neighbor Jr., William E on 10/27/2011 19:24
Staniford, Katrina on 10/27/2011 16:10

10/21/2011 - Office Visit in Hall Health Primary Care Center

Reason for Visit

Chief complaints: Follow-Up and Immunization or Injection
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Other and unspecified hyperlipidemia
- Essential hypertension, benign
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- Long term (current) use of anticoagulants
- Abdominal pain, left lower quadrant
- Acute nasopharyngitis (common cold)
- Pain in joint, lower leg
- cold intolerance
- Needs flu shot

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
Hall Health Primary Care Center	4060 NE Stevens Way, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

10/21/2011 - Office Visit in Hall Health Primary Care Center (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/9/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/11/2011
Start date: 4/11/2011
End date: 11/9/2011
Quantity: 30 Tab
Refill: 6

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/15/2011
Start date: 4/15/2011
End date: 11/30/2011
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/16/2011
Start date: 5/16/2011
End date: 1/3/2012
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 10/21/2011 1138

Jeanne Leonie Hoffman is a 86 year old female here to discuss the following:

DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrence.

HYPERLIPIDEMIA NEC/NOS
Complaint with medication

BENIGN HYPERTENSION
Compliant with medication

DIABETES UNCOMPL ADULT-TYPE II
Complaint with diet

Clinical Notes (continued)

ABDOMINAL PAIN LLQ
2 week hx of LLQ sharp intermitent pain which resolves with pressure over the area. No fever, chills, sweats, nausea, vomiting, other abd pain, change in stools or frequency, or change in urination or urine.

ACUTE NASOPHARYNGITIS
1 week hx of mild nasal congestion with occassional mild cough without fever or chills.

JOINT PAIN-LOWER LEG
Fell at ferry dock one month go onto right knee. No immediate swelling. Able to bear weight immediately afterward, however has had persistent soreness of inside and outside of right knee.
cold intolerance

Patient Active Problem List

Diagnoses	Date Noted
• SKIN SENSATION DISTURB	06/03/2008
Priority: High 6/3/2008 labs ordered. Return in one month for exm.	
• OSTEOPOROSIS NOS	03/04/2008
Priority: High T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continue for five years, then stop	
• AFTERCARE LONG TERM ANTICOAG USE	01/08/2008
Priority: High Reason for anticoagulation: Recurrent dvts Duration of anticoagulation: life INR goal: 2.-3 She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.	
• ADULT FAILURE TO THRIVE	10/19/2007
Priority: High Lives in subsidized housing on Bainbridge Bremerton APS at 1-888-833-4925 Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved. Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait	
• TREMOR NEC	08/17/2007
Priority: High Noted by Melanie Parker. Consider Parkinson's disease med trial.	
• FX FEMUR INTRCAPS NOS-CLOSE	05/01/2007
Priority: High Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.	

10/21/2011 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- VITAMIN B DEFICIENCY NOS 05/01/2007
  Priority: High
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- DIABETES UNCOMPL ADULT-TYPE II 03/27/2007
  Priority: High
  Year onset: Dx March 2007
  Complications:

- CONVULSIONS, OTHER 11/20/2006
  Priority: High
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007

- ESOPHAGEAL REFLUX 11/20/2006
  Priority: High
- SENSORNEUR HEAR LOSS NOS 11/20/2006
  Priority: High
  Has bilateral hearing aids.
  6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

- DEEP VENOUS PHLEBITIS-LEG NEC 11/20/2006
  Priority: High
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
  3/9/2010 Lower extremity arterial vascular ultrasound studies normal

- UTERINE LEIOMYOMA NOS 11/20/2006
  Priority: High
  S/P hysterectomy with BSO in 1991

- HYPERLIPIDEMIA NEC/NOS 11/20/2006
  Priority: High
  On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

- CARPAL TUNNEL SYNDROME 11/20/2006
  Priority: High
  Carpal tunnel release right wrist in 1989

- CATARACT NOS 11/20/2006
  Priority: High
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS 11/20/2006
  Priority: High
- GENERAL OSTEOARTHROSIS 11/20/2006
  Priority: High
  LS spine. Bilateral talonavicular arthritis since 1994.

10/21/2011 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

- BENIGN HYPERTENSION 11/20/2006
  Priority: High
- DIAPHRAGMATIC HERNIA 11/20/2006
  Priority: High
  CT of abdomen in 2006

- GLAUCOMA NOS 11/20/2006
  Priority: High
- ROUTINE MEDICAL EXAM 11/20/2006
  Priority: High
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1): 2010
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

Outpatient Prescriptions Prior to Visit

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Atorvastatin Calcium (LIPITOR) 40 MG OR TABS	1 po QD	90 Tab	3
• CarBAMazepine 200 MG OR TABS	1 TABLET 3 TIMES DAILY	90 Tab	6
• Hydrochlorothiazide 25 MG OR TABS	Take 1/2 tablet by mouth every day	15 Tab	11
• Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR	One tablet three times daily (Pentoxifylline)(Trental)	90 Tab	6
• Timolol Maleate 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily	5 mL	prn
• Warfarin Sodium 10 MG OR TABS	one tablet daily	30 Tab	6

History

Social History Narrative

Soc Hx. 1/30/2007 Nancy at Helpline House, 282 Knechtel Ave NE, Bainbridge Island , WA 98110 Voice 842-7624, Fax 842.9867, called last week. See RN telephone. Note. The plan is to call Nancy once I have assessed Mrs. Hoffman's needs when I see her at an upcoming visit.6/15/2010 Grew up on Bainbridge. Both parents from Paris. Spoke French at home and English in Public. She recalls her first clot was in her legs when she was 30. She also developed clot in her arms later. She states her grandmother had the same problem.William E Neighbor, MD

10/21/2011 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

REVIEW OF SYSTEMS:
Weight: without significant change.
Chest: Clear without rales or wheezes.
COR: HR regular. No murmur, gallop or rub. No JVD.
Extr: No edema.

OBJECTIVE:
BP 162/82 | Pulse 69 | Temp(Src) 97.4 °F (36.3 °C) (Oral)
Last blood pressure recorded in this encounter: 162/82
General: healthy, alert, no distress
Eyes: Conjunctiva: clear.
ENT: External ears and canals not examined due to lack of ear complaints and hearing aids in place. Nose clear; Sinuses non tender; Oropharynx clear. Neck supple. Anterior cervical nodes neg. Posterior cervical nodes neg.
Occipital nodes: neg.
Lungs: Auscultation: clear. Percussion not done.
Skin: Rash: none.
Weight trend :
Wt Readings from Last 3 Encounters:
07/06/11 61.689 kg (136 lb)
05/26/11 62.143 kg (137 lb)
03/29/11 61.236 kg (135 lb)

CV: Heart rate reg; S1, S2: nl; Murmur no; Gallop: no; Rub: no; JVD no.
Extremities: Edema none. Pulses: Not examined

Lab reviewed.
PRORPD 2.4 9/20/2011
PRORPD 2.4 9/15/2011
PRORPD 2.8 9/7/2011
PRORPD 2.4 7/29/2011
PRORPD 2.4 7/6/2011
PRORPD 2.8 6/2/2011

LDL 74 4/21/2011
LDL 99 4/29/2010
LDL 76 12/29/2009
LDL 89 3/27/2008
LDL 104 3/22/2007

SODIUM 144 4/21/2011
POTASSIUM 3.9 4/21/2011
CHLORIDE 111 4/21/2011
CARBON 26 4/21/2011
BUN 20 4/21/2011
CREATININE 0.75 4/21/2011
GLUCOSE 115 4/21/2011
CALCIUM 9.1 4/21/2011
IONGAP 7 4/21/2011

A1C 6.4 5/26/2011
A1C 6.3 5/27/2010

A1C 6.4 9/29/2009
A1C 6.1 7/21/2008
A1C 6.2 4/29/2008
A1C * 4/29/2008
Value: Due to a significant change from previous results, the assay was repeated for quality assurance purposes.
A1C 6.4 3/11/2008
A1C 9.3 2/25/2008
A1C 7.1 11/8/2007
.

ASSESSMENT AND PLAN:

DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrent blood clot . Due for INR today. The blood tests at Hall Health are sent to the hospital so we cannot get a rapid test here. Next month an alternative would be for her to have her blood test done at Roosevelt and then come over to Hall health with the result. Another option is to simply have the blood test and then I would call her with the result. However, this means she and her son would need to answer the phone.

HYPERLIPIDEMIA NEC/NOS
She is on atorvastatin. Due for lipid panel which is ordered. She is fasting today.
Plan: LIPID PANEL

BENIGN HYPERTENSION
Blood pressures have been creeping up. May need to add another blood pressure med. Will re evaluate in one month. She could have her blood pressures checked at a local pharmacy on Bainbridge.
Plan: BASIC METABOLIC PANEL

DIABETES UNCOMPL ADULT-TYPE II
On diet alone. Due for blood sugar testing.
Plan: BASIC METABOLIC PANEL, HEMOGLOBIN A1C, HPLC

AFTERCARE LONG TERM ANTICOAG USE
Last INR one month ago was 2.4 Due for repeat today. Stable dose of couomadin.

ABDOMINAL PAIN LLQ
2 week hx of intermitent sharp left lower abdominal pain without other symptoms. Plan is to check blood count to exclude infection such as diverticulitis but otherwise observe.
Plan: CBC, DIFF

ACUTE NASOPHARYNGITIS
Mild cold. No evidence of pneumonia.

JOINT PAIN-LOWER LEG
Left knee pain after fall at ferry dock one month ago. Exam shows medial and lateral joint line tenderness without effussion or other evidence of significant injury. Expect healing. May use warm compresses.

cold intolerance

10/21/2011 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Notes so cold intolerance. Will recheck thyroid as last test was done in 2008.
Plan: THYROID STIMULATING HORMONE

VACCINE FOR INFLUENZA
Flu vaccine today.
Plan: FLU VACC, 3 YRS & >, 0.5 ML / IM, IMMUNIZATION ADMIN, SINGLE IMM

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 10/21/2011 12:28 PM

Voronchuk, Eleonora at 10/21/2011 1154

Flu Vaccine Screening Questions

Are you sick today, or have a fever? No

Have you ever had a serious allergic reaction to eggs? No

Have you had Guillan-Barre syndrome associated with a vaccine? No

Do you, or any person who lives with you, or any person in your care, have cancer, AIDS, leukemia, or any other immune deficiency disorder? No

Do you take any medications or receive any treatments that may affect the immune system? No

Do you take any anti-viral medications? No
(examples, acyclovir, valacyclovir)

During the past year, have you received a transfusion of blood or plasma, or been given immune globulin? No

Have you received any vaccinations in the past month? No

Are you allergic to latex? No

FOR WOMEN: Are you pregnant, or considering becoming pregnant in the next month? No

Patient has reviewed the Influenza VIS and had all questions answered? YES

Verbal informed consent for Influenza vaccine obtained: YES

Flu vaccine given today without initial adverse effect.

Electronically signed by Voronchuk, Eleonora at 10/21/2011 12:28 PM

10/21/2011 - Office Visit in Hall Health Primary Care Center (continued)

Clinical Notes (continued)

Labs

THYROID STIMULATING HORMONE (Final result)

Electronically signed by: **Neighbor Jr., William E on 10/21/11 1138** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/21/11 1138 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/21/11 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Disturbance of skin sensation [782.0 (ICD-9-CM)] - cold intolerance

Specimen Information

ID	Type	Source	Collected By
F54944	—	—	10/21/11 1136

THYROID STIMULATING HORMONE Resulted: 10/21/11 1432, Result status: Final result

Order status: Completed Filed on: 10/21/11 1432
Collected by: 10/21/11 1136 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Thyroid Stimulating Hormone	1.538	0.400 - 5.000 uIU/mL	—	UWMC

Reviewed by

Neighbor Jr., William E on 10/24/11 1401
Voronchuk, Eleonora on 10/24/11 1238

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

SKIN SENSATION DISTURB [782.0 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 10/24/2011 14:01
Voronchuk, Eleonora on 10/24/2011 12:38

LIPID PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E on 10/21/11 1138** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/21/11 1138 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/21/11 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F54944	—	—	10/21/11 1136

10/21/2011 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

LIPID PANEL (Abnormal) Resulted: 10/21/11 1420, Result status: Final result

Order status: Completed
Collected by: 10/21/11 1136
Filed on: 10/21/11 1420
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	179	<200 mg/dL	—	UWMC
Triglyceride	181	<150 mg/dL	H	UWMC
HDL Cholesterol	48	>40 mg/dL	—	UWMC
Cholesterol (LDL)	95	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	131	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	3.7	—	—	UWMC
Lipid Panel, Additional Info.	--	—	—	UWMC

Result: (NOTE)For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here:http://web.labmed.washington.edu/tests/chemistry/LIPID

Reviewed by

Neighbor Jr., William E on 10/24/11 1401
Voronchuk, Eleonora on 10/24/11 1238

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 10/24/2011 14:01
Voronchuk, Eleonora on 10/24/2011 12:38

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E on 10/21/11 1138** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/21/11 1138
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/21/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Diagnoses
Essential hypertension, benign [401.1 (ICD-9-CM)]
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F54944	—	—	10/21/11 1136

BASIC METABOLIC PANEL (Abnormal) Resulted: 10/21/11 1420, Result status: Final result

Order status: Completed
Collected by: 10/21/11 1136
Filed on: 10/21/11 1420
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab

10/21/2011 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Sodium	138	136 - 145 mEq/L	—	UWMC
Potassium	4.1	3.7 - 5.2 mEq/L	—	UWMC
Chloride	105	98 - 108 mEq/L	—	UWMC
Carbon Dioxide, Total	25	22 - 32 mEq/L	—	UWMC
Anion Gap	8	3 - 11	—	UWMC
Glucose	145	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	16	8 - 21 mg/dL	—	UWMC
Creatinine	0.67	0.38 - 1.02 mg/dL	—	UWMC
Creatinine	**Note new reference range.**	—	—	UWMC
Calcium	9.1	8.9 - 10.2 mg/dL	—	UWMC
GFR, Calc, European American	>60	>59 mL/min	—	UWMC
GFR, Calc, African American	>60	>59 mL/min	—	UWMC
GFR, Information	--	—	—	UWMC

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor Jr., William E on 10/24/11 1401
Voronchuk, Eleonora on 10/24/11 1238

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

BENIGN HYPERTENSION [401.1 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 10/24/2011 14:01
Voronchuk, Eleonora on 10/24/2011 12:38

PROTHROMBIN TIME (Final result)

Electronically signed by: **Neighbor Jr., William E on 10/21/11 1138** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/21/11 1138 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/21/11 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F54944	—	—	10/21/11 1136

PROTHROMBIN TIME (Abnormal) Resulted: 10/21/11 1358, Result status: Final result

Order status: Completed Filed on: 10/21/11 1358
Collected by: 10/21/11 1136 Resulting lab: UW LABORATORY MEDICINE

Components

10/21/2011 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	22.0	10.7 - 15.6 s	H	UWMC
Prothrombin INR	2.0	0.8 - 1.3	H	UWMC

Reviewed by

Neighbor Jr., William E on 10/24/11 1401
Voronchuk, Eleonora on 10/24/11 1238

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 10/24/2011 14:01
Voronchuk, Eleonora on 10/24/2011 12:38

HEMOGLOBIN A1C, HPLC (Final result)

Electronically signed by: **Neighbor Jr., William E on 10/21/11 1138** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/21/11 1138 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/21/11 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F54944	—	—	10/21/11 1136

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 10/24/11 1111, Result status: Final result

Order status: Completed Filed on: 10/24/11 1111
Collected by: 10/21/11 1136 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.5	4.0 - 6.0 %	H	UWMC

Reviewed by

Neighbor Jr., William E on 10/24/11 1401
Voronchuk, Eleonora on 10/24/11 1238

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

10/21/2011 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 10/24/2011 14:01
Voronchuk, Eleonora on 10/24/2011 12:38

CBC, DIFF (Final result)

Electronically signed by: **Neighbor Jr., William E on 10/21/11 1138** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/21/11 1138 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/21/11 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Abdominal pain, left lower quadrant [789.04 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F54944	—	—	10/21/11 1136

CBC, DIFF Resulted: 10/21/11 1350, Result status: Final result

Order status: Completed Filed on: 10/21/11 1350
Collected by: 10/21/11 1136 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.16	4.3 - 10.0 THOU/uL	—	UWMC
RBC	4.11	3.80 - 5.00 mil/uL	—	UWMC
Hemoglobin	12.8	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	39	36 - 45 %	—	UWMC
MCV	94	81 - 98 fL	—	UWMC
MCH	31.1	27.3 - 33.6 pg	—	UWMC
MCHC	33.0	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	240	150 - 400 THOU/uL	—	UWMC
RDW-CV	13.6	11.6 - 14.4 %	—	UWMC
% Neutrophils	43	34 - 71 %	—	UWMC
% Lymphocytes	39	19 - 53 %	—	UWMC
% Monocytes	12	5 - 13 %	—	UWMC
% Eosinophils	5	0 - 7 %	—	UWMC
% Basophils	1	0 - 1 %	—	UWMC
% Immature Granulocytes	0	0 - 1 %	—	UWMC
Neutrophils	2.26	1.80 - 7.00 THOU/uL	—	UWMC
Absolute Lymphocyte Count	1.99	1.00 - 4.80 THOU/uL	—	UWMC
Monocytes	0.60	0.00 - 0.80 THOU/uL	—	UWMC
Absolute Eosinophil Count	0.27	0.00 - 0.50 THOU/uL	—	UWMC
Basophils	0.03	0.00 - 0.20 THOU/uL	—	UWMC
Immature Granulocytes	0.01	0.00 - 0.05 THOU/uL	—	UWMC

Reviewed by

10/21/2011 - Office Visit in Hall Health Primary Care Center (continued)

Labs (continued)

Neighbor Jr., William E on 10/24/11 1401
Voronchuk, Eleonora on 10/24/11 1238

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

ABDOMINAL PAIN LLQ [789.04 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 10/24/2011 14:01
Voronchuk, Eleonora on 10/24/2011 12:38

Other Orders

Immunization/Injection

FLU VACCINE ADULT [90658] (Completed)

Electronically signed by: **Neighbor Jr., William E on 10/21/11 1138** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/21/11 1138 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/21/11 - Class: Normal
Quantity: 1
Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

VACCINE FOR INFLUENZA [V04.81 (ICD-9-CM)]

Indications

VACCINE FOR INFLUENZA [V04.81 (ICD-9-CM)]

IMMUNIZATION ADMIN, SINGLE IMM (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 10/21/11 1138** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 10/21/11 1138 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/21/11 - Class: Admin
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

VACCINE FOR INFLUENZA [V04.81 (ICD-9-CM)]

Flowsheets

Vitals Data

10/21/2011 - Office Visit in Hall Health Primary Care Center (continued)

Flowsheets (continued)

Row Name	10/21/11 1107
BP	162/82
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Temp	36.3 °C
Temp src	Oral
Pulse	69
Pulse Regularity	Regular

Patient Instructions

ASSESSMENT AND PLAN:

DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrent blood clot . Due for INR today. The blood tests at Hall Health are sent to the hospital so we cannot get a rapid test here. Next month an alternative would be for her to have her blood test done at Roosevelt and then come over to Hall health with the result. Another option is to simply have the blood test and then I would call her with the result. However, this means she and her son would need to answer the phone.

HYPERLIPIDEMIA NEC/NOS
She is on atorvastatin. Due for lipid panel which is ordered. She is fasting today.
Plan: LIPID PANEL

BENIGN HYPERTENSION
Blood pressures have been creeping up. May need to add another blood pressure med. Will re evaluate in one month. She could have her blood pressures checked at a local pharmacy on Bainbridge.
Plan: BASIC METABOLIC PANEL

DIABETES UNCOMPL ADULT-TYPE II
On diet alone. Due for blood sugar testing.
Plan: BASIC METABOLIC PANEL, HEMOGLOBIN A1C, HPLC

AFTERCARE LONG TERM ANTICOAG USE
Last INR one month ago was 2.4 Due for repeat today. Stable dose of couomadin.

ABDOMINAL PAIN LLQ
2 week hx of intermitent sharp left lower abdominal pain without other symptoms. Plan is to check blood count to exclude infection such as diverticulitis but otherwise observe.
Plan: CBC, DIFF

ACUTE NASOPHARYNGITIS
Mild cold. No evidence of pneumonia.

JOINT PAIN-LOWER LEG
Left knee pain after fall at ferry dock one month ago. Exam shows medial and lateral joint line tenderness without effussion or other evidence of significant injury. Expect healing. May use warm compresses.

10/21/2011 - Office Visit in Hall Health Primary Care Center (continued)

Patient Instructions (continued)

cold intolerance
Notes so cold intolerance. Will recheck thyroid as last test was done in 2008.
Plan: THYROID STIMULATING HORMONE

VACCINE FOR INFLUENZA
Flu vaccine today.
Plan: FLU VACC, 3 YRS & >, 0.5 ML / IM, IMMUNIZATION ADMIN, SINGLE IMM

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 10/21/2011 11:44 AM

Letters

Letter by Neighbor Jr., William E on 10/24/2011

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION-for addressee only

10/24/2011

RE:
Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island 98110

Dear Mrs. Hoffman:

Office Visit on 10/21/11

THYROID STIMULATING HORMONE

Component	Value	Range
THYROID STIMULATING HORMONE	1.538	0.400 - 5.000 (uIU/mL)

LIPID PANEL

Component	Value	Range
CHOLESTEROL (TOTAL)	179	<200 (mg/dL)
TRIGLYCERIDE	181 (*)	<150 (mg/dL)
CHOLESTEROL (HDL)	48	>40 (mg/dL)
CHOLESTEROL (LDL)	95	<130 (mg/dL)
Non-HDL Cholesterol	131	0 - 159 (mg/dL)
CHOLESTEROL/HDL RATIO	3.7	
Lipid Panel, Additional Info.		

10/21/2011 - Office Visit in Hall Health Primary Care Center (continued)

Letters (continued)

Value:
(NOTE)
For complete information to help interpret the lipid panel, please
use the National Cholesterol Education Program (NCEP) guideline based
reference range comments found here:
http://web.labmed.washington.edu/tests/chemistry/LIPID

BASIC METABOLIC PANEL

Component	Value	Range
SODIUM	138	136 - 145 (mEq/L)
POTASSIUM	4.1	3.7 - 5.2 (mEq/L)
CHLORIDE	105	98 - 108 (mEq/L)
CARBON DIOXIDE	25	22 - 32 (mEq/L)
ION GAP	8	3 - 11
GLUCOSE	145 (*)	62 - 125 (mg/dL)
UREA NITROGEN	16	8 - 21 (mg/dL)
CREATININE	0.67	0.38 - 1.02 (mg/dL)
CREATININE	**Note new reference range.**	
CALCIUM	9.1	8.9 - 10.2 (mg/dL)
GFR, Calc, European American	>60	>59 (mL/min)
GFR, Calc, African American	>60	>59 (mL/min)

GFR, Information
Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

PROTHROMBIN TIME

Component	Value	Range
PRO TIME PATIENT	22.0 (*)	10.7 - 15.6 (s)
PROTHROMBIN INR	2.0 (*)	0.8 - 1.3

HEMOGLOBIN A1C, HPLC

Component	Value	Range
Hemoglobin A1C, HPLC	6.5 (*)	4.0 - 6.0 (%)

CBC, DIFF

Component	Value	Range
WBC	5.16	4.3 - 10.0 (THOU/uL)
RBC	4.11	3.80 - 5.00 (mil/uL)
HEMOGLOBIN	12.8	11.5 - 15.5 (g/dL)
HEMATOCRIT	39	36 - 45 (%)
MCV	94	81 - 98 (fL)
MCH	31.1	27.3 - 33.6 (pg)
MCHC	33.0	32.2 - 36.5 (g/dL)
PLATELET COUNT	240	150 - 400 (THOU/uL)
RDW-CV	13.6	11.6 - 14.4 (%)
% Total Neut.	43	34 - 71 (%)
% Lymphocytes	39	19 - 53 (%)
% Monocytes	12	5 - 13 (%)
% Eosinophils	5	0 - 7 (%)
% BASOPHILS	1	0 - 1 (%)
% Immature Granulocytes	0	0 - 1 (%)

10/21/2011 - Office Visit in Hall Health Primary Care Center (continued)

Letters (continued)

NEUTROPHILS	2.26	1.80 - 7.00 (THOU/uL)
LYMPHOCYTES	1.99	1.00 - 4.80 (THOU/uL)
MONOCYTES	0.60	0.00 - 0.80 (THOU/uL)
EOSINOPHILS	0.27	0.00 - 0.50 (THOU/uL)
BASOPHILS	0.03	0.00 - 0.20 (THOU/uL)
Immature Granulocytes	0.01	0.00 - 0.05 (THOU/uL)

Your thyroid blood test is normal.

Your lipid panel shows good control of your LDL or bad cholesterol. Your triglycerides are mildly elevated, but in the presence of good control of your LDL and non HDL cholesterol, this is not a concern. You should continue on your cholesterol medication.

Your electrolytes and kidney tests are normal. Your fasting blood sugar is mildly elevated.

Your INR is in the desired range, though toward the lower end of that range. Repeat in 2-4 weeks.

Your Hemoglobin A1c which measures blood sugar is in the target range of less than 7.0.

Your Complete blood cell count is normal.

Sincerely,

William E Neighbor JR, MD

10/21/2011 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants
- Needs flu shot

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

10/21/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Reyes, Mildred A, Technologist 10/21/2011 10:55 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F54691	—	—	11/30/11 1026

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 11/30/11 1136, Result status: Final result

Order status: Completed
Filed on: 11/30/11 1136
Collected by: 11/30/11 1026
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 11/30/11 1617
Gamboa, Elizabeth L on 11/30/11 1540

10/21/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 11/30/2011 at 4:15 PM
Seen in clinic

All Reviewers List

Neighbor Jr., William E on 11/30/2011 16:17
Gamboa, Elizabeth L on 11/30/2011 15:40

Other Orders

Immunization/Injection

FLU VACCINE ADULT [90658] (Completed)

Electronically signed by: **Neighbor Jr., William E on 10/21/11 1138** Status: **Completed**
Ordering user: Neighbor Jr., William E 10/21/11 1138 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/21/11 - Class: Normal
Quantity: 1 Instance released by: Voronchuk, Eleonora, CMA 10/21/2011 11:54 AM

Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

VACCINE FOR INFLUENZA [V04.81 (ICD-9-CM)]

IMMUNIZATION ADMIN, SINGLE IMM (Active)

Electronically signed by: **Neighbor Jr., William E on 10/21/11 1138** Status: **Active**
Ordering user: Neighbor Jr., William E 10/21/11 1138 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/21/11 - Class: Admin
Quantity: 1 Instance released by: Voronchuk, Eleonora, CMA 10/21/2011 11:54 AM

Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

VACCINE FOR INFLUENZA [V04.81 (ICD-9-CM)]

10/21/2011 - Consent Form in Hall Health Health Data Service

Visit Information

Admission Information

Arrival Date/Time:		Admit Date/Time:	10/21/2011	IP Adm. Date/Time:	
Admission Type:		Point of Origin:		Admit Category:	
Means of Arrival:		Primary Service:		Secondary Service:	N/A
Transfer Source:		Service Area:		Unit:	
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information

Date/Time: —	Disposition: —	Destination: —
Provider: —	Unit: —	

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/9/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/11/2011
Start date: 4/11/2011
End date: 11/9/2011
Quantity: 30 Tab
Refill: 6

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY

10/21/2011 - Consent Form in Hall Health Health Data Service (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/15/2011
Start date: 4/15/2011
End date: 11/30/2011
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/16/2011
Start date: 5/16/2011
End date: 1/3/2012
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

10/21/2011 - Consent Form in Hall Health Health Data Service (continued)

Documents

Other - Scan on 10/25/2011 2:00 PM: Agreement to Pay for Healthcare Services

Scan (below)

Washington State Department of Social & Health Services
MHSA Health & Recovery Services Administration

Agreement to Pay for Healthcare Services
WAC 388-502-0160 ("Billing a Client")

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) for which the Department of Social and Health Services (DSHS) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications.

1. **Client** - is a recipient of Medicaid or other healthcare benefits through the DSHS or a managed care organization (MCO) that contracts with DSHS; and
2. **Provider** - is an institution, agency, business, or person that furnishes healthcare services to DSHS clients and has a signed agreement with DSHS or authorization from an MCO.

This Agreement and WAC 388-502-0160 apply to billing a client for covered and noncovered services as described in WAC 388-501-0050 through WAC 388-501-0070. Providers may not bill any DSHS client (including those enrolled with an MCO that contracts with DSHS) for services which DSHS or an MCO that contracts with DSHS may have paid until the provider has completed all requirements for obtaining authorization.

CLIENT'S PRINTED NAME	CLIENT'S DSHS ID NUMBER
Jeanne Hoffman	100675 002 WA
PROVIDER'S PRINTED NAME	PROVIDER NUMBER
William Neighbor, MD	1265518989

This form:

- Must be fully completed by both the provider and the client **before** any service for which this Agreement is required is provided to a DSHS client.
- Must be completed no more than 90 calendar days before the service is provided. If the service is not provided within 90 calendar days, a new form must be completed and signed by both the provider and the client.
- Must be completed only **after** the provider and the client have exhausted all applicable DSHS or DSHS-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 388-501-0160 or the administrative hearing process as described in WAC 388-526-2610, if the client chooses to pursue these processes.
- Must be understandable to a limited English proficient (LEP) client in his or her primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. A translated form must be signed by both the client and the provider.

The table on back of this form must be fully completed. If needed, attach another sheet for additional services. Each additional page must be signed and dated by the client, provider, and interpreter (if applicable).

Important Note from DSHS:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 388-502-0160 or does not satisfy DSHS conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 388-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. A copy of this completed, signed agreement must also be given to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://www.dshs.wa.gov/msa/forms/eforms.html.

AGREEMENT TO PAY FOR HEALTHCARE SERVICES
DSHS 13-879 (05/2010)

Page 1 of 2

10/21/2011 - Consent Form in Hall Health Health Data Service (continued)

Documents (continued)

SPECIFIC SERVICE(S) OR ITEM(S) TO BE PROVIDED AND ANTICIPATED DATE OF SERVICE	CPT/CDT/ HCPC CODE (BILLING CODE)	AMOUNT TO BE PAID BY CLIENT	REASON WHY THE CLIENT IS AGREEING TO BE BILLED (CHECK THE ONE THAT APPLIES FOR EACH SERVICE)	COVERED TREATMENT ALTERNATIVES OFFERED BUT NOT CHOSEN BY CLIENT	DATE(S) ETR REQUESTED/DENIED OR WAIVED, OR PRIOR AUTHORIZATION (PA) REQUESTED/DENIED	
new pt. office visit	99214	$76.370	☑ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH DSHS NOTICE)
					PA REQUEST	PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH DSHS NOTICE)
					PA REQUEST	PA DENIAL (ATTACH DSHS NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for		ETR REQUESTED OR WAIVED	ETR DENIAL (ATTACH DSHS NOTICE)
					PA REQUEST	PA DENIAL (ATTACH DSHS NOTICE)

- I understand that DSHS or an MCO that contracts with DSHS will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) DSHS does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after a DSHS or DSHS-contracted MCO denial of a request for a noncovered service; or 2) ask for a hearing to appeal a DSHS or DSHS-contracted MCO denial of a requested service.
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by DSHS or DSHS-contracted MCO, and I still choose to get the specified service(s) above.
- ***I agree to pay the provider directly for the specific service(s) listed above.***
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which DSHS or a DSHS-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form.
- I understand that I can call DSHS at 1-800-562-3022 if I want to receive additional information about my rights or services covered by DSHS under fee-for-service or managed care.

X **I AFFIRM: I understand and agree with this form's content, including the bullet points above.**	CLIENT'S OR CLIENT'S LEGAL REPRESENTATIVE'S SIGNATURE	DATE 10/21/2011
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 388-502-0160.	PROVIDER OF SERVICE(S) SIGNATURE	DATE 10/21/2011
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	INTERPRETER'S PRINTED NAME AND SIGNATURE	DATE

AGREEMENT TO PAY FOR HEALTHCARE SERVICES
DSHS 13-879 (05/2010)

Page 2 of 2

10/17/2011 - Telephone in Hall Health Primary Care Center

Reason for Visit

Chief complaint: Other
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/9/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/11/2011
Start date: 4/11/2011
End date: 11/9/2011
Quantity: 30 Tab
Refill: 6

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/15/2011
Start date: 4/15/2011
End date: 11/30/2011
Quantity: 90 Tab
Refill: 6

10/17/2011 - Telephone in Hall Health Primary Care Center (continued)

Medication List (continued)

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/16/2011
Start date: 5/16/2011
End date: 1/3/2012
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Voronchuk, Eleonora at 10/17/2011 1314

Patient son called and stated that his mother will have an appointment this coming Friday at 11:00 am and will need to have some blood work. The patient would like to be notified by e-mail jeannehoffman@usa.com. Please advise

Electronically signed by Voronchuk, Eleonora at 10/17/2011 1:19 PM

Neighbor Jr., William E at 10/18/2011 1749

There is a standing INR order in Epic for them. I called the patient to let her know the order is a standing order. She can have this done either at Roosevelt or here. (I did not e mail the son, as I do not use my campus e mail address for patient care). They should sign up for E care at their visit.

Electronically signed by Neighbor Jr., William E at 10/18/2011 5:53 PM

10/11/2011 - Letter (Out) in UWMC Family Medicine

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Letters

Letter by Neighbor Jr., William E on 10/11/2011

Status: Sent
Letter body:

10/11/2011

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island 98110

Dear Mrs. Hoffman,

I will be leaving my current practice at UW Family Medicine Roosevelt on October 17, 2011, to assume a position as Chief of Staff at Hall Health on the University of Washington Campus. I have valued the 25 years I have practiced at the Family Medical Center and it is, of course, with mixed emotions that I have chosen to assume my new position. It has been a privilege to participate in your health care.

I would be pleased to continue to provide care for you in my new position at Hall Health on the UW Campus where I will have 3-4 clinics per week. Appointments can be made by calling 206-616-2495.

If it is more convenient for you to continue your care at the UW Family Medicine Roosevelt clinic, providers at Family Medicine who have joined our patient are team are Drs. Tom Greer, Jeanne Cawse-Lucas and Misbah Keen. Resident physicians Drs. Megan Wilson and David Norris are also accepting new patients. Appointments can be made by calling 206-598-4055.

Sincerely,

William E Neighbor JR, MD

09/20/2011 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

09/20/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 9/20/2011 10:33 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T72082	—	—	09/20/11 1032

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 09/20/11 1105, Result status: Final result

Order status: Completed
Filed on: 09/20/11 1105
Collected by: 09/20/11 1032
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 10/03/11 1521
Dobie, Sharon A on 09/20/11 1355
Woolvett, Valerie E, RN on 09/20/11 1132

09/20/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Dobie, Sharon A on 9/20/2011 at 1:54 PM
Pt reassured; checking very often; Asked her to check in a month unless concerns and to estab care with a new provider

All Reviewers List

Neighbor Jr., William E on 10/3/2011 15:21
Dobie, Sharon A on 9/20/2011 13:55
Woolvett, Valerie E, RN on 9/20/2011 11:32

09/15/2011 - Appointment in UWMC Family Medicine

Visit Information

Appointment Information

RETURN **No Show**
9/15/2011 2:00 PM

Time	Provider	Department	Length
2:00 PM	Majd, Iman, MD	ZZUWMC FAMILY MED CENTER	30 min

Auto Confirm Status: No Answer

Notes:
f/u INR/Neighbor pt lf

History

Made On:	9/7/2011 2:07 PM	By:	Fontanos, Lisa	ES
EOD Status:	9/19/2011 11:09 PM	By:	Uw User, Batch Scheduler	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

09/15/2011 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/9/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/11/2011
Start date: 4/11/2011
End date: 11/9/2011
Quantity: 30 Tab
Refill: 6

09/15/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/15/2011
Start date: 4/15/2011
End date: 11/30/2011
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/16/2011
Start date: 5/16/2011
End date: 1/3/2012
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Grittman, Sheryl R, Technologist 9/15/2011 12:18 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H35814	—	—	09/15/11 1218

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 09/15/11 1257, Result status: Final result

Order status: Completed
Filed on: 09/15/11 1257
Collected by: 09/15/11 1218
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 09/16/11 1326
Gamboa, Elizabeth L on 09/15/11 1316

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

09/15/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 9/16/2011 at 1:26 PM
In tx range. Recheck one month.

All Reviewers List

Neighbor Jr., William E on 9/16/2011 13:26
Gamboa, Elizabeth L on 9/15/2011 13:16

Letters

Results by Neighbor Jr., William E on 9/16/2011

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

9/16/2011

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island 98110

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 09/15/11
PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
Prothrombin Time (Rapid INR)	2.4 (*)	0.8 - 1.3

Your blood test is in the desired range. Recheck in one month.

Sincerely,

William E Neighbor JR, MD

09/07/2011 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/9/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/11/2011
Start date: 4/11/2011
End date: 11/9/2011
Quantity: 30 Tab
Refill: 6

09/07/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/15/2011
Start date: 4/15/2011
End date: 11/30/2011
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/16/2011
Start date: 5/16/2011
End date: 1/3/2012
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 9/7/2011 1:38 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W35314	—	—	09/07/11 1338

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 09/07/11 1424, Result status: Final result

Order status: Completed
Filed on: 09/07/11 1424
Collected by: 09/07/11 1338
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.8	0.8 - 1.3	H	RSVLT

Reviewed by

Chin, Kimberly Y on 09/07/11 1435
Neighbor Jr., William E on 09/07/11 1434

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

09/07/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 9/7/2011 at 2:34 PM
Patient seen in waiting room. Will repeat in 1-2 weeks as INR seems to gradually increasing.
William E Neighbor JR, MD

All Reviewers List

Chin, Kimberly Y on 9/7/2011 14:35
Neighbor Jr., William E on 9/7/2011 14:34

07/29/2011 - Appointment in UWMC Family Medicine

Visit Information

Appointment Information

RETURN
7/29/2011 10:15 AM

Canceled

Time	Provider	Department	Length
10:15 AM	Neighbor Jr., William E, MD	ZZUWMC FAMILY MED CENTER	30 min

Enc Form Number: 17118794

Notes:
1 mo f/u

History

Made On:	7/11/2011 10:30 AM	By:	Nelson, Joshua Michael	ES
Canceled:	7/29/2011 11:02 AM	By:	Nordenstrom, Shellanie P	ES
Cancel Rsn:	Provider-Late cancel/reschedule by provider with less than 30 days notice (per Courtney)			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

07/29/2011 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/9/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/11/2011
Start date: 4/11/2011
End date: 11/9/2011
Quantity: 30 Tab
Refill: 6

07/29/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/15/2011
Start date: 4/15/2011
End date: 11/30/2011
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/16/2011
Start date: 5/16/2011
End date: 1/3/2012
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 7/29/2011 10:25 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F57663	—	—	07/29/11 1025

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 07/29/11 1041, Result status: Final result

Order status: Completed
Filed on: 07/29/11 1041
Collected by: 07/29/11 1025
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 07/29/11 1515
Gamboa, Elizabeth L on 07/29/11 1043

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

07/29/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 7/29/2011 at 3:15 PM
Patient dropped by clinic and results reported. Recheck one month.

All Reviewers List

Neighbor Jr., William E on 7/29/2011 15:15
Gamboa, Elizabeth L on 7/29/2011 10:43

07/06/2011 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/9/2011
Reason for discontinuation: Reorder

07/06/2011 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/11/2011
Start date: 4/11/2011 — End date: 11/9/2011
Quantity: 30 Tab — Refill: 6

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/30/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/15/2011
Start date: 4/15/2011 — End date: 11/30/2011
Quantity: 90 Tab — Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/16/2011
Start date: 5/16/2011 — End date: 1/3/2012
Quantity: 90 Tab — Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 7/6/2011 1136

Jeanne Leonie Hoffman is a 86 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
Stable dose. No missed doses. NO bleeding. Plans trip to Oregon.

Current outpatient prescriptions

Medication	Sig
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
• Atorvastatin Calcium (LIPITOR) 40 MG OR TABS	1 po QD
• CarBAMazepine 200 MG OR TABS	1 TABLET 3 TIMES DAILY
• Hydrochlorothiazide 25 MG OR TABS	Take 1/2 tablet by mouth every day
• Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR	One tablet three times daily (Pentoxifylline)(Trental)
• Timolol Maleate 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily
• Warfarin Sodium 10 MG OR TABS	one tablet daily

07/06/2011 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

OBJECTIVE:
BP 140/72 | Pulse 66 | Wt 136 lb (61.689 kg)
Last blood pressure recorded in this encounter: 140/72
General: healthy, alert, no distress

PRORPD 2.4 7/6/11
PRORPD 2.8 6/2/11
PRORPD 3.7 5/26/11
PRORPD 2.0 3/29/11
PRORPD 2.4 2/28/11

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrecne

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.4. Stable dose of coumadin. Recheck one month.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 7/6/2011 6:46 PM

Flowsheets

FOB

Row Name	07/06/11 1102
Patient Ck In	Yes
Clinical Prep	Yes
Vitals/Pain	Vitals Taken
Coordination of Care	Yes
Test/Consult/F/U Scheduled	Scheduled 1 test/consult
$ FOB	FOB III

UNKNOWN

Row Name	07/06/11 1102
BP	140/72
Pulse	66
Weight	61.7 kg (136 lb)
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
$ FOB	FOB III
Patient Ck In	Yes
Clinical Prep	Yes
Coordination of	Yes

07/06/2011 - Office Visit in UWMC Family Medicine (continued)

Flowsheets (continued)

Care

Vitals Data

Row Name	07/06/11 1102
BP	140/72
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	66
Weight	61.7 kg (136 lb)

07/06/2011 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

07/06/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Milan, Editha T, Technologist 7/6/2011 10:46 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W51970	—	—	07/06/11 1046

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 07/06/11 1132, Result status: Final result

Order status: Completed
Filed on: 07/06/11 1132
Collected by: 07/06/11 1046
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 07/06/11 1814
Gamboa, Elizabeth L on 07/06/11 1155

Testing Performed By

07/06/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 7/6/2011 18:14
Gamboa, Elizabeth L on 7/6/2011 11:55

07/06/2011 - Orders Only in UWMC Family Medicine

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

07/06/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Imaging

Imaging

MAMMOGRAM, SCREENING (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 07/08/11 1537**
Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 07/08/11 1537
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: -
Class: Ext Imaging
Quantity: 1
Lab status: Final result

MAMMOGRAM, SCREENING
Resulted: 07/08/11 1630, Result status: Final result

Order status: Completed
Filed on: 07/08/11 1630
Accession number: 6751443
Resulting lab: UW RADIOLOGY
Lab Technician: SAKAR SULEMAN

Components

Component	Value	Reference Range	Flag	Lab
General Diagnostic Text	--	—	—	UW RAD

Result: Examination:A digital screening mammogram was performed and computer-aided detection was applied. The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment). ComparisonComparison is made to images from 06/15/2010 (bilateral) and images from 06/05/2009 (bilateral) and images from 06/03/2008 (bilateral) and images from 03/22/2007 (bilateral) and images from 01/11/2006. FindingsBilateral Breast Findings: There are scattered fibroglandular densities (25% - 50% fibroglandular). No significant masses, calcifications or other abnormalities are seen. Impression BILATERAL BREASTS Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months. OVERALL ASSESSMENT - CATEGORY 1 - NEGATIVE ATTENDING RADIOLOGIST AND PAGER NUMBER318690 Rahbar Habib MD(206)540-6154

Reviewed by

Neighbor Jr., William E on 07/11/11 0951

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

07/06/2011 - Orders Only in UWMC Family Medicine (continued)

Imaging (continued)

20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

All Reviewers List

Neighbor Jr., William E on 7/11/2011 09:51

06/02/2011 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG OR TABS

06/02/2011 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/9/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/11/2011
Start date: 4/11/2011
End date: 11/9/2011
Quantity: 30 Tab
Refill: 6

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/15/2011
Start date: 4/15/2011
End date: 11/30/2011
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/16/2011
Start date: 5/16/2011
End date: 1/3/2012
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 6/2/2011 1247

Jeanne Leonie Hoffman is a 86 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No swelling

V58.61 AFTERCARE LONG TERM ANTICOAG USE
After holding half a dose a week ago when INR was above 3, she returned to usual dose of coumadin 10 mg once daily. In for INR today.

OBJECTIVE:
There were no vitals taken for this visit.
Last blood pressure recorded in this encounter:
General: healthy, alert, no distress

PRORPD 2.8 6/2/11
PRORPD 3.7 5/26/11
PRORPD 2.0 3/29/11
PRORPD 2.4 2/28/11
PRORPD 2.3 2/9/11

06/02/2011 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
NO recurrent symptoms.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR today 2.8. See last clinic note. She has been taking coumadin 10 mg once daily for the last week. Will continue at this which is her standard dose and repeat INR in 3-4 weeks.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 6/3/2011 6:21 PM

Flowsheets

FOB

Row Name	06/02/11 1046
Patient Ck In	Yes
Clinical Prep	Yes
Vitals/Pain	Vitals Taken
$ FOB	FOB II

UNKNOWN

Row Name	06/02/11 1046
$ FOB	FOB II
Patient Ck In	Yes
Clinical Prep	Yes

06/02/2011 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

Atorvastatin Calcium 20 MG Oral Tab

06/02/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Valley, Jan K, Technologist 6/2/2011 10:20 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H15665	—	—	06/02/11 1020

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 06/02/11 1203, Result status: Final result

Order status: Completed
Filed on: 06/02/11 1203
Collected by: 06/02/11 1020
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.8	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 06/02/11 1505
Chin, Kimberly Y on 06/02/11 1235

Testing Performed By

06/02/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 6/2/2011 15:05
Chin, Kimberly Y on 6/2/2011 12:35

05/26/2011 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Unclassified (OTHER MEDS, SEE COMMENTS,)

Discontinued by: Ong, Thuan Duc, MD
Discontinued on: 6/7/2018
Instructions: Vitamin B12 500 mcg once daily over the counter
Entered by: Neighbor Jr., William E, MD
Entered on: 2/21/2014
Start date: 2/21/2014
End date: 6/7/2018

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: One half tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 3/31/2016
Quantity: 45 tablet
Refill: 3

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/29/2015
Start date: 7/29/2015
End date: 6/2/2016
Quantity: 270 tablet
Refill: 0

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/7/2016
Reason for discontinuation: Reorder
Instructions: Place 1 drop in each EYE 2 times a day.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/7/2016
Quantity: 5 mL
Refill: 1

05/26/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/31/2016
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (20 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/18/2015
Start date: 12/18/2015
End date: 3/31/2016
Quantity: 30 tablet
Refill: 2

Warfarin Sodium (COUMADIN) 5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/27/2016
Reason for discontinuation: Reorder
Instructions: 1 TAB PO ONCE each evening
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 5/27/2016
Quantity: 90 tablet
Refill: 0

Acetaminophen-Codeine #3 (TYLENOL WITH CODEINE #3) 300-30 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/29/2016
Reason for discontinuation: Reorder
Instructions: one po once daily for arthritic pain as needed
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/6/2016
Start date: 1/6/2016
End date: 4/28/2016
Quantity: 20 tablet
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 5/26/2011 10:18 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H80524	—	—	05/26/11 1018

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 05/26/11 1048, Result status: Final result

Order status: Completed
Filed on: 05/26/11 1048
Collected by: 05/26/11 1018
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 06/01/11 1132
Gamboa, Elizabeth L on 05/27/11 1308

05/26/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 6/1/2011 11:32
Gamboa, Elizabeth L on 5/27/2011 13:08

HEMOGLOBIN A1C, HPLC (Final result)

Electronically signed by: **Neighbor Jr., William E on 03/29/11 1135** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/29/11 1135 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/29/11 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 5/26/2011 10:19 AM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H80524	—	—	05/26/11 1018

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 05/27/11 1254, Result status: Final result

Order status: Completed Filed on: 05/27/11 1254
Collected by: 05/26/11 1018 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.4	4.0 - 6.0 %	H	UWMC

Reviewed by

Neighbor Jr., William E on 06/01/11 1132
Gamboa, Elizabeth L on 05/27/11 1308

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 6/1/2011 11:32
Gamboa, Elizabeth L on 5/27/2011 13:08

05/26/2011 - Orders Only in UWMC Family Medicine (continued)

Letters

Results by Neighbor Jr., William E on 6/1/2011

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

6/1/2011

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 05/26/11

PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	3.7 (*)	0.8 - 1.3

HEMOGLOBIN A1C, HPLC

Component	Value	Range
• Hemoglobin A1C, HPLC	6.4 (*)	4.0 - 6.0 (%)

We discussed the plan for your elevated INR at your last visit.

Your blood sugar test is in the desired range which is below 7.0 in diabetes at your current age.

Sincerely,

William E Neighbor JR, MD

05/26/2011 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN

Medication List

Medication List

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Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/9/2011
Reason for discontinuation: Reorder

05/26/2011 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/11/2011
Start date: 4/11/2011 — End date: 11/9/2011
Quantity: 30 Tab — Refill: 6

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/30/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/15/2011
Start date: 4/15/2011 — End date: 11/30/2011
Quantity: 90 Tab — Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/16/2011
Start date: 5/16/2011 — End date: 1/3/2012
Quantity: 90 Tab — Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 5/26/2011 1127

Jeanne Leonie Hoffman is a 86 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE

Problem: Anticoagulation visit

Reason for anticoagulation: DVT recurrent
INR goal: 2-3

Missed doses in the past week: no

Recent changes in other medications including non-prescription medicines, vitamins (particularly, Vit. K), herbals: no

Tobacco use: no
Change in alcohol or toabcco use since last visit: no
Change in diet since last visit (vegetables, oils, herbal and green tea): no
Symptoms of stroke: no
Symptoms of blood clot: no
Bleeding or unusual bruising: no

Prior Encounter Medications

Medication	Sig	Dispense	Refill
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed		
• Atorvastatin Calcium (LIPITOR) 40 MG OR TABS	1 po QD	90 Tab	3
• CarBAMazepine 200 MG OR TABS	1 TABLET 3 TIMES DAILY	90 Tab	6
• Hydrochlorothiazide 25 MG OR TABS	Take 1/2 tablet by mouth every day	15 Tab	11
• Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR	One tablet three times daily (Pentoxifylline)(Trental)	90 Tab	6
• Timolol Maleate 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily	5 mL	prn
• Warfarin Sodium 10 MG OR TABS	one tablet daily	30 Tab	6

OBJECTIVE:
BP 152/80 | Pulse 71 | Wt 137 lb (62.143 kg)
Last blood pressure recorded in this encounter: 152/80
General: healthy, alert, no distress

PRORPD 3.7 5/26/11
PRORPD 2.0 3/29/11
PRORPD 2.4 2/28/11
PRORPD 2.3 2/9/11
PRORPD 1.3 1/14/11

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrent thrombosis

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 3.7 today. Unclear why. She has been doing well on coumadin 10 mg once daily which historically also has been her usual dose. I asked her to take only a half tab this evening but otherwise continue one each evening. Return in 5-7 days for repeat blood test.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 6/1/2011 4:42 PM

05/26/2011 - Office Visit in UWMC Family Medicine (continued)

Flowsheets

FOB

Row Name	05/26/11 1020
Patient Ck In	Yes
Clinical Prep	Yes
Vitals/Pain	Vitals Taken
Coordination of Care	Yes
Test/Consult/F/U Scheduled	Follow-Up Appt
$ FOB	FOB III

UNKNOWN

Row Name	05/26/11 1046	05/26/11 1020
BP	152/80	—
Pulse	71	—
Weight	62.1 kg (137 lb)	—
BP Cuff Size	Regular	—
BP Site	Right Arm	—
BP Position	Sitting	—
$ FOB	—	FOB III
Patient Ck In	—	Yes
Clinical Prep	—	Yes
Coordination of Care	—	Yes

Vitals Data

Row Name	05/26/11 1046
BP	152/80
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Pulse	71
Weight	62.1 kg (137 lb)

Patient Instructions

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrent thrombosis

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 3.7 today. Unclear why. She has been doing well on coumadin 10 mg once daily which historically also has been her usual dose. I asked her to take only a half tab this evening but otherwise continue one each evening. Return in 5-7 days for repeat blood test.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 5/26/2011 11:27 AM

05/16/2011 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/9/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/11/2011
Start date: 4/11/2011
End date: 11/9/2011
Quantity: 30 Tab
Refill: 6

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/15/2011
Start date: 4/15/2011
End date: 11/30/2011

05/16/2011 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Quantity: 90 Tab Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/3/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD Ordered on: 5/16/2011
Start date: 5/16/2011 End date: 1/3/2012
Quantity: 90 Tab Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 5/16/2011 0910

The pharmacy is requesting refills on the attached medication and/or supply, please advise.
The fax was received 5/13/11
The patient was last seen in clinic on 4/21/11
The medication was last prescribed on 9/27/10
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 5/16/2011 9:10 AM

Other Orders

Medications

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 05/16/11 1253** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 05/16/11 1253 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/16/11 - 01/03/12 Class: E-RX
Released by: Neighbor Jr., William E 05/16/11 1253 Discontinued by: Neighbor Jr., William E 01/03/12 1555 [Reorder]
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

04/21/2011 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- Pain in joint, site unspecified
- Other convulsions

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

04/21/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/9/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/11/2011
Start date: 4/11/2011
End date: 11/9/2011
Quantity: 30 Tab
Refill: 6

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/15/2011
Start date: 4/15/2011
End date: 11/30/2011
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

Labs

LIPID PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E on 03/29/11 1135**
Status: **Completed**
Ordering user: Neighbor Jr., William E 03/29/11 1135
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/29/11 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Valley, Jan K, Technologist 4/21/2011 10:21 AM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H49311	—	—	04/21/11 1021

LIPID PANEL (Abnormal)
Resulted: 04/21/11 1414, Result status: Final result

Order status: Completed
Filed on: 04/21/11 1414
Collected by: 04/21/11 1021
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	179	<200 mg/dL	—	UWMC
Triglyceride	186	<150 mg/dL	H^	UWMC
HDL Cholesterol	68	>40 mg/dL	—	UWMC
Cholesterol (LDL)	74	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	111	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	2.6	—	—	UWMC
Lipid Panel, Additional Info.	--	—	—	UWMC

Result: (NOTE)For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here:http://web.labmed.washington.edu/tests/chemistry/LIPID

Reviewed by

Neighbor Jr., William E on 04/22/11 1519
Chin, Kimberly Y on 04/21/11 1423

04/21/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 4/22/2011 15:19
Chin, Kimberly Y on 4/21/2011 14:23

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E on 03/29/11 1135** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/29/11 1135 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/29/11 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Valley, Jan K, Technologist 4/21/2011 10:21 AM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H49311	—	—	04/21/11 1021

BASIC METABOLIC PANEL (Abnormal) Resulted: 04/21/11 1130, Result status: Final result

Order status: Completed Filed on: 04/21/11 1130
Collected by: 04/21/11 1021 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	136 - 145 mEq/L	—	RSVLT
Potassium	3.9	3.7 - 5.2 mEq/L	—	RSVLT
Chloride	111	98 - 108 mEq/L	H	RSVLT
Carbon Dioxide, Total	26	22 - 32 mEq/L	—	RSVLT
Anion Gap	7	3 - 11	—	RSVLT
Glucose	115	62 - 125 mg/dL	—	RSVLT
Urea Nitrogen	20	8 - 21 mg/dL	—	RSVLT
Creatinine	0.75	0.20 - 1.10 mg/dL	—	RSVLT
Calcium	9.1	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	>60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor Jr., William E on 04/22/11 1519
Chin, Kimberly Y on 04/21/11 1423

Testing Performed By

04/21/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 4/22/2011 15:19
Chin, Kimberly Y on 4/21/2011 14:23

SED RATE (Final result)

Electronically signed by: **Neighbor Jr., William E on 03/29/11 1139** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/29/11 1139 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/29/11 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Valley, Jan K, Technologist 4/21/2011 10:21 AM
Diagnoses
Pain in joint, site unspecified [719.40 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H49311	—	—	04/21/11 1021

SED RATE Resulted: 04/21/11 1205, Result status: Final result

Order status: Completed Filed on: 04/21/11 1205
Collected by: 04/21/11 1021 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Erythrocyte Sedimentation Rate	17	0 - 20 mm/hr	—	RSVLT

Reviewed by

Neighbor Jr., William E on 04/22/11 1519

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

JOINT PAIN-UNSPEC [719.40 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 4/22/2011 15:19

ANTI C. CITRULLINATED PEPTIDE2 (Final result)

Electronically signed by: **Neighbor Jr., William E on 03/29/11 1139** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/29/11 1139 Authorized by: Neighbor Jr., William E
Ordering mode: Standard

04/21/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Frequency: Routine 03/29/11 -
Quantity: 1
Instance released by: Valley, Jan K, Technologist 4/21/2011 10:21 AM
Class: Normal
Lab status: Final result
Diagnoses
Pain in joint, site unspecified [719.40 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H49311	—	—	04/21/11 1021

ANTI C. CITRULLINATED PEPTIDE2 Resulted: 04/22/11 1131, Result status: Final result

Order status: Completed
Collected by: 04/21/11 1021
Filed on: 04/22/11 1131
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Anti CCP2 Level	0.6	0.0 - 1.5 U/mL	—	UWMC
Anti CCP2 Level Result: New method in use as of 12/15/10. Please note newreference range.	--	—	—	UWMC
Anti CCP2 Comment	Negative	—	—	UWMC

Reviewed by

Neighbor Jr., William E on 04/22/11 1519

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

JOINT PAIN-UNSPEC [719.40 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 4/22/2011 15:19

ANA GROUP (PATTERN,TITER,ACEN) (Final result)

Electronically signed by: **Neighbor Jr., William E on 03/29/11 1139** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/29/11 1139
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/29/11 -
Quantity: 1
Instance released by: Valley, Jan K, Technologist 4/21/2011 10:21 AM
Class: Normal
Lab status: Final result
Diagnoses
Pain in joint, site unspecified [719.40 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H49311	—	—	04/21/11 1021

ANA GROUP (PATTERN,TITER,ACEN) Resulted: 04/22/11 1349, Result status: Final result

Order status: Completed
Collected by: 04/21/11 1021
Filed on: 04/22/11 1349
Resulting lab: UW LABORATORY MEDICINE

Components

04/21/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
ANA	Negative	NRN	—	UWMC
ANA Pattern by IF	None	—	—	UWMC
ANA Screen Comment 2	--	—	—	UW
Result: IFA screen for anti nuclear antibodies which may notdetect anti SSA/Ro or anti Jo1.				
ANA Screen Comment 2	--	—	—	UW
Result: For additional testing options contact the ClinicalImmunology Laboratory at (206) 598 6149.				

Reviewed by

Neighbor Jr., William E on 04/22/11 1519

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

JOINT PAIN-UNSPEC [719.40 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 4/22/2011 15:19

CBC, DIFF (Final result)

Electronically signed by: **Neighbor Jr., William E on 04/15/11 1405** Status: **Completed**
Ordering user: Neighbor Jr., William E 04/15/11 1405 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 04/15/11 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Valley, Jan K, Technologist 4/21/2011 10:21 AM
Diagnoses
Other convulsions [780.39 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H49311	—	—	04/21/11 1021

CBC, DIFF Resulted: 04/21/11 1119, Result status: Final result

Order status: Completed Filed on: 04/21/11 1119
Collected by: 04/21/11 1021 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.05	4.3 - 10.0 THOU/uL	—	RSVLT
RBC	3.94	3.80 - 5.00 mil/uL	—	RSVLT
Hemoglobin	12.2	11.5 - 15.5 g/dL	—	RSVLT
Hematocrit	38	36 - 45 %	—	RSVLT
MCV	96	81 - 98 fL	—	RSVLT
MCH	31.0	27.3 - 33.6 pg	—	RSVLT
MCHC	32.4	32.2 - 36.5 g/dL	—	RSVLT
Platelet Count	213	150 - 400 THOU/uL	—	RSVLT
RDW-CV	13.6	11.6 - 14.4 %	—	RSVLT
% Neutrophils	66	34 - 71 %	—	RSVLT

04/21/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

% Lymphocytes	19	19 - 53 %	—	RSVLT
% Monocytes	8	5 - 13 %	—	RSVLT
% Eosinophils	7	0 - 7 %	—	RSVLT
% Basophils	0	0 - 1 %	—	RSVLT
% Immature Granulocytes	Not reported	0 - 1 %	—	RSVLT
Neutrophils	4.68	1.80 - 7.00 THOU/uL	—	RSVLT
Absolute Lymphocyte Count	1.32	1.00 - 4.80 THOU/uL	—	RSVLT
Monocytes	0.55	0.00 - 0.80 THOU/uL	—	RSVLT
Absolute Eosinophil Count	0.47	0.00 - 0.50 THOU/uL	—	RSVLT
Basophils	0.03	0.00 - 0.20 THOU/uL	—	RSVLT
Immature Granulocytes	Not reported	0.00 - 0.05 THOU/uL	—	RSVLT

Reviewed by

Neighbor Jr., William E on 04/22/11 1519

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

CONVULSIONS, OTHER (HCC) [780.39 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 4/22/2011 15:19

HEPATIC FUNCTION PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E on 04/15/11 1405** Status: **Completed**
Ordering user: Neighbor Jr., William E 04/15/11 1405 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 04/15/11 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Valley, Jan K, Technologist 4/21/2011 10:21 AM
Diagnoses
Other convulsions [780.39 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H49311	—	—	04/21/11 1021

HEPATIC FUNCTION PANEL (Abnormal) Resulted: 04/21/11 1414, Result status: Final result

Order status: Completed Filed on: 04/21/11 1414
Collected by: 04/21/11 1021 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Albumin	3.8	3.5 - 5.2 g/dL	—	UWMC
Protein (Total)	6.3	6.0 - 8.2 g/dL	—	UWMC

04/21/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Bilirubin (Total)	0.5	0.2 - 1.3 mg/dL	—	UWMC
Bilirubin (Direct)	0.1	0.0 - 0.3 mg/dL	—	UWMC
Alkaline Phosphatase (Total)	47	49 - 199 U/L	L	UWMC
AST (GOT)	26	15 - 40 U/L	—	UWMC
ALT (GPT)	23	6 - 40 U/L	—	UWMC

Reviewed by

Neighbor Jr., William E on 04/22/11 1519
Chin, Kimberly Y on 04/21/11 1423

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

CONVULSIONS, OTHER (HCC) [780.39 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 4/22/2011 15:19
Chin, Kimberly Y on 4/21/2011 14:23

Letters

Results by Neighbor Jr., William E on 4/22/2011

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

4/22/2011

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 04/21/11
LIPID PANEL

Component	Value	Range
• CHOLESTEROL (TOTAL)	179	> <200 (mg/dL)
• TRIGLYCERIDE	186 (*)	> <150 (mg/dL)
• CHOLESTEROL (HDL)	68	> >40 (mg/dL)
• CHOLESTEROL (LDL)	74	> <130 (mg/dL)

04/21/2011 - Orders Only in UWMC Family Medicine (continued)

Letters (continued)

• Non-HDL Cholesterol	111	0 - 159 (mg/dL)
• CHOLESTEROL/HDL RATIO	2.6	
• Lipid Panel, Additional Info.		

Value:
(NOTE)
For complete information to help interpret the lipid panel, please
use the National Cholesterol Education Program (NCEP) guideline based
reference range comments found here:
http://web.labmed.washington.edu/tests/chemistry/LIPID

BASIC METABOLIC PANEL

Component	Value	Range
• SODIUM	144	136 - 145 (mEq/L)
• POTASSIUM	3.9	3.7 - 5.2 (mEq/L)
• CHLORIDE	111 (*)	98 - 108 (mEq/L)
• CARBON DIOXIDE	26	22 - 32 (mEq/L)
• ION GAP	7	3 - 11
• GLUCOSE	115	62 - 125 (mg/dL)
• UREA NITROGEN	20	8 - 21 (mg/dL)
• CREATININE	0.75	0.20 - 1.10 (mg/dL)
• CALCIUM	9.1	8.9 - 10.2 (mg/dL)
• GFR, Calc, European American	>60	> >59 (mL/min)
• GFR, Calc, African American	>60	> >59 (mL/min)
• GFR, Information		

Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See
http://depts.washington.edu/labweb/test/bclim/cGFR.html

SED RATE

Component	Value	Range
• ERYTHROCYTE SEDIMENTATION RATE	17	0 - 20 (mm/hr)

ANTI C. CITRULLINATED PEPTIDE2

Component	Value	Range
• Anti CCP2 Level	0.6	0.0 - 1.5 (U/mL)
• Anti CCP2 Level		

Value: New method in use as of 12/15/10. Please note new reference range.

• Anti CCP2 Comment	Negative	

ANA GROUP (PATTERN,TITER,ACEN)

Component	Value	Range
• ANA	Negative	> NRN
• ANA PATTERN	None	
• ANA Screen Comment 2		

Value: IFA screen for anti nuclear antibodies which may not detect anti SSA/Ro or anti Jo1.

• ANA Screen Comment 2

Value: For additional testing options contact the Clinical Immunology Laboratory at (206) 598 6149.

CBC, DIFF

Component	Value	Range
• WBC	7.05	4.3 - 10.0 (THOU/uL)
• RBC	3.94	3.80 - 5.00 (mil/uL)
• HEMOGLOBIN	12.2	11.5 - 15.5 (g/dL)

04/21/2011 - Orders Only in UWMC Family Medicine (continued)

Letters (continued)

• HEMATOCRIT	38	36 - 45 (%)
• MCV	96	81 - 98 (fL)
• MCH	31.0	27.3 - 33.6 (pg)
• MCHC	32.4	32.2 - 36.5 (g/dL)
• PLATELET COUNT	213	150 - 400 (THOU/uL)
• RDW-CV	13.6	11.6 - 14.4 (%)
• % Total Neut.	66	34 - 71 (%)
• % Lymphocytes	19	19 - 53 (%)
• % Monocytes	8	5 - 13 (%)
• % Eosinophils	7	0 - 7 (%)
• % BASOPHILS	0	0 - 1 (%)
• % Immature Granulocytes	Not reported	0 - 1 (%)
• NEUTROPHILS	4.68	1.80 - 7.00 (THOU/uL)
• LYMPHOCYTES	1.32	1.00 - 4.80 (THOU/uL)
• MONOCYTES	0.55	0.00 - 0.80 (THOU/uL)
• EOSINOPHILS	0.47	0.00 - 0.50 (THOU/uL)
• BASOPHILS	0.03	0.00 - 0.20 (THOU/uL)
• Immature Granulocytes	Not reported	0.00 - 0.05 (THOU/uL)

HEPATIC FUNCTION PANEL

Component	Value	Range
• ALBUMIN	3.8	3.5 - 5.2 (g/dL)
• PROTEIN (TOTAL)	6.3	6.0 - 8.2 (g/dL)
• BILIRUBIN (TOTAL)	0.5	0.2 - 1.3 (mg/dL)
• BILIRUBIN (DIRECT)	0.1	0.0 - 0.3 (mg/dL)
• ALKALINE PHOSPHATASE (TOTAL)	47 (*)	49 - 199 (U/L)
• AST (GOT)	26	15 - 40 (U/L)
• ALT (GPT)	23	6 - 40 (U/L)

All of your tests looking for a cause for arthritis other than osteoarthritis were normal. Your cholesterol and basic metabolic panel were normal as well.

Sincerely,

William E Neighbor JR, MD

04/21/2011 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants
- Backache, unspecified

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012

04/21/2011 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/9/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/11/2011
Start date: 4/11/2011
End date: 11/9/2011
Quantity: 30 Tab
Refill: 6

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/15/2011
Start date: 4/15/2011
End date: 11/30/2011
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 4/21/2011 1232

Jeanne Leonie Hoffman is a 86 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
Patient on stable dose of Coumadin. Comes in for INR. She reports no unexpected swelling in her legs. She continues to wear compression stockings.

724.5 BACKACHE NOS
Yesterday after walking a greater distance than normal up and down some hills carrying groceries she in the evening developed some back pain which has persisted today. There's been no radiation of the pain. She has had intermittent back pain in the past.

OBJECTIVE:
BP 136/66 | Pulse 64
Last blood pressure recorded in this encounter: 136/66
General: healthy, alert, no distress
Back: Spine is straight. Chest tenderness over the paraspinal muscles on the left at L4-L5. No midline tenderness. No deformity. Straight-leg test negative. Strength and gait are normal. Reflexes symmetrical.

Lab:

04/21/2011 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

PRORPD 2.0 3/29/11
PRORPD 2.4 2/28/11
PRORPD 2.3 2/9/11
PRORPD 1.3 1/14/11
PRORPD 2.2 12/16/10

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrence.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
In therapeutic range. Continue same dose. Recheck one month

724.5 BACKACHE NOS
Hx intermitent back pain worsened after walking more than usual yesterday and carrying grocery bags. No evidence of nerve impingement. Recheck if does not resolve.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 4/21/2011 3:08 PM

Flowsheets

FOB

Row Name	04/21/11 1022
Patient Ck In	Yes
Clinical Prep	Yes
Vitals/Pain	Vitals Taken
Med, Chart, Reports Reviewed but not ordered	Yes
Reviewed/Ordered	Prev. Health
$ FOB	FOB III

UNKNOWN

Row Name	04/21/11 1136	04/21/11 1022
BP	136/66	—
Pulse	64	—
Weight	—	—
BP Cuff Size	Regular	—
BP Site	Right Arm	—
BP Position	Sitting	—
Tobacco Education	**No** !	—
$ FOB	—	FOB III
Patient Ck In	—	Yes

04/21/2011 - Office Visit in UWMC Family Medicine (continued)

Flowsheets (continued)

Clinical Prep	—	Yes
Med, Chart, Reports Reviewed but not ordered	—	Yes
Pulse Regularity	Regular	—

Vitals Data

Row Name	04/21/11 1136
BP	136/66
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Pulse	64
Pulse Regularity	Regular
Weight	—

04/15/2011 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: Other convulsions

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/9/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/11/2011
Start date: 4/11/2011
End date: 11/9/2011
Quantity: 30 Tab
Refill: 6

04/15/2011 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/30/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/15/2011
Start date: 4/15/2011
End date: 11/30/2011
Quantity: 90 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 4/15/2011 0903

The pharmacy is requesting refills on the attached medication and/or supply, please advise.
The fax was received 4/14/11
The patient was last seen in clinic on 3/29/11
The medication was last prescribed on 8/18/10
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 4/15/2011 9:03 AM

Neighbor Jr., William E at 4/15/2011 1407

Reordered carbamazipine. Due for CBC and LFT. Ordered. Patient written that due for this when next INR blood draw.

Electronically signed by Neighbor Jr., William E at 4/15/2011 2:07 PM

Labs

CBC, DIFF (Completed)

Electronically signed by: **Neighbor Jr., William E on 04/15/11 1405**
Status: **Completed**
Ordering user: Neighbor Jr., William E 04/15/11 1405
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 04/15/11 -
Class: Normal
Quantity: 1
Diagnoses
Other convulsions [780.39 (ICD-9-CM)]

Indications

CONVULSIONS, OTHER (HCC) [780.39 (ICD-9-CM)]

CBC, DIFF
Resulted: 04/21/11 1119, Result status: Final result

Order status: Completed
Filed on: 04/21/11 1119
Collected by: 04/21/11 1021
Resulting lab: UW LABORATORY MEDICINE

04/15/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.05	4.3 - 10.0 THOU/uL	—	RSVLT
RBC	3.94	3.80 - 5.00 mil/uL	—	RSVLT
Hemoglobin	12.2	11.5 - 15.5 g/dL	—	RSVLT
Hematocrit	38	36 - 45 %	—	RSVLT
MCV	96	81 - 98 fL	—	RSVLT
MCH	31.0	27.3 - 33.6 pg	—	RSVLT
MCHC	32.4	32.2 - 36.5 g/dL	—	RSVLT
Platelet Count	213	150 - 400 THOU/uL	—	RSVLT
RDW-CV	13.6	11.6 - 14.4 %	—	RSVLT
% Neutrophils	66	34 - 71 %	—	RSVLT
% Lymphocytes	19	19 - 53 %	—	RSVLT
% Monocytes	8	5 - 13 %	—	RSVLT
% Eosinophils	7	0 - 7 %	—	RSVLT
% Basophils	0	0 - 1 %	—	RSVLT
% Immature Granulocytes	Not reported	0 - 1 %	—	RSVLT
Neutrophils	4.68	1.80 - 7.00 THOU/uL	—	RSVLT
Absolute Lymphocyte Count	1.32	1.00 - 4.80 THOU/uL	—	RSVLT
Monocytes	0.55	0.00 - 0.80 THOU/uL	—	RSVLT
Absolute Eosinophil Count	0.47	0.00 - 0.50 THOU/uL	—	RSVLT
Basophils	0.03	0.00 - 0.20 THOU/uL	—	RSVLT
Immature Granulocytes	Not reported	0.00 - 0.05 THOU/uL	—	RSVLT

Reviewed by

Neighbor Jr., William E on 04/22/11 1519

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

CONVULSIONS, OTHER (HCC) [780.39 (ICD-9-CM)]

HEPATIC FUNCTION PANEL (Completed)

Electronically signed by: **Neighbor Jr., William E on 04/15/11 1405** Status: **Completed**
Ordering user: Neighbor Jr., William E 04/15/11 1405 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 04/15/11 - Class: Normal
Quantity: 1
Diagnoses
Other convulsions [780.39 (ICD-9-CM)]

Indications

CONVULSIONS, OTHER (HCC) [780.39 (ICD-9-CM)]

04/15/2011 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

HEPATIC FUNCTION PANEL (Abnormal) Resulted: 04/21/11 1414, Result status: Final result

Order status: Completed
Collected by: 04/21/11 1021
Filed on: 04/21/11 1414
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Albumin	3.8	3.5 - 5.2 g/dL	—	UWMC
Protein (Total)	6.3	6.0 - 8.2 g/dL	—	UWMC
Bilirubin (Total)	0.5	0.2 - 1.3 mg/dL	—	UWMC
Bilirubin (Direct)	0.1	0.0 - 0.3 mg/dL	—	UWMC
Alkaline Phosphatase (Total)	47	49 - 199 U/L	L	UWMC
AST (GOT)	26	15 - 40 U/L	—	UWMC
ALT (GPT)	23	6 - 40 U/L	—	UWMC

Reviewed by

Neighbor Jr., William E on 04/22/11 1519
Chin, Kimberly Y on 04/21/11 1423

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

CONVULSIONS, OTHER (HCC) [780.39 (ICD-9-CM)]

Other Orders

Medications

CarBAMazepine 200 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 04/15/11 1405** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 04/15/11 1405
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 04/15/11 - 11/30/11
Class: E-SEND (Fax)
Released by: Neighbor Jr., William E 04/15/11 1405
Discontinued by: Neighbor Jr., William E 11/30/11 1908 [Reorder]
Diagnoses
Other convulsions [780.39 (ICD-9-CM)]

Indications

CONVULSIONS, OTHER (HCC) [780.39 (ICD-9-CM)]

Letters

Letter by Neighbor Jr., William E on 4/15/2011

Status: Sent
Letter body:

4/15/2011

04/15/2011 - Telephone in UWMC Family Medicine (continued)

Letters (continued)

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

I refilled your Tegretol today. On review of your record you are due for a complete blood cell count and liver tests which have not been done for a year and should be periodically checked when individuals are taking Tegretol. This can be done with your next anticoagulation / INR blood test. The order has been placed.

Sincerely,

William E Neighbor JR, MD

04/11/2011 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Long term (current) use of anticoagulants

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011

04/11/2011 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/9/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/11/2011
Start date: 4/11/2011
End date: 11/9/2011
Quantity: 30 Tab
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 4/11/2011 1423

The pharmacy is requesting refills on the attached medication and/or supply, please advise.
The fax was received 4/11/11
The patient was last seen in clinic on 3/29/11
The medication was last prescribed on 9/2/10
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 4/11/2011 2:23 PM

Other Orders

Medications

Warfarin Sodium 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 04/11/11 1510**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 04/11/11 1510
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 04/11/11 - 11/09/11
Class: E-SEND (Fax)
Released by: Neighbor Jr., William E 04/11/11 1510
Discontinued by: Neighbor Jr., William E 11/09/11 1449 [Reorder]
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Medication comments: Previously just took a half on Sunday, but now want her to take a full tablet every day. William E Neighbor JR, MD

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

03/29/2011 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

03/29/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Valley, Jan K, Technologist 3/29/2011 10:19 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T63089	—	—	03/29/11 1019

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 03/29/11 1052, Result status: Final result

Order status: Completed
Filed on: 03/29/11 1052
Collected by: 03/29/11 1019
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 03/29/11 1535
Chin, Kimberly Y on 03/29/11 1126

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

03/29/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 3/29/2011 15:35
Chin, Kimberly Y on 3/29/2011 11:26

URINE SCREEN, MICROALBUMINURIA (Final result)

Electronically signed by: **Neighbor Jr., William E on 03/10/11 1839** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/10/11 1839 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/10/11 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Valley, Jan K, Technologist 3/29/2011 10:19 AM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T63095	—	—	03/29/11 1019

URINE SCREEN, MICROALBUMINURIA Resulted: 03/29/11 1425, Result status: Final result

Order status: Completed Filed on: 03/29/11 1425
Collected by: 03/29/11 1019 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Creatinine/Unit, URN	109	mg/dL	—	UWMC
Albumin (Micro), URN	1.60	mg/dL	—	UWMC
Albumin/Creatinine Ratio, URN	14.7	<30 mg/g Creat	—	UWMC

Reviewed by

Neighbor Jr., William E on 03/29/11 1535

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 3/29/2011 15:35

Letters

Letter by Neighbor Jr., William E on 3/29/2011

Status: Sent
Letter body:

03/29/2011 - Orders Only in UWMC Family Medicine (continued)

Letters (continued)

3/29/2011

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

The x ray of your hand shows osteoarthritis without evidence of rheumatoid arthritis.

Your urine protein test was normal.

Sincerely,

William E Neighbor JR, MD

03/29/2011 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled (primary)
- Long term (current) use of anticoagulants
- Other and unspecified hyperlipidemia
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Pain in joint, site unspecified

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

03/29/2011 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 3/29/2011 1139

Jeanne Leonie Hoffman is a 86 year old female here to discuss the following:

250.00 DIABETES UNCOMPL ADULT-TYPE II (primary encounter diagnosis)
Has held metformin though for some reason started again last evening.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
Stable dose of coumadin. Compliant. No missed doses.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
Continues to wear stockings regularly.

719.40 JOINT PAIN-UNSPEC
Long hx of pain in fingers due to DJD but lately has had more pain and swelling over PIP joints of hands symmetrical. Stiffness throughout the day but a little worse in the mornings.

OBJECTIVE:
BP 151/67 | Pulse 67 | Wt 135 lb (61.236 kg)
Last blood pressure recorded in this encounter: 151/67

03/29/2011 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

General: healthy, alert, no distress
Hands: Herberdens nodes DIP joints. Swelling of PIP joints without increased warmth or redness, some ulnar deviation.

A1C 6.3 5/27/10
A1C 6.2 4/29/08
GLUCOSE 122 5/27/10
CREATININE 0.7 5/27/10
MICROALBUMIN 14.7 3/29/11
TOTAL 189 4/29/10
LDL 99 4/29/10
HDL 67 4/29/10
TRIG 114 4/29/10

ASSESSMENT AND PLAN:

250.00 DIABETES UNCOMPL ADULT-TYPE II (primary encounter diagnosis)
Off metformin. Had urine protein test today. In one month she should have:
Plan: HEMOGLOBIN A1C, HPLC, LIPID PANEL, BASIC
METABOLIC PANEL

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.0. Recheck in one month. Continue same dose of coumadin.

272.4 HYPERLIPIDEMIA NEC/NOS
Fasting lipid panel due in one month.
Instruction for fasting is to not eating or drinking anything except water for 8-10 hours before the blood test.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence. Wearing stockings.

719.40 JOINT PAIN-UNSPEC
Chronic pain and some deformity in hands now more prominent at PIP joints than noted before. Has stiffness all day long, not worse in am particularly. Will check X ray and with blood tests in one month check sed rate and anti CCP and ANA

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 3/31/2011 7:02 PM

Labs

LIPID PANEL (Completed)

Electronically signed by: **Neighbor Jr., William E on 03/29/11 1135** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/29/11 1135 Authorized by: Neighbor Jr., William E
Ordering mode: Standard

03/29/2011 - Office Visit in UWMC Family Medicine (continued)

Labs (continued)

Frequency: Routine 03/29/11 -
Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

LIPID PANEL (Abnormal)

Resulted: 04/21/11 1414, Result status: Final result

Order status: Completed
Filed on: 04/21/11 1414
Collected by: 04/21/11 1021
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	179	<200 mg/dL	—	UWMC
Triglyceride	186	<150 mg/dL	H	UWMC
HDL Cholesterol	68	>40 mg/dL	—	UWMC
Cholesterol (LDL)	74	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	111	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	2.6	—	—	UWMC
Lipid Panel, Additional Info.	--	—	—	UWMC

Result: (NOTE)For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here:http://web.labmed.washington.edu/tests/chemistry/LIPID

Reviewed by

Neighbor Jr., William E on 04/22/11 1519
Chin, Kimberly Y on 04/21/11 1423

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

BASIC METABOLIC PANEL (Completed)

Electronically signed by: **Neighbor Jr., William E on 03/29/11 1135**
Status: **Completed**
Ordering user: Neighbor Jr., William E 03/29/11 1135
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/29/11 -
Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

BASIC METABOLIC PANEL (Abnormal)

Resulted: 04/21/11 1130, Result status: Final result

Order status: Completed
Filed on: 04/21/11 1130
Collected by: 04/21/11 1021
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab

03/29/2011 - Office Visit in UWMC Family Medicine (continued)

Labs (continued)

Sodium	144	136 - 145 mEq/L	—	RSVLT
Potassium	3.9	3.7 - 5.2 mEq/L	—	RSVLT
Chloride	111	98 - 108 mEq/L	H^	RSVLT
Carbon Dioxide, Total	26	22 - 32 mEq/L	—	RSVLT
Anion Gap	7	3 - 11	—	RSVLT
Glucose	115	62 - 125 mg/dL	—	RSVLT
Urea Nitrogen	20	8 - 21 mg/dL	—	RSVLT
Creatinine	0.75	0.20 - 1.10 mg/dL	—	RSVLT
Calcium	9.1	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	>60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor Jr., William E on 04/22/11 1519
Chin, Kimberly Y on 04/21/11 1423

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

SED RATE (Completed)

Electronically signed by: **Neighbor Jr., William E on 03/29/11 1139** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/29/11 1139 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/29/11 - Class: Normal
Quantity: 1
Diagnoses
Pain in joint, site unspecified [719.40 (ICD-9-CM)]

Indications

JOINT PAIN-UNSPEC [719.40 (ICD-9-CM)]

SED RATE Resulted: 04/21/11 1205, Result status: Final result

Order status: Completed Filed on: 04/21/11 1205
Collected by: 04/21/11 1021 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Erythrocyte Sedimentation Rate	17	0 - 20 mm/hr	—	RSVLT

Reviewed by

Neighbor Jr., William E on 04/22/11 1519

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

03/29/2011 - Office Visit in UWMC Family Medicine (continued)

Labs (continued)

6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

JOINT PAIN-UNSPEC [719.40 (ICD-9-CM)]

ANTI C. CITRULLINATED PEPTIDE2 (Completed)

Electronically signed by: **Neighbor Jr., William E on 03/29/11 1139** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/29/11 1139 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/29/11 - Class: Normal
Quantity: 1
Diagnoses
Pain in joint, site unspecified [719.40 (ICD-9-CM)]

Indications

JOINT PAIN-UNSPEC [719.40 (ICD-9-CM)]

ANTI C. CITRULLINATED PEPTIDE2 Resulted: 04/22/11 1131, Result status: Final result

Order status: Completed Filed on: 04/22/11 1131
Collected by: 04/21/11 1021 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Anti CCP2 Level	0.6	0.0 - 1.5 U/mL	—	UWMC
Anti CCP2 Level	--	—	—	UWMC
Result: New method in use as of 12/15/10. Please note newreference range.				
Anti CCP2 Comment	Negative	—	—	UWMC

Reviewed by

Neighbor Jr., William E on 04/22/11 1519

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

JOINT PAIN-UNSPEC [719.40 (ICD-9-CM)]

ANA GROUP (PATTERN,TITER,ACEN) (Completed)

Electronically signed by: **Neighbor Jr., William E on 03/29/11 1139** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/29/11 1139 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/29/11 - Class: Normal
Quantity: 1
Diagnoses
Pain in joint, site unspecified [719.40 (ICD-9-CM)]

Indications

JOINT PAIN-UNSPEC [719.40 (ICD-9-CM)]

03/29/2011 - Office Visit in UWMC Family Medicine (continued)

Labs (continued)

ANA GROUP (PATTERN,TITER,ACEN) Resulted: 04/22/11 1349, Result status: Final result

Order status: Completed
Collected by: 04/21/11 1021
Filed on: 04/22/11 1349
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
ANA	Negative	NRN	—	UWMC
ANA Pattern by IF	None	—	—	UWMC
ANA Screen Comment 2	--	—	—	UW
Result: IFA screen for anti nuclear antibodies which may notdetect anti SSA/Ro or anti Jo1.				
ANA Screen Comment 2	--	—	—	UW
Result: For additional testing options contact the ClinicalImmunology Laboratory at (206) 598 6149.				

Reviewed by

Neighbor Jr., William E on 04/22/11 1519

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

JOINT PAIN-UNSPEC [719.40 (ICD-9-CM)]

HEMOGLOBIN A1C, HPLC (Completed)

Electronically signed by: **Neighbor Jr., William E on 03/29/11 1135**
Status: **Completed**
Ordering user: Neighbor Jr., William E 03/29/11 1135
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/29/11 -
Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 05/27/11 1254, Result status: Final result

Order status: Completed
Collected by: 05/26/11 1018
Filed on: 05/27/11 1254
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.4	4.0 - 6.0 %	**H** ^	UWMC

Reviewed by

Neighbor Jr., William E on 06/01/11 1132
Gamboa, Elizabeth L on 05/27/11 1308

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY	Unknown	1959 NE Pacific Street	03/10/10 1250 - Present

03/29/2011 - Office Visit in UWMC Family Medicine (continued)

Labs (continued)

	MEDICINE		Seattle WA 98195	
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

Imaging

Imaging

X-RAY HAND 2 VW (FX F/U) (In process)

Electronically signed by: **Neighbor Jr., William E on 03/29/11 1135** Status: **Active**
Ordering user: Neighbor Jr., William E 03/29/11 1135 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/29/11 - Class: On Site
Quantity: 1 Lab status: In process
Diagnoses
Pain in joint, site unspecified [719.40 (ICD-9-CM)]

Questionnaire

Question	Answer
Reason for Exam	rule out erosive arthritis
Which side?	RIGHT

Order comments: .

Indications

JOINT PAIN-UNSPEC [719.40 (ICD-9-CM)]

XR HAND 1-2 VIEWS BILAT (Final result)

Status: **Completed**

Order placed as a reflex to X-RAY HAND 2 VW (FX F/U) ordered on 03/29/11 at 1135
Ordering user: Uw Radiology Orders Interface, User 03/29/11 1529 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine - Class: General Imaging
Quantity: 1 Lab status: Final result
Diagnoses
Pain in joint, site unspecified [719.40 (ICD-9-CM)]

XR HAND 1-2 VIEWS BILAT Resulted: 03/29/11 2313, Result status: Final result

Order status: Completed Filed on: 03/29/11 2313
Accession number: 6655566 Resulting lab: UW RADIOLOGY
Lab Technician: TAMRA K STOLL TECH

Components

Component	Value	Reference Range	Flag	Lab
General Diagnostic Text	--	—	—	UW RAD

Result: EXAMINATION:XR HAND 2 VIEWS BILAT/RT/LFT BILATERAL Indication:rule out erosive arthritis Comparison:July 2001 Findings:Right: Asymmetric joint space narrowing with osteophyte formation and subchondral sclerosis is most pronounced at the DIP joints of the 2nd through 5th digit interphalangeal joint of 1st digit. These findings are consistent with osteoarthritis. Lesser degrees of similar changes are seen at the PIP and MCP joints as well as involving the 1st CMC joint. No erosions are demonstrated. No acute fracture or dislocation. There is soft tissue swelling adjacent to the DIP and PIP joints. Left: Asymmetric joint space narrowing with osteophyte formation and subchondral sclerosis involves the DIP joints of the 2nd through 5th digits. This is consistent with osteoarthritis. Similar, but lesser degrees, are seen involving the PIP and MCP joints of the 2nd digit, interphalangeal joint of the 1st digit, and 1st CMC joint. The included wrist shows osteoarthritis at the radiocarpal articulation. No acute fracture or dislocation. No erosions. There is soft tissue swelling adjacent to the DIP and PIP joints. ATTENDING RADIOLOGIST AND PAGER NUMBER401310 HA ALICE S MD

03/29/2011 - Office Visit in UWMC Family Medicine (continued)

Imaging (continued)

Reviewed by

Neighbor Jr., William E on 03/30/11 1745

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

JOINT PAIN-UNSPEC [719.40 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 3/30/2011 17:45

Flowsheets

FOB

Row Name	03/29/11 1059
Patient Ck In	Yes
Clinical Prep	Yes
Vitals/Pain	Vitals Taken
Med, Chart, Reports Reviewed but not ordered	Yes
Reviewed/Ordered	Diagnostic Tests
Coordination of Care	Yes
Test/Consult/F/U Scheduled	Follow-Up Appt
$ FOB	FOB IV

UNKNOWN

Row Name	03/29/11 1059	03/29/11 1058
BP	—	151/67
Pulse	—	67
Weight	—	61.2 kg (135 lb)
BP Cuff Size	—	Regular
BP Site	—	Left Arm
BP Position	—	Sitting
$ FOB	FOB IV	—
Patient Ck In	Yes	—
Clinical Prep	Yes	—
Med, Chart, Reports Reviewed but not ordered	Yes	—
Coordination of Care	Yes	—

03/29/2011 - Office Visit in UWMC Family Medicine (continued)

Flowsheets (continued)

Vitals Data

Row Name	03/29/11 1058
BP	151/67
BP Cuff Size	Regular
BP Site	Left Arm
BP Position	Sitting
Pulse	67
Weight	61.2 kg (135 lb)

Patient Instructions

ASSESSMENT AND PLAN:

250.00 DIABETES UNCOMPL ADULT-TYPE II (primary encounter diagnosis)
Off metformin. Had urine protein test today. In one month she should have:
Plan: HEMOGLOBIN A1C, HPLC, LIPID PANEL, BASIC
METABOLIC PANEL

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.0. Recheck in one month. Continue same dose of coumadin.

272.4 HYPERLIPIDEMIA NEC/NOS
Fasting lipid panel due in one month.
Instruction for fasting is to not eating or drinking anything except water for 8-10 hours before the blood test.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence. Wearing stockings.

719.40 JOINT PAIN-UNSPEC
Chronic pain and some deformity in hands now more prominent at PIP joints than noted before. Has stiffness all day long, not worse in am particularly. Will check X ray and with blood tests in one month check sed rate and anti CCP and ANA

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 3/29/2011 11:39 AM

Letters

Letter by Neighbor Jr., William E on 3/30/2011

Status: Sent
Letter body:

3/30/2011

03/29/2011 - Office Visit in UWMC Family Medicine (continued)

Letters (continued)

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

The x rays of your hand showed osteoarthritis. There was no evidence of rheumatoid or other inflammatory arthritis. We can discuss management more when I see you for your next visit.

Sincerely,

William E Neighbor JR, MD

03/16/2011 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

03/16/2011 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/4/2012
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/16/2011
Start date: 3/16/2011
End date: 3/20/2012
Quantity: 90 Tab
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 3/16/2011 0947

The pharmacy is requesting refills on the attached medication and/or supply, please advise.
The fax was received 3/15/11
The patient was last seen in clinic on 2/28/11
The medication was last prescribed on 3/25/10
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 3/16/2011 9:47 AM

Other Orders

Medications

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 03/16/11 1035**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 03/16/11 1035
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/16/11 - 03/20/12
Class: RIGHTFAX
Released by: Neighbor Jr., William E 03/16/11 1035
Discontinued by: Neighbor Jr., William E 04/04/12 1614 [Reorder]

03/10/2011 - Letter (Out) in UWMC Family Medicine

Reason for Visit

Visit diagnosis: Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Labs

URINE SCREEN, MICROALBUMINURIA (Completed)

Electronically signed by: **Neighbor Jr., William E on 03/10/11 1839** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/10/11 1839 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/10/11 - Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

URINE SCREEN, MICROALBUMINURIA

Resulted: 03/29/11 1425, Result status: Final result

Order status: Completed Filed on: 03/29/11 1425
Collected by: 03/29/11 1019 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Creatinine/Unit, URN	109	mg/dL	—	UWMC
Albumin (Micro), URN	1.60	mg/dL	—	UWMC
Albumin/Creatinine Ratio, URN	14.7	<30 mg/g Creat	—	UWMC

Reviewed by

Neighbor Jr., William E on 03/29/11 1535

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

Letters

Letter by Neighbor Jr., William E on 3/10/2011

Status: Sent
Letter body:

03/10/2011 - Letter (Out) in UWMC Family Medicine (continued)

Letters (continued)

3/10/2011

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

The following is the latest laboratory test that we have on file related to diabetes:

Hemoglobin A1c every 6 months: A1C 6.3 5/27/10
Cholesterol panel every 12 months: LDL 99 4/29/10
Urine protein test every 12 months : MICROALBUMIN 12.3 11/13/09
Kidney blood test every 12 months: CREATININE 0.7 5/27/10

You are past due for the following tests: Urine protein. I have ordered these tests. Please come to the lab between 8 and 5:30 on a weekday to have the tests. I will write you with the test results within two weeks of the lab tests.

If you are due for a cholesterol test, please fast for 10 hours before the blood test. If you are due for a urine protein test, collect some of your first urine in the morning in a clean container and refrigerate until you bring the container to the lab.

Sincerely,

William E Neighbor JR, MD

02/28/2011 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Follow-up and Dispositions

- Return in about 4 weeks (around 3/28/2011).

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010

02/28/2011 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 9/2/2010 End date: 4/11/2011
Quantity: 30 Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/27/2010
Start date: 9/27/2010 End date: 5/16/2011
Quantity: 90 Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD Ordered on: 1/7/2011
Start date: 1/7/2011 End date: 1/6/2012
Quantity: 15 Tab Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/10/2011
Start date: 2/10/2011 End date: 2/13/2012
Quantity: 5 mL Refill: prn

Stopped in Visit

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 2/28/2011

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 2/28/2011

Clinical Notes

Progress Notes

Smith, Courtney at 2/28/2011 1044

FOB for MA during provider E/M visit

Complete for problem-focused provider visits.

Do NOT complete for provider visits for procedural or preventive care. Procedures & preventive care have separately identifiable CPT codes that include facility services.

New or established patient: Established (patient has been seen at UWMC within the past 3 years)
Checked in & arrived in Epic Cadence: Yes
Vital sign(s) &/or pain assessment performed & documented: Yes
Medications &/or preventive health reviewed & updated: No
Explanation / clarification of symptoms, diagnosis, treatment plan, medications, &/or other, provided & documented: No
Room used 26-50 minutes, excluding wait time: No
Room used 51 minutes or more, excluding wait time (response to previous room use must be yes): No

02/28/2011 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Chaperoning: No
Other, including medically necessary escort to / from clinic, complex lift / transfer, weighing pad, drain removal / advance (order required), ear lavage (order required), &/or vision screen (order required); documentation required: No

Total number of YES responses: 2
Completed by Courtney Smith

If the following services were performed, enter FOB 1 (ONE), regardless of number of YES responses above (documentation required):
- Anti-coagulation visit

Electronically signed by Smith, Courtney at 2/28/2011 10:44 AM

Neighbor Jr., William E at 2/28/2011 1102

Jeanne Leonie Hoffman is a 86 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrent swelling

V58.61 AFTERCARE LONG TERM ANTICOAG USE
Compliant with current anticoagulation.

250.00 DIABETES UNCOMPL ADULT-TYPE II
Has been taking metformin 500 mg twice daily. A1cs have been well controlled.

Patient Active Problem List

Diagnoses	Code
• CONVULSIONS, OTHER	780.39
• ESOPHAGEAL REFLUX	530.81
• SENSORNEUR HEAR LOSS NOS	389.10
• DEEP VENOUS PHLEBITIS-LEG NEC	451.19
• UTERINE LEIOMYOMA NOS	218.9
• HYPERLIPIDEMIA NEC/NOS	272.4
• CARPAL TUNNEL SYNDROME	354.0
• CATARACT NOS	366.9
• ALLERGIC RHINITIS NOS	477.9
• GENERAL OSTEOARTHROSIS	715.00
• BENIGN HYPERTENSION	401.1
• DIAPHRAGMATIC HERNIA	553.3
• GLAUCOMA NOS	365.9
• ROUTINE MEDICAL EXAM	V70.0
• DIABETES UNCOMPL ADULT-TYPE II	250.00
• FX FEMUR INTRCAPS NOS-CLOSE	820.00
• VITAMIN B DEFICIENCY NOS	266.9
• TREMOR NEC	333.1
• ADULT FAILURE TO THRIVE	783.7
• AFTERCARE LONG TERM ANTICOAG USE	V58.61

• OSTEOPOROSIS NOS	733.00
• SKIN SENSATION DISTURB	782.0

Current outpatient prescriptions

Medication	Sig
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
• Atorvastatin Calcium (LIPITOR) 40 MG OR TABS	1 po QD
• CarBAMazepine 200 MG OR TABS	1 TABLET 3 TIMES DAILY
• Hydrochlorothiazide 25 MG OR TABS	Take 1/2 tablet by mouth every day
• Pentoxifylline (PENTOXIL) 400 MG OR TBCR	One tablet three times daily (Pentoxifylline)(Trental)
• Timolol Maleate 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily
• Warfarin Sodium 10 MG OR TABS	one tablet daily

OBJECTIVE:
BP 127/68 | Pulse 63
Last blood pressure recorded in this encounter: 127/68
General: healthy, alert, no distress

A1C 6.3 5/27/10
A1C 6.2 4/29/08
GLUCOSE 122 5/27/10
CREATININE 0.7 5/27/10
MICROALBUMIN 12.3 11/13/09
TOTAL 189 4/29/10
LDL 99 4/29/10
HDL 67 4/29/10
TRIG 114 4/29/10

PRORPD 2.4 2/28/11
PRORPD 2.3 2/9/11
PRORPD 1.3 1/14/11
PRORPD 2.2 12/16/10
PRORPD 2.5 12/1/10

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrence

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.4 in desired range. Recheck in one month

250.00 DIABETES UNCOMPL ADULT-TYPE II
A1c has been controlled for several years in the 6-6.5 range. Her renal function has been normal. She is on a low

02/28/2011 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

dose of metformin. I think it reasonable to have her stop metformin. Will check blood sugar at next visit in one month and check A1c in 2 months.

Next visit in one month.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 3/4/2011 3:32 PM

Kong, Kaman at 2/28/2011 1111

FOB for PSS during provider E/M visit

On day of appointment, scheduled one test, consult, &/or appointment: Yes Follow-up (or recurrent) appointment Within 48 hours of appointment, scheduled a second (or more) test, consult, admission, &/or surgery, or completed a pre-authorization: No

Total number of YES responses: 1
Completed by Kaman Kong

Electronically signed by Kong, Kaman at 2/28/2011 11:11 AM

Flowsheets

Encounter Vitals

Row Name	02/28/11 1044
BP	127/68
Pulse	63

UNKNOWN

Row Name	02/28/11 1044
BP	127/68
Pulse	63

Patient Instructions

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrence

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.4 in desired range. Recheck in one month

250.00 DIABETES UNCOMPL ADULT-TYPE II
A1c has been controlled for several years in the 6-6.5 range. Her renal function has been normal. She is on a low

02/28/2011 - Office Visit in UWMC Family Medicine (continued)

Patient Instructions (continued)

dose of metformin. I think it reasonable to have her stop metformin. Will check blood sugar at next visit in one month and check A1c in 2 months.

Next visit in one month.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 2/28/2011 11:06 AM

02/28/2011 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

02/28/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Stopped in Visit

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 2/28/2011 10:26 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M22961	—	—	02/28/11 1026

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 02/28/11 1044, Result status: Final result

Order status: Completed
Filed on: 02/28/11 1044
Collected by: 02/28/11 1026
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 02/28/11 1150
Chin, Kimberly Y on 02/28/11 1120

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY	Unknown	1959 NE Pacific Street	03/10/10 1250 - Present

02/28/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

	MEDICINE		Seattle WA 98195	
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 2/28/2011 11:50
Chin, Kimberly Y on 2/28/2011 11:20

02/10/2011 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2010
Start date: 10/21/2010
End date: 2/28/2011
Quantity: 30
Refill: 0

02/10/2011 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2010
Start date: 11/1/2010
End date: 2/28/2011
Quantity: 60
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Timolol Maleate 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/13/2012
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/10/2011
Start date: 2/10/2011
End date: 2/13/2012
Quantity: 5 mL
Refill: prn

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 2/10/2011 1337

The pharmacy is requesting refills on the attached medication and/or supply, please advise.
The fax was received 2/10/11
The patient was last seen in clinic on 1/14/11
The medication was last prescribed on 1/10/10
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 2/10/2011 1:37 PM

Other Orders

Medications

Timolol Maleate 0.5 % (DAILY) OP SOLN (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 02/10/11 1512**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 02/10/11 1512
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 02/10/11 - 02/13/12
Class: RIGHTFAX
Released by: Neighbor Jr., William E 02/10/11 1512
Discontinued by: Neighbor Jr., William E 02/13/12 1215 [Reorder]

02/09/2011 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

02/09/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2010
Start date: 10/21/2010
End date: 2/28/2011
Quantity: 30
Refill: 0

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2010
Start date: 11/1/2010
End date: 2/28/2011
Quantity: 60
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 2/9/2011 11:11 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W68281	—	—	02/09/11 1111

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 02/09/11 1154, Result status: Final result

Order status: Completed
Filed on: 02/09/11 1154
Collected by: 02/09/11 1111
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

02/09/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Reviewed by

Neighbor Jr., William E on 02/09/11 1711
Gamboa, Elizabeth L on 02/09/11 1219

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 2/9/2011 17:11
Gamboa, Elizabeth L on 2/9/2011 12:19

Letters

Results by Neighbor Jr., William E on 2/9/2011

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

2/9/2011

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 02/09/11
PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	2.3 (*)	0.8 - 1.3

Your test was in the target range. Repeat in one month.

Sincerely,

02/09/2011 - Orders Only in UWMC Family Medicine (continued)

Letters (continued)

William E Neighbor JR, MD

01/19/2011 - Appointment in UWMC Family Medicine

Visit Information

Appointment Information

RETURN
1/19/2011 11:00 AM

No Show

Time	Provider	Department	Length
11:00 AM	Neighbor Jr., William E, MD	ZZUWMC FAMILY MED CENTER	30 min

Enc Form Number: 16082555

Notes:
1 wk f/u sb

History

Made On:	1/14/2011 12:20 PM	By:	Barker, Susan H, Coordinator	ES
EOD Status:	1/23/2011 11:05 PM	By:	Uw User, Batch Scheduler	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

01/14/2011 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011

01/14/2011 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2010
Start date: 10/21/2010
End date: 2/28/2011
Quantity: 30
Refill: 0

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2010
Start date: 11/1/2010
End date: 2/28/2011
Quantity: 60
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 1/14/2011 1215

Jeanne Leonie Hoffman is a 86 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
In for INR. Had dental surgery. No new meds. Reports compliance with coumadin 10 mg once daily.

OBJECTIVE:
BP 139/77 | Pulse 72
General: healthy, alert, no distress

01/14/2011 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

No exam

INR 1.3

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 1.3 today. She states she has been taking coumadin 10 mg once daily. No new medications. She did not bring in her pills today, but she has been on coumadin for so long that I cannot imagine that she is confused about which pill is which.

She is to take an extra half tab (5 mg) this evening, continue 10 mg daily, and recheck here for INR on Tuesday.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 1/14/2011 1:40 PM

Nordenstrom, Shellanie P at 1/14/2011 1450

Addended by: NORDENSTROM, SHELLANIE P on: 1/14/2011

Modules accepted: Orders

Electronically signed by Nordenstrom, Shellanie P at 1/14/2011 2:50 PM

Flowsheets

Encounter Vitals

Row Name	01/14/11 1207
BP	139/77
Pulse	72
Exclude from Growth Chart	No

UNKNOWN

Row Name	01/14/11 1207
BP	139/77
Pulse	72
Exclude from Growth Chart	No

Patient Instructions

01/14/2011 - Office Visit in UWMC Family Medicine (continued)

Patient Instructions (continued)

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 1.3 today. She states she has been taking coumadin 10 mg once daily. NO new medications. She did not bring in her pills today, but she has been on coumadin for so long that I cannot imagine that she is confused about which pill is which.

She is to take an extra half tab (5 mg) this evening, continue 10 mg daily, and recheck here for INR on Tuesday.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 1/14/2011 12:15 PM

01/14/2011 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

01/14/2011 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2010
Start date: 10/21/2010
End date: 2/28/2011
Quantity: 30
Refill: 0

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2010
Start date: 11/1/2010
End date: 2/28/2011
Quantity: 60
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 1/14/2011 11:47 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F39880	—	—	01/14/11 1147

PROTHROMBIN TIME (RAPID INR)
Resulted: 01/14/11 1216, Result status: Final result

Order status: Completed
Filed on: 01/14/11 1216
Collected by: 01/14/11 1147
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.3	0.8 - 1.3	—	RSVLT

01/14/2011 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Reviewed by

Neighbor Jr., William E on 01/14/11 1232

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 1/14/2011 12:32

01/07/2011 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

01/07/2011 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2010
Start date: 10/21/2010
End date: 2/28/2011
Quantity: 30
Refill: 0

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2010
Start date: 11/1/2010
End date: 2/28/2011
Quantity: 60
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/6/2012
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2011
Start date: 1/7/2011
End date: 1/6/2012
Quantity: 15 Tab
Refill: 11

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Dillow, Brooke at 1/7/2011 1608

Fax refill request received from pharmacy 01/07/2011.
Patient was last seen in our office 12/16/2010.
Medication was last filled 11/22/2010.
Please advise.

Thank you.

Electronically signed by Dillow, Brooke at 1/7/2011 4:08 PM

Neighbor Jr., William E at 1/7/2011 1650

Bmp in April in target range.
William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 1/7/2011 4:50 PM

01/07/2011 - Telephone in UWMC Family Medicine (continued)

Other Orders

Medications

Hydrochlorothiazide 25 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 01/07/11 1649** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 01/07/11 1649 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 01/07/11 - 01/06/12 Class: RIGHTFAX
Released by: Neighbor Jr., William E 01/07/11 1649 Discontinued by: Neighbor Jr., William E 01/06/12 1112

12/16/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnosis: Pain in joint, ankle and foot

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily

12/16/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 9/2/2010
Quantity: 30
Ordered on: 9/2/2010
End date: 4/11/2011
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Start date: 9/27/2010
Quantity: 90
Discontinued on: 5/16/2011
Ordered on: 9/27/2010
End date: 5/16/2011
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Start date: 10/21/2010
Quantity: 30
Discontinued on: 2/28/2011
Ordered on: 10/21/2010
End date: 2/28/2011
Refill: 0

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Start date: 11/1/2010
Quantity: 60
Discontinued on: 2/28/2011
Ordered on: 11/1/2010
End date: 2/28/2011
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Start date: 11/22/2010
Quantity: 15
Discontinued on: 1/7/2011
Ordered on: 11/22/2010
End date: 1/7/2011
Refill: 11

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 12/16/2010 1141

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

719.47 JOINT PAIN-ANKLE (primary encounter diagnosis)
2 week hx of left ankle instep pain after dental surgery. She did not stop coumadin related to dental surgery. No injury

Current outpatient prescriptions

Medication	Sig
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
• Acetaminophen-Codeine #3	1 TABLET at bed time

12/16/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

(TYLENOL/CODEINE #3) 300-30 MG OR TABS	
• Atorvastatin Calcium (LIPITOR) 40 MG OR TABS	1 po QD
• CarBAMazepine 200 MG OR TABS	1 TABLET 3 TIMES DAILY
• Hydrochlorothiazide 25 MG OR TABS	Take 1/2 tablet by mouth every day
• MetFORMIN HCl 500 MG OR TABS	one tab twice daily for diabetes
• Pentoxifylline (PENTOXIL) 400 MG OR TBCR	One tablet three times daily (Pentoxifylline)(Trental)
• TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily
• Warfarin Sodium 10 MG OR TABS	one tablet daily

OBJECTIVE:
BP 123/62 | Pulse 67
General: healthy, alert, no distress
Tender over instep of left ankle. There is a slightly distended vein nearby which is tender but she also seems to be tender over the bony structures. Remainder of hind foot, midfoot, and forefoot exam normal

INR 2.2

ASSESSMENT AND PLAN:

719.47 JOINT PAIN-ANKLE (primary encounter diagnosis)
2 week hx of left ankle instep pain after dental surgery. She did not stop coumadin related to dental surgery. Her INR today is 2.2. Exam shows tenderness over instep. There is a small dilated vein which patient states was not there before dental surgery. She may have superficial phlebitis in which case she should use arm compresses. However, will obtain X ray to rule out occult fracture though patient denies any trauma.

Addendum: X ray without fracture. Advised warm compresses. See letter to patient.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 12/20/2010 6:47 PM

Imaging

Imaging

X-RAY ANKLE 3+ VW (Final result)

Electronically signed by: **Neighbor Jr., William E on 12/16/10 1138** Status: **Completed**
Ordering user: Neighbor Jr., William E 12/16/10 1138 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/16/10 - Class: On Site
Quantity: 1 Lab status: Final result
Diagnoses
Pain in joint, ankle and foot [719.47 (ICD-9-CM)]

12/16/2010 - Office Visit in UWMC Family Medicine (continued)

Imaging (continued)

Questionnaire

Question	Answer
Reason for Exam	pain over dorsal instep for two weeks. No hx of injury.
Which side?	LEFT

Order comments: .

X-RAY ANKLE 3+ VW Resulted: 12/16/10 1609, Result status: Final result

Order status: Completed
Accession number: 6555935
Lab Technician: KEVIN LEE XR TECH

Filed on: 12/16/10 1609
Resulting lab: UW RADIOLOGY

Components

Component	Value	Reference Range	Flag	Lab
General Diagnostic Text	--	—	—	UW RAD

Result: Examination:XR ANKLE MIN 3 VIEWS/LFT Indication:pain over dorsal instep for two weeks. No hx of injury. Comparison:No prior images are currently available for comparison. Findings: Generalized osteopenia is present. There is calcification present within the medial soft tissues of the lower leg. No fracture or dislocation is seen. Severe degenerative change is present involving the talonavicular and naviculocuneiform joint. ATTENDING RADIOLOGIST AND PAGER NUMBER368450 MULCAHY HYOJEONG MD(206)680-354

Reviewed by

Neighbor Jr., William E on 12/17/10 1347

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

JOINT PAIN-ANKLE [719.47 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 12/17/2010 13:47

Flowsheets

Encounter Vitals

Row Name	12/16/10 1130
BP	123/62
Pulse	67

UNKNOWN

Row Name	12/16/10 1130
BP	123/62
Pulse	67

Letters

Letter by Neighbor Jr., William E on 12/17/2010

Status: Sent

12/16/2010 - Office Visit in UWMC Family Medicine (continued)

Letters (continued)

Letter body:

12/17/2010

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

The x ray of your ankle showed no evidence of fracture. The tenderness you have noted may be due to some superficial vein irritation as you suggested. Your anticoagulation is in the desired range. I would advise warm compresses on the area is assist in healing.

Sincerely,

William E Neighbor JR, MD

12/16/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

12/16/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2010
Start date: 10/21/2010
End date: 2/28/2011
Quantity: 30
Refill: 0

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2010
Start date: 11/1/2010
End date: 2/28/2011
Quantity: 60
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/7/2011
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/22/2010
Start date: 11/22/2010
End date: 1/7/2011
Quantity: 15
Refill: 11

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 12/16/2010 10:23 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H12519	—	—	12/16/10 1023

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 12/16/10 1101, Result status: Final result

Order status: Completed
Filed on: 12/16/10 1101
Collected by: 12/16/10 1023
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

12/16/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Reviewed by

Neighbor Jr., William E on 12/17/10 1341
Gamboa, Elizabeth L on 12/16/10 1126

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 12/17/2010 at 1:41 PM
Pt seen

All Reviewers List

Neighbor Jr., William E on 12/17/2010 13:41
Gamboa, Elizabeth L on 12/16/2010 11:26

12/08/2010 - Abstract in UWMC Family Medicine

Reason for Visit

Chief complaint: Abstract
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

12/08/2010 - Abstract in UWMC Family Medicine (continued)

Medication List (continued)

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2010
Start date: 10/21/2010
End date: 2/28/2011
Quantity: 30
Refill: 0

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2010
Start date: 11/1/2010
End date: 2/28/2011
Quantity: 60
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/7/2011
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/22/2010
Start date: 11/22/2010
End date: 1/7/2011
Quantity: 15
Refill: 11

Stopped in Visit

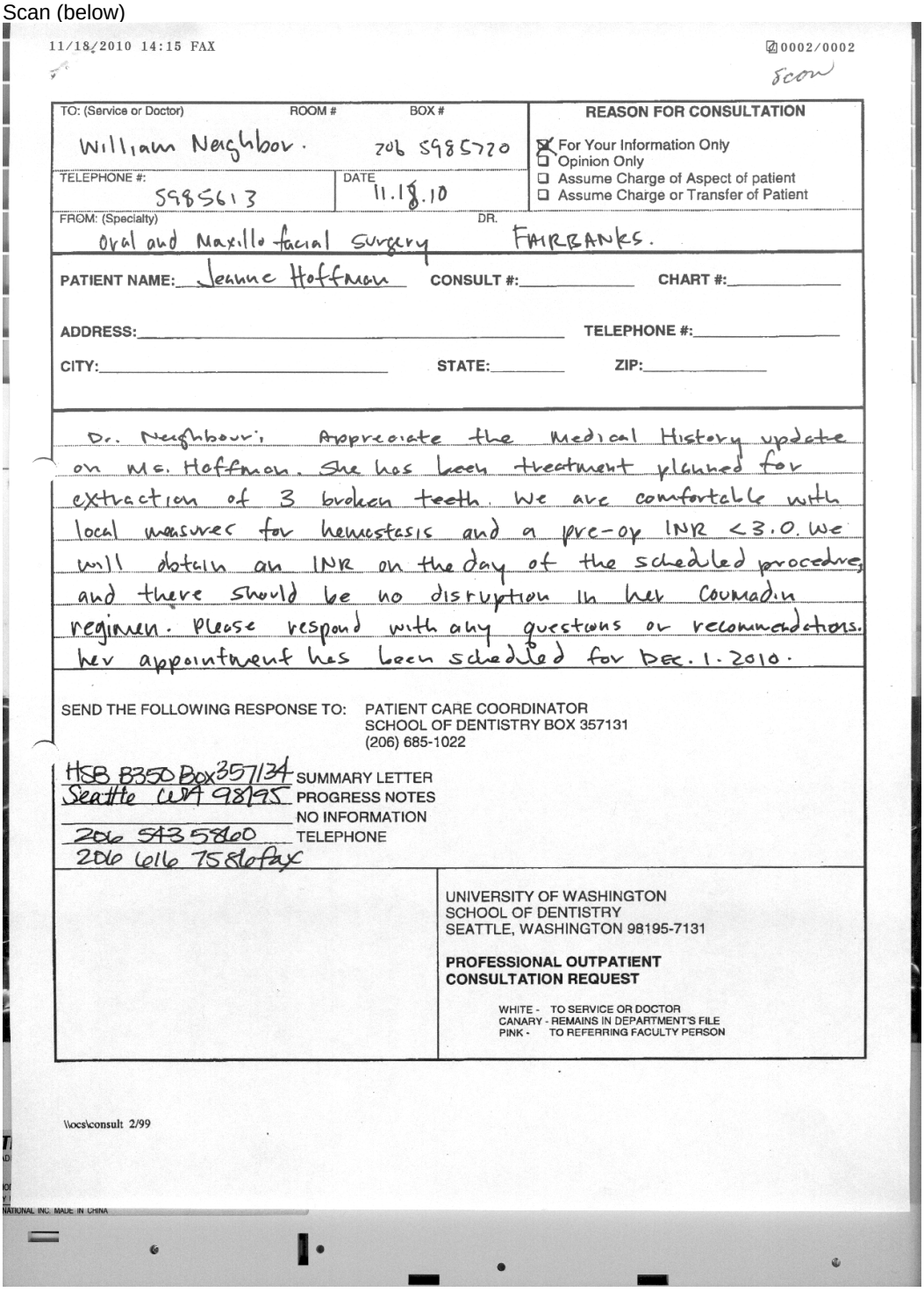
None

12/08/2010 - Abstract in UWMC Family Medicine (continued)

Documents

Clinical - Scan on 12/8/2010 1:53 PM: uw school of dentistry-consultation, 11-18-10

Scan (below)



11/18/2010 14:15 FAX 0002/0002

Scan

TO: (Service or Doctor) ROOM # BOX #
William Neighbor. 206 5985720

REASON FOR CONSULTATION
☒ For Your Information Only
☐ Opinion Only
☐ Assume Charge of Aspect of patient
☐ Assume Charge or Transfer of Patient

TELEPHONE #: 5985613
DATE 11.18.10

FROM: (Specialty) DR.
Oral and Maxillo facial Surgery FAIRBANKS.

PATIENT NAME: Jeanne Hoffman CONSULT #: CHART #:

ADDRESS: TELEPHONE #:

CITY: STATE: ZIP:

Dr. Neighbour; Appreciate the Medical History update on Ms. Hoffman. She has been treatment planned for extraction of 3 broken teeth. We are comfortable with local measures for hemostasis and a pre-op INR <3.0. We will obtain an INR on the day of the scheduled procedure, and there should be no disruption in her Coumadin regimen. Please respond with any questions or recommendations. her appointment has been scheduled for Dec. 1. 2010.

SEND THE FOLLOWING RESPONSE TO: PATIENT CARE COORDINATOR
SCHOOL OF DENTISTRY BOX 357131
(206) 685-1022

HSB B350 Box 357134 SUMMARY LETTER
Seattle WA 98195 PROGRESS NOTES
NO INFORMATION
206 543 5860 TELEPHONE
206 616 7586 fax

UNIVERSITY OF WASHINGTON
SCHOOL OF DENTISTRY
SEATTLE, WASHINGTON 98195-7131

PROFESSIONAL OUTPATIENT CONSULTATION REQUEST

WHITE - TO SERVICE OR DOCTOR
CANARY - REMAINS IN DEPARTMENT'S FILE
PINK - TO REFERRING FACULTY PERSON

\\ocs\consult 2/99

NATIONAL INC. MADE IN CHINA

12/08/2010 - Abstract in UWMC Family Medicine (continued)

Documents (continued)

12/01/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

12/01/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2010
Start date: 10/21/2010
End date: 2/28/2011
Quantity: 30
Refill: 0

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2010
Start date: 11/1/2010
End date: 2/28/2011
Quantity: 60
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/7/2011
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/22/2010
Start date: 11/22/2010
End date: 1/7/2011
Quantity: 15
Refill: 11

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 12/1/2010 11:44 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W11123	—	—	12/01/10 1144

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 12/01/10 1208, Result status: Final result

Order status: Completed
Filed on: 12/01/10 1208
Collected by: 12/01/10 1144
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.5	0.8 - 1.3	H	RSVLT

12/01/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Reviewed by

Neighbor Jr., William E on 12/01/10 1447
Chin, Kimberly Y on 12/01/10 1421

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 12/1/2010 14:47
Chin, Kimberly Y on 12/1/2010 14:21

Letters

Results by Neighbor Jr., William E on 12/1/2010

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

12/1/2010

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 12/01/10
PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	2.5 (*)	0.8 - 1.3

Your INR on the above date was in the desired range. Recheck in one month. I hope your dental surgery goes well.

Sincerely,

12/01/2010 - Orders Only in UWMC Family Medicine (continued)

Letters (continued)

William E Neighbor JR, MD

11/22/2010 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

11/22/2010 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2010
Start date: 10/21/2010
End date: 2/28/2011
Quantity: 30
Refill: 0

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2010
Start date: 11/1/2010
End date: 2/28/2011
Quantity: 60
Refill: 6

Hydrochlorothiazide 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/7/2011
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/22/2010
Start date: 11/22/2010
End date: 1/7/2011
Quantity: 15
Refill: 11

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 11/22/2010 1501

The pharmacy is requesting refills on the attached medication and/or supply, please advise.
The fax was received 11/20/10
The patient was last seen in clinic on 11/9/10
The medication was last prescribed on 12/7/09
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 11/22/2010 3:01 PM

Neighbor Jr., William E at 11/22/2010 1520

Last bmp in May in desired range.
William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 11/22/2010 3:20 PM

11/22/2010 - Telephone in UWMC Family Medicine (continued)

Other Orders

Medications

Hydrochlorothiazide 25 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/22/10 1520** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/22/10 1520 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/22/10 - 01/07/11 Class: RIGHTFAX
Released by: Neighbor Jr., William E 11/22/10 1520 Discontinued by: Neighbor Jr., William E 01/07/11 1649 [Reorder]

11/09/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants
- Unspecified dental caries

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

CarBAMazepine 200 MG OR TABS

11/09/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2010
Start date: 10/21/2010
End date: 2/28/2011
Quantity: 30
Refill: 0

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2010
Start date: 11/1/2010
End date: 2/28/2011
Quantity: 60
Refill: 6

Stopped in Visit

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient

Clinical Notes

Progress Notes

Neighbor Jr., William E at 11/9/2010 1238

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
In for INR. No signs of DVT by her report. Complaint with meds. No bleeding.

521.00 UNSPEC DENTAL CARIES

11/09/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Being seen in dental clinic. She quit fosamax in mid September as they want her off of this medication for three months before dental surgery. Patient's son who is present with her today says they have tried to contact us to assure she is not taking fosamax and also for management of her anticoagulation around the time of surgery. I reviewed our records and do not find that we have heard from them. Son does not have a phone number.

OBJECTIVE:
BP 142/71 | Wt 128 lb 3.2 oz (58.151 kg)
General: healthy, alert, no distress
No other exam.

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrent clot.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.2. Recheck after dental surgery.

521.00 UNSPEC DENTAL CARIES
Has dental surgery planned for Nov 18 by her report She does not bring in any request for preop assessment and I do not have access to dental records. I will call dental surgery. She has not been taking fosamax since early or mid September by her report. This was removed from her med list. Regarding anticoagulation she could be off coumadin for three days but no longer given prior hx of recurrent clots.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 11/9/2010 2:32 PM

Nordenstrom, Shellanie P at 11/9/2010 1540

Addended by: NORDENSTROM, SHELLANIE P on: 11/9/2010

Modules accepted: Orders

Electronically signed by Nordenstrom, Shellanie P at 11/9/2010 3:40 PM

Flowsheets

UNKNOWN

Row Name	11/09/10 1219
Fall Risk	LOW
Pain Level	0
BP	142/71
Weight	58.2 kg (128 lb 3.2 oz)

11/09/2010 - Office Visit in UWMC Family Medicine (continued)

Flowsheets (continued)

BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting

Vitals Data

Row Name	11/09/10 1219
BP	142/71
BP Cuff Size	Regular
BP Site	Right Arm
BP Position	Sitting
Weight	58.2 kg (128 lb 3.2 oz)

Patient Instructions

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrent clot.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.2. Recheck after dental surgery.

521.00 UNSPEC DENTAL CARIES
Has dental surgery planned for Nov 18 by her report She does not bring in any request for preop assessment and I do not have access to dental records. I will call dental surgery. She has not been taking fosamax since early or mid September by her report. This was removed from her med list. Regarding anticoagulation she could be off coumadin for three days but no longer given prior hx of recurrent clots.

William E Neighbor JR, MD

Current meds:

Current outpatient prescriptions

Medication	Sig
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
• Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS	1 TABLET at bed time
• Atorvastatin Calcium (LIPITOR) 40 MG OR TABS	1 po QD
• CarBAMazepine 200 MG OR TABS	1 TABLET 3 TIMES DAILY
• HYDROCHLOROTHIAZIDE 25 MG OR TABS	Take 1/2 tablet by mouth every day
• MetFORMIN HCl 500 MG OR TABS	one tab twice daily for diabetes
• Pentoxifylline (PENTOXIL) 400 MG OR TBCR	One tablet three times daily (Pentoxifylline)(Trental)
• TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily

11/09/2010 - Office Visit in UWMC Family Medicine (continued)

Patient Instructions (continued)

- Warfarin Sodium 10 MG OR TABS one tablet daily

Electronically signed by Neighbor Jr., William E at 11/9/2010 12:40 PM

11/09/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

11/09/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2010
Start date: 10/21/2010
End date: 2/28/2011
Quantity: 30
Refill: 0

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/1/2010
Start date: 11/1/2010
End date: 2/28/2011
Quantity: 60
Refill: 6

Stopped in Visit

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Milan, Editha T, Technologist 11/9/2010 11:59 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T16842	—	—	11/09/10 1159

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 11/09/10 1238, Result status: Final result

Order status: Completed
Filed on: 11/09/10 1238
Collected by: 11/09/10 1159
Resulting lab: UW LABORATORY MEDICINE

Components

11/09/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 11/09/10 1757
Chin, Kimberly Y on 11/09/10 1246

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 11/9/2010 at 2:07 PM
seen

All Reviewers List

Neighbor Jr., William E on 11/9/2010 17:57
Chin, Kimberly Y on 11/9/2010 12:46

11/01/2010 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010

11/01/2010 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 8/18/2010 End date: 4/15/2011
Quantity: 90 Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/2/2010
Start date: 9/2/2010 End date: 4/11/2011
Quantity: 30 Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/27/2010
Start date: 9/27/2010 End date: 5/16/2011
Quantity: 90 Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 2/28/2011
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD Ordered on: 10/21/2010
Start date: 10/21/2010 End date: 2/28/2011
Quantity: 30 Refill: 0

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 2/28/2011
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD Ordered on: 11/1/2010
Start date: 11/1/2010 End date: 2/28/2011
Quantity: 60 Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 11/1/2010 1328

The pharmacy is requesting refills on the attached medication and/or supply, please advise.
The fax was received 10/29/10
The patient was last seen in clinic on 10/21/10
The medication was last prescribed on 4/5/10
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 11/1/2010 1:28 PM

Neighbor Jr., William E at 11/1/2010 1716

11/01/2010 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Bmp in spring nl.

Electronically signed by Neighbor Jr., William E at 11/1/2010 5:16 PM

Other Orders

Medications

MetFORMIN HCl 500 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 11/01/10 1715** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 11/01/10 1715 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/01/10 - 02/28/11 Class: RIGHTFAX
Released by: Neighbor Jr., William E 11/01/10 1715 Discontinued by: Neighbor Jr., William E 02/28/11 1103
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

10/21/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants
- Generalized osteoarthrosis, unspecified site

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

10/21/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/25/2010
Start date: 3/25/2010 — End date: 3/16/2011
Quantity: 90 — Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2010
Start date: 4/5/2010 — End date: 11/1/2010
Quantity: 60 — Refill: 6

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/19/2010
Start date: 8/18/2010 — End date: 4/15/2011
Quantity: 90 — Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/2/2010
Start date: 9/2/2010 — End date: 4/11/2011
Quantity: 30 — Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/27/2010
Start date: 9/27/2010 — End date: 5/16/2011
Quantity: 90 — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/28/2011
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2010
Start date: 10/21/2010 — End date: 2/28/2011
Quantity: 30 — Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 10/21/2010 1135

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

10/21/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
She is now taking Coumadin 10 mg one tablet daily. This is increased of one half tablet weekly. She's had no leaking and no swelling in her lower extremities.

OBJECTIVE:
BP 123/66 | Pulse 64
General: healthy, alert,
INR 2.2

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrent clot

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.2. Dose now should be coumadin 10 mg one tab daily. Recheck in 2 weeks. She may scheudle a longer visit at that time for knee and hip pain.

She is having increasing problems with left hip pain. She is scheduled for a longer visit at her next appointment with me in 2 weeks.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 10/21/2010 1:49 PM

Other Orders

Medications

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 10/21/10 1137** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 10/21/10 1137 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/21/10 - 02/28/11 Class: E-SEND (Fax)
Discontinued by: Neighbor Jr., William E 02/28/11 1103
Diagnoses
Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)]

Indications

GENERAL OSTEOARTHROSIS [715.00 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	10/21/10 1104
BP	123/66

10/21/2010 - Office Visit in UWMC Family Medicine (continued)

Flowsheets (continued)

Pulse	64

UNKNOWN

Row Name	10/21/10 1104
BP	123/66
Pulse	64

Patient Instructions

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrent clot

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.2. Dose now should be coumadin 10 mg one tab daily. Recheck in 2 weeks. She may scheudle a longer visit at that time for knee and hip pain.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 10/21/2010 11:35 AM

10/21/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

10/21/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2010
Start date: 10/21/2010
End date: 2/28/2011
Quantity: 30
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 10/21/2010 10:21 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H41324	—	—	10/21/10 1021

10/21/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/21/10 1058, Result status: Final result

Order status: Completed
Collected by: 10/21/10 1021
Filed on: 10/21/10 1058
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 10/21/10 1307
Gamboa, Elizabeth L on 10/21/10 1114

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 10/21/2010 at 1:07 PM
Seen today

All Reviewers List

Neighbor Jr., William E on 10/21/2010 13:07
Gamboa, Elizabeth L on 10/21/2010 11:14

10/15/2010 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

10/15/2010 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor Jr., William E at 10/15/2010 1110

INR 1.7. While it was prescribed for her to take Coumadin 10 one daily, she has continued to take a half on Sundays.

Plan is to take an extra half, 15 mg, tonight, Friday, and on Sunday take her regular one half, but after that take a full tablet daily.

I prefer that she not take an extra half tonight and the extra half on Sunday (to make a full tab), because she may overshoot as has happened in the past.

I wrote this out for her.

William E Neighbor JR, MD

10/15/2010 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Electronically signed by Neighbor Jr., William E at 10/15/2010 11:10 AM

10/15/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Visit diagnosis: Needs flu shot

Visit Information

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/13/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 8/13/2012
Quantity: 30 Tab
Refill: 3

10/15/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2012
Reason for discontinuation: Reorder
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 7/9/2012
Quantity: 15 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Stopped in Visit

None

Other Orders

Immunization/Injection

INJECTED Adult Flu Vaccine (Discontinued)

Electronically signed by: **Kivett, Becky on 10/15/10 0818**
Status: **Discontinued**
Ordering user: Kivett, Becky 10/15/10 0818
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/15/10 -
Class: Normal
Quantity: 1
Released by: Kivett, Becky 10/15/10 0818
Discontinued by: Welch, Kristi L 12/26/12 1022 [Order Expired]
Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Admin fee for INJECTED flu vaccine (Discontinued)

Electronically signed by: **Kivett, Becky on 10/15/10 0818**
Status: **Discontinued**
Ordering user: Kivett, Becky 10/15/10 0818
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/15/10 -
Class: Normal
Quantity: 1
Released by: Kivett, Becky 10/15/10 0818
Discontinued by: Welch, Kristi L 12/26/12 1022 [Order Expired]
Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

10/15/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Needs flu shot
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

10/15/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Smith, Courtney at 10/15/2010 1133

Pre-immunization screening questions were asked and answered.

10/15/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

VIS given to patient.
Patient has no allergies to vaccine or components.
Patient or their caregiver gave verbal consent for immunization.

I administered the injection. Courtney Smith, Medical Assistant

Electronically signed by Smith, Courtney at 10/15/2010 11:33 AM

Neighbor Jr., William E at 10/15/2010 1708

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No leg swellling

V04.81 VACCINE FOR INFLUENZA
Requested

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 1.7. Taking coumadin 10mg once daily except half on Sunday. Prescribed dose is once daily.

OBJECTIVE:
There were no vitals taken for this visit.
General: alert. Complains of exacerbation of hip pain

INR 1.7

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrence

V04.81 VACCINE FOR INFLUENZA
given

V58.61 AFTERCARE LONG TERM ANTICOAG USE
Coumadin dose should be 10 mg daily. Advise taking an extra half tab tonight, that is, 15 mg, then one daily except for this week would take a half on Sunday. Basically, we are boosting her weekly dose by a half tab but doing this this week on Friday rather than on Sunday.

After that she will take one daily. She understands this and it was drawn out for her.

She is to have an INR repeated in 10 days.

She should schedule a visit for hip pain should it persist. She did not report any falls.

10/15/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 10/15/2010 5:08 PM

Other Orders

Immunization/Injection

INJECTED Adult Flu Vaccine (Completed)

Electronically signed by: **Smith, Courtney on 10/15/10 1131** Status: **Completed**
Ordering user: Smith, Courtney 10/15/10 1131 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/15/10 - Class: Normal
Quantity: 1 Released by: Smith, Courtney 10/15/10 1131
Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

VACCINE FOR INFLUENZA [V04.81 (ICD-9-CM)]

Admin fee for INJECTED flu vaccine (Expired)

Electronically signed by: **Smith, Courtney on 10/15/10 1131** Status: **Expired**
Ordering user: Smith, Courtney 10/15/10 1131 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/15/10 - Class: Normal
Quantity: 1 Released by: Smith, Courtney 10/15/10 1131
Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

VACCINE FOR INFLUENZA [V04.81 (ICD-9-CM)]

10/15/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

10/15/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/28/2011
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2010
Start date: 10/21/2010
End date: 2/28/2011
Quantity: 30
Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 10/15/2010 10:17 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F44515	—	—	10/15/10 1017

10/15/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/15/10 1112, Result status: Final result

Order status: Completed
Collected by: 10/15/10 1017
Filed on: 10/15/10 1112
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 10/15/10 1716
Gamboa, Elizabeth L on 10/15/10 1152

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 10/15/2010 at 5:16 PM
seen

All Reviewers List

Neighbor Jr., William E on 10/15/2010 17:16
Gamboa, Elizabeth L on 10/15/2010 11:52

10/11/2010 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Medical Questions
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

10/11/2010 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Nordenstrom, Shellanie P at 10/11/2010 0950

Patient son Louis would like to have the medication lists be sent to dental doctor as patient is going for dental surgery. Concern regarding fosamax ? medication. Please advise

UW Dental office - Yachunwang, Christine - student school of dentistry
Attn: Tobby Fairbanks - performing surgeon
Ph: 206 616 6996
Fax: 206 221 4434

Electronically signed by Nordenstrom, Shellanie P at 10/11/2010 9:51 AM

Neighbor Jr., William E at 10/11/2010 1845

10/11/2010 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Done.
William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 10/11/2010 6:45 PM

Letters

Letter by Neighbor Jr., William E on 10/11/2010

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

10/11/2010

UW Dental office - Yachunwang, Christine

Attn: Tobby Fairbanks - performing surgeon

Ph: 206 616 6996

Fax: 206 221 4434

Dear Sir,

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

I was asked by the above patient to provide you with a list of her current medications. This is listed below:

Current outpatient prescriptions

Medication	Sig
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
• Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS	1 TABLET at bed time
• Atorvastatin Calcium (LIPITOR) 40 MG OR TABS	1 po QD
• CarBAMazepine 200 MG OR TABS	1 TABLET 3 TIMES DAILY
• FOSAMAX 70 MG OR TABS	Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
• HYDROCHLOROTHIAZIDE 25 MG OR TABS	Take 1/2 tablet by mouth every day
• MetFORMIN HCl 500 MG OR TABS	one tab twice daily for diabetes

10/11/2010 - Telephone in UWMC Family Medicine (continued)

Letters (continued)

• Pentoxifylline (PENTOXIL) 400 MG OR TBCR	One tablet three times daily (Pentoxifylline)(Trental)
• TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily
• Warfarin Sodium 10 MG OR TABS	one tablet daily

Sincerely,

William E Neighbor JR, MD

10/08/2010 - Appointment in UWMC Family Medicine

Visit Information

Appointment Information

RETURN
10/8/2010 1:30 PM

Canceled

Time	Provider	Department	Length
1:30 PM	Yue, Angela, MD	ZZUWMC FAMILY MED CENTER	20 min

Enc Form Number: 15566336

Notes:
INR,flu shot-efg

History

Made On:	10/8/2010 12:37 PM	By:	Goetschius, Eyda F	ES
Change Notes:	10/8/2010 12:37 PM	By:	Goetschius, Eyda F	ES
Change Notes:	10/8/2010 12:38 PM	By:	Goetschius, Eyda F	ES
Canceled:	10/8/2010 12:57 PM	By:	Nordenstrom, Shellanie P	ES
Cancel Rsn:	Patient-Unable to keep appointment			

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

09/27/2010 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010

09/27/2010 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/16/2011
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/27/2010
Start date: 9/27/2010
End date: 5/16/2011
Quantity: 90
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 9/27/2010 0909

Pharmacy is requesting refills on the attached, please advise.
Fax received 9/24/10
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 9/27/2010 9:09 AM

Other Orders

09/27/2010 - Telephone in UWMC Family Medicine (continued)

Other Orders (continued)

Medications

Pentoxifylline (PENTOXIL) 400 MG OR TBCR (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 09/27/10 1211** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 09/27/10 1211 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 09/27/10 - 05/16/11 Class: RIGHTFAX
Released by: Neighbor Jr., William E 09/27/10 1211 Discontinued by: Neighbor Jr., William E 05/16/11 1253 [Reorder]
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

09/09/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

09/09/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 9/9/2010 1659

09/09/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
Is not taking Coumadin one tablet on every day of the week. The first day there was actually an increased dose was last Sunday, 5 days ago. She's had no bleeding or change in bruising.

Current outpatient prescriptions

Medication	Sig
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
• Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS	1 TABLET at bed time
• Atorvastatin Calcium (LIPITOR) 40 MG OR TABS	1 po QD
• CarBAMazepine 200 MG OR TABS	1 TABLET 3 TIMES DAILY
• FOSAMAX 70 MG OR TABS	Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
• HYDROCHLOROTHIAZIDE 25 MG OR TABS	Take 1/2 tablet by mouth every day
• MetFORMIN HCl 500 MG OR TABS	one tab twice daily for diabetes
• PENTOXIL 400 MG OR TBCR	One tablet three times daily (Pentoxifylline)(Trental)
• TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily
• Warfarin Sodium 10 MG OR TABS	one tablet daily

OBJECTIVE:
BP 159/66 | Pulse 62 | Wt 128 lb (58.06 kg)
General: healthy, alert, no distress

INR 2.5

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrent clot

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.5. As recent dose adjust advise second repeat in 2 weeks. Does not require appointment for that.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 9/10/2010 12:44 PM

09/09/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Flowsheets

Encounter Vitals

Row Name	09/09/10 1422
BP	159/66
Pulse	62
Weight	58.1 kg (128 lb)

UNKNOWN

Row Name	09/09/10 1422
BP	159/66
Pulse	62
Weight	58.1 kg (128 lb)

09/09/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2009
Start date: 12/7/2009 — End date: 11/22/2010
Quantity: 15 — Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/19/2010
Start date: 1/19/2010 — End date: 2/10/2011
Quantity: 5ml — Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/12/2010
Start date: 2/12/2010 — End date: 9/27/2010
Quantity: 90 — Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E — Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/17/2010
Start date: 2/16/2010 — End date: 11/9/2010
Quantity: 4 — Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

09/09/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Grittman, Sheryl R, Technologist 9/9/2010 11:47 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By

09/09/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

H79077 — — 10/08/10 1222

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/08/10 1303, Result status: Final result

Order status: Completed
Collected by: 10/08/10 1222
Filed on: 10/08/10 1303
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.9	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 10/08/10 1645
Gamboa, Elizabeth L on 10/08/10 1314

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 10/8/2010 at 4:45 PM
Pt stopped by clinic. Having dental work and had to leave. Told to have INR rechecked in one week.

All Reviewers List

Neighbor Jr., William E on 10/8/2010 16:45
Gamboa, Elizabeth L on 10/8/2010 13:14

09/02/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

09/02/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 9/2/2010 1101

09/02/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No clot sx.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
She states that despite recent travels she does not believe she's missed any doses of Coumadin.

OBJECTIVE:
BP 116/59 | Pulse 59 | Wt 128 lb (58.06 kg)
General: healthy, alert, no distress
Lower extremity compression stockings in place

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrent clots

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 1.8. No missed doses. Will increase coumadin to 10 mg daily. Recheck INR in 10-14 days.
She at times has required even higher weekly doses in the past.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 9/2/2010 4:20 PM

Other Orders

Medications

Warfarin Sodium 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 09/02/10 1104** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 09/02/10 1104 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 09/02/10 - 04/11/11 Class: E-SEND (Fax)
Discontinued by: Neighbor Jr., William E 04/11/11 1510 [Reorder]
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Medication comments: Previously just took a half on Sunday, but now want her to take a full tablet every day. William E Neighbor JR, MD

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Flowsheets

Encounter Vitals

09/02/2010 - Office Visit in UWMC Family Medicine (continued)

Flowsheets (continued)

Row Name	09/02/10 1035
BP	116/59
Pulse	59
Weight	58.1 kg (128 lb)
Exclude from Growth Chart	No

UNKNOWN

Row Name	09/02/10 1035
BP	116/59
Pulse	59
Weight	58.1 kg (128 lb)
Exclude from Growth Chart	No

Patient Instructions

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrent clots

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 1.8. No missed doses. Will increase coumadin to 10 mg daily. Recheck INR in 10-14 days.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 9/2/2010 11:01 AM

09/02/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

09/02/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/11/2011
Reason for discontinuation: Reorder
Instructions: one tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/2/2010
Start date: 9/2/2010
End date: 4/11/2011
Quantity: 30
Refill: 6

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Manuel, Severiano Lee, ARNP 9/2/2010 10:17 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By

09/02/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

H71914 — — 09/02/10 1017

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/02/10 1047, Result status: Final result

Order status: Completed
Collected by: 09/02/10 1017

Filed on: 09/02/10 1047
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.8	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 09/02/10 1121
Gamboa, Elizabeth L on 09/02/10 1113

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 9/2/2010 11:21
Gamboa, Elizabeth L on 9/2/2010 11:13

08/18/2010 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

08/18/2010 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/2/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Sunday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/15/2010
Start date: 7/15/2010
End date: 9/2/2010
Quantity: 30
Refill: 6

CarBAMazepine 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/15/2011
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/19/2010
Start date: 8/18/2010
End date: 4/15/2011
Quantity: 90
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 8/18/2010 1402

Pharmacy is requesting refills on the attached, please advise.
Fax received 8/18/10
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 8/18/2010 2:02 PM

Other Orders

08/18/2010 - Telephone in UWMC Family Medicine (continued)

Other Orders (continued)

Medications

CarBAMazepine 200 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 08/19/10 1831** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 08/19/10 1831 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 08/18/10 - 04/15/11 Class: RIGHTFAX
Released by: Neighbor Jr., William E 08/19/10 1831 Discontinued by: Neighbor Jr., William E 04/15/11 1405 [Reorder]

07/29/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

07/29/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/2/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Sunday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/15/2010
Start date: 7/15/2010
End date: 9/2/2010
Quantity: 30
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 7/29/2010 1051

07/29/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
Stable dose of Coumadin. No complaints of bleeding. No lower extremity swelling or edema this has changed.

OBJECTIVE:
BP 128/77 | Pulse 64
General: healthy, alert, no distress

INR.
Orders Only on 07/29/10
PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	2.3 (*)	0.8 - 1.3

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrence

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.3. Continue current coumadin dose. Recheck one month.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 7/29/2010 6:05 PM

Flowsheets

Encounter Vitals

Row Name	07/29/10 1042
BP	128/77
Pulse	64

UNKNOWN

Row Name	07/29/10 1042
BP	128/77
Pulse	64

07/29/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010

07/29/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Quantity: 4 Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD Ordered on: 3/25/2010
Start date: 3/25/2010 End date: 3/16/2011
Quantity: 90 Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/5/2010
Start date: 4/5/2010 End date: 11/1/2010
Quantity: 60 Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/8/2010
Start date: 4/8/2010 End date: 10/21/2010
Quantity: 30 Refill: 0

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/2/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Sunday
Authorized by: Neighbor Jr., William E, MD Ordered on: 7/15/2010
Start date: 7/15/2010 End date: 9/2/2010
Quantity: 30 Refill: 6

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825** Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 7/29/2010 10:28 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By

07/29/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

H43252 — — 07/29/10 1028

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/29/10 1051, Result status: Final result

Order status: Completed
Collected by: 07/29/10 1028

Filed on: 07/29/10 1051
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 07/29/10 1328
Gamboa, Elizabeth L on 07/29/10 1054

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 7/29/2010 13:28
Gamboa, Elizabeth L on 7/29/2010 10:54

07/15/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

07/15/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/2/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Sunday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 7/15/2010
Start date: 7/15/2010
End date: 9/2/2010
Quantity: 30
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 7/15/2010 1134

07/15/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
V58.61 AFTERCARE LONG TERM ANTICOAG USE
She has been taking Coumadin 10 mg one tablet daily except for a half tablet 2 days a week. She comes in for an INR. She has had no signs of DVT.

OBJECTIVE:
BP 134/62 | Pulse 62 | Wt 125 lb (56.7 kg)
General: healthy, alert, no distress

Labs: INR 1.7

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR subtherapeutic at 1.7. She is now to take Coumadin 10 mg one daily except one half on Sundays, (that is one day of the week rather than two days of week as before). Recheck in 7-10 days.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 7/16/2010 6:43 PM

Other Orders

Medications

Warfarin Sodium 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 07/15/10 1133** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 07/15/10 1133 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 07/15/10 - 09/02/10 Class: Normal
Discontinued by: Neighbor Jr., William E 09/02/10 1104 [Reorder]
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	07/15/10 1059
BP	134/62

07/15/2010 - Office Visit in UWMC Family Medicine (continued)

Flowsheets (continued)

Pulse	62
Weight	56.7 kg (125 lb)

UNKNOWN

Row Name	07/15/10 1059
BP	134/62
Pulse	62
Weight	56.7 kg (125 lb)

Patient Instructions

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrentce

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR subtherapeutic at 1.7. She is now to take Coumadin 10 mg one daily except one half on Sundays, (that is one day of the week rather than two days of week as before). Recheck in 7-10 days.

William E Neighbor JR, MD

Electronically signed by Neighbor Jr., William E at 7/15/2010 11:34 AM

07/15/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010

07/15/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Quantity: 4 Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD Ordered on: 3/25/2010
Start date: 3/25/2010 End date: 3/16/2011
Quantity: 90 Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/5/2010
Start date: 4/5/2010 End date: 11/1/2010
Quantity: 60 Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/8/2010
Start date: 4/8/2010 End date: 10/21/2010
Quantity: 30 Refill: 0

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/2/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Sunday
Authorized by: Neighbor Jr., William E, MD Ordered on: 7/15/2010
Start date: 7/15/2010 End date: 9/2/2010
Quantity: 30 Refill: 6

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825** Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Valley, Jan K, Technologist 7/15/2010 10:26 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By

07/15/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

H31798 — — 07/15/10 1026

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/15/10 1105, Result status: Final result

Order status: Completed
Collected by: 07/15/10 1026
Filed on: 07/15/10 1105
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 07/16/10 1451
Gamboa, Elizabeth L on 07/15/10 1110

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 7/16/2010 14:51
Gamboa, Elizabeth L on 7/15/2010 11:10

06/15/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaints: Pain and Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

06/15/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/15/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday and Sunday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/2/2010
Start date: 6/2/2010
End date: 7/15/2010
Quantity: 30
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 6/15/2010 1604

06/15/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
In for INR. No swelling of extremities.

Current outpatient prescriptions

Medication	Sig
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
• Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS	1 TABLET at bed time
• Atorvastatin Calcium (LIPITOR) 40 MG OR TABS	1 po QD
• CARBAMAZEPINE 200 MG OR TABS	1 TABLET 3 TIMES DAILY
• FOSAMAX 70 MG OR TABS	Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
• HYDROCHLOROTHIAZIDE 25 MG OR TABS	Take 1/2 tablet by mouth every day
• MetFORMIN HCl 500 MG OR TABS	one tab twice daily for diabetes
• PENTOXIL 400 MG OR TBCR	One tablet three times daily (Pentoxifylline)(Trental)
• TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily
• Warfarin Sodium 10 MG OR TABS	one tablet daily except a half tablet on Wednesday and Sunday

OBJECTIVE:
BP 118/72 | Pulse 82 | Wt 128 lb (58.06 kg)
General: healthy, alert, no distress
Talkative today as always. Pleasant to see. Talked about her childhood on Bainbridge.

Lab: INR 2.3

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
No recurrent clot

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR therapeutic after dose adjustment. Recheck 2-4 weeks.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 6/15/2010 4:04 PM

06/15/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Nordenstrom, Shellanie P at 6/15/2010 1612

Addended by: NORDENSTROM, SHELLANIE P on: 6/15/2010

Modules accepted: Orders

Electronically signed by Nordenstrom, Shellanie P at 6/15/2010 4:12 PM

Flowsheets

Encounter Vitals

Row Name	06/15/10 1445
BP	118/72
Pulse	82
Weight	58.1 kg (128 lb)
Pain Score	TEN/TEN

UNKNOWN

Row Name	06/15/10 1445
BP	118/72
Pulse	82
Weight	58.1 kg (128 lb)
Pain Score	TEN/TEN

06/15/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Special screening for malignant neoplasms, colon
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010

06/15/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 2/16/2010 End date: 11/9/2010
Quantity: 4 Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD Ordered on: 3/25/2010
Start date: 3/25/2010 End date: 3/16/2011
Quantity: 90 Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/5/2010
Start date: 4/5/2010 End date: 11/1/2010
Quantity: 60 Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/8/2010
Start date: 4/8/2010 End date: 10/21/2010
Quantity: 30 Refill: 0

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 7/15/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday and Sunday
Authorized by: Neighbor Jr., William E, MD Ordered on: 6/2/2010
Start date: 6/2/2010 End date: 7/15/2010
Quantity: 30 Refill: 6

Stopped in Visit

None

Labs

OCCULT BLOOD, STOOL (Final result)

Electronically signed by: **Neighbor Jr., William E on 05/27/10 1125** Status: **Completed**
Ordering user: Neighbor Jr., William E 05/27/10 1125 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Valley, Jan K, Technologist 6/15/2010 1:51 PM
Diagnoses
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By

06/15/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

T31487	—	—	06/15/10 1351

OCCULT BLOOD, STOOL Resulted: 06/15/10 1527, Result status: Final result

Order status: Completed
Collected by: 06/15/10 1351
Filed on: 06/15/10 1527
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Occult Bld 1 Collect Date, Stool	Information not provided	—	—	RSVLT
Occult Bld 1 Collect Time, Stool	Information not provided	—	—	RSVLT
Occult Bld 1 Result, Stool	Negative	NRN	—	RSVLT
Occult Bld 2 Collect Date, Stool	Information not provided	—	—	RSVLT
Occult Bld 2 Collect Time, Stool	Information not provided	—	—	RSVLT
Occult Bld 2 Result, Stool	Negative	NRN	—	RSVLT
Occult Bld 3 Collect Date, Stool	Information not provided	—	—	RSVLT
Occult Bld 3 Collect Time, Stool	Information not provided	—	—	RSVLT
Occult Bld 3 Result, Stool	Negative	NRN	—	RSVLT

Reviewed by

Neighbor Jr., William E on 06/15/10 1630

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 6/15/2010 16:30

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825**
Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Valley, Jan K, Technologist 6/15/2010 2:22 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T31648	—	—	06/15/10 1422

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 06/15/10 1503, Result status: Final result

06/15/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Order status: Completed
Collected by: 06/15/10 1422

Filed on: 06/15/10 1503
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Chin, Kimberly Y on 06/15/10 1637
Neighbor Jr., William E on 06/15/10 1630

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Chin, Kimberly Y on 6/15/2010 16:37
Neighbor Jr., William E on 6/15/2010 16:30

06/15/2010 - Orders Only in UWMC Family Medicine

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

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Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed

06/15/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/15/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday and Sunday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/2/2010
Start date: 6/2/2010
End date: 7/15/2010
Quantity: 30
Refill: 6

Stopped in Visit

None

Imaging

Imaging

MAMMOGRAM, SCREENING (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 06/17/10 1202**
Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 06/17/10 1202
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: -
Class: Ext Imaging
Quantity: 1
Lab status: Final result

MAMMOGRAM, SCREENING
Resulted: 06/17/10 1415, Result status: Final result

Order status: Completed
Filed on: 06/17/10 1415
Accession number: 6343859
Resulting lab: UW RADIOLOGY
Lab Technician: MINH PHAN-CHIN

Components

Component	Value	Reference Range	Flag	Lab

06/15/2010 - Orders Only in UWMC Family Medicine (continued)

Imaging (continued)

General Diagnostic Text	--	—	—	UW RAD

Result: Examination:A digital screening mammogram was performed and computer-aided detection was applied. The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment). ComparisonComparison is made to films from 6/5/2009 (bilateral - Enterprise) and films from 6/3/2008 (bilateral - Enterprise) and films from 3/22/2007 (bilateral - Enterprise) and films from 1/11/2006 (Enterprise) and films from 12/7/2004 (Enterprise). FindingsBilateral Breast Findings: There are scattered fibroglandular densities (11% - 50% fibroglandular). No significant masses, calcifications or other abnormalities are seen. Impression BILATERAL BREASTS Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months. OVERALL ASSESSMENT - CATEGORY 1 - NEGATIVE ATTENDING RADIOLOGIST AND PAGER NUMBER263330 EBY PETER REIST MD(206)663-13

Reviewed by

Neighbor Jr., William E on 06/17/10 1428

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

All Reviewers List

Neighbor Jr., William E on 6/17/2010 14:28

06/02/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2009
Start date: 12/7/2009 — End date: 11/22/2010
Quantity: 15 — Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/5/2010
Start date: 1/4/2010 — End date: 8/18/2010
Quantity: 90 — Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/19/2010
Start date: 1/19/2010 — End date: 2/10/2011
Quantity: 5ml — Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/12/2010
Start date: 2/12/2010 — End date: 9/27/2010

06/02/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Quantity: 90 Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/17/2010
Start date: 2/16/2010 End date: 11/9/2010
Quantity: 4 Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD Ordered on: 3/25/2010
Start date: 3/25/2010 End date: 3/16/2011
Quantity: 90 Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/5/2010
Start date: 4/5/2010 End date: 11/1/2010
Quantity: 60 Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/8/2010
Start date: 4/8/2010 End date: 10/21/2010
Quantity: 30 Refill: 0

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 7/15/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday and Sunday
Authorized by: Neighbor Jr., William E, MD Ordered on: 6/2/2010
Start date: 6/2/2010 End date: 7/15/2010
Quantity: 30 Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 6/2/2010 1200

06/02/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
She took an extra half tab last week in case she had happened to have missed a dose as a cause for her low INR last week. No bleeding. No leg swelling.

OBJECTIVE:
BP 132/78 | Pulse 59
General: healthy, alert, no distress

Lab. INR 1.8

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR is 1.8. She took an extra half tab last week. Although she has been well controlled until recently on her current dose of coumadin, it looks like we will need to increase it by a half tab for the week at this time.
Her new regimen will be:
Coumadin one tab daily except for a half on Wed and Sunday. The change is that she will take a full tab on Friday rather than a half tab.

Recheck in 2 weeks.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 6/2/2010 12:03 PM

Nordenstrom, Shellanie P at 6/2/2010 1339

Addended by: NORDENSTROM, SHELLANIE P on: 6/2/2010

Modules accepted: Orders

Electronically signed by Nordenstrom, Shellanie P at 6/2/2010 1:39 PM

Other Orders

Medications

Warfarin Sodium 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 06/02/10 1158** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 06/02/10 1158 Authorized by: Neighbor Jr., William E

06/02/2010 - Office Visit in UWMC Family Medicine (continued)

Other Orders (continued)

Ordering mode: Standard
Frequency: Routine 06/02/10 - 07/15/10 Class: Normal
Discontinued by: Neighbor Jr., William E 07/15/10 1133 [Reorder]
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	06/02/10 1141
BP	132/78
Pulse	59
Exclude from Growth Chart	No

UNKNOWN

Row Name	06/02/10 1141
BP	132/78
Pulse	59
Exclude from Growth Chart	No

Patient Instructions

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR is 1.9. She took an extra half tab last week. Although she has been well controlled until recently on her current dose of coumadin, it looks like we will need to increase it by a half tab for the week at this time.
Her new regimen will be:
Coumadin one tab daily except for a half on Wed and Sunday. The change is that she will take a full tab on Friday rather than a half tab.

Recheck in 2 weeks.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 6/2/2010 12:00 PM

06/02/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010

06/02/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Quantity: 4 Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM Entered on: 3/8/2010
End date: 6/22/2016

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD Ordered on: 3/25/2010
Start date: 3/25/2010 End date: 3/16/2011
Quantity: 90 Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/5/2010
Start date: 4/5/2010 End date: 11/1/2010
Quantity: 60 Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/8/2010
Start date: 4/8/2010 End date: 10/21/2010
Quantity: 30 Refill: 0

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 7/15/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday and Sunday
Authorized by: Neighbor Jr., William E, MD Ordered on: 6/2/2010
Start date: 6/2/2010 End date: 7/15/2010
Quantity: 30 Refill: 6

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825** Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Milan, Editha T, Technologist 6/2/2010 10:17 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By

06/02/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

W70992 — — 06/02/10 1017

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 06/02/10 1047, Result status: Final result

Order status: Completed
Collected by: 06/02/10 1017
Filed on: 06/02/10 1047
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.8	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 06/03/10 1438
Gamboa, Elizabeth L on 06/02/10 1052

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 6/3/2010 14:38
Gamboa, Elizabeth L on 6/2/2010 10:52

05/27/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Special screening for malignant neoplasms, colon
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

05/27/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday, Friday, and Sunday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/22/2010
Start date: 3/22/2010
End date: 6/2/2010
Quantity: 30
Refill: 6

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 5/27/2010 1206

Clinical Notes (continued)

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
She has a complaint with anticoagulation as listed below. No new medications. No change in diet. No bleeding and no evidence of clotting.

V76.51 SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON
She does not recall receiving stool test cards at her last visit in April.

Current outpatient prescriptions

Medication	Sig
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
• Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS	1 TABLET at bed time
• Atorvastatin Calcium (LIPITOR) 40 MG OR TABS	1 po QD
• CARBAMAZEPINE 200 MG OR TABS	1 TABLET 3 TIMES DAILY
• FOSAMAX 70 MG OR TABS	Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
• HYDROCHLOROTHIAZIDE 25 MG OR TABS	Take 1/2 tablet by mouth every day
• MetFORMIN HCl 500 MG OR TABS	one tab twice daily for diabetes
• PENTOXIL 400 MG OR TBCR	One tablet three times daily (Pentoxifylline)(Trental)
• TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily
• Warfarin Sodium 10 MG OR TABS	one tablet daily except a half tablet on Wednesday, Friday, and Sunday

OBJECTIVE:
BP 133/68 | Pulse 64 | Wt 132 lb (59.875 kg)
General: healthy, alert, no distress
INR 1.4

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
Surprisingly subtherapeutic INR which has recently been stable in the therapeutic range on her current dose of Coumadin. She does not recall missing any doses. There's been no change in diet or other medications. Ordinarily tomorrow evening she would take a half tablet of Coumadin. I asked her to take a full tablet and then return early next week for repeat INR.

V76.51 SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON
Hemoccult kit given

05/27/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 5/27/2010 12:06 PM

Nordenstrom, Shellanie P at 5/27/2010 1317

Addended by: NORDENSTROM, SHELLANIE P on: 5/27/2010

Modules accepted: Orders

Electronically signed by Nordenstrom, Shellanie P at 5/27/2010 1:17 PM

Labs

OCCULT BLOOD, STOOL (Completed)

Electronically signed by: **Neighbor Jr., William E on 05/27/10 1125** Status: **Completed**
Ordering user: Neighbor Jr., William E 05/27/10 1125 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 - Class: Normal
Quantity: 1 Released by: Neighbor Jr., William E 05/27/10 1125
Diagnoses
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]

Indications

SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

OCCULT BLOOD, STOOL Resulted: 06/15/10 1527, Result status: Final result

Order status: Completed Filed on: 06/15/10 1527
Collected by: 06/15/10 1351 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Occult Bld 1 Collect Date, Stool	Information not provided	—	—	RSVLT
Occult Bld 1 Collect Time, Stool	Information not provided	—	—	RSVLT
Occult Bld 1 Result, Stool	Negative	NRN	—	RSVLT
Occult Bld 2 Collect Date, Stool	Information not provided	—	—	RSVLT
Occult Bld 2 Collect Time, Stool	Information not provided	—	—	RSVLT
Occult Bld 2 Result, Stool	Negative	NRN	—	RSVLT
Occult Bld 3 Collect Date, Stool	Information not provided	—	—	RSVLT
Occult Bld 3 Collect Time, Stool	Information not provided	—	—	RSVLT
Occult Bld 3 Result, Stool	Negative	NRN	—	RSVLT

Reviewed by

Neighbor Jr., William E on 06/15/10 1630

05/27/2010 - Office Visit in UWMC Family Medicine (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	05/27/10 1059
BP	133/68
Pulse	64
Weight	59.9 kg (132 lb)
Exclude from Growth Chart	No

UNKNOWN

Row Name	05/27/10 1059
BP	133/68
Pulse	64
Weight	59.9 kg (132 lb)
Exclude from Growth Chart	No

05/27/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnosis: Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday, Friday, and Sunday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/22/2010
Start date: 3/22/2010
End date: 6/2/2010
Quantity: 30
Refill: 6

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

Stopped in Visit

None

Labs

HEMOGLOBIN A1C, HPLC (Final result)

Electronically signed by: **Neighbor Jr., William E on 04/29/10 1121**
Status: **Completed**
Ordering user: Neighbor Jr., William E 04/29/10 1121
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 04/29/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Milan, Editha T, Technologist 5/27/2010 10:15 AM

Specimen Information

ID	Type	Source	Collected By
H62032	—	—	05/27/10 1015

HEMOGLOBIN A1C, HPLC (Abnormal)
Resulted: 05/28/10 1019, Result status: Final result

Order status: Completed
Filed on: 05/28/10 1019

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Collected by: 05/27/10 1015 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.3	4.0 - 6.0 %	H	UWMC

Reviewed by

Neighbor Jr., William E on 06/02/10 0923
Chin, Kimberly Y on 05/28/10 1049

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

All Reviewers List

Neighbor Jr., William E on 6/2/2010 09:23
Chin, Kimberly Y on 5/28/2010 10:49

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E on 04/29/10 1121** Status: **Completed**
Ordering user: Neighbor Jr., William E 04/29/10 1121 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 04/29/10 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Milan, Editha T, Technologist 5/27/2010 10:15 AM

Specimen Information

ID	Type	Source	Collected By
H62032	—	—	05/27/10 1015

BASIC METABOLIC PANEL Resulted: 05/27/10 1137, Result status: Final result

Order status: Completed Filed on: 05/27/10 1137
Collected by: 05/27/10 1015 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	136	136 - 145 mEq/L	—	RSVLT
Potassium	4.6	3.7 - 5.2 mEq/L	—	RSVLT
Chloride	102	98 - 108 mEq/L	—	RSVLT
Carbon Dioxide, Total	29	22 - 32 mEq/L	—	RSVLT
Anion Gap	5	3 - 11	—	RSVLT
Glucose	122	62 - 125 mg/dL	—	RSVLT
Urea Nitrogen	13	8 - 21 mg/dL	—	RSVLT
Creatinine	0.7	0.2 - 1.1 mg/dL	—	RSVLT
Calcium	9.3	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	>60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Neighbor Jr., William E on 06/02/10 0923

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

All Reviewers List

Neighbor Jr., William E on 6/2/2010 09:23

PROTHROMBIN TIME (RAPID INR) (Completed)

Electronically signed by: **Neighbor Jr., William E on 06/01/10 1825** Status: **Completed**
Ordering user: Neighbor Jr., William E 06/01/10 1825 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/27/10 - Class: Normal
Quantity: 1 Released by: Neighbor Jr., William E 06/01/10 1825
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 06/02/10 1047, Result status: Final result

Order status: Completed Filed on: 06/02/10 1047
Collected by: 06/02/10 1017 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.8	0.8 - 1.3	**H**	RSVLT

Reviewed by

Neighbor Jr., William E on 06/03/10 1438
Gamboa, Elizabeth L on 06/02/10 1052

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 06/15/10 1503, Result status: Final result

Order status: Completed Filed on: 06/15/10 1503
Collected by: 06/15/10 1422 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	**H**	RSVLT

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Reviewed by

Chin, Kimberly Y on 06/15/10 1637
Neighbor Jr., William E on 06/15/10 1630

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/15/10 1105, Result status: Final result

Order status: Completed
Collected by: 07/15/10 1026
Filed on: 07/15/10 1105
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 07/16/10 1451
Gamboa, Elizabeth L on 07/15/10 1110

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/29/10 1051, Result status: Final result

Order status: Completed
Collected by: 07/29/10 1028
Filed on: 07/29/10 1051
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 07/29/10 1328
Gamboa, Elizabeth L on 07/29/10 1054

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/02/10 1047, Result status: Final result

Order status: Completed
Collected by: 09/02/10 1017
Filed on: 09/02/10 1047
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.8	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 09/02/10 1121
Gamboa, Elizabeth L on 09/02/10 1113

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/08/10 1303, Result status: Final result

Order status: Completed
Collected by: 10/08/10 1222
Filed on: 10/08/10 1303
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.9	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 10/08/10 1645
Gamboa, Elizabeth L on 10/08/10 1314

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 10/8/2010 at 4:45 PM

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Pt stopped by clinic. Having dental work and had to leave. Told to have INR rechecked in one week.

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/15/10 1112, Result status: Final result

Order status: Completed
Collected by: 10/15/10 1017
Filed on: 10/15/10 1112
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 10/15/10 1716
Gamboa, Elizabeth L on 10/15/10 1152

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 10/15/2010 at 5:16 PM
seen

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/21/10 1058, Result status: Final result

Order status: Completed
Collected by: 10/21/10 1021
Filed on: 10/21/10 1058
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 10/21/10 1307
Gamboa, Elizabeth L on 10/21/10 1114

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 10/21/2010 at 1:07 PM
Seen today

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 11/09/10 1238, Result status: Final result

Order status: Completed
Collected by: 11/09/10 1159
Filed on: 11/09/10 1238
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 11/09/10 1757
Chin, Kimberly Y on 11/09/10 1246

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 11/9/2010 at 2:07 PM
seen

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 12/01/10 1208, Result status: Final result

Order status: Completed
Collected by: 12/01/10 1144
Filed on: 12/01/10 1208
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.5	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 12/01/10 1447
Chin, Kimberly Y on 12/01/10 1421

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY	Unknown	1959 NE Pacific Street	03/10/10 1250 - Present

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

	MEDICINE		Seattle WA 98195	
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 12/16/10 1101, Result status: Final result

Order status: Completed
Collected by: 12/16/10 1023
Filed on: 12/16/10 1101
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 12/17/10 1341
Gamboa, Elizabeth L on 12/16/10 1126

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 12/17/2010 at 1:41 PM
Pt seen

PROTHROMBIN TIME (RAPID INR) Resulted: 01/14/11 1216, Result status: Final result

Order status: Completed
Collected by: 01/14/11 1147
Filed on: 01/14/11 1216
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.3	0.8 - 1.3	—	RSVLT

Reviewed by

Neighbor Jr., William E on 01/14/11 1232

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 02/09/11 1154, Result status: Final result

Order status: Completed
Collected by: 02/09/11 1111

Filed on: 02/09/11 1154
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 02/09/11 1711
Gamboa, Elizabeth L on 02/09/11 1219

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 02/28/11 1044, Result status: Final result

Order status: Completed
Collected by: 02/28/11 1026

Filed on: 02/28/11 1044
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 02/28/11 1150
Chin, Kimberly Y on 02/28/11 1120

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 03/29/11 1052, Result status: Final result

Order status: Completed
Collected by: 03/29/11 1019

Filed on: 03/29/11 1052
Resulting lab: UW LABORATORY MEDICINE

Components

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 03/29/11 1535
Chin, Kimberly Y on 03/29/11 1126

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 05/26/11 1048, Result status: Final result

Order status: Completed
Collected by: 05/26/11 1018
Filed on: 05/26/11 1048
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 06/01/11 1132
Gamboa, Elizabeth L on 05/27/11 1308

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 06/02/11 1203, Result status: Final result

Order status: Completed
Collected by: 06/02/11 1020
Filed on: 06/02/11 1203
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.8	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 06/02/11 1505
Chin, Kimberly Y on 06/02/11 1235

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/06/11 1132, Result status: Final result

Order status: Completed
Collected by: 07/06/11 1046
Filed on: 07/06/11 1132
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 07/06/11 1814
Gamboa, Elizabeth L on 07/06/11 1155

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/29/11 1041, Result status: Final result

Order status: Completed
Collected by: 07/29/11 1025
Filed on: 07/29/11 1041
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 07/29/11 1515
Gamboa, Elizabeth L on 07/29/11 1043

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Result Notes

Older Notes

Notes recorded by William E Neighbor on 7/29/2011 at 3:15 PM
Patient dropped by clinic and results reported. Recheck one month.

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/07/11 1424, Result status: Final result

Order status: Completed
Collected by: 09/07/11 1338
Filed on: 09/07/11 1424
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.8	0.8 - 1.3	H	RSVLT

Reviewed by

Chin, Kimberly Y on 09/07/11 1435
Neighbor Jr., William E on 09/07/11 1434

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 9/7/2011 at 2:34 PM
Patient seen in waiting room. Will repeat in 1-2 weeks as INR seems to gradually increasing.
William E Neighbor JR, MD

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/15/11 1257, Result status: Final result

Order status: Completed
Collected by: 09/15/11 1218
Filed on: 09/15/11 1257
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 09/16/11 1326
Gamboa, Elizabeth L on 09/15/11 1316

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY	Unknown	1959 NE Pacific Street	03/10/10 1250 - Present

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

	MEDICINE		Seattle WA 98195	
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 9/16/2011 at 1:26 PM
In tx range. Recheck one month.

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/20/11 1105, Result status: Final result

Order status: Completed
Collected by: 09/20/11 1032
Filed on: 09/20/11 1105
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 10/03/11 1521
Dobie, Sharon A on 09/20/11 1355
Woolvett, Valerie E, RN on 09/20/11 1132

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Dobie, Sharon A on 9/20/2011 at 1:54 PM
Pt reassured; checking very often; Asked her to check in a month unless concerns and to estab care with a new provider

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 11/30/11 1136, Result status: Final result

Order status: Completed
Collected by: 11/30/11 1026
Filed on: 11/30/11 1136
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 11/30/11 1617
Gamboa, Elizabeth L on 11/30/11 1540

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 11/30/2011 at 4:15 PM
Seen in clinic

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/27/11 1332, Result status: Final result

Order status: Completed
Collected by: 10/27/11 1224
Filed on: 10/27/11 1332
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 10/27/11 1924
Staniford, Katrina on 10/27/11 1610

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Result Notes

Older Notes

Notes Recorded by Neighbor Jr., William E on 10/27/2011 at 7:24 PM
See TE of this date
William E Neighbor JR, MD

Letters

Results by Neighbor Jr., William E on 6/1/2010

Status: Sent
Letter body:

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Letters (continued)

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

6/1/2010

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 05/27/10

HEMOGLOBIN A1C, HPLC

Component	Value	Range
• Hemoglobin A1C, HPLC	6.3 (*)	4.0 - 6.0 (%)

BASIC METABOLIC PANEL

Component	Value	Range
• SODIUM	136	136 - 145 (mEq/L)
• POTASSIUM	4.6	3.7 - 5.2 (mEq/L)
• CHLORIDE	102	98 - 108 (mEq/L)
• CARBON DIOXIDE	29	22 - 32 (mEq/L)
• ION GAP	5	3 - 11
• GLUCOSE	122	62 - 125 (mg/dL)
• UREA NITROGEN	13	8 - 21 (mg/dL)
• CREATININE	0.7	0.2 - 1.1 (mg/dL)
• CALCIUM	9.3	8.9 - 10.2 (mg/dL)
• GFR, Calc, European American	>60	> >59 (mL/min)
• GFR, Calc, African American	>60	> >59 (mL/min)

• GFR, Information
Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

Your A1c reflects good control of your blood sugars. Your non fasting blood sugar of 122 was in the desired range. Your electrolytes and kidney function tests were normal.

Sincerely,

William E Neighbor, MD

05/27/2010 - Orders Only in UWMC Family Medicine (continued)

Letters (continued)

04/29/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2009
Start date: 12/7/2009 — End date: 11/22/2010
Quantity: 15 — Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/5/2010
Start date: 1/4/2010 — End date: 8/18/2010
Quantity: 90 — Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/19/2010
Start date: 1/19/2010 — End date: 2/10/2011
Quantity: 5ml — Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/12/2010

04/29/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 2/12/2010 End date: 9/27/2010
Quantity: 90 Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/17/2010
Start date: 2/16/2010 End date: 11/9/2010
Quantity: 4 Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/2/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday, Friday, and Sunday
Authorized by: Neighbor Jr., William E, MD Ordered on: 3/22/2010
Start date: 3/22/2010 End date: 6/2/2010
Quantity: 30 Refill: 6

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD Ordered on: 3/25/2010
Start date: 3/25/2010 End date: 3/16/2011
Quantity: 90 Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/5/2010
Start date: 4/5/2010 End date: 11/1/2010
Quantity: 60 Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD Ordered on: 4/8/2010
Start date: 4/8/2010 End date: 10/21/2010
Quantity: 30 Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 4/29/2010 1122

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE
A stable dose of Coumadin listed below. No bleeding. No recurrent leg swelling.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrent leg swelling.

Patient Active Problem List

Diagnoses	Date Noted
SKIN SENSATION DISTURB [782.0]	**06/03/2008**

Priority: High
Overview Note:
6/3/2008 labs ordered. Return in one month for exm.

OSTEOPOROSIS NOS [733.00] **03/04/2008**
Priority: High
Overview Note:
T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continue for five years, then stop

AFTERCARE LONG TERM ANTICOAG USE [V58.61] **01/08/2008**
Priority: High
Overview Note:
Reason for anticoagulation: Recurrent dvts
Duration of anticoagulation: life
INR goal: 2.-3

She has also been on Trental for many years because of recurrent venous stasis disease despite adequate anticoagulation. Her last arterial vascular study showed ABIs of 1.0 in 2007. 2/12/2010 repeat arterial vascular studies of lower extremities ordered.

ADULT FAILURE TO THRIVE [783.7] **10/19/2007**
Priority: High
Overview Note:
Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait

TREMOR NEC [333.1] **08/17/2007**
Priority: High
Overview Note:
Noted by Melanie Parker. Consider Parkinson's disease med trial.

FX FEMUR INTRCAPS NOS-CLOSE [820.00] **05/01/2007**
Priority: High
Overview Note:

Pinned April 2007.
Post op hematocrit 25
Has walker with wheels for use outside of home. Uses cane in home.

VITAMIN B DEFICIENCY NOS [266.9] **05/01/2007**
Priority: High
Overview Note:
Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

DIABETES UNCOMPL ADULT-TYPE II [250.00] **03/27/2007**
Priority: High
Overview Note:
Year onset: Dx March 2007
Complications:
Last A1c: March 2007 7.1. Aug 2007 6.3; Nov 2007 7.1; March 2008 6.4 on metformin; 10/5/2009 6.4
Last Cr: Nov 2007 0.9
Last Urine Alb/Cr ratio: 3/3/2008 normal; Nov 2009 nl
Last foot exam: 2/5/2008 normal
Last monofilament test: 2/5/2008 slight decrease
Last eye exam: 2/5/2008 due
Last Lipid Panel: On atorvastatin. Lipids Fall 2009
Blood pressure: 2/5/2008 normal
Last EKG:
Glucometer review:
Nutrition consult: 2/5/2008 ordered

CONVULSIONS, OTHER [780.39] **11/20/2006**
Priority: High
Overview Note:
Petit Mal since 1975
Carbamazepine level 7.6 on Feb 2007

ESOPHAGEAL REFLUX [530.81] **11/20/2006**
Priority: High

SENSORNEUR HEAR LOSS NOS [389.10] **11/20/2006**
Priority: High
Overview Note:
Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

DEEP VENOUS PHLEBITIS-LEG NEC [451.19] **11/20/2006**
Priority: High
Overview Note:
Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

UTERINE LEIOMYOMA NOS [218.9] **11/20/2006**
Priority: High

Overview Note:
S/P hysterectomy with BSO in 1991

HYPERLIPIDEMIA NEC/NOS [272.4] **11/20/2006**
Priority: High
Overview Note:
On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

CARPAL TUNNEL SYNDROME [354.0] **11/20/2006**
Priority: High
Overview Note:
Carpal tunnel release right wrist in 1989

CATARACT NOS [366.9] **11/20/2006**
Priority: High
Overview Note:
Extraction left eye in 1989

ALLERGIC RHINITIS NOS [477.9] **11/20/2006**
Priority: High

GENERAL OSTEOARTHROSIS [715.00] **11/20/2006**
Priority: High
Overview Note:
LS spine. Bilateral talonavicular arthritis since 1994.

BENIGN HYPERTENSION [401.1] **11/20/2006**
Priority: High

DIAPHRAGMATIC HERNIA [553.3] **11/20/2006**
Priority: High
Overview Note:
CT of abdomen in 2006

GLAUCOMA NOS [365.9] **11/20/2006**
Priority: High

ROUTINE MEDICAL EXAM [V70.0] **11/20/2006**
Priority: High
Overview Note:
Td/Tdap (q 10 yr): 2006
Pneumococcal (65 yoa and high risk x1):
Blood pressure: Dx hypertension
Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg Jan 2006. March 2007 normal. May 2008 normal, June 2009 nl
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme cards given. Willing to consider colonoscopy.
Tobacco: no
Alcohol: no
Drugs: no

Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

Current outpatient prescriptions

Medication	Sig
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
• Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS	1 TABLET at bed time
• Atorvastatin Calcium (LIPITOR) 40 MG OR TABS	1 po QD
• CARBAMAZEPINE 200 MG OR TABS	1 TABLET 3 TIMES DAILY
• FOSAMAX 70 MG OR TABS	Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
• HYDROCHLOROTHIAZIDE 25 MG OR TABS	Take 1/2 tablet by mouth every day
• MetFORMIN HCl 500 MG OR TABS	one tab twice daily for diabetes
• PENTOXIL 400 MG OR TBCR	One tablet three times daily (Pentoxifylline)(Trental)
• TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily
• Warfarin Sodium 10 MG OR TABS	one tablet daily except a half tablet on Wednesday, Friday, and Sunday

OBJECTIVE:
BP 110/66 | Pulse 70 | Wt 126 lb (57.153 kg)
General: healthy, alert, no distress
No other exam. She was having some recurrence of her chronic and recurrent left hip pain today.

INR 2.3

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.3. Stable dose. No side effects Recheck in one month.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence.

250.00 DIABETES UNCOMPL ADULT-TYPE II
Diabetes care reviewed. On metformin. Due for BMP and A1c with next blood draw.

William E Neighbor, MD

04/29/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Electronically signed by Neighbor Jr., William E at 4/29/2010 12:13 PM

Nordenstrom, Shellanie P at 4/29/2010 1333

Addended by: NORDENSTROM, SHELLANIE P on: 4/29/2010

Modules accepted: Orders

Electronically signed by Nordenstrom, Shellanie P at 4/29/2010 1:33 PM

Labs

HEMOGLOBIN A1C, HPLC (Completed)

Electronically signed by: **Neighbor Jr., William E on 04/29/10 1121** Status: **Completed**
Ordering user: Neighbor Jr., William E 04/29/10 1121 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 04/29/10 - Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 05/28/10 1019, Result status: Final result

Order status: Completed Filed on: 05/28/10 1019
Collected by: 05/27/10 1015 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.3	4.0 - 6.0 %	H	UWMC

Reviewed by

Neighbor Jr., William E on 06/02/10 0923
Chin, Kimberly Y on 05/28/10 1049

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

BASIC METABOLIC PANEL (Completed)

Electronically signed by: **Neighbor Jr., William E on 04/29/10 1121** Status: **Completed**
Ordering user: Neighbor Jr., William E 04/29/10 1121 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 04/29/10 - Class: Normal
Quantity: 1

04/29/2010 - Office Visit in UWMC Family Medicine (continued)

Labs (continued)

Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

BASIC METABOLIC PANEL Resulted: 05/27/10 1137, Result status: Final result

Order status: Completed
Collected by: 05/27/10 1015
Filed on: 05/27/10 1137
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	136	136 - 145 mEq/L	—	RSVLT
Potassium	4.6	3.7 - 5.2 mEq/L	—	RSVLT
Chloride	102	98 - 108 mEq/L	—	RSVLT
Carbon Dioxide, Total	29	22 - 32 mEq/L	—	RSVLT
Anion Gap	5	3 - 11	—	RSVLT
Glucose	122	62 - 125 mg/dL	—	RSVLT
Urea Nitrogen	13	8 - 21 mg/dL	—	RSVLT
Creatinine	0.7	0.2 - 1.1 mg/dL	—	RSVLT
Calcium	9.3	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	>60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor Jr., William E on 06/02/10 0923

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Flowsheets

Encounter Vitals

Row Name	04/29/10 1043
BP	110/66
Pulse	70
Weight	57.2 kg (126 lb)

UNKNOWN

Row Name	04/29/10 1043
BP	110/66
Pulse	70
Weight	57.2 kg (126 lb)

Patient Instructions

04/29/2010 - Office Visit in UWMC Family Medicine (continued)

Patient Instructions (continued)

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.3. Stable dose. No side effects Recheck in one month.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence.

250.00 DIABETES UNCOMPL ADULT-TYPE II
Diabetes care reviewed. On metformin. Due for BMP and A1c with next blood draw.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 4/29/2010 11:22 AM

04/29/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Other and unspecified hyperlipidemia
- Essential hypertension, benign

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient

04/29/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/17/2010
Start date: 2/16/2010 — End date: 11/9/2010
Quantity: 4 — Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/2/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday, Friday, and Sunday
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/22/2010
Start date: 3/22/2010 — End date: 6/2/2010
Quantity: 30 — Refill: 6

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/25/2010
Start date: 3/25/2010 — End date: 3/16/2011
Quantity: 90 — Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/5/2010
Start date: 4/5/2010 — End date: 11/1/2010
Quantity: 60 — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/8/2010
Start date: 4/8/2010 — End date: 10/21/2010
Quantity: 30 — Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** — Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434 — Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - — Class: Normal
Quantity: 1 — Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 4/29/2010 10:21 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

04/29/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H38814	—	—	04/29/10 1021

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 04/29/10 1135, Result status: Final result

Order status: Completed
Collected by: 04/29/10 1021
Filed on: 04/29/10 1135
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 04/29/10 1641
Gamboa, Elizabeth L on 04/29/10 1238

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 4/29/2010 16:41
Gamboa, Elizabeth L on 4/29/2010 12:38

LIPID PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E on 03/25/10 1120** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/25/10 1120
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/25/10 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 4/29/2010 10:21 AM
Diagnoses
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H38814	—	—	04/29/10 1021

LIPID PANEL Resulted: 04/29/10 1542, Result status: Final result

Order status: Completed
Collected by: 04/29/10 1021
Filed on: 04/29/10 1542
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	189	<200 mg/dL	—	UWMC
Triglyceride	114	<150 mg/dL	—	UWMC
HDL Cholesterol	67	>40 mg/dL	—	UWMC

04/29/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Cholesterol (LDL)	99	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	122	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	2.8	—	—	UWMC
Lipid Panel, Additional Info.	--	—	—	UWMC

Result: (NOTE)For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here:http://depts.washington.edu/labweb/test/bclim/lipd.html

Reviewed by

Neighbor Jr., William E on 04/29/10 1641

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 4/29/2010 16:41

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E on 03/25/10 1120** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/25/10 1120 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/25/10 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 4/29/2010 10:21 AM
Diagnoses
Essential hypertension, benign [401.1 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H38814	—	—	04/29/10 1021

BASIC METABOLIC PANEL Resulted: 04/29/10 1154, Result status: Final result

Order status: Completed Filed on: 04/29/10 1154
Collected by: 04/29/10 1021 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	136 - 145 mEq/L	—	RSVLT
Potassium	4.0	3.7 - 5.2 mEq/L	—	RSVLT
Chloride	106	98 - 108 mEq/L	—	RSVLT
Carbon Dioxide, Total	28	22 - 32 mEq/L	—	RSVLT
Anion Gap	8	3 - 11	—	RSVLT
Glucose	111	62 - 125 mg/dL	—	RSVLT
Urea Nitrogen	17	8 - 21 mg/dL	—	RSVLT
Creatinine	0.8	0.2 - 1.1 mg/dL	—	RSVLT
Calcium	9.1	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	>60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

04/29/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor Jr., William E on 04/29/10 1641

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

BENIGN HYPERTENSION [401.1 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 4/29/2010 16:41

PROTHROMBIN TIME (RAPID INR) (Discontinued)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434**
Status: **Discontinued**
Ordering user: Nolan, Karen C 02/25/09 1434
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 -
Class: Normal
Quantity: 1
Instance released by: Welch, Kristi Leann, Technologist 4/29/2010 10:21 AM
Discontinued by: Neighbor Jr., William E 05/17/10 1730 [Order Expired]

Specimen Information

ID	Type	Source	Collected By
—	—	—	04/29/10 1021

04/12/2010 - Appointment in UWMC Family Medicine

Visit Information

Appointment Information

RETURN
4/12/2010 2:15 PM

No Show

Time	Provider	Department	Length
2:15 PM	Neighbor Jr., William E, MD	ZZUWMC FAMILY MED CENTER	15 min

Enc Form Number: 14607799

Notes:
***fu-efg

History

Made On:	3/22/2010 3:07 PM	By:	Goetschius, Eyda F	ES
Change Notes:	4/12/2010 8:25 AM	By:	Smith, Courtney A, CM	ES
EOD Status:	4/16/2010 11:03 PM	By:	Uw User, Batch Scheduler	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Letters

Letter by Neighbor Jr., William E on 4/12/2010

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION-for addressee only

4/12/2010

Jeanne Leonie Hoffman
245 High School Rd Nw
Unit 2
Bainbridge Island WA 98110

04/12/2010 - Appointment in UWMC Family Medicine (continued)

Letters (continued)

Dear Ms. Hoffman,

It appears that you missed (or canceled with less than 24 hours notice) your scheduled appointment at the Family Medical Center on 4/12/10. We are concerned that you were not able to make it, and hope it was not something serious. Please call to reschedule your appointment with us if you still have medical concerns with which we can help.

Please write your appointment date and time on your calendar to help you remember them. You will receive an automated reminder phone call three days before an appointment.

If you are not able to keep your appointment, we ask that you call the clinic at least 24 hours before your appointment at 206-598-4055 to cancel or reschedule. If there are circumstances that make it difficult for you to keep your appointments, please discuss this with us at your next visit. Missed appointments impact our ability to provide health care to you, and also limit the availability of appointments for other patients.

If you think that you received this letter in error, please contact the clinic at 598-4055. We look forward to continuing to provide health care for you in the future.

Sincerely,

Family Medical Center

04/08/2010 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Generalized osteoarthrosis, unspecified site

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed

04/08/2010 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday, Friday, and Sunday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/22/2010
Start date: 3/22/2010
End date: 6/2/2010
Quantity: 30
Refill: 6

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/8/2010
Start date: 4/8/2010
End date: 10/21/2010
Quantity: 30
Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 4/8/2010 1320

Pharmacy is requesting refills on the attached, please advise.
Fax received 4/8/10
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 4/8/2010 1:20 PM

Other Orders

04/08/2010 - Telephone in UWMC Family Medicine (continued)

Other Orders (continued)

Medications

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 04/08/10 1340** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 04/08/10 1340 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 04/08/10 - 10/21/10 Class: RIGHTFAX
Released by: Neighbor Jr., William E 04/08/10 1340 Discontinued by: Neighbor Jr., William E 10/21/10 1137 [Reorder]
Diagnoses
Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)]

Indications

GENERAL OSTEOARTHROSIS [715.00 (ICD-9-CM)]

04/05/2010 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed

04/05/2010 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday, Friday, and Sunday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/22/2010
Start date: 3/22/2010
End date: 6/2/2010
Quantity: 30
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/8/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/22/2010
Start date: 3/22/2010
End date: 4/8/2010
Quantity: 30
Refill: 0

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

MetFORMIN HCl 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/1/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/5/2010
Start date: 4/5/2010
End date: 11/1/2010
Quantity: 60
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 4/5/2010 1115

Pharmacy is requesting refills on the attached, please advise.
Fax received 4/3/10
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 4/5/2010 11:15 AM

Neighbor Jr., William E at 4/5/2010 1719

BMP in Sept showed nl renal function.

04/05/2010 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Update future ordered previously.
William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 4/5/2010 5:19 PM

Other Orders

Medications

MetFORMIN HCl 500 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 04/05/10 1718** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 04/05/10 1718 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 04/05/10 - 11/01/10 Class: RIGHTFAX
Released by: Neighbor Jr., William E 04/05/10 1718 Discontinued by: Neighbor Jr., William E 11/01/10 1715 [Reorder]
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

03/25/2010 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Other and unspecified hyperlipidemia
- Essential hypertension, benign

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010

03/25/2010 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/17/2010
Start date: 2/16/2010 — End date: 11/9/2010
Quantity: 4 — Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/2/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday, Friday, and Sunday
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/22/2010
Start date: 3/22/2010 — End date: 6/2/2010
Quantity: 30 — Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/8/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/22/2010
Start date: 3/22/2010 — End date: 4/8/2010
Quantity: 30 — Refill: 0

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/25/2010
Start date: 3/25/2010 — End date: 3/16/2011
Quantity: 90 — Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 3/25/2010 1043

Pharmacy is requesting refills on the attached, please advise.
Fax received 3/25/10
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 3/25/2010 10:43 AM

03/25/2010 - Telephone in UWMC Family Medicine (continued)

Labs

LIPID PANEL (Completed)

Electronically signed by: **Neighbor Jr., William E on 03/25/10 1120** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/25/10 1120 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/25/10 - Class: Normal
Quantity: 1
Diagnoses
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

Indications

HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]

LIPID PANEL Resulted: 04/29/10 1542, Result status: Final result

Order status: Completed Filed on: 04/29/10 1542
Collected by: 04/29/10 1021 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	189	<200 mg/dL	—	UWMC
Triglyceride	114	<150 mg/dL	—	UWMC
HDL Cholesterol	67	>40 mg/dL	—	UWMC
Cholesterol (LDL)	99	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	122	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	2.8	—	—	UWMC
Lipid Panel, Additional Info.	--	—	—	UWMC

Result: (NOTE)For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here:http://depts.washington.edu/labweb/test/bclim/lipd.html

Reviewed by

Neighbor Jr., William E on 04/29/10 1641

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]

BASIC METABOLIC PANEL (Completed)

Electronically signed by: **Neighbor Jr., William E on 03/25/10 1120** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/25/10 1120 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/25/10 - Class: Normal
Quantity: 1
Diagnoses
Essential hypertension, benign [401.1 (ICD-9-CM)]

Indications

BENIGN HYPERTENSION [401.1 (ICD-9-CM)]

BASIC METABOLIC PANEL Resulted: 04/29/10 1154, Result status: Final result

Order status: Completed Filed on: 04/29/10 1154
Collected by: 04/29/10 1021 Resulting lab: UW LABORATORY MEDICINE

03/25/2010 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	136 - 145 mEq/L	—	RSVLT
Potassium	4.0	3.7 - 5.2 mEq/L	—	RSVLT
Chloride	106	98 - 108 mEq/L	—	RSVLT
Carbon Dioxide, Total	28	22 - 32 mEq/L	—	RSVLT
Anion Gap	8	3 - 11	—	RSVLT
Glucose	111	62 - 125 mg/dL	—	RSVLT
Urea Nitrogen	17	8 - 21 mg/dL	—	RSVLT
Creatinine	0.8	0.2 - 1.1 mg/dL	—	RSVLT
Calcium	9.1	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	>60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor Jr., William E on 04/29/10 1641

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

BENIGN HYPERTENSION [401.1 (ICD-9-CM)]

Other Orders

Medications

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 03/25/10 1117** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 03/25/10 1117 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/25/10 - 03/16/11 Class: RIGHTFAX
Released by: Neighbor Jr., William E 03/25/10 1117 Discontinued by: Neighbor Jr., William E 03/16/11 1035 [Reorder]

03/22/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants
- Generalized osteoarthrosis, unspecified site
- Need for prophylactic vaccination against Streptococcus pneumoniae (pneumococcus)

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010

03/22/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Quantity: 90 Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 1/19/2010
Start date: 1/19/2010 End date: 2/10/2011
Quantity: 5ml Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/12/2010
Start date: 2/12/2010 End date: 9/27/2010
Quantity: 90 Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/17/2010
Start date: 2/16/2010 End date: 11/9/2010
Quantity: 4 Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/2/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday, Friday, and Sunday
Authorized by: Neighbor Jr., William E, MD Ordered on: 3/22/2010
Start date: 3/22/2010 End date: 6/2/2010
Quantity: 30 Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 4/8/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD Ordered on: 3/22/2010
Start date: 3/22/2010 End date: 4/8/2010
Quantity: 30 Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Smith, Courtney at 3/22/2010 1430

03/22/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

FOB for MA during provider E/M visit

New or established: Established (has been seen at UWMC within past 3 years)
Arrived in Epic Cadence: Yes
Vital signs &/or pain assessment: Yes
Lab, results, chart, reports, &/or medications reviewed: No
Symptoms, diagnosis, plan, medications &/or other explained or clarified: Yes:HCM
Chaperoning: No
Other procedures, not separately billable, documented in EPICare: No

Total number of YES responses: 1 (do NOT enter FOB order)
Completed by Courtney Smith
Pre-immunization screening questions were asked and answered.
VIS given to patient.
Patient has no allergies to vaccine or components.
Patient or their caregiver gave verbal consent for immunization.

I administered the injection. Courtney Smith, Medical Assistant

Electronically signed by Smith, Courtney at 3/22/2010 3:18 PM

Neighbor Jr., William E at 3/22/2010 1452

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
In for follow up coumadin. Has been taking coumadin as prescribed. No change in diet.

715.00 GENERAL OSTEOARTHROSIS
Lost prescription for T3s. This was a printed prescription. No hx of abuse.

OBJECTIVE:
BP 132/74 | Pulse 84 | Wt 129 lb (58.514 kg)
General: healthy, alert, no distress

Orders Only on 03/22/10
PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	3.0 (*)	0.8 - 1.3

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR today 3.0. Will reduce coumadin to one tablet daily except a half on Wed, Fri, and Sunday. Recheckin 2 weeks. Unclear why INR has been high recently.

03/22/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

715.00 GENERAL OSTEOARTHROSIS
Comment: lost prescription from last visit for medication to be used occasionally for pain at night. New prescription given today.
Plan: TYLENOL WITH CODEINE #3 300-30 MG OR TABS

Pneumovax today. Looks like she has never had the vaccine.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 3/22/2010 3:01 PM

Goetschius, Eyda at 3/22/2010 1511

FOB for PSS during provider E/M visit

Scheduled 1 test, consult, follow-up, or recurrent appointment; transportation arrangement; or, processed incoming referral, on DAY OF SERVICE: Yes Follow-up appointment
Scheduled 2 or more tests, consults, admission, surgery, pre-authorization, transportation arrangement, or incoming referral within 48 hours of appointment: No

Total number of YES responses: 1 (do NOT enter FOB order)
Completed by Eyda Goetschius

Electronically signed by Goetschius, Eyda at 3/22/2010 3:11 PM

Slagle, Susan A at 3/26/2010 1244

Addended by: SLAGLE, SUSAN A on: 3/26/2010

Modules accepted: Orders

Electronically signed by Slagle, Susan A at 3/26/2010 12:44 PM

Other Orders

Immunization/Injection

IMMUNIZATION ADMIN, SINGLE IMM [90471] (Active)

Electronically signed by: **Neighbor Jr., William E on 03/22/10 1454** Status: **Active**
Ordering user: Neighbor Jr., William E 03/22/10 1454 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/22/10 - Class: Admin
Quantity: 1 Released by: Neighbor Jr., William E 03/22/10 1454

03/22/2010 - Office Visit in UWMC Family Medicine (continued)

Other Orders (continued)

Diagnoses
Need for prophylactic vaccination against Streptococcus pneumoniae (pneumococcus) [V03.82 (ICD-9-CM)]

Indications

VACCINE FOR STREP PNEUMONIAE [V03.82 (ICD-9-CM)]

PNEUMOCOCCAL VACCINE, (Completed)

Electronically signed by: **Neighbor Jr., William E on 03/22/10 1454** Status: **Completed**
Ordering user: Neighbor Jr., William E 03/22/10 1454 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/22/10 - Class: Normal
Quantity: 1 Released by: Neighbor Jr., William E 03/22/10 1454
Diagnoses
Need for prophylactic vaccination against Streptococcus pneumoniae (pneumococcus) [V03.82 (ICD-9-CM)]

Indications

VACCINE FOR STREP PNEUMONIAE [V03.82 (ICD-9-CM)]

Medications

Warfarin Sodium 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 03/22/10 1450** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 03/22/10 1450 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/22/10 - 06/02/10 Class: Normal
Discontinued by: Neighbor Jr., William E 06/02/10 1158 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 03/22/10 1450** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 03/22/10 1450 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/22/10 - 04/08/10 Class: E-SEND (Fax)
Discontinued by: Neighbor Jr., William E 04/08/10 1340 [Reorder]
Diagnoses
Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)]

Indications

GENERAL OSTEOARTHROSIS [715.00 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	03/22/10 1429
BP	132/74
Pulse	84
Weight	58.5 kg (129 lb)

UNKNOWN

Row Name	03/22/10 1429
BP	132/74
Pulse	84

03/22/2010 - Office Visit in UWMC Family Medicine (continued)

Flowsheets (continued)

Weight	58.5 kg (129 lb)

Patient Instructions

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR today 3.0. Will reduce coumadin to one tablet daily except a half on Wed, Fri, and Sunday. Recheckin 2 weeks. Unclear why INR has been high recently.

715.00 GENERAL OSTEOARTHROSIS
Comment: lost prescription from last visit for medication to be used occasionally for pain at night. New prescription given today.
Plan: TYLENOL WITH CODEINE #3 300-30 MG OR TABS

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 3/22/2010 2:52 PM

03/22/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010

03/22/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/2/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday, Friday, and Sunday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/22/2010
Start date: 3/22/2010
End date: 6/2/2010
Quantity: 30
Refill: 6

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/8/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/22/2010
Start date: 3/22/2010
End date: 4/8/2010
Quantity: 30
Refill: 0

Atorvastatin Calcium (LIPITOR) 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/16/2011
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/25/2010
Start date: 3/25/2010
End date: 3/16/2011
Quantity: 90
Refill: 3

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434**
Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 3/22/2010 1:19 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

03/22/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

ID	Type	Source	Collected By
M27413	—	—	03/22/10 1319

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 03/22/10 1336, Result status: Final result

Order status: Completed
Collected by: 03/22/10 1319
Filed on: 03/22/10 1336
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 03/22/10 1509
Gamboa, Elizabeth L on 03/22/10 1504

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	03/10/10 1250 - Present
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 3/22/2010 15:09
Gamboa, Elizabeth L on 3/22/2010 15:04

03/08/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

03/08/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/22/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2010
Start date: 2/24/2010
End date: 3/22/2010
Quantity: 30
Refill: 0

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/22/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday and Sunday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/8/2010
Start date: 3/8/2010
End date: 3/22/2010
Quantity: 30
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Smith, Courtney at 3/8/2010 1419

FOB for MA during provider E/M visit

03/08/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

New or established: Established (has been seen at UWMC within past 3 years)
Arrived in Epic Cadence: Yes
Vital signs &/or pain assessment: Yes
Lab, results, chart, reports, &/or medications reviewed: Yes Medications
Symptoms, diagnosis, plan, medications &/or other explained or clarified: No
Chaperoning: No
Other procedures, not separately billable, documented in EPICare: No

Total number of YES responses: 3 (enter corresponding order; adjust if additional billable care is provided after entering the FOB or
der)
Completed by Courtney Smith

Electronically signed by Smith, Courtney at 3/8/2010 2:19 PM

Neighbor Jr., William E at 3/8/2010 1433

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE
451.19 DEEP VENOUS PHLEBITIS-LEG NEC
She has been taking Coumadin 10 mg one tablet daily except a half tablet on Sundays which she did on the prior to Sundays. She has had no bleeding. She has had no symptoms of deep venous thrombosis. She also comes in today to followup on results of ankle-brachial indices were measured. One of the reasons these were checked was because she's been on Plental for many years because of recurrent deep venous thrombosis. The patient reports today that when she misses a dose upon call she has pains in her calves and also notes pain in her calves when walking.

OBJECTIVE:
BP 121/63 | Pulse 62 | Wt 130 lb (58.968 kg)
General: healthy, alert, no distress
INR 3.4

Vascular study showed ankle-brachial indices greater than 1.0 bilaterally in the lower extremities

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE
451.19 DEEP VENOUS PHLEBITIS-LEG NEC
1. INR 3.4. Will reduce coumadin 10 mg to one daily except a half on Wednesday and Sunday. Recheck in 2 weeks.
2. Vascular doppler showed ABIs greater than 1 bilaterally indicating good peripheral vascular flow. Except patient develops claudication sx if she does not take Pentoifyll (Trental). There is a national shortage, but she is getting with taking a half tab daily which is fine.

William E Neighbor, MD

03/08/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Electronically signed by Neighbor Jr., William E at 3/8/2010 4:13 PM

Nordenstrom, Shellanie P at 3/8/2010 1551

FOB for PSS during provider E/M visit

Scheduled 1 test, consult, follow-up, or recurrent appointment; transportation arrangement; or, processed incoming referral, on DAY OF SERVICE: Yes Follow-up appointment
Scheduled 2 or more tests, consults, admission, surgery, pre-authorization, transportation arrangement, or incoming referral within 48 hours of appointment: No

Total number of YES responses: 1 (delete FOB order previously entered by MA & insert corrected FOB order reflecting combined total off all care provided by UWMC staff)
Completed by Shellanie P Nordenstrom

Electronically signed by Nordenstrom, Shellanie P at 3/8/2010 3:51 PM

Other Orders

Medications

Warfarin Sodium 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 03/08/10 1431** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 03/08/10 1431 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 03/08/10 - 03/22/10 Class: Normal
Discontinued by: Neighbor Jr., William E 03/22/10 1450 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	03/08/10 1417
BP	121/63
Pulse	62
Weight	59 kg (130 lb)

UNKNOWN

Row Name	03/08/10 1417
BP	121/63
Pulse	62
Weight	59 kg (130 lb)

03/08/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:
- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010

03/08/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 1/19/2010 End date: 2/10/2011
Quantity: 5ml Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/12/2010
Start date: 2/12/2010 End date: 9/27/2010
Quantity: 90 Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/17/2010
Start date: 2/16/2010 End date: 11/9/2010
Quantity: 4 Refill: 12

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 3/22/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/24/2010
Start date: 2/24/2010 End date: 3/22/2010
Quantity: 30 Refill: 0

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 3/22/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday and Sunday
Authorized by: Neighbor Jr., William E, MD Ordered on: 3/8/2010
Start date: 3/8/2010 End date: 3/22/2010
Quantity: 30 Refill: 6

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/8/2010 12:55 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

03/08/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

ID	Type	Source	Collected By
M15549	—	—	03/08/10 1255

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 03/08/10 1334, Result status: Final result

Order status: Completed
Collected by: 03/08/10 1255
Filed on: 03/08/10 1334
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 03/08/10 1533
Gamboa, Elizabeth L on 03/08/10 1450

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 3/8/2010 15:33
Gamboa, Elizabeth L on 3/8/2010 14:50

PROTHROMBIN TIME (RAPID INR) (Discontinued)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434**
Status: **Discontinued**
Ordering user: Nolan, Karen C 02/25/09 1434
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 -
Class: Normal
Quantity: 1
Instance released by: Welch, Kristi Leann, Technologist 3/8/2010 12:55 PM
Discontinued by: Uw Use Interface, User 05/07/10 0033 [Auto-canceled. Patient no show and/or specimen not received within 60 days.]

Specimen Information

ID	Type	Source	Collected By
—	—	—	03/08/10 1255

03/03/2010 - Orders Only in UWMC Family Medicine

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/8/2010
Reason for discontinuation: Reorder

03/03/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Instructions: one tablet daily except a half tablet on Sunday
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/3/2010
Start date: 2/3/2010 — End date: 3/8/2010
Quantity: 30 — Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/12/2010
Start date: 2/12/2010 — End date: 9/27/2010
Quantity: 90 — Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E — Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/17/2010
Start date: 2/16/2010 — End date: 11/9/2010
Quantity: 4 — Refill: 12

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/22/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2010
Start date: 2/24/2010 — End date: 3/22/2010
Quantity: 30 — Refill: 0

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM — Entered on: 3/8/2010
End date: 6/22/2016

Stopped in Visit

None

Imaging

Imaging

US UPPER OR LOWER EXT SNGL (Final result)

Electronically signed by: **Uw Radiology Orders Interface, User on 03/04/10 1120** — Status: **Completed**
Ordering user: Uw Radiology Orders Interface, User 03/04/10 1120 — Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: - — Class: UWMC Imaging
Quantity: 1 — Lab status: Final result

US UPPER OR LOWER EXT SNGL — Resulted: 03/09/10 1044, Result status: Final result

Order status: Completed — Filed on: 03/09/10 1045
Accession number: 6249351 — Resulting lab: UW RADIOLOGY
Lab Technician: KARI OLMSTED

Components

Component	Value	Reference Range	Flag	Lab

03/03/2010 - Orders Only in UWMC Family Medicine (continued)

Imaging (continued)

General Diagnostic Text	--	—	—	UW RAD

Result: UNIVERSITY OF WASHINGTON MEDICAL CENTERD.E. Strandness, Jr. Vascular Laboratory Accredited by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) Exam:LOWER EXTREMITY ARTERIAL ABI Indications & Symptoms:LE thrombophlebitis.This is a 85 year old female. The patient presents with bilateral thrombophlebitis. The patient is currently on Coumadin and Trental. Her provider is considering discontinuing Trental, and there is concern for arterial changes from the previous exam on 04/13/2007. Comparison: 04/13/2007 - Ankle/Brachial Index Rt=1.0, Lt=1.0. Technique:EQUIPMENT: Philips iU-22 Ultrasound System Findings:LOWER EXTREMITY ARTERIAL EVALUATION ANKLE/BRACHIAL INDEX Resting Pressures----------Right----Left Brachial Artery----------138----130 Posterior Tibial Artery------ 162---- 140 Anterior Tibial Artery------- 134---- 138 Ankle/Brachial Index---------1.17----1.01 Prior ABI from 04/13/07 1.0+----1.0+ Tibial artery Doppler flow waveforms are normally triphasic on the right. Tibial artery Doppler flow waveforms are normally triphasic on the left.

Impression	--	—	—	UW RAD

Result: Impression: Calli Hansen (Student Intern)Kari A. Olmsted, BS, RVT Vascular Technologist FINAL PHYSICIAN INTERPRETATION 1. Resting tibial artery flow waveforms and ankle brachial indices are normal bilaterally.

General Diagnostic Text	--	—	—	UW RAD

Result: ATTENDING RADIOLOGIST AND PAGER NUMBER005611 ZIERLER ROBERT EUGENE MD(206)997-6672

Reviewed by

Neighbor Jr., William E on 03/09/10 1315

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

All Reviewers List

Neighbor Jr., William E on 3/9/2010 13:15

02/24/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants
- Generalized osteoarthrosis, unspecified site

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

02/24/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/8/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Sunday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/3/2010
Start date: 2/3/2010
End date: 3/8/2010
Quantity: 30
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/22/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/24/2010
Start date: 2/24/2010
End date: 3/22/2010
Quantity: 30
Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 2/24/2010 1215

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
She comes in today for followup INR. At her last visit the dose of her medication had been reduced but she forgot and continued at her regular dose of a full tablet daily. She's had no symptoms of recurrent phlebitis.

02/24/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

715.00 GENERAL OSTEOARTHROSIS
She has used Tylenol with Codeine sparingly in the past and needs a refill to be taken when Tylenol alone is not sufficient.

OBJECTIVE:
BP 154/81 | Pulse 67 | Wt 131 lb 12.8 oz (59.784 kg)
General: healthy, alert, no distress
INR 3.0

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
Remind her that her new dose of Coumadin is 10 mg daily except a half tablet on Sundays. Repeat INR in 2 weeks.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
As above

715.00 GENERAL OSTEOARTHROSIS
Occasional need for Tylenol with codeine. Refill provided. No history of medication abuse.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 2/24/2010 12:15 PM

Nordenstrom, Shellanie P at 2/24/2010 1417

Addended by: NORDENSTROM, SHELLANIE P on: 2/24/2010

Modules accepted: Orders

Electronically signed by Nordenstrom, Shellanie P at 2/24/2010 2:17 PM

Other Orders

Medications

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 02/24/10 1203** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 02/24/10 1203 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 02/24/10 - 03/22/10 Class: Normal
Discontinued by: Neighbor Jr., William E 03/22/10 1450 [Reorder]
Diagnoses
Generalized osteoarthrosis, unspecified site [715.00 (ICD-9-CM)]

Indications

GENERAL OSTEOARTHROSIS [715.00 (ICD-9-CM)]

02/24/2010 - Office Visit in UWMC Family Medicine (continued)

Other Orders (continued)

Flowsheets

Encounter Vitals

Row Name	02/24/10 1154
BP	154/81
Pulse	67
Weight	59.8 kg (131 lb 12.8 oz)

UNKNOWN

Row Name	02/24/10 1154
BP	154/81
Pulse	67
Weight	59.8 kg (131 lb 12.8 oz)

02/24/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010

02/24/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 1/19/2010 — End date: 2/10/2011
Quantity: 5ml — Refill: prn

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/8/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Sunday
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/3/2010
Start date: 2/3/2010 — End date: 3/8/2010
Quantity: 30 — Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/12/2010
Start date: 2/12/2010 — End date: 9/27/2010
Quantity: 90 — Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E — Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/17/2010
Start date: 2/16/2010 — End date: 11/9/2010
Quantity: 4 — Refill: 12

Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/22/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/24/2010
Start date: 2/24/2010 — End date: 3/22/2010
Quantity: 30 — Refill: 0

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** — Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434 — Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - — Class: Normal
Quantity: 1 — Lab status: Final result
Instance released by: Grittman, Sheryl R, Technologist 2/24/2010 10:21 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W60959	—	—	02/24/10 1021

PROTHROMBIN TIME (RAPID INR) (Abnormal) — Resulted: 02/24/10 1140, Result status: Final result

Order status: Completed — Filed on: 02/24/10 1140

02/24/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Collected by: 02/24/10 1021 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 02/24/10 1740
Gamboa, Elizabeth L on 02/24/10 1207

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 2/24/2010 17:40
Gamboa, Elizabeth L on 2/24/2010 12:07

PROTHROMBIN TIME (RAPID INR) (Discontinued)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** Status: **Discontinued**
Ordering user: Nolan, Karen C 02/25/09 1434 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - Class: Normal
Quantity: 1 Instance released by: Grittman, Sheryl R, Technologist 2/24/2010 10:22 AM
Discontinued by: Uw Use Interface, User 04/25/10 0033 [Auto-canceled. Patient no show and/or specimen not received within 60 days.]

Specimen Information

ID	Type	Source	Collected By
—	—	—	02/24/10 1022

02/16/2010 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Osteoporosis, unspecified
- Long term (current) use of anticoagulants
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- Other and unspecified hyperlipidemia
- Essential hypertension, benign

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

02/16/2010 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/8/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Sunday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/3/2010
Start date: 2/3/2010
End date: 3/8/2010
Quantity: 30
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/12/2010
Start date: 2/12/2010
End date: 9/27/2010
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Deering, Dale E
Discontinued on: 11/9/2010
Reason for discontinuation: Discontinued by patient
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2010
Start date: 2/16/2010
End date: 11/9/2010
Quantity: 4
Refill: 12

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Nolan, Karen C at 2/16/2010 1729

Pharmacy requesting refills for the following med(s)

Electronically signed by Nolan, Karen C at 2/16/2010 5:29 PM

Other Orders

Medications

FOSAMAX 70 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 02/17/10 1233**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 02/17/10 1233
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 02/16/10 - 11/09/10
Class: RIGHTFAX
Released by: Neighbor Jr., William E 02/17/10 1233
Discontinued by: Deering, Dale E 11/09/10 1223 [Discontinued by patient]

Diagnoses
Osteoporosis, unspecified [733.00 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

02/16/2010 - Telephone in UWMC Family Medicine (continued)

Other Orders (continued)

Essential hypertension, benign [401.1 (ICD-9-CM)]

Indications

OSTEOPOROSIS NOS [733.00 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]
BENIGN HYPERTENSION [401.1 (ICD-9-CM)]

02/08/2010 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Medication Management
Visit diagnosis: Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010

02/08/2010 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 1/19/2010 End date: 2/10/2011
Quantity: 5ml Refill: prn

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 3/8/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Sunday
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/3/2010
Start date: 2/3/2010 End date: 3/8/2010
Quantity: 30 Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/27/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/12/2010
Start date: 2/12/2010 End date: 9/27/2010
Quantity: 90 Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 2/8/2010 1059

Pharmacy note: Pentoxifyll 400mg is unavailable. Would you like to change medication?
Fax received 2-6-10
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 2/8/2010 11:00 AM

Neighbor Jr., William E at 2/11/2010 1638

Pentoxifylline (Trental) is still listed as a formulary drug as far as I know. Please call pharmacy to clarify if it is simply that they do not have it in stock, is there a national shortage, or is it indeed no longer available anywhere. Thank you.
William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 2/11/2010 4:38 PM

Nolan, Karen C at 2/12/2010 0943

Pharmacy states that this is a national shortage.

Electronically signed by Nolan, Karen C at 2/12/2010 9:43 AM

02/08/2010 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Banuelos, Heather at 2/12/2010 0943

Pentoxifyll is on long term back order. They are asking it to be changed to another Rx. Thanks

Electronically signed by Banuelos, Heather at 2/12/2010 9:43 AM

Neighbor Jr., William E at 2/12/2010 1621

UW pharmacy has it in stock. I have directed a prescription to our pharmacy.
I called the patient twice, but no answer. It is unlikely to be harmful if she runs out of Trental for a few days.
Letter sent to patient stating prescription sent to UW pharmacy.
It has been three years since her last vascular study. She was initially placed on Trental years ago by vascular surgery because of recurrent venous stasis though there was no clear evidence of arterial vascular disease. She has done well for many years and I am wondering if she continues to need to be on Trental. I am ordering repeat vascular studies and then may reconsult vascular clinic.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 2/12/2010 4:21 PM

Other Orders

Medications

PENTOXIL 400 MG OR TBCR (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 02/12/10 1620** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 02/12/10 1620 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 02/12/10 - 09/27/10 Class: E-SEND (Fax)
Discontinued by: Neighbor Jr., William E 09/27/10 1211 [Reorder]
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Referral

REFERRAL TO VASCULAR LAB (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 02/12/10 1620** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 02/12/10 1620 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 02/12/10 - Class: Internal Referral
Quantity: 1 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Order comments: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare Referral for: Procedure. To perform a procedure not done by the referring provider. Location: UWMC Study desired: Peripheral Arterial: Lower Extremity Arterial Duplex Brief clinical history: 85 year old female with Other: Patient has been on Trental for many years. This was started when she was having recurrent lower extremity thrombophelbitis despite coumadin therapy. She has

02/08/2010 - Telephone in UWMC Family Medicine (continued)

Other Orders (continued)

been doing well for several years and continues on Coumadin and Trental. She last had a vascular study in 2007 which showed old venous changes. ABIs were 1.0. I would like to repeat the arterial studies to see if there is any reason to continue her on Trental at this time. She was seen by vascular surgery in about 2007 and at that time it was felt it would be best for her to remain on coumadin. ++ REFERENCE INFORMATION FOR UWPN REFERRAL COORDINATORS: If CHRMC is specified, call (206) 987-2089 to schedule (NOTE--For vascular procedures at CHRMC, a prior consultation with a radiologist is required. Otherwise, For carotid, venous, abdominal, or peripheral duplex studies at UWP Eastside Specialty Center Vascular Diagnostic Laboratory (425) 646-7777 For carotid duplex at HMC, transcan. Doppler, emboli monitoring, CO2 chall., autoreg. study, or head rotation testing: HMC & UW Cerebrovascular Lab (206) 744-3905 For carot. duplex at UW and any other studies: UW Vascular Diagnostic Service (206) 598-4449 HMC Vascular Diagnostic Service (206) 744-3241 ++

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD	Diagnoses: Phlebitis and thrombophlebitis of other deep vessels of lower extremities Le Arterial Duplex	**Zzuwmc Vascular Diag Serv** 1959 NE Pacific St, Box 356021 Seattle WA 98195 Phone: 206-598-4449 Specialty: Vascular Med	Office Visit	Routine

Comment: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare

Referral for: Procedure. To perform a procedure not done by the referring provider.

Location: UWMC

Study desired: Peripheral Arterial: Lower Extremity Arterial Duplex

Brief clinical history: 85 year old female with Other: Patient has been on Trental for many years. This was started when she was having recurrent lower extremity thrombophelbitis despite coumadin therapy. She has been doing well for several years and continues on Coumadin and Trental. She last had a vascular study in 2007 which showed old venous changes. ABIs were 1.0. I would like to repeat the arterial studies to see if there is any reason to continue her on Trental at this time. She was seen by vascular surgery in about 2007 and at that time it was felt it would be best for her to remain on coumadin.

++
REFERENCE INFORMATION FOR UWPN REFERRAL COORDINATORS:

If CHRMC is specified, call (206) 987-2089 to schedule (NOTE--For vascular procedures at CHRMC, a prior consultation with a radiologist is required.

Otherwise,

For carotid, venous, abdominal, or peripheral duplex studies at UWP Eastside Specialty Center Vascular Diagnostic Laboratory (425) 646-7777

For carotid duplex at HMC, transcan. Doppler, emboli monitoring, CO2 chall., autoreg. study, or head rotation testing: HMC & UW Cerebrovascular Lab (206) 744-3905

For carot. duplex at UW and any other studies:
UW Vascular Diagnostic Service (206) 598-4449
HMC Vascular Diagnostic Service (206) 744-3241
++

Indications

Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Letters

Letter by Neighbor Jr., William E on 2/12/2010

Status: Sent

02/08/2010 - Telephone in UWMC Family Medicine (continued)

Letters (continued)

Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

2/12/2010

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

We received a message from your pharmacy that they do not have Trental in stock. The UWMC pharmacy does have this medication is stock so I have directed your prescription there.

Additionally on review of your record I see that your last vascular studies were in about 2007. I would like to repeat the arterial duplex ultrasound study of her lower extremities to see if there is any evidence of atherosclerosis in the lower extremities. This will help us decide whether you need to continue on Trental.

Sincerely,

William E Neighbor, MD

02/03/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

02/03/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/8/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Sunday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/3/2010
Start date: 2/3/2010
End date: 3/8/2010
Quantity: 30
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 2/3/2010 1614

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE
451.19 DEEP VENOUS PHLEBITIS-LEG NEC
Under last visit we decreased her Coumadin dose to 10 mg daily except a half tablet on 2 days of the week. There's been no change in her diet. She's been compliant with the regimen. She has not noticed any swelling or pain in her lower legs.

OBJECTIVE:
BP 134/76 | Pulse 89
General: healthy, alert, no distress
Lower extremities showed no evidence of new DVT.

02/03/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

INR 1.8

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE
451.19 DEEP VENOUS PHLEBITIS-LEG NEC
INR is not therapeutic. Will increase Coumadin to 10 mg one tablet daily except a half tablet on Sundays. This represents an increase of 5 mg per week. Repeat INR in 2 weeks.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 2/3/2010 4:14 PM

Nordenstrom, Shellanie P at 2/3/2010 1625

Addended by: NORDENSTROM, SHELLANIE P on: 2/3/2010

Modules accepted: Orders

Electronically signed by Nordenstrom, Shellanie P at 2/3/2010 4:25 PM

Other Orders

Medications

WARFARIN SODIUM 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 02/03/10 1606** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 02/03/10 1606 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 02/03/10 - 03/08/10 Class: Normal
Discontinued by: Neighbor Jr., William E 03/08/10 1431 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	02/03/10 1549
BP	134/76
Pulse	89

UNKNOWN

Row Name	02/03/10 1549

02/03/2010 - Office Visit in UWMC Family Medicine (continued)

Flowsheets (continued)

BP	134/76
Pulse	89

02/03/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnosis: Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

02/03/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/3/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday and Saturday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/26/2010
Start date: 1/26/2010
End date: 2/3/2010
Quantity: 30
Refill: 6

Stopped in Visit

None

02/03/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009

02/03/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 12/7/2009 — End date: 11/22/2010
Quantity: 15 — Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/5/2010
Start date: 1/4/2010 — End date: 8/18/2010
Quantity: 90 — Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/19/2010
Start date: 1/19/2010 — End date: 2/10/2011
Quantity: 5ml — Refill: prn

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/8/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Sunday
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/3/2010
Start date: 2/3/2010 — End date: 3/8/2010
Quantity: 30 — Refill: 6

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** — Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434 — Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - — Class: Normal
Quantity: 1 — Lab status: Final result
Instance released by: Valley, Jan K, Technologist 2/3/2010 3:19 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W45109	—	—	02/03/10 1519

PROTHROMBIN TIME (RAPID INR) (Abnormal) — Resulted: 02/03/10 1555, Result status: Final result

Order status: Completed — Filed on: 02/03/10 1555
Collected by: 02/03/10 1519 — Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.8	0.8 - 1.3	H	RSVLT

Reviewed by

02/03/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Neighbor Jr., William E on 02/04/10 1709
Gamboa, Elizabeth L on 02/03/10 1559

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 2/4/2010 17:09
Gamboa, Elizabeth L on 2/3/2010 15:59

01/26/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

01/26/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/3/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday and Saturday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/26/2010
Start date: 1/26/2010
End date: 2/3/2010
Quantity: 30
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Neighbor Jr., William E at 1/26/2010 1232

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
Last clinic visit note reviewed . She is now taking Coumadin 10 mg daily except for a half tablet on 2 days of the week. She was previously taking Coumadin 10 mg daily but her INR was supratherapeutic.

OBJECTIVE:
BP 131/70 | Pulse 68 | Wt 130 lb (58.968 kg)
General: healthy, alert, no distress
INR 2.2

01/26/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

ASSESSMENT AND PLAN:

451.19 DEEP VENOUS PHLEBITIS-LEG NEC (primary encounter diagnosis)
V58.61 AFTERCARE LONG TERM ANTICOAG USE
Her INR is in the therapeutic range. I would like her to return in 4-7 days for repeat INR to assure that remains there. If her INR dropped below 2.0 would increase her dose by half tablet.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 1/26/2010 12:32 PM

Stewart, Diane at 1/27/2010 0915

Addended by: STEWART, DIANE on: 1/27/2010

Modules accepted: Orders

Electronically signed by Stewart, Diane at 1/27/2010 9:15 AM

Other Orders

Medications

WARFARIN SODIUM 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 01/26/10 1232** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 01/26/10 1232 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 01/26/10 - 02/03/10 Class: E-SEND (Fax)
Discontinued by: Neighbor Jr., William E 02/03/10 1606 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	01/26/10 1120
BP	131/70
Pulse	68
Weight	59 kg (130 lb)

UNKNOWN

Row Name	01/26/10 1120
BP	131/70

01/26/2010 - Office Visit in UWMC Family Medicine (continued)

Flowsheets (continued)

Pulse	68
Weight	59 kg (130 lb)

01/26/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009

01/26/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 12/7/2009 End date: 11/22/2010
Quantity: 15 Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 1/5/2010
Start date: 1/4/2010 End date: 8/18/2010
Quantity: 90 Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 1/19/2010
Start date: 1/19/2010 End date: 2/10/2011
Quantity: 5ml Refill: prn

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 2/3/2010
Reason for discontinuation: Reorder
Instructions: one tablet daily except a half tablet on Wednesday and Saturday
Authorized by: Neighbor Jr., William E, MD Ordered on: 1/26/2010
Start date: 1/26/2010 End date: 2/3/2010
Quantity: 30 Refill: 6

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 1/26/2010 9:25 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T55316	—	—	01/26/10 0925

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 01/26/10 1017, Result status: Final result

Order status: Completed Filed on: 01/26/10 1017
Collected by: 01/26/10 0925 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

01/26/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Neighbor Jr., William E on 01/26/10 1309
Chin, Kimberly Y on 01/26/10 1111

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 1/26/2010 13:09
Chin, Kimberly Y on 1/26/2010 11:11

01/19/2010 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
PR OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

01/19/2010 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/26/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 1/26/2010
Quantity: 30
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

Stopped in Visit

None

Clinical Notes

Progress Notes

Nolan, Karen C at 1/19/2010 1443

FOB Worksheet for MA Services

Arrived: YES
Vital(s) &/or pain assessment: YES
Lab, chart, reports &/or meds reviewed: YES Medication(s)
Symptoms, diagnosis, plan, meds &/or other explained/clarified: NO
Room use 26-50 min (excludes wait time): NO
Room use >50 min (excludes wait time): NO
Chaperone: NO
Other procedures (not separately billed): NO

MA-only visit NO

Total number of YES responses: 3
Completed by: Karen C Nolan

01/19/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Electronically signed by Nolan, Karen C at 1/19/2010 2:43 PM

Neighbor Jr., William E at 1/19/2010 1516

Jeanne Leonie Hoffman is a 85 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE
On stable dose of Coumadin 10 mg daily

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No leg swelling or redness.

OBJECTIVE:
BP 130/70 | Pulse 76
General: healthy, alert, no distress

Orders Only on 01/19/10
PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	3.7 (*)	0.8 - 1.3

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR above desired range today. No bleeding. Her standard dose of coumadin is 10 mg once daily.

I would like her to take half tab of coumadin tonight, which is Tuesday.

Beginning tomorrow she is to begin the following regimen:
One tablet daily except a half tablet on Wednesday and Sundays.

Return next Wednesday for blood test.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence

She may also return next week for therapeutic muscle injection for greater trocanter and gluteal tendenitis on left.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 1/19/2010 3:47 PM

01/19/2010 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Stewart, Diane at 1/20/2010 0832

Addended by: STEWART, DIANE on: 1/20/2010

Modules accepted: Orders

Electronically signed by Stewart, Diane at 1/20/2010 8:32 AM

Flowsheets

Encounter Vitals

Row Name	01/19/10 1443
BP	130/70
Pulse	76

UNKNOWN

Row Name	01/19/10 1443
BP	130/70
Pulse	76

Patient Instructions

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR above desired range today. No bleeding. Her standard dose of coumadin is 10 mg once daily.

I would like her to take half tab of coumadin tonight, which is Tuesday.

Beginning tomorrow she is to begin the following regimen:
One tablet daily except a half tablet on Wednesday and Sundays.

Return next Wednesday for blood test.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence

She may also return next week for therapeutic muscle injection for greater trocanter and gluteal tendenitis on left.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 1/19/2010 3:16 PM

01/19/2010 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010

01/19/2010 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 1/4/2010
End date: 8/18/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/26/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/5/2010
Start date: 1/4/2010
End date: 1/26/2010
Quantity: 30
Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/19/2010
Start date: 1/19/2010
End date: 2/10/2011
Quantity: 5ml
Refill: prn

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 1/19/2010 1116

Pharmacy is requesting refills on the attached, please advise.
Fax received 1/16/10
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 1/19/2010 11:16 AM

Other Orders

Medications

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 01/19/10 1200**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 01/19/10 1200
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 01/19/10 - 02/10/11
Class: RIGHTFAX
Released by: Neighbor Jr., William E 01/19/10 1200
Discontinued by: Neighbor Jr., William E 02/10/11 1512 [Reorder]

01/19/2010 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009

01/19/2010 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 12/7/2009 End date: 11/22/2010
Quantity: 15 Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 1/5/2010
Start date: 1/4/2010 End date: 8/18/2010
Quantity: 90 Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/26/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 1/5/2010
Start date: 1/4/2010 End date: 1/26/2010
Quantity: 30 Refill: 6

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 2/10/2011
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 1/19/2010
Start date: 1/19/2010 End date: 2/10/2011
Quantity: 5ml Refill: prn

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 1/19/2010 2:18 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T51046	—	—	01/19/10 1418

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 01/19/10 1455, Result status: Final result

Order status: Completed Filed on: 01/19/10 1455
Collected by: 01/19/10 1418 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.7	0.8 - 1.3	H	RSVLT

Reviewed by

01/19/2010 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Gamboa, Elizabeth L on 01/20/10 0712
Neighbor Jr., William E on 01/19/10 1743

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Gamboa, Elizabeth L on 1/20/2010 07:12
Neighbor Jr., William E on 1/19/2010 17:43

PROTHROMBIN TIME (RAPID INR) (Discontinued)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** Status: **Discontinued**
Ordering user: Nolan, Karen C 02/25/09 1434 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - Class: Normal
Quantity: 1 Instance released by: Harrell, Gerald Ray, Technologist 1/19/2010 2:19 PM
Discontinued by: Uw Use Interface, User 03/20/10 0033 [Auto-canceled. Patient no show and/or specimen not received within 60 days.]

Specimen Information

ID	Type	Source	Collected By
—	—	—	01/19/10 1419

01/04/2010 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder

01/04/2010 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2009
Start date: 12/7/2009 — End date: 11/22/2010
Quantity: 15 — Refill: 11

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 8/19/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/5/2010
Start date: 1/4/2010 — End date: 8/18/2010
Quantity: 90 — Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/26/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/5/2010
Start date: 1/4/2010 — End date: 1/26/2010
Quantity: 30 — Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Nolan, Karen C at 1/4/2010 1357

Pharmacy requesting refill for below med

Electronically signed by Nolan, Karen C at 1/4/2010 1:57 PM

Smith, Courtney at 1/5/2010 1550

2nd request received 1/5/10

Electronically signed by Smith, Courtney at 1/5/2010 3:52 PM

Other Orders

Medications

CARBAMAZEPINE 200 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 01/05/10 1747** — Status: **Discontinued**
Ordering user: Neighbor Jr., William E 01/05/10 1747 — Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 01/04/10 - 08/18/10 — Class: RIGHTFAX
Released by: Neighbor Jr., William E 01/05/10 1747 — Discontinued by: Neighbor Jr., William E 08/19/10 1831 [Reorder]

01/04/2010 - Telephone in UWMC Family Medicine (continued)

Other Orders (continued)

WARFARIN SODIUM 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 01/05/10 1747** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 01/05/10 1747 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 01/04/10 - 01/26/10 Class: RIGHTFAX
Released by: Neighbor Jr., William E 01/05/10 1747 Discontinued by: Neighbor Jr., William E 01/26/10 1232 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Medication comments: Review of her record shows that at visit in mid October she was taking 10 mg once daily with no subsequent change.

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

12/29/2009 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaints: Anticoagulation and Hip Pain
Visit diagnoses:

- Pain in joint, pelvic region and thigh (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

12/29/2009 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/17/2009
Start date: 8/17/2009
End date: 1/4/2010
Quantity: 30
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/7/2009
Start date: 12/7/2009
End date: 11/22/2010
Quantity: 15
Refill: 11

Stopped in Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009

Clinical Notes

Progress Notes

Smith, Courtney at 12/29/2009 1531

FOB Worksheet for MA Services

Arrived: YES
Vital(s) &/or pain assessment: YES
Lab, chart, reports &/or meds reviewed: YES Medication(s)
Symptoms, diagnosis, plan, meds &/or other explained/clarified: NO
Room use 26-50 min (excludes wait time): NO
Room use >50 min (excludes wait time): NO
Chaperone: NO
Other procedures (not separately billed): NO

MA-only visit NO

12/29/2009 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Total number of YES responses: 3
Completed by: Courtney Smith

Electronically signed by Smith, Courtney at 12/29/2009 3:31 PM

Neighbor Jr., William E at 12/29/2009 1721

Jeanne Leonie Hoffman is a 84 year old female here to discuss the following:

719.45 JOINT PAIN-PELVIS (primary encounter diagnosis)
Two-week history of left hip pain located over the posterior lateral buttock. Does not recall any fall. Occasional radiation to the knee.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
451.19 DEEP VENOUS PHLEBITIS-LEG NEC
And her INR today. Stable dose of Coumadin.

OBJECTIVE:
BP 154/82 | Pulse 77
General: healthy, alert, no distress
Extr: Left hip examination shows full range of motion including internal and external rotation without significant discomfort. On palpation she has tenderness over the gluteal muscles and the posterior lateral quadrant of the buttock. There is no tenderness over the ischial tuberosity or the greater trochanter area.

Office Visit on 12/29/09
XR PELVIS W 2 VIEW HIP

Component	Value	Range

- General Diagnostic Text
  Value: Examination: Pelvis, single view; left hip, single view

  Comparison: 6/5/09

  Clinical Indication: Left posterolateral pain

  Findings:

  As before, patient is status post fixation of an intertrochanteric femur fracture on the right with a dynamic hip screw. There is no evidence of hardware complication. There is moderate right hip osteoarthritis.

  There is moderate left hip osteoarthritis. However, no left hip fracture is identified.

  There is mild degeneration of both SI joints and the symphysis

12/29/2009 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

pubis. Bones are osteopenic. There is significant lumbar degeneration
ATTENDING RADIOLOGIST AND PAGER NUMBER
368450 MULCAHY HYOJEONG MD
(206)680-354

INR 3.0

ASSESSMENT AND PLAN:

719.45 JOINT PAIN-PELVIS (primary encounter diagnosis)
X-ray showed no acute changes from x-rays obtained last June. Patient has chronic recurrent pain in this area. Likely gluteal bursitis. Educated about stretching and strengthening exercises. Offered injection today which patient declined. Take Tylenol for pain. Avoid nonsteroidal anti-inflammatory medications given she is on chronic Coumadin therapy. Followup as needed.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
Continue same dose of Coumadin. Recheck INR in 2-4 weeks.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 12/29/2009 5:21 PM

Stewart, Diane at 12/30/2009 0909

Addended by: STEWART, DIANE on: 12/30/2009

Modules accepted: Orders

Electronically signed by Stewart, Diane at 12/30/2009 9:09 AM

Imaging

Imaging

XR PELVIS W 2 VIEW HIP (Final result)

Status: **Completed**

Order placed as a reflex to X-RAY HIP UNI 2+ VW ordered on 12/29/09 at 1548
Ordering user: Uw Radiology Orders Interface, User 12/29/09 1550
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine -
Class: Roosevelt Imaging
Quantity: 1
Lab status: Final result
Diagnoses
Pain in joint, pelvic region and thigh [719.45 (ICD-9-CM)]

12/29/2009 - Office Visit in UWMC Family Medicine (continued)

Imaging (continued)

XR PELVIS W 2 VIEW HIP Resulted: 12/29/09 1705, Result status: Final result

Order status: Completed
Accession number: 6190065
Lab Technician: GREG LYNCH
Filed on: 12/29/09 1705
Resulting lab: UW RADIOLOGY

Components

Component	Value	Reference Range	Flag	Lab
General Diagnostic Text	--	—	—	UW RAD

Result: Examination: Pelvis, single view; left hip, single view Comparison: 6/5/09 Clinical Indication: Left posterolateral pain Findings: As before, patient is status post fixation of an intertrochanteric femur fracture on the right with a dynamic hip screw. There is no evidence of hardware complication. There is moderate right hip osteoarthritis. There is moderate left hip osteoarthritis. However, no left hip fracture is identified. There is mild degeneration of both SI joints and the symphysis pubis. Bones are osteopenic. There is significant lumbar degenerationATTENDING RADIOLOGIST AND PAGER NUMBER368450 MULCAHY HYOJEONG MD(206)680-354

Reviewed by

Neighbor Jr., William E on 12/29/09 1713

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

JOINT PAIN-PELVIS [719.45 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 12/29/2009 17:13

X-RAY HIP UNI 2+ VW (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 12/29/09 1548** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 12/29/09 1548
Ordering mode: Standard
Frequency: Routine 12/29/09 -
Quantity: 1
Authorized by: Neighbor Jr., William E
Class: On Site
Discontinued by: Uw Radiology Orders Interface, User 12/29/09 1608 [Cancelled by UWMC Department of Radiology]

Questionnaire

Question	Answer
Reason for Exam	2 week hx of severe left posterior lateral hip pain just above ischeal tuberosity.
Which side?	LEFT

Order comments: .

Flowsheets

Encounter Vitals

Row Name	12/29/09 1532
BP	154/82
Pulse	77
Pain Score	TEN/TEN

12/29/2009 - Office Visit in UWMC Family Medicine (continued)

Flowsheets (continued)

UNKNOWN

Row Name	12/29/09 1532
BP	154/82
Pulse	77
Pain Score	TEN/TEN

12/29/2009 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Other and unspecified hyperlipidemia
- Essential hypertension, benign

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder

12/29/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/17/2009
Start date: 8/17/2009 — End date: 1/4/2010
Quantity: 30 — Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/10/2009
Start date: 9/8/2009 — End date: 4/5/2010
Quantity: 60 — Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/25/2009
Start date: 9/25/2009 — End date: 2/12/2010
Quantity: 90 — Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/7/2009
Start date: 12/7/2009 — End date: 11/22/2010
Quantity: 15 — Refill: 11

Stopped in Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM — Discontinued on: 12/29/2009

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** — Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434 — Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - — Class: Normal
Quantity: 1 — Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 12/29/2009 2:57 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T33627	—	—	12/29/09 1457

PROTHROMBIN TIME (RAPID INR) (Abnormal) — Resulted: 12/29/09 1626, Result status: Final result

Order status: Completed — Filed on: 12/29/09 1626
Collected by: 12/29/09 1457 — Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.0	0.8 - 1.3	H	RSVLT

12/29/2009 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Reviewed by

Neighbor Jr., William E on 12/30/09 0909
Chin, Kimberly Y on 12/30/09 0909

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 12/30/2009 09:09
Chin, Kimberly Y on 12/30/2009 09:09

LIPID PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/09 1608** Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/09 1608 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/09 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 12/29/2009 2:57 PM
Diagnoses
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T33627	—	—	12/29/09 1457

LIPID PANEL (Abnormal) Resulted: 12/29/09 1811, Result status: Final result

Order status: Completed Filed on: 12/29/09 1811
Collected by: 12/29/09 1457 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	164	<200 mg/dL	—	UWMC
Triglyceride	175	<150 mg/dL	H	UWMC
HDL Cholesterol	53	>40 mg/dL	—	UWMC
Cholesterol (LDL)	76	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	111	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	3.1	—	—	UWMC
Lipid Panel, Additional Info.	--	—	—	UWMC

Result: (NOTE)For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here:http://depts.washington.edu/labweb/test/bclim/lipd.html

Reviewed by

Neighbor Jr., William E on 12/30/09 0909
Chin, Kimberly Y on 12/30/09 0909

12/29/2009 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 12/30/2009 09:09
Chin, Kimberly Y on 12/30/2009 09:09

ALANINE AMINOTRANS. (GPT) (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/09 1608** Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/09 1608 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/09 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 12/29/2009 2:57 PM
Diagnoses
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T33627	—	—	12/29/09 1457

ALANINE AMINOTRANS. (GPT) Resulted: 12/29/09 1811, Result status: Final result

Order status: Completed Filed on: 12/29/09 1811
Collected by: 12/29/09 1457 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
ALT (GPT)	26	6 - 40 U/L	—	UWMC

Reviewed by

Neighbor Jr., William E on 12/30/09 0909

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 12/30/2009 09:09

POTASSIUM, SERUM (Final result)

12/29/2009 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Electronically signed by: **Neighbor Jr., William E on 11/13/09 1608** Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/09 1608 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/09 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 12/29/2009 2:57 PM
Diagnoses
Essential hypertension, benign [401.1 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T33627	—	—	12/29/09 1457

POTASSIUM, SERUM Resulted: 12/29/09 1659, Result status: Final result

Order status: Completed Filed on: 12/29/09 1659
Collected by: 12/29/09 1457 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Potassium	3.7	3.7 - 5.2 mEq/L	—	RSVLT

Reviewed by

Neighbor Jr., William E on 12/30/09 0909

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

BENIGN HYPERTENSION [401.1 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 12/30/2009 09:09

MAGNESIUM (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/09 1908** Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/09 1908 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/09 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 12/29/2009 2:57 PM
Diagnoses
Essential hypertension, benign [401.1 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T33627	—	—	12/29/09 1457

MAGNESIUM Resulted: 12/29/09 1811, Result status: Final result

Order status: Completed Filed on: 12/29/09 1811
Collected by: 12/29/09 1457 Resulting lab: UW LABORATORY MEDICINE

Components

12/29/2009 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
Magnesium	2.0	1.8 - 2.4 mg/dL	—	UWMC

Reviewed by

Neighbor Jr., William E on 12/30/09 0909

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

BENIGN HYPERTENSION [401.1 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 12/30/2009 09:09

Letters

Letter by Neighbor Jr., William E on 12/30/2009

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

12/30/2009

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

Component	Latest Reference Range	12/29/2009
CHOLESTEROL (TOTAL)	Low: <200 mg/dL	164
TRIGLYCERIDES	Low: <150 mg/dL	175 (H)
CHOLESTEROL (HDL)	Low: >40 mg/dL	53
CHOLESTEROL (LDL)	Low: <130 mg/dL	76
NON-HDL CHOLESTEROL	0 - 159 mg/dL	111
CHOLESTEROL/HDL RATIO		3.1
LIPID PANEL, ADDITIONAL INFO.		. . .
PROTHROMBIN TIME (RAPID INR)	0.8 - 1.3	3.0 (H)
ALANINE AMINOTRANSFERASE (GPT)	6 - 40 U/L	26

12/29/2009 - Orders Only in UWMC Family Medicine (continued)

Letters (continued)

POTASSIUM	3.7 - 5.2 mEq/L	3.7
MAGNESIUM	1.8 - 2.4 mg/dL	2.0

Your labs are normal except for a mild elevation of triglycerides which is not a real concern given that your HDL and LDL cholesterol are very favorable.

Your INR is 3.0. Recheck this in 4 weeks. You have been on a stable dose of Warfarin (Coumadin).

Sincerely,

William E Neighbor, MD

12/16/2009 - Appointment in UWMC Family Medicine

Visit Information

Appointment Information

RETURN **No Show**
12/16/2009 3:00 PM

Time	Provider	Department	Length
3:00 PM	Neighbor Jr., William E, MD	ZZUWMC FAMILY MED CENTER	15 min

Auto Confirm Status: Busy

Notes:
***f/u
sn

History

Made On:	11/13/2009 4:21 PM	By:	Nordenstrom, Shellanie P	ES
Change Notes:	12/16/2009 1:24 PM	By:	Smith, Courtney A, CM	ES
EOD Status:	12/20/2009 11:04 PM	By:	Uw User, Batch Scheduler	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Letters

Letter by Neighbor Jr., William E on 12/16/2009

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION-for addressee only

12/16/2009

Jeanne Leonie Hoffman
245 High School Rd Nw
Unit 2
Bainbridge Island WA 98110

12/16/2009 - Appointment in UWMC Family Medicine (continued)

Letters (continued)

Dear Ms. Hoffman,

It appears that you missed (or canceled with less than 24 hours notice) your scheduled appointment at the Family Medical Center on 12/16/09. We are concerned that you were not able to make it, and hope it was not something serious. Please call to reschedule your appointment with us if you still have medical concerns with which we can help.

Please write your appointment date and time on your calendar to help you remember them. You will receive an automated reminder phone call three days before an appointment.

If you are not able to keep your appointment, we ask that you call the clinic at least 24 hours before your appointment at 206-598-4055 to cancel or reschedule. If there are circumstances that make it difficult for you to keep your appointments, please discuss this with us at your next visit. Missed appointments impact our ability to provide health care to you, and also limit the availability of appointments for other patients.

If you think that you received this letter in error, please contact the clinic at 598-4055. We look forward to continuing to provide health care for you in the future.

Sincerely,

Family Medical Center

12/07/2009 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/17/2009
Start date: 8/17/2009
End date: 1/4/2010

12/07/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Quantity: 30 Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/10/2009
Start date: 9/8/2009 End date: 4/5/2010
Quantity: 60 Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 9/25/2009
Start date: 9/25/2009 End date: 2/12/2010
Quantity: 90 Refill: 6

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 11/22/2010
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/7/2009
Start date: 12/7/2009 End date: 11/22/2010
Quantity: 15 Refill: 11

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 12/7/2009 1612

Pharmacy is requesting refills on the attached, please advise.
Fax received 12/7/09
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 12/7/2009 4:12 PM

Other Orders

Medications

HYDROCHLOROTHIAZIDE 25 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 12/07/09 1658** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 12/07/09 1658 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 12/07/09 - 11/22/10 Class: RIGHTFAX
Released by: Neighbor Jr., William E 12/07/09 1658 Discontinued by: Neighbor Jr., William E 11/22/10 1520 [Reorder]

12/07/2009 - Telephone in UWMC Family Medicine (continued)

Other Orders (continued)

Letters

Letter by Neighbor Jr., William E on 12/7/2009

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

12/7/2009

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

I refilled your medication today. On review of your record, I see that you are due for potassium, lipid panel and other labs. I have ordered this test through the lab and you may come in for it at any time. The lab hours are 8 to 5:30 on week days.

Sincerely,

William E Neighbor, MD

11/13/2009 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled (primary)
- Long term (current) use of anticoagulants
- Other and unspecified hyperlipidemia
- Essential hypertension, benign

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor Jr., William E	Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

11/13/2009 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/17/2009
Start date: 8/17/2009
End date: 1/4/2010
Quantity: 30
Refill: 3

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2009
Start date: 9/4/2009
End date: 11/13/2009
Quantity: 15
Refill: 0

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

Smith, Courtney at 11/13/2009 1535

11/13/2009 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

FOB Worksheet for MA Services
Arrived: YES
Vital(s) &/or pain assessment: YES
Lab, chart, reports &/or meds reviewed: YES Medication(s)
Symptoms, diagnosis, plan, meds &/or other explained/clarified: NO
Room use 26-50 min (excludes wait time): NO
Room use >50 min (excludes wait time): NO
Chaperone: NO
Other procedures (not separately billed): NO

MA-only visit NO

Total number of YES responses: 3
Completed by: Courtney Smith

Electronically signed by Smith, Courtney at 11/13/2009 3:35 PM

Neighbor Jr., William E at 11/13/2009 1909

Jeanne Leonie Hoffman is a 84 year old female here to discuss the following:

250.00 DIABETES UNCOMPL ADULT-TYPE II (primary encounter diagnosis)
She is in to review her blood sugar testing

V58.61 AFTERCARE LONG TERM ANTICOAG USE
She continues on a stable dose of Coumadin and had an INR today

272.4 HYPERLIPIDEMIA NEC/NOS
She is due for a lipid panel. She is compliant with diet and statin
.
401.1 BENIGN HYPERTENSION
She does not check her blood pressures at home.

Patient Active Problem List

Diagnoses	Date Noted
SKIN SENSATION DISTURB [782.0]	**06/03/2008**

Priority: High
Overview Note:
6/3/2008 labs ordered. Return in one month for exm.

OSTEOPOROSIS NOS [733.00] **03/04/2008**
Priority: High
Overview Note:
T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily.
Began fosamax spring 2008. Continue for five years, then stop

AFTERCARE LONG TERM ANTICOAG USE [V58.61] **01/08/2008**

11/13/2009 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Priority: High
Overview Note:
Reason for anticoagulation: Recurrent dvts
Duration of anticoagulation: life
INR goal: 2.-3

ADULT FAILURE TO THRIVE [783.7] **10/19/2007**
Priority: High
Overview Note:
Lives in subsidized housing on Bainbridge
Bremerton APS at 1-888-833-4925
Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait

TREMOR NEC [333.1] **08/17/2007**
Priority: High
Overview Note:
Noted by Melanie Parker. Consider Parkinson's disease med trial.

FX FEMUR INTRCAPS NOS-CLOSE [820.00] **05/01/2007**
Priority: High
Overview Note:
Pinned April 2007.
Post op hematocrit 25
Has walker with wheels for use outside of home. Uses cane in home.

VITAMIN B DEFICIENCY NOS [266.9] **05/01/2007**
Priority: High
Overview Note:
Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

DIABETES UNCOMPL ADULT-TYPE II [250.00] **03/27/2007**
Priority: High
Overview Note:
Year onset: Dx March 2007
Complications:
Last A1c: March 2007 7.1. Aug 2007 6.3; Nov 2007 7.1; March 2008 6.4 on metformin; 10/5/2009 6.4
Last Cr: Nov 2007 0.9
Last Urine Alb/Cr ratio: 3/3/2008 normal
Last foot exam: 2/5/2008 normal
Last monofilament test: 2/5/2008 slight decrease
Last eye exam: 2/5/2008 due
Last Lipid Panel: LDL 109 in March 22, 2007
Blood pressure: 2/5/2008 normal
Last EKG:
Glucometer review:
Nutrition consult: 2/5/2008 ordered

CONVULSIONS, OTHER [780.39] **11/20/2006**

11/13/2009 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Priority: High
Overview Note:
Petit Mal since 1975
Carbamazepine level 7.6 on Feb 2007

ESOPHAGEAL REFLUX [530.81] **11/20/2006**
Priority: High

SENSORNEUR HEAR LOSS NOS [389.10] **11/20/2006**
Priority: High
Overview Note:
Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

DEEP VENOUS PHLEBITIS-LEG NEC [451.19] **11/20/2006**
Priority: High
Overview Note:
Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin

UTERINE LEIOMYOMA NOS [218.9] **11/20/2006**
Priority: High
Overview Note:
S/P hysterectomy with BSO in 1991

HYPERLIPIDEMIA NEC/NOS [272.4] **11/20/2006**
Priority: High
Overview Note:
On lipitor. LIpid panel March 2008 LDL 89. Trig 239.

CARPAL TUNNEL SYNDROME [354.0] **11/20/2006**
Priority: High
Overview Note:
Carpal tunnel release right wrist in 1989

CATARACT NOS [366.9] **11/20/2006**
Priority: High
Overview Note:
Extraction left eye in 1989

ALLERGIC RHINITIS NOS [477.9] **11/20/2006**
Priority: High

GENERAL OSTEOARTHROSIS [715.00] **11/20/2006**
Priority: High
Overview Note:
LS spine. Bilateral talonavicular arthritis since 1994.

BENIGN HYPERTENSION [401.1] **11/20/2006**
Priority: High

11/13/2009 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

DIAPHRAGMATIC HERNIA [553.3] **11/20/2006**
Priority: High
Overview Note:
CT of abdomen in 2006

GLAUCOMA NOS [365.9] **11/20/2006**
Priority: High

ROUTINE MEDICAL EXAM [V70.0] **11/20/2006**
Priority: High
Overview Note:
Td/Tdap (q 10 yr): 2006
Pneumococcal (65 yoa and high risk x1):
Blood pressure: Dx hypertension
Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg Jan 2006. March 2007 normal. May 2008 normal
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme cards given in 2005.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

Current outpatient prescriptions

Medication	Sig
• PENTOXIL 400 MG OR TBCR	One tablet three times daily
• METFORMIN HCL 500 MG OR TABS	one tab twice daily for diabetes
• WARFARIN SODIUM 10 MG OR TABS	One tablet daily
• CARBAMAZEPINE 200 MG OR TABS	1 TABLET 3 TIMES DAILY
• LIPITOR 40 MG OR TABS	1 po QD
• FOSAMAX 70 MG OR TABS	Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
• TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily
• HYDROCHLOROTHIAZIDE 25 MG OR TABS	Take 1/2 tablet by mouth every day
• RANITIDINE HCL 150 MG OR TABS	Take 1 tablet by mouth 2 times per day

REVIEW OF SYSTEMS:
Constitutional: Denies weight gain.
Respiratory: Denies cough, shortness of breath.
Cardiovascular: Denies chest pain, palpitations, syncope, orthopnea, paroxysmal noctural dyspnea, lower extremity edema.

OBJECTIVE:

11/13/2009 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

BP 132/69 | Pulse 68 | Wt 131 lb (59.421 kg)
General: healthy, alert, no distress, alert and oriented x 3
Chest clear
Compression stockings in place

INR 2.6

Labs: A1c in September was 6.4. Her potassium at that time was slightly low at 3.4.

ASSESSMENT AND PLAN:

250.00 DIABETES UNCOMPL ADULT-TYPE II (primary encounter diagnosis)
A1c reflux good control on diet And metformin. Her renal function in September was normal. She is due for urine for albumin creatinine ratio.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR in therapeutic range of 2.0-3.0. Stable dose of Coumadin. Recheck one month.

272.4 HYPERLIPIDEMIA NEC/NOS
Stable dose of statin. Due for lipid panel and SGPT.

401.1 BENIGN HYPERTENSION
Blood pressure well controlled based on blood pressure visit today. Advised blood pressures at local pharmacy as outpatient. Continue current medications. Last potassium in September was slightly low which will be rechecked. Prior potassiums have been normal. We'll check magnesium as well as she is on a diuretic.

William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 11/13/2009 7:09 PM

Nordenstrom, Shellanie at 11/17/2009 1731

FOB Worksheet for PSS Services
Scheduled 1 test, consult or follow-up appt (on date of service): YES appointment
Scheduled 2 or more test(s), consult(s), admission, surgery planning, pre-auth, &/or surgery scheduling (w/in 48 hrs of appt): NO
Other procedures (not separately billed): NO

Total number of YES responses: 1
Completed by: Shellanie Nordenstrom

Electronically signed by Nordenstrom, Shellanie at 11/17/2009 5:31 PM

Nordenstrom, Shellanie at 11/17/2009 1731

Addended by: NORDENSTROM, SHELLANIE on: 11/17/2009

11/13/2009 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Modules accepted: Orders

Electronically signed by Nordenstrom, Shellanie at 11/17/2009 5:31 PM

Labs

URINE SCREEN, MICROALBUMINURIA (Final result)

Electronically signed by: **Neighbor Jr., William E on 11/13/09 1608** Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/09 1608 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/09 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F75434	—	—	11/13/09 1608

URINE SCREEN, MICROALBUMINURIA Resulted: 11/13/09 2144, Result status: Final result

Order status: Completed Filed on: 11/13/09 2144
Collected by: 11/13/09 1608 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Creatinine/Unit, URN	203	mg/dL	—	UWMC
Albumin (Micro), URN	2.50	mg/dL	—	UWMC
Albumin/Creatinine Ratio, URN	12.3	<30 mg/g Creat	—	UWMC

Reviewed by

Neighbor Jr., William E on 11/15/09 0955

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 11/15/2009 09:55

LIPID PANEL (Completed)

Electronically signed by: **Neighbor Jr., William E on 11/13/09 1608** Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/09 1608 Authorized by: Neighbor Jr., William E
Ordering mode: Standard

11/13/2009 - Office Visit in UWMC Family Medicine (continued)

Labs (continued)

Frequency: Routine 11/13/09 -
Quantity: 1
Diagnoses
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

Class: Normal

Indications

HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]

LIPID PANEL (Abnormal)

Resulted: 12/29/09 1811, Result status: Final result

Order status: Completed
Collected by: 12/29/09 1457

Filed on: 12/29/09 1811
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	164	<200 mg/dL	—	UWMC
Triglyceride	175	<150 mg/dL	H	UWMC
HDL Cholesterol	53	>40 mg/dL	—	UWMC
Cholesterol (LDL)	76	<130 mg/dL	—	UWMC
Non-HDL Cholesterol	111	0 - 159 mg/dL	—	UWMC
Cholesterol/HDL Ratio	3.1	—	—	UWMC
Lipid Panel, Additional Info.	--	—	—	UWMC

Result: (NOTE)For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here:http://depts.washington.edu/labweb/test/bclim/lipd.html

Reviewed by

Neighbor Jr., William E on 12/30/09 0909
Chin, Kimberly Y on 12/30/09 0909

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]

ALANINE AMINOTRANS. (GPT) (Completed)

Electronically signed by: **Neighbor Jr., William E on 11/13/09 1608**
Ordering user: Neighbor Jr., William E 11/13/09 1608
Ordering mode: Standard
Frequency: Routine 11/13/09 -
Quantity: 1
Diagnoses
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

Status: **Completed**
Authorized by: Neighbor Jr., William E
Class: Normal

Indications

HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]

ALANINE AMINOTRANS. (GPT)

Resulted: 12/29/09 1811, Result status: Final result

Order status: Completed
Collected by: 12/29/09 1457

Filed on: 12/29/09 1811
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab

11/13/2009 - Office Visit in UWMC Family Medicine (continued)

Labs (continued)

ALT (GPT)	26	6 - 40 U/L	—	UWMC

Reviewed by

Neighbor Jr., William E on 12/30/09 0909

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]

POTASSIUM, SERUM (Completed)

Electronically signed by: **Neighbor Jr., William E on 11/13/09 1608** Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/09 1608 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/09 - Class: Normal
Quantity: 1
Diagnoses
Essential hypertension, benign [401.1 (ICD-9-CM)]

Indications

BENIGN HYPERTENSION [401.1 (ICD-9-CM)]

POTASSIUM, SERUM Resulted: 12/29/09 1659, Result status: Final result

Order status: Completed Filed on: 12/29/09 1659
Collected by: 12/29/09 1457 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Potassium	3.7	3.7 - 5.2 mEq/L	—	RSVLT

Reviewed by

Neighbor Jr., William E on 12/30/09 0909

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

BENIGN HYPERTENSION [401.1 (ICD-9-CM)]

MAGNESIUM (Completed)

Electronically signed by: **Neighbor Jr., William E on 11/13/09 1908** Status: **Completed**
Ordering user: Neighbor Jr., William E 11/13/09 1908 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 11/13/09 - Class: Normal

11/13/2009 - Office Visit in UWMC Family Medicine (continued)

Labs (continued)

Quantity: 1
Diagnoses
Essential hypertension, benign [401.1 (ICD-9-CM)]

Indications

BENIGN HYPERTENSION [401.1 (ICD-9-CM)]

MAGNESIUM Resulted: 12/29/09 1811, Result status: Final result

Order status: Completed
Collected by: 12/29/09 1457
Filed on: 12/29/09 1811
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.0	1.8 - 2.4 mg/dL	—	UWMC

Reviewed by

Neighbor Jr., William E on 12/30/09 0909

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

BENIGN HYPERTENSION [401.1 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	11/13/09 1534
BP	132/69
Pulse	68
Weight	59.4 kg (131 lb)

UNKNOWN

Row Name	11/13/09 1534
BP	132/69
Pulse	68
Weight	59.4 kg (131 lb)

Letters

Results by Neighbor Jr., William E on 11/15/2009

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

11/15/2009

11/13/2009 - Office Visit in UWMC Family Medicine (continued)

Letters (continued)

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Office Visit on 11/13/09
URINE SCREEN, MICROALBUMINURIA

Component	Value	Range
• CREATININE/UNIT, URINE	203	(mg/dL)
• ALBUMIN (MICRO)	2.50	(mg/dL)
• ALBUMIN/CREATININE RATIO	12.3	> <30 (mg/g Creat)

Your urine test for protein was normal. That is good news. See you next month. We can discuss your back pain then..

Sincerely,

William E Neighbor, MD

11/13/2009 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010

11/13/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Quantity: 90 Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/17/2009
Start date: 8/17/2009
End date: 1/4/2010
Quantity: 30
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434**
Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 11/13/2009 2:31 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F74979	—	—	11/13/09 1431

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 11/13/09 1515, Result status: Final result

Order status: Completed
Filed on: 11/13/09 1515
Collected by: 11/13/09 1431
Resulting lab: UW LABORATORY MEDICINE

11/13/2009 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 11/13/09 1934
Gamboa, Elizabeth L on 11/13/09 1620

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 11/13/2009 19:34
Gamboa, Elizabeth L on 11/13/2009 16:20

10/26/2009 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

10/26/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/17/2009
Start date: 8/17/2009
End date: 1/4/2010
Quantity: 30
Refill: 3

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2009
Start date: 9/4/2009
End date: 11/13/2009
Quantity: 15
Refill: 0

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

Stopped in Visit

None

10/26/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 10/26/2009 1:29 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M49844	—	—	10/26/09 1329

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/26/09 1400, Result status: Final result

Order status: Completed Filed on: 10/26/09 1400
Collected by: 10/26/09 1329 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 10/27/09 1753
Gamboa, Elizabeth L on 10/26/09 1518

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 10/27/2009 17:53
Gamboa, Elizabeth L on 10/26/2009 15:18

10/07/2009 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Immunization or Injection
Visit diagnoses:

- (primary)
- Needs flu shot

Visit Information

Provider Information

Authorizing Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
GLOBAL PROCEDURE INCLUDES LEVE

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder

10/07/2009 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/13/2009
Start date: 1/13/2009 — End date: 1/19/2010
Quantity: 5ml — Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/27/2009
Start date: 2/27/2009 — End date: 2/16/2010
Quantity: 4 — Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/23/2009
Start date: 3/23/2009 — End date: 3/25/2010
Quantity: 90 — Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/18/2009
Start date: 5/18/2009 — End date: 1/4/2010
Quantity: 90 — Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/17/2009
Start date: 8/17/2009 — End date: 1/4/2010
Quantity: 30 — Refill: 3

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/24/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/4/2009
Start date: 9/4/2009 — End date: 11/13/2009
Quantity: 15 — Refill: 0

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/10/2009
Start date: 9/8/2009 — End date: 4/5/2010
Quantity: 60 — Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/25/2009
Start date: 9/25/2009 — End date: 2/12/2010
Quantity: 90 — Refill: 6

10/07/2009 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Stopped in Visit

None

Clinical Notes

Progress Notes

Nolan, Karen C at 10/8/2009 1646

Pre-immunization screening questions were asked and answered.
VIS given to patient.
Patient has no allergies to vaccine or components.
Patient or their caregiver gave verbal consent for immunization.

I administered the injection. Karen C Nolan, Medical Assistant
FOB Worksheet for MA Services
Arrived: YES
Vital(s) &/or pain assessment: NO
Lab, chart, reports &/or meds reviewed: NO
Symptoms, diagnosis, plan, meds &/or other explained/clarified: NO
Room use 26-50 min (excludes wait time): NO
Room use >50 min (excludes wait time): NO
Chaperone: NO
Other procedures (not separately billed): NO

MA-only visit **YES**
Total number of YES responses: 2
Completed by: Karen C Nolan

Electronically signed by Nolan, Karen C at 10/8/2009 4:46 PM

Other Orders

Immunization/Injection

INJECTED Adult Flu Vaccine (Completed)

Electronically signed by: **Nolan, Karen C on 10/08/09 1646** Status: **Completed**
Ordering user: Nolan, Karen C 10/08/09 1646 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/08/09 - Class: Normal
Quantity: 1
Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

VACCINE FOR INFLUENZA [V04.81 (ICD-9-CM)]

Admin fee for INJECTED flu vaccine (Expired)

10/07/2009 - Office Visit in UWMC Family Medicine (continued)

Other Orders (continued)

Electronically signed by: **Nolan, Karen C on 10/08/09 1646** Status: **Expired**
Ordering user: Nolan, Karen C 10/08/09 1646 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 10/08/09 - Class: Normal
Quantity: 1
Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

VACCINE FOR INFLUENZA [V04.81 (ICD-9-CM)]

10/07/2009 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

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Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

10/07/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/17/2009
Start date: 8/17/2009
End date: 1/4/2010
Quantity: 30
Refill: 3

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2009
Start date: 9/4/2009
End date: 11/13/2009
Quantity: 15
Refill: 0

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

Stopped in Visit

None

10/07/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 10/7/2009 2:53 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W23294	—	—	10/07/09 1453

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/07/09 1523, Result status: Final result

Order status: Completed Filed on: 10/07/09 1523
Collected by: 10/07/09 1453 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.8	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 10/07/09 1805
Gamboa, Elizabeth L on 10/07/09 1525

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 10/7/2009 18:05
Gamboa, Elizabeth L on 10/7/2009 15:25

10/02/2009 - Letter (Out) in UWMC Family Medicine

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Letters

Letter by Neighbor Jr., William E on 10/2/2009

Status: Sent
Letter body:

10/2/2009

Jeanne Leonie Hoffman
245 High School Rd Nw
Unit 2
Bainbridge Island WA 98110

Dear Ms. Hoffman,

Thank you for enrolling in UW Neighborhood *e*Care. Please follow the instructions below to securely access your online medical record. UW Neighborhood *e*Care allows you to send messages to your care team, request prescription refills, request appointments, view your personal health information, and more.

How do I sign up?

1. Using your internet browser, go to: https://ecare.uwpn.org
2. Click on "**Complete your eCare registration here**" in the First Time Users box. You will be directed to the Sign Up page.
3. Enter your UW Neighborhood *e*Care Access code exactly as it appears below. You will not need to use this Access code again after you have completed the sign up process. If you do not complete the sign up process before the expiration date, you will need to request a new Access code.
   V767X-VRAXN
   Expires: 12/1/09 08:35 AM
4. Enter your Social Security Number and Date of Birth as indicated and click "**Next**". You will be directed to the next sign up page.
5. Create a UW Neighborhood *e*Care ID. This will be your login ID and, once assigned, it cannot be changed. Please choose one that is secure and easy to remember.
6. Create a UW Neighborhood *e*Care password. You can change your password at any time.
7. Enter your Password Reset Question and Answer. This can be used at a later time if you forget your password. Click **"Next"**
8. Enter your email address. You will receive email notification when new information is available in your UW Neighborhood *e*Care account.
9. Click **Sign In**.

Additional information

If you have questions, you can email kcnolan@u.washington.edu, or call 206.598.2533 to talk to the UW Neighborhood *e*Care customer service staff.

10/02/2009 - Letter (Out) in UWMC Family Medicine (continued)

Letters (continued)

Please remember that UW Neighborhood *e*Care is **NOT** to be used for urgent needs. For medical emergencies, dial 911.

Sincerely,

The UW Medicine Neighborhood Clinics Providers and Staff

09/30/2009 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

09/30/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/17/2009
Start date: 8/17/2009
End date: 1/4/2010
Quantity: 30
Refill: 3

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2009
Start date: 9/4/2009
End date: 11/13/2009
Quantity: 15
Refill: 0

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Nolan, Karen C at 9/30/2009 1651

09/30/2009 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Pt here yesterday and had INR of 1.8. Spoke with pt on phone. She denies any missed doses. Admits to large amounts of greens, but "no more than normal". Please advise regarding follow up

Electronically signed by Nolan, Karen C at 9/30/2009 4:51 PM

Dobie, Sharon A at 9/30/2009 1703

She can cont. The same and we can recheck next week, and watch her greens

Electronically signed by Dobie, Sharon A at 9/30/2009 5:03 PM

Nolan, Karen C at 10/1/2009 1107

No answer at home #, will try again later

Electronically signed by Nolan, Karen C at 10/1/2009 11:07 AM

Neighbor Jr., William E at 10/5/2009 1212

Letter sent to patient.
William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 10/5/2009 12:12 PM

09/29/2009 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

09/29/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/17/2009
Start date: 8/17/2009
End date: 1/4/2010
Quantity: 30
Refill: 3

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2009
Start date: 9/4/2009
End date: 11/13/2009
Quantity: 15
Refill: 0

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

Stopped in Visit

None

09/29/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 9/29/2009 11:17 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T30306	—	—	09/29/09 1117

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/29/09 1201, Result status: Final result

Order status: Completed Filed on: 09/29/09 1201
Collected by: 09/29/09 1117 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.8	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 10/05/09 1109
Changamire, Freeman on 10/01/09 0811
Gamboa, Elizabeth L on 09/30/09 1353
Chin, Kimberly Y on 09/29/09 1700

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 10/5/2009 11:09
Changamire, Freeman on 10/1/2009 08:11
Gamboa, Elizabeth L on 9/30/2009 13:53
Chin, Kimberly Y on 9/29/2009 17:00

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor Jr., William E on 09/10/09 1230** Status: **Completed**
Ordering user: Neighbor Jr., William E 09/10/09 1230 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 09/10/09 - Class: Normal

09/29/2009 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 9/29/2009 11:17 AM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T30306	—	—	09/29/09 1117

BASIC METABOLIC PANEL (Abnormal) Resulted: 09/29/09 1216, Result status: Final result

Order status: Completed Filed on: 09/29/09 1216
Collected by: 09/29/09 1117 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	136 - 145 mEq/L	—	RSVLT
Potassium	3.4	3.7 - 5.2 mEq/L	L	RSVLT
Chloride	108	98 - 108 mEq/L	—	RSVLT
Carbon Dioxide, Total	29	22 - 32 mEq/L	—	RSVLT
Anion Gap	5	3 - 11	—	RSVLT
Glucose	119	62 - 125 mg/dL	—	RSVLT
Urea Nitrogen	18	8 - 21 mg/dL	—	RSVLT
Creatinine	0.9	0.2 - 1.1 mg/dL	—	RSVLT
Calcium	9.0	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor Jr., William E on 10/05/09 1109
Changamire, Freeman on 10/01/09 0811
Gamboa, Elizabeth L on 09/30/09 1353
Chin, Kimberly Y on 09/29/09 1700

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 10/5/2009 11:09
Changamire, Freeman on 10/1/2009 08:11
Gamboa, Elizabeth L on 9/30/2009 13:53
Chin, Kimberly Y on 9/29/2009 17:00

HEMOGLOBIN A1C, HPLC (Final result)

Electronically signed by: **Neighbor Jr., William E on 09/10/09 1230** Status: **Completed**
Ordering user: Neighbor Jr., William E 09/10/09 1230 Authorized by: Neighbor Jr., William E
Ordering mode: Standard

09/29/2009 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Frequency: Routine 09/10/09 -
Quantity: 1
Instance released by: Harrell, Gerald Ray, Technologist 9/29/2009 11:17 AM
Class: Normal
Lab status: Final result
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T30306	—	—	09/29/09 1117

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 09/30/09 1249, Result status: Final result

Order status: Completed
Collected by: 09/29/09 1117
Filed on: 09/30/09 1249
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.4	4.0 - 6.0 %	H	UWMC

Reviewed by

Neighbor Jr., William E on 10/05/09 1109
Changamire, Freeman on 10/01/09 0811
Gamboa, Elizabeth L on 09/30/09 1353

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 10/5/2009 11:09
Changamire, Freeman on 10/1/2009 08:11
Gamboa, Elizabeth L on 9/30/2009 13:53

Letters

Results by Neighbor Jr., William E on 10/5/2009

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

10/5/2009

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

09/29/2009 - Orders Only in UWMC Family Medicine (continued)

Letters (continued)

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 09/29/2009

PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	1.8 (*)	0.8-1.3

BASIC METABOLIC PANEL

Component	Value	Range
• SODIUM	142	136-145 (mEq/L)
• POTASSIUM	3.4 (*)	3.7-5.2 (mEq/L)
• CHLORIDE	108	98-108 (mEq/L)
• CARBON DIOXIDE	29	22-32 (mEq/L)
• ION GAP	5	3-11
• GLUCOSE	119	62-125 (mg/dL)
• UREA NITROGEN	18	8-21 (mg/dL)
• CREATININE	0.9	0.2-1.1 (mg/dL)
• CALCIUM	9.0	8.9-10.2 (mg/dL)
• GFR, Calc, European American	60	>59- (mL/min)
• GFR, Calc, African American	>60	>59- (mL/min)
• GFR, Information		-

Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

HEMOGLOBIN A1C, HPLC

Component	Value	Range
• Hemoglobin A1C, HPLC	6.4 (*)	4.0-6.0 (%)

Your INR is slightly below the therapeutic range. Your potassium is on the low side. Your blood sugar tets is satisfactory. Please schedule a visit to see me in one month.

Sincerely,

William E Neighbor, MD

09/29/2009 - Abstract in UWMC Family Medicine

Visit Information

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Acetaminophen (TYLENOL) 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/22/2016
Instructions: 2 in am 2 in pm and 3 before bed
Entered by: Smith, Courtney A, CM
Entered on: 3/8/2010
End date: 6/22/2016

Warfarin Sodium 10 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/15/2012
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/9/2011
Start date: 11/9/2011
End date: 5/14/2012
Quantity: 30 Tab
Refill: 5

CarBAMazepine 200 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/20/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 11/30/2011
Start date: 11/30/2011
End date: 7/20/2012
Quantity: 90 Tab
Refill: 6

Pentoxifylline (PENTOXIL) 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/28/2012
Reason for discontinuation: Reorder
Instructions: One tablet three times daily (Pentoxifylline)(Trental)
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/3/2012
Start date: 1/3/2012
End date: 8/27/2012
Quantity: 90 Tab
Refill: 6

Timolol Maleate 0.5 % (DAILY) ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/13/2013
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/13/2012
Start date: 2/13/2012
End date: 3/13/2013
Quantity: 5 mL
Refill: prn

Losartan Potassium 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 8/13/2012
Reason for discontinuation: Reorder
Instructions: 1 TABLET DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 8/13/2012
Quantity: 30 Tab
Refill: 3

Hydrochlorothiazide 25 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/9/2012

09/29/2009 - Abstract in UWMC Family Medicine (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: take on half tab daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/9/2012
Start date: 3/9/2012
End date: 7/9/2012
Quantity: 15 Tab
Refill: 3

Atorvastatin Calcium 40 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/28/2013
Reason for discontinuation: Reorder
Instructions: TAKE ONE TABLET BY MOUTH ONE TIME DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/4/2012
Start date: 3/20/2012
End date: 1/28/2013
Quantity: 90 Tab
Refill: 2

Stopped in Visit

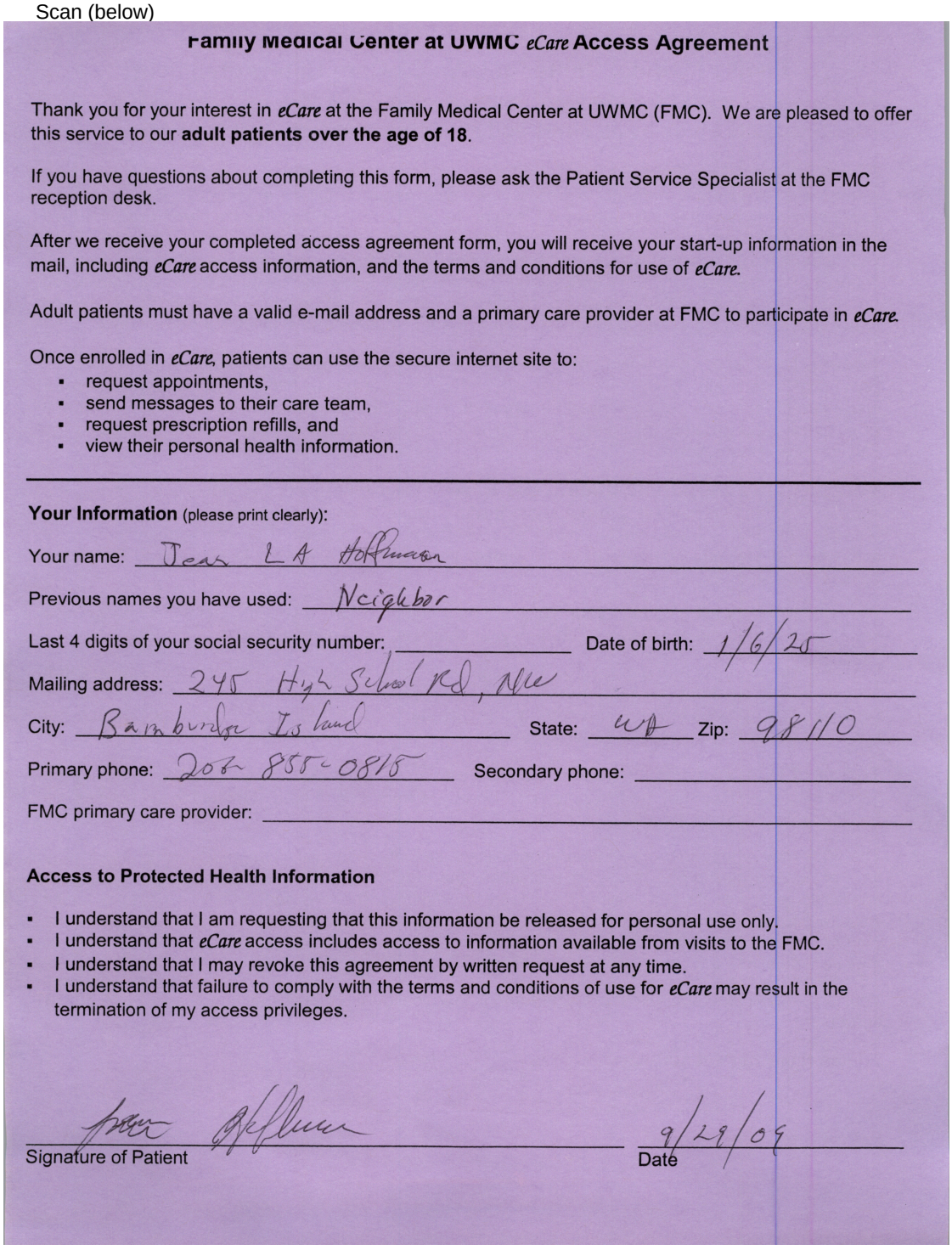
None

09/29/2009 - Abstract in UWMC Family Medicine (continued)

Documents

Clinical - Scan on 5/10/2012 11:48 AM: 09/29/09 FMC eCare Access Agreement

Scan (below)



Family Medical Center at UWMC *eCare* Access Agreement

Thank you for your interest in *eCare* at the Family Medical Center at UWMC (FMC). We are pleased to offer this service to our **adult patients over the age of 18**.

If you have questions about completing this form, please ask the Patient Service Specialist at the FMC reception desk.

After we receive your completed access agreement form, you will receive your start-up information in the mail, including *eCare* access information, and the terms and conditions for use of *eCare*.

Adult patients must have a valid e-mail address and a primary care provider at FMC to participate in *eCare*.

Once enrolled in *eCare*, patients can use the secure internet site to:

- request appointments,
- send messages to their care team,
- request prescription refills, and
- view their personal health information.

Your Information (please print clearly):

Your name: Jean L A Hoffman

Previous names you have used: Neighbor

Last 4 digits of your social security number: _____ Date of birth: 1/6/25

Mailing address: 245 High School Rd, NW

City: Bainbridge Island State: WA Zip: 98110

Primary phone: 206 855-0815 Secondary phone: _____

FMC primary care provider: _____

Access to Protected Health Information

- I understand that I am requesting that this information be released for personal use only.
- I understand that *eCare* access includes access to information available from visits to the FMC.
- I understand that I may revoke this agreement by written request at any time.
- I understand that failure to comply with the terms and conditions of use for *eCare* may result in the termination of my access privileges.

Jean Hoffman
Signature of Patient

9/29/09
Date

09/29/2009 - Abstract in UWMC Family Medicine (continued)

Documents (continued)

Family Medical Center at UWMC eCare User Agreement

This agreement sets forth responsibilities of users of eCare for patients. It requires you to abide by all terms and conditions set forth in this agreement.

About eCare: The Family Medical Center at UWMC (FMC) takes strong measures to provide a secure website to allow patients to access their own personal health information when available. Patients can access this information by logging in to **eCare** at **https://ecare.uwpn.org** with their username and a unique password. By using these enhanced online services offered by the FMC, you understand and agree that your personal health information will be transmitted via a secure channel over the Internet. You understand that you must follow the security responsibilities listed below to ensure that the security of your health information remains strong. You will only be allowed to use these enhanced services upon agreeing to the terms contained in this User Agreement.

Access to eCare: You may only access or attempt to access or view personal health information pertaining to yourself. Unauthorized access to the personal health information of anyone else, or disclosure of another's personal health information to any other person may be a violation of federal or state law, and grounds for immediate termination of your access to **eCare** as determined by the FMC in its sole discretion.

Your security responsibilities: You agree to take reasonable precautions to prevent the disclosure of your password. Do not share it with anyone else, even with someone who claims to represent the FMC. Avoid writing down your username and password or storing them near your computer. If you must commit them to writing, keep them in a secure location away from your computer.

We recommend that you change your password on a regular basis. If you suspect that someone else knows your user name or password, change your password immediately.

It is your responsibility, once you have accessed your personal health information, not to share that access, or any electronic or written versions of your personal health information, with unauthorized persons. This includes leaving your computer unattended while logged in to the website, and leaving printed or electronic copies in unsecured areas.

Terms of Use: You agree to read and comply with any additional terms and policies regarding the FMC's online services that the FMC may post on **eCare** from time to time. Links to these policies will be clearly displayed on the site.

The FMC may modify these access responsibilities, security responsibilities and terms of use at any time at its sole discretion. For your protection, the FMC may suspend, restrict or terminate your access to **eCare** at its sole discretion if there is reason to believe your **eCare** username and/or website password was used by an unauthorized third party for any purpose, and/or that information obtained through the use of your username and/or password has been misused. Additionally, you may terminate your access to **eCare** at any time.

Your signature below indicates your agreement to abide by the terms outlined in this FMC **eCare** agreement.

Printed Name of Patient: Jean LA Hoffman

Jean Hoffman — 9/29/09

Patient Signature **Date**

09/25/2009 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

09/25/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/17/2009
Start date: 8/17/2009
End date: 1/4/2010
Quantity: 30
Refill: 3

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2009
Start date: 9/4/2009
End date: 11/13/2009
Quantity: 15
Refill: 0

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/12/2010
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/25/2009
Start date: 9/25/2009
End date: 2/12/2010
Quantity: 90
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 9/25/2009 1509

09/25/2009 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Pharmacy is requesting refills on the attached, please advise.
Fax received 9/24/09
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 9/25/2009 3:09 PM

Other Orders

Medications

PENTOXIL 400 MG OR TBCR (Discontinued)

Electronically signed by: **Dobie, Sharon A on 09/25/09 1639**
Status: **Discontinued**
Ordering user: Dobie, Sharon A 09/25/09 1639
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 09/25/09 - 02/12/10
Class: RIGHTFAX
Released by: Dobie, Sharon A 09/25/09 1639
Discontinued by: Neighbor Jr., William E 02/12/10 1620 [Reorder]

09/08/2009 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

09/08/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/17/2009
Start date: 8/17/2009
End date: 1/4/2010
Quantity: 30
Refill: 3

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2009
Start date: 9/4/2009
End date: 11/13/2009
Quantity: 15
Refill: 0

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 4/5/2010
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/10/2009
Start date: 9/8/2009
End date: 4/5/2010
Quantity: 60
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 9/8/2009 1428

09/08/2009 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Pharmacy is requesting refills on the attached, please advise.
Fax received 9/8/09
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 9/8/2009 2:28 PM

Neighbor Jr., William E at 9/10/2009 1231

Last BMP in fall of 2008. Repeat ordered. Patient written.
William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 9/10/2009 12:31 PM

Labs

BASIC METABOLIC PANEL (Completed)

Electronically signed by: **Neighbor Jr., William E on 09/10/09 1230** Status: **Completed**
Ordering user: Neighbor Jr., William E 09/10/09 1230 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 09/10/09 - Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

BASIC METABOLIC PANEL (Abnormal) Resulted: 09/29/09 1216, Result status: Final result

Order status: Completed Filed on: 09/29/09 1216
Collected by: 09/29/09 1117 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	136 - 145 mEq/L	—	RSVLT
Potassium	3.4	3.7 - 5.2 mEq/L	L	RSVLT
Chloride	108	98 - 108 mEq/L	—	RSVLT
Carbon Dioxide, Total	29	22 - 32 mEq/L	—	RSVLT
Anion Gap	5	3 - 11	—	RSVLT
Glucose	119	62 - 125 mg/dL	—	RSVLT
Urea Nitrogen	18	8 - 21 mg/dL	—	RSVLT
Creatinine	0.9	0.2 - 1.1 mg/dL	—	RSVLT
Calcium	9.0	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor Jr., William E on 10/05/09 1109

09/08/2009 - Telephone in UWMC Family Medicine (continued)

Labs (continued)

Changamire, Freeman on 10/01/09 0811
Gamboa, Elizabeth L on 09/30/09 1353
Chin, Kimberly Y on 09/29/09 1700

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

HEMOGLOBIN A1C, HPLC (Completed)

Electronically signed by: **Neighbor Jr., William E on 09/10/09 1230** Status: **Completed**
Ordering user: Neighbor Jr., William E 09/10/09 1230 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 09/10/09 - Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 09/30/09 1249, Result status: Final result

Order status: Completed Filed on: 09/30/09 1249
Collected by: 09/29/09 1117 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.4	4.0 - 6.0 %	**H** ^	UWMC

Reviewed by

Neighbor Jr., William E on 10/05/09 1109
Changamire, Freeman on 10/01/09 0811
Gamboa, Elizabeth L on 09/30/09 1353

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

Other Orders

Medications

METFORMIN HCL 500 MG OR TABS (Discontinued)

09/08/2009 - Telephone in UWMC Family Medicine (continued)

Other Orders (continued)

Electronically signed by: **Neighbor Jr., William E on 09/10/09 1228** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 09/10/09 1228 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 09/08/09 - 04/05/10 Class: RIGHTFAX
Released by: Neighbor Jr., William E 09/10/09 1228 Discontinued by: Neighbor Jr., William E 04/05/10 1718 [Reorder]
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

Letters

Letter by Neighbor Jr., William E on 9/10/2009

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

9/10/2009

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

I refilled your medication (Metformin) today. On review of your record, I see that you are due for basic metabolic panel and A1c. I have ordered this test through the lab and you may come in for it at any time. The lab hours are 8 to 5:30 on week days.

Sincerely,

William E Neighbor, MD

09/04/2009 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

09/04/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/17/2009
Start date: 8/17/2009
End date: 1/4/2010
Quantity: 30
Refill: 3

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/24/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/4/2009
Start date: 9/4/2009
End date: 11/13/2009
Quantity: 15
Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 9/4/2009 1015

09/04/2009 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Pharmacy is requesting refills on the attached, please advise.
Fax received 9/3/09
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 9/4/2009 10:15 AM

Neighbor Jr., William E at 9/4/2009 1142

Last provided in February. Not sure why she needs again. Probably hip pain. Provided just 15 tabs. Have message out to her to visit me anyway for other reasons.
William E Neighbor, MD

Electronically signed by Neighbor Jr., William E at 9/4/2009 11:42 AM

Other Orders

Medications

TYLENOL/CODEINE #3 300-30 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 09/04/09 1141** Status: **Discontinued**
Ordering user: Neighbor Jr., William E 09/04/09 1141 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 09/04/09 - 11/13/09 Class: RIGHTFAX
Released by: Neighbor Jr., William E 09/04/09 1141 Discontinued by: Neighbor Jr., William E 02/24/10 1203 [Reorder]

09/03/2009 - Letter (Out) in UWMC Family Medicine

Visit Information

Provider Information

Encounter Provider
Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Letters

Letter by Neighbor Jr., William E on 9/3/2009

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

9/3/2009

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

You left a copy of a letter from your prescription insurance suggesting that she might want to switch from Lipitor to a generic which would be less expensive. We would be happy to discuss this with you. Please call to schedule a visit with myself or a member of my team. He could schedule this on a day that you are due for your INR blood test.

Sincerely,

William E Neighbor, MD

09/02/2009 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

09/02/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 9/4/2009
Quantity: 28
Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/17/2009
Start date: 8/17/2009
End date: 1/4/2010
Quantity: 30
Refill: 3

Stopped in Visit

None

09/02/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Milan, Editha T, Technologist 9/2/2009 1:47 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W66765	—	—	09/02/09 1347

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/02/09 1429, Result status: Final result

Order status: Completed Filed on: 09/02/09 1429
Collected by: 09/02/09 1347 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 09/02/09 1755
Gamboa, Elizabeth L on 09/02/09 1500

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 9/2/2009 17:55
Gamboa, Elizabeth L on 9/2/2009 15:00

Letters

Results by Neighbor Jr., William E on 9/2/2009

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

9/2/2009

09/02/2009 - Orders Only in UWMC Family Medicine (continued)

Letters (continued)

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 09/02/2009
PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	2.3 (*)	0.8-1.3

Your blood test is in the desired range. Recheck in one month.

Sincerely,

William E Neighbor, MD

09/02/2009 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Long term (current) use of anticoagulants (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Ellsworth, Allan J	Ellsworth, Allan J

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder

09/02/2009 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/13/2009
Start date: 1/13/2009 — End date: 1/19/2010
Quantity: 5ml — Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/6/2009
Start date: 2/4/2009 — End date: 9/8/2009
Quantity: 60 — Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD — Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/17/2009
Start date: 2/17/2009 — End date: 9/25/2009
Quantity: 90 — Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/27/2009
Start date: 2/27/2009 — End date: 2/16/2010
Quantity: 4 — Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/27/2009
Start date: 2/27/2009 — End date: 9/4/2009
Quantity: 28 — Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/23/2009
Start date: 3/23/2009 — End date: 3/25/2010
Quantity: 90 — Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/18/2009
Start date: 5/18/2009 — End date: 1/4/2010
Quantity: 90 — Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 8/17/2009
Start date: 8/17/2009 — End date: 1/4/2010
Quantity: 30 — Refill: 3

09/02/2009 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Stopped in Visit

None

Clinical Notes

Progress Notes

Banuelos, Heather at 9/2/2009 1428

FOB Worksheet for MA Services

Arrived: YES
Vital(s) &/or pain assessment: YES
Lab, chart, reports &/or meds reviewed: YES Medication(s)
Symptoms, diagnosis, plan, meds &/or other explained/clarified: NO
Room use 26-50 min (excludes wait time): NO
Room use >50 min (excludes wait time): NO
Chaperone: NO
Other procedures (not separately billed): NO

MA-only visit NO

Total number of YES responses: 3
Completed by: Heather Banuelos

Electronically signed by Banuelos, Heather at 9/2/2009 2:28 PM

Ellsworth, Allan J at 9/2/2009 1441

ANTICOAG VISIT SHORT FORM
BP 137/72 | Pulse 73 | Wt 132 lb (59.875 kg)

Jeanne Leonie Hoffman 9/2/2009

1. Today's: 2.3
   Target INR range: 2-3

2. Dietary change NO

3. Missed doses/extra doses: NO

4. Bleeding or bruising: NO

5. Sx's stroke/TIA or thrombosis: NO

6. Medication changes
   Current meds

Current outpatient prescriptions prior to encounter

Medication	Sig	Dispense	Refill

09/02/2009 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

• WARFARIN SODIUM 10 MG OR TABS	One tablet daily	30	3
• CARBAMAZEPINE 200 MG OR TABS	1 TABLET 3 TIMES DAILY	90	6
• LIPITOR 40 MG OR TABS	1 po QD	90	3
• FOSAMAX 70 MG OR TABS	Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking	4	12
• TYLENOL/CODEINE #3 300-30 MG OR TABS	1 TABLET at bed time	28	0
• PENTOXIL 400 MG OR TBCR	One tablet three times daily	90	6
• METFORMIN HCL 500 MG OR TABS	one tab twice daily for diabetes	60	6
• TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily	5ml	prn
• TEGRETOL 200 MG OR TABS	take one tablet po three times daily	90	5
• HYDROCHLOROTHIAZIDE 25 MG OR TABS	Take 1/2 tablet by mouth every day	15	11
• RANITIDINE HCL 150 MG OR TABS	Take 1 tablet by mouth 2 times per day	60	12
• COUMADIN 10 MG OR TABS	One tablet daily	34	1

Med changes today none

7. Etoh intake **History**

Substance Use Topics

- Tobacco Use: Never
- Alcohol Use: Not on file

NEXT VISIT : 1 month

Electronically signed by Ellsworth, Allan J at 9/2/2009 2:41 PM

Ellsworth, Allan J at 9/2/2009 1556

Constipation

Electronically signed by Ellsworth, Allan J at 9/2/2009 3:56 PM

Flowsheets

Encounter Vitals

Row Name	09/02/09 1426
BP	137/72

09/02/2009 - Office Visit in UWMC Family Medicine (continued)

Flowsheets (continued)

Pulse	73
Weight	59.9 kg (132 lb)

UNKNOWN

Row Name	09/02/09 1426
BP	137/72
Pulse	73
Weight	59.9 kg (132 lb)

08/20/2009 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

08/20/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 9/4/2009
Quantity: 28
Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/17/2009
Start date: 8/17/2009
End date: 1/4/2010
Quantity: 30
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Nolan, Karen C at 8/20/2009 1630

08/20/2009 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Pt here with INR of 1.7. She is currently taking 10 mg QD and states that she missed a full dose two nights ago. Gentleman accompanying states that she takes her coumadin late at night and sometimes falls asleep before she takes her dose. Advised that she should try to take it earlier in the evening to avoid missed doses. Per Dr Neighbor, pt is to take an extra 1/2 tab tonight and have her INR rechecked in two weeks. Also patient is c/o legs falling asleep while walking, and that this has been going on for "a long long time". Advised making an appt to discuss, suggested that she could be put on the schedule in two weeks and have her INR checked at the same time.

Electronically signed by Nolan, Karen C at 8/20/2009 4:30 PM

08/20/2009 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

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Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

08/20/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 9/4/2009
Quantity: 28
Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/17/2009
Start date: 8/17/2009
End date: 1/4/2010
Quantity: 30
Refill: 3

Stopped in Visit

None

08/20/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Milan, Editha T, Technologist 8/20/2009 3:50 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H53620	—	—	08/20/09 1550

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 08/20/09 1610, Result status: Final result

Order status: Completed Filed on: 08/20/09 1610
Collected by: 08/20/09 1550 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 08/20/09 1646
Gamboa, Elizabeth L on 08/20/09 1641

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 8/20/2009 at 4:46 PM
Missed full dose earlier this week. Asked her to take extra half dose this evening and recheck INR in 2 weeks. William E Neighbor, MD

All Reviewers List

Neighbor Jr., William E on 8/20/2009 16:46
Gamboa, Elizabeth L on 8/20/2009 16:41

08/17/2009 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: Long term (current) use of anticoagulants

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

08/17/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 9/4/2009
Quantity: 28
Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 8/17/2009
Start date: 8/17/2009
End date: 1/4/2010
Quantity: 30
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 8/17/2009 1126

08/17/2009 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Pharmacy is requesting refills on the attached, please advise.
Fax received 8/16/09
Thanks, Courtney Smith CMA

Electronically signed by Smith, Courtney at 8/17/2009 11:26 AM

Other Orders

Medications

WARFARIN SODIUM 10 MG OR TABS (Discontinued)

Electronically signed by: **Changamire, Freeman on 08/17/09 1353** Status: **Discontinued**
Ordering user: Changamire, Freeman 08/17/09 1353 Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 08/17/09 - 01/04/10 Class: RIGHTFAX
Released by: Changamire, Freeman 08/17/09 1353 Discontinued by: Neighbor Jr., William E 01/05/10 1747 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Medication comments: Review of her record shows that at visit in mid October she was taking 10 mg once daily with no subsequent change.

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

07/27/2009 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

07/27/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 9/4/2009
Quantity: 28
Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Changamire, Freeman, MD
Discontinued on: 8/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/12/2009
Start date: 5/11/2009
End date: 8/17/2009
Quantity: 30
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

Stopped in Visit

None

07/27/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 7/27/2009 11:17 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M49897	—	—	07/27/09 1117

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/27/09 1144, Result status: Final result

Order status: Completed Filed on: 07/27/09 1144
Collected by: 07/27/09 1117 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 07/27/09 1249
Gamboa, Elizabeth L on 07/27/09 1216

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 7/27/2009 12:49
Gamboa, Elizabeth L on 7/27/2009 12:16

06/05/2009 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Musculoskeletal Problem
Visit diagnosis: Pain in joint, pelvic region and thigh

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Ellsworth, Allan J	Ellsworth, Allan J

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Follow-up and Dispositions

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

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Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010

06/05/2009 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/13/2009
Start date: 1/13/2009 — End date: 1/19/2010
Quantity: 5ml — Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/6/2009
Start date: 2/4/2009 — End date: 9/8/2009
Quantity: 60 — Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD — Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/17/2009
Start date: 2/17/2009 — End date: 9/25/2009
Quantity: 90 — Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/27/2009
Start date: 2/27/2009 — End date: 2/16/2010
Quantity: 4 — Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/27/2009
Start date: 2/27/2009 — End date: 9/4/2009
Quantity: 28 — Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/23/2009
Start date: 3/23/2009 — End date: 3/25/2010
Quantity: 90 — Refill: 3

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Changamire, Freeman, MD — Discontinued on: 8/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/12/2009
Start date: 5/11/2009 — End date: 8/17/2009
Quantity: 30 — Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/18/2009
Start date: 5/18/2009 — End date: 1/4/2010
Quantity: 90 — Refill: 6

06/05/2009 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Stopped in Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD Discontinued on: 6/5/2009

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD Discontinued on: 6/5/2009

Clinical Notes

Progress Notes

Banuelos, Heather at 6/5/2009 1433

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Heather Banuelos

Electronically signed by Banuelos, Heather at 6/5/2009 2:33 PM

Ellsworth, Allan J at 6/5/2009 1442

CC: Right hip pain. Hurts all the time - night and day - 5./10. Function 5/10; History of fall with fractured right hip - ORIF - pin and plate, April 2007. Pain continuous, but off and on since then.

Last week, bending over at grocery store, right hip snapped, and it has hurt more.

Self Rx w/ 2 APAP TID plus or minus an additional Tyl #3. Cautious with combination.

Coagulopathy/Anticoagulation:
No bruising, bleeding, or signs/symptoms of thromboemolic event. Taking warfarin 10 mg QD. Last week, PT sub therapeutic. Back today for recheck.

O:
VS: BP 137/65 | Pulse 67 | Wt 130 lb (58.968 kg)
MSK: R HIP EXAM

06/05/2009 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Standing
Gait: Guarded; uses walker; Balance not good (long standing)

Supine
Range of motion
Flexion: 90 with nopain
Internal rotation: 15 to pain
External rotation: 25 to pain

Strength
Flexion: 3/5
Extension: 3/5
Abduction: 3/5
Adduction: 3/5
Internal rotation: 3/5
External rotation: 3/5

Palpation
Greater trocanter: Temder
Sensation: Intact, grossly

Hip Imaging:

Comparison: August 17, 2007. Findings: Right-sided dynamic hip screw again noted traversing a healed intertrochanteric femur fracture. The fracture appears well bridged by callus. No complications are noted. There is moderate right hip osteoarthritis. On the left, there is moderate left hip osteoarthritis. No acute fractures are noted. There is moderate to severe lumbar spondylosis.

INR: 2.3

A: Hip OA, bilat

Stable, therapeutic anticoagulation

P:

No change in APAP, occ. APAP/codeine regimen.

Reviewed options, including steroid injections, other adjunctive medications, and surgery.

No change in warfarin regimen.

RTC 1 month for PT monitoring.

Electronically signed by Ellsworth, Allan J at 6/5/2009 4:07 PM

Imaging

Imaging

06/05/2009 - Office Visit in UWMC Family Medicine (continued)

Imaging (continued)

X-RAY HIPS 4 VW + PELVIS (Final result)

Electronically signed by: **Ellsworth, Allan J on 06/05/09 1451** Status: **Completed**
Ordering user: Ellsworth, Allan J 06/05/09 1451 Authorized by: Ellsworth, Allan J
Ordering mode: Standard
Frequency: Routine 06/05/09 - Class: On Site
Quantity: 1 Lab status: Final result
Diagnoses
Pain in joint, pelvic region and thigh [719.45 (ICD-9-CM)]

Questionnaire

Question	Answer
Reason for Exam	s/p R hip fracture 2007, w/ ORIF; Now w/ R hip pain popping incident; left hip also hurts at times.
Which side?	BILATERAL

Order comments: .

X-RAY HIPS 4 VW + PELVIS Resulted: 06/06/09 2209, Result status: Final result

Order status: Completed Filed on: 06/06/09 2209
Accession number: 5980393 Resulting lab: UW RADIOLOGY
Lab Technician: TAMRA K STOLL TECH

Components

Component	Value	Reference Range	Flag	Lab
General Diagnostic Text	--	—	—	UW RAD

Result: **WET READ** AP pelvis and a single view each of the bilateral hips. Indication: 84 year old female status post right hip fracture in 2007. Now with right hip pain and popping. Left hip also hurts. Comparison: August 17, 2007. Findings: Right-sided dynamic hip screw again noted traversing a healed intertrochanteric femur fracture. The fracture appears well bridged by callus. No complications are noted. There is moderate right hip osteoarthritis. On the left, there is moderate left hip osteoarthritis. No acute fractures are noted. There is moderate to severe lumbar spondylosis.ATTENDING RADIOLOGIST AND PAGER NUMBER006581 RICHARDSON MICHAEL MD(206)991-5169

Reviewed by

Neighbor Jr., William E on 07/29/10 2001

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

JOINT PAIN-PELVIS [719.45 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 7/29/2010 20:01

Flowsheets

Encounter Vitals

Row Name	06/05/09 1432
BP	137/65
Pulse	67
Weight	59 kg (130 lb)
Exclude from Growth Chart	No

06/05/2009 - Office Visit in UWMC Family Medicine (continued)

Flowsheets (continued)

UNKNOWN

Row Name	06/05/09 1432
BP	137/65
Pulse	67
Weight	59 kg (130 lb)
Exclude from Growth Chart	No

06/05/2009 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

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Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

06/05/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 9/4/2009
Quantity: 28
Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Changamire, Freeman, MD
Discontinued on: 8/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/12/2009
Start date: 5/11/2009
End date: 8/17/2009
Quantity: 30
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

Stopped in Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009

06/05/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD Discontinued on: 6/5/2009

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 6/5/2009 1:22 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F29525	—	—	06/05/09 1322

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 06/05/09 1455, Result status: Final result

Order status: Completed Filed on: 06/05/09 1455
Collected by: 06/05/09 1322 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Chin, Kimberly Y on 06/05/09 1606
Neighbor Jr., William E on 06/05/09 1504

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Chin, Kimberly Y on 6/5/2009 16:06
Neighbor Jr., William E on 6/5/2009 15:04

05/28/2009 - Appointment in UWMC Family Medicine

Visit Information

Appointment Information

RETURN
5/28/2009 2:50 PM

Left without seen

Time	Provider	Department	Length
2:50 PM	Palmer, Chadwick Marshall, MD	ZZUWMC FAMILY MED CENTER	35 min

Enc Form Number: 12956982

Notes:
hurt hip/INR-efg

History

Rescheduled:	5/28/2009 2:17 PM	By:	Goetschius, Eyda F	ES
Checked In:	5/28/2009 2:18 PM	By:	Goetschius, Eyda F	ES
Can. ChkIn:	5/28/2009 4:04 PM	By:	Goetschius, Eyda F	ES
EOD List:	5/29/2009 7:46 AM	By:	Mitchell, Ying Y, Coordinator	ES
EOD Status:	6/1/2009 11:03 PM	By:	Uw User, Batch Scheduler	ES

Medication List

Medication List

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Active at the End of Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 30 — Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 42.5gm — Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/23/2008
Start date: 6/23/2008 — End date: 6/5/2009
Quantity: 90 — Refill: 5

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/2/2008
Start date: 10/2/2008 — End date: 11/13/2009
Quantity: 34 — Refill: 1

05/28/2009 - Appointment in UWMC Family Medicine (continued)

Medication List (continued)

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009

05/28/2009 - Appointment in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 2/27/2009 End date: 9/4/2009
Quantity: 28 Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD Ordered on: 3/23/2009
Start date: 3/23/2009 End date: 3/25/2010
Quantity: 90 Refill: 3

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Changamire, Freeman, MD Discontinued on: 8/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 5/12/2009
Start date: 5/11/2009 End date: 8/17/2009
Quantity: 30 Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD Ordered on: 5/18/2009
Start date: 5/18/2009 End date: 1/4/2010
Quantity: 90 Refill: 6

Stopped in Visit

None

05/28/2009 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 6/5/2009
Quantity: 90
Refill: 5

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

05/28/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 9/4/2009
Quantity: 28
Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

05/28/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Changamire, Freeman, MD
Discontinued on: 8/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/12/2009
Start date: 5/11/2009
End date: 8/17/2009
Quantity: 30
Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434**
Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 5/28/2009 11:47 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H58973	—	—	05/28/09 1147

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 05/28/09 1225, Result status: Final result

Order status: Completed
Filed on: 05/28/09 1225
Collected by: 05/28/09 1147
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.8	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 05/28/09 1800
Gamboa, Elizabeth L on 05/28/09 1236

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

05/28/2009 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

LAB

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 5/28/2009 at 6:00 PM
The patient has been eating a lot of spinach. She was asked to decrease this and recheck INR in one week.

All Reviewers List

Neighbor Jr., William E on 5/28/2009 18:00
Gamboa, Elizabeth L on 5/28/2009 12:36

05/18/2009 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 6/5/2009
Quantity: 90
Refill: 5

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

05/18/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 9/4/2009
Quantity: 28
Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Changamire, Freeman, MD
Discontinued on: 8/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/12/2009
Start date: 5/11/2009
End date: 8/17/2009
Quantity: 30
Refill: 3

05/18/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 5/18/2009 0919

Pharmacy is requesting refills on the attached, please advise.
Fax received 5/15/09
Thanks, Courtney Smith.

Electronically signed by Smith, Courtney at 5/18/2009 9:19 AM

Other Orders

Medications

CARBAMAZEPINE 200 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 05/18/09 1429**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 05/18/09 1429
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/18/09 - 01/04/10
Class: E-SEND (Fax)
Released by: Neighbor Jr., William E 05/18/09 1429
Discontinued by: Neighbor Jr., William E 01/05/10 1747 [Reorder]

05/11/2009 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 6/5/2009
Quantity: 90
Refill: 5

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

05/11/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 9/4/2009
Quantity: 28
Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Changamire, Freeman, MD
Discontinued on: 8/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/12/2009

05/11/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 5/11/2009
End date: 8/17/2009
Quantity: 30
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Nolan, Karen C at 5/11/2009 1741

Pharmacy requesting refill for below med

Electronically signed by Nolan, Karen C at 5/11/2009 5:41 PM

Neighbor Jr., William E at 5/12/2009 1424

Stable dose. INR is within the last month therapeutic.

Electronically signed by Neighbor Jr., William E at 5/12/2009 2:24 PM

Other Orders

Medications

WARFARIN SODIUM 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor Jr., William E on 05/12/09 1424**
Status: **Discontinued**
Ordering user: Neighbor Jr., William E 05/12/09 1424
Authorized by: Neighbor Jr., William E
Ordering mode: Standard
Frequency: Routine 05/11/09 - 08/17/09
Class: E-SEND (Fax)
Released by: Neighbor Jr., William E 05/12/09 1424
Discontinued by: Changamire, Freeman 08/17/09 1353 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Medication comments: Review of her record shows that at visit in mid October she was taking 10 mg once daily with no subsequent change.

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

04/21/2009 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor Jr., William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 6/5/2009
Quantity: 90
Refill: 5

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

04/21/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/12/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/30/2008
Start date: 12/30/2008
End date: 5/11/2009
Quantity: 30
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 9/4/2009
Quantity: 28
Refill: 0

04/21/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434**
Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Grittman, Sheryl R, Technologist 4/21/2009 12:55 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T46685	—	—	04/21/09 1255

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 04/21/09 1337, Result status: Final result

Order status: Completed
Filed on: 04/21/09 1337
Collected by: 04/21/09 1255
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor Jr., William E on 04/22/09 1659
Gillespie, Megan M on 04/21/09 1410

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor Jr., William E on 4/22/2009 16:59

04/21/2009 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Gillespie, Megan M on 4/21/2009 14:10

Letters

Letter by Neighbor Jr., William E on 4/22/2009

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

4/22/2009

JEANNE LEONIE HOFFMAN
245 HIGH SCHOOLRD NW UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

Your INR is 2.2. The therapeutic goal is an INR of 2 to 3. I recommend the dose of Coumadin be unchanged. I recommend repeat INR test in one month.

Sincerely,

William E Neighbor, MD

03/27/2009 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 6/5/2009
Quantity: 90
Refill: 5

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

03/27/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/12/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/30/2008
Start date: 12/30/2008
End date: 5/11/2009
Quantity: 30
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 9/4/2009
Quantity: 28
Refill: 0

03/27/2009 - Orders Only in UWMC Family Medicine (continued)

Medication List (continued)

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434**
Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/27/2009 10:40 AM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F48661	—	—	03/27/09 1040

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 03/27/09 1117, Result status: Final result

Order status: Completed
Filed on: 03/27/09 1117
Collected by: 03/27/09 1040
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.8	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 03/27/09 1604
Gamboa, Elizabeth L on 03/27/09 1119

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 3/27/2009 16:04

03/27/2009 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Gamboa, Elizabeth L on 3/27/2009 11:19

03/23/2009 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 6/5/2009
Quantity: 90
Refill: 5

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

WARFARIN SODIUM 10 MG OR TABS

03/23/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/12/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/30/2008
Start date: 12/30/2008
End date: 5/11/2009
Quantity: 30
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 2/16/2010
Quantity: 4
Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 9/4/2009
Quantity: 28
Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/23/2009
Start date: 3/23/2009
End date: 3/25/2010
Quantity: 90
Refill: 3

03/23/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 3/23/2009 0920

Pharmacy is requesting refills on the attached, please advise.
Fax received 3/23/09
Thanks, Courtney Smith.

Electronically signed by Smith, Courtney at 3/23/2009 9:20 AM

Other Orders

Medications

LIPITOR 40 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 03/23/09 1301** Status: **Discontinued**
Ordering user: Neighbor, William E 03/23/09 1301 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/23/09 - 03/25/10 Class: E-SEND (Fax)
Released by: Neighbor, William E 03/23/09 1301 Discontinued by: Neighbor Jr., William E 03/25/10 1117 [Reorder]

02/27/2009 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Osteoporosis, unspecified
- Long term (current) use of anticoagulants
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- Other and unspecified hyperlipidemia
- Essential hypertension, benign

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 3/23/2009
Quantity: 90
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 6/5/2009
Quantity: 90
Refill: 5

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day

02/27/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 10/21/2008
Quantity: 60
Ordered on: 10/21/2008
End date: 12/29/2009
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Discontinued on: 12/7/2009
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Start date: 12/11/2008
Quantity: 15
Ordered on: 12/11/2008
End date: 12/7/2009
Refill: 11

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Discontinued on: 5/12/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Start date: 12/30/2008
Quantity: 30
Ordered on: 12/30/2008
End date: 5/11/2009
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Start date: 1/7/2009
Quantity: 90
Ordered on: 1/7/2009
End date: 11/13/2009
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Discontinued on: 1/19/2010
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Start date: 1/13/2009
Quantity: 5ml
Ordered on: 1/13/2009
End date: 1/19/2010
Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Discontinued on: 9/10/2009
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Start date: 2/4/2009
Quantity: 60
Ordered on: 2/6/2009
End date: 9/8/2009
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Reason for discontinuation: Reorder
Discontinued on: 9/25/2009
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Start date: 2/17/2009
Quantity: 90
Ordered on: 2/17/2009
End date: 9/25/2009
Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Discontinued on: 2/17/2010
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Start date: 2/27/2009
Quantity: 4
Ordered on: 2/27/2009
End date: 2/16/2010
Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

02/27/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/27/2009
Start date: 2/27/2009
End date: 9/4/2009
Quantity: 28
Refill: 0

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 2/27/2009 1330

Pharmacy is requesting refills on the attached, please advise.
Fax received 2/27/09
Thanks, Courtney Smith.

Electronically signed by Smith, Courtney at 2/27/2009 1:30 PM

Other Orders

Medications

FOSAMAX 70 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 02/27/09 1716**
Status: **Discontinued**
Ordering user: Neighbor, William E 02/27/09 1716
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/27/09 - 02/16/10
Class: E-SEND (Fax)
Released by: Neighbor, William E 02/27/09 1716
Discontinued by: Neighbor Jr., William E 02/17/10 1233 [Reorder]
Diagnoses
Osteoporosis, unspecified [733.00 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]
Essential hypertension, benign [401.1 (ICD-9-CM)]

Indications

OSTEOPOROSIS NOS [733.00 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]
BENIGN HYPERTENSION [401.1 (ICD-9-CM)]

TYLENOL/CODEINE #3 300-30 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 02/27/09 1716**
Status: **Discontinued**
Ordering user: Neighbor, William E 02/27/09 1716
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/27/09 - 09/04/09
Class: E-SEND (Fax)
Released by: Neighbor, William E 02/27/09 1716
Discontinued by: Neighbor Jr., William E 09/04/09 1141 [Reorder]

02/27/2009 - Telephone in UWMC Family Medicine (continued)

Other Orders (continued)

02/25/2009 - Orders Only in UWMC Family Medicine

Reason for Visit

Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- Other and unspecified hyperlipidemia

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 02/25/09 1434** Status: **Completed**
Ordering user: Nolan, Karen C 02/25/09 1434 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/09 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Grittman, Sheryl R, Technologist 2/25/2009 2:47 PM
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W63603	—	—	02/25/09 1447

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 02/25/09 1449, Result status: Final result

Order status: Completed Filed on: 02/25/09 1449
Collected by: 02/25/09 1447 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

02/25/2009 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Reviewed by

Neighbor, William E on 02/25/09 1801
Reddoch, Coreen on 02/25/09 1629

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 2/25/2009 18:01
Reddoch, Coreen on 2/25/2009 16:29

LIPID PANEL (Cancel Pend)

Electronically signed by: **Nolan, Karen C on 02/26/09 1125** Status: **Cancel Pend**
Ordering user: Nolan, Karen C 02/26/09 1125 Authorized by: Neighbor, William E
Frequency: Routine 02/26/09 - Class: Normal
Quantity: 1 Pended by: Nolan, Karen C 02/26/09 1125
Canceled by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Diagnoses
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

Questionnaire

Question	Answer
Patient Fasting Status Y/N?	YES

Indications

Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

HEMOGLOBIN A1C, HPLC (Cancel Pend)

Electronically signed by: **Nolan, Karen C on 02/26/09 1125** Status: **Cancel Pend**
Ordering user: Nolan, Karen C 02/26/09 1125 Authorized by: Neighbor, William E
Frequency: Routine 02/26/09 - Class: Normal
Quantity: 1 Pended by: Nolan, Karen C 02/26/09 1125
Canceled by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

URINE SCREEN, MICROALBUMINURIA (Cancel Pend)

Electronically signed by: **Nolan, Karen C on 02/26/09 1125** Status: **Cancel Pend**
Ordering user: Nolan, Karen C 02/26/09 1125 Authorized by: Neighbor, William E
Frequency: Routine 02/26/09 - Class: Normal
Quantity: 1 Pended by: Nolan, Karen C 02/26/09 1125
Canceled by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

02/25/2009 - Orders Only in UWMC Family Medicine (continued)

Labs (continued)

Letters

Results by Neighbor, William E on 2/25/2009

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

2/25/2009

Jeanne Leonie Hoffman
245 HIGH SCHOOLRD NW UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 02/25/2009
PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	2.0 (*)	0.8-1.3

Your INR is 2.0. The therapeutic goal is an INR of 2-3. I recommend the dose of Coumadin be as you have been taking. I recommend repeat INR test in 1 month.

Sincerely,

William E Neighbor, MD

02/17/2009 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 30 — Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 42.5gm — Refill: 3

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2007
Start date: 12/20/2007 — End date: 3/23/2009
Quantity: 90 — Refill: 3

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/27/2009
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/11/2008
Start date: 3/11/2008 — End date: 2/27/2009
Quantity: 4 — Refill: 12

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/23/2008
Start date: 6/23/2008 — End date: 6/5/2009
Quantity: 90 — Refill: 5

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/2/2008
Start date: 10/2/2008 — End date: 11/13/2009
Quantity: 34 — Refill: 1

RANITIDINE HCL 150 MG OR TABS

02/17/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/12/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/30/2008
Start date: 12/30/2008
End date: 5/11/2009
Quantity: 30
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD
Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/17/2009
Start date: 2/17/2009
End date: 9/25/2009
Quantity: 90
Refill: 6

Stopped in Visit

None

02/17/2009 - Telephone in UWMC Family Medicine (continued)

Clinical Notes

Telephone Encounter

Smith, Courtney at 2/17/2009 1240

Pharmacy is requesting refills on the attached, please advise.
Fax received 2/14/09
Thanks, Courtney Smith.

Electronically signed by Smith, Courtney at 2/17/2009 12:40 PM

Other Orders

Medications

PENTOXIL 400 MG OR TBCR (Discontinued)

Electronically signed by: **Neighbor, William E on 02/17/09 1333** Status: **Discontinued**
Ordering user: Neighbor, William E 02/17/09 1333 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/17/09 - 09/25/09 Class: E-SEND (Fax)
Released by: Neighbor, William E 02/17/09 1333 Discontinued by: Dobie, Sharon A 09/25/09 1639 [Reorder]

02/04/2009 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 3/23/2009
Quantity: 90
Refill: 3

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/27/2009
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/11/2008
Start date: 3/11/2008
End date: 2/27/2009
Quantity: 4
Refill: 12

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 2/17/2009
Quantity: 90
Refill: 5

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 6/5/2009
Quantity: 90
Refill: 5

02/04/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/12/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/30/2008
Start date: 12/30/2008
End date: 5/11/2009
Quantity: 30
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/6/2009
Start date: 2/4/2009
End date: 9/8/2009
Quantity: 60
Refill: 6

Stopped in Visit

None

02/04/2009 - Telephone in UWMC Family Medicine (continued)

Clinical Notes

Telephone Encounter

Smith, Courtney at 2/4/2009 1537

Pharmacy is requesting refills on the attached, please advise.
Fax received 2/4/09
Thanks, Courtney Smith.

Electronically signed by Smith, Courtney at 2/4/2009 3:37 PM

Neighbor, William E at 2/5/2009 1043

BMP in July2008 showed nl renal function.
William E Neighbor, MD

Electronically signed by Neighbor, William E at 2/5/2009 10:43 AM

Other Orders

Medications

METFORMIN HCL 500 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 02/06/09 2156** Status: **Discontinued**
Ordering user: Neighbor, William E 02/06/09 2156 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/04/09 - 09/08/09 Class: E-SEND (Fax)
Released by: Neighbor, William E 02/06/09 2156 Discontinued by: Neighbor Jr., William E 09/10/09 1228 [Reorder]

01/29/2009 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:

- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 1/29/2009 11:42 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H37776	—	—	01/29/09 1142

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 01/29/09 1224, Result status: Final result

Order status: Completed Filed on: 01/29/09 1224
Collected by: 01/29/09 1142 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 01/29/09 1727
Reddoch, Coreen on 01/29/09 1447

01/29/2009 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 01/29/2009 at 5:27 PM
Patient seen briefly in clinic. Recheck one month.

All Reviewers List

Neighbor, William E on 1/29/2009 17:27
Reddoch, Coreen on 1/29/2009 14:47

01/13/2009 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 3/23/2009
Quantity: 90
Refill: 3

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/27/2009
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/11/2008
Start date: 3/11/2008
End date: 2/27/2009
Quantity: 4
Refill: 12

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 2/17/2009
Quantity: 90
Refill: 5

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 6/5/2009
Quantity: 90
Refill: 5

01/13/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/6/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/7/2008
Start date: 10/6/2008
End date: 2/4/2009
Quantity: 60
Refill: 3

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/12/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/30/2008
Start date: 12/30/2008
End date: 5/11/2009
Quantity: 30
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/13/2009
Start date: 1/13/2009
End date: 1/19/2010
Quantity: 5ml
Refill: prn

Stopped in Visit

None

01/13/2009 - Telephone in UWMC Family Medicine (continued)

Clinical Notes

Telephone Encounter

Smith, Courtney at 1/13/2009 1320

Pharmacy is requesting refills on the attached, please advise.
Fax received 01/13/09
Thanks, Courtney Smith.

Electronically signed by Smith, Courtney at 1/13/2009 1:20 PM

Other Orders

Medications

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN (Discontinued)

Electronically signed by: **Neighbor, William E on 01/13/09 1425** Status: **Discontinued**
Ordering user: Neighbor, William E 01/13/09 1425 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 01/13/09 - 01/19/10 Class: E-SEND (Fax)
Released by: Neighbor, William E 01/13/09 1425 Discontinued by: Neighbor Jr., William E 01/19/10 1200 [Reorder]

01/06/2009 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Medication Management
Visit diagnosis: Other convulsions

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 3/23/2009
Quantity: 90
Refill: 3

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2009
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/4/2008
Start date: 1/2/2008
End date: 1/13/2009
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/27/2009
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/11/2008
Start date: 3/11/2008
End date: 2/27/2009
Quantity: 4
Refill: 12

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 2/17/2009
Quantity: 90
Refill: 5

01/06/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 6/5/2009
Quantity: 90
Refill: 5

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/6/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/7/2008
Start date: 10/6/2008
End date: 2/4/2009
Quantity: 60
Refill: 3

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/12/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/30/2008
Start date: 12/30/2008
End date: 5/11/2009
Quantity: 30
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

Stopped in Visit

CARBAMAZEPINE TBCR 200 MG OR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/7/2009
Reason for discontinuation: Erroneous order-Prescription destroyed

01/06/2009 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

Clinical Notes

Telephone Encounter

Gardner, Tristen at 1/6/2009 1452

Pharmacy is calling regarding CARBAMAZEPINE TBCR 200 MG OR stating this is the first time the med has been time released and they would like a call to verify-pls call pharmacy

Electronically signed by Gardner, Tristen at 1/6/2009 2:52 PM

Neighbor, William E at 1/7/2009 1504

Looks like should be the regular release based on pharmacy records.. I called the pharmacy and updated med list. William E Neighbor, MD

Electronically signed by Neighbor, William E at 1/7/2009 3:04 PM

Other Orders

Medications

TEGRETOL 200 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 01/07/09 1504** Status: **Discontinued**
Ordering user: Neighbor, William E 01/07/09 1504 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 01/07/09 - 11/13/09 Class: Normal
Discontinued by: Neighbor Jr., William E 11/13/09 1602
Diagnoses
Other convulsions [780.39 (ICD-9-CM)]

Indications

CONVULSIONS, OTHER (HCC) [780.39 (ICD-9-CM)]

12/30/2008 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnoses:

- (primary)
- Long term (current) use of anticoagulants
- Other convulsions

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 12/30/2008 1600

Pharmacy is requesting refills on the attached, please advise.
Fax received 12/30/08
Thanks, Courtney Smith.

Electronically signed by Smith, Courtney at 12/30/2008 4:00 PM

Neighbor, William E at 12/30/2008 1627

Reviewed her record. Carbamazepine or Tegretol dose is correct.

Coumadin dose has been 10 mg once daily based on office visit Oct 15. Review of subsequent TEs does not show a change in dose. My letter to her in mid December regarding a low INR indicated she should take an extra one time half tablet but otherwise continue same dose. Therefore, I have refilled her prescription for 10 mg once daily. This assessment was recorded in a comment appended to the prescription sent to the pharmacy.
William E Neighbor, MD

Electronically signed by Neighbor, William E at 12/30/2008 4:31 PM

Fikak, Goitom at 12/31/2008 1535

12/30/2008 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Pharmacy wants to verify about the tegretol with you.Left messeg on my VM Please call pharmacy at 206-842-7197. Thanks,
goitom

Electronically signed by Fikak, Goitom at 12/31/2008 3:35 PM

Other Orders

Medications

WARFARIN SODIUM 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 12/30/08 1631** Status: **Discontinued**
Ordering user: Neighbor, William E 12/30/08 1631 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 12/30/08 - 05/11/09 Class: E-SEND (Fax)
Released by: Neighbor, William E 12/30/08 1631 Discontinued by: Neighbor Jr., William E 05/12/09 1424 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Medication comments: Review of her record shows that at visit in mid October she was taking 10 mg once daily with no subsequent change.

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

CARBAMAZEPINE TBCR 200 MG OR (Discontinued)

Electronically signed by: **Neighbor, William E on 12/30/08 1631** Status: **Discontinued**
Ordering user: Neighbor, William E 12/30/08 1631 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 12/30/08 - 01/07/09 Class: E-SEND (Fax)
Released by: Neighbor, William E 12/30/08 1631 Discontinued by: Neighbor, William E 01/07/09 1503 [Erroneous order-Prescription destroyed]
Diagnoses
Other convulsions [780.39 (ICD-9-CM)]

Indications

CONVULSIONS, OTHER (HCC) [780.39 (ICD-9-CM)]

12/12/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 12/12/2008 10:15 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F45232	—	—	12/12/08 1015

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 12/12/08 1105, Result status: Final result

Order status: Completed Filed on: 12/12/08 1105
Collected by: 12/12/08 1015 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

Gamboa, Elizabeth L on 12/12/08 1249
Neighbor, William E on 12/12/08 1129
Gillespie, Megan M on 12/12/08 1119

12/12/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Gamboa, Elizabeth L on 12/12/2008 12:49
Neighbor, William E on 12/12/2008 11:29
Gillespie, Megan M on 12/12/2008 11:19

12/11/2008 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 3/23/2009
Quantity: 90
Refill: 3

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2009
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/4/2008
Start date: 1/2/2008
End date: 1/13/2009
Quantity: 5ml
Refill: prn

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/27/2009
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/11/2008
Start date: 3/11/2008
End date: 2/27/2009
Quantity: 4
Refill: 12

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 2/17/2009
Quantity: 90
Refill: 5

12/11/2008 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 6/5/2009
Quantity: 90
Refill: 5

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/6/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/7/2008
Start date: 10/6/2008
End date: 2/4/2009
Quantity: 60
Refill: 3

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 12/11/2008 1616

Pharmacy is requesting refills on the attached, please advise.
Fax received 12/11/08
Thanks, Courtney Smith.

Electronically signed by Smith, Courtney at 12/11/2008 4:16 PM

12/11/2008 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Other Orders

Medications

HYDROCHLOROTHIAZIDE 25 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 12/11/08 1647** Status: **Discontinued**
Ordering user: Neighbor, William E 12/11/08 1647 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 12/11/08 - 12/07/09 Class: E-SEND (Fax)
Released by: Neighbor, William E 12/11/08 1647 Discontinued by: Neighbor Jr., William E 12/07/09 1658 [Reorder]

12/03/2008 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Nolan, Karen C at 12/3/2008 1040

Patient stopped by yesterday with an INR of 1.8, patient denies any missed doses or change in diet. Last INR was 2.3 on 10/15. Per Dr Morris, patient should stay on same dose and recheck in 2 weeks. Patient has an appt on 12/12, so she will recheck at that time.

Electronically signed by Nolan, Karen C at 12/3/2008 10:40 AM

12/02/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 12/2/2008 12:45 PM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T10970	—	—	12/02/08 1245

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 12/02/08 1333, Result status: Final result

Order status: Completed Filed on: 12/02/08 1333
Collected by: 12/02/08 1245 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.8	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 12/08/08 1418
Gamboa, Elizabeth L on 12/03/08 1103
Dobie, Sharon Ann on 12/02/08 1943

12/02/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by Sharon A Dobie on 12/02/2008 at 7:40 PM
Will repeat INR Fri or Mon and have pt seen. Asked RNs to f/u

All Reviewers List

Neighbor, William E on 12/8/2008 14:18
Gamboa, Elizabeth L on 12/3/2008 11:03
Dobie, Sharon Ann on 12/2/2008 19:43

Letters

Results by Neighbor, William E on 12/8/2008

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

12/8/2008

Jeanne Leonie Hoffman
245 HIGH SCHOOLRD NW UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 12/02/2008
PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	1.8 (*)	0.8-1.3

Your INR was below the therapeutic range. I advise taking an extra half dose of coumadin and rechecking in two weeks. I would like to see you aswe may need to make an adjustment in your standard dosing.

Sincerely,

12/02/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

William E Neighbor, MD

10/21/2008 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 30 — Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 42.5gm — Refill: 3

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2007
Start date: 12/20/2007 — End date: 3/23/2009
Quantity: 90 — Refill: 3

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/13/2009
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/4/2008
Start date: 1/2/2008 — End date: 1/13/2009
Quantity: 5ml — Refill: prn

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/11/2008
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/4/2008
Start date: 1/2/2008 — End date: 12/11/2008
Quantity: 15 — Refill: 11

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/27/2009
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/11/2008
Start date: 3/11/2008 — End date: 2/27/2009
Quantity: 4 — Refill: 12

10/21/2008 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 2/17/2009
Quantity: 90
Refill: 5

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 6/5/2009
Quantity: 90
Refill: 5

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/6/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/7/2008
Start date: 10/6/2008
End date: 2/4/2009
Quantity: 60
Refill: 3

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Nolan, Karen C at 10/21/2008 1034

Pharmacy requesting below med, appears that patient hasnt had this filled for quite some time

Electronically signed by Nolan, Karen C at 10/21/2008 10:34 AM

Other Orders

10/21/2008 - Telephone in UWMC Family Medicine (continued)

Other Orders (continued)

Medications

RANITIDINE HCL 150 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 10/21/08 1402** Status: **Discontinued**
Ordering user: Neighbor, William E 10/21/08 1402 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 10/21/08 - 12/29/09 Class: E-SEND (Fax)
Released by: Neighbor, William E 10/21/08 1402 Discontinued by: Smith, Courtney 12/29/09 1531

10/15/2008 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Long term (current) use of anticoagulants (primary)
- Needs flu shot

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL II

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009
Start date: 1/7/2009
End date: 11/13/2009
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/19/2010
Reason for discontinuation: Reorder

10/15/2008 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/13/2009
Start date: 1/13/2009 — End date: 1/19/2010
Quantity: 5ml — Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/6/2009
Start date: 2/4/2009 — End date: 9/8/2009
Quantity: 60 — Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD — Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/17/2009
Start date: 2/17/2009 — End date: 9/25/2009
Quantity: 90 — Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/27/2009
Start date: 2/27/2009 — End date: 2/16/2010
Quantity: 4 — Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/27/2009
Start date: 2/27/2009 — End date: 9/4/2009
Quantity: 28 — Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/23/2009
Start date: 3/23/2009 — End date: 3/25/2010
Quantity: 90 — Refill: 3

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Changamire, Freeman, MD — Discontinued on: 8/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/12/2009
Start date: 5/11/2009 — End date: 8/17/2009
Quantity: 30 — Refill: 3

CARBAMAZEPINE 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD — Ordered on: 5/18/2009
Start date: 5/18/2009 — End date: 1/4/2010
Quantity: 90 — Refill: 6

10/15/2008 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Stopped in Visit

None

Clinical Notes

Progress Notes

Smith, Courtney at 10/15/2008 1314

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Courtney Smith

Pre-immunization screening questions were asked and answered.
VIS given to patient.
Patient has no allergies to vaccine or components.
Patient or their caregiver gave verbal consent for immunization.

I administered the injection. Courtney Smith, Medical Assistant

Electronically signed by Smith, Courtney at 10/15/2008 1:54 PM

Neighbor, William E at 10/15/2008 1343

Jeanne Leonie Hoffman is a 83 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
In for INR.
Compliant with coumadin

OBJECTIVE:
BP 118/67 | Pulse 73
General: healthy, alert, no distress
INR 2.3

10/15/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR 2.3. Continue current dose of coumadin 10 mg daily. REcheck one month.

V04.81 VACCINE FOR INFLUENZA
Flu shot today.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 10/15/2008 5:27 PM

Other Orders

Immunization/Injection

IMMUNIZATION ADMIN, SINGLE IMM [90471] (Completed)

Electronically signed by: **Neighbor, William E on 10/15/08 1341** Status: **Completed**
Ordering user: Neighbor, William E 10/15/08 1341 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 10/15/08 - Class: Admin
Quantity: 1 Released by: Neighbor, William E 10/15/08 1341
Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

VACCINE FOR INFLUENZA [V04.81 (ICD-9-CM)]

INFLUENZA VACCINE [90658] (Completed)

Electronically signed by: **Neighbor, William E on 10/15/08 1341** Status: **Completed**
Ordering user: Neighbor, William E 10/15/08 1341 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 10/15/08 - Class: Normal
Quantity: 1 Released by: Neighbor, William E 10/15/08 1341
Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

VACCINE FOR INFLUENZA [V04.81 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	10/15/08 1314
BP	118/67
Pulse	73

UNKNOWN

Row Name	10/15/08 1314

10/15/2008 - Office Visit in UWMC Family Medicine (continued)

Flowsheets (continued)

BP	118/67
Pulse	73

Patient Instructions

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR 2.3. Continue current dose of coumadin 10 mg daily. REcheck one month.

V04.81 VACCINE FOR INFLUENZA
Flu shot today.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 10/15/2008 1:43 PM

10/15/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 10/15/2008 12:48 PM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W36399	—	—	10/15/08 1248

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/15/08 1432, Result status: Final result

Order status: Completed Filed on: 10/15/08 1432
Collected by: 10/15/08 1248 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 10/15/08 1451
Gamboa, Elizabeth L on 10/15/08 1446

10/15/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 10/15/2008 14:51
Gamboa, Elizabeth L on 10/15/2008 14:46

10/06/2008 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

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Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/4/2006
Start date: 12/1/2006
End date: 10/21/2008
Quantity: 60
Refill: 12

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 3/23/2009
Quantity: 90
Refill: 3

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2009
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/4/2008
Start date: 1/2/2008
End date: 1/13/2009
Quantity: 5ml
Refill: prn

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2008
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/4/2008
Start date: 1/2/2008
End date: 12/11/2008
Quantity: 15
Refill: 11

10/06/2008 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/27/2009
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/11/2008
Start date: 3/11/2008
End date: 2/27/2009
Quantity: 4
Refill: 12

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 2/17/2009
Quantity: 90
Refill: 5

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 6/5/2009
Quantity: 90
Refill: 5

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/6/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/7/2008
Start date: 10/6/2008
End date: 2/4/2009
Quantity: 60
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 10/6/2008 1654

Pharmacy is requesting refills on the attached, please advise.
Fax received 10/06/08
Thanks, Courtney Smith.

Electronically signed by Smith, Courtney at 10/6/2008 4:54 PM

10/06/2008 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Other Orders

Medications

METFORMIN HCL 500 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 10/07/08 1409** Status: **Discontinued**
Ordering user: Neighbor, William E 10/07/08 1409 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 10/06/08 - 02/04/09 Class: E-SEND (Fax)
Released by: Neighbor, William E 10/07/08 1409 Discontinued by: Neighbor, William E 02/06/09 2156 [Reorder]

10/02/2008 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnosis: Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL II

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/4/2006
Start date: 12/1/2006
End date: 10/21/2008
Quantity: 60
Refill: 12

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 3/23/2009
Quantity: 90
Refill: 3

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2009
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily

10/02/2008 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 1/2/2008
Quantity: 5ml
Ordered on: 1/4/2008
End date: 1/13/2009
Refill: prn

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Start date: 1/2/2008
Quantity: 15
Discontinued on: 12/11/2008
Ordered on: 1/4/2008
End date: 12/11/2008
Refill: 11

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Start date: 3/11/2008
Quantity: 4
Discontinued on: 2/27/2009
Ordered on: 3/11/2008
End date: 2/27/2009
Refill: 12

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Start date: 6/4/2008
Quantity: 60
Discontinued on: 10/7/2008
Ordered on: 6/4/2008
End date: 10/6/2008
Refill: 3

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Start date: 6/23/2008
Quantity: 90
Discontinued on: 2/17/2009
Ordered on: 6/23/2008
End date: 2/17/2009
Refill: 5

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Start date: 6/23/2008
Quantity: 90
Discontinued on: 6/5/2009
Ordered on: 6/23/2008
End date: 6/5/2009
Refill: 5

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Start date: 10/2/2008
Quantity: 34
Discontinued on: 11/13/2009
Ordered on: 10/2/2008
End date: 11/13/2009
Refill: 1

Stopped in Visit

None

Clinical Notes

Progress Notes

10/02/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Smith, Courtney at 10/2/2008 1045

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Courtney Smith

Electronically signed by Smith, Courtney at 10/2/2008 10:45 AM

Neighbor, William E at 10/2/2008 1059

Jeanne Leonie Hoffman is a 83 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
Complaint with coumadin 10 mg one daily except one and a half on Sunday. No missed doses. No change in diet. Recently noted taste of blood in her mouth. No nose bleed or gum bleeding.

OBJECTIVE:
BP 123/69 | Pulse 77
General: healthy, alert, no distress
Nose and throat without bleeding

INR 3.2. Prior 2.8

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR 3.2. She is taking Coumadin 10 mg one daily except one and a half on Sunday. Instructions now are:

1. Take just a half tablet tonight to lower INR
2. Now take one tablet daily including on Sunday.
3. Recheck in 10 days.

William E Neighbor, MD

10/02/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Electronically signed by Neighbor, William E at 10/2/2008 2:12 PM

Luchembe, Kasonde B at 10/4/2008 1400

follow up appointment made fob level added

Electronically signed by Luchembe, Kasonde B at 10/4/2008 2:00 PM

Luchembe, Kasonde B at 10/4/2008 1400

Addended by: LUCHEMBE, KASONDE B on: 10/4/2008 2:00:48 PM

Modules accepted: Orders

Electronically signed by Luchembe, Kasonde B at 10/4/2008 2:00 PM

Other Orders

Medications

COUMADIN 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 10/02/08 1059** Status: **Discontinued**
Ordering user: Neighbor, William E 10/02/08 1059 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 10/02/08 - 11/13/09 Class: Normal
Discontinued by: Neighbor Jr., William E 11/13/09 1556
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	10/02/08 1044
BP	123/69
Pulse	77

UNKNOWN

Row Name	10/02/08 1044
BP	123/69
Pulse	77

10/02/2008 - Office Visit in UWMC Family Medicine (continued)

Patient Instructions

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR 3.2. She is taking Coumadin 10 mg one daily except one and a half on Sunday. Instructions now are:

1. Take just a half tablet tonight to lower INR
2. Now take one tablet daily including on Sunday.
3. Recheck in 10 days.

William E Neighbor, MD

10/02/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 10/2/2008 10:25 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H27870	—	—	10/02/08 1025

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/02/08 1100, Result status: Final result

Order status: Completed Filed on: 10/02/08 1100
Collected by: 10/02/08 1025 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 10/02/08 1341
Gamboa, Elizabeth L on 10/02/08 1305

10/02/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 10/2/2008 13:41
Gamboa, Elizabeth L on 10/2/2008 13:05

09/17/2008 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Nolan, Karen C at 9/17/2008 0938

Patient stopped by yesterday with INR of 2.6. Thought her appt was in the am, wasn't actually till the afternoon. Called Dr Neighbor, he states that because she is in range, no need to be seen. Patient notified.

Electronically signed by Nolan, Karen C at 9/17/2008 9:38 AM

09/16/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 9/16/2008 10:28 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T24733	—	—	09/16/08 1028

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/16/08 1048, Result status: Final result

Order status: Completed Filed on: 09/16/08 1048
Collected by: 09/16/08 1028 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 09/17/08 1303
Gamboa, Elizabeth L on 09/16/08 1049

09/16/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 09/17/2008 at 1:03 PM
Reviewed by phone with MA. Recheck one month.
William E Neighbor, MD

Notes recorded by William E Neighbor on 09/16/2008 at 11:22 AM
Patient seen

All Reviewers List

Neighbor, William E on 9/17/2008 13:03
Gamboa, Elizabeth L on 9/16/2008 10:49

09/02/2008 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis: Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Hills, Rachel Woodcock	Bui, Quynh Thanh

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Follow-up and Dispositions

- Return in about 10 days (around 9/12/2008) for INR check.

Level of Service

Level of Service	Modifiers
OFFICE/OUTPT VISIT,EST,LEVL II	GE

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

Matro, Jennifer C at 9/2/2008 1146

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3

09/02/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Completed by: Jennifer C Matro

Electronically signed by Matro, Jennifer C at 9/2/2008 11:46 AM

Bui, Quynh Thanh at 9/2/2008 1235

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Attending: Quynh T Bui, MD
I discussed this patient's history and physical findings with the resident, as well as the plan for this patient. I have reviewed and confirm the findings and plan as documented in the resident's note .
Key findings based upon this discussion: On coumadin for recurrent DVTs. INR 3.8 today. No new meds or change in diet. Will decrease coumadin to 10mg daily and 15 mg on Sunday. (decreased 5mg total/week - will take half dose tonight) F/u in one week

Electronically signed by Bui, Quynh Thanh at 9/2/2008 12:35 PM

Hills, Rachel Woodcock at 9/2/2008 1309

S:
1. F/u INR: INR today at 3.8. Pt has not changed any meds or eating habits. Is taking 10 mg coumadin daily except for Wednesday and Sunday when she takes 15 mg. Pt had stable dose of 10 mg daily until being low in clinic a few weeks ago. Dose eventually increased to 10 mg daily except three times per week when she was taking 15 mg. Dose then decreased to 15 mg twice per week as INR high at 3.7. Dose remained stable after last check with INR at 2.5. Pt denies any new bleeding

O:
Blood pressure 128/72, pulse 66.
Gen: NAD
Neuro: Walking slowly with cane, slow to rise

A/P:
1. INR: Goal 2-3. Elevated today. Pt will take 5 mg tonight which is a half dose to lower INR. Will then take 10 mg daily except Sunday where she will take 15 mg. This is an overall 5 mg decrease as she is decreasing her Wednesday 15 mg to 10 mg.

RTC- 1-2 weeks

Rachel W Hills, MD

Electronically signed by Hills, Rachel Woodcock at 9/2/2008 1:09 PM

Luchembe, Kasonde B at 9/2/2008 1456

09/02/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

follow up appointment made fob level added

Electronically signed by Luchembe, Kasonde B at 9/2/2008 2:56 PM

Luchembe, Kasonde B at 9/2/2008 1456

Addended by: LUCHEMBE, KASONDE B on: 9/2/2008 2:56:47 PM

Modules accepted: Orders

Electronically signed by Luchembe, Kasonde B at 9/2/2008 2:56 PM

Flowsheets

Encounter Vitals

Row Name	09/02/08 1144
BP	128/72
Pulse	66

UNKNOWN

Row Name	09/02/08 1144
BP	128/72
Pulse	66

09/02/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 9/2/2008 10:27 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T14536	—	—	09/02/08 1027

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/02/08 1137, Result status: Final result

Order status: Completed Filed on: 09/02/08 1137
Collected by: 09/02/08 1027 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.8	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 09/02/08 1607
Gamboa, Elizabeth L on 09/02/08 1220

09/02/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 09/02/2008 at 4:07 PM
Patient seen by Dr. Hills today.
William E Neighbor, MD

All Reviewers List

Neighbor, William E on 9/2/2008 16:07
Gamboa, Elizabeth L on 9/2/2008 12:20

08/27/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 8/27/2008 10:30 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W71445	—	—	08/27/08 1030

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 08/27/08 1127, Result status: Final result

Order status: Completed Filed on: 08/27/08 1127
Collected by: 08/27/08 1030 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.5	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 08/28/08 1547
Gamboa, Elizabeth L on 08/27/08 1601

08/27/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 08/28/2008 at 3:47 PM
Patient seen

All Reviewers List

Neighbor, William E on 8/28/2008 15:47
Gamboa, Elizabeth L on 8/27/2008 16:01

08/27/2008 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnosis: Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Hills, Rachel Woodcock	Bui, Quynh Thanh

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Follow-up and Dispositions

- Return in about 12 days (around 9/8/2008) for INR check.

Level of Service

Level of Service	Modifiers
OFFICE/OUTPT VISIT,EST,LEVL II	GE

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

Smith, Courtney at 8/27/2008 1053

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Courtney Smith

08/27/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Electronically signed by Smith, Courtney at 8/27/2008 10:53 AM

Bui, Quynh Thanh at 8/27/2008 1206

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Attending: Quynh T Bui, MD
I discussed this patient's history and physical findings with the resident, as well as the plan for this patient. I have reviewed and confirm the findings and plan as documented in the resident's note .
Key findings based upon this discussion: Has hx. Of DVT on lifelong anticoagulation. Goal is INR 2-3. INR today 2.5. Continuing 10mg coumadin daily with 15 mg W Su. F/u 2 weeks.

Electronically signed by Bui, Quynh Thanh at 8/27/2008 12:06 PM

Fontanos, Lisa at 8/28/2008 1515

follow up appt made fob level added

Electronically signed by Fontanos, Lisa at 8/28/2008 3:15 PM

Hills, Rachel Woodcock at 8/28/2008 1900

Jeanne Leonie Hoffman is a 83 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)

Pt has been taking 10 mg daily of coumadin except Tuesday and Sunday when she takes 15 mg. Pt had been taking 10 mg daily until dose became subtherapeutic. Then dose increased to eventually 15 mg three times weekly and 10 mg all other days. Recently supratherapeutic and dose brought back down.

No problems with bleeding or calf pain. No change in diet or medications.

OBJECTIVE:

Blood pressure 110/66, pulse 61, weight 130 lb (58.968 kg).

Psych: healthy, alert, no distress

Neuro: Uses walker and slow from rising in chair

INR 2.5

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)

INR 2.5 today.

08/27/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

To continue on 10 mg daily except 15 mg on Tuesday and Sunday. Given appropriate INR today, will see patient in 1-2 weeks (closer to 2 weeks).

Rachel W Hills, MD

Electronically signed by Hills, Rachel Woodcock at 8/28/2008 7:00 PM

Flowsheets

Encounter Vitals

Row Name	08/27/08 1052
BP	110/66
Pulse	61
Weight	59 kg (130 lb)

UNKNOWN

Row Name	08/27/08 1052
BP	110/66
Pulse	61
Weight	59 kg (130 lb)

08/20/2008 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Follow-Up
Visit diagnosis: Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/4/2006
Start date: 12/1/2006
End date: 10/21/2008
Quantity: 60
Refill: 12

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 3/23/2009
Quantity: 90
Refill: 3

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2009
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily

08/20/2008 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 1/2/2008
Quantity: 5ml
Ordered on: 1/4/2008
End date: 1/13/2009
Refill: prn

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Discontinued on: 12/11/2008
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Start date: 1/2/2008
Quantity: 15
Ordered on: 1/4/2008
End date: 12/11/2008
Refill: 11

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Discontinued on: 2/27/2009
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Start date: 3/11/2008
Quantity: 4
Ordered on: 3/11/2008
End date: 2/27/2009
Refill: 12

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Discontinued on: 10/7/2008
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Start date: 6/4/2008
Quantity: 60
Ordered on: 6/4/2008
End date: 10/6/2008
Refill: 3

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Discontinued on: 2/17/2009
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Start date: 6/23/2008
Quantity: 90
Ordered on: 6/23/2008
End date: 2/17/2009
Refill: 5

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Start date: 6/23/2008
Quantity: 90
Ordered on: 6/23/2008
End date: 6/5/2009
Refill: 5

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Discontinued on: 10/2/2008
Instructions: Take 1.5 TABLET on Sunday and Wednesday. One tablet on all other days of the week.
Authorized by: Neighbor Jr., William E, MD
Start date: 8/20/2008
Quantity: 34
Ordered on: 8/20/2008
End date: 10/2/2008
Refill: 1

Stopped in Visit

None

Clinical Notes

Progress Notes

08/20/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Nolan, Karen C at 8/20/2008 1141

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Karen C Nolan

Electronically signed by Nolan, Karen C at 8/20/2008 11:41 AM

Neighbor, William E at 8/20/2008 1206

Jeanne Leonie Hoffman is a 83 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
For two weeks she has been taking coumadin 10 mg one daily except for one and a half on Sunday, Tuesday, and Friday. Before that she was taking one daily except one and a half on one day of the week but INR was subtherapeutic. Her long term dose which was stable for years was one tablet daily. No bleeding

OBJECTIVE:
BP 110/66 | Pulse 56 | Wt 130 lb (58.968 kg)
General: healthy, alert, no distress

INR 3.7

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR 3.7 today. For two weeks she has been taking coumadin 10 mg one daily except for one and a half on Sunday, Tuesday, and Friday. Before that she was taking one daily except one and a half on one day of the week but INR was subtherapeutic. Her long term dose which was stable for years was one tablet daily.

At this point because her INR is high I advise:
1. Take just one half tablet tonight to reduce INR
2. Then take one tablet daily except one and a half on Sunday and Wednesday.

08/20/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Recheck in one week rather than two.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 8/20/2008 3:56 PM

Luchembe, Kasonde B at 8/20/2008 1215

follow up appointment made fob level added

Electronically signed by Luchembe, Kasonde B at 8/20/2008 12:15 PM

Other Orders

Medications

COUMADIN 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 08/20/08 1207** Status: **Discontinued**
Ordering user: Neighbor, William E 08/20/08 1207 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/20/08 - 10/02/08 Class: Normal
Discontinued by: Neighbor, William E 10/02/08 1059 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	08/20/08 1139
BP	110/66
Pulse	56
Weight	59 kg (130 lb)

UNKNOWN

Row Name	08/20/08 1139
BP	110/66
Pulse	56
Weight	59 kg (130 lb)

Patient Instructions

ASSESSMENT AND PLAN:

08/20/2008 - Office Visit in UWMC Family Medicine (continued)

Patient Instructions (continued)

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR 3.7 today. For two weeks she has been taking coumadin 10 mg one daily except for one and a half on Sunday, Tuesday, and Friday. Before that she was taking one daily except one and a half on one day of the week but INR was subtherapeutic. Her long term dose which was stable for years was one tablet daily.

At this point because her INR is high I advise:
1. Take just one half tablet tonight to reduce INR
2. Then take one tablet daily except one and a half on Sunday and Wednesday.

Recheck in one week rather than two.

William E Neighbor, MD

08/20/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 8/20/2008 10:29 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W66410	—	—	08/20/08 1029

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 08/20/08 1207, Result status: Final result

Order status: Completed Filed on: 08/20/08 1207
Collected by: 08/20/08 1029 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.7	0.8 - 1.3	H	RSVLT

Reviewed by

Gamboa, Elizabeth L on 08/20/08 1228
Neighbor, William E on 08/20/08 1213

08/20/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 08/20/2008 at 12:13 PM
Seen in clinic

All Reviewers List

Gamboa, Elizabeth L on 8/20/2008 12:28
Neighbor, William E on 8/20/2008 12:13

08/05/2008 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaints: Anticoagulation and Follow-Up
Visit diagnosis: Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Capoccia, Kam Lee	Capoccia, Kam Lee

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
GLOBAL PROCEDURE INCLUDES LEVE

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/4/2006
Start date: 12/1/2006
End date: 10/21/2008
Quantity: 60
Refill: 12

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 3/23/2009
Quantity: 90
Refill: 3

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2009
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily

08/05/2008 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Authorized by: Neighbor Jr., William E, MD
Start date: 1/2/2008
Quantity: 5ml
Ordered on: 1/4/2008
End date: 1/13/2009
Refill: prn

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Start date: 1/2/2008
Quantity: 15
Discontinued on: 12/11/2008
Ordered on: 1/4/2008
End date: 12/11/2008
Refill: 11

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Start date: 3/11/2008
Quantity: 4
Discontinued on: 2/27/2009
Ordered on: 3/11/2008
End date: 2/27/2009
Refill: 12

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Start date: 6/4/2008
Quantity: 60
Discontinued on: 10/7/2008
Ordered on: 6/4/2008
End date: 10/6/2008
Refill: 3

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Start date: 6/23/2008
Quantity: 90
Discontinued on: 2/17/2009
Ordered on: 6/23/2008
End date: 2/17/2009
Refill: 5

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Start date: 6/23/2008
Quantity: 90
Discontinued on: 6/5/2009
Ordered on: 6/23/2008
End date: 6/5/2009
Refill: 5

Stopped in Visit

MACRODANTIN 50 MG OR CAPS

Discontinued by: Nolan, Karen C
Discontinued on: 8/5/2008

Clinical Notes

Progress Notes

Nolan, Karen C at 8/5/2008 1101

FOB BASIC SERVICES
Patient checked in: YES

08/05/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Karen C Nolan

Electronically signed by Nolan, Karen C at 8/5/2008 11:01 AM

Capoccia, Kam Lee at 8/5/2008 1124

Patient of Dr Nieghbors for INR evaluation

Even after increase one week ago her INR remains at 1.6. She denies missing a dose, dietary or activity changes. She reports a system to remember her meds. It sounds reliable based on her med list. She denies and symptoms of stroke or of bleeding.

O:.BP 120/60 | Pulse 72 INR 1.6

A: Subtherapeutic INR without etiology. Will increase by about 14% to bump into range of 2-3. Weekly dose increase from 75mg/week to 85mg/week.

P: Increase warfarin to 1.5 tablets on Sundays, Tuesdays, and Fridays with 1 tablet on all other days. She will return to see Dr Nieghbor on August 20th (appt already scheduled). We reviewed signs of bleeding. I completed a pink card for her that she took with her describing this new dose.

Electronically signed by Capoccia, Kam L at 8/5/2008 11:24 AM

Other Orders

Medications

COUMADIN 10 MG OR TABS (Discontinued)

Electronically signed by: **Capoccia, Kam L on 08/05/08 1125** Status: **Discontinued**
Ordering user: Capoccia, Kam L 08/05/08 1125 Authorized by: Capoccia, Kam Lee
Ordering mode: Standard
Cosigning events
Electronically cosigned by Pauwels, Judith A 08/05/08 1726 for Ordering
Frequency: Routine 08/05/08 - 08/20/08 Class: RIGHTFAX
Discontinued by: Neighbor, William E 08/20/08 1207 [Reorder]
Diagnoses

08/05/2008 - Office Visit in UWMC Family Medicine (continued)

Other Orders (continued)

Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	08/05/08 1058
BP	120/60
Pulse	72

UNKNOWN

Row Name	08/05/08 1058
BP	120/60
Pulse	72

Patient Instructions

Increase Coumadin to 1.5 tablets on Sundays, Tuesdays, and Fridays and 1 tablet on all other days. Return on August 20th at 11:30 to see Dr. Neighbor.

08/05/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

MACRODANTIN 50 MG OR CAPS

Discontinued by: Nolan, Karen C — Discontinued on: 8/5/2008

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** — Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 — Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - — Class: Normal
Quantity: 1 — Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 8/5/2008 10:15 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T64940	—	—	08/05/08 1015

PROTHROMBIN TIME (RAPID INR) (Abnormal) — Resulted: 08/05/08 1125, Result status: Final result

Order status: Completed — Filed on: 08/05/08 1125
Collected by: 08/05/08 1015 — Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 08/05/08 1431

08/05/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Gamboa, Elizabeth L on 08/05/08 1141

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 08/05/2008 at 2:30 PM
Seen today in clinic

All Reviewers List

Neighbor, William E on 8/5/2008 14:31
Gamboa, Elizabeth L on 8/5/2008 11:41

07/25/2008 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Long term (current) use of anticoagulants (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Fudge, Jessie M	Drezner, Jonathan Adam

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Follow-up and Dispositions

Discussed this visit

- Return in about 2 weeks (around 8/8/2008).

Level of Service

Level of Service	Modifiers
OFFICE/OUTPT VISIT,EST,LEVL III	GE

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

Fikak, Goitom at 7/25/2008 1039

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no

07/25/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Goitom Fikak

Electronically signed by Fikak, Goitom at 7/25/2008 10:39 AM

Fudge, Jessie M at 7/25/2008 1041

ANTICOAGULATION VISIT

Subjective:
1. Jeanne Leonie Hoffman presents to discuss her INR level today. She is on Coumadin 10 mg po q day. Which she reports taking regularly. She has not had any bleeding or bruising episodes. No falls recently. Has not changed her diet. Current Medication is Coumadin 10 mg every day.

2. Recently diagnosed with UTI at last visit. Given prescription of Nitrofurantoin. Took one days dose. Had increase in confusion, nausea, abdominal pain. Discontinued and symptoms resolved. She had complete resolution of UTI complaints. Including no dysuria, hematuria, abdominal or flank pain. Remained afebrile.

Objective:
BP 125/64 | Pulse 70
General: Talkative, well appearing female in no acute distress.

INR today is 1.7. Up from 1.1 two weeks ago

Assessment Plan:
Anticoagulation Management: Subtherapeutic on Coumadin therapy for chronic DVTs, venous stasis. With goal INR 2-3. Has had a difficult time regulating INR levels.
-- Increase Coumadin from 10 mg every day to 10 mg Su, M, Tu, Th, Fr, Sa and 10.5 mg on Wed.

UTI: UTI on UA at last visit. Took one day course of nitrofurantoin with complete resolution of symptoms. Discontinued medication secondary to confusion. Does not want UA or treatment with other medication today. Will return if symptoms resolve.

Follow up plans:
-- Appointment with Pharmacist on August 5 at 10 AM.
-- Recheck INR on August 5 before pharmacy appointment.
-- Consider patient for geriatric clinic.

Jessie Fudge, MD

Electronically signed by Fudge, Jessie M at 7/25/2008 12:07 PM

07/25/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Drezner, Jonathan Adam at 7/31/2008 1401

Patient was discussed with Dr. Fudge on the day service. Key portions of the history and physical were reviewed. I agree with the assessment and plan.

Jonathan Drezner,MD

Electronically signed by Drezner, Jonathan Adam at 7/31/2008 2:01 PM

Fudge, Jessie M at 7/31/2008 1805

Addended by: FUDGE, JESSIE M on: 7/31/2008 6:05:58 PM

Modules accepted: Level of Service

Electronically signed by Fudge, Jessie M at 7/31/2008 6:05 PM

Labs

PROTHROMBIN TIME - ONSITE (Cancel Pend)

Electronically signed by: **Fudge, Jessie M on 07/25/08 1158** Status: **Cancel Pend**
Ordering user: Fudge, Jessie M 07/25/08 1158 Authorized by: Fudge, Jessie M
Frequency: Routine 07/25/08 - Class: On Site
Quantity: 1 Pended by: Fudge, Jessie M 07/25/08 1158
Canceled by: Fudge, Jessie M 07/25/08 1208

Specimen Information

ID	Type	Source	Collected By
—	Whole blood	—	—

Other Orders

Medications

COUMADIN 10 MG OR TABS (Discontinued)

Electronically signed by: **Fudge, Jessie M on 07/25/08 1208** Status: **Discontinued**
Ordering user: Fudge, Jessie M 07/25/08 1208 Authorized by: Fudge, Jessie M
Ordering mode: Standard
Frequency: Routine 07/25/08 - 08/05/08 Class: Not Printed
Released by: Fudge, Jessie M 07/25/08 1208 Discontinued by: Capoccia, Kam L 08/05/08 1112 [Dose adjustment]

Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Flowsheets

07/25/2008 - Office Visit in UWMC Family Medicine (continued)

Flowsheets (continued)

Encounter Vitals

Row Name	07/25/08 1039
BP	125/64
Pulse	70

UNKNOWN

Row Name	07/25/08 1039
BP	125/64
Pulse	70

07/25/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 7/25/2008 10:19 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F21435	—	—	07/25/08 1019

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/25/08 1130, Result status: Final result

Order status: Completed Filed on: 07/25/08 1130
Collected by: 07/25/08 1019 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 07/31/08 1442
Gamboa, Elizabeth L on 07/25/08 1229

07/25/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 07/31/2008 at 2:42 PM
Patient was seen.

All Reviewers List

Neighbor, William E on 7/31/2008 14:42
Gamboa, Elizabeth L on 7/25/2008 12:29

07/21/2008 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Other
Visit diagnosis: Acute cystitis

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor, William E at 7/21/2008 1613

UA shows UTi. Will treat with macrodantin. Please call her to let her know prescription has been sent to her pharmacy.

Electronically signed by Neighbor, William E at 7/21/2008 4:13 PM

Smith, Courtney at 7/21/2008 1637

PT phone not working. Message delivered to pt's son.

Electronically signed by Smith, Courtney at 7/21/2008 4:37 PM

Other Orders

Medications

MACRODANTIN 50 MG OR CAPS (Discontinued)

Electronically signed by: **Neighbor, William E on 07/21/08 1613** Status: **Discontinued**
Ordering user: Neighbor, William E 07/21/08 1613 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 07/21/08 - 08/05/08 Class: E-SEND (Fax)
Discontinued by: Nolan, Karen C 08/05/08 1058
Diagnoses
Acute cystitis [595.0 (ICD-9-CM)]

Indications

ACUTE CYSTITIS [595.0 (ICD-9-CM)]

07/21/2008 - Telephone in UWMC Family Medicine (continued)

Other Orders (continued)

07/21/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:

- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- Disturbance of skin sensation

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 7/21/2008 10:25 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M54066	—	—	07/21/08 1024

PROTHROMBIN TIME (RAPID INR) Resulted: 07/21/08 1118, Result status: Final result

Order status: Completed Filed on: 07/21/08 1118
Collected by: 07/21/08 1024 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.1	0.8 - 1.3	—	RSVLT

Reviewed by

Neighbor, William E on 07/22/08 1459

07/21/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 7/22/2008 14:59

HEMOGLOBIN A1C, HPLC (Final result)

Electronically signed by: **Neighbor, William E on 06/03/08 1151** Status: **Completed**
Ordering user: Neighbor, William E 06/03/08 1151 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 06/03/08 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 7/21/2008 10:25 AM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M54066	—	—	07/21/08 1024

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 07/21/08 1533, Result status: Final result

Order status: Completed Filed on: 07/21/08 1533
Collected by: 07/21/08 1024 Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.1	4.0 - 6.0 %	H	UWMC

Reviewed by

Neighbor, William E on 07/22/08 1459
Reddoch, Coreen on 07/21/08 1625

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 7/22/2008 14:59
Reddoch, Coreen on 7/21/2008 16:25

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor, William E on 06/03/08 1151** Status: **Completed**
Ordering user: Neighbor, William E 06/03/08 1151 Authorized by: Neighbor, William E

07/21/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Ordering mode: Standard
Frequency: Routine 06/03/08 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 7/21/2008 10:25 AM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M54066	—	—	07/21/08 1024

BASIC METABOLIC PANEL (Abnormal)
Resulted: 07/21/08 1300, Result status: Final result

Order status: Completed
Filed on: 07/21/08 1300
Collected by: 07/21/08 1024
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	136 - 145 mEq/L	—	RSVLT
Potassium	4.1	3.7 - 5.2 mEq/L	—	RSVLT
Chloride	109	98 - 108 mEq/L	H^	RSVLT
Carbon Dioxide, Total	29	22 - 32 mEq/L	—	RSVLT
Anion Gap	5	3 - 11	—	RSVLT
Anion Gap	**Note new reference range.**	—	—	RSVLT
Glucose	114	62 - 125 mg/dL	—	RSVLT
Urea Nitrogen	16	8 - 21 mg/dL	—	RSVLT
Creatinine	0.7	0.3 - 1.2 mg/dL	—	RSVLT
Calcium	9.4	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	>60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor, William E on 07/22/08 1459
Reddoch, Coreen on 07/21/08 1625

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 7/22/2008 14:59
Reddoch, Coreen on 7/21/2008 16:25

FOLATE & VITAMIN B12 (Final result)

Electronically signed by: **Neighbor, William E on 06/03/08 1153**
Status: **Completed**
Ordering user: Neighbor, William E 06/03/08 1153
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 06/03/08 -
Class: Normal

07/21/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 7/21/2008 10:25 AM
Diagnoses
Disturbance of skin sensation [782.0 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M54066	—	—	07/21/08 1024

FOLATE & VITAMIN B12 Resulted: 07/21/08 1447, Result status: Final result

Order status: Completed Filed on: 07/21/08 1447
Collected by: 07/21/08 1024 Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Folate, SRM	>20.0	>5.2 ng/mL	—	UWMC
Folate, SRM	Normal: >5.2 ng/mL	—	—	UWMC
Folate, SRM	Acute Folate Deficiency: <3.0 ng/mL	—	—	UWMC
Folate, SRM	—	—	—	UWMC
Folate, SRM	by Beckman DxI	—	—	UWMC
Folate, SRM	Sample checked before reporting.	—	—	UWMC
Vitamin B12 (Cobalamin)	244	180 - 914 pg/mL	—	UWMC
Vitamin B12 (Cobalamin)	Normal: 180-914 pg/mL	—	—	UWMC
Vitamin B12 (Cobalamin)	Indeterminate: 145-179 pg/mL	—	—	UWMC
Vitamin B12 (Cobalamin)	Deficient: <145 pg/mL	—	—	UWMC
Vitamin B12 (Cobalamin)	—	—	—	UWMC
Vitamin B12 (Cobalamin)	by Beckman DxI	—	—	UWMC

Reviewed by

Neighbor, William E on 07/22/08 1459

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

SKIN SENSATION DISTURB [782.0 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 7/22/2008 14:59

Letters

07/21/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

Results by Neighbor, William E on 7/22/2008

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

7/22/2008

Jeanne Leonie Hoffman
245 HIGH SCHOOLRD NW UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 07/21/2008

PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	1.1	0.8-1.3

HEMOGLOBIN A1C, HPLC

Component	Value	Range
• Hemoglobin A1C, HPLC	6.1 (*)	4.0-6.0 (%)

BASIC METABOLIC PANEL

Component	Value	Range
• SODIUM	143	136-145 (mEq/L)
• POTASSIUM	4.1	3.7-5.2 (mEq/L)
• CHLORIDE	109 (*)	98-108 (mEq/L)
• CARBON DIOXIDE	29	22-32 (mEq/L)
• ION GAP	5	3-11
• ION GAP	**Note new reference range.**	-
• GLUCOSE	114	62-125 (mg/dL)
• UREA NITROGEN	16	8-21 (mg/dL)
• CREATININE	0.7	0.3-1.2 (mg/dL)
• CALCIUM	9.4	8.9-10.2 (mg/dL)
• GFR, Calc, European American	>60	>59- (mL/min)
• GFR, Calc, African American	>60	>59- (mL/min)
• GFR, Information		-

Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

FOLATE & VITAMIN B12

Component	Value	Range
• FOLATE	>20.0	>5.2- (ng/mL)
• FOLATE	Normal: >5.2 ng/mL	-
• FOLATE	Acute Folate Deficiency: <3.0 ng/mL	-
•		

07/21/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

FOLATE		-
• FOLATE	by Beckman DxI	-
• FOLATE	Sample checked before reporting.	-
• VITAMIN B12 (COBALAMIN)	244	180-914 (pg/mL)
• VITAMIN B12 (COBALAMIN)	Normal: 180-914 pg/mL	-
• VITAMIN B12 (COBALAMIN)	Indeterminate: 145-179 pg/mL	-
• VITAMIN B12 (COBALAMIN)	Deficient: <145 pg/mL	-
• VITAMIN B12 (COBALAMIN)		-
• VITAMIN B12 (COBALAMIN)	by Beckman DxI	-

We discussed your INR at your visit this week. You must be seen later this week or early next week for this.

Your basic metabolic panel is fine. The potassium and kidney tests are normal. Your A1c is 6.1 which is excellent.

Your Vitamin B12 and Folate levels are normal.

Sincerely,

William E Neighbor, MD

07/21/2008 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Long term (current) use of anticoagulants (primary)
- Dysuria

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/4/2006
Start date: 12/1/2006 — End date: 10/21/2008
Quantity: 60 — Refill: 12

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 30 — Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 42.5gm — Refill: 3

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2007
Start date: 12/20/2007 — End date: 3/23/2009
Quantity: 90 — Refill: 3

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/13/2009

07/21/2008 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/4/2008
Start date: 1/2/2008 — End date: 1/13/2009
Quantity: 5ml — Refill: prn

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/11/2008
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/4/2008
Start date: 1/2/2008 — End date: 12/11/2008
Quantity: 15 — Refill: 11

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/27/2009
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/11/2008
Start date: 3/11/2008 — End date: 2/27/2009
Quantity: 4 — Refill: 12

COUMADIN 10 MG OR TABS

Discontinued by: Nolan, Karen C — Discontinued on: 8/5/2008
Instructions: Take 10 mg every day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/29/2008
Start date: 4/29/2008 — End date: 8/5/2008
Quantity: 30 — Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/7/2008
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/4/2008
Start date: 6/4/2008 — End date: 10/6/2008
Quantity: 60 — Refill: 3

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/23/2008
Start date: 6/23/2008 — End date: 2/17/2009
Quantity: 90 — Refill: 5

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/23/2008
Start date: 6/23/2008 — End date: 6/5/2009
Quantity: 90 — Refill: 5

Stopped in Visit

None

Clinical Notes

07/21/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Progress Notes

Nolan, Karen C at 7/21/2008 1158

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Karen C Nolan

Electronically signed by Nolan, Karen C at 7/21/2008 11:58 AM

Neighbor, William E at 7/21/2008 1212

Jeanne Leonie Hoffman is a 83 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
Compliant with med. IN for INR today. No bleeding. She has had minor discomfort right lower leg laterally. No engorgement of veins. Wearing compression stockings.

REVIEW OF SYSTEMS:
Compalints of few day his of dysuria and frequency without fever or chills. Increased fluid intake.

OBJECTIVE:
BP 122/82 | Pulse 78 | Wt 134 lb (60.782 kg)
General: healthy, alert, no distress
Right lower leg shows no discoloration or pain on palpation or vein encouragement.

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR today 1.1. She denies change in meds, diet, and confirms compliance with Coumadin 10 mg once daily. I am having her seen our clinical pharmacist this week with all her med bottles and pills to review. There have not been any changes in her diet that I can surmise.

Addendum.. No appt with pharm until Aug 5. She is to have INR done again later this week.

788.1 DYSURIA

07/21/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Dysuria for the last week. Increased frequency. Will check UA today to confrim UTI before treating with antibiotics given that we do not want to cause further problems with her anticoagulation if not needed.

Addendum: UA c/w with UTI. Treated with macrodantin 50 mg 4 x daily for 3 days.
William E Neighbor, MD

Electronically signed by Neighbor, William E at 7/21/2008 4:37 PM

Luchembe, Kasonde B at 7/21/2008 1515

follow up appointment made fob level added

Electronically signed by Luchembe, Kasonde B at 7/21/2008 3:15 PM

Labs

UWMC COMPLETE URINALYSIS (Final result)

Electronically signed by: **Neighbor, William E on 07/21/08 1213** Status: **Completed**
Ordering user: Neighbor, William E 07/21/08 1213 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 07/21/08 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Dysuria [788.1 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M54656	—	—	07/21/08 1213

UWMC COMPLETE URINALYSIS (Abnormal) Resulted: 07/21/08 1357, Result status: Final result

Order status: Completed Filed on: 07/21/08 1357
Collected by: 07/21/08 1213 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	RSVLT
Clarity, URN	Hazy	—	—	RSVLT
Specific Gravity, URN	1.018	1.002 - 1.02 g/mL	—	RSVLT
pH, URN	7.5	5.0 - 8.0	—	RSVLT
Protein (Alb Semiquant), URN	Negative	NEG mg/dL	—	RSVLT
Glucose Qual, URN	Negative	NEG mg/dL	—	RSVLT
Ketones, URN	Negative	NEG mg/dL	—	RSVLT
Bilirubin (Qual), URN	Negative	NEG	—	RSVLT
Occult Blood, URN	Negative	NEG	—	RSVLT
Nitrite, URN	Negative	NEG	—	RSVLT
Leukocyte Esterase, URN	Positive	NEG	A !	RSVLT
Urobilinogen, URN	0.1-1.9	URONML EHRLICH UNITS	—	RSVLT
Comments for Macroscopic, URN	None	—	—	RSVLT
WBC, URN	6-20(1+)	/HPF	—	RSVLT
RBC, URN	0-2(NEG)	/HPF	—	RSVLT

07/21/2008 - Office Visit in UWMC Family Medicine (continued)

Labs (continued)

Bacteria, URN	Present	—	—	RSVLT
Epith Cells_Squamous, URN	>5(PRESENT)	/LPF	—	RSVLT
Epith Cells_Renal/Trans,URN	<3(NEG)	/HPF	—	RSVLT
Comments For Microscopic, URN	None	—	—	RSVLT

Reviewed by

Reddoch, Coreen on 07/21/08 1625
Neighbor, William E on 07/21/08 1613

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DYSURIA [788.1 (ICD-9-CM)]

All Reviewers List

Reddoch, Coreen on 7/21/2008 16:25
Neighbor, William E on 7/21/2008 16:13

Other Orders

Referral

FMC INTERNAL REFERRAL (Completed)

Electronically signed by: **Neighbor, William E on 07/21/08 1211** Status: **Completed**
Ordering user: Neighbor, William E 07/21/08 1211 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Class: Internal Referral
Quantity: 1
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Order comments: Referral for: Consultation. To give an opinion or answer a clinical question. Please select the FMC specialty from the list below and free text your reason for referral: Select the FMC specialist here:Roosevelt FMC pharmacist. Reason for referral: on anticoagulation for recurrent venous thrombosis in lower legs. INR has been therapeutic but lately has fluctuated and today is 1.1. I have asked her to bring all meds and med bottles in to see you for reivew. She denies change in diet though recently this Spring she did report some irregularity in diet due to what is available at the food bank. She lives on Bainbridge.

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD	Diagnoses: Long term (current) use of anticoagulants Order: Fmc Internal Referral	**Capoccia, Kam Lee, PharmD** Address Alert - Do Not Mail Box 354770 Seattle WA Phone: 206-598-8150 Fax: 206-598-5720 Specialty: UWMC Family Medicine	Evaluate and Treat	Urgent

Comment: Referral for: Consultation. To give an opinion or answer a clinical question.
Please select the FMC specialty from the list below and free text your reason for referral:

Select the FMC specialist here:Roosevelt FMC pharmacist. Reason for referral: on anticoagulation for recurrent venous thrombosis in lower legs. INR has been therapeutic but lately has fluctuated and today is 1.1. I have asked her to bring all meds and med bottles in to see you for reivew. She denies change in diet though recently this Spring she did

07/21/2008 - Office Visit in UWMC Family Medicine (continued)

Other Orders (continued)

report some irregularity in diet due to what is available at the food bank. She lives on Bainbridge.

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	07/21/08 1155
BP	122/82
Pulse	78
Weight	60.8 kg (134 lb)

UNKNOWN

Row Name	07/21/08 1155
BP	122/82
Pulse	78
Weight	60.8 kg (134 lb)

Patient Instructions

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR today 1.1. She denies change in meds, diet, and confirms compliance with Coumadin 10 mg once daily. I am having her seen our clinical pharmacist this week with all her med bottles and pills to review. There have not been any changes in her diet that I can surmise.

788.1 DYSURIA
Dysuria for the last week. Increased frequency. Will check UA today to confrim UTI before treating with antibiotics given that we do not want to cause further problems with her anticoagulation if not needed.
William E Neighbor, MD

06/23/2008 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/4/2006
Start date: 12/1/2006
End date: 10/21/2008
Quantity: 60
Refill: 12

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

MACRODANTIN 100 MG OR CAPS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/21/2008
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/18/2007
Start date: 10/18/2007
End date: 7/21/2008
Quantity: 40
Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 3/23/2009
Quantity: 90
Refill: 3

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2009
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/4/2008
Start date: 1/2/2008
End date: 1/13/2009
Quantity: 5ml
Refill: prn

06/23/2008 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2008
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/4/2008
Start date: 1/2/2008
End date: 12/11/2008
Quantity: 15
Refill: 11

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/27/2009
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/11/2008
Start date: 3/11/2008
End date: 2/27/2009
Quantity: 4
Refill: 12

COUMADIN 10 MG OR TABS

Discontinued by: Nolan, Karen C
Discontinued on: 8/5/2008
Instructions: Take 10 mg every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2008
Start date: 4/29/2008
End date: 8/5/2008
Quantity: 30
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/7/2008
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/4/2008
Start date: 6/4/2008
End date: 10/6/2008
Quantity: 60
Refill: 3

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 2/17/2009
Quantity: 90
Refill: 5

TEGRETOL 200 MG OR TABS

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/23/2008
Start date: 6/23/2008
End date: 6/5/2009
Quantity: 90
Refill: 5

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 6/23/2008 1457

Pharmacy is requesting refills on the attached, please advise.

06/23/2008 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Fax received 06/23/08
Thanks, Courtney Smith.

Electronically signed by Smith, Courtney at 6/23/2008 2:57 PM

Other Orders

Medications

PENTOXIL 400 MG OR TBCR (Discontinued)

Electronically signed by: **Neighbor, William E on 06/23/08 2008** Status: **Discontinued**
Ordering user: Neighbor, William E 06/23/08 2008 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 06/23/08 - 02/17/09 Class: E-SEND (Fax)
Released by: Neighbor, William E 06/23/08 2008 Discontinued by: Neighbor, William E 02/17/09 1333 [Reorder]

TEGRETOL 200 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 06/23/08 2008** Status: **Discontinued**
Ordering user: Neighbor, William E 06/23/08 2008 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 06/23/08 - 06/05/09 Class: E-SEND (Fax)
Released by: Neighbor, William E 06/23/08 2008 Discontinued by: Ellsworth, Allan J 06/05/09 1443

06/04/2008 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/4/2006
Start date: 12/1/2006
End date: 10/21/2008
Quantity: 60
Refill: 12

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

MACRODANTIN 100 MG OR CAPS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/21/2008
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/18/2007
Start date: 10/18/2007
End date: 7/21/2008
Quantity: 40
Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 3/23/2009
Quantity: 90
Refill: 3

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/23/2008
Reason for discontinuation: Reorder
Instructions: 1 po TID
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 6/23/2008
Quantity: 90
Refill: 5

06/04/2008 - Telephone in UWMC Family Medicine (continued)

Medication List (continued)

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/23/2008
Reason for discontinuation: Reorder
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/21/2007
Start date: 12/20/2007
End date: 6/23/2008
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2009
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/4/2008
Start date: 1/2/2008
End date: 1/13/2009
Quantity: 5ml
Refill: prn

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2008
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/4/2008
Start date: 1/2/2008
End date: 12/11/2008
Quantity: 15
Refill: 11

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 2/27/2009
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD
Ordered on: 3/11/2008
Start date: 3/11/2008
End date: 2/27/2009
Quantity: 4
Refill: 12

COUMADIN 10 MG OR TABS

Discontinued by: Nolan, Karen C
Discontinued on: 8/5/2008
Instructions: Take 10 mg every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 4/29/2008
Start date: 4/29/2008
End date: 8/5/2008
Quantity: 30
Refill: 3

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/7/2008
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/4/2008
Start date: 6/4/2008
End date: 10/6/2008
Quantity: 60
Refill: 3

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Smith, Courtney at 6/4/2008 1718

Pharmacy is requesting refills on the attached, please advise.

06/04/2008 - Telephone in UWMC Family Medicine (continued)

Clinical Notes (continued)

Fax received 06/04/08
Thanks, Courtney Smith.

Electronically signed by Smith, Courtney at 6/4/2008 5:18 PM

Other Orders

Medications

METFORMIN HCL 500 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 06/04/08 1812** Status: **Discontinued**
Ordering user: Neighbor, William E 06/04/08 1812 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 06/04/08 - 10/06/08 Class: E-SEND (Fax)
Released by: Neighbor, William E 06/04/08 1812 Discontinued by: Neighbor, William E 10/07/08 1409 [Reorder]

06/04/2008 - Abstract in UWMC Family Medicine

Reason for Visit

Chief complaint: Abstract
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

06/04/2008 - Abstract in UWMC Family Medicine (continued)

Documents

Clinical Unknown - Scan on 6/4/2008 4:17 PM: Helpline House - compression hosiery , 5-30-08

Scan (below)

May. 30. 2008 11:45AM -ELPLINE HOUSE No. 0239 P

Scan

Cover Sheet
FAX *Sent from*
HELPLINE HOUSE
282 Knechtel Ave NE ☏ Bainbridge Island, WA 98110
Voice (206) 842-7624 Fax (206) 842-9867

Nurse - Dr. Neighbor's office Fax# 598-5720
Deliver To:
Sent By: Nancy Dias re: Jeanne Hoffman D.O.B. 1/6/25
Date: May 30, 2008
Time: 11:25
No. Pages 1
Excluding this cover sheet

Additional Remarks:
I am sending a release from Jeanne Hoffman, and a copy of a prescription for compression stockings Jeanne has asked for help with the I am finding this a difficult proces & have been told Jeanne must be measured, in addition, to order these stockings. I will call you

IMPORTANT NOTICE

This material is confidential and is protected by law. If this has inadvertently reached the wrong destination, it should be destroyed. Please call (206) 842-7621 and ask for a social worker for further information related to this material.

Office for ideas on how we can get this done most easily for Jeanne. Tha

IONAL INC. MADE IN CHINA

06/04/2008 - Abstract in UWMC Family Medicine (continued)

Documents (continued)

May. 31. 2008 11:46AM HELPLINE HOUSE No. 1259 P. 2

Serving the Bainbridge Community

HELPLINE HOUSE
Non Profit Tax-Exempt

Informed Consent for Disclosure of Records and Information

Name: Hoffman Jeanne Date: 4/19/08
Last First Middle Former Surname

Address: 248 Knechtel Road
Street Apt. No.

City: Bainbridge Island State: Wash Zip: 98110

Birthdate: _____ Social Security Number: _____

Telephone (__)_____ Work Phone (__)_____

I hereby authorize Helpline House Family Counselors/Social Workers, to obtain information from and/or release information to

Name Dr William Neighbors Organization UWMC Family Medical Center

Address 4245 Roosevelt Way Phone (__)_____

Seattle, Wash. Fax ( )_____

Information released/requested includes:

Treatment Notes ____ School records ____ Evaluation/Testing____ Lab Tests____

Narrative Summary ____ Dates:_____

Other Exchange of information medical care for Jeanne

General Release

My signature below authorizes the release of information as described above. I understand that this authorization may be withdrawn at any time by my written notification except to the extent that the action has already been taken. I further release my counselor or social worker from any and all legal responsibility or liability arising from the release of this information. I specifically consent to the release of information relating to: (please initial) Mental Health Information ____

Drug and/or alcohol information_____ and HIV Aids virus and sexually transmitted diseases_____

I consent to transmission of my records via facsimile (fax) machine. JH Initial

This Authorization expires on: 4/19/09

Authorization Signature Jeanne L Hoffman Date 4-19-2008

Witness Signature _____ Date _____

Printed on Recycled Paper

282 Knechtel Way N.E. • Bainbridge Island, Washington 98110 • (206) 842-76

IONAL INC. MADE IN CHINA

06/04/2008 - Abstract in UWMC Family Medicine (continued)

Documents (continued)

Rx Physician's Prescription

JOBST® Medical LegWear

Graduated Medical Compression Hosiery

Date: 10/19/07

Patient Name: JEANNE HOFFMAN

Diagnosis: VENOUS STASIS ULCERATION

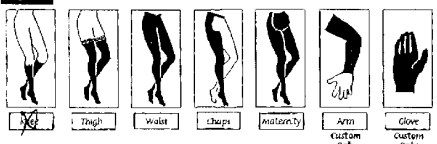
(Required for insurance reimbursement)

Please indicate type, compression and style:

Type	Compression
☐ Ready-to-Wear:	☐ 15-20* mmHg Moderate ☐ 20-30* mmHg Firm ☐ 30-40* mmHg Extra Firm
☒ Custom	40 mmHg (indicate compression) WITH ZIPPER

*The mean compression for an average ankle size.

Styles



☒ Pair ☐ Left ☐ Right replacements needed

☐ Jobst® UlcerCARE

☐ Cutinova® Foam

Physician Signature: [signature]

Dispense as written CLOSED

IONAL INC. MADE IN CHINA

06/03/2008 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Long term (current) use of anticoagulants (primary)
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- Sensorineural hearing loss, unspecified
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Disturbance of skin sensation

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/16/2019

06/03/2008 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

Stopped in Visit

None

Clinical Notes

Progress Notes

Nolan, Karen C at 6/3/2008 1137

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Karen C Nolan

Electronically signed by Nolan, Karen C at 6/3/2008 11:37 AM

Neighbor, William E at 6/3/2008 1156

Jeanne Leonie Hoffman is a 83 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE
Current dose:

Warfarin tablet size: 10

Number of tablets on each day of the week:

Sunday: 1

Monday: 1

Tuesday: 1

Wednesday: One and a half

Thursday: 1

Friday: 1

Saturday: 1

250.00 DIABETES UNCOMPL ADULT-TYPE II
Compliant with diet and med.

389.10 SENSORNEUR HEAR LOSS NOS
Has noted decrease in hearing in both ears. She has bilateral hearing aids.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
Wears compressoin stockings. No exacerbatoins.

782.0 SKIN SENSATION DISTURB
She reports today that she has decreased sensation in both legs intermitently for several months. Denies back pain.

REVIEW OF SYSTEMS:
Constitutional: Denies weight gain.
Respiratory: Denies cough, shortness of breath.
Cardiovascular: Denies chest pain, palpitations, syncope, orthopnea, paroxysmal noctural dyspnea, lower extremity edema.

OBJECTIVE:
BP 122/60 | Pulse 68 | Wt 132 lbs (59.875 kg)
General: healthy, alert, no distress
Weight: Down by 10 lbs over last year with gradual decline in weight
ENT: TM clear bilaterally with some scaring.

06/03/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Chest: Clear without rales or wheezes.
COR: HR regular. No murmur, gallop or rub. No JVD.
Extr: No edema.

INR today 2.0

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE
Dose changed at last visit to Coumadin 10 mg once daily except 15 mg on Wednesday. INR today is 2.0. Recheck in one month.

250.00 DIABETES UNCOMPL ADULT-TYPE II
Due for A1c and blood sugar testing in one month at next blood test.

389.10 SENSORNEUR HEAR LOSS NOS
Worsening hearing with normal ear exam. She has bilateral hearing aids. Advise follow up with audiologist.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
Stable. Continues to use stockings.

782.0 SKIN SENSATION DISTURB
Complains of decreased sensation in legs. Had TSH earlier this year. Does have diabetes. Will check Vit B12 level and see her in one month for further exam.

Recheck weight at next visit as well.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 6/3/2008 3:37 PM

Luchembe, Kasonde B at 6/3/2008 1321

follow up appointment made fob level added

Electronically signed by Luchembe, Kasonde B at 6/3/2008 1:21 PM

Labs

HEMOGLOBIN A1C, HPLC (Completed)

Electronically signed by: **Neighbor, William E on 06/03/08 1151** Status: **Completed**
Ordering user: Neighbor, William E 06/03/08 1151 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 06/03/08 - Class: Normal
Quantity: 1

06/03/2008 - Office Visit in UWMC Family Medicine (continued)

Labs (continued)

Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 07/21/08 1533, Result status: Final result

Order status: Completed
Collected by: 07/21/08 1024
Filed on: 07/21/08 1533
Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.1	4.0 - 6.0 %	H	UWMC

Reviewed by

Neighbor, William E on 07/22/08 1459
Reddoch, Coreen on 07/21/08 1625

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

BASIC METABOLIC PANEL (Completed)

Electronically signed by: **Neighbor, William E on 06/03/08 1151**
Status: **Completed**
Ordering user: Neighbor, William E 06/03/08 1151
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 06/03/08 -
Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

BASIC METABOLIC PANEL (Abnormal) Resulted: 07/21/08 1300, Result status: Final result

Order status: Completed
Collected by: 07/21/08 1024
Filed on: 07/21/08 1300
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	136 - 145 mEq/L	—	RSVLT
Potassium	4.1	3.7 - 5.2 mEq/L	—	RSVLT
Chloride	109	98 - 108 mEq/L	H	RSVLT
Carbon Dioxide, Total	29	22 - 32 mEq/L	—	RSVLT
Anion Gap	5	3 - 11	—	RSVLT
Anion Gap	**Note new reference range.**	—	—	RSVLT
Glucose	114	62 - 125 mg/dL	—	RSVLT
Urea Nitrogen	16	8 - 21 mg/dL	—	RSVLT
Creatinine	0.7	0.3 - 1.2 mg/dL	—	RSVLT
Calcium	9.4	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	>60	>59 mL/min	—	RSVLT

06/03/2008 - Office Visit in UWMC Family Medicine (continued)

Labs (continued)

GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor, William E on 07/22/08 1459
Reddoch, Coreen on 07/21/08 1625

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

FOLATE & VITAMIN B12 (Completed)

Electronically signed by: **Neighbor, William E on 06/03/08 1153** Status: **Completed**
Ordering user: Neighbor, William E 06/03/08 1153 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 06/03/08 - Class: Normal
Quantity: 1
Diagnoses
Disturbance of skin sensation [782.0 (ICD-9-CM)]

Indications

SKIN SENSATION DISTURB [782.0 (ICD-9-CM)]

FOLATE & VITAMIN B12 Resulted: 07/21/08 1447, Result status: Final result

Order status: Completed Filed on: 07/21/08 1447
Collected by: 07/21/08 1024 Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Folate, SRM	>20.0	>5.2 ng/mL	—	UWMC
Folate, SRM	Normal: >5.2 ng/mL	—	—	UWMC
Folate, SRM	Acute Folate Deficiency: <3.0 ng/mL	—	—	UWMC
Folate, SRM	—	—	—	UWMC
Folate, SRM	by Beckman DxI	—	—	UWMC
Folate, SRM	Sample checked before reporting.	—	—	UWMC
Vitamin B12 (Cobalamin)	244	180 - 914 pg/mL	—	UWMC
Vitamin B12 (Cobalamin)	Normal: 180-914 pg/mL	—	—	UWMC
Vitamin B12 (Cobalamin)	Indeterminate: 145-179 pg/mL	—	—	UWMC
Vitamin B12 (Cobalamin)	Deficient: <145 pg/mL	—	—	UWMC

06/03/2008 - Office Visit in UWMC Family Medicine (continued)

Labs (continued)

Vitamin B12 (Cobalamin)	—	—	—	UWMC
Vitamin B12 (Cobalamin)	by Beckman DxI	—	—	UWMC

Reviewed by

Neighbor, William E on 07/22/08 1459

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

SKIN SENSATION DISTURB [782.0 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	06/03/08 1136
BP	122/60
Pulse	68
Weight	59.9 kg (132 lb)

UNKNOWN

Row Name	06/03/08 1136
BP	122/60
Pulse	68
Weight	59.9 kg (132 lb)

Patient Instructions

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE
Dose changed at last visit to Coumadin 10 mg once daily except 15 mg on Wednesday. INR today is 2.0. Recheck in one month.

250.00 DIABETES UNCOMPL ADULT-TYPE II
Due for A1c and blood sugar testing in one month at next blood test.

389.10 SENSORNEUR HEAR LOSS NOS
Worsening hearing with normal ear exam. She has bilateral hearing aids. Advise follow up with audiologist.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
Stable. Continues to use stockings.

782.0 SKIN SENSATION DISTURB
Complains of decreased sensation in legs. Had TSH earlier this year. Does have diabetes. Will check Vit B12 level and see her in one month for further exam.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 6/3/2008 11:56 AM

06/03/2008 - Office Visit in UWMC Family Medicine (continued)

Patient Instructions (continued)

06/03/2008 - Telephone in UWMC Family Medicine

Reason for Visit

Chief complaint: Medical Questions
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Gamboa, Elizabeth L at 6/3/2008 0940

Staff Message copied by GAMBOA, ELIZABETH L on Tue Jun 3, 2008 9:40 AM

Message from: GOETSCHIUS, EYDA
Created: Tue Jun 3, 2008 9:24 AM
Regarding: compression stockings
Contact: 206-842-7621

Nancy,Helpline House,regarding compression stockings.

Electronically signed by Gamboa, Elizabeth L at 6/3/2008 9:40 AM

Gamboa, Elizabeth L at 6/3/2008 0956

Nancy is an MSW at this social services agancy. She is trying to figure out how to fill a prescription for compression stockings that Jeanne was given by Dr. Clowes last October.

There is a place in Bremerton that can fit her and Nancy can help arrange transport. That soundslike the best option.

Electronically signed by Gamboa, Elizabeth L at 6/3/2008 9:56 AM

06/03/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 6/3/2008 10:18 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T18777	—	—	06/03/08 1018

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 06/03/08 1135, Result status: Final result

Order status: Completed Filed on: 06/03/08 1135
Collected by: 06/03/08 1018 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 06/03/08 1443
Gamboa, Elizabeth L on 06/03/08 1236

06/03/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 06/03/2008 at 2:29 PM
Patient seen in clinc

All Reviewers List

Neighbor, William E on 6/3/2008 14:43
Gamboa, Elizabeth L on 6/3/2008 12:36

05/20/2008 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Long term (current) use of anticoagulants (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL II

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

Arnett, Kevin H at 5/20/2008 1316

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Kevin H Arnett

Electronically signed by Arnett, Kevin H at 5/20/2008 1:16 PM

Neighbor, William E at 5/20/2008 1325

Problem: Anticoagulation visit

Reason for anticoagulation: Recurrent thrombophlebitis
INR goal: 2-3

Warfarin tablet size: 10 mg

Number of tablets on each day of the week:

Sunday: 1

Monday: 1

Tuesday: 1

Wednesday: 1

Thursday: 1

Friday: 1

Saturday: 1

Which was prescribed at her last visit, but she is actually continuing to take Coumadin 10 mg daily except a half tablet one one day of the week. At her last visit our instruction had been to boost her dose that evening by 5 mg and then begin the regimen listed above. She did take the extra dose but did not make a change in her regular regimen.
Missed doses in the past week: none

Recent changes in other medications including non-prescription medicines, vitamins (particularly, Vit. K), herbals: no

Tobacco use: no
Change in alcohol or toabcco use since last visit: no
Change in diet since last visit (vegetables, oils, herbal and green tea): no
Symptoms of stroke: no
Symptoms of blood clot: Yes, she thinks she ahs had some phlebitis in her legs but none right now
Bleeding or unusual bruising: no

Refill of Coumadin (wafarin) needed: no

INR today: 1.7

Assessment and Plan:
Anticoagulation inadequate

Recommended change in Warfarin dose: yes
Warfarin tablet size: 10
Number of tablets on each day of the week:

05/20/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Sunday: 1
Monday: 1
Tuesday: 1
Wednesday: One and a half
Thursday: 1
Friday: 1
Saturday: 1

She is also to take an extra half tablet this evening.

Next blood test and anti-coagulation visit: 7-10 days
The blood test should be done prior to the visit. The visit should be scheduled.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 6/3/2008 11:47 AM

Fontanos, Lisa at 5/21/2008 0807

follow up appt made fob level added

Electronically signed by Fontanos, Lisa at 5/21/2008 8:07 AM

Flowsheets

Encounter Vitals

Row Name	05/20/08 1315
BP	141/77
Pulse	79
Weight	62.1 kg (137 lb)

UNKNOWN

Row Name	05/20/08 1315
BP	141/77
Pulse	79
Weight	62.1 kg (137 lb)

Patient Instructions

Assessment and Plan:
Anticoagulation inadequate

Recommended change in Warfarin dose: yes
Warfarin tablet size: 10
Number of tablets on each day of the week:

05/20/2008 - Office Visit in UWMC Family Medicine (continued)

Patient Instructions (continued)

Sunday: 1
Monday: 1
Tuesday: 1
Wednesday: 1
Thursday: 1
Friday: 1
Saturday: 1

She is also to take an extra half tablet this evening.

Next blood test and anti-coagulation visit: 7-10 days
The blood test should be done prior to the visit. The visit should be scheduled.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 5/20/2008 1:25 PM

05/20/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 5/20/2008 12:55 PM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T80515	—	—	05/20/08 1255

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 05/20/08 1345, Result status: Final result

Order status: Completed Filed on: 05/20/08 1345
Collected by: 05/20/08 1255 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 05/20/08 1738
Gamboa, Elizabeth L on 05/20/08 1402

05/20/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 05/20/2008 at 5:38 PM
Patient seen

All Reviewers List

Neighbor, William E on 5/20/2008 17:38
Gamboa, Elizabeth L on 5/20/2008 14:02

04/29/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 4/29/2008 10:24 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T64576	—	—	04/29/08 1024

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 04/29/08 1134, Result status: Final result

Order status: Completed Filed on: 04/29/08 1134
Collected by: 04/29/08 1024 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 04/29/08 1712
Gamboa, Elizabeth L on 04/29/08 1539

04/29/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 4/29/2008 17:12
Gamboa, Elizabeth L on 4/29/2008 15:39

HEMOGLOBIN A1C, RAPID (Final result)

Electronically signed by: **Neighbor, William E on 03/27/08 1135** Status: **Completed**
Ordering user: Neighbor, William E 03/27/08 1135 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/27/08 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 4/29/2008 10:24 AM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T64576	—	—	04/29/08 1024

HEMOGLOBIN A1C, RAPID (Abnormal) Resulted: 04/29/08 1522, Result status: Final result

Order status: Completed Filed on: 04/29/08 1522
Collected by: 04/29/08 1024 Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.2	4.0 - 6.0 %	H	UWMC
Hemoglobin A1C	--	—	—	UWMC

Result: Due to a significant change from previous results, theassay was repeated for quality assurance purposes.

Reviewed by

Neighbor, William E on 04/29/08 1712
Gamboa, Elizabeth L on 04/29/08 1539

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 4/29/2008 17:12
Gamboa, Elizabeth L on 4/29/2008 15:39

04/29/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor, William E on 03/27/08 1135** Status: **Completed**
Ordering user: Neighbor, William E 03/27/08 1135 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/27/08 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 4/29/2008 10:24 AM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T64576	—	—	04/29/08 1024

BASIC METABOLIC PANEL (Abnormal) Resulted: 04/29/08 1144, Result status: Final result

Order status: Completed Filed on: 04/29/08 1144
Collected by: 04/29/08 1024 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	136 - 145 mEq/L	—	RSVLT
Potassium	3.9	3.7 - 5.2 mEq/L	—	RSVLT
Chloride	108	98 - 108 mEq/L	—	RSVLT
Carbon Dioxide, Total	31	22 - 32 mEq/L	—	RSVLT
Anion Gap	3	5 - 15	L	RSVLT
Glucose	118	62 - 125 mg/dL	—	RSVLT
Urea Nitrogen	18	8 - 21 mg/dL	—	RSVLT
Creatinine	0.8	0.3 - 1.2 mg/dL	—	RSVLT
Calcium	9.5	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	>60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor, William E on 04/29/08 1712
Gamboa, Elizabeth L on 04/29/08 1539

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 4/29/2008 17:12
Gamboa, Elizabeth L on 4/29/2008 15:39

Letters

Results by Neighbor, William E on 4/29/2008

Status: Sent

04/29/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

4/29/2008

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 04/29/2008

PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	1.4 (*)	0.8-1.3

HEMOGLOBIN A1C, RAPID

Component	Value	Range
• Hemoglobin A1C, Rapid	6.2 (*)	4.0-6.0 (%)
• Hemoglobin A1C, Rapid		-
Value:	Due to a significant change from previous results, the assay was repeated for quality assurance purposes.	

BASIC METABOLIC PANEL

Component	Value	Range
• SODIUM	142	136-145 (mEq/L)
• POTASSIUM	3.9	3.7-5.2 (mEq/L)
• CHLORIDE	108	98-108 (mEq/L)
• CARBON DIOXIDE	31	22-32 (mEq/L)
• ION GAP	3 (*)	5-15
• GLUCOSE	118	62-125 (mg/dL)
• UREA NITROGEN	18	8-21 (mg/dL)
• CREATININE	0.8	0.3-1.2 (mg/dL)
• CALCIUM	9.5	8.9-10.2 (mg/dL)
• GFR, Calc, European American	>60	>59- (mL/min)
• GFR, Calc, African American	>60	>59- (mL/min)
• GFR, Information		-
Value:	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	

Your blood sugars look well controlled. You should continue the metformin at your current dose of one tablet twice daily.

04/29/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

We reviewed your subtherapeutic INR and made recommendations for changing your coumadin dose at your visit this morning.

Sincerely,

William E Neighbor, MD

04/29/2008 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Long term (current) use of anticoagulants (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/4/2006
Start date: 12/1/2006 — End date: 10/21/2008
Quantity: 60 — Refill: 12

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 30 — Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 42.5gm — Refill: 3

MACRODANTIN 100 MG OR CAPS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/21/2008
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/18/2007
Start date: 10/18/2007 — End date: 7/21/2008
Quantity: 40 — Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/23/2009
Reason for discontinuation: Reorder

04/29/2008 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2007
Start date: 12/20/2007 — End date: 3/23/2009
Quantity: 90 — Refill: 3

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/23/2008
Reason for discontinuation: Reorder
Instructions: 1 po TID
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2007
Start date: 12/20/2007 — End date: 6/23/2008
Quantity: 90 — Refill: 5

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/23/2008
Reason for discontinuation: Reorder
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/21/2007
Start date: 12/20/2007 — End date: 6/23/2008
Quantity: 90 — Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/13/2009
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/4/2008
Start date: 1/2/2008 — End date: 1/13/2009
Quantity: 5ml — Refill: prn

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/11/2008
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 1/4/2008
Start date: 1/2/2008 — End date: 12/11/2008
Quantity: 15 — Refill: 11

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/4/2008
Reason for discontinuation: Reorder
Instructions: one half tab twice daily for one week then one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/5/2008
Start date: 2/5/2008 — End date: 6/4/2008
Quantity: 60 — Refill: 3

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 2/27/2009
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD — Ordered on: 3/11/2008
Start date: 3/11/2008 — End date: 2/27/2009
Quantity: 4 — Refill: 12

COUMADIN 10 MG OR TABS

Discontinued by: Nolan, Karen C — Discontinued on: 8/5/2008
Instructions: Take 10 mg every day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/29/2008
Start date: 4/29/2008 — End date: 8/5/2008
Quantity: 30 — Refill: 3

04/29/2008 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Stopped in Visit

None

Clinical Notes

Progress Notes

Arnett, Kevin H at 4/29/2008 1053

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Kevin H Arnett

Electronically signed by Arnett, Kevin H at 4/29/2008 10:53 AM

Neighbor, William E at 4/29/2008 1132

Problem: Anticoagulation visit

Reason for anticoagulation: Recurrent phlebitis and DVT
INR goal: 2-3

Coumadin 10 mg one daily except one half on Saturday.

Missed doses in the past week: no

Recent changes in other medications including non-prescription medicines, vitamins (particularly, Vit. K), herbals: no

Tobacco use: no
Change in alcohol or toabcco use since last visit: no
Change in diet since last visit (vegetables, oils, herbal and green tea): She reports that as she gets some food from food bank, she eats what is available. Consequently, she sometimes has green leafy vegetables and sometimes nuts and other times not.
Symptoms of stroke: no
Symptoms of blood clot: no
Bleeding or unusual bruising: no

04/29/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Refill of Coumadin (wafarin) needed: no

INR today: 1.4

Assessment and Plan:
Anticoagulation inadequate. Prior values have been in low 2.0 range.

Recommended change in Warfarin dose: yes
Warfarin tablet size: 10 mg
Number of tablets on each day of the week:
Sunday: 1
Monday: 1
Tuesday: 1
Wednesday: 1
Thursday: 1
Friday: 1
Saturday: 1

Additionally take 15 mg tonight only in order to boost your coumadin level up.

Next blood test and anti-coagulation visit: 10 days
The blood test should be done prior to the visit. The visit should be scheduled.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 4/29/2008 5:28 PM

Luchembe, Kasonde B at 4/29/2008 1630

follow up appointment made fob level added

Electronically signed by Luchembe, Kasonde B at 4/29/2008 4:30 PM

Other Orders

Medications

COUMADIN 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 04/29/08 1131** Status: **Discontinued**
Ordering user: Neighbor, William E 04/29/08 1131 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 04/29/08 - 08/05/08 Class: Normal
Discontinued by: Nolan, Karen C 08/05/08 1058
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Indications

04/29/2008 - Office Visit in UWMC Family Medicine (continued)

Other Orders (continued)

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	04/29/08 1053
BP	116/67
Pulse	72
Weight	60.8 kg (134 lb)

UNKNOWN

Row Name	04/29/08 1053
BP	116/67
Pulse	72
Weight	60.8 kg (134 lb)

Patient Instructions

Recommended change in Warfarin dose: yes
Warfarin tablet size: 10 mg
Number of tablets on each day of the week:
Sunday: 1
Monday: 1
Tuesday: 1
Wednesday: 1
Thursday: 1
Friday: 1
Saturday: 1

Additionally take 15 mg tonight only in order to boost your coumadin level up.

Next blood test and anti-coagulation visit: 10 days
The blood test should be done prior to the visit. The visit should be scheduled.

Electronically signed by Neighbor, William E at 4/29/2008 11:32 AM

03/27/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:

- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Special screening for malignant neoplasms, colon
- Long term (current) use of anticoagulants
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- Neurasthenia
- Backache, unspecified
- Osteoporosis, unspecified

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/27/2008 10:22 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H32853	—	—	03/27/08 1022

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 03/27/08 1047, Result status: Final result

Order status: Completed Filed on: 03/27/08 1047
Collected by: 03/27/08 1022 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

03/27/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Reviewed by

Neighbor, William E on 04/03/08 1728
Gamboa, Elizabeth L on 03/27/08 1449

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 4/3/2008 17:28
Gamboa, Elizabeth L on 3/27/2008 14:49

OCCULT BLOOD, STOOL (Final result)

Electronically signed by: **Neighbor, William E on 02/25/08 1422** Status: **Completed**
Ordering user: Neighbor, William E 02/25/08 1422 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/08 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/27/2008 10:22 AM
Diagnoses
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Neurasthenia [300.5 (ICD-9-CM)]
Backache, unspecified [724.5 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H32853	—	—	03/27/08 1022

OCCULT BLOOD, STOOL Resulted: 03/27/08 1338, Result status: Final result

Order status: Completed Filed on: 03/27/08 1338
Collected by: 03/27/08 1022 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Occult Bld 1 Collect Date, Stool	03/18/08	—	—	RSVLT
Occult Bld 1 Collect Time, Stool	Information not provided	—	—	RSVLT
Occult Bld 1 Result, Stool	Negative	NEG	—	RSVLT
Occult Bld 2 Collect Date, Stool	03/19/08	—	—	RSVLT
Occult Bld 2 Collect Time, Stool	Information not provided	—	—	RSVLT
Occult Bld 2 Result, Stool	Negative	NEG	—	RSVLT
Occult Bld 3 Collect Date, Stool	03/20/08	—	—	RSVLT
Occult Bld 3 Collect Time, Stool	Information not provided	—	—	RSVLT
Occult Bld 3 Result, Stool	Negative	NEG	—	RSVLT

Reviewed by

03/27/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Neighbor, William E on 04/03/08 1728

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
NEURASTHENIA [300.5 (ICD-9-CM)]
BACKACHE NOS [724.5 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 4/3/2008 17:28

LIPID PANEL FUTURE (EXPIRES IN 90 DAYS) (Final result)

Electronically signed by: **Neighbor, William E on 03/03/08 1359** Status: **Completed**
Ordering user: Neighbor, William E 03/03/08 1359 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/27/2008 10:22 AM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Questionnaire

Question	Answer
Patient Fasting Status Y/N?	YES

Specimen Information

ID	Type	Source	Collected By
H32853	—	—	03/27/08 1022

LIPID PANEL FUTURE (EXPIRES IN 90 DAYS) (Abnormal) Resulted: 03/27/08 1448, Result status: Final result

Order status: Completed Filed on: 03/27/08 1448
Collected by: 03/27/08 1022 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	198	<200 mg/dL	—	UWMC
Triglyceride	234	<150 mg/dL	H^	UWMC
HDL Cholesterol	62	>40 mg/dL	—	UWMC
Cholesterol (LDL)	89	<130 mg/dL	—	UWMC
Cholesterol/HDL Ratio	3.2	—	—	UWMC
Patient Fasting Status (Y/No)	Yes	—	—	RSVLT

Reviewed by

Neighbor, William E on 04/03/08 1728
Gamboa, Elizabeth L on 03/27/08 1449

Testing Performed By

03/27/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 4/3/2008 17:28
Gamboa, Elizabeth L on 3/27/2008 14:49

VITAMIN D (25 HYDROXY) (Final result)

Electronically signed by: **Neighbor, William E on 03/04/08 0938** Status: **Completed**
Ordering user: Neighbor, William E 03/04/08 0938 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/04/08 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/27/2008 10:22 AM
Diagnoses
Osteoporosis, unspecified [733.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H32853	—	—	03/27/08 1022

VITAMIN D (25 HYDROXY) Resulted: 04/01/08 1013, Result status: Final result

Order status: Completed Filed on: 04/01/08 1013
Collected by: 03/27/08 1022 Resulting lab: HARBORVIEW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Vitamin D2 (25_Hydroxy)	<1.0	ng/mL	—	HMC
Vitamin D3 (25_Hydroxy)	20.5	ng/mL	—	HMC
Vit D (25_Hydroxy) Total	20.5	15.1 - 50.0 ng/mL	—	HMC
Vit D (25_Hydroxy) Total	--	—	—	HMC
Result: Elevated: >50.0 ng/mL. Deficient: 8.0 -15.0 ng/mL.Severe deficiency: < 8.0 ng/mL				
Vit D (25_Hydroxy) Total	—	—	—	HMC
Vit D (25_Hydroxy) Total	--	—	—	HMC
Result: This test was developed and its performancecharacteristics determined by UW Medicine, Departmentof Laboratory Medicine. It has not been cleared orapproved by the U.S. Food and Drug Administration.				

Reviewed by

Neighbor, William E on 04/03/08 1728

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

Indications

OSTEOPOROSIS NOS [733.00 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 4/3/2008 17:28

03/27/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Letters

Results by Neighbor, William E on 4/3/2008

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

4/3/2008

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 03/27/2008

PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	2.2 (*)	0.8-1.3

OCCULT BLOOD, STOOL

Component	Value	Range
• Occult Bld 1 Collect date, STL	03/18/08	-
• Occult Bld 1 Collect time, STL	Information not provided	-
• Occult Bld 1 Result, STL	Negative	NEG-
• Occult Bld 2 Collect date, STL	03/19/08	-
• Occult Bld 2 Collect time, STL	Information not provided	-
• Occult Bld 2 Result, STL	Negative	NEG-
• Occult Bld 3 Collect date, STL	03/20/08	-
• Occult Bld 3 Collect time, STL	Information not provided	-
• Occult Bld 3 Result, STL	Negative	NEG-

LIPID PANEL

Component	Value	Range
• CHOLESTEROL (TOTAL)	198	<200- (mg/dL)
• TRIGLYCERIDE	234 (*)	<150- (mg/dL)
• CHOLESTEROL (HDL)	62	>40- (mg/dL)
• CHOLESTEROL (LDL)	89	<130- (mg/dL)
• CHOLESTEROL/HDL RATIO	3.2	-
• Patient Fasting Status (Y/NO)	Yes	-

VITAMIN D (25 HYDROXY)

Component	Value	Range
• Vitamin D2 (25_Hydroxy)	<1.0	- (ng/mL)

03/27/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

- Vitamin D3 (25_Hydroxy) 20.5 - (ng/mL)
- Vit D (25_Hydroxy) Total, Calc 20.5 15.1-50.0 (ng/mL)
- Vit D (25_Hydroxy) Total, Calc -
  Value: Elevated: >50.0 ng/mL. Deficient: 8.0 -15.0 ng/mL.
  Severe deficiency: < 8.0 ng/mL
- Vit D (25_Hydroxy) Total, Calc -
- Vit D (25_Hydroxy) Total, Calc -
  Value: This test was developed and its performance characteristics determined by UW Medicine, Department of Laboratory Medicine. It has not been cleared or approved by the U.S. Food and Drug Administration.

Your INR is in the therapeutic range.

Your lipids are in the target range.

Your Vitamin D level while in the normal range should be greater than 30 for the D2 component. I advise taking Vitamin D 800 IU daily along with your calcium.

Sincerely,

William E Neighbor, MD

03/27/2008 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Long term (current) use of anticoagulants (primary)
- Osteoporosis, unspecified
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

Arnett, Kevin H at 3/27/2008 1126

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Kevin H Arnett

03/27/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Electronically signed by Arnett, Kevin H at 3/27/2008 11:26 AM

Neighbor, William E at 3/27/2008 1137

Jeanne Leonie Hoffman is a 83 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
Compliant with coumadin 10 mg daily except one half tab on Saturday. No bleeding. She has not yet gotten a refill on her elastic stockings, but will do so.

733.00 OSTEOPOROSIS NOS
At last visit started Fosamax weekly which she is taking and remaining upright for at least 30 minutes after taking.

250.00 DIABETES UNCOMPL ADULT-TYPE II
Tolerating metformin twice daily.

REVIEW OF SYSTEMS:
Constitutional: Denies weight gain.
Respiratory: Denies cough, shortness of breath.
Cardiovascular: Denies chest pain, palpitations, syncope, orthopnea, paroxysmal noctural dyspnea, lower extremity edema.

OBJECTIVE:
BP 116/67 | Pulse 73 | Wt 132 lbs (59.875 kg)
General: healthy, alert, no distress
Weight: without significant change.
Chest: Clear without rales or wheezes.
COR: HR regular. No murmur, gallop or rub. No JVD.
Extr: No edema. Chronic venous stasis changes in lower legs.

Labs reviewed.

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR 2.2 today. She should continue current anticoagulation which is coumadin 10 mg daily except one half tab on Saturday and recheck in one month.

733.00 OSTEOPOROSIS NOS
She is taking fosamax once weekly and tolerating. Reminded to stay upright for at least 30 minutes after taking.

250.00 DIABETES UNCOMPL ADULT-TYPE II
She is compliant with metformin 500 mg twice daily. Last A1c 6.3-6.4. Recheck with blood sugar and kidney tests in 3 months.

03/27/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Next visit one month for anticoagulation.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 3/27/2008 4:48 PM

Labs

HEMOGLOBIN A1C, RAPID (Completed)

Electronically signed by: **Neighbor, William E on 03/27/08 1135** Status: **Completed**
Ordering user: Neighbor, William E 03/27/08 1135 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/27/08 - Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

HEMOGLOBIN A1C, RAPID (Abnormal) Resulted: 04/29/08 1522, Result status: Final result

Order status: Completed Filed on: 04/29/08 1522
Collected by: 04/29/08 1024 Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.2	4.0 - 6.0 %	H	UWMC
Hemoglobin A1C	--	—	—	UWMC

Result: Due to a significant change from previous results, theassay was repeated for quality assurance purposes.

Reviewed by

Neighbor, William E on 04/29/08 1712
Gamboa, Elizabeth L on 04/29/08 1539

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

BASIC METABOLIC PANEL (Completed)

Electronically signed by: **Neighbor, William E on 03/27/08 1135** Status: **Completed**
Ordering user: Neighbor, William E 03/27/08 1135 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/27/08 - Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

03/27/2008 - Office Visit in UWMC Family Medicine (continued)

Labs (continued)

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

BASIC METABOLIC PANEL (Abnormal) Resulted: 04/29/08 1144, Result status: Final result

Order status: Completed
Collected by: 04/29/08 1024

Filed on: 04/29/08 1144
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	136 - 145 mEq/L	—	RSVLT
Potassium	3.9	3.7 - 5.2 mEq/L	—	RSVLT
Chloride	108	98 - 108 mEq/L	—	RSVLT
Carbon Dioxide, Total	31	22 - 32 mEq/L	—	RSVLT
Anion Gap	3	5 - 15	L	RSVLT
Glucose	118	62 - 125 mg/dL	—	RSVLT
Urea Nitrogen	18	8 - 21 mg/dL	—	RSVLT
Creatinine	0.8	0.3 - 1.2 mg/dL	—	RSVLT
Calcium	9.5	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	>60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor, William E on 04/29/08 1712
Gamboa, Elizabeth L on 04/29/08 1539

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	03/27/08 1125
BP	116/67
Pulse	73
Weight	59.9 kg (132 lb)

UNKNOWN

Row Name	03/27/08 1125
BP	116/67
Pulse	73
Weight	59.9 kg (132 lb)

Patient Instructions

ASSESSMENT AND PLAN:

03/27/2008 - Office Visit in UWMC Family Medicine (continued)

Patient Instructions (continued)

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR 2.2 today. She should continue current anticoagulation which is coumadin 10 mg daily except one half tab on Saturday and recheck in one month.

733.00 OSTEOPOROSIS NOS
She is taking fosamax once weekly and tolerating. Reminded to stay upright for at least 30 minutes after taking.

250.00 DIABETES UNCOMPL ADULT-TYPE II
She is compliant with metformin 500 mg twice daily. Last A1c 6.3-6.4. Recheck with blood sugar and kidney tests in 3 months.

Next visit one month for anticoagulation.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 3/27/2008 11:37 AM

03/11/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:

- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Neurasthenia
- Long term (current) use of anticoagulants
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- Backache, unspecified
- Special screening for malignant neoplasms, colon

Visit Information

Provider Information

Encounter Provider
Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/11/2008 10:52 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T28893	—	—	03/11/08 1052

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 03/11/08 1207, Result status: Final result

Order status: Completed Filed on: 03/11/08 1207
Collected by: 03/11/08 1052 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.6	0.8 - 1.3	H	RSVLT

03/11/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Reviewed by

Neighbor, William E on 03/12/08 1421
Gamboa, Elizabeth L on 03/12/08 1129

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 3/12/2008 14:21
Gamboa, Elizabeth L on 3/12/2008 11:29

THYROID STIMULATING HORMONE (Final result)

Electronically signed by: **Neighbor, William E on 02/25/08 1417** Status: **Completed**
Ordering user: Neighbor, William E 02/25/08 1417 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/08 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/11/2008 10:52 AM
Diagnoses
Neurasthenia [300.5 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Backache, unspecified [724.5 (ICD-9-CM)]
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T28893	—	—	03/11/08 1052

THYROID STIMULATING HORMONE Resulted: 03/11/08 1542, Result status: Final result

Order status: Completed Filed on: 03/11/08 1542
Collected by: 03/11/08 1052 Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Thyroid Stimulating Hormone	1.821	0.400 - 5.00 uIU/mL	—	UWMC

Reviewed by

Neighbor, William E on 03/12/08 1421

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

NEURASTHENIA [300.5 (ICD-9-CM)]

03/11/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
BACKACHE NOS [724.5 (ICD-9-CM)]
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 3/12/2008 14:21

CBC (HEMOGRAM) (Final result)

Electronically signed by: **Neighbor, William E on 02/25/08 1417** Status: **Completed**
Ordering user: Neighbor, William E 02/25/08 1417 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/08 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/11/2008 10:52 AM
Diagnoses
Neurasthenia [300.5 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Backache, unspecified [724.5 (ICD-9-CM)]
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T28893	—	—	03/11/08 1052

CBC (HEMOGRAM) Resulted: 03/11/08 1311, Result status: Final result

Order status: Completed Filed on: 03/11/08 1311
Collected by: 03/11/08 1052 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.27	4.3 - 10.0 THOU/uL	—	RSVLT
RBC	4.16	3.80 - 5.00 mil/uL	—	RSVLT
Hemoglobin	13.5	11.5 - 15.5 g/dL	—	RSVLT
Hematocrit	40	36 - 45 %	—	RSVLT
MCV	96	81 - 98 fL	—	RSVLT
MCH	32.3	27.3 - 33.6 pg	—	RSVLT
MCHC	33.8	32.3 - 35.7 g/dL	—	RSVLT
Platelet Count	275	150 - 400 THOU/uL	—	RSVLT

Reviewed by

Neighbor, William E on 03/12/08 1421

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

NEURASTHENIA [300.5 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

03/11/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
BACKACHE NOS [724.5 (ICD-9-CM)]
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 3/12/2008 14:21

HEMOGLOBIN A1C, HPLC (Final result)

Electronically signed by: **Neighbor, William E on 02/25/08 1417** Status: **Completed**
Ordering user: Neighbor, William E 02/25/08 1417 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/08 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 3/11/2008 10:52 AM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Neurasthenia [300.5 (ICD-9-CM)]
Backache, unspecified [724.5 (ICD-9-CM)]
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T28893	—	—	03/11/08 1052

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 03/12/08 1124, Result status: Final result

Order status: Completed Filed on: 03/12/08 1124
Collected by: 03/11/08 1052 Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.4	4.0 - 6.0 %	H	UWMC

Reviewed by

Neighbor, William E on 03/12/08 1421
Gamboa, Elizabeth L on 03/12/08 1129

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
NEURASTHENIA [300.5 (ICD-9-CM)]
BACKACHE NOS [724.5 (ICD-9-CM)]
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 3/12/2008 14:21
Gamboa, Elizabeth L on 3/12/2008 11:29

03/11/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters

Results by Neighbor, William E on 3/12/2008

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

3/12/2008

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 03/11/2008

PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	1.6 (*)	0.8-1.3

THYROID STIMULATING HORMONE

Component	Value	Range
• THYROID STIMULATING HORMONE	1.821	0.400-5.00 (uIU/mL)

CBC (HEMOGRAM)

Component	Value	Range
• WBC	7.27	4.3-10.0 (THOU/uL)
• RBC	4.16	3.80-5.00 (mil/uL)
• HEMOGLOBIN	13.5	11.5-15.5 (g/dL)
• HEMATOCRIT	40	36-45 (%)
• MCV	96	81-98 (fL)
• MCH	32.3	27.3-33.6 (pg)
• MCHC	33.8	32.3-35.7 (g/dL)
• PLATELET COUNT	275	150-400 (THOU/uL)

HEMOGLOBIN A1C, HPLC

Component	Value	Range
• Hemoglobin A1C, HPLC	6.4 (*)	4.0-6.0 (%)

Your INR is below the therapeutic range as we discussed at your visit yesterday. I advise a change in your coumadin dose at that visit.

In evaluation of your complaint of tiredness, we tests your thyroid and for anemia. These tests were normal.

In terms of your diabetes, your blood sugar test, the A1c, shows good control by diet and metformin. I will see you in one month.

Sincerely,

03/11/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

William E Neighbor, MD

03/11/2008 - Office Visit in UWMC Family Medicine

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Long term (current) use of anticoagulants (primary)
- Osteoporosis, unspecified
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- Other and unspecified hyperlipidemia
- Essential hypertension, benign

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/4/2006
Start date: 12/1/2006 — End date: 10/21/2008
Quantity: 60 — Refill: 12

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 30 — Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 42.5gm — Refill: 3

MACRODANTIN 100 MG OR CAPS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/21/2008
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/18/2007
Start date: 10/18/2007 — End date: 7/21/2008

03/11/2008 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

Quantity: 40 Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/20/2007
Start date: 12/20/2007 End date: 3/23/2009
Quantity: 90 Refill: 3

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/23/2008
Reason for discontinuation: Reorder
Instructions: 1 po TID
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/20/2007
Start date: 12/20/2007 End date: 6/23/2008
Quantity: 90 Refill: 5

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/23/2008
Reason for discontinuation: Reorder
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 12/21/2007
Start date: 12/20/2007 End date: 6/23/2008
Quantity: 90 Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/13/2009
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 1/4/2008
Start date: 1/2/2008 End date: 1/13/2009
Quantity: 5ml Refill: prn

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 12/11/2008
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD Ordered on: 1/4/2008
Start date: 1/2/2008 End date: 12/11/2008
Quantity: 15 Refill: 11

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 6/4/2008
Reason for discontinuation: Reorder
Instructions: one half tab twice daily for one week then one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/5/2008
Start date: 2/5/2008 End date: 6/4/2008
Quantity: 60 Refill: 3

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 2/27/2009
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD Ordered on: 3/11/2008
Start date: 3/11/2008 End date: 2/27/2009
Quantity: 4 Refill: 12

Stopped in Visit

03/11/2008 - Office Visit in UWMC Family Medicine (continued)

Medication List (continued)

None

Clinical Notes

Progress Notes

Taniguchi, Debra J at 3/11/2008 1222

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Debra J Taniguchi

Electronically signed by Taniguchi, Debra J at 3/11/2008 12:22 PM

Neighbor, William E at 3/11/2008 1311

Jeanne Leonie Hoffman is a 83 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
Compliant with meds. IN for INR review.

733.00 OSTEOPOROSIS NOS
Her spine x ray showed osteoprosis with compression fractures. She reports she has some pressure over her back but no real pain. This is not too bothersome to her.

250.00 DIABETES UNCOMPL ADULT-TYPE II
She reports compliance with diet.

272.4 HYPERLIPIDEMIA NEC/NOS
Reports complaince with diet.

401.1 BENIGN HYPERTENSION
No recent blood pressures at home.

Patient Active Problem List

Diagnoses	Date Noted

03/11/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

- OSTEOPOROSIS NOS [733.00] 03/04/2008
  Priority: High
  T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Patient written. Vit D level ordered.
- AFTERCARE LONG TERM ANTICOAG USE [V58.61] 01/08/2008
  Priority: High
  Reason for anticoagulation: Recurrent dvts
  Duration of anticoagulation: life
  INR goal: 2.-3
- ADULT FAILURE TO THRIVE [783.7] 10/19/2007
  Priority: High
  Lives in subsidized housing on Bainbridge
  Bremerton APS at 1-888-833-4925
  Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.
  Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait
- TREMOR NEC [333.1] 08/17/2007
  Priority: High
  Noted by Melanie Parker. Consider Parkinson's disease med trial.
- FX FEMUR INTRCAPS NOS-CLOSE [820.00] 05/01/2007
  Priority: High
  Pinned April 2007.
  Post op hematocrit 25
  Has walker with wheels for use outside of home. Uses cane in home.
- VITAMIN B DEFICIENCY NOS [266.9] 05/01/2007
  Priority: High
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- DIABETES UNCOMPL ADULT-TYPE II [250.00] 03/27/2007
  Priority: High
  Year onset: Dx March 2007
  Complications:
  Last A1c: March 2007 7.1. Aug 2007 6.3; Nov 2007 7.1; March 2008 6.4 on metformin
  Last Cr: Nov 2007 0.9
  Last Urine Alb/Cr ratio: 3/3/2008 normal
  Last foot exam: 2/5/2008 normal
  Last monofilament test: 2/5/2008 slight decrease
  Last eye exam: 2/5/2008 due
  Last Lipid Panel: LDL 109 in March 22, 2007
  Blood pressure: 2/5/2008 normal
  Last EKG:
  Glucometer review:
  Nutrition consult: 2/5/2008 ordered
- CONVULSIONS, OTHER [780.39] 11/20/2006
  Priority: High
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
- ESOPHAGEAL REFLUX [530.81] 11/20/2006
  Priority: High
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Priority: High
- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006

03/11/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Priority: High
Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin

- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  Priority: High
  S/P hysterectomy with BSO in 1991
- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  Priority: High
- CARPAL TUNNEL SYNDROME [354.0] 11/20/2006
  Priority: High
  Carpal tunnel release right wrist in 1989
- CATARACT NOS [366.9] 11/20/2006
  Priority: High
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
  Priority: High
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  Priority: High
  LS spine. Bilateral talonavicular arthritis since 1994.
- BENIGN HYPERTENSION [401.1] 11/20/2006
  Priority: High
- DIAPHRAGMATIC HERNIA [553.3] 11/20/2006
  Priority: High
  CT of abdomen in 2006
- GLAUCOMA NOS [365.9] 11/20/2006
  Priority: High
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Priority: High
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1):
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg Jan 2006. March 2007 normal
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme cards given in 2005.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005

Meds reviewed.

REVIEW OF SYSTEMS:
Constitutional: Denies weight gain.
Respiratory: Denies cough, shortness of breath.

03/11/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Cardiovascular: Denies chest pain, palpitations, syncope, orthopnea, paroxysmal noctural dyspnea, lower extremity edema. Wears compression stockings.

OBJECTIVE:
BP 114/64 | Pulse 70 | Wt 129 lbs 11.2 oz (58.832 kg)
General: healthy, alert, no distress
Weight: without significant change.
Chest: Clear without rales or wheezes.
COR: HR regular. No murmur, gallop or rub.
Extr: No edema.

ASSESSMENT AND PLAN:

733.00 OSTEOPOROSIS NOS
Osteoporosis with compression fractures causing mild discomfort. She is taking Calcium 1500 mg dialy and vitamin D 400-800 mg daily. She agreed today to add Fosamax 70 mg once weekly on Sundays. She understand she is to remain upright after taking.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR today 1.4. She reports complaince with regimen at last visit which was coumadin 10 mg once daily except one half on two days of the week. We will now change that to 10 mg daily except one hafl on just one day of the week that being Saturday.

250.00 DIABETES UNCOMPL ADULT-TYPE II
A1 c pending

272.4 HYPERLIPIDEMIA NEC/NOS
Lipid panel pending

401.1 BENIGN HYPERTENSION
Blood pressure well controlled.

I ordered hemoccults for her at last visit but she did not get cards or does not remember getting them. Nurse will reissue cards today. I had also orderd compresion sockings as she needs new prescription and I printed that prescription out for her again today.

Next visit in 7-10 days.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 3/13/2008 3:23 PM

Fontanos, Lisa at 3/11/2008 1600

follow up appt made fob level added

03/11/2008 - Office Visit in UWMC Family Medicine (continued)

Clinical Notes (continued)

Electronically signed by Fontanos, Lisa at 3/11/2008 4:00 PM

Other Orders

Medications

FOSAMAX 70 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 03/11/08 1305** Status: **Discontinued**
Ordering user: Neighbor, William E 03/11/08 1305 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/11/08 - 02/27/09 Class: RIGHTFAX
Discontinued by: Neighbor, William E 02/27/09 1716 [Reorder]
Diagnoses
Osteoporosis, unspecified [733.00 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]
Essential hypertension, benign [401.1 (ICD-9-CM)]

Indications

OSTEOPOROSIS NOS [733.00 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]
BENIGN HYPERTENSION [401.1 (ICD-9-CM)]

WARFARIN SODIUM 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 03/11/08 1305** Status: **Discontinued**
Ordering user: Neighbor, William E 03/11/08 1305 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/11/08 - 03/11/08 Class: RIGHTFAX
Discontinued by: Neighbor, William E 03/11/08 1306 [Erroneous order-Prescription destroyed]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

COUMADIN 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 03/11/08 1307** Status: **Discontinued**
Ordering user: Neighbor, William E 03/11/08 1307 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/11/08 - 04/29/08 Class: RIGHTFAX
Discontinued by: Neighbor, William E 04/29/08 1131 [Reorder]
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Osteoporosis, unspecified [733.00 (ICD-9-CM)]
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]
Essential hypertension, benign [401.1 (ICD-9-CM)]

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
OSTEOPOROSIS NOS [733.00 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]
BENIGN HYPERTENSION [401.1 (ICD-9-CM)]

03/11/2008 - Office Visit in UWMC Family Medicine (continued)

Other Orders (continued)

Flowsheets

Encounter Vitals

Row Name	03/11/08 1218
BP	114/64
Pulse	70
Weight	58.8 kg (129 lb 11.2 oz)

UNKNOWN

Row Name	03/11/08 1218
BP	114/64
Pulse	70
Weight	58.8 kg (129 lb 11.2 oz)

Patient Instructions

ASSESSMENT AND PLAN:

733.00 OSTEOPOROSIS NOS
Osteoporosis with compression fractures causing mild discomfort. She is taking Calcium 1500 mg dialy and vitamin D 400-800 mg daily. She agreed today to add Fosamax 70 mg once weekly on Sundays. She understand she is to remain upright after taking.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR today 1.4. She reports complaince with regimen at last visit which was coumadin 10 mg once daily except one half on two days of the week. We will now change that to 10 mg daily except one hafl on just one day of the week that being Saturday.

250.00 DIABETES UNCOMPL ADULT-TYPE II
A1 c pending

272.4 HYPERLIPIDEMIA NEC/NOS
Lipid panel pending

401.1 BENIGN HYPERTENSION
Blood pressure well controlled.

I ordered hemocculits for her at last visit but she did not get cards or does not remember getting them. Nurse will reissue cards today. I had also orderd compresion sockings and I printed that prescription out for her again today.

Next visit in 7-10 days.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 3/11/2008 1:11 PM

03/04/2008 - Letter (Out) in UWMC Family Medicine

Reason for Visit

Visit diagnosis: Osteoporosis, unspecified

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone	Fax
UWMC Family Medicine	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98105	206-598-4055	206-598-5720

Labs

VITAMIN D (25 HYDROXY) (Completed)

Electronically signed by: **Neighbor, William E on 03/04/08 0938** Status: **Completed**
Ordering user: Neighbor, William E 03/04/08 0938 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/04/08 - Class: Normal
Quantity: 1
Diagnoses
Osteoporosis, unspecified [733.00 (ICD-9-CM)]

Indications

OSTEOPOROSIS NOS [733.00 (ICD-9-CM)]

VITAMIN D (25 HYDROXY) Resulted: 04/01/08 1013, Result status: Final result

Order status: Completed Filed on: 04/01/08 1013
Collected by: 03/27/08 1022 Resulting lab: HARBORVIEW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Vitamin D2 (25 Hydroxy)	<1.0	ng/mL	—	HMC
Vitamin D3 (25 Hydroxy)	20.5	ng/mL	—	HMC
Vit D (25_Hydroxy) Total	20.5	15.1 - 50.0 ng/mL	—	HMC
Vit D (25_Hydroxy) Total	--	—	—	HMC
Result: Elevated: >50.0 ng/mL. Deficient: 8.0 -15.0 ng/mL.Severe deficiency: < 8.0 ng/mL				
Vit D (25_Hydroxy) Total	—	—	—	HMC
Vit D (25_Hydroxy) Total	--	—	—	HMC
Result: This test was developed and its performancecharacteristics determined by UW Medicine, Departmentof Laboratory Medicine. It has not been cleared orapproved by the U.S. Food and Drug Administration.				

Reviewed by

Neighbor, William E on 04/03/08 1728

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER	Unknown	Unknown	09/29/00 0100 - 06/12/15 1023

Indications

OSTEOPOROSIS NOS [733.00 (ICD-9-CM)]

Letters

03/04/2008 - Letter (Out) in UWMC Family Medicine (continued)

Letters (continued)

Letter by Neighbor, William E on 3/4/2008

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

3/4/2008

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

The result of your Thoracic spine xray test for evaluation of back pain showed decreased bone calcium and wedging of thoracic vertebra consistent with decreased bone calcium. I recommend we check your vitamin D level. Your next office visit should be as discussed at your last visit.

So, when you have your next INR test, I have ordered a Vitamin D level to be done at that time. Be sure to remind them to do it as well. We may need to use a higher dose of vitamin D than we have been doing or consider addition of Fosamax though I think you have declined that in the past.

Instructions for prevention of further bone density loss:

Osteoporosis prevention. The average diet without milk product contains about 500 mg of calcium. The goal is at least 1500 mg of calcium. Each serving of a milk product contains about 300 mg. That is contained in glass of milk, a cup of yoghurt or ice cream, kefir, enough cheese to cover a piece of bread. Taking three servings of a milk product gives you about 1000 mg of added calcium. That in addition to he 500 mg in the regular diet totals to the needed 1500 mg. If one does not take adequate milk products the difference can be made up by taking calcium tablets.

In addition, one needs adequate Vitamin D. That can be obtained by exposure of the face, neck , and arms to sunlight for 15 minutes daily. In the winter months in the northern climes, we often do not get adequate exposure. Therefore, supplementing with Vitamin D 400-800 IU daily is helpful.

Sincerely,

William E Neighbor, MD

02/28/2008 - Office Visit in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Footcare
Visit diagnosis: Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Provider Information

Authorizing Provider	Referring Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Level of Service

Level of Service
GLOBAL PROCEDURE INCLUDES LEVE

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/16/2019
Start date: 4/16/2019 — End date: 9/4/2019
Quantity: 10 mL — Refill: No refills remaining

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP — Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:

02/28/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Medication List (continued)

1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician — Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/5/2019 — End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

Stopped in Visit

None

Clinical Notes

Progress Notes

Reddoch, Coreen at 2/28/2008 1418

Footcare provided; toenails trimmed X 10 without complication.

Electronically signed by Reddoch, Coreen at 2/28/2008 2:18 PM

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Long term (current) use of anticoagulants (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- Neurasthenia
- Backache, unspecified
- Special screening for malignant neoplasms, colon

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

Taniguchi, Debra J at 2/25/2008 1337

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Completed by: Debra J Taniguchi

Electronically signed by Taniguchi, Debra J at 2/25/2008 1:37 PM

Neighbor, William E at 2/25/2008 1430

Jeanne Leonie Hoffman is a 83 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
In for INR review. Reports compliance with warfarin and no change in diet.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
She lost prescription for compression stockings issues by vascular clniic and needs this rewritten.

250.00 DIABETES UNCOMPL ADULT-TYPE II
She started Metformin 2 weeks ago and is tolerating it well. She has not yet scheduled appointment with nutritionist and admits to eating lots of sweats though she is trying to improve.

300.5 NEURASTHENIA
She reports she feels tired all the time but thinks this has been going on for at least a year and probably longer. Believes it is her age.

724.5 BACKACHE NOS
She has had 6 months of right mid back pain which she has not mentioned before. No hx of injury of fall. No radiation to leg.

REVIEW OF SYSTEMS:
Constitutional: Denies weight gain.
Respiratory: Denies cough, shortness of breath.
Cardiovascular: Denies chest pain, palpitations, syncope, orthopnea, paroxysmal noctural dyspnea, lower extremity edema.

OBJECTIVE:
BP 118/68 | Pulse 74 | Wt 137 lbs (62.143 kg)
General: healthy, alert, no distress
Weight: without significant change.
Chest: Clear without rales or wheezes.
COR: HR regular. No murmur, gallop or rub. No JVD.
Extr: No edema.
Back: Tender of right paraspinal muscles on ribs at T10-11 area. No deformity or assymetry.

INR: 1.2

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

INR 1.2 today subtherapeutic. She has not missed any doses. May be related to starting metformin for diabetes. New schedule will be Coumadin 10 mg tablets

SUNDAY	1 tablets
MONDAY	1 tablets
TUESDAY	One half tablets
WEDNESDAY	1 tablets
THURSDAY	1 tablets
FRIDAY	1 tablets
SATURDAY	One half tablets

Your next blood test for Protime INR should be in 1 weeks.

451.19 DEEP VENOUS PHLEBITIS-LEG
She lost the prescription given by vascular clinic for BK compression stockings 40 mmHg. New prescription issued.

250.00 DIABETES UNCOMPL ADULT-TYPE II
She has not yet seen nutritionist or eye clinic. Eye referral submited. She should see nutritionist. She has been taking metformin and tolerating it well twice daily. Due for hemoglobin A1c test in one month. She is due for urine for albumin.

300.5 NEURASTHENIA
Fatigue which she believes is related to age and is persent for 6-12 months. Her TSH was normal a year ago. Will repeat TSH and CBC and then follow up. Her health maintenance is up to date except that she is due for stool for hidden blood testing. Hemoccult kit given.

724.5 BACKACHE NOS
6 month hx of right sided mid back pain located for lower ribs on right back. Will obtain X ray of T spine and posterior ribs. Also given located near kidney area, check UA. See me to review resutls in 1-2 weeks when due for next INR blood test.

In sum:
Urine test today.
Stool test kit for hidden blood given today.
Schedule nutrition appouintment at our front desk.
Call eye clinic for appointment if you have not heard from them within a week.
Increase the dose of coumadin as noted above.
Repeat test for blood thinning in one week and see me or someone in the clinic.
Tests for diabetes due in 1 month.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 2/25/2008 6:35 PM

Fontanos, Lisa at 2/26/2008 0819

follow up appt made fob level added

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Electronically signed by Fontanos, Lisa at 2/26/2008 8:19 AM

Fontanos, Lisa at 2/26/2008 0819

Addended by: FONTANOS, LISA on: 2/26/2008 8:19:09 AM

Modules accepted: Orders

Electronically signed by Fontanos, Lisa at 2/26/2008 8:19 AM

Neighbor, William E at 3/3/2008 1359

Addended by: NEIGHBOR, WILLIAM E on: 3/3/2008 1:59:10 PM

Modules accepted: Orders, SmartSet

Electronically signed by Neighbor, William E at 3/3/2008 1:59 PM

Labs

URINE SCREEN, MICROALBUMINURIA (Final result)

Electronically signed by: **Neighbor, William E on 02/25/08 1417** Status: **Completed**
Ordering user: Neighbor, William E 02/25/08 1417 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/08 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Neurasthenia [300.5 (ICD-9-CM)]
Backache, unspecified [724.5 (ICD-9-CM)]
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M19658	—	—	02/25/08 1237

URINE SCREEN, MICROALBUMINURIA Resulted: 02/29/08 0936, Result status: Final result

Order status: Completed Filed on: 02/29/08 0936
Collected by: 02/25/08 1237 Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Creatinine/Unit, URN	73	mg/dL	—	UWMC
Albumin (Micro), URN	0.65	mg/dL	—	UWMC
Albumin/Creatinine Ratio, URN	8.9	<30 mg/g Creat	—	UWMC

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Reviewed by

Neighbor, William E on 03/03/08 1359

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
NEURASTHENIA [300.5 (ICD-9-CM)]
BACKACHE NOS [724.5 (ICD-9-CM)]
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 3/3/2008 13:59

URINALYSIS WORKUP (Final result)

Electronically signed by: **Neighbor, William E on 02/25/08 1417** Status: **Completed**
Ordering user: Neighbor, William E 02/25/08 1417 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/08 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Backache, unspecified [724.5 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Neurasthenia [300.5 (ICD-9-CM)]
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M19658	—	—	02/25/08 1237

URINALYSIS WORKUP Resulted: 02/28/08 1334, Result status: Final result

Order status: Completed Filed on: 02/28/08 1334
Collected by: 02/25/08 1237 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	RSVLT
Clarity, URN	Clear	—	—	RSVLT
Specific Gravity, URN	1.017	1.002 - 1.02 g/mL	—	RSVLT
pH, URN	5.5	5.0 - 8.0	—	RSVLT
Protein (Alb Semiquant), URN	Negative	NEG mg/dL	—	RSVLT
Glucose Qual, URN	Negative	NEG mg/dL	—	RSVLT
Ketones, URN	Negative	NEG mg/dL	—	RSVLT
Bilirubin (Qual), URN	Negative	NEG	—	RSVLT
Occult Blood, URN	Negative	NEG	—	RSVLT
Nitrite, URN	Negative	NEG	—	RSVLT
Leukocyte Esterase, URN	Negative	NEG	—	RSVLT
Urobilinogen, URN	0.1-1.9	URONML EHRLICH UNITS	—	RSVLT

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Comments for Macroscopic, URN	None	—	—	RSVLT

Reviewed by

Neighbor, William E on 03/03/08 1359

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

BACKACHE NOS [724.5 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
NEURASTHENIA [300.5 (ICD-9-CM)]
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 3/3/2008 13:59

THYROID STIMULATING HORMONE (Completed)

Electronically signed by: **Neighbor, William E on 02/25/08 1417** Status: **Completed**
Ordering user: Neighbor, William E 02/25/08 1417 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/08 - Class: Normal
Quantity: 1
Diagnoses
Neurasthenia [300.5 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Backache, unspecified [724.5 (ICD-9-CM)]
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]

Indications

NEURASTHENIA [300.5 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
BACKACHE NOS [724.5 (ICD-9-CM)]
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

THYROID STIMULATING HORMONE Resulted: 03/11/08 1542, Result status: Final result

Order status: Completed Filed on: 03/11/08 1542
Collected by: 03/11/08 1052 Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Thyroid Stimulating Hormone	1.821	0.400 - 5.00 uIU/mL	—	UWMC

Reviewed by

Neighbor, William E on 03/12/08 1421

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

NEURASTHENIA [300.5 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
BACKACHE NOS [724.5 (ICD-9-CM)]
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

CBC (HEMOGRAM) (Completed)

Electronically signed by: **Neighbor, William E on 02/25/08 1417** Status: **Completed**
Ordering user: Neighbor, William E 02/25/08 1417 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/08 - Class: Normal
Quantity: 1
Diagnoses
Neurasthenia [300.5 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Backache, unspecified [724.5 (ICD-9-CM)]
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]

Indications

NEURASTHENIA [300.5 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
BACKACHE NOS [724.5 (ICD-9-CM)]
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

CBC (HEMOGRAM) Resulted: 03/11/08 1311, Result status: Final result

Order status: Completed Filed on: 03/11/08 1311
Collected by: 03/11/08 1052 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.27	4.3 - 10.0 THOU/uL	—	RSVLT
RBC	4.16	3.80 - 5.00 mil/uL	—	RSVLT
Hemoglobin	13.5	11.5 - 15.5 g/dL	—	RSVLT
Hematocrit	40	36 - 45 %	—	RSVLT
MCV	96	81 - 98 fL	—	RSVLT
MCH	32.3	27.3 - 33.6 pg	—	RSVLT
MCHC	33.8	32.3 - 35.7 g/dL	—	RSVLT
Platelet Count	275	150 - 400 THOU/uL	—	RSVLT

Reviewed by

Neighbor, William E on 03/12/08 1421

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

NEURASTHENIA [300.5 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
BACKACHE NOS [724.5 (ICD-9-CM)]
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

HEMOGLOBIN A1C, HPLC (Completed)

Electronically signed by: **Neighbor, William E on 02/25/08 1417** Status: **Completed**
Ordering user: Neighbor, William E 02/25/08 1417 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/08 - Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Neurasthenia [300.5 (ICD-9-CM)]
Backache, unspecified [724.5 (ICD-9-CM)]
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
NEURASTHENIA [300.5 (ICD-9-CM)]
BACKACHE NOS [724.5 (ICD-9-CM)]
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 03/12/08 1124, Result status: Final result

Order status: Completed Filed on: 03/12/08 1124
Collected by: 03/11/08 1052 Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.4	4.0 - 6.0 %	H	UWMC

Reviewed by

Neighbor, William E on 03/12/08 1421
Gamboa, Elizabeth L on 03/12/08 1129

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
NEURASTHENIA [300.5 (ICD-9-CM)]
BACKACHE NOS [724.5 (ICD-9-CM)]
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

OCCULT BLOOD, STOOL (Completed)

Electronically signed by: **Neighbor, William E on 02/25/08 1422** Status: **Completed**
Ordering user: Neighbor, William E 02/25/08 1422 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/08 - Class: Normal
Quantity: 1
Diagnoses
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Neurasthenia [300.5 (ICD-9-CM)]
Backache, unspecified [724.5 (ICD-9-CM)]

Indications

SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
NEURASTHENIA [300.5 (ICD-9-CM)]
BACKACHE NOS [724.5 (ICD-9-CM)]

OCCULT BLOOD, STOOL

Resulted: 03/27/08 1338, Result status: Final result

Order status: Completed Filed on: 03/27/08 1338
Collected by: 03/27/08 1022 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Occult Bld 1 Collect Date, Stool	03/18/08	—	—	RSVLT
Occult Bld 1 Collect Time, Stool	Information not provided	—	—	RSVLT
Occult Bld 1 Result, Stool	Negative	NEG	—	RSVLT
Occult Bld 2 Collect Date, Stool	03/19/08	—	—	RSVLT
Occult Bld 2 Collect Time, Stool	Information not provided	—	—	RSVLT
Occult Bld 2 Result, Stool	Negative	NEG	—	RSVLT
Occult Bld 3 Collect Date, Stool	03/20/08	—	—	RSVLT
Occult Bld 3 Collect Time, Stool	Information not provided	—	—	RSVLT
Occult Bld 3 Result, Stool	Negative	NEG	—	RSVLT

Reviewed by

Neighbor, William E on 04/03/08 1728

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
NEURASTHENIA [300.5 (ICD-9-CM)]
BACKACHE NOS [724.5 (ICD-9-CM)]

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

LIPID PANEL FUTURE (EXPIRES IN 90 DAYS) (Completed)

Electronically signed by: **Neighbor, William E on 03/03/08 1359** Status: **Completed**
Ordering user: Neighbor, William E 03/03/08 1359 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Class: Normal
Quantity: 1 Released by: Neighbor, William E 03/03/08 1359
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Questionnaire

Question	Answer
Patient Fasting Status Y/N?	YES

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

LIPID PANEL FUTURE (EXPIRES IN 90 DAYS) (Abnormal)

Resulted: 03/27/08 1448, Result status: Final result

Order status: Completed Filed on: 03/27/08 1448
Collected by: 03/27/08 1022 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	198	<200 mg/dL	—	UWMC
Triglyceride	234	<150 mg/dL	H^	UWMC
HDL Cholesterol	62	>40 mg/dL	—	UWMC
Cholesterol (LDL)	89	<130 mg/dL	—	UWMC
Cholesterol/HDL Ratio	3.2	—	—	UWMC
Patient Fasting Status (Y/No)	Yes	—	—	RSVLT

Reviewed by

Neighbor, William E on 04/03/08 1728
Gamboa, Elizabeth L on 03/27/08 1449

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

Imaging

Imaging

X-RAY THORACIC SPINE 2 VW (In process)

Electronically signed by: **Neighbor, William E on 02/25/08 1417** Status: **Active**
Ordering user: Neighbor, William E 02/25/08 1417 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/08 - Class: On Site
Quantity: 1 Lab status: In process
Diagnoses
Backache, unspecified [724.5 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Imaging (continued)

Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Neurasthenia [300.5 (ICD-9-CM)]
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]

Questionnaire

Question	Answer
Reason for Exam	pain right paraspinal area to right of about T10-T11

Order comments: .

Indications

BACKACHE NOS [724.5 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
NEURASTHENIA [300.5 (ICD-9-CM)]
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

Other Orders

Referral

REFERRAL TO EYE CARE (Completed)

Electronically signed by: **Neighbor, William E on 02/25/08 1417** Status: **Completed**
Ordering user: Neighbor, William E 02/25/08 1417 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/08 - Class: Internal Referral
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Neurasthenia [300.5 (ICD-9-CM)]
Backache, unspecified [724.5 (ICD-9-CM)]
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]
Order comments: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare Location: UW EYE CTR-MAIN CLINIC Referral for: Consultation. To give an opinion or answer a clinical question. REASON FOR REFERRAL: 83 year old female with new diagnosis of diabetes CURRENT MEDICATIONS: Current outpatient prescriptions: METFORMIN HCL 500 MG OR TABS, one half tab twice daily for one week then one tab twice daily for diabetes TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN, instill one drop into each eye twice daily HYDROCHLOROTHIAZIDE 25 MG OR TABS, Take 1/2 tablet by mouth every day TEGRETOL 200 MG OR TABS, take one tablet po three times daily LIPITOR 40 MG OR TABS, 1 po QD PENTOXIL 400 MG OR TBCR, 1 po TID MACRODANTIN 100 MG OR CAPS, 1 CAPSULE EVERY 6 HOURS WITH FOOD DITROPAN XL 5 MG OR TB24, One by mouth daily PREMARIN 0.625 MG/GM VA CREA, apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday WARFARIN SODIUM 10 MG OR TABS, 10 mg Sun, Weds, Thurs,Friday; 5 mg remainder of days of the week. RANITIDINE HCL 150 MG OR TABS, Take 1 tablet by mouth 2 times per day Patient Active Problem List: CONVULSIONS, OTHER [780.39] ESOPHAGEAL REFLUX [530.81] SENSORNEUR HEAR LOSS NOS [389.10] DEEP VENOUS PHLEBITIS-LEG NEC [451.19] UTERINE LEIOMYOMA NOS [218.9] HYPERLIPIDEMIA NEC/NOS [272.4] CARPAL TUNNEL SYNDROME [354.0] CATARACT NOS [366.9] ALLERGIC RHINITIS NOS [477.9] GENERAL OSTEOARTHROSIS [715.00] BENIGN HYPERTENSION [401.1] DIAPHRAGMATIC HERNIA [553.3] GLAUCOMA NOS [365.9] ROUTINE MEDICAL EXAM [V70.0] DIABETES UNCOMPL ADULT-TYPE II [250.00] FX FEMUR INTRCAPS NOS-CLOSE [820.00] VITAMIN B DEFICIENCY NOS [266.9] TREMOR NEC [333.1] ADULT FAILURE TO THRIVE [783.7] AFTERCARE LONG TERM ANTICOAG USE [V58.61]
++ REFERENCE INFORMATION FOR UWPN REFERRAL COORDINATORS: UWMC Eye Center, Main Clinic: (206) 598-4011 UWMC Eye Center, Satellite Clinic: (206) 598-2096 UWMC Refractive Surgery Center (206) 598-2020 HMC Eye Clinic (206) 731-4142 Children's Hospital (206) 987-2177
++

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD	Diagnoses: Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled	**UWMC EYE CENTER** 1959 NE Pacific St Seattle WA 98195-0001 Specialty:	Vision Screening Services	Routine

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Other Orders (continued)

Long term (current) use of anticoagulants
Phlebitis and thrombophlebitis of other deep vessels of lower extremities
Neurasthenia
Backache, unspecified
Special screening for malignant neoplasms, colon
schedule w/Son: Doug 206 842 8360
DM2
Order: Referral To Eye Care Eval & Treat
Reason: Second Contact

Ophthalmology Medicine

Comment: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare
Location: UW EYE CTR-MAIN CLINIC
Referral for: Consultation. To give an opinion or answer a clinical question.
REASON FOR REFERRAL: 83 year old female with new diagnosis of diabetes
CURRENT MEDICATIONS: Current outpatient prescriptions:
METFORMIN HCL 500 MG OR TABS, one half tab twice daily for one week then one tab twice daily for diabetes
TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN, instill one drop into each eye twice daily
HYDROCHLOROTHIAZIDE 25 MG OR TABS, Take 1/2 tablet by mouth every day
TEGRETOL 200 MG OR TABS, take one tablet po three times daily
LIPITOR 40 MG OR TABS, 1 po QD
PENTOXIL 400 MG OR TBCR, 1 po TID
MACRODANTIN 100 MG OR CAPS, 1 CAPSULE EVERY 6 HOURS WITH FOOD
DITROPAN XL 5 MG OR TB24, One by mouth daily
PREMARIN 0.625 MG/GM VA CREA, apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
WARFARIN SODIUM 10 MG OR TABS, 10 mg Sun, Weds, Thurs,Friday; 5 mg remainder of days of the week.
RANITIDINE HCL 150 MG OR TABS, Take 1 tablet by mouth 2 times per day

Patient Active Problem List:
CONVULSIONS, OTHER [780.39]
ESOPHAGEAL REFLUX [530.81]
SENSORNEUR HEAR LOSS NOS [389.10]
DEEP VENOUS PHLEBITIS-LEG NEC [451.19]
UTERINE LEIOMYOMA NOS [218.9]
HYPERLIPIDEMIA NEC/NOS [272.4]
CARPAL TUNNEL SYNDROME [354.0]
CATARACT NOS [366.9]
ALLERGIC RHINITIS NOS [477.9]
GENERAL OSTEOARTHROSIS [715.00]
BENIGN HYPERTENSION [401.1]
DIAPHRAGMATIC HERNIA [553.3]
GLAUCOMA NOS [365.9]
ROUTINE MEDICAL EXAM [V70.0]
DIABETES UNCOMPL ADULT-TYPE II [250.00]
FX FEMUR INTRCAPS NOS-CLOSE [820.00]
VITAMIN B DEFICIENCY NOS [266.9]
TREMOR NEC [333.1]
ADULT FAILURE TO THRIVE [783.7]
AFTERCARE LONG TERM ANTICOAG USE [V58.61]

++
REFERENCE INFORMATION FOR UWPN REFERRAL COORDINATORS:

UWMC Eye Center, Main Clinic: (206) 598-4011
UWMC Eye Center, Satellite Clinic: (206) 598-2096
UWMC Refractive Surgery Center (206) 598-2020
HMC Eye Clinic (206) 731-4142

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Other Orders (continued)

Children's Hospital (206) 987-2177
++

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
NEURASTHENIA [300.5 (ICD-9-CM)]
BACKACHE NOS [724.5 (ICD-9-CM)]
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

CONSULT FOR DME (Completed)

Electronically signed by: **Neighbor, William E on 02/25/08 1429** Status: **Completed**
Ordering user: Neighbor, William E 02/25/08 1429 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/25/08 - Class: Ext RFL No Result
Quantity: 1
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Neurasthenia [300.5 (ICD-9-CM)]
Backache, unspecified [724.5 (ICD-9-CM)]
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]
Order comments: Supply Name: Below the knee compression stockings 40 mm Hg Prognosis: good Estimated length of need: 99 (99 = lifetime)

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD	Diagnoses: Phlebitis and thrombophlebitis of other deep vessels of lower extremities Long term (current) use of anticoagulants Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled Neurasthenia Backache, unspecified Special screening for malignant neoplasms, colon Order: Consult For Dme	**OUTSIDE PROVIDER** Specialty: DME	Durable Medical Equipment	Routine

Comment: Supply Name: Below the knee compression stockings 40 mm Hg
Prognosis: good
Estimated length of need: 99 (99 = lifetime)

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]
AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]
DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]
NEURASTHENIA [300.5 (ICD-9-CM)]
BACKACHE NOS [724.5 (ICD-9-CM)]
SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	02/25/08 1337

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Flowsheets (continued)

BP	118/68
Pulse	74
Weight	62.1 kg (137 lb)

UNKNOWN

Row Name	02/25/08 1337
BP	118/68
Pulse	74
Weight	62.1 kg (137 lb)

Patient Instructions

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR 1.2 today subtherapeutic. She has not missed any doses. May be related to starting metformin for diabetes. New schedule will be Coumadin 10 mg tablets

SUNDAY	1 tablets
MONDAY	1 tablets
TUESDAY	One half tablets
WEDNESDAY	1 tablets
THURSDAY	1 tablets
FRIDAY	1 tablets
SATURDAY	One half tablets

Your next blood test for Protime INR should be in 1 weeks.

451.19 DEEP VENOUS PHLEBITIS-LEG
She lost the prescription given by vascular clinic for BK compression stockings 40 mmHg. New prescription issued.

250.00 DIABETES UNCOMPL ADULT-TYPE II
She has not yet seen nutritionist or eye clinic. Eye referral submited. She should see nutritionist. She has been taking metformin and tolerating it well twice daily. Due for hemoglobin A1c test in one month. She is due for urine for albumin.

300.5 NEURASTHENIA
Fatigue which she believes is related to age and is persent for 6-12 months. Her TSH was normal a year ago. Will repeat TSH and CBC and then follow up. Her health maintenance is up to date except that she is due for stool for hidden blood testing. Hemoccult kit given.

724.5 BACKACHE NOS
6 month hx of right sided mid back pain located for lower ribs on right back. Will obtain X ray of T spine and posterior ribs. Also given located near kidney area, check UA. See me to review resutls in 1-2 weeks when due for next INR blood test.

In sum:
Urine test today.
Stool test kit for hidden blood given today.
Schedule nutrition appouintment at our front desk.
Call eye clinic for appointment if you have not heard from them within a week.
Increase the dose of coumadin as noted above.
Repeat test for blood thinning in one week and see me or someone in the clinic.
Tests for diabetes due in 1 month.

William E Neighbor, MD

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Patient Instructions (continued)

Electronically signed by Neighbor, William E at 2/25/2008 2:30 PM

Letters

Results by Neighbor, William E on 3/3/2008

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

3/3/2008

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Office Visit on 02/25/2008
URINE SCREEN, MICROALBUMINURIA

Component	Value	Range
• CREATININE/UNIT, URINE	73	- (mg/dL)
• ALBUMIN (MICRO)	0.65	- (mg/dL)
• ALBUMIN/CREATININE RATIO	8.9	<30- (mg/g Creat)

URINALYSIS WORKUP

Component	Value	Range
• Color, URN	Yellow	-
• Clarity, URN	Clear	-
• SPECIFIC GRAVITY, URINE	1.017	1.002-1.02 (g/mL)
• PH, URINE	5.5	5.0-8.0
• PROTEIN (ALB _ SemiQuant), URI	Negative	NEG- (mg/dL)
• Glucose Qual, URN	Negative	NEG- (mg/dL)
• KETONES, URINE	Negative	NEG- (mg/dL)
• BILIRUBIN (QUAL), URINE	Negative	NEG-
• OCCULT BLOOD, URINE	Negative	NEG-
• NITRITE, URINE	Negative	NEG-
• LEUKOCYTE ESTERASE, URINE	Negative	NEG-
• UROBILINOGEN, URINE	0.1-1.9	URONML- (EHRLICH UNITS)
• Comments for Macroscopic, URN	None	-

Your urine tests were normal. I do not that you have not had a lipid panel in the last 6-12 months. I have ordered that fasting

02/25/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Letters (continued)

test to be done in the next 3 months with one of your routine INR tests. Please remind the lab when you come in for your INR.

Sincerely,

William E Neighbor, MD

02/25/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:

- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 2/25/2008 12:56 PM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M19207	—	—	02/25/08 1256

PROTHROMBIN TIME (RAPID INR) Resulted: 02/25/08 1336, Result status: Final result

Order status: Completed Filed on: 02/25/08 1336
Collected by: 02/25/08 1256 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.2	0.8 - 1.3	—	RSVLT

Reviewed by

Neighbor, William E on 02/25/08 1755

02/25/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 02/25/2008 at 5:55 PM
Patient seen. She is taking metformin and has yet to schedule dietitian appointment. She has plenty of improvements available in her diet.
William E Neighbor, MD

All Reviewers List

Neighbor, William E on 2/25/2008 17:55

HEMOGLOBIN A1C, RAPID (Final result)

Electronically signed by: **Neighbor, William E on 02/05/08 1406** Status: **Completed**
Ordering user: Neighbor, William E 02/05/08 1406 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/05/08 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 2/25/2008 12:56 PM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M19207	—	—	02/25/08 1256

HEMOGLOBIN A1C, RAPID (Abnormal) Resulted: 02/25/08 1336, Result status: Final result

Order status: Completed Filed on: 02/25/08 1336
Collected by: 02/25/08 1256 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	9.3	4.0 - 6.0 %	H	RSVLT

Reviewed by

Neighbor, William E on 02/25/08 1755
Gamboa, Elizabeth L on 02/25/08 1409

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

02/25/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Result Notes

Older Notes

Notes recorded by William E Neighbor on 02/25/2008 at 5:55 PM
Patient seen. She is taking metformin and has yet to schedule dietitian appointment. She has plenty of improvements available in her diet.
William E Neighbor, MD

All Reviewers List

Neighbor, William E on 2/25/2008 17:55
Gamboa, Elizabeth L on 2/25/2008 14:09

02/05/2008 - Office Visit in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled (primary)
- Long term (current) use of anticoagulants
- Ingrowing nail

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

Arnett, Kevin H at 2/5/2008 1327

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Kevin H Arnett

02/05/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Electronically signed by Arnett, Kevin H at 2/5/2008 1:27 PM

Neighbor, William E at 2/5/2008 1410

Jeanne Leonie Hoffman is a 83 year old female here to discuss the following:

250.00 DIABETES UNCOMPL ADULT-TYPE II (primary encounter diagnosis)
She had been written to return for follow up for which she is past due. She admits that she does not follow a diet very well and eats lots of carbohydrates.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
Stable dose of warfarin. INR today 2.2. Trend has been downward. No bleeding.

703.0 INGROWING NAIL
Unable to care for her own nails. Thickened nails. needs assistantc.e

Patient Active Problem List

Diagnoses	Date Noted
• AFTERCARE LONG TERM ANTICOAG USE [V58.61] Priority: High *Reason for anticoagulation: Recurrent dvts* *Duration of anticoagulation: life* *INR goal: 2.-3*	01/08/2008
• ADULT FAILURE TO THRIVE [783.7] Priority: High *Lives in subsidized housing on Bainbridge* *Bremerton APS at 1-888-833-4925* *Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.* *Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait*	10/19/2007
• TREMOR NEC [333.1] Priority: High *Noted by Melanie Parker. Consider Parkinson's disease med trial.*	08/17/2007
• FX FEMUR INTRCAPS NOS-CLOSE [820.00] Priority: High *Pinned April 2007.* *Post op hematocrit 25* *Has walker with wheels for use outside of home. Uses cane in home.*	05/01/2007
• VITAMIN B DEFICIENCY NOS [266.9] Priority: High *Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency*	05/01/2007
• DIABETES UNCOMPL ADULT-TYPE II [250.00] Priority: High *Year onset: Dx March 2007* *Complications:* *Last A1c: March 2007 7.1. Aug 2007 6.3; Nov 2007 7.1*	03/27/2007

02/05/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Last Cr: Nov 2007 0.9
Last Urine Alb/Cr ratio:
Last foot exam: 2/5/2008 normal
Last monofilament test: 2/5/2008 slight decrease
Last eye exam: 2/5/2008 due
Last Lipid Panel: LDL 109 in March 22, 2007
Blood pressure: 2/5/2008 normal
Last EKG:
Glucometer review:
Nutrition consult: 2/5/2008 ordered

- CONVULSIONS, OTHER [780.39] 11/20/2006
  Priority: High
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
- ESOPHAGEAL REFLUX [530.81] 11/20/2006
  Priority: High
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Priority: High
- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Priority: High
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: continue warfarin
- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  Priority: High
  S/P hysterectomy with BSO in 1991
- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  Priority: High
- CARPAL TUNNEL SYNDROME [354.0] 11/20/2006
  Priority: High
  Carpal tunnel release right wrist in 1989
- CATARACT NOS [366.9] 11/20/2006
  Priority: High
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
  Priority: High
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  Priority: High
  LS spine. Bilateral talonavicular arthritis since 1994.
- BENIGN HYPERTENSION [401.1] 11/20/2006
  Priority: High
- DIAPHRAGMATIC HERNIA [553.3] 11/20/2006
  Priority: High
  CT of abdomen in 2006
- GLAUCOMA NOS [365.9] 11/20/2006
  Priority: High
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Priority: High
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1):
  Blood pressure: Dx hypertension

02/05/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg Jan 2006. March 2007 normal
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme cards given in 2005.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005

Meds reviewed.

REVIEW OF SYSTEMS:
Constitutional: Denies weight gain.
Respiratory: Denies cough, shortness of breath.
Cardiovascular: Denies chest pain, palpitations, syncope, orthopnea, paroxysmal noctural dyspnea, lower extremity edema. Wears compression stockings for recurrent thrombophlebitis.

OBJECTIVE:
BP 127/64 | Pulse 63 | Wt 136 lbs (61.689 kg)
General: healthy, alert, no distress
Right leg examined with compression stocking removed shows remarkably normal skin and little in the way of congestion and no inflammation.

Labs reviewed.

ASSESSMENT AND PLAN:

250.00 DIABETES UNCOMPL ADULT-TYPE II (primary encounter diagnosis)
Dx in March of 2007. She need to see nutritionist because of excess intake of sweets and carbohydrates. Referral completed. Due for A1c in one month. Due for eye exam which she will arrange. Will begin metformin 250 mg twice daily then after one week increase to full tablet twice daily. See me in one month. Side effects include stomach upset. Her creatinine is below 1.0.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.2. Drift has been downward. Recheck in 2 weeks for test.

703.0 INGROWING NAIL
Referred to FMC nurse for toe nail care.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 2/5/2008 5:28 PM

02/05/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs

Spot urine albumin-creatinine ratio (UMALSP) (Discontinued)

Electronically signed by: **Neighbor, William E on 02/05/08 1406** Status: **Discontinued**
Ordering user: Neighbor, William E 02/05/08 1406 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Class: Normal
Quantity: 1 Released by: Neighbor, William E 02/05/08 1406
Discontinued by: Uw Use Interface, User 02/12/08 0037 [Cancelled by lab specimen never released]

All Reviewers List

Neighbor, William E on 3/3/2008 13:59

HEMOGLOBIN A1C, RAPID (Completed)

Electronically signed by: **Neighbor, William E on 02/05/08 1406** Status: **Completed**
Ordering user: Neighbor, William E 02/05/08 1406 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/05/08 - Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

HEMOGLOBIN A1C, RAPID (Abnormal) Resulted: 02/25/08 1336, Result status: Final result

Order status: Completed Filed on: 02/25/08 1336
Collected by: 02/25/08 1256 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	9.3	4.0 - 6.0 %	H	RSVLT

Reviewed by

Neighbor, William E on 02/25/08 1755
Gamboa, Elizabeth L on 02/25/08 1409

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 02/25/2008 at 5:55 PM
Patient seen. She is taking metformin and has yet to schedule dietitian appointment. She has plenty of improvements available in her diet.
William E Neighbor, MD

Other Orders

Medications

02/05/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Other Orders (continued)

METFORMIN HCL 500 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 02/05/08 1406** Status: **Discontinued**
Ordering user: Neighbor, William E 02/05/08 1406 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/05/08 - 06/04/08 Class: RIGHTFAX
Discontinued by: Neighbor, William E 06/04/08 1812 [Reorder]

Referral

REFERRAL TO NUTRITION (Completed)

Electronically signed by: **Neighbor, William E on 02/05/08 1406** Status: **Completed**
Ordering user: Neighbor, William E 02/05/08 1406 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Class: Internal Referral
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]
Order comments: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare Referral for: Consultation. To give an opinion or answer a clinical question. Which clinic: Roosevelt Family Practice (598-4055) Provider preference: YES: Judy Simon REASON FOR REFERRAL: 83 year old female with type 2 diabets dx last spring 2007. CURRENT MEDICATIONS: Current outpatient prescriptions: TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN, instill one drop into each eye twice daily HYDROCHLOROTHIAZIDE 25 MG OR TABS, Take 1/2 tablet by mouth every day TEGRETOL 200 MG OR TABS, take one tablet po three times daily LIPITOR 40 MG OR TABS, 1 po QD PENTOXIL 400 MG OR TBCR, 1 po TID MACRODANTIN 100 MG OR CAPS, 1 CAPSULE EVERY 6 HOURS WITH FOOD DITROPAN XL 5 MG OR TB24, One by mouth daily PREMARIN 0.625 MG/GM VA CREA, apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday WARFARIN SODIUM 10 MG OR TABS, 10 mg Sun, Weds, Thurs,Friday; 5 mg remainder of days of the week. RANITIDINE HCL 150 MG OR TABS, Take 1 tablet by mouth 2 times per day Patient Active Problem List: CONVULSIONS, OTHER [780.39] ESOPHAGEAL REFLUX [530.81] SENSORNEUR HEAR LOSS NOS [389.10] DEEP VENOUS PHLEBITIS-LEG NEC [451.19] UTERINE LEIOMYOMA NOS [218.9] HYPERLIPIDEMIA NEC/NOS [272.4] CARPAL TUNNEL SYNDROME [354.0] CATARACT NOS [366.9] ALLERGIC RHINITIS NOS [477.9] GENERAL OSTEOARTHROSIS [715.00] BENIGN HYPERTENSION [401.1] DIAPHRAGMATIC HERNIA [553.3] GLAUCOMA NOS [365.9] ROUTINE MEDICAL EXAM [V70.0] DIABETES UNCOMPL ADULT-TYPE II [250.00] FX FEMUR INTRCAPS NOS-CLOSE [820.00] VITAMIN B DEFICIENCY NOS [266.9] TREMOR NEC [333.1] ADULT FAILURE TO THRIVE [783.7] AFTERCARE LONG TERM ANTICOAG USE [V58.61] Did you give the patien the nutrition questionnaire? No Does patient need follow-up with PCP? No

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD	Diagnoses: Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled Order: Referral To Nutrition Reason: Send Letter	**Simon, Judy D, RD** 4245 Roosevelt Way NE, 4th Floor Box 354700 SEATTLE WA 98105 Phone: 206-598-6004 Fax: 206-598-4156 Specialty: Nutrition Med	Evaluate and Treat	Routine

Comment: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare
Referral for: Consultation. To give an opinion or answer a clinical question.
Which clinic: Roosevelt Family Practice (598-4055)
Provider preference: YES: Judy Simon

REASON FOR REFERRAL: 83 year old female with type 2 diabets dx last spring 2007.
CURRENT MEDICATIONS: Current outpatient prescriptions:
TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN, instill one drop into each eye twice daily
HYDROCHLOROTHIAZIDE 25 MG OR TABS, Take 1/2 tablet by mouth every day
TEGRETOL 200 MG OR TABS, take one tablet po three times daily
LIPITOR 40 MG OR TABS, 1 po QD
PENTOXIL 400 MG OR TBCR, 1 po TID
MACRODANTIN 100 MG OR CAPS, 1 CAPSULE EVERY 6 HOURS WITH FOOD
DITROPAN XL 5 MG OR TB24, One by mouth daily
PREMARIN 0.625 MG/GM VA CREA, apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
WARFARIN SODIUM 10 MG OR TABS, 10 mg Sun, Weds, Thurs,Friday; 5 mg remainder of days of the week.
RANITIDINE HCL 150 MG OR TABS, Take 1 tablet by mouth 2 times per day

02/05/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Other Orders (continued)

Patient Active Problem List:
CONVULSIONS, OTHER [780.39]
ESOPHAGEAL REFLUX [530.81]
SENSORNEUR HEAR LOSS NOS [389.10]
DEEP VENOUS PHLEBITIS-LEG NEC [451.19]
UTERINE LEIOMYOMA NOS [218.9]
HYPERLIPIDEMIA NEC/NOS [272.4]
CARPAL TUNNEL SYNDROME [354.0]
CATARACT NOS [366.9]
ALLERGIC RHINITIS NOS [477.9]
GENERAL OSTEOARTHROSIS [715.00]
BENIGN HYPERTENSION [401.1]
DIAPHRAGMATIC HERNIA [553.3]
GLAUCOMA NOS [365.9]
ROUTINE MEDICAL EXAM [V70.0]
DIABETES UNCOMPL ADULT-TYPE II [250.00]
FX FEMUR INTRCAPS NOS-CLOSE [820.00]
VITAMIN B DEFICIENCY NOS [266.9]
TREMOR NEC [333.1]
ADULT FAILURE TO THRIVE [783.7]
AFTERCARE LONG TERM ANTICOAG USE [V58.61]

Did you give the patien the nutrition questionnaire? No
Does patient need follow-up with PCP? No

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

FMC INTERNAL REFERRAL (Completed)

Electronically signed by: **Neighbor, William E on 02/05/08 1406** Status: **Completed**
Ordering user: Neighbor, William E 02/05/08 1406 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Class: Internal Referral
Quantity: 1
Diagnoses
Ingrowing nail [703.0 (ICD-9-CM)]
Order comments: Referral for: Procedure or ancillary service not done by the referring provider. Please select the FMC specialty from the list below and free text your reason for referral: Select the FMC specialist here:Roosevelt FMC RN Foot Care. Number of visits and interval: 12

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD	Diagnoses: Ingrowing nail Order: Fmc Internal Referral	**U FMC RN** 4245 ROOSEVELT WAY NE SEATTLE WA 98105 Phone: 206-598-4055 Fax: 206-598-5720 Specialty: UWMC Family Medicine	Evaluate and Treat	Routine

Comment: Referral for: Procedure or ancillary service not done by the referring provider. Please select the FMC specialty from the list below and free text your reason for referral:

Select the FMC specialist here:Roosevelt FMC RN Foot Care. Number of visits and interval: 12

Indications

INGROWING NAIL [703.0 (ICD-9-CM)]

02/05/2008 - Office Visit in UWMC FAMILY MED CENTER (continued)

Other Orders (continued)

Flowsheets

Encounter Vitals

Row Name	02/05/08 1326
BP	127/64
Pulse	63
Weight	61.7 kg (136 lb)

UNKNOWN

Row Name	02/05/08 1326
BP	127/64
Pulse	63
Weight	61.7 kg (136 lb)

Patient Instructions

ASSESSMENT AND PLAN:

250.00 DIABETES UNCOMPL ADULT-TYPE II (primary encounter diagnosis)
Dx in March of 2007. She need to see nutritionist because of excess intake of sweets and carbohydrates. Referral completed. Due for A1c in one month. Due for eye exam which she will arrange. Will begin metformin 250 mg twice daily then after one week increase to full tablet twice daily. See me in one month. Side effects include stomach upset. Her creatinine is below 1.0.

V58.61 AFTERCARE LONG TERM ANTICOAG USE
INR 2.2. Drift has been downward. Recheck in 2 weeks for test.

703.0 INGROWING NAIL
Referred to FMC nurse for toe nail care.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 2/5/2008 2:10 PM

02/05/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Valley, Jan K, Technologist 2/5/2008 12:47 PM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T74838	—	—	02/05/08 1247

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 02/05/08 1410, Result status: Final result

Order status: Completed Filed on: 02/05/08 1410
Collected by: 02/05/08 1247 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 02/05/08 1756
Gamboa, Elizabeth L on 02/05/08 1413

02/05/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 2/5/2008 17:56
Gamboa, Elizabeth L on 2/5/2008 14:13

01/15/2008 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 1/15/2008 10:22 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T58810	—	—	01/15/08 1022

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 01/15/08 1118, Result status: Final result

Order status: Completed Filed on: 01/15/08 1118
Collected by: 01/15/08 1022 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 01/15/08 1513
Gamboa, Elizabeth L on 01/15/08 1215

01/15/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 1/15/2008 15:13
Gamboa, Elizabeth L on 1/15/2008 12:15

Letters

Results by Neighbor, William E on 1/15/2008

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

1/15/2008

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 01/15/2008
PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	2.2 (*)	0.8-1.3

Your INR is in the therapeutic range. The goal is an INR of 2-3. You should have your INR rechecked in one month.

Sincerely,

William E Neighbor, MD

01/15/2008 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

01/02/2008 - Telephone in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/4/2006
Start date: 12/1/2006
End date: 10/21/2008
Quantity: 60
Refill: 12

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/11/2008
Reason for discontinuation: Reorder
Instructions: 10 mg Sun, Weds, Thurs,Friday; 5 mg remainder of days of the week.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/26/2007
Start date: 9/26/2007
End date: 3/11/2008
Quantity: 25
Refill: 5

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 30
Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD
Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/16/2007
Start date: 10/16/2007
End date: 6/5/2009
Quantity: 42.5gm
Refill: 3

MACRODANTIN 100 MG OR CAPS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/21/2008
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/18/2007
Start date: 10/18/2007
End date: 7/21/2008
Quantity: 40
Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 3/23/2009
Quantity: 90
Refill: 3

01/02/2008 - Telephone in UWMC FAMILY MED CENTER (continued)

Medication List (continued)

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/23/2008
Reason for discontinuation: Reorder
Instructions: 1 po TID
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 6/23/2008
Quantity: 90
Refill: 5

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/23/2008
Reason for discontinuation: Reorder
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/21/2007
Start date: 12/20/2007
End date: 6/23/2008
Quantity: 90
Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/13/2009
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/4/2008
Start date: 1/2/2008
End date: 1/13/2009
Quantity: 5ml
Refill: prn

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/11/2008
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/4/2008
Start date: 1/2/2008
End date: 12/11/2008
Quantity: 15
Refill: 11

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Taniguchi, Debra J at 1/2/2008 1542

Refill request, please review.

Electronically signed by Taniguchi, Debra J at 1/2/2008 3:42 PM

Taniguchi, Debra J at 1/4/2008 1055

Rx phoned into pharmacy.

Electronically signed by Taniguchi, Debra J at 1/4/2008 10:55 AM

01/02/2008 - Telephone in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Other Orders

Medications

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN (Discontinued)

Electronically signed by: **Neighbor, William E on 01/04/08 0850** Status: **Discontinued**
Ordering user: Neighbor, William E 01/04/08 0850 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 01/02/08 - 01/13/09 Class: E-SEND (Fax)
Released by: Neighbor, William E 01/04/08 0850 Discontinued by: Neighbor, William E 01/13/09 1425 [Reorder]

HYDROCHLOROTHIAZIDE 25 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 01/04/08 0850** Status: **Discontinued**
Ordering user: Neighbor, William E 01/04/08 0850 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 01/02/08 - 12/11/08 Class: E-SEND (Fax)
Released by: Neighbor, William E 01/04/08 0850 Discontinued by: Neighbor, William E 12/11/08 1647 [Reorder]

12/21/2007 - Letter (Out) in UWMC FAMILY MED CENTER

Visit Information

Provider Information

Encounter Provider
Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Letters

Letter by Neighbor, William E on 12/21/2007

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

12/21/2007

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Jeanne Leonie Hoffman,

I want to remind you to schedule a visit to discuss you blood sugar management with me. I would consider starting a medication called Metformin to control your blood sugars.

Sincerely,

William E Neighbor, MD

12/20/2007 - Telephone in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/4/2006
Start date: 12/1/2006 — End date: 10/21/2008
Quantity: 60 — Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/4/2008
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/28/2006
Start date: 12/28/2006 — End date: 1/2/2008
Quantity: 15 — Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/4/2008
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/16/2007
Start date: 2/16/2007 — End date: 1/2/2008
Quantity: 5ml — Refill: 3

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/11/2008
Reason for discontinuation: Reorder
Instructions: 10 mg Sun, Weds, Thurs,Friday; 5 mg remainder of days of the week.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/26/2007
Start date: 9/26/2007 — End date: 3/11/2008
Quantity: 25 — Refill: 5

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 30 — Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 42.5gm — Refill: 3

12/20/2007 - Telephone in UWMC FAMILY MED CENTER (continued)

Medication List (continued)

MACRODANTIN 100 MG OR CAPS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 7/21/2008
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/18/2007
Start date: 10/18/2007
End date: 7/21/2008
Quantity: 40
Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/23/2009
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 3/23/2009
Quantity: 90
Refill: 3

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/23/2008
Reason for discontinuation: Reorder
Instructions: 1 po TID
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/20/2007
Start date: 12/20/2007
End date: 6/23/2008
Quantity: 90
Refill: 5

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 6/23/2008
Reason for discontinuation: Reorder
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/21/2007
Start date: 12/20/2007
End date: 6/23/2008
Quantity: 90
Refill: 5

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Taniguchi, Debra J at 12/20/2007 1529

Refill request, please review.

Electronically signed by Taniguchi, Debra J at 12/20/2007 3:29 PM

Taniguchi, Debra J at 12/20/2007 1648

Please review, pt.requesting one more med.refill.

Electronically signed by Taniguchi, Debra J at 12/20/2007 4:48 PM

Taniguchi, Debra J at 12/21/2007 1711

12/20/2007 - Telephone in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Rx phoned into pharmacy.

Electronically signed by Taniguchi, Debra J at 12/21/2007 5:11 PM

Other Orders

Medications

LIPITOR 40 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 12/20/07 1619** Status: **Discontinued**
Ordering user: Neighbor, William E 12/20/07 1619 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 12/20/07 - 03/23/09 Class: E-SEND (Fax)
Released by: Neighbor, William E 12/20/07 1619 Discontinued by: Neighbor, William E 03/23/09 1301 [Reorder]

PENTOXIL 400 MG OR TBCR (Discontinued)

Electronically signed by: **Neighbor, William E on 12/20/07 1619** Status: **Discontinued**
Ordering user: Neighbor, William E 12/20/07 1619 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 12/20/07 - 06/23/08 Class: E-SEND (Fax)
Released by: Neighbor, William E 12/20/07 1619 Discontinued by: Neighbor, William E 06/23/08 2008 [Reorder]

TEGRETOL 200 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 12/21/07 0911** Status: **Discontinued**
Ordering user: Neighbor, William E 12/21/07 0911 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 12/20/07 - 06/23/08 Class: E-SEND (Fax)
Released by: Neighbor, William E 12/21/07 0911 Discontinued by: Neighbor, William E 06/23/08 2008 [Reorder]

12/11/2007 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 12/11/2007 10:19 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T38709	—	—	12/11/07 1019

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 12/11/07 1139, Result status: Final result

Order status: Completed Filed on: 12/11/07 1139
Collected by: 12/11/07 1019 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 12/11/07 1319
Gamboa, Elizabeth L on 12/11/07 1142

12/11/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 12/11/2007 13:19
Gamboa, Elizabeth L on 12/11/2007 11:42

Letters

Letter by Neighbor, William E on 12/11/2007

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

12/11/2007

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Jeanne Leonie Hoffman,

Your INR is in the therapeutic range. The goal is an INR of 2-3. You should have your INR rechecked in one month.

Sincerely,

William E Neighbor, MD

12/11/2007 - Office Visit in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Back Pain
Visit diagnosis: Chest pain, unspecified

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Scott, Terry B	Scott, Terry B

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/4/2006
Start date: 12/1/2006 — End date: 10/21/2008
Quantity: 60 — Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/4/2008
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/28/2006
Start date: 12/28/2006 — End date: 1/2/2008
Quantity: 15 — Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/4/2008
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/16/2007
Start date: 2/16/2007 — End date: 1/2/2008
Quantity: 5ml — Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/21/2007
Reason for discontinuation: Reorder
Instructions: take one tablet po three times daily
Entered by: Millett, Cheryl L — Entered on: 3/22/2007
End date: 12/20/2007

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2007
Reason for discontinuation: Reorder

12/11/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Medication List (continued)

Instructions: 1 po QD
Entered by: Millett, Cheryl L — Entered on: 3/22/2007
End date: 12/20/2007

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/20/2007
Reason for discontinuation: Reorder
Instructions: 1 po TID
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/5/2007
Start date: 6/5/2007 — End date: 12/20/2007
Quantity: 90 — Refill: 5

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 3/11/2008
Reason for discontinuation: Reorder
Instructions: 10 mg Sun, Weds, Thurs,Friday; 5 mg remainder of days of the week.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/26/2007
Start date: 9/26/2007 — End date: 3/11/2008
Quantity: 25 — Refill: 5

DITROPAN XL 5 MG OR TB24

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: One by mouth daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 30 — Refill: 3

PREMARIN 0.625 MG/GM VA CREA

Discontinued by: Ellsworth, Allan J, PharmD — Discontinued on: 6/5/2009
Instructions: apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/16/2007
Start date: 10/16/2007 — End date: 6/5/2009
Quantity: 42.5gm — Refill: 3

MACRODANTIN 100 MG OR CAPS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 7/21/2008
Instructions: 1 CAPSULE EVERY 6 HOURS WITH FOOD
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/18/2007
Start date: 10/18/2007 — End date: 7/21/2008
Quantity: 40 — Refill: 0

VICODIN 5-500 MG OR TABS

Instructions: Take 1 to 2 tablets every 4 to 6 hours as needed for pain up to 8 tablets per day
Authorized by: Scott, Terry B, PA-C — Ordered on: 12/11/2007
Start date: 12/11/2007 — End date: 12/20/2007
Quantity: 28 — Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

Taniguchi, Debra J at 12/11/2007 1105

12/11/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Debra J Taniguchi

Electronically signed by Taniguchi, Debra J at 12/11/2007 11:05 AM

Scott, Terry B at 12/11/2007 1139

S: 82 year old female in with her son with CC of right sided rib pain. This occurred following a fall at home yesterday evening while doing laundry. She lost her balance while handling some laundry and fell into a pile of canned goods. She complains of moderately severe pain in her right side, no bruising. Her son, Lewis denied any LOC and was witness to the event. She denies fever, chills or cough. Pain is localized to right floating ribs. She has not taken any medications for the discomfort. She has a hx of hip replacement surgery on her right. She is not complaining of any pain or discomfort from the hip.
Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Penicillins	Rash
• Sulfa Drugs	Rash

O: Female in NAD. BP 122/72 | Pulse 90
Lungs: Normal respiratory excursions. Clear to auscultation and percussion.
Musculoskeletal chest wall: tenderness along the ribs of the right side. No obvious bruising or step offs noted. CXR was done which was negative for fracture.
Hip: No pain or tenderness with palpation of the hip joint.

A/P: Chest wall contusion; Vicodin 5mg, 1-2 tabs q4-6 hours as needed for pain. Deep inspiration to be one to avoid problems. Followup with PCP in 2 weeks, sooner if necessary.

Electronically signed by Scott, Terry B at 12/11/2007 1:35 PM

Imaging

Imaging

X-RAY CHEST 2 VW (Final result)

Electronically signed by: **Scott, Terry B on 12/11/07 1139** Status: **Completed**

12/11/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Imaging (continued)

Ordering user: Scott, Terry B 12/11/07 1139
Ordering mode: Standard
Frequency: Routine 12/11/07 -
Quantity: 1
Diagnoses
Chest pain, unspecified [786.50 (ICD-9-CM)]

Authorized by: Scott, Terry B
Class: On Site
Lab status: Final result

Questionnaire

Question	Answer
Reason for Exam	82 year old in with right sided rib and back pain since fall last evening. She c/o moderately severe pain on her right side.

Order comments:

X-RAY CHEST 2 VW — Resulted: 12/11/07 1450, Result status: Final result

Order status: Completed
Accession number: 5401571
Lab Technician: HENRY NEUMANN XR STUDENT

Filed on: 12/11/07 1450
Resulting lab: UW RADIOLOGY

Components

Component	Value	Reference Range	Flag	Lab
General Diagnostic Text	--	—	—	UW RAD

Result: Indication: Fall. Examination: A. P. chest. Comparison: 3-30-07. Findings: No focal consolidation is seen. Mild pulmonary emphysema is suggested. No pneumothorax or effusion is seen. Heart and mediastinum are unremarkable. No acute osseous abnormality. Healing fracture of the left posterior seventh rib is present. ATTENDING RADIOLOGIST AND PAGER NUMBER326330 CHEW FELIX S. MD(206)559-7501

Reviewed by

Scott, Terry B on 12/12/07 1706

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

CHEST PAIN NOS [786.50 (ICD-9-CM)]

All Reviewers List

Scott, Terry B on 12/12/2007 17:06

Other Orders

Medications

VICODIN 5-500 MG OR TABS (Expired)

Electronically signed by: **Scott, Terry B on 12/11/07 1220** — Status: **Expired**
Ordering user: Scott, Terry B 12/11/07 1220
Ordering mode: Standard
Frequency: Routine 12/11/07 - 12/20/07

Authorized by: Scott, Terry B
Class: RIGHTFAX

Flowsheets

Encounter Vitals

Row Name	12/11/07 1150

12/11/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Flowsheets (continued)

BP	122/72
Pulse	90

UNKNOWN

Row Name	12/11/07 1150
BP	122/72
Pulse	90

11/09/2007 - Telephone in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Results
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Keen, Misbah K at 11/9/2007 1503

Advise pt that culture is pending and we will get back to her next week

Electronically signed by Keen, Misbah K at 11/9/2007 3:03 PM

Arnett, Kevin H at 11/9/2007 1534

Called patient and advised

Electronically signed by Arnett, Kevin H at 11/9/2007 3:34 PM

11/08/2007 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Provider Information

Encounter Provider
Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 11/8/2007 1:49 PM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H77180	—	—	11/08/07 1349

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 11/08/07 1440, Result status: Final result

Order status: Completed Filed on: 11/08/07 1440
Collected by: 11/08/07 1349 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 11/09/07 1819
Gamboa, Elizabeth L on 11/09/07 1422

11/08/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 11/9/2007 18:19
Gamboa, Elizabeth L on 11/9/2007 14:22

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor, William E on 10/10/07 1507** Status: **Completed**
Ordering user: Neighbor, William E 10/10/07 1507 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 10/10/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 11/8/2007 1:49 PM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H77180	—	—	11/08/07 1349

BASIC METABOLIC PANEL (Abnormal) Resulted: 11/08/07 1440, Result status: Final result

Order status: Completed Filed on: 11/08/07 1440
Collected by: 11/08/07 1349 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	136 - 145 mEq/L	—	RSVLT
Potassium	4.4	3.7 - 5.2 mEq/L	—	RSVLT
Chloride	108	98 - 108 mEq/L	—	RSVLT
Carbon Dioxide, Total	27	22 - 32 mEq/L	—	RSVLT
Anion Gap	7	5 - 15	—	RSVLT
Glucose	146	62 - 125 mg/dL	H^	RSVLT
Urea Nitrogen	21	8 - 21 mg/dL	—	RSVLT
Creatinine	0.9	0.3 - 1.2 mg/dL	—	RSVLT
Calcium	9.0	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	>60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labwb/test/bclim/cGFR.html

Reviewed by

Neighbor, William E on 11/09/07 1819
Gamboa, Elizabeth L on 11/09/07 1422

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

11/08/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

LAB

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 11/9/2007 18:19
Gamboa, Elizabeth L on 11/9/2007 14:22

HEMOGLOBIN A1C, HPLC (Final result)

Electronically signed by: **Neighbor, William E on 10/10/07 1507** Status: **Completed**
Ordering user: Neighbor, William E 10/10/07 1507 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 10/10/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 11/8/2007 1:49 PM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H77180	—	—	11/08/07 1349

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 11/09/07 1419, Result status: Final result

Order status: Completed Filed on: 11/09/07 1419
Collected by: 11/08/07 1349 Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	7.1	4.0 - 6.0 %	H^	UWMC

Reviewed by

Neighbor, William E on 11/09/07 1819
Gamboa, Elizabeth L on 11/09/07 1422

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 11/9/2007 18:19
Gamboa, Elizabeth L on 11/9/2007 14:22

Letters

Results by Neighbor, William E on 11/9/2007

Status: Sent
Letter body:

11/08/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

11/9/2007

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 11/08/2007

PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	2.4 (*)	0.8-1.3

BASIC METABOLIC PANEL

Component	Value	Range
• SODIUM	142	136-145 (mEq/L)
• POTASSIUM	4.4	3.7-5.2 (mEq/L)
• CHLORIDE	108	98-108 (mEq/L)
• CARBON DIOXIDE	27	22-32 (mEq/L)
• ION GAP	7	5-15
• GLUCOSE	146 (*)	62-125 (mg/dL)
• UREA NITROGEN	21	8-21 (mg/dL)
• CREATININE	0.9	0.3-1.2 (mg/dL)
• CALCIUM	9.0	8.9-10.2 (mg/dL)
• GFR, Calc, European American	>60	>59- (mL/min)
• GFR, Calc, African American	>60	>59- (mL/min)
• GFR, Information		-

Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labwb/test/bclim/cGFR.html

HEMOGLOBIN A1C, HPLC

Component	Value	Range
• Hemoglobin A1C, HPLC	7.1 (*)	4.0-6.0 (%)

Your blood test confirm a diagnosis of diabetes. I would like to see you soon to discuss beginning a inexpensive medication to lower your blood sugars. We also need to review other aspects of diabetes management.

Sincerely,

11/08/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

William E Neighbor, MD

11/08/2007 - Orders Only in UWMC FAMILY MED CENTER

Visit Information

Provider Information

Encounter Provider

Keen, Misbah K

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

CULTURE:BACT-URINE W/GRAM STN (Final result)

Electronically signed by: **Uw Use Interface, User on 11/08/07 1737**
Status: **Completed**
Ordering user: Uw Use Interface, User 11/08/07 1737
Authorized by: Keen, Misbah K
Ordering mode: Standard
Frequency: Routine -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H78159	—	—	11/08/07 1737

CULTURE:BACT-URINE W/GRAM STN
Resulted: 11/10/07 1125, Result status: Final result

Order status: Completed
Filed on: 11/10/07 1125
Collected by: 11/08/07 1737
Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description Result: Urine Site not given	--	—	—	UWMC
Special Requests	None	—	—	UWMC
Direct Exam	No white blood cells seenRare Gram Positive Cocci	—	—	UWMC
Colony Count	12500 Col/mL	—	—	UWMC
Culture Result: 3+ Mixed flora at least 3 different colony types INCL 2+ Swarming Proteus	--	—	—	UWMC
Report Status	Final 11102007	—	—	UWMC

11/08/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Reviewed by

Keen, Misbah K on 11/13/07 1806

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

All Reviewers List

Keen, Misbah K on 11/13/2007 18:06

Letters

Results by Keen, Misbah K on 11/13/2007

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

11/13/2007

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 11/08/2007
CULTURE:BACT-URINE W/GRAM STN

Component	Value	Range
• SPECIMEN DESCRIPTION Value: Urine Site not given		-
• SPECIAL REQUESTS	None	-
• DIRECT EXAM	No white blood cells seenRare Gram Positive Cocci	-
• COLONY COUNT	12500 Col/mL	-
• CULTURE Value: 3+ Mixed flora at least 3 different colony types INCL 2+ Swarming Proteus		-
• REPORT STATUS	Final 11102007	-

11/08/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

Culture inconclusive, if symptoms persists please follow up in 2-3 weeks

Sincerely,

Misbah K Keen, MD

11/08/2007 - Office Visit in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Acute cystitis (primary)
- Long term (current) use of anticoagulants

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Keen, Misbah K	Keen, Misbah K

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

Arnett, Kevin H at 11/8/2007 1422

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Kevin H Arnett

11/08/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Electronically signed by Arnett, Kevin H at 11/8/2007 2:22 PM

Keen, Misbah K at 11/8/2007 1447

Chief Complaint

Patient presents with

- Follow-Up
  health & welfare

History of Present Illness (1-3 Qualifiers from: Location, Duration, Severity, Quality, Add S/S, Rad/Ref, Modifying Factors)

Jeanne Leonie Hoffman is a 82 year old female is here for the above concern/s:

REVIEW OF SYSTEMS (1 systems):

Patient Active Problem List

Diagnoses	Date Noted
• ADULT FAILURE TO THRIVE [783.7]	10/19/2007
Priority: High	
Lives in subsidized housing on Bainbridge *Bremerton APS at 1-888-833-4925* *Son Lewis is homeless. Son Douglass Legal Next of Kin not as involved.* *Oct 2007 given pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait*	
• TREMOR NEC [333.1]	08/17/2007
Priority: High	
Noted by Melanie Parker. Consider Parkinson's disease med trial.	
• FX FEMUR INTRCAPS NOS-CLOSE [820.00]	05/01/2007
Priority: High	
Pinned April 2007. *Post op hematocrit 25* *Has walker with wheels for use outside of home. Uses cane in home.*	
• VITAMIN B DEFICIENCY NOS [266.9]	05/01/2007
Priority: High	
Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency	
• DIABETES UNCOMPL ADULT-TYPE II [250.00]	03/27/2007
Priority: High	
Year onset: Dx March 2007 *Complications:* *Last A1c: March 2007 7.1. Aug 2007 6.3* *Last Cr:* *Last Urine Alb/Cr ratio:* *Last foot exam:*	

11/08/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Last monofilament test:
Last eye exam:
Last Lipid Panel: LDL 109 in March 22, 2007
Blood pressure:
Last EKG:
Glucometer review:
Nutrition consult:

- CONVULSIONS, OTHER [780.39] 11/20/2006
  Priority: High
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
- ESOPHAGEAL REFLUX [530.81] 11/20/2006
  Priority: High
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Priority: High
- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Priority: High
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: "if she needs to discontinue her Coumadin for short periods of time, such as for dental procedures, then she should not require any bridge therapy. These recommendations are based simply on experience with similar patients, and not on clinical trials."
- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  Priority: High
  S/P hysterectomy with BSO in 1991
- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  Priority: High
- CARPAL TUNNEL SYNDROME [354.0] 11/20/2006
  Priority: High
  Carpal tunnel release right wrist in 1989
- CATARACT NOS [366.9] 11/20/2006
  Priority: High
  Extraction left eye in 1989

- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
  Priority: High
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  Priority: High
  LS spine. Bilateral talonavicular arthritis since 1994.
- BENIGN HYPERTENSION [401.1] 11/20/2006
  Priority: High
- DIAPHRAGMATIC HERNIA [553.3] 11/20/2006
  Priority: High
  CT of abdomen in 2006
- GLAUCOMA NOS [365.9] 11/20/2006
  Priority: High
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Priority: High
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1):
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia

11/08/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Mammogram (q 1 yr begin at age 40-50 yrs): neg Jan 2006. March 2007 normal
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme cards given in 2005.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: yes
Advised osteoporosis prevention in 2005

Medications:

Current outpatient prescriptions prior to encounter

Medication	Sig	Dispense	Refill
• MACRODANTIN 100 MG OR CAPS	1 CAPSULE EVERY 6 HOURS WITH FOOD	40	0
• DITROPAN XL 5 MG OR TB24	One by mouth daily	30	3
• PREMARIN 0.625 MG/GM VA CREA	apply to vaginal area daily for one week then just on Monday, Wednesday, and Friday	42.5gm	3
• WARFARIN SODIUM 10 MG OR TABS	10 mg Sun, Weds, Thurs,Friday; 5 mg remainder of days of the week.	25	5
• PENTOXIL 400 MG OR TBCR	1 po TID	90	5
• TEGRETOL 200 MG OR TABS	take one tablet po three times daily		
• LIPITOR 40 MG OR TABS	1 po QD		
• TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily	5ml	3
• HYDROCHLOROTHIAZIDE 25 MG OR TABS	Take 1/2 tablet by mouth every day	15	11
• RANITIDINE HCL 150 MG OR TABS	Take 1 tablet by mouth 2 times per day	60	12

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Penicillins	Rash
• Sulfa Drugs	Rash

OBJECTIVE: (2-4 systems)
Pain score per physician assessment: 0/10

11/08/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

BP 127/74 | Pulse 73 | Temp (Src) 98.6 °F (37 °C) (Temporal) | Wt 135 lbs (61.236 kg)
General: healthy, alert, no distress
HEENT:
Lungs: Clear to Auscultation
Heart: Regular rate and rhythm. No murmurs
Abdomen:
Musculoskeletal:
Neuro:
Skin:

ASSESSMENT AND PLAN:
595.0 ACUTE CYSTITIS (primary encounter diagnosis)
Note:
Plan: FOB LEVEL III, UWMC COMPLETE URINALYSIS

V58.61 AFTERCARE LONG TERM ANTICOAG USE
Note: INR 2.4, continue same coumadin dose
Plan: FOB LEVEL III

No orders of the defined types were placed in this encounter.

Misbah K Keen, MD

Electronically signed by Keen, Misbah K at 11/13/2007 2:55 PM

Labs

UWMC COMPLETE URINALYSIS (Final result)

Electronically signed by: **Keen, Misbah K on 11/08/07 1444**
Status: **Completed**
Ordering user: Keen, Misbah K 11/08/07 1444
Authorized by: Keen, Misbah K
Ordering mode: Standard
Frequency: Routine 11/08/07 -
Class: Normal
Quantity: 1
Lab status: Final result
Diagnoses
Acute cystitis [595.0 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H77423	—	—	11/08/07 1444

UWMC COMPLETE URINALYSIS (Abnormal)
Resulted: 11/08/07 1740, Result status: Final result

Order status: Completed
Filed on: 11/08/07 1740
Collected by: 11/08/07 1444
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	RSVLT
Clarity, URN	Clear	—	—	RSVLT

11/08/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Specific Gravity, URN	1.031	1.002 - 1.02 g/mL	H^	RSVLT
pH, URN	6.0	5.0 - 8.0	—	RSVLT
Protein (Alb Semiquant), URN	Negative	NEG mg/dL	—	RSVLT
Glucose Qual, URN	Negative	NEG mg/dL	—	RSVLT
Ketones, URN	Negative	NEG mg/dL	—	RSVLT
Bilirubin (Qual), URN	Negative	NEG	—	RSVLT
Occult Blood, URN	Negative	NEG	—	RSVLT
Nitrite, URN	Negative	NEG	—	RSVLT
Leukocyte Esterase, URN	Trace	NEG	A !	RSVLT
Urobilinogen, URN	0.1-1.9	URONML EHRLICH UNITS	—	RSVLT
Comments for Macroscopic, URN	None	—	—	RSVLT
WBC, URN	6-20(1+)	/HPF	—	RSVLT
RBC, URN	0-2(NEG)	/HPF	—	RSVLT
Bacteria, URN	Present	—	—	RSVLT
Epith Cells Squamous, URN	0-5(NEG)	/LPF	—	RSVLT
Epith Cells Renal/Trans,URN	<3(NEG)	/HPF	—	RSVLT
Comments For Microscopic, URN	None	—	—	RSVLT

Reviewed by

Keen, Misbah K on 11/13/07 1805
Gamboa, Elizabeth L on 11/09/07 0838

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

ACUTE CYSTITIS [595.0 (ICD-9-CM)]

All Reviewers List

Keen, Misbah K on 11/13/2007 18:05
Gamboa, Elizabeth L on 11/9/2007 08:38

Flowsheets

Encounter Vitals

Row Name	11/08/07 1425
BP	127/74
Pulse	73
Temp	37 °C
Temp src	Temporal
Weight	61.2 kg (135 lb)

UNKNOWN

Row Name	11/08/07 1425
BP	127/74
Temp	37 °C
Temp src	Temporal
Pulse	73
Weight	61.2 kg (135 lb)

11/08/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Flowsheets (continued)

10/18/2007 - Telephone in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Urine Problem
Visit diagnosis: Acute cystitis

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Neighbor, William E at 10/18/2007 1519

E coli UTI in patient allergic to penicillins and sulfa (rash with either). Prescribed Macrodantin which does not interact with her other medications. Please call her and call in prescription. I did write her a letter as I recognize sometimes she is impossible to reach.

Thanks.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 10/18/2007 3:19 PM

Gamboa, Elizabeth L at 10/18/2007 1611

I ran into Jeanne and her son in the hallway--they were here seeing the MSW. They asked that I call the Rx to Safeway on Bainbridge, which I did.

Electronically signed by Gamboa, Elizabeth L at 10/18/2007 4:11 PM

Other Orders

Medications

MACRODANTIN 100 MG OR CAPS (Discontinued)

Electronically signed by: **Neighbor, William E on 10/18/07 1516** Status: **Discontinued**

10/18/2007 - Telephone in UWMC FAMILY MED CENTER (continued)

Other Orders (continued)

Ordering user: Neighbor, William E 10/18/07 1516
Ordering mode: Standard
Frequency: Routine 10/18/07 - 07/21/08
Discontinued by: Neighbor, William E 07/21/08 1205
Diagnoses
Acute cystitis [595.0 (ICD-9-CM)]

Authorized by: Neighbor, William E

Class: E-SEND (Fax)

Indications

ACUTE CYSTITIS [595.0 (ICD-9-CM)]

Letters

Letter by Neighbor, William E on 10/18/2007

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

10/18/2007

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Jeanne Leonie Hoffman,

Your urinalysis shows a urinary tract infection which needs to be treated with antibiotics. Because you are allergic to penicillins and sulfa medications, I have prescribed Macrodantin one pill four times daily for ten days given the chronic nature of your symptoms. I have asked our nurses to call you today with those results and to call the medication to your pharmacy, but I am writing you as well in case we are unable to reach you as has happened in the past. I do want to see you for follow up in 3-4 weeks.

Sincerely,

William E Neighbor, MD

10/18/2007 - Office Visit in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Consultation
Visit diagnosis: Adult failure to thrive

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Eisenman, Janice P	Eisenman, Janice P

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Follow-up and Dispositions

Level of Service

Level of Service
PR NO CHARGE FOR LEVEL OF SERVICE

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

Eisenman, Janice P at 10/18/2007 1803

I met today with Ms Jeanne Hoffman and her son, Lewis, who accompanied her today. We met for 60 minutes of counseling time devoted ostensibly to her current housing situation which they wish to change.

Ms H., an 82 yr old Caucasian female, divorced, mother of 2 adult sons, currently living alone in subsidized housing on Bainbridge where she was born and has longstanding connections. She is very hard of hearing, was wearing dark glasses today, and had difficulty following the conversation most of the time. Her son, Lewis, recounts a tale of persecution and harrassment in her building. He speaks of his many good deeds assisting Ms H, who indeed appears marginally capable of living alone. He is not her official caregiver, and cannot qualify as such owing to a prior history of incarceration. Lewis did acknowledge that he is receiving SS disability, stating that he doesn't know why he's receiving it. He is homeless, currently living in a tent somewhere in Seattle. Other tenants in Ms Hoffman's building have objected to Lewis's residing there illegally and have thus apparently aroused the Hoffmans' impression of being "stalked" when they peer into her windows in an attempt to determine if he is indeed staying there despite repeated warnings. Police are called when he's sighted there, and the hostilities escalate accordingly.

Ms Hoffman does confide in a staff person at the HelpLine House in her community, Nancy, at 206-842-7621, with whom I obtained Ms H's consent to speak today. Nancy's concern over Ms H's vulnerability prompted her to make an APS report today.

10/18/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Nancy describes her concern over Ms H's reports of loss of consciousness, sometimes resulting in falls.

Ms H describes herself as "very independent" but appears currently to be willingly and of necessity, highly dependent on her son, Lewis. This, despite some of his illconceived plans to resolve her housing situation by moving her to his tent in Seattle, or purchasing a railroad car, installing her in it and travelling around the country. Ms H's other son, Douglas Hoffman, listed as her LNOK, is less involved, and according to Lewis, visits briefly, once a week, offering nonessential support such as a garment, but nothing concrete such as help with the many chores around the house, deemed unsafe by her son, Lewis, despite repeated complaints to the housing authority. With the change of season and inclement weather approaching, it is possible that Lewis is motivated to resolve Ms H's living arrangements to include himself. He speaks of having contacted the mayor's office and making numerous other calls in an effort to achieve this.

Plan/Action: I provided a pre-application for the Seattle Housing Authority's Low Income Public Housing program, with the proviso that there is likely at least a 2 year wait. I also provided my contact information. A neuropsychiatric evaluation would be beneficial to determine Ms Hoffman's baseline functioning, although her deafness may make this difficult. I contacted Bremerton APS at 1-888-833-4925 and left a message expressing concern for Ms Hoffman's situation based on our meeting today.

SW remains available as needed.
Jan Eisenman, LICSW

Electronically signed by Eisenman, Janice P at 10/18/2007 6:03 PM

10/16/2007 - Office Visit in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Urine Problem
Visit diagnoses:

- Urinary frequency (primary)
- Other urinary incontinence
- Family disruption

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

Taniguchi, Debra J at 10/16/2007 1340

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Debra J Taniguchi

10/16/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Electronically signed by Taniguchi, Debra J at 10/16/2007 1:40 PM

Neighbor, William E at 10/16/2007 1437

Jeanne Leonie Hoffman is a 82 year old female here to discuss the following:

788.41 URINARY FREQUENCY (primary encounter diagnosis)
788.39 OTHER URINARY INCONTINENCE
One year hx of urinary frequency, occassional dysuria, and increasing need for using incontinence pads. She denies leakage of urine when coughing or laughing. Denies urgency. She is not a great historian and it is difficult to determine exactly how long this symptom has been present. No change in color of urine.

V61.0 FAMILY DISRUPTION
In with son Lewis, who describes a complexed social situation that involves his report that his mother is being stalked which they have reported to the police. He also describes that he is gay and discrimination in the local community against him. He is considering moving his mother to Seattle from Bainbridge.

OBJECTIVE:
BP 126/64 | Pulse 86 | Temp 98.4 °F (36.9 °C) | Wt 138 lbs (62.596 kg)
General: healthy, alert, no distress

ASSESSMENT AND PLAN:

788.41 URINARY FREQUENCY (primary encounter diagnosis)
788.39 OTHER URINARY INCONTINENCE
One year history urinary frequency and occassional burning. Inctoninence seems to be day and night. For diagnosis, will obtain UA and urine culture. For incontinence, will treat with Ditropan SR 5 mg once daily which can be increased to twice daily if needed. Side effects including dizziness discussed. Additionally, add premarin vaginal cream applied once daily for a week and then just on Monday, Wednesday, and Friday. I advise that she perform Kegel exercises which she was instructed in in the office to strengthen the outlet. I don't think she could comply at this time with bladder retraining exercises and don't believe they would be that effective. She should see me again in 6 weeks.

V61.0 FAMILY/SOCIAL DISRUPTION
In with son Lewis today. There are multiple issues in the neighborhood where she lives on Bainbridge that may make it necessary for her to move. I am referring her to our social worker. I have asked the son Lewis to write down all of the issues that he described today to make the visit more efficient.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 10/16/2007 2:56 PM

Labs

10/16/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

UWMC COMPLETE URINALYSIS (Final result)

Electronically signed by: **Taniguchi, Debra J on 10/16/07 1404**
Status: **Completed**
Ordering user: Taniguchi, Debra J 10/16/07 1404
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: STAT 10/16/07 -
Class: Normal
Quantity: 1
Lab status: Final result
Diagnoses
Urinary frequency [788.41 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T70220	—	—	10/16/07 1405

UWMC COMPLETE URINALYSIS (Abnormal)
Resulted: 10/16/07 1437, Result status: Final result

Order status: Completed
Filed on: 10/16/07 1437
Collected by: 10/16/07 1405
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Color, URN	Yellow	—	—	RSVLT
Clarity, URN	Cloudy	—	—	RSVLT
Specific Gravity, URN	1.022	1.002 - 1.02 g/mL	—	RSVLT
pH, URN	5.5	5.0 - 8.0	—	RSVLT
Protein (Alb Semiquant), URN	Trace	NEG mg/dL	A !	RSVLT
Glucose Qual, URN	Negative	NEG mg/dL	—	RSVLT
Ketones, URN	Negative	NEG mg/dL	—	RSVLT
Bilirubin (Qual), URN	Negative	NEG	—	RSVLT
Occult Blood, URN	Negative	NEG	—	RSVLT
Nitrite, URN	Positive	NEG	A !	RSVLT
Leukocyte Esterase, URN	Positive	NEG	A !	RSVLT
Urobilinogen, URN	0.1-1.9	URONML EHRLICH UNITS	—	RSVLT
Comments for Macroscopic, URN	None	—	—	RSVLT
WBC, URN	51-1000(3+)	/HPF	—	RSVLT
RBC, URN	0-2(NEG)	/HPF	—	RSVLT
Bacteria, URN	Present	—	—	RSVLT
Epith Cells_Squamous, URN	>5(PRESENT)	/LPF	—	RSVLT
Epith Cells Renal/Trans,URN	<3(NEG)	/HPF	—	RSVLT
Comments For Microscopic, URN	None	—	—	RSVLT
Mucus, URN	Present	/LPF	—	RSVLT

Reviewed by

Neighbor, William E on 10/18/07 1520
Gamboa, Elizabeth L on 10/18/07 1209

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

URINARY FREQUENCY [788.41 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 10/18/2007 15:20

10/16/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Gamboa, Elizabeth L on 10/18/2007 12:09

URINE C&S (Edited)

Electronically signed by: **Neighbor, William E on 10/16/07 1432** Status: **Completed**
Ordering user: Neighbor, William E 10/16/07 1432 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 10/16/07 - Class: Normal
Quantity: 1 Lab status: Edited
Diagnoses
Urinary frequency [788.41 (ICD-9-CM)]
Other urinary incontinence [788.39 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T70346	—	—	10/16/07 1432

URINE C&S (Abnormal) Resulted: 10/18/07 0733, Result status: Edited

Order status: Completed Filed on: 10/18/07 0733
Collected by: 10/16/07 1432 Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	Urine	—	—	RSVLT
Special Requests	None	—	—	RSVLT
Colony Count	>100000 Col/mL	—	—	UWMC
Culture	--	—	—	UWMC
Result: 4+ Escherichia coli2+ Mixed flora : at least 4 different colony types				
Report Status	Final 10182007	—	—	UWMC

Sensitivities

Organism	Antibiotic	Sensitivity
4+ escherichia coli (minimum inhibitory concentration (vitek))	Amikacin	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	Ampicillin	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	UNASYN (Ampicillin/Sulbactam)	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	Aztreonam	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	Cefazolin	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	Cefepime	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	Cefotetan	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	Ceftazidime	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	Ceftriaxone	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	Cefuroxime	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	Ciprofloxacin	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	Gentamicin	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	Imipenem	Susceptible
4+ escherichia coli (minimum inhibitory	Levofloxacin	Susceptible

10/16/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

concentration (vitek))		
4+ escherichia coli (minimum inhibitory concentration (vitek))	Meropenem	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	Nitrofurantoin	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	Piperacillin/tazobactam	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	Tobramycin	Susceptible
4+ escherichia coli (minimum inhibitory concentration (vitek))	Trimeth_Sulfamethoxazole	Susceptible

Reviewed by

Neighbor, William E on 10/18/07 1520
Gamboa, Elizabeth L on 10/18/07 1209

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

URINARY FREQUENCY [788.41 (ICD-9-CM)]
OTHER URINARY INCONTINENCE [788.39 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 10/18/2007 15:20
Gamboa, Elizabeth L on 10/18/2007 12:09

Other Orders

Medications

DITROPAN XL 5 MG OR TB24 (Discontinued)

Electronically signed by: **Neighbor, William E on 10/16/07 1432** Status: **Discontinued**
Ordering user: Neighbor, William E 10/16/07 1432 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 10/16/07 - 06/05/09 Class: RIGHTFAX
Discontinued by: Ellsworth, Allan J 06/05/09 1443
Diagnoses
Urinary frequency [788.41 (ICD-9-CM)]
Other urinary incontinence [788.39 (ICD-9-CM)]

Indications

URINARY FREQUENCY [788.41 (ICD-9-CM)]
OTHER URINARY INCONTINENCE [788.39 (ICD-9-CM)]

PREMARIN 0.625 MG/GM VA CREA (Discontinued)

Electronically signed by: **Neighbor, William E on 10/16/07 1432** Status: **Discontinued**
Ordering user: Neighbor, William E 10/16/07 1432 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 10/16/07 - 06/05/09 Class: RIGHTFAX
Discontinued by: Ellsworth, Allan J 06/05/09 1443
Diagnoses
Urinary frequency [788.41 (ICD-9-CM)]

10/16/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Other Orders (continued)

Other urinary incontinence [788.39 (ICD-9-CM)]

Indications

URINARY FREQUENCY [788.41 (ICD-9-CM)]
OTHER URINARY INCONTINENCE [788.39 (ICD-9-CM)]

Referral

FMC INTERNAL REFERRAL (Completed)

Electronically signed by: **Neighbor, William E on 10/16/07 1436** Status: **Completed**
Ordering user: Neighbor, William E 10/16/07 1436 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Class: Internal Referral
Quantity: 1
Diagnoses
Family disruption [V61.0 (ICD-9-CM)]
Order comments: Referral for: Consultation. To give an opinion or answer a clinical question. Please select the FMC specialty from the list below and free text your reason for referral: Select the FMC specialist here:Roosevelt FMC social work. Reason for referral: Elderly patient living on Bainbridge with complicated social arrangment as described by her son Lewis. I am asking that they see social worker to discuss further and discuss living options.

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD	Diagnoses: Family disruption Order: Fmc Internal Referral	**ZUWMC FAMILY MEDICAL CENTER** 4245 ROOSEVELT WAY NE Seattle WA 98105-6099 Phone: 206-598-4055 Fax: 206-598-8325 Specialty: Social Work	Consultation	Routine

Comment: Referral for: Consultation. To give an opinion or answer a clinical question.
Please select the FMC specialty from the list below and free text your reason for referral:

Select the FMC specialist here:Roosevelt FMC social work. Reason for referral: Elderly patient living on Bainbridge with complicated social arrangment as described by her son Lewis. I am asking that they see social worker to discuss further and discuss living options.

Indications

Family Disruption [V61.0 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	10/16/07 1345
BP	126/64
Pulse	86
Temp	36.9 °C
Weight	62.6 kg (138 lb)

UNKNOWN

Row Name	10/16/07 1345
BP	126/64
Temp	36.9 °C
Pulse	86
Weight	62.6 kg (138 lb)

10/16/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Flowsheets (continued)

Patient Instructions

ASSESSMENT AND PLAN:

788.41 URINARY FREQUENCY (primary encounter diagnosis)
788.39 OTHER URINARY INCONTINENCE
One year history urinary frequency and occassional burning. Inctoninence seems to be day and night. For diagnosis, will obtain UA and urine culture. For incontinence, will treat with Ditropan SR 5 mg once daily which can be increased to twice daily if needed. Side effects including dizziness discussed. Additionally, add premarin vaginal cream applied once daily for a week and then just on Monday, Wednesday, and Friday. I advise that she perform Kegel exercises which she was instructed in in the office to strengthen the outlet. I don't think she could comply at this time with bladder retraining exercises and don't believe they would be that effective. She should see me again in 6 weeks.

V61.0 FAMILY/SOCIAL DISRUPTION
In with son Lewis today. There are multiple issues in the neighborhood where she lives on Bainbridge that may make it necessary for her to move. I am referring her to our social worker.

William E Neighbor, MD

10/10/2007 - Office Visit in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Long term (current) use of anticoagulants (primary)
- Closed fracture of unspecified intracapsular section of neck of femur
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Other and unspecified hyperlipidemia
- Essential hypertension, benign
- Special screening for malignant neoplasms, colon
- Needs flu shot

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

Fikak, Goitom at 10/10/2007 1438

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no

10/10/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Goitom Fikak

Pre-immunization screening questions were asked and answered.
VIS given to patient.
Patient has no allergies to vaccine or components.
Patient or their caregiver gave verbal consent for immunization.

I administered the injection. Goitom Fikak, Medical Assistant

Electronically signed by Fikak, Goitom at 10/11/2007 10:12 AM

Neighbor, William E at 10/10/2007 1501

Jeanne Leonie Hoffman is a 82 year old female here to discuss the following:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
In for INR today. No bleeding problems. Reports compliance with medication.

820.00 FX FEMUR INTRCAPS NOS-CLOSE
Doing well. Back at home now. Uses cane in her home and walker with brakes outside of home.

250.00 DIABETES UNCOMPL ADULT-TYPE II
Compliant with diet.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence. She did have a skin breakdown this summer which healed.

272.4 HYPERLIPIDEMIA NEC/NOS
Compliant with diet. Last blood work in August

401.1 BENIGN HYPERTENSION
No interval blood pressure readings. Reports compliance with medication.

Patient Active Problem List

Diagnoses	Date Noted
• TREMOR NEC [333.1] Priority: High *Noted by Melanie Parker. Consider Parkinson's disease med trial.*	08/17/2007
• FX FEMUR INTRCAPS NOS-CLOSE [820.00] Priority: High *Pinned April 2007.* *Post op hematocrit 25* *Has walker with wheels for use outside of home. Uses cane in home.*	05/01/2007
• VITAMIN B DEFICIENCY NOS [266.9]	05/01/2007

10/10/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Priority: High
Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- DIABETES UNCOMPL ADULT-TYPE II [250.00] 03/27/2007
  Priority: High
  Year onset: Dx March 2007
  Complications:
  Last A1c: March 2007 7.1. Aug 2007 6.3
  Last Cr:
  Last Urine Alb/Cr ratio:
  Last foot exam:
  Last monofilament test:
  Last eye exam:
  Last Lipid Panel: LDL 109 in March 22, 2007
  Blood pressure:
  Last EKG:
  Glucometer review:
  Nutrition consult:
- CONVULSIONS, OTHER [780.39] 11/20/2006
  Priority: High
  Petit Mal since 1975
  Carbamazepine level 7.6 on Feb 2007
- ESOPHAGEAL REFLUX [530.81] 11/20/2006
  Priority: High
- SENSORNEUR HEAR LOSS NOS [389.10] 11/20/2006
  Priority: High
- DEEP VENOUS PHLEBITIS-LEG NEC [451.19] 11/20/2006
  Priority: High
  Recurrent DVT and phlebitis since 1982
  Per Vascular Surgery note 5/9/2006: "if she needs to discontinue her Coumadin for short periods of time, such as for dental procedures, then she should not require any bridge therapy. These recommendations are based simply on experience with similar patients, and not on clinical trials."
- UTERINE LEIOMYOMA NOS [218.9] 11/20/2006
  Priority: High
  S/P hysterectomy with BSO in 1991
- HYPERLIPIDEMIA NEC/NOS [272.4] 11/20/2006
  Priority: High
- CARPAL TUNNEL SYNDROME [354.0] 11/20/2006
  Priority: High
  Carpal tunnel release right wrist in 1989
- CATARACT NOS [366.9] 11/20/2006
  Priority: High
  Extraction left eye in 1989
- ALLERGIC RHINITIS NOS [477.9] 11/20/2006
  Priority: High
- GENERAL OSTEOARTHROSIS [715.00] 11/20/2006
  Priority: High
  LS spine. Bilateral talonavicular arthritis since 1994.
- BENIGN HYPERTENSION [401.1] 11/20/2006
  Priority: High

10/10/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

- DIAPHRAGMATIC HERNIA [553.3] 11/20/2006
  Priority: High
  CT of abdomen in 2006
- GLAUCOMA NOS [365.9] 11/20/2006
  Priority: High
- ROUTINE MEDICAL EXAM [V70.0] 11/20/2006
  Priority: High
  Td/Tdap (q 10 yr): 2006
  Pneumococcal (65 yoa and high risk x1):
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg Jan 2006. March 2007 normal
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme cards given in 2005.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: yes
  Advised osteoporosis prevention in 2005

Current outpatient prescriptions

Medication	Sig
• WARFARIN SODIUM 10 MG OR TABS	10 mg Sun, Weds, Thurs,Friday; 5 mg remainder of days of the week.
• PENTOXIL 400 MG OR TBCR	1 po TID
• TEGRETOL 200 MG OR TABS	take one tablet po three times daily
• LIPITOR 40 MG OR TABS	1 po QD
• TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily
• HYDROCHLOROTHIAZIDE 25 MG OR TABS	Take 1/2 tablet by mouth every day
• RANITIDINE HCL 150 MG OR TABS	Take 1 tablet by mouth 2 times per day

REVIEW OF SYSTEMS:
Constitutional: Denies weight gain.
Respiratory: Denies cough, shortness of breath.
Cardiovascular: Denies chest pain, palpitations, syncope, orthopnea, paroxysmal noctural dyspnea, lower extremity edema.

OBJECTIVE:
BP 124/67 | Pulse 74 | Wt 138 lbs (62.596 kg)
General: healthy, alert, no distress
Weight decreased by intension
Weight: without significant change.
Chest: Clear without rales or wheezes.
COR: HR regular. No murmur, gallop or rub. No JVD.
Extr: No edema.

10/10/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Labs reviewed.

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR today 2.6. Continue same dose of Coumadin and recheck in one month.

820.00 FX FEMUR INTRCAPS NOS-CLOSE
Has appointment in Ortho in early December. Continue to use walker and cane, that later she uses in her home.

250.00 DIABETES UNCOMPL ADULT-TYPE II
A1c in August 6.3 much improved. Continue diet and recheck in 3 months.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence. Anticoagulation therapeutic. Needs new compression stockings. She will bring me the order details.

272.4 HYPERLIPIDEMIA NEC/NOS
LDL in March was 104 reflected good control with diet.

401.1 BENIGN HYPERTENSION
BP normal today.

Health maintenance. Due for hemocculs.

Next visit in one month for anticoagulation.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 10/10/2007 5:18 PM

Babauta, Joey at 10/10/2007 1524

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: YES
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 4
Completed by: Goitom Fikak

10/10/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Electronically signed by Babauta, Joey at 10/10/2007 3:24 PM

Labs

OCCULT BLOOD, STOOL (Discontinued)

Electronically signed by: **Neighbor, William E on 10/10/07 1507** Status: **Discontinued**
Ordering user: Neighbor, William E 10/10/07 1507 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 10/10/07 - Class: Normal
Quantity: 1 Discontinued by: Neighbor, William E 03/11/08 1300 [Duplicate]
Diagnoses
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]

Indications

SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

BASIC METABOLIC PANEL (Completed)

Electronically signed by: **Neighbor, William E on 10/10/07 1507** Status: **Completed**
Ordering user: Neighbor, William E 10/10/07 1507 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 10/10/07 - Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

BASIC METABOLIC PANEL (Abnormal) Resulted: 11/08/07 1440, Result status: Final result

Order status: Completed Filed on: 11/08/07 1440
Collected by: 11/08/07 1349 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	136 - 145 mEq/L	—	RSVLT
Potassium	4.4	3.7 - 5.2 mEq/L	—	RSVLT
Chloride	108	98 - 108 mEq/L	—	RSVLT
Carbon Dioxide, Total	27	22 - 32 mEq/L	—	RSVLT
Anion Gap	7	5 - 15	—	RSVLT
Glucose	146	62 - 125 mg/dL	H	RSVLT
Urea Nitrogen	21	8 - 21 mg/dL	—	RSVLT
Creatinine	0.9	0.3 - 1.2 mg/dL	—	RSVLT
Calcium	9.0	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	>60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR in mL/min/1.73 m2 by MDRD equation.Fairly accurate in outpatients in chronic kidneydisease. May underestimate in others. Inaccurate withchanging renal function. Seehttp://depts.washington.edu/labwb/test/bclim/cGFR.html

Reviewed by

Neighbor, William E on 11/09/07 1819
Gamboa, Elizabeth L on 11/09/07 1422

10/10/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

HEMOGLOBIN A1C, HPLC (Completed)

Electronically signed by: **Neighbor, William E on 10/10/07 1507** Status: **Completed**
Ordering user: Neighbor, William E 10/10/07 1507 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 10/10/07 - Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 11/09/07 1419, Result status: Final result

Order status: Completed Filed on: 11/09/07 1419
Collected by: 11/08/07 1349 Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	7.1	4.0 - 6.0 %	H	UWMC

Reviewed by

Neighbor, William E on 11/09/07 1819
Gamboa, Elizabeth L on 11/09/07 1422

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

Other Orders

Immunization/Injection

IMMUNIZATION ADMIN, SINGLE IMM [90471] (Completed)

Electronically signed by: **Neighbor, William E on 10/10/07 1511** Status: **Completed**
Ordering user: Neighbor, William E 10/10/07 1511 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Class: Admin
Quantity: 1 Released by: Neighbor, William E 10/10/07 1511
Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

VACCINE FOR INFLUENZA [V04.81 (ICD-9-CM)]

10/10/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Other Orders (continued)

INFLUENZA VACCINE [90658] (Completed)

Electronically signed by: **Neighbor, William E on 10/10/07 1511** Status: **Completed**
Ordering user: Neighbor, William E 10/10/07 1511 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Class: Normal
Quantity: 1 Released by: Neighbor, William E 10/10/07 1511
Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

VACCINE FOR INFLUENZA [V04.81 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	10/10/07 1430
BP	124/67
Pulse	74
Weight	62.6 kg (138 lb)

UNKNOWN

Row Name	10/10/07 1430
BP	124/67
Pulse	74
Weight	62.6 kg (138 lb)

Patient Instructions

ASSESSMENT AND PLAN:

V58.61 AFTERCARE LONG TERM ANTICOAG USE (primary encounter diagnosis)
INR today 2.6. Continue same dose of Coumadin and recheck in one month.

820.00 FX FEMUR INTRCAPS NOS-CLOSE
Has appointment in Ortho in early December. Continue to use walker and cane, that later she uses in her home.

250.00 DIABETES UNCOMPL ADULT-TYPE II
A1c in August 6.3 much improved. Continue diet and recheck in 3 months.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
No recurrence. Anticoagulation therapeutic. Needs new compression stockings. She will bring me the order details.

272.4 HYPERLIPIDEMIA NEC/NOS
LDL in March was 104 reflected good control with diet.

401.1 BENIGN HYPERTENSION
BP normal today.

Health maintenance. Due for hemoccults.

Next visit in one month for anticoagulation.

William E Neighbor, MD

10/10/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Patient Instructions (continued)

Electronically signed by Neighbor, William E at 10/10/2007 3:07 PM

10/10/2007 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:

- (primary)
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Harrell, Gerald Ray, Technologist 10/10/2007 1:56 PM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
W57630	—	—	10/10/07 1357

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/10/07 1513, Result status: Final result

Order status: Completed Filed on: 10/10/07 1513
Collected by: 10/10/07 1357 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 10/11/07 1730
Gamboa, Elizabeth L on 10/10/07 1525

10/10/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 10/11/2007 17:30
Gamboa, Elizabeth L on 10/10/2007 15:25

09/26/2007 - Telephone in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/4/2006
Start date: 12/1/2006
End date: 10/21/2008
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/4/2008
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/28/2006
Start date: 12/28/2006
End date: 1/2/2008
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/4/2008
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2007
Start date: 2/16/2007
End date: 1/2/2008
Quantity: 5ml
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/21/2007
Reason for discontinuation: Reorder
Instructions: take one tablet po three times daily
Entered by: Millett, Cheryl L
Entered on: 3/22/2007
End date: 12/20/2007

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2007
Reason for discontinuation: Reorder
Instructions: 1 po QD
Entered by: Millett, Cheryl L
Entered on: 3/22/2007
End date: 12/20/2007

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2007
Reason for discontinuation: Reorder
Instructions: 1 po TID
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/5/2007
Start date: 6/5/2007
End date: 12/20/2007
Quantity: 90
Refill: 5

09/26/2007 - Telephone in UWMC FAMILY MED CENTER (continued)

Medication List (continued)

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 3/11/2008
Reason for discontinuation: Reorder
Instructions: 10 mg Sun, Weds, Thurs,Friday; 5 mg remainder of days of the week.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 9/26/2007
Start date: 9/26/2007
End date: 3/11/2008
Quantity: 25
Refill: 5

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Millett, Cheryl L at 9/26/2007 0919

Pt requesting rx refill, please advise, Cheryl

Electronically signed by Millett, Cheryl L at 9/26/2007 9:19 AM

Millett, Cheryl L at 9/27/2007 1003

Called rx into phy for pt. Cheryl

Electronically signed by Millett, Cheryl L at 9/27/2007 10:03 AM

Other Orders

Medications

WARFARIN SODIUM 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 09/26/07 1820**
Status: **Discontinued**
Ordering user: Neighbor, William E 09/26/07 1820
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 09/26/07 - 03/11/08
Class: E-SEND (Fax)
Released by: Neighbor, William E 09/26/07 1820
Discontinued by: Neighbor, William E 03/11/08 1305 [Reorder]

09/06/2007 - Telephone in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Behavioral Problem
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Reddoch, Coreen at 9/6/2007 1317

Staff Message copied by REDDOCH, COREEN on Thu Sep 6, 2007 1:17 PM

Message from: BABAUTA, JOEY
Created: Thu Sep 6, 2007 11:14 AM
Regarding: Pt falls and coumadin
Contact: 206-842-0127

Julie, pharmacist at Safeway in Bainbridge Island, called and would like to discuss some concerns re: patient. Pt has fallen multiple times, is on coumadin, and seems to be poorly supervised, although pt has 2 adult children who purportedly taking care of her.

Electronically signed by Reddoch, Coreen at 9/6/2007 1:17 PM

Reddoch, Coreen at 9/6/2007 1327

Spoke to Jeanne's pharmacist Julie who has concerns about Jeanne's fall risk and her anticoagulation.
Julie and her co-pharmacist have seen Jeanne appear unsteady on her feet and heard Jeanne's accounts of recent falls. Julie says she shops at the pharmacy/grocery store alone wearing ankle weights which she explains are to increase her strength but appear to make her more unsteady.
Explained our lengthy hx with Jeanne and my memory of past social work involvement.
Will consult with Dr. Neighbor .

Electronically signed by Reddoch, Coreen at 9/6/2007 1:27 PM

Neighbor, William E at 9/6/2007 1347

09/06/2007 - Telephone in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

I have written Jean in the last month reminding her to follow up as she is past due. Please give her a call and ask her to schedule an appointment and raise these concerns about falls. Interesting story about her wearing ankle weights. Her last INR was 1.9 at end of August. I had asked her to follow up for visit.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 9/6/2007 1:47 PM

Reddoch, Coreen at 9/6/2007 1616

Spoke to Doug, Jeanne's son asking him to help Jeanne schedule an appt with Dr. Neighbor.
Was unable to connect by phone with Jeanne. Doug was transferred to the PSS staff for scheduling

Electronically signed by Reddoch, Coreen at 9/6/2007 4:16 PM

08/27/2007 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:

- (primary)
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider
Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

HEMOGLOBIN A1C, HPLC (Final result)

Electronically signed by: **Neighbor, William E on 06/12/07 1853** Status: **Completed**
Ordering user: Neighbor, William E 06/12/07 1853 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 06/12/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Guerrero, Lana K, Technologist 8/27/2007 11:31 AM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M37273	—	—	08/27/07 1131

HEMOGLOBIN A1C, HPLC (Abnormal)

Resulted: 08/29/07 0819, Result status: Final result

Order status: Completed Filed on: 08/29/07 0819
Collected by: 08/27/07 1131 Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.3	4.0 - 6.0 %	H	UWMC

Reviewed by

Neighbor, William E on 08/29/07 1846
Gamboa, Elizabeth L on 08/29/07 0829

08/27/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 8/29/2007 18:46
Gamboa, Elizabeth L on 8/29/2007 08:29

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor, William E on 06/12/07 1853** Status: **Completed**
Ordering user: Neighbor, William E 06/12/07 1853 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 06/12/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Guerrero, Lana K, Technologist 8/27/2007 11:32 AM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M37273	—	—	08/27/07 1131

BASIC METABOLIC PANEL (Abnormal) Resulted: 08/27/07 1334, Result status: Final result

Order status: Completed Filed on: 08/27/07 1334
Collected by: 08/27/07 1131 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	136 - 145 mEq/L	—	RSVLT
Potassium	4.1	3.7 - 5.2 mEq/L	—	RSVLT
Chloride	110	98 - 108 mEq/L	H	RSVLT
Carbon Dioxide, Total	28	22 - 32 mEq/L	—	RSVLT
Anion Gap	6	5 - 15	—	RSVLT
Glucose	134	62 - 125 mg/dL	H	RSVLT
Urea Nitrogen	13	8 - 21 mg/dL	—	RSVLT
Creatinine	0.8	0.3 - 1.2 mg/dL	—	RSVLT
Calcium	9.3	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	>60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR by MDRD equation. Reasonably accurate inoutpatients with chronic kidney disease. Tends tounderestimate in others. Inaccurate with changing renalfunction.
Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor, William E on 08/29/07 2004
Gamboa, Elizabeth L on 08/29/07 0829
Changamire, Freeman T on 08/28/07 1846
Reddoch, Coreen on 08/27/07 1403

08/27/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 8/29/2007 20:04
Gamboa, Elizabeth L on 8/29/2007 08:29
Changamire, Freeman T on 8/28/2007 18:46
Reddoch, Coreen on 8/27/2007 14:03

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Guerrero, Lana K, Technologist 8/27/2007 11:32 AM
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
M37273	—	—	08/27/07 1131

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 08/27/07 1210, Result status: Final result

Order status: Completed Filed on: 08/27/07 1210
Collected by: 08/27/07 1131 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.9	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 08/29/07 2004
Gamboa, Elizabeth L on 08/29/07 0829
Changamire, Freeman T on 08/28/07 1846
Reddoch, Coreen on 08/27/07 1403

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 8/29/2007 20:04
Gamboa, Elizabeth L on 8/29/2007 08:29
Changamire, Freeman T on 8/28/2007 18:46
Reddoch, Coreen on 8/27/2007 14:03

08/27/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Letters

Results by Neighbor, William E on 8/29/2007

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

8/29/2007

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 08/27/2007

HEMOGLOBIN A1C, HPLC

Component	Value	Range
• Hemoglobin A1C, HPLC	6.3 (*)	4.0-6.0 (%)

BASIC METABOLIC PANEL

Component	Value	Range
• SODIUM	144	136-145 (mEq/L)
• POTASSIUM	4.1	3.7-5.2 (mEq/L)
• CHLORIDE	110 (*)	98-108 (mEq/L)
• CARBON DIOXIDE	28	22-32 (mEq/L)
• ION GAP	6	5-15
• GLUCOSE	134 (*)	62-125 (mg/dL)
• UREA NITROGEN	13	8-21 (mg/dL)
• CREATININE	0.8	0.3-1.2 (mg/dL)
• CALCIUM	9.3	8.9-10.2 (mg/dL)
• GFR, Calculated, Non_Black	>60	>59- (mL/min)
• GFR, Calculated, Black	>60	>59- (mL/min)
• GFR, Information		-

PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	1.9 (*)	0.8-1.3

Regarding your diabetes, your fastnig blood sugar is 134. Target is 120 or less. Your A1c is 6.3 which is in the target range.

Regarding your anticoagulation, your INR is below the therapeutic range of 2-3. Please schedule a visit with one of our providers to adjust your doseage of medication.

08/27/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

Sincerely,

William E Neighbor, MD

08/17/2007 - Letter (Out) in UWMC FAMILY MED CENTER

Visit Information

Provider Information

Encounter Provider
Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Letters

Letter by Neighbor, William E on 8/17/2007

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

8/17/2007

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Jeanne Leonie Hoffman,

I last saw you on May 29. At that time the plan was a one month follow up. I note that you have not yet been seen for follow up. Please call the clinic the schedule an appointment.

Sincerely,

William E Neighbor, MD

08/03/2007 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnosis: Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Completed)

Electronically signed by: **Nolan, Karen C on 08/03/07 1458** Status: **Completed**
Ordering user: Nolan, Karen C 08/03/07 1458 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 08/03/07 - Class: Normal
Quantity: 1
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 08/27/07 1210, Result status: Final result

Order status: Completed Filed on: 08/27/07 1210
Collected by: 08/27/07 1131 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.9	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 08/29/07 2004
Gamboa, Elizabeth L on 08/29/07 0829
Changamire, Freeman T on 08/28/07 1846
Reddoch, Coreen on 08/27/07 1403

Testing Performed By

08/03/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/10/07 1513, Result status: Final result

Order status: Completed
Collected by: 10/10/07 1357
Filed on: 10/10/07 1513
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 10/11/07 1730
Gamboa, Elizabeth L on 10/10/07 1525

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 11/08/07 1440, Result status: Final result

Order status: Completed
Collected by: 11/08/07 1349
Filed on: 11/08/07 1440
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 11/09/07 1819
Gamboa, Elizabeth L on 11/09/07 1422

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 12/11/07 1139, Result status: Final result

Order status: Completed
Collected by: 12/11/07 1019
Filed on: 12/11/07 1139
Resulting lab: UW ROOSEVELT LAB

Components

08/03/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 12/11/07 1319
Gamboa, Elizabeth L on 12/11/07 1142

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 01/15/08 1118, Result status: Final result

Order status: Completed
Collected by: 01/15/08 1022
Filed on: 01/15/08 1118
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 01/15/08 1513
Gamboa, Elizabeth L on 01/15/08 1215

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 02/05/08 1410, Result status: Final result

Order status: Completed
Collected by: 02/05/08 1247
Filed on: 02/05/08 1410
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 02/05/08 1756
Gamboa, Elizabeth L on 02/05/08 1413

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

08/03/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) Resulted: 02/25/08 1336, Result status: Final result

Order status: Completed
Collected by: 02/25/08 1256
Filed on: 02/25/08 1336
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.2	0.8 - 1.3	—	RSVLT

Reviewed by

Neighbor, William E on 02/25/08 1755

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 02/25/2008 at 5:55 PM
Patient seen. She is taking metformin and has yet to schedule dietitian appointment. She has plenty of improvements available in her diet.
William E Neighbor, MD

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 03/11/08 1207, Result status: Final result

Order status: Completed
Collected by: 03/11/08 1052
Filed on: 03/11/08 1207
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 03/12/08 1421
Gamboa, Elizabeth L on 03/12/08 1129

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 03/27/08 1047, Result status: Final result

08/03/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Order status: Completed
Collected by: 03/27/08 1022
Filed on: 03/27/08 1047
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 04/03/08 1728
Gamboa, Elizabeth L on 03/27/08 1449

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 04/29/08 1134, Result status: Final result

Order status: Completed
Collected by: 04/29/08 1024
Filed on: 04/29/08 1134
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.4	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 04/29/08 1712
Gamboa, Elizabeth L on 04/29/08 1539

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal)
Resulted: 05/20/08 1345, Result status: Final result

Order status: Completed
Collected by: 05/20/08 1255
Filed on: 05/20/08 1345
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 05/20/08 1738
Gamboa, Elizabeth L on 05/20/08 1402

08/03/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 05/20/2008 at 5:38 PM
Patient seen

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 06/03/08 1135, Result status: Final result

Order status: Completed
Collected by: 06/03/08 1018
Filed on: 06/03/08 1135
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 06/03/08 1443
Gamboa, Elizabeth L on 06/03/08 1236

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 06/03/2008 at 2:29 PM
Patient seen in clinc

PROTHROMBIN TIME (RAPID INR) Resulted: 07/21/08 1118, Result status: Final result

Order status: Completed
Collected by: 07/21/08 1024
Filed on: 07/21/08 1118
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.1	0.8 - 1.3	—	RSVLT

Reviewed by

Neighbor, William E on 07/22/08 1459

08/03/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/25/08 1130, Result status: Final result

Order status: Completed
Collected by: 07/25/08 1019
Filed on: 07/25/08 1130
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.7	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 07/31/08 1442
Gamboa, Elizabeth L on 07/25/08 1229

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 07/31/2008 at 2:42 PM
Patient was seen.

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 08/05/08 1125, Result status: Final result

Order status: Completed
Collected by: 08/05/08 1015
Filed on: 08/05/08 1125
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 08/05/08 1431
Gamboa, Elizabeth L on 08/05/08 1141

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

08/03/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 08/05/2008 at 2:30 PM
Seen today in clinic

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 08/20/08 1207, Result status: Final result

Order status: Completed
Collected by: 08/20/08 1029
Filed on: 08/20/08 1207
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.7	0.8 - 1.3	H	RSVLT

Reviewed by

Gamboa, Elizabeth L on 08/20/08 1228
Neighbor, William E on 08/20/08 1213

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 08/20/2008 at 12:13 PM
Seen in clinic

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 08/27/08 1127, Result status: Final result

Order status: Completed
Collected by: 08/27/08 1030
Filed on: 08/27/08 1127
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.5	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 08/28/08 1547
Gamboa, Elizabeth L on 08/27/08 1601

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

08/03/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 08/28/2008 at 3:47 PM
Patient seen

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/02/08 1137, Result status: Final result

Order status: Completed
Collected by: 09/02/08 1027
Filed on: 09/02/08 1137
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.8	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 09/02/08 1607
Gamboa, Elizabeth L on 09/02/08 1220

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 09/02/2008 at 4:07 PM
Patient seen by Dr. Hills today.
William E Neighbor, MD

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 09/16/08 1048, Result status: Final result

Order status: Completed
Collected by: 09/16/08 1028
Filed on: 09/16/08 1048
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.6	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 09/17/08 1303
Gamboa, Elizabeth L on 09/16/08 1049

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

08/03/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

LAB

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 09/17/2008 at 1:03 PM
Reviewed by phone with MA. Recheck one month.
William E Neighbor, MD

Notes recorded by William E Neighbor on 09/16/2008 at 11:22 AM
Patient seen

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/02/08 1100, Result status: Final result

Order status: Completed
Collected by: 10/02/08 1025
Filed on: 10/02/08 1100
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	3.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 10/02/08 1341
Gamboa, Elizabeth L on 10/02/08 1305

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/15/08 1432, Result status: Final result

Order status: Completed
Collected by: 10/15/08 1248
Filed on: 10/15/08 1432
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 10/15/08 1451
Gamboa, Elizabeth L on 10/15/08 1446

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

08/03/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 12/02/08 1333, Result status: Final result

Order status: Completed
Collected by: 12/02/08 1245
Filed on: 12/02/08 1333
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.8	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 12/08/08 1418
Gamboa, Elizabeth L on 12/03/08 1103
Dobie, Sharon Ann on 12/02/08 1943

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by Sharon A Dobie on 12/02/2008 at 7:40 PM
Will repeat INR Fri or Mon and have pt seen. Asked RNs to f/u

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 12/12/08 1105, Result status: Final result

Order status: Completed
Collected by: 12/12/08 1015
Filed on: 12/12/08 1105
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

Gamboa, Elizabeth L on 12/12/08 1249
Neighbor, William E on 12/12/08 1129
Gillespie, Megan M on 12/12/08 1119

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

08/03/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 01/29/09 1224, Result status: Final result

Order status: Completed
Collected by: 01/29/09 1142
Filed on: 01/29/09 1224
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.2	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 01/29/09 1727
Reddoch, Coreen on 01/29/09 1447

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

Result Notes

Older Notes

Notes recorded by William E Neighbor on 01/29/2009 at 5:27 PM
Patient seen briefly in clinic. Recheck one month.

07/11/2007 - Telephone in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Other
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Luchembe, Kasonde B at 7/11/2007 1111

Ms hoffaman has Oral Surgery scheduled on 7/26,She would like a report of her recent INR faxed to Dental Clinic/Oral Surgery at Phone: 206 543-5860 Fax:206 616-7586.Any questions please all her son Doug at 206 842 8360.

Electronically signed by Luchembe, Kasonde B at 7/11/2007 11:15 AM

Nolan, Karen C at 7/11/2007 1343

Happy to fax this to dental office, but they should have Mindscape access.also forwarding message to Dr Neighbor for advise on if she needs to stop med prior to dental work.

Electronically signed by Nolan, Karen C at 7/11/2007 1:43 PM

Neighbor, William E at 7/16/2007 1352

Her last INR on July 11 was 2.0.

For management of her anticoagulation related to the dental procedure, the following are reasonable:
1. Stop wafarin 5 days before the procedure and restart immediately after the procedure.
2. Dental extraction: Aminocaproic acid (EPA) oral solution 250mg/ml applied by dentist directly to area of dental extraction. No interruption of anticoagulation required.

Please communicate this to the dental clinic.

07/11/2007 - Telephone in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Electronically signed by Neighbor, William E at 7/16/2007 1:52 PM

Nolan, Karen C at 7/16/2007 1630

Nurse at dental surgery doesn't know if they have access to EPA solution, but will talk to coag clinic. Left message with son Doug to d/c Coumadin 5 days prior and restart after procedure. Also she needs to get an INR drawn the morning of her appt and take results with her to dental office. Asked that Doug call me back to confirm that he received this message.

Electronically signed by Nolan, Karen C at 7/16/2007 4:30 PM

Nolan, Karen C at 7/18/2007 1006

Patient's son called today and confirmed that he received below message

Electronically signed by Nolan, Karen C at 7/18/2007 10:06 AM

07/11/2007 - Orders Only in UWMC FAMILY MED CENTER

Visit Information

Provider Information

Encounter Provider

Clinic Pcp, Unassigned Or

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Uw Use Interface, User on 07/11/07 1036** Status: **Completed**
Ordering user: Uw Use Interface, User 07/11/07 1036 Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: Routine - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W66186	—	—	07/11/07 1036

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 07/11/07 1232, Result status: Final result

Order status: Completed Filed on: 07/11/07 1232
Collected by: 07/11/07 1036 Resulting lab: UW ROOSEVELT LAB
Narrative:
Ordered by an unspecified provider.

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	RSVLT

Reviewed by

Gamboa, Elizabeth L on 07/11/07 1334

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

07/11/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

All Reviewers List

Gamboa, Elizabeth L on 7/11/2007 13:34

06/08/2007 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Closed fracture of unspecified intracapsular section of neck of femur
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled

Visit Information

Provider Information

Encounter Provider
Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

CBC (HEMOGRAM) (Final result)

Electronically signed by: **Neighbor, William E on 05/29/07 1213** Status: **Completed**
Ordering user: Neighbor, William E 05/29/07 1213 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 05/29/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 6/8/2007 1:34 PM
Diagnoses
Closed fracture of unspecified intracapsular section of neck of femur [820.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F27425	—	—	06/08/07 1335

CBC (HEMOGRAM) Resulted: 06/08/07 1506, Result status: Final result

Order status: Completed Filed on: 06/08/07 1506
Collected by: 06/08/07 1335 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.21	4.3 - 10.0 THOU/uL	—	RSVLT
RBC	4.19	3.80 - 5.00 mil/uL	—	RSVLT
Hemoglobin	12.7	11.5 - 15.5 g/dL	—	RSVLT
Hematocrit	38	36 - 45 %	—	RSVLT
MCV	90	81 - 98 fL	—	RSVLT

06/08/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

MCH	30.4	27.3 - 33.6 pg	—	RSVLT
MCHC	33.8	32.3 - 35.7 g/dL	—	RSVLT
Platelet Count	249	150 - 400 THOU/uL	—	RSVLT

Reviewed by

Neighbor, William E on 06/12/07 1853

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

FX FEMUR INTRCAPS NOS-CLOSE (HCC) [820.00 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 6/12/2007 18:53

HEMOGLOBIN A1C, HPLC (Final result)

Electronically signed by: **Neighbor, William E on 05/29/07 1213** Status: **Completed**
Ordering user: Neighbor, William E 05/29/07 1213 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 05/29/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Welch, Kristi Leann, Technologist 6/8/2007 1:34 PM
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
F27425	—	—	06/08/07 1335

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 06/11/07 1428, Result status: Final result

Order status: Completed Filed on: 06/11/07 1428
Collected by: 06/08/07 1335 Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.1	4.0 - 6.0 %	H	UWMC

Reviewed by

Neighbor, William E on 06/12/07 1853
Gamboa, Elizabeth L on 06/11/07 1449

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

06/08/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

All Reviewers List

Neighbor, William E on 6/12/2007 18:53
Gamboa, Elizabeth L on 6/11/2007 14:49

PROTHROMBIN TIME (RAPID INR) (Final result)

Status: **Completed**

Order placed as a reflex to CBC (HEMOGRAM) ordered on 05/29/07 at 1213
Ordering user: Uw Use Interface, User 06/08/07 1335
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine -
Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F27425	—	—	06/08/07 1335

PROTHROMBIN TIME (RAPID INR) (Abnormal)

Resulted: 06/08/07 1417, Result status: Final result

Order status: Completed
Filed on: 06/08/07 1417
Collected by: 06/08/07 1335
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.5	0.8 - 1.3	H	RSVLT

Reviewed by

Neighbor, William E on 06/12/07 1853
Gamboa, Elizabeth L on 06/11/07 1449

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

All Reviewers List

Neighbor, William E on 6/12/2007 18:53
Gamboa, Elizabeth L on 6/11/2007 14:49

HEMOGLOBIN A1C, HPLC (Completed)

Electronically signed by: **Neighbor, William E on 06/12/07 1853**
Status: **Completed**
Ordering user: Neighbor, William E 06/12/07 1853
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 06/12/07 -
Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

HEMOGLOBIN A1C, HPLC (Abnormal)

Resulted: 08/29/07 0819, Result status: Final result

Order status: Completed
Filed on: 08/29/07 0819
Collected by: 08/27/07 1131
Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab

06/08/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Hemoglobin A1C	6.3	4.0 - 6.0 %	H	UWMC

Reviewed by

Neighbor, William E on 08/29/07 1846
Gamboa, Elizabeth L on 08/29/07 0829

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

BASIC METABOLIC PANEL (Completed)

Electronically signed by: **Neighbor, William E on 06/12/07 1853** Status: **Completed**
Ordering user: Neighbor, William E 06/12/07 1853 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 06/12/07 - Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

BASIC METABOLIC PANEL (Abnormal) Resulted: 08/27/07 1334, Result status: Final result

Order status: Completed Filed on: 08/27/07 1334
Collected by: 08/27/07 1131 Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	136 - 145 mEq/L	—	RSVLT
Potassium	4.1	3.7 - 5.2 mEq/L	—	RSVLT
Chloride	110	98 - 108 mEq/L	H	RSVLT
Carbon Dioxide, Total	28	22 - 32 mEq/L	—	RSVLT
Anion Gap	6	5 - 15	—	RSVLT
Glucose	134	62 - 125 mg/dL	H	RSVLT
Urea Nitrogen	13	8 - 21 mg/dL	—	RSVLT
Creatinine	0.8	0.3 - 1.2 mg/dL	—	RSVLT
Calcium	9.3	8.9 - 10.2 mg/dL	—	RSVLT
GFR, Calc, European American	>60	>59 mL/min	—	RSVLT
GFR, Calc, African American	>60	>59 mL/min	—	RSVLT
GFR, Information	--	—	—	RSVLT

Result: Calculated GFR by MDRD equation. Reasonably accurate inoutpatients with chronic kidney disease. Tends tounderestimate in others. Inaccurate with changing renalfunction.
Seehttp://depts.washington.edu/labweb/test/bclim/cGFR.html

Reviewed by

Neighbor, William E on 08/29/07 2004
Gamboa, Elizabeth L on 08/29/07 0829
Changamire, Freeman T on 08/28/07 1846
Reddoch, Coreen on 08/27/07 1403

06/08/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

Letters

Results by Neighbor, William E on 6/12/2007

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

6/12/2007

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 06/08/2007

CBC (HEMOGRAM)

Component	Value	Range
• WBC	5.21	4.3-10.0 (THOU/uL)
• RBC	4.19	3.80-5.00 (mil/uL)
• HEMOGLOBIN	12.7	11.5-15.5 (g/dL)
• HEMATOCRIT	38	36-45 (%)
• MCV	90	81-98 (fL)
• MCH	30.4	27.3-33.6 (pg)
• MCHC	33.8	32.3-35.7 (g/dL)
• PLATELET COUNT	249	150-400 (THOU/uL)

HEMOGLOBIN A1C, HPLC

Component	Value	Range
• Hemoglobin A1C, HPLC	6.1 (*)	4.0-6.0 (%)

PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	2.5 (*)	0.8-1.3

06/08/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

Your complete blood cell count is normal. Your hemoglobin A1 c which reflects long term blood sugar control is borderline, suggesting that you could do well to loose a little weight and watch your starch intake. Overall, your blood sugars appear well controlled on the basis of this test. This should be repeated in 6 months.

Your protime (INR) is in the therapeutic range. Continue your current dose of coumadin. Recheck in one month.

Sincerely,

William E Neighbor, MD

06/05/2007 - Telephone in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis: Long term (current) use of anticoagulants

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/4/2006
Start date: 12/1/2006
End date: 10/21/2008
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/4/2008
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/28/2006
Start date: 12/28/2006
End date: 1/2/2008
Quantity: 15
Refill: 11

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/4/2008
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2007
Start date: 2/16/2007
End date: 1/2/2008
Quantity: 5ml
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/21/2007
Reason for discontinuation: Reorder
Instructions: take one tablet po three times daily
Entered by: Millett, Cheryl L
Entered on: 3/22/2007
End date: 12/20/2007

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2007
Reason for discontinuation: Reorder
Instructions: 1 po QD
Entered by: Millett, Cheryl L
Entered on: 3/22/2007
End date: 12/20/2007

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 9/26/2007
Reason for discontinuation: Reorder
Instructions: 10 mg Sun, Weds, Thurs,Fri, 5 mg rest
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/5/2007
Start date: 6/5/2007
End date: 9/26/2007
Quantity: 25
Refill: 5

06/05/2007 - Telephone in UWMC FAMILY MED CENTER (continued)

Medication List (continued)

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2007
Reason for discontinuation: Reorder
Instructions: 1 po TID
Authorized by: Neighbor Jr., William E, MD
Ordered on: 6/5/2007
Start date: 6/5/2007
End date: 12/20/2007
Quantity: 90
Refill: 5

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Millett, Cheryl L at 6/5/2007 0907

Pt requesting rx refill, please advise, Cheryl

Electronically signed by Millett, Cheryl L at 6/5/2007 9:07 AM

Hundt, Anna at 6/7/2007 1203

Faxed back to pharm

Electronically signed by Hundt, Anna at 6/7/2007 12:03 PM

Labs

PT Today - On Site (Completed)

Electronically signed by: **Neighbor, William E on 06/05/07 1415**
Status: **Completed**
Ordering user: Neighbor, William E 06/05/07 1415
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine -
Class: On Site
Quantity: 1
Released by: Neighbor, William E 06/05/07 1415
Diagnoses
Long term (current) use of anticoagulants [V58.61 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
—	Whole blood	—	—

Indications

AFTERCARE LONG TERM ANTICOAG USE [V58.61 (ICD-9-CM)]

Other Orders

Medications

06/05/2007 - Telephone in UWMC FAMILY MED CENTER (continued)

Other Orders (continued)

WARFARIN SODIUM 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 06/05/07 1415** Status: **Discontinued**
Ordering user: Neighbor, William E 06/05/07 1415 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 06/05/07 - 09/26/07 Class: E-SEND (Fax)
Released by: Neighbor, William E 06/05/07 1415 Discontinued by: Neighbor, William E 09/26/07 1820 [Reorder]

PENTOXIL 400 MG OR TBCR (Discontinued)

Electronically signed by: **Neighbor, William E on 06/05/07 1415** Status: **Discontinued**
Ordering user: Neighbor, William E 06/05/07 1415 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 06/05/07 - 12/20/07 Class: E-SEND (Fax)
Released by: Neighbor, William E 06/05/07 1415 Discontinued by: Neighbor, William E 12/20/07 1619 [Reorder]

05/29/2007 - Office Visit in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Phlebitis and thrombophlebitis of other deep vessels of lower extremities (primary)
- Closed fracture of unspecified intracapsular section of neck of femur
- Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled
- Essential hypertension, benign

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

at 5/29/2007 1130

Addended by: HUNDT, ANNA on: 5/30/2007 9:43:42 AM

Modules accepted: Orders

Addended by: HUNDT, ANNA on: 5/30/2007 9:43:29 AM

Comment: Corrected FOB

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: yes
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no

05/29/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Chaperoning (other than procedures): no

Total number of YES responses: 4
Completed by: Goitom Fikak

Jeanne Leonie Hoffman is a 82 year old female here to discuss the following:

820.00 FX FEMUR INTRCAPS NOS-CLOSE
Appears to be doing well. She is on Vitamin D and Calcium to aid in healing. Her son was not able to come in today as hoped.

401.1 BENIGN HYPERTENSION
Controlled.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
INR today 2.5. . Goal is 2.0-3.0.

Seizure disorder.
She has not had follow up from neurology as yet as ordered at her last visit.

Diabetes.
No records of blood sugars.

OBJECTIVE:
BP 116/62 | Pulse 79 | Wt 143 lbs (64.864 kg)
General: healthy, alert, no distress

Lab INR 2.5.

ASSESSMENT AND PLAN:

820.00 FX FEMUR INTRCAPS NOS-CLOSE
Doing well. Continue PT. She had questions about use of a cane instead of a walker. PT should make the recommendations for her. As she was anemic following her hip fracture and looks a bit pale today,advise CBC which is ordered but which she does not want done today.

250.00 DIABETES UNCOMPL ADULT-TYPE II
Due for A1c which is ordered.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
INR 2.5 today which is in therapeutic range. Recheck in one month.

401.1 BENIGN HYPERTENSION
BP 116/62 today. Well controlled.

Next visit in one month.

William E Neighbor, MD

Labs

CBC (HEMOGRAM) (Completed)

Electronically signed by: **Neighbor, William E on 05/29/07 1213** Status: **Completed**
Ordering user: Neighbor, William E 05/29/07 1213 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 05/29/07 - Class: Normal

05/29/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Quantity: 1
Diagnoses
Closed fracture of unspecified intracapsular section of neck of femur [820.00 (ICD-9-CM)]

Indications

FX FEMUR INTRCAPS NOS-CLOSE (HCC) [820.00 (ICD-9-CM)]

CBC (HEMOGRAM) Resulted: 06/08/07 1506, Result status: Final result

Order status: Completed
Collected by: 06/08/07 1335
Filed on: 06/08/07 1506
Resulting lab: UW ROOSEVELT LAB

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.21	4.3 - 10.0 THOU/uL	—	RSVLT
RBC	4.19	3.80 - 5.00 mil/uL	—	RSVLT
Hemoglobin	12.7	11.5 - 15.5 g/dL	—	RSVLT
Hematocrit	38	36 - 45 %	—	RSVLT
MCV	90	81 - 98 fL	—	RSVLT
MCH	30.4	27.3 - 33.6 pg	—	RSVLT
MCHC	33.8	32.3 - 35.7 g/dL	—	RSVLT
Platelet Count	249	150 - 400 THOU/uL	—	RSVLT

Reviewed by

Neighbor, William E on 06/12/07 1853

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
36 - RSVLT	UW ROOSEVELT LAB	Unknown	Unknown	05/24/07 0930 - 06/04/15 1349

Indications

FX FEMUR INTRCAPS NOS-CLOSE (HCC) [820.00 (ICD-9-CM)]

HEMOGLOBIN A1C, HPLC (Completed)

Electronically signed by: **Neighbor, William E on 05/29/07 1213**
Status: **Completed**
Ordering user: Neighbor, William E 05/29/07 1213
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 05/29/07 -
Class: Normal
Quantity: 1
Diagnoses
Type II or unspecified type diabetes mellitus without mention of complication, not stated as uncontrolled [250.00 (ICD-9-CM)]

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 06/11/07 1428, Result status: Final result

Order status: Completed
Collected by: 06/08/07 1335
Filed on: 06/11/07 1428
Resulting lab: UW MEDICAL CENTER

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.1	4.0 - 6.0 %	**H** ^	UWMC

Reviewed by

05/29/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Neighbor, William E on 06/12/07 1853
Gamboa, Elizabeth L on 06/11/07 1449

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UW MEDICAL CENTER	Unknown	Seattle WA	12/04/97 0000 - 06/04/15 1354

Indications

DIABETES UNCOMPL ADULT-TYPE II (HCC) [250.00 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	05/29/07 1130
BP	116/62
Pulse	79
Weight	64.9 kg (143 lb)

UNKNOWN

Row Name	05/29/07 1130
BP	116/62
Pulse	79
Weight	64.9 kg (143 lb)

Letters

Letter by Neighbor, William E on 5/29/2007

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

5/29/2007

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD NW
UNIT 2
Bainbridge Island, WA 98110

Dear Jeanne Leonie Hoffman,

From the visit today 5/29/2007 the following is the ASSESSMENT AND PLAN:

820.00 FX FEMUR INTRCAPS NOS-CLOSE
Doing well. Continue PT. She had questions about use of a cane instead of a

05/29/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Letters (continued)

walker. PT should make the recommendations for her. As she was anemic following her hip fracture and looks a bit pale today,advise CBC which is ordered but which she does not want done today.

250.00 DIABETES UNCOMPL ADULT-TYPE II
Due for A1c which is ordered.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
INR 2.5 today which is in therapeutic range. Recheck in one month.

401.1 BENIGN HYPERTENSION
BP 116/62 today. Well controlled.

Next visit in one month. Blood tests for INR plus for A1c and anemia check before that visit.

Sincerely,

William E Neighbor, MD

05/29/2007 - Orders Only in UWMC FAMILY MED CENTER

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Uw Use Interface, User on 05/29/07 1052** Status: **Completed**
Ordering user: Uw Use Interface, User 05/29/07 1052 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T41955	—	—	05/29/07 1052

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 05/29/07 1217, Result status: Final result

Order status: Completed Filed on: 05/29/07 1217
Collected by: 05/29/07 1052 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.5	0.8 - 1.3	H	UW

Reviewed by

Neighbor, William E on 05/29/07 1246
Gamboa, Elizabeth L on 05/29/07 1222

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

All Reviewers List

05/29/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Neighbor, William E on 5/29/2007 12:46
Gamboa, Elizabeth L on 5/29/2007 12:22

05/01/2007 - Office Visit in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Follow-Up
Visit diagnoses:

- Other convulsions (primary)
- Closed fracture of unspecified intracapsular section of neck of femur
- Essential hypertension, benign
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Follow-up and Dispositions

- Return in about 4 weeks (around 5/29/2007) for follow up.

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

COUMADIN 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/2/2008
Start date: 10/2/2008
End date: 11/13/2009
Quantity: 34
Refill: 1

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Smith, Courtney A, CM
Discontinued on: 12/29/2009
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/21/2008
Start date: 10/21/2008
End date: 12/29/2009
Quantity: 60
Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/7/2009
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/11/2008
Start date: 12/11/2008
End date: 12/7/2009
Quantity: 15
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 11/13/2009
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 1/7/2009

05/01/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Medication List (continued)

Start date: 1/7/2009 End date: 11/13/2009
Quantity: 90 Refill: 5

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 1/19/2010
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 1/13/2009
Start date: 1/13/2009 End date: 1/19/2010
Quantity: 5ml Refill: prn

METFORMIN HCL 500 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/10/2009
Reason for discontinuation: Reorder
Instructions: one tab twice daily for diabetes
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/6/2009
Start date: 2/4/2009 End date: 9/8/2009
Quantity: 60 Refill: 6

PENTOXIL 400 MG OR TBCR

Discontinued by: Dobie, Sharon A, MD Discontinued on: 9/25/2009
Reason for discontinuation: Reorder
Instructions: One tablet three times daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/17/2009
Start date: 2/17/2009 End date: 9/25/2009
Quantity: 90 Refill: 6

FOSAMAX 70 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 2/17/2010
Reason for discontinuation: Reorder
Instructions: Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/27/2009
Start date: 2/27/2009 End date: 2/16/2010
Quantity: 4 Refill: 12

TYLENOL/CODEINE #3 300-30 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 9/4/2009
Reason for discontinuation: Reorder
Instructions: 1 TABLET at bed time
Authorized by: Neighbor Jr., William E, MD Ordered on: 2/27/2009
Start date: 2/27/2009 End date: 9/4/2009
Quantity: 28 Refill: 0

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD Discontinued on: 3/25/2010
Reason for discontinuation: Reorder
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD Ordered on: 3/23/2009
Start date: 3/23/2009 End date: 3/25/2010
Quantity: 90 Refill: 3

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Changamire, Freeman, MD Discontinued on: 8/17/2009
Reason for discontinuation: Reorder
Instructions: One tablet daily
Authorized by: Neighbor Jr., William E, MD Ordered on: 5/12/2009
Start date: 5/11/2009 End date: 8/17/2009
Quantity: 30 Refill: 3

CARBAMAZEPINE 200 MG OR TABS

05/01/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/5/2010
Reason for discontinuation: Reorder
Instructions: 1 TABLET 3 TIMES DAILY
Authorized by: Neighbor Jr., William E, MD
Ordered on: 5/18/2009
Start date: 5/18/2009
End date: 1/4/2010
Quantity: 90
Refill: 6

Stopped in Visit

None

Clinical Notes

Progress Notes

at 5/1/2007 1130

Addended by: HUNDT, ANNA on: 5/1/2007 6:09:44 PM

Modules accepted: Orders

Addended by: HUNDT, ANNA on: 5/1/2007 6:09:30 PM

Comment: Corrected FOB

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: y
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 4

Completed by: Cheryl L Millett

Jeanne Leonie Hoffman is a 82 year old female here to discuss the following:

Problem: Righ hip fracture follow up
S/P pin and plate in right hip. Now at rehab center Messenger House on Bainbridge with expected discharge to home in mid May. She now has a walker. She is receivin PT. ONce discharged she is determined to be on her own. Her son lives in Seattle and visits frequently.

Problem: Anticoagulation
INR appears to have been drawn today at Messenger House

Problem: Seizure disorder
She feels that her fall could have been related to a seizure. She has not been seen in neurology for some time. Her tegretol level was therapeutic in February.

Problem: Diabetes
Year onset: Dx March 2007

Last A1c: March 2007 7.1

05/01/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Last Cr: Normal in hospital
Last Urine Alb/Cr ratio:
Last eye exam: She believes this was within last year
Last Lipid Panel: LDL 109 in March 22, 2007
Blood pressure: normal

OBJECTIVE:
BP 130/58 | Pulse 68 | Wt 146 lbs (66.225 kg)
General: healthy, alert, no distress
Chest clear
COR without murmur gallop or rub
Extr: Wound no examined today. She has elastic stockings in place on lower legs and has small amount of edema.

ASSESSMENT AND PLAN:

820.00 FX FEMUR INTRCAPS NOS-CLOSE
Appears to be doing well. She is on Vitamin D and Calcium to aid in healing. I would like to see her in 4-6 weeks with her son.

401.1 BENIGN HYPERTENSION
Controlled.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
INR pending today through rehab center. Goal is 2.0-3.0.

Seizure disorder. She is concerned that her fall could have been related to a seizure. I think it prudent to have her rexamined in neurology. She had a therapeutic tegretol level in about February. Referral to neurology completed.

Diabetes. Review at her follow up visit.

William E Neighbor, MD

Other Orders

Referral

REFERRAL TO NEUROLOGY (Completed)

Electronically signed by: **Neighbor, William E on 05/01/07 1213** Status: **Completed**
Ordering user: Neighbor, William E 05/01/07 1213 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 05/01/07 - Class: Internal Referral
Quantity: 1
Diagnoses
Other convulsions [780.39 (ICD-9-CM)]
Order comments: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare Referral for: Consultation. To give an opinion or answer a clinical question. Reason for referral: 82 year old female with long hx of seizure disorder and therapeutic tegretol level. She has had some falls one of which resulted in hip fracture. Concern on her part is whether these could be related to seizure episodes. Patient Active Problem List: CONVULSIONS, OTHER [780.39] --Petit Mal since 1975 ESOPHAGEAL REFLUX [530.81] SENSORNEUR HEAR LOSS NOS [389.10] DEEP VENOUS PHLEBITIS-LEG NEC [451.19] UTERINE LEIOMYOMA NOS [218.9] HYPERLIPIDEMIA NEC/NOS [272.4] CARPAL TUNNEL SYNDROME [354.0] CATARACT NOS [366.9] ALLERGIC RHINITIS NOS [477.9] GENERAL OSTEOARTHROSIS [715.00] BENIGN HYPERTENSION [401.1] DIAPHRAGMATIC HERNIA [553.3] GLAUCOMA NOS [365.9] ROUTINE MEDICAL EXAM [V70.0] DIABETES UNCOMPL ADULT-TYPE II [250.00] FX FEMUR INTRCAPS NOS-CLOSE [820.00] VITAMIN B DEFICIENCY NOS [266.9] Location: EPILEPSY CLINIC- UWMC
++ REFERENCE INFORMATION FOR UWPN REFERRAL COORDINATORS: UWMC General Neurology (206) 598-7688 UWMC Headache Clinic (206) 598-6950 HMC General Neurology (206) 731-3992 HMC Regional Epilepsy Center (206) 731-3576 HMC Stroke Clinic (206) 731-3251 CHRMC Neurology (206) 987-2078 Children's Bellevue (425) 454-4644/fax (425) 451-0214 Children's FW (253) 838-5878/fax (253) 838-1962 ++

05/01/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Other Orders (continued)

Referral Details

Referred By		Referred To	Type	Priority
Neighbor Jr., William E, MD	Diagnoses: Other convulsions Order: Referral To Neurology	**ZUWMC NEUROLOGY CLINIC** 1959 NE Pacific St Seattle WA 98195 Specialty: UWMC Neurology	Evaluate and Treat	Routine

Comment: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare
Referral for: Consultation. To give an opinion or answer a clinical question.
Reason for referral: 82 year old female with long hx of seizure disorder and therapeutic tegretol level. She has had some falls one of which resulted in hip fracture. Concern on her part is whether these could be related to seizure episodes.
Patient Active Problem List:
CONVULSIONS, OTHER [780.39] --Petit Mal since 1975
ESOPHAGEAL REFLUX [530.81]
SENSORNEUR HEAR LOSS NOS [389.10]
DEEP VENOUS PHLEBITIS-LEG NEC [451.19]
UTERINE LEIOMYOMA NOS [218.9]
HYPERLIPIDEMIA NEC/NOS [272.4]
CARPAL TUNNEL SYNDROME [354.0]
CATARACT NOS [366.9]
ALLERGIC RHINITIS NOS [477.9]
GENERAL OSTEOARTHROSIS [715.00]
BENIGN HYPERTENSION [401.1]
DIAPHRAGMATIC HERNIA [553.3]
GLAUCOMA NOS [365.9]
ROUTINE MEDICAL EXAM [V70.0]
DIABETES UNCOMPL ADULT-TYPE II [250.00]
FX FEMUR INTRCAPS NOS-CLOSE [820.00]
VITAMIN B DEFICIENCY NOS [266.9]

Location: EPILEPSY CLINIC- UWMC

++
REFERENCE INFORMATION FOR UWPN REFERRAL COORDINATORS:

UWMC General Neurology (206) 598-7688
UWMC Headache Clinic (206) 598-6950
HMC General Neurology (206) 731-3992
HMC Regional Epilepsy Center (206) 731-3576
HMC Stroke Clinic (206) 731-3251
CHRMC Neurology (206) 987-2078
Children's Bellevue (425) 454-4644/fax (425) 451-0214
Children's FW (253) 838-5878/fax (253) 838-1962
++

Indications

CONVULSIONS, OTHER (HCC) [780.39 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	05/01/07 1130
BP	130/58
Pulse	68
Weight	66.2 kg (146 lb)

05/01/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Flowsheets (continued)

UNKNOWN

Row Name	05/01/07 1130
BP	130/58
Pulse	68
Weight	66.2 kg (146 lb)

Patient Instructions

Jeanne Leonie Hoffman is a 82 year old female here to discuss the following:

Problem: Righ hip fracture follow up
S/P pin and plate in right hip. Now at rehab center Messenger House on Bainbridge with expected discharge to home in mid May. She now has a walker. She is receivin PT. ONce discharged she is determined to be on her own. Her son lives in Seattle and visits frequently.

Problem: Anticoagulation
INR appears to have been drawn today at Messenger House

Problem: Seizure disorder
She feels that her fall could have been related to a seizure. She has not been seen in neurology for some time. Her tegretol level was therapeutic in February.

Problem: Diabetes
Year onset: Dx March 2007

Last A1c: March 2007 7.1
Last Cr: Normal in hospital
Last Urine Alb/Cr ratio:
Last eye exam: She believes this was within last year
Last Lipid Panel: LDL 109 in March 22, 2007
Blood pressure: normal

OBJECTIVE:
BP 130/58 | Pulse 68 | Wt 146 lbs (66.225 kg)
General: healthy, alert, no distress
Chest clear
COR without murmur gallop or rub
Extr: Wound no examined today. She has elastic stockings in place on lower legs and has small amount of edema.

ASSESSMENT AND PLAN:

820.00 FX FEMUR INTRCAPS NOS-CLOSE
Appears to be doing well. She is on Vitamin D and Calcium to aid in healing. I would like to see her in 4-6 weeks with her son.

401.1 BENIGN HYPERTENSION
Controlled.

451.19 DEEP VENOUS PHLEBITIS-LEG NEC
INR pending today through rehab center. Goal is 2.0-3.0.

Seizure disorder. She is concerned that her fall could have been related to a seizure. I think it prudent to have her rexamined in neurology. She had a therapeutic tegretol level in about February. Referral to neurology completed.

William E Neighbor, MD

03/31/2007 - Hospital in UW Neighborhood Clinics Belltown Family Medicine

Reason for Visit

Visit diagnosis: Closed fracture of intertrochanteric section of femur

Visit Information

Provider Information

Encounter Provider

Abraham, Sumam Marion, MD

Department

Name	Address	Phone	Fax
UW Neighborhood Clinics Belltown Family Medicine	2505 Second Ave, Suite 200 Seattle WA 98121	206-443-0400	206-520-1599

Follow-up and Dispositions

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

at 4/1/2007 2359

Admitted: 31-mar-2007
Discharged: 04-apr-2007
Primary Diagnosis: INTERTROCHANTERIC FX-CL
Findings (this visit only): Clinically insignificant findings are not shown. Show them too.
DM TYPE II, BG CONTROLLED
HYPERLIPIDEMIA
ANEMIA
GEN NONCONVUL EPILEPSY
GLAUCOMA NOS
HYPERTENSION, ESSENTIAL
EMB/THROM PROX DEEP VES LOWER EXTR
DIAPHRAGMATIC HERNIA
OSTEOARTHRITIS
JOINT PAIN-PELV./THIGH
PAIN IN LIMB
INTERTROCHANTERIC FX-CL
INTERTROCHANTERIC FX-CL
FX NECK OF FEMUR NOS-CL
OTHER AND UNSPECIFIED INJURY TO HEAD
OTHER INJURY OTHER SITES OF TRUNK
ACCIDENT IN PLACE NOS
FALL FROM OTHER SLIPPING, TRIPPNG, OR STUMBLING
FALL NOS
PER HIST VEN THROM & EMB
HX-PENICILLIN ALLERGY
HX-SULFONAMIDES ALLERGY

03/31/2007 - Hospital in UW Neighborhood Clinics Belltown Family Medicine (continued)

Clinical Notes (continued)

HISTORY OF FALL
ACQUIRED ABSENCE OF ORGAN, GENITAL ORGANS
LONG-TERM USE ANTICOGLNT

Other Orders

Unknown

SUBSEQUENT HOSPITAL CARE,LEVL II (Completed)

Electronically signed by: **Range, Mary T on 04/30/07 1844** Status: **Completed**
Ordering user: Range, Mary T 04/30/07 1844 Authorized by: Abraham, Sumam Marion, MD
Ordering mode: Standard
Cosigning events
Electronically cosigned by Abraham, Sumam M 05/01/07 1008 for Ordering
Frequency: Routine 04/30/07 - Class: Normal
Quantity: 1
Diagnoses
Closed fracture of intertrochanteric section of femur (HCC) [820.21 (ICD-9-CM)]

Indications

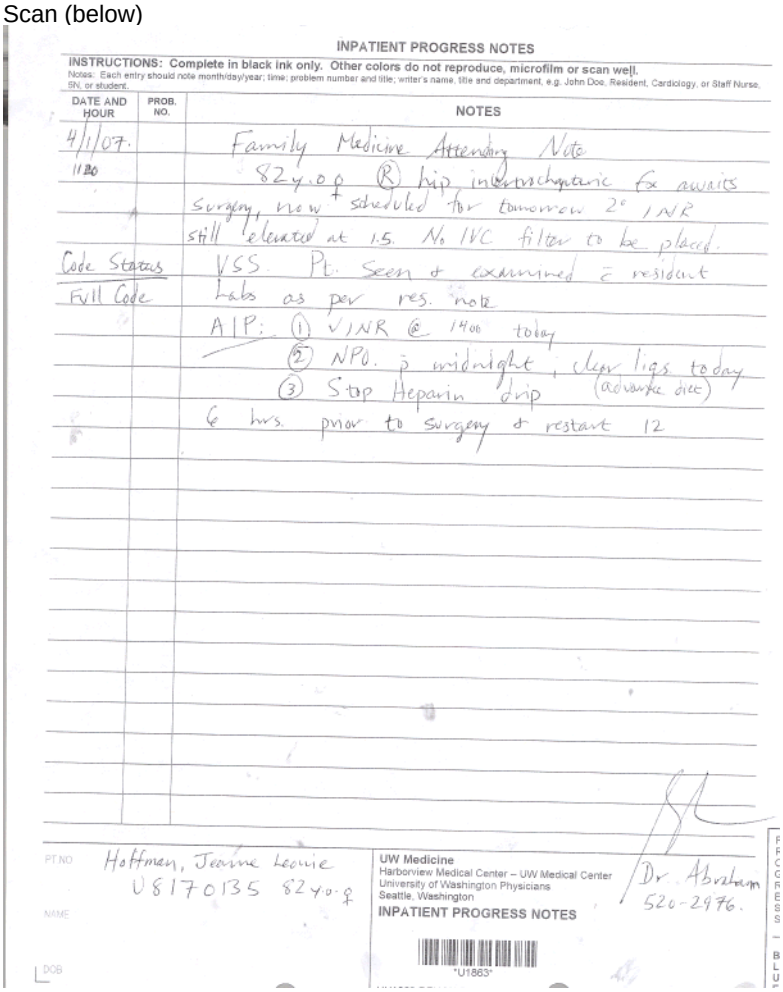
INTERTROCHANTERIC FX-CLOSE (HCC) [820.21 (ICD-9-CM)]

03/31/2007 - Hospital in UW Neighborhood Clinics Belltown Family Medicine (continued)

Documents

Clinical Unknown - Scan on 4/30/2007 6:46 PM: Inpt note by SA

Scan (below)



INPATIENT PROGRESS NOTES

INSTRUCTIONS: Complete in black ink only. Other colors do not reproduce, microfilm or scan well.
Notes: Each entry should note month/day/year; time; problem number and title; writer's name, title and department, e.g. John Doe, Resident, Cardiology, or Staff Nurse, SN, or student.

DATE AND HOUR	PROB. NO.	NOTES
4/1/07. 1120		Family Medicine Attending Note 82y.o.p (R) hip intertrochanteric fx awaits surgery, now + scheduled for tomorrow 2° INR still elevated at 1.5. No IVC filter to be placed.
Code Status Full Code		VSS. Pt. Seen & examined c resident Labs as per res. note A|P: ① ↓INR @ 1400 today ② NPO. ↑ midnight, clear liqs today (advance diet) ③ Stop Heparin drip 6 hrs. prior to surgery & restart 12

PT NO Hoffman, Jeanne Leonie U8170135 82y.o.f
NAME
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington
INPATIENT PROGRESS NOTES

U1863

Dr. Abraham 520-2976.

03/31/2007 - Hospital in UW Neighborhood Clinics Belltown Family Medicine

Reason for Visit

Visit diagnosis: Closed fracture of intertrochanteric section of femur

Visit Information

Provider Information

Encounter Provider

Abraham, Sumam Marion, MD

Department

Name	Address	Phone	Fax
UW Neighborhood Clinics Belltown Family Medicine	2505 Second Ave, Suite 200 Seattle WA 98121	206-443-0400	206-520-1599

Follow-up and Dispositions

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

at 3/31/2007 2359

Admitted: 31-mar-2007
Discharged: 04-apr-2007
Primary Diagnosis: INTERTROCHANTERIC FX-CL
Findings (this visit only): Clinically insignificant findings are not shown. Show them too.
DM TYPE II, BG CONTROLLED
HYPERLIPIDEMIA
ANEMIA
GEN NONCONVUL EPILEPSY
GLAUCOMA NOS
HYPERTENSION, ESSENTIAL
EMB/THROM PROX DEEP VES LOWER EXTR
DIAPHRAGMATIC HERNIA
OSTEOARTHRITIS
JOINT PAIN-PELV./THIGH
PAIN IN LIMB
INTERTROCHANTERIC FX-CL
INTERTROCHANTERIC FX-CL
FX NECK OF FEMUR NOS-CL
OTHER AND UNSPECIFIED INJURY TO HEAD
OTHER INJURY OTHER SITES OF TRUNK
ACCIDENT IN PLACE NOS
FALL FROM OTHER SLIPPING, TRIPPNG, OR STUMBLING
FALL NOS
PER HIST VEN THROM & EMB
HX-PENICILLIN ALLERGY
HX-SULFONAMIDES ALLERGY

03/31/2007 - Hospital in UW Neighborhood Clinics Belltown Family Medicine (continued)

Clinical Notes (continued)

HISTORY OF FALL
ACQUIRED ABSENCE OF ORGAN, GENITAL ORGANS
LONG-TERM USE ANTICOGLNT

Other Orders

Unknown

INITIAL HOSPITAL CARE,LEVL II (Completed)

Electronically signed by: **Range, Mary T on 04/30/07 1840** Status: **Completed**
Ordering user: Range, Mary T 04/30/07 1840 Authorized by: Abraham, Sumam Marion, MD
Ordering mode: Standard
Cosigning events
Electronically cosigned by Abraham, Sumam M 05/01/07 1008 for Ordering
Frequency: Routine 04/30/07 - Class: Normal
Quantity: 1
Diagnoses
Closed fracture of intertrochanteric section of femur (HCC) [820.21 (ICD-9-CM)]

Indications

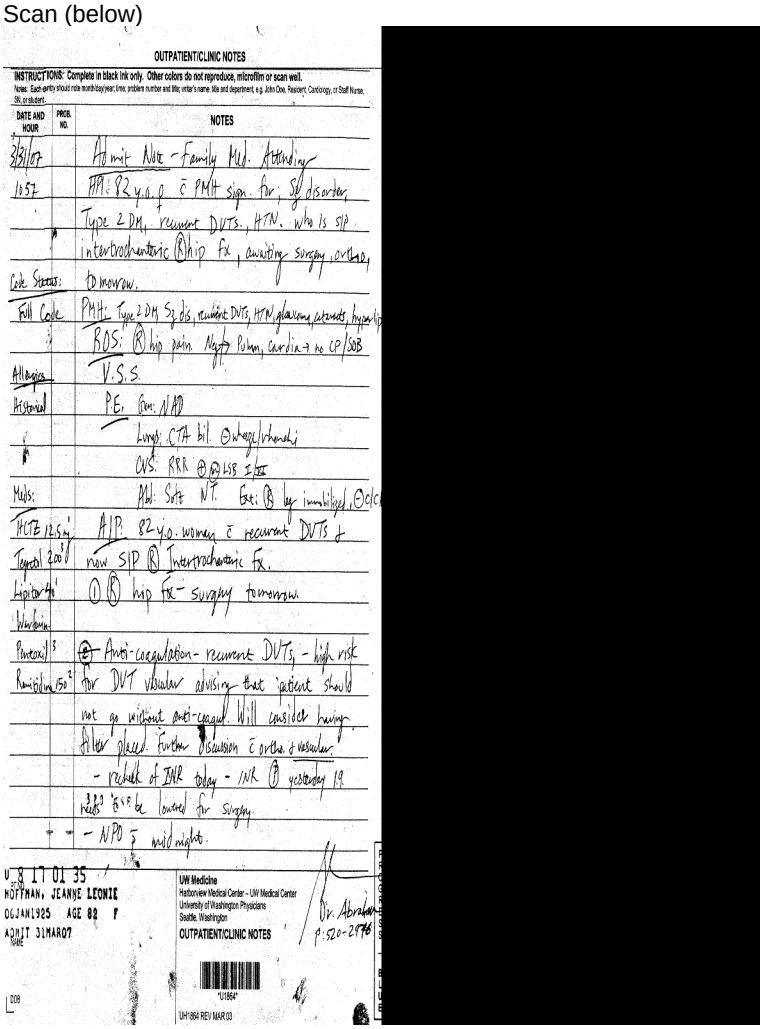
INTERTROCHANTERIC FX-CLOSE (HCC) [820.21 (ICD-9-CM)]

03/31/2007 - Hospital in UW Neighborhood Clinics Belltown Family Medicine (continued)

Documents

Clinical Unknown - Scan on 4/30/2007 6:43 PM: Inpt note by SA

Scan (below)



OUTPATIENT/CLINIC NOTES

INSTRUCTIONS: Complete in black ink only. Other colors do not reproduce, microfilm or scan well.
Notes: Each entry should note month/day/year, time, problem number and title; writer's name, title and department, e.g. John Doe, Resident, Cardiology, or Staff Nurse, SN, or student.

DATE AND HOUR	PROB. NO.	NOTES
3/31/07		Admit Note - Family Med. Attending
1057		HPI: 82 y.o. ♀ c̄ PMH sign. for; Sz disorder,
		Type 2 DM, recurrent DVTs., HTN. who is s/p
		intertrochanteric (R) hip fx, awaiting surgery, ortho,
Code Status:		tomorrow.
Full Code		PMH: Type 2 DM, Sz dis, recurrent DVTs, HTN, glaucoma, cataracts, hyperlip
		ROS: (R) hip pain. Neg → Pulm, cardia → no CP/SOB
Allergies		V.S.S.
Historical		P.E. Gen: NAD
		Lungs: CTA bil. ⊖ wheeze/rhonchi
		CVS: RRR ⊕ ⊕ LSB I/II
Meds:		Abd: Soft NT. Ext: (R) leg immobilized, ⊖ c/c
HCTZ 12.5 mg		A/P: 82 y.o. woman c̄ recurrent DVTs &
Tegretol 200		now s/p (R) Intertrochanteric fx.
Lipitor 40		① (R) hip fx - surgery tomorrow.
Warfarin		
Pentoxil		② Anti-coagulation - recurrent DVTs, - high risk
Ranitidine 150		for DVT vascular advising that patient should
		not go without anti-coagul. Will consider having
		filter placed. Further discussion c̄ ortho & vascular.
		- recheck of INR today - INR ⊕ yesterday 1.9
		needs to be lowered for surgery.
		- NPO c̄ midnight.

U 8 17 01 35
HOFFMAN, JEANNE LEONIE
06JAN1925 AGE 82 F
ADMIT 31MAR07
NAME

UW Medicine
Harborview Medical Center - UW Medical Center
University of Washington Physicians
Seattle, Washington
OUTPATIENT/CLINIC NOTES

Dr. Abraham
p: 520-2976

"U1864"
UH1864 REV MAR 03

DOB

Printed on 4/30/25 9:40 AM

Page 9067

03/22/2007 - Office Visit in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnoses:

- Long term (current) use of anticoagulants (primary)
- Impaired fasting glucose
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Other and unspecified hyperlipidemia
- Unspecified vitamin B deficiency
- Special screening for malignant neoplasms, colon

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Neighbor, William E	Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/4/2006
Start date: 12/1/2006 — End date: 10/21/2008
Quantity: 60 — Refill: 12

HYDROCHLOROTHIAZIDE 25 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 1/4/2008
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/28/2006
Start date: 12/28/2006 — End date: 1/2/2008
Quantity: 15 — Refill: 11

WARFARIN SODIUM 10 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/5/2007
Reason for discontinuation: Reorder
Instructions: 10 mg Sun, Weds, Thurs,Fri, 5 mg rest
Entered by: Nolan, Karen C — Entered on: 1/29/2007
End date: 6/5/2007

PENTOXIL 400 MG OR TBCR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 6/5/2007
Reason for discontinuation: Reorder
Instructions: 1 po TID
Entered by: Nolan, Karen C — Entered on: 1/29/2007

03/22/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Medication List (continued)

End date: 6/5/2007

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/4/2008
Reason for discontinuation: Reorder
Instructions: instill one drop into each eye twice daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 2/16/2007
Start date: 2/16/2007
End date: 1/2/2008
Quantity: 5ml
Refill: 3

TEGRETOL 200 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/21/2007
Reason for discontinuation: Reorder
Instructions: take one tablet po three times daily
Entered by: Millett, Cheryl L
Entered on: 3/22/2007
End date: 12/20/2007

LIPITOR 40 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 12/20/2007
Reason for discontinuation: Reorder
Instructions: 1 po QD
Entered by: Millett, Cheryl L
Entered on: 3/22/2007
End date: 12/20/2007

Stopped in Visit

None

Clinical Notes

Progress Notes

at 3/22/2007 1030

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3

Completed by: Cheryl L Millett

SUBJECTIVE:
Jeanne Leonie Hoffman is a 82 year old female here to discuss the following:

Problem: Anticoagulation visit

Reason for anticoagulation: Recurrent DVT
INR goal: 2-3

Current Coumadin (warfarin) tablet size: 10 mg
Number of tablets on each day of the week:
Sunday: one
Monday: One half

03/22/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Tuesday: One half
Wednesday: one
Thursday: one
Friday: one
Saturday: One half

Missed doses in the past week: no

Recent changes in other medications including non-prescription medicines, vitamins (particularly, Vit. K), herbals: no

Tobacco use: no
Change in alcohol or toabcco use since last visit: no
Change in diet since last visit (vegetables, oils, herbal and green team): no
Symptoms of stroke: no
Symptoms of blood clot: no
Bleeding or unusual bruising: no

Refill of Coumadin (wafarin) needed: no

Problem: Impaired fasting glucose
Fasting blood sugars have been periodicallly elevated. She needs repeat and A1c to rule out diabetes.

Problem; Low Vitamin B12 level.
Vitamin B 12 level was low. Methylmalonic acid and homocysteine not yet done.

Problem: Hyperlipidemia
Due for lipid panel. Compliant with diet. No side effects from medications.

Problem: Cardiac murmur
Has not yet had echo done that was ordered at prior visit.

Problem: Falls
Has not yet seen PT. Lives on Bainbridge. I believe that some arrangement were being made for assessment at home.

INR 2.3 today

OBJECTIVE:
BP 139/72 | Pulse 77 | Wt 150 lbs (68.040 kg)
General: healthy, alert, no distress

ASSESSMENT AND PLAN:

Problem: Anticoagulation
INR therapeutic.
Recommended change in Warfarin dose: None.
Next blood test and anti-coagulation visit: 2 weeks given recent fluctuation in INR
The blood test should be done prior to the visit. The visit should be scheduled.
Copy of plan to FMC Anti-coag service MA coordinator: done

Problem: Impaired fasting glucose
Fasting blood sugar and A1c ordered.

Problem: Low Vitamin B12 level.
Methylmalonic acid and homocysteine ordered. She is not taking Vitamin B12.

Problem: Hyperlipidemia
Lipid panel ordered.

Problem: Cardiac murmur
Echo pending.

Problem: Falls
Will speak with Dr. Parker who has seen her recently and check on status of home PT assessment. She refuses help at home. Willing to have home PT assessment.

03/22/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

William E Neighbor, MD

Labs

HEMOGLOBIN A1C, HPLC (Final result)

Electronically signed by: **Neighbor, William E on 03/22/07 1210** Status: **Completed**
Ordering user: Neighbor, William E 03/22/07 1210 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/22/07 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Impaired fasting glucose [790.21 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H60066	—	—	03/22/07 1210

HEMOGLOBIN A1C, HPLC (Abnormal) Resulted: 03/23/07 1407, Result status: Final result

Order status: Completed Filed on: 03/23/07 1407
Collected by: 03/22/07 1210 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	7.1	4.0 - 6.0 %	H	UW

Reviewed by

Neighbor, William E on 03/27/07 1109
Reddoch, Coreen on 03/23/07 1408

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

IMPAIRED FASTING GLUCOSE [790.21 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 3/27/2007 11:09
Reddoch, Coreen on 3/23/2007 14:08

BASIC METABOLIC PANEL (Final result)

Electronically signed by: **Neighbor, William E on 03/22/07 1210** Status: **Completed**
Ordering user: Neighbor, William E 03/22/07 1210 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/22/07 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Impaired fasting glucose [790.21 (ICD-9-CM)]

Specimen Information

03/22/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

ID	Type	Source	Collected By
H60066	—	—	03/22/07 1210

BASIC METABOLIC PANEL (Abnormal) Resulted: 03/22/07 1507, Result status: Final result

Order status: Completed
Collected by: 03/22/07 1210
Filed on: 03/22/07 1507
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	136 - 145 mEq/L	—	UW
Potassium	3.7	3.7 - 5.2 mEq/L	—	UW
Chloride	109	98 - 108 mEq/L	H	UW
Carbon Dioxide, Total	29	22 - 32 mEq/L	—	UW
Anion Gap	5	5 - 15	—	UW
Glucose	137	62 - 125 mg/dL	H	UW
Urea Nitrogen	18	8 - 21 mg/dL	—	UW
Creatinine	0.9	0.3 - 1.2 mg/dL	—	UW
Calcium	9.1	8.9 - 10.2 mg/dL	—	UW

Reviewed by

Neighbor, William E on 03/27/07 1109
Gamboa, Elizabeth L on 03/22/07 1510

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

IMPAIRED FASTING GLUCOSE [790.21 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 3/27/2007 11:09
Gamboa, Elizabeth L on 3/22/2007 15:10

METHYLMALONIC ACID (Final result)

Electronically signed by: **Neighbor, William E on 03/22/07 1210**
Status: **Completed**
Ordering user: Neighbor, William E 03/22/07 1210
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/22/07 -
Class: Normal
Quantity: 1
Lab status: Final result
Diagnoses
Unspecified vitamin B deficiency [266.9 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H60066	—	—	03/22/07 1210

METHYLMALONIC ACID Resulted: 03/27/07 0713, Result status: Final result

Order status: Completed
Collected by: 03/22/07 1210
Filed on: 03/27/07 0713
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Methylmalonic Acid (MMA)	0.26	0.0 - 0.40 umol/L	—	UW

03/22/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Methylmalonic Acid (MMA)	--	—	—	UW

Result: (NOTE)Test Performed by: Mayo Clinic Dpt of Lab Med and Pathology200 First Street SW, Rochester, MN 55905Laboratory Director: Franklin R. Cockerill, III, M.D.

Reviewed by

Neighbor, William E on 03/27/07 1109

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

VITAMIN B DEFICIENCY NOS [266.9 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 3/27/2007 11:09

HOMOCYSTEINE, TOTAL BY FPIA (Final result)

Electronically signed by: **Neighbor, William E on 03/22/07 1210** Status: **Completed**
Ordering user: Neighbor, William E 03/22/07 1210 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/22/07 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Unspecified vitamin B deficiency [266.9 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H60066	—	—	03/22/07 1210

HOMOCYSTEINE, TOTAL BY FPIA Resulted: 03/22/07 2052, Result status: Final result

Order status: Completed Filed on: 03/22/07 2052
Collected by: 03/22/07 1210 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Homocysteine, Total By FPIA	10.5	6.2 - 15.0 umol/L	—	UW

Reviewed by

Neighbor, William E on 03/27/07 1109

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

VITAMIN B DEFICIENCY NOS [266.9 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 3/27/2007 11:09

03/22/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

LIPID PANEL (Final result)

Electronically signed by: **Neighbor, William E on 03/22/07 1210** Status: **Completed**
Ordering user: Neighbor, William E 03/22/07 1210 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/22/07 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

Questionnaire

Question	Answer
Patient Fasting Status Y/N?	YES

Specimen Information

ID	Type	Source	Collected By
H60066	—	—	03/22/07 1210

LIPID PANEL (Abnormal) Resulted: 03/22/07 1825, Result status: Final result

Order status: Completed Filed on: 03/22/07 1825
Collected by: 03/22/07 1210 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Total Cholesterol	192	<200 mg/dL	—	UW
Triglyceride	150	<150 mg/dL	H^	UW
HDL Cholesterol	58	>40 mg/dL	—	UW
Cholesterol (LDL)	104	<130 mg/dL	—	UW
Cholesterol/HDL Ratio	3.3	—	—	UW
Patient Fasting Status (Y/No) Result: Information not provided	--	—	—	UW

Reviewed by

Neighbor, William E on 03/27/07 1109
Reddoch, Coreen on 03/23/07 0853

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 3/27/2007 11:09
Reddoch, Coreen on 3/23/2007 08:53

ALANINE AMINOTRANS. (GPT) (Final result)

Electronically signed by: **Neighbor, William E on 03/22/07 1210** Status: **Completed**
Ordering user: Neighbor, William E 03/22/07 1210 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/22/07 - Class: Normal
Quantity: 1 Lab status: Final result
Diagnoses
Other and unspecified hyperlipidemia [272.4 (ICD-9-CM)]

03/22/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Specimen Information

ID	Type	Source	Collected By
H60066	—	—	03/22/07 1210

ALANINE AMINOTRANS. (GPT) Resulted: 03/22/07 1825, Result status: Final result

Order status: Completed
Collected by: 03/22/07 1210
Filed on: 03/22/07 1825
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
ALT (GPT)	18	6 - 40 U/L	—	UW

Reviewed by

Neighbor, William E on 03/27/07 1109

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

HYPERLIPIDEMIA NEC/NOS [272.4 (ICD-9-CM)]

All Reviewers List

Neighbor, William E on 3/27/2007 11:09

OCCULT BLOOD, STOOL (Discontinued)

Electronically signed by: **Neighbor, William E on 03/22/07 1210**
Status: **Discontinued**
Ordering user: Neighbor, William E 03/22/07 1210
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 03/22/07 -
Class: Normal
Quantity: 1
Discontinued by: Neighbor, William E 03/11/08 1300 [Duplicate]
Diagnoses
Special screening for malignant neoplasms, colon [V76.51 (ICD-9-CM)]

Indications

SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON [V76.51 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	03/22/07 1030
BP	139/72
Pulse	77
Weight	68 kg (150 lb)

UNKNOWN

Row Name	03/22/07 1030
BP	139/72
Pulse	77
Weight	68 kg (150 lb)

03/22/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Flowsheets (continued)

Patient Instructions

ASSESSMENT AND PLAN:

Problem: Anticoagulation
INR therapeutic. Recheck in 2 weeks.

Problem: Impaired fasting glucose
Fasting blood sugar and A1c ordered.

Problem; Low Vitamin B12 level.
Methylmalonic acid and homocysteine ordered. She is not taking Vitamin B12.

Problem: Hyperlipidemia
Lipid panel ordered.

Problem: Cardiac murmur
Echo pending.

Problem: Falls
Will speak with Dr. Parker who has seen her recently and check on status of home PT assessment. She refuses help at home. Willing to have home PT assessment.

William E Neighbor, MD

Electronically signed by Neighbor, William E at 3/22/2007 12:10 PM

Letters

Results by Neighbor, William E on 3/27/2007

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD
NW UNIT 2
Bainbridge Island, WA 98110

3/27/2007

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Office Visit on 03/22/2007
HEMOGLOBIN A1C, HPLC

03/22/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Letters (continued)

Component	Value	Range
• Hemoglobin A1C, HPLC	7.1 (*)	4.0-6.0 (%)

BASIC METABOLIC PANEL

Component	Value	Range
• SODIUM	143	136-145 (mEq/L)
• POTASSIUM	3.7	3.7-5.2 (mEq/L)
• CHLORIDE	109 (*)	98-108 (mEq/L)
• CARBON DIOXIDE	29	22-32 (mEq/L)
• ION GAP	5	5-15
• GLUCOSE	137 (*)	62-125 (mg/dL)
• UREA NITROGEN	18	8-21 (mg/dL)
• CREATININE	0.9	0.3-1.2 (mg/dL)
• CALCIUM	9.1	8.9-10.2 (mg/dL)

METHYLMALONIC ACID

Component	Value	Range
• METHYLMALONIC ACID	0.26	0.0-0.40 (umol/L)
• METHYLMALONIC ACID		-

HOMOCYSTEINE, TOTAL BY FPIA

Component	Value	Range
• Homocysteine, Total by FPIA	10.5	6.2-15.0 (umol/L)

LIPID PANEL

Component	Value	Range
• CHOLESTEROL (TOTAL)	192	<200- (mg/dL)
• TRIGLYCERIDE	150 (*)	<150- (mg/dL)
• CHOLESTEROL (HDL)	58	>40- (mg/dL)
• CHOLESTEROL (LDL)	104	<130- (mg/dL)
• CHOLESTEROL/HDL CHOLESTEROL RA	3.3	-
• Patient Fasting Status (Y/NO)		-

ALANINE AMINOTRANS. (GPT)

Component	Value	Range
• ALANINE AMINOTRANSFERASE (GPT)	18	6-40 (U/L)

Your blood sugar tests now indicate that you have diabetes. Your prior blood sugar tests had shown borderline diabetes as you know. This has progressed to true diabetes. I would like to see you in the next month to discuss management. At that time we will arrange for a visit to the nruse and to our nutritionist. We should be able to control your blood sugars with diet and oral medications.

That additional tests we did to evaluate a borderline Vitamin B12 level were normal suggesting taht you do not have a vitamin B12 deficiency.

Your cholesterol panel shows good control. Your liver tests were normal.

Please call to schedule a visit to discuss diabetes and blood sugar control.

Sincerely,

William E Neighbor, MD

03/22/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Letters (continued)

03/22/2007 - Orders Only in UWMC FAMILY MED CENTER

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Uw Use Interface, User on 03/22/07 1101** Status: **Completed**
Ordering user: Uw Use Interface, User 03/22/07 1101 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H59712	—	—	03/22/07 1101

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 03/22/07 1216, Result status: Final result

Order status: Completed Filed on: 03/22/07 1216
Collected by: 03/22/07 1101 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	UW

Reviewed by

Neighbor, William E on 03/22/07 1331
Gamboa, Elizabeth L on 03/22/07 1228

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

All Reviewers List

03/22/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Neighbor, William E on 3/22/2007 13:31
Gamboa, Elizabeth L on 3/22/2007 12:28

03/15/2007 - Telephone in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Anticoagulation
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

at 3/15/2007 2359

>> KAREN C NOLAN Thu Mar 15, 2007 3:56 PM
Patient here today with an INR of 1.4. Patient's last INR was 2.0 on 2/27. Patient denies missing any doses, and no changes in diet. Patient currently taking 50 mg q week, per Dr Oliver, patient to increase to 55 mg. Patient will now take 10 mg, Sun, Weds,Thurs,and Fri, and 5 mg all other days. Patient will have coag redrawn next week when she sees Dr Neighbor.

03/15/2007 - Orders Only in UWMC FAMILY MED CENTER

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Uw Use Interface, User on 03/15/07 1457** Status: **Completed**
Ordering user: Uw Use Interface, User 03/15/07 1457 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H55953	—	—	03/15/07 1457

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 03/15/07 1654, Result status: Final result

Order status: Completed Filed on: 03/15/07 1654
Collected by: 03/15/07 1457 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.4	0.8 - 1.3	H	UW

Reviewed by

Neighbor, William E on 03/16/07 1019
Gamboa, Elizabeth L on 03/16/07 0832

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

All Reviewers List

03/15/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Neighbor, William E on 3/16/2007 10:19
Gamboa, Elizabeth L on 3/16/2007 08:32

Letters

Results by Neighbor, William E on 3/16/2007

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD
NW UNIT 2
Bainbridge Island, WA 98110

3/16/2007

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 03/15/2007
PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	1.4 (*)	0.8-1.3

Your blood thinning is less than adequate. Please see me as soon as possible so we can discuss the problem with recurrent inadequate anticoagulation. I believe you have an appointment with me next week. It has been difficult to reach you by telephone.

Sincerely,

William E Neighbor, MD

03/15/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

02/27/2007 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Mild cognitive impairment, so stated
- Other convulsions

Visit Information

Provider Information

Encounter Provider

Parker, Melanie J

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

at 2/27/2007 2359

Addended by: PARKER, MELANIE J on: 3/6/2007 8:21:08 PM

Comment: Vitamin B12 level low. Will need to w/u and rx at next visit.

Labs

THYROID STIMULATING HORMONE (Final result)

Electronically signed by: **Parker, Melanie J on 01/29/07 1632** Status: **Completed**
Ordering user: Parker, Melanie J 01/29/07 1632 Authorized by: Parker, Melanie J
Ordering mode: Standard
Frequency: Routine 01/29/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Milan, Editha T, Technologist 2/27/2007 3:38 PM
Diagnoses
Mild cognitive impairment, so stated [331.83 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By

02/27/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

T50837	—	—	02/27/07 1538

THYROID STIMULATING HORMONE Resulted: 02/27/07 2301, Result status: Final result

Order status: Completed
Collected by: 02/27/07 1538
Filed on: 02/27/07 2301
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Thyroid Stimulating Hormone	1.228	0.400 - 5.00 uIU/mL	—	UW

Reviewed by

Parker, Melanie J on 03/06/07 2021

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

MILD COGNITIVE IMPAIREMT [331.83 (ICD-9-CM)]

All Reviewers List

Parker, Melanie J on 3/6/2007 20:21

VITAMIN B12 (COBALAMIN) (Final result)

Electronically signed by: **Parker, Melanie J on 01/29/07 1632**
Status: **Completed**
Ordering user: Parker, Melanie J 01/29/07 1632
Authorized by: Parker, Melanie J
Ordering mode: Standard
Frequency: Routine 01/29/07 -
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: Milan, Editha T, Technologist 2/27/2007 3:38 PM
Diagnoses
Mild cognitive impairment, so stated [331.83 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T50837	—	—	02/27/07 1538

VITAMIN B12 (COBALAMIN) (Abnormal) Resulted: 02/28/07 0918, Result status: Final result

Order status: Completed
Collected by: 02/27/07 1538
Filed on: 02/28/07 0918
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Vitamin B12 (Cobalamin)	217	224 - 1132 pg/mL	L	UW
Vitamin B12 (Cobalamin) Result: [Indeterminate: 180-223 pg/mL]	--	—	—	UW
Vitamin B12 (Cobalamin) Result: [Deficient: <180 pg/mL]	--	—	—	UW

Reviewed by

Parker, Melanie J on 03/06/07 2021
Gamboa, Elizabeth L on 02/28/07 0934

02/27/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

MILD COGNITIVE IMPAIREMT [331.83 (ICD-9-CM)]

All Reviewers List

Parker, Melanie J on 3/6/2007 20:21
Gamboa, Elizabeth L on 2/28/2007 09:34

COMPREHENSIVE METABOLIC PANEL (Final result)

Electronically signed by: **Parker, Melanie J on 01/29/07 1632** Status: **Completed**
Ordering user: Parker, Melanie J 01/29/07 1632 Authorized by: Parker, Melanie J
Ordering mode: Standard
Frequency: Routine 01/29/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Milan, Editha T, Technologist 2/27/2007 3:38 PM
Diagnoses
Mild cognitive impairment, so stated [331.83 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T50837	—	—	02/27/07 1538

COMPREHENSIVE METABOLIC PANEL (Abnormal) Resulted: 02/27/07 2224, Result status: Final result

Order status: Completed Filed on: 02/27/07 2224
Collected by: 02/27/07 1538 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	139	136 - 145 mEq/L	—	UW
Potassium	3.9	3.7 - 5.2 mEq/L	—	UW
Chloride	102	98 - 108 mEq/L	—	UW
Carbon Dioxide, Total	26	22 - 32 mEq/L	—	UW
Anion Gap	11	5 - 15	—	UW
Glucose	128	62 - 125 mg/dL	H^	UW
Urea Nitrogen	11	8 - 21 mg/dL	—	UW
Creatinine	0.7	0.3 - 1.2 mg/dL	—	UW
Protein (Total)	6.1	6.0 - 8.2 g/dL	—	UW
Albumin	3.8	3.5 - 5.2 g/dL	—	UW
Bilirubin (Total)	0.5	0.2 - 1.3 mg/dL	—	UW
Calcium	9.4	8.9 - 10.2 mg/dL	—	UW
AST (GOT)	20	15 - 40 U/L	—	UW
AST (GOT)	--	—	—	UW
Result: Note new reference range effective 12/04/06.				
Alkaline Phosphatase (Total)	79	49 - 199 U/L	—	UW
ALT (GPT)	20	6 - 40 U/L	—	UW
ALT (GPT)	--	—	—	UW
Result: Note new reference range effective 12/04/06.				

Reviewed by

Parker, Melanie J on 03/06/07 2021
Gamboa, Elizabeth L on 02/28/07 0835

02/27/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

MILD COGNITIVE IMPAIREMT [331.83 (ICD-9-CM)]

All Reviewers List

Parker, Melanie J on 3/6/2007 20:21
Gamboa, Elizabeth L on 2/28/2007 08:35

RPR (Final result)

Electronically signed by: **Parker, Melanie J on 01/29/07 1632** Status: **Completed**
Ordering user: Parker, Melanie J 01/29/07 1632 Authorized by: Parker, Melanie J
Ordering mode: Standard
Frequency: Routine 01/29/07 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Milan, Editha T, Technologist 2/27/2007 3:38 PM
Diagnoses
Mild cognitive impairment, so stated [331.83 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T50837	—	—	02/27/07 1538

RPR Resulted: 02/28/07 1237, Result status: Final result

Order status: Completed Filed on: 02/28/07 1237
Collected by: 02/27/07 1538 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
RPR	--	—	—	UW
Result: Non-reactive				

Reviewed by

Parker, Melanie J on 03/06/07 2021

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

MILD COGNITIVE IMPAIREMT [331.83 (ICD-9-CM)]

All Reviewers List

Parker, Melanie J on 3/6/2007 20:21

CARBAMAZEPINE (TEGRETOL) (Final result)

Electronically signed by: **Parker, Melanie J on 01/29/07 1632** Status: **Completed**
Ordering user: Parker, Melanie J 01/29/07 1632 Authorized by: Parker, Melanie J
Ordering mode: Standard

02/27/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Frequency: Routine 01/29/07 -
Quantity: 1
Instance released by: Milan, Editha T, Technologist 2/27/2007 3:38 PM
Class: Normal
Lab status: Final result
Diagnoses
Other convulsions [780.39 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T50837	—	—	02/27/07 1538

CARBAMAZEPINE (TEGRETOL) Resulted: 02/27/07 2224, Result status: Final result

Order status: Completed
Collected by: 02/27/07 1538
Filed on: 02/27/07 2224
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Carbamazepine (Tegretol)	7.6	6.0 - 12.0 ug/mL	—	UW

Reviewed by

Parker, Melanie J on 03/06/07 2021

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

CONVULSIONS, OTHER (HCC) [780.39 (ICD-9-CM)]

All Reviewers List

Parker, Melanie J on 3/6/2007 20:21

Letters

Results by Parker, Melanie J on 3/6/2007

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD
NW UNIT 2
Bainbridge Island, WA 98110

3/6/2007

Dear Ms. Hoffman:

02/27/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

We tested your thyroid function, liver function and electrolytes which were all normal. Also, the test for syphillis was negative (this was tested because of memory difficulties).

We also tested your Vitamin B12 level, which is low. We should discuss further evaluation and treatment for this at your next visit.

If you have any questions, please plan to discuss them at your next clinic visit, or call and leave a message with my medical assistant, Karen Nolan.

Sincerely,

Melanie Parker, MD

02/27/2007 - Orders Only in UWMC FAMILY MED CENTER

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Uw Use Interface, User on 02/27/07 1151** Status: **Completed**
Ordering user: Uw Use Interface, User 02/27/07 1151 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T49798	—	—	02/27/07 1151

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 02/27/07 1333, Result status: Final result

Order status: Completed Filed on: 02/27/07 1333
Collected by: 02/27/07 1151 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	UW

Reviewed by

Neighbor, William E on 02/28/07 1826
Gamboa, Elizabeth L on 02/27/07 1343

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

All Reviewers List

02/27/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Neighbor, William E on 2/28/2007 18:26
Gamboa, Elizabeth L on 2/27/2007 13:43

Letters

Results by Neighbor, William E on 2/28/2007

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD
NW UNIT 2
Bainbridge Isla, WA 98110

2/28/2007

Dear Ms. Hoffman,

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 02/27/2007
PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	2.0 (*)	0.8-1.3

Your protime was in the desired range. Repeat in one month. Please schedule an appointment so that I might see you. Look forward to seeing you.

Sincerely,

William E Neighbor, MD

02/27/2007 - Office Visit in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Physical
Visit diagnoses:

- Other specified pre-operative examination (primary)
- Undiagnosed cardiac murmurs

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Parker, Melanie J	Beard, John Mark

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Follow-up and Dispositions

- Return in about 2 weeks (around 3/13/2007).

Level of Service

Level of Service	Modifiers
OFFICE/OUTPT VISIT,EST,LEVL IV	GC

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Nursing Note

at 2/27/2007 1355

```
>> KAREN M CHADWICK     Tue Feb 27, 2007  3:03 PM
Blood pressure taken a 2nd time:  141/81  Pulse:73
```

Progress Notes

at 2/27/2007 1355

82yF here for pre-op eval for dental procedure to removed abscessed teeth. Pt is unsure if procedure req anesthesia. Currently c/o falling again. Was seen by me for recurrent falls last visit, but had not followed through with blood tests or PT. Pt describes falls as occurring "because she can't stop moving her feet." No LOC or presyncope. No injuries.

02/27/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

ROS: Denies CP, SOB. Exercise tolerance 6 miles. See HPI and PMH, otherwise negative x 13 systems.

PMH: szr d/o, DVT, HTN, venous stasis ulcers, talonavicular arthritis, hyperlipidemia, glaucoma

Current outpatient prescriptions : TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN, instill one drop into each eye twice daily, Disp: 5ml, Rfl: 3; WARFARIN SODIUM 10 MG OR TABS, 10 mg Sun, Weds, Thurs,Fri, 5 mg rest, Disp: , Rfl: ; PENTOXIL 400 MG OR TBCR, 1 po TID, Disp: , Rfl: ; HYDROCHLOROTHIAZIDE 25 MG OR TABS, Take 1/2 tablet by mouth every day, Disp: 15, Rfl: 11; TEGRETOL 200 MG OR TABS, take one tablet po three times daily, Disp: 90, Rfl: prn0
LIPITOR 40 MG OR TABS, 1 po QD, Disp: 30, Rfl: 11; RANITIDINE HCL 150 MG OR TABS, Take 1 tablet by mouth 2 times per day, Disp: 60, Rfl: 12

Review of patient's allergies indicates:
 -- Penicillins -- Rash
 -- Sulfa Drugs -- Rash

BP 148/76 | Pulse 72 | Ht 5' 7" (1.702 m) | Wt 150 lbs (68.040 kg)
GEN: aaox3. Nad. Disorganized speech.
CHEST: cta b/l. No w/r/r
CV: rrr. 2/6 SEM LSB.
ABD: nd. Nt.
NEURO: CN 2-12 intact. 5/5 strenght BUE, BLE. Sensation grossly intact. Gait assisted with cane, slow and broad-based.
EXTR: chronic venous stasis hyperpigmentation BLE.
MMSE done last visit, see note 1/07.

EKG: NSR. Widened S in leads I and V6 suggestive or RBBB. No ischemic changes, no LBBB, no LVH.

A/P: 82yF here for pre-op eval for tooth extraction, requires further w/u before surgery.
1. Heart murmur - previously not documented, possible MR? - do ECHO, f/u and consider abx as needed for procedure
2. Cardiac risk - pending ECHO results, however so far low risk.
3. Recurrent DVT, on coumadin - should not need to stop for tooth extraction, although pt says this is why she needs pre-op eval. Will stop for 3 days prior to procedure, restart day after procedure.
4. Recurrent falls - additional hx of not being able to stop her feet indicates possible early or variant of parkinson's disease. NEXT VISIT, DISCUSS REFERRAL TO NEUROLOGY. Also, f/u blood tests ordered last visit. And told pt she needs to reschedule with PT.

Per Vascular Surgery note 5/9/2006: "if she needs to discontinue her Coumadin for short periods of time, such as for dental procedures, then she should not require any bridge therapy. These recommendations are based simply on experience with similar patients, and not on clinical trials."

Attending: John Mark Beard, MD
I saw and evaluated the patient with this resident.
I repeated the essential components of the history and exam.
I discussed the case with the resident, and have reviewed the resident's note. I agree with the findings and plan as documented in the resident's note.
Key findings based upon my evaluation and discussion: 82 y/o with htn, high chol, DVT on warfarin and abscessed teeth that need to be removed. Denies health concerns. Walks 6 mi daily with no SOB, DOE or CP. EKG with RBBB. Exam with 2-3/6 heart murmur. Recent falls with negative workup. Plan off warfarin for 2-3 days before oral surgery and no bridging therapy needed. BP elevated today but normal before. REcheck in a few weeks.
J. Mark Beard, MD

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

02/27/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Total number of YES responses: 3
Completed by: Karen M Chadwick

Imaging

Imaging

REFERRAL TO ECHOCARDIOGRAM (Discontinued)

Electronically signed by: **Parker, Melanie J on 02/27/07 1519**
Status: **Discontinued**
Ordering user: Parker, Melanie J 02/27/07 1519
Authorized by: Parker, Melanie J
Ordering mode: Standard
Frequency: Routine 02/27/07 -
Class: Internal Referral
Quantity: 1
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Other specified pre-operative examination [V72.83 (ICD-9-CM)]
Undiagnosed cardiac murmurs [785.2 (ICD-9-CM)]

Questionnaire

Question	Answer
Reason for Exam	82yF with new SEM @ LSB, pre-op eval for dental surgery

Order comments: Coverage for this visit: Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare Type of study desired: TRANSTHORACIC Location: UWMC Clinical history & reason for echocardiogram: 82yF with new SEM @ LSB, pre-op eval for dental surgery Has the reason for study been discussed with patient? YES Has patient had a previous echocardiogram? NO Has the patient had cardiac surgery? NO Does the patient require supplemental oxygen? NO Does the patient have special physical requirements? NO Is an interpreter required? NO Today's vital signs: Blood pressure 148/76, pulse 72, height 5' 7" (1.702 m), weight 150 lbs (68.040 kg). Review of patient's allergies indicates: -- Penicillins -- Rash -- Sulfa Drugs -- Rash Current outpatient prescriptions: TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN, instill one drop into each eye twice daily, Disp: 5ml, Rfl: 3 WARFARIN SODIUM 10 MG OR TABS, 10 mg Sun, Weds, Thurs,Fri, 5 mg rest, Disp: , Rfl: PENTOXIL 400 MG OR TBCR, 1 po TID, Disp: , Rfl: HYDROCHLOROTHIAZIDE 25 MG OR TABS, Take 1/2 tablet by mouth every day, Disp: 15, Rfl: 11 TEGRETOL 200 MG OR TABS, take one tablet po three times daily, Disp: 90, Rfl: prn0 LIPITOR 40 MG OR TABS, 1 po QD, Disp: 30, Rfl: 11 RANITIDINE HCL 150 MG OR TABS, Take 1 tablet by mouth 2 times per day, Disp: 60, Rfl: 12 Patient Active Problem List: CONVULSIONS, OTHER [780.39] ESOPHAGEAL REFLUX [530.81] SENSORNEUR HEAR LOSS NOS [389.10] DEEP VENOUS PHLEBITIS-LEG NEC [451.19] UTERINE LEIOMYOMA NOS [218.9] HYPERLIPIDEMIA NEC/NOS [272.4] CARPAL TUNNEL SYNDROME [354.0] CATARACT NOS [366.9] ALLERGIC RHINITIS NOS [477.9] GENERAL OSTEOARTHROSIS [715.00] BENIGN HYPERTENSION [401.1] DIAPHRAGMATIC HERNIA [553.3] GLAUCOMA NOS [365.9] ROUTINE MEDICAL EXAM [V70.0]
++ REFERENCE INFORMATION FOR UWPN REFERRAL COORDINATORS: UW Eastside Echocardiography Lab (425) 646-7777 UWMC Echocardiography Lab (206) 598-7007 HMC Echocardiography Lab (206) 731-8448 CHRMC Echocardiography Lab (206) 987-2019
++ ATTENTION ECHOCARDIOGRAPHER: This referral constitutes authorization for the following CPT procedures, to be selected according to the clinical judgement of the echocardiographer: 93303, 99304, 99307, 93308, 93312-93317, 93320, 93321, 93325, saline contrast, echo contrast agent.

Indications

Other specified pre-operative examination [V72.83 (ICD-9-CM)]
Undiagnosed cardiac murmurs [785.2 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	02/27/07 1355
BP	148/76

02/27/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Flowsheets (continued)

Pulse	72
Weight	68 kg (150 lb)
Height	5' 7" (1.702 m)

UNKNOWN

Row Name	02/27/07 1355
BP	148/76
Pulse	72
Height	5' 7" (1.702 m)
Weight	68 kg (150 lb)

Patient Instructions

-Re-schedule physical therapy appointment
-Get blood tests on 1st floor
-Stop taking coumadin for 3 days prior to surgery. Restart after surgery is finished, unless otherwise specified by your oral surgeon.
-Get Echocardiogram. You will be called for scheduling.
-Return to clinic after echocardiogram to follow up results

02/27/2007 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnoses:
- (primary)
- Backache, unspecified

Visit Information

Provider Information

Encounter Provider

Tran, Khanh Hai, MD

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

HEPATIC FUNCTION PANEL (Final result)

Electronically signed by: **Tran, Khanh Hai on 12/22/06 1737** Status: **Completed**
Ordering user: Tran, Khanh Hai 12/22/06 1737 Authorized by: Tran, Khanh Hai, MD
Ordering mode: Standard
Frequency: Routine 12/22/06 - Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: Milan, Editha T, Technologist 2/27/2007 3:39 PM
Diagnoses
Backache, unspecified [724.5 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
T50845	—	—	02/27/07 1539

HEPATIC FUNCTION PANEL Resulted: 02/27/07 2221, Result status: Final result

Order status: Completed Filed on: 02/27/07 2221
Collected by: 02/27/07 1539 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Albumin	3.8	3.5 - 5.2 g/dL	—	UW
Protein (Total)	6.2	6.0 - 8.2 g/dL	—	UW
Bilirubin (Total)	0.7	0.2 - 1.3 mg/dL	—	UW
Bilirubin (Direct)	0.1	0.0 - 0.3 mg/dL	—	UW
Alkaline Phosphatase (Total)	78	49 - 199 U/L	—	UW
AST (GOT)	21	15 - 40 U/L	—	UW
AST (GOT)	--	—	—	UW

02/27/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Result: Note new reference range effective 12/04/06.

ALT (GPT)	19	6 - 40 U/L	—	UW
ALT (GPT)	--	—	—	UW

Result: Note new reference range effective 12/04/06.

Reviewed by

Tran, Khanh Hai on 07/25/07 1112

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

BACKACHE NOS [724.5 (ICD-9-CM)]

All Reviewers List

Tran, Khanh Hai on 7/25/2007 11:12

02/16/2007 - Telephone in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

at 2/16/2007 2359

>> CHERYL L MILLETT Fri Feb 16, 2007 3:41 PM
Called rx into phy for pt. Cheryl

>> CHERYL L MILLETT Fri Feb 16, 2007 1:49 PM
Pt requesting rx refill, please advise, Cheryl

Other Orders

Medications

TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN (Discontinued)

Electronically signed by: **Neighbor, William E on 02/16/07 1351** Status: **Discontinued**
Ordering user: Neighbor, William E 02/16/07 1351 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 02/16/07 - 01/02/08 Class: E-SEND (Fax)
Released by: Neighbor, William E 02/16/07 1351 Discontinued by: Neighbor, William E 01/04/08 0850 [Reorder]

01/29/2007 - Appointment in UWMC FAMILY MED CENTER

Visit Information

Appointment Information

RETURN
1/29/2007 3:35 PM

Canceled

Time	Provider	Department	Length
3:35 PM	Berg, Melanie Parker, MD	ZUWMC FAMILY MED CENTER	50 min

Enc Form Number: 8853793

Notes:
f/u er -efg

History

Rescheduled:	1/18/2007 10:19 AM	By:	Goetschius, Eyda F	ES
Checked In:	1/29/2007 12:36 PM	By:	Fontanos, Lisa	ES
Can. ChkIn:	1/29/2007 1:59 PM	By:	Iwane, Deidre H	ES
Canceled:	1/29/2007 1:59 PM	By:	Iwane, Deidre H	ES
Cancel Rsn:	Other			

Medication List

Medication List

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Active at the End of Visit

None

Stopped in Visit

None

01/29/2007 - Office Visit in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: ER FOLLOW UP
Visit diagnoses:

- Personal history of fall (primary)
- Other convulsions
- Mild cognitive impairment, so stated
- Phlebitis and thrombophlebitis of other deep vessels of lower extremities
- Needs flu shot

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Parker, Melanie J	Pauwels, Judith A

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Follow-up and Dispositions

- Return in about 4 weeks (around 2/26/2007).

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/4/2006
Start date: 12/1/2006
End date: 10/21/2008
Quantity: 60
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Millett, Cheryl L
Discontinued on: 3/22/2007
Reason for discontinuation: Discontinued by provider
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/5/2006
Start date: 12/5/2006
End date: 3/22/2007
Quantity: 30
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Millett, Cheryl L
Discontinued on: 3/22/2007
Reason for discontinuation: Discontinued by patient
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/14/2006
Start date: 12/14/2006
End date: 3/22/2007
Quantity: 90
Refill: prn0

HYDROCHLOROTHIAZIDE 25 MG OR TABS

01/29/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Medication List (continued)

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 1/4/2008
Reason for discontinuation: Reorder
Instructions: Take 1/2 tablet by mouth every day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/28/2006
Start date: 12/28/2006
End date: 1/2/2008
Quantity: 15
Refill: 11

Stopped in Visit

None

Clinical Notes

Progress Notes

at 1/29/2007 1445

82yF here for f/u ER visit, where she was seen for RLE redness and swelling that she had had a week previously but had already resolved. She was found to have an INR 1.5.

Also, Nancy from helpline called here a few days ago with concerns about Ms. Hoffman having increased falls and confusion, with decreased ability to perform daily tasks that she used to do fine, such as banking. Overall she has seen a decline int he past 6 months. Ms. Hoffman presently denies increase in falls, says she has difficulty with balance "all her life", has been using a cane for "about a year". Also admits to some occaisional confusion or memory deficits, says it is part of "getting older". She persistenly emphasizes that she is "very independent" and does well at home on her own.

PMH: szr d/o, DVT, HTN, venous stasis ulcers, talonavicular arthritis, hyperlipidemia, glaucoma

Current outpatient prescriptions : WARFARIN SODIUM 10 MG OR TABS, 10 mg Sun, Weds, Thurs,Fri, 5 mg rest, Disp: , Rfl: ; PENTOXIL 400 MG OR TBCR, 1 po TID, Disp: , Rfl: ; HYDROCHLOROTHIAZIDE 25 MG OR TABS, Take 1/2 tablet by mouth every day, Disp: 15, Rfl: 11; TEGRETOL 200 MG OR TABS, take one tablet po three times daily, Disp: 90, Rfl: prn0; LIPITOR 40 MG OR TABS, 1 po QD, Disp: 30, Rfl: 11
RANITIDINE HCL 150 MG OR TABS, Take 1 tablet by mouth 2 times per day, Disp: 60, Rfl: 12

ROS: denies SOB, CP. +urinary incontinence x "all my life". Denies numbness or tingling.

SOCHx: lives alone. Public housing apartment. Son stays with her occaisionally.

BP 116/80 | Pulse 76 | Resp 14
GEN: aaox3. Nad.
Mental status: MMSE score 27. Seems forgetful and confused at times, responds appropriately initially but goes off on a tangent with unrelated stories. Difficulty with word finding.
CV: rrr. 3/4 systolic murmur R 2nd ICS
NECK: no carotid bruits.
NEURO: 5/5 strength BUE. Uses arm strength to get out of chair. Snesation to light touch intact b/l feet. Gait unsteady. DTR 1+ patellar b/l.
EXTR: no swelling or erythema. +focal tenderness R posterior calf, said to be caused by zipper from compression stocking.

A/P: 82yF with h/o chronic DVT and increased risk for thromboembolism, on coumadin therapy despite negative duplex (see Vascular note May 2006), currently therapeutic, having by report 6-month h/o cognitive decline with icnrease falls.

1. Falls - Has h/o cerebellar infarcts, poor balance. Hx unclear. Will have PT assess for safety and possible need for additional ambulation assistance. No signs of dehydration.

2. Cognitive decline - MMSE within normal limits, although borders on low. Continue to follow. No concern for head imaging at this time. Will have SW arrange for home assessment for safety, need for assistance with ADL's.
-R/o underlying causes: get TSH, Vit B12, RPR, CMP.

3. Also, ordered Tegretol level, as this hasn't been done in past 6 months.

4. Flu vaccine requested, given.

01/29/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

F/u in 4 weeks, or sooner as needed.

Attending: Judith A Pauwels, MD
I saw and evaluated the patient with this resident.
I repeated the essential components of the history and exam.
I discussed the case with the resident, and have reviewed the resident's note. I agree with the findings and plan as documented in the resident's note.
Key findings based upon my evaluation and discussion: F/u ER visit for RLE swelling. Last INR 1.5, today 2.0; Chronic anticoag for recurrent DVT. Neighbors noting 6-month history of cognitive decline, can't do ADL's, more balance problems.
A: PT eval of gait.
Social work assessment for home services.

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Karen C Nolan
{delete this reminder and go to Orders to enter FOB level}

Labs

THYROID STIMULATING HORMONE (Completed)

Electronically signed by: **Parker, Melanie J on 01/29/07 1632** Status: **Completed**
Ordering user: Parker, Melanie J 01/29/07 1632 Authorized by: Parker, Melanie J
Ordering mode: Standard
Frequency: Routine 01/29/07 - Class: Normal
Quantity: 1
Diagnoses
Mild cognitive impairment, so stated [331.83 (ICD-9-CM)]

Indications

MILD COGNITIVE IMPAIREMT [331.83 (ICD-9-CM)]

THYROID STIMULATING HORMONE Resulted: 02/27/07 2301, Result status: Final result

Order status: Completed Filed on: 02/27/07 2301
Collected by: 02/27/07 1538 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Thyroid Stimulating Hormone	1.228	0.400 - 5.00 uIU/mL	—	UW

Reviewed by

Parker, Melanie J on 03/06/07 2021

01/29/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

MILD COGNITIVE IMPAIREMT [331.83 (ICD-9-CM)]

VITAMIN B12 (COBALAMIN) (Completed)

Electronically signed by: **Parker, Melanie J on 01/29/07 1632**
Status: **Completed**
Ordering user: Parker, Melanie J 01/29/07 1632
Authorized by: Parker, Melanie J
Ordering mode: Standard
Frequency: Routine 01/29/07 -
Class: Normal
Quantity: 1
Diagnoses
Mild cognitive impairment, so stated [331.83 (ICD-9-CM)]

Indications

MILD COGNITIVE IMPAIREMT [331.83 (ICD-9-CM)]

VITAMIN B12 (COBALAMIN) (Abnormal)
Resulted: 02/28/07 0918, Result status: Final result

Order status: Completed
Filed on: 02/28/07 0918
Collected by: 02/27/07 1538
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Vitamin B12 (Cobalamin)	217	224 - 1132 pg/mL	L	UW
Vitamin B12 (Cobalamin) Result: [Indeterminate: 180-223 pg/mL]	--	—	—	UW
Vitamin B12 (Cobalamin) Result: [Deficient: <180 pg/mL]	--	—	—	UW

Reviewed by

Parker, Melanie J on 03/06/07 2021
Gamboa, Elizabeth L on 02/28/07 0934

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

MILD COGNITIVE IMPAIREMT [331.83 (ICD-9-CM)]

COMPREHENSIVE METABOLIC PANEL (Completed)

Electronically signed by: **Parker, Melanie J on 01/29/07 1632**
Status: **Completed**
Ordering user: Parker, Melanie J 01/29/07 1632
Authorized by: Parker, Melanie J
Ordering mode: Standard
Frequency: Routine 01/29/07 -
Class: Normal
Quantity: 1
Diagnoses
Mild cognitive impairment, so stated [331.83 (ICD-9-CM)]

Indications

MILD COGNITIVE IMPAIREMT [331.83 (ICD-9-CM)]

01/29/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

COMPREHENSIVE METABOLIC PANEL (Abnormal) Resulted: 02/27/07 2224, Result status: Final result

Order status: Completed
Collected by: 02/27/07 1538
Filed on: 02/27/07 2224
Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Sodium	139	136 - 145 mEq/L	—	UW
Potassium	3.9	3.7 - 5.2 mEq/L	—	UW
Chloride	102	98 - 108 mEq/L	—	UW
Carbon Dioxide, Total	26	22 - 32 mEq/L	—	UW
Anion Gap	11	5 - 15	—	UW
Glucose	128	62 - 125 mg/dL	H^	UW
Urea Nitrogen	11	8 - 21 mg/dL	—	UW
Creatinine	0.7	0.3 - 1.2 mg/dL	—	UW
Protein (Total)	6.1	6.0 - 8.2 g/dL	—	UW
Albumin	3.8	3.5 - 5.2 g/dL	—	UW
Bilirubin (Total)	0.5	0.2 - 1.3 mg/dL	—	UW
Calcium	9.4	8.9 - 10.2 mg/dL	—	UW
AST (GOT)	20	15 - 40 U/L	—	UW
AST (GOT)	--	—	—	UW
Result: Note new reference range effective 12/04/06.				
Alkaline Phosphatase (Total)	79	49 - 199 U/L	—	UW
ALT (GPT)	20	6 - 40 U/L	—	UW
ALT (GPT)	--	—	—	UW
Result: Note new reference range effective 12/04/06.				

Reviewed by

Parker, Melanie J on 03/06/07 2021
Gamboa, Elizabeth L on 02/28/07 0835

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

MILD COGNITIVE IMPAIREMT [331.83 (ICD-9-CM)]

RPR (Completed)

Electronically signed by: **Parker, Melanie J on 01/29/07 1632**
Status: **Completed**
Ordering user: Parker, Melanie J 01/29/07 1632
Authorized by: Parker, Melanie J
Ordering mode: Standard
Frequency: Routine 01/29/07 -
Class: Normal
Quantity: 1
Diagnoses
Mild cognitive impairment, so stated [331.83 (ICD-9-CM)]

Indications

MILD COGNITIVE IMPAIREMT [331.83 (ICD-9-CM)]

RPR Resulted: 02/28/07 1237, Result status: Final result

Order status: Completed
Collected by: 02/27/07 1538
Filed on: 02/28/07 1237
Resulting lab: UW LABORATORY MEDICINE

Components

01/29/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
RPR	--	—	—	UW

Result: Non-reactive

Reviewed by

Parker, Melanie J on 03/06/07 2021

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

MILD COGNITIVE IMPAIREMT [331.83 (ICD-9-CM)]

CARBAMAZEPINE (TEGRETOL) (Completed)

Electronically signed by: **Parker, Melanie J on 01/29/07 1632** Status: **Completed**
Ordering user: Parker, Melanie J 01/29/07 1632 Authorized by: Parker, Melanie J
Ordering mode: Standard
Frequency: Routine 01/29/07 - Class: Normal
Quantity: 1
Diagnoses
Other convulsions [780.39 (ICD-9-CM)]

Indications

CONVULSIONS, OTHER (HCC) [780.39 (ICD-9-CM)]

CARBAMAZEPINE (TEGRETOL) Resulted: 02/27/07 2224, Result status: Final result

Order status: Completed Filed on: 02/27/07 2224
Collected by: 02/27/07 1538 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Carbamazepine (Tegretol)	7.6	6.0 - 12.0 ug/mL	—	UW

Reviewed by

Parker, Melanie J on 03/06/07 2021

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

CONVULSIONS, OTHER (HCC) [780.39 (ICD-9-CM)]

Other Orders

Immunization/Injection

Injection fee (required for all patients) (Completed)

Electronically signed by: **Parker, Melanie J on 01/29/07 1638** Status: **Completed**
Ordering user: Parker, Melanie J 01/29/07 1638 Authorized by: Parker, Melanie J

01/29/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Other Orders (continued)

Ordering mode: Standard
Frequency: Routine -
Quantity: 1
Class: Normal
Instance released by: Nolan, Karen C 1/29/2007 4:44 PM
Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

VACCINE FOR INFLUENZA [V04.81 (ICD-9-CM)]

Adult Flu Vaccine (Completed)

Electronically signed by: **Parker, Melanie J on 01/29/07 1638**
Status: **Completed**
Ordering user: Parker, Melanie J 01/29/07 1638
Authorized by: Parker, Melanie J
Ordering mode: Standard
Frequency: Routine -
Quantity: 1
Class: Normal
Instance released by: Nolan, Karen C 1/29/2007 4:44 PM
Diagnoses
Need for prophylactic vaccination and inoculation against influenza [V04.81 (ICD-9-CM)]

Indications

VACCINE FOR INFLUENZA [V04.81 (ICD-9-CM)]

Referral

CONSULT TO PHYSICAL THERAPY (Completed)

Electronically signed by: **Parker, Melanie J on 01/29/07 1632**
Status: **Completed**
Ordering user: Parker, Melanie J 01/29/07 1632
Authorized by: Parker, Melanie J
Ordering mode: Standard
Frequency: Routine 01/29/07 -
Quantity: 1
Class: Ext RFL No Result
Diagnoses
Personal history of fall [V15.88 (ICD-9-CM)]
Order comments: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare Physical Therapist: next available Reason for referral: 82 year old female with recent hx of increased falls, has h/o difficulty with balance, h/o cerebellar infarcts. Uses cane for ambulation assist. Please assess gait, ambulation safety, need for further assistance. Recent surgical procedure: none Precautions/Restrictions: none INSTRUCTIONS TO PHYSICAL THERAPIST: Physical therapy services requested: As deemed appropriate by Physical Therapist Treatment modalities: As deemed appropriate by Physical Therapist Treatment frequency: As deemed appropriate by Physical Therapist Physician recheck date: One month

Referral Details

Referred By		Referred To	Type	Priority
Berg, Melanie Parker, MD	Diagnoses: Personal history of fall Order: Consult To Physical Therapy Reason: Specialty Services Required	**ZUWMC EXERCISE TRAINING CTR** 4245 ROOSEVELT WAY NE, BOX 354745 SEATTLE WA 98105-6008 Specialty: Physical Therapy Med	Physical Therapy	Routine

Comment: Coverage for this visit--Payor: MEDICARE Plan: MEDICARE PART A AND B Product Type: Medicare

Physical Therapist: next available
Reason for referral: 82 year old female with recent hx of increased falls, has h/o difficulty with balance, h/o cerebellar infarcts. Uses cane for ambulation assist. Please assess gait, ambulation safety, need for further assistance.
Recent surgical procedure: none
Precautions/Restrictions: none

INSTRUCTIONS TO PHYSICAL THERAPIST:
Physical therapy services requested: As deemed appropriate by Physical Therapist
Treatment modalities: As deemed appropriate by Physical Therapist
Treatment frequency: As deemed appropriate by Physical Therapist
Physician recheck date: One month

01/29/2007 - Office Visit in UWMC FAMILY MED CENTER (continued)

Other Orders (continued)

Indications

PERS HX FALL [V15.88 (ICD-9-CM)]

Flowsheets

Encounter Vitals

Row Name	01/29/07 1445
BP	116/80
Pulse	76
Resp	14

UNKNOWN

Row Name	01/29/07 1445
BP	116/80
Pulse	76
Resp	14

01/29/2007 - Orders Only in UWMC FAMILY MED CENTER

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Uw Use Interface, User on 01/29/07 1216** Status: **Completed**
Ordering user: Uw Use Interface, User 01/29/07 1216 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M34731	—	—	01/29/07 1216

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 01/29/07 1342, Result status: Final result

Order status: Completed Filed on: 01/29/07 1342
Collected by: 01/29/07 1216 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.0	0.8 - 1.3	H	UW

Reviewed by

Neighbor, William E on 01/31/07 1155
Gamboa, Elizabeth L on 01/29/07 1344

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

All Reviewers List

01/29/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Neighbor, William E on 1/31/2007 11:55
Gamboa, Elizabeth L on 1/29/2007 13:44

Letters

Results by Neighbor, William E on 1/31/2007

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD
NW UNIT 2
Bainbridge Isla, WA 98110

1/31/2007

Dear Ms. Hoffman:

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 01/29/2007
PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	2.0 (*)	0.8-1.3

Your protime today was within therapeutic range of 2-3. I believe you have a visit with me soon and look forward to seeing you.

Sincerely,

William E Neighbor, MD

01/29/2007 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

01/26/2007 - Telephone in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Appointment
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

at 1/26/2007 2359

>> COREEN REDDOCH Fri Jan 26, 2007 3:45 PM
Nancy calls to prepare Dr. Neighbor for Jean's next appt on 1/29/07. Says :"I have some real concerns; I've Known Jean for 10 Years and In the last 6 mo or so I've seen a decline". "She's falling frequently and counts on bystanders to help her". Cloudy thinking; unable to complete tasks such as banking that she's "done a hundred times".
Nancy understands that her Son is not living with her..
Nancy expect Jean would be unwilling to accept assistance;but needs it. Nancy would ask us to try to influlence Jean's willingness to accept formal assist.

>> COREEN REDDOCH Fri Jan 26, 2007 3:25 PM
Staff Message copied by REDDOCH, COREEN on Fri Jan 26, 2007 3:25 PM

Message from: CHALCRAFT, AMY J
Created: Fri Jan 26, 2007 3:19 PM
Regarding: Pt not doing well
Contact: 206-842-7621

Jean has an appt on the 29th. Pt is not doing well per Nancy Sias at the Helpline House and would like to speak with a nurse to discuss her symptoms.

01/15/2007 - Telephone in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Swelling
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

at 1/15/2007 2359

>> ZUBIN VASAVADA Mon Jan 15, 2007 11:17 PM
Jeanne calls worried about a "clot" in her Leg.
She has PMH of recurrent phlebitis and DVT for many years, on coumadin but most recently subtherapeutic INR. She says she has a swelling from her ankle to her knee. No real pain or cramps. Denies cords. She denies traumatic injury but previous notes discuss unsteady gait and frequent falls. No f/c/cough/SOB.

May be superficial clot, phlebitis or hematoma, but told to go to ER (911 or have friend/family transport her) to r/o DVT.

12/28/2006 - Refill in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

Raudales, Sarah K at 12/28/2006 1616

Pharmacy faxed refill request. Please advise.

Electronically signed by Raudales, Sarah K at 12/28/2006 4:16 PM

Raudales, Sarah K at 1/2/2007 1312

Rx called in.

Electronically signed by Raudales, Sarah K at 1/2/2007 1:12 PM

Other Orders

Medications

HYDROCHLOROTHIAZIDE 25 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 12/28/06 1735** Status: **Discontinued**
Ordering user: Neighbor, William E 12/28/06 1735 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 12/28/06 - 01/02/08 Class: E-SEND (Fax)
Released by: Neighbor, William E 12/28/06 1735 Discontinued by: Neighbor, William E 01/04/08 0850 [Reorder]

WARFARIN SODIUM 10 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 12/28/06 1735** Status: **Discontinued**
Ordering user: Neighbor, William E 12/28/06 1735 Authorized by: Neighbor, William E
Ordering mode: Standard

12/28/2006 - Refill in UWMC FAMILY MED CENTER (continued)

Other Orders (continued)

Frequency: Routine 12/28/06 - 01/29/07
Released by: Neighbor, William E 12/28/06 1735

Class: E-SEND (Fax)
Discontinued by: Nolan, Karen C 01/29/07 1418 [Therapy completed/no longer indicated]

12/22/2006 - Office Visit in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaints: Results and Follow-Up
Visit diagnoses:

- Long term (current) use of anticoagulants (primary)
- Backache, unspecified

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Tran, Khanh Hai, MD	Losh, David P

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Follow-up and Dispositions

- Return in about 2 weeks (around 1/5/2007).

Level of Service

Level of Service	Modifiers
OFFICE/OUTPT VISIT,EST,LEVL III	GE

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/4/2006
Start date: 12/1/2006
End date: 10/21/2008
Quantity: 60
Refill: 12

LIPITOR 40 MG OR TABS

Discontinued by: Millett, Cheryl L
Discontinued on: 3/22/2007
Reason for discontinuation: Discontinued by provider
Instructions: 1 po QD
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/5/2006
Start date: 12/5/2006
End date: 3/22/2007
Quantity: 30
Refill: 11

TEGRETOL 200 MG OR TABS

Discontinued by: Millett, Cheryl L
Discontinued on: 3/22/2007
Reason for discontinuation: Discontinued by patient
Instructions: take one tablet po three times daily
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/14/2006
Start date: 12/14/2006
End date: 3/22/2007
Quantity: 90
Refill: prn0

TYLENOL/CODEINE #3 300-30 MG OR TABS

12/22/2006 - Office Visit in UWMC FAMILY MED CENTER (continued)

Medication List (continued)

Instructions: take one tablet in the night instead of extra strength tylenol before going to sleep
Authorized by: Tran, Khanh Hai, MD
Ordered on: 12/22/2006
Start date: 12/22/2006
End date: 12/31/2006
Quantity: 28
Refill: 0

Stopped in Visit

None

Clinical Notes

Progress Notes

at 12/22/2006 1355

1. 81 yo who's here for anticoagulation. She has been taking Coumadin for 30 years for DVT. INR in OCT was 2.8. However, INR today is 1.4. Patient mixed up her medication by taking only 5 instead of 10 on Wednesday. She did not miss any dose.
ROS: no calf pain, no CP, no SOB.
Diet: patient is drinking one cup of tea in the afternoon. No recent increase. No increase in green leafy diet.
2. Back pain: patient states that she has been taking Acetaminophen 500mg PO 3 tabs in the morning, 3 tabs at lunch and 2 tabs at night. Pain is well controlled. However, she can not tolerated her pain when she cuts down the amount of Tylenol.

PAST MEDICAL HISTORY:

1. Seizure disorder.

2. Recurrent phlebitis and DVT's.

3. Hypercholesteremia.

4. History of venous stasis ulcers.

5. Talonavicular arthritis.

6. Hypertension.

7. Glaucoma.

MEDICATIONS:

1. Lipitor 40 mg daily.

2. Trental 40 mg tid.

3. Hydrochlorothiazide 25 mg 1/2 tablet daily.

4. Tegretol 200 mg tid.

5. Warfarin 10 mg one tablet three days of the week and 1/2 tablet on four days of the week.
M 5, Tu 5, Wed 10, Thu 5, Fri 10, Sat 5, Sun 10

6. RANITIDINE HCL 150 MG OR TABS, Take 1 tablet by mouth 2 times per day, Disp: 60, Rfl: 12

Social: living by herself in Brainbridge island since her son is gone

PE:
BP 132/67 | Pulse 82 | Wt 153 lbs (69.400 kg)
CV: rrr, no m
Lung: CTA bilaterally
Abdomen: soft, nt, nd, abs
Extremity: no edema
Skin: no echymosis.

12/22/2006 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

Gait: unsteady without a cane

Assessment:
1. Anticoagulation
2. Unsteady gait
3. Pain control

Plan:
1. Resume the current regimen of Coumadin and recheck INR in two weeks
2. Fall evaluation and home safety should be addressed in future clinic.
3. Patient has been taking a large dosage of Tylenol.
- Substitute 1 Tylenol 3 for 1 Extra strength tylenol at night to give her a total of 3800mg per day.
- Check LFT with INR next week.

Khanh Hai Tran, MD

Attending: David Losh, MD
I discussed this patient's history and physical findings with the resident, as well as the plan for this patient. I have reviewed and confirm the findings and plan as documented in the resident's note .
Key findings based upon this discussion: Plan is to go back to dose pt was supposed to be taking 5mg M,T,Thur,Sat & 10mg Wed, Fri,Sun. & recheck INR 2 wks.

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Sanela Samardzic

Labs

HEPATIC FUNCTION PANEL (Completed)

Electronically signed by: **Tran, Khanh Hai on 12/22/06 1737** Status: **Completed**
Ordering user: Tran, Khanh Hai 12/22/06 1737 Authorized by: Tran, Khanh Hai, MD
Ordering mode: Standard
Frequency: Routine 12/22/06 - Class: Normal
Quantity: 1 Released by: Tran, Khanh Hai 12/22/06 1737
Diagnoses
Backache, unspecified [724.5 (ICD-9-CM)]

Indications

BACKACHE NOS [724.5 (ICD-9-CM)]

HEPATIC FUNCTION PANEL Resulted: 02/27/07 2221, Result status: Final result

Order status: Completed Filed on: 02/27/07 2221

12/22/2006 - Office Visit in UWMC FAMILY MED CENTER (continued)

Labs (continued)

Collected by: 02/27/07 1539 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Albumin	3.8	3.5 - 5.2 g/dL	—	UW
Protein (Total)	6.2	6.0 - 8.2 g/dL	—	UW
Bilirubin (Total)	0.7	0.2 - 1.3 mg/dL	—	UW
Bilirubin (Direct)	0.1	0.0 - 0.3 mg/dL	—	UW
Alkaline Phosphatase (Total)	78	49 - 199 U/L	—	UW
AST (GOT)	21	15 - 40 U/L	—	UW
AST (GOT)	--	—	—	UW
Result: Note new reference range effective 12/04/06.				
ALT (GPT)	19	6 - 40 U/L	—	UW
ALT (GPT)	--	—	—	UW
Result: Note new reference range effective 12/04/06.				

Reviewed by

Tran, Khanh Hai on 07/25/07 1112

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

BACKACHE NOS [724.5 (ICD-9-CM)]

Other Orders

Medications

TYLENOL/CODEINE #3 300-30 MG OR TABS (Expired)

Electronically signed by: **Tran, Khanh Hai on 12/22/06 1448** Status: **Expired**
Ordering user: Tran, Khanh Hai 12/22/06 1448 Authorized by: Tran, Khanh Hai, MD
Ordering mode: Standard
Frequency: Routine 12/22/06 - 12/31/06 Class: RIGHTFAX

Flowsheets

Encounter Vitals

Row Name	12/22/06 1355
BP	132/67
Pulse	82
Weight	69.4 kg (153 lb)

UNKNOWN

Row Name	12/22/06 1355
BP	132/67
Pulse	82
Weight	69.4 kg (153 lb)

12/22/2006 - Orders Only in UWMC FAMILY MED CENTER

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Uw Use Interface, User on 12/22/06 1154** Status: **Completed**
Ordering user: Uw Use Interface, User 12/22/06 1154 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F57913	—	—	12/22/06 1154

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 12/22/06 1319, Result status: Final result

Order status: Completed Filed on: 12/22/06 1319
Collected by: 12/22/06 1154 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.4	0.8 - 1.3	H	UW

Reviewed by

Dresden, Graham Mears on 01/10/07 0855
Neighbor, William E on 12/26/06 1132
Gamboa, Elizabeth L on 12/26/06 0840

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

12/22/2006 - Orders Only in UWMC FAMILY MED CENTER (continued)

Labs (continued)

All Reviewers List

Dresden, Graham Mears on 1/10/2007 08:55
Neighbor, William E on 12/26/2006 11:32
Gamboa, Elizabeth L on 12/26/2006 08:40

Letters

Results by Neighbor, William E on 12/26/2006

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD
NW UNIT 2
Bainbridge Isla, WA 98110

12/26/2006

Dear Ms. Hoffman:

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 12/22/2006
PROTHROMBIN TIME (RAPID INR)

Component	Value	Range
• Prothrombin Time (Rapid INR)	1.4 (*)	0.8-1.3

You saw Dr. Trahn for on the day of this test who made recommendations for your Coumadin dose. Pleae follow through with those recommendations and the recommendation for repeat blood test.

Sincerely,

William E Neighbor, MD

12/22/2006 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

12/14/2006 - Telephone in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

at 12/14/2006 2359

>> ANNA HUNDT Fri Dec 15, 2006 11:58 AM
Called into pharmacy

>> CHERYL L MILLETT Thu Dec 14, 2006 4:15 PM
Pt requesting rx refill, please advise, Cheryl

Other Orders

Medications

TEGRETOL 200 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 12/14/06 1741** Status: **Discontinued**
Ordering user: Neighbor, William E 12/14/06 1741 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 12/14/06 - 03/22/07 Class: E-SEND (Fax)
Released by: Neighbor, William E 12/14/06 1741 Discontinued by: Millett, Cheryl L 03/22/07 1010 [Discontinued by patient]

12/05/2006 - Telephone in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Telephone Encounter

at 12/5/2006 2359

>> KAREN C NOLAN Tue Dec 5, 2006 2:07 PM
Rx called in.

>> KAREN C NOLAN Tue Dec 5, 2006 8:42 AM
Pharmacy requesting refill for Lipitor 40 mg. Last fill 11/8/06.
Last lipids 6/06

Lipid Panel Jun 12, 2006 10:30 Final
Cholesterol (Total) 188 mg/dL <200
Triglycerides 108 mg/dL <150
Cholesterol (HDL) 65 mg/dL >40
Cholesterol (LDL), Calculated 101 mg/dL <130
Cholesterol/HDL Ratio 2.9 unavailable
Patient Fasting Status (Y/NO) Yes

Other Orders

Medications

LIPITOR 40 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 12/05/06 1358**
Status: **Discontinued**
Ordering user: Neighbor, William E 12/05/06 1358
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 12/05/06 - 03/22/07
Class: E-SEND (Fax)
Released by: Neighbor, William E 12/05/06 1358
Discontinued by: Millett, Cheryl L 03/22/07 1010 [Discontinued by provider]

12/05/2006 - Telephone in UWMC FAMILY MED CENTER (continued)

Other Orders (continued)

12/01/2006 - Telephone in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Refill Request
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

RANITIDINE HCL 150 MG OR TABS

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/21/2008
Reason for discontinuation: Reorder
Instructions: Take 1 tablet by mouth 2 times per day
Authorized by: Neighbor Jr., William E, MD
Ordered on: 12/4/2006
Start date: 12/1/2006
End date: 10/21/2008
Quantity: 60
Refill: 12

Stopped in Visit

None

Clinical Notes

Telephone Encounter

at 12/1/2006 2359

>> CHERYL L MILLETT Mon Dec 4, 2006 3:47 PM
Called rx into phy. Cheryl

>> CHERYL L MILLETT Fri Dec 1, 2006 3:29 PM
Pt requesting rx refill. Please advise, cheryl

Other Orders

Medications

RANITIDINE HCL 150 MG OR TABS (Discontinued)

Electronically signed by: **Neighbor, William E on 12/04/06 1220**
Status: **Discontinued**
Ordering user: Neighbor, William E 12/04/06 1220
Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine 12/01/06 - 10/21/08
Class: E-SEND (Fax)
Released by: Neighbor, William E 12/04/06 1220
Discontinued by: Neighbor, William E 10/21/08 1402 [Reorder]

11/20/2006 - Appointment in UWMC FAMILY MED CENTER

Visit Information

Appointment Information

RETURN **No Show**
11/20/2006 2:45 PM

Time	Provider	Department	Length
2:45 PM	Neighbor Jr., William E, MD	ZUWMC FAMILY MED CENTER	30 min

Notes:
f/u lf

History

Made On:	10/31/2006 12:31 PM	By:	Fontanos, Lisa	ES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

11/16/2006 - Abstract in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Abstract
Visit diagnosis:

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Clinical Notes

Progress Notes

at 11/16/2006 2359

HOFFMAN, JEANNE LEONIE U8170135
Family Medicine - Outpt Record Authenticated
Service date: 12-jun-2006
Dictated by Neighbor Jr, MD, William E on 13-jun-2006

Family Medicine - Outpt Record

PROBLEM:
Activities of daily living.

SUBJECTIVE:
Patient is in with her son Louis Alloin. He has been visiting her from California for an extended stay as he is doing some work in the Seattle area in transportation and has been staying in the patient's apartment in order to assist her with cleaning, food arrangements, clothing and general reorganization of her apartment. He has also identified some problems with mold and structural problems in the apartment, and has contacted the appropriate people to make improvements. They are in today apparently because the patient lives in public housing. They need a strong letter supporting his role under ADA. He would live there as an occupant for the two to three months he will be in Seattle.

OBJECTIVE:
Observation of interactions between Mrs. Hoffman and her son shows positive interactions. She clearly appreciates the help that he has given her.

ASSESSMENT:
Activities of daily living.

PLAN:
I will write a letter more firmly supporting Louis living with the patient while he is in Seattle.

Signature Line
Electronically Reviewed/Signed On: 06/15/06 at 14:19

_____
William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

HOFFMAN, JEANNE LEONIE U8170135
Family Medicine - Outpt Record Authenticated
Service date: 07-jun-2006
Dictated by Neighbor Jr, MD, William E on 07-jun-2006

Family Medicine - Outpt Record

PROBLEM:

ANTICOAGULATION.

SUBJECTIVE:

In for INR check. No bleeding, no clots.

PROBLEM:

LEFT LOWER QUADRANT ABDOMINAL PAIN.

SUBJECTIVE:

Two-week history of left lower quadrant abdominal discomfort, particularly worsened by walking. She denies any fever or chills, night sweats. Denies change in urination or bowel movements. She has not had recent colorectal cancer screening.

PAST MEDICAL HISTORY:

1. Seizure disorder.

2. Recurrent phlebitis and DVT's.

3. Hypercholesteremia.

4. History of venous stasis ulcers.

5. Talonavicular arthritis.

6. Hypertension.

7. Glaucoma.

MEDICATIONS:

1. Lipitor 40 mg daily.

2. Trental 40 mg tid.

3. Hydrochlorothiazide 25 mg 1/2 tablet daily.

4. Tegretol 200 mg tid.

5. Warfarin 10 mg one tablet three days of the week and 1/2 tablet on four days of the week.

11/16/2006 - Abstract in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

REVIEW OF SYSTEMS:

The arthritic pain in her hands, for which she was seen about a month ago, resolved.

OBJECTIVE:

Weight 154, blood pressure 158/79, however, previous blood pressures usually about 115 to 130 systolic. Pulse 72 and regular. No acute distress. Bowel sounds normally active. Abdomen is symmetrical. There is tenderness in the left mid quadrant. On contraction of her abdominal muscles, the tenderness persists and there seems to be a fullness in the area of the tenderness suggesting a hernia.

LABORATORY DATA:

INR 2.2 today. She previously had sed rate and anti-CCP both of which were normal. Ankle brachial index earlier this year was normal as well.

ASSESSMENT/PLAN:

1. Anticoagulation with adequate INR. Continue current dose, recheck in one month.

2. Left mid quadrant abdominal discomfort. Probably secondary to abdominal wall hernia. Will obtain CT scan to confirm this. Also check CBC to rule out chance of diverticulitis though she has had no fever, chills or change in bowel movements. She is also due to colorectal cancer screening.

3. Colorectal cancer screening. Hemoccult kit given. Her last sigmoidoscopy was in 2001 and was only to 30 cm. She would be due for coloscopy or sigmoidoscopy depending on the results of her Hemoccult testing.

4. Health maintenance. Also due for tetanus diphtheria.

5. Elevated blood pressure. Check pressures at home, return in one month for recheck blood pressures.

Signature Line
Electronically Reviewed/Signed On: 06/15/06 at 14:22

_____

William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

10/31/2006 - Orders Only in UWMC FAMILY MED CENTER

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Uw Use Interface, User on 10/31/06 1151** Status: **Completed**
Ordering user: Uw Use Interface, User 10/31/06 1151 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T40273	—	—	10/31/06 1151

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 10/31/06 1307, Result status: Final result

Order status: Completed Filed on: 10/31/06 1307
Collected by: 10/31/06 1151 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.8	0.8 - 1.3	H	UW

Reviewed by

Neighbor, William E on 10/31/06 1412
Gamboa, Elizabeth L on 10/31/06 1410

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

All Reviewers List

Neighbor, William E on 10/31/2006 14:12
Gamboa, Elizabeth L on 10/31/2006 14:10

Letters

Letter by Neighbor, William E on 10/31/2006

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

10/31/2006

10/31/2006 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD
NW UNIT 2
Bainbridge Isla, WA 98110

Dear Jeanne Leonie Hoffman

Your INR today was in the therapeutic range. Recheck in one month.

Sincerely,

William E Neighbor, MD

09/28/2006 - Office Visit in UWMC FAMILY MED CENTER

Reason for Visit

Chief complaint: Musculoskeletal Problem
Visit diagnosis: Pain in joint, pelvic region and thigh

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Hudson, Ryan C, MD	Hudson, Ryan C, MD

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Follow-up and Dispositions

- Return in about 7 days (around 10/5/2006) for hip pain with Dr. Neighbor.

Level of Service

Level of Service	Modifiers
OFFICE/OUTPT VISIT,EST,LEVL III	GE

Log History

LOS History

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Pentoxifylline ER 400 MG Oral Tab CR

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 12/20/2017
Start date: 12/20/2017 — End date: 9/4/2019
Quantity: 270 tablet — Refill: 3 refills remaining

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD — Entered on: 6/7/2018
End date: 10/13/2021

Atorvastatin Calcium 20 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Entered by: Neighbor Jr., William E, MD — Entered on: 9/26/2018
Start date: 9/26/2018 — End date: 9/4/2019
Quantity: 45 tablet

Timolol Maleate 0.5 % Ophthalmic Solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 9/4/2019
Reason for discontinuation: Reorder
Instructions: Instill one drop in each eye twice daily
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/16/2019

09/28/2006 - Office Visit in UWMC FAMILY MED CENTER (continued)

Medication List (continued)

Start date: 4/16/2019
End date: 9/4/2019
Quantity: 10 mL
Refill: No refills remaining

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

Stopped in Visit

None

Clinical Notes

Progress Notes

at 9/28/2006 1510

Addended by: SCHNEEWEISS, RONALD on: 9/28/2006 3:37:14 PM

1. L posterolateral Hip Pain

HPI:
81 yo with PMH significant for sz disorder, DVT on anticoagulation, HTN who presents with L hip pain x 2 months. Pt inconsistent historian, originally denied trauma, but then later states that she fell on L side approximately 3 months ago. She denies previous surgeries. Pain associated with activity and made worse with walking. Denies back pain. Pain present posteriorly. Taking aspirin for pain.

Exam BP 151/75, P68
Gen: NAD
Ext: No rashes, erythema or ecchymosis to inspection. ROM is limited to internal rotation of hip bilaterally. Full passive flexion and extension. Strength 5/5 in hip flexion, abduction, adduction. + pain to palpation over gluteal and lateral hip.

A: L hip pain DDx: priformis syndrome vs. occult fx vs trochanteric busitis or OA
P:
1. Hip Xray
2. change to tyenol for management of pain
3. F/u in 1 wk with PCP, Dr. Neighbor
4. Consideration of Trochanteric injection and Physical therapy

5. INR 1.7, to continue current dose of coumadin. f/u with PCP in 1 week.

Ryan Hudson, M.D.
R3, UW Family Practice

09/28/2006 - Office Visit in UWMC FAMILY MED CENTER (continued)

Clinical Notes (continued)

FOB BASIC SERVICES
Patient checked in: YES
Vitals: YES
Medications reviewed: YES

FU visit and/or single test scheduled: NO
Room Use in Excess of 25 Minutes: no
Room Use Additional 25 Minutes : no
Chaperoning (other than procedures): no

Total number of YES responses: 3
Completed by: Goitom Fikak

Attending: Ronald Schneeweiss, MD
I discussed this patient's history and physical findings with the resident, as well as the plan for this patient. I have reviewed and confirm the findings and plan as documented in the resident's note .
Key findings based upon this discussion: need to consider piriformis syndrome or leg length / back problem as underlying etiology for the buttock pain.

Imaging

Imaging

X-RAY HIPS 4 VW + PELVIS (Final result)

Electronically signed by: **Hudson, Ryan Christopher on 09/28/06 1418** Status: **Completed**
Ordering user: Hudson, Ryan Christopher 09/28/06 1418 Authorized by: Hudson, Ryan C, MD
Ordering mode: Standard
Frequency: Routine 09/28/06 - Class: Roosevelt Imaging
Quantity: 1 Lab status: Final result
Diagnoses
Pain in joint, pelvic region and thigh [719.45 (ICD-9-CM)]

Questionnaire

Question	Answer
Reason for Exam	Left hip pain.
Which side?	LEFT

Order comments: PATIENT INSTRUCTIONS: Please call the location phone number listed below to schedule your exam and obtain driving directions: UW Medicine Imaging Facilities UWMC (order transmittal via electronic interface) General Information; 206-598-7200 Fax for all procedures: 206-598-7690 ---------- -- Directions-- 1959 N.E. Pacific; Seattle, WA 98195; 206-598-3300 From Interstate 5 :Take Exit #168B (Bellevue /Kirkland) onto State Route 520. Take the first exit off SR520 to Montlake Boulevard N.E. Turn left onto Montlake Blvd. and continue north. Cross the drawbridge and turn left onto N.E. Pacific Street at the traffic light; move to the right-hand lane. Turn right at the second "Patient Parking" directional sign onto N.E. Pacific Place, then immediately turn right into the Triangle Parking Garage, connected to the medical center via a pedestrian tunnel From the east via State Route 520 westbound: Take the Montlake Boulevard exit. Continue north on Montlake Blvd. and cross the drawbridge. At the traffic light, turn left onto N.E. Pacific Street. Turn right at the second "Patient Parking" directional sign onto N.E. Pacific Place, then immediately turn right into the Triangle Parking Garage, connected to the medical center via a pedestrian tunnel. No Order Comment Information Available No Order Comment Information Available No Order Comment Information Available Left hip pain. No Order Comment Information Available Left hip pain.

X-RAY HIPS 4 VW + PELVIS Resulted: 09/28/06 1543, Result status: Final result

Order status: Completed Filed on: 09/28/06 1544
Accession number: 2977325 Resulting lab: UW RADIOLOGY
Lab Technician: JONATHAN SWANSON N.

09/28/2006 - Office Visit in UWMC FAMILY MED CENTER (continued)

Imaging (continued)

Components

Component	Value	Reference Range	Flag	Lab
General Diagnostic Text	--	—	—	UW RAD

Result: Clinical Indication: Left hip painExam: AP view pelvis, left hip one viewComparison: None.Findings:There is marked loss of joint space on the right side teachingmedially. There is moderate loss of joint space superiorly on theleft side with osteophyte formation. Severe degenerative changesnoted in the lower lumbar spine.Impression: Moderate bilateral osteoarthritis.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

JOINT PAIN-PELVIS [719.45 (ICD-9-CM)]

Other Orders

Medications

RANITIDINE HCL 150 MG OR TABS (Discontinued)

Electronically signed by: **Hudson, Ryan Christopher on 09/28/06 1423** Status: **Discontinued**
Ordering user: Hudson, Ryan Christopher 09/28/06 1423 Authorized by: Hudson, Ryan C, MD
Ordering mode: Standard
Frequency: Routine 09/28/06 - 12/01/06 Class: RIGHTFAX
Discontinued by: Neighbor, William E 12/04/06 1220 [Reorder]

Flowsheets

UNKNOWN

Row Name	09/28/06 1510
BP	151/75
Pulse	68

09/28/2006 - Orders Only in UWMC FAMILY MED CENTER

Reason for Visit

Visit diagnosis: Phlebitis and thrombophlebitis of other deep vessels of lower extremities

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Uw Use Interface, User on 09/28/06 1323** Status: **Completed**
Ordering user: Uw Use Interface, User 09/28/06 1323 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Quantity: 1
Lab status: Final result
Diagnoses
Phlebitis and thrombophlebitis of other deep vessels of lower extremities [451.19 (ICD-9-CM)]

Specimen Information

ID	Type	Source	Collected By
H16694	—	—	09/28/06 1323

PROTHROMBIN TIME (RAPID INR) (Abnormal)

Resulted: 09/28/06 1405, Result status: Final result

Order status: Completed Filed on: 09/28/06 1405
Collected by: 09/28/06 1323 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	1.7	0.8 - 1.3	H	UW

Reviewed by

Gamboa, Elizabeth L on 10/02/06 1635
Neighbor, William E on 09/29/06 1631
Reddoch, Coreen on 09/28/06 1631

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

Indications

DEEP VENOUS PHLEBITIS-LEG NEC (HCC) [451.19 (ICD-9-CM)]

All Reviewers List

Gamboa, Elizabeth L on 10/2/2006 16:35
Neighbor, William E on 9/29/2006 16:31
Reddoch, Coreen on 9/28/2006 16:31

09/28/2006 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters

Results by Neighbor, William E on 9/29/2006

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD
NW UNIT 2
Bainbridge Isla, WA 98110

9/29/2006

Dear Ms. Hoffman:

This letter is to inform you about the laboratory tests that were done at or since your last clinic visit.

Orders Only on 09/28/2006

1. PROTHROMBIN TIME (RAPID INR)

Prothrombin Time (Rapid INR)	1.7 (*)	Low: 0.8	High: 1.3

Please see me.

Sincerely,

William E Neighbor, MD

08/23/2006 - Orders Only in UWMC FAMILY MED CENTER

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone
UWMC FAMILY MED CENTER	4245 Roosevelt Wy NE, Box 354770 Seattle WA 98195	206-598-4055

Labs

PROTHROMBIN TIME (RAPID INR) (Final result)

Electronically signed by: **Uw Use Interface, User on 08/23/06 1315** Status: **Completed**
Ordering user: Uw Use Interface, User 08/23/06 1315 Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: Routine - Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W68701	—	—	08/23/06 1315

PROTHROMBIN TIME (RAPID INR) (Abnormal) Resulted: 08/23/06 1419, Result status: Final result

Order status: Completed Filed on: 08/23/06 1419
Collected by: 08/23/06 1315 Resulting lab: UW LABORATORY MEDICINE

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin INR	2.3	0.8 - 1.3	H	UW

Reviewed by

Neighbor, William E on 08/24/06 1820
Gamboa, Elizabeth L on 08/23/06 1437

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - UW	UW LABORATORY MEDICINE	Unknown	1959 NE Pacific Street Seattle WA 98195	02/22/06 1147 - 03/10/10 1250

All Reviewers List

Neighbor, William E on 8/24/2006 18:20
Gamboa, Elizabeth L on 8/23/2006 14:37

Letters

Letter by Neighbor, William E on 8/24/2006

Status: Sent
Letter body:

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

8/24/2006

08/23/2006 - Orders Only in UWMC FAMILY MED CENTER (continued)

Letters (continued)

Jeanne Leonie Hoffman
245 HIGH SCHOOL RD
NW UNIT 2
Bainbridge Isla, WA 98110

Dear Jeanne Leonie Hoffman :

Your INR yesterday was 2.3 which is the range we would like. Continue to take the coumadin as you have been and recheck in one month.

Sincerely,

William E Neighbor, MD

08/03/2005 - Orders Only in Husky Health Primary Care Clinic

Visit Information

Provider Information

Encounter Provider

Neighbor, William E

Department

Name	Address	Phone	Fax
Husky Health Primary Care Clinic	4060 E Stevens Way NE, Box 354410 Seattle WA 98195-4410	206-685-1011	206-616-4683

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

08/03/2005 - Orders Only in Husky Health Primary Care Clinic (continued)

Medication List (continued)

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/19/2020
Start date: 6/19/2020 — End date: 6/19/2021
Quantity: 2 each — Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 45 tablet — Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 90 tablet — Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 10/13/2021
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 12/9/2021
Quantity: 10 mL — Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Autopsy Lab Result

PATHOLOGY, SURGICAL (Final result)

Electronically signed by: **Interface, Uw Incoming Pathology Results - Ap Case Conversions on 08/03/05 0000** — Status: **Completed**
Ordering user: Interface, Uw Incoming Pathology Results - Ap Case Conversions 08/03/05 0000 — Authorized by: Neighbor, William E
Ordering mode: Standard
Frequency: STAT 08/03/05 - — Quantity: 1
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
A	—	Other	08/03/05 0000

PATHOLOGY, SURGICAL — Resulted: 08/09/05 1604, Result status: Final result

08/03/2005 - Orders Only in Husky Health Primary Care Clinic (continued)

Autopsy Lab Result (continued)

Order status: Completed

Filed by: Interface, Uw Incoming Pathology Results - Ap Case Conversions 12/16/20 1950

Collected by: 08/03/05 0000

Resulting lab: UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY

CLIA number: 50D0661462

Components

Component	Value	Reference Range	Flag	Lab
Not Reported	--	—	—	UWMC Pathology

Result:

FINAL DIAGNOSIS:
A) Skin, right chest, biopsy: Solar elastosis with slightly increased dermal histiocytes, see comment.

COMMENT:
These changes are subtle and non-specific. Step sections were performed to rule out granulomatous/xanthomatous/myxomatous disorders. If lesions persist, rebiopsy may be contributory.

MT/las

Procedures used to establish the diagnosis:
Routine

Component	Value	Reference Range	Flag	Lab
Case Report	--	—	—	UWMC Pathology

Result:

CLINICAL DATA:
Chronic recurrent papules.

GROSS DESCRIPTION:
A) Received in formalin designated "right chest" is a 0.4 x 0.3 x 0.2 cm, irregular, tan-brown, soft tissue, which is entirely submitted in cassette A1.

HV/las

MICROSCOPIC DESCRIPTION:
A) The epidermis contains mild basal layer atypia, extending to the lateral margins. The overlying corneal layer is orthokeratotic. There is solar elastosis. The dermis contains histiocytes with abundant pale blue-gray cytoplasm, suggestive of mucin. Step sections were performed.

FINAL DIAGNOSIS:
A) Skin, right chest, biopsy: Solar elastosis with slightly increased dermal histiocytes, see comment.

COMMENT: These changes are subtle and non-specific. Step sections were performed to rule out granulomatous/xanthomatous/myxomatous disorders. If lesions persist, rebiopsy may be contributory.

MT/las

Procedures used to establish the diagnosis:
Routine

Munir R. Tanas MD
Resident
08/05/2005
Zsolt Argenyi MD
Pathologist
Electronically signed 08/09/2005
In compliance with CMS regulations, the pathologist's signature on this report indicates that the case has been personally reviewed, and the diagnosis made or confirmed by, the Attending Pathologist.

08/03/2005 - Orders Only in Husky Health Primary Care Clinic (continued)

Autopsy Lab Result (continued)

Not Reported	Neighbor Jr MD, William E (Hard copy) - Box 356390 - Box 356390,	—	—	UWMC Pathology
Not Reported	--	—	—	UWMC Pathology

Result:
Req Data Info - System, automated - (zzzSysAuto) - 10/26/2020

Accessioned At:	UWMC
Type of Case:	UWMC
Order Station #:	850 Misc

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
95 - UWMC Pathology	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY	Charles E. Alpers, MD	1959 NE Pacific St. Room BB220 Seattle WA 98195	Create - 08/13/19 1434

03/12/1998 - Orders Only in HMC Pathology Lab

Visit Information

Provider Information

Encounter Provider

Clinic Pcp, Unassigned Or

Department

Name	Address	Phone
HMC Pathology Lab	325 9TH Ave Box 359791 Seattle WA 98104	206-744-3145

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

03/12/1998 - Orders Only in HMC Pathology Lab (continued)

Medication List (continued)

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/19/2020
Start date: 6/19/2020 — End date: 6/19/2021
Quantity: 2 each — Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 45 tablet — Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 90 tablet — Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 10/13/2021
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 12/9/2021
Quantity: 10 mL — Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Autopsy Lab Result

PATHOLOGY, SURGICAL (Final result)

Electronically signed by: **Interface, Uw Incoming Pathology Results - Ap Case Conversions on 03/12/98 0000** — Status: **Completed**
Ordering user: Interface, Uw Incoming Pathology Results - Ap Case Conversions 03/12/98 0000 — Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 03/12/98 - — Quantity: 1
Lab status: Final result
Order comments: Ordered by an unspecified provider

Specimen Information

ID	Type	Source	Collected By
A	—	Other	03/12/98 0000

03/12/1998 - Orders Only in HMC Pathology Lab (continued)

Autopsy Lab Result (continued)

PATHOLOGY, SURGICAL Resulted: 03/16/98 0000, Result status: Final result

Order status: Completed

Collected by: 03/12/98 0000

CLIA number: 50D0661462

Filed by: Interface, Uw Incoming Pathology Results - Ap Case Conversions 12/10/20 1931

Resulting lab: UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY

Components

Component	Value	Reference Range	Flag	Lab
Not Reported	--	—	—	UWMC Pathology

Result:

HISTORY:

FINAL DIAGNOSIS
A) Distal esophagus, biopsies: Esophageal squamous and gastric cardiac-type mucosa with mild chronic inflammation. No evidence of Barrett's esophagus.

Date/time of biopsy: 3/11/98, time not given
Procedure # 31031

Performing physician: A Folpe, MD, Resident

Electronically signed: Mary P Bronner, M.D., Pathologist
03/16/98

T62000 01,P11400 01,T62000 01,T63010 01,M40000 01,P11400 01,

Component	Value	Reference Range	Flag	Lab
Case Report	--	—	—	UWMC Pathology

Result:

SU-98-04372

SURGICAL PATHOLOGY REPORT

Report copies to:
RICHARD W TOBIN, MD TOBIN, RICHARD W
MORRISON, ELIZABETH D
BOX 356424 KUVER, RAHUL P

CLINICAL DATA:
73-year-old female with dysphagia x 1 year/chronic heartburn for years. Endoscopic findings of stricture.

GROSS DESCRIPTION:
A) Received in Hollande's designated "distal esophagus" are two biopsies measuring 0.3 and 0.4 cm.

MICROSCOPIC DESCRIPTION:
A) Sections are of esophageal squamous and gastric cardiac-type mucosa. There is no significant inflammation, and no intestinal metaplasia is present. No Helicobacter pylori are identified. There is no evidence of malignancy. H&E and Genta stains were performed to help evaluate the histologic

03/12/1998 - Orders Only in HMC Pathology Lab (continued)

Autopsy Lab Result (continued)

changes; all controls were appropriately positive.

CONTINUED ...

Patient Number: (0000)U8170135
Patient Name: HOFFMAN, JEANNE L
Sex: F; DOB: 01/06/1925 850
Date Collected: 03/12/98
Date Received: 03/12/98 1429

HARBORVIEW MEDICAL CENTER
UNIVERSITY OF WASHINGTON MEDICAL CENTER
SEATTLE, WASHINGTON --- PATHOLOGY DIVISION

SU-98-04372

FINAL DIAGNOSIS:
A) Distal esophagus, biopsies: Esophageal squamous and gastric cardiac-type mucosa with mild chronic inflammation. No evidence of Barrett's esophagus.

Date/time of biopsy: 3/11/98, time not given
Procedure # 31031

Performing physician: A Folpe, MD, Resident

Electronically signed: Mary P Bronner, M.D., Pathologist
03/16/98

In compliance with HCFA regulations, the pathologist's signature on this report indicates that the case has been personally reviewed, and the diagnosis made or confirmed by, the verifying pathologist.

03/12/1998 - Orders Only in HMC Pathology Lab (continued)

Autopsy Lab Result (continued)

END OF REPORT

Patient Number: (0000)U8170135
Patient Name: HOFFMAN, JEANNE L
Sex: F; DOB: 01/06/1925 850
Date Collected: 03/12/98
Date Received: 03/12/98 1429

HARBORVIEW MEDICAL CENTER
UNIVERSITY OF WASHINGTON MEDICAL CENTER
SEATTLE, WASHINGTON --- PATHOLOGY DIVISION

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
95 - UWMC Pathology	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY	Charles E. Alpers, MD	1959 NE Pacific St. Room BB220 Seattle WA 98195	Create - 08/13/19 1434

01/04/1996 - Orders Only in HMC Pathology Lab

Visit Information

Provider Information

Encounter Provider

Clinic Pcp, Unassigned Or

Department

Name	Address	Phone
HMC Pathology Lab	325 9TH Ave Box 359791 Seattle WA 98104	206-744-3145

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

01/04/1996 - Orders Only in HMC Pathology Lab (continued)

Medication List (continued)

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/19/2020
Start date: 6/19/2020 — End date: 6/19/2021
Quantity: 2 each — Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 45 tablet — Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 90 tablet — Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 10/13/2021
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 12/9/2021
Quantity: 10 mL — Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Autopsy Lab Result

PATHOLOGY, SURGICAL (Final result)

Electronically signed by: **Interface, Uw Incoming Pathology Results - Ap Case Conversions on 01/04/96 0000** — Status: **Completed**
Ordering user: Interface, Uw Incoming Pathology Results - Ap Case Conversions 01/04/96 0000 — Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 01/04/96 - — Quantity: 1
Lab status: Final result
Order comments: Ordered by an unspecified provider

Specimen Information

ID	Type	Source	Collected By
A	—	Other	01/04/96 0000

01/04/1996 - Orders Only in HMC Pathology Lab (continued)

Autopsy Lab Result (continued)

PATHOLOGY, SURGICAL Resulted: 01/09/96 0000, Result status: Final result

Order status: Completed
Filed by: Interface, Uw Incoming Pathology Results - Ap Case Conversions 12/10/20 0347
Collected by: 01/04/96 0000
Resulting lab: UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY
CLIA number: 50D0661462

Components

Component	Value	Reference Range	Flag	Lab
Not Reported	--	—	—	UWMC Pathology

Result:
HISTORY:

FINAL DIAGNOSIS
A) Skin, right ankle ulcer: Skin with chronic active inflammation, intra-epidermal hemorrhage, and attached fibrinopurulent exudate; no evidence of malignancy.

Performing physician: K Meckler, MD, Resident

Electronically signed: Lawrence D. True, M.D., Pathologist
01/09/96
T01000 01,TY9510 01,M38000 01,M42100 01,M37000 01,M36370 01,M09450 01,

Component	Value	Reference Range	Flag	Lab
Case Report	--	—	—	UWMC Pathology

Result:

SU-96-00224

SURGICAL PATHOLOGY REPORT

Report copies to:
D EUGENE STRANDNESS,JR, MD STRANDNESS, D EUGENE,JR

RF-25

CLINICAL DATA:
Debridement, right ankle ulcer with STSG to right ankle.

PRE-OP DX:
Same.

GROSS DESCRIPTION:
A) Received in formalin labelled "chronic right ankle ulcer" are three, irregular-shaped, flat, yellow-red tissue fragments 1.2 cm up to 2.2 cm in diameter. The specimen is serially sectioned and representative portions are submitted in cassette A.

FINAL DIAGNOSIS:
A) Skin, right ankle ulcer: Skin with chronic active inflammation, intra-epidermal hemorrhage, and attached fibrinopurulent exudate; no evidence of malignancy.

01/04/1996 - Orders Only in HMC Pathology Lab (continued)

Autopsy Lab Result (continued)

Performing physician: K Meckler, MD, Resident

Electronically signed: Lawrence D. True, M.D., Pathologist
01/09/96

END OF REPORT

Patient Number: (0000)U8170135
Patient Name: HOFFMAN, JEANNE L
Sex: F; DOB: 01/06/1925 4SE
Date Collected: 01/04/96
Date Received: 01/05/96 1333

HARBORVIEW MEDICAL CENTER
UNIVERSITY OF WASHINGTON MEDICAL CENTER
SEATTLE, WASHINGTON --- PATHOLOGY DIVISION

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
95 - UWMC Pathology	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY	Charles E. Alpers, MD	1959 NE Pacific St. Room BB220 Seattle WA 98195	Create - 08/13/19 1434

01/27/1993 - Orders Only in HMC Pathology Lab

Visit Information

Provider Information

Encounter Provider

Clinic Pcp, Unassigned Or

Department

Name	Address	Phone
HMC Pathology Lab	325 9TH Ave Box 359791 Seattle WA 98104	206-744-3145

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

01/27/1993 - Orders Only in HMC Pathology Lab (continued)

Medication List (continued)

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/19/2020
Start date: 6/19/2020 — End date: 6/19/2021
Quantity: 2 each — Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 45 tablet — Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 90 tablet — Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 10/13/2021
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 12/9/2021
Quantity: 10 mL — Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Autopsy Lab Result

PATHOLOGY, SURGICAL (Final result)

Electronically signed by: **Interface, Uw Incoming Pathology Results - Ap Case Conversions on 01/27/93 0000** — Status: **Completed**
Ordering user: Interface, Uw Incoming Pathology Results - Ap Case Conversions 01/27/93 0000 — Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 01/27/93 - — Quantity: 1
Lab status: Final result
Order comments: Ordered by an unspecified provider

Specimen Information

ID	Type	Source	Collected By
A	—	Other	01/27/93 0000

01/27/1993 - Orders Only in HMC Pathology Lab (continued)

Autopsy Lab Result (continued)

PATHOLOGY, SURGICAL Resulted: 02/01/93 0000, Result status: Final result

Order status: Completed

Collected by: 01/27/93 0000

CLIA number: 50D0661462

Filed by: Interface, Uw Incoming Pathology Results - Ap Case Conversions 12/09/20 1841

Resulting lab: UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY

Components

Component	Value	Reference Range	Flag	Lab
Not Reported Result: HISTORY: FINAL DIAGNOSIS A) Skin, right thigh, punch biopsy: Ephelid (freckle) with associated parakeratosis and mild perivascular chronic dermatitis. No evidence of malignancy. T01000 01,TY9110 01,P11480 01,M57260 01,M74030 01,T40080 01,M43000 01,M09450 01,	--	—	—	UWMC Pathology
Case Report Result: HISTORY: FINAL DIAGNOSIS A) Skin, right thigh, punch biopsy: Ephelid (freckle) with associated parakeratosis and mild perivascular chronic dermatitis. No evidence of malignancy. T01000 01,TY9110 01,P11480 01,M57260 01,M74030 01,T40080 01,M43000 01,M09450 01,	--	—	—	UWMC Pathology

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
95 - UWMC Pathology	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY	Charles E. Alpers, MD	1959 NE Pacific St. Room BB220 Seattle WA 98195	Create - 08/13/19 1434

12/12/1989 - Orders Only in HMC Pathology Lab

Visit Information

Provider Information

Encounter Provider

Clinic Pcp, Unassigned Or

Department

Name	Address	Phone
HMC Pathology Lab	325 9TH Ave Box 359791 Seattle WA 98104	206-744-3145

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

12/12/1989 - Orders Only in HMC Pathology Lab (continued)

Medication List (continued)

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/19/2020
Start date: 6/19/2020 — End date: 6/19/2021
Quantity: 2 each — Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 45 tablet — Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 90 tablet — Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 10/13/2021
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 12/9/2021
Quantity: 10 mL — Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Autopsy Lab Result

PATHOLOGY, SURGICAL (Final result)

Electronically signed by: **Interface, Uw Incoming Pathology Results - Ap Case Conversions on 12/12/89 0000** — Status: **Completed**
Ordering user: Interface, Uw Incoming Pathology Results - Ap Case Conversions 12/12/89 0000 — Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 12/12/89 - — Quantity: 1
Lab status: Final result
Order comments: Ordered by an unspecified provider

Specimen Information

ID	Type	Source	Collected By
A	—	Other	12/12/89 0000

12/12/1989 - Orders Only in HMC Pathology Lab (continued)

Autopsy Lab Result (continued)

PATHOLOGY, SURGICAL Resulted: 12/15/89 0000, Result status: Final result

Order status: Completed

Collected by: 12/12/89 0000

CLIA number: 50D0661462

Filed by: Interface, Uw Incoming Pathology Results - Ap Case Conversions 11/30/20 1023

Resulting lab: UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY

Components

Component	Value	Reference Range	Flag	Lab
Not Reported Result: HISTORY: FINAL DIAGNOSIS A) Left breast, subareolar, inferior aspect: Benign atrophic breast tissue and adipose tissue. No significant pathological alterations. T04000 01,T1X010 01,	--	—	—	UWMC Pathology
Case Report Result: HISTORY: FINAL DIAGNOSIS A) Left breast, subareolar, inferior aspect: Benign atrophic breast tissue and adipose tissue. No significant pathological alterations. T04000 01,T1X010 01,	--	—	—	UWMC Pathology

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
95 - UWMC Pathology	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY	Charles E. Alpers, MD	1959 NE Pacific St. Room BB220 Seattle WA 98195	Create - 08/13/19 1434

11/02/1989 - Orders Only in HMC Pathology Lab

Visit Information

Provider Information

Encounter Provider

Clinic Pcp, Unassigned Or

Department

Name	Address	Phone
HMC Pathology Lab	325 9TH Ave Box 359791 Seattle WA 98104	206-744-3145

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

11/02/1989 - Orders Only in HMC Pathology Lab (continued)

Medication List (continued)

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/19/2020
Start date: 6/19/2020 — End date: 6/19/2021
Quantity: 2 each — Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 45 tablet — Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 90 tablet — Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 10/13/2021
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 12/9/2021
Quantity: 10 mL — Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Autopsy Lab Result

CYTOPATHOLOGY NON-GYN (Final result)

Electronically signed by: **Interface, Uw Incoming Pathology Results - Ap Case Conversions on 11/02/89 0000** — Status: **Completed**
Ordering user: Interface, Uw Incoming Pathology Results - Ap Case — Authorized by: Clinic Pcp, Unassigned Or Conversions 11/02/89 0000
Ordering mode: Standard
Frequency: STAT 11/02/89 - — Quantity: 1
Lab status: Final result
Order comments: Ordered by an unspecified provider

Specimen Information

ID	Type	Source	Collected By
A	—	Other	11/02/89 0000

11/02/1989 - Orders Only in HMC Pathology Lab (continued)

Autopsy Lab Result (continued)

CYTOPATHOLOGY NON-GYN Resulted: 11/13/89 0000, Result status: Final result

Order status: Completed
Filed by: Interface, Uw Incoming Pathology Results - Ap Case Conversions 12/09/20 1411
Collected by: 11/02/89 0000
Resulting lab: HARBORVIEW MEDICAL CENTER PATHOLOGY
CLIA number: 50D0697443

Components

Component	Value	Reference Range	Flag	Lab
Not Reported Result: HISTORY: FINAL NON-GYN DIAGNOSIS *** NEGATIVE *** Smears contain fragments of adipose tissue and blood. No evidence of malignancy. DIAGNOSIS: BREAST ASPIRATE: NEGATIVE FOR MALIGNANCY Z88880 01,T1X010 01,T0X000 01,M09450 01,Z50700 01,M09450 01,	--	—	—	HMC Pathology
Case Report Result: HISTORY: FINAL NON-GYN DIAGNOSIS *** NEGATIVE *** Smears contain fragments of adipose tissue and blood. No evidence of malignancy. DIAGNOSIS: BREAST ASPIRATE: NEGATIVE FOR MALIGNANCY Z88880 01,T1X010 01,T0X000 01,M09450 01,Z50700 01,M09450 01,	--	—	—	HMC Pathology

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
96 - HMC Pathology	HARBORVIEW MEDICAL CENTER PATHOLOGY	Unknown	Unknown	Create - 08/13/19 1436

11/10/1988 - Orders Only in HMC Pathology Lab

Visit Information

Provider Information

Encounter Provider

Clinic Pcp, Unassigned Or

Department

Name	Address	Phone
HMC Pathology Lab	325 9TH Ave Box 359791 Seattle WA 98104	206-744-3145

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

11/10/1988 - Orders Only in HMC Pathology Lab (continued)

Medication List (continued)

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/19/2020
Start date: 6/19/2020 — End date: 6/19/2021
Quantity: 2 each — Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 45 tablet — Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 90 tablet — Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 10/13/2021
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 12/9/2021
Quantity: 10 mL — Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Autopsy Lab Result

PATHOLOGY, SURGICAL (Final result)

Electronically signed by: **Interface, Uw Incoming Pathology Results - Ap Case Conversions on 11/10/88 0000** — Status: **Completed**
Ordering user: Interface, Uw Incoming Pathology Results - Ap Case Conversions 11/10/88 0000 — Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 11/10/88 - — Quantity: 1
Lab status: Final result
Order comments: Ordered by an unspecified provider

Specimen Information

ID	Type	Source	Collected By
A	—	Other	11/10/88 0000

11/10/1988 - Orders Only in HMC Pathology Lab (continued)

Autopsy Lab Result (continued)

PATHOLOGY, SURGICAL Resulted: 11/15/88 0000, Result status: Final result

Order status: Completed

Collected by: 11/10/88 0000

CLIA number: 50D0661462

Filed by: Interface, Uw Incoming Pathology Results - Ap Case Conversions 12/09/20 1712

Resulting lab: UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY

Components

Component	Value	Reference Range	Flag	Lab
Not Reported Result: HISTORY: FINAL DIAGNOSIS MICROSCOPIC DIAGNOSIS: 4 mm punch biopsy, lateral aspect right eye: Eccrine hidrocystoma. P11480 01,TXX010 01,M84040 01,	--	—	—	UWMC Pathology
Case Report Result: HISTORY: FINAL DIAGNOSIS MICROSCOPIC DIAGNOSIS: 4 mm punch biopsy, lateral aspect right eye: Eccrine hidrocystoma. P11480 01,TXX010 01,M84040 01,	--	—	—	UWMC Pathology

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
95 - UWMC Pathology	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY	Charles E. Alpers, MD	1959 NE Pacific St. Room BB220 Seattle WA 98195	Create - 08/13/19 1434

09/16/1986 - Orders Only in HMC Pathology Lab

Visit Information

Provider Information

Encounter Provider

Clinic Pcp, Unassigned Or

Department

Name	Address	Phone
HMC Pathology Lab	325 9TH Ave Box 359791 Seattle WA 98104	206-744-3145

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

09/16/1986 - Orders Only in HMC Pathology Lab (continued)

Medication List (continued)

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/19/2020
Start date: 6/19/2020 — End date: 6/19/2021
Quantity: 2 each — Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 45 tablet — Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 90 tablet — Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 10/13/2021
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 12/9/2021
Quantity: 10 mL — Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Autopsy Lab Result

PATHOLOGY, SURGICAL (Final result)

Electronically signed by: **Interface, Uw Incoming Pathology Results - Ap Case Conversions on 09/16/86 0000** — Status: **Completed**
Ordering user: Interface, Uw Incoming Pathology Results - Ap Case Conversions 09/16/86 0000 — Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 09/16/86 - — Quantity: 1
Lab status: Final result
Order comments: Ordered by an unspecified provider

Specimen Information

ID	Type	Source	Collected By
A	—	Other	09/16/86 0000

09/16/1986 - Orders Only in HMC Pathology Lab (continued)

Autopsy Lab Result (continued)

PATHOLOGY, SURGICAL Resulted: 09/17/86 0000, Result status: Final result

Order status: Completed

Collected by: 09/16/86 0000

CLIA number: 50D0661462

Filed by: Interface, Uw Incoming Pathology Results - Ap Case Conversions 12/09/20 1619

Resulting lab: UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY

Components

Component	Value	Reference Range	Flag	Lab
Not Reported Result: HISTORY: FINAL DIAGNOSIS MICROSCOPIC DIAGNOSIS: A, B) Skin ulcer left foot and skin ulcer right foot: l. Changes consistent with stasis dermatitis. 2. Moderate arterial-intimal thickening. T01000 01,M38000 01,TY9720 01,TY9710 01,M48010 01,	--	—	—	UWMC Pathology
Case Report Result: HISTORY: FINAL DIAGNOSIS MICROSCOPIC DIAGNOSIS: A, B) Skin ulcer left foot and skin ulcer right foot: l. Changes consistent with stasis dermatitis. 2. Moderate arterial-intimal thickening. T01000 01,M38000 01,TY9720 01,TY9710 01,M48010 01,	--	—	—	UWMC Pathology

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
95 - UWMC Pathology	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY	Charles E. Alpers, MD	1959 NE Pacific St. Room BB220 Seattle WA 98195	Create - 08/13/19 1434

07/16/1982 - Orders Only in HMC Pathology Lab

Visit Information

Provider Information

Encounter Provider

Clinic Pcp, Unassigned Or

Department

Name	Address	Phone
HMC Pathology Lab	325 9TH Ave Box 359791 Seattle WA 98104	206-744-3145

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus (ACIDOPHILUS) 0.5 MG Oral Tab

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 10/13/2021
Instructions: Take 1 tablet by mouth 2 times a day.
Entered by: Ong, Thuan Duc, MD
Entered on: 6/7/2018
End date: 10/13/2021

acetaminophen 500 MG Oral Tab

Discontinued by: Van Hoff, Linda A, ARNP
Discontinued on: 6/12/2024
Reason for discontinuation: Med list cleanup
Instructions:
1,000 mg = 2 tab, PO, TID, 48 tab, 0 Refills, 08/05/19 11:04:44, Tablet, Print Requisition
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 6/12/2024
Action: Patient not taking

Calcium Carbonate 500 MG Oral Chew Tab

Discontinued by: Clark, Trika L, Pharmacy Technician
Discontinued on: 1/9/2025
Reason for discontinuation: Discontinued by patient
Instructions: Chew and swallow 2 tablets (1,000 mg) by mouth 3 times a day as needed for indigestion/heartburn.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/5/2019
End date: 1/9/2025

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD
Entered on: 8/20/2019
Start date: 8/20/2019
End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD
Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA
Entered on: 9/4/2019
End date: 3/8/2025
Informant: Patient Reported

cephalexin (KEFLEX) 500 MG Oral Capsule

Discontinued by: Neighbor Jr., William E, MD
Discontinued on: 5/5/2021
Reason for discontinuation: Reorder
Instructions: Take 1 capsule (500 mg) by mouth 4 times a day for 7 days. For 7 days.
Authorized by: Neighbor Jr., William E, MD
Ordered on: 10/23/2019
Start date: 10/23/2019
End date: 5/5/2021
Quantity: 28 capsule
Refill: No refills remaining

07/16/1982 - Orders Only in HMC Pathology Lab (continued)

Medication List (continued)

naloxone (Narcan) 4 MG/0.1ML nasal spray

Instructions: Use 1 spray in one nostril for suspected opioid overdose. Call 911. If unresponsive in 2 to 3 minutes, repeat with new naloxone nasal spray.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 6/19/2020
Start date: 6/19/2020 — End date: 6/19/2021
Quantity: 2 each — Refill: No refills remaining

atorvastatin 20 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 0.5 tablets (10 mg) by mouth daily. For cholesterol reduction
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 45 tablet — Refill: 3 refills by 9/16/2021

pentoxifylline ER 400 MG ER tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Reason for discontinuation: Reorder
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 9/16/2020
Start date: 9/16/2020 — End date: 10/13/2021
Quantity: 90 tablet — Refill: 6 refills by 9/16/2021

acetaminophen-codeine 300-15 MG tablet

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 10/13/2021
Instructions: One half to one tablet daily. Take additional acetaminophen during the day up to 2500 mg in divided dose.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 10/13/2021
Quantity: 30 tablet — Refill: No refills remaining

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Neighbor Jr., William E, MD — Discontinued on: 12/9/2021
Reason for discontinuation: Reorder
Instructions: instill one drop in each eye twice daily. block tear duct for 1-2 min after use
Authorized by: Neighbor Jr., William E, MD — Ordered on: 10/21/2020
Start date: 10/21/2020 — End date: 12/9/2021
Quantity: 10 mL — Refill: 6 refills by 10/21/2021

Stopped in Visit

None

Autopsy Lab Result

PATHOLOGY, SURGICAL (Final result)

Electronically signed by: **Interface, Uw Incoming Pathology Results - Ap Case Conversions on 07/16/82 0000** — Status: **Completed**
Ordering user: Interface, Uw Incoming Pathology Results - Ap Case Conversions 07/16/82 0000 — Authorized by: Clinic Pcp, Unassigned Or
Ordering mode: Standard
Frequency: STAT 07/16/82 - — Quantity: 1
Lab status: Final result
Order comments: Ordered by an unspecified provider

Specimen Information

ID	Type	Source	Collected By
A	—	Other	07/16/82 0000

07/16/1982 - Orders Only in HMC Pathology Lab (continued)

Autopsy Lab Result (continued)

PATHOLOGY, SURGICAL Resulted: 07/19/82 0000, Result status: Final result

Order status: Completed

Collected by: 07/16/82 0000

CLIA number: 50D0661462

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Resulting lab: UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY

Components

Component	Value	Reference Range	Flag	Lab
Not Reported Result: HISTORY: FINAL DIAGNOSIS DIAGNOSIS: Excision: Mature adipose tissue consistent with lipoma. P11000 01,T1X010 01,M88500 01,	--	—	—	UWMC Pathology
Case Report Result: HISTORY: FINAL DIAGNOSIS DIAGNOSIS: Excision: Mature adipose tissue consistent with lipoma. P11000 01,T1X010 01,M88500 01,	--	—	—	UWMC Pathology

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
95 - UWMC Pathology	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY	Charles E. Alpers, MD	1959 NE Pacific St. Room BB220 Seattle WA 98195	Create - 08/13/19 1434